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SCOTTISH
FIRE AND RESCUE SERVICE
 Working together for a safer Scotland

PUBLIC MEETING - PEOPLE COMMITTEE

THURSDAY 9 SEPTEMBER 2021 @ 1300 HRS

BY CONFERENCE FACILITIES

AGENDA

- 1 CHAIR'S WELCOME**
- 2 APOLOGIES FOR ABSENCE**
- 3 CONSIDERATION OF AND DECISION ON ANY ITEMS TO BE TAKEN IN PRIVATE**
- 4 DECLARATION OF INTERESTS**
Members should declare any financial and non-financial interest they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.
- 5 MINUTES OF PREVIOUS MEETING: 2 JUNE 2021** *(attached)* *M Wylie*
The Committee is asked to approve the minutes of this meeting.
- 6 ACTION LOG** *A Cameron*
The Committee is asked to note that there were no outstanding actions.
- 7 PERFORMANCE AND RISK REPORT QUARTER 4 2020/21**
 - 7.1 People and Organisational Development *(attached)* *S Semple*
 - *Executive Summary*
 - *Health and Wellbeing Referral Data*
 - *Mental Health Referrals*
 - *Assurance Data*
 - 7.2 Training, Safety and Assurance *(attached)* *K Barbour/
J Holden*
The Committee is asked to scrutinise these reports

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

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- 8 WORKPLACE CULTURE**
- 8.1 Building the Future Together (*verbal*) C Dodd
- This report is for information only.*
- 9 EMPLOYEE RELATIONS**
- 9.1 Covid-19 Recognition Scheme Review (*attached*) L McKenzie
- 9.2 Attendance Management Policy, Procedure and Manager's Handbook (*attached*) G Clark
- These reports are for information only.*
- 10 LEADERSHIP AND DEVELOPMENT**
- 10.1 Learning Needs Analysis 2021-22 (*verbal*) C Dodd
- 10.2 Leadership for Change Programme Virtual Programme Implementation Proposals (*attached*) N Mulvey
- These reports are for information only.*
- 11 INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATE** (*attached*) K Barbour
- Training of RDS Personnel
- The Committee is asked to scrutinise this report*
- 12 PARTNERSHIP WORKING**
- 12.1 Update from Employee Partnership Forum (*verbal*) L Barnes
- 12.2 Update from Partnership Advisory Group (*verbal*) L Barnes
- The Committee is asked to note verbal updates.*
- 13 STRATEGIC RISK REGISTER** (*attached*) L Barnes
- The Committee is asked to scrutinise this report*
- 14 FORWARD PLANNING**
- 14.1 POD Policy Review Schedule Update (*attached*) M Corry
- 14.2 Committee Forward Plan Review (*attached*) M Wylie
- 14.3 Items for Consideration at Future IGF, Board and Strategy Day meetings M Wylie
- 15 REVIEW OF ACTIONS** (*verbal*) A Cameron
- 16 DATE OF NEXT MEETING**
Thursday 2 December 2021

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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PRIVATE SESSION

- 17 MINUTES OF PREVIOUS PRIVATE MEETING: 2 JUNE 2021** *M Wylie*
(attached)

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

18 REMUNERATION, APPOINTMENTS AND NOMINATIONS
SUB COMMITTEE UPDATE

- 18.1 Draft Minutes of last meeting – 2 June 2021 (attached) *L Barnes*
18.2 Update of last meeting – 9 September 2021 (verbal) *S Barron*

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

- 19 KEY CASE UPDATES 2021/22 – Q1** (verbal) *F Munro*

This report is for information only.



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING – PEOPLE COMMITTEE

WEDNESDAY 2 JUNE 2021 @ 1300 HOURS

BY CONFERENCE FACILITIES

PRESENT:

Primrose Stark (Chair) (PS)
Bill McQueen (BMcQ)

Anne Buchanan (Deputy Chair) (AB)
Malcolm Payton (MP)

IN ATTENDANCE:

Liz Barnes (LB)
John Dickie (JD)

Director of People and Organisational Development
Assistant Chief Officer, Director of Training, Safety and Assurance

Stuart Stevens (SSt)

Assistant Chief Officer, Director of Service Delivery

Scott Semple (SSe)

Head of People and Organisational Development

Paul King (PK)

Head of Training and Employee Development

Julie Harkins (JH)

Acting Head of Safety and Assurance

Fiona Munro (FM)

Deputy Head of People and Organisational Development

Rachel Scott (RS)

Deputy Head of People and Organisational Development

Mary Corry (MC)

Safety and Wellbeing Business Manager

Nicole Mulvey (NM)

Corporate Skills Development Advisor

Kirsty Darwent (KD)

Chair of SFRS Board

Alasdair Cameron (AC)

Group Commander, Board Support

Heather Greig (HG)

Executive Officer Board Support

Debbie Haddow (DH)

Board Support /Minutes

OBSERVERS:

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 Karen Lockhart, Head of Safety and Assurance

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

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

3.2 No further items were identified.

4 DECLARATION OF INTERESTS

4.1 None.

5 MINUTES OF PREVIOUS MEETING: 4 MARCH 2021

5.1 The following amendments were noted and agreed:

Paragraph 7.1.9 to be amended to read *"In regard to the PVG project, the Committee commented on the resilience and reliance on one counter-signatory ..."* instead of *"In regard to the PVG project, the Committee commented on the resilience on one counter-signatory ..."*.

Paragraph 8.14 to be amended to read *"He informed the Committee of the upcoming process for Area Commander, commencing on 22 March 2021"* instead of *"He informed the Committee of the upcoming process for Area Commander, commencing on 22 March 2021"*.

Paragraph 8.15 to be amended to read *"In addition, leadership mentoring processes were in place to support newly promoted post holders"* instead of *"In addition, leadership invention and mentoring processes were in place to support newly promoted post holders"*.

5.2 **Subject to the above amendments, the minutes of the meeting held on 4 March 2021 were approved as a true record of the meeting.**

5.3 Matters Arising

5.3.1 None

6 ACTION LOG

6.1 The Committee considered the action log and noted the updates.

6.2 **The Committee noted the updated action log and approved the removal of the completed actions.**

7. PERFORMANCE AND RISK REPORT QUARTER 4 2020/21

7.1 People and Organisational Development (POD)

7.1.1 SSe presented the Committee with the POD Progress and Performance Report Quarter 4 2020/21. The following key areas were highlighted:

- Report updated to align with the Annual Operating Plan (AOP)/Directorate Plan and refined presentation of statistical data.
- Due to the ongoing impact of COVID, some timescales within the AOP/Directorate Plan have been revised.
- Pay and Rewards Frameworks – Revised offer on the standardisation of Retained Duty System (RDS) Terms and Conditions was issued to the Fire Brigade Union (FBU) and the Fire and Rescue Services Association (FRSA). FRSA accepted this offer and the FBU were balloting members and recommending acceptance.
- Pay and Rewards Framework – Collective agreement reached with the FBU on standardisation of Instructors Terms and Conditions which would be implemented from 1 July 2021.

- 2021 Equal Pay and Gender Pay Gap report demonstrates that the Gender Pay Gap currently sits at 1.01% (mean) and 2.5% (median). Favourable comparison against the UK national average and the inherited antecedent position.
- Promotion of diverse workforce including inclusion activities undertaken.
- Positive position regarding Modern apprenticeships.
- Progress within the Bullying, Harassment and Discrimination Project including the development of the Dignity and Respect Toolkit and training packages.
- Strengthen approach to talent management and development including Leadership Development Centres.
- Health and Wellbeing – Contract awarded for scanning and indexing health and wellbeing files. This will improve access to the files, remove geographical barriers and enable redistribution of workloads across the full Health and Wellbeing team.
- Health and Wellbeing – Text reminder process has resulted in an 85% reduction in cancelled appointments compared to the previous Q4 figures.
- Fitness assessments – Work undertaken to plan and identify resource required to address the significant backlog and business cases have been approved.
- Covid 19 Wellbeing Group continue to support staff with regular themed updates and resources. Employee Wellbeing Survey was launched in Q4 and results would be shared with staff and would inform the mental health and wellbeing action plan. Some key themes were concerns around returning to the workplace, work life balance and agile/flexible working options.
- Health and wellbeing – Looking to develop local Wellbeing Champions.
- Implementation of Mental Health Strategy noting the important work of the Suicide Prevention Sub Group.
- Mental Health awareness campaign “Time to Talk” and a pilot programme of wellbeing support for Operational Control took place this quarter.
- Lifelines Scotland delivered a series of mental wellbeing sessions into LDC programmes and the Rivers Centre have appointed a part time mental health trainer.
- People, Training, Finance and Assets Systems programme continue to build momentum with the appointment of the programme manager. Contract negotiations with MidlandHR, the current HR system provider, resulted in a new contract for a period of 30 months and ensure stability as the programme progresses.
- Resourcing challenges and associated business cases for additional resource to increase the capacity of resourcing team.
- High level of people related activity within the Directorate throughout the year and work undertaken by individuals to produce these reports.

7.1.2 The Committee acknowledged the level of detail and work involved in producing these reports. The Committee commented on the benefit of presenting the metric, narrative and risks together to assist the flow of the report.

7.1.3 In relation to the Career Ready Programme, the Committee highlighted and praised the Service for offering laptops to participants to remove potential barriers.

7.1.4 The Committee noted the work in relation to contaminants and SSe to consider how this could be shared with the Committee.

7.1.5 The Committee commented on the consistently low percentage of exit interviews carried out and SSe confirmed that this area was being reviewed.

7.1.6 As a result of Covid, SSe confirmed that processes and technology introduced to deliver health and wellbeing services throughout the pandemic would continue to be utilised due to the significant improvement.

- 7.1.7 In relation to job evaluation (support staff), SSe noted that due to the review being in the early stages, the de-escalation has not been problematic. RS confirmed that trade union colleagues have been reassured of the timeline and the current approach would be reviewed to make them more effective and streamlined.
- 7.1.8 The Committee commented on the volume of work identified for the coming months and queried whether there were requirements for further additional resource to be identified. SSe reminded the Committee of the temporary resource provided at the start of the pandemic. The 2 business cases approved by the Strategic Leadership Team (SLT) for additional resourcing within the Resourcing and Health and Wellbeing Teams. Also, further business cases for additional resourcing which has been supported by the SLT.
- 7.1.9 In relation to the Employee Wellbeing Survey, SSe confirmed that there was an overall good level of engagement from staff.
- 7.1.10 In relation to the new contract with MidlandsHR, the Committee noted the importance of ensuring a smooth transition onto the new system, once identified. SSE noted the significant amount of work to be undertaken regarding procuring a new system and to continue to improve current practices and processes in the meantime.
- 7.1.11 **The Committee scrutinised the report.**

7.2 Training, Safety and Assurance

- 7.2.1 PK and JH jointly presented Training, Safety and Assurance Progress and Performance Quarter 4 Report 2020/21. PK highlighted the following key areas within the Training Function:
- Continues to support recruitment of Volunteer/Retained and Wholetime trainees.
 - Discussions with Scottish Government to achieve legislative changes to allow delegated driver testing for emergency services (Cat C) to maintain operational delivery.
 - Successfully delivered 16 specialist training courses targeted specifically to support frontline operational delivery.
 - Two main risks monitored during this period. These were capacity of resources to deliver training and capacity of facilities due to social distancing. No risk movement over the period. State of nation gap analysis undertaken to identify the gap between the ask on the training function and what could be delivered.
 - Training for Operational Competence for Flexi Duty Officers (FDO) had been added to the spotlight report.. Maintenance programme introduced over a 3-year cycle with 6 reoccurring subject areas and capacity of other seasonal/themed subjects. Current compliance level is 73%, noting the challenges in presenting this statistic due to how new FDO' s records were captured.
 - Operational Core Competence – Overall figures remain static but noted the decrease within Volunteer Duty System (VDS). Issues surrounding VDS training were subject to review by the RVDS Leadership Forum.
 - Incident Command Competencies – Overall remains stable but noted the decrease for FDO. To maintain a focus, this was now standing agenda item at the Service Delivery and Training Liaison meeting.
 - Ability to deliver Incident Command Competencies courses remotely. Only ICL1 requires a practical assessment and interaction.
 - Options delivered and approved to allow incident command competency assessments to be undertaken on the fireground.
 - Specialist rescue – different delivery method now in place to allow scheduling of training immediately before 18-day rota leave which enables individuals from different watches to attend.
 - Maintenance Phase Development Planner for Standard and Advanced Modules – remains static.

- 7.2.2 The Committee noted with interest how the use of innovation had enabled delivery of training to continue during this challenging year.
- 7.2.3 In relation to Covid cases being transmission through behaviour, the Committee asked whether anything further could be done to educate staff. PK noted the high compliance levels within the training environment which was evidenced by the low number of cases. JH informed the Committee that the Health and Safety function undertook a Support Review (audit) to refine and identify behaviour themes and root causes. A report had been prepared for the Senior Management Board which identifies some refinements to existing control measures. Also, an awareness campaign would be launched and further engagement would be undertaken with property services.
- 7.2.4 JH highlighted the following key areas within the Safety and Assurance Function:
- Risk - No movement in risk levels.
 - Health and Safety Improvement Plan contains 87 actions, with 26 actions deferred due to Covid. Overall 59% of actions complete. Positive progress was being made on the remaining 25 actions.
 - All Key Performance Indicators, except for RIDDOR Reportable Injury, were reporting a positive downward trend. Going forward Covid related RIDDOR incidents would be reported separately as most incidents during this quarter were attributable to Covid.
 - Reduction in near miss reporting, however this was also reflected in the number of accident/ injuries. Accident/Injuries improved over the last 3-year period with significant decreases in the last quarter.
 - Accident/Injuries by activity – Non- Operational activities continue to be the most common environment for these types of incidents. Engaging with Service Delivery colleagues to develop a suite of safe systems of work for activities performed around the station.
 - Operational Accidents/Injuries – Increase in specialist services incidents relating to water rescue (37%) on the previous Q4 figures. Engaged with Service Delivery and convened a Water Rescue sub group to review the outcomes of a full analysis and the outcome report from the Mid Wales fatality.
 - Non- Operational Accidents/Injuries activities were primarily Covid related.
 - Training Accidents/Injuries – Significant reduction.
 - Service Delivery Areas Accidents/Injuries – Reduction in the North and West but increased in the East.
 - Working Days Lost report an increase in longer term absence (Covid related).
 - Most Common Accidents/Injuries by causation – Covid related transmission being the main cause.
 - Acts of Violence – Continue to increase across all service delivery areas with no identifiable themes in their nature.
 - Vehicle Accidents – Main causation remains slow speed manoeuvres at operational incidents. Small working group convened to review and identify how to reduce these types of incidents.
- 7.2.5 In regard to Health and Safety Improvement Plans, the Committee commented on the positive improvement and wider engagement undertaken within Directorates.
- 7.2.6 In regard to reducing slow speed manoeuvres, SS informed the Committee that this was a key focus for all Service Delivery Deputy Assistant Chief Officers. It was noted that all vehicle accidents were reported, investigated and any further action would be taken, if deemed appropriate.
- 7.2.7 The Committee scrutinised the report.**

8 LEARNING AND DEVELOPMENT

8.1 Learning Needs Analysis 2021-22

8.1.1 NM presented a report to the Committee to provide an update on the Service-wide Learning Needs Analysis (LNA) process for 2021-22. The following key points were noted:

- Amendments made to streamline the process.
- Impact of Covid anticipated and realised on the requirement for both internal and external leadership development and external provision.
- Recognition that internal provision had superseded normal capacity, therefore, the digital first approach would be utilised.
- Excess of requests for external provided budgeted learning provision, therefore, appropriate forums would be accessed to assess the Service's needs on a quarterly basis to assist recovery and renew.
- Budget to be maintained to support any future changes to the Service.
- Continue to develop the business planning model and business processes to ensure LNA continue fit the needs of the Service.

8.1.2 NM confirmed that the proposed 15% budget being held would be reviewed on an ongoing basis to ensure that it is fully realised.

8.1.3 With regard to specific point of contact (SPOC) representative, NM informed the Committee that SPOCs would be identified from each function/Service Delivery Area to authorise and make decision on the budget allocation.

8.1.4 In regard to coaching and mentoring, the Committee queried the capacity within the organisation. NM noted that coaching and mentoring is part of the Services' ethos, but the Service were now looking to develop a more formal and standardised approach to ensure due governance.

8.1.5 **The Committee noted the report.**

9 INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATE

9.1 PK provided an update on the action plan to the Committee which has been developed in response to the report published by Her Majesty's Fire Service Inspectorate (HMFSI), relating to the Training of the Retained Duty System (RDS) Personnel. The following key points were highlighted:

- Action plan contains 31 actions: 16 in progress, 5 deferred and 14 completed. Overall 77% completion
- Six action due dates have been revised.
- Actions 7.1 and 7.2, which were previously deferred, have been brought back on line with a revised due date.

9.2 In relation to the creation of action plans, the Committee asked whether and at what stage, does the Service consider the capacity required to address any identified actions. PSt noted that the current challenge was mainly a managerial capacity rather than instructional capacity. He commented on the impact and ongoing uncertainty due to Covid, therefore the main managerial focus had been on recovery, reset and renew. A capacity analysis had been carried out to identify skills training required to maintain operational response for the coming year and recovery plans have been developed. This analysis supports business cases for additional instructional and managerial capacity.

9.3 Within the Action Plan, PSt confirmed that the revised due date for Action 7.1 was March 2022 and noted that this timescale was realistic due to the alignment with the Operational Strategy.

9.4 The Committee queried whether there was any increased risk due to actions being deferred. PSt commented on the actions relating to driver training which refers to Regulation 19 of the Road Safety Act 2006, which had not been enacted to date. A brief explanation was provided on the potential impact on training for individuals based on Islands and the ongoing engagement with the Sponsor Unit and Department of Transport to seek derogation.

9.5 The Committee noted that a summary, to provide continuity and assurance, would be helpful in future report.

9.6 **The Committee scrutinised report and welcomed the progress being made.**

10 HEALTH AND SAFETY POLICY AND POLICY STATEMENT

10.1 JH presented a report to the Committee to provide an overview of SFRS Health and Safety Policy and Health and Safety Policy Statement as part of the SFRS Health and Safety Management System (HSMS). The following key points were highlighted:

- Subject to periodic review and updated to reflect the organisational restructure and formation of the Training, Safety and Assurance Directorate.
- Formation of National Safety and Assurance Board.
- Additional changes since submission of report – Amended job titles from Middle/Supervisor Managers to Strategic Managers.

10.2 In relation to the joint Chair and Chief Officer's Policy Statement, the Committee commented on whether it would be appropriate to amplify the responsibility on staff for their own safety. JH to consider and amend, if appropriate.

10.3 JD provided clarification on the role and remit of the National Safety and Assurance Board.

10.4 The Committee noted the favourable benchmarking of accident and injury incidents against other fire and rescue services and queried how comparability of the benchmarking exercise. JD informed the Committee that Chief Officer Blunden had recently been appointed to the role of Health & Safety Lead for the National Fire Chief Council (NFCC). Discussions have already taken place regarding identifying standardised performance indicators for the whole of the UK which could help make benchmarking easier and more worthwhile.

10.5 **The Committee scrutinised and supported the report.**

11 HEALTH AND SAFETY ANNUAL REPORT 2019/20

11.1 JH presented the Committee with the Health and Safety Annual Report 2019-20 and highlighted the following key areas:

- Progress against Health and Safety department function plan and slight slippage due to the impact of Covid.
- Progress against health and safety improvement plans during 2019-20 and the 25% increase compared to the previous year.
- Dashboard summary of events over 2-year average noting the increased vehicle accidents.
- Breakdown by event category – Accident and injuries excluding RIDDOR improvement in East Service Delivery Area. Reduction in RIDDOR reportable events.
- Causation of accidents/injuries remain consistent with previous years.
- Improvement in ratio of near misses in relation to RIDDOR reportable events.
- Reduction in acts of violence across most areas.
- Increase (100%) in provision of special services.
- Vehicle accidents show a continuing upward trend.
- Health and safety performance in 2019/20, with the exception of vehicle accidents, continues to improve.

- 11.2 The Committee commented on the number of vehicle accidents occurring at the closing stage of operational incidents. JH confirmed that the working group were considering all stages of operational incidents as well as other factors such as reduced adrenaline/risk perception. JD provided further assurance that these types of incidents were investigated.
- 11.3 The Committee were provided with clarification on how the completion percentage of health and safety improvement plan was being reported.
- 11.4 **The Committee scrutinised the report and thanked all those involved.**
- 12 UPDATE: WORKING TOGETHER FRAMEWORK**
- 12.1 **Update from Employee Partnership Forum (EPF)**
- 12.1.1 LB advised that no further EPF meeting had taken place.
- 12.1.2 **The Committee noted the verbal update.**
- 12.2 **Update from Partnership Advisory Forum (PAG)**
- 12.2.1 LD advised that no further PAG meeting had taken place.
- 12.2.2 **The Committee noted the verbal update.**
- 13 STRATEGIC RISK REGISTER**
- 13.1 LBA presented the risk register to the Committee noting discussion earlier during the meeting and the potential additional risk relating to resources being considered.
- 13.3 **The Committee noted the report.**
- 14 ANNUAL VALUE ADDED STATEMENT**
- 14.1 PS presented the People Committee (PC) and Remunerations, Appointments and Nominations Sub-Committee (RANSC) Annual Value Added Statement 2020/21 to the Committee. The report outlined the evidence, and work undertaken during the year, on how Committees supports the effective functioning of the Board.
- 14.2 **The Committee scrutinised and were content with the report.**
- 15 UK FIRE STANDARDS 2021**
- 15.1 JD presented a report to the Committee outlining the Service's current position in relation to the recently published Approved UK Fire Standards for Emergency response driving, Operational preparedness, Operational competence and Operational Learning. Although the UK Fire Standards only applied to English Fire and Rescue Services, the Service have taken the opportunity to review and benchmark against these standards. A team of Operations and Training, Safety and Assurance staff undertook these reviews, and in their opinion the SFRS met the standards and evidence could be provided to support that assessment.
- 15.2 The Committee queried the potential to participate in peer to peer reviews. JD noted that there was currently no process in place to facilitate peer reviews or alternative quality assurance processes.
- 15.3 **The Committee noted the report.**
- 16 BRITISH STANDARDS INSTITUTE ASSESSMENTS – NEWBRIDGE**
- 16.1 JD presented a report to the Committee outlining the positive report received from the British Standards Institute (BSI) following a Continuing Assessment Visit (undertaken remotely) at Newbridge Training Centre in February 2021. No issues were raised during the inspection and the Training Centre maintained the BSI accreditation.

16.2 The Committee noted the positive outcome and acknowledged the efforts of all those involved which evidenced the continued improvement within the Service.

16.3 **The Committee noted the report.**

17 FORWARD PLANNING

17.1 POD Policy Review Schedule Update

17.1.1 The POD Policy Review Schedule Update report was presented to the Committee and the key policies review scheduled for the next quarter were highlighted.

- Revised Flexible Working Policy, Agile Working Framework, Homeworking Policy will be published simultaneously. Training materials to be developed to support the policy.
- Policies recently issued for consultation and/or published include Business Travel/Reimbursement of Expenses, Management of Health Condition and Health Surveillance.
- Progressing new/revised policies such as Whistleblowing, Drivers Health Assessment, Pre-Placement.
- New policy for Wholetime Uniformed Instructor Employees Working Hours and Leave Policy has been published and will help progress in implementation of standard terms and conditions for Wholetime Uniformed Instructors.
- Task and Finish group convened to develop the Secondary Employment Policy.
- Details of policies to be issued for first consultation during quarter 1.
- Outline of the governance processes in place, noting the consultation and engagement arrangements with relevant stakeholders and the potential to convene task and finish groups if deemed necessary.

17.1.2 The Committee requested an update on the Substance Misuse Policy. As a result of Covid, MC confirmed that this had been deferred to 2022, however, initial work had commenced and a draft policy had been developed. RS reminded the Committee of the support available and guidance information developed by the Wellbeing Group which was available on the iHub.

17.1.3 **The Committee noted the report.**

(A Buchanan left the meeting at 1530 hrs)

17.2 H&S Policy

17.2.1 JH presented a report to the Committee providing an update on ongoing work in relation to the development and review of SFRS's Health and Safety Policy and associated management arrangements. The following key points were highlighted:

- Forward planning schedule covered the period 2019-2024.
- Three new management arrangements have been developed: Management Self Audit, Storage and Pressures Systems.
- Two management arrangements were currently out for consultation: Organised Events (charity) and New and Expectant Mothers.

17.2.2 **The Committee noted the report.**

17.3 Committee Forward Plan Review

17.3.1 The Committee noted the Forward Plan.

17.4 Items for Consideration at Future IGF, Board and Strategy Meetings

17.4.1 There were no items identified.

18 REVIEW OF ACTIONS

18.1 HG confirmed there were no formal actions raised during the meeting.

19 DATE OF NEXT MEETING

- 19.1 The next meeting is scheduled to take place on Thursday 9 September 2021 at 1300 hrs.
- 19.2 On behalf of the Committee, KD thanked Bill McQueen, Anne Buchanan and Primrose Stark for their contributions, particularly noting Primrose's influence through her role of Chair, during their time on the Committee. PS thanked her fellow Board members and Directorate colleagues for their contributions and improvements within the Committee.
- 19.3 There being no further matters to discuss, the public meeting closed at 1540 hrs.

PRIVATE SESSION**20 MINUTES OF PREVIOUS PRIVATE MEETING: 4 MARCH 2021**

- 20.1 The minutes of the private meeting held on 4 March 2021 were approved as a true record of the meeting.

21 REMUNERATIONS, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE (RANSc) UPDATE

- 21.1 The draft minutes of the RANSc meeting on 4 March 2021 had been circulated to the Committee. The Committee noted the key issues discussed at the meeting of RANSc that was held earlier today (2 June 2021).

22 KEY CASE UPDATE 2020/21 – QUARTER 4

- 22.1 FM presented a report providing an overview of the Discipline, Grievance, Bullying and Harassment Statistics for Quarter 4 2020/21.



People Committee

POD Quarterly Performance Report Quarter 1 2021 / 22

Contents

Introduction

Section 1

- 1.1 Strengthen and continually review our approach to Strategic Resourcing Planning, ensuring that SFRS current and future workforce requirements are understood and planned for
 - 1.1.1 Actual Full Time Equivalent (FTE) staff against Target Operating Model by employee group including actual headcount
 - 1.1.2 Number of staff vacancies by FTE
 - 1.1.3 Percentage Staff vacancies
 - 1.1.4 Percentage Staff turnover by employee group

Section 2

- 2.1 Support, promote and monitor the development of a diverse workforce and inclusive culture, aligned with SFRS values
 - 2.1.1 Total number of grievance cases concluded in six weeks
 - 2.1.2 Total number of discipline cases concluded within six weeks

Section 3

- 3.1 Strengthen health, wellbeing and fitness arrangements to enable staff to safely and effectively undertake their roles
 - 3.1.1 Overall absence percentage

Appendix 1 – Data Analysis

Appendix 2 – Glossary of terms

Introduction

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

The format and content of this POD Performance Report aligns with the eight performance indicators specified within the SFRS Performance Management Framework.

We also recognise the importance of providing internal stakeholders with information on how we are performing, where we can make improvements and how we can best utilise our resources to meet their needs. On that basis we will also provide a range of management information on a regular basis.



Section 1

1.1 This section focuses on data in relation to the following objective:

Strengthen and continually review our approach to Strategic Resourcing Planning, ensuring that SFRS current and future workforce requirements are understood and planned for

1.1.1 Actual Full Time Equivalent (FTE) staff against Target Operating Model by employee group including actual headcount

EMPLOYEE GROUP	Wholetime (WDS)					Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS				
Target Operating Model (FTE)	3021	363	256		3640	54	3309	384	170	819	8376
Initiatives, Projects and Capital Funded		14	12		26				12	24	62
Actual (FTE)	2916	350	272	47	3584	54	2447	300	179	783	7347
Actual (Headcount)	2917	351	272	47	3587	54	2828	300	185	830	7784

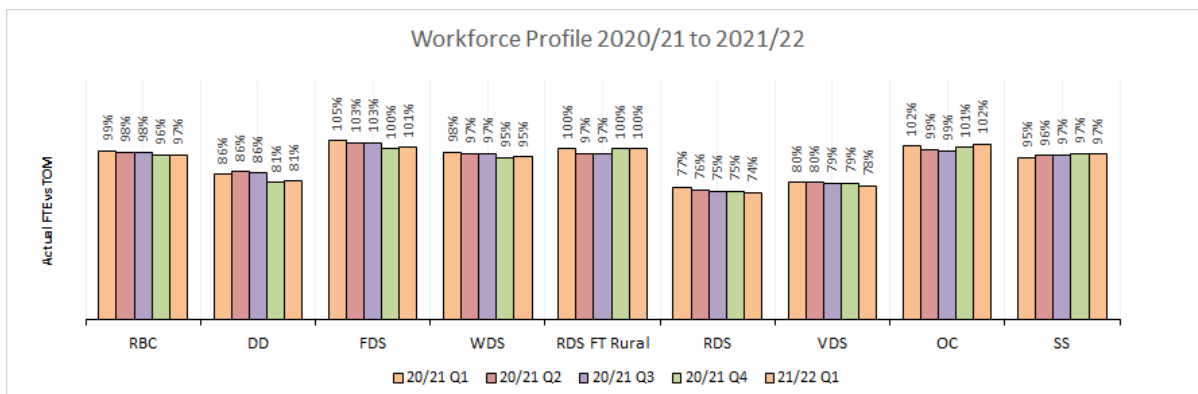
As at 30 June 2021, SFRS employed 7241 people, equating to a headcount of 7806. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract). In addition to the figures in the above table 10 employees are on Secondment and 12 on Career Breaks.

The impact of COVID-19 has continued to impact on our Target Operation Model. With the graph below illustrating the actual FTE against the budgeted TOM for each employee group for Quarter 1 2020-2021 to Quarter 1 2021-2022. To address the deficiencies POD leads a Tactical Action Group and Resourcing Recovery Group to ensure we are maximising resourcing opportunities.

OC remain over established as part of an SLT approved succession plan and therefore remain above their establishment levels.

The Flexi Duty Officer cadre remains over established due to secondments and projects, this impacts frontline firefighter numbers as secondments and temporary promotions are not currently backfilled.

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1.1.2 Number of staff vacancies by FTE

EMPLOYEE GROUP	Wholetime (WDS)					Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS				
Vacancy (FTE)	59	27	-4		82	0	862	84	3	60	1091

47 Wholetime Firefighter trainees commenced their Foundation Training Course in June 2021, with further intakes planned for September 2021 and January 2022. POD is engaging with Training and Service Delivery colleagues to confirm and, where possible, increase the intakes for 2022, for both Wholetime Firefighter and RDS Firefighter, aligned to workforce planning projections and ongoing consideration of social distancing restrictions.

In recognition of the specific challenges, we are supporting the National Retained Volunteer Leadership Forum to scope and deliver improvements to enhance RVDS recruitment and selection. A Local Solutions Task & Finish Group is scoping a pre-employment engagement programme and we have commissioned a Service Improvement project to identify an improvement programme.

1.1.3 Percentage Staff vacancies

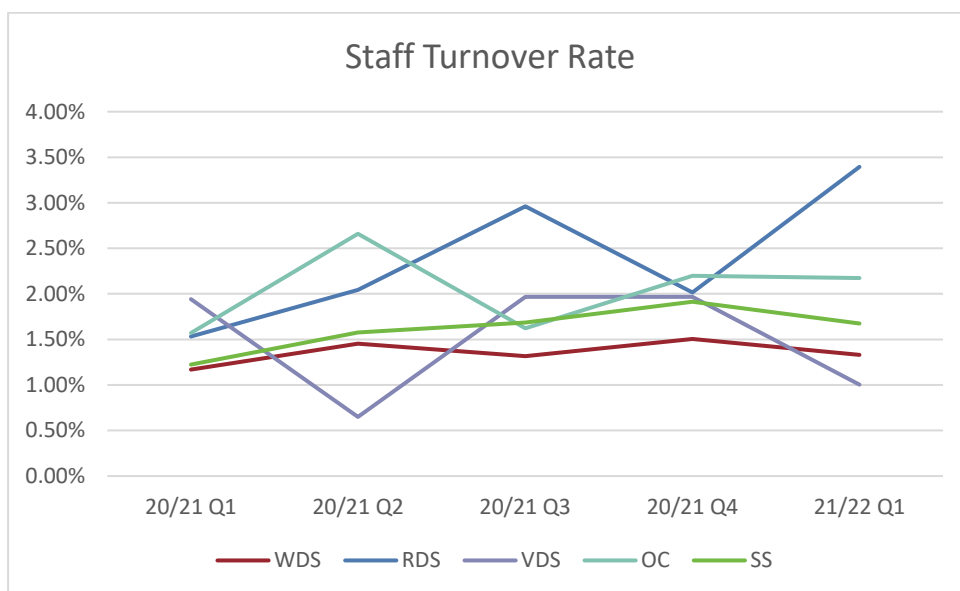
EMPLOYEE GROUP	Wholetime (WDS)					Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS				
Vacancy (%)	1.9%	7.2%	-1.5%		2.2%	-	26.1%	21.9%	1.5%	7.2%	12.9%

POD seeks continual improvement of recruitment processes, which is essential following the approval of 153 staffing business cases, to support COVID recovery plans.

To support safe resourcing practice, our Generic Risk Assessment and Safe Systems of Work are under constant review to address COVID-19 resourcing challenges.

1.1.4 Percentage Staff turnover by employee group

EMPLOYEE GROUP	Wholetime (WDS)					Retained					TOTAL (ALL)
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS	VDS	OC	SS	
Turnover Rate	0.9%	2.3%	4.4%		1.3%	-	3.4%	1.0%	2.2%	1.7%	2.1%



The graph above reflects staff turnover rates in the last five quarters. The impacts of the pandemic can be observed throughout the illustrated turnover rates. With a reduced turnover in the initial lockdown in Quarter 1 21/21 and a steady increase following this. We can also observe a further reduction during the second lockdown in Quarter 4 21/21.

Section 2

2.1 This section focuses on data in relation to the following objective:

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

2.1.1 Total number of grievance cases concluded in six weeks

RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
	1	1	2	2			1	5

There were 5 new grievances raised and concluded within this quarter, which is an increase of 3 in comparison to Quarter 4 2020/21. The main reasons were breaches of Policy and Dignity and Integrity. The geographical split was 1 case within a Directorate, 1 case each in the North and East; and 2 were within the West. 2 grievances were rejected and 3 were partially upheld.

2.1.2 Total number of discipline cases concluded within six weeks

RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
2			2					2

There were 11 new cases within this Quarter, which is a reduction of 4 in comparison to Quarter 4 2020/21. The geographical split is 1 within a Directorate, 2 in the North, 3 in the East, 5 in the West. 25 cases were concluded in total in Quarter 1 and from this 2 were completed within 6 weeks, 13 were concluded within 14 weeks and 4 cases were concluded over 14 weeks, due to absence. Code of Conduct continues to be the main reason for disciplinary matters. Work with Managers is underway to ensure cases are concluded as timeously as possible or re-allocated to Managers who are available to conclude the cases being carried forward to Quarter 2, 2021/22

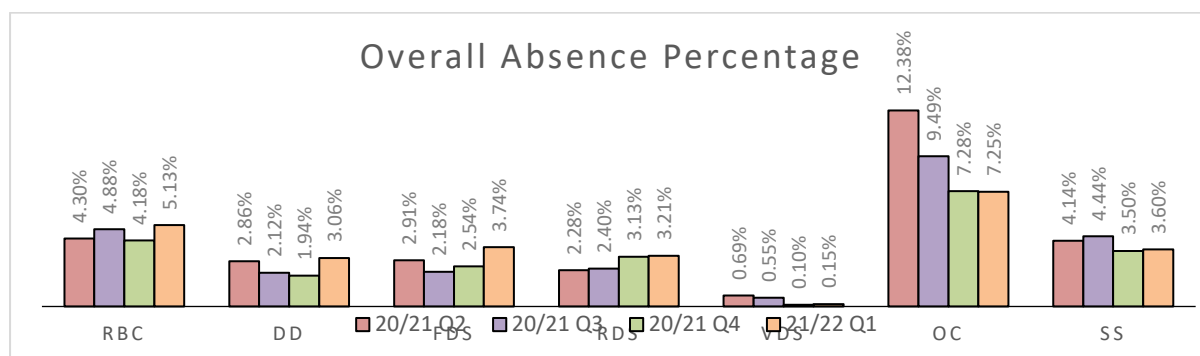
Section 3

3.1 This section focuses on data in relation to the following objective:

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

3.1.1 Overall absence percentage

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Overall Absence (work days lost versus work days available)	5.13%	3.06%	3.74%	4.63%	3.21%	0.15%	7.25%	3.60%	3.56%



The overall absence percentage for all SFRS working days lost this Quarter is 3.56% which is a decrease of 1.37% compared to the previous Quarter. This figure includes COVID-19 related absence which may account for a proportion of this decrease during a period of lockdown where the levels of COVID absence were low and steady. Whilst absence has increased across most employee groups, except for Control, which has decreased by 0.03%. The reduction in Control could be attributed to the various engagement support sessions provided by Rivers Centre and Health and Wellbeing in recent months to Control staff.

The review of the Attendance Management Policy is in the final consultation stages, with an anticipated go-live date of 1st October 2021.

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

Appendix 1 – Data Analysis

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

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

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

APPENDIX 2 – GLOSSARY OF TERMS

DPA	Data Protection Act
FTE	Full Time Equivalent
GDPR	General Data Protection Regulations
OC	Operations Control
POD	People and Organisational Development
RDS	Retained Duty System
RVDS	Retained Volunteer Duty System
SFRS	Scottish Fire and Rescue Service
SLT	Senior Leadership Team
TOM	Target Operating Model

OFFICIAL**Report No: C/PC/22-22
Agenda Item 7.2**

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

TRAINING, SAFETY AND ASSURANCE DIRECTORATE
PROGRESS AND PERFORMANCE REPORT
QUARTER 1 2021-22

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1. Introduction

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

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

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

Key successes for the Training Function within this quarter include:

- 32 new Retained and Volunteer Duty System Trainee Firefighters placed at training venues throughout the Service area completed their Task and Task Management course;
- 51 Retained and Volunteer Duty System Trainee Firefighters completed their Breathing Apparatus and Fire Behaviour training;
- 34 Wholetime Trainee Firefighters completed their Foundation Training programme;
- 36 Wholetime Trainee Firefighters commenced their Foundation Training programme at the National Training Centre on 14th June 2021, and a further 11 Wholetime Trainee Firefighters commenced at Newbridge Training Centre on 21st June 2021;
- The introduction of a modular Incident Command Level 1 (ICL1) course, with ICL1 courses being successfully delivered in Stornoway and Orkney; and,



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- Candidates completing specialist courses: 12 Hazardous Materials and Environmental Protection, 180 Initial Casualty Assessment and Treatment (ICAT), 8 Rope Rescue Supervisors, 19 Boat Operator Recertification, and 35 Swift Water Rescue Technicians have successfully completed training to support the Scottish Fire and Rescue Service (SFRS) Operational Response.





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

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

2. Risk Movement

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

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

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Develop and facilitate SFRS, SDA/Directorate Health & Safety (HS) Improvement Plans.	Engagement with SDA/Directorates on going to progress HS improvement plans. The impact of COVID-19 has reduced resources to progress some aspects of the plan.	HS Dept. has deferred some lower risk actions to 2021-22 to accommodate impact of COVID-19. Improvement in the completion of actions compared to compared to previous year is noted.	TSA5/SR4 	
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Table 1: Risk Movement

Link to Risk Register

-  Risk has not changed since previous quarter
-  Risk has decreased since previous quarter
-  Risk has increased from previous quarter

Progress from last Quarter

-  Actions taken has improved progress against objective
-  Actions taken/lack of actions taken with no progress made against objective
-  Actions taken/lack of actions resulting in slippage of objective

3. Spotlight Report – Incident Command Level 1 Training

Work continues against the Training Recovery Plans with a focus on the delivery of Incident Command Level 1(ICL1) courses. Due to the impact of the Covid-19 pandemic and the restrictions that this placed on training delivery, delegate numbers have been drastically reduced. This presents the Training Function with a challenge in terms of maintaining ICL1 competency levels for Supervisory Officers (Crew and Watch Commander) across the staff duty groups. In terms of a staffing group, as Supervisory Officers are in command of each appliance that forms our initial operational response, ICL1 training is considered a key element of building a safe and effective incident command structure.

Table 2 (below) identifies the gap for ICL1 competency for Supervisory Officers across all duty systems within SFRS.

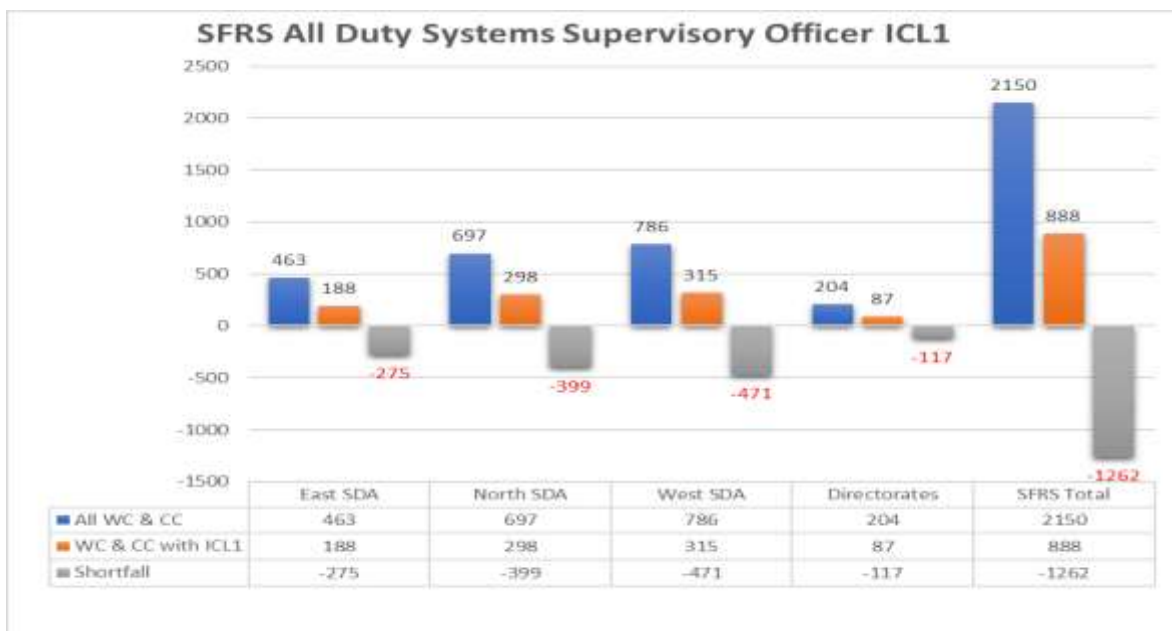


Table 2: SFRS All Duty Systems Supervisory Officer ICL1

To address this shortfall, and recognising the challenges on the capacity for the Training Function to deliver ICL1 courses, an innovative modularised ICL1 course involving remote and distance learning has been developed by the Incident Command Training Team which can be delivered locally in Local Senior Officer (LSO) Areas.

It should be noted that all current Supervisory Officers who are in command of appliances without an ICL1 qualification must have completed the Incident Command training development module and have successfully had their competency formally assessed through an Incident Command Assessment (ICA) in line with the Incident Command Development Pathway. This assures a minimum standard of Incident Command competence for every Supervisory Officer on every responding appliance.

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Additional benefits to this local delivery model include; the reduced need for candidates to travel to central training locations, the reduction in associated travel and subsistence costs, and the reduced impact on the environment associated with travel. This, along with other measures identified through the Training Continuous Improvement Programme, will also help improve capacity at training centres to deliver other risk critical areas of training in line with the Training Recovery Plans.

LSO Areas are being utilised to further pilot the course using the modular delivery method to RVDS crews, Wholetime crews, and to a combination of both duty systems.

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4 Training Analysis

4.1 Operational Readiness: Training for Operational Competence

Operational readiness is measured across competence in Core Skills, Incident Command, Specialist Skills and Maintenance Phase Development Modules (MPDM). These indicators are set internally as part of the SFRS Performance Management Framework and are aligned under Strategic Outcome 3: We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services. As per the table below, performance indicators O3.7 – O3.10 are reported upon quarterly and all have a target of 95% compliance.

