

- 2.5 The Care Quality Commission produced 'Brief guide: Immediate Life Support training for services that may use restrictive interventions' in March 2020¹². This aims to clarify training requirements for staff and align them with the RCUK Quality Standard with regards basic and immediate life support training:
- a. This guidance from CQC is again not explicit that this must be an RCUK ILS course, only that it must be in line with the RCUK guidelines and standards. The RCUK standards do however refer specifically to the RCUK ILS course.
 - b. The CQC guidance states: 'All clinically trained staff (doctors, registered nurses), who deliver or are involved in rapid tranquilisation, physical restraint and seclusion are trained in ILS. Training compliance, policy and rotas should ensure 24/7 access to ILS trained staff' – the main difference with the RCUK standard is that RCUK does not specify that ILS training is only for doctors and registered staff. In addition, the NICE NG10 guidance also does not stipulate that only registered staff should be trained in ILS.
 - c. Importantly, CQC registration is a legal requirement for any health or social care provider in England including mental health providers. Services are rated based on CQC inspections and ongoing monitoring – this means that this CQC brief guide should carry significant weight in local decision making. The CQC position does mean that mental health organisations do not have a driver to train non-registered staff in ILS. The CQC does emphasise the need for 24/7 availability of ILS-trained staff.

Standards

- 2.6 Resuscitation Council UK Quality Standards: Mental health inpatient care¹³ (Published May 2014; last updated May 2020) is the current standard produced by RCUK to support resuscitation activities in mental health inpatient settings. I have addressed the contents of this document in my Part 1 report.

¹² https://www.cqc.org.uk/system/files?file=20200325_briefguide-LifeSupportTraining.pdf [accessed 26 August 2026].

¹³ <https://www.resus.org.uk/library/quality-standards-cpr/mental-health-inpatient-care> [accessed 26 August 2026].

- 2.7 The Royal College of Psychiatrists has produced Core standards for mental health inpatient services¹⁴ – the most recent version is the 5th Edition, 2026:
- a. Standard 16.17 is listed as a Type 1 Standard. Type 1 Standards are essential standards. A failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These Type 1 standards also include the fundamentals of care, including the provision of evidence-based care and treatment. Standard 16.17 states 'Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.' The reference given is the RCUK Quality Standards document referred to above – of note is that RCUK document does not make a specific recommendation for frequency of checks as long as the equipment is always available for use when needed.
 - b. Standard 18.4 – (Type 1) states: 'There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an urgent situation.' In my opinion this guidance does mean that immediate access to a doctor in an emergency may not be possible. In addition, the recommended time for a doctor to attend does in effect mean that doctor could be on another site or at home.
 - c. Standard 21.1b – (Type 1) states: 'Physical health assessment and management, including management of the physically deteriorating patient. Guidance: This could include training in understanding physical health problems, undertaking physical observations, using early warning scores (e.g., NEWS2), identification and management of the medically deteriorating patient and basic life support'. The Immediate Life Support course or equivalent training is not mentioned, and the RCUK Quality Standard is not referred to.
- 2.8 As mentioned already, the Care Quality Commission (CQC) has produced 'Brief guide: Immediate Life Support training for services that may use restrictive interventions' in March 2020¹⁵. This aimed to clarify the existing RCUK standard and NG10. As explained earlier in this report, however, it goes further, in that it identifies only doctors and registered nurses as requiring ILS training. The CQC guidance also states 24/7 access to ILS-trained staff but in my opinion falls short by not stating that this access needs to be

¹⁴ <https://www.rcpsych.ac.uk/improving-care/ccqi/resources/core-standards-project> [accessed 26 August 2026].

¹⁵ https://www.cqc.org.uk/system/files?file=20200325_briefguide-LifeSupportTraining.pdf [accessed 26 August 2026].

immediate, i.e., arriving at the patient within about the first minute after the call for help.

- 2.9 The CQC document does include two issues that are different to the RCUK standards:
- a. It recommends 'Emergency equipment is immediately available (within three minutes if shared between wards), including basic life support equipment (e.g., automated external defibrillator, self-inflating bag mask devices or mouth-to-mask devices)' – the RCUK standards document defines immediate as 'available for use within the first minutes of cardiorespiratory arrest (i.e., at the start of the resuscitation)' and does not mention sharing equipment between wards, as irrespective of whether it is shared or not the time for availability should be the same. In addition, the RCUK standards document state that if the patient is in cardiac arrest with a shockable rhythm, the shock should be given within 3 minutes, i.e., to achieve this target, the defibrillator and staff would need to arrive much earlier than 3 minutes, be attached to the patient and the heart rhythm analysed.
 - b. The CQC states that equipment is maintained and checked at least weekly – this is not in the RCUK standards, but is in the Royal College of Psychiatrists standards documents. The RCUK standards leave this issue to be determined locally as long as the equipment is always available when it is needed.

¹⁶ https://www.resus.org.uk/sites/default/files/2020-05/RC%28UK%29_Courses-VS-EquivalentLocalTraining.pdf [accessed 26 August 2026].

¹⁷ <https://www.resus.org.uk/about-us/news-and-events/rcuk-position-statement-alternative-resuscitation-courses> [accessed 26 August 2026].

- d. Both versions have defined resuscitation training as Levels 1, 2, 3. Specifically, both documents set minimum training standards, supported by RCUK, structured across three levels: Level 1 (basic awareness – recognising cardiorespiratory arrest, summoning help, starting chest compressions, locating and operating an AED, and aimed at non-clinical staff); Level 2 (Level 1 plus Basic Life Support, split into Adult, Newborn, and Paediatric for clinical staff based on setting), and Level 3 (Level 2 plus Immediate Life Support, for registered healthcare professionals expected to participate in a resuscitation team, including those administering rapid tranquillisation or sedation). 'At levels 2 and 3, practical instruction, i.e., 'hands-on' simulation training and assessment is recommended for clinical staff'. Refresher training is required annually at all three levels in both documents. This document again only requires that Level 3 training is for registered staff – this means that following this framework in a mental health inpatient setting would only require registered nurses to be trained to ILS level. This and the guidance from the CQC would in my opinion be a valid justification for this as long as there is 24/7 immediate availability of an ILS registered nurse staff when an emergency occurs. This would need to be reflected in staffing rotas and the ability to ensure cover remains adequate to enable staff breaks. In addition this document does not

²⁰ <https://www.skillsforhealth.org.uk/integrated-solutions/core-skills-training-framework/> [accessed 28 August 2026].

mention the need for ILS training for physical restraint – this is probably an oversight in my opinion.

²¹ <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/mental-health-360-workforce> [accessed 11 September 2026].