

Mr Neville Sinclair
HM Assistant Coroner
West London Coroner's Office
25 Bagley's Lane
Fulham
SW6 2QA

26 May 2026

Dear Mr Neville Sinclair,

Regulation 28 Report to Prevent Future Deaths – Adam Ankers

Thank you for your report dated 14 April 2025 regarding the death of Adam Ankers. On behalf of Resuscitation Council UK (RCUK), I would like to express our sincere condolences to Adam's family and all those affected by this tragic event.

You have asked RCUK to respond to specific matters of concern arising from the inquest. The RCUK is a charity that develops evidence-based resuscitation guidelines used across UK health services, runs and accredits structured life support courses and promotes public cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) awareness and training. Although we aim to influence national policy and standards related to resuscitation, we have no statutory role or responsibility; that is ultimately the role of NHS England and the Department for Health and Social Care.

In relation to the points you raise, we have addressed Points A and C. We have also clarified our position regarding Point D.

POINT A: That there is difficulty in lay people (trained or not) including ambulance call handlers in understanding the signs of agonal breathing or cardiac arrest

Recognition of agonal breathing and cardiac arrest is a well-established challenge. Current UK Resuscitation Guidelines (2025) address this through clear and simplified messaging: cardiac arrest should be suspected in any unresponsive person, and if they are unresponsive with abnormal breathing, cardiac arrest should be assumed. The identification of agonal breathing is challenging, and it is well established that it is often mistaken for adequate breathing. Training, therefore, focusses on identifying someone who is not breathing normally, rather than trying to teach those undertaking first aid the varying and often not obvious appearance of agonal breathing.

This is particularly important in the context of sport, where cardiac arrest may occur during or shortly after exertion, and breathing can appear abnormal and difficult to interpret. The 2025 UK Resuscitation Guidelines explicitly state that slow or laboured breathing, as well as abnormal patterns

such as agonal gasping or panting, must be recognised as signs of cardiac arrest¹; in practical terms, the key message is to focus on whether breathing is normal, and to act immediately if there is any doubt.

RCUK has reinforced this approach through its '*Resuscitation on the Field of Play: Best Practice Guidelines*'², which aim to improve the recognition and response to sudden cardiac arrest in sporting environments. These guidelines are designed for medical teams responding to a person who collapses during or shortly after sporting activity within professional sport, including football. RCUK has also recently published '*Resuscitation in community sports: a national best practice guide*'³, aimed at grassroots sport to improve early recognition of cardiac arrest and prompt use of CPR and defibrillation.

The recognition of cardiac arrest by ambulance service call handlers is also a critical component of the early response. We work closely with NHS England (through NHS Pathways) to support emergency medical dispatch systems to use standardised algorithms which support the prompt identification of cardiac arrest and enable call handlers to provide immediate telephone-assisted CPR instructions. Our systems-level guidance further recommends that ambulance services teach, monitor, and continuously improve cardiac arrest recognition within dispatch centres, recognising this as a key link in the chain of survival⁴. The challenge for an ambulance call taker to correctly recognise cardiac arrest is well established, and a significant amount of work has been undertaken to improve this vital link in the chain of survival.

RCUK recognises that, despite clear guidance, the recognition of cardiac arrest in real-world settings can remain challenging, particularly in environments such as grassroots sport. In response, RCUK will continue to strengthen its public-facing education campaigns. For example, as part of RCUK's annual Restart a Heart campaign, this year's programme will include a focus on recognising and raising awareness of agonal breathing.

POINT C: That there is a need for better understanding of the use of defibrillators particularly by lay persons and trained first aid persons

RCUK strongly supports the early use of AEDs as a critical component of the response to cardiac arrest. Evidence demonstrates that bystander CPR and defibrillation can more than double the likelihood of survival¹.

RCUK guidance is clear that AEDs are designed for use by members of the public and can be used safely without prior training. These devices provide clear audio and visual prompts to guide the user

¹ [Resuscitation Council UK \(2025\) Adult Basic Life Support Guidelines.](#)

² [Resuscitation Council UK \(2023\) Resuscitation on the Field of Play: Best Practice Guidelines](#)

³ [Resuscitation Council UK \(2026\) Resuscitation in community sports: a national best practice guide](#)

⁴ [Resuscitation Council UK \(2025\) Systems Saving Lives Guidelines.](#)

through each step and will only deliver a shock if it is clinically indicated⁵. The guidelines emphasise that anyone can use an AED and that it should be applied as soon as it becomes available¹. Of course, training in first aid is encouraged so that bystanders who find themselves presented with someone who has collapsed have the confidence and skills to deliver basic life support and defibrillation. RCUK and partner organisations have successfully campaigned to include basic life support training in the national curriculum across the four nations. However, it is not currently mandatory, and we continue to campaign to ensure that every child leaves school with the skills to save a life. In addition, RCUK and partners have successfully secured the inclusion of resuscitation-related questions in the driving licence theory test.

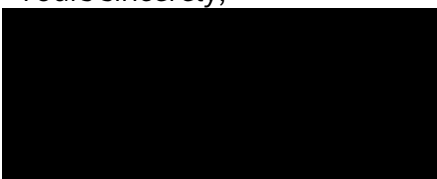
RCUK is working with national partners to support public awareness, training, and access to defibrillators. This includes collaboration with the British Heart Foundation to support The Circuit, the national defibrillator network, which enables ambulance services to direct bystanders to nearby devices⁵. RCUK also continues to promote education and develop guidance for specific settings, including sport and community settings, to support a timely and effective response.

POINT D: That cardiac screening in those aged 14 and upwards reduces the risk of sudden cardiac death and this is not available to all young people or young football players

In relation to Point D, concerning cardiac screening in young people, RCUK acknowledges the importance of this issue. However, cardiac screening programmes and population-level screening policy fall outside the remit of RCUK, and we do not produce guidance or training in this area. We consider that this matter is more appropriately addressed by the UK National Screening Committee and relevant specialist organisations in cardiology and genomics.

We hope this response is helpful. Should you require any further clarification, we would be pleased to assist.

Yours sincerely,



President
Resuscitation Council UK

⁵ [Resuscitation Council UK \(2025\) Public access defibrillators: A guide for communities.](#)

