



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

Working together for a safer Scotland

**PUBLIC MEETING - PEOPLE COMMITTEE**

**THURSDAY 14 SEPTEMBER 2023 @ 1300 HRS**

**BRAIDWOOD SUITE, SCOTTISH FIRE AND RESCUE SERVICE HEADQUARTERS,  
WESTBURN DRIVE, CAMBUSLANG, G72 7NA / 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: 8 JUNE 2023 (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 REPORTS**
  - 7.1 People Quarterly Management Information Report Q1 2023/24 (attached) *L Gaja*
  - 7.2 Training Function Update and Performance Report Q1 2023/24 (attached) *B Farquharson*
  - 7.3 Health and Safety Performance Report Q1 2023/24 (attached) *J Holden*  
*The Committee is asked to scrutinise these reports.*
- 8 INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATES AND CLOSING REPORTS (attached)** *B Farquharson/  
J Holden*  
  
*The Committee is asked to scrutinise this report.*

Please note that the public meeting will be recorded for minute taking purposes only.  
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**9 INTERNAL AUDITS**

- 9.1 Progress Update/Management Response – Internal Audit Report 2022/23 – Training (*attached*) A Watt
- 9.2 Arrangement for the Internal Assessment and Verification of Scottish Vocational Qualification – Final Report (*attached*) F Munro
- 9.3 Sickness Absence Management – Final Report (*attached*) F Munro

*The Committee is asked to scrutinise this report.*

**10 TRAINING FUNCTION VISION AND STRATEGY 2023-25 (*attached*)** A Watt

*The Committee is asked to scrutinise the report.*

**11 CONTAMINANTS UPDATE (*attached*)** A Watt

*The Committee is asked to scrutinise the report.*

**12 LOW SPEED MANOEUVRES UPDATE (*attached*)** D Heaton

*The Committee is asked to scrutinise the report.*

**13 ACTS OF VIOLENCE OVERVIEW (*attached*)** J Holden

*The Committee is asked to scrutinise the report.*

**14 CULTURE REVIEW UPDATE (*verbal*)** L Barnes

The Committee is asked to note the verbal update.

**15 PEOPLE COMMITTEE RISK REGISTER**

- 15.1 Committee Aligned Directorate Risks (*attached*) L Gaja/A Watt
- 15.2 Risk Spotlight: Pension Remedy (*attached*) L Gaja

*The Committee is asked to scrutinise these reports*

**16 PARTNERSHIP WORKING**

- 16.1 Employee Partnership Forum (*verbal*) S Barron
- 16.2 Partnership Advisory Group (*verbal*) L Gaja

*The Committee is asked to note verbal updates.*

**17 REPORTS FOR INFORMATION ONLY:**

*The Committee is asked to note the following report(s):*

- 17.1 Firefighter Pension Scheme Remedy and Ill Health Retirement Review (*attached*) L Gaja

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**18 FORWARD PLANNING**

- |      |  |          |
|------|--|----------|
| 18.1 | People Policy Review Schedule Update ( <i>verbal</i> )                       | L Gaja   |
| 18.2 | Safety and Assurance Documents Forward Planning Schedule ( <i>attached</i> ) | J Holden |
| 18.3 | Committee Forward Plan Review ( <i>attached</i> )                            | M Wylie  |
| 18.4 | Items for Consideration at Future IGF, Board and Strategy Day meetings       | M Wylie  |

*These reports are for information only.*

**19 REVIEW OF ACTIONS (*verbal*)**

*Board Support*

**20 DATE OF NEXT MEETING**

Thursday 7 December 2023

**PRIVATE SESSION**

**21 MINUTES OF PREVIOUS PRIVATE MEETING: 8 JUNE 2023  
(*attached*)**

*M Wylie*

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

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

- |      |   |            |
|------|---|------------|
| 22.1 | Draft Minutes of last meeting – 8 June 2023 ( <i>attached</i> ) | F Thorburn |
| 22.2 | Update of last meeting – 14 September 2023 ( <i>verbal</i> )    | F Thorburn |

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

**23 DRAFT HEALTH AND SAFETY ANNUAL REPORT 2022/3 (*attached*)**

*J Holden*

*The Committee is asked to recommend this report.*

**24 COLLEAGUE EXPERIENCE SURVEY AND ACTION PLAN (*attached*)**

*L Gaja*

*This report is for information only.*

**25 KEY CASE UPDATES 2023/24 – Q1 (*verbal*)**

*L Gaja*

*This report is for information only.*

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**PUBLIC MEETING – PEOPLE COMMITTEE**

**THURSDAY 8 JUNE 2023 @ 1300 HOURS**

**BRAIDWOOD SUITE, SCOTTISH FIRE AND RESCUE SERVICE HEADQUARTERS,  
WESTBURN DRIVE, CAMBUSLANG, G72 7NA / CONFERENCE FACILITIES**

**PRESENT:**

Mhairi Wylie (Chair) (MW)  
Fiona Thorburn (FT)  
Paul Stollard (PS)

Steve Barron (Deputy Chair) (SB)  
Malcolm Payton (MP)

**IN ATTENDANCE:**

|                       |   |
|-----------------------|---|
| Andrew Watt (AW)      | Assistant Chief Officer, Director of Training, Safety and Assurance |
| Kirsty Darwent (KD)   | Chair of the SFRS Board   |
| Lyndsey Gaja (LG)     | Head of People  |
| Fiona Munro (FM)      | Head of People  |
| Jim Holden (JHo)      | Head of Safety and Assurance  |
| Chris Getty (CG)      | Area Commander, Head of Training Delivery                           |
| Ceri Dodd (CD)        | Deputy Head of People (Item 13)                                     |
| Gillian Clark (GC)    | HR/People Manager (Item 17.1)                                       |
| Kevin Murphy (KM)     | Group Commander, Board Support Manager                              |
| Heather Greig (HG)    | Board Support Executive Officer                                     |
| Kimberly Gogarty (KG) | Corporate Business Support/Minutes                                  |

**OBSERVERS**

None

**1 CHAIR'S WELCOME**

- 1.1 The Committee Chair opened the meeting and welcomed those present.
- 1.2 Those participating via MS Teams were reminded to raise their hands, in accordance with the remote meeting protocol, should they wish to ask a question. This meeting would be recorded for minute taking purposes only.

**2 APOLOGIES FOR ABSENCE**

- 2.1 Liz Barnes, Interim Deputy Chief Officer, Corporate Services  
David Farries, Assistant Chief Officer, Director of Service Delivery  
Bruce Farquharson, Deputy Assistant Chief Officer, Head of Training

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

- 3.1 The Committee discussed and agreed that the *Key Case Update Report* would be heard in private session due to the small number of individuals involved and confidentiality in line with Standing Orders (Item 9D). The draft minutes/verbal update of the *Remuneration, Appointments and Nominations Sub Committee* would also be taken in private due to the confidential nature of business taken to this meeting.
- 3.2 No further items were identified.

### **4 DECLARATIONS OF INTERESTS**

- 4.1 No conflict of interests were declared.

### **5 MINUTES OF PREVIOUS MEETING: THURSDAY 2 MARCH 2023**

- 5.1 The minutes of the meeting held on 2 March 2023 were approved as an accurate record of the meeting.
- 5.1.1 With regards to paragraph 9.2 specific reference to representative bodies in the Partnership Advisory Group Terms of Reference was clarified. LG apologised for this not being actioned and confirmed an update would be provided outwith 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 PERFORMANCE AND RISK REPORT**

#### **7.1 People Directorate Quarter 3 2022/23**

- 7.1.1 LG provided the People Directorate Progress and Performance Report Quarter 3 2022/23 to the Committee noting that this had been circulated via email (21 March 2023) and was now being formally presented to the Committee for recording purposes.

#### **7.1.2 The Committee noted the report.**

#### **7.2 People Directorate Quarter 4 2022/23**

- 7.2.1 LG provided the People Directorate Progress and Performance Report Quarter 4 2022/23 to the Committee, highlighting the following key areas:

- Ongoing challenges around the uncertainties relating to the pensions remedy for uniformed personnel. In excess of 460 uniformed staff could potentially retire this year. Key dates where personnel may decide to retire were linked to pay offers and remedy implementation: October 2023 and July 2024. A monthly paper is provided to the Strategic Leadership Team (SLT) to allow review of workforce planning data. 48 trainees joined in May 2023 with 48 joining in September 2023. There was potential for a further intake in January 2024.
- Current support staff vacancy rate was sitting at 12% and work was to be actioned in a number of areas around staff reward and benefits, and attraction and selection processes, to address the challenges around this. This linked to the risk spotlight on Training Capacity later in the meeting.
- Positive reduction in absence rates in Operations Control which had, in the past, been significantly higher than other staff groups. There had also been a reduction in musculoskeletal (MSK) injuries. An in-house physiotherapist had been appointed and this had generated positive feedback. The team were gathering data to provide evidence in support of the appointment of this.

- 7.2.2 The increased level of turnover for On Call roles, which linked to a target model that was no longer valid was raised. The PC queried when the target operating model (TOM) would be reviewed to ensure the report did not present statistics that were inaccurate given that the noted TOM is reflective of legacy service arrangements. It was confirmed that significant work was being carried out through the On Call Improvement Programme including development of the model going forward. Recommendations would be discussed at SLT later this month. There was no clear timescale at present, however, an updated TOM would be put in place once the recommendations were considered.
- 7.2.3 LG clarified the 12% vacancy rate was specifically for support staff. Day Duty vacancies were also high at over 10% and some of this was due to off station roles being historically hard to fill. All other groups were considered as being within normal parameters.
- 7.2.4 SB noted the complexity of On Call staffing, however, with the report appearing to show 973 vacancies against what is a notional Retained Duty System (RDS) TOM and a 30% vacancy rate it was considered that some context around this within the report would be helpful. LG acknowledged this and agreed to update this for the next report.
- 7.2.5 With regards to the 12% support staff vacancy level, LG confirmed that the policy was not to keep vacancies open, however the vacancy approval process required SLT decision which could result in additional timeframes.
- 7.2.6 **The Committee scrutinised the report.**
- 7.3 Training, Safety and Assurance (TSA) Quarter 4 2022/23**
- 7.3.1 CG presented the Training, Safety and Assurance Performance and Risk Report Q4 2022/23 and highlighted the following key areas for the Training Function within this quarter:
- **Operational Core Skills** – slight increase across all crewing systems against the maintenance of core skill requirements.
  - **Advanced, Support and Emerging Risks Modules** – slight decline on this type of module and will continue to monitor this to identify and resolve the issues.
  - **Incident Command Competence** – slight decline in Incident Command Level 1 module, this was identified quickly and fortnightly updates have been provided to focus in this area. A positive response has been received and moving forward to Quarter 1 of this year the marker will be significantly increased.
  - **Specialist Rescue Competence – Heavy Rescue** – An increased TOM where Heavy Rescue qualifications were introduced into Urban Search and Rescue (USAR) capabilities across the Service. This had an impact on how competencies around this were reflected. A number of challenges were being faced in delivering courses, as well as with the availability of LGV vehicles, particularly within the North Service Delivery Area (NSDA), however courses were being redesigned to address these challenges. USAR had shown a slight decline which was reflective of current facilities however work was ongoing with the Asset Management Team to address some facilities issues.
- 7.3.2 In terms of the Advanced, Support and Emerging Risk Modules, AW highlighted a slight decrease in Resource Based Crewing (RBC) completion which was impacted by the 13.6% absence rate. It was also noted that this would be the last quarter of this style of reporting on the USAR Chart due to the new Key Performance Indicator's (KPI's) being developed which would provide more accurate detail moving forward.
- 7.3.3 FT asked for an example of the facilities challenges being faced. AW gave an example of the cost of a rubble pile and confirmed that quarterly meetings were being held with Asset Management to work through the challenges. A Training Asset Strategy for the next 5 years was also being produced.

- 7.3.4 MW noted that the Red, Amber, Green (RAG) graph was really helpful and wondered if there was scope to have subsequent quarters set up like this in reports going forward, as it showed progression. AW agreed and would arrange for this to be added going forward.
- 7.3.5 JHo presented the TSA Performance and Risk Report Q4 2022/23 and highlighted the following key areas for the Health and Safety (H&S) function within the quarter:
- H&S improvement plans show 78% completion across the Service but many separate Directorates have achieved 90% completion. Operations and TSA had slipped due to other priorities, including preparation for Industrial Action. Assurances were provided that these actions would be moved forward to completion.
  - KPI Dashboard overview shows a reduction of accidents and injuries. In Quarter 4 there was an increase in RIDDOR Reportable Incidents due to the Jenner's incident. Near misses have increased with a significant increase in North and East SDA's. This was due to Safety & Assurance Improvement Group initiatives and a safety culture initiative being developed to help reporting of events. Acts of Violence had increased however only 1 minor injury had resulted during these incidents.
  - Vehicle accidents and low speed manoeuvres have increased with a focus group set up to look at these areas. A report was being produced and would be submitted to the next PC meeting with some recommendations in terms of standardising the approach, both proactively and reactively, to address the low speed manoeuvre training element.
  - Liberton Brae investigation finalisation had been paused due to some staff being involved in the Jenner's investigation.
- 7.3.6 AW noted the positive report and praised the team for the work being carried out in this area. He highlighted that an Act of Violence reported at an incident in Falkirk had led to 6 arrests.
- 7.3.7 MP referred to a number of health and safety events where no information was available, noting that this had been highlighted previously. JHo explained that where an investigation was on-going or someone was still absent at the point of reporting, a figure was not added unless it was beyond 28 days. It was considered that the process was improving and information was now being received more quickly.
- 7.3.8 JHo clarified that further analysis on non-operational accidents was contained within the report. With regards to non-operational injuries, JHo confirmed that 63% of Acts of Violence were verbal with the remainder being non-verbal.
- 7.3.9 AW clarified that 3 members of uniformed personnel were providing support to JHo to ensure workloads were being managed appropriately.
- 7.3.10 PS queried the lengthy timelines for the Committee to receive the Annual Health and Safety Report. AW noted that the challenges were not necessarily around the work to complete the report, but the governance routes and the finished graphic publication which took time. It was agreed that the report would come forward in draft format, with a final version with graphics being developed for publication thereafter. The report would be submitted to PC in September 2023.
- 7.3.11 MW requested that future reports provide a quarterly breakdown of Acts of Violence and proposed that, in time, costs in relation to damage to vehicles and appliances as a result of these acts would be welcomed.
- 7.3.12 **The Committee scrutinised the report.**

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

### **8.1 Training of RDS Personnel/Health and Safety**

- 8.1.1 CG/JHo presented the report updating the Committee on the progress against the action plan developed in response to the HMFSI Report relating to Training of Retained Duty System (RDS) Personnel and Health and Safety: An Operational Focus.

- The action plan for Training of RDS Personnel contains 37 actions, 35 have been completed with 2 outstanding. The closure of these actions had now been approved by Senior Management Board (SMB) and through monitoring progress of the Service Delivery Model Programme (SDMP) and the Strategic Service Review Programme (SSRP) would be managed and reviewed through the appropriate governance processes going forward.
- The action plan for Health and Safety contains 17 actions to address the 8 recommendations raised, 15 have green RAG status and 7 have been completed within the reporting period. 5 actions have proposed amendments to due dates due to the impact of other workloads and interdependencies. The report and action plan would be monitored through the Organisational Learning Group and there was continued focus on the progression of the actions.

8.1.2 With regards to slipping timescales due to unexpected secondments, AW clarified that this linked to personnel being involved in ongoing investigations and the time required to backfill posts through relevant processes, but that this was being progressed.

8.1.3 **The Committee scrutinised the report.**

## **9 COMMITTEE ASSURANCE STATEMENT 2022/23**

9.1 MW presented the PC and Remuneration, Appointments and Nominations Sub-Committee (RANSC) Assurance Statement 2022/23, which outlined evidence of how the Committee and its Sub-Committee supports the effective functioning of the Board.

9.2 SB noted that the statement had changed its title from Value Added Statement to Committee Assurance Statement in line with continuing implementation of the Good Governance Framework, however, it referred to added value and proposed further work was required to update this for the next reporting year.

9.3 **The Committee approved the contents of the Committee Assurance Statement 2022/23.**

## **10 SFRS MENTAL HEALTH AND WELLBEING PROVISION AND LIFELINES SCOTLAND TRAINING**

10.1 LG presented a report to the Committee to provide an overview of current Scottish Fire and Rescue Service (SFRS) mental health and wellbeing provision; an update on the future provision for Lifelines Scotland and further information on future plans for ongoing mental health training and support, highlighting the introduction of mental health and wellbeing champions and the invaluable use of the Rivers Centre.

10.2 In terms of Lifelines Scotland, it was noted that work was ongoing to bring some of the provision and content to an in-house delivery model and to deliver this on a more flexible and sustainable basis. However, funding of c.£30k had been received from the Fire Fighters Charity to support the work with Lifelines Scotland over the remainder of the current financial year.

10.3 With regards to costs, LG explained that £2k reflected an honorarium paid to both of the chaplains to reflect the work that they carried out, and that they were also reimbursed for their expenses. There had been previous agreements with Workplace Chaplaincy Scotland with the intention that they would provide chaplaincy support as a national service across the whole organisation, which would have cost c£20k, however that organisation was no longer in operation.

10.4 MW asked if there was scope to provide chaplains for the North and East SDA's similar to that currently in place within the West SDA. LG advised that she would refer this back to the appropriate team.



10.5 MW asked about access to training and expectations for RDS staff to have access to home based broadband to undertake additional activities such as mental health champions. It was noted that the expectation was that course work was undertaken whilst at work or during drill nights and therefore access to broadband was available, however the challenges around this were recognised.

10.6 **The Committee scrutinised the report.**

## 11 RESPONSE TO STAFF SURVEY ENGAGEMENTS

11.1 LG presented a briefing note on Employee Engagement to provide an overview and some assurance to the Committee about the different interventions and activities that had taken place over the previous few years, which provided an opportunity for employee voice and employee feedback. Themes from the feedback and some of the activities which had taken place were detailed. A full employee survey would take place in 2024.

11.2 FT highlighted the significant work that had been undertaken and the reassurance provided by this, however, felt that all Board Members may not be aware of this. LG clarified that there was an action to bring this detail to the full Board at a future date. MW stated that details of response rates and themes should be included within the update provided to the Board.

11.3 **The Committee noted the briefing note and verbal update.**

## 12 CULTURAL REVIEW WORKSHOP OUTCOMES

12.1 FM provided a briefing note on Cultural Review noting that following recent scrutiny of Fire and Rescue Services in England, benchmarking had been undertaken and areas for improvement identified within the SFRS. This was then overlaid with the report into Values & Culture by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) and 7 areas of recommendation were produced. This formed the basis for workshops with SLT and a draft action plan had been produced which was being finalised. The action plan contained approximately 40 points which were categorised under 9 headings.

12.2 SB noted that at the recent Employee Partnership Forum (EPF) consideration of a third-party reporting line was discussed. FM explained that the low number of complaints or concerns raised around behaviour from employees was recognised and one recommendation was to provide third-party lines that individuals could contact to raise their concerns. Different options were currently being explored.

12.3 SB encouraged making this an early priority in the action plan. LG explained that a member of the People Team had been leading research into the different providers available and a procurement process to secure an appropriate provider would take place.

12.4 FT anticipated that an improved approach to addressing the cultural issues could eventually lead to people feeling able to raise any concerns or issues. However, PS commented that always having the option of a third-party service, even if it was rarely used, would be favourable.

12.5 MW referenced improving existing pathways and that exit interviews were a good way of capturing information, not just of those who were disgruntled but people making life changes, because the current policies or circumstances did not accommodate them. Consideration could be given to the KPI's for 2024/25 around the assurance that enhanced practices were being developed in relation to aspects of this.

12.6 In terms of PVG checks, FM clarified that personnel should report any events that occurred in line with the employee Code of Conduct.

12.7 MW noted that when talking about equality, diversity and inclusion she was keen that Wales and London were looked at but also to acknowledge our own local specific issues e.g. Glasgow sectarian divides. MW highlighted the need to ensure our messaging expressed the subtleties and complexities of these issues and to make it clear that this encompassed all types of inclusion. This was particularly important around resourcing and positive action and engagement with those communities. FM clarified that this was a priority.

12.8 **The Committee noted the briefing note and verbal update.**

### 13 LEARNING NEEDS ANALYSIS (LNA) 2022/23

13.1 CD presented a briefing note on the LNA covering Service Wide LNA 2022/23, the revised LNA Arrangements for 2023/24 and the Committee's requirements for future updates.

13.2 With regards to completion rates, CD advised that the new People team model was now in place and engagement activities would commence to drive the completion rate.

13.3 In terms of requirements for future updates, the PC requested information on areas such as where staff identified a learning need which was not able to be supported, either through lack of funding or affordability, or because it was not in the interests of the organisation as well as the positive aspects of the LNA.

13.4 PC confirmed that going forward a few high-level slides with a covering paragraph should be presented for the Committee's information in an annual update in June.

13.5 **The Committee noted the briefing note and verbal update.**

*(The meeting broke at 1503 hrs and reconvened at 1510 hrs)*

### 14 PEOPLE COMMITTEE RISK REGISTER

#### 14.1 Committee Aligned Directorate Risk

14.1.1 LG presented the Risk Report, identifying Directorate risks and controls pertinent to the business of the PC and highlighted the following risks:

- 6 closed controls, 3 closed risks, 2 rating changes, 7 new controls and 4 new risks.
- Discussions between the Board and SLT have identified the need to review the current strategic risks and the related output reports. This would ensure that reports clearly identify the most significant risks facing the organisation and the alignment of risk information between Strategic and Directorate risks. This work would be undertaken in conjunction with Data Services with a revised report to be provided for future meetings.

14.1.2 With regards to consistency and standards when contributing risks, AW explained that the risk descriptors were now more specific than generic and that all the descriptors were currently being reviewed in anticipation of moving forward with the new process for the risk register.

14.1.3 The Committee requested that where the wording to a risk had been amended that it be highlighted to ensure clarity and coherence and demonstrate continuity.

14.1.4 **The Committee scrutinised the report.**

#### 14.2 Risk Spotlight: TSA017 (Training Capacity)

14.2.1 AW presented the risk spotlight to the Committee highlighting the following:

- A number of challenges including an increased need within Service Delivery to facilitate training as a result of the backlog created by the COVID pandemic and the pensions remedy, thereby having the potential to affect the delivery of services and firefighter safety.

- The above issues could lead to an inability to deliver all the training required to maintain competencies across all core skills, resulting in a negative impact on firefighter safety and political, reputational or financial risk to the Function, Directorate and Service.
- Increased pressure on the Training Function to deliver courses due to the prioritisation of Breathing Apparatus (BA), Compartment Fire Behaviour Training (CFBT) and Tactical Ventilation (TacVent) training.
- Training delivery model utilises the improving Instructor availability as a result of the restructure of delivery models in each SDA, to support areas of risk critical training where possible.
- Workload and capacity issues – The rebalancing of Instructor capabilities for both core and specialist skills, along with the introduction of Watch-based Instructors to aid training delivery would take time, due to the increased need to focus on core training delivery and current financial challenges which could impact on resources, facilities and capacity. Contaminants considerations and guidance was also impacting on training delivery models.
- Exploring Tri-Service approach with training to the same standard across all Services when attending incidents.

14.2.2 AW confirmed that training facilities were well utilised.

14.2.3 PS queried the training of ambulance staff to use BA equipment and the potential to sell training to other organisations. AW explained the training of ambulance staff to use BA had commenced and would be beneficial at incidents to use the same systems. External training would be looked at for future options, however internal training would be prioritised in the first instance.

14.2.4 **The Committee scrutinised the report.**

## 15 PARTNERSHIP WORKING

### 15.1 Employee Partnership Forum

15.1.1 SB provided the Committee with a verbal update detailing the content of the EPF meeting on 18 May 2023, noting the following key points:

- The discussion topic was the culture of the organisation. LB, LG and ACO Farries provided an update on the challenges and the work being undertaken in order to address cultural challenges for the organisation.
- There was recognition of a need to act specifically and for it to be made easier to call out the sorts of behaviours that have been highlighted in London Fire Brigade and other Fire Services South of the border.
- Discussion took place around changing attitudes, there was a policy aspect but the overall desire would be self-policing and for people to be confident to challenge unacceptable behaviours.
- Clear request from the representative bodies that there should be quicker and easier responses when inappropriate behaviour occurred.
- A recognition that there was a lack of diversity in the organisation and an aspiration to having an organisation that was more diverse and more representative of our communities. This was seen as part of the problem and if that diversity was addressed it would address some of the cultural challenges.
- Talk of positive discrimination and positive selection methods within the legal framework.

15.1.2 SB noted the discussion was very collaborative and the tone was one of partnership which was a big achievement in the context of not having had a meeting for 6 months.

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

## 15.2 Partnership Advisory Group

15.2.1 LG advised there were no agenda items put forward and the meeting was stood down.

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

## 16 REPORTS FOR INFORMATION ONLY

### 16.1 Contaminants Update Report

16.1.1 AW presented an update report on the developments and planned direction for the management of contaminants in the organisation. AW had attended the National Fire Chiefs Council (NFCC) Personal Protective Equipment (PPE) and Clothing conference in Birmingham with JHo where contaminants played a major part in the conference and this was beneficial to keeping up-to-date on developments in this area.

16.1.2 **The Committee noted the report.**

### 16.2 Training Function Update Report

16.2.1 AW presented an update report on the Training Function for information.

16.2.3 **The Committee noted the report.**

### 16.3 Training Continuous Improvement Programme Update

16.3.1 AW presented an update report on the Training Continuous Improvement Programme for information.

16.3.2 MW asked that any updates and improvements relating to the programme be reported back to the Committee.

16.3.3 **The Committee noted the report.**

## 17 FORWARD PLANNING

### 17.1 People Directorate Policy Review Schedule Update

17.1.1 GC presented the People Directorate Policy Review Schedule Update report to the Committee for information noting the following updates to the schedule since the publication of the report:

- Following the latest review of the rolling policy programme of work to reflect current and anticipated priorities and timescales the format of the People Policy Review Schedule Format was updated.
- The Policy Review Schedule remained under regular review due to work on the standardisation of uniformed terms and conditions of employment, the work around the pensions remedy and for any revised priority work arising from Service or legislative changes.
- During Quarter 4, policy work transferred to People Advisers within the People Employee Relations & Advice Team in the new People model to review the schedule.
- During this period, the Reservists Policy was implemented and published. The Appraisal Policy and Managing Employee Performance Policy were issued for final consultation and were progressing through governance for approval and implementation.

17.1.2 LG explained why many policies were marked as TBC, this was due to the fact some areas of policy development were paused due to COVID and this resulted in a backlog. The schedule is being reviewed and prioritised, with an assurance statement to be provided where review date extensions are proposed. It was expected that this would be complete by the September meeting.

17.1.3 PS asked if earlier mention of the policy on a page would be in all revisions. LG confirmed this would be rolled out to all policies when being reviewed.

17.1.4 **The Committee noted the report.**

## 17.2 Health and Safety Policy Management Arrangements Forward Planning Schedule

17.2.1 JHo presented the Health and Safety Policy and Management Arrangements to the Committee for information, detailing the ongoing work in relation to the development and review of the SFRS's H&S Policy and associated Management Arrangements (MA's).

17.2.2 The following points were highlighted:

- Previous year's updates have been removed leaving only the current year to view.
- Provision and Use of Work Equipment Regulations (PUWER) Management Arrangement delayed as subject to a more major review. It was currently out for consultation.
- All other work continuing and on track.
- Developed a new Legal Register and a short paper would be submitted to a future PC for information on how it would be managed going forward.

17.2.3 **The Committee noted the report.**

## 17.3 Committee Forward Plan Review

17.3.1 The Committee Forward Plan was presented for review. The following items would be added to the Plan.

- Learning Needs Analysis (LNA) - Annually in June
- Acts of Violence – September 2023
- Low Speed Manoeuvres – September 2023

17.3.2 **The Committee noted the Forward Plan.**

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

17.4.1 Active Management of Risk to be taken forward to the next IGF meeting.

## 18 REVIEW OF ACTIONS

18.1 KM confirmed that no formal actions were recorded during the meeting.

## 19 DATE OF NEXT MEETING

19.1 The next meeting is scheduled to take place on Thursday 14 September 2023.

19.2 There being no further matters to discuss, the public meeting closed at 1559 hrs.

## PRIVATE SESSION

### 20 MINUTES OF PREVIOUS PRIVATE MEETING: 2 MARCH 2023

20.1 The minutes of the private meeting held on 2 March 2023 were approved as a true record of the meeting.

### 21 REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE (RANSC) UPDATE

21.1 The draft minutes of the RANSC meeting on 2 March 2023 had been circulated to the Committee and a verbal update had been provided at the previous meeting.

