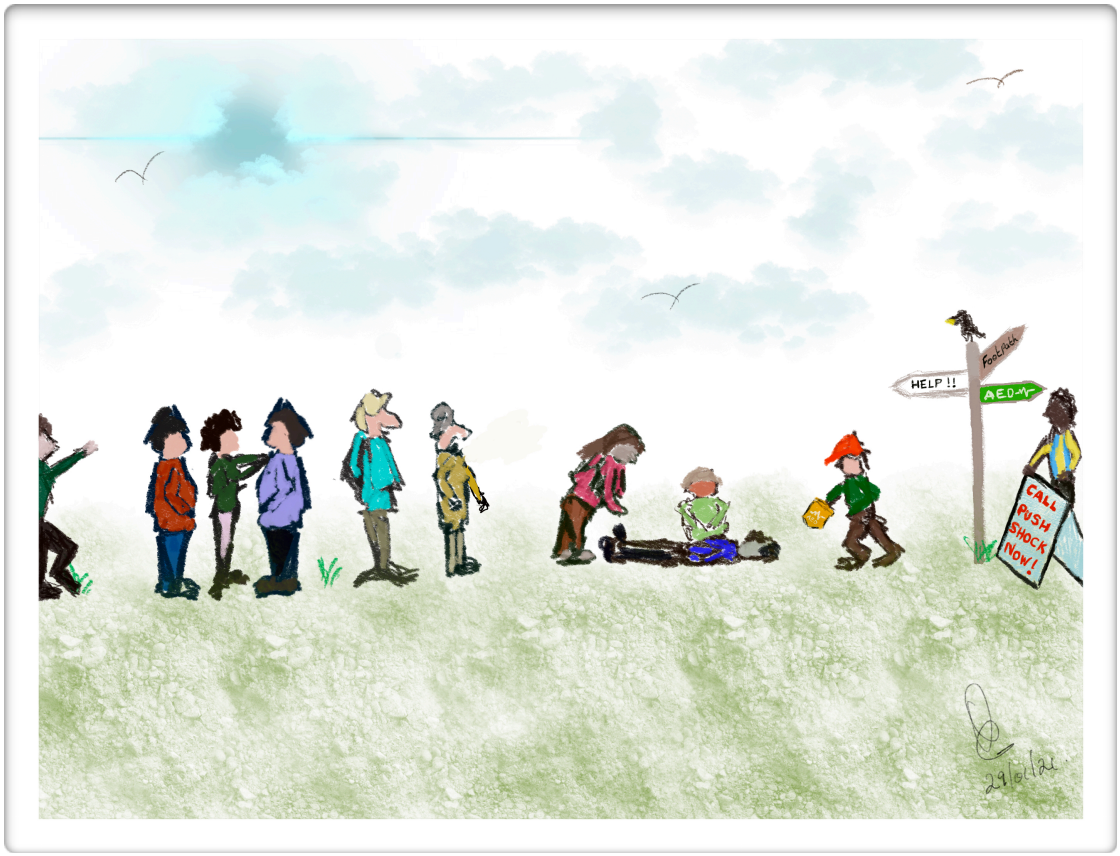
HEART SAFE COMMUNITIES UK

A Year In Review



Inaugural Annual Report

22 November 2021- 05 April 2023

"To save one life, would make what we're doing worthwhile"

“Heart Safe Communities

are caring communities”

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Chair's report

These are still early days for Heart Safe Communities UK (HSCUK) but I am delighted to introduce the inaugural report of our Charity.

One of the most enjoyable parts of establishing a new Charity is being able to seek out like minded, caring people who are prepared to give time for the benefit others; people whose aim is to make the world a better place.

The chance to build a new charity from scratch and to work with a new, albeit small group of fellow Trustees and others is a privilege. The opportunity to develop our own identity, learn and grow together is uplifting.

This is a significant undertaking as anyone who has been through this will know. Having worked hard to develop the idea, going through the process of applying for charitable status and then seeing Heart Safe Communities brought to life has been hugely rewarding.

Building a team, creating an identity, forming policies, procedures and a public presence takes time, is thought provoking and fraught with many challenges.

Everything we do is well motivated, researched and carefully considered. We know that we have made a difference in many ways.

We haven't created this space because we think we have all the answers but because we have ideas and care. We already know from our endeavours that this can be a challenging world in which to operate and that our first year could have been so much better had we not been interrupted by an ill-informed and misguided challenge to our registered name.

There is much misinformation, self interest and many inconsistencies in the area that we have chosen. Some are easy to understand whilst others are downright frustrating, cause confusion are potentially misleading and occasionally harmful.

The great thing is that we are optimists and see the opportunity for improvement and new ideas so have embarked on a journey to make a difference. Ultimately we believe that having clearly defined standards for what constitutes a Heart Safe Community together with greater consistency and closer scrutiny would help drive standards up; and for the avoidance of doubt it's our opinion that this goes far beyond just health, it's about society as a whole and how we care about each other. To think this is the domain of any one business, organisation or sector is naive.

To be clear we are a plain and simple charity with no motivation to create a business, develop an industry or make profit. Nor do we seek to harm anyone or undermine others existence. Indeed we are always pleased to see those who support this important agenda thrive and prosper from genuine, honest endeavour.

Whatever anyone's point of view; we applaud anyone who genuinely, honestly and transparently dedicates themselves to doing what they can for the good of others and; to reduce death and suboptimal outcomes from cardiac arrest.

