

Witness Name: Dr Kallur Suresh

Statement No.: 1

Dated: 16 October 2025

Rule 9 reference: EPUT Rule (32)

LAMPARD INQUIRY

FIRST WITNESS STATEMENT OF DR KALLUR SURESH

I, Dr Kallur Suresh will say as follows: -

Introduction

1. I am a consultant psychiatrist and a Fellow of the Royal College of Psychiatrists. My qualifications include MBBS (1993), DPM (1994), MRCPsych (1999), FRCPsych (2015) and MSc (Leadership in Quality Improvement (2014).
2. I have worked for the Essex Partnership University NHS Foundation Trust ('EPUT') since 2003 as a consultant psychiatrist for older people, both in the community and inpatient settings.
3. I am also an Approved Clinician which enables me to discharge responsibilities under the Mental Health Act, 1983. At the time of Mrs Taylor's admission and treatment on Roding ward, I was the Responsible Clinician in charge of her treatment.
4. I work at the Mental Health Unit in St Margaret's Hospital in Epping and have been in this role since April 2017. The Unit has two older adults' wards. Roding ward is a 14-bedded mixed gender ward for patients without an organic illness such as dementia. It normally admits people over the age of 65 with mental health problems requiring inpatient assessment and management.

Approach to the Inquiry Rule 9 (32) Request

5. This statement is made in response to the request by the Inquiry to EPUT made on 3 September 2025, under Rule 9 of the Inquiry Rules 2006, with reference 'EPUT Rule 9(32)'. It concerns the death of Carol Taylor (DOD 21.11.2023) and EPUT was asked to respond to a series of questions in relation to her care and treatment.
6. Carol Taylor died under the care of EPUT on 21 November 2023, whilst she was a detained patient on Roding Ward, St Margaret's Hospital.
7. I understand and empathise that her family continue to feel the impact of her death, and no part of this statement is intended to diminish in anyway the tragic loss of life and the ongoing suffering of Carol Taylor's family.
8. In this corporate witness statement, I have provided answers to the Inquiry's questions on behalf of EPUT. Not all the matters related to the Trust are within my own personal knowledge, but I have relied on information and documents provided by colleagues. This information is sourced primarily from the electronic information or documents now held by EPUT, and I have relied on the accuracy of that information, together with conversations with colleagues and/or personal knowledge. I do not have personal knowledge of all the

matters or facts addressed within this statement. The contents of the statement are true to the best of my knowledge, information and belief.

9. Since the receipt of Rule 9(32), the work involved in responding to this Rule 9 has included identifying and speaking with Trust employees who may have direct knowledge of the matters requested, alongside examination of documents.

Summary of Questions

The Rule 9 request focuses on three main areas:

Trust Level Engagement and Decision Making in Respect of PFD

- Submissions by the Trust to the Coroner on whether a PFD report was appropriate
- Trust Board/committee records of discussions about failings in care, implementation of changes, and monitoring of actions in response to the PFD report.

Monitoring Compliance with training requirements

- Escalation processes when staff haven't completed mandatory training
- Which meetings discuss mandatory training
- Whether the training trackers include all staff types (permanent, temporary, bank and agency)
- Whether all staff receive monthly 1:1 support meetings
- How managers verify bank and agency staff training during shortages
- How the "bar" on working operates in practice and whether it applies to permanent staff

Training Specific to Elderly Patients

- Basic Life Support and Immediate Life Support training refreshers
- Details of NEWS2, deterioration recognition, and head-to-toe assessment training
- How staff awareness of aide memoirs and SBAR tools is ensured
- Frequency of medical emergency simulations
- Context and timing of Learning Matters events
- Formation and purpose of the Improving Physical Health Steering Group
- Development, implementation and tailoring of Physical Health Competency Framework and Bitesize learning packages
- Role of Physical Health Link Practitioners and their meetings
- Piloting of the Physical Health Secondary Care Planning Cycle