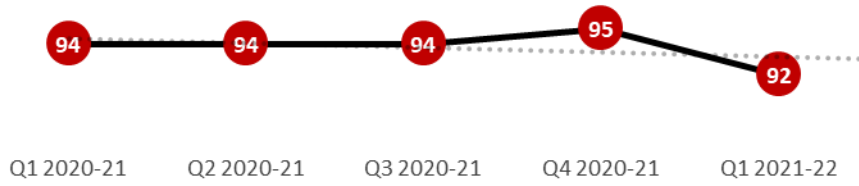
Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services.							
Ref	Indicators	Frequency	Target /Direction of Travel	Reported to			
				Board	SDC	SGC	ARAC
O3.1	Actual Full Time Equivalent (FTE) staff against Target Operating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

Table 3: Outcome 3

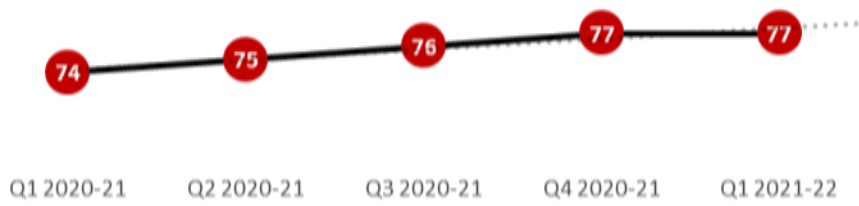
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4.2 Operational Core Competence (% of Staff deemed competent against requirement)

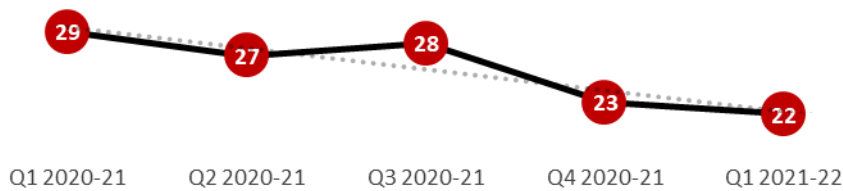
Resource Based Crewing (RBC)



Retained Duty System (RDS)



Volunteer Duty System (VDS)



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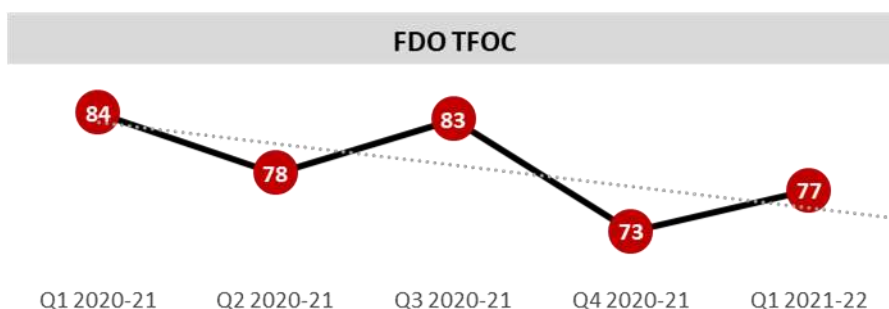


Figure 2: Operational Core Competence

The Q1 figures for Core skills of Incident Command, Breathing Apparatus, Fire Behaviour, Tactical Ventilation and Emergency Response Driver Training reflect a slight decrease for Resource Based Crewing (RBC) and Volunteer Duty System (VDS) compared with the previous quarter. This can be attributed to the impact of Covid-19 and is something that is being monitored collaboratively between Training and Service Delivery. The Retained Duty System (RDS) staff group remain the same, whilst the Flexi Duty Officer (FDO) Training for Operational Competence (TfOC) shows an increase in performance compared with the previous quarter.

The issues surrounding VDS training are to be subject to review by the RVDS Leadership Forum.

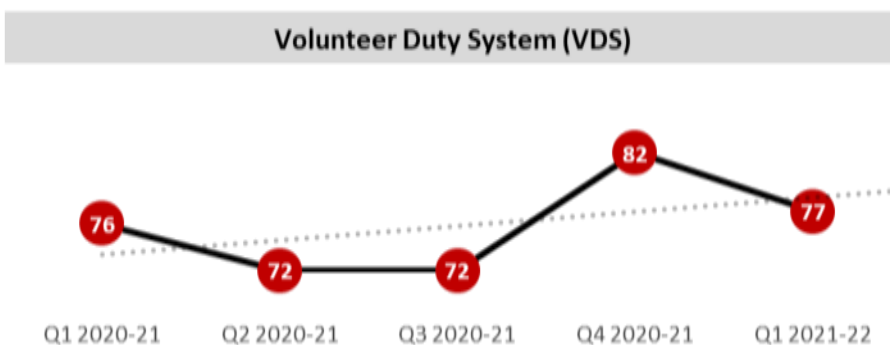
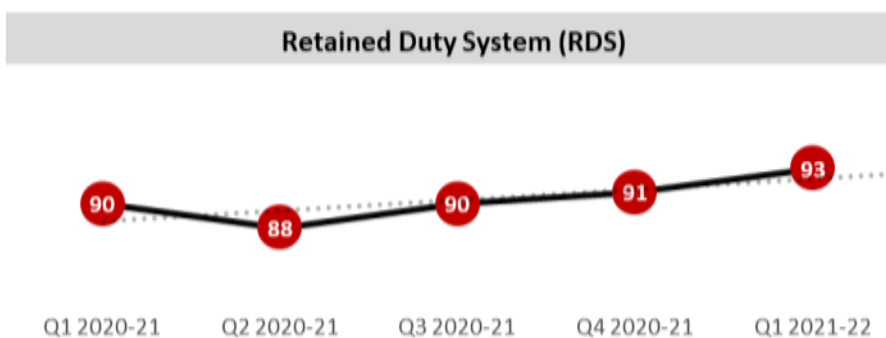
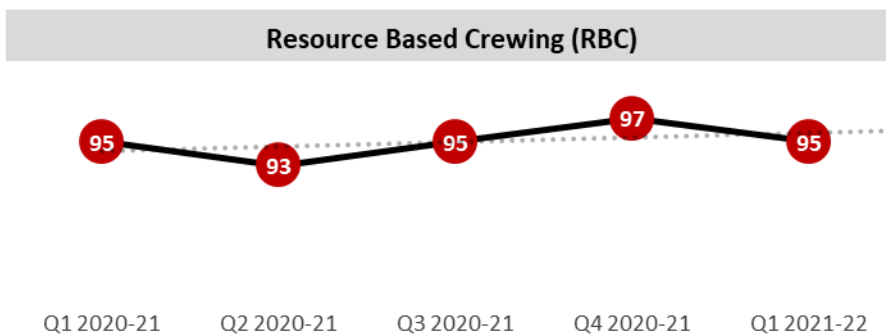
Throughout Q1, COVID-19 restrictions on RDS and Volunteer drill nights have been in place ensuring the Service is aligned with the Scottish Government Tier system during the pandemic. The additional support for distance training of our learning content accessible on a range of platforms has continued throughout the quarter to ensure maintenance of core skill competency.

The on-going focus of maintaining key risk critical skills has continued in Q2 2021-22 and has assisted in mitigating the impact of restrictions on course numbers and the restricted training capacity.

Work has begun on reviewing the TfOC programme as part of the Training Continuous Improvement Programme.

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



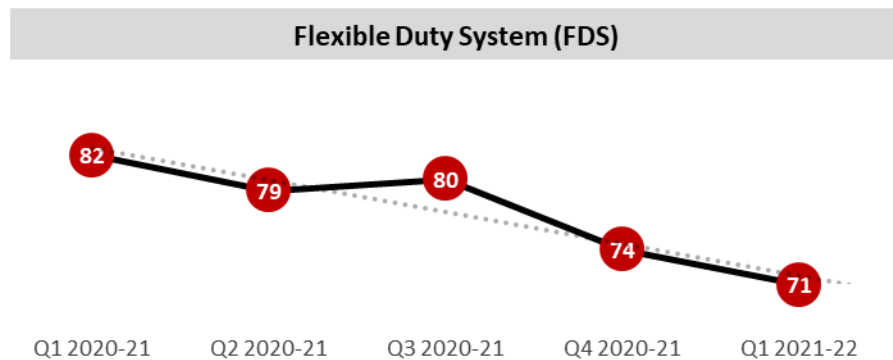


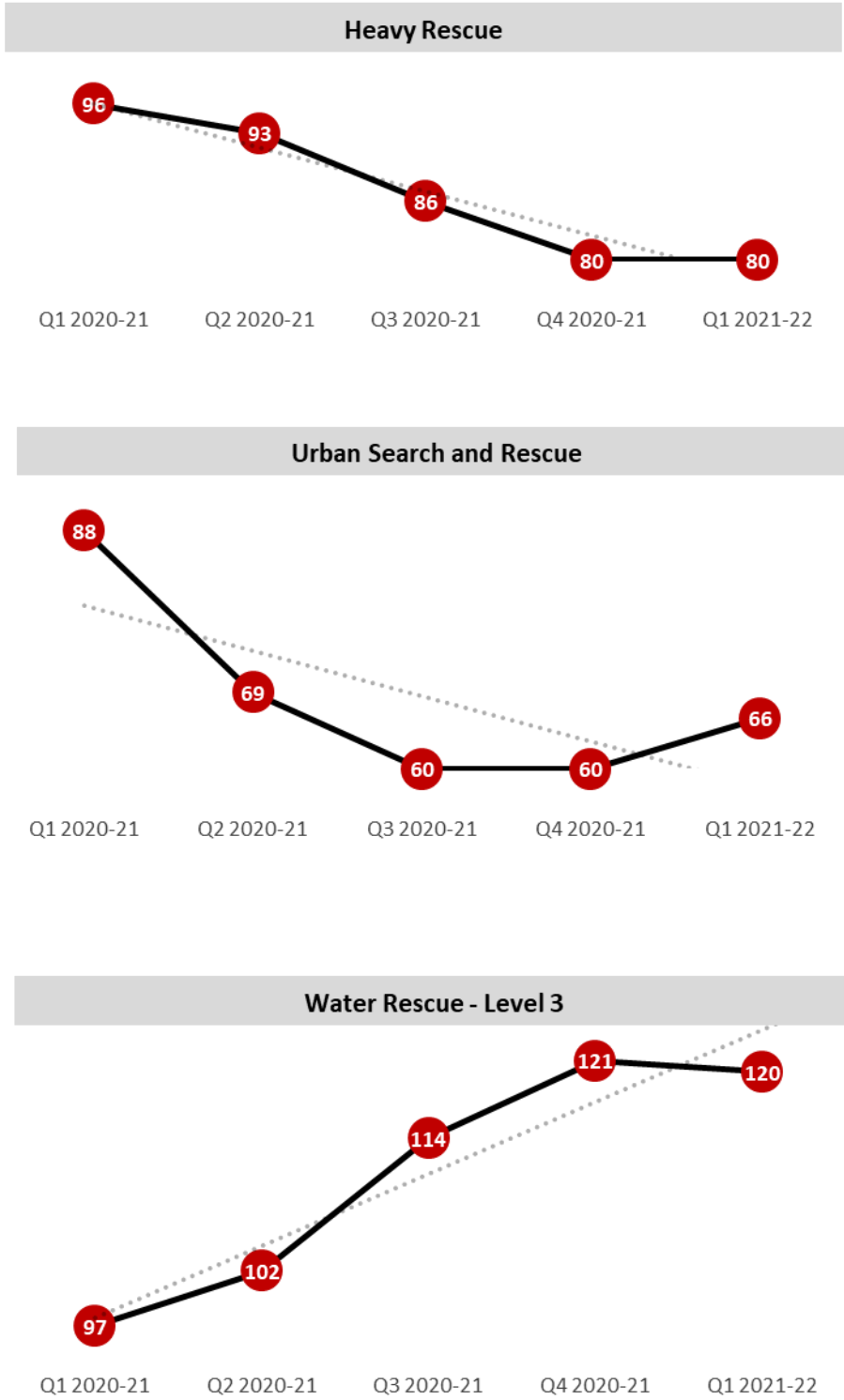
Figure 3: Incident Command Competence

Building on Q4 2020-21, there is a slight increase in RDS figures. RBC and VDS show a slight decrease for Q1. The Flexi Duty System (FDS) figure continues to reflect a decrease within Officer competency. However, competing pressures of managerial commitments, including supplementary pandemic related work continue to be a challenge and influence the availability to attend Incident Command refresher courses. To provide greater focus, this indicator forms a standing agenda item in the Service Delivery and Training monthly liaison meeting.

As discussed in Part 3 Spotlight Report above, the National Incident Command Team have introduced a revised delivery model for ICL courses to address the impact from the pandemic restrictions. This incorporates distant/ remote learning and assessment for development and refresher courses, with only the ICL1 course requiring the practical assessment interaction.

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

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



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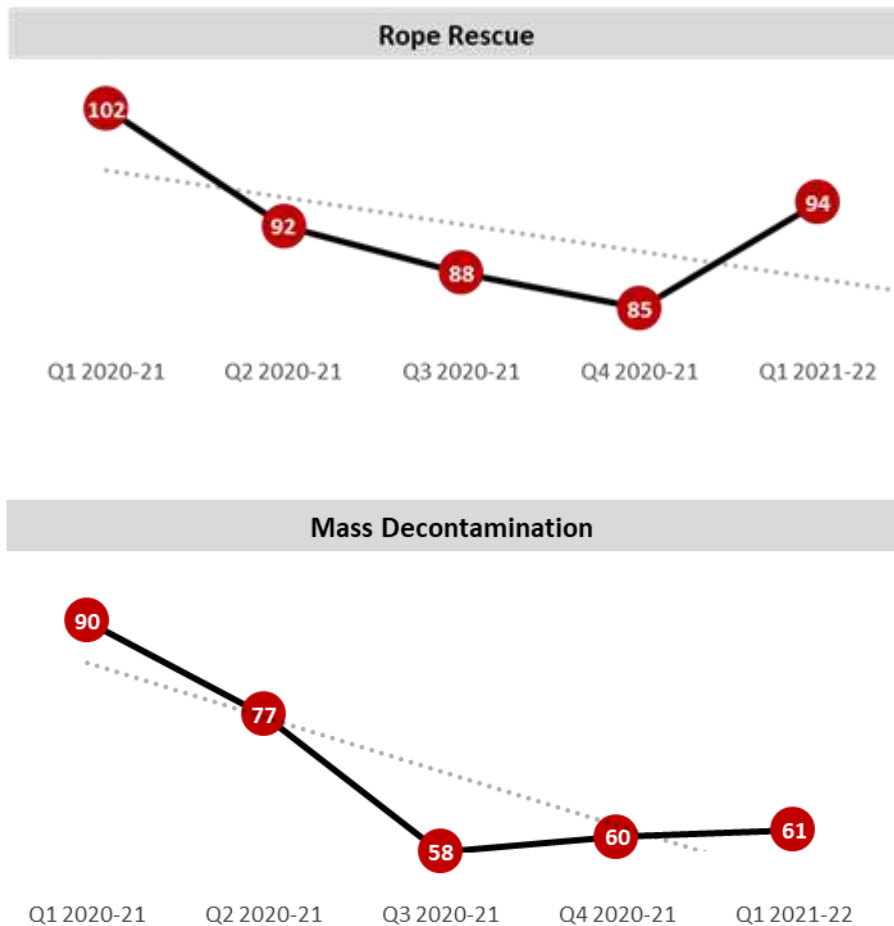


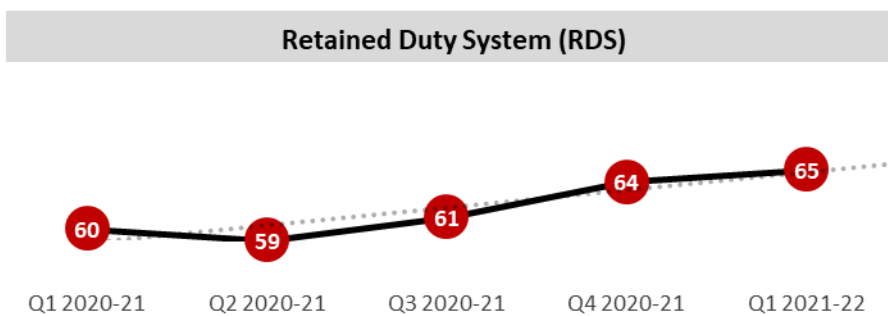
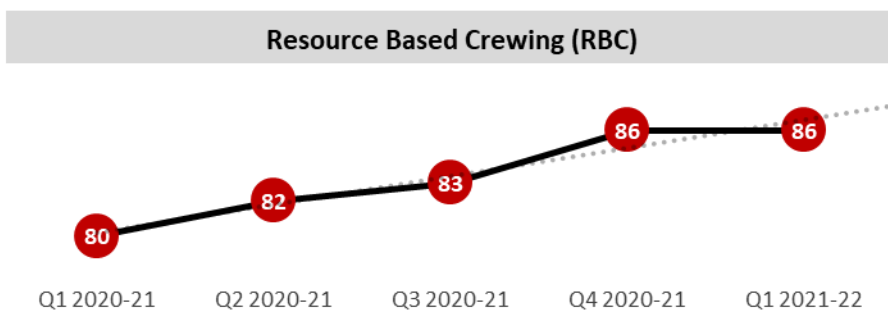
Figure 4: Specialist Rescue Competence

The programme of acquisition training for Specialist Rescue has remained a challenge, with the restriction on course numbers and reduced training capacity due to the implications of the pandemic. However, focusing on the risk assessed basis as previously agreed with Service Delivery Area's, the Q1 performance data reflects a continued strong performance in Water Rescue and an improvement in Rope Rescue specialist training. A slight increase can also be seen in the Mass Decontamination and Urban Search and Rescue training performance. Heavy Rescue training shows a consistent performance with the previous quarter, with a newly created 1-day Continued Professional Development (CPD) course being successfully developed and delivered. Training delivery across the Specialist Rescue disciplines continues into Q2 as we support the preparations in readiness for Conference of the Parties (COP) 26.

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

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

Standard Modules



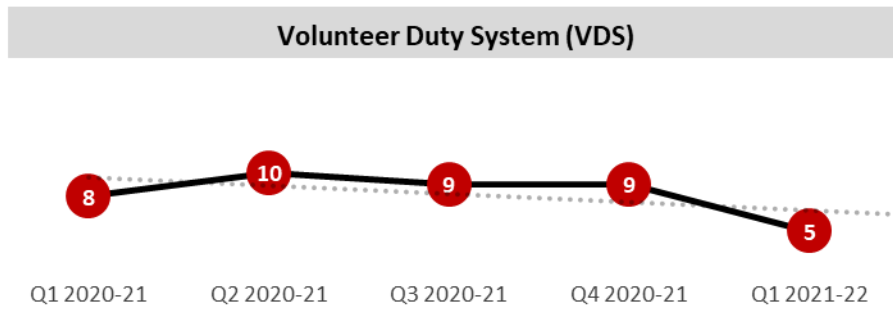
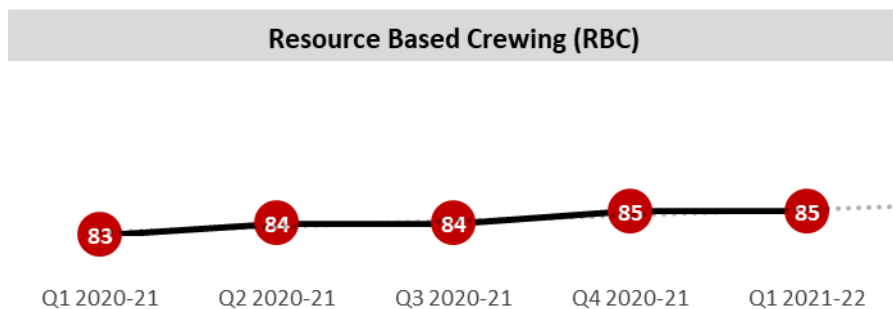


Figure 5: Standard Modules

The Q1 figures for RBC and RDS demonstrate a consistent performance when compared with the previous quarter. The ongoing pandemic restrictions introduced as part of the tier system have continued to be challenging for personnel to fully undertake and record training within the prescribed timeframes, with VDS staff showing a decrease on the previous quarter.

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

Advanced Modules



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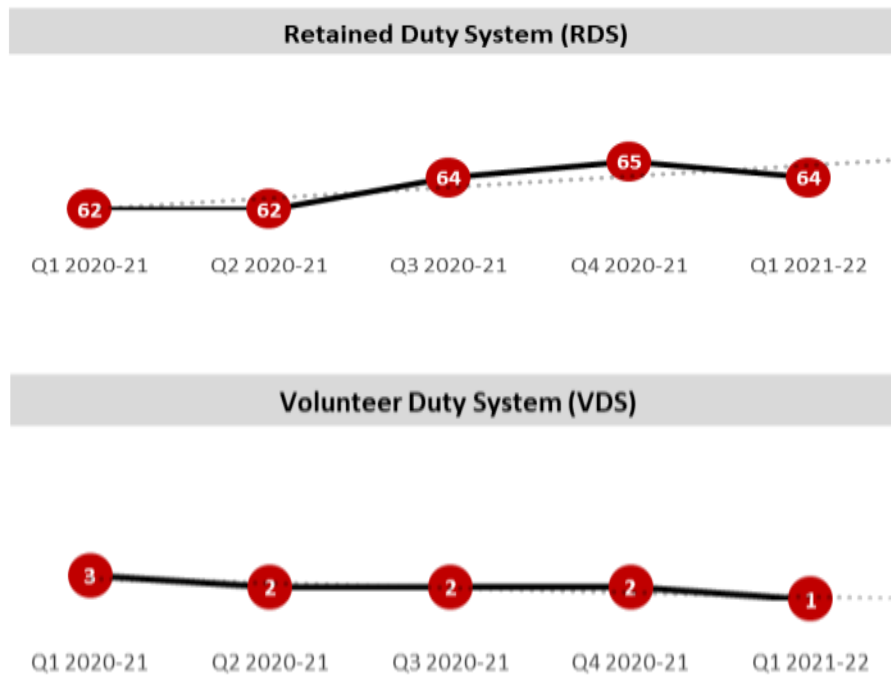


Figure 6: Advanced Modules

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

As we have moved into Q1, with the on-going impact of the COVID-19 restrictions, training has continued to be strategically aimed on key core skills and the 12 Standard modules. The achievement of all fire stations attaining COVID-19 Secure status has assisted staff in completing the practical elements of these modules through following the previously developed Guidance for the Maintenance of Skills and Competence. Collectively from this there has been minimal undue impact from COVID-19 with performance remaining consistent with pre-pandemic figures.

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

5. Health and Safety Analysis

5.1 Annual Improvement Plan

To support legislative compliance, there is one overarching SFRS Health and Safety Improvement Plan supported by ten bespoke plans, one for each Directorate. The SFRS table below indicates the current completion status at the end of Q1 2021-22.

There are 89 allocated actions within the SFRS Health and Safety Improvement Plan. These actions are spread throughout the financial year and across the Service Delivery Areas and Directorates, based on their risk profile.

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HEALTH AND SAFETY IMPROVEMENT PLAN PROGRESS REPORT								
QUARTER 1 2021-22								
				Outstanding Actions Q1 2021-22				
	Total No of Actions Year to Date (YTD)	% Progress Towards Completion YTD	Progress Against Overall Plan	Complete	0-20% Complete	21-40% Complete	41-70% Complete	71-99% Complete
Scottish Fire and Rescue Service	21	48%		10	1	3	1	6
Service Delivery Areas (SDA)/Directorates								
North SDA (NSDA)	2	100%		2	0	0	0	0
East SDA (ESDA)	2	50%		1	0	0	1	0
West SDA (WSDA)	4	50%		2	2	0	0	0
Finance and Contractual Services (FCS)	7	71%		5	1	0	0	1
People and Organisational Development (POD)	5	80%		4	1	0	0	0
Prevention and Protection (P&P)	8	50%		4	1	1	2	0
Operations (OP)	4	50%		2	2	0	0	0
Strategic Planning, Performance and Communications (SPPC)	6	83%		5	0	0	1	0
Training, Safety and Assurance (TSA)	18	72%		13	1	1	2	1
Service Development (SD)	8	75%		6	0	0	2	0

Table 4: Health and Safety Improvement Plan Progress Quarter 1 2021-22

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Key	Progress from last quarter
	Completion of actions as a percentage of total actions within the improvement plan has improved since last quarter
	Less than 20% slippage
	More than 20% slippage

Overall completion of Q1 actions is presenting as 48% (10 of 21) complete. When comparing the percentage completion within the same period in the previous reporting year, a 29% increase is noted. Significant progress is noted in three of the ten plans in place, with People and Organisational Development and Strategic Planning, Performance and Communications completing over 80%, and North Service Delivery Area completing 100% of their actions for 2021-22.

Of the 11 outstanding actions, analysis shows 55% (6 of 11) are over 70% complete.

5.2 Health and Safety Events

5.2.1 Key Performance Indicator (KPI) Totals with Two-Year Average Trend Comparisons 2021-22



Figure 6: Trend Comparisons Year-To-Date

Note – A deviation of +/- 5% falls within the expected variance and is therefore represented as no change.

Note- The dashboard cannot reflect trends for COVID 19 as 3 years of data is required to calculate the 2-year trend.

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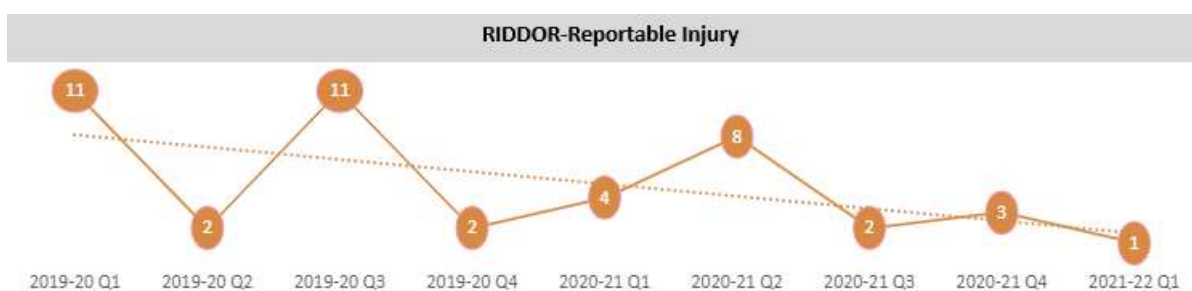
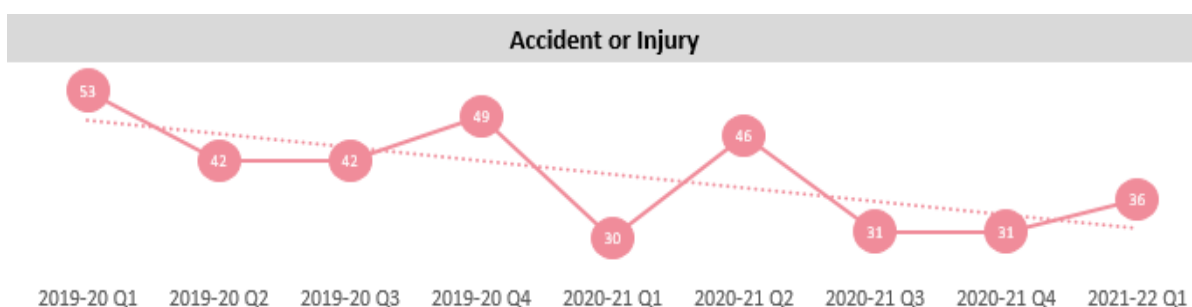
The table below shows year-to-date totals to the end of Q1 each year from 2018-19 onwards.

Event Type	2019-20	2020-21	2021-22
Injury (excluding (RIDDOR)	53	30	36
RIDDOR-Reportable Injury	11	4	1
COVID-19	-	7	0
Near Miss	51	45	33
Act of Violence	12	15	16
Vehicle Accident	79	52	68
Total	206	153	154

Table 5: Trend Comparisons Year-To-Date

5.3 Health and Safety Key Performance Indicators – Q1 2019-20 to Q1 2021-22

The panel charts below show the overall quarterly totals from Q1 2019-20 to Q1 2021-22. The dotted line on each panel gives an indication of overall trends. In some cases, these may differ from the trend arrows on the summary infographic, with the exception of COVID-19, as these are based on comparisons of cumulative totals averaged over two-year periods.



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Figure 7: Quarterly KPI Totals Q1 2019-20 to Q1 2021-22

The three-year trend for Injuries, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, and Vehicle Accidents (VAs) are positive over a three-year period. Acts of Violence (AOVs) shows a steady increase over a three-year period. Near Misses (NM) show a decrease over a three-year period. COVID-19 shows a positive trend over the five-quarter period. Further analysis of all key performance indicators can be found in the related sections of this report.

5.3.1 Directorate Accident/Injuries (excluding RIDDOR) – Q1 2019-20 to Q1 2021-22

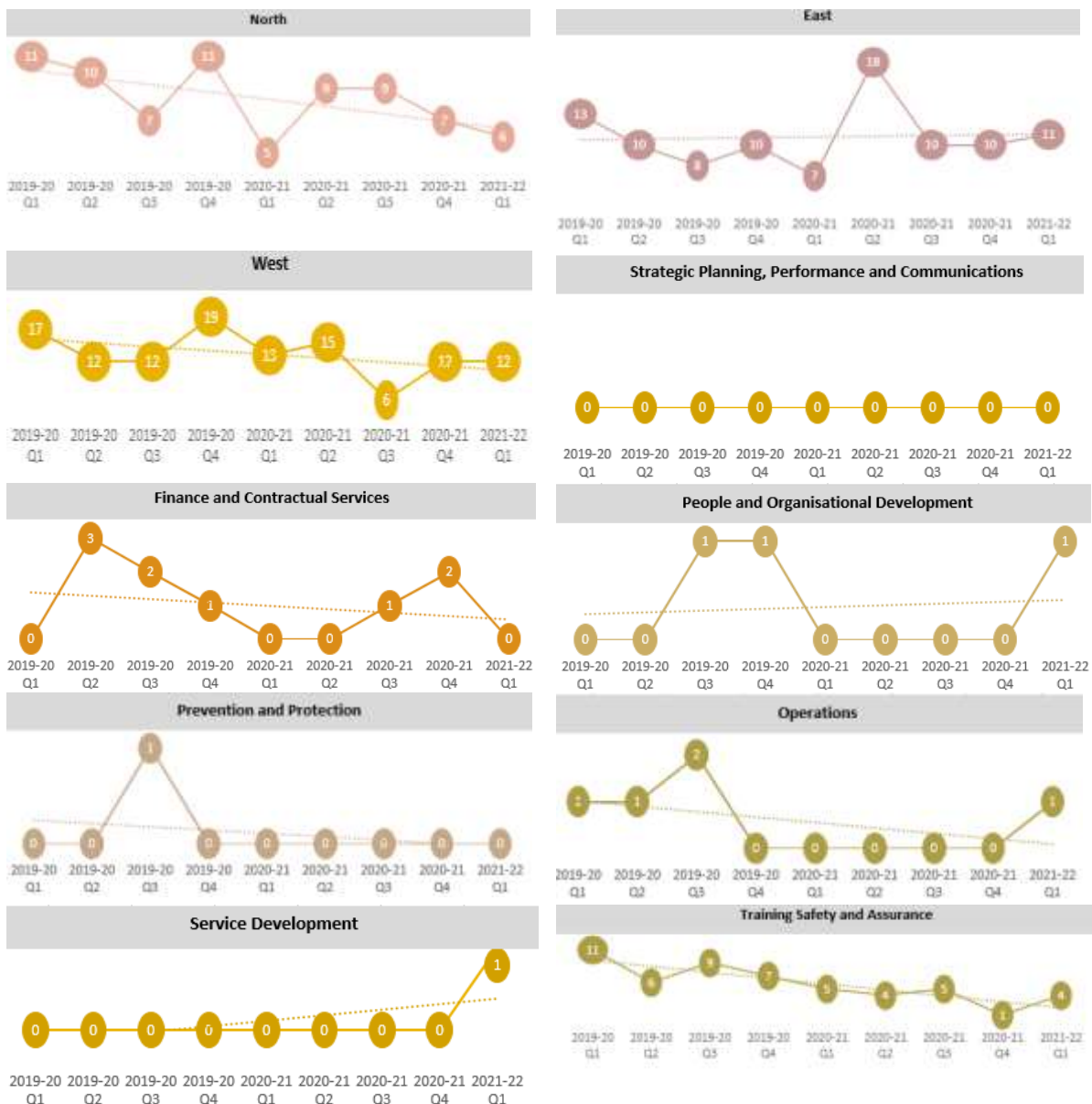


Figure 8: Directorate Accident/Injuries (excluding RIDDOR) – Q1 2019-20 to Q1 2021-22

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

When considering Q1 data with the same quarter previous reporting year, the North SDA saw a 20% (5 to 6) increase, the East SDA saw an 57% (7 to 11) increase, the West SDA saw an 8% (13 to 12) decrease, and TSA saw a 20% (5 to 4) decrease in AIs (excluding RIDDOR).

The most notable LSO Area of improvement is City of Glasgow showing a 100% (5 to 0) decrease when comparing to the same quarter previous reporting year.

5.3.2 RIDDOR Reportable Accident/Injuries – Q1 2019-2020 to Q1 2021-22

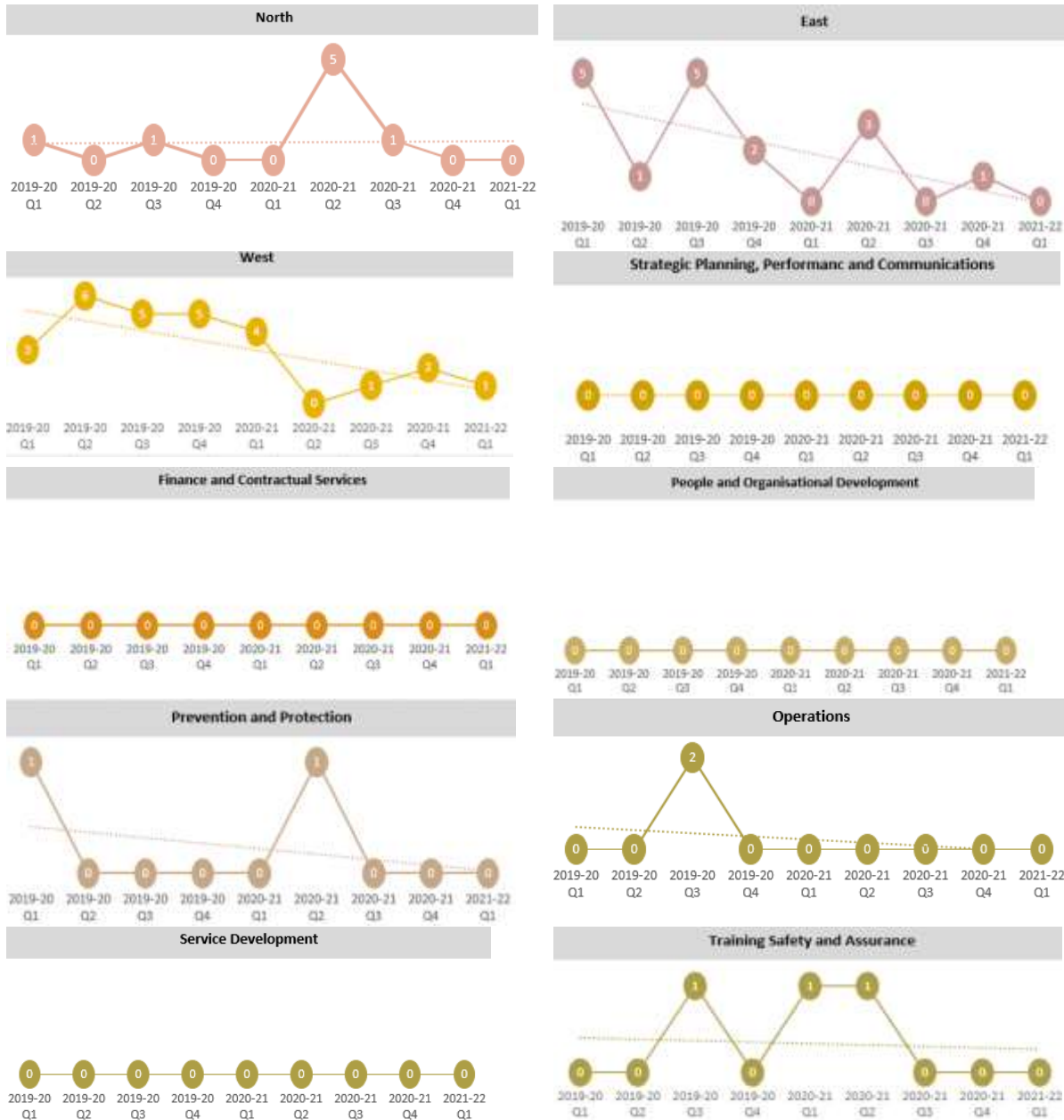


Figure 9: RIDDOR Reportable Injuries – Q1 2019-20 to Q1 2021-22

Improvement over the 3-year period is seen in the East and West SDAs and the TSA, P&P, and Ops Directorates where there has been a reduction of all RIDDOR reportable accident/injuries.

In Q1 there was 1 RIDDOR reportable accident/injury compared to 4 during the same quarter from the previous reporting year. This was due to over 7-day absence, within the West SDA, and occurred due to a trip and fall on the incident ground.

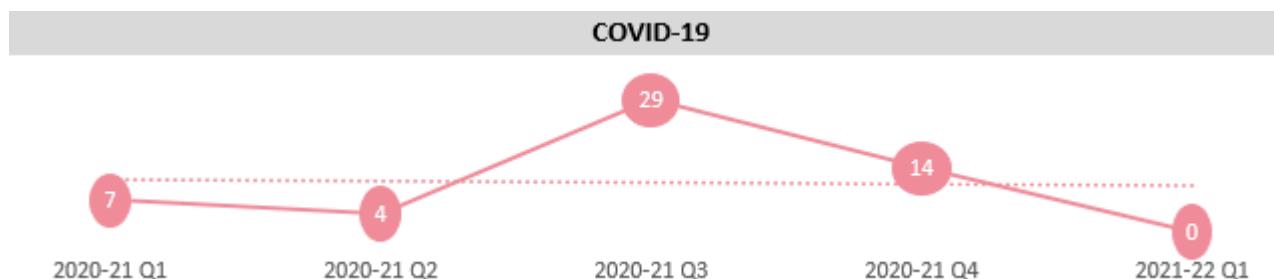
OFFICIAL**RIDDOR REPORTING COVID-19 – Q1 2020-2021 to Q1 2021-22**

Figure 1: SFRS COVID-19 RIDDOR Reportable Q1 2020-21 to Q1 2020-21

Of the 93 positive cases of COVID-19 recorded by SFRS staff during Q1, there were no cases deemed attributable to work related transmission and therefore reportable to the Health and Safety Executive (HSE). The recording dates are reflective of the management meetings to determine if there is reasonable evidence of workplace transmission, and not indicative of the date of the positive COVID -19 case occurring.

5.3.3 Accident/Injuries by Activity – Q1 2019-20 to Q1 2021-22 (Including RIDDOR)

Activity	2019-20	2020-21	2021-22
Operational	29	14	13
Non-Operational	14	5	16
Training	21	15	8
Total	64	34	37

Table 6: Accident/Injuries by Activity Q1 2019-20 to Q1 2021-22

Operational Accident/Injuries Q1 2019-20 to Q1 2021-22 (Including RIDDOR)

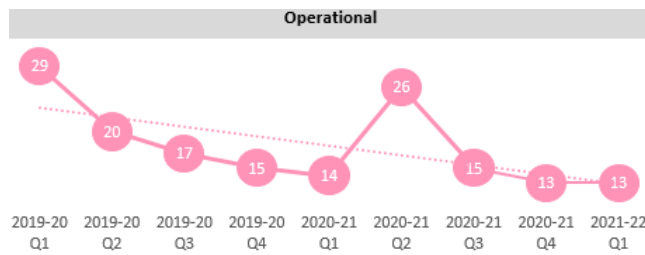


Figure 10: Operational Accident/Injuries Q1 2019-20 to Q1 2021-22

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

During Q1 2021-22 54% (7 of 13) of operational AIs were recorded as primary fires compared to 53% (8 of 15) in the same quarter previous reporting year, a 1% increase, however, numerically a decrease of 1 in this category when comparing to the same quarter previous reporting year.

23% (3 of 13) occurred at secondary fires compared to 47% (7 of 15) when comparing to same quarter previous reporting year, a 24% decrease and a numerical decrease of 4 in this category when comparing to the same quarter previous reporting year. The significant decrease is attributed to a reduction in the number of events occurring in the closing stage of the operational incident compared to the same reporting period last year (5 to 0).

15% (2 of 13) occurred during special service incidents. There were no AIs recorded at special service incidents for the same quarter previous reporting year, numerically an increase of 2. 1 involved putting on a helmet which resulted in a laceration to the head from the integrated safety goggles and the remaining 1 involved the use of a base plate not being sighted on the ground correctly, resulting in a finger injury.

A further 8% (1 of 13) occurred at false alarms. There were no injuries recorded at false alarm incidents for same quarter previous reporting year, numerically an increase of 1.

Non-Operational Accident/Injuries – Q1 2019-20 to Q1 2021-22 (Including RIDDOR)

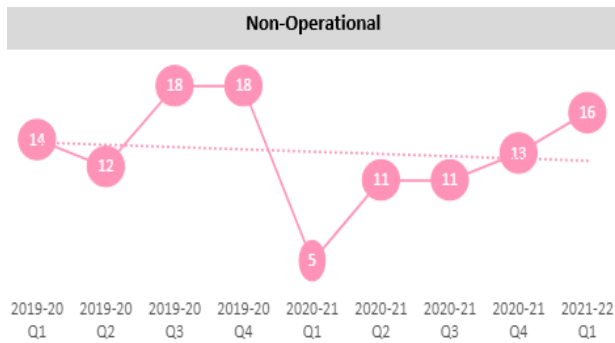


Figure 11: Non-Operational Injuries Q1 2019-20 to Q1 2021-22

There is an improvement in Non-operational Injuries over the three-year period.

Data for Q1 2021-22 shows 81% (13 of 16) of injuries reported during Q1 2021-22 involved uniformed staff, representing an 6% increase and a numerical increase of 10 in this category when comparing to the same quarter previous reporting year. The remaining 19% (3 of 16) involved support staff, 2 resulted in hand injuries and can be attributed to not undertaking checks prior to commencing work.

81% (13 of 16) occurred within the station premises e.g. carrying out cleaning duties, routine checks, dismounting appliance, and taking part in physical exercise.

Training Accident/Injuries – Q1 2019-20 to Q1 2021-22 (Including RIDDOR)



Figure 12: Training Injuries Q1 2019-20 to Q1 2021-22

There is a significant improvement in training related accident/injuries over the three-year period.

When considering Q1 data 62% (5 of 8) of training related injuries occurred during refresher training, representing a 9% increase, however numerically a decrease of 3 is showing in this category for the same quarter previous reporting year. 60% (3 of 5) occurred during SDA led Breathing Apparatus (BA) exercises. 20% (1 of 5) occurred during ladder drills and the remaining 1 occurred whilst taking part in circuit exercises.

The remaining 37% (3 of 8) are categorised as initial training, 1 involved the use of BA equipment, 1 involved the use of a hand tool, and the remaining 1 involved the use of a cutting torch.

50% (4 of 8) of all training injuries reporting during Q1 occurred during SDA led training, compared to 67% (10 of 15) when comparing to the same quarter previous reporting year, a 17% decrease and numerically a decrease of 6.

The National Training data shows a 25% decrease (4 to 3) in training injuries when comparing to the same quarter previous reporting year. With consideration to SDA led training, the North SDA shows a 100% (3 to 0) decrease when comparing to the same quarter previous reporting year. The East SDA remains consistent (2) with SDA led training events when comparing to the same quarter previous reporting year and the West SDA shows a 40% decrease (5 to 3) in SDA led training events when comparing to the same quarter previous reporting year.