Thanks to my fellow Trustees Jane Cave, Dr. Karen Hamilton and David Powell and volunteers Jose Cordero, Adam Gilbert and Robert Phipps together with all those who have given time to assist in any way for their hard work and unswerving determination to building our charity for the good of others.

We are indebted to many people for the part they are playing in helping us to build our charity and support the creation of opportunities to save lives including; Taiwanese friend of the charity, artist and designer Mickey Huang who designed our fantastic logo; and James Wilson, Grey Sprout Media for translating our ideas into a vibrant, accessible and informative website together with Alto Electrical Lincolnshire, Bray Solutions, Duncan De Sallis Electrician, Clark Drain Yaxley, Haldo Developments Limited Bradford, Mick Geraghty Electrical Services, Conor McClelland at East Midlands Ambulance Service, Midlands Rural Housing, Oundle Community First Responders Group led by the incredible Paul Brackley, National Grid (and former Western Power), Steve Rudkin Electrical Stamford, Andy Sewter Electrician, Silo Services King's Cliffe, Snowden Homes Northamptonshire and Todd Griffin at TAG Signage Graffix.

Thanks to the fantastic people who have shown their incredible care for others by hosting defibrillators. It takes special people to do this; each and every one is appreciated beyond words.

Last but not least, we offer our heartfelt thanks to each and every one who has made a donation, attended one of our training sessions, made a contribution in any form or picked up the baton in their community; they can be confident that they are making a real difference. By doing so they have shown that they care for others.

Looking ahead, we are pleased to welcome new Trustee Emma Kirkpatrick and to be among those who work tirelessly to help reduce deaths and improve outcomes following cardiac arrest; and to help ensure value for money for those who help growing networks of public access defibrillators and see the numbers of people who would feel confident to assist someone in need increase.

We are encouraged by the ever increasing number of people that understand the importance of what we are doing; those who want to learn a vital life skill and who are willing to help support us in growing the Charity.

Having safely navigated our way through a challenging first year we enter our second full year with great optimism. I hope that you will enjoy reading this report and share news of what we are doing. Please get in touch you share our vision and would like to support us and join our journey in any capacity.

Russell B. Hamilton
Chair
Heart Safe Communities UK

Introduction

This is the inaugural Annual Report of the Charity 'Heart Safe Communities UK (HSCUK). We are a Charitable Incorporated Organisation ("the CIO") that is registered with the Charity Commission for England and Wales (Registered Charity Number 1196702).

The charity's principle address for administrative purposes is 27 Station Road, Nassington, Peterborough PE8 6QB.

Our aims are purely charitable and we have no affiliation to any business, organisation or other charity in pursuit of profit. Our only income is derived from public donations.

As our first Annual Report to fulfil our governance requirements it cover the period 22 November 2021 to 05 April 2023.

The Purpose of the Charity

The Charity has worked in accordance with the objects of its CIO throughout the year *(subject to the interruption beyond its control described later in this report)* to promote and protect good health for the public benefit, in particular but not limited to cardiac health issues and the need for prevention and appropriate treatment and rehabilitation in particular but not limited to those living, working or visiting the United Kingdom, in the following ways;

(a) Promoting the concept, definition and development of common standards leading to a single unified accreditation process for 'Heart Safe Communities';

(b) Building capacity and inspiring people to create Heart Safe Communities (HSC) [Caring Communities] based on the principles of caring communities, saving lives, equity, inclusivity, fairness and equality; through but not exclusively by;

(c) Advancing the education of the public regarding health and related issues and/or;

(d) Providing training for the public on life saving /skills such as how to perform Cardio Pulmonary Resuscitation (CPR) and use an AED, in particular but not limited to training throughout communities including in schools, sports clubs, community groups, and organisations; and/or;

(e) Providing automated external defibrillators (AED) as part of strategic networks (Predominately public access defibrillators and other equipment necessary for emergency care); and/or;

(f) Supporting and encouraging businesses, organisations and other premises to raise awareness, offer training, provide access to and support the provision of defibrillators; and equipment necessary for emergency care;

(g) Providing, facilitating & encouraging clear signage and information that enables life saving equipment to be found and accessed as quickly as possible when needed;

(h) Seeking out new, novel and innovative ways to develop Heart Safe Communities while improving speed of access to AEDs, delivery and awareness of related issues; and/or;

(i) Such other charitable ways the trustees, in their absolute discretion determine.

Main Activities

The Charity has set out a clear aim to promote the concept of a single consistent definition and concept of what constitutes a 'Heart Safe Community'; together with the development of common standards leading to a single unified accreditation process for 'Heart Safe Communities'. It has acted to encourage and support communities.

Our vision of a 'Heart Safe Community' is one where we people work together in their own community to do everything possible to reduce deaths and improve outcomes from cardiac arrest because they care. This will require communities to understand the issues and to take a broad view of what can be achieved.

Training in life saving skills and the strategic location of defibrillators is vital to our vision. It will take time and a coordinated approach to building the capacity needed. Communities will need to focus on raising awareness, facilitating training and enabling the strategic placement of defibrillator installations.

A meaningful 'Heart Safe Community' will be supported by local people who together have a greater potential to save lives from cardiac arrest than would otherwise be possible.

For this to be achieved communities must be fully committed to raising awareness, increasing the number of potential life savers and the number of people who are within the recommended retrieval distance (100 metres or a 2-3 minute brisk walk) together with the number of strategically located defibrillators.