21.2 FT provided a verbal update from the meeting on 8 June 2023, highlighting the key points discussed.

21.3 **The Committee noted the draft minutes and verbal update.**

### 22 KEY CASE UPDATES 2022/23 – QUARTER 4

22.1 LG provided a verbal update to the Committee providing an overview on employee relations cases which have resulted in claims to the Employment Tribunal.

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

## PEOPLE COMMITTEE – ROLLING ACTION LOG



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

### 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 one action. A total of one of these actions have been completed.

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

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| Minute Ref                          | Action  | Lead | Due Date      | RAG Status | Completion Date | Position Statement   |
|-------------------------------------|---|------|---------------|------------|-----------------|--|
| <b>Meeting Date: 3 October 2022</b> |   |      |               |            |                 |  |
| 7.2.6                               | <b>Performance and Risk Report Q1 Training Safety and Assurance:</b> In regards to low speed manoeuvres, JH to provide further details on actions arising from the Sub Group in future reports. | JH   | December 2022 |            | September 2023  | <p><b>Update (08/12/2022):</b> Presentation to be delivered to the Driver Safety Group on 15 December 2022, an update will be provided to the next PC</p> <p><b>Update (02/03/2023):</b> Proposals submitted to the Driver Safety Group (DSG) on 19 January 2023. Revision of paper requested for scrutiny at next DSG, after which this will be taken to the National Safety and Assurance Board for approval.</p> <p><b>Update (08/06/2023):</b> Driver Safety Group have agreed a standardised approach to the proactive and reactive management of Low Speed Manoeuvres, this is progressing through governance.</p> <p><b>Complete (14/09/23):</b> LSM Update Paper included in agenda for 14 September 2023.</p> |

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



Report No: C/POD/21-23

Agenda Item: 7.1

|                               |   |  |          |          |          |          |          |          |
|-------------------------------|---|--|----------|----------|----------|----------|----------|----------|
| <b>Report to:</b>             | <b>PEOPLE COMMITTEE</b>   |  |          |          |          |          |          |          |
| <b>Meeting Date:</b>          | <b>14 SEPTEMBER 2023</b>  |  |          |          |          |          |          |          |
| <b>Report Title:</b>          | <b>PEOPLE PERFORMANCE REPORT – QUARTER 1 2023/24</b>  |  |          |          |          |          |          |          |
| <b>Report Classification:</b> | <b>For Scrutiny</b>   | <b>SFRS Board/Committee Meetings ONLY<br/>For Reports to be held in Private<br/>Specify rationale below referring to<br/><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> | <u>G</u> |
| <b>1</b>                      | <b>Purpose</b>  |  |          |          |          |          |          |          |
| 1.1                           | The purpose of this report is report is to enable the Scottish Fire and Rescue Service (SFRS) People Committee to scrutinise the People KPIs from the Performance Management Framework (PMF) and the more detailed quarterly People Performance Report.   |  |          |          |          |          |          |          |
| <b>2</b>                      | <b>Background</b>   |  |          |          |          |          |          |          |
| 2.1                           | 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.” |  |          |          |          |          |          |          |
| 2.2                           | People performance is monitored and reported through the quarterly People Performance Report, associated KPIs in the PMF, and scrutinised by the People Committee as well as within the SFRS Annual Report.   |  |          |          |          |          |          |          |
| <b>3</b>                      | <b>Main Report/Detail</b>   |  |          |          |          |          |          |          |
| 3.1                           | The People quarterly performance report sets out organisational performance against the agreed set of People measures, which are regularly reviewed and enhanced where appropriate and practical.   |  |          |          |          |          |          |          |
| 3.2                           | The Executive Summary of the report (p. 2) draws the Committee’s attention to key points relating to: <ul style="list-style-type: none"> <li>• The retirement profile in Service Delivery, linked to pension changes.</li> <li>• Work to improve attraction, retention and attendance in operations Control.</li> <li>• The most common reasons for long term absence across the service.</li> </ul>  |  |          |          |          |          |          |          |
| 3.3                           | This is the first quarterly reporting period with the new PMF measures, which are now presented via a Power BI dashboard. The People related measures from the PMF dashboard are included as Appendix B of the attached paper.  |  |          |          |          |          |          |          |



|          |  |
|----------|--|
| <b>4</b> | <b>Recommendation</b>  |
| 4.1      | The People Committee is asked to scrutinise the report.  |
| <b>5</b> | <b>Key Strategic Implications</b>  |
| 5.1      | <b>Risk</b>  |
| 5.1.1    | Risks identified and tracked and managed through the People risk register.   |
| 5.2      | <b>Financial</b>   |
| 5.2.1    | There are no financial implications arising from this report.  |
| 5.3      | <b>Environmental &amp; Sustainability</b>  |
| 5.3.1    | There are no environmental and sustainability implications arising from this report.                                   |
| 5.4      | <b>Workforce</b>   |
| 5.4.1    | The report outlines organisational performance against key people and workforce measures.                              |
| 5.5      | <b>Health &amp; Safety</b>   |
| 5.5.1    | There is potential the some of the absences reported in this paper result from Health & Safety related incidents.      |
| 5.6      | <b>Health &amp; Wellbeing</b>  |
| 5.6.1    | The report details a range of health & wellbeing activities to support employee wellbeing, attendance and performance. |
| 5.7      | <b>Training</b>  |
| 5.7.1    | There are no direct training implications arising from this report.  |
| 5.8      | <b>Timing</b>  |
| 5.8.1    | The report details performance over the first quarter of 2023/24 and provides longer term trend analysis.              |
| 5.9      | <b>Performance</b>   |
| 5.9.1    | The report details organisational performance against a range of people measures.                                      |
| 5.10     | <b>Communications &amp; Engagement</b>   |
| 5.10.1   | This report is shared with a range of governance forums for scrutiny and for information.                              |
| 5.11     | <b>Legal</b>   |
| 5.11.1   | Some elements of the report relate to SFRS' legal responsibilities as an employer.                                     |
| 5.12     | <b>Information Governance</b>  |
| 5.12.1   | DPIA not required for this report.   |
| 5.13     | <b>Equalities</b>  |
| 5.13.1   | EHRIA not required for this report.  |
| 5.14     | <b>Service Delivery</b>  |
| 5.14.1   | There are no direct Service Delivery implications arising from this report.  |
| <b>6</b> | <b>Core Brief</b>  |
| 6.1      | Not applicable   |

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| <b>7</b>  | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>                 |  |
| 7.1   | <b>Director:</b>  | Liz Barnes, Deputy Chief Officer – Corporate Services  |
| 7.2   | <b>Level of Assurance:<br/>(Mark as appropriate)</b>                  | Substantial/ <b>Reasonable</b> /Limited/Insufficient   |
| 7.3   | <b>Rationale:</b>   | The accompanying report details SFRS performance against agree People measures, allowing trend analysis to be carried out, risks identified, and corrective actions taken as appropriate. It should be noted that many aspects of the reporting are dependent on accurate recording of information by the relevant colleagues and managers, and manual analysis of data. |
| <b>8</b>  | <b>Appendices/Further Reading</b>                                     |  |
| 8.1   | Appendix A: People Quarterly Management Information Report Q1 2023/23 |  |
| <b>Prepared by:</b>   | Lyndsey Gaja, Head of People  |  |
| <b>Sponsored by:</b>  | Liz Barnes, Deputy Chief Officer – Corporate Services                 |  |
| <b>Presented by:</b>  | Lyndsey Gaja, Head of People  |  |
| <b>Links to Strategy and Corporate Values</b>   |   |  |
| Strategic Plan 2022-25<br>Outcome 6: The experience of those who work for SFRS improves as we are the best employers we can be. |   |  |
| <b>Governance Route for Report</b>  | <b>Meeting Date</b>   | <b>Report Classification/<br/>Comments</b>   |
| <i>People Committee</i>   | <i>14 September 2023</i>  | <i>For Scrutiny</i>  |



**People Quarterly Management  
Information Report  
Quarter 1 2023 / 24  
(Version 1)**

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|  |       |
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## 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 People 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:

While the monthly retirement rate in the WDS staff group has steadily declined from c3.8% in Q1 2022/23 to 0.6% in Q1 2023/24, a key focus for the Service continues to be the potential impact of pension changes on the forecast retirement profile, in particular as the Deferred Choice Underpin implementation takes effect from October 2023. As noted in the report, there are a total of up to 418 Wholetime uniformed colleagues who could potentially leave the Service by December 2023, including 243 individuals 'in-scope' for pensions changes. There remains a significant degree of uncertainty over the extent to which these potential leavers will choose to retire earlier than previously forecast. Monthly workforce planning updates are provided to the SLT to enable monitoring of trends and forecasts to allow data-based decision making.

Work to support attraction, retention and wellbeing in Operations Control continues to contribute to positive trends, with the turnover rate reducing from 6.5% in Q2 2022/23 to 3.5% in the final quarter of 2022/23 and 0.6% in this reporting period. The absence rate in OC also continues to reduce, although it remains higher than for other staff groups and there is therefore an ongoing focus on this area.

Across SFRS the main reasons for long term absences continue to be MSK and Psychological. In quarter 2 a programme of activities will take place to promote MSK injury awareness and prevention. Specific mental health & wellbeing support is being provided to colleagues in Operations Control.

Section 1

1.1

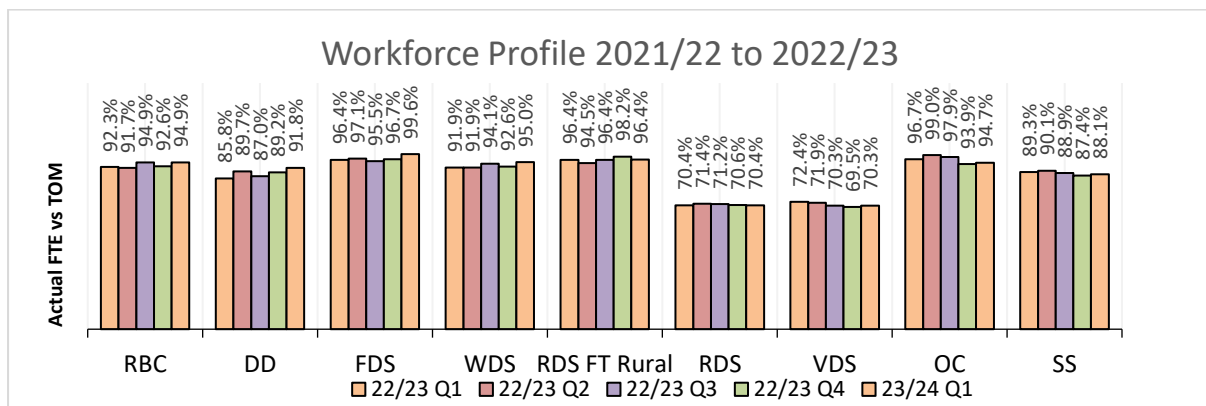
Strengthen and continually improve our approach to Strategic Resourcing Planning, ensuring that SFRS current and future workforce requirements are understood and planned for

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

| EMPLOYEE GROUP                           | Wholetime (WDS) |     |     |          |           | Retained*    |      |      |     |     |             |
|--|-----------------|-----|-----|----------|-----------|--------------|------|------|-----|-----|-------------|
|  | RBC             | DD  | FDS | Trainees | TOTAL WDS | RDS FT Rural | RDS* | VDS* | OC  | SS  | TOTAL (ALL) |
| Target Operating Model (FTE)             | 3021            | 350 | 255 |          | 3626      | 56           | 3309 | 384  | 170 | 856 | 8401        |
| Initiatives, Projects and Capital Funded |                 | 8   | 16  |          | 24        |              |      |      | 7   | 88  | 119         |
| Actual (FTE)                             | 2868            | 328 | 270 | 46       | 3512      | 54           | 2328 | 270  | 168 | 832 | 7164        |
| Actual (Headcount)                       | 2870            | 329 | 270 | 46       | 3515      | 55           | 2743 | 270  | 172 | 882 | 7637        |

\*The notional TOM for RDS and VDS staff is reflective of the establishment figures that were in place under legacy FRS arrangements and does not represent a staffing figure that is required to crew all appliances on SFRS On Call stations.

As at 30 June 2023, SFRS employed 7068 people, equating to a headcount of 7675. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract). In addition to the figures in the above table; 22 employees are on external Secondment (including union duties), 9 on career breaks and 7 in Partnership Initiative funded posts.





Staffing levels for most staff groups are broadly stable or show slight increases against TOM compared to the same period last year, with the exception of the Volunteer Duty System, Operations Control, and Support Staff groups which have shown a small reduction against TOM compared to quarter 1 2022/23. Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

### 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)  | 108             | 30 | 1   | 139       | 2            | 981  | 114  | 9  | 112 | 1357        |

\*The notional TOM for RDS and VDS staff is reflective of the establishment figures that were in place under legacy FRS arrangements and does not represent a staffing figure that is required to crew all appliances on SFRS On Call stations.

### 1.1.3 Percentage Staff vacancies

| EMPLOYEE GROUP | Wholetime (WDS) |      |      |           | Retained*    |       | VDS*  | OC   | SS    | TOTAL (ALL) |
|----------------|-----------------|------|------|-----------|--------------|-------|-------|------|-------|-------------|
|                | RBC             | DD   | FDS  | TOTAL WDS | RDS FT Rural | RDS*  |       |      |       |             |
| Vacancy (%)    | 3.6%            | 8.4% | 0.4% | 3.8%      | 3.6%         | 29.6% | 29.7% | 5.3% | 11.9% | 15.9%       |

\*The notional TOM for RDS and VDS staff is reflective of the establishment figures that were in place under legacy FRS arrangements and does not represent a staffing figure that is required to crew all appliances on SFRS On Call stations.

The external transfer process this year realised 5 transferees (2 CC, 2 WC and 1 SC). A register of transfer requests received is maintained and would allow a transfer process to be conducted quickly, if required.

45 Wholetime firefighter (WTFF) trainees are nearing completion of their initial training which commenced in May. Although 3 individuals withdrew from the course for varying reasons and there is no trend evident related to withdrawals from Trainee courses over the last 12 months. Based on Workforce Planning data, 48 candidates are being progressed for a September intake.

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Candidates are being progressed through the stages of the selection process to enable the Service to be in a better position to increase recruitment volumes quickly should the impact of the pension remedy require a larger intake of wholetime firefighters than currently planned. A review of the WFFF recruitment process is also underway to consider improved ways to meet forecast demand and improve candidate experience. Once the evaluation of the On-Call migration pilot is complete, consideration will be given to further On-Call migration process alongside traditional Wholetime intakes.

The vacancy rate for OC has decreased slightly to 5.3% from 6.1% last quarter as ongoing work to review recruitment and retention is carried out, including feedback from exit interviews, wellbeing support and work done with Corporate Communications.

Work has been undertaken in relation to attraction as follows:

- Inclusion of a section on OC added to SFRS Website.
- Social media campaign launched to advertise posts with an Instagram Q&A session held.
- Interviews with current colleagues recorded and uploaded via social media platforms.
- Information on role and recruitment shared with media partners and published in several newspapers. STV recorded a piece at Edinburgh OC which was on their website.

Work was conducted as a result of feedback from exit interviews as follows:

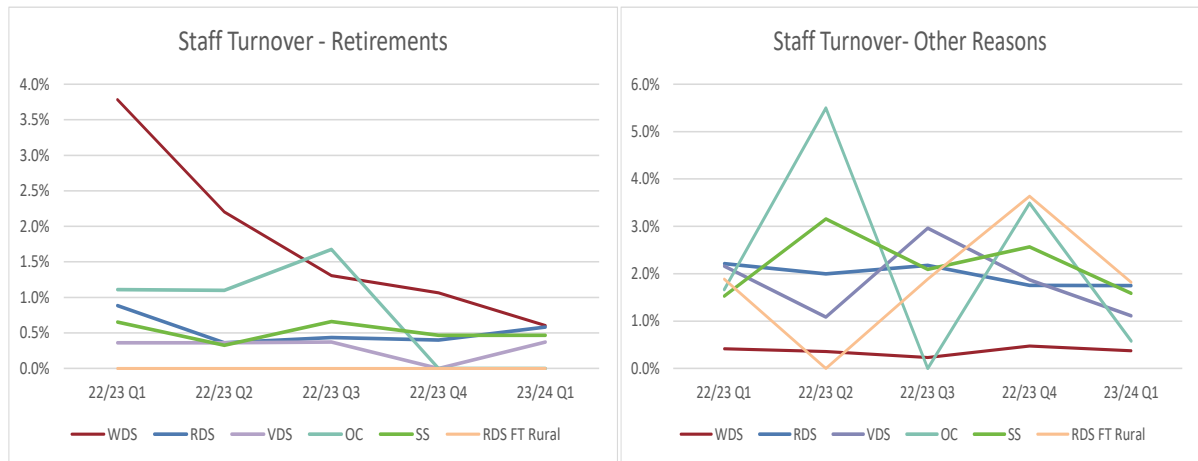
- Workshop held with WCs at WSDA OC to discuss local issues and support for both trainees and supervisors.
- Liaised with OC Training to amend internal assessment processes.
- Review ongoing of operational demand and daily administrative tasks to ascertain if further flexibility can be introduced.

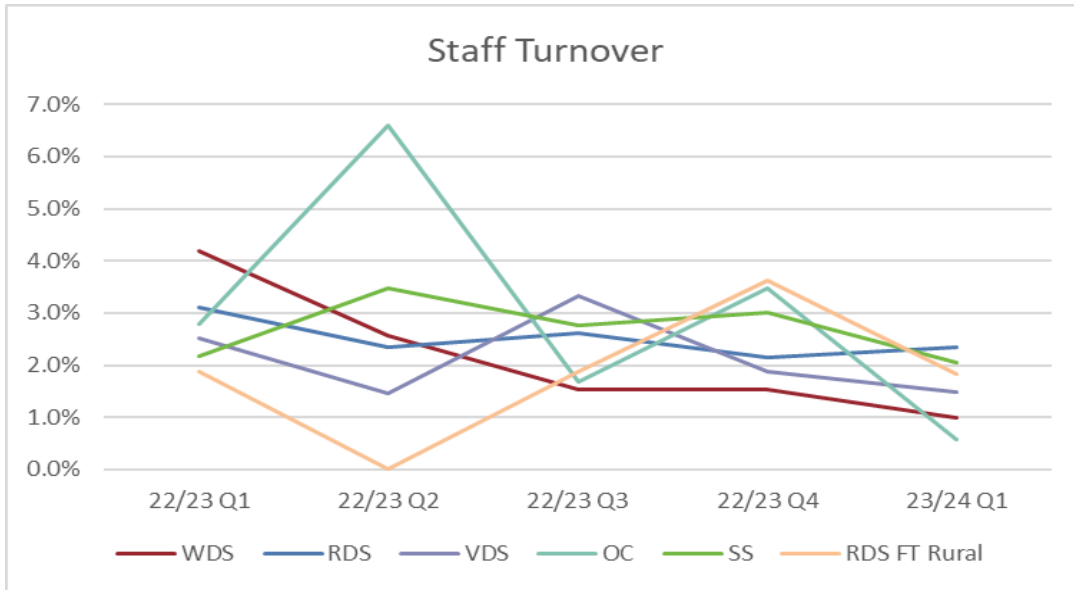
Support staff vacancies have decreased from 12.5% to 11.9% since last quarter. All support staff vacancies continue to be subject to review and approval by SLT to ensure staffing costs are managed within agreed budgets. A highly competitive external labour market is contributing to ongoing challenges in attraction and retention across various roles.

The pay award for support staff for 2023/24 has been agreed which includes the removal of the first incremental point within each grade, effectively increasing starting salaries for each post, along with and a cost-of-living increase applied to all grades, improving the overall reward package.

**1.1.4 Percentage Staff turnover by employee group**

| EMPLOYEE GROUP  | Wholetime (WDS) |             |             |             | Retained     |             |             |             |             |             |
|-----------------|-----------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|-------------|
|                 | RBC             | DD          | FDS         | TOTAL WDS   | RDS FT Rural | RDS         | VDS         | OC          | SS          | TOTAL (ALL) |
| Retirements     | 0.3%            | 1.5%        | 3.0%        | 0.6%        | 0.0%         | 0.6%        | 0.4%        | 0.0%        | 0.5%        | 0.5%        |
| Other Reasons   | 0.3%            | 0.9%        | 0.7%        | 0.4%        | 1.8%         | 1.7%        | 1.1%        | 0.6%        | 1.6%        | 1.0%        |
| <b>Turnover</b> | <b>0.6%</b>     | <b>2.4%</b> | <b>3.7%</b> | <b>1.0%</b> | <b>1.8%</b>  | <b>2.3%</b> | <b>1.5%</b> | <b>0.6%</b> | <b>2.0%</b> | <b>1.6%</b> |





The graph above reflects staff turnover rates in the last five quarters. There has been a small decrease in the overall rate from 2.0% in quarter 4 to 1.6% in quarter 1. Total wholetime turnover has decreased to 1.0% in quarter 1 from 1.5% in quarter 4 2022/23, partly due to employees awaiting the implementation of the Deferred Choice Underpin being applied from 1<sup>st</sup> October 2023.

It is also important to recognise there are currently 109 deferred leavers and a further 243 employees are in-scope of the pension remedy and may choose to retire earlier than anticipated when pension changes take effect in October 2023. This, in addition to the 52 business as usual (BAU) leavers forecast and 14 projected resignations, totals 418 wholetime colleagues who could potentially leave SFRS by December 2023. A range of options are being developed to provide short term resilience in the event of a higher than forecast retirement rate, which would be deployed in conjunction with the wholetime recruitment considerations outlined at 1.1.3. These options are being co-ordinated via the Strategic Service Review Programme (SSRP) Tactical Action Group (TAG) and include use of Day Duty Staff, mixed crewing and Training recovery actions.

There is a noted decrease in Flexi Duty Officer (FDO) turnover from 4.2% in quarter 4 2022/23 to 3.7% this quarter, which is understood to relate to colleagues awaiting implementation of the legislation regarding the Deferred Choice Underpin related to the Pension Remedy. It is forecast that this will increase next quarter and is part of ongoing horizon scanning.

On-call staff groups continue to experience the historical challenges with attraction and retention which are being prioritised by the National On-Call Leadership Forum.

OC turnover has decreased from 3.5% in quarter 4 to 0.6% in quarter 1 following some proactive work within OC, including a review of recruitment procedures and feedback from exit interviews, in addition to provision of wellbeing support.

Support staff turnover decreased from 3.1% in quarter 4 to 2.0% in quarter 1, mainly due to a reduction in the number of Fixed Term Contracts coming to an end.

## **Section 2**

### **2.1**

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

#### **2.1.1 Total number of grievance cases concluded within six weeks**

The number of grievances submitted in this quarter was 2 which is a reduction from the 5 received in quarter 4 of 2022/23. From these, 1 was concluded within six weeks. Two appeals were received and following consideration were not upheld. Both cases were within the West SDA and related to an alleged breach of the Dignity and Integrity Policy.

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

A total of 27 new discipline cases commenced within the quarter 4 within the Directorates, 12 in the North and 11 in the West. This is higher than the new cases presented at quarter 4 of 2022/23 by 10 cases. The main reasons for the 27 new cases are allegations of Breach of the Code of Conduct and Breach of Contract. Alongside the disciplinary processes, the themes linked to the Code of Conduct will be addressed through management development activities and planned work around SFRS culture and values.

In this quarter there were 5 cases concluded within 6 weeks, 5 concluded within 14 weeks, 1 case was completed after 14 weeks and the remaining 16 cases will carry over to the next quarter. It should be noted that the 27 cases were received at varying points within quarter 1. The reasons for the delays in completing some cases was mainly due to employees' absence and complexities of the cases. Some delays to case work have been due to other competing demands. It is anticipated that this will continue into the next reporting cycle and will continue to be monitored closely.

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

The number of cases of bullying and harassment within this quarter was less than five. Due to the nature of the complaints received, the cases were investigated via the grievance and disciplinary processes and have been incorporated into the sections above.

## **Section 3**

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

As reported in quarter 4 2022/23, between the period from 18th March to 31st March, the Wellbeing Team transitioned to a new Wellbeing management system which required a freeze on appointments for this period (except for employees in crisis). As a result, figures for this period are not directly comparable with data reported for previous periods. It is recognised that this may impact data produced in quarter 1 2023/24.

The Wellbeing team continue to develop and embed the new system; and explore and develop how we ensure the accuracy of the data and develop the reporting.

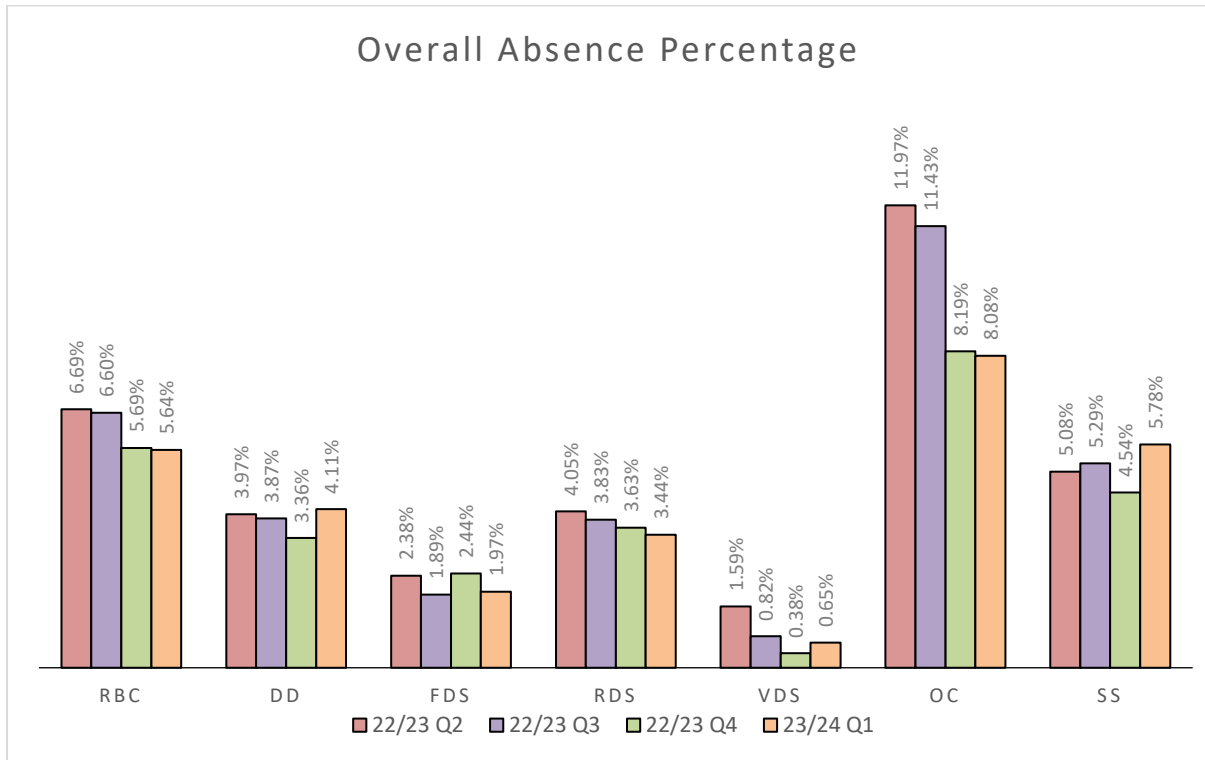
As this work remains ongoing, Wellbeing will not present performance data for quarter 1 2023/24 at the present time. There are several influencing factors that have resulted in this decision being taken:

- There has been some delay in progressing the further development of the new system which has impacted ability to produce robust data.
- Building reports bespoke to our requirements requires additional support from Cority, the system provider.
- We have identified data entry issues that are likely to be as a result of the migration to the new system and new processes.
- Full integration with the People system has not yet taken place. This means that we are not yet able to link data between the systems. This continues to be progressed with Cority.

Performance data for quarter 1 will be provided in quarter 2 2023/24.

**3.1.1 Overall absence percentage**

| EMPLOYEE GROUP  | RBC   | DD    | FDS   | TOTAL WDS    | RDS   | VDS   | OC    | SS    | TOTAL (ALL)  |
|---|-------|-------|-------|--------------|-------|-------|-------|-------|--------------|
| Overall Absence (work days lost versus work days available) | 5.65% | 4.11% | 1.98% | <b>5.00%</b> | 3.45% | 0.65% | 8.08% | 5.78% | <b>4.08%</b> |



The overall absence percentage for all SFRS working days lost in quarter 1 is 4.08% which is an increase of 0.5% compared to the previous quarter. It is noted that short-term absence has slightly decreased across staff groups, as shown below, particularly in OC which has decreased to 1.90% compared to 3.16% in the previous quarter. All staff groups have seen a slight increase in long-term absences, excluding FDS which has seen a slight decrease.

