

Minute of the Shetland Community Safety & Resilience Board

Thursday 20 October 2016

Room 12, Islesburgh Centre

Present

Cllr Alastair Cooper (Chair)

Cllr Allison Duncan (Vice Chair)

Cllr Michael Stout

Cllr Jonathan Wills

Cllr Frank Robertson

Chief Inspector Lindsay Tulloch – Area Commander, Police Scotland

Chief Superintendent Philip MacRae – Police Scotland

Ingrid Gall – Emergency Planning & Resilience Officer, SIC / NHS Shetland

Mike Smith – Marine Coastguard Agency

In Attendance

Anna Sutherland – Community Planning & Development, SIC (minutes)

Vaila Simpson – Community Planning & Development, SIC

Emma Perring – Community Planning & Development, SIC

Bob Kerr – Communications, SIC

Iona Littlewood – Premier Oil

Karen Yorke – Premier Oil

Apologies

Cllr Steven Coutts

Cllr Gary Cleaver

Cllr Mark Burgess

Mark Boden, Chief Executive, SIC

Ralph Roberts, NHS Shetland

Catherine Hughson, Voluntary Action Shetland

1. Welcome and Apologies

Cllr Cooper opened the meeting and thanked everyone for attending. The apologies were noted.

2. Previous Minutes & Matters Arising

The previous minutes from 11 August 2016 were approved on the motion of Cllr Robertson and seconded by Cllr Duncan.

The list of outstanding action points was then addressed.

Action 2.4 was carried forward.

Action 12.1 was carried forward as the fire service were unable to attend.

Action 16.4 has been done.

Action 16.5. Cllr Cooper said that Ian Ross has now retired and the board is to be reconstituted but that he did not think this would lead to SPA representatives on local boards again. He added that this is an issue everywhere and has been raised through COSLA.

3. Presentation: Premier Oil

Iona Littlewood and Karen Yorke from Premier Oil gave a presentation on Premier Oil's project to develop the Solan field, 72km west of Foula and then opened the floor for questions.

Cllr Wills asked about the standby vessel for the Solan field. At the time of the meeting the vessel was in Aberdeen so how far away is she normally. Ms Littlewood replied that the vessel is normally within a mile of the platform, she is just in Aberdeen for a crew change. Cllr Wills asked if the vessel could be used for other fields if there was a problem. Ms Littlewood said this should be possible in the future but while the Solan field is manned she is required to stay there at all times as she's standby for any possible evacuation. Cllr Wills asked if legal agreements were in place with BP for help in dealing with incidents and Ms Yorke replied that she would have to get back to him on that.

Cllr Wills asked if Premier intended for the field to normally be unmanned. Ms Yorke replied that for the short term future it will be manned and safety proposals would need to be upgraded before the field could go unmanned. Cllr Wills then asked what happens to waste water. Ms Littlewood replied that it has been designed so that the waste water will be reinjected but there is sometimes overboarding at the moment. There is a limit of 10 parts per million for oil in waste water overboarded, but currently they are seeing no oil in the waste water. Cllr Wills asked how thick the oil was and when dispersants would be used. Ms Littlewood replied that the oil is much lighter than typical West of Shetland crude. They are currently testing dispersants to identify the best one. Cllr Wills then asked what Premier would do if there was oil under the Kame of Foula. Ms Littlewood replied that they would need to apply dispersants offshore. She added that any spill would be a finite volume – 350 cubes of crude but much of it would evaporate. Marine Scotland has said they can use dispersants after sharing their modelling.

Cllr Cooper asked if Premier is working with SOTEAG and Ms Littlewood replied that they have used lots of information from SOTEAG.

Ms Littlewood ended by saying that she would be happy to come back and speak to the Board again as the project progresses.

4. Presentation: Shetland's Commission on Tackling Inequalities

Emma Perring gave a presentation on the findings from Shetland's Commission on Tackling Inequalities and then opened the floor to questions.

Cllr Stout asked about the numbers of people on low incomes using buses? Emma replied that there is a challenge for people to be able to afford buses. We are learning that we

can't assume that buses can be a panacea for everything. People who are out of work tend to have a lot of challenges. People who feel part of their community still feel that they have a good quality of life. But stigma and the 'Shetland grapevine' follow people. The starting point is to think about how we impact vulnerable groups. These vulnerable families are probably already known to the agencies around the table.

Cllr Duncan said that the presentation was very interesting; some of the statistics take your breath away. He felt that the Shetland community doesn't like the word poverty and so he felt it should be removed.

Cllr Wills replied that he felt that the word poverty should be kept. He went on to ask if any of this has been costed. For example, childcare. How much would it cost to solve these problems? Emma replied that there was probably sufficient childcare but it is not always at the right times for working parents. It is about how we can do things differently as there is no more money. Cllr Wills replied that it would still be useful to know how much it would cost. Sometimes the Council is at a loss to know what to do if there are not enough people.

Cllr Stout said that the Board needed to send a message back to the Shetland Partnership that these problems will get worse unless they are considered when looking at cuts. Cllr Cooper added that there should be an exercise on budget setting so that people understand the difficulties and do more. It would be nice for the Community Planning Partnership to say it will consider as part of budget setting exercises. Cllr Stout added that we've agreed as partners that we will take this into consideration. He welcomed the report and the presentation.

5. Resilience Activity

Ingrid Gall introduced her report. With reference to the recent evacuation of the North Ness she said that the business continuity plans had worked well. It was recognised that the plans looked at emptying the building but not how to empty the building so the plans will be revised in light of this. Cllr Duncan asked what lessons had been learned and what amendments needed? Also, can other agencies learn from this? Ingrid replied that this will inform the business continuity workshops which happen every year and are open to other agencies.

Ingrid went on to update the Board on the recent oil spill from the Clair field. She said that the response from the Council and BP had worked well. Not everyone had needed to be involved due to the small scale of the spill and the wind directions. Twenty-seven beaches were surveyed but the oil broke up so quickly that dispersants had not been used. The incident had provided some good learning points for the Council and BP.

Cllr Duncan asked about the time delay for the correcting the amount of oil that the spill contained, was it three days? Ingrid replied that the Council had not been involved in the communications. Cllr Duncan then asked if a representative from BP should be asked to a board meeting to answer these questions. Cllr Cooper added that the Board could do with greater clarity over what happened. Does BP have staff on Shetland to deal with oil

spills and would they have needed to mobilise kit from Aberdeen? Ingrid agreed to ask BP for a representative to attend a future meeting to explain what their capability is locally. Cllr Wills asked when the environmental response group were alerted? And when there would be an independent assessment, not just from BP. Cllr Cooper replied that these questions should be carried over to be dealt with by the BP representative.

Action: BP to be invited to future meeting

In reference to Ingrid's report, Cllr Duncan enquired about the number of 'to be arranged'. Ingrid replied that she had sent out an update today. A lot of it referred to training and so it was dependent on finding venues and sometimes people coming to Shetland to run the workshops. Cllr Duncan went on to ask about the mass fatality workshop that had been run, and asked, in the event of a mass fatality, where would a temporary mortuary be situated. Lindsay replied that the police would coordinate that with help from the Council and the NHS. Cllr Duncan went on to ask, in the event of a major terrorist attack, would the Territorial Army be called up? Lindsay replied that it was a possibility but it would depend on the circumstances.

6. Quarterly Outcome C Update Report

Lindsay updated the group on a meeting of the working group on outcome C of the LOIP and introduced the quarterly update report on outcome C.

After a brief discussion the report was accepted.

7. Performance Against Local Policing Plan

Lindsay introduced the report. He highlighted that there had been a reduction in road incidents though there was still work to be done on speeding. He said that the police were currently getting ready for winter and the festive period.

Cllr Will asked about getting speed warning signs for Shetland. He said that other remote communities have them and they do seem to work when permanently installed. Lindsay replied that he would support this. Cllr Stout felt that the signs stop working when they are permanent. He felt it was better to move them around as people stop noticing them in the same place. He added that he had had a conversation with the Association of Community Councils but it should be about all of us taking responsibility for changing attitudes. Cllr Wills replied that he disagreed. Cllr Duncan added that he was concerned about cars speeding to get to and from the airport. He disagreed that it was a good thing that speeding detection was down. Lindsay replied that he agreed that it was still an issue and he deployed people whenever he could but that it was also about changing people's attitudes and working with community councils. Cllr Cooper added that we need more signs and mobile detectors. People do tend to dip their brakes when they see a sign, we don't have enough. Cllr Stout noted that signs need to be set up and maintained.

Lindsay went on to explain that there has been a slight dip in drugs offences. There has been education in schools, working with SADAP. They are trying to reduce the market for

drugs here. Cllr Duncan said that we are trying to promote Shetland as a safe place to live but a few weeks ago the Herald called Shetland the drugs capital of the UK. Lindsay said that the press release had been about proactive work happening in the Highlands & Islands. There is a problem with class A drugs in Shetland but no more than anywhere else.

Lindsay said that there has been a slight decrease in sexual offences and the detection rate was strong. There has been an increase in domestic abuse incidents reported, more people are reporting incidents due to ongoing partnership working. There was one hate crime reported this year. There has been a decrease in drunken disorder, this is down to high visibility patrols and dogs against drugs. There has also been work done with licensees and the pubwatch scheme. Cllr Cooper asked if the downturn in construction also had an affect. Lindsay replied that that had to be taken into account but they are continuing with high visibility patrols. Cllr Stout added that getting police numbers up to full strength helped too. Cllr Duncan offered his congratulations on the decrease in anti-social behaviour.

Cllr Duncan asked for an update on the cameras on the street. Lindsay replied that the technology needed to be updated as it was no longer cost effective to maintain what we have so he is working with the SIC to identify funding. Cllr Stout asked who would be responsible for making the decision on CCTV and deciding if it is the best use of resources? Lindsay replied that it would be the SIC.

Cllr Duncan asked what was happening with the police houses in the Northern Isles? Lindsay replied that Constable Simon Finlay was moving into the police house in Yell, but the police service would probably want to rationalise the houses in Unst and Whalsay.

Cllr Cooper asked what staffing level the police were at today, he noted that they were currently recruiting special constables. Lindsay replied that they would have been up to full strength by January but one person has moved on. They are working to develop their own officers but currently one constable down. He is keen to recruit special constables, especially in the Northern Isles. Training is a barrier and so a course is being developed which can be delivered locally. They will be advertising in the coming weeks. Chief Superintendent Macrae added that he would ask everyone to sell the message in their communities. Cllr Duncan asked if anyone interested should speak to Lindsay and this was confirmed. Cllr Cooper said that they needed to ensure that the training was good enough. Chief Superintendent Macrae said that it will be good quality and that people can still choose to go to Tullieallan. Cllr Stout added that there is difficulty recruiting to other agencies and there was a need to look at areas of common training. This was beginning to be recognised. Cllr Cooper asked if the Coastguard service was also experiencing these difficulties and Mike Smith replied that in the past it has been dire but there have been quite a lot of new recruits in the past year.

8. Fire and Rescue Update

The report was noted.

Cllr Cooper said that he was happy to see the new facilities at Sumburgh. It saves costs on sending people to the mainland for training. It was noted that the airport firemen and the Scottish Fire and Rescue Service retained firefighters have taken part in combined training so that the airport firemen could be used for Scottish Fire and Rescue callouts.

9. Scottish Ambulance Service Report

The report was noted. Cllr Duncan asked where the figures in the report had come from and asked if the figures could be carried forward to the next meeting.

10. Road Safety Advisory Panel Minute

The report was noted.

Action: Carry forward figures from report

AOCB

Lindsay suggested that the Board refresh its invitation to Chief Constable Phil Gormley to attend a meeting.

Dates of Future Meetings:

- Friday 24th February, 10 am, Shetland museum Auditorium

Action Tracker:

No	Action	Responsible Officer	Deadline
2.4	Identify the staffing baselines for agencies on the Board. Ongoing	Alastair Cooper/ Jan Riise	24.02.17
12.1	Update on ambulance at Baltasound	Fraser Burr/Myles Murray	24.02.17
13.1	Invite a representative from BP to attend a future meeting	Ingrid Gall	24.02.17
13.2	Carry forward figures from Ambulance Service Report	Andy	24.02.17
13.3	Refresh invitation to Chief Constable Gormley	Lizzie	24.02.17

Community Safety & Resilience Board

Report Title:	Resilience Activity
Presented By:	Ingrid Gall, Resilience Advisor

1.0	Overview/Introduction
1.1	A brief of the activity currently being undertaken by Emergency Planning & Resilience which involves all departments and services across the Council together with other organisations in Shetland and on the Mainland.
2.0	Resilience Activities 2017
2.1	A list of Resilience Activities planned for 2017 is attached as Appendix A.
3.0	Incident
3.1	<p>Oil Spill from BP's Clair Platform - 2nd October 2016</p> <p>Following the previous report on the spill of oil in water from the Clair Platform, a seminar was held in Islesburgh on 11th January 2017 with BP advising on the spill, the remedial action taken and the oil spill equipment and response available in and to Shetland. It was agreed with the Chair that BP be invited to a future meeting of the CR&SB to advise on the report of the spill when it is available.</p>
4.0	Emergency Helicopter Landing Site (EHLS)
4.1	<p>There were a number of conditions attached to the planning permission for the EHLS, namely to record the number of landings and monitor noise levels for two years. Two reports have been received from the company undertaking the noise monitoring and these are to be made available as documents relating to the planning application.</p> <p>The EHLS became operational on 12th March 2016 and from that date to 31st January 2017 there have been 22 landings.</p>
5.0	Conclusions
5.1	This report provides a brief of the activity planned and undertaken by Emergency Planning & Resilience but which involves all departments and services across the Council together with other organisations in Shetland and on the Mainland.

For further information please contact:

Name: Ingrid Gall, Resilience Advisor, Emergency Planning & Resilience
 Contact Information: Ingrid.gall@sic.shetland.gov.uk
 Date: 15th February 2017

Attachments: Appendix A - Resilience Activities V1.5



SHETLAND EMERGENCY PLANNING FORUM

Chair: Ingrid Gall, 20 Commercial Road, Lerwick, Shetland, ZE1 0LX
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Agenda Item

3

Appendix

Resilience Activities 2017

Detailed below is a list of resilience activities which are scheduled for 2017. The list is compiled as events are made known and shared with Resilience partners for attendance and participation. The list covers, in date order, Training, Exercises, Workshops, Conferences, Incidents, Visits and any other Resilience Events advised. Please note that some of these events are outside Shetland. Please contact Ingrid in the first instance with regard to attendance at any of these events.

<p>23-02-17 0915 - 1630 RBS Conference Centre, Gogarburn, Edinburgh</p>	<p>Events Outside Shetland – Conference – Resilient Scotland 2017 – The Scottish Continuity Resilient Scotland Conference is widely regarded as Scotland’s leading conference that brings Business Continuity and Resilience practitioners together providing an opportunity to gain valuable education, training and best practice to assist, organise, prepare, respond and recover from emergencies and disasters. This continues the theme of ‘Our resilience is your resilience’ which will run to 2018.</p> <p>The current line-up includes the following speakers with other speakers and topics to be confirmed in the coming weeks:</p> <ul style="list-style-type: none"> • John Swinney MSP, Deputy First Minister and Cabinet Secretary for Education and Skills will officially open the conference and address the delegates • Sungard Availability Services - Threat Landscape and Situational Awareness • David “Heavy” Whalley MBE, Mountaineer and ex-RAF Team Leader, lessons learned around Leadership in a Crisis – how do you prepare your teams for the worst • A case study, presented by Dacoll Ltd, will focus around Delivering a Successful BC Programme with lessons learned • Chris Tunnah, Vice-Chair of Scottish Continuity will outline “What Is Next for Scottish Continuity?” • Other topics and speakers to be announced shortly: <ul style="list-style-type: none"> ○ Data Breach and Reputational Risk from a legal perspective ○ Government’s latest Cyber Initiatives ○ A case study around a multi-agency approach to incident management from a City Council perspective 	<p>This event is free to Scottish Continuity members.</p> <p>£100 to non Members</p> <p>Membership fees are:</p> <ul style="list-style-type: none"> • 3rd Party Supplier (Annual fee: £1,000 - 10 named representatives allowed) • Corporate (Annual fee: £400 - 10 named representatives allowed) • Registered Charity (Annual fee: £90 - 3 named representatives allowed) • Small or Medium Sized Enterprise (Annual fee: £100 - 3 named representatives) • Individual (Annual fee: £50) • Individual Charity (Annual fee: £45) • Local Authority (Annual fee: £100 - 3 named representatives) • Other Public Sector (Annual fee: £100 - 3 named representatives)
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09-03-17 0930 – 1600 Bowlers Bar, Clickimin Leisure Centre, Lerwick	<p>Training - Crisis Management 1 – Founding Principles - Delivered by Scottish Resilience & Development Service - Introduce tactical and strategic managers to the non-technical skills involved in crisis management. This will be delivered by Scottish Resilience and Development Service.</p> <p>This course aims to provide multi-agency Resilience Partners at strategic or tactical level with an overview of the key non-technical skills required for effective crisis management. It provides an opportunity to share learning and be part of a multi-agency group which develops individual personal skills and the ability to function effectively as part of a Local or Regional Resilience Partnership.</p>	<ul style="list-style-type: none"> • Identify the components of Integrated Emergency Management (IEM) • Recognise the key elements required for effective crisis management • Demonstrate the ability to contribute to a Resilience Partnership multi-agency team (in a crisis situation) • Explain how response arrangements are organised in Scotland
10-03-17 0930 – 1530 Aberdeen Exhibition and Conference Centre	<p>Events Outside Shetland - Educating Resilience - Aberdeenshire Council in conjunction with colleagues in Education Scotland, Aberdeen City and Moray Councils are organising a community resilience networking event for resilience professionals and teachers in Aberdeenshire, Aberdeen City and Moray.</p> <p>This is an excellent opportunity for resilience professionals to meet the teachers and discuss how resilience can be integrated into Curriculum for Excellence - bringing the learning to life in the classroom.</p> <p>If you are interested in this networking event, to register for a place, please visit Aberdeenshire Events - before the 28 February 2017</p> <p><i>Shared with Children & Families Department – no attendance planned</i></p>	<ul style="list-style-type: none"> • Integrating Resilience into the Curriculum for Excellence
14-03-17 Scottish Police College, Tulliallan	<p>Events Outside Shetland – Scottish Disaster Victim Identification (DVI) Conference – the conference will include talks on the Clutha Helicopter Crash from all perspectives, George square and aircraft safety amongst other topics.</p>	
14 th -16th of March 2017 Shell Woodbank, North Deeside Road, Cults, Aberdeen AB15 9PN	<p>Events Outside Shetland - Exercise Balmoral - Shell SOSREP Exercise is scheduled to run on with the SOSREP assessment taking place on the 15th March. Shell will be utilising the ICS model which will include around 100 responders from the Global Response Shell Network (GRSN). The scenario has been approved by BEIS (formally DECC) and will involve a Tier 3 spill from the Shell operated Brent Charlie platform, which is located in 115 miles east of Lerwick in the Northern North Sea. Scenario will show oil beaching on Shetland.</p> <p><i>Four attending from Shetland Islands Council</i></p>	<ul style="list-style-type: none"> • Involvement in a major oil spill exercise • Opportunity to meet and work through an exercise scenario with Shell

