Resuscitation Council (UK)

# President's report 2016/7

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## Contents

## Introduction

This marks the end of my second year as President of the Resuscitation council (UK) and one that has been a very busy period and seen some of the biggest changes in the Council's recent history. A new Charitable structure, Restart a Heart Day, appointment of a Chief Executive Officer, closer involvement with the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) project and 140,000 healthcare professionals trained in life support techniques are just some of what we have managed. Furthermore, we end the year in a strong financial position, which in the current economic climate is very reassuring. These changes along with further details of the activities of the past year, our financial position, and future plans, will be covered in greater detail in the forthcoming pages.

## The change of the organisation

The Resuscitation Council (UK) [RC (UK)] was established in 1983 by a group of medical professionals by Charitable Trust Deed with the primary objective of promoting high-quality practice in all aspects of cardiopulmonary resuscitation (CPR) to improve survival rates. Subsequently, a Trading Company was established which raised funds through life support courses and the sale of related products. It then made a covenanted donation to the RC (UK) as described in the Deed of Covenant for maximal fiscal efficiency.

In 2016, it was the opinion of the Trustees and Executive Committee that the charity could be better served and work more efficiently as a Charitable Incorporated Organisation. Two key issues were identified that acted as the catalyst for change. Firstly, the risk posed to the Trustees by third party claims. This concern also identified the fact that the decision-making process often involved the members of the Executive Committee, who as a result, were acting de facto as Trustees. A consequence of this was that they may (unwittingly) be regarded in law as being liable for the Charity. Although adequate indemnity insurance was in place to provide cover for Trustees, Directors and Officers of both the RC (UK) and Trading Co, this did not extend to the Executive. The second reason was the restriction on the RC (UK) to engage in business contracts. Making the change has allowed the RC (UK) to function more effectively and efficiently and provide greater security for future Trustees.

To ensure a full understanding of this change, an expert in charitable law was engaged to ensure all due process was followed and to optimise our application for change to the Charity Commission. The application was submitted in August 2016 and the new Charity established in late September. The subsequent changes, including the closure of the Trading Company, transfer of accounts and completion of all the remaining finances and business was achieved in January 2017. One result of the change taking place part way through the financial year has been the need to submit several sets of accounts to cover the old, joint and new organisations. This will be dealt within the financial report.

## The new CEO

In September 2016, Sarah Mitchell, the RC (UK) Director retired after 18 years leading the operational side of the Council. After discussions amongst the Trustees it was decided that this was an opportunity, whilst ensuring the objectives of the council continued to be met, to take advantage of new opportunities and look at slightly different approaches with more cognisance given to a stronger business model, working with new partners and engaging with different areas, in particular, issues around resuscitation in the community. After attracting several applicants and a series of interviews, Federico Moscogiuri was appointed. Federico has a strong background in working with charities allied to healthcare and experience and qualifications in business management.

Federico took up post in early February 2017 and since then has provided valuable input into the ReSPECT project (see below) taking control and guiding a successful launch at the end of February. His involvement has continued and he was instrumental in helping identify the need for and development of a Strategic Steering Group which has strong input from the Council. Recognising that the project needed specific management support, he has led the appointment of a part-time manager who will commence in September. His other key contribution to date has been to work with the staff, Executive Committee and Trustees to develop a strategic plan which will guide the Council forward over the forthcoming years in a number of new and exciting ways.

## The RC (UK) Courses

The Council is responsible for providing the training material and course content for a wide variety of life support courses for healthcare professionals. The courses are delivered by RC (UK) certified Instructors who do this either as part of their employment or on a voluntary basis. In turn, registration fees paid by course attendees and sale of manuals supporting the courses are the biggest source of income to the charity. Despite the financial pressures faced by the NHS, our courses continue to flourish and in the current period, over 140,000 UK healthcare professionals participated in our courses. A brief review of each of the RC (UK) courses is presented below.

### The Advanced Life Support (ALS) Course Subcommittee report – Chair: Dr Jasmeet Soar

The ALS course exists in two forms; a two-day face-to-face course with participants engaging with instructors through a series of lectures, workshops and simulation-based training or an e-ALS in which candidates undertake a series of web-based teaching sessions, followed by one day face-to-face. (Two other versions of the course, modular and recertification, are also run but these account for only 7.5% participants).

Professor Gavin Perkins completed his term as subcommittee chair in 2016, and now continues as a subcommittee member. He is currently leading a project looking at the quality of ALS courses based on candidate and instructor feedback, and how this information can be used effectively.

The past year has again been busy with over 22,000 candidates participating and a steady rise in the numbers doing the e-ALS course. Over 95% of candidates were successful in completing the course.

A number of changes have been made to the course in the past year including:

a. The introduction of a fourth CAStest scenario.
b. The ReSPECT process (http://www.respectprocess.org.uk/) is now included in the manuals.
c. The certificate templates have been upgraded, and there have been improvements to the learning management system.
d. The latest CASdemo and ABCDE approach videos on the e-ALS course are now freely available for use on the Council's YouTube channel (https://www.youtube.com/user/ResusCouncilUK)