Our Charity - Our Achievements

The Charity was lead through the year by four founding Trustees all of whom have a lifetime of experience in their chosen professions. They all have a successful record of achievement including a lifelong commitment to serving others. The founding Trustees came together as a group of like-minded people who wanted to make a difference for others. Their skills lie in public service including the NHS (clinical and management including primary, secondary and emergency care services), Local Government (finance and leadership) and Civil Service. All have extensive experience of voluntary work and roles in the third sector.

The appointment of further Trustees was interrupted as a result of a misguided challenge to our existence during our inaugural year. However, having overcome this we have recruited a new Trustee; a practicing trade mark attorney with experience in intellectual property law matter who has become Trustee with lead responsibility for governance.

We aim to build on this by seeking out high calibre people with specialist expertise to join our existing group and help develop the charity. Our immediate aim is to recruit volunteer trustees with significant expertise in income generation, public relations & marketing and experience in cardiac/emergency medicine. Others will follow.

The Trustees were supported by a small number of others who helped develop website and social media, supported high quality training in CPR and use of defibrillators and book keeping.

Awareness

As a new and emerging charity the Trustees recognise that its work to raise awareness will need to grow organically and in line with the resources available to support this. Although this is impossible to quantify as we would like, our work to raise awareness in the year prior to interruption was significant. We had fantastic feedback about the quality of our website and had established a sound presence on social media. Much had already been done in a number of areas where we had initiated work or been invited to assist.

The Charity had been able to share its message in a targeted way in communities where it has begun work. Evidence of effectiveness was seen through public donations and general feedback from interacting with people.

Through it's work, the Charity has engaged with numerous organisations, parish councils and many individuals.

This has been an especially challenging birth because of the universal impact of the recent global pandemic and more limited resources arising from this; the general economic pressures faced in the U.K. and significantly the 'trade mark' challenge that had a seriously adverse impact on much of the year.

Training

The Charity held monthly training sessions in CPR and use of defibrillators (AED) scheduled throughout the year until it was challenged, following on from work done during our set up phase. All training is FREE with no cost to any individual. Participants are however able to make a voluntary donations should they choose.

The Charity currently uses a limited amount of training manikins and defibrillators of its own that are supplemented by others on loan when needed from Oundle Community First Responders (OCFR) group. The Charity is extremely grateful to

Oundle Community First Responders group (a registered charity) for this and its broader support and encouragement.

In due course, the Charity hopes to be able to raise funds to enable self sufficiency and ensure that the manikins used reflect ethnic and age diversity, thereby reflecting its commitment to promoting equality for all.

After a successful start some sessions had to be cancelled/rearranged due to issues relating to COVID and as a result of the 'trade mark' challenge mentioned in this report.

Sessions that took place were all led by volunteers who are highly trained, experienced, practicing professionals that could be called upon to assist people in life threatening situations. They are all subject to regular/refresher training and peer review in their professional workplace roles. They are all registered medical/clinical practitioners or community first responders trained by their respective ambulance service.

The Charity's declared trainer to participant ratio for all training sessions is 1:6. This standard was met or exceeded in all training sessions. In 24 out of the 27 sessions held the ratio was between 1:2 and 1:4; meaning that all participants experienced an exceptionally high trainer to participant ratio.

Even though it is acceptable to use trained lay volunteers *(without any clinical training)* as many charities and others do, HSCUK has adopted a policy that requires trainers to be qualified/up to date clinicians. It has adopted such rigorous approach to maintain the highest possible standard, to promote a higher quality of emergency response. Research shows that high quality CPR makes a difference and a trainer/participant ratio such as that adopted by HSCUK *(exceeded most of the time)* is more likely to be able to pick up and correct errors during training, thereby leading to better outcomes.

The Charity aimed to provide a 1:1 - Manikin:Participant ratio and training 1:2 Defibrillator:Participant ratio so that all participants got ample opportunity to practice their skills. These standards were met in all training sessions.

Training sessions took place in 6 rural communities, utilising 7 separate venues and participants were welcomed from 16 separate communities.

All participants were invited to complete anonymous questionnaires following training sessions. Completed questionnaires were analysed in detail and responses used to respond to participants needs; and improve training. The completion rate was 100% *(Some couples/families combined their response)* with an overall satisfaction rate of maximum score. The vast majority of respondents said that training had increased their confidence and that they would feel able to assist in an emergency. 59.09% of attendees recorded themselves as female and 40.91% as male. Participants ranged from 10 - 90 years of age.

A summary of the results can be found in Appendix 3.

Building Networks of Strategically Located Defibrillators

The Charity has worked within its capacity during the year to assist a small number of communities by taking an integrated and ongoing approach to raising and maintaining awareness, facilitating training and refresher training; and funding a number of public access defibrillators through donations as part of our aim to help promote and build networks of strategically placed defibrillators, that provide fair and equitable coverage within communities.

This work was inevitably restricted by the challenge described in this report. This had a serious impact on our ability to achieve any of our objectives and in particular raising our profile, fundraising and supporting even more defibrillators going into communities.

All installations supported are carefully considered, planned and subject to ensuring communities take ownership, carry out routine checks and maintenance.

For those who may wonder what we mean by a *"network of strategically located defibrillators"* - think of a dot to dot drawing; the picture is only truly meaningful if the dots are appropriately spaced, joined in the right order and the picture completed.

