**PUBLIC MEETING - PEOPLE COMMITTEE**

**WEDNESDAY 2 JUNE 2021 @ 1300 HRS**

**BY CONFERENCE FACILITIES**

**AGENDA**

**1**    **CHAIR'S WELCOME**

**2**    **APOLOGIES FOR ABSENCE**

**3**    **CONSIDERATION OF AND DECISION ON ANY ITEMS TO BE TAKEN IN PRIVATE**

**4**    **DECLARATION OF INTERESTS**
*Members should declare any financial and non-financial interest they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.*

**5**    **MINUTES OF PREVIOUS MEETING:  4 MARCH 2021** *(attached)*          *P Stark*

   *The Committee is asked to approve the minutes of this meeting.*

**6**    **ACTION LOG** *(attached)*                                              *A Cameron*

   *The Committee is asked to note the updated Action Log and approve the closed actions.*

**7**    **PERFORMANCE AND RISK REPORT QUARTER 4 2020/21**
7.1    People and Organisational Development *(attached)*              *S Semple*
   - *Executive Summary*
   - *Health and Wellbeing Referral Data*
   - *Mental Health Referrals*
   - *Assurance Data*
7.2    Training, Safety and Assurance *(attached)*                      *P King/*
                                                                        *J Harkins*

   *The Committee is asked to scrutinise these reports*

Please note that the public meeting will be recorded and published on the SFRS Website.
The recording will be available for two consecutive meetings and then removed.

**8     LEADERSHIP AND DEVELOPMENT**
8.1    Learning Needs Analysis 2021-22 *(attached)*                    *N Mulvey*


**9     INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATE** *(attached)*   *P King*

       *The Committee is asked to scrutinise this report.*


**10    HEALTH AND SAFETY POLICY AND POLICY STATEMENT** *(attached)*     *J Dickie*

       *The Committee is asked to scrutinise this report.*


**11    HEALTH AND SAFETY ANNUAL REPORT 2019/20** *(attached)*          *J Dickie*

       *The Committee is asked to scrutinise this report.*


**12    UPDATE: WORKING TOGETHER FRAMEWORK**
12.1   Update from Employee Partnership Forum (verbal)                 *L Barnes*
12.2   Update from Partnership Advisory Group (verbal)                 *L Barnes*


**13    STRATEGIC RISK REGISTER** *(attached)*                          *L Barnes*

       *The Committee is asked to scrutinise this report.*


**14    ANNUAL VALUE ADDED STATEMENT 2021/22** *(attached)*             *P Stark*

       *The Committee is asked to scrutinise this report.*


**15    UK FIRE STANDARDS 2021** *(attached)*                           *J Dickie*

       *This report is for information only.*


**16    SCOTTISH FIRE AND RESCUE SERVICE TRAINING CENTRE,
       NEWBRIDGE – BRITISH STANDARDS INSTITUTE ASSESSMENT
       REPORT** (*attached*)                                           *J Dickie*

       This report is for information only.


**17    FORWARD PLANNING**
17.1   Policy Forward Planning Schedule Update *(attached)*            *M Corry*
17.2   Health & Safety Policy and Management Arrangements Forward
       Planning Schedule *(attached)*                                 *J Harkins*
17.2   Committee Forward Plan Review *(attached)*                      *P Stark*
17.3   Items for Consideration at Future IGF, Board and Strategy Day meetings  *P Stark*


Please note that the public meeting will be recorded and published on the SFRS Website.
The recording will be available for two consecutive meetings and then removed.

**18      REVIEW OF ACTIONS** *(verbal)*                                *A Cameron*


**19      DATE OF NEXT MEETING**
Thursday 9 September 2021


**PRIVATE SESSION**


**20      MINUTES OF PREVIOUS PRIVATE MEETING:  3 MARCH 2021**      *P Stark*
*(attached)*

        *The Committee is asked to approve the minutes of this meeting.*


**21      REMUNERATION, APPOINTMENTS AND NOMINATIONS
        SUB COMMITTEE UPDATE**
21.1    Draft Minutes of previous meeting – 4 March 2021 *(attached)*      *L Barnes*
21.2    Update of last meeting – 2 June 2021 (v*erbal*)                *L Barnes*

        *The Committee is asked to note the draft minutes and verbal report.*


**22      KEY CASE UPDATES 2020/21 – Q4** *(attached)*                *F Munro*

        *This report is for information only.*


Please note that the public meeting will be recorded and published on the SFRS Website.
The recording will be available for two consecutive meetings and then removed.

DRAFT    OFFICIAL

**PUBLIC MEETING – STAFF GOVERNANCE COMMITTEE**

**THURSDAY 4 MARCH 2021 @ 1300 HOURS**

**BY CONFERENCE FACILITIES**

**PRESENT:**

| | |
|---|---|
| Primrose Stark (Chair) (PS) | Anne Buchanan (Deputy Chair) (AB) |
| Bill McQueen (BMcQ) | Malcolm Payton (MP) |

**IN ATTENDANCE:**

| | |
|---|---|
| Liz Barnes (LB) | Director of People and Organisational Development |
| John Dickie (JD) | Assistant Chief Officer, Director of Training, Safety and Assurance |
| Stuart Stevens (SSt) | Assistant Chief Officer, Director of Service Delivery |
| Scott Semple (SSe) | Head of People and Organisational Development |
| Geri Thomson (GT) | Deputy Head of People and Organisational Development |
| Jason Sharp (JS) | Area Commander Workforce, Planning and Resourcing |
| Paul King (PK) | Deputy Assistant Chief Officer Training and Employee Development |
| Jim Holden (JH) | Senior Health and Safety Advisor |
| Kirsty Darwent (KD) | Chair of SFRS Board |
| Alasdair Cameron (AC) | Group Commander, Board Support |
| Heather Greig (HG) | Executive Officer Board Support |
| Debbie Haddow (DH) | Board Support /Minutes |

**OBSERVERS:**

| | |
|---|---|
| Sandra Haig | HROD Manager |

**1    WELCOME**

1.1    The Chair opened the meeting and welcomed those present.

**2    APOLOGIES**

2.1    Fiona Munro, Head of People and Organisational Development
Karen Lockhart, Head of Safety and Assurance
Rachel Scott, Deputy Head of People and Organisational Development
Richard Whetton, Head of Governance, Strategy and Performance

**3    CONSIDERATION OF AND DECISION ON ANY ITEMS TO BE TAKEN IN PRIVATE**

3.1    The Committee discussed and agreed that the Key Case Update report would be heard in private session due to the small number of individuals involved and confidentiality in line with Standing Orders (Item 9F). The draft minutes/verbal update of the Remuneration, Appointments and Nominations Sub Committee would also be taken in private due to the confidential nature of business taken to this meeting.

3.2    No further items were identified.

**4    DECLARATION OF INTERESTS**
4.1    None.

**5    MINUTES OF PREVIOUS MEETING: 10 DECEMBER 2020**
5.1    The following amendments were noted and agreed:

Item 7.1.5 – Performance and Risk Report Quarter 2 2021/21 – GT requested that the text "*In relation to the recommencement of health and safety activities, …*" to be amended with "*In relation to the recommencement of health and wellbeing activities*, …

Item 13.2.1 – Update from Partnership Advisory Forum – MP requested that the text "*Concern that prior knowledge of Scottish Ambulance Service's non-attendance was known.*" to be amended to "*Concern that prior knowledge of Scottish Ambulance Service's non-attendance is known*".

5.2    **Subject to the above amendments, the minutes of the meeting held on 3 December 2020 were approved as a true record of the meeting.**

**5.3    Matters Arising**
5.3.1    None

**6    ACTION LOG**
6.1    The Committee considered the action log and noted the updates.

6.2    Due to the postponement of the Building the Future Together workshop, items 8.1.3 and 8.2.2 to be reopened until a new date has been scheduled.

**6.3    The Committee noted the updated Action Log and approved the removal of completed actions**.

**7.    PERFORMANCE AND RISK REPORT QUARTER 3 2020/21**
**7.1    People and Organisational Development (POD)**
7.1.1    SSe presented the Committee with the POD Progress and Performance Report Quarter 3 2020/21, highlighting the following key areas:
- Following the publication of this report, an agreement has been reached in relation to the standardisation of Instructor's Terms and Conditions.
- Successful COVID Recognition Scheme launched and would close in March 2021.
- Leadership Development Centre Policy now live. This would help support and prepare individuals for future promotion and leadership roles.
- Continual development of skill bank with a view to launch in Q4.
- Update on People, Training, Finance and Asset (PTFA) Programme including ongoing discussions with current systems provider to extend existing contracts to ensure continuity through the tendering phase. Paul McGovern has been appointed as Programme Manager.
- Protection of Vulnerable Groups (PVG) project extended by 6 months (September 2021).
- Resourcing of RVDS continues to be challenging. Recently established National RVDS Leadership Forum would help to progress this area and implement involvements.
- Progressing the review of Re-engagement Policy.
- Through collaborative work within the Service, pre-placement recruitment and routine health assessments have been re-established in Q3 in line with a revised safe system of work and appropriate risk assessments.
- Wellbeing Group continues to produce a suite of resources which are available via iHub.
- Employee Wellbeing survey undertaken and results will be available in Q4.

- Analysis on referrals both management and self-referrals, improved attendance at (remote) appointments, recognition of both work and non-work related stress and support mechanisms available.
- Recording of COVID absences to be categorised separately to improve analysis.
- Reviewing Directorate's Annual Operating Plan for 2021 and Performance Management Framework.

7.1.2 The Committee noted the positive connotation from increased self-referrals and the fact that staff were aware of the support available.

7.1.3 SSe noted that consideration would need to be given to separate and identify the impact of COVID on statistical data.

7.1.4 GT noted that self-referrals were being requested for a wider range of reasons, both self-referrals and management referral data were reviewed and discussed through individual case management conferences between Health & Wellbeing and HR Business Partners. Due to health and absence data being held on separate systems, the ability to track and trace the impact of previous referrals was currently a manual, time-consuming process. GT reminded the Committee of the post incident support arrangements currently in place.

7.1.5 In relation to any identified themes emerging from Wellbeing Survey, SSe confirmed that they would be linked into the next staff survey.

7.1.6 In relation to signposting staff to external organisations, who can provide support with relationships outside the workplace, SSe agreed to revisit this with the Wellbeing Group.

7.1.7 In relation to RIDDOR reporting incidents relating to COVID, JD gave assurances that the Service had robust processes in place for identifying and responding (rapid review) to any incidents. Following any rapid review, an action plan was developed for the individual location to highlight and support best practice. He further noted that regular monthly meetings were held with the HSE Inspector, who had provided positive feedback on the processes in place. JD reminded the Committee that all SFRS premises have been designated COVID secure.

7.1.8 JH informed the Committee that the increase in incidents of exposure to harmful substances was directly related to COVID.

7.1.9 In regard to the PVG project, the Committee commented on the resilience on one counter-signatory and questioned whether the Service could introduce further measures to improve response rates. GT reminded the Committee of the impact of COVID on the project and noted several areas of improvement. These included the PVG database being developed to more effectively track progress of individual PVG forms, providing regular monitoring reports to Local Senior Officers, additional administration support and increasing numbers of counter-signatories. GT briefed the Committee on the different processes in place for existing staff and potential new recruits should an issue occur. The project was estimated as 50% complete at the start of 2021.

7.1.10 **The Committee scrutinised the report.**

7.2 **Training, Safety and Assurance**

7.2.1 PK presented Training, Safety and Assurance Progress and Performance Quarter 3 Report 2020/21. Within the Training function, the following key areas were highlighted:
- 56 new RVDS Trainee Firefighters completed their Task and Task Management course, across 7 different training locations, on 11 December 2020. 24 Wholetime Trainee Firefighters graduated on 18 December 2020 and a further 24 new Trainee Firefighters were scheduled to graduate in April 2021.

- Within Q3, 22 Specialist courses were delivered including a multi-agency National Inter-Agency Liaison Officer (NILO) course.  During this 2-week course, one case of COVID was identified however, there were no transmission to other attendees.
- Area Commander Richie Hall was appointed as the Continuous Improvement Programme Manager in November 2020.
- Within Q3 the risk movement had remained stable, however, due to continuing restrictions this will impact on Q4.
- Spotlight risk on specialist rescue attributes that have reduced due to the focus on core skills.  Processes were in place to risk assess and identify any reduction in specialist skills that would impact on maintaining operational ability.  Should any be identified, a concerted focus on that specific skills would be made.
- Core competencies remain static due to the focus on key skills.  Trends identified decline in Incident Command competence for Flexi Duty Officers, however mitigating actions have been put in place ie remote assessments.  Ability to assess incident command competencies on the incident ground was still being progressed.
- Proposal to reformat report, incorporating new performance indicators, to be discussed with the Committee Chair.

*(SS left the meeting at 1400 hrs)*

7.2.2   The Committee noted the innovative solutions introduced during the pandemic and particularly welcomed competence assessment on the incident ground as part of the Incident Command Course.

7.2.3   The Committee queried any potential increased risks due to the decline in specialist skills.  PK informed the Committee that the matrix within the report relate to individuals who are nearing their periodic reaccreditation, however, a recovery plan had been developed to address this.  He reminded the Committee that staff were continuing to maintain their skills through training, and recording, on stations.  JD noted that the Service had processes in place for tactical withdrawal and deploy specialist services to ensure an appropriate response.

7.2.4   PK informed the Committee that there was a training backlog hence extending currency periods.  The annual Training Needs Analysis (TNA) had recently been compiled and would be discussed with Service Delivery colleagues to develop a training delivery and recovery plan.

7.2.5   In relation to the Improvement Plan, JH noted the overall progress was 60% with significant improvements across most of the areas.  This indicated that these plans were becoming embedded within Directorates.  Two areas, Operations and Service Development, were impacted significantly by COVID, however, Safety and Assurance Improvement Group have been reconvened in this areas and plans were now in place to progress overdue actions.

7.2.6   **The Committee scrutinised the report.**

## 8      WORKPLACE PLANNING
### 8.1    Resourcing: Verbal update
8.1.1   JS provided the Committee with a verbal update on resourcing, highlighting the following key points:
- As a result of COVID restrictions, unique challenges had arisen in relation to continuing to facilitate fitness testing, medicals, and interviews.  Interviews were now held virtually.
- Forums established to support recruitment and selection are: National Retained and Volunteer Leadership Forum including the RVDS projects; Operational Availability Group, Resourcing Recovery Group; Task & Finish Group to focus on local solutions for fitness, medicals, selection testing, training, etc.

8.1.2    The Committee welcomed the localised targeted interventions and the integrated Directorate collaboration.

8.1.3    JS informed the Committee that a significant increase in applications had been received following both the Operational Control and Wholetime Firefighters campaigns.  JS provided an overview of the applications received and the potential benefits of hosting an information forum or producing information videos prior to campaigns being launched.  Within the Wholetime application process, the Service currently have a self-assessment tool to allow individuals to self-assess prior to application.

8.1.4    JS reiterated the impact of COVID on the Strategic Resourcing Plan.  He informed the Committee of the upcoming process for Area Commander, commending on 22 March 2021 for a potential 13 posts within the next 18 months and recent conclusion of the Station Commander process, resulting in a pool of 79 candidates.  He confirmed that due diligence had been undertaken on temporary promotions and transfers processes.  Due to the current circumstances, increased engagement had been undertaken with both candidates and selection panels during the process and had resulted in positive feedback.  Event to be organised for the successful Station Commander applicants to offer congratulations and to provide an overview of the expectations of the role within the organisation.

         *(SS joined the meeting at 1435 hrs)*

8.1.5    The Committee commented on the turnover of Area Commander and Station Commander within the next 2 years and asked whether any additional support needed to be considered for those taking up these roles.  JS advised the Committee that he had been fully engaging with the Leadership and Development Team to review the retirement profile.  The Committee were reminded that these posts were being filled through normal promotion process therefore the successful candidates were not new to the Service.  In addition, leadership invention and mentoring processes were in place to support newly promoted post holders.

8.1.6    JS updated the Committee on future Crew Commander process, which was being supported by Training and Leadership & Development teams, as well as Group Commander and Deputy Assistant Chief Officer processes.

8.1.7    The Committee welcomed the update and acknowledged the collaborative work within the Service in preparation and to improve the Service's position.

8.1.8    **The Committee noted the report.**

         *(J Sharp left at 1446 hrs)*

## 9    HMFSI TRAINING OF RETAINED DUTY SYSTEM PERSONNEL ACTION PLAN

9.1    PK provided an update to the Committee on the action plan, which has been developed in response to the report published by Her Majesty's Fire Service Inspectorate (HMFSI), relating to the Training of the Retained Duty System (RDS) Personnel.  The following key points:
- Action Plan containing 31 actions developed to address the HMFSI's 22 recommendations.
- Currently 72% complete but would remain live until 2023.

9.2    In relation to the initial training, PK advised that the Service now had the ability to deliver this training in modules which would make it more accessible for individuals, however they would still be required to complete their training within a specific time.  JD reminded the Committee that the Service were continuing to explore alternative options for delivering courses.  He noted that any changes required both time and resources to develop and implement and this needed to be balanced against existing commitments.

9.3    **The Committee scrutinised report.**

## 10     UPDATE: WORKING TOGETHER FRAMEWORK
### 10.1    Update from Employee Partnership Forum (EPF)
10.1.1 LB advised the EPF meeting scheduled for 18 February 2021 was cancelled.

### 10.2    Update from Partnership Advisory Forum (PAG)
10.2.1 LB advised the PAG meeting scheduled for 3 March 2021 was cancelled.

## 11     STRATEGIC RISK REGISTER
11.1    The Committee queried whether the Red risk ratings were appropriate, when considering the mitigation actions in place.  PK advised that the risk register was regularly reviewed and the risk rating were reflective of the impact of COVID and subsequent backlog to address these issues.  Given the discussions earlier in the meeting, it was suggested that additional narrative be included in future iterations to help highlight the mitigations actions.

11.3    **The Committee noted the report.**

## 12     FORWARD PLANNING
### 12.1    POD Policy Review Schedule Update
12.1.1 The POD Policy Review Schedule Update report was presented to the Committee for information.

12.1.2 The Committee were informed of a discussion at the last Audit & Risk Assurance Committee (ARAC) relating to the levels of governance for policies across the organisation and it was suggested that this report could be shared with ARAC members for their awareness.  LB outlined the different layers of governance and processes for new, revised and refreshed policies.

12.1.3 AC noted that a specific action to provide an update on this issue, including the links within the scheme of delegation, was due to be provided at the next ARAC meeting (24 March). He further noted the creation of the Good Governance Board could potentially add a further layer of controls and check to ensure appropriate governance during policy development and review.

12.1.4 **The Committee noted the report.**

### 12.2    Committee Forward Plan Review
12.2.1 The Committee noted the Forward Plan.

### 12.3    Items for Consideration at Future IGF, Board and Strategy Meetings
12.3.1 The following items were identified for future meetings:
- General Policy Governance Routes – Integrated Governance Forum (March 2021)

## 13     REVIEW OF ACTIONS
13.1    AC confirmed there were no formal actions arising during the meeting.

## 14     DATE OF NEXT MEETING
14.1    The next meeting is scheduled to take place on Thursday 3 June 2021 at 1300 hrs.

14.2    There being no further matters to discuss, the public meeting closed at 1505 hrs.

**PRIVATE SESSION**

## 15     MINUTES OF PREVIOUS PRIVATE MEETING: 3 DECEMBER 2020
15.1    The minutes of the private meeting held on 3 December 2020 were approved as a true record of the meeting.

**16    REMUNERATIONS, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE (RANSc) UPDATE**

16.1   The draft minutes of the RANSc meeting on 3 December 2020 had been circulated to the Committee and a verbal update was given on the key issues discussed at the RANSc meeting held earlier today (4 March 2021).

16.2   **The Board noted the draft minutes and verbal update.**

**17    KEY CASE UPDATE 2020/21 – QUARTER 3**

17.1   SSe presented a report providing an overview of the Discipline, Grievance, Bullying and Harassment Statistics for Quarter 3 2020/21.

17.2   **The Committee noted the report.**

# PEOPLE COMMITTEE – ROLLING ACTION LOG

## Background and Purpose

A rolling action log is maintained of all actions arising or pending from each of the previous meetings of the Committee. No actions will be removed from the log or the completion dates extended until approval has been sought from the Committee.

The status of actions are categorised as follows:

- 🟦 Task completed – to be removed from listing
- 🟩 No identified risk, on target for completion date
- 🟨 Target completion date extended to allow flexibility
- 🟥 Target completion date unattainable, further explanation provided.

## Actions/recommendations

Currently the rolling action log contains 2 actions.  A total of 2 of these actions have been completed.

The Committee is therefore asked to approve the removal of the 2 actions noted as completed (Blue status).  There are no actions categorised as Green status and no actions categorised as Yellow status on the action log.

| Minute Ref | Action | Lead | Due Date | RAG Status | Completion Date | Position Statement |
|---|---|---|---|---|---|---|
| **Meeting Date: 3 December 2020** | | | | | | |
| **Item 8.1.5** | **Building the Future Together Programme (Cultural Framework):** Workshop session to be arranged, when appropriate, to look at Governance Charter which will include links to the succession plan. | **CD** | **March 2021** | | **June 2021** | **Completed (04/03/2021):** Building the Future Together Programme workshop for SGC has been arranged for 4 March 2021. **Reopened (04/03/21)** - Workshop postponed, new date to be confirmed. **Completed (02/06/21):** Workshop rescheduled and held on 25 March 2021. |
| **Item 8.2.2** | **Skills Profiling Project:** Paper back to the March meeting which will provide an overview of the skills profiles of staff. | **CD** | **March 2021** | | **June 2021** | **Completed (04/03/2021:** An update on the overview of the skill profile of SFRS staff (from the Skills Survey) has been developed. This will form a part of the BFT Workshop (4 March 2021) and the briefing paper will be shared with SGC as part of the Workshop information pack. **Reopened (04/03/21)** - Workshop postponed, new date to be confirmed. **Completed (02/06/21):** Workshop rescheduled and held on 25 March 2021. |

**People and Organisational Development**

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

# PROGRESS AND PERFORMANCE REPORT

# QUARTER 4

# 2020-21

Safety. Teamwork. Respect. Innovation.

**Contents**                                                 **Page**

**POD**

**Section 1**

**Introduction**

This report details the performance of the People and Organisational Development (POD) Directorate against the priorities set out by Scottish Government in the Fire and Rescue Framework for Scotland 2016, which states "***The SFRS should aim to be an employer of choice – maximising the effectiveness of its approach to Workforce Planning; promoting the safety, health and wellbeing of all staff; and being a learning organisation with opportunities for all. The SFRS should also seek to be an organisation that is more representative of the people and communities that it serves."*** In turn these priorities have been identified in the SFRS Strategic Plan as ***"We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services."***

The format and content of the POD Performance Report has been updated to align with the actions and objectives contained within the Annual Operating Plan and POD Directorate Plan.

In addition, the presentation of statistical data has been reviewed to provide a more consistent method of reporting throughout the Analysis sections from pages 44 - 74.

The COVID-19 Pandemic continues to impact on SFRS. In response to the ongoing challenges, Directorates have reviewed their objectives contained in the Annual Operating Plan and Directorate Plans. This has resulted in some timescales being extended or work being deferred to 2021/22.

An abridged version of this report was produced during quarter 3 due to the impact of COVID on POD resources.

1. **Review, revise and implement Pay and Reward Frameworks which ensure SFRS pay, terms and conditions are fair, transparent and attractive and remain fit for purpose**

Following further constructive discussions during Quarter 4, a revised offer on the standardisation of RDS Terms and Conditions was issued to the Fire Brigades Union (FBU) and the Fire and Rescue Services Association (FRSA). This revised offer addressed the ongoing issue of multiple redirection payments and has been accepted by the FRSA. The FBU have agreed to undertake a consultative ballot with their members during Quarter 1 on this final offer, with the recommendation to accept. Implementation and engagement plans have been updated to reflect these recent developments. SFRS will undertake engagement with all RVDS employees in Quarter 1, to coincide with the FBU engagement and ballot period.

Following further constructive discussions and clarification on the terms of the SFRS offer to standardise Instructors Terms and Conditions during Quarter 4, collective agreement has been reached with the FBU. Actions have since been progressed to support implementation on 1st July 2021, including policy development and communications with affected staff.

An options appraisal to consider the scope of the Job Evaluation review was approved by Staff Governance Board in Q2. The review of the Annual Operating Plan however has led to the scope of this review being condensed to focus on identifying and developing potential improvements to current Job Evaluation arrangements. An initial action plan was developed and work on this was scheduled to take place within Q3 and Q4. Following a POD Prioritisation exercise however the timescales for carrying out this review was rescheduled and will now be progressed in Q1 and Q2 of 2021/22.

SFRS's Reward and Benefit Strategy and Balancing the Workforce Plan and associated activities continue to increase pay equality and transparency throughout SFRS. Our 2021 Equal Pay and Gender Pay Gap report demonstrates that the Gender Pay Gap currently sits at 1.01% (mean) and 2.5% (median). This compares very favourably with a UK. National average of 15.5%, and the 11.6% inherited from the antecedent Fire and Rescue Services from which the SFRS was formed.

This sustained fall in the Gender Pay gap can be attributed to a range of measures adopted specifically to improved equality and include the use of a gender-neutral Job-Evaluation process to determine Support Staff salaries, the standardisation of terms and conditions, and the adoption of both the Scottish Living Wage and the principles of the Scottish Public Sector Pay Policy, both of which have increased the salaries of the predominantly female lower pay grades at a rate greater than that of the higher pay grades. The equal representation of women within the higher quartiles of the Support Staff organisational levels, and the increasing numbers of women entering and progressing within the uniformed employee groups has also contributed to this continuing increase in pay equality within SFRS.

**2.    Strengthen and promote the SFRS Total Reward package including recognition and benefits frameworks which are fair, attractive, inclusive and recognise our employees' contribution**

The Covid-19 Recognition Scheme was successfully concluded, recognising and rewarding those who have gone and above beyond in displaying outstanding behaviours and contributions to both the Service and their communities during the pandemic.  The Recognition Panel considered a significant number of nominations, with reward vouchers being issued to 647 recipients during Quarter 4 (made up of both individual and team nominations).  A communications plan has supported this to ensure the value and commitment of our people is recognised across the Service.

The recognition processes and associated communications developed to support the Covid-19 Recognition Scheme are currently being reviewed to inform the implementation of the main SFRS Recognition Scheme later in 2021.

**3.    Support, promote and monitor the development of a diverse workforce and inclusive culture, aligned with SFRS values**

Online LGBT events were undertaken in Quarter 4, with positive feedback helping to inform the format of future events and SFRS practices to ensure we meet the needs of underrepresented groups. A programme of Positive Action information events for 2021/22 has been developed in conjunction with the SFRS Equality Champions.

Outreach activity is being progressed to engage with underrepresented groups where possible, but has been limited to online platforms whilst COVID restrictions prevent face to face engagement. This will be a key focus in 2021/22.

A system review and a communications plan is underway to encourage an improved return on sensitive employee information and to increase understanding of the benefits of doing so. More accurate data will assist SFRS to better inform our policies and people practices.

Unfortunately, progress against other areas of the Positive Action Strategy have not yet commenced due to capacity and POD resource being redeployed to support critical COVID work activity.

Positive progress has been made in support for the Career Ready Programme intake for 2020/22. Student matching and initial meet and greet/training has taken place between 8 mentors and students on the programme. Engagement and planning activity continues for the remainder of programme, including the 4-week paid internship programme in June/July 2021 which is being held entirely online.

SFRS are now advertising a range of vacancies on the Proud Employers jobsite owned by Stonewall to help us target our advertising directly to members of the LGBT communities and their allies.

**<u>Modern Apprenticeships</u>**

The SFRS continues to support both youth employment and the creation of apprenticeship opportunities with 596 Modern Apprentices (MAs) across the Service including 588 firefighter MAs and 8 across other areas.

The SFRS was successful in its bid to Skills Development Scotland for the Additional Employer Grant and is therefore looking to establish an Apprenticeship Mentoring Pilot Programme (AMPP) to enhance its current Firefighter MA Programme.

The SFRS has been successful in its tender bid with Skills Development Scotland for 2021-22 and have been awarded its full MA tender submission for Firefighter MAs.

This coupled with the SFRS's continued creation of non-firefighting apprenticeship opportunities demonstrates the Service's commitment in support of Scotland's National Performance Framework, its purpose, values, National Outcomes and Scotland's Wellbeing as we recover from the impact of CIVID-19.

## Developing the SFRS Culture: Building the Future Together Programme

Directly linked to achievement of strategic objectives, organisational effectiveness and in support of the 'Future Vision' development and planning, the Programme has now moved to implementation phase following approval in Q3. Early work is underway to develop 'Our Commitment' (Pillar 1) with a specific focus on the SFRS's commitment to Dignity.

## Bullying, Harassment and Discrimination Project

As part of the review of the existing Dignity and Integrity at Work policy and procedure, the POD Dignity and Integrity working group has recommended this be revised to include the positive behaviours expected of employees and renamed to Dignity and Respect Policy, with a supporting procedure for reporting and dealing with Bullying, Harassment and Discrimination. It is anticipated that formal consultation will take place in Quarters 1 and 2 of 21/22.

Early discussions have also taken place on development of an SFRS Dignity and Respect Toolkit and training packages to support the revised policy arrangements later in 21/22. The working group responsible for the development of Pillar 1 'Our Commitment' of the BFT Programme has commissioned a pilot employee engagement tool (Trickle), which has a specific focus on Dignity, Integrity and Respect. The learning from this engagement will feed into the development of the associated Toolkit to support all SFRS employees in ensuring we can all live our organisational values.

4. **Strengthen SFRS approach to Talent Management and Development which identifies and develops capacity and capability at all levels**

Developing and strengthening leadership capability, capacity and resilience across the Service continues to be a key priority. This is pivotal in enabling the development

of organisational culture, which supports the ongoing evolution of the Service and enables effective succession planning and organisational outcomes.

Key achievements in the quarter have included:

- Completion of a detailed feedback paper from the Chief Officer's Online Leadership Engagement Sessions in September 2020, which has informed the early Future Vision draft and the overarching Board paper in relation to the engagement process.

- The delivery phase of the Leading-Edge Senior Leadership Team Development Programme has concluded, informing the development of strategic goals and objectives. Senior Leadership development focus has now turned to the imbedding of the leadership style across Executive, Strategic and Middle Management teams through the Leadership for Change Programme.

- In support of increasing change leadership capability and the transition of the Leadership for Change Programme to virtual implementation, People and Organisational Development attended a 'Making Change Work' live online beta test programme in Q4. It is anticipated that the Leadership for Change Programme implementation will progress as the Service transitions from pandemic response to recovery, reset and renew through 2021-22. The continued impact of COVID-19 will extend the programme implementation timescale into 2022-23.

- The SFRS Succession Planning activity continues with the approval of the Leadership Development Centre Policy forming the basis of our approach to Talent Management.  This will complement the existing leadership and technical development processes, taking cognisance of the leadership behaviours and competency framework to ensure consistency across the organisation.

- Engagement on the proposed Leadership Development Centres (LDCs) for future supervisory managers is progressing.  Psychometrics to inform LDCs, talent management/development and succession planning activity have been procured and will be pivotal in the onward development of our future leaders.

- Initial recommendations for 2021-22 development priorities and learning engagement arrangements are being developed and will be progressed through governance in early Q1 2021-22. Evaluation of the effectiveness of the revised Learning Needs Analysis (LNA) and learning engagement arrangements will now commence from Q2 2021-22.

- Review of the draft Leadership Commodities Strategy continued in Q4 taking into account of the changing developments and Service priorities as well as information gathered from the LNA returns. The procurement programme has been drafted and implementation is due to commence from Q1 2022-23.

- The well-established partnership with the Collective Learning Partnership and Scottish Union Learning Fund (Lifelong Learning Programme) continues to support our staff to access personal development courses that range from Mental Health Awareness, Modern Languages and British Sign Language to Microsoft Office 365.

## 5. Review the Working Together Framework and supporting arrangements to ensure that it continues to foster positive partnership working arrangements and harmonious employee relations

Work continues with reviewing the existing suite of documents associated with the Framework.  This will continue in Q1 of 2021/22, including a review of the Consultation and Negotiation Policy, revised governance process to incorporate the Remuneration, Appointments and Nominations Sub Committee (RANSC) and a revision to the terms of reference for the Partnership Advisory Group (PAG).

## 6. Strengthen health, wellbeing and fitness arrangements to enable staff to safely and effectively undertake their roles.

The Clinical Information (CI) Governance Group agreed a TOR in Quarter 4 and will oversee the delivery of the CI Action Plan.  Progression of the themes within the CI Action Plan are as follows:

Year 1: 45 objectives complete overall, 1 of which was completed in Q4).  1 objective is yet to commence.

Year 2: 37 objectives complete (1 in Q4) of a total of 41 and 4 in development.

Year 3: 28 objectives complete (1 in Q4) of a total of 31 and 3 in development.

At the end of Year 3 a total of 110 of 118 objectives are complete.

Two policies are progressing through governance in Q4; Management of Health Conditions and Health Surveillance Policy and will be published in Q2 2021/22.  The Driver's Health Assessment Policy and Pre-Placement Policy will commence governance in Q1.

The contract for scanning and indexing of health and wellbeing (HW) files was awarded and completed in Q4.  Additional work to upload these files onto the Cohort Health and Wellbeing Management System has been agreed with completion in Q1 2021/22.  The HW appointment text reminder service was introduced in Q4, resulting in shorter appointment waiting times and 85% reduction in cancelled appointments compared with the same quarter last year.  The Cohort system upgrade was completed in Q4 supported by user training. There is a delay in the introduction of the Management Referral Module due to the timing of the completion of the system upgrade.

Pre-placement assessments continued to be delivered throughout Q4 in line with safe systems of work and risk assessments.  Spirometry was re-established using handheld devices.  Outdoor fitness sessions for trainees on the foundation training course, were also re-established in Q4 in line with Scottish Government guidance.

The review of facilities used for HW assessments is complete and any further venues added in future will progress through business-as-usual activity.  POD will continue to support the RVDS Strategy in 2021/22 by supporting the development of local solutions to attract candidates whilst maintaining health and fitness standards.

Routine Health assessments were once again temporarily paused in Q4 but were re-established from 1st March 2021. Health and Wellbeing Risk Assessments and Safe Systems of Work have been continually updated to ensure the safety of employees. Planning for the existing backlog took place in Q4 with resource demand identified and a business case submitted to secure additional resource to address the backlog.

On-station fitness support was resumed in Q4 where this helps facilitate a return to work.

A system of SFRS wide case management was introduced in Q4, resulting in reduced appointment waiting times and increased efficiency in the management of firefighter fitness.

The review of the Health and Wellbeing team structure and operating arrangements continued in Q4 with the administrative support team reviewing and streamlining processes. This resulted in a proposal to amend the structure and reporting lines to coordinate the workload of the team.

The Fireground Fitness Research Project was awarded in Q4 to Bentom Consultancy Ltd. This will be undertaken in two parts; identification of two representative task simulations and the data collection phase. The first part will commence in Q1 of 2021/22. It is anticipated that the project will be complete by 31st March 2022. The contract for functional training was awarded in Q4. However, due to COVID restrictions, the complete order was unable to be fulfilled and will move to the 2021/22 budget. The treadmill procurement contract was also awarded in Q4 with the delivery of 7 treadmills by 31st March 2021 to support recruitment and replace those that had reached the end of their lifespan.

The COVID-19 Wellbeing Group continues to support staff throughout the pandemic through the provision of regular thematic updates. The updates in Q4 have been: Personal Safety, Diabetes, Pregnancy during COVID-19 and an Infections infographic. An Employee Wellbeing Survey was launched in Q4 and the results communicated to SFRS staff. The results with further inform the mental health and wellbeing action plan.

A health promotion hub has been established with the HW team to support the delivery of events on the wellbeing and inclusion campaign calendar. In Q4 a series of campaigns were delivered because of strong collaborative cross team working. These included the "March the Month" campaign for Prostate Cancer UK, the "Time to Talk" campaign in support of mental wellbeing and International Women's Day that was supported by a women's health themed virtual drop in café.

**7. Implement the Mental Health Strategy to promote and support the wellbeing of staff**

Temporary additional resource was secured in Q4 to support the development and delivery of key areas of the Mental Health Action Plan; with a business case being prepared, for consideration in Q1 2021/22 for longer term resource. Progress on the key themes of the action plan began in Q4 with the Suicide Prevention Sub-Group producing a draft Strategy with actions to be delivered through the MH Action Plan.

The mental health awareness campaign, "Time to Talk" took place in Q4 as did a pilot programme of wellbeing support for Operations Control. Engagement with partner agencies continued in Q4; exploring future models of wellbeing support. Lifelines Scotland delivered a series of mental wellbeing sessions into LDC programmes. One part time mental health trainer was recruited by the Rivers Centre in Q4 and this resource will be dedicated to SFRS to deliver a programme of training for managers and staff commencing in Q1 2021/22. Resources will continue to be developed and promoted throughout the tri-services to embed the Lifelines Project.

**8. Design and implement improved practices to reduce the risk from exposure of contaminants**

Consultation with stakeholders on the Health Surveillance Policy commenced in Q4. Engagement with charity partners remains a key focus with participation in "Cancer in the Workplace" sessions, run by the Maggie's Centre, being well attended. The 'Dying to Work Charter' will be formally launched as part of the Attendance Management Policy which has progressed to stakeholder consultation in Q4.

The phase 1 interim report produced by University of Central Lancashire (UCLan) was considered by the Contaminants Group and, as a result, a sub-group was created to consider and implement the relevant recommendations.

9.  **Deliver an integrated People and Training Systems to meet SFRS's current and future needs for recording and managing relevant personal information**

    The Programme Board continue to meet monthly as do the two Programme Board sub-groups - People & Training and Finance & Assets. The Programme Manager is now in post and leading the programme with detailed updates being reported to the Programme Board. Contract negotiations with MidlandHR the current people system provider have been ongoing will conclude in April 2021. The new contract will be for a period of 30 months and ensures stability in the provision of a people system as the programme progresses.

    Preparations have been made as we look to engage with the market in the next quarter and develop our understanding of what products are available in the market. The Programme Manager has recruited a temporary Business Analyst and will progress with recruitment to the wider programme team in the next quarter.

10. **Strengthen and improve the SFRS approach to providing Accessible Communications for service users and employees who have a disability, other condition restricting communication/understanding or those for whom English is not a first language**

    Elements of this programme of work have been delayed from 2020/21 until late 2021/22 at the earliest due to COVID-19.  Working with internal and external partners is key in achieving the ambition of improving access to 999 for BSL users and regrettably this has been affected as partners have been focused on responding to COVID-19.  It is anticipated that work can recommence in late 2021/22 at the earliest. No further progress during Q4 2020/21 has been made.  Activities that are within the scope of the Equality and Diversity Team, including iHub guidance on accessing translator services, will now be progressed during 2021/22.

11. **Deliver PVG Scheme project to ensure all relevant employees have this in place by March 2021**

    Due to delays in the submission of applications by employees and the processing of applications, the project has been extended until 30th September 2021.

To ensure that this revised timescale can be achieved, the administrative resources assigned to the project were enhanced, and a range of process improvements were made to streamline the processing and countersigning of applications prior to submission to Disclosure Scotland.

The existing management information and recording processes were also revised, and this facilitated the introduction of regular progress reports to Local Senior Officers (LSOs).  These reports provide LSOs with the information necessary to ensure that all employees within their areas or functions submit applications within the expected timescales.

Weekly targets have been introduced for processing and submitting applications for countersigning, and these are being supported by improved monitoring processes. Collectively these provide assurance that milestones are met, and will enable targeted interventions to be developed and implemented where necessary.

Together, these measures have resulted in the required increase in throughput of applications at all stages of the process, and will ensure that the revised timescales for the completion of the project is met.

**12.  Implement robust sustainable arrangements for the mainstreaming of equality, diversity, inclusion and human rights**

The duty to provide for Island impact assessments arising from The Island Communities (Scotland) Act 2018 has now been accommodated within the existing impact assessment process.

During Q4 a renewed set of Equality Outcomes was agreed and a decision that the biennial Mainstreaming Report will be an annual report and include an evaluation of progress against the Equality Outcomes.

The Equality and Diversity Team continue to provide support to colleagues in identifying and meeting their equality obligations through the business partnership model.

**13.** **Develop and implement Strategic Resourcing Planning aligned with current and future workforce requirements.**

The operating environment created by the pandemic has had a significant impact on resourcing. Safe systems of work have been developed and implemented to enable resourcing activities to continue despite challenges. We continue to engage with stakeholders to ensure robust and safe arrangements are in place to progress resourcing activities.

Adjustments include a move to conducting virtual interviews, which has proved to be a positive change based on feedback received from candidates and recruiting managers.

The Strategic Resourcing Plan for the remainder of 2021 has been updated. Plans for 2022 onwards will be kept under review to reflect workforce requirements aligned to the leavers profile, operational availability and crewing levels.

Engagement with stakeholders is ongoing via the established Operational Availability Group and Resourcing Recovery Group to focus on actions required to support uniformed recruitment and promotional campaigns.

POD have worked with stakeholders to enhance our approach to workforce planning and have used the resultant analysis to advise our resourcing timelines and priorities and enhance other areas, including training scheduling and operational availability. Workforce planning data is now interfaced with the rostering system to ensure resilience within the 5 Watch Duty System.

SFRS and Scottish Government restrictions have impacted the resourcing of external candidates, with challenges to medicals and our ability to train new staff. This has resulted in deficiencies to our frontline operational establishment. Workforce Planning continue to provide support to Service Delivery to develop a range of reporting tools and options to manage availability.

The revised rolling recruitment process for Wholetime Firefighters is ongoing with applications being progressed across the North, East and West Service Delivery Areas in accordance with workforce requirements.

Plans are currently being adjusted in line with the SLT decision to increase intake numbers from 36 to 48 to maintain the TOM at its current level in line with the projected leavers profile.

POD is progressing the National Retained Volunteer Leadership Forum actions; to review, streamline and seek local solutions to RVDS resourcing.  It is recognised that significant effort and innovative thinking is required to support the recovery of RVDS recruitment attributed to historical issues and ongoing challenges associated with COVID-19. A Service Improvement Task and Finish project will commence within Q1 to support this requirement and the review of the RVDS R&S process.

**Section 1**

**POD Progress and Risk Table**

| Review, revise and implement Pay and Reward Frameworks which ensure SFRS pay, terms and conditions are fair, transparent and attractive and remain fit for purpose | | | | |
|---|---|---|---|---|
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Progress consultation and negotiation to agree and implement harmonised terms and conditions for remaining SFRS staff | Agreement has been reached with FRSA on SFRS' revised offer regarding RDS Terms and Conditions, with the FBU taking this to consultative ballot of their members with recommendation to accept. | A series of engagement sessions will take place with RVDS employees during Q1, ahead of the formal FBU ballot process.<br><br>Subject to agreement, it is proposed to implement standard terms by November 2021(with revised leave arrangements effective from January 2022). | SR4 and 5<br><br>↔ | |
| | Agreement reached on the full and final offer issued to the FBU regarding standardisation of | A number of actions have been progressed during Q4, including policy development, preparation | SR3, 4 and 5<br><br>↑ | |

| Instructors Terms and Conditions. | for contract variations and pay protection arrangements to support implementation on 1st July 2021. | | <span style="color:green">■</span> |
|---|---|---|---|---|
| Review current Job Evaluation arrangements and the Support Staff Pay and Grading structure to ensure these continue to meet SFRS requirements | An options appraisal to consider the scope of the Job Evaluation review was produced and approved by SGB. This broad review has now been delayed due to planned revisions to the AOP. | The condensed review to identify and develop improvements to existing Job Evaluation Arrangements.  An initial action plan has been developed, but has been rescheduled for period Q1 and Q2 in year 2021/22 as part of the re-prioritisation of POD objectives. | SR5 ⟷ | <span style="color:orange">■</span> |

**Strengthen and promote the SFRS Total Reward package including recognition and benefits frameworks which are fair, attractive, inclusive and recognise our employees' contribution**

| Directorate objective | Update on significant successes/challenges | Action taken to mitigate/reduce risk | Link to Risk Register (risk movement) | Progress from last quarter |
|---|---|---|---|---|
| Continue to develop and promote the SFRS Total Reward Framework | A one off COVID-19 Recognition Process has been successfully concluded during Quarter | A "lessons learned" review of the COVID-19 Recognition Process will inform the launch of the | SR5 ⟷ | <span style="color:green">■</span> |

| | 4, which is a key measure in recognising and rewarding those who work with SFRS. | main Recognition Scheme later in 2021, incorporating any required improvements to communications or process. | | |
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| **Support, promote and monitor the development of a diverse workforce and inclusive culture, aligned with SFRS values** | | | | |
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Develop and implement Positive Action initiatives to improve the attraction and progression of candidates from underrepresented groups within SFRS | Progress has been limited to delivering a number of information events for those from under-represented groups.<br><br>However, progress against other areas of the PA Strategy have not yet commenced due to capacity and POD resource being redeployed to support COVID critical work activity. | Programme of positive action initiatives has been redesigned due to current restrictions to include online information, virtual events and to ensure effective outreach can take place remotely. A number of events for Women and LGBT have taken place during Quarters 3 and 4.<br><br>Design of virtual events will ensure these are as participative as possible to | SR3 and 5<br><br>⬌ | |

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| | | encourage relationship building.
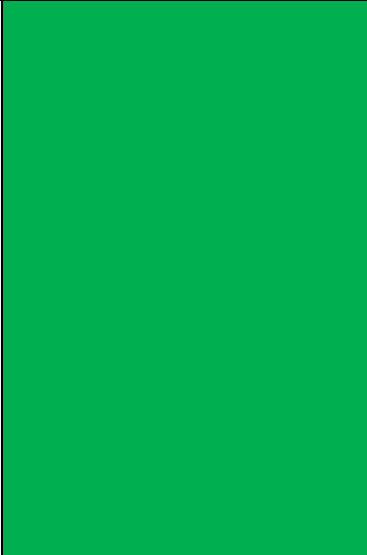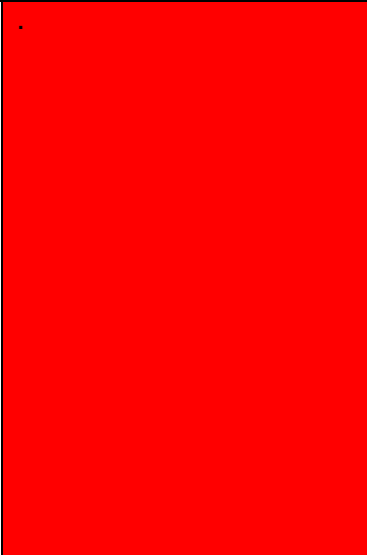
A long-term communication plan has been created for internal and external stakeholders to support aims of Strategy.

Further work in this area will be progressed in 2021/22 as resource is able to be realigned to support this. | | |
| Develop and implement measures outlined within the Balancing the Workforce Profile Action Plan to improve the diversity of SFRS workforce | 8 mentors matched with students to support 2020/22 intake for the Career Ready Programme to support SFRS Youth Employment Strategy.

The SFRS was successful in its bid for the Additional Employer Grant to | Mentors for the Career Ready scheme have commenced mentoring activity.  Plans are being developed to support the 4-week paid internship in June/July for the 8 students.

The SFRS continues to support both youth | SR3 and 5

⟷ | |

| | establish an Apprenticeship Mentoring Pilot Programme (AMPP) to enhance its current Firefighter MA Programme.<br><br>The SFRS has been successful in its tender bid with Skills Development Scotland for 2021-22 and have been awarded its full MA tender submission for Firefighter MAs. | employment and the creation of apprenticeship opportunities across the Service. | | |
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| Establish a Culture Development Framework which outlines cultural change and development recommendations, including the development and implementation the next SFRS Staff Survey. | The BFT Programme has moved to implementation phase with the Pillar 1 'Our Commitment' (rebranded following engagement exercise) working group established and progressing towards launch. | Staff Governance Committee engagement completed to ensure Board level support. | SR1, 5 and 8 ⬌ | |

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| Review the SFRS approach to Bullying, Harassment and Discrimination | The proposed Bullying, Harassment and Discrimination policy has been further reviewed to ensure positive behaviours have a strong focus throughout the policy and procedure. | The key focus has been to review the policy, procedure and supporting guidance documents regarding positive behaviours in the workplace and SFRS approach to dealing with Bullying, Harassment and Discrimination cases. | SR5 ↔ | |
| Develop Equal Pay and Gender Pay Gap Report 2021 | SFRS's Statutory obligation to publish information on the Pay Gap between its male and female employees, and the Gender Balance within the 4 quartiles of its structure was met through the publication of SFRS's Equal Pay and Gender Pay Gap Report 2021. | The Report highlights that SFRS has made considerable progress in reducing the gender pay gap, and in achieving equal representation of women in senior positions in the Support staff structure and SFRS Board. A 10% increase in the number of women in the Wholetime Firefighter employee group was recorded, although, the uniformed establishment | SR3 ↔ | |

| | | remains predominantly male. The report recognises the activities that SFRS are undertaking to achieve a workforce that is representative of the communities of Scotland. | | |
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| **Strengthen SFRS approach to Talent Management and Development which identifies and develops capacity and capability at all levels** | | | | |
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| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Develop and implement progressive talent identification, assessment and management arrangements. | Capacity and capability in place to progress 200 future supervisory managers through Leadership Development Centres (LDC) and the Leadership Development Programme (LDP) in advance of promotion. | Development psychometrics tender awarded to PSI (Cubiks) to support robust individualised development. | SR5 and 8 ⬌ | |
| Develop and implement progressive talent development arrangements. | Tender awarded to Kallidus Learn who will provide an online eLearning platform to support the future | Mapping of SFRS development programmes to the Kallidus | SR5 and 8 ⬌ | |

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| leaders through their LDP, preparing them for promotion and ensuring robust succession planning and talent management.<br><br>Delivery of virtual Supervisory LDP across recently promoted Watch commanders *(WDS, RVDS (Rural Full Time Post) and Operations Control cohort)* commenced in Q4 and included a virtual Induction programme, Lifelines *(Wellbeing and Resilience)* and People Management modules.<br><br>Implementation of the new virtual internal Assessor course commenced in Q4. | programmes undertaken to ensure consistency.<br><br>Talent development arrangements continue to be aligned to workforce planning and resourcing priorities. | |

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| Implement Development Centres in support of the SFRS Strategic Workforce and Resource Plan priorities. | Early communications have been issued via iHUB to highlight that LDCs are 'Coming Soon' - this combined with engagement activity with Training colleagues, DACOs, LSOs and Corporate colleagues has created interest and support for the approach to LDCs. | Engagement sessions with colleagues across the service in place to ensure buy in and feedback. | SR5 and 8 ⟷ | [green] |
| Complete implementation and evaluation of the Leadership for Change Programme (LfCP) across identified Middle and Strategic Manager target audience. | Arrangements for delivery of virtual Leadership for Change Programme continue with the aim to commence delivery later in 2021/22 as the Service transitions from pandemic response to recovery, reset and renew in line with strategic priorities and operating environment. | Online delivery preparation has been prioritised to include consideration of operating environment and changing priorities. | SR5 and 8 ⟷ | [red] |

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| Complete implementation of Leading Edge development programme for Strategic Leadership Team members and supporting framework. | The delivery phase of the Leading-Edge Senior Leadership Team Development Programme has concluded. | Support from POD Lead to focus on development of strategic goals and objectives to ensure continued momentum. | SR1, 5 and 8 ⟷ | |
| Review Learning Needs Analysis (LNA) arrangements to enhance links to organisational annual planning. | LNA revised process agreed to include governance via Staff Governance Board and supported by the implementation of Learning Engagement model/arrangements. LNA alignment to organisational planning cycle, reminder issued via communications as part of mid-year appraisal. | Agreement to revised LNA process has ensured greater alignment with strategic governance arrangements, strategic priorities and organisational planning. The introduction of the Learning Engagement approach will enable greater support and scrutiny of progress of the implementation of the Service LNA Action Plan and alignment changes in strategic need and priorities. | SR5 and 7 ⟷ | |

| Review the Working Together Framework and supporting arrangements to ensure that it continues to foster positive partnership working arrangements and harmonious employee relations | | | | |
|---|---|---|---|---|
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Develop revised Consultation, Negotiation and Collective Bargaining arrangements reflective of bargaining units for the various groups of staff | There had been a slight delay, due to COVID-19 however, work has now commenced on a review of the Working Together Framework to ensure this is fit for purpose for current and future needs. | Meetings have taken place to discuss the first draft of the reviewed Framework document and this will now assist in the development of the supporting processes. | SR 5 ⟷ | 🟩 |
| **Strengthen health, wellbeing and fitness arrangements to enable staff to safely and effectively undertake their roles** | | | | |
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Delivery of planned actions around the key themes of Clinical Audit, Clinical Effectiveness, Staff Management, Education and Training, Service User Experience, | Policy development work has been impacted by COVID-19 but work has commenced on a number of supporting policies.  At the end of Q4 (Year 3 of 5 of the Clinical Governance | The Clinical Information Governance Group was established in Q4 to oversee the CI Action Plan. | SR 5 ⟷ | 🟧 |

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| Information Management and Risk Management | Action Plan) 110 of 118 objectives are complete with 2 key policies still in development.  A further 3 have commenced through governance and 1 is out for peer review. | The plan will continue be closely monitored and reviewed to take account of COVID-19 priorities and any statutory or clinical reviews required. | | |
| Support the delivery of Health and Wellbeing Systems to improve the effectiveness of referrals, reporting and employee medical and fitness records. | The scanning and indexing of HW records contract completed in Q4 with further work agreed to upload the records onto the Electronic Health and Wellbeing Information Management (E-HWIMS) – Cohort, During Q1 2021/22.<br><br>The HW appointment text messaging service is now live. | | SR5<br>↔ | |

| | A system upgrade has been completed in Q4 supported by a programme of user training. A regular quarterly training programme has been introduced to better understand functionality.<br><br>There is a delay in the introduction of the management referral module.<br><br>Further work is required to network the multi-functional devices at SFRS locations to the Cohort scanning and indexing module for it to work effectively. | A regular programme of user training is planned to better understand functionality to introduce improvements.<br><br>Engagement continues with ICT to find a solution to the introduction of the management referral module and to resolve the issue of networking multi-functional devices at SFRS locations to the scanning and indexing module. | | |
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| Develop and implement revised pre-placement health assessments in | Preplacement HW assessments were re-established in Q2. | HW risk assessments and SSOW are being continually reviewed to | SR5 and 9 ↓ | |

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| accordance with clinical and safety requirements associated with physical distancing measures. | HW have been able to support and wholetime and RVDS recruitment campaigns in Q4<br><br>Spirometry was re-established using handheld devices in Q4.<br><br>Outdoor fitness sessions for trainees on the foundation training course, were also re-established in Q4 in line with Scottish Government guidance. | permit pre-placement health and fitness assessments to be undertaken with the lowest possible level of risk. | | |
| Develop and implement revised routine health assessments in accordance with clinical and safety requirements associated with physical distancing measures. | Routine health assessments were paused in January and February 2021 due to increased risk of COVID-19 transmission. Delivery was resumed in March 2021 in accordance | Medical and Fitness questionnaires have been issued to all staff due assessments to identify health and fitness concerns and target interventions. | SR5 and 9<br><br>↑ | |

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| | with HW risk assessments and SSOW. | | |
| | The temporary cessation of Routine HW assessments since end of March 2020 has led to 1425 and 837 overdue medical and fitness assessments respectively. | A business case seeking additional HW resources to address the backlog of assessment has been approved. HW will progress the recruitment of 4.7 additional HW Technicians in Q1 2021-22 | |
| | Planning for the existing backlog took place in Q4 with resource demand being identified to enable progression in 2021/22. | Risk based plans have been developed in each SDA to catch up on overdue assessments at the earliest opportunity.  A process of weekly monitoring of overdue assessments is in place. | |

| Strengthen and enhance arrangements to improve fitness outcomes and reduce risk of injuries | A contract has been awarded to Bentom Consultancy Ltd to develop a bespoke fireground assessment was awarded in Q4 with an anticipated completion of 31st March 2022. | A research proposal has been developed to outline how this research will be undertaken within the SFRS. HW will complete engagement with stakeholders in Q1 2021-22 to seek support for this project. | SR 5 ⟷ | 🟩 |
| | Engagement has continued with Training and Operational Assurance to reach agreement on how strength assessments will be aligned to core skills assessments and an associated management process. | An LCMS package has been developed to support staff in maintaining their fitness for role. Engagement will continue with Training and Service Delivery in Q1 to develop an implementation plan | ⟷ | 🟧 |
| | HW have developed proposals to standardise gym equipment. | Engagement with suppliers is ongoing to explore available option for procurement and | ⟷ | 🟧 |

| | Contract for functional training equipment was issued in Q4.  Due to COVID restrictions the complete order was unable to be fulfilled.<br><br>Treadmill procurement contract awarded and completed in Q4. | maintenance of equipment that will inform an options appraisal paper. | | |
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**Implement the Mental Health Strategy to promote and support the wellbeing of staff**

| Directorate objective | Update on significant successes/challenges | Action taken to mitigate/reduce risk | Link to Risk Register (risk movement) | Progress from last quarter |
|---|---|---|---|---|
| Develop and action plan in line with Mental Health Strategy | Further development of the mental health action plan was strengthened in Q4 by work from the draft Suicide Prevention Strategy and additional capacity secured within POD.   Key priorities include - the establishment of further thematic sub-groups, the development of | Work continued throughout Q4 to strengthen links with external partners.<br><br>A business case has been developed in Q4 to secure resource in support of the implementation of the | SR5 ⬇ | |

| | a model of wellbeing support and engagement across SFRS with stakeholders who will contribute to the delivery of the mental health action plan.<br><br>A staff Wellbeing Survey was completed in Q4, the results of which will further inform the MH Action Plan.<br><br>A health promotion hub has been established in Q4 from the HW team, that will co-ordinate and support the delivery of wellbeing projects as part of the Mental Health and Wellbeing Action Plan. | Mental Health and Wellbeing Action Plan. | | |
|---|---|---|---|---|
| Implement and embed the Lifelines Project in | One part-time mental health trainer was recruited | Engagement continues with the tri-services | SR5 ⟷ | |

| line with Tri Service Collaboration | by the Rivers Centre in Q4 to be a dedicated resource for a programme of training to SFRS. | collaboration group to identify areas of joint working to be progressed.

Resources will continue to be developed and promoted throughout the tri-services to embed the Lifelines project. | | |
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| **Design and implement improved practices to reduce the risk from exposure to contaminants** | | | | |
|---|---|---|---|---|
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Delivery of planned actions related to HW as detailed in the Management of Contaminants Action Plan structured around the key themes of Station/Training Centre Design, Appliance Design, PPE, Occupational Health, | Progress against the action plan continues throughout Q4.

A General Information Note on Firefighter Protection from Contaminants, developed by Response & | A Health Surveillance policy has been developed and completed 1$^{st}$ stage consultation in Q4 as part of governance.

