

OUT OF HOSPITAL CARDIAC ARREST DELIVERY GROUP

Date: Friday **18 August 2017**

Time: 2-00 pm

Venue: Conference Room B, St Andrews House, Edinburgh

Attendees:

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

Wendy Armitage, Chest Heart and Stroke Scotland (CHSS)

Dave Bywater, Scottish Ambulance Service (SAS)

Sandrine Flower, Save a Life for Scotland (SALFS)

John Fotheringham, Scottish Government Health and Social Care (SGHSC)

Neil Harrison, Marketing and Corporate Communications, Scottish Government (SG)

Liz Hasseld, SALFS

Adam Lloyd, UoE

Ellen Lynch, SGHSC

Garry MacKay, Scottish Fire and Rescue Service (SFRS)

Lisa MacInnes, SALFS

David McColgan, British Heart Foundation (BHF)

Connie Smith, SGHSC

Sgt Jennifer Steven, Police Scotland (PolSc)

Apologies:

Karen MacNee, SGHSC

Davy Rout, SFRS

John Wilson, SGHSC

T/Insp Jim Young, PolSc

Agenda Item	Action
1. Welcome, Introductions and Apologies Gareth Clegg welcomed attendees; introductions were made round the table and apologies noted as above.	
2. Minutes of Last Meeting Agreed. Dave Bywater requested apologies be noted after attendees on future minutes. Gareth Clegg reviewed the actions from the last meeting and noted these had been completed.	JF
3. Updates on Progress Towards Achievement of OHCA Strategy Aims – Reporting Gareth Clegg reminded partners that the Progress Tracker is the tool for setting out the core elements by each Partner that will have the most impact over next 3 years to know the progress being made. All are requested to complete Progress Reporting Template for 2018, 2019 and 2020 being aspirational, by 27 October ahead of the next meeting. Updates, key points and actions below: Dave Bywater advised that 1138 PADs have been registered with SAS since April; new IT will enable call handlers to direct callers to a PAD within 200 metres of the OHCA. An information recording, based on a real life call and co-produced with CHSS,	All

<p>will be published w/c 21 August on HeartE.</p> <p>Glasgow's 3RU service is presently operating 10 hours/day; it will increase to 24 hours shortly. Dave was asked to produce a timeline for SAS' implementation of 3RU model across Scotland.</p>	DB
<p>SAS and SALFS are working to engage with Community Resilience Teams to explore improved working. Lisa MacInnes will continue to liaise with Murray McEwan (SAS) and Karen MacNee (SG).</p> <p>Connie Smith outlined contact with SG sports colleagues to develop links to facilitate SALFS' delivery of CPR learning/awareness at keynote events (e.g. European Championships 2018) and community sports clubs level in 2018 and beyond. Tracker to include level of activity and liaison with SALFS required.</p>	CS/LM
<p>Garry Mackay summarised the key strategic issues by way of the context for the SFRS to be best placed to service communities effectively into the future. There are active discussions on the Role Map and Pay for fire fighters and remaining legacy issues to establish a national service.</p> <p>SFRS maintains commitment to OHCA Strategy, which actually predates Emergency Medical Services agreements. Meeting specific commitments includes:</p> <ul style="list-style-type: none"> ○ Fire stations, as community resources, to be used for CPR learning delivered in partnership. ○ A local partner identified in each area and how this will be organised. ○ Noted can only ask for volunteers but generally positive response to SALFS calls. <p>CPR awareness within HFSV is due to be progressed; Garry will keep Lisa MacInnes and Connie Smith posted.</p> <p>Lisa MacInnes flagged potential links to St John Ambulance work with mountain rescue.</p>	GM
<p>Jennifer Steven detailed plans to refresh and raise profile of OHCA and CPR in PolSc.</p> <p>Audit and mapping of PolSc-held PADs almost complete and will work with SAS to register them.</p> <p>Community policing colleagues in North Ayrshire working with SALFS will pilot a CPR learning initiative. Jennifer to add this to Template.</p>	JS
<p>David McColgan advised that the re-affiliation of HeartStart schools concluded recently; it is planned to survey them shortly.</p> <p>Target is for by 2020 every secondary school to have training kit. Currently 50% secondary schools have training kits. Available to all schools so partners with contacts in schools in deprived areas and rural areas should encourage them to obtain a kit.</p>	All
<p>Agreed to push Restart a Heart Day activities through SALFS.</p> <p>Send questions for possible inclusion in BHF Heartstart schools survey to David McColgan.</p>	All LM
<p>Partners to promote BHF's PAD part-funding scheme; more details at: https://www.bhf.org.uk/heart-health/how-to-save-a-life/defibrillators/applying-for-a-public-access-defibrillator.</p>	All
<p>Wendy Armitage advised that CHSS' on-line resources for, survivors, families and bereaved progress well. The evaluation is planned, with how to obtain bystanders feedback challenging. Lisa proposed RRG's First Responder Study may be useful.</p>	

<p>Wendy also flagged need to link with cardiac rehabilitation services to optimise the pathways of OHCA survivors.</p> <p>Lisa MacInnes' key point was that the Young Scot Campaign is about to end; successful, a full report on it will be presented to the OHCA Reference Group. Main challenge is meeting demand for CPR training and building networks of volunteers in local areas. Lisa will outline what a good network looks like and detail specific areas where weak; partners were asked to help build networks.</p> <p>SALFS continue to prioritise inequalities through mainstream work and:</p> <ul style="list-style-type: none"> ○ Specific partnerships with Link Up in Glasgow and Dundee in September. ○ Rural and isolated areas with BHF. ○ Areas of multiple deprivation via schools and SFRS. <p>Reminder to send figures on numbers CPR learned via SALFS portal.</p> <p>Change SALFS' progress against Aim 1 to Amber ahead of next meeting.</p> <p>As previously agreed, active consideration to be a priority for next year is to deliver CPR learning to NHS Scotland staff. Initial meeting held with NHS Borders, where this is in operation, produced much learning for us.</p> <p>Gareth Clegg advised that the Chief Scientist's Office has funded a small RRG project exploring more deprived socioeconomic groups' attitudes to OHCA; findings will help inform new CPR marketing materials (see serial 6d below).</p> <p>4. Data Linkage and Analytical Report</p> <p>Initial results of the Scottish OHCA Data Linkage Project published 8 August 2017. This presents the findings of analyses of linked datasets in an accessible, informative and useful way.</p> <p>A further report, covering 2015/16 and 2016/17 data, is planned to be published in November 2017.</p> <p>Partners to promote the OHCA Data Linkage Report – available at: http://www.gov.scot/Publications/2017/08/8389 – through their networks.</p> <p>5. Monitoring & Evaluation Framework</p> <p>Ellen Lynch outlined the development of a set of OHCA indicators, more details of which are available in her paper. The linked datasets are being used to explore certain facets of OHCA, including geography and health inequalities. An interim findings note has been produced for consultation.</p> <p>Agreed to have further discussion on OHCA analysis and outputs.</p> <p>Core commitment is publication of headline data to report on progress on annual basis; Gareth Clegg will lead consideration for more detailed and technical reports and papers.</p> <p>Options for OHCA Registry in Scotland to be developed.</p> <p>6. Updates</p> <p>a. Gareth Clegg detailed the aim and development of the PAD Good Practice Note (now 'A Guide to Public Access Defibrillators'). It was agreed that this is to be shorter and a more prescriptive position statement.</p> <p>Provide feedback on draft guide to inform next iteration.</p> <p>Bring next iteration to the next meeting.</p> <p>b. (i) The SAS/SFRS OHCA co-response trials were not discussed.</p> <p>(ii) Jennifer Steven advised that the PoSc/SAS co-response trial in NE Scotland ended on 31 July. PoSc assets were deployed on 22 occasions: of the 5 where they were first on the scene, 4 did not require use of a</p>	<p>LM/All</p> <p>All LM</p> <p>All</p> <p>CS</p> <p>All KM</p>
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<p>defibrillator; 1 did, and the patient survived. The trial is now being evaluated.</p> <p>c. Lisa MacInnes advised that SALFS' current priority area of work is making links with LAs' community resilience organisations.</p> <p>d. Neil Harrison gave a short presentation on social marketing's scope in promoting CPR learning. Focus groups identified several issues, including the need to give people the confidence to try giving CPR. The Leith Agency will develop CPR learning and readiness communication materials; these will be available through SALFS' website. Gareth Clegg urged partners to consider how their organisation could use them in communication and engagement activities.</p> <p>e. Adam Lloyd outlined his research into the OHCA Strategy as exemplifying the Scottish Approach to Public Service Reform. Initial indications are that it bears several key hallmarks. Adam will send his report to partners w/c 21 August, requesting feedback by 28 August.</p> <p>f. Karen MacNee's paper on recent events was not discussed at the meeting.</p> <p>7. AOB</p> <p>David McColgan outlined the forthcoming BHF/Holyrood Magazine roundtable on delivery of the OHCA Strategy. This arises from the BHF work programme that is embedded in the Strategy, in which BHF is a partner.</p> <p>The Strategy will be the core of the wide-ranging discussion: its aims, what should and is being done, and future plans.</p> <p>The commitment is to a positive piece raising the profile of the OHCA Strategy, with MSPs as the main audience.</p> <p>Scheduled for 31 August, several Strategy partners have been invited to attend: RRG, SALFS, SAS, SFRS and SG; appropriate reps from CHSS and PolSc will also be invited.</p> <p>Alex Cole-Hamilton MSP, Alison Johnstone MSP, Peter McAvoy and Freddie Lippert will also be attending.</p> <p>The subsequent article will feature in an October edition, with the intention to coincide with Restart a Heart Day and the SNP party conference.</p> <p>8. Date of Next Meeting</p> <p>2-00 pm, 10 November, Conference Room B, St Andrews House</p>	<p>All</p> <p>All</p>
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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
1. Welcomes Gareth Clegg welcomed everyone. Apologies had been received from Wendy Armitage, Dave Bywater, James Cant, Lisa MacInnes and James Young.	
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.	All
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.	EL/GC
b. Co-responding Trials Update next meeting	
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	
Future analysis and Reports from linked Data project to inform impact and improvement: <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
Monitoring and Evaluation Framework. Feedback to key partners including items	

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.) 				