Trust level engagement and decision making in respect of PFD

Internal Review and Submissions at the Inquest

10. Following Carol Taylor's death, an internal review was carried out, resulting in the production of a Patient Safety Incident Investigation ('PSII') report dated 26 June 2024 **[KS-001]**.
11. An inquest into Carol Taylor's death was held on 9 June and concluded on 12 June 2025, and a Prevention of Future Deaths ('PFD') report dated 12 June 2025 was then issued by the coroner **[KS-002]**. EPUT responded to the report by letter, dated 23 July 2025 **[KS-003]**.
12. On the final day of the inquest, Carol Taylor's family filed PFD submissions **[KS-004]**. EPUT did not file any written submission to the coroner as to whether he should issue a PFD report. The Trust made oral submissions during the inquest about various actions and improvements made following the death and prior to inquest. Those improvements are described below.
13. EPUT's position at the inquest was that any potential failure to repeat a VTE risk assessment was not causative of her death and there was no evidence of deep vein thrombosis in the days preceding the pulmonary embolism. EPUT did accept that there were shortcomings in the way that CPR was administered and that at least one member of staff was not up to date with their mandatory training.
14. The Trust made oral submissions throughout the inquest on some of the matters raised by the coroner, including noting EPUT's monitoring of staff training and new training initiatives, and explaining how the skill mix on the ward is managed every day.
15. The inquest was highlighted to the Executive Board (as well as the service) as a forthcoming Inquest, and the PFD was presented to the Board once it had been received and responded to.
16. Discussions took place internally within the Trust relating to staff input into the PFD response. **[KS-005]** and **[KS-006]** highlight how information was gathered in formulating the response to ensure the key concerns were addressed alongside reviewing any existing and future actions.
17. Carol Taylor's case was also discussed at a Safety of Care Group meeting in August 2025 to ensure that all actions arising from the PFD had been completed **[KS-007]**.

Monitoring Compliance with training requirements

Non-completion of mandatory training

18. There is a process in place within the Trust to escalate concerns if a member of staff has not completed their mandatory training.
19. Ward Managers, and any other relevant members of staff, have access to training trackers which are checked on a monthly basis during substantive staff member's 1:1 support meeting with their supervisor. As soon as a training is showing as amber (which shows that training will be non-compliant within three months) staff are supported by the Ward Manager/supervisor to book into that training before it expires.
20. Mandatory training is reviewed by the Clinical Manager/Matron on a monthly basis with Ward Managers in line with EPUTs Induction and Mandatory Training Policy which can be found here: **[KS-008]**.
21. New starting bank staff are not able to work until they have completed their mandatory training. If a worker fails to complete their online training within 4 weeks of them being sent their training tracker, the Bank Compliance team will write to them giving them a further period of 7 days to complete before we start the removal from bank process.
22. Mandatory training compliance is audited as a minimum requirement every 6 months by the Bank Office. Any bank workers that are not up to date with their mandatory training will be given a time period to have this completed, and this could result in the bank worker being refrained from undertaking shifts until the training is complete **[KS-009]**. Continued failure to complete mandatory training or where the training is not completed within the specified time period will result in the bank worker being terminated from the Bank Register.
23. For agency staff, The Trust only uses Framework compliant agencies in line with the framework requirements, they have to supply agency workers who are compliant with The Core Skills Training Framework (CSTF). When booking agency staff, Ward Managers can request additional training requirements that may sit outside the CSTF, and the worker will only be supplied if they have this training in place.
24. When an agency worker is booked, the agency confirms training compliance via a booking form. EPUT undertake sample audits throughout the year for assurance this has been completed properly, and the agencies are also audited by the Framework supplier **[KS-009]** and **[KS-010]**.

25. Where there are staff shortages and additional support is needed from bank and agency staff, the Ward Manager is therefore able to satisfy themselves that an individual has completed all basic training.
26. Staffing is reviewed on a daily basis by the Matron and Ward Managers in their daily management huddles each morning. They review staffing for the next 24 hours and any requests for additional staff above their establishment, is taken by the Inpatient Matron to the Deputy Director of Quality and Safety to be discussed at the Daily Trust wide Oversight Staffing Meeting.
27. If approved, the Matron will add the additional requests for staffing onto Healthroster. The Ward Manager is then tasked to allocate bank staff to those shifts. Inpatient wards have a book of substantive and regular bank staff who give their availability to undertake additional bank shifts. Ward Managers use this to cover the shifts, undertaking a check of mandatory training to ensure safe staffing and appropriate skill mix on the shift.
28. A copy of EPUT's safe staffing (inpatient) policy can be found here: **[KS-011]**.

