

# Community Safety Board

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<b>Report Title</b>	<b>National Contingency Plan for Marine Pollution from Shipping and Offshore Installations</b>
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<b>Presented by Emergency Planning &amp; Resilience Officer</b>
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## 1.0 Overview/Introduction

1.1 The draft National Contingency Plan sets out:

- the arrangements for dealing with pollution, or the threat of pollution, spilled from ships and offshore installations
- the responsibilities of the Department for Transport, the Department of Energy and Climate Change and the Maritime and Coastguard Agency, harbour authorities, offshore installations operators and other bodies with relevant functions

1.2 As a coastal local authority we face a serious threat with regard to oil pollution in light of the frontier drilling and extraction west of Shetland, where we are in new territory when it comes to depth and weather conditions. Prevention is always better than cure and in this regard the most stringent regulations must be in place to prevent a recurrence of the Deepwater Horizon on our doorstep.

1.3 With the Shetland seafood industry turning over £300 million annually it is an industry which, if managed correctly, and with a clean environment can truly be sustainable. We must protect our marine environment at all costs.

## 2.0 Background Detail & Content

2.1 In May 2011 a multi-agency multi-site maritime pollution exercise was held called Exercise "Sula". One of the outcomes of the exercise was that it was felt that the National Contingency Plan needed to be updated / rewritten.

2.2 Consultation on the first draft was carried out in the autumn of 2012 with overwhelming responses from across the UK. This resulted in a complete re-write of the National Contingency Plan (NCP) which is now out for consultation.

2.3 This report is an initial response to the current draft NCP. To ensure that all views are captured on the draft NCP a multi-agency meeting has been arranged for Tuesday 25<sup>th</sup> March 2014 from 1100 – 1300 hours in the Council Chamber. Notes will be taken of the meeting and this will form the basis of the response to the consultation which closes on 23<sup>rd</sup> April 2014.

- 2.4 In the response to the first draft of the NCP it was stated that in order to meet the requirement that financial compensation arrangements are in place **in advance** of an incident, it is vital that a national contingency fund is created, covering the ‘up front’ expenses necessarily incurred by landowners and local authorities to respond to Tier 3 incidents, which are of national importance. This is becoming increasingly necessary as local authority staffing resources are reducing, and costs will have to be met by engaging contractors, for instance. This point has not been addressed in the latest draft (refer to paragraph 22. Liability, compensation, cost recovery and record keeping).
- 2.5 Paragraph 22 refers to Liability, compensation, cost recovery and record keeping. There is a hyperlink in that paragraph (and below) that leads to a document Liability and Compensation for Pollution Damage which summarises the compensation regimes that may assist in the recovery of costs.  
[http://www.dft.gov.uk/mca/130715\\_liability\\_and\\_compensation\\_for\\_pollution\\_damage.pdf](http://www.dft.gov.uk/mca/130715_liability_and_compensation_for_pollution_damage.pdf) .
- 2.6 Paragraph 15.2 directs readers to an SI that is an amending SI with no reference or link to the substantive Regulation.
- 2.7 The NCP can only be read as an online document as there are 83 different hyperlinks to Government Departments, legislation and documents. This relies on being able to access the internet 24/7 and also that the links are current. Hyperlinks are all very well when sitting in an office, but the document would not be of much use out on the beaches, and some form of working copy would therefore have to be worked up in advance.
- 2.8 The NCP is further complicated by the fact that it covers UK Government and devolved administrations which means there are sometimes three different links to paragraphs. The NCP is not an easy document to read. Rather than a plan it is more like a reference document giving a framework to work to. It is not a “plan” that you take out on the day to respond to an incident.
- 2.9 The Plan should act as a guide – paragraph 20.3 says it is “essential that those involved ... are aware of the relevant legislation and consult ... with the regulator’s representatives.” but no usable guidance on these regulations.
- 2.10 The original NCP had a diagram which set out what groups would meet in response to an incident – this document does not provide that level of clarity. It is written in English resilience terminology which is different to that used in Scotland. It is also divided into two categories: Strategic and Operational which goes against the easier to determine: Strategic (Oversight); Tactical (Planning); and Operational (Clean up) regime that is used in Scotland.

### **3.0 Proposal/Expected Outcome**

A multi-agency meeting has been arranged to discuss the draft NCP. Notes will be taken of the meeting and this will form the basis of the response to the consultation.

## 4.0 Risk Management Implications

### 4.1 Professional

Local authority staffing resources are reducing and the Council would be unable to resource oil spill response over a large area or over a prolonged period.

### 4.2 Political

Any oil pollution would quickly become the focus on a national and international basis for responders, Governments and the media.

### 4.3 Social/Demographics/Community/Customer/Stakeholder Issues

As Shetland is bordered by the sea any significant oil pollution will have an effect on the environment, public health and property. This will involve every element of communities, customers, stakeholders, partners, oil companies, responders and Governments.

### 4.4 Financial/Economical

Dealing with marine pollution incidents can be protracted and expensive. Initially the costs of such operations fall on those undertaking them to later seek to recover the costs from those responsible.

### 4.5 Legal

There is a myriad of legislation that would be involved in the response to marine pollution – Scottish, UK, EU and International.

### 4.6 Physical

Response to marine pollution will be extremely resource heavy.

### 4.7 Contractual

The Council does not have the resources to respond the marine pollution on its own. It will rely on oil companies, Governments, national and international resources and contractors to respond to and recover.

### 4.8 Technical

Reading the NCP relies on having internet access 24/7 wherever you are responding from.

## 5.0 Conclusions

5.1 The current NCP draft is an extremely difficult document to navigate through as it relies heavily on hyperlinks which lead to whole pieces of legislation, guidance from England, Wales, Scotland, the EU, Government departments, guidance and documents.

5.2 The draft NCP is not a document you can use on the beach when responding to a maritime pollution incident.

5.3 It does not address the requirement that financial compensation arrangements are in place **in advance** of an incident.

- 5.4 The NCP is a comprehensive reference document that has tried to include the UK Government and devolved administrations and their legislation and guidance – this could very easily lead to confusion during a response.
- 5.5 Local authority staffing resources are reducing, and costs will have to be met by engaging contractors and paying them while seeking compensation which may or may not be forthcoming.

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For further information please contact:

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*Date: 21<sup>st</sup> February 2014*

**SHETLAND LOCAL POLICE PLAN 2014-2017****1. Introduction and purpose of plan**

1.1 This Plan outlines the local policing priorities and objectives for the Shetland Islands for 2014-2017 and is a statutory requirement for the Police and Fire Reform (Scotland) Act 2012. It is produced as part of a planning process which takes account of the Scottish Government's national outcomes, the setting of Shetland Partnership objectives through single outcome agreements, the strategic police priorities set by Scottish Ministers, the Scottish Police Authorities Strategic Police Plan and Police Scotland's Annual Policing Plan.

1.2 The purpose of this plan is to set out the policing priorities and objectives which the Shetland Area Command, Highland and Islands Division and the wider Police Scotland will focus on for the next 3 years. These priorities and objectives have been identified by looking at the national and local intelligence; community safety trends as well as the views and concerns of the public, locally elected officials and community planning partners. The priorities and objectives identified in this Plan support the overall objectives within the Shetland Island Single Outcome Agreements (SOA). The Plan will be reviewed by the Shetland Community Safety Board and the Local Policing Commander on an annual basis. Furthermore, this plan is supported by 7 Multi Member Ward Policing Plans which outline the policing priorities at a ward level.

**2. Foreword**

2.1 An opportunity for the Chair of the local Scrutiny Committee to give an overview of policing from their perspective and an affirmation of Local Authority endorsement for the plan.

**3. Priorities and Objectives**

3.1 **Priority - Roads Safety** – Road Safety continues to be one of the main areas of concern for communities within the Shetland Islands. The level of serious accidents remains low but when they do occur they have a significant impact on the affected families and communities. Through the Road Safety Advisory Board we will continue to participate in initiatives to promote good driver behaviour. We will continue to target speeding and inappropriate driving throughout the Shetland Islands and particularly around schools, within communities and on the main routes such as A970 and A968.

**3.1.1 Long Term Outcomes**

- To reduce the number of people killed, seriously injured or slightly injured on Shetland's Roads.
- Reduce concern with reference to Road Safety / Road Crime within Shetland.

**3.1.2 Objectives**

- Prevention Activities - Participate in activities to promote safe driving including:

- A yearly Driving Ambition Campaign at each of the High Schools.
- The Trunk Road / Divisional Road Policing Units to conduct a targeted motorcycle campaign each spring.
- Participate in all Police Scotland Road Safety Campaigns.
- Increase number of drivers detected for speeding, drink and drug driving, seat belt and mobile phone offences.

**3.2 Priority - The Supply, Abuse and Misuse of Drugs** – Concern with reference to the supply, abuse and misuse of drugs remains high within Shetland. The use of illegal drugs has detrimental impact on the quality of life of individuals, their families and the community in which they live. Drugs users are vulnerable to exploitation and can become involved in acquisitive crimes to feed their addiction. With our partners in the Shetland Drug and Alcohol partnership we will continue to concentrate our educational efforts on informing young people on the risks involved in taking illegal drugs and ‘legal highs’. Our enforcement activity will focus on disrupting the supply of illegal drugs into Shetland by using assets such as the Dogs Against Drugs capability. The community also has a significant role to play in reporting any suspicious activities which may be linked to illegal drugs.

#### 3.2.1 Long Term Outcomes

- Reduce the community impact and costs of drug misuse and abuse within Shetland.
- Decrease the number of illegal drug users in Shetland.

#### 3.2.2 Objectives

- Prevention Activities - 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.
- Increase the proportion of positive stop and searches for drugs.
- Increase the number of offences reported for the supply of drugs or being concerned with the supply of drugs.
- Increase the number of deployment and detections by the ‘Drugs against Dogs’ assets

**3.3 Priority - Protecting People** – Whilst often a hidden crime, there are people in Shetland who are victims of physical, sexual or emotional abuse or are neglected. Domestic abuse blights the lives of individuals as well as their families. Police Scotland has made domestic abuse and other forms of abuse, such as hate crimes, a high priority. We will endeavour to prevent abuse and neglect by early and effective interventions and by the effective sharing of information with relevant community safety partners. In conjunction with Women’s Aid we will, through the Shetland Domestic Abuse Partnership, support victims of domestic abuse and encourage them to report incidents of abuse. We will manage the risk posed by dangerous offenders and protect those at risk through the Multi Agency Risk Assessment Conference, Multi Agency Public Protection Arrangements and Multi Agency Tasking and Coordinating Group.

#### 3.3.1 Long Term Outcomes

- Decrease in the number of people who are victims of sexual or domestic violence / abuse.
- Decrease in the number of people who are victims of hate crimes.

### 3.3.2 Objectives

- Prevention Activities - In support of the Shetland Community Safety Board play and active role in preventative initiatives and campaigns
- Increase the reporting of domestic abuse incidents
- Increase the reporting of sexual crime incidents
- Increase the detection rates for domestic abuse
- Increase the detection rates for sexual crimes
- Increase the reporting of Hate incidents
- Increase the detection rates for Hate Crimes

**3.4 Priority - Antisocial Behaviour and Alcohol Related Disorder** – Although there has been a significant decrease in antisocial behaviour and alcohol related disorder over the past few years, it continues to be a concern for some communities within Shetland. The Shetland Partnership aims to ‘prevent harm by changing the culture of alcohol use in Shetland...through work on antisocial behaviour’. The overall decrease has been achieved in part by focussing on both the very few individuals who behave in an unacceptable way and by working in cooperation with the licensees and the Shetland Licensing Board to reduce the likelihood of alcohol related disorder. With our partners in the Shetland Antisocial Behaviour Working Group, we will endeavour to intervene as early as possible when instances of antisocial behaviour arise; this includes managing persistent offenders and locations through Operation Notebook. Where necessary we will use legislative measures such as Antisocial Behaviour Contracts and vehicle seizures to influence offender behaviour.

#### 3.4.1 Long Term Outcome

- Decrease in the number of people who are victims or impacted by antisocial behaviour and alcohol related disorder.

#### 3.4.2 Objectives

- Prevention Activities -
  - Maintain the level of licensed premises checks.
  - Conduct an annual test purchasing operation.
  - Contribute to the Anti Social Behaviour Working Group initiatives and campaigns.
- Increase the number of positive stop searches / confiscations for those possessing alcohol:
  - In Lerwick where byelaws are in force
  - The number of alcohol seizures from those who are under aged
- Reduce in the amount of disorder.
- Reduce the occurrences of petty assaults
- Reduce the number of premises currently identified as causing significant and persistent disorder or serious nuisance to the community.
- Reduce the number of incidents of vandalism.

**3.5 Priority - Emergency / Major Incident Response and Resilience –** The helicopter crash in late 2013 indicates that Shetland is not immune to major incidents. Furthermore, the ongoing increase in activities surrounding the oil and gas as well as renewable industries is likely to increase the risk of future incidents. Therefore, there is a continued requirement for the Shetland Islands to provide an effective and resilient local response to major / emergency incidents until additional resources can be deployed to the Islands to assist. Any major incident response will be coordinated through the Shetland Emergency Planning Forum and if necessary the Highland and Islands Local Resilience Partnership. Emergency plans will be reviewed regularly to ensure they are up to date. Furthermore, we will ensure that those police officers who are responding major incidents have the requisite skills and have jointly practiced their response with partner agencies.

#### 3.5.1 Long Term Outcome

- Shetland maintains a robust capability to deal with major incidents.

#### 3.5.2 Objectives

- Annually review and exercise, in partnership with relevant partners, major incident / facility response plans.
- Ensure sufficient officers and staff, against an identified skills / training matrix, for dealing with a major incident.
- Identify a location for a multi agency incident room

## 4. **How we identified our priorities**

4.1 To identify Shetland's policing priorities we have used a wide range of information and intelligence. There has been a comprehensive consultation process which has included an extensive series of meetings with a wide range of community groups across Shetland as well as engagement with locally elected officials and the Shetland Partnership. Furthermore, in autumn 2013, Police Scotland conducted an extensive survey across all the Wards within Shetland and the information from this survey, along with the legacy Northern Constabulary 2012/13 Community Consultation Survey, has been used to understand the public's views on community safety and policing issues within the Shetland Islands.

4.2 In addition to the consultation, we have considered the intelligence picture, through our strategic assessment process, to identify current and emerging community safety and crime trends. We have also reviewed the Shetland Island SOA, especially in respect to the 2 main priorities within the 'Shetland stays a safe place to live' outcome.

4.2.1 Substance misuse, specifically alcohol, legal highs and new trends'

4.2.2 Domestic Abuse, including all forms of gender based violence.

## 5. **Local Policing arrangements**

5.1 Shetland Area Command is one of the 6 Area Commands within the Highland and Island Division of Police Scotland. The main police station is in Lerwick with satellite



police stations in Baltasound, Whalsay, Mid Yell and Brae as well as a shared facility at Sumburgh Airport. The permanent officer establishment includes operational uniformed police officers on shift 24 hours a day, criminal investigations officers, officers involved in public protection arena and a community safety officer. Furthermore, Shetland Area Command can rapidly call upon additional uniformed officers and specialist from both the Division and the wider Police Scotland.

## 6. National Outcomes

<b>Policing Plan Priorities</b>	<b>Strategic Policing Priorities</b>	<b>National Outcomes</b>	<b>Shetland CPP Outcomes / Objectives</b>
<b>Road Safety</b>	- Increase road safety and reduce road crime. - Protect the public	8,9	Keep People Safe on our Road
<b>Supply and Misuse of Drugs</b>	- Protect the public - Tackle serious organised crime and terrorism	8,9,11	Promote Public confidence by decreasing the fear of crime
<b>Protecting People</b>	- Reduce violence, disorder and antisocial behaviour - Protect the public	5,7,8,9,11	Work with partners to support and contribute to reducing offending and prevent victimisation
<b>Antisocial Behaviour and Alcohol Related Disorder</b>	- Reduce violence, disorder and antisocial behaviour - Protect the public	7,9,11	Promote Public confidence by decreasing the fear of crime
<b>Emergency and Major Incident Response and Resilience</b>	- Effectively police major events and threats.	1,9,11,16	Shetland stays a safe place to live

## 7. Performance, Accountability and Scrutiny

7.1 The Shetland Island Policing Plan is an agreement between the Local Policing Commander and the Local Policing Committee on priorities and objectives for the next 3 years. In Shetland, the role of Local Policing Committee is undertaken by the Shetland Community Safety Board which has 7 Elected Members – one from each Ward. The Community Safety Board has the responsibility for monitoring the policing performance against the agreed Local Policing Plan and to hold the Local Policing Commander to account against the Plan. The Community Safety Board meets four times a year and the Local Policing Commander is required to provide reports on progress against the Policing Plan and provide any relevant information to the Board to enable it to perform its scrutiny role. The minutes of the Committee Meetings and the submitted reports can be viewed on the Shetland Islands Council Website.

## 8. Engagement

8.1 The Shetland Area Command is a key partner in the overall Shetland Partnership and the Shetland Community Safety Board. The Shetland Area Command is also a member of a number of committees and forums including The Alcohol and Drugs Partnership, The Road Safety Advisory Board, The Child and Adult Protection Committees and the Domestic Abuse Forums. In respect to wider community engagement the Shetland Area Command will make every attempt to attend or contact Community Council

and Community Group meetings when invited. Furthermore, with the recent introduction of the Community Contact Van access to policing and other public services, especially in the more remote areas, will increase.

## **9. Equalities**

9.1 All our work is underpinned by our commitment to equality and diversity, both in our dealings with the public we serve as well as our own staff. We are committed to; eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010; advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.

9.2 We recognise that effective and fair policing is about reflecting the needs and expectations of individuals and local communities as our formal public consultation emphasises. Survey results show that different communities have differing expectations and contrasting experience of the services provided by the police. Our aim is to ensure that our service is fair and consistent to all, according to their needs, keeping those who are most vulnerable safe.

9.3 To further this aim, and to satisfy our statutory duties under The Equalities Act 2010, we have developed national equality and diversity outcomes to explicitly outline our commitment to meet the needs of members of the public and our staff who share relevant protected characteristics. We have included local priorities and objectives which contribute to achieving these outcomes and these will be reported in the Chief Constable's Annual Report.

9.4 Police Scotland's Equality and Diversity Outcomes are:

9.4.1 People better recognise hate crime and incidents and feel confident in reporting them.

9.4.2 Individuals within the protected groups feel safe and secure within their local community

9.4.3 Victims of gender-based violence are confident that the police are responsive to their needs

9.4.4 People from, and across, the protected groups are meaningfully engaged with us and their views contribute to the service.

9.4.5 Everyone in Scotland is able to contact the police when they require our assistance and the experience is positive.

9.4.6 We have a workforce that is reflective of our communities to increase trust and confidence in the police.

9.4.7 We have a workforce where people feel valued and encouraged to maximise their potential to ensure the most efficient and effective service is delivered.

## **10. Local Contact Details**

10.1 Your local point of contact for this plan is the Shetland Islands Area Commander who can be contacted through the 101 Non Emergency Contact Number or via the Lerwick Police Station, Market Street, Lerwick, ZE1 0JN.



