



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

Working together for a safer Scotland

**PUBLIC MEETING - PEOPLE COMMITTEE**

**MONDAY 3 OCTOBER 2022 @ 1330 HRS**

**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: 21 JUNE 2022 (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 4 2021/22**

7.1 People and Organisational Development (attached)

*L Gaja*

7.2 Training, Safety and Assurance (attached)

*J Holden/*

7.3 Staffing Solutions Team Work Packages Update (attached)

*B Farquharson*

*R Robison/L Gaja*

*The Committee is asked to scrutinise these reports.*

**8 INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATE (attached)**

*B Farquharson*

- Training of RDS Personnel

*The Committee is asked to scrutinise this report*

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

OFFICIAL

- 9 HEALTH AND SAFETY ANNUAL REPORT 2021-22: DATA SUMMARY** *(attached)* J Holden
- The Committee is asked to scrutinise this report*
- 10 REHABILITATION AND PHYSIOTHERAPY SERVICE PROVISION** *(attached)* G Hastie
- The Committee is asked to scrutinise this report*
- 11 POD VISION** *(presentation)* L Gaja
- The Committee is asked to note the verbal report.*
- 12 PEOPLE COMMITTEE RISK REGISTER**
- 12.1 Committee Aligned Directorate Risks *(attached)* L Gaja
- 12.2 Risk Spotlight: SD006 Recruit/retention in line with Legislation *(attached)* D Farries
- The Committee is asked to scrutinise this report*
- 13 PARTNERSHIP WORKING**
- 13.1 Employee Partnership Forum (verbal) S Barron
- 13.2 Partnership Advisory Group (verbal) L Gaja
- The Committee is asked to note verbal updates.*
- 14 REPORTS FOR INFORMATION ONLY:**  
*The Committee is asked to note the following reports:*
- 15.1 **Health and Safety Policy and Policy Statement** *(attached)* A Watt
- 15.2 **Recognition of Prior Learning** *(attached)* A Gordon/  
F McOmish
- 15 FORWARD PLANNING**
- 15.1 POD Policy Review Schedule Update *(attached)* M Corry
- 15.2 Health and Safety Policy Management Arrangements Forward Planning Schedule *(attached)* A Watt
- 15.3 Committee Forward Plan Review *(attached)* M Wylie
- 15.4 Items for Consideration at Future IGF, Board and Strategy Day meetings M Wylie
- 16 REVIEW OF ACTIONS** *(verbal)* Board Support
- 17 DATE OF NEXT MEETING**  
Thursday 8 December 2022

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

**PRIVATE SESSION**

- 18 MINUTES OF PREVIOUS PRIVATE MEETING: 21 JUNE 2022** *M Wylie*  
*(attached)*

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

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

- 19.1 Draft Minutes of last meeting – 31 May 2022 *(attached)* *F Thorburn*  
19.2 Update of last meeting – 15 September 2022 *(verbal)* *F Thorburn*

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

**20 RECENT EMPLOYMENT TRIBUNAL CASE – LESSON LEARNT**  
*(attached)*

*L Gaja*

*The Committee is asked to scrutinise this report.*

**21 KEY CASE UPDATES 2022/23 – Q1** *(attached)*

*L Gaja*

*This report is for information only.*

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**SCOTTISH**  
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**PUBLIC MEETING – PEOPLE COMMITTEE**

**TUESDAY 21 JUNE 2022 @ 1000 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 (LBa)	Director of People and Organisational Development
Andrew Watt (AW)	Assistant Chief Officer, Director of Training, Safety and Assurance
Stuart Stevens (SS)	Assistant Chief Officer, Director of Service Delivery
Bruce Farquharson (BF)	Head of Training
Scott Semple (SSe)	Head of People and Organisational Development
Lyndsey Gaja (LG)	Head of People and Organisational Development
Jim Holden (JHo)	Head of Safety and Assurance
Ceri Dodd (CD)	Deputy Head of Human Resources and Organisational Development
Mary Corry (MC)	People and Organisational Development Business Manager
Sandra Haig (SH)	HROD Manager
Roz Munro (RM)	HROD Manager
Justin Smithson (JS)	Clinical Lead (Occupational Health)
Kirsty Darwent (KD)	Chair of the Board
Alasdair Cameron (AC)	Group Commander, Board Support
Heather Greig (HG)	Board Support Executive Officer
Pamela Nicol (PN)	Corporate Admin Assistant Team Leader / Minutes

**OBSERVERS**

Lynn Mills, Scottish Government

**1 CHAIR'S WELCOME**

- 1.1 The Committee Chair opened the meeting, welcomed those present and in particular, Andrew Watt to the People Committee in his new role as Assistant Chief Officer, Director of Training, Safety and Assurance.
- 1.2 The Committee were reminded to keep their microphones on mute unless speaking and use the hand raising function on MS Teams, in accordance with the remote meeting protocol, should they wish to ask a question.

**2 APOLOGIES FOR ABSENCE**

- 2.1 No formal apologies were received.

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

3.1 No items were identified to be taken in private.

### **4 DECLARATIONS OF INTERESTS**

4.1 No conflict of interest were declared.

### **5 MINUTES OF PREVIOUS MEETING: THURSDAY 3 MARCH 2022**

5.1 The minutes of the meeting held on 3 March 2022 were approved as an accurate record of the meeting.

#### **5.2 Matters Arising**

5.2.1 No matters arising from the minutes of the previous meeting.

### **6 ACTION LOG**

6.1 The Committee considered the Action Log, noted the updates and approved the removal of the closed items.

### **7 ANNUAL VALUE ADDED STATEMENT 2021/22**

7.1 MW presented the People Committee (PC) and Remuneration, Appointments and Nominations Sub-Committee (RANSC) Annual Value Added Statement 2021/22, outlining evidence of how the Committee supports the effective functioning of the Board for approval.

7.2 **The Committee approved the Annual Value Added Statement 2021/22.**

### **8 EMPLOYEE PARTNERSHIP FORUM REVISED TERMS OF REFERENCE**

8.1 SBa presented a revised Employee Partnership Forum (EPF) Terms of Reference (ToR) to the People Committee as part of an annual review and for recommendation prior to submission for approval by the Scottish Fire and Rescue Service (SFRS) Board, thereby ensuring the continued effectiveness of the governance arrangements and for positive employee partnership working within the SFRS. SBa advised the Committee that changes were procedural and highlighted the following updates -

- Update throughout the ToR to state 'Representative Bodies' as opposed to referencing 'Trade Unions' to align with our revised Working Together Framework.
- Update to state the Chair and now Deputy Chair will be Board Members who sit on the People Committee negating the need to rotate every two years with Representative Body.
- Agreed this would be trialled for a period of twelve months and reviewed as part of the Annual Governance Review April 2023.

8.2 AC clarified at Section 5, Rights, that it should include the ability for the Forum to hold private workshop sessions as required for development purposes to accommodate organisational input and support. In terms of any short life working group, AC added that this would likely require more resource and input, which would need further discussion and approval from the Committee and Board. SBa to provide a verbal update on the discussions during item 14 of the agenda.

8.3 The Committee sought amendment to the wording of Section 7.2 for the ease of reading.

**ACTION: BST**

8.4 **Subject to amendments noted, the Committee recommended the Employee Partnership Forum's revised Terms of Reference for approval by the Board.**

## 9 PERFORMANCE AND RISK REPORT QUARTER 4 2021/22

### 9.1 People and Organisational Development (POD)

9.1.1 LG presented the POD Progress and Performance Report Quarter 4 2021/22 to the Committee. The following key areas were highlighted from the Executive Summary:

- Recent changes to Firefighter (FF) pension arrangements mean that FF's who are over 50 years old and have more than 25 years' service now have the option of retiring earlier than previous workforce planning assumptions indicated. This has the potential to significantly alter the Service's retirement profile, impacting headcount, operational availability and skills profile. A Staffing Tactical Action Group (TAG) has been set up, supported by a Staffing Solutions Team, to identify and implement mechanisms to mitigate the impact of increased retirements. Options being progressed include on-call to wholetime migration, inter-service transfers, re-employment and increased recruitment into wholetime and on-call rolls.
- Recruitment continues to be a challenge in a highly competitive labour market. The number of vacancies increased by 47 (3.8% increase). The vacancy rate in Operations Control has increased from 2.3% to 6.6% since the previous quarter, due to a combination of early retirements and leavers. This is being addressed through recruitment campaigns, promotion of flexible working options and succession planning. Fifteen new trainees have since joined Operations Control in Q1 2022/23.
- The overall absence rate increased from 5.56% in Q3 to 6.57% in Q4. Short term absences increased whilst long term absences decreased during this period. The short-term absence rate was driven by Covid-19 cases, where the number of days lost to sickness (displaying Covid-19 symptoms) more than doubled to 14,025 compared to 6,405 the previous Quarter. This was the highest number of Covid-19 sickness absence days lost recorded by the Service since the start of the pandemic, however absence levels have since returned to pre-pandemic levels following the end of Government regulations around testing and self-isolation at the start of May.

9.1.2 With regard to the Staffing TAG, the Committee sought clarification on when the planning processes would be able to take account of the spending review implications. SS advises of considerable piece of work currently being commissioned by Senior Leadership Team (SLT) and is in the mindset of Staffing TAG at present.

9.1.3 LG would circulate (via email) further information to provide greater insight of the attrition rate outside retirement and risks associated, together with any impact to recruitment and retention.

**ACTION: LG**

9.1.4 The Committee asked in relation to section 2.1.2 (discipline cases), in particular breaches of the Code of Conduct regarding criminal convictions, whether there was any correlation with the PVG process. LG explains that while a number of these convictions occurred outside the employment environment, a significant amount of work has been carried out and promoted across the Service in relation to the Dignity and Respect at Work policy which may have heightened awareness, resulting in issues being addressed in the correct and appropriate manner.

9.1.5 The Committee suggested that with Retained Duty System (RDS) and Volunteer Duty System (VDS) vacancies remaining high they would expect to hear at a future meeting when these will be returning to 'business as usual' levels.

9.1.6 The Committee referred to Section 2 (Support, promote and monitor the development of a diverse workforce and inclusive culture, aligned with SFRS values) and suggested that the 3 measures used to highlight this were not aligned. The Committee would like to see closer alignment with the measures and the objective at future meetings.

9.1.7 The Committee conveyed their thanks to LG for providing a comprehensive report.

9.1.8 **The Committee scrutinised the report.**

## 9.2 Training, Safety and Assurance

9.2.1 BF presented the Training, Safety and Assurance Progress and Performance Q4 Report 2021/22 and highlighted the following key successes for the Training Function within this quarter:

- 63 Wholetime Trainee Firefighters completed the new Foundation Training Programme delivery model at the National Training Centre.
- Following a review of the Training for Operational Competence (TfOC) Framework, the new TfOC went live on 4 April 2022 which has been well received and allows a more targeted approach in the delivery of Training.

9.2.2 BF offered clarity to the Committee on the following three points:

- Page 61 of the report shows a drop in the number of Flexi Duty Officers (FDO) who have completed the TfOC module, reasoning that each time an FDO gains promotion they will always be behind the curve in relation to the number of modules completed as these are calculated each April in the reporting year.
- Page 64 and 65 shows delivery of more than 100% in relation to water rescue and mask decontamination, following review, more people have now been trained than is required.
- Page 68 of the report shows VDS Personnel having only achieved one of the advanced modules but explained that this is over and above the twelve standard modules required to carry out their duties. This is due to the reduced number of incidents in which volunteers would be mobilised to, predominantly road traffic collisions and wildfires.

9.2.3 The Committee thanked BF for the detailed report.

9.2.4 JHo presented the Training, Safety and Assurance Progress and Performance Q4 Report 2021/22 and highlighted the following key areas within Safety and Assurance Annual Improvement Plan:

- Of the 85 Actions to date, the Service displays 71% progress towards completion, advising that dips were in relation to specific actions within the Service Delivery Area (SDA) plans regarding SDA Handbooks in which progress has now been made.
- Reduction in RIDDOR Reportable events of 40% which shows a positive trend.
- One of the key events where injuries occurring at primary fires where reporting of such incidents are most common.
- Downward trend in relation to training injuries-
- In relation to the types of events, injuries relating to Compartment Fire Behaviour Training (CFBT) and musculoskeletal (MSK) injuries, these continue to be an issue within the training environment. An action plan is now in place for CFBT which is being progressed within the training function and MSK group are looking at specific issues as well as the MSK campaign which is expected to go live in August.
- Working days lost due to health and safety events showed a reduction in long term absences and remains very low. Causations of short term absences are from moving objects, gates and doors, all of which is avoidable if guidance was followed, situational awareness would eliminate these types of injuries. Further instruction has been issued regarding stowage of equipment within appliances
- Downward trend in near misses however the ratio gives the Department cause for concern in terms of the number of near misses in relation to RIDDOR reportable events, despite promotional campaigns and issuing of fact sheets. In trying to be proactive, an anonymous hazard reporting option will be made available in due course. Trends in near misses include leaks in Breathing Apparatus (BA) sets mostly relating to hoses and stowage issues which have resulted in the setting up of a working group and external advice has also been sought.

- Acts of Violence continues to increase. These issues were being addressed through Partnership working in which a pledge of zero tolerance has been signed by colleagues within the Local Authority, NHS and Ambulance Service which has had a degree of success in terms of raising awareness.
- Increase in vehicle accidents (slow speed manoeuvres). The Drivers Safety Group is collating approaches taken in the North Service Delivery area and will look to mirror this across the Service. An interactive Low Speed Manoeuvre Module has also been introduced as part of TfOC in Q1 and will take the student through a series of hard hitting case studies and addresses potential harm which may result in prosecution.

9.2.4 The Committee thanked JHo for the detailed report, acknowledging the hard work required to keep RIDDOR levels as low and congratulated the team on zero RIDDOR's within the last quarter adding that this type of achievement should be headlined.

9.2.5 In relation to acts of violence, the Committee asked if these are broken down into types of violence, for example physical or verbal. JHo advised that most of these acts are verbal and that physical acts involve objects being thrown at appliances. The Committee queried whether the higher awareness has had a positive impact on the number of incidents being reporting. JHo reminded the Committee of the work carried out to promote the reporting of incidents and encourage staff to log any type of violent incident.

9.2.6 In relation to low speed manoeuvres, the Committee asked as part of basic training for a new driver, whether drivers are also trained in being a Banks person and how to use one. BF advises that this task is part of Firefighter training and Drivers are taught how to use a Banks person during their training process, this reinforcement forms part of the ongoing 3-year maintenance phase development planner and the modules within.

9.2.7 The Committee offered assistance in relation to acts of violence whether via communications networks or offering support to staff members who have gone through the trauma of verbal or physical abuse incidents and would encourage the Executive to ask the Board for direct support and ensures a supportive response.

9.2.8 The Chair wished to make note within the minute of achieving zero RIDDOR. The Committee congratulated everyone involved in this significant achievement and will make the Board aware of this.

9.2.9 **The Committee scrutinised the report.**

### **9.3 Staffing Tactical Action Group Update**

9.3.1 LG provided a verbal update on Staffing TAG which has been formed to lead the activity in the Service on addressing the challenges faced due to the changes in the retirement profile and to support work in carrying through these actions, a Staffing Solutions Team (SST) has been created. The SST were working on six distinct work packages covering different areas of activity, which include:

- Staffing and skill rebalancing, asking what is the retirement profile doing to staffing numbers and distribution of skills across Operational colleagues
- Staffing Business continuity arrangements to ensure that this area is appropriately refined or amended as required by changes to retirement profile.
- The Group will also look at the capabilities within the Day Duty population and when/how we may want to use colleagues currently in Day Duty roles to support the 5 Watch Duty System.
- Significant amount of work is also linked to the activity of the On-Call Improvement Programme around On-Call to Wholetime migration for those On-Call colleagues seeking a Wholetime career within the Service and look to expedite their pathway to competence in recognition of their current skills.
- Re-employment and maximising availability policy is being reviewed and discussions with colleagues around abatement and Pensions being mindful not to provide Pension advice



but making sure access to accurate information is available and how re-employment into a different role may or may not affect their Pension. Local Senior Officers (LSO) within Service Delivery areas have been discussing with colleagues who are potentially in scope for the Pension changes to explore re-employment opportunities.

- Management of pre-arranged overtime and how this can be used to maintain availability.

9.3.2 In addition, a significant amount of work is being undertaken by Workforce Planning Team to model what the retirement profile may look like over the next couple of years and using this to inform Wholetime Firefighter campaigns and promotion campaigns.

9.3.3 SS advises of significant challenges ahead in plugging the experience gap but also gives us the opportunity to reshape the Organisation. SS praises the relationship with Staffing TAG, SST and Rep bodies who are working exceptionally well together and wishes to highlight this to the Committee.

9.3.4 LB wished to emphasise that People and Organisational Development (POD) are currently looking at realigning focus on Leadership Development to help plug the gap that losing a number of Managers and Senior Personnel creates so that we are expediting the development of people to avoid diluting leadership capacity.

9.3.5 The Committee are enthused by the report due the scope of strategic changes within the Organisation.

9.3.6 **The Committee scrutinised the verbal report.**

## **10 INDEPENDENT AUDIT / INSPECTION ACTION PLAN UPDATE**

### **10.1 Training of RDS Personnel**

10.1.1 BF presented the HMFSI Report relating to the Training of RDS Personnel and gave an update following the independent audit.

10.1.2 BF explained that the Action Plan is currently 92% complete and all other actions are nearing completion.

10.1.3 The Committee are asked to consider a revised due date for action 9.3 relating to improving Broadband capacity at RDS stations in the new Wide Area Network (WAN) contract to May 2022 which is recognised as past, this relates to ICT work to improve the situation which reached 100% completion in mid-May as opposed to the anticipated completion date of March 2022.

10.1.4 The Committee are also asked to consider action 21.1 be moved to business as usual following emergence from Covid working practices as networking and engaging in training now become business as usual.

10.1.5 The Committee thanked BF for delivering the report and are content with the requests.

10.1.5 **The Committee scrutinised the report.**

*(The meeting broke at 1100 hrs and reconvened at 1108 hrs)*

## **11 HEALTH AND SAFETY ANNUAL REPORT 2020-2021**

11.1 JHo presented the report which provides analysis of the key areas of performance during the reporting year and details the intended risk reduction approaches on key themes. JHo apologised for the delay in bringing this report before The Committee, explaining the reasoning for a significant amount of re-prioritisation within the period.

- Many of the existing health and safety arrangements had been reviewed and updated to ensure appropriate control measures were in place to manage the new hazard. The changes were necessary to ensure continued safety of staff and the public whilst

maintaining a high level of emergency response, these changes were recognised by the Health and Safety Executive (HSE).

- SFRS continues to carry out benchmarking of H & S performance against other UK Fire and Rescue Services (FRS's) where data is available. For this reporting period, usable data was received from 6 of the other 50 UK FRS's.
- The total number of accidents, injuries and RIDDOR's show a positive downward trend. Body movement and manual handling was the most common cause of accidents / injuries. This equates to one injury sustained every 6,583 operational incidents attended compared to one in 3,054 in the previous reporting year.
- Inaccuracy at item 3.6 of the report relating to slips, trips and falls, this will be adjusted to read an increase of 70%, not 11% as reported. These were primarily associated with inclement weather.
- There were no specified RIDDOR injuries during the reporting year compared to 3 in the previous reporting year. All RIDDOR's (17) were over 7-day accident / injuries events.
- Although reported separately, SFRS staff recorded 352 confirmed cases of Covid-19, of these 15% (54 of 352) were deemed as having reasonable evidence to be determined as workplace transmissions and subsequently reported to the HSE under RIDDOR.
- Near miss reporting has a ratio of 9:1 which shows a reduction from the previous year split between 47% operational issues and 44% property issues.
- Analysis of accident / injuries by activity indicate a 16% decrease in events occurring at operational incidents with a Firefighter injured every 1,258 operational incidents attended.
- A vehicle accident is reported every 590 operational incidents attended, although a 10% decrease from the previous year, this still shows the need for continued improvement.

11.2 The Committee are encouraged by benchmarking against other UK FRS's and commented on the value in this process.

11.3 The Committee commented on the delay in the presentation of the Annual Report and were advised that the actions highlighted within the report had been progressed timeously. It was the intention for the 2021/22 Annual Report to be brought to the Committee later this year.

11.4 The Committee praised the report and the positive effect on the Department and function within the Organisation

11.5 **The Committee scrutinised the report.**

## 12 MENTAL HEALTH STRATEGY / MENTAL WELLBEING CHAMPION UPDATE

12.1 SH presented the report to the Committee providing an update on progress of the Mental Health and Wellbeing Action Plan and implementation of Mental Wellbeing Champion Model. SH highlighted the following areas

- The Service was now aligned to the UK's Blue Light Together 'Mental Health at Work Commitment' signed by the senior leaders of the emergency service bodies in the UK, adopting its six commitments and integrating them into our action plan which will allow SFRS to measure its success by benchmarking against other FRS's.
- Absence levels continue to be a key issue due to psychological reasons related to mental ill health. In 2020/21, 373 employees were absent resulting in 10,080 days being lost which carries associated resourcing challenges.
- A pattern of change is noticed in the referrals being received from self-referrals and management referrals and notes an increase in the number of referrals received via the crisis route which suggests that staff are seeking help and support earlier.
- Another key element of the services preventative approach was the creation of a network of wellbeing champions, expectations were vastly exceeded in terms of the number of applicants and the process of appointment and development is well underway.

12.2 The Committee gained further insight into the role of a wellbeing champion and asked whether retirees could help as this may allow the group to tap into an excellent skill base. SH advises the upcoming campaign has reached far and wide and would include retirees in a wellbeing role.

12.3 The Committee thanked SH and team for excellent work and wished them well. SS added that the impact of the Group was massive and embraced within the Service.

12.4 **The Committee scrutinised the report.**

### 13 PEOPLE COMMITTEE RISK REGISTER

#### 13.1 Committee aligned Directorate Risk

13.1.1 SSe presented the Risk Report, identifying Directorate risks and controls pertinent to the business of the Board and highlighted the following POD risks:

- POD004 (staff recruitment): The probability score increased from 3 – 4 to reflect current market conditions and challenges experienced around pay and ability to onboard quickly when recruiting to vacancies.
- POD008 (medical restrictions): The probability score decreased from 3 – 2 given the progress made in recruiting staff to the Health and Wellbeing Team.
- POD009 (employment tribunals): The impact has decreased from 5 - 3 with recent conclusion of employment tribunal cases bringing this to a small number, along with introduction of revised Dignity and Respect policy.

13.1.2 JHo highlighted the following H&S risks:

- TSA009 (Health and Safety Legislation and TASS system): Probability increased from 4 - 5 due to continued challenges within ICT.
- TSA010 (staff resources): Risk of insufficient staff capacity and resources available to meet service demands with regard improvement plan and HSMS due to the impact of pension changes within uniformed staff.
- TSA003 (lessons learnt): An organisational learning group has been established which will ensure outstanding actions are prioritised accordingly.
- TSA005 (Health and Safety Legislation and audit programme): H&S auditor has now been appointed and audit programme was being progressed.

13.1.3 BF highlighted the following progress made within Training Resources:

- Police Scotland would assist in the delivery of Emergency Response driving modules and would train 2 FDO's in Borders area.
- Emergency Services Training co-ordination group are looking at areas of overlap in specialist training and seeking to generate shared capacity.
- Capacity to recruit trainees has been increased with 96 trainees on the next 2 courses of Wholtime Firefighter Foundation Programme which is an increase of 30+ on previous courses.
- The current Service Delivery model was being utilised for Rural Full Time Support Officers and building a role for a training instructor, delivering training at point of need rather than bringing staff into a central location. This was more efficient and allowed specialist training to be delivered in rural locations.

13.1.4 **The Committee scrutinised the report.**

#### 13.2 Risk Spotlight: SD006 On Call Retained / Volunteer Duty System People Specific and around Recruitment / Training

13.2.1 SS presented the Risk Spotlight Briefing note to the Committee and noted the following key points:

- Service Delivery Risk SD006 (There is a risk the 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): Meaning that Service

Delivery does not meet its statutory duties and POD Directorate Risk - The risk of being unable to support the recruitment of staff across SFRS in a timely manner and aligned with workforce planning requirements and 2021 approved business cases due to prolonged recruitment processes or delayed recruitment scheduling resulting in a rise in vacant posts and an inability of SFRS to deliver core services.

- Current On Call deficiency of 1060 against Target Operating Model of 3693 full time equivalent based on legacy numbers.
- Controls and mitigation actions being taken include ongoing negotiations to standardise RDS terms and conditions, several projects to help attract and recruit staff, reviewing establishment methodologies and training at the 'point of need' as per the launch of Training for Operation Competency (TfOC). Work was also being progressed to provide variable contract options which would provide greater flexibility during specific challenging time slots.

13.2.2 The Committee commended the content of the report and were optimistic if progress continued on the same trajectory.

11.3 **The Committee scrutinised the report.**

## 14 PARTNERSHIP WORKING

### 14.1 Employee Partnership Forum

14.1.1 SBa provided the Committee with a verbal update detailing the content of EPF meeting on 19 May 2022 and proposes the establishment of a Short Life Working Group.

14.1.2 SBa advised the Committee that he was encouraged by the gender equality discussions and felt positive regarding the EPF being collaborative, inclusive and honest, however, felt that it exposed a challenge for the Service requiring the issues to be raised and prioritised.

14.1.3 Elaine Gerrard has agreed to lead on the Short Life Working Group with the intention of meeting three times over 3 months to highlight and consider evidence and finally to consider recommendations to take forward.

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

### 14.2 Partnership Advisory Group

14.2.1 LG advised there were no new items so the meeting was stood down.

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

## 15 REPORTS FOR INFORMATION ONLY

### 15.1 Leadership for Change Programme Update

15.1.1 CD provided an update on the Leadership for Change Programme (LfCP) following the first iteration of virtual delivery and detailed the future development and implementation plans for the programme

15.1.2 **The Committee noted the report.**

### 15.2 Graduate Recruitment Scheme

15.2.1 CD provided an update on the first year of the SFRS POD Graduate Programme Pilot and set out the initial steps for a wider rollout proposal.

15.2.2 The Committee asked of the strategic intent of the graduate programme in terms of diversity, perspective, skills and challenges to the perceived 'norms' of the organisation. CD highlighted that many of these were addressed in the original report, which would be recirculate for information, and also to broaden out with a discussion on future progress.

**ACTION: CD**

15.2.3 **The Committee noted the report.**

**15.3 Bullying, Harassment and Discrimination Project Update / Policy Review**

15.3.1 RM provided an update on progress being made on the review of the SFRS policies, procedures and supporting arrangements relating to the Bullying, Harassment and Discrimination project and for noting the amended Dignity and Respect policy and accompanying procedures.

**15.3.2 The Committee noted the report.**

**15.4 Statutory Health and Medical Surveillance**

15.4.1 JS provided an update on the current provision of 'fitness for work medicals', health and medical surveillance currently in place and to present an options appraisal, including recommendations on the implementation of further health and medical surveillance resource requirements not currently in place, following a gap analysis of 'at risk staff'

15.4.2 The Committee asked that costings are circulated to better support the rationale behind the decisions.

**ACTION: JS**

**15.4.3 The Committee noted the report.**

**16 FORWARD PLANNING**

**16.1 POD Policy Review Schedule Update**

16.1.1 MC presented the POD Policy Review Schedule Update report to the Committee for information advising the schedule has been reviewed taking into account the Directorate Plan and priorities for 2022, with a focus on essential policies and stakeholder engagement required moving forward.

**16.1.2 The Committee noted the report.**

**16.2 Health and Safety Policy Management Arrangements Forward Planning Schedule**

16.2.1 AW presented the Health and Safety Policy and Management Arrangements to the Committee for information, detailing that there are no new Management Arrangements (MAs) scheduled for development by HS Department. The agreed suite of MAs identified for development and publication within 2019 – 2024 forward plan schedule was completed within 2021 – 2022 financial year.

**16.2.2 The Committee noted the report.**

**16.3 Committee Forward Plan Review**

16.3.1 The following items were noted for future meetings:

- Health and Safety Annual Report 2021–2022 (date to be confirmed)
- Potential risk spotlight on the support mechanisms in place for Operations Control

**16.3.2 The Committee noted the Forward Plan**

**16.4 Items for Consideration at Future IGF, Board and Strategy Meetings**

16.4.1 There were no items noted.

**17 REVIEW OF ACTIONS**

17.1 AC confirmed that 4 formal actions were recorded during the meeting

**18 DATE OF NEXT MEETING**

18.1 The next meeting is scheduled to take place on Thursday 15 September 2022.

18.2 There being no further matters to discuss, the public meeting closed at 1244hrs

**PRIVATE SESSION**

**19 MINUTES OF PREVIOUS PRIVATE MEETING: 3 MARCH 2022**

19.1 The minutes of the private meeting held on 3 March 2022 were approved as a true record of the meeting.

**20 REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE (RANSc) UPDATE**

20.1 The draft minutes of the RANSc meeting on 3 March 2022 had been circulated to the Committee.

20.2 **The Committee noted the draft minutes.**

**21 PARTNERSHIP WORKING**

**21.1 Update from Employee Partnership Forum**

21.1.1 Update provided within the public session.

**21.2 Update from Partnership Advisory Group**

21.2.1 Update provided within the public session.

**22 KEY CASE UPDATES 2021/22 – QUARTER 4**

22.1 LG presented the report to the Committee providing an overview on employee relations cases which have resulted in claims to the Employment Tribunal

22.2 **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 5 actions. A total of 4 of these actions have been completed.

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

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Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
<b>Meeting Date: 2 December 2021</b>						
Item 7.2.19	<b>Performance and Risk Report Quarter 2 2021/22 (TSA):</b> 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.	AW (prev JD)	June 2022 (Org March 2022)			<p><b>Update (03/03/2022):</b> Meeting with Paul Stollard has occurred. Awaiting outcome of SPPC led workstream considering all aspects of performance reporting to the Board</p> <p>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.</p> <p><b>Update (21/06/2022):</b> Following the earlier March update and recent appointment of ACO Andy Watt as Director of TSA, a meeting has been scheduled with the PC Chair to discuss Performance and Risk Reporting in more detail and in order to continue to take this work forward. A further update will follow in due course.</p> <p><b>Update (15/09/2022):</b> TSA progressing work to present options to Chair of PC. Timescale for options being presented is end of Q2.</p>

Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
<b>Meeting Date: 21 June 2022</b>						
Item 8.2 & 8.3	<b>Employee Partnership Forum Revised Terms of Reference:</b> Amendments to Section 5 Rights (private workshops and short life working groups) and Section 7.2 (change of language for ease of reading)	BST	June 2022		June 2022	<b>Completed (15/09/2022):</b> Terms of Reference amended as directed.



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<p><b>Item 9.1.3</b></p>	<p><b>Performance and Risk Report Quarter 4 2021/22 (POD):</b> Further information to be circulated (email) to provide greater insight regarding the attrition rate outside retirement and risk associated, together with any impact to recruitment and retention.</p>	<p>LG</p>	<p>September 2022</p>		<p>July 2022</p>	<p><b>Completed (15/09/2022):</b> Additional information regarding employee turnover was circulated by email (06/07/2022).</p>
<p><b>Item 15.2.2</b></p>	<p><b>Graduate Recruitment Scheme:</b> Re-circulation of the Graduation scheme paper previously submitted and provide an update on the future plans in due course.</p>	<p>CD</p>	<p>September 2022</p>		<p>August 2022</p>	<p><b>Completed (15/09/2022):</b> Original undergraduate and graduate programme proposal paper was recirculated and update on future plans to the Committee via email (22/08/2022)</p>
<p><b>Item 15.4.2</b></p>	<p><b>Statutory Health and Medical Surveillance:</b> Costings are circulated (email), once finalised, to better support the rationale behind the decision.</p>	<p>JS</p>	<p>September 2022</p>		<p>August 2022</p>	<p><b>Completed (15/09/2022):</b> Costing information circulated via email (24/08/2022)</p>

**Report No: C/PC/30-22**

**Agenda Item: 7.1**

**POD Quarterly Management  
Information Report  
Quarter 1 2022 / 23**

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Appendix 1 – 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 2022, 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.

## Executive Summary

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

Having previously highlighted the changes to Firefighter pension arrangements and the anticipated impact it could have on workforce planning assumptions the report highlights the upward trend in turnover for our Wholetime and On-Call (RDS) and subsequent vacancy levels predominantly resulting from retirements. In response the Staffing Solutions Team, continue to develop and implement mechanisms previously reported including on-call to wholetime migration, inter-service transfers, re-employment, and increased recruitment into wholetime and on-call roles.

The challenge of recruiting across all SFRS Directorate in a highly competitive recruitment market continues and whilst turnover is lower than the reported UK turnover rate of 15% it remains high in comparison to previous quarters. The overall rate has increased from 2.6% in the previous quarter to 3.4% in Q1.

The overall absence rate decreased from 5.56% in quarter 4 to 5.26% in quarter 1, made up of a decrease in short-term absence from 3.6% to 2.33% and a decrease in long-term absence from 2.98% to 2.93. The top reasons for short-term absences are Respiratory, Musculoskeletal and Stomach/Bowel whilst the top reasons for long-term absences are Musculoskeletal, Psychological and Respiratory. As of the end of April 2022 individuals with symptoms were no longer required to take a test or self-isolate. Therefore, as of Monday 16 May, SFRS no longer classified or treated COVID-19 absences any differently from any other respiratory illness.

Covid-19 cases, where the number of days lost to sickness (displaying Covid-19 symptoms) has reduced from 14,025 in Q4 to 4,188 in Q1. This decrease is mirrored by the number of days lost to self-isolation having reduced to 592 in Q1 from 7886 in Q4.

## 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

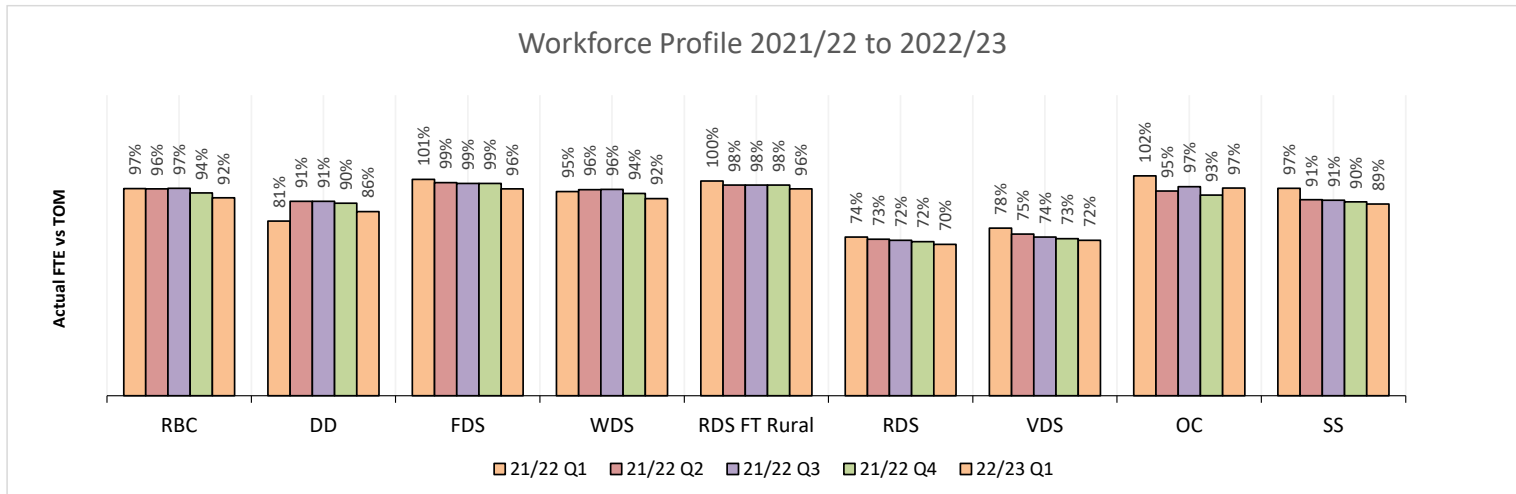
EMPLOYEE GROUP	Wholetime (WDS)					Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS				
Target Operating Model (FTE)	3021	359	256		3636	55	3309	384	170	868	8422
Initiatives, Projects and Capital Funded		18	17		35				11	98	144
Actual (FTE)	2787	328	264	72	3451	53	2331	278	177	863	7153
Actual (Headcount)	2788	329	264	72	3453	53	2712	278	180	917	7593

As of 30 June 2022, SFRS employed 7068 people. The variance between the number of employees and totals illustrated above is reflective of where staff hold more than one role (dual contract). Excluded from the figures in the above table; 12 employees on Secondment, 13 on Career Breaks and 4 who are externally funded.

Our Strategic Resourcing Plan remains fluid in recognition that the ongoing staffing recovery from COVID-19 has been further impacted by recent pension changes, which have significantly impacted the retirement profile, affecting headcount, operational availability, and skills profile. POD Workforce Planning are actively monitoring and forecasting retirement profiles to support effective planning, as further impacts are predicted over the next 18 months. Revised project plans to increase Wholetime and On Call Firefighter intakes over 2022 and 2023, aligned to workforce planning projections, are being finalised.

POD continue to support the Staffing Tactical Action Group (S-TAG) and Staffing Solutions Team (SST), to identify and implement actions to mitigate the impact on our Target Operating Model (TOM) and competence levels. Areas we have prioritised to support our establishment levels include; a further review of the strategic resourcing plan, a reviewed and streamlined approach and scheduling of a number of promotional processes to take place within 2022/23, the development of a campaign to promote inter service level transfer opportunities (FF-GC),

the scoping of an On Call to Wholetime migration process, and a reach out to recent operational leavers to promote re-employment opportunities, aligned to abatement guidance



For reasons stated in previous reports, our ability to recruit has been challenging throughout the pandemic. Coupled with the UK wide recruitment challenges, with vacancies reported at record levels. Has impacted in our ability to maintain establishment levels, as observed above.

