



**SCOTTISH**  
**FIRE AND RESCUE SERVICE**

Working together for a safer Scotland

**PUBLIC MEETING – SERVICE DELIVERY COMMITTEE**

**WEDNESDAY 1 SEPTEMBER 2021 @ 1000 HRS**

**CONFERENCE FACILITIES**

**AGENDA**

**1 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: 26 MAY 2021 (attached)**

*N Barr*

*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 SERVICE DELIVERY UPDATE (attached)**

*R Haggart*

*The Committee is asked to scrutinise the attached report.*

**8 SERVICE DELIVERY PERFORMANCE REPORTING**

8.1 Quarterly Performance Report for Q1 2021-22 (attached)

*S Stevens*

8.2 Action Plan and Closing Reports Updates (attached)

*R Whetton*

8.3 UFAS Review Project Update (verbal)

*S Stevens*

*The Committee is asked to scrutinise these attached 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

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**9 OPERATIONAL LEARNING**

- 9.1 SFRS Operational Clinical Governance Framework Update (*attached*) R Hall  
9.2 Grenfell Tower Fire Update (*attached*) S Stevens

*The Committee is asked to scrutinise these attached reports.*

**10 SERVICE DELIVERY RISK REGISTER**

- 10.1 Service Delivery Risk Register (*attached*) R Haggart  
10.2 Risk Spotlight – SD005 Water Supply Update (*attached*) S Stevens

*The Committee is asked to scrutinise this attached report.*

**11 OPERATIONS STRATEGY (presentation)**

S Stevens/  
D Farries

*This report is for information only.*

**12 SFRS COMPLAINTS HANDLING PROCEDURE UPDATE AND ANNUAL STATISTICS (attached)**

M Waters/  
C Wade

*This report is for information only.*

**13 FORWARD PLANNING**

- 13.1 Committee Forward Plan (*attached*) N Barr  
13.2 Items for Consideration at Future IGF, Board and Strategy/Information and Development Day meetings (*verbal*) N Barr

**14 REVIEW OF ACTIONS**

A Cameron

**15 DATE OF NEXT MEETING**

Wednesday 24 November 2021 at 1000 hrs

**PRIVATE SESSION**

**16 OPERATIONAL LEARNING**

- 16.1 Automated External Defibrillator (AED) session (*attached*) R Whetton

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**PUBLIC MEETING – SERVICE DELIVERY COMMITTEE**

**WEDNESDAY 26 MAY 2021 @ 1000 HRS**

**BY CONFERENCE FACILITIES**

**PRESENT:**

Nick Barr (Chair) (NB)  
Malcolm Payton (MP)  
Tim Wright (TW)

Lesley Bloomer (LBI)  
Fiona Thorburn (FT)

**IN ATTENDANCE:**

Ross Haggart (RH)  
John Dickie (JD)  
Stuart Stevens (SS)  
Gregor Welsh (GW)  
Roy Dunsire (RD)  
David Farries (DF)  
Kirsty Darwent (KD)  
Richard Whetton (RW)  
Alasdair Cameron (AC)  
Debbie Haddow (DH)

Deputy Chief Officer  
Assistant Chief Officer, Director of Training, Safety and Assurance  
Assistant Chief Officer, Director of Service Delivery  
Data Team Leader (Items 8.1 and 10.2 only)  
Group Commander, Prevention and Protection (Item 8.3 only)  
Head of Operations (Item 13 only)  
Chair of SFRS Board  
Head of Governance, Strategy and Performance  
Group Commander, Board Support Manager  
Board Support Team/Minutes

**OBSERVERS**

None

**1 WELCOME**

- 1.1 The Chair opened the meeting and welcomed those present.
- 1.2 The Committee were reminded to raise their hands, in accordance with the remote meeting protocol, should they wish to ask a question.
- 1.3 This meeting would be recorded and published on the public website.

**2 APOLOGIES**

- 2.1 None

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

- 3.1 The Committee agreed that the draft minutes of the previous private meeting would also be taken in private due to the confidential nature of business discussed.
- 3.2 No further items were identified.

**4 DECLARATION OF INTERESTS**

- 4.1 None

**5 MINUTES OF PREVIOUS MEETING: 11 MARCH 2021**

5.1 The minutes of the previous meeting were agreed as an accurate record.

5.2 **The minutes of the meeting held on 11 March 2021 were approved as a true record of the meeting.**

**6 ACTION LOG**

6.1 The Rolling Action Log was considered and actions were agreed and removed

**7 SERVICE DELIVERY UPDATE**

7.1 RH presented the update report detailing relevant matters from a SFRS service delivery perspective for the period 22 February 2021 to 10 May 2021, albeit some actions may precede and extend beyond these dates. The following key points were highlights:

- New Youth Volunteer Scheme (YVS) launched at Alloa, first in the East Service Delivery Area (SDA), in April 2021.
- New smoke detection standards legislation to come into force in 2022. SFRS have completed the rollout of training to support the new standards.
- Due to ongoing legal challenges in respect of the tragic incident at Cameron House, no update could be provided.
- Covid-19 response – arrangements have been scaled back due to the reduction in cases, including the COVID Advisory Unit being disbanded.
- COP 26 planning arrangements were ongoing, confirmation had been received from the Home Office regarding budget provision and the COP team would now be fully resourced with 26 members of staff.
- Operational Strategy to be presented at the next Committee meeting. Update on restructure within the Operational function to be tabled later on the agenda (Item 12).
- Operational Activity - No incidents of note across all SDAs during this period.
- Service Delivery Manager Workshops delivered by ACO Stevens and Head of Function. The focus of the workshops included continuous improvement, culture, etc.
- Command and Control Futures (CCF) – Two software releases were received by the Service within this period, project timeline had been reviewed and updated following due governance processes.
- Operational Assurance – significant event debrief held for Stonehaven Rail Crash and associated action plan developed.
- Operational Assurance were undertaking a service-wide thematic audit on the Analytical Risk Assessment (ARA) processes.
- Operational Assurance continue to publish Frontline Update with the focus on Firefighting Safety following the incidents at Hairmyers Hospital and Greater Manchester.
- Operational Training - Continuous Improvement Programme was progressing including a review of casualty care training programme and equipment on appliances.

7.2 The Committee requested further information on how the YVS were being delivered within the current restrictions. SS commented on the challenges involved in delivering the YVS during the past year and credited all staff involved in continuing to deliver sessions online. When restrictions allow, sessions would revert to physical meeting. SS noted that further schemes would commence in the East SDA later in the year and provided a brief outline for the resources/facilities required to deliver each scheme.

7.3 The Committee sought clarification on Section 19 of the Road Safety Act and the implications for the Service should this be enacted. JD explained that Section 19 relates to the exemption for emergency services to exceed speed limits and the associated training requirements. This would have implications on the training function due to the increase in driving hours necessary to maintain competence. The Service is currently engaging with the DVLA and the Ministry of Transport on potential adjustments for Scotland, particularly for the Islands.

- 7.4 In relation to the Service Delivery Manager Workshop, SS informed the Committee that the key themes were culture, continuous improvement, sharing of information/best practice, raising awareness of vision for the Directorate ie development of frontlines, operational strategy, etc. The workshop also provided an opportunity to cascade the Strategic Leadership Team's (SLT) priorities regarding health and wellbeing, recovery from Covid, engaging and developing middle managers, etc. These types of workshops would continue to be delivered to ensure continuous improvement, strategic vision, etc.
- 7.5 In relation to CCF, the Committee requested that an update on existing legacy systems and their status included in future Service Delivery Update Report.

**ACTION: RH**

- 7.6 In relation to the publication of Urgent Instruction, Generic Information Notes, etc, JD informed the Committee that there was a function within the PDRPro system which required individuals to confirm that they have read specified documentation. However, due to the overall volume, this was not applied to all documents. JD reminded the Committee that it was the responsibility of both individuals and management to ensure that these documents were read. Publication of these types of documents were also advertised on the iHub to raise awareness.

- 7.7 **The Committee scrutinised the report.**

## **8 SERVICE DELIVERY PERFORMANCE REPORTING**

### **8.1 Quarterly Performance Report for Q4 2020-21**

- 8.1.1 SS introduced GW to the Committee, who presented the performance report for quarter 4, highlighted with following key areas:

- Additional charts included to show impact of Covid on some key performance indicators.
- Reduction in number of All Incidents (7.1%) unwanted fire alarm signals (UFAS) (19%) and road traffic collisions (RTC) (33%) on 2019/20 figures
- Accident Dwelling Fire incident continue to reduce, noting the seasonal variation in Spring and Autumn.
- Accidental Dwelling Fire Casualties show a reduction of 30% reduction on 2019/20.
- Accidental Dwelling Fire Fatalities show an increase on 2019/20 figures; however, it was noted that the previous year was significantly lower than average and could be a result of national restrictions. Three month rolling average figures were relatively stable. Comparison had also been made with Fire and Rescue Services in England.
- Reduction in Home Fire Safety Visits (HFSV). Of those carried out, over 50% were to high risk group and 38% of HFSV results in smoke alarms being fitted.
- Number of Fire Safety Audits, including follow up work, undertaken.
- Wholetime and retained availability.
- Response time - Additional chart included to show the response times by different service delivery area and how this differs from call handling and turnout time. Detailed analysis required to identify the reason for the difference.

- 8.1.2 The Committee commented on the high standard of data presented within the report.

- 8.1.3 The Committee were given clarification on how the data for smoke detectors fitted/replaced were calculated and recorded.

- 8.1.4 The Committee were reminded that a specific session on Response Times would be presented at next Strategy Day (July 2021).

- 8.1.5 **The Committee scrutinised the report and welcomed the continuing improvement in how the information and stats were being presented.**

## 8.2 Action Plan and Closing Reports Updates

- 8.2.1 RW presented the report to the Committee to provide an update on the following audit and inspection action plans:
- Fire Safety and Enforcement – Red RAG status (slippage in timescale), one further action complete, 3 actions not progressed and new dates proposed, 2 actions deferred pending further review. Overall 95% complete.
  - Local Area Inspections National Recommendation Action Plan – Green RAG status, 2 further actions completed. Overall 90% complete.
  - Management of Fleet and Equipment – Green RAG status, 2 further actions have been completed, one proposed amended action requires pending completion. Overall 97% complete.
  - Provision of Operational Risk Information – Red RAG status, 4 actions proposed revised due dates due to UK-wide Emergency Services Mobile Communication Programme. Overall 92% complete.
- 8.2.2 The Committee were asked to scrutinise the actions of the Senior Management Board as contained within the report.
- 8.2.3 The Committee noted that some actions remained open, despite the initial recommendation being addressed, due to additional work being undertaken to find the perfect solution. The Committee discussed the importance of action being clear and targeted specifically for the initial recommendation. RH provided reassurance to the Committee of the processes in place for creating action plans, as well as the robust challenge and scrutiny of progress by the Senior Management Team.
- 8.2.4 Fire Safety Enforcement Action Plan – It was noted that some actions were unable to be completed due to ongoing revisions, etc. SS stated that some previous HMFSI recommendations were not clear or specific and going forward these recommendations would be closed as soon as practice. The Committee scrutinised this action plan and were content with the revised due dates.
- 8.2.5 Local Area Inspection Action Plan – With reference to Action DG1, the Committee noted that the succession plan had been created, however, there was additional work outstanding. The Committee reiterated the earlier comments relating addressing the original recommendation. The Committee scrutinised this action plan and were content with the revised due dates.
- 8.2.6 Management of Fleet and Equipment Action Plan – The Committee noted the progress made and challenged whether Action 26.1 could be closed due to the creation of 4 new driver posts. The Committee scrutinised this action plan and were content with the proposals.
- 8.2.7 Provision of Operational Risk Information Action Plan – The Committee noted that the revised due dates which, due to the postponement of the UK-wide Emergency Services Mobile Communication Programme, were outwith the Service's control. The Committee commented on the need to set realistic timescales, particularly when third parties were involved. RW noted the comment and confirmed that this was an issue the Service were conscious of. He informed the Committee that progress was beginning to be made. The Committee scrutinised this action plan and were content with the proposals.
- 8.2.8 **The Committee scrutinised the report.**

**8.3 UNWANTED FIRE ALARM SIGNALS (UFAS) REVIEW PROJECT – UPDATE REPORT**

8.3.1 SS introduced RD who presented a report to the Committee to provide an update on the work that has been undertaken, to take forward the recommendations contained within the UFAS Stocktake Review Report. The following key areas were highlighted:

- Completion of all actions against the 13 No. recommendations for improvement.
- Assessing viable options for responding to Automatic Fire Alarms (AFAs) including outcomes of stakeholder engagement workshops.
- Update to be provided at the next Board Strategy Day (27 May)
- Mandate for public consultation and draft consultation document to be presented at the next Board meeting (24 June 2021).

8.3.2 RD confirmed that the Operations Control personnel had been fully involved in the process from the start, were represented on the Project Board and working groups and were supportive of the options. However, during the stakeholder engagement workshops, it was highlighted that further engagement with OC personnel was required on call challenging process.

8.3.3 RD provided context on potential local arrangements in terms of the proposed options. He noted that these arrangements relate to the different evacuation procedures in place for specific types of premises ie hospitals, etc.

8.3.4 RD noted that the potential financial impact on Retained Duty System (RDS) personnel due to the reduction in UFAS has been identified as a risk and captured on the equality impact assessment. This will be assessed further through engagement with RDS personnel during the consultation and analysis of UFAS incidents. The outcomes of this would be included in the final business case which will be presented the Board (December 2021) for decision. It was confirmed that Representative Bodies attended engagement workshop and were aware of this risk.

8.3.5 The Committee noted the average mobilising time for RDS and were reminded that the onus for fire safety management was the responsibility of property owners.

8.3.6 RD reminded the Committee that part of the recommendation for change within the Stocktake Review report, was to develop a partnership working strategy to improve alarm systems in Phase 3 stage.

8.3.7 RD explained that a 15% optimism bias had been factored into all options going forward for public consultation.

8.3.8 The Committee queried whether a minimum response level had been identified. RD agreed to raise this at the Consultation Sub Group meeting (27 May) and an update would be provided at the Strategy Day session (27 May).

8.3.9 In relation to cashable and non-cashable savings, RD noted that the non-cashable savings were based on the existing scale of charges and cashable savings were fuel, RDS payments, etc. These details would be provided in the final business case.

8.310 **The Committee welcomed the report and noted the positive progress being made.**

*(Meeting broke at 1120 hrs and reconvened at 1130 hrs.)*

## **9 OPERATIONAL LEARNING**

### **9.1 SFRS Clinical Governance Arrangements Updates**

9.1.1 JD informed the Committee that work was continuing with Scottish Ambulance Service (SAS) undertaking a review of casualty care training and equipment as well as consulting with ICAT trainers and frontline crews. An update on the outcomes of the SAS review would be brought to the next meeting (September 2021).

9.1.2 **The Committee noted the verbal update.**

### **9.2 Grenfell Tower Fire – Update Report**

9.2.1 SS presented a report to the Committee to provide an update on the progress against the recommendations contained with the Grenfell Tower action plan. The following key points were highlighted:

- Change of personnel - Ali Perry, Head of Prevention and Protection would now Chair the working group.
- Full stocktake review on the progress of the action plan had been undertaken and clear route identified for completing all outstanding actions.
- Both the London Fire Brigade (LFB) and the Grenfell Tower Inquiry report recommendations would be presented at all future Committee meetings.
- Detailed specific updates on all recommendations including RAG status and any actions required for completion.
- Recommendation to close seven recommendations.
- Recommendation for timescale review of 13 recommendations from July to September 2021.
- Fire Survival Guidance exercise took place on 14 May 2021 focusing on communication between the fire ground and Operational Control. The outcomes of this exercise would be consolidated and rolled out to all control sites.
- Recommendation to transfer one recommendation to the Command and Control Mobilising System project (CCMS) due to limitations of the current systems.
- Notification of HMFSI's intention to undertake a review of the Service's arrangements for firefighting in high rise buildings including response to Grenfell recommendations.

9.2.2 SS assured the Committee that there were no specific concerns regarding the recommendations. However, due to the specific nature of some of the recommendations relating to the LFB, they were not practicable for the Service to meet.

9.2.3 The Committee sought clarification on whether Grenfell would not be included within the Annual Operating Plan, due to the revised timescale. The Committee were reminded that regular reports were provided for scrutiny to this Committee and the full Board therefore it was not deemed necessary to add this to the Annual Operating Plan.

9.2.4 **The Committee scrutinised the report and supported the recommendations.**

## **10 SERVICE DELIVERY RISK REGISTER**

### **10.1 Service Delivery Risk Register**

10.1.1 SS presented the Service Delivery Aligned Risks noting that the Directorate risk register was reviewed monthly to ensure the probability, impact of the action and control measures in place were appropriate. The following key points were highlighted:

- New format of report containing overview of strategic risk register, Committee aligned directorate risk summary and Committee aligned directorate risk actions.
- Risk SD008 (Unintentional harm to communities) relates to the impact of COVID on carrying out Home Fire Safety Visits. Action taken include detailed recovery plan developed, successful business to recruit Fire Safety Advocates and restructure of Prevention and Protection function to facilitate work.



- Risk SD010 (Fire Scotland Act) to be covered under Agenda Item 10.3.
- Risk SD011 (Marauding Terrorist Attack response) increased due to response to COP26 and outcomes of the Manchester Arena Enquiry.

10.1.2 In relation to Risk SD001 (Existing legacy Services), SS provided an update to the Committee on the extend of the faults recorded within each Command and Control Centre. Although there were no major issues, the Contingency Group has been reconvened to support the CCF project and manage any faults going forward.

10.1.3 The Committee commended the revised format of the risk register and noted the intention for greater scrutiny of risk at future meetings.

10.1.4 **The Committee noted the report.**

## 10.2 **IN PHASE RISK REGISTER MONITORING AND REPORTING (LIVE DEMO)**

10.2.1 RW introduced GW who gave a presentation to the Committee to demonstration the InPhase Risk Register Monitoring and Reporting module. The following key points were highlighted:

- Previous process was resource intensive.
- New risk toolkit has been created for Directorate use. Significant engagement undertaken to identify the needs and requirements of the Directorates.
- Potential to roll out to Service Delivery Areas.
- Future intention to automate the process.
- Demonstration and run through to the risk information captured within the Excel spreadsheet including the addition of new risk, closure of risk and end of year targets. Data would be accessible and able to be interrogated.
- Able to be deployed following approval by Audit and Risk Assurance Committee.

10.2.2 The Committee asked when this could be deployed and accessible. GW stated that a decision was required on whether the focus should be on improving accessibility of the data for Directorates or rolling out the data collection process in locations areas/functions. Both options involved time consuming development and no timescale had been identified yet.

10.2.3 **The Committee welcomed the presentation and demonstration.**

## 10.3 **Risk Spotlight – SD10 Fire Safety Enforcement - Impact of COVID and Change of Delivery Model**

10.3.1 SS presented the risk spotlight briefing note noting that this remained unchanged from the version deferred from the previous meeting and highlighted the following:

- Fire safety enforcement (FSE) is managed through a published Fire Safety Enforcement Framework which details audit actions and focus (risk based).
- FSE audits undertaken on premises with high prevalence of UFAS incidents or premises where a fire has occurred.
- All Local Senior Officers (LSO) produce a Local Enforcement Delivery Plan, which are updated quarterly and published on the SFRS website, to identify relevant framework premises for audit purposes as well the potential to undertake localised thematic reviews.
- FSE and Community Safety Engagement are delivered at a local level and managed by individual LSOs.
- FSE was delivered by 83.5 (full time equivalent) uniformed and non-uniformed staff.
- Challenges with sustainability particularly with uniformed staff.
- Local delivery supported by a small Prevention and Protection HQ function.
- Centralised small team for Fire Engineers.
- Background performance information including number of live alteration, prohibition and enforcement notices.

- Approach to audit and enforcement, SFRS engage and work with duty holders which has been beneficial for both parties.
- Actions undertaken to reduce the risk including development of LSO recovery plans, additional future recruitment of Fire Safety Advocates, Fire Safety Auditing Officers (non-uniformed) and Specialist Fire Engineering Manager, strategic review of FSE (local/national structures, sustainability), review of effectiveness of auditing processes and current ongoing tendering process for the provision of FSE training modules.

10.3.2 SS noted that discussions had taken place regarding joint working between P&P and Data Team to review and analysis data and identifying trends.

10.3.3 SS noted that the new performance management framework contained performance measures for the number of completed framework premises audits and number carried out. These would be reported to the Board.

10.3.4 SS reminded the Committee that all relevant premises are subject to a post fire audit, the Service would automatically revisit and identify whether there were any shortcomings from previous audits and undertake a review of the risk rating for the premise.

10.3.5 Outwith the meeting, SS and NB would discuss the potential for further insight on FSE, including links with other key aspects work within the Service, for the Committee.

10.3.6 **The Committee noted the risk spotlight briefing note and verbal update.**

## 11 COMMITTEE VALUE ADDED STATEMENT 2020/21

11.1 NB presented a report to the Committee, which outlined evidence of how the Committee supports the effective functioning of the Board.

11.2 The Committee requested that the statement should refer to the Committee minutes being presented at Board meetings and that the all references to the Transformation and Major Projects Committee be amended to Change Committee.

**ACTION: BST**

11.3 **The Committee scrutinised the report and noted the proposed changes.**

## 12 RESPONSE & RESILIENCE REVIEW AND INTERNAL RESTRUCTURE

12.1 DF presented a report to the Committee, in relation to the recent review of the Response and Resilience (R&R) Function and the resultant structural changes and naming conventions that were implemented on 4 January 2021. The following key points were highlighted:

- Purpose of review: Review structure, work, working practices, culture of function and make recommendations to enable transition and full integration into the Service Delivery Directorate.
- Identify options to ensure organisational/personal development, succession planning and talent management holistically within the Service.
- Research and rebranding of Response & Resilience to enhance the understanding of the function.
- Engagement undertaken within both the function and wider Service.
- Key recommendations included rebranding to Operations Function, development of a communications and engagement strategy with the wider Directorate, realignment of individual department to support both strategy development and SDA support and review naming convention of all department to clearly define their purpose.
- Workstream and Role recommendations included review and clarify role definitions, review work package and deliverability, instigate a gateway style approach for allocating work and identifying interdependencies and clearer alignment of workstreams with other Directorates.

- Working Practices recommendations included instigate approved document suite review programme, promote wider involvement to reduce potential for single point of failure, continue to operate a project based approach across all areas, support procurement by developing clear guidance for User Intelligence Groups and review accident investigation protocols within Training, Safety and Assurance Directorate.
- Cultural recommendations included review of communication and engagement plan to raise awareness of the Operation Functions role, engage and develop partnership workstreams, improve engagement with SDA/LSO areas, developing training/engagement with Flexi Duty Officer and Operations Control, create opportunities for joint training exercises and identify secondment opportunities within/outwith the Function.
- Four initial priorities were identified: refine structure and role, develop C&E strategy, create delivery plan to resource and launch document suite, and create framework to deliver the Operational Strategy.

12.2 The Committee were updated on the resourcing of the dedicated COP 26 team.

12.3 Following the restructure and review of the Function, DF stated that a formal internal evaluation of the structural would be carried out and regular performance and progress monitoring would be undertaken through the Directorate Management Team meetings.

12.4 **The Committee thanked D Farries for his informative presentation.**

### **13 FORWARD PLANNING**

#### **13.1 Committee Forward Plan**

13.1.1 The Committee noted the forward plan.

13.1.2 The following items were noted:

- Operations Strategy – D Farries (September 2021)
- Potential Fire Safety Enforcement Update – S Stevens (TBC)
- Outcomes of SAS Review – J Dickie (September 2021 TBC)
- Update Report on Impact of UFAS Option – S Stevens (February 2022)

#### **13.2 Items for Consideration at Future IGF, Board and Strategy/Information and Development Day Meetings**

13.2.1 There were no items for consideration.

13.2.2 It was noted that an informal Committee Chairs meeting was held on 14 April to discuss oversight and reporting of risk. NB confirmed that the Committee Chairs were satisfied with the handling of risk and felt able to tailor their discussions in a manner that was suitable for their Committees.

### **14 REVIEW OF ACTIONS**

14.1 AC confirmed that there were two formal actions recorded during the meeting.

### **15 DATE OF NEXT MEETING**

15.1 The next meeting is scheduled to take place on Thursday 1 September 2021.

15.2 There being no further matters to discuss, the public meeting closed at 1250 hours.

## **PRIVATE SESSION**

### **16 MINUTES OF PREVIOUS PRIVATE MEETING: 11 MARCH 2021**

16.1 The minutes were approved as an accurate record.

## SERVICE DELIVERY 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), note zero actions categorised as Green status and note zero actions categorised as Yellow status on the action log.

OFFICIAL

Minute Ref	Action	Lead	Due Date	Status	Completion Date	Position Statement
<b>Service Delivery Meeting Date: 26 May 2021</b>						
<b>Item 7.5</b>	<b>Service Delivery Update</b> - In relation to CCF, the Committee requested that an update on existing legacy systems and their status included in future Service Delivery Update Report.	<b>RH</b>	<b>September 2021</b>		<b>August 2021</b>	<b>Completed (01/09/2021):</b> Service Delivery Update report updated to include information on the existing OC systems.
<b>Item 11.2</b>	<b>Committee Value Added Statement 2020/21</b> - Update committee value added statement re background making reference to SDC minutes being presented at Board and also reference to TMPC now termed Change Committee.	<b>BST</b>	<b>September 2021</b>		<b>June 2021</b>	<b>Completed (01/09/2021):</b> Value Added Statement updated to reflect these changes.

## SCOTTISH FIRE AND RESCUE SERVICE

## Service Delivery Committee



Report No: C/SDC/16-21

Agenda Item: 7

Report to:	SERVICE DELIVERY COMMITTEE						
Meeting Date:	1 SEPTEMBER 2021						
Report Title:	SERVICE DELIVERY UPDATE REPORT						
Report Classification:	For Scrutiny	<b>Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <u><a href="#">Board Standing Order 9</a></u>					
		<u><a href="#">A</a></u>	<u><a href="#">B</a></u>	<u><a href="#">C</a></u>	<u><a href="#">D</a></u>	<u><a href="#">E</a></u>	<u><a href="#">F</a></u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to provide the Service Delivery Committee (SDC) with an update on relevant matters from a Scottish Fire and Rescue Service (SFRS) service delivery perspective.						
<b>2</b>	<b>Background</b>						
2.1	The overall purpose of SDC is to scrutinise and challenge the safety, quality and performance of service delivery across Scotland, providing assurance to the SFRS Board.						
2.2	To support SDC in this role, this Service Delivery Update Report is presented by the Deputy Chief Officer at each meeting of the committee. This highlights key issues from an SFRS service delivery perspective.						
2.3	For the purposes of the committee's role, and this update report, service delivery comprises SFRS' Service Delivery, and Training, Safety and Assurance Directorates.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	Each Service Delivery Update Report provides details to SDC of key issues across SFRS' service delivery. Although these updates are provided at each quarterly meeting of the committee, some issues are longer-term and will span beyond the immediate timescale being reported upon.						
3.2	This report covers the period from 11 May to 15 August 2021, albeit as outlined in 3.1 above, some issues highlighted in Appendix A may precede this time period and/or extend beyond it.						
<b>4</b>	<b>Recommendation</b>						
4.1	SDC is invited to scrutinise the detail provided in Appendix A of this report.						
<b>5</b>	<b>Key Strategic Implications</b>						
5.1	<b>Risk</b>						
5.1.1	A specific Service Delivery Risk Register is also provided to each meeting of SDC, which complements this update report.						

5.2 5.2.1	<b>Financial</b> Any financial implications associated with this report will be considered by the Strategic Leadership Team and SFRS Board where this is out with the normal budgetary arrangements for the Service Delivery, and Training, Safety and Assurance Directorates. Where appropriate, this will be done through the Service's Business Case process.
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> Although there are no direct environmental or sustainability implications associated with this report, SFRS is committed to protecting the environment from a service delivery perspective.
5.4 5.4.1	<b>Workforce</b> Any workforce issues arising from matters outlined within Appendix A are managed in accordance with normal SFRS protocols in this regard.
5.5 5.5.1	<b>Health &amp; Safety</b> Any health and safety issues arising from matters outlined within Appendix A are managed in accordance with normal SFRS protocols in this regard.
5.6 5.6.1	<b>Training</b> Specific details in relation to operational training are contained within Appendix A.
5.7 5.7.1	<b>Timing</b> This report covers the period from 11 May to 15 August 2021 and, where appropriate, the period prior to and following this.
5.8 5.8.1	<b>Performance</b> A specific Service Delivery Quarterly Performance Report is also provided to each meeting of SDC, which complements this update report.
5.9 5.9.1	<b>Communications &amp; Engagement</b> Where appropriate, issues highlighted within Appendix A are communicated internally and externally.
5.10 5.10.1	<b>Legal</b> Any legal issues arising from matters outlined within Appendix A are managed in accordance with normal SFRS protocols in this regard.
5.11 5.11.1	<b>Information Governance</b> <i>DPIA completed Yes/No. If not applicable state reasons.</i> A Data Protection Impact Assessment is not required as no personal information has been used in the creation of this report.
5.12 5.12.1	<b>Equalities</b> <i>EIA completed Yes/No. If not applicable state reasons.</i> A specific Equality Impact Assessment is not required for this report, albeit these will have been undertaken where appropriate for relevant issues highlighted within Appendix A.
5.13 5.13.1	<b>Service Delivery</b> This report provides an update to SDC on service delivery related matters.
<b>6</b>	<b>Core Brief</b>
6.1	Not applicable.

<b>7</b>	<b>Appendices/Further Reading</b>	
7.1	Appendix A: Service Delivery Update.	
<b>Prepared by:</b>	Service Delivery, and Training, Safety and Assurance Directorates	
<b>Sponsored by:</b>	Deputy Chief Officer Ross Haggart	
<b>Presented by:</b>	Deputy Chief Officer Ross Haggart	
<b>Links to Strategy and Corporate Values</b>		
This report supports the SFRS Objectives of <i>Prevention, Response and People</i> , and all four Values of <i>Safety, Teamwork, Respect and Innovation</i> .		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Service Delivery Committee</i>	<i>1 September 2021</i>	<i>For Scrutiny</i>



**APPENDIX A: Service Delivery Update**

<b><u>SERVICE DELIVERY DIRECTORATE</u></b>	
<b><u>Prevention and Protection</u></b>	
<b><u>Item</u></b>	<b><u>Commentary</u></b>
<b>Summer Thematic Plan</b>	Prevention and Protection (P&P) have launched this year's Summer Thematic Action Plan. This national campaign continues to target anti-social behaviour, fires in derelict buildings and wildfire prevention. The campaign also focuses on seasonal safety risks such as camping and caravan safety plus water and road safety.
<b>P&amp;P Campaigns</b>	P&P have continued the #Makethecall campaign and have strengthened water safety messaging and ensured attendance at water safety hotspots by Community Action Teams and operational crews in response to the recent tragic water related fatalities. In addition, the service has run a campaign in response to the increase in "staycations" to encourage people to familiarise themselves with escape routes when visiting holiday accommodation including short term lets and hotels.
<b>COVID Recovery (Home Fire Safety Programme and Fire Safety Enforcement Activity)</b>	<p>As part of the Senior Management Board Reset and Renew work the Prevention, Protection and Partnerships work stream has developed a robust recovery plan as part of which each Local Senior Officer (LSO) area has developed a Local P&amp;P Recovery Plan. These plans ensure each area refocuses on and prioritises Home Fire Safety Visits (HFSVs) and Fire Safety Auditing Activity based on risk. The plans will include focussed activity based on local priorities and data.</p> <p>To support the Service Delivery Areas and LSOs in the delivery of Local P&amp;P Recovery Plans the service is going through a recruitment process for 30 additional staff including both Community Safety Advocates and Fire Safety Auditing Officers.</p> <p>In support of the Service's continued prioritisation of prevention the management of the P&amp;P Function has benefited from a redistribution of resources within the Service Delivery Directorate. This has enabled P&amp;P to receive an additional Area Commander (AC) to ensure appropriate capacity to drive forward service objectives. In addition to this AC the function has been able to create an equivalent support staff role of temporary Deputy Head of Prevention and Protection; this role will oversee community safety engagement, and is currently being advertised.</p>

<p><b>Community Safety Engagement</b></p>	<p>A review of P&amp;P Function has been initiated as part of the SMB Reset and Renew work with information being gathered as part of the wider Prevention, Protection and Partnership work.</p> <p>The Service has begun the targeted reintroduction of off station community engagement activities. This has ensured SFRS resources respond to identified priorities including Operational Crews and Community Safety Advocate teams attending identified locations to deliver water safety messaging and reassurance following the tragic incidents over the weekend on 23, 24 and 25 July in support of wider media messaging.</p>
<p><b>Youth Volunteer Programme</b></p>	<p>An evaluation of the Youth Volunteer Scheme (YVS) has been undertaken and a report has been finalised. This report was included in a review of Youth Engagement within SFRS presented to the Board at a recent strategy day. The YVS continues to be delivered on a virtual basis although this is subject to ongoing review with a return to face to face delivery when considered appropriate.</p>
<p><b>Grenfell Action Plan &amp; Ministerial Working Group</b></p>	<p>The Service has continued to support the various Ministerial Working Groups set up following the Grenfell Tower tragedy. The COVID pandemic has impacted the Grenfell Tower action plan timescales although good progress is being made against the outstanding actions. (Update on agenda)</p>
<p><b>New Smoke Detection Standards</b></p>	<p>The Service is continuing to support the Scottish Government change to legislation for domestic smoke detection due to take place in 2022. The Service continues to fit to the new domestic smoke detection standard in owner occupied high risk properties. The Service is supporting the Scottish Government marketing campaign to highlight the change in legislation.</p>
<p><b>UFAS Review</b></p>	<p>The UFAS review is progressing through the UFAS Review Board and associated working group. A consultation on proposals to change the response to workplace automatic fire alarm (AFA) signals has been launched on 19 July and will close on 11 October 2021.</p>

Operations																																																																																																							
<p><u>Item</u>  <b>Command and Control Contingency Planning</b></p>	<p><u>Commentary</u>                      BAU system performance is closely monitored with regular reports provided to the Command and Control Futures Project Board and Service Delivery Operations Control (OC) Contingency Group. All known issues are being addressed by ICT and the current system suppliers to ensure robust functionality. In addition, all OC staff are well rehearsed in resilience procedures which allows for smooth continuity of service should technical difficulties arise.</p> <div data-bbox="735 622 1410 976" data-label="Figure"> <table border="1"> <caption>EOC Critical Faults Data</caption> <thead> <tr> <th>Month</th> <th>Total</th> <th>Linear (Total)</th> </tr> </thead> <tbody> <tr><td>Apr-20</td><td>5</td><td>5</td></tr> <tr><td>May</td><td>10</td><td>7</td></tr> <tr><td>June</td><td>15</td><td>9</td></tr> <tr><td>July</td><td>10</td><td>11</td></tr> <tr><td>Aug</td><td>10</td><td>13</td></tr> <tr><td>Sept</td><td>5</td><td>15</td></tr> <tr><td>Oct</td><td>20</td><td>17</td></tr> <tr><td>Nov</td><td>15</td><td>19</td></tr> <tr><td>Dec</td><td>20</td><td>21</td></tr> <tr><td>Jan</td><td>10</td><td>23</td></tr> <tr><td>Feb</td><td>15</td><td>25</td></tr> <tr><td>Mar</td><td>20</td><td>27</td></tr> <tr><td>Apr-21</td><td>15</td><td>29</td></tr> <tr><td>May</td><td>15</td><td>31</td></tr> <tr><td>June</td><td>30</td><td>33</td></tr> <tr><td>July</td><td>30</td><td>35</td></tr> </tbody> </table> </div> <p>The increase in EOC faults is due to an issue with the Integrated Communications Control System (ICCS) which deals with the telephony. Work arounds are in place and ICT and the system supplier have identified that a system refresh will resolve the issue. This is expected in the next month.</p> <div data-bbox="735 1245 1410 1644" data-label="Figure"> <table border="1"> <caption>DOC Critical Faults Data</caption> <thead> <tr> <th>Month</th> <th>Total</th> <th>Linear (Total)</th> </tr> </thead> <tbody> <tr><td>Apr-20</td><td>15</td><td>24</td></tr> <tr><td>May</td><td>28</td><td>24</td></tr> <tr><td>June</td><td>25</td><td>24</td></tr> <tr><td>July</td><td>10</td><td>24</td></tr> <tr><td>Aug</td><td>25</td><td>24</td></tr> <tr><td>Sept</td><td>38</td><td>24</td></tr> <tr><td>Oct</td><td>28</td><td>24</td></tr> <tr><td>Nov</td><td>35</td><td>24</td></tr> <tr><td>Dec</td><td>15</td><td>24</td></tr> <tr><td>Jan</td><td>18</td><td>24</td></tr> <tr><td>Feb</td><td>18</td><td>24</td></tr> <tr><td>Mar</td><td>18</td><td>24</td></tr> <tr><td>Apr-21</td><td>20</td><td>24</td></tr> <tr><td>May</td><td>15</td><td>24</td></tr> <tr><td>June</td><td>20</td><td>24</td></tr> <tr><td>July</td><td>22</td><td>24</td></tr> </tbody> </table> </div> <p>The high number of faults in DOC for July -Dec 2020 was due to the Vision data writer overloading. ICT and the system supplier have resolved this using a work around to clear data which is not required. In addition, there have been ongoing faults related to the telephony. Work arounds are in place to mitigate the issue.</p>	Month	Total	Linear (Total)	Apr-20	5	5	May	10	7	June	15	9	July	10	11	Aug	10	13	Sept	5	15	Oct	20	17	Nov	15	19	Dec	20	21	Jan	10	23	Feb	15	25	Mar	20	27	Apr-21	15	29	May	15	31	June	30	33	July	30	35	Month	Total	Linear (Total)	Apr-20	15	24	May	28	24	June	25	24	July	10	24	Aug	25	24	Sept	38	24	Oct	28	24	Nov	35	24	Dec	15	24	Jan	18	24	Feb	18	24	Mar	18	24	Apr-21	20	24	May	15	24	June	20	24	July	22	24
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<p><b>Document Conversion Project</b></p>	<p>This redefined approach to the project, will identify and create a programme for improvement; led by the National Retained &amp; Volunteer Leadership Forum with approval from Senior Management Board (SMB) and the Change Committee.</p> <p>Under the RVDS project, the developments and improvements will focus on six RVDS Strategy Themes:</p> <ul style="list-style-type: none"> <li>• Contractual</li> <li>• Attraction</li> <li>• Recruitment</li> <li>• Competence</li> <li>• Retention</li> <li>• Policy</li> </ul> <p>The new draft strategy and framework has been written and influenced by work streams currently ongoing across the Service that impact the RVDS. The ongoing workstreams across departments are captured and monitored via the RVDS Consolidated Action plan to ensure a co-ordinated and collaborative approach to all matters related to RVDS improvements and ways of working. This approach will protect against inefficiencies in terms of time, effort, resources and guard against duplication. The dedicated RVDS Support Team play a key role in all elements of this project.</p> <p>The project continues to focus on reviewing, refreshing, consolidating and streamlining our Operational documentation to ensure it is easily understandable, consistent and accessible to support Firefighter Safety at Operational incidents.</p> <p>A dedicated project team within Operations Function but incorporating Health and Safety (H&amp;S) colleagues has created a prioritised schedule based on a risk assessment methodology and is working through the existing document suite and identifying potential gaps or overlaps.</p> <p>The first new Operational Procedure is 'Firefighting in Buildings' which consolidates 13 previous Standard Operating Procedures (SOPs) into one new procedure. The new electronic format is user focused, easily navigable and avoids duplication such as generic hazard and risk information. Superfluous or background information more aligned to the training environment has been removed and captured in a separate manual ensuring the operating procedure is devoted to key information for Incident Commanders and crews. This has seen a reduction in this instance of 349 pages down to less than 50, the consolidation of 13 risk assessments into one, the superseding and inclusion of 5 Urgent instructions and 4 Awareness Briefings into the core document and the closure of</p>
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	<p>The COP26 team in conjunction with the Service Delivery Operational Availability Group are working on potential staffing models to service the event and this is likely to involve a mixture of on duty personnel and individuals who have volunteered to assist via a recent internal communication seeking interested parties.</p> <p>A large workload exists from a P&amp;P enforcement perspective with a number of hotels identified for full audit and inspection. A communications plan is being put in place for other sleeping accommodation not routinely audited such as campsites, Air BnB, B&amp;B and private homes.</p> <p>HMFSI are conducting a COP26 thematic audit and all documentation has been provided. London Fire Brigade remain as critical friends to the COP26 planning team and continue to sense check progress.</p> <p>A COP26 CBRN Commanders event is scheduled to take place in September.</p>
<p><b><u>Service Delivery Area - North</u></b></p>	
<p><u>Item</u>  <b>Aberdeen City and Aberdeenshire and Moray Merger</b></p>	<p><u>Commentary</u></p> <p>The merger of the Aberdeen City and Aberdeenshire and Moray areas presented a great opportunity to bring together good practice from both areas. Seven different areas of work were identified as being key to a successful merger, with working groups created to focus on each of these areas. Working groups were chaired by local managers and had representation from management team members from both areas as well as LSO business partners. The purpose of this approach was to create ownership and a real culture of collaboration as it was vitally important that local staff could influence and contribute to the creation of the new LSO area.</p> <p>Throughout the process engagement with station personnel was continual. This kept staff informed, and offered opportunities for staff to share ideas and concerns which were fully discussed and considered.</p> <p>At station level the merger has been well received. Very little has changed for station personnel other than greater access to local resources such as Community Safety Advocates and local Training Instructors</p> <p>The merger has also been very well received by key partners. Due to the re-alignment of the geographical boundaries with the Local Resilience Partnership, Police Scotland and NHS Board, efficiencies are already being realised allowing more time to be</p>

<p><b>Service Delivery Support for Community COVID Testing</b></p>	<p>devoted to delivering local workstreams and developing initiatives with partners.</p> <p>Service Delivery continue to support the Scottish Government's National COVID Testing Strategy.</p> <p>There are currently 26 community fire stations supporting symptomatic testing across Argyll &amp; Bute, Highland and Aberdeen City, Aberdeenshire and Moray through the Scottish Government's Rural Pathway programme; the purpose of this programme is to ensure equitable access to testing across rural communities within Scotland. To date over 2,300 tests have been conducted through this programme. SFRS personnel have also responded to surges in positive cases, specifically in Fort William and Dunoon, by staffing the model seven days a week and increasing opening times at the station for members of the public.</p> <p>NHS Mobile Testing Units are using 13 SFRS community fire stations to set up within local communities and deliver symptomatic COVID testing.</p> <p>Within the Scottish Borders, 12 SFRS community fire stations are being used on a rolling schedule to facilitate asymptomatic testing in partnership with NHS Borders. This supports the Scottish Government's Universal Testing process; to date over 2,000 asymptomatic tests have been delivered through this initiative.</p> <p>SFRS staff are also supporting COVID testing within Dumfries &amp; Galloway and East, North and South Ayrshire at external off station testing centres. These testing programmes are being managed and delivered through the respective Local Resilience Partnerships.</p> <p>A SFRS Community COVID Testing Oversight Group has been instigated to monitor and manage SFRS support for COVID testing across the country.</p>
<p><b><u>Service Delivery Area - West</u></b></p>	
<p><u>Item</u> <b>Lanarkshire LSO Merger</b></p>	<p><u>Commentary</u> As part of ongoing and regular reviews of the Service Delivery structure within SFRS, a proposal was put forward to merge the North Lanarkshire and South Lanarkshire LSO Areas into a single LSO Area and this was subsequently approved by Strategic Leadership Team (SLT).</p> <p>As the SFRS has a statutory duty to engage with Local Authorities, this proposal was presented to both Chief Executives for North Lanarkshire and South Lanarkshire Councils with positive feedback received.</p>



In June 2021 the existing Management Team for both LSO Areas were informed of the merger and timeframes. Project Lead (Group Commander Scott Kennedy) was identified to manage the various elements of the merger, including timeframes, key internal and external stakeholders and identification of work locations to bring both Area teams together.