	BHF <ul style="list-style-type: none"> BHF to scope their own Scottish bCPR target Scottish Government <ul style="list-style-type: none"> To scope potential for increasing CPR skills for all NHS staff by 2020. 				
1b	Defibrillators SAS <ul style="list-style-type: none"> PAD mapping to be given a timeline SFRS <ul style="list-style-type: none"> Work with SFRS on PAD placement at stations 				
1c	Pre-Hospital Life Support				
1d	Post Rescue Care and Aftercare RRG <ul style="list-style-type: none"> Anticipatory care and plan including the stopping of resuscitation when appropriate 				
1e	Reduce Inequalities <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 measureable 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 DELIVERY GROUP

Date: Friday **13 May 2016**

Time: 2-00pm

Venue: Conference Room, St Andrew's House Edinburgh

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

Wendy Armitage, Chest, Heart and Stroke, Scotland

James Cant, Director of British Heart Foundation, Scotland

Mark Gilhooly, Police Scotland

Paul Gowens, Senior Healthcare Quality Manager, SGHSC

Jeannie Hunter, Clinical Priorities Team, SGHSC

Ellen Lynch Senior Statistician, Analytical Services, SGHSC

Lisa MacInnes, Lead Research Nurse, Resuscitation Research Group

Gary Mackay, Manager, SFRS Training Centre

Murdoch MacLeod, Police Scotland

Karen MacNee Clinical Priorities Team, SGHSC

Murray McEwan, National Community Resilience Manager, Scottish Ambulance Service

Connie Smith, Senior Research Officer, SGHSC

Dr James Ward, Medical Director, Scottish Ambulance Service

John Wilson, Clinical Priorities Team, SGHSC

Welcome and Introductions

1. Gareth Clegg Chaired the meeting and welcomed everyone. Apologies were received from, David Bywater, Alan Gibson and David Rout.
2. The minutes of the meeting of 28 February 2016 were agreed, with the only addition being to note that James Cant had volunteered to convene and host the Comms. Group.
3. Actions completed. Gareth Clegg reviewed the actions from the last meeting;
 - *It was agreed that people will send names of their organisation's Comms lead to David and he will prepare a list of Comms. contacts for James Cant – The Group were asked to forward Comms. lead contact to James and he would also provide an update at Agenda item 5.*
 - *The Newsletter could be electronic and it was agreed that this should be a first task for the Comms. Group – To be discussed at Agenda item 5.*
 - *Jim Ward and Gareth Clegg to speak with Directors of Public Health (DPHs) regarding Public Health Inequalities concerning OHCA – Jim Ward and Gareth Clegg had approached DPHs but had not received a reply.*
 - *Karen to find out about getting a slot on the meeting of Chief Officers of Integration Joint Boards (IJBs) about OHCA – This item was being progressed with a date scheduled.*
 - *Karen to produce paper on health inequalities for OHCA Reference Group – Cleared.*

- *Karen to seek representation for SAS on NACHD and include OHCA on agenda for next meeting* – Jim Ward was confirmed as the OHCA representative on the NACHD and Karen would speak on OHCA at the their next meeting scheduled for 22 June.
- *All - to go through the indicators and advise if they are viable and provide information on sources and frequency of collection and if lead organisation is correct* – Cleared.
- *Connie agreed to refresh the Framework for the Reference Group meeting on 14th March* – Cleared.
- *Jim Ward agreed to email the feedback he has from SAS to Connie* - Cleared

Updates - Progress Towards Achievement of OHCA Strategy Aims

4. The updates had been circulated prior to the meeting and it was agreed that members of the Group would speak to their papers.

Police Scotland

5. Murdo Macleod highlighted developments made and updated the Group:

- The AED Online Awareness package piloted in December 2015 with favourable comments received. This has been promoted through the Police Scotland 'Beat' magazine.
- Work progressed on mapping static AED.
- Work was about to commence on a pilot scheme in 6 Custody Divisions.
- Police Scotland has been liaising with SFRS on the Youth Volunteer scheme.
- CPR courses were going through an evaluation process with the core features of CPR and Defib. awareness in place.

6. Murdo confirmed that a debate on the content and delivery of training was taking place. In terms of definitions for the purposes of counting numbers trained, it was noted that there was work underway and Lisa MacInnes was the contact.

CHSS

7. Wendy Armstrong highlighted the following:

- CHSS's commitment to deliver the Rehabilitation and Aftercare programme.
- Wendy thanked Police Scotland for the contacts for PTSD.
- Met with the bereavement officers to start scoping of available material.
- Their recent survey monkey had flagged up the lack of awareness and support in terms of cardiac rehab. They will extrapolate further information and compile a brief report when further resources were available.
- Regarding SALFS, barriers to CPR work were moving forward.

8. The group discussed issues around services which help get people back into activity and work. There was also discussion on the absence of direct follow up from ICU and referral in respect of those bereaved with a lack of community out-reach mechanism in place for relatives. Wendy highlighted the good practice in Glasgow

regarding intensive care and rehabilitation and asked if there were any other examples of good practice. It was noted that new services and developments should be aligned with existing cardiac rehabilitation (CR) support structures where appropriate.

9. Gareth outlined the 3 issues around the rehabilitation work:

1. What we do about bereavement care.
2. Staff affected.
3. Survivors.

10. Gareth noted that feedback to the RRG had highlighted that CR was one component of these three elements and that other components currently weren't in place. It was agreed that the gap arises after the first few months, when the family is struggling and the patient has the transition from acute medical services back into the community and normal life. There was a high instance of younger people who have experienced an OHCA falling through the net. Gareth encouraged the group to think about what can be done strategically to fill the identified gaps.

11. Wendy detailed the 2 online models being developed to address the issues, one for the health professionals, to upskill them, and the other for the patients and for the family members which would link into Cruse Bereavement Care. Wendy noted that a focus was also needed on the younger arrhythmogenic and inherited cardiac condition populations.

British Heart Foundation (BHF)

13. James Cant updated on progress and informed the group it was highly likely that the new intake of MSPs would want to focus and engage on the OHCA work. James spoke on the continuing drive to involve schools and the importance of getting education colleagues on side. Progress had been made, with the CPR skills event scheduled at Auchterarder School. Good engagement with the Head of Education in Perth and Kinross was reported. James detailed the welcome involvement of a recently retired headteacher at Dunblane who could give advice and support on education topics.

14. James added that they had secured commitment from Glasgow Airport to have all their staff trained and suggested that this could be used as a precedent for other businesses.

15. Paul Gowens praised the progress, particularly the involvement of schools which had previously presented a number of challenges.

Expansion of Group Membership

16. Gareth Clegg asked the Group whether they considered the time was right to involve cardiologists and the intensive care community within the membership. Several suggestions were put forward.

17. Discussion followed touching on NACHD involvement and on ensuring that any additions to the group were clear about role within the meetings. Paul Gowens

mentioned Paul Leese, an interventional cardiologist with an interest in OHCA as a potential candidate. Gareth suggested a number of points to take into account:

- Getting input from specialties not currently represented on the group.
- Taking what we discuss into their communities, particularly new practices.
- Averting the danger that people start to introduce parallel pieces of work.

Action

It was agreed that a conversation needed to be had with David Murdoch (CMO's specialty advisor on Cardiology) about what's required. Karen advised that there was a slot for OHCA on the agenda of the NACHD, but that she will ask David Murdoch for advice prior to this.

Action

Secretariat to put this item on the agenda for the next meeting.

SFRS

18. Gary Mackay talked about the progress that has been made particularly in terms of partnership working. He highlighted how positive the visit by Connie Smith had been in assisting with the baseline framework and for supporting a focus on the performance measure aspects of the SFRS response trials. Paul Gowens reported on the excellent interaction between Paramedics and the SFRS during two days he spent with them. An extension of the trials for a further 6 months had been formalised. Good relations with workforce, the FBU and positive feedback from union council members had played an important role in moving this forward.

19. The number of mobile AEDs had been expanded and some had been relocated to remote and rural areas. There was a need to formalise expectations around the use of CPR kits by local communities available in local fire stations. It was noted that whilst there was lots of good work happening there was a need to spread this knowledge and best practice. A bid had been made to the Health Foundation to evaluate co-responding work in remote and rural areas. There was discussion about the National Conference in June, which Gary will circulate information on and James Cant suggested that Comms. involvement would work well.

Action

Circulate information on the SFRS National Conference scheduled for June.

20. Test of Change & CPR training regarding Home Test programme. The next step was to formalise expectations locally. A good partnership with the BHF was reported with positive feedback received. Work with the SAS on a test of change for remote and rural locations was taking place. A meeting had been scheduled in May to look at this programme.

21. Paul informed the group that joint work with public sector procurement regarding equipment compatibility was taking place to ensure that everyone had similar or compatible devices which data collection would feed into to measure effectiveness of responses.

