



HYNDBURN

The place to be
an excellent council

‘Hyndburn AED (Automated External Defibrillator) Report

Overview & Scrutiny Panel Report

25th May 2021

Hyndburn AED Review Panel - Membership

Councillor Glen Harrison (Chair) – note not re-elected 6th May 2021

Councillor Bernadette Parkinson

Councillor Judith Addison

Councillor June Harrison

Contents

| | |
|--|-----------|
| 1. Introduction and Terms of Reference | 3 |
| 1.1 Formation of the Scrutiny Panel | 3 |
| 1.2 Establishing the Terms of Reference | 3 |
| 2. Scrutiny Review Process | 4 |
| 2.1 Meetings | 4 |
| 2.2 Gather further information – fact finding..... | 5 |
| 2.3 Producing a Report | 7 |
| 2.4 Thanks | 7 |
| 3. Findings of the Panel | 7 |
| 3.1 In summary | 7 |
| 3.2 Cardiac Arrest..... | 8 |
| 3.3 Automated External Defibrillators (AEDs) | 8 |
| 3.4 AEDs in Hyndburn | 9 |
| 3.5 Summary of issues discussed by Panel and suggested solutions | 10 |
| 4. Summary of Panel Objectives | 15 |
| 4.1 Identify the AEDs in Hyndburn which the Council has been involved with and clarify ownership of each one. | 15 |
| 4.2 Identify specifically which AEDs have issues with maintenance and checks that need addressing. | 15 |
| 4.3 Identify the spread of AEDs across the borough including those with which Hyndburn Borough Council has had no involvement with and establish coverage for Hyndburn. | 16 |
| 4.4 Identify the costs of maintaining the AEDs and carrying out weekly visual checks going forward. | 16 |
| 4.5 Identify options for relocating AEDs from buildings where there are apparent issues with maintenance and weekly inspections..... | 17 |
| 4.6 Consider all options on management of the AEDs going forward and seek guidance from CMT | 18 |
| 5. Recommendations | 19 |

Introduction and Terms of Reference

1.1 Formation of the Scrutiny Panel

At its meeting on 25th November 2020, Communities Overview & Scrutiny Committee resolved to establish a Scrutiny Panel to look at current issues associated with AEDs (Automated External Defibrillators) in Hyndburn. The Scrutiny Panel would be called “The Hyndburn AED Review.”

It was determined at that meeting that there were several issues causing problems with AEDs in Hyndburn, and the panel wished to make recommendations to resolve these issues urgently. The Committee had received detailed reports regarding AEDs in Hyndburn but felt the need to carry out a more detailed review, with a particular focus on resolving the issues identified in the report.

It was agreed that:

- (1) That, a Task and Finish Group be established, as soon as possible, to consider issues related to a scheme for managing community defibrillators taking into consideration issues including ownership, maintenance, and budgetary; and**
- (2) That, the recommendations made by the Task and Finish Group are submitted to Cabinet for consideration, in order to speed up the process of establishing a robust and effective scheme.**

It was agreed that Councillor Glen Harrison would Chair the Panel, and that the panel should contain at least 3 members including a member of the opposition party. Councillors Bernadette Parkinson, Judith Addison and June Harrison were also appointed to the Panel. It should be noted that than Councillor Glen Harrison was not re-elected at the local elections on the 6th May 2021, therefore final sign off of the report was agreed by the remaining panel members at a meeting on 25th May 2021.

1.2 Establishing the Terms of Reference

It was agreed that the Panel would set its own terms of reference and project plan. This was a straight forward process as all members had been made aware of the AED related issues and all were in full agreement that these should be resolved as quickly as possible.

1. To review the ongoing issues with AEDs in Hyndburn. Focussing on those purchased by the Council or by third parties with Council grants.
2. To give consideration to other AEDs in the Borough which were not supplied by the Council.
3. To make recommendations to Cabinet in order that the AEDs associated with the Council can be brought back online and to ensure the ongoing maintenance issues are resolved so that they stay online.

In order to effectively follow the terms of reference set, the Panel agreed the following set of objectives it wished to achieve.