## PERFORMANCE AGAINST SHELAND ISLANDS LOCAL POLICING PLAN 2013/14 – 1 April to 31 December 2013

### PRIORITY 1 - Increase Public Confidence and Local Engagement

Target	Baseline 2012/13	YTD 2012/13	YTD 2013/14	YTD Variation	Context/Narrative
Where possible attend all CC meetings			14 Attended + 3 Contacted		As at 7 February 2014
Promote public confidence by decreasing fear of crime	1% V Worried 31% S Worried				2012 Northern Constabulary Community Consultation Survey

### PRIORITY 2 - Protecting People

Target	Baseline 2012/13	YTD 2012/13	YTD 2013/14	YTD Variation	Context/Narrative
Increase detection rates for crimes of domestic abuse	80.6%	76.9%	100.0%	23.1%	66 detections recorded during the period. 65 detections occurred during the period with 1 from the previous year. 1 crime currently remain undetected.
Increase detection rates for sexual offences (Class 2)	93.9%	95.7	85.7	-10%	12 detections recorded during the period. 8 detections occurred during the period with 4 from previous year. 6 crimes currently remain undetected.
Reduce the number of hate crimes	15	11	5	-6	

**PRIORITY 3 - Road Policing**

Target	Baseline 2012/13	YTD 2012/13	YTD 2013/14	YTD Variation	Context/Narrative
Reduce the number of people killed or seriously injured on our roads	6	5	5	0	
Increase the number of people detected for drink / drug driving offences	44	32	29	-3	
Increase the number of people detected for seat belt offences	29	20	45	25	
Increase the number of people detected for mobile phone offences	28	13	25	12	

**PRIORITY 4 - Violence, Disorder and Antisocial Behaviour**

Target	Baseline 2012/13	YTD 2012/13	YTD 2013/14	YTD Variation	Context/Narrative
Reduce the number of violent offences (Class 1)	22	19	4	-15	
Reduce the level of antisocial behaviour	987	759	578	-181	
Increase the number of licensed premises visits (on / off sales premises)	2905	1867	2493	626	

**PRIORITY 5 - Serious Crime**

Target	Baseline 2012/13	YTD 2012/13	YTD 2013/14	YTD Variation	Context/Narrative
Increase the proportion of positive stop and search for drugs	10.9%	10.0%	15.2%	5.2%	2012/13 - 27 Positive Stop Searches. 2013/14 - 35 Positive Stop Searches.
Increase detections for the supply of drugs	35	19	15	-4	

**PRIORITY 6 – Emergency Planning and Resilience**

Target	Baseline 2012/13	YTD 2012/13	YTD 2013/14	YTD Variation	Context/Narrative
Review of Emergency Plans					<p>We will continue to attend emergency planning meetings / forum and participate in the development of specific emergency plans.</p> <p>On-going work in relation to developing plans for the new gas plant in the North Shetland ward.</p> <p>As part of the Police plan consultation process various discussion were held throughout the islands on the Emergency Plans for Communities in Shetland. While this work is lead by Shetland Islands Council Emergency Planning the Shetland Community Safety Board and all the partner agencies play an important role in achieving this vital outcome.</p>
Complete officer training for initial stages of major incidents or significant events					<p>Officers have completed liaison work for oil / gas related incidents.</p> <p>Work continues on developing training for Tingwall Airport Liaison as well as an increased level of Police Incident Officer training.</p>
Develop a "Community Contact Van"					Community Contact Van now in place.





# Community Safety Board

**Report Title - Performance Against Local Policing Plan and the Development of the next Iteration of the Shetland Islands Local and Ward Policing Plans**

**Presented by – Chief Inspector Angus MacInnes**

## 1.0 Overview/Introduction

1.1 To provide an update to Committee Members on the progress with reference to the objectives outlined in the Shetland Islands 2013/14 Policing Plan.

## 2.0 Background Detail & Content

2.1 Performance. A summary of the current performance against the 2013/14 Shetland Islands Policing Plan objectives is at Enclosure 1. The period covered by the report is between 1 April – 31 December 2013. The level of overall crime continues to reduce, with a decrease in 1-4 Crimes from 211 to 159<sup>1</sup> when compared to the same time last year. The Area Command is meeting most of the objectives against the Policing Plan and will strive to meet the all the policing plan targets by the end of the year.

1.2 Planning for the 2014-17 Policing Plan. The results of the Police Scotland survey for the Shetland Islands have been produced and are being analysed by the Division / Area Command. The survey results will contribute, along with the recent local consultation activities, to the development of the Shetland Islands Local and Ward Policing Plans. The development of an initial draft of the Shetland Islands Policing Plan 2014-17 is ongoing and the aim is to present a finalised draft as a late submission to this Board.

## 3.0 Proposal/Expected Outcome

3.1 Members note the progress made against the objectives set within the Shetland Islands Local Policing Plan 2013-2014.

3.2 Members note that a draft version of the Shetland Islands Local Policing Plan will be presented to the Board.

<sup>1</sup> As at 3 November 2013

## 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 negatively impacted. Should there be a failure to consult widely there is a risk that the future Local and Ward Policing Plans will not fully reflect the priorities and views of the different communities within the Shetland Islands.

4.4 Financial/Economical. None

4.5 Legal. None

4.6 Physical. None

4.7 Contractual. None

4.9 Technical. None

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Date: Aug 2013

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END

# Community Safety Board

<b>Report Title:</b>	Performance against the Interim Fire & Rescue Plan for Shetland; Development of the 2014-17 Fire & Rescue Local Plan for Shetland; and General Update on Business within the Scottish Fire and Rescue service (SFRS)
<b>Presented By:</b>	Area Manager Billy Wilson, Local Senior Officer for Shetland

<b>1.0</b>	<b>Overview/Introduction</b>
1.1	To provide an update on performance against the Interim SFRS Local Plan; to set out the progress to date on the development of the SFRS Local Plan for Shetland, 2014-17; to set out current business specifically within the Shetland Islands and generally within in the Scottish Fire and Rescue Service, (SFRS).
<b>2.0</b>	<b>Background Detail &amp; Content</b>
2.1	The Quarterly Performance Report, attached as Appendix 1 to this report, reflects the performance outcomes outlined within the Interim Fire and Rescue Plan for the Shetland Islands, and provides performance information for the period 1 October to 31 December 2013.
2.2	The current Quarterly Performance Report (QPR) reflects the Interim Fire & Rescue Plan for the Shetland Islands. With the publication of the Fire and Rescue Plan 2014 – 2017 expected in April 2014; the Committee is invited to consider whether the existing content and format reflects its performance information needs.
2.3	The draft Local Fire & Rescue Plan for the Shetland Islands, attached as Appendix 2 to this report, was published on 20 December 2013 and is currently out for consultation. The draft plan covers the period 2014 to 2017 and sets out the aspirations of the Service for our communities in the Shetland Islands over the next three years.
2.4	Within its remit for local scrutiny of the Fire and Rescue arrangements the views of the CSB are important and feedback has been invited to assist with informing and shaping the final development of the plan.
<b>3.0</b>	<b>Proposal/Expected Outcome</b>
3.1	Members note the Quarterly Performance report for the period 1 October 2013 to 31 December 2013; as outlined in section 2 of this report; Members consider whether the existing content and format reflects its performance information needs; Members note the publication of the Draft SFRS Local Fire and Rescue Plan for the Shetland Islands, also as outlined in section 2 of this report

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Date: 13 February 2014





# Scottish Fire and Rescue Service

## HI-Performance - Shetland Islands

### Quarterly Performance Report

#### 1 October - 31 December 2013



## Introduction

Welcome to the third report of the quarterly Performance Reports for 2013/14. This report provides summaries of our fire safety activities, statistical and benchmarking information for the Shetland Islands area, and extracts of incidents that occurred between 1 October and 31 December 2013.

## 1. Community Safety Activity

### Community Engagement - Activities

We promote fire safety and engage with the community through a number of different initiatives, which include working with partner agencies in promoting road safety, addressing anti-social behaviour, and providing fire and road safety advice to the community in general. Some of the community engagement activities undertaken during this quarter are listed below:

#### Partnership Working with Housing Agencies

Following the two flat fires described in the "Incidents of Note" section, Community Safety Advisor Peter Stevenson met with representatives of the two social housing providers - Shetland Islands Council Housing and Hjaltland Housing - to discuss ways of improving fire safety awareness amongst their tenants. Through partner agency referral SFRS can prioritise the most vulnerable residents for Home Fire Safety Visits. This facilitates education, advice and multi-agency solutions to reduce the occurrence and impact of domestic fires. There are obvious safety benefits from this approach, but reducing fires in social housing also reduces the replacement costs incurred by both the victim and the housing provider. It also helps to alleviate some of the high demand on Shetland's limited housing stock.

#### Home Fire Safety Visits - Fetlar

Due to the continuing lack of crew members at the Fetlar Retained Duty System (RDS) Station, Peter Stevenson made several trips to the island. His work aims to reduce the risk of fire by improving fire safety awareness amongst the Fetlar residents. This has been done by arranging and conducting Home Fire Safety Visits.

#### Community Engagement and Consultation on the Local Fire Plan for Shetland 2014-17

Group Manager Mark Loynd attended the Association of Shetland Community Councils meeting in early October 2013 to present information on the role of the Scottish Fire and Rescue Service in Shetland and highlight some of the current and future challenges.

The talk paves the way for a series of community engagement and consultation meetings which will be delivered in partnership with Police Scotland and the Shetland Islands Council across Shetland's seven multi-member council wards. Through local engagement it is intended that Shetland's residents will be given adequate opportunity to contribute to the Local Fire and Rescue Plan for Shetland 2014-17 which was published in draft for public consultation in mid-December 2013.

## 1. Community Safety Activity (continued)

### Legislative Fire Safety

A Prevention and Protection Plan has been developed for Shetland and this plan confirms the focus of the Service locally with regards fire safety activities and also confirms performance targets to ensure that the Fire and Rescue Service continues to play a key role in enhancing the safety of people living in, working in and visiting Shetland.

The targets specified within the local Prevention and Protection Plan ensure that the Service focuses its resources in the most appropriate areas and to date the performance in terms of auditing identified premises is 87% of the target. This includes premises providing sleeping accommodation which have been assessed as presenting a Very High or High risk during previous audits and confirms the Service's commitment to enhancing the safety of all people in the Shetland Islands and reducing the risk of fire within the islands.

In addition to the planned audits, service personnel also undertake post fire audits. These audits are required following any fire in a premises that is classed as a relevant premises, i.e. a premises to which Part 3 of the Fire (Scotland) Act 2005 applies.

The table below provides a detailed breakdown to date of the legislative fire safety enforcement activity within Shetland.

Target Area	No. of Targeted Premises for 2013/14	Target to 31/12/2013	Completed to 31/12/2013	% Completed to 31/12/2013	% Annual Target Completed	Enforcement Notices	Prohibition Notices
Care Homes	14	11	12	114%	86%	0	0
Hospitals	1	1	0	0%	0%	0	0
Registered HMOs	11	8	2	24%	18%	0	0
High or Very High Risk Premises Previously Audited	11	8	6	73%	55%	0	0
School Care Accommodation	1	1	0	0%	0%	0	0
Follow On and Other Audits	11	8	12	145%	109%	1	0
<b>TOTALS</b>	<b>49</b>	<b>37</b>	<b>32</b>	<b>87%</b>	<b>65%</b>	<b>1</b>	<b>0</b>

## 2. Key Performance Indicators

We have developed a small set of Key Performance Indicators (KPIs) to report performance. We have concentrated on measures that we consider will be of particular importance to stakeholders.

**Key:**  Good/Acceptable  Room for Improvement  Below Standard



**KPI-01 & KPI-02**

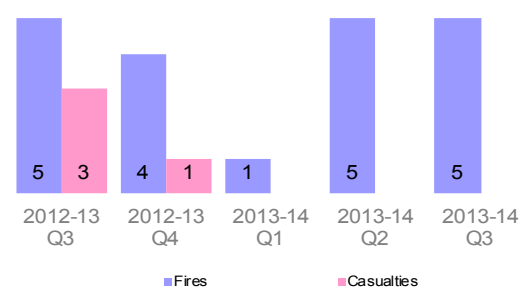
### Accidental Dwelling Fires and Fire Casualties

There were five accidental dwelling fires in the third quarter this year, which is the same number of incidents which occurred in the same period of the previous year. There has been a reduction in the number of casualties when compared to the same period in the previous year having reduced from three to there being no casualties.

As the number of accidental dwelling fires has remained the same and there has been a reduction in casualties then we classify this KPI as green.

We note, that the communities of the Shetland Isles remain at a very low risk of dwelling fires overall.

**Accidental Dwelling Fires - Shetland**  
From 2012-13 Q3 to 2013-14 Q3



## 2. Key Performance Indicators (continued)



### KPI-03

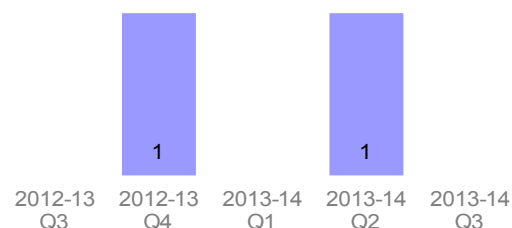
### Malicious (Deliberately Started) Fires

In general there are very few malicious (deliberately started) fires in the Shetland Islands. During quarter three, no deliberately started fires were recorded in Shetland. No incidents of this type were recorded for the same period in the previous year.

As the number of malicious (deliberately started) fires in this quarter is the same when compared to the same quarter in 2012/13 and are both showing as a zero, we classify this KPI as green.

#### Malicious Fires - Shetland Islands

From 2012-13 Q3 to 2013-14 Q3



### KPI-04

### Fire Prevention Activities - Home Fire Safety Checks

The number of home fire safety visits conducted by the end of the third quarter of this year was 212, which is 67 less than the target set for quarter 3.

The target for the number of home fire safety visits to be conducted by the end of quarter 3 was 279. As the total number of home fire safety visits conducted this quarter is 24% below our target, we classify this KPI as red.

District	HFSV Targets for 2013/14	Target to 31/12/2013	HFSVs Completed to 31/12/2013	% Completed to 31/12/2013	% Annual Target Completed
RDS	60	45	6	13%	10%
CSA	312	234	206	88%	66%
<b>Shetland Total</b>	<b>372</b>	<b>279</b>	<b>212</b>	<b>76%</b>	<b>57%</b>



### KPI-05

### False Alarms as a Proportion of Incidents

We are committed to reducing the impact of unwanted fire alarm actuations (FAAs) over time, as attending unwanted calls is resource intensive and does little to reduce the risk of fire in the communities we serve.

We identify premises which have two or more FAAs in a four week period, or three or more in a six month period. District staff use this information to inform them where a direct visit to discuss call reduction methods would be of most benefit.

FAAs vs Other Attendances - Shetland Islands	2012-13 Q3	2012-13 Q4	2013-14 Q1	2013-14 Q2	2013-14 Q3	Trend
Equipment-Related False Alarms	21	17	14	29	23	
Other Incidents	22	39	29	23	34	
Proportion of FAAs to Other Incidents	49%	30%	33%	56%	40%	
Service Average	47%	31%	36%	49%	45%	

Equipment related false alarms accounted for 40% of all incidents attended in the Shetland Islands in the third quarter of this year. The number of equipment related false alarm calls decreased by 6 in this quarter, to 23, when compared to the previous quarter when there was 29. However, the number of equipment related false alarms increased by 2 when compared to the same period in 2012/13.

As the number of equipment related false alarms has increased this quarter by less than 20% when compared to the same quarter last year we classify this KPI as amber.

## 2. Key Performance Indicators (continued)



### KPI-06

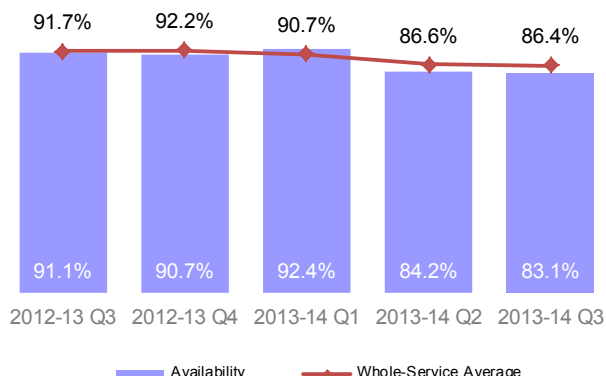
### Proportion of Station Hours Available

We use a Retained Availability system to record when station staff are off-call, and how this affects the availability of the station's fire appliances.

The chart shows that the availability of stations in Shetland in the third quarter of this year decreased from 84.2% in the previous quarter to 83.1%.

As the availability for Shetland is 3.3% lower than the average of 86.4% of the former HIFRS area, we classify this KPI as amber.

**Station Availability by Quarter - Shetland Islands**  
From 2012-13 Q3 To 2013-14 Q3



### KPI-09

### Injury Accidents

We aim to reduce the number of accidents that result in injury, and in particular the number of more serious injuries which must be reported to the Health & Safety Executive under the Reporting of Incidents Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR). From 6th April 2012, the Fire Service must report any incident which results in an absence from work of 7 days or more.

We actively encourage the reporting of near misses as identification of sources of potential harm before injury occurs to allow proactive action to be taken.

The graph shows the number of injury accidents and the number of those which were RIDDOR injuries within the Service, and compares the figures for this quarter against the same period in 2012/13.

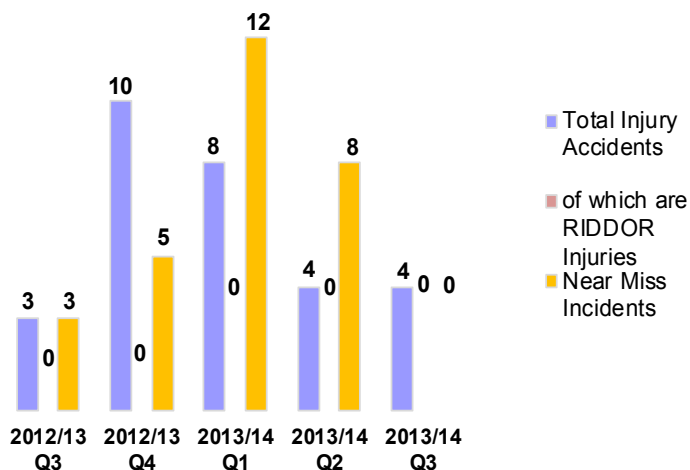
As the overall number of injury accidents for quarter 3 of 2013/14 is higher than that in quarter 3 of 2012/13, we classify this KPI as red.

We are pleased to report that again, as in the previous four quarters, there has been no RIDDOR reportable accidents.

**Within Shetland, there was one occurrence of injury accident however there were no near miss incidents reported during this quarter.**

**Injury Accidents and RIDDOR Injuries**

From 2012/13 Q3 to 2013/14 Q3





### 3. Area Statistics

The following statistical breakdown allows all stakeholders and the public to further scrutinise the Service's performance.

#### Workforce Statistics

The table below provides information on the current workforce within the Shetland area as at 31st December 2013.

It details the breakdown of gender within each type of staffing and role within the Highland area.

	Workforce	Actual in post	Male	Female
<b>SHETLAND</b>				
<b>RETAINED</b> Station Manager A	0	0	0	0
Watch Manager B	14	11	10	1
Crew Manager	30	29	29	0
Firefighter	140	98	91	7
<b>SUB TOTAL</b>	<b>184</b>	<b>138</b>	<b>130</b>	<b>8</b>
<b>CRU</b> Watch Manager A	0	0	0	0
Crew Manager	0	0	0	0
Firefighter	0	0	0	0
<b>SUB TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CFS</b> Watch Manager A	0	0	0	0
Crew Manager	0	1	1	0
Firefighter	0	4	3	1
<b>SUB TOTAL</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>1</b>

**Table: Gender of Workforce within Shetland area**

The Service is keen to ensure that its workforce reflects the communities within its area. It is anticipated that a review of recruitment processes will be undertaken in the near future that will assist in ensuring that the make-up of our workforce reflects the diversity of our communities.



### 3. Area Statistics

The top chart shows the number of incidents attended in the second quarter of this year by category of incident.

The second chart relates the proportion of the incidents attended in Shetland (in yellow) to the average for the service as a whole (in white). If a yellow bar extends beyond the red marker in the middle of the chart the proportion is greater than the Service average; if to the left of the red marker it is below average.