We hope to develop the capacity to increase the number of communities that we are able to assist as interest from them and funds allow.

The Charity will only support any installation that fits its own strategic plan including clear identification of guardianship and commitment to registration on the British Heart Foundation's national database for defibrillators - 'The Circuit'.

Grant making

As part of our strategic plan, we aim to implement a grant making policy for communities that commit to developing a heart safe community. Such policy will be designed to inspire, encourage and facilitate coherent community plans and will launched once we are satisfied that we are able to attract the funding needed to enable this and for it to be meaningful; and we are able to satisfy ourselves of a communities commitment to help itself.

Volunteers

The Trustees have a good understanding of the value of volunteers from professional experience and their contributions. We know that volunteers can make a significant contribution to the work we aspire to; and also that any such roles must be carefully developed, proportionate and to directed to relevant and meaningful activities.

As a new Charity our capacity to develop this has been limited as our focus has been on building the the foundations needed for this.

Safeguarding will always be of paramount importance and at the forefront of recruitment when developing such opportunities. To reinforce this the Charity has a adopted a policy that requires all Trustees and volunteers regardless of role to be subject to DBS checks.

Currently the Charity comprises of its Trustees, two clinicians who assist with training, a volunteer book keeper and I.T Advisor.

We anticipate increasing the range/number of opportunities for volunteering organically as capacity allows and demand necessitates.

Principal sources of funding

The Charity's principal source of funding is public donations. Donations come from people, organisations or groups that choose to support us as a charity because they believe what we are doing is relevant and worthwhile.

The Charity has established a variety of ways in which donations can be received either directly or indirectly. These include: donations via our website or by text and gift aid.

The Charity also sought opportunities to raise income through grant funding events and collecting boxes; it benefited from Amazon Smile until the scheme was closed down. The closure of the Amazon Smile was disappointing as if offered a simple way for small and emerging charities like HSCUK to build support and generate funds.

The Charity is registered with the Fundraising Regulator.

Governance

HSCUK is keen to ensure firm foundations to be a well run, high quality charity. It has therefore adopted a number of policies relating to its running with others drafted awaiting approval. Many of these will only become fully relevant as the charity grows.

Risk

The Charity has a Risk Policy and is developing a Risk Register that records its principal risks. The register will be kept under review and the top risks will be reviewed regularly by the Trustees at their Board Meetings.

The Charity also maintains a register of declarations of interest. Trustees are asked if they have any new declarations at the start of every Board meeting. Any such declarations are added to the register or if no longer relevant removed.

Adherence to Charity Commission Guidance

The Trustees take our obligations to the Charity Commission seriously. Our aim has been to build a charity that has sound foundations, is led by the best possible people, aspires to be at the forefront of modern society, will be grown in a measured manner and delivers its activities to the highest possible standard within the resources available. Ultimately we believe in the ethos of public/community service and care for others. We want to make a lasting difference and believe that our constitution demonstrates this.

The Trustees are aware of their obligations under guidance issued by the Charity Commission on public benefit and pay due regard to this. Clear examples of this can be seen from actions taken since our a Charity was approved and registered by the Charity Commission.

The Charity took on board the advice given at the point of registration and established the Charity in accordance with this from the outset. For as long as the Charity exists it will endeavour to do its very best to maintain theses high standards.

A Year In Review

The Charity was brought to life following a great deal of thought and hard work in the preceding year. It was born out of a wish to promote something unique, something simple, yet challenging - a need for greater consistency, higher standards and a clear definition of what would make a ‘Heart Safe Community’ together with an accreditation process to support this.

We have a lot of people to thank for their help, support, encouragement and professional advice. Our appreciation extends to all those in communities who have given free access to premises for training sessions, those who have attended training because they care for fellow humans, those who have provided places to site strategically placed defibrillators and the many who have made a contribution to facilitate installations. Thanks to those forward thinking Parish and County Councils who have assisted in some way.

Last but not least we would like to thank each and every one who has made a donation or contribution to our charity in whatever form, without their help none of what we have done would have been possible.

It has been a year to celebrate and also a year of anxiety. The joy of having had a new charity approved was quickly tarnished the threat of a trade mark challenge by a commercial business that sells defibrillators. This is in stark contrast to our charity that is motivated by a strong sense of public spiritedness, is not in competition with anyone, has no commercial interest, does no sell anything, does not endorse any supplier or product and seeks no gain or profit.

The threat of a legal challenge seriously affected our morale and our work. Because of this the Trustees rightly paused to reflect on the best way forward.

Inevitably the fantastic start we had made following many months of hard work leading to the launch of our charity was abruptly interrupted by an unforeseeable and unnecessary attempt to bring our existence to an end. The Charity Trustees proceeded with utmost caution and care on receipt of the challenge causing an adverse impact on our public presence and awareness raising. It also prevented regular training sessions *(due to pausing our web-based booking system)*, prevented fundraising *(scheduled and unscheduled)* and interrupted recruitment of additional *(already approved)* Trustees. Events were cancelled and resultant income lost; and our fantastic new website and social media presence taken down as we adopted a cautious approach whilst we regrouped to look at our options and to avoid inflaming the situation. Some questioned why our website had disappeared from sight. Some of which is irretrievable.