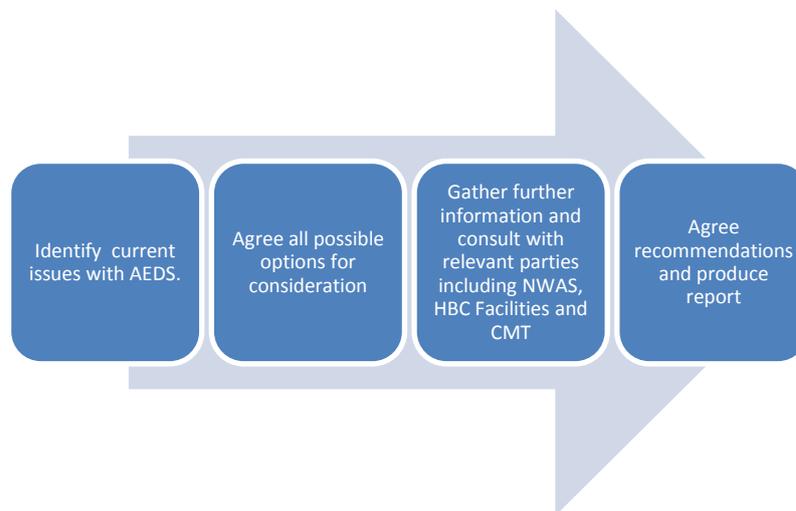
1. Identify the AEDs in Hyndburn which the Council has been involved with and clarify ownership of each one.
2. Identify specifically which AEDs have issues with maintenance and checks that need addressing.
3. Identify the spread of AEDs across the borough including those with which Hyndburn Borough Council has had no involvement with and establish coverage for Hyndburn.
4. Identify the costs of maintaining the AEDs and carrying out weekly visual checks going forward.
5. Identify options for relocating AEDs from buildings where there are apparent issues with maintenance and weekly inspections.
6. Consider all options on management of the AEDs going forward and seek guidance from CMT.
7. Make recommendations to Cabinet on future management of the AEDs including the provision of a budget if required.

1. Scrutiny Review Process

1.1 Meetings

The panel held its first meeting on the 4th December 2020. This initial scoping meeting would determine exactly what Members wished to get out of the review and the scrutiny review process. In the main, this meeting took the form of a brainstorming session which would establish what path the review took. It was clear the members were keen on a swift resolution to the current issues. The Panel set a target to complete the review within 2-3 meetings.

At the first meeting, the review process displayed below was agreed.



The first meeting was also used to discuss the current problems which had been identified in the report submitted to the Committee, and consider all possible options for the future management of AEDs linked to the Council, with the panel clear on their preference to keep functional publically accessible AEDs in the Borough.

1.2 Gather further information – fact finding

The original report and subsequent questions and answers submitted by the Resources Overview and Scrutiny Committee had already uncovered a significant amount of information, but the Panel agreed on the following further information which they required in order to complete the review:

- Further information on the specific AEDs which were currently offline and on which buildings these were located

- Further information on usage of the AEDs in Hyndburn
- Information on suitable Council buildings for the relocation of AEDs
- Costs associated with relocating AEDs
- Information on other areas of Lancashire or the North West
- Information on management of other AEDs in Hyndburn and whether or not there would be any interest in taking on the management of HBC's AEDs
- CMTs views on how the current issues can be resolved
- Portfolio Holder for Health's views on how the current issues can be resolved

The Scrutiny Officer was tasked with collating the above information and reporting back to the Panel.

The Scrutiny Officer held a series of meetings and email exchanges with the following:

NWAS provided the following information:

- Locations of all AEDs registered in their system in Hyndburn
- Total coverage area of each AED
- Number of offline AEDs (those not currently operational) in Hyndburn and in Lancashire
- Anecdotal information relating to usage (Detailed usage data was requested and forwarded to NWAS informatics team but to date has not been provided)

HBC Regeneration Team (Facilities) provided the following information:

- Estimated budget requirements for the management, maintenance and ongoing weekly checks of the AEDs
- Suitable HBC buildings for relocations of AEDs which are offline
- Costs for the relocation of AEDs

HBC Policy Manager provided the following information

- Map of all AEDs in Hyndburn on the NWAS system, including a 500m radius (which is the distance each AED covers) enabling the identification of any areas not currently covered by an AED.
- Responses from other Councils on management on public AEDs

Leader of the Council and the Portfolio Holder for Health

- Provided feedback on the potential options for AEDs going forward

CMT

- Requested further information on usage and locations of AEDs
- Provided feedback on any legal issues potentially associated with relocation of AEDs
- Suggested considering the option to relocate AEDs to the buildings of other, reliable organisations as well as HBC Buildings

Charites managing other AEDs in Hyndburn

- The Scrutiny Officer was unable to make contact

1.3 Producing a Report

The Overview and Scrutiny Officer and Chair of the Panel collated all the information to produce this report. A meeting was held with the Panel to agree the recommendations, which was held on 10th March 2021. After further consultation with the Officers and Members, a final meeting was held on 25th May to agree to the final recommendations to be submitted.