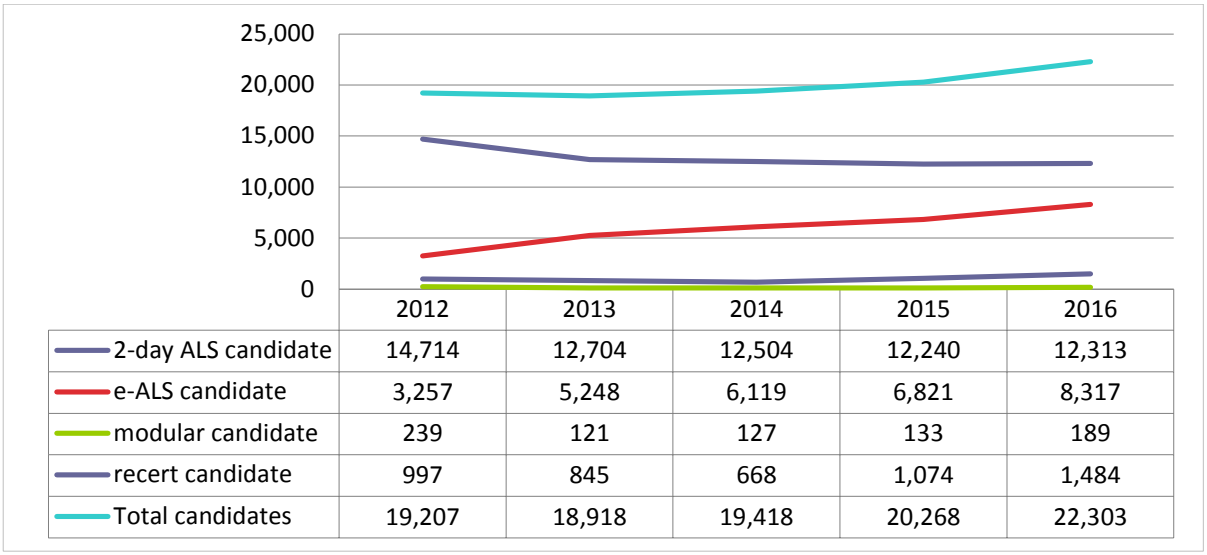
The subcommittee is currently working on the following:

a. Clarification and simplification of the process required for maintaining instructor status. The subcommittee realises the challenges faced by many instructors in maintaining instructor status and is trying to address this.

b. Updating and clarifying guidance about candidates who raise concern for patient safety, and candidates with disabilities. Again, changes will aim to simplify the process for those involved.

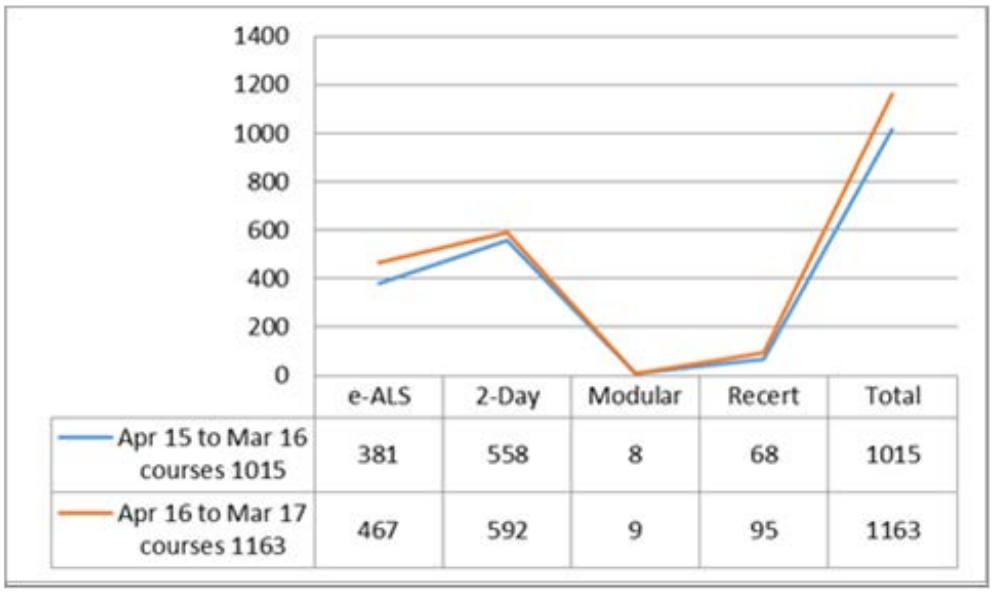
c. Reviewing complaints (fortunately rare) and sharing any learning with instructors and course centres.

The continuing success of the ALS course relies on a large number of individuals and I would like to extend my sincere thanks to them all.




| | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|
| 2-day ALS candidate | 14,714 | 12,704 | 12,504 | 12,240 | 12,313 |
| e-ALS candidate | 3,257 | 5,248 | 6,119 | 6,821 | 8,317 |
| modular candidate | 239 | 121 | 127 | 133 | 189 |
| recert candidate | 997 | 845 | 668 | 1,074 | 1,484 |
| Total candidates | 19,207 | 18,918 | 19,418 | 20,268 | 22,303 |

**Number of candidates participating in the ALS courses 2012-1016.**




| | e-ALS | 2-Day | Modular | Recert | Total |
|---|---|---|---|---|---|
| Apr 15 to Mar 16 courses 1015 | 381 | 558 | 8 | 68 | 1015 |
| Apr 16 to Mar 17 courses 1163 | 467 | 592 | 9 | 95 | 1163 |

**Number and types of courses run**

## The Immediate Life Support (ILS) course Subcommittee report – Chair: Dr Joyce Yeung

Dr Joyce Yeung succeeded Dr Jasmeet Soar as Chair this year. This course is aimed at healthcare professionals who may be expected to treat adult patients in cardiac arrest before the arrival of more experienced help. It is a one-day course, run by RC (UK) certified instructors. Individual course centres are registered with the RC (UK) and can then run courses to meet local needs. There are two types of ILS courses, the full course and a recertification course, underpinned by an ILS Instructor course (ILSi).