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

| EMPLOYEE GROUP   | RBC   | DD    | FDS   | TOTAL WDS    | RDS   | VDS   | OC    | SS    | TOTAL (ALL)  |
|--|-------|-------|-------|--------------|-------|-------|-------|-------|--------------|
| Short-Term Absence (work days lost versus work days available) | 2.12% | 0.91% | 0.69% | <b>1.77%</b> | 0.92% | 0.01% | 1.90% | 1.22% | <b>1.18%</b> |

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This table shows the percentage of workdays lost due to short-term absence as a percentage of workdays available. There has been a very slight decrease in the short-term absence rate across all employee groups of 0.27% in this quarter. The largest decrease can be seen within the OC, which has decreased by 1.3%. It is possible that this decrease is related to more robust monitoring by management and support from the People Adviser, who has been working closely with the new OC management team in this area.

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

| <b>EMPLOYEE GROUP</b>   | <b>RBC</b> | <b>DD</b> | <b>FDS</b> | <b>TOTAL WDS</b> | <b>RDS</b> | <b>VDS</b> | <b>OC</b> | <b>SS</b> | <b>TOTAL (ALL)</b> |
|---|------------|-----------|------------|------------------|------------|------------|-----------|-----------|--------------------|
| Long-Term Absence (work days lost versus work days available) | 3.53%      | 3.20%     | 1.29%      | <b>3.23%</b>     | 2.53%      | 0.65%      | 6.18%     | 4.56%     | <b>2.90%</b>       |

This table shows the percentage of working days lost due to long-term absence as a percentage of working days available. There has been a slight increase in long-term absence across all staff groups by 0.32%, apart from FDS, which has decreased by 0.28% compared to the previous quarter. It is noted that the largest increase is within the Support Staff group, which increased by 1.5% and this will be monitored with the line managers and appropriate support provided by the People Advisers in the next quarter.

**3.1.4 Short-term absence by top three absence reasons**

| <b>Short Term Sick - Top 3 Reasons</b> | <b>Musculoskeletal</b> | <b>Respiratory</b> | <b>Stomach or Bowel</b> | <b>Other</b> | <b>TOTAL</b> |
|--|------------------------|--------------------|-------------------------|--------------|--------------|
| <b>RBC</b>                             | 849                    | 487                | 386                     | 565          | <b>2287</b>  |
| <b>DD</b>                              | 47                     | 31                 | 2                       | 133          | <b>213</b>   |
| <b>FDS</b>                             | 28                     | 27                 | 15                      | 44           | <b>114</b>   |
| <b>RDS</b>                             | 963                    | 443                | 176                     | 700          | <b>2282</b>  |
| <b>VDS</b>                             | -                      | -                  | 2                       | -            | <b>2</b>     |
| <b>OC</b>                              | 18                     | 40                 | 15                      | 61           | <b>134</b>   |
| <b>SS</b>                              | 73                     | 205                | 53                      | 215          | <b>546</b>   |
| <b>Total Working Days Lost</b>         | <b>1978</b>            | <b>1233</b>        | <b>649</b>              | <b>1718</b>  | <b>5578</b>  |
| <b>Number of Employees</b>             | <b>322</b>             | <b>327</b>         | <b>242</b>              | <b>315</b>   | <b>1206</b>  |



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

| Long Term Sick - Top 3 Reasons | Musculoskeletal | Psychological | Surgical    | Other       | TOTAL        |
|--------------------------------|-----------------|---------------|-------------|-------------|--------------|
| RBC                            | 1739            | 833           | 580         | 651         | 3803         |
| DD                             | 207             | 246           | 15          | 279         | 747          |
| FDS                            | 75              | 20            | 61          | 57          | 213          |
| RDS                            | 3176            | 1441          | 489         | 1186        | 6292         |
| VDS                            | 106             | -             | -           | 53          | 159          |
| OC                             | 134             | 213           | -           | 88          | 435          |
| SS                             | 348             | 902           | 174         | 613         | 2037         |
| <b>Total Working Days Lost</b> | <b>5784</b>     | <b>3655</b>   | <b>1319</b> | <b>2927</b> | <b>13685</b> |
| <b>Number of Employees</b>     | <b>152</b>      | <b>97</b>     | <b>42</b>   | <b>77</b>   | <b>368</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 all staff groups there has been a decrease in the number of short-term absences, excluding FDS and VDS which have seen very slight increases. Overall, there has been a large decrease of 1,314 working days lost compared to quarter 4 2022/2023, with a decrease in respiratory absences across all groups.

All staff groups have had an increase in working days lost in relation to long-term absence, with an overall increase of 1,441 days lost compared to quarter 4 2022/2023.

MSK issues continue to be the main reason for long-term absence and the overall number of absences has increased in this quarter by 10 employees. It is possible that this increase is due to delays with the NHS waiting times as they continue to recover from the impact of the pandemic. A series of events are planned for August 2023 across the Service, focusing on education and prevention of MSK injuries. The MSK Injury Reduction Group has also been re-established and a revised action plan is in place to address the challenges associated with MSK injury and absence.

Within OC long-term psychological absences increased in this quarter by 7 employees. The People Adviser is continuing to support the Management Team within the OC to address both short and long-term absence in this area and ensure that the employees are being appropriately supported through our Mental Health Programmes. Wellbeing commenced the delivery of the 'Healthy Lifestyle and Nutrition Project' with OC colleagues as reported in quarter 4. The one-to-one sessions will be complete in quarter 2 and an evaluation of the

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project will take place following completion in quarter 2 allowing information to be available in quarter 3.

Employees who are on long-term absence are being fully supported by Wellbeing, their managers and the People Advisers. This has included the continuation of the delivery of local Attendance Management Training to a cadre of newly promoted managers. An internal audit was completed in quarter 4 and whilst this concluded that the Service has in place a robust framework for the management of sickness absence, this identified a number of actions to ensure that colleagues are adhering to various stages of the policy and procedures. Based on the recommendations, refresher guidance will be communicated to managers and published on the iHub, as well as being incorporated into the local training sessions to ensure that the management steps and interventions are all actioned as expected. Work has also commenced on national management development courses, which will incorporate a dedicated session on Attendance Management

## Appendix 1 – Glossary of Terms

|                 |                                    |
|-----------------|------------------------------------|
| BAU             | Business As Usual                  |
| CC              | Crew Commander                     |
| DD              | Day Duty                           |
| FDO             | Flexi Duty Officer                 |
| FDS             | Flexi Duty System                  |
| FF              | Firefighter                        |
| FTE             | Full Time Equivalent               |
| HW              | Health and Wellbeing               |
| MSK             | Musculoskeletal                    |
| OC              | Operations Control                 |
| On-Call RDS/VDS | Retained and Volunteer Duty System |
| RBC             | Resource Based Crewing             |
| RDS             | Retained Duty System               |
| RDS FT          | Retained Duty System Full Time     |
| SFRS            | Scottish Fire and Rescue Service   |
| TOM             | Target Operating Model             |
| SC              | Station Commander                  |
| SDA             | Service Delivery Area              |
| SLT             | Strategic Leadership Team          |
| SS              | Support Staff                      |
| SSRP            | Strategic Service Review Programme |
| TAG             | Tactical Action Group              |
| VDS             | Volunteer Duty System              |
| WC              | Watch Commanders                   |
| WDS             | Watch Duty System                  |
| WTFF            | Wholetime Firefighter              |

Appendix 2 – PMF People Measures

**KPI 46 Resource Based Crewing FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

| Quarter   | FTE Value |
|-----------|-----------|
| Y21-22 Q2 | 98        |
| Y21-22 Q3 | 97        |
| Y21-22 Q4 | 94        |
| Y22-23 Q1 | 92        |
| Y22-23 Q2 | 91        |
| Y22-23 Q3 | 95        |
| Y22-23 Q4 | 93        |
| Y23-24 Q1 | 96        |

**OWNER:** Head of People

**SUMMARY**  
Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

**KPI 46 Off Station FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

| Quarter   | FTE Value |
|-----------|-----------|
| Y21-22 Q2 | 95        |
| Y21-22 Q3 | 94        |
| Y21-22 Q4 | 89        |
| Y22-23 Q1 | 83        |
| Y22-23 Q2 | 89        |
| Y22-23 Q3 | 86        |
| Y22-23 Q4 | 89        |
| Y23-24 Q1 | 94        |

**OWNER:** Head of People

**SUMMARY**  
Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

**KPI 46 Flexi Officer FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

| Quarter   | FTE Value |
|-----------|-----------|
| Y21-22 Q2 | 101       |
| Y21-22 Q3 | 99        |
| Y21-22 Q4 | 98        |
| Y22-23 Q1 | 94        |
| Y22-23 Q2 | 97        |
| Y22-23 Q3 | 94        |
| Y22-23 Q4 | 97        |
| Y23-24 Q1 | 101       |

**OWNER:** Head of People

**SUMMARY**  
Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

**KPI 46 Operations Control FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

| Quarter    | FTE Value |
|------------|-----------|
| 7/21-22 Q2 | 96        |
| 7/21-22 Q3 | 100       |
| 7/21-22 Q4 | 95        |
| 7/22-23 Q1 | 98        |
| 7/22-23 Q2 | 102       |
| 7/22-23 Q3 | 100       |
| 7/22-23 Q4 | 95        |
| 7/23-24 Q1 | 96        |

**OWNER:** Head of People

**SUMMARY**

Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

**KPI 46 Rural Full-time FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

| Quarter    | FTE Value |
|------------|-----------|
| 7/21-22 Q2 | 97        |
| 7/21-22 Q3 | 98        |
| 7/21-22 Q4 | 98        |
| 7/22-23 Q1 | 95        |
| 7/22-23 Q2 | 92        |
| 7/22-23 Q3 | 95        |
| 7/22-23 Q4 | 98        |
| 7/23-24 Q1 | 95        |

**OWNER:** Head of People

**SUMMARY**

Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

**KPI 46 On Call Retained FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

| Quarter    | FTE Value |
|------------|-----------|
| 7/21-22 Q2 | 74        |
| 7/21-22 Q3 | 73        |
| 7/21-22 Q4 | 72        |
| 7/22-23 Q1 | 69        |
| 7/22-23 Q2 | 71        |
| 7/22-23 Q3 | 70        |
| 7/22-23 Q4 | 69        |
| 7/23-24 Q1 | 68        |

**OWNER:** Head of People

**SUMMARY**

Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

**KPI 46 On Call Volunteer FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People

**SUMMARY**

Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

| Quarter    | Value |
|------------|-------|
| '21-'22 Q2 | 75    |
| '21-'22 Q3 | 74    |
| '21-'22 Q4 | 73    |
| '22-'23 Q1 | 72    |
| '22-'23 Q2 | 72    |
| '22-'23 Q3 | 71    |
| '22-'23 Q4 | 70    |
| '23-'24 Q1 | 71    |

**KPI 46 Support Staff FTE** Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions to mitigate any impact to operational resilience. Such activity is under continual review to ensure organisational requirements can be met and to ensure that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People

**SUMMARY**

Workforce Planning continue to actively monitor the leavers profile against the Target Operating Model (TOM), to inform actual and potential reporting projections on workforce requirements, to enable forums and management teams to make evidence led decisions to mitigate any impact to agreed structures. Resourcing activity for 2023 is under continual review to ensure organisational requirements can be met.

| Quarter    | Value |
|------------|-------|
| '21-'22 Q2 | 93    |
| '21-'22 Q3 | 92    |
| '21-'22 Q4 | 91    |
| '22-'23 Q1 | 89    |
| '22-'23 Q2 | 91    |
| '22-'23 Q3 | 89    |
| '22-'23 Q4 | 87    |
| '23-'24 Q1 | 88    |

**KPI 47 Vacancies Rate** Track

**PURPOSE:** We continue to improve our recruitment processes and make our roles more attractive to all members of our communities.

**OWNER:** Head of People

**SUMMARY**

45 Wholetime firefighter (WTF) trainees are nearing completion of their initial training which commenced in May. Based on the Strategic Workforce Planning paper provided to the SLT a decision to progress 48 candidates for a September intake has commenced. We are progressing a number of candidates through the various stages of the selection process for intakes in 2024. Support staff vacancies have decreased from 12.5% to 11.9% since last quarter. Due to ongoing market conditions we continue to experience difficulties in attracting and onboarding applicants across various roles.

| Quarter    | Value |
|------------|-------|
| '21-'22 Q3 | 14%   |
| '21-'22 Q4 | 15%   |
| '22-'23 Q1 | 17%   |
| '22-'23 Q2 | 15%   |
| '22-'23 Q3 | 16%   |
| '22-'23 Q4 | 16%   |
| '23-'24 Q1 | 11.9% |

**KPI 48**
**Turnover Rate**
➔

**PURPOSE:** Improving the experience of employees should reduce staff turnover. Developing and sustaining a positive workforce culture where all employees feel treated with respect and dignity will also support this.

🎯 Track

| Quarter | Turnover Rate (%) |
|---------|-------------------|
| Q4 2021 | 1.6               |
| Q1 2022 | 2.2               |
| Q2 2022 | 3.1               |
| Q3 2022 | 2.0               |
| Q4 2022 | 1.6               |
| Q1 2023 | 3.1               |
| Q2 2023 | 2.3               |
| Q3 2023 | 1.9               |
| Q4 2023 | 2.0               |
| Q1 2024 | 1.6               |

**OWNER:** Head of People

**SUMMARY**

There has been a small decrease in the overall rate from 2.0% in quarter 4 to 1.6% in quarter 1. Total whole-time turnover has decreased to 1.0% in Quarter 1, partly due to employees awaiting the implementation of the Deferred Choice Underpin being applied from 1st October 2023. On-Call turnover has increased slightly to 2.3% in Quarter 1 from 2.2% in quarter 4 for RDS but has remained steady at 1.9% for Volunteers. Support staff turnover decreased from 3.1% in quarter 4 to 2.0% in Quarter 1, due to more effective management of support staff vacancies and a reduction in number of Fixed Term Contracts ending.

---

**KPI 49**
**Absence Rate**
➔

**PURPOSE:** By being the best employer it can be, SFRS provides a wide range of support to employees through the Health and Wellbeing Department via the referral pathway to help staff return to work and stay in work.

🎯 Reduce against previous year

| Quarter | Absence Rate (%) |
|---------|------------------|
| Q4 2021 | 4.08             |
| Q1 2022 | 4.58             |
| Q2 2022 | 3.16             |
| Q3 2022 | 2.90             |
| Q4 2022 | 2.36             |
| Q1 2023 | 4.08             |
| Q2 2023 | 3.16             |
| Q3 2023 | 2.36             |
| Q4 2023 | 2.36             |
| Q1 2024 | 2.36             |

**OWNER:** Head of People

**SUMMARY**

Average overall absence percentage for all SFRS working days lost in quarter 1 is 4.08% which is an increase of 0.5% compared to the previous quarter. It is noted that short-term absence has slightly decreased across staff groups, as shown below, particularly in OC which has decreased to 1.90% compared to 3.16% in the previous quarter. All staff groups have seen a slight increase in long-term absences, excluding FDS which has seen a slight decrease.

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|                        |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
| Report to:             |  | PEOPLE COMMITTEE   |  |  |  |  |  |  |
| Meeting Date:          |  | 14 SEPTEMBER 2023  |  |  |  |  |  |  |
| Report Title:          |  | TRAINING FUNCTION UPDATE AND PERFORMANCE REPORT Q1 2023-24 |  |  |  |  |  |  |
| Report Classification: |  | For Scrutiny   |  |  |  |  | <p style="color: red; text-align: center;"><b>SFRS Board/Committee Meetings ONLY</b><br/>                     For Reports to be held in Private<br/>                     Specify rationale below referring to<br/> <u><a href="#">Board Standing Order 9</a></u></p> |  |
|                        |  |  |  |  |  |  |  |  |
| <b>1</b>               | <b>Purpose</b>   |  |  |  |  |  |  |  |
| 1.1                    | The purpose of this report is to provide a high-level overview of the Training Function activity and performance over Q1 2023-24.  |  |  |  |  |  |  |  |
| <b>2</b>               | <b>Background</b>  |  |  |  |  |  |  |  |
| 2.1                    | This report outlines the performance measures collated by the Training Function against the Priorities set out by Scottish Government in the Fire and Rescue Framework for Scotland 2022 which states “ <b>Scottish Fire and Rescue Service (SFRS) should continue to be a Fair Work employer and develop as an employer of choice. It should promote the equality, safety and physical and mental health of all its staff. SFRS should continue to maximise the effectiveness of its approach to workforce and succession planning and should be a learning organisation with equal opportunities for all. SFRS should ensure it enables innovation and change through its People Strategy. SFRS should actively strive to be an organisation that is more representative of the people and communities of Scotland that it serves.</b> ” In turn these priorities have been identified in the SFRS Strategic Plan 2022-25. |  |  |  |  |  |  |  |
| 2.2                    | Following a joint workshop held with the People Committee and Service Delivery Committee, in March 2023, the performance reporting approach was covered in detail and it was confirmed that we lift the level of reporting appropriate to the Committee/Board level, which also aligns with an audit recommendation. This paper now represents what that looks like in practice using the SFRS Corporate Power BI system and forms a key part of our continuous improvement journey within the Training Function.  |  |  |  |  |  |  |  |
| <b>3</b>               | <b>Main Report/Detail</b>  |  |  |  |  |  |  |  |
| 3.1                    | For ease of reference, this report is split into two parts. Firstly, providing a Training Function Update (Appendix A) with regard to key aspects of work across the Training Function over Q1 2023-24.  |  |  |  |  |  |  |  |
| 3.2                    | Secondly, this report places a specific focus on the Key Performance Indicators as set out in the <a href="#">Performance Management Framework (PMF) 2023-24</a> . With an update into the Q1 2023-24 data, using the corporate PowereBI reporting tool, aligned to the Training Function (see Appendix B). Further detail to support this is included within section 3.3 to 3.10.   |  |  |  |  |  |  |  |
| 3.3                    | Training Function Key Performance Indicator as set out in the PMF 2023-24. (Performance Power BI dashboard can be viewed within Appendix 2)  |  |  |  |  |  |  |  |



|       |  |
|-------|--|
| 3.4   | Further to this please see additional context against each of the KPI aligned to the Training Function:-   |
| 3.5   | <b>KPI 22 - % completion of Operational Core Skill Modules for Firefighter to Watch Commander against training programme;</b>  |
| 3.5.1 | The Operational Core Skills Modules within the TfOC are pre-populated and continue to operate on a 12-month rolling programme. The Q1 2023-24 figures for the TfOC core skills reportable over this quarter show a decline in the completion rates. Through early investigation the reasons for this that are coming through are as follows:-  |
| 3.5.2 | Firstly, the data which forms the report was generated 1 month earlier than in previous quarters. This is in order to align to the new timescales set by the Data Services team for Corporate Reporting against the Performance Management Framework 2023/24 to the SFRS Board. This high level KPI also now includes Day Duty personnel as part of the subset of performance indicators that make it up. This combined with a lower completion of On-call personnel has attributed to the overall KPI percentage completion reducing over Q1. |
| 3.5.3 | Additionally, overall the RTC & Extrication Core Skill exhibits lower completion rates. It has been determined that this has resulted due to confusion that the core skill cannot be completed without a scrap vehicle. The Training Function Learning E-Systems Development team have now provided clearer guidance to LSO Areas on this matter.  |
| 3.5.4 | Lastly, for a select number, in particular on-call personnel, the Wildfire season may have limited the capacity to complete theoretical based training especially for On Call personnel within remote rural areas.   |
| 3.5.5 | The Training Function continue to provide ongoing support for distance training by making our learning content available on various platforms, ensuring that individuals can maintain their core skill competency. This support extends to offline solutions, allowing users with limited broadband connections to access the learning content.  |
| 3.6   | <b>KPI 23 - % completion of Advanced, Support and Emerging Risks Modules for Firefighter to Watch Commander against training programme;</b>  |
| 3.6.1 | Advanced Modules, Support Modules and any new packages on Emerging Risks are populated into the schedule by the Training Function on a Quarterly basis using a risk-based approach. The 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.  |
| 3.6.2 | Q1 Modules included Marine Firefighting and Organisational Security.   |
| 3.6.3 | The Q1 statistics for Resource Based Crewing (RBC) demonstrate consistent performance in comparison to the preceding quarter. Nevertheless, there has been a minor reduction in the Retained Duty system (RDS), and a significant downturn is observed in the Volunteer Duty System (VDS) as compared to the prior quarter.  |
| 3.6.4 | Whilst there has been a downturn in completion rates this quarter, the re-formatting of learning materials for RDS and VDS Staff, integrating videos and refining learning goals, remains positively acknowledged.   |
| 3.6.5 | The ongoing support provided by the Learning and E-Development Team in facilitating remote content access has been well-received. Furthermore, the consistent communication with Service Delivery Area (SDA) partners continues to contribute to personnel support.  |

|       |   |
|-------|---|
| 3.7   | <b>KPI 24 - % completion of Flexi Duty Officer Modules against training programme;</b>  |
| 3.7.1 | The Flexi Duty Officer (FDO) Training for Operational Competence (TfOC) in Q1 2023/24 indicates a very slight decline when contrasted with the preceding quarter. This comes amid ongoing challenges stemming from staff turnover, including retirements, within the FDO staffing group.  |
| 3.8   | <b>KPI 25 - % completion of Incident Command currency following National Training Standards;</b>  |
| 3.8.1 | Incident Command competence across the duty groups continue to show a high level of performance with the National Incident Command Team continuing to support personnel and quality assure the delivery of ICA and ICL1 courses at National and Local training venues. The development of the ICL1 modular delivery for remote/rural areas will enhance the Service's capacity particularly for On-call Duty Systems.   |
| 3.8.2 | The VDS figure falls just under the 95% target with an actual figure of 8 personnel not current in the skill, out of a total of 73. We are aware and have follow up dates already planned. This figure is a significant improvement on the Q4 2022-23 which was 64%. The resulting work and focus has led to the improvement for Q1 2023-24. It is worth noting that due to the small numbers involved in VDS Incident Command, any shortfall will translate to a large drop in the percentage of the total.  |
| 3.8.3 | RBC competency targets at ICL1 (ICA)/2/3/4 are now back to pre-covid levels with the programming of the refresher courses tracking the currency requirements. The current figures are consistent with previous quarters however with the current pension remedy challenge, this may begin to impact on the overall number of Incident Commander across the Service at all levels but cannot be determined at this time. The Training Function are working alongside Workforce planning to prepare for this eventuality by building up resilience at all levels and pre-planning where possible to schedule courses. The work mentioned with regard the ICL1 modular delivery will assist in mitigating the impact at ICA and ICL1 level across these Duty patterns.   |
| 3.9   | <b>KPI 26 - % completion of Core Skills currency following National Training Standards;</b>   |
| 3.9.1 | <p><u>ICAT Basic:</u> -</p> <p>Currency percentage for the three SDAs, and across all relevant duty groups is 66%. The current target percentage for this specific indicator relating to ICAT Basic is set at 60% and will be kept under review in light of the fact that ICAT Basic is a core skill for the FF – WC cadre. When reviewed against each SDA there are variations in currency rates. The ESDA performs strongly with an overall percentage of 100%. The NSDA is also above the target percentage, with 78% current. The WSDA at present does not meet the 60% target with an overall rate of 52%. When reviewed against the specific LSO areas in the WSDA the % variations are again notable. Further review of these variations will be undertaken to gain a full understanding of any restricting factors. Some preliminary feedback from the WSDA intimates that demand for course delivery does place challenges on the ICAT instructor cadre. Options for addressing this are being explored and how the approach taken in the ESDA and NSDA can support improvements needed in the WSDA.</p> |
| 3.9.2 | <p><u>Emergency Response Driving (ERD):</u></p> <p>The overall percentage of ERD reassessment completion currently sits at 79%, with individual SDAs seeing results from 77% in WSDA, 87% ESDA and 79% in NSDA. Results between individual LSO areas also various with the CoG and Highland LSOs seeing the lowest percentage of completion rate at 57%. Significant work is underway within the Driver Training section to implement a long-term solution to enhance the driving instructor cadre, with clear focus on the NSDA and WIOS areas, which will assist in improving the overall completion rates within the NSDA. Within the WSDA Driver training section, there has been significant changes in personnel due to retirement, sickness and resignations. This has led to a reduced (short-term) capacity issue which is reflected in the lower completion rate of</p>   |

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|        | ERD refreshers being achieved. Work is in progress to fill all vacancies within the section to assist in the quantity of courses being scheduled/delivered. The ESDA management team continue to offer available to courses to WSDA staff to assist in improving the CoG position.   |
| 3.9.3  | Additional work to increase the quantity of reassessments being carried out daily, is near completion and will significantly assist in the completion rates of ERD reassessments long term, this will see an initial twofold increase with the desire to raise to fourfold increase after a review period. The proposed model, developed in partnership with Police Scotland through a series of benchmarking exercises, would see no reduction in training standards and all elements contained within the current SFRS ERD reassessment course content would be fully assessed, albeit in a condensed format.  |
| 3.9.4  | <u>Breathing Apparatus (BA), Compartment Fire Behaviour Training (CFBT). Tactical Ventilation (TV):</u><br>During COVID a decision was taken to focus the delivery of training on BA & CFBT. This has resulted in gaps in the currency of TV which will be addressed later in the report. The percentage of BA currency over all SDA's sits at 79%, an increase of 4% on Q4. Both wholetime and on call currency over all three SDA's is over 70%, with a significant improvement demonstrated in the WSDA, with currency at 91% for wholetime and 74% for on call.  |
| 3.9.5  | CFBT currency over all three SDA's is currently at 65%, an increase of 8% on Q4. With wholetime SDA percentages between 65% and 78%, and on call ranging between 55% and 77%. Improvements will be required which will be addressed by the implementation of a BA recovery plan.   |
| 3.9.6  | <u>BA Recovery Plan:</u><br>The training Function recognise the gaps in BA, CFBT and TV currency due to the impact of COVID and other challenges including capacity, attendees' availability and facilities to deliver training. An increase in instructor numbers following vacant posts being filled as well as assistance from LSO instructors, has contributed to an improvement in the statistics shown. Following a review of the delivery of BA related training, and to reduce organisational risk, a BA recovery plan proposal has been formulated and is currently being communicated through the organisation for comment and feedback before being formally progressed through governance. The recovery plan would be for a period of 18-24 months and would see all operational staff provided with online learning material followed by a practical course to reinstate currency. Following the recovery plan delivery, a proposed new business as usual model would be implemented which would see a sustainable model with the reintroduction of watch-based instructors and training delivered aligned to local risk. |
| 3.10   | <b>KPI 27 - % completion of Specialist Rescue currency following National Training Standards;</b>  |
| 3.10.1 | Competency across all Specialist Rescue capabilities continues to progress following the impact of unforeseen pension changes, retirements and recent promotion process leading to staff promotions or transfers. All Specialist Rescue courses are under review to highlight any efficiencies that can be made promoting more efficient use of training resources, enhanced training delivery and improving collaboration with our blue light partners. Localised Training delivery is also being used for all courses where local facilities allow.  |
| 3.10.2 | <u>Heavy Rescue (HR):-</u><br>There has been a notable increase in % of competent personnel from 57 % to 64% across the SFRS. This is primarily due to the increase in capacity of students on HR courses from 12 to 18 where instructional staff allows it. Due to the HR figures being significantly lower in the NSDA than in the ESDA and WSDA an additional 2 NSDA only HR courses are now scheduled within Training year 2023 / 24, this is to endeavour to raise the TOM within the NSDA in line with the ESDA and WSDA. To ensure maintenance of competencies CPD  |