1.4 Thanks

The Scrutiny Panel would like to record its thanks to all those persons who took part in the consultation on this scrutiny review topic and in particular, expresses its appreciation and thanks to the undermentioned individuals who contributed their time and expertise during the information gathering stage of the process:-

- **NWAS**
- **Sarah Whittaker, Regeneration Manager (In charge of facilities)**
- **Helen McCue-Melling, Head of Regeneration**
- **Stuart Sambrook, Policy Manager**
- **Amirah Chati, Apprentice Policy and Research Officer**
- **Councillor Jenny Molineux, Portfolio Holder for Health**
- **Councillor Miles Parkinson, Leader of the Council**
- **Hyndburn Borough Council Corporate Management Team**

2. Findings of the Panel

2.1 In summary

This section of the report will summarise key findings of both the original Resources Overview and Scrutiny Committee and the Panel established and address the objectives set by the Panel in section 1.

For ease of the reader, it will highlight the facts rather than provide in depth information.

2.2 Cardiac Arrest

A cardiac arrest is the most extreme emergency and happens when the heart stops pumping in a normal way, preventing blood from circulating around the body. It can happen at any age, anytime, anywhere. Someone who is having a cardiac arrest will suddenly lose consciousness and will stop breathing normally. There are usually no obvious symptoms or warning signs prior to this happening. Unless immediately treated with CPR and defibrillation, the person will die within minutes.

In the UK, around 60,000 people have an out-of-hospital cardiac arrest every year and less than one in 10 people survive. One of the main reasons for this is the lack of action from bystanders before ambulance crews arrive. Defibrillation within five minutes can result in survival rates as high as 70%. For this to be happen, we need bystanders to take action by using defibrillators in the community. For that to happen, we need defibrillators to be made as readily available as fire extinguishers. For each minute without defibrillation, a person's survival chances decrease by 10% so it's vitally important that we empower communities to invest in CPR skills and make defibrillators available. Headline statistics regarding cardiac arrests and AED use:

- In the UK approximately 60,000 people suffer cardiac arrest outside hospital each year and sadly only 7% of victims survive.
- When a sudden cardiac arrest (SCA) happens, the likelihood of surviving decreases by 10% with every minute that passes without defibrillation.
- There is a 70% chance of survival if defibrillation happens within 3 minutes of the SCA. This increases to 90% if the heart is shocked within one minute of the SCA.
- 75% of NHS ambulances arrive within 8 minutes.
- 3% of defibrillators are used outside of hospitals (BHF- 2021 info)
- 40% of bystanders who witness a cardiac arrest would be confident in performing CPR.

2.3 Automated External Defibrillators (AEDs)

An automated external defibrillator (AED) is commonly referred to as a defibrillator or 'defib'. It is a device that gives an electric shock to the heart through the chest wall to

someone in cardiac arrest. Without defibrillation a person in cardiac arrest will die. There are defibrillators in many public places such as shopping centres, airports, train stations, schools and businesses which anyone can use - even those without awareness training - in the event of a cardiac arrest.

AEDs give verbal prompts on how to use them and what to do next. They will only deliver a shock to someone who needs one; it is not the responsibility of the user to decide whether a shock is necessary. No servicing is required as defibrillators self-test and indicate when new consumables such as batteries and electrode pads are required. Pads/batteries require replacing every 2 years or when they are used.

AEDs require weekly visual checks and quick reports back to NWAS using their online checking system to ensure they remain operational on the NWAS system.

2.4 AEDs in Hyndburn

In 2016, Huncoat and Central/Springhill Area Councils authorised capital expenditure on 9 Defibrillators which were installed at publically accessible sites across these areas. These were installed on a mixture of Council, private and third sector buildings in strategic places in line with guidance from NWAS. As part of the installation process, the Council, with support from NWAS, produced an agreement which laid out the responsibilities of each party (Council, NWAS and building owner) with regards to the ongoing maintenance of each AED. Building owners agreed to supply electricity to the cabinet and to carry out regular visual inspections to ensure the AED was functional, and report any issues to NWAS.

