

Witness Name: Ruth Bradley

Statement No.: 1

Dated: 19 June 2026

LAMPARD INQUIRY

WRITTEN STATEMENT OF RUTH BRADLEY

I, Ruth Bradley, will say as follows: -

1. I am Ruth Bradley of, East London NHS Foundation Trust, 9 Alie Street, E1 8DE.
2. My current role is Director of Nursing and I have been in this position since February 2018. Prior to this I was Director of Care at St Joseph's Hospice in Hackney, a post I held since 2009.
3. I provide this statement in response to the Rule 9(2) Request dated 19 May 2026.
4. East London NHS Foundation Trust ("the Trust") has undertaken reasonable and proportionate searches across relevant directorates, governance systems, committees, and services to identify policies, procedures, guidance, training materials, and local operating arrangements relevant to this Request for Evidence. Where documents are still being collated or verified, this has been identified within the response. The Trust will provide any additional responsive material identified following completion of ongoing searches.

5. The Trust has also undertaken further targeted enquiries with Borough Lead Nurses, Physical Health Leads, Directorate Governance Teams, the Resuscitation Lead, Infection Prevention and Control Teams, and local service managers in order to identify site-specific operational procedures, escalation arrangements, emergency response pathways, and training assurance information relevant to this request.

Policies and Procedures

6. We have been asked to provide a list of all Trust policies and procedures in place from 1 January 2017 to present relating to resuscitation. The Trust's Resuscitation Policy applies across all inpatient mental health settings, community inpatient environments, and relevant specialist services. Local operational arrangements are developed where required to reflect differing site layouts, patient acuity, emergency service access arrangements, and local acute provider interfaces.

7. The Resuscitation Policies dating back to 2017 are:

Policy	Date of issue	Version	Period in effect	Review date
Resuscitation Policy	10/11/2014	12.0 (Exhibit RB/1)	10/11/2014- 11/12/2019	10/12/2015 09/09/2019
Resuscitation Policy	11/12/2019	12.0 (Exhibit RB/2)	11/12/2019- 23/10/2024	30/09/2022
Resuscitation Policy	23/10/2024	13.0 (Exhibit RB/3)	23/10/2024 to date	Review date at Resuscitation Committee September 2024 Next review date November 2027

8. Since 2017, the Resuscitation policy has been developed and updated in accordance with the Quality Standards and guidelines 2015, 2021 and 2025 as they are updated from the Resuscitation Council UK.
9. The Resuscitation policy covers the subtopics a) – i), as follows:
- a) Cardiopulmonary Resuscitation (CPR) - Resuscitation policy v 13.0 section 7 and Appendices (**exhibit RB/3**).
 - b) Enhanced Emergency Skills (EES) – EES are not a required part of the Resuscitation training programme at the Trust, however EES are held by the Trust's Resuscitation Lead, as an Advanced Life Support Instructor.
 - c) Immediate Life Support (ILS) - Resuscitation policy v13.0 section 10 (**exhibit RB/3**).
 - d) Advanced Life Support (ALS) - Resuscitation policy v13.0 section 10 (**exhibit RB/3**).
 - e) Deteriorating patient management – A more detailed policy to address deteriorating patient management is being developed and is currently in draft form to be presented to the Trust Resuscitation Committee and Trust Quality Committee for ratification in July 2026. The Trust will provide the Inquiry Team with an update and a copy of the policy once it has been finalised. Previously there was NEWS policy 2017 and NEWS 2 was implemented in 2019 and incorporated into the Resuscitation v13.0 (**exhibit RB/3**) and Physical Health v14.3 (**exhibit RB/4**) policies.

- f) Content and use of Grab bags is dealt with in the Resus policy V13.0, Appendix Q (**exhibit RB/3**). An audit checklist with guidance for ordering processes for wards and unit resuscitation equipment is completed daily and signed off weekly by senior ward staff and submitted to the Resuscitation team to enable Trust wide assurance (**exhibit RB/5**). In relation to these please see below frequency of checks and governance processes.

Registered staff check daily and record equipment, escalation to ward manager or Matron if equipment is missing. There is governance oversight weekly by the ward manager, Physical Health leads, yearly audits by Resuscitation Team and Borough Lead Nurses escalated regarding any issues. Standardised contents exist Trust-wide; except for Homerton Mental Health which is aligned with Homerton acute Hospital and Adolescent Mental Health Services which has the addition of paediatric equipment.

Where deficiencies are identified, escalation occurs immediately through ward management structures and replacement equipment is sourced without delay. Persistent or repeated issues are escalated through local governance meetings and reported to the Resuscitation Committee for oversight and action tracking.

Audit compliance data is monitored centrally by the Resuscitation Team and reviewed through Trust governance processes to identify themes, areas of non-compliance, and opportunities for improvement, please see **exhibit RB/5**.

The Trust is implementing a digital equipment assurance platform ("MyKitCheck") planned for September 2026 to strengthen real-time monitoring, escalation and governance arrangements relating to emergency equipment checks.

- g) Defibrillators, bag valve masks, oxygen cylinders, and other emergency equipment
- CR2 Wi-Fi enabled defibrillators were introduced in 2019. This enables timely alerts when events occur via LIFENET and download via Code Stat software of event for subsequent analysis by Resuscitation and investigation teams. All resuscitation equipment is subject to scheduled maintenance, servicing, and replacement programmes in accordance with manufacturer guidance and Trust medical devices governance procedures. Equipment maintenance schedules are monitored through the Trust's medical devices management systems and overseen through local and Trust-wide governance arrangements and Medical Devices Committee. This is also set out in the Medical Gases Policy v4.3 (**exhibit RB/6**).
- h) Emergency alarm/safety alert system including the order in which action should be taken, such as whether help should be summoned or CPR started as a priority - Local arrangements are specified within the Resuscitation policy v13.0 section 7 (**exhibit RB/3**).

