

Witness Name: Dr Kallur Suresh

Statement No: 12

Dated: 21 May 2026

Rule 9 reference: EPUT Rule 9 (149)

LAMPARD INQUIRY

TWELFTH WITNESS STATEMENT OF DR KALLUR SURESH

I, Dr Kallur Suresh, will say as follows:-

Introduction

1. I am a Consultant Psychiatrist and Chief Medical Officer at Essex Partnership University NHS Foundation Trust ("EPUT"). I have held this post since 1 December 2025. Prior to that I held the role of Deputy Medical Director for the West Essex Care Unit and Consultant Psychiatrist and West Area Medical Director for North Essex Partnership University NHS Foundation Trust ("NEP").
2. I started working for NEP in 2004 initially as a Consultant Psychiatrist for older people in the Harlow area. In 2005, I was appointed as Associate Medical Director for West Essex. I held this role until the merger of NEP and the South Essex Partnership Foundation Trust ("SEPT") in April 2017.
3. This statement is made in response to the request by the Inquiry to EPUT on 23 April 2026 under Rule 9 of the Inquiry Rules 2006, with reference "Rule 9 (149)". EPUT was asked in that letter to provide information related to resuscitation following the formation of EPUT on 1 April 2017.
4. In this witness statement I have provided responses to the Inquiry's questions on behalf of EPUT. Not all matters related to the Trust are within my own personal knowledge, and therefore I have relied on information and documents provided by the Inquiry Project Team and subject matter experts. Former employees have not been approached to provide information related to the response I provide. The contents of the statement are true to the best of my knowledge and belief.

Approach to the Rule 9 request

5. This response has been prepared with information sourced directly through the review of policy documents contained within Relativity, a platform which has been purchased by EPUT especially for document searching and collation for the Inquiry. EPUT used the key words provided by the Inquiry in order to locate the relevant policy documents. To supplement the information contained with the policy documents, subject matter experts provided further details in order to provide a response to the Rule 9 request.
6. The subject matter experts provided documentation in response to the Rule 9 request, and have undertaken a review of local and shared drives to identify and retrieve the relevant records.

7. The statement will address the questions in the Rule 9 request in the following structure:

Part A: Resuscitation Practices and Procedures

- a. Policies and procedures
- b. Training

PART A: Resuscitation Practices and Procedures

Policies and procedures

8. The primary Trust policies relating to resuscitation are CLPG / CLPG14A: "Procedure: Cardiopulmonary Resuscitation (CPR)," (the CPR Procedure) and CLP14; "Policy for Cardiopulmonary Resuscitation (CPR)," (the CPR Policy). Other policy documents make reference to CPR, or that of Do Not Resuscitate and they have not been considered as the primary documents within this statement.
9. The CPR Procedure was implemented in August 2017 **[KS12-001: v 1.0 CLPG14A CPR Procedure]**, merging previous policies in use at the predecessor Trusts, updating appendices and adding a procedure relating to DNACPR directions. Version numbers 2 and 3 were not used.
10. Version 4 in February 2018 **[KS12-002: v 4.0 CLPG14A CPR Procedure]** was not ratified. Proposed changes were accumulated and approved in Version 5.
11. As well as stylistic changes, Version 5 in February 2018 **[KS12-003: v 5.0 CLPG14A CPR Procedure]** added a new sub-section (3.2) providing more detailed guidance relating to baseline clinical observations and MEWS calculations. This version also added section 3.4, requiring that clinical observations be increased and reviewed in specific circumstances. It also added a more detailed set of appendices. Version number 6 was not used.
12. This was followed by Version 7 in August 2018 that introduced Appendices 12 and 13 relating to resuscitation equipment checklist **[KS12-004: v 7.0 CLPG14a CPR Procedure]**, but was not ratified. Version 8 in December 2018 **[KS12-005: v 8.0 CLPG14A CPR Procedure]** included those amendments and also reflected an arrangement with Mid and South Essex Hospitals Group relating to crash team response at the Trust's mental health unit at Basildon Hospital.