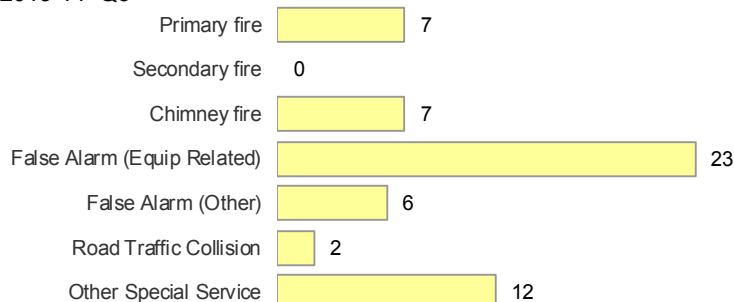
There were 7 primary fires attended this quarter, a decrease of 1 from that of the previous quarter's total of 8. This is higher than the Area average for primary fires (12.3% against 10.7%).

There were 23 equipment related false alarms recorded this quarter, equating to 40.4%. This is lower than the Service average of 45.2%.

No secondary fires were reported this quarter.

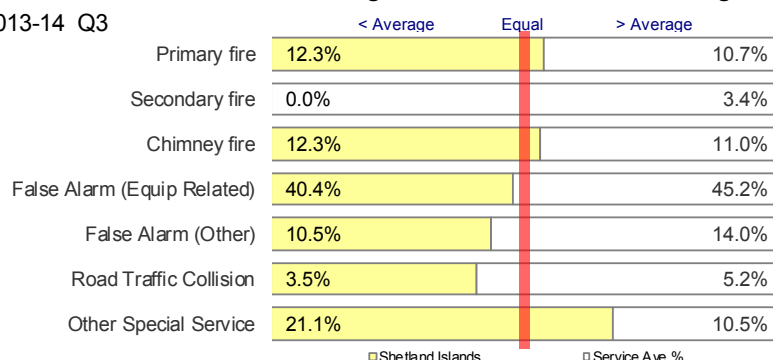
#### Incidents Attended - Shetland Islands

2013-14 Q3



#### Incident % Shetland Islands vs Highland and Islands Area Average

2013-14 Q3



### Station Statistics

Below we show the number of attendances for each station in the Shetland Islands. The table is ranked in descending order by total number of attendances this year, and includes standby turnouts (where stations turn out to provide standby cover either at their own or another station).

Please note that the tables show the total number of recorded attendances by each station. As there can be two or more stations in attendance at an incident the totals shown may be greater in some cases than the totals for the individual incidents shown in the charts above.

Station	Availability %	Staff	Number of Incidents This Quarter									
			Total Incidents		Fires			False Alarms		Special Services		Other
			This Year	This Qtr	Primary	Secondary	Chimney	Equipment	Other	Road Traffic Collision	Other	Standby
Lerwick	89	20	97	38	6	-	2	18	5	2	5	-
Sumburgh	52	8	14	6	-	-	-	1	1	-	4	-
Brae	56	12	8	1	-	-	-	-	-	-	1	-
Scalloway	85	10	6	2	-	-	-	2	-	-	-	-
Mid Yell	86	11	5	1	1	-	-	-	-	-	-	-
Whalsay	100	12	5	3	-	-	2	-	-	-	1	-
Baltasound	100	10	4	3	-	-	1	2	-	-	-	-
Bixter	84	11	4	1	-	-	1	-	-	-	-	-
Sandwick	88	11	4	1	-	-	-	-	-	-	1	-
Hillswick	92	8	3	0	-	-	-	-	-	-	-	-
Bressay	75	6	1	0	-	-	-	-	-	-	-	-
Walls	80	8	1	1	-	-	1	-	-	-	-	-
Fair Isle	100	7	0	0	-	-	-	-	-	-	-	-
Fetlar	76	4	0	0	-	-	-	-	-	-	-	-
<b>Totals</b>		<b>138</b>	<b>152</b>	<b>57</b>	<b>7</b>	<b>-</b>	<b>7</b>	<b>23</b>	<b>6</b>	<b>2</b>	<b>12</b>	<b>-</b>

## 4. News in Brief

### Emergency Planning for Total's Shetland Gas Plant

Station Manager Myles Murray has continued to maintain contact with Petrofac, the main contractor at Total's Laggan-Tormore Shetland Gas Plant, currently under construction adjacent to the BP Sullom Voe Oil Terminal.

Local retained duty system (RDS) crews have made familiarisation visits to the site in preparation for any potential firefighting or rescues that might be required during the construction phase.

Total is hoping to commission the Shetland Gas Plant by early autumn 2014.

The next emergency planning stage involves collecting suitable information to develop a Fire and Rescue Site Specific Incident Response Plan.

As a COMAH (Control Of Major Accident Hazards) site, the Shetland Gas Plant will require fire and rescue plans to address the occurrence of a variety of emergency scenarios across the site.

The information gathered will be accessible via the on-board computer systems now installed on-board the vast majority of Shetland's fire appliances. It will also be accessible within the Fire Control rooms, enabling senior managers to remotely assist in the resolution of any incident.

### Firefighters' Charity Donation – Whalsay



A Firefighters' Charity donation of £2250.00 was presented to the crew of the Whalsay Fire Station by the Whalsay Gala Day committee.

The money was raised during the summer Gala Day at the Whalsay Regatta.

The charity supports firefighters and their families throughout the UK by providing financial, rehabilitation and convalescent support services.

Back row left to right: John Irvine, Ian Anderson, Danny Irvine, Jamie Anderson, Peter Anderson, Neil Eunson, Ian Irvine, John Dally, Tom Shearer. Front row left to right: Margaret Shearer, Una Jamieson, Leona Jamieson, Harvey Jamieson, Anita Arthur, George Magnus Leask, Netta Simpson, Donna Simpson, Marcia Pearson.



## 5. Incidents of Note

### Flat Fire, St. Magnus Street, Lerwick

Two fire appliances from the Lerwick station attended a report of a building fire at about 11:45 pm on Wednesday 13 November. The Shetland Islands Council owned property was a ground floor flat within a two storey block in St. Magnus Street, Lerwick.

The sole occupier had been asleep in the property, but was woken by the smell of burning and had managed to escape suffering from minor smoke inhalation after attempting to extinguish the blaze.

Two crew members wearing breathing apparatus entered the flat with a hosereel jet. They located a fire in the bed/sitting room which they extinguished. There was limited direct burning, but the whole flat suffered smoke damage.

Further examination of the scene found that the smoke detector was not operable at the time of the fire. This could have reduced the chances of a safe evacuation by the occupant.

### Stairwell Fire, Nordavatn, Lerwick

At about 8:30 pm on Monday 4 November two fire appliances from the Lerwick fire station were mobilized to a fire in an enclosed external stairwell leading to a first floor flat owned by Hjaltland Housing. The occupier was not in the property.

Two crew members wearing breathing apparatus entered the building with a hosereel jet and were met with thick smoke. They discovered a fire on the ground floor which had spread into the external timber framed wall structure of the stairwell.

Two further breathing apparatus wearers using ladders, access tools and a thermal imaging camera opened the external wall cladding and internal linings to determine the extent of the fire spread. A main hose jet was used to extinguish the fire, which was confined to one corner of the stairwell structure. There was smoke damage throughout the first floor of the flat.







**SCOTTISH**  
**FIRE AND RESCUE SERVICE**  
Working together for a safer Scotland

# LOCAL FIRE AND RESCUE PLAN FOR SHETLAND ISLANDS

2014-2017

Draft for Consultation

**Working together  
for a safer Scotland**



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## Foreword

Welcome to the Scottish Fire & Rescue Services (SFRS) Local Fire and Rescue Plan for Shetland. This plan uses the strategic aims of the SFRS's Strategic Plan 2014-2017 and the community planning outcomes defined in the Shetland Single Outcome Agreement 2012-2015 to meet the agreed needs of the Shetland communities.

The plan sets out the priorities and objectives for the SFRS within Shetland for 2014-2017 and allows our Shetland local authority partners to scrutinise our performance against the intended outcomes. SFRS will continue to work closely with our partners in Shetland to ensure we are all "Working Together for a Safer Scotland" through targeting the identified risks to our communities at a local level.

The Local Fire and Rescue Plan and its associated action plans are aligned to the Shetland Partnership which is the multi-agency community planning group within Shetland. Through partnership we will deliver continuous improvement in our performance and effective service delivery in our area of operations.

The SFRS will continue to use data analysis techniques to identify risk and to ensure resources are allocated to the point of need within our communities. While considering the strategic priorities of the SFRS, we will develop local solutions to local needs and ensure equitable access to Fire and Rescue resources. Through on-going involvement with our multi-agency partners in Shetland we will continue to develop our understanding of local needs and proactively seek out consultation opportunities with all sections of the community. Using this approach we will ensure that the service we deliver is driven by consultation, in line with public expectations and helps to build strong, safe and resilient communities.

**Ward 1 – North Isles**

**Ward 2 – Shetland North**

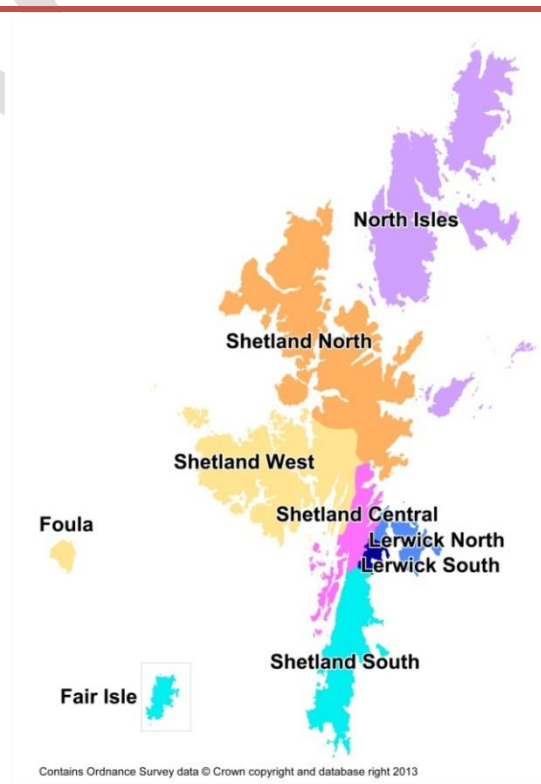
**Ward 3 – Shetland West**

**Ward 4 – Shetland Central**

**Ward 5 – Shetland South**

**Ward 6 – Lerwick North**

**Ward 7 – Lerwick South**



# Introduction

The Scottish Government provides an overarching vision for public services that focuses on the creation of a more successful country, with opportunities for all through a sustainable increase in economic growth.

This direction is supported by Strategic Objectives to make Scotland a wealthier & fairer, smarter, healthier, safer & stronger and greener place. Through a concordat between the Scottish Government and the Convention for Scottish Local Authorities (COSLA), the Strategic Objectives have been expanded into Local Single Outcome Agreements which include indicators and targets that provide the framework for how Local Authorities and their community planning partners, such as the SFRS, will deliver services.

The Police and Fire Reform (Scotland) Act 2012 provides the statutory basis for the SFRS to deliver a range of core services and functions. This means that, while the service is ready to respond to fire and other emergencies, it also maintains a strong focus on prevention and protection arrangements to ensure the safety of our communities. The associated Fire and Rescue Framework for Scotland 2013 sets the overarching strategic direction for the SFRS in the delivery of its services to the communities of Shetland.

The Police and Fire Reform (Scotland) Act 2012 requires local fire and rescue plans to contain:

- priorities and objectives for SFRS in carrying out duties and functions in the local authority's area;
- the reasons for selecting each of those priorities and objectives;
- how SFRS proposes to deliver those priorities and objectives;
- in so far as is reasonably practicable, outcomes by reference to which delivery of those priorities and objectives can be measured;
- how those priorities and objectives are expected to contribute to the delivery of any other relevant local outcomes which are identified by community planning;
- such other matters relating to the carrying out of SFRS's functions in the local authority's area as SFRS thinks fit.



# Strategic Assessment

A strategic assessment for the SFRS's activities in Scotland has established the type, frequency and impact of incidents that we attend. With this assessment in place the Local Senior Officer for Shetland can effectively identify key priority areas for the SFRS to target its resources at a local level.

## National Assessment

The Scottish Government within their National Performance Framework have identified 16 National Outcomes they wish to achieve. Through delivery of this local plan the SFRS in particular will contribute to the following Outcomes:

**National Outcome 1:** We live in a Scotland that is the most attractive place for doing business in Europe.

**National Outcome 4:** Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

**National Outcome 6:** We live longer healthier lives.

**National Outcome 8:** We have improved the life chances for children, young people and families at risk.

**National Outcome 9:** We live our lives safe from crime, disorder and danger.

**National Outcome 12:** We value and enjoy our built and natural environment and protect it and enhance it for future generations.

**National Outcome 15:** Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.

The priorities for the SFRS have been laid out in the Fire and Rescue Framework for Scotland 2013 with the following Strategic Aims defined within the Scottish Fire and Rescue Service Strategic Plan 2013-2017:

**Strategic Aim 1:** Improved safety of our communities and staff.

**Strategic Aim 2:** More equitable access to fire and rescue services.

**Strategic Aim 3:** Improved outcomes through partnership.

**Strategic Aim 4:** Develop a culture of continuous improvement.

## Equality Assessment

On 30 April 2013, the Scottish Fire and Rescue Service published its Equality Outcomes, in compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The SFRS Equality Outcomes are;

**Outcome 1:** People from all Scotland's community groups feel confident in contacting the Fire and Rescue Service for advice and information on relevant non-emergency issues.

**Outcome 2:** Disabled, LGBT, BME, older people and people from minority faiths are aware of the services provided by the SFRS, particularly how these can be adapted to meet their own individual needs.

**Outcome 3:** People from all Scotland's community groups feel safer in their homes and on our roads.

**Outcome 4:** Establish the Scottish Fire and Rescue Service as an employer of choice for people across protected characteristics.

**Outcome 5:** Provide a positive and healthy workplace culture that welcomes, embraces and develops people from across all protected characteristics.

**Outcome 6:** People from across all communities are enabled to live lives free from hate crime, harassment and domestic abuse/violence.

**Outcome 7:** Gypsy Travellers and migrant workers are safer, better informed and confident in Scottish Fire and Rescue Service engagement.




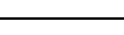



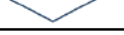









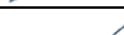




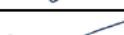







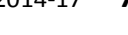
## Local Assessment

The local assessment addresses issues relevant to the Shetland area. Through analysis of data, partnership working and consultation it is possible to develop local improvement demand reduction plans to ensure that positive outcomes and results are achieved.

The key priority areas in Shetland that are considered in the Local Assessment and those that action plans will be developed for are:

- Local Risk Management and Preparedness
- Reduction of Dwelling Fires
- Reduction in Fire Fatalities and Casualties
- Reduction of Deliberate Fire Setting
- Reduction of Fires in Non Domestic Property
- Reduction in Casualties from Non Fire Emergencies
- Reduction of Unwanted Fire Alarm Signals
- Enhance our contribution to Community Planning
- Enhance our Local Engagement Practices

# Local Operational Assessment

Contents						
Not Protectively Marked						
Key Performance Indicators	Page	2009/10	2010/11	2011/12	2012/13	Trendline
1a - All deliberate fires	4	4	1	4	4	
1b - All deliberate primary fires	6	1	1	0	1	
1bi - All deliberate dwelling fires	8	0	1	0	1	
1bii - All deliberate other building fires	10	0	0	0	0	
1biii - All deliberate vehicle fires	12	0	0	0	0	
1biv - All deliberate 'other' primary fires	14	1	0	0	0	
1c - All deliberate secondary fires	16	3	0	4	3	
1ci - All deliberate secondary refuse fires	18	1	0	2	0	
1cii - All deliberate secondary 'other' fires	20	2	0	2	3	
2a - All accidental fires	22	34	22	33	49	
2b - All accidental primary fires	24	23	7	19	29	
2bi - All accidental dwelling fires	26	10	5	7	16	
2bii - All accidental other building fires	28	8	1	6	7	
2biii - All accidental vehicle fires	30	3	1	0	1	
2biv - All accidental 'other' primary fires	32	5	1	6	6	
2c - All accidental secondary fires	34	11	15	14	20	
2ci - All accidental secondary refuse fires	36	3	0	1	0	
2cii - All accidental secondary 'other' fires	38	8	15	13	20	
3ai - All fatal fire casualties	40	0	0	0	1	
3aii - Non-fatal fire casualties excl. precautionary checkups	42	0	1	1	3	
3aiii - Non-fatal fire casualties incl. precautionary checkups	44	0	1	1	3	
3bi - All fatal accidental dwelling fire casualties	46	0	0	0	0	
3bii - Non-fatal accidental dwelling fire casualties excl. precautionary checkups	48	0	1	1	3	
3biii - Non-fatal accidental dwelling fire casualties incl. precautionary checkups	50	0	1	1	3	
4a - Non domestic fires	52	8	1	6	7	
5a - Special Service RTCs	54	6	3	7	10	
5b - Special Service flooding	56	2	1	6	7	
5c - Special Service extrication	58	1	0	1	2	
5d - Special Service 'others'	60	13	6	17	11	
10a - False Alarm: AFAs	62	91	54	52	92	
10b - False Alarm: Good Intent	64	27	7	10	16	
10c - False Alarm: Malicious	66	2	2	2	0	

## Local Risk Profile

The Shetland Islands form Scotland's most northerly and most isolated local authority area. The significant distance between mainland Scotland and Shetland often combines with severe climatic conditions generated by the Atlantic Ocean and North Sea environment to delay the arrival of any external physical support. This necessitates a Shetland based emergency response which is largely self-sufficient.

The population of Shetland is diverse in its makeup and widely geographically spread. Large areas of Shetland are remote, rural and sparsely populated. Some of Shetland's numerous outlying islands are home to the most isolated communities in Scotland. These isolated locations pose challenges in terms of our ability to deliver both prevention services and an appropriate emergency response service. The people living within Shetland's capital, Lerwick, account for approximately 33% of the total population and form the largest concentrated residential life risk.

Shetland is a relatively safe place and our emergency incidents are rare. Thankfully, the number of fires occurring in Shetland is low. However, there are an increasing number of people living alone and the levels of drug and alcohol misuse, within a significant proportion of the population, are factors which contribute to the likelihood of accidental fires and fire casualties. Shetland's people are generally living longer and, whilst an increase in age does not in itself increase the risk from fire, other related factors do, such as limited mobility, disability, and mental health issues.

Due to increased investment in the expansion of the petrochemical industry, Shetland has a large transient working population which can increase the day-to-day population of the islands by up to 10%. The various forms of additional sleeping accommodation provided for these workers create an additional risk to life we must be adequately audit.

Industries within Shetland make a significant contribution to the local economy and the economy of Scotland. The destructive nature of fire in these industries could have immediate and long-term consequences for businesses and consumers nationally. The two major petrochemical plants at Sullom Voe form a significant industrial risk.

Transport services to Shetland and within Shetland contribute to the local risk environment. Sumburgh and Scatsta airports facilitate a large number of external aeroplane and helicopter flights. These links support the requirements of Shetland's residents and businesses, but are largely utilised by the expanding off-shore petrochemical industry. The port of Lerwick provides the majority of the lifeline and commercial shipping services for Shetland. It supports the off-shore petrochemical and fishing industries and hosts a significant number of visiting cruise ships and pleasure craft. Inter-island transport is provided by a network of vehicle ferry crossings and small aeroplanes operate from small and often isolated airstrips. Shetland's main arterial roads have benefited from a significant historical upgrade programme but there has been a large increase in bus and heavy commercial traffic due to the infrastructure developments of the petrochemical industry.

Shetland is a developing tourist destination with significant numbers of visitors throughout the year, but especially at peak seasonal times. The islands have numerous sites of historical, cultural and natural significance. Shetland also hosts an annual programme of cultural events.

SFRS relies on employing Shetland residents as part time firefighters. These women and men need to be suitably fit, able and available to crew the Retained Duty System (RDS) units located across Mainland Shetland and the outlying islands. In this respect, the front line fire and rescue service is *an emergency service provided by the Shetland communities, for the Shetland communities*. Modern employment trends, which take people away from their home community during the daytime, create challenges for us in terms of recruiting part time firefighters who can provide an emergency response for the more isolated and rural fire stations during these hours.