Operations Control (OC) has seen an upturn of leavers, largely due to retirements due to recent pensions changes. While this has been offset with 15 new Firefighter Control Trainees commencing in quarter 1 2022/23, POD is continuing to support the OC management team in prioritising succession and business continuity plans.

We maintain a focus on our support staff vacancies, to ensure these are progressed in a timely manner in an increasingly challenging and competitive external labour market. Work is ongoing to ensure we are actively promoting roles, agile working arrangements and that we build a flexible adaptable approach into our resourcing methods. Work is also underway to consider and develop improvements to our Support Staff pay and reward arrangements to ensure our support staff roles remain attractive and retain staff, including pay progression arrangements, development pay, and utilisation and application of market allowances.



### 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)	162*	49	9	220	2	978	106	4	103	1413

\*Actual vacancies = 234 less 72 Trainees currently on Foundation Course

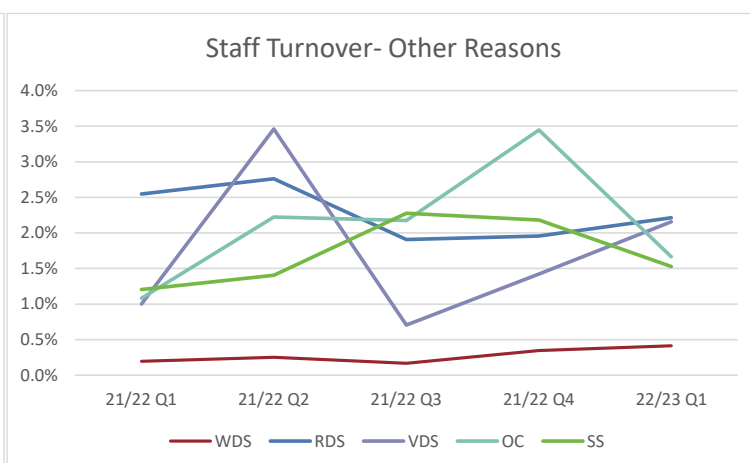
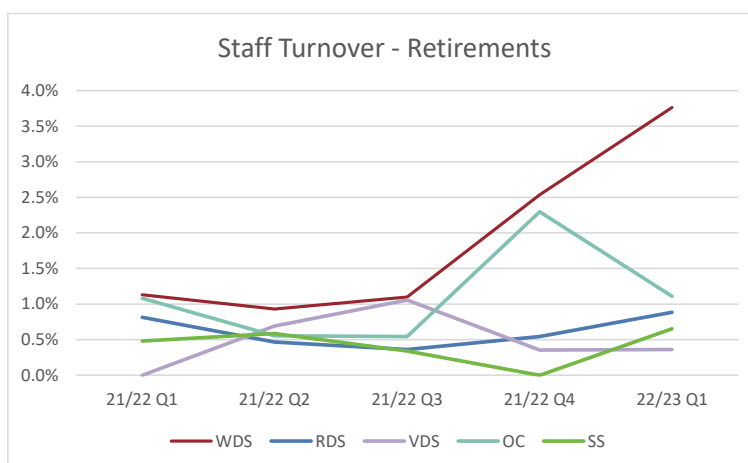
As part of the National On Call Improvement Programme, POD is progressing key actions aligned to the On Call Firefighter attraction and recruitment project. The revised Recruitment and Selection (R&S) process are scheduled to be implemented in September 2022. Other workstreams to enhance attraction and recruitment have been delivered, such as, a national recruitment toolbox and a pre-recruitment engagement programme.

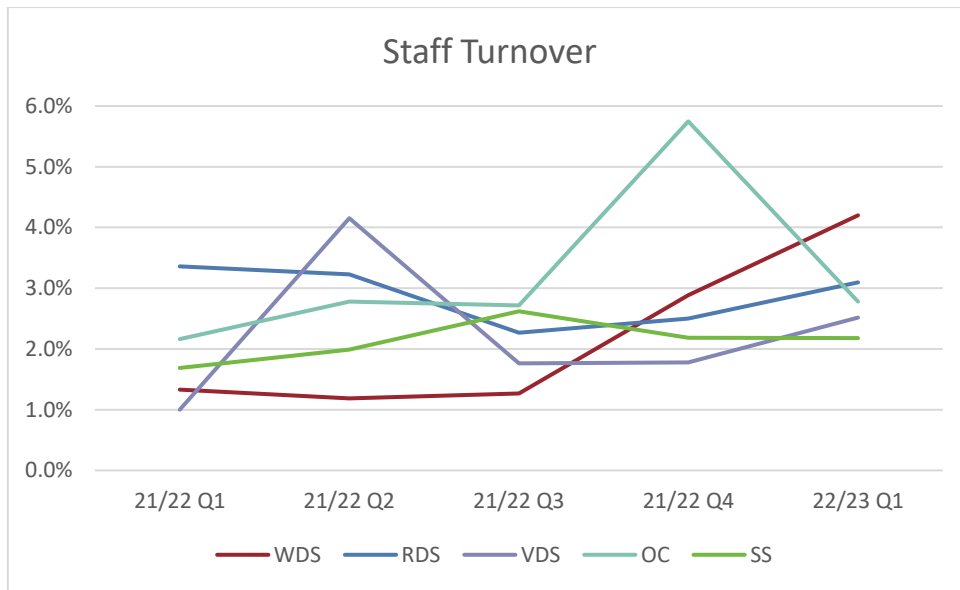
### 1.1.3 Percentage Staff vacancies

EMPLOYEE GROUP	Wholetime (WDS)				Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS				
Vacancy (%)	5.4%	13.6%	3.3%	6.0%	3.6%	29.6%	27.6%	2.2%	10.7%	16.5%

### 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				
Retirements	3.0%	6.4%	8.7%	3.8%	0.0%	0.9%	0.3%	1.1%	0.7%	2.1%
Other Reasons	0.4%	0.9%	0.0%	0.4%	0.0%	2.2%	2.2%	1.7%	1.5%	1.3%
<b>Turnover</b>	<b>3.4%</b>	<b>7.3%</b>	<b>8.7%</b>	<b>4.2%</b>	<b>0.0%</b>	<b>3.1%</b>	<b>2.5%</b>	<b>2.8%</b>	<b>2.2%</b>	<b>3.4%</b>





Our turnover, illustrated above, although significantly lower than the reported UK turnover rate of 15% (data from the Chartered Institute of Personnel and Development), remains high in relation to previous quarters. The overall rate has increased from 2.6% in the previous quarter to 3.4%, influenced by several factors. Wholetime and OC turnover levels increased, due of the pension changes, which has resulted in an increase in the number of retirements. There are historical issues with On Call retention, which are being prioritised by the National On Call Leadership Forum.

## **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 two grievance cases concluded within this quarter. Both cases were due to a breach of policy, and both were partially upheld.

### **2.1.2 Total number of discipline cases concluded within six weeks**

There have been 9 new cases commenced within quarter 1, with a further 16 cases carried over from previous quarters. From the 9 new cases, one case concluded within six weeks, two concluded within 14 weeks and the remaining six will be carried over into quarter 2.

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

There were two cases of bullying and harassment under investigation and being considered in accordance with SFRS policies.

### Section 3

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

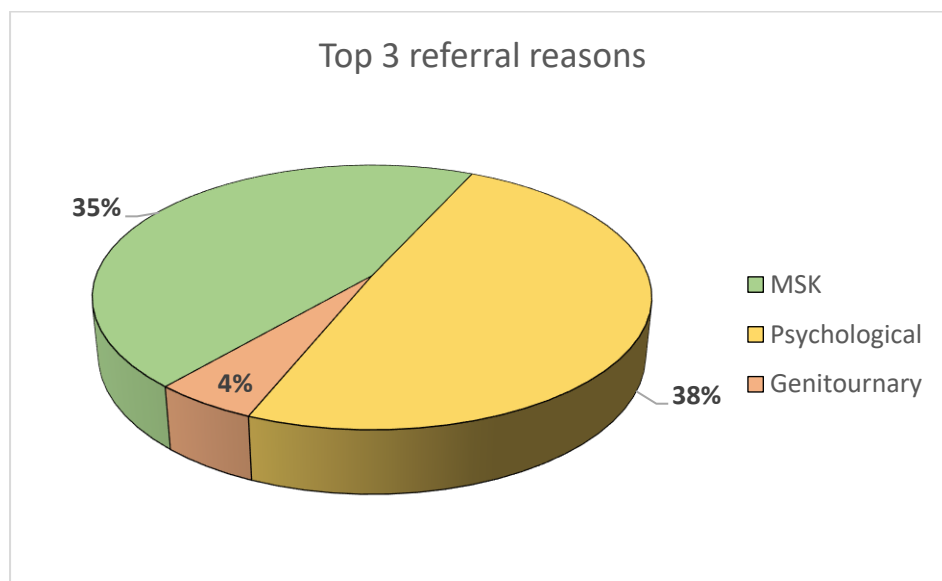
*Strengthen health, wellbeing and fitness arrangements to enable staff to safely and effectively undertake their roles*

#### 3.1.1 Top three reasons for management referrals

In the reporting period, there were a total of 627 appointments attended, of which 227 were New Management Referrals (NMR). The top three reasons for NMRs were:

1. Psychological – Stress and Mental Health – 86 (38%)
2. Musculoskeletal (MSK) – 79 (35%)
3. Genitourinary – 10 (4%)

All Other reasons for referral accounted for remaining 52 (23%).



The top two reasons for management referral in quarter 1 remain unchanged from the previous reporting period and is typical of preceding data. There was a 18% decrease (278 to 227) in NMR appointments attended in quarter 1 compared to the previous reporting period.

Psychological conditions remain the top reason for referral to HW in quarter 1, with a 17% decrease (103 to 86) when comparing to the previous reporting period. In quarter 4 2021/22, there was a significant increase in the number of psychological referrals due to non-work-

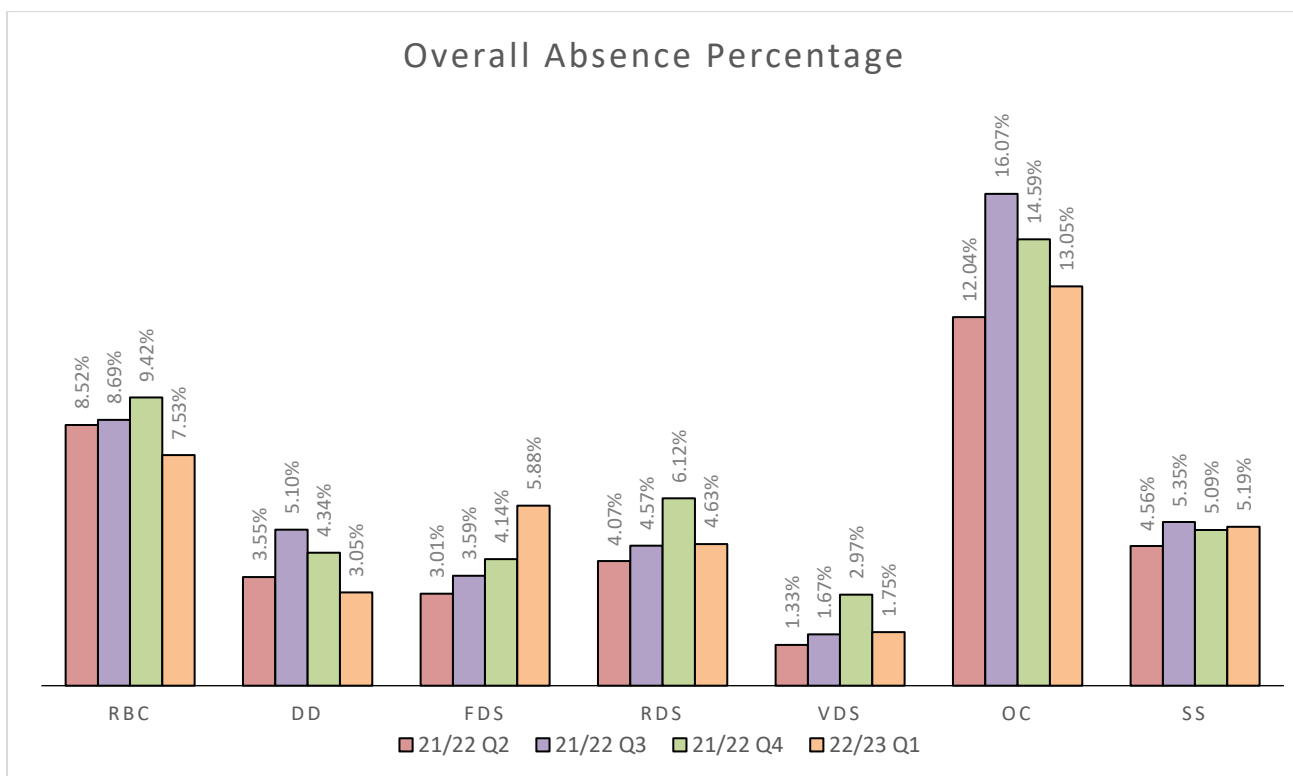
related stress and mental health conditions not classified as stress, compared to quarter 4 2020/21, when there was a 45% increase (46) in the referral rate. However, the referral rate for quarter 1 2022/23 demonstrates more consistency with previous reporting periods. Compared to the same period last year (quarter 1 2021/22), there is a 26% increase (23) in referrals due to psychological conditions, showing an upward trend in the past four quarters; perhaps reflective of the focus being placed on activity to support the outcomes of the mental health strategy and a greater focus on early intervention. This data will continue to be scrutinised in future reporting periods.

As the second most common reason for referral, MSK referrals decreased by 4% (82 to 79) which is consistent with referral rate for quarter 4 2021/22 (82) and with the same period in quarter 1 2021/22 (72). SLT have approved the introduction of an alternative service delivery model for physiotherapy and rehabilitation services that will align to work being carried out to raise the profile of MSK injury prevention and reduction within SFRS. MSK Injury Reduction events are included within the Wellbeing Inclusion Sub-Group Calendar and will run in August 2022.

There was a new third top referral reason in quarter 1, which was for Genitourinary reasons and accounted 10 cases (4%) of all NMRs. Further analysis of these and previously reported figures, did not reveal any obvious trend or pattern which may have assisted in explaining this increase in numbers of referrals of this nature. Often the menopause can be causal for genitourinary conditions. However, interestingly, of these 10 referrals 50% (5) were male, with the remaining 50% (5) being female with only one of those referrals relating to menopause. HW will continue to analyse this data for trends going forward.

### 3.1.2 Overall absence percentage

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Overall Absence (workdays lost versus workdays available)	7.53%	3.05%	5.88%	<b>6.59%</b>	4.63%	1.75%	13.05%	5.19%	<b>5.26%</b>



The average overall absence percentage for all SFRS working days lost in quarter 1 is 5.26% which is a decrease of 1.31% compared to the previous quarter. It is noted that absence has decreased across all employee groups, for both short and long-term, as shown below, however still remains higher than the reported 2.2% national average rate (Office for National Statistics 2021, release date 29 April 2022). This may be attributed to including all COVID-19 related absences (see section 3.1.7).

### 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 (workdays lost versus workdays available)	3.76%	1.36%	2.04%	<b>3.17%</b>	2.01%	0.66%	4.35%	2.06%	<b>2.33%</b>

This table shows the percentage of workdays lost due to short-term absence as a percentage of workdays available. In line with the overall decrease in the absence rate, there has been a decrease in short-term absence across all employee groups of 1.27% in this quarter.

### 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 (workdays lost versus workdays available)	3.77%	1.69%	3.84%	<b>3.43%</b>	2.62%	1.09%	8.70%	3.13%	<b>2.93%</b>

This table shows the percentage of workdays lost due to long-term absence as a percentage of workdays available. In line with the overall decrease in the absence rate, there has been a decrease in long-term absence across all employee groups of 0.05% in this quarter.

### 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	1970	1017	395	536	<b>3917</b>
DD	212	30	29	60	<b>331</b>
FDS	209	26	8	88	<b>330</b>
RDS	3297	664	284	785	<b>5030</b>
VDS	119	21	1	26	<b>167</b>
OC	140	43	62	86	<b>331</b>
SS	494	88	103	267	<b>951</b>
<b>Total Working Days Lost</b>	<b>6441</b>	<b>1888</b>	<b>882</b>	<b>1847</b>	<b>11056</b>
<b>Number of Employees</b>	<b>1163</b>	<b>319</b>	<b>281</b>	<b>302</b>	<b>2065</b>

### 3.1.6 Long-term absence by top three absence reasons

Long-term Sick – Top 3 Reasons	Musculoskeletal	Psychological	Respiratory	Other	TOTAL
RBC	2274	518	326	807	3925
DD	102	104	19	186	411
FDS	89	375	45	111	620
RDS	3174	1289	661	1425	6547
VDS	277	-	-	-	277
OC	71	214	160	217	662
SS	242	449	196	558	1445
<b>Total Working Days Lost</b>	<b>6229</b>	<b>2948</b>	<b>1407</b>	<b>3304</b>	<b>13887</b>
<b>Number of Employees</b>	<b>157</b>	<b>71</b>	<b>39</b>	<b>97</b>	<b>364</b>

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, it is noted that there has been an increase in the number of long-term psychological cases, compared to the previous quarter for days lost. This equates to a total of eight employees on long-term absence, all of which are being fully supported by Health and Wellbeing, their managers and the HRBP.

MSK issues continue to be the main reason for long-term absence, and the number of absences related to this have increased across all staff groups in this quarter for long-term absences. For long-term psychological absences, this has decreased in this quarter by five employees.

When comparing absence reasons, it is noted that psychological conditions is not present in the short-term table above, as it is not one of the top three reasons and this was the same for quarter 4. However, this could also be because of the level of absence due to respiratory conditions in this quarter which includes Covid absence.



### 3.1.7 COVID-19 Absence

#### Current Period

<b>Workdays lost to Sickness*</b>	<b>RBC</b>	<b>DD</b>	<b>FDS</b>	<b>RDS</b>	<b>VDS</b>	<b>OC</b>	<b>SS</b>	<b>TOTAL</b>
Displaying Symptoms	1223	91	95	2246	67	112	355	4188
No. of Employees	249	17	17	252	8	17	48	608

\*Figures provided for illustrative purposes only; COVID-19 sickness absences to 16-May-22 have been incorporated into Respiratory absences above as no longer recorded separately from this date

<b>Workdays lost to Special Leave</b>	<b>RBC</b>	<b>DD</b>	<b>FDS</b>	<b>RDS</b>	<b>VDS</b>	<b>OC</b>	<b>SS</b>	<b>TOTAL</b>
Isolation/Quarantine (Duty Days)	440	0	0	129	11	1	11	592
No. of Employees	99	0	0	20	1	1	3	124

#### Previous Period

<b>Workdays lost to Sickness</b>	<b>RBC</b>	<b>DD</b>	<b>FDS</b>	<b>RDS</b>	<b>VDS</b>	<b>OC</b>	<b>SS</b>	<b>TOTAL</b>
Displaying Symptoms	4860	601	155	7196	160	291	762	14025
No. of Employees	967	65	25	775	20	63	104	2019

<b>Workdays lost to Special Leave</b>	<b>RBC</b>	<b>DD</b>	<b>FDS</b>	<b>RDS</b>	<b>VDS</b>	<b>OC</b>	<b>SS</b>	<b>TOTAL</b>
Isolation/Quarantine (Duty Days)	3452	110	123	3978	5	60	159	7886
No. of Employees	685	15	12	371	1	16	27	1127

Scottish Government's COVID-19 regulations changed with public test sites closing from end of April 2022 and individuals with symptoms no longer required to take a test or self-isolate. Therefore, as of Monday 16 May, SFRS no longer classified or treated COVID-19 absences any differently from any other respiratory illness.

Absences, where a colleague has symptoms of a respiratory illness, including COVID-19, are now classed as normal sickness, and will be managed in line with our attendance management policy and these absence figures will now be included in our overall absence figures above.

## Appendix 1 – Glossary of Terms

DD	Day Duty / Off Station
FDS	Flexi Duty System
FF	Firefighter
FTE	Full Time Equivalent
GC	Group Commander
GDPR	General Data Protection Regulations
HRBP	Human Resources Business Partner
HW	Health and Wellbeing
MSK	Musculoskeletal
NMR	New Management Referral
OC	Operations Control
On Call	Retained and Volunteer Duty System
POD	People and Organisational Development
R&S	Recruitment and Selection
RBC	Resource Based Crewing
RDS	Retained Duty System
RDS FT	Retained Duty System Full Time
SFRS	Scottish Fire and Rescue Service
SST	Staffing Solutions Team
S-TAG	Staffing Tactical Action Group
TOM	Target Operating Model
SS	Support Staff
VDS	Volunteer Duty System
5WDS	5 Watch Duty System

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Report No: C/PC/31-22  
Agenda Item: 7.2



SCOTTISH  
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

**TRAINING, SAFETY AND ASSURANCE DIRECTORATE**  
**PROGRESS AND PERFORMANCE REPORT**  
**QUARTER 1 2022-23**

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4.1 Operational Core Skills;	
4.2 Incident Command Competence;	
4.3 Specialist Rescue Competence; and	
4.4 Compliance with Training for Operational Competence (TFOC)	
<b>5. Health and Safety Analysis</b>	<b>Page 18</b>
5.1 Annual Health and Safety Improvement Plan;	
5.2 Health and Safety Events; and	
5.3 Health and Safety Key Performance Indicators.	
<b>6. Glossary of Terms</b>	<b>Page 37</b>

## 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 Scottish Fire and Rescue Service (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.

Key successes for the Training Function within this quarter include:



- 5 key documents introduced to support ongoing training delivery and staff development with full engagement across all Flexi Duty Officer (FDO) Groups and Operations Control (OC); The Command Competence Review Procedure, Uniformed Employee Performance Improvement Plan (PIP) Management Arrangement, Incident Command Development Pathway, Incident Command Principles of Assessment, Flexi Duty Officer (FDO) Induction Handbook;
- The Trainee Firefighter Foundation Programme (TFFFP) pilot continued within Q1 to support the Target Operating Model by training more staff across the period than using the previous delivery timetable;
- The new Training for Operational Competence (TfOC) framework for Firefighters to Watch Commanders has been introduced in Q1 with improvements assisting the ongoing training of operational crews. This is demonstrated within the performance indicators for On-Call personnel within both the Retained Duty System (RDS) and Volunteer Duty System (VDS);
- The online delivery of Incident Command Level (ICL) 2 & 3 courses continues to support our Flexi Duty Officers with maintaining their operational currencies whilst also providing new FDO's the full development courses to support our frontline response.

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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.

2. Risk Movement



Directorate objective	Update on significant successes/challenges	Action taken to mitigate/reduce risk	Link to Risk Register (risk movement)	Progress from last quarter
<p>Ensure there is sufficient staff capacity and resources available to meet Service training demand.</p>	<p>There has been an increased focus on risk critical training.</p> <p>Skills refresher training undertaken for “day duty” staff in preparation for front line operational redeployment if required.</p> <p>Training pathways for re-engagement of former staff have been developed.</p>	<p>A “State of the Nation” Gap analysis has been undertaken and draft proposals for a Training Recovery Plan have been devised in liaison with Service Delivery business partners. This will be integrated into the Reset, Renew and Recovery planning via the People &amp; 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>	<p>SR5</p> 	

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<p>Availability of our facilities' capacity to host training due to the restricted numbers allowed whilst observing social distancing restrictions.</p>	<p>There has been an increased focus on risk critical training with minimal courses being facilitated at National Training Centres and with training being facilitated locally wherever possible.</p>	<p>COVID-19 Risk Assessments undertaken at each Training Centre site to revise capacity and ensure social distancing measures can be observed. Joining Instructions revised to incorporate COVID-19 prevention guidance.</p> <p>Full review conducted of Business Continuity Plans for the Function and each of our Training Centres.</p> <p>Quality Assurance support visits facilitated by National Training Instructors and Officers to assist SDA Instructors delivering local training events (e.g. Red, Amber and Green Phase Assessments for Firefighters in Development).</p>	<p>SR9</p> 	
<p>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

### **3. Spotlight Report – Tri Service Driver Training Collaborative Working Group update**

With the increase in demand for driver training courses, resulting from the recent pension remedy fall out, Covid 19 recovery strategy, future implementation of TFFFP contractual revision, being progressed through the Staffing Solution Team (SST), and impending enactment of the Road Safety Act 2006 (Section 19) legislation, there is a requirement to identify and create efficiencies and capacity increases across driver training, to address the challenges above, and reduce the deficit of current Emergency Response Drivers (ERD) across the organisation against the target operating model.

In support of the above, SFRS driver training management are participating in the Tri-Service Driver Training Collaborative Working Group. Through involvement in the working group, with partners from Police Scotland and Scottish Ambulance Service, and through a series of benchmarking exercises carried out across all three organisations, numerous workstreams have been identified and progressed.

As a result of this participation, a review of the current ERD reassessment model has been carried out and assessed against the model currently deployed by Police Scotland. This has led to an amendment to the current SFRS delivery model being progressed, which would achieve a fourfold increase in ERD reassessments conducted daily. This increase would release further capacity across the function, to deliver alternative driver training courses.

In addition to this, further collaborative working arrangements have been established and progressed through the group and include Police Scotland accommodating SFRS staff in delivery of Cat B Flexi Duty Officer (FDO) ERD courses, scheduled for October 2022 and Scottish Ambulance Service accommodating three members of SFRS to undertake All-Terrain Vehicle (ATV) Instructors courses, scheduled for August 2022. SFRS have also planned to accommodate Police Scotland staff in the delivery of Trailer training courses in late 2022. Work is also underway to assess the viability of the use of Simulators and Virtual reality as means of overcoming the challenges associated with the “Driving in Darkness” element of Section 19.

The group continue to meet monthly to discuss the availability of further collaboration and innovative solutions, to address the demands of driver training across all organisations and to mitigate the impact the enactment the Road Safety Act 2006 (Section 19) will have.

The benefits of continued involvement in the collaborative working group are wide reaching and see a cohesive and collaborative approach to driver training delivery, a robust quality assurance process and realise a financial benefit across the public-sector expenditure through shared knowledge and resources.

#### 4 Training Analysis

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

Outcome 3 - We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services.							
Ref	Indicators	Frequency	Target /Direction of Travel	Reported to			
				Board	SDC	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 2: Outcome 3

4.1 Operational Core Skills (% of Staff deemed competent against requirement)

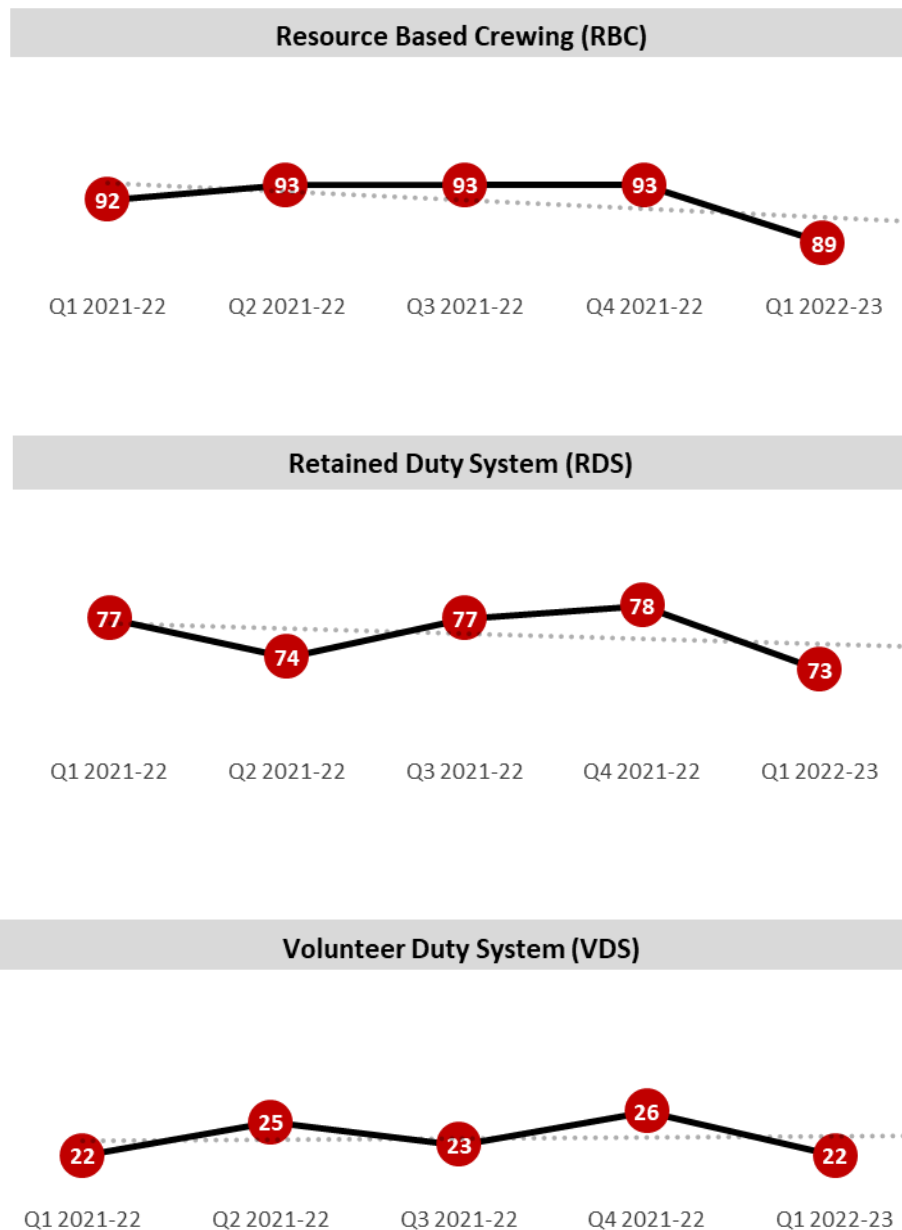


Figure 1: Operational Core Skills

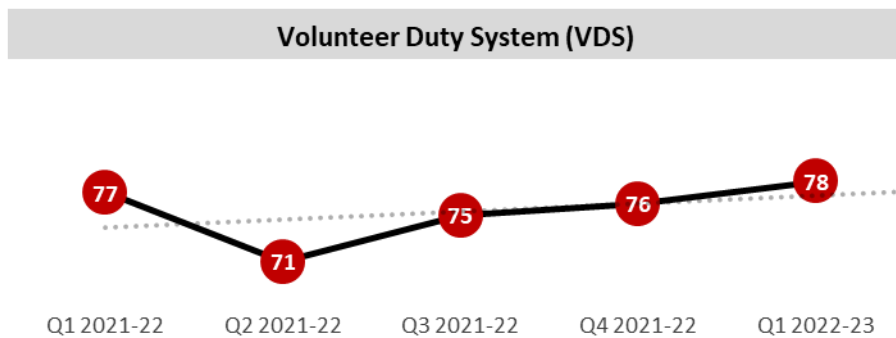
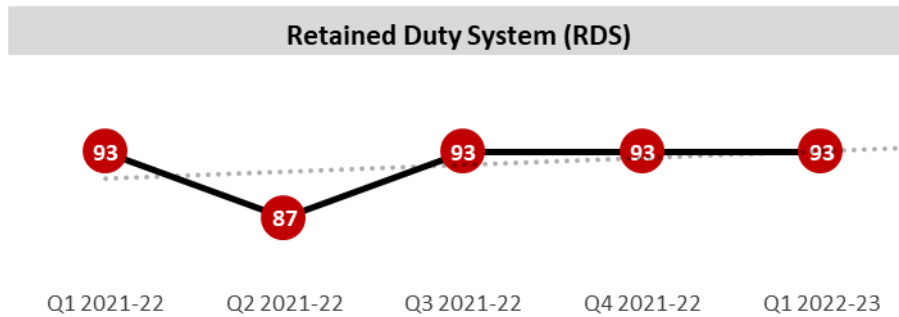
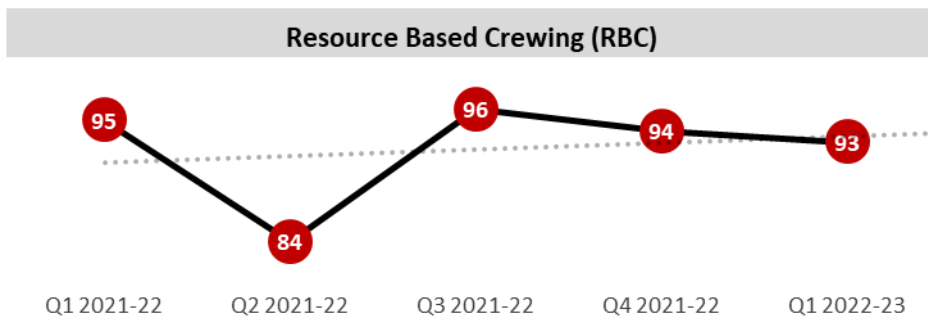
The Q1 figures for Core skills of Incident Command, Breathing Apparatus (BA), Fire Behaviour, Tactical Ventilation and Emergency Response Driver Training remain broadly consistent when compared with the previous quarters, with an improvement seen in the recording of BA wears.

We have continued with the additional support for distance training with our learning content accessible on a range of platforms to ensure maintenance of core skill competency. The launch of the new TFOC modules, a recommendation on the Retained and Volunteer Duty System

(RVDS) Her Majesty Fire Service Inspectorate (HMFSI) action plan, has seen the process streamlined to support both wholetime and on-call staff maintain operational core competence.

The on-going focus of maintaining key risk critical skills has continued in Q1 2022-23 and as COVID-19 restrictions have become more relaxed, course sizes have increased accordingly with a focus to improve training capacity and maximise course numbers to maintain operational currencies.

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



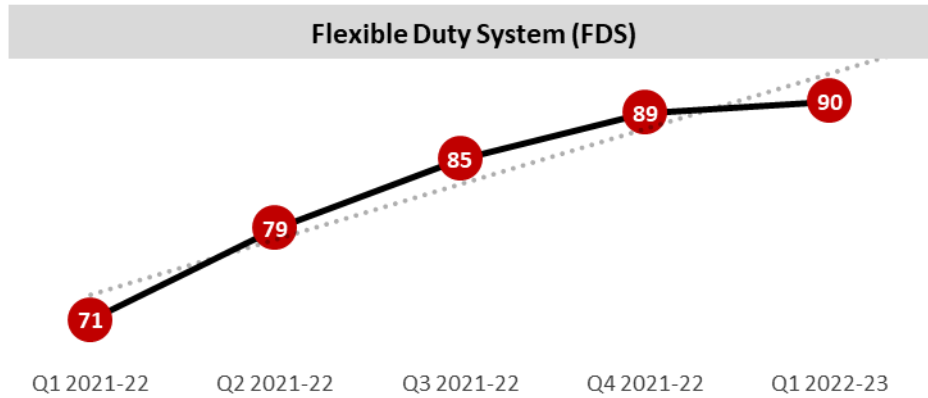


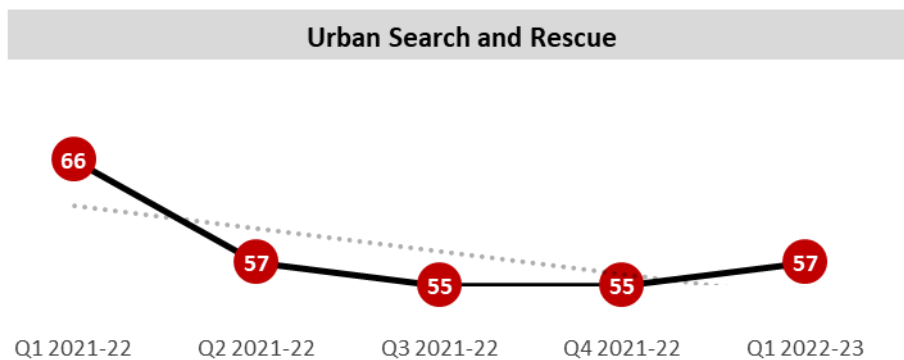
Figure 2: Incident Command Competence

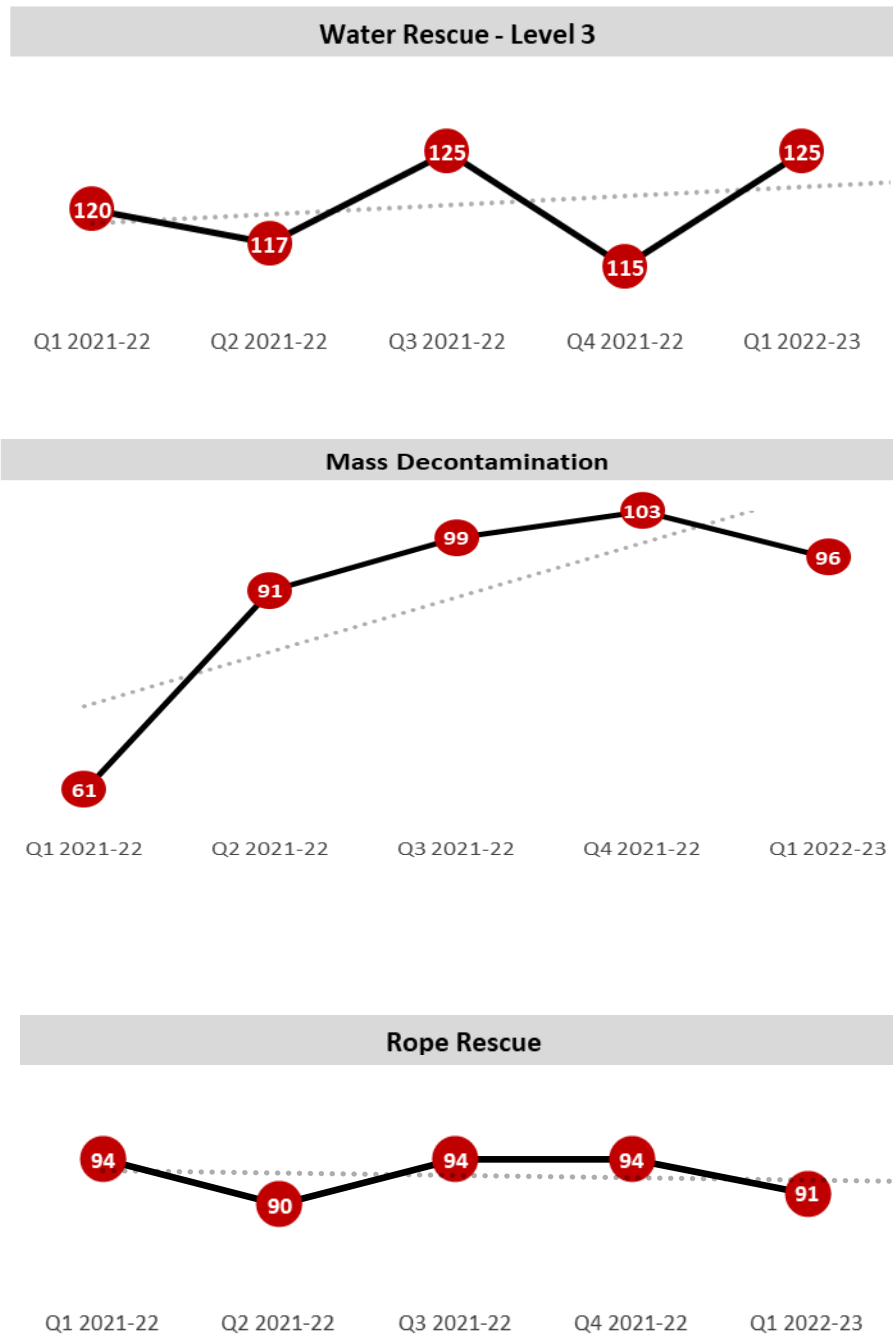
Incident Command Competence across all staffing groups shows a high level in performance with the National Incident Command Team continuing to support the implementation of the modular ICL1 local delivery as it is rolled out to other areas.

