

OUT OF HOSPITAL CARDIAC ARREST DELIVERY GROUP

Date: Friday **12 May 2017**

Time: 2-00pm

Venue: North Edinburgh Arts Centre Edinburgh

Dr Gareth Clegg, Lead, Resuscitation Research Group (RRG), University of Edinburgh (Chair)

Adam Lloyd, Edinburgh University

Karen MacNee Clinical Priorities Team, SGHSC

Garry Mackay, Scottish Fire and Rescue Service

David McColgan, British Heart Foundation

Steven Short, Scottish Ambulance Service

Connie Smith, Senior Research Officer, SGHSC

John Wilson, Clinical Priorities Team, SGHSC

Agenda Item	Action
<p>1. Welcomes Gareth Clegg welcomed everyone. Apologies had been received from Wendy Armitage, Dave Bywater, James Cant, Lisa MacInnes and James Young.</p>	
<p>2. Minutes of meeting of 24 February 2017 Agreed. Actions completed. Gareth Clegg reviewed the actions from the last meeting and noted these had been completed. It was agreed that that future minutes would be shortened to tracked actions with a key points summary. All the activity taken forward by the partners promoting OHCA Strategy should be captured.</p>	All
<p>3. Matter Arising a. Progress Toward Achievement of OHCA Strategy – Reporting Template It was agreed this should focus on the few, key actions to achieve aims by 2020 and the milestones to reach them. Discussion on these formed the majority of the meeting. The main points are set out in the table below.</p>	EL/GC
<p>b. Co-responding Trials Update next meeting</p>	
<p>c. Data Linkage and Analytical Report Data Linkage report on 2011/15 data to have Foreword finished and checked for the end of May – publication in June</p>	
<p>Future analysis and Reports from linked Data project to inform impact and improvement:</p> <ul style="list-style-type: none"> • Report from 2015/156 data - publish October 2017. A timeline was ready for the next 12 months .and request for data etc. in place. • Two issues for data collection for key metrics; appropriate resourcing and the need to shorten the data cycle. • Retain Nynke for 3 hour per week; • SAS appointing Band 7 Analysis with time allocated to OHCA Data linkage project 	GC EL/GC
<p>Monitoring and Evaluation Framework. Feedback to key partners including items</p>	

that aren't easy to measure would be taken forward

4. Updates

a. PADs

- BHF PAD fund was to go live at the end of May to include Scotland in the applications process.
- UK Resuscitation Council guidance on signage has been published; <https://www.resus.org.uk/defibrillators/standard-sign-for-aeds/>
- Steve Brooks, Department of Emergency Medicine at Queen's University, Toronto will be on a sabbatical with Edinburgh University from August to take work forward on PAD placement.

b. OHCA Social Marketing

SG funding and marketing expertise to work with SALFS to create digital resource to improve knowledge on how and willingness to perform CPR.

c. SALFS update

Making links with Community Resilience as priority. Potential for CRF model in urban and more deprived areas.

Priority to reduce inequalities

d. Communication and Engagement

David McColgan reported on the Group meeting on 8 February. Members had been asked to submit a blog and share messaging around access to PAD mapping.

- A study on barriers to CPR would be reported on at the next meeting.
- CS reported "credit card" leaflet would be printed in May.

e. Public Service Reform Research: OHCA

Adam Lloyd to take up a 13 week intern post at the Scottish Government examining Scottish approach to co-production / collaboration / partnership working. Adam to liaise with group members to arrange interviews to progress.

Date of next meeting:

2-00pm 18 August Conference Room B, St Andrews House

No		Responsibility
1	<p>Progress Reporting Template</p> <p>1. Each partner to set out the few actions that will have most impact – i.e. contribute most to more people learning CPR skills and saving lives. Include timeline and milestones.</p> <p>The potential relevant actions discussed at the meeting and are listed below. These can be used a guide for further contributions.</p> <p>2. All partners to update the Progress Reporting Template and return to Secretariat by 4 August.</p>	<p>All</p> <p>All</p>