In all inpatient settings, staff are expected to summon emergency assistance immediately on recognition of a medical emergency while commencing basic life support interventions without delay where clinically indicated. Emergency response arrangements differ slightly between sites depending on local infrastructure, proximity to acute hospitals, and available emergency response resources. Site-specific emergency numbers, escalation sequences, responder expectations, and ambulance access arrangements are contained within local operating procedures aligned to the Trust Resuscitation Policy v13.0 (**exhibit RB/3**).

As covered in Duty Senior Nurse medical emergency team leader training (**exhibit RB/7**), role allocation during emergencies typically includes:

- A staff member initiating CPR where required;
- A staff member summoning emergency services/999; or 2222 Homerton Mental Health.
- A staff member retrieving emergency equipment and grab bags;
- A senior clinician or Duty Senior Nurse coordinating the response and handover.
- The trust continues to be compliant with the agreed national safe staffing levels. It's a national tool that we have to report to NHS England on.

- i) Handover to emergency services including who should be briefing paramedics on arrival - Rapid Response, including Duty Senior Nurse and ward team enable access to the various sites and provide the handover to emergency services. Structured clinical handover processes, including use of SBARD (situation, background, assessment, recommendation and decision) principles where appropriate, are expected during transfer of care to ambulance services and acute hospital teams. The SBARD tool is a communication tool providing structured communication between professionals when handing over care. See Appendix M of the Resuscitation Policy v13 (**exhibit RB/3**).

The senior clinician or nurse coordinating the incident is ordinarily responsible for ensuring that emergency responders receive an accurate clinical handover, including relevant patient history, observations, interventions undertaken, DNACPR/ReSPECT status where applicable, and any identified risks.

10. We have been asked to include any other relevant policies and procedures if not identified above. The Trust acknowledges that policy development accelerated during and following the COVID-19 pandemic in response to rapidly evolving national guidance and operational pressures.

11. The following relevant policies and procedures are set out below:

Policy	Date of issue	Version	Period in effect	Review date
Anaphylaxis Recognition and Treatment Policy (exhibit RB/8 and RB/9)	19/05/2021 22/01/2025	1.0 1.1	19/05/2021- 22/01/2025 22/01/2025 to date	V1.0 reviewed in October 2025 and approved. V1.1 for review in November 2027.
Decisions relating to Cardiopulmonary Resuscitation policy issued (exhibit RB/10)	17/06/2015	V13.0	17/06/2015- 22/01/2025	Revised – Do not Attempt Resuscitation Decisions – Clinical Policy.
Do not Attempt Resuscitation Decisions Clinical Policy (exhibit RB/11)	22/01/2025	V15.0	22/01/2025- to date	For review in Nov 2027
Guidelines for Managing	28/09/2022 25/03/2026	V2.0 V3.0	28/09/2022-25/03/2026 25/03/2026- to date	Reviewed in June 2025 V3.0 for review Feb 2029.

Intoxication on the Inpatient wards (exhibit RB/12 and RB/13)				
Physical Healthcare Policy (exhibit RB/14 to RB/17)	Oct 2011 17/06/2020 10/02/2021 10/02/2021 24/09/2025	V10.2 V14 V14.1 V14.2 V14.3	Oct 2011- 17/06/2020 17/06/2020-10/02/2021 10/02/2021-23/10/2024 23/10/2024-24/09/2025 24/09/2025- to date	Oct 2014 30/06/2023 31/10/2024 31/01/2025 31/07/2028
Respiratory Infections Policy (exhibit RB/18 to RB/23)	26/10/2022 30/11/2022 06/09/2023 04/07/2024 28/05/2025 04/05/2026	V1.0 V3.0 V4.0 V5.0 V6.0 V7.0	26/10/2022-30/11/2022 30/11/2022-06/09/2023 06/09/2023-04/07/2024 04/07/2024-28/05/2025 28/05/2025-04/05/2026 04/05/2026-to date	The most recent version approved and to be presented at Quality Committee for ratification in June 2026
Sepsis Policy (draft)	June 2026	V1.0		April 2026 V1.0 for ratification in July 2026. Previously in the Physical Health Policy. The Trust will provide the Inquiry Team with an update and a copy of the

				policy once it has been finalised.
The Deteriorating Patient Policy (draft)	June 2026	V1.0		April 2026 V1.0 for ratification in July 2026. The Trust will provide the Inquiry Team with an update and a copy of the policy once it has been finalised.
COVID-19 Infection Prevention and Control Policy (exhibit RB/24 and RB/25)	Nov 2020 September 2021	V7.0 V10.0		
Infection Prevention and Control Policy (exhibit RB/26)	05/03/2026	V14.0		

12. Prior to ratification of standalone Sepsis and Deteriorating Patient policies, management arrangements were addressed through a combination of the Resuscitation Policy, NEWS2 implementation, Physical Health Policies, and directorate-based operational guidance, as follows:

- the Resuscitation Policy; 2019 to 2024
- NEWS2 Training introduced into the Trust in 2019 (exhibit RB/27);
- News Policy 2017 (located in Resus Policy V.12-exhibit RB/1 and RB/2)

- Physical healthcare policies and procedures within directorates

13. We have been asked to provide version of the policies and procedures that are currently in use. The following versions of the Trust's policies and procedures that are currently in use are as follows:

Policy	Date of issue	Version
Resuscitation Policy	23/10/2024	V13.0 (Exhibit RB/3)
Anaphylaxis Recognition and Treatment Policy	22/01/2025	V1.1 (Exhibit RB/9)
Do not Attempt Resuscitation Decisions – Clinical Policy	22/01/2025	V15 (Exhibit RB/11)
Guidelines for Managing Intoxication on the Inpatient Wards	25/03/2026	V3 (Exhibit RB/13)
Sepsis Policy (draft)	For ratification in July 2026. The Trust will provide the Inquiry Team with an update and a copy of the policy once it has been finalised.	V1

The Deteriorating Patient Policy (draft)	For ratification in July 2026. The Trust will provide the Inquiry Team with an update and a copy of the policy once it has been finalised.	V1
Infection Prevention and Control Policy	05/03/26	V14 (Exhibit RB/26)
Respiratory Infections Policy	For ratification in June 2026	V7 (Exhibit RB/23)
Physical Healthcare Policy	24/09/2025	V14.3 (Exhibit RB/4)

14. We have been asked to identify how those policies and procedures rely on, adopt, or modify Resuscitation Council UK (RCUK) guidance and/or national policy/NHS England guidance.