A wider review of our people policies and procedures has commenced. This includes the Attendance | SR5 ⟷ | |

| Training, Records and Assets | Resilience is now in operation.<br><br>Consultation on the Health Surveillance Policy commenced in Q4 with a view to implementation in Q2.<br><br>Engagement with external cancer support charitable partners continued in Q4 to consider how we build resources to support those with a cancer diagnosis.<br><br>The content of the Heat Illness and Prevention Awareness (HIPA) package was reviewed by the HW team who concluded that the content was fit for purpose. | Management policy with a view to supporting people with life limiting conditions and a commitment to the STUC 'Dying to Work' charter as well as establishing relationships with charities who can help us support staff affected by such conditions. | | |

| In collaboration with The University of Central Lancashire develop and agree the scope of the contaminants research project, incorporating phase 1 environmental testing and phase 2 biological testing | The interim report from University of Central Lancashire produced in Q3, was considered by the Contaminants Group in Q4. | The recommendations of the Phase 1 interim report have been considered by the Contaminants Group and a sub-group established to consider and implement the resultant recommendations.  The Sub-Group meets monthly. | SR5 ↑ | 🟥 |
|---|---|---|---|---|

**Deliver an integrated People and Training Systems to meet SFRS's current and future needs for recording and managing relevant personal information**

| Directorate objective | Update on significant successes/challenges | Action taken to mitigate/reduce risk | Link to Risk Register (risk movement) | Progress from last quarter |
|---|---|---|---|---|
| Lead, develop and implement the People system activities associated with the People, Training, Finance and Assets Systems Project. | Current systems reaching expiry of contract/licence due to the length of time remaining on contracts with no option to extend.<br><br>Programme Board established, Programme Manager appointed and | Current contractual status of each system established with the options to enable proactive planning and decision making. Plan developed to engage with suppliers.<br><br>MidlandHR contract at an advanced stage of being renewed (10th April 2021 – expected sign off) | SR6 ↓ | 🟩 |

| | Stakeholder engagement progressed. | | | |
|---|---|---|---|---|
| **Strengthen and improve the SFRS approach to providing Accessible Communications for service users and employees who have a disability, other condition restricting communication/understanding or those for whom English is not a first language** | | | | |
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Scope and seek agreement on a revised approach for making contact with 999 Control call handling for those with a language or other communication barrier | Delayed due to COVID-19 priorities and reduced availability of partners. Agreement reached to delay to 2021/22. | Will resume in 2021/22 subject to availability of required partners. | SR4 and 8 ⟷ | |
| Develop a consistent approach for the provision of translation and interpreter services | Delayed due to COVID-19 priorities and reduced capacity in Equality & Diversity (E&D) Team and reduced availability of partners. Agreement reached to defer to 2021/22 | Will resume in 2021/22. | SR4 and 8 ⟷ | |

| Deliver PVG Scheme project to ensure all relevant employees have this in place by March 2021 | | | | |
|---|---|---|---|---|
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Implement and monitor progress against plan to introduce PVG checks in compliance with The Protection of Vulnerable Groups (Scotland) Act 2007 | Due to a number of factors, the original Project Completion date of 31st March 2021 could not be met. The January 2021 SMB meeting consequently approved an extension of the Project Timelines by 6 months to 30 September 2021. | A full process review was undertaken that identifies the key areas that were impeding progress at the required rate. A number of measures were introduced to address these. These included enhanced admin support, improved admin processes and information management, and the introduction of monitoring and reporting systems. | SR4 | |

| Implement robust sustainable arrangements for the mainstreaming of equality, diversity, inclusion and human rights | | | | |
|---|---|---|---|---|
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Implement agreed actions arising from 2018 Equality and Diversity Review to further strengthen the SFRS's approach to mainstreaming equality | Work on the review and replacement of the Equality and Human Rights Impact Assessment process and Equality Outcomes has been delayed until 2020/21. | While the overall review and relaunch of the impact assessment has been postponed until 2020/21 the incorporation of island impact assessments will be implemented during this reporting year as planned. | SR4 ⟷ | |
| Co-ordinate SFRS response to existing and emerging equality related obligations | Corporate Parenting Working Group has been relaunched with the Equality Champion for Care Experienced/Carers as chair. Work has progressed with the Gaelic Language Board in preparation for the renewal of the Gaelic Language Plan in 2021. Work has | No specific action required to mitigate/reduce risk at this time. | SR4 and 8 ⟷ | |

| | been progressed in reviewing our existing Equality Outcomes and setting new Outcomes for publication in 2021. | | | |
|---|---|---|---|---|
| Raise profile of SFRS as leader in equality, diversity, inclusion and human rights | This action has been delayed until 2021/22 due to the impact of COVID-19 and need to reprioritise other demands. | 2021/22 for completion dates. | SR4 and 8 ⟷ | |

| Develop and implement a Strategic Resourcing Plan aligned with current and future workforce requirements | | | | |
|---|---|---|---|---|
| **Directorate objective** | **Update on significant successes/challenges** | **Action taken to mitigate/reduce risk** | **Link to Risk Register (risk movement)** | **Progress from last quarter** |
| Ensure robust workforce planning is in place to determine future SFRS workforce needs for the right people with the right skills in the right place at the right time. | Plans to support the delivery of resourcing during COVID-19 are in place to support wholetime and RVDS crewing however are predicted to continue to be challenged throughout 2020/21 and | Ongoing analysis of leavers forecasting information and the impact of COVID-19 on operational availability and crewing continues and is being used to inform Resourcing Recovery Plans and | SR5 and 9 ⟷ | |

| | | | | |
|---|---|---|---|---|
| | 2021/22 as recovery actions progresses. | actions. | | |
| Ensure effective arrangements are in place to support the delivery of the SFRS Resourcing requirements | Plans and arrangements for campaigns and resourcing activity have been revised to account for impact of COVID-19 and social distancing. | Risk Assessments and Safe Systems of Work are in place and will continue to be reviewed aligned to current Scottish Government guidance and instructions. | SR5 and 9 ⬌ | |

| Key: Link to Risk Register Progress | | from last quarter: | |
|---|---|---|---|
| Overall risk has not changed since previous quarter | ⬌ | Actions taken has improved progress against objective | |
| Overall risk has decreased since previous quarter | ⬇ | Actions taken/lack of actions taken with no progress made against objective | |
| Overall risk has increased from previous quarter | ⬆ | Actions taken/lack of actions resulting in slippage of objective | |

**2. Analysis**

<u>**Overview**</u>

This section focuses on data in relation to five of POD's Annual Operating Plan/Directorate Objectives, which are also contained in the introduction and POD Risk Table above, these are:

- Support, promote and monitor the development of a diverse workforce and inclusive culture, aligned with SFRS values
- Develop and implement a Strategic Resourcing Plan aligned with current and future workforce requirements
- Strengthen SFRS approach to Talent Management and Development which identifies and develops capacity and capability at all levels
- Strengthen health, wellbeing and fitness arrangements to enable staff to safely and effectively undertake their roles
- Implement the Mental Health Strategy to promote and support the wellbeing of staff

## 2.1 Support, promote and monitor the development of a diverse workforce and inclusive culture, aligned with SFRS values

### 2.1.1 Bullying and harassment update

3 cases are currently under investigation in this quarter and being considered in accordance with SFRS policies.

### 2.1.2 Discipline cases and investigations

| EMPLOYEE GROUP | Wholetime (WDS) | | | | | | | | |
| | RBC | DD | FDS | TOTAL (WDS) | RDS | VDS | OC | SS | TOTAL (ALL) |
|---|---|---|---|---|---|---|---|---|---|
| No. of investigations commenced within this quarter | 4 | - | - | **4** | 5 | - | 1 | 5 | **15** |
| No. of investigations ongoing from previous quarters | 1 | - | 1 | **2** | 3 | - | - | - | **5** |
| No. of cases concluded | 25 | 3 | 4 | **32** | 21 | - | - | 4 | **57** |
| No. concluded within 6 weeks | 5 | - | - | **5** | 3 | - | - | 2 | **10** |
| No. concluded within 14 weeks | 15 | 3 | 3 | **21** | 17 | - | - | 1 | **39** |

| No. concluded over 14 weeks | 4 | - | 1 | **5** | 3 | - | - | - | **8** |
|---|---|---|---|---|---|---|---|---|---|

The above table shows a breakdown of disciplinary data collected in this quarter. The issues giving rise to disciplinary cases are categorised below. There were 15 new investigations commenced within this quarter, a small decrease since quarter 3. The geographical split of new cases for Q2 is North 5, East 7 and West 3.

57 cases have concluded in this quarter and from this figure 10 were concluded within 6 weeks, 39 were concluded within 14 weeks and 8 were concluded over 14 weeks. The main reason for delays to concluding cases within 14 weeks is annual leave and sickness absence. Every effort is being made to work with Managers to ensure cases are concluded as timeously as possible or re-allocated to Managers who are available to conclude the cases being carried forward to Q1, 2021/22.

Compared to Q3, there is no change to the main reason for disciplinary cases which continues to be breaches of the Code of Conduct (15 new cases) e.g. criminal charges. This continues to be monitored.

### 2.1.3   **Grievance cases**

| EMPLOYEE GROUP | Wholetime (WDS) | | | | RDS | VDS | OC | SS | TOTAL (ALL) |
|---|---|---|---|---|---|---|---|---|---|
| | RBC | DD | FDS | TOTAL (WDS) | | | | | |
| No. of cases | - | 2 | - | **2** | - | - | - | - | **2** |
| No. concluded within 12 weeks | - | 2 | - | **2** | - | - | - | - | **2** |

There were 2 new grievances raised in this quarter, which is a reduction of 2 in comparison to quarter 3. Both cases were concluded within the desired 12-week completion period. No appeals were received in this quarter.

### 2.1.4      Leavers Questionnaires

The leavers process enables the collation and analysis of individual reasons for leaving the Service through an exit questionnaire and (optional) interview process. The exit interview outcomes are addressed with appropriate managers and work progressed this period to analyse the collective reasons which are detailed below. Where appropriate, this information is also considered within the Bullying and Harassment Project for further scrutiny and action.

During the reporting year 2020-21, actions were taken to encourage more leavers to complete the questionnaire. This included amending the correspondence for leavers to emphasise the benefits of completing an exit questionnaire and a particular emphasis to line managers on their responsibility in encouraging employees to do so, regardless of whether they participate in an exit interview. An SFRS wide communication was published with an appeal to all staff leaving SFRS to share their reasons for doing so.

The figures in the table below reflect the number of questionnaires received over the reporting year, 2020-21, as some questionnaires were received outwith the period in which the employee left SFRS. Of the 433 employees who left during 2020/21, 51 employees (12%) completed an exit questionnaire. This is a slight increase from reporting year 2019/20 where 500 employees left SFRS, with 52 employees (10%) completing an exit questionnaire. During Q4, 2020-21, 14 employees completed an exit questionnaire.

From the 51 questionnaires received, 41% (21) were from staff who resigned and 57% (29) from staff who retired. One questionnaire was received from an apprentice who was unsuccessful at interview following completion of their apprenticeship. 76% (16) of the staff who resigned, overall had a good experience within the Service, with 19%, (4) saying they had not and 5% (1) not responding to this question. Of the staff who retired 100%, (29) overall had a good experience with the service.

Of those 51 employees who completed a questionnaire, 1 said they had personally witnessed or experienced discrimination at work, with 3 stating they had personally or witnessed or experienced bullying or harassment at work.

A number of reasons were cited from those who resigned from the Service. From the list of 17 potential reasons, the main reasons are detailed below:

- New career 8 (38%)
- Personal circumstances 4 (19%)
- Management/lack of support 2 (9%)
- Line manager issues 4 (19%)

| | | WDS | CON | RDS | VOL | SUPP |
|---|---|---|---|---|---|---|
| Q1 | Leavers | 41 | 2 | 40 | 6 | 10 |
| Q1 | No. of returned questionnaires | 5 | - | - | 1 | 2 |
| Q2 | Leavers | 53 | 5 | 48 | 2 | 11 |
| Q2 | No. of returned questionnaires | 5 | - | 8 | - | 2 |
| Q3 | Leavers | 37 | 3 | 52 | 4 | 14 |
| Q3 | No. of returned questionnaires | 3 | - | 10 | - | 1 |
| Q4 | Leavers | 50 | 4 | 43 | 6 | 17 |
| Q4 | No. of returned questionnaires | 9 | - | 4 | - | 1 |

### 2.1.5   Balancing the Workforce Profile Action Plan

The Balancing the Workforce Profile Action Plan details actions aimed at broadening the SFRS workforce profile, addressing the Gender Pay Gap and developing inclusive people policies and procedures.  Progress against actions within Q4 are outlined below.

**Positive Action Strategy & Initiatives**

The SFRS Positive Action (PA) Strategy 2020-22 outlines the Services commitment to how the attraction and progression of underrepresented groups can be improved across the range of SFRS roles by undertaking focused outreach and positive action activities to encourage, attract and harness a diverse range of ideas,

skills and talents within its workforce and address any barriers that these groups may face.

Online PA events for the Lesbian, Gay, Bi and Transgender (LGBT) communities were undertaken in Q4, with a programme of Positive Action information events for 2021/22 developed in conjunction with the SLT Equality Champions. Feedback from delegates to date has been excellent and is being used to continue to develop the format / content of such events to meet the needs of specific groups. SFRS will continue to monitor the impact of such initiatives on our workforce profile.

An initial session with care experienced young people (CEYP) took place in conjunction with WhoCares?Scotland in Q3 to explore what CEYP may find useful as part of employability workshops. This feedback has been reviewed in Q4 to inform the development and further roll out of workshops in 2021 to support the Service's commitment as a Corporate Parent.

A Positive Action communications plan is now developed. This has included development of a PA page on iHub to increase awareness and support from internal employees, as well as improved use of social media to support external messaging and engagement. Outreach activity has been limited to online platforms due to the challenges presented by COVID-19 restrictions.

Initial communications have also been issued to encourage employees to complete their sensitive data on the HR system and to increase understanding of the benefits of doing so, with a long term communications strategy being developed in support of this.

SFRS, as a Stonewall Diversity Champion, now advertise a range of vacancies on the Stonewall Proud Employers jobsite. This allows for a more targeted approach to our advertising directly to members of the LGBT communities and their allies. We are monitoring the success of the applications made via analytics.

SFRS attended events held by Police Scotland for members of the Black, Asian and Minority Ethnic communities to gain insight to their approach and plans are being considered regarding opportunities to run events in partnership with Police Scotland in the future.

Unfortunately, progress against other areas of the PA Strategy have not yet commenced due to capacity and POD resource being redeployed to support COVID critical work activity.

**Career Ready Scheme**

Work continues to support this year's intake for the Career Ready programme, which builds on the success of the previous pilot scheme ran within SFRS and is a key initiative as part of SFRS Youth Employment Strategy. Mentors received online induction training in January 2021 and have since been matched with eight young people who are now being mentored. These students are from Glasgow City, Renfrewshire, Inverclyde and West Lothian, identified in conjunction with Career Ready, on the basis of supporting students in areas of multiple deprivation where SFRS does not currently operate mentoring or youth engagement schemes.

Engagement and planning activity continues for the remainder of programme. To remove potential barriers to participation in the Career Ready Programme, SFRS has offered the use of refurbished laptops to ensure the young people can access MS Teams and MS Office (for CV preparation, report writing and presentation creation) should this be required.

Due to ongoing COVID-19 restrictions both within the workplace and within education, the four-week paid internship, commencing Monday 21 June 2021, which forms part of the programme is being held entirely online with no physical work placements taking place within SFRS premises. The programme for the SFRS internship is currently being developed and will consist of a range of work experience, input and insights to careers in the Service. The SFRS is also participating in employer led conversations to share what has worked well when engaging young people remotely.

**Access to Free Sanitary Provisions**

From January 2021, access to free sanitary products for visitors and staff was introduced within the SFRS corporate estate and other buildings. This demonstrates the SFRS commitment to removing period poverty and the barriers faced by those who menstruate and cannot afford to access sanitary products.

This is a key measure in advancing gender equality and supporting a healthy workforce, as well as ensuring dignified and inclusive workplace facilities for both employees and visitors to our premises.  The approach and provisions will be reviewed in Q2 of 2021/22 to ensure they are achieving the intended benefits.

**Modern Apprenticeship and Vocational Qualifications**

The SFRS continues to support both youth employment and the creation of apprenticeship opportunities.  We currently have 596 modern apprentices across the Service including 588 firefighter modern apprentices and 8 modern apprentices in other areas including 2 progressing Business Administration, 2 in IT Systems and Networking Advanced Technical Modern Apprenticeship and 4 progressing their HNC in Motor Vehicle Engineering as part of their Modern Apprenticeship in Fleet services.

SFRS non-Firefighting (FF) MAs have advised that the mentoring they receive, as part of their externally provided MA Programme, has been invaluable to their continued success and progression through their MA especially during the challenging times of the pandemic.

The SFRS was successful in its bid to Skills Development Scotland for the Additional Employer Grant and is therefore looking to establish an Apprenticeship Mentoring Pilot Programme (AMPP) to enhance its current MA FF Programme. The AMPP aims to explore the suitability of a wider mentoring service to complement the delivery of the development pathway for Firefighters Modern Apprentice (MA), by offering support in relation to their wellbeing and resilience.

The pandemic has resulted in changes to the method of MA programme implementation (e.g. remote/virtual learning; learning in new/different ways; additional COVID pressures/concerns re health, wellbeing for self and family etc). The AMPP is proposed to provide an enhanced layer of support to enable the MAs to successfully complete their MA programme, maintaining retention of MAs on the programme during the pandemic and their onward success.

In response to the COVID-19 pandemic, work has been expedited to progress the move of programmes to virtual platforms with the Assessor virtual programme launched in Q4 and the Internal Verifier due to launch early in 2021-22.

### 2.1.6 Developing the SFRS Culture: Building the Future Together Programme

Work is underway in 3 of the 5 key workstreams, with titles being revised to reflect feedback from stakeholders:

- 'Our Commitment' Workstream
- 'Our Leadership' Workstream
- Staff Survey (Engagement) and Performance Monitoring Workstream
- 'Our Workforce' Workstream
- 'Our Values and Behaviours' Workstream

The Pillar 1 'Our Commitment' partnership working group has been established with representation from management, POD and trade unions. The group is progressing towards the launch of 'Our Commitment' with employee engagement being a key focus. A pilot of the engagement tool 'Trickle' has been agreed and will take place in 6 distinct functions/teams with an initial focus on the commitment around 'Dignity', which will further support the development of the SFRS approach to Dignity, Integrity and Respect.

Work has also commenced on Pillar 3 'Our Workforce' in response to the Strategic Workforce Plan and the predicted requirements over the coming 2-4 years ensuring that we continue to implement robust succession planning and realising our ambition to ensure we have the right people, with the right skills in the right place at the right time. Pillar 2, 'Our Leadership' (Style), is a feature of ongoing activity in the delivery of the agile working framework, our leadership succession planning arrangements and ongoing development with the Strategic Leadership Team.

2.2    **Develop and implement a Strategic Resourcing Plan aligned with current and future workforce requirements**

### 2.2.1    Workforce Profile

As at 31 March 2021, SFRS employed 7288 people, equating to a headcount of 7858. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract). A breakdown is provided per employee group in the table below.

| EMPLOYEE GROUP | Wholetime (WDS) | | | | | RDS | VDS | OC | SS | TOTAL (ALL) |
| | RBC | DD | FDS | Trainees | TOTAL (WDS) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Target Operating Model (FTE) | 3021 | 417 | 256 | | **3694** | 3309 | 405 | 170 | 794 | **8372** |
| Initiatives, Projects and Capital Funded (FTE) | - | 13 | 14 | | **27** | - | - | 15 | 16 | **58** |
| Actual (FTE) | 2903 | 401 | 270 | 59 | **3632** | 2486 | 305 | 176 | 787 | **7386** |
| Actual (Headcount) | 2904 | 402 | 270 | 59 | **3635** | 2876 | 305 | 182 | 836 | **7834** |

In addition to the figures in the table above, 11 employees are on Secondment and 13 on Career Breaks.

Q4 sees a reduction in headcount (actual and FTE) which can be attributed to the impact of COVID-19 on resourcing activity.

The graph below shows the actual FTE against the budgeted TOM for each employee group for Q4 2019-2020 to Q4 2020-2021. The variance between the RDS and VDS, TOM and FTE are evident. POD is supporting the National Retained Volunteer Leadership Forum actions to improve Recruitment & Selection activity for these staff

groups.  OC have been over established as part of a succession plan and therefore remain within their establishment levels.   The Flexi Duty Officer cadre is over established due to secondments and projects, this impacts the frontline firefighters as secondments and temp promotions are not currently backfilled.



Workforce Profile 2019/20 to 2020/21
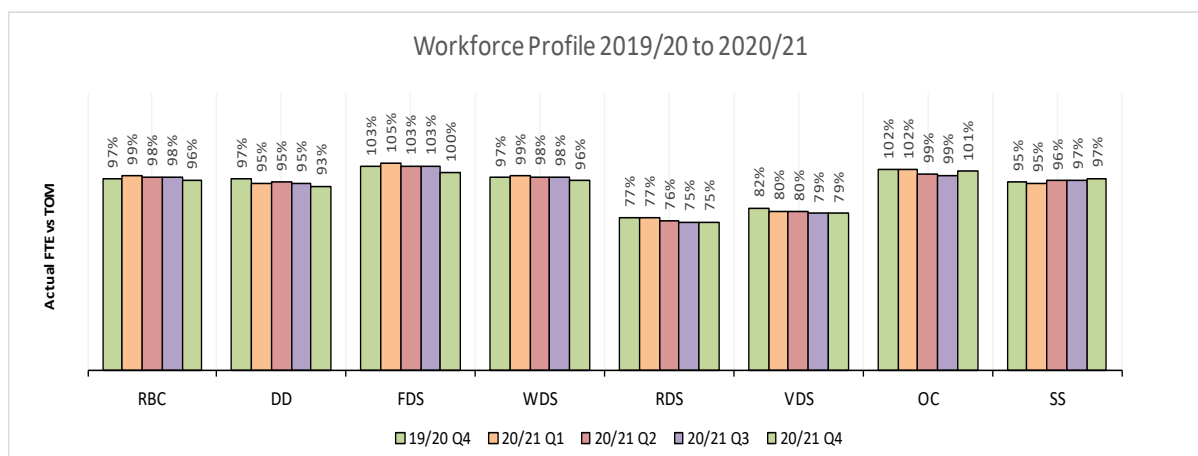
### 2.2.2    Vacancy Rate and Resourcing Activity

| EMPLOYEE GROUP | Wholetime (WDS) | | | | | RDS | VDS | OC | SS | TOTAL (ALL) |
|---|---|---|---|---|---|---|---|---|---|---|
| | RBC | DD | FDS | Trainees | TOTAL (WDS) | | | | | |
| Vacancy (FTE) | 60 | 29 | 0 | | 89 | 823 | 100 | 9 | 23 | 1044 |
| Vacancy Rate | 2.0% | 6.8% | 0% | | 2.4% | 24.9% | 24.7% | 4.8% | 2.9% | 12.4% |
| New Entrants (FTE) | - | 1 | - | 54 | 55 | 43.8 | 6 | 2 | 17.9 | 124.6 |
| New Entrants (Headcount) | - | 1 | - | 54 | 55 | 57 | 6 | 2 | 20 | 140 |
| New Dual Contracts (FTE) | - | 18 | - | 4 | 22 | 5.5 | - | - | - | 27.5 |
| New Dual Contracts (Headcount) | - | 18 | - | 4 | 22 | 8 | - | - | - | 30 |

36 Wholetime Firefighter trainees commenced their Foundation Training Course in March 2021. Resourcing plans are being adjusted to support the SLT decision to increase future intakes to 48 to maintain the TOM at its current level in line with the projected leavers profile.   POD is engaging with Training and Service Delivery colleagues to plan for the delivery of this, with consideration being given to how this can be facilitated whilst social distancing restrictions are expected to continue throughout 2021.

In terms of RVDS recruitment and selection, POD is progressing the National Retained Volunteer Leadership Forum action; to review, streamline and seek local solutions to RVDS resourcing. It is recognised that significant effort and innovative thinking is required to support the recovery of RVDS recruitment attributed to historical and ongoing challenges associated with COVID-19. A Service Improvement Task and Finish project will commence within Q1 to further support this ask and the review of the RVDS R&S process.

The Generic Risk Assessment and Safe Systems of Work in place to address COVID-19 resourcing challenges will be reviewed and adjusted to meet Service requirements aligned to current guidance and instructions.

### 2.2.3 Succession Planning

The Strategic Resourcing Plan has been revised and will be kept under ongoing review to reflect workforce requirements aligned to the leavers profile, operational availability and crewing.

The Station Commander process has concluded with appointments effective from Q1. An Area Commander process was launched towards the end of Q4, with appointments anticipated to take effect early Q2. Preparations continue for the delivery of a Crew Commander campaign. Pivotal to this process is an Assessment of Incident Command Competence. POD is working with Training and Service Delivery colleagues to ascertain and confirm the arrangements for this, prior to going live with the campaign.

The succession planning activity in Q4 had a renewed focus on the Supervisory leadership level in response to the Strategic Workforce Plan - this will be embedded within the LDC process and BFT Pillar 3.

## 2.2.4  **Turnover**

| EMPLOYEE GROUP | Wholetime (WDS) | | | | | RDS | VDS | OC | SS | TOTAL (ALL) |
|---|---|---|---|---|---|---|---|---|---|---|
| | RBC | DD | FDS | Trainees | TOTAL (WDS) | | | | | |
| Turnover Rate | 1.2% | 2.2% | 3.0% | | **1.4%** | 2.0% | 0.6% | 2.7% | 1.6% | **1.7%** |
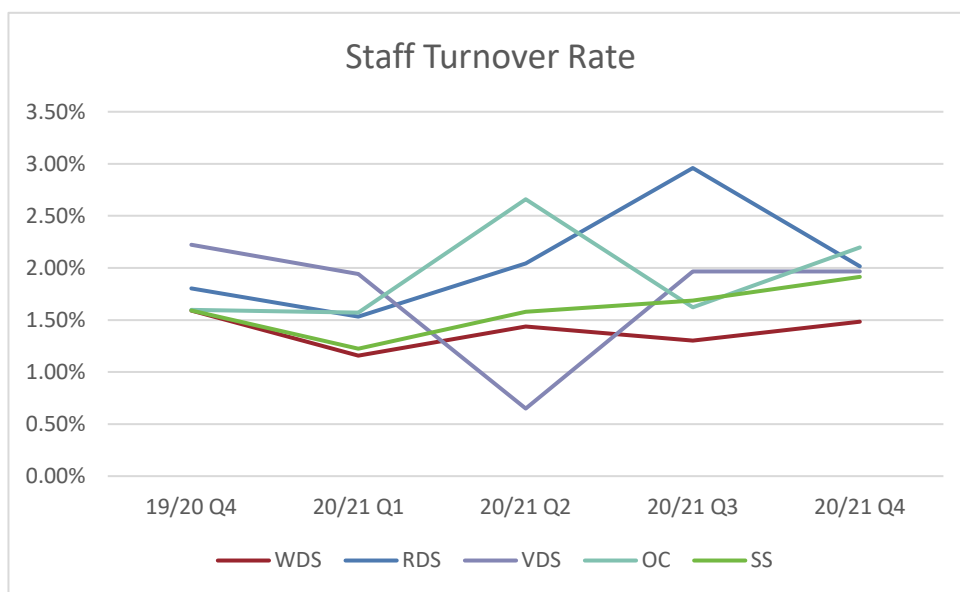


The graph above reflects staff turnover rates in the last five quarters.  During Q4 2020/21 the total number of leavers from the Service was 137 with reasons mainly attributed to retirements and resignations.  The chart below provides a further breakdown and illustrates the number of leavers from the Service for each of the employee groups over the last four reporting periods (an analysis of leavers is provided in section 2.1.4.).

It is our working theory that the reduction in leavers within Q4 19/20 was due to the initial COVID-19 lockdown.  With staff less inclined to leave in this period. We also observed a marked increase in deferred leavers.  As the initial lockdown released, we observed a rapid increase in leavers, that has now subsided to previously observed rates.

Following analysis of the revised retirement forecasting data, retirement predictions will be used to further inform the 6-year Strategic Resourcing Plan.

## Leaving Categories by Employee Group



Legend:
- Other
- Resignation
- Retirement

WDS:
| 19-20 Q4 | 20-21 Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| 57 | 42 | 52 | 47 | 53 |
| Other 2 | Other 2 | Other 3 | Other 3 | Other 3 |
| Resig 9 | Resig 2 | Resig 2 | Resig 4 | |
| Retire 46 | Retire 38 | Retire 47 | Retire 40 | Retire 50 |

RDS:
| 19-20 Q4 | 20-21 Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| 53 | 45 | 59 | 85 | 58 |
| Other 2 | Other 7 | Other 2 | Other 13 | Other 3 |
| Resig 41 | Resig 32 | Resig 49 | Resig 48 | Resig 43 |
| Retire 10 | Retire 6 | Retire 8 | Retire 24 | Retire 12 |

VDS:
| 19-20 Q4 | 20-21 Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| 7 | 6 | 2 | 6 | 6 |
| Resig 5 | Resig 5 | | Other 1, Resig 5 | Resig 4 |
| Retire 2 | Retire 1 | Retire 2 | | Retire 2 |

OC:
| 19-20 Q4 | 20-21 Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| 3 | 3 | 5 | 3 | 4 |
| Resig 1 | Other 1, Resig 1 | Other 1, Resig 1 | | Other 4 |
| Retire 2 | Retire 2 | Retire 3 | Retire 3 | |

SS:
| 19-20 Q4 | 20-21 Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| 13 | 10 | 13 | 14 | 16 |
| Resig 9 | Other 2, Resig 4 | Other 4, Resig 5 | Other 4, Resig 7 | Other 6, Resig 6 |
| Retire 4 | Retire 4 | Retire 4 | Retire 3 | Retire 4 |

2.3 **Strengthen SFRS approach to Talent Management and Development which identifies and develops capacity and capability at all levels**

### 2.3.1 **Leadership Development**

We continue to develop our leadership capability which centres around strategic organisational needs, taking an agile approach to leadership at all levels.

In Q4 the Leadership Development Centre (LDC) Policy was widely communicated and engagement across the SDAs and Corporate Directorates commenced to raise awareness of the approach to leadership development, talent management and succession planning. Work to date has set the foundations and built the capacity and capability to progress 200 future supervisory managers through LDCs and the Leadership Development Programme (LDP) in advance of promotion. A successful tender for development psychometrics was awarded to PSI (Cubiks) with training for assessors scheduled for early Q1.

In supporting the delivery of Leadership Development, a successful tender was awarded to Kallidus Learn who will provide an online eLearning platform to support the future leaders through their LDP, preparing them for promotion and ensuring robust succession planning and talent management.

### 2.4 Strengthen health, wellbeing and fitness arrangements to enable staff to safely and effectively undertake their roles

#### 2.4.1 Medical Assessment Compliance
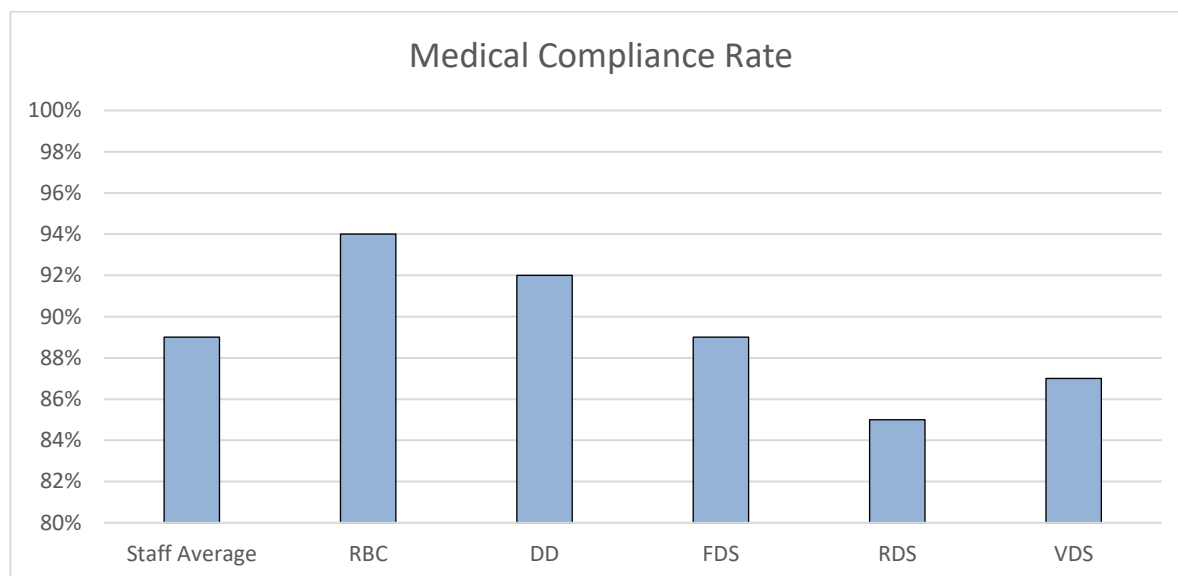


Medical compliance reports on the percentage of employees who have undergone a 3-yearly routine medical in accordance with the SFRS 3 yearly model of medical assessment to ensure that all uniformed employees maintain appropriate health status and fitness to carry out their role safely.

The above graph shows the current medical compliance rate at end of Q4. During the COVID-19 pandemic medical compliance has continued to fall because of the continued cessation of routine medical assessments. Medical compliance for all employees is currently 77% a change from 82% in Q3.

A business case seeking additional HW resource to address this back log has been approved. It is anticipated that this will lead to regaining 100% compliance across all staff groups within 12 months.

#### 2.4.2 Medical Outcomes

Medical assessments have resumed during this reporting period, following an interruption to the assessments during a further government lockdown during the pandemic. There is a focus on employees with overdue medicals, with scrutiny adopted to ensure that routine

work continues at pace. None of those assessed were deemed unfit or fit with restrictions, with 100% of staff assessed as fit for their role.

### 2.4.3    **Fitness Assessment Compliance**
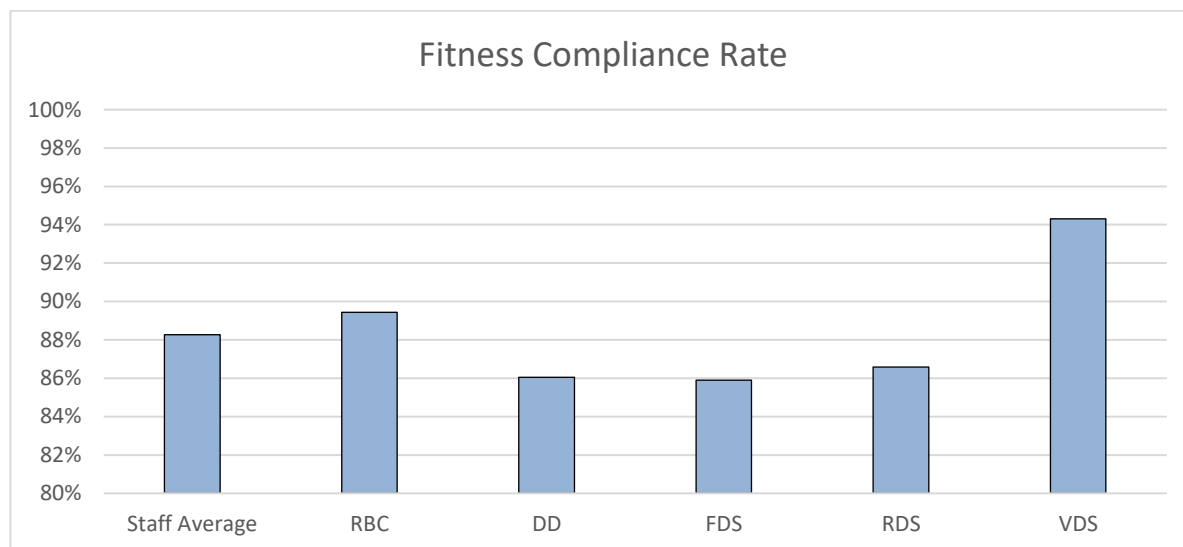


Fitness compliance represents the percentage of employees who have completed a routine fitness assessment within the last 3 years.  The chart above shows the fitness compliance rate by staff group at the end of Q4.  The fitness compliance rate for all employees is 87%, this is a reduction of 1% compared to Q2.  This decrease in compliance is due to the temporary suspension of routine fitness assessments as a result of COVID-19. Routine Assessments were re-established on 1st March 2021.

In comparison to the end of Q2 there has been a reduction of 1% within the Day Duty staff group, 12% within the Flexi Officer Staff Group, 6% in the RDS staff group and 4% within the VDS staff group.  However there has been a 4% increase compliance within the RBC staff group.  This is due to the easier access to this staff group permitting assessments to be planned and delivered at an earlier date following the decision that HW assessments could be safely delivered again.

A business case seeking additional HW resource to address this back log has also been approved. It is anticipated that this will lead to regaining 100% compliance across all staff groups within 12 months.

2.4.4    **Fitness Assessment Outcomes**

During Q4 400 fitness assessments were completed.  In addition, 371 fitness questionnaires were issued to employees with further support provided to 55 employees.

The percentage of RBC and DD, RVDS and FDS employees attaining above the optimum fitness standard for their role, between the minimum and optimum and below the minimum fitness standard for their role is shown in the chart below.
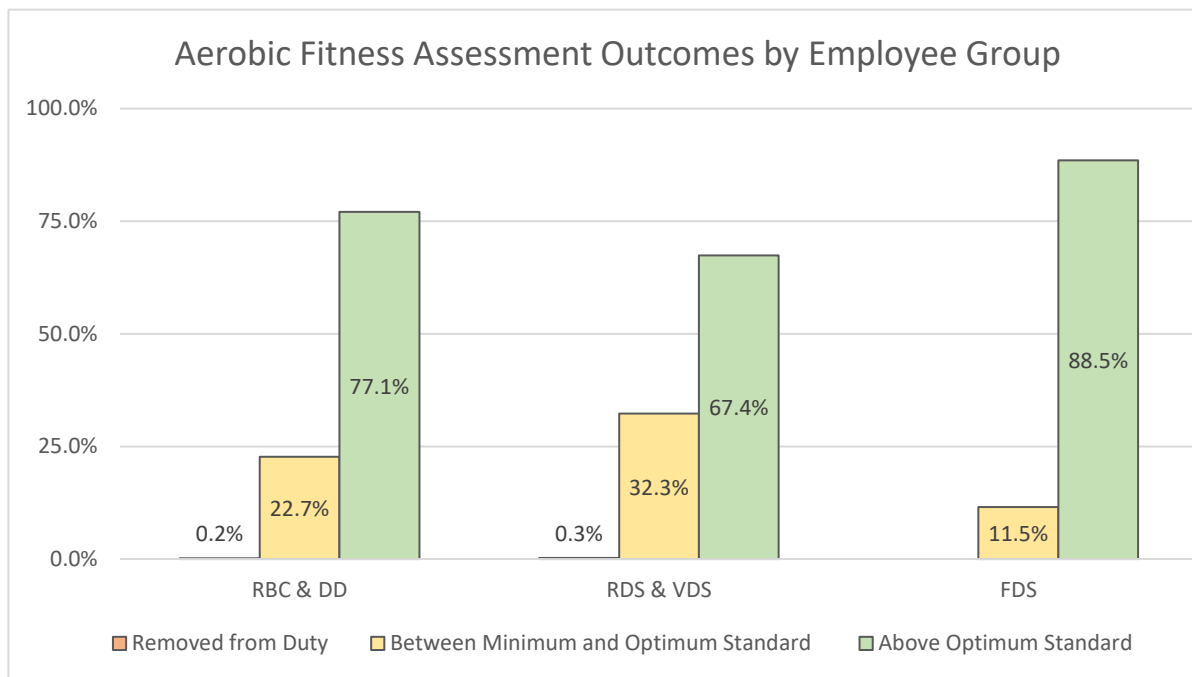


The chart shows that 6 RBC or DD employees and 5 RVDS employees are currently removed from full operational duties due to attaining below the minimum fitness standard for their role.

The percentage of RBC and DD, RVDS and FDS employees identified as being at low, moderate or high cardiovascular risk is shown in the chart below.

Cardiovascular Risk Outcomes by Staff Group

| Staff Group | Low | Moderate | High |
|---|---|---|---|
| RBC & DD | 98.0 | 1.9 | 0.1 |
| RVDS | 95.6 | 4.1 | 0.3 |
| FDS | 99.5 | 0.5 | 0 |

Low ■ Moderate ■ High
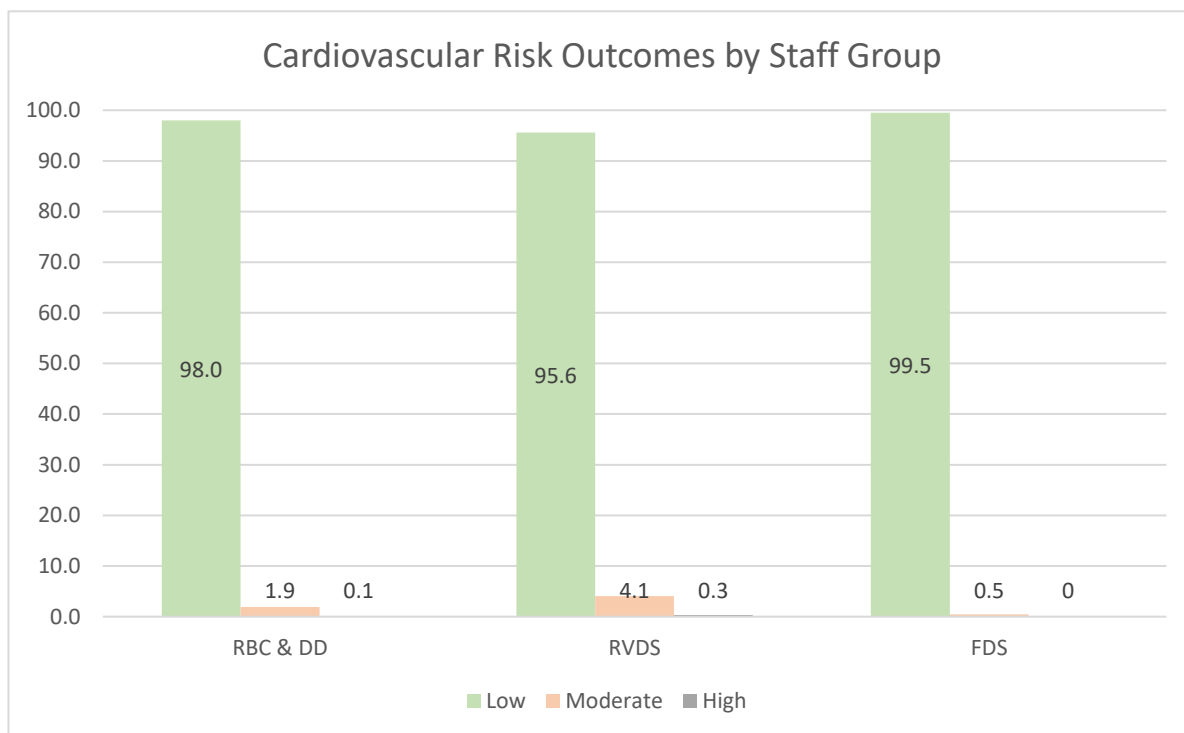
### 2.4.5 Management Referrals

Health and Wellbeing received 244 new management referrals during the reporting period representing a decrease of 1 from Q3. Of the 244 New referrals, 224 attended for appointment.

The top three reasons for referral are detailed below:

- Musculoskeletal Injury or conditions 26% (59 of 224)
- Psychological 25% (57 of 224)
- Respiratory Condition 11% (25 of 224)

The number of management referrals due to musculoskeletal injury has decreased by 24% (78 to 59) compared to Q3. Whilst Management referrals due to psychological reasons have decreased by 15% (67 to 57). There was a change to the third top referral reason in this reporting period, however it is likely closely associated with the previous reporting reasons of infection, due to the symptoms of covid-19. HW will continue to monitor future referrals for this both infection and respiratory conditions to identify if this is a continuing

trend and the reasons for this. It would be anticipated that this would change over the coming months due to the flattening of the virus numbers.

There was a significant increase in referrals due to psychological reasons and MSK injury of 40% and 71% respectively from Q1 2020-21 through Q2 2020-21 and into Q3 of the same reporting year. Q4 saw a return to more conservative numbers similar of that reported in Q1 2020-21. Further analysis of reasons for increased number of referrals is provided in section 2.4.10 and 2.5.1.

2.4.6 **Self-Referrals**

In the reporting period there were a combined 17 self-referrals made to HW.

Of the 17 self-referrals, 4 were requesting advice for fitness for work, 11 were for advice only, 2 were referred for physiotherapy and there were no self-referred for counselling/support. The number of self-referrals have remained unchanged from Q3 with 17 cases reported in the previous reporting period also. Self-referrals for physiotherapy are now reported within section 2.4.10.

2.4.7 **HW Management Referral Outcomes**

In the reporting period 50% of individuals were declared fit following their first appointment, 16% were declared fit with restrictions and 37% were declared unfit. Those declared fit with restrictions will have been allocated alternative duties pending their fitness level improving to the appropriate standard.

Management Referral Outcomes

50%

16%

34%

Fit
Fit with Restrictions
Unfit
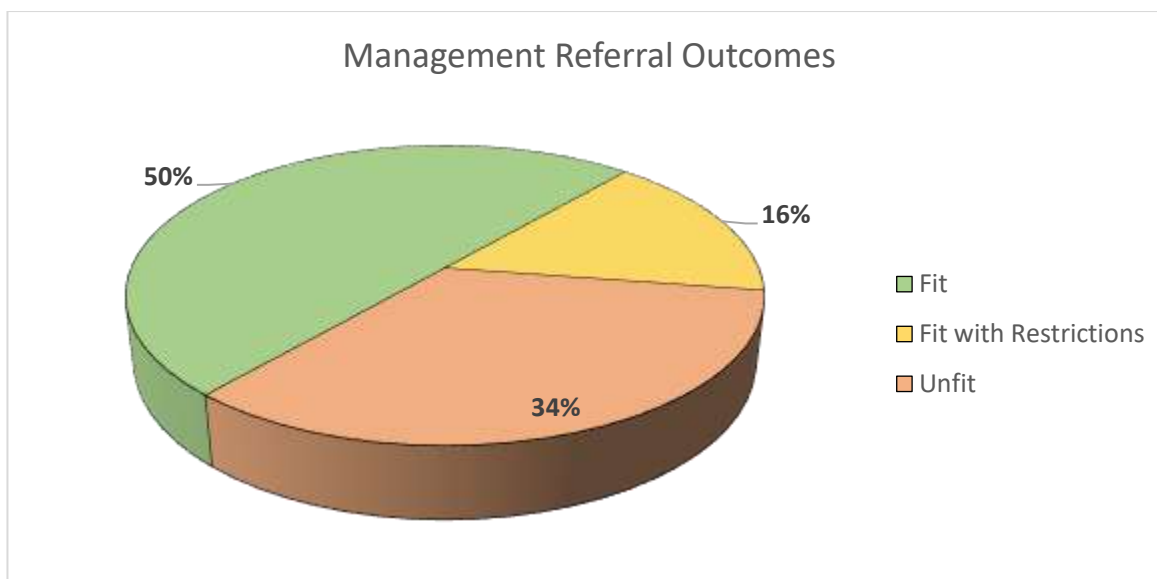
2.4.8    **Waiting Times for First Appointment**

During the reporting period 98% of individuals receiving a management referral are seen within 20 days of the referral being made. This is a marked improvement (85% to 98%) from the same reporting period of the previous year and a further improvement from Q3 of this year of 93% to 98%. This improvement has been noted to correspond with using telephone communication to offer appointment opposed to offer by letter and email only.

2.4.9    **Reasons for Cancellations/ Non-Attendance**

During the reporting period there were 719 OH appointments in total scheduled for both management referral and review appointments of which 16 were cancelled prior to the appointment. This is a 54% decrease in cancellations when comparing to Q3 and a significant 85% decrease in cancellations compare to the same reporting period in the previous year. This substantial downturn in cancellations has been in line with the roll out of the text reminder service and would appear to be an immense success in reducing cancelled appointments. There were, however 48 appointments that were not attended (DNA's) and were not cancelled by the employee. This is a reduction of 13% when comparing with Q3 and a 39% reduction on the DNA's in comparison to the same period in the previous year. It is likely, from the data collated that the text reminder service is having a positive impact on overall missed appointments.

6 appointments were cancelled due to medical appointments, 3 due to annual or other leave, 1 due to operational commitments, 3 due to personal commitments, 1 because of sickness, 1 due to staffing and 1 due to training reasons.

When we consider non-attendance across SFRS, we note a significant reduction in cancellations of appointments month on month with reasons now given for every cancellation. Initial feedback of the text reminder service has been positive and has had a substantial impact on Practitioner waiting times with less need to reschedule missed and/or late appointments.

### 2.4.10  Musculoskeletal Referral Outcomes

Of the 59 referrals due to musculoskeletal injury or conditions 5 could be attributed directly to injuries suffered at work, of these 1 injury occurred during operational incidents, 2 during operational training and 1 during non-operational activity.  In additional there were 20 referrals due to injuries attributable to specific events outside of work and 34 referrals due to MSK conditions that could not be attributed to a specific event or activity.
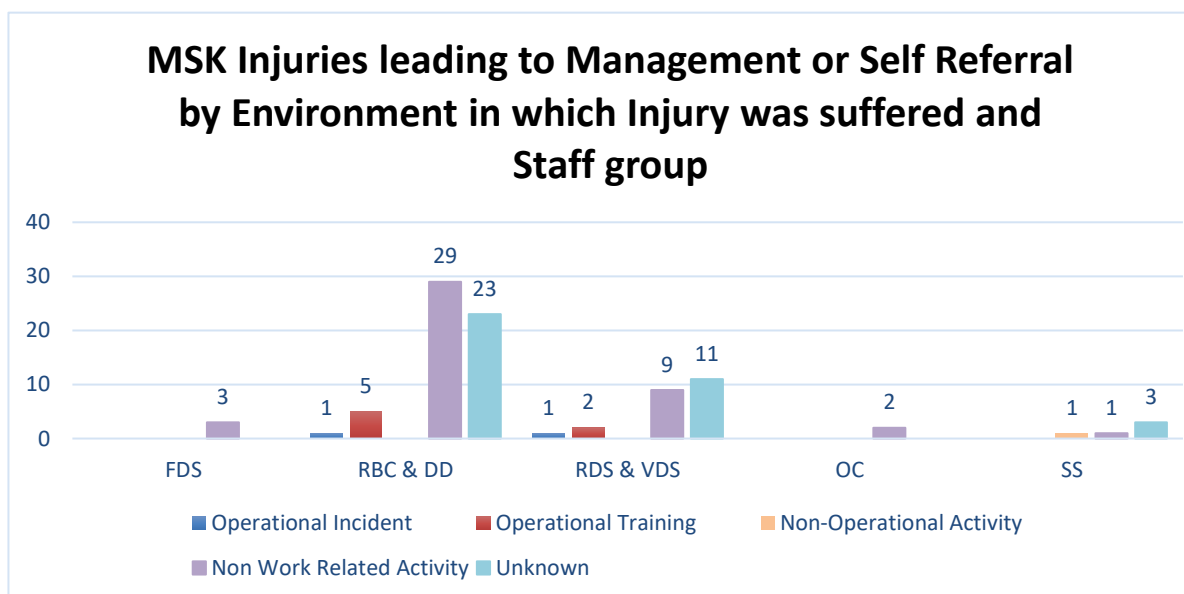


The MSK injury management referral rate per staff group in Q4 is 12 for the RBC and DD staff group, 0 for the FDS staff group, 5 for the RVDS and OC staff groups and 3 for support staff.

In addition to the 59 management referrals due to MSK Injury, 56 individuals self-referred to the HW department to receive support in managing musculoskeletal pain or injury.

During the reporting period 91 individuals were referred to physiotherapy service providers.

In the quarter, 238 employees suffered from short term absence resulting from MSK injury with 1968 days lost as a result.  In addition, 75 employees suffered long term absence due to MSK injury or conditions leading to a total of 3954 days lost within the period.

## 2.5    Implement the Mental Health Strategy to promote and support the wellbeing of staff

### 2.5.1    Number of Stress Referrals

Of the 67 new management referrals relating to psychological illness, 48% (32 of 67) were due to work related stress, 38% (25 of 67) to non-work-related stress and of those 57 cases 7% stated both work and non-work-related stress. In the reporting period, 7% (10 of 67) of referrals were due to mental health conditions not classified as stress.

In comparison to Q3 2020-21, in this reporting period there is an increase from 26 to 32 referrals due to work related stress, a decrease in referrals from 39 to 25 due to non-work-related stress and an increase of referrals resulting from a combination of work and non-work-related stress from 2 to 10. Referrals due to mental health conditions not classified as stress decreased from 17 to 10 when comparing to Q3 and the overall psychological referrals decreased by 20% when comparing to the previous reporting period.

### 2.5.2    Stress Referral Outcomes

The most common cause of stress in the reporting period were both work and non-work-related relationships with 12 cases being referred for each category, followed by work related demands with 7 referrals. Non- work-

related relationships have decreased by 43% compared to the same reporting period of the previous year and work-related stress had a slight reduction of 3 cases equating to 20% reduction

In Q3 Health and Wellbeing commenced collating data to report on work related stress referrals due to relationships with managers and whether these may relate to perceived bullying, harassment or discrimination.

During Q3 there were 11 employees referred due to perceived relationship issues/conflict with managers and 3 cases of perceived bullying/harassment at work. The same categories reported in Q4 display a 64% increase (11 to 18) referrals due to relationship with manager and 133% increase (3 to 7) employees with perceived bullying/harassment

In relation to the referral rates per staff group, the data shows a referral rate per 1000 employees of 7 for operational staff, 11 for operations control staff and 14 for support staff. This is a significant improvement for the operations control group with a reduction from 43 per 1000 to 11.

All stress and mental wellbeing management and self-referrals, continue to be provided with Employee Assistance Programme contact details.
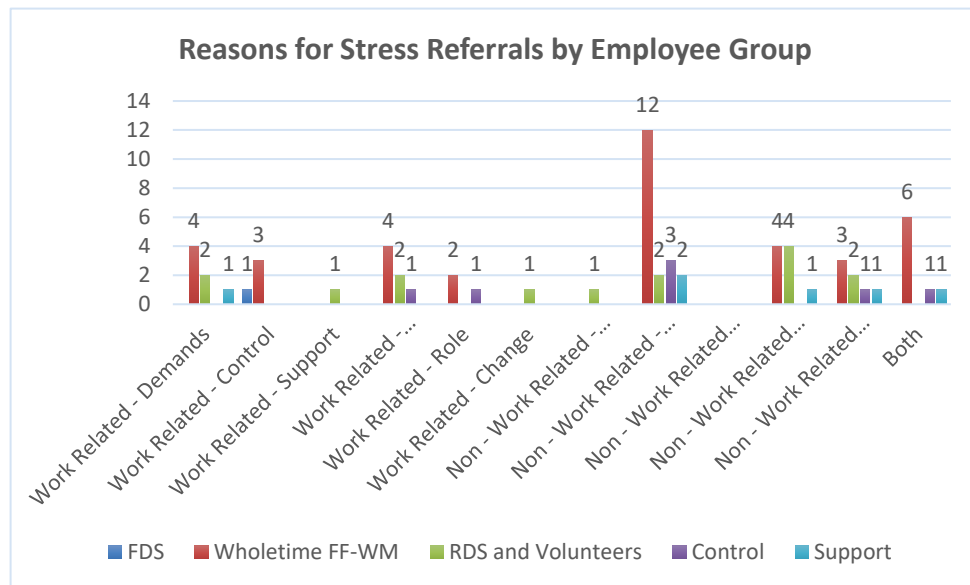
### 2.5.3 Number of Self Referrals to Employee Assistance Programme

From the information received from OH Assist, there were 22 new users of the service and 5 re-users in Q4. Those identified with depression or anxiety and those with stress account for the greatest number of those requiring counselling and psychological assessment, with 19 cases over Q4.

### 2.5.4 Number of days lost due to Stress and Mental Health reasons

In the quarter 49 employees had short term absence resulting from stress or mental health leading to a total of 517 days lost within the period. This is a reduction of 7 employees absent and 83 in comparison to Q3 2020-21.

Further to this, 31 employees suffered long term absence due to stress or mental health leading to a total of 1735 days lost within the period. This is a reduction of 6 employees and 134 days in comparison to Q3 2020-21.

This is illustrated in the chart below.
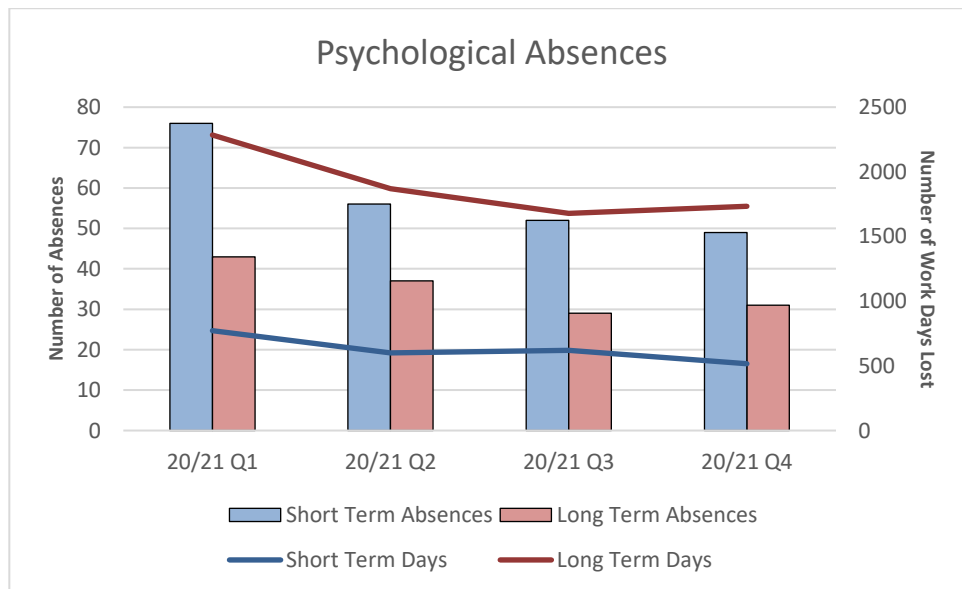
### 2.6    **Absence Summary**

The overall absence percentage for all SFRS working days lost this quarter is 4.93%, which is an increase of 1.62% compared to the previous quarter. The overall absence figure includes COVID-19 related absence which accounts for a proportion of this increase.

| EMPLOYEE GROUP | Wholetime (WDS) | | | | RDS | VDS | OC | SS | TOTAL (ALL) |
|---|---|---|---|---|---|---|---|---|---|
| | RBC | DD | FDS | TOTAL (WDS) | | | | | |
| Short Term Absence (work days lost versus work days available) | 2.97% | 1.13% | 0.96% | **2.47%** | 0.77% | 0.10% | 4.71% | 1.29% | **1.64%** |
| Long Term Absence (work days lost versus work days available) | 1.21% | 0.81% | 1.58% | **1.23%** | 2.36% | - | 2.57% | 2.21% | **3.60%** |
| Overall Absence (work days lost versus work days available) | 4.18% | 1.94% | 2.54% | **3.71%** | 3.13% | 0.10% | 7.28% | 3.50% | **5.25%** |



% Total Absence by Employee Group
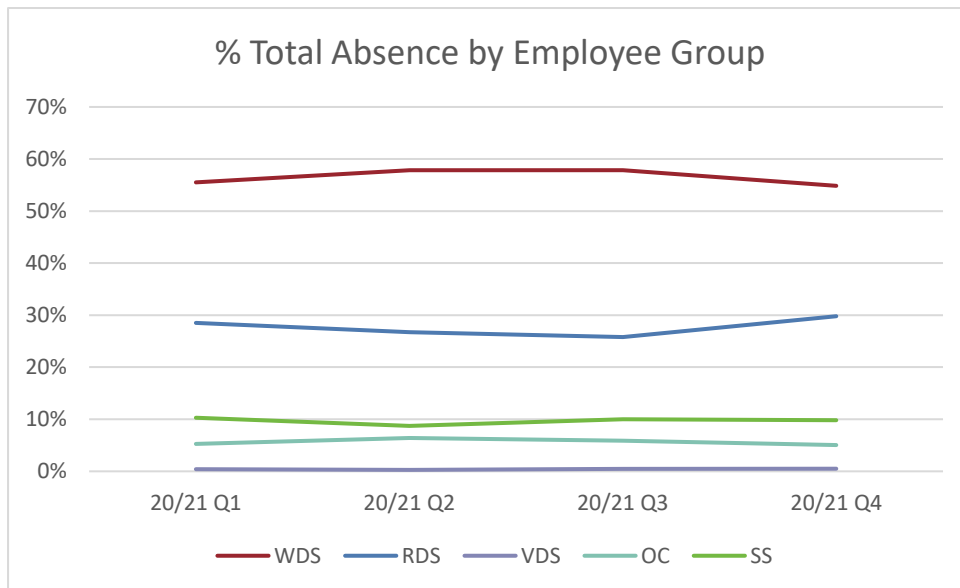
This graph above shows the percentage of total absence by employee group.
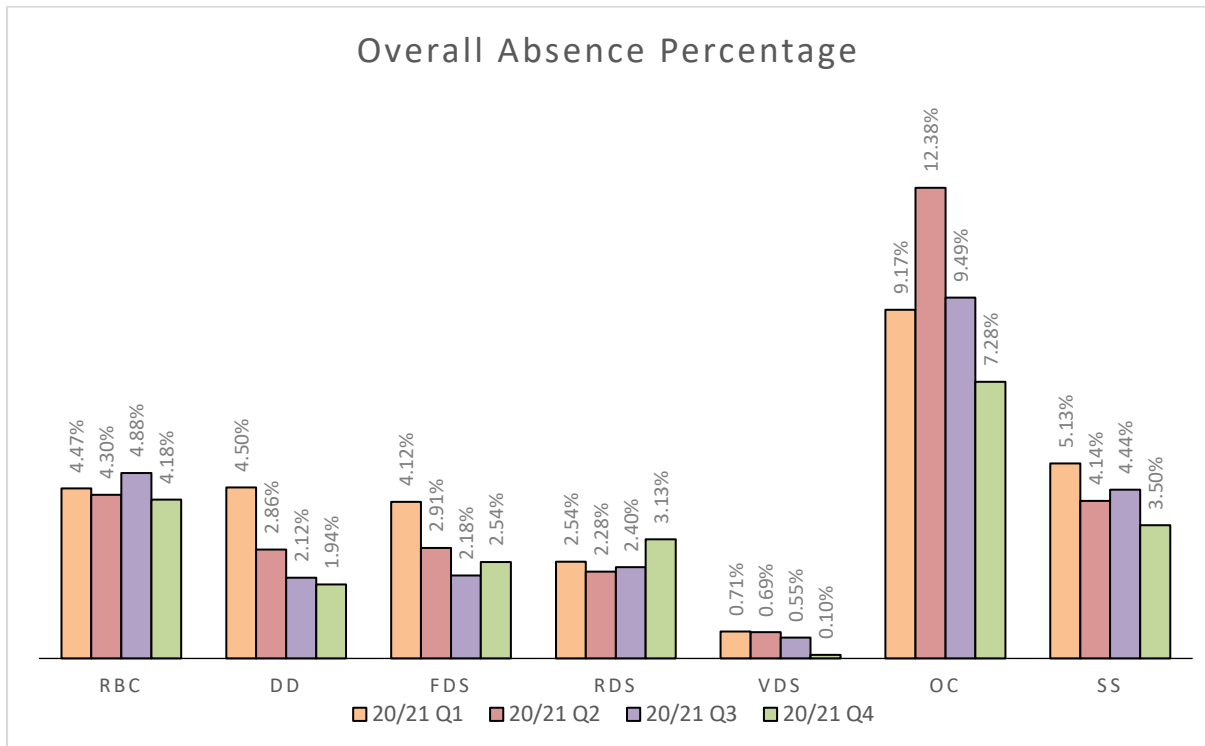


The working days lost absence has decreased across most employee groups, with the exceptions of FDS and RDS which has increased slightly in this quarter by 0.36% and 0.73% latterly. It is noted that the OC has decreased by 2.21% and this is the lowest absence rate within this area for the full reporting cycle for 2020/21. HROD will continue to support the Area Commander, Control on their action plan to reduce absences and identify additional support that can be provided to seek to improve attendance at work.

2.6.1 **COVID - 19 Absence**

**Quarter 4**

| Days lost to Sickness | RBC | DD | FDS | RDS | VDS | OC | SS | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Displaying Symptoms (Duty Days) | 840 | 185.5 | 8.5 | 1140.5 | 11 | 41 | 277 | **2503.5** |
| No. of employees | 162 | 17 | 3 | 104 | 1 | 9 | 19 | **315** |
| | | | | | | | | |
| Days lost to Special Leave | RBC | DD | FDS | RDS | VDS | OC | SS | TOTAL |
| Isolation/Quarantine (Total Days) | 3954 | 136 | 208 | 2884 | 16 | 32 | 472 | **7702** |
| No. of employees | 416 | 7 | 11 | 238 | 3 | 8 | 26 | **709** |

**Quarter 3**

| Days lost to Sickness | RBC | DD | FDS | RDS | VDS | OC | SS | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Displaying Symptoms (Duty Days) | 892 | 200 | 28 | 678.5 | 17 | 21.5 | 310 | **2147** |
| No. of employees | 134 | 12 | 4 | 70 | 1 | 7 | 30 | **258** |
| | | | | | | | | |
| Days lost to Special Leave | RBC | DD | FDS | RDS | VDS | OC | SS | TOTAL |
| Isolation/Quarantine (Total Days) | 3577 | 156 | 117 | 2126 | 50 | 117 | 615 | **6758** |
| No. of employees | 454 | 21 | 14 | 249 | 4 | 16 | 51 | **809** |

As anticipated, the second wave in this quarter for COVID-19 related absences have increased compared to the previous quarter.  In comparison to Q3, the combined increase from days lost due to both sickness and special leave is 157 employees.  It is anticipated that there will be a decrease in Q1 2021/22 as we move towards the restrictions being lifted and seasonal changes.