<p>27th – 30th March 2017</p> <p>Aberdeen</p>	<p>Events Outside Shetland - LA01 – National Training Course on Oil Pollution, Contingency Planning and Response. A 4-day training course intended for local authority management staff involved in contingency planning and oil spill response. The courses are organised and run by the MCA and individuals from local authorities should apply directly to the MCA for places on one of the regional courses.</p> <p>The emphasis throughout the course is on shoreline and inshore pollution, including planning and response techniques. Topics covered are:</p> <ul style="list-style-type: none"> • The National Contingency Plan (NCP) • Operational Response Cells and the Environment Group • Fate and Behaviour of Oil • Environmental Impact of Oil • At-Sea Oil Spill Response • Nearshore Oil Spill Response • Shoreline Clean-up Techniques • Health and Safety in Oil Spill Response • Waste Management in Oil Spill Response • Cost Recovery <p>The course is accredited on behalf of the MCA by the Nautical Institute. Upon completion of the course delegates will receive a course attendance certificate.</p> <p><i>Shared with SIC Infrastructure Department</i></p>	<ul style="list-style-type: none"> • A clear understanding of the NCP and how it interfaces with local plans, and an appreciation of how private and government agencies are involved in responding to oil spills in the UK; • The ability to assess the early stages of a spill, carry out the appropriate notification procedures and activate an organisational response; • The skills to assign priorities and identify resources required to carry out a response; • An awareness of the ecological factors to be considered when selecting clean-up techniques; • The ability to manage an on-going response, monitor the progress of clean-up efforts and make an informed decision on when to stand down the response; • An appreciation of financial aspects of oil spill clean up and subsequent compensation issues.
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<p>05-04-17, 0930 – 1600, Room 10, Islesburgh Community Centre</p>	<p>Training - Crisis Management 2 – Decision Making Under Pressure - Delivered by Scottish Resilience & Development Service - Develop situation awareness and decision making skills of resilience partners in a crisis situation. This will be delivered by Scottish Resilience and Development Service.</p> <p>This is one of a series of courses which provides on-going professional and personal development for resilience partners and anyone who may deputise for them. The course audiences can be strategic, tactical, or a mixture of both. Either way, issues at both levels will be addressed in this course.</p> <p>The content presents an opportunity to develop and explore in more detail, the key skills outlined in the <i>Crisis Management: Founding Principles</i> course.</p> <p>The aim of Decision Making Under Pressure is to develop situation awareness and decision making skills of resilience partners in a crisis situation. The programme includes:</p> <p><i>Decision Making Models • Generating Options • Ethical and Moral Decisions • Combating Stress • Validating Decision Making</i></p> <p>The pre-requisite is to attend the <i>Crisis Management: Founding Principles</i></p>	<ul style="list-style-type: none"> • Apply the process of situation awareness to information management in order to make effective decisions • Recognise the impact stress, ethics and morals can have on your ability to make decisions • Demonstrate the ability to contribute to a resilience partnership multi-agency team and follow a decision making model
<p>06-04-17, 0930 – 1600, Room 10, Islesburgh Community Centre</p>	<p>Training - Crisis Management 3 – Leading & Communicating - Delivered by Scottish Resilience & Development Service - Develop the leadership, team working and public communication skills of tactical and strategic managers in a crisis response. This will be delivered by Scottish Resilience and Development Service.</p> <p>This is one of a series of courses which provides on-going professional and personal development for resilience partners and anyone who may deputise for them. The course audiences can be strategic, tactical, or a mixture of both. Either way, issues at both levels will be addressed in this course.</p> <p>The content presents an opportunity to develop and explore in more detail, the key skills outlined in the <i>Crisis Management: Founding Principles</i> course.</p> <p>The aim of Leading and Communicating is to develop the leadership and communication skills of resilience partners in a crisis situation. The programme includes: <i>Seeing the bigger picture • Leadership Guiding Principles • Conflict and Welfare • Communicating in a Crisis • Reporting</i></p>	<p>The pre-requisite is to attend the <i>Crisis Management: Founding Principles</i></p> <ul style="list-style-type: none"> • Describe key crisis leadership skills within the resilience arena and when collaborating in a Resilience Partnership multi-agency team • Recognise causes of conflict and identify how to minimise them • Characterise and resolve barriers to effective communication and reporting in a crisis

25-04-17 RAF Lossiemouth	<p>Events Outside Shetland – Aircraft Post Crash Management Seminar - To enable ‘Silver’ Incident Managers to contribute to their own organisation’s response to a Military Aircraft Crash and provide support to other organisations by improving the understanding of the roles and responsibilities of all responder agencies.</p> <p>Programme - This seminar is intended to give an insight into the challenges involved in managing an emergency. The programme is a mix of presentations from the key responder agencies.</p> <p>Nominations - A number of places have been made available for appropriate personnel from Category One/Two and Voluntary agencies in the North RRP area. Nominations including role, organisation & contact details should be sent to: Flt Lt Heidi Billany Email: LOS-OpsA5OC@mod.uk Tel: 01343 816912 By 10th April 2017. <i>To avoid confusion with military terminology the incident command terms of bronze, silver and gold will be used on the day</i></p> <p><i>Shared with Sumburgh, Scatsta and Tingwall Airports</i></p>	<p>Learning Outcomes - On completion of the training day individuals will have an understanding of:</p> <ul style="list-style-type: none"> • Time scale of how the response to an off base military incident evolves • Which organisation holds “lead authority” and how it changes as an incident unfolds • An overview of the priorities of responding organisations • Hazards associated with a military aircraft accident and clear up procedures • What the RAF’s Emergency Control Centres (ECC) can provide internally & to external agencies • Where the MOD Aircraft Post Crash Management (APCM) Lead Unit and Incident Manager fit into the response effort at an off military base incident
27-04-17 0900 – 1600 ERC, 20 Commercial Road, Lerwick	<p>Training - Project Griffin / Security Awareness</p> <p>The aims of any of the Project Griffin or Security Awareness products are to equip delegates with the knowledge and skills to assist them when responding to security related incidents on their site(s).</p>	<ul style="list-style-type: none"> • Introduction to Counter Terrorism • Current Threat; Insider Threat • Social Networking • Cyber Risk /Threat Awareness • Unmanned Aerial Vehicles • Document Awareness • Business Continuity – Protesters • Hostile Reconnaissance • Improvised Explosive Devices / VBIED’s • Suspect Packages / Mail Handling / Postal Threat • Methods of Attack • Stay Safe – Firearms and Edged Weapon Awareness • Domestic Extremism • Northern Ireland Related Terrorism • Bespoke Sessions in consultation with the CTSA’s • Commercial Espionage Awareness • Run, Hide, Tell – Strategy and Procedure Planning • Principles of Search & Search Awareness

AM 25-05-17 ERC, 20 Commercial Road, Lerwick	Workshop - Business Continuity - Delivered by Plan B Consulting - arranged by Shetland Islands Council but open to SEPF members. Invitation to plan holders to review plans. Also hold workshop on topical business continuity issues i.e., exercising, communications outages, records management, etc.	<ul style="list-style-type: none"> • Ensure BC plans are up to date • Raise awareness of plans and who may be responding to an incident • Prepare staff for a Council wide BC exercise
PM 25-05-17 ERC, 20 Commercial Road, Lerwick	Training - Liaison Officer - Delivered by Plan B Consulting - A Liaison Officer is someone who is exchanged between two or more groups or organisations, who will be making decisions on behalf of their manager and must be prepared to amplify the organisation's intent and points of detail through the timely exchange of information. This is about enhancing shared situation awareness.	<ul style="list-style-type: none"> • Summarise the key roles and responsibilities of those responding to an incident • Explain how to maintain effective communication between your organisation and other agencies • Demonstrate the gathering, collating and passing on of information and recognise the importance of providing this information in a timely manner • Rehearse the Incident Liaison Officer's response to an incident in exercises
AM 26-05-17 ERC, 20 Commercial Road, Lerwick	Workshop - Actions on Threat Level Critical – Delivered by Plan B Consulting - look at the actions which can and should be taken if the threat level is increased to critical. Carry out speed exercising looking at the response to various possible scenarios. Then look at what preparation could be done in response to the possible consequences of the scenarios.	<ul style="list-style-type: none"> • Identify the consequences of a shutdown of key services, i.e., school closures • Develop a checklist of activities to be carried out
Early 2017 SVT	Exercise - Sullom Voe Terminal - CoMAH Exercise	
03 – 05 October 2017	<p>Events Outside Shetland – Exercise Border Reiver - As a tier one exercise this is a national (UK) event led by UKG. There will be NHSScotland involvement as a key partner in a response and further details will be provided at the national forum including the work SGHRU team are undertaking on behalf of the SG Health and Social Care Directorates.</p> <p>There are a number of preparatory events being held in the run up to the live exercise and NHSScotland will be required to be take part in these over the coming months. Information will follow on expectations of what will be required of NHSScotland.</p>	
TBA, NHS Offices, Montfield, Lerwick	Exercise – Business Continuity - NHS Shetland is planning to run an ICT business continuity exercise following the communications outages.	<ul style="list-style-type: none"> • Procedures and alternatives for communications outages

Resilience Activities 2017

TBA	Debrief - Relocation from 8 North Ness - This debrief will be undertaken by Zurich Insurance	
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Outcome C Update Report

24.02.2017

Issue/Topic:	
Author:	Lizzie Coutts, Project Officer, Community Planning & Development, SIC
Date of last meeting:	16.02.17

The purpose of this report is to provide the Shetland Community Safety Board with a concise, clear and easy to read update about activity relating to Outcome C of Shetland's Local Outcome Improvement Plan.

Background:

In April 2016 the Board agreed to the establishment of an officers' group to monitor operational delivery, and progress actions listed under LOIP Outcome C (Safer and Stronger) on behalf of the Board. The group has met three times to date, and will continue to provide progress reports to the Board on a quarterly basis.

Action required from CSRB:

The Community Safety & Resilience Board is asked to consider the report and offer comment for feedback to the working group.

Detail:Logic Modelling:

Emma Perring attended the groups November meeting to give a brief overview of a logic modelling approach. Emma suggested it could be a useful tool for the Partners around the table to look at resources available and activities required to achieve the priorities outlined under Outcome C and pick apart some of the issues in relation to a particular priority area with a view to establishing actions to address these issues.

The group reviewed each of the priorities listed under Outcome C, touching on current activity in relation to each of these areas, with a view to establishing the most appropriate area to trial logic modelling on at this time. It was agreed that a focus on actions relating to alcohol and drugs would be most appropriate and the best use of their time.

Karen Smith and Emma Perring agreed to get together to start early discussions/agree an early timeline for this work.

A special meeting focuses on 'strategic resource planning for substance misuse' is planned for 22nd February and signals the beginning of this body of work. The logic modelling tool will be used and outputs will inform ongoing work to refresh the Alcohol and Drug Partnerships Delivery Plan and Shetland's 10 year plan.

Building Community Resilience:

In order to progress actions listed under Outcome C, Priority C4, the group agreed it would be necessary to identify whether there was a need or local appetite for community resilience plans in each of Shetland's localities. These plans would work towards achieving the longer-term goal of enhancing community resilience and awareness to emergencies and local risks within the given locality.

It was agreed that work ongoing around the Place Standard Survey could inform this discussion and that a presentation on outputs from this survey and discussions with the new community forums should be requested by the group. Issues identified through these outputs, relating to resilience, could then be fed back to local community councils by representatives of this group and questions posed along with an offer of support, about what activity is already taking place in the local area to address these issues or what is going to be done to address them.

Chief Inspector Tulloch agreed to identify a representative to deliver this presentation to a future group meeting. This action will move forward once the final Place Standard report is complete.

Conclusions:

On Going Actions:

- Develop a logic model for actions listed under Priority C.2 *'Reduce the harm caused by alcohol'*
- Request presentation of final Place Standard report, to inform work relating to action C4.1: *'Develop up to two community resilience plans as a pilot (linking with Community Forum / Localities work)'*

Next Meeting:

➤ Wednesday 10th May 2017

For further information please contact:

Lizzie Coutts
Project Officer
Community Planning and Development
lizzie.coutts@shetland.gov.uk
01595 74 4527

Community Safety & Resilience Board

Report Title - Performance Against Local Policing Plan 2014-2017.
Presented by –T/Chief Inspector Lindsay Tulloch

1.0 Overview/Introduction

- 1.1 To provide an update to Committee Board on the progress with reference to the objectives outlined in the Shetland Islands 2014-2017 Policing Plan.

2.0 Background Detail & Content

2.1 Performance 2014-2017

A review of the performance against the Shetland Local Policing Plan 2014-2017 is at Enclosure 1. This covers the period April to December 2016 and is attached for your review.

2.2 Policing Plan

The 2014-17 Local Policing Plan is due for renewal this year; the Local Policing Plans are a statutory requirement derived from the Police and Fire Reform (Scotland) Act 2012 and demonstrate Police Scotland's legislative responsibility in the delivery of national, corporate and local outcomes. The community planning landscape and the development of the LOIPs differs throughout each local authority area and as such this presents an opportunity to take a more flexible approach to the implementation of the Local Policing Plans. Scottish Government and COSLA are supportive of flexible implementation dates for the Local Policing Plans; in order to fully imbed the priorities within the LOIP in the Shetland Islands Local Policing Plan it is proposed to extend the current plan and have the new plan approved and in place by October 2017. This allows us a period of further community engagement and a full year's return from our Public Consultation Survey. You can access the results for the Highland & Islands area by following this link:

<http://www.scotland.police.uk/assets/pdf/138327/307421/355352/368284/highlands-and-islands-policing-survey-april-september-2016?view=Standard>

If you have not had time to take part yet, it's not too late and we would encourage you to take just 15 minutes of your time to tell us what is important to you about policing through www.scotland.police.uk/yourviewcounts

3.0 Proposal/Expected Outcome

- 3.1 Members note and scrutinise the progress made against the objectives set within the Shetland Islands Local Policing Plan 2014-2017.

4.0 Risk Management Implications

- 4.1 Professional. None.
- 4.2 Political. Should the objectives within the Shetland Local Policing Plan not be met there is a risk that there will be a failure in achieving the relevant elements of the Shetland strategic objectives and Single Outcome Agreements; this may negatively impact on the Board's reputation in respect to its ability to deliver its objectives and to hold the Local Policing Commander to account.
- 4.3 Social/Demographics/Community/Customer/Stakeholder Issues. Should the objectives within the Shetland Policing Plan not be met there is a risk that the quality of life for Shetland's residents will be negatively impacted.
- 4.4 Financial/Economical. None
- 4.5 Legal. None
- 4.6 Physical. None
- 4.7 Contractual. None
- 4.9 Technical. None

For further information please contact:

Name: *T/Chief Inspector Lindsay Tulloch (Area Commander) or T/Inspector Judy Hill (Performance Support)*

Contact information: lindsay.tulloch@scotland.pnn.police.uk –
judy.hill@scotland.pnn.police.uk

Date: 06 October 2016

Enclosure 1: Performance report against Policing Plan Objectives- April 2016-September 2016;

END

GPMS Classification: NOT PROTECTIVELY MARKED

**PERFORMANCE AGAINST SHETLAND ISLANDS LOCAL POLICING PLAN 2014/2017
April 2016 – December 2016**

PRIORITY 1 – Road Safety

GO SAFE ON SCOTLAND'S ROADS ITS EVERYONE'S RESPONSIBILITY- SCOTLAND'S ROAD SAFETY FRAMEWORK TO 2020

Target	2015 Milestone % reduction	2020 target % reduction
People killed	30%	40%
People seriously injured	43%	55%
Children (aged <16) killed	35%	50%
Children (aged <16) seriously injured	50%	65%

(In addition to the above there remains a 10% reduction target in the slight casualty rate to 2020)

Note: All statistics are provisional and should be treated as management information. All data sourced from Police Scotland internal systems are correct as at published date.