The introduction of the Command Competence Review Procedure in Q1 2022-23 to support re-accreditation of incident command competency at live incidents and training events will assist in the mid to long-term to further improve Incident Command performance and create capacity for the Incident Command Team to focus on the recovery plan.

The Flexi Duty System (FDS) figure continues to show an increase in performance following the successful introduction of the online ICL2 and 3 refresher courses with the incident command team also completing ICL4 assessments for the recent Assistant Chief Officer (ACO) process.

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





**Figure 3: Specialist Rescue Competence**

Specialist Rescue competence continues to be impacted by the retirement and promotion of employees however the restoration of course capacities to pre-pandemic levels has improved the efficiency of course delivery.

Water Rescue competence has seen an improvement following the implementation of Knowledge Applied Technical Assessments (KATA) which are delivered to quality assure station-based training and provide reaccreditation.

Urban Search and Rescue (USAR) competence has seen slight improvement through the delivery of a series of USAR Technician acquisition courses with KATA sessions being developed to enhance this position. Its worthy of note that the delivery of these courses has been counteracted by promotions and unforeseen retireals therefore the position is not as enhanced as expected when the quarter 1 courses were scheduled following the Training Needs Analysis process.

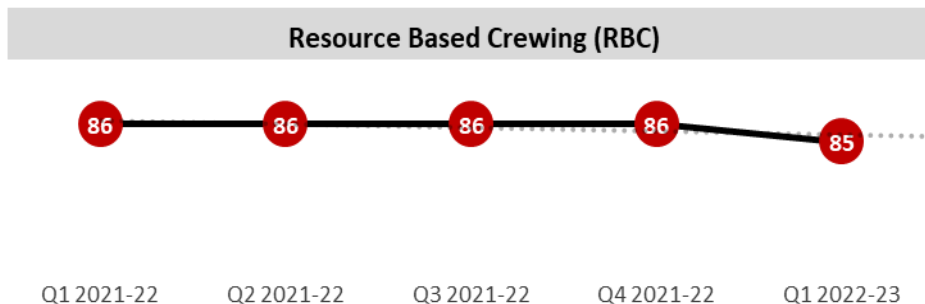
Mass Decontamination and Rope Rescue competencies have experienced slight decreases due to employee turnover however both remain at a high level with the latter now being supported by the introduction of station-based Rope Rescue Instructors.

#### 4.4 Compliance with Training for Operational Competence (TFOC) (% of Staff against requirement)

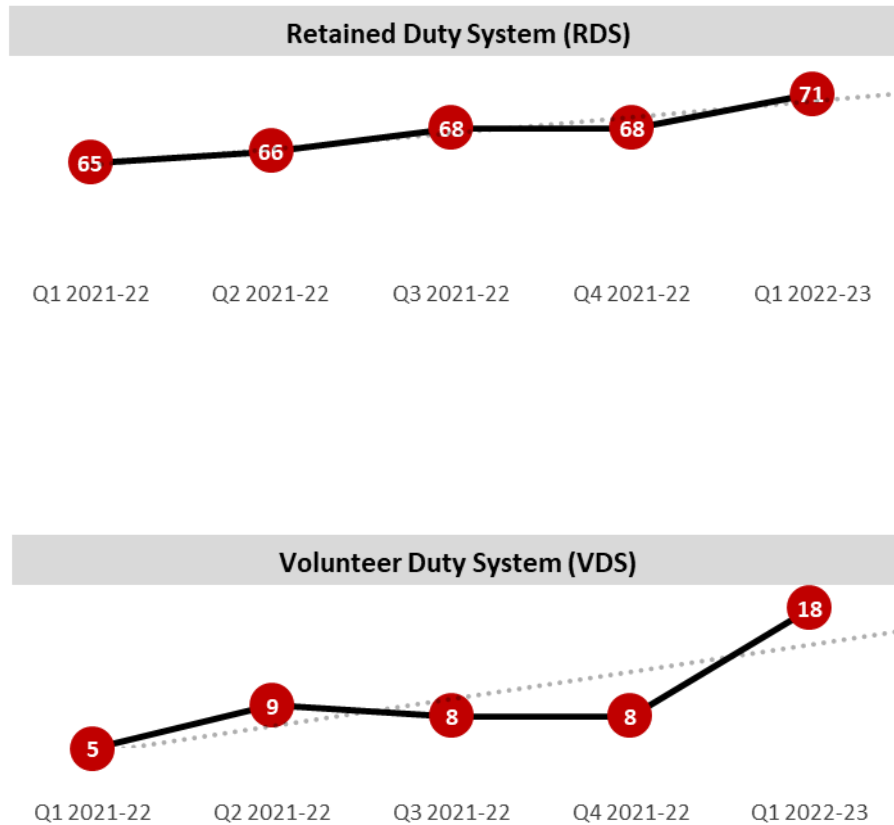
From Q1 2022-23 we have now introduced a new TFOC schedule for firefighters to Watch Commanders. The Core Skill Modules are pre-populated and will continue to operate on a 12-month rolling programme with 5 core skills modules every quarter including BA, Casualty Care and RTC delivered every quarter. Advanced Modules, Support Modules and any new packages on Emerging Risks will be populated into the schedule by the Training Function on a Quarterly basis using a risk based approach.

The newly formed Operational Competence Strategy Group (OCSG) have responsibility for prioritising and scheduling Advanced modules, Support Modules and any new packages on Emerging Risks for the upcoming Quarters. The OCSG is chaired by an Area Commander from the Training Function and has representatives from a range of Functions and Service Delivery Areas across the Service.

#### Core Skills Modules







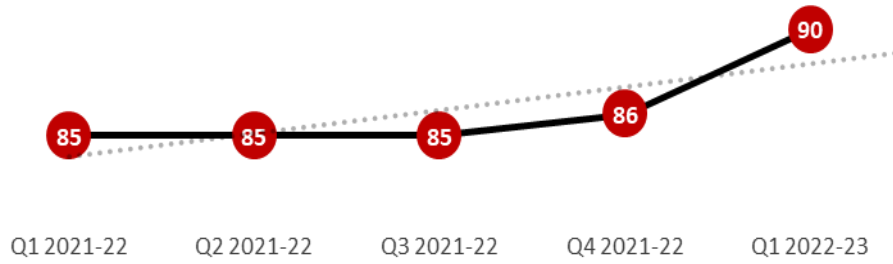
**Figure 4: Core Skills Modules**

The Q1 figures for Resource Based Crewing (RBC) demonstrate a relatively consistent performance when compared with the previous quarters with RDS and VDS showing an improvement against the previous quarter.

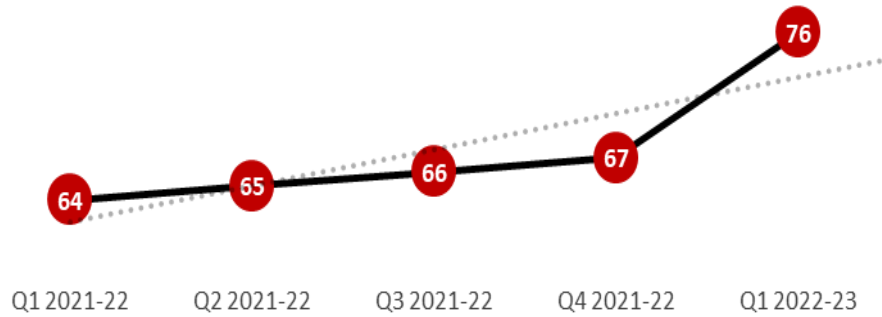
The ongoing support provided from the Learning and E-Development Team; assisting learners with remote options to access content, has contributed to the continued improvement in the RBC, RDS and VDS duty systems and is reflected in the performance data. Ongoing liaison with Service Delivery Area (SDA)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

### Maintenance Modules & Emerging Risks

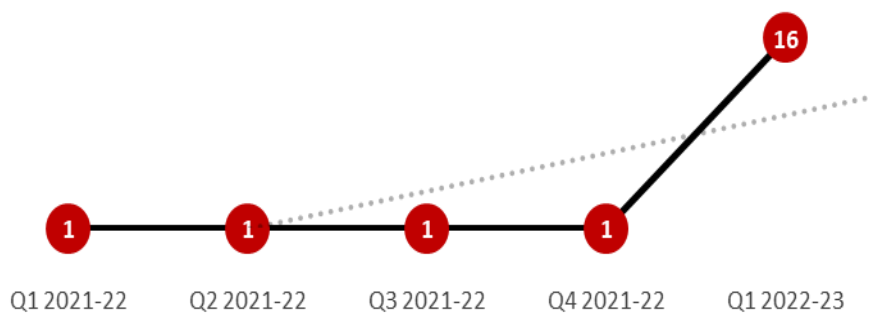
Resource Based Crewing (RBC)

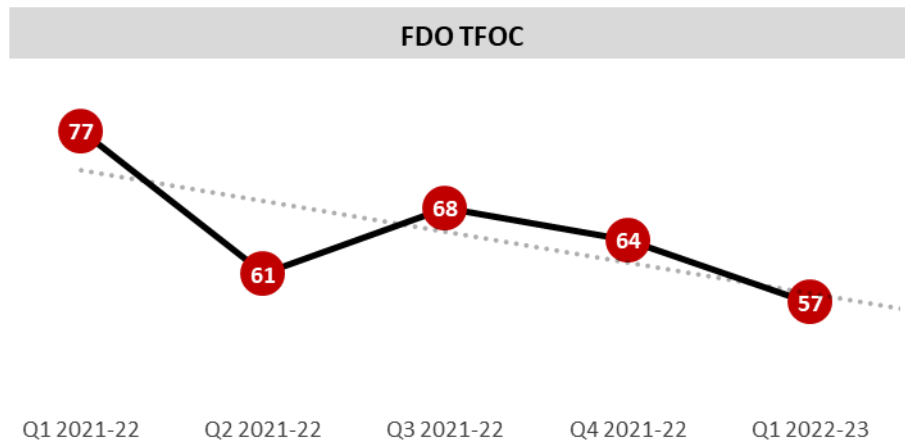


Retained Duty System (RDS)



Volunteer Duty System (VDS)





**Figure 5: Maintenance Modules & Emerging Risks**

As we have moved into Q1, with the COVID-19 restrictions easing, training has continued to progress with staff completing the practical elements of these modules with improvements highlighted for all groups, taking cognisance of the change to the TFOC schedules.








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.

The FDO TFOC shows a further reduction as 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 the pension remedy with a large number of new FDO's taking up positions, and we continue to monitor this.





## 5 Health and Safety Analysis

### 5.1 Annual Improvement Plan




To support legislative compliance, there is one overarching SFRS HS Improvement Plan supported by ten bespoke plans, one for each Directorate/SDA. The SFRS table below indicates the current completion status at the end of Q1 2022-23.

HEALTH AND SAFETY IMPROVEMENT PLAN PROGRESS REPORT								
Q1 2022-23								
				Outstanding Actions Q1 2022-23				
	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	54	46%		25	14	0	2	13
Service Delivery Areas (SDA)/Directorates								
North SDA (NSDA)	14	57%		8	1	2	1	2
East SDA (ESDA)	14	64%		9	0	1	1	3
West SDA (WSDA)	14	57%		8	0	2	1	3
Finance and Contractual Services (FCS)	11	100%		11	0	0	0	0
People and Organisational Development (POD)	19	89%		17	1	0	1	0
Prevention and Protection (P&P)	19	68%		13	2	0	2	2

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Operations (OPs)	18	33%		6	8	0	3	1
Strategic Planning, Performance and Communications (SPPC)	12	100%		12	0	0	0	0
Training, Safety and Assurance (TSA)	49	65%		32	13	0	1	3
Service Development (SD)	11	100%		11	0	0	0	0

**Table 3: Health and Safety Improvement Plan Progress Q1 2022-23**

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

Overall completion of Q1 actions is presenting as 46% (25 of 54) complete. When comparing the percentage completion within the same period in the previous reporting year, a 2% decrease is noted. Significant progress is noted in three of the ten plans in place, with FCS, SPPC and SD completing 100%, and POD completing 89% of their actions for 2022-23.

Of the 29 outstanding actions, analysis shows 45% (13 of 29) are over 70% complete. The Health and Safety Department will continue to engage with business partners to assist in progressing all outstanding actions.

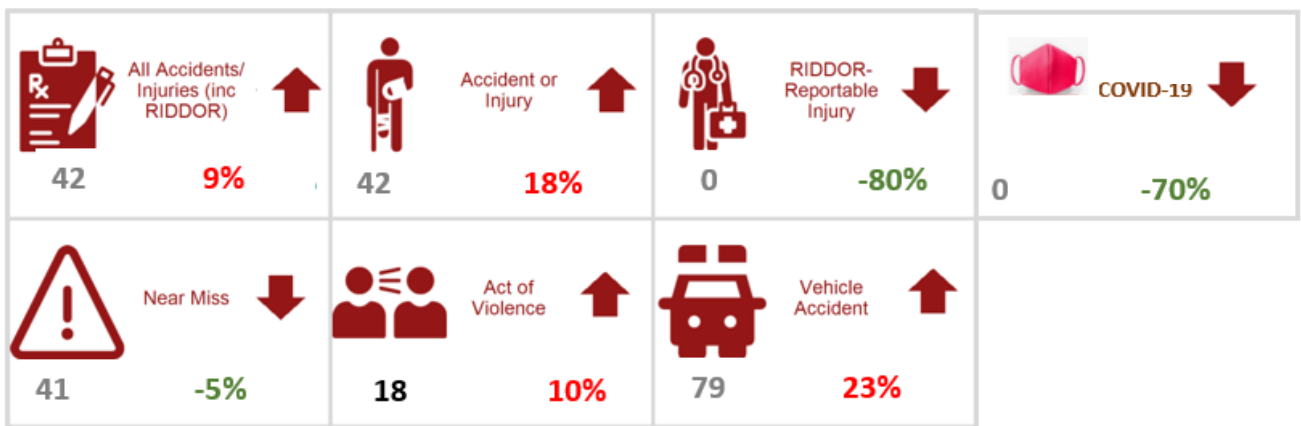
**Action points:**

- Completion of Provision and Use of Work Equipment (PUWER) Management Arrangement;
- Development of Management of Operational Risk Policy and Organisational Development;
- Progression of Face-fit Testing;
- Completion of programmed technical assessments and handbooks; and
- Implementation of Support Review process.

**SFRS HEALTH AND SAFETY DASHBOARD**

**Health and Safety (HS) Performance – Q1 2022-23**

**Key Performance Indicator (KPI) Totals with Two-Year Average Trend Comparisons 2020/21 to 2022/23**



**Figure 6: Trend Comparisons Year-To-Date**

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

The table below shows year-to-date totals to the end of Q1 each year from 2020-21 onwards.

Event Type	2020-21	2021-22	2022-23
Injury (excluding (RIDDOR)	30	38	42
RIDDOR-Reportable Injury	4	1	0
COVID-19	7	3	0
Near Miss	45	33	41
Act of Violence	15	16	18
Vehicle Accident	52	68	79
<b>Total</b>	<b>153</b>	<b>159</b>	<b>180</b>

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

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The table below shows year-to-date accident/injuries, including RIDDOR-Reportable activity, totals to the end of Q1 each year from 2020-21 onwards.

Activity	2020-21	2021-22	2022-23
Operational	14	13	10
Non-Operational	5	16	20
Training	15	8	12
<b>Total</b>	<b>34</b>	<b>37</b>	<b>42</b>

**Table 5: Activity Trend Comparisons Year-To-Date**

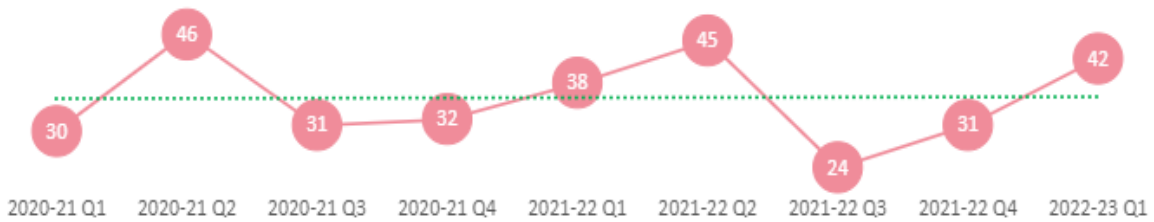
Further detail on each event type and causation is contained within the relevant sections of this report.

**SFRS PERFORMANCE OVERVIEW**

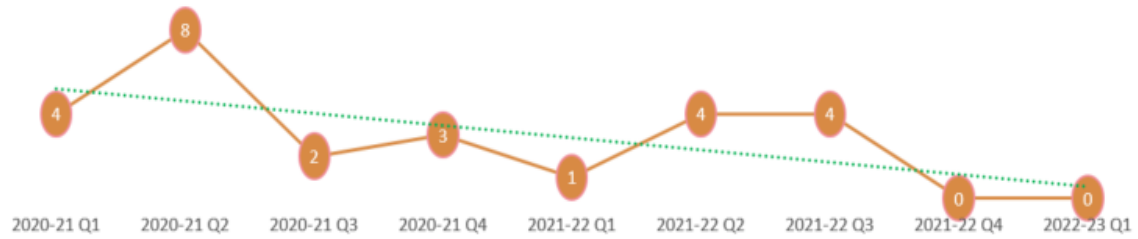
**Health and Safety Key Performance Indicators – Q1 2020-21 to Q1 2022-23**

The panel charts below show the overall quarterly totals from Q1 2020-21 to Q1 2022-23. 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. These are based on comparisons of cumulative totals averaged over two-year periods.

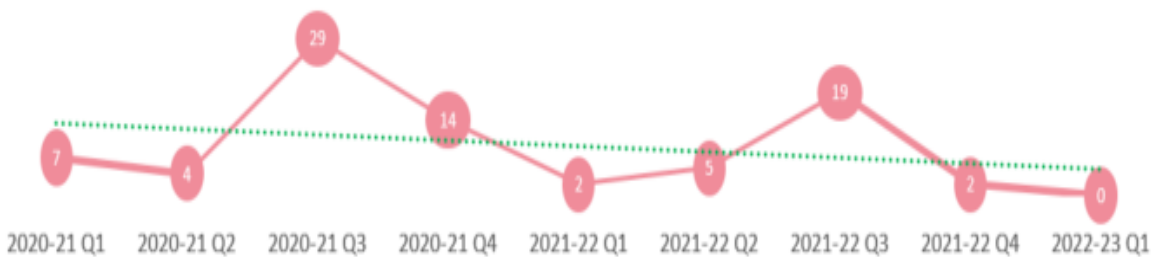
**Accident or Injury Excluding RIDDOR**



**RIDDOR-Reportable Injury**



**COVID-19**





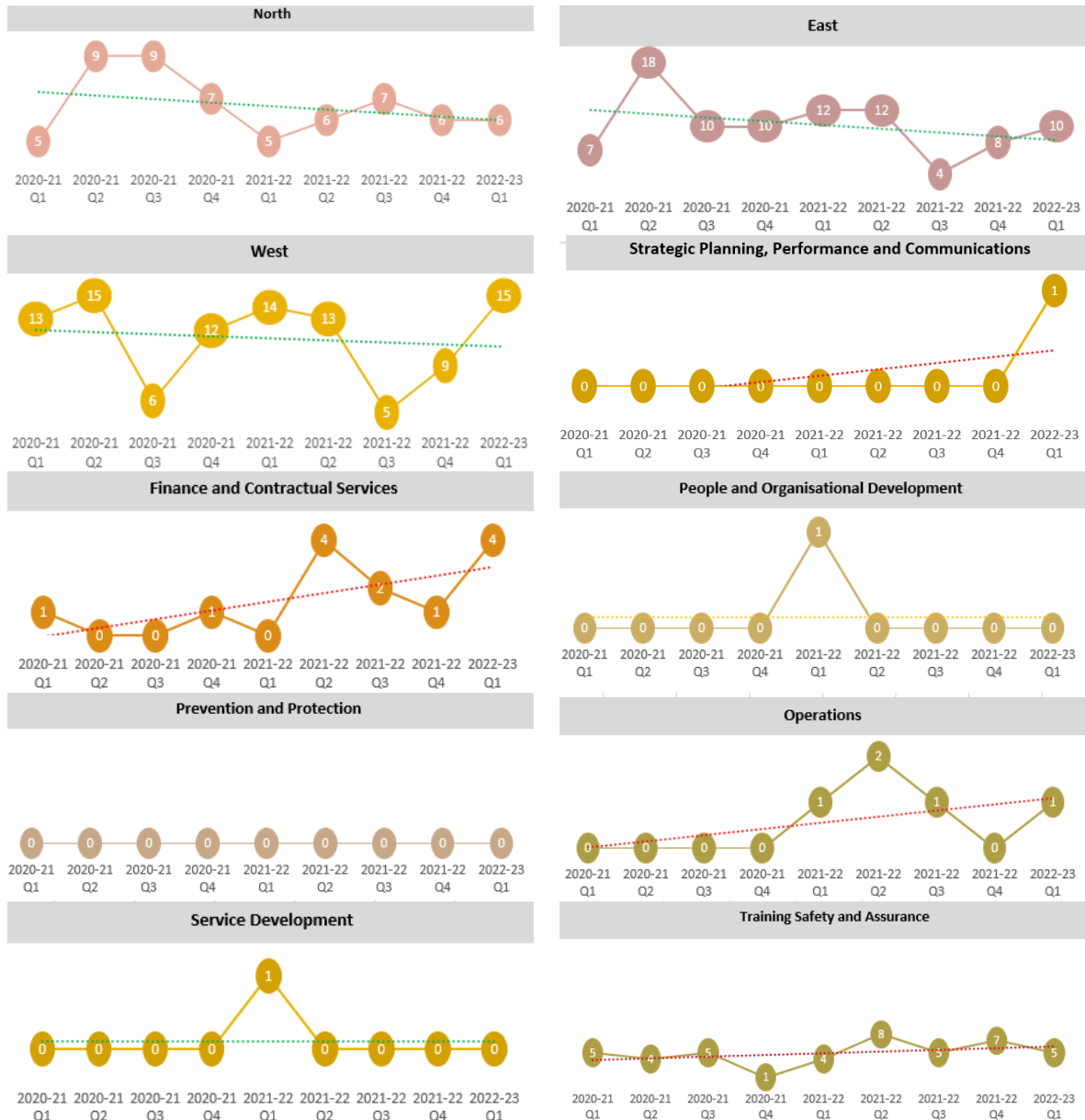


**Figure 7: Quarterly KPI Totals Q1 2020-21 to Q1 2022-23**

The three-year trend for Injuries, RIDDOR Reportable Injures, and COVID-19 show a positive trend over a three-year period. Acts of Violence (AOVs) and Vehicle Accidents (Vas) show a steady increase over a three-year period. Near Misses (NM) shows a decrease over a three-year period. Further analysis of all key performance indicators can be found in the related sections of this report.



**SDA/Directorate Accident/Injuries (excluding RIDDOR) – Q1 2020-21 to Q1 2022-23**



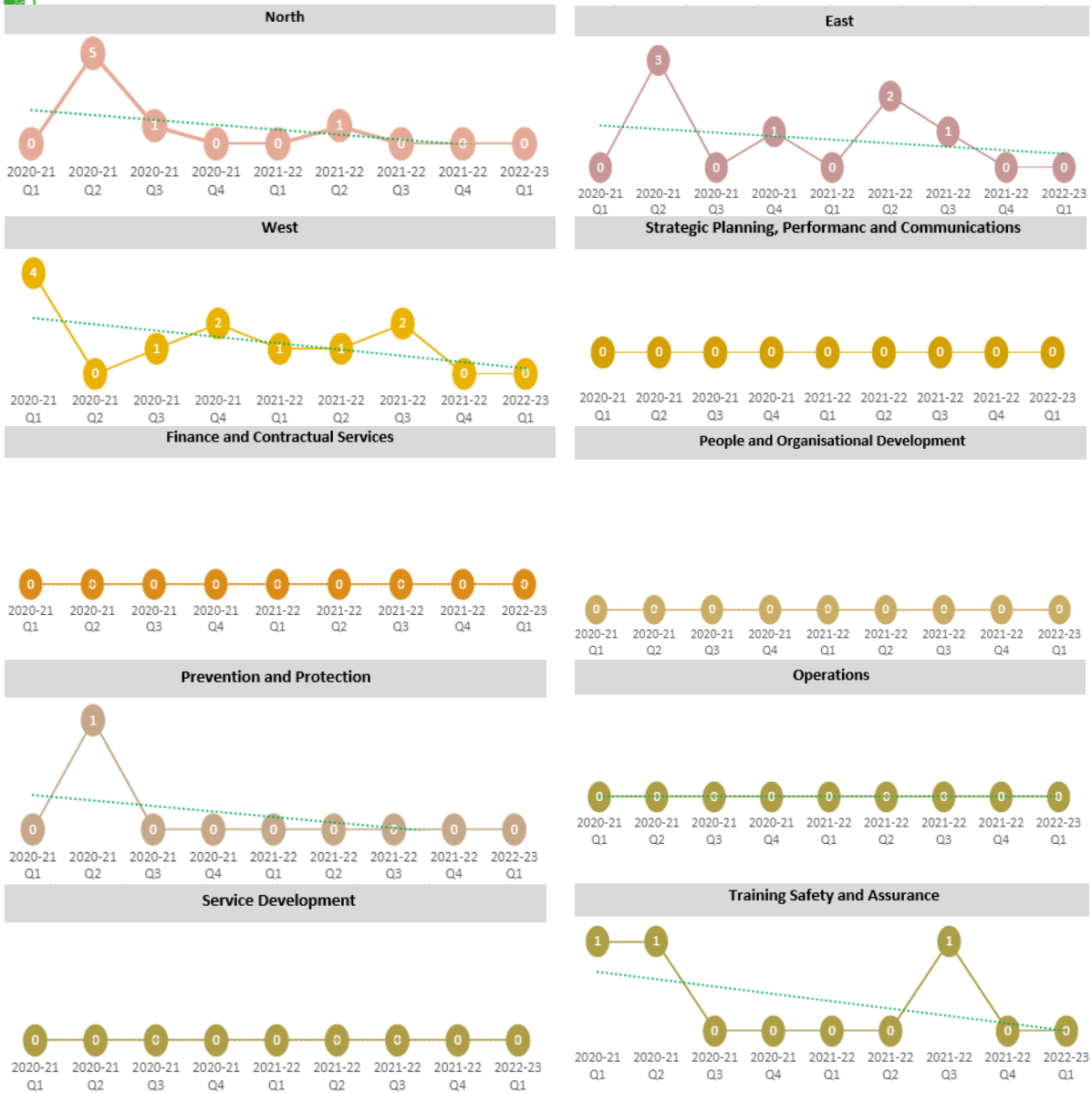
**Figure 8: SDA/Directorate AI Q1 2020-21 to Q1 2022-23**

Improvement over the 3-year period is seen in all SDAs where there has been a reduction of all accidents/injuries (AIs) (excluding RIDDOR) recorded.

When considering Q1 data with the same quarter previous reporting year, the North SDA saw a 20% (5 to 6) increase, the East SDA saw a 17% (12 to 10) decrease, and the West SDA saw a 7% (14 to 15) increase. SPPC saw a 100% (0 to 1) increase, FCS saw a 100% (0 to 4) increase, both POD and SD saw a 100% (1 to 0) decrease, and TSA saw a 25% (4 to 5) increase in AIs (excluding RIDDOR).



**RIDDOR Reportable Accident/Injuries – Q1 2020-2021 to Q1 2022-23**



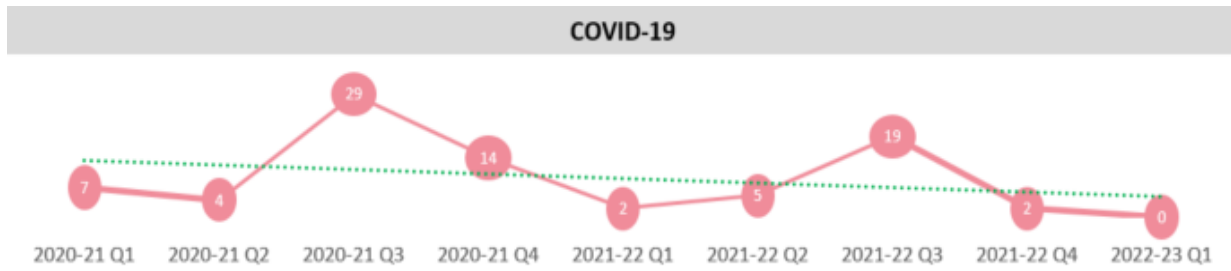
**Figure 9: SDA/Directorate RIDDOR Reportable Accident/Injuries Q1 2020-21 to Q1 2022-23**

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

In Q1 there were no RIDDOR reportable accidents/injuries compared to 1 during the same quarter previous reporting year.



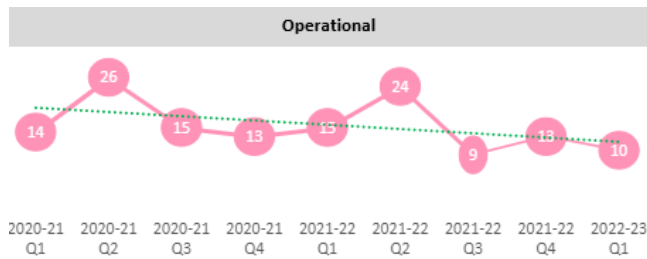
**RIDDOR REPORTING COVID-19 – Q1 2020-2021 to Q1 2022-23**



**Figure 10: SFRS COVID-19 RIDDOR Reportable Q1 2020-21 to Q1 2022-23**

There were no cases of incidental exposure to COVID-19 in Q1. Incidental exposure can ‘occur when working in environments where people are known to have COVID-19’ and is one of the new RIDDOR reporting criteria introduced by the HSE in April 2022. This change means there is no comparator to the previous reporting years. As previously workplace transmission, where one employee transmits COVID-19 to another employee is no longer reportable to the HSE.

**Operational Accident/Injuries Q1 2020-21 to Q1 2022-23 (Including RIDDOR)**



**Figure 11: Operational Accident/Injuries Q1 2020-21 to Q1 2022-23**

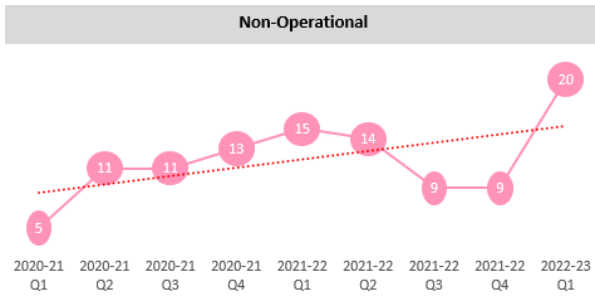
There is a notable improvement in operational AIs over the three-year period.

During Q1 2022-23 50% (5 of 10) of operational AIs were recorded at primary fires compared to 54% (7 of 13) in the same quarter previous reporting year, a 4% decrease, and a numerical decrease of 2 in this category when comparing to the same quarter previous reporting year. 60% (3 of 5) occurred during the Development phase, an 20% increase however numerically a decrease of 3 when comparing to the same quarter previous reporting year. One involved heat stress, 1 involved a trip which resulted in fall from height, and the remaining event involved an impact with a stationary object.

30% (3 of 10) occurred at secondary fires compared to 23% (3 of 13) when comparing to same quarter previous reporting year, a 7% increase however, numerically remains consistent in this category when comparing to the same quarter previous reporting year. Two involved trips i.e. uneven ground and hose, the remaining event involved an impact with a moving object i.e. hose.

20% (2 of 10) occurred during special service incidents, a 5% increase however, numerically remains consistent in this category when comparing to the same quarter previous reporting year. One was associated with manual handling and the other involved contact with bodily fluids. Both related to casualty rescue.

**Non-Operational Accident/Injuries – Q1 2020-21 to Q1 2022-23 (Including RIDDOR)**



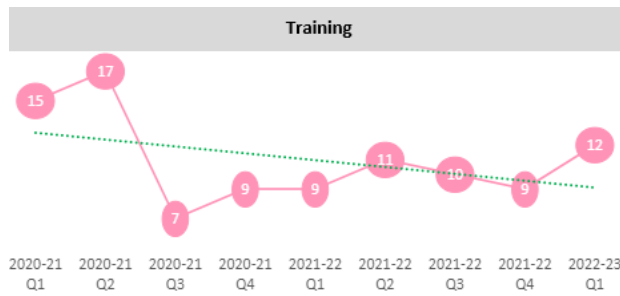
**Figure 12: Non-Operational Accident/Injuries Q1 2020-21 to Q1 2022-23**

Non-operational Injuries shows a significant increase over the three-year period.

Data for shows 70% (13 of 20) of accidents/injuries reported during Q1 2022-23 involved uniformed staff, representing a 11% decrease, numerically remains consistent in this category when comparing to the same quarter previous reporting year. The remaining 30% (7 of 20) involved support staff, 86% (6 of 7) were associated with poor situational awareness.

85% (17 of 20) occurred within the station premises e.g. carrying out cleaning duties, kitchen duties, routine checks and duties. Detailed Directorate analysis is provided in [Appendix A](#).

**Training Accident/Injuries – Q1 2020-21 to Q1 2022-23 (Including RIDDOR)**



**Figure 13: Training Accident/Injuries Q1 2020-21 to Q1 2022-23**

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

When considering Q1 data, 58% (7 of 12) of training related injuries occurred during refresher training, representing a 4% decrease, however numerically an increase of 4 is showing in this category for the same quarter previous reporting year. All occurred during SDA Led Training, 43% (3 of 7) occurred during BA exercises. 29% (2 of 7) occurred during Road Traffic Collision (RTC) training, 14% (1 of 5) occurred during ladder drills, and the remaining 1 occurred whilst taking part in a water rescue exercise.

The remaining 42% (5 of 12) are categorised as initial training, 1 involved the use of BA equipment, 1 involved the use of ladders, 1 involved the use of a petrol can, and the remaining 1 occurred whilst taking part in fitness training.

75% (9 of 12) of all training injuries reported during Q1 occurred during SDA Led training, compared to 56% (5 of 9) when comparing to the same quarter previous reporting year, a 19% increase and numerically an increase of 4.

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The National Training data shows a 25% decrease (4 to 3) in training injuries when comparing to the same quarter previous reporting year. 1 of the injuries occurred during Urban Search and Rescue (USAR) training and involved a pencil protruding from top pocket of PPE, resulting in a scratch to the arm, 1 occurred during RTC training and involved the use of a petrol can which resulted in the instructor sustaining an eye injury, and the remaining 1 occurred during fitness training, resulting in a hamstring injury.