Project workstreams are identified as follows:

- Identification of Lanarkshire Management Structure
- Identification of Lanarkshire Area Headquarters, Prevention & Protection and Training Teams
- Standardisation of Service Delivery and key References
- Standardisation of Prevention and Protection
- Standardisation of Training and Development
- Standardisation of Administration
- Standardisation of Performance

Progress to date includes:

1. Identification of Project Workstream Leads
2. Agreed Management Structure in place and personnel references agreed
3. Progression/Action meetings held fortnightly
4. Property adaptations agreed and actioned
5. Communication and Engagement with internal and external stakeholders
6. Area management meetings structured and tested
7. Administration amendments required
8. Identification of work locations with personnel now in place:
  - Motherwell – Area HQ
  - Clydesmill – Prevention and Protection
  - Hamilton Bungalow/TRTC Building – Training and Development
  - Lanark Community Fire Station – RVDS Training Hub

#### Next Steps

- Development of Prevention & Protection, Training & Development and RVDS Strategies
- Finalise and agree Area performance reporting structure
- Merge work processes through SharePoint
- Regular updates on workstreams and progression to WSDA DACO and SLT
- Communication Strategy for engaging with personnel from legacy North and South Lanarkshire Areas to keep them updated of progress.

<p><b>Incident Update: Clinical Waste Plant Fire (Bellshill)</b></p>	<p><b>Background:</b> Tradebe Healthcare is a purpose-built clinical waste treatment facility in Bellshill, North Lanarkshire. The Plant was developed under a 10-year contract between NHS Scotland and Tradebe Healthcare, the healthcare arm of Spanish-owned waste management business Tradebe.</p> <p>In March 2019 Tradebe was granted an environmental permit for a waste treatment facility in Bellshill which processes nearly 25,000 tonnes of healthcare waste per year. The permit was granted by the Scottish Environment Protection Agency (SEPA).</p> <p>The facility had equipment and processes which enabled them to optimise operations for NHS Scotland as well as creating a zero-waste to landfill solution aligned with the Scottish Government's Zero Waste Plan. In addition to the above noted waste, Tradebe also disposed of COVID-19 clinical waste.</p> <p><b>Incident Detail:</b> On the morning of Friday 9 July 2021 SFRS were mobilised to these premises with a report of a drier on fire within a large commercial building.</p> <p>On arrival the initial IC was faced with a fully developed fire within a large commercial building of sandwich panel construction, single storey with a mezzanine floor, approximately 100m x 70m.</p> <p>This incident was increased to Level 2 on the attendance of the 2<sup>nd</sup> call FDO. After liaison with the responsible person, it was identified that this building was a clinical waste facility, also related to COVID clinical waste. The building involved also contained other hazards including oxygen and acetylene cylinders and a chemical storage area. The 2<sup>nd</sup> call FDM took charge and made this a Level 3 and Hazmat incident due to the biological, chemical and explosive hazards. A High-Volume Pump was also requested and utilised.</p> <p>SFRS was in attendance at this incident for a total of five days from 9 July – 13 July 2021.</p>
<p><b>Service Delivery Area - East</b></p>	
<p><u>Item</u> <b>Shared Services with Scottish Ambulance Service</b></p>	<p><u>Commentary</u> Service Delivery continues to explore and progress opportunities to share services with partner organisations.</p> <p>The Scottish Futures Trust supports the Service through the Joint Services' Asset Sharing Groups in each Service Delivery Area.</p>

<p><b>Driver Support to Scottish Ambulance Service</b></p>	<p>Most recently the Scottish Ambulance Service have co-located at Penicuik [MELB LSO Area], Sighthill and Crewe Toll [CoE LSO Area] Community Fire Stations, aligned to their demand profiling.</p> <p>Local Senior Officer Area Management Teams have worked closely with station personnel and Scottish Ambulance Service, to ensure the needs of both parties are considered in any changes to the use of available space.</p> <p>There are numerous benefits from the co-location of fire and ambulance staff, which include the creation of relationships and joint training.</p> <p>Following the Memorandum of Understanding - Assisting with the Transportation of Patients and Personnel Support during the COVID- 19 Pandemic, being agreed between the SFRS and the Scottish Ambulance Service, a formal request for assistance was made to the SFRS in July.</p> <p>In preparation for the MoU being activated, the SFRS developed a cadre of Retained Duty System operational staff, who volunteered to support the Scottish Ambulance Service, to drive ambulances and use their first aid skills, under the direction of a paramedic.</p> <p>During July and early August, a number of deployments have been made to support the Scottish Ambulance Service across the North and East Service Delivery Areas.</p>
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<p><b><u>TRAINING, SAFETY AND ASSURANCE DIRECTORATE</u></b></p>	
<p><b><u>Command and Control Futures (CCF)</u></b></p>	
<p><u>Item</u></p>	<p><u>Commentary</u></p>
<p><b>Testing</b></p>	<p>The test team continue to develop and run tests in all areas of the system available to them, with in excess of 1000 having been attempted since the commencement of User Acceptance Testing (UAT). Ultimately, progress towards completion will only be achieved with the completion of Airwave connectivity, the provision of a stable and functioning version of the software and the focused addressing of defects by Systel.</p>
<p><b>Configuration of system</b></p>	<p>Configuration of the system is a sequential activity requiring the same progress as those detailed for testing.</p>
<p><b>Connectivity</b></p>	<p>Airwave connectivity continues to progress with the overall completion timeline being slipped between six</p>

<p><b>Training</b></p>	<p>and eight weeks from the original planned and indicated by the provider.</p> <p>Training is again a sequential activity, which fundamentally requires a functioning, low defect and configured system. Training managers have a responsibility to balance the need to train asap with operator confidence and, at present, do not have a sufficiently prepared, stable or functioning version to utilise. They have mapped the amount of training days available between the Systel intention to provide a go-live version in October and various potential go-live schedule dates in Q1 and Q2 of 2022, to ensure we have a robust plan to implement as soon as the system is ready.</p>
<p><b>Review</b></p>	<p>The areas addressed by the gate review are covered in the briefing note provided to the SFRS Board Strategy Day (04/08/2021) and the outcome was brought to the Command and Control Futures (CCF) Board in July.</p>
<p><b>Rectification Plan</b></p>	<p>Progress against the plan is monitored at project level weekly and Board level monthly. The latest update from the July CCF Board (and the gate review) are addressed in the briefing note.</p>
<p><b>Systel Timeline</b></p>	<p>On 9 July 2021, Systel acknowledged their inability to meet the planned and agreed timelines and this has been factored into the review process, as well as the proposed re-map.</p>
<p><b>Project Level Gate Review</b></p>	<p>Summarised in the briefing note provided to the Board Strategy Day, and will come forward to the Change Committee in due course once through the relevant reporting/governance channel.</p>
<p><b>Delivery Timeline</b></p>	<p>As with previous reviews, the risk of going live before the system is fit for purpose has to be balanced with the likelihood of existing system issues. This is closely monitored and communicated between the CCF Project and our Service Delivery colleagues. In addition, through the work of the contingency sub group, bolstering work and investment in Edinburgh and Dundee are being agreed with existing suppliers.</p>
<p><b>Management of Risk</b></p>	<p>Done through:</p> <ul style="list-style-type: none"> <li>- Risk and issue logs;</li> <li>- Governance and reporting;</li> <li>- Contractual management;</li> <li>- Legal review; and</li> <li>- Resilience and monitoring (existing CCMS).</li> </ul>

<b><u>Operational Assurance (OA)</u></b>	
<p><u>Item</u> <b>General Information Notes (GINs)</b></p> <p><b>Thematic Audit</b></p> <p><b>Significant Events</b></p> <p><b>Frontline Updates</b></p> <p><b>Engagement</b></p>	<p><u>Commentary</u> A new 'Flexi-Duty Officer (FDO) Mentoring and Support' GIN went live on Monday 7 June 2021.</p> <p>A new process was introduced that involves the mobilising of competent FDOs to support newly promoted Station Commanders on the incident ground for a minimum 16-week period in support of firefighter safety.</p> <p>A new 'Operational Learning' GIN went live on Tuesday 1 June 2021, which provides governance arrangements for the progression of internal and external operational learning across the Service.</p> <p>The thematic audit on the Analytical Risk Assessment (ARA) process concluded and outcomes are being presented to the National Safety &amp; Assurance Board in August 2021. Key recommendations in the final report are expected to include additional training on completion of ARAs at all levels and the use of Getac Tablets for the electronic recording of ARAs.</p> <p>Operational Assurance (OA) are currently managing seven significant event action plans through to completion. Progress reports are being provided to the National Safety &amp; Assurance Board.</p> <p>OA have published Frontline Updates on:</p> <ol style="list-style-type: none"> <li>1. The outcomes from the Stonehaven Rail incident debrief process;</li> <li>2. The learning from four operational incidents issued by National Operational Learning; and</li> <li>3. The new OA Operational Assurance Recording &amp; Reporting System (OARRS).</li> </ol> <p>Future Frontline Updates being developed:</p> <ol style="list-style-type: none"> <li>1. Operational learning from the 2020 service-wide wildfire debrief;</li> <li>2. Operational learning from a recent Level 3 incident at Bellshill, Glasgow at a COVID waste disposal facility; and</li> <li>3. Fire Investigation Units.</li> </ol> <p>OA are working with Learning &amp; Development to engage with Supervisory and Retained and Volunteer Duty System (RVDS) colleagues to promote OA in these areas. Two online engagement sessions are planned for September and December 2021.</p>

<b>Operational Training</b>	
<p><u>Item</u> <b>Transport</b></p>	<p><u>Commentary</u> Remote delivery of Road Traffic Collision Operator Course (RTCO) technical material trialled over Microsoft Teams. A further trial of combined practical modules was also undertaken. All feedback was highly positive and the course is now being updated to reflect this.</p> <p>The newly created course "Heavy Rescue Operator 1-day Continued Professional Development (CPD)" has now been fully created. Delivery initially to concentrate in Glasgow's COP26 related stations. This will be extended to all SFRS heavy rescue stations on a 3-yearly rolling basis.</p> <p>The rollout program for E-hydraulic Powered Rescue Equipment (PRE) sets across the Service has been revised. This has been prioritised in light of significant health and safety events with traditional hydraulic rescue equipment (HRE) incorporating power-packs and hoses. New revised completion date being September 2021.</p>
<p><b>National Inter-Agency Liaison Officer</b></p>	<p>National Inter-Agency Liaison Officer (NILO) Warm Zone Co-Ordinator training material has been successfully delivered remotely to NILO's within the East, West and North Service Delivery Areas (SDAs).</p>
<p><b>Trainee Firefighter Foundation Programme</b></p>	<p>34 Whole time Trainee Firefighters completed their Foundation Training across both sites from the courses that began in March.</p> <p>In June 36 Wholetime Trainee Firefighters commenced their Foundation Training at the National Training Centre, with another 11 Wholetime Trainee Firefighters starting at Newbridge Training Centre.</p>
<p><b>Practical Selection Tests</b></p>	<p>Wholetime Practical Selection Tests (PSTs) continue to be facilitated across several venues, with the same being run for RVDS candidates.</p>
<p><b>Training Needs Analysis (TNA)</b></p>	<p>The national TNA continues with regular engagement with training leads and Service Delivery colleagues to ensure programming of training is targeted, prioritised and achievable within the current training year.</p>
<p><b>Instructor Terms and Conditions</b></p>	<p>Wholetime Uniformed Instructors Working Hours and Leave policy went live on 1 July 2021. Regular engagement has commenced with nominated instructors from across the country at focus group meetings to discuss programming and scheduling, instructor work patterns, flexi time recording and other relevant topics to maintain a smooth transition.</p>

<p><b>Training Continuous Improvement Programme</b></p>	<p>A number of business cases have been supported which will see additional managers and instructors joining the Training function to assist with the recovery from the COVID-19 pandemic. This enhancement in the number of instructors delivering specialist training aligns to the recommended structures outlined in the Continuous Improvement Plan.</p> <p>Work has begun on reviewing the Training for Operational Competence (TfOC) programme.</p>
<p><b>Driver Training</b></p>	<p>The Driver Training Section has continued to facilitate Emergency Response Driving (ERD) Re-assessments to support the recovery of ERD currencies in line with the Driver Training Standard. The catch up of individuals previously identified as being out with their driving skills currency is now complete. A “State of the Nation” Driver Report was completed in March 2021. This report has subsequently been shared with Service Delivery.</p> <p>Following on from a number of Tri Services meetings SFRS has now aligned its views relating to the enactment of Section 19 of the Road Safety Act with those of Police Scotland in that we (SFRS / Police Scotland) believe the current courses we deliver meet the proposed Emergency Response Driving (ERD) training standard. SFRS and Police Scotland’s Legal Teams are currently engaging with the Department of Transport and Scottish Government regarding this position.</p>
<p><b>Hazardous Materials (HAZMAT)</b></p>	<p>A Hazardous Materials and Environmental Protection Officer (HMEPO)/Hazmat Tactical Advisor (TacAd) course is being delivered at National Training Centre (NTC) during August.</p>
<p><b>Trauma/Casualty Care</b></p>	<p>Initial Casualty Assessment &amp; Treatment (ICAT) courses have recommenced nationally.</p> <p>Scottish Ambulance Service (SAS) continue to review ICAT course content and the SFRS trauma pack as part of the Operational Clinical Governance agreement. A report is due September 2021.</p>
<p><b>Specialist Rescue</b></p>	<p>National asset roll out of new swift water rescue boats is ongoing with training delivery estimated to be completed end August 2021.</p> <p>Priority swift water rescue boat operator instructors course have been concluded to enhance national resilience and support national training delivery and training recovery plans.</p>

	<p>A number of Urban Search and Rescue (USAR) Powered Respirator Protective Suit (PRPS) Instructors courses have been completed in preparation for COP26.</p> <p>Safe working at Heights (SWAH) Instructors courses have been delivered in the East and North SDA's which has released capacity into the Rope Rescue team to delivery national acquisition courses.</p>
<p><b>Breathing Apparatus (BA)</b></p>	<p>The potential global shortage of wood and associated price increases is being closely monitored and contingencies explored should this begin to have an impact on carbonaceous burns or the Training budget.</p> <p>BA refresher consolidation – a model of delivery is being scoped and the development of the associated e-learning training materials is progressing in-line with the TFOC review and “Lite module” workstream.</p> <p>A further trial for the inclusion of Tactical Ventilation (TV) on the BA Initial course is now being undertaken at smaller training sites to ensure it is viable prior to full implementation.</p>
<p><b>Contaminates Group</b></p>	<p>Work is progressing on a Policy and Operational Guidance (POG) document. Any enactment of the POG will require adaptations to all Training sites, particularly how personal protective equipment (PPE) is managed following practical exercises.</p>
<p><b>Incident Command</b></p>	<p>The Incident Command Level 1 (ICL1) modular course is now live. Going forward the course will be referred to as ICL1 Local Delivery rather than modular.</p> <p>LSO Areas are now being sought to pilot the course delivered using the modular delivery method to RVDS crews, Wholetime crews, and to a combination of both duty systems.</p> <p>Two ICL1 courses have been delivered to date on Stornoway and on Orkney and have proven very welcome locally. A further course is scheduled to be delivered in August on Shetland.</p>





Report No: C/SDC/17-21

Agenda Item: 8.1

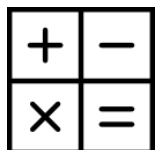
Report to:	SERVICE DELIVERY COMMITTEE						
Meeting Date:	1 SEPTEMBER 2021						
Report Title:	QUARTERLY PERFORMANCE REPORT FOR Q1 2021-22						
Report Classification:	For Scrutiny	<p style="text-align: center;"><b>Board/Committee Meetings ONLY</b>  <b>For Reports to be held in Private</b>  <b>Specify rationale below referring to</b>  <b><u>Board Standing Order 9</u></b></p>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	To provide members with the first quarter performance report for fiscal year 2021-22.						
<b>2</b>	<b>Background</b>						
2.1	The Quarterly Performance report provides key performance indicators nationally and by Service Delivery Area (SDA) or Local Senior Officer (LSO) area, with further expansion of current-quarter performance.						
2.2	The Report is reflective of the KPIs that the Performance Management Framework (PMF) 2021 requires be submitted to Service Delivery Committee (SDC). Members should acknowledge this is different to the reports submitted throughout the previous year.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	Members are asked to receive the Quarterly Performance Report for Q1 2021-22.						
<b>4</b>	<b>Recommendation</b>						
4.1	Service Delivery Committee members are asked to scrutinise the contents of this report. Members are also asked to note that the report varies in content and format as it is now reflective of the new PMF (2021).						
<b>5</b>	<b>Key Strategic Implications</b>						
5.1	<b>Risk</b>						
5.1.1	There are no risk implications associated with this report.						
5.2	<b>Financial</b>						
5.2.1	There are no financial implications associated with this report.						
5.3	<b>Environmental &amp; Sustainability</b>						
5.3.1	There are no environmental and sustainability implications associated with this report.						
5.4	<b>Workforce</b>						
5.4.1	There are no workforce implications associated with this report.						

5.5	<b>Health &amp; Safety</b>	
5.5.1	There are no health and safety implications associated with this report.	
5.6	<b>Training</b>	
5.6.1	There are no training implications associated with this report.	
5.7	<b>Timing</b>	
5.7.1	This report covers first quarter performance for fiscal year 2021-22.	
5.8	<b>Performance</b>	
5.8.1	The report summarises specified elements of Scottish Fire and Rescue Service (SFRS) performance in-line with the PMF 2021 first quarter performance for fiscal year 2021-22.	
5.9	<b>Communications &amp; Engagement</b>	
5.9.1	There are no communications and engagement implications associated with this report.	
5.10	<b>Legal</b>	
5.10.1	Delivery of suitable Quarterly Performance Reports assists us in demonstrating to the Scottish Government and other stakeholders if we are meeting the requirements of the Fire and Rescue Framework for Scotland 2021 and any targets which SFRS subsequently adopts as suitable indicators of performance.	
5.11	<b>Information Governance</b>	
5.11.1	There are no information governance implications associated with this report.	
5.12	<b>Equalities</b>	
5.12.1	There are no equalities implications associated with this report.	
5.13	<b>Service Delivery</b>	
	There are no Service Delivery implications associated with report other than overview of performance	
<b>6</b>	<b>Core Brief</b>	
6.1	Not Applicable	
<b>7</b>	<b>Appendices/Further Reading</b>	
7.1	Appendix A: Quarterly Performance Report Q1 2021-22.	
<b>Prepared by:</b>	Chris Fitzpatrick, Performance Data Services Manager	
<b>Sponsored by:</b>	Richard Whetton, Head of Corporate Governance, Strategic Planning, Performance and Communications Directorate	
<b>Presented by:</b>	Stuart Stevens, Assistant Chief Officer, Director of Service Delivery / Chris Fitzpatrick, Business Intelligence and Data Services Manager	
<b>Links to Strategy and Corporate Values</b>		
We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Senior Management Board</i>	11 August 2021	<i>For Noting</i>
<i>Service Delivery Committee</i>	01 September 2021	<i>For Scrutiny</i>

### About the statistics in this report

The activity totals and other 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.

Scottish Fire and Rescue Service publish all official statistics in late August (Organisational statistics) and at the end of October (Operational statistics) each year. As a result all statistics herein are provisional, and differences may be evident in the period totals quoted in successive reports after original publication which result from revisions or additions to the data on our systems.



### Q1 in summary

Many of the challenges experienced throughout 2020-21 have notably begun to abate, but evidence of the on-going impact on both Scottish Fire and Rescue Service (SFRS) and the wider communities of Scotland are still wholly apparent.

Incidents recorded in this period represent the Service experiencing its 3rd busiest quarter since the formation of the Service in 2013 and the busiest overall in terms of fires (10,011). Scotland experienced its lowest average minimum temperatures in April since 1922 (*source: Met Office*) and secondary fires in this month alone accounted for nearly 15% of all activity across the full quarter.

False alarms recorded in the 4th quarter of 2020-21 were the 2nd lowest since 2013, and in the 1st quarter of 2021-22 a similar pattern continued. Significantly, with restrictions at their lowest levels, the last 2 quarters have recorded the fewest occurrences of UFAs incidents since April 2013 (*excl. 1st quarter 2020-21 when full lockdown restrictions were in place*).

Special Service incidents have begun to rise once more with RTCs increasing more than 70% over the previous 1st quarter. Calls to effecting/entry exit incidents saw the 2nd highest quarter figures since 2013 and calls to assist other agencies were their highest quarter overall, up 25% on the previous quarter.

Accidental fires in the home (ADFs) continue to fall against the same period of previous years and casualties recorded are significantly lower than historical casualty. During the 1st quarter in 2019-20 SFRS recorded 121.8 casualties for every 1,000 ADFs and in the 1st quarter of 2021-22 that figure has fallen to 84.6.

The trend with fatal casualties at ADFs unfortunately remains a concern with the 1st quarter seeing the highest quarterly rate of occurrence since pre-SFRS. 11 of 13 fire fatalities recorded during the quarter occurred in the home. The remaining 2 fire fatalities resulted from vehicle fires.

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- How effective are we at enhancing community safety and wellbeing?
- How effective are we at protecting our built environment?

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- To what extent are we reducing Unwanted Fire Alarm Signals?
- How effective are our prevention and protection activities?

Our flexible operational model provides an effective emergency response to meet diverse community risks across Scotland

4

- How do we know that we have the right resources in the right places at the right time?
- How do we demonstrate we are more flexible?
- How effective and efficient is our emergency response?
- How do we demonstrate we maintain a strong presence in Scotland?
- How do we demonstrate increased effectiveness of service delivery through improved 3C arrangements?
- How do we demonstrate we have modernised our preparation and response to emergencies?

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6

- GLOSSARY



# PERFORMANCE MANAGEMENT FRAMEWORK 2021

## Our collaborative and targeted prevention and protection activities improve community safety and wellbeing, and support sustainable economic growth

### Strategic Outcome 1 in summary

Performance Management Framework (PMF) 2021 requires **Home Fire safety Visits (HFSV)** to be measured against the same previous reporting period (Q1). Due to the restrictions across Scotland in 2020-21, HFSVs were at their lowest recorded level during the first quarter. This is reflected in the percentage increase reported against Q1 2021-22. When considered against the current 3-year average (Ave), we can see a more indicative representation of current activity. Isolation restrictions in the first quarter will have had a negative influence on the capabilities of the Service to fully conduct community engagement activities. Initiatives such as **'Safe System of Work 191'** (*P&P - undertaking CSE activities in a COVID secure manner*), ensure that both SFRS employees and the wider Scottish community can continue to engage in the most Covid-secure manner possible with every effort taken to reach those most in need, but a likely impact on the number of activities possible to conduct within the quarter.

Evidence of the Service reaching the most vulnerable within our communities can be seen in the quarterly performance of **HFSV conducted for vulnerable groups**. The PMF requires the success of this indicator to be measured as an increase against the 3-year average. Due to Q1 2020-21 the current 3-year average (Ave) was 12 per cent down against the previous 3-year average (Prev Ave) but the positive signal is the number of visits conducted in the first quarter (Qtr) which exceeded both current and previous 3-year average figures.

**Medium severity fires** were marginally higher in the quarter against the target value, however the measure is to achieve a 3% reduction against the 3-year average (Target). Both categories of **fires in the home recorded as 'low' and 'medium' severity** achieved the specified 'direction of travel' set in this years PMF (low - reduce 3-year ave. / med - 3% reduction on 3-year ave.). **Fire safety audits** is another area significantly impacted by Covid restrictions. There are no targets set for audits but the number conducted for the quarter does provide evidence that the Service has been able to return to near familiar levels and should continue to improve in following quarters.

**Unwanted Fire Alarm Signals (UFAS)** reduced significantly last year with restrictions in place across Scotland. The positive news for SFRS is that restrictions have eased significantly during the first quarter, yet reported incidents still indicates a downturn in activity. Analysis will continue to consider what impact is as a result of the changes in operational policy.

**We will work with our partners to ensure targeted prevention and early intervention are at the heart of what we do to enhance community safety and wellbeing**

How effective are we at enhancing community safety and wellbeing?

Number of Home Fire Safety Visits conducted



8887✓  
(+322.79%)

Qtr	Prev qtr	Ave	Prev Ave
8887	2102	9802	12418

Number of Home Fire Safety Visits conducted for vulnerable groups (CSET High risk rating)



4020!  
(-12.07%)

Qtr	Prev qtr	Ave	Prev Ave
4680	906	4020	4572

Number of accidental dwelling fires broken down into the severity categories - low



492✓  
(-3.91%)

Qtr	Prev qtr	Ave	Prev Ave
463	512	492	512

Number of accidental dwelling fires broken down into the severity categories - medium



507✓  
(-0.2%)

Qtr	Prev qtr	Ave	Target
517	486	507	508

**We will enforce fire safety legislation in a risk-based and proportionate manner, protecting Scotland's built environment and supporting economic growth**

How effective are we at protecting our built environment?

Number of fires in non-domestic buildings (as defined in Part 3 of Fire (Scotland) Act 2005)



368✓  
(-6.84%)

Qtr	Prev qtr	Ave	Prev Ave
368	324	368	395

Number of fire safety audits conducted in accordance with Fire Safety Enforcement Framework



1056

Qtr	Prev qtr	Ave	Prev Ave
1056	224	879	1106

**We will respond appropriately to Unwanted Fire Alarm Signals and work with our partners to reduce and manage their impact on businesses, communities and our Service**

To what extent are we reducing Unwanted Fire Alarm Signals?

Number of Unwanted Fire Alarm Signal incidents attended in non-domestic premises



5608✓  
(-6.81%)

Qtr	Prev qtr	Ave	Prev Ave
5698	4421	5608	6018

Reference: (1) Qtr = 2021-22 Q1 / (2) Prev qtr = 2020-21 Q1 / (3) Ave = Q1 for 19-20, 20-21, 21-22 / (4) Prev Ave = Q1 for 18-19, 19-20, 20-21



# Our collaborative and targeted prevention and protection activities improve community safety and wellbeing, and support sustainable economic growth

## Strategic Outcome 1 in summary (cont.)

Reported **fire fatalities** have continued to be a concern, with the first quarter of 2021-22 continuing a trend identified at the beginning of the pandemic in 2020. Fire fatality rates experienced in Q1 2020-21 led to the development of the **'Make the call'** campaign. During this period a risk profile was identified that continues to echo this quarter. Understandably Fire Investigation are still investigating some incidents, and it isn't possible to confirm all factors at this time. Based on information taken from IRS (30/07/21) - all reported fire fatalities from ADF incidents during Q1 were male, predominantly aged between 40 to 70 with smoking materials, cooking and alcohol/drugs reported as contributory factors.

**Fire casualties** continue to reduce at a significant rate. Historically SFRS has experienced a fire casualty rate from ADFs at a quarterly average of 140 per 1,000 incidents. Since the pandemic began last year this figure had fallen to an average of 100 per 1,000 incidents and even further this quarter at 84.6 per 1,000 ADF incidents. Analysis has been carried out to consider rate change in geography, property types, age groups and time of day but to this point (based on the data available), no one factor can be identified as the reason for these continued reductions.

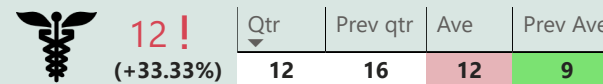
Both **deliberate primary fires** and **refuse & vehicle fires** have increased during the first quarter, and the latter is the highest quarter on record contributing to the significant level of fires reported as a whole. The PMF measures the current 3-year average (Ave) versus the previous 3-year average (Prev Ave) minus ten per cent (Target). Based on this measure this indicator is almost 20 per cent higher than desired levels with the quarter 30 per cent higher than target.

**Road traffic collisions** were greatly reduced in the first quarter of 2020-21 at a time when traffic volumes had been significantly curtailed due to lockdown measures. As more people have been able to travel more freely during the first quarter of 2021-22, we have seen an increase in incidents attended by the SFRS however it does remain the third lowest quarter on record for the Service surpassed only by quarters one and three of 2020-21.

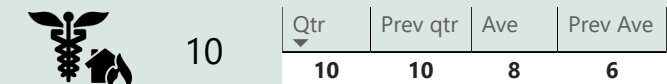
**We will evaluate and learn from our prevention and protection activities and analyse data to ensure our resources are directed to maximise community outcomes**

How effective are our prevention and protection activities?

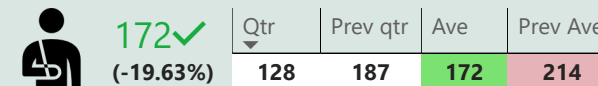
### Number of fire fatalities



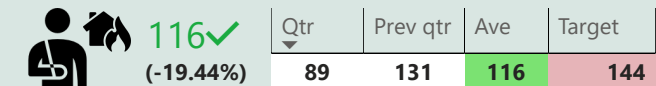
### Number of accidental dwelling fire fatalities



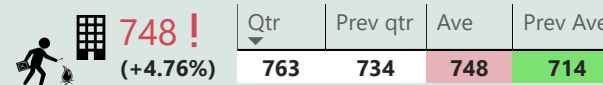
### Number of fire casualties



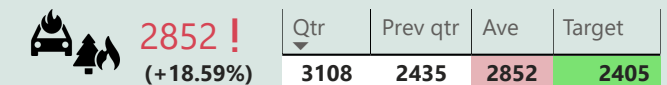
### Number of accidental dwelling fire casualties (excluding precautionary checks)



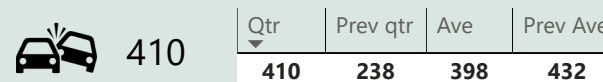
### Number of deliberate primary fires



### Number of refuse and vehicle fires



### Number of Road Traffic Collisions attended





# PERFORMANCE MANAGEMENT FRAMEWORK 2021

## Our flexible operational model provides an effective emergency response to meet diverse community risks across Scotland

We will analyse and understand a broad range of community risks across Scotland so that we have the right resources in the right places at the right time

How do we know that we have the right resources in the right places at the right time?

Number of hydrant inspections carried out



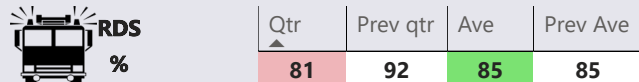
Inspections carried in line with Operational Intelligence Framework



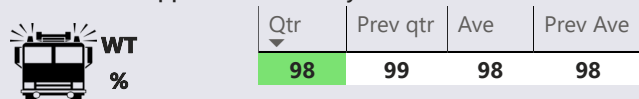
We will maintain a strong presence across Scotland to help communities prepare for and recover from emergencies

How do we demonstrate we maintain a strong presence across Scotland?

Retained Duty System Appliance availability



Whole-time Appliance availability



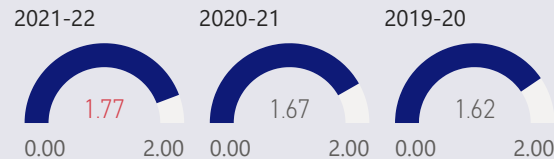
We will make our frontline service delivery more effective by enhancing our command, control and communications arrangements

How do we demonstrate increased effectiveness of service delivery through improved 3C arrangements?

SFRS median call handling time

1.30

Call Handling Times by Service Delivery Area (North)



Call Handling Times by Service Delivery Area (East)



Call Handling Times by Service Delivery Area (West)



We will be more flexible and modernise how we prepare for and respond to emergencies, including working and learning with others and making the most of technology

How effective and efficient is our emergency response?

Number of accidental dwelling fires broken down into the severity categories - high



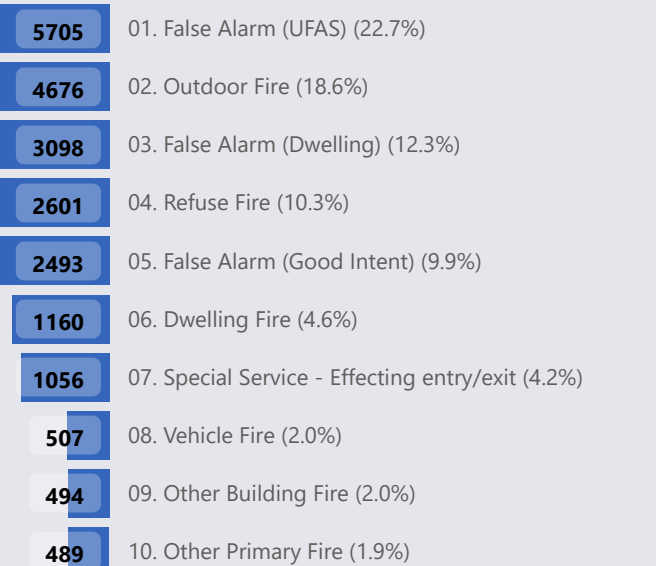
How do we demonstrate we are more flexible?



Total number of incidents attended

Qtr	Prev qtr	Ave	Prev Ave
25150	21723	23908	23705

Number and % top 10 incidents attended by type



Reference: (1) Qtr = 2021-22 Q1 / (2) Prev qtr = 2020-21 Q1 / (3) Ave = Q1 for 19-20, 20-21, 21-22 / (4) Prev Ave = Q1 for 18-19, 19-20, 20-21 / (5) Target = % reduction (See PMF2021)



# PERFORMANCE MANAGEMENT FRAMEWORK 2021

## Our flexible operational model provides an effective emergency response to meet diverse community risks across Scotland

### Strategic Outcome 2 in summary

Previous page

**Fires in the home recorded as 'high' severity** have a target of a 5% reduction on the 3-year average which was marginally missed but did report lower than the first quarter in the previous year.

**Hydrant inspections** and **Operational Intelligence (OI) inspections** have seen increases this first quarter over that of first quarter 2020-21. As with other areas of engagement activities this ties directly to greater freedom of movement. OI inspections is still below desired 'direction of travel/target' figures and may remain this way for the next few quarters.

**Availability of Wholetime (WT) appliances** continues to be above required confidence levels however **Retained Duty System (RDS) Appliance Availability** has fallen back to levels last reported pre-pandemic.

**Call Handling and Response times** continue to vary across the country. Lower median call handling and response times are achieved in areas that are classed as 'urban' and 'accessible' under the Scottish Government urban rural classifications. We note that there is a negative impact on median times when incidents are more difficult to locate both for the operator dealing with a caller and for crews in determining the precise location requiring assistance. Increases in domestic tourism with people less familiar with their surroundings, the continued threat of increased rates of wildfire and flooding from climate change, are all factors that could affect our speed of response. The Service is aware that this is an area of continuing concern and cross directorate working is in place to establish the extent of the issue.

Current page

**Effecting entry/exit** to properties and **assisting other agencies** had in recent years been an area of activity that the Service was keen to work with partners and ensure that communities were receiving an effective response. In the first quarter of 2020-21 the Service attended far fewer of these incidents than in previous years. In the first quarter of 2021-22 we can see that this has very clearly reversed where by the need for SFRS to assist other agencies has been the busiest quarter in the Services history and the second busiest quarter in effecting entry/exit.

**We will be more flexible and modernise how we prepare for and respond to emergencies, including working and learning with others and making the most of technology**

How do we demonstrate we have modernised our preparation and response to emergencies?

#### Number of incidents attended at the request of other agencies



Qtr	Prev qtr	Ave	Prev Ave
340	267	299	281

#### Number of effect entry/exit incidents attended



Qtr	Prev qtr	Ave	Prev Ave
1056	826	918	815

#### Number of non-refuse secondary fires



Qtr	Prev qtr	Ave	Prev Ave
4676	3463	3862	3397

#### Number of audit actions arising from Operational Assurance process

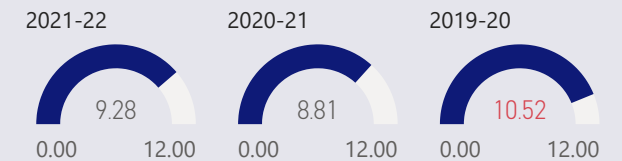


Qtr	Prev qtr	Ave	Prev Ave
6	6	14	38

#### SFRS median response time

# 8.15

#### Response times by Service Delivery Area (North)



#### Response times by Service Delivery Area (East)



#### Response times by Service Delivery Area (West)



## Glossary of terms, acronyms and other data sources

Entry	What it means
ADF	Accidental Dwelling Fire
CSET	Community Safety Engagement Toolkit: a central IT system used to record home fire safety visits and community safety activities
False Alarm	An event in which the fire and rescue service believes they are called to a reportable fire and then find there is no such incident.
False Alarm (Dwelling)	An event in which the operation of a smoke or heat detector in a domestic dwelling results in an emergency call to the fire and rescue service, which is subsequently found to have been a result of a fault in the detector, or by operation of the detector in response to cooking fumes, steam, or other substances.
False Alarm (Equipment)	An event in which a smoke or heat detector in a non-domestic property triggers an automated fire alarm call to the fire and rescue service, which is subsequently found to have been a result of a fault in the equipment, or by operation of the detector in response to substances such as steam, dust and so on.
False Alarm (Good Intent)	An event in which the person who called the fire and rescue service believed in good faith that they were reporting a fire, subsequently found by the fire and rescue service not to be the case.
False Alarm (Malicious)	False alarms which result from human intervention such as deliberate breakage of fire alarm call-points when there is no fire, deliberate reporting of non-existent fires and so on.
False Alarm (UFAS)	These are alarms at non-domestic properties such as hospitals, schools, shops, offices, factories and so on, generally reported either by automated call equipment or via call centres. All forms of equipment-related false alarms for non-domestic properties are counted in this category, as are good-intent false alarms where the method of report is automated or via a call-centre. All forms of Malicious false alarm for non-domestic properties are also counted in this category, whether reported automatically or manually.