A range of procedures have been implemented to support staff affected and these are reviewed on a regular basis as the pandemic situation progresses.

2.6.2 **Short term absence**



Number of Staff on Short Term Sick
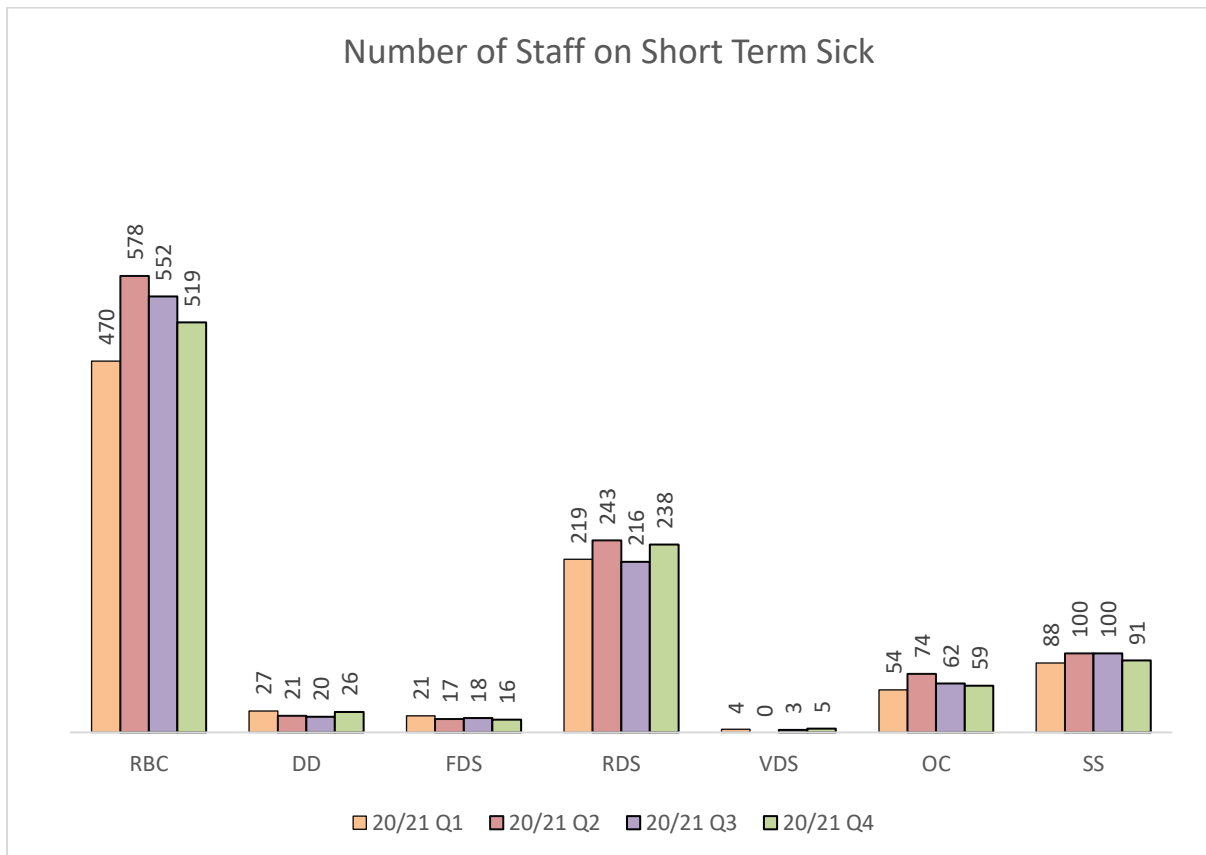
In comparison to Q3 2020/21, the number of employees on short-term absence has decreased across most staff groups, with the exceptions of DD and RDS in Q4, which has increased slightly.

2.6.3 **Long term absence**
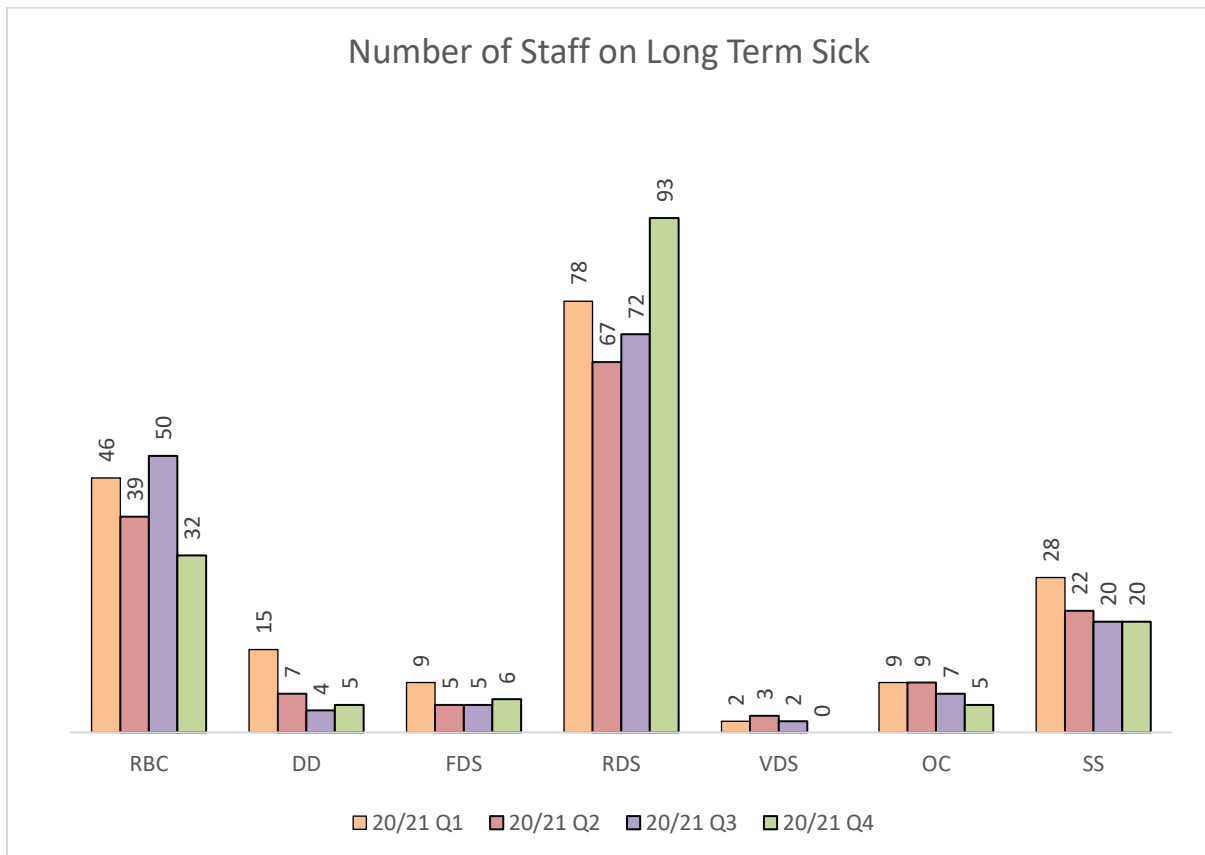


In comparison to Q3 2020/21, the number of employees on long-term absence has decreased in most staff groups, with the exception of FDS and RDS in Q4, which increased slightly.

The review of the Attendance Management Policy and supporting procedures was completed this quarter and issued for formal consultation.  The feedback is being analysed with a view to the documents being issued for final consultation in Q1 2021/22.  The main purpose of this review is to ensure employee wellbeing is supported effectively with appropriate support and interventions in place at an early stage of absence, and that positive attendance at work is promoted.

HR Business Partners have supported managers to identify trends/patterns in their areas and as a result of refreshing the LSO monthly absence meetings and briefing sessions for several newly promoted managers, a number of long-term cases have achieved successful return to duties.

Work on the development of an electronic absence tracker has continued to be postponed due to COVID-19 and it is hoped that the work on this will recommence in Q1 2021/22.

### Top Five absence reasons

| Short Term Sick - Top 5 Reasons | Musculoskeletal | Psychological | Respiratory | Stomach / Bowel | Surgical | Other | Total |
|---|---|---|---|---|---|---|---|
| RBC | 1192 | 182 | 137.5 | 214.5 | 132.5 | 282.5 | **2141** |
| DD | 22.5 | 23 | 11 | - | 42 | 4 | **102.5** |
| FDS | 4 | 101 | 5 | 26 | 6 | 3 | **145** |
| RDS | 554.5 | 66 | 102 | 80.5 | 65.5 | 205.5 | **1074** |
| VDS | 15 | - | - | - | - | 1 | **16** |
| OC | 95.5 | 1 | 113 | 24 | 12 | 51 | **296.5** |
| SS | 84 | 143.5 | 41 | 47.5 | 27 | 117 | **460** |
| Total Working Days Lost | **1967.5** | **516.5** | **409.5** | **392.5** | **285** | **664** | **4235** |
| Number of Employees | **238** | **49** | **84** | **115** | **34** | **129** | **649** |

| Long Term Sick - Top 5 Reasons | Musculoskeletal | Psychological | Soft Tissue | Cardiovascular | Surgical | Other | Total |
|---|---|---|---|---|---|---|---|
| RBC | 812 | 72 | - | 107 | 33 | 188 | **1212** |
| DD | - | 38 | - | - | 31 | 60 | **129** |
| FDS | 53 | 103 | 30 | - | 38 | 29 | **253** |
| RDS | 2852 | 1027 | 636.5 | 483 | 438 | 226 | **5662.5** |
| VDS | - | - | - | - | - | - | **0** |
| OC | 63 | 75 | - | - | - | 46 | **184** |
| SS | 174 | 420 | 52 | 110 | 0 | 30 | **786** |
| Total Working Days Lost | **3954** | **1735** | **718.5** | **700** | **540** | **579** | **8226.5** |
| Number of Employees | **75** | **31** | **10** | **11** | **10** | **14** | **151** |

The tables above show the main reasons for employee absence in working days lost, for short and long-term absence, and the total number of employees absent within these categories.

Musculoskeletal (MSK) issues continue to be the main reason for both short and long-term absence.  Q4 shows a decrease in the long-term working days lost for this reason of 489 and 3 fewer employees absent.  The short-term category also shows a decrease in this quarter of 243.5 working days lost and 45 fewer employees absent for this reason.

When comparing absence reasons, it is noted that for psychological conditions there has been a decrease in short-term absence by 1 and an increase of 2 employees in long-term absence.

2.6.4 **Number of Staff on modified duties**

| EMPLOYEE GROUP | Wholetime (WDS) | | | | RDS | VDS | OC | SS | TOTAL (ALL) |
|---|---|---|---|---|---|---|---|---|---|
| | RBC | DD | FDS | TOTAL (WDS) | | | | | |
| Number of Staff on Modified Duties | 27 | 1 | 1 | **29** | 15 | 1 | 1 | - | **46** |

The table above shows the total number of employees who have been undertaking alternative duties, on a temporary basis, until they become fit for operational duty in this quarter.  This includes those who have been on long-term absence and have been able to return to the workplace on alternative duties as part of supporting their return to work, but also because of other factors for example those removed from operational duties due to attaining below the minimum fitness standard for their role (as referred to at 2.4.4).

**Appendix 1 – Data Analysis**

Where data reported involves less than five employees, further analysis is not being included in this report to ensure that individuals cannot be identified. This would breach the principles of DPA 2018 and GDPR as defined below.

'Personal Data" is defined in Section 3 (b) of the DPA 2018 as any information relating to an identified or identifiable living individual, who can be identified, directly or indirectly where one or more one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of the individual. Article 4 of the GDPR, 'profiling' means any form of automated processing of personal data consisting of the use of personal data to evaluate certain person aspects relating to a natural person, in particular to analyse or predict aspects concerning that natural person's performance at work, economic situation, health, personal preferences, interests, reliability, behaviour, location or movements.

Personal Data is exempt from disclosure if disclosure would contravene any of the data protection principles in Article 5(1) of the GDPR.

## APPENDIX 2 - GLOSSARY OF TERMS

| | |
|---|---|
| AGP | Aerosol Generating Procedures |
| BFT | Building the Future Together Programme (Cultural Development Framework) |
| CLP | Collective Learning Partnership |
| COVID-19 | Coronavirus pandemic |
| DD | Detached duties |
| ESDA | East Service Delivery Area |
| Edenred | SFRS third party employee benefits provider |
| E-HWMS | Electronic Health and Wellbeing Management system |
| FCS | Finance and Contractual Services Directorate |
| FDS | Flexi Duty System |
| FF | Firefighter |
| FF MA | Firefighter Modern Apprenticeship |
| FTE | Full-time Equivalent |
| GIN | General Information Note |
| HROD | Human Resources and Organisational Development Function |
| HW | Health and Wellbeing Function |
| ICT | Information Communications Technology |
| JE | Job Evaluation |
| Kronos | The Wholetime ICT availability system |
| LDC | Leadership Development Centre |
| LDP | Leadership Development Programme |
| LfCP | Leadership for Change Programme |
| LNA | Learning Needs Analysis |
| LSO | Local Senior Officer |
| MA | Modern Apprentice/ship |
| Management Referral | Where a manager refers an employee to HW for an assessment of fitness for role due to service injury, absence or other physical or mental health concern |
| MPD | Maintenance Phase Development |
| MSK | Musculoskeletal |
| NJC | National Joint Council |
| NSDA | North Service Delivery Area |
| NWR | Non-Work Related |
| OC | Operations Control |
| POD | People and Organisational Development Directorate |
| PVG Act | Protection of Vulnerable Groups (Scotland) Act 2007 |
| PVG Scheme | Protecting Vulnerable Groups Scheme |
| Q1 | Period 1 April – 30 June |
| Q2 | Period 1 July – 30 September |
| Q3 | Period 1 October – 31 December |
| Q4 | Period 1 January – 31 March |
| RBC | Resource Based Crewing |

| RDS | Retained Duty System |
|---|---|
| RDS/VDS | Retained Duty System/Volunteer Duty System |
| ROSE | Review of Specialist Equipment |
| R&R | Response & Resilience Directorate |
| R&S | Recruitment & Selection |
| SDA | Service Delivery Area |
| SDMP | Service Delivery Module Programme |
| SFRS | Scottish Fire and Rescue Service |
| SJC JE Scheme | Scottish Joint Council Job Evaluation Scheme (as adopted by SFRS) |
| SLT | Strategic Leadership Team |
| SMB | Senior Management Board |
| SDS | Skills Development Scotland |
| SQA | Scottish Qualifications Authority |
| SPPA | Scottish Public Pensions Agency |
| SSOW | Safe System of Work |
| T&C's | Terms and conditions of employment |
| TNA | Training Needs Analysis |
| TOM | Target Operating Model |
| TFF | Trainee Firefighter |
| TU | Trade Union |
| UK FRS | UK Fire & Rescue Services |
| UCLan | The University of Central Lancashire |
| UIG | User Intelligence Group |
| VDS | Volunteer Duty System |
| WFPR | Workforce Planning & Resourcing |
| WSDA | West Service Delivery Area |
| WC | Watch Commander |
| WR | Work Related |

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# TRAINING, SAFETY AND ASSURANCE DIRECTORATE

# PROGRESS AND PERFORMANCE REPORT

# QUARTER 4 2020-21

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4.1 Operational Readiness: Training for Operational Competence;

4.2 Incident Command Competence;

4.3 Specialist Rescue Competence; and

4.4 Compliance with Mandatory Maintenance Phase Training.

## 1.    Introduction

This report outlines the performance measures collated by the Training, Safety and Assurance (TSA) Directorate against the Priorities set out by Scottish Government in the Fire and Rescue Framework for Scotland 2016 which states "***The SFRS should aim to be an employer of choice – maximising the effectiveness of its approach to Workforce Planning; promoting the safety, health and wellbeing of all staff; and being a learning organisation with opportunities for all.  The SFRS should also seek to be an organisation that is more representative of the people and communities that it serves."***   In turn these priorities have been identified in the SFRS Strategic Plan as ***"We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services."***

For ease of reference, the report has two distinct sections; one for Training and the other for Safety & Assurance, with each section reporting on key metrics, risk performance and analysis.

The COVID-19 Pandemic has remained the main challenge for the Directorate and continues to have a significant impact during this period with resources being allocated to support employees, whilst addressing emerging Directorate, Organisational and National issues. The impact of COVID-19 is highlighted within the relevant sections of this report. However, the key challenge is the significant reduction in the quantity of student places that can be accommodated on courses due to social distancing restrictions restricting numbers by up to fifty percent in most cases.

Key successes for the Training Function within this quarter include:

- 55 new Retained and Volunteer Duty System Trainees Firefighters placed at 8 differing training venues throughout the Service area completed their Task and Task Management course at various points throughout March 2021;
- 24 Whole-time Trainee Firefighters commenced their foundation programme on 11th January 2021 at the National Training Centre with course completion on the 2nd April. A further 34 new Trainee Firefighters commenced their foundation course on 29th March 2021 placed at our Newbridge and National Training Centres;
- Successful discussions with Scottish Government achieved a legislative change allowing delegated driver testing for Emergency Services during COVID-19 restrictions. This change allowed Driver Training to resume acquisition Training and Testing at Category `C` level; and

- 16 Specialist courses: Detection, Identification and Monitoring of Hazardous Materials, Pre-hospital Trauma Life Support, Wildfire Tactical Advisors, Rope Rescue Supervisors, Boat Operators and Swift Water Rescue Technicians have successfully been delivered to support the Scottish Fire and Rescue Service (SFRS) Operational Response.

Key success for the Safety and Assurance Function this quarter include:

- Completion of 5 new Management Arrangements and supporting LCMS modules and a review of 2 existing modules;
- Refining of COVID-19 arrangements to assist end user;
- Influence of format of outcomes stemming from Operations Document Conversion Project;
- Review of Induction checklist to increase focus on health and safety; and
- 2021-22 improvement plan agreed with all Directorates.

2. **Risk Movement**

| Directorate objective | Update on significant successes/challenges | Action taken to mitigate/reduce risk | Link to Risk Register (risk movement) | Progress from last quarter |
|---|---|---|---|---|
| Ensure there is sufficient staff capacity and resources available to meet Service training demand. | There has been an increased focus on risk critical training.<br><br>Skills refresher training undertaken for "day duty" staff in preparation for front line operational redeployment if required.<br><br>Training pathways for re-engagement of former staff have been developed. | A "State of the Nation" Gap analysis has been undertaken and draft proposals for a Training Recovery Plan have been devised in liaison with Service Delivery business partners. This will be integrated into the Reset, Renew and Recovery planning via the People & Leadership work stream.<br><br>National Training Instructors are supporting Service Delivery Area (SDA) Instructors to ensure sufficient capacity to deliver specialist training courses in local areas (e.g. Rope Rescue and Water Rescue Courses).<br><br>A Project Manager was appointed in November 2020 to manage the Training Function Continuous Improvement programme and support the implementation of the Training Review recommendations. | SR5 ⬌ | 🟢 |

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| | | | | |
|---|---|---|---|---|
| Availability of our facilities' capacity to host training due to the restricted numbers allowed whilst observing social distancing restrictions. | There has been an increased focus on risk critical training with minimal courses being facilitated at National Training Centres and with training being facilitated locally wherever possible. | COVID-19 Risk Assessments undertaken at each Training Centre site to revise capacity and ensure social distancing measures can be observed. Joining Instructions revised to incorporate COVID-19 prevention guidance.<br><br>Full review conducted of Business Continuity Plans for the Function and each of our Training Centres.<br><br>Quality Assurance support visits facilitated by National Training Instructors and Officers to assist SDA Instructors delivering local training events (e.g. Red, Amber and Green Phase Assessments for Firefighters in Development). | SR9 ⬌ | 🟢 |
| Develop and facilitate implementation of an in-house Health and Safety Management Information System (HSMIS) | 2 modules from Phase 1 complete with 1 module live, Work commenced on development of a further 2 modules. Delay in going live due to refining of the management reporting functionality within each module. | Enhanced liaison with ICT in place. | TSA5/SR4 ⬌ | 🟢 |

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| Develop and facilitate SFRS, SDA/Directorate HS improvement plans | Engagement with SDA/Directorates on going to progress HS improvement plans. The impact of COVID-19 has reduced resources to progress some aspects of the plan. | HS Dept. has deferred some lower risk actions to 2021-22 to accommodate impact of COVID-19. Improvement in the completion of actions compared to compared to previous year is noted. | TSA5/SR4 | ⟷ | 🟢 |
|---|---|---|---|---|---|

*Table 1: Risk Movement*

**Link to Risk Register**

➡️⬅️  Risk has not changed since previous quarter

⬇️  Risk has decreased since previous quarter

⬆️  Risk has increased from previous quarter

**Progress from last Quarter**

🟢  Actions taken has improved progress against objective

🟡  Actions taken/lack of actions taken with no progress made against objective

🔴  Actions taken/lack of actions resulting in slippage of objective

### 3. Spotlight Report – Flexi-Duty Officers, Training for Operational Competence

The maintenance of knowledge and skills is a core requirement for all individuals to underpin their operational role. The Training for Operational Competence (TfOC) for Flexi-Duty Officers (FDO's) section within the Learning Content Management System (LCMS) supports this continued maintenance.

The programme of maintenance operates on a 3 -year cycle with FDO's required to satisfactorily complete a module upon a specific subject area every month. There are 6 recurring subject areas which require to be completed every year within the cycle which cover the key skills of:

- Emergency Response Driving;
- Incident Management;
- Health, Safety and Risk Management;
- Functional Officer / Tactical Advisors;
- Command Support; and
- Operational Assurance.

This leaves 18 monthly modules within the 3-year cycle during which the FDO's will complete other relevant subjects. This methodology allows for some flexibility to react quickly to topical matters or changes / updates to practice or policy. As an example: the subject of "Wildfire" was covered in March 2021 to coincide with the traditional start of wildfire season in Scotland.



**FDO TFOC**

83 — 84 — 78 — 83 — 73

Q4 2019-20    Q1 2020-21    Q2 2020-21    Q3 2020-21    Q4 2020-21
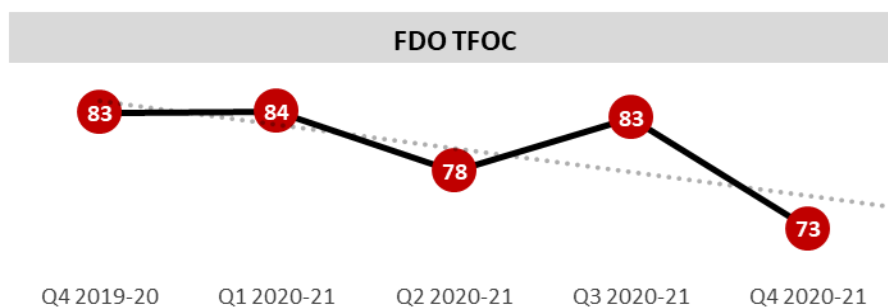
*Figure 1: FDO TFOC*

The above figures reflect the previous quarters percentage compliance by FDO's across the Service. There is a fairly consistent level of compliance between the high 70 % to low 80 % area, however, Q4 reflect a slight decrease below this level.

This indicator has not previously been monitored nor included within this report: its addition to the suite of reporting metrics is designed to increase focus and assist in improving compliance levels.

## 4 Training Analysis

### 4.1 Operational Readiness: Training for Operational Competence

Operational readiness is measured across competence in Core Skills, Incident Command, Specialist Skills and Maintenance Phase Development Modules (MPDM). These indicators are set internally as part of the SFRS Performance Management Framework and are aligned under Strategic Outcome 3: We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services. As per the table below,

| Ref | Indicators | Frequency | Target / Direction of Travel | Board | SDC | SGC | ARAC |
|---|---|---|---|---|---|---|---|
| | **Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services.** | | | **Reported to** | | | |
| O3.1 | Actual Full Time Equivalent (FTE) staff against Target Operating Model by staff group | Quarterly | Monitor | | | ✓ | |
| O3.2 | Actual headcount | Quarterly | Monitor | | | ✓ | |
| O3.3 | Number of staff vacancies by FTE | Quarterly | Reduce based on moving 3-year average | | | ✓ | |
| O3.4 | % Staff vacancies | Quarterly | Monitor | | | ✓ | |
| O3.5 | % Staff turnover | Quarterly | Monitor | | | ✓ | |
| O3.6 | Number of vacancy applications | Quarterly | Monitor | | | ✓ | |
| O3.7 | % of staff deemed competent against requirement for Operational Core Competence | Quarterly | 95% | | | ✓ | |
| O3.8 | % of staff deemed competent against requirement for Incident Command Competence | Quarterly | 95% | | | ✓ | |
| O3.9 | % of staff deemed competent against requirement for Specialist Rescue Competence | Quarterly | 95% | | | ✓ | |
| O3.10 | % of staff deemed competent against requirement for Mandatory Maintenance Phase Training for both Standard and Advanced Modules | Quarterly | 95% | | | ✓ | |
| O3.11 | Number of incidents in which there was a verbal or physical attack on a firefighter | Annual | Reduce based on moving 3-year average | | | ✓ | |
| O3.12 | Number of staff who suffered RIDDOR-reportable injuries at work | Quarterly | Reduce based on moving 3-year average | ✓ | | ✓ | |
| O3.13 | Number of accidents and injuries | Quarterly | Reduce based on moving 3-year average | | | ✓ | |
| O3.14 | Number of near miss events | Quarterly | Monitor | | | ✓ | |
| O3.15 | Number of vehicle accidents | Quarterly | Reduce based on moving 3-year average | | | ✓ | |

*Table 2: Outcome 3*

performance indicators O3.7 – O3.10 are reported upon quarterly and all have a target of 95% compliance.

**4.2 Operational Core Competence (% of Staff deemed competent against requirement)**

**Resource Based Crewing (RBC)**



| 93 | 94 | 94 | 94 | 95 |
| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |

**Retained Duty System (RDS)**



| 73 | 74 | 75 | 76 | 77 |
| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |

**Volunteer Duty System (VDS)**



| 32 | 29 | 27 | 28 | 23 |
| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |
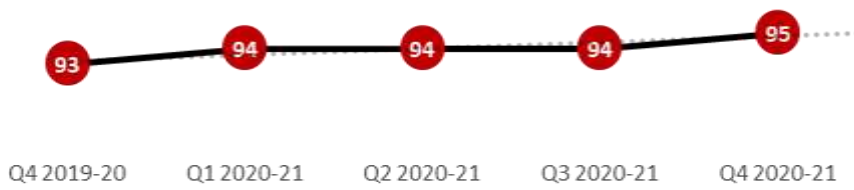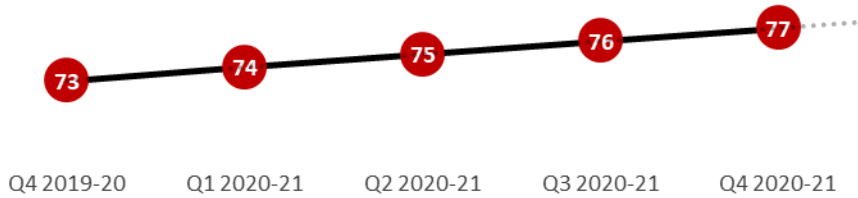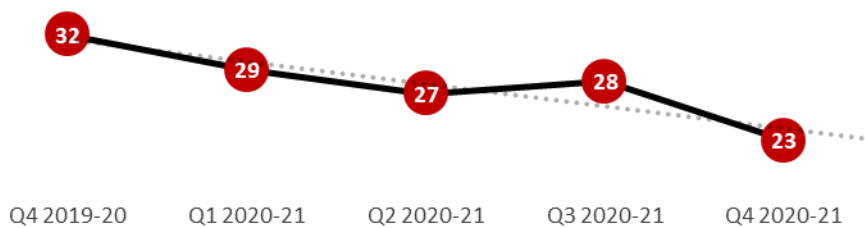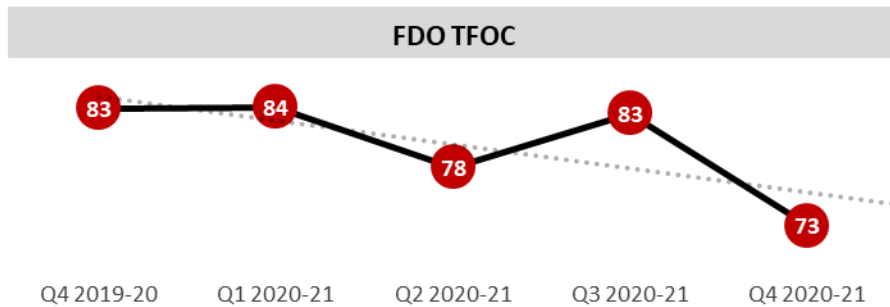
*Figure 2: Operational Core Competence*

The Q4 figures for Core skills of Incident Command, Breathing Apparatus, Fire Behaviour, Tactical Ventilation and Emergency Response Driver Training reflect a slight increase over the previous quarter for Resource Based Crewing (RBC) and the Retained Duty Systems (RDS) staff groups. The Volunteer Duty System (VDS) Staff group reflect a decrease. The issues surrounding VDS training are to be subject to review by the RVDS Leadership Forum. The FDO TFOC update is referenced in the section 3 spotlight report. All of these are considered to be within reasonable levels of tolerance.

Throughout Q4, COVID-19 restrictions on RDS and Volunteer drill nights have been in-place ensuring the Service is aligned with the Scottish Government Tier system during the pandemic. The additional support for distance training of our learning content accessible on a range of platforms has continued throughout the quarter to ensure maintenance of core skill competency.

The on-going focus of maintaining key risk critical skills has continued into Q4 and has assisted in mitigating the impact of restrictions on course numbers and the restricted training capacity.

## 4.3 Incident Command Competence (% of Staff deemed competent against requirement)

**Resource Based Crewing (RBC)**

94    95    93    95    97

Q4 2019-20    Q1 2020-21    Q2 2020-21    Q3 2020-21    Q4 2020-21

**Retained Duty System (RDS)**

88    90    88    90    91

Q4 2019-20    Q1 2020-21    Q2 2020-21    Q3 2020-21    Q4 2020-21

**Volunteer Duty System (VDS)**

75    76    72    72    82

Q4 2019-20    Q1 2020-21    Q2 2020-21    Q3 2020-21    Q4 2020-21

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**Flexible Duty System (FDS)**

89 — 82 — 79 — 80 — 74

Q4 2019-20   Q1 2020-21   Q2 2020-21   Q3 2020-21   Q4 2020-21
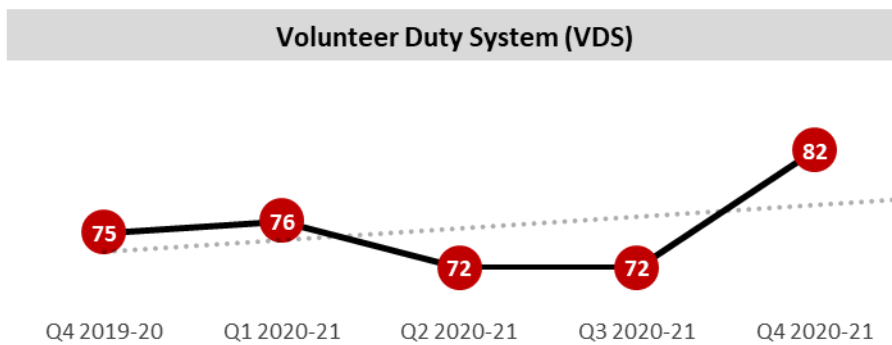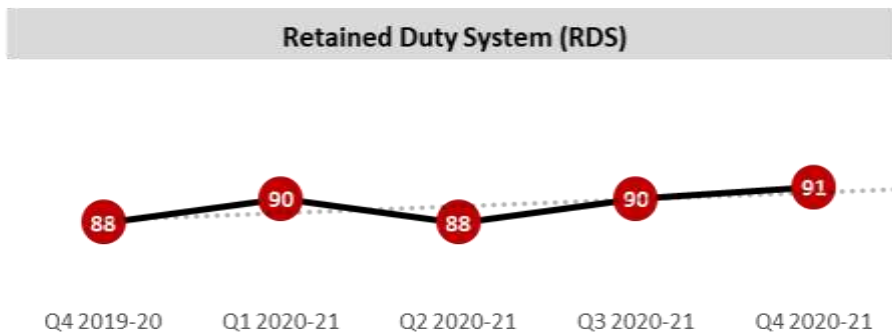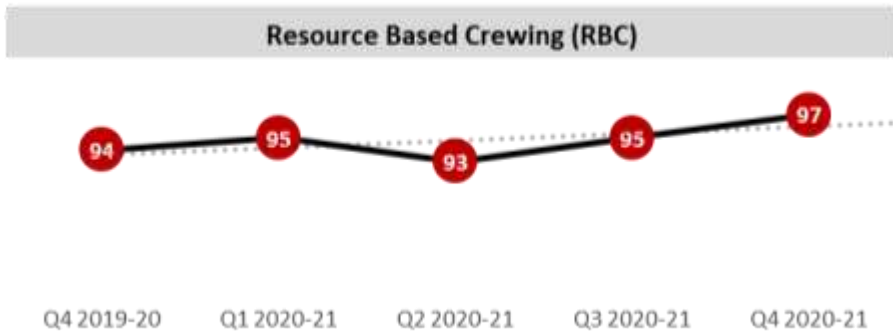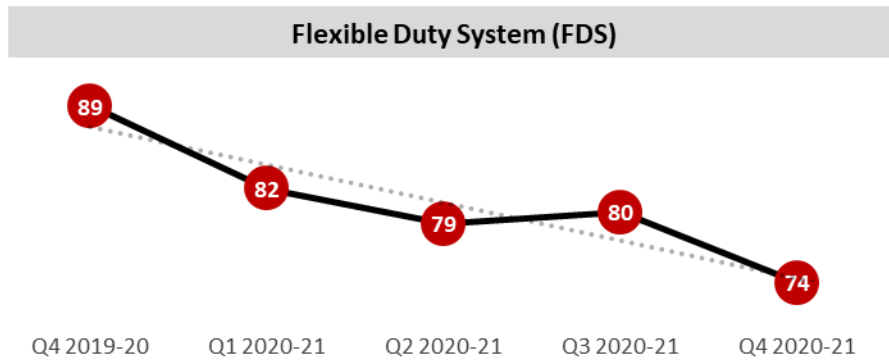
*Figure 3: Incident Command Competence*

Building on the previous Q3 figures there is a slight increase in the RBC and RDS figures and a marked increase within VDS figures for Q4. The Flexi Duty System (FDS) figure reflects a decrease within Officer competency, however, competing pressures of managerial commitments, including supplementary pandemic related work continue to be a challenge and influence the availability to attend Command refresher courses. To provide greater focus, this indicator forms a standing agenda item in the Service Delivery and Training monthly liaison meeting.

During Q4 the National Incident Command Team have been finalising alterations to the delivery model for Incident Command Level (ICL) courses to address the impact from the pandemic restrictions. These will incorporate distant / remote learning and assessment for development and refresher courses, with only the ICL1 course requiring the practical assessment interaction.

The future implementation of a supporting framework for the re-accreditation of incident command competency, particularly at ICL1 level, utilising Operational Assurance will be developed and will assist in the mid to long-term to further improve performance.

## 4.4 Specialist Rescue Competence (% of Staff deemed competent against requirement)

**Heavy Rescue**



| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |
|---|---|---|---|---|
| 96 | 96 | 93 | 86 | 80 |

**Urban Search and Rescue**



| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |
|---|---|---|---|---|
| 88 | 88 | 69 | 60 | 60 |

**Water Rescue - Level 3**



| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |
|---|---|---|---|---|
| 97 | 97 | 102 | 114 | 121 |
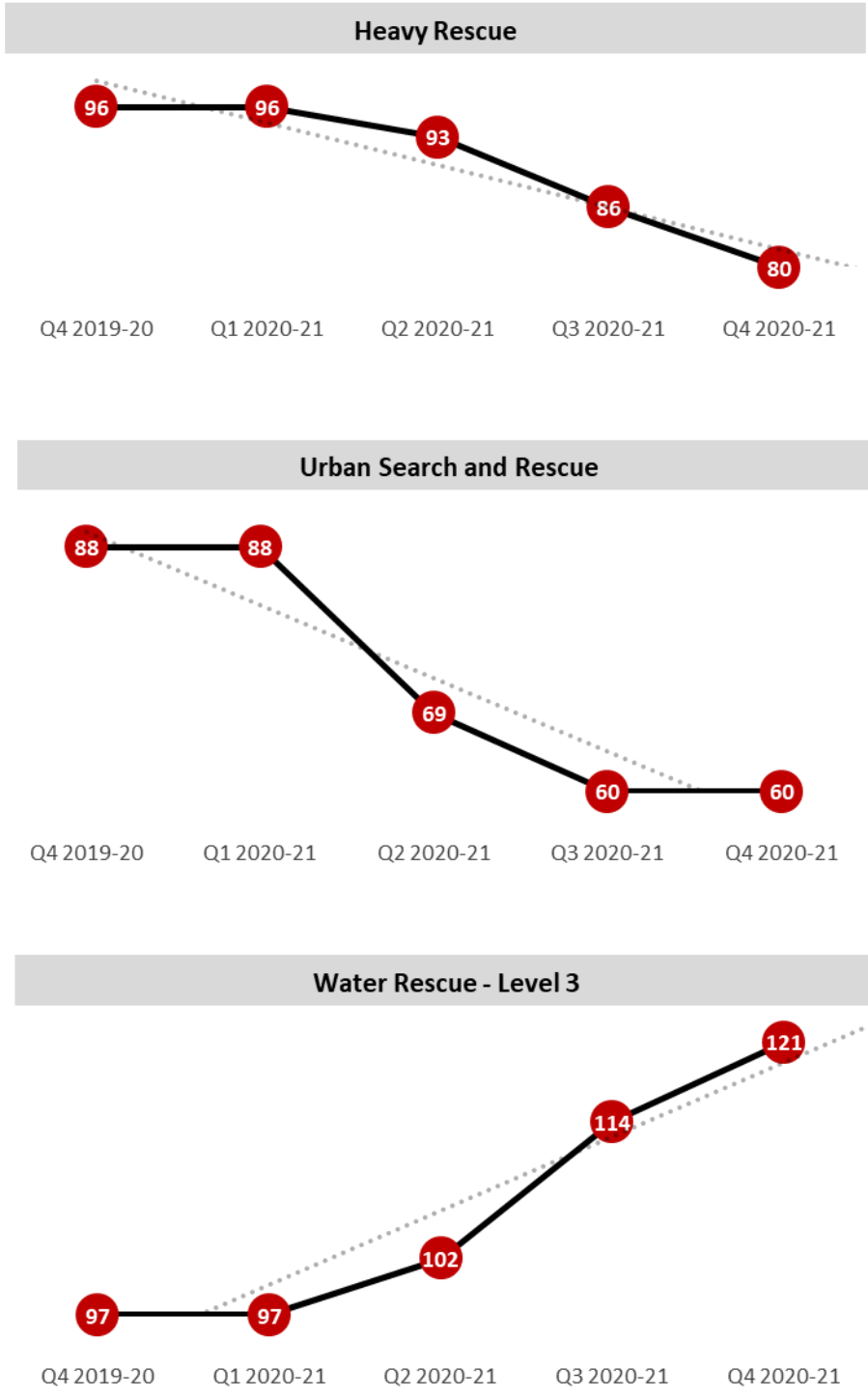
**OFFICIAL**
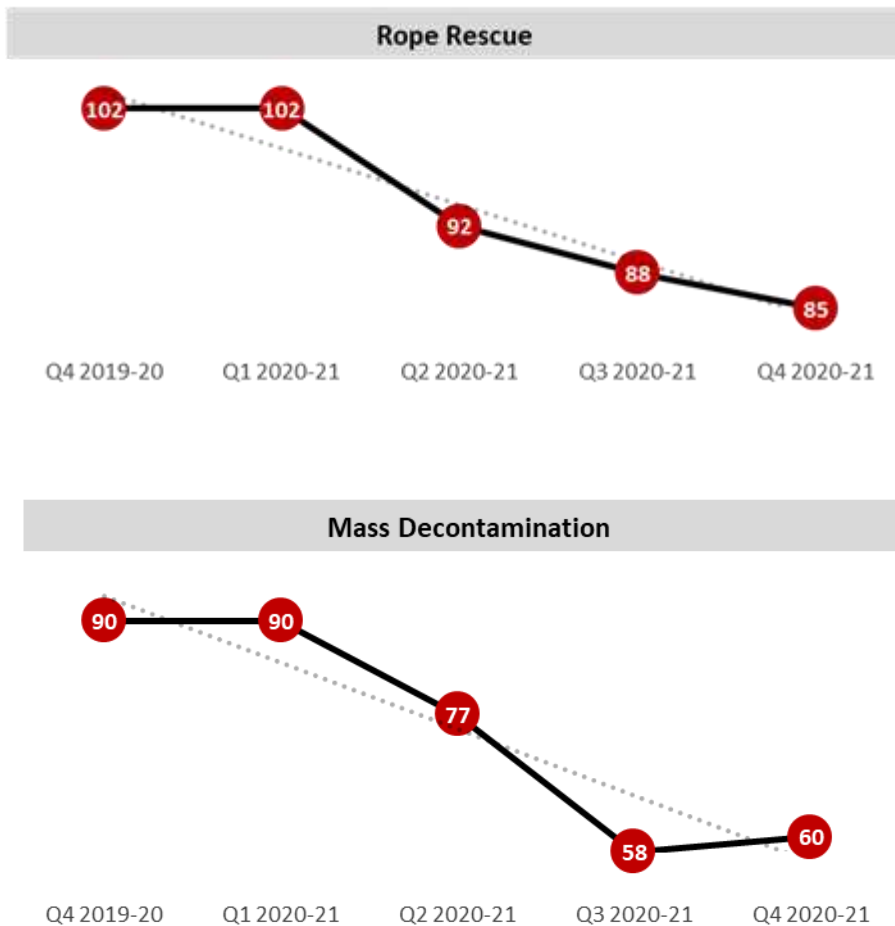




*Figure 4: Specialist Rescue Competence*

As highlighted within the previous Q3 report the programme of acquisition training for Specialist Rescue has proven to be a challenge, with the restriction on course numbers and reduced training capacity, due to the implications of the pandemic. However, focusing on the risk assessed basis as previously agreed with Service Delivery Area's, the Q4 performance data reflects the positive upturn in Water Rescue specialism.  A slight increase can also be seen in the Mass Decontamination training with Rope Rescue and Heavy Rescue training reflecting a decline. In relation to the decline in Rope Rescue this is predicated on continued lockdown restrictions in relation to the ongoing pandemic thus impacting on the ability to recertify personnel during the Q4 period. The risk based approach to training delivery will continue into the Q1 of 2021-22 as we flex to accommodate the implications of the pandemic tier system guidance.

## 4.5 Compliance with Mandatory Maintenance Phase Training (% of Staff against requirement)

There are currently 12 Standard and 24 Advanced MPDP) modules. Completion of these 36 MPDP modules is planned at Local Senior Officer (LSO) Area level.

**Standard Modules**
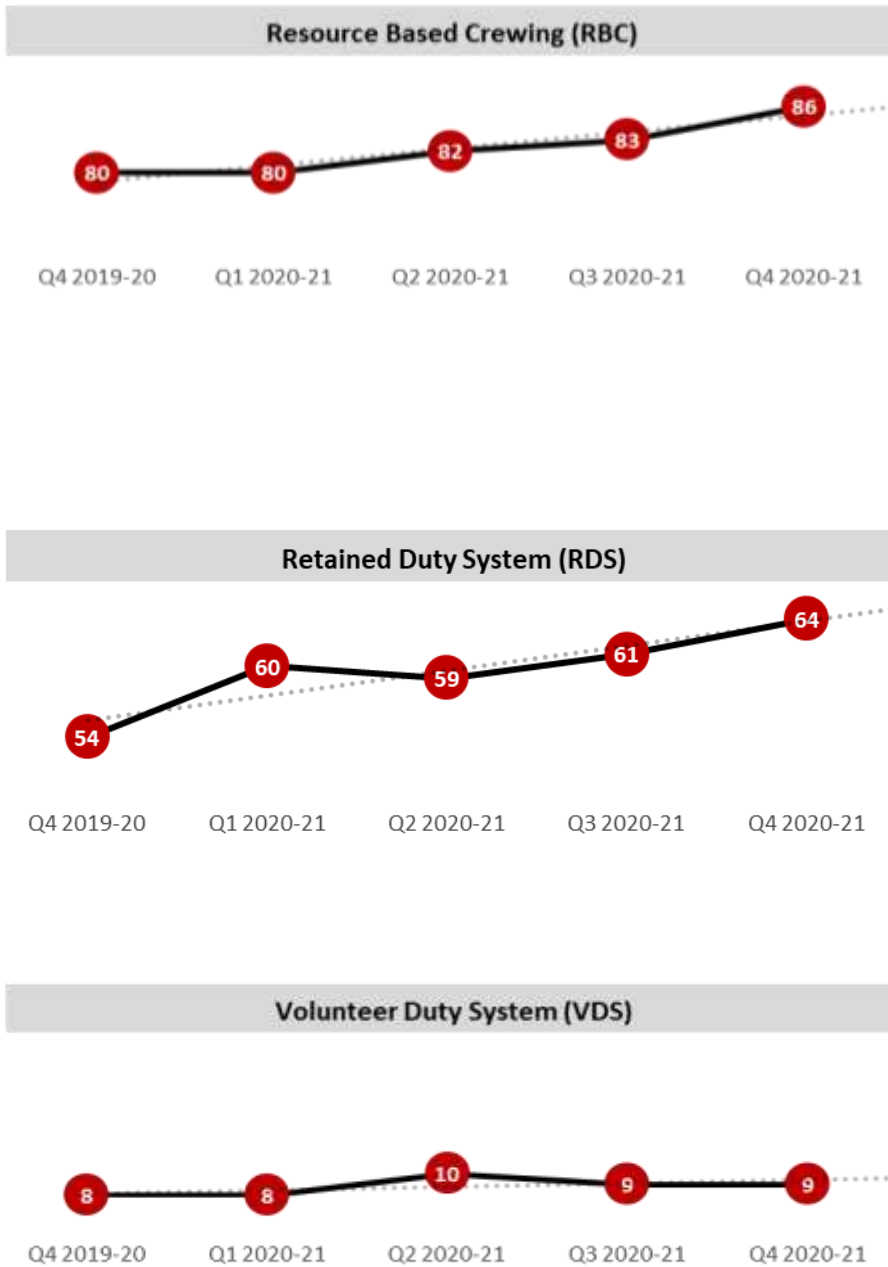






*Figure 5: Standard Modules*

Overall, the Q4 figures reflect an improvement with previous quarters, however, the ongoing pandemic restrictions introduced as part of the tier system have continued to be challenging for personnel to fully undertake and record training within the proscribed timeframes.

The ongoing support provided from the Learning and E-Development Team; assisting learners with remote options to access content, has contributed to the continued improvement in the RBC and RDS duty systems and is reflected in the performance data. With VDS figures remaining consistent. Ongoing liaison with SDA partners continues to support the personnel.

**Advanced Modules**

**Resource Based Crewing (RBC)**

| | | | | |
|---|---|---|---|---|
| 83 | 83 | 84 | 84 | 85 |
| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |

**Retained Duty System (RDS)**

| | | | | |
|---|---|---|---|---|
| 58 | 62 | 62 | 64 | 65 |
| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |

**Volunteer Duty System (VDS)**

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 2 | 2 | 2 |
| Q4 2019-20 | Q1 2020-21 | Q2 2020-21 | Q3 2020-21 | Q4 2020-21 |
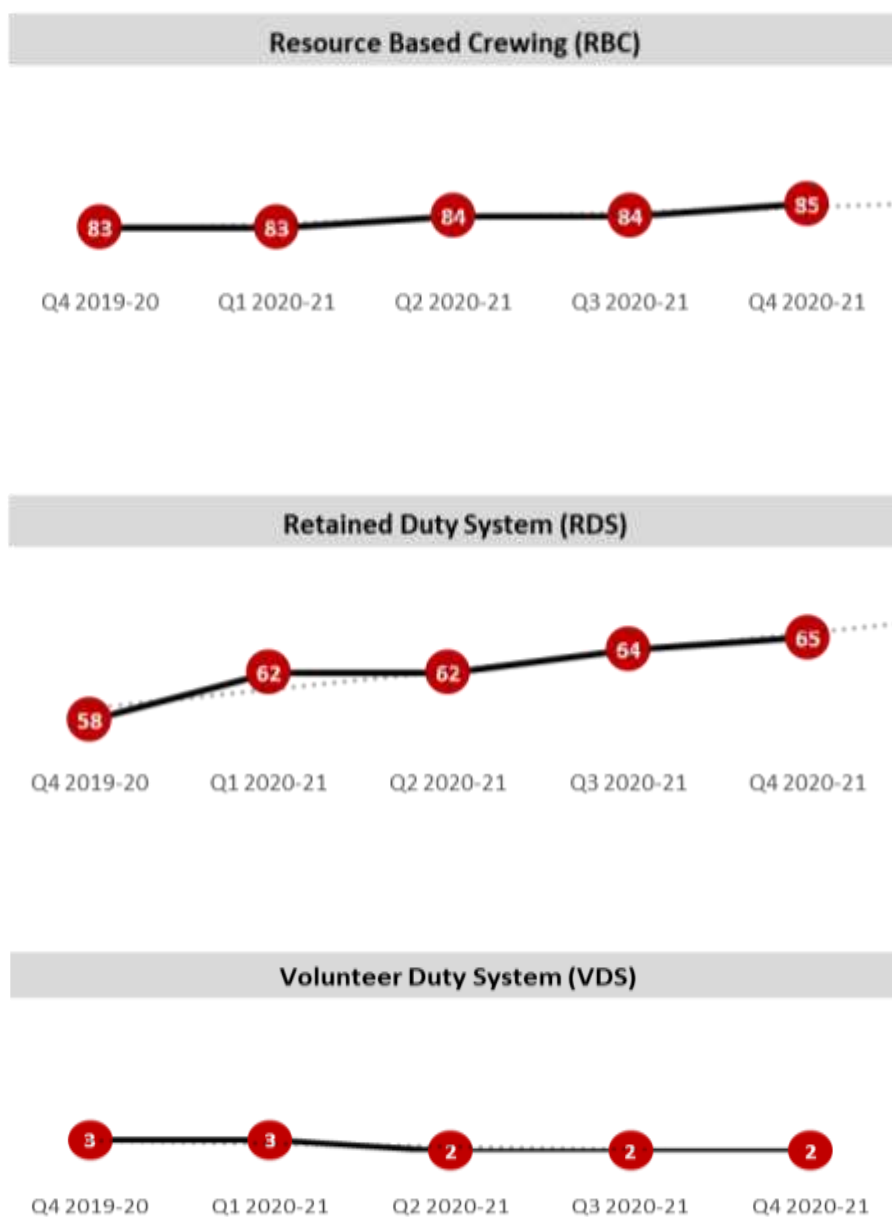
*Figure 6: Advanced Modules*

Advanced modules are undertaken by all Wholetime Duty Staff / RBC and on a historic risk-profiling basis for Retained and Volunteer Duty System Staff.

As we have moved into Q4, with the on-going impact of the COVID-19 restrictions, training has continued to be strategically aimed on key core skills and the 12 Standard modules. The achievement of all Fire Stations attaining COVID-19 Secure status has assisted staff in completing the practical elements of these modules through following the previously developed Guidance for the Maintenance of Skills and Competence. Collectively from this there has not been any undue impact from COVID-19 with performance reflecting an overall slight increase with pre-pandemic figures.

With regards to RVDS Staff, implementation of the Training Review recommendations focused on a robust risk-profiling exercise concentrating upon known training requirements on a station-by-station basis.  When coupled with other positive elements proposed within the Training Review implementation plan, such as reducing training time requirements and improved efficiency, this will further focus training capacity towards improving performance across the Service.

## 5. Health and Safety Analysis

### 5.1 Improvement Plans

To support legislative compliance, there is one overarching SFRS Health and Safety (HS) Improvement Plan supported by ten bespoke plans, one for each Directorate. The SFRS table below indicates the current completion status at the end of Q4 2020-21.

There are 87 allocated actions within the SFRS HS Improvement Plan. COVID-19 has had an impact on the progression of actions by both the HS Department and business partners, and as such 26 actions have been deferred to 2021-22. It should be noted some Directorates are nearing completion of the deferred actions, but these have not been included in the figures below for 2020-21, and instead will be reported on during 2021-22.

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| HEALTH AND SAFETY IMPROVEMENT PLAN PROGRESS REPORT QUARTER 4 2020-21 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | Outstanding Actions Q4 2020-21 | | | | |
| | Total No of Actions Year to Date (YTD) | % Progress Towards Completion YTD | Complete | 0-20% Complete | 21-40% Complete | 41-70% Complete | 71-99% Complete |
| **Scottish Fire and Rescue Service** | 40 | 60% | 24 | 2 | 2 | 6 | 6 |
| **Service Delivery Areas (SDA)/Directorates** | | | | | | | |
| **North Service Delivery Area (SDA)** | 24 | 92% | 22 | 2 | 0 | 0 | 0 |
| **East SDA** | 24 | 79% | 19 | 4 | 1 | 0 | 0 |
| **West SDA** | 24 | 75% | 18 | 4 | 0 | 0 | 2 |
| **Finance and Contractual Services (FCS)** | 28 | 75% | 21 | 2 | 1 | 4 | 0 |
| **People and Organisational Development (POD)** | 12 | 92% | 11 | 1 | 0 | 0 | 0 |
| **Prevention and Protection (P&P)** | 19 | 89% | 17 | 0 | 0 | 2 | 0 |
| **Operations (OP)** | 33 | 64% | 21 | 10 | 0 | 2 | 0 |
| **Strategic Planning, Performance and Communications (SPPC)** | 13 | 100% | 13 | 0 | 0 | 0 | 0 |
| **Training, Safety and Assurance (TSA)** | 55 | 93% | 51 | 4 | 0 | 0 | 0 |
| **Service Development (SD)** | 14 | 93% | 13 | 1 | 0 | 0 | 0 |

*Table 3: Health and Safety Improvement Plan Progress Quarter 4 2020-21*

## 5.2    Events

**Key Performance Indicator (KPI)Totals with Two-Year Average Trend Comparisons 2020-21**



*Figure 7: Trend Comparison Year to Date*

The table below shows year-to-date totals to the end of Q4 each year from 2018-19 onwards. The cumulative totals listed 2020-21 match those shown in the infographic above.

| Event | 2018-19 | 2019-20 | 2020-21 |
|---|---|---|---|
| Accident or Injury (excluding RIDDOR) | 190 | 186 | 139 |
| RIDDOR-Reportable Injury | 37 | 26 | 71 |
| Near Miss | 203 | 199 | 148 |
| Act of Violence | 83 | 56 | 69 |
| Vehicle Accident | 241 | 249 | 221 |
| **Total** | **754** | **716** | **648** |

*Table 4: Trend Comparisons Year-To-Date*

**5.3    Health and Safety Key Performance Indicators – Q4 2018-19 to Q4 2020-21**

The panel charts below show the overall quarterly totals from Q4 2018-19 to Q4 2020-21.  The dotted line on each panel gives an indication of overall trends.  In some cases, these may differ from the trend arrows on the summary infographic, which are based on comparisons of cumulative totals averaged over two-year periods.
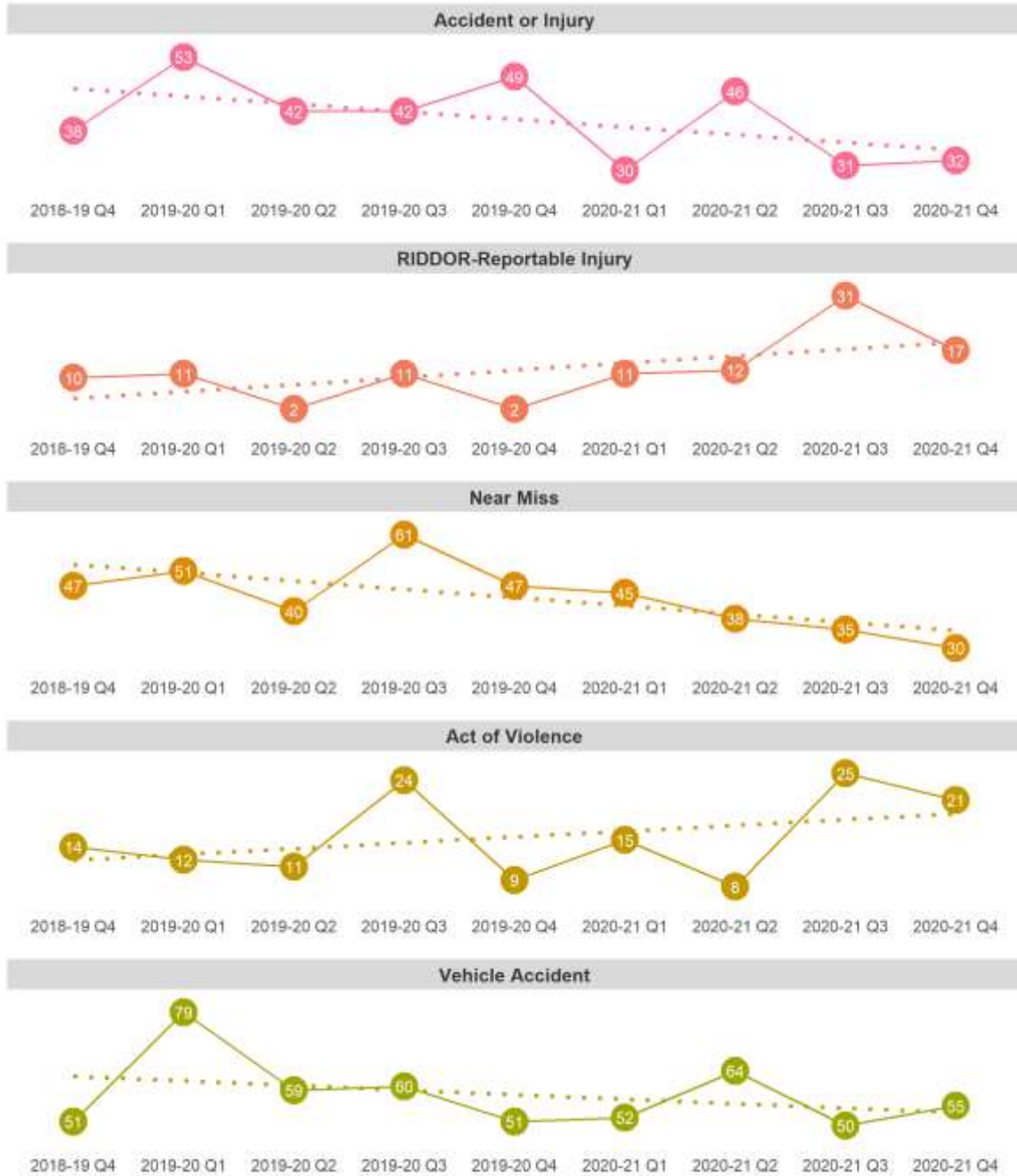


*Figure 8: Health and Safety Key Performance Indicators – Q4 2018-19 to Q4 2020-21*

The three-year trend for Accident/Injures (AI) and Vehicle Accidents (VAs) is positive over a three-year period.  RIDDOR Reportable Injuries and Acts of Violence (AOVs) show a steady

increase over a three-year period. Near Misses (NM) show a decrease over a three-year period.

### 5.3.1 Directorate Accident/Injuries (excluding RIDDOR) – Q4 2018-19 to Q4 2020-21
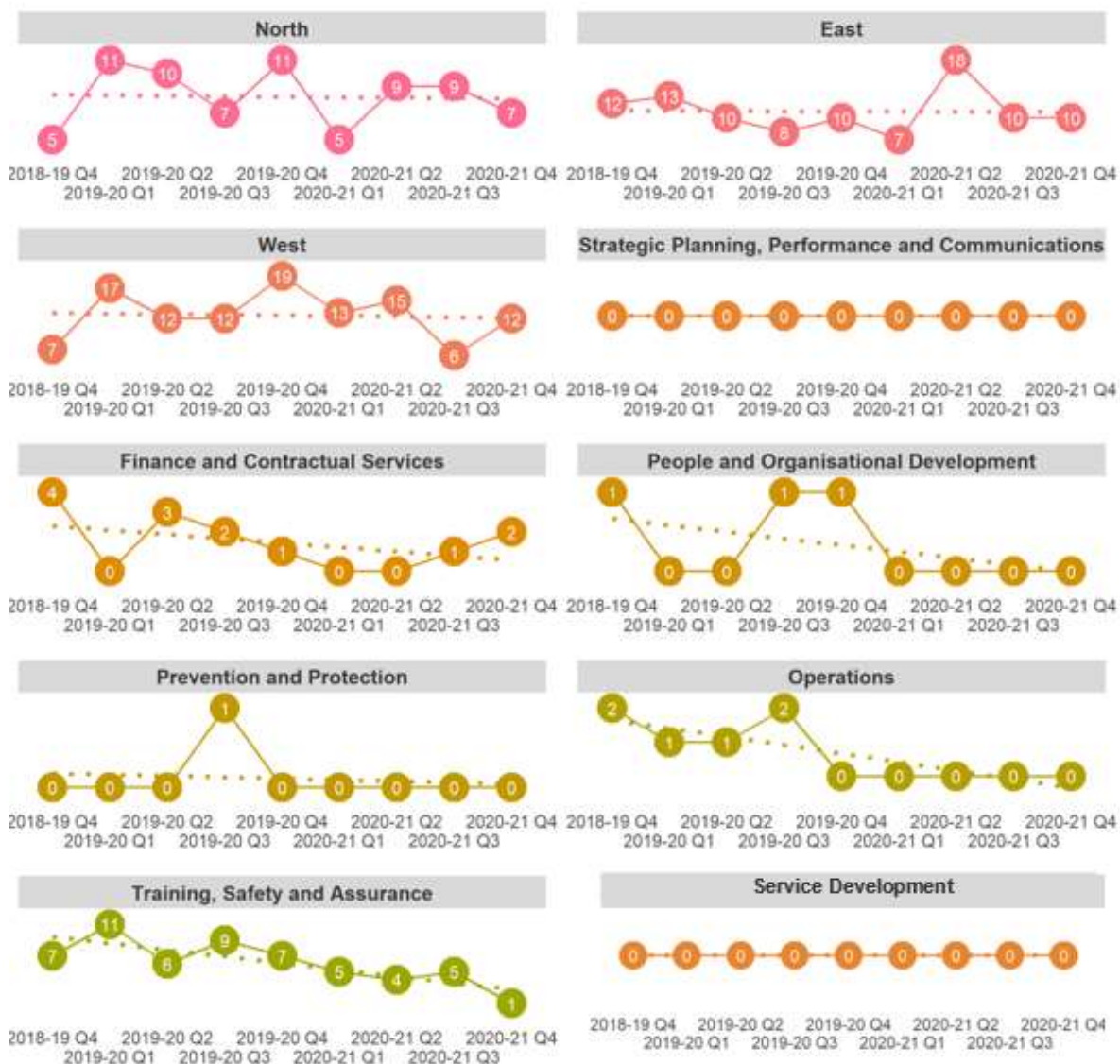


*Figure 9: Directorate Accident/Injuries (excluding RIDDOR) – Q4 2018-19 to Q4 2020-21*

Improvement over the 3-year period is seen in the West, East and North Service Delivery Areas and the Training, Safety and Assurance, Finance and Contractual Services, People and Organisational Development, Operations and Prevention and Protection Directorates where there has been a reduction of all AIs (excluding RIDDOR).