In 2016/7, there was an increase in the total numbers participating in ILS courses:

| | **2016/7** | **(2015/6)** |
|---|---|---|
| Participants undertaking full ILS course | 69,949 | |
| Participants undertaking recertification ILS course | 22,318 | |
| Total number of participants | 92,267 | 83,392 |
| Number of full ILS courses run | 8,750 | |
| Number of recertification courses run | 2,800 | |

The subcommittee is currently working on the following:

a. A trial of allowing PILS candidates on the ILSi and feedback from pilot centres will be reviewed.

b. Six new community scenarios have been produced and finalised by the subcommittee. These will be piloted in late 2017.
c. The ALS teaching videos (Cardiac arrest and Deteriorating patient) are both now available to ILS courses.
d. An update to the ILS certificates to try to reduce administrative load on course centres.
e. A new ILS session in the next ALS instructor day.

The continuing success of the ILS course relies on a large number of individuals and I would like to extend my sincere thanks to them all.

## Community and Ambulance Resuscitation (CARe) Committee (formally Community Resuscitation Subcommittee) – Chair: Prof Gavin Perkins

This committee advises on the training and practice of resuscitation outside of hospital. Its main focus is on strengthening the Chain of Survival in the community through evaluation of science, development of guidelines and supporting implementation of best practice. The committee works with key stakeholders including the voluntary aid societies, charities, ambulance services and commissioners to promote high-quality, scientific, resuscitation guidelines.

The subcommittee has a number of roles it fulfils on behalf of the Executive Committee and Board:

- supporting the interpretation of Consensus on Science with Treatment Recommendations (CoSTR) to develop resuscitation guidelines for basic life support (BLS), and the use of automated external defibrillators (AED) and pre-hospital resuscitation in the UK
- defining learning outcomes for BLS and AED training and advising professional and lay organisations on appropriate methods of training
- contributing to the development, review and revision of quality standards for community resuscitation training and practice
- supporting innovation, evaluation and where appropriate dissemination of new and/or emerging technologies relevant to community resuscitation training and practice
- fostering and developing good working relations with other organisations to improve the outcome of out-of-hospital resuscitation through collaboration and educational campaigns
- responding to enquiries relating to community resuscitation and publishing answers to frequently asked questions on the website
- supporting out-of-hospital cardiac arrest registry projects
- encouraging research in out-of-hospital cardiac arrest
- producing guidance and reports for the RC (UK) and other organisations as required

- contributing to the planning and content of the RC (UK)'s Scientific Symposia and other educational events.

## Activities during 2016

1. AED signage

   Chris Smith led the re-design of the Public Access Defibrillator sign. A summary of the background and methods used has been published. The sign was launched in Spring 2017 and can now be downloaded from the Resuscitation Council (UK) website.

2. Lifesaver

   The award-winning Lifesaver app has been updated to include a new, fourth, scenario which focuses on teenagers performing CPR and using an AED and includes ambulance dispatcher instructions. This scenario launched as a virtual reality scenario in early September 2017.

3. NHS Pathways groups

   a. Governance Group

      The NHS Pathways Clinical Governance Group provides clinical governance oversight to NHS Pathways; a clinical tool used by 5 of the 11 UK ambulance services for assessing, triaging 999 and 111 calls from the public.

   b. Clinical Authoring Group

      This group is responsible for authoring specific care pathways for each individual condition, to ensure that through testing and audit, effective and safe pathways are developed through which to manage public telephone calls.

   Over the past 12 months, we have provided oversight of the NHS Pathways resuscitation scripts, for both adult and paediatric resuscitation, including anaphylaxis and choking, ensuring that the advice provided is consistent with the current RC (UK) recommendations. We have also undertaken detailed review of current adult and paediatric cardiac arrest scripts to assess the sensitivity and specificity of NHS Pathways to diagnose cardiac arrest. This published work is now being used by NHS Pathways to improve the diagnostic capabilities of the script. Further work in this area is planned.

4. NHS England Community Resuscitation Steering Group

   Several members of the committee contribute to the NHS England Community Resuscitation Steering Group led by Huon Gray, National Clinical Director for Heart Disease. Key outputs during 2017 from this committee included a national framework for OHCA – Resuscitation to Recovery.

5. Resuscitation Academy: Prof Richard Lyon, Mr Federico Moscogiuri

   The Committee congratulates Prof Richard Lyon who has been awarded an MBE for his services to resuscitation and pre-hospital care.

   The Resus Academy concept was originally designed by Seattle Medic1 and uses Mickey Eisenberg's '10 steps'. This format is very prescriptive. The European Resus Academy initially started like this but has now changed into more of a gathering of those interested in OHCA. So far, two have been held in Scotland. Richard Lyon is exploring collaboration with the College of Paramedics to run an ERA-style event in 2018.

6. OHCAO Registry: Dr Jasmeet Soar, Prof Jerry Nolan, Prof Charles Deakin, Prof Gavin Perkins

   The Registry is run on behalf of the National Association of Ambulance Chief Executives which is funded by the Resuscitation Council (UK) and British Heart Foundation.

   Other work streams in progress/under review include:

   - Case-mix adjustment for OHCA (under review)
   - Data linkage (under review)
   - Sex inequality in OHCA (in preparation)
   - Temporal changes in bystander CPR (in preparation)
   - Analysis of high incidence, low bystander CPR community (in progress)

I'd like to thank the Committee members for their excellent engagement and support over this first exciting year.

