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FIRE AND RESCUE SERVICE

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PUBLIC MEETING - PEOPLE COMMITTEE

THURSDAY 3 MARCH 2022 @ 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 DECEMBER 2021 (attached) M Wylie

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

6 ACTION LOG (attached) Board Support

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

7 PERFORMANCE AND RISK REPORT QUARTER 3 2021/22

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) J Harkins/
B Farquharson**

The Committee is asked to scrutinise these reports

Please note that the public meeting will be recorded and published on the SFRS Website.

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- 8 INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATE** (*attached*) K Barbour
 - Training of RDS Personnel
The Committee is asked to scrutinise this report
- 9 SAFETY AND ASSURANCE STRATEGY** (*attached*) J Harkins
The Committee is asked to scrutinise this report
- 10 COMMITTEE ALIGNED DIRECTORATE RISKS** (*attached*) L Barnes
The Committee is asked to scrutinise this report
- 11 PARTNERSHIP WORKING**
 11.1 Overview - Employee Partnership Forum (verbal) S Barron
 11.2 Overview - Partnership Advisory Group (verbal) L Barnes
The Committee is asked to note verbal updates.
- 12 BUILDING THE FUTURE TOGETHER** (*attached*) C Dodd
This report is for information only.
- 13 LEARNING NEEDS ANALYSIS 2021-22** (*attached*) C Dodd
This report is for information only.
- 14 LEARNING AGREEMENT** (*attached*) A Gordon
This report is for information only.
- 15 TRAINING CONTINUOUS IMPROVEMENT PLAN UPDATE** (*attached*) R Hall
This report is for information only.
- 16 MEASUREMENT OF ASBESTOS FIBRES DURING LIVE BURN** (*attached*) J Harkins/
J Holden
This report is for information only.
- 17 FORWARD PLANNING**
 17.1 POD Policy Review Schedule Update (*attached*) M Corry
 17.2 Health and Safety Policy and Management Arrangements (*attached*) J Harkins
 17.3 Committee Forward Plan Review (*attached*) M Wylie
 17.4 Items for Consideration at Future IGF, Board and Strategy Day meetings M Wylie

Please note that the public meeting will be recorded and published on the SFRS Website.

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- 18 **REVIEW OF ACTIONS** (*verbal*) *Board Support*
- 19 **DATE OF NEXT MEETING**
Thursday 2 June 2022 (*to be rescheduled*)

PRIVATE SESSION

- 20 **MINUTES OF PREVIOUS PRIVATE MEETING: 2 DECEMBER 2021** *M Wylie*
(*attached*)

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

21 **REMUNERATION, APPOINTMENTS AND NOMINATIONS
SUB COMMITTEE UPDATE**

- 21.1 Draft Minutes of last meeting – 2 December 2021 (*attached*) *F Thorburn*
21.2 Update of last meeting – 3 March 2022 (*verbal*) *F Thorburn*

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

22 **PARTNERSHIP WORKING**

- 22.1 Update from Employee Partnership Forum (*verbal*) *S Barron*
22.2 Update from Partnership Advisory Group (*verbal*) *L Barnes*

The Committee is asked to note verbal updates.

- 23 **KEY CASE UPDATES 2021/22 – Q3** (*attached*) *L Barnes*

The Committee is asked to scrutinise this report

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PUBLIC MEETING – PEOPLE COMMITTEE

THURSDAY 2 DECEMBER 2021 @ 1300 HOURS

BY CONFERENCE FACILITIES

PRESENT:

Mhairi Wylie (Chair) (MW)
Malcolm Payton (MP)
Paul Stollard (PSt)

Steve Barron (Deputy Chair) (SBa)
Fiona Thorburn (FT)

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)
Bruce Farquharson (BF)
Lyndsey Gaja (LG)
Jim Holden (JH)
Kenneth Barbour (KB)
Geri Thomson (GT)
Kirsty Darwent (KD)
Karen Lewis (KL)

Assistant Chief Officer, Director of Service Delivery
Head of Training
Head of People and Organisational Development (POD)
Deputy Head of Safety and Assurance
Area Commander, Training Delivery
Deputy Head of People and Organisational Development
Chair of SFRS Board
Human Resources and Organisational Development Manager
(For item 9 only)

Mary Corry (MC)

People and Organisational Development Business Manager
(For item 12 only)

Alasdair Cameron (AC)
Marion Lang (ML)
Heather Greig (HG)
Karen McGrenaghan (KMc)

Group Commander, Board Support
Corporate Business and Admin Manager
Board Support Executive Officer
Corporate Admin / Minutes

OBSERVERS:

Pamela Nicol

Corporate Admin Support

1 WELCOME

- 1.1 The Committee Chair opened the meeting and welcomed those present. She welcomed Lyndsey Gaja and Bruce Farquharson as new attendees at this Committee.
- 1.2 The Committee were reminded to keep their microphones on mute unless speaking and raise their hands, in accordance with the remote meeting protocol, should they wish to ask a question.

2 APOLOGIES

- 2.1 Scott Semple, Head of People and Organisational Development
Julie Harkins, Acting 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 Summary 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 and the verbal update on the Employee Partnership Forum and Partnership Advisory Group would also be taken in private due to the confidential nature of business taken to this meeting. The Employee Voice report would also be taken in private as this is subject to restrictions relating to confidentiality; in line with Standing Orders (Item E).
- 3.2 No further items were identified.

4 DECLARATION OF INTERESTS

- 4.1 None.

5 MINUTES OF PREVIOUS MEETING: 9 SEPTEMBER 2021

- 5.1 The minutes of the meeting held on 9 September 2021 were approved as a true record of the meeting.

5.2 Matters Arising

- 5.2.1 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 completed actions.**

7 PERFORMANCE AND RISK REPORT QUARTER 2 2021/22

7.1 People and Organisational Development (POD)

- 7.1.1 LG presented the Committee with the POD Progress and Performance Report Quarter 2 2021/22. The following key areas were highlighted:
- The content of the report is being reviewed with the Business Intelligence (BI) team to improve the presentation of the report.
 - Section 1:
 - Work continues to seek conclusion to the harmonisation of Retained Duty System (RDS) terms and conditions
 - There has been a successful conclusion to negotiations regarding harmonisation of terms and conditions for national and local training instructor pools
 - Support staff pay negotiations are with Scottish Government and an update is awaited
 - Good progress is being made on the backlog of routine Health and Fitness Assessments
 - 388 employees have attended the Lifelines Mental Health and Wellbeing Training module
 - Section 2
 - Training is being provided to Managers to assist with code of conduct breaches
 - There has been a 5.2% increase in absence, mainly due to COVID and this is in line with Scottish Government national figures.

7.1.2 The Committee asked for further detail on the Mental Health Strategy Thematic Subgroups and their role and impact. GT provided further detail on these groups and the role of mental health champions. A further summary on the work of these groups would be included within the report to the next meeting.

ACTION: LG

7.1.3 The Committee commented that this was a comprehensive report but could be in a shorter format. LG explained that the work being progressed with the BI team should assist.

7.1.4 The Committee asked about the impact of events in 1.4.1. Positive Action Events. LG explained that the impact is hard to assess as the current wholetime process is a rolling process. They have received positive feedback from participants in terms of information and onward support provided. The plan is now to focus on more detailed engagement and outreach to reach those who are finding potential barriers to application. Further evaluation will be needed in terms of detailed impact and where we can direct our activity.

7.1.5 The Committee asked why the reporting in 3.2 and 3.3, grievance and discipline cases, was for items concluded in 6 weeks and why other timescales were not reported. LG explained that our policies give 6 weeks as an aim to conclude a fact-finding investigation, however this deadline can be affected by for example, leave or availability of personnel. LG to clarify whether cases that have not concluded within 6 weeks were included in the reporting or not and the rationale behind this and report back to the Committee via email.

ACTION: LG

7.16 The Committee asked about the figures on leavers and turnover as they do not seem to collate. LG will check and report back to the Committee outwith the meeting via email.

ACTION: LG

7.1.7 LG further clarified that work is being done to streamline the report and review whether the format of the quarterly report should be applied for three quarters of the year with a more detailed annual report. The Committee to agree what is being asked of the Executive colleagues around performance reporting and level of detail and asked that they be consulted to ensure the changes and the reporting format meet its needs, this would be considered for discussion at the Annual Governance Review workshop in February 2022. Cognisance to be given to the use of acronyms in public reports to ensure a consistent approach is taken to aid understanding.

ACTION: MW/LB

7.1.8 **The Committee scrutinised the report.**

7.2 Training, Safety and Assurance

7.2.1 KB and JH jointly presented Training, Safety and Assurance Progress and Performance Quarter 1 Report 2021/22. KB highlighted the following key areas within the Training Function:

- 48 new Retained and Volunteer Duty System (RVDS) Trainee Firefighters placed at venues throughout the Service area completed their Task and Task Management Course
- 50 RVDS Trainee Firefighters completed their Breathing Apparatus and Fire Behaviour training
- 36 Wholetime Trainee Firefighters completed their foundation training programme at the National Training Centre (NTC) and a further 11 Wholetime Trainee firefighters commended at Newbridge Training Centre
- Online delivery of Incident Command Level (ICL) 2 and 3 course delivery which were previously delivered in person at NTC Incident command suite now being effectively delivered to Flexi Duty Officers (FDO's) virtually.
- Ongoing implementation of the modular ICL 1 courses as an alternative to the traditional 5-day delivery model

- Marauding Terrorist Attack response training provided in preparation for Conference of Parties (COP) event
- A Review of the Training for Operational Competence (TfOC) (TfOC) has been undertaken and proposed improvements are now undergoing consultation with Service Delivery Areas (SDA's) and Directorates.

7.2.2 The Committee thanked KB for his detailed report and congratulated the team on being able to maintain requirements during COP. The Committee asked about how well we anticipate the impact and effect of training and capacity in advance of events like COP.

7.2.3 KB explained that there has been a great deal of work on planning and forecasting looking at skills and attributes required for stations as well as the retirement profile and identifying any gaps and training needs as well as planning re-accreditation annually. The team are also aware of the need to be agile and act as needed to changing requirements.

7.2.4 The Committee noted the capacity and throughput in training and in the Marauding Terrorist input. It was noted that the report was again comprehensive but would benefit from being more concise.

7.2.5. The Committee asked about the target for RVDS compliance with Mandatory Maintenance Phase Training 4.5 and whether this figure should be concerning. KB explained that the figures in 4.5 do not raise concern but feed in to the work being actioned on continuous improvement and the content of training for operational competence which is intended to free up significant capacity in RVDS elements. The new Operational Competence Framework launches in April 2022 and will help improve this area.

7.2.6 The Committee asked about the red areas of the report in 5.1 as these are in progress.

7.2.7 JD explained that 5.1 is the HS report and will be presented in the next item. He highlighted that the current report content had been produced following past requests but was happy to discuss the report content with the Committee to try to streamline this.

(Liz Barnes joined the meeting at 1330 hrs)

7.2.8 JH highlighted the following key areas within the Safety and Assurance Function:

- Overall progress towards completion of Q2 actions is 60%
- 2 year average trend comparisons are positive except acts of violence and vehicle accidents
- Improvements made in RIDDOR, 50% fewer than last year
- Positive statistics in relation to COVID controls and hope to see this being maintained
- Accidents at operational incidents are gradually increasing over the 3 year period, with an increase in events occurring in closing and developing phases of the operational incident. This is an area Health and Safety will focus on.
- Training accidents have reduced but there is a slight increase in Fire Behaviour Training incidents and this is being reviewed to identify any specific issues that require to be addressed
- Continues to be a significant number of events with no information available.
- Accident causation is static but will be scrutinised
- Near miss reporting has reduced
- Acts of violence have been higher in the East so work is ongoing to evaluate trends and issues
- Increasing trend in vehicle accidents mainly relating to low speed manoeuvres. Work is ongoing on this and an interactive module is being drafted and well as a frontline updated.

- 7.2.9 JH explained that he will look at 5.1 as mentioned by the Committee previously where red items are in progress and adjust parameters to provide a more positive display of progress being made.
- 7.2.10 The Committee noted good trends and asked if the Service are targeting messaging around Acts of Violence in the East SDA.
- 7.2.11 JH explained good practice partnership from Ayrshire SDA around Acts of Violence was being rolled out.
- 7.2.12 JD explained this is a multi-agency approach, named AyrshirePledge, which focuses on tackling violence towards emergency services. He explained that SFRS also target this issue locally and nationally throughout the year and more so at specific times of year.
- 7.2.13 The Committee praised the report as comprehensive and asked about some areas that could be included for example in RIDDORs, the report mentions 2 items but not others. The Committee also highlighted that near miss reporting decreasing is not always a good thing and wondered if there was more detail on the near misses and whether they are an area of concern.
- 7.2.14 JH explained we are aware of near misses and are working to improve the culture of reporting on this.
- 7.2.15 The Committee asked if training accidents are involving trainers or trainees. This detail would be useful to see. JH explained the majority was trainees but would take a note to include for future.
- 7.2.16 The Committee noted that the key graph at the start is good but as a two year average trend and wondered if there is significant difference across quarters to provide useful data.
- 7.2.17 JH explained this is something that had been requested by the Committee in the past.
- 7.2.18 The Committee suggested they could meet and discuss in more detail using the expertise of the Committee members to further develop the report. This will be arranged by the end of February.
- 7.2.19 JD noted all the comments and is happy to meet and discuss and refine to gain Committee expertise.
- ACTION: JD**
- 7.2.20 The Committee stated that it would be helpful to know how much of the report is also required for scrutiny at other Committees. They noted the good work on low speed accidents and asked how we can ensure we get information on all Health and Safety Events.
- 7.2.21 JH explained that work is ongoing to rectify this through improvements to the Health and Safety management system.
- 7.2.22 **The Committee scrutinised the report and thanked all those involved in its production.**

8 INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATE

8.1 Training of RDS Personnel

- 8.1.1 KB presented the HMFSI Report on Training of RDS Personnel which was published in March 2020. The action plan has 37 actions and 22 recommendations. He highlighted that all actions are progressing to timescales and 2 actions are completed.
- 8.1.2 The Committee praised the team for managing to complete a further 2 actions, especially during the workloads involved with COP.

8.1.3 **The Committee scrutinised the report.**

*(The meeting adjourned at 1410hrs and re-convened at 1420hrs.)
(Karen Lewis joined the meeting at 1420hrs)*

9 WORKFORCE DATA UPDATE

9.1 KL presented a report to the Committee providing an update on the following:

- Target Operating Model (TOM)
- Wholetime Firefighter Campaign
- SFRS Wholetime Requirements

9.2 The Committee asked how long we had been operating under the TOM. SSt explained we were nearly at the TOM pre COVID but have not been since.

9.3 The Committee asked at what point the RVDS TOM becomes a crisis.

9.4 KL explained that Human Resources work closely with Central Staffing and SDA colleagues to monitor hot spots and fast track requirements to ensure ongoing appliance and operational availability. The current TOM is under review and we may not need to recruit to the legacy levels we had. There are no key concerns in terms of operational availability.

9.5 LB explained that this is a careful balancing act, after the review numbers may change and there may be better ways of doing things, a new model may need to be considered. The situation is not at crisis point as this is carefully balanced each day.

9.6 SSt explained there is not a crisis but there are pockets of issues and the team are working to address these and attract candidates to posts. There have been some availability issues but we plug gaps as soon as we can. It is the ambition of the team to do some meaningful initiatives to help RVDS recruitment going forward.

9.7 **The Committee scrutinised the report.**

10 PARTNERSHIP WORKING

10.1 Overview - Employee Partnership Forum (EPF)

10.1.1 The Committee explained that this Forum is currently under review and a further update will be provided at the next meeting.

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

10.2 Overview - Partnership Advisory Group (PAG)

10.2.1 LB explained that there was no update on this group since the last meeting.

11 COMMITTEE ALIGNED DIRECTORATE RISKS

11.1 LB presented a report on the Committee Aligned Directorate Risks.

11.2 Discussion took place around future risk spotlights to be presented to the Committee. The impact of COVID 19 was highlighted as having a major impact on risks and current workloads. The Committee commended the efforts of SFRS colleagues in maintaining such a high level of service given these challenges.

11.3 The Committee suggested a further spotlight on TSA008 Enactment of Section 19 Road Safety Act. JD explained this has not been implemented yet and we are awaiting confirmation of exemption for Blue Light Services. The Committee agreed it would make sense to await the impact once any final decision has been made on the changes.

- 11.4 The Committee suggested there are some key risks around training and facilities. JD offered to complete future spotlights on training and facilities if this was deemed appropriate.
- 11.5 Discussion took place around a People Committee focused update on the work of the RVDS Programme Board.
- 11.6 The Committee agreed it would be useful to see this work from a People view point.
- 11.7 **The Committee scrutinised the report.**

ACTION: SSt

(Mary Corry joined the meeting at 1330 hrs)

12 FORWARD PLANNING

12.1 POD Policy Review Schedule Update

- 12.1.1 The POD Policy Review Schedule Update report was presented to the Committee for information.
- 12.1.2 The Committee asked for clarity on Secondary Employment for those in roles on a Children's Panel or similar.
- 12.1.3 LB confirmed that this required to be noted with POD to ensure there is no conflict of interest.
- 12.1.4 **The Committee noted the report.**

12.2 Health and Safety Policy and Management Arrangements

- 12.2.1 The Health and Safety Policy and Management Arrangements was presented to the Committee for information.
- 12.2.2 **The Committee noted the report.**

12.3 Committee Forward Plan Review

- 12.3.1 The Committee noted the Forward Plan.

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

- 12.4.1 There were no items identified.
- 12.4.2 LB highlighted that the paper on Employee Voice had been added to the agenda for the next strategy day.

13 REVIEW OF ACTIONS

- 13.1 AC confirmed there were six formal actions raised during the meeting.

14 DATE OF NEXT MEETING

- 14.1 The next meeting is scheduled to take place on Thursday 3 March 2022.
- 14.2 There being no further matters to discuss, the public meeting closed at 1501 hrs.

PRIVATE SESSION

15 MINUTES OF PREVIOUS PRIVATE MEETING: 9 SEPTEMBER 2021

- 15.1 The minutes of the private meeting held on 9 September 2021 were approved as a true record of the meeting.

16 REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE (RANSc) UPDATE

- 16.1 The draft private minutes of the RANSc meeting on 9 September 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 December 2021).

17 PARTNERSHIP WORKING

17.1 Update from Employee Partnership Forum

- 17.1.1 SB explained to the Committee that this Forum is currently under review and a further update will be provided at the next meeting.

17.1.2 The Committee noted the verbal update.

17.2 Update from Partnership Advisory Group

- 17.2.1 LB explained that there was no update on this group since the last meeting.

18 EMPLOYEE VOICE

- 18.1 LB presented a paper on Employee Voice, further discussion will take place at a Board Strategy Day.

18.2 The Committee scrutinised the report.

19 KEY CASE UPDATES 2021/22 – Q2

- 19.1 LB presented the report on Key Cases.

19.2 The Committee scrutinised the report.

PEOPLE COMMITTEE – ROLLING ACTION LOG



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Background and Purpose

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

The status of actions are categorised as follows:

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

Actions/recommendations

Currently the rolling action log contains 6 actions. A total of 2 of these actions have been completed.

The Committee is therefore asked to approve the removal of the 2 actions noted as completed (Blue status). There are 4 actions categorised as Green status and no actions categorised as Yellow status on the action log.

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Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
Meeting Date: 2 December 2021						
Item 7.1.2	Performance and Risk Report Quarter 2 2021/22 (POD): The Committee asked for further detail on the Mental Health Strategy Thematic Subgroups and their role and impact. GT provided further detail on these groups and the role of mental health champions. A further summary on the work of these groups would be included within the report to the next meeting.	LG	March 2022			Update (03/03/2022): Further summary included in papers for March Committee meeting, in line with agreed action. Groups at early stage of being formed, developing terms of references and agreeing actions. Report will be provided for June meeting.
Item 7.1.5	Performance and Risk Report Quarter 2 2021/22 (POD): Total number of grievances and discipline cases conducted within 6-week timeframe and for those that go outwith this aspiration as per policy Head of POD to check and confirm reporting and rationale to Committee via e-mail.	LG	March 2022		January 2022	Completed (03/03/2022): Six week time frame is the aspiration set out in the SFRS policy, however a significant proportion of cases take more than 6 weeks to conclude – primarily due to availability (rota, leave, sickness absence etc). The decision to report only on cases concluded within 6 weeks, as per policy aspiration, was taken by People Committee last year. This is a position the Committee may like to consider as part of the broader review of reporting requirements discussed at the December meeting. (Updated via email 28/01/2022)
Item 7.1.6	Performance and Risk Report Quarter 2 2021/22 (POD): Further look and feedback in relation to number of leavers and the overall turnover figures to ensure they align. Information to be sent to Committee outwith the meeting via e-mail.	LG	March 2022		January 2022	Completed (03/03/2022): Thanks to the Committee member for identifying this discrepancy. Due to a calculation error, the turnover rate of 4.2% stated in the original board papers was incorrect. The correct turnover figure for the period in question is 2.1% and the report on file has been updated accordingly. The number of leavers from the Service over the reference period was correct. (Updated via email 28/01/2022)

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Item 7.1.7	Performance and Risk Report Quarter 2 2021/22 (POD): The Committee to agree what is being asked of the Executive colleagues around performance reporting and level of detail and asked that they be consulted to ensure the changes and the reporting format meet its needs, this would be considered for discussion at the Annual Governance Review workshop in February 2022	MW/LB	March 2022		Update (03/03/2022): This will be discussed at the Annual Governance workshop in February 2022. Further update (LB): There's going to be a workshop around the performance reporting more widely, however, in the meantime the relevant Directorates have agreed to provide a brief exec summary of the report to highlight any notable data. The Committee will meet for an informal initial discussion in April and then take that forward for a fuller consideration and discussion as appropriate with the Director's and their teams in May/June.
Item 7.2.19	Performance and Risk Report Quarter 2 2021/22 (TSA): The Committee suggested they could meet and discuss in more detail using the expertise of the Committee members to further develop the report. This will be arranged by the end of February.	JD	March 2022		Update (03/03/2022): Meeting with Paul Stollard has occurred. Awaiting outcome of SPPC led workstream considering all aspects of performance reporting to the Board The Committee will discuss at their informal meeting in April and then take that forward for a fuller consideration and discussion as appropriate with the Director's and their teams in May/June.
Item 11.6	Committee Aligned Directorate Risks: Further consideration around future spotlights on Risks with a possibility of focusing on RVDS (people specific and around recruitment) at a future meeting. however further discussion can be held as part of the forward planning meeting already scheduled to confirm and give Executive colleagues sufficient notice of any People Committee requests.	SSt	March 2022		Update (03/03/2022): Risk Spotlight to be identified. The Committee will meet for an informal initial discussion in April and then take that forward for a fuller consideration and discussion as appropriate with the Director's and their teams in May/June.



Report No.: C/PC/01-22
Agenda Item 7.1

**POD Quarterly Management
Information Report
Quarter 3 2021 / 22**

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Appendix 1 – Data Analysis

Appendix 2 – Glossary of terms

Introduction

The performance of the Scottish Fire and Rescue Service (SFRS) is set out 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.***”

Our performance is monitored and reported through the quarterly POD Performance Report and scrutinised by the People Committee as well as within the SFRS Annual Report.

However, we also recognise the importance of providing other SFRS Directorates with information on how we are performing, where we can make improvements and how we can best utilise our resources to meet our stakeholders’ needs.

This report provides a range of management information on areas monitored by our teams; containing analysis of the information presented and provides narrative on actions that will be taken to make improvements where required.

A number of other areas will be monitored and analysed at a local level and used to inform progress against objectives. Progress on these will be reported on a six-monthly basis or more frequently for any area where information shows an emerging risk. The six-monthly report will also provide an update on progress on all POD Directorate objectives.

Executive Summary

Attention is drawn to the following key points, with further detail in the main body of the report:

- Quarter 3 saw an increase in absence levels (3.1.2), primarily due to a significant increase in COVID-19 sickness absences, with twice as many employees absent (1012 vs 529) and 44% more days lost (6,405 vs 4460) to COVID-19 sickness absence, compared to quarter 2 (3.1.7). This is the highest level of COVID-19 sickness absence of any quarterly period since the start of the pandemic, due to the highly transmissible Omicron variant. As a result, significant work was required to review and reallocate resources within the service as needed. The COVID-19 absence rate has subsequently been declining since the turn of the year and has now stabilised at the levels experienced prior to the emergence of Omicron, which will be reflected in the next quarterly report.
- The buoyant and competitive UK employment market is creating challenges in attraction and retention, particularly for support staff roles. The overall vacancy rate of 14% is driven by RDS and VDS vacancies (which forms part of the RVDS Improvement Programme scope) and the support staff vacancy rate of 9%. Support staff turnover has also increased from 1.4% in quarter 1 to 2.6% in quarter 3. Work is in hand to review how and where we recruit, as well as how we position our total reward offering to prospective and existing colleagues. Action is also being taken to address particularly acute challenges in the attraction and retention of specific skills such as mechanics and driving instructors.
- Operations Control (OC) continues to experience a high, and increasing, absence rate (16.5% in quarter 3), influenced by the additional demands of COP26, bonfire night, the Command and Control Futures (CCF) Project and staff shortages. OC recruitment and training is progressing to address staffing levels and cross functional work is underway to identify ways to support OC staff more effectively and improve the colleague experience.

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

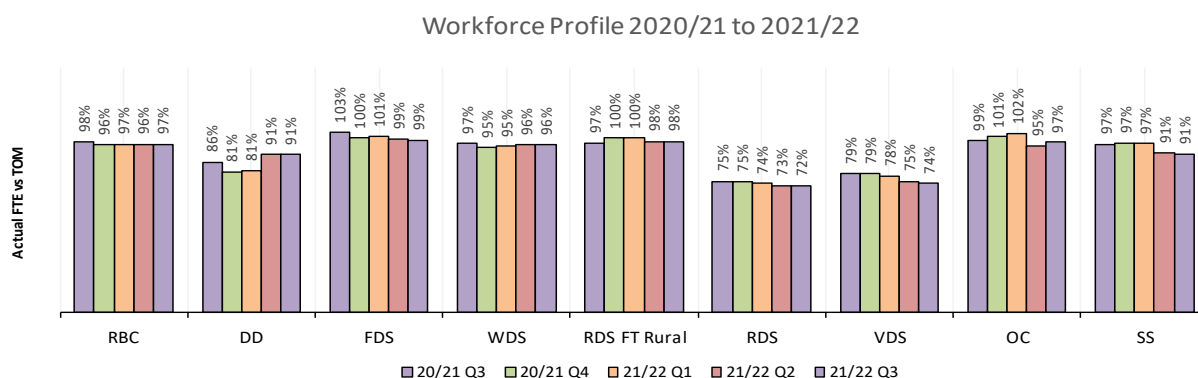
1.1.1 Actual Full Time Equivalent (FTE) staff against Target Operating Model by employee group including actual headcount

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	818	8374
Initiatives, Projects and Capital Funded		26	23		49				14	87	150
Actual (FTE)	2918	352	276	2	3548	53	2397	284	179	824	7286
Actual (Headcount)	2919	353	276	2	3550	53	2779	284	184	878	7728

As at 31 December 2021, SFRS employed 7190 people, equating to a headcount of 7758. 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, 12 employees are on Secondment and 18 on Career Breaks.

COVID-19 continues to impact on resourcing and we are now experiencing some emerging challenges, potentially exasperated by the rise to a record high of 1.2 million vacancies within the United Kingdom. SFRS has continued to recruit during the pandemic, however the nature of impacts is resulting in challenges to meeting our TOMs. The graph below illustrates the actual FTE against the budgeted TOM for each employee group for quarter 3 2020/21 to quarter 3 2021/22.

To support recovery of staffing levels, POD established a Tactical Action Group and Resourcing Recovery Group to ensure we are maximising resourcing opportunities and course capacity for support staff appointments and uniformed intakes. The Operational Availability Group established at the early stages of the pandemic has been maintained and serves as a forum for engaging with stakeholders to progress and develop tactical solutions to support our resourcing needs.



The requirement for temporary Flexi and Day Duty Officer secondments and projects traditionally impacted on frontline firefighter numbers. However, POD have developed a methodology, based on workforce planning, to enable backfill arrangements, effectively supporting our operational front-line staff.

OC establishment has dipped slightly but will be remedied by the onboarding of 15 new Firefighter Control Trainees due to start in 2022/23 quarter 1 on conclusion of the current recruitment campaign.

We continue to experience challenges to recruit Support Staff which is due to the rise in vacancy opportunities across the majority of industry sectors in the UK. As such, we have been receiving more requests from managers to appoint individuals at higher salary levels (i.e. beyond the bottom point of the grade for the role) and the impact of this is being monitored. Work is underway to ensure we are effectively promoting the total reward package on offer to assist with attraction to roles, including flexibilities in how, where and when roles are carried out where appropriate. There is also work underway to address specific attraction and retention challenges for driving instructors / examiners, and mechanics.

1.1.2 Number of staff vacancies by FTE

EMPLOYEE GROUP	Wholetime (WDS)				Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS				
Vacancy (FTE)	101	36	3	140	1	912	100	4	81	1239

The RVDS Improvement Programme has commissioned a very ambitious review of RVDS recruitment with a deadline of quarter 4 2021/22. POD is the lead stakeholder on development

of the programme dossier and is working to identify and develop short, medium and long solutions to deliver improvements to RVDS attraction and recruitment.

The Strategic Workforce Plan is being refreshed based on the wholetime retirement profile. POD is engaging with stakeholders to confirm the timing and arrangements for the promotional processes which are required to take place during 2022. The plan requires to be fluid as the pension remedy may see our retirement profile change, affecting resourcing, TOM and competence levels. Work has also continued with stakeholders to develop and implement revised project plans to increase Wholetime and Retained Firefighter intakes over 2022, aligned to workforce planning projections and ongoing consideration of social distancing restrictions.

POD have adopted a continuous improvement approach to all SFRS resourcing processes, to support COVID-19 recovery plans and drive efficiencies in this area.

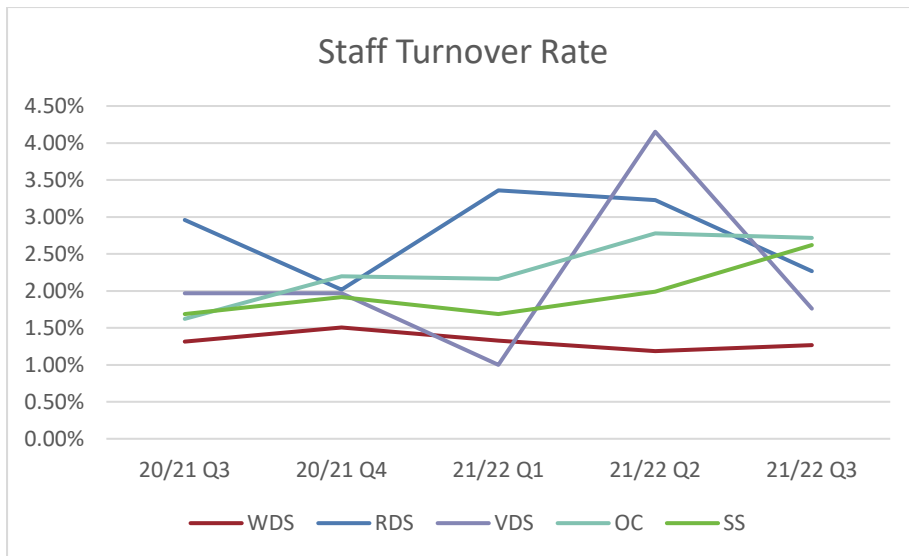
To support safe resourcing practice, our Generic Risk Assessment and Safe Systems of Work are under constant review to address COVID-19 resourcing challenges.

1.1.3 Percentage Staff vacancies

EMPLOYEE GROUP	Wholetime (WDS)				Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS				
Vacancy (%)	3.3%	9.3%	1.1%	3.8%	1.9%	27.6%	26%	2.3%	8.9%	14.5%

1.1.4 Percentage Staff turnover by employee group

EMPLOYEE GROUP	Wholetime (WDS)				Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS				
Turnover Rate (%)	1.0%	2.8%	2.6%	1.3%	0.0%	2.3%	1.8%	2.7%	2.6%	1.9%



The graph above reflects staff turnover rates in the last five quarters.

The overall turnover rate has reduced from 2.1% in the previous quarter to 1.9%. We have previously discussed where the pandemic may have altered turnover profiles. As detailed elsewhere in this report, the increased vacancies within the external market appears to be impacting on the SFRS in relation to support staff, where the turnover rate has increased over the last three quarters from 1.7% in quarter 1 to 2.6% in quarter 3. POD will continue to monitor and report on this trend.

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 within six weeks

There were no new grievances raised within this quarter, and none remaining to be concluded from the previous period.

2.1.2 Total number of discipline cases concluded within six weeks

There were two disciplinary cases completed within six weeks within this quarter. Due to the number of cases being less than five, in terms of GDPR we are unable to provide any further analysis as this may identify individuals.

2.1.3 Number of bullying and harassment cases broken down by staff group

There were three cases of bullying and harassment under investigation and being considered in accordance with SFRS policies. Due to the number of cases being less than five, in terms of GDPR we are unable to provide any further analysis as this may identify individuals.

Section 3

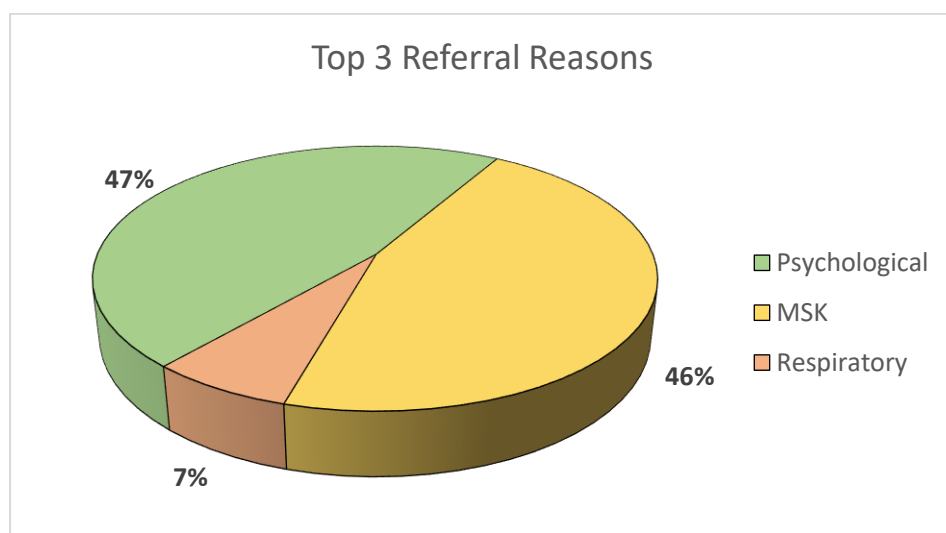
3.1 This section focuses on data in relation to the following objective:

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

3.1.1 Top three reasons for management referrals

In the reporting period, there were 196 New Management Referral appointments attended, of which the top three causes were;

- Psychological – Stress and Mental Health – 75 (38%)
- Musculoskeletal (MSK) – 73 (37%)
- Respiratory – 11 (6%)



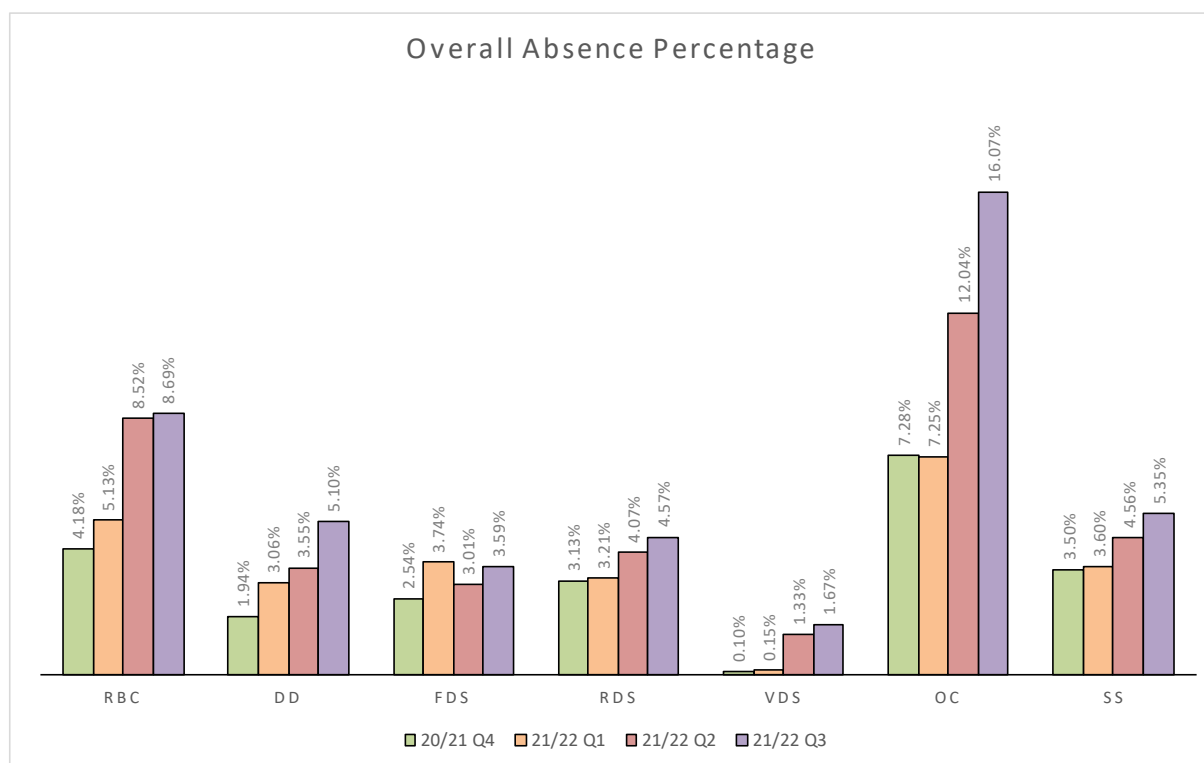
The top reason for new management referrals is psychological, however this was not reflected in absence. Not all psychological referrals result in absence from work and this may be due to the early referral process in place, therefore mitigating absence for some employees.

Waiting times for a health and wellbeing appointments for new management referrals in the quarter varied between two to five weeks, depending on other business. The typical waiting time is three weeks with recruitment medicals impacting this timeframe at various stages within the reporting period.

Waiting times for NHS appointments are anecdotally much longer than pre-pandemic times. Specific timeframes are difficult to quantify, however will be monitored going forward. These longer waiting times will likely impact absence and challenges in returning to work either on full duties or restricted duties in some cases

3.1.2 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)	8.69%	5.10%	3.59%	7.51%	4.57%	1.67%	16.07%	5.35%	5.56%



The average overall absence percentage for all SFRS working days lost in quarter 3 is 5.56% which is a slight increase of 0.36% compared to the previous quarter. Whilst absence has increased across all employee groups, for both short and long-term, as shown below, this figure includes COVID-19 related absence which directly accounts for a proportion of this increase where the levels of COVID-19 absence increased in quarter 3. Where increases

have been identified, the Human Resource Advisers (HRA's) are working closely with their Management Teams to support them in their case work to minimise further absences.

3.1.3 Percentage of working days lost against days available – short-term absence

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Short-Term Absence (work days lost versus work days available)	4.76%	1.75%	1.04%	3.84%	1.71%	0.39%	5.91%	2.11%	2.39%

This table shows the percentage of work-days lost due to short-term absence as a percentage of work-days available. In line with the overall increase in the absence rate, there has been an increase in short-term absence across all employee groups.