Entry	What it means
FSE, FSO	Fire Safety Enforcement, Fire Safety Enforcement Officer
HFSV	Home Fire Safety Visit
IRS	The National Incident Recording System, developed on behalf of the UK Government's Home Office.
KPI	Key Performance Indicator
LSO	Local Senior Officer. An officer who has responsibility for the services provided by the SFRS to one or more local authority areas. There are fourteen LSO posts in the SFRS covering between them the 32 local authority areas in Scotland.
Median	The median is the middle number in a sorted list of ascending or descending values. The median is the preferred statistical average value when there are a proportion of extremely high or low values in the sequence that may skew the average (mean) value. The median provides a better representation of a "typical" value".
Moving average	An average computed over a fixed time period that rolls forward for each report. Moving averages can be thought of as averages over a fixed time window such as a three-year period, which then moves on by a fixed period reflecting the periodicity of the report.
PMF	Performance Management Framework - Defines how SFRS manage performance and sets out the processes and tools available to achieve the priorities set in the Fire and Rescue Framework
PPED	Prevention and Protection Enforcement Database: a central IT system which records non-domestic fire safety visits and enforcement activity.
Primary Fires	These include all fires in buildings, vehicles and outdoor structures or any fire involving casualties, rescues, or fires attended by five or more appliances



## Glossary of terms, acronyms and other data sources

Entry	What it means
RDS	Retained Duty System
RTC	Road Traffic Collision
SDA	Service Delivery Area. We subdivide our areas of coverage into three main areas for Scotland as a whole - East, North, and West, each of which is further divided into Local Authority groups for which Local Senior Officers (LSOs) are responsible.
Secondary Fires	These are the majority of outdoor fires including grassland and refuse fires unless they involve casualties or rescues, property loss or five or more appliances attend. They include fires in single derelict buildings.
SFRS	The Scottish Fire and Rescue Service
Special Service	Calls to incidents which are not fires or false alarms, such as RTCs, rescues, flooding, providing assistance to other agencies, and so on.
WDS	Wholetime Duty System

## Data Sources mentioned in this report

### Cover page - Met Office

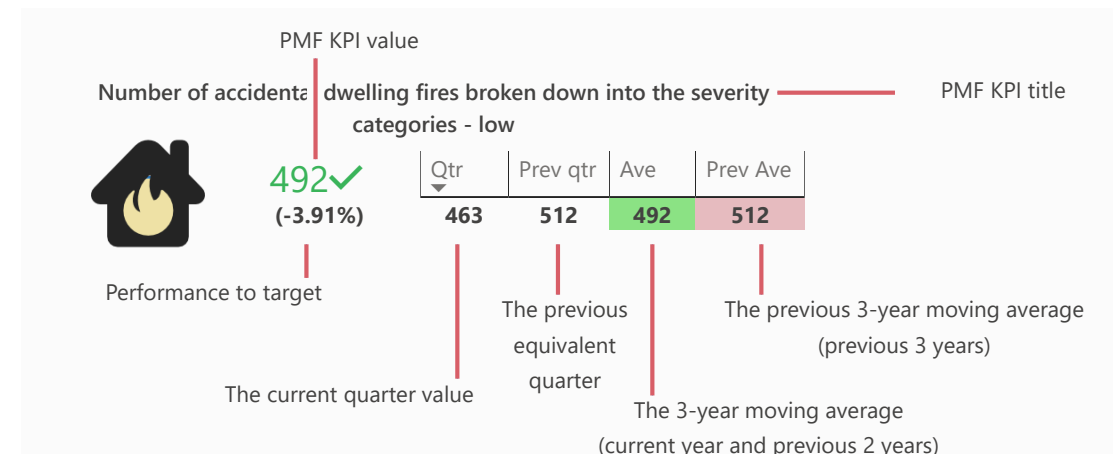
<https://www.metoffice.gov.uk/about-us/press-office/news/weather-and-climate/2021/lowest-average-minimum-temperatures-since-1922-as-part-of-dry-april>

"Provisional figures from the Met Office's National Climate Information Centre indicate that April had the third lowest average UK minimum temperature for the month since records began in 1884".

### Page 2 - Safe System of Work 191

Safe Systems of Work allow SFRS to document suitable control measures towards an identified risk and are used in conjunction with Standard Operating Procedures. 'Safe System of Work 191' relates to the control measures put in place for all staff conducting community safety engagement activities during the Covid-19 pandemic.

## Explanation of KPIs



## SCOTTISH FIRE AND RESCUE SERVICE

## Service Delivery Committee



Report No: C/SDC/18-21

Agenda Item: 8.2

Report to:	SERVICE DELIVERY COMMITTEE						
Meeting Date:	1 SEPTEMBER 2021						
Report Title:	AUDIT AND INSPECTION ACTION PLANS AND CLOSING REPORTS UPDATE						
Report Classification:	For Scrutiny	<b>Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <b><u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of the report is to provide the Service Delivery Committee (SDC) with an update on the following audit and inspection action plans: <ul style="list-style-type: none"> <li>• Fire Safety and Enforcement</li> <li>• Local Area Inspections National Recommendation Action Plan</li> <li>• Management of Fleet and Equipment</li> <li>• Provision of Operational Risk Information</li> <li>• Planning and Preparedness for Covid Update</li> <li>• Command and Control: Aspects of the Incident Command System</li> </ul>						
1.2	There are no closing reports to consider.						
<b>2</b>	<b>Background</b>						
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 progress on the individual action plan will be presented to SDC every six-months for scrutiny on a quarterly cyclical basis.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The SDC is presented with the current Audit and Inspection Overview Dashboard, attached as <b>Appendix A</b> , for noting. This provides high level details of all actions plans.						
3.2	Summarised updates on each of the individual Action Plans that have been scrutinised by the Strategic Management Board in June and August 2021 are noted below. There are no closing reports to consider as part of this update.						

3.3	<p><b>Fire Safety Enforcement Action Plan</b> The HMFSI report on Fire Safety Enforcement arrangements was published in January 2018. The action plan contains a total of 21 actions to address the issues raised. The action plan is attached as <b>Appendix B</b>.</p>
3.4	<p>The completion of 16 actions have already been agreed – these are shaded grey and do not need further scrutiny. SDC is asked to scrutinise the remaining three actions (those in white) and the updates given.</p>
3.5	<p>A further two actions have been completed during this reporting period, see 1.1 and 15.1.</p>
3.6	<p>The remaining live action at 14.1 is 90% complete and it is anticipated that it will be closed off in the next reporting period when the outstanding Enforcement Procedure has received final review by our Legal Team. As such the following is proposed:</p> <ul style="list-style-type: none"> <li>• 14.1 - Revised due date of September 21 to accommodate Legal Review and publish the final Enforcement Procedure.</li> </ul>
3.7	<p>The status of the two deferred actions (6.2 and 9.1 - highlighted yellow) have been reviewed, however, timescales have not yet been set by the National Fire Chiefs Council and, as such, it will remain deferred. It is, however, anticipated that timescales will be available by the next reporting period in September.</p>
3.8	<p>The overall RAG rating for this action plan has gone from red to green and is noted as 99% complete (percentage completions are an estimate provided by the action owner).</p>
3.9	<p><b>Local Area Inspections (LAI) National Recommendation Action Plan</b> Currently there are seven actions contained on this plan. These actions have been identified from the Dumfries and Galloway Local Area Inspection and the Edinburgh City Local Area Inspection. The action plan is attached as <b>Appendix C</b>.</p>
3.10	<p>Of the seven actions, five have been previously completed and two were live during the reporting period.</p>
3.11	<p>During the quarter, the remaining two live actions have been completed, see DG1 and E5.</p>
3.12	<p>The plan currently has a green RAG status and is 100% complete.</p>
3.13	<p>A formal closing report will be submitted to the next scheduled Senior Management Board Meeting in July 21.</p>
3.14	<p><b>Dumfries and Galloway Local Area Inspection</b> This report was published in February 2020 with a total of 12 actions identified to address the recommendations of the HMFSI report. SDC are not required to scrutinise LAI action plans but are asked to note their progress.</p>
3.15	<p>Against this action plan, currently there are nine completed actions. Two are in progress, and one action is being taken forward as a national recommendation which is noted as ‘transferred’ and has been completed in the reporting period. (Also see paragraph 3.9).</p>
3.16	<p>Of the two live actions, both have been completed over the reporting period.</p>
3.17	<p>This gives an overall green RAG rating for the action plan, and it is noted as 100% complete.</p>
3.18	<p>A formal closing report/request will now be submitted to LSO Area Management Teams, Service Delivery Management Team and the Senior Management Board.</p>

3.19	<p><b>Fleet and Equipment Action Plan</b> The HMFSI report on Fleet and Equipment arrangements was published in May 2019. The action plan contains a total of 38 actions to address the issues raised. The action plan is attached as <b>Appendix D</b>.</p>
3.20	<p>The completion of 29 actions has already been agreed – these are shaded grey and do not need further scrutiny. Within this section, there are also six actions marked cancelled that are no longer being progressed as the situation has altered or changed considerably since the audit review or no action was required.</p>
3.21	<p>SDC is asked to scrutinise the remaining two actions (those in white), and to raise any issues with the update given.</p>
3.22	<p>SDC are also asked to note and scrutinise the following:</p> <ul style="list-style-type: none"> <li>• The revised due dates proposed for action 21.1 – due to slip in timescales to provide WIFI within all four Asset Resource Centres.</li> <li>• The revised due dates proposed for action 26.1- to allow recruitment process to take place.</li> </ul>
3.23	<p>The overall RAG rating for this action plan is <b>amber</b> and is noted as 93% complete (percentage completions are an estimate provided by the action owner).</p>
3.24	<p><b>Operational Risk Information</b> The HMFSI report on Operational Risk Information was published in February 2019. The action plan contains a total of 25 actions to address the issues raised. The action plan is attached as <b>Appendix E</b>.</p>
3.25	<p>The completion of 20 actions has already been agreed – these are shaded grey and do not need further scrutiny. SDC is asked to scrutinise the remaining five actions (those in white), and to raise any issues with the update given.</p>
3.26	<p>Progress this quarter has been limited and no further recommendations have been completed within the reporting period.</p>
3.27	<p>SDC are also asked to note and scrutinise the following:</p> <ul style="list-style-type: none"> <li>• The revised due dates proposed for actions (1.2, 2.2, 3.2), (1.4, 2.4, 3.4), 4.1 and 7.2 - due to postponement UK-wide Emergency Services Mobile Communications Programme. All proposed due dates have been marked in red for ease.</li> </ul>
3.28	<p>The overall RAG rating for this action plan is <b>red</b> due to the original due dates not being met and is noted as 90% complete (percentage completions are an estimate provided by the action owner).</p>
3.29	<p><b>Planning and Preparedness for Covid-19 Update</b> The update report on the Scottish Fire and Rescue Service's planning and preparedness for Covid-19 was provided in December 2020 following a light touch review.</p>
3.30	<p>The Action Plan was agreed by the Strategic Leadership Team in April 2021 and is attached as <b>Appendix F</b>.</p>
3.31	<p>The Plan contains a total of 17 actions to address the 15 recommendations made. Seven of these actions are new. The remaining ten actions are being progressed via other workstreams and, as such, no further action is necessary. For completeness these recommendations remain within the Plan, however, they have been greyed out and information provided noting the separate workstream that is already working towards a resolution to the recommendation. Where existing updates are available on these actions,</p>

	they have been signposted as part of the reporting process. Where this isn't available, an update has been included within the quarterly update report.
3.32	To date, 9 actions have been completed. The remaining 9 actions are progressing steadily and all have been allocated a green RAG status.
3.33	The overall RAG rating for this action plan is <b>green</b> and is noted as 75% complete (percentage completions are an estimate provided by the action owner).
3.34	<b>Command and Control: Aspects of the Incident Command System</b> The Command and Control: Aspects of the Incident Command System Report was published in August 2020. Development of the associated action plan was delayed due to the conflicting resource priorities of Covid-19. Although work had already begun on some of the actions contained within the plan, it was formally agreed by the Strategic Leadership Team in April 2021.
3.35	The Plan has 25 actions and this is the first performance update against it. The Plan is attached as <b>Appendix G</b> .
3.36	To date, 14 actions have been completed. The remaining 11 actions are progressing well, however, SDC members are asked to note and scrutinise the following due date revisions: Revised due date at 5.1.2 – this is to align the due date with the Document Conversion Project Plan timescales. <ul style="list-style-type: none"> <li>Revised due date at 5.2.4 – there has been minor slippage to the action and a 3-month extension has been requested.</li> <li>Revised due date at 5.2.5 – there has been minor slippage to the action and a 3-month extension has been requested.</li> <li>Revised due date at 5.5.18 – there has been minor slippage to the action and a 3-month extension has been requested.</li> </ul>
3.37	All the above proposed changes have been marked on Appendix G in red for ease.
3.38	The overall RAG rating for this action plan is <b>green</b> and is noted as 82% complete (percentage completions are an estimate provided by the action owner).
<b>4</b>	<b>Recommendation</b>
4.1	The SDC is invited to: <ul style="list-style-type: none"> <li>Note the progress of all action plans as presented in the audit and inspection dashboard, attached as <b>Appendix A</b>.</li> <li>Scrutinise the Fire Safety Enforcement action plan, attached as <b>Appendix B</b>, raise any concerns with the update provided and agree the revised due dates.</li> <li>Scrutinise the Local Area Inspection action plan, attached as <b>Appendix C</b>.</li> <li>Scrutinise the Management of Fleet and Equipment action plan, attached as <b>Appendix D</b>, raise any concerns with the update provided and agree the proposals.</li> <li>Scrutinise the Provision of Operational Risk Information action plan, attached as <b>Appendix E</b>, raise any concerns with the update provided, and agree the proposals.</li> <li>Scrutinise the Planning and Preparedness of Covid action plan, attached as <b>Appendix F</b>, raise any concerns with the update provided.</li> <li>Scrutinise the Command and Control: Aspects of the Incident Command System action plan, attached as <b>Appendix G</b>, raise any concerns with the update provided, and agree the proposals.</li> </ul>

<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk</b>
5.1.1	There are no risks associated with the recommendations of this report.
5.2	<b>Financial</b>
5.2.1	There are no financial implications associated with the recommendations of this report.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	There are no environmental implications associated with the recommendations of this report.
5.4	<b>Workforce</b>
5.4.1	There are no workforce implications associated with the recommendations of this report.
5.5	<b>Health &amp; Safety</b>
5.5.1	There are no health and safety implications associated with the recommendations of this report.
5.6	<b>Training</b>
5.6.1	There are no training implications associated with the recommendations of this report.
5.7	<b>Timing</b>
5.7.1	Each HMFSI Action Plan will be reported to the SDC on a quarterly cycle until completion.
5.8	<b>Performance</b>
5.8.1	This process supports robust challenge and scrutiny of our performance against HMSFI recommended improvements.
5.9	<b>Communications &amp; Engagement</b>
5.9.1	There is no implication associated with the recommendations of this report.
5.10	<b>Legal</b>
5.10.1	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	<b>Information Governance</b>
5.11.1	A DPIA is not required for this report.
5.12	<b>Equalities</b>
5.12.1	An Equality Impact Assessment is not required for this this report.
5.13	<b>Service Delivery</b>
5.13.1	The contents of this update report do not impact upon Service Delivery.
<b>6</b>	<b>Core Brief</b>
6.1	Not applicable.
<b>7</b>	<b>Appendices/Further Reading</b>
7.1	Appendix A - Audit and Inspection Dashboard
7.2	Appendix B - Fire Safety Enforcement Action Plan
7.3	Appendix C - Local Area Inspection National Recommendations action plan
7.4	Appendix D - Management of Fleet and Equipment action plan

7.5	Appendix E - Provision of Operational Risk Information action plan	
7.6	Appendix F - Planning and Preparedness for Covid Review	
7.7	Appendix G - Command and Control: Aspects of the Incident Command System	
<b>Prepared by:</b>	Louise Patrick, Temporary Performance and Strategic Planning Manager	
<b>Sponsored by:</b>	Richard Whetton, Head of Corporate Governance, Strategy and Planning	
<b>Presented by:</b>	Richard Whetton, Head of Corporate Governance, Strategy and Planning	
<b>Links to Strategy and Corporate Values</b>		
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.		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Senior Management Board</i>	<i>16 June 21</i>	<i>For recommendation (Fire Safety Enforcement and Local Area Inspection National Recommendations)</i>
<i>Senior Management Board</i>	<i>11 August 21</i>	<i>For recommendation (Fleet and Equipment, Operational Risk Information, Covid and Command &amp; Control)</i>
<i>Service Delivery Committee</i>	<i>1 September 2021</i>	<i>For scrutiny.</i>

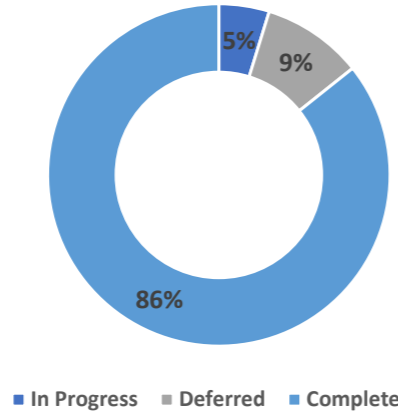




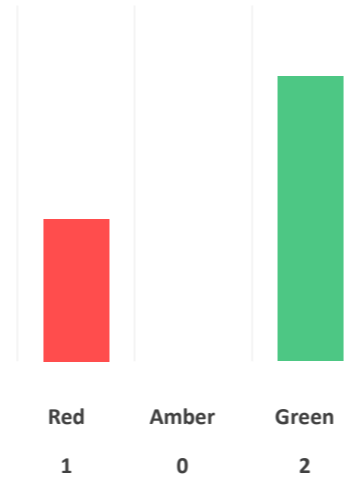
HMFSI Fire Safety Enforcement - Action Plan Progress

Updated	Next Update
Jun-21	Sep-21

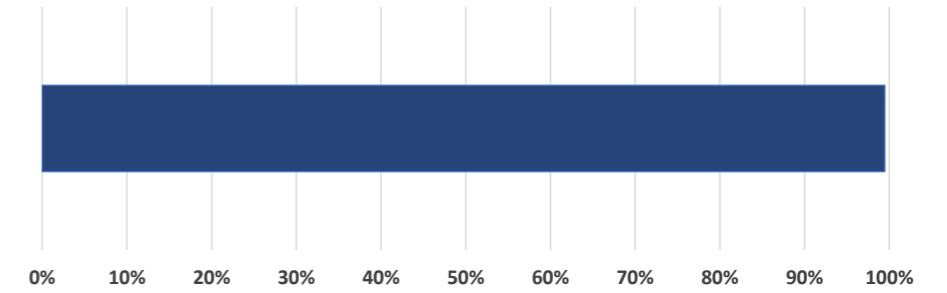
Status	Count
In Progress	1
Deferred	2
Complete	18




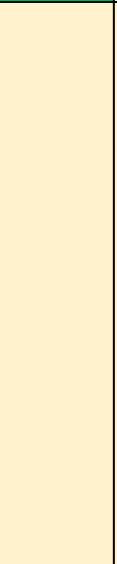
In Progress RAG Rating



Overall Progress 99%



HMFI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
1. Fire Safety Enforcement is not fully transparent for dutyholders or members of the public. The Scottish Regulators Strategic Code Of Practice requires the Scottish Fire and Rescue Service to publish clear risk assessment methodologies and risk ratings and review these regularly.	1.1	Fire Safety Enforcement Policy Framework detailing the methodologies to be published on the internet site. Work undertaken by Local Senior Officer areas with their Local Enforcement Delivery Plans will also be published here.	GM C.Getty	Sep-19	Apr-21	Complete	24 March: The Business Safety page on the SFRS website has been updated and now houses Local Enforcement Delivery Plans, including methodologies for auditing. Fire Safety Enforcement Policy Framework is being reviewed by Functional Management Team prior to potential consultation or publishing. Minor amendments may be required to reflect changes in currently drafted Scottish Government revisions to the Strategic Enforcement Guidance for SFRS. The RAG remains red due to the time slippage. <b>16 June 21: The New Protection Framework for Scotland has been issued and published online to support transparency for Dutyholders and stakeholders. This supports the published Local Enforcement Delivery Plans created by Areas detailing their local delivery plans for the current year. This action is now complete and has gone from red to green.</b>	100%	Jun-21	Green	<a href="https://ihub.firescotland.gov.uk/new-s/fse-protection-framework-for-scotland-7854/">https://ihub.firescotland.gov.uk/new-s/fse-protection-framework-for-scotland-7854/</a> <a href="https://www.firescotland.gov.uk/your-safety/for-businesses/fire-safety-audits.aspx">https://www.firescotland.gov.uk/your-safety/for-businesses/fire-safety-audits.aspx</a>
14. There is a policy void which offers some risk to the Service. The Service should strengthen and document its policy, and procedures where relevant, in respect of; the other legislation referred to in section 3; the determination of disputes; and Alterations Notices.	14.1	Develop and publish procedure detailing the Enforcement, including for Alterations Notices and appeals procedures for Scottish Fire and Rescue Service and the disputes procedure in accordance with the Fire (Scotland) Act.	GM C. Getty	Oct-19	Sep-21	In Progress	24 March: Details on procedures for disputes have been published on the 'For Businesses Page' of the SFRS internet. The Enforcement Procedure has been delayed further due to outcomes following the Cameron House Fire Investigation, discussions with the Crown Office and Procurator Fiscal Service and amendments to guidance are due out from the Scottish Government. Due to the time slippage this action remains at red RAG status and revised due date of May-21 has been proposed. <b>16 June 21: Amendments have been made to the Enforcement Procedure and is pending further review by legal services. Whilst this procedural document is intended to be published upon release, the initial recommendation has been actioned with full details about procedures for appeals etc published online. It is anticipated that the Procedure will be published, allowing the action to be fully closed off, by the next reporting period. As such, a revised due date of Sep-21 (when the next update is due) is proposed. This action remains at red.</b>	90%		Red	

<p>15. The Service should introduce a protocol explaining its relationships and involvement in fire safety in major sports grounds and ensure that its staff follow this protocol and work in line with the responsibilities in Part 3 of the 2005 Act.</p>	<p>15.1</p>	<p>Provide a consistent policy within Scottish Fire and Rescue Service for the support, if required, to Local Authorities in the inspection and adequacy of fire safety within sports grounds.</p>	<p>GM C. Getty</p>	<p>Dec-19</p>	<p>Dec-21</p>	<p>Complete</p>	<p>24 March: Drafted Memorandum of Understanding submitted to SFRS by Glasgow City Council about the regulation of safety within sports grounds. This is still being reviewed and will form part of wider discussions with Legal and COSLA to ensure a consistent approach. Progress had been previously delayed due to staffing issues within the local authority and an ability to agree boundaries of powers in stadia. Due to the time slippage, this action remains at red RAG status and a revised due date has been proposed. At this moment in time, the exact work required to complete this action remains uncertain whilst we await discussions with COSLA. It is, however, anticipated that this action will be completed by the end of the year regardless of the route forward.</p> <p><b>16 June 21: A Memorandum of Understanding has been established and signed with Glasgow City Council regarding SFRS regulators in sports grounds. This work has established a template for all Local Senior Officer areas to liaise with their respective Local Authorities to agree a common approach in line with SFRS regulatory activities. COSLA have been approached to promote this as best practice and develop LA inspecting officers in their role. This does not affect attendance by SFRS at events for operational purposes.</b></p> <p>As a policy has now been set by the function and agreed through the FMT and Legal Services, the roll out of this will be undertaken by Local Senior Officers with responsibility for regulated sports grounds in their area. Not all areas will have these and is a matter for local knowledge and engagement to progress further. On this point, the recommendation is now considered to be complete and has moved from red to green.</p>	<p>100%</p>	<p>Jun-21</p>		<p>MoU between SFRS and Glasgow City Council with respect to Fire Safety Matters at Designated Sports Grounds and Regulated Stands within the City of Glasgow</p>
<p>6. There is a disconnect between policy, the scheduling of fire safety audits and performance reporting and we recommend that Scottish Fire and Rescue Service uses the same system for both scheduling and reporting and that this should be based on relative risk scores using the categories and methodology used by the Scottish Fire and Rescue Service in the annual fire safety statistical bulletin.</p>	<p>6.2</p>	<p>Research and determine the suitability of a new methodology for the programming of further audits following an initial assessment. Current methodology is dated and utilises Fire Service Emergency Cover (FSEC) risk data which is no longer supported. This will require new scoring of audit form, calculation of data and evidence based risk information to feed in to an overall score for future audits</p>	<p>GM C. Getty</p>	<p>Mar-20</p>		<p>Deferred</p>	<p>17 June 2020: The system and Risk Based Inspection Programme has been reviewed and some improvements made. This action has been progressed as far as possible for now.</p> <p>As at 6.1 further development work will continue through the NFCC, the timescale for which is out with our control. This action will be noted as Deferred and will be reviewed by June 2021 to establish new timescales for completion.</p> <p><b>16 June 21: The National Fire Chief's Council (NFCC) has established a working group within the Protection Policy and Reform Unit dedicated to looking at Risk Based Information Programmes in line with the Community Risk Programme. SFRS have fed into this group through a recent survey, though no further information is yet available. In the meantime, we have amended Local Enforcement Delivery Plans to strengthen our approach. It is anticipated that a new timescale for delivery will be available at the next update report in September. It is proposed that this action remains deferred until timescales from the NFCC can be established.</b></p>				<p>Development work to progress this action is being carried out by the NFCC and, as such, the timescales are out with our control.</p> <p><b>This action will be noted as Deferred and will be reviewed again by September 21 to establish new timescales for completion.</b></p>

9. The terminology used in the SFRS premises risk methodology needs to be changed to improve understanding and remove inconsistency. Specifically the Service should abandon the use of risk band names and generic premises names – both of these currently allow misinterpretation or misunderstanding.	9.1	Scope the potential for categorising premises and risk bands and how risk is calculated. Any change to risk calculations will require extensive supporting evidence and a public consultation. Scope the possibility of reporting by risk levels as opposed to risk bands where considered to remain an appropriate way of categorising risk.	GM C. Getty	Mar-20	Deferred	17 June 2020: The terminology for risk banding is underpinned within our evidence based RBIP for the time being. This action has been progressed as far as possible just now. As at 6.1 further development work will continue through the NFCC, the timescale for which is out with our control. This action will be noted as Deferred and will be reviewed by June 2021 to establish new timescales for completion. <b>16 June 21: The National Fire Chief's Council (NFCC) has established a working group within the Protection Policy and Reform Unit dedicated to looking at Risk Based Information Programmes in line with the Community Risk Programme. SFRS have fed into this group through a recent survey, though no further information is yet available. In the meantime, we have amended Local Enforcement Delivery Plans to strengthen our approach. It is anticipated that a new timescale for delivery will be available at the next update report in September. It is proposed that this action remains deferred until timescales from the NFCC can be established.</b>				Development work to progress this action is being carried out by the NFCC and, as such, the timescales are out with our control.  <b>This action will be noted as Deferred and will be reviewed again by September 21 to establish new timescales for completion.</b>
2. Produce fire safety audit guidance which is clear and understandable for dutyholders.	2.1	Pre audit letter to be designed to detail process of audit and what to expect.	GM C. Getty	Mar-18	Complete		100%		✓	Pre audit letters developed, published and are being sent to Dutyholders by Fire Safety Enforcement Teams.
2. Produce fire safety audit guidance which is clear and understandable for dutyholders.	2.2	Local Enforcement Delivery Plans to incorporate audit methodology and be published by Local Senior Officers once created for the forthcoming year.	GM C. Getty	Sep-19	Complete		100%	Apr-20	✓	LEDP template detailing audit guidance and methodology has been produced and being used by LSO areas to plan forthcoming audit activity. In addition, a pre audit letter has been created and should be issued prior to audits explaining full audit process to Dutyholders.
3. Proactively make its fire safety audit procedure and guidance available on the SFRS website.	3.1	Redesign internet site pages for "For Businesses" and incorporate guidance in an information library.	GM C. Getty	Oct-19	Complete		100%	Jan-21	✓	<a href="#">Local Enforcement Delivery Plan Template</a> <a href="#">The SFRS Internet site has been updated with guidance and Local Enforcement Delivery Plans for each Local Senior Officer area. This will be kept under review and additional guidance issued as necessary to maintain transparency. This action is now complete and the RAG status has moved from Amber to Green.</a>
4. SFRS to improve its written communication with duty holders in line with the Scottish Regulators Strategic Code of Practice requirement to communicate effectively. The Service should also introduce changes to address the issues regarding letter content, listed in section 4.5 of the HMFSI report.	4.1	Plan training events for all Local Senior Officer areas, emphasising the need for clear communications and avoidance of additional information that may be supplementary to any audits put on letters following visits or other reason for contact. Where recommendations are made by Fire Safety Enforcement Officers, explanations of why they are made should be given.	GM C. Getty	Apr-19	Complete		100%		✓	Training event carried out. P&P Directorates provides support as required. Letters have been drafted and new templates ensure clarity between any requirements and recommendations made. Feedback site created and dutyholders informed.
4. SFRS to improve its written communication with duty holders in line with the Scottish Regulators Strategic Code of Practice requirement to communicate effectively. The Service should also introduce changes to address the issues regarding letter content, listed in section 4.5 of the HMFSI report.	4.2	FSE Directorate team to support local areas in production of further templates and give guidance where required	GM C. Getty	Mar-18	Complete		100%		✓	Templates amended and distributed to areas. Further training and guidance will continue to be delivered at Service Delivery Area meetings.

<p>5. The priority and scheduling of fire safety audits is fragmented with different and conflicting statements and systems, and inconsistent practice at a local level. The Service should ensure that its national priority-setting is followed locally. And while PPEd is a useful resource for recording fire safety audits, if it is to have any function as a scheduling tool it needs to be consistent with national policy, have the flexibility to be changed when policy changes, and contain a record of all known premises.</p>	5.1	<p>1. Ensure statement of requirements for new enforcement database system is reflected when user testing is carried out promoting audit workloads for officers according to risk. Current system has information relating to framework premises and audit dates that must be transferred to new system when operational. As a catch all, Local Senior Officer areas must identify all Policy Framework premises and ensure the system promotes them for audit.</p>	GM C. Getty	Apr-19	Complete		100%		✓	<p>New PPEd System is now live and operational for recording FSE activity. Information has been transferred successfully from the legacy system.</p>
<p>5. The Service should ensure that its national priority-setting is followed locally. If PPEd is to have any function as a scheduling tool it needs to be consistent with national policy, have the flexibility to be changed when policy changes, and contain a record of all known premises.</p>	5.2	<p>Ensure Local Senior Officers take accountability for identifying local risk and incorporating Directorate guidance (Core Audit Activity) into the Local Enforcement Delivery Plans.</p>	GM C. Getty	Jul-18	Complete		100%		✓	<p>Policy Framework and template Local Enforcement Delivery Plans developed and distributed. Statement of Requirements completed for new PPEd system.</p>
<p>5. The Service should ensure that its national priority-setting is followed locally. If PPEd is to have any function as a scheduling tool it needs to be consistent with national policy, have the flexibility to be changed when policy changes, and contain a record of all known premises.</p>	5.3	<p>The methodology for the rescheduling of audits will be reviewed to determine whether there is a more appropriate means to prioritise risk. Following this review, the new PPEd system will reflect any changes and resources within Fire Safety Enforcement reviewed to ensure sufficient personnel are available in the right places to address local risk. This risk based resourcing will be evidence led. (Linked to Recommendation 6).</p>	GM C. Getty	Mar-20	Complete		100%	Jun-20	✓	<p>PPEd 2 system (Access restricted to users only)</p> <p>SFRS Gazetteer</p> <p>Reporting tool training document supporting local development of LEDPs.</p>
<p>6. There is a disconnect between policy, the scheduling of fire safety audits and performance reporting and we recommend that Scottish Fire and Rescue Service uses the same system for both scheduling and reporting and that this should be based on relative risk scores using the categories and methodology used by the Scottish Fire and Rescue Service in the annual fire safety statistical bulletin.</p>	6.1	<p>Scope the potential for categorising premises and risk bands and how risk is calculated. Any change to risk calculations will require extensive supporting evidence and a public consultation. Scope the possibility of reporting by risk levels exposed to risk bands where considered to remain an appropriate way of categorising risk.</p>	GM C. Getty	Mar-20	Complete	<p>17 June 2020: Although this action is complete, further development work will continue with NFCC and other partner FRS to determine a consistent and national approach that is flexible to specific FRS across the country that will direct and inform a revised SFRS risk based inspection program.</p> <p><b>To monitor further developments, this action will be noted as an archived action and will be revisited by June 2021.</b></p>	100%	Apr-20	✓	<p>Statistical performance reporting by PDS due to be released for 2020. (Email from PDS confirming the action has been resolved)</p> <p>LEDP Template and completed delivery plans.</p> <p>Release of PPEd2 system in April 2019.</p>

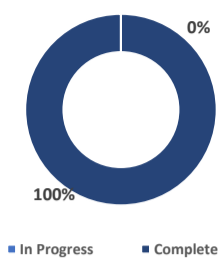
7. There is a substantial amount of enforcement effort made in respect of premises which have relatively adequate fire safety measures and/or have low levels of relative risk. The Service should place less emphasis on auditing such premises.	7.1	Ensure templates for Local Enforcement Delivery Plans are distributed and support areas in their formulation for the forthcoming year. Support Prevention and Protection Managers through Local Performance Meetings and Prevention & Protection Managers meetings with reports demonstrating the resultant risk from audits where Fire Safety Enforcement Officers are being deployed.	GM C. Getty	Jul-18	Complete		100%	✓	Local Enforcement Delivery Plan templates have been produced and disseminated to Local Senior Officer Areas. Support given to Prevention and Protection Managers with local support meetings available upon request.
8. The Service should place less emphasis on quantity (the use of personal fire safety audit targets) and place more emphasis on quality of work and effectiveness.	8.1	Incorporate into training events the focus for quality of audit detail in the reports and look at ways that will allow more time to complete paperwork following audits such as mobile platforms.	GM C. Getty	Mar-19	Complete		100%	✓	Guidance given to areas to reduce the number of lower risk audits and this has been assisted by the recent House Multiple Occupancy (HMO) auditing procedure. New PPED system will allow capability for mobile platforms.
10. The Service should continue to move towards the conversion of uniformed enforcement posts to non-uniformed, and introduce career progression opportunity for non-uniformed staff.	10.1	Determine where Local Senior Officer areas cannot fill their current structure within Fire Safety Enforcement and consider alternative options to expand upon the non-uniformed cadre of officers.	GM C. Getty	Jun-19	Complete		100%	✓	A review has been undertaken and analysis of vacancies that can support delivery in areas. Local LSO areas are continuing to advertise like for like to maintain a blend, though have increased the ratio of non uniformed to uniformed where attraction of posts have been difficult. This will remain dynamically reviewed and form part of the overall P&P review in the following year period, in line with competency and risk rating review.
11. Uniformed enforcement staff should maintain their operational competency within the relevance of their role map to add to the resilience of the Service and these staff should provide operational cover when needed.	11.1	Confirm current position with Training and Employee Development. Look to develop a consistent policy and procedure for all non-operational uniformed staff to maintain their operational competence.	GM C. Getty	Feb-19	Complete		100%	✓	Training have now issued courses to initial tranche of FSE staff and are continuing to design courses that will maintain operational capacity within FSE.
12. The Scottish Fire and Rescue Service should look to create a guidance framework that would allow a more formal approach to continuing professional development and this should include Fire Safety Enforcement staff.	12.1	Enhance development of the E-Learning tool and communicate with Training and Employee Development regarding the provision of class based training. Prevention and Protection Directorate will lead on specific training events to assist with Continuous Professional Development and knowledge building in specialist subjects such as fact finding, evidence gathering and consistent forming of Notices.	GM C. Getty	Mar-19	Complete		100%	✓	FSE CPD events delivered. A number of external CPD events offered to assist with staff development. Staff expected to undertake further study to achieve a qualification and to maintain their CPD and competence.
13. The Scottish Fire and Rescue Service approach to the promotion of non-domestic fire safety through work other than inspections has been modest in comparison to active enforcement audit work. We recommend that the Scottish Fire and Rescue Service considers a more proactive approach to the use of campaign and awareness activity.	13.1	Develop strategy on what is to be communicated and when. Further details to be provided on internet site as before and release communications on good news stories and actions taken by the service, such as those who have been prosecuted. Topics to include Unwanted Fire Alarm Signals, Fire Risk Assessments and an overview of Scottish Fire and Rescue Service enforcement and its delivery within communities.	GM C. Getty	Sep-19	Complete		100%	✓	Social media feeds established. Engagement sessions held with sectors including AirBnB, Scottish Association of Self Caterers and Colleges and Universities.