15. All the policies above have been updated according to changes in national guidance and policy. Policies are developed through consultation with relevant subject matter experts, governance leads, clinicians, operational managers, and executive leads to ensure alignment with national standards for mental health services. For example, updates to the Do Not Attempt Resuscitation Policy and Respiratory Policy, were due to multiple changes in guidance throughout the Covid 19 Pandemic (reflected in the number of policy versions), including:

- RCUK Quality Standards for Cardiopulmonary Resuscitation Practice and Training (2015, 2021, 2025)
- NHS England COVID IPC guidance
- GMC Treatment and Care Towards the End-of-Life guidance
- CQC DNACPR guidance.

16. The Resuscitation policy underpins resuscitation practice in the Trust. It is based on Resuscitation Council UK (RCUK) guidance and is updated with any statutory changes to this and then ratified at the Trust's Resuscitation Committee and Quality Committee.

17. Modifications were made to the Resuscitation Policy in October 2024, which included clarity of definitions, updated Terms of Reference for the Trust's Resuscitation Committee, the addition of pandemic and other public health emergencies and updated roles and responsibilities. Please see page 2 of the Resuscitation Policy v 13.0 (**exhibit RB/3**) which sets out the modifications.

18. Any local changes concerning the Resuscitation Policy are also reflected in the policy. For example, in December 2019 changes were made to the local site emergency number (as per the version control summary).

19. Modifications to the Resuscitation Policy are made by the Resuscitation Lead in consultation with the Chief Medical Officer, Executive Lead for Resuscitation, Chief Nurse, Directors of Nursing, Physical Health Lead Nurse, Borough, Locality based Lead Nurses, the Resuscitation Committee and the Quality Committee.

20. Modifications were made to the Do not Attempt Resuscitation Decisions – Clinical Policy in December 2024, following Updated CQC Guidance on DNACPR in Aug 2024 and General Medical Council End of Life Care Guidance. Documentation and transfer of

DNACPR decisions was reviewed and guidance on the use of ReSPECT document and Universal Care Plan (London only) was added. This was done in consultation with London Ambulance & East of England Ambulance Services.

21. Modifications to the Do not Attempt Resuscitation Decisions – Clinical Policy are made by the subject matter experts in End-of-Life Care and approved by End-of-Life Steering Group to be ratified at the Quality Committee.
22. Respiratory Policy modifications are led by the Infection control Lead Nurse and Deputy Director of Infection Control in consultation with ELFT Microbiologists, the Chief Nurse / Director of Infection Prevention and Control, the Infection Prevention Control Committee and Quality Committee
23. We have been asked to state whether any risk assessment or clinical justification was recorded in respect of those modifications and, if so, exhibit it.
24. Separate standalone risk assessments were not routinely generated where amendments directly reflected mandatory national guidance updates. Operational and clinical risks associated with policy amendments were considered through multidisciplinary consultation, committee review, incident learning, audit findings, simulation feedback, and governance oversight processes. There are however risk logs attached to Resuscitation and infection Committees that would discuss, document, and mitigate delays as required and appropriate.
25. Risks and operational implications were instead considered through consultation and governance review processes including the Resuscitation Committee, Infection Prevention and Control Committee and Quality Committee. These policies were altered

as National Guidance was updated on a regular basis and agreed with ELFT Microbiologists and relevant persons as per Infection Prevention and Control, resuscitation, Physical Health and Quality Committees. Where local operational deviations existed due to estate re-configuration from TUPE, patient cohort, staffing model, or emergency service access considerations, these were managed through local escalation procedures and governance review by relevant Trust committees.

26. We have been asked to identify any policy or procedure changes which related to the COVID-19 pandemic and state whether any such changes are still in place or have now been revoked, including the dates of introduction and withdrawal and any evaluation undertaken of their impact.

27. During the COVID-19 pandemic, temporary modifications were introduced to resuscitation and emergency response procedures in line with evolving national guidance, including:

- Enhanced PPE requirements during resuscitation;
- Fit testing arrangements for FFP3 masks;
- Modified procedures for aerosol generating procedures (AGPs);
- Donning and doffing guidance;
- Changes to emergency response arrangements to minimise infection risk;
- Remote and socially distanced training delivery where appropriate;
- Operational staffing contingencies and escalation arrangements.

28. Some COVID-19 specific arrangements were subsequently withdrawn as national guidance changed, while select infection prevention and respiratory protection measures remain embedded within current practice, please see COVID-19 – Infection Prevention

and Control Policy- Version 7 - ratified in November 2020 (**exhibit RB/24**) and Infection Prevention and Control Policy- Version 10- ratified in September 2021 (**exhibit RB/25**).

29. The Trust continues to maintain respiratory protection arrangements for relevant clinical staff, including ongoing FFP3 FIT testing programmes in accordance with national infection prevention guidance. A FIT testing programme was implemented in response to the COVID19 pandemic and remains in place; with all clinically facing staff being FIT tested for FFP3 respiratory masks every 2 years in accordance with guidelines. A copy of the FIT testing SOP (2023) attached (**exhibit RB/28**) and an updated Respiratory Policy has been approved and ratified in May 2026 (**exhibit RB/23**).