When considering Q4 data with the same quarter previous reporting year, the North SDA saw a 40% (5 to 7) increase, the East SDA (10 to 10) remained consistent, the West SDA saw a 37% (19 to 12) decrease, and TSA saw a 87% (7 to 1) decrease in AIs (excluding RIDDOR).

The most notable LSO Areas of improvement are Dundee, Angus, Perth and Kinross, showing a decrease of 86% (7 to 1), City of Edinburgh a 60% (5 to 2) decrease, City of Glasgow a 67% (6 to 2) decrease, and East, North & South Ayrshire a 80% (5 to 1) decrease.

It is noted that as Service Development is a new Directorate there is no data to support comparison to previous years.

### 5.3.2   RIDDOR Reportable Injuries – Q4 2018-19 to Q4 2020-21
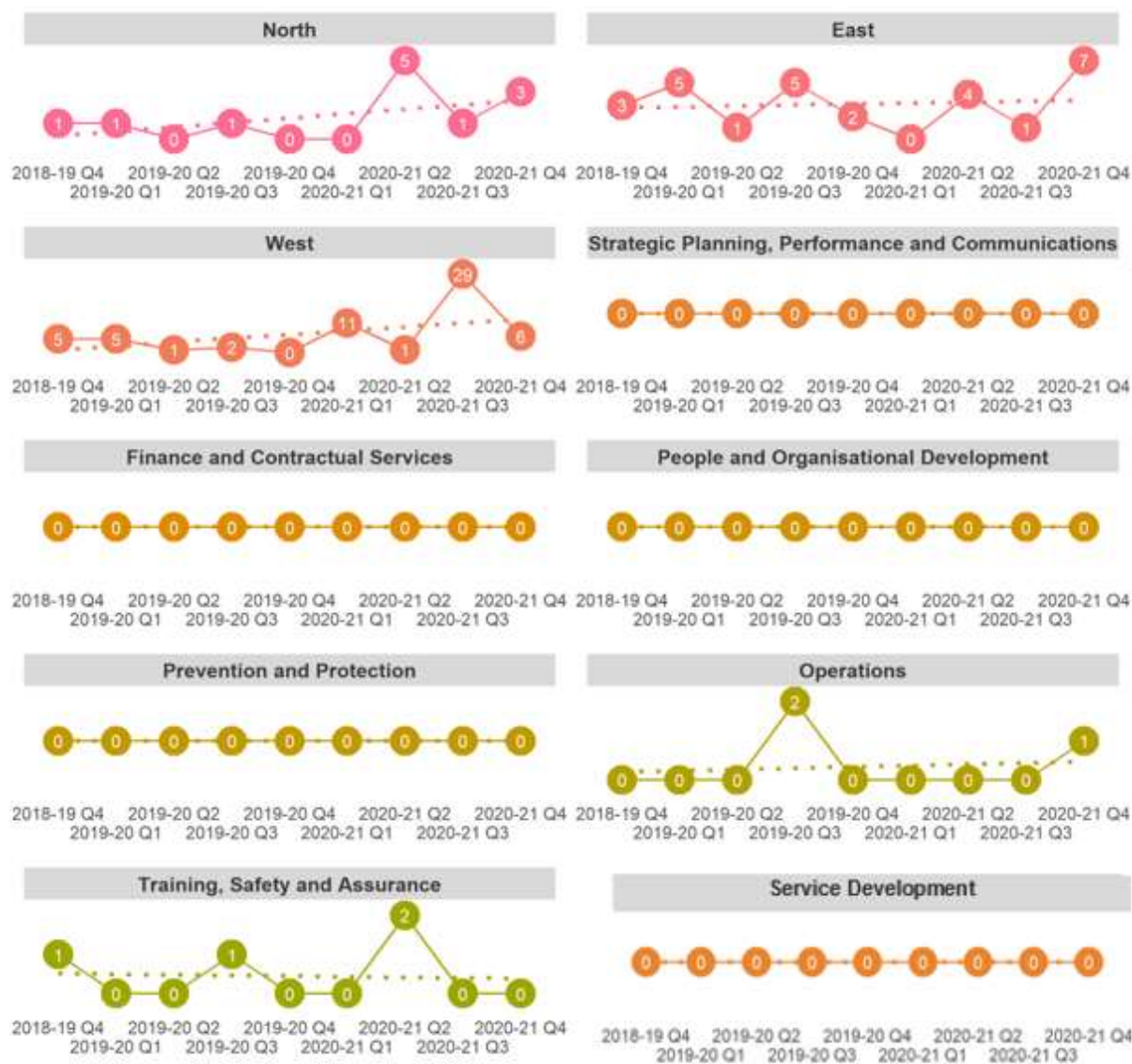


*Figure 10: RIDDOR Reportable Injuries – Q4 2018-19 to Q4 2020-21*

COVID-19 RIDDOR reportable work-related events are recorded from the date they were reported to the Health and Safety Executive (HSE).  This is due to the requirement for

management meetings to determine if the transmission was work related, and therefore is not indicative of the event occurring in that quarter.

The total number of accident/injuries (AI's) reported to the HSE under RIDDOR shows an increase over the three-year period. The overall trend increase is primarily attributed to work related transmissions of COVID-19. In 2020/21 there were 71 RIDDOR reportable injures of which 76% (54 of 71) were due to personnel contracting COVID-19 through work related transmission.

In Q4 there were 17 RIDDOR reportable injuries compared to 2 during the same period the same quarter previous reporting year. 82% (14 of 17) were due to personnel contracting COVID-19 through work related transmission. 18% (3 of 17) of the RIDDOR reportable injuries were recorded in the North SDA, all of which were related to COVID-19. 41% (7 of 17) of the RIDDOR reportable injuries were recorded within the East SDA all of which were related to COVID-19. 35% (6 of 17) of the RIDDOR reportable injuries were recorded within the West SDA of which 67% (4 of 6) were related to COVID-19 and the remaining 2 were due to over 7-day absence. The remaining RIDDOR reportable injury was an over 7-day absence and was recorded within the Operations department. All over 7-day absence RIDDOR reportable injuries occurred whilst undertaken non-operational activities, all related to slipping on ice within SFRS car parks resulting in 2 back injuries and 1 shoulder injury.

### 5.3.3  Accident/Injuries by Activity – Q4 2018-19 to Q4 2020-21 (Including RIDDOR)

| Activity | 2018-19 | 2019-20 | 2020-21 |
|----------|---------|---------|---------|
| Operational | 19 | 15 | 14 |
| Non-Operational | 11 | 18 | 26 |
| Training | 18 | 18 | 9 |
| **Total** | **48** | **51** | **49** |

*Table 5: Accident/Injuries by Activity Q4 2018-19 to 2020-21*

**Operational Accident/Injuries – Q4 2018-19 to Q4 2020-21 (Including RIDDOR)**



*Figure 11: Operational Injuries Q4 2018-19 to Q4 2020-21*

There is a notable improvement in operational AIs over the three-year period.

During Q4 2020-21 36% (5 of 14) of operational AIs were recorded at Fire Damage Reports (FDR's) compared to 47% (7 of 15), a decrease of 11%, with a numerically decrease of 2 in this category when comparing to the same quarter previous reporting year. 43% (6 of 14) occurred during special service incidents compared to 13% (2 of 15) when comparing to same quarter previous reporting year, an increase of 30%, numerically an increase of 4. 50% (3 of 6) of the special service incidents involved water rescue an increase of 37% when comparing to the same quarter previous reporting year, numerically an increase of 2. 14% (2 of 14) occurred at secondary fires incidents compared to 13% (2 of 15) when comparing to same quarter previous reporting year, a 1% increase, however numerically remaining consistent in this category when comparing to the same quarter previous reporting year.

A further 7% (1 of 14) occurred at false alarms, compared to 27% (4 of 15) when comparing to same quarter previous reporting year, a significant decrease of 20%, numerically a decrease of 3.

1 COVID-19 work related transmission occurred whilst attending an operational incident and not complying with social distance during briefing of Breathing Apparatus (BA) team.

**Non-Operational Accident/Injuries – Q4 2018-19 to Q4 2020-21 (Including RIDDOR)**



*Figure 12: Non- Operational Injuries Q4 2018-19 to Q4 2020-21*

There is a significant increase in the three-year trend for non-operational AIs, 50% (13 of 26) were COVID-19 related.

Data for Q4 2020-21 shows 92% (24 of 26) of AIs reported during Q4 2020-21 involved uniformed staff. 57% (13 of 23) were due to personnel contracting COVID-19. Evidence suggest that most routes of transmission are associated with behaviour. The remaining 8% (2 of 26) involved support staff, both occurred within Fleet Services.

43% (10 of 23) occurred within the station premises e.g. carrying out cleaning duties, routine checks, dismounting appliance, taking part in physical exercise and exiting car in car park. All can be attributed to lack of situational awareness.

23% (6 of 26) involved slipping on ice within SFRS car park.

**Training Accident/Injuries – Q4 2018-19 to Q4 2020-21 (Including RIDDOR)**



*Figure 13: Training Injuries Q4 2018-19 to Q4 2020-21*

There is a significant improvement in training related AIs over the three-year period.

When considering Q4 data 67% (6 of 9) of training related AI's occurred during refresher training, representing a 5% decrease, however numerically a decrease of 7 is showing in this category for the same quarter previous reporting year. The remaining 33% (3 of 9) are categorised as initial training, one involved the use of Breathing Apparatus equipment, one whilst walking into a board and the remaining event involved a Trainee carrying out core skill activities.

88% (8 of 9) of all training AI reporting during Q4 occurred during SDA led training, compared to 61% (11 of 18) when comparing to the same quarter previous reporting year, a 17% increase, however numerically a decrease of 3. 25% (2 of 8) involved ladder drills and 25% (2 of 8) involved water.

**5.3.4   Working Days Lost Due to Accident/Injuries by Directorate – Q4 2018-19 to Q4 2020-21**
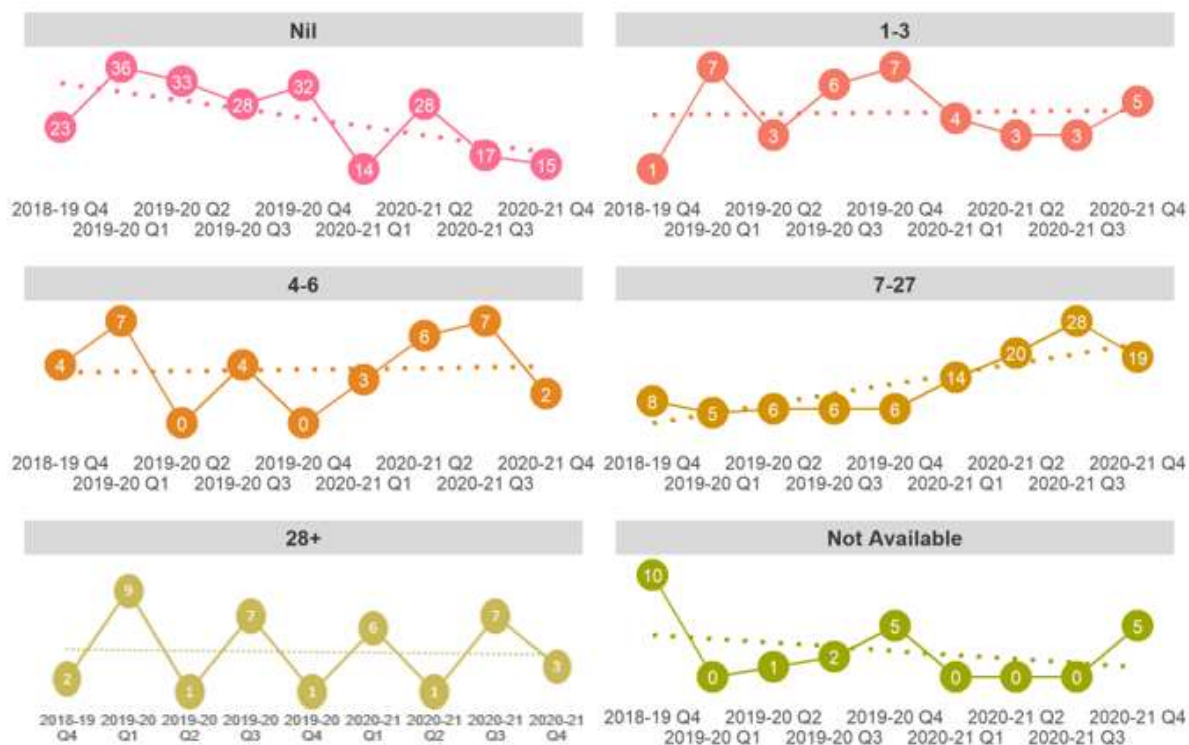


*Figure 14: Working Days Lost Q4 2018-19 to Q4 2020-21*

When considering the Q4 data, 6% (3 of 49) of AIs during Q4 2020-21 were categorised in the 28+ days absence pattern, representing an 4% increase in this category for the same quarter previous reporting year, a numerical increase of 2.

39% (19 of 4157) of AIs are categorised in the 7-27 representing a 27% increase in these categories for the same quarter previous reporting year, numerically an increase of 13 this can be attributed to the number of COVID-19 related events.

The 1-3-day and 4-6-day absence patterns indicate that 71% (5 of 7) of these events are linked to musculoskeletal injuries (MSK) AIs 2 occurred at an operational incident 1 whilst running out hose e.g. back injury and 1 whilst dismounting an appliance e.g. ankle injury.  1 occurred whilst carrying out non-operational activities e.g. upper arm injury and the remaining 2 occurred whilst undertaking SDA led refresher training e.g. both lower back injuries.

### 5.3.5 Three Most Common Accident/Injuries by Causation – Q4 2019-20 to Q4 2020-21

| Q4 2019-20 | | Q4 2020-21 | |
|---|---|---|---|
| Manual Handling/Body Movement | 20 | Exposed to, or contact with, a harmful substance | 16 |
| Slips and trips and falls | 8 | Slips and trips and falls | 12 |
| Hot / Cold | 5 | Manual Handling/Body Movement | 11 |

*Table 6: Three Most Common Accidents/Injuries by Causation Q4 2019-20 to Q4 2020-21*

The most common cause of accident/injuries during the reporting period was exposure to, or contact with, a harmful substance, accounting for 33% (16 of 49) of the total reported. 87% (14 of 16) related to personnel contracting COVID-19 through work related transmission. There is no comparative data available from the same quarter previous reporting year. The remaining 2 events occurred at operational incidents 1 involved a glow stick breaking in two with contents spilling onto the face and eye, the other involved inflammation of an existing cut whilst applying the putty from the environmental pack.

Slips, Trips and Falls (STF) accident/injures accounted for 24% (12 of 49) of all AIs reported during Q4, representing an increase of 12% in this category when comparing to the same quarter previous reporting year and a numerical increase of 6. 33% (4 of 12) occurred whilst attending operation incidents, of these 75% (3 of 4) involved slipping on terrain resulting and the remaining event involved dismounting an appliance. 58% (7 of 12) occurred whilst undertaking non-operational activities, of these 86% (6 of 7) involved slipping on ice and the remaining event involved descending stairs.rs/steps. 9% (1 of 12) occurred whilst undertaking water rescue training and involved a slip in shallow water. All resulted in musculoskeletal injuries.

Manual handling/body movement accounted for 22% (11 of 49) of all AIs reported during Q4 representing a 17% decrease in this category when comparing to the same quarter previous reporting year and a numerical decrease of 9.9% (1 of 11) occurred whilst attending an operation incident, 27% (3 of 11) occurred whilst undertaking non-operational activities i.e., loading ladders onto top of appliance and carrying tool boxes. 64% (7 of 10) occurred whilst undertaking training, 86% (6 of 7) was SDA led training which included ladder drills, water rescue training and Breathing Apparatus, Tactical Ventilation and Carbonaceous Fire Behaviour Training. All resulted in minor injuries to staff and can be attributed to lack of situational awareness.

### 5.3.6 Near Misses by Directorate – Q4 2017-18 to Q4 2020-21
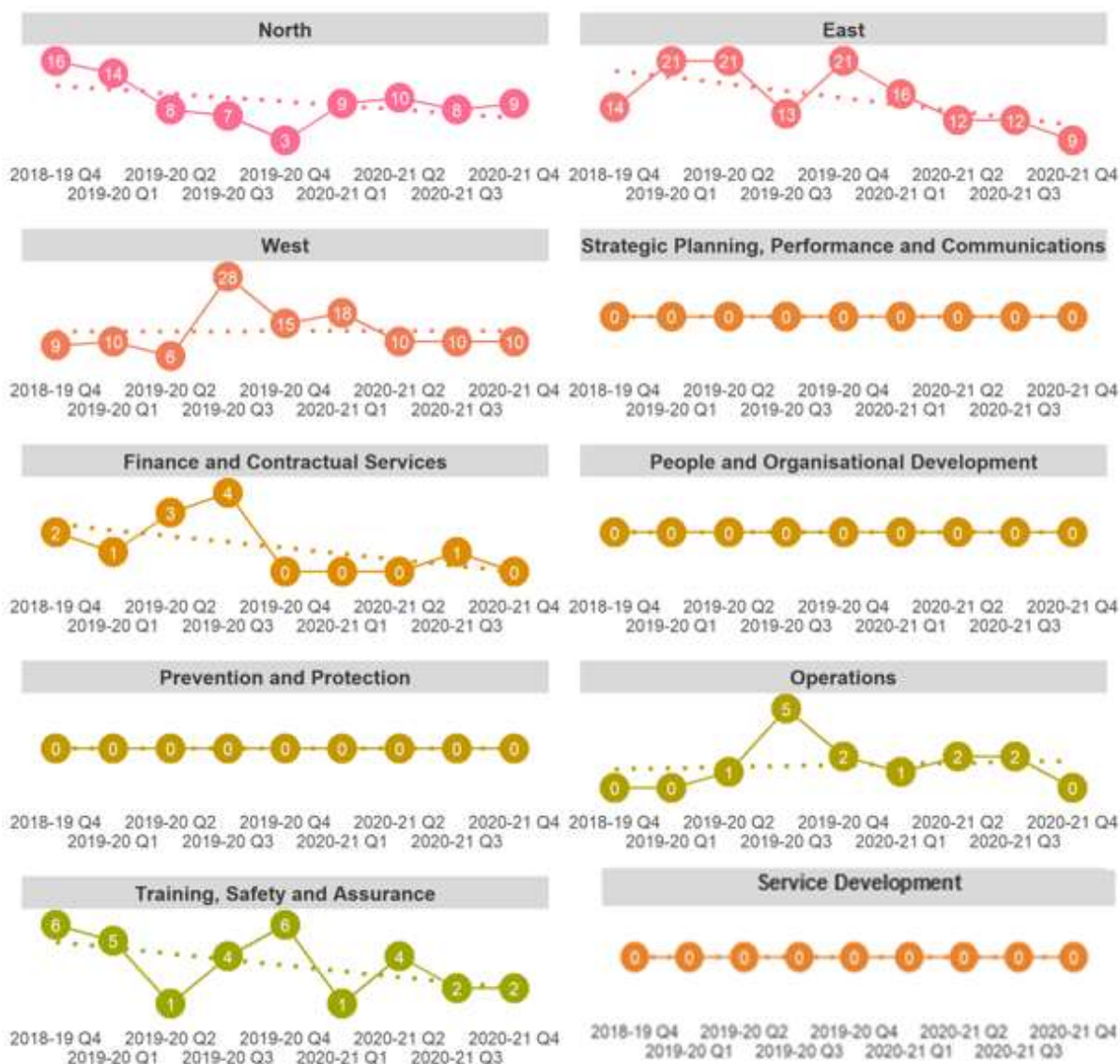


*Figure 15: Near Misses by Directorate Q4 2018-19 to Q4 2020-21*

When considering the number of near misses in relation to the number of RIDDOR reportable events, we see a ratio of 1.8:1 which is a fall in frequency compared to 21:1 when comparing the same quarter previous reporting year. This is attributed to the number of work related COVID-19 transmission reported under RIDDOR and a decrease in near miss reporting (47 to 30) when comparing to the same quarter previous reporting year.

The North SDA shows a steady decrease in the reporting of near misses over the three-year period.

When considering the number of near misses reported in relation to the number of RIDDOR reportable events we see a ratio of 3:1, a slight improvement in frequency compared to 1.5:1 when comparing to same quarter previous reporting year. This can be attributed to the rise in RIDDOR reportable events due to COVID-19 (0 to 3).

The East SDA shows a steady decrease in the reporting of near misses over the three-year period.

When considering the number of near misses in relation to the number of RIDDOR reportable events in the West SDA we see a ratio of 1.6:1, a fall in frequency compared to 1.8:1 when comparing to same quarter previous reporting year.  This can be attributed to the rise in RIDDOR reportable events due to COVID-19 (0 to 6) and a decrease in near miss reporting (15 to 10) when comparing to same quarter previous reporting year.

Operational near misses accounted for 30% (9 of 30) of the total reported When considering the number of near misses in relation to the number of RIDDOR reportable events we see a ratio of 1.3:1, a fall in frequency compared to 1.6:1 when comparing to same quarter previous reporting year.  This is attributed to the rise in RIDDOR reportable events (2 to 8) due to COVID-19 and decrease in near miss reporting (13 to 9) when comparing to same quarter previous reporting year.

Operational near misses accounted for 30% (9 of 30) of the total reported, representing a 4 % decrease and a numerical decrease of 7 when comparing to the same quarter previous reporting year.   A further 47% (14 of 30) occurred during non-operational activities, representing a 21% increase in this category when comparing to the same quarter previous reporting year and a numerical increase of 2.  4 of 14 related to property issues e.g. electrical faults, falling masonry, 3 of 14 related to equipment failings, the remining are due to situational awareness.   Finally, 23% (7 of 30) of all near misses reported during Q4 were associated with training activities, a decrease of 17% in this category and a numerical decrease of 12 when comparing to the same quarter previous reporting year.  71% (5 of 7) related to SDA led training, an increase of 3%, however a numerical decrease of 8 when comparing to the same quarter previous reporting year.

### 5.3.7 Acts of Violence (AOV) by Directorate – Q4 2018-19 to Q4 2020-21
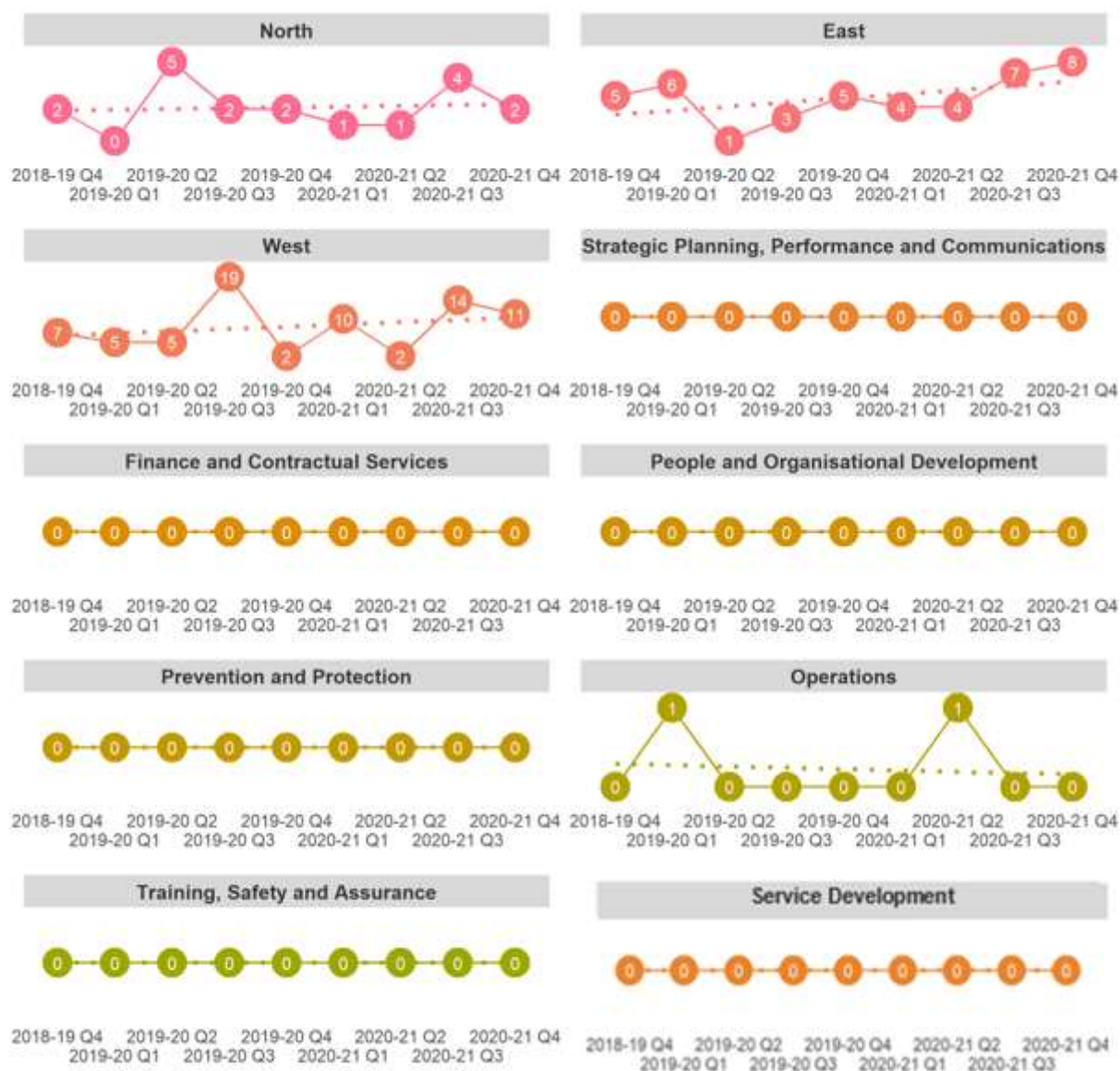


*Figure 16: AOV by Directorate Q4 2018-19 to Q4 2020-21*

There has been a steady increasing trend of AOVs reported over a three-year period, with all the SDAs showing an increasing trend over the three-year period. When comparing to the same quarter previous reporting year a 56% increase (9 to 14) is noted within SFRS.

The West SDA shows a significant increase (2 to 11) in AOVs when comparing to the he same quarter previous reporting year, of these 64% (7 of 11) were attributed in objects being thrown at crews.

95% (20 of 21) occurred at operational incidents.  20% (4 of 20) of AOVs requested Police attendance, with none considered as Reportable under the Emergency Workers (Scotland) Act 2005.

### 5.3.8   Vehicle Accidents by Directorate – Q4 2018-19 To Q4 2020-21
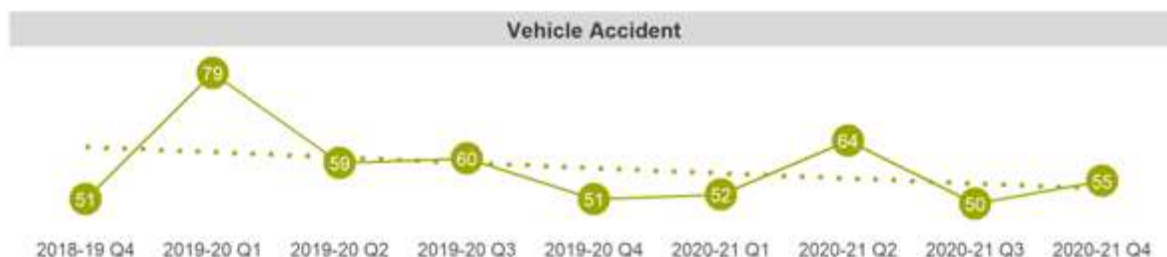


*Figure 17: Vehicle Accidents by Directorate Q4 2018-19 to Q4 2020-21*

The overall trend of vehicle accidents is improving over a three-year period.

78% (43 of 55) of all vehicle accidents reported during Q4 were attributed to operational incidents, representing a 27% increase in this category from the same quarter previous reporting year, and a numerically increase of 17.  A further 20% (11 of 55) were attributed to non-operational activities representing a 15% decrease in this category from the same quarter previous reporting year and a numerical decrease of 7.  Finally, 2% (1 of 55) were accidents attributed to training, representing a 12% decrease in this category from the same quarter previous reporting year and a numerical decrease of 6.

62% (34 of 55) were as a result of slow speed manoeuvres, a 3% increase in this category from the same quarter previous reporting year, a numerical increase of 4.  29% (10 of 34) of slow speed manoeuvres occurred within appliance bays/ station yard, a decrease of 11% from the same quarter previous reporting year, and a numerical decrease of 2.

71% (39 of 55) occurred while the vehicle was moving forward, a 1% increase from the same quarter previous reporting year, a numerical increase of 2.  24% (13 of 55) occurred while the vehicle was reversing, an 8% increase from same quarter previous reporting year, a numerical increase of 5.  5% (3 of 55) had insufficient information.

24% (13 of 55) occurred under blue light conditions, a 6% decrease in this category from the same quarter previous reporting year, with a numerical decrease of 4.

27% (13 of 55) involving the use of Driving Assistants, a 10% increase from the same quarter previous reporting year, a numerical increase of 5.

74% (41 of 55) hit something fixed or stationery, a 15% increase in this category from the same quarter previous reporting year, with a numerical increase of 11. 29% (12 of 41) involved hitting a stationery vehicle a 3% increase from the same quarter previous reporting year, with a numerical increase of 4.  51% (21 of 41) involved street furniture e.g. fences, bollards, road signs, and verges, a 3% increase from the same quarter previous reporting year, with a numerical increase of 5. 10% (4 of 41) involved branches a 7% increase from the same quarter previous reporting year, with a numerical increase of 3.  10% (4 of 41) involved appliance bay doors/charging cable an 8% decrease from the same quarter previous reporting year, with a numerical decrease of 1.

# SCOTTISH FIRE AND RESCUE SERVICE

## *People Committee*

| | |
|---|---|
| **Report No:** | **C/PC/10-21** |
| **Agenda Item:** | **8.1** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Report to:** | **PEOPLE COMMITTEE** | | | | | | | |
| **Meeting Date:** | **2 JUNE 2021** | | | | | | | |
| **Report Title:** | **LEARNING NEEDS ANALYSIS 2021-22** | | | | | | | |
| **Report Classification:** | **For Information Only** | **Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9** | | | | | | |
| | | A | B | C | D | E | F | G |

| | |
|---|---|
| **1** | **Purpose** |
| 1.1 | This purpose of this paper is to provide the People Committee (PC) with an update on the Service-wide Learning Needs Analysis (LNA) process 2021-22; to note the revised internal learning and leadership development arrangements is required; including the nomination of specific point of contact (SPOC) representation from each function/Service Delivery Area (SDA); and the endorsement of the recommended approach for a work shop enabling LNA implementation to be aligned to Service priorities. |
| **2** | **Background** |
| 2.1 | The approved updates to the LNA process were implemented Service wide during December 2020 in conjunction with the Operational Training Needs Analysis (TNA). |
| 2.2 | Initial engagement meetings with Heads of Function were implemented to discuss the rationale, updated arrangements and improve the overall efficacy of the annual LNA process (Appendix A: LNA Engagement and Return Summary).<br>The engagement meetings included:<br>• an overview of the revised LNA process (Appendix B: LNA Process Summary and Timeline),<br>• the introduction of regular leadership, learning and development engagement meetings,<br>• establishment of LNA performance, monitoring and reporting mechanisms,<br>• an overview of internal leadership development provision arrangements, and<br>• an update on the transition to digitally enabled/blended learning and development arrangements. |
| 2.3 | Learning and leadership development (L&D) activities, both internal and external to the Service, have been significantly impacted and many suspended due to COVID-19. This has resulted in a notable increase across both internal and external learning and development requirements for the 2021-22 financial year. |

| 3 | Main Report/Detail |
|---|---|
| 3.1 | The annual LNA is categorised into two sections:<br>• **Section 1: Internal resourced** L&D provision: linked to the SFRS Leadership and Development Framework (Appendix C: Leadership and Development Framework); and<br>• **Section 2: External resourced** L&D provision: typically funded by the centralised L&D budget. |
| 3.2 | **Internal Learning and Leadership Development**<br>The internal SFRS L&D requirements are typically gathered from three sources:<br>1. **LNA submissions:** this includes those who are currently in post who require development, typically identified through appraisal or personal development plans;<br>2. **Strategic resource plan**: this typically includes those who have been successful through a promotional process and are in a 'pool' waiting to be appointed; and<br>3. **Succession planning**: this typically included using leadership development centre and associated leadership development programmes to develop staff aspiring to and in advance of promotion/attaining a promoted post. |
| 3.3 | The collated 2021-22 internal resourced LNA requests indicates that the annual L&D requirement far exceeds the existing service delivery arrangements. This is outlined in Appendix D: Internal Leadership Development Requirement. |
| 3.4 | In support of to the increased 2021-22 LNA 'ask' and Service priorities (e.g. the Service's continued commitment to developing staff; building strong leadership capability and capacity; Recover, Reset and Renew; Future Vision and Building the Future Together Programme) the transition from the exiting, predominately classroom based delivery to a blended and digitally enabled approach has been expedited (Appendix E: Internal Leadership Development Delivery Proposal). |
| 3.5 | This digital first approach to learning and leadership development allows for a significant increase in delivery capacity and wider benefits include:<br>• a blend of learning styles to suit individual's needs;<br>• reduction in travel requirements;<br>• increased management interaction and awareness;<br>• tangible links to the appraisal/development process;<br>• responsive/agile L&D arrangements e.g. just-in time time/on demand learning; and<br>• supporting our commitment to remaining an employer of choice. |
| 3.6 | **External Learning and Development Requests**<br>The external L&D LNA requirements are typically gathered from four main sources:<br>1. **Learning & Development Framework** provision including externally procured elements of the Operational TNA, procured and delivered by an external supplier;<br>2. **Role/Post Specific** L&D requirements – these are typically informed by appraisal and personal development plans;<br>3. **Professional Development** L&D requirements - including professional development and/or succession planning needs and can also be informed by appraisal and personal development plans;<br>4. **Existing/'Known' Commitments** – these typically include procured/contracted L&D provision over multiple financial years and consideration for qualifications in excess of one year that require funding from the centralised L&D budget; and<br>5. **Organisational Change** L&D requirements — these can include L&D requirements identified to support change, continuous improvement and innovation projects. |
| 3.7 | The potential 'back-log' of **external** L&D provision due to the impact of the pandemic coupled with requirements for the new financial year presents increased risk than previous years, both to the centralised learning and development budget and its |

| | supported activities for 2021-22. The collated 2021-22 external L&D LNA data indicates that the requirement far exceeds the existing centralised learning and development budget for the year. |
|---|---|
| 3.8 | To enable maximum efficacy and value from the centralised L&D budget, the 2021-22 externally resourced LNA demand requires to be aligned to Service priorities. It is therefore recommended that a workshop is convened in the coming weeks, composed of nominated learning and development/training Specific Points of Contact (SPOCs) with decision makers/with delegated authority, from each function/SDA to agree the 2021-22 LNA priorities. It is proposed that this prioritised and agreed 2021-22 LNA Implementation/Action Plan then be brought back a future People Board (e.g. 9 July 2021) for approval. |
| 3.9 | In support of the LNA workshop as detailed in 3.8, the following principles of prioritisation have been developed and are accompanied with a prioritisation scoring matrix as presented in Appendix F: LNA Prioritisation Matrix<br>1. *First consideration*: submissions detailed as Legislative/Regulatory/Service Driven and Professional Development, noted as high priority (1&2), exploring links to strategic priorities<br>2. *Second consideration:* Succession Planning, and 'Other' noted as high priority to be reviewed exploring links to strategic priorities<br>3. *Third consideration*: Legislative/Regulatory/Service Driven, Professional Development, Succession Planning and 'other' with medium priority scoring (3) to be considered<br>4. *Fourth consideration:* Professional Development, noted as high priority to be reviewed, with further rationale considered<br>5. *Fifth consideration:* All categories with a low priority rating to be considered, taking into account links to strategic priorities. |
| 3.10 | The centralised L&D budget requires a degree of flexibility to allow for changes to service priorities or adhoc L&D requests throughout the year (e.g. conference/CPD requests). It is therefore proposed that 15% of the total centralised L&D budget be initially held to enable these L&D needs. This will be kept under review throughout the year to enable L&D centralised budget to be fully realised. |
| 3.11 | It is recommended that the L&D SPOC role support and enable all L&D activities on behalf of their function/SDA including, but not limited to the annual and adhoc LNA process; prioritisation of learning requests; regular (e.g. quarterly) engagement sessions; L&D performance monitoring and reporting activity; L&D based working groups/review and improvement forums and L&D based consultation activity. |
| 3.12 | Governance and regular review of the SFRS LNA and its implementation as aligned to the SFRS's strategic priorities will be provided to the Staff Governance Board/People Board through existing governance arrangements. |
| **4** | **Recommendation** |
| 4.1 | The People Committee are asked to:<br>1. Note the transition to digital first and blended learning approach to learning and leadership development arrangements.<br>2. Note the provision of nominated functional/SDA L&D SPOCs with decision making authority to attend the proposed LNA workshop and support ongoing L&D activity<br>3. Note the principles of prioritisation and prioritisation matrix as the mechanism to how the centralised L&D budget/LNA requests will be prioritised<br>4. Note the recommended 'hold' sum of typically 15% within the budget to allow for flexibility and change noting that this will be kept under review and fully reallocated to deliver maximum value from the L&D budget |

| | 5. Note the implementation of the revised LNA process, including development planning at mid-year in support of alignment to the annual business planning cycle and the move towards zero based (demand led) budgeting. <br> 6. Note on-going improvements to the SFRS LNA process and wider L&D arrangements. |
|---|---|
| **5** | **Key Strategic Implications** |
| 5.1 <br> 5.1.1 | **Risk** <br> The centralised learning and development budget may not be able to support all L&D activities required to support and enable Service 2021-22 priorities. |
| 5.2 <br> 5.2.1 | **Financial** <br> An improvement in fiscal forecasting and corporate procurement arrangements are anticipated. |
| 5.3 <br> 5.3.1 | **Environmental & Sustainability** <br> The move to digital first and blended L&D arrangements are anticipated to result in an improved overall environmental and sustainable position (e.g. through reduced travel and printing requirements). |
| 5.4 <br> 5.4.1 | **Workforce** <br> Development of talent across the SFRS ensures that the organisation has the right level of skills, knowledge and resources to face current and future priorities. |
| 5.5 <br> 5.5.1 | **Health & Safety** <br> This report includes options for the implementation of central/core H&S training and qualifications and is therefore expected to impact positively on the Service H&S performance. |
| 5.6 <br> 5.6.1 | **Training** <br> An effective LNA process is key to support the Service to meet the current and future priorities – prioritised learning and development = right people, in the right place, with the rights skills at the right time. |
| 5.7 <br> 5.7.1 | **Timing** <br> The revised Learning Needs Analysis process began Q3 2020 with development planning activity requirement moving to the mid-year appraisal period (late Q2/early Q3) to align to business (financial and performance) planning cycle for the following year . |
| 5.8 <br> 5.8.1 | **Performance** <br> The LNA process and associated elements will have a positive impact on organisational performance in working towards strategic outcome 3. |
| 5.9 <br> 5.9.1 | **Communications & Engagement** <br> Continued communication and engagement will be required to ensure awareness of the revised LNA process. This will be supported through learning engagement arrangements and established Corporate Communications channels. |
| 5.10 <br> 5.10.1 | **Legal** <br> No legal implications are anticipated |

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|---|---|
| 5.11<br>5.11.1 | **Information Governance**<br>*DPIA completed: No -* Discussed with DPIA advisor and determined not required. |
| 5.12<br>5.12.1 | **Equalities**<br>*EIA completed: No -* Included in the Training and Employee Development EIA which will be kept under review. |
| 5.13<br>5.13.1 | **Service Delivery**<br>Development of talent across the SFRS via learning, training or experience will ensure that the organisation has the right level of skills, knowledge and resources to face current and future priorities. |
| **6** | **Core Brief** |
| 6.1 | Not applicable |
| **7** | **Appendices/Further Reading** |
| 7.1 | Appendix A: LNA Engagement and Return Summary |
| 7.2 | Appendix B: LNA Process Summary and Timeline |
| 7.3 | Appendix C: Leadership and Development Framework |
| 7.4 | Appendix D: Internal Leadership Development Requirement |
| 7.5 | Appendix E: Internal Leadership Development Delivery Proposal |
| 7.6 | Appendix F: LNA Prioritisation Matrix |

| | |
|---|---|
| **Prepared by:** | Nicole Mulvey, Corporate Skills Development Advisor |
| **Sponsored by:** | Ceri Dodd, Deputy Head of POD |
| **Presented by:** | Nicole Mulvey, Corporate Skills Development Advisor |

| **Links to Strategy and Corporate Values** |
|---|
| The SFRS Strategic Plan – Strategic Outcome 3: Workforce Development<br>SFRS Values: Safety, Teamwork, Respect and Innovation |

| **Governance Route for Report** | **Meeting Date** | **Report Classification/ Comments** |
|---|---|---|
| *POD DMT* | *27 April 2021* | *For Recommendation* |
| *Staff Governance Board* | *25 May 2021* | *For Decision* |
| *People Committee* | *02 June 2021* | *For Information* |
| *Employee Partnership Forum* | *19 August 2021* | *For Information* |

**Appendix A: LNA Engagement and Return Summary**

| Directorate | | Head of Function | | LNA Returned? | Attended Engagement Meeting |
|---|---|---|---|---|---|
| *POD* | Liz Barnes | Scott Semple | Head of POD | ✓ | ✓ |
| SPP&C | Mark McAteer | Richard Whetton | Corporate Governance | ✓ | ✓ |
| | | Marysia Waters | Communication and Engagement | ✓ | ✓ |
| Service Development | Paul Stewart | John McDonald | Service Improvement | | Not required |
| | | Sandra Fox | ICT | ✓ | |
| Training, Safety and Assurance | John Dickie | Paul King | Head of Training | ✓ | ✓ |
| | | Karen Lockhart | Health and Safety | ✓ | ✓ |
| Finance and contractual services | Sarah O'Donnell | John Thomson | Finance and Procurement | | |
| | | Iain Morris | Asset management | ✓ | ✓ |
| Service Delivery | Stuart Stevens | David Lockhart | East SDA | ✓ | ✓ |
| | | Andy Watt | North SDA | ✓ | ✓ |
| | | John Miller | West SDA | ✓ | |
| | | Alistair Perry | P&P | ✓ | ✓ |
| | | David Farries | Operations | ✓ | ✓ |

**Appendix B: LNA Process Summary and Timeline**

**LNA Process Summary and Timeline**

| Q3 preparation | Q4 Record L&D requirements | Q4 Analyse and Consolidate | Q4-Q1 Review and Approve | Q1-Q4 Implementation |

| Q3 (Prep) Mid Year Appraisal, LNA consideration (remaining and following year) | Q3 (Prep) Engagement meetings to discuss LNA/TNA process (update of process etc) | Q4 (record L&D) LNA completion and submission | Q4 (Analyse and consolidate) Analysis of LNA | Q4-Q1 (review and approve) Detailed submission paper routed through Governance for approval | Q1-4 (implementation) engagment meetings to discuss outcomes/learning approach | Q1-Q4 Update/revised LNA papers routed through Governance for approval |

**LNA Process Summary**

| **Preparation (Q3)** |
|---|
| Line Manager/Team Leader: Identify learning and development needs at individual level (e.g. through Appraisal discussion) |
| Review learning & development needs for team/department to ensure they are relevant, aligned and measurable against functional, directorate plans and therefore SFRS strategic objectives and priorities. |
| Determine/realign learning & development requirements for following financial year |

| **Record Learning & Development Requirements (Q4)** |
|---|
| Line Manager/Team Leader submits completed Learning & Development requests through the LNA process to their Service/Strategic Manager for review and initial validation. |
| Discussion of Learning & Development Action Plans needs with SMB (Head of Function) and for second stage review and validation |
| SMB (Heads of Function) review, approve or decline Learning & Development Action Plans (annual) and Ad hoc Learning Requests (ongoing) |
| Ongoing contacts, items progressing with Corporate Procurement noted on LNA (if applicable/from centralised training budget) |
| LNA includes: externally provided learning and Development (Including TNA elements) succession planning, professional development, 'other' learning requirements |
| LNA submission are the then validated and approved by Service/Strategic Manager |

**Analysis and Consolidation Phase (Q4)**

Fully completed and approved directorate LNA is returned to POD (Learning and Skills Development) for collation and analysis

Engagement with Leadership Skills Development Team and Service/strategic managers/nominated decision maker to ensure accuracy and validation of returns

Leadership and Skills Development team reports collated LNA update analysis through Governance


**Review and Approve (Q4/Q1)**

SMB (Heads of Function) to review **full Service** Learning Needs Analysis and discuss/approve prioritised implementation

Rationale and outcomes documented for communication for requests.


**Implementation (Q4/Q1)**

Engagement sessions arranged with nominated decision maker to ensure:

Agreed training is progressing as planned

New requirements are submitted through the 'Adhoc' learning request process, and submitted to SMB for consideration

Communication of Service decisions regarding L&D funding from the centralised training budget

**Appendix C: Leadership and Development Framework**

| Leadership Level | | Professional Technical Development | People and Resource Management | Leadership Development | Qualification | SCQF Level (or equivalent) |
|---|---|---|---|---|---|---|
| Experiential Leadership | Executive | • ICL4<br>• ERD – Cat B | • Role Handover/ Induction | • Value Based Leadership – Master classes and Action Learning Sets<br>• Coaching and Mentoring<br>• Transformation Project Assignment<br>• Leadership Exchange/Job Shadow/Secondments<br>• Online and Self-Guided Learning<br>• Programme Handbook and Reflective Learning Log | CMI Level 8 Diploma in Strategic Direction and Leadership* | 12 |
| Experiential Leadership | Strategic | • ICL4 (DACO)<br>• ICL3 (AM)<br>• Flexi Duty Manager Attributes<br>• ERD – Cat B | • Strategic Manager Induction Programme<br>• IOSH Leading Safety | | CMI Level 7 Extended Diploma in Strategic Management and Leadership*<br><br>IOSH Leading Safety | 11 |
| Leadership Education | Middle | • ICL2<br>• Middle Manager TfOC / Maintenance Programme<br>• Flexi Duty Manager Attributes<br>• JOSIC<br>• ERD – Cat B | • Middle Manager Induction Programme<br>• People Management for Middle Managers (Managing Attendance, Managing Discipline & Grievance, Managing Appraisals, Recruitment and Selection)<br>• Quality, Best Value, Self-Assessment and PSIF<br>• Financial Visioning, Planning and Management<br>• Project Management<br>• Managing Projects<br>• SFRS and our Partners | • Leading People and Teams<br>• Leadership for Collaboration<br>• Change Leadership<br>• Conflict Management<br>• Personal Resilience<br>• Political Awareness<br>• L&D 11 Verifier Award | CMI Level 5 Diploma in Management and Leadership*<br><br>IFE Level 4 Certificate<br>NEBOSH General Certificate | 8 |
| Leadership Education | Supervisory | • ICL1<br>• TfOC / MPDP | • Supervisory Manager Induction Programme<br>• Basic People Management (Managing Attendance, Managing Discipline & Grievance, Managing Appraisals)<br>• Introduction to Governance and Organisational Compliance<br>• Intro to Finance Management<br>• Intro to Audit and Risk<br>• Introduction to Technical Professional Development<br>• Partnership Working<br>• ICT-Supervisory Manager Systems Training<br>• Introduction to Project Management | • Managing Self and Leading Others<br>• Change and Innovation (e)<br>• Professional Behaviours: Individual Differences, Fairness and Equality (e)<br>• Managing Conflict<br>• Developing and Engaging with Others<br>• Train the Trainer (Method of Instruction)<br>• L&D 9D1 Assessor Award | IFE Level 3 Diploma<br><br>IFE Level 3 Certificate<br>IOSH Managing Safely | |
| Core Skill | Firefighter | • 'Ticket to Ride'<br>• TfOC / MPDP<br>• Specialist Skills | • IOSH Working Safely | • Team Working | SVQ Level 3 - Operations in the Community<br><br>SFRS Foundation Programme | 6<br><br>6 |

## Generic Development

\* = Applicable for all staff          (e) = eLearning/ LCMS

**Appendix D: Internal Leadership Development Requirement**

**Chart A – Summary of Existing Capacity Vs 2021-22 LNA Leadership Development Request**

This chart outlines the current leadership development requests across the Service and details typical LSD team capacity

| | Column A | Column B | Column C | Column D | |
|---|---|---|---|---|---|
| **Leadership Learning Requirement** | ***Leadership Skills Development Average annual delivery capacity** | ****LNA request summary** | *****Workforce planning requirement** | ******Leadership Development Centres (approved paper 2021)** | **Totals** |
| **Supervisory Management** | 150 | 337 | 297 (2021) 178 (2022) | 200 (may include individuals counted in Workforce planning) | **834 (approx.)** |
| **Middle Management** | 60 | 43 | 36 (2021) 44 (2022) | 50 | **129** |
| **Area Commander/Strategic Level** | 20 | | 9 | 20 | **29** |
| | **230** | | | Total | **992** |

- **Column A** outlines the rolling planned annual capacity for leadership development programme delivery undertaken by the leadership and skills development team (LSD).
- **Column B** indicates the current ask indicated through the LNA submission for development of existing managers/newly promoted into post
- **Column C** outlines the strategic workforce plan requirements (New process/recruitment applicants).
- **Column D** demonstrates the Leadership Development Centre approved proposed provisions, each LDC is supported by the delivery of a leadership development programme.

*Leadership Skills Development Capacity typically includes leadership development provision for circa 230 leaders across all staff groups
**As there are several LNA submissions outstanding, the numbers 'LNA request summary' may increase
***Workforce planning requirement details WTFF requirements only
****As per Psychometrics for Assessment Report (November 2020)

**Response to Leadership Provision via Learning Needs Analysis.**

| Course Title (Supervisory Leadership) | |
|---|---|
| Supervisory Manager Induction | 269 |
| Basic People Management (HR Department) | 267 |
| Professional Technical Development | 250 |
| Managing Self and Leading Others | 314 |
| Developing and Engaging Others | 316 |
| Coaching and Mentoring | 308 |
| Dealing with Conflict | 306 |
| Partnership Working | 294 |
| Introduction to SFRS Project Management | 337 |
| Assessor | 223 |
| **Course Title (Middle Management)** | |
| Middle Manager Induction Programme | 43 |
| HR People Management | 43 |
| Leading People and Teams. Franklin Covey: 7 Habits of Highly Effective People | 43 |
| Change Leadership | 42 |
| Leadership for Collaboration | 37 |
| Speed of Trust | 41 |
| Financial Visioning Planning and Management | 40 |
| Project Management | 30 |
| Internal Verifier | 73 |
| Course Title | |
| Invest in You - Career Development Workshops | 73 |
| Method of Instruction | 94 |
| Pre- Retirement Seminar | 38 |

**Appendix E: Internal Leadership Development Delivery Proposal**

**Proposed Leadership Development Approach**

*(Specific programme variants will apply)*

| E-learning | | Coaching & mentoring | | Reflection logs/ Journaling | | Evaluation Workshops | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre-Development analysis. LDC activities | | Facilitated learning session/s | | Virtual/ classroom module delivery | | Specific reading/ viewing content | Programme Evaluation |
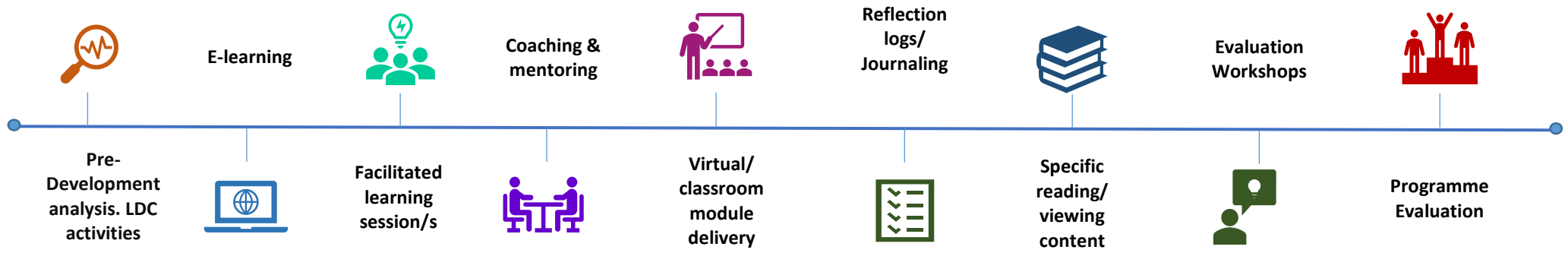
**Blended learning Activity to support full Leadership Development Requirement**

The leadership and skills development team recognises that different individuals prefer to learn in different ways (Learning Styles), utilising a variety of learning styles - a key aim is to make learning and development opportunities as flexible and accessible as possible.

| | |
| --- | --- |
| **Pre-development.** | Review of LNA requirements, LDP creation, leadership development centre activities, personalised learning journey creation. Manager involvement |
| **eLearning provision,** | (Procured Kallidus /Franklin Covey) mapped/aligned to SFRS Leadership development framework / National occupational standards |
| **Facilitated learning sessions.** | E.g. Action Learning sets, Peer group discussion, hot topic discussions, drop in sessions, consolidation of learning |
| **Coaching and Mentoring** | Coaching arrangements with line manager, leadership skills development team, external provision |
| **Virtual/Classroom module delivery:** | Facilitated by the leadership development team or external provision |

| | |
|---|---|
| **Specific reading/ viewing content:** | 'Topical leadership learning content delivered to participants. |
| **Reflective log/study:** | Recognition of learning, analysis of feedback and review 'next steps' |
| **Evaluation Workshop:** | Tools including peer review, 360-degree feedback (Middle Management leadership for change programme) Psychometrics (Leadership development centres). Appraisal and performance review – management feedback. Review of Personal Development Plan |
| **Programme Evaluation:** | comprehensive evaluation of the effectiveness of the programme is required to ensure continuous improvement |

## There are four main learning preferences:

**Pragmatists (Plan)**

Keen to put ideas, theories and techniques into practice

Search new ideas and experiment

Act quickly and confidently on ideas and gets straight to the point

Impatient with endless discussion

**Activists (Do)**

Immerse themselves in new experiences

Enjoy the here and now

Open minded, enthusiastic and flexible

Act first, consider consequences later

**Reflectors (Review)**

Stand back and observe

Cautious, take a back seat

Collect and analyse data about experience and events

Use information and observations to maintain a big picture perspective

**Theorists (Conclude)**

Think through problems in a logical manner, value rationality and objectivity

Assimilate facts into coherent theories

Disciplined, aiming to fit things into rational order

Keen on basic assumptions, principles, theories and models

**Supporting Every Stage of the Learning Process**

1. Developing the initial Knowledge, Skills and Understanding (KSU): what is required to undertake a new role. KSU comes from National Occupational Standards (NOS) and or job descriptions / role maps.
2. Demonstrating competence: the learning and development gaps identified from work activities and the Appraisal process.

3. Maintenance of knowledge and skills: enhancing and maintaining knowledge and skills (Continuing Professional Development (CPD)).