Target	Baseline 5 Year Average	YTD 2015/16	YTD 2016/17	YTD Variation	Context/Narrative
Reduce the number of people killed on the roads in Shetland.	1	1	0	-1	There were no fatal collisions in this reporting period
Reduce the number of people seriously injured on the roads in Shetland.	4	3	3	0	
Reduce the number of children (aged<16) killed/seriously injured on the roads in Shetland.	0	0	0	-	
Increase the number of people detected for drink/drug driving offences.	31.6	33	23	-10	Includes failure to provide a specimen
Increase the number of people detected for speeding.	69.8	75	72	-3	Numbers continue to fall in terms of speed and seat belts, we know that if we can reduce speed, and ensure that people use their seatbelts and avoid the use of mobile phones whilst driving then they are less likely to be involved in a collision.
Increase the number of people detected for mobile phone offences.	15.8	17	16	-1	
Increase the number of people detected for seat belt offences.	29.0	34	24	-10	
Conduct a Driving Ambition Campaign at each of the High Schools within a 12 month period.	Driving Ambition continues to be carried out in Anderson and Brae High School and further sessions will take place during 2017. This programme is aimed at S5 and S6 and includes inputs from Scottish Fire and Rescue Service, Scottish Ambulance Service, Shetland Islands Council Road Safety Officer.				
Participate in all Police Scotland Road Safety Campaigns.	Festive Drink/Drug Drive Initiative 2016 took place during December 2016 and was conducted through high visibility patrol work in marked police vehicles and static road checks. Based upon research and analysis of previous campaign returns, the				

GPMS Classification: NOT PROTECTIVELY MARKED

	aim of the initiative was to conduct high profile, high visibility patrols of main arterial routes and drink/drive hot spots. Throughout the Shetland Isles, it resulted in 2 people being reported to the PF for drink/drug drive offences.
Trunk Road/Divisional Policing Units to conduct a targeted motorcycle campaign each Spring.	The motorcycle campaign – Operation Zenith – will recommence during April 2017 with a formal launch of the campaign anticipated at the beginning of April 2017, and will run for several months. The campaign will continue to focus on improving rider behaviour particularly aimed at the contributory factors which result in riders being killed or seriously injured, raise awareness and enforcement of legislation when required.

PRIORITY 2 – The Supply, Abuse and Misuse of Drugs

Target	Baseline 5 Year Average	YTD 2015/16	YTD 2016/17	YTD Variation	Context/Narrative
Over a 3 yearly period conduct a programme of illegal drug awareness activities with all students at each of the High Schools and Junior High Schools in Shetland.	Police Scotland in conjunction with Dogs Against Drugs Charity continue to visit local schools for the purpose of education and awareness raising. Shetland Alcohol and Drugs Partnership sub group continues to meet regularly. Police Scotland in conjunction with Dogs Against Drugs have attended at Anderson High School and Sound Primary School carried out 6 educational visits and presented to over 150 pupils.				
Increase the number of positive stop searches/ confiscations for those possessing drugs.	-	-	-	-	See note below re Stop Search
Increase the number of offences reported for the supply or being concerned with the supply of drugs.	16.6	24	19	-5	
Increase the number of detections by the 'Dogs against Drugs' assets.			37		In this reporting period 2885 people have been scanned by the Drugs Dog at points of entry into Shetland. The dog has been deployed 200 times within Shetland and there have been 25 detections with dog involvement.

PRIORITY 3 – Protecting People

Target	Baseline 5 Year Average	YTD 2015/16	YTD 2016/17	YTD Variation	Context/Narrative
Increase in reporting of sexual crimes.	21.6	34	20	-14	Gp 2 Crimes of Indecency – Police Scotland are moving away from targets in relation to crimes of this nature. Enquiries in relation to sexual crimes and domestic abuse are focused on positive outcomes for victims of crime and led by their wishes.
Meet the Police Scotland detection rate target for Sexual Crimes.	TARGET FOR 2015/16- 90%		80.0%	-10.0%	Gp 2 Crimes of Indecency - Police Scotland are moving away from targets in relation to crimes of this nature. Enquiries in relation to sexual crimes and domestic abuse are focused on positive outcomes for victims of crime and led by their wishes.
Increase in reporting of domestic abuse incidents.	-	107	87	-20	DA Incidents only - Police Scotland are moving away from targets in relation to crimes of this nature. Enquiries in relation to sexual crimes and domestic abuse are focused on positive outcomes for victims of crime and led by their wishes.

Meet the Police Scotland detection rate target for domestic abuse.	TARGET FOR 2015/16-82%		95.0%	13.0%	Police Scotland are moving away from targets in relation to crimes of this nature. Enquiries in relation to sexual crimes and domestic abuse are focused on positive outcomes for victims of crime and led by their wishes.
Increase in reporting of Hate crimes.	-	7	2	-5	Extensive work is ongoing to ensure victims have the opportunity and confidence to report hate crimes to Police either directly or through third party reporting services. Over the reporting period there has been a reduction in the number of reports, this is indicative of less victims of hate crimes occurring in the area. Ensure that people who report hate incidents feel satisfied with the response received from public agencies. A Hate Crime Survey is now being sent to all victims of Hate Crime; this survey has been in place since 1st January 2015 and its purpose is to ensure that people who report hate incidents feel satisfied with the response received from public agencies.
Meet the Police Scotland detection rate target for Hate crimes.	TARGET FOR 2015/16 – 90%		100%	10%	
In support of the Shetland Community Safety Board play an active role in preventative initiatives and campaigns.	During the reporting period, Police Scotland conducted a Festive Campaign in conjunction with Operation Respect. This was launched at the end of November 2016 and involved Police working in partnership with Trading Standards, Scottish Fire and Rescue Service, Scottish Ambulance Service, Womens Aid, NHS Shetland, Shetland Council Officer, Dogs Against Drugs Charity resource, Police Scotland Youth Volunteers. The purpose of this initiative was to proactively engage with members of the public and provide advice in relation to online safety, party safety, home and business safety. During this time nearly 1000 members of the public were spoken to.				

PRIORITY 4 – Antisocial Behaviour and Alcohol Related Disorder

Target	Baseline 5 Year Average	YTD 2015/16	YTD 2016/17	YTD Variation	Context/Narrative
Licensed Premises Checks			1115		Working collectively and constructively with licensees, with robust enforcement when required we continue to work towards keeping people safe. During the reporting period, Shetland Division conducted 13% of all licensed premises checks in the Highlands and Islands (397 checks out of 3022 recorded checks).
Conduct an annual test purchasing operation.	Test purchasing is currently under review by the local command team.				
Contribute to the Antisocial Behaviour Working Group initiatives and campaigns.	Operation Notebook and Operation Respect are both well embedded in the Shetland Islands Area. These Operations provide a focus on tackling antisocial behaviour ensuring that offenders are robustly dealt with within a multi-agency setting resulting in fewer repeat victims. Antisocial Behaviour Working Group continues to meet regularly, at least every two months or more frequently if required. This group proactively work with young people taking up their first tenancy, in conjunction with the Community Mediation Team, in order to focus on their responsibilities as tenants and in order to prevent any possible instances of antisocial behaviour at a very early stage.				
Increase the number of positive stop searches/ confiscations for those possessing alcohol.	-	-	-	-	See note below re Stop Search
Reduce the number of Section 38 Criminal Justice and Licensing (Scotland) Act 2010 Offences.	85.4	105	67	-38	Threatening and Abusive Behaviour Crimes and Offences

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Reduce the number of Breach of the Peace offences.	33.6	21	6	-15	BOP
Reduce the occurrences of common assault	136.0	139	100	-39	Crimes and Offences
Reduce the number of premises currently escalated to Stage 3 noisy behaviour through Operation Notebook.	There are currently no premises at Stage 3 in Operation Notebook. Continued positive multi-agency working has meant that identified issues are being resolved prior to escalation.				
Number of antisocial behaviour contracts in place.			0		
Reduce the incidents of vandalism	94.9	78	65	-13	Includes Malicious Mischief

PRIORITY 5 – Emergency/Major Incident Response and Resilience

Target	Baseline 5 Year Average	YTD 2015/16	YTD 2016/17	YTD Variation	Context/Narrative
Annually review and exercise, in partnership with relevant partners, major incident/facility response plans.	Major incident exercises continue to take place and recently exercises have taken place at Scatsta and Dingwall airport, in conjunction of partners.				
Number of officers and staff, against an identified skills/training matrix, for dealing with a major incident.	Police Incident Officer training continues to be part of the First Line Managers courses for supervisors at the Scottish Police College.				
Identify a location for a multi agency incident room.	Lerwick Police Station can be utilised as the primary multi-agency major incident room. In the event this location is the subject of the incident, the Council Building at 20 Commercial Road, Lerwick or the Town Hall will be available.				

NOTE

Violence, Disorder & Antisocial Behaviour - Stop and Searches				
	Apr 2016 - Dec 2016	Apr 2016 - Dec 2016	Victims	% Change

GPMS Classification: **NOT PROTECTIVELY MARKED**

GPMS Classification: **NOT PROTECTIVELY MARKED**

			(Positive)		
20	Number of stop and searches conducted (total)	331	55		
21	Number of statutory stop and searches conducted	330	55		
22	Number of consensual stop and searches conducted	-	-		
23	Number of consensual stop and searches refused	-	-		
24	Number of seizures made	1	-		

An enhanced version of the National Stop & Search Database commenced on 1 June 2015. The enhanced database brought significant changes in the process of data capture and the methodology for recording data items. No previous year to date figures are provided as it has been previously acknowledged this data is not 100% accurate, therefore comparisons will provide misleading results or invalid conclusions.
 Management Information and data in respect of stop and search can be found on the Police Scotland website via <http://www.scotland.police.uk/about-us/police-scotland/stop-and-search-data-publication>

GPMS Classification: **NOT PROTECTIVELY MARKED**

Demands on Service

Police Scotland officers based in the Shetland Isles deal with a wide variety of calls many of which are not crime related. Calls relating to vulnerable people in a variety of contexts are steadily increasing and officers are regularly required to attend.

The figures below relate to the period from 1st April – 31st December 2016. The total number of calls where vulnerability was the primary concern is 167. In the same period there were 568 crimes (Class 1-6) recorded and 398 Advice/Assistance calls:

Shetland Isles	Number of Calls
Mental Health Calls	17
Medical Calls	75
Concern Calls	55
Missing Person Calls	20

Police Scotland have responded to this change in demand to policing and a program of training – Mental Health Crisis and Suicide Prevention – is currently being rolled out and delivered to all Police officers in the Shetland Isles area and across the Division as a whole.

Community Safety & Resilience Board

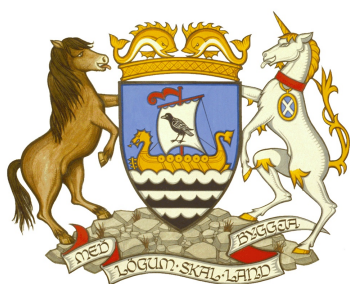
Report Title:	Performance against the Local Fire & Rescue Plan for Shetland
Presented By:	Area Manager Fraser Burr, Local Senior Officer for Shetland

1.0	Overview/Introduction
1.1	To provide an update on performance against the SFRS Local Plan for the second quarter of 2016-17.
2.0	Background Detail & Content
2.1	The Quarterly Performance Report, attached as Appendix 1 to this report, reflects the performance outcomes outlined within the Fire and Rescue Plan for the Shetland Islands, and provides performance information for the period 1 July to 30 September 2016.
3.0	Proposal/Expected Outcome
3.1	Members note the updated and verified Quarterly Performance report for the period 1 July 2016 to 30 September 2016; as outlined in section 2 of this report.
	<p>For further information please contact: Name: Fraser Burr, Local Senior Officer for Shetland Contact information: 01224 728603. E-mail Fraser.Burr@firescotland.gov.uk Date: 30.12.2016</p>
	END



Quarterly Performance Report

Quarter 2 2016-2017 (1 July to 30 September)



Shetland Islands Council



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

DISCLAIMER

The figures included in this report are provisional and subject to change as a result of quality assurance and review. The statistics quoted are internal management information published in the interests of transparency and openness.

The Scottish government publishes Official Statistics each year which allow for comparisons to be made over longer periods of time.

CONTENTS	PAGE
1 Introduction	3
2 Performance Summary	4
3 Progress on local fire & rescue plan priorities	
<i>Priority 1 – Local Risk Management and Preparedness</i>	5
<i>Priority 2 – All accidental dwelling fires</i>	8
<i>Priority 3 – All accidental fire casualties (fatal & non-fatal (incl p/s's))</i>	9
<i>Priority 4 – All deliberate fires</i>	12
<i>Priority 5 – Non domestic fires</i>	13
<i>Priority 6 – Special Service Casualties – All</i>	15
<i>Priority 7 – False Alarm – UFAs</i>	16
4. Glossary	17
5. Seasonal Community Safety Calendar 2016	18

INTRODUCTION

This performance report provides information on our prevention, protection and operational response activities within the Shetland Islands over the period Quarter 2 2016-2017, (July-September 2016).

The Scottish Government provides an overarching vision for public services. This vision is supported by 16 National Outcomes which demonstrate commitment to creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable growth. The Scottish Fire and Rescue Service (SFRS) can make a significant contribution to improving these outcomes in the Shetland Islands by contributing to the Community Planning arrangements across the area.

The national priorities for the SFRS are set out in the Fire and Rescue Framework for Scotland 2013.







The SFRS Strategic Plan 2016-2019 outlines how the SFRS will deliver against these priorities and the outcomes against which this delivery can be measured.




The priorities contained within the Shetland Islands Local Fire and Rescue Plan 2014-2017 reflects the Community Planning Partnership & Single Outcome Agreement (SOA). The SOA includes a range of key themes focused on delivering improved outcomes for the communities in the Shetland Islands.

The aims of the Local Fire and Rescue Service in Shetland are to reduce deaths, injuries and damage to property from fires and other emergency events. We aim to achieve this by working in partnership, being pro-active and targeting our prevention and protection activities to where they are most required, based on evidence.

Performance Summary

We measure how well we are meeting our priorities using 6 key indicators, depicted below

Key performance indicator	Apr to (& incl.) Sep					RAG rating
	2012/13	2013/14	2014/15	2015/16	2016/17	YTD
All accidental dwelling fires	8	6	3	6	2	
All accidental dwelling fire casualties (fatal & non-fatal)	0	0	0	2	0	
All deliberate fires	3	1	1	1	2	
Non domestic fires	5	3	7	2	5	
Special Service Casualties - All	9	6	2	4	8	
False Alarm - UFAs	38	38	39	28	43	

RAG rating - KEY		
	RED DIAMOND	10% higher than the previous YTD period, or local target not achieved.
	YELLOW TRIANGLE	Up to 9% higher than the previous YTD period, or local target not achieved.
	GREEN CIRCLE	Equal to or improved upon the previous equivalent quarter (or YTD period), or local target achieved.

Progress on local fire & rescue plan priorities

Priority 1 – Local Risk Management and Preparedness

Operational Risk Intelligence Gathering and Review

Operational Risk Intelligence is a key factor in safeguarding both Firefighter and Community safety. The Control of Major Accident Hazards is a series of regulations which control the activities on high risk use or storage of certain chemicals or compounds. All of the SFRS Site Specific Plans (SSPs) for sites on Shetland have been reviewed and are in place. These have now been updated and communicated to relevant personnel with the documents having been uploaded onto the onboard computer system on each fire engine.

These plans are being enhanced by the addition of digital mapping and three dimensional views of the sites to assist attending fire and rescue crews.

Major Incidents

Shetland staff prepares for major incidents through our contribution to the Shetland Emergency Planning Forum Executive and our joint training to deal with specific risks. During this reporting period Shetland Area staff have taken part in two simulated exercises, one each at Scatsta and Tingwall Airports

Fire Appliance Availability

The following bar graphs indicate the operational availability of fire appliances across Shetland during July, August and September 2016. The lower half of each bar indicates the average day-time availability of a fire appliance from 6am to 6pm across the month.

The upper half of each bar indicates the average night-time availability of a fire appliance from 6 pm to 8am across the month. Blue portions of a bar indicate the percentage of time when a fire appliance was operationally available. Red portions of a bar indicate the percentage of time when a fire appliance was operationally unavailable.

To ensure Safe Systems of Work; SFRS policy stipulates that an appliance cannot mobilise with less than 4 suitably competent firefighters.

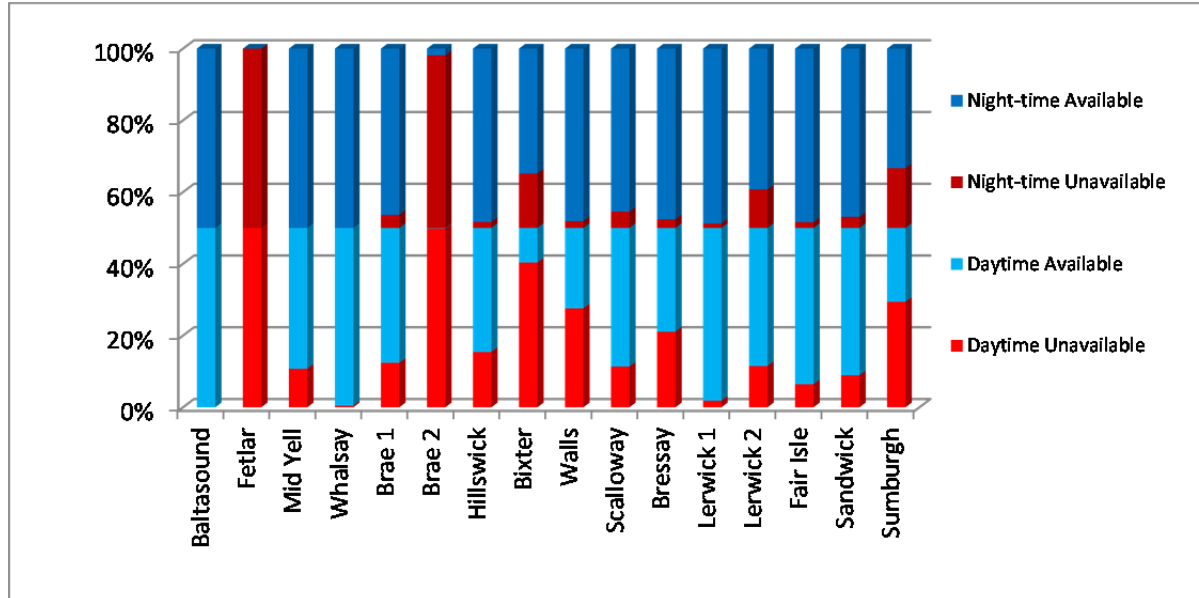
The key factor affecting appliance availability in Shetland is the low staff establishment at a number of stations, therefore as soon as any individual from a unit becomes unavailable, the appliance availability is affected.

As can be seen from the table below, this continues to have the greatest impact on Brae, Sumburgh and Bixter.