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|        | <p>courses are currently being scheduled for all HR Stations on a 3 yearly basis as part of the specialist skills refresher programme, due to current competencies no further CPD courses are due to be scheduled until 2024.</p>   |
| 3.10.3 | <p><u>Urban Search and Rescue (USAR): -</u><br/>           Currency has seen an overall gradual improvement with a significant rise from 54% to 63% in Q1. The delivery of a series of USAR Technician acquisition and trench courses are now being delivered at maximum candidate capacity, where possible, to expedite the return to pre-pandemic levels. Further acquisition courses have also been scheduled which will further enhance competency levels. The USAR team have completed their upskilling (which was aligned to the slight decrease in Q4) at Outreach Rescue (Wales) for confined space instructor courses. An additional USAR Instructor has been identified for the NSDA which will allow for the implementation and quality assurance of the USAR KATA programme with a projection of a notable increase in competency figures within the area.</p>  |
| 3.10.4 | <p>The removal of the training collapsed structure simulator has impacted upon course delivery over the last 4 quarters. A full report has been submitted and is currently going through our Executive governance structures, with a view to improve the existing USAR facilities, meantime a USAR facilities working group has been created to support this work.</p>  |
| 3.10.5 | <p>USAR Tactical Advisor course now scheduled for Q3 with a projection of 24 FDOs qualified by December 2023.</p>   |
| 3.10.6 | <p><u>Water Rescue:-</u><br/>           Maintains a high level of competence with over performance figures linked to the request of SLT to have every trainee assigned to a water rescue station fully trained within two weeks of completing foundation course and a change to the Standard Operating Procedure regarding the number of operators required for a boat crew. The introduction of VHF radio courses for all 20 stations is progressing well within Q1. A new combined Swift and Flood Rescue Boat Operator and Royal Yachting Association level 2 with VHF Short Range Certificate within the same course has been completed and will continue as a course efficiency/improvement. Knowledge Applied Training Assessment (KATA) sessions remain for station currencies. Water Rescue and High-Volume Pump Instructional cadre along with Capability team have all completed the Managing Water and Flood Incidents course to allow for Tactical Advisors course development within Q1.</p> |
| 3.10.7 | <p><u>Rope Rescue:-</u><br/>           Competency have remained constant into Q1 with very slight increases recorded. Ongoing communications with the Rope Rescue Station Commanders have assisted in aligning competency levels across the 5GDS. The purpose being to select the most suitable personnel from each station, with a targeted training approach for each watch.</p>  |
| 3.10.8 | <p><u>Mass Decontamination:-</u><br/>           Competency has seen a slight increase in performance compared to Q4 which is due to the increase in trench and operators' courses however this is expected to improve going forward following further upskilling of personnel with courses at Moreton on Marsh and Outreach Rescue in Wales.</p>  |
| 3.11   | <p><b>KPI 28 - % of all Training Function Courses delivered versus total number of courses scheduled within agreed Training Delivery Plan;</b></p>  |
| 3.11.1 | <p>During Q1 2023-24 the Training Function has achieved completion rates of 95% against the high level KPI's which aligns to agreed compliance levels.<br/>           Course non completion of 5% can be attributed to a range of factors including, some common themes are as follows:-</p> <ul style="list-style-type: none"> <li>• Instructor availability</li> <li>• Crews be mobilised to incidents during training</li> <li>• Priority changes</li> </ul>   |

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| 3.11.2   | Further work is underway as part of the introduction of this KPI for 2023/24 to provide more detailed reasoning against these factors and will form part of our commitment to continuous improvement.  |
| 3.12     | <b>KPI 29 - % of all Training Function Course Delivery (Candidate Satisfaction %)</b>  |
| 3.12.1   | Between Q4 2022 23 and Q1 2023 24 candidate satisfaction increased by just over a quarter of a percent to 99.83%. As can be seen from the data going back to Q1 2020 21, candidate satisfaction levels are consistently high and range between 99 and 100%.  |
| 3.12.2   | Main themes of the qualitative feedback include the excellent standard of teaching, knowledge and support given by Instructors. Candidates were also very positive about the practical sessions and identified the benefits of these in developing their skills.   |
| 3.12.3   | Some examples from the current quarter across all Training Centres are:<br><i>“Very good course, enjoyed the day”</i><br><i>“Patient Instructors”</i><br><i>“Superb course – well delivered”</i><br><i>“The level of course delivery and engagement was increased massively and we seem to be moving in a great direction now”</i><br><i>“Course was very well instructed”</i><br><i>“Course was excellent and instructors knowledgeable and teach well”</i><br><i>“Instructor during hot wear was very informative and talked through decision with good guidance/learning points to take away”</i><br><i>“Good input from instructor. Plenty hands on practice to develop my skills”</i><br><i>“Very good course and instruction was excellent”</i><br><i>“Really enjoyable course”</i><br><i>“Instructors had excellent knowledge. Ensuring this was passed on and helped with confidence.”</i><br><i>“Great to get hands on with the tools and practicing cutting on vehicles”</i><br><i>“Trainers excellent attitude”</i> |
| 3.12.4   | Currently the course evaluation process is predominantly paper based with candidates completing the forms prior to leaving the training location. This is changing to an electronic process during 2023-24 which will give candidates more time to reflect on their training prior to completing the online form however it is anticipated to have an impact on the overall number of course evaluations being completed.  |
| 3.12.5   | This KPI comes from the number of candidates selecting “Good” or “Very Good” (of which there were 3609 course candidate responses over this period) vs the total number of responses to the “What was your overall opinion of the course” question on the course evaluation forms. i.e. 0.17% of candidates (equates to 6 course candidates) in Q1 2023 24 selected “Fair” or “Poor”. Of this number the content is fed through the Training Function Management Review Group (MRG) to make improvements on areas highlighted and so this is acknowledged/addressed.   |
| <b>4</b> | <b>Recommendation</b>  |
| 4.1      | To scrutinise the report and provide feedback as necessary on its content and the new approach of reporting and presenting performance data for 2023/24.   |
| <b>5</b> | <b>Key Strategic Implications</b>  |
| 5.1      | <b>Risk</b>  |
| 5.1.1    | To ensure risk movement is monitored and actions taken to mitigate this at a Function level the Training Function have reviewed the Functional Risk Register with a specific focus on the control actions and aligned this to workstreams where applicable.  |
| 5.2      | <b>Financial</b>   |
| 5.2.1    | There are no financial implications arising from the content of this report.   |

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| 5.3<br>5.3.1   | <b>Environmental &amp; Sustainability</b><br>There are no environmental & sustainability implications arising from the content of this report.   |  |
| 5.4<br>5.4.1   | <b>Workforce</b><br>The purpose of this report is to strengthen performance managements and drive improvement of our workforce.  |  |
| 5.5<br>5.5.1   | <b>Health &amp; Safety</b><br>There are no health and safety implications arising from the contents of this report.  |  |
| 5.6<br>5.6.1   | <b>Health &amp; Wellbeing</b><br>There are no health and wellbeing implications arising from the contents of this report.  |  |
| 5.7<br>5.7.1   | <b>Training</b><br>To ensure we have personnel maintain their currency within required training requirements for their role.   |  |
| 5.8<br>5.8.1   | <b>Timing</b><br>Presented on a quarterly basis in order to scrutinise performance against the Key Performance Indicator's as set out in the Performance Management Framework.   |  |
| 5.9<br>5.9.1   | <b>Performance</b><br>To strengthen performance managements arrangements and drive improvement. The report details the agreed targets and how we monitor our progress against these throughout the quarter/reporting year. |  |
| 5.10<br>5.10.1 | <b>Communications &amp; Engagement</b><br>To ensure performance and risk is discussed at all levels and the content of this reports shared to the relevant forums.   |  |
| 5.11<br>5.11.1 | <b>Legal</b><br>There are no legal implications arising from the contents of this report.  |  |
| 5.12<br>5.12.1 | <b>Information Governance</b><br>DPIA completed No.  |  |
| 5.13<br>5.13.1 | <b>Equalities</b><br>EHRIA completed No.   |  |
| 5.14<br>5.14.1 | <b>Service Delivery</b><br>To support and drive improvement across the Service in order to positively impact upon the delivery of our services to the communicates of Scotland.  |  |
| <b>6</b>       | <b>Core Brief</b>  |  |
| 6.1            | N/A  |  |
| <b>7</b>       | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>  |  |
| 7.1            | <b>Director:</b>   | Andrew Watt, Director of Training, Safety and Assurance  |
| 7.2            | <b>Level of Assurance:<br/>(Mark as appropriate)</b>   | Substantial/Reasonable/Limited/Insufficient  |
| 7.3            | <b>Rationale:</b>  | The content of this paper demonstrates the approach being taken and the quarterly reporting against performance and risk, in order to continue to take corrective action where possible/necessary. |

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| <b>8</b>   | <b>Appendices/Further Reading</b>   |   |
| 8.1  | Appendix A – Training Function Update   |   |
| 8.2  | Appendix B– Training Function – Power BI Dashboard                                  |   |
| 8.3  | Further Reading:<br>- <a href="#">SFRS Performance Management Framework 2023-24</a> |   |
| <b>Prepared by:</b>  |   | Ally Cameron, Area Commander Training Function and Andy Scott, Learning, E-Systems & Performance Manager. |
| <b>Sponsored by:</b>   |   | Bruce Farquharson, Deputy Assistant Chief Officer Head of Training  |
| <b>Presented by:</b>   |   | Bruce Farquharson, Deputy Assistant Chief Officer Head of Training  |
| <b>Links to Strategy and Corporate Values</b>  |   |   |
| <b>Strategic Plan 2022-25</b>  |   |   |
| Outcome 2: Communities are safer and more resilient as we respond effectively to changing risks.<br>Outcome 6: The experience of those who work for SFRS improves as we are the best employers we can be.              |   |   |
| <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. |   |   |
| <b>Governance Route for Report</b>   |   | <b>Meeting Date</b>   |
| <i>Training Functional Management Team (Performance &amp; Risk meeting)</i>  |   | <i>9 August 2023</i>  |
| <i>Training Safety &amp; Assurance Directorate Management Team</i>   |   | <i>16 August 2023</i>   |
| <i>People Committee</i>  |   | <i>14 September 2023</i>  |
| <i>Training Continuous Improvement Board</i>   |   | <i>11 October 2023</i>  |
|  |   | <b>Report Classification/ Comments</b>  |
|  |   | <i>For Scrutiny</i>   |
|  |   | <i>For Scrutiny</i>   |
|  |   | <i>For Scrutiny</i>   |
|  |   | <i>For Scrutiny</i>   |

**Key activity within the Training Function this quarter to support performance improvements:**

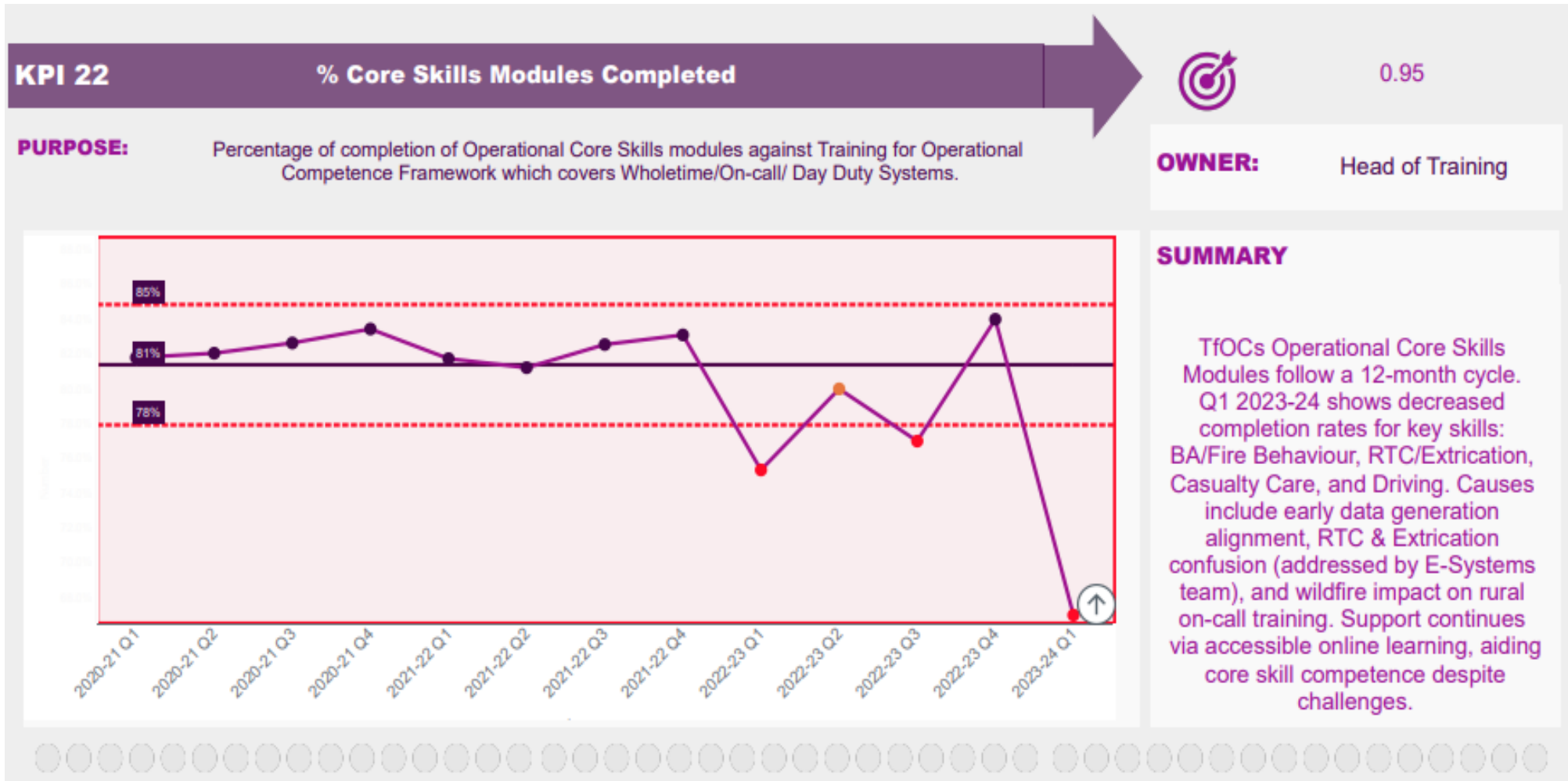
| <b>TRAINING FUNCTION UPDATE</b>                  |  |
|--|--|
| <u>Item</u>                                      | <u>Commentary</u>  |
| <b>Training Strategy / Vision</b>                | All internal planning/engagement days have taken place over several months, feedback has now been reviewed and a first draft of the Training Strategy & Vision 2023-25 developed. Engagement across all Directorates and Representative Bodies commenced end of July and will be completed mid-August '23. This work also aligns to an External Audit recommendation and aims to be completed and approved by October 23.  |
| <b>Strategic Service Review Programme (SSRP)</b> | Training have representation at both the SSRP Tactical Advisory Group and sub-group meetings to support the programme and specific requests from Training and specialist courses. A separate SSRP Training Needs Analysis has been created and circulated to all LSO's in order the Training Function can review the ask and confirm the actual training needs / requirement / priorities / timeframes with Service Delivery and LSO areas impacted.   |
| <b>Trainee Firefighter Foundation Programme</b>  | 45 Wholetime Trainees and 3 Operational Control Trainees graduated on Friday 18th August.  |
| <b>Training Continuous Improvement Plan</b>      | Following an update paper submitted through executive governance routes to the People Committee in June'23 work continues to progress with this plan overall. The most recent addition to this is the BA/CFBT Recovery/Review which is a priority piece of work and a dedicated team has been established within the Training Function to progress in collaboration with Service Delivery and other key stakeholders.  |
| <b>Training Needs Analysis (TNA)</b>             | Dedicated TNA page now within the Training Function section <a href="#">on i-Hub.</a><br><br>Q3 2023/24 and where known Q4 2023/24 training delivery courses now scheduled as per the TNA.<br>Further TNA request sent out to LSO areas to support any further Training requirements that have been identified as part of SSRP. Scheduled courses due to be reviewed end of Q2 to ensure that still meet Service deliver requirements based on the above information.<br>TNA report of Core skills of BA CFBT and TV due to be produced end of Q2 to enable progress to be fully tracked and highlight and gaps within the Training delivery plan.<br><br>Work continues to review/develop our TNA Policy. |
| <b>Maundering Terrorist Attacks (MTA)</b>        | Flexi Duty Officer (FDO) MTA Continual Professional Development (CPD) Course was delivered at Newbridge Training Centre in July, feedback from all attendees was extremely positive. Next FDO MTA CPD Courses are scheduled  |



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|  | <p>for delivery at NTC on 18/09/23 and at Portlethen Training Centre on 29/09/23.</p> <p>MTA Joint Operating Procedures (JOPs) Edition 3 meeting with Tri-Service partners and SMARTEU was held on 13/06/23. The delivery of relevant updates and information regarding the going live of MTA JOPs Edition 3 will be delivered to FDO's in the first instance. This will be delivered collectively by the 3 Services (Police, Ambulance &amp; Fire) with each Service going over the relevant section relating to them. The first was held at NTC on the 17th of August. The Tri-Service approach will ensure a standardised approach and the delivery of a consistent message and information to all staff across all 3 Services.</p> |
| <p><b>NIP/LSO Instructor restructure</b></p> | <p>ESDA re-structure is now well underway, now led by AC Pollard as the ESDA Training SPOC and supported by GC Galloway within the Training Function.</p> <p>WSDA engagement events have been held by the Head of Training as the final SDA in the NIP/LSO instructor restructure. Further engagement with wider instructional teams are planned. This work will be led by AC McCarrey as the WSDA Training SPOC and supported by GC Kennedy within the Training Function.</p>   |
| <p><b>BA/CFBT Training</b></p>               | <p>A recovery plan has been developed and engagement is now taking place with Service Delivery and key stakeholders to progress as a priority for the Service.</p>   |

PowerBI Dashboard Data Training Function:-



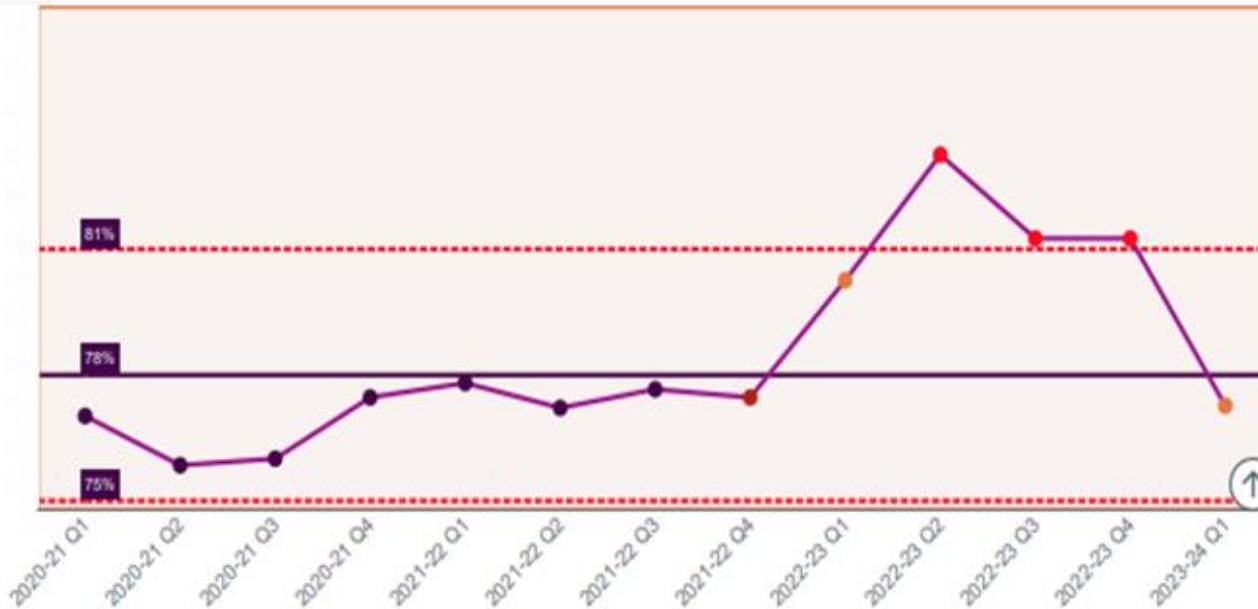
### KPI 23 % Advanced, Support & Emerging Risks Modules Completed



0.95

**PURPOSE:** Percentage of completion of Advanced, Support and Emerging Risks Modules against the Training for Operational Competence Framework which covers Wholetime/On-call/ Day Duty Systems.

**OWNER:** Head of Training



#### SUMMARY

Training Function quarterly schedules integrate Advanced, Support, and Emerging Risks modules through risk assessment. Operational Competency Strategy Group, led by a Training Group, prioritizes modules with Service representatives. Q1 included Marine Firefighting and Organizational Security. RBC stats remained steady, RDS slightly decreased, and VDS significantly dropped,

Despite lower rates, enhanced on-call learning materials were welcomed. Remote access aids personnel with ongoing support via communication with Service Delivery Areas.

KPI 24

% Flexi Officer Module Completion



0.95

PURPOSE:

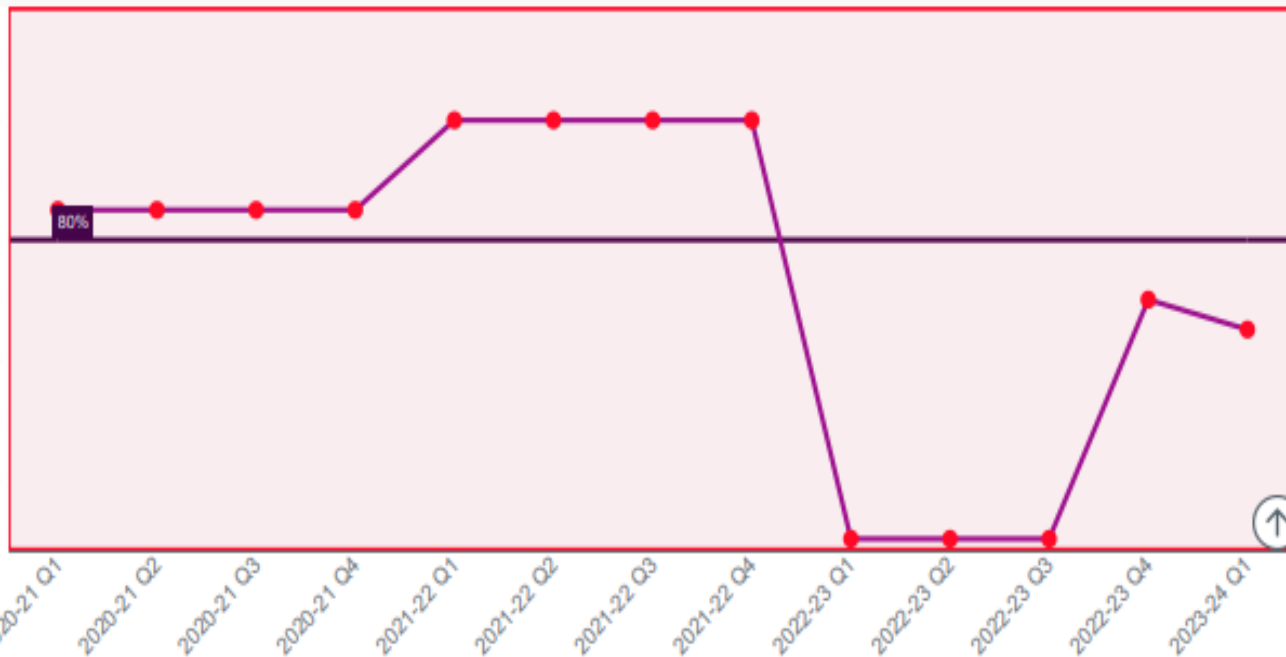
Percentage of completion of Flexi Duty Officer Modules against the Training for Operational Competence Framework which cover Flexi Duty Officers.

OWNER:

Head of Training

SUMMARY

The Flexi Duty Officer (FDO) Training for Operational Competence in Q1 2023/24 indicates a very slight decline when contrasted with the preceding quarter. This comes amid ongoing challenges stemming from staff turnover, including retirements, within the FDO staffing group, meaning FDO promoted will require to begin their development in role.



KPI 25

% Incident Command Module Completion



0.91

PURPOSE:

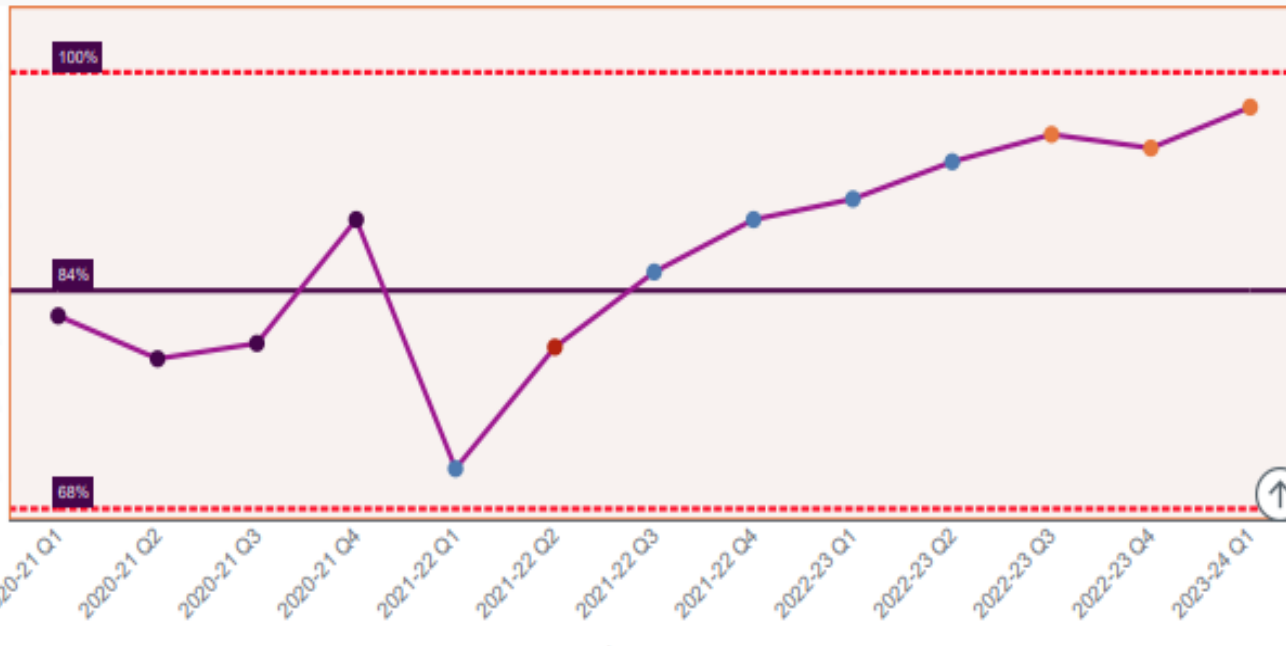
Percentage of completion of Incident Command currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.

OWNER:

Head of Training

SUMMARY

Incident Command competence remains high, backed by the National Incident Command Team overseeing ICA and ICL1 courses. ICL1 modular delivery enhances remote areas capacity, aiding On-call Duty Systems. VDS is just below the 95% target, with 8 of 73 personnel lacking skills due to availability. Improvement from 64% in Q4 2022-23 with local trainers attention. ICL1 (ICA)/2/3/4 targets are pre-COVID levels; shortfalls stem from unavoidable cancellations. Upcoming pay and pension changes might affect Incident Command numbers, yet resilience-building and pre-planned courses, aided by modular delivery, are established.



**KPI 26**

**% Core Skills Currency**



0.73

**PURPOSE:**

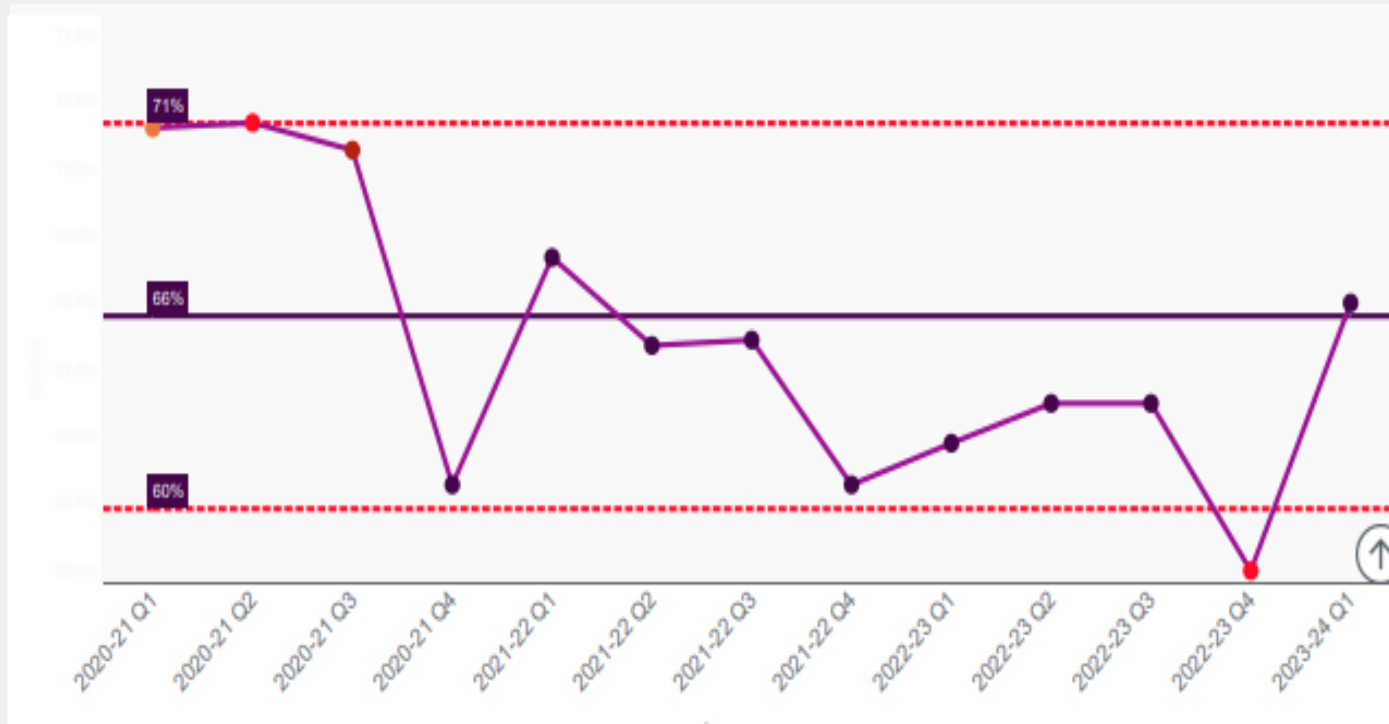
Percentage of completion of Core Skills currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.