30. We have been asked in respect of individual mental health units, or specific wards:

- a) What was/is required of individual care units, or wards, in terms of developing their own local emergency procedures or protocols to address the risks and features pertaining to their wards and/or inpatients (e.g. forensic services or older adult wards)?
- b) Who was/is responsible for developing any such local emergency procedures and protocols?
- c) How does East London NHS Foundation Trust provide support to care units and wards to assist with developing such local emergency procedures?
- d) Which, if any, individual units, and wards have their own specific published procedures and protocols, and during what periods were these in force?
- e) Please provide any unit/specific procedures or protocols currently in place if they have not been provided in response to question 3 above.

31. East London NHS Foundation Trust (ELFT) requires services to operate within the framework of the Trust's Resuscitation Policy- V13 (**exhibit RB/3**), and associated

emergency transfer pathways. In recognition of the differing clinical, environmental, security and operational characteristics of services across the Trust, local emergency procedures and protocols are required where additional arrangements are necessary to address ward- or service-specific risks.

32. The Trust Resuscitation Policy (sections 7.10.1–7.13.4) requires all inpatient areas to have clear arrangements for the management of medical emergencies, escalation processes, emergency transfer arrangements, communication pathways, and liaison with external emergency care providers. These arrangements must take account of the specific needs of the patient population and care environment.

33. Examples include:

- Forensic inpatient services, where security requirements, escort arrangements, access controls, and risk management considerations which may affect emergency response and transfer processes.
- Older adult and dementia wards, where frailty, cognitive impairment, falls risk, and high levels of physical comorbidity may require enhanced escalation and transfer arrangements.
- Learning disability and specialist services, where reasonable adjustments, communication needs and specialist clinical support may need to be incorporated into emergency procedures.
- Community and non-acute sites where access to acute medical support differs from sites co-located with acute hospitals.

34. Local procedures are expected to reflect factors including:

- Ward environment and layout.

- Patient dependency and acuity.
- Forensic and security requirements.
- Emergency services access arrangements.
- Availability of on-site medical support.
- Proximity to acute hospital services.
- Site-specific escalation pathways.
- Arrangements for emergency transfer and patient escort.
- Liaison arrangements with ambulance services and acute trusts.

35. The Trust's Pre-Hospital Care Standard Operating Procedure (**exhibit RB/29**) further provides pathways for obtaining emergency medical assessment and transfer where required, including use of the Tower Hamlets Physician Response Unit (PRU) where available, emergency ambulance response through 999 services, and direct transfer pathways to acute hospitals. The document summarises the process for determining the most appropriate emergency response and destination of care.

36. The responsibility for the development and maintenance of local emergency procedures rests jointly with: The Trust Resuscitation Lead; The Physical Health Lead Nurse; Site-specific Service Leads and Clinical Leads; Relevant emergency care provider partners, including local acute trusts, ambulance services and, where applicable, the Physician Response Unit. These parties work collaboratively to develop local emergency procedures and protocols that are aligned with the Trust Resuscitation Policy and relevant national guidance, including Resuscitation Council UK standards.

37. All local procedures are reported through the Trust's Resuscitation Committee governance arrangements and are subject to ratification by the Chief Medical Officer.

38. The Trust supports services in developing local emergency procedures through:

- Expert advice and oversight from the Resuscitation Lead as the Trust Subject Matter Expert.
 - Support from the Physical Health Lead Nurse and Physical Health teams.
 - Guidance on compliance with Trust policy requirements.
 - Assistance with interpretation and implementation of Resuscitation Council UK guidance.
 - Review of emergency response arrangements through governance and assurance processes.
 - Collaboration with ambulance services, acute hospital partners, and other emergency care providers in developing local pathways.
- Review and support through the Trust Resuscitation Committee.

39. With regards to Site Specific Arrangements, Pathways and Emergency Provider Liaison, local arrangements may include:

- Formal operational agreements with local acute trusts.
- Established escalation pathways for deteriorating patients.
- Ambulance liaison arrangements.
- Site access protocols for emergency services.
- Emergency transfer processes and escort arrangements.
- Pathways for obtaining urgent clinical assessment, including use of local emergency response services such as the Tower Hamlets Physician Response Unit where applicable.

40. The nature of these arrangements may vary between boroughs and sites according to local healthcare infrastructure and service configuration.

41. Where formal Memoranda of Understanding (MOUs), Service Level Agreements (SLAs), operational policies, or documented pathways exist, these would ordinarily be held locally by the relevant service, borough, or provider partnership. In some instances, arrangements may be incorporated within operational procedures, escalation pathways or established multi-agency working practices rather than standalone MOUs or SLAs.
42. The Trust-wide position is that local emergency procedures are developed according to service-specific need and aligned to the overarching Resuscitation Policy and emergency transfer procedures.
43. Based on the information currently available, no separate centrally maintained register has been identified that lists all individual ward-specific emergency procedures, protocols, periods of operation, or local pathway documents across every ELFT site. Any unit-specific procedures that are currently in force are expected to be held and managed locally by the relevant service, site or borough and developed in accordance with the governance arrangements described above.
44. As part of the continuous improvement programme for Resuscitation there will be a coordinated programme to hold all local unit specific procedures for oversight by the Resuscitation team.
45. Consistent with the Trust Resuscitation Policy and the Tower Hamlets Pre-Hospital Care Standard Operating Procedure for Mental Health Inpatients with Emergency Medical Care Needs (**exhibit RB/29**), local services operate within the overarching Trust framework while reflecting local service configurations and relationships with acute care providers. Please see collaborative emergency response for Tower Hamlets presentation at **exhibit RB/30**.