SAS

22. Jim Ward gave an overview of the updates provided by SAS. For survival from OHCA, the SAS were seeking to increase capacity within the clinical team and as part of this an OHCA consultant post was to be made substantive. In addition, an Associate Medical Director post for two days a week to provide support for Jim in his role as Medical Director was to be progressed. Early recognition work was progressing.

23. Jim advised on a lot of work ongoing regarding the ACC workstream including an annual review, critical path timelines and PAD mapping. The SAS were looking at how to make the system more robust with the ACC workplan to be operationalised. The SAS were also reviewing the calls they would triple respond to as an outcome of the annual review. Master classes were taking place. Work with Wildcat was going forward.

24. There had been discussions and concerns raised about who is dispatched to deal with a death in the community between the SAS, Police and GPs. Topics included who identified resuscitatable patients and DNACPR. These were issues of interest to public health and IJBs and should be considered as part of the development of urgent care hubs. It was agreed that Jim would draft a paper on how urgent care hubs might enable an effective response in the community for the next meeting.

Action

Jim Ward to draft paper for the next meeting.

25. Paul Gowens noted that there was an opportunity to inform the new MSPs about our work and added that the SAS Annual Report demonstrated an improvement in ROSC.

26. The 3RU project was discussed. Karen spoke on the rollout of this in West Lothian and Glasgow. Jim Ward noted challenges with prioritising the programme against other priorities, specifically the need to meet Cat A targets, but emphasised that the increase in capacity outlined previously would ensure sufficient resources were available to implement 3RU. Timescales for PAD mapping were raised and Jim confirmed he would obtain feedback on this.

Action

Jim Ward to obtain timescales for the ongoing PAD mapping work.

Resuscitation Research Group (RRG)

27. Gareth Clegg reported on Early Recognition and CPR. Work was ongoing to establish baseline information on early recognition following completion of a survey conducted in October 2015. Social Marketing colleagues at Stirling University were taking this forward. A draft paper was expected by the end of May. Connections were also being made with international groups, particularly in Australia. An application for funding was with the CHSS to extend this work further.

29. Work on the SALFS website to signpost availability of CPR training has moved ahead. A research study interviewing bystanders regarding CPR to identify barriers and facilitators is on-going.

30. Gareth also drew the groups attention to the Scottish Cardiac Arrest Symposium on 24 June; <http://scas.scot/> with satellites in Cambuslang and Aberdeen.

31. Lisa MacInnes set out her Programme Coordinator role in SALFS. The SALFS website would be a hub to share the work progressing and would support shared learning around strengths and weaknesses. The front face of the website was to be changed over the next 6-8 weeks. The database was expected to be ready in July. Karen noted the positive difference made having Lisa in post and that she had been successful in bidding for support from Scottish Government marketing colleagues.

Scottish Government

32. Karen MacNee updated the group. A meeting had been arranged on Monday with the Education colleagues regarding their involvement and a nomination for the group had been requested. Karen had met with St Andrews First Aid with education colleagues, and information on the forthcoming school event in Auchterarder had been passed on. A group of Army reservists were putting in place a series of CPR events providing training for SG staff. A meeting with Young Scot and Community Resilience colleagues was being taken forward. Compiling briefing for incoming Ministers was a priority.

Monitoring and Evaluation

33. Ellen Lynch updated the group. A secondee had been recruited to work on a collaborative between the University, industry and the Scottish Government focusing on data linkage using the SAS data. A review of the SCOTROC model and structure was taking place. Governance around the OHCA registry was being examined through case studies. The Monitoring and Evaluation Framework had been finalised.

34. Regarding the data linkage work, this was focussed on SAS, hospital and death data to understand patient pathways and would consider the impact of geographic and socioeconomic factors as part of the whole healthcare delivery system. An application had been made to the Public Benefits and Privacy Panel for permission to use intensive care and high dependency unit stats. A meeting with the SAS had taken place the previous week. A short life, small team of analysts would be streamlining requests for data. Ellen anticipated that data would start to come through by the second half of June.

35. Paul Gowens noted that once completed for OHCA this work could be applied to other areas such as major trauma and STAG.

Communication and Engagement

36. James Cant reported that the first meeting of the group was scheduled for next Friday in Leith. Agenda topics for discussion included a calendar of events, opportunities, core branding issues, Auchterarder school event and European Restart a Heart Day. James invited agenda topics from the group and confirmed that

a newsletter would be included for discussion. Feedback on the first meeting would be fed back to Karen MacNee.

Action

All – to send on agenda topics to James for the Communication and Engagement group meetings.

37. James also updated the group on the partnership with TESCO and set out a communications issue within their corporate structure that had impacted on the partnership to date.

Scotland as a World Leader in OHCA

38. Paul Gowens talked through the events listed on the agenda. The Nation of Lifesaver held in London had featured Freddy Lippert who had spoken very highly of the Scottish approach.

39. The European Resuscitation Academy was going ahead with two members of the group attending. The Resuscitation Council had asked questions regarding quality assurance and Paul had provided answers to these.

40. Paul reported on a high degree of international interest in the Symposium following Lisa MacInnes's involvement.

41. The Utstein 'Global Call to Action' had a second meeting scheduled and Jim Ward would represent this group from Scotland.

42. EMS2016 had Jim Ward scheduled to present. Paul would also talk at this and highlighted that we were at a stage now of being asked to showcase what was happening in Scotland. Colleagues from Melbourne, Australia had visited to learn about our work programme and share their experiences.

43. Garry Mackay added that there was an opportunity for SAS ground crews to attend higher profile events to demonstrate that their work is being presented as a gold standard. Karen suggested that the group should think broadly about opportunities for engaging with non-health groups, for example the Scottish Leaders Forum.

The next meeting is scheduled for;

2-00pm, Friday 12th August – Conference Room D, St Andrews House

OUT OF HOSPITAL CARDIAC ARREST DELIVERY GROUP

Date: Friday **19 August 2016**

Time: 2-00pm

Venue: Conference Room, 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, via audioconference

John Fotheringham, Clinical Priorities Team, SGHSC

Nynke Halbesma, Analytical Service, SGHS

Ellen Lynch Senior Statistician, Analytical Services, SGHSC

Lisa MacInnes, Lead Research Nurse, Resuscitation Research Group

Murdoch MacLeod, Police Scotland, via audioconference

Karen MacNee Clinical Priorities Team, SGHSC

David Rout, Scottish Fire and Rescue Service

Connie Smith, Senior Research Officer, SGHSC

John Wilson, Clinical Priorities Team, SGHSC

Welcome and Introductions

1. Gareth Clegg welcomed everyone. Gareth introduced Connie Smith in her new role a Senior Policy Manager in the team with lead policy responsibility for OHCA. Apologies were received from Paul Gowens, Jim Ward and Alan Gibson with Murdo MacLeod linking to the meeting in his place through audio conferencing.
2. The minutes of the meeting of 13 May 2016 were agreed, with an amendment to correct Wendy Armitage's surname from Armstrong.
3. Actions completed. Gareth Clegg reviewed the actions from the last meeting;
 - *It was agreed that a conversation needed to be had with David Murdoch (CMO's specialty advisor on Cardiology) about what's required. Karen advised that there was a slot for OHCA on the agenda of the NACHD, but that she will ask David Murdoch for advice prior to this – Paul Rocchiccioli, Senior Registrar in Cardiology at the Golden Jubilee National Hospital had indicated that he was very keen to be involved with the group. James Cant confirmed that he was already on the BHF's OHCA group. David Murdoch, Chair of the National Advisory Committee for Heart Disease thought he would be an ideal cardiology representative. It was agreed that Secretariat would contact Paul and invite him to join the group.*
 - *Secretariat to put this item on the agenda for the next meeting – Discussed at item above and on Agenda at item 3.*
 - *Circulate information on the SFRS National Conference scheduled for June – Cleared.*
 - *Jim Ward to draft paper for the next meeting - There had been discussions and concerns raised about who is dispatched to deal with a death in the community between the SAS, Police and GPs. Topics included who identified*

resuscitatable patients and DNACPR. Jim Ward had passed on his apologies for the meeting and Dave Bywater, Paul Gowens have confirmed that discussions between SAS, Police Scotland, GPs is on-going. There was discussion on DNACPR work being taken forward with Scottish Government colleagues (now published – see weblink; <http://www.gov.scot/Publications/2016/08/6389> and progress in relation to the Key Information Summary which should hold this information. It was acknowledged that these issues are outwith the scope of the Delivery Group.

- *Jim Ward to obtain timescales for the on-going PAD mapping work* - Dave Bywater confirmed that the software upgrade for the enhanced SAS defib module was planned for the end of October. Dave confirmed that the upgrade to the software would capture all PADs currently listed by SAS. It was confirmed that from 2012 data, PADs were used in around 8% of OHCA cases. Ambulance crews' clerical report indicated significant variation in use across Scotland. Gareth noted that the question around numbers and location of PADs were important and that the BHF scoping exercise could provide further evidence to support for their effective deployment. A number of issues were raised in relation to the data collected by SAS in relation to recording the use of PADs and it was agreed that SAS would discuss further with Gareth.
- *All – to send on agenda topics to James for the Communication and Engagement group meetings* - Cleared

Action

It was agreed that Secretariat would invite Paul Rocchiccioli, Senior Registrar in Cardiology at the Golden Jubilee National Hospital to join the group.

Gareth to meet with SAS to agree information to be recorded by SAS in relation to use of PADs deployed in co-responding incidents and resuscitation attempts.