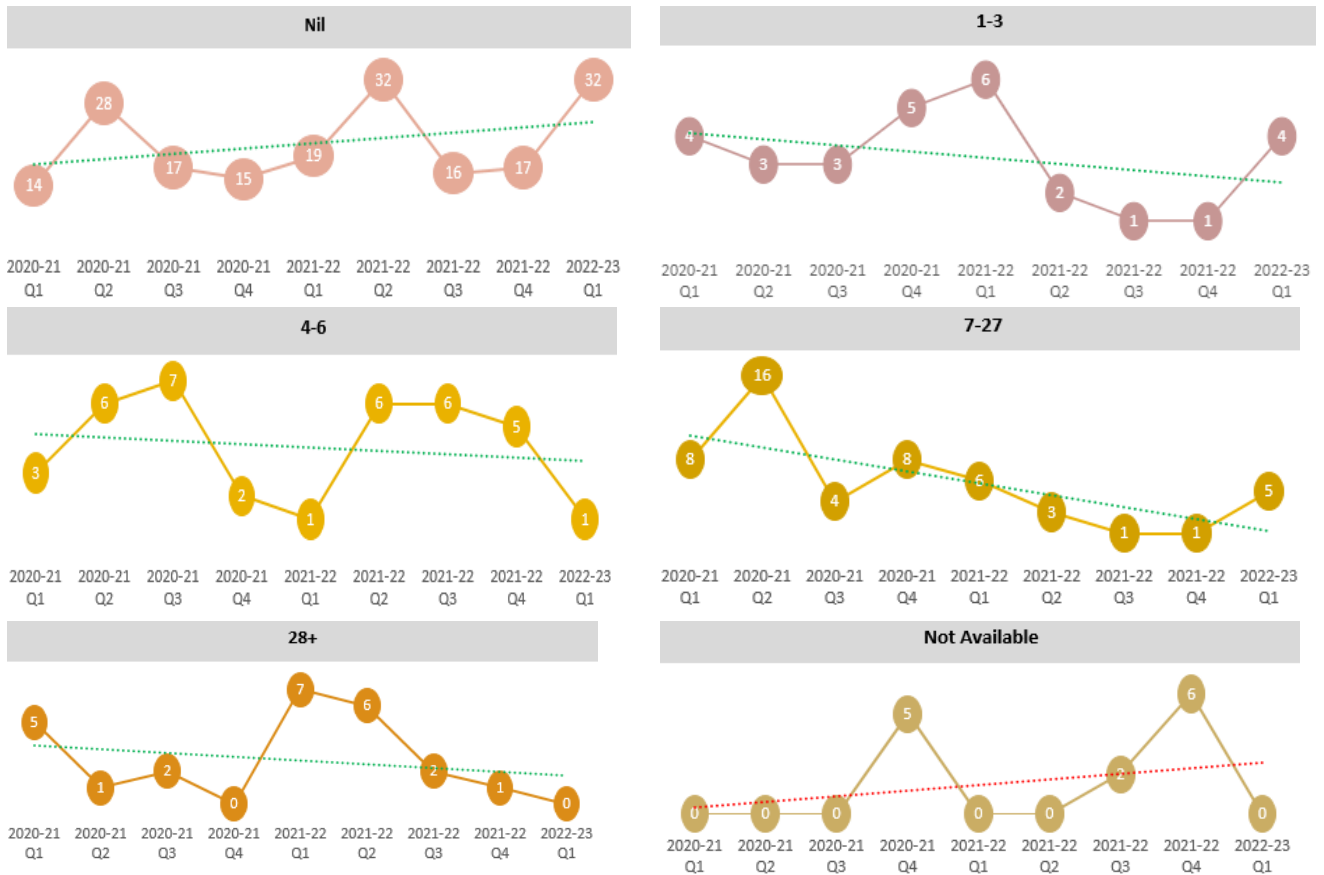
With consideration to SDA led training, the North SDA shows a 100% (0 to 2) increase when comparing to the same quarter previous reporting year. Both related to refresher training, 1 occurred during water rescue training, and the other during BA related training. The East SDA shows a 50% (2 to 3) increase in SDA led training when comparing to the same quarter previous reporting year. Two occurred during RTC training and the other during ladder drills. The West SDA shows a 33% increase (3 to 4) in SDA led training when comparing to the same quarter previous reporting year. 75% (3 of 4) occurred during BA exercises and the remaining event occurred during RTC training.

### **Action Points:**

- Firefighters to observe ground conditions when moving around the drill or incident ground;
- Support staff to check work location for hazards prior to commencing activities; and
- Training to ensure completion of warm up exercises prior to undertaking fitness activities.



**Working Days Lost Due to Health and Safety Events by SDA/Directorate – Q1 2020-21 to Q1 2022-23**



**Figure 14: Working Days Lost Q1 2020-21 to Q1 2022-23**

When considering the Q1 data, there were no injuries during Q1 2022-23 categorised in the 28+ days absence pattern, representing a 100% decrease in this category for the same quarter previous reporting year, a numerical decrease of 7.

12% (5 of 42) of injuries are categorised in the 7-27-day absence pattern, representing a 1% increase in these categories for the same quarter previous reporting year, however, numerically a decrease of 1. The 4-6 day and 1-3-day absence patterns indicate that 80% (4 of 5) of these events are linked to MSK injuries, 1 occurred at an operational incident and related to a casualty rescue e.g. shoulder injury, 1 occurred whilst carrying out non-operational activities e.g. back injury, and 2 occurred whilst undertaking SDA Led training e.g. 1 back and 1 arm injury.

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

**Action Points:**

- Managers to ensure that complete information of days lost is recorded within the health and safety management system in relation to lost working time.

**Three Most Common Accident/Injuries by Causation – Q1 2020-21 to Q1 2022-23**

Q1 2020-21		Q1 2021-22		Q1 2022-23	
Manual Handling/Body Movement	14	Manual Handling/Body Movement	14	Manual Handling/Body Movement	11
Impact (moving object)	7	Slips and trips and falls	5	Slips and trips and falls	10
Slips and trips and falls	4	Hot / Cold	3	Impact (moving object)	4

**Table 6: Three Most Common Accidents/Injuries by Causation Q1 2020-21 to Q1 2022-23**

The most common cause of accident/injuries during the reporting period was manual handling/body movement, accounting for 26% (11 of 42) of the total reported. This represents a decrease of 12% in this category when comparing to the same quarter previous reporting year and a numerical decrease of 3. Further analysis of the manual handling/body movement shows that 91% (10 of 11) resulted in minor injuries to staff, an increase of 20% in this category when comparing to the same quarter previous reporting year, numerically remaining consistent. Major injuries (over 7-day) accounted for 9% (1 of 11), a decrease of 20% when comparing to the same quarter previous reporting year, representing a numerical decrease of 3.

18% (2 of 11) of manual handling/body movement injuries occurred whilst attending operational incidents, 1 involved casualty rescue and 1 involved the use of a hose reel, both resulted in shoulder injuries.

36% (4 of 11) of manual handling/body movement injuries occurred whilst undertaking non-operational activities, with 2 occurring within Fleet workshops, 1 resulted in a back injury and 1 in a knee injury, 1 involved a strain injury to the upper arm whilst fitting domestic detection systems, and the remaining event involved opening/closing appliance locker doors, resulting in a back injury.

46% (5 of 11) of manual handling/body movement injuries occurred whilst undertaking training, all of which resulted in MSK injuries. All occurring during SDA led training, 2 during ladder drills, resulting in 1 back injury and 1 shoulder injury, 2 during BA drills, resulting in 1

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back injury and 1 shoulder injury, and the remaining 1 during RTC training, resulting in 1 upper arm injury.

Slips, trips and falls (STF) injuries accounted for 24% (10 of 42) of all injuries reported during Q1, representing an increase of 11% in this category when comparing to the same quarter previous reporting year, with a numerical increase of 5.

40% (4 of 10) occurred whilst attending operational incidents, of these 2 involved the use of hose reels, 1 involved slipping on terrain, and the other involved tripping whilst clearing debris from room. All of these resulted in MSK injuries.

60% (6 of 10) occurred whilst undertaking non-operational activities, 2 involved tripping on station premises, resulting in 1 arm injury and 1 cut to the head, 1 involved the use of a hose, resulting in a knee injury, 1 involved a fall from a chair, resulting in a back injury, 1 involved a trip on uneven ground, resulting in an ankle injury, and the final event involved tripping on an empty pallet, resulting in a hand injury.

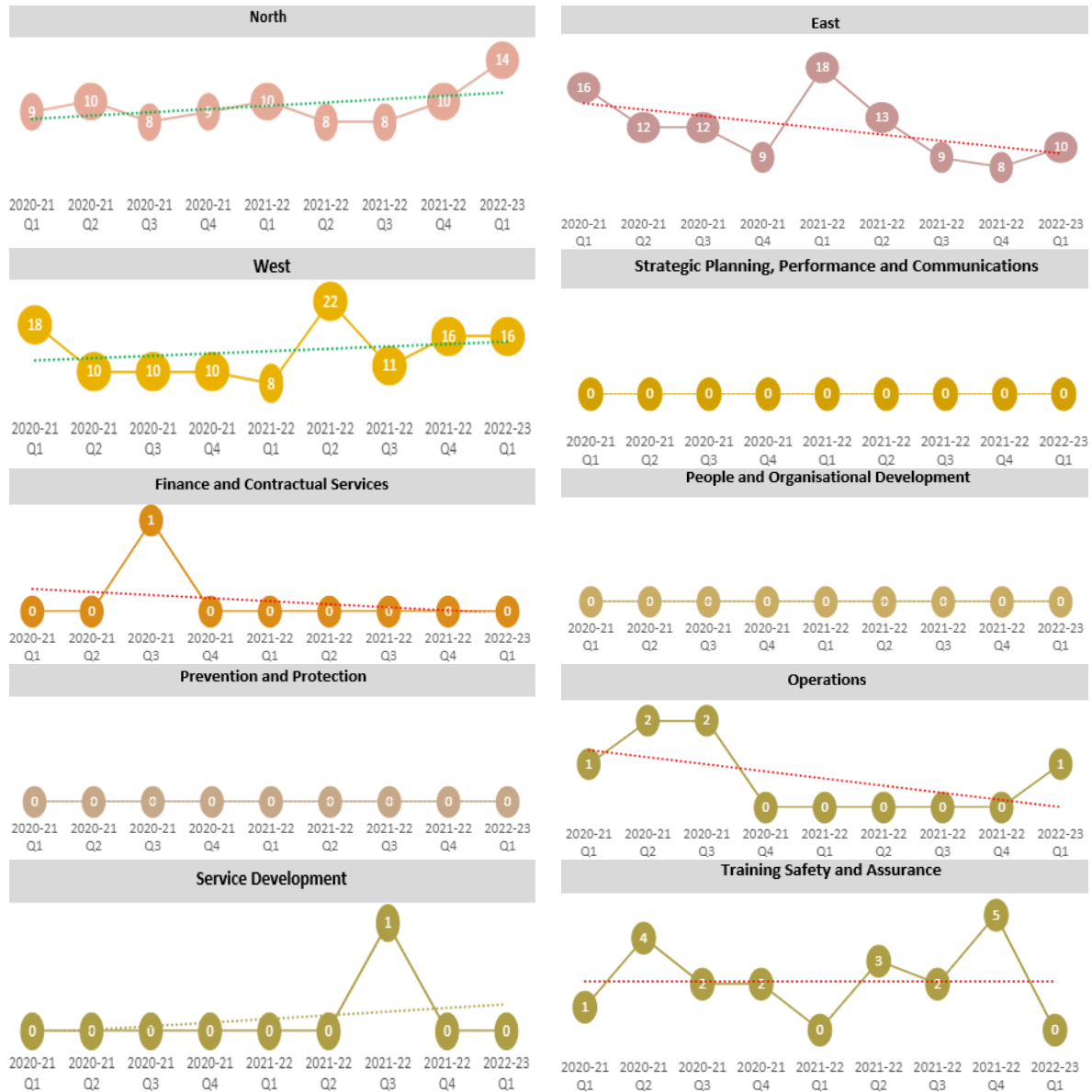
Impact with a moving object accounted for 10% (4 of 42) of injuries reported during Q1, representing a 2% increase in this category and numerical increase of 1 when comparing to the same quarter previous reporting year. 1 occurred whilst attending an operational incident and resulted in a cut to the nose and 3 occurred whilst undertaking non-operational activities, 1 involved closing an appliance door and 1 involved walking through a corridor door, both resulted in cuts to the head, and the remaining 1 occurred whilst using anti roll bar brush, resulting in a finger injury.

### **Action Points:**

- SDAs to review training safety briefs and instructions with an emphasis on manual handling;
- SDAs to ensure local training is subject to robust planning particularly with regard to ladder drills;
- HW to review fitness programmes and standards to determine if there is any scope to further mitigate MSK injuries; and
- SDAs and Directorates to encourage their staff to participate in the MSK Injury Prevention Campaign planned for the month of August by Health and Wellbeing.



**Near Misses by SDA/Directorate – Q1 2020-21 to Q1 2022-23**



**Figure 15: Near Misses by SDA/Directorate Q1 2020-21 to Q1 2022-23**

There were 41 Near Misses recorded this quarter, with no RIDDOR reportable events showing significant improvement in frequency compared to 33:1 in the same quarter previous reporting year.

When considering the number of near misses in relation to the number of RIDDOR reportable events (excluding COVID-19), we see a ratio of 0.79:1 which is a significant reduction in frequency compared to 1.8:1 in the same quarter previous reporting year.

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The North and West SDAs show a steady increase in the reporting of near misses over the three-year period.

The East SDA shows a steady decrease in the reporting of near misses over the three-year period. With the exception of the Ops, there were no near miss reports raised in any of the other Directorates.

Operational near misses accounted for 46% (19 of 41) of the total reported, representing a 3% decrease and a numerical decrease of 3 when comparing to the same quarter of the previous reporting year. A further 29% (12 of 41) occurred during non-operational activities, representing a 12% increase in this category when comparing to the same quarter previous reporting year and a numerical increase of 5. 22% (9 of 41) of all near misses reported during Q1 were associated with training activities, an 8% decrease in this category and a numerical decrease of 1 when comparing to the same quarter previous reporting year. Finally, there was insufficient data recorded, 3% (1 of 41), in the remaining near miss to determine incident type.

Further analysis shows that of the 19 operational near misses reported, 52% (10 of 19) occurred at primary fires, an 8% increase from the same quarter previous reporting year and a numerical increase of 3. 26% (5 of 19) occurred at secondary fires, a decrease of 13% from the same quarter previous reporting year and a numerical decrease of 1. 11% (2 of 19) occurred at special services, a 1% decrease, numerically remains consistent from the same quarter previous reporting year. Finally, 11% (2 of 19) occurred at false alarms, a 100% increase from the same quarter previous reporting year and a numerical increase of 2.

16% (3 of 19) involved overheating brakes on appliance and 11% (2 of 19) involved Breathing Apparatus (BA), e.g. face mask exhalation valve would not expel air, BA set intermittently resetting itself. There was no other trend identified with the remaining near misses

25% (3 of 12) of non-operational near misses related to equipment e.g. standpipe key, hose and ladders and 17% (2 of 12) were associated with appliance storage e.g. RTC equipment slipped from top shelf of locker and damaged BA sliding locker. A further 17% (2 of 12) related to a property issue, e.g. debris from station tower and damaged station fence. There was no trend identified with the remaining near misses.

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All training near misses reported during Q1 occurred during SDA led training with 89% (8 of 9) associated with refresher training and 1 event with initial training. 44% (4 of 9) related to Breathing Apparatus, 2 involved bodyguard malfunctions, 1 involved leaks from the pressure reducer, and 1 involved a snapped strap. 22% (2 of 9) related to SWAH Rope training, both involved damaged rope. There was no trend identified with the remaining near misses.

### **Action Points:**

- SDA/Directorates to consider a campaign to encourage the reporting of Near Misses;
- Equipment to be stored correctly in appliance lockers; and
- SDA led training to review arrangements for ensuring PIT prior to training delivery.



AOV by SDA/Directorate – Q1 2020-21 to Q1 2022-23

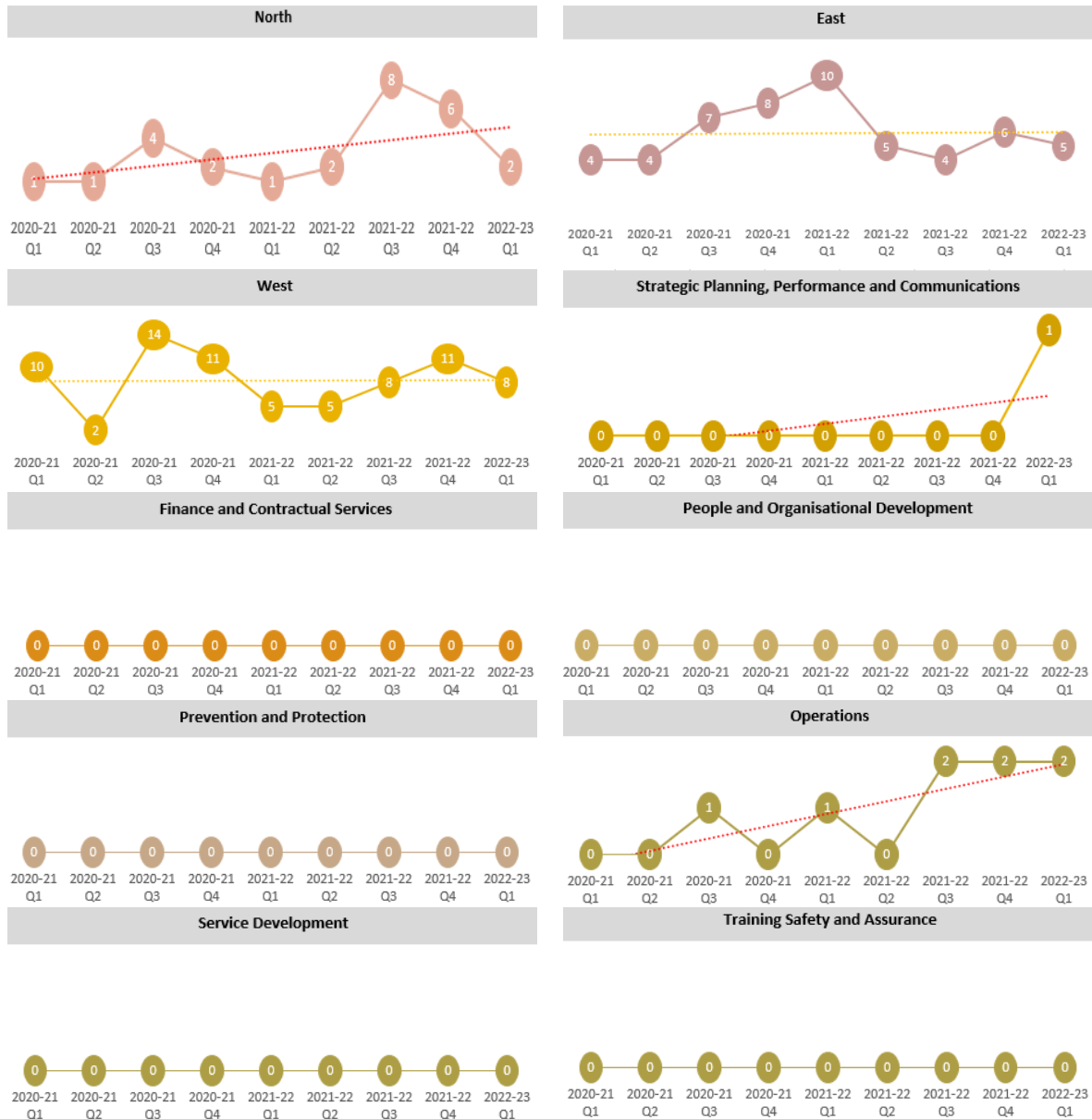


Figure 16: AOV by SDA/Directorate Q1 2020-21 to Q1 2022-23

There has been a steady increasing trend of AOVs reported over a three-year period within the SFRS, with the North SDA, SPPC, and Ops also showing an increasing trend over the three-year period.

When comparing to the same quarter previous reporting year, a 12% increase (16 to 18) is noted within the SFRS. The North SDA shows a 100% increase (1 to 2) when comparing to the same quarter previous reporting year. The East SDA shows a decrease of 50% (10 to 5) when comparing to the same quarter previous reporting year. 60% (3 of 5) of AOVs occurred within the City of Edinburgh LSO, a 10% decrease from the same quarter previous

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reporting year and a numerical decrease of 4. The West SDA shows a 60% (5 to 8) increase when comparing to the same quarter previous reporting year. 37% (3 of 8) occurred within Lanarkshire LSO, a 3% decrease when comparing to same quarter previous reporting year, with a numerical increase of 1. 25% (2 of 8) occurred within Glasgow City LSO, a 5% increase when comparing to same quarter previous reporting year, a numerical increase of 1. Ops shows an increase of 100% (1 to 2) when comparing to the same quarter previous reporting year. SPPC shows an 100% increase (0 to 1) when comparing to the same quarter previous reporting year.

72% (13 of 18) occurred at operational incidents. 69% (9 of 13) related to missiles/stones/objects being thrown at crews, and the remaining 31% (4 of 13) involved verbal abuse.

18% (5 of 18) occurred during non-operational activities, of which 40% (2 of 5) occurred during Home Fire Safety Visits (HFSV) and 40% (2 of 5) were associated with taking a call relating to HFSVs. The remaining AOV took place outside a fire station premise. All involved verbal abuse.

67% (12 of 18) of AOVs requested Police attendance and 11% (2 of 18) are considered as Reportable under the Emergency Workers (Scotland) Act 2005.

There were no injuries reported in Q1 relating to AOVs.

### **Action Points:**

- SDAs to undertake an analysis of AOV and develop a targeted approach to securing a reduction in frequency;
- SDAs to continue to notify Police Scotland of AOVs as per Standard Operating Procedures (SOPs) and SFRS Awareness Briefing – Request for Police Scotland Assistance at Operational Incidents (6/12/2016); and
- SDAs to continue engagement with partner agencies to further develop and enhance current arrangements to support the reduction of AOVs.





Vehicle Accidents by SDA/Directorate – Q1 2020-21 to Q1 2022-23

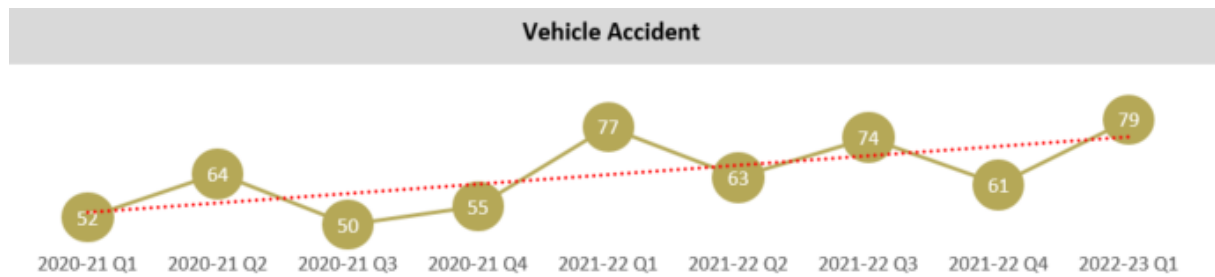


Figure 17: Vehicle Accidents by SDA/Directorate Q1 2020-21 to Q1 2022-23

There has been a steady increasing trend of vehicle accidents reported over a three-year period

60% (47 of 79) of all vehicle accidents reported during Q1 were attributed to operational incidents, representing an 4% increase in this category from the same quarter previous reporting year, and a numerical increase of 9. A further 34% (27 of 79) were attributed to non-operational activities, representing an 6% increase in this category, and numerically remaining consistent when comparing to the same quarter previous reporting year. Finally, 6% (5 of 79) were accidents attributed to training, representing an 2% increase in this category from the same quarter previous reporting year, and a numerical increase of 2. 3% (2 of 79) involved the use of boats/trailers.

56% (44 of 79) were as a result of low speed manoeuvres, a 7% decrease in this category, and a numerical increase of 12 from the same quarter previous reporting year. 57% (25 of 44) of low speed manoeuvres occurred within appliance bays/station yard, an increase of 31% from the same quarter previous reporting year, and a numerical increase of 14. 22% (17 of 79) occurred under blue light conditions, an 1% increase in this from the same quarter previous reporting year, with a numerical increase of 3.

71% (56 of 79) occurred while the vehicle was moving forward, a 4% decrease from the same quarter previous reporting year, and a numerical increase of 5. 20% (16 of 79) occurred while the vehicle was reversing, a 4% increase from same quarter previous reporting year, and a numerical decrease of 5. 9% (7 of 79) had insufficient information, remaining consistent when comparing to same quarter previous reporting year, and a numerical increase of 1.

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29% (23 of 79) of vehicle accidents involved the use of Driving Assistants, a 14% increase from the same quarter previous reporting year, and a numerical increase of 13. Another 20% (16 of 79) of vehicle accidents required Driving Assistants to be in position, however they were not used. This represents a 4% increase from the same quarter previous reporting year and a numerical increase of 5.

71% (56 of 79) hit something fixed or stationary, an 8% increase in this category from the same quarter previous reporting year, with a numerical increase of 13. 21% (12 of 56) involved hitting a stationary vehicle, a 19% decrease from the same quarter previous reporting year, with a numerical decrease of 5. 56% (33 of 56) involved street furniture e.g. fences, bollards, gates, road signs, walls, bins, temp crossings, bushes, trees, barriers, scaffolding and verges, a 5% increase from the same quarter previous reporting year, with a numerical increase of 11. 9% (9 of 43) involved appliance bay doors, a 2% decrease from the same quarter previous reporting year, with a numerical decrease of 2. 16% (9 of 56) involved appliance bay doors, a 7% increase from the same quarter previous reporting year, and numerically remaining consistent.

There were no injuries reported in Q1 relating to vehicle accidents.

Detailed SDA and Directorate analysis is provided in [Appendix A](#).

On a positive note 88% of personnel completed the Low Speed Manoeuvre LCMS Module as part of the new Training for Operational Competence (TfOC) programme.

### **Action Points:**

- Drivers Safety Group to establish an SDA Sub-Group to develop a national approach to the reduction of low speed manoeuvre events;
- Local managers to take responsibility for ensuring that vehicle marshals are used during all low speed manoeuvres; and
- Managers to ensure the Low Speed Manoeuvre LCMS Module (TfOC) programme is completed by the remaining 12% members of staff.

## CLAIMS

The following table outlines claims settled in Q1 2022-23 associated with health and safety standards within the SFRS:

Claim Type	No. of Claims	Total Cost	Reason(s) for Settlement
Employee liability	4	£39,367.00	3 claims settled <ul style="list-style-type: none"> <li>• Defective equipment; and</li> <li>• Insufficient risk assessment</li> </ul>
Vehicle accidents	57	£108,920.17	50 claims settled, 7 resettled.

**Table 7: Settled Claims Q1 2022-23**

## EVENT REPORTING TIMESCALES

### Events Reported More Than 2 Weeks After Occurring – Q1 2020-21 to Q1 2022-23

Category	2020-21 Q1	2020-21 Q2	2020-21 Q3	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	2022-23 Q1
Accident	0	0	0	1	0	0	0	1	0
Accident/Injury	10	7	9	0	0	0	0	0	0
Act of Violence	0	1	0	0	0	0	0	0	0
Disease	0	6	4	22	7	4	0	0	0
Near Miss	4	3	0	0	1	1	0	0	0
<b>Total</b>	<b>14</b>	<b>14</b>	<b>13</b>	<b>23</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>

**Table 8: Events Reported More Than 2 Weeks After Occurring – Q1 2020-21 to Q1 2022-23**

A significant improvement is noted when comparing Q1 2021-22 with the same quarter previous reporting year.

**Events Reported Out with the Occurring Quarter – Q1 2020-21 to Q1 2022-23**

Category	2020-21 Q1	2020-21 Q2	2020-21 Q3	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	2022-23 Q1
Accident	0	0	0	0	0	0	0	0	0
Accident/Injury	0	5	0	0	0	0	0	0	0
Act of Violence	0	1	0	0	0	0	0	0	0
Disease	0	0	4	4	0	3	0	0	0
Near Miss	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Table 9: Events Reported Out with the Occurring Quarter – Q1 2020-21 to Q1 2022-23**

Events reported out with the occurring Q1 2022-23 remained consistent with the same quarter previous reporting year, with all events being recorded within the occurring quarter.


**Action Points:**

- SDAs and Directorates to ensure all events are reported as soon as possible through active promotion by Safety and Assurance Liaison Officers.

**SIGNIFICANT EVENTS**

The table below shows the number of ongoing significant investigations and status of the associated investigation.

**Ongoing Significant Investigations**

Date of Event	Title	Lead Investigator	Anticipated completion date (TOR)	Status (BRAG based on TOR dates)	Actual completion date
20.01.22	East SDA (Tollcross) – Appliance collided with 3 <sup>rd</sup> party vehicle en-route to an incident	Diane Connor, Health and Safety Adviser	20.04.22		

**Table 10: Ongoing Significant Investigations**

**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

Report No: C/PC/32-22

Agenda Item: 7.3

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 OCTOBER 2022						
Report Title:	STAFFING SOLUTIONS TEAM (SST) WORK PACKAGES UPDATE						
Report Classification:	For Information Only	<b>Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	This report has been prepared to provide members with an update on the progress of the six work packages currently forming the work of the SST, as directed by the Staffing Tactical Action Group (S-TAG).						
<b>2</b>	<b>Background</b>						
2.1	The SST was fully established on 13 May 2022 to “act and/or make recommendations to mitigate the impact of any known challenges and to maximise the opportunity for the SFRS to deliver key services to Scotland's communities” (SST Purpose and Responsibilities). In response to staffing challenges facing SFRS, and with a view to providing long-term solutions, a series of work packages have been established and leads from within the SST appointed. The team reports directly to S-TAG.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The following work packages are currently being progressed, complementing in-chain Resourcing work including increased trainee intakes, re-employment and external transfers.						
3.2	<b>Work Package 1 - Staff and Skill Rebalancing</b> <b>Lead: AC Ross Robison</b>						
3.2.1	There is ongoing engagement between SST and SDA Resourcing leads to identify opportunities for short-term and substantive redeployments to support effective resourcing. Opportunities for upskilling through the use of out of pattern rostered reserve (OPRR) hours are currently being investigated by Training for implementation in 2023.						
3.2.2	Workshop in planning for early October involving Central Staffing (CS) and LSO Resourcing SPOCs to build relationships and increase understanding of interdependencies, and encourage collaborative work in relation to resourcing.						
3.3	<b>Work Package 2 - Staffing Business Continuity</b> <b>Lead: SC Mark Cleland</b>						
3.3.1	Operational Availability Management Guidance (OAMG) document incorporating appliance and specialist appliance withdrawal strategies and staffing hierarchies now in advanced draft, and has been produced with the support of Community Risk Index Model (CRIM) data.						

3.3.2	There is ongoing work with Civil Contingencies colleagues to ensure effective interface with business continuity plans and design suitable testing and exercising.
3.3.3	Further consultation with key stakeholders will take place in September ahead of wider circulation of draft for consultation.
3.4	<b>Work Package 3 - Day Duty Capability</b> <b>Lead: SC Mikey Gemmell</b>
3.4.1	Phase 1 complete: day duty personnel who hold a dual On-Call contract can be called upon to return to operational duties in the short term.
3.4.2	Phase 2 involving day duty personnel who have served on the 5WDS in the last 12 months, to go live (pending S-TAG approval) mid-September, supported by a return to operational duties checklist to ensure competence, giving access to an additional 30 personnel for resilience.
3.4.3	Phase 3 will involve the production of an associated policy to support the regular planned return of day duty staff to operational duties (expected for completion early in the new calendar year).
3.5	<b>Work Package 4 - On-Call Migration &amp; Pathway to Competence<sup>1,2</sup></b> <b>Lead: GC Gavin Hammond</b>
3.5.1	Work on full migration is being prioritised with the development of supporting resources and processes, supported by a cross-functional planning group. This will have the corollary of establishing a pathway to competence for wholetime firefighters in development who are dual contract and competent on-call.
3.5.2	This will support concurrent Resourcing workstreams in supporting wholetime numbers, as well as establishing a career pathway for on-call personnel.
3.6	<b>Work Package 5 - Re-employment and Maximising Availability</b> <b>Lead: Ramona Coxall</b>
3.6.1	Re-employment register is now active.
3.6.2	Database of volunteers for detached duties outwith station lists to go live mid-September. Review of detached duty policy with associated travel time modelling work underway with a view to creating a suite of options for change. Benefits include the potential for reduction in pre-arranged overtime and an increase in options to improve appliance and specialist appliance availability.
3.7	<b>Work Package 6 - Pre-Arranged Overtime (PAO) Management Arrangement</b> <b>Lead: GC Des Donnelly</b>
3.7.1	PAO management arrangement pilot to go live mid-September, with a view to full implementation by the end of the calendar year. This will provide a streamlined process for the identification of individuals available for PAO, with an associated reduction in administration time required of supervisory managers.
<b>4</b>	<b>Recommendation</b>
4.1	Members are asked to consider the content of the report relating to the progress of SST work packages.
<b>5</b>	<b>Core Brief</b>
5.1	Not applicable

<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	<p>Further Reading:</p> <ul style="list-style-type: none"> <li>National Fire Chiefs Council (2022) 'Guidance: On-call to wholetime migration framework' [online]. Available from &lt;<a href="http://www.ukfrs.com/call-wholetime-migration">www.ukfrs.com/call-wholetime-migration</a>&gt; (Accessed 24 August 2022).</li> <li>National Fire Chiefs Council (2022) 'NFCC On-Call to Wholetime – Strengths and Weaknesses' [online]. Available from &lt;<a href="http://www.ukfrs.com/call-wholetime-migration">www.ukfrs.com/call-wholetime-migration</a>&gt; (Accessed 25 August 2022).</li> </ul>	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Prepared by:</b>	Ross Robison, Area Commander, Staffing Solution Team Lead	
<b>Sponsored by:</b>	Lyndsey Gaja, Head of POD	
<b>Presented by:</b>	Ross Robison, Area Commander, Staffing Solution Team Lead	
<b>Links to Strategy and Corporate Values</b>		
<p>Links to Strategic Plan Outcome 3 'we value and demonstrate innovation across all areas of our work' and value of Innovation through the development of alternative career pathways and methods of resourcing.</p> <p>By realising efficiencies, there is a link to Strategic Plan Outcome 5 'we are a thriving organisation, use our resources responsibly and provide value for money to the public'</p> <p>By providing expanded career pathways, there is a link to Strategic Plan Outcome 6 'the experience of those who work for SFRS improves as we are the best employer we can be'.</p>		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For Information</i>





Report No: C/PC33-22

Agenda Item: 8

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 OCTOBER 2022						
Report Title:	INDEPENDENT AUDIT / INSPECTION ACTION PLAN UPDATE						
Report Classification:	For Scrutiny	<b>Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	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.						
<b>2</b>	<b>Background</b>						
2.1	HMFSI inspects and reports on the Scottish Fire and Rescue Service (SFRS) with the purpose of assuring the public and Scottish Ministers that we are working in an efficient and effective way, and to promote improvement in the Service.						
2.2	Each year, HMFSI sets out its intended programme of thematic and local area inspections. Additional reviews may also be carried out at any time at the request of Scottish Ministers.						
2.3	Following the publication of reports, an action plan is prepared to address the issues or recommendations that are highlighted within the report.						
2.4	In line with the new thematic process agreed in May 2020, once approved certain action plans will be presented to PC on a quarterly basis to scrutinise progress.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The PC is presented with the current overview dashboard, attached as <b>Appendix A</b> 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	<b>Training of RDS Personnel</b>						
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 six of these actions. This is because a response to the recommendation is captured within another recommendation. The action plan is attached as <b>Appendix B</b> .						
3.2.3	This update indicates that delivery of this action plan and the work being undertaken to conclude the remaining 7 actions is progressing steadily with these actions all green. Two actions have been completed during the reporting period (6.3 & 7.1), leaving five actions remaining.						