Monitoring of mandatory training

29. Mandatory training is discussed within operations at a number of forums including Ward Team Meetings (Monthly), Managers Meetings (Monthly), Daily Management Huddle (Mon-Fri), Inpatient Quality & Safety Meeting (Monthly), Care Unit Meeting (Monthly).
30. It is discussed at a number of management meetings including:
 - Resuscitation and Deteriorating Patient Group and Harm Free Care (formerly Physical Health Sub-Committee) meetings
 - Accountability Frameworks Meetings
 - Health, Safety and Security Sub Committee
 - Restrictive Practice Group
 - People Committee
31. All substantive staff have 1:1 support meetings with their supervisor which is monitored on the supervision tracker by the Ward Manager, Matron and Service Manager.
32. There is no limit to how frequently staff receive 1:1 support meetings of any type. It is important that it is available to support staff as often as required for example, where additional support is required and/or significant performance issues have been identified.

However, there is a minimum requirement expected by the Trust that Clinical Staff have these meetings every 8 weeks and non-Clinical staff every 12 weeks **[KS-012]**.

33. Bank staff are invited to supervision undertaken by the inpatient Matron and/or Professional Nurse Educator and their attendance is monitored by the Bank Office in line with EPUT's Deployment Policy **[KS-009]**. A copy of the Supervision Guidance Notes for Bank staff is exhibited here: **[KS-013]**.
34. The training tracker monitored by Ward Managers is in place for all members of staff, except agency workers, where instead EPUT rely on the Framework agency to monitor this for their employees. The training that staff need to undertake is dependent on the role they hold within the Trust. Ward Managers can use the training tracker to search for individual staff members who are bank staff to gain assurance on their compliance with mandatory training.

The bar on working on the ward

35. There is not a 'bar' (which EPUT have interpreted as meaning a ban) on permanent staff to prevent them from working on the ward if they are not up to date with their current mandatory training. If we have substantive staff members who are showing as non-compliant for mandatory training, protected time is given to them to complete mandatory training as soon as possible.
36. Having a 'bar' on temporary staff / substantive staff working on the ward unless they are compliant with all mandatory training, would bring significant risk in relation to having the necessary number of staff on shift. Whilst the Trust do not stop people from working for operational reasons, EPUT recognise that compliance with mandatory training is vital and therefore mitigation is in place and Ward Managers actively manage compliance with mandatory training.

Training Specific to Elderly Patients

BLS and ILS training

37. Both BLS and ILS courses are completed as soon as a member of staff starts their role on the ward and are refreshed annually; ILS is a full day and BLS is half a day. Staff will be prompted ahead of time to remind them their ILS or BLS is expiring and to book onto a refresher session.
38. EPUT also facilitate life support drop in refresher sessions for staff. These sessions are an opportunity for staff to refresh their knowledge of life support skills in small groups, in

between their mandatory training sessions, including refreshers on topics such as chest compressions and airway management. These are delivered as face-to-face training session to staff across a variety of inpatient wards as well as staff working within a community setting.

- 39. Professional Nurse Educator's also undertake regular simulations on the ward to keep the nursing staff upskilled.
- 40. Copies of the two documents requested can be found at: **[KS-014]** and **[KS-015]**.

Royal College of Physicians NEWS2

- 41. NEWS2 training is the latest version of the National Early Warning Score (NEWS) first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness. It was developed to improve the detection of and response to clinical deterioration in patients with acute illness and has been widely implemented across the NHS and in other healthcare settings across the world.
- 42. The training goes back to basics and focuses on physical observations of patients through a scoring system based on six physiological parameters. The training covers understanding the parameters, how to take the readings and properly record them, responding to changes and escalating them.
- 43. Although this training is not part of the mandatory training suite, it is something staff complete under supervision on a daily basis. Therefore, the free training is instead signposted to all staff at any given time, including new starters, when it is felt like they may benefit from it or just as a reminder that it is a useful tool to review. It can be accessed online **[KS-016]**, and the community and mental health modules have already been uploaded onto the OLM platform and are available for EPUT staff to access.
- 44. An in-house, EPUT specific, NEWS2 training package is being explored for EPUT staff.