Area Councils provided the initial capital funding but no budget was identified at the time for ongoing costs. The battery and pads must be replaced on each AED every 2 years or whenever an AED is used (around £100 each time). In addition, AEDs can go missing or be damaged (£1,000 per AED). Foreseeing the potential for ongoing costs and lack of suitable council department identified to take responsibility for the AEDs, Leaders Policy Development board decided that any future area council applications for the installation of an AED must come from a third party, who would purchase, maintain and be responsible for the AED themselves.

More information regarding AEDs in Hyndburn can be found on the report submitted to the Communities and Wellbeing Overview and Scrutiny Committee on 25th November 2020

<https://democracy.hyndburnbc.gov.uk/ieListDocuments.aspx?CId=129&MId=2530&Ver=4>

Below is a summary of this information

- NWAS identified 20 AEDs linked to the Council on their database. This has since been reduced to 19 after the Scrutiny Panel discovered that one of these had no links to the Council and was a mistake on the NWAS system.

- There was some uncertainty on the ownership of the 19 AEDs identified, which has now been clarified as follows:
 - 5 AEDS on Council buildings (Including one owned by a charity on Haworth Art Gallery and one adopted by the Council on the Arthur Wilson Centre)
 - 11 x AEDs purchased by the Council through the Area Council Grant Funding as requested by Councillors and located on buildings not owned by the Council (Including one located at the Coppice).
 - 3 x AEDS purchased by third parties via Area Council Grants
- For each AED installed, organisations signed a Memorandum of Understanding agreeing to provide the electricity supply to the AED cabinets, carry out weekly visual checks and report any faults to NWAS.
- 8 AEDs are currently not operational. This indicated that checks and reporting are not being carried out as agreed by third parties. Several others are not live on the NWAS system as weekly checks are not being reported to NWAS.
- If AEDs are offline on the NWAS system, the public will not be directed to them in the event of an emergency
- There is no single Council department with responsibility for all AEDs and no ongoing budget for maintenance, which is causing issues.

3.5 Summary of issues discussed by Panel and suggested solutions

Provision of AEDs is not a statutory duty for Councils

Whilst the panel are aware that the Council does not have a statutory duty to provide public AEDs, they were clear that the Council (initially through Area Councils and then other funding sources) had chosen to invest in these services and felt as though there was a moral duty to ensure they remained functional and publically accessible. They also felt that, particularly during the current pandemic, decommissioning the AEDs would be perceived negatively by the public. The Panel are against the option to decommission the AEDs as a whole. The Portfolio Holder for Health is also against this option. However, there was an agreed consensus that having a public AED which is not available for use is worse than there being no AED at all, and would therefore support the decommissioning of AEDs on an individual basis should there be no other practical alternative option.

There is no single Council department with responsibility for the AEDs and no budget to carry out regular checks and maintenance

Since the initial purchase of AEDs several years ago, the following departments have had some involvement:

- Area Councils (no longer a department)
- Health and Safety Officer

- Markets Manager
- Regeneration (Facilities)
- Building Managers

However, there is no one department with overall responsibility and also no central budget or man power to carry out visual weekly checks and for maintenance/replacement. In addition, there is no longer an area councils department.

There is no budget for ongoing maintenance of the AEDs or for the weekly checks to be carried out. Some maintenance/replacement has been carried out in the last few years using additional area council grant applications, however, these budgets have now been entirely spent and are no longer added to on an annual basis.

An annual budget of £12,000 would be required for the replacement of equipment and then the staff and resources needed to carry out weekly checks to ensure correct management of the AEDs. It took the Facilities Manager six hours to visit all the AEDs and to carry out checks including travel time. It is imperative that checks are carried out every week. The budget requirement is based on checks/maintenance being carried out centrally on all 19 of the identified AEDs. The panel realise that this is not the most efficient option. Weekly checks take only around 1 minute and should be being performed by the building occupiers.