This has been a distraction and inevitably affected our progress meaning we were unable to share our message, talk to and thank supporters as we would have liked, continue training or do all the things we planned and needed to carry out to become the charity we aspire to be. The decision we took to pause our activity meant people who we had enthused about our valuable work wondered what had happened to us. This could have dented our resolve, but having made contact with other charities and relevant bodies the Trustees ultimately decided to take a reasonable and strong line about our name. With no further legal correspondence from the commercial enterprise we are now moving forward with our ambitious plans but our recovery will take time.

As Trustees we know our charitable work to deliver Heart Safe Communities is even more important given the unfortunate approach taken by a commercial enterprise. Commercial activity in this area is a necessity but it must support and complement not replace or challenge charities committed to making communities heart safe. The challenge has strengthened our view that as a charity, with a clear mission to help raise awareness, facilitate training, to take action to reduce premature deaths and improve outcomes following cardiac arrest; and help establish a more robust framework for this we operate in a valuable space and in a manner that isn't compromised by pursuing profit.

The unfortunate experience has also enabled us to understand better the landscape we in operate in and the common links between us and similar non-profit bodies operating to benefit the public. We are more attuned to looking out for those who make erroneous claims, provide misinformation and will have no hesitation highlighting them.

Why Us, Why Now?

Our name Heart Safe Communities UK was carefully chosen to combine a common expression together with a geographic descriptor to help people understand what we are about and to enable us to lobby and work on a U.K. wide platform in a meaningful way in pursuit of our aims. Having a national remit enables the charity to interact, lobby and work with people throughout the entire country in pursuit of our aims.

We have a good understanding of our subject and believe that there is a gap, a lack of discussion about standards, consistency, accreditation and ultimately what is meaningful. We believe that a holistic and wide ranging approach is needed to establishing a true, single, meaningful and measurable definition of what constitutes a "*Heart Safe Community"*. This is not a brand or a marketeers strap line but a state of being a description of an aspiration that infiltrates many aspects of daily living.

Critically this should not be driven by business, profit or those who are narrowly focused on one aspect of cardiac or emergency care or with a single aim.

The aim should be to facilitate equity and to make a meaningful difference. It should be designed to reflect reality not serve a statistical model that is inevitably skewed to larger populations or ill health. Ultimately every life matters and cardiac arrest knows no boundaries.

We are not saying that we have all the answers to this or that this will be easy but it is why we established our terms of reference carefully and set out an agenda to promote the concept of "*Heart Safe Communities".* Under that umbrella our terms of reference promote a three pronged approach, namely *Awareness, Training and Building Networks of Strategically Placed Defibrillators;* **strategic** being a key word. It is about the right place and geographical spacing, not just any place.

Heart Safe is a commonly used expression in numerous differing contexts in the U.K. and throughout the world. It is not a catch phrase or marketing tool it is a descriptor. This is a descriptive expression in every day use and although it's definition is currently open to interpretation, it lacks true meaning and is currently immeasurable; we want to change that. Our hope is to show that when clearly defined it will describe something far beyond just health or the installation of defibrillators. It is a state of mind and about caring communities and heart health in the broadest sense.

We see the need for a holistic approach to raising awareness and providing support to communities to improve the outcome for anyone who experiences cardiac arrest outside of a hospital setting.

We know that currently, whilst many people are doing great work to protect people and reduce deaths from cardiac arrest in their communities; many are poorly informed, given misleading advice and overcharged by some whose main motivation is profit for life-saving products. The links between some charities and business are sometimes ambiguous and misleading.

Ambulance services offer differing levels of support and advice but in most part this is tied to their own finite resources and a model that sees work in communities and being done by communities as peripheral rather than integral to their being. Access to the right people, at the right level in the ambulance service who appreciate and treat community and voluntary work outside its control with the respect it deserves can be difficult. The default setting is to recognise a handful of national charities that only speak for themselves and their own aims and to do the minimum so not to offend others rather than recognise the expertise and help that others could give.

Examples of where consistency makes absolute sense include:

- Explicit support for a maximum retrieval distance for defibrillators i.e. 100 metres or a 2-3 minute brisk walk. The optimum time in which rescuers have to make a meaningful intervention is clearly understood. It is therefore clear that if someone is able to provide CPR and use a defibrillator within the meaningful time a successful outcome is possible whereas beyond that, is a matter of luck. The question of resources needed to achieve the necessary coverage is an entirely separate question.

- There should be an unambiguous, coherent, high profile public campaign to highlight a single national defibrillator database i.e. the British Heart Foundation's 'The Circuit' - one that means any defibrillator registered on it can be seen and deployed by the emergency services. Such database should be seen as a national asset and properly funded / supported. All ambulance services should make their support explicit.

- The NHS should publish guidance about public access defibrillators that is accessible and designed to help advise and inform communities, charities and others seeking to place equipment in communities. Such guidance needs to be practical advice for lay to help point them to equipment that is tried, tested, fit for purpose and offers value for money.

- The NHS could avoid individuals and charities paying too much for equipment by offering a scheme where appropriate bodies could buy equipment from a menu of NICE / NHS approved products on a 'call off' contract.

- There should be clear, unambiguous, published national advice clarifying the fact that insurance is not needed for people to use public access defibrillators. Likewise insurers should be familiar with and include cover for fire, theft, accidental damage whilst in a state of rescue readiness etc as a matter of routine as with any other contents policy.

- All GP / Dental surgeries are required to have at least one defibrillator. The majority of these are housed internally and only accessible during hours of opening - the minority of the week. All should be compelled to house at least one defibrillator on the outside of their building, more if required to make accessible within 100 metres or a 2-3 brisk walk. This should then be monitored as part of existing regulatory arrangements.

