

Witness Name: Dawn Adamson

Statement No.: 1

Dated: 30 September 2026

LAMPARD INQUIRY

FIRST WITNESS STATEMENT OF

DAWN ADAMSON

I, Dawn Adamson, of NHS England, Wellington House, 133-135 Waterloo Road, London, SE1 8UG, will say as follows:

1. This witness statement was drafted on my behalf, and with my input, by external solicitors acting for NHS England in respect of the Rule 9 request received on 28 September 2026 (the "**Rule 9 Request**").
2. This statement is accurate to the best of my knowledge, but I cannot exclude the possibility that it will require updating as further evidence emerges through our ongoing process of internal investigation and document review. NHS England will of course notify the Inquiry as soon as practicable if information comes to light that would have been included in this statement if it was available before the deadline for its production.

Career and experience

3. I am a Consultant Interventional Cardiologist and Clinical Lead for Adult Congenital Heart Disease and Obstetric Cardiology at University Hospitals Coventry and Warwickshire NHS Trust ("**UHCW**"), where I have worked since 2008.
4. I am NHS England's National Specialty Adviser for Heart Disease, and within that role, I am the topic lead for the resuscitation part of the statutory and mandatory reform within NHS England. I am also a member of the Steering Committee of the Out-of-Hospital Cardiac Arrest Outcomes ("**OHCAO**") study.
5. Previously, I was the chair of the NHS England Out-of-Hospital Cardiac Arrest Expert Advisory Group, which has been stood down as a result of the integration of NHS England into the Department of Health and Social Care. I was also on

the UK “Arrest” trial steering committee, a study which published its findings in the Lancet in October 2023.

6. I qualified in medicine in 1993, training at St Mary's Hospital, Imperial College London, and subsequently completed specialist training through the North West Thames Specialist Registrar Rotation.
7. I currently lead the Adult Congenital Heart Disease service at UHCW and co-chair the West Midlands Regional Adult Congenital Heart Disease Network. I also lead the regional obstetric cardiology service and serve as Treasurer of the UK Maternal Cardiac Society, having previously held the position of President.
8. I have also been involved in research and innovation within cardiology, having been awarded a British Heart Foundation Fellowship which led to the completion of my PhD.
9. I am a member of a number of professional organisations, including Fellow of the Royal College of Physicians, the European Society of Cardiology, Fellow of the British Cardiovascular Society, the British Cardiovascular Intervention Society, the UK Maternal Cardiac Society and the West Midlands Physicians Association.

Out-of-Hospital Cardiac Arrest Outcomes Steering Committee

10. OHCAO is a study that uses data collected by ambulance services concerning individuals who receive resuscitation following an out-of-hospital cardiac arrest.
11. The OHCAO website¹ confirms:

¹ See <https://warwick.ac.uk/fac/sci/med/research/ctu/trials/ohcao/> (retrieved 29 September 2026)

"Cardiac arrest is the term used to describe sudden cessation of heart function. After cardiac arrest occurs, blood stops being circulated to the vital organs and consciousness is lost within seconds. Unless resuscitation is started promptly death will occur within a few minutes. Each year about 30,000 people receive resuscitation for an Out-of-Hospital Cardiac Arrest (OHCA) in the United Kingdom (UK). Only one in every ten people that have a cardiac arrest survive to go home from hospital.

Information collected by the Department of Health has shown large differences in the number of people that survive an OHCA depending on where they live. In simple terms people in some parts of the country are twice or three times more likely to survive than in other areas.

This project is working with UK Ambulance Services to try and find out the reasons behind such big differences in survival. It has developed a standard way of collecting information about OHCA and for finding out if a resuscitation attempt was successful.

The study uses existing information collected by ambulance services during the course of their routine duties. Information about individuals that receive resuscitation for OHCA will be securely transferred to researchers at the University of Warwick.

The information will be used to obtain a better understanding of why survival rates vary so widely. It will work out which are the most effective treatments and help ambulance services improve the quality of care for victims of OHCA..."

12. The study is sponsored by Warwick Medical School and the National Ambulance Service Medical Directors, and is funded by the British Heart Foundation and Resuscitation Council UK.
13. The OHCAO Steering Committee has responsibility for maintaining oversight of the study (including issues related to governance and data sharing) and its overall strategic direction. For transparency, I highlight that Professor Soar, the Inquiry's resuscitation expert, is a member of the OHCAO Steering Committee.
14. On 10 September 2026, I provided a verbal update to the OHCAO Steering Committee on NHS England's work relating to resuscitation reform. During the "any other business" section of the meeting, I informed the Committee that it had been agreed, as part of the new Statutory and Mandatory Training Framework for the NHS, that all staff, including non-patient-facing staff, would be required to undertake mandatory basic resuscitation training. This would hopefully lead to improved outcomes in resuscitation of out-of-hospital cardiac arrest patients.
15. The minutes are held by OHCAO and, within the time available, it has not been possible to obtain a copy.

NHS England's resuscitation reform work

16. I have reviewed the First Witness Statement of Thomas Simons dated 28 August 2026 and confirm that it remains accurate to the best of my knowledge and belief in relation to NHS England's resuscitation reform work.

Statement of Truth

I believe the content of this statement to be 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 of its truth.

Signed:

[I/S]

Dated: 30 September 2026