Recognising & Managing Deterioration

- 45. Staff are signposted to a 'Recognising & Managing Deterioration' training resource which is available for all staff to access via the existing online learning platform. It is an NHS England e-learning resource package accessible to all Trusts **[KS-017]**.
- 46. The Recognising and Managing Deterioration programme has been developed to support the workforce and organisations in ensuring staff have the necessary knowledge and skills to recognise and manage deterioration in adult patients.

47. The training focuses on: patient assessment including the ABCDE approach and is designed for staff who are the first contact for the deteriorating patient, early warning scores which includes resources on the National Early Warning Score (NEWS2) and recognising and responding to sepsis.
48. This training is currently optional, however staff complete NEWS2 under supervision of more senior nursing staff on a daily basis on each patient. EPUT are exploring the way in which they can make this training essential and form part of the mandatory training programme for all new and existing staff.

Head to toe assessments

49. A 'Head to Toe' assessment is a systematic evaluation of a patient's overall health, covering all major body systems from head to toe and it is used to recognise and manage a patient from a physical health perspective.
50. This is carried out for all inpatients at the point of admission by the admitting Doctor. It is also carried out when a patient on the ward presents a change in circumstances that would prompt a review and assessment to provide critical information for care planning.
51. Staff will use the Assessing a Critically Unwell Patient aide memoir following the ABCDE approach **[KS-014]** covered in the ILS training, or if a patient is non-compliant for example, staff will follow the Non-Contact Observation **[KS-018]** to ensure they can still carry out an ABCDE assessment, but in a safe manner.
52. Aide memoirs are discussed in team meetings, handovers, daily safety huddles as well as using the role of the Professional Nurse Educator who undertakes daily ward visits and provides in-house training to ward staff and education sessions.
53. The aide memoirs have all been shared Trust wide via a number of communication methods including through Lessons Learned, Wednesday Weekly and Key Messages, and are available to access on every Ward. An example of this can be found at **[KS-019]**. They are also signposted on each of the learning courses and refreshers.

Situation, background, assessment and recommendation (SBAR) tool

54. The SBAR tool is applicable to all clinical areas and is used across all inpatient services when handing over information about a patient to Nurses, Doctors or members of the emergency services i.e. Ambulance Service. This is documented in the CPR Procedure **[KS-020]**.

55. It ensures a structured approach is taken by following the framework to ensure a clear and concise handover. It ensures all the important and relevant information is relayed during handover, and nothing is missed.
56. A copy of the SBAR tool can be found here: **[KS-021]**.

Medical emergency simulations

57. As a minimum these should be carried out every four months as per **[KS-020]**. This has been reiterated in a recent Patient Safety Alert which was issued on 23 June 2025 **[KS-022]**.
58. Each site has the equipment to carry out medical emergency simulations. The ward takes ownership of delivering the sessions. They might be led by the Resus Link Practitioner for that ward, or other staff on the ward might facilitate them with the Resus Link Practitioner's help.
59. Whilst these sessions are to be conducted once every four months, individual wards with the necessary capacity may opt to undertake them more frequently, for example, on weekly basis. There is no prescribed programme that wards are required to follow; rather they are expected to engage in some form of training or simulation, accompanied by a structured opportunity for reflection and discussion to support continuous learning and improvement for the Trust.
60. EPUT's Professional Nurse Educators carry out medical emergency simulations and teaching at least once every fortnight on the wards at St Margaret's. The Head of Deteriorating Patient Pathways facilitated drop in sessions in Epping in the months prior to Carol Taylor's death. These sessions were all face to face drop in sessions and linked the contents of the training resuscitation bag into clinical practice using examples and demonstrations with the resuscitation manikin. These were completed on: 6 January, 12 January, 17 January, 25 January, 1 February, 8 February, 15 February, 22 February and 1 March 2023.

Learning Matters - Assessing Deteriorating Patients and Resuscitation

61. Learning Matters sessions are organised and hosted by EPUT's Lessons Team via MS Teams and bring in key individuals where necessary. EPUT has provided these sessions since 2022 and are held monthly. These sessions are a resource platform that cover various relevant topics, patient safety alerts, or learning identified within the Trust and could include

guidance updates or changes, positive or negative feedback on an incident or where there is an opportunity for learning.