5.3.4 Working Days Lost Due to Health and Safety Events by Directorate – Q1 2019-20 to Q1 2021-22

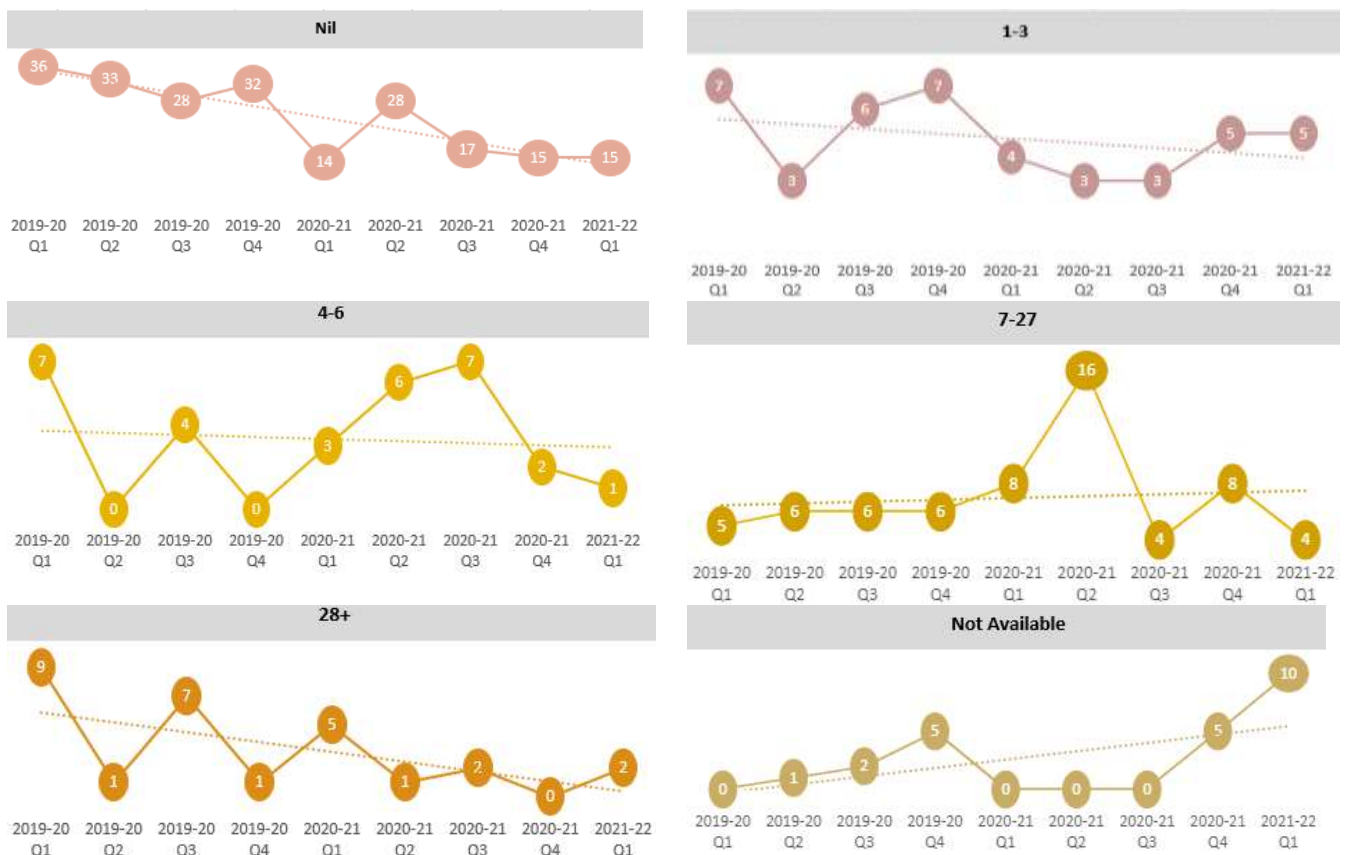


Figure 13: Working Days Lost Q1 2019 -20 to Q1 2021-22

When considering the Q1 data, 5% (2 of 37) of injuries during Q1 2021-22 were categorised in the 28+ days absence pattern, representing a 4% decrease in this category for the same quarter previous reporting year, a numerical decrease of 3.

11% (4 of 37) of injuries are categorised in the 7-27-day absence pattern, representing a 1% increase in these categories for the same quarter previous reporting year, numerically an increase of 2. The 4-6 day and 1-3-day absence patterns indicate that 33% (2 of 6) of these events are linked to musculoskeletal injuries, 1 occurred at an operational incident whilst responding to a pager e.g. ankle injury, and 1 occurred whilst carrying out non-operational activities e.g. calf injury.

There continues to be a significant increase in the number of Health and Safety events with no information available. Therefore, the trend line indicated in the other absence categories above may not be wholly reflective of actual performance.

There were no work related COVID-19 absences for Q1.

OFFICIAL**5.3.5 Three Most Common Accident/Injuries by Causation – Q1 2020-21 to Q1 2021-22**

Q1 2020-21		Q1 2021-22	
Manual Handling/Body Movement	14	Manual Handling/Body Movement	14
Impact (moving object)	7	Slips and trips and falls	5
Slips and trips and falls	4	Hot / Cold	3

Table 7: Three Most Common Accidents/Injuries by Causation Q1 2020-21 to Q1 2021-22

The most common cause of accident/injuries during the reporting period was manual handling/body movement, accounting for 38% (14 of 37) of the total reported. This represents a decrease of 5% in this category when comparing to the same quarter previous reporting year, numerically remaining consistent. Further analysis of the manual handling/body movement shows that 71% (10 of 14) resulted in minor injuries to staff, an increase of 8% in this category when comparing to the same quarter previous reporting year, numerically remaining consistent. Major injuries (over 7-day) accounted for 29% (4 of 14), a decrease of 3% when comparing to the same quarter previous reporting year, representing a numerical decrease of 4. 21% (3 of 14) of manual handling/body movement injuries occurred whilst attending operational incidents and 43% (6 of 14) of manual handling/body movement injuries occurred whilst undertaking non-operational activities with 67% (4 of 6) relating to fitness activities. 75% (3 of 4) were under the supervision of Health and Wellbeing staff. 36% (5 of 14) of manual handling/body movement injuries occurred whilst undertaking training with 60% (3 of 5) occurring during SDA led training.

Slips, Trips and Falls (STF) injuries accounted for 13% (5 of 37) of all injuries reported during Q1, representing an increase of 1% in this category when comparing to the same quarter previous reporting year, with a numerical increase of 1.

40% (2 of 5) occurred whilst attending operational incidents. 60% (3 of 5) occurred whilst undertaking non-operational activities.

There has been an 5% (1 to 3) increase in the hot/cold injury category and a numerical increase of 2 when comparing to the same quarter previous reporting year with 1 event occurring at an operational incident and resulted in heat stress, 1 occurred whilst undertaking non-operational activities within the kitchen at the station, and the remaining 1 occurred whilst using a cutting torch at USAR training.

5.3.6 Near Misses by Directorate – Q1 2019-20 to Q1 2021-22

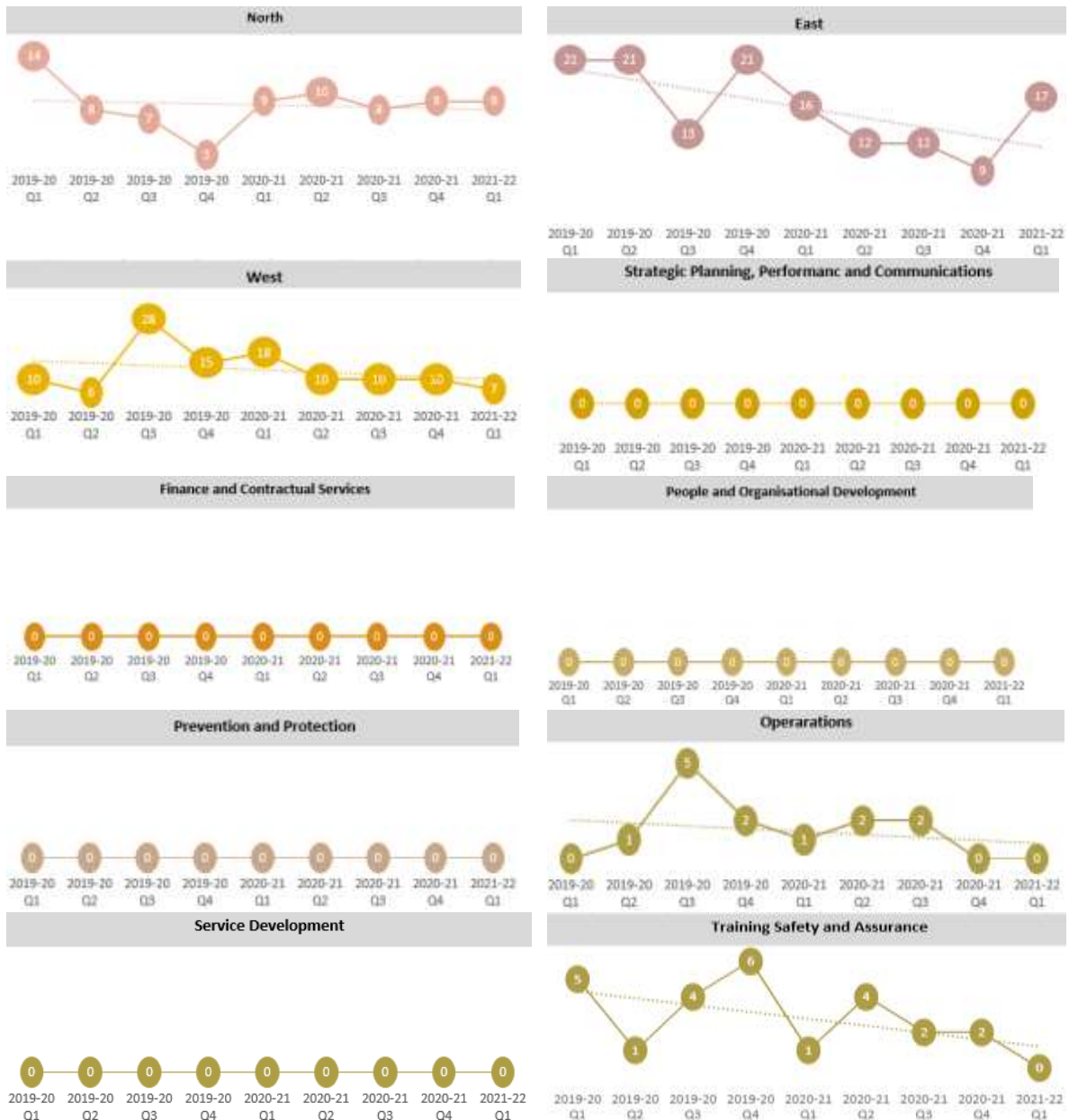


Figure 14: Near Misses by Directorate Q1 2019-20 to Q1 2021-22

When considering the number of near misses in relation to the number of RIDDOR reportable events (excluding Covid-19), we see a ratio of 33:1 which is an improvement in frequency compared to 11:1 when comparing the same quarter previous reporting year.

The North, East, and West SDAs show a steady decrease in the reporting of near misses over the three-year period. There were no near miss reports raised in any of the other Directorates.

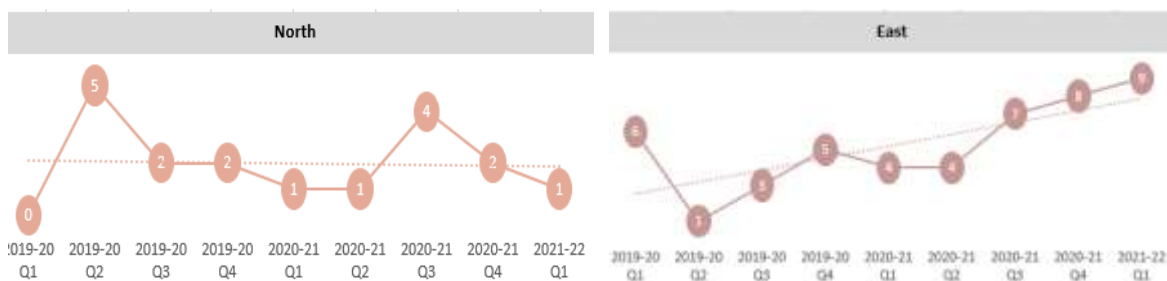
Operational near misses accounted for 49% (16 of 33) of the total reported, representing a 17 % decrease and a numerical decrease of 13 when comparing to the same quarter previous reporting year. A further 21% (7 of 33) occurred during non-operational activities, representing a 2% increase in this category when comparing to the same quarter previous reporting year and a numerical increase of 2. Finally, 30% (10 of 33) of all near misses reported during Q1 were associated with training activities, an increase of 13% in this category and a numerical decrease of 2 when comparing to the same quarter previous reporting year.

Further analysis shows that of the 9 operational near misses reported, 44% (7 of 16) occurred at primary fires, a 13% decrease from the same quarter previous reporting year and a numerical decrease of 10. 37% (6 of 16) occurred at secondary fires, an increase of 24% from the same quarter previous reporting year and a numerical increase of 2. 12% (2 of 16) occurred at special services, a 1% decrease from the same quarter previous reporting year, with a numerical decrease of 2. There was insufficient data recorded 7% (1 of 16) in the remaining near miss to determine incident type.

43% (3 of 7) of non-operational near misses were associated with appliance storage e.g. damaged BA sliding locker, equipment incorrectly stored and falling out on opening the locker. A further 14% (1 of 7) related to a property issue e.g., a loose Covid-19 floor sticker, representing a decrease of 8% from the same quarter previous reporting year, numerically a decrease of 1.

All training near misses reported during Q1 occurred during SDA led training with all associated with refresher training. The most common types of training being carried out when a near miss event occurred was during ladder training and Road Traffic Collision (RTC) training, accounting for 33% (3 of 10).

5.3.7 Acts of Violence(AOV) by Directorate – Q1 2019-20 to Q1 2020-21



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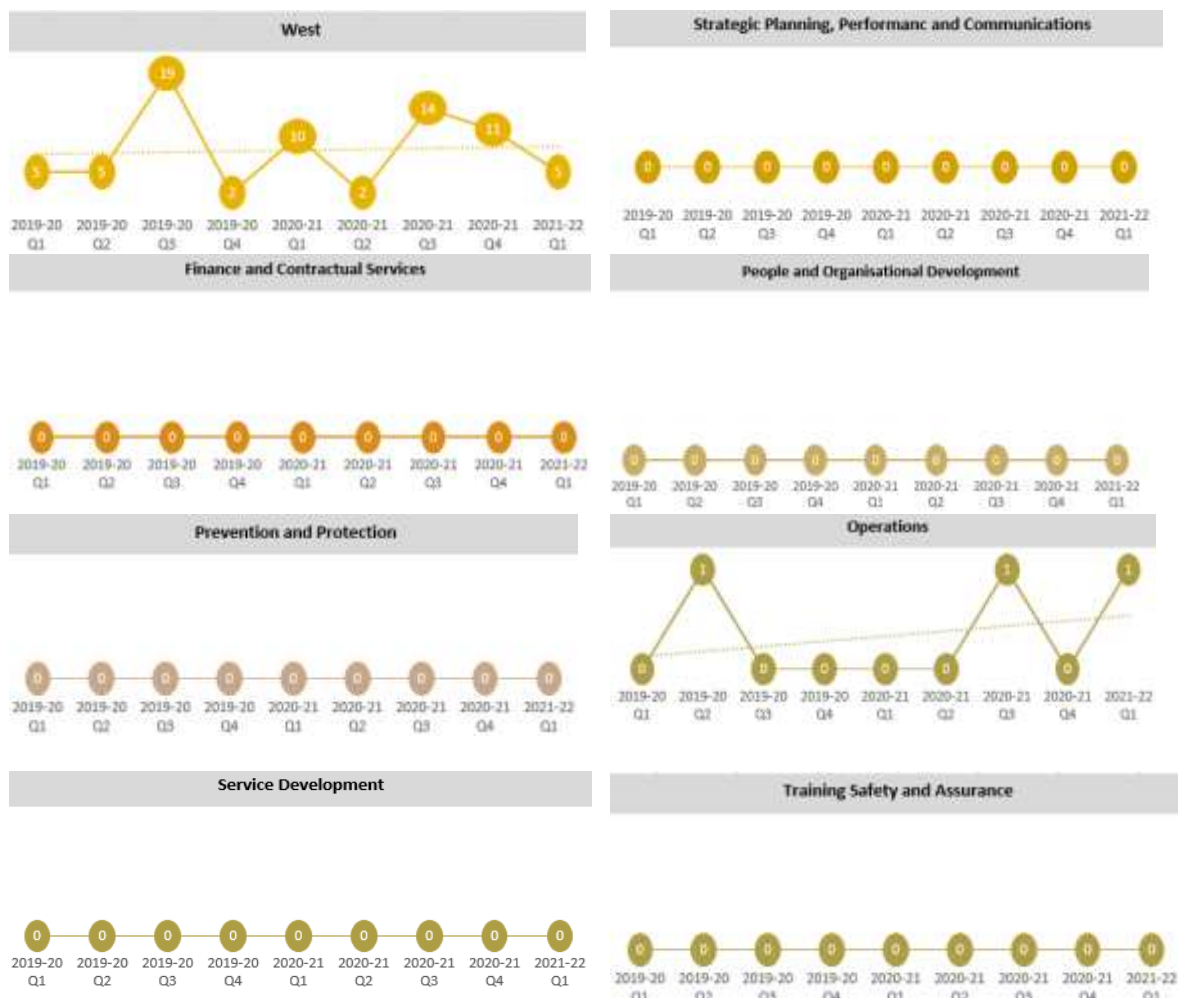


Figure 15: AOV by Directorate Q1 2019-20 to Q1 2021-22

There has been a steady increasing trend of AOVs reported over a three-year period within the SFRS, with the East and West SDAs showing an increasing trend over the three-year period. When comparing to the same quarter previous reporting year, a 7% increase (15 to 16) is noted within SFRS. The West SDA shows a significant decrease of 55% (11 to 5) in AOVs when comparing to the same quarter previous reporting year. The East SDA shows a significant increase of 125% (4 to 9) when comparing to the same quarter previous reporting year. 67% (6 of 9) of AOVs occurred within the City of Edinburgh LSO, a numerical increase of 6 when comparing to the same quarter previous reporting year.

87% (14 of 16) occurred at operational incidents. 71% (10 of 14) of AOVs requested Police attendance and 21% (3 of 14) are considered as Reportable under the Emergency Workers (Scotland) Act 2005.

There were no injuries reported in Q1 relating to AOVs.

5.3.8 Vehicle Accidents(VA) by Directorate – Q1 2019-20 to Q1 2021-22

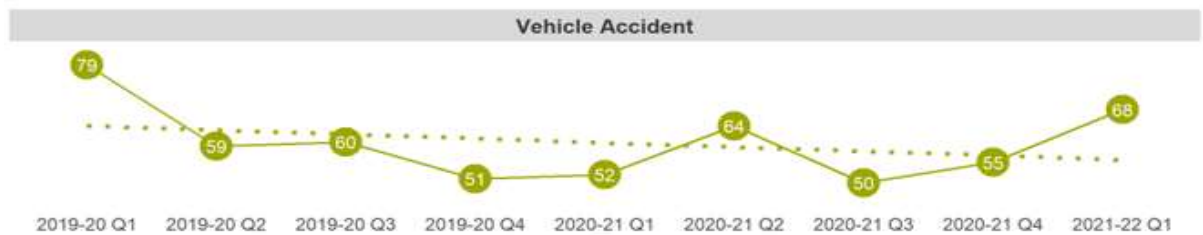


Figure 16: Vehicle Accidents by Directorate Q1 2019-20 to Q1 2021-22

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

56% (38 of 68) of all VAs reported during Q1 were attributed to operational incidents, representing a 11% decrease in this category from the same quarter previous reporting year, and a numerical increase of 4. A further 40% (27 of 68) were attributed to non-operational activities, representing a 11% increase in this category from the same quarter previous reporting year, and a numerical increase of 12. Finally, 4% (3 of 68) were accidents attributed to training, remaining consistent in this category from the same quarter previous reporting year, and a numerical increase of 2.

63% (43 of 68) were as a result of slow speed manoeuvres, a 1% increase in this category from the same quarter previous reporting year, and a numerical increase of 11. 26% (11 of 43) of slow speed manoeuvres occurred within appliance bays/station yard, a decrease of 3% from the same quarter previous reporting year, and a numerical decrease of 4. 21% (14 of 68) occurred under blue light conditions, a 4% decrease in this from the same quarter previous reporting year, and a numerical increase of 1.

75% (51 of 68) occurred while the vehicle was moving forward, a 4% increase from the same quarter previous reporting year, and a numerical increase of 12. 16% (11 of 68) occurred while the vehicle was reversing, an 8% decrease from same quarter previous reporting year, and a numerical decrease of 2. 9% (6 of 68) had insufficient information.

15% (10 of 68) of vehicle accidents involved the use of Driving Assistants, a 7% decrease from the same quarter previous reporting year, and a numerical decrease of 1. Another 16% (11 of 68) of VA required Driving Assistants to be in position, however they were not used, this represents a 1% decrease from the same quarter previous reporting year, and a numerical increase of 1.

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63% (43 of 68) hit something fixed or stationery, a 14% decrease in this category from the same quarter previous reporting year, with a numerical decrease of 3. 40% (17 of 40) involved hitting a stationery vehicle, a 1% increase from the same quarter previous reporting year, with a numerical decrease of 4. 51% (22 of 43) involved street furniture e.g. fences, bollards, road signs, walls, lamp posts, bushes, barriers and verges, a 2% decrease from the same quarter previous reporting year, with a numerical decrease of 4. 9% (9 of 43) involved appliance bay doors, a 2% decrease from the same quarter previous reporting year, with a numerical decrease of 2.

There were no injuries reported in Q1 relating to VA.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/23-21

Agenda Item: 9.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	9 SEPTEMBER 2021						
Report Title:	COVID-19 RECOGNITION SCHEME - REVIEW						
Report Classification:	For Information	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	To provide detail of the review and outline lessons learned following conclusion the Covid-19 Recognition Scheme.						
1.2	To confirm further actions approved in response to feedback received as part of this review.						
2	Background						
2.1	In November 2020 a one-off Covid-19 Recognition Scheme was launched, in place of the main recognition scheme, whilst the pandemic was ongoing.						
2.2	This scheme sought to acknowledge and reward both individuals and teams who had gone above and beyond during the pandemic; particularly for actions and behaviours which demonstrated commitment to Scottish Fire and Rescue Service (SFRS) values.						
2.3	The Recognition Scheme forms part of our Reward Framework, alongside other reward mechanisms such as the Chief Officer's Commendation, Management recognition such as Thank You cards, and nominations for external awards. Employee recognition is also a key component of our wider employee engagement strategy, and can have a positive impact on overall organisational performance.						
2.4	Nominations were sought from both peers and line managers, with regular communications being issued in the weekly brief during the nomination window to encourage participation in the scheme. A mixture of individual and team nominations were received for SFRS employees and volunteers and, on this occasion, on-site Sodexo staff were also nominated. The total number of vouchers issued was 647.						
3	Main Report/Detail						
3.1	The original window for submitting nominations was from 16 November 2020 to 8 January 2021, however this end date was extended to 29 January 2021. Initially there was significant activity in terms of nominations submitted, however this momentum was impacted during the Christmas and New Year holiday period.						
3.2	A Nominations Panel was established, with their role being to consider all nominations received and to provide outcomes i.e. whether nominations were approved or declined. The Panel included the Chief Officer, the Director of People and Organisational Development, and the Head of Corporate Governance.						

3.3	The standard of nominations received was, in the main, very good however many did not expressly link the activity/action to the relevant SFRS Value(s), and in some cases insufficient information was provided. In these instances, further support and guidance was provided to nominators to ensure their submissions could be properly considered by the panel.								
3.4	<p>It was highlighted at an early stage that the vast majority of nominations were being made for Support Staff, and as such an effort was made to target Uniformed Staff. The number of nominations for this group then increased, however overall and considering the size of each staff group, was still significantly less proportionately than for Support Staff:</p> <table data-bbox="279 548 1212 694"> <tr> <td>Number of Support Staff nominated</td> <td>225</td> </tr> <tr> <td>Number of Wholetime staff nominated</td> <td>234</td> </tr> <tr> <td>Number of RDS staff nominated</td> <td>40</td> </tr> <tr> <td>Number of VDS staff nominated</td> <td>5</td> </tr> </table>	Number of Support Staff nominated	225	Number of Wholetime staff nominated	234	Number of RDS staff nominated	40	Number of VDS staff nominated	5
Number of Support Staff nominated	225								
Number of Wholetime staff nominated	234								
Number of RDS staff nominated	40								
Number of VDS staff nominated	5								
3.5	Although difficult to identify a specific reason for the proportions outlined above, some feedback from managers during the process suggested that Uniformed Staff were more reluctant to nominate as they felt that “this is just what they do”. The majority of nominations for Uniformed Staff mainly involved voluntary work within the community and fundraising for charities. Further feedback from managers also suggested that employees would have been equally happy to receive a formal certificate or note of thanks in recognition of their contribution during the pandemic.								
3.6	In order to ensure identification of any areas where the recognition process could be improved, feedback was also sought from the Panel and other teams involved in the one-off scheme. Positive feedback was received from the Panel in terms of the process and the final outcomes for staff, and felt that the scheme had been well-received by employees.								
3.7	<p>Some areas for consideration/improvement were identified by the Panel, these being:</p> <ul data-bbox="279 1198 1447 1646" style="list-style-type: none"> • Greater encouragement for managers/peers to consider those within their teams deserving of a nomination; this should improve the perceived consistency in approach regarding the process • Provision of more detailed guidance to support managers in the nomination process i.e. to best tailor their submissions and include all relevant information • Issue reminders for Heads of Function/Service and Directors to encourage nominations within their respective teams • Consider including in early communications that those nominated should not be informed until the Panel outcome is known, to avoid potential disappointment • Consider, depending on future activity and volume, establishing an additional panel to review nominations • That those eligible to receive awards in future will be SFRS employees and Volunteers; with the recent award to Sodexo staff being a one-off event 								
3.8	Further discussions also included the possibility of determining “themes” for the main scheme. For example, these could be linked to specific SFRS values, or perhaps to recognise other key actions such as supporting community groups, supporting colleagues, team activities and, in all cases, for actions over and above normal expectations.								
3.9	Feedback was also received from the Communications Team, who felt that for future exercises improvements could be made to the communications plan and how this is implemented; the extension to the closing date for the Covid-19 scheme presented some difficulties for the Comms team, and a more detailed plan in future would allow them to allocate sufficient resources and ensure all Comms requirements are fulfilled i.e. spotlight stories following outcomes.								

3.10	As part of this review, it was also raised that the frequency of launching future recognition schemes should be considered; taking into account the planning and preparation time, through to successful issue of nomination outcomes, and the significant resources from a number of teams to support this successfully. It was proposed that a twice-yearly exercise would be more manageable in the longer term, and may generate greater interest in the scheme than a more frequent event. This would require a slight change to the current SFRS Employee Recognition Scheme, which outlines that nominations can be reviewed quarterly each year.
4	Recommendations
4.1	<p>Following this review, and taking into account the feedback received, the actions outlined below were approved by the People Board on 19 August and will be progressed in preparation for the launch of the main Recognition Scheme:</p> <ol style="list-style-type: none"> 1. Commence early engagement with the Comms team to determine if resources are available for preferred timescales, and to ensure a robust strategy is in place for launch and follow-ups e.g. spotlight articles; 2. Consider content of initial communications for launch, incorporating relevant points of feedback received e.g. quality/relevance of nomination detail, not informing nominees ahead of Panel outcomes; 3. Develop supporting guidance to assist those compiling nominations and reminders issued to Heads of Function/Service and Directors to encourage nominations; 4. Review and update administrative documents associated with the scheme following feedback from the Corporate Admin Team; 5. Consider and develop nomination “themes” ahead of the launch of the main scheme; 6. Consider the regularity of such an exercise. It is recommended that twice yearly would be more manageable in the longer term; 7. Ensure other means of recognition from the main scheme are highlighted through appropriate communications e.g. Thank You Cards, Chief Officer’s Commendation etc.
5	Key Strategic Implications
5.1 5.1.1	<p>Risk</p> <p>There are no areas of Service risk identified in relation to this report.</p>
5.2 5.2.1	<p>Financial</p> <p>The Covid-19 Recognition Scheme utilised a total voucher value of £32,350 (647 x £50 vouchers), paid from savings made from utilisation of employee benefits salary sacrifice schemes.</p>
5.3 5.3.1	<p>Environmental & Sustainability</p> <p>There are no Environmental & Sustainability issues relating to this report.</p>
5.4 5.4.1	<p>Workforce</p> <p>The Covid-19 Recognition Scheme was received positively by employees and sought to recognise their extraordinary efforts during the pandemic. This was an early step in strengthening SFRS’ wider reward framework and employee engagement strategy and the launch of the main scheme in due course will assist this further.</p>
5.5 5.5.1	<p>Health & Safety</p> <p>There are no Health & Safety issues relating to this report.</p>
5.6 5.6.1	<p>Training</p> <p>Further guidance to be provided to assist in relation to compiling nominations to support the process and ensure all relevant information is received by the Panel.</p>

5.7 5.7.1	Timing The Covid-19 Recognition Scheme was a one-off event in response to the pandemic; it is anticipated that the main scheme will be launched later in 2021.	
5.8 5.8.1	Performance There are no Performance issues relating to this report.	
5.9 5.9.1	Communications & Engagement As outlined throughout this report, early engagement with the Communications Team will be critical to launching the main scheme.	
5.10 5.10.1	Legal There are no Legal issues relating to this report.	
5.11 5.11.1	Information Governance <i>DPIA completed - No. This report does not contain any information where a DPIA would be required.</i>	
5.12 5.12.1	Equalities <i>EIA completed - No. This report does not require an EIA to be completed, however an EIA for the main SFRS Employee Recognition Scheme is available.</i>	
5.13 5.13.1	Service Delivery There are no Service Delivery issues relating to this report.	
6	Core Brief	
6.1	Not applicable	
7	Appendices/Further Reading	
7.1	Not applicable	
Prepared by:	Liz Nichol, HR Adviser	
Sponsored by:	Rachael Scott, Deputy Head of POD	
Presented by:	Linda MacKenzie, POD Manager (T), Reward and Benefits	
Links to Strategy and Corporate Values		
The Covid-19 Recognition Scheme is linked to SFRS's Reward strategy, and supports outcome 3 of the Strategic Plan "We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services." and "We are also committed to delivering the best possible benefits packages for all staff who work for the SFRS."		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>POD Directorate Management Team</i>	<i>20 July 2021</i>	<i>For Decision</i>
<i>People Board</i>	<i>19 August 2021</i>	<i>For Decision</i>
<i>People Committee</i>	<i>9 September 2021</i>	<i>For Information</i>
<i>Employee Partnership Forum</i>	<i>18 November 2021</i>	<i>For Information</i>

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/24-21

Agenda Item: 9.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	9 SEPTEMBER 2021						
Report Title:	ATTENDANCE MANAGEMENT POLICY, PROCEDURE AND MANAGERS HANDBOOK						
Report Classification:	For Information	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this report is to provide the People Committee (PC) with the approved version of the reviewed Attendance Management Policy (formerly known as the Managing Attendance Policy and Procedure), a separate Procedure and Managers Handbook for approval. (Attached as Appendix A, B and C). The revised EIA is also attached as Appendix D.						
2	Background						
2.1	Following an extensive review of the current policy and procedure, which incorporated feedback from managers, employees, Trade Union representatives and external health and wellbeing providers, three distinct documents have been developed. The Policy document states why Scottish Fire and Rescue Service (SFRS) has an Attendance Management Policy. A separate Procedure is aligned to support the employee and contains more information regarding what happens throughout the absence process. The revised Managers Handbook, has been reviewed to provide more detail on some of the areas that have been problematic, such as capability dismissals.						
3	Main Report/Detail						
3.1	The revised documents continue to build on current best practice and ensures that the SFRS is committed to promoting a healthy working environment, supporting employees and managers in the area of attendance management in both physical and psychological illnesses.						
3.2	Overall, managing attendance continues to focus on being supportive and the policy has developed to ensure that progression through the capability stages are not viewed as punitive.						
3.3	The key areas which have changed are highlighted as follows: a. There has been increased support for mental health, in line with the Mental Health Strategy. b. There is a particular focus on the revised Workplace Stress Questionnaire as this had presented some resistance by employees from using it;						

	<p>c. Employees who present with a stress related condition can be better supported by the introduction of an “Employee Stress Bucket.” This allows the employee to focus on what stressors are in their virtual bucket and what makes it overflow, resulting in stress related illness. This then in turn is used to facilitate discussions to better identify and remedy, where possible, stress indicators. It has been designed to support the manager using the Workplace Stress Questionnaire at meetings;</p> <p>d. All employees will be given the opportunity to request extensions to their contractual sick pay, which will be considered based on individual circumstances;</p> <p>e. Phased returns are limited to 4 weeks and employees will not be required to utilise their annual leave for this purpose.</p> <p>f. The “Dying to Work Charter” has been incorporated into the policy, with a formal signing-off event taking place later in the year. This Charter is an additional commitment, when employees are diagnosed with a terminal illness and have reached end of life care, with the SFRS committed to working with the employee to secure the best outcome for them whilst considering Service requirements. The details of the Charter are contained within the Attendance Management Policy, as Appendix 1;</p> <p>g. Overall, the targets and timescales have not changed therefore employees who are currently progressing through the capability process will not be affected by any of the changes;</p> <p>h. Appeals against capability dismissals has been aligned to the same panel set up for dismissal appeals e.g. Chief Officer, Assistant Chief Officer and one Board member from the People Committee;</p> <p>i. The use of paper based self-certs has been removed and replaced with an amended electronic sickness reporting form. This will have the dual purpose of both reporting absence immediately upon notification directly into the system and for use at the return to work interview;</p> <p>j. Clarification has been provided regarding the 6 weeks’ notice period for half pay letters;</p> <p>k. All template letters have been revised and must be on SFRS letterhead.</p>
4	Recommendation
4.1	The People Committee are asked to note the revised policy, procedure and managers handbook with a “go-live” date of 1 October 2021.
5	Key Strategic Implications
5.1	Risk
5.1.1	There are no implications that require to be noted at this time.
5.2	Financial
5.2.1	The revisions to the suite of documents seek to minimise the costs associated with absences from work. However, by adopting the Dying to Work Charter, then for the small number of employees who are unfortunately in this position, there may be additional full time salary costs for up to a period of 12 months, pertaining to the salary of the employee who is dying.
5.3	Environmental & Sustainability
5.3.1	N/A

5.4 5.4.1	Workforce The revisions to the suite of documents are more supportive of assisting employees with mental health conditions and for all employees to maintain an acceptable level of attendance at work.
5.5 5.5.1	Health & Safety There will be a requirement for Health and Wellbeing and Health and Safety to continue to support the documents, particularly at the first stages if an injury arising from authorised duty is recorded.
5.6 5.6.1	Training The HR Business Partners will provide a series of attendance management briefings sessions to roll out the revised policy and the Managers Handbook will be used as part of the training handout guide.
5.7 5.7.1	Timing The Go live date is set for 1 October 2021.
5.8 5.8.1	Performance Not applicable
5.9 5.9.1	Communications & Engagement People and Organisational Development (POD) has a governance process in place, which involves consultation with the relevant Trade Unions, Service Delivery Area colleagues and HR practitioners during the review processes. Due to the complexities of this review, there was also a series of virtual workshops that took place with Trade Unions at the early stages in the engagement process. After completion of the formal governance process, the relevant feedback has been incorporated into the final document versions. Normal communications and engagement will take place to implement the new documents.
5.10 5.10.1	Legal This policy minimises the risk of a breach of the Equality Act 2010, by putting in place measures to support employees.
5.11 5.11.1	Information Governance DPIA not completed as the documents contain their own GDPR references.
5.12 5.12.1	Equalities The revised policy Equality Impact Assessment has been completed and is attached as Appendix D.
5.13 5.13.1	Service Delivery The review of the policy, procedure and handbook will support the health and wellbeing of employees across the Service as well as those within Service Delivery.
6	Core Brief
6.1	Not applicable
7	Appendices/Further Reading
7.1	Appendix A – Attendance Management Policy
7.2	Appendix B– Attendance Management Procedure
7.3	Appendix C – Managers Handbook
7.4	Appendix D – EIA

Prepared by:	Gillian Clark, HROD Manager	
Sponsored by:	Fiona Munro, Deputy Head of POD	
Presented by:	Fiona Munro, Deputy Head of POD	
Links to Strategy and Corporate Values		
Supports Workforce Development as a key Strategic Priority – Employer of Choice		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>People Board</i>	<i>19 August 2021</i>	<i>For decision</i>
<i>Employee Partnership Forum</i>	<i>18 November 2021</i>	<i>For information</i>
<i>People Committee</i>	<i>9 September 2021</i>	<i>For information</i>
<i>Strategic Leadership Team</i>	<i>tbc</i>	<i>Dying to Work Charter Signing Ceremony</i>

People and Organisational Development



SCOTTISH
FIRE AND RESCUE SERVICE
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PEOPLE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

ATTENDANCE MANAGEMENT POLICY

All Staff

Author/Role	Gillian Clark
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	30.11.19
Date of Impact Assessment (commenced)	30.11.19
Date of Impact Assessment (concluded)	19.11.20
Quality Control (name)	Fiona Munro
Authorised (name and date)	Liz Barnes
Date for Review	2026



PEOPLE AND ORGANISATIONAL DEVELOPMENT

HUMAN RESOURCES

ATTENDANCE MANAGEMENT POLICY

1. [POLICY STATEMENT](#)
2. [SCOPE](#)
3. [DEFINITION OF ABSENCE AND SUPPORT MECHANISMS FOR EMPLOYEES](#)
4. [RESPONSIBILITIES](#)
5. [SICKNESS PAY PROVISIONS](#)
6. [PROCEDURES FOR THE MANAGEMENT OF SICKNESS ABSENCE](#)
7. [DYING TO WORK CHARTER](#)
8. [THIRD PARTY DAMAGES](#)
9. [MONITORING AND REVIEWING](#)
10. [EQUALITY](#)
11. [ASSOCIATED DOCUMENTS](#)
12. [APPENDIX A – DYING TO WORK CHARTER](#)

1. POLICY STATEMENT

- 1.1 The Scottish Fire and Rescue Service (SFRS) is committed to promoting a healthy working environment and to supporting staff in maximising their attendance at work and minimising the impact of ill health.
- 1.2 The SFRS recognises that the health and wellbeing of our employees is paramount and that there may be occasions where employees require managerial support with health conditions to assist in their overall wellbeing, to minimise absence from work or in supporting a return to work. This policy, together with the associated procedure and managers handbook, provides a focus on employee wellbeing, early intervention and support mechanisms, supporting employees to be able to return to the workplace and also supporting employees where they are no longer able to return to the workplace or to carry out their role.
- 1.3 As part of our commitment to equality, diversity and inclusion, this policy supports our statement on 'We Are Positive about Disability', ([a Manager's Guide to Making Reasonable Adjustments](#)) along with our Mental Health Strategy and associated documents, whereby we seek to take a fully integrated approach to health and wellbeing. We aim to remove the stigma of mental ill health in the workplace, by improving our mental health literacy, to increase the wellbeing of our staff and support those who face mental health challenges.
- 1.4 Objectives

To support a positive attendance culture, the purpose of this Policy is to:

- Promote the health and wellbeing of the workforce;
- Maximise attendance at work by ensuring appropriate support is provided to assist employees;
- Ensure timely intervention to provide appropriate support to those who are absent through illness or injury to assist a timely return to work;
- Manage recurring or long-term absence through capability process, as required;
- Minimise the disruption to service delivery caused by sickness absence.

2. SCOPE

This Policy applies to all employees of SFRS.

3. DEFINITION OF ABSENCE AND SUPPORT MECHANISMS FOR EMPLOYEES

3.1 Short-Term

A short-term sickness absence is defined as any single period of absence up to a maximum of 28 consecutive days.

3.2 Long-Term

Long-term sickness absence is defined as a period of absence lasting longer than 28 consecutive days.

3.3 Advice and Support Mechanisms

It is recognised that employees may require support and assistance during an absence. The undernoted examples are reflective of the current sources of assistance, which may prove helpful:

- The employee's Line Manager;
- Human Resources Business Partners/Advisers;
- Trade Union Representative;
- Health and Wellbeing /Referral to Health and Wellbeing Practitioner;
- Physiotherapy Service;
- Employee Assistance Programme (EAP) for counselling services;
- Flexible Working;
- Period of Alternative Duties;
- Phased Return to Work;
- Redeployment (temporary/permanent);
- Rehabilitation services;
- Family Support Trust/Fire Fighter's Charity;

- Post incident support, including modified duties;
- Rivers Centre (NHS Lothian) for post traumatic psychological injuries#
- Online resources available via the iHub and other digital platforms
- <https://www.lifelines.scot/>

4. RESPONSIBILITIES

4.1 Employee Responsibilities

Employees have a responsibility for immediately notifying their manager of their absence, in accordance with the Attendance Management Procedure. They must also submit the Statement of Fitness for Work note immediately (full electronic versions are acceptable via email), however, the original should be submitted within 3 working days of the absence commencing.

Employees also have a responsibility for ensuring they attend all medical/fitness assessments, health and wellbeing appointments and sickness absence meetings, as required. In addition, employees must keep in contact with their Line Manager (or a mutually agreed alternative manager) during their period of absence.

Failure to comply with the provisions outlined in both the policy and associated procedure, may lead to loss of occupational sick pay entitlement. Repeated or serious abuse of the Attendance Management Policy and associated Procedure may also lead to formal disciplinary action being initiated, as a last resort.

4.2 Manager Responsibilities

Managers should engage with their employees to discuss support that meets their individual needs. They are responsible for monitoring and managing the attendance of their employees, within their area of responsibility. They must ensure that their employees are fully aware of what is expected of them and that they adhere to all reporting / certification requirements. They must also ensure that confidentiality is maintained at all points of the managing attendance process. In addition, Managers must

ensure that they maintain regular contact with their Employee's during periods of absence, implement appropriate support and mechanisms and review as required.

4.3 People and Organisational Development Responsibilities

It is the responsibility of Human Resources and Organisational Development Business Partners (HRBP) and Health and Wellbeing staff to provide professional and specialist advice and support to all involved in the attendance management process to assist Managers in effectively managing employee absence from work.

5. SICKNESS PAY PROVISIONS

5.1 Support Staff

In accordance with the Support Staff Guide to Terms and Conditions of Employment (Support Staff Handbook), payment of Occupational Sick Pay for Support Staff will be made on a sliding scale depending on length of service and sickness period. For such employees, entitlement to sickness allowance in any one 12-month period is:

Length of continuous service at commencement of absence	Full allowance for:	Half allowance for:
Less than 26 weeks	Nil	Nil
More than 26 weeks, but less than 1 year	5 weeks	5 weeks
1 year, but less than 2 years	9 weeks	9 weeks
2 years, but less than 3 years	18 weeks	18 weeks
3 years, but less than 5 years	22 weeks	22 weeks
5 years or more	26 weeks	26 weeks

5.2 Uniformed Staff

In accordance with the National Joint Council Scheme of conditions of service 6th edition (Grey Book), uniformed employees are entitled to full pay for six months in any twelve-month period. Thereafter, the Service may reduce pay by up to half for six months.

Further details regarding provisions for injuries arising from authorised duty can be found in the Attendance Management Procedure.

- 5.3 Where employees have exhausted their entitlement to 26 weeks' full pay, they may request an extension to this. Details pertaining to this will be contained within the notifications of commencement of half pay to the affected employees.

6. PROCEDURES FOR THE MANAGEMENT OF SICKNESS ABSENCE

A Managers Handbook and an Attendance Management Procedure have been developed to support this policy, to achieve the stated aims of this policy in relation to employee attendance at work and the management of absence. In this respect, the Attendance Management Procedure, provides details of how the individual stages of managing attendance, inclusive of both physical or psychological absences will be applied in practice from commencement of an absence through to supporting a return to work. This also includes details of the processes for managing both persistent short-term and long-term absence should there fail to be improvements in an employee's attendance at work, including consideration where appropriate of medical redeployment, ill health retirement or, ultimately, a capability dismissal.

7. DYING TO WORK CHARTER

- 7.1 SFRS is committed to providing additional support to employees diagnosed with a terminal illness and who reach end of life care. In such circumstances, we will work with the employee to secure the best outcome for them whilst considering Service requirements. Each case will be reviewed on their individual circumstances.
- 7.2 End of life care involves treatment, care and support for people who are nearing the end of their life. It's an important part of palliative care and is for people who are thought to be in the last year of life, however, it is recognised that this timeframe can be difficult to predict. Some people might only receive end of life care in their last weeks or days. End of life care aims to help people live as comfortably as possible in the time they have left. Further information on the Service's commitment is detailed at [Appendix A](#), the [Dying to Work Charter](#), and in the Attendance Management Procedure.

8. THIRD PARTY DAMAGES

Where the employee is absent as a result of a third party accident the SFRS shall continue to pay the individual. Any claim for damages against a third party should include a sum equivalent to the salary provided, which shall be repaid to SFRS when recovered by the employee. The SFRS will, on receipt of such a request, provide a certificate to the employee as evidence to the third party.

9. MONITORING AND REVIEW

9.1 Monitoring and Record Keeping

SFRS is committed to evaluating the effectiveness of its activities and operations and meeting its statutory obligations for monitoring. To do this, we will:

- Create and capture necessary data to demonstrate evidence, accountability and information about our decisions and activities and the effectiveness of policies, procedures and processes;
- Maintain securely and preserve access to records, as long as they are required to support the SFRS operations, in accordance with the SFRS Records Retention Schedule;
- Meet legal record-keeping requirements, including the Data Protection Act 2018 and the Freedom of Information (Scotland) Act 2002, and confidentially destroy those records as soon as they are no longer required.