3.1.4 Percentage of working days lost against days available – long-term absence

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Long-Term Absence (work days lost versus work days available)	3.93%	3.35%	2.55%	3.68%	2.86%	1.28%	10.17%	3.24%	3.17%

This table shows the percentage of work-days lost due to long-term absence as a percentage of work-days available. In line with the overall increase in the absence rate, there has been an increase in long-term absence across all employee groups, except for FDS.

3.1.5 Short-term absence by top three absence reasons

Short-term Sick - Top 3 Reasons	Respiratory	Musculoskeletal	Stomach or Bowel	Other	TOTAL
RBC	975	784	426	534	2719
DD	60	39	15	59	173
FDS	44	37	5	39	125
RDS	591	762	215	624	2192
VDS	-	5	-	26	31
OC	137	28	14	127	306
SS	210	135	80	220	645
Total Working Days Lost	2017	1790	755	1629	6191
Number of Employees	544	305	273	774	1896

3.1.6 Long-term absence by top three absence reasons

Long-term Sick - Top 3 Reasons	Musculoskeletal	Psychological	Soft Tissue	Other	TOTAL
RBC	1908	622	216	905	3651
DD	187	208	58	121	574
FDS	55	166	89	63	373
RDS	4090	1180	403	1236	6909
VDS	182	-	92	37	311
OC	52	273	66	371	762
SS	275	556	37	285	1153
Total Working Days Lost	6749	3005	961	3018	13733
Number of Employees	185	76	22	93	376

The tables above show the main reasons for employee absence in terms of working days lost, for both short and long-term absence, and the total number of employees absent within these categories. Within the OC, further analysis was completed regarding the increase in long-term psychological cases. It was identified that within this quarter the impact of overtime for COP26, Bonfire night and staffing shortages, which took longer to recruit to, due to the pandemic and the implementation of a replacement system, all directly contributed to staff absences. Discussions have taken place to realign the management structure within the OC to better support employees back into the workplace.

Musculoskeletal (MSK) issues continue to be the main reason for long-term absence, however, for short-term the main reason has changed to Respiratory, which is directly related to the increase in COVID-19 cases in this quarter.

When comparing absence reasons, it is noted that psychological conditions is not present in the short-term table above, as the data returned was not high enough to make the top three reasons and this was the same for quarter 2.

3.1.7 COVID-19 Absence

Current Period

Work Days lost to Sickness	RBC	DD	FDS	RDS	VDS	OC	SS	TOTAL
Displaying Symptoms	2634	481	81	2540	96	172	402	6405
No. of Employees	577	43	11	292	7	38	44	1012

Work Days lost to Special Leave	RBC	DD	FDS	RDS	VDS	OC	SS	TOTAL
Isolation/Quarantine (Total Days)	6430	227	565	3575	50	178	343	11368
Isolation/Quarantine (Duty Days)*	3364	146	210	3446	50	89	225	7529
No. of Employees	1036	30	16	583	6	31	41	1743

*Previous data provided related to duration of absence period rather than duty days. Future reports will contain duty days lost only

Previous Period

Days lost to Sickness	RBC	DD	FDS	RDS	VDS	OC	SS	TOTAL
Displaying Symptoms (Duty Days)	1724.5	278	124	1772.5	120	69	372	4460
No. of Employees	286	23	14	159	5	11	31	529

Days lost to Special Leave	RBC	DD	FDS	RDS	VDS	OC	SS	TOTAL
Isolation/Quarantine (Total Days)	6156	151	271	3413	30	145	328	10494
No. of Employees	951	28	19	477	5	38	41	1559

There has been an increase in the number of COVID-19 related absences compared to the previous quarter. In comparison to quarter 2, for this quarter, the combined increase from days lost due to both sickness and special leave is 2819 days and 667 employees. The number of employees absent due to COVID-19 is 1012 and this is the highest number of absences since first recorded in quarter 4 2019/20, due to the new strain. This has had a direct impact on both our long and short-term absences, as shown above.

There has been a substantial increase in the number of COVID-19 related absences due to the new Omicron variant compared to the previous quarter. This is reflective in the overall increase in absences of 23%. In comparison to the previous quarter, the combined increase from days lost due to both sickness and special leave is 13,630 days and 2,102 employees. This was anticipated as the prevalence of the new variant became apparent and is reflective of Scottish Government figures. It is noted that currently the number of COVID-19 related absence has significantly reduced and this will be reflected in the next quarterly report.

To bring the Special Leave data in line with how we report on Days lost to Sickness, future reporting will be on “work” days lost and not the total number of days.

We continue to provide a range of support interventions aimed at supporting staff affected and these are reviewed on a regular basis as the pandemic progresses.

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

CCF	Command and Control Futures
DD	Day Duty
DPA	Data Protection Act
FDS	Flexi Duty System
FTE	Full Time Equivalent
GDPR	General Data Protection Regulations
HRA	Human Resource Advisor
MSK	Musculoskeletal
OC	Operations Control
POD	People and Organisational Development
RBC	Resource Based Crewing
RDS	Retained Duty System
RVDS	Retained Volunteer Duty System
SFRS	Scottish Fire and Rescue Service
TOM	Target Operating Model
SS	Support Staff
VDS	Volunteer Duty System
WDS	Watch Duty System



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

TRAINING, SAFETY AND ASSURANCE DIRECTORATE
PROGRESS AND PERFORMANCE REPORT
QUARTER 3 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:

- 36 new Retained and Volunteer Duty System (RVDS) Trainee Firefighters placed at training venues throughout the Service area completed their Task and Task Management course;
- 43 RVDS Trainee Firefighters completed their Breathing Apparatus and Fire Behaviour training;
- 48 Wholetime Trainee Firefighters completed their Foundation Training programme between the National Training Centre and Newbridge Training Centre;
- Online delivery of Incident Command Level (ICL) 2 & 3 course delivery which were previously delivered in person at the National Training Centre (NTC) Incident Command Suite are now being delivered to all Flexi Duty Officers (FDO's) virtually;
- Ongoing delivery of the modular ICL1 course as an alternative to the traditional 5-day delivery model;

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- New delivery model for the Trainee Firefighter Foundation Programme (TFFFP) involving two trainee courses running on a four days on, four days off pattern, and;
- A review of the Training for Operational Competence Framework (TfOC) has been undertaken and proposed improvements are now undergoing consultation with Service Delivery Areas and Directorates.

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





- Completion of 1 new Management Arrangement and a review of 2 existing modules;
- Undertook research and developed procedures to ensure the maintenance of robust COVID-19 control measures whilst recognising Scottish Government guidelines and health and safety responsibilities as an employer;
- Working closely with Operations to progress the Document Conversion Project;
- Prepared draft Health and Safety Improvement Plan for 2022-23; and
- Completed a review of Water Rescue Training health and safety arrangements.

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2. Risk Movement

Directorate objective	Update on significant successes/challenges	Action taken to mitigate/reduce risk	Link to Risk Register (risk movement)	Progress from last quarter
Ensure there is sufficient staff capacity and resources available to meet Service training demand.	<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 have joined the Training Function to support the Training Function Continuous Improvement Programme and support the implementation of the Training Review recommendations.</p>	SR5 	

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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>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.</p> <p>Work commenced on development of a further 4 modules.</p> <p>Delay in going live due to refining of the management reporting functionality within each module.</p>	<p>Enhanced liaison with ICT senior management in place.</p>	<p>TSA5/SR4</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 2022-23 to accommodate impact of COVID-19. Improvement in the completion of actions compared to compared to previous year continues to be 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

OFFICIAL**3. Spotlight Report – Revised delivery model for the Trainee Firefighter Foundation Programme**

The agreement of the harmonised Uniformed Instructors Terms & Conditions and the publication of the Wholetime Uniformed Instructors – Working Hours and Leave Policy has provided the Training Function with a greater degree of flexibility in the way in which it can deliver all training courses.

The flexibility now available within the harmonised conditions has played a significant role in identifying an alternative delivery model for the Trainee Firefighter Foundation Programme (TFFFP).

Following the production of an options appraisal into how site capacity can be created across the Training Function estate to further support the organisational recovery from the impact of the Covid-19 pandemic, it has been identified that the safest way to deliver all candidates in the TFFFP at one site, and to enhance our training capacity, would be to move to a four days on, four days off delivery model representative of the current duty pattern of Wholetime Firefighters.

This model takes cognisance of current workplace risk assessments and Safe Systems of Work (SSoW) in place to manage the pandemic and to protect the safety of our staff. A further benefit to this model is that it provides flexibility to allow enhanced numbers of Trainees to attend this course without compromising the safety of any students or Instructional Staff.

A full revision has been conducted of the timetable and amendments made as required. There is no amendment to the learning outcomes, contact hours or credit rating of the course, and all required elements are being met within the proposed delivery model. This new delivery model will be quality assured throughout to ensure consistency, in line with training standards.

An additional benefit of delivering the TFFFP solely at one site (National Training Centre) is that capacity is freed up within our Newbridge Training Centre to support the Training Recovery Plans for the East Service Delivery Area.

This delivery model also greatly demonstrates the strength and flexibility of the harmonised Terms and Conditions, with two TFFFP Courses running concurrently for a fourteen-week period. This is the first time, either in the Scottish Fire and Rescue Service or any of the eight legacy services, that the TFFFP has operated continuously for seven days per week.

This delivery model will operate as a pilot in the January intake, with a full evaluation being conducted at the conclusion of the course in order to identify good practice, any lessons learned, and any potential amendments to the delivery model.

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.

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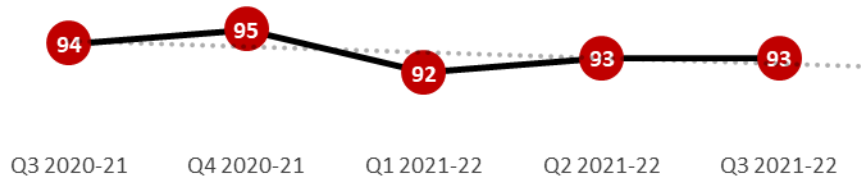
Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services.							
Ref	Indicators	Frequency	Target /Direction of Travel	Reported to			
				Board	SDC	PC	ARAC
O3.1	Actual Full Time Equivalent (FTE) staff against Target Operating 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

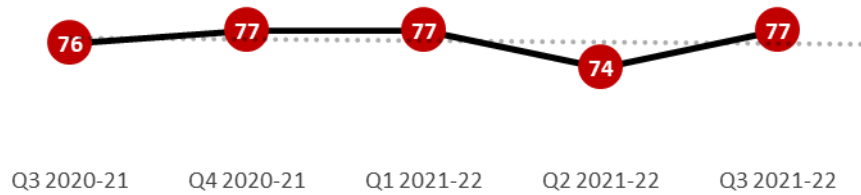
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4.2 Operational Core Competence (% of Staff deemed competent against requirement)

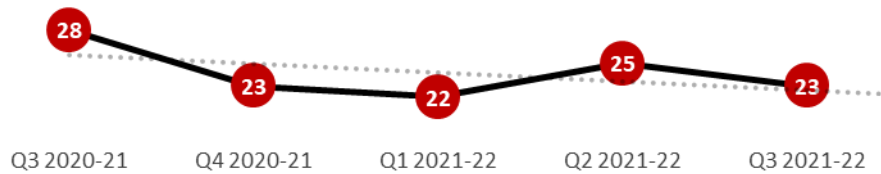
Resource Based Crewing (RBC)



Retained Duty System (RDS)



Volunteer Duty System (VDS)



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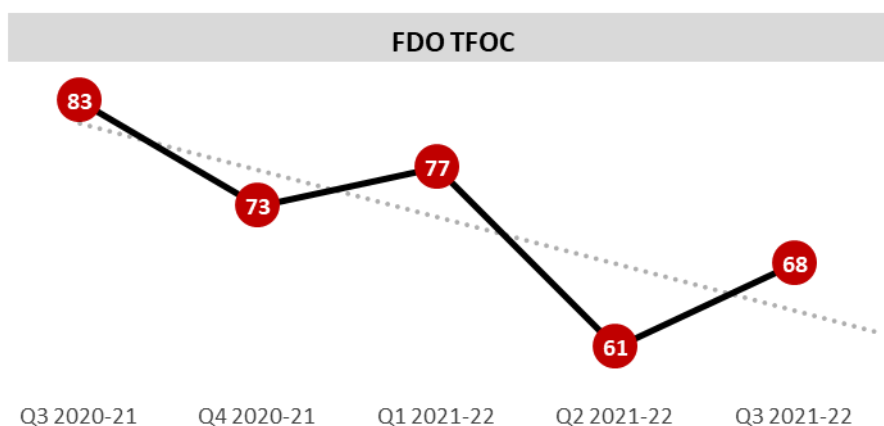


Figure 2: Operational Core Competence

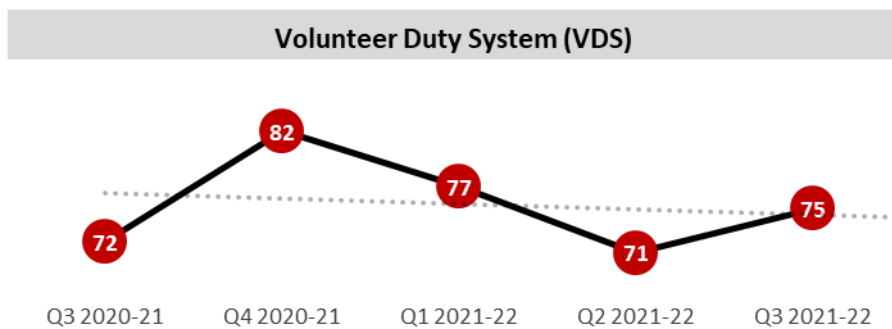
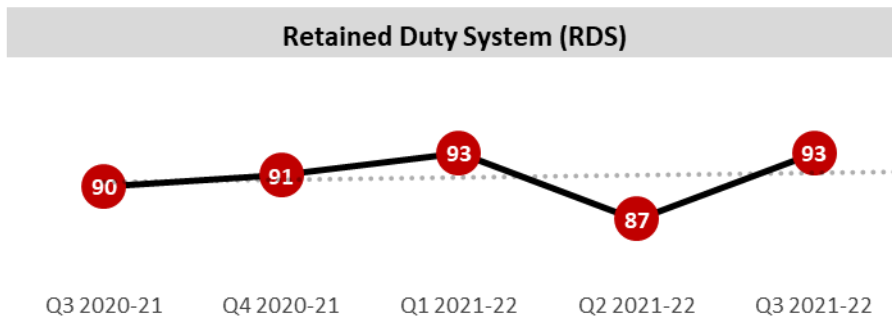
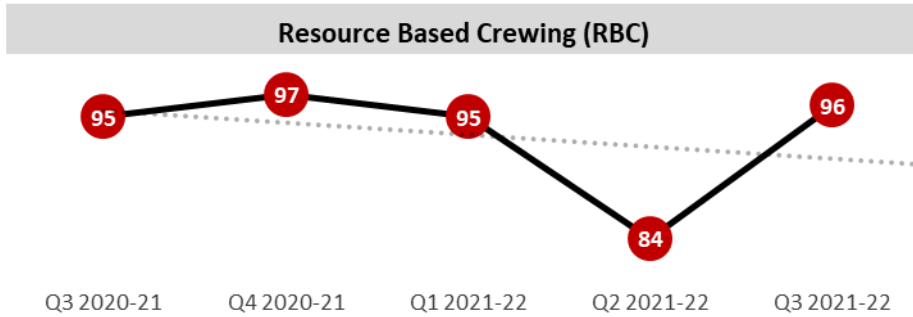
The Q3 figures for Core skills of Incident Command, Breathing Apparatus, Fire Behaviour, Tactical Ventilation and Emergency Response Driver Training remain broadly consistent when compared with the previous quarters.

Having moved on from some of the challenges we faced that impacted on Flexi Duty Officer (FDO) Training for Operational Competence (TfOC) performance in Q2, for example, MTA training in preparation for COP26, the wider impact in terms of workload that arose from COP26 preparations; the FDO TfOC shows an improvement in performance. There remains a challenge associated with the significant number of staff changes within the FDO staffing group through retirements and promotions, particularly in respect of those new FDO's taking up positions, and we continue to monitor this.

Throughout Q3, COVID-19 restrictions on Retained Duty System (RDS) and Volunteer Duty System (VDS) drill nights have been in place ensuring the Service is aligned with the Scottish Government guidance 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 Q3 2021-22 and has assisted in mitigating the impact of restrictions on course numbers and the restricted training capacity.

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



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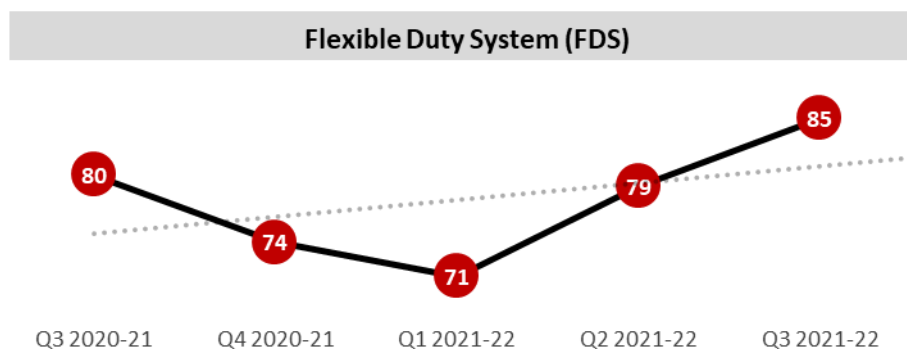


Figure 3: Incident Command Competence

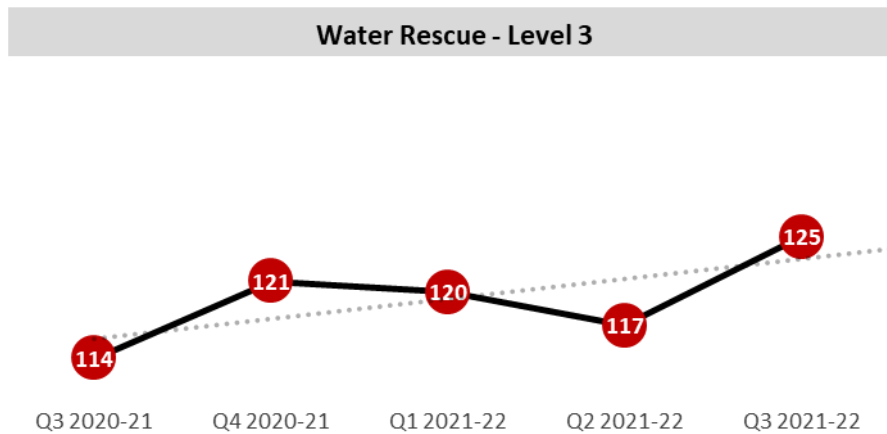
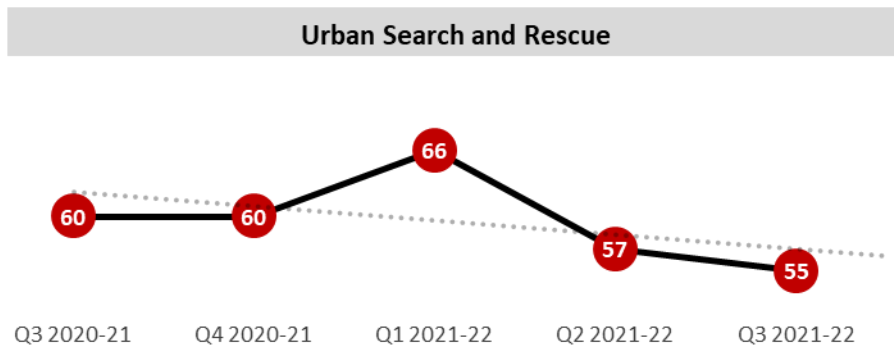
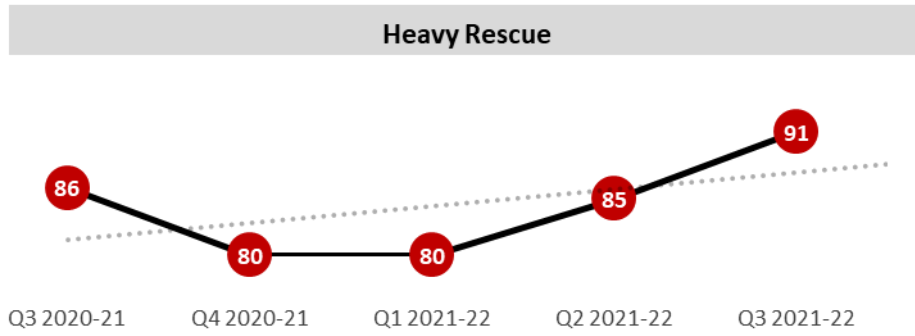
Incident Command Competence across all staffing groups shows an increase in performance.

The National Incident Command Team have recently introduced a revised delivery model for Incident Command Level (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 implementation of this approach continues to be rolled out to other areas. The National Incident Command Team within the Training Function has recently been expanded, with additional instructors introduced which will enable further support for the delivery of ICL1 Courses.

The future implementation of a supporting framework for the re-accreditation of incident command competency utilising Operational Assurance has been developed, which, following a period of consultation, will assist in the mid to long-term to further improve Incident Command performance.

The Flexi Duty System (FDS) figure continues to show an increase in performance following the successful introduction of the online ICL 2 and 3 refresher courses.

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. Training delivery across the Specialist Rescue disciplines continues into Q4.

The improved performance across Specialist Rescue disciplines follows on from the intensive training carried out as part of our COP26 preparations, where there was a focus on Mass Decontamination and Heavy Rescue training. A newly created Heavy Rescue 1-day Continued Professional Development (CPD) course has been successfully developed and delivered and this is reflected in the increased performance.

A slight decrease can be seen in Urban Search and Rescue training performance, with retirements and promotions impacting on this performance, in addition to cancellations for re-accreditation courses occurring due to Covid-19 related issues.

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

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

Standard Modules

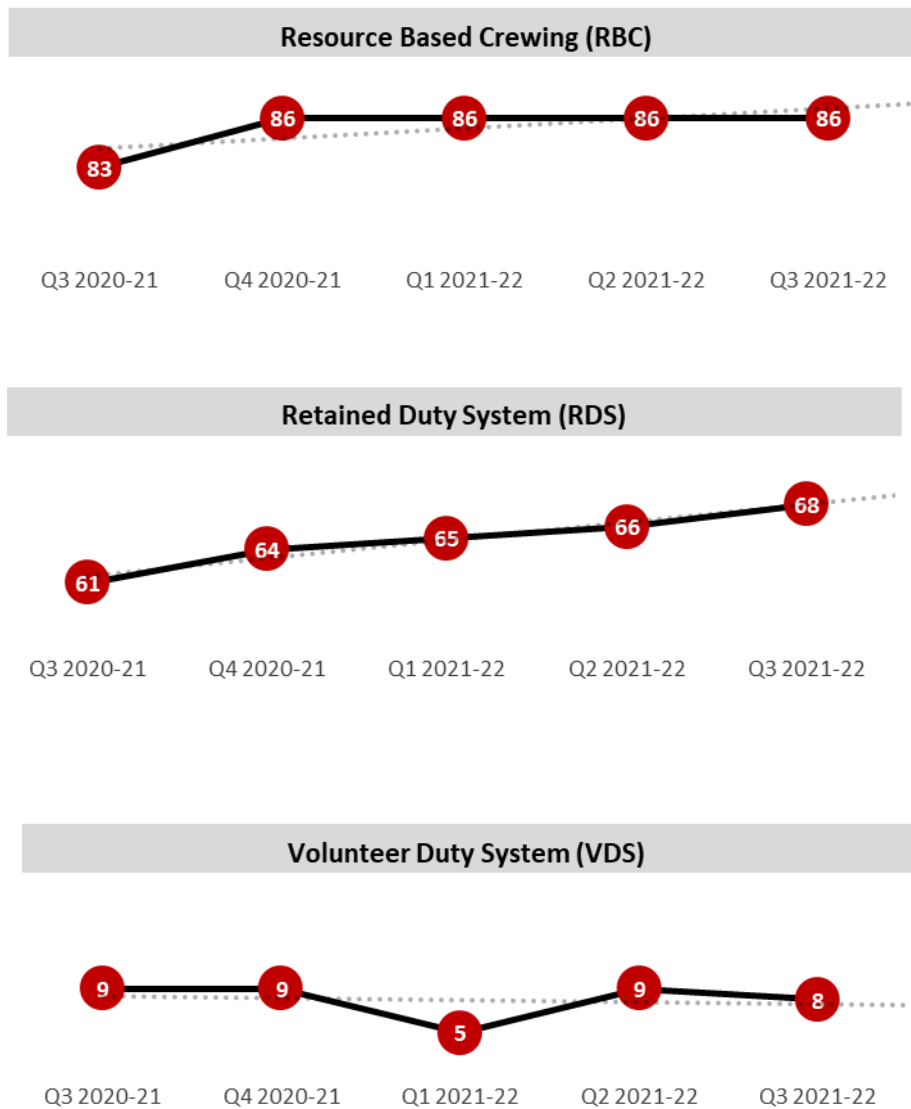


Figure 5: Standard Modules

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The Q3 figures for Resource Based Crewing (RBC), RDS and VDS demonstrate a consistent performance when compared with the previous quarter. The ongoing pandemic restrictions introduced as part of the tier system continue to be a challenge for personnel to fully undertake and record training within the prescribed timeframes.

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

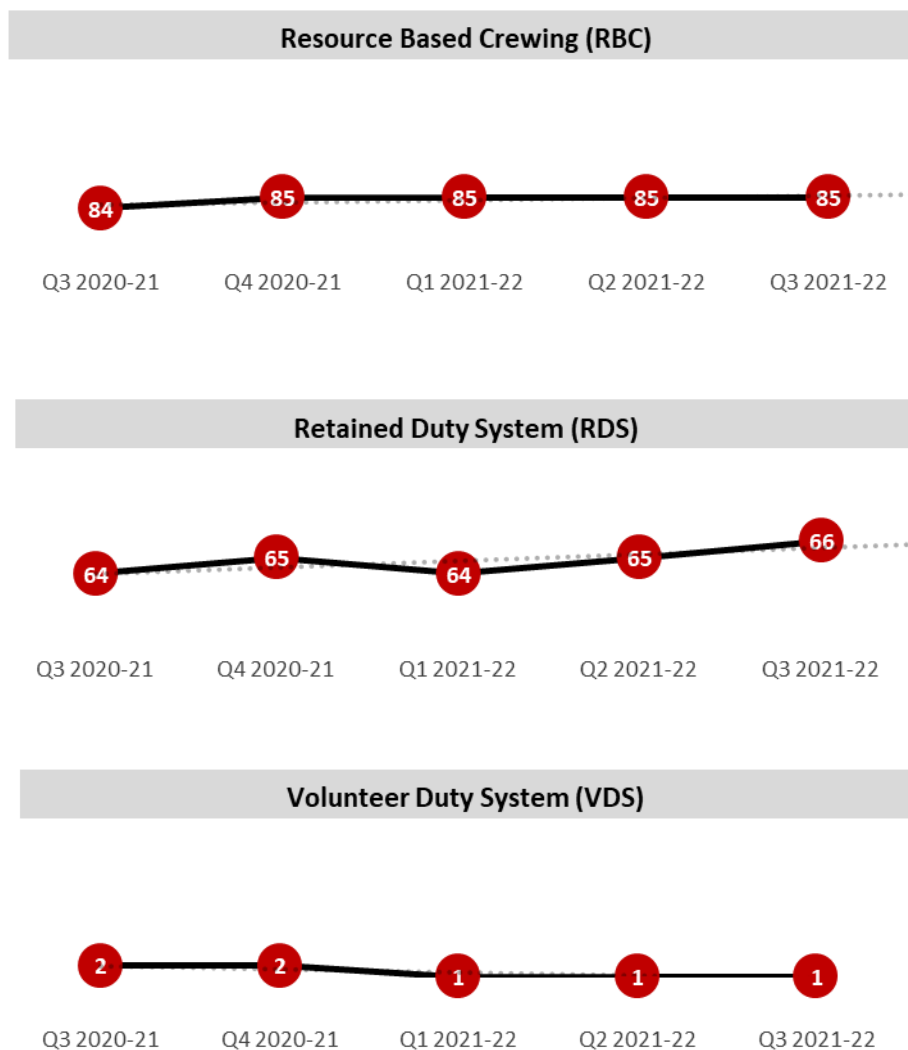
Advanced Modules

Figure 6: Advanced Modules

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

As we have moved into Q3, 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 Community 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 RDS and VDS 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.

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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 Q3 2021-22.

HEALTH AND SAFETY IMPROVEMENT PLAN PROGRESS REPORT								
QUARTER 3 2021-22								
				Outstanding Actions Q3 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	51	61%		31	3	1	6	10
Service Delivery Areas (SDA)/Directorates								
North SDA (NSDA)	11	100%		11	0	0	0	0
East SDA (ESDA)	13	77%		10	0	0	1	2
West SDA (WSDA)	15	60%		9	2	0	1	3
Finance and Contractual Services (FCS)	24	79%		19	1	0	2	2
People and Organisational Development (POD)	18	61%		11	3	0	4	0
Prevention and Protection (P&P)	19	58%		11	5	0	0	3
Operations (OP)	16	56%		9	7	0	0	0
Strategic Planning, Performance and Communications (SPPC)	17	94%		16	0	0	0	1

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Training, Safety and Assurance (TSA)	46	85%		39	5	1	1	0
Service Development (SD)	19	100%		19	0	0	0	0

Table 2: Health and Safety Improvement Plan Progress Quarter 3 2021-22

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 Q3 actions is presenting as 61% (31 of 51) complete. When comparing the percentage completion within the same period in the previous reporting year, a 1% increase is noted. Significant progress is noted in four of the ten plans in place, with TSA completing 85%, SPPC completing 94%, and North SDA and SD completing 100% of their actions for 2021-22.

Of the 20 outstanding actions, analysis shows 50% (10 of 20) are over 70% complete.

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5.2 Health and Safety Events

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

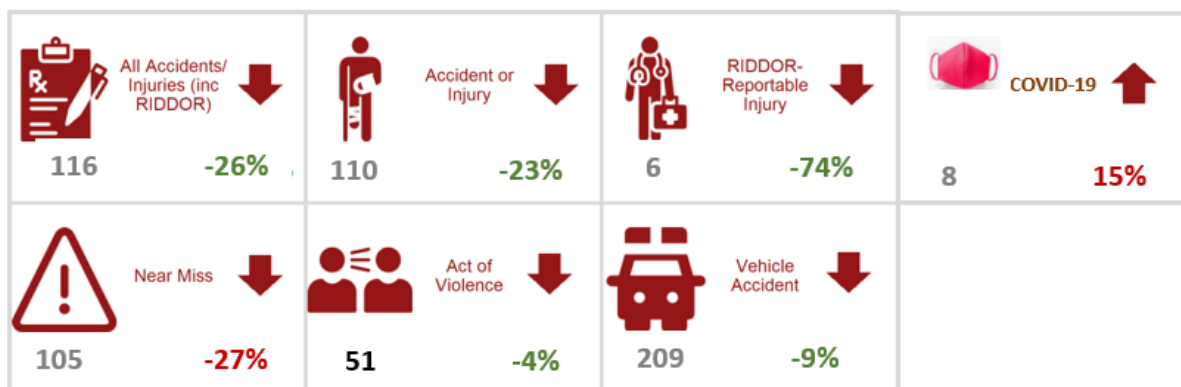


Figure 1: Trend Comparisons Year-To-Date

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.

The table below shows year-to-date totals to the end of Q3 each year from 2019-20 onwards.

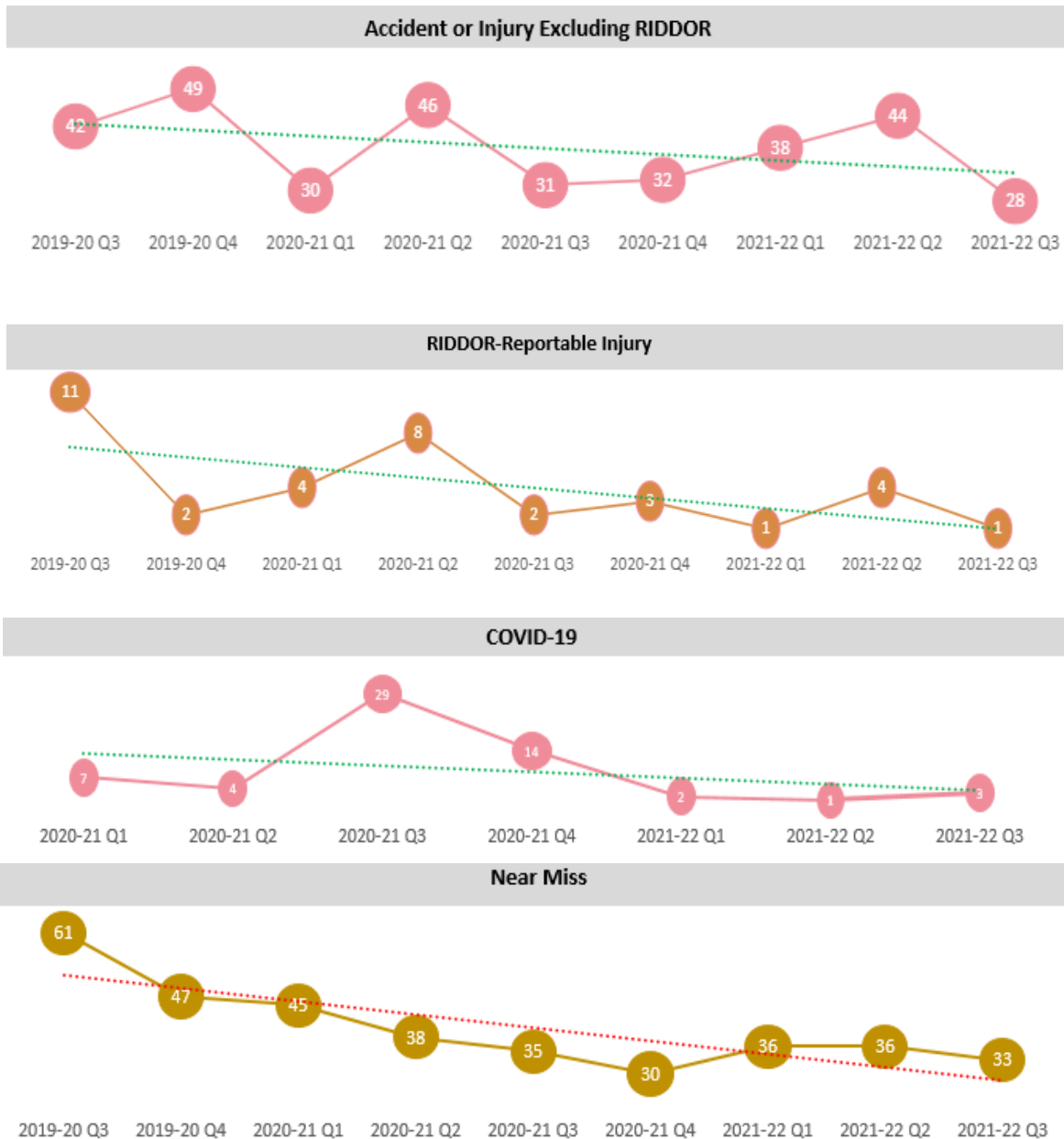
Event Type	2019-20	2020-21	2021-22
Injury (excluding (RIDDOR)	186	139	110
RIDDOR-Reportable Injury	26	17	6
COVID-19	-	54	8
Near Miss	199	148	105
Act of Violence	56	69	51
Vehicle Accident	249	221	209
Total	716	648	489

Table 3: Trend Comparisons Year-To-Date

Further detail on each event type and causation is contained within the relevant sections of this report.

5.3 Health and Safety Key Performance Indicators – Q3 2019-20 to Q3 2021-22

The panel charts below show the overall quarterly totals from Q3 2019-20 to Q3 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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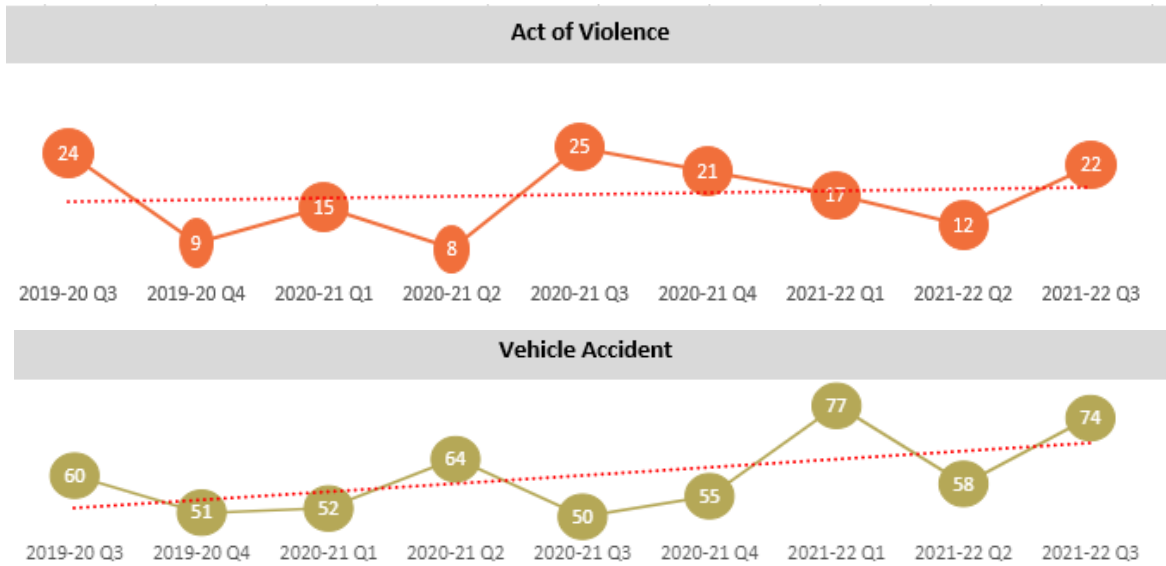
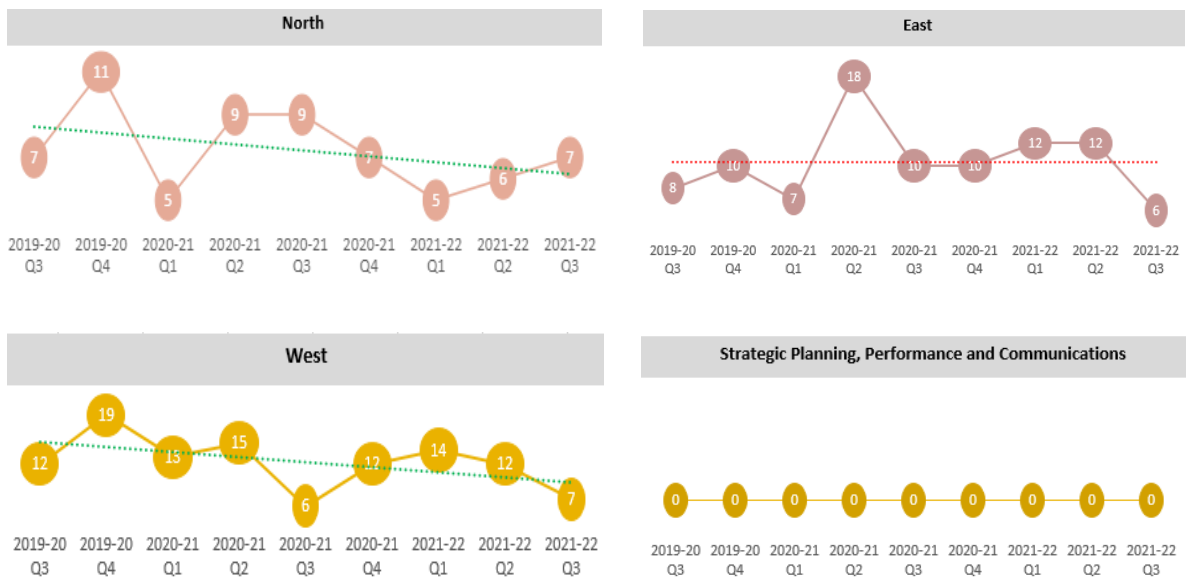


Figure 2: Quarterly KPI Totals Q3 2019-20 to Q3 2021-22

The trend for Accident/Injuries and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Reportable Injures are positive over a three-year period. Acts of Violence (AOV) and Vehicle Accidents (VA) show a steady increase over a three-year period. Near Misses (NM) shows a decrease over a three-year period. COVID-19 shows a positive trend over the seven-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) – Q3 2019-20 to Q3 2021-22



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Figure 3: Directorate Accident/Injuries (excluding RIDDOR) – Q3 2019-20 to Q3 2021-22

Improvement over the 3-year period is seen in the North and West SDAs and the TSA, POD and P&P Directorates where there has been a reduction of all AIs (excluding RIDDOR) recorded.

