President’s update

Dear RC (UK) members, supporters, instructors and friends,

Last week my role as President really took off, with a number of internal meetings including Trustee and Executive Committee meetings. While I have been involved with the RC (UK) for many years, this is a new wider ranging role for me and I am still very much familiarising myself with the many people, committees and work streams which make up our organisation, and which direct everything we do. It is a privilege to have been appointed President of such a strong and forward-looking organisation which is doing and supporting so much good – and essential - work.

I was also very pleased to take part in a national planning meeting for this year’s Restart a Heart day. It was wonderful to hear about all that’s been achieved to date by the many organisations and ambulance services across the UK all working together. In 2017 more than 195,000 people were trained across the UK. This year Restart a Heart Day is going global, having achieved endorsement from all the regional Resuscitation Councils affiliated with ILCOR. With RC (UK) Honorary Secretary Dr Andrew Lockey at the helm, I’m sure that this year it’s going to be bigger and better than ever and hopefully this year the figure will be more than 200,000!

For the present, I will continue as a member of the NLS Subcommittee, but I am delighted that Dr Joe Fawke from Leicester will be taking over as Chair as I step down after 8 years.

As I wrote in our last newsletter, we have some big ambitions for the coming years, guided by our strategic plan. Over the next few years, I hope we can increase the profile of the Resuscitation Council (UK) and become the de facto “go to” organisation in the UK for all matters to do with resuscitation at any age. To do this, we need to invest in our clinical expertise. This means, among other things, attracting to the Council all those who have a major interest in resuscitation in any age group and in any situation. That interest may be in areas such as research, evidence evaluation, teaching, systems and IT or system change.

I look forward to the next few years with a certain trepidation but also with great excitement over what we might achieve in increasing our profile, influence and expanding our membership in order to better achieve our aims.

All the best,
Dr Jonathan Wyllie
President
If our clinical expertise is the beating heart of our organisation, our members and instructors are its lifeblood.

We have given some serious consideration to how we can ensure that we are engaging as many people as possible and providing a membership offer which is seen as high-value by all, while at the same time recognising and rewarding the huge contribution that our volunteer Instructors make to our day-to-day work. To guide our thinking, last year we ran a survey of all our members. This survey told us that while many of you were not aware of our existing membership offer – something we have already begun to rectify through better and more regular communications – many of you would also be interested in an enhanced membership “package”.

To this end, later this year we will be announcing a new membership model which will include a new Premium membership package featuring new benefits for members such as free attendance at select RC (UK) events. All membership packages will be open to all, without distinction. Among other things, we hope that improving our membership offer to you will make it easier for those who do want to support us at a higher level to do so, and continuing to enable those who prefer to support us at a more “basic” level to do so. As always, RC (UK) instructors are central to our thinking, so please keep reading the newsletter, checking our website, and following us on social media for more information as we have it.

Please note the item below about direct debit payments for membership fees: it’s very important that we are able to administer these expediently and efficiently. Moving to direct debit for all membership payments is a win-win for both the RC (UK) and its members.

We will begin our new Annual Lecture series later this year, in the Autumn, which we will try to combine with our planned instructor days and AGM. As we have only recently held a Scientific Symposium, and given that the Autumn is always a busy period for many people, we will hold our first Annual Conference in Spring 2019. This will give us plenty of time to find a great venue and produce a really exciting programme with some great speakers, spread over 2 days.

We continue to review our courses and ensure they are fit for purpose. This includes an educational review of the RC (UK) courses and a review of the GIC. Both reports will be presented in the coming months to the relevant committees. We are also currently reviewing the ILS course and are looking to develop a blended learning approach in the coming months – there will be more information about this soon.

We, along with ALSG, have just appointed two new GIC educators, having said goodbye to Celia Warlow and Ian Bullock – though Ian is now one of our Trustees. Many thanks to both of them for their many years educating on the GIC.

This year we will be doing more, and more targeted, public affairs work, and there are some exciting new initiatives in the pipeline. In addition, as Jonathan mentioned, Restart a Heart will continue to be a major campaign for us this Autumn, and we have already started planning for what is going to be a genuinely global campaign this year.

There are also a number of exciting developments in relation to ReSPECT, as Catherine Baldock outlines below.

Good communications are a key part of good public affairs, and we are already an organisation which is communicating more often and increasingly effectively, engaging more people and a wider audience. Our social media “reach” continues to grow, and I’m particularly delighted at the fact that the newsletter is going out to 13,000 more people than in June 2017. I’m sure many of you will have also taken part in our innovative “Resusmas” advent calendar quiz on Twitter, the brainchild of our Communications Officer, Emily Pulham.

We are also currently building a database of good news stories, case studies and ambassadors who can help get our message across more effectively and to wider audiences, including policy-makers.