9.2 Privacy Statement

The SFRS processes personal data collected as part of this Policy in accordance with the Data Protection Act 2018 and General Data Protection Regulations 2018 (GDPR). In particular, data collected as part of this policy is held securely and accessed by and disclosed to individuals, only for the purposes of supporting employees. In addition, Data Protection Impact Assessments are carried out where necessary for all new and revised policies, involving the processing of personal data.

9.3 Consultation

This policy has been developed following full consultation with relevant stakeholders and representative bodies. It has been agreed by the relevant SFRS Boards/Committees who provide strategic advice and advice on matters affecting employees, whilst ensuring it supports the strategic aims of the SFRS.

9.4 Policy Review

This policy will be subject to update and review as necessary by the People and Organisational Development (POD) Directorate, at no more than five yearly intervals or earlier should any relevant legislative, precedent, judgement, operational review or organisational changes occur prior to that date.

10. **EQUALITY**

The equality issues associated with this policy have been considered and are detailed within the Equality Impact Assessment:

<https://ihub.firescotland.gov.uk/search?term=equality+impact+assessment&search=Search&searchType=all>, to which interested parties are directed for associated equality issues, both directly and indirectly relevant to this policy.

11. **ASSOCIATED DOCUMENTS/REFERENCES**

[Attendance Management Procedure](#)

[Attendance Management Managers' Handbook](#)

[Mental Health Strategy](#)

[We Are Positive about Disability, a Manager's Guide to Making Reasonable](#)

[Adjustments](#)

[Support Staff Guide to Terms and Conditions of Employment \(Support Staff Handbook\)](#)

[National Joint Council Scheme of Conditions of Service 6th Edition \(Grey Book\)](#)

[Post Incident Support Policy](#)

[Management of Health Conditions Policy](#)

[Health and Wellbeing Policy](#)

Appendix A

The Dying to Work Charter

The Scottish Fire and Rescue Service (SFRS) supports the Scottish Trade Union Congress (STUC) Dying to Work Campaign. We recognise that employees diagnosed with a terminal illness require support and understanding. Each case will be reviewed on the individual circumstances and we will provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which will help them through this challenging period, when they reach end of life care and are supported by a clinical judgement.

1.1 The Dying to Work Charter states:

- We recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry;
- Terminally ill workers will be secure in the knowledge that we will support them following their diagnosis and we recognise that safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic in itself;
- We will provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period, with dignity and without undue financial loss;
- We support the STUC's Dying to Work campaign so that all employees facing end of life care with a terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.

1.2 How will the Service continue to achieve this?

The Service will achieve this by working collaboratively and sympathetically with the employee and their representative through this difficult time and will:

- Appoint a family liaison officer to maintain personal ongoing contact with the employee and their family;
- Ensure that the relevant Managers are supported by HROD and Health and Wellbeing, through case management;
- Support employees who have reached end of life care with a terminal illness diagnosis to maintain dignity and be empowered to explore appropriate options that provide them with choices giving some peace of mind and financial security to them and their families through this difficult time;
- Liaise with Health and Wellbeing professionals and the employee directly to consider reasonable adjustments to support them in undertaking valuable work and provide some improved measure of wellbeing. Whilst ensuring health, safety and wellbeing implications for the employee, the requirements of the Service and community are also considered;
- To work with the employee to assist them to achieve an appropriate work life balance and flexible working to support improved end of life care and support;
- To consider each case on its own merits and create a specific support package for each employee diagnosed as being terminally ill and has reached end of life care;
- No employee with a terminal diagnosis will be dismissed because of their condition.

1.3 Where it is acceptable to the employee and consent is granted, the Chief Officer/member of the Strategic Leadership Team, may conduct a visit to the employee at their home in such circumstances.

Chief Officer: ----- Trade Union Partners: -----

December 2021

People and Organisational Development



SCOTTISH
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PEOPLE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

ATTENDANCE MANAGEMENT PROCEDURE

All Staff

Author/Role	Gillian Clark
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	30.11.19
Date of Impact Assessment (commenced)	30.11.19
Date of Impact Assessment (concluded)	19.11.20
Quality Control (name)	Fiona Munro
Authorised (name and date)	Liz Barnes
Date for Review	2026



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PEOPLE AND ORGANISATIONAL DEVELOPMENT

HUMAN RESOURCES

ATTENDANCE MANAGEMENT PROCEDURE

1. [INTRODUCTION](#)
 2. [SICKNESS ABSENCE NOTIFICATIONS & PROVISIONS](#)
 3. [CONTACT AND AVAILABILITY DURING A PERIOD OF ABSENCE](#)
 4. [MEDICAL REFERRALS / HEALTH AND WELLBEING FUNCTION](#)
 5. [RETURN TO WORK](#)
 6. [ATTENDANCE SUPPORT MEETINGS](#)
 7. [LONG TERM ABSENCE](#)
 8. [ABSENCE TRIGGERS](#)
 9. [ALTERNATIVE DUTIES](#)
 10. [DISABILITY GUIDANCE](#)
 11. [MEDICAL REDEPLOYMENT](#)
 12. [ILL HEALTH RETIREMENT](#)
 13. [CAPABILITY PROCESS TO MANAGE SHORT AND LONG-TERM SICKNESS](#)
- [ABSENCE](#)

[Appendix A - Employee Stress Bucket](#)

1. INTRODUCTION

- 1.1 The Attendance Management Procedure contains all relevant sections to compliment the [Attendance Management Policy](#). The purpose is to assist all employees to understand the complete attendance management process through from notification of absence, the support SFRS can provide at each stage and the approach which managers will take to manage employee absence. The undernoted sections within this procedure should be read in conjunction with relevant parts of the Attendance Management Policy and the [Managers Handbook](#).
- 1.2 The SFRS aims to ensure that maximum attendance is maintained in the interest of ensuring effective service delivery to our communities across Scotland. As such, your health and wellbeing, both psychological or physical, is at the heart of this procedure with the aim of supporting you to prevent unnecessary absence, whilst you are absent from work, if you are disabled or become disabled in your employment and to assist you to return to work timeously following a period of absence. The Service also has in place a wide range of health promotion activities to assist employees in maintaining good health, good mental health and to support employee wellbeing.

2. SICKNESS ABSENCE NOTIFICATIONS & PROVISIONS

2.1 Step 1

When you are unable to come to work, due to illness or injury, you must personally notify your Line Manager/Duty Manager, in all but exceptional circumstances, at least one hour or as soon as reasonably practicable prior to the commencement of your shift/normal start time.

Your Line Manager must complete the [E-Self Cert Form](#), to notify the start of your absence. This will require to be completed for each occasion to both start and end your absence. (accessible via the iHub) If you have reported for work and subsequently book off sick during the course of that period of duty, you must, if not reporting for work the following day, advise your Line Manager that you are 'remaining on sick leave' or 'booking on to rota' prior to the commencement of the duty/work day.

2.2 Step 2

Should your absence continue for more than 3 days (including Saturdays, Sundays and Public Holidays), you must contact your Line Manager again on the 4th day of absence prior to the commencement of duty/work day and indicate whether or not your absence is likely to continue beyond the 7th day. Entitlement to Statutory Sick Pay (SSP) commences on the 4th day of absence.

2.3 Step 3

Where your absence is for 7 days or less, you will meet with your Line Manager and complete a [Return to Work form](#). <https://ihub.firescotland.gov.uk/managing-attendance>

2.4 Step 4

Where your absence extends beyond 7 days, you must submit a 'Statement of Fitness for Work Note' (Fit Note) from your General Practitioner (GP) or a hospital certificate to cover the period of absence beyond the first 7 days, to the appropriate Administrative Teams as detailed at <https://ihub.firescotland.gov.uk/corporate-admin>. You can submit electronic formats, i.e. scans/jpegs, of your fit note(s).

Where your GP has advised that you are 'not fit for work', the information on the fit note will be reviewed to determine the likely length of your absence. Subsequent fit notes should be continuous and consecutive to ensure there are no gaps for the purposes of paying your entitlements to SSP and Occupational Sick Pay (OSP), where appropriate. In these circumstances you must maintain contact with your Line Manager, or any manager acting on their behalf on a weekly (or other mutually agreed time period) basis to provide an update on your situation for the duration of the absence.

Where your GP advises that you 'may be fit for work' consideration will be given to the specific advice provided by your GP, to determine if a return to meaningful work can be accommodated. This will be discussed with you during your contact with your Line Manager and further advice sought from Health and Wellbeing if necessary.

- 2.5 Where employees are absent due to Service Injuries, as defined within the Health & Safety Guidance Note; "Classification for Service Accident / Injuries and RIDDOR", (available on the iHub), the absence commences when the e-self-cert check box has been completed to indicate that your absence may be related to an on-duty injury/injury at work. Your Line Manager must make an immediate referral to Health and Wellbeing. Absences will only be recorded as a service injury following an appropriate investigation and consideration of all the individual circumstances.
- 2.5.1 Where an injury has resulted in you being absent from work, it is important to establish if your injury was 'arising out of or in connection with work', as we have a legal obligation under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), to report certain work related injuries or ill health to the Health and Safety Executive immediately. This will be ascertained via your Line Manager and the Event Reporting and Investigation Management Arrangement at the earliest part of your absence.

2.5.2 The following health and safety events are reportable under RIDDOR when they result from a work-related accident:

- The death of any person (Regulation 6);
- Specified (non-fatal) Injuries to workers (Regulation 4);
- Injuries to workers which result in their incapacitation for more than 7 days; (Regulation 4);
- Occupational Diseases (Regulations 8 and 9).

2.6 For uniformed employees, where there is a divergence of opinion between the Service's Health and Wellbeing Practitioner and your treating medical practitioner over either your fitness for duty, or for the purpose of calculating sick pay entitlement, the question of whether an illness or injury has arisen out of authorised duty, an independent medical opinion will be sought to resolve the matter in accordance with the provisions of part B within the Scheme of Conditions of Service, 6th edition.

2.7 Secondary Employment

If you are deemed medically fit to work with another employer while you are absent from work because of illness or injury, you must report this to your Line Manager at the initial absence notification stage, giving details of the duties and responsibilities you require to carry out with the secondary employer. This allows your Line Manager to seek further advice in relation to whether this additional work will have a detrimental effect on your ability to return to work. This also applies during any period of alternative duties, phased return to work or modified duties which have been arranged by your Line Manager to assist you to return to full work following a period of injury or illness. These discussions will take place during your ASM, at which you can be supported by a trade union representative or work colleague if required.

If, after a full investigation has taken place, the resulting outcome is that your absence from work was by reason of an illness or injury that is wholly attributable to you holding any other paid employment for hire or gain, or carrying on a trade or business, or participation in sport as professional or semi-professional, we will not pay OSP and you will only be entitled to receive SSP.

2.8 Incomplete Shifts/Working Day Due to Sickness Absence

Where you are unable to complete a shift/working day because of illness/injury, the following will apply:

- a) In circumstances where you are unable to complete your full working shift / day due to sickness absence, this will be counted as a half days absence so long as you have completed half of your normal working hours for that shift / day.
- b) Any such absences including a half shift / day are included in the absence criteria requiring you to attend an ASM.

2.9 Non-Compliance

Employees should note that, where they repeatedly fail to comply with the notification and certification procedures, do not attend medical appointments arranged by Health and Wellbeing or fail to adhere to any other general requirements of this Procedure, their entitlements to OSP and/or SSP may cease and disciplinary action may be taken as appropriate.

2.10 Sick Pay Entitlements

Sick pay entitlements are as those outlined in the Attendance Management Policy and are as detailed within the relevant conditions of service for support staff and uniformed staff, available at: <https://ihub.firescotland.gov.uk/people> Further guidance is available from an HR Adviser.

If you are absent long-term, we will issue you with a letter providing appropriate notice that your pay is to be reduced. Where possible, we will provide at least 6 weeks' notice, however, it should be noted that this may be slightly shorter due to exceptional administrative circumstances. In such cases, the reduction in pay will still take place on the relevant effective date. Your Line Manager is responsible for ensuring that if you are due to have your pay reduced, you are advised of this at your ASMs. This letter will also provide you with details of how to request an extension to your sick pay, after you have been on full pay for 26 weeks'.

2.11 Contact With Infectious Diseases

In the case of contact with infectious diseases, you are required to:

- Speak to your Line Manager or seek advice from your GP or from Health and Wellbeing, if you are concerned about your contact with an infectious disease, or contact Health and Wellbeing, before attending work;
- Report your absence in the normal way to your Line Manager, if you feel unwell and cannot come to work and contact your GP who will make a decision as to whether the infectious disease is significant and you need to be signed off work;
- In the event of a declared pandemic, the Service will put in place additional measures and reporting procedures to mitigate risk to employees whilst maintaining effective service delivery. These will be communicated with all staff regarding amendments to Service protocols, processes and welfare.

2.12 Sickness, Annual Leave and Public Holidays

2.12.1 If you become ill or are injured at the beginning of, or during a period of annual leave, you may be entitled to claim this back, provided that you:

- Inform your Line Manager of your illness or injury promptly, in line with normal sickness reporting procedures;
- Provide a fit note, or other formal medical certification, covering the full period of sickness absence.

- 2.12.2 Following a period of long-term sickness absence, you may request to take any outstanding annual leave and should endeavour to take this in the same year in which it was accrued. This will be facilitated by your Line Manager as far as possible. However, where the outstanding leave cannot be taken, you may be allowed to carry forward statutory leave into the next holiday leave year, which will have incorporated any leave already taken. Please note that the statutory leave (up to 28 days, applied pro-rata for part time employees) **must** be taken up to 18 months from the end of the leave year in which it is accrued.
- 2.12.3 Requests for annual leave during sickness absence may be made, as we recognise that taking time away from home during a period of sick leave can be recuperative and may support recovery. You will be required to inform your Line Manager prior to taking leave and to provide alternative contact details as appropriate. Should there be any concerns about the proposed nature of your holiday activities, you can be referred to Health and Wellbeing for further information on the impact the proposed activity may have on your condition and recovery. It is a requirement that, during periods of sickness, you do not undertake activities that are likely to aggravate your condition or prolong your absence from work.
- 2.12.4 If you have been on long-term absence and you are approaching a reduction in OSP, you may request to take any accrued annual leave entitlement while you are still absent from work due to sickness. Leave utilised in this manner should only be taken in blocks of one week or more (1 shift is equivalent as a 1- week block for shift -based employees) and not individual days. In these circumstances, you will be deemed to have moved to annual leave for the purposes of reducing your annual leave balance and for pay purposes. If you are still ill, you must ensure that your fit note covers your period of annual leave. Once annual leave has been exhausted the reduction in OSP will commence.
- 2.12.5 Your entitlements and processes for all sickness absence during a public holiday will be applied in accordance with the relevant terms and conditions handbooks, which are available at <https://ihub.firescotland.gov.uk/people>

3. CONTACT AND AVAILABILITY DURING A PERIOD OF ABSENCE

- 3.1 For your welfare, it is important that we maintain regular contact with you when you are on sickness absence, as this allows a continuing update of your progress and an assessment of work related issues such as temporary cover or re-organisation of your work. In cases of long-term absence, it is particularly important that your Line Manager maintains regular contact with you and supports you by commencing the referral process to Health and Wellbeing, as detailed at section 7 below.
- 3.2 You are expected to attend Attendance Support Meetings (ASM), maintain regular contact with your Line Manager and attend all Health and Wellbeing appointments whilst you are absent from work in order to maintain your entitlement to OSP. If you cannot attend these, you must contact your Line Manager to discuss this.

4. MEDICAL REFERRALS / HEALTH AND WELLBEING FUNCTION

- 4.1 The Health and Wellbeing Function is an advisory service that supports the promotion of a healthy workforce and assists us all in maximising attendance and reducing ill health by providing advice on potential interventions and support measures. It cannot provide medical treatment to you.
- 4.2 Although your primary care provider is your GP, Health and Wellbeing may liaise with other health specialists, including GPs / Consultants (subject to appropriate consent from you), in order to gather as much information as possible in providing their medical advice.

- 4.3 When you attend appointments with a Health and Wellbeing professional, you will be asked to sign one consent form at the commencement of your consultation. This ensures that you are agreeing to the consultation and also permits any subsequent medical reports to be released to your Line Manager and HR Adviser. If your Line Manager changes, you will be asked to sign a further consent form. You should note that a further consent form will be required to cover the release of your medical reports to members of the Dismissal Appeals Panel, should this be necessary. **This medical information will only be released to members of the Dismissal Appeals Panel in situations where they are attending an appeal against a dismissal to allow them to consider all information available to determine an outcome.**

Confidentiality of medical information will be ensured by any manager dealing with an absence case who has access to any medical information for an employee. If your consent is not given, decisions will be made by your manager in the absence of medical information.

4.4 Self-Referral

You are entitled to self-refer to Health and Wellbeing at any time for practical support and advice from a medical practitioner. This can be done on a confidential basis and your medical reports are not released to your Line Manager, without your consent.

- 4.5 The purpose of a management referral to Health and Wellbeing is to try to establish from an occupational health viewpoint:-

- The underlying cause of and likely duration of your absence.
- Whether there are likely to be any limitations upon your ability to return to your existing role and if these are temporary / permanent.
- Whether there is anything that can be done to assist with your recovery and return to work, including where appropriate adjustment of duties.
- Whether your absence is attributable to a disability as defined by the Equality Act 2010.

- Following discussions with you and advice from Health and Wellbeing regarding your absence, whether grounds exist to medically redeploy you / retire you from employment on the grounds of Ill Health Retiral.

4.6 Line Managers, in conjunction with their HR Adviser should be encouraged to make a referral to Health and Wellbeing when they have a concern about your wellbeing or your absence. Over and above this, however, automatic referrals to Health and Wellbeing will be made immediately at the following points:

- Continuous absence for 28 days or more.
- Reports of a service-related injury, as defined within the Health & Safety Guidance Note; “Event Reporting and Investigation Management Arrangement.” [Insert hyperlink](#)
- Absence due to or indications of psychological conditions e.g. stress.
- Concerns about potential substance / alcohol abuse.

4.7 The Access to Medical Reports Act 1988 gives you the right to check the accuracy of medical reports prepared by your medical practitioner, in response to a request for medical information from your Line Manager.

4.8 A medical report from your GP can only be obtained with your written consent. You can withhold your consent if you wish. However, if it is refused, we will have to make decisions regarding your employment without the benefit of the medical information sought and based only on the information available to us. A medical report will be provided to your Line Manager after each medical review takes place. Should your Line Manager change, during any part of the procedure, your further written consent is required. Medical consent is managed by Health and Wellbeing.

4.9 Where it is documented by Health and Wellbeing that you have caused or substantially aggravated or prolonged any medical condition by neglect or default or you have refused or neglected to cooperate fully in any recommended medical treatment that may assist your recovery, we will be entitled to withhold OSP as deemed appropriate to the circumstances.

4.10 Physiotherapy

Where Health and Wellbeing considers that you could benefit from Physiotherapy, your Line Manager will support your referral to Health and Wellbeing where you will be assessed and referred for Physiotherapy, as appropriate. You can also self-refer to physiotherapy service if you have any musculoskeletal conditions that are affecting you in the workplace and where it would be beneficial to prevent any subsequent absences.

4.11 Counselling

We provide employee assistance counselling support to all employees via external providers, <https://ihub.firescotland.gov.uk/counselling>. This can be done via a self or management referral basis, using this link. Please note that if you are already receiving this service from your GP, other counselling providers may not feel it appropriate to treat you. Health and Wellbeing can provide further information if required. The employee assistance programme also provides support to employees and we offer a separate post incident support service via **INSERT LINK**.

4.12 Stress

In cases where you cite personal or work-related stress as a perceived source and causal factor of either being at work or off work, your Line Manager will arrange an automatic referral to Health and Wellbeing, to ensure we meet our duty of care to support you and to ensure early and appropriate support/intervention particularly if you feel you are suffering from work-related stress. To further support this, we would encourage you to make use of the Employee Stress Bucket, (Appendix A) to assist you, prior to meeting with your Line Manager, to inform discussions. Your Line Manager will also utilise the Stress Management Arrangement to assist in supporting you: <https://ihub.firescotland.gov.uk/search?term=Stress+Management+Arrangement+&search=Search&searchType=all> .

4.13 Psychological Illness

In cases where you cite a psychological illness as the reason for your absence, your Line Manager will arrange an automatic referral to Health and Wellbeing, as we have a duty of care to support our employees who face mental health challenges. We are fully committed to ensuring you work in an environment which is mentally healthy and your Line Manager will provide the relevant appropriate support to you to help you meet the challenges you may face.

5. **RETURN TO WORK**

5.1 When you return to work following a period of either short or long-term sickness absence, your Line Manager will conduct a Return to Work Meeting. Ideally, this meeting will take place at the start of your shift or as soon as possible on the day you return to work. It is preferred that all return to work meetings will be conducted face-to-face or virtually, where possible. During the meeting, your Line Manager will welcome you back to work and enquire as to your current state of health to ensure you are fit to return. They will also explore the reasons for your absence, discuss what, if any, support mechanisms you may require and review your overall attendance record. This is to ascertain whether you have met an absence trigger and what steps, if any, need to be taken.

6 **ATTENDANCE SUPPORT MEETINGS**

6.1 ASMs provide a structured approach for managing both long and short-term absence, in addition to any other support provided by your Line Manager, for example through regular absence contact and return to work meetings. ASM's should also be used for employees who are not absent but to assist in the prevention of absence such as providing support mechanisms as early intervention. ASMs are in place to ensure your Line Manager provides all possible support and advice to resolve attendance issues.

- 6.2 Your Line Manager's knowledge of you and the relevant personal circumstances will assist in determining the content and tone of the discussion. These meetings should also help to identify if there are any work-related issues or any personal / domestic problems which may be contributing to your absence; whether absence triggers have been met; the attendance standards expected of you, if applicable, or the commencement of capability stages, where appropriate, as per Section 13 below.
- 6.3 Your Line Manager will make arrangements to meet you at regular intervals to provide appropriate support. This is called an Attendance Support Meeting (ASM). These meetings are to ensure you have the necessary support and to assist with your rehabilitation in order to ensure a smooth and timeous return to work.
- 6.4 Your Line Manager will contact you beforehand to advise you of their wish to meet with you. You will also be expected to attend the ASM at your normal work location unless you indicate that this is not suitable and ask to meet at an alternative location. You will be given the opportunity to have someone with you e.g. a work colleague or a Trade Union representative during all ASMs. Your Line Manager will seek advice from an HR Adviser, in advance of the meeting, if HR support is likely to be required.
- 6.5 We recognise that long periods of sickness absence have the potential to have a detrimental impact on your mental health. Therefore, simple adjustments or modified duties can enable you to return to work safely before symptoms completely disappear. Your Line Manager, in conjunction with their HR Adviser will discuss and explore this option with you at an ASM making reference to the most recent information from Health and Wellbeing.
- 6.6 You are encouraged to discuss your medical situation with your Line Manager to ensure they have all the information required in order to evaluate any support mechanisms that may already be in place or identify the need for further support to be arranged.
- 6.7 Following the meeting, and within 7 days, your Line Manager will write to you confirming the content of the discussion and the outcomes e.g. targets and timescales for improvement and any support mechanisms that require to be arranged.

- 6.8 Your Line Manager will seek advice from HR Advisers in the management of all absence cases progressing via these sickness processes. We are committed to assisting you to make a recovery to good health and achieve a return to work.
- 6.9 ASMs can be combined with return to work interviews where you agree to this in advance. In such circumstances, you will be provided with an invite letter to the ASM providing you with reasonable time to arrange to be accompanied by a colleague or Trade Union representative, if you wish.
- 6.10 In cases of both long or short-term absence, where you are unable to maintain an acceptable attendance level or become permanently unwell, your Line Manager will further support you by taking your case through a staged capability process to either facilitate:
- your return to duty;
 - seeking reasonable adjustments, if applicable, which should be supported by a risk assessment or workplace assessment to enable a safe return to work;
 - medical redeployment;
 - progressing your case via permanent ill health retirement; or
 - dismissing you from employment on the grounds of capability, not due to permanent ill health.

Any decisions made in any of these routes, will be supported by medical advice from Health and Wellbeing. Consideration for the potential termination of employment either on the grounds of capability not due to permanent ill health or ill health retirement, is very much a last resort. Such a decision will only be taken after all support mechanisms, reasonable adjustments and redeployment have been fully considered.

7. LONG-TERM ABSENCE

7.1 If you are absent on a long-term basis, after your initial ASM, further support meetings will be held, dependant on your individual circumstances. As a guide, it will generally be appropriate to hold a further ASM after no less than one month, and no more than 3 months, of long-term absence. This is a guide and the frequency of ASMs can vary depending on the circumstances of the case.

7.2 Each case of long-term illness is treated on its individual merits and all circumstances must be considered including:-

- Expected duration of the absence;
- Prognosis for the return to work;
- Medical opinion from Health and Wellbeing;
- Personal circumstances;
- Attendance history;
- The intentions of the employee;
- Whether you have a recognised disability, or protected characteristic as determined by the Equality Act;
- Impact on service delivery;
- Specialist medical information which may be available;
- Medical redeployment;
- Consideration of ill health retirement.

7.3 Prior to returning to work following a period of long-term sickness absence, your Line Manager will ensure that your GP has confirmed that you are fit to return. In certain circumstances, where you are returning before the expiry of your fit note, it may also be helpful to seek advice from Health and Wellbeing in confirming your fitness to return to duty/work.

- 7.4 Your Line Manager will contact you to develop a mutually agreed plan for you returning to work. For example, consider a phased return to work, adjustments to working arrangements / hours and, dependent on the length of time you have been absent, redeployment / re-training. Your Line Manager should take every reasonable step to support you in your recovery and your return to work. Where necessary, arrangements will also be made for functional assessment tests such as hearing tests and refresher drills to be carried out for uniformed employees.
- 7.5 If no, or only limited, improvement has been achieved or where no return to work is expected or achieved, the reasons for this will be explored further within the ASMs. You may be advised that your level of absence is causing concern and your Line Manager may feel it necessary to set out more formal expectations. In such instances this would involve a move to Stage 1 of the absence management capability process. For further detail regarding the formal capability stages, please refer to Section 13 below.

8. ABSENCE TRIGGERS

- 8.1 To ensure support can be provided to you at the earliest opportunity, the absence triggers identified below are relevant when dealing with both long-term and short-term intermittent absence. Absence triggers are monitored over a 12-month rolling period by your Line Manager.

ASMs are organised when the following absence triggers are reached:

6-Month Rolling Period

- 3 separate instances or
- a total absence of 6 working days or over in any 6-month period;

12-Month Rolling Period

- 5 separate instances or
- a total absence of 8 working days or over in any 12-month period;

- 8.2 If your sickness absence is due to a pregnancy related illness, the absence should not be included in the absence criteria above. Advice should be obtained from an HR Adviser in these circumstances.
- 8.3 Your Line Manager is entitled to raise and discuss concerns about your attendance or wellbeing at any stage, if it is deemed reasonable and appropriate, e.g. any recurring, recognisable patterns, such as frequent absenteeism on a Friday or a Monday, before or after public holidays or during school holidays.
- 8.4 For both long and short-term absences, the absence triggers can be used to commence formal capability stages, if you do not meet the specified attendance standards expected of you. These will be discussed and detailed at your ASMs.

9. ALTERNATIVE DUTIES

- 9.1 We recognise that you may go through a period of time whereby it may support you to carry out different duties to those of your substantive post, or have other modifications put in place, for a temporary period e.g. different working hours / shift pattern, thus allowing you to maintain your attendance at work, when you might otherwise be absent. Such temporary alterations can assist with your confidence (especially where you have been away from your workplace for a long period of time) and help ease you back into your normal day to day working environment. Examples of such circumstances in which this may be considered include waiting to undergo surgery or recovering from a long-term illness.
- 9.2 In all cases, we consider this as a support mechanism that will result in you returning to your substantive post, and therefore it is **not** considered as a long-term solution. Similarly, undertaking duties of this nature should be meaningful and justifiable. The duration will normally be for a period of up to 6 weeks and not exceed 12 weeks, unless in exceptional circumstances, and with the approval of the LSO/Head of Function and advice from Health and Wellbeing. Managers can refer to their Attendance Management Handbook for further details and guidance about alternative duties and reasonable timescales that should be considered.

- 9.3 In considering whether alternative duties could be supported, your Line Manager will have sought advice from Health and Wellbeing, completed an appropriate risk/workplace assessment, in addition to seeking advice from the HR Adviser. Thereafter, you will attend a meeting with your Line Manager to discuss and agree what these duties will be and how long they may remain in place for.
- 9.4 From the commencement of alternative duties, you will be made aware of the nature of the alternative duties / modifications, the period of time this will be expected to be required for and the expectation that you should be in a position to return to your substantive post within a determined period. The outcome of this meeting will be confirmed to you in writing and prior to the commencement of alternative duties, to ensure you are fully aware of the alternative duties, including shift patterns and any impact on your annual leave etc. During these alternative arrangements, your Line Manager should hold regular discussions with you to review the arrangements and ensure you are coping, with the eventual goal of returning to your substantive post.

10. DISABILITY GUIDANCE

- 10.1 If, as a result of an illness or injury, you become disabled in your employment with us, we will, wherever possible, facilitate your continuing employment. We work closely with Access To Work which is a specialist support service to assist employees who become or are disabled in the workplace, by providing assessments, aids and adaptations where reasonable, e.g. specialist kit, etc. For further information, please view our guidance on "We are Positive about Disability":
<https://ihub.firescotland.gov.uk/download.cfm?ver=56876>
- 10.2 The Equality Act 2010 defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on someone's ability to carry out normal daily activities. The definition includes people with hidden or visual disabilities (such as diabetes, epilepsy, menopause or mental ill health, etc). SFRS is committed to making reasonable adjustments to enable an employee with a disability to work or continue to work.

10.3 In order to ensure that we comply with the requirements of the Equality Act 2010, a meeting will take place with you, (a work colleague or Trade Union Representative), your Line Manager, and an HR Adviser. This meeting will consider what reasonable adjustments can be made for you as an individual.

10.4 Reasonable adjustments may include the following:

- Changing your job content to exclude things which may be affecting your impairment and causing sickness absence;
- Your Line Manager will review periods of sickness absence and identify periods of absence which are attributable to your disability and consider this in relation to the overall management of your absence;
- Providing equipment which enables you to carry out your job more effectively;
- Altering the workplace, taking into consideration shared workplaces;
- Reallocating duties between you and your colleagues;
- Altering working hours;
- Transferring you to another work area;
- Providing information in alternative formats;
- Consider redeploying you;
- Providing a reader or signer;
- Additional training.

10.5 We will support you by providing reasonable time off for your rehabilitation, assessment or treatment of up to a maximum of 5 paid working days within a 12-month rolling period. This leave is to support a range of disability-related absences including attending clinic appointments, taking time off to come to terms with a new diagnosis or coping with treatment side effects.

- 10.6 Where your medical condition meets the definition of a disability under the Act, the absence triggers detailed above will still be applied, to ensure that any support mechanisms can be identified at an early stage. However, as a reasonable adjustment your Line Manager may consider disability related absence when reviewing the trigger points prior to progressing to any formal capability meetings. Consideration will be given to your disability in terms of the application of this Procedure and to the reasonable adjustments outlined above. This may include seeking advice from Access to Work or providing specialist kit/work equipment as determined from the outcome of a DSE assessment, etc. Where your absences are not related to your disability the Attendance Management procedures will apply in the normal way. Further advice can be obtained from your HR Adviser where necessary.

11. MEDICAL REDEPLOYMENT

- 11.1 Consideration of medical redeployment takes place where Health and Wellbeing recommends that you are permanently unfit to carry out your current role, but, you are not permanently unfit. Suitable redeployment opportunities in relation to a similar role map/job description and grade will be considered.
- 11.2 Your Line Manager and the HR Adviser will meet with you to discuss the report received from Health and Wellbeing and the process to be followed for consideration of redeployment opportunities.
- 11.3 To assist this process, you will be asked to complete a Skills Profile Form and send it to your HR Adviser, who will assess eligibility for redeployment and potential vacancies within the Service over a minimum of a 3-month period. Further details regarding medical redeployed are in accordance with the principles of the [Redeployment Policy](#), available on the iHub.

12. ILL HEALTH RETIREMENT

12.1 In circumstances where medical redeployment is not a viable option, where every other option for a return to your work/your substantive role has been considered and where you have a permanent underlying health condition or inability to fulfil the full duties of your substantive role which results in you being unable to return to work or attend work on a regular basis, as determined by Health and Wellbeing, consideration will be given to the option of ill health retirement. This commences with a referral to an external medical practitioner, who provide the services of an Occupational Health Physician to SFRS. This option can only be considered where you are an existing member of the Local Government Pension Fund or one of the uniformed Pension Schemes.

12.2 If the Occupational Health Physician recommends that the Service considers referring your case for consideration of ill health retirement, your manager will meet with you to discuss this with you. Where it is determined to progress on this basis:-

- In the case of uniformed employees – you will be considered by the Independent Qualified Medical Practitioner (IQMP) to determine if you are permanently unfit to carry out the role for which you are employed, in line with the relevant pension schemes and where a suitable alternative position has been considered and is not available or appropriate;
- In the case of support staff employees – you will be considered by the pension funds approved Independent Medical Practitioner, to determine if you are permanently unfit to carry out the role for which you are employed and where a suitable alternative position has been considered and is not available or appropriate.
- Please note that the Service uses the same IQMP for both support employees and uniformed employees;

12.2 If you are not a member of an occupational pension scheme, you will be progressed via Section 13 below.

13. CAPABILITY PROCESS TO MANAGE SHORT AND LONG-TERM SICKNESS ABSENCES

13.1 In most cases the support mechanisms outlined within this Procedure will assist you to attend work on a regular basis or alternatively, where an ill health retirement is appropriate, to retire from the Service under the provisions of your relevant pension scheme. However, where this is not the case, your Line Manager may initiate the capability process to manage either continued long-term absence or persistent short-term absence

13.2 There is no single formula for determining the point at which your attendance should be progressed through the absence capability process. Line Managers consider each case based on its own merits, however, the following principles will always be taken into account:-

- To focus on assisting you to improve your attendance;
- Where you are injured or ill, you will be treated fairly and compassionately at all times;
- Line Managers must be able to demonstrate that they have acted reasonably throughout all sections of the Attendance Management process, including any decision to progress to the capability process or ultimately to a capability dismissal;
- In all circumstances, Line Managers will consider redeployment or Ill Health Retirement in discussion with you and your HR Adviser.

13.3 Although each case must be reviewed on its own merits, as a guide, your Line Manager will consider initiating the capability process at the following points:

Long Term Absence

- After 6 months of continued long-term absence, a first stage capability meeting may be considered.
- After 9 months of continued long-term absence, a second stage meeting may be considered.

- As a last resort, and after all other alternatives have been explored, if an employee remains absent from work after 12 months, a third stage capability hearing may be initiated.

Short Term Absence

If you fail to achieve the targets for improvement given to you as part of your ASMs and short-term persistent absence remains a concern, the first stage of the capability process may be considered. Thereafter you can progress through the remaining stages as per 13.6 below.

13.4 Timescales for Progressing Sickness Absence Capability Cases

Where an ill health retirement is appropriate, you may retire from the Service under the provisions of your relevant pension scheme, if applicable (refer to Section 12 above). However, there may be a time when our support mechanisms are not effective in assisting you to attend work on a regular basis or be able to assist you to undertake your substantive role. In these instances, you should note that if you do not meet attendance improvement standards set by your Line Manager for both short or long-term sickness absence, you are not classed as permanently unfit to carry out your role and medical redeployment is not a viable option, you may be dismissed from the Service on the grounds of capability, not due to permanent ill health.

Dismissals of this nature are rare and we do not take these decisions without a full review of your absence case and up to date medical information. Your Line Manager will keep you fully informed at your ASMs when a capability dismissal may be considered.

Although the timescales for progressing matters of capability are normally initiated after a 6-month period of absence (either continuous for long-term absence or cumulative for short-term absence), there are situations where this timescale may be shortened by your Line Manager. For example (and this list is non-exhaustive):

- Where you are in an attendance review period and you fail to meet the achieved standards of attendance either during the review period or shortly thereafter, then consideration will be given to progressing towards capability sooner than the 6 month's guide stated above;
- Where your attendance record shows patterns of protracted periods of absence (including multiple blocks of short-term absence), consideration will be given to initiating the capability process as soon as reasonably possible;
- Where advice from Health and Wellbeing or your G.P. indicates that your health will not improve sufficiently in order to resume work in the foreseeable future (including modified duties);
- Where it is evidenced that you have demonstrated an inability to achieve and / or maintain a satisfactory level of attendance;

13.5 The sickness absence capability process is used for managing absence in the case of both short-term persistent absence and long-term absence which, despite previous supportive and welfare interventions, has failed to either improve your attendance record, achieve a return to work or a return to full substantive duties.

13.6 Moving from the First to the Second and the Second to the Third Stages will normally have a 12 months' time limit **in total**, dependent on the individual circumstances of the case, where it has been evidenced that there have been no improvements. During each stage of the process, your case will remain "live". Therefore, within that period of 12 months, each stage can be linked to the next stage. However, there may be occasions where your absence is satisfactory, only to lapse very soon after a 12 month period expires.

13.7 Where a **pattern emerges** e.g. frequent absenteeism on a Friday or a Monday, before or after public holidays or during school holidays, your record under the capability process will be considered when deciding whether to move you to the next stage of the procedure or to repeat the stage for another 12 months. After one repeat stage, normally further absences will result in moving to the next stage up.

13.8 The undernoted stages have a structured approach to dealing with capability issues in a reasonable and fair way that affords you every opportunity to address the issues being brought to your attention by your Line Manager. As this is a formal process, at each stage, you will be advised of the meeting in writing and given a minimum of 7 calendar days' notice to attend and the right to representation by a Trade Union Representative or a work colleague.

13.8.1 **Stage 1**

A Stage 1 meeting will be held to discuss your record and determine any support mechanisms that can be put in place to assist you to return to work or meet the reasonable and attainable specific targets set for improvement. This first stage Meeting will be held by your Station Commander or Line Manager (Grade 5 and above) for Support Staff.

This first stage is the start of your Line Manager "firming up" on your non-improvement of previously set targets or your failure to return to work/substantive duties. Your Line Manager will be supportive, with the focus being on how to improve your attendance to a satisfactory level. You will be made aware of the impact that your absence is having on service delivery and work of your colleagues. Further measurable targets for improvement will be set, if appropriate and you will be informed of the consequences if you do not meet these targets or achieve a return to work/substantive duties, i.e. you will be required to attend a Stage 2 meeting. Should further medical information be required, your Line Manager will be in receipt of this prior to the Stage 1 meeting taking place.

In terms of setting measurable absence targets, your Line Manager will consider the following:-

- Any emerging patterns so that support / assistance can be offered to you if necessary, e.g. alcohol / drug addiction / caring issues;
- The period of time that the absence target will be set for and whether this is realistic and achievable for you, e.g. no absences over a 2-month period;
- Discuss any practical support / assistance required to allow you to improve over the timescales set.

You will receive a letter detailing the outcome of the discussions of the Stage 1 meeting, the attendance standards expected and the duration of the Stage 1 monitoring period.

At least half-way through this monitoring period, a Stage 1 review meeting will take place, to enable any progress to be noted or discussed. Where no progress is being made, every reasonable support will be given to you to assist you in achieving the required set standard.

At the end of the Stage 1 period, a review of your progress will take place and a decision will be made to either:

- meet with you to discuss the good progress you have made and that your Line Manager will continue to informally monitor you to ensure that you maintain this good progress;
- Or, if no improvement has been made, you will be invited to a Stage 2 meeting.

13.8.2 **Stage 2**

If you progress to Stage 2, you will be invited to attend the meeting, in writing and given a minimum of 7 calendar days' notice and the right to representation by a Trade Union or Representative or a work colleague. This second stage meeting will be held by your Group Commander or Line Manager (Grade 6 and above) for Support Staff. Your consent will be required to release your medical information to this next level of management.

At the Stage 2 meeting, discussions will take place with you as to why you have failed to achieve the targets set at the first meeting or achieve a return to work/return to substantive duties. Discussions may also include where appropriate, consideration of medical redeployment or a referral in connection with ill health retirement. Again, where appropriate, support mechanisms will be considered and a referral made to Health and Wellbeing (if no previous referral had been arranged) to obtain further medical information in relation to your medical condition.

You will receive a letter detailing the outcome of the discussions of the Stage 2 meeting, the attendance standards expected and the duration of the Stage 2 monitoring period. You will be informed that failure to meet these targets or achieve a return to work/substantive duties could ultimately result in your employment being terminated on the grounds of capability.

You should note that this is the penultimate stage for potential dismissal and presents a final chance for you to make the necessary improvements in attendance. Reaching Stage 2 is classed as a **considerable** concern for management, as whilst a reasoned and understanding approach will have been taken in respect of your circumstances and position, you still have not improved your attendance at work. Accordingly, at this meeting, it will be important to ensure you have absolute clarity in understanding of where the improvements are required and be able to put forward any reason/case as to why you have not been able to improve.

At least half-way through this monitoring period, a Stage 2 review meeting will take place, to enable any progress to be noted or discussed. Where no progress is being made, every reasonable support will be provided to you to assist you in achieving the required set standard. However, if no improvement has been made, you will progress through to a Stage 3, at the end of the monitoring period, which may result in your dismissal.

At the end of the Stage 2 monitoring period, a review of your progress will take place and a decision will be taken to either:

- meet with you to discuss the good progress you have made and that your Line Manager will continue to informally monitor you to ensure that you maintain this good progress;
- Or, if no improvement has been made, you will be invited to a Stage 3 meeting.

13.8.3 Stage 3

Prior to convening the Stage 3 meeting, the manager involved in your Stage 2 meeting, will undertake a full case review, in conjunction with your Area Commander/Head of Department and your HR Adviser. Where the review concludes that your attendance has given cause for **serious** concern a Stage 3 meeting will be arranged. This final stage meeting will be held by your Area Commander/Head of Department. Your consent will be required to release your medical information to this next and final level of management.

You will be advised of the meeting arrangements in writing, giving you a minimum of 7 calendar days' notice and the right to representation by a Trade Union Representative or a work colleague. This is the final stage in the capability process at which the outcome can result in your dismissal from the Service. Only instances for which there is a strong case for dismissal will be brought to this stage, however, it is for the Area Commander/Head of Department Function conducting the meeting to decide on this outcome, based on the information and case put forward by you or your representative. This is especially relevant where you may present new information.

To sustain a dismissal there needs to be a consistent record of non-improvement in your record of absence or no foreseeable date identified for your return to work or your return to substantive duties. Each stage will have been clearly documented, setting out both the requirements of your manager, on behalf of the Service and your obligations. The Service must be able to demonstrate consistency and reasonableness in their approach to all the actions previously taken with you. Your case will have a consistent record of absences, supporting medical opinion of the reasons for the absences, knowledge of your intentions and a record of your unfulfilled obligations and the reason for your unfulfilled obligations.

Any decision to dismiss you will only be taken when:

- You have been formally advised that your failure to attend work on a regular basis could lead to dismissal. This applies equally to cases of both short-term persistent and long-term absence.