		2017	2018	2019	2020
1a	<p>Progress Reporting Template – actions discussed.</p> <p>Early Recognition –</p> <p>SAS</p> <ul style="list-style-type: none"> • Accurate diagnosis of OHCA. • Reducing the time to chest compressions. • An increase in bystander CPR (bCPR) with aspiration of 85% participation rate. • Increase in the percentage of communities that has a local champion / contact. • Signposting to PADs – increase the time available for the use of PAD; with reporting measure. <p>SFRS</p> <ul style="list-style-type: none"> • Key Performance Indicator (KPI): to contribute one fifth (100,000) of aim to equip people with CPR skills with a weighting towards disadvantaged / less affluent communities. <p>SALFS</p> <ul style="list-style-type: none"> • Work to progress brand recognition in communities • Give every school in Scotland an opportunity to teach CPR (BHF and SALFS to draft an integrated plan to set out work on joint a strategy to reach all schools in Scotland.) 				

	<p>BHF</p> <ul style="list-style-type: none"> • BHF to scope their own Scottish bCPR target <p>Scottish Government</p> <ul style="list-style-type: none"> • To scope potential for increasing CPR skills for all NHS staff by 2020. 				
1b	<p>Defibrillators</p> <p>SAS</p> <ul style="list-style-type: none"> • PAD mapping to be given a timeline <p>SFRS</p> <ul style="list-style-type: none"> • Work with SFRS on PAD placement at stations 				
1c	Pre-Hospital Life Support				
1d	<p>Post Rescue Care and Aftercare</p> <p>RRG</p> <ul style="list-style-type: none"> • Anticipatory care and plan including the stopping of resuscitation when appropriate 				
1e	<p>Reduce Inequalities</p> <ul style="list-style-type: none"> • Agreement that there should be a focus across all topics on people in more deprived areas - All 				

OUT OF HOSPITAL CARDIAC ARREST DELIVERY GROUP

Date: Friday **24 February 2017**

Time: 2-00pm

Venue: Conference Room B, St Andrew's House Edinburgh

Dr Gareth Clegg, Lead, Resuscitation Research Group (RRG), University of Edinburgh (Chair)

Wendy Armitage, Chest, Heart and Stroke, Scotland

Dave Bywater, Scottish Ambulance Service

James Cant, Director of British Heart Foundation, Scotland

Nynke Halbesma, OHCA Analyst, Edinburgh University

Ellen Lynch, Health and Social Care Analysis, SGHSC

Lisa MacInnes, Lead Research Nurse, Resuscitation Research Group

Karen MacNee Clinical Priorities Team, SGHSC

Garry Mackay, Scottish Fire and Rescue Service

Connie Smith, Senior Research Officer, SGHSC

John Wilson, Clinical Priorities Team, SGHSC

Wendy White, Police Scotland

Welcome and Introductions

1. Gareth Clegg welcomed everyone. Apologies were received from Paul Gowens and Jim Ward. Paul Rocchiccioli was unable to audioconference.
2. The minutes of the meeting of 11 November 2016 were agreed.
3. Actions completed. Gareth Clegg reviewed the actions from the last meeting and noted these had been completed;

No.	Action	Responsibility	Cleared	Notes
1	Gareth to schedule meeting to scope approaches to managing PAD location.	Gareth Clegg	Cleared	Meeting 27 January 2017 to take forward.
2	Partners provide Gareth with a draft of their timeline for 2020 for discussion at the next meeting	All	Cleared	Request to populate new reporting template circulated – returns received for discussion.
3	Circulate SFRS evaluation of co-responding trials.	David Rout	Cleared	David Rout and Garry Mackay forwarded the Evaluation report circulated to the group.
4	Marjory Wood, BHF to liaise with Karen MacNee regarding SG representation at the Communications Group meetings.	James Cant to ask Marjory Wood to liaise with Karen MacNee	Cleared	

5	Gareth Clegg to present on the work to date at the next meeting of the NACHD in March of 2017.	Gareth Clegg	Cleared	National Advisory Committee on Heart Disease is scheduled for Friday 3 March 2017, Conf Room 3, Victoria Quay.
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Updates on progress towards achievement of OHCA Strategy aims

4. The template for reporting annual progress to 2020 was circulated. This succinctly maps out direction of travel and key milestones for the 5 years of the Strategy. Its purpose is to monitor progress and foreground interdependencies between partners for delivery.

5. It was agreed that Secretariat would amend the reporting template and draw together information provided by partners in light of discussion. This version would be returned for all to complete with their main goals/deliverables and timeline to 2020 in advance of the next Delivery Group.