When considering Q3 data with the same quarter previous reporting year, the North SDA saw a 22% (9 to 7) decrease and the East SDA saw a 40% (10 to 6) decrease, the West SDA saw a 17% (6 to 7) increase, FCS saw an 100% increase (0 to 2), Ops saw a 100% increase (0 to 1), and TSA remained static

The most notable LSO Areas of improvement are Midlothian, East Lothian and Scottish Borders, both show an 60% (5 to 2) decrease when comparing to the same quarter previous reporting year.

5.3.2 RIDDOR Reportable Accident/Injuries – Q3 2019-2020 to Q3 2021-22



Figure 4: RIDDOR Reportable Injuries – Q3 2019-20 to Q3 2021-22

Improvement over the 3-year period is seen in the North, East and West SDAs, the TSA Directorate, and the P&P and Ops Functions where there has been a reduction of all RIDDOR Reportable Accident/Injuries.

In Q3 there was 1 RIDDOR Reportable Accident/Injuries compared to 2 during the same quarter previous reporting year. The RIDDOR Reportable Event was an over 7-day

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absence, which occurred during Refresher Training and related to a knee injured caused by a trip on uneven ground.

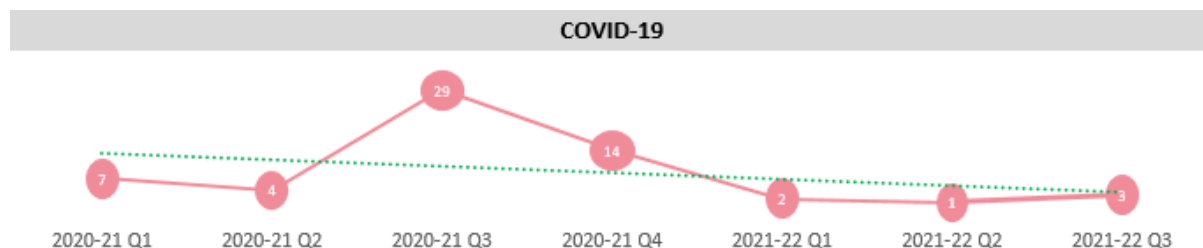
RIDDOR REPORTING COVID-19 – Q3 2020-2021 to Q3 2021-22

Figure 5: SFRS COVID-19 RIDDOR Reportable Q3 2020-21 to Q3 2021-22

In Q3 there were 3 COVID-19 events that were deemed to be attributable to work related transmission and therefore reportable to the HSE compared to 29 during the same quarter previous reporting year. The recording dates are reflective of the management determination if there is reasonable evidence of workplace transmission and not indicative of the date of the positive COVID-19 case occurring. It should be noted that this positive trend may be due to a delay in the processing of COVID-19 RIDDOR forms due to resourcing issues within POD. The resourcing issue has been addressed with the outstanding COVID-19 RIDDOR forms being processed in Q4.

5.3.3 Accident/Injuries by Activity – Q3 2019-20 to Q3 2021-22 (Including RIDDOR)

Activity	2019-20	2020-21	2021-22
Operational	17	15	9
Non-Operational	18	11	9
Training	18	7	11
Total	53	33	29

Table 4: Accident/Injuries by Activity Q3 2019-20 to Q3 2021-22

Further detail on each event type and causation is contained within the relevant sections of this report.

Operational Accident/Injuries Q3 2019-20 to Q3 2021-22 (Including RIDDOR)

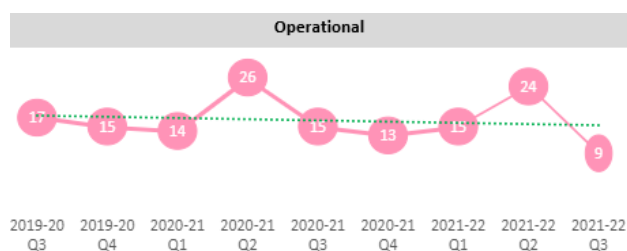


Figure 6: Operational Accident/Injuries Q3 2019-20 to Q3 2021-22

The Operational AI trend is gradually decreasing over the three-year period.

During Q3 2021-22 44% (4 of 9) of operational AIs were recorded as primary fires compared to 47% (7 of 15) in the same quarter previous reporting year. The decrease can be attributed to a decrease in the number of events occurring in the mobilisation and developing phases of the operational incident (4 to 1) and (6 to 2) when compared to the same reporting period last year.

33% (3 of 9) occurred during special service incidents, an increase of 13%, however, numerically this remains consistent with the previous reporting year. 67% (2 of 3) were associated with manual handling injuries, occurring at 1 related to a RTC and 1 Bariatric Persons Incident. The remaining event was related to an animal rescue incident resulting in an animal bite.

22% (2 of 9) occurred at false alarms compared to 20% (3 of 15) when comparing to same quarter previous reporting year.

Non-Operational Accident/Injuries – Q3 2019-20 to Q3 2021-22 (Including RIDDOR)

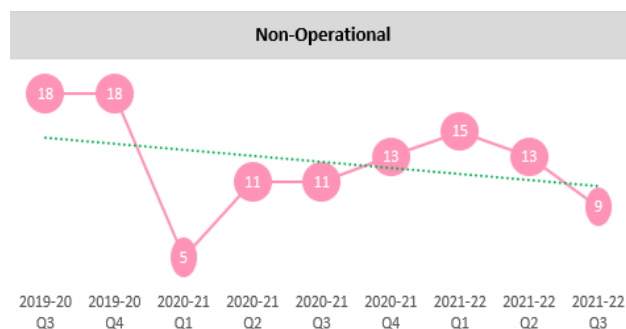


Figure 7: Non-Operational Injuries Q3 2019-20 to Q3 2021-22

The Non-Operational AI trend is decreasing over the three-year period.

Data for Q3 2021-22 shows 89% (8 of 9) of injuries reported during Q3 2021-22 involved uniformed staff, representing a 2% decrease and a numerical decrease of 2 in this category when compared to the same quarter previous reporting year. The remaining 11% (1 of 9) involved support staff, representing a 2% increase in this category, however numerically this remains consistent when compared to same quarter previous reporting year.

78% (7 of 9) occurred within the station premises e.g. carrying out kitchen duties, cleaning duties, and routine checks, representing a 5% increase and a numerical decrease of 1 in this category when comparing to the same quarter previous reporting year.

Training Accident/Injuries – Q3 2019-20 to Q3 2021-22 (Including RIDDOR)

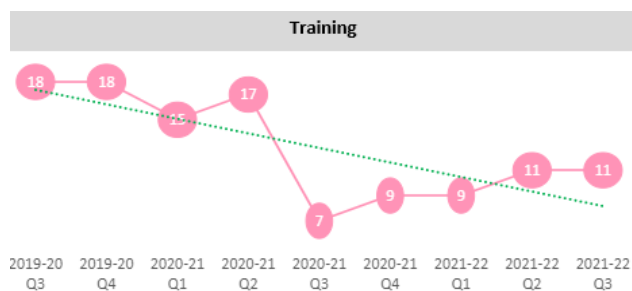


Figure 8: Training Injuries Q3 2019-20 to Q3 2021-22

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

During Q3 64% (7 of 11) students incurred injuries whilst carrying out training activities, representing a 22% decrease, however a numerical increase of 1 is noted when comparing to the same quarter previous reporting year. The remaining 36% (4 of 11) related to instructors being injured, representing a 22% increase and a numerical increase of 3 when comparing to the same quarter previous reporting year. When considering Q3 data, 55% (6 of 11) of training related injuries occurred during Refresher Training, representing a 16% decrease and a numerical decrease of 1 when comparing to the same quarter previous reporting year. 45% (5 of 11) of events are categorised as initial training.

45% (5 of 11) occurred during SDA led training, representing an increase of 2% in this category when comparing to the same quarter previous reporting year, numerically an increase of 2.

80% (4 of 5) students incurred injuries whilst carrying out training activities, a 20% decrease when comparing to the same quarter previous reporting year, however a numerical increase of 1 is noted. The remaining 1 event related to an instructor being injured, representing a 100% increase when comparing to the same quarter previous reporting year.

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The National Training data shows a 50% (4 to 6) increase in training injuries when comparing to the same quarter previous reporting year. During Q3 83% (5 of 6) of student incurred injuries occurred whilst undertaking training activities, representing a 3% decrease and a numerical decrease of 1 when comparing to the same quarter previous reporting year.

Three of the injuries occurred during Breathing Apparatus Tactical Ventilation Compartment Fire Behaviour Training (BA Tac Vent CFBT), whilst carrying out exercises within the attack box, 2 Injured Persons (IPs) received cuts to hand digits, and the remaining IP complained of the effects of heat stress. One injury occurred during Road Traffic Collision (RTC) Training and involved the IP's leg being stuck between the cutters and the car, another injury occurred during Water Rescue Training and involved the Instructor twisting a knee whilst transitioning from a defensive swimming technique to an aggressive swim technique, and the remaining injury occurred during Rope Rescue Training and involved the IP tripping on uneven ground.

With consideration to SDA led training, the East SDA shows a 100% (0 to 2) increase when comparing to the same quarter previous reporting. Both events related to Refresher Training and occurred during Water Rescue Training, one resulted in a knee injury to the Instructor, whilst wading across water and the other a possible exposure to a biological agent (this event is part of an ongoing investigation). The North SDA (2) numerically remained the same when comparing to the same quarter previous reporting year. Both events involved Instructors with one event occurring within the training centre resulting in an electric shock from an extractor fan, of which a defect had been reported prior to the event. The other event resulted in an ankle injury whilst dismantling an appliance. The West SDA (1) numerically remained the same when comparing to the same quarter previous reporting year, one event occurred during RTC Training and resulted in an injury to the arm.

5.3.4 Working Days Lost Due to Health and Safety Events by Directorate

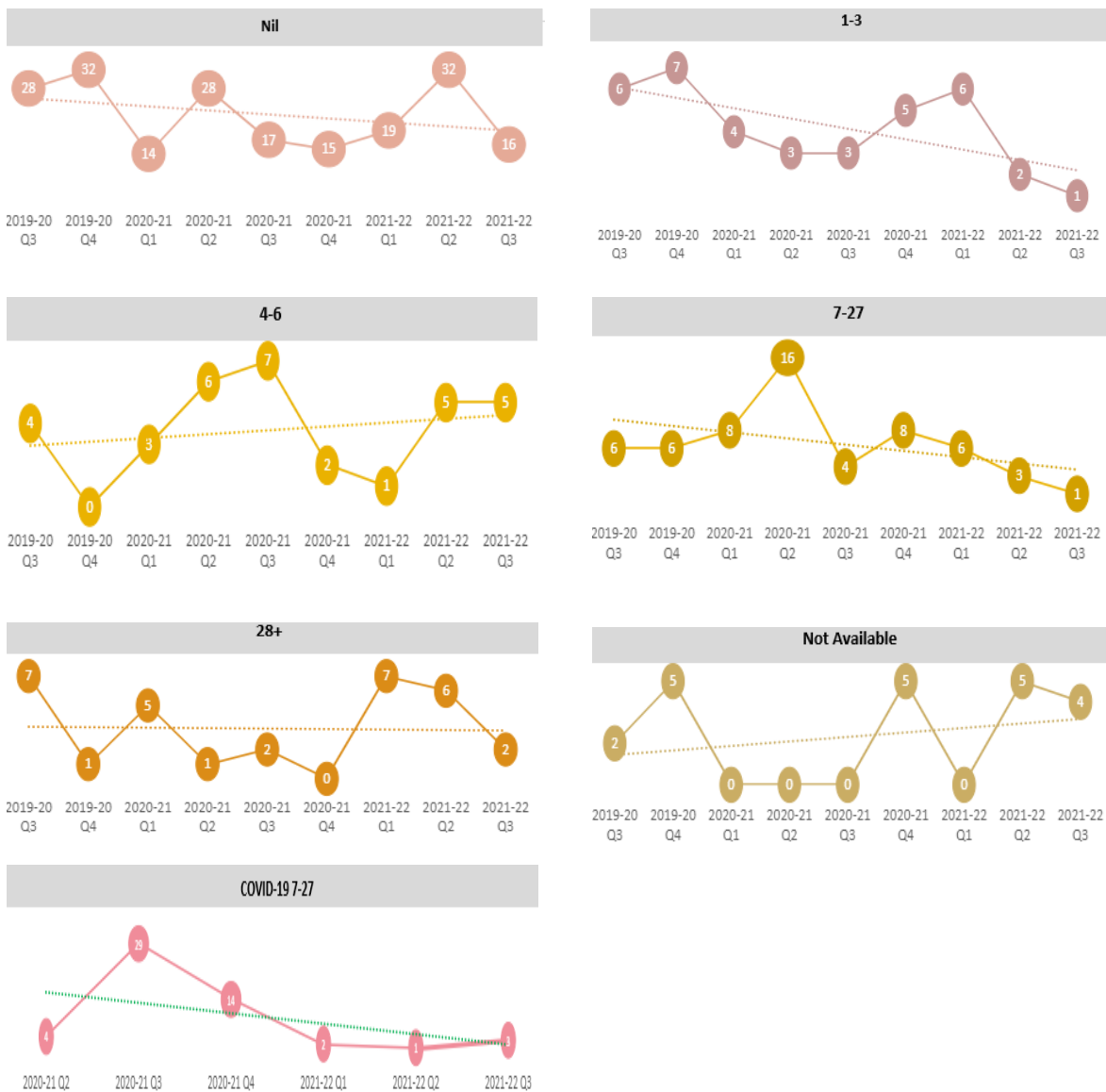


Figure 9: Working Days Lost Q3 2019-20 to Q3 2021-22

When considering the Q3 data, the 4-6 day and 1-3-day absence patterns indicate that 67% (4 of 6) of these events are linked to Musculoskeletal (MSK) injuries, with 3 occurring at operational incidents and 1 occurring at a training activity.

There was 1 Accident/Injury aligned to the 7-27-day absence pattern, representing a 75% decrease (4 to 1) when comparing to the same quarter previous reporting year which resulted in an arm injury. When considering the Q3 COVID-19 work related absences data, there were 3 absences recorded in the 7-27 category.

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7% (2 of 29) of Accidents/Injuries during Q3 2021-22 were categorised in the 28+ days absence pattern, remaining consistent in this category for the same quarter previous reporting year and were due to MSK Accidents/Injuries.

There continues to be an 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.

5.3.5 Three Most Common Accident/Injuries by Causation – Q3 2020-21 to Q3 2021-22

Q3 2020/21		Q3 2021/22	
Slips and trips and falls	9	Slips and trips and falls	10
Manual Handling/Body Movement	5	Manual Handling/Body Movement)	4
Sharp object	4	Hot/Cold	4

Table 5: Three Most Common Accidents/Injuries by Causation Q2 2020-21 to Q2 2021-22

The most common cause of Accident/Injuries during the reporting period was slips, trips and falls (STF), accounting for 34% (10 of 29) of all AIs reported during Q3, representing an increase of 7% in this category when comparing to the same quarter previous reporting year and a numerical increase of 1.

40% (4 of 10) of Accidents/Injuries occurred whilst attending operational incidents, of these 50% (2 of 4) involved tripping over equipment. 25% (1 of 4) involved dismounting an appliance, and the 1 remaining event related to slipping on ice.

30% (3 of 10) of Accidents/Injuries occurred whilst undertaking non-operational activities, of these 1 involved slipping on ice whilst responding to a pager, 1 involved tripping on street debris, and the remaining event involved a fall from a broken chair.

30% (3 of 10) of Accidents/Injuries occurred whilst undertaking training, of these 1 involved Rope Rescue Training and 1 involved Water Rescue Training both resulting in a knee injury. The remaining event involved SDA led Core Skills Training, involving a trip on uneven ground.

Manual handling/body movement accounted for 14% (4 of 29) of the total Accidents/Injuries reported. This represents a decrease of 1% in this category when comparing to the same quarter previous reporting year, numerically a decrease of 1. Further analysis of the manual handling/body movement Accidents/Injuries shows that all resulted in minor injuries to staff, remaining consistent this category when comparing to the same quarter previous reporting year. 75% (3 of 4) of manual handling/body movement Accidents/Injuries occurred whilst

attending operational incidents, 2 involved bariatric/casualty handling and 1 involved the use of an enforcer tool to gain entry to a premise. The remaining Accident/Injury (1 of 4) occurred whilst undertaking RTC Training.

There has been a 100% (0 to 4) increase in the hot/cold Accident/Injury category when comparing to the same quarter previous reporting year. 75% (3 of 4) of Accidents/Injuries occurred whilst undertaking BA Tac Vent CFBT Training activities, 2 resulted in burns on fingers/thumbs, and 1 resulted in heat stress.

The remaining Accident/Injury occurred whilst undertaking non-operational activities within the kitchen.

5.3.6 Near Misses (NM) by Directorate – Q3 2019-20 to Q3 2021-22

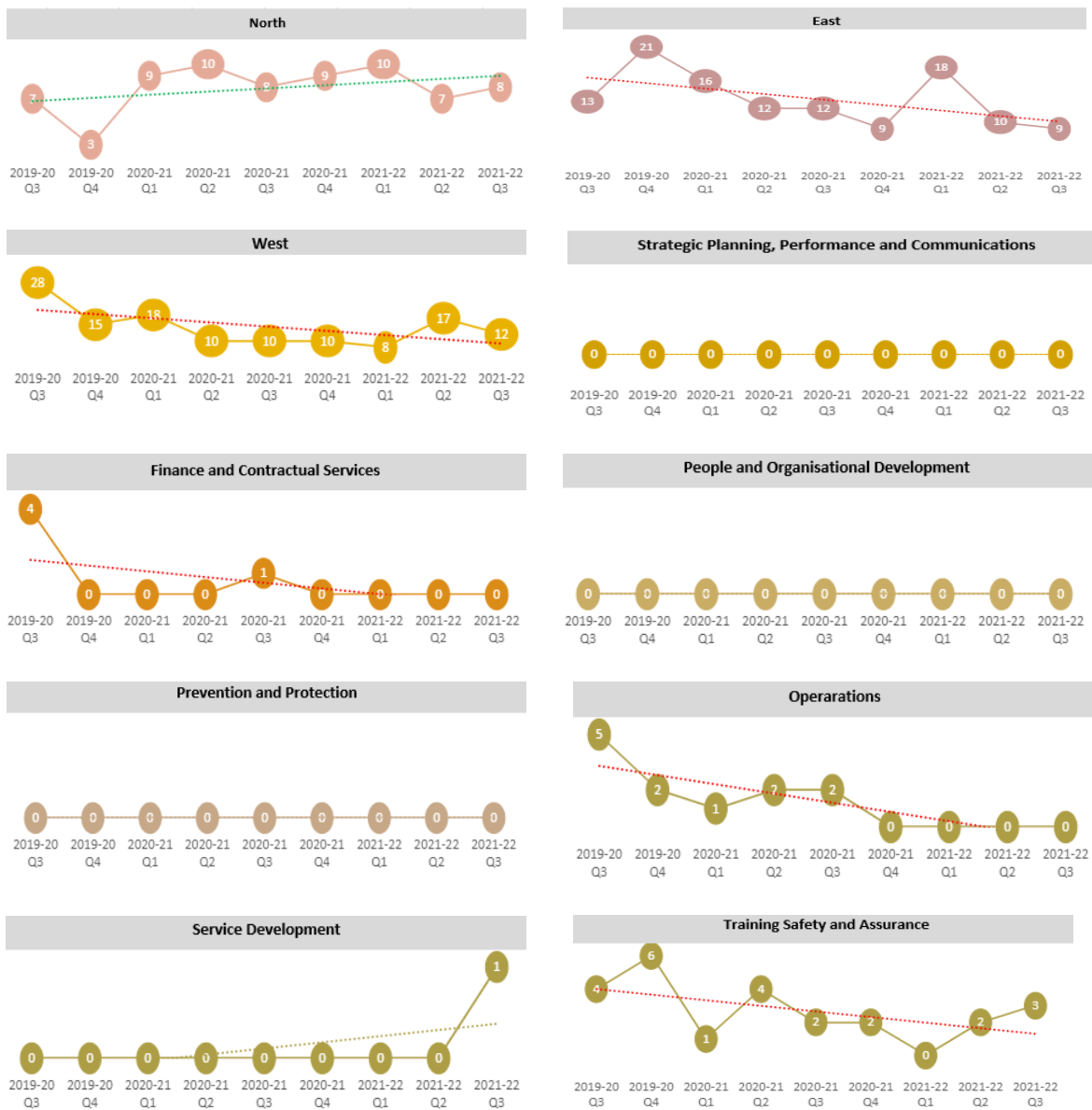


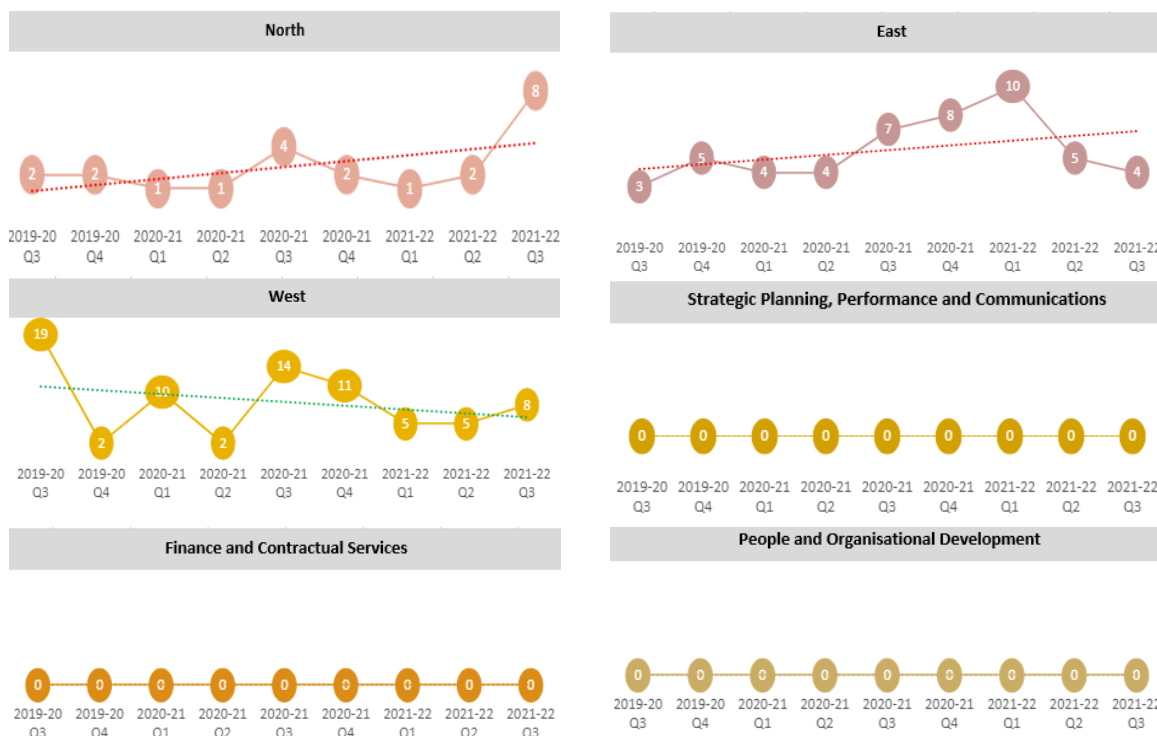
Figure 10: Near Misses by Directorate Q3 2019-20 to Q3 2021-22

When considering the number of NM in relation to the number of RIDDOR Reportable Events (excluding COVID-19), we see a ratio of 33:1 which is a significant improvement in frequency compared to 17:1 when comparing the same quarter previous reporting year.

The East and West SDAs, FCS, Operations, and TSA show a steady decrease in the reporting of NM over the three-year period. With cognisance of the number of near miss reporting to the number of Accident/Injuries including RIDDOR, the West SDA and TSA show that this decrease in near miss reporting is not aligned to a reduction in Accident/Injuries including RIDDOR.

Operational NM accounted for 40% (13 of 33) of the total reported, representing a 5% decrease and a numerical decrease of 4 when comparing to the same quarter previous reporting year. A further 18% (6 of 33) occurred during non-operational activities, representing a 14% increase in this category when comparing to the same quarter previous reporting year and a numerical increase of 6. Finally, 42% (14 of 33) of all NM reported during Q3 were associated with training activities, an increase of 19% in this category and a numerical increase of 5 when comparing to the same quarter previous reporting year.

5.3.7 Acts of Violence (AOV) by Directorate – Q3 2019-20 to Q3 2021-22



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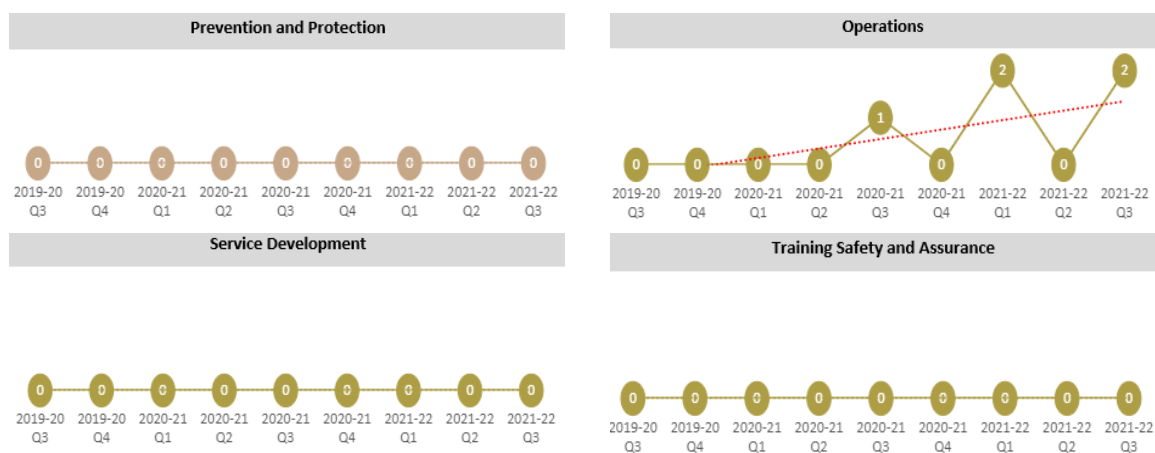


Figure 11: AOV by Directorate Q3 2019-20 to Q3 2021-22

There has been a steady increasing trend of AOV reported over a three-year period within the SFRS, primarily associated with the East and North SDAs. When comparing to the same quarter previous reporting year, a 12% decrease (25 to 22) is noted within SFRS. The North SDA shows a 100% increase (4 to 8) when comparing to the same quarter previous reporting year. 88% (7 of 8) occurred within Perth, Kinross and Dundee LSO. The East SDA shows a decrease of 33% (7 to 4) when comparing to the same quarter previous reporting year. 100% (4 of 4) of AOV occurred within the City of Edinburgh LSO, a numerical decrease of 2 when comparing to the same quarter previous reporting year. The West SDA shows a significant decrease of 43% (14 to 8) in AOV when comparing to the same quarter previous reporting year. This can be attributed to a 67% (3 to 1) decrease within Lanarkshire and City of Glasgow LSOs during the month of November.

91% (20 of 22) of AOV occurred at operational incidents. 80% (16 of 20) of AOV requested Police attendance. 9% (2 of 22) were reported under the Emergency Workers (Scotland) Act 2005.

The bonfire night period (01/11/2021-12/11/2021) accounted for 50% (11 of 22) AOV. This shows a 12% decrease when comparing to the same period in the previous reporting year, with a numerical decrease of 2. 55% (6 of 11) occurred in the North SDA, showing an increase of 42% with a numerical increase of 4.

There were 3 injuries reported in Q3 relating to 1 AOV, 2 injuries involved crew being hit by a missile and the remaining injury involved a member of the crew being kicked.

5.3.8 Vehicle Accidents (VA) by Directorate – Q3 2019-20 to Q3 2021-22

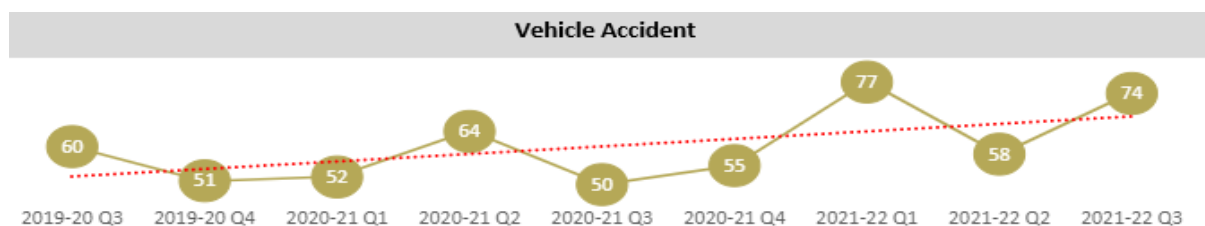


Figure 12: Vehicle Accidents by Directorate Q3 2019-20 to Q3 2021-22

There has been a steady increasing trend of VA reported over a three-year period.

66% (49 of 74) of all VA reported during Q3 were attributed to operational incidents, representing an 14% increase in this category from the same quarter previous reporting year, and a numerical increase of 23. A further 31% (23 of 74) were attributed to non-operational activities, representing a 16% decrease in this category from the same quarter previous reporting year, and a numerical increase of 2. Finally, 4% (3 of 74) were accidents attributed to training, representing a 4% increase in this category from the same quarter previous reporting year, and a numerical increase of 3.

49% (36 of 74) were as a result of low speed manoeuvres, a 29% decrease in this category from the same quarter previous reporting year, and a numerical increase of 3. 36% (13 of 36) of low speed manoeuvres occurred within appliance bays/station yard, a 7% decrease from the same quarter previous reporting year, and numerically remaining consistent when comparing to the same quarter previous reporting year. 34% (25 of 74) occurred under blue light conditions, a 19% increase in this category when comparing to the same quarter previous reporting year, with a numerical decrease of 18. 38% (28 of 74) occurred during the mobilising phase of the operational incident, representing an increase of 19% in this category from the same quarter previous reporting year, with a numerical increase of 18. 11% (8 of 74) occurred during normal road speeds, representing a 7% increase in this category from the same quarter previous reporting year, and a numerical decrease of 6. 34% (25 of 74) had insufficient information.

80% (59 of 74) occurred while the vehicle was moving forward, a 16% increase from the same quarter previous reporting year, and a numerical increase of 29. 16% (12 of 74) occurred while the vehicle was reversing, a 14% decrease from same quarter previous reporting year, and a numerical decrease of 2. 1% (1 of 74) had insufficient information.

68% (50 of 74) hit something fixed or stationary e.g. street furniture, a 18% decrease in this category from the same quarter previous reporting year, with a numerical increase of 7.

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23% (17 of 74) of VA involved the use of Driving Assistants, a 3% decrease from the same quarter previous reporting year, and a numerical decrease of 5. 51% (38 of 74) of VA required Driving Assistants to be in position, however 55% (21 of 38) were not used. This represents a 3% increase from the same quarter previous reporting year, and a numerical increase of 6.

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6. GLOSSARY OF TERMS

Accident/Injury Rate	The total number of reported accident/injuries divided by total number of employees multiplied by 100 to give the accident injury rate per employee
AOV	Acts of Violence
COVID-19	Coronavirus Pandemic
DD	Detached Duties
ESDA	East Service Delivery Area
FCS	Finance and Contractual Services Directorate
FF	Firefighter
FTE	Full-time Equivalent
HSE	Health and Safety Executive
ICL	Incident Command Level
ICT	Information Communications Technology
IP	Injured Person
Kronos	The Wholetime ICT availability system
LDP	Leadership Development Programme
LfCP	Leadership for Change Programme
LNA	Learning Needs Analysis
LSO	Local Senior Officer
MORR	Management of Occupational Road Risk
MPD	Maintenance Phase Development
MSK	Musculoskeletal
NSDA	North Service Delivery Area
NWR	Non - Work Related
OHCA	Out of Hospital Cardiac Arrest
POD	People and Organisational Development Directorate
Q1	Period 1 April – 30 June
Q2	Period 1 July – 30 September
Q3	Period 1 October – 31 December
Q4	Period 1 January – 31 March
RBC	Resource Based Crewing
RDS	Retained Duty System
RDS/VDS	Retained Duty System/Volunteer Duty System
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
R&R	Response & Resilience Directorate
RTC	Road Traffic Collision
SDA	Service Delivery Area
SFRS	Scottish Fire and Rescue Service
SLT	Strategic Leadership Team
TNA	Training Needs Analysis
TOM	Target Operating Model
TFF	Trainee Firefighter
TU	Trade Union
UK FRS	UK Fire & Rescue Services
USAR	Urban Search and Rescue
VDS	Volunteer Duty System
WFPR	Workforce Planning & Resourcing
WSDA	West Service Delivery Area
WR	Work Related

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/03-22

Agenda Item: 8

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
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 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 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						
3.2.1	The HMFSI report on the Training of RDS Personnel was published in March 2020. The action plan contains a total of 37 actions to address the 22 recommendations raised.						
3.2.2	Of those 22 recommendations it is noted that no action was identified for 6 of these actions. This is because a response to the recommendation is captured within another recommendation. The action plan is attached as Appendix B .						
3.2.3	This update indicates that delivery of this action plan and the work being undertaken to conclude the remaining 8 actions is progressing steadily with these actions all allocated a green RAG rating.						