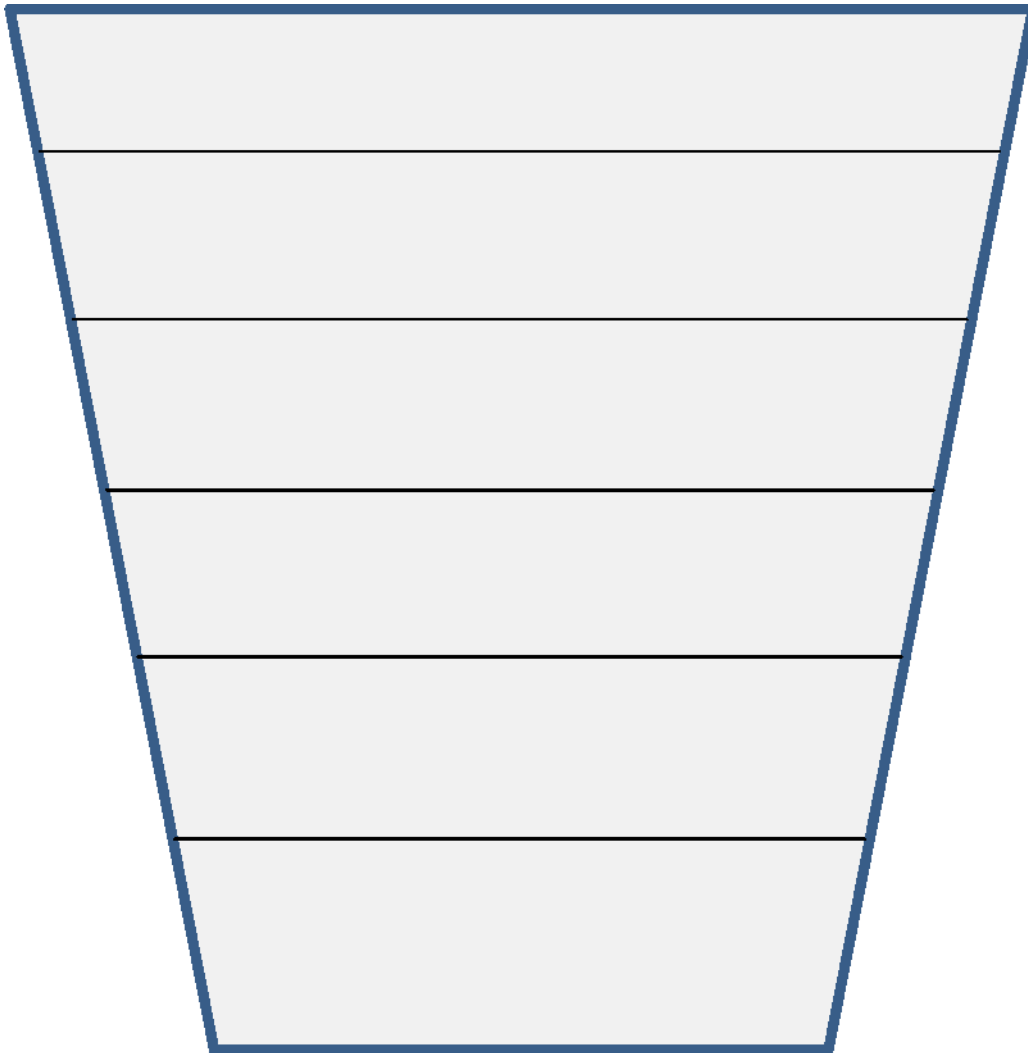
- You and your trade union representative/work colleague, if applicable, have had an opportunity to explain your absence record and the reasons for it.
- Management has explained the requirement for you to attend work on a regular basis and has given you the opportunity to prove that you can attend work on a regular basis.
- Reasonable adjustments to the post have been considered, as required under the Equality Act, and it has been determined that no adjustments can be made and/or the adjustments made have had an impact on your ability to return to work/attend work on a regular basis.
- Where applicable, the option of a suitable alternative position has been fully considered and deemed non-viable.
- Medical advice has been obtained to ascertain the nature of the illness / ailment, its likely duration, whether you are likely to make a full recovery and if not, what work you are able to perform.
- Ill Health Retirement has been considered where appropriate and has not been supported.

13.9 **Right to Appeal**

As this is a termination of your contract of employment on the grounds of capability, you will have the right to appeal against this decision. Further information on how to do this will be provided to you in your outcome letter.

Appendix A

Stress bucket – what's in yours? Use the undernoted bucket to empty everything that is in your head concerning work and home life into your stress bucket, writing it below. Try to put it in an order of the bottom of the bucket being the least stress and the top of the bucket being the most stress:

A large, light gray funnel-shaped bucket with a dark blue outline. The bucket is divided into seven horizontal sections by six black lines. The sections are wider at the top and narrower at the bottom, representing a scale of stress from least at the bottom to most at the top.

Now ask yourself the following:

1. What can I change?

2. What can't I change and need to accept?

3. What can I do to help myself?

4. Can anyone support me?



PEOPLE AND ORGANISATIONAL DEVELOPMENT

HUMAN RESOURCES

ATTENDANCE MANAGEMENT

MANAGERS HANDBOOK

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1. INTRODUCTION

1.1 Purpose

The Scottish Fire and Rescue Service (SFRS) recognises its' commitments to promoting a healthy working environment and supporting staff in maximising attendance and minimising ill health. It is good management practice to monitor and review levels of and reasons for employee sickness absence. The guidance within this handbook has two main purposes; firstly, so that individual health problems may be identified at an early stage and medical advice and support sought for the benefit of the employee, and secondly, so managers can be aware of the actual and potential impact of absence on service delivery, and can take the necessary steps to rectify this.

This Handbook, which follows the contents of the [Attendance Management Procedure](#), is intended to assist managers in dealing with cases of managing attendance, whether this is the occasional short-term absence of an employee and further detail is needed on the notification and certification requirements, or whether more detailed guidance is required on how to manage cases of short-term persistent absence or long-term absence.

Although these sections aim to give a guide for the majority of absence cases, managers should ensure that appropriate advice is sought at an early stage from their **HR Adviser** when dealing with any complex cases or instances where progression through the sickness absence capability process is being considered.

1.2 Responsibilities

Managers have a key role to play in the promotion of a healthy working environment and therefore have the responsibility to manage sickness absence and to ensure that the requirements of the Attendance Management Policy and Procedure are met. Absence should be managed in a fair, sensitive, confidential and consistent manner. It is important not to ignore any absence – it is part of a manager's responsibility to take appropriate and timeous action in accordance with the policy.

This handbook provides guidance and advice to managers on effective measures to monitor and control absence and should be used in conjunction with the Attendance Management Policy and Procedure. The term “manager” used throughout the handbook refers to anyone whose duties and responsibilities include the supervision of other employees.

As well as general advice on how to arrange and conduct meetings with employees about their absence, the handbook deals with specific issues that managers may encounter in relation to both short-term and long-term **absences and managers should refer to the handbook when dealing with absences within their team/s**. However, it is impossible to cover all eventualities and managers should therefore contact their **HR Adviser**, should additional advice or guidance be required.

1.3 Objectives

The main objectives of the Attendance Management Policy and this Handbook are to:

- Promote the health and wellbeing of the workforce;
- Ensure timely intervention to provide appropriate support to those who are absent through **physical or psychological** illness or injury before considering capability absence levels;
- Maximise attendance at work;
- Minimise the disruption to service delivery caused by sickness absence.

1.4 Non-Compliance

Whilst in the majority of absence cases there are no issues in terms of compliance with the Attendance Management Policy and Procedure, occasionally there can be instances of non-compliance which may lead to further action under the Disciplinary Policy e.g.:

- where an employee repeatedly fails to submit fit notes;
- does not adhere to the notification requirements;
- fails to maintain contact (**it may be appropriate to conduct welfare checks at this stage**);
- fails to attend Health and Wellbeing Appointments or Attendance Support Meetings (**it may be appropriate to conduct welfare checks at this stage**).

Handy Hint

In periods of absence lasting longer than seven days, fit notes are still required even if an employee is attending regular appointments with Health and Wellbeing. This is necessary for pay purposes and also to reduce the risk of employees receiving overpayments.

Managers should note that it is the employee's responsibility to ensure they submit fit notes sequentially and on time, thus ensuring that there are no breaks in certified absence. Where any breaks in certified absence occur, managers should contact employees, alerting them to the fact that their fit note is outstanding and that it is their duty to ensure this is submitted. If this does not rectify the situation within a reasonable time, the manager should write to the employee requesting the required information.

To assist managers in dealing with such issues, template letters are detailed in [Appendices 1, 2 and 3](#).

 **Handy Hint**

*These template letters should be amended to suit the individual needs of the employees, including what was discussed at the meeting and formally structured on SFRS letterhead and formatted correctly. You should advise your **HR Adviser** if you move to the second non-compliance letter.*

Managers will provide employees with a deadline in which to submit the required fit note and advise them that failure to do so may result in sick pay being suspended. If, after this deadline has passed, the fit note remains outstanding and there is no reasonable justification for this, managers will:

- write to the employee again to advise them of this;
- advise the employee that they are in breach of the Attendance Management Policy and Procedure;
- that failure to submit the required fit note may result in entitlement to sick pay being suspended and the matter being dealt with under the SFRS Disciplinary Policy and Procedure;
- one further deadline should be provided to the employee prior to discussion with the **HR Adviser** on how to progress the matter.

2. NOTIFICATION & CERTIFICATION

The following table contains a simple guide to the initial notification and certification requirements for all absence cases that managers should expect their employees to follow:

Manager's Quick Guide to Notification and Certification Requirements		
First Day of Absence	Employee Action Required	Manager Action Required
	<ul style="list-style-type: none"> Report absence at least 1 hour, or as soon as reasonably practicable, prior to the commencement of duty, to their line manager or other appropriate manager. If possible, advise if returning to work on the next available working day or if absence is likely to prevent this. 	<ul style="list-style-type: none"> Offer initial support mechanisms depending on circumstances of absence. Remind employee of when they should next make contact regarding their absence (day 4). Submit the E-sickness form for recording on the appropriate recording system. Ensure Health and Safety and Area Health and Safety Liaison Officer (HSLO) are informed if absence is a specified injury under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
Fourth Day of Absence	<ul style="list-style-type: none"> Contact manager to advise if absence is likely to continue beyond the seventh day. 	<ul style="list-style-type: none"> Review circumstances and consider if any support mechanisms are now necessary. Remind employee of when they should next make contact regarding their absence (day 7). If employee not already aware, advise of requirement for fit note after seven days absence. Ensure absence is noted on appropriate recording system.
Seventh Day of Absence	<ul style="list-style-type: none"> Contact manager to confirm return to work or continued absence past seventh day. Submit 'Statement of Fitness for Work Note' (Fit Note) from a GP or a hospital certificate if absence continues past seven days. 	<ul style="list-style-type: none"> Review circumstances and consider if any support mechanisms are now necessary. Ensure absence is noted on appropriate recording system. If employee not already aware, advise of requirement for fit note after seven days absence. Agree reasonable contact intervals with employee if absence is to continue. Ensure Health and Safety and Area HSLO are informed if absence is a specified injury under RIDDOR.

3. KEY AREAS

Although it is recognised that each case of employee absence will differ depending on individual circumstances, the SFRS is committed to ensuring all absence cases are managed fairly and consistently and in line with the Attendance Management Policy and Procedure. This section details a number of methods and tools available to assist you in order to ensure that all absence cases are managed fairly and effectively.

Handy Hint

- *The policy is supportive not punitive;*
- *All cases are viewed as genuine and treated as such;*
- *Appropriate support is provided at the earliest opportunity;*
- *Principal responsibility rests with the Line Manager;*
- *Other parties have involvement e.g. Health & Wellbeing;*
- *Always apply the policy in a fair and consistent manner.*

3.1 Early Intervention

To support your employees in maximising their attendance at work, a system of early intervention is key. This helps to identify potential problems at an early stage and provides an opportunity for staff, management and representative bodies to determine how to assist and support the employee to attend work on a regular basis.

Every support will be made available to employees including, but not restricted to the Health and Wellbeing Team, the EAP counselling service, Post Incident Support Service and specialised counselling

In cases where it is known from the information contained within the e-self-cert that your employee's absence may be service-related, you should, in addition to making an immediate referral to Health and Wellbeing, ensure that Health and Safety, and the Area Health and Safety Liaison Officer (HSLO) are informed if absence is **caused by** a specified injury under the Reporting of Injuries, Diseases and Dangerous Occurrences **Regulations 2013 (RIDDOR)**. Managers should monitor the situation and must ensure that the HSLO and Health and Safety are informed without delay if the absence becomes reportable under RIDDOR to the Health and Safety Executive (HSE).

The SFRS has identified absence triggers, see below, as detailed within the Attendance Management Procedure and where your employee's sickness absence levels meet these, you should arrange an Attendance Support Meeting (ASM) with them to discuss their attendance record and any appropriate support mechanisms that may assist them. These meetings should be arranged as soon as possible after the absence trigger has been reached in order to facilitate early support for the employee that may help them return to work or maintain their attendance at work.

• Within a 6 Month Rolling Period:	Within a 12 Month Rolling Period:
- 3 separate instances or	- 5 separate instances or
- A total of 6 working days or over	- A total of 8 working days or over

Prior to meeting with employees, you should establish a clear plan of action by considering all the known facts. You should not rush into situations without first having gathered all the relevant information and referring to the relevant policies and procedures. Remember this is a supportive process. If required, you should consider discussing the case with an HR Adviser before meeting with your employee.

3.2 Contact with Employees

It is important that you maintain regular contact with your employees when they are on sickness absence, as this allows a continuing update of their progress and an assessment of work-related issues such as temporary cover or re-organisation of your work.

You may make arrangements to contact your employees by phone/virtually or meet them at regular intervals to provide appropriate support at ASMs. These meetings can assist your employees with their rehabilitation in order to ensure a smooth return to work at the end of their absence.

You must contact your employees beforehand to discuss how best to maintain contact. Your employees should already be aware of the requirement to attend any ASMs. Remember that these meetings can be at the normal work locations, in their own home (with their permission), the nearest Fire Station, Headquarters, via **Microsoft Teams**, etc. Your employee is also given the opportunity to have someone with them e.g. a work colleague or a Trade Union representative during all ASMs. Seek advice from your **HR Adviser**, in advance of the meeting, if their support is likely to be required.

Handy Hint

- *Where your employee fails to engage, and you have confirmed there are no welfare issues, you should contact your HR Adviser to discuss options to improve engagement*

3.3 Return to Work Meetings

When your employee returns to work following any period of either short or long-term sickness absence a Return to Work Meeting must be conducted. The Return to Work Form (RTW) is attached as **Appendix 4**. This meeting should ideally take place at the start of their shift on their first day back at work or as soon as possible on that day. You should use the details provided on the e-self-cert to facilitate the discussions. The RTW form is used for all absences, even if a fit note is submitted to cover the first 7 days as this commences the entitlement to pay Occupational Sick Pay (OSP).

Prior to this meeting, you should review:

- your employee's absence history, what support mechanisms, if any, have previously been offered;
- whether your employee has met an absence trigger;
- whether there are any patterns of absence that may be a cause for management concern e.g. Friday/Monday absences, absences during school holidays etc. and;
- (where appropriate) if there is supporting information from either their GP or Health and Wellbeing, **eg reasonable adjustments**;
- Whether or not your employee may be approaching a reduction in their pay due to previous absences.

During the meeting, you should:



Welcome your employee back to work and discuss the nature of their absence. This meeting gives you the opportunity to enquire how the employee is feeling and let your employee know that their contribution has been missed by their team. You should discuss their absence record in general, what support or reasonable adjustments **are** available to them, explaining the detail to them e.g. number of days' absence, number of separate periods of absence and whether an absence trigger has been met. It will also provide an opportunity to update your employee on any relevant matters that have occurred in their absence.

If required, it also allows you to discuss any concerns regarding their absence in an open, fair and constructive manner. If you remain concerned with the explanation for the absence, you should discuss this with your employee and advise that additional support will be provided e.g. a medical referral to Health and Wellbeing for further information relating to their reasons for sickness absence. (please refer to section 3.6 for further details) The RTW Form, is **used at** the meeting to provide a record of discussions and provide your employee with a record of the agreed support mechanisms that are to be arranged, where appropriate, and any future action to be taken e.g. the arrangement of an ASM, if your employee has met the absence triggers.

You can use **the RTW** form to assist them in recognising any patterns of absence they may have and confirm if the absence criteria have been triggered. Once completed, you **must keep this form secure and ensure** that it cannot be accessed by others. A copy of the form is provided to your employee.

If the reason for the absence is not obvious or there is some cause for concern, the facts in relation to the absence should be established. You should consider in advance the relevant questions required to find out the circumstances of the absence. Where your employee has met the triggers identified in the Attendance Management Procedure, they must be informed at this meeting that an Attendance Support Meeting will be arranged to discuss their attendance at work further.

Handy Hint

Careful and consistent management of attendance will help to reduce the overall levels of absence within the Service and will assist in identifying where an employee has an issue which requires either medical attention, a welfare intervention or advice.

3.4 Attendance Support Meetings

The main purpose of the Attendance Support Meeting is to:

- maintain a positive line of communication between you and your employee;
- Encourage the employee to accept and take responsibility for attending work and keeping their absences to a minimum;
- ensure absences are not treated casually;
- determine whether there is an underlying health problem;
- offer assistance and appropriate support **including specialist referral through Health and Wellbeing;**
- discuss and agree potential solutions and set targets and timescales for improvement where appropriate;
- determine any underlying **physical or psychological** health problems;
- discuss, when appropriate, the dates for **potentially** moving on to half pay and no pay, **this will also include discussions using accrued leave prior to moving on to half pay/no pay;**

- Discuss, where appropriate, a referral to an independent medical practitioner, when there is a conflict of medical opinion between Health and Wellbeing and the employee's GP.

Attendance Support Meetings also provide an opportunity for discussion at an early stage on the potential progression to other areas of the Managing Attendance Policy and Procedure, e.g. Redeployment, Ill Health Retirement or progressing through the capability stages. In order to ensure that the Attendance Management Policy and Procedure is applied effectively and consistently across the Service, it is necessary that all employees who meet the identified absence criteria attend an Attendance Support Meeting. You have responsibility for ensuring these are carried out timeously and managed appropriately on a case by case basis.

The success of these Attendance Support Meetings relies on your ability to exercise common sense and judgement when discussing attendance issues with your employees. Normal good interview practice should be followed, such as ensuring a private space with no interruptions, putting your employee at ease and explaining the purpose of the meeting etc.

 *Handy Hint*

A manager's knowledge of the employee and the relevant personal circumstances will assist in determining the tone of the discussion.

Care must be taken to set the right tone in the context of your employee's attendance history. This meeting should also help to identify if there are any work-related issues or any personal/domestic problems which are contributing to their absence.

Potential absence patterns should be discussed, for example persistent Monday or Friday absences, absences before or after public holidays or during school holidays. If a pattern is identified, you should raise your concerns with your employee directly so that your employee has the opportunity to provide further details and explanation. Check whether or not absences are due to personal or family problems e.g. caring responsibilities. If this is the case, your employee should be informed that sickness absence is not an acceptable way of dealing with such problems, and alternative solutions explored, which may include special leave or the utilisation of SFRS's Flexible Working policy. Additionally, you may

wish to consider supporting the employee by encouraging access to the Employee Assistance Programme.

Check whether your employee's absences are in any way work related, for example as a result of perceived workplace stress. If the problem is cited as work-related, you should take prompt steps as per the Attendance Management Procedure to remove or reduce the factor that is causing your employee's problem. You should be supportive, while at the same time explain clearly to your employee that continuing frequent absences from work are having a detrimental effect on the team, department etc. and cannot be sustained in the longer term.

Attendance Support Meetings are formal and therefore your employees must receive written notification of the requirement to attend these meetings and of their right to be accompanied by either a Trade Union Representative or a colleague of their choice. The standard template letter shown in [Appendix 5](#) should be used and your employees must be given sufficient notice of this meeting in order for them to arrange representation if they so wish. As a guide, around seven days' notice should be given, unless the meeting can be held sooner by mutual agreement.

The Attendance Support Meeting Manager's Checklist, [Appendix 5a](#), provides you with a tool to guide the conversation, and you should review this prior to the meeting. Notes of the meeting should be taken and you must write formally to **your** employee afterwards confirming the content of the discussion that took place; the outcome e.g. targets and timescales for improvement and any support mechanisms that require to be arranged, [Appendix 5b](#) provides a suggested template.

 *Handy Hint Reminder*

These template letters should be amended to suit the individual needs of the employees, include what you actually discussed at the meeting and formally structured on SFRS letterhead and formatted correctly.

Further Attendance Support Meetings should be arranged where your employee is either on continued long-term absence or where persistent short-term absence remains a management concern. This will create an opportunity to discuss your employee's recovery

since the first Attendance Support Meeting and obtain further information from them in relation to their medical condition. It will also provide an opportunity to evaluate any support mechanisms that may already be in place or identify the need for further support to be arranged.

 *Handy Hint*

You can initiate ASM's at an earlier stage for your employees who are absent due to anxiety/ stress, depression or any other mental health issue. Managers should maintain contact with the employee at least on a monthly basis, and more frequently if possible. This need not necessarily take the form of an Attendance Support Meeting each time but these should still be scheduled regularly. Remember you can allocate another manager to provide support where this would be more appropriate.

These meetings must be conducted to review absences of all your employees who have attended an initial Attendance Support Meeting. This follow up meeting with your employee will focus on their absence record over the previously agreed review period to establish if an improvement has been achieved and whether any further support or action is necessary.

You should determine how frequently Attendance Support Meetings should take place, based on the individual circumstances of each absence case. However, you should be aware that, particularly in cases of long-term absence, long periods of absence without contact with the workplace and colleagues can often worsen the situation and result in a lengthier period of absence overall.

 *Handy Hint*

As a guide it will generally be appropriate to hold a further Attendance Support Meeting after no less than 1 month, and no more than 3 months, for long term absence. In cases of short-term persistent absence, it may be more appropriate to set review periods and targets over a longer period e.g. 6 or possibly even 12 months, to ensure that improvements are sustained over the longer term.

You should ensure that suitable meeting venues are in place, including privacy, to discuss matters, putting your employee at ease, using questioning techniques to enable you to understand your employee's absence, and explaining the purpose of the meeting.

At these meetings, you and your employee should evaluate any support mechanisms that have been put in place and establish if any further support is required to assist your employee to meet the targets/ timescales agreed. You should use the checklist for guidance and ensure that the following points are discussed with your employee, where appropriate:

- Review your employee's attendance history and whether attendance targets have been met;
- Establish the current position in relation to the on-going medical condition of your employee i.e. any treatment they are receiving, any appointments with a specialist that are pending;
- Ascertain what steps your employee and / or SFRS can take to assist them in their recovery;
- Give your employee the opportunity to discuss any difficulties and concerns;
- Discuss a referral to Health and Wellbeing as appropriate, or the outcome of any recent appointments;
- Remind your employee of Employee Assistance Programme if appropriate;
- Offer **The Firefighters' Charity** support as appropriate – making your employee aware of the services of the charity and if necessary arrange for them to make contact with the charity itself;
- **Remind your employee of the Post Incident Support Service and consider the support that it may offer, ie referral to the Rivers Centre for Traumatic Stress via Health and Wellbeing:**
- Discuss social, domestic, professional issues in a sensitive manner – does your employee have any concerns in these areas that they wish to discuss where help could be sought?
- Inform your employee of any staffing changes/service developments if appropriate and make them aware of any forthcoming events within SFRS;
- Determine what action, if any, requires to be taken and keep your employee fully informed of any proposed action.

If, at the end of the review period an acceptable level of attendance has been achieved your employee should be encouraged to maintain this level of attendance and they should be advised of this in writing using the standard letter shown in [Appendix 6](#).

If it is established that your employee's absences are not related to a health issue, this should be discussed with them and may be managed in accordance with other relevant HR policies and procedures.

If an employee's sickness absence is due to a pregnancy related illness their absence should not be included in the absence criteria outlined in the Attendance Management Policy and Procedure and advice should be obtained from your **HR Adviser** in these circumstances.

In the case of either short or long-term absence, where no improvement or only limited improvement has been achieved and your employee has been unable to meet the required attendance targets, they must be informed that their absence is a continued management concern and that the capability process may be initiated if no improvements are achieved. Taking account of the reasons for their absence, at an appropriate time and in a sensitive manner, it is good practice to ensure that your employees are made aware of the potential for progression through our capability stages and also its content, and that this may be initiated if they continue to be unable to meet the targets set for them prior to the process actually being considered. Refer to Section 3.14 for further details.

 **Handy Hint**

- *You can consider escalation to Stage 1 Capability Process meeting if unacceptable levels of persistent short-term absence continue, not meeting targets set at ASM, and no sufficient improvement in attendance;*
- *For long-term absence after 6 months continued absence - Stage 1 may be considered;*
- *After 9 months continued absence - Stage 2 may be considered;*
- *And very last resort: After 12 months continued absence – Stage 3 may be considered, if all other alternatives explored and exhausted (e.g. redeployment/IQMP).*

Ending employment on the grounds of capability is **your last resort** and this decision will only be taken after support mechanisms have been considered and implemented where appropriate, reasonable adjustments have been considered and redeployment investigated. The SFRS is committed to assisting all employees to make a recovery to good **physical and psychological** health and achieve a return to work. It is important that our employees are also made aware of this during any initial discussion about the sickness absence capability stages.

3.5 Fit for Work Service (FfWS)

Let your employee know about the FfWS. This offers free health assessments for your employees who reach four weeks of sickness absence to help them to return to work sooner. The majority of referrals to the assessment service will be made by your employee's GP and is subject to their consent at all stages. Health assessments will normally be conducted over the telephone by a qualified Occupational Health professional, although face to face appointments can be arranged upon request. The assessment will seek to identify all potential obstacles preventing your employee from returning to work and to formulate a Return to Work Plan which will reflect the assessment and provide advice and recommendations for interventions to help your employee return to work more quickly. The decision as to whether to implement any recommendations made in a Return to Work plan remains at your discretion. Your employee can only be referred for one assessment in a 12 month period.

Whilst the FfWS highlights the methods by which the Government hope to reduce sickness absence within the workplace, the current Health and Wellbeing provision offered within the SFRS is extensive and offers many additional advantages to the government scheme, such as:-

- Automatic referrals to a qualified Health and Wellbeing Practitioner / Occupational Health Physician with extensive knowledge of job roles within SFRS when an employee reaches 28 days absence or more, reports a service related injury, suffers from a psychological condition such as stress and/or has concerns about potential substance/alcohol abuse;
- Access to a range of early interventions such as the Employee Assistance Programme and Physiotherapy;
- The formulation of individual medical reports/return to work plans and other medical advice developed on the employees' medical condition, job role and other related factors;
- No maximum limit to the amount of medical appointments for employees.

Employees are therefore encouraged to advise their GP (who may discuss initiating the new FfWS to assist them in their recovery) of the in-house support they will receive from Health and Wellbeing to assist them in managing their medical condition, their recovery and return to work.

The main point of contact for those who are considering accessing the FfWS is **the Health and Wellbeing Clinical Lead** who can be contacted **via the email address** at sfrs.healthandwellbeingadmin@firescotland.gov.uk

3.6 Medical Referrals

You are encouraged to make a referral to Health and Wellbeing when you have a concern about your employee's absence. This provides your employee with access to professional medical advice and also ensures that the opportunity for further support e.g. physiotherapy is given at an early stage. When making a referral, you should ensure that, in addition to completing the standard referral form, ([Appendix 7](#)) you include all other known details regarding your employee's absence in order to allow all aspects to be explored with the relevant Health and Wellbeing Practitioner.

There are some instances however where an immediate referral to Health and Wellbeing should be carried out, as follows:

- Continuous absence for 28 days or more;
- For absences following injury or Ill Health that may have arisen in connection with work, as defined within the Event reporting and Investigation Management Arrangement;
- Psychological conditions e.g. stress, anxiety or depression;
- Concerns about potential substance / alcohol abuse.

3.7 Alternative Duties

Alternative duties are considered as a support mechanism that will result in your employee returning to their substantive post and should therefore not be seen as a long-term arrangement, but rather as a short-term support mechanism. Such duties can boost your employee's confidence (especially where they have been away from their workplace for a long period of time) and help ease them back into their normal day to day working environment. Alternative duties may also enable your employees to attend work where circumstances are such that they are unable to carry out their normal duties and responsibilities.

After gathering advice from Health and Wellbeing and your **HR Adviser**, you should meet with your employee to agree appropriate meaningful alternative duties in line with their job description / role map. Given the purpose of alternative duties is to provide support to an employee with a view to them returning to their substantive post, you are encouraged to offer alternative duties for as short a period of time as possible but, in general, should not have this in place for any longer than a 6 month period. Each case should be managed on an individual basis and, if it is determined that alternative duties may be required for a longer period, you should discuss this with your **HR Adviser** at least four weeks in advance of the 6 month period coming to an end. A template letter for confirming alternative duties is contained within [Appendix 8](#).

3.8 Phased Returns

An alternative way to assist your employee to return to work is to consider temporary changes in their working pattern or duties. Such arrangements will normally only last for one or two weeks', however, this can be extended depending on the circumstances. Only in exceptional circumstances should a phased return to work exceed a four-week period. A phased return to work can prove effective in helping your employees regain their confidence and offer a gradual return to full duties. Advice should be taken from a Health and Wellbeing practitioner in relation to the hours of work and duties to be undertaken prior to your employee returning to work. A phased **return can** be made up of a combination of sick absence days and work days. **Employees are not expected to utilise their annual leave entitlement for this purpose, however, they may choose to do so and align it with this temporary arrangement in order that they do not lose their entitlement to statutory leave.**

You must advise your employees who require a phased return to work to inform their GP in order that their fit note reflects the fact that they are not yet fit to work their normal weekly hours and therefore, if required, sick pay can be paid for the non-work days during the phased return period.

Myth busting

- ✘ *You need to be 100% fit to return to work.*
- ✔ People heal from injury and illness over time and getting back to normal activities, including work, is part of that process.
- ✘ *Light duties are often better than a phased return.*
- ✔ Phased returns allow for tolerance to be built up over time, in order to be able to return to full duties, if possible.
- ✘ *Employees want to stay out of work for as long as possible.*
- ✔ Most employees want to return to work, as it is a strong source of pride and self-esteem for them.

3.9 Equality Act 2010

[The Equality Act 2010](#) defines disability as 'a physical or mental impairment that has a substantial and long-term adverse effect on someone's ability to carry out normal daily activities. Long-term is defined as '12 months or more' whilst significant is defined as 'not insubstantial', meaning that it has a significant impact on an employee's everyday activities.

3.9.1 Disability

Managers should familiarise themselves with our guide on ["We Are Positive About Disability"](#). This guide sets out our commitment to equality, diversity and inclusion. We have made a commitment to create a workplace which is positive about disability where we have removed all unfair discrimination and bias and where we encourage all employees to treat others equally. Everyone in the SFRS has a responsibility to create a fair and inclusive workplace culture where difference is valued and this guidance relates specifically to creating a workforce that is positive about disability.

The definition includes people with hidden disabilities (such as diabetes, epilepsy, and mental health issues, etc). As an employer, the SFRS is under a legal obligation to make reasonable adjustments to enable a person with a disability to work or continue to work.

In cases where your employee's absence is related to a disability, you should seek early advice from your [HR Adviser](#) in order to ensure appropriate support is available to the employee. Further general advice on reasonable adjustments is also available from the Equality and Diversity team.

Making reasonable adjustments are a key part of the Equality Act 2010 and can be essential in enabling a disabled employee, whether employed with a disability or [who subsequently](#) became disabled in our employment, to remain in employment. Reasonable adjustments should prevent a disabled person from being at a substantial disadvantage and create a level playing field for them to perform their duties at work.

3.10 Work Related Stress

The SFRS has a duty of care to support our employees and to ensure early and appropriate support to those who feel they are suffering from work-related stress. Managers should also familiarise themselves with the [SFRS Mental Health Strategy](#), available on the [iHub](#).

[You may also wish to refer to the SFRS Post Incident Support Policy and Procedure for guidance on providing support following work-related incidents. \(add hyperlink\)](#)

As with all psychological conditions, where your employee states work-related stress as a perceived factor of their absence, an automatic referral to Health and Wellbeing should be made immediately.

At the same time, you will ask your employee to complete an "Employee Stress Bucket", [Appendix 9](#), which you will use as the basis for discussions at the meeting to discuss the outcome of the medical report and to complete the SFRS Workplace Stress Questionnaire, [Appendix 9a](#), as detailed in the Health and Safety Stress Management Arrangement. The questionnaire should be tailored to support your employees to return to duty.

3.11 Psychological Illness

In cases where your employee cites a psychological illness as the reason for their absence, you must arrange an automatic referral to Health and Wellbeing. We have a duty of care to support our employees who face mental health challenges. Also, we are fully committed to ensuring our employees work in an environment which is mentally healthy **and will** provide the relevant appropriate support to you to help your employees meet the challenges they may face.

3.12 Medical Redeployment

Whilst most absence cases result in a successful return to the employee's substantive post, occasionally this is not the case and Health and Wellbeing may advise that your employee is unfit to carry out their current role but is able to carry out other roles within the SFRS. In such cases, suitable redeployment opportunities in relation to the relevant role map/job description should be considered.

Medical redeployment should be considered as soon as this advice has been given. Along with your **HR Adviser**, you should arrange a further Attendance Support Meeting with your employee to discuss this option, the report from Health and Wellbeing, and what it means for their individual circumstances. As with any Attendance Support Meeting, your employee has the option to be accompanied by a work colleague or a Trade Union representative. You should outline the process to be followed for consideration of redeployment opportunities and the timescales over which opportunities will be considered.

Your employee will be asked to complete a Skills Profile Form as detailed in [Appendix 10](#). The completed form will be sent to your **HR Adviser** who will assess eligibility for redeployment and ensure that the Resourcing Team monitor potential vacancies within SFRS over a minimum of a three-month period, depending on the individual circumstances of the case.

When a potential position is identified and your employee meets the criteria for the post, they will be invited for an interview, before the vacancy is advertised. Should a vacancy already have been advertised and your employee identifies that they are a suitable match, then you should contact your **HR Adviser** who will confirm eligibility and ensure that your employee is guaranteed an interview for the vacancy.

 **Handy Hint**

The Redeployment Policy details the principles of all redeployment situations, including medical redeployment.

3.13 Ill Health Retirement

Where advice has been given by a Health and Wellbeing Practitioner that your employee's condition may permanently prevent them from returning to work, or attending work on a regular basis, you should discuss with your employee the possibility of being referred for Ill Health Retirement. This consideration should only be made where all other options for returning to work have been explored e.g. reasonable adjustments to duties or medical redeployment. You should seek advice from both **an HR Adviser** and Health and Wellbeing when considering your employee for Ill Health Retirement.

As with medical redeployment, this option should be discussed with your employee at the earliest opportunity following receipt of the advice from Health and Wellbeing. Prior to commencing any capability stages, it would be good practice to ask Health and Wellbeing if your employee may be eligible for Ill Health Retirement. However, in practice your employee may not fit the criteria at that point but further into the process the circumstances may change and they may become eligible at a later date. It is therefore possible for your employee to have begun to move through capability stages and then later be retired on grounds of Ill Health. Each absence should be managed on a case by case basis.

Cases of Ill Health Retirement shall be progressed where:-

- For all employees, if they are considered by the Independent Qualified Medical Practitioner (IQMP) to be permanently unfit to carry out the role for which they are employed and where a suitable alternative position via medical redeployment is not available or appropriate;
- Every other option for return to work has been considered e.g. reasonable adjustments to duties, medical redeployment;
- The employee is a member of the Local Government Pension Scheme, **any of the uniformed** Pension Schemes or any other relevant pension schemes which may become available to employees in future.

3.14 Capability Dismissals due to Short and Long-term Absence

In most cases the support mechanisms already outlined will assist your employees to attend work on a regular basis or alternatively, where an ill health retirement is appropriate, to retire from the SFRS under the provisions of the employees' relevant pension scheme. There may be however, a small number of cases where these support mechanisms are not effective in assisting your employees to attend work on a regular basis. Your employees should be advised that, unless they are able to sustain regular attendance at work, or be able to undertake the duties of their substantive role, their employment with the SFRS cannot be guaranteed and that ultimately their employment could be terminated on the grounds of capability, not due to permanent ill health.

Full details on how to progress through the capability stages are contained with the Attendance Management Procedure. You should discuss any potential cases of capability with your **HR Adviser** prior to taking any formal action. [Appendices 11 – 14a](#) provide templates that you will require when moving your employees through the formal capability stages.

You should note that it can be difficult to determine the appropriate time to initiate progression towards the formal capability stages and whilst guidance is given in the Attendance Management Procedure, it is possible to initiate and run these stages concurrently **while** seeking redeployment opportunities, or making reasonable adjustments to your employee's role.

Any decision to dismiss your employee on grounds of capability will be a last resort and will only be taken after all other support mechanisms outlined have been considered and implemented if appropriate. All such efforts should be formally recorded as part of the progression through the capability stages.

4. PRIVACY AND CONFIDENTIALITY

4.1 You must ensure that individual sickness absence records are in place for each employee and that they include full details of absences, whether the reason is work-related, an off-duty accident or illness and whether the absences are self-certified or covered by a Fit Note.

Access to sickness absence records must be treated in strict confidence and will be restricted to the manager carrying out any stage of the Policy and Procedure and the **HR Adviser**. Exceptions to this would include the processing of Fit Notes for pay purposes and the inclusion of absence information during case review meetings, where a Health and Wellbeing Practitioner will be in attendance. Any unjustified disclosure may be subject to the matter being considered under the Services Disciplinary Procedures.

The SFRS is required to fully comply with the provisions of the Data Protection Act and to observe the principles of the Act by maintaining the confidentiality of all personal sickness absence information held manually or electronically. The SFRS is also required to fully comply with the provisions of the General Data Protection Regulations (GDPR) 2018.

It is therefore essential to ensure that any information which contains details relating to any elements of your employee's sickness absence which is held electronically, is password protected, or if printed, is kept in a locked location where only those entitled to view the records have access.

5. MANAGING SHORT TERM ABSENCE

A short-term absence can be defined as any single period of absence up to a maximum of 28 days.

Whilst it is understandable that there will inevitably be some short-term absence among your employees from time to time, you must also balance this against the SFRS's ability to fulfil operational and business needs and, ultimately, to provide an effective and efficient service.

If your employee is frequently and persistently absent from work, even for short periods, this can adversely affect efficiency and productivity within teams, departments and the service overall. It can place an additional burden of work on others and the unpredictability of short-term persistent absence can make it increasingly difficult for work activities to be planned effectively. Where you have a concern regarding your employee's persistent short-term absence and your employee has been unable to meet reasonable attendance targets, you may consider progression to the formal capability stages.

5.1 When dealing with a case of short-term persistent absence, managers should consider/action the following points where appropriate:

➤ **Recording**

You must complete the e-self cert, available on the **iHub** to report the absence formally and then create a record whenever your employee phones or contacts you to report that they are unable to come to work due to sickness. This includes taking a brief note of the conversation, when the call was made, the stated reason for the absence and how long your employee expects to be absent. Any support mechanisms offered or arranged should also be recorded.

Please be **mindful** of the importance of keeping any information that contains details relating to any elements of an employee's sickness absence confidential, as per the above section.

➤ **Return to Work**

Conduct a Return to Work Meeting after each period of absence. Each time your employee returns to work following a short-term absence, you should discuss the absence with your employee and the reason for it in a fair and factual way. You should discuss and offer support mechanisms where necessary and, where appropriate, seek to identify ways in which to assist your employee to improve their attendance in the future.

➤ **Absence Criteria**

Where your employee's level of absence reaches a trigger point (as detailed within the Attendance Management Procedure), you should arrange an ASM, using the standard invite letter.

➤ **Attendance Support Meetings**

Prior to the ASM, you should review the Checklist and decide which elements of the checklist are appropriate at this stage. You will try to establish, through discussion with your employee, if there is an underlying reason for the frequent absences. If an underlying cause can be identified, then it will become easier to provide appropriate advice and support to your employee improve their attendance to an acceptable attendance rate. In order to identify any underlying health issues (**physical or psychological**), you should seek a medical opinion by making a referral to Health and Wellbeing.

Please refer to Section 3.4 for detailed information in relation to conducting an ASM Meeting.

➤ **Setting Attendance Targets**

Where **appropriate**, set reasonable, but specific, targets and time-limits for improvement in attendance and ensure that your employee is committed and **well enough** to **achieve** them. Individual attendance targets should follow the SMART methodology and, as far as possible, be:

- **Specific**
- **Measurable**
- **Achievable**
- **Realistic**
- **Time bound**

Where your employee's short-term persistent absence continues to be a concern, **discuss the** consequences of continuing unsatisfactory attendance **with them**, i.e. that their absence issues may be progressed via the capability stages, **after you have ascertained, where possible, the underlying reasons for the short-term habitual absences, eg psychological illness.**

Keep confidential records of all absences, discussions and Fit Notes and make sure that the records clearly identify the reasons for your employee's various absences.

➤ **Correspondence**

Following the ASM, you should write to your employee to confirm the details of what was discussed during the meeting, and any appropriate targets for improvement that have been set. The letter should also detail any support mechanisms that have been identified and offered. A copy of this letter should be placed within your employee's electronic PRF (**Personal Record File**) for future reference if required.

➤ **Review Periods**

A review meeting should be scheduled at an appropriate agreed time to monitor your employee's progress towards meeting the agreed targets, remembering that the guidance within the procedure states that this should generally be in no less than a month but not more than three months. For cases where persistent short-term absence remains a management concern, you may wish to consider reviewing your employee's attendance over a longer period to ensure improvements are sustainable in the longer term and so more than one review meeting may be required with your employee.

➤ **Progressing to Capability Process (Sickness)**

Before taking any formal action in respect of your employee who has had frequent short-term absences from work, you should:

- *Check your employee's absence record to gain an accurate assessment of the number of days' absence that they have had, the number of separate occasions and whether or not the absence record is related to an underlying health condition;*
- *Discuss the case with your **HR Adviser**, who can advise on the appropriate action to take in line with the Attendance Management Policy and Procedure and ensure consistency with other cases;*

6. MANAGING LONG TERM ABSENCE

Long Term sickness absence is defined as a period of absence lasting longer than 28 days and is generally associated with an underlying **physical or psychological** health issue.

Whilst the duration of a long-term absence is perhaps easier to predict, this must also be balanced against our ability to fulfil our operational and business needs and, ultimately, to provide an effective and efficient service. Although the key goal is to provide support during your employee's absence, **this must also be balanced against the SFRS's operational and business needs and, ultimately, to provide an effective and efficient service.** There should be an acceptance that, in order to achieve an effective and efficient service, the formal capability stages may have to be considered in cases of long-term absence. This would generally be considered after a prolonged period of absence where your employee is unable to return to work despite support being provided.

Managing long-term absence may involve dealing with very sensitive issues and significant health problems, both of which can be challenging for even the most experienced manager. You should involve and seek advice from your **HR Adviser** at an early stage when it is known that your employee may be at the beginning of a period of long-term absence. This is in order that you can be supported and receive appropriate professional advice in order to fully assist your employee's recovery and return to work. It also ensures fairness and consistency across the SFRS in the way such cases are managed.

It is good practice for you to encourage your employees to seek the support and advice of their Trade Union Representative at an early stage.

6.1 When dealing with a case of long-term absence, managers should consider/ action the following points where appropriate:

➤ **Recording**

You may already have initiated the e-self cert from a short-term absence followed by a long-term absence, if not, you will need to do so. Then create a record whenever your employee phones in to provide further information on their situation. This includes taking a brief note of the conversation, when the call was made and any changes or updates to their current situation. Any support mechanisms offered or arranged should also be recorded.

Please be reminded of the importance of keeping any information that contains details relating to any elements of an employee's sickness absence confidential, as per the above section.

➤ **Referral to Health and Wellbeing**

Where it is known that the absence is likely to be or has the potential to be long term, the Health and Wellbeing team should be involved at an early stage as they can offer support and guidance from a medical perspective, **make appropriate referrals to specialist services**, and can help to provide guidance in relation to whether your employee may be in a position to return to work and when this may be possible. They can also offer more detailed information in relation to any alternative duties that your employee could carry out that would enable a return to work at an earlier stage. All employees with absences of longer than 28 days should automatically be referred to Health and Wellbeing if an earlier referral has not already been made.

➤ **Attendance Support Meetings**

Arrange to carry out an ASM when the level of absence has resulted in a trigger point being met (as per the Attendance Management Procedure). Remember and use the template invite **letter** to confirm this meeting with your employee.

In cases of absence due to mental health issues the initial ASM should take place as soon possible and thereafter, contact with your employee should be maintained on a regular basis e.g. every 4 weeks, or more often if possible. Ongoing contact need not always necessarily take the form of an ASM each time, however, these should still be scheduled regularly, as with all long-term absence cases.

In preparation for the ASM, you should review the checklist and decide which elements of it are appropriate at this stage. The meeting will provide an opportunity for you to find out how your employee is feeling, to enquire whether they are undergoing any treatment, or have any treatment planned and to determine if there are any further support mechanisms that can be offered.

Full details in relation to conducting an ASM meeting can be found in Section 3.4.

At an appropriate time, you should consider whether any reasonable adjustments can be made for your employee that would enable a return to work sooner, e.g. phased return, alternative duties. As a minimum, the SFRS are required by law to consider whether any reasonable adjustments can be made that would assist an employee who has a health issue that would be covered by the Equality Act 2010. However, in the spirit of encouraging all employees with health conditions resulting in long-term absence to be able to return to work, this should be considered for all employees. Advice in relation to what could be considered to be a reasonable adjustment can be sought from your [HR Adviser](#).

Where it is the case that, for medical reasons, your employee is permanently unable to carry out the duties of their substantive role, you should discuss the possibility of redeployment with your employee, and this should be further explored if necessary.