So, a happy new year to all, and here’s to a year in which we aim to achieve new and greater heights for resuscitation and the RC (UK).

Thank you for your continued support, and particularly to all course centres, directors and instructors as we move into 2018.

All the best,

Federico Moscogiuri
Chief Executive Officer
Survival stories

Here's a story that's full of heart. In July 2017, Neil Davidson experienced a cardiac arrest while sleeping. His son Oliver, who had learned CPR in school 10 years prior, saved his life with his quick provision of CPR.

Read their story and why Neil wants to ensure school children everywhere learn CPR.

Do you have a cardiac arrest survival story that you'd like to share? We love hearing success stories - and we'd love to hear and share yours. Please email emily.pulham@resus.org.uk with the subject line “Success Stories.”

In the meantime, visit our Facebook page to read a selection of stories where bystander CPR saved the day in an emergency.

Have you heard?

2018 Emergency Services Show
We'll be at the 2018 ESS in Birmingham! Find out more>

2018 Life Connections Conference
Tickets for 2018 are now available. Find out more>

Professional Record Standards Body
New educational videos have been released to show how good digital information sharing can benefit patients and clinicians. Find out more>

RC (UK) Membership
We are inviting people to join as members of the RC (UK). We offer both full and associate memberships on our website. Apply now>

RC (UK) online shop
All our Life Support manuals are now available to buy from our online shop and UK delivery is free of charge. Buy now>

Articles of note

Read our latest statement, made with the British Association for Cardiovascular Prevention and Rehabilitation, on the requirements for resuscitation training and facilities for cardiovascular prevention and rehabilitation programmes. Find out more>

Read the article contributed to by Executive Committee members Christopher Smith, Carl Gwinnutt and Gavin Perkins and others: the use of trained volunteers in the response to out-of-hospital cardiac arrest – the GoodSAM experience. Find out more>

Read the clinical papers on how a text message alert system for trained volunteers in the Netherlands improved out-of-hospital cardiac arrest survival. A text message alert system> Circumstances and causes of sudden circulatory arrests>
RC (UK) are pleased to be heading to the 2018 RCPCH Conference in Glasgow to deliver Simulations in Paediatric Emergencies with Advanced Life Support Group (ALSG).

Learn more about the conference and book your tickets >

ReSPECT update

We have seen an amazing response to ReSPECT with at least 12 sites confirming they will definitely launch in 2018 and another 32 sites working towards adoption. Discussions are also taking place with another 30 or so organisations. There is clearly a great energy and desire to use ReSPECT which creates personalised recommendations for a person's clinical care and hopes to improve coordination across primary, secondary care and the ambulance service.

We are nearly ready with the ReSPECT online hub and forum and will be inviting current adopters to start using it shortly with a view to extending it to all members of the Adoption Network later this Spring. It is going to be a useful space for people to share experiences, discuss, learn from each other, access and share key documents, etc. We are also planning some webinars in the forthcoming months.

Our first ReSPECT conference is now confirmed for 1 May; there will be both lectures and workshops. The day is predominantly aimed at current and prospective adopters, but includes some key external speakers as well. It is important to ensure there are links between ReSPECT and other key strands of work such as NHS RightCare. The conference will help to build a network of expertise and collaborators, and ensure that efforts are coordinated nationally and the ReSPECT process continues to be developed by those who are using it. Numbers are unfortunately limited and we may not be able to accommodate everyone who would like to attend. However, we are planning to record at least some of it and we will make all the presentations available. The programme is nearly finalised and will be made available on a dedicated website soon.

Progress continues to be made with a digitised template of the ReSPECT form data that will facilitate integration into any electronic records system. It will also enable full portability between different systems (e.g. those used in tertiary in-patient and community-based scenarios). An interim solution comprising a writeable PDF or Word Form is now completed and is available by request. These templates will enable the form to be completed on a computer and stored in an electronic system but do not offer the full integration that will follow. Following feedback from the early adopter sites around section 6 “mental capacity” of the ReSPECT form this section has been amended and there is now version 2 of the form. This is available on the ReSPECT website.

We look forward to welcoming as many of you as we can at the conference in May.

Catherine Baldock
ReSPECT Project Manager

Important changes for members

As of March 2018, we will no longer be taking renewal payments by standing order. Members with a standing order in place should contact their bank and cancel the arrangement as soon as possible.

To continue your membership with the Resuscitation Council (UK) we encourage you to set up a direct debit. Please contact us at membership@resus.org.uk or call us on 0207 388 4678 between 10am and 4pm, Monday to Friday for more information.
Welcome

We are pleased to announce two additions to the Board of Trustees, Ian Bullock and Janine Roberts.