3.2.4	The overall RAG rating for this action plan remains <b>green</b> and is noted as 94% complete (percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).	
<b>4</b>	<b>Recommendation</b>	
4.1	Members of the PC are invited to: <ul style="list-style-type: none"> <li>Note the progress of all action plans as presented in the audit and inspection dashboard, attached as <b>Appendix A</b>.</li> <li>Scrutinise the Training of RDS Personnel action plan, attached as <b>Appendix B</b>, and raise any concerns with the update provided.</li> </ul>	
<b>5</b>	<b>Core Brief</b>	
5.1	Not applicable	
<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	Appendix A – Audit and Inspection Dashboard	
6.2	Appendix B – Training of RDS Personnel Action Plan Update	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Prepared by:</b>	Kirsty Jamieson, Planning and Performance Officer	
<b>Sponsored by:</b>	Bruce Farquharson, Deputy Assistant Chief Fire Officer, Head of Training	
<b>Presented by:</b>	Bruce Farquharson, Deputy Assistant Chief Fire Officer, Head of Training	
<b>Links to Strategy and Corporate Values</b>		
Our audit and inspection process contributes to Strategic Outcome 4: We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Senior Management Board</i>	<i>17 August 2022</i>	<i>For recommendation</i>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For scrutiny (Training of RDS Personnel)</i>

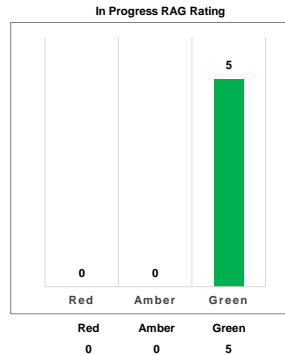
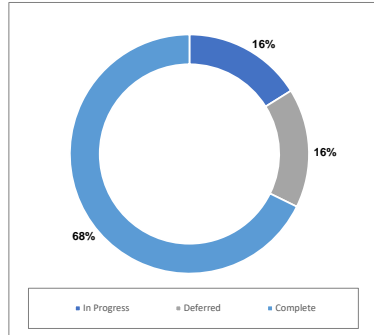


# APPENDIX B

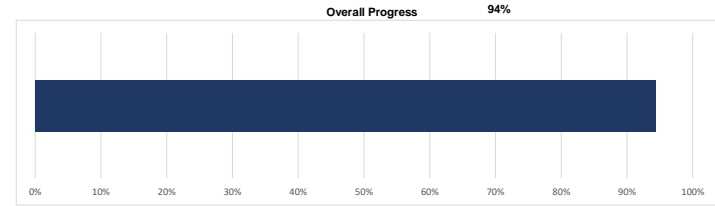
## HMFSI TRAINING OF RDS PERSONNEL - ACTION PLAN PROGRESS

Status	Count
Not Started	0
In Progress	5
Deferred	5
Complete	21
On Hold	0
Transferred	0
Cancelled	0
Moved to BAU	0
Void	0

Recommendations where no action identified	6
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Updated	Next Update
Aug-22	Nov-22



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	18 May 2022 - Work on the Instructor clusters and harmonising working agreements between Directorate and LSO Training teams continues. This action remains green and on track. <b>17 August 2022: Work on Instructor clusters and harmonising working agreements between Directorate and Local Senior Officer Training Teams continues. This action remains green and on track.</b>	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. Moved to GC Todd 03/01/22	Mar-22		In Progress	18 May 2022: Documents have been reviewed and are being passed through Governance. Marine & Extrication presented to FMT on 6th April. Next two documents will be presented on 4th May 2022. This action remains green and on track. <b>17 August 2022: All documents have been reviewed and continue to be passed through Functional Management Team for governance. This action remains green and on track.</b>	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		Complete	18 May 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. This action remains green and the timescales remain viable. <b>17 August 2022: All training notes, lessons plans and associated reference materials are now available via the Training Standards section on LCMS. This promotes consistency across all sites whilst providing potential options for remote learning to reduce personal impact on new entrants. This action remains green and has now been completed.</b>	100%		Green	
7. Maintenance of Skills - the SFRS should consider the content and relevance of RDS TIOC packages, and amend accordingly.	7.1	Combination of appropriate sets of modules.	GC Jamie Thrower	Mar-21	Mar-22	Complete	18 May 2022: The new SFRS Training for Operational Competence Framework delivers up to date risk based modules and also allows local management teams to remove or add modules due to the risk profile of the station area. <b>17 August 2022: As above position statements and linked to 7.2 below; this is now complete albeit an ongoing project. Appropriate modules have been combined to streamlined and reduce repetition. This will continue as the next phases (years 2 and 3) of the new TFOC maintenance modules are designed (opportunities for merging modules are part of the design brief). This item remains green and has now been completed.</b>	100%		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	18 May 2022: Sessions with the PTFAS team continue with the focus being on the scope of requirements from the Training Function. Following this phase, the Function will then begin to document their functional requirements. This action is progressing and remains at green. <b>17 August 2022: Sessions with the People, Training, Finance and Assets System Programme team continue with the focus being on the scope of requirements from the Training Function. Following this phase, the Function will then begin to document their functional requirements. This action is progressing and remains at green.</b>	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 Attkin	May-21	May-22	In Progress	18 May 2022: Although progress has been very good, we did not achieve 100% by end of March however we are now aiming to reach 100% by mid-May. This action remains green. <b>17 August 2022: Only five sites outstanding now, four of which have delivery dates in the next few weeks and one of which may take a bit longer. This item remains green due to the progression of work.</b>	99%		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	16 May 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. <b>17 August 2022: Local Senior Officer areas continue to engage regularly, dictated locally, with their On Call stations, clusters and management teams utilising the Services "Digital First" approach to reduce the impact and burden on time. The increased utilisation of Sharepoint and MS Teams channels has further enabled On Call personnel to be directly engaged as key stakeholders across various Service wide projects and programmes. Learning &amp; skills development team are also creating recognised development pathways for On Call staff from Firefighter to Watch Commander. This action remains green and on track.</b>	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).	6.1	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.				
1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.1	Review Task and Task Management (TTM) Course to consider modularisation and local delivery options.	GC Loma Yull	Sep-20	Nov-20	Complete		100%	✓	Delivery can be facilitated in a flexible format for the full course content. Engagement with RVDS candidates will be established via recruiting managers to cite them on the rolling scheduled of national course dates to assist candidates with forward planning and securing leave from primary employment to attend. Where attendance at a national course cannot be met, the ability to deliver locally and flexibly can now be facilitated.	
1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.2	Review local delivery options for the Breathing Apparatus (BA) elements of Red, Amber and Green (RAG) Assessments.	GC Loma Yull	Sep-20	Mar-21	Complete		100%	May-21	✓	This action is now complete. Delivery site options have been explored as far as practicable, however, COVID has undoubtedly impacted any potential additional access to sites out with the SFRS portfolio. Assessments are scheduled and delivered locally by local Training Instructors as near to point of candidate need as practicable.

1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.3	Review BA Initial Course to consider modularisation and local delivery options.	GC William Pollard	Sep-20	Complete		100%	✓	The review of the BA Initial Course is now complete. The course can be delivered at a variety of venues with a view of providing the nearest suitable venue to the candidates to reduce travel. This has been supported by the completion of a pilot BA Initial Course on Western Isles, Orkney and Shetland (WIOS) Local Senior Officer area.	
1. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review alternative venues to deliver the training.	1.4	Compile and submit requests to Asset Management for any remaining BA equipment needed.	GC William Pollard	Jul-20	Complete		100%	✓	Request for BA equipment submitted via ACO, Dickie on 3 November 2020. This includes 18 x Thermal Imaging Cameras, 3 x Portable CFBT Aids (known as 'Dolls Houses'), 2 x Entry Control Boards along other miscellaneous BA equipment.	
2. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the current timescales allocated for the training.	2.1	No action required. Response to this recommendation is captured within recommendation 1.								
3. Initial training - The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial TTM and BA training courses and review the course content and methods of delivery.	3.1	No action required. Response to this recommendation is captured within recommendation 1.								
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 (TIOC) modules.	GC Loma 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 TIOC 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: • 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 <i>(or in exceptional circumstances at Training Delivery Assurance Policy and Procedure in place.</i>
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%		✓	
7. Maintenance of Skills - the SFRS should consider the content and relevance of RDS TIOC packages, and amend accordingly.	7.2	Creation of 'LITE' modules for maintenance phase use.	Andy Scott	Mar-23	Complete	18 May 2022: The new SFRS Training for Operational Competence delivers maintenance modules and went live on the 4th April 2022. This action remains green and has now been completed.	100%	May-22	✓	
8. Maintenance of Skills - the SFRS should consider engagement with RDS staff when developing TIOC 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 (PTFA) 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 Flex 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 PTFA project. The People, Training, Finance and Assets System (PTFA) 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	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	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	✓	<a href="https://ihub.firescotland.gov.uk/download.cfm?doc=docm93jmm4n17963">https://ihub.firescotland.gov.uk/download.cfm?doc=docm93jmm4n17963</a>
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	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	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 arrangements across the Service for RDS training support and the standard of training being delivered, and where relevant, share good practice.	20.1	A Training Quality Assurance process and audit programme to be devised and introduced with good practice shared across the Service.	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 process with RDS staff to better understand their reasons for leaving to implement improvements to the RDS training environment.	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 process with RDS staff to better understand their reasons for leaving to implement improvements to the RDS training environment.	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.



Report No: C/PC/34-22

Agenda Item: 9

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>	<b>3 OCTOBER 2022</b>						
<b>Report Title:</b>	<b>HEALTH AND SAFETY ANNUAL REPORT 2021-22: DATA SUMMARY</b>						
<b>Report Classification:</b>	<b>For Scrutiny</b>	<b>Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u><a href="#">A</a></u>	<u><a href="#">B</a></u>	<u><a href="#">C</a></u>	<u><a href="#">D</a></u>	<u><a href="#">E</a></u>	<u><a href="#">F</a></u>
<b>1</b>	<b>Purpose</b>						
1.1	<p>The purpose of this report is to provide the People Committee with:</p> <ul style="list-style-type: none"> <li>• A summary of progress against the Scottish Fire and Rescue Service (SFRS) Annual Health and Safety Improvement Plans for reporting year 2021-22; and</li> <li>• An overview of the agreed suite of SFRS Health and Safety Performance Indicators.</li> </ul>						
<b>2</b>	<b>Background</b>						
2.1	A SFRS Health and Safety Improvement Plan is developed annually, in conjunction with Directorate and Service Delivery Area (SDA) business partners. To support legislative compliance, there is one overarching SFRS Health and Safety Improvement Plan supported by a series of bespoke SDA and Directorate plans.						
2.2	The plan is developed to support the Health and Safety Executive (HSE) guidance document HS (G) 65 “Successful Health and Safety Management”.						
2.3	Progress reports against the SFRS Annual Health and Safety Improvement Plan and the suite of SFRS Health and Safety Performance Indicators are produced quarterly and annually by the Safety and Assurance Function.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	This a new format report to provide Key Performance Indicators information in a timely manner prior to the publication of the full Health and Safety Annual Report.						
3.2	<p>This report provides a summary of performance information for 2020/21 and includes the following KPI's:</p> <ul style="list-style-type: none"> <li>• Health and Safety Improvement Plans;</li> <li>• Accident Injuries;</li> <li>• RIDDOR Reportable Events;</li> <li>• RIDDOR (COVID);</li> <li>• Near Miss Events;</li> <li>• Acts of Violence; and</li> <li>• Vehicle Accidents</li> </ul>						
<b>4</b>	<b>Recommendation</b>						
4.1	That the People Committee scrutinise the content of the Health and Safety Annual Report Summary 2021-22.						

<b>5</b>	<b>Core Brief</b>	
5.1	Not applicable.	
<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	Appendix A - Health and Safety Data Summary	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Prepared by:</b>	Catriona Nuttall – Health and Safety Adviser	
<b>Sponsored by:</b>	Jim Holden – Head of Safety and Assurance	
<b>Presented by:</b>	Andy Watt, Assistant Chief Officer, Director of Training, Safety and Assurance	
<b>Links to Strategy and Corporate Values</b>		
<p>Strategic Plan 2019-2022: Outcome 3 - We are a great place to work where our <b>people</b> 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: <b>Safety</b> 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>		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>National Safety and Assurance Board</i>	<i>04 August 2022</i>	<i>For Information</i>
<i>TSA Directorate Management Team</i>	<i>17 August 2022</i>	<i>For Information</i>
<i>Strategic Leadership Team</i>	<i>24 August 2022</i>	<i>For Scrutiny</i>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For Scrutiny</i>

# SFRS Health and Safety Data Summary Report 2021/22



## Health and Safety Improvement Plans (HSIP) – Table 1

To support legislative compliance, there is one overarching SFRS HSIP supported by ten bespoke plans, one for each SDA and Directorate. The SFRS table below indicates the current RAG completion status and year on year performance. The outstanding actions from 2021-22 will be monitored through the 2022-23 Improvement Plans.

Year	Number of Identified Actions	Number of Actions Completed	Completion Percentage (%)	RAG
2017/18	66	9	14	Red
2018/19	63	14	22	Green
2019/20	68	32	47	Green
2020/21	61	36	59	Green
2021/22	85	60	71	Green

Table 1: HSIP 2017/18 – 2021/22

## SFRS Health and Safety Key Performance Statistics – Table 2

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

The undernoted table utilised all reported Health and Safety events over a five-year period from 2017/18 to 2021/22. This provides Key Performance Indicator Totals with a two year moving average trend comparison over a five-year period from 2017/18 to 2021/22.

Health and Safety Event Type	2017/18	2018/19	2019/20	2020/21	2021/22	% Trend Comparison
<b>Accidents/Injuries (including Reporting of Injuries, Disease and Dangerous Occurrences (RIDDOR))</b>	258	227	212	156	147	-18%
<b>Accidents/Injuries (excluding RIDDOR)</b>	223	190	186	139	138	-15%
<b>RIDDOR Reportable Accidents/Injuries</b>	35	37	26	17	9	-40%
<b>RIDDOR COVID-19</b>	-	-	-	54	29	52%
<b>Near Misses</b>	168	203	199	148	152	-14%
<b>Acts of Violence</b>	61	83	56	69	76	16%
<b>Vehicle Accidents</b>	230	241	249	221	275	6%
<b>Total</b>	<b>975</b>	<b>981</b>	<b>928</b>	<b>750</b>	<b>678</b>	<b>-15%</b>

Table 2: 5 Year Trend Comparisons 2017/18-2021/22

Note – A deviation of +/- 5% falls within the expected variance and is therefore represented as no change. 3 years of data is required to show a 2-year average trend comparison for COVID-19 events.

### Accident/Injury (Including RIDDOR-Excluding COVID-19) – Table 3

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>North</b>	53	42	41	36	25		-31%
<b>East</b>	92	68	54	48	39		-19%
<b>West</b>	49	69	68	53	45		-15%
<b>Strategic Planning, Performance and Communications</b>	3	0	0	0	0		-
<b>Finance and Contractual Services</b>	10	9	6	3	7		133%
<b>People and Organisational Development</b>	1	2	2	0	1		100%
<b>Prevention and Protection</b>	1	1	1	0	0		-
<b>Operations</b>	5	3	6	1	4		300%
<b>Service Development</b>	0	0	0	0	1		100%
<b>Training, Safety and Assurance</b>	44	33	34	15	25		67%
<b>Total</b>	<b>258</b>	<b>227</b>	<b>212</b>	<b>156</b>	<b>147</b>		<b>-6%</b>

Table 3: Accident/Injury (Including RIDDOR-Excluding COVID-19) 2017/18 – 2021/22

### Accident/Injury Activity (Excluding COVID-19) – Table 4

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>Operational</b>	105	104	81	68	61		-11%
<b>Non-Operational</b>	71	46	62	40	47		15%
<b>Training</b>	82	77	69	48	39		-23%
<b>Total</b>	<b>258</b>	<b>227</b>	<b>212</b>	<b>156</b>	<b>147</b>		<b>-6%</b>

Table 4: Accident/Injury by Activity (Including RIDDOR-Excluding COVID-19) 2017/18 – 2021/22

## Accident/Injury (excluding RIDDOR-Excluding COVID-19) – Table 5

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>North</b>	47	38	39	30	24		-20%
<b>East</b>	81	56	41	45	36		-20%
<b>West</b>	41	53	60	46	41		-11%
<b>Strategic Planning, Performance and Communications</b>	3	0	0	0	0		-
<b>Finance and Contractual Services</b>	8	9	6	3	7		133%
<b>People and Organisational Development</b>	1	2	2	0	1		100%
<b>Prevention and Protection</b>	1	1	1	0	0		-
<b>Operations</b>	5	3	4	0	4		100%
<b>Service Development</b>	0	0	0	0	1		100%
<b>Training, Safety and Assurance</b>	36	28	33	15	24		60%
<b>Total</b>	<b>223</b>	<b>190</b>	<b>186</b>	<b>139</b>	<b>138</b>		<b>-1%</b>

Table 5: Accident/Injury (excluding RIDDOR-Excluding COVID-19) 2017/18 – 2021/22

## RIDDOR Reportable (excluding COVID-19) – Table 6

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>North</b>	6	4	2	6	1		-83%
<b>East</b>	11	12	13	3	3		0%
<b>West</b>	8	16	8	7	4		-43%
<b>Strategic Planning, Performance and Communications</b>	0	0	0	0	0		-
<b>Finance and Contractual Services</b>	2	0	0	0	0		-
<b>People and Organisational Development</b>	0	0	0	0	0		-
<b>Prevention and Protection</b>	0	0	0	0	0		-
<b>Operations</b>	0	0	2	1	0		-100%
<b>Service Development</b>	0	0	0	0	0		-
<b>Training, Safety and Assurance</b>	0	5	1	0	1		100%
<b>Total</b>	<b>27</b>	<b>37</b>	<b>26</b>	<b>17</b>	<b>9</b>		<b>-47%</b>

Table 6: Accident/Injury RIDDOR Reportable (Excluding COVID-19) 2017/18 – 2021/22

### Three Most Common Accidents/Injuries by Causation – Table 7

2017/18		2018/19		2019/20		2020/21		2021/22	
Manual Handling/ Body Movement	55	Manual Handling/ Body Movement	81	Manual Handling/ Body Movement	77	Manual Handling / Body Movement	49	Manual Handling / Body Movement	36
Slips, Trips & Falls	57	Slips, Trips & Falls	36	Slips, Trips & Falls	24	Slips, Trips & Falls	34	Slips, Trips & Falls	23
Hot / Cold	29	Hot / Cold	20	Hot / Cold	24	Impact (moving object)	19	Impact (moving object)	21

Table 7: Three Most Common Accidents/Injuries by Causation 2017/18-2021/22

### Near Miss – Table 8

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>North</b>	62	48	32	36	36	Orange	0%
<b>East</b>	51	74	76	49	48	Green	-2%
<b>West</b>	33	51	59	48	57	Green	17%
<b>Strategic Planning, Performance and Communications</b>	0	0	0	0	0	Green	-
<b>Finance and Contractual Services</b>	2	7	8	1	0	Green	-100%
<b>People and Organisational Development</b>	0	2	0	0	0	Green	-
<b>Prevention and Protection</b>	1	0	0	0	0	Green	-
<b>Operations</b>	4	3	8	5	0	Green	-100%
<b>Service Development</b>	0	0	0	0	1	Green	100%
<b>Training, Safety and Assurance</b>	15	18	16	9	10	Green	11%
<b>Total</b>	<b>168</b>	<b>203</b>	<b>199</b>	<b>148</b>	<b>152</b>	Green	<b>2%</b>

Table 8: Near Miss 2017/18 – 2021/22

The RAG status is determined by the ratio of near miss and Accident/Injury RIDDOR Reportable events excluding COVID-19. We see a ratio of 1:1.03 which is an improvement on the 1:0.95 ratio recorded for the previous reporting year.

## Acts of Violence – Table 9

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>North</b>	6	10	9	8	17		113%
<b>East</b>	15	26	15	23	25		9%
<b>West</b>	40	47	31	37	29		-22%
<b>Strategic Planning, Performance and Communications</b>	0	0	0	0	0		-
<b>Finance and Contractual Services</b>	0	0	0	0	0		-
<b>People and Organisational Development</b>	0	0	0	0	0		-
<b>Prevention and Protection</b>	0	0	0	0	0		-
<b>Operations</b>	0	0	1	1	5		400%
<b>Service Development</b>	0	0	0	0	0		-
<b>Training, Safety and Assurance</b>	0	0	0	0	0		-
<b>Total</b>	<b>61</b>	<b>83</b>	<b>56</b>	<b>69</b>	<b>76</b>		<b>10%</b>

Table 9: Acts of Violence 2017/18 – 2021/22

## Vehicle Accidents – Table 10

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>North</b>	59	52	42	43	64		49%
<b>East</b>	58	74	72	64	82		28%
<b>West</b>	99	94	116	96	110		15%
<b>Strategic Planning, Performance and Communications</b>	0	0	1	0	0		-
<b>Finance and Contractual Services</b>	5	6	8	11	10		-9%
<b>People and Organisational Development</b>	0	1	0	0	0		-
<b>Prevention and Protection</b>	2	1	1	0	0		-
<b>Operations</b>	1	2	3	3	3		0%
<b>Service Development</b>	0	0	0	0	2		100%
<b>Training, Safety and Assurance</b>	6	11	6	4	4		0%
<b>Total</b>	<b>230</b>	<b>241</b>	<b>249</b>	<b>221</b>	<b>275</b>		<b>24%</b>

Table 10: Vehicle Accidents 2017/18 – 2021/22

## Vehicle Accident Activity – Table 11

(Percentage Change from Previous Year)

SDA/Directorate	2017/18	2018/19	2019/20	2020/21	2021/22	RAG	% Change
<b>Operational</b>	137	145	140	145	166		14%
<b>Non-Operational</b>	86	80	83	70	94		34%
<b>Training</b>	7	16	23	6	15		150%
<b>Total</b>	<b>230</b>	<b>241</b>	<b>246</b>	<b>221</b>	<b>275</b>		<b>24%</b>

Table 11: Vehicle Accidents by Activity 2017/18 – 2021/22





Report No: C/PC/36-22

Agenda Item: 10

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>	<b>3 OCTOBER 2022</b>						
<b>Report Title:</b>	<b>PROVISION OF REHABILITATION AND PHYSIOTHERAPY ARRANGEMENTS</b>						
<b>Report Classification:</b>	<b>For Scrutiny</b>	<b>Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to present a cost/benefit analysis and options appraisal for physiotherapy and rehabilitation services within the Scottish Fire and Rescue Service (SFRS). The report also contains recommendations for the most effective and beneficial method of future physiotherapy provisions across the Service.						
<b>2</b>	<b>Background</b>						
2.1	It is a strategic priority for SFRS to prioritise the safety and wellbeing of our staff through a vision which creates a more preventative approach and embeds a supportive culture which removes stigma, promotes the need to look after our own health and provides early access to support and professional assistance. Following a review of physiotherapy arrangements, this report presents options and recommendations on how the Service can deliver improved and more effective arrangements for its employees.						
2.2	This paper was presented to the Strategic Leadership Team (SLT) on 6 July 2022 presenting a cost/benefit analysis and options appraisal for the future provision of physiotherapy and rehabilitation services within the SFRS.						
2.3	SLT recognised that option 2 was the most effective arrangement, however SLT requested that further analysis took place relating to: <ul style="list-style-type: none"> <li>• The costings of musculoskeletal (MSK) related absence outlined within the paper;</li> <li>• The tax implication relating to service delivery model options; and</li> <li>• Analysis of the relationship between musculoskeletal Injury related absence and physiotherapy referrals.</li> </ul>						
2.4	Following the presentation of the required data to SLT on 20 July 2022, SLT were satisfied with the outcome and accepted option 2 as the preferred option.						
2.5	NHS provision of physiotherapy has traditionally been limited, can typically take several weeks to access and can result in both extending absence periods and limiting recovery. As a result, SFRS currently provides employees with immediate access to three private physiotherapy sessions at an approximate cost of £120 per employee whilst they await support from their primary care provider.						
2.6	The Service continues to outsource physiotherapy provision to 11 legacy physiotherapy providers based in central locations. However, whilst some now provide virtual						

<p>2.7</p> <p>2.8</p> <p>2.9</p>	<p>appointments, they continue to be unable to support SFRS employees for face to face appointments within rural areas, unless they travel to the provider. This has resulted in an inconsistent approach and a lack of equitable access to physiotherapy across the various staff groups and locations throughout SFRS.</p> <p>As there are no formal contractual arrangements in place with the current providers and there is a lack of collaborative working between the Health and Wellbeing (HW) Team and the providers. This limits the continuity of rehabilitation, preventative and management support for employees and prohibits effective performance management measures being established.</p> <p>The musculoskeletal (MSK) Injury Reduction Group was established to support the reduction and prevention of MSK injuries across the service by way of a multi-layer approach with all stakeholders, However, existing contractual arrangements prohibit the contribution of external physiotherapists to this group.</p> <p>During the COVID-19 pandemic, virtual support was recognised as feasible for health care providers to provide rehabilitation services for their patients with various MSK conditions. A recent review of virtual support of MSK Disorders (Bucki <i>et al</i> 2021) suggests that for some MSK disorders, virtual support may be a reliable treatment and patient satisfaction was regarded as good, or better than face to face care. The Firefighter Charity Trust currently successfully delivers all physiotherapy services virtually and only recommend residential face to face care when rehabilitation needs are unable to be achieved virtually, which is identified during triage or initial assessments.</p>
<p><b>3</b></p>	<p><b>Main Report/Detail</b></p>
<p>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p>	<p><b>MSK Sickness absence</b></p> <p>Despite the level of investment in physiotherapy services by the Service, there has been an increase in sickness absence in relation to MSK injuries from 2019/2020 to 2021/2022. Therefore, this would suggest that further rehabilitation and preventative interventions may be required to reduce and prevent future increases.</p> <p>A total of 28,888, 23,505 and 33,507 days of sickness absence were reported associated to MSK injuries in 2019/2020, 2020/2021 and 2021/2022 respectively. The Service does not currently have an agreed costing model to estimate the financial impact of absence within the Service. However, whilst a model is not in place, If the number of days absent were compared to the salary of a wholtime firefighter the minimum cost could be illustrated as follows:</p> <ul style="list-style-type: none"> <li>• Competent firefighters work 152 days per annum</li> <li>• Salary is £35,469 or daily rate of £233.35</li> <li>• Therefore 23,505 days would be £5,485,094 for 2020/21 and 33,507 days would be £7,818,348 for 2021/22.</li> <li>• This also equates to approximately 155 and 200 wholtime firefighter posts respectively.</li> <li>• Every 1% of MSK absence reduced would be circa £78,183 based on 2021/22 data equivalent to two wholtime firefighter posts</li> </ul> <p>As MSK absence affects all staff groups in different ways, it is recognised that the key impact is on operational service delivery. The ability to provide costs for on-call absence is more challenging due to the variable nature of on-call sick pay (i.e. based on previous average earnings). Therefore, using absence data for wholtime staff only, the resource lost in 2019/20 and 2020/21 equates to 63 and 83 wholtime firefighter posts respectively. This represents £2,218,446 for 2019/2020 and £2,962,595 for 2020/2021 in value. Therefore, any intervention which reduces MSK absence is likely to result in significant resource and financial savings; and represent a positive return on investment.</p>

3.1.4	If service wide physiotherapy provisions are not provided, SFRS staff within rural areas will not have the same support as other service wide colleagues. Without equal opportunities support will continue to impact on absence and on organisational resilience. Lengthy periods of inactivity with injury can also reduce cardiovascular fitness, impact on operational aerobic fitness and safety within an operational role.
3.2	<b>Existing Physiotherapy Service Costings</b>
3.2.1	There has been an increase in physiotherapy costs spanning 2017/2018, 2018/2019, 2019/2020 and 2020/2021, with reported costs of £34,759, £53,037, £59,057, £54,907 respectively excluding tax. Currently, physiotherapy provided to staff for non-work-related injuries by commercial providers is viewed as a benefit in kind and incurs a tax liability. Therefore, the annual costs increase including tax to £48,496, £75,465, £90,760 and £76,774 respectively. However, if the Service were to provide physiotherapy services in-house, there would be no tax liability, meaning all expenditure would directly benefit SFRS employees.
3.2.2	The data for physiotherapy referrals for 2021 to 2022 has not yet been fully collated. However, there is an indication, from data to date, that there will be an increase in the referral rate to pre COVID-19 (2019/2020) levels, as COVID-19 restrictions are relaxed. Costs for 2021/22 are currently estimated at £91,709 including tax (558 referrals/3 treatments/referrals).
3.3	<b>Benchmarking Greater Manchester &amp; Lancashire Fire and Rescue Service</b>
3.3.1	Following a review of physiotherapy services within UK Fire Services, Greater Manchester Fire Rescue Service (GMFRS) confirmed that they were dissatisfied with the current outsourcing arrangement of its current physiotherapy service. GMFRS reported that the external physiotherapy service did not work collaboratively and support GMRS occupational health or business culture. In addition, GMFRS did not have direct control of the quality of work or frequency of treatment and experienced difficulty with the quality of reports and the timeframes in which reports were being received. GMFRS are currently exploring the option of an inhouse physiotherapy service following the recommendation of Lancashire Fire and Rescue Service (LFRS). LFRS shared similar experiences to GMFRS in relation to outsourcing physiotherapy provisions and decided to employ an inhouse physiotherapist, LFRS immediately recognised an increase in the level of commitment, engagement, support and flexibility in approach that reflect LFRS values. The implementation of an inhouse physiotherapist realised earlier returns to work and resultantly a reduction in sickness absence and its associated cost for LFRS.
3.4	<b>MSK Injury Reduction Group</b>
3.4.1	SFRS has in place an MSK Injury and Reduction Group. The group have identified that the overwhelming majority of physiotherapy referrals relate to non-work-related injuries.
3.4.2	To better understand causation and impact of injuries leading to absence, the group have undertaken a review of data collected in relation to health and safety events, management and physiotherapy referrals and sickness absence. Due to the lack of integration between HW and HR information systems, it is not possible to analyse the relationship between absence and physiotherapy referrals without significant manual analysis. Recent manual analysis found that approximately 20% of long-term sick staff do not receive a referral to HW as the Absence Management Policy directs. To address this, the MSK Injury Reduction Group Action Plan will include and action to engage with HRBP and HW colleagues to introduce a process improvement to ensure all staff suffering absence receive appropriate care and support.
3.4.3	There is a shared vision to be informed by reporting data that will improve collaborative working across each function to ensure compliance with event reporting and improve the management of performance. Review of MSK injury data and trend analysis would enable the HW team to evaluate the effectiveness of inhouse physiotherapy (combined with HW

	<p>fitness) preventive and rehabilitation measures. This will lead to more effective and focussed support for those suffering MSK injuries and enhance the quality of data that will inform decision making. A key area of focus is to improve understanding of the types and causes of injury that lead to staff absence.</p>
3.4.4	<p>There is often a relationship between mental health conditions and MSK conditions. The Wellbeing and Inclusion Group and Mental Health Strategy will contribute to a multi-level approach in prevention of workplace MSK and associated mental and wellbeing conditions, better understand the variety of causes and barriers that will prevent both physical and psychological injuries and build resilience.</p>
3.4.5	<p>This in turn will better inform injury prevention strategies and whether these should focus on changing workplace behaviour and working practices, education around risk factors for MSK injury outside of the work-place and enhancing health and fitness to mitigate injury risk and/or enhancing post-injury support services. There is therefore a need for the work of the group and the provision of physiotherapy services to be aligned to achieve the best outcomes.</p>
3.5	<p><b>Options Considered</b> - The following options were considered to determine the best physiotherapy options for SFRS in future. Further information on each option is contained in Appendix A.</p>
3.6	<p><b>Option 1 Existing Providers</b> Continue with the existing external physiotherapy service. The current service is a financial and procurement risk with no formal contract arrangements in place and costs continuing to increase each year. If this current model was to continue, a formal procurement exercise would be required to identify providers. Recently there has been a shift to on-line physiotherapy provision, which has improved access to physiotherapy services, for those in remote areas, although challenges remain where face to face delivery is required. This option would limit capacity of the provider to support for injury prevention unless it was included as part of a contract. However, this would further increase costs and reduce the ability of HW to work closely with the providers to support rehabilitation of staff. Current estimated costings for 2021 to 2022 are £91,709 (including tax). <b>This option is not recommended.</b></p>
3.7	<p><b>Option 2 Health and Wellbeing Inhouse Physiotherapy Services Supported by External Provision</b> The introduction of a 1 Senior Chartered Physiotherapist post predicted at grade 6 as well as 1 Chartered Physiotherapist at grade 5 at a total cost of circa £98,000 (inclusive of employer costs). This option provides significant changes to existing physiotherapy and rehabilitation services within SFRS. The inhouse physiotherapy positions will be a 2-year fixed term contracts, the performance and effectiveness of this service will be reviewed during the contract on a quarterly basis, evaluating MSK injury reduction performance analysis, MSK sickness absence (HROD reports), health and wellbeing MSK injury reporting and employee feedback questionnaires. To further support this option and future services, investment in upskilling current HW staff would be beneficial to improve complementary working and provide effective rehabilitation support to staff, at an estimated cost of £10,000 with a further £3,000 for equipment.  The total cost is therefore circa £111,000 (excluding external physiotherapy support).  Option 2 will delivery virtual physiotherapy assessments and treatment methods, however it is recognised that there may be a small number of cases where employees may benefit from more regular face to face treatment, particularly in remote areas or where access to more specialist equipment would aid a quicker recovery. Therefore, in-house provisions would require to be supported by external physiotherapy providers ensuring a blended approach is available for all SFRS employees. This would need to take into account geographic</p>

locations, accessibility and equality of physiotherapy service delivery. Physiotherapy referrals within rural areas are limited, however the introduction of physiotherapy within these areas may encourage additional referrals, if face to face treatment is deemed necessary it is anticipated that associated costings may be minimal. Provided estimated costings and increase in referral rates can provide further insight if costings were to increase between 1 and 5% (See Appendix A Table 2). These additional, albeit minimal external provider costings are not included within the option 2 total cost (£111,000). However, it is evident that considering the option 2 £18k increase in costings in comparison to option 1, a 1% reduction in absence would be substantial and that any reduction in MSK-related absence would alleviate staffing pressures, overtime expenditure and contribute to the operational challenges resulting from the increase in retirements due to the impact of the pensions remedy.

Factoring in the increasing costs of the current delivery model (Whilst not being able to predict what the additional costs will be for the outsource element), and the potential to reduce MSK sickness absence, this investment would be considered a spend to save with long term benefits of MSK injury reduction, reducing sickness absence and associated costings in comparison to Option 1.

This option also provides a better opportunity for collaborative working with the physiotherapist, the wider HW team and other stakeholders, which will aim to reduce MSK sickness absence and associated costs.

This holistic approach will also support the aims of the mental health strategy and positively contribute to wider wellbeing e.g. weight management, exercise participation and strengthen engagement in LSO areas.

The COVID-19 outbreak created a sudden need for virtual health services to be rolled out more widely and have proven to be effective. Virtual support offers SFRS an alternative method of delivery of physiotherapy to provide immediate support for all SFRS employees, pending primary health care, whilst raising awareness of wider HW services and without the need for face-to-face visits or encountering lengthy waiting times. In addition, the introduction of virtual physiotherapy services will reduce travel and the carbon footprint reduced across SFRS.

This service there would also need to be a period of time included to allow transition of current to future provision. Recommend a 2-year trial period allowing for evaluation  
**This is the recommended option approved by SLT.**

3.8 **Option 3 Outsource to Single Physiotherapy Provider**

Provision of all physiotherapy treatments undertaken by a single external provider is estimated to cost £101,446 per annum. This estimate is also based on a blend of virtual and local face to face support. However, this option may lack alignment with MSK injury prevention practices and multi-level strategies to enable staff to return to work at the earliest opportunity. It should be noted that the use of external providers will also incur a tax liability of circa £25,000 and **is therefore not recommended.**

3.9 **Option 4 (Outsourcing to External Business Partner)**

By way of comparison, The Fire Fighter Charity Trust (TFFC) have provided a proposal to provide a physiotherapy service across the Service virtually. The proposal is based on up to 600 physiotherapy referrals at an annual cost of £132,000. All areas will be supported through virtual assessments; however, the proposal does not include face to face support. There is a risk of increasing costs if the number of referrals is above those predicted.  
**This is also the most expensive option and is therefore not recommended.**

<b>4</b>	<b>Recommendation</b>	
4.1	Following the presentation of the required data to SLT on 20 July 2022, SLT were satisfied that option 2 would be a spend to save with regards to contributing to the reduction of MSK sickness absence	
4.2	It is recommended that the People Committee note the content of this report and support the introduction of an inhouse physiotherapy service supported by external provision as outlined in option 2.	
4.3	Option 2 provides the most cost-effective and logistical beneficial physiotherapy provision for SFRS, which will be supported by external physiotherapy provisions to ensure face to face support within rural areas. This option would be considered as a spend to save investment with long term benefits of MSK injury reduction, reducing sickness absence and associated costings in comparison to Option 1. Option 2 will be a 2-year fixed term contract and the associated physiotherapy and rehabilitation services evaluating the performance and effectiveness of this service during the contract on a quarterly basis (evaluating MSK injury reduction performance analysis, MSK sickness absence (HROD reports), HW MSK injury reporting and employee feedback questionnaires). This would allow the recruitment of 2 physiotherapists within SFRS at a cost of £98,000, training for existing HW staff at £10,000 and equipment costs at £3,000 at a cost of circa £111,000. The costings of external physiotherapy treatment associated with inhouse physiotherapy treatment within rural areas is unclear and not included within the proposed total costings (£111,000). Although, Appendix A and Table 2 provide an indication of associated costings if appointments were to increase between 1 to 5%.	
4.4	This would ensure that physiotherapy services were provided equally to all areas, either virtually or through face to face support where required. This option would allow HW to work collaboratively with inhouse and external physiotherapists to develop and implement interventions to reduce MSK sickness absence. Collaborative working between physiotherapists, the HW fitness and OH team will ensure a quality rehabilitation support and injury prevention service in all areas. Whilst this option is circa £18,000 more than option 1, it is evident that the requested option 2 would incur, substantial reduction in MSK-related absence and the longer-term financial savings that should mitigate the short-term increase in overall costs.	
<b>5</b>	<b>Core Brief</b>	
5.1	Not applicable.	
<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	Appendix A – Detailed information on options	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Prepared by:</b>	Greg Hastie, Lead Health and Wellbeing Practitioner (Fitness).	
<b>Sponsored by:</b>	Geri Thomson, Deputy Head of People and Organisational Development.	
<b>Presented by:</b>	Greg Hastie, Lead Health and Wellbeing Practitioner (Fitness).	
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan 2019-22 Outcome 3.3: We will care for our people through progressive health, safety and wellbeing arrangements.		

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<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>POD Directorate Management Team</i>	<i>24 May 2022</i>	<i>For Recommendation</i>
<i>People Board</i>	<i>09 June 2022</i>	<i>For Scrutiny</i>
<i>Strategic Leadership Team</i>	<i>06 July 2022</i>	<i>For Decision</i>
<i>National Safety and Assurance Board</i>	<i>13 October 2022</i>	<i>For Information</i>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For Scrutiny</i>
<i>Employee Partnership Forum</i>	<i>10 November 2022</i>	<i>For Information</i>

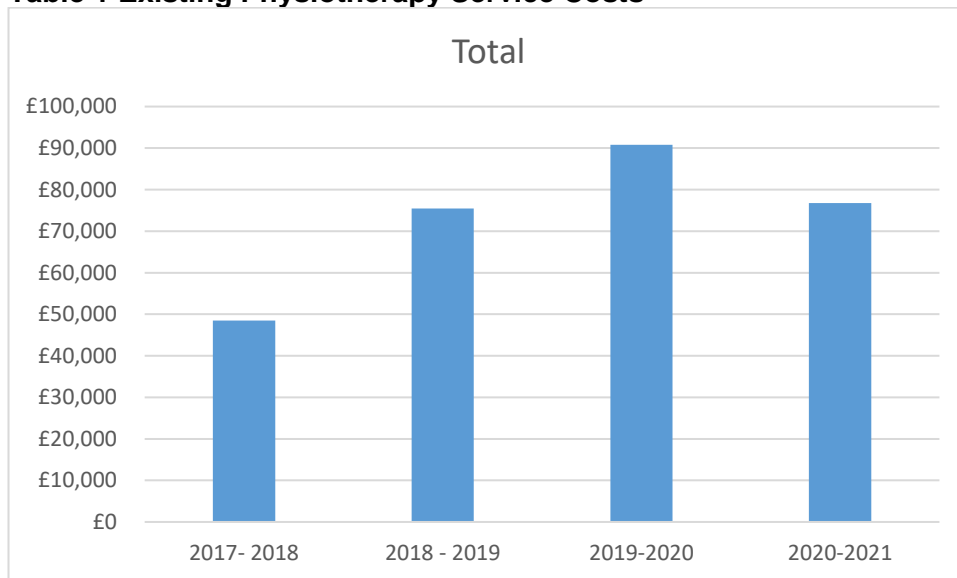
**Detailed information on options**

**Option 1 - Existing Providers**

SFRS current physiotherapy provision consists of 11 individual providers, which would require management of multiple contacts with variable pricing ranges. The external providers perform physiotherapy treatments on request, via internal physiotherapy referrals. Therefore, this service is focused on treatment only, and not prevention. The existing arrangement is unable to make valuable contribution to the aims of the MSK Injury Reduction Group in relation to injury prevention, support earlier return to work, nor does it support the objectives of the SFRS Mental Health Strategy. The current MSK sickness absence management information reflects that the cost of absence appears to be increasing from 2019/2020 to 2020/2021 (see Table 1), which would suggest the current model of physiotherapy provision is ineffective in terms of injury prevention. In addition, costs for this physiotherapy service have linearly increased since 2018 (see Table 1).