ASMs should be held as frequently as is deemed appropriate in order to provide the best level of support for your employee and to provide regular updates to you on your employee's health issues. You should be aware though that, where an absence is prolonged, you should take steps to ensure that discussion and action regarding the formal capability stages occurs at an appropriate time.

➤ **Setting Attendance Targets**

In certain circumstances of prolonged absence or more complex health issues, it may be difficult to set a target for improvement, for example where your employee is waiting for a specialist appointment, or a date for surgery. In these cases, a balanced decision should be made on whether the anticipated time for overall recovery is reasonable, and in some cases the formal capability stages may be considered. The target set should reasonably reflect your employee's situation, particularly where they are awaiting further medical advice or treatment. It may be helpful in these cases for you to acknowledge this and place more emphasis on the next ASM being an opportunity to provide an update on your employee's condition and to re-assess whether any further support mechanisms may be necessary. In all cases, you must ensure that your employees are aware of the potential implications of their continued absence being managed through the formal capability stages.

➤ **Review Periods**

A further ASM should be arranged at an appropriate agreed time during which you will review your employee's absence levels and your employee should provide an update on their health issues. Being mindful that the guidance within the policy and procedure states that reviews should generally be carried out in no less than a month but not more than three months from the date of the ASM, you should set a reasonable timescale for review.

➤ **Correspondence**

Following each ASM, you should write to your employee to confirm the details of what was discussed during the meeting, and any appropriate targets for improvement that have been set. The letter should also detail any support mechanisms that have been identified and offered. A copy of this letter should be placed within your employee's electronic PRF (**Personal Record File**) for future reference if required.

➤ **Progressing to the Capability Process (Sickness)**

While your focus should be to provide support to assist your employee's return to work, it is also important that your employees are aware of the potential consequences of a return to work not being achieved. Therefore, using the timescales within the Attendance Management Procedure as a guide, you should discuss, sensitively (taking account of their reasons for absence), with your employee the consequences of their long-term absence continuing over a prolonged period i.e. that their absence issue may be progressed via the formal capability stages, if a successful return to their substantive role is not achieved.

Before progressing towards the formal capability stages, you should discuss the case with your **HR Adviser**, who can advise on the appropriate action to take in line with the Attendance Management Policy and Procedure and ensure consistency with other cases.

7. LIST OF APPENDICES

TEMPLATE DOCUMENTS

<u>Appendix 1</u>	<u>Non-Compliance letter 1</u>
<u>Appendix 2</u>	<u>Non-Compliance letter 2</u>
<u>Appendix 3</u>	<u>Non-Compliance letter 3</u>
<u>Appendix 4</u>	<u>Return to Work Form</u>
<u>Appendix 5</u>	<u>Invite to Attendance Support Meeting letter</u>
<u>Appendix 5a</u>	<u>Attendance Support Meeting Manager's Checklist</u>
<u>Appendix 5b</u>	<u>Outcome of Attendance Support Meeting letter</u>
<u>Appendix 6</u>	<u>Outcome Achieved letter</u>
<u>Appendix 7</u>	<u>Medical Referral Form</u>
<u>Appendix 8</u>	<u>Alternative/Amended Duties letter</u>
<u>Appendix 9</u>	<u>Employee Stress Bucket</u>
<u>Appendix 9a</u>	<u>Workplace Stress Questionnaire</u>
<u>Appendix 10</u>	<u>Considering Redeployment - Skills Profile Form</u>
<u>Appendix 11</u>	<u>Sickness absence capability Process – Invite to Stage 1 Meeting</u>
<u>Appendix 11a</u>	<u>Sickness absence capability Process – Outcome of Stage 1</u>
<u>Appendix 12</u>	<u>Formal capability stage – Invite to Stage 2 Meeting</u>
<u>Appendix 12a</u>	<u>Formal capability stage – Outcome of Stage 2 Meeting</u>
<u>Appendix 13</u>	<u>Checklist for moving to Stage 3</u>
<u>Appendix 14</u>	<u>Sickness absence capability Process – Invite to Stage 3 Meeting</u>
<u>Appendix 14a</u>	<u>Sickness absence capability Process – Outcome of Stage 3 Meeting</u>

Appendix 1 Non-Compliance letter 1

SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear **XXXX**

NOTIFICATION & CERTIFICATION REQUIREMENTS WHEN ABSENT FROM WORK

I write in relation to your absence from work since **[INSERT DATE]** and to advise you that I have not yet received a Fit Note to cover you from **[INSERT DATE]** and I am **concerned** that you have not made contact with me to report your absence.

I have tried on several occasions to contact you by telephone to discuss this but have been unsuccessful to date.

In order to ensure that you meet the requirements of the SFRS Attendance Management Policy, I would ask that you contact me without delay on receipt of this letter to provide further information regarding your absence and further details on whether you are able to submit a Fit Note to cover this period of absence.

Please note that, as detailed within the SFRS Managing Attendance Policy, employees are required to comply with the notification and certification requirements in order to ensure SSP/Sickness Allowance can be maintained.

The SFRS will continue to support you throughout your period of absence. However, please be reminded that the SFRS Policies and Procedures must be adhered to at all times.

I look forward to hearing from you soon.

Yours sincerely

Line Manager
Designation

Copy to: Personal Record File
 HR Adviser

Appendix 2 Non-Compliance letter 2



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear XXXX

NOTIFICATION & CERTIFICATION REQUIREMENTS WHEN ABSENT FROM WORK

Further to my letter dated **[INSERT DATE OF FIRST LETTER]**, I am writing again in relation to your absence from work since **[INSERT DATE]** and to advise you that I have not yet received a Fit Note to cover you from **[INSERT DATE]** and I am concerned you have not yet made contact with me to report your absence.

I have tried on several occasions to contact you by telephone to discuss this but have been unsuccessful to date.

In order to ensure that you meet the requirements of the SFRS Attendance Management Policy, I would ask that you contact me without delay on receipt of this letter to provide further information regarding your absence and further details on whether you are able to submit a Fit Note to cover this period of absence.

Please note that, as detailed within the SFRS Attendance Management Policy, employees are required to comply with the notification and certification requirements in order to ensure SSP/Sickness Allowance can be maintained.

If employees fail to comply with the notification and certification procedures and other general requirements of the Sickness Allowance Scheme, entitlement to sickness allowance/SSP may cease and disciplinary action may be taken as appropriate.

I would therefore request that you submit a Fit Note to cover the above noted period to me no later than **[INSERT DATE]**. If you are unable to meet this request your sickness allowance/SSP may cease with effect from that date.

The SFRS will continue to support you throughout your period of absence. However, please be reminded that the Service's Policies and Procedures must be adhered to otherwise disciplinary action may be taken as appropriate.

I look forward to hearing from you soon.

Yours sincerely

**Line Manager
Designation**

Copy to: HR Adviser
 Personal Record File

Appendix 3 Non-Compliance letter 3



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear **XXXX**

NOTIFICATION & CERTIFICATION REQUIREMENTS WHEN ABSENT FROM WORK

Further to my letters dated **[INSERT DATES OF FIRST AND SECOND LETTER]**, I am writing in relation to your continued absence from work since **[INSERT DATE]** and to advise you that I have not yet received a Fit Note to cover you from **[INSERT DATE]** and **I am concerned** you have not made contact with me to report your absence.

I have tried on several occasions over the past **[XX]** weeks to contact you by telephone/email/text (**AMEND TO SUIT**) to discuss this but have been unsuccessful to date.

In order to ensure that you meet the requirements of the SFRS Attendance Management Policy and that I can support your absence, you must contact me no later than **[INSERT DATE]** to provide further information on your circumstances.

Your absence is currently classed as unauthorised and you are in breach of Policy, therefore the disciplinary procedures may apply. In light of this, I must advise you that I have instructed the Payroll Section to cease payment to you, effective from **[INSERT DATE]** until such times as your authorised absence can be clarified.

I would further advise that **the SFRS** can only support you throughout your period of absence once the circumstances of your unauthorised absence have been established.

Please note that failure to respond to this third and final letter by the above date, will result in this matter being processed via the Service's Disciplinary Policy.

I look forward to hearing from you soon.

Yours sincerely

Line Manager
Designation

Copy to: **HR Adviser**
Personal Record File

Appendix 4 Return to Work Form



Employee Name		Line Manager	
Absence Start Date	Absence End Date	Total Working days / hours lost during this period of absence	

Notification/Certification Procedure followed Yes/No Date of Meeting _____

Section 2 – Managers should have a copy of the SFRS Managing Attendance Policy to hand and complete the sections below during the return to work meeting.

	Please tick if applicable ✓
Welcome employee back to work	
Check employee is fit to return	
Complete certification process	
Discuss and agree absence record (have a note of absences within 12 month period)	
Check employee awareness of:	
Absence Criteria	
Impact of their absence (Discuss positively what now needs to be done at work)	
Consequences of their absence (Discuss when criteria has been breached only)	
Check with employee if:	
Any underlying medical condition identified for this period of absence	
Any work related factors contributing to absence (provide details and discuss)	
Any other information to be considered	

Section 3

Consider Supports	Details any supports agreed: -
Support mechanisms e.g. Employee Assistance Programme, Referral to Health and Wellbeing Department, Citizens Advice, Reasonable Adjustments e.g. equipment, Consideration of Flexible Working, Alternative Duties (using advice from the Health and Wellbeing Department), Phased Return to Work.	

***A copy of this completed form should be provided to the employee if any support mechanisms have been identified and agreed.**

Section 4 - Outcomes (please circle)

<p><i>The absence criteria levels are:</i></p> <p><u>6 Month Rolling Period</u></p> <p><i>3 separate instances or a total absence of 6 working days or over in any six month period;</i></p> <p><u>12 Month Rolling Period</u></p> <p><i>5 separate instances or a total absence of 8 working days or over in any twelve month period;</i></p> <p style="text-align: center;">•</p>		
No Action: (please circle)		Action Taken: (please circle)
Absence Criteria not met / Any other Management concerns?	OR	Requires Attendance Support Meeting or further Capability Meeting.

Any other relevant comments (if appropriate) in the space below:-

Employee's signature _____ Date: _____

Manager's signature _____ Date: _____

Appendix 5 Invite to Attendance Support Meeting letter

***SEND THIS BY AN AGREED COMMUNICATION METHOD AND AMEND TO SUIT
INDIVIDUAL EMPLOYEES***

Dear XXXX

ATTENDANCE SUPPORT MEETING

From our previous discussions, you will be aware that you have met the absence criteria outlined within the SFRS Attendance Management Policy. In this respect, you are invited to an Attendance Support Meeting on [insert date], at [insert time] at [insert location] with [detail attendees].

The reason for this meeting is to discuss your most recent absence, review your attendance record and identify any support mechanisms that may assist you.

This meeting will also assist you in understanding that the SFRS supports early intervention as the key to supporting you to achieve a return to work. To this end, I would encourage you to make use of this support and advice available and to also seek advice from your Trade Union representative if you are a member.

You have the right to be represented at this meeting by a Trade Union representative or accompanied by a work colleague if you wish. It would be helpful if you can let me know in advance of the meeting if someone will be attending with you.

I look forward to meeting with you.

Yours sincerely

Line Manager
Designation

Copy to: Personal Record File

Appendix 5a Attendance Support Meeting Manager's Checklist

	(Tick)	✓
Review absence information for employee prior to the meeting, including Medical reports if available.		
Introduce all present at the meeting (if appropriate)		
Confirm meeting not of a disciplinary nature but part of the Managing Attendance process		
Confirm right to be accompanied by suitable person i.e. TU rep / work colleague		
Confirm reason for interview, i.e. 3 Self Certificates / 6 days absence in 6 months or 5 absences (self-certificate or medical certificate) or 8 days absence in 12 months or unauthorised absence.		
Confirm attendance record and ensure all information appears correct with the employee		
Discuss with the employee the reasons for their absence and their current state of health		
Invite comment and / or explanation from employee regarding their attendance record		
Explore possibility of referral to Occupational Health Physician or to Employee Counselling Programme or any other support mechanisms which may assist the employee (If this has not already been done as an immediate referral)		
Explain the impact of the employee's absence record on service delivery and work within the team/department		
Explain the need for regular attendance and that the employee's attendance record will continue to be monitored		
If necessary, hold a recess to decide what action(s) will be taken		
Advise employee that you will be monitoring their level of absence and set appropriate targets and timescales for improvement		
Advise the employee what action may be taken if the targets are not achieved		
Confirm that the employee is free to discuss these issues further with you or contact a Human Resources Adviser, Health and Wellbeing practitioner or their Trade Union at any time for support and advice		
Conclude interview on a positive note by emphasising that all support mechanisms will be provided to the employee to assist them in achieving the targets set for them		
Correspondence issued to the employee should be sent to their SDA or other relevant location to be filed in the employee's Personal Record File		

Appendix 5b Outcome of Attendance Support Meeting letter

**SEND THIS BY AN AGREED COMMUNICATION METHOD AND AMEND TO SUIT
INDIVIDUAL EMPLOYEES**

Dear XXXX

OUTCOME OF ATTENDANCE SUPPORT MEETING

I refer to the Attendance Support Meeting held on [insert date] to discuss your most recent absence, review your attendance record and identify any support mechanisms that may assist you. In attendance were [details of attendees] and you were accompanied by [details] / chose not to be accompanied [delete as appropriate].

At the meeting we discussed your attendance records and it showed that you have had XX day's absence in the last 6/12 months, [insert details as appropriate] which has resulted in you meeting SFRS's absence criteria as detailed within the SFRS Attendance Management policy.

During the meeting, we discussed [Enter here the details discussed at the meeting.]

Support Mechanisms

We discussed the support mechanisms that are available and agreed the following support mechanisms will be put in place: [details here].

Outcome

We agreed that your attendance will be monitored over [enter specific time period] and that [please enter details of what was agreed i.e. individual targets set and timescales].

During the meeting I explained the need for regular attendance to ensure that I am able to plan and co-ordinate work of the team to ensure effective service delivery. You were advised that if you are unable to achieve reasonable attendance targets, you will be supported and managed through the SFRS Attendance Management Policy.

I advised you that I will work alongside you to provide any support mechanisms you may need to assist in improving your health and wellbeing and ultimately your ability to attend work on a regular basis.

If you require further information, please do not hesitate to contact me on [XXXXXX].

Yours sincerely

Line Manager

Designation

Copy to: Personal Record File

Appendix 6 Outcome Achieved

**SEND THIS BY AN AGREED COMMUNICATION METHOD AND AMEND TO SUIT
INDIVIDUAL EMPLOYEES**

Dear XXXX

OUTCOME OF ATTENDANCE SUPPORT MEETING

I refer to the Attendance Support Meeting held on **(INSERT DATE)**. You were accompanied by **(DETAILS OF ATTENDEES)**/chose not to be accompanied **(delete as appropriate)** and where a review of your recent absence/continued absence **(delete as appropriate)** was discussed.

As discussed at the meeting, we reviewed your attendance during your review period and I was pleased to see that your health had improved. It had been evidenced that there were sufficient improvements in your attendance and that you had achieved the attendance targets set during our earlier meeting on **(INSERT DATE)**.

During the meeting I advised you that you were encouraged to maintain these improvements in your attendance and that future absences may result in the SFRS absence criteria being met again and to a further Attendance Support Meeting.

I hope that you are able to maintain acceptable attendance levels in the future and if you require further support in terms of your health, please do not hesitate to contact me on (XXXXXX).

Yours sincerely

Line Manager
Designation

Copy to: Personal Record File

Appendix 7 Medical Referral Form



CONFIDENTIAL MANAGEMENT REFERRAL FORM

Employee's Name:		
Address:		
Postcode:		
Home tel no and Mobile no:		
Date of Birth:		
Dept/Station/Watch:		
Designation/Job Title/ Drives Service vehicles as part of role?		
Employee No		
Reason for Referral: i.e.	Long Term Absence	<input type="checkbox"/>
	Short Term Absence	<input type="checkbox"/>
	Other-Describe	<input type="checkbox"/>

- Managers and employees should understand that all correspondence, including the manager's referral correspondence, may be seen by the employee under the Data Protection Act 1998.
- The employee should be informed of, and understand, the reason for the referral
- The confidentiality of clinical details is respected, unless informed consent is given for disclosure and communications with General Practitioner or Consultant will only take place with the informed, written consent of the employee, taking into account the Access to Medical Reports Act 1988.

Absence Details:	
Is Employee currently on sick leave?	
Date current sick leave commenced:	
Reason for Current Absence:	
Fit Note Expiry Date:	
Additional Relevant Information i.e. Disciplinary Procedures / behavioural issues / suspected drug or alcohol problems	
Is referral due to work related issues? (if work related stress, please append risk assessment	

Information required by Manager from Health and Wellbeing Department		
Please note that all points in Section 1 will be automatically answered in every referral. If you have additional questions (max 3) please check (x) in Section 2 and list the additional questions.		
1	<p>Is there a confirmed, underlying or on-going medical condition?</p> <p>Is the condition temporary, recurrent or chronic?</p> <p>Are there any other health conditions relevant to work?</p> <p>Is appropriate treatment/support being received?</p> <p>Likely duration of absence?</p> <p>Is the absence/injury likely to be caused or exacerbated by work?</p> <p>What is the impact of the health issue on current role(s)?</p> <p>Can the employee return to adjusted duties and/or a phased return (with timescales)?</p> <p>Likelihood of affecting future attendance /performance at work?</p> <p>Advice regarding fitness for safety critical work/health and safety concerns?</p> <p>Is the individual fit for driving service vehicles (if applicable)?</p> <p>Albeit not a medical decision but a legal one could the employee be covered by the disability component of the Equality Act 2010?</p> <p>What reasonable adjustments should be considered to facilitate a return to work?</p> <p>Review date/period</p>	<input checked="" type="checkbox"/>
2	Any other information required from the consultation (max 3 supplementary questions)	<input type="checkbox"/>

Please x the box to confirm that the employee has been advised of the purpose of this referral and that they understand that a written report will be sent to management following the appointment. (Informed consent will be gained at start of the consultation by clinical staff).		<input type="checkbox"/>
Referring Manager:		
Designation:		
Signature:		
Date of Referral:		
HR Contact Name/contact no		

Appendix 8

Alternative/Amended Duties letter



**SEND THIS BY AN AGREED COMMUNICATION METHOD AND AMEND TO SUIT
INDIVIDUAL EMPLOYEES**

Dear **XXXX**

CONFIRMATION OF AMENDED / ALTERNATIVE DUTIES

I refer to the meeting held on **[ENTER DATE]** with **[DETAIL THOSE IN ATTENDANCE]** at which you were accompanied by **[ENTER DETAILS]** and where your continued absence from work since **[ENTER DATE]** was discussed.

The reason for this meeting was to discuss your sickness absence record along with the likelihood of your return to work on amended/alternative duties and the support mechanisms available to assist you to carry out these amended/alternative duties and assist with your return to full duties.

DETAIL WHAT WAS DISCUSSED – UPDATE ON EMPLOYEE’S MEDICAL CONDITION, SUPPORT MECHANISMS, TIMESCALES FOR RETURN TO FULL DUTIES ETC

It was agreed that you would return to work on **[ENTER DATE]** to carry out alternative/amended duties. You advised that your GP has no concerns about this and has indicated on a fit note that you can return to work and carry out amended duties.

As discussed, meaningful work has been identified for a short-term period of **[ENTER TIMESCALES]**. It is expected that this will allow a phased return to substantive duties within a reasonable timescale

Your duties during this period will include **[ENTER DETAILS]**, and you will report directly to **[ENTER NAME]**.

Your work location will be **[ENTER WORK LOCATION]** and your hours of work will be as follows:

Monday – XXXX
 Tuesday – XXXX
 Wednesday – XXXX
 Thursday – XXXX
 Friday – XXXX

WHERE PHASED RETURN HAS ALSO BEEN RECOMMENDED – DETAIL THE PHASED WORK PLAN AND HOW THIS WILL BE FACILITATED

I can advise you that, due to your change of duty pattern, your annual leave has been re-calculated and you currently have a balance of **XX days** remaining for this year.

A review of the above detailed arrangements will take place between you and your line manager on a [**ENTER TIMESCALES – WEEKLY, FORTNIGHTLY, MONTHLY ETC**] basis to ensure this arrangement continues to be practicable for all parties.

During the meeting I emphasised the need for you to be in a position to return to substantive duties within the timescales agreed and based on the information available at this time the indication is that you will achieve this.

Your absence from your substantive post will continue to be managed in accordance with the Attendance Management Policy and Procedures.

The SFRS will continue to support you to achieve a return to full duties and should you feel that further support mechanisms may be of assistance to you please do not hesitate to contact me.

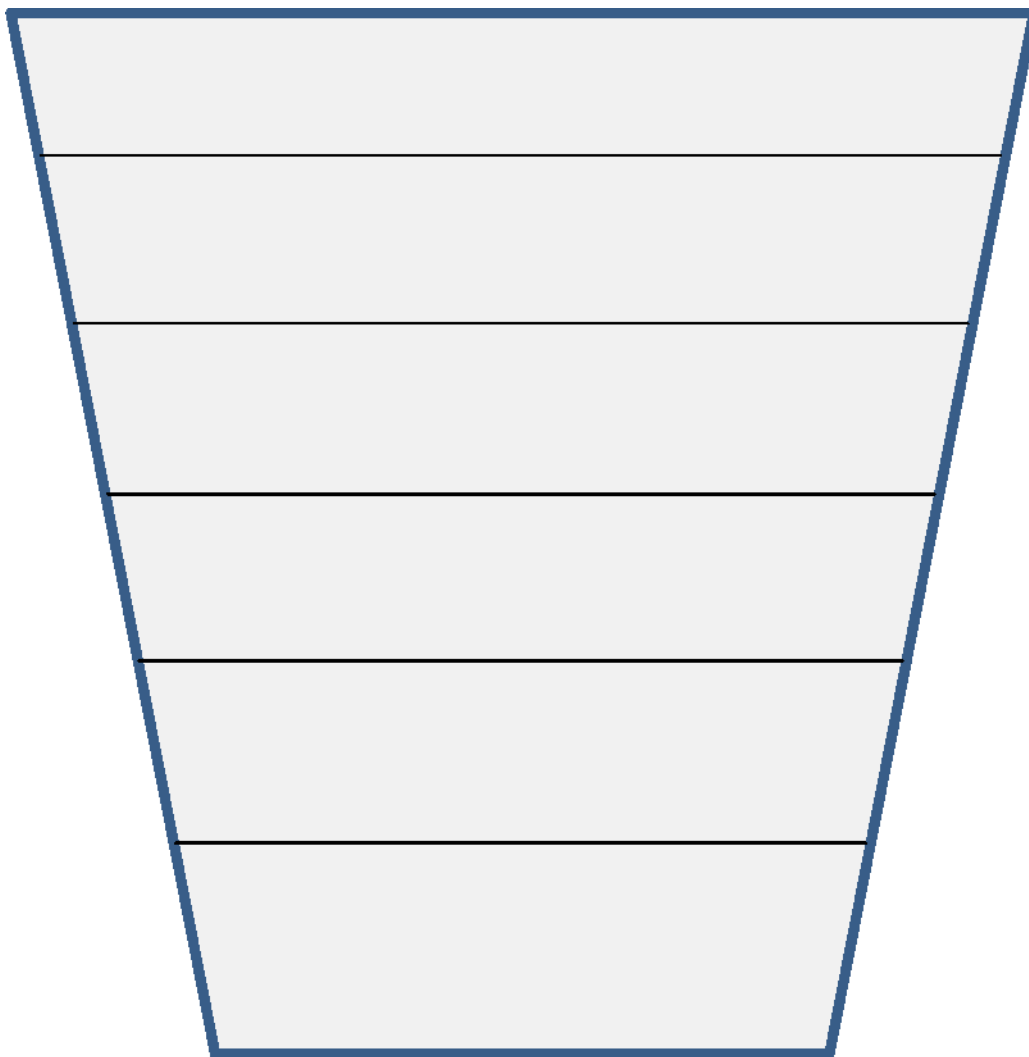
Yours sincerely

Line Manager
Designation

Copy to: Personal Record File
HR Adviser

Stress bucket – what's in yours?

Use the undernoted bucket to empty everything that is in your head concerning work and home life into your stress bucket, writing it below. Try to put it in an order of the bottom of the bucket being the least stress and the top of the bucket being the most stress:

A large, light gray trapezoidal shape representing a bucket, oriented with the wider top edge at the top. The bucket is divided into six equal horizontal sections by five black lines. The top edge is the widest, and the bottom edge is the narrowest, tapering downwards. The entire bucket is outlined with a dark blue border.

Now ask yourself the following:

1. What can I change?

2. What can't I change and need to accept?

3. What can I do to help myself?

4. Can anyone support me?

Appendix 9a Workplace Stress Questionnaire

WORKPLACE STRESS QUESTIONNAIRE

Please refer to the current Workplace Stress Questionnaire, available on the ihub at:

LINK WILL BE INSERTED TO CURRENT VERSION ON IHUB TO SAVE THIS PART BECOMING
OUT OF DATE

Appendix 10 Considering Redeployment - Skills Profile Form

REDEPLOYMENT PROCESS FOR REASONS OF HEALTH OR FITNESS

1. PERSONAL DETAILS	
NAME	
CURRENT POST	
CURRENT LOCATION	
CURRENT AREA / DIRECTORATE	
ROLE/GRADE	
CURRENT HOURS/DUTYSYSTEM	
CURRENT SALARY	
TEL NO (HOME)	
TEL NO (WORK)	
EMAIL ADDRESS	

2. HOURS
<p>Range of duty systems / weekly hours prepared to consider / flexibility of pattern; e.g. duty system, reduced working hours - mornings, afternoons, job-share, part-time etc.</p>

3. SALARY / GEOGRAPHICAL LOCATION Salary: (Specify minimum required per annum) / Geographical Location (detail suitable areas/locations)
4. CURRENT DUTIES Please describe the key responsibilities of your current/most recent post. Please provide comprehensive details as this will assist in the process. (Your current role map/job description can be of assistance with this).
5. RELEVANT SKILLS, KNOWLEDGE & EXPERIENCE Briefly summarise any skills, knowledge and experience, obtained through work or otherwise, which you feel may be useful in the redeployment process e.g. experience in different areas/directorates, specialist roles, voluntary work etc.
6. QUALITIES & ATTRIBUTES Please highlight your key qualities and attributes (refer to SFRS PQA's), obtained through work or otherwise, which may also be useful. For example, working with others, effective communication, problem solving etc.
7. TRAINING Please list any relevant training you have undertaken e.g. driving, specialist skills, computer packages etc.
8. QUALIFICATIONS Please list any relevant academic, professional or vocational qualifications you have attained and the date achieved.

<p>9. TYPE OF WORK YOU WOULD CONSIDER SUITABLE e.g. prevention role, specialist role, office based, administrative, manual and why you think this type of work would be suitable.</p>

<p>10. TYPE OF WORK YOU <u>DO NOT</u> WANT TO BE CONSIDERED FOR AND WHY Please include details of limitation placed on you by health and/or fitness issues</p>

<p>11. ANY ADDITIONAL INFORMATION Include any major achievement e.g. projects you have been responsible for or involved in, or any relevant information not covered above.</p>

<p>12. DECLARATION</p>
<p>I confirm that the above information is correct;</p> <p>Employee Signature: Date:</p> <p>I declare that to the best of my knowledge, the information given on this form is correct. NB: You may be contacted for further information or clarification.</p> <p>Immediate Line Manager Signature: Date:</p>

On completion, this form should be returned to your **HR Adviser** who will forward it on to the Resourcing Team for **checking against potential vacancies**.

Appendix 11 Sickness absence capability Process – Invite to Stage 1 Meeting



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear XXXX

Capability Process – Stage 1

Following on from your Attendance Support Meeting on **[DATE OF MEETING]**, I am writing to advise you that, unfortunately, the improvements discussed and agreed at that meeting have not been achieved.

You are therefore invited to attend a Stage 1 capability meeting. This meeting will be held on **[DATE]** at **[TIME]** in **[LOCATION]** with **[PERSON(S) IN ATTENDANCE]**.

The meeting is to discuss your level of absence from work over the last **XXX weeks/months /inability to return to full duties [delete as appropriate]**.

At the meeting you will be given the opportunity to **[explain the reasons for your absences and provide details of any underlying issues] or [discuss the reasons for your inability to return to full duties]**, any contributing factors and to make any suggestions as to how to improve the situation. It is my aim to assist you wherever possible in improving your attendance to an acceptable level.

If you wish, you may be accompanied at this meeting by your Trade Union representative or work colleague of your choice. Please note that it is your responsibility to arrange any such representation should you wish to be accompanied.

Yours sincerely

Line Manager
Designation

Copy to: **HR Adviser**
 Personal Record File

Appendix 11a Sickness absence capability Process – Outcome of Stage 1



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear XXXX

CAPABILITY STAGE 1 OUTCOME

I refer to the meeting on **[DATE]** under Stage 1 of the Capability Process, arranged to discuss your sickness absence record/inability to return to substantive duties **[delete as appropriate]** and the support mechanisms that will be provided to assist you to improve your levels of attendance or return to substantive duties. In attendance was **[NAMES/DESIGNATIONS]** and *Either* you were represented by **[NAME]** or you chose not to be represented.

(Option – frequent short-term absences)

You were advised that, since the last meeting concerning your absences on **[DATE OF PREVIOUS MEETING]**, my letter of **[DATE OF PREVIOUS LETTER]** refers, you have been unable to meet the reasonable attendance targets set in order to improve your attendance at work. Since that meeting, your absence has remained at a high level, totalling a further **[NUMBER OF DAYS]** over **[No. OF OCCASIONS]** as detailed below and this continues to be a management concern:

[LIST ALL THE ABSENCES AND REASONS BELOW]

(Option – long term absence)

It was noted that since the last meeting concerning your absence on **[DATE OF PREVIOUS MEETING]**, my letter of **[DATE OF PREVIOUS LETTER]** refers, you have been unable to meet the reasonable attendance targets set in order to improve your attendance at work. Since that meeting, your absence has remained at a high level, totalling a further **[NO OF DAYS]** as detailed below and this continues to be a management concern:

[LIST ALL THE ABSENCES AND REASONS BELOW]

I understand the reasons why you are unable to fulfil the duties and responsibilities of your substantive post and whilst I am sympathetic to the issues you are experiencing, you will appreciate that your inability to return to these duties is adversely affecting service delivery and I cannot sustain this in the longer term.

During the meeting you provided an update on your current health issues/situation **[BRIEF OUTLINE OF WHAT WAS SAID BY EMPLOYEE – e.g. reasons given/underlying medical condition/new problems, etc.]**.

During the meeting we discussed the support mechanisms currently available to you, namely **[DETAIL THESE, e.g. Health and Wellbeing department, Physiotherapy, Employee Assistance Programme]**.

I confirm the outcome of our discussions **[DETAIL THE MEASURABLE IMPROVEMENTS REQUIRED, THE ARRANGEMENTS MADE TO ASSIST / MONITOR THEIR ATTAINMENT AND MAINTENANCE, TIMESCALES OR REVIEW PERIODS, ANY FURTHER ACTIONS ON MANAGEMENT ETC]**.

I therefore hope to see a sustained improvement in your attendance levels but if this does not occur, you will be seen under Stage 2 of the Capability Process to further discuss your position. You should be aware that this may ultimately lead to your employment being terminated on the grounds of capability.

The SFRS will continue to support you to achieve the targets detailed above and if you feel that further support mechanisms may be of assistance to you please do not hesitate to contact me.

Yours sincerely

Line Manager
Designation

Copy to: **HR Adviser**
Personal Record File

Appendix 12 Formal capability stage – Invite to Stage 2 Meeting



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear **XXXX**

Capability Process – Stage 2

I refer to your current Stage 1 Capability Outcome, as advised to you at our meeting on **[DATE OF MEETING]** and your subsequent Attendance Support Meeting/s on **[INSERT DATES OF MEETING/S]**. I am writing to advise you that, unfortunately, the improvements discussed and agreed at that meeting have not taken place and you have been unable to meet the attendance targets set.

In this respect, you are therefore invited to attend a Stage 2 Capability meeting in accordance with the Capability Process. This meeting will be held on **[DATE]** at **[TIME]** in **[LOCATION]** with **[PERSON(S) IN ATTENDANCE]**. The meeting is to discuss your level of absence from work over the last **XXX weeks / months / inability to return to full duties [delete as appropriate]** over the last **[INSERT TIMESCALE]** and review your record against the targets set at your first stage meeting.

At the meeting you will be given the opportunity to **[explain the reasons for your absences and provide details of any underlying issues] or [discuss the reasons for your inability to return to full duties]**, any contributing factors and to make any suggestions as to how to improve the situation. It is the aim of the SFRS to assist you wherever possible in improving your attendance to an acceptable level.

If you wish, you may be accompanied at this meeting by your Trade Union representative or work colleague of your choice. Please note that it is your responsibility to arrange any such representation should you wish to be accompanied.

Yours sincerely

Line Manager
Designation

Copy to: **HR Adviser**
Personal Record File

Appendix 12a Formal capability stage – Outcome of Stage 2 Meeting



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear XXXX

CAPABILITY STAGE 2 OUTCOME

I refer to the meeting on [DATE] under Stage 2 of the Capability Process, arranged to discuss your **sickness absence record/inability to return to substantive duties [delete as appropriate]** and the support mechanisms that will be provided to assist you to improve your levels of attendance or return to substantive duties. In attendance was [NAMES/DESIGNATIONS] and you *Either* were represented by [NAME] at this meeting *or* chose not to be represented at this meeting.

[Option – frequent short-term absences]

You were advised that, since the last meeting concerning your absences on [DATE OF PREVIOUS MEETING], my letter of [DATE OF PREVIOUS LETTER] refers, you have been unable to meet the agreed attendance targets set in order to improve your attendance at work. Since that meeting, your absence has remained at a high level, totalling a further [NUMBER OF DAYS] over [No. OF OCCASIONS], as detailed below and this continues to be a management concern:

[LIST ALL THE ABSENCES AND REASONS BELOW]

[Option – long term absence]

It was noted that since the last meeting concerning your absence on [DATE OF PREVIOUS MEETING], my letter of [DATE OF PREVIOUS LETTER] refers, you have been unable to meet the agreed attendance targets set in order to improve your attendance at work. Since that meeting, your absence has remained at a high level, totalling a further [NO OF DAYS], as detailed below and this continues to be a management concern:

[LIST ALL THE ABSENCES AND REASONS BELOW]

I understand the reasons why you are unable to fulfil the duties and responsibilities of your substantive post and whilst I am sympathetic to the issues you are experiencing, you will appreciate that your inability to return to these duties is adversely affecting service delivery and is unable to be sustained in the longer term.

During the meeting you provided an update on your current health issues/situation **[BRIEF OUTLINE OF WHAT WAS SAID BY EMPLOYEE – e.g. reasons given/underlying medical condition/new problems, etc]**.

During the meeting we discussed the support mechanisms currently available to you, namely **[DETAIL THESE, e.g. Health and Wellbeing Department, Physiotherapy, Employee Assistance Programme]**.

I confirm the outcome of our discussions **[DETAIL THE MEASUREABLE IMPROVEMENTS REQUIRED, THE ARRANGEMENTS MADE TO ASSIST/MONITOR THEIR ATTAINMENT AND MAINTENANCE, TIMESCALES OR REVIEW PERIODS, ANY FURTHER ACTIONS ON MANAGEMENT ETC]**.

I therefore hope to see a sustained improvement in your attendance levels but if this does not occur, your attendance will be considered under Stage 3 of the Capability Process to further discuss your position and make every reasonable effort **for you** to return **to** duty. You should be aware that progression towards Stage 3 may ultimately lead to your employment being terminated on the grounds of absence capability, and that a decision regarding your employment will be made at a Stage 3 Capability Meeting, taking all relevant factors into account.

The SFRS will continue to support you to achieve the targets detailed above and if you feel that further support mechanisms may be of assistance to you please do not hesitate to contact me.

Yours sincerely

Line Manager
Designation

Copy to: **HR Adviser**
Personal Record File

Appendix 13 Checklist for moving to Stage 3


Name of Employee:	
Current Job Title & Work Location:	
CAPABILITY PROCEDURE – DUE TO SICKNESS ABSENCE	Date: Name of Managers Present: Copies of previous paperwork (attendance support meeting invites and outcomes):
Attendance Support Meeting (provide list of dates when these held)	Dates:
CAPABILITY HEARINGS	
Stage 1: (Date of meeting)	
Stage 2: (Date of meeting)	

NATURE OF THE ABSENCE	RESPONSE
Detail Employee Absence over past 24 months, include dates and reasons for absence.	
Do any spells of sickness relate to a recognised service injury? Attach report. If unsure, contact Health & Safety.	
What of the following options were offered: <ul style="list-style-type: none"> • Temporary modified workload • Phased Return • Flexible Working • Amended / Alternative duties • Redeployment • Other (please detail) 	
If none, why were any of the above options not required / unsuitable?	

MANAGEMENT CONTACT	RESPONSE
Details of managerial contact with the employee e.g. telephone calls, Attendance Support Meetings, home visits, written correspondence etc.	

HEALTH AND WELLBEING	RESPONSE
Date(s) of referrals to Health and Wellbeing in the last 2 years. Please attach report(s). Ensure there is an up to date report.	
What Health and Wellbeing supportive mechanisms were offered? (physiotherapy/Counselling /functional assessment/ GP reports.	
What Health and Wellbeing supportive mechanisms were utilised?	
What is the prognosis on the employee's condition (if relevant) i.e. is their return foreseeable in the next 4 weeks?	
Is the employee in the pension fund or FPF / NFP/LGPS Yes / No	
Has the option of ill health retirement been requested and explored by Health and Wellbeing and IQMP?	

REDEPLOYMENT	RESPONSE
Date employee was informed that redeployment within SFRS was an option. (HR Adviser will have updated redeployment register)	
Skills match completed by Management and Employee Yes / No Attach skills profile form	
Has employee undertaken additional training to aid redeployment? Yes / No Give full details.	

Has the employee been involved in job shadowing? If yes, where and describe frequency?	
Redeployment Job(s) offered / If no jobs offered, why?	
Employees reason(s) for refusal (if appropriate).	

RELEVANT BACKGROUND	RESPONSE
Length of continuous local authority service.	
Length of continuous service with SFRS.	
Member of Trade Union and name of representative.	
Give details of sickness allowance entitlement / received to date and current salary status i.e. Full Pay or 1/2 pay or No pay.	

Date Case review completed: _____

Name of Manager completing case review: _____

Name of Human Resource Adviser: _____

Copy to: **HR Adviser**
Personal Record File

Appendix 14 Sickness absence capability Process – Invite to Stage 3 Meeting



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear **XXXX**

CAPABILITY STAGE 3 – POTENTIAL DISMISSAL

I refer to Stage 2 Capability Meeting on **[DATE OF MEETING]** and your subsequent Attendance Support Meeting/s on **[INSERT DATES OF MEETING/S]** I write to advise you that, unfortunately, the improvements discussed at that meeting have not taken place and you have been unable to meet the agreed attendance targets set.

You are therefore invited to attend a Stage 3 Capability meeting in accordance with the Capability Process. This meeting will be held on **[DATE]** at **[TIME]** in **[LOCATION]** with **[PERSON(S) IN ATTENDANCE]**. The meeting is to discuss your level of absence from work over the last **XXX weeks/months /inability to return to full duties [delete as appropriate]** over the last **[INSERT TIMESCALE]** and review your record against the targets set at your second stage meeting.

At the meeting you will be given the opportunity to **[explain the reasons for your absences and provide details of any underlying issues] or [discuss the reasons for your inability to return to full duties]**, any contributing factors and to make any suggestions as to how to improve the situation. It is the aim of the Scottish Fire and Rescue Service to assist you wherever possible in improving your attendance to an acceptable level.

You should be aware that this meeting may lead to your employment being terminated on the grounds of capability. A decision regarding your continued employment will be made at a Stage 3, taking all relevant factors into account, including any current health issues, the likelihood of a return to substantive duties within a reasonable timescale and any improvements you have been able to make in relation to your attendance at work.

Please find enclosed, for your reference, a completed copy of the Management Checklist for considering a Stage 3 Capability dismissal. This contains details of your case to date, including any other options explored e.g. Redeployment, Ill Health Retirement.

If you wish, you may be accompanied at this meeting by your Trade Union representative or work colleague of your choice. Please note that it is your responsibility to arrange any such representation should you wish to be accompanied.

Yours sincerely

Line Manager
Designation

Copy to **HR Adviser**
Personal Record File

Appendix 14a Sickness absence capability Process – Outcome of Stage 3 Meeting



SEND THIS RECORDED DELIVERY or EMAIL AND AMEND TO SUIT INDIVIDUAL EMPLOYEES

Dear **XXXX**

CAPABILITY STAGE 3 OUTCOME – CONFIRMATION OF DISMISSAL

I refer to the meeting on **[DATE]** under Stage 3 of the Capability Process and at which you **either** were represented by (NAME OF REPRESENTATIVE) or you chose not to be represented. In attendance was **[NAMES/DESIGNATIONS]**.

The purpose of the meeting to discuss your previous capability meeting agreed outcomes and your continued inability to achieve them. At each of these meetings you were advised of the sustained improvements required in your attendance but regrettably you have been unable to and your absence rate has continued at an unacceptable level. Specifically, since you were issued with a Stage 2 outcome, you have continued to be absent on:

[LIST ALL THE ABSENCES AND REASONS BELOW]

[OR INSERT

Insert if appropriate:

It has been recognised that your absences/inability to return to your substantive duties have/has been due to a specific medical condition **[OR INSERT OTHER APPROPRIATE WORDS]** and on which we have received advice from the Occupational Health Physician regarding your fitness for work.

Unfortunately, **either** you remain unable to advise of a date when you will be able to return to work **or** the date on which you have confirmed you may be able to return to work is not considered to be within reasonable timescales considering the existing period/s of absence.

Insert where appropriate: While other options such as Redeployment and Ill Health Retirement have been fully explored and discussed with you, neither option was possible or viable in your particular circumstances.

In light of the above, I am writing to confirm the verbal decision given to you on conclusion of the Stage 3 meeting, that taking all relevant information into account, I have no alternative but to terminate your employment on the grounds of capability due to absence from **[INSERT DATE OF CAPABILITY DISMISSAL]**. **Option:** You will receive **XX** weeks' pay in lieu of notice.

You have the right to appeal against this decision. Should you wish to do so, you must submit your appeal in writing to Gillian Clark, HROD Manager at gillian.clark@firescotland.gov.uk within 7 days of receipt of this letter, fully outlining the reason(s) for your appeal.

Head of Function

HR Adviser

Personal Record File



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

Equality & Human Rights Impact Assessment Recording Form

PART 1 BASIC INFORMATION

Project Owner	Name: Human Resources and Organisational Development
E&D Practitioner	Name: D Rooney
Title (of function/policy to be assessed e.g. name of policy, title of training course)	Attendance Management Policy and Procedure Attendance Management Handbook
Date Assessment Commenced	19/05/2014 Amended 29/06/21 to reflect changes in policy

The purpose of the following set of questions is to provide a summary of the function/policy.

Briefly describe the aims, objectives and purpose of the function/policy	The Scottish Fire and Rescue Service (SFRS) are committed to promoting a healthy working environment and to supporting staff in maximising attendance and minimising ill health. It is recognised that most employees are able to attend work on a regular basis but may occasionally experience illness which will require managerial support.
Are there any associated objectives of the function/policy (please explain)?	The main objectives of the Attendance Management Policy and Procedure are:- Maximise attendance at work; Ensure appropriate support to those who are absent through illness or injury before considering the capability process; Minimise the disruption to service delivery caused by sickness absence.
Does this function/policy link with any other function/policy? If Yes, please list and describe relationship.	<ul style="list-style-type: none"> • Local Government Conditions of Service • Fire-fighter's Scheme of Conditions of Service – Sixth Edition • Principal Officers Scheme of Conditions of Service • SFRS Special Leave Policy and Procedures • Employee Guide's To Managing Stress • Health & Fitness Policy and Procedures • Flexible Working Policy and Procedures

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	<ul style="list-style-type: none"> • Career Break Policy and Procedures • Redeployment Policy and Procedure • Career Management Policy and Procedures • Attendance Management – Managers Handbook • Health, Safety and Welfare Policy • Mental Health Strategy • We are Positive about Disability – Managers Guide
Who is intended to benefit from the function/policy and in what way?	<p>SFRS Board, SFRS including the Strategic Leadership Team and support staff.</p> <p>This policy applies to all SFRS employees</p>
What outcomes are wanted from this function/policy?	<p>Application of policy</p> <p>(a) This policy applies to ALL SFRS employees.</p> <p>(b) Where a provision applies to either support staff or uniformed staff only, this will be clearly identified.</p> <p>(c) Training will be provided to all relevant managers involved in the policy both when a new manager takes up the post and where changes are made to the procedure. Each SDA will be encouraged to invite their local Trade Union (TU) representative/s to attend joint training events where appropriate.</p> <p>(d) Advice and assistance is available from the HR/OD section and Health and Wellbeing team (formerly known as Occupational Health).</p> <p>(e) Consultation and discussion with Trade Union representatives at all relevant stages as defined in this procedure.</p> <p>(f) A Managers Handbook on Attendance Management. The Handbook provides further practical examples of the application of the policy.</p>
What factors/forces could contribute/detract from the outcomes?	<ul style="list-style-type: none"> • Failure to oversee and monitor application of the policy to ensure fairness and consistency in its application. • Lack of confidence on policy application amongst workforce. • Lack of communication when policy is required.
Who are the main stakeholders in relation to the function/policy?	SFRS employees and the general public as service users
Who implements the policy and who is responsible for the function/policy?	SFRS Board, Senior Leadership Team, POD and line managers.