Action

Circulate revised reporting template for completion and discussion at the next meeting of the group – **Secretariat**.

Monitoring and Evaluation Framework

6. The paper proposing rationalising the national indicators into a measurable set was agreed, subject to the following amendments;

- Indicator 3. the definition of “training” to be in line with “CPR skills” and SALFS definition.
- Remove Indicator 5.
- Indicator 10. Rewording as ‘3 responders present.’

Where possible these would also inform the Progress reporting. These are indicators drawing on available qualitative data. It was agreed that “qualitative” assessments of progress could be developed.

It was noted that there wasn’t an indicator for rehabilitation. This could not be resolved in the short term given the absence of a baseline. Wendy Armitage proposed that this should be integral to the work that is being taken forward and “staged return to employment” is a potential future indicator.

7. The paper would be considered as a work in progress with further indicators included where viable.

Action

Provide feedback on the Monitoring Framework paper and indicators and amendments to Secretariat and Ellen - **All**

OHCA Review 2015/16 and Public Launch

8. Connie thanked all partners for contributing to the Review and its Launch. The Launch by the Minister for Public Health and Sport was very positive and an excellent demonstration of the partnership working for the OHCA Strategy. The take up and demand for Review hard copies was higher than anticipated and a further print run was and copies forwarded to those requiring them.

9. Dave Bywater reported on the international interest in Scotland's OHCA Strategy, from the Republic of Ireland, where they are developing their own OHCA Strategy and Melbourne, Australia.

Action

Provide hard copies of the OHCA Review document to Wendy Armitage and James Cant - **Secretariat**

Data Linkage

10. The full analytical report from the data linkage project will be published in April 2017. This includes data 2011-2015 and is the baseline for future monitoring. It includes statistical modelling including on deprivation. Presentational issues around publishing the report were discussed and Gareth will liaise with Jim Ward. It will be published as by the Scottish Government as a statistical output with joint SCOTROC branding and recognition of SAS role. The Analytical report will be updated on an annual basis.

Managing PAD location

11. The informal PADs sub-group met on 27 January to progress how to improve knowledge of effectiveness and use of PADs to inform a strategy. One important development is research by Dr Steve Brooks, on a 12 month sabbatical in Edinburgh, that will draw on his PADs research in Canada. The Group have agreed further meetings to progress PADs.

OHCA Social Marketing

12. Karen MacNee an updated on three projects in social marketing for OHCA awareness and CPR training:

- Young Scot engagement with young people using social media.
- Work with the Leith Agency to research and produce recommendations on communications tactics and message framing. Resources permitting, the results from Leith Agency will be rolled out in 2018.
- A slot in the Life Matters radio campaign due to start on 20 March, comprising a message from ambulance call handlers, OHCA survivors and SALFS.

Communications and Engagement

15. James Cant reported that a meeting was scheduled to explore SALFS next stage of development through making links to sporting events. The outcome from the Leith social marketing work would be important in strategic communications.

16. It was noted that the OHCA Comms was focused on SALFS activities whereas external and exchange on “internal” events and activities could also be useful. It was agreed the Delivery Group should share this activity and events e.g. the CRF Ireland conference, NHS Event etc. Partners to provide upcoming events to the SG and add this to the agenda as a standing item.

Action

Provide updates on events - **All**

Action

Add upcoming events to the agenda as a standing item - **Secretariat**

SALFS update

17. Lisa MacInnes updated the group and reported on good progress including;

- Development of resources for schools accessible on GLOW.
- Movement towards a ‘Gold Standard’ package for use by teachers.
- Karen MacNee was taking forward support on networking with resilience colleagues.
- New administrators were providing effective support for work program.
- The Sport Sub group was to hold its inaugural meeting next Thursday, 2 March.
- Work with Inspiring Scotland in Muirhouse, Edinburgh to teach all schoolchildren CPR with follow-up community events planned was progressing.

18. The group discussed links to sports and the potential for encouraging support from the adult population through engagement with these activities. Reaching deprived populations through sport to address inequalities was also touched on.

AOB

19. Nynke Halbesma noted that this would be her final meeting and Gareth Clegg thanked her on behalf of the group for her excellent and much appreciated work to date.