## European Paediatric Advanced Life Support (EPALS) course and Paediatric Immediate Life Support (PILS) course – Chair: Dr Sophie Skellett

EPALS is the paediatric equivalent of the ALS course and PILS the paediatric equivalent of ILS. EPALS is designed for healthcare professionals working regularly in direct contact with children and provides training in the early recognition of the child in respiratory or circulatory failure and the development of the knowledge and core skills required to prevent further deterioration towards respiratory or cardiorespiratory arrest. PILS is designed to meet the demands of healthcare professionals who may have to act as first responders and treat seriously ill children or children in cardiac arrest until the arrival of a cardiac arrest team.

The past year has been a very successful one for both EPALS and PILS with increased participant numbers for both courses compared with the previous year:

| | 2016/7 | 2015/6 |
|---|---|---|
| EPALS | 2890 | 2290 |
| PILS | 19,101 | 17,020 |

This also resulted an increase in the number of courses run.

## EPALS

The updated EPALS UK course and manual were released in April 2016 following the G2015 update. Members of the EPALS Subcommittee were also involved in updating the European EPALS course to align more the teaching material and priorities so that candidates across Europe have a similar experience.

The UK course has had good feedback from course centres and the subcommittee now has 'course centre comments' review as a standing item on its agenda so we can respond to issues and comments on course structure rapidly.

An EPALS instructor day was held in December 2016 with a new format and inspiring speakers and workshops. Thanks to all those involved for giving up their time to make this such a huge success. Feedback was very good, the day was well attended and there have been requests to host these days more frequently. Notably it was excellent to have the first set of paediatric data from the National Cardiac arrest audit (NCAA) presented and it is hoped that this benchmarking can lead to improving outcomes for children receiving CPR.

For the third year running the EPALS group has hosted three-day resuscitation workshops at the Royal College of Paediatrics and Child Health (RCPCH) annual conference alongside the Advanced Life Support Group (ALSG) from Manchester. These continue to be well attended and received.

The EPALS Subcommittee continues to update clinical material and is working on incorporating quality CPR and feedback into the course along with ways to incorporate the ReSPECT project.

A survey of instructors and course centres is planned on the feasibility of a separate recertification day for EPALS as the current model is sub-optimal and work on some paediatric e-learning is proposed.

There has been an increase in requests for EPALS instructors and have responded to this by looking at the IP take up rates to encourage the development of new faculty.

### PILS

The new PILS manual was released slightly later in September 2016 with course updates and again feedback from centres has been positive. The figures for PILS candidates have been difficult to accurately assess due to transfer to the LMS system but uptake remains high (see above).

A pilot ILSi course with PILSi candidates was run this year which went well. The subcommittee will continue to monitor uptake at the pilot centres to assess effectiveness.

The continuing success of the EPALS and PILS courses relies on a large number of individuals and I would like to extend my sincere thanks to them all.

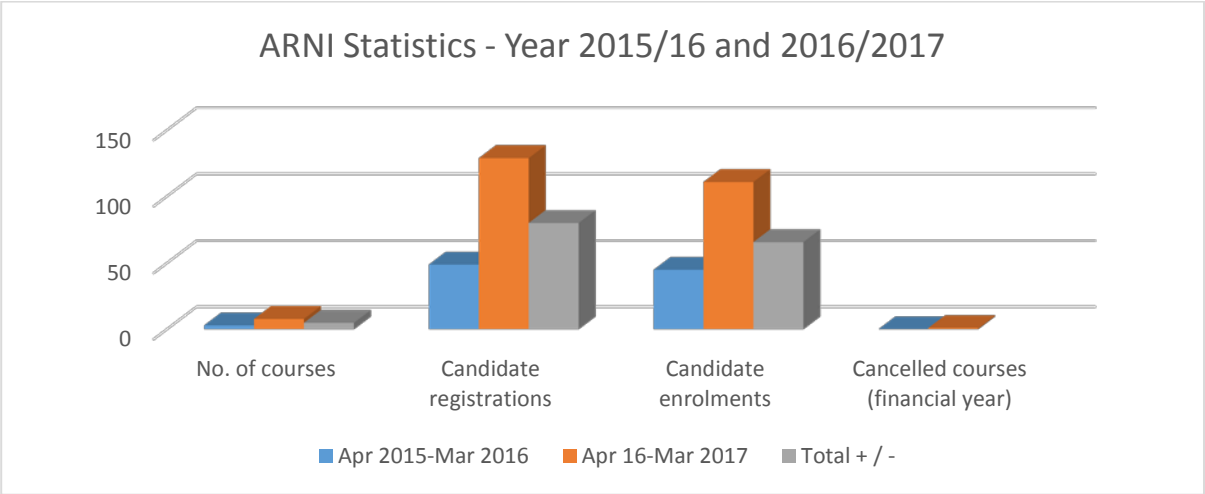
## Advanced Resuscitation of the Newborn Infant (ARNI) course – Chair: Dr Joe Fawke

The Resuscitation Council (UK) Advanced Resuscitation of the Newborn Infant (ARNI) course was launched in 2014 and was developed with support from the baby charity BLISS. The course, delivered over 2 days, teaches a systematic approach to the rapid assessment and initial management of the newborn, with worrying or life-threatening signs. The ARNI provider course is designed for healthcare professionals involved in the delivery and care of newborn infants in a role more advanced than that of first responder. Candidates should be involved in care of the pre-term and sick newborn infants. Candidates are mainly medical staff at ST3 level and above (in or about to commence a 2nd tier role), neonatal nurses with a qualification in the specialty or Advanced Neonatal Nurse Practitioners. The ARNI course is also appropriate for others such as experienced paramedics working with newborn transfer teams, resuscitation officers with a significant regular newborn workload and anaesthetists with a newborn or PICU practice.