13. Version 9 in April 2019 [**KS12-006: v 9.0 CLPG14A CPR Procedure**] introduced a number of changes. It separated the MEWS and NEWS definitions more clearly, and updated the CHS scoring reference from "NEWS" to "NEWS2". It also added a cross-reference directing readers to the Trust Clinical Guidelines for Use of Early Warning Scoring Systems (CG87) for completion guidance. This version changed and combined forms used to record a resuscitation event and stated that the Nurse Consultant for Physical Health would review whether the Resuscitation Event Report Form had been completed following an event.
14. Version 9 also added detailed guidance in section 6 around equipment including oxygen cylinders and HMP Chelmsford's additional equipment requirements. It restructured the appendix structure.
15. Version 10 in October 2019 [**KS12-007: v 10.0 CLPG14A CPR Procedure**] was not ratified but proposed generalising the vulnerability statement to refer to all patients cared for in inpatient settings, removing specific reference to mental health and learning disability. It also proposed changes to the description of the required training standard under NICE Guideline NG10, replacing the requirement for staff to be trained to "immediate life support (ILS) standards" with "basic life support (BLS) standards." Related to this, definitions were to be amended to acknowledge this change, including 'Enhanced Emergency Skills' incorporating Basic Life Support as opposed to Immediate Life Support as in previous versions. Appendix 14 was to be expanded to apply to the SAS/APMS service.
16. Despite this change to the CPR Procedure, the Trust's mandatory training policy continued to require all Registered Nursing staff working within an inpatient setting to complete Immediate Life Support training.
17. Version 11 in November 2019 [**KS12-008: v 11.0 CLPG14A CPR Procedure**] included the amendments proposed in version 10 but appears not to have included any substantive changes. Version 12 in January 2020 [**KS12-009: v12.0 CLPG14A - CPR Procedure**] added section 6.3 to rectify a finding from an internal audit that ligature cutters were not mentioned in the CPR Procedure.
18. Version 13 in March 2020 [**KS12-010: v 13.0 CLPG14A CPR Procedure**] reflected the cessation of the support of Mid and South Essex Hospitals Group's crash team at the Trust's unit at Basildon Hospital. It expanded the vital signs observation list by replacing "AVPU" with "ACVPU", which is alert/confusion/voice/pain/unresponsive, explicitly

adding the confusion (C) component. This version also added a new section 4.5 relating to the recording of retention of defibrillator activity data. Version number 14 was not used.

19. Version 15 in March 2023 [**KS12-011: v 15.0 CLPG14A CPR Procedure**] updated the governing guidelines from the 2015 Resuscitation Council (UK) publication to the 2021 Resuscitation Council (UK) guidelines. The content was revised to reverse the previous change in expected life support training standard for those involved in restrictive interventions. An expectation of Immediate Life Support training was reinstated in line with the Care Quality Commission's 2020 brief guide on Immediate Life Support training and the Resuscitation Council UK's Quality Standards for Mental Health Inpatient Care (May 2020).
20. Section 3.2 updated observation references from MEWS to NEWS2 and added a cross-reference to CG55 (Physical Healthcare Clinical Guideline). Section 3.3 was simplified and the SBAR obligation strengthened: the SBAR communication tool "must be used" (previously "should be used"), including when communicating with the Ambulance Service. The appendix list was significantly restructured. The In-Hospital Resuscitation Algorithm (previously Appendix 2) was removed. A new Appendix 6 was introduced: "Roles and responsibilities of staff attending a resuscitation event and associated technical and non-technical skills."
21. The previous narrative of section 4.2 (immediate actions on finding a collapsed individual) was replaced with a concise, skills-based list in a new section 4.1. Section 4.2 was amended to simply cross-reference Appendix 6 and Appendices 1–5 (supporting algorithms), rather than setting out the full detail of immediate actions in the body of the procedure. The direction to contact the Ambulance Service in the event of a cardiac arrest was updated to make it clear that this was to be done "immediately".
22. The CPR Procedure was updated to acknowledge that the role of reviving Report Forms would sit with the Head of Deteriorating Patient Pathway and Resuscitation Training Officer. Naloxone, Flumazenil, and Insulin (rapid acting) were added to the list of minimum in-patient ward medicine stock.
23. The Post-Incident Care section was expanded to cover a debrief process and meetings with patients or residents to provide support. More specific training requirements were set out in Section 9.