Importantly

Whilst we have always been quick to recognise and applaud the many others who are dedicated to helping saving lives and improving outcomes from cardiac arrest and are aware that much of what we do is being done by others, none to the best of our knowledge are talking about a definition, accreditation and strategic networks in the way we are.

Whatever the case we aspire to do the best we can and have set out to put our own stamp on what we do.

Reality

We have found that ambulance services give varying degrees of recognition to charities or community groups who carry our work designed to assist them by acting to reduce deaths from cardiac arrest and improve outcomes for those affected. To be clear the definition of a meaningful retrieval distance for public access defibrillators that we support and promote, is to place them within a meaningful reach i.e. ‘within 100 metres or a 2-3 minute brisk walk’.

Few seem to openly promote this for a variety of reasons including lack of understanding of local circumstances, differences in communities, the knowledge that to achieve something meaningful and equitable would have significant cost and misguidedly in our opinion the use of statistics that are meaningless when applied to smaller and dispersed populations where incidence of cardiac arrest is low.

Our view is that the installation of public access defibrillators should be both meaningful, equitable and akin to any good first aid kit, anything else is tokenistic and creates a placebo effect giving communities a false sense of security or disregards the fact that cardiac arrest is indiscriminate and can occur anywhere at any time. A single cardiac arrest in a small community can have devastating and lasting effect.

Research and evidence already exists to show that good quality CPR is vital and increases the chance of survival and that when combined with early use of a defibrillator a positive outcome in increased significantly.

Too many communities are still without equipment or ill advised. Others have a token defibrillator that leads many to believe that they are “covered” in an emergency and feel the job is done.

To reinforce this to many communities especially in rural places are spread over a large areas have one, maybe two defibrillators in phone box’s or outside village halls, often placed for convenience rather that to optimise coverage. Whilst better than nothing and good for those nearby in an emergency they are of no meaningful use to the majority.

The truth is that defibrillators if needed *have to be within a* ***meaningful retrieval distance****.* They should be placed where they are needed to achieve optimum coverage not just where installation is easy.

Whilst we know that it’s impossible to save everyone, we hear stories of communities installing defibrillators after a tragedy, commonly with funds raised in memory of a loved one. Our hope is to encourage more to take meaningful action to try and avoid the resultant regrets and feelings of ‘if only’ or ‘what if’.

We believe that there needs to be greater understanding among those who want to make a difference in their communities, as we know that there are many myths that surround the provision of public access defibrillators. This can lead to communities paying more to make their safer than is necessary.

Our idea of a Heart Safe Community goes far beyond pure health or public access defibrillators. Heart Safe Communities are a concept. In our language it is an everyday expression that should be part of everyone's vocabulary and an integral part of all our lives. It is because of this we remain unmoved by those who seek to claim misguided rights over everyday language or inflated claims in pursuit of profit at the expense of saving lives.

Charity Board Trustees

The founding Trustees of Heart Safe Communities Russell B. Hamilton, Dr. Karen Hamilton and Jane Cave were appointed for 4, 3 and 2 years respectively. David Powell was appointed for 3 years when appointed. In the coming period the Charity aims to appoint additional Trustees with complementary skills to ensure it has the full range of expertise needed to take the organisation forward. Future tenure of appointments will be made to help ensure continuity and promote an organisation with a memory. As a result of this the Charity will move to a position where a third of positions are required to seek reappointment or stand down each year if they have served the maximum term permissible within the constitution.

Russell B. Hamilton is founding Chair of Heart Safe Communities UK.

He has broad knowledge and experience of healthcare after an extensive career spanning 30 years in the NHS. He is an experienced board member and has held a wide range of leadership role in a broad range of organisations including learning disabilities, primary care, acute hospital and ambulance services at an operational and strategic level; together with a period in a unique role working between health and local government.

Having left public service he made further contributions to public service as a County Councillor where Cabinet responsibilities included environment, housing and planning. He also has experience of being a Parish Councillor where he made a significant contribution to road safety.

He has been a school governor, involved with of wide range of charities as a Trustee or volunteer and served as Magistrate in three different counties until he retired after 25 years. He has had his own management consultancy business and once had a short spell representing a number of musicians.
Russell believes that the third sector has an immeasurable valuable to society and that it's not always given the recognition that it's due. He has had a lifelong commitment to campaigning and serving communities in a wide range of ways, much of which has been independent of any organisation. Having initiated and led a significant number of successful voluntary community based projects spanning many years he is determined to make a difference.

Russell is a founding member of HSCUK and considers himself to have an ethos of public service with a philanthropic outlook on life. His aim is for Heart Safe Communities UK to inspire and encourage people everywhere.

Jane Cave is Vice-Chair / Fundraising Lead

Now retired, Jane is an experienced senior leader with a strong track record in operational delivery, programme and project management and stakeholder engagement. Most of her career has been in the public sector. After an enjoyable career in Her Majesty's Courts and Tribunals Service, Jane then joined the senior team of her local Hospice, in a role that was both diverse and extremely rewarding. She focussed on how hospices and communities can co-create support for those nearing the end of life, developing new voluntary services to support people both in the community and within the Hospice itself. Jane is passionate about local communities and believes that much can be achieved when people join together to support developments in their area. She is a founding trustee of HSCUK.