The course continues to grow with demand for courses and places exceeding availability, as is often the case in the early years of a new course.

In the year April 2016-March 2017 there were **8 courses, 129 registrations and 111 candidates**. This represents a significant increase from 3 courses, 49 registrations and 45 candidates in 15/16.

There will be a continued growth in the course with those planned for next year including new course centres.




The challenge for the future is to build the faculty and to maintain the momentum as the demand for growth has been confirmed.

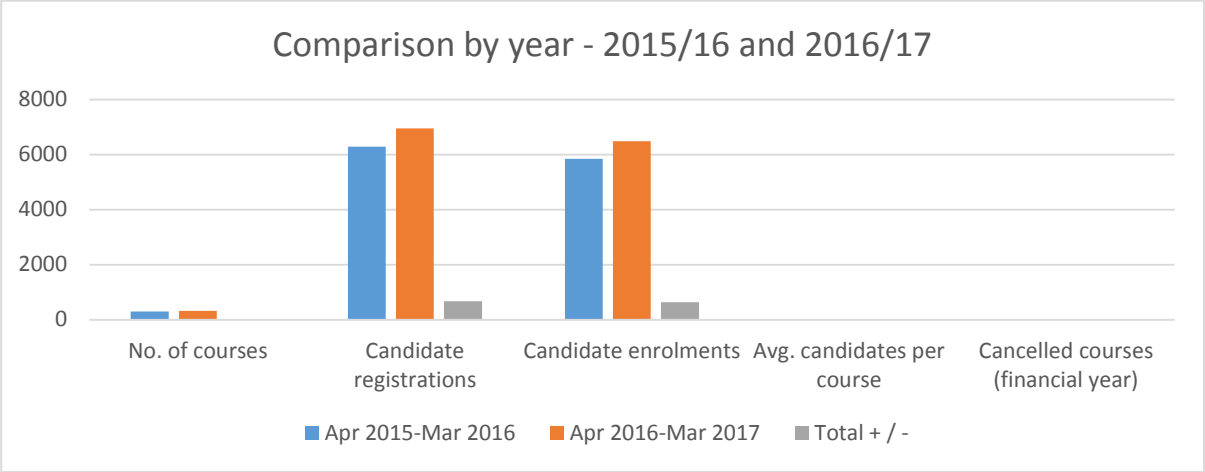
## Newborn Life Support (NLS) course – Chair: Professor Jonathan Wyllie

The NLS course is designed for any healthcare professional involved in the delivery and care of the newborn infant. This includes both junior and senior medical and nursing staff, midwives, paramedics and resuscitation officers. The course is run over one day and consists of lectures, skill stations and teaching simulations.

For the year April 2016-March 2017, there has been continued growth with an increase in both course numbers and candidates.

| | 2016/7 | 2015/6 |
|---|---|---|
| Courses | 325 | 301 |
| Candidates | 6485 | 5847 |

This represents the largest annual number of courses and NLS candidates since starting the course in 2010.




The subcommittee has continued the new way of assessing course centres for recertification with some success. However, a continuing theme is that there is often too little information in course reports. This was highlighted last year but this year again a number of centres have required additional contact for clarification especially about extra support given to candidates who may be struggling, as well as instructor candidate performance and faculty decision-making. It is also essential when any problems or issues arise that course directors give such detail in the course reports both to facilitate recertification but also to protect the quality and reputation of their courses. An example course report has been produced to help directors and course organisers.

The continuing success of the ARNI and NLS courses relies on a large number of individuals and I would like to extend my sincere thanks to them all.

## Education Subcommittee and Generic Instructor Course (GIC) – Chair: Kevin Mackie

The Education Subcommittee was formed to provide a more robust governance framework for the various educational elements of courses and to explore research opportunities. The Lead Educator chairs the subcommittee and it comprises Educators from course Working Groups and Subcommittees and other key education experts from within the RC (UK).

The subcommittee continues to provide support, guidance and direction to the provider course and educator working groups to ensure congruent and proactive management of educational outputs. This includes identifying and commissioning research into educational elements of our provider and instructor courses to ensure that best practice is being supported.

A number of work strands are being developed to ensure that our courses robustly meet the needs of learners and partnership organisations. Methods of teaching and course delivery are constantly being reviewed and monitored, with new initiatives being carefully considered before implementation.

The subcommittee anticipates that the research project into the GIC being conducted jointly by Mike Davis (ALSG) and Kevin Mackie (RC (UK)) will shed further light on the GIC's fitness for purpose. This research will first be released to the executive of each organisation before it is published and presented at a national and international level.

Due to the increasing demands of his current role as CEO of the Royal College of Physicians, Dr Ian Bullock has indicated his intent to step down as an Educator at the end of 2017. Ian will be sorely missed and we are now preparing to recruit to fill his position.

## The GIC

The GIC remains in a healthy position despite concerns that numbers of candidates had been reducing in previous years. Three years of statistics are provided to illustrate this point. This year has seen an 11% increase in courses delivered and over 40% increase in candidate attendance. ALS courses remain the highest provider of instructor potential candidates due to the large number being delivered. NLS and EPALS continue to provide a significant number of instructor potential candidates.

| | 1 Jun 16 – 1 Jun 17 | 1 Jun 15 – 1 Jun 16 | 1 Jun 14 – 1 Jun 15 |
|---|---|---|---|
| Number of courses | 50 | 45 | 47 |
| Number of Registrations | 935 | 706 | 814 |
| Candidate attendance | 824 | 578 | 553 |

Without the instructors, it would not be possible to deliver the RC (UK) courses which would clearly jeopardise the Charity's ability to continue to function. The Trustees recognise their enormous contribution and in the coming year will be looking at ways of rewarding this ongoing commitment by this group.