20. Garry Mackay noted that there would be an internal SFRS report in October covering the Co-Responding Trials. In the meantime, a collaborative report would be considered by the SFRS Board in April.

21. Karen MacNee noted that main items on the Agenda of the 13 March OHCA Reference Group meeting would include an update on the Analysis from the Data Linkage Report 2011-2015 and the Co-Responding Trials.

OUT OF HOSPITAL CARDIAC ARREST REFERENCE GROUP

Date: Monday 13 March 2017

Time: 10:00

Venue: Conference Room 4ER, St Andrews House

Catherine Calderwood	(Chair) Chief Medical Officer
David Bywater	OHCA Lead, Scottish Ambulance Service
Stuart Callison	Chief Executive, St Andrews First Aid
James Cant	Director, British Heart Foundation
Dr Gareth Clegg	Lead, Resuscitation Research Group, University of Edinburgh
Elena Nicol	British Red Cross
David Garbutt	Chair, Scottish Ambulance Service
Martyn Emberson	HM Chief Inspector, Scottish Fire and Rescue Service
DCC Rose Fitzpatrick	Police Scotland
Paul Gowens	Consultant Paramedic, Scottish Ambulance Service
Alan Gibson	Police Scotland
Iain Harron	Fire and Rescue Unit, SG
Colville Laird	BASICS Scotland
Karen MacNee	Strategic Planning and Clinical Priorities, SGHSC
Garry Mackay	Scottish Fire and Rescue Service
David Rout	Scottish Fire and Rescue Service
Connie Smith	Strategic Planning and Clinical Priorities, SGHSC
Jim Ward	Medical Director, Scottish Ambulance Service
John Wilson	Strategic Planning and Clinical Priorities, SGHSC

Welcome and Introductions

1. Catherine Calderwood welcomed everyone to the meeting and gave Paul Gray's apologies. Round table introductions were made.

Apologies

2. These were received from:

Donna Bell, Linda Gregson, Lisa MacInnes, Mark O'Donnell, Elizabeth Sadler, Dr Nicola Steedman

The note of the meeting held on 27 September 2016 was approved.

Catherine Calderwood asked that those with actions from the previous meeting provide a brief update.

- **Action 1** – *Provide Gareth Clegg with the name of the person who will provide data on numbers trained for the SALFS website* – **All. Update: Cleared** – Gareth Clegg confirmed that the partners had all provided a link contact person who had been provided with logins for the portal.

It was agreed that partners would check that their link-person is the correct person to log number trained in CPR to ensure accurate numbers were being recorded.

Action Point: Check that the link-person providing data is able to log numbers trained in CPR to ensure accurate numbers are being recorded - **All**

- Action 2 – *Provide written update on SAS PAD mapping timescales and associated work* – **David Garbutt. Update: Cleared.**

David Garbutt confirmed that he had provided written updates to Paul Gray which had been circulated to the group after the last OHCA Reference Group Meeting. PAD registration work progressing as planned.

- Action 3 – *Consider need to develop shorter hashtag to promote social media activity on twitter* – **Comms Group. Updated: Cleared.** Karen MacNee confirmed that this would be discussed on the agenda under the social marketing item.

Update on Delivery of Strategy - Highlights

SFRS / SAS Scottish Co-Responding Trials

3. David Rout presented to the group on the background to the Trials carried out over the period, 1 November 2015 to 19th September 2016. 10 SFRS stations were selected based on SAS evidence to take part in co-responding with the SAS to OHCA incidents. To prepare the service, a Memorandum of Understanding (MoU) and bespoke training package had been established covering all aspects of the response to an OHCA.
4. A preliminary evaluation report had been presented to the SFRS Board at the end of January. From a total of 2210 calls received by the SAS, SFRS attended 146 confirmed OHCA calls with 15 lifesaving interventions made to allow the person to reach hospital for onward care.
5. David Rout confirmed that the potential effect of trauma on SFRS personnel had been part of the planning process from the beginning. Overall feedback from staff regarding the Trials had been very positive. In addition, zero conflicts were reported both from the statutory responsibility side and from the staffing perspective.
6. Key emerging pieces of work also being progressed included; the redistribution of defibs within the service and, the Health Foundation project in Mull.
7. Paul Gowens proposed that a next step would be to prioritise areas where an increase in the Return of Spontaneous Circulation (ROSC) rate to 18% could be achieved.
8. James Ward provided a presentation from the SAS perspective, noting positive relationship building and staff training.
9. A fuller report including further data on impact and evidence-based proposals for roll-out would be considered by the SFRS Board in April.
10. David Rout also updated on the SFRS Home Fire Safety Visit programme. The FBU in Scotland had indicated that they cannot support HFSV trials that would

include CPR at this time. David agreed to convey the group's disappointment to SFRS colleagues and provide further feedback.