4. Career Progression: further learning with the aim of moving into a new role.
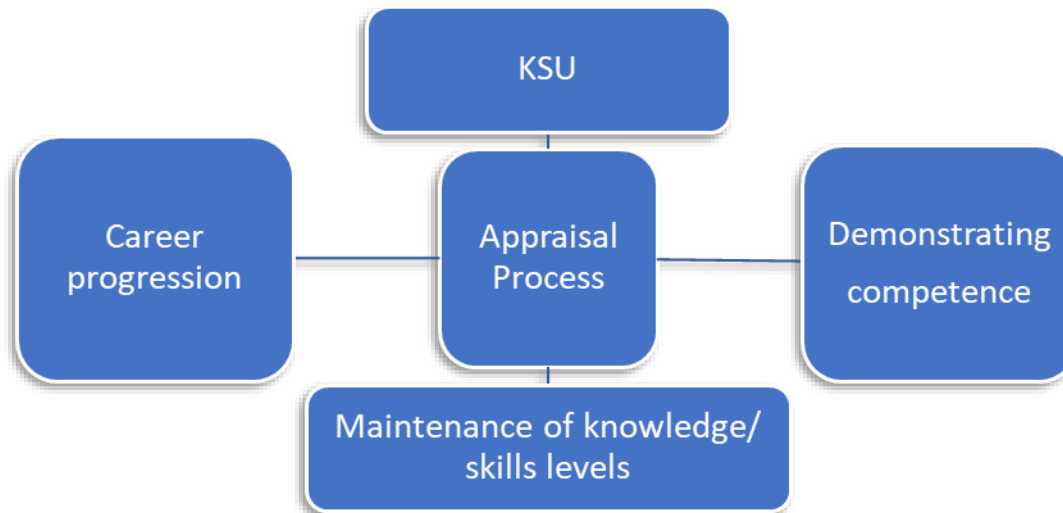
**Appendix F: LNA Prioritisation Matrix**

The table below details the proposed '*Prioritisation matrix'*, which can be utilised to score/prioritise LNA funding requests

| Priority Rating of Learning and Development Request | | | | | |
|---|---|---|---|---|---|
| | 1 High | Medium priority | High Priority | High Priority | High Priority |
| | 2 | Medium priority | High Priority | High Priority | High Priority |
| | 3 | Low Priority | Medium priority | Medium priority | High Priority |
| | 4 | Low Priority | Low Priority | Low Priority | Medium priority |
| | 5 Low | Low Priority | Low Priority | Low Priority | Medium priority |
| | | **Other*** | **Professional Development** | **Succession Planning** | **Legislative/ Regulatory/ Service Driven** |
| | | **Classification of Learning and Development** | | | |

| SCOTTISH FIRE AND RESCUE SERVICE | |
|---|---|
| *People Committee* | |

**Report No:** **C/PC/11-21**

**Agenda Item:** **9**

| Report to: | **PEOPLE COMMITTEE** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Meeting Date:** | **2 JUNE 21** | | | | | | | |
| **Report Title:** | **INDEPENDENT AUDIT/ INSPECTION ACTION PLAN UPDATE** | | | | | | | |
| **Report Classification:** | **For Scrutiny** | **Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9** | | | | | | |
| | | A | B | C | D | E | F | G |

| 1 | **Purpose** |
|---|---|
| 1.1 | The purpose of this paper is to present members of the People Committee (PC) with an update on the action plan, which has been developed in response to the report published by Her Majesty's Fire Service Inspectorate (HMFSI), relating to the Training of the Retained Duty System (RDS) Personnel. |

| 2 | **Background** |
|---|---|
| 2.1 | HMFSI inspects and reports on the Scottish Fire and Rescue Service (SFRS) with the purpose of assuring the public and Scottish Ministers that we are working in an efficient and effective way, and to promote improvement in the Service. |
| 2.2 | Each year, HMFSI sets out its intended programme of thematic and local area inspections. Additional reviews may also be carried out at any time at the request of Scottish Ministers. |
| 2.3 | Following the publication of reports, an action plan is prepared to address the issues or recommendations that are highlighted within the report. |
| 2.4 | In line with the new thematic process agreed in May 2020, once approved certain action plans will be presented to the PC on a quarterly basis to scrutinise progress. |

| 3 | **Main Report/Detail** |
|---|---|
| 3.1 | The PC is presented with the current overview dashboard, attached as **Appendix A** for noting.  This provides high level details of all action plans.  A summarised update on the Training of the Retained Duty System (RDS) Personnel update is provided below: |
| 3.2 | **Training of RDS Personnel** The HMFSI report on the Training of RDS Personnel was published in March 2020. The action plan contains a total of 31 actions to address the 22 recommendations raised. |
| 3.3 | Of those 22 recommendations it is noted that no action was identified for 6 of these. This is because a response to the recommendation is captured within another recommendation. The action plan is attached as **Appendix B**. |
| 3.4 | This update indicates that delivery of this action plan is progressing steadily, although minor time delays have occurred. |

| | |
|---|---|
| 3.5 | Of the 16 live actions, four have been completed within this reporting period, see 1.2, 4.1 and 5.2 and 10.1. |
| 3.6 | There are currently five actions that have been deferred due to resource issues and the interdependencies to other pieces of work. An update on how/when these actions will be progressed will be provided in the next quarter. |
| 3.7 | The PC is also asked to note and approve the following:<br>• The proposed revised due dates for actions 7.1, 9.3, 10.2, 11.1, 11.2, and 17.1 - time slippage has occurred with five of these actions due to competing resource priorities. The proposed due date of 7.1 is to align with another piece of work. These have been marked red for ease. |
| 3.8 | The overall RAG rating for this action plan is **green** and is noted as 77% complete (percentage completions are an estimate provided by the action owner). |
| **4** | **Recommendation** |
| 4.1 | The PC is invited to: |
| 4.1.1 | • Note the progress of all action plans as presented in the audit and inspection dashboard, attached as **Appendix A**. |
| 4.1.2 | • Scrutinise the Training of RDS Personnel action plan, attached as **Appendix B**, and raise any concerns with the update provided, and agree the revised due dates. |
| **5** | **Key Strategic Implications** |
| 5.1<br>5.1.1 | **Risk**<br>There are no risks associated with the recommendations of this report. |
| 5.2<br>5.2.1 | **Financial**<br>There are no financial implications associated with the recommendations of this report. |
| 5.3<br>5.3.1 | **Environmental & Sustainability**<br>There are no environmental implications associated with the recommendations of this report. |
| 5.4<br>5.4.1 | **Workforce**<br>There are no workforce implications associated with the recommendations of this report. |
| 5.5<br>5.5.1 | **Health & Safety**<br>There are no health and safety implications associated with the recommendations of this report. |
| 5.6<br>5.6.1 | **Training**<br>There are no training implications associated with the recommendations of this report. |
| 5.7<br>5.7.1 | **Timing**<br>This HMFSI Action Plan will be reported to the PC on a quarterly cycle until completion. |
| 5.8<br>5.8.1 | **Performance**<br>This process supports robust challenge and scrutiny of our performance against HMSFI recommended improvements. |

| 5.9 5.9.1 | **Communications & Engagement** There is no implication associated with the recommendations of this report. |
|---|---|
| 5.10 5.10.1 | **Legal** The arrangements for independent inquiries into the state and efficiency of the SFRS are a statutory requirement as laid out in section 43 of the Fire Scotland Act 2005. |
| 5.11 5.11.1 | **Information Governance** A DPIA is not required for this report. |
| 5.12 5.12.1 | **Equalities** An Equality Impact Assessment is not required for this this report. |
| 5.13 5.13.1 | **Service Delivery** The content of this update report does not have any impact upon Service Delivery. |
| **6** | **Core Brief** |
| 6.1 | Not Applicable |
| **7** | **Appendices/Further Reading** |
| 7.1 | Appendix A – Audit and Inspection Dashboard |
| 7.2 | Appendix B – HMFSI Training of RDS Personnel Action Plan Update |

| **Prepared by:** | Louise Patrick, Planning and Performance Officer |
|---|---|
| **Sponsored by:** | Paul King, Head of Training |
| **Presented by:** | Paul King, Head of Training |

**Links to Strategy and Corporate Values**

Our audit and inspection process contributes to Strategic Outcome 4:  We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.

| **Governance Route for Report** | **Meeting Date** | **Report Classification/ Comments** |
|---|---|---|
| *Senior Management Board* | *19 May 2021* | *Agreed for release to PC* |
| *People Committee* | *2 June 2021* | *For Scrutiny* |

## Audit Scotland Reports Progress Dashboard

| Published | Title | Relevant Committee | Due Date | Revised Due Date | Total Actions | Last Updated | Next Update | Not Started | In Progress | Deferred | Complete | Transferred | Cancelled | % complete | RAG |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| May-18 | Scottish Fire and Rescue Service Update | ARAC | Dec-21 | | 36 | May-21 | Aug-21 | 0 | 3 | 0 | 31 | 0 | 2 | 97% | 🟧 |

## HMFSI Thematic Reports Progress Dashboard

| Published | Title | Revelant Committee | Due Date | Revised Due Date | Total Actions | Last Updated | Next Update | Not Started | In Progress | Deferred | Complete | Transferred | Cancelled | % complete | RAG |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Apr-15 | Performance Management Systems. | SDC | Jul-20 | | 32 | May-20 | N/A | 0 | 0 | 0 | 26 | 2 | 4 | 100% | Closed |
| Jul-2017 | Operations Control Dundee and Highlands and Islands Support. | SDC | Dec-20 | | 24 | May-20 | N/A | 0 | 0 | 0 | 24 | 0 | 0 | 100% | Closed |
| Jan-2018 | Fire Safety Enforcement. | SDC | Mar-20 | | 21 | Mar-21 | Jun-21 | 0 | 3 | 2 | 16 | 0 | 0 | 95% | 🟥 |
| Feb-2019 | Provision of Operational Risk Information. | SDC | Mar-22 | | 25 | May-21 | Aug-21 | 0 | 5 | 0 | 20 | 0 | 0 | 92% | 🟥 |
| May-2019 | Management of Fleet and Equipment. | SDC | Mar-22 | | 38 | May-21 | Sep-21 | 0 | 2 | 0 | 30 | 0 | 6 | 97% | 🟩 |
| Mar-2020 | Training of RDS Personnel. | SGC | Mar-23 | | 31 | May-21 | Oct-21 | 0 | 12 | 5 | 14 | 0 | 0 | 77% | 🟩 |
| May-2020 | Assessing the Effectiveness of Inspection Activity. | ARAC | May-20 | | 0 | May-21 | | | | | | | | | |

## HMFSI Local Area Inspection Reports Progress Dashboard

| Published | Title | Relevant Committee | Due Date | Revised Due Date | Total Actions | Last Update | Next Update | Not Started | In Progress | Deferred | Complete | Transferred | Cancelled | % complete | RAG |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| N/A | Local Area Inspection National Recommendations | SDC | N/A | N/A | 7 | Mar-21 | Jun-21 | 0 | 2 | 0 | 5 | 0 | 0 | 90% | 🟩 |
| Feb-20 | Dumfries and Galloway | N/A | Jun-21 | | 12 | Mar-21 | Jun-21 | 0 | 4 | 0 | 7 | 1 | 0 | 84% | 🟥 |
| Jun-20 | Edinburgh City | N/A | Apr-21 | | 11 | Mar-21 | Jun-21 | 0 | 5 | 0 | 0 | 6 | 0 | 92% | 🟩 |

# HMFSI Training of RDS Personnel - Action Plan Progress

| | Updated | Next Update |
|---|---|---|
| | May-21 | Aug-21 |

| Status | Count |
|---|---|
| In Progress | 12 |
| Deferred | 5 |
| Complete | 14 |

| Recommendations where no action identified | 6 |
|---|---|
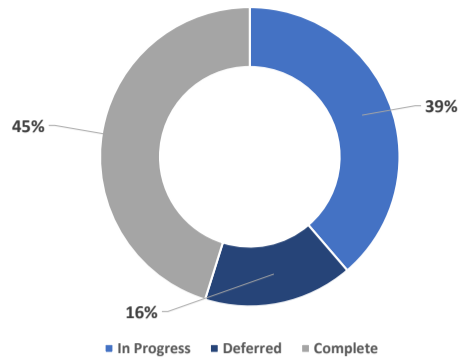
**In Progress RAG Rating**

| Red | Amber | Green |
|---|---|---|
| 0 | 7 | 9 |

**Overall Progress   77%**



39% In Progress
16% Deferred
45% Complete
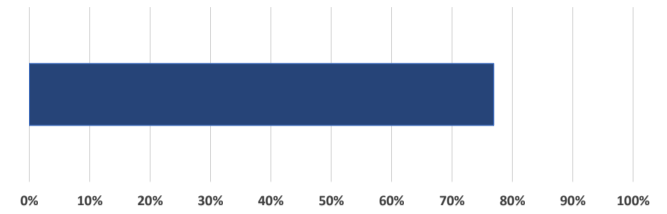
| HMFI Recommendation | Action Ref | Action Description | Action Owner | Due Date | Revised Due Date | Status | Progress Update Commentary | % Complete | Completion Date | RAG | Evidence |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training. | 1.2 | Review local delivery options for the Breathing Apparatus (BA) elements of Red, Amber and Green (RAG) Assessments. | GC Lorna Yuill | Sep-20 | Mar-21 | Complete | 17 February 21: Delivery site options have been explored as far as practicable, however, COVID has undoubtedly impacted any potential additional access to sites outwith the SFRS portfolio. Assessments are scheduled and delivered locally by local Training Instructors as near to point of candidate need as practicable. **19 May 21: This action is now complete. Delivery site options have been explored as far as practicable, however, COVID has undoubtedly impacted any potential additional access to sites outwith the SFRS portfolio. Assessments are scheduled and delivered locally by local Training Instructors as near to point of candidate need as practicable.** | 100% | | | |
| 4. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the involvement of RDS firefighters in course design. | 4.1 | Create the opportunity for Retained and Volunteer Duty System (RVDS) staff to be involved within the course creation / review process, including Training for Operational Competence (TfOC) modules. | GC Lorna Yuill | Sep-20 | | Complete | 17 February 21: The RVDS Support Group is being created to support the National Retained & Volunteer Leadership Forum (NRVLF) which includes Rural Full Time Post Watch Commanders RFT WCs and this will assist with improving RVDS representation within decision making forums relating to recruitment and training. Timeline extended due to COVID impacts. The TfOC aspect of this action is linked to action 7.2. **19 May 21: This action is now complete The RVDS Support Group is being created to support the National Retained & Volunteer Leadership Forum (NRVLF) which includes Rural Full Time Post Watch Commanders RFT WCs and this will assist with improving RVDS representation within decision making forums relating to recruitment and training.  The TfOC aspect of this action will continue in action 7.2.** | 100% | | | |
| 4. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the involvement of RDS firefighters in course design. | 4.2 | Implementation of a de-centralised business partnering model for training delivery. | AC Richie Hall | Mar-23 | | In Progress | 18 November 2020: This will form part of the wider implementation Programme of recommendations from the Training Review and will be supported by the recent appointment of the Project Manager. **19 May 21: The de-centralised business partnering model for training is a recommendation within the Training Continuous improvement Programme (CIP) and will be delivered as part of a wider CIP implementation plan which is currently being developed. The CIP manager is a member of the National Retained and Volunteer Leadership Forum (NRVLF), this forum will provide consultation and support in the provision of the decentralised partnering model for training. This action remains amber.** | 25% | | | |
| 5. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the time taken in some locations to complete the remainder of the RTC operators' course where relevant. | 5.2 | Review RVDS Contract of Employment to ensure that expectations for completing development pathway training are understood and agreed prior to employment. | Geri Thomson | Mar-21 | | Complete | 17 February 21: Following early engagement a working group was established to progress the development of the policy and encourage standardisation in approach. This includes a re-evaluation of the Assessor/Verifier programme; identifying 'pinch points' and ensuring support is in place;  introducing electronic portfolios and future proof the programme to move away from printed materials to online support. This is mirrored in the planned launch of the blended learning of the Assessor and Verifier courses and will increase capacity exponentially and support the principles which the policy guidance aims to achieve.  The draft policy is scheduled to commence through governance and consultation in April 2021. **19 May 21: This action is now complete as RVDS contracts of employment now state:** **• The successful completion of the initial Task and Task Management training course** **• The successful completion of an initial Breathing Apparatus course, normally within 12 weeks of start date (or in exceptional circumstances a maximum of 24 weeks from start date), as part of the criteria for progression to the Firefighter (Development) status and rate of pay.** | 100% | | | |
| 6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment). | 6.2 | NTS to be reviewed and new electronic format introduced. | GC William Pollard | Mar-22 | | In Progress | 17 February 21: An initial light review of the Training Standards has been concluded. The process to re-format and revise content has commenced with a priority list being established supported by the production of an implementation plan. **19 May 2021: Reformatting and terminology updates due for completion in May 2021 after which a guidance document containing the generic sections of each National Training Standards (NTS) to be created. Further review of all NTS by leads and Subject Matter Experts due for completion in September 2021 to allow time for consultation and publication by December 2021. Forward plan in place to stagger subsequent reviews over a 5 year period. This action remains green.** | 40% | | | |
| 6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment). | 6.3 | Training notes to support NTS to be created where appropriate. | GC Mark Gallacher | Mar-23 | | In Progress | 17 February 21: A plan for the further production of Training Notes relating to Urban Search and Rescue (USAR), Water Rescue and Breathing Apparatus (BA) is in development having cognisance of the proposed due date of March 2022. **19 May 21: There has been no further progress at this time due to competing organisational priorities. This action remains green as timescales are still achievable.** | 40% | | | |
| 7. Maintenance of Skills - the SFRS should consider the content and relevance of RDS TfOC packages, and amend accordingly. | 7.1 | Combination of appropriate sets of modules. | GC Jamie Thrower | Mar-21 | **Mar-22** | In Progress | 18 November 2020: A Gantt chart has been developed providing a proposed timeframe for consideration of specific module content, amendments and amalgamation opportunities. Following the review of the Annual Operating Plan (AOP) that was instigated by the Strategic Leadership Team, it is proposed that this action within the AOP is deferred and  to be re-considered for next year. **19 May 21: Initial scoping has taken place to identify the merging of appropriate modules as part of this project. Further analysis will be required with a full proposal to be put forward via appropriate governance routes. This action was previously deferred, however, it has now In Progress. A revised due date has been proposed as March-22. Operations are currently revising and combining their Standard Operating Procedures and Training would like to take the opportunity to align combined training modules with these. As the original due date has passed, the action has been marked amber.** | 25% | | | |

| Recommendation | Action | Action Detail | Owner | Date | Revised Date | Status | Update | % | RAG | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| 7. Maintenance of Skills - the SFRS should consider the content and relevance of RDS TfoC packages, and amend accordingly. | 7.2 | Creation of "LITE" modules for maintenance phase use. | Andy Scott | Mar-23 | | In Progress | 18 November 2020: A gantt chart has been developed providing a proposed timeline for the development of LITE modules and is tied in with action point 7.1. Following the review of the Annual Operating Plan (AOP) that was instigated by the Strategic Leadership Team, it is proposed that this action within the AOP is deferred and to be re-considered for next year. **19 May 2021: There has been no further progress on this action during this reporting period due to a number of organisational competing priorities. This action was previously deferred, however, it is now In Progress. Despite no progress being made this quarter, it is expected that the action will be completed by the due date and a green rag status has been allocated.** | 15% | (green) | |
| 9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training; | 9.2 | Explore options for interlinking through the Finance, People & Training Systems Group | Andy Scott | Apr-24 | | In Progress | 17 February 21: We still wait the scheduling of the next User Intelligence Group (UIG) that form part of the People, Training, Finance and Assets System (PTFAS) Project. **19 May 21: This requirement will be picked up as part of the People, Training, Finance and Asset (PTFAS) Project. Training representatives have been added into the 'People' Systems User Intelligence Group (UIG) to represent the Training Function. This will include involvement with the Supplier 1-2-1 sessions which will be carried out over the next few weeks. This action remains at green.** | 60% | (green) | |
| 9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training; | 9.3 | Seek to improve broadband capacity at RDS stations in the new Wide Area Network (WAN) contract | Greg Aitken | May-21 | **Dec-21** | In Progress | 17 February 21: New contract awarded and implementation due to begin at start of March 21. **19 May 21: Implementation progressing as per the Project Plan. Scheduled completion date is 31 December 2021. The due date has been amended to reflect the Project Plan. This action remains at amber to reflect to slip of original timescale.** | 30% | (amber) | |
| 10. Maintenance of Skills - the SFRS should consider reviewing the method for assessing competence; | 10.1 | Explore the potential for the completion of e-learning assessment to automatically update pdrPRO account and establish options for any identified improvements. | Andy Scott | Mar-21 | | Complete | 17 February 21: This feature will be captured as a requirement within the People, Training, Finance and Assets System (PTFAS) project and we await the next scheduled User Intelligence Group (UIG) meeting. **19 May 21: This action has been explored and the fuctionality to update assessment attempts for the Flexi Duty Officer cadre of staff has been achieved, this cannot be extended to all uniformed personnel on the pdrPro system at the moment. However, this will be considered as part of the functional specification for Training systems within the PTFAS project. The The People, Training, Finance and Assets System (PTFAS) Project is now fully underway with relevant People & Training Systems Sub-Group and User Intelligence Group process and supplier engagement for the People & Finance Systems elements. The completion for this work is April 2024.** | 100% | (green) | |
| 10. Maintenance of Skills - the SFRS should consider reviewing the method for assessing competence; | 10.2 | Review methods of assessing technical competence so as not to rely solely upon electronic assessments and establish options for any identified improvements. | Nicole Mulvey | Mar-21 | **Jul-21** | In Progress | 17 February 21: Assessment methodologies are in place for the light module which has been developed. As this module is now complete, an options paper will be drafted to provide a range of options for consideration, this will reflect the current quality standards. **19 May 21: The options paper is not yet complete due to conflicting resource requirements. It is anticipated that this will be completed this quarter for consideration and options. A new due date has been proposed to reflect this. The action remains at amber.** | 85% | (amber) | |
| 11. Maintenance of skills - the SFRS should consider the delivery of more practical training for RDS staff with a reduction in theory content. | 11.1 | Guidance to be introduced which outlines the expected use of training packages and re-directs focus upon practical application training. | GC Jamie Thrower | Mar-21 | **May-21** | In Progress | 17 February 21: An initial draft guidance note is being produced and will be circulated to business partners as part of the consultation process prior to publication. As part of the `LITE` module development as referenced in Action 7.2, the balance of theoretical and practical application will be considered and readdressed for a more focused delivery requirement. **19 May 21: Guidance Note developed and is under going consultation prior to being uploaded on the Learning Content Management System site. It is anticipated that this will be completed by the end of May. The due date has been reflected to complete this. Due to the slip in timescales, this action has moved from green to amber.** | 95% | (amber) | |
| 11. Maintenance of skills - the SFRS should consider the delivery of more practical training for RDS staff with a reduction in theory content. | 11.2 | Take elements from MOI course to create learning modules accessible to all (including RVDS). | Nicole Mulvey | Mar-21 | **Jul-21** | In Progress | 17 February 21: First draft of learning materials has now been produced. These will be shared via LCMS in order to offer accessibility to all, whilst providing a more flexible approach. Consolidation of this learning is required and a programme of events will be drafted and the approach consulted with the appropriate working group. Methods of evaluation will be included within the draft assessment approach as previously discussed. (line 34) **19 May 21: Work to produce online materials is near completion and is due for launch this quarter. A new due date has been proposed to reflect this. Due to the time slippage, this action remains at amber.** | 75% | (amber) | |
| 17. Incident Command Training - The SFRS should provide initial ICL1 command courses for RDS staff with IC responsibilities. | 17.1 | Modularised version of the ICL1 course to be reviewed by Training Function and LSO Areas with implementation based on findings. | GC Stuart Watson | Mar-21 | **May-21** | In Progress | 17 February 21: ICL1 modular course content now in the final stages with the Incident Command Team finalising the scenarios to align with facilities available at different stations / venues across SFRS. Some additional work is ongoing to PDRpro to enable ICL1 modular training to be recorded electronically and support the process. **19 May 21: Course content has now been completed and is currently being uploaded to the Learning Content Management System (LCMS). A pilot has been arranged to take place within Western Isles, Orkney and Shetland Local Senior Officer Area in May 2021. Feedback received from this pilot will assist in any identified amendments required to course content. The due date has been reflected to complete this action. Due to time slippage, this action remains amber.** | 95% | (amber) | |
| 21. Other Observations - The SFRS should consider introducing optional RDS manager seminars to enhance the opportunities for networking, practical training and learning. | 21.1 | SDMP (RVDS Project) members to consider cost benefit analysis of a wider introduction of seminars across the Service. | Gavin Hammond | Mar-23 | | In Progress | 17 February 21: This work is going to transfer over to the RVDS National Leadership Forum and ownership of the action is to transferred over to GC Gavin Hammond. **19 May 21: National Retained and Volunteer Leadership Forum (NRVLF) Communications Workshop held to further develop opportunities and strategies for RVDS- awaiting outcomes. As a result of and due to the impact of COVID-19 Microsoft (MS) Teams has been introduced across the Service presenting opportunities for remote training and networking. Examples of the delivery of these sessions will be looked at to inform future options and recognised best practice across the SFRS. Retained and Volunteer Duty System (RVDS) Support Team has been established and has held numerous engagement sessions across all Service Delivery Areas. It has created networking channels via MS Teams to enable direct stakeholder involvement with the ongoing work of the NRVLF and RVDS Strategy project. Due to the positive progress made, this action remains green.** | 75% | (green) | |
| 6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment). | 6.1 | Agree process with LSOs on the allocation of training modules for each station should be aligned to the station risk profile, vehicle and equipment available. | AC Rab Middlemiss | Mar-21 | Mar-22 | Deferred | This element forms part of the scoping of the Service Delivery Model Programme (SDMP). This action is deferred until the identification of station profiling is complete. It is proposed the Training Function will work with LSOs in identifying the requirements of each station. Phase 2 of the SDMP was originally due to complete in March 2021, however due to the impact of COVID the due date for this has now moved to September 2021. An update on this will be provided in August 21. | | | |
| 12. Driver Training - The SFRS should consider providing LGV driving courses in remote and Island locations to minimise the personal impact to RDS staff. | 12.1 | No further action can be taken at this time pending review of course structure to accommodate new statutory obligations and dependant on Island impact assessment. This will be reassessed in June 2021. | | | | Deferred | | | | Whenever possible, the option to deliver the course locally is considered. However, this is not always possible due to the negative impact on the limited capacity available within the small pool of driver trainers. This will also be impacted by pending legislative changes to the Road Safety Act 2006 (Regulation 19) which dictates a minimum course duration of two weeks with a 2:1 student / driver ratio. |

| Recommendation | Ref | Action | Owner | Date | Date 2 | Status | Update | % | Date 3 | ✓ | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 12. Driver Training - The SFRS should consider providing LGV driving courses in remote and Island locations to minimise the personal impact to RDS staff. | 12.2 | De-centralisation of business partnering model. | GC Stephen McCurry | Mar-20 | | Deferred | Business case for 4 additional driver trainers across SFRS was successful (July 2020). 3 of these posts to be put within North SDA.<br>No further action can be taken at this time: pending review of course structure to accommodate new statutory obligations. Linked to 12.1 below which is also deferred. This will be reviewed in June 2021. | | | | |
| 15. High Reach Appliance Training - The SFRS should ensure RDS firefighters are able to maintain both their core skills and high reach operational competence. | 15.1 | No action proposed at present as this is the same training standards required for all High Reach Appliance Operators and the balance of this is being monitored within LSO Areas. This will also form part of the Station Appliance Review work being progressed, which will also consider the current High Reach Appliance Strategy and ROSE Project progress prior to implementation of any related recommendations. This will be reassessed in June 2021. | | | | Deferred | | | | | |
| 16. High Reach Appliance Training - consider crewing the high reach appliance with members of staff using different crewing model. | 16.1 | SDMP's Station and Appliances Review Project and the associated Demand Based Duty Systems Project to consider options crewing the high reach appliance with members of staff using a different crewing model within the scope of their respective projects. | DACO John MacDonald | Mar-23 | | Deferred | The location, availability, crewing and duty system for special appliances will be considered as part of the wider SDMP Station and Appliance Review and Demand Based Duty Systems projects. These projects will also link with the Operational Strategy review being undertaken by the Response and Resilience function.<br>Phase 2 of the SDMP was originally due to complete in March 2021, however due to the impact of COVID the end date stop for this has now moved to September 2021.<br>An update on this will be provided in August 21. | 40% | | | |
| 1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training. | 1.1 | Review Task and Task Management (TTM) Course to consider modularisation and local delivery options. | GC Lorna Yuill | Sep-20 | Nov-20 | Complete | | 100% | | | Delivery can be facilitated in a flexible format for the full course content. Engagement with RVDS candidates will be established via recruiting managers to cite them on the rolling scheduled of national course dates to assist candidates with forward planning and securing leave from primary employment to attend. Where attendance at a national course cannot be met, the ability to deliver locally and flexibly can now be facilitated. |
| 1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training. | 1.3 | Review BA Initial Course to consider modularisation and local delivery options. | GC William Pollard | Sep-20 | | Complete | | 100% | | | The review of the BA Initial Course is now complete. The course can be delivered at a variety of venues with a view of providing the nearest suitable venue to the candidates to reduce travel. This has been supported by the completion of a pilot BA Initial Course on Western Isles, Orkney and Shetland (WIOS) Local Senior Officer area. |
| 1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training. | 1.4 | Compile and submit requests to Asset Management for any remaining BA equipment needed. | GC William Pollard | Jul-20 | | Complete | | 100% | | ✓ | Request for BA equipment submitted via ACO. Dickie on 3 November 2020. This includes 18 x Thermal Imaging Cameras, 3 x Portable CFBT Aids (known as 'Dolls Houses'), 2 x Entry Control Boards along other miscellaneous BA equipment. |
| 2. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the current timescales allocated for the training. | 2.1 | No action required. Response to this recommendation is captured within recommendation 1. | | | | | | | | | |
| 3. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the course content and methods of delivery. | 3.1 | No action required. Response to this recommendation is captured within recommendation 1. | | | | | | | | | |
| 5. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the time taken in some locations to complete the remainder of the RTC operators' course where relevant. | 5.1 | Agree process with LSOs for ensuring that expectations for completing development pathway training are understood and agreed prior to employment and are suitably managed thereafter. | AC Rab Middlemiss | Mar-21 | | Complete | | 100% | | ✓ | Strategic Business Partner Forum monthly meetings in place to allow LSOs and their teams to feedback and into the process. |
| 6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment). | 6.4 | A Training Quality Assurance process and audit programme to be devised and introduced with good practice shared across the Service. | GC Graeme Hay | Mar-20 | | Complete | | 100% | | ✓ | Training Delivery Assurance Policy and Procedure in place. |
| 8. Maintenance of Skills - the SFRS should consider engagement with RDS staff when developing TfOC packages in the future. | 8.1 | No action required. Response to this recommendation is captured within recommendation 4. | | | | | | | | | |
| 9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training; | 9.1 | Engage with ICT to explore Single Sign-on functionality | Andy Scott | Jan-21 | | Complete | | 100% | | ✓ | Scoping exercise is now complete. Single Sign-on functionality is not available currently. However, this will be included as a functional specification via the People, Training, Finance & Assets (PFTA) Project. |
| 13. Driver Training - The SFRS should consider using third party providers to deliver LGV training. | 13.1 | No action required. Response to this recommendation is captured within recommendation 12. | | | | | | | | | |
| 14. Driver Training - The SFRS should consider delivering EFAD training courses on remote islands to reflect topography and risk. | 14.1 | No action required. Response to this recommendation is captured within recommendation 12. | | | | | | | | | |
| 18. Incident Command Training - The SFRS should provide alternative venues and delivery methods for the initial ICL1 command course. | 18.1 | No action required. Response to this recommendation is captured within recommendation 17. | | | | | | | | | |
| 19. Incident Command Training - The SFRS should develop a quality assurance process for the delivery of ICA and ICL1 courses. | 19.1 | Extend Quality Assurance process to incorporate ICA Course training delivery. | GC Stephen McCurry | Mar-21 | | Complete | | 100% | Aug-20 | ✓ | Training Delivery Assurance Policy and Procedure in place. |
| 20. Other Observations - The SFRS should review the current | 20.1 | A Training Quality Assurance process and audit programme to be devised and introduced with good practice shared across | GC Graeme Hay | Mar-21 | | Complete | | 100% | Aug-20 | ✓ | Training Delivery Assurance Policy and Procedure in place. |
| 22. Other Observations - The SFRS should utilise the exit interview | 22.1 | Analysis of the collective reasons for leaving the SFRS and the production of a supporting action plan. | Mary Corry | Mar-21 | | Complete | | 100% | Aug-20 | ✓ | Exit Interviews Policy and Procedure in place. |
| 22. Other Observations - The SFRS should utilise the exit interview | 22.2 | Implementation of Action Plan to deliver identified improvements. | Mary Corry | Mar-22 | | Complete | | 100% | Aug-20 | ✓ | Training Delivery Assurance Policy and Procedure in place. |

# SCOTTISH FIRE AND RESCUE SERVICE
## *People Committee*

**Report No:** C/PC/12-21

**Agenda Item:** 10

| Report to: | PEOPLE COMMITTEE | | | | | | |
|---|---|---|---|---|---|---|---|
| Meeting Date: | 2 JUNE 2021 | | | | | | |
| Report Title: | HEALTH AND SAFETY POLICY AND POLICY STATEMENT | | | | | | |
| Report Classification: | For Scrutiny | Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9 | | | | | |
| | | A | B | C | D | E | F | G |

| 1 | Purpose |
|---|---|
| 1.1 | The purpose of this report is to provide the People Committee (PC) with an overview of the Scottish Fire and Rescue Service (SFRS) Health and Safety Policy and Health and Safety Policy Statement as part of the SFRS Health and Safety Management System (HSMS). |

| 2 | Background |
|---|---|
| 2.1 | The SFRS has developed a Health and Safety Policy and supporting Management Arrangements to address areas of risk identified previously through legislative compliance audits and event management. |
| 2.2 | The Health and Safety Policy is designed to provide detail of the management of health and safety within SFRS and to outline standards and responsibilities. |
| 2.3 | The implementation of the Health and Safety Policy is facilitated through the Annual Health and Safety Improvement Plans. |

| 3 | Main Report/Detail |
|---|---|
| 3.1 | The Health and Safety Policy has been developed to ensure compliance with the content and spirit of the Health and Safety at Work etc. Act 1974 and all associated applicable legislation, regulations and guidance. |
| 3.2 | The Policy has been updated to reflect the new structure in place within the SFRS and the Safety and Assurance Engagement and Governance Management Arrangement. |
| 3.3 | The Health and Safety Policy outlines:<br>• The commitment of the SFRS to ensuring, so far as is reasonably practicable, the health and safety of staff and those affected by our activities;<br>• The key principles and responsibilities for firefighter safety; and<br>• The organisation of Health and Safety within the SFRS and the associated responsibilities. |
| 3.4 | This Health and Safety Policy and Policy Statement applies to all SFRS premises and work activities. |

| 4 | Recommendation |
|---|---|
| 4.1 | That People Committee note the content of the Health and Safety Policy and Policy Statement and embedding into the HSMS. |

| 5 | Key Strategic Implications |
|---|---|
| 5.1<br>5.1.1 | **Risk**<br>There is a risk of civil or criminal litigation associated with non-compliance with specified legislation. |
| 5.2<br>5.2.1 | **Financial**<br>There are no immediate financial implications associated with the recommendations contained within the report.  Any financial implication associated with the implementation of the Health and Safety Policy will be considered by the risk owner and raised through the appropriate governance route by risk owners. |
| 5.3<br>5.3.1 | **Environmental & Sustainability**<br>There are no implications that require to be noted. |
| 5.4<br>5.4.1 | **Workforce**<br>There are no implications that require to be noted. |
| 5.5<br>5.5.1 | **Health & Safety**<br>The implementation of the recommendation made within this report will enhance the SFRS compliance with the Health and Safety at Work etc. Act 1974 and subordinate legislation. |
| 5.6<br>5.6.1 | **Training**<br>The Health and Safety Policy is supported by a suite of Management Arrangements and where required LCMS modules. |
| 5.7<br>5.7.1 | **Timing**<br>The implementation of policy will be agreed with business partners through the development of Health and Safety Improvement Plans. |
| 5.8<br>5.8.1 | **Performance**<br>The implementation of this policy is undertaken through the improvement plans.  The progress of improvement plans is reported on quarterly through the National Safety and Assurance Board (NSAB). |
| 5.9<br>5.9.1 | **Communications & Engagement**<br>Further engagement will take place with Directorates and Service Delivery Areas through the Health and Safety Improvement Plans. |
| 5.10<br>5.10.1 | **Legal**<br>If the Health and Safety Policy is not progressed there is a risk that the SFRS may not comply with its statutory duties under the Health and Safety at Work etc. Act 1974 and subordinate legislation. |
| 5.11<br>5.11.1 | **Information Governance**<br>There are no implications that require to be noted. |
| 5.12<br>5.12.1 | **Equalities**<br>There are no implications that require to be noted. |

| 5.13 | **Service Delivery** |
|---|---|
| 5.13.1 | Any impact on service delivery will be discussed through Service Delivery Improvement Groups prior to agreement and action. |

| **6** | **Core Brief** |
|---|---|
| 6.1 | Not applicable |

| **7** | **Appendices/Further Reading** |
|---|---|
| 7.1 | Appendix A - Health and Safety Policy |
| 7.2 | Appendix B - Health and Safety Policy Statement |

| **Prepared by:** | Jim Holden, Senior Health and Safety Adviser |
|---|---|
| **Sponsored by:** | Julie Harkins, Deputy Head of Safety and Assurance |
| **Presented by:** | John Dickie, Director of Training Safety and Assurance |

| **Links to Strategy and Corporate Values** |
|---|
| Strategic Plan 2019-2022: Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services. Objectives 3.3 We will care for our people through progressive health, safety and wellbeing arrangements.

Safety Value: Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do. |

| **Governance Route for Report** | **Meeting Date** | **Report Classification/ Comments** |
|---|---|---|
| *TSA Directorate Management Team* | *24 March 2021* | *For Decision* |
| *National Safety and Assurance Board* | *08 April 2021* | *For Decision* |
| *Strategic Leadership Team* | *28 April 2021* | *For Decision* |
| *Safety and Assurance Sub Group* | *13 May 2021* | *For Information Only* |
| *Employee Partnership Forum* | *20 May 2021* | *For Information Only* |
| *People Committee* | *02 June 2021* | *For Scrutiny* |
| *SFRS Board* | *24 June 2021* | *For Information Only* |

# HEALTH and SAFETY

# POLICY

OFFICIAL

**Version 4.0**                                              <mark>**January 2021**</mark>

| | |
|---|---|
| Original Author/Role | Jim Holden, Senior Health and Safety Adviser |
| Date of Risk Assessment (if applicable) | N/A |
| Date of Equality Impact Assessment | |
| Date of Impact Assessment (commenced) | N/A |
| Date of Impact Assessment (concluded) | N/A |
| Quality Control (name) | Julie Harkins, Deputy Head of Safety and Assurance |
| Authorised (name and date) | |
| Date for Next Review | |

**VERSION HISTORY**

| Version | Change | Who | When |
|---------|--------|-----|------|
| 1.0 | First version issued | | |
| | | | |

**CONTENTS**

**INTRODUCTION**

The Scottish Fire and Rescue Service (SFRS) recognises the beneficial impact that a positive health and safety culture can have on the Service.

We are committed to the promotion of sensible and proportionate health and safety recognising the need to balance operational risk control measures against firefighter and public safety.

To achieve this, the SFRS is committed to continuous improvement in all aspects of health and safety.

**POLICY STATEMENT**

The SFRS recognises that our staff are central to the delivery of our service and we are fully committed to ensuring, so far as is reasonably practicable, the health and safety of staff and those affected by our activities.

**We will:**

- As an absolute minimum acceptable standard, comply with the content and spirit of the Health and Safety at Work etc. Act 1974 and all associated applicable legislation, regulations and guidance;

- Ensure, so far as is reasonably practicable, the health and safety of our staff and other people who may be affected by our acts or omissions;

- Provide visible leadership to support the safety value of the SFRS;

- Make provision for the health and safety requirements of staff who may be at specific risk e.g. pregnant women, young people, staff with a disability or those returning to work following ill-health or injury;

- Develop, implement and promote proactive, sensible and proportionate health and safety arrangements which align to relevant standards and guidance such as the Health and Safety Executive's (HSE) HS(G) 65 'Managing for Health and Safety';

- Employ a risk based approach to ensure effective management of health and safety through commitment, co-operative effort, communication and engagement with all SFRS stakeholders including staff and their representatives;

- Investigate all health and safety events to prevent reoccurrence and drive improvement in health and safety management;

- Protect and enhance staff safety within the workplace with recognition to the higher risk, dynamic and often complex environments our firefighters encounter at operational incidents;

- Integrate the management of health and safety into all aspects of work undertaken by SFRS or others undertaking work on behalf of the SFRS;

- Provide information, instruction, training and supervision to ensure staff have the skills and knowledge needed to safely perform their role;

- Provide assets and equipment which are suitable for the task and fit for purpose; and

- Develop and implement robust monitoring, audit and review against agreed objectives and targets.

**We aim to:**

- Prevent injury or ill-health, from work related hazards, through the identification and management of associated risks;
- Reduce workplace injury and illness; and
- Continually improve our health and safety performance by raising awareness and learning lessons through the early reporting and investigation of all health and safety events.

Signature (Chief Officer):                        Signature (Chair of Board):

Date:                                              Date:

**FIREFIGHTER SAFETY**

The SFRS recognises that operational incidents present the highest risk environment encountered by its staff.  Whilst there is a degree of foreseeable risk, it is acknowledged that each incident will have its own specific hazards and associated risks due to unique and unforeseeable environmental factors.  To manage this risk to firefighters, the SFRS endorses and promotes the Health, Safety and Welfare Framework for the operational environment for the operational environment and the safe person principles contained within.

To secure these fundamental principles of effective health and safety management and safe and effective operations, SFRS will ensure our staff have support through a combination of the following:

Organisational Responsibilities:

- Providing a robust and effective recruitment and selection process for new employees and promotions;
- Ensuring suitable arrangements for the acquisition and maintenance of competence through training and development;
- Ensuring suitable arrangements for the maintenance and recording of the incident command skill and competence of supervisors, managers, and commanders;
- Providing guidance and Safe Systems of Work (SSOW) for operational incidents;
- Providing and maintaining suitable appliances, equipment and Personal Protective Equipment (PPE) required for operational incidents;
- Gathering and reviewing operational risk information including post-event analysis; and
- Ensuring the provision of sufficient welfare arrangements.

Individual Responsibilities:

- Ensuring competency to perform assigned tasks is maintained and staff are self-disciplined to work sensibly and responsibly within the command and control arrangements;

- Recognising physical limitations to perform a task and personal limitations in knowledge and experience and to ensure that they have the necessary information to perform safely and effectively;

- Being observant and constantly aware of their situation for personal safety and the safety of team members;

- Being decisive about hazards and risks and communicating safety information to supervisors and commanders and where appropriate offering alternative courses of action;

- Mitigating risk by taking action to reduce personal and team exposure to risk;

- Communicating unexpected developments within the operational environment to support team members, supervisors and commanders; and

- Recognising hazards and their role in command and control arrangements to provide relevant and timely information about unknown or unexpected developments.

The principles outlined above ensure that operational personnel make informed professional risk based decisions that are reasonable, logical and defensible.

The SFRS will also encourage a culture of delegated authority, empowerment and acceptance of responsibility ensuring systems and processes are in place to effectively prepare Incident Commanders at every level in incident command and management of risk.

The SFRS is a learning organisation and will collate, review and analyse incident information using Operational Assurance (OA) processes and health and safety event investigation.

# ORGANISATION OF HEALTH AND SAFETY

This section outlines the responsibilities of all stakeholders to ensure our commitment to health and safety is being achieved.

## The Board

The Board will be responsible for:

- Providing strategic direction, support and guidance on the management of health and safety within the service;
- Ensuring that health and safety is given the necessary due attention when making board decisions;
- Scrutinising health and safety performance;
- Holding the Chief Officer and Strategic Leadership Team (SLT) to account on health and safety matters; and
- Promoting a positive health and safety culture.

## Chief Officer

The Chief Officer is responsible for the discharging of the SFRS legal obligations.

To achieve this, the Chief Officer will:

- Determine and resource the strategic direction of health and safety throughout the Service;
- Detail the SFRS organisational structure through which this Policy, Health and Safety Management Systems and Health and Safety Improvement Plans are implemented; and
- Always promote a positive safety culture.

## Deputy Chief Officer

In the absence of the Chief Officer, the Deputy Chief Officer is responsible for discharging the legal obligations in all areas of health and safety matters.

**Strategic Leadership Team (SLT)**

The SLT are responsible for:

- Developing a positive safety culture within SFRS by ensuring that health and safety is integrated into all SFRS business processes and key decisions;
- Ensuring the availability of resources to meet the requirements of this policy; and
- Visibly demonstrating a commitment to health and safety through the promoting, implementing and monitoring of associated SFRS arrangements.

**National Safety and Assurance Board (NSAB)**

The NSAB is responsible for:

- Assisting the Chief Officer in the discharge of their health and safety responsibilities;
- Determining the strategic direction of health and safety matters and operational readiness and effectiveness;
- Seeking endorsement from and advising the SLT on current or emerging risk as required;
- Reviewing and monitoring of health and safety performance including operational performance; and
- Promoting positive aspects and identifying areas for improvement.

**Director of Training, Safety and Assurance**

In addition to the responsibilities listed under ACOs, Directors, and Heads of Function, the Director of Training, Safety and Assurance has a delegated duty to act on behalf of the Chief Officer in relation to health and safety matters and is responsible for:

- Promoting and monitoring the development of the Health and Safety Policy, the associated Health and Safety Management System, , Health and Safety Improvement Plans, and all associated arrangements to ensure the effective management of health and safety risk; and
- Ensuring that the Board and SLT are advised of aspects of health and safety performance.

**Director of People and Organisational Development (POD)**

In addition to those responsibilities listed under ACO, Directors, and Heads of Function, the Director of POD has a delegated duty to act on behalf of the Chief Officer in relation to health and safety matters and is responsible for:

- Ensuring Health and Wellbeing undertake a programme of health surveillance for all relevant staff;
- Ensure Health and Wellbeing undertake a programme of medical and fitness assessment to support Firefighter safety
- Initiating a risk assessment process for any health conditions that may impact on staff ability to safely undertake a role; and
- Implementing a system to monitor exposure to workplace hazards, e.g. noise, vibration, hazardous substances.

**Strategic Managers (ACO, Directors, Heads of Function)**

Strategic Managers are responsible for:

- Promoting, resourcing, implementing and monitoring the Health and Safety Policy, Management Arrangements and improvement plans within their area of responsibility;
- Appointing Safety and Assurance Co-ordinators (SACs) and Safety and Assurance Liaison Officers (SALOs);
- Ensuring SACs and SALOs progress the completion of health and safety improvement plans, the implementation of the Health and Safety Management System and ensuring health and safety considerations are integrated into all management processes and decisions; and
- Ensuring the monitoring and continuous improvement of health and safety, providing adequate resources to comply with legislation and constantly work towards an improved health and safety standard and safety culture.

**Middle/Supervisory Managers (Department Managers, Area Commanders, Group Commanders, Station Commanders etc.)**

Middle/Supervisory Managers are responsible for:

- The implementation, monitoring and review of the Health and Safety Policy, Management Arrangements and Health and Safety Improvement Plan within their area of responsibility;
- Ensuring health and safety is considered in all work activities and that risk controls are considered in all stages of the business process; and
- Consulting with Trade Unions or staff representatives on health and safety matters.

**Safety and Assurance Function (Health and Safety)**

The Safety and Assurance Function's principal aim is to promote the health and safety of every member of SFRS staff.

The Head of Function is deemed to be the SFRS 'competent person' as required by the Management of Health and Safety at Work Regulations 1999 and has primary responsibility for:

- Developing, maintaining, auditing and reviewing Health and Safety Policy, the associated Health and Safety Management System, Health and Safety Improvement Plans and any other supporting arrangements within the SFRS;
- Providing sensible and proportionate health and safety advice and guidance to the SFRS Board, Chief Officer, SLT members and SFRS staff as necessary;
- Developing, measuring and reviewing health and safety performance indicators and producing management reports which assist in the undertaking of risk based decisions; and
- Liaising with internal and external stakeholders, including Trade Unions and the HSE.

**Safety and Assurance Co-ordinators (SAC)**

The SAC has delegated authority from the Strategic Manager and is responsible for:

- Promoting continuous improvement in health and safety;
- Appointing and co-ordinating SALOs from within each of their Local Senior Officer (LSO)/Directorate areas;
- Co-ordinating the completion of health and safety improvement plans and actions from the National Safety and Assurance Board, through a formalised meeting structure including health and safety staff and Trade Union Representation; and
- Monitoring the application and effectiveness of health and safety measures across their area of responsibility and addressing any areas of improvement including the completion of health and safety investigations.

**Safety and Assurance Liaison Officers (SALOs)**

The SALO - must be of Department Manager/Group Commander level - is responsible for:
- Facilitating the completion of all actions stemming from the health and safety improvement plan;
- Monitoring and reviewing the effectiveness of health and safety measures taken and addressing any areas of improvement;
- Monitoring and where required, undertaking health and safety investigations to ensure lessons to be learnt are identified and improvements made;
- Liaising with the Health and Safety Department to ensure the achievement of SFRS health and safety standards; and
- Providing management reports on health and safety performance and emerging risk in their areas of responsibility.

**Employees**

Whilst at work, every SFRS employee is responsible for:

- Taking reasonable care of their own health and safety and of other persons who may be affected by their acts or omissions;

- Co-operating with the SFRS by complying with the Service's Health and Safety Policy and associated arrangements, including periodic inspections, SSOW, Standard Operating Procedures (SOPs), Incident Command, Risk Information and associated training;

- Not intentionally or recklessly interfering with, or misusing anything provided in the interest of health and safety;

- Immediately reporting any damage or defects to premises, vehicles or equipment;

- Advising their line manager, of any situation that represents serious or immediate danger because of any shortfalls in health and safety measures;

- Recognising their limitations to perform a task;

- Reporting all events including accidents, near misses, hazards, cases of ill health and dangerous occurrences;

- Immediately reporting to their line manager any new or changing medical condition and/or medication taken that may affect their ability to fulfil their duties safely;

- Only operating SFRS equipment they have been authorised to use and that they are trained to operate;

- Maintaining good housekeeping principles and adopting clean and tidy working methods;

- Being familiar with the emergency procedures, including first aid and emergency fire action plans e.g. escape routes and assembly points, relative to their place of work;

- Adopting and maintaining a proactive approach to their personal fitness (operational staff); and

- Maintaining situational awareness regarding personal safety and the safety of others.

**Trade Unions**

SFRS is committed to working in partnership with employees and will consult with employees through their relevant Trade Union Representatives. If an employee is not represented by a Trade Union, employees may communicate health and safety issues directly with their line manager.

Trade Unions are responsible for:

- Promoting a positive health, safety and wellbeing culture within SFRS;

- Cooperating with the SFRS to ensure effective Health and Safety Management Arrangements, as outlined within this document, are effectively implemented;

- Ensuring health and safety concerns and issues are reported in accordance with local meetings arrangements;

- Consulting with management on health and safety issues and concerns;

- Encouraging staff to cooperate and comply with Health and Safety Management Arrangements, e.g. Generic Risk Assessments (GRAs), SOPs, SSOW and other procedures in place for health and safety;

- Communicating health and safety critical information to staff appropriately; and

- Collaborating with the Safety and Assurance Function to continuously improve the health and safety performance and culture of the SFRS.

The SFRS will provide such facilities, training and assistance as Safety Representatives may reasonably require, to perform their functions and in accordance with SFRS Time off for Trade Union Duties Policy.

## PLANNING FOR HEALTH AND SAFETY

Planning is essential to ensure that our health and safety arrangements are embedded into all aspects of service delivery.  The planning process results in the identification of risk based priorities, setting key objectives, and reviewing lessons learned to continually improve performance.

**The SFRS will:**

- Ensure health and safety is considered in its strategic planning processes;

- Ensure that Health and Safety Department is consulted at all stages of the development, review and implementation of working practices;

- Produce an annual health and safety improvement plan that identifies objectives that are realistic, measurable and achievable; and

- Develop and implement a management system that provides the SFRS with a suite of management tools to achieve legal compliance in relation to health and safety matters.

**IMPLEMENTATION OF HEALTH AND SAFETY**

The Safety and Assurance Function will liaise with Directorates and Service Delivery Areas to produce bespoke annual health and safety improvement plans that contribute to the overall achievement of the SFRS Health and Safety Improvement Plan.  These plans will be delivered through a formalised meeting structure with the SACs, SALOs, Trade Unions and the Safety and Assurance Function.

**MONITORING PERFORMANCE**

To ensure active monitoring and highlighting of any areas for improvement within the management of health and safety across Directorates and Service Delivery Areas (SDA), the following will be implemented:

**Directorate/SDA/Function**

- Monitor the progress of their Health and Safety Improvement Plan and the effectiveness of any controls implemented;
- Scrutinise management information and identify any areas of good practice or areas for improvement; and
- Undertake inspections/audits to determine the effective application of the Health and Safety Management System and legislative compliance.

**Safety and Assurance Function**

- Actively engage with risk owners to assist in the completion of the SFRS Health and Safety Improvement Plan;
- Produce health and safety quarterly and annual performance reports for the SFRS;
- Promote thematic campaigns to raise awareness of identified risks;
- Develop training and awareness content for staff;
- Review operational debriefs and review analytical risk assessments;
- Undertake audits and inspections to determine the application of the Health and Safety Management System;

- Monitor all health and safety events; and
- Review and assure all aspects of operational activity across SFRS to influence future practices, enhance firefighter safety and improve performance in support of strategic objectives.

## AUDIT

Formal audit arrangements are essential in identifying good practice and areas for improvement to ensure we are a learning organisation.  Furthermore, they offer a structured means of evaluating SFRS compliance with its statutory duties.

The Safety and Assurance Function will undertake audits on the efficiency and effectiveness of the Health and Safety Management System.

OA will undertake audits of identified incidents and emerging trends from health and safety events that may impact within the operational environment.

Thematic audits may be undertaken by Health and Safety and/or OA as appropriate to any identified emerging risk or trends.

To ensure continual improvement, outcomes from audit processes will be reviewed and where required documents will be reviewed and actions added to the relevant Health and Safety Improvement Plan(s).

## REVIEW

The SFRS is fully committed to continuous improvement of health and safety performance.

This Policy will be subject to review at no more than 5 yearly intervals or as a result of:

- Changes to existing, or introduction of new legislation;
- Changes in technology;
- Changes to organisation of SFRS;

- Significant learning following implementation of SFRS health and safety arrangements;

- Significant learning following outcomes of major accident investigations;

- At the request of the HSE; and

- As a result of emerging research or guidance relating to SFRS health and safety matters.

All records of revisions to the Policy and Arrangements will be retained for future reference and subject to audit as required.

**FURTHER INFORMATION**

Please contact the email address below for further information:

Health and Safety Department

SFRS.HealthandSafety@firescotland.gov.uk

# HEALTH AND SAFETY POLICY STATEMENT

**The SFRS recognises that our staff are central to the delivery of our service and we are fully committed to ensuring, so far as is reasonably practicable, the health and safety of staff and those affected by our activities.**

**We will:**

- As an absolute minimum acceptable standard comply with the content and spirit of the Health and Safety at Work etc. Act 1974 and all associated applicable legislation, regulations and guidance;
- Ensure, so far as is reasonably practicable, the health and safety of our staff and other people who may be affected by our acts or omissions;
- Provide visible leadership to support the safety value of the SFRS;
- Make provision for the health and safety requirements of staff who may be at specific risk e.g. pregnant women, young people, staff with a disability or those returning to work following ill-health or injury;
- Develop, implement and promote proactive, sensible and proportionate health and safety arrangements which align to relevant standards and guidance such as the Health and Safety Executive's (HSE) HS(G) 65 'Managing for Health and Safety';
- Employ a risk based approach to ensure effective management of health and safety through commitment, co-operative effort, communication and engagement with all SFRS stakeholders including staff and their representatives;
- Investigate all health and safety events to prevent reoccurrence and drive improvement in health and safety management;
- Protect and enhance staff safety within the workplace with recognition to the higher risk, dynamic and often complex environments our firefighters encounter at operational incidents;
- Integrate the management of health and safety into all aspects of work undertaken by SFRS or others undertaking work on behalf of the SFRS;
- Provide information, instruction, training and supervision to ensure staff have the skills and knowledge needed to safely perform their role;
- Provide assets and equipment which are suitable for the task and fit for purpose; and
- Develop and implement robust monitoring, audit and review against agreed objectives and targets.

**We aim to:**

- Prevent injury or ill-health, from work related hazards, through the identification and management of associated risks;
- Reduce workplace injury and illness; and
- Continually improve our health and safety performance by raising awareness and learning lessons through the early reporting and investigation of all health and safety events.

Signature (Chief Officer):          Signature (Chair of Board):

Date:          Date:

# SCOTTISH FIRE AND RESCUE SERVICE

## *People Committee*

**Report No:** C/PC/13-21

**Agenda Item:** 11

| Report to: | PEOPLE COMMITTEE | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Meeting Date: | 2 JUNE 2021 | | | | | | | |
| Report Title: | HEALTH AND SAFETY ANNUAL REPORT 2019-20 | | | | | | | |
| Report Classification: | For Scrutiny | Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9 | | | | | | |
| | | A | B | C | D | E | F | G |

| 1 | Purpose |
|---|---|
| 1.1 | The purpose of the report is to present the Health and Safety (HS) Annual Report 2019-20. |

| 2 | Background |
|---|---|
| 2.1 | The Scottish Fire and Rescue Service (SFRS) is required by legislation to produce an Annual Health and Safety report.  As such, this report provides analysis of the key areas of performance during the reporting year and details the intended risk reduction approaches on key themes such as driver safety, musculoskeletal injuries and promoting safety standards within the training environment. |
| 2.2 | The data detailed in this report is presented to enable a direct comparison between the three reporting years of 2017-18, 2018-19 and 2019-20, however any notable trends evident are also detailed, where relevant. |

| 3 | Main Report/Detail |
|---|---|
| 3.1 | 47% of 2019-20 health and safety improvement plans actions were closed during the reporting year, representing an 25% increase when comparing to the previous reporting year. |
| 3.2 | The total number of accidents/injuries for the reporting year was 212 which is a 7% decrease when comparing this to the previous reporting year. |
| 3.3 | When considering those events reported to the Health and Safety Executive (HSE) under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), we note that 12% (26) of all SFRS accidents/injuries are reported to the HSE. This is a 30% decrease when comparing to the previous reporting year. |
| 3.4 | Body movement/manual handling was the most common cause of accident/injury during the reporting year followed by slips, trips and falls and then hot/cold injuries. |
| 3.5 | The percentage of body movement/manual handling accident/injuries remains consistent with the previous reporting year.  Most of this type of accident/injury can be attributed to poor situational awareness. |

| 3.6 | Whilst it remains one of the most common causes of accident/injuries, slips, trips and falls saw a 5% decrease, down 12 from 36 to 24, whilst hot/cold accidents/injuries saw a 2% increase, up 4 from 20 in the last reporting year to 24. |
|------|------|
| 3.7 | In the coming year, we will promote situational and behavioural safety in relation to body movement/manual handling and slips, trips and falls. Catering risk assessments and safe systems of work will be reviewed/developed in an attempt to reduce the occurrence of hot/cold accidents/injuries. |
| 3.8 | The percentage of accident/injuries reported to the HSE under RIDDOR has decreased by 30% when compared to the last reporting year. |
| 3.9 | Over 7-day accidents/injuries accounted for 88% (23 of 26) of all RIDDOR injuries reported to the HSE, a 7% decrease when compared to the previous reporting year. |
| 3.10 | 70% (16 of 23) of over 7-day accident/injuries reported to the HSE were associated with manual handling and/or body movement, representing a 24% increase in this category when comparing to the previous reporting year. As a result of this, the Musculoskeletal Injury Reduction Group will be re-established in attempt to identify tangible risk reduction measures for this category. |
| 3.11 | When considering near misses in relation to RIDDOR reportable events, we see a positive increase to 8:1 in comparison with 5:1 in the last reporting year. We will continue to promote the benefits of near miss reporting. |
| 3.12 | Eight UK Fire and Rescue Services (FRS) provided benchmarking data and analysis shows that the SFRS has the overall second-best performance in relation to accident/injuries and non RIDDOR injury rates. We will continue to engage with UK FRS to encourage the sharing of performance data. |
| 3.13 | 92% (195 of 212) of all accident/injuries were sustained by uniformed staff, this is a 1% decrease when compared with the previous reporting year. Of these, 42% (81 of 195) occurred during operational activities which is a decrease of 8% when compared to the previous reporting year. 49% (40 of 81) occurred at FDRs which is an increase of 25% when compared to the previous reporting year. We will continue to analysis data for trends and engage with Operations to promote situational awareness and behavioural safety in relation to slips, trips and falls. |
| 3.14 | When considering uniformed staff across SFRS, in 2019-20 we see a firefighter is injured every 1,130 operational incidents attended compared with 885 in 2018-19 and 1 in every 857 in 2017-18. We will continue to promote Firefighter safety through Health and Safety Improvement Plans and Operational Assurance process. |
| 3.15 | During 2019-20, a firefighter was subjected to an Act of Violence (AOV) every 1,636 incidents attended, as opposed to every 1,117 incidents attended in 2018-19. We will continue to work with business partners to promote SFRS's zero tolerance approach to AOVs and continue to share historical information to minimise the likelihood of acts of violence. |
| 3.16 | Across SFRS, there were 249 vehicle accidents during 2019-20, an increase of 3% (241 to 249) when compared to the previous reporting year. The most common cause of vehicle accidents reported remains hitting something fixed or stationary, accounting for 61% of the total reported compared to 74% when compared to the last reporting year. |
| 3.17 | We will work with SDAs and produce an LCMS package specifically tailored to low speed manoeuvres in an attempt to reduce the occurrence of this type of incident. |

| 3.18 | A vehicle accident is reported every 654 operational incidents attended representing a 3% decrease in this category when comparing to the previous reporting year. Of the vehicle accidents attributed to operational incidents, 53% (74 of 140) occurred at slow speed representing an 11% decrease in this category when comparing to the previous reporting year. |
| 3.19 | Driver assistants were being used in 22% (31 of 140) of the vehicle accidents attributed to operational incidents, this is consistent with the previous reporting year. We will promote the use of Driving Assistants and ensure that statements are taken from them including details of their position whilst undertaking this role. |
| 3.20 | The health and safety team will continue to work with our business partners to improve safety standards through analysis of health and safety events and the co-ordination of health and safety improvement plans and specific working groups such as the Driver Safety Group and the Musculoskeletal Injury Reduction Group. |
| **4** | **Recommendation** |
| 4.1 | The People Committee is invited to note the content of the HS Annual report. |
| **5** | **Key Strategic Implications** |
| 5.1<br>5.1.1 | **Risk**<br>If health and safety arrangements are not fully implemented, there is a risk that the SFRS may not be compliant with its civil and criminal legislative responsibilities. |
| 5.2<br>5.2.1 | **Financial**<br>None. In support of our commitment to effective budget management the report shall be issued in PDF format. |
| 5.3<br>5.3.1 | **Environmental & Sustainability**<br>In support of our environment commitment the report shall be issued in PDF. |
| 5.4<br>5.4.1 | **Workforce**<br>The annual report contains a number of initiatives and priorities which will allow the HS Department to continue to work with our Business Partners and improve SFRS's health and safety performance in support of employee and specifically Firefighter safety. |
| 5.5<br>5.5.1 | **Health & Safety**<br>The embedding of improvement plans and lessons learned will promote the safety of all staff. |
| 5.6<br>5.6.1 | **Training**<br>The training requirements will be considered by the risk owner and progressed as appropriate to promote the application of health and safety standards in the workplace. |
| 5.7<br>5.7.1 | **Timing**<br>The HS Annual Report will progress to the SFRS Board on 24 June 2021 for noting and will be accessible from SFRS iHub thereafter. |
| 5.8<br>5.8.1 | **Performance**<br>The embedding of robust health and safety arrangements should result in improved wellbeing and may impact on staff absence. |
| 5.9<br>5.9.1 | **Communications & Engagement**<br>This report will be presented to a number of committees as detailed above. |

| 5.10 | **Legal** |
|---|---|
| 5.10.1 | The Scottish Fire and Rescue Service is required by legislation to produce an annual Health and Safety report. |

| 5.11 | **Information Governance** |
|---|---|
| 5.11.1 | N/A - This briefing paper and the associated HS Annual Report from 2019-20 have been progressed through the relevant Information Governance route for HS matters. |

| 5.12 | **Equalities** |
|---|---|
| 5.12.1 | There are no implications that require to be noted. |

| 5.13 | **Service Delivery** |
|---|---|
| 5.13.1 | Any impact on service delivery has been discussed through service delivery improvement groups prior to agreement and action. |

| **6** | **Core Brief** |
|---|---|
| 6.1 | Not applicable |

| **7** | **Appendices/Further Reading** |
|---|---|
| 7.1 | Health and Safety Annual Report 2019-20 |

| **Prepared by:** | Owen Hanratty, Health and Safety Adviser |
|---|---|
| **Sponsored by:** | Julie Harkins, Deputy Head of Safety and Assurance |
| **Presented by:** | John Dickie, Director of Training, Safety and Assurance |

**Links to Strategy and Corporate Values**

Strategic Plan 2019-2022: Outcome 3 - We are a great place to work where our **people** are safe, supported and empowered to deliver high performing innovative services. Objectives 3.3: We will care for our people through progressive health, safety and wellbeing arrangements.

Safety Value: **Safety** of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.

| Governance Route for Report | Meeting Date | Report Classification/ Comments |
|---|---|---|
| *TSA Directorate Management Team* | *24 March 2021* | *For Decision* |
| *National Safety and Assurance Board* | *08 April 2021* | *For Decision* |
| *Strategic Leadership Team* | *28 April 2021* | *For Decision* |
| *Safety and Assurance Sub-Group* | *13 May 2021* | *For Information Only* |
| *Employee Partnership Forum* | *20 May 2021* | *For Information Only* |
| *People Committee* | *02 June 2021* | *For Scrutiny* |
| *SFRS Board* | *24 June 2021* | *For Information Only* |

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

# Health and Safety
# Annual Report
## 2019/20

# Working together
# for a safer Scotland

## CONTENTS

# 1. INTRODUCTION BY CHIEF OFFICER AND CHAIR

**KIRSTY DARWENT**
Chair
Scottish Fire and Rescue Service Board

**MARTIN BLUNDEN**
Chief Officer
Scottish Fire and Rescue Service

**Welcome to the Scottish Fire and Rescue Service's Health and Safety Annual Report for 2019/20. This report provides an account of our overall health and safety performance during the reporting year and highlights key areas of work which have contributed to improving this performance.**

The production of this report not only assists the Scottish Fire and Rescue Service in meeting its statutory obligations; it has far more reaching benefits such as assisting in setting strategic direction and decision making. This is vital as we continue to address emerging risks, threats and responsibilities and embrace new technology as an ever-evolving Fire and Rescue Service.