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# Priorities, Actions and Outcomes

## 1. Local Risk Management and Preparedness

The SFRS has a statutory duty to reduce the risks to our communities and make certain that they receive the best possible service. The management of risk within our community means:

- Actively identify the risks to the community which fall within the scope of responsibility of the SFRS as defined by the Fire (Scotland) Act 2005.
- Implement a process to prioritise and minimise the effect of these risks.
- Ensure that appropriate resources and trained fire and rescue personnel are in place to respond to the known risks.

### Aligns to:

- SFRS Strategic Aims:
  - Aim 1: Improve safety of our communities and staff
  - Aim 2: More Equitable Access to Fire and Rescue Services
  - Aim 3: Improved outcomes through partnership
  - Aim 4: Develop a culture of continuous improvement
- Shetland Single Outcome Agreement 2012 - 2015
  - Outcome 1: Shetland has sustainable economic growth with good employment opportunities
  - Outcome 2: We take pride in a strong, fair and inclusive society; and in our culture.
  - Outcome 3: We have financial sustainability and balance across all sectors with efficient and responsive public services and a reduced reliance on the public sector
  - Outcome 9: We have tackled inequalities by ensuring the needs of the most vulnerable and hard to reach groups are identified and met, and that services are targeted at those most in need
  - Outcome 10: Shetland stays a safe place to live, and we have strong, resilient and supportive communities
  - Outcome 11: We have a strong voluntary sector and social enterprises, encouraging community enterprise and cooperatives, with increased capacity to deliver services based on needs and aspirations of local communities
  - Outcome 13: Our internal and external transport systems are efficient, sustainable, flexible and affordable, meet our individual and business needs and enable us to access amenities and services
  - Outcome 14: We live and work in a renowned natural and built environment which is protected and cared for
- Shetland Safety Board Strategic Assessment 2013 – 2016

**We will achieve it by:**

- Ensuring our staff training, development and equipment is fit for purpose, meets the current risk profile of Shetland and is adaptable to changing circumstances.
- Engaging with our community planning partners to ensure that suitable and sufficient operational risk information is obtained, communicated and tested.
- Working locally with partner organisations and agencies to ensure effective emergency response plans are developed for the more significant local risks.
- Fulfilling our statutory duties in relation to the Civil Contingencies Act 2004 by engaging and contributing to the work of the Shetland Emergency Planning Forum and the North of Scotland Regional Resilience Partnership.

**In doing so we will add value by:**

- Keeping our staff and members of the public safe in the event of an emergency incident.
- Reducing the financial burden and disruption caused to our communities when emergencies occur by planning to mitigate their effects and more quickly return to normality.
- Proactively helping the wider community to focus on prevention of emergencies, with a blue light response being seen as a last resort.

## 2. Reduction of Accidental Dwelling Fires

The number of accidental fires in Shetland is relatively low, with the majority occurring in domestic dwellings. The types of home involved are varied, but a significant proportion are rented properties. Causes of accidental domestic fires in Shetland tend to include unattended cooking, electrical equipment and candles. These fires are largely avoidable and increase the likelihood of fire fatalities and casualties. They are destructive, creating a negative impact upon individuals and the wider community. They are also costly to occupants and housing providers, placing an increased burden on the limited availability of housing in Shetland. Key factors that contribute to the occurrence of accidental dwelling fires are:

- Lifestyle choices, including smoking and misuse of alcohol and drugs.
- Individual capability and vulnerability, including mental health issues.
- Physical and mental conditions related to old age.

### Aligns to:

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- Shetland Single Outcome Agreement 2012 - 2015
  - Outcome 1: Shetland has sustainable economic growth with good employment opportunities
  - Outcome 3: We have financial sustainability and balance across all sectors with efficient and responsive public services and a reduced reliance on the public sector
  - Outcome 5: Our young people are successful learners, confident individuals, effective contributors and responsible citizens
  - Outcome 6: We have improved the life chances for children, young people and families at risk
  - Outcome 7: We have reduced key risk factors for poor health outcomes
  - Outcome 8: We have supported people to achieve their full potential at all life stages – from birth and early years through working lives to old age
  - Outcome 9: We have tackled inequalities by ensuring the needs of the most vulnerable and hard to reach groups are identified and met, and that services are targeted at those most in need
  - Outcome 10: Shetland stays a safe place to live, and we have strong, resilient and supportive communities
  - Outcome 11: We have a strong voluntary sector and social enterprises, encouraging community enterprise and cooperatives, with increased capacity to deliver services based on needs and aspirations of local communities
  - Outcome 12: We live in well-designed, sustainable places
  - Outcome 14: We live and work in a renowned natural and built environment which is protected and cared for



**We will achieve it by:**

- Improving information sharing processes between SFRS and local partners
- Targeting the delivery of Home Fire Safety Visits on our most at risk and vulnerable members of the community
- Working with partners to deliver community safety initiatives influenced by evidence and partnership data
- Effectively deploying the SFRS Post Domestic Incident Response procedures

**In doing so we will add value by:**

- Reducing the financial burden and disruption caused to all housing tenures
- Reducing risk, personal and social impact of fire on our communities through helping people to be safe in their homes
- Promoting the wider community safety message to the residents of Shetland

### 3. Reduction in Fire Fatalities and Casualties

The reduction of fire casualties is clearly linked to priority 2 Reduction of accidental dwelling fires. The reduction of fire fatalities and casualties is at the core of our preventative and early intervention activities carried out by SFRS in Shetland Islands.

Significant contributory factors associated with the number of fire casualties and fatalities include:

- Lifestyle including smoking and consumption of alcohol and prescribed and non-prescribed drugs.
- Individual capability and vulnerability.
- Ageing demographics.

#### Aligns to:

- SFRS Strategic Aims:
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  - Outcome 10: Shetland stays a safe place to live, and we have strong, resilient and supportive communities
  - Outcome 14: We live and work in a renowned natural and built environment which is protected and cared for
  - Outcome 15: We will deliver sustainable services and make sustainable decisions, which reduce harmful impacts on the environment

#### We will achieve it by:

- Further developing referral processes through improved partnership working and information sharing processes with local authority housing and social work, adult protection committees, third sector and other key partners with regards those most vulnerable or at risk from fire
- Delivery of thematic action plans tailored to meet local need

- Promoting Home Fire Safety Visits through targeted referrals from our partners for those most vulnerable or at risk
- Through early intervention initiatives and case conferences we shall increase community fire safety education through a targeted approach
- Providing risk reduction measures to the people most vulnerable or at risk from fire through the development of a casualty reduction plan
- Effective deployment of SFRS Post Domestic Incident Response procedures.

**In doing so we will add value by:**

- Helping people in the Shetland Islands to be safe in their homes
- Reducing demand on the SFRS and partner services
- Assisting in referring vulnerable persons to other service providers
- Reducing the economic cost of casualty treatment on partner agencies.

## 4. Reduction of Deliberate Fire Setting

Deliberate fire setting causes unnecessary destruction. It can pose a severe risk to life, property and the environment. As with all fires, the knock on effects for individuals, communities, the public sector and businesses can be costly and detrimental. These fires are divided into primary fires which are set in property such as buildings and vehicles, or secondary fires which are set in materials such as refuse and growing vegetation.

Deliberate fire setting is not a significant problem in Shetland, but nationally it is linked to the occurrence of anti-social behaviour. SFRS is not complacent in this matter and intends to maintain the current low level of deliberate fire raising activity in Shetland.

### Aligns to:

- SFRS Strategic Aims:
  - Aim 1: Improve safety of our communities and staff
  - Aim 2: More Equitable Access to Fire and Rescue Services
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  - Outcome 15: We will deliver sustainable services and make sustainable decisions, which reduce harmful impacts on the environment

### We will achieve it by:

- Identifying and quickly targeting any fire raising activity through the assistance of partner agencies and communities.
- Supporting fire safety education in schools.

- Implementing our specialist *Fire Setters Intervention Programme* to counsel individuals who are identified as being responsible for deliberate fire setting activity.
- Supporting associated youth diversion initiatives.

**In doing so we will add value by:**

- Continuing to minimise the cost and disruption of unnecessary fire damage within Shetland.
- Reducing SFRS costs by using fire prevention personnel to rapidly target the causes of any identified deliberate fire setting activity and minimise the mobilising of RDS firefighters.
- Supporting preventative spend initiatives which divert young people away from anti-social behaviour by encouraging them to be good citizens.

## 5. Reduction of Fire in Non-Domestic Properties

The SFRS has a statutory duty to promote fire safety under Part 2 (section 8) of the Fire (Scotland) Act 2005 (as amended) to include provision of information and publicity aimed at preventing fire and reducing deaths and injuries, restricting fire spread and advising on means of escape from buildings. All workplaces and business premises involved in fire are classed as Non Domestic Fires. Sleeping risks are seen as a particularly high fire risk since most fatal fires occur at night when people are less vigilant and at their most vulnerable. Residential care homes, student accommodation, Houses in Multiple Occupation and self-contained sheltered housing make up the greatest proportion of these property types.

High fire risk properties are audited on a yearly basis by our staff to ensure that the fire precautions within the property are to a suitable standard.

Secondary Fires include fires involving agricultural, and moorland. These areas contribute substantially to the unique Shetland environment providing economic benefit through tourism, employment and industry.

### Aligns to:

- SFRS Strategic Aims:
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  - Aim 3: Improved outcomes through partnership
  - Aim 4: Develop a culture of continuous improvement
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  - Outcome 14: We live and work in a renowned natural and built environment which is protected and cared for
  - Outcome 15: We will deliver sustainable services and make sustainable decisions, which reduce harmful impacts on the environment

**We will achieve it by:**

- Continuing the audit programme for high risk premises.
- Engagement with the business community to highlight their responsibilities for compliance with fire legislation.
- Identifying fire trends in particular building types and conducting thematic audits
- Contribution and engagement with recognised national and local wildfire groups including, the development of local memorandums of understanding.

**In doing so we will add value by:**

- Assisting the private and business sector in understanding their fire safety responsibilities
- Ensuring that buildings are safer, people feel protected and the opportunities for acts of deliberate or wilful fire raising are reduced
- Supporting and protecting business continuity and employment
- Protecting our natural heritage, biodiversity and environment.

## **6. Contribute to a Reduction in Casualties from Road Traffic Collisions and other Non-Fire Emergencies**

A core part of the SFRS's activity locally is responding to emergencies such as Road Traffic Collisions (RTCs), other rescue situations and flooding. Firefighters are trained to a high standard and have at their disposal the most modern equipment for extricating people in rescue situations and administering first aid to casualties.

The SFRS has a crucial role in working with other emergency responders and the Shetland Islands Council in contributing to the wider road safety agenda. National and local statistics identify that young adults are most at risk.

The SFRS has a duty to respond to and support communities in recovering from these incidents. In addition, the development of specialist capabilities, (where appropriate in partnership with other agencies), strategically located across the area, has the potential to significantly improve emergency response and public safety.

### **Aligns to:**

- SFRS Strategic Aims:
  - Aim 1: Improve safety of our communities and staff
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  - Outcome 13: Our internal and external transport systems are efficient, sustainable, flexible and affordable, meet our individual and business needs and enable us to access amenities and services

### **We will achieve it by:**

- Continuing to engage with partner agencies on the Shetland Roads Safety Advisory Panel.
- Contributing to the achievement of initiatives from the Encouragement and Education themes of the Shetland Road Safety Strategy and Action Plan 2012 - 2017.



**In doing so we will add value by:**

- Developing positive attitudes to road safety within the Shetland community with an emphasis on targeting high risk groups e.g. our young people.
- Reducing the negative impact of death and serious injury on Shetland communities.
- Reducing the cost to the NHS for the treatment of casualties.
- Reducing lost working time, rehabilitation and welfare costs for casualties and their employers.
- Reducing the cost to SFRS from the mobilising of RDS firefighters.

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## 7. Reduction of Unwanted Fire Alarms

The SFRS aims to reduce the impact of false alarms on its service delivery, local business and commerce in Shetland. Unwanted fire alarms fall into three main categories:

- Unwanted Fire Alarm Signals (UFAS) transmitted by an Automatic Fire Detection (AFD) system reporting a fire, where upon arrival of the SFRS, it is found that a fire has not occurred. UFAS are generally avoidable through good system design, management practice, procedure, maintenance and the appropriate use of spaces within buildings;
- Malicious 999 calls;
- Calls made with good intent, when a person genuinely believes that an emergency has occurred and that belief subsequently turns out to be unfounded.

### **Aligns to:**

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  - Outcome 12: We live in well-designed, sustainable places;
  - Outcome 15: We will deliver sustainable services and make sustainable decisions, which reduce harmful impacts on the environment.

### **We will achieve it by:**

- Identifying premises with high UFAS activity levels to determine if they comply with the Fire (Scotland) Act 2005 and have appropriate fire safety management procedures in place.
- Engaging with the owners and occupiers of premises with high UFAS activity levels to provide support, advice and guidance for developing suitable action plans for UFAS reduction.
- Call challenging and proactive monitoring of malicious 999 calls, with educational programmes for engaging with those identified as having made malicious calls.

**In doing so we will add value by:**

- Reducing unnecessary demand and impact on the public and business sector through lost working time, including the time lost to the Shetland employers who release RDS firefighters to respond to false alarms.
- Reducing the risk to the community and RDS firefighters by minimising unnecessary vehicle movements on Shetland's roads.
- Reducing costs to SFRS from the unnecessary mobilising of RDS firefighters and the operating of SFRS vehicles.
- Reducing the environmental impact of unnecessary vehicle movements.

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## 8. Enhance our Contribution to Community Planning

Community Planning Partnerships were established to create a link between communities and public sector organisations, and the Fire and Rescue Service has a strong track record of success within the Community Planning arena.

The creation of the SFRS provides us with a clear opportunity to be even more successful in the future; more efficient and effective, playing our part in the aspiration to make our communities safer through greater integration at a local level driven by collaboration and partnership working.

Better integration with our Community Planning Partnerships will provide opportunities for improvements in front-line outcomes, crucially against a backdrop of budget reductions and restrictions for all public services in Scotland.

The SFRS sees this is an opportunity to truly place local fire and rescue services at the heart of our communities. Through community planning partnerships, the Local Senior Officer will perform a lead role in being responsible for ensuring that the SFRS is viewed as a valued partner across all community planning partnership groups.

### **Aligns to:**

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  - Outcome 12: We live in well-designed, sustainable places;
  - Outcome 15: We will deliver sustainable services and make sustainable decisions, which reduce harmful impacts on the environment.

### **We will achieve it by:**

- Improved engagement with our communities, including those identified as traditionally being hard to reach
- Improved Information sharing processes between SFRS and local partners
- Working with partners to deliver community safety initiatives influenced by evidence and partnership data

**In doing so we will add value by:**

- Reducing risk, personal and social impact of fire on our communities through helping people to be safe in their homes
- Promoting the wider community safety message to the residents of the Shetland Islands

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## 9. Enhance our Local Engagement Practices

With a population of which has seen an increase in the number of people over the age of 65, it is important that we are able to identify and reach out to the most vulnerable members across our communities if we are to ensure that they are able to live long and independent lives, safe from fire and other emergencies.

Working with our partners and community stakeholders we will identify and take steps to meet the needs of those who are vulnerable in society because of their age, their living circumstances, because of a disability or due to a social, economic or lifestyle factor.

In addition, whilst the 2011 Census shows only a small number of people of minority ethnicity, the expected rise in the number of migrant workers from those countries which are the newest members of the European Union, means that we must ensure the needs of all members of our community are being considered. We recognise our duties under the Equality Act 2010 in relation to the protected characteristics and will strive to deliver excellent and appropriate services to all of the communities of the Shetland Islands.

In doing so, we will support the effective implementation of the SFRS Equality Outcomes and in particular an improvement in the equality of access to services and equality in the delivery of those services.

### Aligns to:

- SFRS Strategic Aims:
  - Aim 1: Improve safety of our communities and staff
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  - Outcome 10: Shetland stays a safe place to live, and we have strong, resilient and supportive communities;
  - Outcome 12: We live in well-designed, sustainable places;
  - Outcome 15: We will deliver sustainable services and make sustainable decisions, which reduce harmful impacts on the environment.

### We will achieve it by:

- Improved engagement with our communities, including those identified as traditionally being hard to reach
- Improved Information sharing processes between SFRS and local partners
- A targeted approach to the delivery of Home Fire Safety Visits focused on our most at risk and vulnerable members of the community

- Working with partners to deliver community safety initiatives influenced by evidence and partnership data
- Effective deployment of SFRS Post Domestic Incident Response procedures.

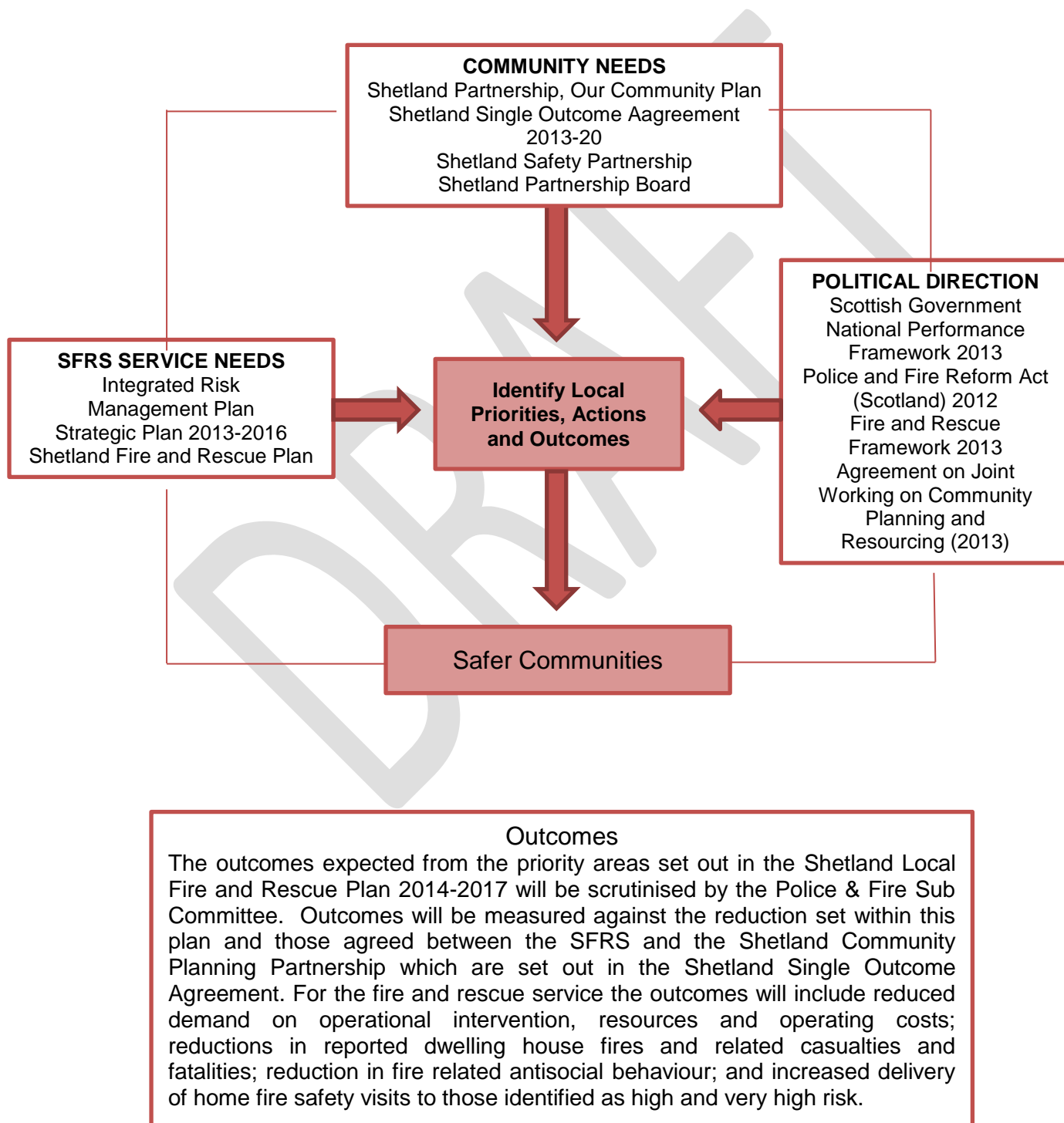
**In doing so we will add value by:**

- Supporting the implementation of the SFRS Equality Outcomes
- Reducing risk, personal and social impact of fire on our communities through helping people to be safe in their homes
- Promoting the wider community safety message to the residents of the Shetland Islands

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## Achieving Local Outcomes

Following a process of identifying local risks within Shetland, priority actions to address them and expected outcomes have been set within this plan. Local risks were identified following considerations of political direction set by the Scottish Government, community needs identified through consultation and the operational resources and capacity of the SFRS.





