

Gateway 2 Summary Pack

Resuscitation



Problem Statement

During 22/23 there were 13,426 cardiac arrests in hospitals. Of these, 50.4% were successfully resuscitated and 23% were successfully discharged (Source: National Cardiac Arrest Audit FY22-23).

The current training model is very expensive at c. £500m averaged over 10 years. As well as the financial cost, the investment of staff time takes clinicians away from other patient activity.

- RCUK guidelines exist, but they are interpreted by trusts in many different ways.
- There is no standardisation of resus training or the methods of delivery, notwithstanding the differences in needs between differing institutions e.g. acute trust versus community establishment.
- No data exists relating to arrests outside of NCAA trusts, and submission to the audit is **not** mandatory. In addition, there is no data on choking and anaphylaxis.
- 95% hospital arrests are secondary to deteriorating patient, yet there is no clear data on failure to identify deterioration.
- The National SME is also National Specialty Advisor for Heart Disease (part-time) and working Consultant in a trust. There are no dedicated resources to lead community of local Resus SMEs and complete re-design work.
- Subjectively, many staff are trained in resus to a level they will never use.
- The relationship with the Resus Council needs to be strengthened and the potential impact of change to RCUK incomes needs to be considered.

Opportunities and Interventions Explored

Learning / Non-Learning	Opportunities to Explore	Underway or New	Viable Yes / No / Possible	Taken Forward Yes/No
Non-Learning	Remove from national framework because no statutory obligations and instead, move to local mandatory learning.	New	Possible	No
Non-Learning	Early identification of deterioration of patient to avoid cardiac arrest. Improve confidence for staff to raise concerns re deteriorating patient - raise to higher authority	Already in operation in some Trusts	Yes	Yes
Non-Learning	Build public confidence in AEDs and IM adrenaline injections (epi-pens) for general public	New	Yes	No as intervention for out of hospital resus.
Non-Learning	Resus Handbook - Standardise processes, team composition and language, attach algorithms to each défibrillation. What are the variations?	New	Yes	Yes
Non-Learning	Devise guidance for community areas re crash trolleys and drugs requirements to prevent wastage in fully stocked trolleys that are never used. No need to train when they are not used. Rely on ambulance equipment.	New	Yes	Yes
Non-Learning	Embed competency assessment in practice	Within recommendations	Yes	Yes
Learning	Greater understanding of DNAR/Respect form to enable earlier discussed with all patients/relatives to prevent inappropriate resuscitation attempts and improve end of life experience and give more dignity to patients	Already in operation in some Trusts	Yes	Yes
Learning	Bespoke training package for causes of cardiac arrest in mental health/learning patients (re: ligatures)	Within recommendations	Yes	Yes
Learning	Restrict training in ALS to staff who will be part of cardiac arrest teams or leading high-risk areas e.g. A&E	Underway	Yes	Yes
Learning	Redefine success of training from attendance to competency acquisition	Already in operation in some Trusts	Yes	Yes
Learning	Ensure all non-clinical staff are confident to commence BLS and use public access AED.	Already in use for public	Yes	Yes
Learning	Need to identify high risk settings, locations, staff groups so that training is focused there. Risk assessment and TNA to ensure that training is right/fit for purpose	Underway	Yes	Included in Case
Learning	understand what is the difference between advanced resus courses currently available and suggest standardisation across NHS to support mobile workforce	New	Yes	Yes