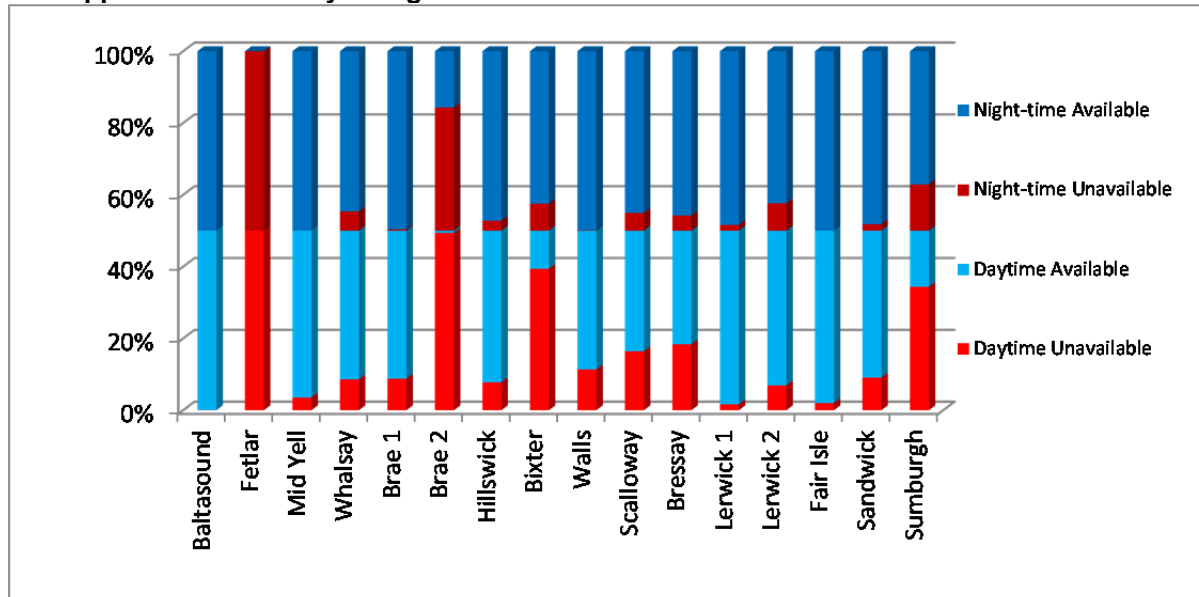
Maintaining 100% fire appliance availability at these stations is currently proving a challenge due to the station establishment numbers and firefighters main employment requirements, which takes personnel out with the station turnout area for periods of time.

Fetlar remains unavailable due to recruitment issues and low staffing levels. Work is still ongoing to try and remedy this problem, but with the limited pool of potential applicants on the island, it is a challenge for SFRS to attract people into the retained fire service. Shetland Area Staff will continue to work to find a solution to the recruitment challenges, by speaking to residents, associated groups and other partner agencies, as a result of this we are actively promoting the prevention agenda in the area.

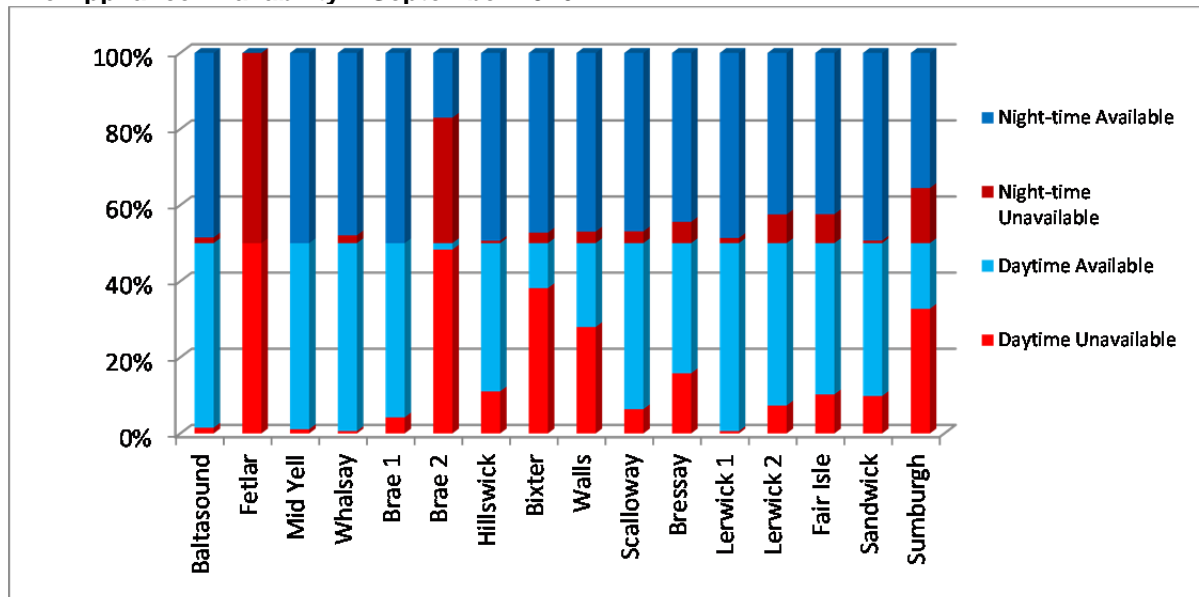
Fire Appliance Availability – July 2016



Fire Appliance Availability – August 2016



Fire Appliance Availability – September 2016



Fire Station Staffing & Recruitment

Historically recruitment within Shetland has been challenging. The Service is confident that improvements to the recruitment process will provide for a more positive experience for potential candidates and that this will have an overall impact on station crewing levels.

As part of this new approach, SFRS has engaged with Local Councillors, Community Councils and local media. We have also actively undertaken additional awareness by utilising banners and visiting households and businesses at local station level in an effort to encourage members of the community to join the service.

The change of focus by SFRS to a new recruitment process is starting to show improvements in station establishment figures within Shetland.

It is encouraging to note the number of people now applying to join the Service is increasing. Area staff will continue to work with partner agencies, Community Councils and others in promoting the need for locally based retained firefighters.

Fire Station Staffing and Recruitment July to September 2016

Council Ward	Fire Station	Staffing Jun 2015	Staffing Sept 2016	Staffing Change	Full Staffing Compliment	Difference from Compliment	Recruit Applicants
North Isles	Baltasound	11	11	→	12	-1	0
	Fetlar	1	1	→	12	-11	0
	Mid Yell	9	9	→	12	-3	0
	Whalsay	9	9	→	12	-3	0
Shetland North	Brae	8	8	→	20	-12	0
	Hillswick	8	8	→	12	-4	1
Shetland West	Bixter	6	6	→	12	-6	1
	Walls	10	9	↘	12	-3	1
Shetland Central	Scalloway	8	8	→	12	-4	1
Lerwick North & Lerwick South	Bressay	8	8	→	12	-4	0
	Lerwick	22	22	→	20	+2	0
Shetland South	Fair Isle	7	8	↗	12	-4	
	Sandwick	12	12	→	12	0	0
	Sumburgh	7	8	↗	12	-4	0

Priority 2 - Reduction of 'All accidental dwelling fires'

The tables below represent the number of accidental dwelling house fires that occurred in Shetland. Tolerances are set in context of the number of previous incidents by reporting period and, where there has been an increase in overall incidents, the colour coding is identified with the application of the red, amber and green (RAG) system.

Trend lines also identify the number of incidents over the reporting 5 year period, both by month and by reporting quarter, and it is encouraging to note a decrease in the quarter to date.

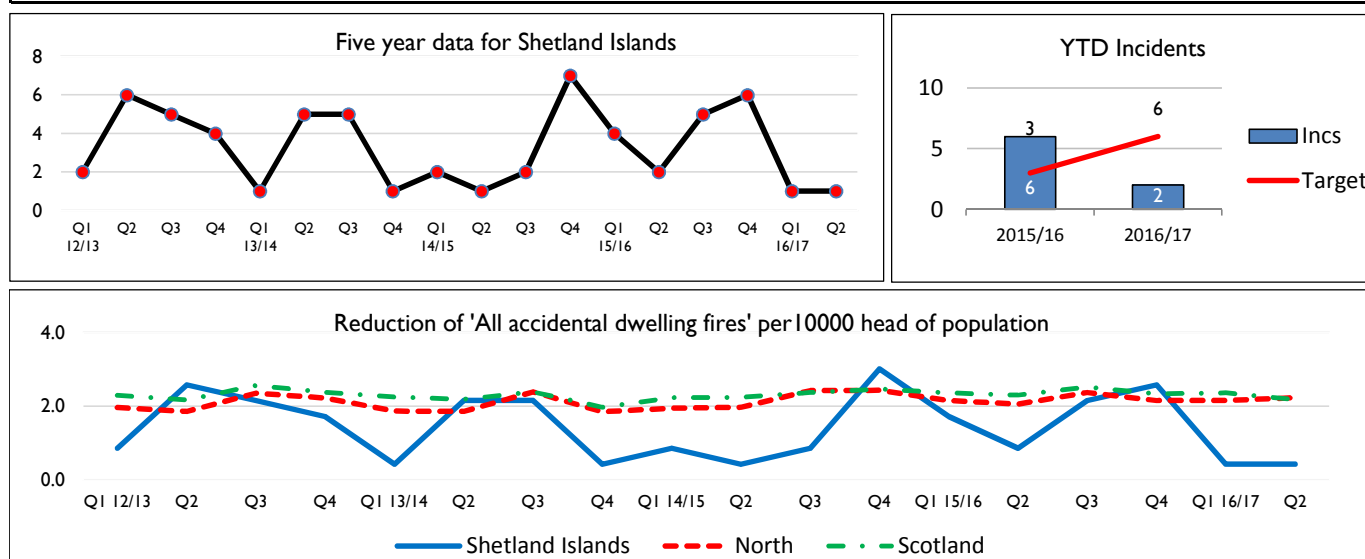
Accidental dwelling fires can have devastating effects on our community. The SFRS is committed to keeping people safe in their homes. We share information with partners to make sure that the right people get the right information they need, particularly those who are vulnerable due to age, isolation or addiction.

Domestic Dwelling Fire Safety Partnership Working

Our local Community Safety Advocate (CSA) continued to engage with partner organisations to help in driving down the risk from fire to those most vulnerable in the community.

Domestic Dwelling Fires

There has been a decrease in accidental dwelling fires for the year to date compared to 2015/16. This is encouraging to note, but we will not become complacent based on this figure. Although Shetland fire stats are lower than the national average on all aspects, we must and will, ensure that we continue to promote fire safety within the home.



YTD ward ave. for Shetland Islands - 0	2012/13	2013/14	2014/15	2015/16	2016/17	Sparklines
Shetland Islands	8	6	3	6	2	
North Isles (Shetland)	0	1	0	1	0	
Shetland North	0	1	1	2	1	
Shetland West	1	0	0	1	0	
Shetland Central	1	0	1	0	0	
Shetland South	4	0	0	1	0	
Lerwick North	2	2	1	1	1	
Lerwick South	0	2	0	0	0	

Priority 3 - Reduction of 'All accidental dwelling fire casualties (fatal & non-fatal (incl. p/c's))'

Home Fire Safety for Vulnerable Residents

The Shetland Community Safety Advocate and staff from P&P have continued to engage with our partners to target our work towards the most vulnerable in the community.

Home Fire Safety Visits

Q2 statistics show that a total of 70 Home Fire Safety Visits were undertaken during the second quarter of 2016/17 giving a 93% visit rate. A refocus by staff, including RDS firefighters has seen a significant improvement during this quarter.

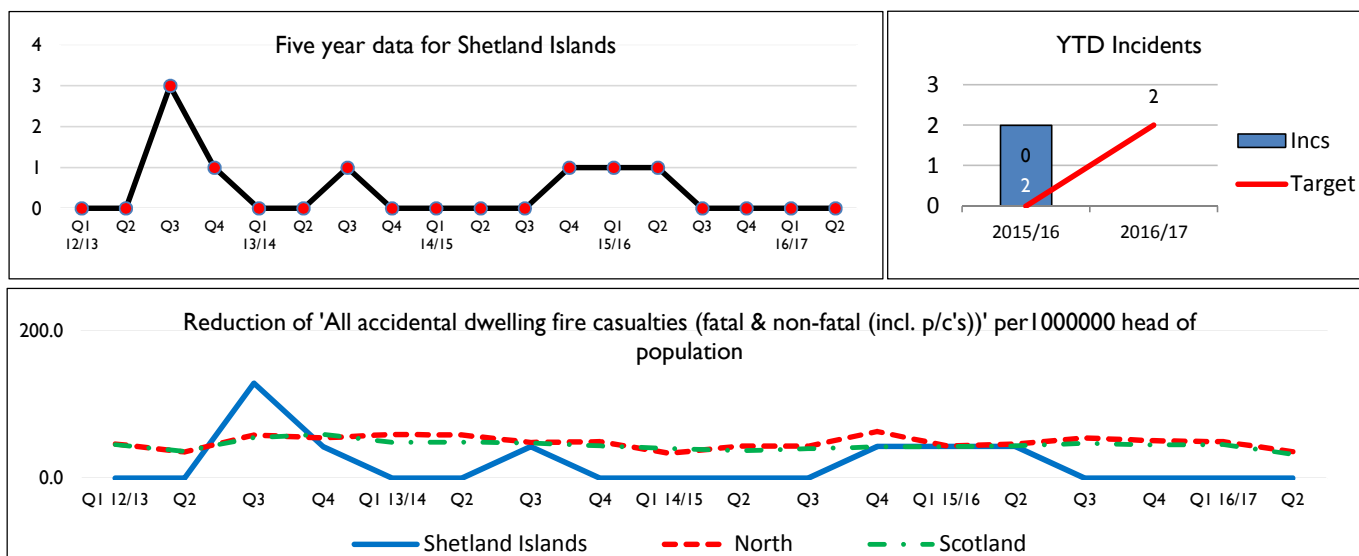
During the visits in Q2 (70 visits) a total of 12 properties were fitted with smoke detectors.

The Service operates a dual approach to HFSV; gross number of visits and points risk rating. This ensures that those at highest risk from fire are targeted ahead of lower risk groups. The points to visit ratio has a target figure of 15, with a figure of 16.4 being achieved within Shetland.

Home Fire Safety Education for Schools/Children

Operational personnel continue to accommodate requests from schools and other community groups to visit our fire stations. Our staff use these visits as an opportunity to engage with young people, where a fire safety message can be delivered.

Staff continue to use and become familiar with the Community Safety Engagement Toolkit, (CSET), which in addition to being a recording mechanism for these activities, tracks activity across the SFRS. Over time, this will allow for the sharing of community safety engagement good practice across Scotland.

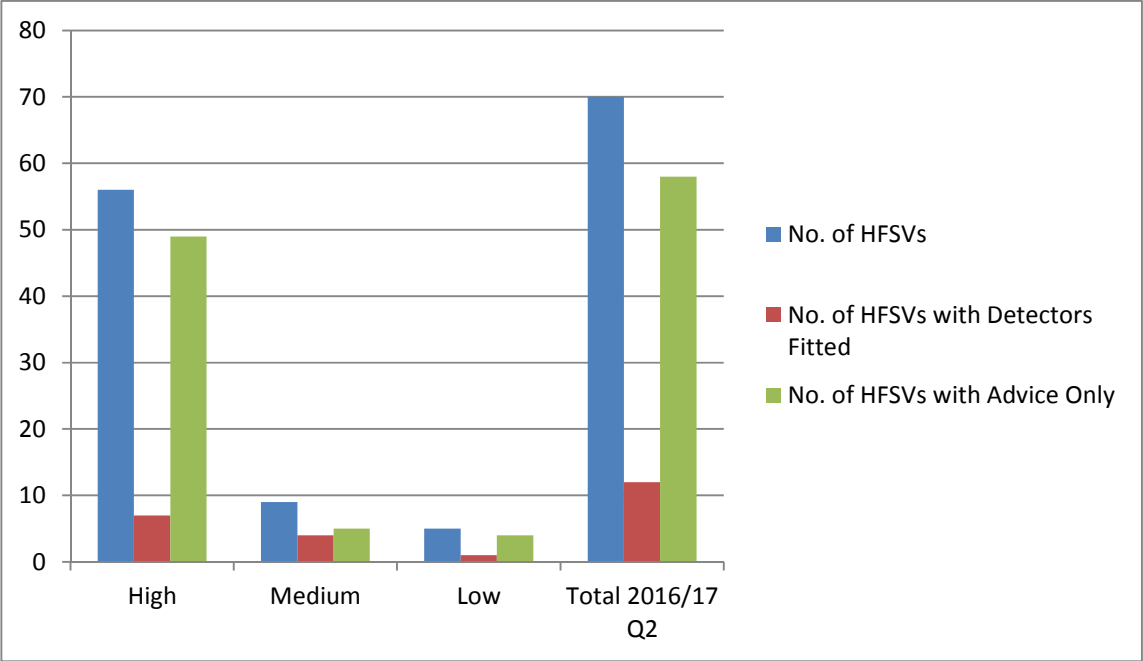


YTD ward ave. for Shetland Islands - 0	2012/13	2013/14	2014/15	2015/16	2016/17	Sparklines
Shetland Islands	0	0	0	2	0	
North Isles (Shetland)	0	0	0	0	0	
Shetland North	0	0	0	1	0	
Shetland West	0	0	0	0	0	
Shetland Central	0	0	0	0	0	
Shetland South	0	0	0	1	0	
Lerwick North	0	0	0	0	0	
Lerwick South	0	0	0	0	0	