46. Luton and Bedfordshire mental health inpatient wards do not operate any separate local medical emergency protocols. Services follow the Trust Resuscitation Policy, emergency response procedures, and simulation training arrangements.
47. During a medical emergency, the Nurse in Charge (NIC) or Duty Senior Nurse (DSN) coordinates the response, allocates responsibilities to ward staff, and ensures that a staff member is designated to meet and escort ambulance personnel to the patient. Emergency responses and simulation exercises are reviewed through local debrief processes to identify learning and service improvements.
48. No formal working agreements, service level agreements (SLAs), memoranda of understanding (MOUs), or direct operational arrangements with local Accident and Emergency departments, ambulance services or other acute providers were identified.
49. Homerton Mental Health Services operate under a formal Service Level Agreement (SLA) with the Homerton acute hospital. This arrangement provides direct access to the hospital emergency medical team through the 2222 emergency response system.
50. Under this agreement, the acute medical emergency team will respond to medical emergencies occurring within mental health services, including attendance for deteriorating patients, full resuscitation responses where required, and transfer to the acute hospital resuscitation department.
51. To support interoperability with the acute hospital response teams, mental health resuscitation equipment has been aligned to Homerton standards. This includes the use of resuscitation trolleys and equipment specifications that differ from some other ELFT sites, where emergency response equipment may consist primarily of grab bags. Historical requests from Homerton clinicians have also informed the provision of specific

equipment, including manual defibrillators, to ensure compatibility with local acute care practices.

52. Newham Centre for Mental Health (NCfMH) follows Trust-wide emergency response arrangements and local clinical escalation pathways. For medical emergencies requiring transfer to acute care, the most appropriate clinician available on site is expected to provide handover to ambulance crews and emergency services. This would normally be the on-call resident doctor; however, where the doctor is unavailable or off-site, responsibility would fall to the senior nurse or Duty Senior Nurse.

53. Current escalation arrangements include:

- Emergency presentations: 999/London Ambulance Service transfer to Accident and Emergency.
- Urgent same-day assessment: referral to the Same Day Emergency Care (SDEC) service via Newham University Hospital Emergency Department Consultant advice line.
- Non-urgent medical concerns: referral to the ELFT GP service, direct GP telephone advice, or attendance at the weekly physical health clinic.

54. Additional specialist support is available through the Physical Health Nurse Consultant, specialist nursing services, tissue viability nursing services, and substance misuse services.

55. At present there is no formal local emergency protocol beyond Trust arrangements. Discussions are ongoing regarding inclusion of NCfMH within the catchment area for the Tower Hamlets Physician Response Unit (PRU) response model.

56. A separate protocol exists governing transfers between Newham Centre for Mental Health and Newham University Hospital and should be considered alongside Trust-wide emergency transfer procedures, **exhibit RB/31**.

57. The information obtained indicates variation in local operational arrangements across boroughs:

- Luton and Bedfordshire operate without separate local emergency protocols or formal agreements with acute providers, relying on Trust policy, staff training and established operational practice.
- Homerton operates under a formal SLA providing direct access to acute emergency medical teams via the 2222 system, supported by aligned equipment and response arrangements.
- Newham operates through established escalation pathways and clinical relationships with acute services but has not identified a separate formal local emergency protocol. Existing transfer arrangements with Newham University Hospital support emergency patient transfers where required.
- Across all areas, responsibility for coordinating emergency responses locally typically rests with the Nurse in Charge, Duty Senior Nurse, or attending clinician, with handover to ambulance or acute services undertaken by the most appropriate senior clinician available at the time.

58. These arrangements sit within the governance framework established by the Trust Resuscitation Policy and are supported by the Resuscitation Lead, Physical Health Lead Nurse, local service leads and partner emergency care providers.

59. Any additional information provided by local service leads regarding specific site arrangements, ambulance liaison processes, formal agreements or established local

practice should be read alongside the Trust Resuscitation Policy and the Pre-Hospital Care Standard Operating Procedure and appended to this response where available.

60. We have been asked if any units, or wards, have working agreements with and/or direct connection to nearby Accident and Emergency departments or paramedics or other acute services. If so, to provide copies of any written agreements or describe any such agreements, including their scope, duration, and how they operated in practice.

61. ELFT delivers mental health services on multiple sites across London, Luton, and Bedfordshire with only one site in Hackney with access to an on-site Resuscitation team. Some inpatient units operate with established pathways and collaborative arrangements with local acute hospitals, ambulance services, and emergency departments to support timely emergency response and transfer where required. These arrangements may include direct ambulance liaison processes, emergency access arrangements, structured handover expectations, and local escalation protocols. Local procedure for each site is referred to in the Resuscitation Policy V13, section 7 (**exhibit RB/3**).

Training

62. We have been asked for details of the training provided, or arranged, by East London NHS Foundation Trust from January 2017 to present, for all staff who work in mental health inpatient units both in clinical and non-clinical roles relating to resuscitation, identifying any differences by role, band or setting.

63. The Trust's primary training provider has been A&A Training Ltd since 1 June 2012, with a series of contract extensions in place until September 2018. At that point, the service was re-tendered, and Premier Partnership (PP) was awarded the contract to manage

resuscitation training provision. However, PP operated primarily as an intermediary, continuing to utilise A&A Training Ltd as the main delivery provider. As such, the training provision itself remained unchanged.

64. This arrangement proved suboptimal, as PP acted as a go-between and did not deliver any significant service improvements. In response to concerns regarding A&A's delivery, PP also engaged A to E Training as a backup provider.

65. In March 2021, the Trust re-tendered its resuscitation training provision and awarded the contract directly to A&A Training Ltd. During the COVID-19 pandemic (from March 2020 onwards), A to E Training was utilised to deliver resuscitation training to vaccination staff due to their available capacity.