24. Version 15.1 in July 2023 [**KS12-012: v 15.1 CLPG14A CPR Procedure**] added a new Appendix 14 entitled, “Calling (9)999 in a Medical Emergency,” for staff to utilise when placing a call with the Ambulance Service.
25. Version 15.2 in August 2024 [**KS12-013: v 15.2 CLPG14A CPR Procedure**] made some amendments to the content of Appendices 10 (Resuscitation bag and trolley daily checklist) and 11 (CHS-Inpatient Ward daily resuscitation equipment checklist) as well as introducing Appendix 15 (Defibrillator checklist).
26. A draft of the CPR Procedure is currently going through the ratification process, and is expected to be in place by the end of July 2026. This version will incorporate RCUK’s updated 2025 Guidelines.
27. The CPR Policy was introduced in July 2017 [**KS12-014: v 1.0 CLP14 CPR Policy**]. There was no Version 2 of the Policy. Version 3 in January 2020 followed a full review.
28. Version 3.0 in January 2020 contained only a minor correction [**KS12-015: v 3.0 CLP14 CPR Policy**]. Version 3.1 in March 2020 [**KS12-016: v 3.1 CLP14 CPR Policy**] reflected the cessation of the support of Mid and South Essex Hospitals Group’s crash team at the Trust’s unit at Basildon Hospital as above. Version 3.2 in November 2022 extended the applicability of the Policy to January 2023 [**KS12-017: v 3.2 CLP14 CPR Policy**].
29. Version 4 of the Policy in March 2023 [**KS12-018: v 4.0 CLP14 CPR Policy**] followed the 3-year review, made changes similar to Version 15 of the Procedure relating to updated RCUK guidance, Immediate Life Support training and the implementation of NEWS2.
30. Version sV 1.0 was created when the Policy was uploaded to the SOPHIA document library in February 2025 [**KS12-019: sV 1.0 CLP14 CPR Policy**].
31. Version sV 2.0 in March 2026 followed the Policy’s 3-year review and incorporated RCUK’s updated 2025 Guidelines in addition to other changes including in relation to NEWS2 [**KS12-020: sV 2.0 CLP14 CPR Policy**].
32. Version sV 3.0 in April 2026 corrected a minor error in respect of one appendix [**KS12-021: sV 3.0 CLP14 CPR Policy**].
33. The CPR Procedure and the CPR Policy contain the requirements for both adult and paediatric CPR. They also relate to services for older adult patients.

34. Other policies of relevance to resuscitation include:

a. HR21: Induction and Mandatory Training Policy, which sets out those staff that are required to complete Basic Life Support training and those that are required to complete Immediate Life Support training.

- Version 1 – April 2017 [**KS10: 029**]
- Version 2 – January 2019 [**KS12-022: v 2.0 HR21 EPUT Induction and Mandatory Training Policy**]
- Version 2.1 – June 2021[**KS12-023: v 2.1 HR21 EPUT Induction and Mandatory Training Policy**]
- Version 3 – November 2023 (This version of the policy is not available within our records)
- Version 3.1 – October 2024 [**KS10: 035**]
- Version sV1 – March 2025 [**KS10:036**]
- Version sV 2.0 - December 2025 [**KS12-024: sV 2.0 HR21 EPUT Induction and Mandatory Training Policy**]
- Version sV 3.0 - January 2026 [**KS12-025: sV 3.0 HR21 EPUT Induction and Mandatory Training Policy**]

b. CG87: Clinical Guidelines on the Use of National Early Warning Scoring System (NEWS2), which related to the detection and monitoring of deteriorating patients.