Updates - Progress Towards Achievement of OHCA Strategy Aims

4. The updates had been circulated prior to the meeting and it was agreed that members of the Group would speak to their papers. Karen MacNee asked that members provide any comments and feedback on the simplified reporting template to Secretariat.

5. Gareth Clegg asked members to provide highlights from the reporting period. A small drift in workstreams focus was noted and an action to revisit long term actions was agreed, to ensure that these continue to be aligned with the content of the Strategy. It was also noted that further information providing a note of progress against objectives would be useful rather than simply listing activity.

6. The group voiced support for the continued use of template to collect information from partners. Wendy Armitage noted that there were topics CHSS were engaged other than rehabilitation and aftercare which could be included under long term actions.

Action

Provide comments and feedback to Secretariat on updated OHCA Delivery Framework reporting template.

Action

Secretariat to update long term actions for OHCA Delivery Framework and reporting template.

SAS

7. Dave Bywater informed the group that the go live for the Sandpiper Wildcat project was scheduled for the beginning of autumn. Work around CPR for schools and European Restart a Heart Day in October was going forward. A meeting with the graduate programme at Glasgow Caledonian University regarding the announcement of extra paramedic staff in the lead up to 2020 had taken place. Plans to examine training capacity for the first responder network were to be looked at for 2017 and there was confirmation that a component of this involved cascade training where SAS would pass on skills to members of the public in recognised first responder community groups. A clinical effectiveness lead was to be appointed to enhance life-support training and roll-out of 3RU. Six people had been shortlisted for interview.

8. Regarding defib mapping and the SAS software upgrade, extended training and education had been put in place with call takers to be randomly audited. Telephone CPR success rate was also being measured as part of the audit tool. There was also discussion on bystander CPR rates, the measurement of the performance of SAS call takers and the number of times telephone CPR is provided as the measurement. Gareth Clegg and Dave agreed to follow-up on measurements around telephone CPR.

9. Dave also updated the group on a test of change in Grampian involving defibs being carried by police cars requiring dispatch and support skills. At an early stage, this was seen as an opportunity to enhance existing arrangements.

10. Karen MacNee highlighted a political risk with slippage regarding the go-live date for the SAS software update and the impact this might have around the time of publication of the annual report, both scheduled for the end of the October. It was agreed that Secretariat and the SAS would liaise on issues impacting on the go-live date.

Action

Gareth Clegg and Dave Bywater to take forward measurements focussed on the ambulance control centre.

Action

Secretariat and SAS to liaise on issues impacting on the Enhanced Defib module go-live date.

Resuscitation Research Group (RRG)

27. Lisa MacInnes reported on a productive period of work with SALFS and a number of meetings had been progressed with Young Scot and others. Work was at an early stage to scope out what would be involved but discussions were focusing on use of social media to target young people. Lisa agreed to keep the group informed of developments. Lisa reported that now SALFS was a larger entity ideas on how to keep momentum going and reduce the burden on individuals would be welcomed.

One approach would be to identify SALFS coordinators for each region in Scotland (perhaps using the SAS community resilience teams as first point of contact) who could then use the wider network of SALFS partners locally to obtain support for local events.

Action

All to forward ideas and suggestions on how to develop SALFS to Lisa MacInnes. Dave Bywater to liaise with SAS Community Resilience Coordinator to take forward.

28. Lisa touched on the work being done to develop training resources for schools which would be available from September. James Cant confirmed that all Heartstart volunteers would be contacted to ask if they could contact Lisa so that they can be included on SALFS communications and activity for local events to ensure that best use is being made of trained volunteers. Gareth Clegg noted the progress on developing a database to capture numbers of those CPR trained. Paul Gowens was currently liaising with colleagues in Australia regarding their Resuscitation Outcomes Consortium (ROC). Gareth Clegg also reported that Stirling University were keen to take forward social marketing research.

CHSS

29. Under Post Resuscitation Care, Rehabilitation and Aftercare Wendy Armitage highlighted that the first meeting of the eLearning Steering Group was scheduled for 29 August. Wendy also highlighted that CHSS could be used as a conduit to share relevant information on OHCA/SALFS across professional networks (e.g nurses).

Police Scotland

31. Murdoch Macleod noted that the Police's long term actions for CPR remained current. Over eight and a half thousand officers had been put through training in CPR since the Scottish Police Emergency Life Support Course went live in January. 162 Police Scotland Youth Volunteers (PSYV) had also been trained to date. In addition, since October 2015 Police Scotland has continued to train all new recruits in CPR.

32. Regarding Defibs, Murdoch confirmed that 42 static defibs would be recorded on the SAS database by the end of October. Murdo mentioned the money raised by Mr & Mrs McKandie following the sad death of their son and the purchase of 10 AEDs for use in police vehicles in the Grampian and Moray area that this has allowed. A Memorandum of Understanding (MoU) was being drafted between the Police and the SAS to allow co-responding trials to take place between the services for a period of 6 months. Dave Bywater confirmed that evaluation of the 6 month trial would be built into the existing trial of co-responding in the area between SAS and SFRS.

British Heart Foundation (BHF) Scotland

33. James Cant reported that Glasgow Airport had agreed to take 100 mannequins to support CPR training. Work was continuing to move forward in schools based on Heartstart and for European Restart a Heart Day on 18 October.

Scottish Government

34. Karen MacNee updated the group. Agreement had been reached with the Deputy First Minister to make resources available to support schools to deliver CPR training, however, it was for individual schools to take this forward. Opportunities for Ministers to become involved at individual school events were being considered.

SFRS

35. David Rout updated the group. Key pieces of work developed included the extension of the co-responding trials covering 9 areas and now including Falkirk, Livingston and Mull/Oban. The Best Bar None Scotland – accredited safe venues - scheme was also to be supported by the SFRS. In relation to us of the BHF CPR training kits available in all fire stations, David asked for support in relation to marketing and communication around their availability. David agreed to liaise with James Cant to take this forward.

Action

David to contact James Cant regarding marketing and communication support for the use of BHF training kits in fire stations.

36. David also talked about the commitment to CPR within prevention and the 70,000 Home Fire Safety Visits (HFSV) performed on an annual basis by the SFRS being an opportunity to promote CPR awareness and training. As part of the home fire safety visits, tests of change would be taken forward in Arbroath, Galashiels and Cumbernauld targeting those at highest risk. The initiative was supported by SFRS senior management and the group would be kept updated on progress. David confirmed that he was considering approaching the Health Foundation to seek support to evaluate the impact of this initiative. Karen MacNee suggested that given the significance of the programme and the need to put an evaluation framework in place quickly it would be worth considering whether Analytical Services colleagues could provide some support to develop and commission a robust evaluation. It was agreed that Gareth Clegg, Lisa MacInnes and Connie Smith would liaise to agree a way forward with David.

Action

Chair, Lisa, David and Connie to liaise to agree a way forward to evaluate the HFSV tests of change.

Annual Report on Strategy

37. The main aim of the report would be to highlight to Ministers and stakeholders Strategy achievements. Connie Smith informed the group that there would be two reports produced on:

An Annual Review reporting on the range of activities carried out and provide practical information and support for others in future work

A report of data and analysis on OHCA in Scotland, primarily from the data linkage project.

Connie Smith will prepare and edit the report for publication. Content will be drawn from the quarterly reports and other information. Partners were requested to provide other content, particularly highlighting and providing material (including images) of interesting, innovative and important activities in 2015/16. The group agreed to

provide material by the 16 September and Secretariat agreed to send requests out regarding specific items.

Action

The group agreed to provide material for the Annual Report by the 16 September and Secretariat agreed to send requests out regarding specific items.

Data Linkage

38. Nynke Halbesma informed the group on the outcome of meetings that colleagues had taken forward with the SAS and ISD. A number of difficulties had been encountered but Nynke confirmed that;

- Initial data was expected by the end of August.
- Following a meeting in the morning of 19 August with the SAS, the analytical team were content with the cardiac arrest figures from the SAS.
- Linkage currently stood at 77%. It was expected to be able to increase this to 80% by selecting cases.
- Raw data is currently held in a 'Safe Haven'
- 2011 – 2015 data will form the baseline. As soon as data is provided at the end of August, work could commence to provide this for the October report.
- After the Annual Report is published, further linked data could be set out on co-morbidities and other datasets for a more detailed analytical report later in the year.
- It was hoped that this work would provide evidence for an OHCA registry.

39. Gareth thanked everyone for attending and no further items of business were noted.

The next meeting is scheduled for;

2-00pm, Friday 11th November– Conference Room D, St Andrews House

OUT OF HOSPITAL CARDIAC ARREST DELIVERY GROUP

Date: Thursday, **13 November 2015**

Time: 10:00 am

Venue: Conference Room C, St Andrews House Edinburgh

Dr Gareth Clegg (Chair)	Lead, Resuscitation Research Group, University of Edinburgh
James Cant	Director of BHF Scotland
Dave Boyle	Assistant Chief Officer, Scottish Fire and Rescue Service
Dave Bywater	Consultant Paramedic, SAS
Murdo MacLeod	Police Scotland
Ellen Lynch	Senior Assistant Statistician, Analytical Services, SGHSC
Dr James Ward	Medical Director, Scottish Ambulance Service
Karen MacNee	Clinical Priorities Team, SGHSC
David Gallagher	Clinical Priorities Team, SGHSC
Boris Rogatchevski	Clinical Priorities Team, SGHSC

Apologies

Dr Alistair McGowan, Scottish Ambulance Service
Alan Gibson, Head of Training Delivery, Police Scotland
Paul Gowens, Scottish Government
Wendy Armitage, Chest Heart and Stroke Scotland

Welcome and introductions

1. Gareth Clegg chaired the meeting as Alistair McGowan was unwell. He welcomed everyone to the meeting, particularly James Cant, Director of the British Heart Foundation Scotland who attended his first meeting and Ellen Lynch, Senior Assistant Statistician who presented at item 7 on the agenda.