3.2.4	The overall RAG rating for this action plan remains green and is noted as 88% complete (percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).
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	In response to the HMFSI report on Training of RDS Personnel, members of the People Committee were presented with an update on the Action Plan. The action plan, which, has been prepared to address the recommendations made, contains a total of 31 actions. The overall RAG rating for this action plan is green and is noted as 88% complete.	
7	Appendices/Further Reading	
7.1	Appendix A – Audit and Inspection Dashboard	
7.2	Appendix B – Training of RDS Personnel Action Plan Update	
Prepared by:	Kirsty Jamieson, Planning and Performance Officer	
Sponsored by:	Kenneth Barbour, Training Delivery & Performance	
Presented by:	Kenneth Barbour, Training Delivery & 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>16 February 2022</i>	<i>Agreed for release to PC</i>
<i>People Committee</i>	<i>3 March 2022</i>	<i>For scrutiny</i>

Audit and Inspection Overview Dashboard

APPENDIX A

Audit Scotland Reports Progress Dashboard

Published	Title	Relevant Committee	Due Date	Revised Due Date	Total Actions	Last Updated	Next Update	Not Started	In Progress	Deferred	Complete	Transferred	Cancelled	Moved to BAU	Void	% complete	RAG
May-18	Scottish Fire and Rescue Service Update	ARAC	Dec-21	Nov-21	36	Feb-22	May-22	0	1	0	33	0	0	0	2	95%	

HMFSI Thematic Reports Progress Dashboard

Published	Title	Relevant Committee	Due Date	Revised Due Date	Total Actions	Last Updated	Next Update	Not Started	In Progress	Deferred	Complete	Transferred	Cancelled	Moved to BAU	Void	% complete	RAG
Apr-15	Performance Management Systems	SDC	Jul-20		32	May-20	N/A	0	0	0	26	2	4			100%	Closed
Jul-2017	Operations Control Dundee and Highlands and Islands Support	SDC	Dec-20		24	May-20	N/A	0	0	0	24	0	0			100%	Closed
Jan-2018	Fire Safety Enforcement	SDC	Mar-20	Dec-21	21	Mar-22	Jun-22	0	1	2	17	0	0	0	0	99%	
Feb-2019	Provision of Operational Risk Information	SDC	Mar-22		25	Feb-22	May-22	0	5	0	20	0	0	0	0	90%	
May-2019	Management of Fleet and Equipment	SDC	Mar-22		38	Feb-22	May-22	0	0	0	32	0	6	0	0	100%	
Mar-2020	Training of RDS Personnel	SGC	Mar-23		31	Feb-22	May-22	0	8	5	18	0	0	0	0	88%	
Dec-2020	Planning and Preparedness for COVID Review	SDC	May-26		16	Feb-22	May-22	0	8	0	8	0	0	0	0	86%	
Aug-2020	Command and Control: Aspects of Incident Command	SDC	Mar-22	Dec-23	25	Feb-22	May-22	0	5	0	20	0	0	0	0	93%	
Mar-2021	Assessing the Effectiveness of Inspection Activity	ARAC	-		0	-	-	-	-	-	-	-	-	-	-	-	

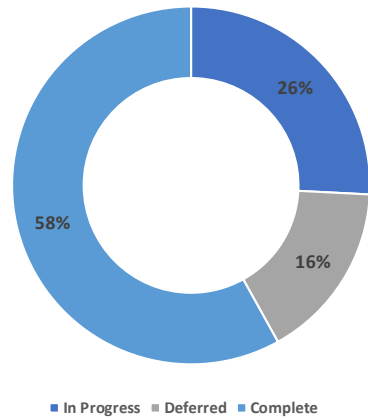
HMFSI Local Area Inspection Reports Progress Dashboard

Published	Title	Relevant Committee	Due Date	Revised Due Date	Total Actions	Last Update	Next Update	Not Started	In Progress	Deferred	Complete	Transferred	Cancelled	Moved to BAU	Void	% complete	RAG
N/A	Local Area Inspection National Recommendations	SDC	N/A	N/A	7	Mar-22	Jun-22	0	1	0	8	0	0	0	0	85%	
Feb-20	Dumfries and Galloway	N/A	Jun-21		12	Mar-22	Jun-22	0	4	0	7	1	0	0	0	100%	
Jun-20	Edinburgh City	N/A	Apr-21		11	Mar-22	Jun-22	0	5	0	0	6	0	0	0	100%	
May-21	Midlothian	N/A	Mar-22		7	Mar-22	Jun-22	0	3	0	4	0	0	0	0	75%	

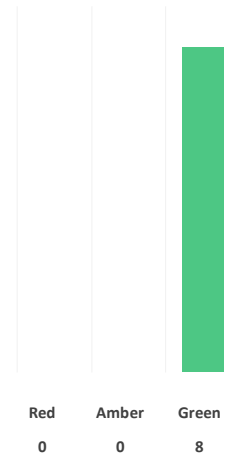
HMFSI Training of RDS Personnel - Action Plan Progress

Updated	Next Update
Feb-22	May-22

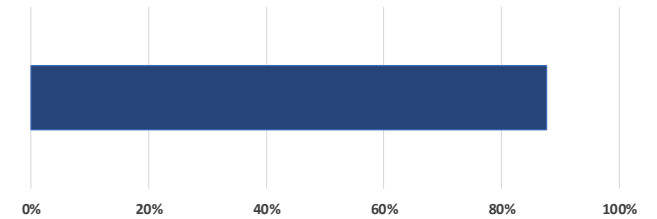
Status	Count
Not Started	0
In Progress	8
Deferred	5
Complete	18
Transferred	0
Cancelled	0
Moved to BAU	0
Void	0
Recommendations where no action identified	6



In Progress RAG Rating



Overall Progress 88%



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	17 November 2021: Additional Training sites across Scotland have now been issued with the required equipment to enable Breathing Apparatus acquisition courses to be delivered in remote areas. This reduces the impact on RDS Trainees with regard to travel and accommodation arrangements. The action is on track and remains green. 16 February 2022: With the introduction of the new Training Instructors Terms and Conditions which includes a new work shift pattern, new Instructor clusters are being created to assist in ensuring that there is harmonisation between Local Senior Officer area instructors and the National Instructor Pool. Once these new systems of work settle down, further progress will be made on the de-centralised business model. This action remains green and on track.	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).	6.2	NTS to be reviewed and new electronic format introduced.	GC William Pollard	Mar-22		In Progress	17 November 2021: National Training Standards (NTS) have now been sent to Subject Matter Experts with a return requested for the start of October, agreed completion date still remains achievable. Due to other competing organisational priorities and COP26 the requested return from the Subject Matter Experts has been extended, this will not change the completion date which still remains viable. This action remains green. 16 February 2022: Several National Training Standards have been reviewed by Subject Matter Experts and are progressing through Training, Safety & Assurance Governance routes. This action remains green and on track.	70%		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	17 November 2021: The continued recovery phase of training delivery means that there has been no further progress on this action, however, the timescales still remain achievable. There has been no further progress at this time due to competing organisational priorities and COP26. The action remains green and the timescales are remain viable. 16 February 2022: The continued recovery phase of training delivery means that there has been no further progress on this action, however, the timescales still remain achievable. This action remains green and the timescales remain viable.	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	17 November 2021: Training for Operational Competence (TFOC) review proposal was presented to the Continuous Improvement Board on 20 August 2021, and informal consultation process has now begun. The design and build of Core Maintenance modules has begun with a proposed "go live" date of April 2022. This action remains at amber due to the slip in original timescales. 16 February 2022: The Training for Operational Competence (TFOC) framework has been re-designed and is scheduled to be implemented on the 1 April 2022. This new model of the TFOC will greatly improve RDS maintenance of skills training with RDS staff being involved in the creation of the new maintenance modules. This includes the combination of modules e.g. Acetylene & Hazardous Materials, in an effort to streamline and focus maintenance of skills. This action has moved from amber to green and is now on track.	75%		Green	
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	17 November 2021: The revised proposal was presented at the Continuous Improvement Board on 20 August 2021 at which point it was agreed that there will be further engagement sessions with Local Senior Officers. A draft Framework has been developed which will deliver a "maintenance" version of the Training for Operational Competence Framework (TFOC). Work has commenced to scope out the learning content which will be contained within this framework. This action is progressing and remains at green. 16 February 2022: The re-developed Training for Operational Competence (TFOC) Framework is scheduled to go live on the 1 April 2022. This new TFOC will deliver maintenance modules (lite) for both Wholetime and RDS staff. This action is progressing and remains at green.	75%		Green	

9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training;	9.2	Explore options for interlinking through the Finance, People & Training Systems Group	Andy Scott			Apr-24	In Progress	17 November 2021: This is an ongoing programme, the next User Intelligence Group (UIG) meeting is scheduled for 23 September 2021, at which point further discussion will be had regarding the specifications for the training function, there will also be further engagement with the IT systems analyst. It has been agreed with the programme lead that we will meet on a fortnightly basis. Further sessions of the User Intelligence Group (UIG) have continued over the last quarter. System "Discovery" sessions were held on the 8 October 21 to commence the scoping out of system processes. These sessions will commence throughout the next quarter. This action is progressing and remains at green. 17 February 2022: This is an ongoing programme with the latest User Intelligence Group (UIG) meeting held on 20 January 2022. There have been a number of 1-2-1 supplier engagement sessions of which the Training Function have attended. Further dedicated sessions are planned for this quarter which will focus specifically on Training requirements. A session with Police Scotland is also being planned for this quarter to benchmark against their training systems. This action is progressing and remains at green.	65%		Green	
9. Maintenance of Skills - the SFRS should consider the availability and suitability of IT resources at RDS stations to support training;	9.3	Seek to improve broadband capacity at RDS stations in the new Wide Area Network (WAN) contract	Greg Aitken		May-21	Dec-21	In Progress	17 November 2021: The WAN rollout is progressing as planned as per the revised timeline, however, this will be kept under review as the project continues. This action is progressing and remains at green. 16 February 2022: Rollout is progressing at an excellent rate and on schedule for completion by end of March 22 as planned. This action is progressing and remains at green.	70%		Green	
21. Other Observations - The SFRS should consider introducing optional RDS manager seminars to enhance the opportunities for networking, practical training and learning.	21.1	SDMP (RVDS Project) members to consider cost benefit analysis of a wider introduction of seminars across the Service.	Gavin Hammond		Mar-23		In Progress	17 November 2021: The RVDS Strategy and dossier refresh has been completed and is now going through governance. It has been agreed through the Strategic Leadership Team to establish an RVDS Improvement Programme Board, this programme will identify individual projects, each with a specific dossier for development and improvement. This action is on track and remains green. 16 February 2022: The RVDS Watch Command Support Officer roles have now been embedded nationally with a cohort of 54. Main focus of the roles are supporting RVDS station clusters which supports networking at an Local Senior Officer and Service Delivery Area level. A proposal has been agreed where by the RVDS Support Team will provide a centrally coordinated support, development and best practice sharing platform to the Watch Command Support Officers nationally; providing enhanced national networking. Due to the impact of the pandemic and the need to enhance our ability to lead, manage, train and support our RVDS personnel remotely/virtually this has resulted in a continued increase in virtual RVDS management seminars and training sessions in all LSO areas. This action is on track and remains green.	35%		Green	

6. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the extent that all training centres teach to the national policy and procedures (but recognising the need for variations, due to the availability of differing equipment).	6.1	Agree process with LSOs on the allocation of training modules for each station should be aligned to the station risk profile, vehicle and equipment available.	AC Rab Middlemiss	Mar-21	Mar-22	Deferred	This element forms part of the scoping of the Service Delivery Model Programme (SDMP). This action is deferred until the identification of station profiling is complete. It is proposed the Training Function will work with LSOs in identifying the requirements of each station. Phase 2 of the SDMP was originally due to complete in March 2021, however due to the impact of COVID the due date for this has now moved to September 2021. A further update will be provided at the next reporting period.				
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.				
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.				
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.				
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.				

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%	May-21	✓	This action is now complete The RVDS Support Group is being created to support the National Retained & Volunteer Leadership Forum (NRVLF) which includes Rural Full Time Post Watch Commanders RFT WCs and this will assist with improving RVDS representation within decision making forums relating to recruitment and training. The TFOC aspect of this action will continue in action 7.2.
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%	May-21	✓	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%	May-21	✓	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 uniformed personnel on the pdrPro system at the moment. However, this will be considered as part of the functional specification for Training systems within the PTFAS project. The 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.
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	Complete	11 August 21: The assessment options paper is underway, this will work will be carried out in 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. 17 November 2021: The review is now complete and will progress through Training governance structures for approval.	100%	Nov-21	✓	The review is now complete and will progress through Training governance structures for approval.
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://ihub.firescotland.gov.uk/download.cfm?doc=docm93iijm4n17963
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	Complete	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. 17 November 2021: MOI Learning modules have been created and will now be made available on the LCMS system.	100%	Nov-22	✓	

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.									
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		
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	GC Graeme Hay	Mar-21		Complete		100%	Aug-20	✓	Training Delivery Assurance Policy and Procedure in place.
22. Other Observations - The SFRS should utilise the exit interview	22.1	Analysis of the collective reasons for leaving the SFRS and the production of a supporting action plan.	Mary Corry	Mar-21		Complete		100%	Aug-20	✓	Exit Interviews Policy and Procedure in place.
22. Other Observations - The SFRS should utilise the exit interview	22.2	Implementation of Action Plan to deliver identified improvements.	Mary Corry	Mar-22		Complete		100%	Aug-20	✓	Training Delivery Assurance Policy and Procedure in place.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
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Report No: C/PC/04-22

Agenda Item: 9

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	SCOTTISH FIRE AND RESCUE SERVICE (SFRS) SAFETY AND ASSURANCE STRATEGY						
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 report is to provide an overview of and seek support for the progression to publication and implementation of the Scottish Fire and Rescue Service (SFRS) Safety and Assurance Strategy.						
2	Background						
2.1	SFRS have a broad range of well-established safety and assurance arrangements which enable the implementation of its Health and Safety Policy.						
2.2	Whilst there is no legal duty to develop a safety and assurance strategy, having a well-defined document which reinforces the organisation's commitment to safety and sets out areas of focus for the forthcoming years would be well received by the Health and Safety Executive.						
3	Main Report/Detail						
3.1	The strategy is designed to promote the SFRS safety value and the mechanisms through which the value is brought to life across the service, within all staff groups and in all work activities undertake: <i>“Our number one priority is to work together for a safer Scotland and safety is at the core of everything we do”.</i>						
3.2	The strategy also acknowledges the safety objective contained within the SFRS Strategic Plan and outlines how this objective will be delivered: <i>“We will care for our people through progressive health, safety and wellbeing arrangements”.</i>						
3.3	The safety objective will be delivered through five key themes - compliance, culture, control, communication and engagement, and continuous improvement. These themes are underpinned by specific priority actions which are then translated into measurable outcomes for each financial year of the strategy.						
3.4	The focus of the first three years of the Strategy is to strengthen the arrangements already in place for key areas such as compliance and learning lessons. That said, year one of the Strategy commits to the introduction of proactive safety audits.						

3.5	This is a significant milestone, one which the Safety and Assurance Directorate have been working towards for some time. This step flags that all other elements of the SFRS Health and Safety Management System - which is aligned to the PLAN, DO, CHECK, ACT MODEL are sufficiently developed. That said, year one of the Strategy commits to the introduction of proactive safety audits. A significant amount of development and implementation work has been undertaken across SFRS to support the introduction of these audits, without robust arrangement for the preceding elements the proposed audits would be of very limited value.
3.6	<p>The SFRS has a well-documented Health and Safety Management System (TASS) and Operational Assurance System (OARRS) with clearly defined roles and embedded arrangements for operational and non-operational environments. The vision of this strategy is to build upon the work undertaken to date by:</p> <ol style="list-style-type: none"> 1. Ensuring compliance with all applicable statutory obligations continues on the trajectory set through the well-established Annual Health and Safety Improvement Plans and informed by performance reports; 2. Enhancing the inclusion of health and safety in decision making including business processes; 3. Developing behavioural safety arrangement to positively influence hazard identification and risk perception; 4. Streamlining safety control documents focussing on the end user; 5. Enhancing arrangement in place for learning lessons including engagement and feedback; and 6. Developing proactive audit arrangements.
3.7	By achieving all of the above SFRS will be in a very strong position to meet the requirements of ISO 45001 – Health and Safety Management Systems achieving certification in the final year of the strategy, if not before.
3.8	Progress against the strategy and annual outcomes would be reported with the Safety and Assurance Annual Health and Safety Report.
4	Recommendation
4.1	The People Committee are asked to scrutinise the strategy and provide feedback prior to publication and implementation of the Safety and Assurance Strategy.
5	Key Strategic Implications
5.1	Risk
5.1.1	There is a risk of the SFRS not delivering the workstreams within the Safety and Assurance Strategy due to resourcing.
5.2	Financial
5.2.1	Any financial implications due to implementation of Safety and Assurance Strategy will be considered by the risk owner and progressed as appropriate.
5.3	Environmental & Sustainability
5.3.1	Environmental implications will be considered by risk owners and progressed as appropriate.
5.4	Workforce
5.4.1	The progression of workstreams contained within the Safety and Assurance Strategy will promote workforce health and safety.
5.5	Health & Safety
5.5.1	The implementation of the Safety and Assurance Strategy will contribute to the continuous improvement in the health and safety of SFRS staff.

5.6 5.6.1	Training Any training implications will be considered by the risk owner and progressed accordingly.	
5.7 5.7.1	Timing The Safety and Assurance Strategy will commence in 2022 -23.	
5.8 5.8.1	Performance The Safety and Assurance Strategy is intended to improve health and safety performance.	
5.9 5.9.1	Communications & Engagement Communication and engagement occurs through the formalised engagement arrangements in place via the Health and Safety Management System.	
5.10 5.10.1	Legal If actions stemming from safety and assurance activities are not fully implemented, there is a risk that the SFRS may not enhance compliance with its legislative responsibilities.	
5.11 5.11.1	Information Governance Not applicable.	
5.12 5.12.1	Equalities Captured in overarching Health and Safety Equality Impact Assessment.	
5.13 5.13.1	Service Delivery Completion of actions will enhance the safety of all relevant aspects of Service Delivery.	
6	Core Brief	
6.1	Not applicable	
7	Appendices/Further Reading	
7.1	Appendix A – Safety and Assurance Strategy	
Prepared by:	Julie Harkins – Head of Safety and Assurance	
Sponsored by:	John Dickie – Assistant Chief Officer	
Presented by:	Julie Harkins – Head of Safety and Assurance	
Links to Strategy and Corporate Values		
Strategic Plan 2019-2022: Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services. Objectives 3.3 We will care for our people through progressive health, safety and wellbeing arrangements.		
Safety Value: Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>National Safety and Assurance Board</i>	<i>07 October 2021</i>	<i>For Decision</i>
<i>Strategic Leadership Team</i>	<i>30 November 2021</i>	<i>For Decision</i>
<i>People Committee</i>	<i>03 March 2022</i>	<i>For Scrutiny</i>
<i>SFRS Board</i>	<i>31 March 2022</i>	<i>For Information</i>



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Safety and Assurance Strategy 2022-2026

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1. FOREWORD – DIRECTOR OF TRAINING, SAFETY AND ASSURANCE

Health and safety is an integral part of delivering a quality service to the public. The Scottish Fire and Rescue Service (SFRS) recognises its statutory responsibilities under the Health and Safety at Work etc. Act 1974 and other legislation, and is committed, so far as is reasonably practicable, to ensuring the health, safety and welfare, of its employees and others including members of the public, contractors, visitors, etc. who may be affected by Service activities.

It is recognised that preventing harm to employees and those affected by our activities is integral for the success, growth and continued excellent reputation of the SFRS. It is therefore important that we learn lessons from past experiences, notable practice, innovation, event investigations and case law.

To ensure we continue to improve our safety culture in the Service, robust and effective health and safety management systems and operational assurance is required.

As a service we need to ensure that our safety value is known, understood and becomes embedded in everyone's thinking and in all of our actions.

The SFRS Board, senior management and representative bodies are committed to working together to improve and assure the health, safety and well-being of all, which will result in keeping employees and the communities safe and well.

This Safety and Assurance Strategy sets out the strategic objectives for the next five years that seek to improve health, safety and well-being in the workplace and build upon our current successful track record.

JOHN DICKIE

Assistant Chief Officer
Director of Training, Safety and Assurance

2. INTRODUCTION

This strategy is designed to promote the Scottish Fire and Rescue Service's (SFRS) safety value and outlines the mechanisms through which the value is brought to life across the service, within all staff groups and in the activities, we undertake.

The document also outlines the SFRS Safety and Assurance (SA) objective and the associated actions that are required to ensure the objective is met. These actions are the stepping stones to maintaining and enhancing safety across the SFRS.

Whilst our safety culture and associated performance is one to be proud of we must not rest on our laurels, as doing so promotes complacency which ultimately, through time, erodes the culture and has a detrimental impact upon the safety of staff. It is vital that we recognise that there are always opportunities to learn whether it be from within our own Service through

processes such as Event Investigations, Operational Assurance; or externally from other Fire and Rescue Services through National Operational Learning (NOL) processes or sector specific bodies such as the Driver and Vehicle Standards Agency. If we are to continually develop and mitigate new and emerging risk from an ever-changing landscape it is essential that we identify and act upon all learning opportunities.

The success of this strategy is very much dependent upon on strong partnership working across the SFRS and with our representative bodies. Safety cannot and should not be considered as the sole responsibility of a select few, nor can it be considered a never ending thankless task, it is something that can and does add value where there is early engagement and a shared vision of the common goal – to make the SFRS a safer place to work.



3. SFRS SAFETY VALUE

Our number one priority is to 'Work together for a safer Scotland and safety is at the core of everything we do'.

We recognise the role we play working alongside communities and in partnership with others in the public, private and third sectors, to keep Scotland safe.

The SFRS are committed to keeping our firefighters safe, whilst it is acknowledged that all operational staff work in dangerous and dynamically hazardous environments as an inherent part of their role the need for safety does not stop there. Many non-operational environments and roles present risks of varying

degrees. Whilst the risks may be significantly less than at an operational incident it is imperative that this is not underestimated. Every member of staff within the SFRS will have safety elements to their role in one aspect or other, therefore everyone can take steps to promote and support a safe working environment.

If every member of staff takes steps to safeguard their own safety, a positive safety culture will flourish and, by engaging with each other, our stakeholders, partners and our communities, we will be better equipped to work together to create a safer Scotland.



4. OUR SAFETY OBJECTIVE

***“WE WILL CARE FOR
OUR PEOPLE THROUGH
PROGRESSIVE HEALTH,
SAFETY AND WELLBEING
ARRANGEMENTS.”***



5. DELIVERING OUR OBJECTIVE

Five themes have been identified which are underpinned by specific priority actions.

The identified themes are:

1. **Compliance** – Ensuring processes are in place to identify our statutory duties and ensuring arrangements are put in place to meet them. This includes maintaining the spirit of legislation in the operational environment;
2. **Culture** – Protecting the safety of our staff through a strong proactive safety culture;
3. **Control** – Ensuring the risk to staff is controlled through the identification of significant hazards along with sensible and proportionate mitigation of risk;
4. **Communication and Engagement** – Engaging with staff at all levels, listening to their voice and acting upon what they say to support their safety at work; and
5. **Continuous Improvement** – Key Performance Indicators (KPIs) that continually show an improvement in safety performance.

The associated priority actions are:

Theme 1 Compliance

- The SFRS Health and Safety Management System (HSMS) and Operational Assurance (OA) system continues to be developed in line with ISO 45001;
- Development of a programme for the development and implementation of topic specific Health and Safety Management Arrangements and OA procedures which are prioritised based on risk; and
- Develop an SFRS Annual SA Improvement Plan, supported by bespoke Directorate SA Improvement Plans.

Theme 2 Culture

- Define role specific requirements to achieve our safety value;
- Develop an OA campaign to embed and enhance the outcomes of robust operational assurance on the incident ground;
- Prioritise safety responsibilities and expected behaviours in all training courses.

- SA is 'designed-in' when implementing change decisions; and
- Develop a behavioural safety campaign.

Theme 3 Control

- Identification of significant hazards and determine the associated risk to SFRS staff, by carrying out the assessment of the risk then identifying and implementing risk control measures required to mitigate the risk;
- Development of an associated method of recording and ensuring defined periodic reviews of assessments within the required timescales;
- Ensuring the SFRS has a holistic approach to the management of risk through the Management of Risk at Operational Incidents framework; and
- Ensuring, so far as is reasonably practicable that SA documentation is simplified with the end user in mind.

Theme 4 Communication and Engagement

- Develop feedback arrangements to inform staff involved in changes following lessons learnt; and
- Develop business partner engagement feedback processes.

Theme 5 Continuous Improvement

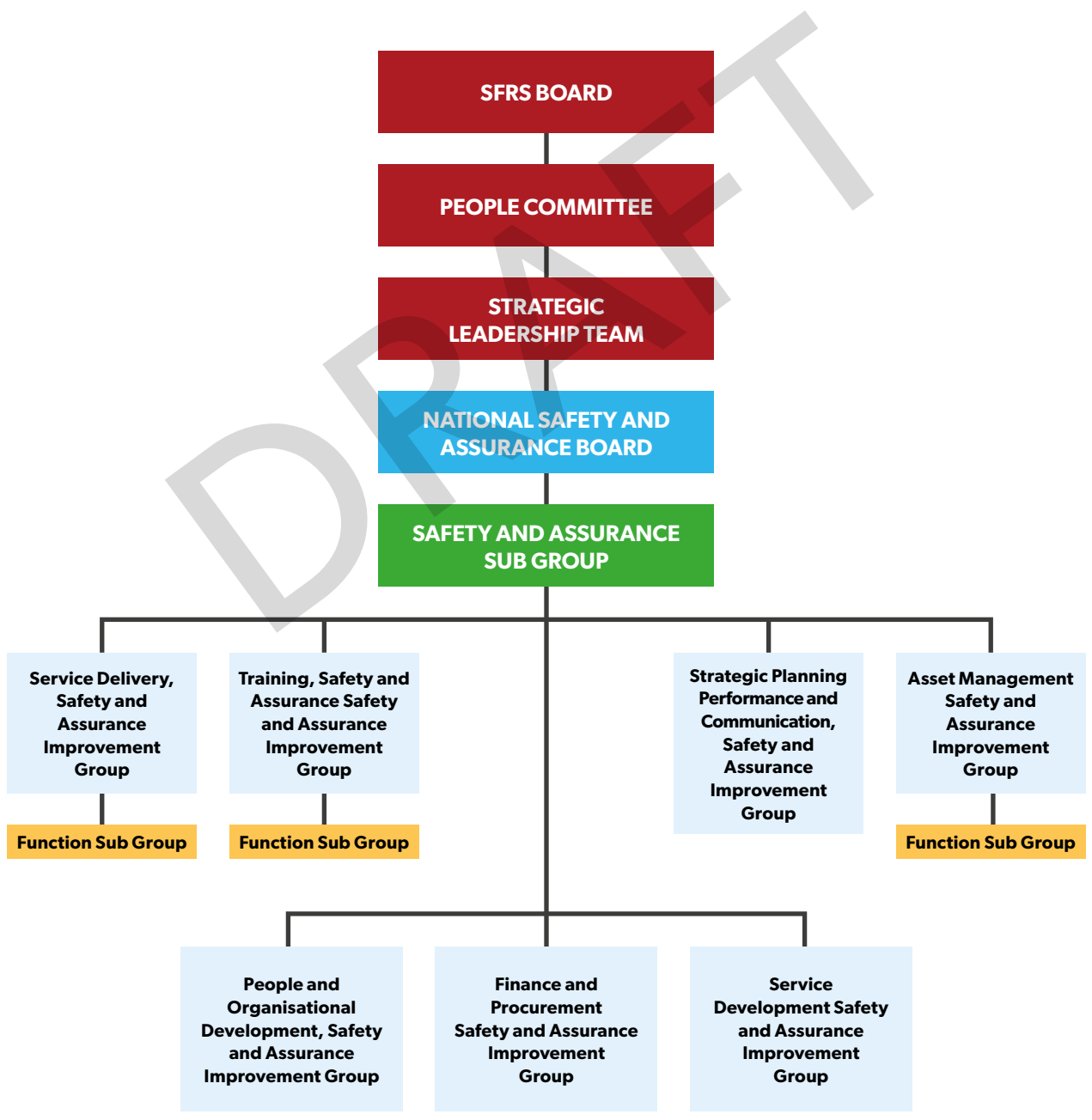
- Promotion of active monitoring through the delivery of SA support visits;
- Review Operational performance through OA processes and make recommendations for improvement where necessary;
- Production of an Annual Health and Safety Performance Report to identify and build on best practice, identify areas of development and inform annual Health and Safety Improvement Plans;
- Development of a lessons learnt programme for Organisational learning;
- Review safety event investigation arrangements and make recommendations for improvement; and
- Develop and implement a programme of topic specific SA audits.

6. GOVERNANCE ARRANGEMENTS

As SA is a corporate governance matter it is integrated into SFRS governance structures, including the Board, sub-committees and the Strategic Leadership Team (SLT). Scrutiny occurs annually at the SFRS Board, quarterly at the People Committee (PC) and six monthly at the SLT. Associated risks are also scrutinised at the Audit and Risk Assurance Committee (ARAC).

Subordinate groups of the PC which provide regular scrutiny and direction of Health and Safety across the SFRS are shown in the diagram below. The primary group is the National Safety and Assurance Board (NSAB) which meets 8 weekly and is chaired by the Director of Training, Safety and Assurance (TSA).

THE NATIONAL SAFETY AND ASSURANCE BOARD (NSAB) WHICH MEETS 8 WEEKLY AND IS CHAIRED BY THE DIRECTOR OF TRAINING, SAFETY AND ASSURANCE



APPENDIX 1

Year 1 – 2022-23

- SFRS has a documented programme for SA audits and support visits;
- SFRS will have a campaign to raise awareness of the importance of reporting all health and safety events;
- SFRS has a defined lesson learnt programme which will be implemented following identification of lessons from internal or external sources;
- SFRS has a HSMS and OA system development programme which has been agreed with ICT;
- SFRS will develop SA improvement plans based upon risk priorities and identified areas of improvement;
- SFRS has a defined process for ensuring all risk control documents are reviewed within defined timescales;
- SFRS will continue to engage with employees and their representatives to continue to build our safety culture;
- The SFRS procurement process actively considers Health and Safety from the outset;
- SFRS will have a defined feedback mechanism informing of changes following a significant health and safety event; and
- SFRS will have a documented lesson learnt programme which clearly defines the roles and responsibilities of TSA.

Year 2 – 2023-24

- SFRS has a defined programme for both proactive and reactive audits;
- Hazard perception is measured during the recruitment process;
- SFRS significant event investigations are carried out in a timely manner by proficient investigators;

- The SFRS appraisal process is linked to measurable SA performance;
- SFRS has a defined behavioural safety campaign to reduce events attributed to human error and poor situational awareness and to enhance our safety culture;
- SFRS will review arrangements in place to manage enterprise risk within the context of the operational environment through targeted engagement and support reviews;
- SFRS will have a revised event investigation and OA process which expedites the identification of lessons; and
- SFRS will have defined arrangements for topic specific audits which are informed by lessons learnt, audit outcomes and event trends.

Year 3 – 2024-25

- SA Improvement Plans are 100% complete at the end of the financial year;
- SFRS will have a ISO 45001 gap analysis carried out by an accredited body;
- SFRS has a documented asset design process in place that actively considers Health and Safety; and
- All SFRS staff are fully trained to allow tasks to be undertaken safely.

Year 4 – 2025-26

- SFRS HSMS meets the full requirements of ISO 45001.

Year 5 – 2026-27

- SFRS has a streamline suite of operational documents; and
- SFRS has a HSMS that is certified to ISO 45001.

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People Committee



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Report No: C/PC/05-22

Agenda Item: 10

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	COMMITTEE ALIGNED DIRECTORATE RISKS						
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 report is to provide the People Committee (PC) with a risk report identifying Directorate risks and controls pertinent to the business of the Board.						
2	Background						
2.1	The purpose of the risk register is to inform decision making through Scrutiny and Assurance processes, providing additional awareness of the risks faced and the actions required to minimise these risks.						
2.2	The Audit & Risk Assurance Committee (ARAC) is responsible for advising the Board and the Accountable Officer on the adequacy and effectiveness of the Service's arrangements for risk management and has oversight of the Strategic Risk Register.						
2.3	All Committees, and Executive Boards, will be responsible for scrutinising the adequacy of management's response to risks identified through risk registers, pertinent to the business of the Committee.						
2.4	The SLT has responsibility for the identification and management of strategic risk and will ensure that the Strategic Risk Register (SRR) presents a fair and reasonable reflection of the most significant risks impacting upon the organisation.						
2.5	Strategic risks are prepared in consultation with the Board and SLT and are managed collectively by the SLT, with each Directorate Risk allocated to an identified Head of Function. These Responsible Officers provide information on the current controls in place and identify additional actions still required.						
3	Main Report/Detail						
3.1	The risk register is a management tool that provides assurance to the Service and its scrutiny bodies that the significant risks to the organisation have been identified and managed and are subject to ongoing monitoring and review.						
3.2	The development of a revised risk template and associated report has focused on providing specific, measurable, achievable, realistic and timely actions. Working with Directorates all associated risk actions are being reassessed in line with these SMART objectives and will continue to be revised over the forthcoming quarterly reports.						

3.3	<p>Appendix 1 to this report provides the People Committee with the current risk report, outlining:</p> <ul style="list-style-type: none"> • Strategic Risk Summary – Appendix 1a • Aligned Directorate Risk Summary – Appendix 1b • Directorate Risk Control summary – Appendix 1c • Directorate Closed Control Summary – Appendix 1d – [Nil Return] • Directorate Closed Risk Summary – Appendix 1e – [Nil Return] • Directorate Risk Rating Change summary – Appendix 1f • New Directorate Risks – Appendix 1g • New Directorate Control Summary – Appendix 1h
3.4	The People Committee are asked to scrutinise the information provided and use the risk register to identify future risk spotlights.
4	Recommendation
4.1	<p>The People Committee is asked to:</p> <ul style="list-style-type: none"> • Scrutinise the People Committee Risk Report. • Identify future risk spotlights to be provided to the Committee.
5	Key Strategic Implications
5.1	Risk
5.1.1	The risk register forms a core part of the SFRS governance, risk management and assurance arrangements.
5.2	Financial
5.2.1	There are no direct financial implications associated with this report.
5.3	Environmental & Sustainability
5.3.1	There are no direct environmental or sustainability issues.
5.4	Workforce
5.4.1	There are no direct Workforce issues associated with this report.
5.5	Health & Safety
5.5.1	There are no direct Health & Safety implications associated with this report.
5.6	Training
5.6.1	The development of a revised in-house risk register and report requires additional engagement and training of responsible staff.
5.7	Timing
5.7.1	There are no significant timing implications associated with this report.
5.8	Performance
5.8.1	The risk management framework forms part of the Services wider governance arrangements which collectively ensure performance is managed and improved where possible.
5.9	Communications & Engagement
5.9.1	Direct communication and engagement with the Board, SLT and Directorates ensures awareness and ownership of risk is effectively managed.

5.10 5.10.1	Legal There are no direct legal implications arising from this report	
5.11 5.11.1	Information Governance There are no direct information governance implications associated with this report.	
5.12 5.12.1	Equalities An Equality Impact Assessment has been undertaken in relation to the Risk Management Policy. There are no additional equality implications associated with this report.	
5.13 5.13.1	Service Delivery There is no direct implication to Service Delivery arising from this report.	
6	Core Brief	
6.1	Not applicable.	
7	Appendices/Further Reading	
7.1	Appendix 1 – People Committee Risk Report	
Prepared by:	Tracy Shankland, Risk & Insurance Support Assistant	
Sponsored by:	David Johnston, Risk & Audit Manager	
Presented by:	Liz Barnes, Director of People and Organisational Development	
Links to Strategy and Corporate Values		
<p>The Risk Management Framework forms part of the Services Governance arrangements and links back to Outcome 4 of the 2019-22 Strategic Plan, specifically Objective 4.2</p> <ul style="list-style-type: none"> • Outcome 4: We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland. • Objectives 4.2: We will minimise the risks we face through effective business management and high levels of compliance with all our responsibilities. 		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>People Committee</i>	<i>3 March 2022</i>	<i>For Scrutiny</i>

People Committee Risk Report February 2022

APPENDIX 1



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Contents:

- Strategic Risk Summary – Appendix 1a
- Aligned Directorate Risk Summary – Appendix 1b
- Directorate Risk Control Summary – Appendix 1c
- Directorate Closed Control Summary – Appendix 1d - [NIL RETURN]
- Directorate Closed Risk Summary – Appendix 1e - [NIL RETURN]
- Directorate Risk Rating Change Summary – Appendix 1f
- New Directorate Risks – Appendix 1g
- New Directorate Control Summary – Appendix 1h

Strategic Risk Summary

Appendix 1a

Risk Reference	Description	SLT Risk Owner	Risk Rating (PxI)
1	Ability to improve the safety and well-being of people throughout Scotland through the delivery of our services	Head of Operations	16 (4 x 4)
2	Ability to reduce the number of unwanted fire alarm signals and associated occupational road risk	Director of Service Delivery	15 (5 x 3)
3	Ability to collaborate effectively with partners and communities, to enhance service delivery and best value	Deputy Chief Officer	12 (3 x 4)
4	Ability to ensure legal and regulatory compliance	Director of Strategic Planning, Performance and Communications	12 (3 x 4)
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 (4 x 4)
6	Ability to have in operational use the necessary assets, equipment, supplies and services to enable the smooth running of the organisation, that exploit available technologies and deliver public value	Director of Finance and Contractual Services	20 (4 x 5)
7	Ability to deliver a high quality, sustainable service within the funding envelope	Director of Finance and Contractual Services	16 (4 x 4)
8	Ability to anticipate and adapt to a changing environment through innovation and improved performance	Director of Service Development	16 (4 x 4)
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 (4 x 4)

Aligned Directorate Risk Summary

Appendix 1b

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (Pxl)	Committee	Executive Board
5	Skilled, trained and motivated staff	SD006	Statutory Duties	<p>There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its statutory duties under</p> <ul style="list-style-type: none"> - The Fire (Scotland) Act 2005, - The Fire and Rescue Framework for Scotland 2016, - The Fire (Additional Function) (Scotland) Order 2005, - Regulation 11 of the Building (Procedure) (Scotland) Act 2004 	Director of Service Delivery	20 (5 x 4)	PC	PB

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (Pxl)	Committee	Executive Board
9	Protect Staff Covid-19	TSA002	Staff Training	There is a risk of there being insufficient staff capacity and resources available to deliver training to staff due to the ability for our facilities to accommodate the previous numbers of students due to the need to observe social distancing protocols. This could result in the failure to deliver on the Training Needs Analysis (TNA), political /reputational or financial risk to the Function, Directorate and Service, adverse scrutiny whether internal or external, reduced delivery of our critical skills training programme to accommodate other training needs and the development pathway for staff.	Head of Training	20 (5 x 4)	PC	PB
8	Improve performance	TSA008	Training Resources	There is a risk of there being insufficient facilities available to deliver training to staff due to the impact of the enactment of Section 19 Road Safety Act. This could result in the failure to utilise a local delivery model at point of need, increased pressure on centralised delivery, reputational and financial risk to the Function, Directorate and Service.	Head of Training	16 (4 x 4)	PC	PB

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (Pxl)	Committee	Executive Board
5	Skilled, trained and motivated staff	POD008	Medical Restrictions	Risk the Health and Wellbeing Team are restricted in the way they can undertake recruitment medicals and fitness assessments meaning the existing backlog of routine medicals and fitness assessments is not addressed and results in reduced availability and increased health risks to operational staff.	Head of People and Organisational Development	15 (3 x 5)	PC	PB
5	Skilled, trained and motivated staff	POD009	Employment Tribunals	Reputational and financial risk aligned to volume of employment tribunal claims and potential penalties aligned to equality and diversity implications cited in claims, resulting in SFRS having a poor employer brand.	Head of People and Organisational Development	15 (3 x 5)	PC	PB
5	Skilled, trained and motivated staff	POD011	Pay Awards	Risk of delay to pay and competence awards due to ineffective WFFF Development Programme Policy and process implementation leading to employee discontent and resulting in employee grievances.	Head of People and Organisational Development	15 (3 x 5)	PC	PB
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	12 (3 x 4)	PC	PB

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (Pxl)	Committee	Executive Board
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 and 2021 approved Business Cases due to prolonged recruitment processes or delayed/unplanned recruitment scheduling resulting in a rise in vacant posts and an inability of SFRS to deliver core services.	Head of People and Organisational Development	12 (3 x 4)	PC	PB
5	Skilled, trained and motivated staff	POD006	Staff Wellbeing	The risk that the physical and mental wellbeing of POD staff is affected as a result of the challenges presented by the pandemic.	Head of People and Organisational Development	12 (3 x 4)	PC	PB
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	12 (3 x 4)	PC	PB

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (Pxl)	Committee	Executive Board
8	Improve performance	TSA003	Lessons Learnt	There is a risk of SFRS not learning lessons from experience, notable practice, innovation, investigations and case law because of not sharing lessons in a manner which encourages communication, engagement and securing ownership by risk owners. This could affect the safety of our staff and communities, resulting in adverse impact on reputation and external scrutiny	Head of Health and Safety and Assurance	12 (3 x 4)	PC	NSAB
4	Legal and regulatory compliance	TSA009	Health and Safety Legislation	There is a risk of SFRS not being able to demonstrate legislative compliance due to ongoing delay with the development of the SFRS bespoke health and safety management system (HSMS), Think , Act , Stay safe (TASS). This could result in criminal /civil litigation and associated financial and reputational costs adverse scrutiny whether internal or external, impact on the well-being of staff.	Head of Health and Safety and Assurance	12 (4 x 3)	PC	NSAB
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	9 (3 x 3)	PC	NSAB

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (Pxl)	Committee	Executive Board
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	9 (3 x 3)	PC	NSAB
5	Skilled, trained and motivated staff	POD005	Employee Wellbeing	The risk of not developing and providing wellbeing support to all SFRS employees, (both mental and physical health) resulting from a lack of resources, planning and co-ordination of wellbeing activity and support which results in higher levels of employee absence and lower levels of engagement.	Head of People and Organisational Development	6 (2 x 3)	PC	PB