## Review

To ensure this Local Plan remains flexible to emerging local or national priorities a review may be carried out at any time but will be reviewed at least once in its life time. A review may also be carried out if the Scottish Minister directs it or if a new Strategic Plan is approved.

Following a review the Local Senior Officer may revise the Plan.

## Feedback

If you have something you'd like to share with us, you can get in touch in a number of ways:

- Use the feedback form on our website to send an email -[www.firesecotland.gov.uk](http://www.firesecotland.gov.uk)
- Contact your local community fire station - details are listed on our website or in your local telephone directory.
- Contact (LSO) Area Headquarters on 01463 227000.
- Write to us at the address at the bottom of this page.

We are fully committed to continually improving the service we provide to our communities and recognise that to achieve this goal we must listen and respond to the views of the public.

We use all feedback we receive to monitor our performance and incorporate this information into our planning and governance processes in order to continually improve our service.

We are proud to say that the majority of the feedback we receive is positive, and we are keen to hear examples of good practice and quality service delivery that exemplifies the standards of care that we strive to provide for the communities of Scotland.

In instances where our standards of service are questioned, we welcome the opportunity to investigate the circumstances, and are committed to correcting any lapses and using the learning outcomes to improve our future service delivery.

If you would like a copy of this document in a different format or a version in another language please contact:

Scottish Fire and Rescue Service, Service Delivery Area North HQ, 19 North Anderson Drive, Aberdeen, AB15 6TP.

Tel 01224 696666 Fax 01224 692224 or alternatively visit our website  
[www.firescotland.gov.uk](http://www.firescotland.gov.uk)

# Glossary of Terms

**Accidental:** Caused by accident or carelessness. This includes fires which accidentally get out of control.

**Casualty:** consists of persons requiring medical treatment beyond first aid given at the scene of the incident, those sent to hospital or advised to see a doctor for a check-up or observation (whether or not they actually do). People sent to hospital or advised to see a doctor as a precaution, having no obvious injury, are recorded as 'precautionary check-ups'. Casualty figures do not include fatalities.

**Deliberate:** covers fires where deliberate ignition is suspected

**False Automatic Fire Alarm:** is defined as an event in which the Fire and Rescue Service believes they are called to a reportable fire and then find there is no such incident. These can be Malicious, of Good Intent or caused by Apparatus. The False Fire Alarms recorded for our indicator are those caused by Apparatus, as these constitute a significant majority of False Fire Alarm incidents.

**Fatality:** a casualty whose death is attributed to a fire is counted as a fatality even if the death occurred later. Fatalities associated with Other Incidents can include attendance to assist Police or Ambulance colleagues when a person has been found who has committed suicide, for example. Often there is little we can do as a Service to influence this particular figure.

**Primary Fires:** includes all fires in buildings, vehicles and most outdoor structures or any fire involving casualties, rescues or fire attended by five or more pumping appliances.

**Secondary Fires:** These cover 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.

# Community Safety Board

<b>Report Title:</b>	Human Trafficking
<b>Presented By:</b>	Jenny Wylie – Community Safety Officer

<b>1.0</b>	<b>Overview/Introduction</b>
1.1	This report is to inform members on the issue of human trafficking and seeks a recommendation on which Group is the most appropriate to act as the lead for this issue locally.
<b>2.0</b>	<b>Background Detail &amp; Content</b>
2.1	Human trafficking is the movement of a person from one place to another into conditions of exploitation; using deception, coercion, the abuse of power or the abuse of someone's vulnerability. It is possible to be a victim of trafficking even if consent has been given to being moved. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of human trafficking within one's own country. Children cannot give consent to being moved, therefore the coercion or deception elements do not have to be present (Source: National Crime Agency).
2.2	There are four broad categories of exploitation linked to human trafficking: <ul style="list-style-type: none"> <li>• sexual exploitation</li> <li>• forced labour</li> <li>• domestic servitude</li> <li>• organ harvesting</li> </ul>
2.3	Anti-Slavery International, the world's oldest anti-slavery charity, estimates that 21 million people are trapped in modern slavery worldwide.
2.4	In 2011 in Scotland, the Inter-Departmental Group on Human Trafficking reported that 93 victims of human trafficking were identified in Scotland.
2.5	The National Referral Mechanism (NRM) is a process set up by the UK Government to identify and support victims of trafficking. The National Referral Mechanism is also the mechanism through which the UK Human Trafficking Centre collects data about victims. This information helps build a clearer picture about the scope of human trafficking in the UK.
2.6	The Inquiry into Human Trafficking in Scotland, published by the Equality & Human Rights Commission in 2011 highlights the following key points: <ul style="list-style-type: none"> <li>- It is reasonable to estimate that Scotland has around 75 potential victims of trafficking each year. This figure does not include those potential victims who do not consent to enter the National Referral Mechanism or those who have not been identified at all.</li> <li>- Sex trafficking is the most identified purpose for Scotland</li> </ul>

	<ul style="list-style-type: none"> <li>- Traffickers often recruit, move and exploit victims from within their own ethnic or national community; however trafficking is not seen as a “foreign problem”, and Scotland’s role is central as a “destination” state</li> <li>- The majority of Scottish National Referral Mechanism referrals were female</li> <li>- Nearly all sex trafficking cases involved women, with a significant minority being under the age of 18</li> <li>- Men form the majority of victims trafficked into forced labour or labour exploitation</li> <li>- At the time of evidence gathering, five countries accounted for over 65% of Scotland’s suspected and confirmed survivors of human trafficking (Nigeria, Czech Republic, Slovakia, China and Somalia)</li> <li>- Trafficking occurs throughout Scotland and is not confined to its major cities. Evidence identified human trafficking in Argyll (forced labour), Glasgow (all purposes), Kirkcaldy (criminal acts under duress), Edinburgh (sexual exploitation and domestic servitude), Skye (forced labour) and Aberdeen (sexual exploitation), and there was further evidence of human trafficking for all purposes in many other parts of Scotland.</li> <li>- The main drivers of human trafficking in Scotland were: <ul style="list-style-type: none"> <li>• The demand for easy-to-control and exploitable labour</li> <li>• The lure of profit for organised crime</li> <li>• The social vulnerability of victims in “source” countries</li> </ul> </li> </ul>
2.7	Tackling trafficking is a joint responsibility between the Scottish Government, the UK Government, Police, local authorities and support agencies.
2.8	The Scottish Government is committed to working in partnership to eradicate it in Scotland.
2.9	In September 2013 Jenny Marra, MSP, lodged a consultation on a proposal for new anti-human trafficking legislation for Scotland. The consultation proposed measures to improve Scotland’s anti-trafficking response, based on recent EU law and on recommendations of the Equality & Human Rights Commission’s Inquiry into Human Trafficking in Scotland. The proposed legislation will define the crime of human trafficking in Scots law for the first time, by enshrining the UN’s “Palermo Protocol” into law. It will help stop the criminalisation of victims of trafficking by making it illegal to punish those who have been forced to commit crime as a result of their trafficking. It proposes a new survivors’ service for victims of human trafficking. It will also compel the Scottish Government to publish an anti-trafficking strategy to be agreed by Parliament every 3 years, outlining how the Government is working with the Police, Crown Office, private sector and other agencies to stamp out human trafficking in Scotland.
2.10	Locally, the Shetland Domestic Abuse Partnership, Shetland Adult Protection Committee and Shetland Child Protection Committee all deal with arrangements for supporting those affected by domestic abuse and gender-based violence, and safeguarding children and adults from harm, coming under the one banner of a <i>Safer Shetland</i> .
2.11	In Shetland, there have been two alleged cases of forced marriage, however enquiries

	continue.
2.12	Children's Services have been aware of two under 16 year olds who arrived unaccompanied in Shetland in recent years – both young people were appropriately supported and safeguarded. There has been no specific work undertaken by either the Child Protection Committee or the Adult Protection Committee into the issue of Human Trafficking and as this issue crosses a number of partnership remits the Lead Officer would support the recommendations below and provide what support is needed to the Community Safety Board.
<b>3.0</b>	<b>Conclusions</b>
3.1	There is limited evidence of human trafficking happening in Shetland, so it is impossible to address the issue without having a clear picture of it.
<b>4.0</b>	<b>Recommendations</b>
4.1	<p>It is recommended that the Community Safety Board notes:</p> <ul style="list-style-type: none"> <li>• The content of the report; and</li> <li>• Considers taking on the role of lead strategic partnership in directing work on the issue of human trafficking in Shetland; and</li> <li>• Considers carrying out a scoping exercise to gather reliable data in order to establish a detailed picture of the issue by seeking information from a variety of statutory and third sector agencies.</li> </ul>

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For further information please contact:

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Date: Monday 17<sup>th</sup> February 2014

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ENDS



# Community Safety Board

<b>Report Title:</b>	Equally Safe: Scotland's strategy for preventing the causes and consequences of violence against women & girls
<b>Presented By:</b>	Jenny Wylie – Community Safety Officer

<b>1.0</b>	<b>Overview/Introduction</b>
1.1	This report aims to inform members on the Scottish Government and CoSLA's new strategy, <i>Equally Safe: Scotland's Strategy to Tackle Violence Against Women and Girls</i> , which is currently being developed and consulted on.
<b>2.0</b>	<b>Background Detail &amp; Content</b>
2.1	Violence against women and girls, in any form, has no place in a safe, strong and successful Scotland. It causes damage to health and wellbeing; limiting freedom and potential and a violation of the most fundamental human rights.
2.2	We want Scotland to be a place where all individuals are equally safe and respected, a place where women and girls can live free of violence – and abuse and the attitudes and assumptions that help perpetuate it.
2.3	The Scottish Government and CoSLA are currently developing <i>Equally Safe: Scotland's Strategy to Tackle Violence Against Women and Girls</i> , which is due to be published in Summer 2014.
2.4	This Strategy is Scotland's first to take action on all forms of violence against women and girls.
2.5	Instead of a formal public consultation process, a period of focused and targeted consultation and engagement with key stakeholders and interested parties is being undertaken to help inform the development of the Strategy.
2.6	<p>The Scottish Government have decided to move away from a formal consultation process because:</p> <ul style="list-style-type: none"> <li>• They believe that this approach will allow them to reach more women who have experienced abuse and who have come into contact with services and agencies as a result of their experience; and</li> <li>• This approach enables frontline agencies and services to have a more active input to shaping the strategy, reflecting the Scottish Government's intention that the strategy is developed through meaningful engagement and collaboration.</li> </ul>
2.7	The element of the Strategy where our views are sought is around the outcomes and commitments (page 25-34) as the Scottish Government's position in respect of the definition of violence against women and girls has not changed, nor are they moving from the

	gendered analysis of violence against women.
2.8	Attached to this report is a copy of most up-to-date version of the Strategy (Appendix 1). Please note that this document is not in the public domain and should be treated as confidential.
2.9	Accompanying the draft Strategy is a number of discussion questions (Appendix 2), and these should form the basis of our response.
2.10	The deadline for responses is <b>Friday 28<sup>th</sup> February 2014</b> .
<b>3.0</b>	<b>Proposal/Expected Outcome</b>
3.1	This is the Board's opportunity to feed into and influence the Scottish Government's consultation into violence against women and girls.
<b>4.0</b>	<b>Risk Management Implications</b>
4.1	<b>Professional</b> – None
4.2	<b>Political</b> – None
4.3	<b>Social/Demographics/Community/Customer/Stakeholder Issues</b> The Shetland Domestic Abuse Partnership is the lead multi-agency group that works to address the issue of domestic abuse and other forms of violence against women in Shetland.
4.4	<b>Financial/Economical</b> The Shetland Domestic Abuse Partnership secured 3-year Scottish Government funding (2012-2015) to support the introduction and development of the MARAC process in Shetland. All other domestic abuse-related work is carried out within existing resources from across the range of partner agencies that sit on the Partnership and are co-ordinated by the Lead Officer.
4.5	<b>Legal</b> – None
4.6	<b>Physical</b> – None
4.7	<b>Contractual</b> – None
4.8	<b>Technical</b> – None
<b>5.0</b>	<b>Conclusions</b>
5.1	Domestic abuse is an issue in Shetland, with 101 incidents recorded by the Police within Shetland Islands Council area (Shetland Area Command) during 2012-2013 ( <i>Source: Statistical Bulletin Crime &amp; Justice Series – Domestic Abuse Recorded by the Police in Scotland 2012-2013, 8<sup>th</sup> October 2013</i> ).



5.2	In terms of MARAC (Multi-Agency Risk Assessment Conference), which has the safety of high risk victims of domestic abuse, stalking and “honour”-based violence as its focus, there have been a total of 16 cases discussed since the process was formally established in July 2013.
5.3	In the Community Safety Strategic Assessment 2012-2013, one of the strategic priorities is “to challenge the culture and attitudes towards domestic abuse, including all forms of gender-based violence, which can include (but is not limited to) rape and sexual assault, stalking and harassment, forced marriage and commercial sexual exploitation”.
5.1	It is recommended that the Community Safety Board notes: <ul style="list-style-type: none"> <li>• The content of the report; and</li> <li>• Considers the questions for discussion (Appendix 2), feeding back any comments to the Community Safety Officer to allow for a Shetland response to be submitted to the Scottish Government.</li> </ul>

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For further information please contact:

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Date: Friday 21<sup>st</sup> February 2014

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ENDS

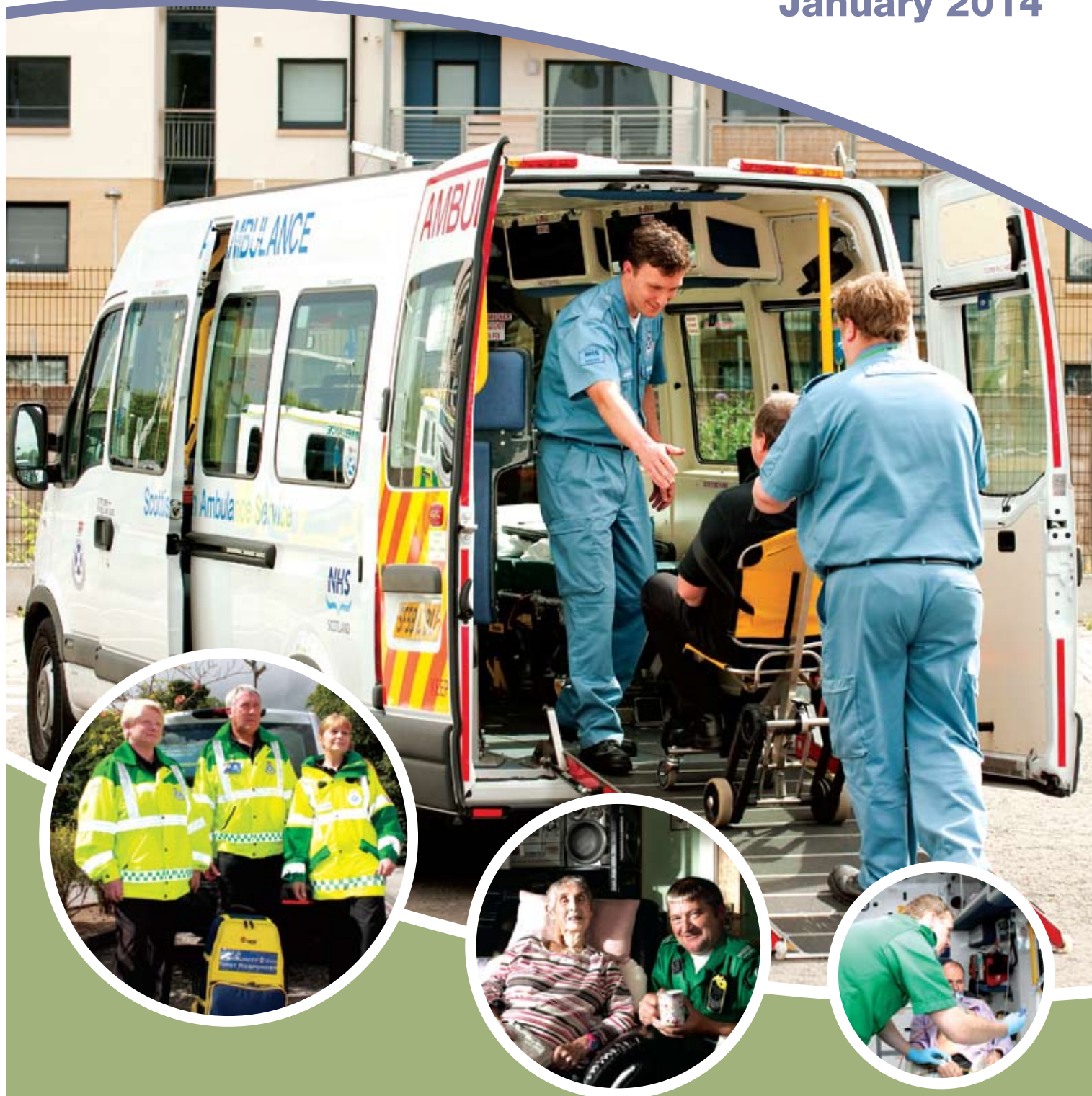




# Scottish Ambulance Service

## Patient Focus Public Involvement Strategy (PFPI) 2014 – 2016

January 2014



Delivering Person-centered care to the people  
of Scotland when and where they need us



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## Section 1: Executive Summary

The Scottish Ambulance Service (the Service) is committed to embedding person-centred care into all aspects of its work, involving staff in public involvement work across Scotland. We know we can not achieve person-centred care on our own. We are committed to building and strengthening partnership working with community members, NHS Boards and the wider NHS, along with other statutory services, Volunteer Development Scotland and the voluntary sector to support and foster good relationships and build resilience.

Our Patient Focus Public (PFPI) Involvement work is a key part of delivering an ambulance service which is more person-centred, as demonstrated by improvements in care experience, staff experience and in co-production. It underpins on all three of the main goals of our strategy:

- To improve patient access and referral to the most appropriate care
- To deliver the best service for our patients
- To engage with all our partners and communities to deliver improved health care.

These goals are designed to improve the experience of patients by listening and involving them in every aspect of the services provided by the Scottish Ambulance Service. Person-centredness in the delivery and planning of services should facilitate higher achievement of equality and diversity across both staff and patients. Our leaders will also be further supported to work with the service users as equal partners in design, improvement and the delivery of our services.

PFPI activity has been a component part of our Service for many years. I am pleased to see the Service further develop in line with the 2020 vision for NHS Scotland and embrace the person-centredness agenda so whole heartedly. I trained as a nurse and I know that person-centred care can completely change the life of a patient and their family. Online feedback channels, such as Patient Opinion, provide an insight into the patient experience, even in our often challenging out-of-hospital setting.

Thank you to everyone who contributed to the development of this PFPI Strategy. I am confident that this will enable the Service to further deliver our vision to deliver the best care for people in Scotland, when they need us, where they need us, which supports the Scottish governments 2020 vision to help people lead healthier lives in a homely setting.