Role, Remit and Membership

2. Karen MacNee and David Gallagher led discussion. Karen spoke on the remit and asked if the group were content to approve the draft. Gareth Clegg emphasised that the development of the strategy had moved onto the delivery phase. Karen gave an overview of the issues and noted the importance of risk management and maintaining dialogue between meetings.
3. The group discussed membership issues. Rather than increase membership of the Reference Group it was agreed that as work streams developed, other organisations and groups could be co-opted as appropriate to provide input on relevant matters. It was agreed that it would be helpful to develop a stakeholder map to identify organisations that may have an interest and future involvement in activity around delivery of the strategy.

Action Point: David Gallagher

Take forward drafting of a stakeholder map

Implementation and Monitoring of the Delivery Plan & OHCA Strategy

4. David Gallagher and Karen MacNee updated the group and noted that the Delivering and Reporting "Out-of-Hospital Cardiac Arrest: A Strategy for Scotland" paper produced by David Cline for the previous meeting of the group would be taken forward. The desirability of the Delivery plan to be flexible enough to modify but robust enough to deliver on the

goals was emphasised. It was also noted that the delivery plan should provide an overview of the context, and the solutions and actions to be taken forward.

5. There was discussion on the circulated Highlight Report paper. It was suggested that a maximum of five bullet points setting out detailed strategy with reasoning and context, clear action points with the short term and long term priorities, along with the challenges and solutions, e.g. stakeholders and resources that are available to deliver on objectives should be included. Use of a traffic light reporting matrix was also suggested to integrate the key elements, challenges and priorities within the plan.
6. There was discussion on the importance of data to monitor progress and drive improvement. It was agreed that this should be factored into the delivery plan. It was also confirmed that the Ambulance Service would have a new database that would go live in 2016 to support improved data gathering.
7. It was noted that there was a good structure to the plan and the template Highlight Report paper was accepted by the group. A proposal was also put forward to develop a measurement framework to support the delivery plan. After brief discussion Ellen Lynch agreed to develop a draft data plan for discussion at the next meeting of the group to support indicators and data collection methods.

Action Point: Ellen Lynch

Provide draft data measurement framework for discussion at the next meeting of the group.

8. Further actions were also agreed regarding implementation;

Identify strands of work in the delivery plan that require sub-groups to take them forward.

Action: David Gallagher.

Invite David Gallagher to the Ambulance Service OHCA Steering Group to firm up reporting matrix draft and plan. **Action: Jim Ward**

Liaise with David Gallagher to firm up reporting matrix and data tracking plan. **Action: All**

9. Gareth Clegg then presented on a simplified version of the proposed delivery plan structured around the five pillar structure to the delivery strategy;
 - Improved partnership in bystander CPR.
 - Coordination of responses to OHCA by the SAS, SFRS and Police Scotland.
 - Care for those with OHCA cases in hospital intensive care units.
 - Coordination of aftercare services offered to those affected by OHCA and their relatives through stakeholders, especially Chest Heart and Stroke Scotland.
 - Collection of data to manage performance and drive improvements.
10. It was recognised that improving participation and in particular coordination between relevant services of bystander CPR was key to increasing OHCA survival rates indicating that work should be prioritised in this area.
11. In view of this there was agreement that attention would be particularly focussed on pillars one and two over the next five years. However, each theme would produce actions, work streams and related sub-groups to take forward specific actions. Actions agreed were;

Action Point: David Gallagher

Circulate suggested indicators for reporting.

Progress to date – and potential risks to delivery

12. Karen MacNee drew the group's attention to the 'Update on Progress and Potential Risks to Delivery' paper circulated, and talked about projected risks including early recognition, CPR, PADS and gaps in community resilience. The group discussed the role of stakeholders, their representation on the group and their need to emphasise their links to the strategy and possible lack of funding for OHCA specific activities.
13. It was reported that the SAS were trying to make CPR with PAD use as much of their core activity as possible including caller response on CPR training, ongoing focus on greater data reliability, use of triple responder model, and trialling of other alternatives. The 3RU model roll out had involved a substantial degree of work on data and the need to invest in a professional analyst to improve data reliability and robustness was raised. PUCS had been received but no data had been taken forward. The main risks identified within the SAS were capacity and resources.
14. The SFRS reported that the co-responding pilot had been in successful operation and the model had also been used outside the pilot area. The pilot was to run for 6 months and there was recognition that outcomes data would need to present to demonstrate success. It was also mentioned that discussions between the SAS and the Fire Services unions were ongoing to provide assurances around possible service expansion issues within the pilot. Work to develop 'stories' on the impact of the pilots was in hand to provide feedback to the Boards. Liaison on SFRS / SAS governance issues would be taken forward with Jim Ward. Other achievements for the SFRS included: development of flexible duty officer roles developed with Scottish Government Public Health colleagues on prevention; it was reported that 82 fire stations had held open days on 16 October for Save a Life for Scotland. The main risk identified for the SFRS was data collection, the interaction between the SAS and SFRS control rooms and the speed of work expansion.

Action Point: Gareth Clegg / Jim Ward / Dave Bywater / Dave Boyle

Schedule meeting to scope risk issues related to data collection on interaction between SAS and SFRS controls.

Action Point: Dave Boyle

Report on SFRS Pilot to be produced for April 2016.

15. Gareth Clegg reported on progress with the social marketing work being taken forward with Stirling University but identified a potential risk with resourcing for the project. 3RU work was spreading into West Lothian and data gathering was a priority. The Wildcat project had recruited an administrator and they now needed to recruit project management personnel and identify equipment. Gareth Clegg informed the group that a 15 month funding project was with the CHSS for consideration. The STAR academy could potentially deliver CPR training across Scotland. Dr Clegg also reported on a cardiology project involving contact with colleagues across Europe and the US. This was regarding multiple trials that could allow a meta-analysis of data with important consequences for ROSC and where to send recovered OHCA patients. A key aim would be to achieve coordination between all the participating centres. Dr Clegg suggested that use of a professional photographer to capture the aims of the strategy in a photographic story of the OHCA strategy implementation would be another vehicle for reporting progress but would require resourcing.
16. James Cant reported that he would provide updates and support on defib mapping and use being made of the BHF training materials for schools and capture data on the use of kits.

17. Police Scotland reported on training being taken forward with 17,000 officers to be captured by 2017. Courses on defibs were being organised for the following week and mapping in rural communities was being taken forward.

Restart a Heart Day – 16 October 2015

18. A successful day was reported. Another day was to be scheduled for next year linked to the Scottish Cardiac Symposium for 2016. Karen indicated that data on participants across Scotland would be required to inform the Minister for Public Health about the impact of the event. A number of actions were agreed;

Action Point: Ellen Lynch / Gareth Clegg / Secretariat

ASD and SG Communications colleagues to liaise to gather data on participants across Scotland for Save a Life for Scotland on 16 October.

Action Point: Secretariat

Liaise with Scottish Government communications and social marketing colleagues regarding feedback from the 16 October and involvement in future Save a Life for Scotland events and scope resource to support in future.

Action Point: David Gallagher

Draft an OHCA event diary map to support continuing public engagement.

Action Point: Jim Ward / Stakeholders in attendance

Liaise with Boards and stakeholders around a social media coordinator to gather survivor / human interest stories to promote Save a Life for Scotland and support external engagement, taking into account potential resource issues involved in contacting survivors in order to secure their permission.

Associated Data Linkage and Analysis Work

19. Ellen Lynch talked to the group on taking forward analysis of data including linking a cohort to past OHCA events, demographics and geography, acute patients and Scottish Morbidity Record (SMR01) data, patients at risk via the Scottish Prevention of Admission and Readmission to Hospital (SPARA) data as well as deaths from OHCA. Ellen also set out that the project was at an early stage and permissions for data use were ongoing but that arrangements were now being made to appoint an analyst to lead the work..
20. A need for the data indicators to be joined up was expressed which would better support evaluation. A need was also identified for predictive modelling to provide a focus on improvement and the building of a template for use in other cardiac conditions. Also discussed was measurement and data linkage balance between high and low level data such as Ambulance crew level data, GPS maps and call tracker rates already available for the Edinburgh area. The need for data on bystander CPR rates was highlighted, and the reliability of data from ambulance crews on call for CPR cases. There was further discussion around the operation of data recording for ambulance crews and it highlighted that the new SAS database due to go live in 2016 would address issues of bystander CPR data collection to achieve greater reliability.

The group also discussed data on PAD locations and agreed to forward this to ASD colleagues. **Action Point: Dave Bywater / Dave Boyle / Alan Gibson**

Any Other Business

21. The group agreed to meet every 3 months during 2016. The group agreed to meet again in February with the date and time to be confirmed;

22. February – tbc

OUT OF HOSPITAL CARDIAC ARREST DELIVERY GROUP

Date: Friday 26 February 2016

Time: 1-00pm

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

Dr Gareth Clegg, Lead, Resuscitation Research Group, University of Edinburgh

James Cant, Director of British Heart Foundation, Scotland

Wendy Armstrong, Chest, Heart and Stroke, Scotland

Dr James Ward, Medical director, Scottish Ambulance Service

David Rout, Scottish Fire and Rescue Service

Mark Gilhooly, Police Scotland

Ellen Lynch Senior Statistician, Analytical Services, SGHSC

Connie Smith, Senior Research Officer, SGHSC

Karen MacNee Clinical Priorities Team, SGHSC

David Gallagher Clinical Priorities Team, SGHSC

Jeannie Hunter, Clinical Priorities Team, SGHSC

Welcome and Introductions

1. Gareth Clegg chaired the meeting and welcomed everyone. Apologies were received from Alan Gibson, David Bywater, Murdoch MacLeod, Paul Gowens and Murray McEwan. It was noted that Dave Boyle has retired and David Rout will replace him on the Group. The minutes of the meeting of 13 November 2015 were agreed.