<p>16. The Service should maintain a capability and capacity for investigating and reporting to the Procurator Fiscal Service on serious blatant breaches where the enabling approach to enforcement has not worked. The Service should actively pursue relevant cases when they arise. The Scottish Fire and Rescue Service Board should actively monitor the Service's performance in this regard and should receive regular reports on the number and outcome of cases considered and referred for prosecution.</p>	<p>16.1</p>	<p>Develop further relationships with the Procurator Fiscal and support areas in reporting those who have breached the legislation following consideration of the ScoP.</p>	<p>GM C. Getty</p>	<p>Mar-19</p>		<p>Complete</p>		<p>100%</p>		<p>✓</p>	<p>Directorate personnel are engaged with the Procurator Fiscal (PF). Enhanced access to the reporting site of the PF established.</p>
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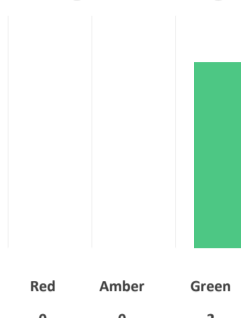
HMFSI National Recommendations from Local Area Inspection Report - Action Plan Progress

Updated	Next Update
Mar-21	Jun-21

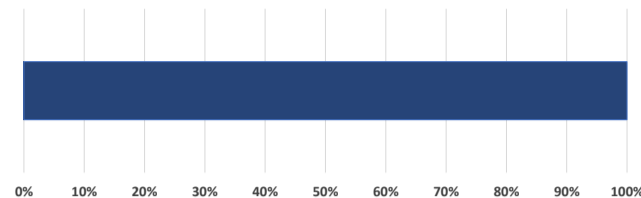
Status	Count
In Progress	0
Complete	7



In Progress RAG Rating



Overall Progress 100%

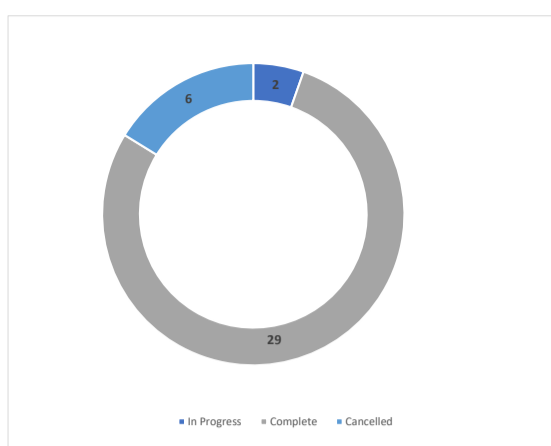


HMFI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
Dumfries and Galloway Feb 2020 1. The LSO should create a succession plan for replacing fire safety enforcement staff.	DG 1	Create a succession plan for replacing fire safety enforcement staff.	Group Commander P&P	Jun-20	Jun-21	Complete	24 March 2021: Personnel outlined above still awaiting resumption of delivery of Fire Safety Modules. As the due date has passed, a revised due date has been proposed and the RAG remains at red due to the slippage in timescales. <b>16 June 21: Fire Safety Modules will soon be available to local Crew Commanders to ensure fire safety enforcement succession is in place. The procurement process is complete and it is anticipated that the training will be delivered in 2021. As succession planning has been identified and training has been procured, it is proposed that this action is marked as complete. As such, it has moved from red to green.</b>	100%	Jun-21	Green	
Edinburgh City June 2020 5. The LSO should, in consultation with colleagues responsible for the MORR policy, assess the impact and appropriateness of the maximum speed policy on drivers in relation to the 20 mph speed limited roads in Edinburgh.	E 5	Liaise with H&S re the MORR Policy section.	AC Rogers	Dec-20	Apr-21	Complete	24 March: The Local Senior Officer has requested that this be put on the agenda at the next Drivers Safety Group meeting. To be discussed with Julie Harkins on 9 March 21. This action remains amber and a revised due date has been proposed. <b>16 June 21: A paper regarding this issue was submitted to the Driver Safety Group and the decision of the Group is that the current speed limits within the Driver Safety Handbook remain in place. As such, this action is complete and has moved from amber to green.</b>	100%	Jun-21	Green	Email from AC Rogers to Derrick Watson and Julie Harkins dated 3/8/20.
Edinburgh City June 2020 2. The LSO should also engage with those centrally responsible for the SFRS's BA operational policy document in order to review section 20.2.5 of version 6, 2019 and remove the contradiction contained in its wording. The Service should also issue an Awareness Briefing, or similar communication, to its operational personnel advising them of the potential to accidentally switch off the BA radio.	E 2	Liaise with R&R re policy review of BA Operational Policy and issue an Awareness Briefing.	AC Rogers/GC Acton	Dec-20		Complete		100%	Mar-21	Green	<a href="#">Section 20.2.5 of the revised BAPOG issued for familiarisation on 3/3/21 includes amendments.</a>
Edinburgh City June 2020 4. The LSO should also engage with those centrally responsible for the system to ensure that processes are put in place to automatically 'flag up' overdue records to local managers.	E 4	Contact R&R to raise specific issue re the OI database	GC McDermott	Aug-20		Complete	<b>15 Sept 2020:</b> Interim measures are now in place to monitor records and requirements to update. Liaising and working with ICT to provide long term solution to highlight on a rolling monthly basis, records requiring updates.	100%	09/06/2020	Green	Email from AC Sharp dated 9/6/20
Edinburgh City June 2020 9. The LSO should liaise with the Response and Resilience Directorate with a view to improving the policy around the mobilisation of the line rescue resource.	E 9.1	Discuss with R&R re the standard requirement to mobilise all Tollcross Appliances in support of a neighbouring team when their deficiency is small and could be met by one appliance.	AC Rogers	Sep-20		Complete		100%		Green	Email Trail  This action is now complete. City of Edinburgh fully implementing this discretion with no further issues raised at Station level.
Edinburgh City June 2020 9. The LSO should liaise with the Response and Resilience Directorate with a view to improving the policy around the mobilisation of the line rescue resource.	E 9.2	Liaise with R&R re the provision of a dedicated Line Rescue vehicle for Tollcross Station.	AC Rogers	Aug-20		Complete	<b>15 Sept 2020:</b> Business case was produced and considered at a strategic level, however, was not progressed. Multiple business cases put forward with limited funding available. No further action available at this time.	100%	09/06/2020	Green	Email From AC Sharp R&R, dated 9/6/20 with spreadsheet detailing response.
Edinburgh City June 2020 10. The LSO should seek clarification from procurement colleagues and national TED of the reason for the cancellation of the procurement and what remedial action, if any, will be taken nationally to deliver the intended increase in driver training provision to help resolve the shortage of drivers.	E 10	Discuss with TED National re the cancellation of the externally provided LGV courses and what the plan is to meet the additional training courses needed.	AC Rogers	Dec-20		Complete	16 Dec 2020: Following analysis carried out between April and September 2018 regarding driver shortages within SFRS, the Training, Safety and Assurance Directorate put together a Business Case for £200k to outsource the CAT C part of the Driver Training Pathway. This business case was successful and training will be delivered accordingly.	100%		Green	Email trail from GC McCurry dated 24 August 2020.

HMFSI Fleet & Equipment - Action Plan Progress

Updated	Next Update
Aug-21	Nov-21

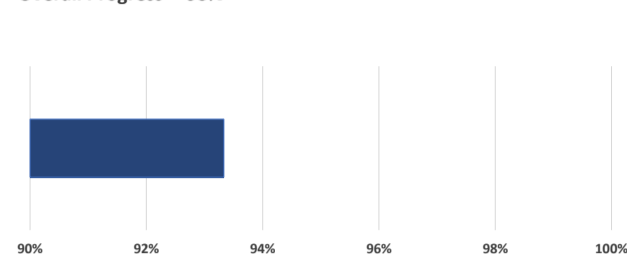
Status	Count
In Progress	2
Complete	29
Cancelled	6
Move to BAU	0
Void	0



In Progress RAG Rating



Overall Progress 93%



HMFI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
21. Wi-Fi should be upgraded to cover all workshops areas in order to optimise the use of Wi-Fi enabled workshop equipment.	21.1	Fleet Services will ensure Wi-Fi connectivity is achieved within the 4 ARCs.	Iain Morris Head of Asset Management	Sep-20	Aug-21	In Progress	19 May 21: The WIFI Rollout is in progress throughout the four Asset Resource Centres. It is anticipated that the work will be completed by the end of May 21. <b>11 August 21: Ongoing works to roll out WIFI commenced, however, a slip in timescales has occurred. The implementation of WIFI connections to all workshop sites is now anticipated to be completed by the end of August 2021 and, as such, a revised due date has been requested. This action has gone from green to amber due to the second slip in timescales.</b>	95%		Amber	
26. The SFRS should introduce national guidance on responsibility for the movement of vehicles for service and maintenance. It is our opinion that this work is not the best use of a mechanic's or equipment technician's time.	26.1	A national procedure will be developed and implemented.	Scottish Fleet Manager	Dec-20	Dec-21	In Progress	19 May 21: Four new Driver posts have been requested to resource a new national procedure which will transfer responsibility for movement of vehicles from mechanics to drivers. These posts have been agreed by the Strategic Leadership Team and recruitment will now progress accordingly. This action has been marked amber as the revised due date has passed. <b>11 August 21: Fleet are currently compiling the job specification and job overview to allow the recruitment process to take place for the four new Driver posts which will facilitate the new national procedure. A second revised due date of December 2021 has been requested to complete the work, including the filling of the posts. This action remains at amber to due the time slippage.</b>	85%		Amber	
1a. The SFRS should continue to invest in its workshops infrastructure in order to upgrade or maintain all facilities to a recognised national standard. Lessons learned from previous workshops projects should be incorporated into the new facility planned for the West SDA. The Project Board should maintain representative body and workforce participation.	1a.1	SFRS will continue to invest in all its workplaces, our key priority will be the relocation and modernisation of the Cowcaddens Workshops. An options review will be carried out with a recommendation submitted to the Board by October 2019.	Iain Morris	Mar-20		Complete		100%	Sep-20	Green	Final building specification agreed and documented. Project Brief Project Dossier
1b. All workshop sites should work in greater collaboration in order to encourage joined up thinking and standardise national practices.	1b.1	Fleet Services will initiate an internal working group to review and agree all the workshops national standard practices and documentation.	Scottish Fleet Manager & Regional Scottish Fleet Managers	Mar-20		Complete		100%	Jul-20	Green	All Fleet Workshop managers meetings agenda and minutes documented and shared on Fleet Intranet site.
1c. There should be a clear delineation of roles and responsibility for all stakeholders in respect of the Fleet Function.	1c.1	A process will be initiated to ensure that all Fleet Personnel understand their reporting lines and their roles within the service.	Scottish Fleet Manager & Regional Scottish Fleet Managers	Jul-19		Complete		100%		Green	Communications has taken place with all Fleet employees to ensure that they are aware of their roles and understand their reporting lines.
2. The Scottish Government has recognised that the SFRS inherited a substantial capital backlog from the eight legacy services and has worked closely with the Service to identify and provide levels of increased capital funding. However, in order to continue to address this backlog the SFRS should continue to endeavour to secure appropriate capital funding to support the Service's future requirements.	2.1	NO ACTION REQUIRED.				Cancelled				Amber	This has already been completed with the publication of the Long Term Financial Strategy in 2017 and the last Audit Scotland Report. SFRS will continue to lobby for additional funding streams from Scottish Government and will work towards addressing the backlog investment issues. A further updated in-depth Fleet Presentation was presented to SG Sponsorship Team and Finance Section on 20 August 2019.
3. The SFRS should consider a review of the relationship between the Fleet Function and the end user with a view to a more focused approach on customer satisfaction, thus achieving greater accountability and understanding of expectations from both partners.	3.1	SFRS doesn't recognise that any structural changes are required. However, the Asset Management Liaison Board is now a strategic meeting which takes place every 6 weeks and its membership is fully reflective of all of the end users of Fleet and Assets.	Iain Morris	Aug-19		Complete		100%		Green	Asset Management Liaison Board takes place every 6 weeks and its membership is fully reflective of all of the end users of Fleet and Assets.
4a. New concept vehicles and equipment should be thoroughly trialled and evaluated in order to ensure suitability, quality and Best Value before further roll-out. They should also be assessed for their impact on equality. New vehicle projects should incorporate a planned multi-departmental timeline to streamline a smooth transition into service.	4a.1	Ensure that all stakeholder departments are involved within the specification procurement and deployment of all new concept appliances.	Fleet Manager	Jul-19		Complete		100%		Green	This is now a standard approach for the User Intelligence Group (UIG) that form the specification and procurement process. Any new concept vehicle or vehicles will be authorised and commissioned at the Asset Management Liaison Board. Full project management procedures will be deployed to ensure their efficient and collective deployment across the service.
4b. This will assist with a more efficient use of resources and increase the number and quality of spare vehicles.	4b.1	Review and prepare a programme and report for upgrading of spare fleet appliances.	Scottish Fleet Manager	Jan-20	Apr-21	Complete		100%	May-21	Green	Average Age of Fleet Paper.  This action is now complete. A paper has been completed on average age of Reserve fleet after the implementation of 30 new pumps across the Service.
5. The driver training fleet should be modernised to increase reliability and include vehicles with new technology, so drivers can develop appropriate skills from the outset or to meet the requirements of new technology.	5.1	Review and prepare a programme and report for upgrading of TED Driver Training appliances	Scottish Fleet Manager	Mar-20		Complete		100%	Jul-20	Green	3 new appliances dedicated to Driver training fleet along with refreshed roll-on fleet.



6. The strategy for technology employed in the governance, management and control of assets should be reviewed to produce and implement a modernised, standard approach for all stakeholders.	6.1	Asset Management will review and introduce a new or upgraded electronic asset management system.	Iain Morris	Mar-20	Complete	100%	Jul-20	✓	Version 9 of Tranman implemented and training complete.
7a. All workshop managers should incorporate condition scoring into their fleet governance to better inform vehicle replacement assessment, rather than age alone.	7a.1	The Regional Scottish Fleet Managers will introduce and monitor the national condition scoring within the ARCs that currently aren't recording this.	Regional Scottish Fleet Managers	Aug-19	Complete	100%		✓	Process now deployed across all of the 4 ARCs.
7b. The SFRS should review its Transport Strategy to better reflect the inclusion of condition scoring into the overall process.	7b.1	The Scottish Fleet Manager will review the strategy and ensure that condition scoring is explicit within the document.	Scottish Fleet Manager	Aug-20	Complete	100%	Oct-20	✓	New Standard inspection sheet with revised condition scoring implemented in all vehicle workshops.
8. The SFRS should embrace greater interdepartmental collaboration in respect of procurement of new vehicles and equipment with more focus on workshop and end user involvement. This should include multi-departmental evaluation following each procurement process, in order to compile organisational learning to inform and improve future project management.	8.1	NO ACTION REQUIRED. This is already captured and is covered under Recommendation 4. The actions that SFRS has taken to address this are the same as recorded for this recommendation.			Cancelled				See recommendation 4.
9. The SFRS should continue to ensure efficient workforce planning in respect to procurement staff with the monitoring of market allowances and horizon scanning for efficient succession planning. In order to ease capacity issues, the SFRS should investigate opportunities for collaborative procurement with other public-sector bodies where there is commonality.	9.1	NO ACTION REQUIRED. Situation has altered or changed considerably since the audit review.			Cancelled				SFRS monitors market allowances on a two year basis and where there is a change in the market demand this can be referred to market allowance panel outside this time horizon. SFRS currently seeks opportunities for collaboration and will continue with this requirement.
10. The Procurement Department should work closely with TED in the inclusion of training packages within procurements to benefit all aspects of training. TED should then manage its provision.	10.1	NO ACTION REQUIRED. Situation has altered or changed considerably since the audit review.			Cancelled				All stakeholders are included in the UIG and TED requirements are incorporated where required.
11. The Procurement Department should work closely with workshops managers to maintain a quick and easy method of authorising the throughput of spare parts to reduce the time that vehicles are out of service awaiting spare parts sign off.	11.1	NO ACTION REQUIRED Situation has altered or changed considerably since the audit review.			Cancelled				SFRS has a set of internal controls that ensures orders above £4,000 are routed to procurement to confirm contracts are in place. This requirement will continue as to remove could lead to breach in standing orders and procurement legislation.
12. The SFRS should investigate further collaboration opportunities with emergency service partners. For example, shared maintenance and repair contracts in remote areas, shared workshops space, shared peer review and quality assurance and procurement of spare parts.	12.1	SFRS will strengthen its relationships with all the other emergency service partners and create a shared services activity schedule on our intranet site.	Iain Morris	Mar-20	Complete	100%	Jul-20	✓	Joint Asset Sharing Group agenda and minutes.
13a. The SFRS should undertake a review of working practices within the Fleet Function with a view to maximising overall staff output, improve staff development, secure Best Value and improve staff morale.	13a.1	A review will be initiated by the Regional Managers to look at all working practices and to agree and implement a new national performance based process. All the appraisal interviews will be completed and action plans developed.	Scottish Fleet Managers & Regional Scottish Fleet Managers	Mar-20	Complete	100%	Mar-20	✓	A series of performance reporting tiles have been implemented into the fleet management system.
13b. The SFRS should also consider a national on-call procedure for mechanics.	13b.1	Fleet Services will develop a new national on call procedure for mechanics.	Scottish Fleet Manager	Dec-20	Cancelled				Following discussions with representative bodies colleagues at the Trade Union Liaison meeting on 23 June 2020 it was agreed that the stand-by arrangements should be maintained as area specific. This action is no longer required.
14a. The SFRS should closely monitor retirement profiles and recruit effectively to avoid long-term staff reduction and a resultant decrease in production.	14a.1	A succession plan will be developed and a report presented to Director of FCS for consideration.	Scottish Fleet Manager	Mar-20	Complete	100%		✓	Report on age profile of staff is now completed.
14b. The SFRS should also investigate the use of apprenticeships within the Fleet Function to promote a skilled workforce for the future.	14b.1	The Head of Asset Management will review and explore the possibility of introducing several apprenticeships across the 4 ARCS.	Scottish Fleet Manager	Aug-19	Complete	100%		✓	Funding has been secured for four apprentices, one for each ARCS. New apprentice posts have been secured.
15. The SFRS should consider what information the Fleet Function shares in terms of performance management and consider whether it best meets the needs of its customers.	15.1	Fleet Services will prepare a new suit of KPIs and these will be submitted and discussed at the AMLB for monitoring.	Iain Morris & Scottish Fleet Manager	Mar-20	Complete	100%		✓	KPIs
16. The Fleet H&S handbook should be implemented across all workshops sites. This would assist in workshops staff embracing cultural improvement in H&S and increasing near miss reporting in order to maximise organisational learning.	16.1	Fleet services will produce and issue a new revised Health and Safety Handbook.	Scottish Fleet Manager	Aug-19	Complete	100%		✓	Revised Health and Safety Handbook has been issued.

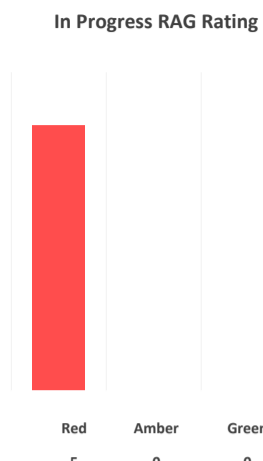
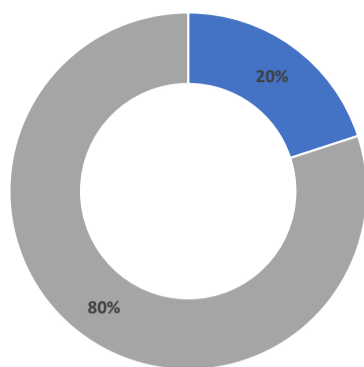
17. A training plan stemming from the H&S training gap analysis should be fully implemented for workshops managers in order to mitigate this organisational risk. Also, a gap analysis on H&S training should be carried out for mechanics and equipment staff in order to design and implement a training plan which will again mitigate organisational risk.	17.1	A Health and Safety Gap analysis will be completed and a training plan will be developed and implemented across all four ARCs.	Scottish Fleet Manager & Regional Scottish Fleet Managers	May-20		Complete		100%	May-20	✓	Training Matrix for all Health & Safety training requirements developed and implemented along with National Health & Safety action plan.
18. The SFRS having invested in an upgraded version, should fully assess whether Tranman is a suitable platform on which to build the management of all of its hard assets for the future. If so, it should give due consideration to future proof the system by the introduction of, a national standard for its usage. This should be supported by a thorough data cleansing programme and a training package for all staff who are required to use it.	18.1	SFRS has considered Tranman to be the platform for its fleet asset base for the foreseeable future. A new version (9) will be introduced and a full data cleanse will be initiated. This will also include a single operational process across all SFRS Sites.	Scottish Fleet Manager & Regional Scottish Fleet Managers	Mar-20		Complete		100%	Jul-20	✓	Roll out of Tranman Version 9 across all workshop sites is complete along with a training package to all users. Tranman Version 9 working group minutes available on Fleet sharepoint site
19. The SFRS should explore with vehicle and equipment providers, the provision of a cover sheet which would detail all data input requirements for Tranman, including all separate warranties to allow for simple, standardised upload onto Tranman.	19.1	A standard procedure/process will be developed by Fleet Services and implemented	R&D Support Officer	Mar-20		Complete		100%	Jul-20	✓	Standard pre-delivery inspection sheet.
20. As long as the SFRS continue to use Tranman it should ensure that it is interfaced with Technology One in order to accurately manage budgets and recognise full life costs.	20.1	This is aligned to ACTION 15 Above and will form part of the KPIs	Iain Morris Head of Asset Management	Mar-20		Complete		100%	Mar-20	✓	
22. A tracking system should be considered for the full fleet in order to improve efficiency in tracking and managing vehicle stock, the security of lone workers and to guard against vehicle misuse and theft.	22.1	An AVLS system this will be deployed across all the light fleet for better utilisation of the fleet.	Scottish Fleet Manager	Jun-19		Complete		100%		✓	AVLS system has been deployed across the light fleet.
23. Vehicle servicing in all areas should be fully audited in order to identify any major omissions, with an action plan generated to mitigate organisational risk. This should be coupled with a full evaluation of the vehicle maintenance schedule and inspection sheets in order to fully assess their suitability and cost effectiveness over the long-term.	23.1	A new independent audit and review section will be introduced to review and audit all the ARCs documentation and schedules.	Iain Morris Head of Asset Management	May-20	Sep-20	Complete		100%	Aug-20	✓	Asset Management project governance staff trained in requirements to audit by the FTA.
24. Workshops managers should ensure the availability and visibility of vehicle maintenance schedules so that SD can implement measures to limit the operational impact of vehicle reductions or changeovers. The availability and location of this schedule should be advertised to all end users.	24.1	1. A new procedure will be developed in conjunction with Service Area DACOS, to ensure that transparency and efficiency is achieved with regards to scheduling of services.	Scottish Fleet Manager	Dec-19		Complete		100%	Jul-20	✓	Intranet access to all station personnel has been granted whereby they can view open jobs and length of time vehicle has been in the workshop.
25. The SFRS should consider adopting a standardised Imprest stocking system or similar, across all of its sites to greatly enhance efficiency. At the time of writing we understand that Police Scotland and the Scottish Ambulance Service are tendering together for an Imprest system and the SFRS should explore the potential to work in partnership with this project.	25.1	1. A review of stock holdings will be initiated and this will consider if impress stock is actually the best method of providing this service. (Note all our fleet tenders are discussed with both Police and SAS)	Scottish Equipment Manager	Oct-20	Aug-21	Complete		100%	May-21	✓	The review has been undertaken and consultation has taken place with the Tech-One Administrator and it has been confirmed that the current configuration of Tech-One does not support impress stock. However, this will be reviewed when the new integrated People, Training, Finance and Assets System is implemented over the next few years.
27. Consideration should be given to grouping vehicle inspections in remote rural areas, to cut down on travel time and improve efficiency. Again, working in partnership with other emergency services could provide benefit. Consideration should also be given to outsourcing more work in remote rural areas, when it is not cost effective to do so in-house	27.1	A review of the rural servicing schedules will be initiated and consider the recommendations stated.	Scottish Fleet Manager	Jun-19		Complete		100%		✓	All the schedules have been reviewed and realigned to minimise disruption.
28. Policy needs to be clear on the requirement, or not, of TED led driver familiarisation when driving an unfamiliar appliance. This aspect has been a contributory factor of appliance availability issues and in particular the use and movement of spare appliances around the country.	28.1	Refer to the MORR policy/Driver Handbook. Currently, there is a need for staff to undertake driver [familiarisation] training when staff are required to drive unfamiliar appliances. This is considered when new vehicles enter the service and, as part of the appliance relocation strategy.	DACO Training	Jun-19		Complete		100%		✓	Performance of driver training competencies incorporated with Training and Employee Development performance management processes.
29. Clarity should be given over who line manages equipment technicians in order to satisfy clear governance of their role.	29.1	A process will be initiated to ensure that all Fleet Personnel understand their reporting lines and their roles within the service.	Scottish Fleet Manager & Regional Scottish Fleet Managers	Jul-19		Complete		100%		✓	Communications has taken place with ALL Fleet Employees to ensure that they are aware of their roles and understand their reporting lines.
30. Communications between workshop staff and SD should be improved in order to give staff confidence in the state of vehicle repair and better plan for vehicle reduction and changeover at fire stations. The procedure for mechanics signing onto fire stations and recording when defects are fixed should be adhered to.	30.1	A national procedure will be developed and implemented. (linked to recomb. 26)	Scottish Fleet Manager	Dec-20		Complete		100%		✓	Fleet staff now required to sign in at station as protocol by all fleet and equipment staff.
31. The SFRS should establish a national standard for the provision of spare appliances and whether vehicles will be delivered fully kitted with equipment or not.	30.1	Fully kitted appliances would not be possible at this stage due to capital proprieties being directed elsewhere	Scottish Fleet Manager	Mar-20		Complete		100%		✓	As agreed this would be the most advantageous way of delivering new appliances. However limited capital and high demands for other projects will negate this from happening.

<p>32. After a sufficient period of time has elapsed, the SFRS should carry out a detailed evaluation of the introduction and effectiveness of the RRUs introduced into operational service, in order to inform future provision. In general, greater collaboration between R&amp;R workshop and SD staff on vehicle and equipment projects is desirable.</p>	31.1	Carry out post implementation evaluation in line with Operational Strategy Concept of Operations.	David Farries	Mar-22		Complete		100%	May-21	<p>✓</p> <p><u>RRU Mobilisations UHPI in use 19 May 21: Operational Strategy Framework now produced and includes all aspects of evaluation of firefighting appliances and extinguishing media. This update supersedes this action and we request that RRUs are included and considered alongside all appliances and equipment in the relevant Operational Strategy Concept of Operations action. If agreed, this action can be closed.</u></p>
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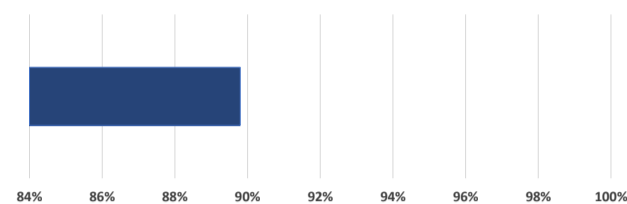
HMFSI Operational Risk Information - Action Plan Progress

Updated	Next Update
Nov-21	Aug-21

Status	Count
Not Started	0
In Progress	5
On Hold	0
Complete	20
Transferred	0
Cancelled	0
Move to BAU	0
Void	0



Overall Progress 90%



HMFI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
1. Implement review of the sustainability of existing MDTs. 2. Develop a process that enables the tablet to be connected to the mobilising system. 3. Ensure the new mobilising system has the capability to provide crews quick access to SRRI.	1.2, 2.2, 3.2	Fully scope out integration with Airwave network post CCMS Project completion but prior to introduction of ESMCP.	Sandra Fox, Head of ICT	Mar-20	Jun-22	In Progress	19 May 21: Integration work has commenced with the technical on boarding work with the Programme. This requires all network addresses to be declared if they will be used for the Emergency Services Network. The Applications Lead is an active member of the Emergency Services Mobile Communications Programme (ESMCP) Working Group. Regular liaison with the Command and Control Futures Project Manager is taking place. The Operations Control lead and Security Accreditor are also members of the Working Group. Code of Connection work has commenced. Due to previous action slippage, a new due date has been proposed. This action has moved from amber to red due to time slippage. <b>11 August 21: Airwave CCN 320 work is ongoing to connect the Tablet to the Airwave network as an interim measure. The ESMCP transition has been delayed until 2024. In preparation for ESN transition from Airwave, three Handsfree Fixed Vehicle Devices will be given to the Service for installation tests in August/September 2021, once these arrive a discussion on an installation in a large, medium and small vehicle will be considered. This will inform installation times and device integration possibilities, as well as space and power requirements. The tablet sits alongside the ESN Core device as part of the system architecture for Technical enrolment, as well as the Code of Connection work ongoing. Once this is complete the tablet is able to use either Airwave or ESN during transition. Due to projects delays, a revised due date of June 22 is proposed. This action remains at red due to the slip in timescales.</b>	60%		Red	CCF Project Plan and Dossier. In Vehicle Solutions ToR and minutes
1. Implement review of the sustainability of existing MDTs. 2. Develop a process that enables the tablet to be connected to the mobilising system. 3. Ensure the new mobilising system has the capability to provide crews quick access to SRRI.	1.3	Fully integrate OI information into ESMCP Mobilising System.	Sandra Fox, Head of ICT Andy Mosley, ESMCP Project Manager	Mar-20	Mar-23	In Progress	19 May 21: Engagement with In-Vehicle Devices team is in place, the first of the ESMCP fixed Vehicle Device is due to be released for trial purposes in October 2021. A trial fit out and assessment of the environment within the vehicle cab will take place with all stakeholders at this time. Detailed vehicle device installation plans are available on the sharepoint site and have been shared with Research and Development staff. ESMCP timescale has slipped to 2024 and a new due date has been proposed to reflect this. This action has moved from amber to red due to time slippage. <b>11 August 21: An interim solution is being explored using a commercial SIM card in the Tablet giving network connectivity away from station. This is due to ESMCP Transition delay. Work is ongoing towards end state ESMCP Model; The fleet lead has the vehicle installation plans from Handsfree, the TST versions are to follow. The integration of the Tablet to the core device will allow it to access the Emergency Services Network. Handsfree are well down the development path with the device and are releasing a number to User Organisations this autumn for installation tests. None of these devices will be networked until the System Architecture is complete, the technical on boarding complete thereafter a IT Health Check will be required to make the Service Security Code of Connection (CoCo) compliant. The first element of this being the Installation of the DNSP Direct Network Service Provider (Vodafone) line is nearing completion at Johnston and Saughton House Data Centres. This action will remain red due to the slip in original timescales.</b>	10%		Red	ESMCP Board papers
1. Implement review of the sustainability of existing MDTs. 2. Develop a process that enables the tablet to be connected to the mobilising system. 3. Ensure the new mobilising system has the capability to provide crews quick access to SRRI.	1.4, 2.4, 3.4	Apply for an Airwave Code of Connection.	Sandra Fox, Head of ICT	Mar-20	Jun-22	In Progress	19 May 21: Technical enrolment has commenced. This proceeds the IT Health Check then the Code of Connection, the accreditor and the Project Manager meet on a weekly basis. Following previous action slippage, a new due date has been proposed to complete. This action has moved from amber to red due to time slippage. <b>11 August 21: The Airwave Code of Connection will be revised to accommodate CCN 320 when complete. Following previous action slippage, a new due date has been proposed to complete. This action remains red due to the slip in original timescales.</b>	60%		Red	Digital Steering Group and SLT Papers June 2020. In vehicle solution project Board papers.
4. In the short term the type of risk information held on the tablets should be increased to provide at least the same level of information and functionality as that of the former legacy services systems, as shown on table 4.	4.1	Integrate Vehicle Risk Information onto Tablet.	David Murdoch	Mar-20	Dec-23	In Progress	19 May 21: Work ongoing with ICT in relation to developing device security arrangements. This needs to be completed prior to deploying vehicle risk information on the tablet. This action has moved from amber to red due to time slippage. <b>11 August 21: It has been agreed that the original security policies, the ones which are restricting us from sending updates to the Operational Intelligence (OI) application, are not fit for purpose. Whilst the reviews are underway, to allow us to move forward, a new account will be built with appropriate security levels which the OI application can then be tested against. We will need assistance with testing this as we go, and hopefully this is a sign of things moving to a better position. There will be a fuller progress update prepared for the next OI Service Review meeting on the 20 July 21. A revised due date to reflect the slip in the Emergency Services Mobile Communication Programme (ESMCP) has been proposed. This action remains red due to the slip in original timescale.</b>	85%		Red	Operational Intelligence Work Plan. In vehicle solution project Board papers.
7. The Service should ensure, where possible, that there is suitable Wi-Fi connection at all stations in Scotland to ensure that the tablet devices are updated on a regular basis. The system should also include an automatic update function to ensure that there is no reliance on a manual update carried out by crews at stations.	7.2	Continue ongoing development to ensure a stable and reliable auto update function.	ICT Lead	Jan-20	Dec-23	In Progress	19 May 21: This work continues as the capability to update the OS Tablet via the Secure Emergency Service Network both at Station and at Incident scene is one of the key business benefits of the ESMCP. Due to previous time slippage, a new due date has been proposed. This action has moved from amber to red due to time slippage. <b>11 August 21: This action is tied to the 4.1 above and integration with the ESMCP mobilising system. A revised due date to reflect the slip in the Emergency Services Mobile Communication Programme (ESMCP) has been proposed. This action remains red due to the slip in original timescale.</b>	30%		Red	ICT Work Plan. In vehicle solution project Board papers.

1. Implement review of the sustainability of existing MDTs. 2. Develop a process that enables the tablet to be connected to the mobilising system. 3. Ensure the new mobilising system has the capability to provide crews quick access to SRRI.	1.1, 2.1, 3.1	Arrange Formal meeting between CCF,ESMCP and OI Board.	GM D Murdoch	Jul-19	Complete		100%	✓	Formal meeting took place on 31 July 2019 with plan to progress out in place.	
4. In the short term the type of risk information held on the tablets should be increased to provide at least the same level of information and functionality as that of the former legacy services systems, as shown on table 4.	4.2	Provide enhanced mapping layers based on end user consultation as part of incremental device enhancement.	Paul McGovern	Jun-19	Complete		100%	✓	Enhanced mapping layers added and future builds planned.	
5. The Service should develop its OIS website to enable performance reporting to be carried out by LSO based personnel, and to allow station based personnel to manage inspections and visits rather than rely on locally created spreadsheets. Development should take account of end user requirements so that the updated system delivers what is required.	5.1	Publish OI reporting tool to make available to all end users.	John McNicol	Apr-19	Complete		100%	Apr-19	✓	Reporting tool received 2 April 2019.
5. The Service should develop its OIS website to enable performance reporting to be carried out by LSO based personnel, and to allow station based personnel to manage inspections and visits rather than rely on locally created spreadsheets. Development should take account of end user requirements so that the updated system delivers what is required.	5.2	Engage on performance reporting requirements during policy review consultation.	SM Marc Pincombe	Apr-19	Complete		100%	Apr-19	✓	Engagement commenced on 4 April with email to DACO Support Teams. Further engagement planned with LSO Management Teams.
6. Future developments of the OIS and the tablet should take account of end user requirements. A structure should be put in place to collect and collate feedback from users and station based personnel who are involved in carrying out ORI duties and personnel who use the ORI at operational incidents.	6.1	Carry out 4 targeted engagement sessions with end users.	SM Marc Pincombe	May-19	Complete		100%	Mar-19	✓	Engagement sessions carried out in each SDA area.
6. Future developments of the OIS and the tablet should take account of end user requirements. A structure should be put in place to collect and collate feedback from users and station based personnel who are involved in carrying out ORI duties and personnel who use the ORI at operational incidents.	6.2	Embed Operational Intelligence into Operational Assurance processes.	GM Fraser Simpson	May-19	Complete		100%		✓	OA processes have been developed to incorporate OI.
6. Future developments of the OIS and the tablet should take account of end user requirements. A structure should be put in place to collect and collate feedback from users and station based personnel who are involved in carrying out ORI duties and personnel who use the ORI at operational incidents.	6.3	Ensure process in place to collate feedback from Incident Command courses.	GM D Murdoch	May-19	Complete		100%		✓	Process implemented with TED to embed use of OI in Incident Command courses and collate feedback.
7. The Service should ensure, where possible, that there is suitable Wi-Fi connection at all stations in Scotland to ensure that the tablet devices are updated on a regular basis. The system should also include an automatic update function to ensure that there is no reliance on a manual update carried out by crews at stations.	7.1	Continue to roll out Wi-Fi in line with agreed Project Plan.	Neil Dutton	Aug-19	Complete		100%		✓	Project Plan to roll out Wi-Fi is complete with the exception of two stations. These will be managed as BAU.
8. The Service should consider the capacity and remit of the OIO team and other personnel involved in the OI process such as operational personnel. 9. The OIO team should be competent to carry out their role.	8.1, 9.1	Carry out a review of OI structure and produce options appraisal.	GM D Murdoch	Mar-20	Complete		100%		✓	Paper prepared and meetings held with HRA in relation to job evaluations.
8. The Service should consider the capacity and remit of the OIO team and other personnel involved in the OI process such as operational personnel. 9. The OIO team should be competent to carry out their role.	8.2, 9.2	Carry out SDA impact assessment and act on findings.	SM Marc Pincombe	Sep-19	Complete		100%		✓	SDA impact assessments completed in May, Awaiting outcomes of Policy Review.
8. The Service should consider the capacity and remit of the OIO team and other personnel involved in the OI process such as operational personnel. 9. The OIO team should be competent to carry out their role.	8.3, 9.3	Embed and evaluate OIO training plan.	Kenny Fraser	Sep-19	Complete		100%		✓	OIO training plan has been embedded and evaluated.
10. The Service should further develop the use of 'champions' as used within the Highland and Dumfries and Galloway LSO areas, to enhance OI capacity within RDS fire stations.	10.1	Collate, share and evaluate Best Practice in relation to mainstreaming OI.	GM D Murdoch	Sep-19	Complete		100%		✓	Engagement carried out in all LSO areas to share OI mainstreaming best practice.

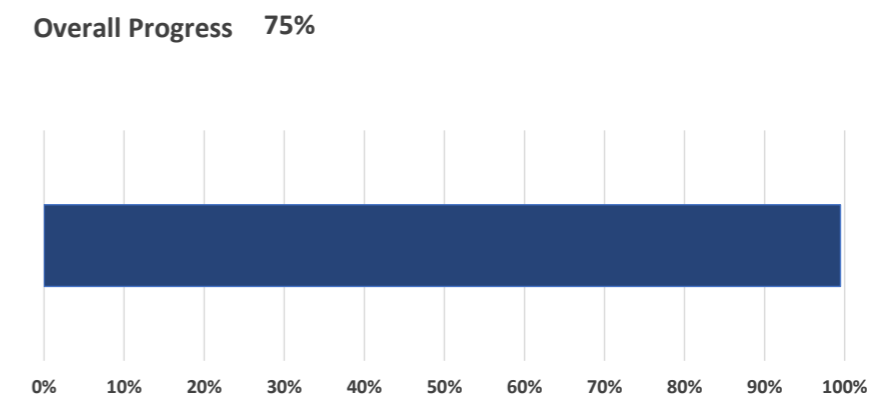
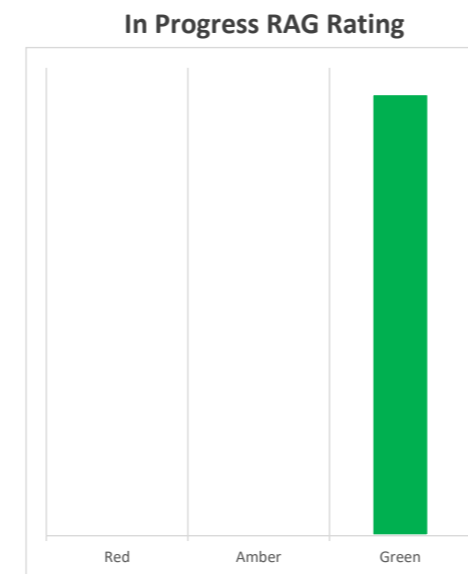
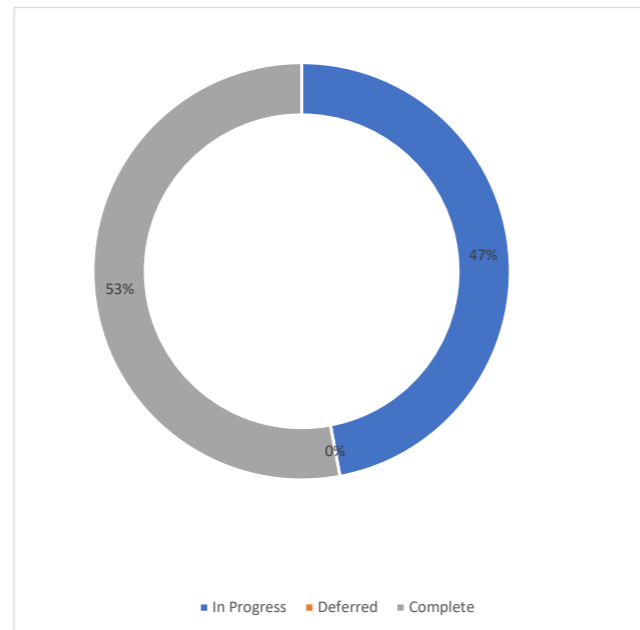
10. The Service should further develop the use of 'champions' as used within the Highland and Dumfries and Galloway LSO areas, to enhance OI capacity within RDS fire stations.	10.2	Ensure OI is considered within RDS working Group.	GM D Murdoch	Sep-19	Complete		100%	✓	OI information shared with Senior Responsible Officer leading RDS Project.
11. The Service should consider methods of improving the culture of utilising ORI at incidents and should monitor its use by adding specific questions or sections on the use of ORI by incident commanders to its OA policies.	11.1	Embed Operational Intelligence into Operational Assurance processes.	GM Fraser Simpson	May-19	Complete		100%	✓	OA processes have been developed to incorporate OI into the OA process.
11. The Service should consider methods of improving the culture of utilising ORI at incidents and should monitor its use by adding specific questions or sections on the use of ORI by incident commanders to its OA policies.	11.2	Explore opportunities to further embed OI use during Incident Command Training.	AM Andy Watt	May-19	Complete		100%	✓	Agreed process in place with TED to embed the use of OI into Incident Command courses and collate feedback.
12. The Service should carry out a review of the premises or sites that it has SSRI for. The review should focus on the areas that have comparatively low numbers of premises on the OI database. The plans in the initial stages for the new system do not focus on the creation of records for previously unidentified premises. In particular, we believe a focus on the low number of premises in the City of Edinburgh is required.	12.1	Develop Site Specific SOP template.	SM Marc Pincombe	Jul-19	Complete		100%	✓	Site Specific SOP template developed and tested in exercises and for a real incident within the Grangemouth complex.
12. The Service should carry out a review of the premises or sites that it has SSRI for. The review should focus on the areas that have comparatively low numbers of premises on the OI database. The plans in the initial stages for the new system do not focus on the creation of records for previously unidentified premises. In particular, we believe a focus on the low number of premises in the City of Edinburgh is required.	12.2	The OI team will target resources within LSO Areas requiring assistance on a risk based approach.	Jennifer Henderson	Jul-19	Complete		100%	✓	LSO planning meetings have been carried out and OI resources have been allocated on a risk-based approach,
13. The Service should progress the data sharing with partners which is planned as part of the Service's Digital Strategy. This includes access to relevant risk information from key partners where that information would assist operational crews.	13.1	Continue to explore data sharing opportunities with partner agencies.	GM D Murdoch	Oct-19	Complete		100%	✓	Partner working in place and will continue with Forestry Commission and SEPA.
14. The Service should formalise data sharing with neighbouring FRSs of Cumbria and Northumberland	14.1	Agree, sign off and implement MOUs to support OI.	GM D Murdoch	Jan-19	Complete		100%	✓	MOU complete and signed off by ACO.
In 2015, we recommended that the SFRS should strengthen the use of an option appraisal and evaluation approach in resource planning. We now further recommend that the Service should embrace the appraisal and evaluation principles set out in the Scottish Public Finance Manual in its project work. In particular, there should be agreed methods of evaluation, including end user feedback and details on how the evaluation will shape the direction and content of a project as it progresses	15.1	Ensure Business Case process is robustly followed and evaluated.	AM I McMeekin	Jan-19	Complete		100%	✓	Business case guidance has been produced by FCS and continues to be followed and evaluated.