*Karen Wilson*

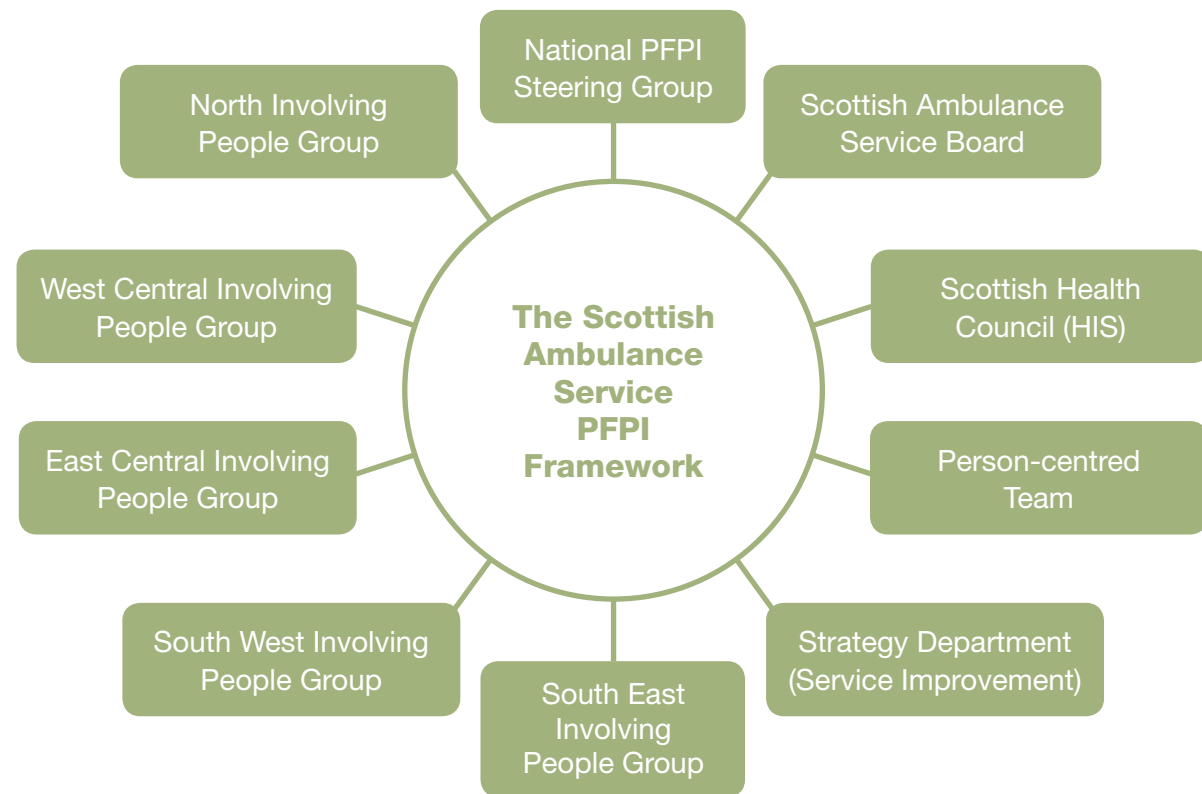
**Karen Wilson, Director of Healthcare Professions and Nursing Care,  
Director Designate for Patient Focus Public Involvement and  
Director Designate for the Person-centredness Health and Care Programme**

## Section 2: Background to Patient Focus Public Involvement in the Service

The Service is a Special Board of NHSScotland. As a Special Board the Service does not have a formal obligation, like territorial Health Boards, to operate a Public Partnership Forum (PPF). However, under Chief Executive Letter 4 (2010), “Informing, Engaging, Consulting”, the Service does have a requirement to have an operational involvement structure for patients, carers and members of the public. The Service has had an evolving approach to PFPI since 2005, and has involved patients and members of the public through the various committees and project structures for many years. The Service has organised focus groups and workshops for patients, with the Service responding to patient complaints in a meaningful way. The past 18 months has seen the Service broaden the structure it has for PFPI work, in order to engage with different patient groups and sectors of the public, which before were more difficult to reach (e.g. working mums, younger people, etc.)

Over 2011-2013 the Service has retained the role of Public and Patient Representatives within the organization, improved the functionality of our National PFPI Steering Group and expanded our feedback channels for members of the public, enabling them to contact us with their views in a variety of ways. The Participation Standard 2010/2011 (the public involvement assessment facilitated by the Scottish Health Council) advised the Service that public involvement in Service Improvement Programmes and feedback channels were robust. However, a suggested improvement for the Service was to do more to reach out to local communities through the existing PPF network. Since then the Service has implemented its “Involving People Group” model from our South West division, throughout much of Scotland. The “Involving People Group” works with representatives from the local PPFs, key community groups and the local Scottish Health Council offices, to facilitate discussion with local communities and to seek their views.





Since its formal consultation for our five year strategy, “Working Together for Better Patient Care” the Service has been successful at involving a cross section of the

public, patients, carers and staff in service improvement projects. In the next section are a number of case studies which reflect public involvement at both a national and local level.

**Patient Representatives profile: Tony Wall, from Arran**

“15 months ago I was invited to attend an Ambulance Service meeting in Ayr. I immediately realised how little the public really knew about this vital arm of our Health Service, maybe because one is only interested if you have been a patient, or a relative travelling in an ambulance!”

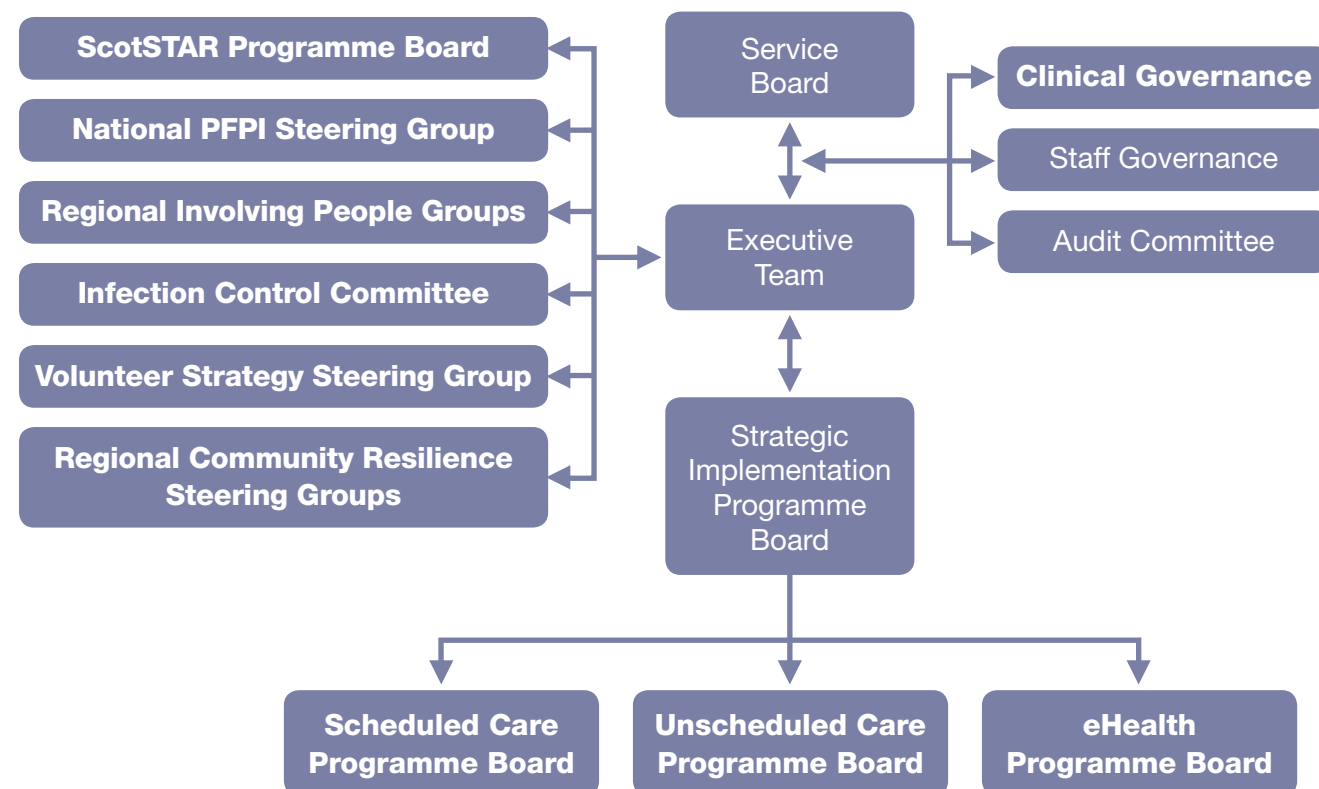
“I feel that due to my long association with individuals and groups, I can empathise with the issues of island communities. I hope to contribute to sharing a better understanding of the role of the Service on Arran and their relationship to the Service on the mainland and other island communities.”

**Community First Responder Co-ordinator: Fiona Laing**

The North Arran Community First Responder Group have been responding for ten years; providing cover 24 hours a day, 7 days a week to the North of the island. Fiona Laing, Co-ordinator for the group has described her experience as a responder and co-ordinator of the Group:

“We went live at one minute past midnight on 9th June 2003 and have provided 24/7 cover since. Over 99% of the time we have had 2 responders on call at a time; since then 25 people have been trained with 16 currently active as responders. The support we get from the local community is fantastic and helps keep the motivation up; many have said that even if we are never called to them it makes them feel that bit more relaxed that we are here should they need us.”

Where our public/patient representatives are involved are highlighted in bold





## Section 3: Patient Focus Public Involvement in the Service

### Section 3.1: How we involve people in Service Improvement

#### Case Study 1: Community First Responders - Growing fast, 2003-2013

The Service supports and manages over 1,000 volunteers as Community First Responders across Scotland. Community First Responders form part of the emergency service response provided. Responders are trained in basic life support, in the use of an Automated External Defibrillator and oxygen therapy. They respond to 999 calls within their community for life threatening medical emergencies, providing early intervention and reassurance to the patient/family before the ambulance crew arrives.

Community First Responders volunteer are part of a team, and as such are collectively known as a Community First Responder Scheme. A local coordinator will organise an 'on-call' or 'on-duty' rota between all the volunteers in the scheme. Each scheme will aim to have 24 hour cover seven days a week, therefore in order to increase the 'on-call' ability of the group there is a minimum requirement of six volunteers per scheme. The Service has 126 active schemes across Scotland.

Intensive training is completed by each responder. Skill levels are maintained through regular meetings and group training sessions, which requires time and ongoing commitment from each volunteer. The 2013 Scottish Ambulance Service Volunteer Survey highlighted that 82% of volunteers who took part in the survey have been volunteering with the Service for over 1 year, 45% over 3 years and 18% for 5 years or more with a number having volunteered in excess of 10 years.

#### Case Study 2: The establishment of a Retained Ambulance Service on Shetland 2008/2009

A new model of care was needed on Shetland, in order to reinforce the emergency response provision for the island. Before March 2008 there was one crew available, unless off duty staff were called out. It was estimated, at the time, that there were approximately four occasions every month where the Service needed a second response at the same time. There was also increasing pressure on the Service to improve response times on Shetland from a number of patients and stakeholders.

The proposed Retained Ambulance Service for Shetland affected local staff, patients and public across the whole community. In 2009 we made considerable advances in establishing the desired provisions. There is now a double response around the clock. This is made up of an out of hours retained service. Two Ambulance Care Assistants are also now available allowing two vehicles to be operational at any one time.

Members of the public, our patients, local staff and politicians have all been involved in this project since 2008, when this change was identified. Local managers from the Service have since worked closely with NHS Shetland, to inform and gather input from the public. This was achieved through a series of meetings, workshops and visits. This involvement took place between 2010/2011, as the new service was embedded and measured.

#### Case Study 3: Air Ambulance National Re-procurement Project, 2009-2013

The Air Ambulance Project involved national consultation and engagement with a wide range of patients and stakeholders at all levels across Scotland. This was in order to assist the procurement of a new fleet of aircraft to meet the demands on the Air Ambulance Services in Scotland for 2013 - 2020. This feedback has helped determine current and future needs across the country and has assisted the Service in preparing and designing the tender specification. It was considered essential to gather the views from as wide a range of people as possible covering areas such as: feedback on user experiences, perceptions and observations of the current service, input from health care staff in various locations and future expectations and requirements.

The processes used in this exercise were divided into three phases. The first phase (2009/2010) included: public events across Scotland, separate surveys for patients and clinicians both online and in hard copy - where appropriate surveys were handed to patients using the Service on the day for completion. These responses were reviewed and analysed. The second phase (2010/2011) saw further engagement with Community Forums and Public Partnership Forums together with re-visiting communities and organisations who had participated in Phase 1. Presentations were also made by Senior Managers based on the findings from Phase 1. In November, Phase 3 (2012) of this process saw the Consultation Report and Findings Documents being made available on the Scottish Ambulance website with 650 people specifically viewing consultation and engagement pages out of 1500 visits made during this period.

#### Case Study 4: Emergency Responder Scheme in West Ardnamurchan, 2012/2013

The Service through joint partnership working between NHS Highland and local communities in West Ardnamurchan, looked to ensure there were appropriate systems in place to respond to emergency and urgent situations, as the local NHS nurse has retired. The local nurse had provided 24/7 emergency cover in West Ardnamurchan for many years and was supported by GPs with a road ambulance to responded as appropriate. A key factor for this scheme was the remote nature of Kilchoan and that every year the population increases significantly during the summer months.

The Service has worked in partnership with other public bodies throughout 2011-2013, the local council, Highlands and Islands Fire and Rescue Service and HM Coast Guard. The Scottish Government has also been involved, as the Emergency Responder Model has evolved. The former Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon, held joint meetings between the Service and the local Community Council in 2011. The Service also worked with existing networks within the area e.g. (Lochaber District Partnership). Additionally, the Service developed a positive relationship with the Community Council to find individuals who were willing to participate.

There were a number of open public meetings, which encouraged members of the public to get involved. The Council and the Lochaber District Partnership supported the promotion of these meetings. Question and Answer Sessions with senior Service Managers were used for members of the public to provide feedback on proposals. Leaflets were delivered door-to-door to inform and encourage the public to attend meetings and participate. An open day was co-organised by the Community Council and the Service to provide information on the Emergency Responder Model. The Emergency Responder Scheme has



trained local people who had a healthcare background e.g. retired nurses, GPs etc. to respond to appropriate emergency and urgent calls. Emergency Responders provide a first response and are always backed up by road and/or air ambulance. The Emergency Responders have access to a Clinical Advisor through the Ambulance Control Centre, should they require further advice or support. The community is kept up to date of the progress of the Scheme by the Service through the Community Council. Latterly the Service has also worked in partnership with NHS24 to establish a Tele Health link within the community.

#### **Case Study 5: Patient Transport Service Improvement Programme, Phase 1 2011-2013**

In 2010/2011 the Service underwent a review of its Patient Transport Service. The Patient Transport Service (PTS) Improvement Project Scheduled Care Programme was based on the feedback from our strategy consultation work in 2008/2009, "Working Together for Better Patient Care". Phase 1 focused on the introduction of a national PTS direct patient booking line number. Members of staff worked closely with patients and community groups across Scotland to gather further feedback on the detail of the plan to understand the patient experience so far. People were asked to provide ideas on how to communicate the new number, how to review the eligibility criteria for ambulance transport, now known as the Patient Needs Assessment and if people felt it was helpful that patients and carers were signposted to alternative transport providers, when they did not need the clinical support ambulance transport with the Service. The feedback and input we received helped to shape the new service and the national communications plan. The project team also ensured that communities and patient groups were kept up to speed with the progress of the project. This was important because the booking line number was rolled out in a phased

way across the North, West and East Regions in 2012. Since then patients and carers have continued to influence the Service by providing feedback on the call takers, the information provided at the start of the booking line message and how we can provide alternative access for people who do not speak English or those who are hard of hearing or deaf.

#### **Case Study 6: Development of Expressive Boards to improve Communication with Patients, 2011/2012**

The project worked with a number of groups representing disabled people to develop a tool to support patients and carers when responding to an emergency. A series of symbols have been developed specifically to help gather information at the earliest opportunity from patients. These symbols appear on the expressive boards to provide a more focused service for patients when responding to 999 calls. "Health and Happiness", a voluntary organisation based in Inverness supporting young people with learning difficulties, were involved in the development of the Expressive Boards.

#### **Case Study 7: Setting our Equality Outcomes, 2012/2013**

In 2012 the Service undertook work to consult on the development of our Equality Outcomes, for publication in April 2013. The Service decided to work with patients, carers and communities, through our annual cycle of public meetings for our PFPI self assessment process. Half of the meeting was dedicated to a workshop where staff took participants through the background to our Equality Outcomes. Further debate and feedback formed a large part of the meeting. Public participants were able to discuss the three public facing external Equality Outcomes

and were given information about the detail of the two staff Equality Outcomes. Our Equalities Manager incorporated the feedback from these events and re-circulated it to the participants. The draft Equality Outcomes were also made available on our website and people were encouraged to provide further feedback by promoting the work through your.scottishambulance.com (our public engagement website), our website and our community PFPI newsletter.

#### **Further Patient Focus Public Involvement work, which has been underway in 2013/2014**

- Shine project in East Central - Helping people to stay at home.  
**Lead Adam Longhorn, Ambulance Paramedic**
- Publication of Equality Outcomes, designed in partnership.  
**Lead Ann Tobin, Equalities Manager**
- Refreshing our Volunteer Strategy.  
**Lead Kenny Freeburn, Head of Community Resilience**

- Publication of our SMS 999 EasyRead leaflet, designed in partnership.  
**Lead Ann Tobin, Equalities Manager**
- Development of our discussion forum, a pilot with our Community First Responders.  
**Leads Mark Bargon, Digital Communications Officer & Amy Gibson, Community Engagement Officer**
- Review of the Patient Needs Assessment for Patient Transport Service (Scheduled Care Improvement Programme).  
**Lead Ken Mitchell, Scheduled Care Programme Director**
- Community Resilience – Volunteer Survey, informing our Volunteer Strategy.
- Input from other divisions/departments

If you would like further information on any of these projects, please contact our Communications and Engagement Team at [scotamb.communications@nhs.net](mailto:scotamb.communications@nhs.net)





### Section 3.2: Extending our active listening with our patients and the public

The Scottish Ambulance Service's National PFPI Steering Group is made up of Patient and Public Representatives, Service staff as well as representatives from the Scottish Health Council. Feeding into our National Group is a network of divisionally led "Involving People Groups", which are aligned to the Public Partnership Forums established across the country through the 14 Territorial NHS Boards. The purpose of our Involving People Groups is to facilitate structured conversations between communities and the Service, as well as serving as a forum for concerns and for highlighting areas for improvement.

The Service has invested and built a bespoke IT system called ViewPoint over the past 18 months. ViewPoint has enabled the Service to listen to patients across the whole Service and has supported us through improved complaints



compliance. This has helped us identify any trends in complaints and concerns at an early stage, enabling the Service to not only respond to individual complaints, but also to share emerging themes with key groups across the Service, ensuring that mitigating actions are taken and that learning is applied, not just at local level, but also nationally too.