66. From 2020 onwards, ongoing issues were encountered with A&A Training Ltd, particularly relating to availability and short-notice cancellations. As a result, A to E Training was increasingly used to mitigate these gaps, due to their reliability.

67. In April 2024, A&A Training Ltd entered administration following a period of financial instability. Notice of contract termination was issued, as the contract was due to end in May 2024. Subsequently, all resuscitation training provision was transferred to A to E Training, who had an established framework in place. This arrangement has been extended as of January 2026. The training delivery, as outlined in the lesson plans and training materials from A&A and A to E (**exhibit RB/32 to RB/42** and also see **exhibit exhibits RB/49 to RB/51**), has remained consistent throughout.

Timeline Summary

- **1 June 2012** – A&A Training Ltd appointed as primary provider.
- **September 2018** – Contract re-tendered; Premier Partnership appointed (A&A retained as delivery provider).
- **March 2020** – COVID-19 pandemic; A to E Training utilised for vaccination staff training.
- **March 2021** – Contract re-awarded directly to A&A Training Ltd.
- **2020–2024** – Ongoing issues with A&A Training (availability and cancellations); increased reliance on A to E Training.
- **April 2024** – A&A Training Ltd entered administration.
- **May 2024** – Contract ended; full transition to A to E Training.
- **January 2026** – Arrangement with A to E Training formally extended.

68. A Training Needs Analysis was conducted in 2018 (**exhibit RB/43**), where a review of the Resuscitation Training Service was carried out following learning lessons from serious incidents which also involved a review of staff Training Needs in relation to their roles and Trust expansion. During this period East London NHS Foundation Trust has expanded significantly in recent years, increasing the scale and complexity of services requiring resuscitation training, ward-based simulation, emergency equipment oversight, and post-incident review.

69. The Resuscitation Service supports inpatient wards, community services, and specialist teams across all Trust locations. The number of ELFT staff requiring statutory resuscitation training has grown from 5,976 to 8,136 (2020–2023). Currently there is a total of 9504 staff including Bank and a total 7528 who require life support training. Please see below a breakdown of training needs for this via learning and development for January 2026.

Course name	Number of staff	Course duration (hours)	Spaces
Adult Basic Life Support with AED and Anaphylaxis	5528	2	36
Immediate Life Support	916	7.5	6
Adult and Paediatric Basic Life Support with AED and Anaphylaxis	1011	3	24
Paediatric Life Support	73	2	36

70. Staff are required to complete resuscitation on an annual basis. Planning for 2027/28 is underway to ensure sufficient classroom training capacity. This is determined by reviewing the number of staff whose training is due to expire each month within each directorate and commissioning sufficient sessions to meet the identified monthly demand across all directorates. Non-attendance is monitored to ensure full utilisation of available sessions, Governance and oversight arrangements are now well established. Monthly compliance reports are sent to all DMTs and corporate leads, with further scrutiny at the Directors Safety Huddle and Executive Huddle. Monthly reporting flows into the Operations Meeting and Service Delivery Board, while MLOG reviews risks and issues bi-monthly with escalation to the People Plan Delivery Board, Service Delivery Board, Resuscitation Committee and Resus Improvement meetings. The People & Culture Committee and Trust Board also receive bi-monthly updates, ensuring full visibility of progress and risks.

71. Directorates and teams are able to view their Resuscitation compliance data, in the Trust PowerBi tool. There is an automated daily update from ELA to PowerBi so leaders have accurate positions as to the performance of their teams. Within the reports they can drill down to a directorate, team and individual level to help them to manage compliance for Resuscitation training. It also indicates the volume of people who will become non-compliant over the coming 4 months to support teams to plan rotas and schedule training.

72. In addition, the reports can be filtered by staff group, which helps us identify trends and target improvement activity more effectively. For example, within the Medical and Dental staff group, we were able to identify staff who had already completed equivalent training at other NHS trusts and accept their existing Resuscitation training records where appropriate, avoiding unnecessary duplication of training. We are also planning ahead for the August intake of resident doctors and are working with Medical Staffing and to ensure that training certificates and evidence are received and reviewed prior to their start dates with revised communication being sent out in advance.

73. This Resuscitation committee provides Trust wide oversight, including training coordination, ward-based simulation, emergency equipment review, and learning from into CPR incident investigations. Training requirements are kept under review aligned to role, clinical responsibilities, patient cohort, and service setting. Compliance with mandatory resuscitation training is monitored through Trust learning management and governance systems.

74. Where staff fail to complete required training within the required time limit, this is escalated through line management and governance processes. Persistent non-compliance may result in restrictions on undertaking certain clinical duties until training requirements are met. Competency assessment forms part of relevant practical training programmes. Where learners do not meet the required standard, additional support, reassessment, and repeat training may be required.

75. The types of training provided, or arranged, by ELFT include the following:

- a. Cardiopulmonary Resuscitation (CPR)- Adult Basic Life Support with AED (Automated External Defibrillator) and anaphylaxis (see **exhibit RB/50**).
- b. Enhanced Emergency Skills (EES)- Not provided by ELFT due to the acuity model, reliance on emergency services, staffing model, and consistency with mental health inpatient provision.
- c. Immediate Life Support (ILS) - Adult Immediate Life Support training (**exhibit RB/35, RB/37-RB/40**).
- d. Advanced Life Support (ALS) - Not provided at ELFT due to the acuity model, reliance on emergency services, staffing model, and consistency with mental health inpatient provision
- e. Deteriorating patient management- ALERT training started in Community Health services and for consideration in Mental Health wards and units. This involves a 2- day Physical Health Training course (**exhibit RB/44**).
- f. Use of grab bags- see response to paragraph 72h.
- g. Use of defibrillators, bag valve masks, oxygen tanks, and other emergency equipment- see response to paragraph 72h.
- h. Use of emergency alarm/safety alert system- Following the insolvency of A&A Training, 2024 mitigation measures were implemented to transfer provision to A to E. As part of this transition, the delivery model was revised. A&A 2017 to 2024 had previously delivered a bespoke Immediate Life Support (ILS) course, however, the transition to A to E aligned the ILS course delivery with Resuscitation Council guidelines. Subsequently, the Trust Resuscitation Leads identified gaps in training delivery following the move to the Resuscitation Council aligned course, particularly in relation to the use of equipment, as the content is primarily acute-focused. These gaps were identified through simulation

exercises conducted by Practice Development Nurses and were formally fed back to the training provider.