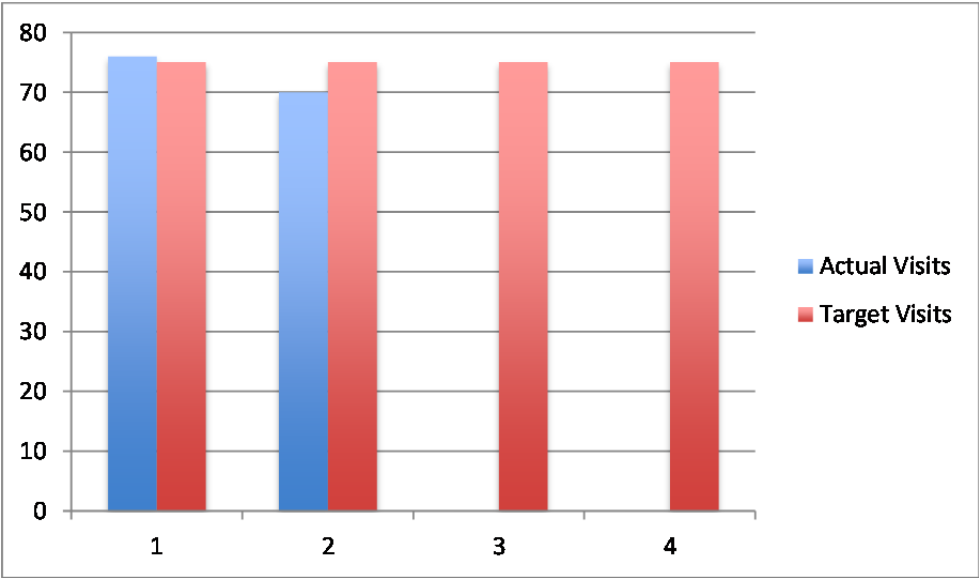
HFSV Total for Shetland Committee - 2016/17 Q2

CSET Risk

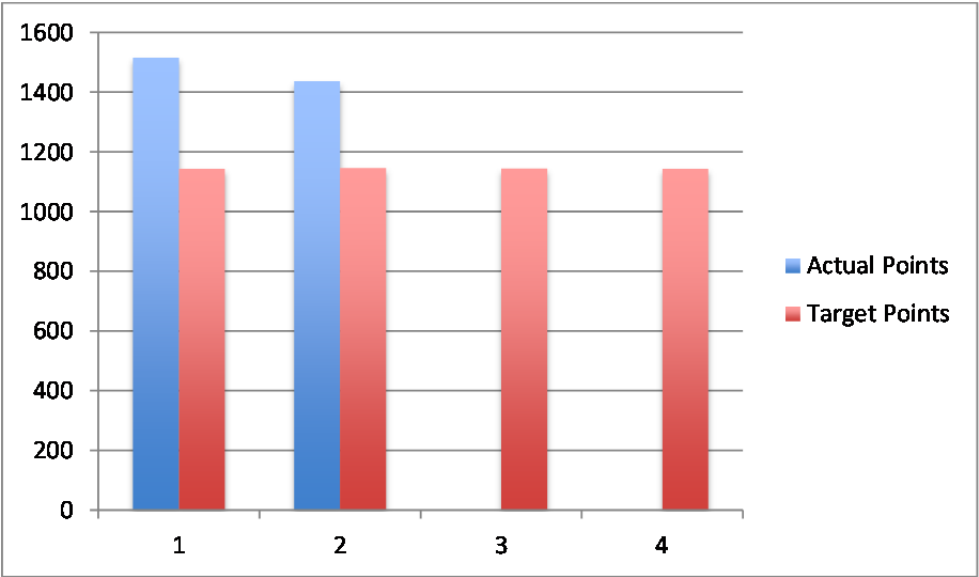
	High	Medium	Low	Total 2016/17 Q2
No. of HFSVs	56	9	5	70
No. of HFSVs with Detectors Fitted	7	4	1	12
No. of HFSVs with Advice Only	49	5	4	58



CSE QUARTERLY VISITS 2016/17



CSE QUARTERLY POINTS 2016/17



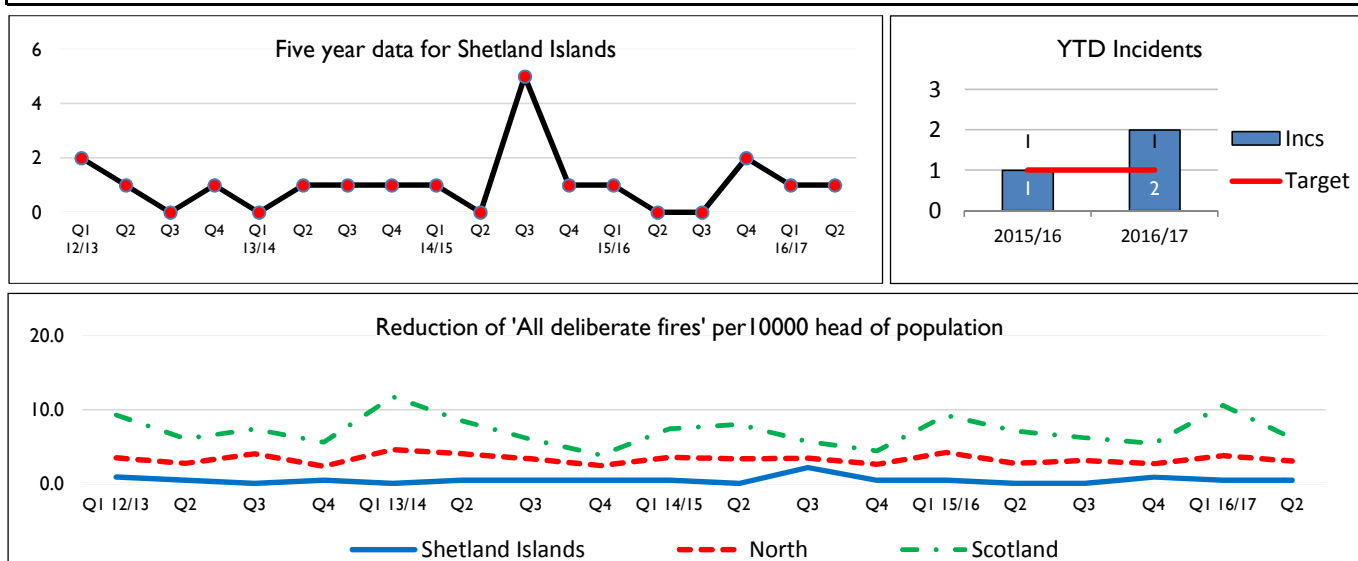
Priority 4 - Reduction of 'All deliberate fires'

Fortunately, deliberate or wilful fires are rare within Shetland but do occasionally occur. This quarter saw one fire of this nature. We will notify Police Scotland of any wilful fire or suspected wilful fire so that appropriate action can be taken against an individual or individuals.

The service within Shetland implemented its Fire Setter programme for the first time since 2010 to deal with wilful fire raising. This involved a multi-agency approach with SFRS personnel travelling from mainland Scotland to facilitate the session. This shows the commitment by Shetland fire personnel and SFRS nationally, to prevent or reduce occurrences of wilful fire-raising within the islands.

The Shetland Community Safety Advocate has recently received refresher training to work with individuals who have, or may be identified as having the potential to instigate a wilful fire-raising occurrence. This will ensure that we have the necessary trained personnel locally based to deal with such problems.

If necessary, Area staff will continue to request the attendance of the Fire Investigation Unit from Aberdeen, if it is suspected that a fire is of a deliberate nature. This team work closely with Police Scotland to identify the cause of a fire and to identify any persons that may be involved in wilful fire-raising.



YTD ward ave. for Shetland Islands - 0	2012/13	2013/14	2014/15	2015/16	2016/17	Sparklines
Shetland Islands	3	1	1	1	2	
North Isles (Shetland)	0	0	0	0	0	
Shetland North	1	1	1	0	0	
Shetland West	0	0	0	1	0	
Shetland Central	0	0	0	0	0	
Shetland South	2	0	0	0	0	
Lerwick North	0	0	0	0	2	
Lerwick South	0	0	0	0	0	

Priority 5 - Reduction of 'Non domestic fires'

Legislative Fire Safety Enforcement Audits

The Service will continue to undertake Legislative fire safety audits which are managed by a Fire Safety Enforcement Team based in Inverness. Progress against the annual fire safety enforcement targets, set out in the prevention and protection plan, are indicated below. It is pleasing to note that the deployment of the Enforcement Team in this quarter has resulted in the achievement of the targets as set out in our Prevention and Protection Plan.

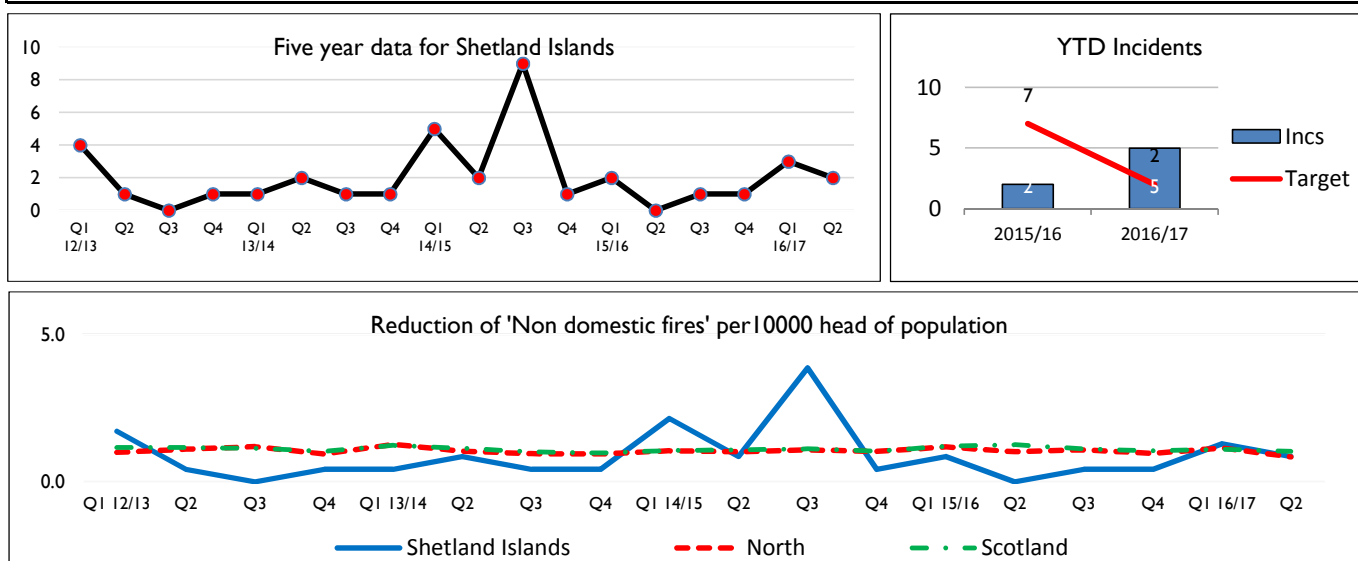
The team of FSEOs will continue to deliver the SFRS Fire Safety Enforcement Strategy through the auditing of all mandatory premises within the Shetland Islands area.

There were 14 fire safety enforcement audits undertaken in Shetland during Q2. This is higher than the quarterly target figure of 7.

Fire service officers served a prohibition notice on an occupier during Q2, based on information received from an external agency. This ensured that any risk to the safety of persons from fire was removed immediately. We will continue to act on information passed from other agencies to ensure that we protect persons from the risk of fire.

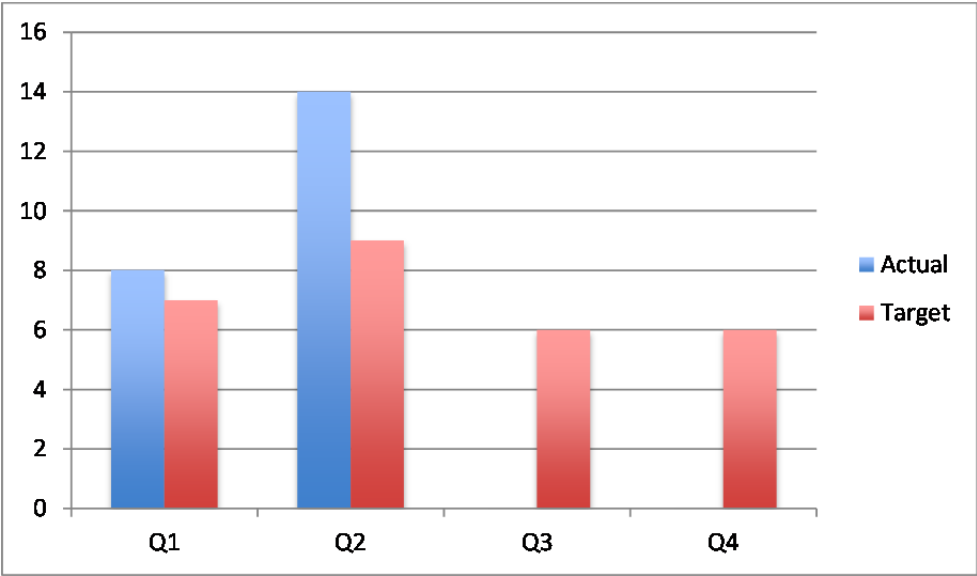
Post Fire Audits

It is now SFRS policy that a post fire audit will be implemented following a fire in any building which is deemed to be a "relevant premises" under the Fire (Scotland) Act 2005. This examines whether the "duty holders" of the premises were adequately complying with their fire safety responsibilities.

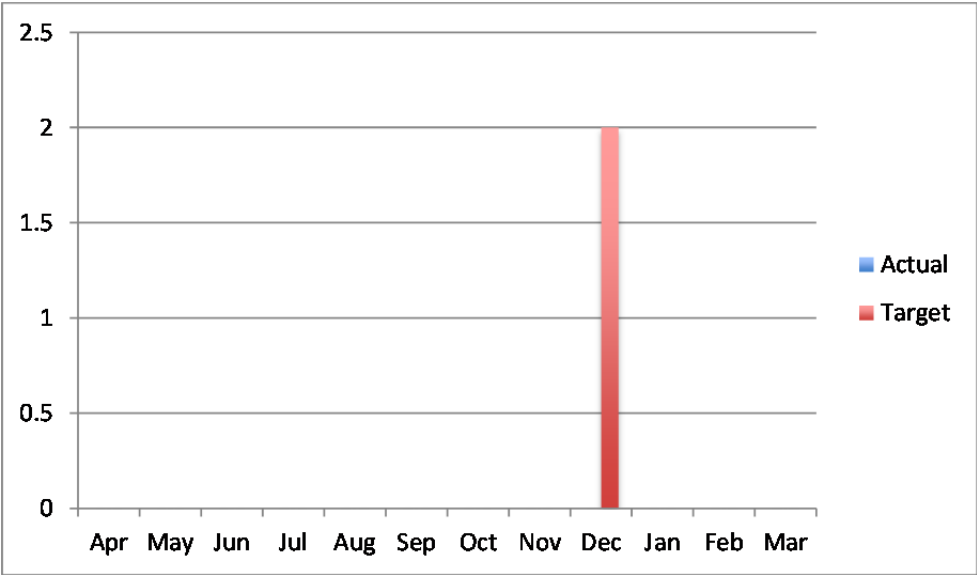


YTD ward ave. for Shetland Islands - I	2012/13	2013/14	2014/15	2015/16	2016/17	Sparklines
Shetland Islands	5	3	7	2	5	
North Isles (Shetland)	1	1	0	0	1	
Shetland North	3	1	2	1	0	
Shetland West	0	0	0	0	0	
Shetland Central	0	0	1	0	1	
Shetland South	0	0	2	0	0	
Lerwick North	0	0	2	1	3	
Lerwick South	1	1	0	0	0	

FSE Audits – Quarterly Report



Post Fire Audits



Priority 6 - Reduction of 'Special Service Casualties - All'

Special Service incidents involves an operational response to a range of emergency activities including life critical road traffic collisions, flooding events, industrial accidents and in support of other emergency service colleagues at larger multi-agency non-fire related events.

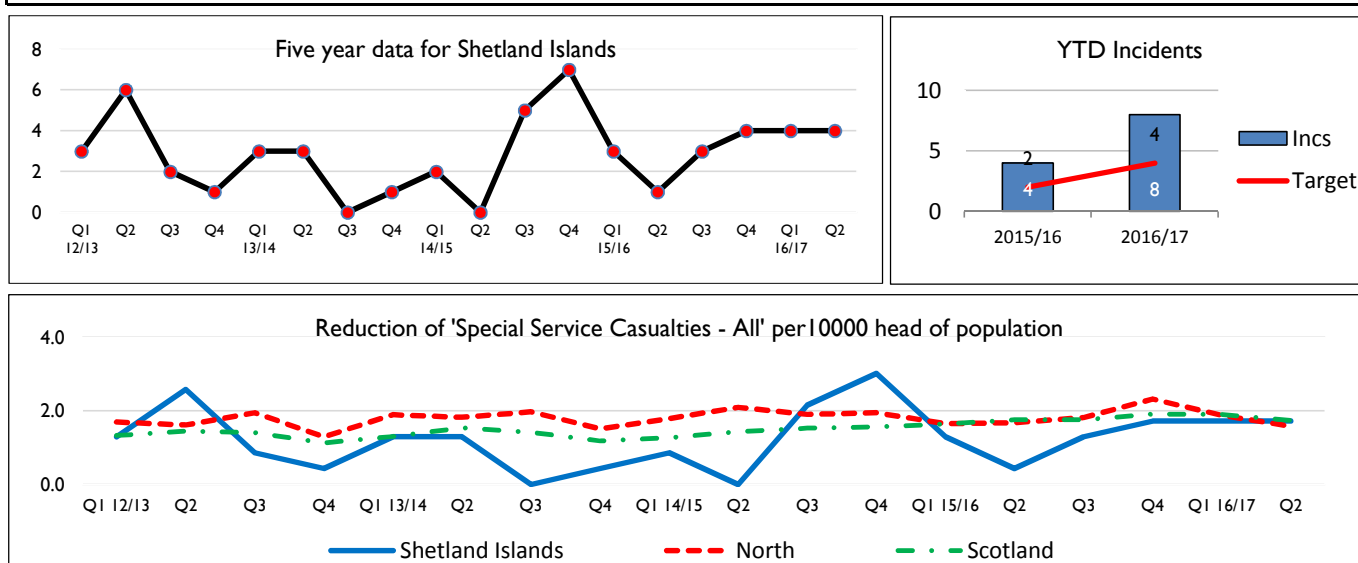
The most common type of special service is as a result of a road traffic collision involving, in most cases, a response from all three emergency services. The Service is working in partnership with other emergency response colleagues and partner agencies.