Most of the AEDs are not on Council buildings

Since this review began, the Regeneration Team (Facilities) have ensured that all 5 of the AEDs on Council buildings are fully operational, undergo weekly checks and are live on the NWS system. There is however still an issue with one AED on Council property (The Coppice). Replacement pads and battery have been ordered but there is currently a supply chain issue. Carrying out weekly visual checks at the occupied buildings is a simple task that can be carried out in a few minutes. As the Coppice is not a manned Council building, this is more difficult. It is suggested that the Parks Department could take responsibility for weekly checks of the AED at the Coppice, or Regeneration (Facilities Team) as part of their checks on the bowling pavilion close by.

One of the Council building AEDs is on the Arthur Wilson Centre in Clayton Le Moors. This building is currently empty. The AED however is being checked by the Facilities Team as part of their empty buildings checks. The panel suggest this responsibility should be passed to any future tenant of the building as part of the lease agreement.

Of the 13 other AEDs not on Council buildings, 7 are currently offline. Whilst a £12,000 budget would provide resources for the Council to carry out these checks,

there are complications with the Council having responsibility for AEDs on none Council buildings. For example, The Councils Facilities Team are not comfortable taking responsibility for other AEDs which are not located on Council buildings due to a range of issues, including:

- Health and safety
- Compliance issues; the Council has no authority over a private owner to maintain a safe electric supply or even keep the defib on their building i.e. we can't take responsibility for properties and issues we have no control over.
- Time required to carry out visual checks (as there is no regular council occupation of the building)
- Lack of resources i.e. budget and officer hours available to carry out regular checks, maintenance and replacement.

The panel suggested that relocating AEDs to Council buildings where appropriate would be a more efficient solution and would ultimately lower the ongoing budget requirements for maintaining them.

This suggestion was also discussed with CMT, who raised the following points for the Panel to consider:

- Need to ensure the Council can move AEDs from other buildings legally, suggested to liaise with the Legal Department.
- Need to understand how public AEDs are spread across the Borough (All AEDs, not just ones that are part of this review) before relocation to ensure we are not overlapping in areas that are already covered.
- Need to understand usage – are certain AEDs used more than others, is there a greater need in some areas over others?
- Need to ensure any relocation of AEDs is either to Council buildings or to buildings of trusted organisations who we can be confident will carry out regular checks.

In response to the above points, it was agreed that building occupiers should be first given the opportunity to agree again to carry out weekly checks and maintenance before considering removing the AED from the site for relocation. However, it has been advised that there is no legal reason preventing the Council to do this as no access to the property would be required.

There would be an additional one off cost of approximately £300-400 for each AED which was relocated. However, this would be offset by a reduction in the annual budget required to manage them, particularly for those that are relocated to Council buildings.

As some of the AEDs were purchased with Area Council Funds, there may need to be discussion with Councillors if relocation involves moving an AED out of the area for which it was funded. However, the panel acknowledge that if the preference is to

use Council buildings and buildings of other responsible organisations, keeping each AED in the same “area” will not be possible.