## Research and Development Subcommittee – Chair: Professor Jerry Nolan

The Resuscitation Council (UK) promotes research into all aspects of the science, practice and teaching of resuscitation techniques, and provides financial support for research projects. The RC (UK) has an annual process for applications which generally starts in March of each year with successful applicants informed about the final funding decision in December. The Research and Development budget for 2016/17 was £150,000.

Application for research grants was advertised in March 2016 with a closing date of 31 May 2016. Six applications were received and following a review by the Research and Development Subcommittee (RDS), all were shortlisted and sent for external (independent) review. One applicant withdrew after review.

Following external review the five shortlisted projects were individually reviewed again by the RDS. It was agreed to award grants to four of these projects. Total sum of grants to be awarded is £49,032 as follows:

| Main applicant | Project title | Sum requested | Outcome |
|---|---|---|---|
| Prof Gavin Perkins | Effect of hospital resuscitation service provision on survival from in hospital cardiac arrest | £12,803 | Awarded in full |
| Dr Rebecca Hoskins | Can an innovative educational tool increase confidence and competence in recognising abnormal breathing patterns in cardiac arrest? | £25,913 | Ongoing discussion about IP |
| Nicholas Appelbaum | A novel technique to improve the accuracy of paediatric drug dosing in resuscitation settings - a simulated trial | £16,480 | Awarded in full |
| Dr Keith Couper | The impact of chest compression depth terminology on CPR quality: a randomised controlled manikin trial | £12,249.16 | Awarded in full |
| Dr Agnieszka Skorko | Platelets in out of Hospital Cardiac Arrest (PoHCAR) project | £15,000 | Awarded £7,500 (half funded by local charity) |

## RC (UK) Research and Development for 2017/18

The R&D budget for 2017/18 will be £150,000. We have received 11 applications this year and those short-listed will be sent for external review.

Progress reports and outputs from previous project awards:

- Introduction of paramedic led echo in life support (ELS) into the prehospital environment: The PUCA Study funded from Grant awarded in 2013. Paper published: Reed MJ et al. Resuscitation 2017; 112:65–69.
- Epidemiology of Out-of-Hospital Cardiac Arrest outcomes - report received in November 2015 (funding of £100,000 over 3 years). Paper published Hawkes C et al. Resuscitation 2017; 110:133–140.

## National Cardiac Arrest Audit

An £11,752 deficit in the 2016 financial year was funded joint by ICNARC and the RC (UK). Financial situation under continual review to determine if any further increase in subscriptions are needed to eliminate any deficit. There are now 197 hospital Trusts participating in the NCAA programme.

## Paediatric Subcommittee – Chair: Dr Ian Maconochie

The following areas of activity conducted by members of the subcommittee were noted:

a. A pilot study to have five new members of the Resuscitation Council (UK) learn how to undertake systematic reviews to Cochrane standard is in place at the Centre for Reviews and Dissemination at the University of York. The five comprise one consultant neonatologist, two newly appointed consultants in paediatric emergency medicine, one junior paediatrician and a paramedic. They are each completing a systematic review in the area of neonatal/paediatric resuscitation, for completion by the end of October 2017. This pilot is funded independently but supported clinically by input from Resuscitation Council (UK) members who have been engaged in ILCOR reviews previously.
b. Dr Sophie Skellett is undertaking work with the ERC within the EPALS Course Committee and has attended the ERC course director day in late March. Dr Skellett has been working to ensure that the contents and teaching materials are current and has been involved in the new ERC EPALS manual, contributing extensively to the production of these materials.
c. ReSPECT. Dr Serena Cottrell and Dr Peter-Marc Fortune would like to embed the new ReSPECT document into Child and Young Person Advance Care Plan, CYPACP. This would

then be launched across the UK. Many Trusts have shown an interest in this document. Dr Peter-Marc Fortune reported a positive response to the ReSPECT process so far. RCPCH will soon endorse the ReSPECT documentation.

d. The subcommittee stated the RC (UK) should be represented throughout all paediatric and neonatal training schemes. Sue requested the subcommittee provide details of representatives of the bodies below with whom the RC (UK) needs to engage to make this happen. Examples are below but this list is not exhaustive and should be added to by members of the committee. Letters will be drafted to link up to: NMC, GDC, GMC, nursing and midwifery council and the College of Paramedics

## Projects

a. Kier Rutherford, an advanced paramedic practitioner and committee member representing the College of Paramedics, has being reviewing cases of children who have had a cardiac arrest in the London area. The time frame for the project covers calls between May 2014 and May 2017. He is looking at how we can put recommendations in place to improve education and thus improve care for children who suffer a cardiac arrest from time of arrest to transmissions of care to other professional groups.
b. The ICNARC website now has five years of data from the NCAA project available. The subcommittee is compiling requests for paediatric data from NCAA.
c. Dr Sophie Skellett introduced the Pedi Rescue project. This is being used at Great Ormond Street hospital. The staff assess the patients on each ward as to who may go into cardiac arrest. Staff are given resuscitation training at the bedside of the patients who are most likely to do so. All data for each patient who subsequently arrests is recorded (e.g. depth of chest compressions) onto that patient's Pedi Rescue record in order that the event can be reviewed and debrief can be targeted and valuable. The information will also provide data for future guideline development following publication.