Road safety activities in the area include e.g. Driving Ambition, which has a focused message of road safety, targeting key groups in the reduction of road related incidents as identified in Scotland's Road Safety Framework to 2020.

A Driving Ambition day was delivered to 170 pupils from Lerwick and Brae during September. This event was well received by those attending, where it is hoped that the messages delivered will assist in reducing the likelihood of young people being involved in a road traffic collision. This project is undertaken by SFRS working in partnership with Police Scotland, SIC Road Safety Unit and local business.

Special service calls have increased from 2015/16, with a total of 8 such calls this year. This is mainly due to closer working practices being established between all emergency services within Shetland, resulting in an increased response from SFRS resources. This is seen as an improvement in response, but again we will continue to help reduce the risk within the home, workplace and road network by promoting personal safety.

<http://www.scotland.gov.uk/Resource/Doc/286643/0087268.pdf>



YTD ward ave. for Shetland Islands - I	2012/13	2013/14	2014/15	2015/16	2016/17	Sparklines
Shetland Islands	9	6	2	4	8	
North Isles (Shetland)	1	0	0	0	0	
Shetland North	4	4	1	2	0	
Shetland West	2	0	0	0	0	
Shetland Central	2	0	0	0	2	
Shetland South	0	2	1	1	2	
Lerwick North	0	0	0	0	2	
Lerwick South	0	0	0	1	2	

Priority 7 - Reduction of 'False Alarm - UFAs'

The Service responds to a number of false alarms over the reporting year, a number of which are unwanted fire alarm signals (UFAS). It's disappointing to note that we attended an increased number of UFAS calls during Q2.

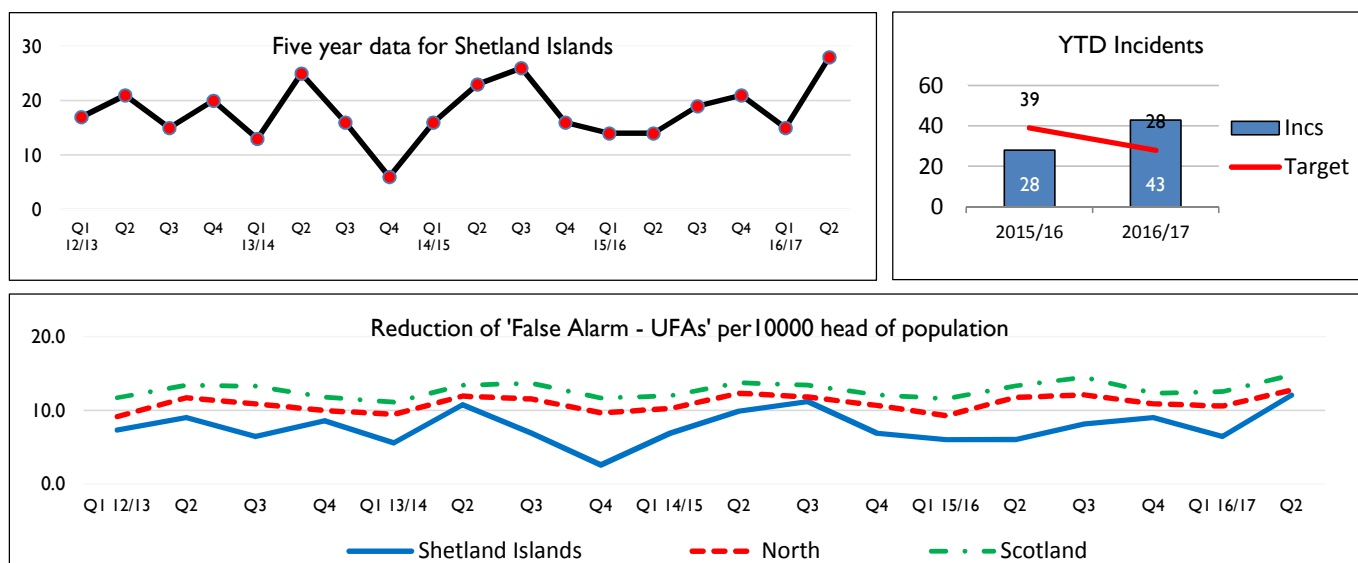
This increase has been due, on a number of occasions, to construction work being undertaken in various buildings. SFRS officers have visited and spoken to the responsible person at these buildings, providing guidance, information and advice on how to reduce the number of UFAS calls to their premises. The impact of an emergency services response to a UFAS incident has also been clearly communicated.

In addressing the number of UFAS incidents across Scotland, the Scottish Fire and Rescue Service (SFRS) introduced a national UFAS Reduction Procedure on 1 December 2014. The key aim of this procedure is the implementation of a standard management model to reduce the number of unwanted alarm signals across all areas of Scotland. This will be achieved in a number of ways:

- Working more closely with responsible 'duty holders' post UFAS events to review, and where appropriate improve management arrangements within premises
- Effectively managing an appropriate response to repeat UFAS calls from known premise

SFRS recognises that high levels of Unwanted Fire Alarm Signals can have a significant impact on our staff and their full time employers. The Prevention and Protection team based in Inverness have examined this issue and we will undertake bespoke plans to improve the overall picture in Shetland.

Lerwick still continues to have a high level of UFAS calls to commercial premises. Operational RDS staff continue to issue advice to the occupier at the time of attending the premises with additional steps having been taken to visit the premises at a later date by Prevention and Protection staff. This will hopefully allow the occupier of the most frequently attended properties to fully understand the implications of a continued response from SFRS. The SFRS UFAS policy will be implemented on offending properties, if deemed appropriate.



YTD ward ave. for Shetland Islands - 6	2012/13	2013/14	2014/15	2015/16	2016/17	Sparklines
Shetland Islands	38	38	39	28	43	
North Isles (Shetland)	0	0	1	2	0	
Shetland North	2	0	0	0	2	
Shetland West	0	0	1	0	0	
Shetland Central	0	3	3	1	1	
Shetland South	3	6	8	4	11	
Lerwick North	21	15	21	12	19	
Lerwick South	12	14	5	9	10	

4. Glossary

Primary Fire

Primary fires include all fires in non-derelict buildings and outdoor structures or any fires involving casualties or rescues or any fires attended by five or more appliances.

Secondary Fires

Secondary fires are the majority of outdoor fires including grassland and refuse fires unless they involve casualties or rescues, property loss or if five or more appliances attend. They include fires in derelict buildings but not chimney fires.

Accidental Dwelling Fires

Building occupied by households, excluding hotels, hostels and residential institutions. In 2000, the definition of a dwelling was widened to include any non-permanent structure used solely as a dwelling, such as caravans, houseboats etc. Caravans, boats etc. not used as a permanent dwelling are shown according to the type of property. Accidental includes fires where the cause was not known or unspecified.

Fire Fatality

A person whose death is attributed to a fire is counted as a fatality even if the death occurred weeks or months later.

Fire Casualty

Non-fatal casualties, injured as a direct result of a fire attended by the service. Includes those who received first aid at the scene and those who were recommended to go for a precautionary check. Does not include injuries to fire service personnel.

Deliberate Fire

Fires where deliberate ignition is suspected.

Special Services

Special Services are non-fire incidents requiring the attendance of an appliance or officer. The Fire (Scotland) Act 2005 placed a statutory duty on FRS to attend fires and road traffic accidents. It also included an additional function order that covers non-fire incidents such as rescues from collapsed buildings or serious flooding.

CPP

Community Planning Partnership.

SOA

Single Outcome Agreement.

RTC

Road Traffic Collision

UFAS

Unwanted Fire Alarm Signals

RDS

Retained Duty System – Staff who are employed on a retained (part time basis) and provide an emergency response within a local area

CRU

Community Response Unit – staff who provide a specific role within a local area e.g. attending RTC or Wildfire type incidents

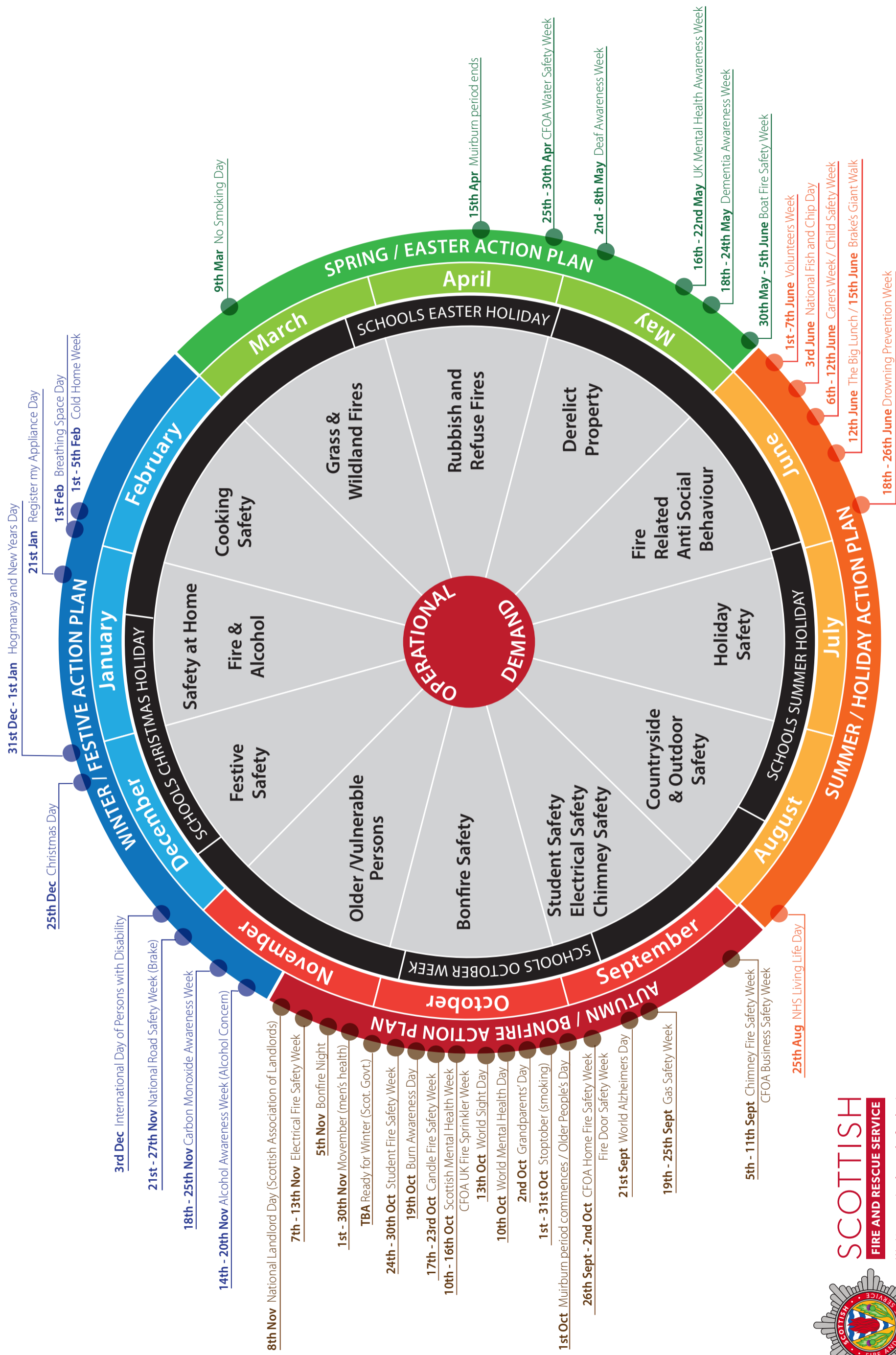
CFS

Community Fire Safety - CRU staff providing a local prevention and protection role and deliver fire safety advice and information

PDIR

Post Domestic Incident Response – A targeted delivery of key home fire safety advice and information to the local community and residents following a dwelling house fire

Seasonal Community Safety Calendar 2016



SCOTTISH

FIRE AND RESCUE SERVICE

Working together for a safer Scotland

Community Safety & Resilience Board

Report Title:	Performance against SAS Quality scorecard and Strategic Options framework
Presented By:	Andrew M Fuller, Divisional Head of Services North. (Shetland, Orkney & Western Isles)

1.0	Overview/Introduction
1.1	To provide an update on performance against the SAS quality scorecard and development of the strategic options framework
2.0	Background Detail & Content
2.1	The performance report attached details the performance against Nationally agreed targets for the Scottish Ambulance Service
3.0	Proposal/Expected Outcome
3.1	
4.0	Risk Management Implications
4.1	Professional
4.2	Political
4.3	Social/Demographics/Community/Customer/Stakeholder Issues
4.4	Financial/Economical
4.5	Legal
4.6	Physical
4.7	Contractual
4.8	Technical
5.0	Conclusions

For further information please contact:

Name: Andrew M Fuller, Divisional Head of Services (Islands), North.

Contact information: 01463 667799

E: afuller@nhs.net

Date: 10 Feb 2017

END



Scottish Ambulance Service

Shetland

Community Safety & Resilience Board February 2017

1.0 A&E Performance:

On 30 September, we announced that the Chief Medical Officer has approved our plan to pilot a new clinical response model which will save more lives and improve the quality of care for patients. **The model became operationally live on 23 November.**

The 12-month pilot, which has been developed following staff feedback and an extremely robust review of nearly 500,000 patient cases, will more accurately match the response we send patients with their clinical conditions.

This follows similar changes in Wales and parts of England. The new model focuses on improving patient outcomes, rather than simply measuring the time it takes to respond.

Supported by our National Partnership, our Clinical Advisory Group, British Heart Foundation Scotland and the Scottish Government, the model will allow us to respond faster to more patients with time-critical, immediately life-threatening conditions, such as cardiac arrest.

Other patients will receive the most appropriate response for their clinical condition, which for many people will continue to be a fast blue light ambulance. This will help reduce frontline staff stand downs and help us provide more patients with the care they need first time.

In less urgent cases, call handlers may spend more time with patients to better understand their health needs and will send the most appropriate resource for their condition.

The focus on time-based targets for ambulance responses has changed little in around 40 years and does not take account of the advances made in clinical development of pre-hospital care.

For those patients with time-critical conditions which are life-threatening the target remains unchanged and the Service will be expected to achieve an eight minutes response to 75% of these calls.

In Scotland, the average response time to an immediately life-threatening call is 7.4 minutes and 11.2 minutes for all 999 calls.

A range of clinical outcome measures will be introduced to assess the quality, safety and timeliness of care delivered. The pilot will also be monitored and independently evaluated.

The new response model was implemented before Christmas and builds on a similar exercise undertaken by the Welsh Ambulance Service last year, which has achieved improved response times for time-critical, life-threatening cases.

Prior to the introduction of the model, we will engage further with all staff, patients and stakeholders, maintaining the process throughout the pilot as part of a programme of continuous improvement. SAS reps met with Shetland PFPI group before the pilot went live.

Scotland's Chief Medical Officer, Catherine Calderwood, has reviewed the evidence that supports our plan and approved the implementation of the pilot, with a report to be submitted to the Scottish Government at the end of the trial.

She said: "The Scottish Ambulance Service has undertaken a rigorous review of its clinical data, involving a full year of actual patient outcome data being analysed.

"What the analysis showed was that the current coding system does not always accurately identify some patient's conditions as immediately life-threatening. And that other codes were getting an eight minute response, although the patient's condition had no time critical response requirement.

"I am persuaded by the extensive clinical evidence that the Scottish Ambulance Service has put forward and know that patient safety is at the heart of these changes.

"We will keep this pilot under close review over the next 12 months to ensure that we are seeing the improvements to patient safety and patient outcomes that are expected."

Scottish Ambulance Service Chairman David Garbutt said: "Saving more lives and improving patient outcomes is fundamental to the development of pre-hospital care in Scotland.

"This new model is a significant step forward in delivering the Board's vision for continuous improvements in the quality of care for our patients and we welcome the support of the British Heart Foundation Scotland."

Dr Mike Knapton, Associate Medical Director at the British Heart Foundation, said: "I am pleased that this new clinical response model is based on evidence, unlike the eight-minute standard response time which was a pragmatic target set in 1974.

"The quality of patient care, before a person even reaches hospital, has improved dramatically over the years and we understand that today's operational practices should evolve to reflect that.

"In the event of a cardiac arrest, time is critical and the best way to get professional help is to call 999 without delay. I'll look forward to seeing the results of this pilot to ensure that heart patients continue to receive timely and quality care."

Over the coming weeks we will be engaging with all staff, including training for our ACC teams, and providing further information about the model and the clinical evidence it is based on. We very much welcome your feedback and encourage you to get in touch with your views and questions. You can find out more by emailing scotamb.clinicalmodelfeedback@nhs.net

I will agree a performance reporting template and mechanism with the SAS comms team and let the CSRB know what that will look like in due course.

The location of incidents on Shetland can extend response times. Work is ongoing to increase community first responder and emergency responder schemes.

The North Division Management team are continuing to work with internal and external stakeholders to discuss ways to address demand particularly around urgent and routine work and to continue to

explore alternative pathways of care. Any increase in urgent and routine work directly impacts on our availability for life threatening calls

1.1 Actions being taken to improve the ILT Performance

Sector	Q	Last Year Q
Shetland	TBA	TBA
Target 75%		

- Continue to review shift patterns. Implementation of 6 new staff into Lerwick this is a phased approach with 2 already working and 4 being phased in over the next few months
- Progress with new Community First Responder Schemes. This is a phased approach due to the resources required to implement these.
- Ongoing dialogue with NHS Boards and NHS24 around the reasons for increasing SAS Demand and the need to put in place alternative pathways of care to reduce inappropriate admissions to hospital. This is being progressed through the NHS Boards Unscheduled Care Work Streams.
- Continue the development of Community Paramedics to increase see and treat and reduce inappropriate admissions to hospital.
- Continue to work with NHS Boards to fully utilise Profession to Profession lines
- Working with partners to fully develop falls pathways for A&E Crews to access along with access to rapid response teams and hospital at home teams with responsive care packages where available. Discussion through Ambulance liaison group.