- Version 1 - December 2018 [**KS12-026: v 1.0 CG87 Clinical Guidelines on the Use of Early Warning Scoring Systems (MEWS & NEWS2)**]
- Version 2 – June 2022 [**KS12-027: v 2.0 CG87 Clinical Guidelines on the Use of National Early Warning Systems (NEWS2)**]
- Version 2.1 – December 2023 [**KS12-028: v 2.1 CG87 Clinical Guidelines on the use of NEWS2**]

- Version sV1 – March 2025 [**KS12-029: sV 1.0 CG87 Clinical Guidelines on the use of NEWS2**]
- c. CG6: Advance Decisions and Statements Clinical Guideline
- Version 1 – July 2019 [**KS12-030: v 1.0 CG6 Advance Decisions and Statements Clinical Guideline**]
 - Version 2 – September 2022 [**KS12-031: v 2.0 CG6 Advance Decisions and Statements Clinical Guideline Adults**]
 - Version sV1 – February 2025 [**KS12-032: sV 1.0 CG6 Advance Decisions & Statements for Adults Clinical Guideline**]
 - Version sV2 – September 2025 [**KS12-033: sV 2.0 CG6 Advance Decisions & Statements for Adults Clinical Guidance**]
 - Version sV3 – November 2025 [**KS12-034: sV 3.0 CG6 Advance Decisions & Statements for Adults Clinical Guidance**]
- d. CG52: Pharmacological Management Of Acutely Disturbed Behaviour Clinical Guidelines and RM05: Therapeutic & Safe Interventions and De-Escalation Policy, both of which emphasise the need for appropriate resuscitation equipment, facilities and training.
- i. CG52 Policies
- Version 1 – May 2017 [**KS12-035: v 1.0 CG52 Pharmacological Management of Acutely Disturbed Behaviour Clinical Guidelines**] Version 1 – July 2017 [**KS10: 136**]
 - There was no Version 2 of the CG52 Policy
 - Version 3 – November 2017 [**KS10: 137**]
 - Version 4 – December 2019 [**KS12-036: v 4.0 CG52 Pharmacological Management of Acutely Disturbed Behaviour Clinical Guidelines**]
 - Version 5 – September 2023 [**AS3-032**]
 - Version sV1 – February 2025 [**KS12-037: sV 1.0 - CG52 Pharmacological Management Of Acutely Disturbed Behaviour Clinical Guidelines**]

- Version sV1.1 – June 2025 [**KS12-038: sV 1.1 - CG52 CG**]
- ii. RM05 Policies
- Version 1 (Version 5 in SEPT) – [**KS12-039: v 5.0 RM05 Restrictive Practice Policy**]
 - Version 2 – [**KS12-040: v 2.0 RM05 Therapeutic and Safe Interventions and De-escalation (TASID) Policy**]
 - Version 2.1 – [**KS12-041: v 2.1 RM05 Therapeutic and Safe Interventions and De-escalation (TASID) Policy**]
 - Version sV1 – [**KS12-042: sV 1.0 RM05 Therapeutic & Safe Interventions & De-escalation Policy**]
 - Version sV 2.0 – August 2025 [**KS12-043: sV 2.0 RM05 Therapeutic & Safe Interventions & De-escalation Policy**]
 - Version sV 3.0 – December 2025 [**KS12-044: sV 3.0 RM05 Therapeutic & Safe Interventions & De-escalation Policy**]
35. Other Trust policies include references to the above documents or make some mention of resuscitation or related terms. However, the above policy documents reflect the primary documents.
36. During the Covid-19 pandemic, around June 2020, Appendices to the CPR Procedure and the CPR Policy relating to resuscitation bag, equipment and trolley were amended to require specific single-use personal protective equipment to be kept with resuscitation equipment and included in daily checks.
37. In addition, a separate resuscitation guidance document and flowchart outlining RCUK recommendations were produced and applied during that period. Resuscitation related training was amended accordingly, with guidance issued that CPR should be delivered using chest compressions only.
38. The Covid-19 guidance issued is as follows:
- i. [**KS12-045: CPR Procedure during C-19 Revised Guidance Final**]
 - ii. [**KS12-046: GUIDANCE – COVID-19 care pathways for people using EPUT inpatient services**]