It is pleasing to note that the embedding of the Directorate and Service Delivery Area Health and Safety Improvement Plans and the increased scrutiny of health and safety events as a result of the work carried out by the Regional Implementation Groups have helped to further improve the health and safety performance and culture within the Scottish Fire and Rescue Service.

Another encouraging point to note, is that overall the number of accidents and injuries, including those reported to the HSE as a requirement of the RIDDOR Regulations continues to decrease. One initiative which has influenced this positive outcome was the strengthening of business partner engagement. This allowed existing risk assessments, control measures and procedures to be reviewed and revised to take account of specific local requirements.

Following the success of groups such as the Musculoskeletal Injury Reduction Group, other topic specific working groups will continue to be convened where necessary to address emerging issues and trends.

Areas for focus in the coming year will include manual handling/body movement, slips, trips and falls and hot/cold accidents and injuries which are the three most common causes reported. The focus on other important matters such as mental health, including work related stress will also continue as we look to strengthen our mental health arrangements for staff.

It is important that we continue to benchmark our health and safety performance against other UK Fire and Rescue Services. This is an additional useful tool for assessing our performance and allows emerging issues or trends to be highlighted along with the sharing of identified best practice. It is again pleasing to note that we remain a strong performer in the national context.

It is important to acknowledge that the encouraging health and safety performance levels achieved have only been made possible as a result of the professionalism, commitment, dedication and efforts of our staff.

Continued improvement of health and safety performance is essential in assuring the safety of all our staff and the communities we serve. This will remain our focus while we look forward to the challenges the coming year presents us with.

We hope that you find this report informative and valuable.

# 2. EXECUTIVE SUMMARY

This report contains health and safety data which allows a comparison over a three-year period where available. Where there is evidence of any notable trends, this is also reported upon.

In order to enhance our arrangements for the management of health and safety we have, following full consultation with our business partners, harmonised and implemented the following management arrangements; Safe Working at Height, Mobile Elevated Working Platforms, Working with Volunteers, Young Persons.

Work has continued in the development of a new electronic health and safety management system. The system called TASS (Think, Act, Stay Safe) was not launched during 2019/20 due to a number of ongoing technical ICT issues. We have however, neared completion of the development of a health and safety event reporting module and a module on completion of Display Screen Equipment (DSE) assessments. Scoping for future modules is ongoing for the next phase of the development of TASS.

The number of accidents/injuries including those reportable under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) for 2019/20 continues to decrease, with a reduction of 7% (227 to 212) when comparing to 2018/19 and a 18% (258 to 212) decrease from 2017/18. When considering the data as an accident/injury rate, we see a 6% decrease (28.3 to 26.7) in our accident/injury rate compared to 2018/19 and a 24% decrease (37. 2 to 26.7) when compared to 2017/18.

This improvement can be attributed to several mitigating actions which were put in place following the previous reporting year outcomes. These included, but were not limited to, the introduction of local traffic management plans incorporating gritting arrangements across SFRS premises, strengthened business partner engagement with Directorates and Service Delivery Areas (SDA) to review Generic Risk Assessments (GRA), development of Safe Systems Of Work (SSOW) for various business partners and increased scrutiny of health and safety events through the SDA Regional Implementation Groups (RIGS). The embedding of the recently introduced Health and Safety Improvement Plans has also had a positive effect on performance.

During 2019/20, 12% of all SFRS accidents/injuries were reported to the Health and Safety Executive (HSE), which is a 4% decrease when comparing to 2018/19. 96% (25 of 26) of these were attributed to manual handling and/or body movement and slips, trips and falls a decrease of 4% when comparing to 2018/19. The SFRS Musculoskeletal (MSK) Injury Reduction Group will continue to work closely with business partners to reduce MSK injuries.

Further action is required through awareness campaigns in relation to reducing slips, trips and falls and improving situational awareness, thereby reducing preventable accidents.

92% of all injuries during 2019/20 were sustained by uniformed staff, representing a decrease of 1% and a numerical decrease of 16 in this category when comparing to the previous reporting year.

42% of all accidents/injures to uniformed staff occurred during operational activities, representing a decrease of 7% and a numerical decrease of 23 in this category when comparing to the previous reporting year.

The Health and Safety Department continues to work in partnership with Operational Assurance to promote compliance with SFRS policies and procedures.

The number of accidents/injuries which occurred during training activities decreased by 1% and a numerical decrease of 8 from 2018/19. However, Breathing Apparatus (BA) training activity accidents/injuries shows a 12% increase and a numerical increase of 6 from 2018/19.

Following continuing monitoring of health and safety standards in the training environment and the review of risk assessments and safe systems of work, the previously established working group will continue to work closely with Training and Employee Development (TED) and business partners to identify further improvements and address emerging trends.

# 3. HEALTH AND SAFETY FUNCTIONAL PLAN 2019/20

Our 2019/20 Health and Safety (HS) Functional Plan sets out our commitment to further enhance our HS services. Our focus continues to be on people, processes and systems with the overall objective of continuing to improve Firefighter (Ff) safety. Our achievements against our 2019/20 objectives are detailed below:

Objective Progress: 🟢 Achieved  🟠 Partially Achieved  🔴 Not Achieved

| Objective | RAG | Progress |
|---|---|---|
| **Develop a culture of compliance** | 🟢 | **Task: Develop and facilitate completion of SFRS Annual Health and Safety Improvement Plan and associated Directorate/SDA plans** |
| | 🟢 | • Plan agreed with all Directorate /SDA; |
| | 🟢 | • Meeting regime between Directorate/SDA and HS staff in place; |
| | 🟢 | • Quarterly progress reports developed; and |
| | 🟠 | • 47% of the SFRS complete. SDA and Directorate performance is as follows: |
| | |   • North SDA 87%; |
| | |   • East SDA 81%; |
| | |   • West SDA 68%; |
| | |   • Finance and Contractual Services 46%; |
| | |   • Prevention and Protection 85%; |
| | |   • Strategic Planning and Performance 71%; |
| | |   • People and Organisational Development 72%; |
| | |   • Response and Resilience 82%; and |
| | |   • Training 67%. |
| | 🔴 | **Task: To facilitate completion of the Management of Risk at Operational Incidents Framework** |
| | | • Limited progress was achieved in 2019/20 due to business partner structure changes. |
| | 🟢 | **Task: To advise on the implementation of face fit testing for respiratory protective equipment (RPE)** |
| | | • Pilot complete; and |
| | | • Pilot evaluation report prepared. |

| Objective | RAG | Progress |
|---|---|---|
| **Develop a culture of compliance** | 🟠 | **Task: Manage the completion of Noise and Hand Arm Vibration measurements** |
| | | • 80% of required assessment complete. |
| **Continue to develop HS management arrangements within SFRS** | 🟠 | **Task: Development of identified management arrangements** |
| | 🔴 | • Management arrangement for Warehousing/Storage has been drafted and following consultation will be implemented in 2020/21; |
| | 🟢 | • Management arrangement for Safe Working at Height has been published; |
| | 🟢 | • Management arrangement for Mobile Elevated Working Platforms has been published; |
| | 🟢 | • Management arrangement for Working with Volunteers has been published; and |
| | 🟢 | • Management arrangement for Young Persons has been published. |
| **To promote competence in HS Management and knowledge** | 🟠 | **Task: To develop and review training matrix for all Directorates/SDAs in relation to HS training requirements (excluding Training for Operational Competence (TfOC))** |
| | | • Training matrix complete previous year, a more user-friendly version of training matrix in development. |
| | 🟠 | **Task: Review existing HS training to introduce scenarios based on recent HS events** |
| | | • Interactive training and induction updated; and |
| | | • Engagement has commenced with the Training and Employee Development Function to agree process. |
| **To develop and implement ICT solutions to enhance Health and Safety Management System (HSMS)** | 🔴 | **Task: Develop in house electronic health and safety management system** |
| | | • Process maps have been developed by HS staff. Engagement ongoing with ICT Business Partner to progress system development. |
| **Support Service Transformation** | 🟠 | **Task: To liaise with Response and Resilience to review Generic Risk Assessment, Standard Operating Procedure, Technical Information Note and Periodic Inspection and Testing Sheet format** |
| | | • New document format developed in conjunction with R&R. Conversion of documents to new GRA has commenced. |

# 4. ADDITIONAL ACTIVITIES UNDERTAKEN IN SUPPORT OF SFRS BUSINESS PARTNER OBJECTIVES/INITIATIVES

The activities outlined below were led by other Directorates and SDAs and supported by the HS Department throughout 2019/20.

- Promotion of the Regional Improvement Groups (RIGS) in the addressing of low level events to reduce the likelihood of serious events occurring;

- Preparation of quarterly reports to the SFRS National Health and Safety Board (NHSB) to provide progress on improvement plans and HS events;

- Enhancement of health and safety standards within TED through the creation of site specific operating arrangements;

- Completed a review of the process of undertaking dynamic risk assessment and analytical risk assessment to enhance situational awareness;

- Co-ordinated the development of employee health and safety handbooks for Health and Wellbeing, ICT and Youth Volunteer Scheme;

- Participated in 22 User Intelligence Groups to ensure the consideration of health and safety in the procurement of equipment and services;

- Supported the implementation of SFRS training programmes through delivery of 19 sessions;

- Developed the Supervisory Manager HS Training for Operational Competence (TfOC) Module for the Learning Content Management System (LCMS);

- Managed the investigation of 14 level 3 events and undertook investigation into 2 level 4 events;

- Developed and assisted with the development of 14 safety communications including:
  - Control Of Substances Hazardous to Health (COSHH) Assessments
  - Water Rescue
  - RIDDOR Reporting Changes
  - Traffic Management Plans

- Scoped out the requirements and content of an SFRS Drivers Handbook;

- Worked in conjunction with Human Resources and Organisational Development (HROD) in supporting the development of individual safe systems of work to allow staff with known medical or physical conditions to return to work in a safe manner;

- Assisted in the completion of a various technical assessments and Standard Operating Procedures (SOPs) for operational staff; and

- Scoped out the requirements for a violent marker/ personal safety system to assist the Safe and Well project.

# 5. DIRECTORATE/SERVICE DELIVERY UPDATE

**Finance and Procurement**

During 2019/20 Finance and Procurement continued to engage with HS through coordinator meetings and attendance by the Head of Function at the NHSB.  Attendance at the Finance and Procurement Management Team by our HS Adviser and engagement with HS as part of the Procurement User Intelligence Group process further embedded this relationship.

HS is a standing agenda item at the Finance and Procurement Management Team meeting, ensuring focus is maintained and progress updates monitored and reviewed.  The improvement plan is used as a management tool to inform discussion and monitor activity, directing resource as required.

To assist this monitoring activity, Finance and Procurement have developed a formal HS Tracker with active monitoring against required LCMS modules and other HS activity.  Action against DSE assessments, Stress Awareness and Manual Handling has been progressed with payroll staff receiving direct training on Manual Handling Arrangements following a review of existing assessments and controls.  The tracker now forms part of the regular HS update.

Moving forward into 2020/21 this engagement will continue with the improvement plan used to monitor progress, supported by the Tracker.  Work in relation to Stress Assessments will be progressed and support sought from HS on specific staffing issues.

**Asset Management**

Asset Management have been working in full partnership with HS to spotlight or target and drive down some key areas of improvement. The comprehensive audits carried out last year have been completed and reviewed for our high-risk areas, such as the four vehicle workshops facilities.  As a result of these audits a new workshops HS handbook has been implemented across all four (4) of the vehicle workshops.

Additionally, we have noticed that the culture within workshops has changed over the past 24 months with regards to HS in the workplace, this refocus has delivered a reduction in accidents/injuries and near misses.  The workforce within stores and workshops are being provided further training on key risk areas such as manual handling and situational awareness.

As a result of this strong partnership focus, we have continued to develop and support the HS groups within fleet and property as well actively contributing to the SFRS Driver Safety Group.

Together, we have produced a new driver's handbook which is being published and will be available online over the coming months.

We have also included HS as a critical partner with regards to the pre-acceptance testing of any new appliances, key items of Personal Protective Equipment (PPE) or Operational Equipment.

Moving forward, Asset Management intend to introduce a dedicated HS Officer for 6 months in order to achieve an enhanced completion rate of the improvement plan in 2020/2021 within all our areas.

**ICT**

During 2019/20, ICT held regularly scheduled meetings with HS to progress the department's improvement plan, achieving 73% completion.

Focus was on completion and implementation of the Function's GRAs and SSOW and ensuring that all staff have completed LCMS modules and assessments on Manual Handling, Stress and DSE, and that any actions arising from these assessments are progressed appropriately by managers.  Outstanding actions are related to the Provision and Use of Work Equipment Regulations (PUWER) and the programme of toolbox talks, which have been delayed due to long-term absence of a key manager.  A briefing session was held with the ICT Management Team to refresh their knowledge of relevant HS legislation and employers' responsibilities.  This, along with sharing of quarterly performance reports, helped to put HS into context and raise its profile with ICT managers.

For 2020/21, ICT will continue to work closely with HS to achieve a higher completion rate on the 2020/21 improvement plan.  Additionally, consideration of any relevant HS requirements or procedures will be built into the start-up process for ICT projects, further embedding HS into our daily work.

**People and Organisational Development**

Throughout 2019/20, the People and Organisational Development (POD) HS Group continued to work in partnership with HS to enhance standards of HS within POD. As a result, 84% of the POD HS improvement plan was completed compared to 49% in the previous reporting year.

Our 2019/2020 improvement plan focused on ensuring the provision of robust risk assessments and supporting arrangements, such as PPE assessments, identification and completion of PUWER assessments, implementation of periodic inspections for Health and Wellbeing equipment, DSE assessments and supporting control arrangements.

This proactive work contributed to a reduction in safety event types except for accidents/injuries which has remained the same as the previous reporting year. All safety event types continue to be monitored through local management and the POD HS Group to ensure the effectiveness of preventative measures.

During the 2019/20 the HS improvement plan remained as a standing item at POD Directorate Management Team meeting and was also included in POD Manager Team meetings to ensure regular progress updates are communicated to all functional managers. This has enhanced promotion of and responsibility for health, safety and wellbeing at all levels within the Directorate.

Looking ahead to 2020/21, the POD HS Group will continue to enhance directorate and functional HS arrangements. With the full support of the POD Management Team, the positive health, safety and wellbeing culture within POD with continue to be developed and nurtured through progressive staff engagement and training arrangements and implementation of safety measures.

We will also continue to work with our business partners through the SFRS MSK Injury Reduction Group to promote safety standards as well as support the development of HS training matrix supported by appropriate implementation arrangements across the Service.

**Prevention and Protection**

During the reporting year 2019/20 the HS Improvement Plan has become a key part of the monthly Prevention and Protection (P&P) formal Functional Team Meetings. Here, all HS actions and progress is discussed with all P&P functional managers and Head of Function. This discussion is also reflected at the functional managers team meetings, thus ensuring and maintaining robust management arrangements which promotes a positive HS culture within the P&P Function overall.

Working closely with the HS team, effective progress has been achieved by completing actions within the HS Improvement Plan for 2019/20, this includes:

- Overall, 85% of all P&P actions have been completed. This includes ongoing actions relating to COSHH, PUWER and the Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) for the Heritage sites;

- Publication of the P&P HS Handbook;

- Only four actions are currently outstanding, two are nearing completion and the remaining actions require input from other Directorates before they can be completed. P&P managers are actively engaging with these Directorates to progress these actions.;

- The Heritage HS handbook is completed and currently under review prior to HS approval and publishing; and

- Remaining actions that have not been completed or require input from other Directorates have been carried forward to the 2020/21 improvement plan. Revised completion dates have been agreed where ongoing monitoring continues.

**Response and Resilience**

The Directorate has made good progress against the HS Improvement plan with 82% of actions complete, with work on the remaining 18% percent of actions commenced and will be carried forward to next year's plan. HS actions are allocated at Functional level across the Directorate to ensure that there remains a sharp focus through regular monitoring and reporting of progress.

We continue to work with other Directorates promoting Ff safety and improving HS performance.

The Directorate has continued to work closely with Procurement, Assets and HS Departments to ensure all new equipment brought into the service has been PUWER assessed prior to purchase to mitigate foreseeable risks where possible and ensure all new equipment is fit for purpose.

During the year the Directorate has progressed a number of key actions, including ongoing development of operational GRAs and various specific legislation and technical assessments, further enhancing the safety of Ffs.

Looking ahead, there will continue to be a focus on operational learning and safety and the completion of technical assessments with many of the Response and Resilience (R&R) policies being reviewed within a revised document template format with the intention of improving Ff safety through the provision of clearer and concise information and guidance to operational staff.

### Strategic Planning Performance and Communications

The Strategic Planning, Performance and Communication (SPPC) Directorate, during 2019/20, have continued to mainstream the management of HS within business processes including a standing item on all meeting agendas, incorporated within engagement events and fully established within all staff inductions.

The Directorate has implemented a number of actions to support delivery of the HS Improvement Plan, the main being to establish a Directorate wide SharePoint site providing relevant information, links to training and incorporates the HS Improvement Action Plan. The Directorate dashboard overview ensures effective and ongoing HS monitoring and management of all aspects of performance and provides an audit trail of progress throughout the reporting year.

### Training

Throughout the whole year in collaboration with HS, work continued to improve the standards within Training, progress actions from the HS Improvement Plan and reduce the number of events within national training sites. Good progress was made through the year with 73% of improvement plan actions completed which is an increase on the previous year where 49% were completed.

The HS Improvement Plan focused on many areas with site operating arrangements completed for national training sites, implementation of the management arrangement for workplace inspections, progressing GRAs and Safe Systems of Work along with DSE assessments for Training staff and the introduction of the Asbestos module for the Flexi Duty Officer Training for Operational Competence programme.

Although the number of HS events was very similar to the previous reporting year with 34 recorded in 2019/20 and 33 recorded in 2018/19, vehicle accident events reduced by 46% which highlights the emphasis placed upon HS within the Directorate. HS is a standing item on the agenda for all Directorate Management Team meetings to ensure regular progress is communicated to functional managers and their teams which assists in the promotion of a positive safety culture. Regular communications with HS and HS Liaison Officers (HSLO) continued with the introduction of a meeting schedule and dedicated HS SharePoint page.

Looking ahead to 2020/21, there will be a continued focus on HS standards within training environment to reduce accidents and improve Ff safety. Working with SFRS business partners, completion of the HS Improvement Plan will be a priority along with the completion of significant event action plans from HS and Operational Assurance learning.

### North Service Delivery Area (NSDA)

The North HS Improvement Group is well supported across all areas of the NSDA. A strong HS culture exists and permeates all aspects of the work carried out across the area. The North HS Improvement Plan formed the bulk of the work that the group was involved in during the 2019/20 period, with 87% of the actions completed. The remaining 13% will be carried forward into the 2020/21 improvement plan.

One of the many areas of success we have seen in the NSDA has been the introduction of a slow speed vehicle accident framework. This pilot piece of work has seen a consistent reduction in the number of slow speed manoeuver accidents. This will now be adopted as a Service wide approach with the aspiration being that a similar reduction will be seen across all SDAs.

The NSDA has also seen a reduction in the number of RIDDOR reportable injuries and Acts Of Violence (AOV) over the year which is pleasing, however we will maintain a strong focus on both areas in the coming year.

Looking ahead to 2020/21, the NSDA Improvement Group are fully aware of and working towards achieving the 2020/21 action plan with focus on promoting near miss reporting, and on reducing injuries to our staff.

The NSDA are focused on ensuring the improvements that have been made in previous years are built upon, and that we continue to ensure the NSDA is placing the Health, Safety and Wellbeing of all staff at the forefront of everything we do.

### East Service Delivery Area (ESDA)

The East HS Improvement Group is well supported across all areas of the ESDA. The East HS Improvement Group continues to be well supported across all Directorates, LSO Areas and Representative Bodies promoting a positive HS culture across the ESDA. The East HS Improvement Plan drives the business of the Group and at the end of the reporting year 81% of actions were completed. All outstanding actions are being progressed through the appropriate Directorates and will be carried forward into the 2020/21 plan.

Priorities through the year included highlighting behavioural safety to reduce accidents/injuries and vehicle accidents as well as the promotion of near miss reporting. This focus has produced positive results with a 21% reduction in all reported accidents/injuries and a continuation of increased near miss reporting. Reducing vehicle accidents remains a challenge within the ESDA

and while 2019/20 saw a 3% decrease in events reported when compared to the previous reporting year this will be a key area of focus during 2020/21. An area for development is the proactive promotion of vehicle accident prevention to supplement event analysis and there will be close collaboration with the SFRS Driver Safety Group at a national level along with all LSO Areas to ensure the downward trend in accidents continues.

### West Service Delivery Area (WSDA)

The West HS Improvement Group is well supported across all areas of the WSDA. The West HS Improvement Plan for 2019/20 had a total of 31 actions, 21 of which have been completed. The remaining 10 actions will be carried forward and are scheduled to be complete by end of Q2 2020/21.

In Q4 of 2019/20, a new meeting structure was introduced to ensure the appropriate support for the WSDA HSLOs and provide greater scrutiny and monitoring in relation to the progress of HS Improvement Plan actions. A significant improvement was made in Q4 in terms of the number of actions completed and we will seek to build on that and see further improvement in this regard in 2020/21.

Despite an increase in near miss reporting, a corresponding reduction in accidents/injuries has not occurred. 2019/20 also saw a welcomed reduction in the number of AOVs. Vehicle accidents have increased compared to last year. Low speed vehicle manoeuver accidents continue to be among the highest categories of vehicle accidents. This will be an area of focus for the West HS Improvement Group in 2020/21.

# 6. KEY PERFORMANCE INDICATORS

There are 6 key performance indicators detailed within this report; improvement plan, accident or injury, RIDDOR reportable injury, near miss, AOV and vehicle accidents.

# 7. SFRS HEALTH AND SAFETY IMPROVEMENT PLANS

To support legislative compliance, there is one overarching SFRS Health and Safety Improvement Plan supported by nine bespoke plans, one for each SDA/Directorate. The SFRS table below indicates the current completion status at the end of 2019/20.

| Year | Number of Identified Actions | Number of Actions Completed | Completion Percentage (%) | RAG |
|---|---|---|---|---|
| 2016/17 | 122 | 40 | 33 | - |
| 2017/18 | 66 | 9 | 14 | |
| 2018/19 | 63 | 14 | 22 | |
| 2019/20 | 68 | 32 | 47 | |

*Table 1: Improvement Plan Progress*

When comparing the percentage completion within the previous reporting year, a 25% improvement is noted. Significant progress is noted in eight of the ten plans in place.

Of the 36 outstanding 2019/20 actions, analysis shows 53% (19 of 36) are over 70% complete.

12% (8 of 68) actions have been identified as low risk to the organisation, and have been deferred to 2020/21 in agreement with HS due to an unprecedented increase in workload.

# 8. PERFORMANCE DASHBOARD

## About the statistics in this report

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

As all statistics quoted are provisional there may be differences in the period totals quoted in successive reports after original publication which result from revisions or additions to the data on our systems.

Statistical reporting will be based on the date the event occurred. This means that all reports will include information on exceptions, i.e. events that were reported late and outwith the previous reporting period.

This is the first Health and Safety Annual Report to introduce spark lines which show the breakdown of events by year over a three-year period and the underlying trend for that period. Anomalies will be reported by exception.

**All Health and Safety Events 2019/20**

**Key Performance Indicator (KPI) Totals with Two-Year Average Trend Comparison 2019/20**



| All Accident /Injury (inc. RIDDOR) | Accident / Injury | RIDDOR Reportable Injury | Near Miss | Acts of Violence | Vehicle Accidents |
| --- | --- | --- | --- | --- | --- |
| 9% | 9% | 11% | 8% | 3% | 4% |
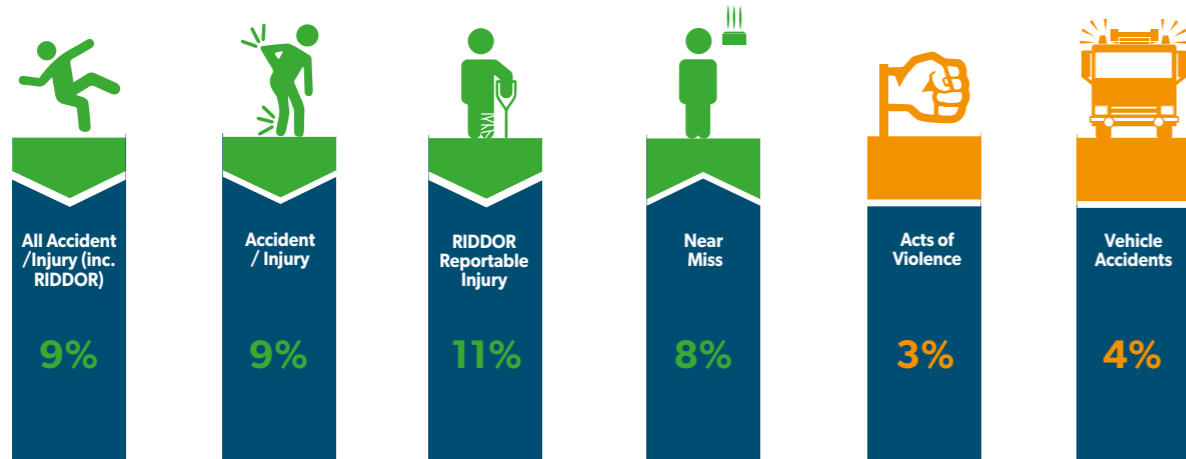
*Figure 1: Trend Comparisons 2019/20*

*Note -A deviation of+/- 5% falls within the expected variance and is therefore represented as no change.*

The table below shows year-to-date totals to the end of each year from 2017/18 onwards.

| Event Category | 2017/18 | 2018/19 | 2019/20 |
| --- | --- | --- | --- |
| **Accident or Injury** | 223 | 190 | 186 |
| **RIDDOR-Reportable Injury** | 35 | 37 | 26 |
| **Near Miss** | 168 | 203 | 199 |
| **Acts of Violence** | 61 | 83 | 56 |
| **Vehicle Accident** | 230 | 241 | 249 |
| **Total** | **717** | **754** | **716** |

*Table 2: Total Events by Year*

Further detail on each event type and causation is contained within the relevant sections of this report.

# 9. UK FIRE AND RESCUE SERVICE COMPARISON

2015/16 saw the introduction of benchmarking against other UK Fire and Rescue Services (FRS). We continue to carry out the benchmarking exercise. There are 53 FRS within the UK, usable data was received from 8 FRS this year.
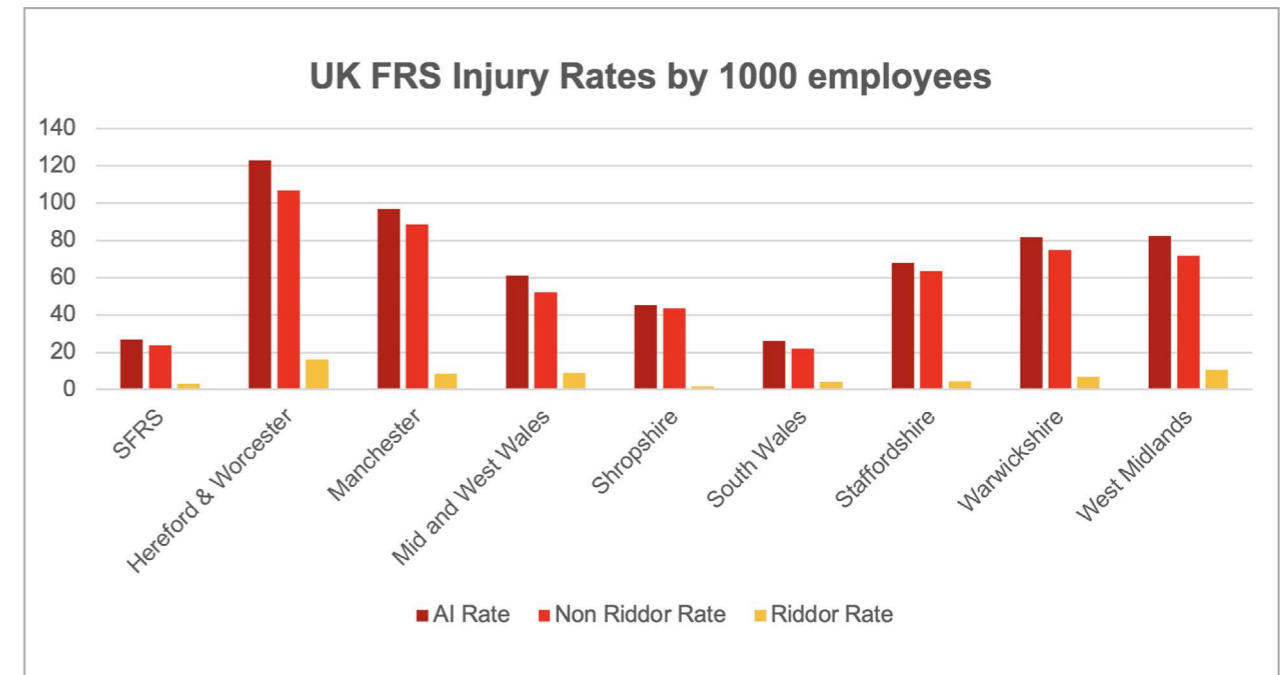


*Graph 1: UK FRS Injury Rate 2019/20*

In comparison with the 8 UK FRS that provided usable data, we can see that the SFRS holds a strong position sitting second in the table in relation to the total number of overall accident/injury (27 in 1000 employees), non RIDDOR injury (24 in 1000 employees) and RIDDOR (3 in 1000 employees) rates.

We will seek to gather further information from other UK FRS in the forthcoming years and share performance information across the UK. We are committed to working with all UK FRS in order to share best practice with the aim of enhancing Ff safety.

# 10. SFRS PERFORMANCE OVERVIEW

The spark lines below show the three - year trend. The dotted line on each panel gives an indication of overall trends. In some cases, these may differ from the trend arrows on the summary infographic, which are based on comparisons of cumulative totals averaged over two-year periods.

| 2017/18 | 2018/19 | 2019/20 |
|---------|---------|---------|

**Accident or Injury (Excluding RIDDOR)**

223 — 190 — 186

**RIDDOR Reportable**

35 — 37 — 26

**Near Miss**

168 — 203 — 199

**Acts of Violence**

61 — 83 — 56

**Vehicle Accidents**

230 — 241 — 249
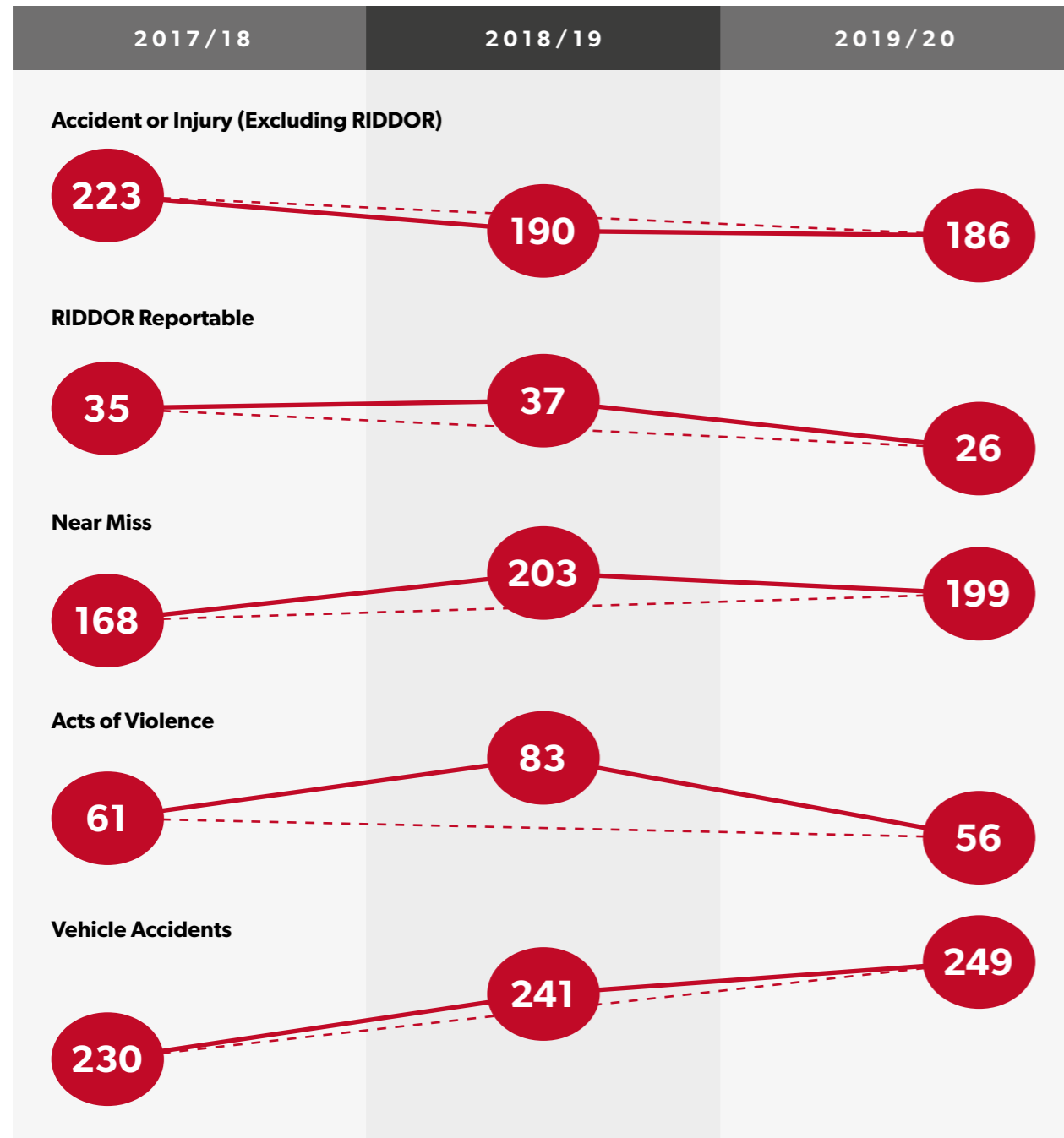
*Figure 2: Event KPI Totals from 2017/18 to 2019/20*

The three-year trend is positive for Accidents/injuries, RIDDOR Reportable Injuries, Near Misses, AOV, however Vehicle Accidents show an increasing trend. Further analysis of all key performance indicators can be found in the related sections of this report.

**Accident and Injuries (excluding RIDDOR) by SDA/Directorate**

| SDA/Directorate | 2017/18 | 2018/19 | 2019/20 | RAG | % Change |
|-----------------|---------|---------|---------|-----|----------|
| North SDA | 47 | 38 | 39 | 🔴 | +3% |
| East SDA | 81 | 56 | 41 | 🟢 | -27% |
| West SDA | 41 | 53 | 60 | 🔴 | +13% |
| Strategic Planning, Performance and Communications | 3 | 0 | 0 | 🟢 | - |
| Finance and Contractual Services | 8 | 9 | 6 | 🟢 | -33% |
| People and Organisational Development | 1 | 2 | 2 | 🟢 | - |
| Prevention and Protection | 1 | 1 | 1 | 🟢 | - |
| Response and Resilience | 5 | 3 | 4 | 🔴 | +33% |
| Training and Employee Development | 36 | 28 | 33 | 🔴 | +18% |
| **Total** | **223** | **190** | **186** | 🟢 | **-2%** |

*Table 3: Accidents/injuries excluding RIDDOR Annual Totals*

| | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| **North** | 47 | 38 | 39 |
| **East** | 81 | 56 | 41 |
| **West** | 41 | 53 | 60 |
| **Strategic Planning, Performance and Communications** | 3 | 0 | 0 |
| **Finance and Contractual Services** | 8 | 9 | 6 |
| **People and Organisational Development** | 1 | 2 | 2 |
| **Prevention and Protection** | 1 | 1 | 1 |
| **Response and Resilience** | 5 | 3 | 4 |
| **Training and Employee Development** | 36 | 28 | 33 |
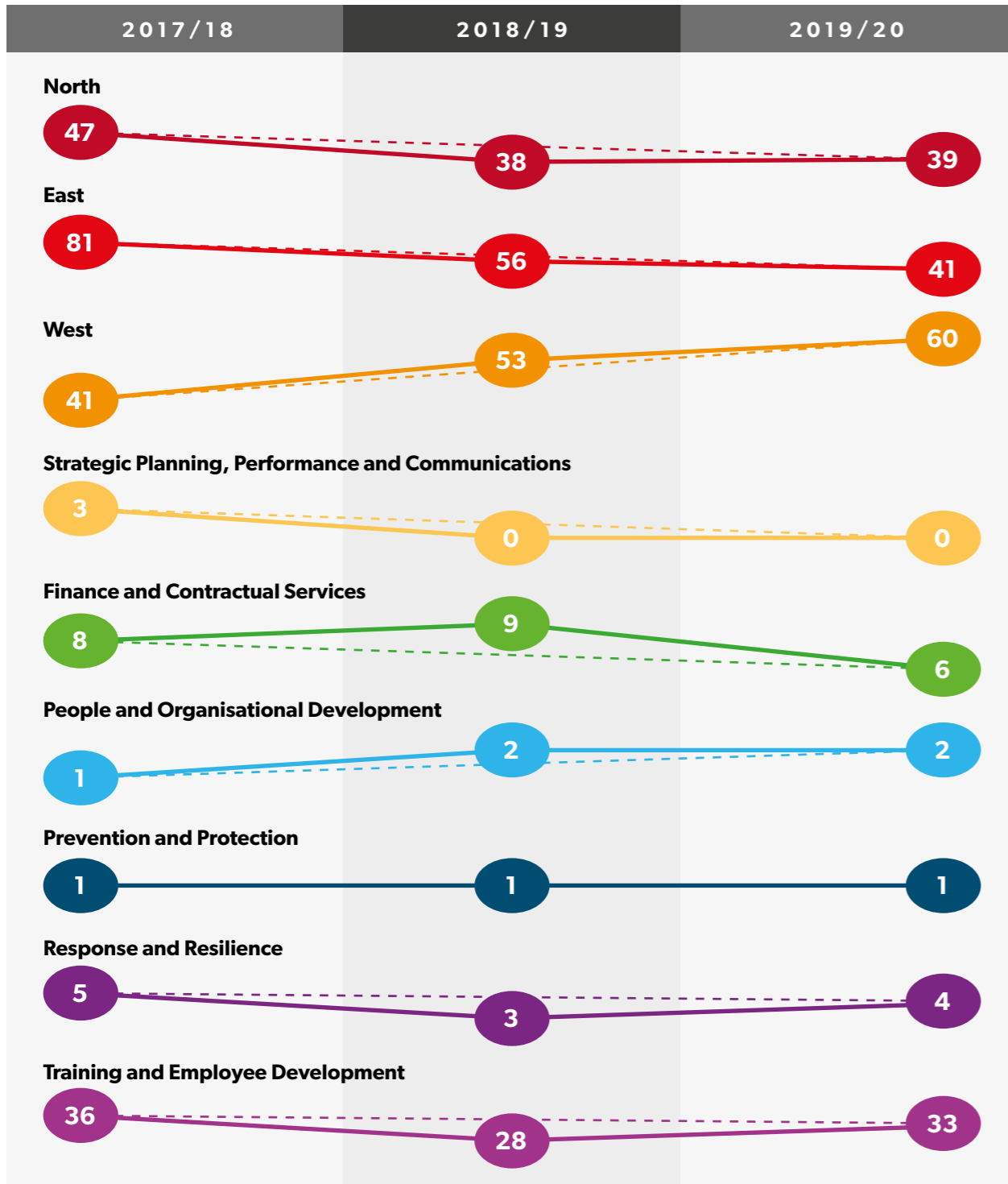
*Figure 3: Accidents/injuries excluding RIDDOR Totals from 2017/18 to 2019/20*

Overall SFRS accident Injuries show an improving trend over the three - year period. The most notable improvement is seen within the ESDA, this improvement is attributed to Mid and East Lothian and the Borders, and Falkirk and West Lothian with 33% and 76% decreases respectively. Conversely, the WSDA shows a rising trend over the three-year period, with East, North and South Ayrshire, Glasgow City and Dumfries and Galloway all showing a rising trend albeit numerically, the increases are very low.

**HSE Reportable Accidents/injuries by SDA/Directorate**

Accidents/injuries reported to the HSE under RIDDOR are provided below.

| SDA/Directorate | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| North | 6 | 4 | 2 |
| East | 11 | 12 | 13 |
| West | 8 | 16 | 8 |
| Strategic Planning, Performance and Communications | 0 | 0 | 0 |
| Finance and Contractual Services | 2 | 0 | 0 |
| People and Organisational Development | 0 | 0 | 0 |
| Prevention and Protection | 0 | 0 | 0 |
| Response and Resilience | 0 | 0 | 2 |
| Training and Employee Development | 8 | 5 | 1 |
| **Total** | **35** | **37** | **26** |

*Table 4: RIDDOR Reportable Accidents/injuries*

The total number of accidents/injuries reported to the HSE under RIDDOR shows an improvement over the three-year period, with a 30% decrease noted when comparing to 2018/19 figures. Whilst numerically the values are low, improvements are recorded within TED and the WSDA. These can be attributed to a reduction in BA training related RIDDOR reportable events within TED (4 to 0) and a reduction (10 to 5) in operational activity and (5 to 2) in SDA led training within the WSDA when comparing to previous reporting year.

| 2017/18 | 2018/19 | 2019/20 |
|---|---|---|

**North**

6 — 4 — 2

**East**

11 — 12 — 13

**West**

8 — 16 — 8

**Strategic Planning, Performance and Communications**

0 — 0 — 0

**Finance and Contractual Services**

2 — 0 — 0

**People and Organisational Development**

0 — 0 — 0

**Prevention and Protection**

0 — 0 — 0

**Response and Resilience**

0 — 0 — 2

**Training and Employee Development**

8 — 5 — 1
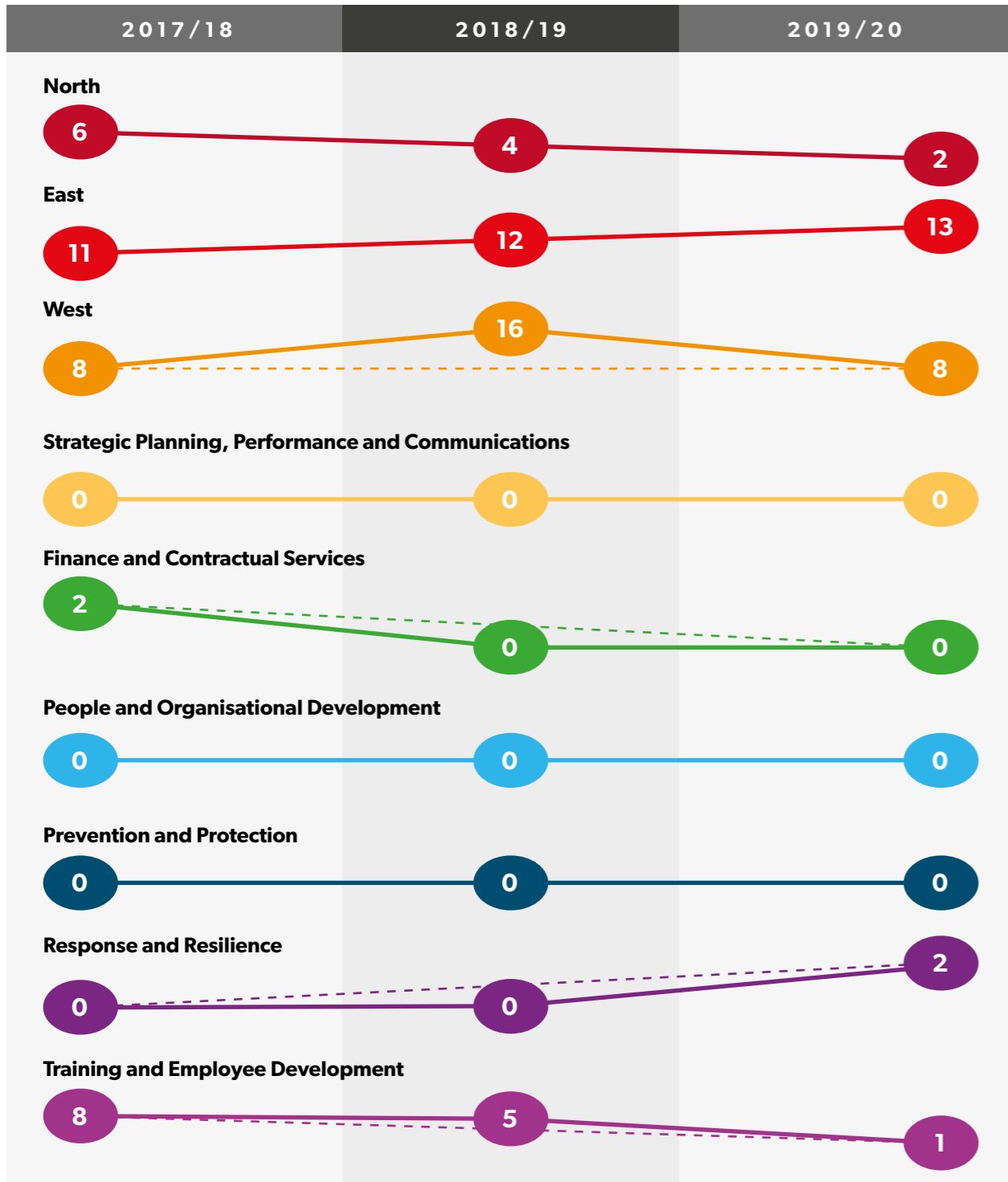
*Figure 4: Total RIDDOR-Reportable Injuries by SDA/Directorate 2017/18 to 2019/20*

There were 3 specified injuries during the reporting year compared to 2 the previous reporting year. The 3 specified injuries were;

- A dislocation/fracture injury sustained to the arm through a workplace transport event;

- A crush/loss of digit or part, sustained through a BA Search and Rescue training event; and

- A fractured rib, due to a slip trip and fall in an appliance bay.

Over 7-day accidents/injuries accounted for 88% (23 of 26) all RIDDOR reportable events representing a 7% decrease when comparing to the previous reporting year. 70% (16 of 23) of over 7-day accidents/injuries reported to the HSE were associated with manual handling and/or body movement representing a 24% increase in this category when comparing to the previous reporting year, however it should be noted that numerically there was 1 less manual handling accident/injury reported to the HSE. A further 26% (6 of 23) of over 7-day accidents/injuries were as a result of slips, trips and falls representing a 1% increase in this category when comparing to the previous reporting year. 57% (13 of 23) of over 7-day accidents/injuries occurred at operational incidents, representing an 3% decrease in this category when comparing to the previous reporting year. 77% (10 of 13) of over 7-day operational accidents/injuries occurred during the initial or developing stage of the incident representing 1% increase when comparing to the previous reporting year. Finally, 35% (8 of 23) of over 7-day accidents/injuries were attributed to training activities all of which occurred during refresher training, 33% during swift water rescue training and a further 33% during BA Search and Rescue training, representing a 2% decrease when comparing to the previous reporting year.

We will continue to promote the completion of manual handling assessments and associated safe systems of work. The SFRS MSK Injury Reduction Group will continue to work closely with business partners to reduce MSK injuries.

### Operational Accidents/injuries 2017/18 to 2019/20

There is a notable improvement in operational accidents/injuries over the three-year period.

The majority, 49% (40 of 81), of operational related accidents/injuries occurred whilst attending Fire Damage Reports (FDRs) representing an increase of 6% in this category, when comparing to previous reporting year, numerically this equates to 3 additional events.

14% (11 of 81) operational accident injuries occurred at secondary fires, representing 9% decrease in this category when comparing to previous reporting year, numerically this equates to 16 less events.

| 2017/18 | 2018/19 | 2019/20 |
|---|---|---|

**Operational**

105 — 104 — 81
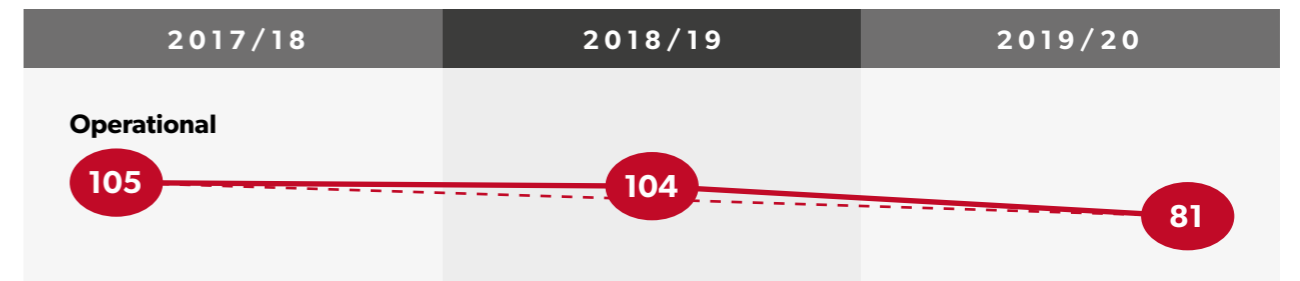
*Figure 5: Operational Accidents/injuries 2017/18 to 2019/20*

**Operational Accidents/injuries by Phase of the Incident**

| SDA | Mobilising | Initial | Developing | Closing | Returning | Total |
|-----|-----------|---------|-----------|---------|-----------|-------|
| North | 1 | 7 | 10 | 5 | 0 | 23 |
| East | 3 | 4 | 15 | 5 | 0 | 27 |
| West | 4 | 9 | 11 | 5 | 2 | 31 |
| **Total** | **8** | **20** | **36** | **15** | **2** | **81** |

*Table 5: 2019/20 Totals by Stage of Operational Incident*

When consider operational accidents/injuries by the stage of the incident the data shows the majority, 44% (36 of 81), occurred during the developing stage of the incident, representing a 6% increase in this category, numerically there has been a decrease of 3 when comparing to previous reporting year. These can be attributed to slips and trips on uneven/wet ground, struck by objects and manual handling injuries which include the moving of bariatric patients. A further 25% (20 of 81) occurred during the initial stage of the incident representing a decrease of 10% in this category and numerically a decrease of 16 when comparing to the previous reporting year. These can be attributed to forcing entry, slipping on uneven ground and burns.

**Non-Operational Accidents/injuries - 2017/18 to 2019/20**

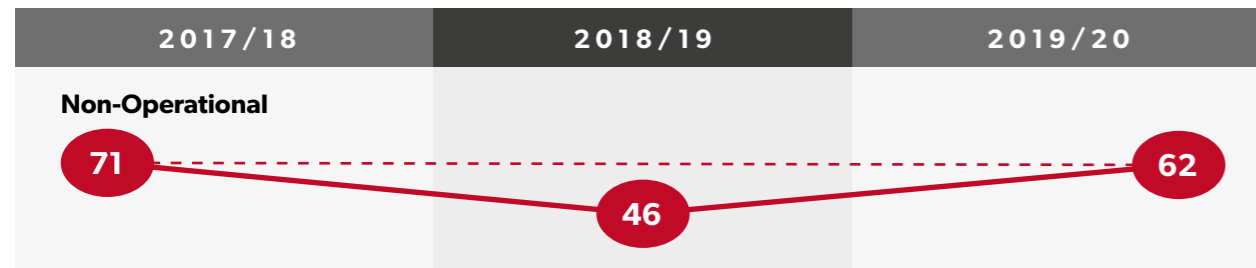| 2017/18 | 2018/19 | 2019/20 |
|---------|---------|---------|

**Non-Operational**

71    46    62

*Figure 6: Non-Operational Accidents/injuries 2017/18 to 2019/20*

The three-year trend shows a continuing improvement in relation to non-operational accidents/injuries.

16% (10 of 62) of all non-operational accidents/injuries occurred within appliance bays, 14% (9 of 62) occurred within station kitchens with the majority of these 89% (8 of 9) occurring whilst cooking.

A further 13% (8 of 62) of the total reported occurred whilst carrying out daily/monthly checks and finally 10% (6 of 62) involved mounting/dismounting/appliances or coming out from working under appliances.

**Training Accidents/injuries - 2017/18 to 2019/20**

| 2017/18 | 2018/19 | 2019/20 |
|---------|---------|---------|

**Training**

82    77    69
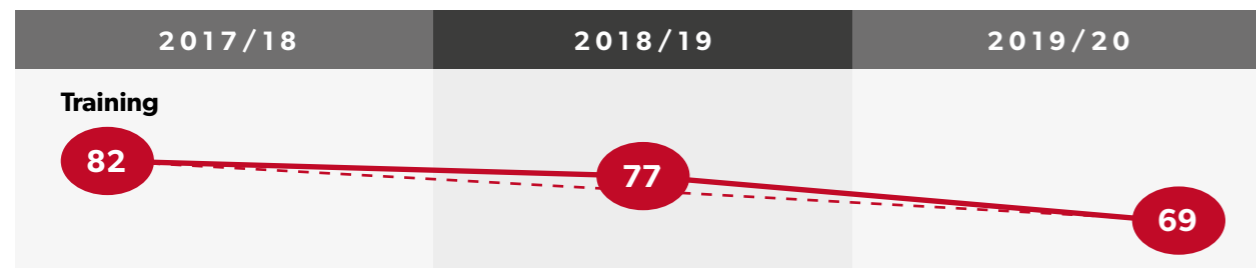
*Figure 7: Training Accidents/injuries 2017/18 to 2019/20*

There is a noted improvement in the three-year trend for training related accidents/injuries.

33% (69 of 212) of accidents/injuries reported during 2019/20 occurred during training related activities showing a 5% decrease when comparing to the previous reporting year.

67% (46 of 69) of the total reported occurred during refresher training, representing a 12% increase in this category and a numerical increase of 3 events.

Further analysis shows 37% (17 of 46) of refresher training accidents/injuries occurred during BA related training, representing an 8% increase in this category and a numerical increase of 3. A further 24% (11 of 46) occurred during Core Skills training such as ladder drills and pump drills representing a 1% increase in this category and a numerical decrease of 1. Finally, 15% (7 of 46) occurred during swift water rescue training representing a decrease of 1% when comparing to the previous reporting year and a numerical reduction of 1.

We will continue to work with training colleagues to implement further controls measures including enhanced risk assessments and safety systems of work to continue the positive trend.

**All Accidents/Injuries (including RIDDOR) to Uniformed Staff by SDA/Directorate**

| SDA/Directorate | 2017/18 | 2018/19 | 2019/20 |
|-----------------|---------|---------|---------|
| North | 50 | 41 | 38 |
| East | 89 | 66 | 53 |
| West | 47 | 67 | 67 |
| Strategic Planning, Performance and Communications | 0 | 0 | 0 |
| Finance and Contractual Services | 0 | 0 | 0 |
| People and Organisational Development | 1 | 1 | 1 |
| Prevention and Protection | 1 | 1 | 1 |
| Response and Resilience | 5 | 2 | 4 |
| Training and Employee Development | 42 | 33 | 31 |
| **Total** | **235** | **211** | **195** |

*Table 6: Accidents/Injuries (including RIDDOR) to Uniformed Staff*

When considering uniformed staff across SFRS, in 2019/20 we see a Ff is injured every 1,130 operational incidents attended compared with 885 in 2018/19 and 1 in every 857 in 2017/18.

42% (81 of 195) of all accidents/injuries to uniformed staff occurred attending operational incidents representing an 8% decrease in this category and numerically 23 fewer accidents/injuries recorded when comparing to the previous reporting year. A further 35% (69 of 195) occurred during training, representing a 5% decrease and numerically 9 fewer when comparing to the previous reporting year.

When considering the type of incident being attended data shows 49% (40 of 81) occurred whilst attending FDRs representing a 25% increase in this category, numerically 15 more, when comparing to the previous reporting year. A further 22% (18 of 81) occurred at special services representing a 2% decrease in this category, numerically 7 less when comparing to previous reporting year. 14% (11 of 81) of the injuries occurred as a result of False Alarms an increase of 3% in this category although numerically the number of events reports remains the same when comparing to the previous reporting year. 14% (11 of 81) occurred at secondary fires a decrease of 9% in this category,

numerically 13 less events, when comparing to the previous reporting year. The final 1% (1 of 81) was as a result of other out duties, no percentage or numerical change when comparing to previous reporting year. The most notable improvement is a 9% decrease – 13 less events - in the secondary fire accidents/injuries category.

44% (36 of 81) of the total occurred during the developing stage of the operational incident, representing a 6% increase in this category, however, numerically a decrease of 3 is noted when comparing to the previous reporting year. A further 25% (20 of 81) occurred during the initial stage of the operational incident, representing a 10% decrease from previous reporting year, with numerically 16 less accidents/injuries reported.

23% (45 of 195) occurring during non-operational activities representing a 1% increase, when comparing to the previous reporting year. 89% (40 of 45) of those reported were attributed to a lack of situational awareness e.g. walking into objects, working in kitchens and equipment poorly stowed, representing a 30% increase in this category.

35% (69 of 195) of all accidents/injuries to uniformed staff occurred during training, representing a decrease of 1% in this activity when comparing to the previous reporting year. 35% (24 of 69) related to BA training Search and Rescue and Carbonaceous training representing a 12% increase when comparing to the previous reporting year. A further 23% (16 of 69) were attributed to Core Skill training representing a 6% decrease when comparing to the previous reporting year. 54% (37 of 69) was SDA led training representing a 9% increase when comparing to the previous reporting year. Swift Water Rescue training recorded 13% (9 of 69) training injuries, this is comparable to the 2018/19 figure of 12% (9 of 77).

Following continuing monitoring of HS standards in the training environment and the review of risk assessments and safe systems of work, the previously established working group will continue to identify further improvements and address emerging trends.

**All Accidents/Injuries (including RIDDOR) to non-uniformed staff by SDA/Directorate**

| SDA/Directorate | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| North | 3 | 1 | 3 |
| East | 3 | 2 | 1 |
| West | 2 | 2 | 1 |
| Strategic Planning, Performance and Communications | 3 | 0 | 0 |
| Finance and Contractual Services | 10 | 9 | 6 |
| People and Organisational Development | 0 | 1 | 2 |
| Prevention and Protection | 0 | 0 | 0 |
| Response and Resilience | 0 | 1 | 2 |
| Training and Employee Development | 2 | 0 | 2 |
| **Total** | **23** | **16** | **17** |

*Table 7: Accidents/Injuries (inc RIDDOR) to non- uniformed staff - Annual Totals*

24% (4 of 17) of non-uniformed accidents/injuries occurred within Fleet Workshops representing a decrease of 16% and a numerical decrease of 5 when comparing to the previous reporting year. 12% (2 of 17) occurred whilst carrying out Community Safety work representing an increase of 6% and a numerical increase of 1 when comparing to the previous reporting year. 82% (14 of 17) of the total reported were attributed to a lack of situational awareness e.g. walking into doors, bumping heads, working in kitchens and slips and trips representing an increase of 7% and a numerical increase of 2 when comparing to previous reporting year.

**SFRS Working Days Lost Due to Accidents/injuries - 2017/18 to 2019/20**
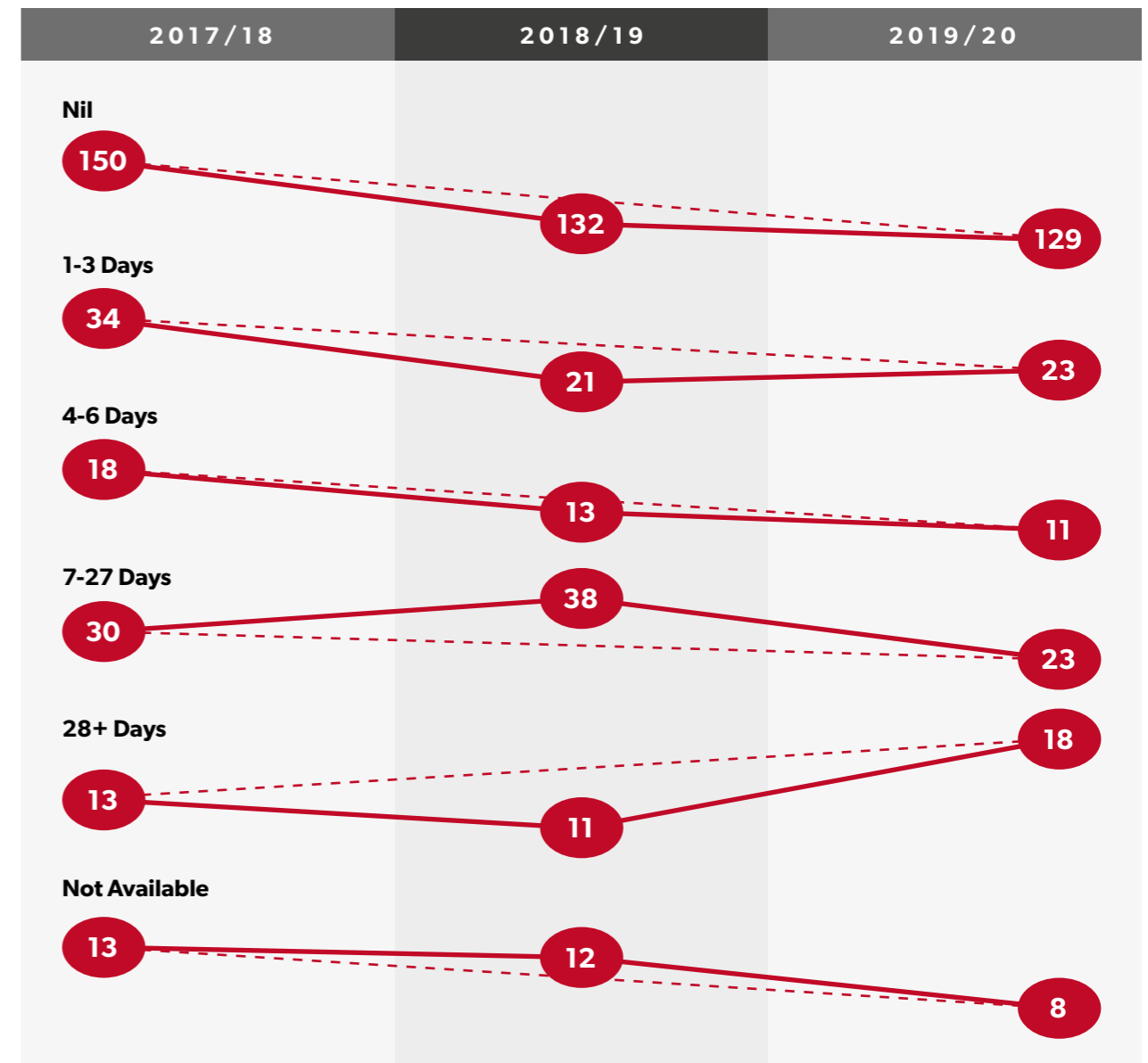


*Figure 8: Working Day Lost 2017/18 to 2019/20*

All categories, except for the 28+ day category show a positive trend. The 28+ days category shows an increased absence pattern for 2019/20.