Addressing these issues has taken time, as the provider has been developing a bespoke, mental health-focused ILS course. This programme is designed to support the management of medical emergencies within mental health settings, with a specific emphasis on physical health conditions and the assessment of deteriorating patients. The development of this course has included input from the Trust's Resuscitation Lead, alongside contributions from a range of multidisciplinary professionals working across mental health services (see draft manual at **exhibit RB/45**).

- i. Handover to emergency services including who should be briefing paramedics on arrival- local simulation training addresses interface communications with emergency services as referred to in the Resuscitation policy V.13. (**exhibit RB/3**).
- j. The identification of and/or treatment of cardiac arrest in patients with characteristics, such as those with obesity, a physical disability or those from diverse ethnic backgrounds- The Trust recognises the importance of ensuring that emergency response training and procedures appropriately address the needs of patients with obesity, physical disabilities, communication needs, and diverse ethnic backgrounds. Work is ongoing to strengthen training materials and simulation content relating to the recognition of deterioration across diverse skin tones and to support inclusive emergency care practice.

76. Whilst the current training aligns with the Resuscitation Council Guidance it needs to be strengthened in relation to patients with obesity, a physical disability. The training company have developed a bespoke medical emergency in mental health programme in response to this with expert input from ELFT'S Resuscitation Lead.
77. The Trust has identified opportunities to further strengthen training materials relating to the recognition of clinical deterioration across diverse skin tones and is working with providers to enhance this content. A Lifting and handling working group is in place to review policy and procedure and will have a specific focus for people with obesity and physical disability.
78. Please find attached the A&A and A to E lesson plans and training manuals (**exhibit RB/32 to RB/42** and **exhibit RB/49 to RB/51**). We are not able to share the power point presentations as these are subject to copyright.
79. We have been asked to confirm whether the training has been provided by East London NHS Foundation Trust or an external provider and identify any such providers.
80. The Trust commissions external providers to deliver its resuscitation training provision. This is carried out via Trust procurement/governance systems and processes, quality reviews, contract monitoring, trainer qualifications, and course evaluation. Training was provided by A&A Training and Consultancy (A&A) from 2012 to 2025, and by A to E Training and Solutions Ltd (A to E) from 2020 to date. A to E were commissioned in 2020 to lead the delivery of resuscitation training for the Stratford Vaccination Centre and to provide supplementary training where A&A capacity was insufficient to meet demand. Following A&A Training entering administration and subsequent insolvency, A to E were appointed as the Trust's provider for all resuscitation training in May 2024.

81. We have been asked to explain what is required of staff in relation to resuscitation and related training e.g. whether the training was/is optional or required, and for whom, if the answer differs between several types of ward staff, and include any consequences of non-compliance.
82. Resuscitation training is a Statutory and Mandatory requirement, aligned with the Core Skills Training Framework and Resuscitation Council guidelines, and is required for staff identified within the Trust Training needs analysis. A copy of the Training needs analysis (TNA) is at exhibit RB/43 and the Core skills training framework (CSTF), documents (summary report, PowerPoint slides and subject guide) are attached at **exhibit RB46 to RB/48.**
83. We have been asked to explain which ward staff received which training (for example, clinical or non-clinical, nurses, doctors, or HCAs). Training is provided to ward staff as follows:

Course	Target audience
Adult Immediate Life Support	London All inpatient registered nurses Band 5 and above. Resident Doctors and Doctors
Adult Immediate Life Support	Luton & Bedfordshire All inpatient nursing staff Band 4 and above. Resident Doctors and Doctors
Adult Basic Life support with Automated External Defibrillator AED and Anaphylaxis	London, Luton & Bedfordshire Non- Registered Nursing staff within inpatient settings and all other clinical staff e.g. HCA, Allied Health professionals Resident Doctors, and Doctors
Combined Adult Basic Life Support (BLS) and Paediatric Life Support (PLS)	London, Luton & Bedfordshire All non registered Nursing staff working within inpatient settings and all other clinical staff working with children and adults. Resident Doctors and Doctors
Paediatric Life Support with AED	London, Luton & Bedfordshire All inpatient registered nurses Band 5 and above staff working with children who are required to undertake

		Immediate Life Support Doctors and Doctors	Resident
Duty Senior Nurse (DSN) Training	London, Luton & Bedfordshire	All DSN's	
Simulation Facilitators Training	London, Luton & Bedfordshire	Inpatient band 6 or above with 3 years' experience and training of ILS	

84. We have been asked to explain at which point any training was/is provided (for example, as part of induction, or otherwise). At ELFT, all staff must undertake their Statutory and Mandatory training within three months of their start date of employment which includes all Resuscitation training.

85. We have been asked to confirm how long the training is, when it takes place and whether it is online or in person. Training is delivered as follows:

Course	Duration	Mode
Adult Immediate Life Support (ILS)	7 Hours	In person
Adult Basic Life support with AED and Anaphylaxis (ABLS)	2 Hours	In person
Adult Basic Life Support (BLS) and Paediatric Life Support (PLS)	3 hours	In person
Paediatric Life Support	2 hours	In person

86. We have been asked to confirm was/is there any practical element to the training and whether the scenarios are acted out. The relevant training documents are attached to this statement at **exhibits RB/32 to RB/42** and **exhibit RB/49 to RB/51**. The practical element of this training involves chest compressions and safe defibrillation. In relation to ILS, it involves a structured assessment of an unwell patient.