- iii. **[KS12-047: Resus Flow Chart May 2020]**
 - iv. **[KS12-048: Community or First Responders resuscitation guidelines for CPR in COVID-19]**
 - v. **[KS12-049: Basic Life Support Training Powerpoint v3]**
39. The directly relevant CPR Procedure has not, at any stage, explicitly departed from the key RCUK guidance or other national guidance identified, including the RCUK Resuscitation Guidelines, RCUK Quality Standards, 'Decisions Relating to Cardiopulmonary Resuscitation' (RCUK, BMA and RCN), NICE Guideline NG10: 'Violence and Aggression: Short-Term Management in mental health, health and community settings', Rapid Response Report: Resuscitation in mental health and learning disability settings' (NPSA), and 'Brief Guide: ILS Training for Restrictive Intervention Services' (CQC).
40. However, Versions 10 to 13.1 of the CPR Procedure interpreted NICE Guideline NG10 as requiring that any setting where restrictive interventions may be used must be able to access staff trained to Basic Life Support standards. However, the Guideline and the CQC Brief Guide in fact both require access to staff trained in Immediate Life Support.
41. No other substantive departures from national guidance have been identified.

Local service arrangements

42. Through information gathered from inpatient managers, the processes involved with responding to a medical emergency and / or resuscitation event are detailed within the policies and procedures detailed above.
43. The Trust has implemented an additional Protocol for Rapid Response to Emergency Incidents (Secure Services) **[KS12-050: SS25 sV 2.0 Protocol for Rapid Response to Emergency Incidents]**. This standard operating procedure was issued in September 2009. It contains separate procedures for emergency responses in specific medium and low secure settings, i.e. Brockfield House, Wood Lea Clinic and Robin Pinto Unit.
44. The processes implemented locally at Basildon Mental Health Unit have differed since the formation of EPUT. EPUT had a service agreement in place for the delivery of resuscitation provisions from Basildon and Thurrock University Hospital NHS Foundation Trust (BTUH) to EPUT's Basildon Mental Health Unit. The service agreement commenced on 1 April 2019 **[KS12-051: Resuscitation Service**

Specification 2018; KS12-052: Agreement for the Provision of an Inter-unit Recharge] and ended on 31 March 2020 **[KS12-053: Notice letter to terminate]**. These arrangements were reflected in the CPR Procedure and the CPR Policy during that period.

45. The service agreement aimed to ensure that the resuscitation practice was consistent across the Basildon Hospital site and that EPUT's mental health unit and the necessary support and equipment in the event of a cardiac arrest. In practice, in the event of a cardiac arrest the Basildon Mental Health Unit contacted the Basildon Adult Cardiac Arrest Team by telephoning 2222, 24 hours a day, 365 days a year. Given this service agreement, the local practice at Basildon Hospital differed from other services in EPUT and is detailed within the Trust CPR policy documents.
46. The agreement was terminated as a result of a comprehensive review of capacity and demand within the Resuscitation Service and Medical Emergency Team at BTUH.