Action Point: Provide an update on CPR in HFSV trials at the next meeting – **David Rout**

Data Linkage

11. Gareth Clegg outlined the initial results of the work taken forward on linking data from an OHCA, from 2011-2015. This would be the baseline for future monitoring. Initial results had been shared with the Reference Group at a previous meeting. Gareth noted that data from the succeeding 8-12 months would be published in the autumn to show progress going forward. Gareth suggested that the Scottish Resuscitation Outcomes Consortium (Scot-ROC) would be able to address data linkage and reporting in future.
12. Publication of the initial report was scheduled for the end of April. There was discussion on wider data linkage issues, how OHCA's impacted on deprived communities and messaging on CPR to address inequalities.

PAD Mapping

13. David Bywater informed the group that a dedicated section on the SAS website had been developed for the public to enter their details and register their PADs; <http://www.scottishambulance.com/YourCommunity/pad.aspx>. This includes ownership and maintenance details. The campaign to encourage members of the public to register their PAD, 'Registration to Resuscitation' had been launched the previous week. 603 PADs had been added via the website to date. Signposting of these resources was scheduled to go-live from Wednesday 22 March.
14. Discussions with key stakeholders would be ongoing to encourage take-up. There was discussion around employing students to visit premises to account for potentially missing PADs. David Garbutt confirmed that active searching would be an element in this SAS work. Stuart Callison and James Cant confirmed that their clients and partners would be directed to the SAS link. Rose Fitzpatrick noted that Police Scotland would take forward awareness raising of the SAS work with the Scottish Business Resilience Centre.

Action Point: Raise awareness of the SAS PAD registration work with the Scottish Business Resilience Centre - **Alan Gibson**

PAD – Sub-Group on PADs evidence and strategy

Gareth Clegg informed the group that the OHCA Delivery Sub-Group had agreed to take forward work to determine best placement of PADs as current evidence indicated that they were only used in 2% of OHCA cases. Gareth outlined that this work would build upon existing strands of work being taken forward such as the SAS PAD mapping and work to develop consistent signage for use of PADs. The ultimate aim of the work would be to inform advice on where PADs should be located based on modelling work and an analysis of cost-effectiveness. Dr Steve Brooks from Queen's University,

Toronto was to be involved in this work on sabbatical. This PAD modelling work in Scotland was expected to take between 12 to 18 months to complete.

Sandpiper Wildcat Launch and roll-out

15. Colville Laird updated the group on the launch of the Sandpiper Wildcat project on 1 February. The project aims to save 50 local lives every year in Grampian. SAS data had been used to identify 48 areas in Grampian where improvements could be targeted.
16. Equipment had been deployed to support teams in each area. The aim was to recruit and train 400 people to improve response times, the quality of CPR and survival outcomes. Data captured would be fed-back to Gareth and colleagues at the Resuscitation Research Group. A project management group is to be established to manage data going forward. To date 200 responders had been trained with 82 PADs placed at 42 location.

OHCA Strategy Review 2015/16 – publication and launch

17. Connie Smith presented to the group on the positive response to publication of the Review, and requests for hard copies.. International interest in Scotland's OHCA Strategy work had been noted from the Republic of Ireland and Melbourne, Australia. Copies are available from the Secretariat

Social Marketing

18. Karen MacNee drew the group's attention to the circulated paper and highlighted a number of strands of work;
 - Young Scot and their work developing a campaign with rewards and points system.
 - Leith Agency focus groups with social groups least likely to be CPR trained to develop recommendations around message framing and social marketing of SALFS .
 - Slot in the 'Life Matters' radio campaign on bystander CPR.
 - 'Advertorial' on CPR in Big Issue magazine.
19. It was recognised that to increase capacity in skilling people in CPR requires new methods including innovative use of technology and social media, in addition to more training.