PART 2 ESTABLISHING RELEVANCE

- This section is designed to determine the relevance of the function/policy to equality.
- This section also fulfils our duty to consider the impact of our activities in relation to Human Rights.
- Initial screening will provide an audit trail of the justification for those functions not deemed relevant for equality impact assessment.
- Throughout the process the evidence and justification behind your decision is more important

Q1. *The function/policy will or is likely to influence SFRs ability to....*

- Eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010 and/or;
- Advance equality of opportunity between people who share a characteristic and those who do not and/or;
- Foster good relations between people who share a relevant protected characteristic and those who do not.

Please tick as appropriate.

	Yes/ Potential	No	Don't Know/Don't Have Enough Evidence
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and civil partnership (answer this only in relation to point a above)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion and belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex (gender)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and economic disadvantage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have selected 'No' for any or all of the characteristics above please provide supporting evidence or justification for your answers.

AND,

If you have identified any potential links to other functions/policies please comment on the relationship and relevance to equality.

The Scottish Fire and Rescue Service (SFRS) is committed to providing support in a sympathetic manner to members of staff who are absent from duty because of genuine illness. It is recognised that most employees are able to attend work on a regular basis but may occasionally experience illness which will require assistance. It is also recognised that in cases where employees become permanently unfit for work, sensitivity and support will be required to assist in the often stressful transition from working life to ill health retirement.

Training: Training and appropriate guidance will be provided for line managers to ensure they understand the process and can facilitate discussions with employees in a confidential and sensitive manner. This will include being aware of any equality issues that could be related to the absence such as the requirement for reasonable adjustments, disability-related illness and pregnancy and maternity related sickness. Further support to deal with situations appropriately can also be obtained from an HR Adviser or a member of the Equality and Diversity Team if appropriate.

Monitoring: The policy highlights that sickness absence will be monitored in order that action can be taken as appropriate. Where appropriate, this should include by protected characteristic(s) to allow the service to analyse any trends and take action where necessary. Periods of sickness absence such as pregnancy and disability related absence should not be taken into account when making a decision about an individuals' employment, for example, for disciplinary purposes.

Bullying or Harassment Due to a Protected Characteristic: There is a clear link between increased bullying and rates of workplace stress and sickness absence. The Chartered Institute of Personnel Development reported that stress is a major cause of long-term sickness absence for both manual and non-manual workers. Managers should be aware of potential signs of bullying or harassment and the link between absence and bullying so they can deal with this appropriately. The Dignity and Work, Code of Conduct and Occupational Health and Welfare policies and their equality impact assessments should also be considered here.

Reasonable Adjustments: An employer is under a legal obligation to make reasonable adjustments to enable a person with a disability to work or continue to work. There can be no justification for a failure to make a reasonable adjustment, but an employer is allowed to argue that an adjustment is not "reasonable". The policy highlights examples of reasonable adjustments to remove disadvantages to the individual with a disability which could be working conditions, whether that is a physical feature or a working practice.

Q2. Is the function/policy relevant to the Human Rights Act 1998?

Yes No Don't Know

If you have selected 'No' please provide supporting evidence or justification for your answers

AND,

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If you have identified any potential links to other functions/policies please comment on the relationship and relevance to Human Rights.

The recording of some personal and sensitive information, including medical reports and records, will be relevant to Human Rights as it relates to Article 8 – Right to Respect for Private and Family Life. The issues do not, however, extend beyond those rights protected under the Data Protection Act and the SFRS will implement and monitor compliance with GDPR.

Although it may be difficult to get 'reasonable adjustments' made if a person with a disability does not reveal that they are disabled, it is essential not to 'out' someone as disabled if they don't want to be. It may still be possible for adjustments to be made but kept confidential. The Data Protection Act/GDPR gives guidelines for keeping medical information confidential.

Concluding Part 2

Outcome of Establishing Relevance	Please Tick	Next Steps
There is no relevance to Equality or the Human Rights Act 1998	<input type="checkbox"/>	Proceed to Part 4 Monitoring
There is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998	<input checked="" type="checkbox"/>	Proceed to Part 3 Impact Assessment
It is unclear if there is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998	<input type="checkbox"/>	Proceed to Part 3 Impact Assessment

PART 3 IMPACT ASSESSMENT

Describe and reference:

- relevant issues
- evidence gathered and used
- any relevant resolutions to problems
- assessment and analysis
- decision about implementation
- justification for decision
- potential issues that will require future review
- the results of any consultation required

Characteristic	
Age	<p>Older people may experience age related disability or impairment affecting mobility, comprehension, hearing, sight, or speech.</p> <p>Please see the section on disability for further information on potential impacts in relation to managing attendance.</p>
Caring Responsibilities	<p>At the time of the EIA there is no accurate workforce profile identifying levels of personnel with caring responsibilities.</p> <p>In the broader UK population there are approximately 6 million carers with responsibility for a dependent who has a disability or other long term impairment or health condition – approximately 42% are men and 58% are women. Source – Carers Trust</p> <p>In Scotland the overall number of carers is approximately 788,000 (759,000 adult and 29,000 young carers) with 59% being women and 41% being male. 56% of all carers are in employment. Source – Carers UK</p> <p>Flexibility in the attendance management policy allows managers discretion in how to handle unsatisfactory attendance depending on circumstances. In addition the SFRS has further family friendly policies such as flexible working, (incorporated into a future Agile Working Home Working Policy) special leave and parental leave to enable working families to manage their work-life balance. These policies and their individual equality impact assessment, should be utilised alongside the managing attendance policy where appropriate. The attendance management policy encourages increased emphasis on managers and employees working together to discuss options in reducing sickness absence.</p>
Disability	<p>The wider range of disabilities amongst the workforce in unknown due to a lack of data available on our Payroll/HR system. The Equality Act 2010 (EqA) defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on someone's ability to carry out normal daily activities. The definition includes people with hidden disabilities (such as diabetes, epilepsy, mental health), in</p>

	<p>particular because when considering the impact of someone's impairment you have to disregard the effect of any treatment and progressive and recurring conditions. It also covers past disabilities. People with cancer, HIV and MS are automatically covered by the Act.</p> <p>The definition is a very broad one potentially covering many millions of people, although it is important to note that many of those who are protected by the Equality Act are not aware that they are, and do not necessarily consider themselves to have a disability.</p> <p>Reasonable Adjustments: An employer is under a legal obligation to make reasonable adjustments to enable a person with a disability to work or continue to work. There can be no justification for a failure to make a reasonable adjustment, but an employer is allowed to argue that an adjustment is not "reasonable". The policy and handbook highlight examples of reasonable adjustments to remove disadvantages to the individual with a disability which could be working conditions, whether that is a physical feature or a working practice.</p> <p>Disability Leave: is time off from work for a reason related to someone's disability. It is a type of 'reasonable adjustment' and employees with a disability are entitled to reasonable adjustments under the Equality Act 2010.</p> <p>Disability leave can cover a range of disability-related absences from attending clinic appointments to taking time off to come to terms with a new diagnosis or cope with treatment side effects - what is required will vary from person to person. Disability leave can include time when an employee is well but absent from work for a disability-related reason. However, if someone has time off because of sickness that is not related to their disability, this should be recorded as sick leave in the usual way.</p> <p>The SFRS may consider Disability Leave as part of a reasonable adjustment where appropriate. This will be considered on a case by case basis and is discussed within the Attendance Management Policy.</p> <p>Disability Related Sickness: Distinguishing between general sickness absence and disability-related sickness absence is good practice as it helps to remove disadvantage experienced by people with a disability. This recognises that impairments and medical conditions may, at particular times, generate a greater level of sickness absence. It is also recommended that disability-related sickness absence should not be included in an employee's total sickness record, as it can influence decisions relating to promotion, references or selection for redundancy.</p> <p>The case <u><i>Griffiths v Secretary of State for Work and Pensions</i></u> held that an employer's duty to make reasonable adjustments for a disabled person did not include disregarding the absence triggers in its attendance policy that resulted in the employer commencing formal action against the disabled person because of the level of her absence.</p> <p>Decisions about how to treat an employee's absences resulting from a disability should be made taking all the surrounding circumstances into account.</p>
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	<p>The case HMRC Commissioners v Whiteley demonstrates that employers should look in detail at periods of absence to see which might be disability related, and seek medical evidence to try and determine how often a person with a disability is likely to be absent in a given year. In this example, the individual had Asthma and could be more susceptible to viral infections.</p> <p>Duty on employer to consider if an employee has a disability: In the recent case of Gallop V Newport City Council the Court of Appeal overturned the decision of the EAT and found that Newport City Council was not entitled to merely rely on the opinion of Occupational Health. The Court of Appeal stated that, although an employer should correctly seek assistance and guidance from an Occupational Health report or other medical expertise, it is ultimately for the employer itself to make its own factual judgment as to whether or not the employee has a disability. An employer cannot simply “rubber stamp” an external opinion. The policy highlights the process that should be followed, using an independent medical opinion where there is a divergence of opinion between the Service and e.g. an employees’ GP.</p> <p>Capability: If an employer concludes that an employee is unlikely to be well enough to return to their job within a reasonable time the employer should consider whether there are any vacancies which can be offered which the employee could do now or in the near future or whether there are any reasonable adjustments which could be made to enable the employee to return to work before any decisions on terminating employment due to capability are reached. These points are covered within the policy and handbook section on capability.</p>
<p>Gender reassignment</p>	<p>Section 16 of the Equality Act 2010 prohibits an employer for treating someone who is Transgender less favourably than injured or sick employees, where the individual’s reason for absence is Gender Reassignment:</p> <ul style="list-style-type: none"> • if they were absent because they were ill • if they were absent for any other reason, and it is unreasonable to treat the individual worse. <p>This includes being absent from work because an individual proposes to undergo, is undergoing or has undergone gender reassignment:</p> <p>Reasonable steps should be taken to monitor decisions, ensuring they are fair and transparent for all protected characteristics, including on the grounds of gender reassignment.</p> <p>Should there be any barriers to an individual returning to work, such as appropriate facilities, adjustments should be made to facilitate a positive return to work.</p>
<p>Marriage and Civil Partnership</p>	<p>It is not envisaged that there will be any impacts in relation to attendance management and Marriage and Civil Partnership.</p> <p>There is a potential for marriage and civil partnership to be related to absence management on the basis of bullying and harassment and the relationship between this and the provision of a healthy and safe work</p>

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	<p>environment. The SFRS will make other provisions within the People and Organisational Development directorate to manage instances of bullying and harassment. The link between Bullying and Harassment and Absence Management is noted here and interested parties are directed to the relevant equality impact assessment for bullying and harassment within Dignity at Work.</p>
<p>Pregnancy and maternity</p>	<p>Special rules apply to sickness absence which is related to a woman's pregnancy or to her having given birth.</p> <p>Pregnancy-related illness should be recorded separately from other kinds of illness and should not count towards someone's total sickness record.</p> <p>A woman who is absent for a pregnancy-related illness should not be paid less than the contractual sick pay she would receive if she was absent for any other illness with a statement of fitness to work ('fit note').</p> <p>Periods of absence due to pregnancy-related illness, or maternity leave, should not be taken into account when making a decision about a woman's employment, for example, for disciplinary purposes or if you're selecting workers for redundancy. The Equality and Human Rights Commission states that sickness absence associated with a miscarriage should be treated as pregnancy-related illness.</p> <p>An employer must give a pregnant employee time off for ante-natal care. Ante-natal care can include medical examinations, relaxation and parenting classes.</p> <p>A risk assessment of the workplace for woman who disclose they are pregnant is a legal requirement under Regulation 16 of the Management of Health and Safety at Work Regulations 1999.</p> <p>Similarly, women returning from a period of maternity leave must receive a back to work risk assessment.</p> <p>Should there be any barriers to an individual returning to work, such as appropriate facilities, adjustments should be made to facilitate a positive return to work.</p> <p>Reasonable steps should be taken to monitor decisions, ensuring they are fair and transparent for all protected characteristics, including on the grounds of pregnancy and maternity.</p>
<p>Race</p>	<p>It is not envisaged that there will be any impacts in relation to absence management and race. Points relating to time off will be covered in other relevant policies such as leave policies.</p> <p>Ethnicity and Workplace Stress: The combination of racial discrimination with gender and ethnicity is powerfully influential in work stress. This makes particular groups (such as Black Caribbean women who have experienced racial discrimination) more likely to experience work stress. Tackling racial discrimination at work, by creating an</p>

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	<p>inclusive, supportive and open workplace, would impact on work stress, and would in turn reduce the potential for psychological damage. (Source: Ethnicity, work characteristics, stress and health and Safety Executive 2005). The section on workplace stress should also be considered here.</p> <p>Reasonable steps should be taken to monitor decisions, ensuring they are fair and transparent for all protected characteristics, including on the grounds of race.</p>
<p>Religion and Belief</p>	<p>It is not envisaged that there will be any impacts in relation to absence management and Religion and Belief.</p> <p>The SFRS are aware that individuals may wish to have time off due to observing religious festival or specific religious practices. These requests will be dealt with under the appropriate policies such as the Special Leave policy.</p>
<p>Sex (gender)</p>	<p>Support staff: the level of support staff is split 55% (women) and 45% (men). Of all female employees - 44% were working in support staff functions – this represents the largest concentration of female workers.</p> <p>Wholetime staff: 50% of all men are employed as wholetime firefighters. 95% of wholetime firefighters are men and 5% are women.</p> <p>Control staff: 83% of Control staff are women and 17% are men. 16% of all women are employed within Control.</p> <p>RDS and Volunteer: 8% of RDS/Volunteers are women and 92% are men.</p> <p>More women than men may have child-care responsibilities, responsibility for caring for a disabled dependent or care of an elderly relative. Issues relating to travel are referenced under the section on caring responsibilities and are potentially relevant to gender.</p> <p>Issues relating to pregnancy and maternity are discussed within the relevant section above.</p> <p>Fertility Treatment and Absence: Neither equality law nor employment law gives a woman a right to paid time off for in vitro fertilisation (IVF) or other fertility treatment. But in responding to any request, the employer must not treat a woman worse than they would treat a man making an equivalent request for time off.</p> <p>It is good practice (though not a legal requirement) for an employer to treat sympathetically any sickness absence due to IVF or other fertility treatment.</p> <p>Menopause: It has been recognised that women transitioning and experiencing menopause can have a significant impact on both their physical and mental health. The process incorporates considerations and reasonable adjustments to support women going through this (and</p>

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	<p>is introducing a separate procedure contained within a separate Health and Wellbeing policy and EIA in 2021).</p> <p>Domestic Violence and Absence: One impact of domestic violence can be an increased sickness absence – often as much as double the average. <i>Source: NHS Employers</i></p> <p>A manager may become aware that an employee is experiencing domestic violence through absence monitoring or poor performance rather than the employee approaching their manager directly with their problems.</p> <p>As with other welfare issues, early identification can lead to appropriate help being offered and could mean that the employee can deal more effectively with their situation. A sensitive, non-judgmental approach should be adopted and managers should liaise with POD for advice, guidance and potential safety measures to assist the individual where appropriate.</p>
Sexual Orientation	<p>It is not envisaged that there will be any impacts in relation to absence management and sexual orientation.</p> <p>There is a potential for sexual orientation to be related to absence management on the basis of bullying and harassment and the relationship between this and the provision of a healthy and safe work environment. The SFRS will make other provisions to manage instances of bullying and harassment. The link between Bullying and Harassment and Absence Management is noted here and interested parties are directed to the relevant equality impact assessment for bullying and harassment within Dignity at Work.</p>
Social and economic disadvantage	<p>It is not envisaged that there will be any impacts in relation to managing absence management and social and economic disadvantage.</p>
Human Rights	<p>The recording of some personal and sensitive information, including medical reports and records will be relevant to Human Rights as it relates to Article 8 – Right to Respect for Private and Family Life. The issues do not, however, extend beyond those rights protected under the Data Protection Act and the SFRS will implement and monitor compliance with a Data Protection policy/GDPR.</p>
Impact on People in General not covered by specific characteristics	<p>The policy provides some circumstances for discretionary measures to be applied by line managers. Caution will need to be exercised in providing a fair and consistent application of these measures. There is the potential for a feeling of general unfairness if the application of discretionary measures was deemed to be inconsistently applied.</p> <p>Workplace Stress: Work related stress develops because a person is unable to cope with the demands being placed on them. Stress, including work related stress, can be a significant cause of illness and is known to be linked with high levels of sickness absence, staff turnover and other issues such as more errors.</p> <p>Stress can hit anyone at any level of the business and recent research shows that work-related stress is widespread and is not confined to</p>

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	<p>particular sectors, jobs or industries. Work related stress may trigger an existing mental health problem that the person may otherwise have successfully managed without letting it affect their work.</p> <p>It may be that certain tasks, work environments; times of the day or particular teams are associated with people experiencing difficulties. Where applicable, SFRS will make adjustments to relieve the stress in a positive and supportive manner. SFRS will manage and prevent stress by improving conditions at work where necessary.</p>
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Summary and Conclusion of Partial Impact Assessment

The SFRS is committed to providing support in a sympathetic manner to members of staff who are absent from duty because of genuine illness. It is recognised that most employees are able to attend work on a regular basis but may occasionally experience illness which will require assistance. It is also recognised that in cases where employees become permanently unfit for work, sensitivity and support will be required to assist in the often stressful transition from working life to ill health retirement.

Training and appropriate guidance will be provided for line managers to ensure they understand the process and can facilitate discussions with employees in a confidential, fair and sensitive manner. This will include being aware of any equality issues that could be related to the absence.

The policy highlights that sickness absence will be monitored in order that action can be taken as appropriate. Where appropriate, this should include by protected characteristic(s) to allow the service to analyse any trends and take action where necessary. The policy should have a positive impact in that periods of sickness absence such as pregnancy and disability related absence should not be taken into account when making a decision about an individual's employment, for example, for disciplinary purposes or if selecting workers for redundancy.

Managers should be aware of potential signs of bullying or harassment and the link between absence and bullying so they can deal with this appropriately. The Dignity and Work, Code of Conduct and Occupational Health and Welfare policies and their equality impact assessments should also be considered here.

An employer is under a legal obligation to make reasonable adjustments to enable a person with a disability to work or continue to work. There can be no justification for a failure to make a reasonable adjustment, but an employer is allowed to argue that an adjustment is not "reasonable". The policy highlights examples of reasonable adjustments to remove disadvantages to the individual with a disability which could be working conditions, whether that is a physical feature or a working practice.

Concluding Part 3

Impact Assessment	Please Tick	Next Steps
There is no relevance to Equality or the Human Rights Act 1998	<input type="checkbox"/>	Proceed to Part 4 Monitoring
There is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998 and relevant actions are recorded above in Summary and Conclusion	<input checked="" type="checkbox"/>	Proceed to Part 4 Monitoring

PART 4 MONITORING & REVIEW

- The purpose of this section is to show how you will monitor the impact of the function/policy.
- The reason for monitoring is to determine if the actual impact of the function/policy is the same as the expected and intended impact.
- A statement on monitoring is required for all functions/policies regardless of whether there is any relevance to Equality or the Human Rights Act.
- The extent of your answer will depend upon the scope of the function/policy to impact on Equality and Human Rights issues.

If you have provided evidence or justification for believing there is no relevance to Equality or the Human Rights Act in Section 2 Establishing Relevance or Section 3 Partial Impact Assessment:

Q1 How do you intend to monitor and review the function/policy?

Reasonable steps should be taken to monitor decisions, ensuring they are fair and transparent for all protected characteristics, monitoring any trends and putting actions in place if necessary.

If you have provided evidence or justification for believing there is relevance to Equality or the Human Rights Act:

Q2 What will be monitored?

The process of absence management and sickness absence by protected characteristic.

Q3 How will monitoring take place?

Making use of administrative processes of the policy and other appropriate policies currently collated by People and Organisational Development

Q4 What is the frequency of monitoring?

On-going throughout the absence management process.

Q5 How will monitoring information be used?

To identify any potential impact on particular protected characteristics. If disproportionate impact on specific protected characteristics is identified this may indicate discriminatory practices. Ensure the process is transparent and consistent for all.

PART 5 APPROVAL

This Equality and Human Rights Impact Assessment was completed by:

Name	Denise Rooney Reviewed by Sharon Scott, HR Advisor
Date	30/06/2014 Reviewed 29/01/2015 Reviewed 19/11/2020

This Equality and Human Rights Impact Assessment was approved by:

Name	Gillian Clark
Directorate/SDA/Team	Human Resources and Organisational Development
Date	05/01/2021

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/25-21

Agenda Item: 10.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	09 SEPTEMBER 2021						
Report Title:	LEADERSHIP FOR CHANGE PROGRAMME VIRTUAL PROGRAMME IMPLEMENTATION PROPOSAL						
Report Classification:	For Information	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this paper is to inform the People Committee of the approved proposal (People Board 19 August 2021) to recommence the implementation of the Leadership for Change Programme (LfCP) aligned to an updated virtual delivery plan.						
2	Background						
2.1	The LfCP was previously approved through the Staff Governance Board (SGB) on 30 October 2019 as a four-day face-to-face delivery programme for middle and strategic managers.						
2.2	The LfCP pilot commenced to a cohort of 50 individuals nominated by Senior Management Board (SMB). With the implementation of face-to-face delivery and the programme was suspended due to the onset of COVID-19.						
2.3	The proposal to migrate the LfCP to a virtual programme was approved by SGB on 22 October 2020. However, in recognition of ongoing pandemic, it was requested that programme delivery be further delayed until the pandemic and impact on the Service eased to enable capacity for programme attendance.						
2.4	The requirement to build leadership capacity and strengthen change capability remains a priority for the Scottish Fire and Rescue Service (SFRS). The LfCP is an enabler for SFRS priorities including the Future Vision; Building the Future Together Programme; Agile Working and Health and Wellbeing across the Service.						
3	Main Report/Detail						
3.1	<p>As the pandemic restrictions and impact ease and the Service moves towards a phase of Recovery, Reset and Renew the People Committee are asked to note that the LfCP implementation will recommence as a virtual programme as illustrated in Appendix A: LfCP Impact Journey</p> <ul style="list-style-type: none"> • Initial 360-degree baseline assessment • 7 Habits of Highly Effective People (delivered 6 x 2-hour virtual sessions) • Speed of Trust (delivered 3 x 2-hour virtual sessions) • Leaders @ Change (delivered 2 x 2-hour virtual sessions) • Additional Supporting Development – e.g. articles, eLearning, videos 						

3.2	<ul style="list-style-type: none"> • Close of programme 360-degree re-assessment • Programme review and evaluation <p>Through initial engagement with the East and North Service Delivery Area (SDA) Operational training Local Senior Officer (LSO) specific points of contact (SPOC) the following points have informed the LfCP virtual implementation proposal:</p> <ul style="list-style-type: none"> • Acknowledgment that external factors such as COP 26 will affect the operational capacity to attend the LfCP, with a proposed 50 flexi - duty managers supporting the conference from across the Service each day. It has been suggested that Sept -November 2021 will see significantly reduced availability; • SFRS are still operating within a resilience footing and must be responsive to internal and external responsibilities; • That some of the current middle management cohort have either previously attended this course, or an iteration of this through previous leadership development programmes through legacy services prior to the establishment of the SFRS in 2013 and therefore the programme should not be deemed mandatory; • The preferred days for programme delivery would be a Wednesday or Thursday to correspond with management days, however due to the increased actions within these days, it would be challenging to attend on a concurrent weekly basis to complete the programme; and • There is acknowledgment that leadership development at middle manager is required and has been identified through appraisal or promotion process and submitted through the learning needs analysis process (LNA). 																									
3.3	<p>The target audience for the LfCP encompasses all Middle Manager and Strategic Leadership cadre. This equates to approximately 450 employees.</p>																									
3.4	<p>Analysis of the 2021-22 Learning Needs Analysis (LNA), workforce planning requirements and proposed Middle Manager Leadership Development Centres indicates target audience in the region of 158 for 2021-22. This equates to a minimum 108 existing employees (LNA + Workforce Planning + Strategic Management LDC) within the target middle and strategic leadership cadre. It is worthy to note that applicants for the Middle Management LDC may come from existing Middle Management cadre employees, which would come from the overall estimated 450 LfCP target audience, as well as Supervisory Manager cadre employees which be in additional to the estimated 450 LfCP target audience planning.</p>																									
3.5	<p>The table below includes: Operational and Support staff requests.</p> <table border="1" data-bbox="359 1545 1412 1915"> <thead> <tr> <th></th> <th>Column A</th> <th>Column B</th> <th>Column C</th> <th></th> </tr> <tr> <th>Leadership Learning Requirement</th> <th>LNA request summary</th> <th>Workforce planning requirement</th> <th>Leadership Development Centres (approved paper 2021)</th> <th>Totals</th> </tr> </thead> <tbody> <tr> <td>Middle Management</td> <td>43</td> <td>36 (2021)</td> <td>50</td> <td>129</td> </tr> <tr> <td>Strategic Management</td> <td></td> <td>9</td> <td>20</td> <td>29</td> </tr> <tr> <td></td> <td>43</td> <td>45</td> <td>70</td> <td>158</td> </tr> </tbody> </table>		Column A	Column B	Column C		Leadership Learning Requirement	LNA request summary	Workforce planning requirement	Leadership Development Centres (approved paper 2021)	Totals	Middle Management	43	36 (2021)	50	129	Strategic Management		9	20	29		43	45	70	158
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Leadership Learning Requirement	LNA request summary	Workforce planning requirement	Leadership Development Centres (approved paper 2021)	Totals																						
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Strategic Management		9	20	29																						
	43	45	70	158																						

3.6	<p>In response to initial engagement discussions and taking cognisance of Service priorities, the LfCP virtual programme delivery arrangements (Appendix B: Proposed LfCP High-Level Implementation Overview and Appendix C LfCP Calendar) have been developed around key programme design and implementation considerations:</p> <ul style="list-style-type: none"> • Flexibility <ul style="list-style-type: none"> ○ Design and implement programme as series of short modules ○ Deliver programme as two programme tranches per year aligned to proposed 23-week programme timeline ○ Deliver multiple cohorts, each of up to 15 delegates, in each programme tranche and flex implementation to in line with demand and changing service priorities ○ Schedule multiple delivery sessions for each programme element and module to increase option to attend and mitigate abstraction impact • Alignment <ul style="list-style-type: none"> ○ Programme implementation will be kept under review aligned to demand and service priorities ○ Delegate attendance will be prioritised based on nominations from across the service • Success/Benefits Realisation <ul style="list-style-type: none"> ○ Increased engagement sessions with line managers and delegates prior to undertaking the programme ○ Encourage establishment of peer networks
3.7	The LfCP implementation is due to recommence following the virtual programme lunch from late Q2 2021-22.
4	Recommendation
4.1	The People Committee are asked to note the approved LfCP virtual implementation proposal programme.
5	Key Strategic Implications
5.1 5.1.1	<p>Risk</p> <p>The LfCP will build leadership capacity and strengthen change capability as an enabler for SFRS priorities including the Future Vision; Building the Future Together Programme; Agile Working and Health and Wellbeing across the Service.</p>
5.2 5.2.1	<p>Financial</p> <p>The current contract provision encompasses sufficient licenses for the detailed elements and no additional costs are anticipated to be incurred.</p>
5.3 5.3.1	<p>Environmental & Sustainability</p> <p>A positive environmental and sustainability effect can be anticipated due to the reduction in travel to attend this programme. This supports our commitments outlined by the Environment and Carbon Management Board and Scottish Government Climate Change Plan.</p>
5.4 5.4.1	<p>Workforce</p> <p>The LfCP aims to enable emotional intelligence and employee engagement skills, with a focus on driving forward organisational objectives e.g. Recovery, Reset and Renew, Agile Working</p>
5.5 5.5.1	<p>Health & Safety</p> <p>There are no health and safety implications arising from this report.</p>

5.6 5.6.1	Training The implementation of this programme will be met by existing Leadership and Skills Development resource, delivered virtually utilising existing SFRS ICT equipment/infrastructure.
5.7 5.7.1	Timing The proposed implementation plan will remain continue to offer flexibility in cognisance of the current and future internal and external events.
5.8 5.8.1	Performance Implementation of the LfCP aims to impact positively on performance by building leadership capacity and strengthening change capability to enable the SFRS to be 'change ready'
5.9 5.9.1	Communications & Engagement The communications team will be required to undertake minimum support as the Leadership and Skills Development Team will conduct direct engagement with participants and utilise established communication channels. There are no foreseen communications and engagement issues anticipated.
5.10 5.10.1	Legal No legal implications are anticipated
5.11 5.11.1	Information Governance <i>DPIA completed: No</i> - Information regarding learning and development activities associated with the implementation of an SFRS Leadership for Change Programme will be recorded using established processes and systems.
5.12 5.12.1	Equalities <i>EIA completed: Yes</i> - Included in the Training and Employee Development EIA which will be kept under review.
5.13 5.13.1	Service Delivery Engagement with Service Delivery colleagues has been undertaken and recommendations and observations have been detailed within this paper (section 3.2)
6	Core Brief
6.1.1	Not applicable
7	Appendices/Further Reading
7.1	Appendix A: LfCP Impact Journey
7.2	Appendix B: Proposed LfCP High-Level Implementation Overview
7.3	Appendix C: Proposed LfCP Calendar
Prepared by:	Nicole Mulvey, Corporate Skills Development Advisor
Sponsored by:	Ceri Dodd, Deputy Head of POD
Presented by:	Ceri Dodd, Deputy Head of POD

Links to Strategy and Corporate Values		
SFRS Strategic Objectives		
3.1 We will build strong leadership and capacity at all levels within the Service, and improve the diversity of our workforce.		
3.2 We will embed inclusive learning and development arrangements so that we have the organisational capability to deliver high quality innovative services.		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>POD DMT</i>	<i>20 July 2021</i>	<i>For Recommendation</i>
<i>People Board</i>	<i>19 August 2021</i>	<i>For Decision</i>
<i>People Committee</i>	<i>09 September 2021</i>	<i>For Information</i>
<i>Employee Partnership Forum</i>	<i>18 November 2021</i>	<i>For Information</i>

Appendix A: LfCP Impact Journey

MANAGER IMPACT JOURNEY



Appendix B: Proposed LfCP High-Level Implementation Overview

Proposed LfCP High-Level Implementation Overview Programme Element / Weekly Timeline	Pre-Implementation	Pre-Implementation	Pre-Implementation	Pre-Implementation	Implementation Week 1	Implementation Week 2	Implementation Week 3	Implementation Week 4	Implementation Week 5	Implementation Week 6	Implementation Week 7	Implementation Week 8	Implementation Week 9	Implementation Week 10	Implementation Week 11	Implementation Week 12	Implementation Week 13	Implementation Week 14	Implementation Week 15	Implementation Week 16	Implementation Week 17	Implementation Week 18	Implementation Week 19	Implementation Week 20	Implementation Week 21	Implementation Week 22	Implementation Week 23
	Programme Administration Programme Communication Programme Engagement	■	■	■	■																						
Virtual Programme Launch					■																						
Baseline 360-Degree Assessment 360 Degree Analysis					■	■	■	■																			
7 Habits Session 1 7 Habits Session 2 7 Habits Session 3 7 Habits Session 4 7 Habits Session 5 7 Habits Session 6 7 Habits Review/Wash-Up Sessions									■	■	■	■	■	■	■	■											
Speed of Trust Session 1 Speed of Trust Session 2 Speed of Trust Session 3 Speed of Trust Review/Wash-Up Sessions																■	■	■	■								
Leaders @ Change Session 1 Leaders @ Change Session 2 Leaders @ Change Review/Wash-Up Sessions																					■	■	■				
360-Degree Re-assessment 360-Degree Analysis & Reflective Workshop																							■	■	■	■	
Programme/Cohort Review and Evaluation																										■	

Key:
Multiple module delivery options across programme element

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/26-21

Agenda Item: 11

Report to:	PEOPLE COMMITTEE						
Meeting Date:	9 SEPTEMBER 2021						
Report Title:	INDEPENDENT AUDIT/ INSPECTION ACTION PLAN UPDATE						
Report Classification:	For Scrutiny	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this paper is to present members of the People Committee (PC) with an update on the action plan, which has been developed in response to the report published on 30 March 20202 by Her Majesty's Fire Service Inspectorate (HMFSI), relating to the Training of the Retained Duty System (RDS) Personnel.						
2	Background						
2.1	HMFSI inspects and reports on the Scottish Fire and Rescue Service (SFRS) with the purpose of assuring the public and Scottish Ministers that we are working in an efficient and effective way, and to promote improvement in the Service.						
2.2	Each year, HMFSI sets out its intended programme of thematic and local area inspections. Additional reviews may also be carried out at any time at the request of Scottish Ministers.						
2.3	Following the publication of reports, an action plan is prepared to address the issues or recommendations that are highlighted within the report.						
2.4	In line with the new thematic process agreed in May 2020, once approved certain action plans will be presented to PC on a quarterly basis to scrutinise progress.						
3	Main Report/Detail						
3.1	The PC is presented with the current overview dashboard, attached as Appendix A for noting. This provides high level details of all action plans. A summarised update on the Training of the Retained Duty System (RDS) Personnel update is provided below:						
3.2	Training of RDS Personnel The HMFSI report on the Training of RDS Personnel was published in March 2020. The action plan contains a total of 31 actions to address the 22 recommendations raised.						
3.3	Of those 22 recommendations it is noted that no action was identified for 6 of these. This is because a response to the recommendation is captured within another recommendation. The action plan is attached as Appendix B .						
3.4	This update indicates that delivery of this action plan is progressing steadily. Of the 12 live actions, 2 have been completed within this reporting period, see 11.1 and 17.1. The remaining 10 are progressing steadily.						

3.5	The overall RAG rating for this action plan is green and is noted as 79% complete (percentage completions are an estimate provided by the action owner).
4	Recommendation
4.1	PC is invited to: <ul style="list-style-type: none"> Note the progress of all action plans as presented in the audit and inspection dashboard, attached as Appendix A. Scrutinise the Training of RDS Personnel action plan, attached as Appendix B, and raise any concerns with the update provided.
5	Key Strategic Implications
5.1	Risk
5.1.1	There are no risks associated with the recommendations of this report.
5.2	Financial
5.2.1	There are no financial implications associated with the recommendations of this report.
5.3	Environmental & Sustainability
5.3.1	There are no environmental implications associated with the recommendations of this report.
5.4	Workforce
5.4.1	There are no workforce implications associated with the recommendations of this report.
5.5	Health & Safety
5.5.1	There are no health and safety implications associated with the recommendations of this report.
5.6	Training
5.6.1	There are no training implications associated with the recommendations of this report.
5.7	Timing
5.7.1	This HMFSI Action Plan will be reported to the PC on a quarterly cycle until completion.
5.8	Performance
5.8.1	This process supports robust challenge and scrutiny of our performance against HMSFI recommended improvements.
5.9	Communications & Engagement
5.9.1	There is no implication associated with the recommendations of this report.
5.10	Legal
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	Information Governance
5.11.1	A DPIA is not required for this report.
5.12	Equalities
5.12.1	An Equality Impact Assessment is not required for this this report.

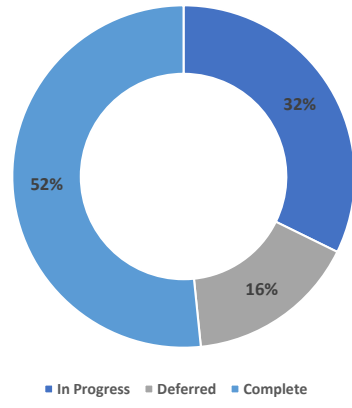
5.13	Service Delivery	
5.13.1	The content of this update report does not have any impact upon Service Delivery.	
6	Core Brief	
6.1	Not applicable	
7	Appendices/Further Reading	
7.1	Appendix A – Audit and Inspection Dashboard	
7.2	Appendix B – Training of RDS Personnel Action Plan Update	
7.3	Further Reading: Training of the Scottish Fire and Rescue Service's retained duty system personnel: HMFSI inspection report	
Prepared by:	Louise Patrick, Temporary Performance and Strategic Planning Manager	
Sponsored by:	Paul King, Head of Training, Safety and Assurance	
Presented by:	Kenneth Barbour, Training Delivery and Performance	
Links to Strategy and Corporate Values		
Our audit and inspection process contributes to Strategic Outcome 4: We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>Senior Management Board</i>	<i>11 August 2021</i>	<i>Agreed for release to PC</i>
<i>People Committee</i>	<i>9 September 2021</i>	<i>For scrutiny</i>

HMFSI Training of RDS Personnel - Action Plan Progress

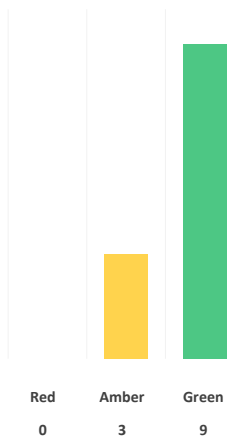
Updated	Next Update
Aug-21	Nov-21

Status	Count
Not Started	0
In Progress	10
Deferred	5
Complete	16
Transferred	0
Cancelled	0
Moved to BAU	0
Void	0

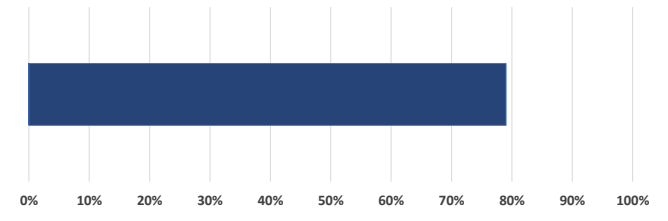
Recommendations where no action identified	6
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In Progress RAG Rating



Overall Progress 79%



HMFI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
4. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the involvement of RDS firefighters in course design.	4.2	Implementation of a de-centralised business partnering model for training delivery.	AC Richie Hall	Mar-23		In Progress	19 May 21: The de-centralised business partnering model for training is a recommendation within the Training Continuous Improvement Programme (CIP) and will be delivered as part of a wider CIP implementation plan which is currently being developed. The CIP manager is a member of the National Retained and Volunteer Leadership Forum (NRVLF), this forum will provide consultation and support in the provision of the decentralised partnering model for training. This action remains amber. 11 August 21: Progress is being made with the de-centralised business partnering model for training. Recent advances include the capability to deliver Breathing Apparatus training at additional rural training sites and the agreement of Instructors Terms and Conditions which now includes more availability for delivering courses at weekends. The action is on-track and remains green.	30%		Green	
6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment).	6.2	NTS to be reviewed and new electronic format introduced.	GC William Pollard	Mar-22		In Progress	19 May 2021: Reformatting and terminology updates due for completion in May 2021 after which a guidance document containing the generic sections of each National Training Standards (NTS) to be created. Further review of all NTS by leads and Subject Matter Experts due for completion in September 2021 to allow time for consultation and publication by December 2021. Forward plan in place to stagger subsequent reviews over a 5 year period. This action remains green. 11 August 21: This review is still ongoing, reviewed National Training Standards have been quality checked and are due to be sent to the subject matter experts by the end of July 2021 in line with the agreed guidelines. The action is on-track and remains green.	50%		Green	
6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment).	6.3	Training notes to support NTS to be created where appropriate.	GC Mark Gallacher	Mar-23		In Progress	19 May 21: There has been no further progress at this time due to competing organisational priorities. This action remains green as timescales are still achievable. 11 August 21: Due to continued work on the recovery phase of training there has been no further progress on this action, the timescales remain achievable and the action remains green.	40%		Green	
7. Maintenance of Skills - the SFRS should consider the content and relevance of RDS TFOC packages, and amend accordingly.	7.1	Combination of appropriate sets of modules.	GC Jamie Thrower	Mar-21	Mar-22	In Progress	19 May 21: Initial scoping has taken place to identify the merging of appropriate modules as part of this project. Further analysis will be required with a full proposal to be put forward via appropriate governance routes. This action was previously deferred, however, it has now In Progress. A revised due date has also been proposed as March-22. Operations are currently revising and combining their Standard Operating Procedures and Training would like to take the opportunity to align combined training modules with these. As the original due date has passed, the action has been marked amber. 11 August 21: A series of workshop meetings have been conducted to progress the action initially with two main aims: 1. to produce an options paper proposing amendments to the structure of the Training for Operation Competence (TFOC) primarily by streamlining and merging similar modules. 2. to prioritise a hierarchy of which modules will have a new 'Lite'/Maintenance version produced first and develop a programme to complete all relevant modules. Workshop meetings held 15/06/21 & 22/06/21, next meeting 21/07/2021. This actions remains at amber due to the slip in original timescales.	25%		Amber	
7. Maintenance of Skills - the SFRS should consider the content and relevance of RDS TFOC packages, and amend accordingly.	7.2	Creation of "LITE" modules for maintenance phase use.	Andy Scott	Mar-23		In Progress	19 May 2021: There has been no further progress on this action during this reporting period due to a number of organisational competing priorities. This action was previously deferred, however, it is now In Progress. Despite no progress being made this quarter, it is expected that the action will be completed by the due date and a green rag status has been allocated. 11 August 21: A review of the RDS Training for Operational Competence has now begun. A working group has been established and changes to the RDS Training for Operational Competence are now being progressed which will include the move towards lite modules. This action remains green.	20%		Green	
9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training;	9.2	Explore options for interlinking through the Finance, People & Training Systems Group	Andy Scott	Apr-24		In Progress	19 May 21: This requirement will be picked up as part of the People, Training, Finance and Asset (PTFAS) Project. Training representatives have been added into the 'People' Systems User Intelligence Group (UIG) to represent the Training Function. This will include involvement with the Supplier 1-2-1 sessions which will be carried out over the next few weeks. This action remains at green. 11 August 21: 1-2-1 supplier sessions have been held. Early indication to positively support the interlinking of systems discussed with suppliers. Full specification will be scoped out during the Training requirements gathering phase of the People Training Finance and Assets programme. The next User Intelligence Group will be held on 27/7/21. This action is progressing and remains at green.	60%		Green	
9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training;	9.3	Seek to improve broadband capacity at RDS stations in the new Wide Area Network (WAN) contract	Greg Aitken	May-21	Dec-21	In Progress	19 May 21: Implementation progressing as per the Project Plan. Scheduled completion date is 31 December 2021. The due date has been amended to reflect the Project Plan. This action remains at amber to reflect to slip of original timescale. 11 August 21: Project now progressing well and as per revised timeline, although the scale of project is considerable and it is anticipated a 31 December 21 completion date will be challenging and will be kept under review. This action has moved from amber to green.	30%		Green	

10. Maintenance of Skills - the SFRS should consider reviewing the method for assessing competence;	10.2	Review methods of assessing technical competence so as not to rely solely upon electronic assessments and establish options for any identified improvements.	Nicole Mulvey	Mar-21	Jul-21	In Progress	19 May 21: The options paper is not yet complete due to conflicting resource requirements. It is anticipated that this will be completed this quarter for consideration and options. A new due date has been proposed to reflect this. The action remains at amber. 11 August 21: The assessment options paper is underway, this will work will be carried out in conjunction with SFRS recognised principles of assessment and existing quality standards. This action remains at amber as it was expected that this work would be completed in July 21.	85%		
11. Maintenance of skills - the SFRS should consider the delivery of more practical training for RDS staff with a reduction in theory content.	11.1	Guidance to be introduced which outlines the expected use of training packages and re-directs focus upon practical application training.	GC Jamie Thrower	Mar-21	May-21	Complete	19 May 21: Guidance Note developed and is under going consultation prior to being uploaded on the Learning Content Management System site. It is anticipated that this will be completed by the end of May. The due date has been reflected to complete this. Due to the slip in timescales, this action has moved from green to amber. 11 August 21: The guidance note has been changed to the Awareness Briefing format and published within the document library of iHub, with a notification added to 'What's New this Month' section of homepage (30-day file). See link in Evidence. A flash message notification also added to PDRPro accounts of RDS personnel. The RVDS Support Team also emailed an Awareness Briefing to all RVDS personnel. This action is now complete and has moved from amber to green.	100%	Jul-21	https://hub.firescotland.gov.uk/download.cfm?doc=docm93jijm4n17963
11. Maintenance of skills - the SFRS should consider the delivery of more practical training for RDS staff with a reduction in theory content.	11.2	Take elements from MOI course to create learning modules accessible to all (including RVDS).	Nicole Mulvey	Mar-21	Jul-21	In Progress	19 May 21: Work to produce online materials is near completion and is due for launch this quarter. A new due date has been proposed to reflect this. Due to the time slippage, this action remains at amber. 11 August 21: Further work to complete the online version of MOI has been undertaken and is due for launch this quarter. This action remains at amber due to original time slippage but it is expected to be completed by the next reporting period.	80%		
17. Incident Command Training - The SFRS should provide initial ICL1 command courses for RDS staff with IC responsibilities.	17.1	Modularised version of the ICL1 course to be reviewed by Training Function and LSO Areas with implementation based on findings.	GC Stuart Watson	Mar-21	May-21	Complete	19 May 21: Course content has now been completed and is currently being uploaded to the Learning Content Management System (LCMS). A pilot has been arranged to take place within Western Isles, Orkney and Shetland Local Senior Officer Area in May 2021. Feedback received from this pilot will assist in any identified amendments required to course content. The due date has been reflected to complete this action. Due to time slippage, this action remains amber. 11 August 21: Following the recent successful pilot course that was delivered in Western Isles, Orkney and Shetland, this recommendation and subsequent action is deemed to be 100% complete. It should be noted, however, that further Local Senior Officer Areas will be identified and asked to facilitate more courses based upon local requirements which will allow for future local adjustments and recommended changes to the course. This action remains green.	100%	Aug-21	
21. Other Observations - The SFRS should consider introducing optional RDS manager seminars to enhance the opportunities for networking, practical training and learning.	21.1	SDMP (RVDS Project) members to consider cost benefit analysis of a wider introduction of seminars across the Service.	Gavin Hammond	Mar-23		In Progress	19 May 21: National Retained and Volunteer Leadership Forum (NRVLF) Communications Workshop held to further develop opportunities and strategies for RVDS- awaiting outcomes. As a result of and due to the impact of COVID-19 Microsoft (MS) Teams has been introduced across the Service presenting opportunities for remote training and networking. Examples of the delivery of these sessions will be looked at to inform future options and recognised best practice across the SFRS. Retained and Volunteer Duty System (RVDS) Support Team has been established and has held numerous engagement sessions across all Service Delivery Areas. It has created networking channels via MS Teams to enable direct stakeholder involvement with the ongoing work of the NRVLF and RVDS Strategy project. Due to the positive progress made, this action remains green. 11 August 21: The RVDS Project Dossier is currently going through a refresh aligned with an overarching RVDS Strategy being developed. Since the introduction of MS Teams, Service Delivery Areas have been exploring ways of engaging directly with their local RVDS Station management teams as well as wider training delivery virtually. As above, these will be reviewed and feed in to 'good practice and lessons learnt' for outward communication in liaison with Training, Safety and Assurance representatives on the National Retained & Volunteer Forum (NRVLF). This action remains green.	35%		
6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment).	6.1	Agree process with LSOs on the allocation of training modules for each station should be aligned to the station risk profile, vehicle and equipment available.	AC Rab Middlemiss	Mar-21	Mar-22	Deferred	This element forms part of the scoping of the Service Delivery Model Programme (SDMP). This action is deferred until the identification of station profiling is complete. It is proposed the Training Function will work with LSOs in identifying the requirements of each station. Phase 2 of the SDMP was originally due to complete in March 2021, however due to the impact of COVID the due date for this has now moved to September 2021. A further update will be provided at the next reporting period in November 21.			
12. Driver Training - The SFRS should consider providing LGV driving courses in remote and Island locations to minimise the personal impact to RDS staff.	12.1	No further action can be taken at this time pending review of course structure to accommodate new statutory obligations and dependant on Island impact assessment.				Deferred	Whenever possible, the option to deliver the course locally is considered. However, this is not always possible due to the negative impact on the limited capacity available within the small pool of driver trainers. This will also be impacted by pending legislative changes to the Road Safety Act 2006 (Regulation 19) which dictates a minimum course duration of two weeks with a 2:1 student / driver ratio. A further update will be provided at the next reporting period in November 21.			
12. Driver Training - The SFRS should consider providing LGV driving courses in remote and Island locations to minimise the personal impact to RDS staff.	12.2	De-centralisation of business partnering model.	GC Stephen McCurry	Mar-20		Deferred	See information within 12.1. 2 x additional Driver Trainers are now within the North SDA (1 x Aberdeen and 1 x Stornoway) 3rd additional post allocated to North SDA was not filled and has been reallocated to the West SDA. A further update will be provided at the next reporting period in November 21.			
15. High Reach Appliance Training - The SFRS should ensure RDS firefighters are able to maintain both their core skills and high reach operational competence.	15.1	No action proposed at present as this is the same training standards required for all High Reach Appliance Operators and the balance of this is being monitored within LSO Areas. This will also form part of the Station Appliance Review work being progressed, which will also consider the current High Reach Appliance Strategy and ROSE Project progress prior to implementation of any related recommendations.				Deferred	Information on High Reach Appliance Training to be considered as a Training for Operational Competence (TFOC) Light Module Package. A further update will be provided at the next reporting period in November 21.			
16. High Reach Appliance Training - consider crewing the high reach appliance with members of staff using different crewing model.	16.1	SDMP's Station and Appliances Review Project and the associated Demand Based Duty Systems Project to consider options crewing the high reach appliance with members of staff using a different crewing model within the scope of their respective projects.	DACO John MacDonald	Mar-23		Deferred	The location, availability, crewing and duty system for special appliances will be considered as part of the wider SDMP Station and Appliance Review and Demand Based Duty Systems projects. These projects will also link with the Operational Strategy review being undertaken by the Response and Resilience function. Phase 2 of the SDMP was originally due to complete in March 2021, however due to the impact of COVID the end date stop for this has now moved to September 2021. The impact of this on Training to be looked at once further guidance is given by SDMP Station and Appliance Review Product. A fuller update will be provided in November 21.			