Other AEDs not included in the review

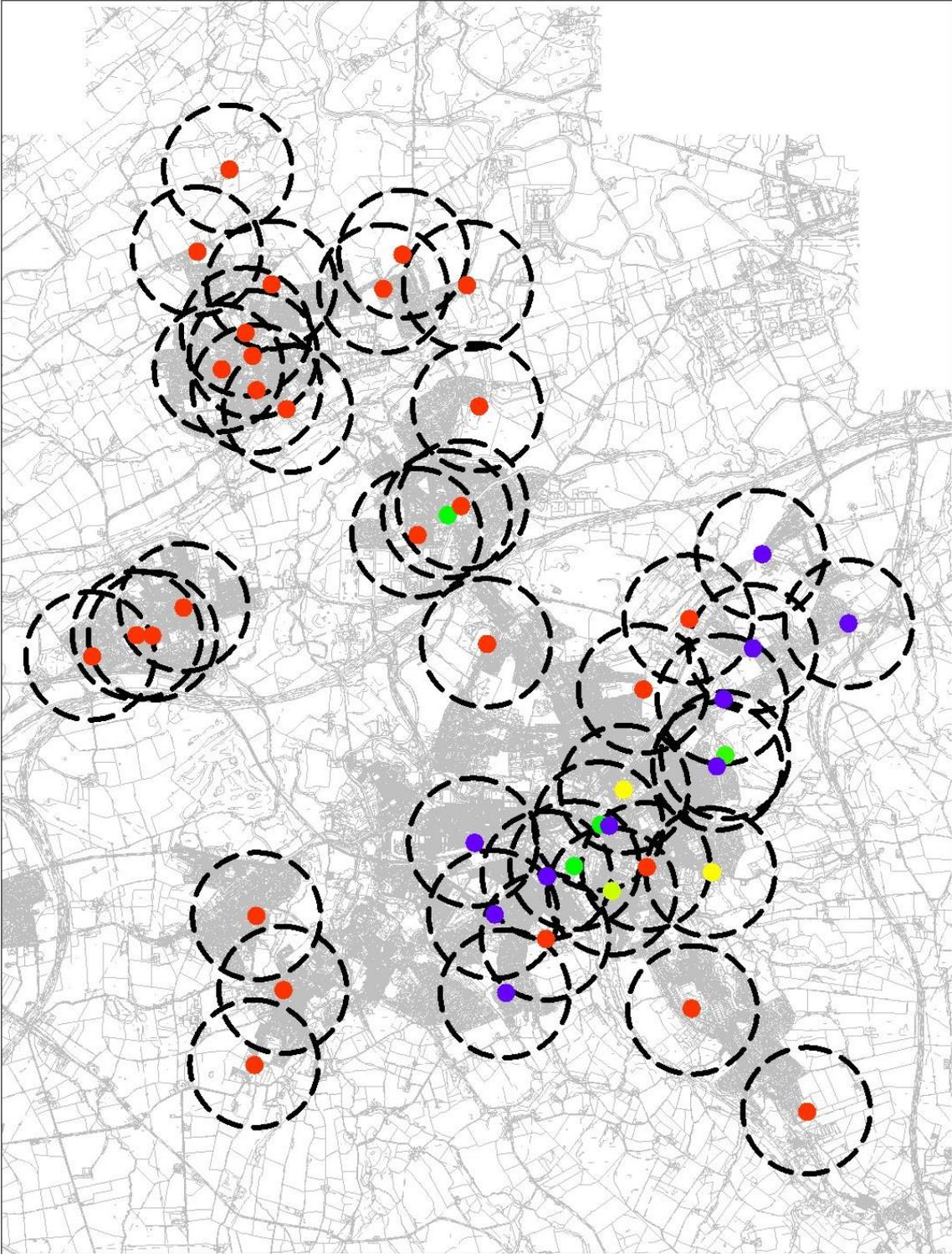
The Scrutiny Officer requested information from NWS on every public AED in Hyndburn. This information was then plotted on a map along with a 500m radius (Which is the maximum distance at which a 999 operator will direct a member of the public to the nearest AED). The map below shows there is excellent coverage across Hyndburn, with very few populated areas falling outside of a 500m radius of the nearest AED. If relocating AEDs, Cabinet should consider identifying buildings in the “gap” areas identified on the map below, notably Church, Milnshaw and part of Oswaldtwistle.

Green dots indicate Council AEDs on Council Buildings

Blue dots indicate Council AEDs on non Council Buildings

Yellow dots indicate AEDs purchased by third parties using Area Grant Funding

Red dots indicate all other AEDs in Hyndburn



Produced using GGP. (C) Crown Copyright. All rights reserved (100022321) Scale - 1:37091 Date - 21/01/2021

Opportunities for relocation of AEDs

The Facilities Team and Panel highlighted several Council buildings which would be suitable to relocate AEDs to, as follows:

- Willows Lane Depot
- Brown Street Vehicle Compound
- Accrington Cemetery
- CVMU
- Hyndburn Leisure Centre

The Panel disregarded Brown Street (too close to Scaitcliffe House and Willows Lane) and Accrington Cemetery (excellent coverage already in Huncoat).

Relocating AEDs to the other three sites was supported by the Panel, particularly to CVMU and Hyndburn Leisure Centre which would fill the gap in Church identified on the map. The Panel also support seeking out trusted partner organisations to relocate the other AEDs were possible. The Panel suggested Accrington Academy or St Christophers schools are ideally located to fill the gap identified on the map in Milnshaw if either of the schools were interested.

Usage Data

Regarding usage data, despite several requests submitted to NWAS we have not received this information, mainly due to the ongoing pressures faced by NWAS as a result of COVID-19. Anecdotally, the Council is aware that several of the AEDs have been used as we have been required to purchase new pads and batteries on several occasions. All the AEDs are in relatively well populated areas that are accessible. Cabinet could choose to wait for this information but the Panel felt as though the need to ensure the AEDs are operational outweighs the need to know how often the AEDs have been used.