Save A Life for Scotland

20. Gareth Clegg outlined work being taken forward to change the culture around the response to cardiac arrest. Schools now had a substantial introduction to CPR at their disposal for teachers on the GLOW website.
21. In 2017, a parallel strand of work would be developed around sport with the inclusion of sports clubs and associations. Gareth asked the group for suggestions of appropriate contacts with sporting personalities that would be willing to be involved or major sporting events.

22. Methods around self-learning and passing on of learning were being developed. Work around health inequalities would be progressed. In addition, a report on structured interviews with those who had delivered bystander CPR was due for completion.

OHCA Steering Group England 'Resuscitation to Recovery' National Framework to improve care of people with OHCA

23. James Cant reported on the new English Framework document. Gareth Clegg noted it was a helpful document, more focussed on the treatment and aftercare elements of the Chain of Survival.

Any Other Business

24. David Bywater updated the group on the 3RU work, an urban model to assist OHCA responses. This had gone live in Glasgow 2 weeks ago on a 10 hours a day / 7 days a week basis. To date, 14 OHCA's had been responded to which confirmed scoping work.

25. Catherine Calderwood thanked the group for their updates and noted she was genuinely impressed with progress and the collaborative working being demonstrated.

Date of Next Meeting:

1. 11-00am, Monday 25 September – Conference Room 4ER, St Andrews House

OUT OF HOSPITAL CARDIAC ARREST REFERENCE GROUP

Date: Monday 25 September 2017

Time: 11:00

Venue: Conference Room 4ER, St Andrews House

Liz Sadler (Chair)	Deputy Director, Planning and Quality, SGHSC
Ian Bushell	Deputy Chief & Director of Service Transformation, SFRS
Dr Gareth Clegg	Lead, Resuscitation Research Group, University of Edinburgh
Fergus Millan	Head of Primary Care Transformation, SGHSC
David Garbutt	Chair, Scottish Ambulance Service
DCC Rose Fitzpatrick	Deputy Chief Constable, Police Scotland
Paul Gowens	Consultant Paramedic, Scottish Ambulance Service
Gillian Macdonald	Chief Superintendent, Police Scotland
Iain Harron	Fire and Rescue Unit, SG
Colville Laird	Clinical Advisor, BASICS Scotland
Lisa MacInnes	National Coordinator, Save A Life For Scotland (SALFS)
Karen MacNee	Policy Lead, Planning and Quality, SGHSC
David Rout	Scottish Fire and Rescue Service
Simon Routh-Jones	Assistant Inspector, Her Majesty's Fire Inspectorate, SG
Connie Smith	Senior Policy Manager, Planning and Quality, SGHSC
Nicola Steedman	Senior Medical Officer, SGHSC
John Wilson	Secretariat, Planning and Quality, SGHSC

Welcome and Introductions

1. Liz Sadler welcomed everyone to the meeting and gave Paul Gray's apologies. Round table introductions were made.

Apologies

2. These were received from:
 - Paul Gray, DGHSC
 - Donna Bell – SG Directorate for Learning
 - Stuart Callison - St Andrew First Aid
 - Robert Colburn – British Red Cross
 - Martyn Emberson - SG HMF1
 - James Ward – SAS
 - John Wilson – CHSS
3. The note of the meeting held on 13 March 2017 was approved.
4. Liz Sadler asked for updates on actions from the previous meeting.
 - **Action 1** – *Check that the link-person for the Save a Life for Scotland (SALFS) portal providing data is able to log numbers trained in CPR to ensure accurate numbers are being recorded – All. Update: Cleared* – Liz Sadler confirmed that SALFS now have link people for registering the numbers and they are working at a partner group level to support recording.

- **Action 2** – *Provide an update on CPR in HFSV trials at the next meeting* – **Davy Rout. Update:** Davy Rout updated under Agenda item 3.
- **Action 3** – *Raise awareness of the SAS PAD registration work with the Scottish Business Resilience Centre (SBRC)* – **Alan Gibson. Update: Cleared.** Gillian MacDonald informed the group that this had been taken forward with the SBRC.