Stakeholder Engagement and Communications Plan

2. David explained that the Plan sets out details of the communications framework for the Out of Hospital Cardiac Arrest Strategy and is designed to be a guide for communications throughout the life of the Strategy. It identifies and defines the roles of organisations involved in the implementation of the strategy and maps the communication scope of different groups and how they work towards fulfilling the aims of the Strategy.
3. In discussion it was acknowledged that different stakeholders will be more likely to respond to communication methods that are appropriately geared to their role and level of interest in the strategy. It is necessary to consider how we can both appeal to those who have relatively little active interest in the implementation of OHCA Strategy, but may be willing to help fulfil some of its aims, for example become trained in CPR. We want also to ensure that we fully engage with those who have a significant interest in the strategy, for example members of the Delivery Group.
4. It was agreed that the purpose is to look at getting the right level of communication to the right people not just the core delivery partners. It's about ensuring that Comms partners are joined up and that we can share unified message across a range of mediums. It was agreed that in addition to the Newsletter, Annual Report, Comms Report which would be looked at in more detail, there would be a push on the Website, on social media - we would look at the information people find interesting and how we could best showcase this. The Group considered that we need to more fact finding from people not on the Reference Group to ascertain what we need. For example, are we providing enough information to people providing CPR training. Do they have a voice? It

was agreed that it would be really positive to put together human interest case studies (2).

5. There are 3 main ideas coming out of the document, which David asked for the Group's views on:

6. **Bi-annual Newsletter** This was described as a news document which provides information about the ongoing work in the implementation of the strategy, interviews with individuals involved and an update regarding measures of success. This would be circulated to relevant operational staff across the delivery partners. It may be of particular benefit to those who are not involved in the Delivery Group or Reference Group, and who would like to find out more about information initiatives that form part of the implementation of the strategy. Responsibility for the newsletter should be agreed by the Delivery Group and an individual would need to be appointed to coordinate its publication. It will be a really good way of recognising best practice. Various ideas were talked about to try to recognise what people in the community are doing, for example, certificates or a pin badge such as the one used by the Blood Transfusion campaign.

6.

7. **Annual Report** The idea is to publish an annual report which contains an update of what has been achieved by Delivery Partners in the year following publication of the OHCA Strategy. This will be something which demonstrates progress, based on the delivery framework, and reporting on indicators. Karen MacNee said that from a Scottish Government point of view, it is important to have a regular mechanism to report back on the strategy. Such a report would also be helpful for other partners such as SFRS and SAS.

7.

8. **Communications Group** It has been suggested that a group of Comms professionals should be established from across the partner base. This group would meet on a regular but infrequent basis (possibly bi-annually). The group would ensure that, when potential positive news stories emerge throughout the year, press releases are appropriately coordinated to ensure maximum public impact.

9. David sought the Group's buy in for the creation of this group and to invite an appropriate membership base. There followed discussion about the Communications Group being developed to pull all the other elements more tightly together, with representatives from all the partner organisations. It was agreed to be important that everyone's Communications Department is promoting the same message, working together to make the Scottish strategy a success.

10. It was agreed that there is much we can learn from the way comms is developed and that it is essential to have plenty time to prepare, particularly for set piece events, it would be good to pick up on opportunistic things too, by holding a bank or list of human interest stories that can be pulled on ad hoc. Gareth also suggested developing a "picture book" to demonstrate progress of the OHCA Strategy by developing a bank of photographs charting progress over the 5 years.

11. The Group agreed that the Communications paper which David had prepared is well written, fit for purpose and the elements within it are the way to progress.

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ACTION

It was agreed that people will send names of their organisation's Comms lead to David and he will prepare a list of Comms. contacts for James C.

ACTION

The Newsletter could be electronic and it was agreed that this should be a first task for the Comms. Group.

Draft Delivery Process Framework

12. David explained that the Delivery Framework is designed to fulfil two purposes:

- To allow delivery partners to clearly identify what actions have been agreed within a defined time period and to identify possible linkages beneficial to implementation of the strategy.
- To ensure an effective oversight process to be co-ordinated through the Reference Group.

13. The aim is to have the Plan updated after every delivery Group.

14. It was considered that the document hits exactly the right balance and that it signposts our direction of travel well, it is useful as an indicator of who is doing what, but what would be helpful would be to add in some data on progress towards outcomes.

15. The group agreed that the Quadrant form is a useful tool and would be used by everyone. The Group thanked David for his work on the document and the Delivery Framework was agreed

Update for Reference Group

16. Karen reminded the Group that Paul Gray had requested that this Group feedback on anything that requires his input, or that of the other senior leads from partners, to help progress action.

17. It was agreed there is no need to flag up any challenges at this point. Any obstacles experienced are as would be experienced at this stage, and the main message for members of the Reference Group is that delivery of the strategy is progressing well.

~~18.~~ There followed a discussion about Inequalities and how crucial this area is in terms of Ministerial interest. Some partners such as SFRS are well placed to influence this agenda as they are trusted public bodies and have access to those living in the most deprived areas. A couple of community resilience projects are being funded via OOH funding stream or as part of Building Safer Communities Programme. For example, Jim Ward talked about work going on in Inverclyde and Karen outlined a pilot OOH programme in NHS Highland around community first responders involving SFRS and SAS. It was agreed that we should attempt to make links to these parallel programmes of work. David Rout said that the work of the wider home safety agenda feel within the remit of Building Safer

Communities Programme for Unintentional Harm and will follow up internally within SFRS as to progress being made against commitments to OHCA strategy. Jim Ward and Gareth Clegg had previously met with Directors of Public Health to talk about the OHCA strategy and it was agreed that it may be useful to meet with them to provide an update. Karen suggested that the Chief Officers of the Integration Joint Boards may also be interested. It was agreed that a paper on inequalities should be produced for the OHCA Reference Group in March.

18.

19. There was discussion about making links with NACHD and Karen said that she would include an update on OHCA Strategy at the next meeting. She also agreed to extend an invitation to SAS to send a representative to future meetings of the NACHD.

ACTION

Jim Ward and Gareth Clegg to speak with Directors of Public Health regarding Public Health Inequalities concerning OHCA.

ACTION

Karen to find out about getting a slot on the meeting of Chief Officers of Integration Joint Boards about OHCA.

ACTION

Karen to produce paper on health inequalities for OHCA Reference Group.

ACTION

Karen to seek representation for SAS on NACHD and include OHCA on agenda for next meeting.

Discussion of Monitoring and Evaluation

20. Connie Smith spoke to the draft OHCA Strategy for Scotland National Monitoring and Evaluation Framework paper. This is derived from the Delivery Plan and provides Indicators for most of the Intermediate Outcomes to monitor implementation and impact. Data sources and lead providers of the data were also identified.

20.

21. Agreed key indicators will be publicly reported on annually. It was agreed that in Year 1 the Scottish Government Health and Social Care Analysis Division would co-ordinate data submitted and prepare it for reporting. In subsequent years this will be the responsibility of the Group, potentially delivered through Scot: ROC.

21.

~~22. The format in which data should be submitted and dates for delivery are to be agreed. The Annual report will be produced in autumn/winter 2016 with the final date to be agreed.~~

22. The format in which data should be submitted and dates for delivery are to be agreed. The Annual report will be produced in autumn/winter 2016 with the final date to be agreed

23. The Group agreed that the Monitoring Framework should sit alongside the Delivery Plan and that the Framework fits well with the data they already have..

ACTION

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All - to go through the indicators and advise if they are viable and provide information on sources and frequency of collection and if lead organisation is correct.

ACTION

Connie agreed to refresh the Framework for the Reference Group meeting on 14th March.

ACTION

Jim Ward agreed to email the feedback he has from SAS to Connie.

SCOTROC

24. There was discussion about SCOTROC and the fact that so much data presently existed in silos which need to be pulled together across areas and shared. Gareth put forward the proposition of having the Group co-ordinate SCOTROC, to enable us to share data and use it to inform in other ways.
25. It was agreed that it would be good to create and promote a central hub to use and share data in an ethical and useful way. It is a neutral place for people to share information.

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Any Other Business

SAS Space at NHSScotland Event 14th-15th June

26. Karen advised that, there will be an area where we have an opportunity to showcase SALFS and to involve partner organisations in providing CPR.

Post Traumatic Stress Disorder

27. Wendy talked about some recent research she had been doing on Post Traumatic Stress Disorder around cardiac arrest and wondered if others on the Group had anything they could share on this. David Rout said he would pass details of a source of professional advice to Wendy.