Other UK Fire and Rescue Services believe that in-house physiotherapy services provide a more accountable, controlled and effective integrated method of working collaboratively within a health and wellbeing and occupational health environment.

**Table 1 Existing Physiotherapy Service Costs**



**Option 2 - Health and Wellbeing Inhouse Physiotherapy Services Supported by External Provision**

Predicted staffing costs are £98,000 (including employer costs).

Upskilling the HW fitness team may incur costings of approximately £10,000. It is anticipated that the reduction of MSK sickness absence and the resultant financial savings will mitigate the increase in cost. If this option is applied, HW will contribute to management of rehabilitation practice, which will reduce further the volume of physiotherapy treatments and prevent waiting times. Both fitness and physiotherapy practitioners may develop strategies (including return to work programmes) to reduce lower back and lower limb injuries as a starting point that will positively impact on the duration of MSK sickness absence.

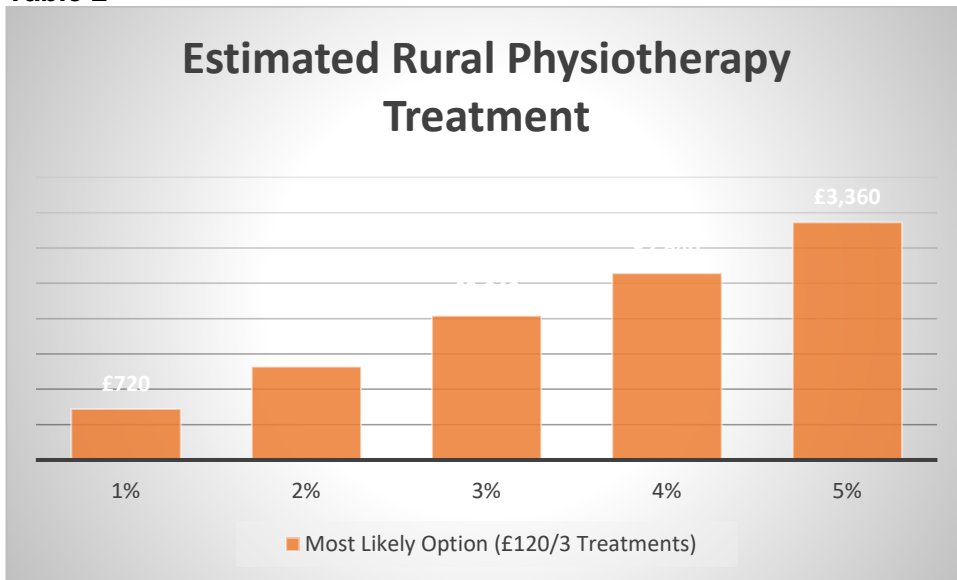
In addition, rehabilitation equipment will incur costs of approx. £3,000 within total inhouse service delivery costs amounting to circa £111,000. These costs are slightly higher than the existing physiotherapy external provider and option 3. However, option 2 proposes to reduce the current MSK sickness absence rates. Both physiotherapy positions will support wider service working over SFRS, including evening work. The initial triage will determine if face to face assessments or HW fitness team rehabilitation support is necessary; however, most sessions should be conducted virtually.



The inhouse physiotherapist and HW fitness team will endeavour to support all SFRS employees and will identify the most efficient method of assessment and support following triage. The external physiotherapy service will provide further reassurance and commitment to physiotherapy support across SFRS. The costings of external physiotherapy treatment associated with treatment within rural areas is unclear and not included within the total costings (£111,000). Although, table 3 provides an indication of associated costings (based on 3 treatments/ referral & 2 physiotherapy price ranges) if appointments were to increase between 1 to 5%.

Virtual assessments will connect patients and practitioners regardless of location and removes accessibility and mobility barriers. Virtual assessments will allow more time with patients without travel restraints and will positively impact on the reduction of sickness absence. However, virtual assessments are dependent on WIFI connection and technology, ICT issues may restrict usage where these are not available.

**Table 2**



**Option 3 - Outsource to Single Physiotherapy Provider**

The costs for the external provider are based on the most recent figures from 2021 to 2021 (558 referrals & 1,674 sessions) on a 3-yearly contractual basis if procurement is authorised. A further 10% is added to the 558 referrals to ensure no overspend. The total cost is £101,446 (including tax), which consists of virtual assessments, face to face assessments, reports, management information and resistance bands. It is unlikely that a single provider could provide local face to face support and costs are higher than option 2.

**Option 4 - (Outsourcing to External Business Partner)**

The Firefighters Charity (TFFC) share similar values to SFRS and have an ongoing close working partnership. TFFC have provided a proposal in relation to delivering SFRS physiotherapy provision, which consists of a digital platform to support all SFRS staff service wide.

TFFC provide costings of £132,000 for up to 600 referrals on an annual basis, which may include up to 3 treatments/referral. TFFC are only committed to virtual assessments/support and unable to provide face to face support. TFFC costings are significantly higher than option 2.

Report No: C/PC/37-22

Agenda Item: 12.1

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>	<b>3 OCTOBER 2022</b>						
<b>Report Title:</b>	<b>COMMITTEE ALIGNED RISK UPDATE</b>						
<b>Report Classification:</b>	<b>For Scrutiny</b>	<b>Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to provide the People Committee (PC) with a risk report identifying Directorate risks and controls pertinent to the business of the Board.						
<b>2</b>	<b>Background</b>						
2.1	The purpose of the risk register is to inform decision making through Scrutiny and Assurance processes, providing additional awareness of the risks faced and the actions required to minimise these risks.						
2.2	The Audit & 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 Strategic Leadership Team (SLT) has responsibility for the identification and management of strategic risk and will ensure that the Strategic Risk Register (SRR) presents a fair and reasonable reflection of the most significant risks impacting upon the organisation.						
2.5	Strategic risks are prepared in consultation with the Board and SLT and are managed collectively by the SLT, with each Directorate Risk allocated to an identified Head of Function. These Responsible Officers provide information on the current controls in place and identify additional actions still required.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The risk register is a management tool that provides assurance to the Service and its scrutiny bodies that the significant risks to the organisation have been identified and managed and are subject to ongoing monitoring and review.						
3.2	Following updates from Directorates Appendix 1 provides the current risks, controls and changes undertaken during the last quarter and includes: <ul style="list-style-type: none"> <li>• Appendix D – 11 closed controls</li> <li>• Appendix E – 5 closed risks</li> </ul>						

3.3	<ul style="list-style-type: none"> <li>Appendix G – 2 new risks</li> <li>Appendix H – 14 new controls</li> </ul> <p>In relation to Appendix G - 2 new risks were identified from TSA.</p> <ul style="list-style-type: none"> <li><b>TSA011</b> relates to increasing demands being placed upon the Service at a time where current capacity pressures are being experienced. I.e. due to the pension remedy.</li> <li><b>TSA12</b> relates to a continuing Covid-19 related issues with potential to lead to insufficient staff capacity or a lack of candidates for training courses. This replaced TSA001 which focused more specifically on Covid-19 or the impact of EU Exit.</li> </ul>		
3.4	The risk framework continues to be reviewed with work being progressed in relation to the development of a risk dashboard and significant work to develop a consistent risk reporting framework for Projects.		
3.5	Separate discussions within the Board and SLT also identified the need to review the current output reports, ensuring readers can see the alignment of information more clearly, tracking changes back to the overall strategic risk. This work will be undertaken in conjunction with Data Services with a revised report provided for future reporting.		
<b>4</b>	<b>Recommendation</b>		
4.1	The People Committee is asked to: <ul style="list-style-type: none"> <li>Scrutinise the People Committee Risk Report.</li> <li>Identify future risk spotlights to be provided to the Board.</li> </ul>		
<b>5</b>	<b>Core Brief</b>		
5.1	Not applicable		
<b>6</b>	<b>Appendices/Further Reading</b>		
6.1	Appendix 1 – People Committee Risk Report		
<b>7</b>	<b>Key Strategic Implications</b>		
7.1	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"><b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b></td> <td style="width: 20%; text-align: center;"><b>Yes</b></td> </tr> </table>	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>		
<b>Prepared by:</b>	Tracy Shankland, Risk and Insurance Officer		
<b>Sponsored by:</b>	David Johnston, Risk and Audit Manager		
<b>Presented by:</b>	Liz Barnes, Director of People and Organisational Development		
<b>Links to Strategy and Corporate Values</b>			
<p>The Internal Audit Plan 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"> <li>Outcome 4: We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.</li> <li>Objectives 4.2: We will minimise the risks we face through effective business management and high levels of compliance with all our responsibilities.</li> </ul>			
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>	
<i>People Committee</i>	<i>3 October 2022</i>	<i>For Scrutiny</i>	

# People Committee

## Risk Report

### 2022-23 Q2



SCOTTISH  
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

#### Contents:

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- Aligned Directorate Risk Summary – Appendix 1b
- Directorate Risk Control Summary – Appendix 1c
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- Directorate Closed Risk Summary – Appendix 1e
- 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 (Pxl)
1	Ability to improve the safety and well-being of people throughout Scotland through the delivery of our services	Director of Service Delivery	15 (3 x 5)
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	20 (5 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	20 (5 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	12 (3 x 4)

# Aligned Directorate Risk Summary

# Appendix 1b

Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (PxI)	Committee	Executive Board
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	15 (5 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
5	Skilled, trained and motivated staff	SD006	Statutory Duties	There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its statutory duties under <ul style="list-style-type: none"> <li>- The Fire (Scotland) Act 2005,</li> <li>- The Fire and Rescue Framework for Scotland 2016,</li> <li>- The Fire (Additional Function) (Scotland) Order 2005,</li> <li>- Regulation 11 of the Building (Procedure) (Scotland) Act 2004</li> </ul>	Director of Service Delivery	20 (5 x 4)	PC	PB

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Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (PxI)	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 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	16 (4 x 4)	PC	PB
5	Skilled, trained and motivated staff	POD011	Pay Awards	Risk of delay to pay and competence awards due to ineffective FF Development Programme Policy/Uniformed Managers Development to Competent Policy and processes 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	TSA010	Staff Resources	There is a risk of there being insufficient staff capacity and resources available to meet Service demand with regard to improvement plans and HSMS due to the impact of pension changes within uniformed staff, retirement and the current job market and loss of continued funding for H&S staff. This could result in criminal/civil litigation and associated financial and reputational cost, averse scrutiny and an impact upon the well being of staff	Head of Safety and Assurance	12 (4 x 3)	PC	NSAB
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

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Strategic Risk ID	Strategic Risk	Directorate Risk	Risk Name	Summary	Risk Owner	Risk Rating (Pxl)	Committee	Executive Board
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 new work and home environments created by the pandemic, Brexit and other factors. Increasing the potential for increased stress levels and staff absence.	Head of People and Organisational Development	12 (3 x 4)	PC	PB
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
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	6 (3 x 2)	PC	NSAB



# Directorate Risk Control Summary

## Appendix 1c

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	Consideration of securing budget for 2022-23 to procure an "off the shelf" system	Head of Health and Safety and Assurance	Apr-23	Amber - 80%	Options paper being prepared for TSA DMT detailing potential way forward.	15 (5 x 3)	6 (3 x 2)	PC	NSAB
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-23	Amber - 90%	Enhancement of TASS library ongoing	15 (5 x 3)	6 (3 x 2)	PC	NSAB
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-23	Green - 20%	With the introduction of the Staffing TAG and Staffing Solutions Team the role of the Operational Availability Group is to monitor and manage short terms Operational Availability. The Staffing Solutions Team have been tasked with managing and progressing mid to long term actions that will assist in mitigating and managing current staffing challenges within the service. Both the Operational Availability Group and Staffing Solutions Team report into the Staffing TAG on a weekly basis.	20 (5 x 4)	12 (3 x 4)	PC	PB

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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	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	Oct-22	Green - 95%	The final report has been submitted following a review of all comments.	20 (5 x 4)	12 (3 x 4)	PC	PB
5	POD004	Staff Recruitment	Review of RVDS Firefighter Recruitment Process	AC Sharp, Area Commander, Human Resources Org Development	Oct-22	Red - 60%	The On-Call Improvement Programme has established a working group that focuses on improving the attraction and recruitment of RVDS staff. This sub group through the National Retained and Leadership Forum reports into the RVDS Improvement Board.	16 (4 x 4)	8 (2 x 4)	PC	PB

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SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	Committee	Executive Board
5	POD011	Pay Awards	Prioritise tasks associated with completing policy reviews, process reviews and implementation.	Ceri Dodd, Deputy Head of Human Resources and Organisational Development, Strategic	Mar-23	Green - 20%	Uniformed Mgr. Dev to Comp Policy development considerations progressing following first consultation, further engagement required with stakeholders to progress. FF Trainee, Dev to Comp Policy working group established; policy review and development progressing aligned with the Training continuous improvement activities during Q3 with peer review and onward consultation planned during Q4. Working group lead will rotate to Training Function to progress the process review and onward implementation requirements.	15 (3 x 5)	8 (2 x 4)	PC	PB
5	FCS001	Sufficient Capacity	Recruitment of additional temporary resources as agreed within business cases to complete recovery activity	Head of Finance and Procurement	Sep-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	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	Oct-22	Green - 75%	A number of offers have been made and start dates agreed.	12 (3 x 4)	6 (2 x 3)	PC	PB

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SR ID	Risk ID	Risk	Action Description	Owner	Est Date	Status	Control Comments	Risk Rating (PxI)	Target Rating (PxI)	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	Oct-22	Green - 80%	Data analysis undertaken to inform structure review	12 (3 x 4)	6 (2 x 3)	PC	PB
5	FCS001	Sufficient Capacity	Realign processes and establish a dedicated team across Directorates to manage the ongoing impact of Covid.	Acting Director - Asset Management	Sep-22	Green - 99%	Monthly reporting to SLT to monitor performance. Agreement to continue to review BAU to manage workloads.	12 (3 x 4)	8 (2 x 4)	PC	PB
5	POD005	Employee Wellbeing	Strengthen Health and fitness arrangements	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Oct-22	Amber - 50%	Business case agreed to provide additional resource and training to support increased recruitment activity. Range of solutions created to help support improved localised recruitment of on-call staff, comms issued to Service Delivery to enable solutions to be considered at a local level.	6 (2 x 3)	4 (2 x 2)	PC	PB
5	POD005	Employee Wellbeing	Reduce risk from Contaminants	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Dec-22	Amber - 50%	In Q1 The paper concerning Asbestos medicals and Health surveillance was presented to both Contaminants group and People Committee for information and was well received by both. A risk based implementation approach to asbestos medicals will begin in Q2.	6 (2 x 3)	4 (2 x 2)	PC	PB

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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	Review of HW model and structure	Geri Thomson, Deputy Head of Human Resources and Organisational Development, Strategic	Dec-22	Green - 50%	No further progress on funding availability and unlikely to be provided this year. Current business cases providing resource until Dec 22 / March 23. Alternative options to be considered on impact.	6 (2 x 3)	4 (2 x 2)	PC	PB
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-23	Green - 60%	Review of mental health and wellbeing action plan has taken place to align with the blue light together commitment. SFRS has signed up to blue light commitment. Lifelines training continues and first cohort of MH & Wellbeing Champions to be implemented in Q2.	6 (2 x 3)	4 (2 x 2)	PC	PB
8	TSA003	Lessons Learnt	The 2 year funding of auditors within the HS Dept. will facilitate the determination of the effectiveness of the application of lessons learnt within the workforce	Head of Safety and Assurance	Dec-23	Green - 70%	Auditors are now in place. Support review (audit) programme is in place.	6 (3 x 2)	4 (2 x 2)	PC	NSAB

# Directorate Closed Control Summary

# Appendix 1d

Control Description	Risk ID	Risk Name	Risk Description	Control Comments	Control Owner	Committee	Executive Board
Realigning TASS development programme to reflect progress	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.	Programme has been realigned to reflect current delay status. Monthly reviews are undertaken to review progress.	Head of Health and Safety and Assurance	PC	NSAB
Project team to be recruited in full.	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.	Compliance levels now at 96% for medicals and 97% for fitness. Compliance now 98% for both medical and fitness assessments. This will continue to be monitored through BAU.	Head of People and Organisational Development	PC	PB
Complete review of Bullying, Harassment and Discrimination Framework and launch revised policy and toolkit	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.	Review complete and embedding the actions from the review are now incorporated in business as usual activity.	Roz Munro, HROD Manager, POD - Workforce Planning and Resourcing	PC	PB

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Control Description	Risk ID	Risk Name	Risk Description	Control Comments	Control Owner	Committee	Executive Board
Function Plan - Implementation of audit programme to ensure robust implementation by risk owner.	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.	Auditors are now in place. Support review (audit) programme is in place. Self-Audit arrangements have also been implemented.	Head of Health and Safety and Assurance	PC	NSAB
Implementing 21/22 agreed resource plan, accounting for additional activity resulting from Business Cases and business as usual recruitment	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 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.	Control action updated and moved to a new control for 2022/23 and a reference of a resourcing plan for this year that accounts for challenges emerging from other activity such as the pensions remedy.	Head of POD	PC	PB
Decentralisation of business partnering model (Year 1 of 3yr strategy)	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.	This control action has now been closed due to the complete removal of all COVID restriction which impacted on training delivery. Actions that still require to be acted upon are now link to control actions relating to risk TSA010.	Head of Training	PC	PB

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Control Description	Risk ID	Risk Name	Risk Description	Control Comments	Control Owner	Committee	Executive Board
Increase instructor numbers to aid with Training Recovery Plan and training delivery.	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.	This control action has now been closed due to the complete removal of all COVID restriction which impacted on training delivery. Actions that still require to be acted upon are now link to control actions relating to risk TSA010.	Head of Training	PC	PB
Work-packages and associated milestones to be agreed for the Projects within the Training Continuous Improvement Programme.	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.	This action has been closed. The Training Function have formally closed the Continuous Improvement Programme (CIP), by either competing the actions or moving them into BAU or other projects. All BAU actions will be monitored through The Functional management Team (FMT) with updates on the progress being made, milestones reached or closure of the action.	Head of Training	PC	PB



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Control Description	Risk ID	Risk Name	Risk Description	Control Comments	Control Owner	Committee	Executive Board
Decentralisation of business partnering model utilising local delivery (Year 1 of 3yr strategy)	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.	This control action has now been closed due to the complete removal of all COVID restriction which impacted on training delivery. Actions that still require to be acted upon are now link to control actions relating to risk TSA010.	Head of Training	PC	PB
Analysis of a revision to the TNA to produce a gap analysis and thereafter to develop a training delivery proposal	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.	This Action has now been closed as complete and has been transferred to Control Actions relating to the risk on the Training Function Risk Register.	Head of Training	PC	PB

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Control Description	Risk ID	Risk Name	Risk Description	Control Comments	Control Owner	Committee	Executive Board
Liaising with HR as part of the POD led Job Evaluation exercise. Collating evidence to support progression of Market allowance	TSA010	Staff Resources	There is a risk of there being insufficient staff capacity and resources available to meet Service demand with regard to improvement plans and HSMS due to the impact of pension changes within uniformed staff, retirement and the current job market and loss of continued funding for H&S staff. This could result in criminal/civil litigation and associated financial and reputational cost, averse scrutiny and an impact upon the well being of staff	Await outcome of job evaluation exercise to determine any impact of market allowance. Monitor through business as usual until work completed.	Head of Safety and Assurance	PC	NSAB

# Directorate Closed Risk Summary

# Appendix 1e

SR ID	Risk ID	Risk Name	Risk Description	Parent Risk Name	Closure Reason	Risk Owner	Committee	Executive Board
5	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.	Skilled, trained and motivated staff	This risk has now been closed due to the easing of all SFRS COVID restrictions. It has been replaced by new risks of TSA010 and TSA011	Head of Training	PC	PB
5	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.	Skilled, trained and motivated staff	Whilst the risk has been removed from the register the project to reduce the backlog has progressed well whereby we now have 95%+ compliance.	Head of People and Organisational Development	PC	PB
5	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.	Skilled, trained and motivated staff	The number of current ET cases has significantly reduced and with it the level of associated reputational and financial damage associated.	Head of People and Organisational Development	PC	PB

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SR ID	Risk ID	Risk Name	Risk Description	Parent Risk Name	Closure Reason	Risk Owner	Committee	Executive Board
8	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.	Improve performance	Due to the current timescale for the enactment of Section 19 of the Road Safety Act being delayed until later in 2023, this risk has been de-escalated and will now be monitored within the Training Function Risk Register.	Head of Training	PC	PB
9	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.	Protect Staff Covid-19	This risk has now been closed due to the easing of all SFRS COVID restrictions. It has been replaced by new risks of TSA010 and TSA011	Head of Training	PC	PB

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# Directorate Risk Rating Change Summary

# Appendix 1f

No Change

## New Directorate Risks

## Appendix 1g

SR ID	SR Name	Risk ID	Risk Name	Risk Description	Risk Owner	Current Risk Rating (Pxl)	Target Risk Rating (Pxl)	Committee	Executive Board
5	Skilled, trained and motivated staff	TSA011	Training Resources	There is a risk of there being insufficient staff capacity and resources available to meet the demand for training delivery due to an increased demand for various risk critical courses and staff shortages created by the current pension remedy situation. This is directly linked to the challenges faced around the filling of vacant instructor posts. This could result in a potential negative impact upon the ability to deliver training, 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 (4x4)	8 (4x2)	PC	PB
9	Protect Staff Covid-19	TSA012	Protect Staff Covid-19	There still remains a risk to staff from Covid-19. This could lead to insufficient staff capacity or lack of candidates for Training courses, resulting in reduced delivery and increase pressure and scrutiny place on the Function.	Head of Training	9 (3x3)	9 (3x3)	PC	PB

# New Directorate Controls Summary

# Appendix 1h

Risk ID	Risk Name	Control Description	Control Owner	Control Due Date	Performance	Control Comments	Committee	Executive Board
POD004	Staff Recruitment	Implementing 22/23 agreed resource plan, accounting for additional activity resulting from pensions remedy and other business as usual recruitment	Head Of POD	Mar-23	Green - 30%	Review of POD structure, priorities and our processes for recruiting. This will support how we respond to an increase in demand caused by a rise unexpected leavers and challenges in the recruitment market.	PC	PB
TSA003	Lessons Learnt	Complete review of the new Organisational Learning Group to ensure lesson learned and associated action plans are understood and subject to scrutiny and Groups Terms of Reference accurately reflect the work to be completed.	Head of Safety and Assurance	Oct-22	Green - 80%	Complete review of group following initial meetings, updating terms of reference to reflect discussions.	PC	NSAB
TSA005	Health and Safety Legislation	Development of training sessions for all Safety & Assurance co-ordinators and Liaison Officers to ensure they have the right skills to undertake the role.	Head of Safety and Assurance	Mar-23	Green - 10%	Sessions to be developed for relevant staff with sessions to be completed by end of quarter 4.	PC	NSAB

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Risk ID	Risk Name	Control Description	Control Owner	Control Due Date	Performance	Control Comments	Committee	Executive Board
TSA010	Staff Resources	Development day(s) to be held to re-establish priorities, in discussion with partner directorates, reallocating work aligned to business requirements.	Head of Safety and Assurance	Oct-22	Green - 20%	Pre- Planning work being completed with further discussion at DMT to be held.	PC	NSAB
TSA011	Training Resources	Targeted Training CC / WC promotion process.	GC Stuart Watson	Apr-23	Green - 30%	Engagement with workforce Planning over targeted CC process to possibly be held in Q2.	PC	PB
TSA011	Training Resources	Engagement in each SDA with LSO's and staffing SPOC's to identify any risk critical gaps in operational skills identified within their Area created by the current pension remedy situation and revise the TNA based on this information to produce a gap analysis and thereafter develop a revised training delivery proposal.	SDA Liaison GC's	Apr-23	Green - 40%	<p>Training Plans now scheduled for 2022/23 to deliver the requirements of the TNA and support all business-as-usual (BAU) training at both Local and National level.</p> <p>Liaison with Service Delivery SPOC's around impact of pension implications and potential reprioritising of identified candidates for risk critical training courses to maintain Organisational resilience.</p> <p>Planned review of TNA and Training plan or receipt of this information.</p>	PC	PB
TSA011	Training Resources	Implementation of secondment opportunities within Training.	GC Stuart Watson	Apr-23	Green - 30%	Implementation of secondments / temporary promotions into vacancies within the function being explored with Workforce Planning.	PC	PB



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Risk ID	Risk Name	Control Description	Control Owner	Control Due Date	Performance	Control Comments	Committee	Executive Board
TSA011	Training Resources	Re-engagement of staff with appropriate skills to aid training delivery.	GC Stuart Watson	Jan-23	Green - 50%	Reengagement of staff being fully explored, meeting held with Training staff that are due to retire to discuss this. Meeting held with Workforce planning / Pod / Finance regarding Abatement issues	PC	PB
TSA011	Training Resources	Decentralisation of business partnering model.(Year 1 of 3yr strategy)	All Training GC's	Apr-25	Green - 50%	Training Plans now scheduled for 2022/23 to deliver the requirements of the TNA and support all business-as-usual (BAU) training at both Local and National level. Increased course delivery utilising both NIP / LSO instructor where applicable and possible. Decentralised business model being used for all courses that local facilities allow.	PC	PB
TSA011	Training Resources	Review of Delivery models to ensure effectiveness and see where efficiencies can be made.	GC Stuart Watson	Jan-23	Green - 65%	Instructor T&C now fully implemented. Weekend course delivery now scheduled in each SDA / LSO Area. All training courses reviewed to see where efficiencies can be made. Move towards online training / increased precourse learning were applicable.	PC	PB
TSA011	Training Resources	Central Staffing (CS) restructure with the addition of a new Training resourcing Team.	GC Stuart Watson	Apr-23	Green - 30%	Introduction of a new Training Resourcing Team within CS leading to centralised Scheduling and programming of training allowing instructors additional capacity for training delivery and Admin team additional capacity for other tasks. Business case agreed in principle at DMT, further clarification is required as to how this restructure will be progressed by Service Delivery / Operations.	PC	PB

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Risk ID	Risk Name	Control Description	Control Owner	Control Due Date	Performance	Control Comments	Committee	Executive Board
TSA011	Training Resources	Amendment to the Emergency Response Drive (ERD) reassessment delivery model.	GC Andrew Galloway	Jan-23	Green - 50%	Adoption of a 4:1 reassessment model initially across Wholetime duty system seeing a fourfold increase in ERD reassessments making this more efficient and increasing capacity to delivery other Driver Training Courses. This has been agreed at DMT with a trial is scheduled to start in September.	PC	PB
TSA011	Training Resources	TSA / LSO NSDA Instructor merger	AC Derek Wilson / GC A Wright	Apr-23	Green - 20%	TSA / LSO Instructor merger pilot to be ran in NSDA. Initial scoping meeting held with AC D Wilson and NSDA Training GC's. DACO / AC engagement with all NSDA Training staff scheduled for August.	PC	PB
TSA012	Protect Staff Covid-19	Training will continue to monitor the impact of Covid-19 with all staff remaining vigilant, reinforcing good hygiene and 1m plus social distancing where possible.	All Training GC's	Apr-23	Green - 30%	Sanitise stations still available at training centres, room capacity / ventilation still being monitored in conjunction with CO2 monitoring.	PC	PB



**People Committee – 15 September 2022**  
**Risk Spotlight Briefing Note**  
**SD006 – Recruit/Retention in line with legislation**

**Submitted by:- Service Delivery, ACO David Farries**

<b>Background: What would cause the risk to materialise / what is the effect likely to be?</b>
<p>A failure to attract applicants for the post of Firefighter (Control) through current recruitment processes;</p> <ul style="list-style-type: none"> <li>- This is furthermore exacerbated by a steepening rise in current staff attrition rates (research/anecdotal data suggests this is often due to lack of flexibility in working pattern and rates of pay);</li> <li>- As a legacy of both these issues, there is a risk of an insufficient number of qualified personnel within the OCs which in turn could impact the SFRS's ability to respond to emergencies effectively (ultimately, increasing the risk of failing to meet our statutory duty);</li> <li>- It is also important to note that a reduction in staffing within the OC increases the pressure on existing personnel and can lead to a cycle of low morale, loss of goodwill in the provision of overtime cover (and ultimately further attrition);</li> <li>- Finally, there is a need to consider that staffing issues have previously caused a degree of political interest in the organisation.</li> </ul>
<b>Controls and mitigating actions (stating what actions are being taken if the residual/current risk assessment is operating above or below risk appetite).</b>
<p>SFRS OC Managers are either in the process of, considering or attempting to develop:</p> <ul style="list-style-type: none"> <li>- Undertaking an evaluation of the current Succession Planning process;</li> <li>- Over recruiting to counter rising attrition rates;</li> <li>- Developing an active recruitment strategy – with a view to introducing an On-Call duty pattern within OC and Internal recruitment to fast track candidates;</li> <li>- National Transfer advertisement for OC Personnel across UK;</li> <li>- Social media campaign commencing on the 1 September 2022 to highlight the role both internally and externally;</li> <li>- Further social media campaign and press release scheduled to coincide with recruitment on the 4 October 2022;</li> <li>- Investigating opportunities to improve staff retention – flexible working review underway;</li> <li>- Paper on staff retention due for submission at the Service Delivery DMT in September/October covering flexible working, enhanced pay and incremental pay scales; and</li> <li>- Consideration of Market Forces and/or Location Supplement.</li> </ul>
<b>External or other factors which might impact on the current risk assessment.</b>
<ul style="list-style-type: none"> <li>- Failure to achieve suitable reach of the role effectively to the wider community;</li> <li>- Competitive rates of pay with similar roles in the community;</li> <li>- Flexible working patterns in similar roles in the community making them more attractive; and</li> <li>- Cost of living/travelling to OC locations.</li> </ul>



Report No: C/PC/35-22

Agenda Item: 14.1

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>	<b>3 OCTOBER 2022</b>						
<b>Report Title:</b>	<b>HEALTH AND SAFETY POLICY AND POLICY STATEMENT</b>						
<b>Report Classification:</b>	<b>For Information Only</b>	<b>Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to provide the 2022/23 Health and Safety Policy and Health and Safety Policy Statement for information to the People Committee.						
<b>2</b>	<b>Background</b>						
2.1	The Scottish Fire and Rescue Service (SFRS) has developed a Health and Safety Policy and supporting Management Arrangements to address areas of risk identified previously through legislative compliance audits and event management.						
2.2	The Health and Safety Policy is designed to provide detail of the management of health and safety within SFRS and to outline standards and responsibilities.						
2.3	The implementation of the Health and Safety Policy is facilitated through the annual health and safety improvement plans.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	The Health and Safety Policy has been developed to ensure compliance with the content and spirit of the Health and Safety at Work etc. Act 1974 and all associated applicable legislation, regulations and guidance. The Policy has been updated to reflect the new structure in place within the SFRS and the Safety and Assurance Engagement and Governance Management Arrangement.						
3.2	The Health and Safety Policy outlines: <ul style="list-style-type: none"> <li>• The commitment of the SFRS to ensuring, so far as is reasonably practicable, the health and safety of staff and those affected by our activities;</li> <li>• The 5 key themes as outlined within the <a href="#">Safety and Assurance Strategy 2022-2026</a>, supporting the strategy by contributing to the effective management of health and safety through compliance, culture, control, communication and engagement, and continuous improvement;</li> <li>• The key principles and responsibilities for firefighter safety; and</li> <li>• The organisation of Health and Safety within the SFRS and the associated responsibilities.</li> </ul>						
3.3	This Health and Safety Policy and Policy Statement applies to all SFRS premises and work activities.						

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<b>4</b>	<b>Recommendation</b>	
4.1	That the People Committee note the content of the Health and Safety Policy and Policy Statement.	
<b>5</b>	<b>Core Brief</b>	
5.1	Not applicable	
<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	<a href="#">Appendix A</a> contains the Health and Safety Policy; and	
6.2	<a href="#">Appendix B</a> contains the Health and Safety Policy Statement.	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Prepared by:</b>	Mark Penman, Senior Health and Safety Advisor	
<b>Sponsored by:</b>	Jim Holden, Head of Safety and Assurance	
<b>Presented by:</b>	Andy Watt, Assistant Chief Officer, Director of Training, Safety and Assurance	
<b>Links to Strategy and Corporate Values</b>		
<p><b>Safety and Assurance Strategy 2022-26:</b>            Our Safety Objective:            We will care for our people through progressive Health, Safety and Wellbeing Arrangements.</p> <p>Safety Value:            Our number one priority is to 'Work together for a safer Scotland and safety is at the core of everything we do'.</p>		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>National Safety and Assurance Board</i>	<i>04 August 2022</i>	<i>For Recommendation</i>
<i>Training, Safety and Assurance DMT</i>	<i>17 August 2022</i>	<i>For Information</i>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For Information</i>



## SAFETY AND ASSURANCE

## HEALTH AND SAFETY POLICY

Author/Role	Karen Lockhart – Head of Health and Safety
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	Refer to <a href="#">EIA HS Policy</a>
Date of Impact Assessment (commenced)	N/A
Date of Impact Assessment (concluded)	N/A
Quality Control (name)	Jim Holden - Deputy Head of Safety and Assurance
Authorised (name and date)	Jim Holden – May 2022
Date for Next Review	1 April 2023

## VERSION HISTORY

<b>Version</b>	<b>Change</b>	<b>Who</b>	<b>When</b>
1.0	First version issued as Health and Safety Policy	Karen Lockhart, Head of Health and Safety	05/06/2013
1.0	First version issued as Health, Safety and Wellbeing Policy	Health, Safety and Wellbeing	08/10/2014
2.0	Reviewed and updated	Health, Safety and Wellbeing	11/12/2015
3.0	Reviewed and updated	Health, Safety and Wellbeing	08/06/2018
4.0	Reviewed and updated	Health, Safety and Wellbeing	03/04/2019
5.0	Reviewed and updated, issued as Health and Safety Policy	Jim Holden, Senior H&S Adviser	09/07/2021
6.0	Reviewed and updated, to include consultation feedback, issued as Health and Safety Policy	Mark Penman, Senior H&S Adviser	27/07/2022



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

Working together for a safer Scotland

# TRAINING, SAFETY AND ASSURANCE

## HEALTH AND SAFETY POLICY

1. [INTRODUCTION](#)
2. [POLICY STATEMENT](#)
3. [FIREFIGHTER SAFETY](#)
4. [ORGANISATION OF HEALTH AND SAFETY](#)
5. [PLANNING FOR HEALTH AND SAFETY](#)
6. [IMPLEMENTATION OF HEALTH AND SAFETY](#)
7. [MONITORING PERFORMANCE](#)
8. [AUDIT](#)
9. [REVIEW](#)
10. [FURTHER INFORMATION](#)
11. [ASSOCIATED DOCUMENTS / REFERENCES](#)



## 1. INTRODUCTION

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

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

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

## 2. POLICY STATEMENT

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

This policy is inclusive of and supports the content outlined within the [Safety and Assurance Strategy 2022-2026](#) by contributing to the effective management of HS through compliance, culture, control, communication and engagement, and continuous improvement.

This policy applies to all SFRS employees, irrespective of age, sex, disability, ethnicity/race, marital or civil partnership status, sexual orientation, religion or belief, pregnancy or maternity or gender reassignment.

### **Compliance**

**We Will:** As a minimum standard, comply with the content and spirit of the Health and Safety at Work etc. Act 1974, all associated applicable legislation, regulations and guidance.

**We Aim to:** Prevent injury or ill-health, from work related hazards, through identification and management of associated risks, continue to develop the SFRS Health and Safety Management System in line with ISO 45001. Develop an implementation programme of topic specific HS Management Arrangements prioritised based on risk, and develop an

SFRS Annual Safety and Assurance (SA) Improvement Plan, supported by bespoke Directorate SA Improvement Plans.

## **Culture**

We Will: Provide visible leadership with defined role specific requirements to support the safety value of the SFRS. Protect and enhance staff safety and mental health within the workplace through a strong proactive safety culture, with recognition to the higher risk, dynamic and often complex environments our firefighters encounter at operational incidents.

Prioritise safety responsibilities and expected behaviours in all training events, and integrate the management of HS into all aspects of work undertaken by the SFRS or others undertaking work on behalf of the SFRS.

## **Control**

We Will: Identify significant hazards determining associated risks to staff by risk assessing, identifying and implementing risk controls to mitigate risks. Make provision for the HS requirements of staff at specific risk, e.g. pregnant women, young people, staff with a disability or those returning to work following ill-health or injury, and develop, implement and promote proactive, sensible and proportionate HS arrangements aligned to relevant standards and guidance e.g. HS(G) 65 'Managing for Health and Safety'.