# APPENDIX F

## HMFSI Update report on planning and preparedness for Covid-19 - Action Plan Progress

Updated	Next Update
Aug-21	Nov-21

Status	Count
Not Started	0
In Progress	8
Deferred	0
Complete	9
On Hold	0
Transferred	0
Cancelled	0
Moved to BAU	0
Void	0



HMFI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
The organisation has had to adapt to the quick changing operating environment that has emerged during the C-19 pandemic and recognises the need to be agile and prompt in its decision making. The benefits of streamlined bureaucracy and speed of decision making has been acknowledged at many levels. Commanders and managers are keen to maintain this agility, although are cognisant of the need to maintain proper accountability and scrutiny.	3.2.1	Review, and revise as necessary, the Scheme of Delegations for the Scottish Fire and Rescue Service.	Richard Whetton	Mar-21		Complete	11 August 21: The SFRS Scheme of Delegation has been updated as part of the annual board governance review. The updated Scheme with summary of changes was presented and approved by the SFRS Board in April 2021. This action is now complete.	100%	Apr-21	Green	<a href="#">Board papers 29/04/21 - See Agenda item 12</a>
		Directors to review internal business processes within their respective areas of responsibility and update as necessary.	ACO John Dickie ACO Stuart Stevens ACO Paul Stewart Liz Barnes Mark McAteer Iain Morris	Jun-21		Complete	11 August 11: This process is being managed via our Agile Working Framework. All recruitment processes are under review and policies will be reviewed to streamline and remove beaurocracy. A number of Directirates have also help workshops to explore relevant matters in relation to staff's work experiences during the pandemic. Workshops considered what worked and did not work in terms of support during the pandemic and the future wishes of staff as the Directorate and Service return to a more 'normal' mode of working . Stratgeic Planning, Performance and Communications held a Directorate workshop on June 22nd and over 80 team members took part. The findings will be reported at the SPPC Directorate Management Team meeting in August, following which plans will be drawn up in line with relevant corporate directions arising from the Agile Working Framework. Details of this will be reported to both SLT and SMB. This action is complete.	100%	Dec-20	Green	<a href="#">Agile Working Framework</a>
The WFH arrangements need to be evaluated as it is too early to be assured of the longer term consequences of this new way of working.	3.2.3	Implementation of the Agile Working in SFRS Framework, which will enable a bespoke set of arrangements to be put in place for each individual on a case-by-case basis.	Scott Semple	Aug-21		Complete	11 August 21: The Agile Working Framework, which will be a resource housed on iHub, will be launched week beginning 2 August. The launch will coincide with a dediacted communications campaign. Once the iHub resource (the Framework) is launched it will evolve to inform the conversation on how we can continue to develop Agile Working within the Service.	100%		Green	Link to iHub (to come after launch)

The SFRS should ensure a training needs analysis of all areas of training is undertaken, and that a plan is developed to ensure specialist skills like water rescue and rope rescue is in place to prevent long term risk to staff and communities.	3.2.10	Develop a training needs analysis and associated recovery plan to prioritise training impacted by the COVID-19 pandemic.	DACO Paul King	Jun-21	Complete	11 August 21: The Training Needs Analysis request was issued on 7 December 2020 and returns were received by 15 January 21. An impact analysis focussing on specialist skills, Incident Command and driver training was completed by March 2021. This analysis included recovery proposals. These were agreed with Service Delivery business partners and have been incorporated into the 'People' work packages within the Recovery, Reset and Renew programme as presented to the Senior Management Board on 22 April 2021. This action is complete.	100%	Apr-21	<ul style="list-style-type: none"> <li>- <a href="#">Training Needs Analysis</a>,</li> <li>- <a href="#">Incident Command Training Report</a>,</li> <li>- <a href="#">Driver Training Report</a>,</li> <li>- <a href="#">Specialist Rescue Training Report</a>,</li> <li>- <a href="#">Work Package 4.1 (Training)</a>.</li> </ul>
We are aware of a number of new innovative and creative ways of working including: Fire Safety enforcement visits being undertaken remotely; delivery of training and assessment within OC and at fire and rescue stations reducing the need for staff to travel and delays in getting staff competent; and some low and medium Community Safety activities (HFSV) are being delivered virtually. New ways of working should be thoroughly evaluated to maximise opportunities to deliver better service.	3.2.14	Evaluate the changes in approach to Prevention and Protection activities undertaken by SFRS during the COVID-19 pandemic, and take opportunities presented to improve delivery of services in this regard.	DACO Alasdair Perry	Jun-21	Complete	11 August 21: The Prevention & Protection team has continually monitored the new processes implemented during the COVID period. Using a quantitative approach, they are able to confirm that staff are using the systems and information being shared. Further in-depth evaluation will be undertaken as part of the Routemap to Delivering Reset and Renew: Partnership Working work package and will report through this work stream. This action is complete.	100%	Jun-21	<ul style="list-style-type: none"> <li>FSE – Remote Audit Procedure</li> <li>CSE – Online HFSV Checker</li> <li>CSE – Make the Call</li> <li>CSE – HFSV Questionnaire</li> </ul>
		Evaluate the changes in approach to training undertaken by SFRS during the COVID-19 pandemic, and take opportunities presented to make improvements in this regard.	DACO Paul King	Jun-21	Complete	11 August 21: A number of changes initially introduced to ensure training continuity through the pandemic have been evaluated and are now being taken forward to shape options for ongoing training delivery models. This action is complete.	100%	Jun-21	<ul style="list-style-type: none"> <li>- Wherever possible, technical input is remotely delivered via Teams to reduce the duration of physical attendance on Training courses,</li> <li>- Creation of "mobile friendly" e-learning modules,</li> <li>- Remote delivery and remote assessment of Incident Command Courses level 2 -4,</li> <li>- Local delivery of phased assessments,</li> <li>- Remote delivery of IOSH courses.</li> </ul>
Partners and the SFRS should ensure that plans are developed to re-instate joint training without delay, when circumstances permit.	3.3.5	In conjunction with relevant partners, including the Scottish Multi-Agency Resilience Training and Exercise Unit, develop a recovery plan to prioritise joint partnership training impacted by the COVID-19 pandemic.	DACO Paul King	Jun-21	Complete	11 August 21: SFRS has continued to be represented at the Emergency Services Training Collaboration Group by both the Training and Operations Functions where the resumption of collaborative training opportunities forms part of the agenda. This action is complete.	100%	Jun-21	<ul style="list-style-type: none"> <li>- ESTCG Agenda,</li> <li>- Exercise Cervantes April 2021</li> <li>- Exercise Vepsish July 2021</li> <li>- Resumption of Joint On Scene Commander's (JOSIC) Course Late summer 2021</li> </ul>
The SFRS should ensure there is clear decision making and authority to commit resources with those representing the Service.	3.2.2	No additional actions necessary as being progressed via Routemap to Delivering Reset and Renew: Operational Strategy work package.  (This refers to the escalation for localised decision making that was predominantly covered in the Community Resilience Action Group (CRAG) process.)	Operations	Jun-21	Complete	11 August 21: The Community Resilience Action Group (CRAG) process was set up in extraordinary times and the information and guidance ensured that decision making was pushed to point of need, in most cases this was Local Senior Officer level. On occasion requests for assistance of a more strategic level or those with service wide implications were referred up to CRAG or the Strategic Leadership Team for Gold sign off. SFRS deem this process to be suitable and sufficient. This action is complete.	100%	Jun-21	<ul style="list-style-type: none"> <li>CRAG Tracker/spreadsheet</li> <li>All CRAG documentation</li> <li>COTAG minutes.</li> </ul>
The availability of staff to crew appliances along with the introduction of bubbles/clusters has meant that normal crew levels cannot always be achieved, and reduced crewing across more areas of the business have been forced upon the Service. The impact of these changes should be evaluated by the SFRS to identify potential organisational benefits and risks.	3.2.11	No additional actions necessary as being progressed via Routemap to Delivering Reset and Renew: Operational Strategy work package.  (The ongoing use of adjusted crewing models has been monitored by the Operational Availability Group (OAG). Ensure ongoing liaison with Representative Bodies (i.e. Fire Brigades Union)).	Operations	TBC	In Progress	11 August 21: Evaluation of reduced crewing levels has been undertaken by the Operations Function. This took account of monitoring data from Operational Assurance (OA) and Central Staffing Team. The OA Group has also reviewed the implications of a return to normality, with reference to crewing levels, and options have been provided for consideration. Regular engagement with Staff Representative Bodies has been undertaken to consult on C-19 arrangements. Meetings have been facilitated at both strategic and local levels where deemed necessary.	80%		



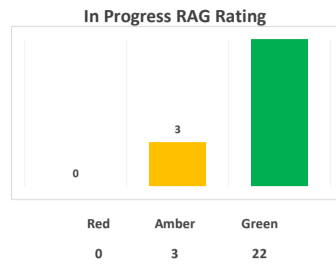
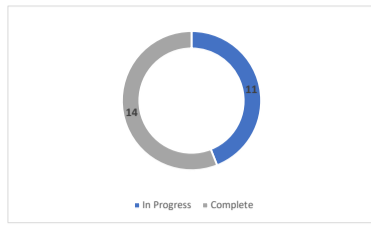
The SFRS should look at amending the UFAS arrangements to reduce levels of demand, utilising evidence to inform any decision making.	3.2.12	No additional actions necessary as being progressed as a dedicated Directorate-level project within the Service Delivery Directorate: Prevention and Protection Function.  (AOP S01:1: Review and revise the Unwanted Fire Alarm Signal (UFAS) Strategy.)	Prevention and Protection	Mar-22		In Progress	11 August 21: The UFAS options appraisal has concluded and three options are now being progressed to public consultation (Stage 5 of 7). Consultation commences on 19 July and will for 12-weeks in line with best practice guidance. An outline implementation plan has been developed and the Function is in the process of liaising with UFAS Review Working Group to detail this plan.	45%			
The SFRS should use evidence and data to ensure resources are utilised in the most efficient and effective way.	3.2.13	No additional actions necessary as being progressed by the Service Delivery Model Programme, which is a major programme of work subject to full support and scrutiny within SFRS governance arrangements.		1st Stage: Oct 23 - May 26		In Progress	11 August 21: Any potential proposed change options to our existing operational footprint will be underpinned by outcomes from the Community Risk Index Model (CRIM). The CRIM remains in development with outcomes scheduled to inform change option proposals in August 2022. The SDMP will assist in completing this recommendation, it will not be the sole contributing factor.	40%			
The SFRS should ensure that the more rural parts of the country are not deprived of investment as these are areas that will assist the organisation increase performance.	3.2.15	No additional actions necessary as being progressed by the Service Delivery Model Programme, which is a major programme of work subject to full support and scrutiny within SFRS governance arrangements.	Andrew Girrity	1st Stage: Oct 23 - May 26		In Progress	11 August 21: Outcomes from the above will support the work progressed by the National Retained & Volunteer Leadership Forum. This related directly to the RVDS Strategy which is owned by the Operations Function.	40%			
The SFRS may wish to consider future plans being designed as frameworks providing guidance on outcomes or consequence management.	3.2.16	No additional actions necessary as being progressed via Routemap to Delivering Reset and Renew: Operational Strategy work package.  (This recommendation focuses on the Service's agility and flexibility around planning. Consideration should be given to more generic plans.)	Operations / Strategic Planning, Performance and Communications	TBC		In Progress	11 August 21: This is being considered as part of our Operational Strategy Review including feedback from staff survey. The re-structure of Operations Function and the significant work packages around Operations Strategy, Document Conversation Project and Business Continuity Planning have taken a more flexible approach. Further to the de-brief of response, led by Strategic Planning, Performance and Communication, SFRS will seek opportunities to create Framework Plans where appropriate.	90%			Completed Operational Strategy Framework document.  SPPC work packages
C-19 has identified that some additional challenges have appeared in areas where the SFRS delivery areas are not aligned with the Local Authority or NHS health boards. These challenges need to be fully understood to ensure there is no negative impacts.	3.3.4	No additional actions necessary as being progressed via Routemap to Delivering Reset and Renew: Partnership Working work package.	Gordon Pryde	Dec-21		In Progress	11 August 21: The review of Prevention, Protection and Partnerships is ongoing. A questionnaire has been shared internally and focus groups are being planned for Quarters 2 and 3. Focus groups should assist in identifying issues raised by the HMFSI.	15%			
It was evident that the 'tripartite' agreements between the NFCC, Fire Brigades Union and Local Government Association were not utilised. Many staff had little awareness of the agreements, nor did we find evidence that the SFRS were influencing or was an active participant in those discussions. The NFCC were active in reporting the impact of C-19 on the fire sector, the areas reported on include; levels of demand, infection rates and absenteeism etc. The SFRS appear not to have been participative which may have assisted monitoring and anticipating the impact of C-19.	3.3.10	No additional actions necessary as being progressed via Routemap to Delivering Reset and Renew: Operational Strategy work package.	Operations	Jun-21		Complete	11 August 21: Tripartite agreements were reviewed and considered whilst formulating SFRS C-19 plans and guidance for staff (e.g. introduction of staff supporting the Scottish Ambulance Service to drive ambulances). Active monitoring of the impact of C-19 was established and continues to be reported to Scottish Government. SFRS representation was provided at Scottish and UK National level groups where deemed necessary. SFRS took part in NFCC meetings during the Pandemic, however, the Devolved Administrations all reported to their respective Governments. Whilst it is recognised that mutual aid and assistance in England between Fire and Rescue Services (FRS) may have been required through the Pandemic due to infection rates, absenteeism and levels of demand it was unlikely to be the case for a National FRS such as SFRS. It is proposed that no further action is necessary due to differing Governance arrangements where SFRS report directly to Scottish Government on these matters. This approach was directed by the Strategic Leadership Team. As such, this action has been marked as complete.	100%	Aug-21		
The SFRS should work with partners to seek how the CAR assets can be accessed and deployed and if a national, regional or more local alignment may maximise their usage.	3.3.11	No additional actions necessary as being progressed via the HMFSI Command and Control: Aspects of IC System Action Plan.  5.2.5 Command and Control Action Plan: Establish a Working Group which will reinvigorate the strategic focus on the Community Asset Register (CAR).	Report available via HMFSI Command and Control: Aspects of IC System Update Report	Sep-21		In Progress	11 August 21: Membership for the work group has been established and initial talks have commenced. British Red Cross have offered to support SFRS with administration and asset management. As the first meeting has yet to take place (due to diary commitments of external parties), a revised due date has been requested.	50%			

The SFRS should work with partners to identify interoperability issues and work together to remove potential barriers.	3.3.13	No additional actions necessary as being progressed via Routemap to Delivering Reset and Renew: Partnership Working work package.	Gordon Pryde	Dec-21		In Progress	<b>11 August 21: The review of Prevention, Protection and Partnerships is ongoing. A questionnaire has be shared internally and focus groups are being planned for Quarters 2 and 3. Focus groups should assist in identifying issues raised by the HMFSI.</b>	15%				
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HMFSI Command and Control - Action Plan Progress

Updated	Next Update
Aug-21	Nov-21

Status	Count
In Progress	11
Complete	14



Audit Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
The SFRS should, as part of the Incident Command Policy Review, reinvestigate fully inclusive governance structures for monitoring the practical application of the policy, to ensure stakeholder investment in the process.	5.1.1	Review Incident Command Policy and Operational Guidance and engage with Training and SDA staff to create updated Policy through Focus Groups and Service Delivery Policy meetings.	Derek Heaton	Jun-21		Complete	11 August 21: The National Operational Guidance for Control Incident Command is currently progressing through governance and SFRS Operations Control Personnel assisted in the creation of this publication. This action is now complete and has been marked green.	100%	Mar-21	Green	Incident Command Policy and Operational Guidance
A strategic direction of travel for SOPs should be agreed and a programme of modernisation implemented, addressing the concerns of users and stakeholders such as HS&W, to ensure appropriate coverage of subjects and ease of use.	5.1.2	Carry out a review of Standard Operating procedures and provide Options Appraisal to the Strategic Leadership Team.	Derek Heaton	Jun-21	Dec-23	In Progress	11 August 21: The Document Conversion Project begun in February in 2021 to review all Standard Operating Procedures (SOP). To date, all SOPs relating to Incidents and Firefighting in buildings have been completed. Rail Transport systems is underway. The project completion date is 2023 and, as such, a revised due date is proposed. This action is progressing well and has a green RAG status.	10%		Green	<a href="https://firescotland.sharepoint.com/sites/SDEL-DocumentSuite">https://firescotland.sharepoint.com/sites/SDEL-DocumentSuite</a>
Confidence in the use of the Operational Discretion Policy should continue to be promoted during incident command training and culturally through operational assurance and improved attitudes to its use.	5.1.3	Undertake a Thematic Audit on Operational Discretion (OD) and present results to the National Safety & Assurance Board.	TSA Colin Ferguson	Jun-21		Complete	11 August 21: The Thematic Audit on Operational Discretion was undertaken by the Operational Assurance Department in Quarter 3 of 2020/21. The Report and Recommendations were presented to the National Safety & Assurance Board 7 January 2021. This action is complete and has a green RAG status.	100%	Jul-21	Green	Minutes from NSAB meeting on 07/01/21
The SFRS should review its resilience governance, including the SCAF document, in co-operation with wider resilience partners to enhance and promote fully integrated partnership working.	5.2.4	Carry out a review of the Scottish Coordination and Advisory Framework with wider partners to enhance and promote fully integrated partnership working.	Graeme Nicoll	Jun-21	Sep-21	In Progress	11 August 21: A review process has commenced and work is ongoing. However, timescales have slipped slightly and a revised due date of September 2021 has been proposed. This action has an amber RAG status due to the slip in timescales.	60%		Amber	
The SFRS should reinvestigate strategic focus on the CAR and implement a fully representative working group to progress issues that are disenfranchising partners.	5.2.5	Establish a Working Group which will reinvestigate the strategic focus on the Community Asset Register (CAR).	Graeme Nicoll	Jun-21	Sep-21	In Progress	11 August 21: Membership for the work group has been established and initial talks have commenced. British Red Cross have offered to support SFRS with administration and asset management. As the first meeting has yet to take place (due to diary commitments of external parties), a revised due date has been requested.	50%		Green	
The phased implementation of the tac-ad role should be progressed by covering all identified specialisms, ensuring an equitable spread of advisors across all duty groups and representative of risk in geographical areas.	5.2.6	Develop and publish a Tac-ad policy for each capability.	Stephen Nesbit	Mar-22		In Progress	11 August 21: National Fire Resilience (Scotland) Capabilities have been defined. NFRS Concepts of Operations are now being developed which will include Tac-Ad requirements. This action has been given a green RAG status.	30%		Green	<a href="#">National Fire Resilience (Scotland) AMLB paper, Defining NFRS Capabilities</a>
The SFRS should ensure that the scrutiny of the management of the Command and Control Futures project, involves consideration of contingency planning for systemic failures in current control systems.	5.3.7	Further develop, test and review the Operations Control Business Continuity Plan.	Libby Logan/ Garry Mackay	Jun-21		Complete	11 August 21: The Senior Responsible Officer for the Command and Control Futures Programme has invoked a Contingency Planning Sub Group, chaired by the SFRS Head of Operations. Among the tasks set to this group has been the exploration of additional ICT and Infrastructure investment in order to improve the resilience of the existing Command and Control Mobilising System, whilst the Service awaits the arrival of the new system. In addition, the BAU Operations Control (OC) Managers have carried out exercises and regular testing of the existing Business Continuity Planning arrangements. OC's resilience is continually monitored and reviewed on a monthly basis. This action is now complete and has been marked green.	100%	Jun-21	Green	<a href="#">OC Business Continuity</a>
The SFRS should further develop a formal, bespoke course and training requirements for CSU operators. The layout, staffing and operation of these units should be consistent.	5.3.8	Carry out CSU operator training across all 8 command units including provision of a CSU Guidance Note, LCMS package and a Concept of Operations for all 8 CSUs as part of the CSU capability lead.	Gary McArthur / David Haggerty	Oct-21		In Progress	11 August 21: A Concept of Operations is currently being developed for the National Fire Resilience (Scotland) Enhanced Logistical Support (ELS) Capability. The Command Support Unit (CSU) Guidance Note (which will be progressed into a Standard Operating Procedure) and LCMS package are currently being updated. The layout, crewing numbers and operation of the 8 Command Support Units (CSU) are being standardised as part of the ELS Capability Practitioners Group and Assurance process (ELS Self-Assessment, Assurance visits and practical exercises). All CSU training scheduled to be complete by end of September 2021, with a new section to be added to the Incident Command Training standard and also expected to be complete by September 2021. The LCMS training package for Command Support has now been included within the Incident Command core module for all operational crews to complete on an annual basis. This action is progressing well and has been given a green RAG status.	50%		Green	<a href="#">ELS Action/Decision Log</a>
Consideration should be given to OC staff supporting CSU staff, on location, at larger protracted incidents where availability or opportunity allows.	5.3.9	Explore the possibility of Operations Control staff assisting at incidents with CSU.	Libby Logan	Dec-21		In Progress	11 August 21: This has been delayed due to Covid restrictions and pending the implementation of the Command and Control Mobilising System. A structure review of the OCs is taking place which will incorporate the consideration of staff attending incidents. The majority of OC Flexi Duty Officers have successfully completed the Airwave Communication TacAd course which enables them to support communications at larger incidents and provide input on planning scenarios in conjunctions with their counterparts at Police Scotland and the Scottish Ambulance Service. This action has been marked amber due to the delays experienced.	10%		Amber	
The UIG for the procurement of new digital fire ground radios should include Scotland wide collaboration with SD end users ensuring representation from urban, rural and remote rural station groups. Adequate provision of intrinsically safe sets should be incorporated into the project.	5.3.10	Involve representation from Service Delivery end users ensuring involvement from urban, rural and remote rural station groups during future User Intelligence Groups for the procurement of digital fire ground radios.	Stephen Brymer/Libby Logan	Dec-21		Complete	11 August 21: This now forms part of the Fireground Communications element of the SFRS Operational Strategy and will be developed within a Concept of Operations which will involve representation from all areas of frontline operational response. This action is complete.	100%	Aug-21	Green	
The SFRS should evaluate the understanding and ease of its use of the current call-sign format and if required devise, in consultation with end users, revised call-signs.	5.3.11	Roll out National Call sign structure.	Libby Logan	Jun-21		Complete	11 August 21: The roll out of the national callsign structure has been completed. This action is now complete.	100%	Oct-20	Green	
A standardised SFRS incident command pack should be introduced as soon as possible along with a comprehensive training package in its use, with particular additional support provided to remote rural areas on its introduction.	5.3.12	Produce and publish a standardised Incident Command Pack.	Derek Heaton	Jun-21		Complete	11 August 21: Standardised Incident Command Packs have been developed and issued to all stations and Flexi Duty Officers. This action is now complete.	100%	Apr-21	Green	Incident Command Packs
The SFRS should monitor compliance with the GIN Official Notebook, potentially through the station audit process, and take remedial action where deficiencies are found.	5.3.13	OA will liaise with Operations Function to discuss the addition of a question in the Station Audit on Operational Assurance Recording and Reporting System (OARRS) relating to the review of official notebooks.	Colin Ferguson	Jun-21		Complete	11 August 21: Question added (OPB) onto the Station Audit Form on the Operational Assurance Recording and Reporting System. This action is now complete.	100%	Mar-21	Green	<a href="#">Question OPB can be viewed on the Station Audit recording template on OARRS within the 'Operations' Section of the audit.</a>
The SFRS should establish and promote a culture of carrying out incident ground operational assurance.	5.4.14	Develop and publish a 'During Incident Operational Assurance' General Information Note.	Colin Ferguson	Jun-21		Complete	11 August 21: During Incident Operational Assurance General Information Note (GIN) was published in November 2020. The GIN defines the roles and responsibilities of Operational Assurance Officers. This action is now complete.	100%	Nov-20	Green	<a href="#">Link to GIN on iHub</a>
The SFRS should review its debriefing process to encourage the generation of shared learning from smaller incidents.	5.4.15	Develop a 'Operational and Event Debriefing' General Information Note.	Colin Ferguson	Jun-21		Complete	11 August 21: The Operational & Event Debriefing GIN was published in February 2021. This action is now complete.	100%	Feb-21	Green	<a href="#">Link to GIN on iHub</a>
The SFRS should review its debriefing process to allow a more efficient method of significant findings informing future practice.		Develop a 'Operational and Event Debriefing' General Information Note.	Colin Ferguson	Sep-21		Complete	11 August 21: The Operational & Event Debriefing GIN was published in February 2021. This action is now complete.	100%	Feb-21	Green	<a href="#">Link to GIN on iHub</a>

The SFRS should review its debriefing process to improve the storage and access of debrief documents.		The SFRS should review its debriefing process to improve the storage and access of debrief documents.	Colin Ferguson	Sep-21		Complete	11 August 21: All debriefs are now submitted and stored electronically on the new Operational Assurance Recording and Reporting System (OARRS). Debriefs can be accessed by OARRS Admin Users (OA Department Staff) and shared as required. This action is now complete.	100%	Nov-20		OARRS System went live on 26/11/20. Link to OARRS here [submitted debriefs are only available to system admin users].
The SFRS should continue the good practice of FDO command seminars, but consider opening up access to Watch Commanders.	5.4.16	Develop and continue to deliver FDO Command Seminars.	David Murdoch	Sep-21		In Progress	11 August 21: Command Seminars continue to be developed within the confines of Covid restrictions. Focus on High Rise, COP26 planning and Marauding Terrorist Attacks are ongoing development areas. This action is progressing well and has a green RAG status.	80%			
The SFRS should consider implementing a more formal process of FDO duty group meetings, to support all officers.	5.4.17	Develop a guidance document for FDO command seminars.	David Murdoch	Sep-21		In Progress	11 August 21: Consultation ongoing to produce fit or purpose guidance documentation for Flexi Duty Officer Command meetings and development session. On target to be published by September 21. This action is progressing well and has a green RAG status.	80%			
The SFRS should review its incident command training and assessment criteria to introduce a practical training aspect, incorporating problem solving and critical decision-making under pressure.	5.5.18	Review all Incident Command Courses to ensure practical training aspects incorporating problem solving and critical decision-making under pressure, are fully embedded.	Kenny Barbour	Jun-21		Complete	11 August 2021: All incident command courses have been considered and involve problem solving and critical decision making under pressure. This is evidenced through PowerPoint presentations, assessment scenarios and marking criteria. This action is now complete.	100%	Aug-21		ICL1 PowerPoint presentation decision making from slide 39 onwards. ICL2/3/4 Decision making PowerPoint presentation. ICL1/2/3/4 assessment sheets. ICL1/2/3/4 Practical scenarios.
The SFRS should review its incident command training and assessment criteria to develop and conclude its work in mapping across elements of the incident command assessment with the incident ground operational assurance process.		Map across Watch Manager 7 (WM7) and Emergency Fire Services Management 2 (EFSM2) marking criteria as part of the Operations Assurance Incident Reporting process.	Kenny Barbour	Jun-21	Sep-21	In Progress	11 August 21: Training and Operational Assurance have worked cohesively to map across incident command marking criteria as part of the Operational Assurance incident reporting process and the command competence review procedure. The policy to support this process is now about to go out for final consultation. Timescales for this action has slipped slightly, however, it is anticipated that it will be completed by September 2021. A revised due date has been proposed and the action has been marked amber to reflect the slip in timescales.	90%			Command Competence Review Procedure
The SFRS should review its incident command training and assessment criteria to utilise a reflective journal template for ICs to provide evidence of incident command competence, with a view to extending re-accreditation timescales.		Ensure reflective journal element forms part of the procedure produced to allow assessment of Incident Command on the incident ground and a recording facility established within PDRPro.	Kenny Barbour	Sep-21		In Progress	11 August 21: A Command Competence Review Procedure has been created following extensive work involving internal stakeholders from across multiple directorates. This procedure is now ready for formal consultation with PDR Pro being used as a reflective journal and also to record the outcomes of each review. This action is progressing well and has a green RAG status.	90%			Command Competence Review Procedure
The SFRS should train all its RDS and Volunteer Commanders to the level of ICL1 or develop an achievable alternative, incorporating practical training which safely meets training aims and requirements.	5.5.19	Develop modularisation of the current ICL1 acquisition course to provide a flexible delivery model to support all duty systems.	Ritchie Hall	Dec-21		Complete	11 August 21: ICL1 Modular course content now complete with initial pilot completed in Western Isles Orkney & Shetland Local Senior Officer Area. Candidate feedback has been very positive. Further courses scheduled across other Service Delivery Areas to support evolving of product and assist COVID-19 training recovery plan for incident command. This action is now complete.	100%	Dec-21		All course content within training standard on Learning Content Management System within the designated ICL1 initial incident command modular delivery section.
The SFRS should develop a process of quality assurance to assess the effectiveness of its training delivery.	5.5.20	Develop an annual Quality Assurance Plan.	Ritchie Hall	Dec-21		Complete	11 August 21: Training already have a Quality Management System that assists with this action and has been supplemented by the production of an Annual Quality Assurance Plan. This action is complete.	100%	Dec-21		Quality assurance planner
The SFRS should pursue further opportunities for the collaboration of training with emergency service partners.	5.5.21	Incorporate partner delivery on all ICL training courses and reciprocate this with partners.	SMARTEU	Sep-21		In Progress	21 July 2021: SMARTEU continually work to incorporate partner delivery on training courses with the following partner focused courses developed: - a Joint On-Scene Incident Command course for tri-service commanders - Police and Ambulance Personnel assisting with ICL1 delivery. - ICL3/4 courses and assessments - tri-service NILO Scotland course. - tri-service Loggist course in support of commanders at incidents Looking ahead, there is a planned CBRN Commander's event scheduled for September 2021 and the unit is in the planning stages of a tri-service Strategic Leadership course. All involvement under constant review via evaluation forms. This action is progressing well and has a green RAG status.	90%			SMARTEU course registers, evaluation forms, reviews, debriefs and email correspondence.

## SCOTTISH FIRE AND RESCUE SERVICE

## Service Delivery Committee



Report No: C/SDC/19-21

Agenda Item: 9.1

Report to:	SERVICE DELIVERY COMMITTEE						
Meeting Date:	1 SEPTEMBER 2021						
Report Title:	SFRS OPERATIONAL CLINICAL GOVERNANCE FRAMEWORK - UPDATE						
Report Classification:	For Information Only	<b>Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this paper is to provide a progress update on the ongoing collaboration between the Training, Safety and Assurance Directorate (TSA) and the Scottish Ambulance Service (SAS) to develop and implement a Scottish Fire and Rescue Service (SFRS) Operational Clinical Governance Framework.						
<b>2</b>	<b>Background</b>						
2.1	Since February of this year, the SAS have been reviewing the current SFRS casualty care training and equipment. Work has begun on the initial report detailing the findings and recommendations of the review, this report is due by the end of August 2021.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The initial focus has been to complete a review of the current SFRS Immediate Casualty Assessment and Treatment (ICAT) courses. This review has helped inform the SAS understanding of the current baseline of casualty care activities.						
3.2	In parallel to this review we are running a casualty care consultation with Firefighters. This asks Firefighters about their experience and opinions of the casualty care training they have received, including: training content, clinical equipment, PPE and clinical procedures. Some further questions also explore the experience of those who have a specialist skill/role e.g. water rescue or USAR. The responses are anonymised and participants can answer as an individual or group.						
3.3	The review of ICAT was completed in two stages. Stage one involved a Clinical Governance Manager (Paramedic) and Clinical Effectiveness Lead (Paramedic) reviewing the ICAT slide set and videos. This was very much from a clinical practice and clinical governance perspective. In stage two an SAS Clinical Training Officer (Paramedic) reviewed the same content and provided comment from an educational and clinical practice perspective.						
3.4	This approach, using two stages and three reviewers identified the same findings, which will inform the initial findings and recommendations report.						

3.5	The SAS have identified opportunities to make improvements to the current SFRS casualty care training packages. This is to ensure they align with the SFRS's operational activities and the differing types of casualty care assistance provided by Firefighters, in the delivery of their operational duties.
3.6	In summary, the aim of the current ICAT course is to provide basic care and initial management/care to people presenting with life threatening conditions. The reviewers felt the course(s) provide a lot of detail (e.g. anatomy and physiology as well as pathophysiology) that is not required to deliver safe casualty care. In addition, in some areas, the information was more advanced than likely required for initial response (e.g. conduction system of the heart). These findings are also reflected from initial analysis of the ongoing survey with Firefighters. This triangulation of reviewers and initial survey results provides some reassurance around the findings and initial recommendations.
3.7	The Memorandum of Understanding (MOU) for the SFRS Operational Clinical Governance Framework has been written by the SFRS Legal team in collaboration with the SAS Clinical Governance management and is currently sitting with the SAS legal team for comment. A return from the SAS legal team is expected before the end of August.
3.8	A Service Level Agreement (SLA) has been drafted by the SFRS Legal team in collaboration with the SAS Clinical Governance management and the outcome of the MOU feedback will influence this final draft.
3.9	The initial findings and recommendations report for the SFRS Operational Clinical Governance Framework is scheduled to be published by the end of August 2021 and will be presented at the next Service Delivery Committee.
3.10	On receipt of the findings and recommendations report, the inaugural meeting of The SFRS Operational Clinical Governance Technical Working Group (TWG) will be convened to assess and implement the findings and recommendations within the report.
3.11	The TWG will report to the SFRS/SAS Clinical Governance Committee which will be an extension of the SFRS Senior Management Board (SMB).
<b>4</b>	<b>Recommendation</b>
4.1	The Service Delivery Committee are asked to note the contents of this report and the ongoing actions contained within it.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk</b>
5.1.1	A Generic Risk Assessment is in place for SFRS casualty care training.
5.2	<b>Financial</b>
5.2.1	The financial costs related to the development and implementation of the SFRS Operational Clinical Governance Framework is within the agreed budget set aside by TSA.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	Not applicable
5.4	<b>Workforce</b>
5.4.1	The SFRS Operational Clinical Governance Framework will ensure that SFRS frontline crews are trained and equipped to deliver initial casualty care within the scope of their daily duties.

5.5	<b>Health &amp; Safety</b>
5.5.1	A Generic Risk Assessment is in place for SFRS casualty care training.
5.6	<b>Training</b>
5.6.1	Training is one of the main focal points of the SFRS Operational Clinical Governance Framework. The SAS have completed an initial assessment of the current SFRS casualty care training and are drafting their recommendations relating to training content and training delivery standards.
5.7	<b>Timing</b>
5.7.1	To be confirmed.
5.8	<b>Performance</b>
5.8.1	To be confirmed.
5.9	<b>Communications &amp; Engagement</b>
5.9.1	To be confirmed.
5.10	<b>Legal</b>
5.10.1	The SFRS legal team have written a draft MOU detailing the SFRS Operational Clinical Governance Framework arrangements. The MOU is currently sitting with the SAS legal team for comment.
5.11	<b>Information Governance</b>
5.11.1	<i>DPIA completed Yes.</i>
5.12	<b>Equalities</b>
5.12.1	<i>EIA completed Yes.</i>
5.13	<b>Service Delivery</b>
5.13.1	It is anticipated that the provision of the SFRS Operational Clinical Governance Framework will see improved standards in casualty care delivered by firefighters in the community. The impact of the SFRS Operational Clinical Governance Framework on service delivery will mainly be related to any recommended changes to our current training delivery model and the introduction of any new medical equipment that may be required.
<b>6</b>	<b>Core Brief</b>
6.1	Not applicable.
<b>7</b>	<b>Appendices/Further Reading</b>
7.1	None
<b>Prepared by:</b>	Area Commander Richie Hall
<b>Sponsored by:</b>	Assistant Chief Officer John Dickie: Director of Training, Safety & Assurance
<b>Presented by:</b>	Area Commander Richie Hall
<b>Links to Strategy and Corporate Values</b>	
<b>SFRS Strategic Plan 2019-22</b>	
<b>Outcome 2</b> Our flexible operational model provides an effective emergency response to meet diverse community risks across Scotland.	
<b>Outcome 3</b> We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services.	
<b>Outcome 4</b> We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.	

OFFICIAL

<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Senior Management Board</i>	<i>18 November 2020</i>	<i>For Recommendation</i>
<i>Strategic Leadership Team</i>	<i>27 November 2020</i>	<i>For Decision</i>
<i>Service Delivery Committee</i>	<i>1 September 2021</i>	<i>For Information</i>





Report No: C/SDC/0-21

Agenda Item: 9.2

Report to:	SERVICE DELIVERY COMMITTEE						
Meeting Date:	1 SEPTEMBER 2021						
Report Title:	GRENFELL TOWER FIRE – UPDATE REPORT 8						
Report Classification:	For Scrutiny	<b>Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <u><a href="#">Board Standing Order 9</a></u>					
		<u><a href="#">A</a></u>	<u><a href="#">B</a></u>	<u><a href="#">C</a></u>	<u><a href="#">D</a></u>	<u><a href="#">E</a></u>	<u><a href="#">F</a></u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to provide the Service Delivery Committee (SDC) with an update on progress against the recommendations contained within the Grenfell Tower action plan.						
<b>2</b>	<b>Background</b>						
2.1	The fire at Grenfell Tower on 14 June 2017 in which 72 people tragically died was the worst residential fire in the UK since the Second World War. The Scottish Fire and Rescue Service (SFRS), along with partners, is committed to learning all lessons arising from the incident, including those identified in the resultant inquiries and reports.						
2.2	The London Fire Brigade's (LFB) Grenfell Tower Investigation and Review Team (GTIRT) report was a comprehensive evaluation to identify lessons from the incident and was published in April 2019. The UK Government Public Inquiry into the fire at Grenfell Tower Phase 1 report was published on 30 October 2019. The SFRS established a working group to develop and coordinate a detailed action plan based on the LFB GTIRT and the Grenfell Tower Phase 1 report recommendations.						
2.3	The Grenfell Tower working group chaired by the Head of Prevention and Protection consists of representatives from the Prevention and Protection, Operations and Training functions. Each representative remains responsible for progressing work through their respective areas and providing progress updates.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	In the spirit of continuous improvement and to ensure all the relevant lessons are learned from the Grenfell Tower tragedy the working group reviewed all recommendations from the LFB GTIRT report and the first phase of the Grenfell Tower Inquiry report.						
3.2	The LFB GTIRT report made 13 recommendations specific to LFB and the first phase of the Grenfell Tower Inquiry report set out 46 recommendations based on its findings. Of these 46 recommendations, 31 are made to LFB, Fire and Rescue Service's (FRS) in general or other emergency services, with the remaining 15 recommendations directed at building owners and government.						
3.3	The 13 recommendations from the LFB GTIRT report and 31 from the Grenfell Tower Inquiry make up the 44 recommendations in the Grenfell Action Plan. This Grenfell Tower Fire - Update Report provides the SDDMT with an update on progress against this plan.						