Competencies

Subjects	Competency	What I must do as a staff member	What I must do as manager	What I must do as a member of the resuscitation team	What I must do as an SME	What we must do as a Board
Resuscitation	Able to summon help in an emergency situation e.g. 2222 in hospital / 999	I summon help when someone is choking. I summon help when I suspect that someone is having a cardiac arrest / heart attack or is in anaphylactic shock	I ensure my team are able to summon help in an emergency situation	I respond appropriately when summoned in an emergency situation	I ensure staff are able to summon help in an emergency I monitor, investigate and report on emergencies in relation to resuscitation	We take appropriate action on reports following investigations on emergencies in relation to resuscitation
	Able to confidently commence CPR in any environment	I confidently start chest compressions when I encounter someone having a heart attack	I ensure my team are able to confidently start chest compressions when they encounter someone having a heart attack	I diagnose and appropriately respond to a person in any emergency situation where resuscitation is required	I ensure staff are able to confidently commence CPR in any environment	We ensure resources are made available to reduce the risks of harm from emergency incidents in relation to resuscitation
	Able to place and use AED	I confidently use an AED device when I encounter someone having a heart attack	I ensure my team are able to confidently use an AED device when they encounter someone having a heart attack	I use all the main features of an AED device appropriately	I review and advise on appropriate equipment I build and present to senior leaders business cases where different equipment would be beneficial	We respond appropriately to business cases for equipment and resources

Resuscitation: Recommendations

(L) = Learning Intervention
(NL) = Non-Learning Intervention

Reference	Recommendation	Cost	Action	Action Owner
RS1(NL)	Nationally Mandate data collection to include cardiac arrests in the community, choking and anaphylaxis data and data around escalating NEWS(PEWS etc) leading to cardiac arrest i.e. the deteriorating patient. This data to be collected in addition to other NCAA data.	£TBD	Meet with ICNARC regarding NCAA.	SME and StatMand Team
RS2(NL)	The efficacy and financial feasibility for automated mannequins be assessed to give correct feedback on quality of CPR as they could be available 24/7 to improve staff competence and confidence.	c. £1.9m Assumes 500k users at £3.75 p.u.	Identify Trusts that use mannequins & seek feedback.	SME and StatMand Team
RS3(NL)	Exploring the evidence between First level AEDs (shock box only) versus the AED with manual over-ride and the advantages to each. We would then advocate placement of these devices and to assess the cost implications for wider role out of First level AEDs.	Est. need 5,000 units at £1,000 each = £5m	Gather evidence	SME
RS4(NL)	Further research is undertaken to define best practice in high performing NCAA outcomes institutions.	£50k	Commission provider to complete research	SME
RS5(NL)	Re-definition of roles and minimum numbers of resuscitation practitioners to ensure: - training requirements can be fulfilled - Resus coaches within all cardiac arrest teams - Support for staff, survivors and co-survivors who experience cardiac arrest.	£150k	Commission provider to complete review	SME
RS6(NL)	The development of a clear National Leadership structure to improve outcomes of resuscitation, ensure clear governance and to strengthen the relationship between NHS and RCUK with the intention to improve outcomes of cardiac arrest.	TOTAL: £119k	0.2 wte Consultant (£35k) 0.5 wte b8b (£41k) 0.5 wte b7 (£27k) 0.5 b4 (£16k)	SME and StatMand Team
RS7(L)	A redesigned nationally mandated learning intervention for Resuscitation.	See calculator	Addressed in Competency Framework	SME/TEL
RS8(L)	The development of competencies for target audiences. The aim of which is to use learning interventions for knowledge and hands-on training for the skills. Competencies to be matched to training requirements. i.e. Reduce the advanced/ILS training and increase high quality BLS to ensure both confidence and competence.	See calculator	Addressed in Competency Framework	SME/TEL
RS9(L)	A new 'Recognising and managing the deteriorating patient' module which may be used alone in areas identifying as requiring need (e.g. through the Datix system) or as an additional module to other resus learning where needed.	See calculator	Addressed in Competency Framework	SME/TEL
RS10(L)	Creation of a new mental health/LD learning intervention with content to address the learning needs for staff working in these environments.	See calculator	Addressed in Competency Framework	SME/TEL