Date of Next Meeting

Other dates already circulated:

2-00pm, Friday 13 May – Conference Room D, St Andrews House, Edinburgh

2-00pm, Friday 12 August – Conference Room D, St Andrews House, Edinburgh

2-00pm, Friday 11 November - Conference Room D, St Andrews House, Edinburgh

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 HMFI
 - 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-of 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



SAVE A LIFE FOR SCOTLAND

SALFS Partners Meeting

Wednesday 13 April 2016, 10:30am -12:30pm
Boardroom, Chancellor's Building, University of Edinburgh (RIE)

Attendees: Gareth Clegg (RRG), Stuart Callison (StAFA), Garry Mackay (SFRS), Marjory Wood (BHF), Stuart Neill (SFRS), Sarah Askew (BHF), Gillian Duncan (ENFR), Kenny Macdermid, Bryan Finlay (RLSS), Mark Taylor (SGT), Karen Macnee & student (SGT), Alistair Dewar (RRG), Emma Ward (EMERGE/RRG), Elena Nicol (BRC), Robert Colburn (BRC), Murray McEwan (SAS), Sharon Simpson (SAS), Sharon Hamell (SAS), Wendy Armitage (CHSS), Nicola McCullough (Military), Stuart Ballantyne (TSAR), Stuart Glegg (Daysix), James Cant (Daysix), Claire Fleck (Photographer), Paul Gowens (SGT), Murdoch Macleod (PS)

Apologies: Lisa MacInnes (RRG), Dave Bywater (SAS), Jim Ward (SAS), Mark Gilhooly (PS), Alan Gibson (PS), David Rout (SFRS), Mark O'Donnell (CHSS)

1. Summary

The purpose of this meeting was to update the SALFS team and partners on the activity of individual organisations and to discuss and make decisions regarding definition of the terms 'trainer' and 'training', as well as data collection and methods and how the group can work together progress with the 5 year plan.

Gareth Clegg led introductions and asked the group if anyone had any questions or issues regarding the last meeting's minutes.

SALFS was born with the event on Princes Street last October and emerged from within the strategy for OHCA. One of the key components of the Scottish OHCA strategy is to focus on the front end of the chain of survival and raise public awareness of its importance. The SALFS partners have all been brought together to lobby with a more powerful voice and bring everyone together.

Gareth encouraged the organisation representatives to share their news and developments since the last meeting in November 2015.

2. Updates on partners' activities

British Red Cross – Robert Colburn updated the group about BRC activities. They have been focusing on their event calendar for the next year and want to focus on small opportunities to advertise at big events around the country e.g. TITP – currently in talks about resources, a couple of years ago they managed to get BRC messaging displayed on the big screens next to the main stage. With some encouragement from the SALFS team, DF concerts may be willing to do a similar thing

this year. Regardless, they will be attending with SAS and St Andrews First Aid with the possibility of offering training for members of the public. Last year, British Red Cross covered 1200 across East Scotland.

Gareth added that SALFS are keen to participate in events like this as a platform for promoting the SALFS website and giving further info for training.

St Andrew's First Aid – Stuart Callison reported that 20 more OHCA Champions from existing volunteers on a regional basis who will drive talks and who have been trained and will do further training within communities. StAFA are hoping to raise more funds to support community training.

SAS – From a community resilience perspective, SAS are continuing to develop and train Community First Responders and keen to expand the role of the volunteer and also supporting HR and recruitment team so they can do outreach events at recruitment fairs, with someone there to encourage people to learn emergency life support. In the next few months they're working closely with ambulance control colleagues to develop a national volunteer workforce to deliver the emergency life support message. From a wider SAS point of view, they're working with SFRS, Police Scotland about wider messages and corporate messaging.

Scottish Fire and Rescue Service – SFRS are working on three strands, one being the work they do with the wider strategy in terms of co-response. They have seven stations that have been part of the co-response trial together with SAS. This has been a very positive experience for the service because it's brought them into an area where they previously didn't have a large footprint and also allowed for some rapid learning. Locally there has also been some really good engagement from SAS and CFRs. All SFRS defibrillators have also been mapped, which is around 270 and in early stages of procurement to replace some of these because of how long they last, as well as looking at their geographical distribution.

More relevant in terms of SALFS is their partnership with BHF using the Call Push Rescue kits. SFRS have a strategic goal to reduce inequalities through their prevention work – they conduct thousands of home safety visits every year where they focus on fire safety training, fitting smoke detectors etc. There's an opportunity to look at cardiac arrest risk factors and health awareness while carrying out these visits. This is all ready to go but now we need to find a way to make this idea progress.

British Heart Foundation – Sarah Askew reported information regarding the UK wide, 5 year BHF strategy to improve bystander CPR and accessibility of public access defibrillators. Based on the feedback from Restart a Heart day last year, they're running a schools campaign in June because of the half term in October – they conducted a survey with some of the schools who are signed up to Heartstart and Call Push Rescue who were keen to do something in the last week of term. Call Push Rescue has become attractive to big BHF corporate partners such as Barclays, who will buy kit and train all staff.

Gareth also mentioned the idea of 100% CPR training for businesses so we can sign off a company as being 100% CPR & defibrillator trained.

Finally from BHF, their retail shops all have a small amount of kit available to them which they can use for community training later in the year e.g. training staff in neighbouring shops. Sarah to discuss this further with Karen Macnee.

CHSS – CHSS don't deliver CPR training but instead focus on rehabilitation and after care of those who suffer from cardiac arrest and those who are bereaved. They network with smaller, home-grown

charities which do provide CPR training and are keen to promote this work through their media channels.

RLSS – They run community programmes as part of a series entitled ‘Save a Life’ which aim to provide important lifesaving information to local communities and CPR is taught as part of these. The RLSS also attend outdoor events, such as the newly popular sport of open water swimming where there is the possibility of outreach to the local communities.

East Neuk First Responders – ENFR have been working on three different initiatives since the launch of SALFS. Firstly, Fife Stagecoach bus drivers are being trained in CPR and being encouraged to take this to their unions to disseminate it to a wider population with the aim of getting a 100% CPR trained stamp. The bus drivers have so far been very keen to be trained.

The second initiative involves rural communities as the president of the NFU Scotland is in their area. He suggested linking this to NFU Mutual who go out to all shows throughout the year delivering information on farm safety - bolting on CPR to this could be beneficial, this would require collaboration from other organisations to deliver training. The Scottish Young Farmers’ Association were keen to develop the idea of CPR training and ENFR have come up with the idea of a competition at the Royal Highland Show – there may be an area at this year’s show to launch this with demos/training. Gillian Duncan is working with Lisa MacInnes to organise this.

Fife Council have asked ENFR to work with them regarding creating a policy and strategy document to put on their intranet after some difficulties with public access defibrillators. This has developed and will be relevant to all Fife Council properties, with the possibility of a Fife day next offering min. CPR training for all Fife Council properties and staff – some of 18,000.

Military – ALS personnel will always be present at upcoming military events e.g. Armed Forces Day. Nicola McCullough is going to see if it’s possible to take part in the Edinburgh Military Tattoo.

All organisations to summarise activity and send this to Lisa for dissemination throughout the group.

3. Events planning

Gareth proposed an alternative idea to last year which, whilst still supporting European Restart a Heart day on the 16th October, would consist of a main SALFS event earlier in the year, possibly the weekend of the 9th/10th/11th **September**. He suggested doing the event on a Saturday rather than a Friday, to ensure a higher footfall and more awareness. However, some members of the group raised the points that at weekends it may be more difficult to get volunteers and ministerial representation, which brought a lot of media attention last year. Despite this, the majority were happy to separate the SALFS event from Restart a Heart day. Please note, there is not yet a fixed date so the SALFS team will be in contact.

Claire Fleck, SALFS photographer, is available to go to upcoming events organised by SALFS/partner organisations and capture activity from the day in a more evocative, interesting way – looking at the campaign through the eyes of different people e.g. from the point of view of a child who’s learning CPR.

Please see list of upcoming events distributed by Lisa and if you can help out or show presence at any of these events then please contact her. At the NHS Scotland event on the 14th/15th June we would

need approx. 30 people per day, in uniform and representing their organisation, offering training in CPR.

Space for partner organisations to exhibit will also be available at SCAS16 in Edinburgh on Friday 24th June. See www.scas.scot for more information.

4. Discussion of terms ‘trainer’ and ‘training’

The group agreed at this point that a ‘trainer’ is anyone who has been accredited as a trainer by any of the SALFS partner organisations. ‘Training’ or someone who has been trained was agreed to be defined as someone who has been trained by the previously agreed definition of ‘trainer’ or training has been delivered by a recognised trainerless system. It was decided that the minimum threshold for counting numbers of those trained was compression CPR. Everyone broadly agreed with this as a starting point.

5. Data collection

How do we count the people who’ve been trained? SALFS to act as a central repository for this. Daysix presented their ideas of how this may work and proposed certain data collection fields. The front end of the SALFS website will show members of the public where and when their nearest training event is. The data set would be live and would be analysed to see what’s effective and what’s not effective. Some had concerns about collecting information on email addresses and how to record training of children. Trainers would be able to register themselves and training events with the SALFS site, with the possibility of viewing their training stats online. There were questions over when to collect and upload the data. It was agreed that the data should be collected at the time of training and it’s up to each individual organisation to decide how they want to enter the data, either doing it at the same time as collection, retrospectively or sending the information to the SALFS team to upload. SALFS can then report the figures back to each organisation about their training activity.

Daysix also suggested a pin badge scheme where trainers could earn a different colour of pin badge for a certain number of people trained.

Overall it was agreed that the data collection was important but poses certain challenges. All agreed that it is worth a try, subject to some changes.

6. Ideas for the next five years and development of a communications team

Gareth proposed the idea of a comms group within the SALFS team which would communicate key messages, stories, updates on each of the partner organisations etc to the rest of the team/other participating organisations. These can then be distributed through each organisation’s own channels to reach a wider audience. The function of the comms team is to work on provoking debate, asking questions, managing social media, keeping comms alive and interacting with the Scottish Government.