Gillian indicated that since the March meeting of the group, Police Scotland officers, through the SBRC have met with over 150 private sector businesses, including shopping centres and business owners from the licensed trade, and encouraged them to map their PADs on the SAS website.

Gillian also noted that Police Scotland staff has also gained agreement with an AED manufacturer to register with SAS all AEDs that they supply in Scotland.

Update on Delivery of Strategy - Highlights

Progress Tracker 2017-2020

5. Gareth Clegg presented an overview of partner's self-evaluated progress on the high level priorities.
6. It was noted that the Strategy was at a half-way point. The contribution by partners was recognised in achieving 150,000 people receiving CPR skills instruction as important progress towards CPR readiness. All delivery partners are asked to continue to awareness raise and seek further ways to increase CPR skills and cultural shift.
7. Gareth identified a Data Registry as central to OHCA strategies internationally. The appropriate model and funding sources for a Scottish Registry are to be found. The Scottish Government had provided initial funding for an analyst to take forward the OHCA Data Linkage (baseline report published August 2017). This will contribute to the development of a Registry.
8. An ISD model for the Registry had been explored but is expensive. Further options were being developed including resourcing to establish and maintain the Registry. Partners are asked to suggest possible resources.
9. There was brief consideration on future mandating CPR within education and inclusion of CPR as part of the driving license. Liz Sadler noted SALFS is working well in schools and has made resources available on the GLOW website. The agreed approach in Scotland, in line with Curriculum for Excellence (CfE), is that learning CPR is a matter for schools and local authorities to agree locally. Colville Laird noted the lack of appetite at the UK Parliament for legislation.

Action Point: Liaise with education colleagues to confirm representation on the group going forward - Secretariat

10. Rose Fitzpatrick highlighted the benefits of strategic engagement with local authorities. It was agreed to seek COSLA membership to the Reference Group to strengthen links.

Action Point: Invite appropriate membership from COSLA onto the Reference Group - Secretariat

Updates

Scottish Ambulance Service

11. Paul Gowens updated. The roll-out of the Resuscitation Rapid Response Unit (3RU) was progressing.
12. Survival on arrival at hospital had been at 50% for the last 9 months. Improvements in triple responding had also been made.

Scottish Fire and Rescue Service

13. Ian Bushell updated on the position impacting on co-responding and Home Fire Safety Visits (HFSV). Firefighters had not accepted the Fire Brigade Union (FBU) recommendation and rejected the UK-level pay and conditions offer. This meant that from 18 September, participation in co-responding had ceased and inclusion of CPR within the HFSV was on hold. The UK Executive Council had met since then and negotiation continues.
14. Davy Rout confirmed that CPR safety awareness is embedded as standard in the HFSV programme. SFRS are ready to launch this revised programme as soon as dispute is resolved. Learning CPR in SFRS stations continues.

Scottish Government

15. Connie Smith outlined ongoing work to seek opportunities, spread message, awareness of, and increase CPR skills. This includes facilitating links with; Glasgow City Council for the inaugural European Championships 2018 multi-sport event; <https://www.glasgow2018.com/>. Work with Scottish Government Active Scotland team and around the Year of Young People 2018, health and wellbeing strand; <http://yoyp2018.scot/>.

British Heart Foundation

16. Liz Sadler noted that the BHF had hosted a round table event with Holyrood Magazine on the delivery of the OHCA Strategy on 31 August. An article reporting on the roundtable featured in the 9th October edition of Holyrood Magazine on page 42-45; <http://library.myebook.com/holyrood/holyrood-issue-389/819/#page/42>

Police Scotland

17. Gillian MacDonald had circulated an update paper highlighting progress on training officers in CPR and First Aid, work on AEDs & governance. Initial indications are that the co-responding between Police Scotland and SAS in North East Scotland was positive. A report on the evaluation of the pilot will go to the Senior Leadership Board for consideration on continuation and expansion. Up-skilling of Police Scotland also continues with 800 Police Scotland Youth Volunteers now recruited. Positive support within the force for continued progress was reported.

Sandpiper Wildcat

18. Colville Laird presented on the project in the North East with data from the first six months from 1 February 2017. This indicated improvements in response times and good responder recruitment and retention. From 136 call-outs, 83 trained responders arrived at the scene of an OHCA when dispatched by SAS. Sandpiper had agreed the project funding could continue for a further year until 2019. Sustainability after this is under consideration. Gareth Clegg and Jim Ward would meet with the Sandpiper team to develop plans on the way ahead for this work.