4. Summary of Panel Objectives

4.1 Identify the AEDs in Hyndburn which the Council has been involved with and clarify ownership of each one.

4.2 Identify specifically which AEDs have issues with maintenance and checks that need addressing.

The Panel has successfully identified 19 AEDs in Hyndburn which the Council have been involved with. Ownership of each has been clarified as have those with issues. This has been outlined in the table below.

| Location | Owner | Current Status |
|------------------------|---------------|----------------|
| Griffin pub | HBC | Live |
| Whittaker's | HBC | Live |
| Mapleford Nursing Home | HBC | Offline |
| Point control | Point Control | Live |

| | | |
|---|----------------------------|---------|
| Railway pub | HBC | Live |
| Peel park (Coppice) | HBC | Offline |
| Fryer ct | Peel Residents Association | Offline |
| Broadway | HBC | Live |
| Market Hall | HBC | Live |
| Raza Jamia Masjid | HBC | Offline |
| Al Hamza | HBC | Offline |
| Sure start (Fern Gore – building has changed hands since) | HBC | Offline |
| Scaitcliffe Community Centre | HBC | Offline |
| Scaitcliffe | HBC | Live |
| Woodnook | Trinity Church | Live |
| Haworth Art Gallery | Charity | Live |
| Sandy lane | Friends of Arden Hall | Offline |
| Arthur Wilson Centre | HBC | Live |
| Peel Park Hotel / pub | HBC | Live |

Those highlighted are currently offline. These include 6 owned by the Council (but not located on Council buildings) and 2 owned by third parties who received an Area Council Grant. It is important to note that the Council do not own the AEDs at Sandy Lane, Fryer Court and Woodnook Church.

4.3 Identify the spread of AEDs across the borough including those with which Hyndburn Borough Council has had no involvement with and establish coverage for Hyndburn.

The panel has identified all publically accessible AEDs registered on the NWAS system across Hyndburn. This does not include the likely many AEDs held by businesses and others which are not registered on the NWAS system.

These publically accessible AEDs were highlighted on the map in the section above along with a 500m radius. This shows there is good coverage across the Borough with only a few “gaps” identified.

4.4 Identify the costs of maintaining the AEDs and carrying out weekly visual checks going forward.

The panel has identified the costs of maintaining the AEDs and carrying out weekly visual checks. For the Council to do this centrally an annual budget of £12,000 would be required. However, the Panel have noted that with the current locations of the AEDs, particularly those not on Council buildings, this may not be feasible or the most efficient course of action to take. Ensuring the current building owners comply

with the terms of the original Memorandum of Understanding to carry out weekly checks and basic maintenance would be the best option. Relocation to Council buildings where possible, and relocation to other buildings of trusted organisations who the Council can be confident will carry out regular checks and maintenance is another option which should be considered. This would involve one off costs of £300-£400 for each AED relocated but would lead savings on the annual budget requirement. The Panel are also mindful that, having a public AED in place which is not available for use is worse than having no AED at all, and therefore would support the decommissioning of individual AEDs were no other alternative arrangement is practical.

The Panel were also informed that the AEDs and Cabinets have a lifespan of up to 10 years, and the current AED used in the majority is no longer produced. Consideration should be given by Officers as to what action is taken when an AED unit becomes no longer viable.

4.5 Identify options for relocating AEDs from buildings where there are apparent issues with maintenance and weekly inspections.

Eight AEDs are currently offline. An audit carried out by the Facilities Team in November 2020 indicated all of these currently require replacement pads, a replacement battery or both. This indicates that the building owners are not carrying out the weekly checks and reporting as agreed to under the terms of the Memorandum of Understanding. In some cases this may be due to a change in ownership of the building or a misunderstanding regarding the agreed role building owners/occupiers would take.

The Council could choose to replace the batteries and pads now, however, NWS will not consider making the AEDs live on their system again until they are confident the correct governance is in place to carry out weekly checks and required maintenance.

As 6 of these AEDs are owned by the Council, the Panel is minded to recommend that these 6 AEDs are considered for relocation. It is suggested that in the first instance, Officers should write to the current building owners/occupiers asking them to carry out the weekly checks and basic maintenance required and previously agreed under the terms of the MOU. If an agreement cannot be made Officers should then consider removal of the AED from the site.