Directorate Risk Control Summary

Appendix 1c

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (Pxl)	Target Rating (Pxl)	Committee	Executive Board
5	SD006	Statutory Duties	Undertake a strategic review of prevention and protection structures and delivery to ensure they remain sustainable and meet legislative requirements.	AC Pryde, Head of Community Safety Engagement	Mar-22	Green - 80%	Jan 2022 - A programme of engagement is complete with a final report being written. Progress to date includes one to one interviews and data gathering to support the development of themes has been completed. Focus groups activity has been completed and will feed into the final report.	20 (5 x 4)	12 (3 x 4)	PC	PB
5	SD006	Statutory Duties	Recruitment of additional Auditing Officers and Community Safety Advocates following approval of business case	AC Pryde, Head of Community Safety Engagement	Mar-22	Green - 95%	The recruitment process has been completed. Final placements are being arranged and all future vacancies will be recruited under Business as usual process.	20 (5 x 4)	12 (3 x 4)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
5	SD006	Statutory Duties	Complete structure review of LSO management teams across all SDA's.	Head of Function Nicholson, Head of Service Delivery East	Mar-22	Green - 80%	Analysis of resource and capacity within LSO management teams across the Service completed. Structure Options Report will be presented to ACO Stevens by SDA DACOs	20 (5 x 4)	12 (3 x 4)	PC	PB
5	SD006	Statutory Duties	Operational Availability Group to monitor availability throughout the year and implement further controls as required.	Head of Function Nicholson, Head of Service Delivery East	Mar-22	Green - 75%	Work ongoing including: Addition of operationally competent off-station personnel within the 5WDS rostering system. Arrangements being progressed to identify actions/processes and Central Staffing business rules that will support resilient staffing throughout 2022. Review of 'Buffers' within the 5WDS. Analysis of watch balances within 5WDS	20 (5 x 4)	12 (3 x 4)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
9	TSA002	Staff Training	Decentralisation of business partnering model utilising local delivery (Year 1 of 3yr strategy)	Head of Training	Mar-24	Green - 60%	<p>Additional Training demands linked to COP26 was met successfully. Instructor capacity increased through training in a number of disciplines with further courses scheduled. Instructor Clusters allocated to facilitate weekend working. Additional training courses scheduled due to the restriction in student numbers allowed on each course.</p> <p>Firefighter Foundation course delivery now solely at NTC with adoption of new 4 x 4 model, freeing up capacity at other Training venues.</p> <p>Continued review and amendment of Training capacity in line with any ease in SFRS COVID protocols.</p>	20 (5 x 4)	12 (4 x 3)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
8	TSA008	Training Resources	Analysis of a revision to the TNA to produce a gap analysis and thereafter to develop a training delivery proposal	Head of Training	Sep-22	Amber - 40%	Paper produced for ACO Paul Stewart to present to Department for Transport regarding further information requested relating to "Derogation" and the minimum standard required for Emergency Response Driver Training on the Islands of Scotland. Public Consultation for Section 19 of Road Safety Act to be published January / February 2022. Review panel establish within Driver Training to consider all options available to SFRS on the enactment of Section 19.	16 (4 x 4)	4 (2 x 2)	PC	PB
5	POD008	Medical Restrictions	Project team to be recruited in full.	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Green - 70%	Positive progress has been made in terms of recruiting to the additional posts that will reduce the backlog. Recruitment will continue until all posts are filled.	15 (3 x 5)	5 (1 x 5)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
5	POD009	Employment Tribunals	Collaborative CPD programme to be developed between POD and Legal teams to build insight and share learning form ET.	Fiona Munro, Deputy Head of People and Organisational Development	Mar-22	Green - 10%	Initial meeting to develop the programmes design have taken place and are scheduled to continue.	15 (3 x 5)	8 (2 x 4)	PC	PB
5	POD009	Employment Tribunals	Complete review of Bullying, Harassment and Discrimination Framework and launch revised policy and toolkit	Roz Munro, HROD Manager, POD - Workforce Planning and Resourcing	Mar-22	Green - 80%	Policy now reviewed and launched with management training now being rolled out.	15 (3 x 5)	8 (2 x 4)	PC	PB
5	POD011	Pay Awards	Policy review group to be established with representation from across POD and Trade unions	Ceri Dodd, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Green - 10%	Group still to be established. Consider if this risk should be broadened to also incorporate Uniformed Dev to Comp policy and delays in progressing. Risk Rating may also need to be reviewed if so.	15 (3 x 5)	8 (2 x 4)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
5	POD004	Staff Recruitment	Review of RVDS Firefighter Recruitment Process	AC Sharp, Area Commander, Human Resources Org Development	Mar-22	Red - 20%	The RVDS Improvement Programme has now established a working group that will focus on improving the attraction and recruitment of RVDS staff. This sub group through the National Retained and Leadership Forum will report into the RVDS Improvement Board	12 (3 x 4)	8 (2 x 4)	PC	PB
5	POD004	Staff Recruitment	Implementing 21/22 agreed resource plan, accounting for additional activity resulting from Business Cases and business as usual recruitment	AC Sharp, Area Commander, Human Resources Org Development	Mar-22	Green - 80%	BCTAG is now incorporated into the SMB through the Recovery, Reset and Renew Group. A review of outstanding vacancies is underway and whilst relatively small in number a decision on their status will be confirmed by the end of March 2022.	12 (3 x 4)	8 (2 x 4)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (Pxl)	Target Rating (Pxl)	Committee	Executive Board
5	POD006	Staff Wellbeing	Review of Directorate communication channels, forums and meetings to develop employee connection with the Directorate and wider SFRS.	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Green - 80%	Wider Directorate engagement has commenced with the introduction of all staff quarterly meetings and spotlight sessions.	12 (3 x 4)	6 (2 x 3)	PC	PB
5	POD006	Staff Wellbeing	Undertake the required recruitment to appoint resources to support critical priorities.	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Green - 50%	A number of offers have been made and start dates agreed, however recruitment continues for posts not yet filled.	12 (3 x 4)	6 (2 x 3)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
5	TSA001	Training Resources	Work-packages and associated milestones to be agreed for the Projects within the Training Continuous Improvement Programme.	Head of Training	Mar-22	Green - 70%	Expansion of Continuous Improvement Programme Board to include all areas of improvement within Training not just those related to the CIP. Training Recovery Plan established to deliver the requirements of the Training Needs Analysis (TNA) and support all business-as-usual (BAU) training at both a local and national level. Action plan for CIP to be reviewed and rationalised with a view to moving some of the recommendations to BAU with the remaining recommendations to be delivered as projects on a priority basis.	12 (3 x 4)	12 (3 x 4)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
5	TSA001	Training Resources	Decentralisation of business partnering model (Year 1 of 3yr strategy)	Head of Training	Mar-24	Green - 60%	Instructor harmonised terms and conditions implemented. Instructor Clusters allocated to facilitate weekend working with clarity and structure to the operating principles with the Terms and Conditions. Training Plans have been established to deliver the requirements of the TNA and support all business-as-usual (BAU) training at both Local and National level. Further engagement with Asset Management and Property around the replacement, refurbishment or addition of equipment and facilities.	12 (3 x 4)	12 (3 x 4)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (Pxl)	Target Rating (Pxl)	Committee	Executive Board
8	TSA003	Lessons Learnt	Completion of LCMS module targeted at learning lessons from significant events or identified accident trends.	Head of Health, Safety & Assurance	Jun-22	Green - 75%	Module completed with information forwarded to Legal Services as part of the consultation process.	12 (3 x 4)	6 (2 x 3)	PC	NSAB
5	TSA001	Training Resources	Increase instructor numbers to aid with Training Recovery Plan and training delivery.	Head of Training	Mar-23	Green - 60%	Continued challenges in appointing new staff to vacant roles. Continuing to engage with Service Delivery around the releasing of staff to take up these post. Firefighter Foundation Course numbers increased to increase operational staff, which may in time ease some of the challenges. Scheduled re-accreditation of operational staff with instructor qualifications with a view to potential utilising them for training delivery thus increasing capacity.	12 (3 x 4)	12 (3 x 4)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
4	TSA009	Health and Safety Legislation	Health and Safety Department enhancing Directorate SharePoint sites and TASS Library	Head of Health and Safety and Assurance	Apr-22	Amber - 75%	Enhancement of TASS library ongoing	12 (4 x 3)	6 (3 x 2)	PC	NSAB
4	TSA009	Health and Safety Legislation	Realigning TASS development programme to reflect progress	Head of Health and Safety and Assurance	Apr-23	Amber - 40%	Programme has been realigned to reflect current delay status. Monthly reviews are scheduled to remain appraised of progress. Engagement with ICT has resumed and awaiting appointment of a project manager.	12 (4 x 3)	6 (3 x 2)	PC	NSAB
4	TSA009	Health and Safety Legislation	Consideration of securing budget for 2022-23 to procure an "off the shelf" system	Head of Health and Safety and Assurance	Apr-23	Amber - 0%	Consideration of procuring an "off the shelf" system will be delayed to April 2022 to allow for due consideration to agreed workstreams in Q4 which may address some of the current issues	12 (4 x 3)	6 (3 x 2)	PC	NSAB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (Pxl)	Target Rating (Pxl)	Committee	Executive Board
5	FCS001	Sufficient Capacity	Recruitment of additional temporary resources as agreed within business cases to complete recovery activity	Head of Finance and Procurement	Feb-22	Green - 75%	Recruitment of additional posts nearing completion within F&P with only Procurement remaining to recruit.	12 (3 x 4)	8 (2 x 4)	PC	PB
5	FCS001	Sufficient Capacity	Realign processes and establish a dedicated team across Directorates to manage the ongoing impact of Covid.	Head of Asset Management	Mar-22	Green - 80%	Monthly reporting to SLT to monitor performance - increasing infection rates resulting in staff absence and interruption to service delivery. Agreement to review BAU to manage workloads	12 (3 x 4)	8 (2 x 4)	PC	PB
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	Mar-22	Amber - 75%	A H&S Auditor has been appointed and work is now being progressed in relation to the 2022/23 audit programme. Thematic review of face fit testing to be undertaken in Q4. Will review the Risk Impact at the end of Q4.	9 (3 x 3)	6 (2 x 3)	PC	NSAB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (Px1)	Target Rating (Px1)	Committee	Executive Board
5	TSA007	Staff/Resources Impact of COVID-19	Monitoring of capacity able to meet Service demand	Head of Health and Safety and Assurance	Mar-22	Green - 90%	<p>Additional resource freed from managing SFRS covid response but additional BAU activity still to be completed.</p> <p>Additional resource agreed with some posts now recruited with remaining posts subject to ongoing recruitment</p>	9 (3 x 3)	4 (2 x 2)	PC	NSAB
5	POD005	Employee Wellbeing	Strengthen Health and fitness arrangements	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Amber - 50%	<p>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.</p>	6 (2 x 3)	4 (2 x 2)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
5	POD005	Employee Wellbeing	Implement agreed action plan milestones for 2021/22 aligned to Mental Health Strategy	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Green - 50%	The structure through which the mental health action plan will be implemented is now at an advanced stage of governance approval.	6 (2 x 3)	4 (2 x 2)	PC	PB
5	POD005	Employee Wellbeing	Review of HW model and structure	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Green - 50%	The structure through which the mental health action plan will be implemented is now at an advanced stage of governance approval.	6 (2 x 3)	4 (2 x 2)	PC	PB

SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (Px1)	Target Rating (Px1)	Committee	Executive Board
5	POD005	Employee Wellbeing	Reduce risk from Contaminants	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-22	Amber - 50%	<p>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, i.e. laundry facilities, substance storage.</p> <p>Health surveillance policy proceeding through governance route which includes skin testing.</p> <p>Recommendations identified through UCLan report on Contanimants being progressed through sub-Group.</p>	6 (2 x 3)	4 (2 x 2)	PC	PB

Directorate Closed Control Summary

Appendix 1d

NIL RETURN

Directorate Closed Risk Summary

Appendix 1e

NIL RETURN

Directorate Risk Rating Change Summary

Appendix 1f

Risk ID	Parent Risk	Risk Name	Risk Description	Risk Owner	Change Reason	Current Risk Rating (PxI)	Initial Risk Rating (PxI)	Committee	Executive Board
SD006	Skilled, trained and motivated staff	Statutory Duties	<p>There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its statutory duties under</p> <ul style="list-style-type: none"> - The Fire (Scotland) Act 2005, - The Fire and Rescue Framework for Scotland 2016, - The Fire (Additional Function) (Scotland) Order 2005, - Regulation 11 of the Building (Procedure) (Scotland) Act 2004 	Director of Service Delivery	<p>Probability Increased; We recommend the escalation of this risk to 20 (5x4) due to the continued challenges to resourcing our operational Target Operating Models (TOM). In particular our inability to recruit to the TOM will result in a predicted chronic reduction over the 2022 calendar year. Further areas of concern are the wholetime firefighter pension remedy that could see more leavers in 2022, in addition to the increased retirement profile resulting in a loss of skills that will be challenging</p>	20 (5 x 4)	16 (4 x 4)	PC	PB

Risk ID	Parent Risk	Risk Name	Risk Description	Risk Owner	Change Reason	Current Risk Rating (PxI)	Initial Risk Rating (PxI)	Committee	Executive Board
TSA001	Skilled, trained and motivated staff	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	Probability Decreased; The probability rating has been reduced from 4 to 3 representing a number of areas now actioned. Instructor harmonised terms and conditions have been implemented and instructor clusters allocated to facilitate weekend working. Engagement has been undertaken with Service Delivery in relation to releasing staff to take up vacant posts. Whilst actions will continue to be progressed these, and other, actions have allowed the probability to be reduced.	12 (4 x 3)	16 (4 x 4)	PC	PB

New Directorate Risks

Appendix 1g

Risk ID	Risk Name	Risk Description	SR ID	Strategic Risk (SR) Name	Risk Owner	Committee	Executive Board	Target Date	Current Risk Rating (PxI)	Target Risk Rating (PxI)
TSA009	Health and Safety Legislation	There is a risk of SFRS not being able to demonstrate legislative compliance due to ongoing delay with the development of the SFRS bespoke health and safety management system (HSMS), Think , Act ,Stay safe (TASS). 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.	4	Legal and regulatory compliance	Head of Health and Safety and Assurance	PC	NSAB	Apr-23	12 (4 x 3)	6 (2 x 3)

New Directorate Controls Summary

Appendix 1h

Risk ID	RiskName	Risk Description	Control Description	Control Owner	Control Due Date	Performance	Control Comments	Committee	Executive Board
TSA009	Health and Safety Legislation	There is a risk of SFRS not being able to demonstrate legislative compliance due to ongoing delay with the development of the SFRS bespoke health and safety management system (HSMS), Think , Act ,Stay safe (TASS). 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.	Health and Safety Department enhancing Directorate SharePoint sites and TASS Library	Head of Health and Safety and Assurance	Apr-22	Amber - 75%	Enhancement of TASS library ongoing	PC	NSAB

Risk ID	RiskName	Risk Description	Control Description	Control Owner	Control Due Date	Performance	Control Comments	Committee	Executive Board
TSA009	Health and Safety Legislation	There is a risk of SFRS not being able to demonstrate legislative compliance due to ongoing delay with the development of the SFRS bespoke health and safety management system (HSMS), Think , Act ,Stay safe (TASS). 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.	Realigning TASS development programme to reflect progress	Head of Health and Safety and Assurance	Apr-23	Amber - 40%	Programme has been realigned to reflect current delay status. Monthly reviews are scheduled to remain appraised of progress. Engagement with ICT has resumed and awaiting appointment of a project manager.	PC	NSAB

Risk ID	RiskName	Risk Description	Control Description	Control Owner	Control Due Date	Performance	Control Comments	Committee	Executive Board
TSA009	Health and Safety Legislation	There is a risk of SFRS not being able to demonstrate legislative compliance due to ongoing delay with the development of the SFRS bespoke health and safety management system (HSMS), Think , Act ,Stay safe (TASS). 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.	Consideration of securing budget for 2022-23 to procure an "off the shelf" system	Head of Health and Safety and Assurance	Apr-23	Amber - 0%	Consideration of procuring an "off the shelf" system will be delayed to April 2022 to allow for due consideration to agreed workstreams in Q4 which may address some of the current issues	PC	NSAB

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/06-22

Agenda Item: 12

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	BUILDING THE FUTURE TOGETHER UPDATE						
Report Classification:	For Information Only	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	The purpose of this paper is to provide a progress update on the Building the Future Together Programme (Cultural Framework Blueprint (Appendix A)).						
2	Background						
2.1	The Scottish Fire and Rescue Service (SFRS) Strategic Plan 2019-22 describes the vision for the future where we provide the highest quality service to our communities through the continued development of a highly skilled, motivated and engaged workforce, with empowered leaders across all levels of the organisation being at the core. The document describes the aspiration that the SFRS will become a world leading fire and rescue service and 'a great place to work '.						
2.2	The SFRS already have well developed elements of organisational culture in place and this proposal seeks to broaden and strengthen these. The focus on leadership, learning and development/training, safety and wellbeing and engaging with our people are all key elements in continuing the delivery of a positive organisational culture and realisation of our Future Vision.						
2.3	As the SFRS embarks on developing the future path for our organisation and realise our ambition to do more for Scotland and our communities, the Chief Officer has led a series of online engagement sessions that have set the scene for an inclusive approach to establishing the long-term vision for the SFRS. Additional engagement is ongoing to explore how we will deliver it, ensuring that everyone has an opportunity to contribute to the future direction. It is essential that the embedding of the proposed cultural framework is a key enabler of this programme of work.						
3	Main Report/Detail						
3.1	The Building the Future Together Programme - Cultural Framework Blueprint (Appendix A) has been developed specifically for the SFRS, taking account of proven and effective theories on organisation design (e.g. McKinsey's 7s, Galbraith's STAR model).						
3.2	The Cultural Framework is built around 8 interdependent factors, including the 3 'harder' organisational design aspects of the organisational effectiveness (i.e. strategy, structure and systems) with the 5 pillars/workstreams reflecting the 'softer' organisational culture and development elements: Pillar/Workstream 1: Our Commitments Pillar/Workstream 2: Leadership Style						

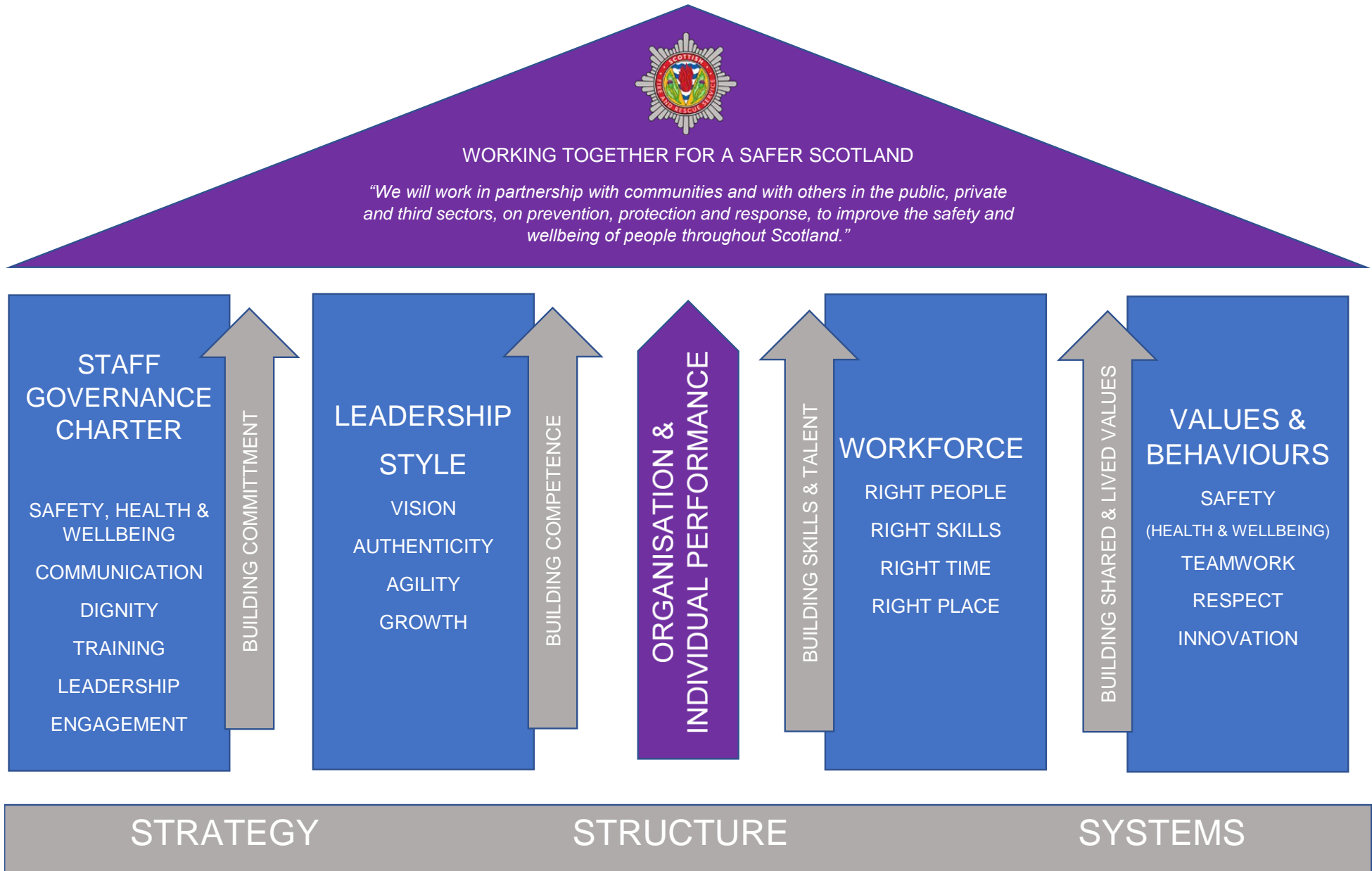
	<p>Pillar/Workstream 3: Our Workforce Pillar/Workstream 4: Values and Behaviours Pillar/Workstream 5: Employee Experience and Engagement</p> <p>3.3 The Building the Future Together Programme will embed each of these 5 pillars/workstreams to create an enabling environment and conditions to support our workforce to be innovative, empower our leaders, build on our skills, competencies and behaviours and deliver a service that is 'fit for the future'. Fundamental to this is a strong foundation of clear structures, systems and processes to ensure that our organisational infrastructure can support the future direction of travel. The main purpose of the Building the Future Together Programme is to embed a positive organisational culture.</p> <p>3.4 Programme Pillar/Workstream Progress</p> <p>3.4.1 This paper provides an update on the BFT programme progress achieved to date noting the ongoing detrimental impact that the pandemic has had on availability to resource and progress programme development and implementation.</p> <p>3.4.2 Pillar/Workstream 1: Our Commitment – Workstream Lead: Lyndsey Gaja Highlights: <ul style="list-style-type: none"> Established six commitments (Health, Wellbeing and Safety, Communication, Engagement, Training, Dignity and Leadership). These have been cross mapped with the Future Vision to ensure consistency in messaging. Pilot of an engagement tool (Trickle) completed. The trial included 6 groups across different staff/employee groups, areas and level within the Service. To gain further insight, the pilot was extended within the POD Directorate. The Pilot provided valuable insights which will be used to inform the BFT work package development and implementation. <p>Next Steps: <ul style="list-style-type: none"> Development of the work package by the workstream lead Identify and establish a representative working group Arrange monthly progress and review mechanisms with workstream lead </p> <p>3.4.3 Pillar/Workstream 2: Our Leadership – Workstream Lead: Andy Watt Highlights: <ul style="list-style-type: none"> Initial engagement completed with workstream lead to discuss work package Identified interdependence with the Reset, Recovery, Renew (RRR) People Work Package Leadership objectives Established a leadership development psychometric framework Recommendation developed for Senior Management Leadership Climate and Reflection diagnostic to capture learnings from leadership experiences of the Pandemic <p>Next Steps: <ul style="list-style-type: none"> Development of the work package by the workstream lead Identify and establish a representative working group Arrange monthly progress and review mechanisms with workstream lead Progress implementation of the Leadership Climate and Reflection diagnostic to inform and clarify the style, expectations, characteristics and traits of an SFRS leader/SFRS Leadership required to deliver the Services' Future Vision Progress psychometric assessments and facilitated feedback for Supervisory Leadership Development Centre candidates. </p> </p></p>
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3.4.4	<p>Pillar/Workstream 3: Our Workforce – Workstream Leads: David Lockhart and Andy Main</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Initial engagement progressed to discuss initial work package ideas • Procured leadership learning content platform to enable the transition to a virtual Supervisory Leadership Development programme model • Commenced Supervisory Leadership Development Centre (SupLDC) noting that this is currently paused due to the pandemic. <p>Next Steps:</p> <ul style="list-style-type: none"> • Development of the work package by the workstream lead • Identify and establish a representative working group • Arrange monthly progress and review mechanisms with workstream lead • Review and further develop skills profiling, succession planning, talent management and development including the Leadership and Development Framework, Appraisal system and associated arrangements.
3.4.5	<p>Pillar/Workforce 4: Our Values and Behaviours – Work Lead: Marysia Walters</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Initial engagement completed with workstream lead to discuss work package development <p>Next Steps:</p> <ul style="list-style-type: none"> • Development of the work package by the workstream lead • Identify and establish a representative working group • Arrange monthly progress and review mechanisms with workstream lead • Review Values and Behavioural Frameworks
3.4.6	<p>Pillar/Workstream 5: Employee Experience and Engagement – Workstream Lead: Scott Semple</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Initial engagement completed with workstream lead to discuss work package development which will be informed by the Trickle pilot insights and evaluation <p>Next Steps:</p> <ul style="list-style-type: none"> • Development of the work package by the workstream lead • Identify and establish a representative working group • Arrange monthly progress and review mechanisms with workstream lead • Progress SFRS Staff Survey process • Take forward outcomes from Trickle Pilot
3.4.7	<p>Programme Overall</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Establish regular meeting, initially more frequently (e.g.6-weekly) to build critical momentum with all work leads to enable facilitate the dialogue and progression of work packages, independencies, manage emerging issues and risks, define and review programme benefits and success measures and enable a coordinated and collaborative approach to programme development and implementation. • Develop and implement engagement and communication plan including programme launch, regular engagement sessions and communication arrangements and activities at workstream and programme level. • Continue to identify and progress collaboration opportunities including with partners and external stakeholders.

4	Recommendation
4.1	People Committee are asked to note the update and continue to enable progress of the BFT programme.
5	Key Strategic Implications
5.1	Risk
5.1.1	The continued impact of the pandemic may continue to impede development and implementation of the BFT Programme and associated achievement of SFRS strategic priorities and outcomes (e.g. Reset, Recovery and Renew (RRR), Long-Term Strategic Vision/Futures Vision, Strategic Brand, 'a great place to work' and 'employer of choice').
5.2	Financial
5.2.1	The financial implications associated with the BFT Programme will be identified through the development of the workstreams and work packages. Any additional investment requirements will be progressed through existing governance and financial arrangements.
5.3	Environmental & Sustainability
5.3.1	The BFT programme development and implementation will align to digital first arrangements and is therefore anticipated to contribute to an improved overall environmental and sustainable position (e.g. through reduced travel and printing requirements).
5.4	Workforce
5.4.1	The BFT programme reaffirms the SFRS's commitment to our people, continued development of our organisational culture and contribute to the realisation of our Future Vision and our strategic outcome of developing 'a great place to work'.
5.5	Health & Safety
5.5.1	Delivery of the BFT Programme is expected to impact positively on H&S performance through increased visibility of and commitment to the health, safety and wellbeing of our people, communities and partners.
5.6	Training
5.6.1	Learning, development and training implications of the BFT Programme are already supported through existing plans and arrangements (e.g. L&D Framework, Learning and Training Needs Analysis Processes). Wider L&D and Training implications will continue to be considered through workstream and programme development and implementation.
5.7	Timing
5.7.1	Review of the initial BFT Programme phasing and timelines will be informed by the development of each pillar/workstream, Service priorities, and workstream leads/working group commitments.
5.8	Performance
5.8.1	It is anticipated that the BFT Programme will have a positive impact on individual and organisational performance across all strategic outcomes and objectives. Wider implications will continue to be considered through the workstream and programme development and implementation.
5.9	Communications & Engagement
5.9.1	Continued communication and engagement will be required to ensure the success launch and implementation of the BFT programme. This will be progressed and supported through Learning Partner engagement arrangements and established Corporate Communications channels aligned to the Future Vision and Recovery, Rest and Renew SFRS priorities. Engagement has commenced with management and trade union colleagues to identify nominations to support the programme and relevant work packages/working

	groups. This will ensure early and effective engagement with stakeholders. Wider implications will continue to be considered and kept under review.	
5.10 5.10.1	Legal	No legal implications are anticipated.
5.11 5.11.1	Information Governance	<i>DPIA completed: No: this will be progressed as the BFT programme and workstream are developed.</i>
5.12 5.12.1	Equalities	<i>EIA completed: No: Included in the Training and Employee Development EIA which will be kept under review.</i>
5.13 5.13.1	Service Delivery	The introduction of the BFT Programme will contribute to the continued development of our organisational culture and aims to enhancing the employee experience and contribute to high quality service delivery through our motivated and empowered workforce.
6	Core Brief	
6.1	Not applicable	
7	Appendices/Further Reading	
7.1	Appendix A – Building the Future Together - SFRS Cultural Framework Blueprint	
Prepared by:	Monisola Awani and Claire Horsburgh, HR Advisers	
Sponsored by:	Ceri Dodd, Deputy Head of POD	
Presented by:	Ceri Dodd, Deputy Head of POD	
Links to Strategy and Corporate Values		
<ul style="list-style-type: none"> • The Fire and Rescue Framework for Scotland 2016: Strategic Priority 10 '<i>aim to be an employer of choice - maximising the effectiveness of its approach to workforce planning; promoting the safety, health and well-being of all staff; being a learning organisation with opportunities for all</i>'. • SFRS Future Vision; Strategic Outcome 3: Workforce Development; SFRS Recovery, Reset and Renew Route Map; SFRS Values: Safety, Teamwork, Respect and Innovation 		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>POD DMT</i>	<i>18 January 2022</i>	<i>Recommendation</i>
<i>People Board</i>	<i>02 February 2022</i>	<i>Information</i>
<i>People Committee</i>	<i>03 March 2022</i>	<i>For Information</i>

APPENDIX A: Building the Future Together - SFRS Cultural Framework Blueprint



SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/09-22

Agenda Item: 13

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	LEARNING NEEDS ANALYSIS PROGRESS REPORT						
Report Classification:	For Information Only	<p style="color: red; text-align: center;">Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></p>					
		A	B	C	D	E	F
1	Purpose						
1.1	This purpose of this paper is to provide the People Committee with an analysis of the progress of the Service-wide Learning Needs Analysis (LNA) 2021-22, and the progress of the revised 2022-23 LNA, including the realignment of the centralised Learning, Development and Training budget to establish a separate budget to service operational training needs from 2022-23.						
2	Background						
2.1	The 2021-22 LNA was collected during December 2020, in conjunction with the Operational Training Needs Analysis (TNA), and analysed by the Leadership & Skills Development (L&SD) team. It was anticipated that the pandemic would impact on both analyses. To date the LNA has been used to collect the leadership, business, soft skills and non-operational/support staff role specific learning and development needs, along with externally provided learning, development and qualifications.						
2.2	The delivery of LNA learning and development requests has been ongoing since the analysis was completed, with flexibility to meet the changing priorities across the Service.						
2.3	Learning and leadership development (L&D) activities, both internal and external to the Service, remain impacted due to COVID-19 and concurrent Service priorities. The notable increase across both internal and external learning and development requirements for the 2021-22 financial year, remains high.						
3	Main Report/Detail						
3.1	LNA 2021-22						
3.1.1	The LNA submissions for 2021-2022 demonstrated that the annual L&D requirement far exceeds the existing resources and service delivery arrangements.						
3.1.2	In support of the increased 2021-22 LNA request and Service priorities (e.g. the Service's continued commitment to developing staff; building strong leadership capability and capacity; Recover, Reset and Renew; Future Vision and Building the Future Together Programme), the L&SD team have moved from predominately classroom-based delivery to a blended and digitally enabled approach. This approach is now being adopted, with some difficulties still to be resolved in the integration of some of the solutions.						

3.1.3	<p>The full 2021-22 LNA was presented to the People Board on 25 May 2021 and delivery has been ongoing. External L&D provision delivered will be updated for the People Committee in March to allow for an up to date detailed analysis to be provided. Appendix 1 demonstrates the analysis of the 2021-22 LNA investment and will develop further following discussions with the Learning Partners to establish Functional reporting. The analysis shows that the L&D provision delivered to date accounts for 47% of the L&D budget and is aligned to Functional priorities and commitments. Of the L&D provision delivered, 30% of the spend has been on L&D not identified through the initial LNA process. There is a budget commitment of 24%, which represents the flexible approach the L&SD team adopts when working with Learning Partners to ensure that delivery is aligned with Service priorities throughout the year. It is expected that the revised approach to the LNA with the L&SD team working more closely with the Functional Learning Partners will ensure that the changing L&D needs will be identified and managed more effectively for 2022-23.</p>
3.1.4	<p>The L&D provision and budget have had to flex to accommodate changes to Service priorities and 'unexpected' L&D requests driven by several factors including:</p> <ul style="list-style-type: none"> • Changes in department/organisational priorities • People movement • Learning needs being identified during the Appraisal process and not captured in the initial LNA • LNA returns not being submitted or being inaccurate • New, in-year conference/continuous professional development opportunities • Suppliers not being available due to COVID-19 • Service priority changes in response to COVID-19
3.1.5	<p>At the First Learning Partner Group meeting in November 2021, the Learning Partners were asked to review their 2021-22 LNA returns and prioritise the learning and development needs for the remainder of the performance year. The prioritised learning and development needs will be returned with the completed 2022-23 LNA submission on 28 January 2022. The Leadership and Skills Development team are continuing to work with Functions to ensure that the LNA submissions are accurate and reflect their priority needs.</p>
3.1.6	<p>The blended and digitally enabled approach has been adopted with two 'tranches' of Leadership for Change Programmes (LfCP) being scheduled for middle managers each performance year from 2022-23. The first and pilot virtual LfCP is already underway and is receiving positive feedback. A third LfCP tranche will be scheduled, aimed specifically at strategic managers where a need has been identified through the LNA discussions with the Functions.</p>
3.1.7	<p>The Supervisory Leadership Development Programme (SupLDP) has moved to virtual implementation with the pilot underway with the Supervisory Leadership Development Centre pilot cohort.</p>
3.1.8	<p>The delivery of IOSH Managing Safely has been programmed, with an initial 330 people on the first tranche and arrangements are progressing to enable an additional 400 people to complete IOSH Managing Safely in line with the COVID-19 recovery L&D activity.</p>
3.2 3.2.1	<p>LNA 2022-23</p> <p>The revised 2022-23 LNA was deployed week commencing 27 September 2021 and Functions have engaged positively with the L&SD team in nominating their Learning Partners and in completing their LNAs. The Functions initial reaction to the changes has been positive seeing the move to continually reviewing and reporting on the LNA as positive step to supporting learning and development in their areas.</p>

3.2.2	The LNA return rate has been impacted by the resourcing requirements of COP26, and the impact of the pandemic on resource levels across the Service.
3.2.3	The inaugural meeting of the Learning Partners Group (LPG) took place on 30 November 2021, with the Learning Partners agreeing the Terms of Reference, Purpose and Objectives for the group. The second meeting took place on 12 January 2022 with a focus on the update and progress being made to finalise and submit the LNA priorities for the remainder of the year, and the 2022-23 LNA.
3.2.4	The budget for external training, learning and development is currently managed by the POD directorate through account code/budget line 10249. This is a historical arrangement established during the previous POD directorate structure and Training and Learning Needs Analysis activity was aligned over the last 4-5 years.
3.2.5	With establishment of the Training, Safety and Assurance Directorate, revised POD directorate structures and with the changes across the separate Training and Learning Needs processes including different service delivery priorities, the existing centralised L&D budget is being realigned to enable the establishment of a separate budget to service the Training Needs Analysis/Operational Training. This additional and separate budget will be managed by the Training Function to service all operational training requirements from 2022-23 onwards. This will therefore enable POD and the L&SD Team to focus on leadership and non-operational learning and development requirements.
3.2.6	The budget realignment arrangements are being progressed with the Training Function and Finance teams and will be concluded in Quarter 4 2021-22. This will enable the Operational Training budget establishment to be completed for the start of 2022-23 and will be informed by the LPG prioritisation of the 2021-22 priorities. Any additional budgetary requirements for either the remaining centralised L&D or newly established Operational Training budgets will be the responsibility of each budget holder respectively and facilitated through zero based budget planning or the existing Business Case process.
4	Recommendation
4.1	The People Committee are asked to note the progress made with the: <ol style="list-style-type: none"> 1. planning currently taking place with the Learning Partners to deliver against agreed functional L&D priority needs to 31 March 2022 and the completion of the 2022-23 LNA 2. realignment of the centralised L&D budget to: <ol style="list-style-type: none"> a. create a separate Operational Training budget to be managed by the Training Function to support all external operational training requirements from 2022-23 onward, and b. enable the centralised L&D budget from 2022-23 to focus on leadership and non-operational learning and development requirements.
5	Key Strategic Implications
5.1	Risk
5.1.1	The centralised learning and development budget may not be able to support all L&D activities required to support and enable Service 2021-22 priorities.
5.2	Financial
5.2.1	An improvement in fiscal forecasting and corporate procurement arrangements are anticipated.

5.3 5.3.1	Environmental & Sustainability The move to digital first and blended L&D arrangements are anticipated to result in an improved overall environmental and sustainable position (e.g. through reduced travel and printing requirements).
5.4 5.4.1	Workforce Development of talent across the SFRS ensures that the organisation has the right level of skills, knowledge and resources to face current and future priorities.
5.5 5.5.1	Health & Safety This report identifies that Health and Safety training and qualifications are now being gathered through the LNA and it's expected this will impact positively on the Service H&S performance.
5.6 5.6.1	Training An effective LNA process is key to support the Service to meet the current and future priorities – prioritised learning and development = right people, in the right place, with the rights skills at the right time.
5.7 5.7.1	Timing The revised Learning Needs Analysis process began Q3 2021 with the development planning activity requirement moving to the mid-year appraisal period (Q2/Q3) to align to business (financial and performance) planning cycle for the following year.
5.8 5.8.1	Performance The LNA process and associated elements will have a positive impact on organisational performance in working towards strategic outcome 3.
5.9 5.9.1	Communications & Engagement Continued communication and engagement will be required to ensure that the revised LNA process embeds and that any further improvements are identified and progressed. This will be supported through Learning Partner engagement arrangements and established Corporate Communications channels.
5.10 5.10.1	Legal No legal implications are anticipated.
5.11 5.11.1	Information Governance <i>DPIA completed: No</i> - Discussed with DPIA advisor and determined not required.
5.12 5.12.1	Equalities <i>EIA completed: No</i> - Included in the Training and Employee Development EIA which will be kept under review.
5.13 5.13.1	Service Delivery Development of talent across the SFRS via learning, training or experience will ensure that the organisation has the right level of skills, knowledge and resources to face current and future priorities.
6	Core Brief
6.1	Not Applicable
7	Appendices/Further Reading
7.1	Appendix A: 2021-22 LNA Analysis

Prepared by:	Anne Gordon, Leadership and Skills Development Manager	
Sponsored by:	Ceri Dodd, Deputy Head of POD	
Presented by:	Anne Gordon, Leadership and Skills Development Manager	
Links to Strategy and Corporate Values		
The SFRS Strategic Plan – Strategic Outcome 3: Workforce Development SFRS Values: Safety, Teamwork, Respect and Innovation		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>POD DMT</i>	<i>18 January 2022</i>	<i>For Recommendation</i>
<i>People Board</i>	<i>02 February 2022</i>	<i>For Information</i>
<i>People Committee</i>	<i>03 March 2022</i>	<i>For Information</i>

Appendix A: 2021-22 LNA Analysis

Function	Development Activity	% Investment
Asset Management	Equipment Training Fleet Training Face Fit Training Courses Property Training	7.83
Strategic Planning, Performance and Communication	Certified Courses in Risk Management & Governance Data Protection	3.07
Finance and Procurement	Chartered Institute of Procurement & Supply Courses	3.68
People and Organisational Development	Executive and COVID-19 Resilience Coaching Psychometric Testing Training CIPD Level 5 Qualifications Modern Apprenticeship Registrations SVQ Registrations Community Public Health Nursing Audiometry Courses Spirometry Courses Young Programme (Scotland) Online Leadership Learning Resources/Materials (Supervisory and Middle Manager Leadership Development Programmes) HR Seminars Management Coaching and Mentoring qualification Active Listening & Harassment Course	37.30
Service Development	Cyber Awareness Training ICT Courses	2.93
Service Delivery	Fire Investigation Courses Skills for Justice L5 Fire Investigation Courses Seminars and Continuous Professional Development	8.99
Training, Safety and Assurance	Forklift/Telehandler Training HAZMAT Advisor Courses	36.20

Function	Development Activity	% Investment
	Water Rescue Courses DVSA Examination IOSH Courses H&S at Work Conference HR and Learning Technologies Conference Rope Rescue Instructor places Working at Height Appliance Accreditation Institute of Fire Engineers Certification	

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/10-22

Agenda Item: 14

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	LEARNING AGREEMENT						
Report Classification:	For Information Only	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	This purpose of this paper is to inform the People Committee of the introduction of a Trade Union (TU) Learning Agreement with the Fire Brigades Union (FBU).						
2	Background						
2.1	While both the Service and the FBU have always been supportive of learning and development activities, to date, there has not been a formal TU Learning Agreement in place. The aim of the Learning Agreement is to promote and enable consistency of access to and implementation of lifelong learning opportunities for all Scottish Fire and Rescue Service (SFRS) employees e.g. enabled through the existing SFRS/FBU/Scottish Union Learning Fund (SULF) learning project role and Collective Learning Partnership (CLP).						
2.2	The SFRS is part of a Collective Learning Partnership (CLP) along with the FBU, Unite the Union and the City of Glasgow College. The CLP forms part of the wider SFRS L&D arrangements in enabling personal and lifelong learning development and therefore complements the delivery of the Learning Needs Analysis (LNA) and Training Needs Analysis (TNA) by providing lifelong learning opportunities (e.g. languages, MS Office applications, mental health awareness, bicycle maintenance, fitness and nutrition courses) for our people through a range of development opportunities from specific skills to people gaining confidence and experience in learning.						
2.3	The existing arrangements, including the adoption of the proposed Learning Agreement with the FBU are already open to all employees to access and benefit from. The Service will continue to engage with all recognised Trade Unions to further develop the Learning Agreement.						
3	Main Report/Detail						
3.1	A Learning Agreement demonstrates the shared long-term commitment between the Service and FBU to upskill our people so they can continue to learn and develop competencies throughout their lives, keeping pace with the rapidly developing and changing environment we live in. People continually renew the information, skills and behaviours that will help them succeed in their social and professional lives.						
3.2	The Learning Agreement sets out the joint aims of the Service and FBU, expressing the principles they will work to and outlines the scope of the agreement.						