**OWNER:**

Head of Training

**SUMMARY**

This KPI comprises BA/CFBT/Tac Vent/ERD & ICAT. Broken down, BA currency at 79%, CFBT at 65% and collectively is an improving picture for these risk critical Core Skills. ERD reassessment at 79%, varying in SDAs and LSO areas. Strategies have been put in place to increase daily assessments through a streamlined model. ICAT Basic exhibits 66% competency, surpassing 60% target across SDAs, varying (100% ESDA, 52% WSDA). Solutions explored for challenges, including ICAT Intermediate courses.



KPI 27

% Specialist Rescue Currency



0.92

PURPOSE:

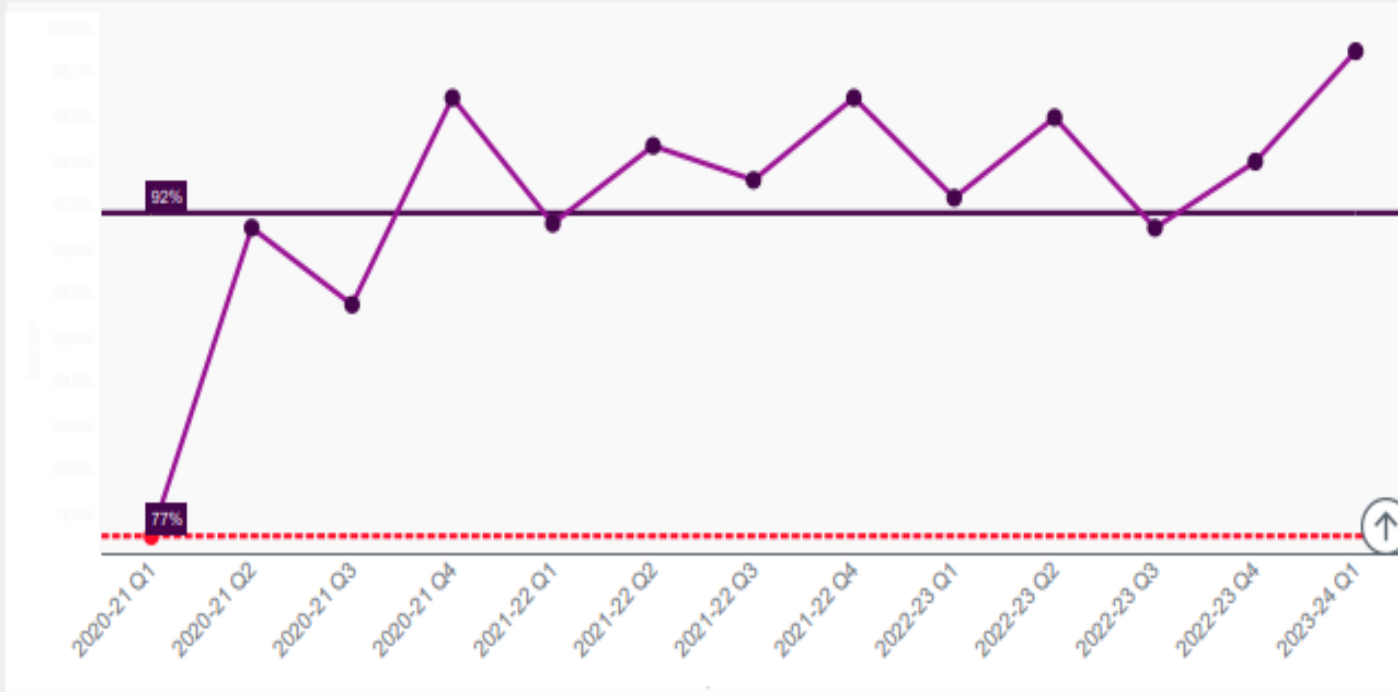
Percentage of completion of Specialist Rescue currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.

OWNER:

Head of Training

SUMMARY

This KPI covers Heavy Rescue, USAR, Water Rescue, Rope, and Mass Decontamination. Despite pension changes and staff shifts, Specialist Rescue competency advance. Reviews aim for efficient, collaborative courses, favoring local delivery. HR competency increased to 64% . NSDA-focused HR courses boost competence. USAR improved to 63%, aided by max-capacity courses and planned KATA program. Water Rescue maintains high currency levels, a new combined course enhances efficiency. Rope rescue remains stable, aligning across stations. Mass Decontamination currencies show a slight increase, expecting more with upskilling in Q2.



**KPI 28**

**% Training Function Currency**



0.95

**PURPOSE:**

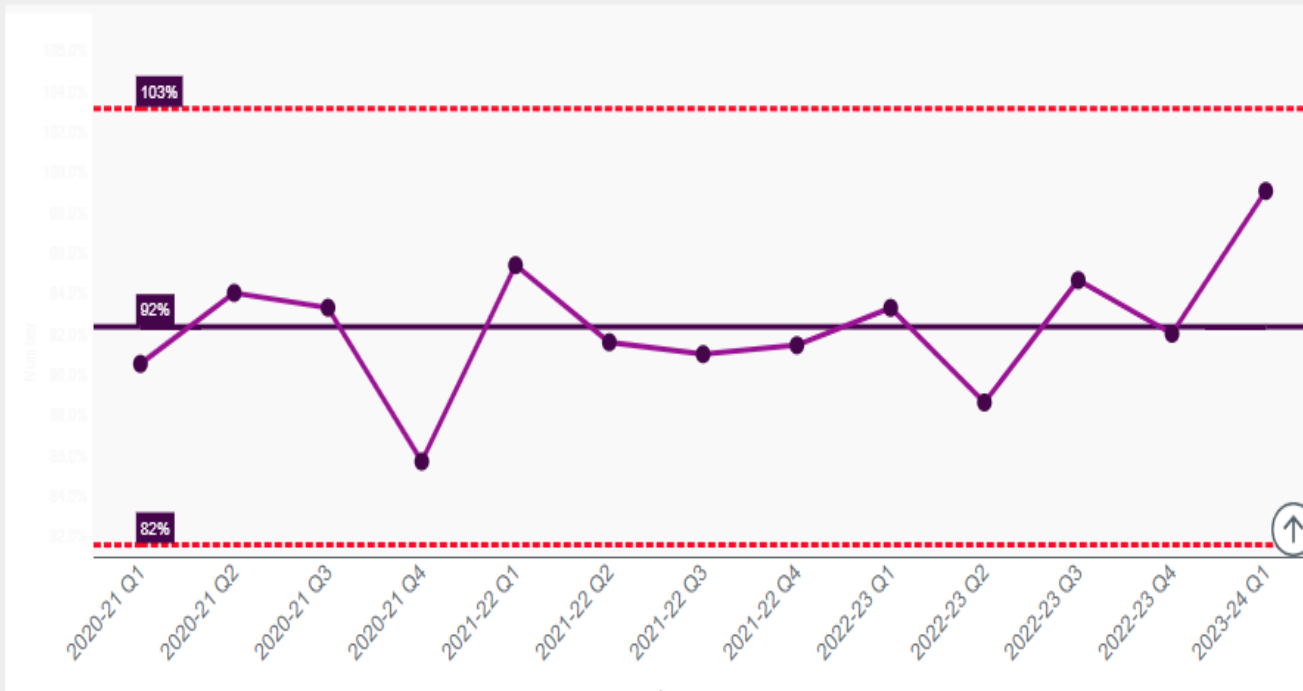
Percentage of all Training Function Courses delivered versus total number of courses scheduled within agreed Training Delivery Plan

**OWNER:**

Head of Training

**SUMMARY**

In Q1 2023-24, the Training Function achieved a 95% completion rate, aligning with compliance targets. The 5% non-completion is due to factors like instructor availability, priority changes, and administration errors. Ongoing efforts for 2023/24 include detailing reasons behind these issues, reflecting a commitment to continuous improvement.





**KPI 29**

**Customer Satisfaction Rate**



0.95

**PURPOSE:**

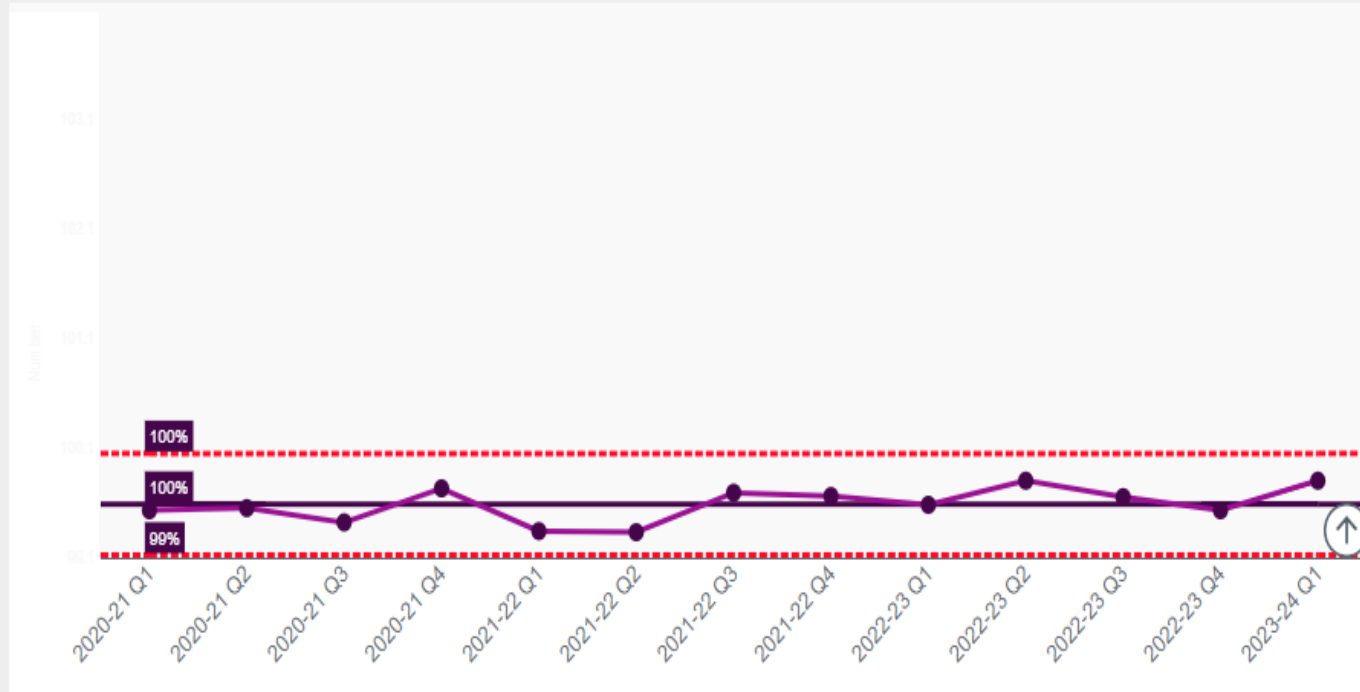
Percentage of candidate satisfaction against Training Function Course Delivery

**OWNER:**

Head of Training

**SUMMARY**

This KPI provides data relating to the responses within our Training course opinion questionnaire. In Q1 2023-24, only 0.17% selected "Fair" or "Poor." Candidate satisfaction increased by 0.25% from Q4 2022-23 to 99.83% in Q1 2023-24, maintaining high levels ranging from 99% to 100% since Q1 2020-21. Qualitative feedback highlights excellent teaching, support, and practical sessions. Comments such as "well-delivered" and "knowledgeable instructors" are common. The transition from paper-based to electronic evaluations in 2023-24 is expected to give candidates more time to reflect, though it might impact completion rates.





|                               |  |   |  |          |          |          |          |          |          |
|-------------------------------|--|---|--|----------|----------|----------|----------|----------|----------|
| <b>Report to:</b>             |  | <b>PEOPLE COMMITTEE</b>   |  |          |          |          |          |          |          |
| <b>Meeting Date:</b>          |  | <b>14 SEPTEMBER 2023</b>  |  |          |          |          |          |          |          |
| <b>Report Title:</b>          |  | <b>HEALTH AND SAFETY PERFORMANCE REPORT: QUARTER ONE (Q1) 2023-24</b> |  |          |          |          |          |          |          |
| <b>Report Classification:</b> |  | <b>For Scrutiny</b>   | <b>SFRS Board/Committee Meetings ONLY</b><br><b>For Reports to be held in Private</b><br><b>Specify rationale below referring to</b><br><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> | <u>G</u> |
| <b>1</b>                      | <b>Purpose</b>   |   |  |          |          |          |          |          |          |
| 1.1                           | <p>The purpose of this report is to request People Committee note the following for information:</p> <ul style="list-style-type: none"> <li>• An overview of progress against the Scottish Fire and Rescue Service (SFRS) Annual Health and Safety Improvement Plan 2023-24; and</li> <li>• SFRS health and safety performance indicators.</li> </ul>  |   |  |          |          |          |          |          |          |
| <b>2</b>                      | <b>Background</b>  |   |  |          |          |          |          |          |          |
| 2.1                           | <p>SFRS develop a Health and Safety Improvement Plan (HSIP) annually, in conjunction with Service Delivery Area (SDA) and Directorate business partners. The SFRS plan is supported by respective SDA and Directorate Improvement plans. The SFRS Annual Health and Safety Improvement Plan is developed to provide compliance with statutory obligations and promote continual improvement. An overview of the HSIP performance is detailed within KPI 56 (<a href="#">Appendix B</a>).</p> |   |  |          |          |          |          |          |          |
| 2.2                           | <p>The Safety and Assurance Function have provided an update (<a href="#">Appendix A</a>) regarding key aspects of work across the function in Q1.</p>   |   |  |          |          |          |          |          |          |
| 2.3                           | <p>The Performance Management Framework 2023-2024 defines the Health and Safety Performance Indicators. The data provided in the reports compare statistics over a four-year reporting period.</p>   |   |  |          |          |          |          |          |          |
| 2.4                           | <p>Each of the KPOs listed below is linked to the PowerBI dashboard (<a href="#">Appendix B</a>). This data provides an overview of SFRS Health and Safety performance.</p>  |   |  |          |          |          |          |          |          |
| 2.5                           | <p>PowerBI's infancy is highlighting areas for review to ensure current SA processes are aligned with PowerBI requirements; this may include refining performance reports such as previously submitted quarterly reports etc.</p>  |   |  |          |          |          |          |          |          |
| <b>3</b>                      | <b>Main Report/Detail</b>  |   |  |          |          |          |          |          |          |
| 3.1                           | <p><b><u>KPI 56 :% of YTD H&amp;S Actions Completed*</u>: Demonstrates the completion of improvement plans to drive safety performance.</b></p> <p>At the end of Q1, 100% (15 of 15) of actions in the SFRS Annual Health and Safety Improvement Plan 2023-24 were completed-</p> <p><i>*For further information, click to view PowerBI Dashboard with summary.</i></p>  |   |  |          |          |          |          |          |          |

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| <p>3.2</p>      | <p><b><u>KPI 52 – RIDDOR*</u> – Demonstrates how many notifications there has been to the HSE which may include death, specified injury, over 7-day injury, non-worker taken to hospital for treatment, dangerous occurrence, or an occupational disease.</b></p> <p>There were 5 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable events in Q1 due to operational activities. 43% (3 of 5) were Specified Injuries, 14% (1 of 5) was a Dangerous Occurrence and 14% (1 of 5) was an over 7-day absence.</p> <p>There was one significant event initiated in Q1: Kerrow Farm, All Terrain Vehicle (ATV). The investigation remains ongoing to ensure lessons and recommendations are identified to reduce the risk of reoccurrence.</p> <p><i>*For further information, click to view PowerBI Dashboard with summary.</i></p> |
| <p>3.3</p>      | <p><b><u>KPI 53 – Accident and Injuries*</u> – Demonstrates total accidents and injuries to occur through workplace accidents.</b></p> <p>All accidents/injuries (including Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) have increased by 41% (42 to 61) when comparing to the same quarter previous reporting year. The most common cause of accidents/injuries during Q1 was slips, trips and falls accounting for 16% (10 of 61) of the total reported. This represents an 8% decrease in this category when compared to the same quarter previous reporting year, numerically remains consistent.</p> <p><i>*For further information, click to view PowerBI Dashboard with summary.</i></p>  |
| <p>3.4</p>      | <p><b><u>KPI 54 – Near Miss</u> – Total recorded number of near miss events that had the potential to lead to an accident or ill health.</b></p> <p>There were 67 near misses (NM) recorded this quarter with 61 accident injuries (including RIDDOR) recorded, showing a reduction in the frequency of 1.09:1 compared with 0.79:1 the same quarter the previous reporting year.</p> <p><i>*For further information, click to view PowerBI Dashboard with summary.</i></p>  |
| <p>3.5</p>      | <p><b><u>KPI 50 - Verbal Attacks on Firefighters*</u> and <u>KPI 51 – Physical Attacks on Firefighters*</u>- Demonstrates how many verbal and physical attacks have occurred to SFRS personnel by members of the public.</b></p> <p>There has been a 6% decrease over a 4-year period in Acts of Violence (AoV). There were 11 AoV in total in Q1 2023-24. The ESDA, NSDA, Ops, and SPPC showed a slight increase. The WSDA showed a decrease and FCS, People, P&amp;P, TSA and SD had no reportable AOV events in the 4-year period.</p> <p><i>*For further information, click to view PowerBI Dashboard with summary.</i></p>  |
| <p>3.6</p>      | <p><b><u>KPI 55 – Vehicle Accidents*</u> – Total number of events that involved vehicle accidents;</b></p> <p>There has been a steady increasing trend of vehicle accidents reported over a 4-year period. During Q1, 58% (36 of 62) of all vehicle accidents reported were attributed to operational incidents, representing an 2% decrease from the same quarter in previous reporting year, numerically a decrease of 11 is noted.</p> <p><i>*For further information, click to view PowerBI Dashboard with summary.</i></p>  |
| <p><b>4</b></p> | <p><b>Recommendation</b></p>   |
| <p>4.1</p>      | <p>The recommendation is for the People Committee to note the content of the Health and Safety Performance Report: Q1 2023-24 as noted within <a href="#">(Appendix B)</a>.</p>  |

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| <b>5</b> | <b>Key Strategic Implications</b>  |
| 5.1      | <b>Risk</b>  |
| 5.1.1    | Failure to monitor Health and Safety performance and identify areas of continuous improvement in Health and Safety.  |
| 5.2      | <b>Financial</b>   |
| 5.2.1    | No financial implications within the production of this report. Some recommendations within the report may have financial implications and will be managed through appropriate governance routes by the risk owner.  |
| 5.3      | <b>Environmental &amp; Sustainability</b>  |
| 5.3.1    | There are no environmental implications to be considered as part of the Q1 HS Report. This report is circulated electronically.  |
| 5.4      | <b>Workforce</b>   |
| 5.4.1    | This report highlights the monitoring of Health and Safety performance and makes recommendations for continuous improvement to reduce the risk of injury or ill-health of the SFRS workforce.  |
| 5.5      | <b>Health &amp; Safety</b>   |
| 5.5.1    | Failure to monitor and improve the management of Health and Safety may result in injury or ill-health of our workforce and those affected by their activities, HSE investigation, receipt of an enforcement notice, fines and adverse publicity damaging the reputation of SFRS. |
| 5.6      | <b>Health &amp; Wellbeing</b>  |
| 5.6.1    | No implications identified for Health and Wellbeing. Trend analysis of events will assist in implementing strategies to improve the Health and Wellbeing of SFRS employees.  |
| 5.7      | <b>Training</b>  |
| 5.7.1    | There are no training implications as a result of this report. Training requirements will be approved through other governance routes or captured in Health and Safety Improvement Plans.  |
| 5.8      | <b>Timing</b>  |
| 5.8.1    | This report has progress through the appropriate governance, and to the People Committee meeting on 14 September 2023 for information.   |
| 5.9      | <b>Performance</b>   |
| 5.9.1    | Health and Safety Performance is monitored through KPIs managed by Think, Act, Stay Safe (TASS) performance reports and the development of quarterly and annual reports. The performance outcomes are communicated through Safety and Assurance Improvement Groups (SAIG).       |
| 5.10     | <b>Communications &amp; Engagement</b>   |
| 5.10.1   | No further engagement is required. This report is communicated through local Safety and Assurance Liaison Officers and SAIGs. The report is published on SFRS iHub,  |
| 5.11     | <b>Legal</b>   |
| 5.11.1   | Failure to monitor and improve the management of Health and Safety could result in non-compliance to Health and Safety legalisation.   |
| 5.12     | <b>Information Governance</b>  |
| 5.12.1   | There are no implications that require to be noted for GDPR purposes.  |

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| 5.13   | <b>Equalities</b>  |   |
| 5.13.1   | There are no implications that require to be noted for equality and diversity. An EHRIA has been completed for the Health and Safety Policy and supporting arrangements. |   |
| 5.14   | <b>Service Delivery</b>  |   |
| 5.14.1   | This report has no direct impact on Service Delivery. Any actions will be discussed through service delivery SAIGs.  |   |
| <b>6</b>   | <b>Core Brief</b>  |   |
| 6.1  | Not applicable   |   |
| <b>7</b>   | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>  |   |
| 7.1  | <b>Director:</b>   | Andrew Watt, Director of Training, Safety and Assurance   |
| 7.2  | <b>Level of Assurance: (Mark as appropriate)</b>   | <b>Substantial/Reasonable/Limited/Insufficient</b>  |
| 7.3  | <b>Rationale:</b>  | SA Function continue to monitor performance against KPIs and report on trend analysis. Appropriate actions are recorded to reduce the risk of injury or ill-health. |
| <b>8</b>   | <b>Appendices/Further Reading</b>  |   |
| 8.1  | Appendix A - Safety and Assurance Function Update  |   |
| 8.2  | Appendix B – KPI PowerBI dashboard   |   |
| <b>Prepared by:</b>  | Victoria Regan – Health and Safety Business Support Officer  |   |
| <b>Sponsored by:</b>   | Teresa Kelly, Deputy Head of Safety and Assurance  |   |
| <b>Presented by:</b>   | Jim Holden, Head of Safety and Assurance   |   |
| <b>Links to Strategy and Corporate Values</b>  |  |   |
| <b>Strategic Plan 2022-25</b>  |  |   |
| Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.<br>What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety and wellbeing of the public and our staff.<br>Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.<br>Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety and wellbeing of the public and our people. |  |   |
| <b>Governance Route for Report</b>   | <b>Meeting Date</b>  | <b>Report Classification/ Comments</b>  |
| <i>People Committee</i>  | <i>14 September 2023</i>   | <i>For Scrutiny</i>   |

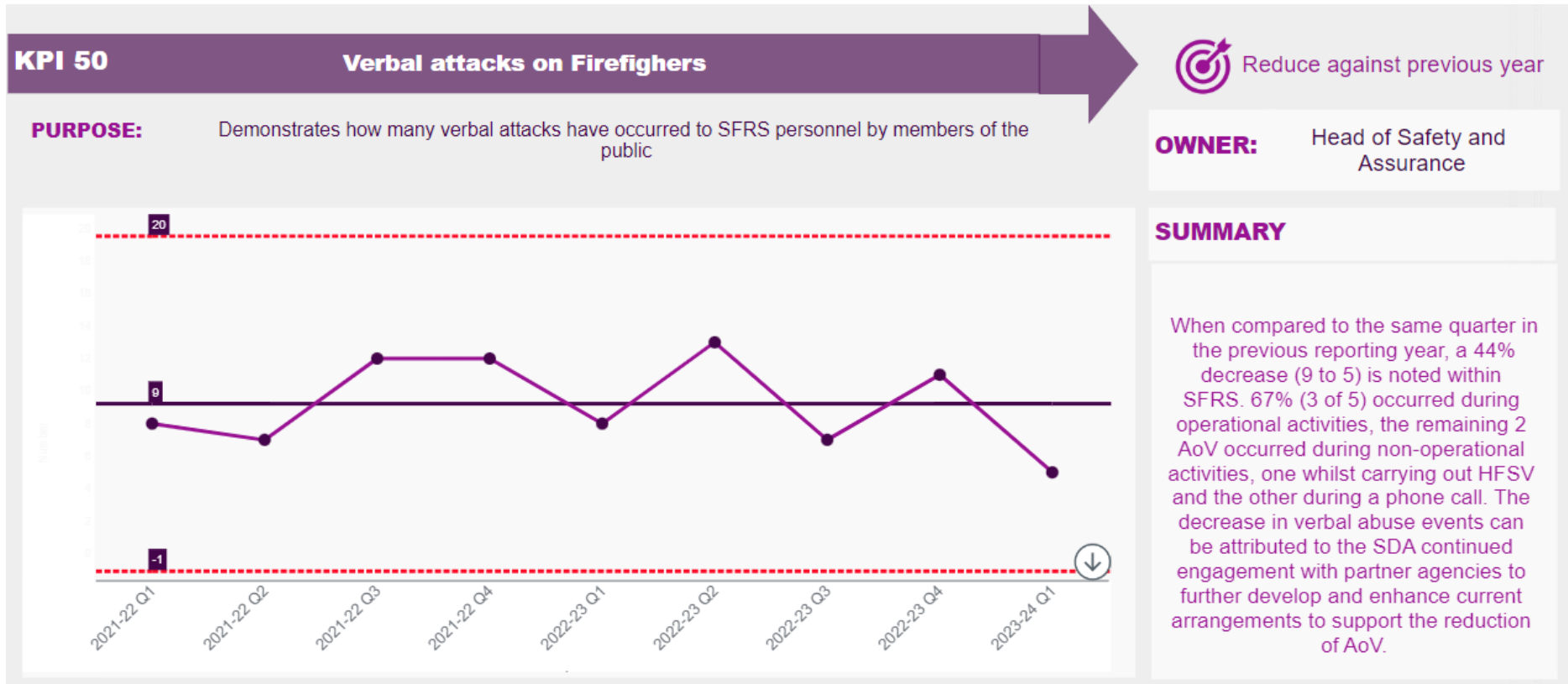
**APPENDIX A**

**Key activity within the Safety and Assurance Function this quarter to support performance improvements:**


| Safety and Assurance Function Update |   |
|--------------------------------------|---|
| Item                                 | Commentary  |
| Risk Assessments                     | SA has supported Business Partners on populating a risk assessment Gantt Chart which records that status of risk assessments. Development has begun on reviewing and developing risk assessments as required.       |
| Contaminants Project                 | SA continue to lead the Contaminants Sub Group and have developed an Implementation Plan to manage proposed strategies to reduce exposure to fire contaminants.   |
| Safety Culture                       | The safety culture survey has been published. The Safety and Assurance Communications and Engagement Strategy is being developed.   |
| Face Fit Testing Training            | FFT training programme has been scheduled for October 2023. 144 people will be trained to allow Local Senior Officers to have flexibility and capacity to undertake FFT while providing resilience across the SFRS. |
| Thematic Audit on Solar Panels       | The thematic audit has been undertaken, and the Frontline Update for Solar Panels will be going through governance for publishing in Q2.  |
| HS Training                          | A Presentation has been developed to raise awareness of the HS responsibilities on the SAC/SALO role.   |

APPENDIX B

PowerBI Dashboard Data Health and Safety Function: -

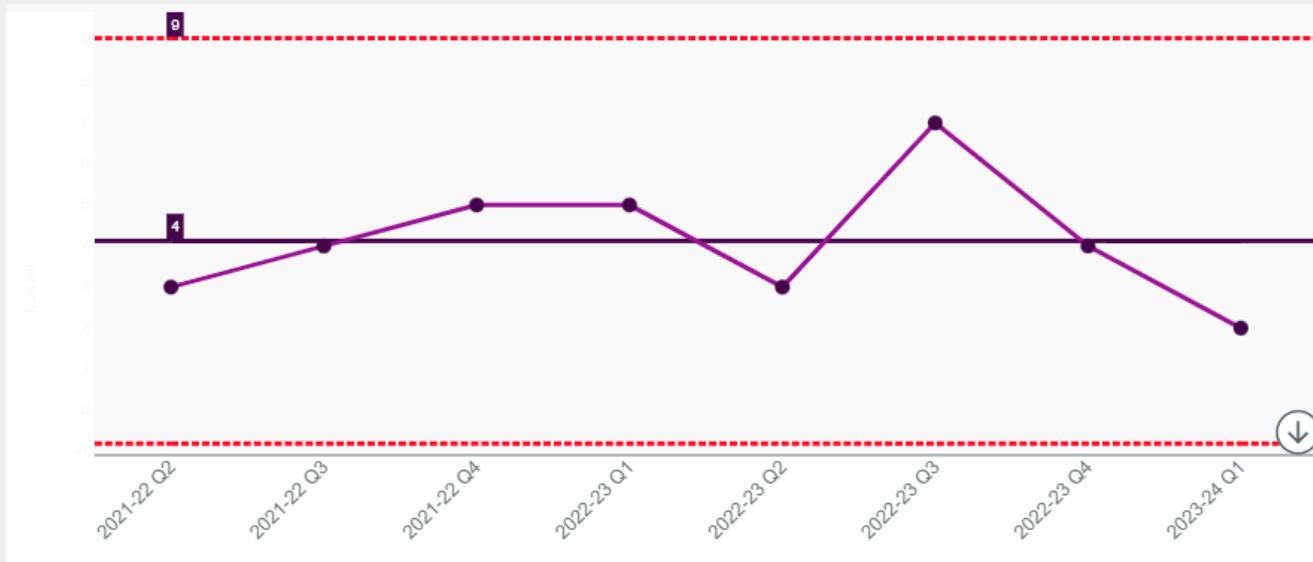


### KPI 51 Physical attacks on Firefighters

 Reduce against previous year

**PURPOSE:** Demonstrates how many verbal attacks have occurred to SFRS personnel by members of the public

**OWNER:** Head of Safety and Assurance



#### SUMMARY

When compared to the same quarter in the previous reporting year, a 50% decrease (4 to 2) is noted within SFRS 50% (1 of 2) occurred during operational activities which involved a member of the public attempting to attack a firefighter. The remaining event involved a member of the public attempting to gain access to the station premises. The decrease can be attributed to the SDA continues engagement with partner agencies to further develop and enhance current arrangements to support the reduction of AoV's.