Dr. Karen Hamilton - Clinical Lead & Secretary

Karen is a General Practitioner who has been working in the NHS for over 30 years. She is a member of the Royal College of Practitioners and is involved in training and assessing the next generation of GPs. During her career she has been involved in Primary Care management with a special interest in Clinical Governance. She has also worked as a Clinical Assessor for the National Clinical Assessment Service.

Karen is a founding trustee of HSCUK and believes strongly in equity of access to emergency care and Public Access Defibrillators for everyone. She is involved in the development and delivery of free training sessions in Cardio Pulmonary Resuscitation and use of Public Access Defibrillators in the community. She believes in empowering communities to come together and help each other to make everyone's life better.

David Powell - Financial Lead

David has extensive senior leadership experience in local government gained in Unitary, County and District Councils in England and Wales. During a 30 year career in local government this covered a wide range of roles including Chief Executive, deputy Chief Executive and Finance Director. David is a member of the Chartered Institute of Public Finance and Accountancy (CIPFA) and a Fellow of the Institute since 2018.

David has an extensive background as a Non-Executive Director (NED) having served on Boards in the Housing and Property sectors and is also an independent member of Audit and Risk Assurance Committees. David joined the Charity as a Trustee in January 2022.

Emma Kirkpatrick - Governance Lead

Emma is an Associate Chartered Trade Mark Attorney and also advises on general intellectual property law matters. Emma has previously worked as a primary school teacher, in hospitality, as a medical receptionist and as a Court of Protection officer.

Emma has recently been appointed as a Trustee and is looking forward to being able to support and assist HSCUK in its vital and important work. Having grown up and lived in rural communities, Emma understands the difficulties of access to medical equipment, such as Public Access Defibrillators, and emergency medical assistance. She was inspired to join HSCUK, as a Trustee, after seeing the passion and determination of the charity to ensure more Heart Safe communities are established.

Charity Support Team

James Wilson IT Advisor

Having volunteered to assist with the creation of the Nassington Heart Safe Community website in 2020 James has continued to support our vision and provided IT and marketing support for Heart Safe Communities UK.

Robert Phipps Book Keeper

After retiring from a career in financial services in 2016, Robert became a volunteer walk leader with the Walking for Health scheme, and now leads a weekly Wellbeing Walk in the village where he lives. His other interests include railways and, when not out walking, Robert can often be found working at the Nene Valley heritage railway.

Jose Cordero Trainer

Jose qualified as a Paramedic in 2017. Having previously worked with East of England Ambulance Service he is currently working at Thistlemoor Medical Centre, a general practice in Peterborough providing care for 30,000 patients. Jose is now training as an Advanced Care Practitioner. He began collaborating the charity as a volunteer in 2021.

Adam Gilbert Trainer

Adam qualified as a paramedic in 2014 after completing his studies at Staffordshire University. Since then, he spent 7 years working with East of England Ambulance. As a result of this Adam has considerable experience of seeing the impact of cardiac arrest and the benefits of being able to provide rapid assistance in an emergency. Adam now works as advanced care practitioner in a large GP surgery in the East of England.

Appendix 1

Summary Financial Statements

Heart Safe Communities UK

Income and Expenditure Account for the 15 months to 5th April 2023

	2023	2023
	£	£
INCOME		
Donations	**15419**	
Total Income		**15419**
EXPENDITURE		
Defibrillators	**12669**	
Signage	**400**	
IT Support	**1000**	
Other outgoings	**773**	
Total Expenditure		**14842**
SURPLUS FOR THE PERIOD		**577**

Cash at Bank at the start of the period	**0**
Surplus for the period	**577**
Cash at Bank 5th April 2023	**577**

Every Second Counts

Everyone is a potential life saver - would you know what to do?



If you are still wondering;

- Why we are doing this;
- Why we think defining heart safe communities is important;
- Why it's vital that communities do what they can to help themselves;

The pictogram on the next page underlines the key facts.

Likewise if you still question why having a defibrillator in close proximity, within 100 metres or a 2-3 brisk walk is important create your own scene and put it to the test.

Remember cardiac arrest is indiscriminate, it doesn't respect age or fitness; nor does it give notice or respect the time of day, climate or know whether you are an Olympic sprinter or not.

If you take just one action after reading this report - find your nearest defibrillator, check it's registered on the British Heart Foundation database 'The Circuit' and form a simple action plan for your household so that you know what to do in an emergency when every second counts and please consider your neighbours, your lives may depend on it .

HEART SAFE COMMUNITIES UK

Call 999 - Start CPR - Use AED



72 percent of cardiac arrests happen **outside of hospitals** in the U.K. including homes and public places. **Only 1 in 10 survive.**

After the heart stops, loss of consciousness can happen in less than **10 seconds**.





According to experts, a bystander **should be able to retrieve a defibrillator** and bring it back to where the person has collapsed **within a 2 - 3 minute** brisk walk or a distance of about **100 metres**.







If **CPR** and a **defibrillator** are both used within **5 minutes**, the chance of **survival goes up by 75 percent**. Unfortunately less than 10 percent of cardiac arrest patients in the U.K. get help from an **AED** before emergency personal arrive.





After **12 minutes** without defibrillation, the chance of survival decreases to less than **5 percent**.

Cardiac Arrest

You Must Act Quickly

CALL 999 or 112*

*** You can make emergency calls even if a phone is locked**





With every **one minute** that passes, the chance of survival decreases by **7 - 10 percent**.