The Panel has identified three Council buildings (Willows Lane Depot, CVMU and Hyndburn Leisure Centre) which would be suitable locations as the buildings are manned by Council staff who could take responsibility for carrying out weekly checks. CVMU and Hyndburn Leisure Centre would also fill a gap identified in the mapping exercise of all AEDs across the Borough.

Due to the difficulties of the Council being responsible for AEDs on non-Council buildings identified earlier in report, the panel recommends the Council considers the following course of action.

- The Council write to the current building owners/occupiers asking them to carry out the weekly checks and basic maintenance required and previously agreed under the terms of the MOU. If an agreement cannot be made Officers should then consider removal of the AED from the site.
- The Council considers relocating three AEDs from non-Council buildings to the three suitable Council buildings identified
- The Council relocates other AEDs to other suitable buildings should the current building owner/occupier not wish to carry out weekly checks and basic maintenance.
- The Council writes to the organisations who purchased AEDs with Council grants, reminding them of their responsibility to carry out weekly checks and maintenance. If they cannot do so, the Council asks that the AEDs be returned to the Council for relocation or decommissioning if no suitable alternative can be found.

4.6 Consider all options on management of the AEDs going forward and seek guidance from CMT

This section lists the options for the management of the AEDs going forward and the reasons why the Panel have chosen to recommend or not recommend each option.

Remain as it

The panel have chosen not to recommend this option. The current system is not working, 8 AEDs are currently offline and therefore not available should someone go into cardiac arrest in the vicinity of one of these. During the course of this review Regeneration (Facilities Team) have worked to ensure all the AEDs on Council buildings are back online but the problem still persists with those not on Council buildings.

Decommission the AEDs

The Panel are aware that the provision of AEDs is not a statutory duty of the Council. The Panel were also surprised that there does not seem to be a coordinated approach across the Country to install and maintain public AEDs by Public Health England or the NHS. However, the Panel felt that the Council had chosen to invest in AEDs (mainly the area councils) and therefore choosing now to decommission should only be considered on a case by case basis where no other suitable arrangement can be found.

Cabinet asks the Chief Executive to delegate responsibility for the management of AEDs to a Council department and provides an appropriate annual budget

The panel has chosen to recommend this option. As previously mentioned, there is currently no single department with overall responsibility for AEDs and no budget identified. The Panel suggested that Cabinet asks the Chief Executive to delegate the responsibility to a single department and provides a suitable annual budget (Up to £12k to do so). The budget could be found from the remaining underspends budget for 2021/22 to be followed by a growth bid for budget provision for subsequent years.

The budget requirement could be reduced significantly depending on how they are managed going forward.

The department identified would be responsible for determining the most appropriate course of action, having regard to the recommendations of the Panel.

5. Recommendations to Cabinet

- 1. Delegates responsibility to the Chief Executive to make suitable arrangements for the ongoing management of Council AEDs having regard to the recommendations in the attached Scrutiny report.**
- 2. Agrees that the required budget of up to £12,000 annually be found from the remaining underspends budget for 2021/22 to be followed by a growth bid for budget provision for subsequent years.**
- 3. Agrees that, having public AEDs which are not available for use is worse than having no AED at all. Therefore, officers in consultation with NWAS should write to the building owners/occupiers and seek agreement that they will carry out weekly checks, and reporting to NWAS and maintenance or return the AED to the Council.**
- 4. That, should any AEDs be returned, officers in consultation with NWAS consider whether it would be appropriate to relocate any of the AEDs or decommission them, having regard to the recommendations in the attached Scrutiny report.**
- 5. Agrees that Officers give consideration to what action should be taken at the end of each AED units shelf life.**

- 6. Agree that weekly checks, reporting and maintenance of the AED be included in any new lease agreement for the Arthur Wilson Centre.**

- 7. Agrees that the above recommendations should be carried out as soon as practicable in order to get the AEDs back online quickly.**

- 8. Agrees that officers liaise with NWAS to ensure they are fully aware of any changes to arrangements for AEDs.**

- 9. Agrees that officers be asked to report back to the Communities and Wellbeing Overview and Scrutiny Committee in approximately 6 months time to provide an update.**