**KPI 52**

**RIDDOR**



Reduce against previous year

**PURPOSE:**

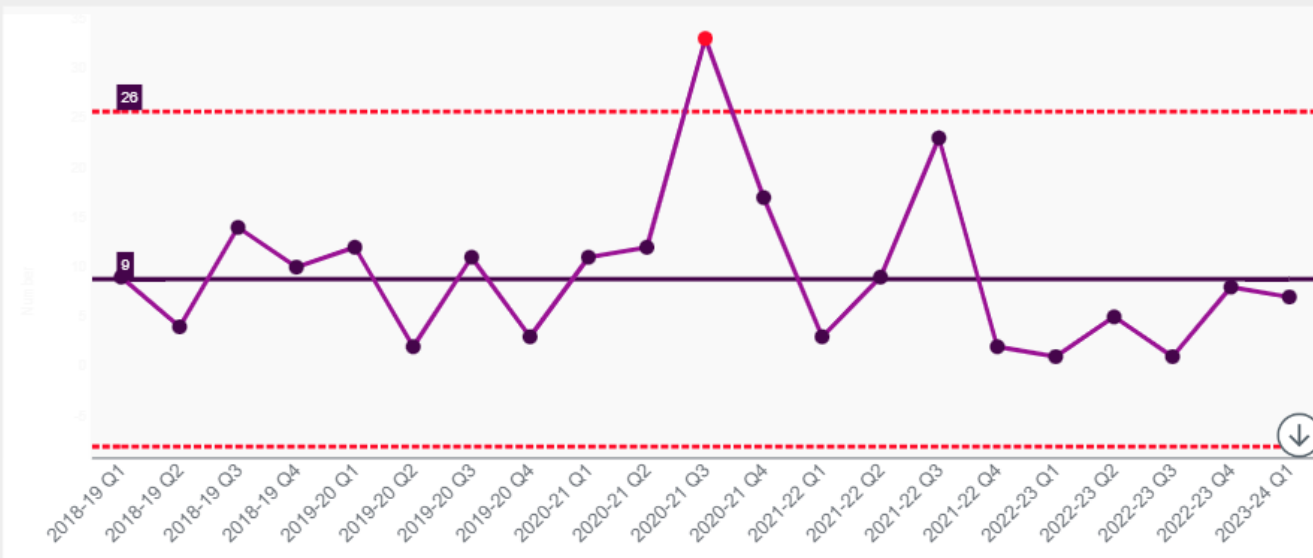
Demonstrates how many notifications there has been to the HSE which may include death, specified injury, over 7 day injury, non-worker taken to hospital for treatment, dangerous occurrence or an occupational disease.

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

In Q1 there were 7 RIDDOR reportable events compared to 1 during the same quarter the previous reporting year. 43% (3 of 7) were categorised as over 7-day absence of which 2 occurred at operational incidents and 1 during non-operational activities. 29% (2 of 7) are classified as specified injuries, both are subject to an ongoing significant investigation and resulted in MSK injuries. 14% (1 of 7) was categorised as reportable disease and the remaining event was categorised as a dangerous occurrence involving potential exposure to asbestos containing material. There is an increase in the north SDA, the west SDA and the TSA directorate of all RIDDOR reportable accident/injuries albeit the numbers are low.



**KPI 53**

**Accidents and Injuries (excl. RIDDOR)**



Reduce against previous year

**PURPOSE:**

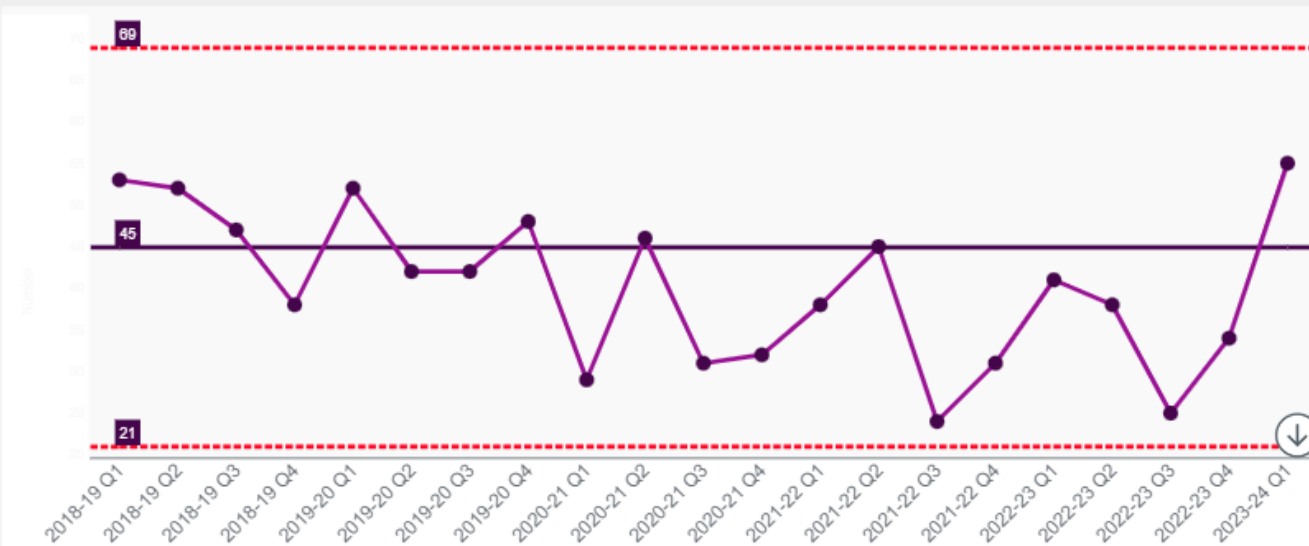
Demonstrates total accidents and injuries to occur through workplace accidents

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

All accidents/injuries have increased by 41% (42 to 61) when comparing to the same quarter previous reporting year. Compared to Q1 data from the previous reporting year there has been a 160% (10 to 26) increase in operational accidents/injuries this can be attributed to an 88% (7 to 13) increase in injuries occurring at primary fires. Non-operational accidents/injuries show a 10% decrease (20 to 18) when compared to the same quarter in the previous reporting year. Training accidents/injuries show a 10% decrease (20 to 10), this can be attributed to a 28% decrease in SDA led training. The National training data shows a 200% increase (3 to 9) in training injuries when compared to the same quarter the previous reporting year, numerically an increase of 6 when compared to the same quarter the previous reporting year. The most common cause of accidents/injuries during Q1 was slips, trips and falls accounting for 16% (10 of 61) of the total reported. This represents an 8% decrease in this category when compared to the same quarter previous reporting year, numerically remains consistent. Further analysis of slips, trips and falls accidents/injuries shows that 40% (4 of 10) occurred whilst attending operational incidents, 2 resulted in an MSK lower limb injuries. 50% (5 of 10) occurred whilst undertaking non-operational activities, 4 resulted in MSK lower limb injuries and 1 resulted in a out to foot. 10% (1 of 10) occurred whilst undertaking training activities, resulting in an MSK lower limb injury.



**KPI 54**

**Near Miss**



Track

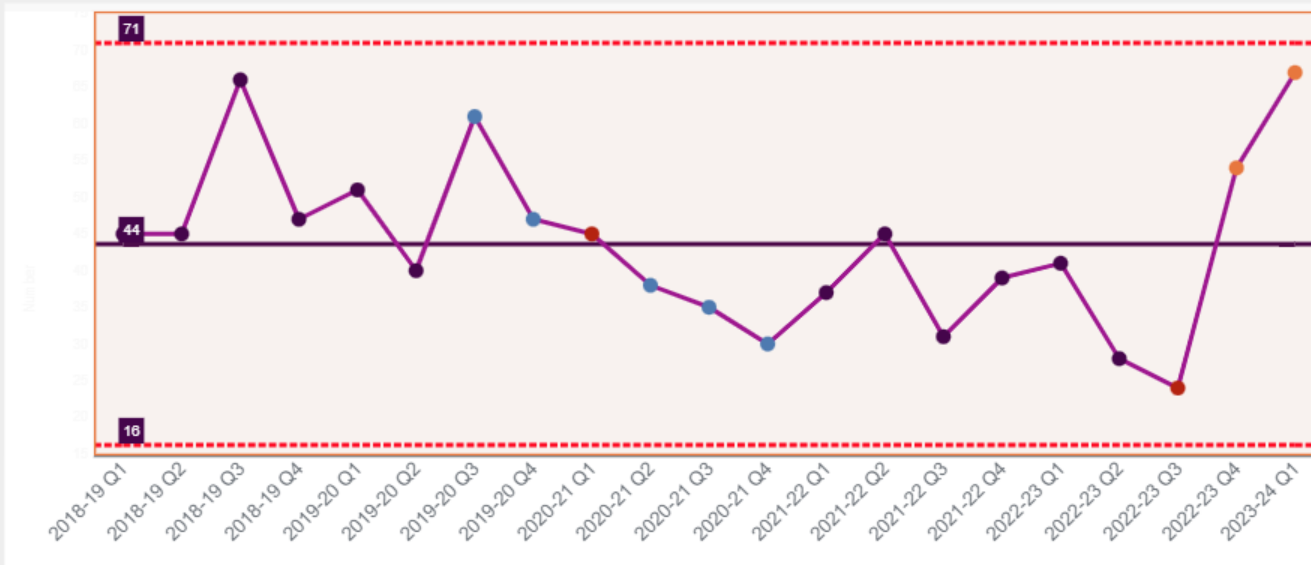
**PURPOSE:** Total recorded number of near miss events that had the potential to lead to an accident or ill health

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

There were 67 near misses (NM) recorded this quarter with 61 accident injuries (including RIDDOR) recorded, showing a reduction in the frequency of 1.09:1 compared with 0.79:1 the same quarter the previous reporting year. Operational NM accounted for 46% (31 of 67) of the total reported, representing a decrease of 1% and a numerical increase of 12 when compared to the same quarter in the previous reporting year. A further 27% (18 of 67) occurred during non-operational activities, representing a 4% decrease and a numerical increase of 6. 27% (18 of 67) of all NM reported during Q1 were associated with training activities an increase of 5% in this category and a numerical increase of 9 when compared to the same quarter the previous year.



**KPI 55**

**Vehicle Accidents**



Reduce against previous year

**PURPOSE:**

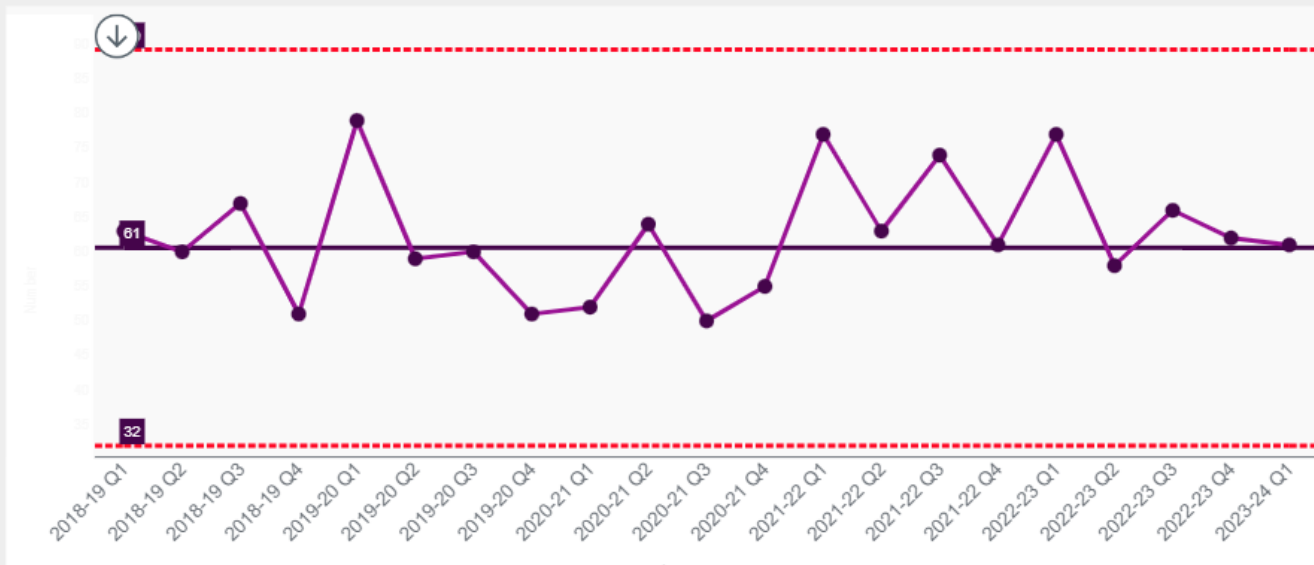
Total number of events that involved vehicle accidents

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

During Q1, 58% (36 of 62) of all vehicle accidents reported were attributed to operational incidents, representing a 2% decrease from the same quarter in the previous reporting year, numerically a decrease of 11 is noted. A further 29% (18 of 62) were attributed to non-operational activities, representing a 5% decrease from the same quarter in the previous reporting year, numerically an increase of 9 is noted. Finally, 8% (5 of 62) were accidents attributed to training, representing a 2% increase from the same quarter in the previous reporting year and numerically remained consistent.



**KPI 56**

**% YTD H&S Actions Completed**



100

**PURPOSE:**

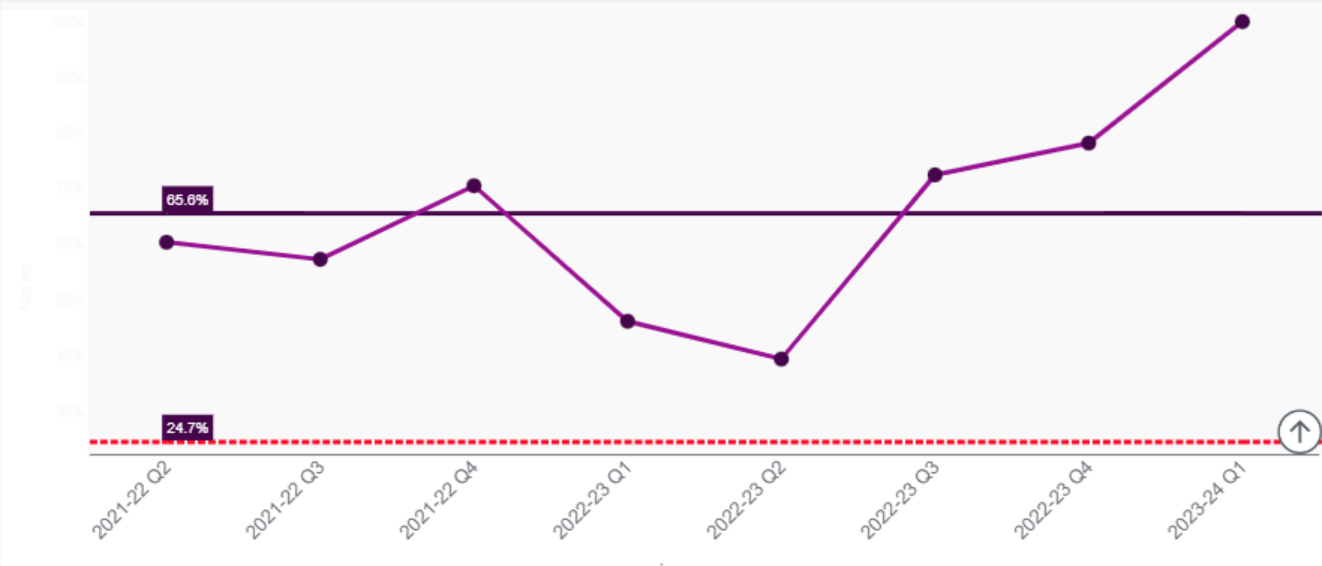
Demonstrates the completion of improvement plans to drive safety performance

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

At the end of Q1, 100% (15 of 15) of actions in the SFRS Annual Health and Safety Improvement Plan 2023-24 were completed, not including carried forward actions, representing a 54% increase when comparing to the same quarter of the previous reporting year (2022-23). The increase may be attributed to enhanced business partner engagement when developing the objectives within the improvement plans, and increased communication through local SAIGs and meetings with Safety and Assurance Liaison Officers (SALOs).





Report No: C/PC/24-23

Agenda Item: 8

|                        |   |   |          |          |          |          |          |
|------------------------|---|---|----------|----------|----------|----------|----------|
| Report to:             | PEOPLE COMMITTEE  |   |          |          |          |          |          |
| Meeting Date:          | 14 SEPTEMBER 2023   |   |          |          |          |          |          |
| Report Title:          | INDEPENDENT AUDIT/INSPECTION ACTION PLAN UPDATES AND CLOSING REPORTS  |   |          |          |          |          |          |
| Report Classification: | For Scrutiny  | <b>Board/Committee Meetings ONLY</b><br>For Reports to be held in Private<br>Specify rationale below referring to<br><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 an update on audit and inspection action plans and closing reports.   |   |          |          |          |          |          |
| 1.2                    | At this meeting PC are asked to scrutinise the progress of the action plan relating to His Majesty's Fire Service Inspectorate (HMFSI) report on: <ul style="list-style-type: none"> <li>Health and Safety: An Operational Focus</li> </ul> |   |          |          |          |          |          |
| 1.3                    | Also, to consider closing report relating to His Majesty's Fire Service Inspectorate (HMFSI) on: <ul style="list-style-type: none"> <li>Training of Retained (On Call) Personnel</li> </ul>   |   |          |          |          |          |          |
| <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.  |   |          |          |          |          |          |
| 3.2                    | <b>Health and Safety: An Operational Focus</b>  |   |          |          |          |          |          |
| 3.2.1                  | The HMFSI report on Health and Safety: An Operational Focus was published in April 2022. The action plan contains a total of 18 actions and is attached as <b>Appendix B</b> .  |   |          |          |          |          |          |
| 3.2.2                  | During the reporting period, 1 action was completed (R6.3), 2 actions have a green status, 5 have amber and one has a red status.   |   |          |          |          |          |          |

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| 3.2.3    | <p>PC members are asked to note the following:</p> <ul style="list-style-type: none"> <li>• <b>Action 1.1:</b> A second proposed revised due date of January 2024 has been provided to allow for dependencies between Information Governance and the development of the new SharePoint host site. Operations have requested approval to transfer this action to the Communications and Information Governance functions in the short term as further progress is no longer within the scope of the Operations Function.</li> <li>• <b>Action 4.1:</b> A proposed revised due date of September 2023 has been provided. The slip in timescales was due to competing priorities.</li> <li>• <b>Action 8.2:</b> A proposed revised due date of December 2023 has been provided. The slip in timescales was due to competing demands and priorities including the Strategic Service Review Programme (SSRP), preparedness for Industrial Action and operational commitments.</li> </ul> |
| 3.2.4    | <p>The overall RAG rating for this action plan is <b>amber</b> and is estimated as 55% complete. (percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).</p>  |
| 3.3      | <p><b>Closing Reports Update</b></p>  |
| 3.3.1    | <p>During the previous reporting period (May 2023), the HMFSI Audit Action Plan for Training of RDS (On Call) Personnel was agreed and signed off as complete by members of SMB.</p>  |
| 3.3.2    | <p>To complete the administrative process, PC members are now provided with the closing statement from this Action Plan:</p> <ul style="list-style-type: none"> <li>• HMFSI Training of RDS (On Call) Personnel <b>Appendix C</b>.</li> </ul>   |
| 3.3.3    | <p>PC is asked to note the content of the closing statement and agree formal closure of the Action Plan.</p>  |
| 3.3.4    | <p>Closing statements are reflective of the period when the action is completed. As such, processes and positions may have further evolved since that time.</p>   |
| <b>4</b> | <b>Recommendation</b>   |
| 4.1      | <p>The PC is invited to:</p> <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>• Review the Health and Safety Action Plan, attached as <b>Appendix B</b> and agree the recommendations made.</li> <li>• Review the closing statement for, and agree formal closure of, the Training of RDS (On Call Personnel) Action Plan <b>Appendix C</b>.</li> </ul>   |
| <b>5</b> | <b>Key Strategic Implications</b>   |
| 5.1      | <p><b>Risk</b></p>  |
| 5.1.1    | <p>There are no risks associated with the recommendations of this report.</p>   |
| 5.2      | <p><b>Financial</b></p>   |
| 5.2.1    | <p>There are no financial implications associated with the recommendations of this report.</p>  |
| 5.3      | <p><b>Environmental &amp; Sustainability</b></p>  |
| 5.3.1    | <p>There are no environmental implications associated with the recommendations of this report.</p>  |
| 5.4      | <p><b>Workforce</b></p>   |
| 5.4.1    | <p>There are no workforce implications associated with the recommendations of this report.</p>  |

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| 5.5<br>5.5.1   | <b>Health &amp; Safety</b><br>There are no health and safety implications associated with the recommendations of this report.  |
| 5.6<br>5.6.1   | <b>Health &amp; Wellbeing</b><br>There are no health and wellbeing implications associated with the recommendations of this report.  |
| 5.7<br>5.7.1   | <b>Training</b><br>There are no training implications associated with the recommendations of this report.  |
| 5.8<br>5.8.1   | <b>Timing</b><br>Each relevant HMFSI Action Plan will be reported to the PC on a quarterly cycle until completion.   |
| 5.9<br>5.9.1   | <b>Performance</b><br>This process supports robust challenge and scrutiny of our performance against HMSFI recommended improvements.   |
| 5.10<br>5.10.1 | <b>Communications &amp; Engagement</b><br>There is no implication associated with the recommendations of this report.  |
| 5.11<br>5.11.1 | <b>Legal</b><br>The arrangements for independent inquiries into the state and efficiency of the SFRS are a statutory requirement as laid out in Section 43 of the Fire (Scotland) Act 2005.  |
| 5.12<br>5.12.1 | <b>Information Governance</b><br>A Data Protection Impact Assessment (DPIA) is not required for this report as there is no sensitive information to consider.  |
| 5.13<br>5.13.1 | <b>Equalities</b><br>An Equality and Human Rights Impact Assessment (EHRIA) is not required for this report. These will be captured by Directorate and LSO EHRIAs.   |
| 5.14<br>5.14.1 | <b>Service Delivery</b><br>There are no service delivery implications associated with the recommendations of this report.  |
| <b>6</b>       | <b>Core Brief</b>  |
| 6.1            | Not applicable.  |
| <b>7</b>       | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>  |
| 7.1            | <b>Director:</b><br>Mark McAteer, Director of Strategic Planning, Performance and Communications   |
| 7.2            | <b>Level of Assurance:<br/>(Mark as appropriate)</b><br>Substantial/Reasonable/Limited/Insufficient  |
| 7.3            | <b>Rationale:</b><br>Following receipt of Audit Reports, Action Plans are developed in conjunction with Directorates and approved via the Strategic Leadership Team and the nominated Executive Committee of the Board. Quarterly reporting is made to the Senior Management Board and nominated Executive Board until full completion of the Action Plan. |



|   |   |   |
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| <b>8</b>  | <b>Appendices/Further Reading</b>   |   |
| 8.1   | Appendix A – Audit and Inspection Dashboard                                     |   |
| 8.2   | Appendix B – Health and Safety: An Operational Focus Action Plan Update         |   |
| 8.3   | Appendix C – Training of RDS (On Call) Personnel Closing Position Statement     |   |
| <b>Prepared by:</b>   | Kirsty Jamieson, Planning and Performance Officer                               |   |
| <b>Sponsored by:</b>  | Bruce Farquharson, Head of Training<br>Jim Holden, Head of Safety and Assurance |   |
| <b>Presented by:</b>  | Bruce Farquharson, Head of Training<br>Jim Holden, Head of Safety and Assurance |   |
| <b>Links to Strategy and Corporate Values</b>   |   |   |
| Our audit and inspection process contributes to Strategic Outcome 5 of the Strategic Plan 2022-25: We are a progressive organisation, use our resources responsibly and provide best value for money to the public. |   |   |
| <b>Governance Route for Report</b>  | <b>Meeting Date</b>   | <b>Report Classification / Comments</b>                     |
| <i>Senior Management Board</i>  | <i>16 August 2023</i>   | <i>For recommendation</i>                                   |
| <i>People Committee</i>   | <i>14 September 2023</i>  | <i>For scrutiny (Training of RDS Personnel and H&amp;S)</i> |

AUDIT AND INSPECTION OVERVIEW DASHBOARD

APPENDIX A

HMFSI Thematic Reports Progress Dashboard

| Published | Title                                      | Relevant Committee | Due Date | Revised Due Date | Total Actions | Last Updated | Next Update | Not Started | In Progress | Deferred | Complete | On Hold | Transferred | Cancelled | Moved to BAU | Void | % Complete | RAG     |
|-----------|--|--------------------|----------|------------------|---------------|--------------|-------------|-------------|-------------|----------|----------|---------|-------------|-----------|--------------|------|------------|---------|
| Mar-20    | Training of RDS Personnel                  | PC                 | Mar-23   |                  | 31            | May-23       | Aug-23      | 0           | 0           | 0        | 27       | 0       | 0           | 0         | 4            | 0    | 100%       | Closing |
| Dec-20    | Planning and Preparedness for COVID Review | SDC                | May-26   |                  | 15            | May-23       | Aug-23      | 0           | 0           | 0        | 12       | 0       | 0           | 0         | 3            | 0    | 100%       | Closing |
| Apr-22    | Health and Safety: An Operational Focus    | PC                 | Mar-24   | -                | 18            | May-23       | Aug-23      | 0           | 8           | 0        | 9        | 0       | 0           | 1         | 0            | 0    | 55%        |         |
| Sep-22    | Firefighting in Highrise Buildings         | SDC                | Dec-23   | -                | 8             | May-23       | Aug-23      | 0           | 5           | 0        | 3        | 0       | 0           | 0         | 0            | 0    | 60%        |         |

HMFSI Focused Reports Progress Dashboard

| Published | Title  | Relevant Committee | Due Date | Revised Due Date | Total Actions | Last Updated | Next Update | Not Started | In Progress | Deferred | Complete | On Hold | Transferred | Cancelled | Moved to BAU | Void | % Complete | RAG |
|-----------|--|--------------------|----------|------------------|---------------|--------------|-------------|-------------|-------------|----------|----------|---------|-------------|-----------|--------------|------|------------|-----|
| Apr-23    | Command and Control Mobilising System (CCMS)   |                    |          |                  |               |              |             |             |             |          |          |         |             |           |              |      |            |     |
| May-23    | Review of contingency planning arrangements in relation to potential industrial action |                    |          |                  |               |              |             |             |             |          |          |         |             |           |              |      |            |     |

HMFSI Local Area and Service Delivery Area Inspection Reports Progress Dashboard

| Published | Title  | Relevant Committee | Due Date | Revised Due Date | Total Actions | Last Updated | Next Update | Not Started | In Progress | Deferred | Complete | On Hold | Transferred | Cancelled | Moved to BAU | Void | % Complete | RAG      |
|-----------|--|--------------------|----------|------------------|---------------|--------------|-------------|-------------|-------------|----------|----------|---------|-------------|-----------|--------------|------|------------|----------|
| N/A       | Local Area Inspection National Recommendations | SDC                | N/A      | N/A              | 11            | Dec-22       | N/A         | 0           | 0           | 0        | 11       | 0       | 0           | 0         | 0            | 0    | 100%       | Inactive |