These groups include the Scheduled Care Programme Board, Unscheduled Care Programme Board, the Clinical Governance Committee and the Patient Safety Group. The Chief Executive receives weekly reports on complaints compliance and emerging themes whilst Executive Team discuss complaints on a monthly basis. The Service is currently working on methods to share this information with patients and communities, (e.g. through our PFPI newsletter, our website and our "Involving People Groups"). Patients are also invited to the Scottish Ambulance Service Public Board meetings to share positive and less positive care experiences first hand with the Service's Board members for awareness and learning. To support this work the Service is also building a film and audio library of patients sharing their care experience in their own words. A number of patient stories, which came to the Service as complaints or as compliments, have been filmed and used at national improvement events. To read the full patient feedback report 2012/2013 visit: <http://bit.ly/18VeALf>

Furthermore, during 2012/2013, the Service has seen an increase in the use of social media as a feedback channel. We now have 4,295 followers on Twitter and 2,560 likes on Facebook. Both are increasingly used as a feedback mechanism by many patients and members of the public. The Service has also launched an ePortal: [your.scottishambulance.com](http://your.scottishambulance.com) to enable feedback and discussion with patients, carers and communities across Scotland. Since the ePortal has been launched it has received 424 unique visits. The Service subscribes to Patient Opinion, and has worked in

partnership with territorial NHS Boards to promote feedback using this channel. Our Public Involvement home page received 3,856 visits from 3,143 unique visitors between September 2012 – August 2013, acting as a public area for people to keep up to date with the developments of the Service and receive current information on our public involvement processes.

The feedback we have received has already informed actions we have taken as a national organisation. Below you can read about four emerging themes and what we have done to address these issues so far:

#### A. Staff Attitude and Behaviour

In addition to one to one meetings between managers and staff to decide on appropriate responses to individual complaints, there are a number of initiatives underway which demonstrate to staff the impact of poor behaviour. Staff attitude and behaviour issues are reported to the local management team and the trends to the Leadership and Organisational Development and the Education and Professional Development teams.

#### B. Patient Transport Service (PTS) cancellations

Immediate action is taken to ensure PTS requirements are in place for the patient's next journey. Examples of cancellation complaints and the impact on the patient,

their carers and family members are fed into the Scheduled Care Programme Team to ensure themes are examined at a national level and improvements are put in place.

#### C. Delays travelling to/home from Hospital Appointments (PTS)

Immediate action is taken to ensure the patient's requirements are met for their next journey. Examples of complaints are about delays in patients getting home, and the impact on the patient, their carers and family members. These complaints are fed into the Scheduled Care Programme Team to ensure they are reviewed at a national level and appropriate measures put in place.

#### D. Clinical Assessment

Full clinical reviews are undertaken and retraining or coaching is organised where appropriate. A Serious Adverse Event Review Framework has enhanced how patient safety issues are identified and investigated with prompt remedial actions taken, and learning is shared. Contact is made with the patient and/or family to find out if and how they would like to be kept apprised of progress and outputs from the Serious Adverse Event Reviews.

Also in 2013/2014, as part of our Person-Centredness Action Plan, a new Clinical Project Manager routinely reviewing complaints to ensure identification of themes and is producing reports for the patient safety group.

#### Patient Representatives profile: Stella Macpherson, Patient Representative on the ScotSTAR Programme Board

"My role on the programme board is to be the voice of the patient and challenge the Service when an initiative is not clear. The public expects emergency retrieval of people to be safe, patient centred and joined up. Today this is a great challenge juggling limited resources with competing priorities, in order to provide an effective service to vulnerable patient groups in a variety of different situations. ScotSTAR has embraced these principles into its work plan and when finally achieved the result in Scots terms will be "Pure dead brilliant".

### Section 3.3: Communication with communities has improved

Feedback during the first year of the Participation Standard (2010/2011) indicated that patients and patient groups wanted regular communication from the Service about involvement opportunities, Service developments and local services. Since then the Service has revised its quarterly PFPI newsletter along with the Terms of Reference and membership of the National PFPI Steering Group. The Service has expanded its stakeholder database and supported the implementation of the "Involving People Groups". In 2012 the Service was commended for its consultation work for the Air Ambulance Re-Procurement Project through the Government Gateway Review process. Whilst in the 2012/2013 Participation Standard the Service received a Level 4, "Improving", for section 3.1. This section asks for evidence that the NHS Board is assured that systems and processes are in place to enable it to meet its statutory requirements in relation to the participation agenda.

There are still more improvements we can make as we enter 2014. Through our Equality Outcomes work, the Service identified that there is more we could do to reach out to black and ethnic minority communities and gypsy/traveller groups. The Service also continues to work with the blind and deaf community, to ensure adequate provision and information on both scheduled and unscheduled services. Finally through our Person-centredness action plan the Service is focusing on four key areas for the next six months, these include:

1. Building a place to ensure that Service staff understand the behaviours that demonstrate our person-centred values
2. Enhancing how the voice of people who use our service clearly informs the strategic and operational aims
3. Supporting family presence and participation at the level they choose
4. Introducing people and families who have experienced our service in to facility training and development for existing staff.

#### Patient Representatives profile: Roy Paterson, from Dumfries

Roy has been actively involved in the Scottish Ambulance Service since 2010. Roy says, "I resumed my involvement with the Scottish Ambulance Service in February 2010. I saw an advert in the local Health Board PFPI newsletter Xchange for a local volunteer to participate with the Service in an Involving People Group.

I feel the Involving People Group allows the Service and communities to convey messages about their activities to a greater number of the public. I would like to see the Involving People Group model rolled out throughout Scotland. At some stage all Involving People Group members could share the details of their concerns and discussions throughout Scotland. The South West Group has been successful in achieving a good relationship with other local community groups and share relevant information. But I have a feeling that a lot of good activities are not always collated at a local level and shared; we need to do more to make sure that all involvement opportunities and issues are publicised."

### Section 3.4: Role of our staff in Patient Focus and Public Involvement

Our staff play a crucial role for the Service in engaging and involving patients, carers and members of the public. The Scottish Government's person-centredness health and care programme recognises the link between the patient and the staff experience. The Participation Standard for the past two years has asked NHS Boards to report on how they are encouraging all staff to help deliver public involvement and suggest improvements. Section 3.3 of Participation Standard asks NHS Boards to describe how it is assured that a culture is encouraged throughout the organisation where participation forms part of the day-to-day planning and delivery of services.

The Service will continue to work with staff across all departments and divisions to embrace public involvement. In 2012/2013 the Service strengthened its Community Resilience department by recruiting more staff, through British Heart Foundation funding, to work in the community on community defibrillation skills and techniques. In 2013 the Service launched its Quality Collaborative, working with staff to teach them improvement methodology through the Plan, Do, Study, Act (PDSA) Cycle and where small tests of change are made, involving people in this process. The Service has strengthened its involvement culture through initiatives like the Patient Safety walk rounds (where managers visit stations to hear their concerns, in their setting), and through the third year of the staff awards where the Service recognises working with the public and voluntary partners in our "Working Together for Better Patient Care" category.

The Service has received a Level 2 – "Implementing", for staff involvement and here you can read some of our staff stories about their journey of learning and involving people in their services.

#### Sean Saunders - Area Service Manager and PFPI Lead for the South West division.

*"Being the PFPI Lead within the South West Division affords me the opportunity to meet people from various groups, organisations and communities, including some from the more hard to reach communities. Getting to know some of these people and learn about some of the challenges they experience has increased my understanding of how we as a Service, need to engage with them to help design a service that meets the needs of everyone. This is partially achieved through engaging public representatives through our South West Involving People Group, where ambulance service and public representatives meet to discuss service change at a more local level. I feel that empowering people and engaging everyone in any kind of service change, whether it is service users, internal and external stakeholders, gives us every opportunity to make the right decisions about the services we provide to the people of Scotland going into the future."*

#### Amy Gibson - Community Engagement Officer, funded by the British Heart Foundation

*"The post of Community Engagement Officer is a new one. I can be in a remote and rural setting in the North of Scotland one day helping to raise awareness of Public Access Defibrillators, and in the hustle and bustle of a city the next, working on promoting the work of a Community First Responder Group. One thing is a constant across the country: the passion and dedication demonstrated by our Community First Responders who have such a positive impact on their community. I feel privileged to be able to share their experiences and play a part in supporting communities develop their own community resilience."*



**Linda Thompson – Complaints Administrator, in the Corporate Affairs & Engagement Department**

*“Having worked within the Service for over 22 years and as part of the Complaints Team for the last two and half years as a Complaints Administrator, I have listened to many patients, relatives and carers who have concerns about the way in which the Service delivers patient care. I have no clinical background and therefore feel that being able to assist those people in solving their concerns allows me in another, non-operational way to help them. I hope I offer empathy and understanding and at the same time a solution to people who are already in a vulnerable position, having to experience either the Accident & Emergency Service or scheduled care pathways which the Service provides. I enjoy working in a Service that helps the Scottish Communities that have diverse needs on a continually changing and challenging landscape.”*



In 2014/2015 we will focus on:

- Evaluating the Involving People groups
- Delivering our Community Resilience objectives with volunteers
- Embedding PFPI and Person-centredness activity into our new Developing Frontline Managers and Leaders Programme
- Implementing our Equality Outcome action plan and continue to raise awareness of diversity issues
- Implementing our action plans for PFPI and the Person-centredness programme across the Service
- The Service will also continue to routinely involve and listen to our staff, through meetings, workshops, joint improvement work and through our intranet. We will seek to do all of this in partnership with our staff, our patients and our communities.

### Section 3.5: Co-production

The term Co-Production has been described in a variety of ways: e.g. the provision of delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours and/or the public sector and citizens.

The Scottish Government has asked Boards to focus on delivering services in this way to support the NHSScotland Quality Strategy and make sure the voice of the patient and carer is heard across the NHS in Scotland. The Service has been working on such initiatives for a number of years. Our Community Resilience department delivers three key functions: (1) the management and support of the Community First Responders, volunteers in local communities trained in basic first aid and CPR skills, (2) to support communities in the location and training of Public Access Defibrillators and (3) in partnership with the British Heart Foundation, deliver “HeartStart” training in schools and public buildings. Since the Service established the first Community First Responder schemes other initiatives have been developed, allowing the Service to work with local people to shape and deliver services. Examples of these are, Sudden Arthritic Death Syndromes (SADs) Foundation, Craig Hodgkinson Memorial Trust, The Royal Life Saving Society UK and most recently Scotland’s Charity Air Ambulance launched in 2013, as well as many others.

The Service has also worked closely with patients and communities over recent years, by ensuring that PFPI is woven into projects along with membership of our decision-making committees and that Public and Patient Representatives have their say equal say on boards. Examples of these, which have been reported in our PFPI Self Assessment processes in the past have included the

Retained Ambulance Service on Shetland, the consolidation of our Ambulance Control Centres, the improvement of Patient Transport Services, the past two Air Ambulance Re-procurement projects and many more local initiatives facilitated through our local stations, (e.g. educational and family days delivered in the community).

In August 2013 the Scottish Government requested that the Service should complete an “Engagement Matrix” which can be found in Appendix B of this strategy. This provides information on many of our partnerships and explains how we work with people in different ways, e.g. designing of policy, delivering services together or empowering other people to deliver services in their areas. The Service is also currently revising its Volunteer Strategy, for the Investor in Volunteers Programme, which details how we recruit, support and train volunteers within the Service. There are over 1,000 volunteers across different groups, who work closely with the Service.

### Comments from our 2013 Volunteer Survey:

*“Feeling valued and being with like minded people helps. Being able to help others in need is the best motivation out there.”*

*“The reasons for my answers all being excellent is that from my first day as a trainee as a community first responder to now have been an amazing experience and the ambulance staff who help out with us are brilliant and really good.”*

*“Any issues we have experienced are always listened to and discussed to make us better first responders.”*

*“Our Community Resuscitation Development Officer is excellent and this fact has lead to keeping our group together, motivated and informed. She has been excellent in keeping us informed.”*

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## Section 4: Nest step

The Scottish Ambulance Service strategic framework: “Working Together for Better Patient Care 2010 – 2015” supports the Scottish Government’s 2020 vision to help people live longer, healthier lives at home or in a homely setting. This vision is underpinned by the Person-centredness Health and Care Programme which is being implemented across the NHS in Scotland. The Service’s own Person-centredness Action Plan brings together proactive feedback from patients, carers, community and patient groups with reactive feedback from service users, their family members or carers on their behalf. This is being achieved through a new combined structure for the teams which lead on PFPI activity and on managing feedback, comments, complaints and concerns. The new combined team has developed and is evolving a bespoke complaints management system which promotes complaints compliance and supports the

early identification of feedback trends. These trends are being shared with strategy programme boards and operational forums in order to enable prompt learning and the implementation of remedial action at local and national level. In addition, the gathering and sharing of patient stories, either in person, in film clips or via podcasts has heightened awareness of the impact of high quality care for patients and their families, as well as how it feels to have been let down by the Service, and the impact this has had.

Reviewing feedback such as complaints and compliments when examining ways to deliver service improvement is helpful in shaping our approach to engagement. For example, some of our complaints and concerns suggest a lack of public understanding about the role of the Scottish Ambulance Service in out-of-hospital emergency care. This insight is proving

useful as the Service evolves its clinical care model, with input from patients, carers, members of the public, as well as community and patient groups, as well as our own staff.

Our Person-centredness Action Plan is also driving our co-production agenda. It is promoting greater patient and carer involvement in how the Service inducts and trains new staff at the Scottish Ambulance Academy. For example, by involving patients in our induction

programme and in the delivery of the faculty programme. A number of ideas for greater family and carer involvement in care, while crews are on scene, are also being explored, as are ideas for broadening involvement in service development. As these evolve, they will be added to our PFPI delivery plan for implementation and evaluation, to ensure the patient is put at the heart of everything we do.

### Patient Representatives: Profile, Three Extraordinary Women

Karen, Katherine and Eileen are in full time employment but have volunteered around 60 hours a month of their own time to the British Red Cross since 2009. They also volunteer with the Scottish Ambulance Service, both within the West Ambulance Control Centre (ACC) and operationally at weekends as part of the Glasgow City Centre, SOS Bus Initiative. After such positive volunteering experiences with the Scottish Ambulance Service, Katherine and Karen are now also in full-time employment at the West Ambulance Control Centre.

Katherine and Eileen have been working with the Scottish Ambulance Service since 2011, with Karen joining in 2012. “Volunteering with the Scottish Ambulance Service is a way to broaden our experience and our British Red Cross training. Practical experiences help us to appreciate the urgency of a patient’s medical condition and the need to be aware of what is expected of us. Speed and accuracy is paramount in every call. It enables the dispatcher within the Ambulance Control Centre to allocate the most appropriate crew and resources to the patient.”



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## Section 5: Conclusion

The Service is able to demonstrate improvement over the past three years in Patient Focus Public Involvement and has embraced the Person-centredness Programme. There have been tangible improvements, evidenced through the Annual Self Assessment process and the Participation Standard. But more importantly than this, more people feel able to talk to the Service about their experiences, their concerns and their ideas. More people have offered to give up their own time to volunteer with the Service, whether it is as a Community First Responder, a Patient/Public Representative or by attending a local meeting hosted by the Service. Our range of communication channels allow us to do this more effectively, through telephone, email, social media channels, face to face, letters, amongst others. However, we are not complacent and therefore we have further ambitions to inspire people to work with us to improve the patient care we provide to the people of Scotland. Our action plan in Appendix A provides detail and a flavour of the work we will undertake over the next few years. It is also an amalgamation of commitments we have provided in our other corporate action plans, taking tasks which are relevant from our Equality Outcomes action plan, our Person-centredness action plan, our Staff Governance work, the Engagement Matrix, the Participation Standard and our Volunteer strategy work. Here are a number of opinions which our volunteers shared with the Scottish Health Council about the Service in 2013 as part of the 2012/2013 Participation Standard process;

*"I am happy with the set up and continue to look to the Board to tell me what I can offer."*

*"At times I believe I have been the touch of reality that has been needed for the staff round the table to bring the discussion back to talking about a patient centred service rather than looking just at the clinical/ financial factors."*

*"The scheme is very well supported and there is a good relationship with Scottish Ambulance Service staff."*

We will work with people to improve the patient experience, staff experience and motivate people to work with us in communities across Scotland, improving the health outcomes of people nationally. If you want to share in this journey with us why not volunteer?

Patient Focus Public Involvement work is managed through the

Corporate Affairs and Engagement Department,  
Gyle Square, 1 South Gyle Crescent,  
Edinburgh,  
EH12 9EB.  
0131314 0000.

Our Director Designate for PFPI is Karen Wilson, Director of Healthcare Professions and Nursing Care.

### Patient Representatives profile: Ronald Johnstone, from Thurso

Ronald Johnstone is a Patient Representative on the Scheduled Care Programme Board. "I retired in March 2011 after 27 years as a Parish Minister in Thurso. I first got involved with the Service when it was conducting a national consultation and seeking feedback. Afterwards I was asked to become a member of the Scheduled Care Programme Board as a Patient Representative. I feel I have an understanding of how local folk think and what they want and need but I am also aware of the difficulties of providing services in a rural area. It has been a busy year but it is rewarding to start to see the roll out of the new direct patient booking line, for the Patient Transport Service."

## Abbreviations and Glossary

**CFRS** – Community First Responder Scheme

**CPP** – Community Planning Partnership

**Community Resilience** – is the ability of communities to help themselves and to do so as part of an integrated network of support and care appropriate to their needs.

**Co-production** – the provision of delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours and/or the public sector and citizens making better use of each others assets and resources to achieve better outcomes and improved efficiency.

**CRDO** – Community Resuscitation Development Officer

**Engagement Matrix** – engagement information provided to the Scottish Government about how the Service and its partners

**Equality Outcomes** – Under the Equalities Act (2010) public bodies must publish a set of equality outcomes which it considers will enable the authority to better perform the general equality duty by no later than 30 April 2013.

**HeartStart** – educational programme led by the British Heart Foundation

**Involving People Groups** – local partnership groups facilitated with the Service and local PPFs

**Participation Standard** – Annual Patient Focus Public Involvement self assessment

**PDSA** – Plan, Do, Study, Act cycle (improvement methodology)

**PFPI** – Patient Focus Public Involvement

**PPF** – Public Partnership Forum

**PTS** – Patient Transport Service

**Section 3.1** – the first section of the Corporate Governance section of the Participation Standard

**Section 3.2** – the second section of the Corporate Governance section of the Participation Standard

**Section 3.3** – the third section of the Corporate Governance section of the Participation Standard

**SHC** – Scottish Health Council

**The Service** – The Scottish Ambulance Service

**ViewPoint** – our bespoke IT system which captures all patient feedback.



## Appendix A – Patient Focus Public Involvement Action Plan

2014

### Q1

- Review of the Stakeholder Database
- Measure the effectiveness of the Annual Patient Survey
- Issue a new internal PFPI reporting tool to team
- Embed each “Involving People Group” in the divisions and conduct an evaluation
- Incorporate Person-centredness governance into the National PFPI Steering Group
- Involve people in the refreshed Service Strategy, “Working Together for Better Patient Care”
- Individuals from diverse groups are encouraged and supported to become involved with the work of the Service.
- Explore building database on our workspace to log PFPI involvement, incorporating toolkit, to better support staff.
- The Service will ensure that there is a process in place so that people understand the behaviours that demonstrate our person-centred values.

### Q2

- Publish the PFPI Strategy
- Develop the use of the e-Portal through the Service website.
- The Service will consider the use of a planning tool to ensure that patient and public engagement is built into projects from the outset e.g. NHS24 “SharePoint” tool.
- Engagement with communities will be focused to include those who are under

represented amongst users of the Service, e.g. black and ethnic communities, and people who are disabled as well as carers groups, and people living in deprived areas.

- In partnership with NHS Fife and NHS24 establish contact with Gypsy/Travelers living in the Fife area to promote ways in which access to health services can be provided.
- Review our processes for recruiting Patient and Public Representatives; include guidance for representatives to rotate on committees.
- Explore the possibility of patients being involved in the induction and training programmes at our Scottish Ambulance Academy.
- The Service environment supports family presence and participation at the level they choose, through the person-centred action plan. The Service will identify ways in which this could work in an out-of-hospital setting.

### Q3

- Care pathways are developed in partnership with local stakeholders who can access to the most appropriate care for patients.
- Build on the access to Scheduled Care Service to support access for deaf people by identifying and implementing new methods of booking transport.
- Inform people about the revised Service Strategy, “Working Together for Better Patient Care”
- Provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognizing signs of cardiac arrest/stroke as well as encouraging preventative care.