Training

Trust-wide training

47. EPUT have a number of training arrangements in place which relate to emergency care and resuscitation for staff in both clinical and non-clinical roles. All resuscitation training is mandatory for clinical staff and completed as soon as a member of staff starts their role, and within the initial 12 weeks of employment with the Trust. This is completed annually thereafter. All training is available to book via the training calendar on the intranet page, or via direct email to the Mandatory Training department. The monitoring of attendance is completed monthly by the Assurance Framework and Mandatory Training team, and a monthly compliance report is provided to a number of subcommittees.
48. Cardiopulmonary Resuscitation (CPR) training is delivered within EPUT's face to face Basic Life Support (BLS) training and the content is in line with the RCUK guidelines. The training is provided to all community registered and non-registered staff and all non-registered inpatient staff and is delivered face to face for half a day. This is followed by an annual half a day update course. The training includes the treatment of patients with particular characteristics (such as obesity, physical disability and individuals from diverse ethnic backgrounds), use of defibrillators, bag valve masks, oxygen tasks and other emergency equipment, and handover to emergency services **[KS12-054a-i: BLS**

Lesson Plan]. The training includes a scenario-based competency assessment [**KS12-055a-b: BLS Summary and Competencies**].

49. BLS training includes guidance in the following areas, amongst others:
 - a. Deteriorating patient management
 - b. Use of defibrillators
 - c. Use of emergency alarms / safety alert systems
 - d. Handover to emergency services including who should be briefing paramedics on arrival, which is also addressed in the CPR Procedure and CPR Policy.
50. Following EPUT's formation in April 2017, inpatient staff received Enhanced Emergency Skills (EES) training delivered by Health Care Training Ltd. This is delivered as a two day face to face course, followed by an annual one day update course. This training includes the contents recommended by RCUK for Immediate Life Support training as well as additional training in line with Trust needs. From 2020 to September 2022, grab bag training was provided to inpatient staff and community clinical staff continued to receive BLS training in line with RCUK guidelines [**KS12-056a-d: EES Lesson Plan**].
51. Immediate Life Support (ILS) training is delivered by an external company A to E Training Solutions and delivered in line with RCUK guidelines. The training is for all registered nursing staff working within inpatient settings and is a one day face to face course, followed by an annual one day update course. Since 2022, the training includes management of the deteriorating patient, the treatment of patients with particular characteristics (such as obesity, physical disability and individuals from diverse ethnic backgrounds). In addition the training includes the use of grab bags, defibrillators, bag valve masks, oxygen tanks and other emergency equipment, and handover to emergency services. The training includes the assessment of technical and non-technical skills through the use of simulations, scenarios and skills stations [**KS12-057: RCUK ABCDE CASTeach scenarios mental health 2021**].
52. EES and ILS training would cover the same areas as BLS training as well as other topics including, but not limited to the use of grab bags, bag valve masks, oxygen tanks and other emergency equipment.
53. EPUT do not currently, and have not previously, provided Advanced Life Support (ALS). Some resident Doctors on rotation may have completed this training prior to commencing their role at EPUT.

54. First Aid at Work training is a non-mandated session available to all non-clinical and clinical staff. This is delivered as a one day session by the Trust **[KS12-058: First Aid at Work Lesson Plan]**.
55. The use of emergency alarm and safety alarm systems is included in EPUT's Conflict Resolution and Therapeutic and Safe Intervention and De-escalation (TASID) training. TASID is delivered by EPUT's Mandatory Training team to all inpatient clinical staff. The training is provided in an initial five day course, followed by an annual two day update course. TASID was previously known as Prevention and Management of Violence and Aggression (PMVA) or Control and Restraint. As the training outlined above is underpinned by the RCUK, the contact A to E is used as the main material source **[KS12-059: RCUK A to E]**.
56. All resuscitation training incorporates a structured competency assessment pathway that includes ongoing formative assessment, knowledge checks, and direct observation throughout the course. Competence is formally evaluated at the end of training through a scenario-based summative assessment. Staff who do not meet the required standard on their first attempt receive targeted one-to-one support from the facilitator and are given a second opportunity to complete the assessment within the same assessment period.
57. If competence is not achieved on the second attempt, the referral process is initiated. This includes the training team issuing a formal referral letter to the staff member and their line manager, outlining that the required standard has not been met and that training compliance will not be updated. The staff member is advised to rebook and attend another full training session, where they will again be provided with the opportunity to complete the competency assessment.
58. Should the staff member fail to achieve competence after a further two attempts, a second escalation letter is sent to the line manager. At this stage, the issue is addressed through supervision and appraisal processes in line with Trust conduct and capability policies.
59. Professional registration bodies, such as the Nursing and Midwifery Council create professional duties requirements and NHS England specify the requirements. Staff members are responsible for the completion of their training and are contractually obliged to remain compliant. Staff who are registered on the bank are limited from working shifts if they are non-compliant with their training. For agency workers,