We will work with POD colleagues to gather further information on the causation of 28+ accidents/injuries as well as the reasons for limited or no information on the exact number of days lost.

**Action Points:**

• HS to consider the root causes of 28+ day accidents this financial year and work with business partners to identify improvements; and

• Managers to ensure that complete information is recorded within the health and safety management system in relation to lost working time.

**Three Most Common Accident/Injury by Causation**

| 2017/18 | | 2018/19 | | 2019/20 | |
|---|---|---|---|---|---|
| Manual Handling/ Body Movement | 55 | Manual Handling/ Body Movement | 81 | Manual Handling/ Body Movement | 77 |
| Slips, Trips & Falls | 57 | Slips, Trips & Falls | 36 | Slips, Trips & Falls | 24 |
| Hot / Cold | 29 | Hot / Cold | 20 | Hot / Cold | 24 |

*Table 8: Three Most Common Accident/Injury by Causation*

The most common cause of accidents/injuries across the SFRS remains manual handling/body movements accounting for 36% (77 of 212) of the total reported. The percentage falling into this category is consistent with the previous reporting year however numerically there where been 4 less manual handling/body movement related accidents/injuries reported.

Further analysis shows 39% (30 of 77) of all manual handling/body movement accident /injuries occurred during operational incidents representing an increase of 8% in this category and a numerical increase of 1 when comparing to previous reporting year. A further 38% (29 of 77) occurring whilst undertaking training representing a decrease of 11% in this category and a numerical decrease of 11 when comparing to previous reporting year. 23% (18 of 77) occurred whilst undertaking non-operational duties representing an increase of 8% and a numerical increase of 6 when comparing to previous reporting year.

10% (8 of 77) occurred whilst using ladders, 62% (5 of 8) of which occurred whilst undertaking training. Using hose, casualty handling and the lifting of BA sets each accounted for 8% (6 of 77) of the total.

Data shows that a manual handling/body movement accident/injury is sustained every 3,054 operational incidents attended representing an increase of 4% in this category and a numerical increase of 130 when comparing to the previous reporting year.

Slips, trips and falls, the second most common cause of accidents/injuries accounting for 11% (24 of 212) of the total accidents/injuries reported during 2019/20 representing a decrease of 5% in this category and a numerical decrease of 12 when comparing to previous reporting year. 42% (10 of 24) of the total reported occurred at operational incidents representing a decrease of 16% and numerical decrease of 11 when compared to the previous reporting year. A further 33% (8 of 24) occurred whilst undertaking non-operational duties representing an increase of 5% and a numerical increase of 2 when comparing to previous reporting year, with 75% (6 of 8) occurring in either SFRS car parks or appliance bays representing a 25% increase and numerical increase of 1 when comparing to previous reporting year. Finally, 25% of slips, trips and falls (6 of 24) occurred whilst undertaking training representing an increase of 11% and numerical increase of 1 when comparing to previous reporting year, with the majority, 67% (4 of 6) occurring during SDA led training, all occurred during refresher BA Search and Rescue and Swift Water training representing an increase of 27% and numerical increase of 2 when comparing to previous reporting year.

A slip, trip and fall accident /injury occurs every 9,161 operational incidents attended a 11% decrease from previous reporting year which recorded 1 in every 8,395 operational incidents. 33% (8 of 24) of slips, trip and falls were attributed to non-operational duties representing an increase of 5% in this category and a numerical decrease of 2 when comparing to the previous reporting year.

The third most common cause of accidents/injuries reported to date is hot/cold accounting for 11% (24 of 212) of all accidents/injuries reported representing a 1% increase from the previous reporting year. All events reported occurred within the station kitchen area with 50% (4 of 8) attributed to using an oven.

**Action Points:**

- Health and Wellbeing have re-established the MSK Injury Reduction Group, they will continue to look at further risk reduction actions;

- Training standards to include safe manual handling and body movement;

- SDAs to promote operational situational awareness and behavioural safety in relation to manual handling/body movement; and

- Catering risk assessment and a suite of safe systems of work to be developed.

**SFRS NEAR MISSES BY SDA/DIRECTORATE**

When considering the number of near misses in relation to the number of RIDDOR reportable events we see a ratio of 8:1 which is an improvement on the 5:1 ratio reporting for previous reporting year.

**Near Misses by SDA/Directorate - 2017/18 to 2019/20**



| 2017/18 | 2018/19 | 2019/20 |
| --- | --- | --- |

**North**
62 · 48 · 32

**East**
51 · 74 · 76

**West**
33 · 51 · 59

**Strategic Planning, Performance and Communications**
0 · 0 · 0

**Finance and Contractual Services**
2 · 7 · 8

**People and Organisational Development**
0 · 2 · 0

**Prevention and Protection**
1 · 0 · 0

**Response and Resilience**
4 · 3 · 8

**Training and Employee Development**
15 · 18 · 16
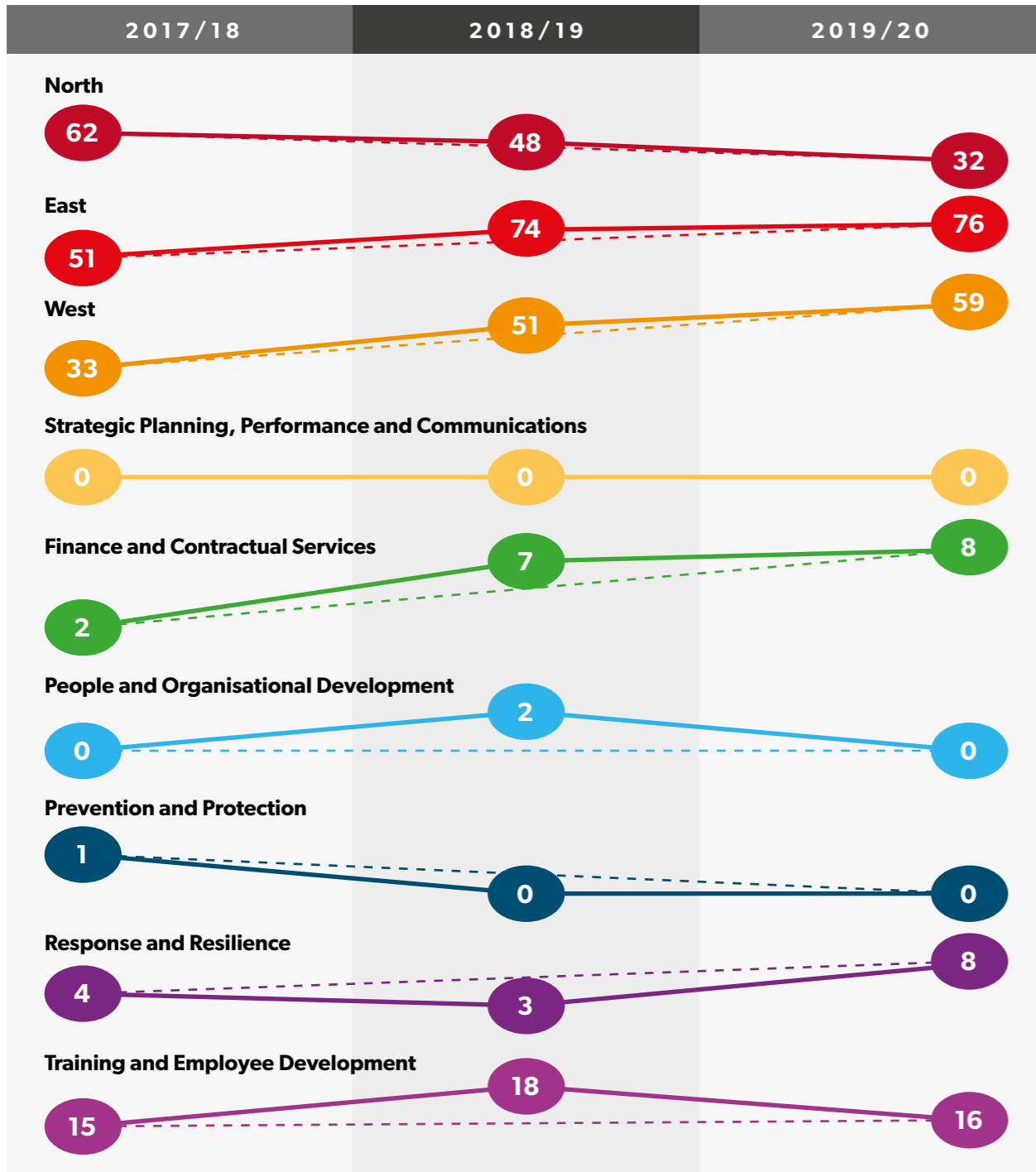
*Figure 9: Near Misses by SDA/Directorate 2017/18 to 2019/20*

Near Miss reporting continues to increase over the three-year period within the ESDA, WSDA, Finance and Contractual Services (FCS), R&R, and TED, although the numerical values within FCS and R&R are very low.

**Near Misses by SDA/Directorate**

| SDA/Directorate | 2017/18 | 2018/19 | 2019/20 |
| --- | --- | --- | --- |
| North | 62 | 48 | 32 |
| East | 51 | 74 | 76 |
| West | 33 | 51 | 59 |
| Strategic Planning, Performance and Communications | 0 | 0 | 0 |
| Finance and Contractual Services | 2 | 7 | 8 |
| People and Organisational Development | 0 | 2 | 0 |
| Prevention and Protection | 1 | 0 | 0 |
| Response and Resilience | 4 | 3 | 8 |
| Training and Employee Development | 15 | 18 | 16 |
| **Total** | **168** | **203** | **199** |

*Table 9: Annual Near Miss Totals*

Operational near misses accounted for 36% (71 of 199) of the total reported representing a 4% decrease in this category and a numerical reduction of 9 when comparing to the previous reporting year. However, given the corresponding reduction in operational related accidents/injuries this reduction is considered a positive trend.

30% (59 of 199) of near miss events occurred during non-operational activities, representing a 2% decrease and a numerical reduction of 3 from the previous reporting year. 14% (8 of 59) related to property issues e.g. tiles falling and 10% (6 of 59) related to contractors e.g. disturbing building fabric, representing a 6% increase in property related near miss from previous reporting year, there were no other notable trends.

35% (69 of 199) of all near misses reported were associated with training activities, representing a 5% increase in this category and a numerical increase of 8 when comparing to the previous reporting year.

81% (56 of 69) occurred during SDA led training an increase of 9% and a numerical increase of 12 on the previous reporting year, with 88% (49 of 56) occurring during refresher training an increase of 2%

and a numerical increase of 11 when comparing to the previous reporting year.

19% (13 of 69) occurred during TED led training with 54% (7 of 13) occurring during refresher and 46% (6 of 13) initial training.

The most common type of training being carried out when a near miss event occurred was during BA related training, 40% (28 of 69) with 71% (20 of 28) occurring during SDA led training. 25% (5 of 20) of these occurred in Dumfries LSO area and were suspected free flow incidents, however this could not be replicated under test conditions.

**Action Points:**

- Managers to ensure that all staff are reminded of the need for reporting of near miss events and the benefits of doing so;

- TED will continue to monitor event trends through regional HSLOs in conjunction with Health and Safety; and

- SDAs to consider the relationship between accident injuries and near miss reporting.
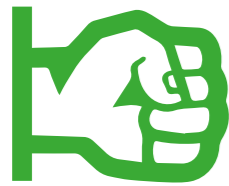
**SFRS ACTS OF VIOLENCE**

**Acts of Violence by SDA/Directorate - 2017/18 to 2019/20**
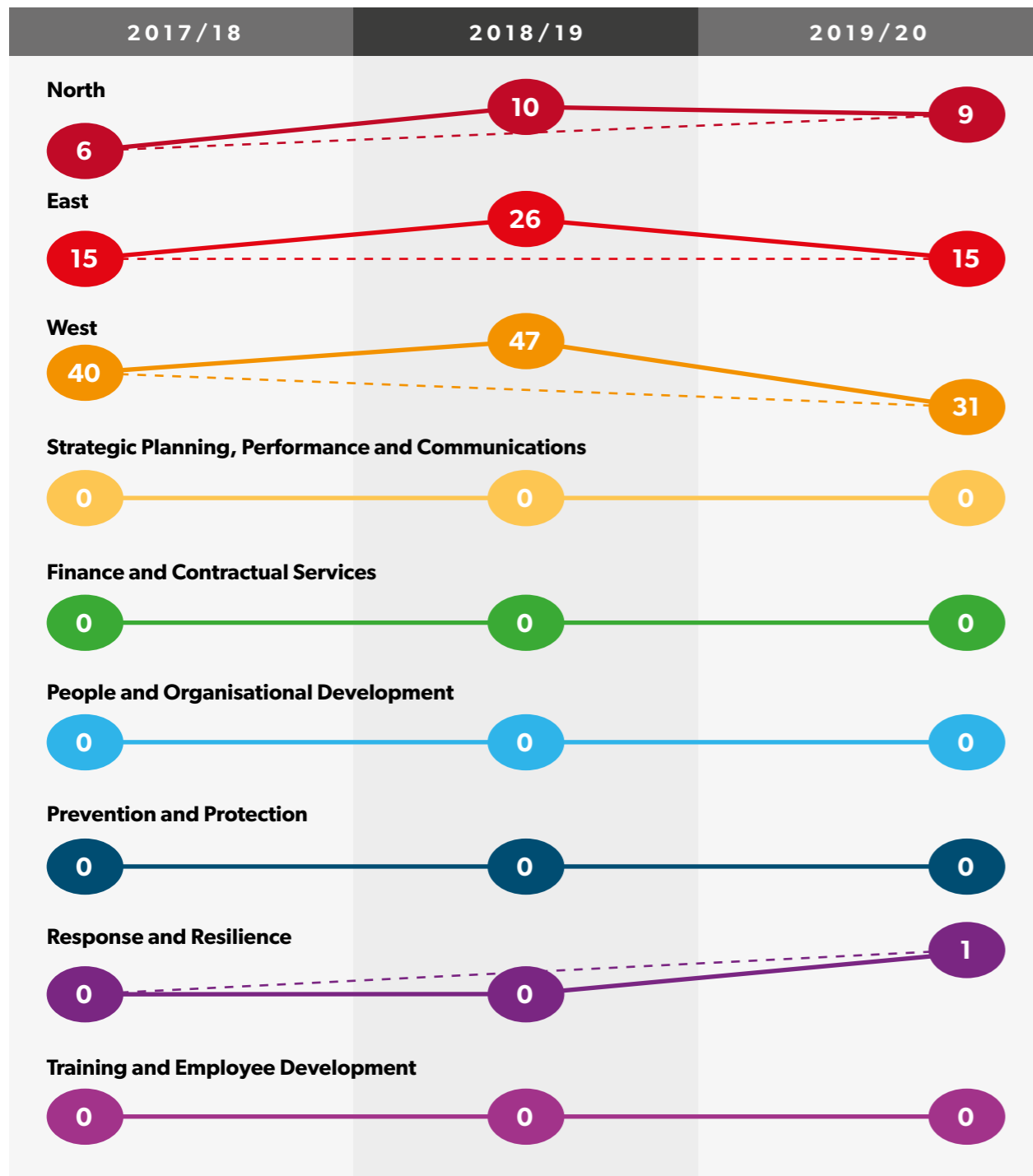


Figure 10: Quarterly Totals Chart for Acts of Violence by SDA/Directorate 2017/18 to 2019/20

There has been a steady underlying decreasing trend of AOV reported over the three-year period, with the exception of the NSDA and R&R showing an increasing trend, albeit the numerical value for the Directorate is extremely low.

Bonfire night period (01/11 – 09/11) accounted for 18% (10 of 56) of AOV, this shows a decrease of 2% when comparing to the previous reporting year. 80% (8 of 10) occurred within the WSDA showing an increase of 15% and a numerical increase of 7 for that period in the previous reporting year.

**Acts of Violence by SDA/Directorate**

| SDA/Directorate | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| North | 6 | 10 | 9 |
| East | 15 | 26 | 15 |
| West | 40 | 47 | 31 |
| Strategic Planning, Performance and Communications | 0 | 0 | 0 |
| Finance and Contractual Services | 0 | 0 | 0 |
| People and Organisational Development | 0 | 0 | 0 |
| Prevention and Protection | 0 | 0 | 0 |
| Response and Resilience | 0 | 0 | 1 |
| Training and Employee Development | 0 | 0 | 0 |
| Total | 61 | 83 | 56 |

Table 10: AOV Annual Totals

The total number AOV reported shows improvement of 33% (83 to 56) when comparing to the previous reporting year. This is associated with the significant decrease in AOV in both ESDA and WSDA, this is attributed to SDAs continual engagement with partner agencies in working to reduce AOV.

61% (34 of 56) of the total AOV reported involved missiles or thrown objects representing a 1% increase in this category and a numerical decrease of 14 when comparing to the previous reporting year.

A further 18% (10 of 56) were attributed to verbal abuse to crews representing an 8% decrease in this category and a numerical decrease of 11 when comparing to the previous reporting year. 18% (10 of 56) were physical assault by a person representing a 6% increase in this category with no numerical change when comparing to the previous reporting year. One of the physical AOV reported resulted in a Ff sustaining a back injury after being struck by a van. Police attendance was requested in 60% (6 of 10) of the physical AOV with 40% (4 of 10) considered as Reportable under the Emergency Workers (Scotland) Act 2005. However, to date there have been no associated prosecutions.

95% (53 of 56) of AOV reported occurred at operational incidents, representing an 8% increase in this category and a numerical increase of 19 events when comparing to the previous reporting year. 66% (35 of 53) occurred at secondary fires representing a decrease of 10% from the previous reporting year, with 20 less events. 15% (8 of 53) in response to FDRs which is consistent with the previous reporting year. Data shows a 100% increase in AOV reported at special service with 6 events reported, 50% (3 of 6) were attributed to physical by person which included a Ff being struck by a vehicle.

A Ff was subjected to an AOV every 1,636 operational incidents attended, compared with every 1,117 in 2018/19 and 1 every 1, 698 in 2017/18.

Police assistance was requested in 84% (47 of 56) of AOV with 18% (10 of 56) considered as Reportable under the Emergency Workers (Scotland) Act 2005. However, there have been no associated prosecutions.

**Action Points:**

- SDAs to reinforce the need for crews under attack to request assistance of Police Scotland using the following messages:

- 'Immediate Police assistance required, crews under attack' or 'Police assistance required, crews under threat of attack' this is outlined within SFRS SOPs and SFRS Awareness Briefing – Request for Police Scotland Assistance at Operational Incidents' (6/12/2016); and

- SDA to continue meaningful engagement with partner agencies to further develop and enhance current arrangements to support the reduction of AOV.

**VEHICLE ACCIDENTS**

Analysis shows that 56% (140 of 249) of vehicle accident were attributed to operational incidents, this is consistent with the previous reporting year. A further 33% (83 of 249) were attributed to non-operational activities again this is consistent with the previous reporting year. Finally, 11% (26 of 249) were attributed to training, representing an 4% increase in this category and a numerical increase of 10.

**Vehicle Accidents by SDA/Directorate - 2017/18 to 2019/20**



| 2017/18 | 2018/19 | 2019020 |
|---|---|---|
| Non-Operational | | |
| 230 | 241 | 249 |
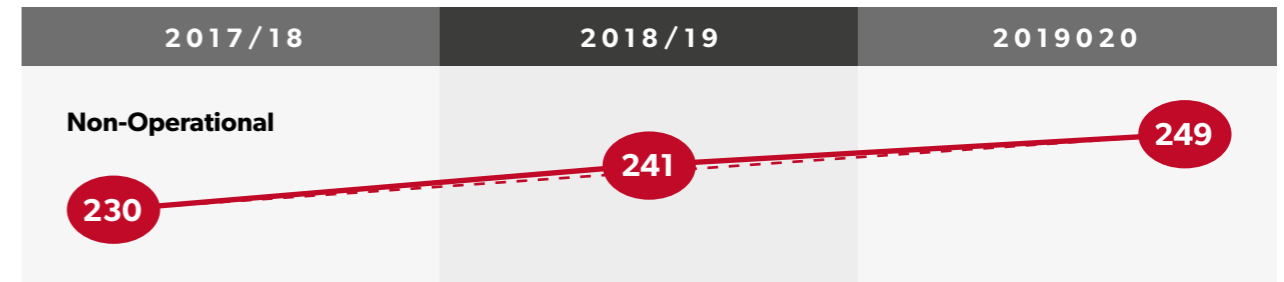
*Figure 11: Vehicle Accidents by SDA/Directorate 2017/18 to 2019/20*

**Vehicle Accidents by SDA/Directorate**

| SDA/Directorate | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| North | 59 | 52 | 42 |
| East | 58 | 74 | 72 |
| West | 99 | 94 | 116 |
| Strategic Planning, Performance and Communications | 0 | 0 | 1 |
| Finance and Contractual Services | 5 | 6 | 8 |
| People and Organisational Development | 0 | 1 | 0 |
| Prevention and Protection | 2 | 1 | 1 |
| Response and Resilience | 1 | 2 | 3 |
| Training and Employee Development | 6 | 11 | 6 |
| **Total** | **230** | **241** | **249** |

*Table 11: Vehicle Accidents Annual Totals*

There has been a 3% increase in vehicle accidents compared to the previous reporting year with low speed manoeuvres being the most common accident type across all areas. The most significant increase has been in the WSDA which has seen a 23% increase over the period and the most significant improvement has been seen within the NSDA where there has been a 19% decrease in vehicle accidents.

**Vehicle Accidents by SDA/Directorate by Activity**

| SDA/Directorate | Non-Operational | Operational | Training | Total |
|---|---|---|---|---|
| North | 6 | 28 | 8 | 42 |
| East | 21 | 42 | 9 | 72 |
| West | 39 | 70 | 7 | 116 |
| Strategic Planning, Performance and Communications | 1 | 0 | 0 | 1 |
| Finance and Contractual Services | 8 | 0 | 0 | 8 |
| People and Organisational Development | 0 | 0 | 0 | 0 |
| Prevention and Protection | 1 | 0 | 0 | 1 |
| Response and Resilience | 3 | 0 | 0 | 3 |
| Training and Employee Development | 4 | 0 | 2 | 6 |
| **Total** | **83** | **140** | **26** | **249** |

*Table 12: Activity Undertaken Annual Totals*

Operational related vehicle accidents remain the most common accounting for 56% (140 of 249) of the total reported during 2019/20. However, this represents a 4% decrease in this category when comparing to the previous reporting year and a numerical decrease of 5 events.

A vehicle accident is reported every 654 operational incidents attended representing a 3% decrease in this category and a numerical decrease of 17 when comparing to the previous reporting year. When considering the data by SDA a vehicle accident occurred every 667 operational incidents attended in the NSDA compared to 677 and remaining consistent percentage wise with the previous reporting year. In the WSDA a vehicle accident occurred every 639 operational incidents attended compared with 664 the previous reporting year, this represents an increase of 4%. Finally, in the ESDA a vehicle accident occurred every 673 operational incidents compared to 578 in the previous reporting year which is a decrease of 16%.



| 67 | 16 | 9 | 6 | 42 |
| Mobilising | Initial | Developing | Closing | Returning |

*Figure 12: Phases of Operational Incidents Annual Totals*

48% (67 of 140) of operational related vehicle accidents were attributed to mobilising representing a 2% increase in this category and a numerical decrease of 6 when comparing to the previous reporting year. Initial and returning phase vehicle accidents both increased by 2%, the developing phases decreased by 2% and closing phase vehicle accidents remained the same when compared to the previous reporting year.

Of the vehicle accidents attributed to operational incidents, 53% (74 of 140) occurred at slow speed representing an 11% decrease in this category and numerical decrease of 19 when comparing to the previous reporting year. 77% (57 of 74) of slow speed vehicle accidents occurred whilst moving forward an increase of 2% in this category and numerically 13 less events when comparing to the previous reporting year. 41% (30 of 74) of slow speed manoeuvres occurred during the returning phase of the incident with 80% (24 of 30) of these as a result of hitting something fixed or stationary e.g. parked cars.

A further 34% (47 of 140) of operational related vehicle accidents were attributed to driving under blue light conditions representing an increase of 5% in this category and a numerical increase of 3 when comparing to the previous reporting year.

26% (36 of 140) of the operational events reported occurred on A roads, representing an increase of 10% in this category and a numerical increase of 15 when comparing to the previous reporting year. 25% (35 of 140) occurred on urban roads representing a decrease of 1% in this category and a numerical decrease of 4.

15% (21 of 140) occurred on B roads representing a decrease of 2% and a numerical decrease of 4. A further 13% (18 of 140) occurred off road representing a decrease of 2% and a numerical decrease of 2.

11% (16 of 140) occurred in appliance bays representing a decrease of 1% in this category and a numerical decrease of 3.

Driver assistants were being used in 22% (31 of 140) of the vehicle accidents reported, this is consistent with the previous reporting year.

33% (83 of 249) of vehicle accident reported were attributed to non-operational activities, this is consistent with the previous reporting year. 45% (37 of 83) of which were attributed to other activities not specified representing an increase of 9% in this category and a numerical increase of 8 events when comparing to the previous reporting year.

A further 28% (23 of 83) were attributed to other duties, this is consistent with the previous reporting year. Finally, 24% (20 of 83) were attributed to community fire safety activities representing a 10% decrease in this category and a numerical decrease of 7 events when comparing to the previous reporting year.

69% (57 of 83) of the non-operational vehicle accidents involved the use of Fire Appliances representing an increase of 3% in this category and a numerical increase of 5 when comparing to previous reporting year. A further 20% (17 of 83) involved the use of SFRS white fleet representing a decrease of 1% in this category and numerically an increase of 2 when comparing to previous reporting year. The remaining 11% (9 of 83) involved private cars representing an increase of 4% in this category and a numerical increase of 3 events when comparing to the previous reporting year.

Finally, 11% (26 of 249) of vehicle accidents reported were attributed to training activities. 65% (17 of 26) were attributed to attending refresher training representing a 4% decrease in this category and a numerical increase of 6 events when comparing to the previous reporting year. 41% (7 of 17) occurred whilst attending Swift Water Rescue training representing an increase of 14% in this category and numerical increase of 4 when comparing to the previous reporting year.

86% (6 of 7) of training related vehicle accident involved boats during Swift Water Rescue training representing an 14% decrease in this category and a numerical increase of 3 when comparing to the previous reporting year. All of these events resulted in damage to the prop guard.

# 12. SIGNIFICANT EVENTS

The table below shows the number of significant investigations initiated during the 2019/20 reporting period and status of the associated investigation.

| Investigation Level | Number of Significant Investigations | Number Complete | % Complete |
|---|---|---|---|
| Level 2 | 27 | 13 | 48 |
| Level 3 | 7 | 1 | 14 |
| Level 4 | 2 | 1 | 50 |
| Total | 36 | 15 | 42 |

*Table 15: Number of Significant Investigations Initiated and status of the associated investigation*

Details of ongoing Level 3 and Level 4 investigations 2019/20 are provided below.

| Event Type | Level | Status (as at 29/04/2020) |
|---|---|---|
| Near Miss | 4 | Ongoing |
| | | **West SDA – Operational Incident** – BA Team of 4 became disorientated within tenement building. BA emergency declared. |
| Vehicle Accident | 3 | Ongoing |
| | | **North SDA – Operational Incident** – RRU vehicle sustained heat damage while rescuing a member of the public who had proceed into the path of an ongoing hill fire incident. |
| Accident Injury | 3 | Ongoing |
| | | **North SDA – Operational Incident** – HAZMAT (Special Service) Uncontrolled ammonia leak. 2 Ffs suffered effects of exposure to ammonia. |
| Near Miss | 3 | Ongoing |
| | | **West SDA – Operational Incident** – Loss of water; hose and branch failures. |
| Near Miss | 3 | Ongoing |
| | | **East SDA – Operational** – Crews working in potentially unsafe structure. |
| Near Miss | 3 | Ongoing |
| | | **West SDA – Training** – Following damage to prop guard, training continued resulting in further health and safety events occurring. |
| Accident Injury | 3 | Ongoing |
| | | **North SDA – Training** – During an exercise involving BA Search and Rescue operations, the Injured Person sustained partial amputation of ring finger of the left hand. |

*Table 16: Details on ongoing Level 3 and Level 4 Investigations*

# 13. LOOKING FORWARD 2020/21

**Health and Safety Functional Plan 2020/21**

During 2020/21, the newly titled Safety and Assurance Function will continue to work towards our objectives for this year, with a view to increasing the effectiveness of the HS management requirements as follows:

**Deliver rolling programme of SFRS HS Improvement Plans across the organisation**

• Develop the SFRS Annual Health and Safety Plan and bespoke SDA/Directorate Improvement Plans; and

• Facilitate the completion of plans through robust engagement and advice to business partners.

**Develop and implement a suite of Management Arrangements and where required supporting LCMS to provide managers with the tools to support legal compliance .**

• Develop Warehousing/Storage Management Arrangements and supporting LCMS module;

• Develop Lift Trucks Management Arrangements and supporting LCMS module;

• Develop Pressure Systems Management Arrangements and supporting LCMS module;

• Develop Confined Space Management Arrangements and supporting LCMS module; and

• Develop Organised Events Management Arrangements and supporting LCMS.

**Promote health and safety requirements through Service Transformation**

• Liaise with Response and Resilience to review and develop new documentation, primarily GRAs and SOPs.

**Develop and implement business processes that promote efficiency and compliance with GDPR**

• Develop and implement Safety and Assurance function internal business protocols handbook.

**Develop and implement ICT solutions to enhance HS**

• Develop various modules and liaise with ICT to create SFRS bespoke Health and Safety Management System, Think, Act, Stay Safe (TASS); and

• Develop "In Phase" to enhance the reporting functionality of the improvement plans.

**Develop and facilitate implementation of various risk reduction strategies**

• Manage a programme of hand-arm vibration and noise measurements;

• Advise on the implementation of face-fit testing for all respiratory protective equipment, excluding BA; and

• Support the work of the SFRS Contaminants Group by coordinating and developing responses to produce progress reports.

# 14. GLOSSARY OF TERMS

The following glossary is an alphabetical list of terms and/or abbreviations contained within the report with their corresponding meanings or explanations.

| Terms and/or abbreviations | Definitions and/or meanings |
| --- | --- |
| Accident/injury rate | The total number of reported accidents/injuries divided by total number of employees multiplied by 1,000 to give the accident injury rate per employee |
| AOV | Acts of Violence |
| BA | Breathing Apparatus |
| Critical Incident | As defined within the Control Operating Procedures for declaring critical incidents |
| DRA/ARA | Dynamic Risk Assessment and Analytical Risk Assessment |
| EHSMS | Electronic Health and Safety Management System |
| ESDA | East Service Delivery Area |
| Ff | Firefighter |
| GRA | Generic Risk Assessment |
| HR | Human Resources |
| HSE | Health and Safety Executive |
| HRE | Hydraulic Rescue Equipment |
| HS | Health and Safety |
| HSLO | Health and Safety Liaison Officer |
| HW | Health and Wellbeing |
| IC | Incident Command |
| LDV | Lung Demand Valves |

| | |
| --- | --- |
| LSO | Local Senior Officer |
| MSK | Musculoskeletal |
| Musculoskeletal | Referring to the musculoskeletal system including bones, ligaments, muscles, tendons, nerves and other connective tissues |
| NSDA | North Service Delivery Area |
| Operational Accident/Injury rate | Total number of reported accidents/injuries divided by total number of incidents multiplied by 100 to give the accident injury rate per incident attended |
| P&P | Prevention and Protection |
| POD | People and Organisational Development |
| R&R | Response and Resilience |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |
| RIG | Regional Improvement Group |
| RTC | Road Traffic Collision |
| SDA | Service Delivery Area |
| SFRS | Scottish Fire and Rescue Service |
| SOP | Standard Operating Procedure |
| SSOW | Safe System of Work |
| TED | Training and Employee Development |
| UIG | User Intelligence Group |
| WSDA | West Service Delivery Area |

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**Report No: C/PC/14-21**
**Agenda Item 13**

# Strategic Risk Summary

# Appendix 1a

| Strategic Risk | Description | SLT Risk Owner | Risk Rating |
|---|---|---|---|
| 1 | Ability to improve the safety and well-being of people throughout Scotland through the delivery of our services | Director of Service Delivery | 16 ⬆ |
| 2 | Ability to reduce the number of unwanted fire alarm signals and associated occupational road risk | Director of Service Delivery | 15 |
| 3 | Ability to collaborate effectively with partners and communities, to enhance service delivery and best value | Deputy Chief Officer | 12 |
| 4 | Ability to ensure legal and regulatory compliance | Director of Strategic Planning, Performance and Communications | 12 |
| 5 | Ability to have in place a suitably skilled, trained and motivated workforce that is well supported both physically and mentally | Director of People & Organisational Development & Director of Training, Safety and Assurance | 16 |
| 6 | Ability to have in operational use the necessary assets, equipment, supplies and services to enable the smooth running of the organisation, that exploit available technologies and deliver public value | Director of Finance and Contractual Services | 20 |
| 7 | Ability to deliver a high quality, sustainable service within the funding envelope | Director of Finance and Contractual Services | 12 |
| 8 | Ability to anticipate and adapt to a changing environment through innovation and improved performance | Director of Service Development | 12 |
| 9 | While Covid-19 remains a threat to health, the ability of SFRS to protect staff, partners and the public while meeting service delivery demands | Deputy Chief Officer | 16 |

# PC Aligned Directorate Risk Summary                Appendix 1b

| Strategic Risk ID | Strategic Risk | Directorate Risk | Risk Name | Directorate Risk | Risk Owner | Risk Rating |
|---|---|---|---|---|---|---|
| 4 | Legal and regulatory compliance | TSA005 | Health and Safety Legislation | There is a risk of SFRS not fulfilling its health and safety legislative requirements due to not completing the annual health and safety Improvement plans. This could affect the safety of our staff and communities, external scrutiny resulting in criminal or civil litigation and adverse publicity. | Head of Health and Safety and Assurance | 12 |
| 5 | Skilled, trained and motivated staff | TSA001 | Training Resources | There is a risk of there being insufficient staff capacity and resources available to meet Service demand due to the high levels of training demand and the impact on delivery from Covid-19 pandemic control measures or the impacts of EU Exit. This could result in political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and adversely impact upon the development pathway for staff. | Head of Training | 20 |
| 5 | Skilled, trained and motivated staff | FCS001 | Sufficient Capacity | There is a risk that FCS doesn't have sufficient capacity to undertake required workload due to increasing Covid-19 and other commitments.  This can result in reduced capacity to manage business as usual activities and other requirements placed upon the Directorate. | Director of Finance and Contractual Services / Heads of Function | 12 |
| 5 | Skilled, trained and motivated staff | POD004 | Staff Recruitment | The risk of being unable to support recruitment of staff across the SFRS, in a timely manner and aligned with workforce planning requirements resulting from prolonged recruitment processes or delayed/unplanned recruitment scheduling resulting in a rise in vacant posts and an inability of SFRS to deliver core services. | Head of People and Organisational Development | 12 |
| 5 | Skilled, trained and motivated staff | POD001 | Working Culture | The risk that a positive and transparent working culture cannot be achieved and aligned with SFRS Values because of a lack of inclusion initiatives, role modelling by senior leaders or consistency of message that results in low levels of employee engagement and performance. | Head of People and Organisational Development | 12 |

| Strategic Risk ID | Strategic Risk | Directorate Risk | Risk Name | Directorate Risk | Risk Owner | Risk Rating |
|---|---|---|---|---|---|---|
| 5 | Skilled, trained and motivated staff | TSA007 | Staff/Resources Impact of COVID-19 | There is a risk of there being insufficient staff capacity and resources available to meet Service demand with regard improvement plans and HSMS due to the significant impact of COVID -19 workstreams on HS staff. This could result in criminal /civil litigation and associated financial and reputational costs adverse scrutiny whether internal or external, impact on the well-being of staff. | Head of Health and Safety and Assurance | 12 |
| 5 | Skilled, trained and motivated staff | POD003 | Employee Relations | The risk of being unable to maintain a positive and productive employee relations climate across SFRS as a result of ineffective and no collaborate relationships with trade union colleagues that creates a hostile and fractious employee relations climate with employee discontent. | Head of People and Organisational Development | 9 |
| 5 | Skilled, trained and motivated staff | POD005 | Employee Wellbeing | The risk of not developing and providing wellbeing support to all SFRS employees, (both mental and physical health) resulting from a lack of resources, planning and co-ordination of wellbeing activity and support which results in higher levels of employee absence and lower levels of engagement. | Head of People and Organisational Development | 6 |
| 8 | Improve performance | TSA003 | Lessons Learnt | There is a risk of SFRS not learning lessons from experience, notable practice, innovation, investigations and case law because of not sharing lessons in a manner which encourages communication, engagement and securing ownership by risk owners. This could affect the safety of our staff and communities, resulting in adverse impact on reputation and external scrutiny | Head of Health and Safety and Assurance | 12 |
| 9 | Protect Staff Covid-19 | TSA002 | Staff Training | There is a risk of there being insufficient staff capacity and resources available to deliver training to staff due to the ability for our facilities to accommodate the previous numbers of students due to the need to observe social distancing protocols. This could result in the failure to deliver on the Training Needs Analysis (TNA), political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and the development pathway for staff. | Head of Training | 20 |

# PC Aligned Directorate Risk Actions

# Appendix 1c

| Strategic Risk | RiskID | Risk | Action Description | Owner | Due Date | Current Rating | Target Rating |
|---|---|---|---|---|---|---|---|
| 4 | TSA005 | Health and Safety Legislation | AOP - S03: Action 9: Provide quarterly progress reports to People Committee, Strategic leadership Team and The National Safety and Assurance Board (Q1-Q4 2020-21). | Head of Health and Safety and Assurance | 30/06/2020 | 12 | 9 |
| 4 | TSA005 | Health and Safety Legislation | AOP -S03 Action 9: Provide end of year performance report, for 2019/20, to People Committee, Strategic leadership Team and The National Safety and Assurance Board (Q4 2020-21). | Head of Health and Safety and Assurance | 31/03/2021 | 12 | 9 |
| 4 | TSA005 | Health and Safety Legislation | Function Plan - Implementation of audit programme to ensure robust implementation by risk owner (Q4 2020-21). | Head of Health and Safety and Assurance | 31/03/2021 | 12 | 9 |
| 5 | TSA001 | Training Resources | Implementation of Training Review recommendations (Ongoing - continuous improvement programme) | Head of Training | 31/03/2021 | 20 | 12 |
| 5 | POD001 | Working Culture | Implementation of Positive action strategy, engagement events and outreach activity (AOP, PA Strategy Mar 21) | Head of People and Organisational Development | 31/03/2021 | 12 | 6 |
| 5 | POD001 | Working Culture | Development of Modern Apprenticeships across SFRS Roll out of Career Ready Pilot (AOP / Mar21) | Head of People and Organisational Development | 31/03/2021 | 12 | 6 |

| Strategic Risk | RiskID | Risk | Action Description | Owner | Due Date | Current Rating | Target Rating |
|---|---|---|---|---|---|---|---|
| 5 | POD004 | Staff Recruitment | Review of WDS Firefighter Recruitment Process (Staff Survey Action Plan Sep 20) | Head of People and Organisational Development | 30/09/2020 | 12 | 8 |
| 5 | FCS001 | Sufficient Capacity | Annual Review of Finance and Procurement structures to ensure capacity is aligned with Service needs | Head of Finance & Procurement | 31/03/2021 | 12 | 8 |
| 5 | FCS001 | Sufficient Capacity | Create a business case for any change that requires additional budget | Head of Finance & Procurement | 31/03/2021 | 12 | 8 |
| 5 | FCS001 | Sufficient Capacity | Review of key business activities aligned to Covid requirements | Head of Finance & Procurement | 31/03/2021 | 12 | 8 |
| 5 | FCS001 | Sufficient Capacity | Working with R&R / SD and establishing operational deployment models. Awaiting the outcome of the Station and Appliances review which will influence our resources and targeted investment | Head of Asset Management | 31/03/2021 | 12 | 8 |
| 5 | FCS001 | Sufficient Capacity | Continue to stock pile fast moving products - PPE, medical supplies and fast-moving fleet spares - e.g. tyres. | Head of Asset Management | 31/03/2021 | 12 | 8 |
| 5 | POD001 | Working Culture | Leadership' and 'People' themes emerging as a work packages from the SFRS Reset and Renew Route Map | Head of POD | 31/03/2021 | 12 | 6 |
| 5 | POD004 | Staff Recruitment | Review of measures implemented to account for impact of COVID 19 and social distancing (COTAG Risk Register) | Head of POD | 31/03/2021 | 12 | 8 |
| 5 | TSA007 | Staff/Resources Impact of COVID-19 | Monitoring of capacity able to meet Service demand | Head of Health and Safety and Assurance | 31/03/2021 | 12 | 4 |

| Strategic Risk | RiskID | Risk | Action Description | Owner | Due Date | Current Rating | Target Rating |
|---|---|---|---|---|---|---|---|
| 5 | POD003 | Employee Relations | Review of WTF (AOP Mar 21) | Head of People and Organisational Development | 31/03/2021 | 9 | 6 |
| 5 | POD003 | Employee Relations | Review of Consultation and Negotiation Policy (AOP Mar 21) | Head of People and Organisational Development | 31/03/2021 | 9 | 6 |
| 5 | POD005 | Employee Wellbeing | Implement Mental Health Strategy (AOP Sep 20) | Head of People and Organisational Development | 30/09/2020 | 6 | 4 |
| 5 | POD005 | Employee Wellbeing | Strengthen Health and fitness arrangements (AOP Mar 21 | Head of People and Organisational Development | 31/03/2021 | 6 | 4 |
| 5 | POD005 | Employee Wellbeing | Reduce risk from Contaminants (AOP Mar 21 | Head of People and Organisational Development | 31/03/2021 | 6 | 4 |
| 5 | POD005 | Employee Wellbeing | Undertake an employee pulse survey to inform the future focus of the Covid 19 wellbeing group. | Head of People and Organisational Development | 31/03/2021 | 6 | 4 |
| 8 | TSA003 | Lessons Learnt | Develop management arrangements to ensure robust processes are in place for the identification and evaluation of risk information from internal and external sources | Head of Health and Safety and Assurance | 30/06/2021 | 12 | 6 |

| Strategic Risk | RiskID | Risk | Action Description | Owner | Due Date | Current Rating | Target Rating |
|---|---|---|---|---|---|---|---|
| 9 | TSA002 | Staff Training | Implementation of Training Review Recommendations (Ongoing continuous improvement programme) | Head of Training | 31/03/2021 | 20 | 12 |
| 9 | TSA002 | Staff Training | Decentralisation of business partnering model (Q4 - 2020-21) | Head of Training | 31/03/2021 | 20 | 12 |
| 9 | TSA002 | Staff Training | Analysis of a revision to the TNA to produce a gap analysis and thereafter to develop a training delivery proposal (Q4 - 2020-21) | Head of Training | 31/03/2021 | 20 | 12 |
| 9 | TSA002 | Staff Training | Scope out options to utilise temporary structures to increase venue capacity (Q4 2020) | Head of Training | 31/03/2021 | 20 | 12 |

RAG Status Description

| Green | On Track - action to be completed as planned |
|---|---|
| Amber | Behind Schedule - corrective action underway |
| Red | Behind Schedule - corrective action required |

# SCOTTISH FIRE AND RESCUE SERVICE

## *People Committee*

| | |
|---|---|
| **Report No:** | C/PC/18-21 |
| **Agenda Item:** | 14 |

| Report to: | PEOPLE COMMITTEE | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Meeting Date:** | **2 JUNE 2021** | | | | | | | |
| **Report Title:** | **ANNUAL VALUE ADDED STATEMENT 2020/21** | | | | | | | |
| **Report Classification:** | **For Scrutiny** | **Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9** | | | | | | |
| | | A | B | C | D | E | F | G |

| 1 | Purpose |
|---|---|
| 1.1 | The purpose of this report is to present the People Committee (PC) and Remunerations, Appointments and Nominations Sub-Committee (RANSC) Annual Value Added Statement 2020/21, outlining evidence of how the Committee supports the effective functioning of the Board. |

| 2 | Background |
|---|---|
| 2.1 | The Value Added Statement was introduced to support the Board's overall approach to reviewing the effectiveness of its Committee operating structure and further to this feeds into the Annual Governance Statement. |

| 3 | Main Report/Detail |
|---|---|
| 3.1 | A paper outlining the arrangements for reviewing the effectiveness of the Board and its Committees was approved at its meeting on 25 June 2020. The Annual Value Added Statement of this Committee will be appended to the subsequent paper which reports to the Board on these arrangements as supporting evidence. |

| 4 | Recommendation |
|---|---|
| 4.1 | The Committee is requested to scrutinise the contents of the Annual Value Added Statement 2020/21 as set out in Appendix A and provide feedback as necessary. |

| 5 | Key Strategic Implications |
|---|---|
| 5.1 5.1.1 | **Risk** The PC and RANSC are aware that the success of any organisation is critically related to the commitment and skill of its employees, and to its adherence to the culture and values it espouses and the importance that this is supported moving forward. |
| 5.2 5.2.1 | **Financial** The PC supported the work of the RANSC to lead negotiations on behalf of the employer for the harmonisation of RDS personnel terms and conditions and in respect of uniformed and support staff pay claims. |
| 5.3 5.3.1 | **Environmental & Sustainability** There are no environmental and sustainability implications arising from this report. |

| | |
|---|---|
| 5.4<br>5.4.1 | **Workforce**<br>The PC and RANSC review matters that relate specifically to the Scottish Fire and Rescue Service (SFRS) workforce. |
| 5.5<br>5.5.1 | **Health & Safety**<br>This report highlights the PC/RANSC contribution towards improving the Health, Safety and Wellbeing of all staff. |
| 5.6<br>5.6.1 | **Training**<br>This report will support the SFRS Annual Governance Statement which will be presented to the Board as part of the Annual Report and Audited Accounts for 2020/21. |
| 5.7<br>5.7.1 | **Timing**<br>This report will support the SFRS Annual Governance Statement which will be presented to the Board as part of the Annual Report and Audited Accounts for 2020/21. |
| 5.8<br>5.8.1 | **Performance**<br>Information contained within this report deems that there are no significant gaps in the performance of the PC or RANSC and its approach to scrutinising the monitoring and reporting arrangements of the SFRS. |
| 5.9<br>5.9.1 | **Communications & Engagement**<br>This report provides an opportunity for PC members to review the contents and provide feedback prior to its inclusion as part of the Annual Report and Audited Accounts for 2020/21. |
| 5.10<br>5.10.1 | **Legal**<br>Production of this report is consistent with Scottish Fire and Rescue Service (SFRS) Committee arrangements and generally accepted principles of good corporate governance.  Monitoring the review of People and Organisational Development policies further ensures compliance with legislative changes. |
| 5.11<br>5.11.1<br><br>5.11.2 | **Information Governance**<br>*DPIA completed ~~Yes~~/No. If not applicable state reasons.*<br><br>*No DPIA was required for this paper as it contains no personal information.* |
| 5.12<br>5.12.1<br><br>5.12.2 | **Equalities**<br>*EIA completed ~~Yes~~/No. If not applicable state reasons.*<br><br>Covered by the Corporate Governance Arrangements 2021 EIA. |
| 5.13<br>5.13.1 | **Service Delivery**<br>There are no service delivery implications arising from this report. |
| **6** | **Core Brief** |
| 6.1 | Not Applicable. |
| **7** | **Appendices/Further Reading** |
| 7.1 | Appendix A – PC / RANSC Annual Value Added Statement 2020/21 |

| Prepared by: | Heather Greig, Board Support Executive Officer |
|---|---|
| Sponsored by: | Primrose Stark, Chair of the SFRS People Committee & Remuneration, Appointments and Nominations Sub-Committee |
| Presented by: | Primrose Stark, Chair of the SFRS People Committee & Remuneration, Appointments and Nominations Sub-Committee |
| **Links to Strategy and Corporate Values** | |
| This links to SFRS Strategic Plan 2019-22 and contributes to Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services. | |

| Governance Route for Report | Meeting Date | Report Classification/ Comments |
|---|---|---|
| *People Committee* | *2 June 2021* | *For Scrutiny* |

## People Committee
## &
## Remuneration, Appointments and Nominations Sub-Committee

## Annual Value Added Statement

## 2020/21

### 1 Purpose

The purpose of this statement is to give an overview of the added value of the People Committee and Remuneration, Appointments and Nominations Sub-Committee over the period April 2020 – March 2021, in its role as a Committee supporting the work of the SFRS Board. The statement forms part of the annual review of effectiveness of the Board and its Committees, and is incorporated into the Service's Annual Governance Statement.

### 2 Background

The overall purpose of the PC and RANSC is to provide strategic advice and direction on matters affecting employees and to ensure that arrangements support the strategic aims and ethos of the SFRS.

During this reporting period, the People Committee functioned as the Staff Governance Committee, however, at its meeting on 29 April 2021, the Board approved a change of name from Staff Governance to People Committee.

### 3 Summary of the Committee's Work During 2020/21

Throughout the reporting period, the Committee has been keen to ensure that it focusses discussion and analysis around key aspects of work as detailed below.

Highlights of the work during the review period 2020/21 included:

- Workshop held in January 2021 to review the Committee's role and responsibilities and overall effectiveness. To reflect a more people focus of the evolving Committee and align with the learning and development culture of the Service, this review proposed a change in name of the Committee to become the People Committee.
- Actions taken regarding the Strategic Risk Register have continued to be monitored, with a focus included within papers/discussions to link back to any risks.
- Monitoring of People and Organisational and Development (POD) and Training, Safety and Assurance (TSA) Directorates progress and performance through regular monitoring reports and consideration of performance indicators.

- Positive progress was made around the Staff Survey action plans with strengthened staff engagement and improvement in communicating with staff across the Service being highlighted.
- The final review of the standardised Detached Duty provisions highlighted that the new arrangements were generally positively received and working well.
- The progress of the Training Strategy 2020-25 and the Continuous Improvement Programme continues to be monitored which will promote the development and delivery of high quality training to support organisational and individual performance throughout the Service.
- Risk spotlights undertaken to focus on specific areas such as training in relation to specialist skills.
- Review of HMFSI RDS Training Action Plan.
- Improvements and adaptions were made to recruitment and selection processes to improve performance and respond to challenges presented by the global pandemic. Workforce Planning have developed a five year resourcing profile which has supported the Leadership and Skills Development Team to review requirements against the retirement profile. Leadership invention and mentoring processes have been developed to support newly promoted post holders.
- The Mental Health Strategy was launched and widely welcomed across the Service.
- The "We are Positive About Disability - Guide to Reasonable Adjustments and Supporting Staff with a Disability" was launched and communicated across the Service.
- Workshop held around the Building the Future Together Programme.
- The Face Fit Testing – Disposable Respirators pilot programme had concluded and was deemed a successful and scalable project which could be rolled out across the Service. Unfortunately, due to COVID-19 and the restricted supplies for FFP3 face masks this has been postponed.

The Committee reviewed its Terms of Reference in January 2021 to ensure its focus and responsibilities remained current and relevant. The proposed amendments to the Terms of Reference, which included a change in name to the People Committee, were subsequently agreed by the Board in April 2021.

## 4       Future Work Priorities of the Committee

The business which comes before the PC does not vary significantly from year to year and is primarily intended to obtain assurances on behalf of the Board, who are the statutory employer of all SFRS staff, regarding matters affecting our people (employees). The RANSC formally report to the PC after each meeting. The business of the PC is set out in the Terms of Reference. Reviews of the POD and TSA Quarterly Performance Reports and Committee Forward Plan feature regularly on the PC agenda and these enable future work priorities to be set.

Work will continue to progress and achieve the six themes of "Our Commitment" (previously known as the Staff Governance Charter) as part of the Building the Future Together Programme (Organisational Effectiveness and Cultural Framework).

Ongoing monitoring of the People, Training, Finance and Assets systems review.

Continued development of the Working Together Framework.

Further enhancement of Talent Management and Development.

## 5    Actions to Improve the Committee's Governance Arrangements

The PC and RANSC Terms of Reference were reviewed and amended by the Committee's members in February 2021 and subsequently approved by the Board in April 2021. These will be kept under review as necessary throughout 2021/22.

Throughout this reporting year the Committee membership was reviewed with members remaining the same for the PC.  However, with the anticipated exit of Board members Primrose Stark and Anne Buchanan in June 2021 and the retiral of Board members William McQueen and Marieke Dwarshuis in July 2021, a further interim review was undertaken to allocate Board members as appropriate.  To provide greater resilience within the RANSC, Board members Fiona Thorburn and Mhairi Wylie were appointed with effect from 1 May 2021 with Chair of the Board Kirsty Darwent becoming a substantive member of RANSC as opposed to being ex-officio.  Upon appointment of new Board members in July 2021, a further review will be completed to maintain full membership of both the PC and RANSC.

A workshop to discuss the purpose and effectiveness of the Committee was held in January 2021 to obtain the Committee members views and to identify potential ways of making the Committee more effective.  Its outcomes were captured as part of the annual review to ensure continuous improvement in how the PC functions with the overall conclusion that the PC had the right skills and experience, was well led and well supported by POD and TSA colleagues, met with appropriate frequency, and provided good assurance to the Board.

The success of any organisation is critically related to the commitment and skill of its people (employees), and to its adherence to the culture and values it espouses. These in turn are underpinned by the policies and procedures it has in place, the arrangements and opportunities for learning, training and development of its people (employees) so they may attain their full potential, and the quality of engagement and relations between the organisation and its representative bodies.  The work of the PC and its RANSC seeks to assist the Chief Officer, the SLT, specifically the POD and TSA Directors and their teams to plan/deliver effective policies and actions in this regard, thereby providing appropriate assurance to the Board accordingly.  It is recommended that the PC and RANSC continue to operate in this capacity.

The Committee(s) continue to report matters as necessary to the Integrated Governance Forum for discussion amongst other Committee Chairs and this is still functionally effective.

**Primrose Stark**
**Chair of the People Committee and**
**Remuneration, Appointments and Nominations Sub Committee.**
**June 2021**

# SCOTTISH FIRE AND RESCUE SERVICE
## *People Committee*

**Report No:** C/PC/15-21

**Agenda Item:** 15

| Report to: | PEOPLE COMMITTEE |
|---|---|
| Meeting Date: | 2 JUNE 2021 |
| Report Title: | UK FIRE STANDARDS |

| Report Classification: | For Information Only | Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9 | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F | G |

| 1 | Purpose |
|---|---|
| 1.1 | The purpose of this report is to inform the People Committee (PC) of the Scottish Fire and Rescue Service (SFRS) current position in relation to the recently published Approved UK Fire Standards. |

| 2 | Background |
|---|---|
| 2.1 | The role of the Fire Standards Board is to oversee the identification, organisation, development and maintenance of professional Standards for fire and rescue services in England. |
| | The Board is responsible for approving Standards and the approach to their development. |
| | It will set the priorities for Standards development work. It will commission work based on proposals from third parties, monitor progress with ongoing work and approve completed work. |
| | It will seek to ensure that any Standards presented for approval have: <br> • Been developed in line with the agreed development process; <br> • Undergone appropriate consultation with subject matter experts and relevant stakeholders; and, <br> • Undergone an independent quality assurance process. |

| 3 | Main Report/Detail |
|---|---|
| 3.1 | The first four Fire Standards for Fire and Rescue Services in England were published on www.firestandards.org on 16 February 2021. |
| 3.2 | These initial Fire Standards have an operational response focus, outlining what front-line best practice should look like. |
| 3.3 | The standards are about identifying what it is to be prepared, how best to respond and then how to learn and embrace new thoughts and technologies to drive a culture of innovation and prevention. <br> The four Fire Standards are: <br> • Emergency response driving; <br> • Operational preparedness; <br> • Operational competence; and <br> • Operational learning. |

| | |
|---|---|
| 3.4 | The three operational response Fire Standards are underpinned by the National Operational Guidance (NOG). The key to services successfully achieving these Fire Standards is the successful implementation of NOG. |
| 3.5 | Supporting guidance and implementation support for all Fire Standards will be provided by the National Fire Chiefs Council (NFCC) drawing on their unique network and subject matter expertise. |
| 3.6 | The above standards only apply to the English Fire & Rescue Services; however, a benchmarking/review process has been undertaken to identify where the SFRS is in relation to these standards. This piece of work will assist in preparation for any future inspections which may be undertaken by HM Fire Service Inspectorate (HMSFI), where he may choose to use a version of these standards to guide the inspections regime. |
| 3.7 | The review was undertaken by staff from the Operations and the Training, Safety & Assurance Directorates working together to develop the final outcome report at Appendix A. The report is broken down into each standard, then what is required to meet the standard, and finally the evidence which the SFRS can provide to illustrate how we meet the standard. |
| 3.8 | As can be seen from the report, it is the opinion of the team who carried out the review that the SFRS meets the standards and can provide evidence to support that assessment. |
| 3.9 | No independent assessment has been carried out to date, its anticipated this may happen at a future HMFSI inspection. |

| 4 | **Recommendation** |
|---|---|
| 4.1 | The People Committee are asked to:<br>• Note the content of the report at Appendix A. |

| 5 | **Key Strategic Implications** |
|---|---|
| 5.1<br>5.1.1 | **Financial**<br>There are no financial implications associated with the recommendations of this report. |
| 5.2<br>5.2.1 | **Environmental & Sustainability**<br>There are no environmental implications associated with the recommendations of this report. |
| 5.3<br>5.3.1 | **Workforce**<br>There are no workforce implications associated with the recommendations of this report. |
| 5.4<br>5.4.1 | **Health & Safety**<br>There are no health and safety implications associated with the recommendations of this report. |
| 5.5<br>5.5.1 | **Training**<br>There are no training implications associated with the recommendations of this report. |
| 5.6<br>5.6.1 | **Timing**<br>As and when other Standards are published, a similar review/benchmarking exercise will be carried out to assess the SFRS. |
| 5.7<br>5.7.1 | **Performance**<br>There are no performance implications associated with the recommendations in this report. |

| 5.8<br>5.8.1 | **Communications & Engagement**<br>Consider a Communications Brief for Staff |
|---|---|
| 5.9<br>5.9.1 | **Legal**<br>There are no legal risks associated with the recommendations in this report. |
| 5.10<br>5.10.1 | **Information Governance**<br>There are no Information Governance implications associated with the recommendations of this report. |
| 5.11<br>5.11.1 | **Risk**<br>There are no risks associated with the recommendations of this report. |
| 5.12<br>5.12.1 | **Equalities**<br>An Equality Impact Assessment is not required for this this report. |
| 5.13<br>5.13.1 | **Service Delivery**<br>There are no Service Delivery implications with the recommendations of this report. |
| **6** | **Core Brief** |
| 6.1 | Not applicable |
| **7** | **Appendices/Further Reading** |
| 7.1 | Appendix A – Review of National Fire Standards |

| **Prepared by:** | John Dickie, Assistant Chief Officer |
|---|---|
| **Sponsored by:** | Ross Haggart, Deputy Chief Officer |
| **Presented by:** | John Dickie, Assistant Chief Officer |

| **Links to Strategy and Corporate Values** |
|---|
| Links to Safety & Teamwork Corporate Values. |

| **Governance Route for Report** | **Meeting Date** | **Report Classification/ Comments** |
|---|---|---|
| *Strategic Leadership Team* | *28 April 2021* | *Decision* |
| *People Committee* | *2 June 2021* | *Information Only* |

# Review of National Fire Standards

- **Emergency Driving Response**

- **Operational Preparedness**

- **Operational Competence**

- **Operational Learning**

**FIRE STANDARD - EMERGENCY RESPONSE DRIVING**

| | |
|---|---|
| Business Area / Capability: | Service Delivery - Response |

| | | |
|---|---|---|
| SFRS Review Undertaken By: Mr David Gibson | Date: | 26 February 2021 |

**DESIRED OUTCOME**

*For all employees who drive using blue lights and claim any legal exemptions for a fire and rescue service purpose, to have been trained in a consistent way so that they drive safely, in line with the requirements of their role and in accordance with relevant legislation.*

*For all response driver training instructors and assessors to be qualified in accordance with the relevant legislation.*

What is required to meet the Fire Standard

A Fire and Rescue Service **Must:**

| Fire Standard | Standard Met | Evidence |
|---|---|---|
| Comply with legislation and guidance that applies to emergency response driving | Yes | All Scottish Fire & Rescue Service (SFRS) Emergency Response Driver Training (ERDT) Instructors are fully qualified in accordance with the formerly named High Speed Driver Training (HSDT) Codes of Practice, now the NFCC Emergency Response Driver & Instructor (EMD&I) and to meet the requirements of Road Safety Act (RSA) Section19 (*not yet enacted*) as far as reasonably practicable. SFRS Personnel who are required to drive under Emergency Response (ER) conditions are trained and assessed to meet the same standards are required to maintain that competence. There is also a SFRS requirement to Re-assess all drivers at regular intervals in line with UK Road Traffic Legislation. |
| Adopt and align their emergency response driver training to the NFCC Emergency Response Driver and Instructor Framework | Yes | SFRS Driver Training personnel are actively involved with the NFCC Driver Training Advisory Group (DTAG) and have provided much of the documentation and systems of work, those include ERDT Instructor Course and Quality Assurance Policy. SFRS are currently seen as a benchmark within the UK. |

| | | |
|---|---|---|
| Adopt and align their emergency response driver instructor training to the NFCC Emergency Response Driver and Instructor Framework | Yes | The ERDT Instructor course currently in place within SFRS, is being considered as the National Standard with UK Fire Services. This course content and detail has been provided to NFCC and is currently undergoing some scrutiny and trialling. |
| Ensure that records of driver competency and refresher training are kept and maintained | Yes | All SFRS personnel who are required to drive ER for and on behalf of SFRS have a Driver Training Portfolio which is kept centrally and is also available on iTrent system for ease of access as required.  All drivers are also required to record all driving undertaken on PDRPro, all ER drives must include an incident number to as evidence of an ER Drive. |
| Ensure that their driver training provision is periodically independently quality assured | Yes | Driver Training Instructors are required to be re-Assessed every 3 years and all frontline personnel are re-assessed every 5 years, as per NFCC Guidelines. The ERDT Instructor Course is assessed by Police Scotland to ensure that standards are maintained.  SFRS does have a Quality Management System (QMS) process which is implemented every four months with each Service Delivery Area (SDA) Training Centre being Quality Assured by their peers. |
| A Fire and Rescue Service **Should**: | | |
| Engaging on the NFCC Workplace online forum | Yes | All SFRS Driving Instructors are actively involved and monitor the NFCC Workplace online forum for any information which will be of use, they are also happy to provide any assistance as and when required to any other FRS which seek such assistance. |
| Supporting the national Driver Training Advisory Group (DTAG) through regional structures | Yes | SFRS are well represented within the NFCC DTAG but SFRS are considered a region rather than a country with a hugely diverse area covering every aspect of driving both on and off-road and in a large range of vehicles and environments. So SFRS are happy to provide their colleagues throughout the UK FRS to overcome any logistical issues they may have. |

| Considering appropriate representation at relevant national events and conferences | Yes | SFRS are well represented within the UK at all National Events such as NFCC DTAG, Scottish Road Safety Act (ScoRSA) and Road Scotland events to try and ensure that our involvement is well known and that we are an active participant in Road Safety. |
|---|---|---|

**Expected Benefits of Achieving the Fire Standard**

1. Improved road safety for the public and employees evidenced by:
   - Reduction in the number of low and high-speed collisions when responding
   - Reduction in injuries

2. Defined route to competency by alignment to the framework and improved driver safety

3. Compliance with related legislation, guidance and DfT Codes of Practice which supports:
   - Interoperability through collaboration of blue light resources
   - Opportunity for intra-service driver training provision
   - More efficient transfer of appropriately trained and competent personnel between services

**FIRE STANDARD – OPERATIONAL PREPAREDNESS**

| | |
|---|---|
| Business Area / Capability: Service Delivery - Response | |
| SFRS Review Undertaken By: GC William Pollard | Date: 23 February 2021 |

**DESIRED OUTCOME**

*A fire and rescue service that is prepared for responding to emergencies, as identified through its risk management planning. Operational preparedness includes having in place:*
- *Competent operational and fire control personnel*
- *Appropriate resources, vehicles, equipment and systems*
- *Comprehensive operational policies, procedures, tailored guidance and training*

*Operational preparedness includes being able to safely and effectively respond to emergencies, whether:*
- *As a single service*
- *Working with other local or regional fire and rescue services*
- *Working with the National Resilience capabilities*
- *Working in a multi-agency structure*

| What is required to meet the Fire Standard |
|---|
| A Fire and Rescue Service **Must:** |

| Fire Standard | Standard Met | Evidence |
|---|---|---|
| Fire and Rescue Services must be able to evidence consideration of and actions taken in relation to these key activities:<br>• Legislative responsibilities<br>• Data management<br>• Risk management<br>• Health and safety management<br>• Site-Specific Risk Information | Yes | Training competence delivered through the Training for Competence policy. Recording of competence and performance management is captured by PDRpro software and report back to the Local Senior Officers / individuals.<br><br>Operational Learning is captured via our Operational Assurance (OA) process and any recommendations to our training materials / processes are implemented via action plans. |

| | | |
|---|---|---|
| - Emergency response plans<br>- Operational assurance<br>- Competence and training, including validation and revalidation<br>- Operational learning<br>- Participation in legal proceedings relating to operational training or activity | | Recommendations from Accident investigations and legal inquiries are also captured via working groups and action plans.<br><br>Training For Operational Competence Policy<br>Information Governance<br>Operational Intelligence<br>Operational Assurance |
| Undertake all appropriate risk assessments, as required under legislation, to prepare for an operational response | Yes | Generic Risk Assessment's (GRA) are in place to support training activities to prepare for an operational response.<br><br>Training Generic Risk Assessments<br>Health and Safety Policy<br>Health and Safety Management Arrangements |
| Review existing cover models, resources, equipment and training against all appropriate risk assessments | Yes | SDMP project which is operational is reviewing existing and future cover models, and considers a number of factors including the Community Risk Index Model (CRIM) |
| Carry out capabilities-based planning to support emergency preparedness and response from a national to a local level | Yes | National training needs analysis produced yearly and training programmed to reflect/support the National preparedness through course delivery.<br>Capabilities Concepts of Operations Developed with Capability Leads in place for all National and Scottish Assets.<br>Capabilities Concept of Operations |
| Determine their responsibilities for operational response and be fully prepared to deliver them | Yes | All response models are analysed by the Operations Function and Control Operational Procedures in place to mobilise resources.<br>All aspects of the Fire Scotland Act 2005, and Civil Contingencies Act 2004 lay out responsibilities for responding to operational incidents. These responsibilities are then detailed within SFRS Strategic Plan and Local Senior Officers Area Plans. |

| Have a health and safety policy for the operational environment that clearly outlines the responsible parties and their obligations | Yes | Health and Safety Policy<br>Health and Safety Management Arrangements<br>ICPOG |
|---|---|---|
| Undertake a review of how the organisation is structured and functions, to confirm its ability to support operational preparedness; if there are any gaps identified there should be a clear plan for making appropriate changes | Yes | The Organisational Structure is reviewed on a regular basis, including a restructure of the Operations function and ongoing review of Service Delivery Directorate as detailed in the 21-22 AOP<br>Gap analysis is carried out in relation to capabilities, and regular reviews of staffing arrangements are carried out through the Operational Availability Group. |
| Develop and embed operational policies, procedures and tailored guidance based on the National Operational Guidance, unless by evidenced exception its content is not relevant to the service | Yes | Current Training Standards and Standard Operating Procedures are founded from National Operational Guidance.<br>National Training Standards<br>Standard Operating Procedures |
| Deliver the strategic actions provided in the suite of National Operational Guidance, unless by evidenced exception a strategic action is not relevant to the service; the strategic gap analysis tool may be used to support this process | Yes | Current Training Standards and Standard Operating Procedures are founded from National Operational Guidance. A Group Commander has the specific responsibility to review NOG and provide updates to the Training Subject matter experts. This is also captured by Operations through the NFCC.<br>National Training Standards<br>Standard Operating Procedures |
| Train its operational and fire control personnel to use the hazard and control measure approach provided in the National Operational Guidance, applying risk assessment, decision-making and risk management skills | Yes | Specific modules exist with the online training portal for Risk assessing and decision making. These areas are fully embedded within the delivery of all training courses. In depth training is captured via Incident Command Training, Safety Training and is fully referenced in SFRS Policy and procedures. This knowledge and understanding supports Safe Systems of Work (SSOW) being implemented throughout operational incidents.<br>Command and Control Training Standard |

| Align relevant policies, procedures and tailored guidance in preparation for working with other fire and rescue services or responder agencies | Yes | Operational Policy and Procedures are set by the Operations Directorate and where required align to JESIP principles. Incident Command POG

The Training Function has its own Strategy based on the SFRS Strategy. Training Strategy 2021-2025 |
|---|---|---|
| A Fire and Rescue Service **Should**: | | |
| NIL | | |
| **Expected Benefits of Achieving the Fire Standard** | | |

Expected benefits of achieving this Fire Standard include:

1. Comprehensive and accurate risk management processes to protect fire and rescue service employees and the community, backed by national expertise

2. Simpler processes for the development of policies, procedures and tailored guidance by aligning methods for the identification of local hazards and control measures with the National Operational Guidance

3. The ability for those outside the service, including coroners or those responsible for matters such as public inquiries, to recognise and acknowledge that the service has a sound body of intelligence and good practice on which its activities are based.