3.4	<p>The SFRS working group established a baseline position for each recommendation recognising the specific and differing regulatory and legislative environment within Scotland. The group then detailed the appropriate actions to directly achieve the recommendation, or as far as practicable, meet the spirit of the recommendation or where appropriate review and test existing procedures. The proposed actions have been allocated to the appropriate function to progress and timescales for completion have been agreed by the working group members.</p>
3.5	<p>At the SDC meeting of the 26 May 2021 the proposal to close a further one LFB GTIRT recommendation and 6 Grenfell Tower Inquiry report recommendations was approved.</p>
3.6	<p>There are 7 outstanding LFB GTIRT and 10 Grenfell Tower Inquiry report recommendations – a total of 17 recommendations outstanding on the Grenfell Tower action plan. Of these 14 are on schedule for completion in September 2021.</p>
	<p><b><u>Action for closure</u></b></p>
3.7	<p>It is considered by the working group that the SFRS arrangements and improvement action meets the spirit of the recommendation below on the Grenfell Tower action plan when considered within the Scottish regulatory framework, full details are available in the action plan. The working group proposes that the Grenfell Tower Inquiry report recommendation GT 34 is now closed;</p>
	<p><b>Recommendation: GT 34.</b> That all fire and rescue services be equipped with smoke hoods to assist in the evacuation of occupants through smoke-filled exit routes.</p>
3.8	<p>The action was to evaluate the use of smoke hoods and smoke curtains, the SFRS evaluation process is complete - in the June 2021 Asset Management Liaison Board meeting the purchase of smoke hoods and smoke curtains was agreed and a full business case is now being developed. As the evaluation is complete, a paper has been submitted to AMLB and approved and a business case is being developed to progress the purchase of the relevant equipment this action is now considered to be business as usual and can be recommended for closure.</p>
	<p><b><u>Actions requiring timescale review</u></b></p>
3.9	<p>There is slippage in the timescale of completion for two Grenfell Tower Inquiry report recommendations, GT 17 and GT 23.</p>
	<p><b>Recommendation: GT 17.</b> That electronic systems be developed to record FSG information in the control room and display it simultaneously at the bridgehead and in any command units</p>
	<p><b>Recommendation: GT 23.</b> That the LFB develop policies and training to ensure that better information is obtained from crews returning from deployments and that the information is recorded in a form that enables it to be made available immediately to the incident commander (and thereafter to the command units and the control room)</p>
3.10	<p>It should be noted that there were no timescales were included within the Grenfell Tower Phase 1 report and that the original SFRS action plan timescales were determined and set out prior to Covid-19.</p>
3.11	<p>The timescales against GT 17 have been reviewed to align with other related actions linked to the Fire Survival Guidance (FSG) Exercise held on the 14th May 2021, following the exercise in May the Grenfell Tower working group are requesting an extension to allow confirmatory live play exercises to take place to complete this action.</p>

3.12	<p>In respect of GT 23 although training has been rolled out to Fire Stations which have Command Support Units the training had to be provided to some of these stations via Teams/Virtual due to COVID restrictions. Through feedback from crews it has been identified that the virtual training was not as effective as the face to face training. Therefore, the Training function has taken the decision to re-invigorate CSU training to all relevant stations using face to face delivery by September 21, therefore this action has not been closed and the Grenfell Tower working group are requesting an extension.</p> <p><b><u>Summary of progress</u></b></p>														
3.13	<p>Table 1. below provides a summary of SFRS progress against the 13 LFB recommendations.</p> <p>Table 1. LFB GTIRT recommendations;</p> <table border="1" data-bbox="279 689 1437 902"> <thead> <tr> <th>Status</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Closed</td> <td>6</td> </tr> <tr> <td>Recommended for Closure</td> <td>0</td> </tr> <tr> <td>Date to be Revised</td> <td>0</td> </tr> <tr> <td>Ongoing and On Track</td> <td>7</td> </tr> <tr> <td></td> <td>13</td> </tr> </tbody> </table>	Status	Total	Closed	6	Recommended for Closure	0	Date to be Revised	0	Ongoing and On Track	7		13		
Status	Total														
Closed	6														
Recommended for Closure	0														
Date to be Revised	0														
Ongoing and On Track	7														
	13														
3.14	<p>Table 2 below provides a summary of SFRS progress across the 31 Grenfell Tower the Inquiry's Phase 1 report recommendations;</p> <p>Table 2. Grenfell Tower the Inquiry's Phase 1 report recommendations;</p> <table border="1" data-bbox="279 1104 1437 1350"> <thead> <tr> <th>Status</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Closed</td> <td>20</td> </tr> <tr> <td>Recommended for Closure</td> <td>1</td> </tr> <tr> <td>Date to be Revised</td> <td>2</td> </tr> <tr> <td>Ongoing and On Track</td> <td>7</td> </tr> <tr> <td>Transferred to another action plan</td> <td>1</td> </tr> <tr> <td></td> <td>31</td> </tr> </tbody> </table>	Status	Total	Closed	20	Recommended for Closure	1	Date to be Revised	2	Ongoing and On Track	7	Transferred to another action plan	1		31
Status	Total														
Closed	20														
Recommended for Closure	1														
Date to be Revised	2														
Ongoing and On Track	7														
Transferred to another action plan	1														
	31														
3.15	<p>In addition to the action plan, the SFRS continues to support the following Working Groups;</p> <ul style="list-style-type: none"> <li>• The Grenfell Inquiry Fire Safety Working Group – To consider the 15 recommendations not specifically aimed at the fire service.</li> <li>• The Building and Fire Safety Technical Working Group – To consider technical standards in relation to cladding on high rise domestic buildings (HRDB's)</li> <li>• The HRDB Cladding and Mortgage Lending Working Group – To consider the mortgage lending issues in relation to HRDB's which have arisen as a result of the different legislative framework in Scotland</li> </ul>														
3.16	<p>In the Grenfell Tower Fire Update Report 7 presented to the Service Delivery Committee on the 26 May 2021 the Committee were advised of Her Majesty's Fire Service Inspectorates (HMFSI) intention to conduct an inspection examining the SFRS arrangements for firefighting in high rise buildings and report during 2021/22. The inspection will include consideration of how the SFRS dealt with or is dealing with the recommendations from the phase 1 report of the Grenfell Inquiry. The inspection is currently in the data collection and review of documentation phase.</p>														

<b>4</b>	<b>Recommendation</b>
4.1	<ul style="list-style-type: none"> <li>That SDC support the recommendation of the working group to close one of the recommendations from the Grenfell Tower Inquiry Phase 1 report.</li> <li>That SDC support the intention of the working group to revise timescales against two recommendations from the Grenfell Tower Inquiry Phase 1 report.</li> </ul>
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk</b>
5.1.1	It is anticipated that the work undertaken to learn lessons from the Grenfell Tower fire will enhance SFRS' approach to risk management, particularly in relation to the resolution of emergency incidents.
5.2	<b>Financial</b>
5.2.1	It is anticipated that some of the recommendations from the Grenfell Tower Inquiry Phase 1 report will have financial implications to fully implement. Where this is necessary the SFRS Business Case process will be utilised to request appropriate funding.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	There are no environmental or sustainability implications directly associated with this report.
5.4	<b>Workforce</b>
5.4.1	Any workforce issues are anticipated to be predominantly related to training, which is covered below.
5.5	<b>Health &amp; Safety</b>
5.5.1	Relevant health and safety matters will be fully considered as part of SFRS' action plan to ensure all lessons are learned from the Grenfell Tower fire.
5.6	<b>Training</b>
5.6.1	It is anticipated that there will be significant training implications associated with the implementation of some aspects of the SFRS' post-Grenfell action plan. To support this the Training Directorate is represented on the working group developing the action plan.
5.7	<b>Timing</b>
5.7.1	In developing the post-Grenfell action plan, individual timings have been allocated accordingly to each piece of work. This is subject to review to account for Covid-19 related restrictions in place at this time.
5.8	<b>Performance</b>
5.8.1	Immediate scrutiny of the action plan and progress with it will be undertaken by the Service Delivery Management Team and Service Delivery Committee. Regular updates will also be provided as appropriate to the Strategic Leadership Team and the SFRS Board.
5.9	<b>Communications &amp; Engagement</b>
5.9.1	As part of the coordinated approach taken by the working group regular communications will take place with appropriate internal and external stakeholders. On-going engagement will also take place through various forums with SG and NFCC.
5.10	<b>Legal</b>
5.10.1	By comprehensively learning lessons from the Grenfell Tower tragedy SFRS will continue to comply with all its legal obligations.

5.11	<b>Information Governance</b>	
5.11.1	<i>DPIA completed Yes/No. If not applicable state reasons.</i> It is not anticipated that there will be any information governance issues associated with the development and implementation of the post-Grenfell action plan.	
5.12	<b>Equalities</b>	
5.12.1	<i>EIA completed Yes/No. If not applicable state reasons.</i> Implementing lessons learned from the Grenfell Tower fire is anticipated to enhance SFRS' approach to equalities. Where appropriate, EIA(s) will be undertaken for any individual elements progressed by the working group.	
5.13	<b>Service Delivery</b>	
5.13.1	The recommendations and actions arising from the Grenfell Tower Phase 1 report have significant impact on Service Delivery and will be managed through the process outlined in the paper.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Appendices/Further Reading</b>	
7.1	Appendix A - Grenfell Tower Phase 1 Action Plan	
7.2	Further Reading: <i>Grenfell Tower Inquiry: Phase 1 Report</i> ( <a href="https://www.grenfelltowerinquiry.org.uk/phase-1-report">https://www.grenfelltowerinquiry.org.uk/phase-1-report</a> ).  <i>London Fire Brigade: Grenfell Tower Fire Preliminary Report</i> ( <a href="https://www.london-fire.gov.uk/media/4126/gtirt19-01534_grenfell_tower_fire_preliminary_report_final.pdf">https://www.london-fire.gov.uk/media/4126/gtirt19-01534_grenfell_tower_fire_preliminary_report_final.pdf</a> ).  <i>London Fire Brigade: Grenfell Tower Improvement Progress</i> ( <a href="https://www.london-fire.gov.uk/media/4127/gtirt19-03643_gt_improvement_progress_report_final-91019.pdf">https://www.london-fire.gov.uk/media/4127/gtirt19-03643_gt_improvement_progress_report_final-91019.pdf</a> ).	
<b>Prepared by:</b>	Ali Perry, Deputy Assistant Chief Officer, Head of Prevention and Protection	
<b>Sponsored by:</b>	Ali Perry, Deputy Assistant Chief Officer, Head of Prevention and Protection	
<b>Presented by:</b>	Stuart Stevens, Assistant Chief Officer, Head of Service Delivery	
<b>Links to Strategy and Corporate Values</b>		
This report supports the SFRS Strategic Plan Outcomes of <i>Prevention</i> and <i>Response</i> . It also supports all the Service's Values of <i>Safety</i> , <i>Teamwork</i> , <i>Respect</i> and <i>Innovation</i> .		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Service Delivery Management Team</i>	<i>By circulation</i>	<i>For Decision</i>
<i>Service Delivery Committee</i>	<i>1 September 2021</i>	<i>For Scrutiny</i>

## SCOTTISH FIRE AND RESCUE SERVICE

## Service Delivery Committee



Report No: C/SDC/22-21

Agenda Item: 10.1

Report to:	SERVICE DELIVERY COMMITTEE						
Meeting Date:	1 SEPTEMBER 2021						
Report Title:	SERVICE DELIVERY COMMITTEE STRATEGIC RISK UPDATE						
Report Classification:	For Scrutiny	<b>Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to provide the Service Delivery Committee (SDC) with a risk report identifying Directorate risks and controls pertinent to the business of the SDC.						
<b>2</b>	<b>Background</b>						
2.1	The purpose of the risk register is to inform decision making through Scrutiny and Assurance processes, providing additional awareness of the risks faced and the actions required to minimise these risks.						
2.2	The Audit and Risk Assurance Committee (ARAC) is responsible for advising the Board and the Accountable Officer on the adequacy and effectiveness of the Service's arrangements for risk management and has oversight of the Strategic Risk Register.						
2.3	All Committees will be responsible for scrutinising the adequacy of management's response to risks identified through the strategic risk register, pertinent to the business of the Committee.						
2.4	The Strategic Leadership Team (SLT) has responsibility for the identification and management of strategic risk and will ensure that the Strategic Risk Register (SRR) presents a fair and reasonable reflection of the most significant risks impacting upon the organisation. The SLT will champion the importance of risk management in supporting the achievement of the Service's strategic aims and objectives.						
2.5	Strategic risks are prepared in consultation with the Board and SLT and are managed collectively by the SLT, with each Directorate Risk allocated to an identified Head of Function. These Responsible Officers provide information on the current controls in place and identify additional actions still required.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The risk register is a management tool that provides assurance to the Service and its scrutiny bodies that the significant risks to the organisation have been identified and managed and are subject to ongoing monitoring and review.						
3.2	The development of a revised risk template and associated report, undertaken through Data Services, has focused on providing specific, measurable, achievable, realistic and timely actions. Working with Directorates all associated risk actions are being reassessed						

	in line with these SMART objectives and will continue to be revised over the forthcoming quarterly reports.
3.3	Appendix 1 to this report provides the SDC with the current risk report, outlining: <ul style="list-style-type: none"> <li>• 1a – Strategic Risk Summary</li> <li>• 1b – SDC Aligned Directorate Risk Summary</li> <li>• 1c – SDC Aligned Directorate Risk Control Summary</li> <li>• 1d – SDC Aligned Directorate Closed Risks Summary</li> <li>• 1e – SDC Aligned Closed Controls Summary</li> </ul>
3.4	Information has been collated following discussion with all Directorate Heads of Function and following review, a number of changes have been made to Directorate registers, impacting upon SDC:
3.4.1	Risks Closed: <ul style="list-style-type: none"> <li>• Service Delivery (SD002) – There is a risk of failing to plan for the response to planned and unplanned events due to inadequate funding or a lack of resources. This risk has been removed from the directorate register following a reduced risk rating. This is based upon an improving position in terms of concurrency arrangements, most notably the downscaling of elements relating to the EU Exit and confirmation of approved COP 26 staffing costs. This risk will now be monitored through the Operations functional register.</li> <li>• SPPC 10 – Participate in community planning and SPPC 11 – Effectively manage relations with partners have been removed from the register and merged into new risk SPPC 13 – There is a risk that the Service fails to meet its duties to participate in Community Planning and demonstrate strong collaboration and partnership working. This risk has been aligned by SPPC to ARAC and the Good Governance Board.</li> </ul>
3.5	To enhance scrutiny and assurance arrangements Appendix 1c and 1e provide information on controls still required to manage risk more effectively and those controls now judged as closed by responsible Directorates.
3.6	Current work is focused on the development the current register to allow Directorates to update information directly through a SharePoint site and automating Committee and Directorate reports.
<b>4</b>	<b>Recommendation</b>
4.1	The Service Delivery Committee is asked to: <ul style="list-style-type: none"> <li>• Scrutinise the SDC Risk Report.</li> </ul>
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk</b>
5.1.1	The risk register forms a core part of the SFRS governance, risk management and assurance arrangements.
5.2	<b>Financial</b>
5.2.1	There are no direct financial implications associated with this report.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	There are no direct environmental or sustainability issues.
5.4	<b>Workforce</b>
5.4.1	There are no direct Workforce issues associated with this report.

5.5	<b>Health &amp; Safety</b>	
5.5.1	There are no direct Health & Safety implications associated with this report.	
5.6	<b>Training</b>	
5.6.1	The development of a revised in-house risk register and report requires additional engagement and training of responsible staff.	
5.7	<b>Timing</b>	
5.7.1	There are no significant timing implications associated with this report.	
5.8	<b>Performance</b>	
5.8.1	The risk management framework forms part of the Services wider governance arrangements which collectively ensure performance is managed and improved where possible.	
5.9	<b>Communications &amp; Engagement</b>	
5.9.1	Direct communication and engagement with the Board, SLT and Directorates ensures awareness and ownership of risk is effectively managed.	
5.10	<b>Legal</b>	
5.10.1	There are no direct legal implications arising from this report	
5.11	<b>Information Governance</b>	
5.11.1	There are no direct information governance implications associated with this report.	
5.12	<b>Equalities</b>	
5.12.1	An Equality Impact Assessment has been undertaken in relation to the Risk Management Policy. There are no additional equality implications associated with this report.	
5.13	<b>Service Delivery</b>	
5.13.1	There is no direct implication to Service Delivery arising from this report.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable.	
<b>7</b>	<b>Appendices/Further Reading</b>	
7.1	Appendix 1 – SDC Risk Report.	
<b>Prepared by:</b>	David Johnston, Risk and Audit Manager	
<b>Sponsored by:</b>	David Johnston, Risk and Audit Manager	
<b>Presented by:</b>	Ross Haggart, Deputy Chief Officer	
<b>Links to Strategy and Corporate Values</b>		
The Risk Management Framework forms part of the Services Governance arrangements and links back to Outcome 4 of the 2019-22 Strategic Plan, specifically Objective 4.2		
<ul style="list-style-type: none"> <li>Outcome 4: We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.</li> <li>Objectives 4.2: We will minimise the risks we face through effective business management and high levels of compliance with all our responsibilities.</li> </ul>		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Audit &amp; Risk Assurance Committee</i>	<i>8 July 2021</i>	<i>For Scrutiny</i>
<i>Service Delivery Committee</i>	<i>1 September 2021</i>	<i>For Scrutiny</i>



# 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	Acting Director of Asset Management	20
7	Ability to deliver a high quality, sustainable service within the funding envelope	Acting Director of Finance and Procurement	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

## SDC Aligned Directorate Risk Summary

## Appendix 1b

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (LxI)	Committee	Executive Board
1	Improve Safety and Wellbeing of Communities	SD010	Compliance Fire Act (Scotland) Part 3	There is a risk the SFRS is unable to effectively enforce fire safety legislation in compliance with part 3 of the Fire (Scotland) Act 2005 in relevant premises. This could be because of the lack of sufficient, suitably trained SFRS fire safety enforcement staff locally and nationally.	Head of Prevention and Protection	20 (4 x 5)	SDC	SMB
1	Improve Safety and Wellbeing of Communities	SD008	Unintentional Harm	There is a risk that the SFRS is unable to focus on the impact of unintentional harm within our communities. This would be due to inadequate internal resources, capacity or information sharing protocols. The result that the recording and storage of data would be impacted where internal systems in use do not comply with agreed information governance protocols. This will effectively remove SFRS from this type of activity and impact the ability to target interventions at people and places of greatest risk	Head of Prevention and Protection	16 (4 x 4)	SDC	SMB
1	Improve Safety and Wellbeing of Communities	SD011	Reserved Matters	There is a risk of a failure to appropriately service 'Reserved' matters that are not devolved to Scottish Government. In particular, delay in delivering a SFRS MTA Strategy could increase the risk to all operational personnel and our communities, which could lead to negative public scrutiny, judicial review and/or damage to reputation. There is a particular focus on the risk of MTA	Head of Service Delivery	16 (4 x 4)	SDC	SMB

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Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (LxI)	Committee	Executive Board
				incidents at present, given recent local and international developments.				
1	Improve Safety and Wellbeing of Communities	SD004	Standardisation of Service Delivery	There is a risk of failing to maintain a standard suite of Policies because of the volume of Policies and the consultation timeframe. This would result in having an inconsistent approach to service response and could lead to possible operational failures resulting in a death of serious injury to staff or members of our local communities.	Head of Operations	9 (3 x 3)	SDC	SMB
1	Improve Safety and Wellbeing of Communities	SD005	Water Supply	There is a risk of failing to meet our statutory requirements regarding water planning activities due to relationship with Scottish Water and financial constraints. This will impact on the maintenance and repair of hydrants and ability to resolve incidents successfully.	Head of Operations	8 (2 x 4)	SDC	SMB
2	Reduction of UFAS	SD007	Reduction of Unwanted Fire Alarms	There is a risk that the SFRS is unable through partnership working and policy development to reduce the volume of unwanted fire alarm signals. This would be due to agreed processes and initiatives not being executed or introduced nationally/locally. The result would be an increased or excessive operational demand on the SFRS, an increase of blue light journeys and consequential risk.	Head of Prevention and Protection	15 (5 x 3)	SDC	SMB
5	Skilled, trained and motivated staff	SD006	Statutory Duties	There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its	Director of Service Delivery	16 (4 x 4)	SDC	PB

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Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (LxI)	Committee	Executive Board
				statutory duties under - The Fire (Scotland) Act 2005, - The Fire and Rescue Framework for Scotland 2016, - The Fire (Additional Function) (Scotland) Order 2005, - Regulation 11 of the Building (Procedure) (Scotland) Act 2004				
6	Adequate operational assets, equipment etc.	SD001	Command and Control Mobilising Systems	There is a risk of failure to mobilise to an incident due to a technical failure of the existing mobilising systems. As a result, we would be failing to meet our statutory duty and also potentially bring reputational damage to the Service.	Head of Operations	20 (4 x 5)	SDC	AMLB
6	Adequate operational assets, equipment etc.	SD003	Operational Availability Systems	There is a risk of SFRS operational availability systems reaching end of life and failing and the existing supplier ceasing to support or maintain legacy systems. This would impact SFRS ability to effectively mobilise. It would also cause reliability issues and licence issues in some LSO areas of SFRS.	Head of Operations	20 (4 x 5)	SDC	AMLB
6	Adequate operational assets, equipment etc.	FCS003	Asset Acquisition	There is a risk that the Services ability to acquire and deploy assets fails to meet service requires due to insufficient prioritised asset investment and a lack of project management capacity. This will lead to delays in the acquisition of assets and an impact upon front line service provision.	Head of Asset Management	12 (3 x 4)	SDC	AMLB

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6	Adequate operational assets, equipment etc.	FCS004	Assets Operational	There is a risk that frontline assets in operational use will not be suitably maintained due to damage, loss or ineffective asset investment. Any impact in this area will lead to reduce service availability and a reduction in the health, safety and wellbeing of staff.	Head of Asset Management	12 (3 x 4)	SDC	AMLB
8	Improve performance	FCS008	Environmental Management	There is a risk that the Service will be unable to achieve environmental and carbon reduction commitments due to limited investment or anticipated saving targets not being achieved through current projects. This can lead to lost saving opportunities, potential fines if required targets are not met and possibly negative media coverage.	Head of Asset Management	9 (3 x 3)	SDC	ECMB
8	Improve performance	SPPC001	Service Performance Management	A failure to provide Service Performance Management Information resulting in inaccurate data and loss of confidence in service performance.	Head of Governance, Strategy and Performance	8 (2 x 4)	SDC	GGB
9	Protect Staff Covid-19	SDD003	Covid-19	There is a risk that planned Directorate activities and objectives may be impacted during our response to Covid-19 and the recovery phase. Consequences could include the inability to achieve potential efficiency savings and continue the modernisation of	Head of Service Development	12 (3 x 4)	SDC	SMB

## SDC Aligned Directorate Risk Control Summary

## Appendix 1c

Strategic Risk ID	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
1	SD010	Compliance Fire Act (Scotland) Part 3	Develop a long-term strategy for the provision of training and competence of existing and new Protection Officers that will consider a review of technical skill requirements.	GC Chris Getty	31/03/2022	Green - 25%	Procurement of FSE modules has been included within TNA and AOP and liaison with Training Function to facilitate procurement has been undertaken. Currently in process of procuring 5-year tender for the delivery of Protection training.	20	12
1	SD010	Compliance Fire Act (Scotland) Part 3	Undertake a strategic review of prevention and protection structures and delivery to ensure they remain sustainable and meet legislative requirements. Quarter 4 2021.	Head of Prevention and Protection	31/03/2022	Amber - 15%	Planning for a strategic review of Prevention and Protection has been initiated with the scope and timeline agreed. A programme of engagement is planned for Q1 and Q2 with a final report due at the end of Q3.	20	12
1	SD010	Compliance Fire Act (Scotland) Part 3	Explore opportunities within the Service Delivery Directorate to enable a structural review of the delivery of enforcement.	Head of Prevention and Protection	31/03/2022	Amber - 10%	In reviewing the delivery of protection, a gap analysis has been undertaken to consider Competency. There is limited capacity within the P&P Function to effectively progress Competency Work at this time.	20	12
1	SD010	Compliance Fire Act (Scotland) Part 3	Conclude Business case process	Head of Prevention and Protection	31/03/2022	Green - 50%	Business case process has been concluded and a suitable budget has been allocated to allow for the recruitment of the additional staff required. Recruitment will be initiated once there is capacity within the SFRS recruitment process. This is being controlled by the BCTAG.	20	12

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Strategic Risk ID	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
1	SD008	Unintentional Harm	Undertake a strategic review of prevention and protection structures and delivery to ensure they remain sustainable and meet legislative requirements. Quarter 4 2021	Head of Prevention and Protection	31/03/2022	Amber - 25%	Planning for a strategic review of Prevention and Protection has been initiated with the scope and timeline agreed. A programme of engagement is planned for Q1 and Q2 with a final report due at the end of Q3.	16	12
1	SD008	Unintentional Harm	Incorporate Community Risk Index into CSE planning (Dependant on Service Delivery Model Programme timescale	Head of Prevention and Protection	31/03/2022	Amber - 10%	Initial engagement with SDMP undertaken and awaiting completion of CRIM for incorporation within CSE planning.	16	12
1	SD011	Reserved Matters	Develop Operations Strategy, this work will look at all aspects of Operational Response including specialist response resources and personnel. The location and type of equipment currently in use and future developments and innovation to aid FF safety.	Head of Operations	31/03/2022	Green - 10%	Operational Strategy Framework completed and concept of operation leads have been identified to progress respective work streams.	16	12
1	SD011	Reserved Matters	Formal implementation of MTA Strategy	Head of Operations	31/03/2022	Red - 0%	The risk rating is based on the DMT's observations on the growing organisational, political, legal, reputational, public expectation and health and safety risks that have been highlighted across the UK and in particular through the Manchester Arena Inquiry. Whilst	16	12

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Strategic Risk ID	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
							elements of planning and preparation has taken place within SFRS it is impossible at this time to progress to a training, implementation or deployment phase due to lack of support and agreement from the FBU. The high-profile nature of events such as COP26 and the Euro Championships which will be visible on the world stage has also been a contributory factor in raising the impact (based on matrix descriptors). The probability was not altered at this time as there is no specific intelligence or circumstances that have changed. It was, however, acknowledged that with a collapsing timescale until COP26 this element will continue to be subject to ongoing review.		
1	SD011	Reserved Matters	Review MTA Strategy	Head of Operations	31/03/2022	Amber - 0%	SFRS have sought high level discussions with FBU on the introduction of a local agreement for MTA response. Set dates have been postponed by FBU.	16	12
1	SD004	Standardisation of Service Delivery	Completion of Operations Document Review	GC Heaton	31/03/2022	Green - 20%	Operations document revision project now commenced following DMT and SLT agreement. Implementation plan now in place. This includes GRA revisions and the building of Families or suites of	9	6



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Strategic Risk ID	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
							documentation. Review process agreed with TSA and Legal for GRAs and other documentation revision if any significant material change or event. OPS SAIG consulted to address any operational learning and influence policy changes as required. ICPOG and BPOG now completed and issued for familiarisation. Management of existing GIN/TINs being controlled by Frontline Support Team with wider SDA Support.		
1	SD004	Standardisation of Service Delivery	AOP - Develop Ops Response Framework 21/31	Head of Operations	31/03/2022	Green - 20%	Literature review of existing policies complete. BA and IC POGs published. Firefighting in Buildings currently under development.	9	6
1	SD004	Standardisation of Service Delivery	AOP - Develop Operational Response and Resilience strategy governance process	Head of Operations	31/03/2022	Amber - 20%	Work has begun on governance arrangements and will be progressed as part of the overall document review.	9	6
1	SD005	Water Supply	Ongoing dialogue between R&R managers, SFRS Legal manager and Scottish Water to discuss charging issues and finalise service level agreement (SLA).	Head of Operations	31/03/2022	Amber - 75%	Through ongoing work, negotiation with Scottish Water charging issues have been resolved. Service Level Agreement almost complete, meetings scheduled over coming months to finalise.	8	8
2	SD007	Reduction of Unwanted Fire Alarms	Complete 7 stage options appraisal process to identify a preferred option which has been approved by the project board.	GC Roy Dunsire	31/12/2022	Green - 70%	The appraisal process is now entering stage 5 which is a public consultation on 3 options.	15	9

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Strategic Risk ID	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
2	SD007	Reduction of Unwanted Fire Alarms	Develop an Implementation plan, based on outcome of options appraisal and decisions made by the SLT/Board. Q4 2021	Head of Prevention and Protection	31/03/2022	Green - 10%	In preparation for the planning and development of an implementation plan, initial talks have been held with DACO Perry about additional resourcing to support this piece of work. This resourcing implication has also been raised in the project board risk register.	15	9
5	SD006	Statutory Duties	Complete structure review of LSO management teams across all SDA's.	Head of Function Watt	31/03/2022	Green - 10%	Initial meeting of Head of Service Delivery has taken place to discuss structure review criteria.	16	12
5	SD006	Statutory Duties	Operational Availability Group to monitor availability throughout the year and implement further controls as required.	Head of Function Lockhart	31/03/2022	Green - 25%	Ongoing monthly meetings. Resourced Based Crewing (RBC) version 11 currently being reviewed.	16	12
5	SD006	Statutory Duties	Recruitment of additional Auditing Officers and Community Safety Advocates following approval of business case	AC Pryde	31/03/2022	Green - 50%	Recruitment will be initiated once there is capacity within the SFRS recruitment process. This is being progressed by the BCTAG.	16	12
5	SD006	Statutory Duties	Undertake a strategic review of prevention and protection structures and delivery to ensure they remain sustainable and meet legislative requirements.	AC Pryde	31/03/2022	Amber - 25%	Planning for a strategic review of Prevention and Protection has been initiated with the scope and timeline agreed. A programme of engagement is planned for Q1 and Q2 with a final report due at the end of Q3.	16	12
6	SD001	Command and Control Mobilising Systems	CCF Contingency Group established to identify options for interim solution and advise on delays to implementation dates.	AC Logan	31/01/2022	Amber - 10%	ICT currently exploring options for interim modern serviceable interface for Northgate system at EOC. OC Managers are	20	15

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Strategic Risk ID	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
							investigating further resilience back-up measures.		
6	SD003	Operational Availability Systems	Operations Control Business Continuity Plan - testing to be completed for business continuity arrangements (Q4)	Head of Operations	31/03/2022	Amber - 70%	Enhanced local arrangements at each OC as part of BCP. People, Training, Finance and Assets in scope.	20	15
6	FCS003	Asset Acquisition	Reviewing and renewal of Hard FM contract through Project Board	Acting Director of Asset Management	31/03/2022	Green - 50%	Contract currently out to tender and awaiting response from bidders.	12	8
6	FCS003	Asset Acquisition	Develop specific project management roles within the Capital Programme	Acting Director of Asset Management	31/03/2022	Green - 80%	Still ongoing and aligned to current business cases to be considered by BCTAG	12	8
6	FCS004	Assets Operational	Reporting of information to Security Group and further direction required	Acting Director of Asset Management	31/03/2022	Amber - 50%	Awaiting outcome and recommendations from Security Consultants	12	9
6	FCS004	Assets Operational	Undertaking sample security audits of high priority / corporate buildings	Acting Director of Asset Management	31/03/2022	green - 75%	Audits ongoing following initial delays due to Covid and availability of consultants	12	9
8	FCS008	Environmental Management	Develop and Publish Fleet strategy dealing with Carbon Reduction and addressing SG Climate Change Agenda	Acting Director of Asset Management	31/03/2022	Amber - 50%	Due to limited capacity, as a result of Covid. This has been reprioritised for completion during 2021/22.	9	6
8	FCS008	Environmental Management	Working with key partners - Transport Scotland - Scottish government - utilise additional and identified grant funding	Acting Director of Asset Management	31/03/2022	Green - 75%	Working with Transport Scotland a business case was submitted on 27 April for £3.5M, for EV charging infrastructure, which is now being considered.	9	6

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Strategic Risk ID	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
8	SPPC001	Service Performance Management	SO4:11 Implement the recommendations of the Business Intelligence review.	Head of Corporate Governance	31/03/2022	Green - 90%	BI Strategy and action plan will be finalised and delivery against the action plan will continue. The action plan is annual against the four-year strategy	8	8
9	SDD003	Covid-19	Supporting the organisational response to Reset & Renew from Covid-19	Head of Service Development	31/03/2022	Green - 20%	The Service is still within the response phase of Covid. Following a move out of response phase the Directorate will determine support necessary to Reset & Renew Phase.	12	9

# SDC Aligned Directorate Closed Risks Summary Appendix 1d

Risk ID	Risk Owner	Risk Name	Risk Description	Strategic Risk	Closure Reason
SD002	Head of Operations	Concurrency of Events	There is a risk of failing to plan the response to planned or unplanned events, due to inadequate funding or lack of resources etc. This would result in having inadequate resilience in place and impact our ability to deliver an efficient and effective service. Examples of these types of events are COP26, EU Exit, Covid-19, severe weather, loss of utilities, fuel disruption, industrial action, death of the monarch and pandemic flu.	Improve Safety and Wellbeing of Communities	This risk is now moving to business as usual and will be managed at functional level.
SPPC010	Head of Governance, Strategy and Performance	Community Planning	Failure to meet our duties to participate in Community Planning resulting in missed opportunities and in a loss of workforce, stakeholder and public confidence.	Collaborate with Partners	This risk and associated controls have been merged into new SPPC risk 13.
SPPC011	Head of Governance, Strategy and Performance	Reform Collaboration Group	Failure to effectively manage our relations with our partners in the Reform Collaboration Group resulting in a loss of workforce, stakeholder and public confidence.	Collaborate with Partners	This risk and associated controls have been merged into new SPPC risk 13.

## SDC Aligned Closed Controls Summary

## Appendix 1e

Risk ID	Control Description	Risk Description	Control Owner	Control Comments
SD005	Engagement sessions continue with Service Delivery Areas (SDAs) to progress ICT business case for hydrant system development.	There is a risk of failing to meet our statutory requirements regarding water planning activities due to relationship with Scottish Water and financial constraints. This will impact on the maintenance and repair of hydrants and ability to resolve incidents successfully.	Head of Operations	SDA User Requirement engagement has been completed, allowing ICT to progress application build.
SD005	Draft internal audit report and action plan nearing completion. (Q4)	There is a risk of failing to meet our statutory requirements regarding water planning activities due to relationship with Scottish Water and financial constraints. This will impact on the maintenance and repair of hydrants and ability to resolve incidents successfully.	Head of Operations	This action is incorporated within other SD005 Actions.
SD002	Manage output from EU Co-ordination Group (ongoing)	There is a risk of failing to plan the response to planned or unplanned events, due to inadequate funding or lack of resources etc. This would result in having inadequate resilience in place and impact our ability to deliver an efficient and effective service. Examples of these types of events are COP26, EU Exit, Covid-19, severe weather, loss of utilities, fuel disruption, industrial action, death of the monarch and pandemic flu.	Head of Operations	CROG stood down but can be re-instated as required. Risks and issues will be dealt with through RRP and LRP network.
SD002	Develop concurrency Arrangements with Strategic Coordination Centre	There is a risk of failing to plan the response to planned or unplanned events, due to inadequate funding or lack of resources etc. This would result in having inadequate resilience in place and impact our ability to deliver an efficient and effective service. Examples of these types of events are COP26, EU Exit, Covid-19, severe weather, loss of	Head of Operations	Risk Closure: This risk is now moving to business as usual and will be managed at functional level.

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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
		utilities, fuel disruption, industrial action, death of the monarch and pandemic flu.		
SD002	R&R are currently undertaking an internal structural review which will influence and inform changes to practices to assist with the planning of National events.	There is a risk of failing to plan the response to planned or unplanned events, due to inadequate funding or lack of resources etc. This would result in having inadequate resilience in place and impact our ability to deliver an efficient and effective service. Examples of these types of events are COP26, EU Exit, Covid-19, severe weather, loss of utilities, fuel disruption, industrial action, death of the monarch and pandemic flu.	Head of Operations	Operations restructure agreed at DMT, SMB and SLT. New structure implemented on 4th January 2021. Now embedded.
SD004	AOP - Review and update the PDAs, SOPs and associated policies for a wildfire response.	There is a risk of failing to maintain a standard suite of Policies because of the volume of Policies and the consultation timeframe. This would result in having an inconsistent approach to service response and could lead to possible operational failures resulting in a death of serious injury to staff or members of our local communities.	Head of Operations	This action is now included within new document review action and will be progressed as part of this action.
SD004	Operations currently undertaking an internal structural review which will influence future practices	There is a risk of failing to maintain a standard suite of Policies because of the volume of Policies and the consultation timeframe. This would result in having an inconsistent approach to service response and could lead to possible operational failures resulting in a death of serious injury to staff or members of our local communities.	Head of Operations	Structure review completed. New structure embedded within Operations Function.
SD004	Operations document revision project.	There is a risk of failing to maintain a standard suite of Policies because of the volume of Policies and the consultation timeframe. This would result in having an inconsistent approach to service response and could lead to possible operational failures resulting in a death of serious injury to staff or members of our local communities.	Head of Operations	This action has been reworded to make it smarter.

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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
SD007	Identify a preferred appraisal process	There is a risk that the SFRS is unable through partnership working and policy development to reduce the volume of unwanted fire alarm signals. This would be due to agreed processes and initiatives not being executed or introduced nationally/locally. The result would be an increased or excessive operational demand on the SFRS, an increase of blue light journeys and consequential risk.	Head of Prevention and Protection	This action was completed October 2020 and approved by the Project Board and noted by SMB/SLT.
SD010	Develop a Technical Skills paper covering FSE to capture the current challenges and propose potential solutions	There is a risk the SFRS is unable to effectively enforce fire safety legislation in compliance with part 3 of the Fire (Scotland) Act 2005 in relevant premises. This could be because of the lack of sufficient, suitably trained SFRS fire safety enforcement staff locally and nationally.	Head of Prevention and Protection	This control measure has now been closed with the creation of a new smarter control measure.
SD001	ICT to carry out analysis of the capability and reliability of existing systems and to prepare worst case planning assumptions and recovery action for each. Q4	There is a risk of failure to mobilise to an incident due to a technical failure of the existing mobilising systems. As a result, we would be failing to meet our statutory duty and also potentially bring reputational damage to the Service.	Head of Operations	Action complete as part of the works for the CCF/BAU Contingency Group. Completion date 30/09/2020.
SD001	Operations Control Business Continuity Plan - testing to be completed for business continuity arrangements (Q4)	There is a risk of failure to mobilise to an incident due to a technical failure of the existing mobilising systems. As a result, we would be failing to meet our statutory duty and also potentially bring reputational damage to the Service.	Head of Operations	MOU with JOC and NI reviewed and tested. EOC and DOC tested transfer of emergency calls. National testing of admin calls transferred to each OC involving each watch and all FDOs. Ongoing testing of BCP
SD003	ICT to carry out analysis of the capability and reliability of existing systems and to prepare worst case planning assumptions and recovery actions for each	There is a risk of SFRS operational availability systems reaching end of life and failing and the existing supplier ceasing to support or maintain legacy systems. This would impact SFRS ability to effectively mobilise. It would also cause reliability issues and licence issues in some LSO areas of SFRS.	Head of Operations	Action complete as part of the works for the CCF/BAU Contingency Group. Completion date 30/09/2020.