1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.1	Review Task and Task Management (TTM) Course to consider modularisation and local delivery options.	GC Lorna Yuill	Sep-20	Nov-20	Complete		100%	✓	Delivery can be facilitated in a flexible format for the full course content. Engagement with RVDS candidates will be established via recruiting managers to cite them on the rolling scheduled of national course dates to assist candidates with forward planning and securing leave from primary employment to attend. Where attendance at a national course cannot be met, the ability to deliver locally and flexibly can now be facilitated.
1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.2	Review local delivery options for the Breathing Apparatus (BA) elements of Red, Amber and Green (RAG) Assessments.	GC Lorna Yuill	Sep-20	Mar-21	Complete		100%	✓	This action is now complete. Delivery site options have been explored as far as practicable, however, COVID has undoubtedly impacted any potential additional access to sites out with the SFRS portfolio. Assessments are scheduled and delivered locally by local Training Instructors as near to point of candidate need as practicable.
1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.3	Review BA Initial Course to consider modularisation and local delivery options.	GC William Pollard	Sep-20		Complete		100%	✓	The review of the BA Initial Course is now complete. The course can be delivered at a variety of venues with a view of providing the nearest suitable venue to the candidates to reduce travel. This has been supported by the completion of a pilot BA Initial Course on Western Isles, Orkney and Shetland (WIOS) Local Senior Officer area.
1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.4	Compile and submit requests to Asset Management for any remaining BA equipment needed.	GC William Pollard	Jul-20		Complete		100%	✓	Request for BA equipment submitted via ACO, Dickie on 3 November 2020. This includes 18 x Thermal Imaging Cameras, 3 x Portable CBFT Aids (known as 'Dolls Houses'), 2 x Entry Control Boards along other miscellaneous BA equipment.
2. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the current timescales allocated for the training.	2.1	No action required. Response to this recommendation is captured within recommendation 1.								
3. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the course content and methods of delivery.	3.1	No action required. Response to this recommendation is captured within recommendation 1.								
4. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the involvement of RDS firefighters in course design.	4.1	Create the opportunity for Retained and Volunteer Duty System (RVDS) staff to be involved within the course creation / review process, including Training for Operational Competence (TFOC) modules.	GC Lorna Yuill	Sep-20		Complete		100%	✓	This action is now complete The RVDS Support Group is being created to support the National Retained & Volunteer Leadership Forum (NRVLF) which includes Rural Full Time Post Watch Commanders RFT WCs and this will assist with improving RVDS representation within decision making forums relating to recruitment and training. The TFOC aspect of this action will continue in action 7.2.
5. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the time taken in some locations to complete the remainder of the RTC operators' course where relevant.	5.1	Agree process with LSOs for ensuring that expectations for completing development pathway training are understood and agreed prior to employment and are suitably managed thereafter.	AC Rab Middlemiss	Mar-21		Complete		100%	✓	Strategic Business Partner Forum monthly meetings in place to allow LSOs and their teams to feedback and into the process.
5. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the time taken in some locations to complete the remainder of the RTC operators' course where relevant.	5.2	Review RVDS Contract of Employment to ensure that expectations for completing development pathway training are understood and agreed prior to employment.	Geri Thomson	Mar-21		Complete		100%	✓	This action is now complete as RVDS contracts of employment now state: <ul style="list-style-type: none"> The successful completion of the initial Task and Task Management training course The successful completion of an initial Breathing Apparatus course, normally within 12 weeks of start date (or in exceptional circumstances a maximum of 24 weeks from start date), as part of the criteria for progression to the Firefighter (Development) status and rate of pay
6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment).	6.4	A Training Quality Assurance process and audit programme to be devised and introduced with good practice shared across the Service.	GC Graeme Hay	Mar-20		Complete		100%	✓	Training Delivery Assurance Policy and Procedure in place.
8. Maintenance of Skills - the SFRS should consider engagement with RDS staff when developing TFOC packages in the future.	8.1	No action required. Response to this recommendation is captured within recommendation 4.								
9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training;	9.1	Engage with ICT to explore Single Sign-on functionality	Andy Scott	Jan-21		Complete		100%	✓	Scoping exercise is now complete. Single Sign-on functionality is not available currently. However, this will be included as a functional specification via the People, Training, Finance & Assets (PFTA) Project.
10. Maintenance of Skills - the SFRS should consider reviewing the method for assessing competence;	10.1	Explore the potential for the completion of e-learning assessment to automatically update pdrPRO account and establish options for any identified improvements.	Andy Scott	Mar-21		Complete		100%	✓	This action has been explored and the functionality to update assessment attempts for the Flexi Duty Officer cadre of staff has been achieved, this cannot be extended to all unformed personnel on the pdrPro system at the moment. However, this will be considered as part of the functional specification for Training systems within the PTFAS project. The People, Training, Finance and Assets System (PTFAS) Project is now fully underway with relevant People & Training Systems Sub-Group and User Intelligence Group process and supplier engagement for the People & Finance Systems elements. The completion for this work is April 2024.
13. Driver Training - The SFRS should consider using third party providers to deliver LGV training.	13.1	No action required. Response to this recommendation is captured within recommendation 12.								
14. Driver Training - The SFRS should consider delivering EFAD training courses on remote islands to reflect topography and risk.	14.1	No action required. Response to this recommendation is captured within recommendation 12.								
18. Incident Command Training - The SFRS should provide alternative venues and delivery methods for the initial ICL1 command course.	18.1	No action required. Response to this recommendation is captured within recommendation 17.								

19. Incident Command Training - The SFRS should develop a quality assurance process for the delivery of ICA and ICL1 courses.	19.1	Extend Quality Assurance process to incorporate ICA Course training delivery.	GC Stephen McCurry	Mar-21		Complete		100%	Aug-20	✓	Training Delivery Assurance Policy and Procedure in place.
20. Other Observations - The SFRS should review the current	20.1	A Training Quality Assurance process and audit programme to be devised and introduced with good practice shared across	GC Graeme Hay	Mar-21		Complete		100%	Aug-20	✓	Training Delivery Assurance Policy and Procedure in place.
22. Other Observations - The SFRS should utilise the exit interview	22.1	Analysis of the collective reasons for leaving the SFRS and the production of a supporting action plan.	Mary Corry	Mar-21		Complete		100%	Aug-20	✓	Exit Interviews Policy and Procedure in place.
22. Other Observations - The SFRS should utilise the exit interview	22.2	Implementation of Action Plan to deliver identified improvements.	Mary Corry	Mar-22		Complete		100%	Aug-20	✓	Training Delivery Assurance Policy and Procedure in place.

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

PC Aligned Directorate Risk Summary

Appendix 1b

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Committee	Executive Board	Risk Rating (LxI)
4	Legal and regulatory compliance	TSA005	Health and Safety Legislation	There is a risk of SFRS not fulfilling its health and safety legislative requirements due to not completing the annual health and safety Improvement plans. This could affect the safety of our staff and communities, external scrutiny resulting in criminal or civil litigation and adverse publicity.	Head of Health and Safety and Assurance	PC	NSAB	12 (4 x 3)
5	Skilled, trained and motivated staff	TSA001	Training Resources	There is a risk of there being insufficient staff capacity and resources available to meet Service demand due to the high levels of training demand and the impact on delivery from Covid-19 pandemic control measures or the impacts of EU Exit. This could result in political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and adversely impact upon the development pathway for staff.	Head of Training	PC	PB	20 (5 x 4)
5	Skilled, trained and motivated staff	FCS001	Sufficient Capacity	There is a risk that FCS doesn't have sufficient capacity to undertake required workload due to increasing Covid-19 and other commitments. This can result in reduced capacity to manage business as usual activities and other requirements placed upon the Directorate.	Director of Finance and Contractual Services	PC	PB	12 (3 x 4)

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Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Committee	Executive Board	Risk Rating (LxI)
5	Skilled, trained and motivated staff	POD001	Working Culture	The risk that a positive and transparent working culture cannot be achieved and aligned with SFRS Values because of a lack of inclusion initiatives, role modelling by senior leaders or consistency of message that results in low levels of employee engagement and performance.	Head of People and Organisational Development	PC	PB	12 (3 x 4)
5	Skilled, trained and motivated staff	POD004	Staff Recruitment	The risk of being unable to support recruitment of staff across the SFRS, in a timely manner and aligned with workforce planning requirements resulting from prolonged recruitment processes or delayed/unplanned recruitment scheduling resulting in a rise in vacant posts and an inability of SFRS to deliver core services.	Head of People and Organisational Development	PC	PB	12 (3 x 4)
5	Skilled, trained and motivated staff	TSA007	Staff/Resources Impact of COVID-19	There is a risk of there being insufficient staff capacity and resources available to meet Service demand with regard improvement plans and HSMS due to the significant impact of COVID -19 workstreams on HS staff. This could result in criminal /civil litigation and associated financial and reputational costs adverse scrutiny whether internal or external, impact on the well-being of staff.	Head of Health and Safety and Assurance	PC	NSAB	12 (4 x 3)
5	Skilled, trained and motivated staff	POD003	Employee Relations	The risk of being unable to maintain a positive and productive employee relations climate across SFRS as a result of ineffective and no collaborate relationships with trade union colleagues that creates a hostile and fractious employee relations climate with employee discontent.	Head of People and Organisational Development	PC	PB	9 (3 x 3)

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Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Committee	Executive Board	Risk Rating (LxI)
5	Skilled, trained and motivated staff	POD005	Employee Wellbeing	The risk of not developing and providing wellbeing support to all SFRS employees, (both mental and physical health) resulting from a lack of resources, planning and co-ordination of wellbeing activity and support which results in higher levels of employee absence and lower levels of engagement.	Head of People and Organisational Development	PC	PB	6 (2 x 3)
8	Improve performance	TSA003	Lessons Learnt	There is a risk of SFRS not learning lessons from experience, notable practice, innovation, investigations and case law because of not sharing lessons in a manner which encourages communication, engagement and securing ownership by risk owners. This could affect the safety of our staff and communities, resulting in adverse impact on reputation and external scrutiny	Head of Health and Safety and Assurance	PC	NSAB	12 (3 x 4)
9	Protect Staff Covid-19	TSA002	Staff Training	There is a risk of there being insufficient staff capacity and resources available to deliver training to staff due to the ability for our facilities to accommodate the previous numbers of students due to the need to observe social distancing protocols. This could result in the failure to deliver on the Training Needs Analysis (TNA), political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and the development pathway for staff.	Head of Training	PC	PB	20 (5 x 4)

PC Aligned Directorate Risk Control Summary Appendix 1c

Strategic Risk	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
4	TSA005	Health and Safety Legislation	AOP -S03 Action 9: Provide end of year performance report, for 2019/20, to Staff Governance Committee, Strategic leadership Team and The National Safety and Assurance Board	Head of Health and Safety and Assurance	31/08/2021	Green - 99%	Final version for last financial year has been to National Safety Board and SLT. Further report required for People Committee in June. Progress delayed due to COVID-19 work demands.	12	9
4	TSA005	Health and Safety Legislation	Function Plan - Implementation of audit programme to ensure robust implementation by risk owner	Head of Health and Safety and Assurance	31/03/2022	Amber - 50%	Full implementation of requirement deferred due to COVID workstreams and impact on HS resources. However, work has progressed in relation to Covid secure status audits, workplace rapid reviews and thematic audits on key Covid themes. Additional work planned for non-Covid activities, including desktop audits of significant events.	12	9
5	TSA001	Training Resources	Decentralisation of business partnering model (Year 1 of 3yr strategy)	Head of Training	31/03/2022	Amber - 10%	Harmonised Instructor Terms and Conditions Implementation due 1st July 2021. Recruitment Practical Selection Tests and Task & Task Management Courses being delivered locally. Breathing Apparatus Instructor (BAI) Re-Accreditation Programme has been developed and will be re-instigated as COVID	20	12

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Strategic Risk	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
							restrictions ease. Review of Specialist Instructor Skills underway.		
5	TSA001	Training Resources	Increase instructor numbers to aid with Training Recovery Plan and training delivery.	Head of Training	31/03/2022	Amber - 40%	Business cases submitted for the additional instructors necessary to support the Training Recovery Plan. Re-accreditation of local instructors (BAI and specialist) being scoped out.	20	12
5	TSA001	Training Resources	Revision to the Training Needs Analysis (TNA) to produce a gap analysis and thereafter to develop a training delivery proposal	Head of Training	31/03/2022	Green - 95%	TNA and gap analysis produced. Training Recovery Plan agreed as part of "People" workstream under Recover, Reset and Renew. Training delivery plan now being developed.	20	12
5	TSA001	Training Resources	Work-packages and associated milestones to be agreed for the Projects within the Training Continuous Improvement Programme.	Head of Training	31/03/2022	Green - 40%	Programme Manager appointed November 2020. Review of current status complete. Review of recommendations are underway. Business case has been submitted for a Programme Support resource.	20	12
5	FCS001	Sufficient Capacity	Asset Management reviewing and readjusting workloads within current capacity with focus on achieving full recovery by end of financial year	Head of Asset Management	31/03/2022	Green - 30%	Initial review stage being undertaken.	12	8
5	POD004	Staff Recruitment	Implementing 21/22 agreed resource plan, accounting for additional activity resulting from Business Cases and business as usual recruitment	Head of POD	31/03/2022	Green - 20%	BCTAG now established with additional resources approved to support existing team. Appointments now being progressed.	12	8

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Strategic Risk	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
5	FCS001	Sufficient Capacity	Recruitment of additional temporary resources as agreed within business cases to complete recovery activity	Head of Finance and Procurement	31/12/2021	Green - 10%	BCTAG activity to prioritise recruitment	12	8
5	POD001	Working Culture	Implementation of Positive action strategy, engagement events and outreach activity	Head of People and Organisational Development	31/03/2022	Amber - 20%	Implementation of the Positive Action Strategy has been delayed due to COVID-19 prioritisation. Added to 2021/22 AOP for review.	12	6
5	POD001	Working Culture	Development of Modern Apprenticeships across SFRS Roll out of Career Ready Pilot	Head of People and Organisational Development	31/03/2022	Amber - 80%	Fire Fighter modern apprenticeship programme established and rolling implementation plan aligned with workforce plan. Career Ready pilot complete and evaluated with programme roll out ongoing.	12	6
5	POD001	Working Culture	Leadership' and 'People' themes emerging as a work packages from the SFRS Reset and Renew Route Map	Head of POD	31/03/2022	Amber - 75%	Draft people and leadership package approved by Recovery, Reset and Renew Group. Actions required identified with identification of key milestones now being identified.	12	6
5	POD004	Staff Recruitment	Review of WDS Firefighter Recruitment Process (Staff Survey Action Plan)	Head of People and Organisational Development	30/03/2022	Red - 10%	The risk of POD not being able to support the organisation's recruitment processes remains high due to COVID-19 restrictions. However, the Directorate has been successful in supporting FF recruitment campaigns and other vacancy processes within Support Staff Directorates. RDS recruitment process now being considered within the national RVDS leadership forum.	12	8

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Strategic Risk	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
5	TSA007	Staff/Resources Impact of COVID-19	Monitoring of capacity able to meet Service demand	Head of Health and Safety and Assurance	31/03/2022	Green - 90%	Additional resource freed from managing SFRS Covid response but additional BAU activity still to be completed. Additional resource agreed through BCTAG with post now to be recruited. Ongoing action throughout 2021/22.	12	4
5	POD003	Employee Relations	Additional engagement with Trade Unions established in relation to key business areas, i.e. Covid and BCTAG	Head of POD	31/03/2022	Green - 20%	Meetings held three weekly for Covid which will be ongoing with additional BCTAG meetings to be scheduled throughout the year.	9	6
5	POD003	Employee Relations	Review of WTF	Head of People and Organisational Development	31/03/2022	Red - 20%	Review of the WTF will progress in quarter 1 of 2021/22.	9	6
5	POD003	Employee Relations	Review of Consultation and Negotiation Policy	Head of People and Organisational Development	31/03/2022	Amber - 20%	POD reviewing policy planner for 2021/22. Action carried forward from previous year and included within a policy tracker now identified within POD.	9	6
5	POD005	Employee Wellbeing	Implement agreed action plan milestones for 2021/22 aligned to Mental Health Strategy	Head of POD	31/03/2022	Green - 20%	Mental Health Board is leading on the implementation of the Mental Health Strategy. Current focus on Suicide Prevention, Training and Policy Review. Mental Health Action Plan identified for implementation over next 3 to 5	6	4

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Strategic Risk	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
							years with governance undertaken through Mental Health Board.		
5	POD005	Employee Wellbeing	Strengthen Health and fitness arrangements	Head of People and Organisational Development	31/03/2022	Amber - 50%	H&W Team are progressing recruitment of additional staff following approval of business case which will address the backlog of medical and fitness assessments. A text messaging reminder service has been introduced to help reduce appointment cancellations and DNA's. The research project to establish a role-based fitness assessment will progress having been approved by the SGB.	6	4
5	POD005	Employee Wellbeing	Reduce risk from Contaminants	Head of People and Organisational Development	31/03/2022	Amber - 50%	Contaminants group and Sub-Group established. Sub-Group currently working on a LCMS hydration module and upgrading of stations to make them more contaminant friendly, ie. laundry facilities, substance storage. Health surveillance policy proceeding through governance route which includes skin testing. Recommendations identified through UCLan report on Contaminants being progressed through sub-Group	6	4

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Strategic Risk	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
8	TSA003	Lessons Learnt	Completion of LCMS module targeted at learning lessons from significant events or identified accident trends.	Head of Health, Safety & Assurance	31/07/2021	Green - 75%	Work progressing in relation to Albert Drive and Low speed Manoeuvres	12	6
8	TSA003	Lessons Learnt	Develop management arrangements to ensure robust processes are in place for the identification and evaluation of risk information from internal and external sources	Head of Health and Safety and Assurance	30/06/2021	Green - 90%	MA on organisational learning is out for consultation. Pilot of interactive module, focusing on communication and engagement, for Albert Drive due to commence mid-May	12	6
9	TSA002	Staff Training	Decentralisation of business partnering model utilising local delivery (Year 1 of 3yr strategy)	Head of Training	31/03/2022	Amber - 10%	Harmonised Instructor Terms and Conditions now agreed for implementation in July 2021. Breathing Apparatus Instructor (BAI) Re-Accreditation Programme has been developed and will be re-instigated as COVID restrictions ease. Review of Specialist Instructor Skills underway.	20	12
9	TSA002	Staff Training	Explore the use of distance learning / digital material within training delivery models.	Head of Training	31/03/2022	Amber - 20%	Wherever possible, course technical input is delivered via e-learning prior to physical attendance thus reducing student time and numbers on site. Incident Command courses can now be delivered and assessed remotely.	20	12

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Strategic Risk	Risk ID	Risk	Action Description	Owner	Due Date	Status	Control Comments	Risk Rating	Target Rating
9	TSA002	Staff Training	Analysis of a revision to the TNA to produce a gap analysis and thereafter to develop a training delivery proposal	Head of Training	31/03/2022	Green - 95%	Updated position statement TNA and gap analysis produced. Training recovery plan agreed as part of People workstream under Recover, Reset and Renew. Training delivery plan now being developed.	20	12
9	TSA002	Staff Training	Scope out options to utilise temporary structures to increase venue capacity	Head of Training	31/03/2022	Green - 90%	Initial options appraisal undertaken and liaison with Property now commenced in order to ascertain feasibility and costs.	20	12

PC Aligned Closed Controls Summary

Appendix 1d

Risk ID	Control Description	Risk Description	Control Owner	Control Comments
TSA005	AOP - S03: Action 9: Provide quarterly progress reports to Staff Governance Committee, Strategic leadership Team and The National Safety and Assurance Board (Q1-Q4 2020-21).	There is a risk of SFRS not fulfilling its health and safety legislative requirements due to not completing the annual health and safety Improvement plans. This could affect the safety of our staff and communities, external scrutiny resulting in criminal or civil litigation and adverse publicity.	Head of Health and Safety and Assurance	Papers required for governance framework provided.
FCS001	Annual Review of Finance and Procurement structures to ensure capacity is aligned with Service needs	There is a risk that FCS doesn't have sufficient capacity to undertake required workload due to increasing Covid-19 and other commitments. This can result in reduced capacity to manage business as usual activities and other requirements placed upon the Directorate.	Head of Finance & Procurement	Structure review completed allowing preparation of business cases.
FCS001	Create a business case for any change that requires additional budget	There is a risk that FCS doesn't have sufficient capacity to undertake required workload due to increasing Covid-19 and other commitments. This can result in reduced capacity to manage business as usual activities and other requirements placed upon the Directorate.	Head of Finance & Procurement	Business case forwarded and accepted for F&P in relation to temporary placement
FCS001	Review of key business activities aligned to Covid requirements	There is a risk that FCS doesn't have sufficient capacity to undertake required workload due to increasing Covid-19 and other commitments. This can result in reduced capacity to manage business as usual activities and other requirements placed upon the Directorate.	Head of Finance & Procurement	New action to be added relating to the recruitment of temporary resources for recovery activities

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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
FCS001	Working with R&R / SD and establishing operational deployment models. Awaiting the outcome of the Station and Appliances review which will influence our resources and targeted investment	There is a risk that FCS doesn't have sufficient capacity to undertake required workload due to increasing Covid-19 and other commitments. This can result in reduced capacity to manage business as usual activities and other requirements placed upon the Directorate.	Head of Asset Management	SDMP progressing through governance framework
FCS001	Continue to stock pile fast moving products - PPE, medical supplies and fast moving fleet spares - eg tyres.	There is a risk that FCS doesn't have sufficient capacity to undertake required workload due to increasing Covid-19 and other commitments. This can result in reduced capacity to manage business as usual activities and other requirements placed upon the Directorate.	Head of Asset Management	Activity for this action is now complete with stocks levels now being returned to normal
POD004	Review of measures implemented to account for impact of COVID 19 and social distancing (COTAG Risk Register)	The risk of being unable to support recruitment of staff across the SFRS, in a timely manner and aligned with workforce planning requirements resulting from prolonged recruitment processes or delayed/unplanned recruitment scheduling resulting in a rise in vacant posts and an inability of SFRS to deliver core services.	Head of POD	Review of measures implemented to account for COVID 19 impact continually reviewed as the position changes and Scottish Government guidance is updated. This has moved into BAU.
POD005	Implement Mental Health Strategy (AOP Sep 20)	The risk of not developing and providing wellbeing support to all SFRS employees, (both mental and physical health) resulting from a lack of resources, planning and co-ordination of wellbeing activity and support which results in higher levels of employee absence and lower levels of engagement.	Head of People and Organisational Development	Mental Health Action Plan identified for implementation over next 3 to 5 years with governance undertaken through Mental Health Board. New action created for 21/22
POD005	Undertake an employee pulse survey to inform the future focus of the Covid 19 wellbeing group.	The risk of not developing and providing wellbeing support to all SFRS employees, (both mental and physical health) resulting from a lack of resources, planning and co-ordination of wellbeing activity and support which results in higher levels of employee absence and lower levels of engagement.	Head of People and Organisational Development	Pulse survey initially delayed due to COVID-19 but now complete.

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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
TSA001	Completion of COVID risk assessments and workplace management plans along with continual review to ensure all training facilities achieved and maintain COVID-Secure status.	There is a risk of there being insufficient staff capacity and resources available to meet Service demand due to the high levels of training demand and the impact on delivery from Covid-19 pandemic control measures or the impacts of EU Exit. This could result in political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and adversely impact upon the development pathway for staff.	Head of Training	The COVID Secure status together with continual observance of safe systems of work and hygiene practices now in place. This helps mitigate the risk of the virus within the training environment thus reducing the risk that significant numbers of instructors may be absent due to pandemic related illness or requirement to self-isolate.
TSA001	Implementation of Training Review recommendations (Ongoing - continuous improvement programme)	There is a risk of there being insufficient staff capacity and resources available to meet Service demand due to the high levels of training demand and the impact on delivery from Covid-19 pandemic control measures or the impacts of EU Exit. This could result in political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and adversely impact upon the development pathway for staff.	Head of Training	This action has now been closed and replaced with specific actions relating to the Training Continuous Improvement Programme
TSA002	Implementation of Training Review Recommendations (Ongoing continuous improvement programme)	There is a risk of there being insufficient staff capacity and resources available to deliver training to staff due to the ability for our facilities to accommodate the previous numbers of students due to the need to observe social distancing protocols. This could result in the failure to deliver on the Training Needs Analysis (TNA), political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and the development pathway for staff.	Head of Training	This action has now been closed and replaced with specific actions relating to the Training Continuous Improvement Programme

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Risk ID	Control Description	Risk Description	Control Owner	Control Comments
TSA002	Decentralisation of business partnering model (Q4 - 2020-21)	There is a risk of there being insufficient staff capacity and resources available to deliver training to staff due to the ability for our facilities to accommodate the previous numbers of students due to the need to observe social distancing protocols. This could result in the failure to deliver on the Training Needs Analysis (TNA), political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and the development pathway for staff.	Head of Training	This action has now been closed and replaced with a new action relating to year 1 of a 3-year strategy around the implementation of a decentralised business partnering model.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/28-21

Agenda Item: 14.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	9 SEPTEMBER 2021						
Report Title:	POD POLICY REVIEW SCHEDULE UPDATE						
Report Classification:	For Information	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this report is to provide People Committee (PC) with an update regarding ongoing work in relation to People and Organisational Development (POD) policies and procedures.						
2	Background						
2.1	The POD directorate is responsible for the development, implementation, review and quality assurance of a wide range of people policies and procedures for the Scottish Fire and Rescue Service (SFRS). The report is the next in a series of regular updates in this regard.						
3	Main Report/Detail						
3.1	Following the latest review of the rolling policy programme of work to reflect current and anticipated priorities and timescales the format of the POD Policy Review Schedule format was updated. The POD Policy Review Schedule remains under regular review due to work on the standardisation of uniformed terms and conditions of employment and for any revised priority work arising from transformation or legislative changes. The POD Policy Review Schedule, as at 30 June 2021, is attached as Appendix A. The schedule has been reviewed taking into account the Directorate Plan and priorities for 2021, with a focus on essential policies and the stakeholder engagement required moving forward.						
3.2	During quarter 1, the following policies were published: <ul style="list-style-type: none"> • Business Travel/Reimbursement of Expenses Policy • Management of Health Conditions • Wholetime Uniformed Instructor Employees – Working Hours and Leave Policy 						
3.3	During this quarter, the following policies were issued for consultation: <ul style="list-style-type: none"> • Drivers Health Assessment Policy • Dignity and Respect Policy 						
3.4	The Dignity and Respect Policy will promote a culture of dignity, integrity and respect and clearly define the standards of behaviour required within the workplace. It will also signpost support and guidance in a culture where employees have the confidence to raise concerns knowing they will be treated seriously.						

3.5	The policy sets out expectations and should be read in conjunction with the Bullying, Harassment and Discrimination Procedure which references the procedures to follow if positive behaviours are not displayed or complaints require to be made regarding unacceptable or discriminatory behaviour or conduct.
3.6	The Purchase of Additional Annual Policy approved by POD Directorate Management Team (DMT) in June requires some engagement with the Finance Systems Team to develop the new process. This is ongoing at present and is expected to be ready to present to the People Board for approval in August.
3.7	Looking ahead to quarter 2, information around Agile Working will be published on a specific IHuB page early August. This will include details on drop in sessions for line managers and staff (2/3 per week) as well as links to a number of policies including Flexible Working and Home Working and access to TED talks.
3.8	HR Business Partners will also deliver the presentation from the drop- in sessions to their respective Management Teams and gather views across SFRS.
3.9	During this period the following policies will also be issued for first consultation <ul style="list-style-type: none"> • Pre-Placement Policy • Working Together Framework and associated policies • Re-Employment Policy • Whistleblowing • Appraisal Policy & Procedure • Wholetime Working Hours & Day Duty Policy • Trainee Firefighter Development Programme • Family Leave Policy • Managing Employee Performance Policy (formerly Capability Policy)
3.10	The SFRS Retirement and Re-Engagement Policy was developed, approved and promulgated in February 2019. This policy, however, only covered the re-engagement of wholetime, uniformed employees on a temporary/fixed term basis.
3.11	Now renamed Re-Employment Policy, an expansion to the scope of the policy will be more inclusive of all roles within the SFRS and allow for appointments to be made on a permanent basis. This also ensures a more flexible approach to filling vacancies timeously when robust workforce planning identifies there is a need.
3.12	Finally, a number of Retained Duty System (RDS) Policies relating to Dual Contracts, Annual Leave and Pay and Payment for Work Activities are also prepared for consultation. These however, are subject to the outcome of the ballot around Terms and Conditions.
4	Recommendation
4.1	People Committee are asked to note the information included in this paper
5	Key Strategic Implications
5.1	Risk
5.1.1	There are no implications that require to be noted.
5.2	Financial
5.2.1	Where a policy has financial implications for the SFRS, financial information is collated and presented to all relevant parties prior to approval and implementation. This will also be detailed within the SFRS Business Case process.

5.3 5.3.1	Environmental & Sustainability There are no implications that require to be noted.
5.4 5.4.1	Workforce Employee implications are detailed within each separate policy.
5.5 5.5.1	Health & Safety Where applicable, matters relating to health and safety are clearly outlined within each separate policy.
5.6 5.6.1	Training Briefing sessions take place with Managers and HR Business Partners where required.
5.7 5.7.1	Timing All policies follow a review schedule in line with the HROD Quality Management System and once approval is reached, the policies are live on the SFRS iHub.
5.8 5.8.1	Performance All policies partake in a quality assurance process to ensure compliance. Where applicable, SFRS performance relating to matters of policy will be measured and reported.
5.9 5.9.1	Communications & Engagement POD has a governance process in place, which involves consultation with the relevant Trade Unions, Service Delivery Area colleagues and POD practitioners during the review process.
5.10 5.10.1	Legal All policies comply with employment legislation, are responsive to case law and aim to follow best practice.
5.11 5.11.1	Information Governance A DPIA is not required. In relation to GDPR, all policies and procedures which involve personal data, will have a Privacy Risk Assessment (PIA) completed and these will be available on the SFRS iHub.
5.12 5.12.1	Equalities An EIA is not required. Each policy has its' own Equality Impact Assessment and these are available on the SFRS iHub.
5.13 5.13.1	Service Delivery The benefits and impact on employees across the Service, from all the policies detailed within the attached schedule, are contained within each supporting paper, as each policy progresses through the SFRS Governance process.
6	Core Brief
6.1	People Committee were provided with the revised POD Policy Review Schedule detailing a summary of ongoing work in relation to POD Policies. The latest version of the POD Policy Review Schedule, as of 30 June 2021, is attached as Appendix A.
7	Appendices/Further Reading
7.1	Appendix A – POD Policy Review Schedule

Prepared by:	Mary Corry POD Business Manager	
Sponsored by:	Fiona Munro, Deputy Head of POD	
Presented by:	Mary Corry POD Business Manager	
Links to Strategy and Corporate Values		
Strategic Plan 2019-22 Outcome 3: People		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>POD DMT</i>	<i>20 July 2021</i>	<i>For Decision</i>
<i>Employee Partnership Forum</i>	<i>18 August 2021</i>	<i>For Information Only</i>
<i>People Board</i>	<i>19 August 2021</i>	<i>For Information Only</i>
<i>People Committee</i>	<i>09 September 2021</i>	<i>For Information Only</i>

POD POLICY REVIEW SCHEDULE

APPENDIX A

KEY:

POLICY OUT FOR PEER REVIEW
POLICY WITH POD DMT
POLICY OUT FOR FIRST CONSULTATION
POLICY OUT FOR FINAL CONSULTATION
POLICY AWAITING FINAL ISSUE
POLICY ISSUED

POD POLICY	NEW OR REVISED	DATE POLICY TO BE ISSUED FOR CONSULTATION	APPROX TIMESCALE FOR IMPLEMENTATION	NEXT REVIEW DATE
Employee Recognition Scheme	New	Aug-19	2021 TBC	2026
Flexible Working	Revised	Oct-20	Aug-21	2025
Homeworking Policy	New	Oct-20	Aug-21	2025
Uniformed Managers In-Development to Competent	Revised	Nov-20	TBC	2026
Attendance Management Policy, Procedure and Manager Handbook	Revised	Jan-21	Oct-21	2026
Health Surveillance Policy	New	Feb-21	TBC Await HSE Guidance	2026
Drivers Health Assessment Policy	New	May-21	Aug-21	2026
Dignity and Integrity at Work Policy and Handbook (Bullying and Harassment)	Revised	Jun-21	Oct-21	2026
Purchase of Additional Annual Leave	Revised	N/A	Aug-21	2026
Pre Placement Policy	New	Jul-21	Oct-21	2026
Working Together Framework	Revised	July 21	Oct-21	2027
Consultation and Negotiation	Revised	July 21	Oct-21	2027
Re-Employment Policy	Revised	Aug 21	Nov-21	2026
Whistleblowing	Revised	Aug 21	Nov 21	2026
Trainee Firefighter Development to Competent	Revised	Sep-21	Dec-21	2026
Secondary Employment (includes inscope driving)	New	Sept 21	Dec-21	2026
Managing Employee Performance(Capability)	Revised	Sep-21	Dec-21	2026
Family (Maternity, Paternity, Adoption, Parental, Shared Parental & Carers) Leave	Revised	Oct-21	Jan-22	2026
Working Hours (Day Duty) Policy	New	Oct 21	Jan-22	2026
Appraisal Policy and Procedures	Revised	Nov 21	Feb 22	2026
Health and Wellbeing Policy	New	Nov 21	Feb-22	2027
Clinical Audit Policy	New	Nov-21	Feb-22	2027
Health and Wellbeing Records Management Policy	New	Nov-21	Feb-22	2027

POD POLICY	NEW OR REVISED	DATE POLICY TO BE ISSUED FOR CONSULTATION	APPROX TIMESCALE FOR IMPLEMENTATION	NEXT REVIEW DATE
Vaccinations Policy	New	Dec-21	Feb-22	2027
Contaminants Health Assessment Policy	New	Dec-21	Feb-22	2027
Case Management Policy	New	Dec-21	Feb-22	2027
Clinical Supervision Policy	New	Dec-21	Feb-22	2027
RDS Dual Contracts	New	2021 TBC - To be scoped once agreement reached on standardisation offer	–	2026
RDS Annual Leave and Public Holiday Policy	New	2021 TBC - To be scoped once agreement reached on standardisation offer	–	2026
RDS Payment for Work Activities	New	2021 TBC - To be scoped once agreement reached on standardisation offer	–	2026
Recognition of Prior Learning	New	–	–	2021
Relocation	Revised	–	–	2022
Market Allowance Policy	Revised	–	–	2022
Recruitment and Selection	Revised	–	–	2022
Reservists	Revised	–	–	2022
Redeployment	Revised	–	–	2022
No Smoking	Revised	–	–	2022
Pay Protection (Support Staff)	Revised	–	–	2022
Career Break	Revised	–	–	2022
Death in Service	Revised	–	–	2022
Grievance	Revised	–	–	2022
Flexi-Time Scheme (Support Staff)	Revised	–	–	2022
Attendance During Adverse Weather and Disruptive Conditions	Revised	–	–	2022
Temporary Promotions Procedure	Revised	–	–	2022
Further/Higher Education (Qualification) Policy	Revised	–	–	2022
Job Evaluation	Revised	–	–	2022
ID Cards Policy and Procedure	Revised	–	–	2022
Physiotherapy Policy	New	–	–	2022

POD POLICY	NEW OR REVISED	DATE POLICY TO BE ISSUED FOR CONSULTATION	APPROX TIMESCALE FOR IMPLEMENTATION	NEXT REVIEW DATE
Exit Interviews Policy and Procedure	Revised	-	-	2022
Substance Misuse Policy	New	-	-	2022
Detached Duty Policy	Revised	-	-	2023
ARA Policy	Revised	-	-	2023
Code of Conduct	Revised	-	-	2023
Transfer Request Policy	Revised	-	-	2023
Firefighter Fitness Standards and Assessments Policy/Procedure	Revised	-	-	2023
Induction Process	Revised	-	-	2024
TOIL (Uniformed) Policy	Revised	-	-	2024
Transfer of Uniformed Employees Policy	Revised	-	-	2024
Support Staff Handbook	Revised	-	-	As required
Post Incident/Trauma Support Services	Revised	-	-	2024
Time off for Trade Union Duties	Revised	-	-	2025
Employment and Criminal Convictions	Revised	-	-	2025
Volunteer Policy	Revised	-	-	2025
Discretionary Policy - LGPS	Revised	-	-	2025
Reimbursement of Dental/Optical Costs	Revised	-	-	2025
Secondment	Revised	-	-	2025
Disciplinary Policy & Procedure	Revised	-	-	2025
Recall to Duty	Revised	-	-	2025
Leadership Development Centres	Revised	-	-	2025
Special Leave	New	-	-	2025
Political Restrictions Policy	New	-	-	2025
Business Travel/Reimbursement of Expenses Policy	Revised	-	-	2026
Management of Health conditions Policy	New	-	-	2026
Wholetime Uniformed Instructor Employees - Working Hours and Leave Policy	New	-	-	2026

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
2 December 2021	<ul style="list-style-type: none"> • Chair’s Welcome • Apologies For Absence • Consideration Of And Decision On Any Items To Be Taken In Private • Declaration of Interests • Minutes of Previous Meeting • Action Log • Performance & Risk Report (POD & TSA) • Partnership Working Update • Strategic Risk Register • RANSc Update (Private Session) • Key Case Update (Private) • Forward Planning: Policy Forward Planning Schedule Update, Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days • Review of Actions • Date of Next Meeting 	<ul style="list-style-type: none"> • Building the Future Together – • Learning Needs Analysis 2021-22 • Bullying, Harassment and Discrimination project update/policy review – RM • Asbestos at Work Update • Working Together Framework Review 	<ul style="list-style-type: none"> • Independent Audit/ Inspection Action Plan Update • 		

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
<p>3 March 2022 (Note for BST only – If any Action Plans in relation to HMFSI Inspection Reports are submitted and closed off, email Business Team and Performance Manager to confirm)</p>	<ul style="list-style-type: none"> • Chair’s Welcome • Apologies For Absence • Consideration Of And Decision On Any Items To Be Taken In Private • Declaration of Interests • Minutes of Previous Meeting • Action Log • Performance & Risk Report (POD & TSA) • Partnership Working Update • Strategic Risk Register • RANSc Update (Private Session) • Key Case Update (Private) • Forward Planning: Policy Forward Planning Schedule Update, Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days • Review of Actions • Date of Next Meeting 	<ul style="list-style-type: none"> • Leadership for Change (CDodd to confirm) • Working Together Framework Review of Associated Policies (GC) • Building the Future Together – • Learning Needs Analysis 2021-22 	<ul style="list-style-type: none"> • Independent Audit/ Inspection Action Plan Update 		