We Aim to: Reduce workplace injury and illness, develop a method of recording defined periodic reviews and ensuring completion of assessments within required timescales, and ensure, so far as is reasonably practicable, that HS documentation is simplified with the end user in mind.

## **Communication and Engagement**

We Will: Engage with staff and Trade Unions at all levels, acting upon feedback received and lessons learned to support staff safety at work and effectively communicate resulting changes to guidance, policy and procedure to staff. Provide information, instruction, training and supervision ensuring staff have the skills and knowledge needed to safely perform their role.

We Aim to: Develop feedback arrangements for business partners and inform staff involved in changes following lessons learned.

### Continuous Improvement

We Will: Produce an annual HS performance report to identify and build on best practice, trend analysis, identify areas of development, and inform annual HS Improvement Plans. Investigate all safety events to prevent reoccurrence, drive HS management improvements, develop and implement robust monitoring, audit and review against agreed objectives.

We Aim to: Continually improve our HS performance by raising awareness and learning lessons through the early reporting and investigation of all safety events, develop and implement a programme of topic specific SA audits and a lessons learnt programme for Organisational Learning.

Signature (Chief Officer):

Signature (Chair of Board):

Date:

Date:

### 3. FIREFIGHTER SAFETY

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

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

#### Organisational Responsibilities:

- Providing a robust and effective recruitment and selection process for new employees and promotions;
- Ensuring suitable arrangements for the acquisition and maintenance of competence through training and development;

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- Ensuring suitable arrangements for the maintenance and recording of the incident command skill and competence of supervisors, managers and commanders;
- Providing guidance and Safe Systems of Work (SSOW) for operational incidents;
- Providing and maintaining suitable appliances, equipment and Personal Protective Equipment (PPE) required for operational incidents;
- Gathering and reviewing operational risk information including post-event analysis; and
- Ensuring the provision of sufficient welfare arrangements.

### **Individual Responsibilities:**

- Ensuring competency to perform assigned tasks is maintained and staff are self-disciplined to work sensibly and responsibly within the command and control arrangements;
- Recognising physical limitations to perform a task and personal limitations in knowledge and experience and to ensure that they have the necessary information to perform safely and effectively;
- Being observant and constantly aware of their situation and taking steps to safeguard their personal safety and the safety of team members;
- Being decisive about hazards and risks and communicating safety information to supervisors and commanders and where appropriate offering alternative courses of action;
- Mitigating risk by taking action to reduce personal and team exposure to risk;
- Communicating unexpected developments within the operational environment to support team members, supervisors and commanders; and
- Recognising hazards and their role in command and control arrangements to provide relevant and timely information about unknown or unexpected developments.

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

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

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

#### **4. ORGANISATION OF HEALTH AND SAFETY**

This section outlines the responsibilities of all stakeholders to ensure our commitment to health and safety is being achieved through maintenance of the 5 key themes: compliance, culture, control, communication and engagement, and continuous improvement.

##### **The Board**

The Board will be responsible for:

- Providing strategic direction, support and guidance on the management of health and safety within the Service;
- Ensuring that health and safety is given the necessary due attention when making board decisions;
- Scrutinising health and safety performance;
- Holding the Chief Officer and Strategic Leadership Team (SLT) to account on health and safety matters; and
- Promoting a positive health and safety culture and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions.

## **Chief Officer**

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

To achieve this, the Chief Officer will:

- Determine and resource the strategic direction of health and safety throughout the Service;
- Detail the SFRS organisational structure through which this Policy, Health and Safety Management Systems and Health and Safety Improvement Plans are implemented; and
- Always promote a positive safety culture and ensure that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions.

## **Deputy Chief Officer**

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

## **Strategic Leadership Team (SLT)**

The SLT are responsible for:

- Developing a positive safety culture within the SFRS by ensuring that health and safety is integrated into all SFRS business processes and key decisions and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions;
- Ensuring the availability of resources to meet the requirements of this policy; and
- Visibly demonstrating a commitment to health and safety through the promoting, implementing and monitoring of associated SFRS arrangements.

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

The NSAB is responsible for:

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

## **Director of Training, Safety and Assurance**

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

- Promoting and monitoring the development of the Health and Safety Policy, the associated Health and Safety Management System, Health and Safety Improvement Plans and all associated arrangements to ensure the effective management of health and safety risk;
- Ensuring that the Board and SLT are advised of aspects of health and safety performance; and
- Promoting a positive safety culture and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions.

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

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

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

**Strategic Managers (ACO, Directors, Heads of Function, Department Managers, Area Commanders)**

Strategic Managers are responsible for:

- Promoting, resourcing, implementing and monitoring the Health and Safety Policy, Management Arrangements and Improvement Plans within their area of responsibility;
- Appointing Safety and Assurance Co-ordinators (SAC) and Safety and Assurance Liaison Officers (SALO);
- Ensuring SAC and SALO progress the completion of Health and Safety Improvement Plans, the implementation of the Health and Safety Management System, and ensuring health and safety considerations are integrated into all management processes and decisions;
- Promoting a positive safety culture and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions; and
- Reviewing performance and compliance with health and safety legislation to ensure continuous improvement and constantly work towards an improved health and safety standard and safety culture.



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

Middle/Supervisory Managers are responsible for:

- The implementation, monitoring and review of the Health and Safety Policy, Management Arrangements and Health and Safety Improvement Plan within their area of responsibility;
- Ensuring health and safety is considered in all work activities and that risk controls are considered in all stages of the business process;
- Promoting a positive safety culture and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions; and
- Consulting with Trade Unions or staff representatives on health and safety matters.

## **Safety and Assurance Function**

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

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

- Developing, maintaining, auditing and reviewing Health and Safety Policy, the associated Health and Safety Management System, Health and Safety Improvement Plans and any other supporting arrangements within the SFRS;
- Providing sensible and proportionate health and safety advice and guidance to the SFRS Board, Chief Officer, SLT members and SFRS staff as necessary;
- Developing, measuring and reviewing health and safety performance indicators and producing management reports which assist in the undertaking of risk based decisions;
- Promoting a positive safety culture and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions; and

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- Liaising with internal and external stakeholders, including Trade Unions and the HSE.

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

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

- Promoting continuous improvement in health and safety;
- Promoting a positive safety culture and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions;
- Appointing and co-ordinating SALO from within each of their Local Senior Officer (LSO)/Directorate areas;
- Co-ordinating the completion of Health and Safety Improvement Plans and actions from the National Safety and Assurance Board, through a formalised meeting structure including health and safety staff and Trade Union representation; and
- Monitoring the application and effectiveness of health and safety measures across their area of responsibility and addressing any areas of improvement including the completion of health and safety investigations.

### **Safety and Assurance Liaison Officers (SALO)**

SALO must be of Department Manager/Group Commander level and are responsible for:

- Facilitating the completion of all actions stemming from the Health and Safety Improvement Plan;
- Monitoring and reviewing the effectiveness of health and safety measures taken and addressing any areas of improvement;
- Promoting a positive safety culture and ensuring that our Safety Value is known, understood and becomes embedded in everyone's thinking and in all of our actions;
- Monitoring and, where required, undertaking health and safety investigations to ensure lessons to be learnt are identified and improvements made;
- Liaising with the Health and Safety Department to ensure the achievement of SFRS health and safety standards; and

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- Providing management reports on health and safety performance and emerging risk in their areas of responsibility.

### Employees

Whilst at work, every SFRS employee is responsible for:

- Taking reasonable care of their own health and safety and of other persons who may be affected by their acts or omissions;
- Promoting a positive safety culture;
- Co-operating with the SFRS by complying with the Service's Health and Safety Policy and associated arrangements, including periodic inspections, SSOW, Standard Operating Procedures (SOPs), Incident Command, Risk Information, and associated training;
- Not intentionally or recklessly interfering with or misusing anything provided in the interest of health and safety;
- Immediately reporting any damage or defects to premises, vehicles or equipment;
- Advising their line manager of any situation that represents serious or immediate danger because of any shortfalls in health and safety measures;
- Recognising their limitations to perform a task;
- Reporting all events including accidents, near misses, hazards, cases of ill health, and dangerous occurrences;
- Immediately reporting to their line manager any new or changing medical condition and/or medication taken that may affect their ability to fulfil their duties safely;
- Only operating SFRS equipment they have been authorised to use and that they are trained to operate;
- Maintaining good housekeeping principles and adopting clean and tidy working methods;
- Completing relevant training and maintaining competence;
- Being familiar with the emergency procedures, including first aid and emergency fire action plans, e.g. escape routes and assembly points, relative to their place of work;
- Adopting and maintaining a proactive approach to their personal fitness (operational staff); and

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

## Trade Unions

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

Trade Unions functions include:

- Promoting a positive health, safety and wellbeing culture within the SFRS;
- Cooperating with the SFRS to ensure Health and Safety Management Arrangements, as outlined within this document, are effectively implemented;
- Ensuring health and safety concerns and issues are reported in accordance with local meetings arrangements;
- Consulting with management on health and safety issues and concerns;
- Encouraging staff to cooperate and comply with Health and Safety Management Arrangements, e.g. Generic Risk Assessments (GRA), SOP, SSOW, and other procedures in place for health and safety;
- Communicating health and safety critical information to staff appropriately; and
- Collaborating with the Safety and Assurance Function to continuously improve the health and safety performance and culture of the SFRS.

The SFRS will provide such facilities, training and assistance as Safety Representatives may reasonably require to perform their functions and in accordance with the [SFRS Time Off for Trade Union Duties Policy](#).

## 5. PLANNING FOR HEALTH AND SAFETY

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

**The SFRS will:**

- Ensure health and safety is considered in its strategic planning processes;
- Ensure that the Health and Safety Department is consulted at all stages of the development, review and implementation of working practices;
- Produce an annual Health and Safety Improvement Plan that identifies objectives that are realistic, measurable and achievable; and
- Develop and implement a management system that provides the SFRS with a suite of management tools to achieve legal compliance in relation to health and safety matters.

**6. IMPLEMENTATION OF HEALTH AND SAFETY**

The Safety and Assurance Function will liaise with Directorates and Service Delivery Areas to produce bespoke annual Health and Safety Improvement Plans that contribute to the overall achievement of the SFRS Health and Safety Improvement Plan. These plans will be delivered through a formalised meeting structure with the SAC, SALO, Trade Unions and the Safety and Assurance Function supporting the key themes of compliance, control, and communication and engagement.

**7. MONITORING PERFORMANCE**

To ensure active monitoring and highlighting of examples of good practice and any areas for improvement within the management of health and safety throughout the Service, the following will be implemented supporting the key themes of culture and continuous improvement:

**Directorate/SDA/Function**

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

## Safety and Assurance Function

- Actively engage with risk owners to assist in the completion of the SFRS Health and Safety Improvement Plan;
- Produce health and safety quarterly and annual performance reports for the SFRS;
- Promote thematic campaigns to raise awareness of identified risks;
- Develop training and awareness content for staff;
- Review Operational performance through OA processes to highlight best practice and make recommendations for improvement where necessary;
- Undertake audits and inspections to review the application of the Health and Safety Management System;
- Monitor and investigate all health and safety events; and
- Review and assure all aspects of operational activity across the SFRS to influence future practices, enhance firefighter safety, and improve performance in support of strategic objectives.

## 8. AUDIT

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

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

OA will undertake audits of identified incidents and emerging trends from health and safety events that have potential impact on operational activity.

Thematic Support Reviews may be undertaken by Health and Safety and/or OA as appropriate to review identified emerging risk or trends.

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

## 9. REVIEW

The SFRS is fully committed to continuous improvement of health and safety performance as one of the 5 key themes.

This Policy will be subject to review annually or as a result of:

- Changes to existing or introduction of new legislation;
- Changes in technology;
- Changes to organisation of the SFRS;
- Significant learning following implementation of SFRS health and safety arrangements;
- Significant learning following outcomes of major accident investigations;
- At the request of the HSE; and
- As a result of emerging research or guidance relating to SFRS health and safety matters.

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

## 10. FURTHER INFORMATION

Please contact the email address below for further information:

Health and Safety Department - [SFRS.HealthandSafety@firescotland.gov.uk](mailto:SFRS.HealthandSafety@firescotland.gov.uk)

## 11. ASSOCIATED DOCUMENTS / REFERENCES

[Equality Impact Assessment – Health and Safety](#);

[Time Off for Trade Union Duties Policy](#);

[Safety and Assurance Strategy 2022-26](#);

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DCLG, Fire and Rescue Authorities: Health, Safety and Welfare Framework for the Operational Environment, 2013;

Health and Safety at Work etc. Act 1974; and

Management of Health and Safety at Work Regulations 1999.



## APPENDIX B



## HEALTH AND SAFETY POLICY STATEMENT

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

This policy is inclusive of and supports the content outlined within the [Safety and Assurance Strategy 2022-2026](#) by contributing to the effective management of HS through compliance, culture, control, communication and engagement, and continuous improvement.

This policy applies to all SFRS employees, irrespective of age, sex, disability, ethnicity/race, marital or civil partnership status, sexual orientation, religion or belief, pregnancy or maternity or gender reassignment.

**Compliance**

**We Will:** As a minimum standard, comply with the content and spirit of the Health and Safety at Work etc. Act 1974, all associated applicable legislation, regulations and guidance.

**We Aim to:** Prevent injury or ill-health, from work related hazards, through identification and management of associated risks, continue to develop the SFRS Health and Safety Management System in line with ISO 45001. Develop an implementation programme of topic specific HS Management Arrangements prioritised based on risk, and develop an SFRS Annual Safety and Assurance (SA) Improvement Plan, supported by bespoke Directorate SA Improvement Plans.

**Culture**

**We Will:** Provide visible leadership with defined role specific requirements to support the safety value of the SFRS. Protect and enhance staff safety and mental health within the workplace through a strong proactive safety culture, with recognition to the higher risk, dynamic and often complex environments our firefighters encounter at operational incidents. Prioritise safety responsibilities and expected behaviours in all training events, and integrate the management of HS into all aspects of work undertaken by the SFRS or others undertaking work on behalf of the SFRS.

**Control**

**We Will:** Identify significant hazards determining associated risks to staff by risk assessing, identifying and implementing risk controls to mitigate risks. Make provision for the HS requirements of staff at specific risk, e.g. pregnant women, young people, staff with a disability or those returning to work following ill-health or injury, and develop, implement and promote proactive, sensible and proportionate HS arrangements aligned to relevant standards and guidance e.g. HS(G) 65 'Managing for Health and Safety'.

**We Aim to:** Reduce workplace injury and illness, develop a method of recording defined periodic reviews and ensuring completion of assessments within required timescales, and ensure, so far as is reasonably practicable, that HS documentation is simplified with the end user in mind.

**Communication and Engagement**

**We Will:** Engage with staff and Trade Unions at all levels, acting upon feedback received and lessons learned to support staff safety at work and effectively communicate resulting changes to guidance, policy and procedure to staff. Provide information, instruction, training and supervision ensuring staff have the skills and knowledge needed to safely perform their role.

**We Aim to:** Develop feedback arrangements for business partners and inform staff involved in changes following lessons learned.

**Continuous Improvement**

**We Will:** Produce an annual HS performance report to identify and build on best practice, trend analysis, identify areas of development, and inform annual HS Improvement Plans. Investigate all safety events to prevent reoccurrence, drive HS management improvements, develop and implement robust monitoring, audit and review against agreed objectives.

**We Aim to:** Continually improve our HS performance by raising awareness and learning lessons through the early reporting and investigation of all safety events, develop and implement a programme of topic specific SA audits and a lessons learnt programme for Organisational Learning.

Signature (Chief Officer):

Signature (Chair of Board):

Date:

Date:



Report No: C/PC/38-22

Agenda Item: 14.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 OCTOBER 2022						
Report Title:	RECOGNITION OF PRIOR LEARNING POLICY						
Report Classification:	For Information Only	<b>Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <u><a href="#">Board Standing Order 9</a></u>					
		<u><a href="#">A</a></u>	<u><a href="#">B</a></u>	<u><a href="#">C</a></u>	<u><a href="#">D</a></u>	<u><a href="#">E</a></u>	<u><a href="#">F</a></u>
<b>1</b>	<b>Purpose</b>						
1.1	This purpose of this report is to inform the People Committee of the introduction of the Recognition of Prior Learning Policy (RPL Policy).						
<b>2</b>	<b>Background</b>						
2.1	The RPL Policy is a new policy that is being introduced to ensure a fair and consistent approach to recognising the knowledge, skills and experience that employees have gained.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	Scottish Fire and Rescue Service (SFRS) recognise that people may have gained valuable knowledge, skills, experience or qualifications prior to joining the Service or moving into a new role. Where this is the case, the SFRS, with support from relevant awarding body, will consider each application based on its own merit.						
3.2	RPL is an accepted method in academic circles and organisations, with both the Scottish Qualification Authority (SQA) and the Scottish Credit and Qualifications Framework (SCQF) adopting this approach to recognise people's achievements in a fair and consistent manner.						
3.3	This policy aims to allow the assessment and recognition of prior learning or experience to support people working in agile and smart ways to support Service priorities. The RPL policy is relevant to those new to the Service and our existing people who wish to move or progress their careers.						
3.4	The RPL policy aligns to, and supports the Service's Long-Term Vision principles to be: <ul style="list-style-type: none"> <li>• People centred – treating people fairly, and with dignity and respect supporting health and wellbeing</li> <li>• Progressive – providing the training and development people need without undue repetition of learning</li> <li>• Inclusive – equality of access to development</li> <li>• Connected – establishing robust and formalised learning partnership between learners, line-manager and Learning and Development (L&amp;D) practitioners</li> </ul>						
3.5	RPL enables the priorities in the SFRS Long-Term Vision by supporting employees more fully and allows the Service to focus resources on the development that people need, which in turn enables a more agile approach to meeting Service priorities.						

3.6	The removal of duplication of learning activities reduces travel and subsistence costs, time and carbon footprint.	
3.7	It supports the health and wellbeing of SFRS employees by reducing the time away from family and home, taking family responsibilities into consideration.	
3.8	DPIA is in progress and will be finalised on completion of more detailed guidance notes.	
3.9	E&HRIA has been completed and will reviewed annually and then as required within the 5-year cycle.	
<b>4</b>	<b>Recommendation</b>	
4.1	People Committee are asked to note the introduction of the RPL policy and guidance notes.	
<b>5</b>	<b>Core Brief</b>	
5.1	Not applicable.	
<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	Appendix A - Recognition of Prior Learning Policy	
6.2	Appendix B – E&HRIA	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Prepared by:</b>	Mairi Carlton, Corporate Skills Development Advisor	
<b>Sponsored by:</b>	Ceri Dodd, Deputy Head of People and Organisational Development	
<b>Presented by:</b>	Anne Gordon, Leadership & Skills Development Manager	
<b>Links to Strategy and Corporate Values</b>		
The policy links to Strategic outcome 6: The experience of those who work for SFRS improves as we are the best employer we can be. It also supports our Corporate values.		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>POD DMT</i>	<i>2 March 2022</i>	<i>Recommendation</i>
<i>People Board</i>	<i>21 July 2022</i>	<i>Decision</i>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For Information</i>



## PEOPLE AND ORGANISATIONAL DEVELOPMENT

### LEADERSHIP & SKILLS DEVELOPMENT

### RECOGNITION OF PRIOR LEARNING (RPL) POLICY

#### ALL STAFF

Author/Role	Mairi Carlton Corporate Skills Development Advisor
Date of Equality Impact Assessment	In discussion
Date of Impact Assessment (commenced)	In discussion
Date of Impact Assessment (concluded)	In discussion
Quality Control (name)	Anne Gordon
Authorised (name and date)	Liz Barnes, Director of POD Date TBC
Date for Next Review	July 2023



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

Working together for a safer Scotland

## **RECOGNITION OF PRIOR LEARNING POLICY**

- 1. POLICY STATEMENT**
- 2. INTRODUCTION**
- 3. SCOPE**
- 4. DEFINITIONS**
- 5. LEGAL REQUIREMENT**
- 6. RESPONSIBILITIES**
- 7. RECOGNITION OF PRIOR LEARNING**
- 8. MONITORING AND REVIEW**
- 9. ASSOCIATED DOCUMENTS/REFERENCES**
- 10. EQUALITY**

## **1. POLICY STATEMENT**

1.1 The Scottish Fire and Rescue service (SFRS) aims to recognise the relevant prior knowledge, skills, experience and qualifications of our employees in a rigorous, consistent and fair manner to avoid the unnecessary duplication of learning.

1.2 The objectives of this policy are to:

- explain what Recognition of Prior Learning (RPL) is;
- set out the benefits from RPL;
- explain the process people will follow; and
- detail the responsibilities and support for applicants, managers and supporting directorates.

## **2. INTRODUCTION**

2.1 This document sets out the Scottish Fire and Rescue Service (SFRS) Policy for the Recognition of Prior Learning.

We recognise that our employees may have gained valuable knowledge, skills, experience or qualifications prior to joining the Service or moving into a new role. Where this is the case, the SFRS, with support from the relevant awarding body, will consider each application based on its own merit.

RPL is an accepted method in academic circles and organisations, with both the Scottish Qualification Authority (SQA) and the Scottish Credit and Qualifications Framework (SCQF) adopting this approach to recognise people's achievements in a fair and consistent manner.

Our policy aims to allow the assessment and recognition of prior learning or experience to enable our employees to work in agile and smart ways to support our Service priorities. The RPL policy is relevant to those new to the Service and our existing employees who wish to move or progress their careers.

By implementing this policy, the SFRS will:

- outline and establish a shared understanding of RPL;
- access the benefits it brings to both our employees and the Service;
- ensure there is a straightforward process that our employees can follow and;
- that the responsibilities of each of the roles within the process are clear.

### 3. SCOPE

This policy applies to all SFRS employees who wish to demonstrate that they meet the specific requirements for a qualification, training standard or experience through the knowledge, understanding or skills they already possess, and do not need to develop this through a further course of learning. Part qualifications may be assessed where this is an accepted practice within the frameworks of external awarding bodies. This includes SQA and SCQF, other relevant qualification frameworks and awarding bodies, as well as internal SFRS requirements.

### 4. DEFINITIONS

- 4.1 **RPL** is a structured process of gathering and reviewing evidence of an individual's prior learning and experience to evaluate if it meets the required outcomes of a new qualification or training standard. This process enables learning and experience gained previously to be assessed and count toward the requirements of qualifications/training standards/performance in the new role. It is an assessment method which avoids unnecessary duplication of learning or repetition of assessment.
- 4.2 **Prior learning** includes any relevant knowledge, understanding or skill acquired through formal or informal learning, or experience. There are however some essential requirements:
- must be in line with the relevant qualification or training standard(s) requirements in terms of currency
  - must match the required outcomes of the qualification or training standard for which they are applying; and
  - must be demonstrated in an objective and measurable way.
- 4.3. Learning experiences are generally organised into three different categories which are all recognised in the RPL process:
- **formal learning**: takes place in a formal environment and is delivered and assessed by accredited individuals. This may lead to a recognised qualification and/or formal certification e.g. Chartered Management Institute (CMI) Level 5 in Management or Leadership or SVQ Operations in the Community SCQF Level 7;
  - **non-formal learning** takes place in the workplace and can include all forms of in-house staff training e.g. Supervisory Leadership Development Programme. These may be assessed but are unlikely to include a formal certification process; and

- **informal learning:** learning based on experience from a variety of environments and experiences which is not typically formally assessed e.g. Secondment, acting up or a temporary new role.

4.4. An Assessment Team will be responsible for assessing any applications for RPL, and will make the initial decision if RPL is to be confirmed. If the applicant is unsuccessful they may wish to appeal and the Appeals Team will review the application and make a final decision. Both teams will include people who are **Occupationally competent**, and this means they will:

- be professionally qualified in the relevant specialism; or
- have extensive relevant experience or knowledge in that field; or
- hold an Assessor or Internal Verifier qualification; or
- be an experienced manager of the role for which the applicant wishes their evidence to be assessed; or
- have comprehensive and detailed knowledge of the training, skills and competency required for the role for which the applicant has provided evidence; or
- have extensive knowledge or experience in an HR or developmental role.

In addition training will be provided to the Assessment Team to ensure a shared understanding of the expected outcomes and a consistent approach in the decision making process.

## 5. **LEGAL REQUIREMENTS**

SFRS has a statutory obligation in terms of the Fire (Scotland) Act 2005 to secure the provision of training for SFRS employees. The requirements of the Health and Safety at Work Act 1974 include a requirement to provide training and development to personnel, which requirement includes ensuring that SFRS personnel are competent to perform their roles. The policy further complies with the following legislation: Data Protection Act 2018; General Data Protection Regulation 2016/679 (UK GDPR); Equality Act 2010; and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

## 6. **RESPONSIBILITIES**

### 6.1. **People and Organisational Development (POD) Directorate**

POD is responsible for:

- providing advice and guidance regarding this policy and other relevant policies;



- ensuring a fair and consistent process through monitoring and user feedback;
- working with other Directorates to agree relevant staff as part of the Assessment Team.

## 6.2. **Assessment Team**

The Assessment Team will include a range of occupationally competent people who are;

- occupationally competent in the relevant specialism;
- fully conversant with the RPL process;
- able to provide support, guidance and encouragement to people applying for RPL;
- knowledgeable of the procedures for assessment verification and appeals;
- able to identify and signpost development routes where required.

The Assessment team will include:

- a qualified Assessor who holds the L&D9DI Assessor award or equivalent qualification. The L&D9DI is a regulated qualification for anyone assessing workplace competence;
- an Operational or relevant Departmental Manager of a higher rank or level than the applicant.

It will be the responsibility of the Assessment Team to use the relevant internal training standards or accredited frameworks, where appropriate, to assess each application e.g. SQA, SCQF, CMI

## 6.3. **Employees**

Employees are responsible for:

- cooperating with managers to ensure the effective implementation of this policy;
- familiarising themselves with the SFRS RPL Policy and Procedure before applying;
- agreeing an action plan with their Line Manager, with guidance from the Assessment Team, to enable them to present their prior learning experience for consideration; and
- collating and providing evidence of previous knowledge, skills and experience including qualifications.

## 6.4. **Trade Unions**

Recognised Trade Union representatives functions include:

- supporting the SFRS approach to ensure this policy and associated procedures are effectively implemented; and
- engaging with managers and POD on RPL related issues.

## 6.5 Appeals Team

The RPL Appeals Team are responsible for reviewing the Assessment Team's decision in the event of an Appeal being lodged. This team will be:

- occupationally competent in the relevant specialism;
- fully conversant with the RPL process;
- understanding of the procedures for assessment verification and appeals;
- able to identify and signpost development routes where required.

The Appeals team will include:

- an Assessor who holds the L&D11 Internal Verifier award or equivalent qualification. The L&D11 is an SQA regulated qualification for monitoring and maintaining the quality of workplace assessment;
- an Operational or relevant Departmental Manager of a higher rank or level than the Manager from the initial Assessment Team.

## 7. RECOGNITION OF PRIOR LEARNING (RPL)

### 7.1 Principles of Recognition of Prior Learning

The underpinning principles for recognition of prior learning are to:

- have transparent and accessible procedures
- provide advice, guidance and support in making your application;
- be rigorous, reliable and fair in decision making to promote confidence in the RPL;
- be rigorous with our internal assessment approaches to ensure a consistent approach is adopted and quality standards are maintained;
- ensure assessment approaches are fit for purpose and relevant to the learning evidence being presented; and
- review and quality assure assessment processes regularly to align with best practice.

### 7.2 ASSESSMENT OF RPL EVIDENCE

When assessing RPL the:

1. methods of assessment for RPL will mirror the accepted method for assessing the specific qualification or training standard;

2. occupationally competent assessor must be satisfied that the evidence produced for RPL meets the required standard established for the learning or qualification being claimed; and
3. evidence of prior learning must be:
  - **Relevant** - It must be able to be assessed against the qualification or learning being claimed.
  - **Current** - Assessors will consider if the evidence meets up to date demands or does it reflect a practice that has significantly changed? If the currency of any evidence is in doubt, the assessor may use other means to check understanding and competence. The currency of evidence will be reviewed in line with current organisational practices or external awarding bodies requirements to maintain occupational competence
  - **Sufficient** - There must be enough evidence to fully meet the requirements of the qualification or learning. If there is insufficient material, then further evidence of competency must be gained through other suitable assessment methods before requirements can be said to have been met.
  - **Authentic** - The evidence being examined must be the individual's own work. If it is the result of teamwork, then it is only acceptable if the qualification or learning being claimed is related to team working, but not if it was an activity which should have been carried out individually.
  - **Reliable** - It should be such that the assessor would reach the same conclusion if the assessment was repeated.

### 7.3 RPL ASSESSMENT PROCESS

The RPL assessment process followed will be dependent on the prior learning application. Where external awarding bodies are required to assess the validity of the evidence, the SFRS will follow their RPL policies and procedures, ensuring the applicant has the support of an occupationally competent person throughout.

#### 7.3.1 Information, advice and guidance

Information, advice and guidance on the RPL process will be available through POD, Training and individuals line managers, however, it is the responsibility of the individual to gather and present the relevant evidence to support their application as fully as they can.

### 7.3.2 Pre-assessment

Employees wishing to apply for RPL should:

- read the policy and agree their RPL plan with their line manager to ensure they have support for the application;
- supply evidence depending on the qualification or learning which is being claimed and the assessment criteria being used; and
- complete the application form, collect relevant evidence, and then present this for consideration either to the internal assessment team, or external awarding body.

### 7.3.3. Assessment/documentation of evidence

The individual's RPL evidence should be presented 6 weeks before any Assessment Team meeting to allow for proper and due consideration of all the material. It will be formally assessed against the accepted standards and assessment criteria for the qualification or learning being claimed.

The assessment process will be subject to the standard SFRS internal quality assurance and any relevant external awarding body procedures.

### 7.3.4 RPL Decision Notification

Each applicant will be provided with the assessment decision following the Assessment Team meeting and in the event of evidence not meeting the criteria or standard, the assessor will provide guidance on the available options for any further review or appeal.

Where prior learning is not recognised, then no exemptions will be granted and the full learning and development programme will be completed.

RPL decisions will be recorded on the applicant's personnel file.

### 7.3.5 Awarding

The RPL Assessment Team will review applications on a quarterly basis with dates of these meetings published annually. The frequency of meeting dates can be reviewed depending on the volume of applications waiting for assessment.

The Assessment Team will assess the relevant evidence based on;

- the subject of the RPL application;

- where and when the prior learning took place;
- what qualification or learning is being evidenced; and
- any supplementary learning which has taken place to strengthen the depth and currency of the person's evidence.

The RPL Assessment Team will confirm the Assessment decision in writing within 7 working days of their meeting and the decision being made.

Where relevant, certification and claims for qualifications will be made following usual procedures and once assessed all documentation will be returned to the applicant. A Completion / Decision Notification summarising the RPL will be added to the applicant's personnel records for future reference.

### **7.3.6 Appeals**

The SFRS Assessment Team may decline an application in part or in its entirety if it does not meet on the following:

- there is insufficient depth or quantity of evidence to fully support the learning being assessed;
- the evidence is not sufficiently current to prove competency of the learning being assessed;
- it does not fully evidence the competence or learning being assessed.

The RPL Assessment Team will confirm the assessment decision in writing, detailing their reasons why the application has not been successful and suggesting improvement actions required.

Where applicants wish to appeal, they have 4 weeks from receiving the Assessment Team's decision to submit their appeal. Their appeal will be passed on to an RPL Appeals Team for further review and discussion. The Appeals Team will meet as required, within 4 weeks of receipt of the appeal, and will confirm their decision in writing within 7 working days of their review meeting and the decision being made.

## **8. MONITORING AND REVIEW**

### **8.1 Monitoring and Record Keeping**

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

- create and capture necessary data to demonstrate evidence, accountability and information about our decisions and activities and the effectiveness of policies, procedures and processes;
- maintain securely and preserve access to records, as long as they are required to support SFRS operations, in accordance with the completed DPIA.

## 8.2 Privacy Statement

SFRS processes personal data collected as part of this RPL Policy in accordance with the Data Protection Act 2018 and General Data Protection Regulation 2016/679 (UK GDPR). In particular, data collected as part of this policy is held securely and accessed by and disclosed to individuals, only for the purposes of supporting employees. In addition, Data Protection Impact Assessments are carried out where necessary for all new and revised policies, involving the processing of personal data.

## 8.3 Consultation

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

## 8.4 Policy Review

As this is a new policy the initial review will be after 12 months, by the POD Directorate, and then at no more than five yearly intervals or earlier should any relevant legislative, precedent, judgement, operational review or organisational changes occur prior to that date.

## 9. ASSOCIATED DOCUMENTS/REFERENCES

- RPL Guidance Notes
- RPL Application form including appeals procedure
- Internal Assessment and Verification Procedure
- Flowchart outlining Internal Assessment and Verification procedure
- National Occupational Standards
- <https://ihub.firescotland.gov.uk/ted-national-training-standards>
- Training for Competence

<https://ihub.firescotland.gov.uk/training-for-operational-competence>

- SQA Recognised Prior Learning

<https://www.sqa.org.uk/sqa/67029.html>

- SFRS SVQ Systems Policy and Procedures V10.0

## **10. EQUALITY**

The equality issues associated with this policy have been considered and are detailed within the Equality Impact Assessment, to which interested parties are directed for associated equality issues, both directly and indirectly relevant to this policy.

**APPENDIX B**

**Equality & Human Rights Impact Assessment Recording Form  
Scottish Fire and Rescue Service**

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**PART 1 - BASIC INFORMATION**

Before you complete an Equality and Human Rights Impact Assessment (EHRIA) you must read the guidance notes and unless you have a comprehensive knowledge of the equality legislation and duties, it is strongly recommended that you attend an EHRIA training course.

**Name of the proposed new or revised policy, strategy, project, activity or service being assessed.**

Recognition of Prior Learning Policy

**Policy owner(s) responsible for completing the Equality and Human Rights Impact Assessment.**

Mairi Carlton, Corporate Skills Development Advisor, People & Organisational Development

**Colleagues and/or other partners involved.**

Training, Safety & Assurance  
People & Organisational Development  
Leadership Skills & Development team  
RVDS Strategy & Development

**E&D Practitioner/Support**

Maggie Archibald

**Date Commenced**

20 May 2022



Please complete the following questions.

<b>1. Develop a clear understanding of your aims, objectives and the intended outcomes of the policy, strategy, project, activity or service.</b>	
<b>Briefly describe the main aims, objectives and purpose.</b>	<p>The Scottish Fire and Rescue service (SFRS) aims to recognise the relevant prior knowledge, skills, experience and qualifications of our employees in a rigorous, consistent and fair manner to avoid the unnecessary duplication of learning.</p> <p>The objectives of the policy are to:</p> <ul style="list-style-type: none"> <li>• explain what Recognition of Prior Learning (RPL) is;</li> <li>• set out the benefits from RPL;</li> <li>• explain the process people will follow; and</li> <li>• detail the responsibilities and support for applicants, managers and supporting directorates.</li> </ul>
<b>What results/outcomes are intended?</b>	<p>By implementing the policy, the SFRS will:</p> <ul style="list-style-type: none"> <li>• outline and establish a shared understanding of RPL,</li> <li>• access the benefits it brings to both our employees and the Service,</li> <li>• ensure there is a straightforward process that our employees can follow and;</li> <li>• that the responsibilities of each of the roles within the process are clear.</li> </ul> <p>The expected outcomes include:</p> <ul style="list-style-type: none"> <li>• a reduction in training time, as successful applicants will not need to repeat training they have already completed, dependant on how current their evidence and experience is, they may be able to progress at a faster rate through the required training;</li> <li>• a more focussed use of resources to where training is required, reducing duplication of time and effort;</li> <li>• an increase in attracting applicants who have previous relevant and current qualifications.</li> </ul>
<b>Who is intended to benefit and in what way?</b>	<p>The policy applies to all SFRS employees who wish to demonstrate that they meet the specific requirements for a qualification, training standard or experience through the knowledge, understanding or skills they already possess, so they will not need to develop this through a further course of learning. This will eliminate the duplication of learning, saving both time and resources.</p>

<p><b>Does it link with any other function/policy/activity/project?</b></p>	<p>Training for Occupational Competence  TSA RPL &amp; Associated Personal Development plan  Job families  Trainee &amp; Employment Development Policy  RVDS Improvement Programme</p>
<p><b>What factors/forces could contribute/detract from the outcomes?</b></p>	<p>The following factors could detract from positive outcomes:</p> <ul style="list-style-type: none"> <li>• A lack of engagement by the departments or directorates involved in the running or delivery of the project could slow or hinder the processing of the applications;</li> <li>• A lack of experienced Assessor, Internal Verifiers or occupationally competent staff would negatively impact on the ability to review and make decisions on the applications;</li> <li>• A lack of evidence from the applicant or the inability to map the evidence to SFRS or governing body requirements will ultimately affect whether the application can be confirmed as meeting the RPL criteria.</li> </ul>
<p><b>Who will be responsible for implementation?</b></p>	<p>People &amp; Organisational Development</p>

## PART 2 - ESTABLISHING RELEVANCE

**This section should be completed by the Policy Owner in consultation with the relevant EHRIA Support Contact**

- This section is designed to determine if there is relevance between the function/policy and equality and Human Rights legislation.
- This section is designed to determine if there is relevance between the function/policy and the Protected characteristics as defined in the Equality Act 2010, other equality characteristics or Human Rights.
- Initial screening will provide an audit trail of the justification for those functions that have been deemed not relevant for impact assessment.