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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
FCS003	Implementation and collation stage of new laundry contract for PPE	There is a risk that the Services ability to acquire and deploy assets fails to meet service requires due to insufficient prioritised asset investment and a lack of project management capacity. This will lead to delays in the acquisition of assets and an impact upon front line service provision.	Acting Director of Asset Management	Complete
FCS004	Monitoring accident damage	There is a risk that frontline assets in operational use will not be suitably maintained due to damage, loss or ineffective asset investment. Any impact in this area will lead to reduce service availability and a reduction in the health, safety and wellbeing of staff.	Acting Director of Asset Management	This is a business as usual action.
FCS004	Wear and tear of Assets monitored and reported to target investment	There is a risk that frontline assets in operational use will not be suitably maintained due to damage, loss or ineffective asset investment. Any impact in this area will lead to reduce service availability and a reduction in the health, safety and wellbeing of staff.	Acting Director of Asset Management	This is a business as usual action.
SD006	As the Service continues to adjust to the impact of the pandemic, a focus is now being placed upon promotion, recruitment of RVDS and Wholetime Duty System staff, within an inter-Service transfer process being progressed prior to the launch of WDS recruit	There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its statutory duties under - The Fire (Scotland) Act 2005, - The Fire and Rescue Framework for Scotland 2016, - The Fire (Additional Function) (Scotland) Order 2005, - Regulation 11 of the Building (Procedure) (Scotland) Act 2004	Director of Service Delivery	A new action has been developed incorporated into the Directorate Register to make it smarter.

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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
SD006	Impact assessment on the Target Operating Model due to the Coronavirus pandemic and subsequent impact upon recruitment into Wholetime, Retained and Volunteer Duty System.	There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its statutory duties under - The Fire (Scotland) Act 2005, - The Fire and Rescue Framework for Scotland 2016, - The Fire (Additional Function) (Scotland) Order 2005, - Regulation 11 of the Building (Procedure) (Scotland) Act 2004	Director of Service Delivery	A new action has been developed incorporated into the Directorate Register to make it smarter.
SD006	The Service Delivery Directorate is conducting a structural review to ensure resources are allocated appropriately. The Prevention & Protection Function has reallocated resources to provide the appropriate managerial capacity to meet the Service's statutory responsibilities	There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its statutory duties under - The Fire (Scotland) Act 2005, - The Fire and Rescue Framework for Scotland 2016, - The Fire (Additional Function) (Scotland) Order 2005, - Regulation 11 of the Building (Procedure) (Scotland) Act 2004	Director of Service Delivery	A new action has been developed incorporated into the Directorate Register to make it smarter.
FCS008	Commence decommissioning of identified fuel sites	There is a risk that the Service will be unable to achieve environmental and carbon reduction commitments due to limited investment or anticipated saving targets not being achieved through current projects. This can lead to lost	Acting Director of Asset Management	Due to the result of Covid and related efficiency savings identified, the planned 3-year decommissioning was reprioritised and completed within a 4

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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
		saving opportunities, potential fines if required targets are not met and possibly negative media coverage.		month period. Ongoing review of existing sites to modernise is in place.
FCS008	Develop and gain approval for Carbon Management Plan	There is a risk that the Service will be unable to achieve environmental and carbon reduction commitments due to limited investment or anticipated saving targets not being achieved through current projects. This can lead to lost saving opportunities, potential fines if required targets are not met and possibly negative media coverage.	Acting Director of Asset Management	Carbon Management Plan submitted to Board/SLT/SMB and agreed.
SPPC001	SO4:13 Implement the new corporate Performance Management System (PMS) to strengthen performance management and business intelligence arrangements. (Mar 21)	A failure to provide Service Performance Management Information resulting in inaccurate data and loss of confidence in service performance.	Head of Corporate Governance	Performance Management system completed and reported to SFRS Board
SPPC001	SO4:8 Review and strengthen arrangements to capture, coordinate and report on national themes arising from audit and inspection. (Mar 21)	A failure to provide Service Performance Management Information resulting in inaccurate data and loss of confidence in service performance.	Head of Corporate Governance	Aspects of new performance management system will start to appear in Q4 and others will still be in development - simply this is just bespoke performance products being developed with individual departments. Now complete and reported to Service Delivery Committee



**Service Delivery Committee – Thursday 1 September 2021  
Risk Spotlight Briefing Note**

**CR1.7 Water Supplies to Fire Fighting and Other Emergencies**

**Submitted by: Group Commander David McGroarty**

<b>Background: What would cause the risk to materialise / what is the effect likely to be?</b>
<p><b><u>Cause</u></b></p> <ul style="list-style-type: none"> <li>• Failure to secure water supply at a hydrant as a result of lack of maintenance, 3<sup>rd</sup> party usage and or inability to repair a hydrant.</li> </ul> <p><b><u>Effect</u></b></p> <ul style="list-style-type: none"> <li>• Delay and or interruption to water supply during firefighting operations.</li> <li>• Failure to secure water supply as outlined in Fire Scotland Act 2005, Section 17</li> <li>• Reputational damage</li> </ul>
<b>Controls and mitigating actions (stating what actions are being taken if the residual/current risk assessment is operating above or below risk appetite).</b>
<ul style="list-style-type: none"> <li>• Hydrants (approx. 196,000) mapped and available via GETAC Tablet on appliances so that alternative water sources can be located in the event of single failure.</li> <li>• Additional Hydrant Operatives employed (Total = 11) to perform Hydrant Maintenance at Retained Duty System (RDS) / Volunteer Duty System (VDS) locations exception of Highland and WIOS LSO area.</li> <li>• National Hydrant maintenance programme in place.</li> <li>• Defect reporting process in place with developments underway to move to fully electronic system.</li> <li>• Defect reporting and repair schedule in place via Scottish Water.</li> <li>• Processes in place to resolve any “urgent” hydrant repairs.</li> <li>• Regular fortnightly repair progress meetings in place between Scottish Fire and Rescue Service (SFRS) and Scottish Water.</li> <li>• Direct liaison at strategic level between SFRS and Scottish Water to resolve any issues escalations.</li> <li>• Suitable budget secured for financial year 2021/22 to allow repairs to be financed.</li> </ul>
<b>External or other factors which might impact on the current risk assessment.</b>
<ul style="list-style-type: none"> <li>• Future escalation in cost of hydrant repairs and traffic management..</li> </ul>



Report No: C/SDC/23-21

Agenda Item: 12

<b>Report to:</b>	<b>SERVICE DELIVERY COMMITTEE</b>						
<b>Meeting Date:</b>	<b>1 SEPTEMBER 2021</b>						
<b>Report Title:</b>	<b>SFRS COMPLAINTS HANDLING PROCEDURE UPDATE AND ANNUAL STATISTICS</b>						
<b>Report Classification:</b>	<b>For Information</b>	<b>Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	To provide the Service Delivery Committee (SDC) with a progress update regarding the Scottish Fire and Rescue Service (SFRS) Complaints process as outlined in the Scottish Public Services Ombudsman (SPSO) Model Complaints Handling Procedure (MCHP) and provide the annual statistics for 2020/21.						
<b>2</b>	<b>Background</b>						
2.1	The Scottish Public Services Ombudsman Act 2002 provides the legislative basis for SPSO to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction.						
2.2	SPSO revised and reissued all the MCHPs on 31 January 2020, following consultation with all sectors. The new version includes a core text (which is consistent across all public services in Scotland) with some additional guidance and examples specific to each sector.						
2.3	Public bodies were required to implement this updated MCHP over the business year, with full implementation by no later than 1 April 2021 but due to Covid-19, the SPSO has accepted that this would be expected.						
2.4	SFRS were already revising their existing Complaints Handling Procedure when the MCHP was launched and have therefore adopted the new templates and are continuing to engage with Senior Managers throughout SFRS and the SPSO.						
2.5	SFRS have completed the full Complaints Handling Policy and it will be distributed for formal consultation by the end of August 2021.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The updated MCHP for each sector includes five parts: <ul style="list-style-type: none"> <li>1. Part 1: Overview and structure</li> <li>2. Part 2: When to use the procedure. Guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the MCHP does not apply</li> </ul>						

	<p>3. Part 3: The complaints handling process. Guidance on handling a complaint and dealing with post-closure contact.</p> <p>4. Part 4: Governance of the procedure. Staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints.</p> <p>5. Part 5: Customer-facing guide. Information for customers on how we handle complaints</p>
3.2	The documents are provided as templates with flexibility for organisations to adapt them to reflect their corporate identity and language. However, it is important that the MCHP is <b>not</b> amended to the extent that its purpose or substance is changed in a way which does not reflect the MCHP or its key aims.
3.3	The SFRS Complaints Handling Policy (based on the MCHP) has been agreed by the Information Governance Group (IGG) and approved by the Good Governance Board (GGB) with the proviso that the whole MCHP is launched together once completed. There has been a delay in issuing due to both COVID19 and the SPSO not confirming the final KPI's they wanted included.
3.4	The MCHP requires organisations to report on and publish complaints performance information in line with complaints performance indicators published by the SPSO. SPSO have developed a draft set of complaints performance indicators for each sector which include a core set of performance indicators, which are consistent across all public services, with some additional performance indicators for those sectors which currently undertake benchmarking through their complaint handling network. These draft indicators were consulted on at the end of June and have yet to be finally confirmed.
3.5	Recent discussions held at a meeting between Azets, Head of Communications and Engagement and the Information Governance Manager confirmed that SFRS should follow our existing governance route and any changes to the KPI's be included once available. SPSO are aware of this route and are satisfied we are using a robust approval mechanism. Internal Audit are also fully aware of the progress and our current position.
3.6	<p><u>Collating Statistics Moving Forward</u></p> <p>Information Governance are currently working with Performance Data Services to develop a Sharepoint environment to record the new statistics and have agreed to support us to interrogate the data using Power BI. This will put us in a much better position to provide more comprehensive analysis of the new KPI's and further information which is required by managers and LSO's etc. The current excel spreadsheet/dashboard is very limited for what we are trying to analyse.</p>
3.7	<p><u>Statistics for 2020/21</u></p> <p>The attached Appendix F shows statistics on sheet 1, which identifies an increase from 126 in 2019/20 to 167 2020/21. The spreadsheet shows trends for the last three years and highlights where we have increased and decreased in numbers or remained the same.</p>
3.8	It should be noted that during 2020/21 On and Off Duty Conduct complaints have reduced, Driving increased slightly, Social Media became a category in its own right, therefore shows a significant increase, and there was a new category for Covid introduced this year too.
3.9	The spreadsheet also shows an increase in complaints specifically in the East Service Delivery Area which we are discussing with the DACO moving forward.
3.10	Appendix G provides an interactive Dashboard which can be used to search on particular criteria as required.

<p>3.11</p> <p>3.12</p>	<p>Sheet 2 on Appendix F provides some examples of complaints under the Service Delivery category which shows the diverse range of types of complaints we have received. The overall number of complaints received as an organisation of our size are significantly low. A random sample of other authorities in Scotland is detailed below:</p> <ul style="list-style-type: none"> <li>• Glasgow City Council - 9850</li> <li>• Police Scotland – 6278</li> <li>• NHS Lothian – 3796</li> <li>• Social Security Scotland - 480</li> </ul> <p>Using the new Sharepoint (Lists) to collate complaints will allow us to use Power BI to interrogate the data and provide a more detailed analysis which is more user friendly and meaningful moving forward.</p>
<b>4</b>	<b>Recommendation</b>
<p>4.1</p>	<p>SDC are asked to note the contents of this report and the new proposed method of collating/analysing data, based on the new Model Complaints Handling Policy.</p>
	<b>Key Strategic Implications</b>
<p>5.1</p> <p>5.1.1</p>	<p><b>Risk</b></p> <p>Failure to ensure compliance with information governance legislation resulting in a negative impact upon reputation of Service or adverse external scrutiny. Missed opportunity for continuous improvement from lessons learned from a complaint.</p>
<p>5.2</p> <p>5.2.1</p>	<p><b>Financial</b></p> <p>There are no financial implications associated with this report.</p>
<p>5.3</p> <p>5.3.1</p>	<p><b>Environmental &amp; Sustainability</b></p> <p>There are no environmental &amp; sustainability implications associated with this report.</p>
<p>5.4</p> <p>5.4.1</p>	<p><b>Workforce</b></p> <p>There are no workforce implications associated with this report.</p>
<p>5.5</p> <p>5.5.1</p>	<p><b>Health &amp; Safety</b></p> <p>There are no health &amp; safety implications associated with this report.</p>
<p>5.6</p> <p>5.6.1</p>	<p><b>Training</b></p> <p>SFRS are working with the SPSO to deliver further resources and best practice guidance to help in handling complaints and implementing the revised Complaints Handling Policy. Training will be provided to all relevant staff when the full MCHP is adopted. Information Governance will provide training to any Investigating Officers and develop task cards for all staff.</p>
<p>5.7</p> <p>5.7.1</p>	<p><b>Timing</b></p> <p>The full MCHP is being circulated for consultation in August 2021. It will be rolled out after this has concluded.</p>
<p>5.8</p> <p>5.8.1</p> <p>5.8.2</p>	<p><b>Performance</b></p> <p>Information Governance will monitor performance by regularly reviewing statistics and provide these to the Information Governance Group on a quarterly basis. An annual report will be produced and uploaded to the website to ensure transparency.</p> <p>An annual report is provided to the Service Delivery Committee (SDC) in September of each year and it this aligns with the reporting periods for the SPSO annual report which will be published on our website.</p>

5.8.3	Work is underway with Performance Data Services to improve how we manage our statistics and present them to the service and the public (detailed above).
5.9	<b>Communications &amp; Engagement</b>
5.9.1	Not applicable for this report at this time.
5.10	<b>Legal</b>
5.10.1	The Scottish Public Services Ombudsman was set up by the Scottish Public Services Ombudsman Act 2002. The Act aimed to create a modern complaints service based on the devolution principles of power-sharing, accountability, access and participation, and equal opportunities.
5.11	<b>Information Governance</b>
5.11.1	A Data Protection Impact Assessment has been completed and a Privacy Notice has been produced by Information Governance, which is held on the website. This explains to members of the public everything in relation to what SFRS does with their personal data which includes complaints.
5.12	<b>Equalities</b>
5.12.1	The current EIA is being reviewed to ensure we support people wanting to make a complaint. All actions will be taken into consideration before publishing.
5.13	<b>Service Delivery</b>
5.13.1	Not applicable for this report at this time.
<b>6</b>	<b>Core Brief</b>
6.1	Not applicable.
<b>7</b>	<b>Appendices/Further Reading</b>
7.1	Appendix A – Part 1 Introduction and Overview
7.2	Appendix B – Part 2 When to Use
7.3	Appendix C – Part 3 Staff Handling
7.4	Appendix D – Part 4 Governance
7.5	Appendix E – Part 5 Customer Procedure
7.6	Appendix F – Complaints Statistics Breakdown and Examples
7.7	Appendix G –Complaints Dashboard
<b>Prepared by:</b>	Carol Wade, Information Governance Manager
<b>Sponsored by:</b>	Marysia Waters, Head of Communications and Engagement
<b>Presented by:</b>	Marysia Waters, Head of Communications and Engagement
<b>Links to Strategy and Corporate Values</b>	
<p>The Compliments and Complaints process supports Outcome 4 We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland in particular, the objectives:</p> <p>We will minimise the risks we face through effective business management and high levels of compliance with all our responsibilities.</p>	



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We will strengthen performance management and improvement arrangements to enable robust scrutiny, challenge and decision making nationally and locally.

<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Information Governance Group</i>	<i>25 May 2021</i>	<i>Approved</i>
<i>Good Governance Board</i>	<i>15 June 2021</i>	<i>Approved</i>
<i>Service Delivery Committee</i>	<i>1 September 2021</i>	<i>For Information</i>



## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE

#### PART 1 – INTRODUCTION AND OVERVIEW

Original Author/Role	Carol Wade, Information Governance Manager
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	In Progress
Date of Impact Assessment (commenced)	N/A
Date of Impact Assessment (concluded)	N/A
Quality Control (name)	Marysia Waters, Head of Communications and Engagement
Authorised (name and date)	Mark McAteer, Director of SPPC – July 2021
Date for Next Review	September 2024

## VERSION HISTORY

<b>Version</b>	<b>Change</b>	<b>Who</b>	<b>When</b>
0.1	First draft	Carol Wade, Information Governance Manager	10/07/2020
0.2	Formatted	Morag Allan, Records Management Officer	13/07/2020
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0.4	Amended	Carol Wade, Information Governance Manager	11/08/2021
0.5	Formatted	Morag Allan, Records Management Officer	13/08/2021

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# STRATEGIC PLANNING, PERFORMANCE AND COMMUNICATIONS

## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE PART 1 – INTRODUCTION AND OVERVIEW

1. [FOREWORD](#)
2. [STRUCTURE OF THE COMPLAINTS HANDLING PROCEDURE](#)
3. [OVERVIEW OF THE CHP](#)
4. [EXPECTED BEHAVIOURS](#)
5. [MAINTAINING CONFIDENTIALITY AND DATA PROTECTION](#)
6. [ASSOCIATED DOCUMENTS / REFERENCES](#)

## 1. FOREWORD

Our Complaints Handling Procedure reflects the Scottish Fire and Rescue Service's (SFRS) commitment to valuing complaints. It seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure was first developed by the Scottish Public Service Ombudsman (SPSO) in consultation with relevant stakeholders. The Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors. This new edition includes a core text, which is consistent across all public services in Scotland, with some additional text and examples specific to this sector. As far as is possible, we have produced a standard approach to handling complaints across Scotland's public services, which complies with the SPSO's guidance on a MCHP. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early responses by capable, well-trained staff.

All staff across SFRS must cover this procedure as part of their induction and must be given refresher training, as required, to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure (including our process for recording complaints).

Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our Complaints Handling Procedure will enable us to address a customer's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the customers' views and experience and can highlight problems we may otherwise miss. Handled well, complaints can give our customers a form of redress when things go wrong and can also help us continuously improve our services.

Handling complaints early creates better customer relations. Handling complaints close to the point of service delivery means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not handle swiftly can greatly add to our workload and are more costly to administer.

The Complaints Handling Procedure will help us do our job better, improve relationships with our customers and enhance public perception of SFRS. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.

## 2. STRUCTURE OF THE COMPLAINTS HANDLING PROCEDURE

This Complaints Handling Procedure (CHP) explains to staff how to handle complaints. The CHP consists of:

- Overview and structure (Part 1) – this document;
- **When to use the procedure (Part 2)** – guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply;
- **The complaints handling process (Part 3)** – guidance on handling a complaint through stages 1 and 2 and dealing with post-closure contact;
- **Governance of the procedure (Part 4)** – staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints;
- **The customer-facing CHP (Part 5)** – information for customers on how we handle complaints.



When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the SPSO – [www.spsso.org.uk](http://www.spsso.org.uk)

### **3. OVERVIEW OF THE CHP**

Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email.

We will try to resolve complaints to the satisfaction of the customer, wherever this is possible. Where this isn't possible, we will give the customer a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot, where possible).

Our complaints procedure has two stages. We expect the majority of complaints will be handled at Stage 1. If the customer remains dissatisfied after Stage 1, they can request that we look at it again, at Stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into Stage 2 straight away and skip Stage 1:

<b>Stage 1: Frontline response</b>	<b>Stage 2: Investigation</b>	<b>Independent external review (SPSO or other)</b>
<p>For issues that are straightforward and simple, requiring little or no investigation.</p> <p>'On-the-spot' apology, explanation or other action to put the matter right.</p> <p>Complaint resolved or a response provided in <b>five working days</b> or less (unless there are exceptional circumstances).</p> <p>Complaints addressed by any member of staff or, alternatively, referred to the appropriate point for frontline response.</p> <p>Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing).</p> <p>We will tell the customer how to escalate their complaint to Stage 2. </p>	<p>Where the customer is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'.</p> <p>Complaint acknowledged within <b>three working days</b>.</p> <p>We will contact the customer to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement).</p> <p>Complaint resolved or a definitive response provided within <b>20 working days</b> following a thorough investigation of the points raised.</p> <p></p>	<p>Where the customer is not satisfied with the Stage 2 response from the service provider.</p> <p>The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider.</p>

For detailed guidance on the process, see [Complaints Handling Procedure, Part 3 – Staff Complaints Handling Process](#).



#### 4. EXPECTED BEHAVIOURS

We expect all staff to behave in a professional manner and treat customers with courtesy, respect and dignity. We also ask customers bringing a complaint to treat our staff with respect. We ask customers to engage actively with the complaint handling process by:

- telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this);
- working with us to agree the key points of complaint when an investigation is required; and
- responding to reasonable requests for information.

We recognise that people may act out of character in times of trouble or distress. Sometimes, a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the customer acting in an unacceptable way.

Customers who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance and we will treat all complaints seriously. However, we also recognise that the actions of some customers may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions, such as unreasonable persistence, threats or offensive behaviour from customers. Where we decide to restrict access to a customer under the terms of our policy, we have a procedure in place to communicate that decision, notify the customer of their right of appeal and review any decision to restrict contact with us.

If we decide to restrict a customer's contact, we will be careful to follow the process set out in our policy and to minimise any restrictions on the customer's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the customer. Our policy allows us, in limited circumstances, to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the customer to the SPSO.

## **5. MAINTAINING CONFIDENTIALITY AND DATA PROTECTION**

Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.

This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.

We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of customer information. Please contact the Information Governance Team should you need advice on data processing matters and where to find relevant policies, guidance and legislation.

Examples of situations where a response to a complaint may be limited by confidentiality include:

- where a complaint has been raised against a staff member and has been upheld – we will advise the customer that their complaint is upheld but would not share specific details affecting staff members, particularly where disciplinary action is taken;
- where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with but we would not share any details of our findings in relation to the safety concern.

## **6. ASSOCIATED DOCUMENTS / REFERENCES**

Complaints Handling Procedure, Part 2 – When To Use This Procedure

Complaints Handling Procedure, Part 3 – Staff Complaints Handling Process

Complaints Handling Procedure, Part 4 – Governance

Complaints Handling Procedure, Part 5 – Customer Complaints Handling Procedure

Scottish Public Service Ombudsman website – <https://www.spsso.org.uk/>



## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE

#### PART 2 – WHEN TO USE THIS PROCEDURE

Original Author/Role	Carol Wade, Information Governance Manager
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	In Progress
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Date of Impact Assessment (concluded)	N/A
Quality Control (name)	Marysia Waters, Head of Communications and Engagement
Authorised (name and date)	Mark McAteer, Director of SPPC – July 2021
Date for Next Review	September 2024

## VERSION HISTORY

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# STRATEGIC PLANNING, PERFORMANCE AND COMMUNICATIONS

## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE PART 2 – WHEN TO USE THIS PROCEDURE

1. [WHAT IS A COMPLAINT?](#)
2. [WHO CAN MAKE A COMPLAINT?](#)
  - 2.1 [Supporting the Customer](#)
3. [HOW COMPLAINTS MAY BE MADE](#)
4. [TIME LIMIT FOR MAKING COMPLAINTS](#)
5. [PARTICULAR CIRCUMSTANCES](#)
  - 5.1 [Complaints by \(or about\) a Third Party](#)
  - 5.2 [Serious, High-Risk or High-Profile Complaints](#)
  - 5.3 [Anonymous Complaints](#)
  - 5.4 [What If the Customer Does Not Want to Complain?](#)
  - 5.5 [Complaints involving More Than One Area or Organisation](#)
  - 5.6 [Complaints about Contracted Services](#)
  - 5.7 [Complaints about Senior Staff](#)
  - 5.8 [Complaints and Other Processes](#)
    - 5.8.1 [Complaints and Service Requests](#)
    - 5.8.2 [Complaints and Disciplinary or Whistleblowing Processes](#)

- 5.8.3 [Contact from MPs, MSPs or Councillors](#)
- 5.8.4 [Complaints and Compensation Claims](#)
- 5.8.5 [Complaints and Legal Action](#)

6. [WHAT TO DO IF THE CHP DOES NOT APPLY](#)

7. [ASSOCIATED DOCUMENTS / REFERENCES](#)

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## 1. WHAT IS A COMPLAINT?

The Scottish Fire and Rescue Service's (SFRS) definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about SFRS's action or lack of action, or about the standard of service provided by or on behalf of the Service'.

For clarity, where an employee also receives a service from SFRS as a member of the public, they may complain about that service.

A complaint may relate to the following but is not restricted to this list:

- failure or refusal to provide a service;
- inadequate quality or standard of service or an unreasonable delay in providing a service;
- dissatisfaction with one of our policies or its impact on the individual;
- failure to properly apply law, procedure or guidance when delivering services;
- failure to follow the appropriate administrative process;
- conduct, treatment by or attitude of a member of staff or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves – see [Complaints about Contracted Services](#)); or
- disagreement with a decision (**except** where there is a statutory procedure for challenging that decision or an established appeals process followed throughout the sector).

A complaint **is not**:

- a routine first-time request for a service (see [Complaints and Service Requests](#));
- a request for compensation only (see [Complaints and Compensation Claims](#));
- issues that are in court or have already been heard by a court or a tribunal (see [Complaints and Legal Action](#));



- disagreement with a decision where there is a statutory procedure for challenging that decision (such as for [Freedom of Information](#) and [Subject Access Requests](#)) or an established appeals process followed throughout the sector;
- a request for information under the Data Protection Act 2018 or Freedom of Information (Scotland) Act 2002;
- a grievance by a staff member or a grievance relating to employment or staff recruitment;
- a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern);
- a concern about a child or an adult's safety;
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision;
- abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our [Code of Conduct](#); or
- a concern about the actions or service of a different organisation, where we have no involvement in the issue (except where the other organisation is delivering services on our behalf – see [Complaints about Contracted Services](#)).

We will not treat these issues as complaints and will instead direct customers to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.

If a matter is not a complaint or not suitable to be handled under the Complaints Handling Procedure (CHP), we will explain this to the customer, and tell them what (if any) action we will take, and why – see [What to do if the CHP Does Not Apply](#).

## 2. WHO CAN MAKE A COMPLAINT?

Anyone who receives, requests or is affected by our services can make a complaint. In this procedure, these people are termed 'customers', regardless of whether they are or were using a service.

We also accept complaints from the representative of a person who is dissatisfied with our service – see [Complaints by \(or about\) a Third Party](#).

### 2.1 Supporting the Customer

All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need support to overcome these barriers.

We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:

- the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
- the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.

Examples of how we will meet our legal duties are:

- proactively checking whether members of the public who contact us require additional support to access our services;
- providing interpretation and/or translation services for British Sign Language users; and
- helping customers access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).

In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:

- helping vulnerable customers identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups);
- helping customers access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizens Advice Scotland); and
- providing a neutral point of contact for complaints (where the relationship between customers and frontline staff is significant and ongoing).]

These lists are not exhaustive and we must always take into account our commitment and responsibilities to equality and accessibility.

### **3. HOW COMPLAINTS MAY BE MADE**

Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.

Where a complaint is made **verbally**, we will make a record of the key points of complaint raised. Where it is clear that a complex complaint will be immediately considered at Stage 2 (investigation), it may be helpful to complete a complaint form with the customer's input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form and it is important that the completion of a complaint form does not present a barrier to people complaining.

Complaint issues may also be raised on **digital platforms**.

Where a complaint issue is raised via a digital channel managed and controlled by SFRS (for example, an official Twitter address or Facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.

We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example, a YouTube video or post on a private Facebook group). In such cases, we **may** respond, where we consider it appropriate, by telling the person how they can complain.

We must always be mindful of our data protection obligations when responding to issues online or in a public forum.

#### **4. TIME LIMIT FOR MAKING COMPLAINTS**

The customer must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).

Where a customer has received a Stage 1 response and wishes to escalate to Stage 2, unless there are special circumstances, they must request this either:

- within six months of when they first knew of the problem; or
- within two months of receiving their Stage 1 response (if this is later).

We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the customer or useful learning for the organisation.

We will also take account of the time limit within which a member of the public can ask the Scottish Public Services Ombudsman (SPSO) to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

## **5. PARTICULAR CIRCUMSTANCES**

### **5.1 Complaints by (or about) a Third Party**

Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a customer, we must ensure that the customer has authorised the person to act on their behalf. It is good practice to ensure the customer understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves.

The provision of a signed mandate from the customer will normally be sufficient for us to investigate a complaint. If we consider it is appropriate, we can take verbal consent directly from the customer to deal with a third party and would normally follow up in writing to confirm this.

In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated, where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.

If you have any queries in relation to this, please contact the Information Governance Team on [SFRSinformationgovernance@firescotland.gov.uk](mailto:SFRSinformationgovernance@firescotland.gov.uk)

## **5.2 Serious, High-Risk or High-Profile Complaints**

We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk or high-profile complaints should normally be handled immediately at Stage 2 – see Stage 2 Investigation of the [Complaints Handling Procedure, Part 3 – Staff Complaints Handling Process](#).

We define potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness;
- involve serious service failure, for example, major delays in providing, or repeated failures to provide, a service;
- generate significant and ongoing press interest;
- pose a serious risk to an organisation's operations;
- present issues of a highly sensitive nature, for example, concerning:
  - a particularly vulnerable person; or
  - child protection.

### **5.3 Anonymous Complaints**

We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by an appropriate manager.

If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.

If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

### **5.4 What If the Customer Does Not Want to Complain?**

If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the customer to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer is updated on the action taken and gets a response to their complaint.

If the customer insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).

## 5.5 Complaints involving More Than One Area or Organisation

If a complaint relates to the actions of two or more areas within our organisation, we will tell the customer who will take the lead in dealing with the complaint and explain that they will get only one response covering all issues raised.

If a customer complains to us about the service of another organisation or public service provider but we have no involvement in the issue, the customer should be advised to contact the appropriate organisation directly.

If a complaint relates to our service and the service of another organisation or public service provider and we have a direct interest in the issue, we will handle the complaint through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection – see Section 5, Maintaining Confidentiality and Data Protection of the [Complaints Handling Procedure, Part 1 – Introduction and Overview](#).

## 5.6 Complaints about Contracted Services

Where we use a contractor to deliver a service on our behalf, we recognise that we remain responsible and accountable for ensuring that the services provided meet SFRS standards (including in relation to complaints). We will either do so by:

- ensuring the contractor complies with this procedure; or
- ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints, the contractor must ensure that the customer is signposted to the SPSO.



We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.

SFRS has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

## **5.7 Complaints about Senior Staff**

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

## **5.8 Complaints and Other Processes**

Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

### **5.8.1 Complaints and Service Requests**

If a customer asks SFRS to do something (for example, provide a service or deal with a problem) and this is the first time the customer has contacted us, this would normally be a routine service request and not a complaint.

Service requests can lead to complaints, if the request is not handled promptly or the customer is then dissatisfied with how we provide the service.

## 5.8.2 Complaints and Disciplinary or Whistleblowing Processes

If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.

Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether SFRS failed to meet our service standards, where relevant, or expected standards and what we have done to improve things, in general terms.

Staff investigating such complaints will need to take extra care to ensure that:

- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes);
- all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
- we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).

## 5.8.3 Contact from Members of Parliament (MPs), Members of Scottish Parliament (MSPs) or Councillors

Enquiries from MPs, MSPs or Councillors should only be treated as a complaint if in relation to an individual they are representing or perhaps a service wide issue. All other enquiries should continue to be dealt with via [SFRS.PQinfo@firescotland.gov.uk](mailto:SFRS.PQinfo@firescotland.gov.uk).

Where a matter is being dealt with as a complaint, it must be handled in line with this CHP. SFRS should be careful not to operate a 'two-tier' complaint system with preferential treatment for some customers.

SFRS will comply with Information Commissioner's Office guidance in relation to special arrangements for elected members in relation to seeking third party consent:

<https://ico.org.uk/media/for-organisations/documents/1432063/constituency-casework-of-mps-and-the-processing-of-sensitive-personal-data.pdf>

#### 5.8.4 Complaints and Compensation Claims

Where a customer is seeking financial compensation only, this is not a complaint. However, in some cases, the customer may want to complain about the matter leading to their financial claim and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

#### 5.8.5 Complaints and Legal Action

Where a customer says that legal action is being actively pursued, this is not a complaint.

Where a customer indicates that they are thinking about legal action but have not yet commenced this, they should be informed that, if they take such action, they should notify the Complaints Officer and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.

If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

## 6. WHAT TO DO IF THE CHP DOES NOT APPLY

If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies) and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.

Where a customer continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

## 7. ASSOCIATED DOCUMENTS / REFERENCES

[Complaints Handling Procedure, Part 1 – Introduction and Overview](#)

[Complaints Handling Procedure, Part 3 – Staff Complaints Handling Procedure](#)

[Complaints Handling Procedure, Part 4 – Governance](#)

[Complaints Handling Procedure, Part 5 – Customer Complaints Handling Procedure](#)

[Code of Conduct](#)

[Handling Freedom of Information and Environmental Information Requests](#)

[Subject Access Requests Procedure](#)

[Data Protection Act 2018](#)

[Equality Act \(Scotland\) 2010](#)

[Freedom of Information \(Scotland\) Act 2002](#)

[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

Citizens Advice Scotland website – <https://www.cas.org.uk/>

[Information Commissioner's Office, Constituency Casework of Members of Parliament and the Processing of Sensitive Personal Data](#)

Scottish Independent Advocacy Alliance website – <https://www.siaa.org.uk/>

Scottish Public Service Ombudsman website – <https://www.spsso.org.uk/>

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## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE

### PART 3 – STAFF COMPLAINTS HANDLING PROCESS

Original Author/Role	Carol Wade, Information Governance Manager
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	In Progress
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Quality Control (name)	Marysia Waters, Head of Communications and Engagement
Authorised (name and date)	Mark McAteer, Director of SPPC – July 2021
Date for Next Review	September 2024

## VERSION HISTORY

<b>Version</b>	<b>Change</b>	<b>Who</b>	<b>When</b>
0.1	First draft	Carol Wade, Information Governance Manager	09/07/2020
0.2	Formatted	Morag Allan, Records Management Officer	13/07/2020
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0.4	Formatted	Morag Allan, Records Management Officer	13/08/2021
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# STRATEGIC PLANNING, PERFORMANCE AND COMMUNICATIONS

## INFORMATION GOVERNANCE

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- 5.8 [Post-Closure Contact](#)

## 6. [ASSOCIATED DOCUMENTS / REFERENCES](#)

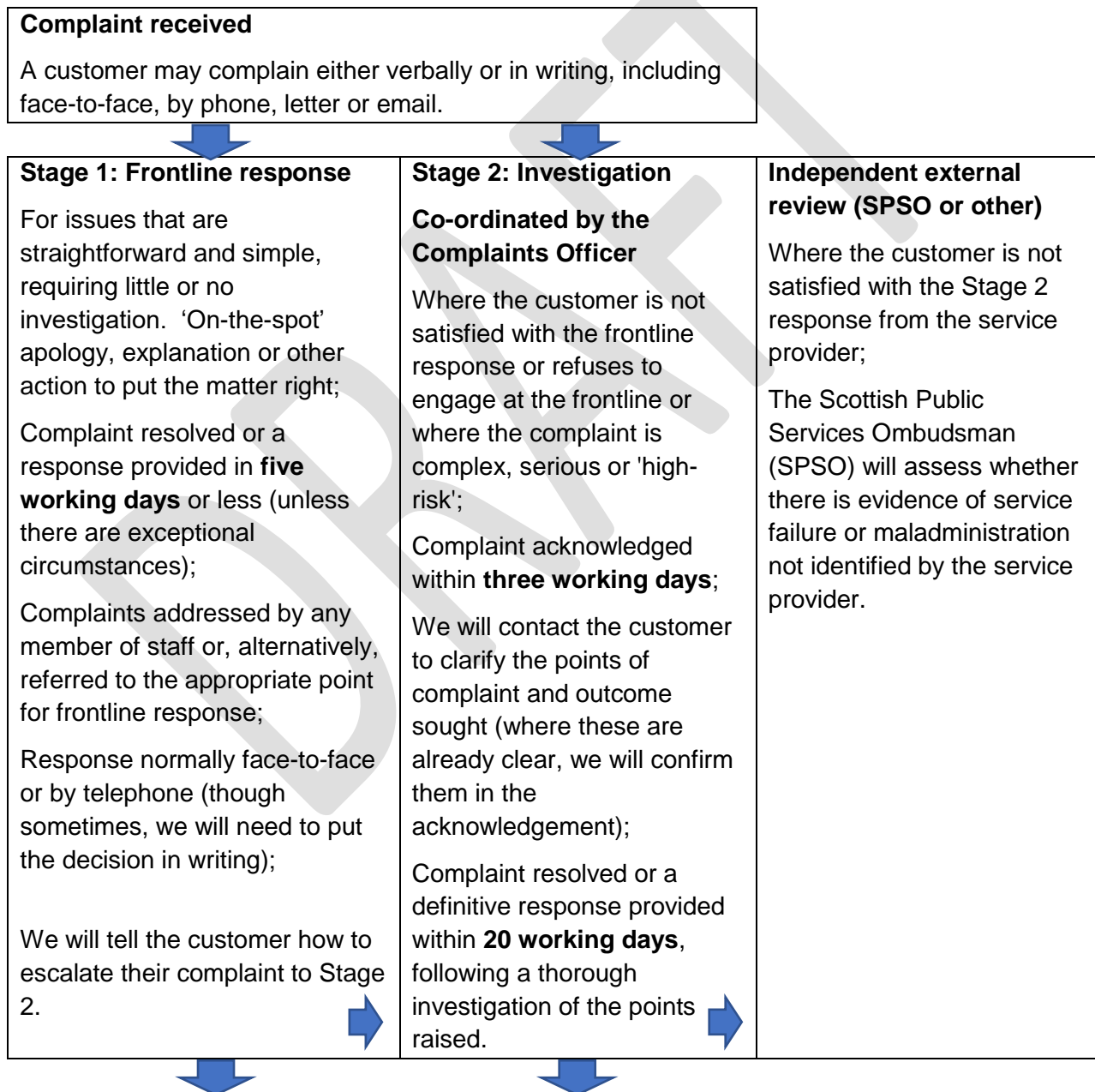
### [APPENDIX A – TIMELINES](#)

### [APPENDIX B – THE COMPLAINT HANDLING PROCESS \(FLOWCHART FOR STAFF\)](#)

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# 1. THE COMPLAINTS HANDLING PROCESS

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well-trained staff. Where possible, we will **resolve** the complaint to the customer’s satisfaction. Where this is not possible, we will give the customer a clear and reasoned response to their complaint.



### **Resolution**

The complainant and organisation agree what action will be taken to resolve the complaint;

Where a complaint is resolved, it is not usually necessary to continue investigating, although an organisation may choose to do so, for example, to identify learning.

We must signpost the customer to Stage 2 (for Stage 1 complaints) or to the SPSO as usual.

### **Reporting, recording and learning**

Action is taken to improve services on the basis of complaint findings, where appropriate;

SFRS record details of all complaints, the outcome and any action taken and use this data to analyse themes and trends;

Senior management have an active interest in complaints and use complaints data and analysis to improve services;

Learning is shared throughout the organisation.

## **2. RESOLVING THE COMPLAINT**

A complaint is **resolved** when both SFRS and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not upheld.

We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.

A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the customer or where the complaint relates to an ongoing issue that may give rise to future complaints, if the matter is not fully resolved.

It may be helpful to use alternative complaint resolution approaches, when trying to resolve a complaint. See [Alternative Complaint Resolution Approaches](#).

Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed and the customer's agreement to this as a final outcome. In some cases, it may still be appropriate to continue looking into the issue, for example, where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.

In all cases, we must record the complaint outcome (resolved) and any action taken and signpost the customer to Stage 2 (for Stage 1 complaints) or to the SPSO as usual (see [Signposting to the SPSO](#)).

If the customer and SFRS are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

### **3. WHAT TO DO WHEN YOU RECEIVE A COMPLAINT**

Members of staff receiving a complaint should consider four key questions. This will help them to either respond to the complaint quickly (at Stage 1) or determine whether the complaint is more suitable for Stage 2:

#### **What exactly is the customer's complaint (or complaints)?**

It is important to be clear about exactly what the customer is complaining about. We may need to ask the customer for more information and probe further to get a full understanding.

We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as

the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.

If the matter is not suitable for handling as a complaint, we will explain this to the customer (and signpost them to SPSO).

In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at Stage 2 (see [Stage 2 – Investigation](#)).