3.3	<p>The Agreement sets out the joint approach to support and enable the lifelong learning of our people by establishing a:</p> <ul style="list-style-type: none"> • Steering Group, to support and enable the Collective Learning Partnership and associated workstream, comprising of FBU (PSO), Senior FBU Representative, Deputy Head of People and Organisational Development (POD), Training and/or POD Manager, nominated person from partner College and the option for nominated representative from Unite the Union. • This group will meet on a regular (typically quarterly) basis and will be chaired by POD/L&SD Manager and the FBU Learning PSO will take responsibility for collating items and compiling the agenda. • Joint Union/Employer Learning Committee that will be responsible for introducing, implementing and monitoring learning initiatives in line with the Agreements' aim and objectives. Membership of the Learning Committee will include typically equal numbers of Employer and Union representatives consisting of representatives, where possible, from Training and/or POD, Operations and Human Resources plus the Union Learning Project Support Organiser.
3.4	<p>The Learning Agreement aligns to, and supports The Building the Future Together Pillar 1: Our Commitment and Pillar 3: Our Workforce, by supporting the Service's commitment to:</p> <ul style="list-style-type: none"> • treating people fairly, and with dignity and respect, • providing the training and development our people need, • equality of access to development, • supporting health and wellbeing.
3.5	<p>Providing learning opportunities for both job-related and personal needs, can significantly improve people's level of job satisfaction, with its related positive impact on turnover, absenteeism and productivity.</p>
3.6	<p>The Learning Agreement supports the existing CLP which brings a range of benefits to the Service and our people. The "model" between the Trade Union partners to develop and deliver Adult Literacy and Numeracy (ALN), ICT, Communication Skills, and Modern languages to learners is a key component.</p>
3.7	<p>This model involves:</p> <ul style="list-style-type: none"> • Taking the learning to the workplace; • Delivering at shift friendly times; • Using virtual delivery models, where appropriate for course delivery; • Delivery using qualified tutors who are all fully trained and qualified in dealing with adult literacy and core skills learning including ICT; and • Wider learning programmes including accredited learning.
3.8	<p>A range of courses are provided including understanding pensions, communication skills, working with numbers, problem solving, CV writing, understanding finances, communications via Information and Communication Technologies (ICT), languages, computing at all levels (up to and including European Computer Driving Licence (ECDL)), introduction to pensions, and mental health awareness have been developed and delivered using this model.</p>
3.9	<p>In addition to the courses outlined above a number of courses have been developed and delivered aimed at ensuring that union members undertaking Modern Apprenticeships have the necessary literacy, numeracy, report writing and portfolio building skills.</p>

3.10	<p>The Service and FBU work together to support the wide lifelong learning and development needs of our people. These needs may be gathered through skills profiling, the Learning Needs Analysis or other engagement processes used to identify gaps in essential, basic and other skills for the programmes of learning:</p> <ul style="list-style-type: none"> • the range of development opportunities contributes to the lifelong learning of our people. • this person-centred approach is anticipated to enable wider workplace benefits from specific skills development, to people gaining confidence and experience in learning generally. Some may have been away from learning since leaving school and gaining this confidence may encourage and enable them to move onto more formal learning routes. • there is joint support and commitment to our people's lifelong learning by the Service and FBU. The partnership approach, with a strong focus on the individual contributes to people taking ownership of their own learning journey whether that be personal/social or professional.
4	Recommendation
4.1	The People Committee are asked to note the introduction of the Learning Agreement.
5	Key Strategic Implications
5.1 5.1.1	<p>Risk</p> <p>The aim of the Learning Agreement is to promote and enable consistency of access to and implementation of lifelong learning opportunities for all our people e.g. enabled through the existing SFRS/FBU/Scottish Union Learning Fund (SULF) learning project role, Collective Learning Partnership (CLP).</p>
5.2 5.2.1	<p>Financial</p> <p>There is no additional financial or investment required – this is already supported and enabled though existing budgets and agreed arrangements.</p>
5.3 5.3.1	<p>Environmental & Sustainability</p> <p>The move to digital first and blended L&D arrangements are anticipated to result in an improved overall environmental and sustainable position (e.g. through reduced travel and printing requirements).</p>
5.4 5.4.1	<p>Workforce</p> <p>Lifelong learning opportunities and development of enables our people to take ownership of their own learning journey whether that be personal/social or linked to enable their professional opportunities.</p>
5.5 5.5.1	<p>Health & Safety</p> <p>It's expected this will impact positively on the Service H&S performance.</p>
5.6 5.6.1	<p>Training</p> <p>Effective needs analysis, engagement and communication processes are key to enabling our people to access and benefit from these opportunities.</p>
5.7 5.7.1	<p>Timing</p> <p>The aim is to agree and implement the Learning Agreement in preparation for Q1 2022-23.</p>

5.8 5.8.1	Performance It is anticipated that this will have a positive impact directly on the individual and indirectly on organisational performance.	
5.9 5.9.1	Communications & Engagement Effective needs analysis, engagement and communication processes are key to enabling our people to access and benefit from these opportunities.	
5.10 5.10.1	Legal No legal implications are anticipated	
5.11 5.11.1	Information Governance <i>DPIA completed:</i> Discussion with DPIA lead to be progressed.	
5.12 5.12.1	Equalities <i>EIA completed:</i> No - Included in the Training and Employee Development EIA which will be kept under review.	
5.13 5.13.1	Service Delivery It is anticipated that this will have a positive impact directly on the individual and indirectly on organisational performance.	
6	Core Brief	
6.1	Not applicable	
7	Appendices/Further Reading	
7.1	Appendix A: Learning Agreement	
Prepared by:	Anne Gordon, Leadership and Skills Development Manager	
Sponsored by:	Ceri Dodd, Deputy Head of POD	
Presented by:	Anne Gordon, Leadership and Skills Development Manager	
Links to Strategy and Corporate Values		
The SFRS Strategic Plan – Strategic Outcome 3: Workforce Development SFRS Values: Safety, Teamwork, Respect and Innovation Building the Future Together Programme – Pillar 1: Our Commitment and Pillar 3: Our Workforce		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>POD DMT</i>	<i>18 January 2022</i>	<i>For Recommendation</i>
<i>People Board</i>	<i>02 February 2022</i>	<i>For Decision</i>
<i>People Committee</i>	<i>03 March 2022</i>	<i>For Information</i>
<i>Employee Partnership Forum</i>	<i>17 February 2022</i>	<i>For Information</i>

Learning Agreement



Learning Agreement Scottish Fire & Rescue Service and the Fire Brigades Union



1. Introduction

Scottish Fire and Rescue Service and the Fire Brigades Union are committed to working in partnership to promote lifelong learning and ensure equal access to learning opportunities for all employees of the service.

2. Aim

To develop and maintain a learning and development partnership between the FBU Learning Project Support Organiser (PSO), Union Learning Representatives (ULR's) and Scottish Fire and Rescue Service (SFRS).

3. Objectives

- 3.1 To encourage and support staff to participate in Lifelong Learning so, they can continue to learn and develop competencies throughout their lives, keeping pace with the rapidly developing and changing environment we live in. People continually renew the information that will help them succeed in their social and professional lives.
- 3.2 To provide access to Lifelong Learning
- 3.3 To build upon the Government's current lifelong learning initiatives
- 3.4 To work with organisations such as Scottish Trade Union Congress (STUC) to enable access to wider lifelong learning opportunities
- 3.5 To promote fair and equal access to lifelong learning for all staff
- 3.6 To provide access to alternative lifelong learning opportunities.
- 3.7 To ensure the SFRS workforce development strategies are supported through lifelong learning
- 3.8 To encourage and support staff seeking learning opportunities and re-skilling prior to retirement from the service

- 3.9 To introduce a Steering Group through the Collective Learning Partnership (CLP) comprising of FBU (PSO), Senior FBU Representative, HR Manager, Training and/or POD Manager, nominated person from partner College. This group will meet on a regular basis (as agreed at first the Learning Committee meeting (see section 4.5). The Group should be chaired by POD/L&SD Manager and the PSO will take responsibility for collating items and compiling the agenda.

4. Who the agreement covers

- 4.1 This agreement covers all full and part time employees of Scottish Fire and Rescue Service (*SFRS*).
- 4.2 The *SFRS* and the Fire Brigades Union will undertake to ensure that this agreement will not be used as an alternative to collective bargaining and agree to maintain and use existing negotiating procedures and arrangements other than those specified in this agreement.
- 4.3 *SFRS* and the Fire Brigades Union are regarded as the 'Learning Agreement Partners' (*The Partners*) and agree that all individual grievances arising from this lifelong learning initiative shall be subject to the existing grievance procedures.
- 4.4 The partners agree to establish a joint Union/Employer Learning Committee and will comprise of equal numbers of Employer and Union representatives consisting of a representative from Training and/or POD, Operations and Human Resources plus the Union Learning Project Support Organiser. The Learning Committee will be responsible for introducing, implementing and monitoring learning initiatives in line with the objectives listed previously.
- 4.5 The main responsibilities of the Learning Committee include:
- (a) Considering and prioritising the lifelong learning needs of staff volunteering for learning initiatives.
 - (b) Identifying the groups and individuals who may benefit from the various lifelong learning initiatives.
 - (c) Provide guidance in producing a realistic Learning Plan, setting goals and targets for the learning provision within the workplace, this will include establishing lifelong learning outcomes.
 - (d) Determine and monitor the learning provisions available within the scope of the learning agreement.
 - (e) Work together with colleges and other external partners to maximise potential for learning opportunities.
- 4.6 The Partners agree that any additional learning needs analysis is undertaken with the co-operation of all partners, and that any such analysis will be solely for lifelong learning purposes within the scope of this Agreement. The analysis will not be used in relation to other issues such as pay, performance appraisal, redundancy, disciplinary, procedures, etc. All individual learning records and

associated information within the scope of this agreement will be confidential and secured by the designated FBU PSO (Project Support Organiser). In order to recognise our peoples lifelong learning and maintain full and accurate training/learning records, employees will give their consent to share information with the Service via course registration forms.

- 4.7 The Partners commit to regularly updating the learning needs analysis of participants in any learning programme within the scope of this agreement.
- 4.8 The Partners agree where possible to ensure all staff groups are represented by the Committee, and Learning Committee members are provided with all relevant information concerning the learning provision within the scope of this agreement and their duties/responsibilities as members of the Committee.
- 4.9 Learning committee members will have the responsibility of disseminating all information on matters relating to lifelong learning in the workplace and will ensure employees are made aware of the lifelong learning opportunities available.
- 4.10 The Learning Committee will meet quarterly (or as agreed by the Committee) to develop, progress and monitor actions/activity as identified by this agreement.
- 4.11 A Chairperson from SFRS management will be appointed by the members at the initial Learning Committee meeting. This Chair will take the role for the first 2 years, thereafter the role of the Chair will be reviewed and consideration given to an annual rotation between SFRS management and the FBU. The Committee Secretary will be the FBU Lifelong Learning Coordinator/ PSO who has responsibility for all the administrative functions of the Committee.

5. Equal opportunities and equal access

- 5.1 The Partners recognise the importance of equality of access to learning and equal access to enhance skill levels, as well as the individual learning and development needs of the employees. The Partners will ensure training and development within the scope of this agreement is provided to all employees.
- 5.2 The Committee will:
 - (a) Make every effort to ensure that when any lifelong learning takes place the specific needs of specific individual employees are taken into account.
 - (b) Ensure where possible reasonable time is given to Workplace Union Learning Reps, in line with existing Working Together Framework arrangements, to have the opportunity to take suitable training enabling them to offer support, information, advice and guidance to their members and work with the employer to introduce and sustain a learning culture into the workplace.

- (c) Assist, with the help of the PSO, the individual employees/learning reps to make informed choices in regard to lifelong learning programmes giving those concerned the ability to secure the maximum benefits possible from the opportunities available.
- (d) Suitable facilities will be provided for training to be accessible for SFRS employees, with access to electronic equipment, including emails, telephones, notice boards etc., where practicable lockable cabinets for ULRs use.
- (e) Consider reasonable time off to be granted for ULR's, in line with existing Working Together Framework arrangements, to attend learning and education establishments. This will be considered on an individual basis and applications will be made through the existing TU Leave policy.
- (f) Participation is on a voluntary basis for all employees and the Unions agree to actively encourage their members and wider employees to fully participate in all appropriate lifelong learning initiatives and opportunities.
- (g) Learning activities will not be undertaken during work time unless directly linked to a person's rolemap/job description and approved by the Functional/Service Delivery Area Learning Partners. All learning activities will Be voluntary. As the employer, the SFRS maintains the right to permit time off to attend courses and participate in lifelong learning activities. Risk critical training will always take precedence.

6. Trades Union Learning Representatives

- 6.1 ACAS Code of Practise 3 – Time off for Trade Activities and Duties - lists the legal rights of Trade Union Learning Representatives, these include the following;
 - (a) Paid time off to attend Union Learning Representative (ULR) training;
 - (b) Paid time off to attend joint training with managers in connection with developing and implementing the agreement;
 - (c) Paid time off and facilities to carry out ULR duties;
 - (d) Paid time off when arranging for employees to consult ULR; and
 - (e) Access to user service training and development group meetings in line with the constitution of those meetings.
- 6.2 The actual detail of this section will be agreed within existing SFRS/FBU negotiating arrangements and will be attached as an appendix to this agreement.
- 6.3 Time off for ULR training will be in line with the Time Off For Trade Union Duties Policy

7. Agreement

7.1 This agreement is subject to joint review annually from the date of issue.

Signed:

For and on Behalf of the Scottish Fire and Rescue Service

Signature _____

Print name _____

Designation _____

Date _____

For and on Behalf of the Scottish Fire Brigade Union

Signature _____

Print name _____

Designation _____

Date _____

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/11-22

Agenda Item: 15

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	SFRS TRAINING CONTINUOUS IMPROVEMENT PROGRAMME - UPDATE						
Report Classification:	For Information only	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this paper is to provide an update on the progress being made to implement the recommendations contained within the Scottish Fire and Rescue Service (SFRS) Training Continuous Improvement Programme (CIP).						
2	Background						
2.1	The Training function have undertaken a full review of Training delivery and development within the SFRS. This review generated 56 recommendations which are now contained within the Training CIP.						
3	Main Report/Detail						
3.1	Currently 11 recommendations within the CIP are complete, 33 are in progress and 12 have been deferred, overall progress for the programme sits at 52%.						
3.2	The 11 complete recommendations cover various areas of Training including pre-selection tests relating to recruitment, the provision of additional driving instructors, the publication of the SFRS re-employment policy and improvements in the recording of Breathing Apparatus wears.						
3.3	The 12 recommendations that have been deferred are dependent on the outcomes of work being undertaken by Directorates across the service or external factors out with the control of the Training function. These recommendations are continually monitored to see if progress can be made.						
3.4	Examples of dependencies are: <ul style="list-style-type: none"> • Awaiting publication of SFRS Community Risk Index Modelling • The impending enactment of Section 19 of the Road Safety Act 						
3.5	Similar to those that are complete, the recommendations currently in progress cover many different areas of Training activity. The main area currently being developed which will have the biggest impact across the SFRS, is the improvements being made to the Training for Operational Competence Framework (TfOC).						
3.6	The TfOC maintenance of skills programme is undertaken by all Operational crews on all duty systems and is a 3-year rolling programme. The TfOC was introduced shortly after the inception of the SFRS and replaced the Training regimes of all legacy services.						

3.7	These improvements will be the first meaningful changes to the Framework since its introduction and will benefit all Firefighters in the SFRS.
3.8	There are three drivers for change in the TfOC framework, the internal Training function review and reports from Her Majesty's Fire Service Inspectorate (HMFSI) and Education Scotland. Both external reports were specifically looking at SFRS Retained Duty training.
3.9	<p>The new TfOC framework will satisfy the recommendations within all the reports. The main changes are as follows:</p> <ul style="list-style-type: none"> • One National training schedule for Operations Control, Officers and Operational crews. This will ensure that the most up to date training on any subject can be delivered Scotland wide at the same time. (Previous schedules were not aligned) • Moving from monthly training targets to quarterly training targets. This aligns training to the 5 Watch duty system and provides more flexibility when scheduling training for Retained and Volunteer duty systems. • More focus on Core skills and a move towards more hands-on training. Breathing Apparatus, Road Traffic Collision and Casualty Care Training will all be undertaken throughout the year. (Currently undertaken 1 month per year) • Theory based training modules will become maintenance modules containing need to know, risk critical information. The maintenance modules will be shorter in duration compared to the current PowerPoint based acquisition modules and contain more video and interactive content. • The formation of the Operational Competence Strategy Group (OCSG) with the remit of scheduling training subjects on a risk basis considering information from across the service including advice from the Safety and Assurance function. Accident frequency, new National Guidance/Procedures, Emerging Risks, Seasonal Weather and National events will all be factors when the OCSG meet to schedule training.
3.10	These improvements will enhance the skills, knowledge and safety of Firefighters. Training will become more enjoyable due to the shift to more practical based content and reduced theory. These positive changes may also provide added benefits such as assisting in the retention and recruitment of personnel in the retained duty system.
3.11	The implementation date for the new TfOC framework is 1 April 2022. The changes being made have taken a lot of time to develop and this has impacted on the progress of other recommendations in the Training CIP. This has been time well spent due to the positive impact the improvements will have across the country, this workload will reduce after the implementation date and progress on many other areas of the Training CIP will resume.
3.12	It is now over three years since the Training CIP was published. Many things have changed since then in terms of training demand, management structures and working practices due to the COVID19 pandemic. Due to these changes it has been determined that a review of the Training CIP will be undertaken to identify which recommendations continue to be valid and achievable. Once this assessment has been made the remaining recommendations will be prioritised and delivered via a revised improvement programme.
4	Recommendation
4.1	The People Committee is asked to note the progress that has been made within the Training CIP and the imminent major improvements to the Training for Operational Competence Framework.
5	Key Strategic Implications
5.1	Risk
5.1.1	A Risk Register covering all aspects of Training is maintained by the Function.

5.2	Financial
5.2.1	Not applicable
5.3	Environmental & Sustainability
5.3.1	Not applicable
5.4	Workforce
5.4.1	Not applicable
5.5	Health & Safety
5.5.1	A Generic Risk Assessment is in place for all SFRS Training Activities.
5.6	Training
5.6.1	The improvements to the Training for Operational Competence framework will enhance Firefighter skills knowledge and safety.
5.7	Timing
5.7.1	Not applicable
5.8	Performance
5.8.1	Not applicable
5.9	Communications & Engagement
5.9.1	Not applicable
5.10	Legal
5.10.1	Not applicable
5.11	Information Governance
5.11.1	Not applicable
5.12	Equalities
5.12.1	Not applicable
5.13	Service Delivery
5.13.1	Not applicable
6	Core Brief
6.1	Not applicable
7	Appendices/Further Reading
7.1	None
Prepared by:	Richie Hall, Area Commander
Sponsored by:	John Dickie, Assistant Chief Officer: Director of Training, Safety & Assurance
Presented by:	Richie Hall, Area Commander
Links to Strategy and Corporate Values	
SFRS Strategic Plan 2019-22	
Outcome 2 Our flexible operational model provides an effective emergency response to meet diverse community risks across Scotland.	
Outcome 3 We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services.	

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>People Committee</i>	<i>3 March 2022</i>	<i>For Information</i>

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/12-22

Agenda Item: 16

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	MEASUREMENT OF ASBESTOS FIBRES DURING LIVE BURN						
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 an overview of the outcomes of a live burn involving common types of asbestos containing materials (ACM) found in domestic buildings and the potential levels of asbestos exposure to Firefighters.						
2	Background						
2.1	Approximately 9.4 million buildings in the United Kingdom (UK) still contain ACM of some sort. Exposure to asbestos fibres can, in certain circumstances, lead to three diseases: <ul style="list-style-type: none"> • Asbestosis: • Lung cancer and: • Mesothelioma 						
2.2	It can also cause a group of benign conditions of the pleura of variable severity and it may cause a group of other cancers including cancers of the larynx, gastrointestinal tract, and kidney, and conceivably a wide range of others.						
2.3	In 2019 some 5700 asbestos related deaths were recorded in the UK. Analysis of these deaths showed that the vast majority occurred in tradespeople e.g. electricians, plumbers, carpenters, etc. The cause of death was attributed to regular exposure to relatively low levels of airborne asbestos fibres generated whilst drilling/cutting/shaping ACM in the general construction process. The risk associated with working on ACM of course depends on the amount of fibres inhaled and this, in turn, depends on the airborne fibre concentrations generated whilst carrying out the work.						
2.4	Due to widespread use of ACM in all categories of buildings, Scottish Fire and Rescue (SFRS) operational personnel are occasionally required to enter premises which contain asbestos materials. In some cases, there is no asbestos register available. In other cases, due to the circumstances of the incident, there may be insufficient time for the register to be found and interrogated prior to taking action.						
2.5	There has been significant research undertaken into the presence of and potential health effects of carbonaceous materials on Firefighters. However, there is very limited research regarding the risk from ACM exposure whilst Firefighters tackle a building fire.						
2.6	Whilst the SFRS has an Asbestos Standard Operating Procedure and Decontamination Procedure in place, there has been no scientific measurement to determine whether these arrangements are suitable, sufficient and providing the anticipated protection to crews.						

2.7	<p>The Health and Safety Department secured funding to commission scientific measurements to:</p> <ul style="list-style-type: none"> • Measure airborne fibre concentrations generated during a fire in a typical domestic type building; and • Form an opinion as to the suitability of existing practises in protecting SFRS staff and others during the firefighting operation.
2.8	<p>This information would assist SFRS in the management of asbestos and the broader matter of workplace contaminants.</p>
3	Main Report/Detail
3.1	<p>SFRS, after competitive tender, appointed ACS Physical Risk Control Ltd to undertake the ACM research. Established in 1978, ACS was the first commercial asbestos consultancy in Scotland as well as one of the first UK organisations to achieve UKAS (United Kingdom Accreditation Service) accreditation for asbestos testing and surveying and is firmly placed as one of the UK's leading consultancies in asbestos related research, management, testing and training. Managing Director Professor Roger Willey is a world-renowned expert in the field and besides working throughout the UK, Roger and the ACS team have worked in Canada, USA, Europe, Turkey, the Middle East, Africa, India, Japan, Chile and the Falkland Islands.</p>
3.2	<p>The Company holds UKAS accreditation for:</p> <ul style="list-style-type: none"> • Sampling of Bulk Material; • Asbestos Fibre Identification; • Air Sampling; • Fibre Counting; and • Asbestos Surveying.
3.3	<p>SFRS liaised with Glasgow City Council to identify a building which met the following criteria: contained ACM, had similar rooms, was expendable and reasonably remote from other properties. This proved challenging however a derelict home for the elderly based at 100 Mallaig Road Glasgow was selected. The property met all the criteria other than not containing any ACM.</p>
3.4	<p>The required quantities of asbestos cement (AC) and asbestos insulation board (AIB) were obtained from an asbestos licensed contractor (Enviraz Ltd). Permission was obtained from SEPA (Scottish Environment Protection Agency) to divert some of the waste material to the burn site on the understanding that any debris would be appropriately disposed after the burn.</p>
3.5	<p>As the density, asbestos type and content are quite different for AC and AIB, two individual bedroom units were set alight under controlled conditions by SFRS staff. One room contained AC whilst the other contained AIB – which SFRS senior staff report are the most common types of ACMs found in domestic buildings. Air samples were taken during and immediately after the burn, along with swab samples from equipment and vehicles.</p>
3.6	<p>In recent years it is quite unusual to find asbestos insulation in fire damaged properties; of properties which did contain asbestos some 70% contained asbestos cement (AC) and some 30% contained asbestos insulating board (AIB).</p>
3.7	<p>SFRS engaged the services of the University of Edinburgh to assist in determining the fire load (120kg of wooden pallets), measuring the gas phase temperatures, the burning rate of the fuel load and the flow in and out of the window. This was to ensure there was a high degree of repeatability with regard to the fire. The final report from the University of Edinburgh (Appendix 4 within the attached ACS report) confirms this was achieved.</p>

<p>3.8</p> <p>3.9</p> <p>3.10</p> <p>3.11</p> <p>3.12</p> <p>3.13</p> <p>3.14</p> <p>3.15</p>	<p>The live burns were carried out on Tuesday 6 October 2020: First burn was carried out in the morning; Room 9, containing AIB; Weather conditions: cloudy, 6°C, light winds of 4 mph.</p> <p>Second burn was carried out in the afternoon of the same day; Room 8, containing AC; Weather conditions: light rain, 8°C, light winds of 2 mph.</p> <p>The nearest operational fire station to the burn site was at Govan. It was estimated by senior SFRS staff that from 999 emergency calls to arrival/tackling of the fire crew on site would take about 15 minutes. To simulate a real fire and response, the rooms were allowed to burn for 14 minutes and 16 minutes respectively before suppression was started.</p> <p>The principal objective of the investigation was to measure airborne fibre concentrations during the burn and during the immediate clean up. This would assist in determining the airborne fibre concentrations experienced by the crews entering the building to tackle the fire as well as fibre concentrations experienced by other people who were adjacent to the burn (to help establish a safe exclusion zone).</p> <p>To try and satisfy these two objectives a personal sampling pump was attached to one of the firefighters. The pump was activated just before entrance into the fire zone and deactivated on egress from the zone. Static sampling pumps were placed inside and outside each room at differing distances from the source of fire. The latter were allowed to run whilst the area was being cleaned up after the fire. This involved shovelling smouldering material out through the broken window of the fired room and into the garden area immediately outside.</p> <p>In addition to this, swab tests were taken of the BA cylinders worn and the fire appliances in attendance.</p> <p>After extinguishing the fire, the standard SFRS decontamination procedure as described in Incidents Involving Asbestos SOP, Version2, 18.05.2017 was undertaken.</p> <p>The attached final report from ACS shows that:</p> <ul style="list-style-type: none"> • No significant difference in airborne fibre concentration from each asbestos type; and • Airborne fibre concentrations at all locations were below 0.01 f/ml. This is the lowest level of detection of the current HSE approved analytical method and represents very low levels of airborne fibre concentrations. • The investigation determined the lifetime exposure to this type of burn over 30 years (section 6.1 of report) and determined that exposure is insignificant. <p>In summary:</p> <ul style="list-style-type: none"> • There is negligible risk from airborne asbestos to SFRS front line firefighting staff engaged in entering domestic type buildings which are on fire where AC or AIB are present (Section 6.1 of report); • There is negligible risk from airborne asbestos to staff on the site who are not entering the building (Section 6.2 of report); • An exclusion zone of 5m would be more than sufficient from an asbestos fibre perspective. The size of any exclusion zone around the building during operations should not depend solely on the presence of asbestos in the building (Section 6.2 of report); • Existing control and decontamination measures at the conclusion of site work are robust and do not require any changes. There is negligible risk of any significant asbestos dust or debris being taken back to the Fire Station or workshops (Section 6.3 of report); <p>and</p>
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	<ul style="list-style-type: none"> The swab tests carried out in the two vehicles showed no difference between tests carried out the day before the burn and immediately after the burn. In both cases there was no evidence of any asbestos materials in the cabs of the fire appliances.
4	Recommendation
4.1	<p>The following actions are recommended for consideration:</p> <ul style="list-style-type: none"> Health and Safety Department engage with the Health and Safety Executive (HSE) to inform them of the outcome of this research; No changes are made to the current decontamination process with regard Asbestos; Health and Wellbeing review their health surveillance arrangements to reflect the requirements of the Control of Asbestos Regulations and in relation to the broader context of contaminants; and Frontline update is produced to advise staff of the findings of this research.
5	Key Strategic Implications
5.1	Risk
5.1.1	If health and safety arrangements are not fully implemented, there is a risk that the SFRS may not be compliant with its civil and criminal legislative responsibilities.
5.2	Financial
5.2.1	Any financial implications will be considered by the relevant risk owner.
5.3	Environmental & Sustainability
5.3.1	Any environmental & sustainability implications will be considered by the relevant risk owner.
5.4	Workforce
5.4.1	Robust health and safety management arrangements have the potential to impact positively on the workforce. Specific action relating to workforce will be considered by the risk owners and progressed via the appropriate governance route.
5.5	Health & Safety
5.5.1	The implementation of the noted recommendations will enhance the health and safety of staff.
5.6	Training
5.6.1	A review of training in accordance with the recommendation may be required.
5.7	Timing
5.7.1	It is proposed that the recommendations be considered and timescales provided by the risk owner.
5.8	Performance
5.8.1	It is anticipated that the introduction of measures within the report will enhance the health, safety and wellbeing performance across the SFRS.
5.9	Communications & Engagement
5.9.1	The recommendations will be approved by the Contaminants Group and National Safety and Assurance Board and completed by relevant business partners with support from the Health and Safety Dept.
5.10	Legal
5.10.1	If health and safety arrangements are not fully implemented, there is a risk that the SFRS may not be compliant with its legislative responsibilities.

5.11	Information Governance	
5.11.1	A Data Protection Impact Assessment (DPIA) has not been completed for this overview paper, however where applicable a DPIA will be completed for the associated arrangements outlined with this paper.	
5.12	Equalities	
5.12.1	An Equality Impact Assessment has been completed for the HSW Policy and all associated management arrangements.	
5.13	Service Delivery	
5.13.1	The recommendations within this report will enhance the safety of Service delivery personnel.	
6	Core Brief	
6.1	Not applicable	
7	Appendices/Further Reading	
7.1	Appendix A – ACS Measurement of Airborne Asbestos Fibres During a Live Burn	
Prepared by:	Julie Harkins, A/Head of Safety and Assurance	
Sponsored by:	ACO John Dickie, Director of Training, Safety and Assurance	
Presented by:	Julie Harkins, A/Head of Safety and Assurance	
Links to Strategy and Corporate Values		
Strategic Plan 2019-2022: Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services. Objectives 3.3 - We will care for our people through progressive health, safety and wellbeing arrangements.		
Safety Value: Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>Contaminants Group</i>	<i>17 May 2021</i>	<i>For Recommendation</i>
<i>National Safety and Assurance Board</i>	<i>05 August 2021</i>	<i>For Decision</i>
<i>Strategic Leadership Team</i>	<i>08 December 2021</i>	<i>For Information</i>
<i>People Committee</i>	<i>03 March 2022</i>	<i>For Information</i>

Measurement of Airborne Asbestos Fibres During a Live Burn

CLIENT	Scottish Fire and Rescue Services
SITE	Ex Davislea Care Home 100 Mallaig Road Glasgow G51 4PE



Report Ref:	Q. 2941	Site work:	Douglas Whitfield & Roger Willey
Report Date:	23 February 2021	Final Review & Authorised By:	R J Willey

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1. Executive Summary

Although research work has been carried out on the presence of some contaminants on Firefighter Health, there appears to have been little work carried where asbestos containing materials (ACMs) are in the building. This Report summarises an investigation carried out when two units in an ex Residential Home were set alight under controlled conditions by SFRS staff. One room contained asbestos cement whilst the other contained asbestos insulating board – which SFRS senior staff report are the most common types of ACMs found in domestic buildings. Air samples were taken during and immediately after the burn, along with swab samples from equipment and vehicles. From the experimental results obtained, it would appear that when using the procedures witnessed in the current investigation and working in the proximity of asbestos cement and/or asbestos insulation board:

- 1.1 There is negligible risk from airborne asbestos to SFRS front line firefighting staff engaged in entering domestic type buildings which are on fire ([Section 6.1](#));
- 1.2 There is negligible risk from airborne asbestos to support staff on the site who are not entering the building ([Section 6.2](#));
- 1.3 The size of any exclusion zone around the building during operations does not depend on the presence of asbestos in the building ([Section 6.2](#)); and
- 1.4 Existing control and decontamination measures at the conclusion of site work are robust and do not require any changes. There is negligible risk of any significant asbestos dust or debris being taken back to the Fire Station ([Section 6.3](#)).

2. Introduction

Asbestos was first imported into the UK in large quantities in 1872. Initially its use was largely confined to heavy engineering applications – particularly in the insulation of steam boilers in locomotives and ships. Following the widespread destruction of cities in the UK during the Second World War there was a very large-scale re-building programme throughout the UK – at a time when there was a grave shortage of normal building materials such as stone, brick and wood. As a consequence, large numbers of prefabricated buildings were constructed from asbestos containing materials. Even when regular building materials became available, because of their remarkable qualities, ACMs (Asbestos Containing Materials) were used extensively in the construction of domestic, commercial and industrial properties. However, because of the health problems associated with the inhalation of asbestos fibres the usage of asbestos declined in the late 1970s. All types of asbestos were eventually banned in 1999. Between 1872 and 1999 HSE report that some 17 million tonnes of asbestos were imported into the UK of which some 4 million tonnes were used in the construction industry. Approximately 9.4 million buildings in the UK still contain ACMs of some sort.

Up until about 1990 the death rate in the UK from the asbestos related deaths of asbestosis, lung cancer and mesothelioma was relatively constant at about 2000 per annum. Most of these deaths were recorded in the heavy engineering industries, particularly shipbuilding. Since then, the death rate has steadily increased and in 2019 some 5700 asbestos related deaths were recorded.

Analysis of these deaths showed that the vast majority occurred in tradespeople e.g. electricians, plumbers, carpenters, etc. The cause of death was attributed to regular exposure to relatively low levels of airborne asbestos fibres generated whilst drilling/cutting/shaping ACMs in the general construction process.

The analysis led to a fundamental change in the asbestos regulations in the UK. In the Control of Asbestos Regulations 2002, Regulation 4 – the Duty to Manage, was introduced. It became mandatory to carry out

asbestos surveys in all non-domestic properties, and in the common areas of domestic properties. The asbestos surveys were subsequently made available to contractors BEFORE carrying out work – enabling the correct planning of the work to be undertaken and the introduction of safe systems of work. The risk associated with working on ACMs of course depends on the amount of fibres inhaled and this, in turn, depends on the airborne fibre concentrations generated whilst carrying out the work. To assist contractors in developing their Risk Assessments and Method Statements (RAMS), the HSE have published extensive guidance on asbestos categories and airborne fibre concentrations. [Appendix 1](#) is an example. This is an extract from HSE Guidance Note EH 35. It can be seen that airborne fibre concentration depends on the category of asbestos and the actual work carried out. For high density material such as asbestos cement the airborne fibre concentrations are relatively low e.g. less than 0.5 f/ml. However, for low density and friable materials the values can be substantially higher. In extreme cases, such as the removal of sprayed (limpet) asbestos, airborne fibre concentrations can be as high as 1000 f/ml.

Because of the widespread use of ACMs in all categories of buildings, Fire and Rescue Crews are occasionally required to enter premises which contain asbestos materials. In some cases, there is no asbestos register. In other emergency cases, there may be insufficient time for the register to be found and interrogated. Strict procedures and protocols have been developed for the latter eventuality and the Scottish Fire and Rescue Service (SFRS) have well defined operational procedures, coupled with rigorous training regimes. However, there appears a distinct shortage of information in the literature on airborne fibre levels to be expected in burning buildings containing ACMs. As a consequence, questions were raised by the Safety and Assurance Team of SFRS as to the robustness of the current policies and procedures and this led to the development of the current short research programme.

3. The Investigation

3.1 Aims

The aims of the investigation were:

- (i) To measure airborne fibre concentrations generated during a fire in a typical domestic type building; and
- (ii) To form an opinion as to the robustness of existing practices in protecting SFRS staff and others during the firefighting operation.

3.2 Objectives

The objectives were to:

- (i) Find an experienced person/organisation(s) to devise a programme and carry it out;
- (ii) Find a suitable building which could be set on fire under controlled conditions;
- (iii) If necessary, load the building with ACMs;
- (iv) To develop measuring/analytical techniques which would operate at the high temperatures within the building;
- (v) To generate a fire which would be typical of that in a domestic property and to carry out the fire fighting under realistic conditions;
- (vi) To measure airborne fibre concentrations during the fire; and
- (vii) To determine the efficacy of crew and equipment decontamination procedures at the conclusion of the exercise.

4. The Experimental Programme

- (i) Scottish Fire and Rescue Service, after competitive tender, appointed ACS Physical Risk Control Ltd to Project Manage the Research Programme. Established in 1978 ACS was the first commercial asbestos consultancy in Scotland as well as one of the first UK organisations to achieve UKAS (United Kingdom Accreditation Service) accreditation for asbestos testing and surveying and is firmly placed as one of the UK's leading consultancies in asbestos related research, management, testing and training. In some 40 years, in excess of 110 000 different asbestos related contracts have been undertaken. Managing Director Professor Roger Willey is a world-renowned expert in the field and besides working throughout the UK, Roger and the ACS team have worked in Canada, USA, Europe, Turkey, Middle East, Africa, India, Japan, Chile and the Falkland Islands.

The Company holds UKAS accreditation for: Sampling of Bulk Material; Asbestos Fibre Identification; Air Sampling; Fibre Counting; and Asbestos Surveying (UKAS Ref No's 144 and 0676) and successfully participates in the external 'Regular Inter-Laboratory Counting Exchange' (RICE) and 'Asbestos in Materials' (AIMS) quality assurance schemes.

ACS is also a founder member of the United Kingdom Asbestos Training Association (UKATA), with Roger Willey holding a position on the UKATA Board of Directors. The Company is approved under the CHAS, Constructionline, LHC, Exor and global ISNetWorld suppliers' schemes and holds appropriate insurance cover for asbestos management, surveying and testing.

Companies undertaking asbestos surveying, sampling and analysis work must work to the requirements of the Health & Safety Executive (HSE) Documents HSG 264 – *Asbestos: The Survey Guide* and HSG248 – *Asbestos: The Analysts' Guide for Sampling, Analysis and Clearance Procedures*. ACS achieves and can demonstrate compliance to these procedures, and to the required ISO17020 and ISO17025 Standards, through its UKAS accreditations and successful participation in AIMS and RICE.

- (ii) The object of the exercise was to set (at least part) of a domestic type building on fire. The building, therefore, had to be expendable. Also, the building should be fairly remote from other occupied building and have fairly extensive grounds to house the equipment, two fire tenders, other vehicles and people. In addition, the whole area had to be secure to ensure that was no tampering with, or theft of, the scientific equipment. Lengthy discussions took place between SFRS and City of Glasgow Council as to a suitable building. The latter were most helpful and eventually identified a suitable, secure, building at 100 Malaig Road, Glasgow, G51 4PE. This had been a home for elderly people but had been closed for some time pending demolition. The units were identical and were composed of one single room with space for a bed, storage for personal belongings, a toilet, wash basin and shower, as shown in Fig.1



Fig.1

- (iii) The property at 100 Mallaig Road was ideal in all aspects other than not containing any asbestos materials. The Lead Person for SFRS was Group Commander Allan Stewart. After his many years of experience of fires in the Glasgow area he advised that:
- (a) In recent years it was quite unusual to find asbestos **insulation** (see [Appendix 1](#)) in fire damaged properties;
 - (b) Of properties which did contain asbestos some 70% contained asbestos **cement (AC)**; and
 - (c) Some 30% contained asbestos **insulating board (AIB)**.