There will also be an annual report surrounding OHCA as a matter of interest.

Marjory Wood and Lisa MacInnes will organise the first comms rep meeting. Nicola McCullough mentioned a media operations officer within the military who may be of help.

Contact

email: planning@savealife.scot

www.savealife.scot

FB - save a life scot

Twitter @savealifescot #savealifescot

Link to Claire Fleck's photo of the 2015 SALFS event: <https://flic.kr/s/aHskpiL9JP>

OUT OF HOSPITAL CARDIAC ARREST DELIVERY GROUP

Date: Friday **11 November 2016**

Time: 2-00pm

Venue: Conference Room, St Andrew's House Edinburgh

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

Wendy Armitage, Chest, Heart and Stroke, Scotland

James Cant, Director of British Heart Foundation, Scotland, via audioconference

John Fotheringham, Clinical Priorities Team, SGHSC

Lisa MacInnes, Lead Research Nurse, Resuscitation Research Group

Karen MacNee Clinical Priorities Team, SGHSC

David Rout, Scottish Fire and Rescue Service

Paul Rocchiccioli, Consultant Cardiologist (audioconference)

Steven Short, Scottish Ambulance Service

Connie Smith, Senior Research Officer, SGHSC

John Wilson, Clinical Priorities Team, SGHSC

Welcome and Introductions

1. Gareth Clegg welcomed everyone. Apologies were received from Dave Bywater, Paul Gowens and Jim Ward with Paul Rocchiccioli linking to the meeting through audio conferencing for agenda item 10.
2. The minutes of the meeting of 19 August 2016 were agreed.
3. Actions completed. Gareth Clegg reviewed the actions from the last meeting;
 - *DNR - Jim Ward to draft paper for the next meeting* – It was agreed that this action was out with the scope of this group and would be removed as an action.
 - *It was agreed that Secretariat would invite Paul Rocchiccioli, Senior Registrar in Cardiology at the Golden Jubilee National Hospital to join the group* – Cleared.
 - *Gareth to meet with SAS to agree information to be recorded by SAS in relation to use of PADs deployed in co-responding incidents and resuscitation attempts.* Gareth informed the group that regarding the recording of data, as the SAS were transitioning to new equipment, he was in discussion with Lisa Curatolo at the service to influence the iteration of the dataset being progressed.
 - *Provide comments and feedback to Secretariat on updated OHCA Delivery Framework reporting template* - Cleared.
 - *Secretariat to update long term actions for OHCA Delivery Framework and reporting template. Discussed under Pt 4*
 - *Gareth Clegg and Dave Bywater to take forward measurements focussed on the ambulance control centre.*
 - *Secretariat and SAS to liaise on issues impacting on the Enhanced Defib module go-live date.* It was confirmed that the SAS PAD registration system had gone live at the end of October. Gareth suggested that a focussed

approached to managing the issue of PAD location was needed. It was agreed to schedule a meeting to take this forward.

- *All to forward ideas and suggestions on how to develop SALFS to Lisa MacInnes. Dave Bywater to liaise with SAS Community Resilience Coordinator to take forward.* Lisa MacInnes updated the group on the partners meeting and the SALF coordinators.
- *David to contact James Cant regarding marketing and communication support for the use of BHF training kits in fire stations.* David Rout confirmed that the SFRS were meeting with BHF regarding marketing to promote availability of the BHF equipment.
- *Jim Ward to obtain timescales for the on-going PAD mapping work –* Karen MacNee confirmed that the scheduled go live date for the SAS PAD mapping system was 27 April 2017.
- *All – to send on agenda topics to James for the Communication and Engagement group meetings –* Cleared

Action

Gareth to schedule meeting to scope approaches to managing PAD location.

Updates on progress towards achievement of OHCA Strategy aims

4. There was agreement on having a meaningful way of capturing progress against the strategy aims. Gareth suggested mapping out each of the strands to plot these moving forward to 2020 and focusing on those that will make greatest difference to achieving the main aims of the strategy. It would be useful to have a simple timeline for each of the partner organisations to help track progress and identify blocks. There was discussion on the approaches to this and a number of points were discussed including;

- Regarding the strategy as a series of linked quality improvement projects.
- Clarity regarding the endpoints of the work.
- The timescales for strategy – and 5 years as a short period of time with a clearer sense of success probably emerging in year 4 or 5.
- All the elements in the strategy as good and worthwhile but not all equal weight: bystander CPR is the element that will have most impact.
- Gareth identified a cultural shift to performing bystander CPR as an integral component to increasing positive intervention. James Cant informed the group that the BHF were taking forward the positive messages around CPR and aimed to keep this pressure maintained. James also noted that resourcing for elements such as media support for CPR training would need to be considered.

5. It was agreed that the group would provide Gareth with a draft of their main goals/deliverables and timeline for 2020 which would reflect where we've come from, where we are now, and key milestones going forward.

Action

All to provide Gareth with a draft of their timeline for 2020 for discussion at the next meeting of the group on 24 February which would reflect where we've come from, where we are now and going forward.

OHCA Review 2015/16 and Public Launch

6. Karen MacNee thanked everyone for their support and contributions to the Review document and confirmed that a draft was being finalised with the printers ahead of the formal launch on 24 November.

7. Connie Smith set out the purpose of Review was to demonstrate broadly the key achievements, activities and the overall progress against the aims and commitments in the strategy. The Review period would cover the launch to September 2016 and reference the at least 60,000 trained in bystander CPR and the formation of SALF, the website and the collaboration between partners. The Data linkage project would also be highlighted. The Minister for Public Health had agreed to launch the Review Beeslack Community School, Penicuik. Invitations had gone out to the partner organisations.

Data Linkage

8. Gareth updated the group. The headline figures are to be included in Review report. The complimentary analytic report will contain detailed data and analysis from 2011 to 2015. It is due to be published in early 2017 data. Gareth informed the group that so far, the data revealed that survival from OHCA in Scotland was at 6.3% which had been expected. Further, it showed that for deprived areas, people were twice as likely to die, on average 8 years younger and with individuals four times less likely to leave hospital. People in rural areas were 30% less likely to survive.

SFRS/SAS Co-responding update

9. David Rout updated the group. A report had been presented to the Chief of the SFRS on the work of the trials and been approved. Work was being taken forward to scope a 3 year national roll out of the trials with SFRS service wide implementation. David provided highlights on the SFRS data from the trials with 183 calls from the SAS taken. 41 life-saving differences had been made with 32% female with 68% male. Half the patients were under the age of 53. David agreed to circulate the findings to the group.

David also noted that work on the Home Fire Safety Visits (HFSV) to incorporate OHCA and CPR content was progressing and the test of change would include sites at Cumbernauld, Galashiels and Arbroath. Lisa McInnes confirmed that SALFS would be liaising with the SFRS and linking the HFSV to Heartstart, SALFS and CHSS training materials.

12. There was discussion on measuring the impact of the home Fire Safety Visits test of change. Connie Smith confirmed that the Scottish Government are exploring resourcing the learning and evaluation from the test of change.

Action

David to circulate the findings of the co-responding trials to the group.

SALFS update

13. Lisa MacInnes updated the group. SALFS had been featured as part of the Ready Scotland campaign; <http://www.readyscotland.org/>. Work with Young Scot was progressing with a survey scheduled for launch the following week aimed at

giving an insight into how young people view and how they prefer to be trained in CPR. A new SALFS administrator to support the work was due to start on the following Monday.

Communications and Engagement

14. James Cant updated the group. There was discussion on Scottish Government representation and it was agreed that Marjory Wood would contact Karen MacNee to confirm arrangements. James noted the high quality of the SALFS website and Gareth asked the group how the Communications group could be best utilised to take forward the strategy. Lisa McInnes informed the group that their last meeting had been productive with a challenge to focus on how to harness marketing effectively.

Action

James Cant to ask Marjory Wood to liaise with Karen MacNee regarding SG representation at the Communications Group meetings.

Cardiac Rehabilitation (CR) and OHCA

15. Gareth Clegg welcomed Paul Rocchiccioli to the meeting via audioconference. Karen MacNee directed the group's attention to the circulated paper and set out that the Scottish Government's CR lead had surveyed Health Boards asking for a snapshot of what provision they had in place for OHCA patients including their patient pathway. Variation in provision had been found across Scotland, most likely determined by the route that patients had taken into hospital. Numbers of those given CR from an OHCA entry point was unknown. The data linkage work is a potential means of addressing this. The CR National Group was best placed to take forward the issues that the paper raised. Paul confirmed that in his experience referral and uptake were variable with CR primary designed around ischaemic patients and in terms of the pathway this group of patients required a wider heart disease team needed to be engaged in the management of the patients.

16. There was further discussion around identifying patients via ISD data through from revascularisation at the major treatment centres using CHI numbers. There was further discussion around alternative forms of CR for those unwilling to attend a traditional CR pathway and Gareth commented that CHSS had begun discussions with colleagues along these lines and that psychological issues affecting this group represented one of the most significant unmet needs.

AOB

17. Karen MacNee reported back on the BHF's study on PAD mapping following the meeting held in London on 9 November. Work was progressing to identify a pilot with a proposal to the BHF Executive Group by March 2017.

18. The OHCA work stream had been updated on at the National Advisory Committee for Heart Disease (NACHD) meeting on 26 October and Gareth Clegg agreed to present on the work to date at the next meeting of the NACHD in March of 2017.

Action

Gareth Clegg to present on the work to date at the next meeting of the NACHD in March of 2017.

Action

Secretariat to circulate dates for the 2017 meetings of the group.