### **What does the customer want to achieve by complaining?**

At the outset, we will clarify the outcome the customer wants. Of course, the customer may not be clear about this and we may need to probe further to find out what they expect and whether they can be satisfied.

### **Can I achieve this or explain why not?**

If a staff member handling a complaint can achieve the expected outcome, for example, by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.

The customer may expect more than we can provide. If so, we will tell them as soon as possible.

Complaints which can be resolved or responded to quickly should be managed at Stage 1 (see [Stage 1 – Frontline Response](#)).

### **If I cannot respond, who can help?**

If the complaint is simple and straightforward but the staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues

or area of service involved, they must pass the complaint to the Complaints Officer who can respond quickly.

If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at Stage 2. If the customer refuses to engage at Stage 1, insisting that they want their complaint investigated, it should be handled immediately at Stage 2. See [Stage 2 – Investigation](#).

#### **4. STAGE 1 – FRONTLINE RESPONSE**

Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.

Any member of staff may deal with complaints at this stage (including the staff member complained about, for example, with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.

We may respond to the complaint by providing an on-the-spot apology, where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the [SPSO guidance on apology](#).

Complaints which are not suitable for frontline response should be identified early and handled immediately at [Stage 2 – Investigation](#).

## 4.1 Notifying Staff Members Involved

If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example, where it is clear that an apology is warranted). This will only be done through co-ordination with the Investigating Officer and Complaints Officer.

## 4.2 Timelines

Frontline response must be completed within **five working days**, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day, if the complaint is received on a weekend or public holiday).

### 4.2.1 Extension to the Timeline

In exceptional circumstances, a short extension of time may be necessary, due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with an appropriate manager. We will tell the customer about the reasons for the extension and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than **ten working days** in total from the date of receipt).

If a complaint will take more than five working days to look into, it should be handled at Stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at Stage 1, if it is clear that it can be handled within the extended timeframe of up to ten working days.

If a complaint has not been closed within ten working days, it should be escalated to Stage 2 for a final response.

[Appendix A](#) provides further information on timelines.

#### **4.3 Closing the Complaint at the Frontline Response Stage**

If we convey the decision face-to-face or on the telephone, we are not required to write to the customer as well (although we may choose to). We must:

- tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld);
- explain the reasons for our decision (or the agreed action taken to resolve the complaint (see [Resolving the Complaint](#)); and
- explain that the customer can escalate the complaint to Stage 2, if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the customer has completed Stage 2).

We will keep a full and accurate record of the decision given to the customer. If we are not able to contact the customer by phone or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.

If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them (unless there are compelling reasons not to).

The complaint should then be closed and all details forwarded to the Complaints Officer to update SFRS records accordingly.



At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified.

## **5. STAGE 2 – INVESTIGATION**

Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:

- the customer is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the customer must escalate the complaint within six months of when they first knew of the problem or within two months of the Stage 1 response, whichever is later;
- the complaint is not simple and straightforward (for example, where the customer has raised a number of issues or where information from several sources is needed before we can establish what happened and/or what should have happened); or
- the complaint relates to serious, high-risk or high-profile issues.

An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint, where possible, or to give the customer a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).

The Complaints Officer will designate the complaint to a relevant Officer/Manager to nominate and investigating Officer for the Case.

Details of the complaint must be recorded on the complaints system by the Complaints Officer. Where appropriate, this will be done as a continuation of frontline response. If

the investigation stage follows a frontline response, the officer responsible for the investigation will be provided with any associated information.

The beginning of Stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see [Alternative Complaint Resolution Approaches](#)).

## **5.1 Acknowledging the Complaint**

Complaints must be acknowledged by the Complaints Officer within three working days of receipt at Stage 2.

We must issue the acknowledgement in a format which is accessible to the customer, taking into account their preferred method of contact.

Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the customer to get in touch with us immediately if they disagree. See [Agreeing the Points of Complaint and Outcome Sought](#).

Where the points of complaint and expected outcomes are not clear, we must tell the customer we will contact them to discuss this.

## **5.2 Agreeing the Points of Complaint and Outcome Sought**

It is important to be clear from the start of Stage 2 about the points of complaint to be investigated and what outcome the customer is seeking. We may also need to manage the customer's expectations about the scope of our investigation.

Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the customer when acknowledging the complaint (see [Acknowledging the Complaint](#)).

Where the points of complaint and outcome sought are not clear, we must contact the customer to confirm these. We will normally need to speak to the customer (by phone or face-to-face) to do this effectively. In some cases, it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the customer have a shared understanding of the complaint. When contacting the customer, we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the customer.

In all cases, we must have a clear shared understanding of:

- **What are the points of complaint to be investigated?**

While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation but broad enough to include any multiple and specific points of concern about the same issue;

We will make every effort to agree the points of complaint with the customer (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the customer insists on an unreasonably large number of complaints being separately investigated or on framing their complaint in an abusive way).

- **Is there anything we can't consider under the CHP?**

We must explain if there are any points that are not suitable for handling under the CHP (see Section 6 What To Do if the CHP Does Not Apply of [Complaints Handling Procedure, Part 2 – When To Use This Procedure](#)).

- **What outcome does the customer want to achieve by complaining?**

Asking what outcome the customer is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

- **Are the customer's expectations realistic and achievable?**

It may be that the customer expects more than we can provide or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the customer as soon as possible.

### **5.3 Notifying Staff Members Involved**

If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named but can be identified from the complaint). We will:

- share the complaint information with the staff member/s (unless there are compelling reasons not to);
- advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them;
- discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
- signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).

If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met. Details of this process and any outcomes will not be disclosed due to GDPR and Data Protection.

## 5.4 Investigating the Complaint

It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:

- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails);
- what should have happened? (this should include any relevant policies or procedures that apply); and
- is there a difference between what happened and what should have happened and is SFRS responsible?

In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).

If we need to share information within or outwith the organisation, we will be mindful of our obligations under data protection legislation. This must be discussed with the Information Governance Team.

### 5.4.1 Alternative Complaint Resolution Approaches

Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches, such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand

what has caused the complaint and so are more likely to lead to mutually satisfactory solutions.

Alternative complaint resolution approaches may be used to resolve the complaint entirely or to support one part of the process, such as understanding the complaint, or exploring the customer's desired outcome.

If SFRS and the customer (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

#### 5.4.2 Meeting with the Customer during the Investigation

To effectively investigate the complaint, it may be necessary to arrange a meeting with the customer. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.

As a matter of good practice, a written record of the meeting should be completed. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting where possible.

### 5.5 Timelines

The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt or the next working day, if the complaint was received on a weekend or public holiday):

- complaints must be acknowledged within **three working days**;
- a full response to the complaint should be provided as soon as possible but not

later than **20 working days** from the time the complaint was received for investigation.

#### 5.5.1 Extension to the Timeline

Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. It is important to be realistic and clear with the customer about timeframes and to advise them early if we think it will not be possible to meet the 20 day timeframe and why.

Any extension must be approved by an appropriate manager. We will keep the customer and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the customer and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.

The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but the person is not available because of long-term sickness or leave;
- we cannot obtain further essential information within normal timescales; or
- the customer has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples and we will judge the matter in relation to each complaint. However, an extension would be the exception.

[Appendix A](#) provides further information on timelines.

## 5.6 Closing the Complaint at the Investigation Stage

The response to the complaint should be in writing (or by the customer's preferred method of contact) and must be provided by the Complaints Officer after a Manager/Officer has provided the final details on behalf of SFRS.

We will tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and, in terms of good practice, should:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational;
- avoid technical terms but, where these must be used, an explanation of the term should be provided;
- address all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include an apology where things have gone wrong (this is different to an expression of empathy: see the [SPSO's guidance on apology](#));
- highlight any area of disagreement and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that, if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO (see [Signposting to the SPSO](#)).

Where a complaint has been **resolved**, the response does not need to provide a decision on all points of complaint but should instead confirm the resolution agreed. See [Resolving the Complaint](#).



If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them (unless there are compelling reasons not to).

The Complaints Officer will record the decision, and details of how it was communicated to the customer, on the complaints system.

## **5.7 Signposting to the SPSO**

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. We must make clear to the customer:

- their right to ask the SPSO to consider the complaint;
- the time limit for doing so; and
- how to contact the SPSO.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues, such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are outwith the SPSO's jurisdiction but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.

The SPSO recommends that we use the wording below to inform customers of their right to ask the SPSO to consider the complaint. This information should only be included on SFRS's final response to the complaint:

### **Information about the SPSO**

The SPSO is the final stage for complaints about public services in Scotland. This includes complaints about the Scottish Fire and Rescue Service (SFRS). The SPSO is

an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from SFRS, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through SFRS's Complaints Handling Procedure;
- it is less than 12 months after you became aware of the matter you want to complain about, and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at [www.spsso.org.uk/complain](http://www.spsso.org.uk/complain) or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Citizens Advice Bureau;
- Scottish Independent Advocacy Alliance.

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:  
FREEPOST SPSO

Freephone: 0800 377 7330

Online contact: [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)

## **5.8 Post-Closure Contact**

If a customer contacts us for clarification when they have received our final response, we may have further discussion with the customer to clarify our response and answer their questions. However, if the customer is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

## **6. ASSOCIATED DOCUMENTS / REFERENCES**

Complaints Handling Procedure, Part 1 – Introduction and Overview

Complaints Handling Procedure, Part 2 – When To Use This Procedure

Complaints Handling Procedure, Part 4 – Governance

Complaints Handling Procedure, Part 5 – Customer Complaints Handling Procedure

Scottish Public Services Ombudsman website – <https://www.spsso.org.uk/>

## APPENDIX A – TIMELINES

### General

References to timelines throughout the CHP relate to working days. We do not count non-working days, for example, weekends, public holidays and days of industrial action where our service has been interrupted.

### Timelines at Frontline Response (Stage 1)

We will aim to achieve frontline response within five working days. The date of receipt is **day one** and the response should be provided (or the complaint escalated) on **day five**, at the latest.

If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on **day ten**, at the latest.

### Transferring Cases from Frontline Response to Investigation

If the customer wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice, this will mean on the same day that the customer is told this will happen.

### Timelines at Investigation (Stage 2)

For complaints at the investigation stage, **day one** is:

- the day the case is transferred from the frontline stage to the investigation stage;
- the day the customer asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
- the date we receive the complaint, if it is handled immediately at Stage 2.

We must acknowledge the complaint within three working days of receipt at Stage 2, i.e. by **day three**.

We should respond in full to the complaint by **day 20**, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.

Exceptionally, we may need longer than the 20 working day limit for a full response. If so, we will explain the reasons to the customer and update them (and any staff involved) at least once every 20 working days.

## **FREQUENTLY ASKED QUESTIONS**

### **What happens if an extension is granted at Stage 1 but then the complaint is escalated?**

The extension at Stage 1 does not affect the timeframes at Stage 2. The Stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date, unless an extension is granted).

### **What happens if we cannot meet an extended timeframe?**

If we cannot meet the extended timeframe at Stage 1, the complaint should be escalated to Stage 2. The maximum timeframe allowed for a Stage 1 response is ten working days.

If we cannot meet the extended timeframe at Stage 2, a further extension may be approved by an appropriate manager, if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient

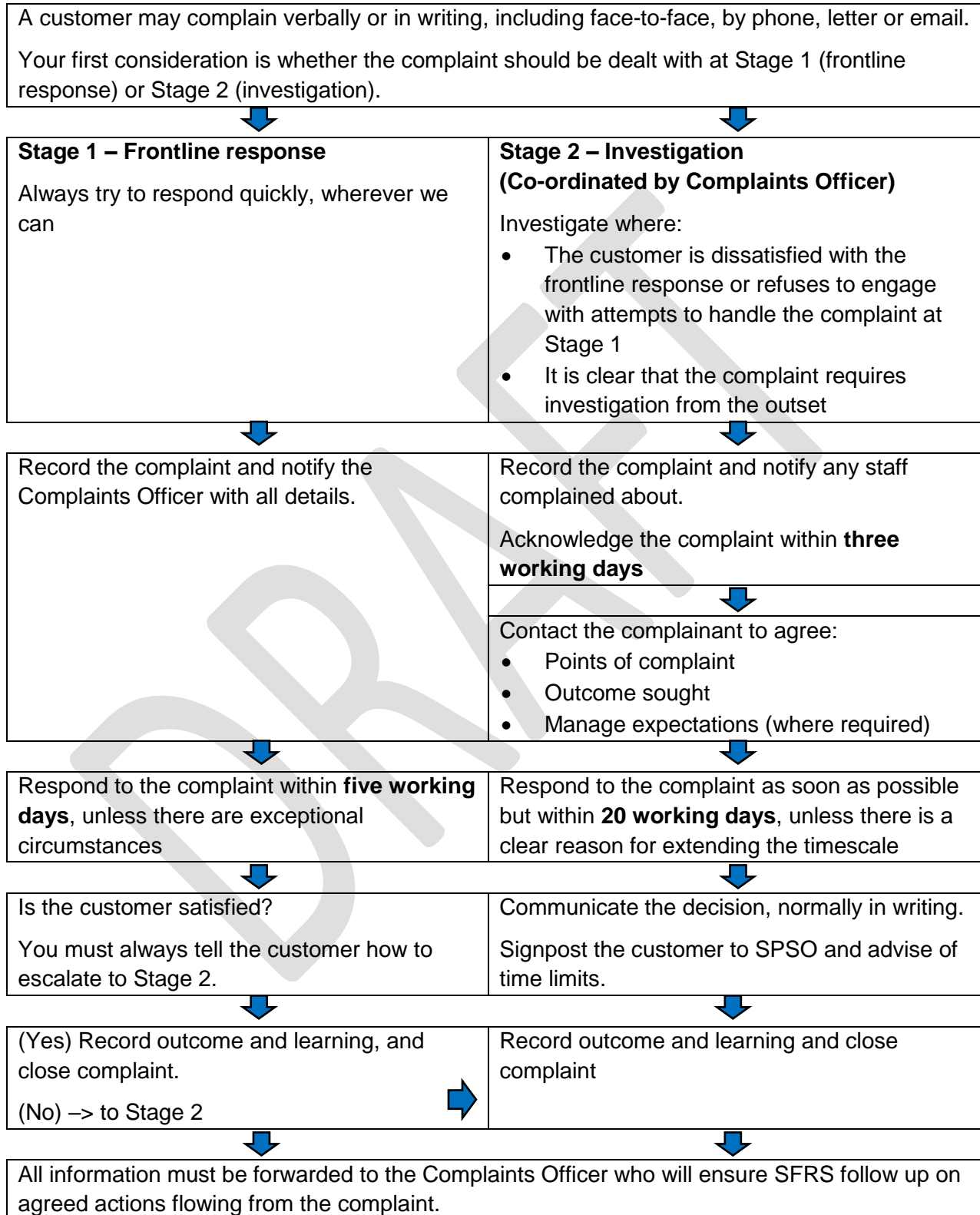
time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the customer and give them a revised timeframe for completion. We must update the customer and any staff involved in the investigation at least once every 20 working days.

**What happens when a customer asks for Stage 2 consideration a long time after receiving a frontline response?**

Unless exceptional circumstances exist, customers should bring a Stage 2 complaint within six months of learning about the problem or within two months of receiving the Stage 1 response (whichever is latest).

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## APPENDIX B – THE COMPLAINT HANDLING PROCESS (FLOWCHART FOR STAFF)





## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE

#### PART 4 – GOVERNANCE

Original Author/Role	Carol Wade, Information Governance Manager
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	In Progress
Date of Impact Assessment (commenced)	N/A
Date of Impact Assessment (concluded)	N/A
Quality Control (name)	Marysia Waters, Head of Communications and Engagement
Authorised (name and date)	Mark McAteer, Director of SPPC – July 2021
Date for Next Review	September 2024



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# STRATEGIC PLANNING, PERFORMANCE AND COMMUNICATIONS

## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE PART 4 – GOVERNANCE

1. [\*\*ROLES AND RESPONSIBILITIES\*\*](#)
  
2. [\*\*RECORDING, REPORTING, LEARNING FROM AND PUBLICISING COMPLAINTS\*\*](#)
  - 2.1 [Recording Complaints](#)
  - 2.2 [Learning from Complaints](#)
  - 2.3 [Reporting of Complaints](#)
  - 2.4 [Publicising Complaints Information](#)
  
3. [\*\*ASSOCIATED DOCUMENTS / REFERENCES\*\*](#)

## 1. ROLES AND RESPONSIBILITIES

All staff will be aware of:

- the Complaints Handling Procedure (CHP);
- how to handle and record complaints at the frontline response stage;
- who they can refer a complaint to, in case they are not able to handle the matter;
- the need to try and resolve complaints early and as close to the point of service delivery as possible; and
- their clear authority to attempt to resolve any complaints they may be called upon to deal with.

Training on this procedure will be part of the induction process for all new staff.

Refresher training will be provided for current staff on a regular basis.

Senior management will ensure that:

- the Scottish Fire and Rescue Service's (SFRS) final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of SFRS and that the complainant's concerns have been taken seriously;
- it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services);
- it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling);
- mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in SFRS; and
- complaints information is used to improve services and this is evident from regular publications.

## **Chief Officer:**

The Chief Officer of SFRS provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective CHP, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints or may delegate responsibility for the CHP to senior staff. Regular management reports assure the Chief of the quality of complaints performance.

The Chief Officer is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors. This includes:

- ensuring performance monitoring for complaints is a feature of the service/management agreements between SFRS and contractors;
- setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide SFRS with an overview of how the contractor is meeting its objectives.

## **Directors/Assistant Chief Officers (ACOs):**

On the Chief Officer's behalf, Directors/ACOs may be responsible for:

- managing complaints and the way we learn from them;
- overseeing the implementation of actions required as a result of a complaint;
- investigating complaints.

They may also be responsible for preparing and signing off decisions, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, Directors/ACOs may decide to delegate some elements of

complaints handling (such as investigations) to other senior staff. Where this happens, directors should retain ownership and accountability for the management and reporting of complaints.

### **Heads of service:**

Heads of service may be involved in the operational investigation and management of complaints handling. As senior officers, they may be responsible for preparing and signing decision responses, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

### **Complaints investigator:**

The complaints investigator is responsible and accountable for the management of the investigation. They will be involved in the investigation and in coordinating all aspects of the response to the customer in collaboration with the Complaints Officer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.

### **Information Governance Manager:**

The Information Governance Manager is responsible for ensuring all new staff receive training on the CHP as part of the induction process and that refresher training is provided for current staff on a regular basis.

### **SFRS Complaints Officer / SPSO liaison officer:**

Our Complaints Officer's role includes providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

## **All Staff:**

Frontline resolution (Stage 1) aims to quickly resolve straightforward customer complaints as close to the point of service delivery as possible. All staff should aim to resolve Stage 1 complaints. Where frontline resolution is achieved, this shall be reported to the Complaints administration function using the [online form](#). Where frontline resolution has not been achieved or the complaint is complex and not appropriate to being resolved at frontline stage, the complaint will be passed to Stage 2 and processed through the Complaints Officer.

## **2. RECORDING, REPORTING, LEARNING FROM AND PUBLICISING COMPLAINTS**

Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across SFRS. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.

We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

### **2.1 Recording Complaints**

It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:

- the customer's name and contact details;
- the date the complaint was received;
- the nature of the complaint;
- the service the complaint refers to;
- staff member responsible for handling the complaint;
- action taken and outcome at frontline response stage (if applicable);
- date the complaint was closed at the frontline response stage (if applicable);
- date the investigation stage was initiated (if applicable);
- action taken and outcome at investigation stage (if applicable);
- date the complaint was closed at the investigation stage (if applicable);
- the underlying cause of the complaint and any remedial action taken; and
- the outcome of the SPSO's investigation (where applicable).

If the customer does not want to provide any of this information, we will reassure them that it will be managed appropriately and record what we can.

Individual complaint files will be stored in line with our [SFRS Retention Schedule](#).

## **2.2 Learning from Complaints**

We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:

- seek to identify the root cause of complaints;
- take action to reduce the risk of recurrence; and
- systematically review complaints performance reports to improve service delivery.

Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.

Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action. This may include:

- the action needed to improve services must be authorised by an appropriate manager;
- an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken;
- a target date must be set for the action to be taken;
- the designated individual must follow up to ensure that the action is taken within the agreed timescale;
- where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved;
- any learning points should be shared with relevant staff; and
- all feedback provided back to the Complaints Officer.

Senior management (Information Governance Group – IGG) will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

### **2.3 Reporting of Complaints**

We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.



We will report **quarterly** to the Information Governance Group on:

- Performance statistics, in line with the complaints performance indicators published by SPSO;  
**Core complaints performance indicators:**  
**Indicator One:** Learning from complaints (qualitative indicator);  
**Indicator Two:** The total number of complaints received (quantitative indicator);  
**Indicator Three:** The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days (quantitative indicator);  
**Indicator Four:** The average time in working days for a full response to complaints at each stage (quantitative indicator);  
**Indicator Five:** The outcome of complaints at each stage (quantitative indicator).

We aim to report **annually** to the Information Governance Group on:

- **Recommended complaints performance indicators:**  
**Indicator Six:** Raising awareness (qualitative indicator – may include some quantitative data);  
**Indicator Seven:** Staff training in complaint handling (qualitative indicator – may include some quantitative data);  
**Indicator Eight:** Customer satisfaction with the complaints process (qualitative indicator);
- Analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

## 2.4 Publicising Complaints Information

We publish on a **quarterly** basis information on complaints outcomes and actions taken to improve services.

This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show our customers that we value their complaints.

We will publish an **annual** complaints performance report on our website, in line with SPSO requirements, and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:

- performance statistics, in line with the complaints performance indicators published by the SPSO; and
- complaint trends and the actions that have been or will be taken to improve services as a result.

These reports must be easily accessible to members of the public and available in alternative formats as requested.

### **3. ASSOCIATED DOCUMENTS / REFERENCES**

[Complaints Handling Procedure, Part 1 – Introduction and Overview](#)

[Complaints Handling Procedure, Part 2 – When to Use this Procedure](#)

[Complaints Handling Procedure, Part 3 – Staff Complaints Handling Procedure](#)

[Complaints Handling Procedure, Part 5 – Customer Complaints Handling Procedure](#)

[Frontline Resolution Online Form](#)

[Records Retention Schedule](#)



## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE

### PART 5 – CUSTOMER COMPLAINTS HANDLING PROCEDURE

Original Author/Role	Rhona Johnstone, Complaints Officer
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	In Progress
Date of Impact Assessment (commenced)	N/A
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Quality Control (name)	Carol Wade, Information Governance Manager
Authorised (name and date)	Mark McAteer, Director of SPPC – July 2021
Date for Next Review	September 2024

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0.5	Formatted	Morag Allan, Records Management Officer	13/08/2021

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# STRATEGIC PLANNING, PERFORMANCE AND COMMUNICATIONS

## INFORMATION GOVERNANCE

### COMPLAINTS HANDLING PROCEDURE PART 5 – CUSTOMER

1. [INTRODUCTION](#)
2. [WHAT IS A COMPLAINT?](#)
3. [WHAT CAN I COMPLAIN ABOUT?](#)
4. [WHAT CAN'T I COMPLAIN ABOUT?](#)
5. [WHO CAN COMPLAIN?](#)
6. [HOW DO I COMPLAIN?](#)
7. [HOW LONG DO I HAVE TO MAKE A COMPLAINT?](#)
8. [WHAT HAPPENS WHEN I HAVE COMPLAINED?](#)
  - 8.1 [Stage 1 – Frontline Response](#)
  - 8.2 [Stage 2 – Investigation](#)
9. [WHAT IF I'M STILL DISSATISFIED?](#)
10. [GETTING HELP TO MAKE YOUR COMPLAINT](#)
11. [OUR CONTACT DETAILS](#)

#### [APPENDIX A – QUICK GUIDE TO OUR COMPLAINTS PROCEDURE](#)

## **1. INTRODUCTION**

The Scottish Fire and Rescue Service (SFRS) is committed to providing high-quality customer services.

**We value complaints and use information from them to help us improve our services.**

If something goes wrong or you are dissatisfied with our services, please tell us. This document describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

## **2. WHAT IS A COMPLAINT?**

We regard a complaint as any expression of dissatisfaction about our action, or lack of action, or about the standard of service provided by us or on our behalf.

## **3. WHAT CAN I COMPLAIN ABOUT?**

You can complain about things like:

- failure or refusal to provide a service;
- inadequate quality or standard of service or an unreasonable delay in providing a service;
- dissatisfaction with one of our policies or its impact on the individual;
- failure to properly apply law, procedure or guidance when delivering services;
- failure to follow the appropriate administrative process;

- conduct, treatment by or attitude of a member of staff or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves); or
- disagreement with a decision (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).

Your complaint may involve more than one SFRS service or be about someone working on our behalf.

#### 4. WHAT CAN'T I COMPLAIN ABOUT?

There are some things we can't deal with through our complaints handling procedure. These include:

- a routine first-time request for a service;
- a request for compensation only;
- issues that are in court or have already been heard by a court or a tribunal (if you decide to take legal action, you should let us know, as the complaint cannot then be considered under this process);
- disagreement with a decision where there is a statutory procedure for challenging that decision (such as for Freedom of Information and Subject Access Requests) or an established appeals process followed throughout the sector;
- a request for information under the Data Protection Act or Freedom of Information (Scotland) Act;
- a grievance by a staff member or a grievance relating to employment or staff recruitment;
- a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern);

- a concern about a child or an adult's safety;
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision;
- abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our Acceptable Use Policy or Code of Conduct; or
- a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf).

If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you.

## 5. WHO CAN COMPLAIN?

Anyone who receives, requests or is directly affected by our services can make a complaint to us. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on [Getting Help To Make Your Complaint](#) below.

## 6. HOW DO I COMPLAIN?

You can complain in person at **any** of our premises, by phone, in writing, by email or via our [complaints form](#) on our website.

It is easier for us to address complaints if you make them quickly and directly to the service concerned. So, please talk to a member of our staff at the service you are complaining about. Then they can try to resolve the issue.



When complaining, please tell us:

- your full name and contact details;
- as much as you can about the complaint;
- what has gone wrong; and
- what outcome you are seeking.

**Our contact details:**

Complaints Officer  
Scottish Fire and Rescue Service  
West Service Delivery Headquarters  
99 Bothwell Road  
Hamilton  
ML3 0EA

Email: [SFRSinfogov@firescotland.gov.uk](mailto:SFRSinfogov@firescotland.gov.uk)

Website: [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

**7. HOW LONG DO I HAVE TO MAKE A COMPLAINT?**

Normally, you must make your complaint within six months of:

- the event you want to complain about; or
- finding out that you have a reason to complain.

In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

## **8. WHAT HAPPENS WHEN I HAVE COMPLAINED?**

We will always tell you who is dealing with your complaint. Our complaints procedure has two stages:

### **8.1 Stage 1 – Frontline Response**

We aim to respond to complaints quickly (where possible, when you first tell us about the issue). This could mean an on-the-spot apology and explanation, if something has clearly gone wrong, or immediate action to resolve the problem.

We will give you our decision at Stage 1 in five working days or less, unless there are exceptional circumstances.

If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to Stage 2. You must normally ask us to consider your complaint at Stage 2 either:

- within six months of the event you want to complain about or finding out that you have a reason to complain; or
- within two months of receiving your Stage 1 response (if this is later).

In exceptional circumstances, we may be able to accept a Stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

### **8.2 Stage 2 – Investigation**

Stage 2 deals with two types of complaint: where the customer remains dissatisfied after Stage 1 and those that clearly require investigation and so are handled directly at this stage. If you do not wish your complaint to be handled at Stage 1, you can ask us to handle it at Stage 2 instead.

When using Stage 2:

- we will acknowledge receipt of your complaint within three working days;
- we will confirm our understanding of the complaint we will investigate and what outcome you are looking for;
- we will try to resolve your complaint where we can (in some cases, we may suggest using an alternative complaint resolution approach, such as mediation); and
- where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within 20 working days.

If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.

## **9. WHAT IF I'M STILL DISSATISFIED?**

After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.

The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

You can ask the SPSO to look at your complaint if:

- you have gone all the way through SFRS's complaints handling procedure;
- it is less than 12 months after you became aware of the matter you want to complain about; and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of our final response to your complaint. You can do this online at [www.spsso.org.uk/complain/form](http://www.spsso.org.uk/complain/form) or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on [Getting Help To Make Your Complaint](#) below.

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)

## 10. GETTING HELP TO MAKE YOUR COMPLAINT

We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative or an advocate, if you have given them your consent to complain for you.

You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance:

Scottish Independent Advocacy Alliance

Tel: 0131 510 9410

Website: [www.siaa.org.uk](http://www.siaa.org.uk)

You can find out about advisers in your area through Citizens Advice Scotland:

Citizens Advice Scotland

Website: [www.cas.org.uk](http://www.cas.org.uk)

or check your phone book for your local citizens advice bureau.

We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in writing or want this information in another language or format, such as large font or Braille, please let us know.

## **11. OUR CONTACT DETAILS**

Please contact us by the following means:

Complaints Officer

Scottish Fire and Rescue Service

West Service Delivery Headquarters

99 Bothwell Road

Hamilton

ML3 0EA

Email: [SFRSinfogov@firescotland.gov.uk](mailto:SFRSinfogov@firescotland.gov.uk)

## APPENDIX A – QUICK GUIDE TO OUR COMPLAINTS PROCEDURE

### Complaints procedure

You can make your complaint in person, by phone, by email or in writing.

We have a **two-stage complaints procedure**. We will always try to deal with your complaint quickly. But if it is clear that the matter will need investigation, we will tell you and keep you updated on our progress.



### Stage 1 – Frontline response

We will always try to respond to your complaint quickly, within **five working days** if we can.

If you are dissatisfied with our response, you can ask us to consider your complaint at Stage 2.



### Stage 2 – Investigation

We will look at your complaint at this stage if you are dissatisfied with our response at Stage 1. We also look at some complaints immediately at this stage, if it is clear that they need investigation.

We will acknowledge your complaint within **three working days**.

We will confirm the points of complaint to be investigated and what you want to achieve.

We will investigate the complaint and give you our decision as soon as possible. This will be after no more than **20 working days, unless** there is clearly a good reason for needing more time.



### Scottish Public Services Ombudsman

If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have handled your complaint, you can ask the SPSO to consider it.

We will tell you how to do this when we send you our final decision.

## Complaints Statistics Breakdown and Examples

## APPENDIX F

Area	2018/19	2019/20	2020/21			2018/19	2019/20	2020/21
Service Delivery	41	41	49	↑	Upheld	22	25	45
Driving	16	23	26	↑	Not Upheld	48	68	90
On Duty Conduct	21	28	15	↓	Internal Procedures	19	13	16
Off Duty Conduct	14	22	20	↓	Partially Upheld	10	12	14
Social Media	1	1	26	↑	No Response from complainant	10	7	0
Forced Entry	4	4	6	↑	Withdrawn	0	1	2
Premises	5	3	6	↑		<b>109</b>	<b>126</b>	<b>167</b>
Recruitment	0	3	4	↑				
Misc	4	0	1	↑				
HFSV	2	1	1	→	SDA			
Enforcement	1	0	0	→	East	34	22	61
COVID 19	0	0	13	↑	West	37	60	61
	<b>109</b>	<b>126</b>	<b>167</b>		North	24	28	35
					SFRS	14	16	10
SPSO	0	0	2 (not upheld)					

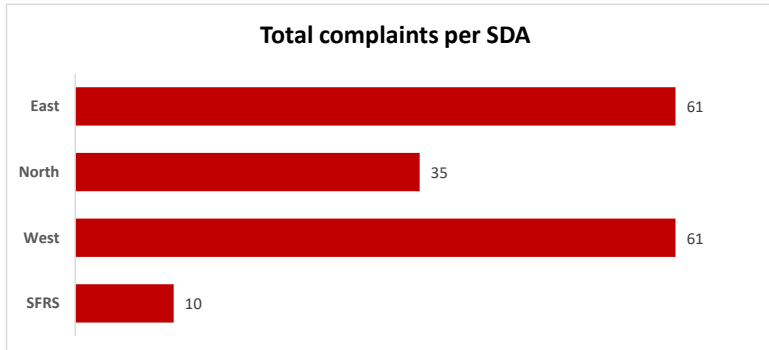
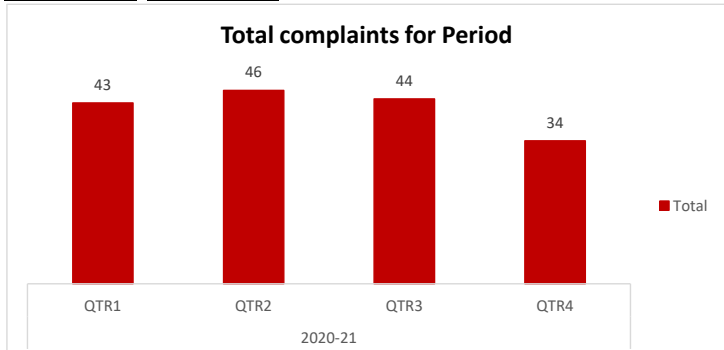
### Service Delivery Breakdown 2020/21

	Upheld	Not Upheld	Partially Upheld	Withdrawn	Claim	Total
Q1	3	9	0	1	0	13
Q2	4	10	4	0	1	19
Q3	3	6	0	0	1	10
Q4	7	7	0	0	0	14



# SFRS Complaints

...	...	S...	LSO Area			Category		Outcome	
2018...	QTR1	East	Aberdeen ...	Aberdeens...	Argyll & Bu...	Forced Entry	HFSV	Internal Proce...	Not Upheld
2019...	QTR2	North	Control	D&G	Edinburgh ...	Misc	Off Duty Co...	Partially Upheld	Upheld
2020...	QTR3	SFRS	EMLothian ...	ENS Ayrshire	ERRI	On duty Con...	Premises	Withdrawn	
	QTR4	West	Falkirk & ...	Glasgow City	Highlands	Recruitment	Service Deliv...		
			North Lana...	PKAD	SFRS	SFRS Premises	Social Media		

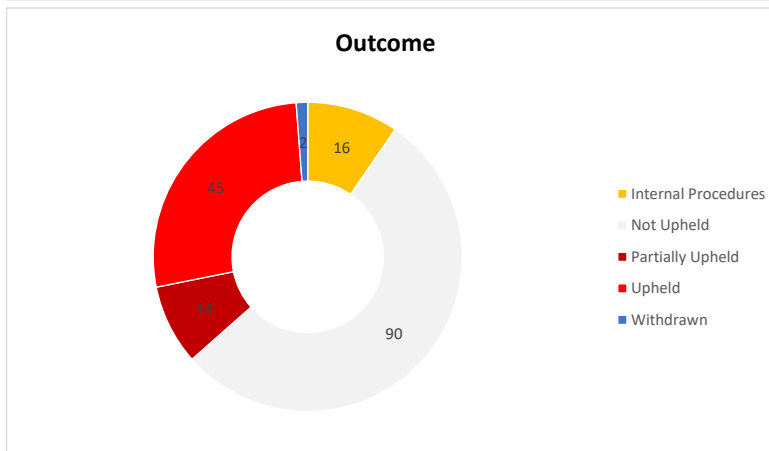
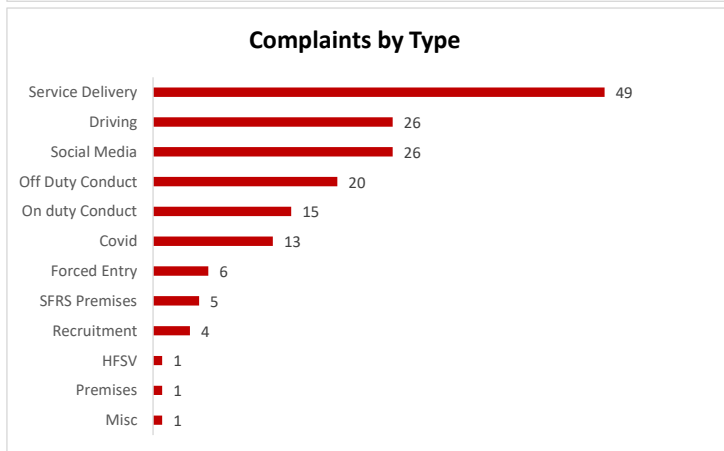


Total Complaints for period selected

**167**

### Complaints by LSO

LSO Area	No.
Aberdeen City	3
Aberdeenshire & Moray	3
Argyll & Bute, EWDunbartonshire	13
Control	1
D&G	4
Edinburgh City	15
ENS Ayrshire	11
ERRI	5
Falkirk & W Lothian	11
Glasgow City	16
Highlands	12
North Lanarkshire	3
PKAD	12
South Lanarkshire	9
Workshops	2
SFRS	9
EMLothian & SB	14
Stirling, Clacks & Fife	20
WIOS	4
<b>Total</b>	<b>167</b>





**SERVICE DELIVERY COMMITTEE – FORWARD PLAN**

Agenda Item 13.1

	<b>STANDING ITEMS</b>	<b>FOR INFORMATION ONLY</b>	<b>FOR SCRUTINY</b>	<b>FOR RECOMMENDATION</b>	<b>FOR DECISION</b>
<b>24 NOVEMBER 2021</b>	<ul style="list-style-type: none"> <li>• Chair’s Welcome</li> <li>• Apologies For Absence</li> <li>• Consideration Of And Decision On Any Items To Be Taken In Private</li> <li>• Declaration of Interests</li> <li>• Minutes</li> <li>• Action Log</li> <li>• Service Delivery Update</li> <li>• Service Delivery Performance Reporting: Quarterly Performance Report, Action Plan Updates &amp; Closing Reports; UFAS</li> <li>• Operational Learning</li> <li>- Clinical Governance</li> <li>• Spotlight Risks:</li> <li>- TBC see notes</li> <li>• Reports for Consideration:</li> <li>• Review of Actions</li> <li>• Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days</li> <li>• Date of Next Meeting</li> </ul>	•	<ul style="list-style-type: none"> <li>• Grenfell Fire Update (Full Update Report)</li> </ul>	•	•

**SERVICE DELIVERY COMMITTEE – FORWARD PLAN**

	<b>STANDING ITEMS</b>	<b>FOR INFORMATION ONLY</b>	<b>FOR SCRUTINY</b>	<b>FOR RECOMMENDATION</b>	<b>FOR DECISION</b>
<p><b>23 FEBRUARY 2022</b></p>	<ul style="list-style-type: none"> <li>• Chair’s Welcome</li> <li>• Apologies For Absence</li> <li>• Consideration Of And Decision On Any Items To Be Taken In Private</li> <li>• Declaration of Interests</li> <li>• Minutes</li> <li>• Action Log</li> <li>• Service Delivery Update</li> <li>• Service Delivery Performance Reporting: Quarterly Performance Report, Action Plan Updates &amp; Closing Reports; UFAS (<i>including Update Report on Impact of UFAS Option – TBC</i>)</li> <li>• Operational Learning</li> <li>- - Clinical Governance (Interim Report)</li> <li>• Spotlight Risks:</li> <li>- TBC</li> <li>• Reports for Consideration:</li> <li>• Review of Actions</li> <li>• Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days</li> <li>• Date of Next Meeting</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

**SERVICE DELIVERY COMMITTEE – FORWARD PLAN**

	<b>STANDING ITEMS</b>	<b>FOR INFORMATION ONLY</b>	<b>FOR SCRUTINY</b>	<b>FOR RECOMMENDATION</b>	<b>FOR DECISION</b>
<b>TBC – MAY 2022</b>	<ul style="list-style-type: none"> <li>• Chair’s Welcome</li> <li>• Apologies For Absence</li> <li>• Consideration Of And Decision On Any Items To Be Taken In Private</li> <li>• Declaration of Interests</li> <li>• Minutes</li> <li>• Action Log</li> <li>• Service Delivery Update</li> <li>• Service Delivery Performance Reporting: Quarterly Performance Report, Action Plan Updates &amp; Closing Reports; UFAS</li> <li>• Operational Learning</li> <li>- - Clinical Governance (Interim Report)</li> <li>• Spotlight Risks:</li> <li>- TBC</li> <li>• Reports for Consideration:</li> <li>• Review of Actions</li> <li>• Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days</li> <li>• Date of Next Meeting</li> </ul>	•	•	•	•