completion of statutory and mandatory training are provided to the Trust; EPUT do not deliver the mandatory training modules to agency workers. Compliance of training is monitored through the Trust's training trackers in monthly 1:1s between the staff member and their manager, and by the Service Managers, Unit Managers and Clinical Leads in managers meetings. The trigger for action in the training tracker system is when a course shows as amber: As soon as a training course shows as 'amber' on the tracker, staff are supported by the Ward Manager/Supervisor to book into that training before it expires.

60. In April 2026, the Trust approved a plan for the creation of Physical Health Educational Faculty with the aim of increasing oversight of physical health training, including resuscitation training, and of improving staff engagement. The Faculty will deliver in-house ILS training in line with RCUK recommendations and designed to be tailored to the Trust's specific needs and to be flexible in responding to emerging risks **[KS12-060: Physical Health Faculty Paper]**.

Local level implementation

61. The staff at EPUT's Mother and Baby Unit, Rainbow, are trained to provide Basic Life Support to infants. This is in addition to the training detailed above.
62. Ward Managers and Matrons are responsible for arranging the completion of simulation exercises at a local, ward-based level. Prior to 2022, if specific needs were identified on the ward the Mandatory Training Team supported the clinical setting with exploring the needs and providing additional bespoke guidance, information and training.
63. The Ward Manager, Matron or Service Manager/Clinical lead for each inpatient setting is responsible for ensuring that medical emergency simulations are undertaken every four months in the clinical environment. Each inpatient setting must record when a medical emergency simulation is facilitated, using the approved practice report **[KS12-061: Medical Emergency Scenario Practice Report]**.
64. The Trust has implemented Resus and Physical Health Link Practitioners (RLP and PHLP) who play a key role in strengthening the response to medical emergency situations. The RLP helps facilitate medical [emergency simulations; has access to a fully stocked resus bag and a training mannequin; helps ensure all ward staff know what emergency equipment is on the ward, where it is, how to use it; updates colleagues on key life support messages; participates in audit data collection; and attends bi-monthly Resus Link meetings.

65. Where the simulation outlines challenges, Mandatory Training Team and the Head of Deteriorating Patient Pathways and Resuscitation Training Officer, alongside the Practice Nurse Educators (PNE) develop bespoke sessions to deliver to staff, incorporating theory and practical elements.
66. The Head of Deteriorating Patient Pathways and Resuscitation Training Officer and Head of Clinical Transformation deliver ad-hoc refresher sessions in relation to life support and physical health training to both inpatient and community teams. These sessions are an opportunity for staff to refresh their knowledge of BLS/ILS and physical health conditions and their treatment in small groups, in between their mandatory training sessions, including refreshers on topics such as chest compressions and airway management, sepsis, fluid balance and the use of the NEWS2 chart.
67. When learning has arisen within a specific area of the Trust, this can be shared in staff team meetings and MDT meetings, and the care unit managers meeting. The identification of wider learning is discussed at the Quality and Safety Meeting, which is Trust-wide for inpatient mental health services.

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: 21 May 2026