The brain begins to suffer from lack of oxygen; brain damage can occur after about **five minutes CPR** can keep blood and oxygen getting to the brain and delay the onset of brain damage.





10 minutes without medical intervention, the chance of resuscitation becomes very unlikely.

Over **30,000 people** in the U.K. experience sudden cardiac arrest out-of-hospital every year; that's **one every 17 minutes**.

@HSCUKCharity

https://hscuk.org.uk

Registered Charity No. 1196702

CPR / Use of Defibrillator Training Evaluation

Information	Fact	Notes			
Number of venues used	7	All provided free of charge	All venues were accessible and had car parking	All but one of the venues had a defibrillator on site. All of which are registered on the BHF defibrillator database 'The Circuit'	
Number of training days	8	The majority of training days were held on Saturdays but sessions have been held on other days in response to demand where possible	All training is in line with current Resuscitation Council Guidance, including that relating to COVID	COVID guidance was followed at all times. Sanitiser / masks were available at all sessions	All training was provided free of charge
Number of training sessions	27	6 scheduled sessions per day	Sessions were run providing there was at least 1 participant	Sessions without bookings were cancelled	Sessions were cancelled during the period the Charity was being challenged
Maximum places per session available for advance booking	6*	*Increased to 8 from July 2022 to improve efficiency, although the trainer to participant ratio remains unchanged - 1:6	All bookings were made via the booking system on the Charity website. All participants receive confirmation that their booking has been accepted		
Number of attendees in the period covered by the Annual Report	110	Average number of participants 4.07	Participants could pre-booked places up to midnight the day before the sessions were held	All participants were issued with a personalised certificate of attendance on completion of their session	Some participants have attended more than one session to practice their skills
Number of DNA's (booked but Did Not Attend or send apologies)	6	DNA's impacted on 4 sessions	Those who do not attend are contacted and invited to rebook		
Number of walk-in participants	2	Walk in participants are welcome providing the Trainer to Participant ratio is maintained		All participants were issued with a certificate of attendance on completion of their session regardless of an advance booking	
No of participants not completing the session	0				
Participants age range	10 - 90 years of age	Participants under the age of 16 must be accompanied by a parent, guardian or responsible adult			
Adult / Young person	99.28% / 2.72%	Family groups are actively encouraged			
Female / Male	59.09% / 40.91%	Those who experience disability are encouraged and training adapted to respond to their need			
Trainer to Participant Ratio - Target 1:6	**Actual Trainer: Participant Ratio**	**Target achieved?**			
11 Sessions	1:2	Exceeded	All training sessions were of 1 hour duration		
4 Sessions	1:2.5	Exceeded	All training sessions were of 1 hour duration		
4 Sessions	1:3	Exceeded	A 15 minute gap was left between sessions to allow for sanitising and making ready equipment		
5 Sessions	1:4	Exceeded			
3 Sessions	1:6	Achieved	In addition to the trainers, there is always another member of the charity on hand to assist with set up, welcoming participants, answering questions, sanitising equipment and caring out administrative duties		

Information	Fact	Notes		
Training Equipment		**Target achieved?**		
Target Manikin to Participant	1:1	Achieved	Trainers use Little Annie Manikins. Adult, junior and baby manikins are available	
Target Training Defibrillator to Participant	1:2	Achieved	Trainers endeavour to have a number of different training defibrillators where possible to aid familiarity	
Post Training Questionnaire	**Percentage participants rating 5 - Excellent**			
How do you rate the booking process? (Record N/A if someone else booked for you.	96.80%	Participants rated their response from 5 - Excellent, 4 - Good, 3 - Average, 2 - Satisfactory, 1 - Poor		
How do you rate the training venue?	96.50%			
We're the objectives of the training session clearly explained at the beginning?	99.81%	94.55% of all participants completed a questionnaire (100% in most sessions). Although questionnaire were anonymous the majority of respondents included their name on feedback.		
Was participation encouraged at all times during the training session?	99.81%	A number of participants who attended as a couple or family gave combined feedback by completed a single questionnaire		
Was the training you received clear and was the information given clear and informative?	99.61%			
Was the training helpful?	99.61%			
Were the trainers knowledgeable about the subject?	99.81%			
Were the trainers professional, well prepared and thorough?	99.81%			
Participants required to respond Yes or No	**YES**	**NO**	**No Response**	
Was the time allowed for training sufficient?	100%	-	-	In addition to answering the set questions, participants are invited to add comments. All feedback is welcomed, recorded verbatim in training reports and used to inform future training
Did you have enough time to practice CPR and use a training defibrillator?	100%	-	-	
Was the training easy to understand?	100%	-	-	
Would you feel confident to help someone in cardiac arrest?	100%	-	-	
Did you enjoy the training?	100%	-	-	
Would you like to attend a future session to increase confidence and practice CPR?	82.72%	17.28%	-	
Would you attend an annual refresher training session in order to maintain skills and confidence?	97.70%	2.30%	-	
Would you be willing to provide a testimonial to help inspire and encourage others?	89.66%	10.34%	-	
Will you encourage friends, family, work colleagues and others to attend training?	100%	-	-	
Complaints				
Number of complaints received during the period	0			



info@hscuk.org.uk

This document can also be found on the Charity's website

Please contact HSCUK at info@hscuk.org.uk

https://www..hscuk.org.uk

Registered Charity Number 1196702

Heart Safe Communities UK