1.2 Cat A Cardiac Arrest Performance

Sector	Q1	Last Year Q1	Comment
Shetland arrival within 8 mins	%	%	Target 80%
Return of Spontaneous Circulation (ROSC)	2 Cardiac arrests no ROSC	1 Cardiac arrest no ROSC	Target 12%
VF/VT ROSC	0%	0%	Target 30%

The reasons for YTD Cat A Cardiac Arrest Performance are outlined in the Cat A Performance section.

1.3 Actions being taken to improve the YTD Cat A Cardiac Arrest Performance

- As outlined in the Cat A Performance Section
- Developing new community first responder schemes and working with local communities to install Public Access defibrillators and map these onto the C3 System
- Targeting another resource to attend all Cardiac Arrest calls as well as the initial response

1.4 Urgent Performance

Sector	Q	Last Year Q
Shetland target 95%	TBA	TBA

1.5 Actions being taken to improve the Urgent Performance Target

- Implementing revised shift patterns
- Progressing new Community First Responder Schemes. This is a phased approach due to the resources required to implement these.
- Ongoing dialogue with NHS Boards and NHS24 around the reasons for increasing SAS A&E Demand and the need to put in place alternative pathways of care to reduce inappropriate admissions to hospital. This is being progressed through the NHS Boards Unscheduled Care Work Streams.
- Continuing to work with NHS Boards to fully utilise Profession to Profession lines
- Working with partners to fully develop Falls pathways for A&E Crews to access along with access to rapid response teams and hospital at home teams with responsive care packages where available
- Working to improve service delivery through See and Treat figures

1.6 Hyper Acute Stroke to Hospital < 60 mins

Sector	Q	Last Year Q
Shetland 80% Target to hospital in <60 mins	TBA	TBA

1.7 Actions being taken to improve the YTD Hyper Acute Stroke to Hospital < 60 mins Performance

- As outlined in the Cat A Performance Section
- Crews to take less time at location if they can achieve getting the patient to hospital within 1 hour from the call.
- Return from call under blue lights to hospital.
- Profession to profession support

SAS Context

- 888,000 calls to ACC = 686,500 ambulance responses
- Typical response outcome:
 - 2 patients in every 10 are life threateningly ill and/or injured
 - 1 patient is seriously unwell
 - 6 patients have an exacerbation of an existing condition or minor injury/illness
 - 1 patient will not require or will refuse assistance
- Current Model
 - Circa 30% of SAS responses require hospital A&E
 - Circa 80% end up there! (82.5% in Shetland)

2.0 SAS/NHSS Liaison Group

2.1 Background

Our clinical partnership working between the Scottish Ambulance Service and NHSS is an integral part of the health service activity on Shetland. Before the Ambulance Liaison Group was set up the discussions between NHS Shetland and SAS were undertaken at a front line level and through a Commissioning team route. It was decided to try and widen the involvement of other stakeholders to ensure that discussions and decisions were as representative as possible, and were able to be fed back into the governance structures of both organisations. The Ambulance Liaison Group started meeting monthly from September 2012.

2.2 Membership and roles on group

Chaired by Andy Fuller SAS Head of services for the Islands the group consists of representatives from both NHSS and SAS.

2.3 Key pieces of work undertaken or supported so far

2.3.1 Landing lights on Outer Isles

Following an incident on an outer isle where there was a delay evacuating a patient overnight SAS undertook a full review of landing lights on outer island landing sites. Although the

Coastguard, in an emergency, can fly under Search and Rescue (SAR) rules and land anywhere they deem safe, SAS Helimed Air Ambulances cannot fly under SAR rules and so could not land in darkness on a landing site without proper lights. This meant that for urgent cases that didn't meet Coastguard emergency criteria, options for evacuation overnight were limited, and sometimes led to delays for the patient.

All the landing site surveys have been now completed by SAS and procedures are in place to light them at night so now patients needing urgent evacuation overnight from the outer isles have an improved service.

2.4 Memorandum of Understanding

Medical evacuation from the outer isles is co-ordinated by the SAS Air Desk. There are occasions when medical evacuation is needed for a patient who is 'walking wounded' but there is no scheduled transport service in an acceptable time frame. A Memorandum of Understanding has been agreed locally whereby the SAS can charter the Islander plane to collect such a patient to avoid the unnecessary use of the Coastguard helicopter. This ensures that the Coastguard helicopter is not tied up unnecessarily and is also a much cheaper option for transfer.

2.5 Air Evacuation flow chart

Ordering an Air Ambulance has historically been a complex process. SAS have put considerable resource into agreeing a flowchart for medical evacuation which covers routine, urgent and emergency categories. This work has included improving clarity on how to order an air ambulance for transfer in from the outer isles and how to update the Air Desk if the patient's condition changes. This flow chart has been signed off by the Ambulance Liaison Group and has now been implemented. The flowchart covers all steps for both SAS Air Desk staff and requesting clinicians and is expected to resolve a number of issues that have been identified through incidents reported to the group.

2.6 Outer Isles Standard operating procedures

Calls to the Air Desk are unlikely to be handled by anyone with firsthand knowledge of Shetland geography and landing site arrangements. SAS have undertaken a piece of work to update the guidance for the Air Desk staff on the arrangements and specific issues for each of our outer islands. In conjunction with the Air Evacuation Flow Chart this will provide the Air desk staff with the most up-to-date and detailed knowledge they need to plan air evacuations from the islands. This information has been provided by staff on the outer isles and is now in use.

2.7 Reviewing Ambulance Liaison incidents

Both SAS and NHS Shetland have an incident reporting system and some incidents which are reported involved the other organisation and so require some partnership investigation and learning. The Ambulance Liaison group have overseen the investigation and outcome of a number of incidents since it started and the group has proved a useful forum to discuss incidents in detail and agree learning outcomes.

3.0 Shared Governance

The Ambulance Liaison meeting allows both organisations to look at governance issues that cross the boundary between them.

Liaison incidents can be raised by either organisation and are investigated by one or both of them, depending on the circumstances. The investigation reports are then reviewed by the group and learning and actions identified. An ongoing Action Log monitors the progress of actions arising from incident investigations.

4.0 Ambulance Liaison Incidents

4.1 Changes/ outcomes from these incident reviews include:

- Shared understanding where there has been a poor patient journey so we can learn and improve.
- The agreement on the Air Evacuation Flow Chart
- Completed landing light surveys on the outer islands and protocols implemented.
- Resolution of equipment issues.
- Making sure that all the air ambulance staff in Shetland knows who they can talk to about timings and delays.
- Audit of delays at Aberdeen has not identified a pattern. All staff knows how to upgrade calls if deteriorating patient. SAS looking at introducing a category of request for onward transfer to minimise delays.
- Re-issued guidance on when mothers can fly, and what documentation they need.

4.2 Current Actions from the Group:

- Discussions to invite a lay person onto the group
- SAS National team proposals to standardise all contractors training and Education
- Island specific ambulances delivered to Skerries and Fetlar for SAS/NHSS use
- Ongoing training and development of the retained service with new members in the recruitment process

5.0 Outer Islands SOF Update:

Fetlar Basic Spec 4x4 VW Caravelle (A shared resource with NHS Shetland is now in place, this will serve as patient transport/mobile clinic/nurse transport).	After original training we now have 4 people on a four day course starting mon 13 th Feb to convert to ScotPos accredited course
Skerries Basic Spec 4x4 VW Caravelle (A shared resource with NHS Shetland is now in place, this will serve as patient transport/mobile clinic/nurse transport).	We have a team of 5 here, and training is complete. They have been trained and Completed Driving assessments with all 5 plus some Moving & Handling, infection control, entonox and FPOS Intermediate Delivered. A refresher was completed on the 11 th June 2015 PS gave Nurse familiarisation session on IBEX chair as they have had a vehicle swap (Nov 15) Next refresher Dec 15 Down to 1 responder and 3 possibly available to drive. 2 new recruits to be trained NP off sick at the moment
Unst A&E Spec 4x4 VW Caravelle	A team of 7 working Revisited in Jan 2015 delivered more training assessed 3 for fpos BASIC. Scenario run with the team and GP

	<p>July 2015 – Met with 5 of the team for a refresher</p> <p>Refresher carried out July 16</p> <p>Ambulance in the Fire station at Baltasound.</p> <p>4 day CR course- 3 passes, 1 fail</p> <p>3 still due 2 day conversion</p> <p>Gave manikin for training.</p> <p>2 new recruits ready for training</p>
<p>Whalsay</p> <p>A&E Spec 4x4 VW Caravelle</p>	<p>A Contractor scheme with a pool of 7 volunteers and a coordinator.</p> <p>The existing team are trained to FPOS intermediate. Now need to convert to new course</p> <p>6 new recruits need 4 day training</p> <p>2 day conversion course for remaining team</p>
<p>Yell</p> <p>A&E Spec 4x4 VW Caravelle</p>	<p>A Contractor scheme with 5 volunteers</p> <p>The team are trained to FPOS intermediate or the equivalent.</p> <p>Two new recruits were trained to FPOS intermediate in December. They also completed Driving assessments and M&H plus infection control</p> <p>BH delivered a refresher session 8/12/14</p> <p>Refresher delivered 7/7/15</p> <p>Currently due a refresher</p> <p>4 need 4 day course</p> <p>2 due 2 day conversion</p> <p>Next visit due Aug.</p> <p>Contractor due to retire at the end of march 17.</p> <p>Ongoing discussions with SFRS and a plan to meet the YCC as soon as possible</p>
Foula	We intend a joint visit to Foula and contact the Community Council at the earliest opportunity.
Fair Isle	Fair Isle visited on the 22 nd June 2016 and held a meeting in the fair isle hall with about 26 residents. No one showed any interest and Peter and Edna were told that they have an arrangement with the SFRS as they are first responder trained that the nurse calls them if she requires any help. SAS and SFRS will formalise this arrangement
Bressay	Advertised locally for recruits with one person to date expressing an interest. Utilising local newsletter to advertise. Possible co responder scheme with SFRS

5.1 Retained

The retained team in Lerwick are undergoing training we have two that have completed their GCU initial training and are now on station to complete their mentored hours and practice placements. We have a further three students that are completing SVQ level 3 and are ready to take up SVQ level 4 at the beginning of April 2016 which when completed will be equivalent to technician level

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Only patients with a clinical need for ambulance assistance will be conveyed by the SAS.

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	Demand		Difference	
	Period 1 - 01/04/2016 - 30/06/2016	Period 2 - 01/04/2015 - 30/06/2015	Demand	Demand Variance
Registered Journey Count	288	179	109	60.89%
Journey Count	255	161	94	58.39%
Medical Escort Count	2	4	-2	-50.00%
Relative Escort Count	5	6	-1	-16.67%
Cancel Count	33	18	15	83.33%
Abort Count	3	3	0	0.00%
W (C)				
W1, WT1, WC1 (C1)	188	114	74	64.91%
W2, WT2, WC2 (C2)	33	29	4	13.79%
Stretcher	34	18	16	88.89%
A&E				
Admission	5		5	
Day Patient				
Discharge	57	52	5	9.62%
House to House Transfer		1	-1	-100.00%
Out Patient	189	105	84	80.00%

Transfer	4	3	1	33.33%
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6.2 PTS Punctuality for Pickup after Appointment

Sector	YTD	Last Year
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The reasons for PTS Punctuality for Pickup after appointment

- Patients requiring to be picked up from outpatient clinics with different outpatient appointments finishing at different times impacting on the pick up after appointment time

Actions being taken to improve

- AutoPlan and Shift Reviews, Working with Health Boards to streamline outpatient appointment time processes

6.3 PTS SAS Cancelled No Resource

Sector	YTD	Last Year
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The reasons for PTS SAS Cancelled No Resource

- Accepting all bookings and having to cancel journeys 24 hours prior to appointment time due to lack of resources
- Limited resources with Vacancies, sickness or leave having an impact on capability

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Contacts:

Andrew M Fuller Divisional Head of Services

Malcolm Macleod Area Service Manager, Islands

Peter Smith Paramedic Team Leader, Lerwick

Appendix 1

Glossary

Emergency Calls

Category A – Life threatening call response Target of 8 Minutes for 75% of calls

Category B – Emergency call response target of 19 minutes for 95% of calls

Category C – Emergency call that could be responded to in a given timeframe or passed

to another service provider i.e. NHS24

Urgent Call - Unplanned call from NHS 24, Doctor, midwife that has a timescale for admission to hospital. 91% target

Routine Calls- Are on the boundary between A&E and PTS operations. They include non-urgent transport for patients who require paramedic intervention en-route and patients who could travel by PTV but for unusual factors. Future bookings and retrievals are often planned using Routine Calls.

Scheduled Care – PTS

Punctuality for appointment at hospital - Target 75%

Punctuality after appointment (uplift) - Target 80%

Journeys cancelled - Target <0.5%

The categories are:

W - The patient can walk unaided and requires no assistance.

W1 - The patient can walk and requires steadying assistance only.

W2 - The patient can walk and requires the assistance of two crew members.

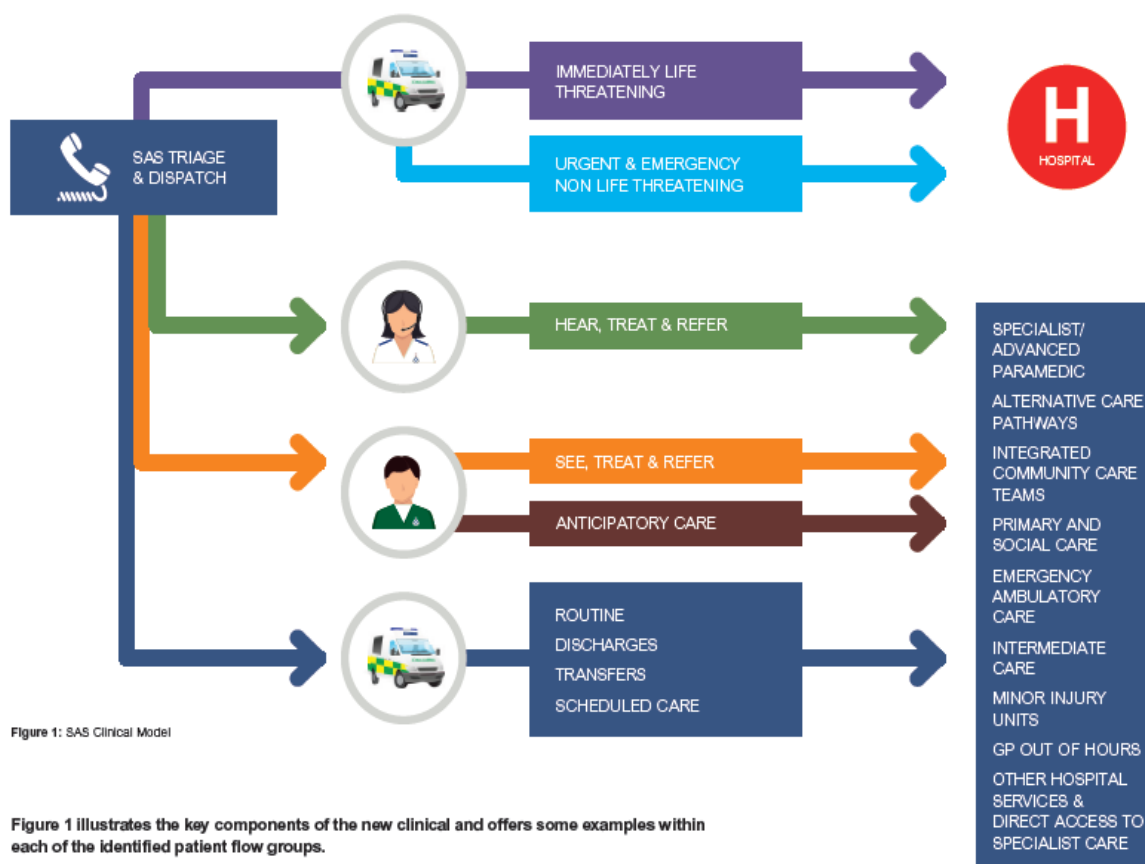
WT1 - The patient has their own wheelchair but can transfer to a seat with minimal assistance. There is suitable access at their home and requires the assistance of a single crew member only.