## Research activities known to the subcommittee

a. Dr Skellett stated Great Ormond Street Hospital are looking at nasal airway use.
b. Prof. Wyllie is planning to look at the impact of the ARNI.
c. A Marie Curie grant has been obtained by Dr Cottrell along with Birmingham Children's hospital to investigate end of life work.

## Restart a Heart Day 2016

A key focal point for activity during the course of the last year was Restart a Heart Day, a European Resuscitation Council initiative, started in 2013. In 2016, a national collaborative led by Resuscitation Council (UK) was established to bring together existing projects and good work throughout the UK that aimed to deliver training to young people for this day. The 2016 Restart a Heart Campaign was very successful with over 150,000 young people receiving CPR training on 18 October 2016. The project is coordinated by a national steering group chaired by the Resuscitation Council (UK) with partnership representation from the British Heart Foundation, St John Ambulance, British Red Cross, Greater Manchester Fire Service, and Yorkshire Ambulance Service. As with last year, every UK Ambulance Service has committed to deliver training once again for 2017. Jason Carlyon has been seconded from Yorkshire Ambulance Service for one day a week to project manage this year's events and has already built strong links with Fire & Rescue as well as the First Aid training sector.

## Financial report – Dr David Gabbott, Honorary Treasurer

This is the first Treasurer's report since the Resuscitation Council (UK) [RC (UK)] became a Charitably Incorporated Organisation (CIO) on 1 January 2017. It includes all the financial activity of the RC (UK) for the financial year 2016/17. This was previously reported as two independent documents from the RC (UK) Trading Company and the RC (UK) Charity. The current report is an amalgamation of RC (UK) activity including nine months in its previous format and three months in its new current CIO format.

Overall the RC (UK) remains in a healthy financial position. Funds at the end of the 2016/17 tax year totalled £5.59 million. In excess of £3 million is invested in stocks and shares (CAF - Octopus Defensive Growth Fund) and the remainder is in UK bank accounts, both current and savings.

### Income Generation

This remains strong and as in previous years, with sales of manuals and course registration fees providing the vast majority of our income:

| | |
|---|---|
| Manuals sales | £1,512,525 |
| Registration fees | £1,111,650 |
| Other | £55,314 |
| **Total** | **£2,679,489** |

The ALS course continues to contribute the biggest share of our income, with manual and registration fees generating £1,287,077 or 49% of income.

Other sources of income to the Charity:

| | |
|---|---|
| Deed of Covenant | £675,694 |
| Investment income (CAF + Savings) | £220,087 |
| Membership subscriptions | £7,521 |
| Instructor Day | £42,297 |
| Royalties | £47,407 |
| Other | £8939 |
| **Total** | **£1,001,945** |

## Expenses

1. Trading

| | |
|---|---|
| Wages and Salaries | £579,074 |
| National Insurance contributions | £52,916 |
| Pension contributions | £68,015 |
| Manuals printing cost | £495,806 |
| Delivery of manuals | £112,849 |
| Computer costs | £107,252 |
| Legal advice | £17,643 |
| Accountancy | £13,846 |
| Recruitment | £16,581 |
| Storage | £17,361 |
| Postage and Stationary | £17,145 |
| Other | £273,892 |
| Deed of Covenant to Charity | £675,694 |
| **Total** | **£2,448,074** |

2. Charity

| | |
|---|---|
| Investment fees | £5803 |
| Research Grants | £25,052 |
| E-learning project | £36,390 |
| ReSPECT | £15,996 |
| Donated manuals | £12,997 |
| Communications/PR | £32,509 |
| Instructor Day | £61,600 |
| Unit 9 - Lifesaver | £214,756 |
| Rent | £102,006 |
| Travel and subsistence | £53,255 |
| Insurance | £15,601 |
| Accountancy/Audit | £23,138 |
| Legal and Professional Fees | £35,776 |
| Other | £20,182 |
| **Total** | **£655,061** |

## Summary of finances

| | |
|---|---|
| RC (UK) Trading Company Profit | £231,415 |
| RC (UK) Charity Profit | £346,884 |
| | |
| Total Income | |
| Trading and Charity | £3,681,434 |
| | |
| Total Expenses | |
| Trading and Charity | £3,103,135 |
| | |
| **Total Net Profit for CIO** | **£578,299** |

## Unpaid accounts

One issue which requires specific detail is that of ongoing debtors. For the past few years, the amount outstanding of unpaid accounts at the year-end has steadily increased. In the last financial year, the debt has risen from 25.9% to 27.9% of our turnover. The current figure is approximately £750,000. The following is how this issue will be addressed in the next year.

## Background

Debtors - the figure quoted at the finance meeting was in relation to debtors who are 'customers' who have been invoiced but have not yet paid. As soon as the customer is invoiced they are known as a debtor (i.e. anyone invoiced today immediately becomes a debtor). We will never achieve zero debtors as our payment terms are 30 days.

The debtors figure is higher than last year due to three main reasons.

1. Staffing issues and the transition to the CIO have prevented follow-up of long term debt.
2. Trusts are taking longer to pay and some have increased their payment period to 90 days.
3. As turnover increases it is likely that debtors increase.