87. We have been asked how often staff were/are required to repeat the training or undertake refresher training and whether the compliance rates were/are monitored. Resuscitation

training must be completed on an annual basis. Where concerns arise regarding a staff member's practice, for example following an incident or as part of an internal investigation, the individual may be required to undertake repeat training. Such requirements will be identified and managed on an individual basis by the relevant line manager, who will ensure that appropriate training is arranged.

88. Managers and staff can monitor compliance rates via Power BI. Training compliance is reviewed through Directorate Management Teams, the Resuscitation Committee, Health and Safety Committee and other governance forums. Simulation activity, incident review, audit findings, and practice development feedback are used to identify learning needs, skills gaps, and opportunities for service improvement.

89. The Trust continues to develop a bespoke mental health-focused medical emergency training programme in partnership with its training provider to better reflect the operational context and patient needs within inpatient mental health services.

90. We have been asked how easy it is or otherwise for staff to access the relevant training. Courses are commissioned on an annual basis, aligned to the target audience headcount, with an additional 10% capacity to accommodate new starters. Staff are provided with access to the Trust's Learning Management System, where statutory and mandatory training, including resuscitation, is assigned according to their role. Available training dates are offered across multiple locations within the Trust to meet demand and are accessible for booking via the system.

91. We have been asked how do East London NHS Foundation Trust monitor staff take up, compliance with, and application of the training. Capacity is regularly reviewed to ensure

sufficient access. Utilisation and compliance are monitored routinely, with additional support available from the People Development team where required.

92. The Facilitator of Simulation training within local services involves identifying possible skills gaps which will included in each submission to the Resuscitation team and local management team.

93. We have been asked to explain whether any of the training involves an assessment, what type of assessment, and if so, what happens if a person fails the assessment, including any restrictions placed on duties. Training assessments include learner assessments on

- LP002 Paediatric Basic Life Support in BVM Generic 2026 (**exhibit RB/49**)
- LP001 - Adult Basic Life Support in AED Generic updated 2026 (**exhibit RB/50**)
- ILS Regulations - APR21 (**exhibit RB/51**)

94. Training includes assessment on technique and competence before they are able to be signed off and complete.

95. If a staff member fails, this would be reported to learning and development and their line manager for follow up as required and appropriate in line with their role. The Resuscitation Lead will provide expert advice and support for learning and development of individuals and team.

96. We have been asked to identify if and how East London NHS Foundation Trust supports individual units, or wards, to develop and/or adapt training to meet the needs specific to their location, unit type, patients and/or workforce, and how any such local adaptations are approved and quality assured. There is a proactive programme of work to strengthen

our approach to Simulations. There are between 2 and 4 Simulations, per directorate, per month, which take place in each local area, where data on topics and outcomes are submitted to the Resuscitation team to have overall assurances to improve learning outcomes.

97. We have been asked if there are any differences between the policies, procedures and training for older adult patients and/or adult patients and/or child patients and/or any other patients or services, and to clearly identify and explain those differences.

98. Paediatric life support is required for a small cohort of staff that work in our Mother & Baby Unit at City & Hackney Centre for Mental Health and CAMHS at Newham and in Luton. This is detailed in the Trust's Resuscitation Policy V.13 (**exhibit RB/3**) pages 25, 26, 27, and at appendix E-G (p33-35).

99. The differences for child patients are:

- Size specific equipment (bag-valve mask, oropharyngeal airways, non-rebreathe oxygen mask)
- Chest compressions delivered to a depth of 1/3 of the anterior-posterior depth (circa 4cm <12 months, 5cm 1yr-13yrs)
- Lower tidal volume when delivering ventilations
 - Lower defibrillator energy level (Joules)
 - The use of chest thrusts instead of abdominal thrust in the management of a choking baby (<12 months)
 - Placing a 2222 'paediatric cardiac' arrest call at City & Hackney Centre for Mental Health

100. Children's services are addressed within the Resuscitation policy arrangements through specific paediatric provisions. Section 10.2.4 requires all clinical staff working with both children (under 12 years) and adults to undertake Combined Adult and Paediatric Basic Life Support training. Section 11.3 details the additional paediatric emergency equipment required for services caring for children under 12 years, including paediatric airway and ventilation equipment and appropriately configured AEDs.
101. The policy also includes dedicated paediatric emergency response algorithms within Appendices E, F and G, covering out-of-hospital basic life support, in-hospital basic life support, and choking/foreign body airway obstruction management. Further detail regarding paediatric emergency equipment is provided within the associated response bag documentation, including Adult Standard Contents and Signing schedules for MBU and CAMHS Ward resuscitation bags.
102. The Trust considers that, throughout the relevant period, there were operational policies, training arrangements, governance structures, and escalation processes in place to support the recognition and management of medical emergencies and resuscitation within inpatient mental health settings. The Trust acknowledges that arrangements evolved over time, particularly following the COVID-19 pandemic and subsequent improvement work, and continues to develop and strengthen its systems through audit, simulation, policy review, and multidisciplinary governance oversight.
103. The Trust further recognises that some areas of operational documentation, local procedure standardisation and governance assurance have continued to develop over the relevant period, including work relating to deteriorating patient management, simulation-based learning, digital equipment assurance systems, and bespoke mental health-focused emergency response training.

104. I hope this statement assists the Inquiry.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed:

[I/S]

Position: Director of Nursing, East London Foundation NHS Trust

Dated: 19 June 2026