Resuscitation: Audiences

Learning intervention	Audiences	Approximate percentage of NHS staff
15 minute module (video?) on how to commence CPR and how to use a basic AED device repeated every 6 years	All non-clinical and non-patient facing staff including HR, Finance, Comms, Estates and Facilities, Admin and Clerical, Scientific and technical staff and staff in pathology labs.	30%
60 minute eLearning module and 15 minute situational judgement test, tested annually (including branching for Adults, Paediatrics, Neonatal, high risk departments and sectors) annual assessment of competency and 3 yearly update training (new content)	All clinical staff who are patient facing including nurses, midwives, healthcare support workers, maternity support workers, consultants, resident doctors, staff grade doctors, allied health professionals, paramedics, pharmacists	68%
15 hours advanced life support training including assessment 1 hr Situational judgement test, assessment of competence every year. Update training when guidelines change	Resuscitation teams, qualified nurses in emergency care	2%

Investment Impact: Resus: Non-Patient Facing

Indicative Training Cost Calculator		
Boxes in blue on this page can be edited and correspond to the boxes on blue on the details page.		
	Costs	Days
Indicative cost to train everyone once	£23,813,633	86453
Indicative cost to assess everyone once	£4,762,727	17291
Indicative costs of training and assessment over 10 years, assuming staff are trained once and then assessed at the frequency defined below	£71,440,899	259360
Indicative annual cost of training and assessment of competency over 10 years	£7,144,090	25936
Title of Topic	Resus 1 (Current)	Free text
Organisation	England	Select from drop down list
Length of Training	25	Minutes
Length of assessment	5	Minutes
Reassessment of competency every	1	Years

100% of staff currently complete level 1 Resus

Indicative Training Cost Calculator		
Boxes in blue on this page can be edited and correspond to the boxes on blue on the details page.		
	Costs	Days
Indicative cost to train everyone once	£2,857,636	10374
Indicative cost to assess everyone once	£2,857,636	10374
Indicative costs of training and assessment over 10 years, assuming staff are trained once and then assessed at the frequency defined below	£12,383,089	44956
Indicative annual cost of training and assessment of competency over 10 years	£1,238,309	4496
Title of Topic	Resuscitation - Non patient facing (Proposed)	Free text
Organisation	England	Select from drop down list
Length of Training	10	Minutes
Length of assessment	10	Minutes
Reassessment of competency every	3	Years

30% of staff will complete the non patient facing training]

	Days (per year)	£ equivalent
Current	25,936	£7,144,090
Proposed		
– Learning intervention (5-yearly assessment of competency)	4,496	£1,238,309
- Non-Learning Intervention (Engagement team costs)		£119,000
Proposed Solution	4,496	£1,357,309
Reduction (Increase)	21,440	£5,786,781

Investment Impact: Resus: Patient Facing

Indicative Training Cost Calculator

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	Costs	Days
Indicative cost to train everyone once	£59,186,928	305584
Indicative cost to assess everyone once	£4,683,721	16977
Indicative costs of training and assessment over 10 years, assuming staff are trained once and then assessed at the frequency defined below	£131,144,183	475352
Indicative annual cost of training and assessment of competency over 10 years	£13,114,418	47535

Title of Topic	Resus L2 (Current)	Free text
Organisation	England	Select from drop down list
Length of Training	180	Minutes
Length of assessment	10	Minutes
Reassessment of competency every	1	Years

70% of staff currently complete level 2 Resus

Indicative Training Cost Calculator

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	Costs	Days
Indicative cost to train everyone once	£13,576,274	72109
Indicative cost to assess everyone once	£6,632,546	24036
Indicative costs of training and assessment over 10 years, assuming staff are trained once and then assessed at the frequency defined below	£86,223,104	312471
Indicative annual cost of training and assessment of competency over 10 years	£8,622,310	31247

Title of Topic	Resuscitation - Patient Facing (Proposed)	Free text
Organisation	England	Select from drop down list
Length of Training	45	Minutes
Length of assessment	15	Minutes
Reassessment of competency every	1	Years

68% of staff will complete the patient facing training

	Days (per year)	£ equivalent
Current	47,535	£13,114,418
Proposed		
– Learning intervention (Yearly assessment of competency)	31,247	£8,622,310
- Non-Learning Intervention (mannequins £1.9m - £500k users)		£1,900,000
Proposed Solution	31,247	10,522,310
Reduction (Increase)	16,288	(£2,592,108)