HMFSI Management of Health and Safety: An Operational Focus - Action Plan Progress  
 Action Plan Owner: Jim Holden, Head of Safety and Assurance

|         |             |
|---------|-------------|
| Updated | Next Update |
| Aug-23  | Nov-23      |

| HMFI Recommendation  | Action Ref | Action Description  | Action Owner                                      | Due Date | Revised Due Date   | Status      | Progress Update Commentary   | % Complete | Completion Date | RAG   | Evidence |
|--|------------|---|---|----------|--------------------|-------------|--|------------|-----------------|-------|----------|
| The outcomes of the Document Conversion Project currently being carried out in the Operations function, should be evaluated and the benefits extended to other SFRS Directorates, including Training Safety and Assurance (TSA).   | R1.1       | Principles of the Document Conversion Project to be presented to all Directorates.  | AC Craig McGoldrick, Operations                   | Mar-23   | 2nd revised Jan-24 | In Progress | <p>17 May 2023: The ability to deliver and evaluate the benefits of the Document Conversion Project prior to sharing the findings/outcomes with other Directorates and Training, Safety and Assurance, are dependent on the availability and accessibility of new technologies due to be delivered between the 'In Vehicle Solutions Group' and the 'Emergency Services Network' Project. A pilot of a secondary tablet in frontline appliances will be undertaken in the Falkirk and West Lothian Local Senior Officer Area for a six-week period starting in April/May 2023. Post pilot, a wider roll out will be considered and the Document Conversion Project will be able to be accessed and assessed at that point. Following an embedding process an evaluation will be undertaken by Operations and lessons learned/good practice shared. Dependencies with Information Governance and the development of a new SharePoint host site will also dictate the Document Conversion Project delivery date. Neither of the above are within the influence of Operations.</p> <p>This action has moved from green to amber due to the slip in original timescales. A revised due date from March 23 to September 23 has been proposed.</p> <p>16 August 2023: Communications and Information Governance have advised that the new Website/Hub developer/provider (STORM ID) will not be in a position to facilitate the required platform to host the Document Conversion Project until January 2024. Operations would seek approval to transfer this action to the Communications and Information Governance functions in the short term as further progress is no longer within the scope of the Operations Function.</p> <p>This action remains amber due to the slip in original timescales. A revised due date from September 2023 to January 2024 has been proposed.</p> <p>[Proposed second revised due date from September 2023 to January 2024]</p> | 50%        |                 | Amber |          |
| The SFRS should ensure that risk critical information provided to crews via the GETAC tablet is easily accessible when required, up to date and the information available suitable for all foreseeable incident types.   | R3.1       | Determine risk critical information required for GETAC tablets to ensure that this information is provided to crews.                      | AC Craig McGoldrick, Operations                   | Sep-23   |                    | In Progress | <p>17 May 2023: Determination of 'Critical Information' will be an ongoing process managed through the Document Conversion Process, this element of the recommendation and action can be considered complete as this will be Business as Usual. The provision of the information will be reliant and dependent on the outcome of work owned by the In Vehicle Solutions Project, the Emergency Services Network Project and Information Governance work to development a new SharePoint host site which will allow real time access to risk critical information. Based on feedback from the above stakeholder, it is viable that the action will be completed by the due date.</p> <p>This action is green and on track for completion by the proposed due date.</p> <p>16 August 2023: As per the previous update in May 2023, this action is ongoing, however, work from an Operations Function perspective has been completed. The role out of enhancements is reliant on the In Vehicle Solutions Project and the Communications and Information Governance functions.</p> <p>This action remains green and on track for completion by the proposed due date.</p>   | 75%        |                 | Green |          |
| The SFRS should ensure that the Post Incident Support Procedure is amended so that triggers are in place and are activated automatically to support all levels of operational staff attending relevant incidents.  | R4.1       | Health and Wellbeing Team to review Post Incident Support Procedure to determine the need for automatic activations criteria and process. | Justin Smithson, Clinical Lead                    | Jun-23   | Sep-23             | In Progress | <p>17 May 2023: The work of the Post Incident Support Procedure review group continues through engagement with the group members which should ensure broad representation across the organisation. The last meeting of this group to inform the review of this policy is scheduled for 17 May 2023. The revised policy will then commence its governance journey in Quarter 2 2023/24. This action remains green and on target for completion by proposed due date.</p> <p>16 August 2023: The work of the Post Incident Short Life Review Group is now complete and the work from this group will inform the review of the Post Incident Support Policy and any supporting papers which are due to begin their governance journey in Quarter 2 2023/24. This action has moved from green to amber due to a slip in original timescale and a revised due date of September 2023 has been proposed.</p> <p>[Proposed revised due date from June 2023 to September 2023]</p>   | 70%        |                 | Amber |          |
| The SFRS should identify the cultural barriers that prevent staff reporting 'near misses'. It should design, develop and test all near miss recording systems, ensuring that the systems are accessible to staff and encourage ease of use to improve and encourage reporting across the organisation. | R5.1       | Health & Safety Department to liaise with Service Delivery Areas to identify the cultural barriers that prevent Near Miss reporting.      | Teresa Kelly, Deputy Head of Safety and Assurance | Mar-23   | Dec-23             | In Progress | <p>17 May 2023: The Health and Safety Executive Climate Tool was presented to the Functional Management Team as a way of identifying cultural barriers that prevent Near Miss Reporting. This was rejected due to cost and the development of an alternative internal climate survey was deferred due to other strategic priorities. Work has recommenced on the survey and it is expected to be developed in Quarter 1, issued in Quarter 2, and analysed in Quarter 3. This action is amber due to the slip in timescale. A proposed due date of December 2023 is proposed.</p> <p>16 August 2023: The final draft of the Safety Culture Survey is under review. The goal is to publish the survey in mid-August 2023. This action remains amber due to the slip in original timescale however, work is on track to complete by the previously agreed revised date of December 2023.</p>   | 80%        |                 | Amber |          |

|  |      |   |   |        |        |             |   |      |        |  |
|--|------|---|---|--------|--------|-------------|---|------|--------|--|
| The SFRS should identify the cultural barriers that prevent staff reporting 'near misses'. It should design, develop and test all near miss recording systems, ensuring that the systems are accessible to staff and encourage ease of use to improve and encourage reporting across the organisation. | R5.2 | Consider process to ensure that outcomes and lesson learned from Near Miss reporting are made widely available to staff.  | Teresa Kelly, Deputy Head of Safety and Assurance   | Mar-23 | Sep-23 | In Progress | 17 May 2023: Safety and Assurance is developing a Communications Strategy to ensure effective communication of lessons learned. There has been a slight delay in delivering this work due to capacity issues following unexpected secondments within Safety and Assurance. A proposed due date of September 2023 has been provided.<br><b>16 August 2023: Regular meetings are ongoing to plan and design the Communications and Engagement Strategy.</b><br><b>This action remains amber due to the slip in original timescales, however, work is on track to complete by the previously agreed revised due date of September 2023.</b>  | 70%  |        | Amber  |
| The SFRS should identify the cultural barriers that prevent staff reporting 'near misses'. It should design, develop and test all near miss recording systems, ensuring that the systems are accessible to staff and encourage ease of use to improve and encourage reporting across the organisation. | R5.3 | Develop improvement/suggestion scheme and a hazard reporting system including feedback methods.   | Teresa Kelly, Deputy Head of Safety and Assurance   | Mar-23 | Mar-24 | In Progress | 17 May 2023: A Hazard Reporting Form has been developed and is pending testing on appropriate software system. Currently awaiting further instruction on how this can be saved within a group environment and not linked to one owner. A meeting was held on 14 February 2023 to confirm that ICT will develop a Think, Act, Stay Safe module for hazard reporting in Quarter 4 of 2023/24. As such, a proposed due date of March 2024 has been proposed.<br><b>16 August 2023: The Hazard Reporting module for the Think, Act, Stay Safe system is planned to be developed by ICT in Quarter 4.</b><br><b>This action remains amber due to the slip in original timescales, however, work is on track to complete by the previously agreed revised due date of March 2024.</b>   | 70%  |        | Amber  |
| RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.  | R6.3 | Consider methods to increase visibility /presence of Flexi-Duty Officers at On Call stations.   | AC Craig McGoldrick, Operations<br>Propose transfer of action to Service Delivery, as LSO Area Flexi Duty Officers (FDOs) are not aligned to Operations Function. | Mar-23 |        | Complete    | 17 May 2023: Propose transfer of action to Service Delivery, as Local Senior Officer Area Flexi Duty Officers are not aligned to Operations Function. This issue will be discussed at the next Operational Learning Group and this plan will be updated in the next reporting period. This item has been marked as red due to the slip in original timescale and the requirement for further discussion and decision to be made regarding action owner.<br><b>16 August 2023: On behalf of Service Delivery and the National On Call Leadership Forum (NOCLF), we would propose this action is closed. Service Delivery Local Senior Officers via the National On Call Leadership Forum (NOCLF) Single Point of Contacts (SPOCs) have actioned and where practicable, increased/maximised attendance and engagement at On Call Stations and also delivered a number of On Call Manager engagement sessions.</b><br><b>This action has been marked as green and it has been proposed that it should be marked as complete.</b>   | 100% | Aug-23 | Green  |
| The SFRS should design and develop an electronic asset management and testing solution, which would reduce reliance on paper records and limit organisational exposure and risk.   | R7.1 | Identify, test and implement a suitable management system.<br><br>(This will need substantial ICT support and will need to be in the ICT workplan to be able to proceed. There is currently a Vehicle Inventory Checking System (VIC) being trialled but its taken almost 2 years to get this solution to trial status) | Roddy Mackinnon, Scottish Equipment Manager   | Sep-23 |        | In Progress | 17 May 2023: SFRS are currently developing an electronic Vehicle Inventory Check system with ICT. This system is currently being operated in some stations and will continue to develop and roll out across the Service. This action is green and on track.<br><b>16 August 2023: The Vehicle Inventory Check (VIC) check is currently being used at 20 Swiftwater Rescue Technician (SRT) stations, three standardised SFRS specification high reach appliances (ALPs) and four Fire investigation units. We are currently building the system to meet the new Medium Weight Rescue Pumps (MWRP). The system will continue to be implemented as new SFRS fully equipped vehicles enter the Service. The Management Dashboard is also currently in the final stages of development.</b><br><b>This action remains green and is on target to be completed by the original due date.</b>  | 20%  |        | Green  |
| The SFRS should ensure that information related to Operational risk and safety critical hazards is clearly prioritised with key messages identified and information targeted to the intended recipient rather than to general staff groups.  | R8.2 | Develop process to ensure targeted messaging methods are available.   | AC Craig McGoldrick, Operations   | Jun-23 | Dec-23 | In Progress | 17 May 2023: Following dialogue with Safety and Assurance, a joint review of Operational Assurance processes and Frontline Support Communications will be undertaken. A revised process will be developed which offers:<br>- Direct targeted feedback via OARRS<br>- Operational Learning generated with additional context which highlights the origin of the driver for change/improvement/learning<br>- Organisational Learning Communications Strategy which celebrates success<br>This action remains Green and on track for the development of a process by the proposed completion date.<br><b>16 August 2023: Whilst the actions required for progression of this action remain relevant in principle, due to competing demands and priorities, such as the Strategic Service Review Programme (SSRP), preparedness for Industrial Action and the Jenners incident etc. significantly impacting both Health and Safety and Operations, this action has not been formalised or progressed within the wider Service.</b><br><b>This action has moved from green to red due to the slip in original timescale and the ongoing competing demands and priorities which continue to impact progress.</b><br><b>As a result a revised due date of December 2023 has been proposed.</b><br><b>[Proposed revised due date from June 2023 to December 2023]</b> | 10%  |        | Red  |
| The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff.   | R2.1 | Develop Management of Operational Risk Policy and Operational Guidance.   | Teresa Kelly, Deputy Head of Safety and Assurance   | Mar-23 |        | Complete    | 15 February 2023: Draft has been developed. A meeting to discuss suitability for implementation was cancelled due to unforeseen events occurring. This action is currently green and on track for completion by the proposed due date.<br>17 May 2023: Alternative approach to addressing this action has been agreed which includes completed reviews of Dynamic Risk Assessment / Analytical Risk Assessment arrangements, training, and the development of Safety Culture Strategy in 2022/23. See evidence column. This action is green and complete.   | 100% | Mar-23 | Green  |
|  |      |   |   |        |        |             |   |      |        | Upon review of Head of Function, the Management of Operational Risk Policy and Operational Guidance is no longer required as further evidence and updates have been made, including update of Incident Command Policy and Operational Guidance, Operational Aide Memoir, Breathing Apparatus Policy and Operational Guidance and urgent instruction for requirement to complete Analytical Risk Assessment (ARA) /Dynamic Risk Assessment (DRA). Further work regarding the Learning Content Management System (LCMS) package remains ongoing. |

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| The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff. | R2.2 | Review the LCMS package for Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA).                                       | Teresa Kelly, Deputy Head of Safety and Assurance<br>SC Ben Carlin (Health and Safety) | Mar-23 | Complete | 15 February 2023: Production of Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) maintenance module (working with Training and Employee Development. Work continues to embed ARA/DRA in Training for Operational Competence (TIOC) material. This action is on track and has been marked green.<br>17 May 2023: The review of the Learning Content Management System (LCMS) packages relating to Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) was completed in Quarter Q4 2022/23.  | 100% | Mar-23 | Green |   |
| The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff. | R2.3 | Review Incident Command assessments.  | AC Alasdair Cameron, TSA   | Jun-23 | Complete | 15 February 2023: The Incident Command Core Skill within the Training for Operational Competence (TIOC) for Quarter 4 has content relating to Dynamic Risk Assessment (DRA) and Analytical Risk Assessment (ARA). There is also a Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) module within the Health and Safety Programme of Learning which is currently live on the LCMS system. All can be evidenced within Learning Content Management System (LCMS) itself.<br>This action is green and is complete.<br>17 May 2023: Launched in April 2022, the Training for Operational Competence Framework now includes a dedicated Learning Content Management System (LCMS) packages for all operational levels. This includes a dedicated 'Risk Assessments at Operational Incident module with specific content relating to Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) along with Incident Command Assessment that focuses specifically on this area. Combined it provides clarity on how and why to complete an Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA), as this is an essential element that contributes towards Firefighter safety. The design of this new Learning Content Management System (LCMS) content now makes it achievable across all Operational staff Groups, which is a key element to its success.<br>This action is green and complete. | 100% | Feb-23 | Green | LCMS  |
| The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff. | R2.4 | Integrate principles of Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) as relevant to risk in all courses.        | AC Alasdair Cameron, TSA   | Mar-23 | Complete | 15 February 2023: Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) included in all relevant training material and managed by the Operational Competence Strategy Group. This action is green and is complete.<br>17 May 2023: Established in April 2022, the Operational Competence Strategy Group now provides a platform that reviews the Training for Operational Competence based on risk, with content that integrates the principles of Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) relevant to the subject matter being covered. This aligns to the principles of the 'Risk Assessments at Operational Incident module'.<br>This action is green and complete.  | 100% | Feb-23 | Green | LCMS  |
| The SFRS should ensure that risk critical information provided to crews via the GETAC tablet is easily accessible when required, up to date and the information available suitable for all foreseeable incident types.                                       | R3.2 | Determine Operational Intelligence information required for GETAC tablets to ensure that risk critical information provided to crews. | AC Craig McGoldrick, Operations  | Sep-23 | Complete | 15 February 2023: Once the Phase 1 Document Conversion Project is launched the GETAC/ or secondary Tablet will be used to display the latest risk critical information. 4G connectivity will allow information to be updated as and when required.<br>This action is currently green and on track for completion by the proposed due date.<br>17 May 2023: It is proposed that this action is closed as complete. All Operational Intelligence documentation was reviewed in 2022. The process to gather risk critical Operational Intelligence, using the Operational Intelligence Generic Information Note and supporting systems, is reflected in the information available to crews.<br>A performance framework was developed by the Operational Intelligence team which has a focus on the Operational Intelligence reporting toolkit. The first review period is due to provide outcomes/findings in June 2023. Areas for improvements will be translated into Area based support by the Operational Intelligence team.<br>In terms of the action the available and correct risk critical information is being provided to crews.<br>This action is green and complete.   | 100% | May-23 | Green |   |
| RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.  | R6.1 | Review On Call recruitment and terms of conditions to potentially enhance staffing levels.  | AC Craig McGoldrick, Operations<br>Gavin Hammond                                       | Sep-23 | Complete | 15 February 2023: A total review of On Call recruitment process has been completed. Efficiencies and improvement identified and introduced under the On Call improvement programme. There is a need for continued improvement as work progresses out with the project and where other On Call recommendations have been made but final decisions around implementation are yet to be made.<br>Terms and Conditions (T&Cs) standardisation for RDS are yet to be agreed. Further recommendations from the On Call programme are likely to be stalled until agreement is reached. This action is currently green and on track however completion by the proposed due date will be determined by future decision-making and developments with regards to the Terms and Conditions.<br>17 May 2023: Propose to consider transfer/closure of this action. There is clear evidence that the recommendation has been given due regard. The project has been underway for a number of years, with major aspects required to reach completion remaining out with the control of SFRS. It is recommended that this recommendation is closed off as 'business as usual' as it features on the People and Organisational Development Directorate Plan for 2022/23 and will be monitored accordingly.<br>On the assumption that this recommendation is agreed, the action has been marked green and 100% complete.                 | 100% | May-23 | Green |   |
| RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.  | R6.2 | Review management/supervisory provision to On Call staff and determine any actions required to enhance current levels.                | AC Craig McGoldrick, Operations<br>Gavin Hammond                                       | Sep-23 | Complete | 15 February 2023: A national cadre of On Call Support Watch Commanders, 54, have been imbedded within Service Delivery Areas (SDAs). The central On Call Support team has been in place since March 2021, within the Operations function. This team is currently temporary up to the end of the On Call improvement programme with decisions still to be made about substantiating a dedicated centralised On Call support function.<br>This action is currently green and on track however completion by the proposed due date will be determined by future decision-making.<br>17 May 2023: Propose to consider this action completed/closed. Provision of supervision (Operations) is provided via the SFRS Incident response Control Operating Procedure (COP), Flexi Duty Officer (FDO) and Mobilising Control Operating Procedure and supported by the mentoring and monitoring roles undertaken during any incident as per the During Incident Operational Assurance General Information Note, the recording of which is managed through the SFRS OARRS process (link provided in Evidence).<br>Provision of management support was enhanced in 2021 with the addition of On Call Support Watch Commanders. Any additional support is determined and delivered by the Local Senior Officer Area Management Teams and is beyond the remit of Operations.<br>This action is green and is now complete.           | 100% | May-23 | Green | Home Page - Operational assurance (oarrs.azurewebsites.net) |

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|--|-------------|---|--|---------------|------------------|---|-------------|---------------|--------------|---|
| <p>RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.</p>   | <p>R6.4</p> | <p>Consider options for sharing knowledge and information with On Call staff and confirming competence.</p> | <p>AC Craig McGoldrick, Operations</p> | <p>Mar-23</p> | <p>Complete</p>  | <p>15 February 2023: Due to capacity and timing issues, an update was not received for this action. The update was not received when the Action Plan was submitted to the People Committee for scrutiny.<br/> 17 May 2023: An On Call dedicated SharePoint site was created which provided a single source for information (see link in Evidence). The site has a number of links to Frequently Asked Questions and engagement tools, including an 'Issues and Innovations Log' where best practice is shared by stations for consideration of the NOCLF. In relation to competence this is captured either through Training, Safety and Assurance business as usual i.e. LCMS/PDR Pro/TFOC or via our Operational Assurance processes.<br/> This action is green and complete.</p> | <p>100%</p> | <p>Mar-23</p> | <p>Green</p> | <p><a href="#">On Call Firefighters National Site - Home (sharepoint.com)</a></p> |
| <p>The SFRS should ensure that information related to Operational risk and safety critical hazards is clearly prioritised with key messages identified and information targeted to the intended recipient rather than to general staff groups.</p> | <p>R8.1</p> | <p>Consider actions captured in R1, R3, C17, C18, C22.</p>  | <p>N/A</p>                             | <p>N/A</p>    | <p>Cancelled</p> | <p>Response to this action is fully captured and considered within the work currently being undertaken for actions R1 and R3. Updates will be provided within these actions and therefore it is proposed that this action is cancelled to direct focus to these and avoid duplication.</p>  |             |               |              |   |

**HMFSI AUDIT AND INSPECTION POSITION STATEMENT  
TRAINING OF RDS PERSONNEL**

APPENDIX C

|   |   |
|---|---|
| <p><b>Recommendation 1</b></p>                                    | <p>The SFRS should consider the personal impact on new-entrant Retained Duty System (RDS) firefighters attending their initial Task and Task Management and Breathing Apparatus training courses and review alternative venues to deliver the training.</p>   |
| <p><b>Position statement at May 2020</b></p>                      | <p>New entrants attending initial task and task management courses can attend at a large number of venues in localities across all three Service Delivery Areas to minimise the need for avoidable travel. Methods of delivery are flexible within the modular format and can be delivered either locally or nationally, however, the ability to run local courses is directly related to the number of available candidates within each locality in order to ensure sufficient numbers for viability.</p> <p>There has been an expansion in potential venues for Retained Duty System (RDS) Task and Task Management over the past three years, including the use of Oban, Kilmarnock, Elgin, Peterhead and Falkirk in addition to Training Centre sites. While such an approach has increased the overall Training Function's capacity in this area, this has often been achieved at short notice and with re-allocation of resources from multiple sites.</p> <p>Breathing Apparatus (BA) acquisition courses require attendance at bespoke locations in order to complete fire behaviour and carbonaceous elements of training. SFRS has invested significantly to provide Compartment Fire Behaviour Training (CFBT) training units across a range of locations to minimise the requirement to travel for this training.</p> <p>The 12 Core training modules programme includes Breathing Apparatus (BA) to enable elements of distance learning for RDS personnel. Work is being undertaken to confirm additional Breathing Apparatus (BA) equipment required to support training delivery needs at National and Regional Training Centres. This is being extended to support local area training delivery. A request will be submitted to Asset Management to progress this equipment.</p> |
| <p><b>Position in relation to Training Review at May 2020</b></p> | <p>In order to deliver on the primary recommendation of the review, which is to de-centralise training and to deliver training as close to the point of need as is practicable, an internal review of the Task and Task Management (TTM) Course content and modularisation has commenced for Retained and Volunteer Duty System (RVDS). In order to relate this to the Her Majesty's Fire Service Inspectorate (HMFSI) recommendation, this review of Task and Task Management (TTM) Course content will be extended to the Retained and Volunteer Duty System (RVDS) Breathing Apparatus (BA) Initial Course with options for improved localised delivery incorporated within this.</p> <p>Similarly, the work undertaken to identify additional Breathing Apparatus (BA) equipment within our Training Centres will be extended to review the needs within local areas. This action supports Recommendation 31 of the Training Review - Additional equipment for local Breathing Apparatus (BA) acquisition training. Where candidate numbers prove viable, the Training Review recommends local delivery of courses wherever practicable.</p>  |
| <p><b>Action 1.1<br/>Action Owner : Lorna Yuill</b></p>           | <p><b>Review Task and Task Management (TTM) Course to consider modularisation and local delivery options.</b></p>   |
| <p><b>Closing position statement at November 2020</b></p>         | <p>Delivery can be facilitated in a flexible format for the full course content. Engagement with On Call 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.</p>  |

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| <p>Action 1.2<br/>Action Owner : Lorna Yuill</p>                                       | Review local delivery options for the Breathing Apparatus (BA) elements of Red, Amber and Green (RAG) Assessments.   |
| <p><b>Closing position statement at May 2021</b></p>                                   | Delivery site options have been explored as far as practicable; however, Covid-19 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.  |
| <p>Action 1.3<br/>Action Owner : William Pollard</p>                                   | Review Breathing Apparatus (BA) Initial Course to consider modularisation and local delivery options.  |
| <p><b>Closing position statement at September 2020</b></p>                             | The review of the Breathing Apparatus (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 Breathing Apparatus (BA) Initial Course on Western Isles, Orkney and Shetland (WIOS) Local Senior Officer area.   |
| <p>Action 1.4<br/>Action Owner : William Pollard</p>                                   | Compile and submit requests to Asset Management for any remaining Breathing Apparatus (BA) equipment needed.   |
| <p><b>Closing position statement at July 2020</b></p>                                  | Request for Breathing Apparatus (BA) equipment submitted via Assistance Chief Officer (ACO) Dickie on 3 November 2020. This includes 18 x Thermal Imaging Cameras, 3 x Portable Compartment Fire Behaviour Training (CFBT) Aids (known as 'Dolls Houses'), 2 x Entry Control Boards along other miscellaneous Breathing Apparatus (BA) equipment.  |
| <p><b>Recommendation 2</b></p>   | The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial Task and Task Management and Breathing Apparatus training courses and review the current timescales allocated for the training.   |
| <p><b>Position statement at May 2020</b></p>   | The current timescales align to national guidance, and it is unlikely that learning outcomes can be met if there is any reduction in the overall length of the course.   |
| <p><b>Position in relation to Training Review at May 2020</b></p>                      | Whilst the Training Review makes no specific recommendation in this regard, options are proposed which would allow the courses to be modularised, thereby allowing the modules to be delivered across a variety of smaller time slots which, when aggregated, cover the full syllabus as per Recommendation 1 above.   |
| <p>Action 2.1<br/>Action Owner : Scott Kennedy<br/>(Lorna Yuill / William Pollard)</p> | No action required. Response to this recommendation is captured within recommendation 1 and subsequent actions 1.1, 1.2, 1.3 and 1.4.  |
| <p><b>Closing position statement at May 2023</b></p>                                   | <p>A modular based Task and Task Management (TTM) programme and Modular based Breathing Apparatus (BA) Initial course has now been designed by Training and has been delivered to the on-call Prep Team. This will allow flexibility in delivery model for both courses.</p> <p>Regarding the modulation of the Task and Task Management (TTM) and Initial Breathing Apparatus (BA) Courses for the On Call, the modularisation programmes that Training has provided has been used to support two of the recommendations which have been included in the final On Call Improvement Programme Recommendation Report, these recommendations are for further scoping and exploration as a modularised approach to these two courses. Within the further scoping the programmes that we provided have been suggested as the basis for any local, modularised delivery of these courses. As the majority of the workstreams under the programme were to point of recommendation and not implementation, it will be within the gift of the SLT (Strategic Leadership Team) to decide whether either of these recommendations are progressed any further. The report was presented to the Strategic Leadership Team (SLT) on the 19th of June for their consideration.</p> |



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| <b>Recommendation 3</b>   | The SFRS should consider the personal impact on new-entrant RDS firefighters attending their initial Task and Task Management and Breathing Apparatus training courses and review the course content and methods of delivery.  |
| <b>Position statement at May 2020</b>   | All course content is aligned to national guidance and the learning outcomes are relevant to the Firefighter role map. Content is regularly reviewed to ensure it continues to reflect best practice.  |
| <b>Position in relation to Training Review at May 2020</b>                              | In order to deliver on the primary recommendation of the review, which is to de-centralise training and to deliver training as close to the point of need as is practicable, an internal review of the Task and Task Management (TTM) Course content and modularisation has commenced for Retained and Volunteer Duty System (RVDS). In order to relate this to the Her Majesty's Fire Service Inspectorate (HMFSI) recommendation, this review of Task and Task Management (TTM) Course content will be extended to the Retained and Volunteer Duty System (RVDS) Breathing Apparatus (BA) Initial Course with options for improved localised delivery incorporated within this. Similarly, the work undertaken to identify additional Breathing Apparatus (BA) equipment within our Training Centres will be extended to review the needs within local areas. This action supports Recommendation 31 of the Training Review - Additional equipment for local Breathing Apparatus (BA) acquisition training. Where candidate numbers prove viable, the Training Review recommends local delivery of courses wherever practicable. |
| <b>Action 3.1</b><br>Action Owner : Scott Kennedy<br>(Lorna Yuill) /<br>William Pollard | No action required. Response to this recommendation is captured within recommendation 1 and subsequent actions 1.1, 1.2, 1.3 and 1.4.  |
| <b>Closing position statement at May 2023</b>   | All course content is aligned to national guidance and the learning outcomes are relevant to the Firefighter role map. Content is regularly reviewed to ensure it continues to reflect best practice.  |
| <b>Recommendation 4</b>   | The SFRS should consider the personal impact on new-entrant Retained Duty System (RDS) firefighters attending their initial Task and Task Management and Breathing Apparatus (BA) training courses and review the involvement of Retained Duty System (RDS) firefighters in course design.   |
| <b>Position statement at May 2020</b>   | Course design and review is undertaken by a group drawn from a cross-section of stakeholders and led by subject matter experts within the particular field concerned, in order to benchmark and align with national guidance and best practice. Staff views are also captured via consultation with appropriate Representative Bodies.   |
| <b>Position in relation to Training Review at May 2020</b>                              | A specific recommendation to consider the personal impact on new-entrant Retained Duty System (RDS) firefighters attending their initial Task and Task Management (TTM) and Breathing Apparatus (BA) training courses and review the involvement of RDS firefighters in course design is not covered within The Training Review.   |
| <b>Action 4.1</b><br>Action Owner : Lorna Yuill   | Create the opportunity for Retained and Volunteer Duty System (RVDS) staff to be involved within the course creation / review process, including Training for Operational Competence (TfOC) modules.   |
| <b>Closing position statement at May 2021</b>   | This action is now complete The Retained and Volunteer Duty System Support Group (RVDSSG) 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 Retained and Volunteer Duty System (RVDS) representation within decision making forums relating to recruitment and training. The Training for Operational Competency (TfOC) aspect of this action will continue in action 7.2.   |