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SAS Clinical Model





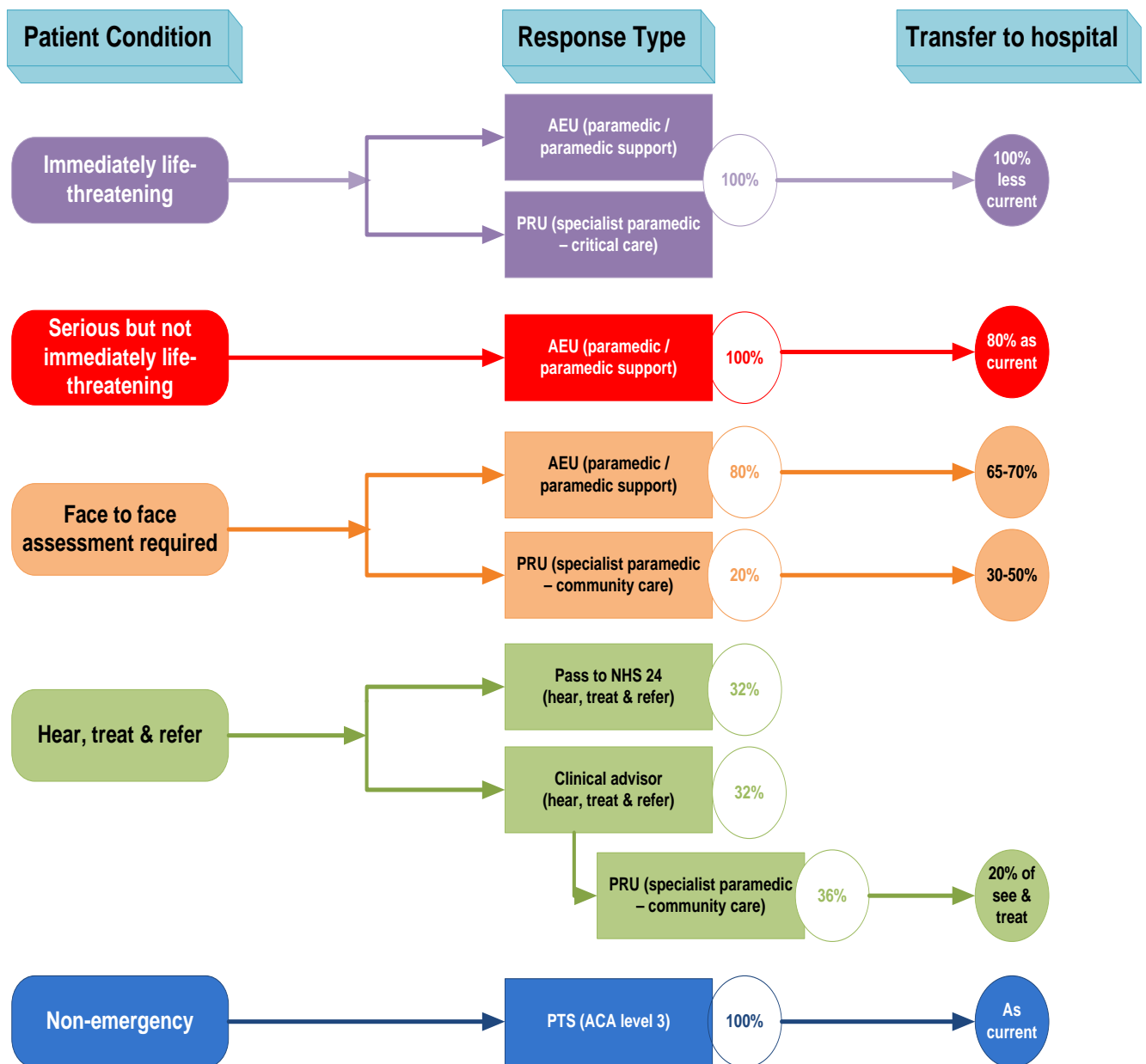
Scottish Ambulance Service
Taking Care to the Patient

‘Taking Care to the Patient’

The Response Model



Patient Flows	Acuity	Response/skills
Immediately Life Threatening	Immediately life threatening 8 minute response	Paramedic/Specialist paramedic Conveying resource
Serious but not Immediately Life-Threatening	Time-critical Urgent GP admissions and hospital transfers	Conveying resource Paramedic plus support
See, Treat & Refer	Non time-critical Face-to-face assessment	Specialist paramedic/Paramedic Enhanced minor injury/illness
Hear, Treat & Refer	Low acuity 999 calls Calls passed to NHS24	Clinical advisor in Ambulance Control Centres Paramedic level
Non-Emergency	Scheduled care Low acuity urgent-discharge/transfers	Conveying resource Enhanced Ambulance Care Assistant, Basic Life Support, oxygen, Automated External Defibrillator





Scottish Ambulance Service

Shetland

Community Safety & Resilience Board October 2016

1.0 A&E Performance:

In **Shetland**, there has been an overall increase of 23 incidents compared with the same period last year. **Q2 15/16 (542), Q2 16/17 (565)**

- Decrease (5) in Cat A Incidents 66 to 61
- 4 Cat A's less in performance this year as the same period last year
- Increase (33) in Cat B Incidents 141 to 174
- Decrease (15) in Cat C Incidents 25 to 10
- Increase (3) in Urgent Incidents 241 to 244
- Increase (7) in Routine incidents 69 to 76

However over the last three years there has been an increase which has levelled off over the last year.

The location of incidents on Shetland can extend response times. Work is ongoing to increase community first responder and emergency responder schemes.

The North Division Management team are continuing to work with internal and external stakeholders to discuss ways to address demand particularly around urgent and routine work and to continue to explore alternative pathways of care. Any increase in urgent and routine work directly impacts on our availability for Cat A life threatening calls

Call category	2013/14	2014/15	2015/16
Cat A	243	282	281
Cat B	596	638	630
Cat C	112	114	87
Urgent	788	1188	1012
Routine	49	116	291
Total	1838	2338	2301

1.1 Actions being taken to improve the YTD Cat A Performance

Sector	Q2	Last Year Q2
Shetland	45.9%	48.48%
Target 75%		

- Continue to review shift patterns. Implementation of 6 new staff into Lerwick this is a phased approach with 5 already working and 1 being phased in over the next few months
- Progress with new Community First Responder Schemes. This is a phased approach due to the resources required to implement these.
- Ongoing dialogue with NHS Boards and NHS24 around the reasons for increasing SAS Demand and the need to put in place alternative pathways of care to reduce inappropriate admissions to hospital. This is being progressed through the NHS Boards Unscheduled Care Work Streams.
- Continue the development of Community Paramedics to increase see and treat and reduce inappropriate admissions to hospital.
- Continue to work with NHS Boards to fully utilise Profession to Profession lines
- Working with partners to fully develop falls pathways for A&E Crews to access along with access to rapid response teams and hospital at home teams with responsive care packages where available. Discussion through Ambulance liaison group.

1.2 Cat A Cardiac Arrest Performance

Sector	Q2	Last Year Q2	Comment
Shetland arrival within 8 mins	100%	%	Target 80%
Return of Spontaneous Circulation (ROSC)	No data	No data	Target 12%
VF/VT ROSC	No data	No data	Target 30%

The reasons for YTD Cat A Cardiac Arrest Performance are outlined in the Cat A Performance section.

1.3 Actions being taken to improve the YTD Cat A Cardiac Arrest Performance

- As outlined in the Cat A Performance Section
- Developing new community first responder schemes and working with local communities to install Public Access defibrillators and map these onto the C3 System
- Targeting another resource to attend all Cardiac Arrest calls as well as the initial response

1.4 Cat B Performance

Sector	Q2	Last Year Q2
Shetland target 95%	65.5%	63.1%

The reasons for YTD Cat B Performance are outlined in the Cat A Performance Section and also include

- Increase in A&E Demand
- Changes to Key Performance Indicators (KPIs) for responding to Cat B Calls from 21 minutes during 2011/12 to 19 minutes from 2012/13 has had an impact on Cat B Performance in the North Division
- The continual increase on demand

1.5 Actions being taken to improve the Cat B Performance Target

- Implementing revised shift patterns
- Progressing new Community First Responder Schemes. This is a phased approach due to the resources required to implement these.
- Ongoing dialogue with NHS Boards and NHS24 around the reasons for increasing SAS A&E Demand and the need to put in place alternative pathways of care to reduce inappropriate admissions to hospital. This is being progressed through the NHS Boards Unscheduled Care Work Streams.
- Continuing to work with NHS Boards to fully utilise Profession to Profession lines
- Working with partners to fully develop Falls pathways for A&E Crews to access along with access to rapid response teams and hospital at home teams with responsive care packages where available
- Working to improve service delivery through See and Treat figures

1.6 Hyper Acute Stroke to Hospital < 60 mins

Sector	Q2	Last Year Q2
Shetland 80% Target to hospital in <60 mins	100%	100%

1.7 Actions being taken to improve the Hyper Acute Stroke to Hospital < 60 mins Performance

- As outlined in the Cat A Performance Section
- Crews to take less time at location if they can achieve getting the patient to hospital within 1 hour from the call.
- Return from call under blue lights to hospital.
- Profession to profession support

SAS Context

- 888,000 calls to ACC = 686,500 ambulance responses
- Typical response outcome:
 - 2 patients in every 10 are life threateningly ill and/or injured
 - 1 patient is seriously unwell
 - 6 patients have an exacerbation of an existing condition or minor injury/illness
 - 1 patient will not require or will refuse assistance
- Current Model
 - Circa 30% of SAS responses require hospital A&E
 - Circa 80% end up there! (82.5% in Shetland)

2.0 SAS/NHSS Liaison Group

2.1 Background

Our clinical partnership working between the Scottish Ambulance Service and NHSS is an integral part of the health service activity on Shetland. Before the Ambulance Liaison Group was set up the discussions between NHS Shetland and SAS were undertaken at a front line level and through a Commissioning team route. It was decided to try and widen the involvement of other stakeholders to ensure that discussions and decisions were as representative as possible, and were able to be fed back into the governance structures of both organisations. The Ambulance Liaison Group started meeting monthly from September 2012.

2.2 Membership and roles on group

Chaired by Andy Fuller SAS Head of services for the Islands the group consists of representatives from both NHSS and SAS.

2.3 Key pieces of work undertaken or supported so far

2.3.1 Landing lights on Outer Isles

Following an incident on an outer isle where there was a delay evacuating a patient overnight SAS undertook a full review of landing lights on outer island landing sites. Although the Coastguard, in an emergency, can fly under Search and Rescue (SAR) rules and land anywhere they deem safe, SAS Helimed Air Ambulances cannot fly under SAR rules and so could not land in darkness on a landing site without proper lights. This meant that for urgent cases that didn't meet Coastguard emergency criteria, options for evacuation overnight were limited, and sometimes led to delays for the patient.

All the landing site surveys have been now completed by SAS and procedures are in place to light them at night so now patients needing urgent evacuation overnight from the outer isles have an improved service.

2.4 Memorandum of Understanding

Medical evacuation from the outer isles is co-ordinated by the SAS Air Desk. There are occasions when medical evacuation is needed for a patient who is 'walking wounded' but there is no scheduled transport service in an acceptable time frame. A Memorandum of Understanding has been agreed locally whereby the SAS can charter the Islander plane to collect such a patient to avoid the unnecessary use of the Coastguard helicopter. This ensures that the Coastguard helicopter is not tied up unnecessarily and is also a much cheaper option for transfer.

2.5 Air Evacuation flow chart

Ordering an Air Ambulance has historically been a complex process. SAS have put considerable resource into agreeing a flowchart for medical evacuation which covers routine, urgent and emergency categories. This work has included improving clarity on how to order an air ambulance for transfer in from the outer isles and how to update the Air Desk if the patient's condition changes. This flow chart has been signed off by the Ambulance Liaison Group and has now been implemented. The flowchart covers all steps for both SAS Air Desk staff and requesting clinicians and is expected to resolve a number of issues that have been identified through incidents reported to the group.

2.6 Outer Isles Standard operating procedures

Calls to the Air Desk are unlikely to be handled by anyone with firsthand knowledge of Shetland geography and landing site arrangements. SAS have undertaken a piece of work to update the guidance for the Air Desk staff on the arrangements and specific issues for each of our outer islands. In conjunction with the Air Evacuation Flow Chart this will provide the Air desk staff with the most up-to-date and detailed knowledge they need to plan air evacuations from the islands. This information has been provided by staff on the outer isles and is now in use.

2.7 Reviewing Ambulance Liaison incidents

Both SAS and NHS Shetland have an incident reporting system and some incidents which are reported involved the other organisation and so require some partnership investigation and learning. The Ambulance Liaison group have overseen the investigation and outcome of a number of incidents since it started and the group has proved a useful forum to discuss incidents in detail and agree learning outcomes.

3.0 Shared Governance

The Ambulance Liaison meeting allows both organisations to look at governance issues that cross the boundary between them.

Liaison incidents can be raised by either organisation and are investigated by one or both of them, depending on the circumstances. The investigation reports are then reviewed by the group and learning and actions identified. An ongoing Action Log monitors the progress of actions arising from incident investigations.

4.0 Ambulance Liaison Incidents

4.1 Changes/ outcomes from these incident reviews include:

- Shared understanding where there has been a poor patient journey so we can learn and improve.
- The agreement on the Air Evacuation Flow Chart
- Completed landing light surveys on the outer islands and protocols implemented.
- Resolution of equipment issues.
- Making sure that all the air ambulance staff in Shetland knows who they can talk to about timings and delays.
- Audit of delays at Aberdeen has not identified a pattern. All staff knows how to upgrade calls if deteriorating patient. SAS looking at introducing a category of request for onward transfer to minimise delays.
- Re-issued guidance on when mothers can fly, and what documentation they need.

4.2 Current Actions from the Group:

- Discussions to invite a lay person onto the group
- SAS National team proposals to standardise all contractors training and Education
- Island specific ambulances delivered to Skerries and Fetlar for SAS/NHSS use
- Ongoing training and development of the retained service with new members in the recruitment process

5.0 Outer Islands SOF Update:

<p>Fetlar</p> <p>Basic Spec 4x4 VW Caravelle (A shared resource with NHS Shetland is now in place, this will serve as patient transport/mobile clinic/nurse transport).</p>	<p>2 recruits were trained to FPOS Basic April 7th 2014</p> <p>Visited on 15/7/14 & 26/8/14 carried out some Moving & Handling, driving assessments and completed a refresher session for them.</p> <p>Also undertook training and driving assessments with 4 new recruits 23-25th March</p> <p>Unfortunately one of the “new” recruits has resigned due to getting a full time job in Unst. Currently 3 responders available to work with resident nurse update training required</p>
<p>Skerries</p> <p>Basic Spec 4x4 VW Caravelle (A shared resource with NHS Shetland is now in place, this will serve as patient transport/mobile clinic/nurse transport).</p>	<p>We have a team of 5 here, and training is complete. They have been trained and Completed Driving assessments with all 5 plus some Moving & Handling, infection control, entonox and FPOS Intermediate</p> <p>Delivered. A refresher was completed on the 11th</p>

	<p>June 2015 PS gave Nurse familiarisation session on IBEX chair as they have had a vehicle swap (Nov 15) Next refresher Dec 15 Down to 1 responder and 3 possibly available to drive. 2 potential new recruits Planning a trip out in September 2016</p>
<p>Unst A&E Spec 4x4 VW Caravelle</p>	<p>A team of 8 working Revisited in Jan 2015 delivered more training assessed 3 for fpos BASIC. Scenario run with the team and GP</p> <p>July 2015 – Met with 5 of the team for a refresher Refresher carried out July 16 Plans are well established to garage the Ambulance in the Fire station at Baltasound. 4 day CR course- 3 passes, 1 fail 3 still due 2 day conversion 1 member retiring at end of Aug. Gave manikin for training. Revisit for resit of assessment - end Aug.</p>
<p>Whalsay A&E Spec 4x4 VW Caravelle</p>	<p>A Contractor scheme with a pool of 7 volunteers and a coordinator. The existing team are trained to FPOS intermediate. They have completed Moving and Handling, driving assessments and Infection control. NP delivered a refresher session 3/2/15 Have been trained to use Entonox Were given Paper datix forms sept 2013</p> <p>Refresher training completed in Dec 2015 including a M&H refresher</p> <p>5 new recruits needing Interviews? Driving & PVGs done 4 day training for new recruits 2 day course for remaining team</p>
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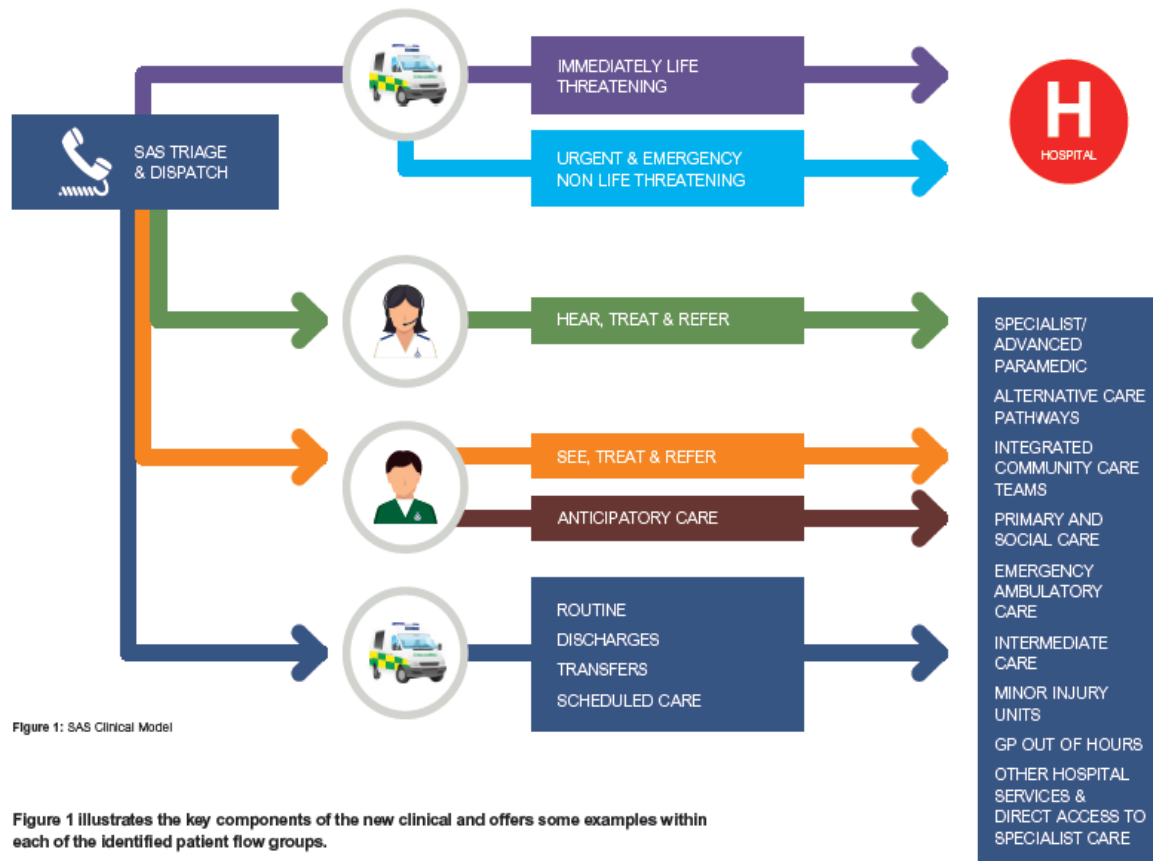
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Scottish Ambulance Service
Taking Care to the Patient

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