Investment Impact: Resus: Patient (update for new information)

Indicative Training Cost Calculator		
Boxes in blue on this page can be edited and correspond to the boxes on blue on the details page.		
	Costs	Days
Indicative cost to train everyone once	£0	0
Indicative cost to assess everyone once	£19,431,925	70546
Indicative costs of training and assessment over 10 years, assuming staff are trained once and then assessed at the frequency defined below	£64,773,082	235153
Indicative annual cost of training and assessment of competency over 10 years	£6,477,308	23515
Title of Topic	Update Resus for clinical staff (New material)	Free text
Organisation	England	Select from drop down list
Length of Training	0	Minutes
Length of assessment	30	Minutes
Reassessment of competency every	3	Years

There is no current equivalent, although many trust do give updates when there is new information, equipment or policy updates.

68% of staff will complete the patient facing training

	Days (per year)	£ equivalent
Current	0	£0
Proposed – Learning intervention (Yearly assessment of competency) - Non-Learning Intervention (mannequins £1.9m - £500k users)	23,515	£6,477,308
Proposed Solution	23,515	£6,477,308
Reduction (Increase)	(23,515)	(£6,477,308)

Investment Impact: Resus: Resus Specialists

Indicative Training Cost Calculator

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	Costs	Days
Indicative cost to train everyone once	£102,874,895	373478
Indicative cost to assess everyone once	£45,722,175	165990
over 10 years, assuming staff are trained once and then assessed at the frequency defined below	£217,180,333	788454
Indicative annual cost of training and assessment of competency over 10 years	£21,718,033	78845

Title of Topic	Resuscitation - ALS (Current)	Free text
Organisation	England	Select from drop down list
Length of Training	1080	Minutes
Length of assessment	480	Minutes
Reassessment of competency every	4	Years

10% of staff currently complete level 3 Resus

Indicative Training Cost Calculator

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	Costs	Days
Indicative cost to train everyone once	£19,646,804	76598
Indicative cost to assess everyone once	£1,091,489	4255
over 10 years, assuming staff are trained once and then assessed at the frequency defined below	£30,561,696	119152
Indicative annual cost of training and assessment of competency over 10 years	£3,056,170	11915

Title of Topic	Resuscitation - ALS (Proposed)	Free text
Organisation	England	Select from drop down list
Length of Training	1080	Minutes
Length of assessment	60	Minutes
Reassessment of competency every	1	Years

2% of staff will complete ALS training

	Days (per year)	£ equivalent
Current	78845	£21,718,033
Proposed		
– Learning intervention (Yearly assessment of competency)	11915	£3,056,696
- Non-Learning Intervention (if any)		
Proposed Solution	1764	£3,056,696
Reduction (Increase)		£18,661,337

Stakeholder engagement

Group/Board	Engagement	Action Taken	Status
Community of Practice	Discussed and shared with Community of Practice comprised of SMEs from Trusts covering acute, ambulance, community, mental health and paediatric.	Feedback incorporated as appropriate.	
SME	Resuscitation Council UK	Feedback incorporated as appropriate.	
Assurance Board – 10th March 2025	Case for Inclusion at Gateway 1	Feedback report provided to inform GW2.	
Assurance Board - 30th June 2025	Case for Inclusion at Gateway 2	Feedback report provided with request for final refinements for case.	

Legal privilege

Stakeholder Assurance Group – 23rd July 2025	Gateway 2 Summary Pack shared for comments and feedback	Feedback added to Feedback Log and shared with SME.	
RCUK	Initial Meeting held – need additional engagement		
Royal Colleges			
ICNARC/NCAA	Initial meeting held – need additional engagement		
Workforce Issues Group			
BMA Consultants Committee			
BMA Resident Doctors			
Local SMEs			

Legal privilege