62. The Assessing Deteriorating Patients and Resuscitation event was a one hour practical session on spotting early signs of deterioration and taking action with confidence. The session covered: ABCDE made simple (step-by-step for any ward Emergency response), handling emergencies, NEWS2 in practice, hands-off checks (safe monitoring without touching the patient) and sepsis red flags – how to spot and act early.
63. This session was aimed at providing staff with practical skills, have greater confidence in managing physical health concerns and being given a voice in shaping future learning.
64. Other Learning Matters events around patient deterioration and resuscitation included S1, Ep5 held on 24 May 2023 titled 'Learning from Physical Deterioration of Patients'.

The Improving Physical Health Steering Group

65. The Improving Physical Health Steering Group was formed in September 2024 as one of the nine key priority areas from our Quality of Care Strategy and its aim was to create a documented physical health bundle of care to prevent the diagnostic overshadowing of patient's physical health needs whilst an inpatient in EPUT mental health wards. Further information on this can be found at: **[KS-023]**. A document highlighting the Group's key outcomes and future plans can be accessed here: **[KS-024]**.

Physical Health Competency Framework and Bite Size Training support packages

66. Both the support packages were developed by NHS Health Education England. They were piloted with a particular Trust and a final fit-for-purpose package was shared with all the Trusts for them to take on board. The Competency Framework was devised by NHS Health Education England (2020) in order to improve the quality of physical health care for patients on mental health wards.
67. Bite sized teaching is another NHS Health Education England package facilitated by Junior Doctors who are already working within the Trust. This teaching compliments and can be delivered alongside, the competency framework. This support package was developed in order to make it easier for staff to access and understand the training.
68. When NHS Health Education England came up with the two support packages, EPUT had an opportunity to adopt and implement them across the Trust. Initially at the time, EPUT did

not adopt them straight away. The support packages have now been piloted and there will be a proposal made to implement these Trust wide.

69. They are applicable and relevant to all patient groups.

Physical Health Link Practitioner

70. The Physical Health Link Practitioner's role is to act as a link between Trust physical health group and wards; promoting best practice, raising awareness and empowering teams to enhance their physical health knowledge and skills. They facilitate learning about a patient's physical health condition and direct staff to resources such as NHS England Education bite sized learning. If patients present during admission with a physical health diagnosis, the Physical Health Link Practitioner can guide staff to ensure patient care plans include physical health needs and identify any knowledge needs or the engagement of subject experts in the care planning processes where identified. This is a responsibility to be undertaken as part of staff's existing roles, and they provide support within inpatient and community services. The number of Physical Health Link Practitioners varies across each of the wards as part of the ongoing program expecting to see new practitioners on-boarding this role.
71. Further information on this role can be found here: **[KS-025]**.
72. Physical Health Link Practitioners are not as established as Resus Link Practitioners, and they were therefore invited to join the bi monthly meetings recently in order to work together. There is no formal structure or set agenda for these meetings – it is an open discussion and conduit for sharing information between the Link Practitioners and chair. This includes discussion of items of concern, discussion on safety updates, guidance changes or showcasing good practice.
73. Following a discussion with the chair of the meetings, we are unable to evidence that Carol Taylor's individual case was discussed at these meetings.

Physical Health Secondary Care Planning Cycle

74. The Physical Health Secondary Care Planning Cycle **[KS-026]** was formally approved by the Resuscitation and Deteriorating Patient Group in March 2025. It has since been piloted at the Kingswood Centre, where Professional Nurse Educators engaged with ward staff to introduce and discuss the cycle. The West area Professional Nurse Educator has confirmed that it was also discussed with Ward Managers.

75. In April 2025, the cycle was presented at the Ward Managers' Forum, where it was positively received. It was acknowledged as a valuable tool to promote a standardised approach to care planning, ensuring: Key actions are not missed, plans are proactively developed, staff engage in meaningful discussions and checks and refer to specialist teams for review if required.

STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed:

[I/S]

Dated: 16th October 2025