Accordingly, quantities of AC and AIB were obtained from an asbestos licensed contractor (Enviraz Ltd) who had just finished an asbestos removal contract involving these materials. Permission was obtained from SEPA (Scottish Environment Protection Agency) to divert some of the waste material to the burn site on the understanding that any debris would be double bagged by the Licensed Contractor at the conclusion of the experiment and disposed of correctly as hazardous waste. (Copies of the Consignment Note, Haulier's Registration and Landfill Site Licence are archived and available for inspection if necessary). In addition, the HSE (Health & Safety Executive) were kept fully informed of the proposals and formally notified of the work under the Control of Asbestos Regulations 2012.

The characteristics (density, asbestos type and content) are quite different for AC and AIB. It is quite possible, therefore, that the airborne fibre concentrations generated in the fire could have been different for each of the materials. Consequently, it was decided to carry out two "burns." One room contained AC and was burnt in the morning. After clearing all debris and ensuring no cross contamination the other room containing AIB was burnt in the afternoon. As part of a training and audit exercise, different fire tenders and different crews were used for the two operations.



Fig. 2

- (iv) Airborne fibre concentrations are measured in strict accordance with HSE Guidance Note HSG 248 *Asbestos: The analysts' guide for sampling, analysis and clearance procedures*. Sampling is carried out by drawing air at a fixed rate through cellulose acetate filter pads of 0.8 micron size. At the conclusion of the test (normally one hour or so) the filters are mounted on a microscope slide and "cleared" using acetone vapour. This makes the filter pad transparent and it is then examined under a high power optical phase contrast microscope. Respirable fibre is counted and, using this and the volume of air sampled, the airborne fibre concentration is calculated in f/ml.

One problem frequently encountered in boiler houses, or other areas where the air is of poor quality, is a deposit of carbonaceous type products on the filter pad. This does not allow the proper transmission of light through the "cleared" filter pad. Also, the particles can hide the respirable fibres. Both factors lead to erroneous results. At this stage it was not known how the filters would react with the dense smoke generated by a fire. It was decided to carry out some trials at the SFRS Fire Training Centre in Cambuslang. On 20 February 2020 Prof Willey and Douglas Whitfield of ACS attended the Centre to set up sampling pumps during a burn at the live burn area. Samples were taken at different distances from the flames/smoke and for different

times. The resultant filters can be seen in Fig 3. The sample at the far right was taken at some distance from the burn and represents a “normal” sample. The sample at the far left was taken quite close to the burn/smoke and for a period of one hour. It was very obvious that the normal sampling period of one hour was impossible. Also, it was clear that analysis by the normal optical microscopy could not be carried out on all samples and the whole programmes was, at this point, in jeopardy.



Fig. 3

A second series of samples were taken with different sampling times and sent to the Institute of Occupational Medicine (IOM) in Edinburgh for analysis by electron microscopy. It quickly became apparent that this technique did allow accurate analysis of samples which were unreadable by dispersion staining optical microscopy. It was also found that an optimum sampling period was some 20 minutes. To avoid any complications of comparing results from optical microscopy with those from electron microscopy it was decided to analyse ALL samples by electron microscopy.

- (v) The live burns were carried out on Tuesday 6th October 2021.
 First burn was carried out in the morning;
 Room 9, containing AIB;
 Weather conditions: cloudy, 6°C, light winds of 4 mph.

Second burn was carried out in the afternoon of the same day.
 Room 8, containing AC;
 Weather conditions: light rain, 8°C, light winds of 2 mph.

The method used was the same in each case and was based on the system used in the Live Burn area at Cambuslang. Approximately 120 kg of wooden pallets were stacked in the room. The amount of material was calculated by SFRS staff to be sufficient to produce a “typical” domestic fire. Once stacking was completed, and all safety checks carried out, the “fuel” was set alight by SFRS staff using a mass of cardboard ignited by a blow torch.



Fig. 4

The nearest operational fire station to the burn site was at Govan. It was estimated by senior SFRS staff that from 999 emergency call to arrival of the fire crew on site would take about 15 minutes. To simulate a real fire and response, the rooms were allowed to burn for 14 minutes and 16 minutes respectively before suppression was started.

The fire itself was monitored by Dr Rory Hadden and his team from the School of Engineering at the University of Edinburgh and his comprehensive report was issued on 18 October 2020. Measurements were reported of gas phase temperatures, burning rates of fuel load and the flow in and out of the windows. The maximum temperatures measured in the two rooms were approximately 800 °C (Room 9) and 740 °C (Room 8). Dr Hadden is of the Opinion that the results show a high degree of repeatability between the fires in the two rooms. His Report is reproduced in full in Appendix 4.

- (vi) The principal objective in the investigation was to measure airborne fibre concentrations during the burn and during the immediate clean up. The objective was twofold (a) to determine, if possible, the airborne fibre concentrations experienced by the front-line fire fighters and (b) to determine the fibre concentrations experienced by other people who were adjacent to the burn (to help establish a safe exclusion zone).

To try and satisfy these two objectives a personal sampling pump was attached to one of the firefighters. It was activated just before entrance into the fire zone and deactivated on egress from the zone. Static sampling pumps were placed in the room and then outside the room at differing distances from the source of fire. (See [Appendix 2](#)). The latter were allowed to run whilst the area was being cleaned up after the fire. This involved shovelling smouldering material out through the broken window of the fired room and into the garden area immediately outside. All sampling was carried out in accordance with HSG 248 as described earlier. At the conclusion of the tests the sample heads were sealed to avoid any possibility of cross contamination) and transported to the IOM Laboratory in Edinburgh for analysis by electron microscopy, as described earlier.



Fig. 5

- (vii) At the conclusion of the burn and once the front-line staff were in a safe and open environment, swab tests were carried out on the oxygen cylinders of the breathing apparatus. These were subsequently investigated under a high-power phase contrast, optical microscope.

After this short test the firefighters carried out the standard SFRS decontamination procedure as described in *R&R/SOP/Incidents Involving Asbestos, Version2, 18.05.2017*. This involved hosing down with a low-pressure water jet, removal of clothing, wrapping up of “suspect contaminated clothing”, placing in a polythene bag and then transporting to an approved cleaning facility. The suspect clothing of course was replaced with clean clothing. As a further check RJW followed the fire tender back to the Station and carried out swab tests on the seats occupied by the fire fighters. These swab tests were analysed as described above.



Fig. 6

5. Experimental Results

5.1 Air Tests

As explained in Section 4 (vi) samples were taken in strict accordance with HSE Guidance Note HSG 248. After exposure the sampling heads were sealed to avoid any cross contamination and transported to IOM Edinburgh for analysis by electron microscopy. IOM are a well-known and well-respected organisation and are accredited by UKAS for this work.

The sampling points are indicated in Appendix 2 whilst the analytical results from IOM are shown in full in Appendix 3. This information is summarised below:

Room 10 (Containing AIB)

Location		Airborne fibre concentration (f/ml)
One	N.A.	Pump failed
Two	N.A.	Pump failed
Three	Burn Room (rear)	Less than 0.01 f/ml
Four	5m west **	Less than 0.01 f/ml
Five	12m west	Less than 0.01 f/ml
Six	22m west	Less than 0.01 f/ml
Seven	5m north	Less than 0.01 f/ml
Eight	10m north	Less than 0.01 f/ml
Nine	Personal Mark Smith Burn Room	Filter contaminated during personal decontamination (sprayed with water)

** Adjacent to debris site in Fig. 5

Table 1

Room 8 (Containing AC)

Location		Airborne fibre concentration (f/ml)
One	N.A.	Pump failed
Two	N.A.	Pump failed
Three	Burn Room (rear)	Pump failed due to faulty connection.
Four	5m west **	Less than 0.01 f/ml
Five	12m west	Less than 0.01 f/ml
Six	22m west	Less than 0.01 f/ml
Seven	5m north	Less than 0.01 f/ml
Eight	10m north	Less than 0.01 f/ml
Nine	Personal William McCall Burn Room	Less than 0.01 f/ml

** Adjacent to debris site in Fig. 5

Table 2

The locations were fixed for the morning burn and for the afternoon burn. The sizes and contents of the two rooms in question were exactly the same. The Edinburgh University results show a high degree of repeatability between the fires in the two rooms.

In this case the only variable between the two experiments is that one room contained asbestos **cement (AC)** and the other room contained asbestos **insulating board (AIB)**.

A comparison of the results shows no significant difference in airborne fibre concentration as a function of asbestos **category**. I would suggest, therefore, that where there has been a failure of pump/filter on one experiment, but it has worked properly in the other experiment, then it is reasonable to use the result for both locations. This would apply to location number THREE (the burn rooms) and to location number NINE (the personal samples). If this is accepted then airborne fibre concentrations at all locations were below 0.01 f/ml.

5.2 Swab Tests

As explained in Section 4(vii) swab tests were taken on the of the BA Systems after the conclusion of the exercise and also from the seats of the fire tenders used by the front-line firefighters. As a reference point swab tests were taken the day before the live burn in the two fire tenders which were to be used. Millipore filters, as used in air testing, were carefully drawn across the surface of the cylinders to collect any particulate matter. The filters were then mounted on a glass microscope using acetone vapour and the filter then sealed with a glass cover slip.

The unit was then examined under a high-power binocular phase contrast microscope – exactly the same unit as used to carry out fibre counting after air sampling. The microscope was fitted with a Walton Beckett graticule which enables the sizing, in microns, of any particles or fibres observed.

From HSE Publication HSG 248, the criteria for counting airborne (respirable) fibres are:

- Length greater than 5 microns;
- Diameter less than 3 microns; and
- Aspect (length to breadth ratio) of greater than 3 to 1.

In this particular case two hundred fields of view were examined on each slide/filter for evidence of asbestiform fibres and also for comparison with the size criteria above.

Day before live burn (05.10.2020)

Location	Asbestiform	Size Criteria
Tender SF11 EEO rear seat left	none	none
Tender SF13 EEO rear seat right	none	none
Tender SF13 GXP rear seat left	none	none
Tender SF13 GXP rear seat right	none	none

Day of the live burn (06.10. 2020)

Location	Asbestiform	Size Criteria
Tender SF11 EEO rear seat left	none	none
Tender SF11 EEO rear seat right	none	none
Tender SF13 GXP rear seat left	none	none
Tender SF13 GXP rear seat right	none	none
BA Systems		

2BAS 1037	Mr Smith	none	none
2BAS 1038	Mr Langland	none	none

6. Discussion

6.1 Risk to Front Line Staff

Subject to the assumption in Section 5.1, all of the air tests were below 0.01 f/ml. This is the lowest level of detection of the current HSE approved analytical method and represents very low levels of airborne fibre concentrations. (As can be seen from [Appendix 1](#)).

From the Helsinki Criteria (the Scandinavian Journal of Work Environ Health (1997; 23; 311-316), the risk of asbestos related disease depends on **cumulative** asbestos exposure. This is a measure of how **much** is breathed in (f/ml) multiplied by how **long** it is breathed in for (years). This is normally expressed as (f/ml).yrs.

In the case of Scottish Fire and Rescue Services front line staff any exposure would be sporadic (perhaps a few times a year). In the present case the exposure was some 20 minutes or so. Rounding this up to, say, 0.5 hour and assuming, say, two asbestos incidents in a typical year then over a 30-year service span the cumulative exposure would be:

Less than 0.01 f/ml x 2 hours per year x 30 years = <0.6 (f/ml). hrs

Assuming a working week of 37.5 hours and a working year of 46 weeks, one working year is 37.5 x 46 = 1725 hours.

In this case the cumulative exposure in (f/ml). years = 0.6/1725 = **<0.0003 f/(ml). yrs.**

In 2001 the HSE published "Reducing risks, protecting people – the HSE's decision making process." This document refers to risk in terms of **annual** risk. (It is generally accepted that a lifetime risk of 1 in 100 000 translates to an annual risk of 50 times less i.e. 1 in 5 000 000.) The HSE regard an annual risk of 1 in 1 000 000 as the boundary between **tolerable risk** (where someone has a higher risk occupation) and **broadly acceptable risk** where the risks are those imposed by society in general e.g. living close to an airport. Risks falling into this category are generally regarded as insignificant and adequately controlled.

In 2000 Hodgson and Dalton (Ann. Occup. Hyg., Vol 44, No. 8, 565 – 601) carried out a statistical review of mortality rates in cases where average cumulative exposures could be estimated. Using a definition of **lifetime** risk of less than 1 in 100,000 as being insignificant they produced estimates of limits of cumulative exposure for the three main types of exposure. For example, from pages 585 and 586:

Risk summaries for cumulative exposures of **0.005 f/ml.yrs or less**

Crocidolite	low to insignificant
Amosite	insignificant
Chrysotile	insignificant

The estimated lifetime exposure in the SFRS case is < 0.0003 (f/ml). yrs. Which is more than an order of magnitude less than the figure quoted by Hodgson and Dalton (noting that AIB normally contains amosite and AC normally contains chrysotile).

This means that the asbestos exposure in the current investigation is **insignificant**.

Airborne fibre levels at this low level are regarded by HSE as satisfying the requirements to control the spread of airborne asbestos fibres in the Control of Asbestos regulations 2012.

In my Opinion there is negligible risk to SFRS front line staff who are engaged in entering domestic type fires when asbestos cement or asbestos insulating board is present.

6.2 Risk to Site Support Staff

From Section 5.1 air tests were taken at various distances from the burning premises. These ranged from 5m to about 22m. In all cases the airborne fibre concentrations were below 0.01 f/ml. Using precisely the same arguments as in [Section 6.1](#), **this would strongly suggest that support staff on the site are at negligible risk from exposure to asbestos.**

From the experimental results I would suggest that an exclusion zone of 5m would be more than sufficient from an asbestos risk point of view. I would strongly suspect that the Exclusion Zone would be dependent on risks other than asbestos on the working site.

6.3 Risk to Off-site staff

The swab tests carried out in the two vehicles which carried Front Line Staff showed no difference between tests carried out the day before the burn and immediately after the burn. In both cases there was no evidence of any asbestos materials in the cabs of the fire tenders. **This would suggest to me that the existing control and decontamination measures are robust and do not require any changes.**

7. Opinions

After completion of the review of all the data collected, I am of the Opinion that, when using the procedures witnessed in the current investigation and working in the proximity of asbestos cement and/or asbestos insulation board:

- 7.1 There is negligible risk from airborne asbestos to SFRS front line firefighting staff engaged in entering domestic type buildings which are on fire ([Section 6.1](#));
- 7.2 There is negligible risk from airborne asbestos to support staff on the site who are not entering the building ([Section 6.2](#));
- 7.3 The size of any exclusion zone around the building during operations does not depend on the presence of asbestos in the building ([Section 6.2](#)); and
- 7.4 Existing control and decontamination measures at the conclusion of site work are robust and do not require any changes. There is negligible risk of any significant asbestos dust or debris being taken back to the Fire Station ([Section 6.3](#)).

APPENDIX 1

CLASSIFICATION OF ASBESTOS MATERIALS

The Asbestos (Licensing) Regulations 1983 introduced different categories of asbestos product:

- **Asbestos Insulation** (e.g. boiler/ pipe lagging) is very loose and friable and can only be worked on by a contractor licensed by the Health and Safety Executive and working under the controlled conditions above.
- **Asbestos Insulating Board** (e.g. ceiling tiles) is fairly hard and dense. For jobs involving removal/remedial work a licensed contractor must be used unless the person does not spend more than a total of 1 hour on such work in 7 consecutive days, and the total time spent on such work by **all** persons does not exceed 2 hours.
- **Asbestos Cement** (e.g. corrugated roofing material) is extremely hard and dense. Work involving asbestos cement can be carried out by normal workers, i.e. it is not necessary to employ a licensed contractor, although suitable precautions must be taken.

PROBABLE AIRBORNE ASBESTOS CONCENTRATIONS

(From Health & Safety Executive Guidance Note EH35, 1984)

Asbestos Insulation	fibre/ml
De-lagging with thorough soaking	1 - 5
De-lagging with water sprays	5 - 40
De-lagging dry (except crocidolite)	> 20
De-lagging crocidolite	100-1000
Asbestos Insulating Board	
Drilling vertical structures	2 - 5
Drilling overhead	4 - 10
Hand sawing	5 - 12
Machine sawing – jig saw	5 - 20
Machine sawing – circular saw	> 20
Asbestos Cement	
Machine drilling	< 1
Hand sawing	< 4
Machine sawing – Jig saw	2 - 10
Machine sawing – circular saw	10 - 20
Machine sawing – Abrasive disc cutter	<25

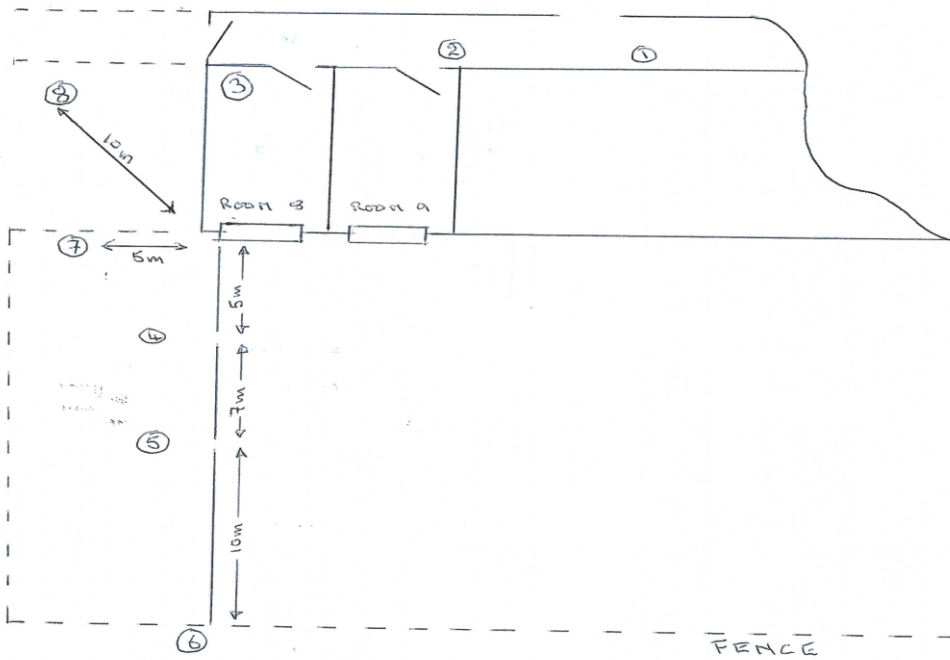
APPENDIX 2

SAMPLING LOCATIONS



APPENDIX 3

SAMPLING LOCATIONS



Q.2941

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APPENDIX 3

MEASUREMENT OF AIRBORNE FIBRE CONCENTRATIONS
(IOM ELECTRON MICROSCOPY RESULTS)

CONTRACT NO: S14771
DATE OF ISSUE: 15.10.20

RESULTS:

Client reference: Q2941 – 100 Mallaig Road, Glasgow, G51 4PE

Sample Number	Volume (l)	⁽¹⁾ No. of Resp. Fibres Found	⁽¹⁾ No. of Fields Searched	Total Fibre Conc ⁿ (fml ⁻¹)	AMX Fibre Conc ⁿ (fml ⁻¹)	CMX Fibre Conc ⁿ (fml ⁻¹)
NO.1.3	145.6	0	300	ND<0.010*	ND<0.010*	ND<0.010*
NO.1.4	513.6	1	150	<0.006*	<0.006*	ND<0.006*
NO.1.5	513.6	0	150	ND<0.002*	ND<0.002*	ND<0.002*
NO.1.6	524.3	0	150	ND<0.002*	ND<0.002*	ND<0.002*
NO.1.7	332.8	0	150	ND<0.003*	ND<0.003*	ND<0.003*
NO.1.8	473.8	0	150	ND<0.002*	ND<0.002*	ND<0.002*
NO.2.4	508.8	0	150	ND<0.002*	ND<0.002*	ND<0.002*
NO.2.5	493.5	0.5	150	<0.002*	ND<0.002*	<0.002*
NO.2.6	502.9	0	150	ND<0.002*	ND<0.002*	ND<0.002*
NO.2.7	475.2	0	450	ND<0.010*	ND<0.010*	ND<0.010*
NO.2.8	481.5	0	150	ND<0.002*	ND<0.002*	ND<0.002*
NO.2.9	45	1	1200	<0.010*	ND<0.010*	<0.010*

AMX – Amphibole Asbestos CMX – Chrysotile Asbestos ND-None Detected

* DETECTION LIMIT

When no fibres of a given type are detected, the fibre concentration can be reported as less than the concentration equivalent to three fibres (the one sided upper 95% confidence limit of the Poisson distribution). Therefore, when 0, 1 or 2 fibres are detected, 2.99 is used in the calculation of fibre concentrations. It expresses the 95% confidence detection limit for airborne fibre concentrations. When a volume of 332.8 litres is used the 95% confidence limit is 0.003 fml⁻¹ for the number of fields searched.

CONTRACT NO: S14771
DATE OF ISSUE: 15.10.20

COMMENTS:

Samples 1.3, 1.4, 2.7 and 2.9 were too dusty to be analysed as received. Following plasma ashing, the dust from each filter was made up in solution using a measured amount of filtered distilled water and a suitable aliquot of each resultant suspension was used to prepare a filter for analysis. These dilution factors were taken into account when calculating the results for the samples therefore the fibre concentrations reported above reflect the level of fibres on each entire original sample. This aspect of the work was outside the scope of our UKAS accreditation.

At the client's request, a greater number of screen areas than that used for our standard analysis were analysed and the analysis was restricted to asbestos fibres only. This was done in order to achieve a detection limit of 0.010 f/ml for each sample.

⁽¹⁾ UKAS accreditation for this work is limited to results obtained directly from the analysis. Calculated results based on sampling information provided by the client are out with the scope of this accreditation.

Any opinions and interpretations expressed herein are out with the scope of UKAS accreditation.

IOM Consulting cannot accept responsibility for samples sent for analysis that have been incorrectly collected or despatched.

AUTHORISED BY:



S Clark
Mineralogy Section Manager



CERTIFICATE OF ANALYSIS

ANALYSIS REQUESTED BY: ACS Physical Risk Control Ltd
Unit 14
The Claremont Centre
Durham Street
Glasgow
G41 1BS

CONTRACT NO: S14771

DATE OF ISSUE: 15.10.20

DATE SAMPLES RECEIVED: 08.10.20

DATE SAMPLES ANALYSED: 14.10.20

SAMPLES: Twelve airborne dust samples each supplied on a MCE gridded membrane filter

ANALYSIS REQUESTED: Fibre Counting using Scanning Electron Microscopy (SEM) with fibre identification by Energy Dispersive X-ray Spectroscopy (EDXS)

METHOD:

Each membrane filter is ashed in a low temperature plasma asher. The residue from the plasma ashing is recovered using filtered, distilled water and filtered through a 25mm, 0.4µm pore size polycarbonate filter. A portion of each filter is excised and mounted on a 13mm aluminium stub, coated with gold and examined by SEM. Each filter is searched systematically at 2000X magnification until an area of 1mm² has been examined or 50 whole fibres found. If 50 fibres are detected relatively quickly then the analysis is continued until a minimum of 30 SEM field areas have been evaluated. All respirable fibres (aspect ratio >3:1, length >5µm and diameter <3µm and including fibres in contact with particles >3µm diameter) detected are analysed by EDXS and identified as closely as possible, by comparing morphology and composition with standard reference materials.

The method used for analysis is documented in IOM instruction manual No.1 and is based on Asbestos International Association, Recommended Technical Method No. 2 (RTM2, AIA 1984) and International Standards Organisation (2002), International Standard 14966.

REFERENCES:

Asbestos International Association. (1984). Method for the determination of airborne asbestos fibres and other inorganic fibres by Scanning Electron Microscopy. Recommended Technical Method No. 2 (RTM2): AIA, London.

International Standards Organisation (2002). International Standard 14966. Ambient Air: Determination of numerical concentration of inorganic fibrous particles- Scanning electron microscopy method.



APPENDIX 4

SFRS Mallaig Road
Compartment fire dynamics



THE UNIVERSITY OF EDINBURGH
School of Engineering

Two room-scale compartment fires at 100 Mallaig Road, Glasgow

Rory M. Hadden¹, Eric V. Mueller¹, Timothy J. Aspinall¹, Vasilis Koutsomarkos¹, Cameron MacLeod¹
¹School of Engineering, University of Edinburgh, UK.

1. Summary

The University of Edinburgh was asked to attend the compartment fires undertaken by Scottish Fire and Rescue Service (SFRS) at 100 Mallaig Road, Glasgow. Two compartment fires were performed on 6th October 2020. The University of Edinburgh provided instrumentation for each compartment fire to allow measurement of the gas phase temperatures, the burning rate of the fuel load, and the flow in and out of the window.

The intention of the study was to have two repeatable fire scenarios to enable the evaluation of the hazard associated to two different asbestos containing materials present within the compartments.

This report details results from these measurements and confirms that there was a high degree of repeatability between the compartment fires in each case.

2. The compartments and fuel loads

The compartments used were part of the unoccupied, decommissioned care home owned by Glasgow City Council situated at 100 Mallaig Road, Glasgow. The contents of each room had been removed prior to the fires except for a sink unit in each of the rooms. An image of Room 2 is shown in Figure 1. A plan of each room, and the approximate location of the asbestos board, is shown in Figure 2. Each room had dimensions of approximately width 2830 mm, length 5150 mm, and height 2550 mm.



Figure 1 Interior of Compartment 2

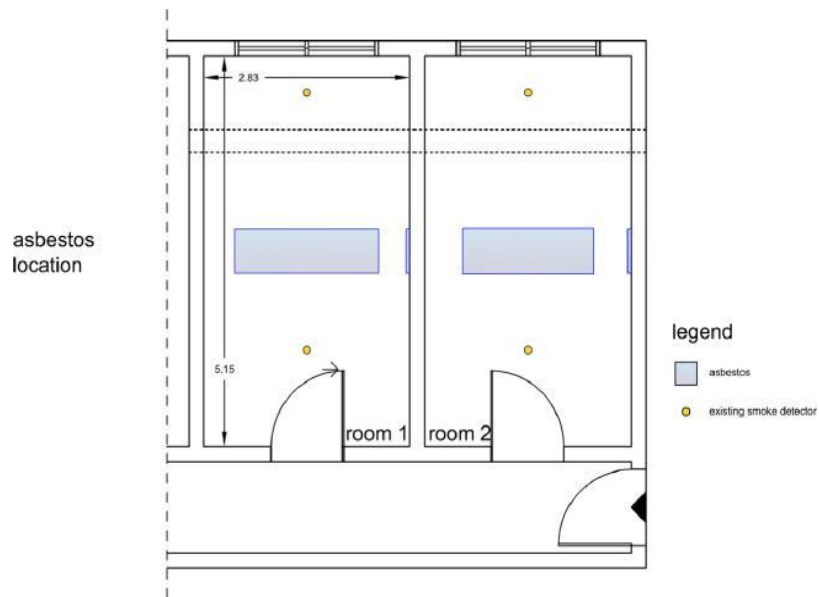


Figure 2 Plan of the rooms indicating the approximate locations of the asbestos board. Dimensions are given in meters.

2.1. Opening dimensions

Each room was fitted with two double-glazed window units. Each leaf of the window had height 910mm and width 685mm. The sill of the window was located 1060 mm above the floor.

2.2. Fuel

The fuel load in each room was approximately 110-120 kg of wooden pallets (totaling seven pallets in each room) stacked vertically as shown in Figure 3. To ignite the pallets, a mass of cardboard was used which was ignited with a blowtorch.



Figure 3 The fuel load in Compartment 2.

3. Measurements

Three different types of measurements were made to characterise the compartment fire:

- gas phase temperature;
- fuel mass; and
- flow into and out of the compartment.

In addition, video recordings were made inside and outside the rooms.

The approximate locations of the instrumentation within each room are shown in Figure 4.

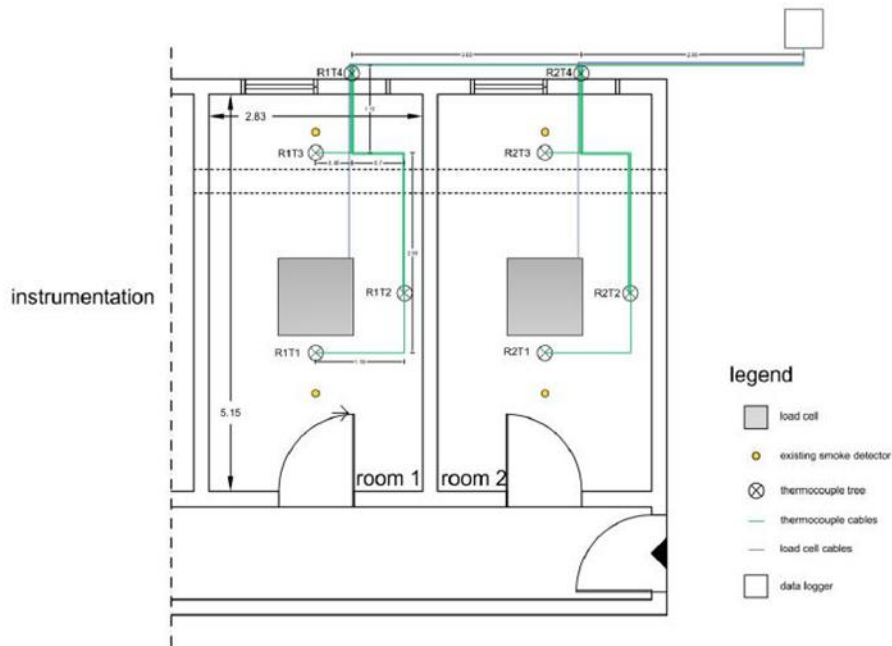


Figure 4 The positions of instrumentation in each room.

3.1. Gas phase temperatures

Three thermocouple trees (labelled as RXTY, where X corresponds to the room number and Y the thermocouple tree label), each comprising six fibreglass-insulated, K-type thermocouples, with a diameter of approximately 3 mm were used to measure the gas phase temperatures in the compartments. A further six thermocouples (on tree RXT4) were used to make measurements of the gas temperature of the flow at the window.

The locations of the thermocouple trees are shown in plan in Figure 4 and the position (height above the floor) of each thermocouple is shown in Figure 5.

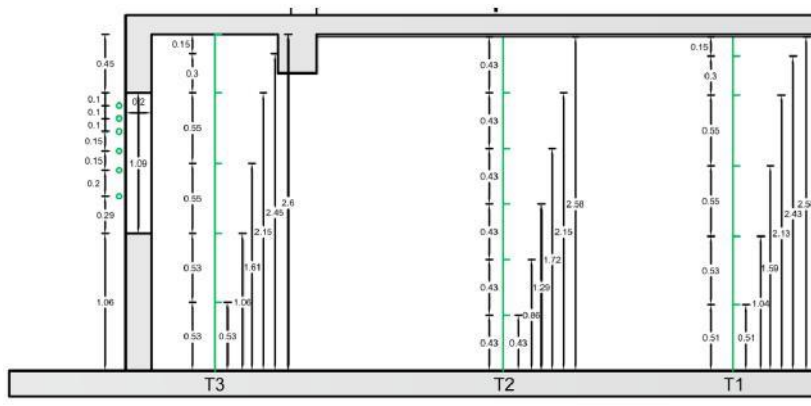


Figure 5 Vertical spacing of the thermocouple on each tree within the rooms.

3.2. Fuel mass

The fuel mass was recorded throughout the burn by using load cells. These were positioned in the centre of each room as indicated in Figure 4. The mass loss rate of the fuel allowed approximate calculation of the heat release rate from the fire. A heat of combustion of 17.5 MJ/kg was assumed for the wooden pallets.

3.3. Flow into and out of the compartment

The flows into and out of the compartment were measured by six bi-directional (McCaffrey) probes. These were positioned in the window of the room at heights corresponding to the temperature measurements in the window (Figure 5). The flow measurement system is shown in Figure 6.



Figure 6 The position of the flow measurements in Room 1.

Gas velocities are calculated from the differential pressure reading given by the bidirectional probe, and are corrected for gas density using the collocated temperature measurements at the window (Figure 5).

3.4. Video recording

Videos cameras were placed:

- within the compartment at the rear corner;
- outside the building parallel to the window opening; and
- outside the building looking obliquely at the window.

4. Results

In this section the data from the fires are presented in manner to allow comparison. An overview video presenting the key data has been provided as a digital appendix (Data Comparison Mallaig Road.mp4). The video recordings are also provided as a digital appendix (Composite Video Mallaig Road.mp4).

It is understood that the suppression in Room 1 occurred 14 minutes after ignition and in Room 2 occurred 16 minutes after ignition.

4.1. Temperature data

The temperature data are provided for comparison at each of the measurement locations within the rooms. Data are presented graphically as time series in the following order:

- near the asbestos (T2);
- the rear of the compartment (T1); and
- the front of the compartment (T3).

The average temperature difference between the period of 300 and 800 s at each measurement location is tabulated (where data are available) to give some quantification of the degree of similarity (or otherwise) between the data. This method involves the comparison of two-time series of fire growth and as such should be treated with caution.

4.1.1. Near the asbestos (T2)

The temperatures at each position near the asbestos are shown in Figure 7. As expected, temperatures near the ceiling are in general higher than those near the floor. Direct comparison of each position is given in Figure 8. The data show a similar thermal environment near the asbestos in each of the burns. The increase in temperature heights of 2508, 2150 and 1720 mm at 225 s in Burn 1, is due to the increased oxygen supply due to the partially open window falling from the mounting.

The average difference in temperatures at each measurement location between 300 and 800 s is given in Table 1. The average of these values indicates that temperatures at this location in Burn 2 were slightly higher (14°C) compared to Burn 1.

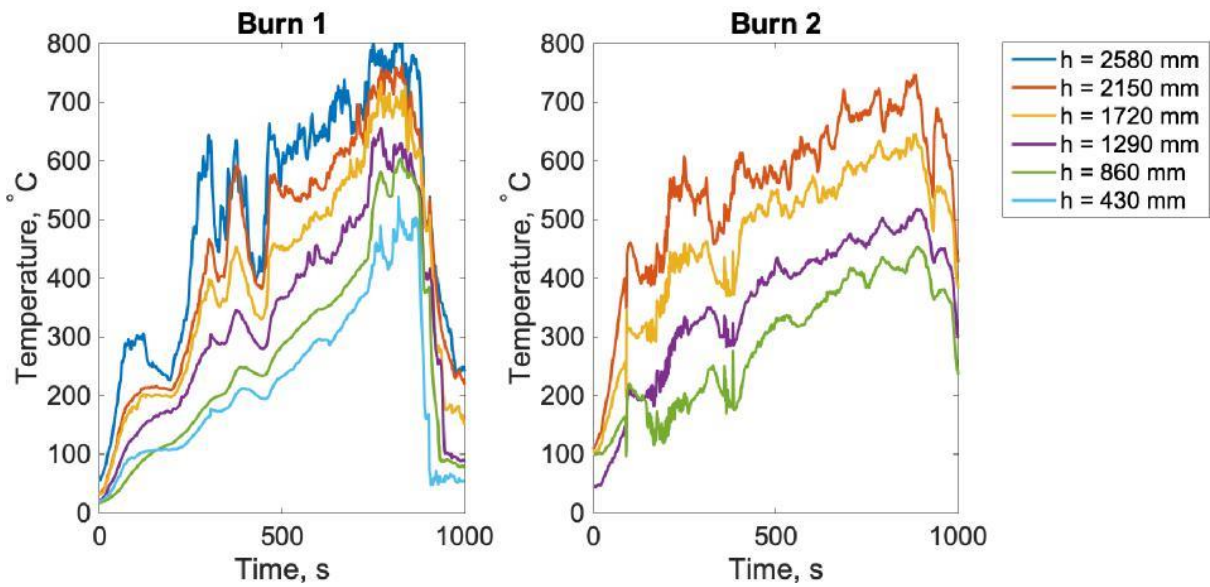


Figure 7 Temperature data near the asbestos for the fires in both rooms. Note: data are not available for heights 2580 mm and 430 mm in Burn 2.

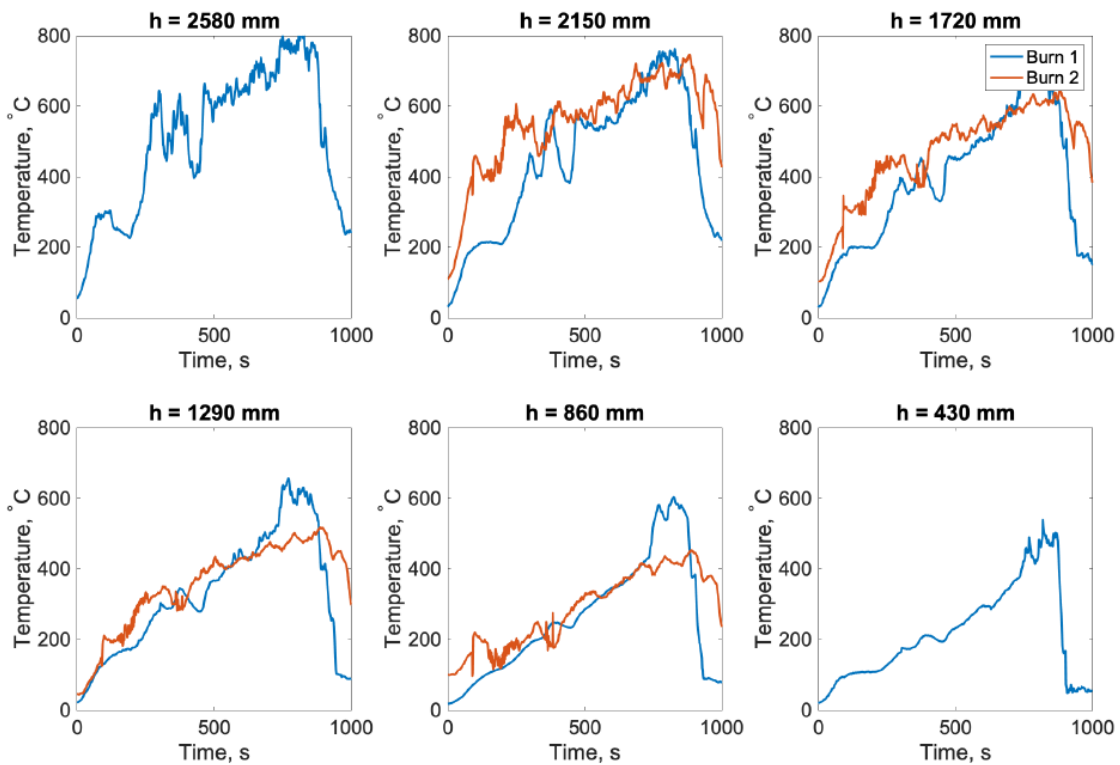


Figure 8 Comparison of the temperatures at each thermocouple location near the asbestos (T2).

Table 1. The average temperature difference between Burn 1 and Burn 2 near the asbestos. Negative numbers indicate higher temperatures in Burn 2 than in Burn 1.

Measurement location, mm	Mean temperature difference, °C
2150	-45
1720	-30
1290	7
860	10
Average	-14

4.1.2. Rear of compartment (T1)

The temperatures at each position at the rear of the compartments are shown in Figure 9. As expected, temperatures near the ceiling are in general higher than those near the floor. Direct comparison of each position is given in Figure 10. The data show that the temperatures in this location were in general higher in Burn 2 than in Burn 1. The increase in temperature heights of 2508, 2150, 1720 and 1290 mm at 225 s in Burn 1, is due to the increased oxygen supply due to the partially open window falling from the mounting.