Below are the debtors' figures for the last 5 years at the end of each financial year.

| | 31/03/2017 | 31/03/2016 | 31/03/2015 | 31/03/2014 | 31/03/2013 |
|---|---|---|---|---|---|
| **Trade debtors** | **£** | **£** | **£** | **£** | **£** |
| Old Trading | | 579,451 | 336,979 | 296,640 | 288,390 |
| Old Charity | | 11,880 | 9,530 | 11,415 | 6,967 |
| CIO | 753,300 | | | | |
| | **753,300** | **591,331** | **346,509** | **308,055** | **295,357** |

## Bad debts

On the evidence of previous years, we recover over 98% of our debts. There is one customer at present who has been passed to a debt recovery agency for the amount of £3,000. There have been no debts written-off since 2009.

## Plan to reduce the debt level

1. The auditors are currently waiting for processing of bank receipts up to 1 July 2017 to get a full picture of the position. This should be completed by 28 July.
2. Closer monitoring of unpaid accounts will start. This should help identify which Trusts are paying past the 30-day period. This will be reported back to Trustees as part of management reporting.

### Reducing debtors - key milestones for 2017/8

| | | |
|---|---|---|
| Finance manager is processing the bank receipts for July | Estimated completion 25 July | |
| Auditors will report back with updated figure | Estimated 28 July | **Waiting for revised figure** |
| Finance Department staff will be focusing on recovering debts | Internal Review 1 September | |
| Six- month accounts review by accountants for presentation to Trustees | 16 November | **Target – reduce debtors to below £400,000** |
| 12-month audit by accountants to Trustee | June/July 2018 | **Target– reduce debtors to below £300,000** |

## Plans for 2017/8

The charity is in the process of finalising a first-ever strategic plan, which will set the direction and priorities for us for the next 3-5 years. As part of this, we will aim to promote some of our activities in a more simple, compelling and accessible way for members of the public, with an emphasis on our core purpose of saving lives through effective, appropriate resuscitation.

Our guidelines, quality standards, training courses and educational material reflect our expertise and underpin our reputation and these will continue to be central to who we are and what we do. The huge amount of work that continues to be done by volunteer instructors across the UK, under the flag of the RC (UK) is critical to our ability to save lives through resuscitation, and constitutes the bedrock on which we build our ambitions for the future. We will be looking at ways of engaging more with instructors through changes to our membership scheme. We will continue to recognise the personal experience of our instructors and will meaningfully and actively engage with them in guiding our work and helping us achieve our aims and objectives.

Our members and our clinical experts are at the heart of what we do, and we will ensure that we are able to support them and provide a membership offer which is attractive and capable of encouraging more people to support, and become involved in, all of our work. We will seek to convert our biannual Scientific Symposium into an Annual Conference capable of appealing to a broader audience, and introduce a series of Annual Lectures to engage external stakeholders.

We will also plan to increase the reach of our courses and educational materials, and ensure that everything we produce continues to be of the highest quality, review our existing quality standards and develop new standards, where a need is identified.

Our 'unique selling point' or USP, lies within our expertise, and we will look to invest in the future leaders of the organisation and the wider resuscitation community, to ensure that we are adequately challenging ourselves and constantly driving clinical excellence. At the heart of this will lie a robust clinical governance program. The strategic plan recognises the opportunity to engage with resuscitation at the community level, something completely new for the Council. We feel we can meet an unmet need is in terms of reducing premature death from cardiac arrest throughout all communities, and it is where our expertise can help save many more lives. We will continue to deliver and invest in ongoing initiatives such as Restart a Heart Day and resources such as Lifesaver, and investigate opportunities to develop new partnerships with organisations outside of a healthcare setting, particularly in schools, the workplace and in the world of sport, where there is a great need for awareness of, and training in resuscitation. We will place a clear emphasis on the need to develop new initiatives focused around young people.

In October 2017, we are committed to Restart a Heart Day in partnership with key stakeholders. This year we aim to train an even greater number of young people, and achieve greater awareness of the importance of CPR training across the country through greater media coverage.

The ReSPECT project will also continue to be a key priority for us in the coming year, as it offers tremendous opportunities for improving care planning, and promoting a person-centred approach to emergency care. We will invest in rolling out the project to localities in all four nations of the UK, in partnership with key stakeholder organisations, and support the development of an Implementation Network of Health Communities which are
either already using or interested in adopting ReSPECT to facilitate the dissemination of best practice and peer-to-peer learning.

We will continue to fund innovative research into resuscitation, and ensure that the evidence captured through the National Cardiac Arrest Audit (NCAA) and Out-of-Hospital Cardiac Arrest Outcomes (OOHCAO) projects inform and drive improvements to policy and practice.

To deliver the new strategic plan, we will invest in our public affairs capacity, including policy, influencing and communications, and ensure that we are communicating effectively through social

media, mainstream media and our newsletters to a wide audience. We will seek to diversify our income streams to avoid overdependence on NHS funding for courses and related materials. Many of the areas identified in the plan have potential for generating modest to new income, with potential for ongoing development. We will also review and improve our internal processes and staffing and work place policies, to ensure they are all fit for purpose, in order to improve our effectiveness and maximise staff productivity and satisfaction.

Finally, we will develop new key performance indicators to underpin our work, and regularly measure and capture data against to ensure we are on track to achieving the targets which we will identify for the coming years.

I would like to close by expressing my heartfelt thanks and those of Drs Lockey, Gabbott and Wyllie, and all the Executive Members, to all the staff at the RC (UK) without whose hard work and dedication we would not have been able to achieve any of the above. I look forward to working with you all in the forthcoming year and I'm sure that it's going to be just as interesting with all we have planned.

Thank you all.

**Carl L Gwinnutt**
President
Resuscitation Council (UK)