### Q4

- Continue to provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognizing signs of cardiac arrest/stroke as well as encouraging preventative care.
- Further engagement with communities will be focused to include those who are under represented amongst users of Scottish Ambulance Service, e.g. people from black and ethnic communities, people who are disabled as well as carer groups, and people living in deprived areas.

2015

### Q1

- Involve people in the refreshed Service Strategy, “Working Together for Better Patient Care”

### Q2

- Revise the governance of our National PFPI Steering Group and our Person-centredness Team meeting

2016

### Q1

- Roll out action plan agreed in Q3 2015

### Q2

- Roll out action plan agreed in Q4 2015

### Q3

- Roll out action plan agreed in Q1 2016
- Develop and agree 2017-2019 strategy.

### Q4

- Start implementation of 2017-2019 strategy plan.



## Appendix B - Engagement Matrix

	Policy & Strategy Development	Planning & Commissioning	Service Delivery	Capacity Building	Learning Exchange
L1 Inform	The Service works with community groups across Scotland on the detail of its strategy Working Together for Better Patient Care.	<p>The Service works with community groups across Scotland on re-design of services e.g. Patient Transport Service, Air Ambulance Service.</p> <p>The Service makes out-of-hospital cardiac arrest and emergency call data available to BHF Scotland to assist in determining appropriate AED placement when applications are received by BHF for PADs</p>	<p>The Service works with community groups across Scotland on performance of the Service.</p> <p>Naloxone Advisory Group in the East Central area – The Service delivers HeartStart training to group members and families to provide skills in dealing with an emergency situation.</p> <p>The Service makes “chest pain-to-call” data available to BHF Scotland to facilitate evaluation of local chest pain campaigns</p> <p>The Service informs BHF Scotland of quarterly report activity of the funded Community Defibrillation Officers &amp; Community Engagement Officer.</p>	<p>The Service delivers education sessions for schools and for community groups across Scotland.</p>	<p>The Royal Life Saving Society UK (RLSS UK) within the South East provides education materials to help educate some of our volunteers to deliver key water safety messages, helping to strengthen the resilience within their community.</p> <p>The Service delivers a calendar of communications to its partners, communities and volunteers throughout the year. E.g. quarterly newsletter, social media channels etc</p> <p>The Service is working with MSCOPP, minority ethnic carers, at the Mela festivals.</p>
L2 Consult	The Service works with community groups across Scotland on the detail of its strategy Working Together for Better Patient Care.	The Service works with community groups across Scotland on re-design of services e.g. Patient Transport Service, Air Ambulance Service.	The Service works with community groups across Scotland on performance of the Service.		

	Policy & Strategy Development	Planning & Commissioning	Service Delivery	Capacity Building	Learning Exchange
L2 Consult (continued)		The Service, with RLSS and Community Responders will look at the best ways to allow Service volunteers to deliver RLSS's key messages.			
L3 Involve	<p>Regional Community Resilience Steering Groups between the Service, British Red Cross and British Heart Foundation Scotland have been created.</p> <p>The Service continues to work with the Deaf Community, hard of hearing and visually impaired groups, on improvements in the access to our services, e.g. the new direct patient booking number for the Patient Transport Service – (Including; “Deaf and Hard of Hearing Network Borders”, “Deaf Connections”, “Deaf Tayside”, “Deaf Action”, “Scottish Council on Deafness”, “Renfrewshire Access Panel”, “DeafBlind Scotland” and “Action on Hearing Loss”.</p>	<p>Health and Happiness in Inverness, the development of the “Expressive Board” with the Service to improve communication with particular groups of participants</p>	<p>British Red Cross - provides some support for the Patient Transport Service</p> <p>British Red Cross volunteers participate in taking urgent calls in the Ambulance Control Centre during winter pressure.</p> <p>British Red Cross – some support to the urgent tier service e.g. in winter pressure.</p> <p>Young Carers Group – developing a pilot initiative in the Tayside area, providing and developing a medical card with young carers, listing their relative's medical history for responding medical practitioners.</p> <p>BHF Scotland fund 5 Community Defibrillation Officers for a fixed term of 2-3 years and 1 Community Engagement Officer, for a fixed term of 3 years.</p>	<p>The Service delivers education sessions and CPR skills for schools and for community groups across Scotland.</p> <p>British Red Cross volunteers participate in taking urgent calls in the Ambulance Control Centre during winter pressure.</p> <p>British Red Cross Shine Project, “Volunteer support Programme” - skills of volunteers to support patients in their own homes, preventative care.</p> <p>RLSS has been able to provide education materials re drowning prevention to help communities at risk of flooding and or actives in on or near water.</p>	

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	Policy & Strategy Development	Planning & Commissioning	Service Delivery	Capacity Building	Learning Exchange
L3 Involve (continued)			The Service has worked with MacMillan in East Central to fund and operate a dedicated palliative care vehicle for patients.		
L4 Collaborate	<p>British Red Cross provide support and recruitment of setting up Community First Responder Groups/ Provide support for training of Community First Responders.</p> <p>British Red Cross Shine Project - skills of volunteers to support patients in their own homes, preventative care.</p> <p>Chest pain awareness local campaigns – partnership working between SAS, Chest, Heart&amp; Stroke Scotland, British Heart Foundation Scotland and respective NHS hospital/ Managed Clinical Networks (included production of video in Lanarkshire)</p> <p>Collaboration with BHF Scotland to consider and evidence the need to sustain the fixed term funded Community Defibrillation Officer &amp; Community Engagement officer posts, in the long term within the Service</p>	<p>British Heart Foundation Scotland assess applications and provide some funding towards Public Access Defibrillators for communities. The Service provides the AED training.</p> <p>British Red Cross works in partnership at major events e.g. T in the Park etc.</p> <p>British Red Cross Shine Project - skills of volunteers to support patients in their own homes, preventative care.</p> <p>British Red Cross major incident planning in remote areas – (with National Risk and Resilience Department.)</p> <p>St. Johns - support the development of the Community First Responder schemes with the funding and promotion, e.g. Tayside.</p>	<p>BHF Scotland attend meetings with the Community Resilience manager and team and also 1-2-1 meetings with funded post-holders in the service, to discuss role and service objectives and monitor performance of the funded post-holders</p> <p>British Heart Foundation- Provide funding for Public Access Defibrillators to communities</p> <p>British Red Cross has some of their own First Responder groups, which work with the Service.</p> <p>St. Johns - support the development of the Community First Responder schemes with the funding and promotion, e.g. Tayside.</p> <p>St. Johns - placing Public Access Defibrillators.</p>	<p>St. Johns - support the development of the Community First Responder schemes with funding and promotion, e.g. Tayside.</p> <p>British Red Cross – we work in partnership on City Centre initiatives e.g. Safe on Streets (SOS) bus.</p> <p>Trossachs Search and Rescue, run a Community First Responder group, they fund Public Access Defibrillators and deliver HeartStart training. They also support the Service with a 4x4 vehicle if required. In previous bad winters they support the Service with some support on the urgent tier.</p> <p>Alzheimer Scotland – the Service is part of a team developing a communications toolkit with Alzheimer Scotland.</p>	<p>British Heart Foundation - Funding of Community Defibrillator Officers - fixed term 3 years - train the trainer role through HeartStart</p> <p>British Heart Foundation - Community Engagement Officer - fixed term 3 years.</p> <p>British Red Cross - Provide support and recruitment of setting up Community First Responder Groups/ Provide support for training for Community First Responders.</p> <p>Chest, Heart and Stroke Scotland have contributed to the funding of our recent research project – TOPCAT (Temperature Post Cardiac Arrest) 2, developing into the “3RU” model.</p>

	Policy & Strategy Development	Planning & Commissioning	Service Delivery	Capacity Building	Learning Exchange
L4 Collaborate (continued)		<p>St. Johns - placing Public Access Defibrillators</p> <p>Collaboration with BHF Scotland to plan divisional events for 1st Responders and Stakeholders event (some sponsorship funding also provided.)</p>	<p>Sudden Arthritic Death Syndromes (SADs) foundation provide Public Access Defibrillators and we deliver the training.</p> <p>St. Andrews – in partnership we work at events together.</p> <p>Community First Responder Groups - some are registered charities or receive charitable donations. The Service provides training and guidance on equipment for these groups.</p> <p>First Response Scotland supports Community First Responder groups and places Public Access Defibrillators.</p> <p>Trossachs Search and Rescue, run a Community First Responder groups, fund Public Access defibrillators and deliver Heart Start training. They also support the Service with a 4x4 vehicle if required. In previous bad winters they support the Service with some support on urgent tier work.</p>	<p>The Service has worked with CHAS, Children's Hospice Association Scotland, to deliver training to our students.</p> <p>The Service has worked with Marie Curie to deliver training to our staff.</p> <p>The Service has worked with Carers Scotland to deliver training to our staff.</p>	



	Policy & Strategy Development	Planning & Commissioning	Service Delivery	Capacity Building	Learning Exchange
L4 Collaborate (continued)			<p>Stephen Gately Trust - they have recently purchased PADs and placed them in schools in the Dalkeith area. The Service provides training for teachers.</p> <p>Craig Hodgkinson memorial trust - they have recently purchased PADs and placed them in sports centres, the Service provides training for teachers.</p> <p>RLSS has provided training equipment to help deliver Automated External Defibrillators training and Community First Responder training within the South East Division.</p> <p>Lucky 2 B Here charity - the Service delivers the training for the charity, once they have purchased the PADs,</p>		
L5 Empower	Scottish Charity Air Ambulance – the Service provides qualified Paramedics and tasks the resource from our Ambulance Control Centre		RLSS, in the South East, will look at training key volunteers to deliver community CPR training (Baby resuscitation) and allow communities to deliver training and inform the wider public.	The BHF Scotland Heartstart model delivered is based on training school-teachers and community volunteers to be Heartstart Instructors and therefore be self-reliant in sustaining training of school-children and community groups	British Heart Foundation Scotland - Provide training for funded posts & Provide £1000 per year towards training and development for funded and supported staff.

	Policy & Strategy Development	Planning & Commissioning	Service Delivery	Capacity Building	Learning Exchange
L5 Empower (continued)			<p>British Heart Foundation Scotland - Provide all teaching materials, manikins, teacher supply cover and insurance for Heartstart training, which is then delivered by the Service.</p> <p>The Service works with Volunteer Car Drivers, to support the Patient Transport Service, in some parts of Scotland.</p>		<p>BHF Scotland organised conference and focus groups, the Service facilitated the focus groups aimed at reviewing the Heartstart programme</p> <p>Scottish Charity Air Ambulance – the Service Paramedics and tasks the resource from our Ambulance Control Centre.</p> <p>Sandpiper Trust - Provide response bags to clinicians, who work on a voluntary basis, e.g. through BASICS – the Scottish Ambulance Service supports this objective.</p>

## Appendix C - Participation Standard report 2010/2011



### Participation Standard 2010-2011 Summary Report for the Scottish Ambulance Service

#### Introduction

The Scottish Government wants people to:

- get involved in health service planning and development
- contribute to NHS decision-making on services and how they are provided
- receive information about health services and their own treatment and care

The Participation Standard measures how well NHS Boards are doing all this and will help the Scottish Ambulance Service improve services for everyone. Involving the public in healthcare decisions will help ensure that health services better meet their individual needs and preferences.

#### How Performance is measured

NHS Boards were asked to assess their performance against the standard and they then asked local involvement/patient groups to comment on the assessment and provide an independent view. The assessments were then reviewed by the Scottish Health Council.

#### Performance Summary for the Scottish Ambulance Service for 2010-2011

Using the Participation Standard, NHS Boards were asked to show how well they have involved patients and members of the public in developing action plans in response to patient surveys. The Scottish Ambulance Service has used the results of its patient surveys to inform its five year strategic plan, Working Together for Better Patient Care. It has worked with patients in identifying improvements to the patient transport service and in improving services for patients in remote and rural areas, for example, through introducing the 'see and treat' programme and improving patient information around this.

NHS Boards were also asked to show how they get the public involved through helping people take part in developing and improving healthcare services, giving information and support to help people who may find it more difficult to be involved and telling people how their views have been taken into account when decisions are made.

The Scottish Ambulance Service reported on how it had involved and consulted with rural communities around the re-procurement of the air ambulance service. Feedback was gathered during public and community meetings, through questionnaires and online surveys, via e-mail and by letter. This engagement activity included looking at landing sites, access to aircraft, response times and communications. Through

this work, the Scottish Ambulance Service has been able to build a clear picture of what people want from the Air Ambulance service.

NHS Boards must carry out their responsibilities to involve the public, and Section 3 of the Participation Standard measures this across four levels:

- Level 1 – Development  
(the NHS Board is developing its arrangements)
- Level 2 – Implementation  
(the NHS Board is implementing its arrangements)
- Level 3 – Evaluation  
(the NHS Board is evaluating its arrangements)
- Level 4 – Improvement  
(the NHS Board is reviewing and continuously improving its arrangements)

In Section 3.1, which asks for evidence that the NHS Board is assured that systems and processes are in place to enable it to meet its statutory requirements in relation to the participation agenda, the Scottish Ambulance Service has reached the evaluation level. It has reviewed the activities of its patient focus and public involvement steering group so that these will align with the development of its new strategy for the next three years.

Section 3.2 asks for evidence that public views feed into governance and decisionmaking arrangements. In this section, the Scottish Ambulance Service has reached the implementation level. The Scottish Ambulance Service described how it has worked in partnership with the British Heart Foundation in recruiting and training volunteers for First Responder schemes. These help provide a first response to cardiac arrest and minor injuries in their local communities. Examples were also provided in relation to working with local communities in setting up a patient transport car service in Kinlochbervie, and in the establishment of a retained ambulance service in Shetland which has improved round the clock cover and back-up.

In Section 3.3, where the NHS Board is asked to describe how it has developed processes to ensure that participation is a core part of staff activity, the Scottish Ambulance Service has reached the implementation level. Its organisational development strategy, Doing the Right Thing, commits to 'improve the Service's capability around patient focus public involvement and other stakeholder engagement, working collaboratively for continuous improvement'. This is supported by an online toolkit, Engaging with Communities, and project initiation documents that specifically ask authors to demonstrate 'patient focus and public involvement requirements' and equality and diversity impact assessment.

The Scottish Ambulance Service will be asked to prepare improvement plans, based on the Participation Standard self-assessment review for 2010-2011, through which they should reflect on any gaps and weaknesses as well as the good practice identified and, crucially, begin to move towards a more outcome focussed approach in 2011-2012.

The Scottish Health Council is part of Healthcare Improvement Scotland  
[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)

**DRAFT**

## Appendix D - Participation Standard report 2011/2012



### Participation Standard 2012-2013 Summary Report for Scottish Ambulance Service

#### Introduction

The Scottish Government wants people to:

- get involved in health service planning and development
- contribute to NHS decision-making on services and how they are provided
- receive information about health services and their own treatment and care

The Participation Standard measures how well NHS Boards are doing all this and will help Scottish Ambulance Service improve services for everyone. Involving the public in healthcare decisions will help ensure that health services better meet individual needs and preferences. NHS Boards were assessed against the Standard in 2010/11 and asked to develop improvement plans from this.

#### How performance is measured

NHS Boards were asked to assess their performance against the Standard and they then asked local involvement/patient groups to comment on the assessment and provide an independent view. The assessments were then reviewed by the Scottish Health Council and interviews were carried out with patients and members of the public who have been involved in helping to improve services.

#### Section 3 Performance Summary for Scottish Ambulance Service for 2012/13

NHS Boards must carry out their responsibilities to involve the public in developing and improving services, and Section 3 of the Participation Standard looks at Boards' governance arrangements for participation and measures this across four levels:

Level 1 – Development	Level 2 – Implementation
Level 3 – Evaluation	Level 4 – Improvement

**Section 3.1** asks for evidence that the NHS Board is assured that systems and processes are in place to enable it to meet its statutory requirements in relation to the participation agenda.

The Scottish Ambulance Service has reviewed and made improvements to its National Patient Focus and Public Involvement Steering Group, has been implementing its action plan in alignment with its strategic framework, "Working Together for Better Patient Care", and has implemented quarterly reporting for all divisions to provide progress on participation.

The Scottish Ambulance Service has continued to develop and expand its stakeholder database, has continued to implement its divisional 'Involving People Group' model across Scotland, and developed a standard corporate induction pack for all volunteers. In 2012 the Service also undertook a mapping exercise of existing Community First Responder schemes to identify where other schemes could be located across Scotland. This has led to a request for volunteers in a further 22 communities.

**Section 3.3** asks the NHS Board to describe how it is assured that a culture is encouraged throughout the organisation where participation forms part of the day to day planning and delivery of services.

The Scottish Ambulance Service has demonstrated a commitment to improve staff awareness and engagement with the participation agenda and has made every effort to improve training and communications in relation to it. It has evaluated its communications as a result of the recommendations from the previous Participation Standard assessment and worked towards making improvements as a result of this.

The levels reached by Scottish Ambulance Service in 2010/11 and 2012/13 are shown below:

Scottish Ambulance Service	2010/2011	2012/2013
Section 3.1	Level 3 (evaluation)	Level 4 (improvement)
Section 3.2	Level 2 (implementation)	Level 2 (implementation)
Section 3.3	Level 2 (implementation)	Level 2 (implementation)

#### Issues Highlighted during Patient and public interview sessions

Scottish Ambulance Service sent out eighteen consent letters to people who were involved in endorsing the self assessment or are involved in their standing engagement structures. Eight people participated in the interviews.

All participants agreed that the Scottish Ambulance Service had, to their knowledge, provided an accurate account in their self assessment.

#### Key findings

- The Scottish Ambulance Service could improve the way in which it reports back to the members that their contributions have made a difference.
- Communications – use plain English and a summary if a document is long. If acronyms and abbreviations have to be used they should include the meaning in parentheses for the first instance of each of them.
- Very good support given to lay representatives.
- Provide a guide to what is expected from lay members similar to that which is issued for ScotSTAR (Scottish Specialist Transport and Retrieval Service). It was noted that Terms of Reference are available for the Involving People Groups.

- Equality and Diversity – commend Board for its Equality Outcomes Engagement exercise and its training for staff to enable them to work better with patients with mental health issues.
- “I am happy with the set up and continue to look to the Board to tell me what I can offer.”
- “At times I believe I have been the touch of reality that has been needed for the staff round the table to bring the discussion back to talking about a patient centred service rather than looking just at the clinical/financial factors.”

In relation to the case study on public engagement around Emergency First Responder Scheme, West Ardnamurchan, the Scottish Ambulance Service sent out four consent letters. One person was interviewed.

### **Key Findings**

- “The scheme is very well supported and there is a good relationship with Scottish Ambulance Service staff.”

It should be noted that as the number of people interviewed was relatively small, the views expressed are not necessarily representative of all those involved in the Board’s self assessment process, engagement structures, or case studies.

In relation to the case study on the development of expressive communication boards, it was agreed not to carry out interviews due to the difficulty of being able to accurately identify the people who had been involved.

A more detailed record of these interviews will be shared with participants and with the Scottish Ambulance Service. The full self assessment is available by contacting Jennifer Jamieson Ball at Scottish Ambulance Service, National Headquarters, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB, tel: 0131 314 0065, email: [j.jamiesonball@nhs.net](mailto:j.jamiesonball@nhs.net)





## **Equal Opportunities Policy**

The Scottish Ambulance Service firmly believes that all employees should be treated equally and fairly. The Board opposes all forms of discrimination on grounds of age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, sex, sexual orientation, race and religion & belief. Information about the Service, the full financial accounts for 2012/13 and details of the organisation and operation of the Service can be obtained from:

Corporate Affairs and Engagement Department,  
National Headquarters,  
Gyle Square, 1 South Gyle Crescent,  
Edinburgh  
EH12 9EB

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[www.scottishambulance.com](http://www.scottishambulance.com)

A full Annual Report is available on our website.  
A summary is available in other languages and formats on request.