The average difference in temperatures at each measurement location between 300 and 800 s is given in Table 2. The average of these values indicates that temperatures in Burn 1 at this location were slightly higher (13°C) compared to Burn 2.

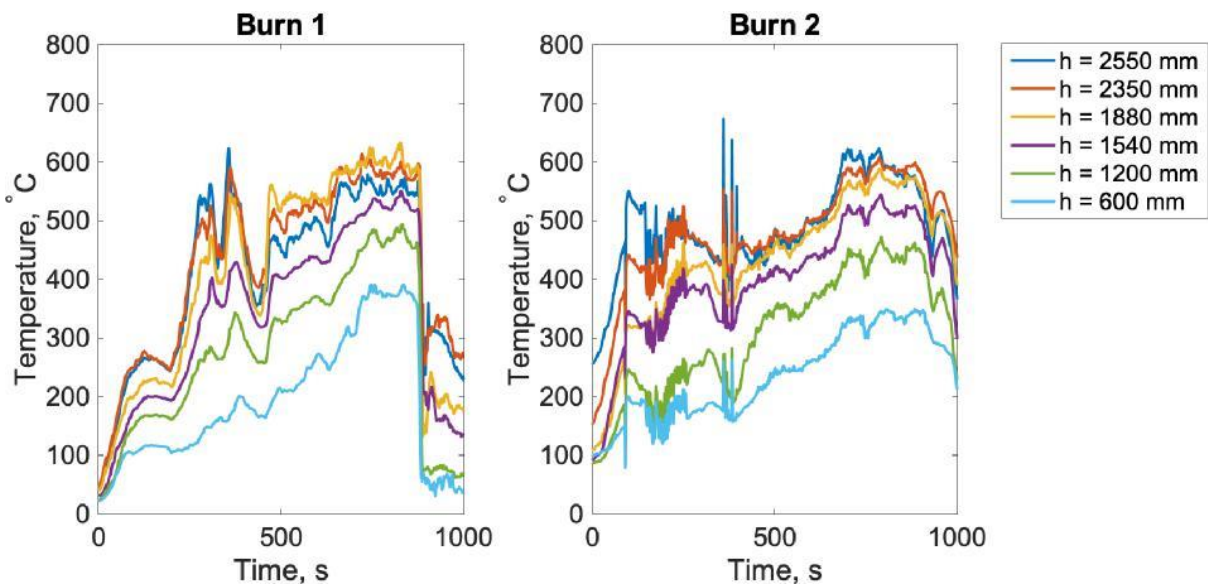


Figure 9 Temperature data near the rear of the compartment for the fires in both rooms.

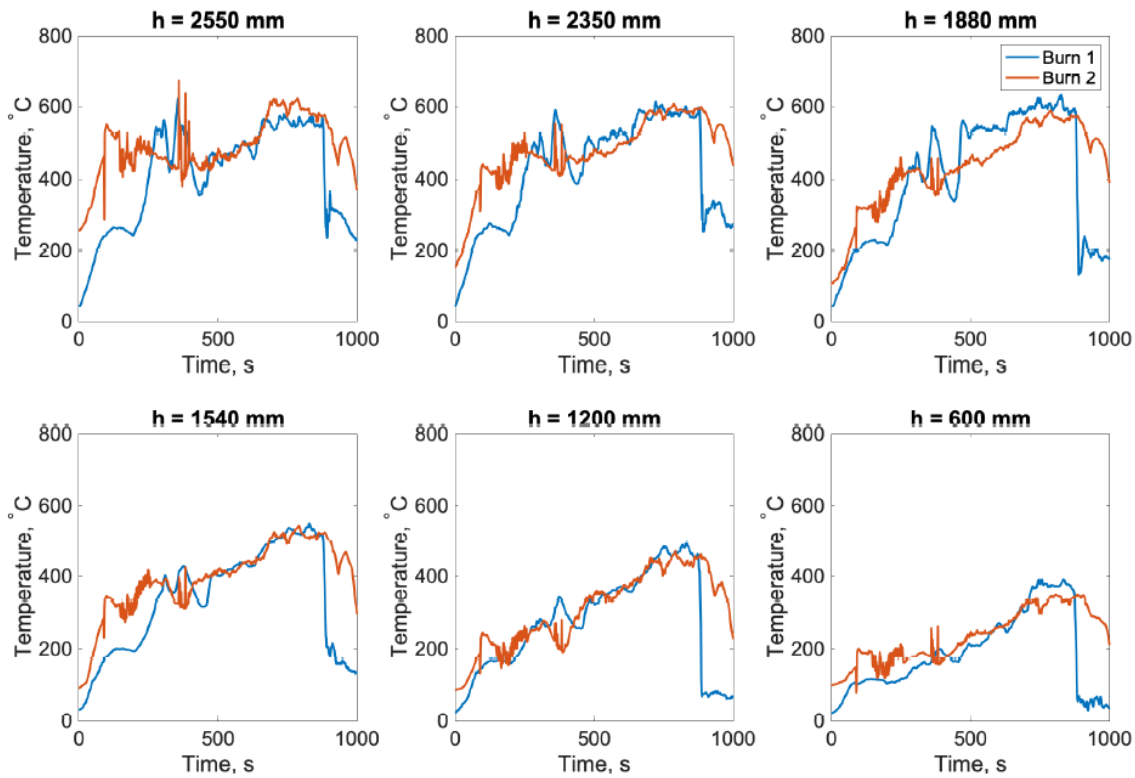


Figure 10 Comparison of the temperatures at each thermocouple location near the rear of the compartment (T1).

Table 2 The average temperature difference between Burn 1 and Burn 2 near the rear of the compartment. Negative numbers indicate higher temperatures in Burn 2 than in Burn 1.

Measurement location, mm	Mean temperature difference, °C
2550	-5
2350	21
1880	49
1540	2
1200	12
600	-4
Average	13

4.1.3. Front of compartment (T3)

The temperatures at each position at the front of the compartments are shown in Figure 11. As expected, temperatures near the ceiling are in general higher than those near the floor. Direct comparison of each position is given in Figure 12. The data show that the temperatures in this location were in similar between Burn 1 and Burn 2.

The average difference in temperatures at each measurement location between 300 and 800 s is given in Table 3. The average of these values indicates that temperatures in Burn 2 at this location were higher (50°C) compared to Burn 1.

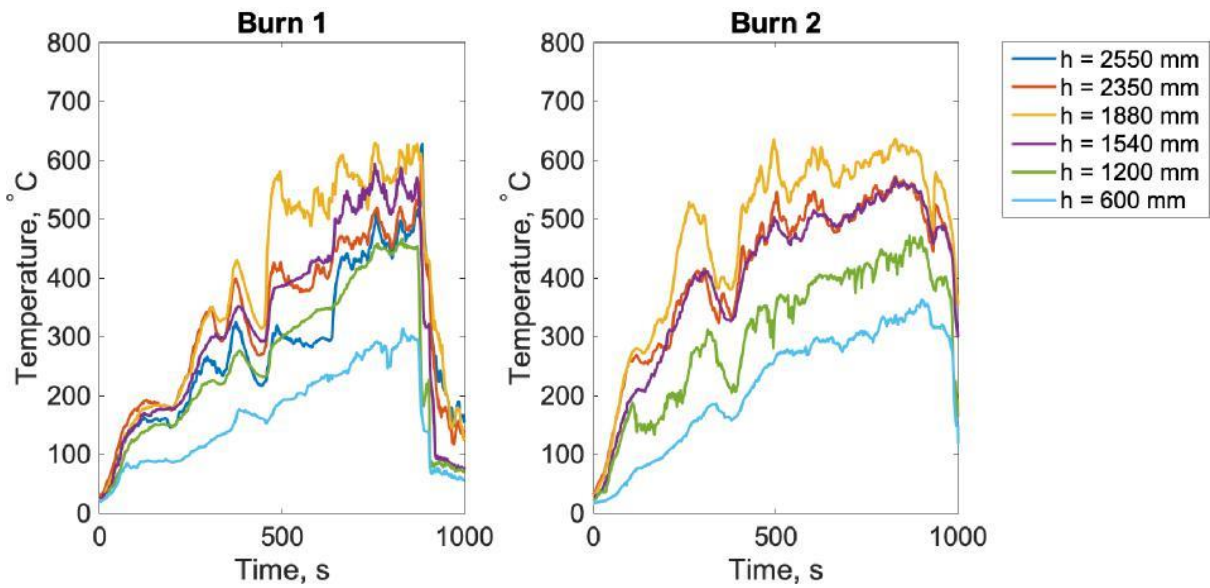


Figure 11 Temperature data near the front of the compartment for the fires in both rooms.

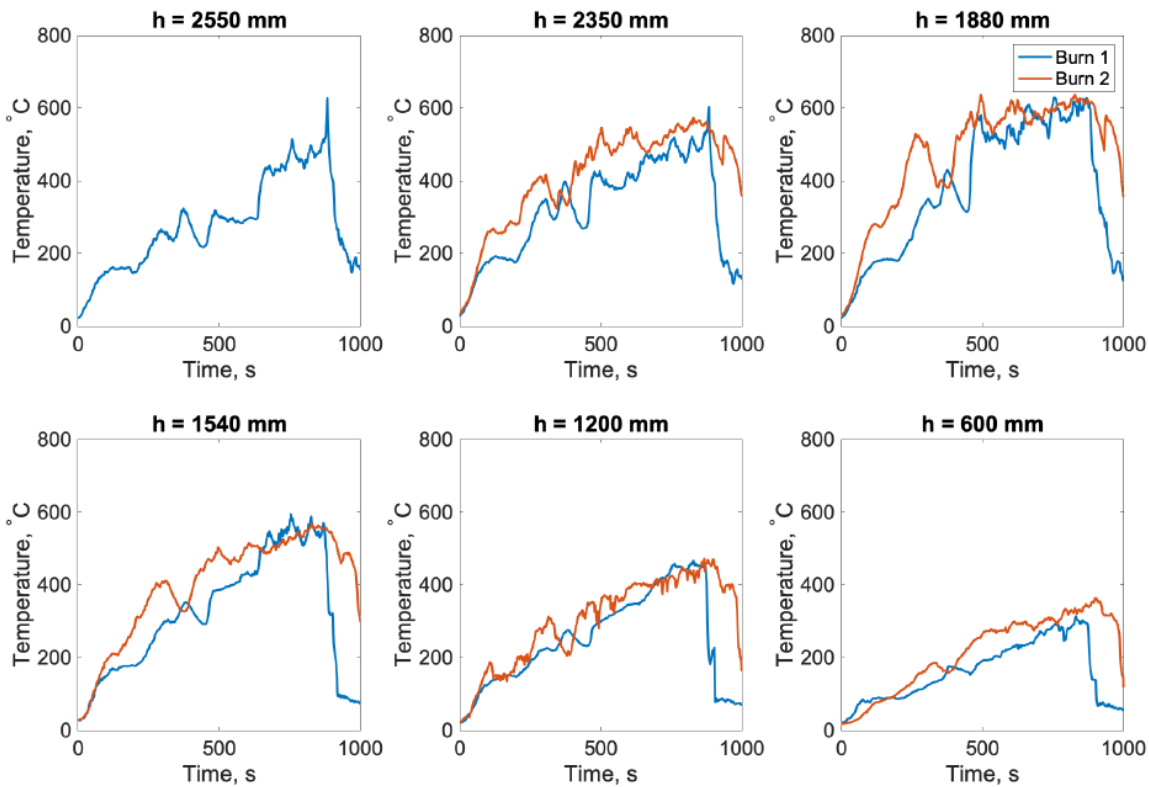


Figure 12 Comparison of the temperatures at each thermocouple location near the front of the compartment (T3).

Table 3 The average temperature difference between Burn 1 and Burn 2 near the rear of the compartment. Negative numbers indicate higher temperatures in Burn 2 than in Burn 1.

Measurement location, mm	Mean temperature difference, °C
2350	-75
1880	-55
1540	-47
1200	-26
600	-47
Average	-50

4.2. Fuel mass and heat release rate

The fuel mass and the mass loss rate (burning rate) as functions of time are presented in Figure 13. There is good agreement between the data for both burns up to approximately 725 s when in Burn 1 there is a rapid loss of mass. This may be due to movement of the fuel on the pallet. The average burning rate is approximately 60 g/s for the duration of both fires.

The heat release rate for both burns is presented in Figure 14. Both fires are characterised by a heat release rate on the order of 1000 kW (1 MW).

Note that these data should be used with caution as there may be some drift in the measurement due to the heating of the load cells during the burns.

Figure 14

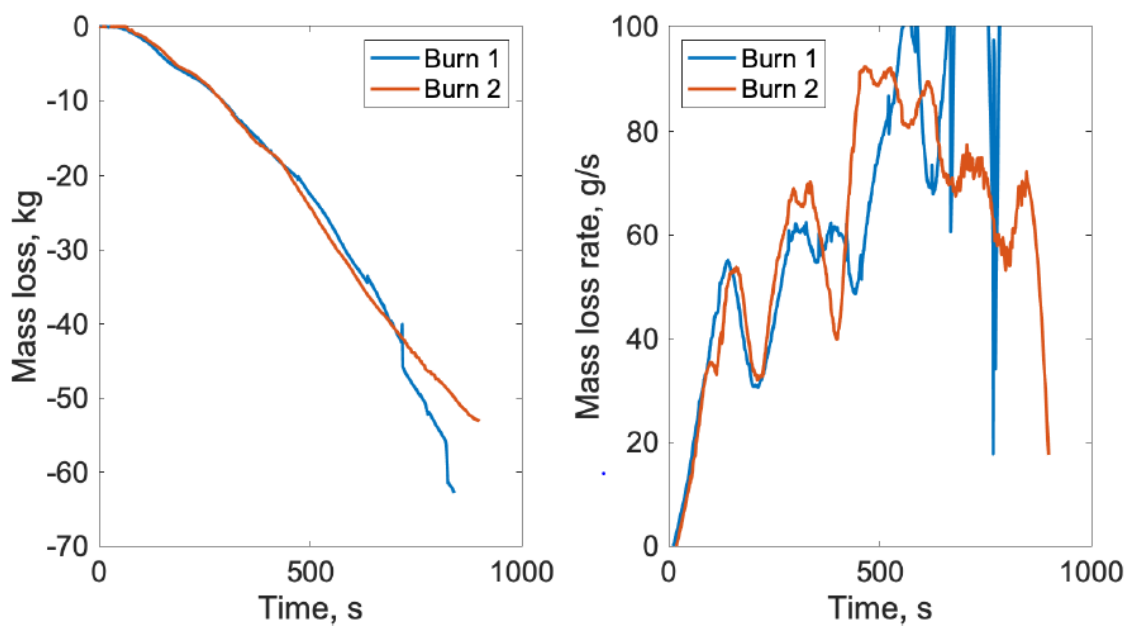


Figure 13 The fuel mass and the mass loss rate during the burns.

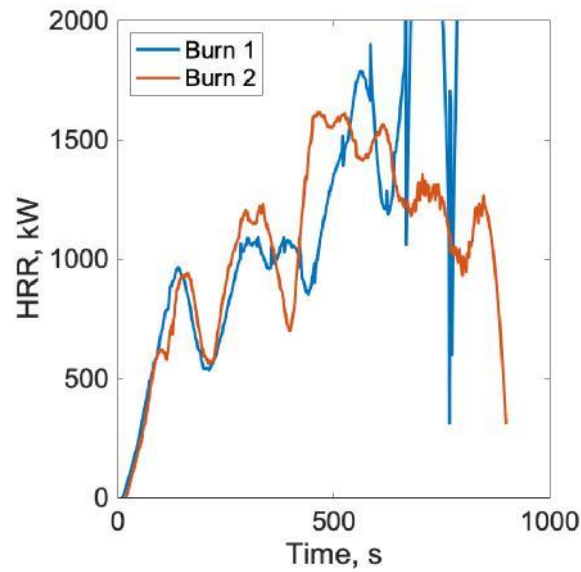


Figure 14 The HRR for both burns. Data for Burn 1 are truncated after 725 s.

4.3. Flows into and out of the compartment

The time histories of the velocity through the window are shown in Figure 15. These lines represent a 30-second moving average of the instantaneous data (which was recorded at 10 Hz, but contains significant noise due to turbulence and sensor sensitivity). Positive values represent flow out of the compartment, which corresponds to the hot plume. Negative values represent flow into the compartment, which corresponds to entrainment air that is supplying the combustion reaction inside.

Despite the uncertainty introduced by factors such as wind outside of the compartment and activity in the compartment (note the effect of ignition and closing the door in the early stages), the velocity values are consistent between the two burns.

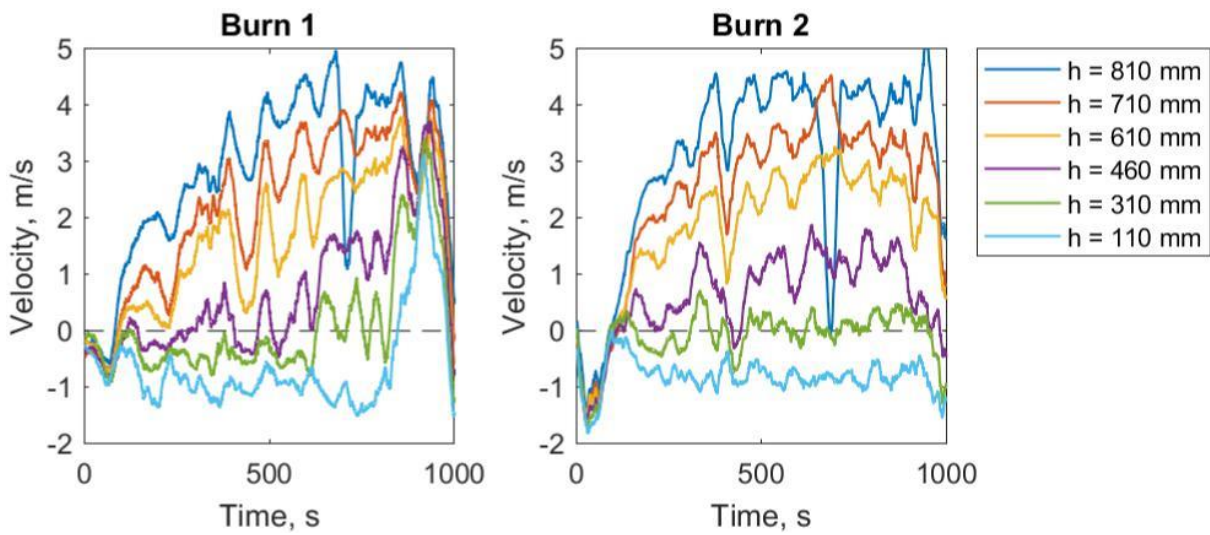


Figure 15 Flow data at the window for each burn. Positive values indicate flow out of the window. Heights are given relative to the base of the window.

The profiles of average velocity, from 300 to 800 seconds after ignition, are shown in Figure 16. Here again, the two burns show consistent behaviour. Taking the average of both profiles, the neutral plane is identified at 333 mm from the base of the window opening. It is important to note, however, that the window dimensions are approximate as they pertain to the glass area and do not account for the uPVC frame and trim, which was degraded during the course of the burn.

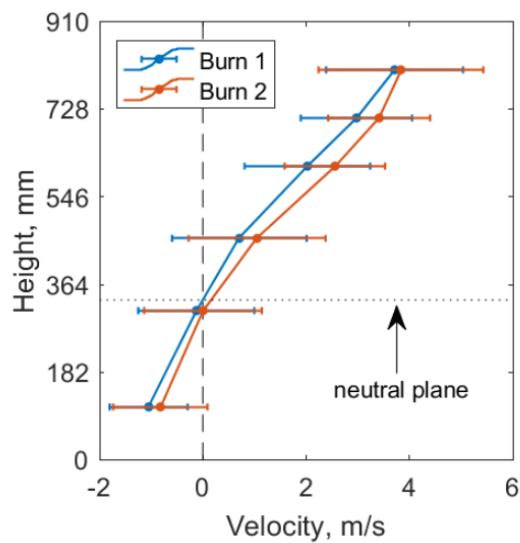


Figure 16 Mean velocity profiles at the window, during the period of 300-800 s. Error bars represent the standard deviation. The neutral plane height is estimated from the intersection of the two curves with the line of zero velocity.

The mass flow of entrainment air can be used to obtain an alternative estimate for the HRR. For a rough first approximation, the flow at the lowest sensor is used to characterise the entrainment velocity, and this assumed to apply over an area of $\sim 0.3 \text{ m}^2$. Assuming that 3 MJ of energy are released per kilogram of air entering the compartment, and that the air density is 1.2 kg/m^3 , the HRR can be calculated. This is shown in Figure 17. There are a number of coarse assumptions here, for example that the velocity (and thus mass flow) is the same over the entire 0.3 m^2 , but it provides an order of magnitude estimate of a HRR of about 1 MW. This agrees with the load cell measurements for at least the first 600 s of the fire.

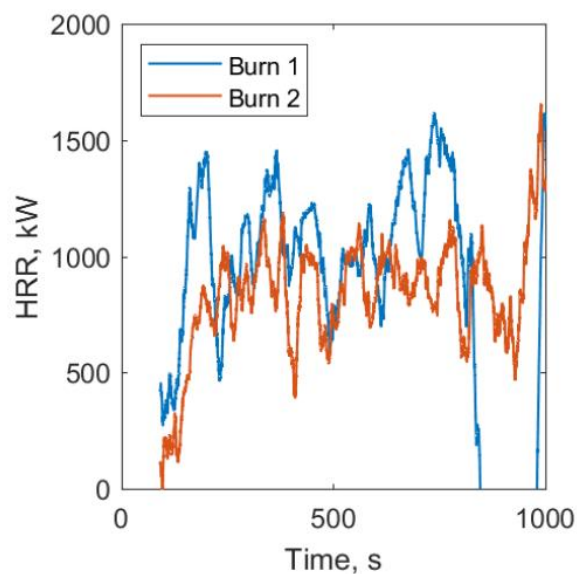


Figure 17 HRR for each burn, estimated from the mass flow rate of entrainment air. A 30-second moving average of the velocity at the lowest bi-directional probe was used to calculate the HRR, as described in the text.

5. Conclusions

The two compartment fires undertaken at 100 Mallaig Road showed a high degree of repeatability in terms of the thermal environment and the mass of fuel consumed. Both fires were characterised by higher temperatures near the front of the compartment where ventilation was greatest. Two independent measurements of the heat release rate suggest that the fire was on the order of 1 MW in both cases.

For the period between 300 and 800 s, the temperatures in the vicinity of the asbestos (the aspect of primary interest to SFRS in this study) were on average higher in Burn 2 than in Burn 1 for the majority of the fire duration. After approximately 725 seconds the temperature at the position of the lower thermocouples in Burn 1 increased sharply. This increase is commensurate with a sudden change in the fuel mass lost indicating that movement of the fuel load in this Burn may be the cause of this difference.

Overall, the maximum temperature deviation between the burns (during the period between 300 and 800 seconds) was 75°C measured at the front of the compartment. The maximum temperature deviation near the asbestos was 45°C.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/07-22

Agenda Item: 17.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	POD POLICY REVIEW SCHEDULE UPDATE						
Report Classification:	For Information Only	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9					
		<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 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 of 31 December 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 3, the following policies were published: <ul style="list-style-type: none"> • Re-Employment Policy 						
3.3	During this quarter, the following policies were issued for first consultation: <ul style="list-style-type: none"> • Whistleblowing • Family Leave • Working Together Framework (Consultation and Negotiation Procedure) 						
3.4	The Service is committed to the highest possible standards of openness and accountability. In line with that commitment, employees with serious concerns about illegality, malpractice, wrongdoing or serious failures of standards of work are encouraged to come forward and voice their concerns.						

3.5	The Whistleblowing Policy is intended to encourage and enable employees to raise serious concerns within SFRS, rather than overlooking a problem or blowing the whistle externally and to reassure employees that they can do so without fear of reprisal.
3.6	<p>Work also commenced on the following Health and Wellbeing documents which are now being considered as guidance notes, under the umbrella of an overarching Health and Wellbeing Policy, these include:</p> <ul style="list-style-type: none"> • Vaccinations • Case Management • Clinical Audit • Health and Wellbeing Records Management
3.7	This piece of work is part of the POD Policy Review for 2022, previously highlighted in the quarter 2 update.
3.8	With regard to Statutory Health and Medical Surveillance, this policy was issued for consultation during quarter 2 and was then held in abeyance until further guidance was received from the Health and Safety Executive (HSE). Following such guidance, a report with an options appraisal was presented to Strategic Leadership Team (SLT) on 20 December, including recommendations on the implementation of further health and medical surveillance resource requirements not currently in place, following the identification of at risk staff and a gap analysis. An update will be provided in quarter 4 subject to SLT feedback and recommendations.
3.9	<p>Looking ahead to quarter 4, the following policies will be issued for first consultation:</p> <ul style="list-style-type: none"> • Managing Employee Performance Policy (formerly Capability Policy) • Secondary Employment Policy (includes in-scope driving)
3.10	It was anticipated that both the Family Leave Policy and Managing Employee Performance Policy (formerly Capability Policy) would be issued for consultation during quarter 3. This was delayed due to the volume of feedback received following presentation at PDO DMT, therefore the timeline was amended to quarter 4. Further engagement was also necessary with colleagues from the TSA Directorate regarding the Managing Employee Performance Policy, as they are looking to devise a similar process.
3.11	The Working Together Framework has been reviewed and will be issued for final consultation during this period prior to returning to SLT in February 2022.
3.12	The Framework formally outlines the principles of partnership as the foundation for the relationship between the Board, the Strategic Leadership Team, Management, Employees and their Trade Unions.
3.13	A number of separate arrangements are contained within this Framework which set out how the Board, Management and the Trade Unions will “work together”.
3.14	This will be published in quarter 4 alongside the Consultation and Negotiation Procedure which has already concluded its final consultation journey.
3.15	Workshops to review the Secondary Employment Policy (includes in-scope driving), will commence with trade union representatives at the end of February/March. This feedback will be taken into account and considered prior to progressing through POD Directorate Management Team and People Board.
3.16	It is anticipated that The Employee Recognition Scheme will be launched in April 2022 following discussion with the Communications Team around branding, with plans for a straw poll of staff in January 2022 with proposed names.

3.17	The Dignity and Respect Policy will also be published during this period, with 26 notes of interest received to take on the role of Contact Adviser. A Contact Adviser can be the first point of contact for individuals who feel they have experienced, or have been accused of, bullying, harassment and/or discrimination.
3.18	Contact Advisers will provide impartial and confidential support to help employees to understand what options and services are available to them. They are volunteers from across SFRS and will receive training to support them to undertake this role.
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	Environmental & Sustainability
5.3.1	There are no implications that require to be noted.
5.4	Workforce
5.4.1	Employee implications are detailed within each separate policy.
5.5	Health & Safety
5.5.1	Where applicable, matters relating to health and safety are clearly outlined within each separate policy.
5.6	Training
5.6.1	Briefing sessions take place with Managers and HR Business Partners where required.
5.7	Timing
5.7.1	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	Performance
5.8.1	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	Communications & Engagement
5.9.1	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	Legal
5.10.1	All policies comply with employment legislation, are responsive to case law and aim to follow best practice.
5.11	Information Governance
5.11.1	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	Equalities	
5.12.1	An EIA is not required. Each policy has its' own Equality Impact Assessment and these are available on the SFRS iHub.	
5.13	Service Delivery	
5.13.1	The benefits and impact on employees across the Service, from all the policies detailed within the attached schedule, are contained within each supporting paper, as each policy progresses through the SFRS Governance process.	
6	Core Brief	
6.1	Not applicable	
7	Appendices/Further Reading	
7.1	Appendix A – POD Policy Review Schedule	
Prepared by:	Mary Corry POD Business Manager	
Sponsored by:	Fiona Munro, Deputy Head of POD	
Presented by:	Mary Corry POD Business Manager	
Links to Strategy and Corporate Values		
Strategic Plan 2019-22 Outcome 3: People		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>POD DMT</i>	<i>18 January 2022</i>	<i>For Decision</i>
<i>People Board</i>	<i>02 February 2022</i>	<i>For Information Only</i>
<i>Employee Partnership Forum</i>	<i>17 February 2022</i>	<i>For Information Only</i>
<i>People Committee</i>	<i>03 March 2022</i>	<i>For Information Only</i>

APPENDIX A

POD POLICY REVIEW SCHEDULE

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	2022 TBC	2026
Statutory Health and Medical Surveillance Policy (linked to Contaminants Policy below)	New	Feb-21	Await SLT feedback 20.12.21	2027
Dignity and Integrity at Work Policy and Handbook (Bullying and Harassment)	Revised	Jun-21	Feb-22	2027
Pre Placement Policy	New	Jul-21	Jan-22	2026
Working Together Framework	Revised	July 21	Mar-22	2027
Consultation and Negotiation	Revised	July 21	Mar-22	2027
Whistleblowing	Revised	Oct 21	Feb-22	2026
Family (Maternity, Paternity, Adoption, Parental, Shared Parental & Carers) Leave	Revised	Oct-21	Jan-22	2026
Uniformed Managers In-Development to Competent	Revised	Nov-20	2022 TBC	2026
Managing Employee Performance(Capability)	Revised	Jan-22	Apr-22	2026
Secondary Employment (includes inscope driving)	New	Jan 22	Mar-22	2026
Health and Wellbeing Policy	New	TBC	TBC	2027
Trainee Firefighter Development to Competent	Revised	TBC	TBC	2026
Working Hours (Day Duty) Policy	New	TBC	TBC	2026
Clinical Supervision Policy	New	TBC	TBC	2027
Appraisal Policy and Procedures	Revised	TBC	TBC	2026
Contaminants Health Assessment Policy(linked to Statutory Health and Medical Surveillance Policy above)	New	TBC	TBC	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	–	–	2022
Relocation	Revised	–	–	2022
Market Allowance Policy	Revised	–	–	2022
Recruitment and Selection	Revised	–	–	2022
Reservists	Revised	–	–	2022
Redeployment	Revised	–	–	2022
No Smoking	Revised	–	–	2022
Pay Protection (Support Staff)	Revised	–	–	2022
Career Break	Revised	–	–	2022
Death in Service	Revised	–	–	2022
Grievance	Revised	–	–	2022
Flexi-Time Scheme (Support Staff)	Revised	–	–	2022
Attendance During Adverse Weather and Disruptive Conditions	Revised	–	–	2022
Temporary Promotions Procedure	Revised	–	–	2022
Further/Higher Education (Qualification) Policy	Revised	–	–	2022
Job Evaluation	Revised	–	–	2022
ID Cards Policy and Procedure	Revised	–	–	2022
Physiotherapy Policy	New	–	–	2022
Exit Interviews Policy and Procedure	Revised	–	–	2022
Substance Misuse Policy	New	–	–	2022
Detached Duty Policy	Revised	–	–	2023
ARA Policy	Revised	–	–	2023
Code of Conduct	Revised	–	–	2023
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
Flexible Working	Revised	-	-	2026
Homeworking Policy	New	-	-	2026
Drivers Health Assessment Policy	New	-	-	2026
Attendance Management Policy, Procedure and Manager Handbook	Revised	-	-	2026
Purchase of Additional Annual Leave	Revised	-	-	2026
Re-Employment Policy	Revised	-	-	2026

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/08-22

Agenda Item: 17.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 MARCH 2022						
Report Title:	HEALTH AND SAFETY POLICY AND MANAGEMENT ARRANGEMENTS FORWARD PLANNING SCHEDULE						
Report Classification:	For Information only	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <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 with an update regarding ongoing work in relation to the development and review of the Scottish Fire and Rescue Service's Health and Safety (HS) Policy and associated management arrangements (MA's).						
2	Background						
2.1	The Safety and Assurance Function are responsible for developing and reviewing the SFRS HS Policy, and health and safety management arrangements to support the implementation of the commitment and responsibilities outlined within the policy.						
3	Main Report/Detail						
3.1	This report shows progress made against the 2019-2024 Health and Safety Policy and Management Arrangements (MA's) Forward Planning Schedule, up to and including 2021-2022. Appendix A provides an overview of the current position.						
3.2	All MA's publications and consultations delayed due to COP 26 have now been progressed, bringing the current position back on target for Quarter 4. These include: <ol style="list-style-type: none"> 1. Manual Handling MA, republished 23/11/2021; 2. The Event Reporting MA, published 10/01/2022; 3. Investigation and Significant Event Investigation MA, published 10/02/2022; 4. Radiation MA, consultation concluded 10/01/2022, and issued for familiarisation on 14 February 2022; 5. Organised Events MA, consultation concluded 10 January 2022 and issued for familiarisation on 21 January 2022; and 6. New and Expectant Mothers MA, republished 13 January 2022. 						
3.3	The Plant and Equipment MA has finished development and will now be incorporated into the PUWER MA to reduce duplication and help simplify the process for business partners.						

3.4	The need to address risk stemming from COVID -19 has also resulted in the review of a number of MA's not programmed into this year's schedule. These are: 1. Safety and Assurance Engagement and Governance MA; 2. Premises Inspection MA; and 3. Organised Events MA (requiring secondary consultation).
3.5	Following publication of the Health and Safety Policy and its supported EIA, all MA's have been updated to reflect the title change, and references to Incident Command Policy and Operational Guidance's updated.
4	Recommendation
4.1	The People Committee is asked to note the progress of the 2019-24 Health and Safety Policy and Management Arrangements Forward Planning Schedule.
5	Key Strategic Implications
5.1	Risk
5.1.1	If health and safety arrangements are not fully implemented, there is a risk that the SFRS may not be compliant with its civil and criminal legislative responsibilities.
5.2	Financial
5.2.1	There are no implications that require to be noted at this time. However, any financial implications identified during development of policy or associated management arrangements will be considered by the relevant risk owner.
5.3	Environmental & Sustainability
5.3.1	There are no implications that require to be noted at this time. However, any environmental & sustainability implications identified during development of policy or associated arrangements will be considered by the relevant risk owner.
5.4	Workforce
5.4.1	Robust health and safety management arrangements has the potential to impact positively on the workforce. Specific action relating to workforce will be considered by the risk owners and progressed via the appropriate governance route.
5.5	Health & Safety
5.5.1	Health and safety requirements will be outlined within the HS Policy and associated management arrangements.
5.6	Training
5.6.1	Each management arrangement outlines the training requirements required to promote effective implementation.
5.7	Timing
5.7.1	Appendix A outlines the timescales. Implementation will be agreed with each risk owner through their annual health and safety improvement plan.
5.8	Performance
5.8.1	It is anticipated that the introduction of the health and safety management arrangements will enhance health and safety performance across the SFRS.
5.10	Legal
5.10.1	If health and safety arrangements are not fully implemented, there is a risk that the SFRS may not be compliant with its legislative responsibilities.

5.11	Information Governance	
5.11.1	A Data Protection Impact Assessment (DPIA) has not been completed for this overview paper, however where applicable a DPIA will be completed for the policy and associated arrangements outlined with this paper.	
5.12	Equalities	
5.12.1	An Equality Impact Assessment has been completed for the HS Policy and all associated management arrangements. This assessment will be reviewed as the HS Policy and associated management arrangements are developed or reviewed.	
5.13	Service Delivery	
5.13.1	The implementation of management arrangements will be facilitated through the Safety and Assurance Improvement Groups.	
6	Core Brief	
6.1	Not Applicable	
7	Appendices/Further Reading	
7.1	Appendix A – Health and Safety Policy and Management Arrangements Forward Planning Schedule.	
Prepared by:	Derrick Watson - Senior Health and Safety Adviser	
Sponsored by:	John Dickie - Director of Training, Safety and Assurance	
Presented by:	Julie Harkins - Acting Head of Safety and Assurance	
Links to Strategy and Corporate Values		
<p>Strategic Plan 2019-2022: Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services. Objectives 3.3 - We will care for our people through progressive health, safety and wellbeing arrangements.</p> <p>Safety Value: Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.</p>		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>National Safety and Assurance Board</i>	<i>10 February 2022</i>	<i>For information only</i>
<i>People Committee</i>	<i>3 March 2022</i>	<i>For information only</i>

APPENDIX A

Health, Safety and Wellbeing Policy and Management Arrangements Forward Planning Schedule 2019-2022

Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
Dynamic Risk Assessment (DRA) and Analytical Risk Assessment (ARA) Management Guidance V1.0 and DRA and ARA Procedure V1.0	New	2019-20					21/01/2021	Action complete
Storage Management Arrangement	New	2019-20					22/07/2021	Action complete
Health and Safety Policy	Review	2019-20					09/07/2021	Action complete
Health and Safety Policy Statement	Review	2019-20					09/07/2021	Action complete
Containers/Demounts Management Arrangement	New	2020-21			N/A	N/A	11/08/2021	Action complete

Management of Plant and Equipment Management Arrangement	New	2020-21		N/A	N/A	N/A	N/A	Final Draft currently being merged into PUWER MA
Lift Trucks Management Arrangement	New	2020-21					05/08/2020	Action complete
Generators Management Arrangement	New	2020-21			N/A	N/A	N/A	Decision to include in Equipment GRA and SSOW
Event Reporting and Investigation Management Arrangement	New	2020-21					10/01/2022	Action complete
Significant Investigation Management Arrangement	New	2020-21					10/01/2022	Action complete
Organised Events Management Arrangement	New	2020-21						Published for familiarisation throughout February 2022
COVID-19 Workplace Risk Assessment MA	Review	2020-21					17/12/2022	Action complete
Pressure Systems Management Arrangement	New	2021-22					22/07/2021	Action complete

Confined Space Management Arrangement	New	2021-22					29/03/21	Action complete
Radiation Management Arrangement	New	2021-22						Published for familiarisation 14/02/2022
New and Expectant Mothers Management Arrangement	New	2021-22					29/09/2021	Action complete
Manual Handling Arrangement	Review	2021-22					23/11/2021	Action complete
Stress Management Arrangement	Review	2021-22					13/01/2021	Action complete
Management Self-Audit V1.0	New	2021-22					22/07/2021	Action complete
Legionella MA	Review	2022-23					01/09/2021	Action complete

White	Not Started
Blue	Complete
Green	On Target
Amber	Overdue by one month
Red	Overdue by more than one month

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
2 June 2022	<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 Summary and Committee Aligned Directorate Risks • RANSc Update (Private) • 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"> • Learning Needs Analysis 2022-23? • Leadership for Change (CDodd to confirm) • Graduate Recruitment Scheme (TBC) • Working Together Framework Review of Associated Policies (GC) • Bullying, Harassment and Discrimination project update/policy review – RM 	<ul style="list-style-type: none"> • Independent Audit/ Inspection Action Plan Update • HS Policy and Policy Statement • Health & Safety Annual Report 2020/21 • Rehabilitation and physiotherapy provision (S Haig) • RVDS Risk Spotlight (people specific and around recruitment) (TBC) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Value Added Statement
15 September 2022	<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 	<ul style="list-style-type: none"> • Learning Needs Analysis 2022-23 	<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
	<ul style="list-style-type: none"> • Strategic Risk Summary and Committee Aligned Directorate Risks • RANSc Update (Private) • 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 				
8 December 2022	<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 Summary and Committee Aligned Directorate Risks • RANSc Update (Private) • 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"> • Learning Needs Analysis 2022-23 	<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
2 March 2023	<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 Summary and Committee Aligned Directorate Risks • RANSc Update (Private) • 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"> • Learning Needs Analysis 2022-23 	<ul style="list-style-type: none"> • Independent Audit/ Inspection Action Plan Update 		