4. For inspectorates, including Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services and the Health and Safety Executive, to be able to base their expectations of the operational preparedness of the service on:
   - adherence to the legislative requirements for operational preparedness
   - how comprehensively the National Operational Guidance has been considered and applied

5. Achievement of occupational competence, that is the ability to consistently achieve the stated outcome of workplace performance; competence and training policies should be established for the roles of all employees and, where applicable, they should be based on the National Operational Guidance.

6. Constant improvement to the quality of service provided to the public

| FIRE STANDARD -  OPERATIONAL COMPETENCE | |
| --- | --- |
| Business Area / Capability:        Service Delivery - Response | |
| SFRS Review Undertaken By:  GC William Pollard | Date:   23 February 2021 |

**DESIRED *OUTCOME***

*A Fire and Rescue Service with competent operational and fire control personnel, who have been trained to use the hazard and control measure approach provided in the National Operational Guidance, applying risk assessment, decision-making and risk management skills.*

*Operational competence provides the structure for a safe and effective response to emergencies, whether:*
- *As a single service*
- *Working with other local or regional fire and rescue services*
- *Working with the National Resilience capabilities*
- *Working in a multi-agency structure*

| What is required to meet the Fire Standard | | |
| --- | --- | --- |
| A Fire and Rescue Service **Must:** | | |
| **Fire Standard** | **Standard Met** | **Evidence** |
| Comply with health and safety legislation when delivering an operational response | Yes | Staff required to provide an operational response are suitably and sufficiently training to do so. From acquisition training to the maintenance of skills schedule, enables our staff to reach and maintain a level of competence aligned to the training standards. Training For Operational Competence Policy |
| Base their operational policies, procedures and tailored guidance on National Operational Guidance, unless by exception its content is not relevant to the service | Yes | Current Training Standards are founded from National Operational Guidance and SFRS Policy and Procedure.  A Group Commander has the specific responsibility to review NOG and provide updates to the Training Subject Matter Experts. This is also captured by Operations through the NFCC. |

| | | |
|---|---|---|
| Have policies, procedures and tailored guidance in place, that provide operational and fire control personnel with current information and instructions about foreseeable hazards and the control measures that can be applied | Yes | National Training Standards<br><br>Training Content is founded from the Generic Risk Assessments for the incident types and based on the guidance within the National Operational Guidance. Training GRA's have been produced to support the Hazard and risks of specific Training Events and Topics.<br><br>Training Generic Risk Assessments |
| Base their training for operational and fire control personnel on National Operational Guidance | Yes | |
| Train operational and fire control personnel to a level of competence that enables them to carry out operational activities safely and effectively; this includes the ability to recognise hazards and put effective control measures in place to mitigate those hazards | Yes | |
| Be following the tactical actions provided in the suite of National Operational Guidance, unless by exception a tactical action is not relevant to the service | Yes | |
| Be able to evidence how their policies, procedures and tailored guidance are linked to the training of operational and fire control personnel | Yes | Our Policies, Procedures form the basis of our Training Standards.<br>SFRS Policies and procedures are referenced in training materials and linked with the Online Learning Platform LCMS. |
| Be able to evidence any exceptions to National Operational Guidance, with an appropriate impact assessment | Yes | We have not put in place exemptions to national standards, however we do have an Impact assessment in place should we need to. |
| Develop working arrangements with other fire and rescue services and responder agencies, to improve their operational response to multi-agency incidents. | Yes | Regular Consultations are held with other Fire and Rescue Services where changes are being undertaken. National Forums exist within skill specific areas such as UK National Capabilities. Recently, discussions were held with Northern Ireland FRS regarding Tactical Ventilation. |

| A Fire and Rescue Service **Should**: | | |
|---|---|---|
| Be able to evidence the training they have received to maintain their competence | Yes | Training competence delivered through the Training for Competence policy. Recording of competence and performance management is captured by PDRpro software and report back to the Local Senior Officers.<br>Training for Operational Competence Policy |
| Be able to demonstrate their ability to safely and effectively apply risk assessment, decision-making and risk management skills | Yes | Specific modules exist within the online training portal for Risk assessing and decision making. These areas are fully embedded within the delivery of all training courses. In depth training is captured via Incident Command Training, Safety Training and is fully referenced in SFRS Policy and procedures.<br>Command and Control Training Standard |
| Use the training specification component of National Operational Guidance to inform their training needs analysis | Yes | SFRS National Training Standards are based on the Training Specifications of NOG.<br>The review of BA refresher framework has used the Training Specification as a Training Needs Analysis (TNA) to inform the new framework.<br>National Training Standards |
| Work within regional, national or thematic groups to develop and improve their policies, procedures, tailored guidance and training for operational response | Yes | Operations function sit on NFCC national groups and feeds information to Training.<br><br>Representation is made through National Working Groups which are skill specific. |

**Expected Benefits of Achieving the Fire Standard**

The ability for those outside the service, including coroners or those responsible for matters such as public inquiries, to recognise that the service is delivering a competent operational response

- For inspectorates, including Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services and the Health and Safety Executive, to be able to base their expectations of the operational competence of the service on:
- Adherence to the legislative requirements for operational response

- How comprehensively the National Operational Guidance has been considered and applied
- Having competent operational and fire control personnel, who are able to apply risk assessment, decision-making and risk management skills
- Constant improvement to the quality of service provided to the public

| FIRE STANDARD – OPERATIONAL LEARNING | |
|---|---|
| Business Area / Capability:     Service Delivery - Response | |
| SFRS Review Undertaken By:  GC Colin Ferguson | Date:     20 February 2021 |

**DESIRED OUTCOME**

*A Fire and Rescue Service that has developed a learning culture, acting on learning from operational and non-operational activity as well as external sources, to improve their operational response. The service will have embedded the management of learning into their policies, procedures, tailored guidance and training.*

*The service will have developed a culture which seeks to share their learning with others to improve operational response within their own service; with other fire and rescue services; and with the wider sector if appropriate.*

## What is required to meet the Fire Standard

### A Fire and Rescue Service **Must:**

| Fire Standard | Standard Met | Evidence |
|---|---|---|
| Comply with legislative duties to monitor, maintain and improve the health, safety, and wellbeing of its employees | Yes | Captured in Safety & Assurance Engagement & Governance Management Arrangement. |
| Recognise learning as a strategic level responsibility to embed learning into its management structures and processes and by appointing a responsible person for operational learning who:<br>• Is responsible for ensuring that actions to support learning are implemented<br>• Manages information received from the wider sector and determines what further action should be take | Yes | Captured in the Safety & Assurance Engagement & Governance Management Arrangement.<br><br>Operational Learning is progressed through the SAIGs, SASG and NSAB, chaired by ACO Training Safety & Assurance.<br><br>External Learning Governance GIN that captures the arrangements to ensure all external learning (NOL Information/Action Notes, HSE Reports, NFCC Bulletins, etc.) |

| | | | |
|---|---|---|---|
| • Determines what information their service shares with the fire and rescue service or the wider sector, if appropriate<br>• Makes clear how their service will engage with national level learning arrangements through an identified single point of contact | | | is reviewed and a gap analysis is undertaken and outcomes are presented to the NSAB for approval.<br><br>The GIN includes the governance of learning being submitted to NOL from the SFRS.<br><br>Covered in draft External Learning Governance GIN. The GIN includes the governance of learning being submitted to NOL from the SFRS. The processes stated in the draft GIN are established.<br><br>SPOC are identified for NOL, JOL processes, including fall back of SMARTEU. |
| Have a process in place to act on National Operational Learning Action Notes and Information Notes. | Yes | | National Operational Learning Process, Organisational GIN/Management Arrangement.<br><br>External Learning Governance GIN that captures the arrangements to ensure all external learning (NOL Information/Action Notes, HSE Reports, NFCC Bulletins, etc.) is reviewed and a gap analysis is undertaken and outcomes are presented to the NSAB for approval. The GIN includes the governance of learning being submitted to NOL from the SFRS. |
| Have processes in place for capturing learning:<br>• At incidents<br>• Post-incident<br>• As a result of training exercises undertaken both internally and multi-agency / cross border<br>• As a result of near miss or accident investigations that may be relevant to operational response | Yes | | Learning is captured at Operational incidents on the Operational Assurance Recording & Reporting System (OARRS) utilising the processes set out in the Operational & Event Debriefing GIN (post event learning) and During Incident Operational Assurance GIN (for during incident learning).<br><br>The Operational & Event Debriefing GIN sets out the debriefing strategy for the SFRS and the route for progression of Operational Learning. Operational Learning is primarily shared through OA Frontline Updates but can also be shared through Service Delivery Awareness Briefings and Urgent Instructions. SFRS utilise the NOL Online Learning System to share SFRS learning with NOL. |

| | | |
|---|---|---|
| Evaluate learning to identify, assess and implement improvements. | Yes | Learning is evaluated by the OA Department. Learning is submitted on the Operational Assurance Recording & Reporting System (OARRS). Processes for the submission of learning are captured in the Operational & Event Debriefing GIN and During Incident Operational Assurance GIN. The progression of learning is governed by the Safety & Assurance Engagement & Governance Management Arrangement |
| Evidence that learning is evaluated and that improvements have been adopted and embedded. | Yes | Frontline update, Significant Event/OA action plans, H&S Improvement Plans, PDRpro, Thematic Audits |
| Be able to demonstrate established mechanisms for sharing learning via any combination of the following<br>• Internally<br>• With neighbouring services and other responder agencies<br>• Using the National Operational Learning system<br>• Using the JESIP Joint Organisational Learning system | Yes | Learning is internally shared via Safety & Assurance Engagement & Governance Management Arrangement, Frontline Updates and through Service Delivery Awareness Briefings and Urgent Instructions.<br>The sharing of learning via the NOL system and JESIP JOL is captured in the draft External Learning Governance GIN. |
| A Fire and Rescue Service **Should**: | | |
| Reference the NFCC National Operational Learning: Good practice guide for fire and rescue services in policies, procedures, tailored guidance and training | Yes | The NOL Good Practice guide is the foundation for the process of capturing, analysing, acting upon and sharing SFRS learning both internally and externally and is captured in the draft External Learning Governance GIN and Operational & Event Debriefing GIN. |
| Apply three fundamental approaches to managing operational learning:<br>• Use National Operational Guidance as the common framework to identify the areas of operational activity where change may be required | Yes | OA utilise SFRS SOPs to benchmark operational activity. SFRS SOPs are aligned to NOG. |

| | | |
|---|---|---|
| • Use a consistent approach to analyse and objectively compare what has happened against the control measures contained in National Operational Guidance which provide good practice | Yes | OA utilise SFRS SOPs to benchmark operational activity. SFRS SOPs are aligned to NOG. |
| • Maintain an open reporting culture, even when details of learning are sensitive; concentrating as National Operational Learning does, on the 'how' and 'why' of the learning and not the "who" | Yes | OA utilise robust governance processes (defined in the External Governance GIN and Operational & Event Debriefing GIN) both of which are aligned to the NOL Good Practice guide for the capture and sharing of learning. |

**Expected Benefits of Achieving the Fire Standard**

Apply three fundamental approaches to managing operational learning:

- Use National Operational Guidance as the common framework to identify the areas of operational activity where change may be required
- Use a consistent approach to analyse and objectively compare what has happened against the control measures contained in National Operational Guidance which provide good practice
- Maintain an open reporting culture, even when details of learning are sensitive; concentrating as National Operational Learning does, on the 'how' and 'why' of the learning and not the "who"

# SCOTTISH FIRE AND RESCUE SERVICE
## *People Committee*

**Report No:** C/PC/16-21

**Agenda Item:** 16

| Report to: | PEOPLE COMMITTEE | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Meeting Date:** | **2 JUNE 2021** | | | | | | | |
| **Report Title:** | **SCOTTISH FIRE AND RESCUE SERVICE TRAINING CENTRE, NEWBRIDGE – BRITISH STANDARDS INSTITUTE ASSESSMENT REPORT** | | | | | | | |
| **Report Classification:** | **For Information only** | **Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>** | | | | | | |
| | | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> | <u>F</u> | <u>G</u> |

| 1 | **Purpose** |
|---|---|
| 1.1 | The purpose of this report is to allow the People Committee (PC) to review the positive report received from the British Standards Institute (BSI) at a planned Continuing Assessment Visit (CAV) to Scottish Fire and Rescue Service (SFRS) Training Centre, Newbridge.  Due to Covid-19 restrictions, this CAV was conducted remotely on 10 and 11 February 2021. |
| **2** | **Background** |
| 2.1 | Accredited certification to the International Organisation for Standardisation (ISO) 9001 Quality Management Standard has been provided by BSI, the United Kingdom's National Standards Body since the formation of SFRS via a three-year cycle of assessment visits. |
| 2.2 | More recently this has been across the five main training locations in Scotland which were added to the certification through a scope extension in 2016 in order to support both a standardised and consistent approach to training whilst also providing an external Quality Assurance (QA) of training. |
| 2.3 | SFRS Training Centre, Newbridge is part of a sampling audit plan and as such is scheduled to receive one 1.5 day assessment in the 2020-23 cycle. |
| **3** | **Main Report/Detail** |
| 3.1 | **ISO 9001 certification** |
| 3.1.1 | All elements of the agreed assessment plan were covered during the visit which included: Site Updates, Observation of Training Delivery (Sampling), Supporting Audit Trails, Local Management System and follow-up of audit trails. |
| 3.1.2 | The visit was well supported by support staff, instructors and local managers who provided a comprehensive range of evidence that was well received and enabled a positive outcome to be achieved. |
| 3.1.3 | Key headlines from the report are:<br>• The organisation is recommended for ISO 9001 continued certification,<br>• The local management system demonstrates that it supports the overall organisational/ training strategy and annual operating plan,<br>• No nonconformities or opportunities for improvement have been identified during the assessment, |

| | |
|---|---|
| | • Planned activities have been fully realised and<br>• There have been no formal complaints since the last assessment relating to training delivery. |
| 3.1.4 | This report should be read in conjunction with the full attached SFRS Newbridge BSI Assessment Report (Appendix A) |

| **4** | **Recommendation** |
|---|---|
| 4.1 | The People Committee are asked to note the contents of this report and the positive outcomes it contains from the external assessments undertaken by the British Standards Institute. |

| **5** | **Key Strategic Implications** |
|---|---|
| 5.1<br>5.1.1 | **Risk**<br>No significant implications noted. |
| 5.2<br>5.2.1 | **Financial**<br>Not applicable. |
| 5.3<br>5.3.1 | **Environmental & Sustainability**<br>Not applicable. |
| 5.4<br>5.4.1 | **Workforce**<br>The positive workforce implications are evidenced within the findings of the assessments which are the subject of this report. |
| 5.5<br>5.5.1 | **Health & Safety**<br>Not applicable. |
| 5.6<br>5.6.1 | **Training**<br>The Training implications are positive in nature and form the main body within this report. |
| 5.7<br>5.7.1 | **Timing**<br>Not applicable. |
| 5.8<br>5.8.1 | **Performance**<br>Not applicable. |
| 5.9<br>5.9.1 | **Communications & Engagement**<br>Not applicable. |
| 5.10<br>5.10.1 | **Legal**<br>Not applicable. |
| 5.11<br>5.11.1 | **Information Governance**<br>Not applicable, no significant implications noted. |
| 5.12<br>5.12.1 | **Equalities**<br>Not applicable. |
| 5.13<br>5.13.1 | **Service Delivery**<br>Not applicable. |

| 6 | Core Brief |
|---|---|
| 6.1 | Not applicable. |

| 7 | Appendices/Further Reading |
|---|---|
| 7.1 | Appendix A – SFRS Newbridge BSI Assessment Report. |

| **Prepared by:** | Paul King, Deputy Assistant Chief Officer, Head of Training |
|---|---|
| **Sponsored by:** | John Dickie, Assistant Chief Officer, Director of Training, Safety and Assurance |
| **Presented by:** | John Dickie, Assistant Chief Officer, Director of Training, Safety and Assurance |

**Links to Strategy and Corporate Values**

This report links to Strategy:

Strategic Outcome 3 - People: *We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services -We will embed inclusive learning and development arrangements so that we have the organisational capability to deliver high quality innovative services.*

Strategic Outcome 4 - Public Value: *We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.*

Values: Safety and Teamwork.

| **Governance Route for Report** | **Meeting Date** | **Report Classification/ Comments** |
|---|---|---|
| *Training Functional Management Team* | *10 March 2021* | *For Information.* |
| *Directorate Management Team* | *24 March 2021* | *For Information.* |
| *Senior Management Board* | *24 March 2021* | *For Information.* |
| *Strategic Leadership Team* | *12 May 2021* | *For Information.* |
| *People Committee* | *2 June 2021* | *For Information.* |

# Assessment Report

# Scottish Fire and Rescue Service Newbridge Training Centre

Assessment dates        10/02/21 to 11/02/21
Assessment Location     Edinburgh (008)
Report author           Kayleigh Hepburn
Assessment Standard     ISO 9001:2015

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# Executive summary

Thank you to all audit participants. The organisation is recommended for ISO 9001 continued certification.

This assessment was conducted remotely due to the COVID-19 pandemic. The assessment plan was agreed with the client prior to the assessment. The assessment was conducted using MS Teams with video conferencing and screen sharing. Some documented evidence was also shared by the client via Dropbox.

Strategy is cascaded from the SFRS strategic plan through the annual operating plan, which is aligned with the training strategy. The high level strategic objective for the training function is: "To develop and deliver high quality training and development to support organisational and individual performance throughout the Scottish Fire and Rescue Service with a clear focus on safety and the pursuit of excellence."

Context of the organisation and examples of actions to address risks & opportunities were discussed. Examples predominantly related to maintaining operational competence, the COVID-19 pandemic and Draeger remedial works. Two instances of COVID-19 relating to training have been effectively managed with appropriate actions taken.

The local management system demonstrates that it supports the overall organisational / training strategy and annual operating plan. No regulatory compliance issues identified. There have been no formal complaints since the last assessment relating to training delivery. Progress of the annual operating plan is partially on track with some impact due to COVID-19.

Improvement includes the Draeger remedial works currently in progress (8 week programme), the use of casualty simulators and use of technology for some remote training delivery.

No nonconformities or opportunities for improvement have been identified during the assessment.

# Changes in the organisation since last assessment

There is no significant change of the organisation structure and key personnel involved in the audited management system.

No change in relation to the audited organisation's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

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# NCR summary graphs

There have been no NCRs raised.

# Your next steps

## NCR close out process

There were no outstanding nonconformities to review from previous assessments.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

# Assessment objective, scope and criteria

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

The criteria for the assessment is ISO 9001 and SFRS training management system documentation.

# Statutory and regulatory requirements

Statutory & regulatory requirements are managed within SFRS by the legal services team and internal audit function. Statutory & regulatory requirements are referenced in training course materials and delivery of these, as confirmed during the assessment. No regulatory compliance issues identified.

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## Assessment participants

| Name | Position | Opening meeting | Closing meeting | Interviewed (processes) |
|---|---|---|---|---|
| Stephen McCurry | Group Commander, TSA | | X | |
| Lee Turnock | Station Commander, TSA | X | | X |
| Roger Crawford | Watch Commander, TSA | X | X | X |
| Paul Sweet | Watch Commander, NIP | | | X |
| Billy MacKenzie | Crew Commander, NIP | | | X |
| Kevin Davanna | Crew Commander, TSA | | | X |
| Savannah Melrose | Training Administrator | | | X |

## Assessment conclusion

### BSI assessment team

| Name | Position |
|---|---|
| Kayleigh Hepburn | Team Leader |

### Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organisation does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - The audited organisation is recommended for ISO 9001 continued certification and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

### Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

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## Findings from this assessment

### Local Management and Monitoring Processes

Objective Evidence:
- Interview with the Station Commander and Watch Commander for Training
- Local strategic update, context of the organisation and examples of risks & opportunities discussed
- Various SC emails (e.g. 13/01/21 use of Newbridge for LSO green phase BA January)
- SAIG agenda (dated 14/01/21)
- SAIG action log
- TSA improvement plan 2020-21
- Driver training status 2021 briefing paper
- COVID-19 risk management discussed
- COVID-19 workplace risk assessment for Newbridge (reviewed 03/02/20)
- COVID-19 workplace management plan for Newbridge (reviewed 10/01/21)
- Statutory & regulatory requirements discussed (e.g. Road Safety Act)
- H&S premises inspection for Newbridge (reviewed 15/07/20)
- Training function structure chart
- Confirmed location scope
- Confirmed no significant changes to the management system
- Annual operating plan progress and performance against objectives discussed
- GEN026 instructor course debriefs and GEN012 course evaluation forms sampled
- TED East evaluations 2020-2021 spreadsheet
- LMRG date planner
- Newbridge instructors team meeting action log
- SC update MS Teams meeting agendas (e.g. dated 12/01/21)
- Audit schedule 2020-21
- Audit reports sampled (e.g. improvement, dated 09/02/21)
- Control of documented information sampled throughout the assessment
- Improvement activities discussed
- Draeger proposal (dated 23/10/20)

Planned activities have been fully realised. The above evidence demonstrates effective implementation and continued use of the management system in the East SDA (specific to the new Newbridge training centre). Processes were predominantly assessed through interviews and review of documented information.

Methods for determining effectiveness of the local management system include: any regulatory compliance issues, annual operating plan progress, performance evaluation (including course evaluations and instructor course debriefs), LMRG meetings, local meetings / communications, action logs and internal audits.

Planned results have been fully achieved. Process results were discussed with audit participants and documentation reviewed.

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Examples of results achieved sampled:
- Strategic alignment demonstrated (e.g. training delivery based on operational competence)
- Commitment to supporting the wider SFRS reqs for training (including provision of facilities for LSO)
- Comprehensive planning and data analysis evidenced relating to driver training operational reqs
- No regulatory compliance issues identified
- COVID-19 risk management demonstrated (e.g. adapted delivery models, station "bubbles" protection)
- Comprehensive COVID-19 risk assessment and management plan in place
- Two instances of COVID-19 relating to training effectively managed with appropriate actions taken
- Annual operating plan progress partially on track with some impact due to COVID-19
- Course feedback has highlighted concerns with facilities and corrective actions are in progress
- There have been no formal complaints since the last assessment relating to training delivery
- LMRG requirements covered via instructors team meetings, planned quarterly
- Instructors team meetings driving improvement (e.g. 01/12/20 review of learning content actioned)
- Internal audits driving improvement with instructor engagement sessions identified as best practice
- Improvement includes the Draeger remedial works currently in progress (8 week programme)

## Training Delivery and Supporting Processes

Objective Evidence:
- Interviews with 3 x Instructors (NIP and TSA)
- Training delivery discussed (BA / Tac Vent refreshers, RTC operator and ERD cat. C)
- National training standards sampled (e.g. RTC extrication)
- Use of LCMS
- Training materials sampled (e.g. RTC operator systematic approach presentation)
- East SDA BA course list 2017-2020
- Training documentation sampled (e.g. for NBAP063 41/20 and 88/20 Tac Vent refresher)
- Above includes course register, GEN026s, FTC 052 real fire training reporting forms and GEN012s
- GEN004 nonconformance record (dated 30/11/20)
- Statutory & regulatory requirements discussed relating to training delivery
- Interview with the Training Administrator
- Overview of training admin provided
- TED scheduler
- iTrent
- Joining instructions and associated emails sampled (e.g. for BAP063 77/20 and NBAP035 04/20)
- Infrastructure discussed (including Draeger remedial works)
- Newbridge facilities meeting notes sampled (e.g. dated 17/06/20)
- Draeger proposal (dated 23/10/20)
- Draeger meeting notes sampled (e.g. dated 07/01/21)
- Draeger adaptation works pre-start meeting minutes (dated 21/01/21)
- Organisation knowledge and instructor competence / development discussed
- LNA return (sampled driver training and Newbridge NIP)
- iTrent personal learning accounts sampled (e.g. WC PS, CC BM and CC KD)
- Communication sampled throughout the assessment

Planned activities have been fully realised. The above provides evidence of processes for training delivery and supporting processes (including admin, infrastructure, instructor competence and communication). Processes were predominantly assessed during interviews and review of documented information.

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Assessment Report**.**

Process results are determined through various mechanisms, including: course debriefs, course evaluation forms / analysis, course review by instructors, formal course audits, LMRG / local meetings and internal audits.

Planned results have been mostly achieved. Process results were discussed with audit participants and documentation reviewed.

Examples of results achieved sampled:
- There have been no formal complaints since the last assessment relating to training delivery
- Training standards cover learning outcomes as well as instructor and resource requirements
- Relevant legislation considered within training (e.g. The Fire (Scotland) Act and Road Safety Act)
- Comprehensive RTC operator systematic approach presentation (includes learning outcomes)
- GEN012 positive feedback (e.g. NBAP063 41/20: "Very knowledgeable instructor... top class facility.")
- All attendees of NBAP063 41/20 passed, as per sampled documentation
- Infrastructure issues resulted in non delivery of practical elements of NBAP063 88/20
- GEN004 raised for inability to demonstrate vertical ventilation due to Draeger remedial works required
- Course feedback has highlighted concerns with facilities and corrective actions are in progress
- Instructor development opportunities progressed based on LNA return
- ERD instructor competence achieved by CC KD in November 2020
- Training completed for instructors, as sampled (e.g. CC BM RTC instructor, completed 31/08/20)
- Effective processes for comms demonstrated throughout the assessment (e.g. instructor engagement)
- Improvement includes the use of casualty simulators and use of technology for some remote training delivery

# Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

The criteria for the assessment is ISO 9001 and SFRS training management system documentation.

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date. It is a condition of registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

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# Next visit plan

**Note: Visit arrangements, durations and plan TBC based on sampling plan**

| Date | Auditor | Time | Area/process | Clause |
|------|---------|------|--------------|--------|
| | | | Opening Meeting and Location Updates | |
| | | | Local Management System (includes Local Elements of Annual Operating Plan, Risk Register, LMRG, Internal Audits, Course Evaluations, Complaints, Action Logs and Improvement) | |
| | | | Training Delivery | |
| | | | Supporting Audit Trails (sampling of Infrastructure & Equipment Maintenance, Instructor Competence, Awareness & Communication and Local Admin Processes) | |

# Appendix: Your certification structure & ongoing assessment programme

## Scope of certification

**FS 45347 (ISO 9001:2015)**
The management, development, credit rating and delivery of training.

## Assessed location

The audit has been performed at Permanent Locations.

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**Edinburgh / FS 45347 (ISO 9001:2015)**

| | |
|---|---|
| **Location reference** | **0009802181-008** |
| **Address** | Scottish Fire and Rescue Service<br>Newbridge Training Centre<br>21 Claylands Road<br>Newbridge<br>Edinburgh<br>EH28 8LF<br>United Kingdom |
| **Visit type** | Continuing assessment (surveillance) |
| **Assessment reference** | 3139597 |
| **Assessment dates** | 10/02/21 |
| **Audit plan (revision date)** | 27/07/20 |
| **Deviation from audit plan** | Yes |
| **Reason for deviation from audit plan** | Audit conducted remotely via MS Teams, as per emails with client in advance of the audit. No change to audit areas or timings. |
| **Total number of Employees** | 56 |
| **Effective number of Employees** | 42 |
| **Scope of activities at the site** | The delivery of training. |
| **Assessment duration** | 1.5 days |

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## Certification assessment programme

**Certificate number - FS 45347**
**Location reference - 0009802181-008**

| | | Audit1 | Audit2 |
|---|---|---|---|
| **Business area/location** | **Date (mm/yy):** | 02/21 | TBC |
| | **Duration (days):** | 1.5 | TBC |
| Group Sampling Plan | | X | X |
| Opening Meeting and Location Updates | | X | X |
| Local Management System (includes Local Elements of Annual Operating Plan, Risk Register, LMRG, Internal Audits, Course Evaluations, Complaints, Action Logs and Improvement) | | X | X |
| Training Delivery | | X | X |
| Supporting Audit Trails (sampling of Infrastructure & Equipment Maintenance, Instructor Competence, Awareness & Communication and Local Admin Processes) | | X | X |

## Expected outcomes for accredited certification

**What accredited certification to ISO 9001 means**

ISO 9001:2015 specifies requirements for a quality management system when an organisation: needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; and aims to enhance customer satisfaction through the effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

**What accredited certification to ISO 9001 does not mean**

1) It is important to recognise that ISO 9001 defines the requirements for an organisation's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organisation's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organisation will always achieve 100% product conformity, though this should of course be a permanent goal.

2) ISO 9001 accredited certification does not imply that the organisation is providing a superior product or service, or that the product or service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

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# Definitions of findings

**Nonconformity**

Non-fulfilment of a requirement.

**Major nonconformity**

Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:
•   If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
•   A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

**Minor nonconformity**

Nonconformity that does not affect the capability of the management system to achieve the intended results.

**Opportunity for improvement**

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

# How to contact BSI

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website: https://www.bsigroup.com/en-GB/UK-office-locations/

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## Notes

This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organisation, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organisation and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies.  BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organisation's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organisation's activities, the findings reported do not imply to include all issues within the system.

## Regulatory compliance

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority.  Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.

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# SCOTTISH FIRE AND RESCUE SERVICE

## *People Committee*

**Report No:** C/PC/17-21

**Agenda Item:** 17.1

| Report to: | PEOPLE COMMITTEE | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Meeting Date:** | **2 JUNE 2021** | | | | | | | |
| **Report Title:** | **POD POLICY REVIEW SCHEDULE UPDATE** | | | | | | | |
| **Report Classification:** | **For Information Only** | **Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9** | | | | | | |
| | | A | B | C | D | E | F | G |

| 1 | Purpose |
|---|---|
| 1.1 | The purpose of this report is to provide the People Committee (PC) with an update regarding ongoing work in relation to People and Organisational Development (POD) policies and procedures. |

| 2 | Background |
|---|---|
| 2.1 | The POD directorate is responsible for the development, implementation, review and quality assurance of a wide range of people policies and procedures for the Scottish Fire and Rescue Service (SFRS). The report is the next in a series of regular updates in this regard. |

| 3 | Main Report/Detail |
|---|---|
| 3.1 | Following the latest review of the rolling policy programme of work to reflect current and anticipated priorities and timescales the format of the POD Policy Review Schedule format was updated. The POD Policy Review Schedule remains under regular review due to work on the standardisation of uniformed terms and conditions of employment and for any revised priority work arising from transformation or legislative changes. The POD Policy Review Schedule, as at 31 March 2021, is attached as Appendix A. The schedule has been reviewed taking into account the Directorate Plan and priorities for 2021, with a focus on essential policies and the stakeholder engagement required moving forward. |
| 3.2 | During quarter 4, it was envisaged that the revised Flexible Working Policy would be published. However, on reflection, it has been decided that the Homeworking Policy, Agile Working Framework and the revised Flexible Working Policy will not be issued until May. This will allow SFRS to launch at a time when COVID restrictions begin to ease, giving staff and managers an opportunity to consider and agree upon the types of working patterns they wish to engage in.  It also gives SFRS time to develop a suite of learning materials around how these policies operate both independently from each other and collectively, as all three make reference to each other |
| 3.3 | During this quarter, the following polices were issued for consultation: <br>• Business Travel/Reimbursement of Expenses <br>• Management of Health Conditions <br>• Health Surveillance |

| | |
|---|---|
| 3.4 | Work also commenced on progressing a number of new and revised policies through the governance process. These include Whistleblowing, Drivers Health Assessment, Pre-Placement and Wholetime Uniformed Instructor Employees – Working Hours and Leave Policy. |
| 3.5 | With reference to the Wholetime Uniformed Instructor Employees – Working Hours and Leave Policy, the Fire Brigades Union (FBU) accepted SFRS's proposals for standardising the working hours and associated terms for Wholetime Uniformed Instructors in February 2021. After extensive early consultation and collaboration with the FBU on the development of this policy, it is hoped this marks a further step towards the implementation of standardised terms and conditions for Wholetime Uniformed Instructors due to come into effect on 1 July 2021. |
| 3.6 | The Drivers Health Assessment Policy provides a framework for ensuring SFRS consistently takes all reasonable precautions to ensure the health, safety and wellbeing of those who undertake driving as part of their duties. It also makes clear the legal frameworks that define the corporate requirement to ensure driver health assessments are undertaken by employers. |
| 3.7 | Work continues to progress on Secondary Employment Policy (includes in-scope driving). Following some initial feedback, it was agreed that the best approach would be to devise a Task and Finish group with relevant stakeholders. The group members have now been identified and will meeting during quarter 1. Among their initial tasks will be to review feedback from the Driver Training Section and the Driver Safety Group. |
| 3.8 | Looking ahead to quarter 1, work will progress on a revised Purchase of Additional Annual Leave Policy and Family Leave. |
| 3.9 | During this period the following polices will also be issued for first consultation<br>• Wholetime Uniformed Instructor Employees – Working Hours and Leave<br>• Drivers Health Assessment<br>• Dignity and Integrity at Work Policy and Handbook (Bullying and Harassment)<br>• Purchase of Additional Annual Leave<br>• Retirement and Re-engagement (Uniformed)<br>• Pre-Placement |
| **4** | **Recommendation** |
| 4.1 | PC are asked to note the information included in this paper |
| **5** | **Key Strategic Implications** |
| 5.1<br>5.1.1 | **Risk**<br>There are no implications that require to be noted. |
| 5.2<br>5.2.1 | **Financial**<br>Where a policy has financial implications for the SFRS, financial information is collated and presented to all relevant parties prior to approval and implementation. This will also be detailed within the SFRS Business Case process. |
| 5.3<br>5.3.1 | **Environmental & Sustainability**<br>There are no implications that require to be noted. |
| 5.4<br>5.4.1 | **Workforce**<br>Employee implications are detailed within each separate policy. |

| 5.5<br>5.5.1 | **Health & Safety**<br>Where applicable, matters relating to health and safety are clearly outlined within each separate policy. |
|---|---|
| 5.6<br>5.6.1 | **Training**<br>Briefing sessions take place with Managers and HR Business Partners where required. |
| 5.7<br>5.7.1 | **Timing**<br>All policies follow a review schedule in line with the HROD Quality Management System and once approval is reached, the policies are live on the SFRS iHub. |
| 5.8<br>5.8.1 | **Performance**<br>All policies partake in a quality assurance process to ensure compliance. Where applicable, SFRS performance relating to matters of policy will be measured and reported. |
| 5.9<br>5.9.1 | **Communications & Engagement**<br>POD has a governance process in place, which involves consultation with the relevant Trade Unions, Service Delivery Area colleagues and POD practitioners during the review process. |
| 5.10<br>5.10.1 | **Legal**<br>All policies comply with employment legislation, are responsive to case law and aim to follow best practice. |
| 5.11<br>5.11.1 | **Information Governance**<br>A DPIA is not required. In relation to GDPR, all policies and procedures which involve personal data, will have a Privacy Risk Assessment (PIA) completed and these will be available on the SFRS iHub. |
| 5.12<br>5.12.1 | **Equalities**<br>An EIA is not required. Each policy has its' own Equality Impact Assessment and these are available on the SFRS iHub. |
| 5.13<br>5.13.1 | **Service Delivery**<br>The benefits and impact on employees across the Service, from all the policies detailed within the attached schedule, are contained within each supporting paper, as each policy progresses through the SFRS Governance process. |
| **6** | **Core Brief** |
| 6.1 | Not applicable. |
| **7** | **Appendices/Further Reading** |
| 7.1 | Appendix A – POD Policy Review Schedule |
| **Prepared by:** | Mary Corry POD Business Manager |
| **Sponsored by:** | Fiona Munro, Deputy Head of POD |
| **Presented by:** | Mary Corry POD Business Manager |
| **Links to Strategy and Corporate Values** | |
| Strategic Plan 2019-22 Outcome 3: People | |

| Governance Route for Report | Meeting Date | Report Classification/ Comments |
|---|---|---|
| *POD DMT* | *27 April 2021* | *For Decision* |
| *Employee Partnership Forum* | *20 May 2021* | *For Information Only* |
| *People Board* | *25 May 2021* | *For Information Only* |
| *People Committee* | *02 June 2021* | *For Information Only* |

**POD POLICY REVIEW SCHEDULE**                                              **APPENDIX A**

**KEY:**

| POLICY OUT FOR PEER REVIEW |
|---|
| POLICY WITH POD DMT |
| POLICY OUT FOR FIRST CONSULTATION |
| POLICY OUT FOR FINAL CONSULTATION |
| POLICY AWAITING FINAL ISSUE |
| POLICY ISSUED |

| POD POLICY | NEW OR REVISED | DATE POLICY TO BE ISSUED FOR CONSULTATION | APPROX TIMESCALE FOR IMPLEMENTATION | NEXT REVIEW DATE |
|---|---|---|---|---|
| Employee Recognition Scheme | New | Aug-19 | 2021 TBC | 2026 |
| Flexible Working | Revised | Oct-20 | May-21 | 2025 |
| Homeworking Policy | New | Oct-20 | May-21 | 2025 |
| Uniformed Managers In-Development to Competent | Revised | Nov-20 | TBC | 2026 |
| Attendance Management Policy, Procedure and Manager Handbook | Revised | Jan-21 | Oct-21 | 2026 |
| Health Surveillance Policy | New | Feb-21 | May-21 | 2026 |
| Management of Health conditions Policy | New | Feb-21 | May-21 | 2026 |
| Business Travel/Reimbursement of Expenses Policy | Revised | Feb-21 | Apr-21 | 2026 |
| Drivers Health Assessment Policy | New | Apr-21 | Jul-21 | 2026 |
| Dignity and Integrity at Work Policy and Handbook (Bullying and Harassment) | Revised | Apr-21 | Oct-21 | 2026 |
| Wholetime Uniformed Instructor Employees - Working Hours and Leave Policy | New | Apr-21 | Jul-21 | 2026 |
| Pre Placement Policy | New | Jun-21 | Sep-21 | 2026 |
| Retirement & Re-engagement (Uniformed) | Revised | June 21 | Aug-21 | 2026 |
| Purchase of Additional Annual Leave | Revised | June 21 | Aug-21 | 2026 |
| Secondary Employment (includes inscope driving) | New | July 21 | Sep-21 | 2026 |
| Trainee Firefighter Development to Competent | Revised | Jul-21 | Oct-21 | 2026 |
| Family (Maternity, Paternity, Adoption, Parental, Shared Parental & Carers) Leave | Revised | Aug-21 | Nov-21 | 2026 |
| Performance Management (Capability) | Revised | Aug-21 | Nov-21 | 2026 |
| Whistleblowing | Revised | Aug 21 | Nov 21 | 2026 |
| Working Together Framework | Revised | Sept 21 | Mar-22 | 2027 |
| Working Hours (Day Duty) Policy | New | Sept 21 | Nov-21 | 2026 |
| Appraisal Policy and Procedures | Revised | Oct 21 | Dec 21 | 2026 |
| Consultation and Negotiation | Revised | Oct 21 | 22 TBC | 2027 |
| Health and Wellbeing Policy | New | Oct 21 | Apr-22 | 2027 |
| Clinical Audit Policy | New | Nov-21 | Feb-22 | 2027 |
| Contaminants Health Assessment Policy | New | Nov-21 | Feb-22 | 2027 |
| Health and Wellbeing Records Management Policy | New | Nov-21 | Feb-22 | 2027 |

| POD POLICY | NEW OR REVISED | DATE POLICY TO BE ISSUED FOR CONSULTATION | APPROX TIMESCALE FOR IMPLEMENTATION | NEXT REVIEW DATE |
|---|---|---|---|---|
| Vaccinations Policy | New | Dec-21 | Feb-22 | 2027 |
| Case Management Policy | New | Dec-21 | Feb-22 | 2027 |
| Clinical Supervision Policy | New | Dec-21 | Feb-22 | 2027 |
| Dual Contracts | New | 2021 TBC - To be scoped once agreement reached on standardisation offer | _ | 2026 |
| RDS Annual Leave and Public Holiday Policy | New | 2021 TBC - To be scoped once agreement reached on standardisation offer | _ | 2026 |
| RDS Payment for Work Activities | New | 2021 TBC - To be scoped once agreement reached on standardisation offer | _ | 2026 |
| Recognition of Prior Learning | New | _ | _ | 2021 |
| Relocation | Revised | _ | _ | 2022 |
| Market Allowance Policy | Revised | _ | _ | 2022 |
| Recruitment and Selection | Revised | _ | _ | 2022 |
| Reservists | Revised | _ | _ | 2022 |
| Redeployment | Revised | _ | _ | 2022 |
| No Smoking | Revised | _ | _ | 2022 |
| Pay Protection (Support Staff) | Revised | _ | _ | 2022 |
| Career Break | Revised | _ | _ | 2022 |
| Death in Service | Revised | _ | _ | 2022 |
| Grievance | Revised | _ | _ | 2022 |
| Flexi-Time Scheme (Support Staff) | Revised | _ | _ | 2022 |
| Attendance During Adverse Weather and Disruptive Conditions | Revised | _ | _ | 2022 |
| Temporary Promotions Procedure | Revised | _ | _ | 2022 |
| Further/Higher Education (Qualification) Policy | Revised | _ | _ | 2022 |
| Job Evaluation | Revised | _ | _ | 2022 |
| ID Cards Policy and Procedure | Revised | _ | _ | 2022 |
| Physiotherapy Policy | New | _ | _ | 2022 |
| Exit Interviews Policy and Procedure | Revised | _ | _ | 2022 |
| Substance Misuse Policy | New | _ | _ | 2022 |
| Detached Duty Policy | Revised | _ | _ | 2023 |
| ARA Policy | Revised | _ | _ | 2023 |
| Code of Conduct | Revised | _ | _ | 2023 |

| POD POLICY | NEW OR REVISED | DATE POLICY TO BE ISSUED FOR CONSULTATION | APPROX TIMESCALE FOR IMPLEMENTATION | NEXT REVIEW DATE |
|---|---|---|---|---|
| Transfer Request Policy | Revised | – | – | 2023 |
| Firefighter Fitness Standards and Assessments Policy/Procedure | Revised | – | – | 2023 |
| Induction Process | Revised | – | – | 2024 |
| TOIL (Uniformed) Policy | Revised | – | – | 2024 |
| Transfer of Uniformed Employees Policy | Revised | – | – | 2024 |
| Support Staff Handbook | Revised | – | – | As required |
| Post Incident/Trauma Support Services | Revised | – | – | Jun-24 |
| Time off for Trade Union Duties | Revised | – | – | Nov-24 |
| Employment and Criminal Convictions | Revised | – | – | Jan-25 |
| Volunteer Policy | Revised | – | – | Jan-25 |
| Discretionary Policy - LGPS | Revised | – | – | Jan-25 |
| Reimbursement of Dental/Optical Costs | Revised | – | – | May-25 |
| Secondment | Revised | – | – | Jun-25 |
| Disciplinary Policy & Procedure | Revised | – | – | Jul-25 |
| Recall to Duty | Revised | – | – | Jul-25 |
| Leadership Development Centres | Revised | – | – | Jul-25 |
| Special Leave | New | – | – | Jul-25 |
| Political Restrictions Policy | New | – | – | Jul-25 |

# SCOTTISH FIRE AND RESCUE SERVICE

*People Committee*

**Report No:** C/PC/19-21

**Agenda Item:** 17.2

| Report to: | PEOPLE COMMITTEE | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Meeting Date:** | **2 JUNE 2021** | | | | | | | |
| **Report Title:** | **HEALTH AND SAFETY POLICY AND MANAGEMENT ARRANGEMENTS FORWARD PLANNING SCHEDULE** | | | | | | | |
| **Report Classification:** | **For Information only** | **Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9** | | | | | | |
| | | A | B | C | D | E | F | G |

| 1 | Purpose |
|---|---|
| 1.1 | The purpose of this report is to provide the People Committee (PC) with an update regarding ongoing work in relation to the development and review of the Scottish Fire and Rescue Service's (SFRS) Health and Safety (HS) Policy and associated management arrangements. |

| 2 | Background |
|---|---|
| 2.1 | The Safety and Assurance Function are responsible for developing and reviewing the SFRS HS Policy, as well as a series of health and safety management arrangements to support the implementation of the commitment and responsibilities outlined within the policy. |

| 3 | Main Report/Detail |
|---|---|
| 3.1 | This report shows progress made against the 2019-2024 forward planning schedule up to and including 2021-2022.  Appendix A provides an account of the current position. |
| 3.2 | New Management Arrangements (MA's) have been developed for Management Self Audit, Storage and Pressure Systems.  These three arrangements will be presented to National Safety and Assurance Board (NSAB) for approval on 10/06/2021. The revised Health and Safety Policy will be presented to the People Committee on 02/06/2021. |
| 3.3 | The Organised Events and New and Expectant Mothers MA's are currently out for consultation until 20/05/2021 and 04/06/2021 respectively. |
| 3.4 | The Event Management and Investigation and Radiation MA's are in final draft and should be issued for consultation before the end of May 2021.  The new Plant and Equipment MA and revised Manual Handling MA are in the final stages of development. |

| 4 | Recommendation |
|---|---|
| 4.1 | No recommendations, the report is provided for information only. |

| 5 | Key Strategic Implications |
|---|---|
| 5.1<br>5.1.1 | **Risk**<br>If health and safety arrangements are not fully implemented, there is a risk that the SFRS may not be compliant with its civil and criminal legislative responsibilities. |
| 5.2<br>5.2.1 | **Financial**<br>There are no implications that require to be noted at this time. However, any financial implications identified during development of policy or associated management arrangements will be considered by the relevant risk owner. |
| 5.3<br>5.3.1 | **Environmental & Sustainability**<br>There are no implications that require to be noted at this time. However, any environmental & sustainability implications identified during development of policy or associated arrangements will be considered by the relevant risk owner. |
| 5.4<br>5.4.1 | **Workforce**<br>Robust health and safety management arrangements has the potential to impact positively on the workforce. Specific action relating to workforce will be considered by the risk owners and progressed via the appropriate governance route. |
| 5.5<br>5.5.1 | **Health & Safety**<br>Health and safety requirements will be outlined within the HS Policy and associated management arrangements. |
| 5.6<br>5.6.1 | **Training**<br>Each management arrangement outlines the training requirements required to promote effective implementation. |
| 5.7<br>5.7.1 | **Timing**<br>Appendix A outlines the timescales. Implementation will be agreed with each risk owner through their annual health and safety improvement plan. |
| 5.8<br>5.8.1 | **Performance**<br>It is anticipated that the introduction of the health and safety management arrangements will enhance health and safety performance across the SFRS. |
| 5.9<br>5.9.1 | **Communications & Engagement**<br>The implementation of management arrangements is undertaken in partnership with business partners through the SFRS annual health and safety improvement plan. |
| 5.10<br>5.10.1 | **Legal**<br>If health and safety arrangements are not fully implemented, there is a risk that the SFRS may not be compliant with its legislative responsibilities. |
| 5.11<br>5.11.1 | **Information Governance**<br>A Data Protection Impact Assessment (DPIA) has not been completed for this overview paper, however where applicable a DPIA will be completed for the policy and associated arrangements outlined with this paper. |
| 5.12<br>5.12.1 | **Equalities**<br>An Equality Impact Assessment has been completed for the HS Policy and all associated management arrangements. This assessment will be reviewed as the HS Policy and associated management arrangements are developed or reviewed. |

| 5.13<br>5.13.1 | **Service Delivery**<br>The implementation of management arrangements will be facilitated through the Safety and Assurance Improvement Groups. |
|---|---|

| **6** | **Core Brief** |
|---|---|
| 6.1 | Not Applicable |

| **7** | **Appendices/Further Reading** |
|---|---|
| 7.1 | Appendix A – Health and Safety Policy and Management Arrangements Forward Planning Schedule. |

| **Prepared by:** | Jim Holden, Senior Health and Safety Adviser |
|---|---|
| **Sponsored by:** | John Dickie, Director of Training, Safety and Assurance |
| **Presented by:** | Julie Harkins, Temporary Head of Safety and Assurance |

| **Links to Strategy and Corporate Values** |
|---|
| Strategic Plan 2019-2022: Outcome 3 - We are a great place to work where our **people** are safe, supported and empowered to deliver high performing innovative services.  Objectives 3.3 We will care for our people through progressive health, safety and wellbeing arrangements.<br><br>Safety Value: **Safety** of ourselves and others is something we take very seriously.  Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do. |

| **Governance Route for Report** | **Meeting Date** | **Report Classification/ Comments** |
|---|---|---|
| *People Committee* | *02 June 2021* | *For information only* |
| *National Safety and Assurance Board* | *10 June 2021* | *For information only* |

# Health, Safety and Wellbeing Policy and Management Arrangements Forward Planning Schedule 2019-2022

| Title | Work Required | Financial Year | Development BRAG Status | Consultation BRAG Status | Governance BRAG Status | Familiarisation BRAG Status | Go Live | Comment |
|---|---|---|---|---|---|---|---|---|
| Dynamic Risk Assessment (DRA) and Analytical Risk Assessment (ARA) Management Guidance V1.0 and DRA and ARA Procedure V1.0 | New | 2019-20 | | | | | 21/01/2021 | |
| Storage Management Arrangement | New | 2019-20 | | | | | | To be presented to NSAB on 10/06/2021 |
| Health and Safety Policy | Review | 2019-20 | | | | | | Approved by NSAB, to be presented to People Committee on 02/06/2021 |
| Health and Safety Policy Statement | Review | 2019-20 | | | | | | Approved by NSAB, to be presented to People Committee on 02/06/2021 |

| Title | Work Required | Financial Year | Development BRAG Status | Consultation BRAG Status | Governance BRAG Status | Familiarisation BRAG Status | Go Live | Comment |
|---|---|---|---|---|---|---|---|---|
| Containers/Demounts Management Arrangement | New | 2020-21 | | | N/A | N/A | | Decision to issue as GRA and SSOW |
| Management of Plant and Equipment Management Arrangement | New | 2020-21 | | | | | | Final Draft being completed for consultation |
| Lift Trucks Management Arrangement | New | 2020-21 | | | | | 05/08/2020 | MA and LCMS published 05/08/2020 |
| Generators Management Arrangement | New | 2020-21 | | | N/A | N/A | | Decision to include in Equipment GRA and SSOW |
| Event Reporting and Investigation Management Arrangement | New | 2020-21 | | | | | | Final Draft being completed for consultation |
| Significant Investigation Management Arrangement | New | 2020-21 | | | | | | Final changes being completed for progression through Governance |
| Organised Events Management Arrangement | New | 2020-21 | | | | | | Consultation ends 20/05/2021 |

| Title | Work Required | Financial Year | Development BRAG Status | Consultation BRAG Status | Governance BRAG Status | Familiarisation BRAG Status | Go Live | Comment |
|---|---|---|---|---|---|---|---|---|
| Pressure Systems Management Arrangement | New | 2021-22 | 🟦 | 🟦 | 🟦 | ⬜ | | To be presented to NSAB on 10/06/2021 |
| Confined Space Management Arrangement | New | 2021-22 | 🟦 | 🟦 | 🟦 | 🟦 | 29/03/21 | Live 29/03/21 |
| Radiation Management Arrangement | New | 2021-22 | 🟩 | ⬜ | ⬜ | ⬜ | | Draft complete, consulting with RPA |
| New and Expectant Mothers Management Arrangement | New | 2021-22 | 🟦 | 🟦 | ⬜ | ⬜ | | Consultation ends 04/06/2021 |
| Manual Handling Arrangement V1.0 | Review | 2021-22 | 🟩 | ⬜ | ⬜ | ⬜ | | Draft document subject to HS review |
| Stress Management Arrangement V1.0 | Review | 2021-22 | 🟦 | 🟦 | 🟦 | 🟦 | 13/01/21 | Review and consultation completed. Final amendments being made |
| Management Self-Audit V1.0 | New | 2021-22 | 🟦 | 🟦 | 🟦 | ⬜ | | To be presented to NSAB on 10/06/2021 |

| White | Not Started |
|---|---|
| Blue | Complete |
| Green | On Target |
| Amber | Overdue by one month |
| Red | Overdue by more than one month |

| | STANDING ITEMS | FOR INFORMATION ONLY | FOR SCRUTINY | FOR RECOMMENDATION | FOR DECISION |
|---|---|---|---|---|---|
| **9 September 2021** | • Chair's Welcome<br>• Apologies For Absence<br>• Consideration Of And Decision On Any Items To Be Taken In Private<br>• Declaration of Interests<br>• Minutes of Previous Meeting<br>• Action Log<br>• POD Performance Report<br>• Working Together Update<br>• Strategic Risk Register<br>• RANSc Update (Private Session)<br>• Key Case Update (Private)<br>• Forward Planning: Policy Forward Planning Schedule Update, Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days<br>• Review of Actions<br>• Date of Next Meeting | • Bullying, Harassment and Discrimination project update/policy review – RM<br>• Building the Future Together –<br>• Learning Needs Analysis 2021-22<br>• Recognition Update Scheme Review | • Independent Audit/ Inspection Action Plan Update | | |

# PEOPLE COMMITTEE – ROLLING FORWARD PLAN

| | STANDING ITEMS | FOR INFORMATION ONLY | FOR SCRUTINY | FOR RECOMMENDATION | FOR DECISION |
|---|---|---|---|---|---|
| **2 December 2021** | • Chair's Welcome<br>• Apologies For Absence<br>• Consideration Of And Decision On Any Items To Be Taken In Private<br>• Declaration of Interests<br>• Minutes of Previous Meeting<br>• Action Log<br>• POD Performance Report<br>• Working Together Update<br>• Strategic Risk Register<br>• RANSc Update (Private Session)<br>• Key Case Update (Private)<br>• Forward Planning: Policy Forward Planning Schedule Update, Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days<br>• Review of Actions<br>• Date of Next Meeting | • Building the Future Together –Learning Needs Analysis 2021-22 | • Independent Audit/ Inspection Action Plan Update | | |

# PEOPLE COMMITTEE – ROLLING FORWARD PLAN

| | STANDING ITEMS | FOR INFORMATION ONLY | FOR SCRUTINY | FOR RECOMMENDATION | FOR DECISION |
|---|---|---|---|---|---|
| **3 March 2022** | • Chair's Welcome<br>• Apologies For Absence<br>• Consideration Of And Decision On Any Items To Be Taken In Private<br>• Declaration of Interests<br>• Minutes of Previous Meeting<br>• Action Log<br>• POD Performance Report<br>• Working Together Update<br>• Strategic Risk Register<br>• RANSc Update (Private Session)<br>• Key Case Update (Private)<br>• Forward Planning: Policy Forward Planning Schedule Update, Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days<br>• Review of Actions<br>• Date of Next Meeting | • Leadership for Change (CDodd to confirm)<br>• Working Together Framework Review of Associated Policies (GC)<br>• Building the Future Together<br>• Learning Needs Analysis 2021-22 | • Independent Audit/ Inspection Action Plan Update | | |