CPR learning and cultural change

Save a Life for Scotland – Highlights and Challenges

19. Lisa MacInnes updated. Since last October, 100,000 people had received CPR skills instruction. Other highlights included a social media campaign with Young Scot, launched by the Cabinet Secretary for Health and Social Care. This now forms part of the learning resources on the Education Scotland site. A Young Scot Facebook live-event attracted 43,000 views and has been Young Scot's most successful live-event.
20. On 16 October, a focus for European Restart a Heart Day CPR learning sessions will be in leisure centres across Scotland led by Royal Lifesaving Society Scotland (RLSS). Partners agreed to liaise with Lisa to support these.
21. SALFS is funded by the Scottish Government until April 2018. Partners agreed to consider ways to increase capacity and sustainability of SALFS. There are four main aspects;
 - Moving aims of SALFS to be central in partners' agendas.
 - Counting people learning CPR.
 - Sharing and capturing strategies that work.
 - Opportunities for income generation.
22. SALFS are exploring charitable status as a basis for sustainable funding from a range of partners.
23. The new social marketing CPR campaign was discussed. Work with the Leith Agency had also focussed on work to reach the most deprived communities.
24. Fergus Millan noted the experience in Scottish Government Comms from work on smoking, alcohol and diet policies to target this group that could provide useful learning.
25. Agreed to consider engagement of private business representative bodies.
26. Agreement it was timely to review Comms strategy and seek to embed it in partner's Communications meetings.

Action Point: Liaise with Lisa MacInnes regarding partner support for 16 October CPR sessions at leisure centres – All

Action Point: Review Comms strategy and seek to embed it in partners' Communications meetings - Secretariat

Action Point: Meet with Secretariat to further discuss options for SALFS sustainability – Gareth Clegg, Lisa MacInnes, Secretariat

Action Point: To share ideas & suggestions regarding our role as leaders enabling capacity and sustainability in CPR at the next meeting - All

Increasing CPR skills – NHS Scotland staff

27. Karen MacNee set out proposals to lead an increase in CPR skills amongst NHS staff. This was happening in NHS Borders where a spin-off benefit was that staff were taking out training to their local communities. Key learning from the Border's experience were visible senior leadership and flexible options to learn CPR and use of success stories.

28. The group agreed that a proposal should be taken to the NHS Chief Executives Group.

29. There was discussion with partners whether there was scope to make a similar commitment to skilling staff within their own organisations. Rose Fitzpatrick suggested adopting CPR skills as part of the Police Scotland annual appraisal and would report back to the group after liaising with colleagues. Further discussion touched on improving opportunities for CPR learning by Scottish Government staff, including considering including it in new staff induction.

Action Point: Develop proposal for NHS Chief Executives – Karen MacNee

Action Point: Scope potential for CPR skills in Police Scotland annual appraisal – DCC Rose Fitzpatrick

Action Point: Scottish Government will seek opportunities for staff to learn CPR. – Connie Smith

Progress Reporting & Data Linkage Project

30. Gareth updated on the OHCA Data Linkage Report published in August on data 2011-2015. A link to the online version had been circulated to the Reference and Delivery Groups. Gareth provided an overview of the main findings which include data showing the lower survival rates for people living in the most deprived areas of Scotland and in rural areas. The first progress report and impact after 2 years of Strategy was planned for November 2017, on data from 2015/16 – 2016/17.

31. Gareth noted that the report was proof of concept around linking of data. Next steps would involve analysing a wider range of variables.

PADS

32. Gareth noted the circulated draft paper on the Guide for PADs shared for comment. The Guide would serve as a first position statement. Future work to support answering questions on numbers required and their placement is in progress. A Sub-Group had been formed to scope the issues and Dr Steve

Brooks, Emergency Physician in the Department of Emergency Medicine at Queen's University, Toronto, Canada is working with Gareth to progress modelling work around best practice in Scotland.

Action Point: Provide comments on the draft Guide to PADs paper to John Wilson – All

Date of Next Meeting:

33. Meetings for 2018 to be confirmed

Action Point: Circulate confirmation of details for 2018 meetings - Secretariat