**Q1A. The function/policy will or is likely to influence SFRs ability to....**

<b>General Equality Duty</b>	<b>Yes/ Potential</b>	<b>No</b>	<b>Don't Know/Don't Have Enough Evidence</b>
<i>*If required, further information on General Equality Duty can be accessed <a href="#">here</a>.</i>			
Eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance equality of opportunity between people who share a characteristic and those who do not	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster good relations between people who share a relevant protected characteristic and those who do not.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Q1B. The function/policy will or is likely to be relevant on the grounds of....**

**Please tick as appropriate.**

*\*If required, further information on the protected characteristics can be accessed [here](#).*

	<b>Yes/ Potential</b>	<b>No</b>	<b>Don't Know/Don't Have Enough Evidence</b>
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring Responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and civil partnership (answer this only in relation to point <b>a</b> above)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Religion and belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex (gender)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social and Economic Disadvantage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Island Communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health & Wellbeing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q1C. If you have selected 'No' for any or all of the characteristics above please provide supporting evidence or justification for your assessment that no relevance has been established and therefore a full impact assessment is not required.**

The Recognition of Prior Learning policy will support The Training & Employee Development Policy which has the aim of ensuring that all SFRS employees have the skills and knowledge required to perform their role competently, to increase safety and reduce risk. The RPL policy will allow SFRS employees to provide evidence of previous learning, skills or qualifications where relevant and current and, if recognised, this will enhance the employee's development portfolio, reducing the duplication of learning, potentially speeding up recognition of competency and offering additional role opportunities utilising these skills.

Marriage and Civil Partnership within the context of the Equality Act 2010 extends only to protection from discrimination in employment practices and is, therefore, not relevant to the policy.

The review of previous learning and decision as to whether this will be recognised is based on the factual evidence of learning, skills or qualifications presented by the employee and we cannot see a reason where this would be affected either by the individual's religion and belief or by their Sexual Orientation.

**Q2A. Is the function/policy relevant to the Human Rights Act 1998?**

*\*If required, further information on the Human Rights Act 1998 can be accessed [here](#).*

Yes      No      Don't Know  
           

**Q2B. Is the function/policy relevant to the United Nations Convention on the Rights of the Child?**

*\*If required, further information on the United Nations Convention on the Rights of the Child can be accessed [here](#).*

Yes      No      Don't Know  
           

**Q2C. If you have selected 'No' for Human Rights and/or Children's Rights, above please provide supporting evidence or justification for your assessment that no relevance has been established and therefore a full impact assessment is not required.**

**The relevant articles for the policy would be Article 14 Discrimination and Article 8 Right to privacy:**

SFRS managers should be aware that if they make assumptions based on a person's protected characteristics about their ability to utilise this policy or the benefits they will gain, this may lead to unlawful discrimination. Access to this policy should be equal regardless of status or geographical location and will be in line with the recommendations of the SFRS Accessible Communications project.

Regularly reviewing the Assessment teams to make sure they are occupationally competent, and having additional Appeals teams in place to review the evidence, will make sure the decisions are transparent, objective and justifiable.

In relation to confidentiality and data protection, any monitoring data will remain separate from any RPL applications and will not be disclosed to any of the Assessment or Appeals teams.

With regards to the UN Convention on the Rights of Children, we do not see that this is relevant to the RPL policy: although it states the right of children to have an education, the RPL policy refers specifically to prior learning and it is unlikely that any persons under the age of 18 would have had the opportunity to develop the required skills, knowledge or qualifications to be considered.

**Concluding Part 2**

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

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## PART 3 IMPACT ASSESSMENT

### Describe and reference:

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

Characteristic	
<p><u>Age</u></p>	<p>Scotland has an aging population with over 19% of the Scottish population aged 65 or over. This group of people now outnumber the amount of under 15's for the first time and this is expected to rise as we live longer (NRS Population projection for 2022).</p> <p>Older age groups have been disproportionately affected by COVID-19 and the shift over the last 2 years to a greater use of technology has highlighted how digitally excluded older people are. Age Scotland estimates that over half a million people over 60 do not use the internet. This could mean that younger people who are used to a more digitised environment could have an advantage over someone older.</p> <p>In addition, traditional methods of education have changed with updates and the introduction of new qualifications, so often the older qualifications are not recognised as being relevant in today's working environment which could disadvantage the older population.</p> <p>This policy seeks to recognise transferable skills and learning that individuals have gained professionally and personally. There are several ways that this can be done which include reviewing evidence of work place activities, professional interviews or observations of work performance.</p> <p>The RPL (Recognition of Prior Learning) Assessment and Appeals Teams will be made aware that if they make assumptions based on a person's age when reviewing evidence of Prior Learning that this may lead to unlawful discrimination, and this is supported in SFRS by Unconscious Bias training and equality monitoring forms.</p>

<p><b>Caring responsibilities</b></p>	<p>In the UK population there are approximately seven million carers with responsibility for a dependent who has a disability or other long-term impairment or health condition – approximately 42% are men and 58% are women. By 2030, it is expected that the number of carers will increase by 3.4 million (around 60%). According to the Carers Trust, in Scotland the overall number of carers is at least 690,000 which includes 29,000 under the age of 18.</p> <p>While carers can be the main point of contact for a household, carers themselves can often experience interruptions to their education due to the demands on their time arising from their caring responsibilities. They may not have been able to complete their education or gain formal qualifications due to the interruptions to their education. For example, in a study of young carers by the Scottish Youth Parliament (2014) just over one in 10 of those surveyed said that they sometimes miss class due to their caring situation.</p> <p>This policy allows the opportunity for less formal learning to be reviewed to establish what skills and competencies can be evidenced through other means, for example discussions, simulations, or observations</p>
<p><b><u>Care Experienced</u></b></p>	<p>According to the Scottish Government’s publication ‘Children’s Social Work Statistics Scotland, 2018-2019’, as of the 31 July 2019, there were an estimated 14,015 looked after children in Scotland. Increasing proportions of children are being looked after away from home in community settings, in particular with foster carers (34% of the total in 2019 compared with 29% in 2009). Foster care and kinship care (29% of 2019 placements) are the most common settings for looked after children in 2019. Children looked after in residential care settings remain static at around 10% of the overall total.</p> <p>Whilst this policy will not directly impact this group, as they will currently be within the education system, it gives an indication of the numbers who in later life may have suffered from an interrupted education, may not have been able to complete their education or, who may have had home schooling or more informal learning experiences</p> <p>The RPL policy allows the opportunity for any less formal learning to be reviewed to establish what skills they have and can evidence through other means, for example discussions, simulations, or observations</p>

**Disability**

Around 20% of people in Scotland are disabled according to the definition of the Equality Act 2010 (Office for National Statistics – Census Results – 2011). Of this 20% its estimated 3.1% have a Specific Learning Difference (SpLD), 6.6% have hearing loss or partial hearing loss and 2.6% are blind or partially sighted, 6.7% identified as having a physical disability, 4.4% with a mental health condition.

And according to Mencap, disabled people are more than twice as likely as non-disabled people to have **no qualifications** (26% compared to 10%).

Individuals with a disability may have specific requirements in the content, nature and method of communication compared to someone who does not. This is particularly the case for individuals with a sensory impairment or disability, a learning difficulty or disability or individuals with mental health condition or cognitive condition that may impair comprehension and/or speech and writing.

Access to education for individuals with a disability may be affected due to a factor associated with their disability such as social or economic disadvantage. For example, an individual with a disability affecting their mobility and who lives in a rural area may not have had access to mainstream education, their education may be less formal, for example home-schooling, or there may be breaks in their education because of the impact of their disability.

It is also important to recognise that chronic illnesses, poor mental health and neurodivergent conditions may have resulted in interruptions to education, non-completions of qualifications or courses, or less formal methods of learning.

Whilst this policy will not directly impact any disabled persons currently in the education system, it sets out how we will be able to review and recognise any prior learning and skills from any informal learning experiences including home schooling so employees are not disadvantaged by a lack of formal education or non- completion of qualifications.

RPL Assessment and Appeals Teams should ensure that reasonable adjustments are made for any individuals who present evidence for consideration of RPL and that requests for any additional evidence is physically / mentally appropriate to the individual concerned.



<p><b><u>Gender reassignment</u></b></p>	<p>The process of RPL should not be affected by an individual's transgender. The fact that a person is transgendered should be irrelevant to the review of any prior learning and the RPL Assessment and Appeals teams should be made aware that if they make assumptions based on a person's protected characteristic, including Gender reassignment, when reviewing evidence of Prior Learning that this may lead to unlawful discrimination.</p> <p>However, the policy may indirectly be used to help recognise previous experience and learning if there have been any breaks in education or career absences as a result of the transitioning process.</p> <p>It is important to respect confidentiality if an individual discloses their gender reassignment.</p>
<p><b><u>Marriage and Civil Partnership</u></b></p>	<p>The RPL policy is not relevant to this protected characteristic. The Equality Act 2010 specifically relates to protecting people on the grounds of marriage and civil partnership status in employment practice.</p> <p>The RPL Assessment and Appeals teams should be made aware that if they make assumptions based on a person's protected characteristic, including Marriage &amp; Civil Partnership, when reviewing evidence of Prior Learning that this may lead to unlawful discrimination.</p> <p>It is important to respect confidentiality if an individual discloses their marriage or civil partnership.</p>
<p><b><u>Pregnancy and maternity</u></b></p>	<p>The RPL policy will directly and positively impact women who are on or due to take maternity leave, on pregnancy or maternity-related sickness absence</p> <p>It is recognised that absences from work in this category may mean a break in learning or non-completion of a course or qualification, and the policy allows any prior learning to be reviewed and recognised if it falls within the requirements of the policy. Applicants may be able to start from where they left the course / qualification or to apply for an extension so they are not disadvantaged.</p>
<p><b><u>Race</u></b></p>	<p>The process of RPL should not be affected by an individual's race. A person's race should be irrelevant to the review of any prior learning and the RPL Assessment and Appeals teams should be made aware that if they make assumptions based on a person's protected characteristic, including Race, when</p>

	<p>reviewing evidence of Prior Learning that this may lead to unlawful discrimination.</p> <p>Where the policy may be of benefit is if individuals hold overseas qualifications. In addition, ethnic minority groups may have language barriers which have impacted learning opportunities or education</p> <p>Gypsy Travelers due to the transient lifestyle have reduced access to formal or further education opportunities and so any additional skills or informal learning would be considered under the policy. According to Scottish Government documentation their educational outcomes are among the worst in Scottish education with school attendance rates the lowest of any ethnic group and exclusion rates the highest. In addition, Gypsy / Traveler children do not make the transition from primary to secondary school.</p> <p>The RPL policy will allow prior learning and skills to be recognised by a variety of methods, for example discussions, simulations, or observations.</p>
<p><b><u>Religion and Belief</u></b></p>	<p>The process of RPL should not be affected by an individual's Religion or Belief. A person's Religion or Belief should be irrelevant to the review of any prior learning and the RPL Assessment and Appeals teams will be made aware that if they make assumptions based on a person's protected characteristic, including Religion and Belief, when reviewing evidence of Prior Learning that this may lead to unlawful discrimination, and this is supported in SFRS by Unconscious Bias training and equality monitoring forms.</p>
<p><b><u>Sex (gender)</u></b></p>	<p>Scotland's population figure for 2011 has a gender split of 51.5% females to 48.5% males (2011 scotlandcensus.gov.uk).</p> <p>It is generally accepted that women will be most affected by any breaks in education or career due to taking time off to raise a family or provide care for relatives. While timeframes for any breaks will depend on the circumstances the disadvantages can include missing out on development or career progression opportunities, non-completion or interruptions to formal learning, or being less digitally aware because of advances in technology.</p> <p>The RPL policy will help to mitigate the disadvantages by allowing other methods of evidence to be presented to reflect prior learning and development of skills.</p>

<p><b><u>Sexual Orientation</u></b></p>	<p>The process of RPL should not be affected by an individual's sexual orientation. A person's sexual orientation should be irrelevant to the review of any prior learning and the RPL Assessment and Appeals teams will be made aware that if they make assumptions based a person's protected characteristic, including sexual orientation, when reviewing evidence of prior learning that this will lead to unlawful discrimination.</p> <p>It is important to respect confidentiality if an individual discloses their sexual orientation.</p>
<p><b><u>Social and Economic Disadvantage</u></b></p>	<p>Scotland has numerous areas identified as having multiple indicators of deprivation (SMID). It is important to note that more than 50% of those households considered to be financially poor are not located within SMID areas.</p> <p>Evidence shows that overall poverty is higher among ethnic minority groups than within the majority white population (Joseph Rowntree Foundation, <i>UK Poverty 2018: A comprehensive analysis of poverty trends and figures</i>).</p> <p>The resulting conditions may affect these households as they may not have had access to full-time or higher education; there may be alternative experiences of learning, for example home schooling; there may be issues of digital poverty due to little or no access to technical devices or services. The Literacy Trust states that 1 in 4 adults in Scotland experience challenges due to their lack of literacy skills and the NHS Health Scotland report (<i>Children's social circumstances and education outcomes publ 2018</i>) evidences the links between growing up in poverty with poorer educational outcomes.</p> <p>In addition, as a result of the Covid 19 pandemic, a report by the British Academy confirmed that the closing of schools and colleges which moved learning online and into the home resulted in the loss of access to education at all levels and that this, along with changes to testing methods has increased the inequalities in achievement by those poorer households with lack of digital access. Scot.gov backs up this evidence citing that those in the most deprived areas who perhaps had access to the internet at work would not necessarily have access to this facility at home so may well now be lagging behind the technological advances brought on by the pandemic.</p>

	<p>In addition, with regards to ethnic minority groups, there may language barriers which have impacted learning opportunities or education.</p> <p>The RPL policy seeks to mitigate these possible disadvantages by allowing alternative examples of learning and skills to be evidenced, for example discussions, simulations or observations.</p>
<p><b><u>Island Communities</u></b></p>	<p>There were 93 inhabited islands in Scotland at the time of the 2011 Census. Their total population was 103,700, which was 2 per cent of the population of Scotland, but is decreasing in size due to depopulation and an aging demographic.</p> <p>The Island Communities challenges can include issues with access to mainstream education because of the lack of local resources, limited connectivity, or travel accessibility. This means that more informal learning opportunities may have been utilised.</p> <p>The RPL policy seeks to mitigate these possible disadvantages by allowing alternative examples of learning and skills to be evidenced, for example discussions, simulations or observations,</p>
<p><b><u>Mental Health and Wellbeing</u></b></p>	<p>According to Scottish Government statistics, around one in three people are estimated to be affected by mental health problems in Scotland at any one time with women showing greater prevalence of rates of depression and anxiety, in line with global figures.</p> <p>Evidence from across the UK shows that the COVID-19 pandemic has had a negative impact on many people's mental health. This is especially true for young adults and women (and young women in particular), who had poorer mental health beforehand. In addition, a recent report by the Rainbow Responders Programme (Aug 2020) into the impact of COVID-19 and the LGBT+ community stated that 42% were looking for support with their mental health, while pre-pandemic information showed that 84% of young people in the community experienced mental health problems</p> <p>The Scot.Gov report confirms the widening of mental health overall as a result of COVID-19 citing that 45% of adults in the UK stated that the pandemic was affecting their mental health (June 2020). Of this 45%, 57% were women while only 37% were men, with 30% overall stating that it was making their mental health worse</p>

	<p>Children and younger people’s mental health has been badly affected and this will be exacerbated by missed education and lack of social connection which in time could affect their opportunities for employment.</p> <p>The impact of Poor Mental Health or wellbeing can affect an individual’s learning as it can cause disruption or breaks in education or non-completion of qualifications or courses. For example, if an individual has stressful relationships this could cause withdrawal from work, education or everyday activities; or an individual who has lost their job or home may not have the stability, support or focus to continue with any educational or learning opportunities.</p> <p>As the RPL policy allows for a retrospective look at an individual’s prior learning and development, individuals are able to use other methods to present evidence to confirm their learning, skills or experience.</p>
<p><b><u>Human Rights</u></b></p>	<p><b>The relevant articles for the policy would be Article 14 Discrimination and Article 8 Right to privacy:</b></p> <p>Article 14 – Discrimination SFRS managers should be aware that if they make assumptions based on a person’s protected characteristics about their ability to utilise this policy or the benefits they will gain, this may lead to unlawful discrimination. Access to this policy should be equal regardless of status or geographical location</p> <p>Regularly reviewing the Assessment teams to make sure they are occupationally competent, and having additional Appeals teams in place to review the evidence, will make sure the decisions are transparent, objective and justifiable. Providing feedback in writing if a person is unsuccessful with their RPL application will ensure transparency</p> <p>Article 8 – Right to Privacy In relation to confidentiality and data protection, any monitoring data will remain separate from any RPL applications and will not be disclosed to any of the Assessment or Appeals teams</p>
<p><b><u>Children’s Rights</u></b></p>	<p>With regards to the UN Convention on the Rights of Children, we do not see that this is relevant to the RPL policy: although it states the right of children to have an education, the RPL policy refers specifically to prior learning and it is unlikely that any persons under the age of 18 would have had the opportunity to develop the required skills, knowledge or qualifications to be considered</p>

**Impact on Inclusion or People in General not covered by specific characteristics**

A range of types of evidence will be considered within any application for the Recognition of prior learning.

The evidence will be unique to the individual applying and they can look to include as many different methods of gathering and presenting the evidence to ensure they are able to accurately evidence their prior learning, skills and experience

The Assessment and Appeals teams will review the information presented by any individuals and their decisions will be objectively made on the facts evidence provided. Feedback will be provided if unsuccessful

Should any evidence be presented in the Gaelic Language, the Assessment and Appeals teams will ensure translations are arranged if or when these are required.

**Summary and Conclusion of Impact Assessment**

The RPL will benefit any individual who has relevant prior learning, skills or experience and wishes this to be considered so that they do not need to repeat training, qualifications or learning. For prior learning to be considered the individual must fulfil the requirements of the policy which includes being

- relevant – it must be able to be assessed against the qualification or learning being claimed
- current – the evidence meets the up-to-date demands / practices
- sufficient – there is enough evidence to fully meeting the qualification or learning
- authentic – the evidence is of the individual's own work and isn't part of collaborative work with others unless the qualification or learning being claimed is related to team working
- reliable – if the assessment was repeated the conclusion would be the same

The Assessment and Appeals teams will be provided with training to ensure a fair and consistent approach to any evidence presented and that there is a shared understanding of the decisions and outcomes made.

### Concluding Part 3

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

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## **PART 4**

### **MONITORING & REVIEW**

**This section should be completed by the Policy Owner in consultation with the relevant EHRIA Support Contact**

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

#### **Q1 - For Functions/Policies Screened in Section 2 or 3 as Not Relevant on the grounds of Equality or Human Rights...**

You must now set out how you intend to monitor and review the function/policy. You should provide an indication of when you intend to review the function/policy, the method for doing so and how you will assess that no-relevance to Equality and Human Rights continues.

The policy will be reviewed initially after 12 months, then at 5 yearly intervals or earlier should any relevant legislative, precedent, judgement, operational review or organisational changes occur prior to that date. We will use monitoring equality forms, LS&D feedback and evaluation processes e.g. Polls, questionnaires, focus groups, one-to-one discussions

#### **Q2 – For Functions/Policies where there is evidence or justification for believing there is relevance to Equality or the Human Rights please provide detail on the plan to achieve this by completing A – D below.**

##### **A: What will be monitored?**

We will take steps to monitor the take-up of the opportunity to have prior learning recognised. In addition, we will report on the success rates, the reasons for any failures and the anonymised protected characteristics of individuals applying for RPL

##### **B: How will monitoring take place and who will carry it out?**

The monitoring and reporting will be carried out by the POD Directorate & the Training team using the Equality Impact Assessment process and LS&D feedback and evaluation processes e.g. Polls, questionnaires, focus groups, one-to-one discussions



**C: What is the frequency of monitoring?**

Initially 12 months, thereafter at 5 yearly intervals or earlier should any relevant legislative, precedent, judgement, operational review or organisational changes occur prior to that date.

**D: How will monitoring information be used?**

It will be used to inform any relevant action plan, and any risks and issues identified will be picked up as key performance indicators. In addition, it will be used to check fairness and consistency of approach and to improve the process for any future applicants

**Q3: Actions - Who will undertake any recommendations and/or monitoring actions?**

The relevant POD or Training team will be responsible for any monitoring or improvement actions

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**PART 5  
APPROVAL**

**This section should be completed by the Policy Owner in consultation with the relevant EHRIA Support Contact**

This Equality and Human Rights Impact Assessment was completed by:

<b>Name</b>	Mairi Carlton
<b>Date</b>	13 June 2022

This Equality and Human Rights Impact Assessment was approved by:

<b>Name</b>	Anne Gordon
<b>Date</b>	8th July 2022

Please submit a copy of the completed document to [SFRS.Equality@firescotland.gov.uk](mailto:SFRS.Equality@firescotland.gov.uk)



Report No: C/PC/39-22

Agenda Item: 15.1

Report to:	PEPLE COMMITTEE						
Meeting Date:	3 OCTOBER 2022						
Report Title:	PEOPLE AND ORGANISATIONAL DEVELOPMENT (POD) POLICY REVIEW SCHEDULE UPDATE						
Report Classification:	For Information only	<b>Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <b><u>Board Standing Order 9</u></b>					
		<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to provide the People Committee (PC) with an update regarding ongoing work in relation to POD policies and procedures.						
<b>2</b>	<b>Background</b>						
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.						
<b>3</b>	<b>Main Report/Detail</b>						
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, the work around the pensions remedy, PTFAS and for any revised priority work arising from transformation or legislative changes. The POD Policy Review Schedule, as of 30 June 2022 is attached as Appendix A. The schedule has been reviewed taking into account the Directorate Plan and priorities for 2022, with a focus on essential policies and the stakeholder engagement required moving forward.						
3.2	During quarter 1, the following policies were published: <ul style="list-style-type: none"> <li>Whistleblowing</li> <li>Re-employment</li> </ul>						
3.3	The Re-employment Policy required to be updated, following discussion with Health and Wellbeing (HW). If an individual is to be re-employed following a break of more than 1 month, they must now undertake a routine medical and fitness assessment within 12 months from the date of re-employment, during which time they must meet the pre-employment standards.						
3.4	If yes, HW will issue a Health Questionnaire to identify any significant changes to health or fitness, that may warrant further investigation. Once returned by email directly to HW, HW will consider fitness to undertake the agreed duties.						

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3.5	Previously, the policy stated within 6 months from the date of re-employment. However, given an employee's return from protracted periods of long term absence, straight to operational duties etc, 12 months is deemed to be a more reasonable timeframe.
3.6	The Support Staff Handbook was also updated taking into account the pay award and the new provision within the flexi time scheme. (2 days per month)
3.7	Engagement continues with the Fire Brigades Union regarding The Working Together Framework.
3.8	The Statutory Health and Medical Surveillance Options Appraisal and Recommendations Paper has progressed through Strategic Leadership Team (SLT) and the Contaminants Group and was presented to the People Committee in June for information. The proposals in this paper will also help to inform a policy moving forward.
3.9	Engagement has now commenced with OH Physicians on the approved HSE list of OH Physicians eligible to undertake medicals and options on how this can be delivered are now being considered. The Fire Investigation Team have been identified as the first priority group to undertake the medical
3.10	The Family Leave Policy has been presented twice to People Board in April and July, following their request for additional benchmarking to establish if SFRS Paternity Pay, Shared Parental Pay (ShPP) and Parental Pay are competitive. Approval was given to enhance paternity pay from the current 1 <sup>st</sup> week at full normal pay and 2nd week at Statutory Paternity Pay (SPP) to two weeks' full normal pay for employees who meet the qualifying criteria. Further financial modelling will continue and return to People Board in September for approval prior to publication of the Policy.
3.11	The Employee Recognition Scheme - the panel have reviewed all nominations to determine who will receive either a thank you card or a voucher and will be issued within the next few weeks. The Comms Team will also publish some "spotlight" stories on some of the most significant nominations.
3.12	During this period, the following policies were issued for first consultation <ul style="list-style-type: none"><li>• Flexi -Time Scheme (Support Staff)</li><li>• Wholetime Day Duty Hours and Leave policy and Procedure</li></ul>
3.13	The Flexi-Time Scheme Support Staff Policy proposes to extend the current flexi time bandwidth for Support Staff from 7am to 7pm (12 hours) to 7am to 11pm (16 hours) each day over Monday – Friday and 8am – 6pm (10 hours) Saturday and Sunday. Along with other minor changes to the Scheme, this supports the Service's agile working framework and approach. This followed engagement with the Agile Working group as well as a staff survey, where 234 responses were received, with the majority of respondents supporting this proposal. Final consultation date to be confirmed following further engagement with representative bodies.
3.14	The Wholetime Day Duty Hours and Leave policy and Procedure - Core Hours are currently 9am to 4pm Monday to Friday but given the changes to service requirements and our ambitions to move towards an agile working approach, SFRS is specifically seeking views on whether the current core hours are still required to be in place, or whether there is an appetite to adjust or remove these entirely.
3.15	In April, a paper was presented to SLT which recommended that SFRS carry out a structure validation exercise in 2022/23 and a review of the current processes, with a full review of the current Job Evaluation process commencing in 2023, to identify a Job Evaluation process that best suits SFRS's needs. A series of workshops is now planned with SMB for Quarter 2, to help inform how this will be taken forward.

3.16	Work has also commenced on a review of the Reservists and Death in Service Policies.	
3.17	Looking ahead to quarter 2 the following policies will be issued for first consultation: <ul style="list-style-type: none"> <li>Managing Employee Performance Policy (formerly Capability Policy)</li> <li>Secondary Employment Policy (includes in-scope driving)</li> </ul>	
3.18	The Managing Employee Performance Policy was not issued for consultation in quarter 1, to allow other priority policies noted in 3.3 above to be issued firstly and due to the additional research and benchmarking required to progress the Family Leave Policy as detailed in 3.10 above.	
3.19	Engagement has commenced and will continue with TED (Learning and E-Development Team) around support for the Secondary Employment Policy (includes in-scope driving), specifically around technological support for the associated manager guidance and the checking of Tachographs.	
3.20	It is anticipated that the Reservists and Death in Service Policies will progress to first consultation.	
<b>4</b>	<b>Recommendation</b>	
4.1	PC are asked to note the information included in this paper, in order for it to progress through the next stage of governance.	
<b>5</b>	<b>Core Brief</b>	
5.1	Not applicable	
<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	Appendix A – POD Policy Review Schedule	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>No</b>
<b>Prepared by:</b>	Mary Corry POD Business Manager	
<b>Sponsored by:</b>	Fiona Munro, Deputy Head of POD	
<b>Presented by:</b>	Mary Corry POD Business Manager	
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan 2019-22 Outcome 3: People		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>POD Directorate Management Team</i>	<i>5 July 2022</i>	<i>For Decision</i>
<i>People Board</i>	<i>21 July 2022</i>	<i>For Information Only</i>
<i>Employee Partnership Forum</i>	<i>18 August 2022</i>	<i>For Information Only</i>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For Information Only</i>

## 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	Apr-22	2027
Working Together Framework	Revised	July 21	TBC	2027
Consultation and Negotiation	Revised	July 21	TBC	2027
Family (Maternity, Paternity, Adoption, Parental, Shared Parental & Carers) Leave	Revised	Oct-21	Nov-22	2027
Recognition of Prior Learning	New	Mar 22	Sep-22	2027
Managing Employee Performance(Capability)	Revised	Apr-22	Sep-22	2027
Wholetime Day Duty Working Hours and Leave Policy and Procedure	Revised	June 22	Sept 22	2027
Flexi-Time Scheme (Support Staff)	Revised	June 22	Sept 22	2027
Secondary Employment (includes inscope driving)	New	Aug 22	Nov-22	2027
Reservists	Revised	Sep-22	Nov-22	2027
Death in Service	Revised	Sep-22	Dec-22	2027
Statutory Health and Medical Surveillance Policy	New	Oct-22	Feb-23	2028
Physiotherapy Policy	New	Dec 22	Mar-23	TBC
Uniformed Managers In-Development to Competent	Revised	2022	TBC	2027
Recruitment and Selection	Revised	2022	TBC	2027
Redeployment	Revised	2022	TBC	2027
Pay Protection (Support Staff)	Revised	2022	TBC	2027
Temporary Promotions Procedure	Revised	2022	TBC	2027
Exit Interviews Policy and Procedure	Revised	2022	TBC	2027
Job Evaluation	Revised	2022	TBC	2027

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RDS Dual Contracts	New	2022 TBC - To be scoped once agreement reached on standardisation offer	-	TBC
RDS Annual Leave and Public Holiday Policy	New	2022 TBC - To be scoped once agreement reached on standardisation offer	-	TBC
RDS Payment for Work Activities	New	2022 TBC - To be scoped once agreement reached on standardisation offer	-	TBC
Further/Higher Education (Qualification) Policy	Revised	-	-	TBC
Health and Wellbeing Policy	New	-	-	TBC
Trainee Firefighter Development to Competent	Revised	-	-	TBC
Working Hours (Day Duty) Policy	New	-	-	TBC
Clinical Supervision Policy	New	-	-	TBC
Appraisal Policy and Procedures	Revised	-	-	TBC
Relocation	Revised	-	-	TBC
Market Allowance Policy	Revised	-	-	TBC
No Smoking	Revised	-	-	TBC
Career Break	Revised	-	-	TBC
Attendance During Adverse Weather and Disruptive Conditions	Revised	-	-	TBC
ID Cards Policy and Procedure	Revised	-	-	TBC
Substance Misuse Policy	New	-	-	TBC
Detached Duty Policy	Revised	-	-	TBC
ARA Policy	Revised	-	-	TBC
Code of Conduct	Revised	-	-	TBC
Transfer Request Policy	Revised	-	-	TBC
Firefighter Fitness Standards and Assessments Policy/Procedure	Revised	-	-	TBC
Induction Process	Revised	-	-	TBC
TOIL (Uniformed) Policy	Revised	-	-	TBC
Transfer of Uniformed Employees Policy	Revised	-	-	TBC
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

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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	-	-	2027
Dignity and Integrity at Work Policy and Handbook (Bullying and Harassment)	Revised	-	-	2027
Pre Placement Policy	Revised	-	-	2027
Support Staff Handbook	Revised	As required	-	2027
Grievance	Revised	-	-	2027
Whistleblowing	Revised	-	-	2027



Report No: C/PC/40-22

Agenda Item: 15.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	3 OCTOBER 2002						
Report Title:	HEALTH AND SAFETY POLICY AND MANAGEMENT ARRANGEMENTS FORWARD PLANNING SCHEDULE						
Report Classification:	For Information Only	<b>Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this 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 (SFRS) Health and Safety (HS) Policy and associated Management Arrangements (MA's).						
<b>2</b>	<b>Background</b>						
2.1	The Safety and Assurance Function are responsible for developing and reviewing the HS Management Arrangements to support the implementation of the commitment and responsibilities outlined within the HS Policy.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	This report shows progress made against the 2019-2024 HS Policy and Management Arrangements (MA's) Forward Planning Schedule up to and including 2022-2023. Appendix A provides an overview of the current position.						
3.2	At present, there are no new MAs scheduled for development by the HS Department. The agreed suite of MAs identified for development and publication within the 2019-2024 forward plan schedule was completed within the 2021-22 financial year. To ensure ongoing legal compliance and currency of guidance, the HS Department continue to review and update the suite of MAs and will develop any new MAs required as required. The planned MA reviews for 2022-23 are detailed in Appendix A.						
3.3	<p>The review processes implemented to maintain the currency of HS MAs is managed as follows:</p> <ul style="list-style-type: none"> <li>All existing HS MAs have a next review date applied to the document, ranging from Annual review to either 3 or 5 yearly reviews dependant on MA topic and risk profile;</li> <li>Changes to legislation, guidance and prosecution outcomes are monitored by the HS Department to ensure all arrangements are kept current and legally compliant.</li> <li>The HS Department are developing Legal Register which will automatically notify HS of any changes to legislation, guidance or prosecutions outcomes that affect SFRS documents;</li> <li>Any ad-hoc changes to procedure or processes that may be identified through directorate or strategic consultations and communications are managed and prioritised based on risk level to the organisation (high/med/low).</li> </ul>						



<b>4</b>	<b>Recommendation</b>	
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.	
<b>5</b>	<b>Core Brief</b>	
5.1	Not applicable	
<b>6</b>	<b>Appendices/Further Reading</b>	
6.1	Appendix A – Health and Safety Policy and Management Arrangements Forward Planning Schedule.	
<b>7</b>	<b>Key Strategic Implications</b>	
7.1	<b>Key Strategic Implications Considered and those Identified Added Appropriately to Main Report/Detail (Section 3. Above)</b>	<b>Yes</b>
<b>Prepared by:</b>	Mark Penman – Senior Health and Safety Advisor	
<b>Sponsored by:</b>	Jim Holden – Head of Safety and Assurance	
<b>Presented by:</b>	Andy Watt, Assistant Chief Officer, Director of Training, Safety and Assurance	
<b>Links to Strategy and Corporate Values</b>		
<p><b>Strategic Plan 2019-2022:</b>  Outcome 3 - We are a great place to work where our <b>people</b> 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><b>Safety Value:</b>  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>		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>National Safety and Assurance Board</i>	<i>04 August 2022</i>	<i>For information only</i>
<i>Training, Safety and Assurance DMT</i>	<i>17 August 2022</i>	<i>For Information only</i>
<i>People Committee</i>	<i>3 October 2022</i>	<i>For information only</i>

## Health, Safety and Wellbeing Policy and Management Arrangements Forward Planning Schedule 2022-2023

Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
Health and Safety Policy	Review	2022-23		Issued 06/06/22	NSAB briefing 4 <sup>th</sup> Aug 2022			NSAB 04/08/22 for approval
Health and Safety Policy Statement	Review	2022-23		Issued 06/06/22	NSAB briefing 4 <sup>th</sup> Aug 2022			NSAB 04/08/22 for approval
PUWER MA (carry-over from 21/22)	Review	2022/23						Review in progress to incorporate Plant & Equipment MA into PUWER MA
HS Representatives Management Arrangement V4.0 & LCMS Module	Review	2022-23		Issued to TU reps 27/07/2022				V5.0 sent to TU Reps for targeted consultation prior to publication
HS Audits (Support Review) Management Arrangement & LCMS Module	Review	2022-23						Rescheduled to Q3 due to Covid-19 FFT priorities

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Safety and Assurance Engagement and Governance Management Arrangement V6.0 and LCMS module	Review	2022-23						Rescheduled for Q3 to align with other team plan actions
Workplace Transport Management Arrangement V7.0 and LCMS module	Review	2022-23		N/A	N/A	N/A	25/07/2022	Version 9.0 published and live on I-hub
Control of Substances Hazardous to Health (COSHH) Management Arrangement (Carry over from 2021-22)	Review	Carried over from 2021/22						Q1 review in progress. Ongoing.
DSE Homeworking MA V3.0	Review	Carried over from 2021/22						Q1 review awaiting completion of LCMS module
Personal Protective Equipment (Including Respiratory Protective Equipment) Management Arrangement V10.0 & LCMS Module	Review	2022-23						Q2 action - V11.0 in development, awaiting finalisation of FFT SSOW & GRA for inclusion.
Asbestos Management Arrangement V4.0 and LCMS module	Review	2022-23						Review scheduled Q2 – in progress
Management Self Audit Management Arrangement V3.0 and LCMS module	Review	2022-23						Review scheduled Q2 – in progress

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DSEAR Management Arrangement V7.0 and LCMS module	Review	2022-23						Review scheduled Q3 – final changes in progress
COVID-19 Workplace Risk Assessment Management Arrangement V10.0 & LCMS module	Review	2022-23					08/06/2022	V12.0 published 08/06/2022
First Aid Management Arrangement V6.0	Review	2022-23						Review scheduled Q4
Premises Inspection Management Arrangement V6.0 and LCMS module	Review	2022-23						Review scheduled Q4
Joint Investigation Protocol between the SFRS and Representative Bodies V 3.0	Review	2022-23					20/04/2022	Version 3.0 published 20/04/22

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**

Agenda Item 15.3

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
<b>8 December 2022</b>	<ul style="list-style-type: none"> <li>• Chair’s Welcome</li> <li>• Apologies For Absence</li> <li>• Consideration Of And Decision On Any Items To Be Taken In Private</li> <li>• Declaration of Interests</li> <li>• Minutes of Previous Meeting</li> <li>• Action Log</li> <li>• Performance &amp; Risk Report (POD &amp; TSA)</li> <li>• Partnership Working Update</li> <li>• Strategic Risk Summary and Committee Aligned Directorate Risks</li> <li>• RANSc Update (Private Session)</li> <li>• Key Case Update (Private)</li> <li>• Forward Planning: Policy Forward Planning Schedule Update, Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days</li> <li>• Review of Actions</li> <li>• Date of Next Meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Positive Action Strategy (E Gerrard)</li> <li>• Staffing Tactical Action Group Update (DF/LG)</li> <li>• Learning Needs Analysis 2022-23</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Independent Audit/ Inspection Action Plan Update</li> <li>• Health and Safety Annual Report</li> </ul>		

## PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
<b>2 March 2023</b>	<ul style="list-style-type: none"> <li>• Chair’s Welcome</li> <li>• Apologies For Absence</li> <li>• Consideration Of And Decision On Any Items To Be Taken In Private</li> <li>• Declaration of Interests</li> <li>• Minutes of Previous Meeting</li> <li>• Action Log</li> <li>• Performance &amp; Risk Report (POD &amp; TSA)</li> <li>• Partnership Working Update</li> <li>• Strategic Risk Summary and Committee Aligned Directorate Risks</li> <li>• RANSc Update (Private Session)</li> <li>• Key Case Update (Private)</li> <li>• Forward Planning: Policy Forward Planning Schedule Update, Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days</li> <li>• Review of Actions</li> <li>• Date of Next Meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Learning Needs Analysis 2022-23</li> <li>• Staffing Tactical Action Group Update (DF/LG)</li> </ul>	<ul style="list-style-type: none"> <li>• Independent Audit/ Inspection Action Plan Update</li> </ul>		