Ian Bullock trained clinically as a nurse, completed an education degree and has developed innovative nursing and medical education programmes, and a PhD focussed on resuscitation education. He has enjoyed senior positions within the NHS, a number of academic institutions and professional bodies, and is now Chief Executive at the Royal College of Physicians (RCP). Ian has expertise in leadership, evidence based healthcare, quality improvement, critical care clinical practice, clinical and higher education. He is involved in strategic and operational planning at national and international levels, and is responsible for delivery of large funded research programmes on behalf of NICE, NHS England, HQIP and other major funding bodies. He has a leading role in RCP’s ‘Future Hospital Programme’ and supporting the delivering of the RCP’s five year strategy.

Ian has actively worked with RC (UK) since becoming an educator in 1996, and has taken a lead education responsibility for over ten years, also supporting education development within the ERC. He received Fellowship from the ERC in 2015. Ian is motivated to ‘make a difference’ to patient outcome and the patients experience of care.

Janine Roberts is an expert consultant in behavioural change, leadership development and large scale clinical systems improvement. She is also a leading expert and coach in change management and personal performance, working with individuals and coaching teams at senior management and executive level. She has delivered many national and organisational large-scale change and leadership development programmes.

She is the Managing Director of her own company and has spent over 25 years working in and with the National Health Service, working with the Department of Health and Hospital Trust Boards to redesign services to achieve improved services for patients and staff whilst still delivering savings. She has also worked in and with numerous commercial and blue-chip companies, working with executive and senior management teams to achieve and sustain personal high performance.

Janine has a clinical background, a BSC honours in Health Studies and a Master’s degree with distinction in Executive Coaching and Behavioural Change from Henley Business School. Her dissertation was focused on burnout, resilience and wellbeing in NHS Leaders. She is a certified Myers Briggs and NLP Practitioner and specialises in group dynamics. Janine is also an endurance athlete competing many times a year and embodies the principles of wellbeing at work.

Resuscitation in Practice

Life is a busy and unique adventure when you’re a community resuscitation officer working in an integrated care organisation (ICO) - but it’s all in a day’s work for Stephen Williams. Read about his work at the Torbay and South Devon NHS Foundation Trust.

Spotlight on

When tragedy struck in Swansea, Swansea City AFC were determined to do everything they could to provide improve survival odds in the future. Read about their defibrillator programme and the novel way they are boosting defibrillator numbers across the leagues.

Research

In March, we will be announcing the details for applying for Research and Development Grants. As part of our membership promise, this announcement and the application details will be made known to Full members first.

The grants are designed to support the generation of new knowledge in resuscitation science and education, and will be open to individuals working in the NHS or a university department within the United Kingdom. The researcher should hold qualifications appropriate to their grade. Such individuals will usually be doctors, nurses, resuscitation officers or other professions allied to medicine, and should have a credible track record of conducting such research projects or be working under appropriate supervision.
This month the RC (UK) joined St John Ambulance, The British Heart Foundation, and British Red Cross in submitting evidence backing CPR instruction in schools to the government’s PSHE consultation.

We believe that first aid, including cardiopulmonary resuscitation (CPR), is the most important subject area for mandatory inclusion in the secondary school PSHE curriculum. There is strong evidence to show that teaching young people essential life-saving skills leads to more lives saved. In Denmark, where CPR training in schools has been mandatory since 2005, the chances of recovery from an out-of-hospital cardiac arrest are triple those in the UK. In Norway, where CPR is also a mandatory part of the curriculum, survival rates from bystander CPR are an astounding 70%, compared to less than 10% in the UK (Böttiger BW et al. Kids save lives. Eur J of Anaesthesiol 2017; 34: 792-96).

We await the government’s response to the consultation and will continue with our efforts to train as many young people in possible through Restart A Heart day and Lifesaver/Lifesaver VR, among other initiatives.

RC (UK) LMS - Tip of the month

In preparation for the EU’s General Data Protection Regulation (GDPR) which will apply from 25 May 2018, we have an obligation to ensure the accuracy of the personal data we process and it must be kept up-to-date where necessary. Please help us and update your profile page for your LMS account.

If you have received this newsletter, you will likely have an account on our Learning Management System (LMS). The site is used to administer courses, instructor status and membership. You should only have a single account for the LMS, but if you have multiple accounts, these can be merged and requests to do so should be made by email to lms@resus.org.uk. If you have forgotten your password, you can reset this from the login page as shown below:

Once you are logged in, go to Navigation > My profile > Edit profile:

Course administrators who have access to a centre's generic course administrator account, when updating the account’s profile page, please do not include your personal data (e.g. GMC number). For these accounts, select ‘Non-healthcare professional’ for the ‘Job role’.

Thank you for your interest in the Resuscitation Council (UK). Look out for our next newsletter in 2018 or get in touch using the information below.