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| <p>Action 4.2<br/>Action Owner : Chris Getty</p>                  | <p>Implementation of a de-centralised business partnering model for training delivery.</p>  |
| <p><b>Closing position statement at January 2023</b></p>          | <p>All Instructors are now working under the same Terms and Conditions and a review will be undertaken in Quarter 4 2022/23. All courses are now delivered locally at point of need where facilities and capacity allow. A further review is being undertaken with regards to distance learning for some elements of courses which may reduce course duration. The National Instructor Pool Local Senior Officer (NIP LSO) merger will make the process of local risk and local need, including for On Call personnel, more streamlined to influence course design and course delivery. The National Instructor Pool Local Senior Officer (NIP LSO) merger is currently being piloted in the North Service Delivery Area (NSDA) and is due to be rolled out over the coming months in both East and West Service Delivery Areas respectively. This recommendation has been fully considered by the Training Management Team and discussed with Local Senior Officers (LSOs) and Service Delivery Area (SDA) Training Leads. The Training restructure has now concluded in the North and is being progressed in the East SDA though in its initial stages. The Training Vision work will now encompass this recommendation with a view to delivering training as close as possible to the source stations and seek involvement from the On Call Forum on options to upskill and deliver maintenance training at On Call stations, supported by the Function and meet course requirements. There is a movement from annual planning to quarterly planning to allow for LSO areas to identify local needs and incorporate these into a revised delivery program by the Function. This work will now fall within business as usual and therefore this action was considered closed.</p> |
| <p><b>Recommendation 5</b></p>                                    | <p>The SFRS should consider the personal impact on new-entrant Retained Duty System (RDS) firefighters attending their initial Task and Task Management (TTM) and Breathing Apparatus (BA) training courses and review the time taken in some locations to complete the remainder of the Road Traffic Collision Operators' (RTCO) Course where relevant.</p>  |
| <p><b>Position statement at May 2020</b></p>                      | <p>The Road Traffic Collision Operators (RTCO) course is an integral part of the Trainee Firefighter Development process and is normally facilitated locally at a time and venue which is mutually acceptable by the Local Senior Officer Area and the Trainee. The time-taken is often governed by the Trainee's availability to attend.</p>   |
| <p><b>Position in relation to Training Review at May 2020</b></p> | <p>The Review recognises the challenge for Retained and Volunteer Duty System (RVDS) staff to attend Task and Task Management (TTM), Breathing Apparatus (BA) and Road Traffic Collision Operator (RTCO) courses within the first year of employment and therefore the Task and Task Management (TTM) course now includes a specific module on Road Traffic Collision (RTC) Safety and Tools familiarisation.</p>   |
| <p>Action 5.1<br/>Action Owner : Rab Middlemiss</p>               | <p>Agree process with Local Senior Officers (LSOs) for ensuring that expectations for completing development pathway training are understood and agreed prior to employment and are suitably managed thereafter.</p>  |
| <p><b>Closing position statement at March 2021</b></p>            | <p>Strategic Business Partner Forum monthly meetings in place to allow Local Senior Officers (LSOs) and their teams to feedback and into the process.</p>   |
| <p>Action 5.2<br/>Action Owner : Geri Thomson</p>                 | <p>Review RVDS Contract of Employment to ensure that expectations for completing development pathway training are understood and agreed prior to employment.</p>  |
| <p><b>Closing position statement at May 2021</b></p>              | <p>This action is now complete as Retained and Volunteer Duty System (RVDS) contracts of employment now state the following: -</p> <ul style="list-style-type: none"> <li>• The successful completion of the initial Task and Task Management training course</li> <li>• The successful completion of an initial Breathing Apparatus course, normally within 12 weeks of start date (or in exceptional circumstances a maximum of 24 weeks from start date), as part of the criteria for progression to the Firefighter (Development) status and rate of pay.</li> </ul>  |

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| <p><b>Recommendation 6</b></p>                                    | <p>The SFRS should consider the personal impact on new-entrant Retained Duty System (RDS) firefighters attending their initial Task and Task Management (TTM) and Breathing Apparatus (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).</p>   |
| <p><b>Position statement at May 2020.</b></p>                     | <p>Training should be delivered in alignment with the set SFRS National Training Standards (NTS). All learning content and lesson plans are standardised and hosted on an electronic platform to ensure version control and that a single, current version of each is being utilised.<br/>A programme of reviewing national Task and Task Management (TTM) delivery is in place for 2020/21 Project Plan.</p>  |
| <p><b>Position in relation to Training Review at May 2020</b></p> | <p>There is an interdependency with the Service Delivery Model Programme and a recommendation that training should align with local risk profiling, duty pattern and the vehicle / equipment available for use by the crew.</p>  |
| <p>Action 6.1<br/>Action Owner : Stuart Watson</p>                | <p>Agree process with Local Senior Officers (LSOs) on the allocation of training modules for each station should be aligned to the station risk profile, vehicle and equipment available.</p>  |
| <p><b>Closing position statement at May 2023</b></p>              | <p>This element forms part of the scoping of the Service Delivery Model Programme (SDMP).<br/>This recommendation has been fully considered by the Training Management Team and discussed with Local Senior Officers and Service Delivery Area Training Leads. The Training restructure has now concluded in the North and is being progressed in the East, though in its initial stages. The Training Vision work will now encompass this recommendation with a view to delivering training as close as possible to the source stations and seek involvement from the On Call Forum on options to upskill and deliver maintenance training at On Call stations, supported by the Function and meet course requirements. There is a movement from annual planning to quarterly planning to allow for Local Senior Officer areas to identify local needs and incorporate these into a revised delivery program by the Function. This work will now fall within the new training vision workstreams that encompass local skills and equipment in local areas and therefore this action should be considered for closure.<br/>There is clear evidence that the recommendation has been given due regard and the training vision workstream is now underway for 2023/24. This will be progressed as Business as Usual and reported to Training Continuous Improvement Board.</p> |
| <p>Action 6.2<br/>Action Owner : Bryan Todd</p>                   | <p>National Training Standards to be reviewed and a new electronic format introduced.</p>  |
| <p><b>Closing position statement at January 2023</b></p>          | <p>A total of nine documents have passed through Governance with Incident Command being presented to the Functional Management Team in October 2022. Hazmat is currently under review and Large Animal Rescue has been placed on hold awaiting Policy and Operational Guidance to be published by Operations.<br/>A revised due date of February 2023 has been proposed. This timescale allows for the finalisation of Hazmat and the publication of the Policy and Operational Guidance that is required to complete Large Animal Rescue.<br/>This action is red as a result of the slip in original timescales.<br/>National Training Standards review structure implemented and all documents available on SFRS iHub. All reviewed documents are progressed through Training Safety and Assurance Functional Management Team (TSA FMT) for governance. Regular course review carried out by training leads. Breathing Apparatus (BA) Training discussed bi-monthly at the Breathing Apparatus (BA) Practitioners meeting to ensure compliance with National Training Standards (NTS) and good practice is shared. Course content and delivery is also discussed at the quarterly Training Safety and Assurance (TSA) Management Review Group Meetings.</p>  |

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| <p>Action 6.3<br/>Action Owner : Mark Gallacher</p>               | <p>Training notes to support National Training Standards (NTS) to be created where appropriate.</p>  |
| <p><b>Closing position statement at August 2022</b></p>           | <p>All training notes, lesson plans and associated reference materials are now available via the Training Standards section on Learning Content Management System (LCMS). This promotes consistently across all sites whilst providing potential options for remote learning to reduce personal impact on new entrants.</p>  |
| <p>Action 6.4<br/>Action Owner : Graeme Hay</p>                   | <p>A Training Quality Assurance process and audit programme to be devised and introduced with good practice shared across the Service.</p>   |
| <p><b>Closing position statement at March 2020</b></p>            | <p>Training Delivery Assurance Policy and Procedure in place.</p>  |
| <p><b>Recommendation 7</b></p>                                    | <p><b>The SFRS should consider the content and relevance of RDS Training for Operational Competence (TfOC) packages and amend accordingly.</b></p>   |
| <p><b>Position statement at May 2020</b></p>                      | <p>Currently Training for Operational Competency (TfOC) packages are in place for all roles from Firefighter (Ff) to Flexi Duty Officer (FDO). On a structured rolling basis Retained Duty System (RDS) staff complete all core and standard modules. Advanced modules are allocated to each station based on risk profiling and as determined by the Local Senior Officer (LSO).</p>  |
| <p><b>Position in relation to Training Review at May 2020</b></p> | <p>The Training Review recognises that there is currently no difference between the modules utilised for acquisition by developing firefighters and those used for maintaining the skills of experienced staff. It proposes that this difference is recognised, and that "LITE" refresher modules are introduced for maintenance training. It is also proposed that some modules be combined to remove any areas of duplication.</p> <p>Scoping work on appropriate module combination is at a very early stage and discussions with subject leads has begun. A "LITE" module development working group has been set-up which incorporates a cross-section of Directorate and operational on-call members. Development has started on a first pilot "LITE" Trauma module to fully understand the finite details and interdependencies around the 3 key focus areas of information changes for the risk / subject, learning which has been identified as specific to that subject and the need to know requirements of the subject.</p> |
| <p>Action 7.1<br/>Action Owner : Jamie Thrower</p>                | <p>Combination of appropriate sets of modules.</p>   |
| <p><b>Closing position statement at March 2022</b></p>            | <p>The new SFRS Training for Operational Competence Framework (TfOC) 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. This is now complete and an ongoing project. Appropriate modules have been combined to streamline and reduce repetition. Modules are also in the 'maintenance/LITE' format where they are designed as refreshers for competent Firefighters. The original acquisition modules are still available as a resource (particularly for Firefighters in development) in a further reading library. This will continue as the next phases (years 2 and 3) of the new Training for Operational Competence Framework (TfOC) maintenance modules are designed (opportunities for merging modules are part of the design brief).</p>   |
| <p>Action 7.2<br/>Action Owner : Andy Scott</p>                   | <p>Creation of "LITE" modules for maintenance phase use.</p>   |
| <p><b>Closing position statement at May 2022</b></p>              | <p>The new SFRS Training for Operational Competence delivers maintenance modules and went live on the 4<sup>th</sup> April 2022. This action remains green and has now been completed.</p>   |

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| <b>Recommendation 8</b>                                    | <b>The SFRS should consider engagement with Retained Duty System (RDS) staff when developing Training for Operational Competence (TfOC) packages in the future.</b>  |
| <b>Position statement at May 2020</b>                      | Module design and review is undertaken by a group drawn from a cross-section of stakeholder and led by subject matter experts within the particular field concerned, in order to benchmark and align with national guidance and best practice. Staff views are also captured via consultation with appropriate Representative Bodies.  |
| <b>Position in relation to Training Review at May 2020</b> | A specific recommendation consider engagement with Retained Duty System (RDS) staff when developing Training for Operational Competence (TfOC) packages in the future is not covered within The Training Review.   |
| Action 8.1<br>Action Owner : Andy Scott<br>(Lorna Yuill)   | No action required. Response to this recommendation is captured within recommendation 4 and subsequent actions 4.1 and 4.2.  |
| <b>Closing position statement at May 2023</b>              | The Training Function have recently carried out an extensive review into how we train for Operational Competence A revised Training for Operational Competence (TfOC) was introduced in April 2022, service wide and there is an ongoing engagement with on call personnel. Review of Training for Operational Competence (TfOC) will be conducted through 2023/24 to make sure it meets with all Roles. <a href="https://ihub.firescotland.gov.uk/training-for-operational-competence">https://ihub.firescotland.gov.uk/training-for-operational-competence</a> .   |
| <b>Recommendation 9</b>                                    | <b>The SFRS should consider the availability and suitability of Information Technology (IT) resources at Retained Duty System (RDS) stations to support training.</b>  |
| <b>Position statement at May 2020</b>                      | The number of computers at individual stations is limited due, in some cases, to space and the capacity of the broadband connection used in the station. The level of broadband may be limited due to commercial availability of better levels of broadband but also due to cost. Any upgrade to broadband connections to Retained and Volunteer Duty System (RVDS) stations would involve significant investment and ongoing cost. However, the majority of systems used by Retained and Volunteer Duty System (RVDS) staff have been developed to be accessed over the Internet and therefore can be used by staff from home or other work location. ICT are currently in the process of going to tender to replace the existing Wide Area Network (WAN) and will seek to improve broadband capacity at all locations. |
| <b>Position in relation to Training Review at May 2020</b> | The Training Review mentions these issues, however, makes no direct recommendation in this respect. It is recommended that, wherever possible, E-Systems are interlinked to avoid the need for duplicated or manual data entries where possible.   |
| Action 9.1<br>Action Owner : Andy Scott                    | Engage with ICT to explore Single Sign-on functionality  |
| <b>Closing position statement at January 2021</b>          | 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, Payroll, Finance and Training (PPFT) Project.  |
| Action 9.2<br>Action Owner : Andy Scott                    | Explore options for interlinking through the Finance, People & Training Systems Group  |
| <b>Closing position statement at July 2023</b>             | Engagement sessions with the People, Payroll, Finance and Training (PPFT) project team have now concluded. Throughout these sessions, the Training Function have had the opportunity to document their functional requirements which will form part of the overall Statement of Requirements (SOR). It is anticipated that there will be several opportunities for the interlinking of E-Systems following the conclusion of this project. The project will move shortly into the procurement phase, with the Training Function continuing to be a key stakeholder.  |

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| <p>Action 9.3<br/>Action Owner : Greg Aitken</p>                  | <p>Seek to improve broadband capacity at RDS stations in the new Wide Area Network (WAN) contract</p>   |
| <p><b>Closing position statement at November 2022</b></p>         | <p>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.<br/>This improvement work has been rolled out to all stations, with the work at the last remaining site having now been completed.</p>  |
| <p><b>Recommendation 10</b></p>                                   | <p><b>The SFRS should consider reviewing the method for assessing competence.</b></p>   |
| <p><b>Position statement at May 2020</b></p>                      | <p>SFRS currently utilise a blended approach to assess competence: utilising electronic assessments to confirm technical knowledge and understanding along with practical skills assessments to measure the application of learning.</p>  |
| <p><b>Position in relation to Training Review at May 2020</b></p> | <p>A specific recommendation to review the method for assessing competence is not covered within The Training Review.</p>   |
| <p>Action 10.1<br/>Action Owner : Andy Scott</p>                  | <p>Explore the potential for the completion of e-learning assessment to automatically update pdrPRO account and establish options for any identified improvements.</p>  |
| <p><b>Closing position statement at July 2023</b></p>             | <p>This action has been explored and the functionality to update assessment attempts for the Flexi Duty Officer cadre of staff has been achieved. However, this cannot be extended to all uniformed personnel on the PDRPro system at the moment. This requirement has been considered and included within the Statement of Requirements (SOR) of the People, Payroll, Finance and Training (PPFT) project.</p>   |
| <p>Action 10.2<br/>Action Owner : Nicole Mulvey</p>               | <p>Review methods of assessing technical competence so as not to rely solely upon electronic assessments and establish options for any identified improvements.</p>   |
| <p><b>Closing position statement at November 2021</b></p>         | <p>The review is now complete and will progress through Training governance structures for approval.</p>  |
| <p><b>Recommendation 11</b></p>                                   | <p><b>The SFRS should consider the delivery of more practical training for RDS staff with a reduction in theory content.</b></p>  |
| <p><b>Position statement at May 2020</b></p>                      | <p>SFRS currently utilise a blended approach to assess competence: using electronic assessments to confirm technical knowledge and understanding along with practical skills assessments to measure the application of learning. The use of e-learning modules is designed to provide support for facilitating managers in order to enhance their delivery on subject matters upon which they are less confident.</p>   |
| <p><b>Position in relation to Training Review at May 2020</b></p> | <p>The review found a requirement to refocus the attention of supervisory officers responsible for delivering training towards concentrating more upon good, practical watch or station-based training: redressing the balance of a reliance upon e-learning packages which were designed only to be utilised as a supporting mechanism.</p>  |
| <p>Action 11.1<br/>Action Owner : Jamie Thrower</p>               | <p>Guidance to be introduced which outlines the expected use of training packages and re-directs focus upon practical application training.</p>   |
| <p><b>Closing position statement at July 2021</b></p>             | <p>The guidance note "to re-direct focus" 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 Retained Duty System (RDS) personnel. The Retained and Volunteer Duty System (RVDS) Support Team also emailed an Awareness Briefing to all Retained and Volunteer Duty System (RVDS) personnel.<br/><a href="https://ihub.firescotland.gov.uk/download.cfm?doc=docm93ijim4n17963">https://ihub.firescotland.gov.uk/download.cfm?doc=docm93ijim4n17963</a>.</p> |

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|  | The new SFRS Training for Operational Competence Framework (TfOC) launched April 2022, as detailed in Recommendation 7, also prescribes a technical and practical syllabus within each training module with a clear focus on and weighting towards the practical training elements to demonstrate competence.  |
| Action 11.2<br>Action Owner : Nicole Mulvey                | Take elements from Method of Instruction (MOI) course to create learning modules accessible to all, including Retained and Volunteer Duty System (RVDS).   |
| <b>Closing position statement at November 2022</b>         | MOI (Method of Instruction) Learning modules have been created and will now be made available on the Learning Content Management System (LCMS) system.   |
| <b>Recommendation 12</b>                                   | <b>The SFRS should consider providing Large Goods Vehicle (LGV) driving courses in remote and Island locations to minimise the personal impact to Retained Duty System (RDS) staff.</b>  |
| <b>Position statement at May 2020</b>                      | 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.  |
| <b>Position in relation to Training Review at May 2020</b> | A finance business case to fund the creation of an additional 4 driver trainer posts to be located within Local Senior Officer (LSO) Areas with high numbers of Retained Duty System (RDS) stations was submitted as a recommendation from the Review.   |
| Action 12.1<br>Action Owner : Andrew Galloway              | The SFRS should consider providing Large Goods Vehicle (LGV) driving courses in remote and Island locations to minimise the personal impact to Retained Duty System (RDS) staff.   |
| <b>Closing position statement at November 2022</b>         | 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.<br>Agreement has been reached via the National Fire Chief's Council Driver Training Advisory Group and the Department for Transport (DfT) to allow a reduced timescale "Scottish island speed training course" be delivered to Island based staff. This involves a reduced course duration of 40 hours to be applied on Island locations, but with restrictions on the currency of the Emergency Response Driving (ERD) qualification being limited to the Island only.<br>Engagement sessions will be held with Island based station management teams, to identify and assess the requirement of staff to utilise the speed exemption associated with an Emergency Response Driving (ERD) qualification (and subsequent Road Safety Act - Section 19 requirements), based on road networks, infrastructure, response times and road safety. The outcome from these engagements sessions and assessments will allow for further discussions to take place and identify additional measures that could be applied to reduce the personal impact on SFRS On Call staff.<br>As can be seen, due consideration was given to this action with island specific training planned.<br>Further engagement with the Department for Transport has taken place throughout May and June 2023, which have led to alternative avenues to explore, to further reduce the impact on mainland Scotland's rural and remote rural On-Call personnel, with SFRS and Scottish Government (ScotGov) legal departments in ongoing discussions to identify a route to achieve this. |

## HMFSI AUDIT AND INSPECTION POSITION STATEMENT TRAINING OF RDS PERSONNEL

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| <p>Action 12.2<br/>Action Owner : Andrew Galloway</p>             | <p>De-centralisation of business partnering model.</p>  |
| <p><b>Closing position statement at January 2023</b></p>          | <p>In order to decentralise the business partnering model, an additional driver training instructor position has been secured in the North Service Delivery Area as part of the pilot "Rural Full Time Post Crew Commander Driving Instructor" position. Interviews are taking place in October 2022 to secure the new member of staff. This position will service the North Service Delivery Area only and will provide further capacity to rural and remote rural locations. Additional work is being undertaken to restructure the North driver training team with a view to providing a more efficient and effective means of managing the demands of the North and driver pathway.</p> <p>This action had previously been deferred. It is now in progress with a revised due date when it is expected that all roles will be in place to allow full decentralisation of the business partnering model.</p> <p>The Rural Full Time Post Crew Commander Driving Instructor position has now been filled and the additional driving instructor in North Service Delivery Areas (NSDA) has been secured. Additionally, a further Driver &amp; Vehicle Standards Agency (DVSA) Delegate Examiner position has been secured and will allow for additional capacity to be achieved in the assessment of new drivers.</p> <p>The restructure of the North Service delivery Area (NSDA) Driver Training management team is nearing completion and will see an additional Watch Commander (WC) supplement the existing Watch Commander (WC) to reduce timescales of North Service Delivery Area (NSDA) driving pathway candidates in completing courses.</p> |
| <p><b>Recommendation 13</b></p>                                   | <p><b>Using third party providers to deliver Large Goods Vehicle (LGV) training</b></p>   |
| <p><b>Position statement at May 2020</b></p>                      | <p>Following on from some analysis done between April and September 2018 with regards to Driver Shortages within SFRS, a Business Case was prepared for £200K to outsource the Category C part of the Driver Training Pathway. This had previously been done in several legacy Fire and Rescue Services, prior to reform.</p> <p>This business case was successful, and bids were considered by our User Intelligence Group (UIG) against criteria set using Procurement Matrix. Following further correspondence and a meeting of the User Intelligence Group, it was decided that neither bid was suitable nor met the Services needs as outlined in the Business Case.</p> <p>A finance business case to fund the creation of an additional 4 driver trainer post, to be located within LSO Areas with high numbers of Retained Duty System (RDS) stations was submitted and approved by Strategic Leadership Team (SLT) in April 2020.</p>  |
| <p><b>Position in relation to Training Review at May 2020</b></p> | <p>A specific recommendation to use third party providers to deliver Large Goods Vehicle (LGV) training is not included within The Training Review. This position is to be continued until appointment and implementation of 4 additional Driving Instructors.</p>  |
| <p>Action 13.1<br/>Action Owner : Andrew Galloway</p>             | <p>No action required. Response to this recommendation is captured within recommendation 12 and subsequent actions 12.1 and 12.2.</p>   |
| <p><b>Closing position statement at May 2023</b></p>              | <p>The use of third-party organisations to deliver Category C training has been discussed at length, with the overarching concern around the standard of training and success rates of candidate attaining the license entitlement. Significant work has been undertaken to establish the shortfall of Category C drivers against the Target Operating Model (TOM) and plans are in development to address the areas of highest concern over the training year 2023/24. This is particularly prevalent in the North Service Delivery Area (NSDA), with Western Isles, Orkney and Shetland (WIOS) Local Senior Officer (LSO) the most in need and where the focus of the evaluation has been spent.</p>  |



**HMFSI AUDIT AND INSPECTION POSITION STATEMENT  
TRAINING OF RDS PERSONNEL**

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| <b>Recommendation 14</b>                                   | <b>Delivering EFAD training courses on remote Islands to reflect topography and risk</b>  |
| <b>Position statement at May 2020</b>                      | SFRS Driver Training currently considering this, however challenging impact of legislation that is due to come into place in September 2020, is being considered as part of this review.<br>Assistant Chief Officer (ACO) Paul Stewart National Fire Chiefs Council (NFCC) lead for Driver Training is looking into a possible work round for this using Scottish Legislation and an Island Impact Assessment to overcome this challenge.   |
| <b>Position in relation to Training Review at May 2020</b> | A specific recommendation to consider delivering EFAD training courses on remote Islands to reflect topography and risk is not included within The Training Review.   |
| Action 14.1<br>Action Owner : Andrew Galloway              | No action required. Response to this recommendation is captured within recommendation 12 and subsequent actions 12.1 and 12.2.  |
| <b>Closing position statement at May 2023</b>              | This action has been completed in full, with a “Scottish Island Speed Training Course” having been negotiated and agreed by the Department for Transport and SFRS. This now allows for a risk-based approach to be taken on all Scottish Islands, in the delivery of Emergency Response Driver (ERD) training. This agreement is included in the upcoming Road Safety act 2006 – Section 19 regulation.   |
| <b>Recommendation 15</b>                                   | <b>High Reach Appliance Training: Ensure RDS firefighters are able to maintain both their core skills and high reach operational competence.</b>  |
| <b>Position statement at May 2020</b>                      | Currently we have two stations where the high reach appliances are crewed by Retained Duty System (RDS) staff, Johnstone Community Fire Station, and Oban Community Fire Station. In this respect the competence required are the same as Wholetime personnel. The balance between core skills and high reach competencies is managed within Local Senior Officer (LSO) Areas.  |
| <b>Position in relation to Training Review at May 2020</b> | A specific recommendation to ensure Retained Duty System (RDS) firefighters are able to maintain both their core skills and high reach operational competence is not within the Training Review.  |
| Action 15.1<br>Action Owner : Andrew Galloway              | 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 Local Senior Officer (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.   |
| <b>Closing position statement at February 2022</b>         | This action is progressing towards completion. A review of the current modular High Reach training programme is currently underway with a closing date of December 2022. A full update will be provided on the outcomes to establish areas that can be adapted to reduce the impact on Retained Duty System (RDS) High Reach operators. This action had previously been deferred.<br>A full review of the current modular High Reach training programme has been carried out. The outcome from this review has identified that no further efficiencies can be built into the training than have already been applied. The rationale behind this decision, through consultation with all High reach operators across all duty systems, determined that increasing the timeframe between lesson and learning would see a significant skill decay and requirement for further training. The course itself was developed specifically to address the Retained Duty System (RDS) cadre of High reach operators to provide maximum flexibility essential to aid the efficient and cost-effective delivery of all Aerial Operator courses. |

**HMFSI AUDIT AND INSPECTION POSITION STATEMENT  
TRAINING OF RDS PERSONNEL**

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| <b>Recommendation 16</b>  | <b>High Reach Appliance Training: Consider crewing the high reach appliance with members of staff using a different crewing model.</b>  |
| <b>Position statement at May 2020</b>   | <p>SFRS currently has two high reach appliances which are crewed by Retained Duty System (RDS) staff at Johnstone and Oban. Both vehicles are currently dedicated Aerial Ladder Platforms crewed by two Retained Duty System (RDS) High Reach Operators, one driver and one incident commander. Both stations have one wholetime crewed pump and one RDS crewed pump.</p> <p>The SFRS Service Delivery Model Programme's Station and Appliances Review Project seeks to create an efficient and effective alignment between appliance distribution and local community risks. The associated Demand Based Duty Systems (DBDS) Project considers how to efficiently and effectively align crew rostering with the local incident demand profile and activity levels.</p> <p>This issue was raised and reviewed as part of the 2017 Review of High Reach Appliance (HRA) Provision in the SFRS, it was decided that both appliances would remain in current status, due to reliability of other High Reach Appliances (HRAs) and the dedicated effort already invested by the retained staff to maintain this capability. The review of specialist appliance disposition and crewing arrangements forms part of the on-going Service Delivery Model Programme (SDMP).</p> |
| <b>Position in relation to Training Review at May 2020</b>                      | A specific recommendation to consider crewing the high reach appliance with members of staff using a different crewing model is not included within The Training Review.  |
| <p style="text-align: right;">Action 16.1<br/>Action Owner : Andrew Girrity</p> | Service Delivery Model Programme's (SDMP's) Station and Appliances Review (SAR) Project and the associated Demand Based Duty Systems (DBDS) 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.   |
| <b>Closing position statement at May 2023</b>                                   | <p>This item was deferred as it is dependent on workstreams contained within, and informed by outputs from, the Service Delivery Model Programme (SDMP) including community risk relating to height response modelling simulations. Decisions regarding any changes to the High Reach Appliance disposition, and crewing arrangements, will reside with the Operations Function, not Service Delivery Model Programme (SDMP).</p> <p>It was determined that this item should be moved to Business as Usual. There is evidence that the action and the related HMFSI recommendation have been fully considered. This action may be informed by outputs from the Service Delivery Model Programme, however, decisions regarding changes will reside with the Operations Function. Progress will continue to be monitored and reported through agreed governance routes and this work will continue as business as usual/as part of an existing project or workplan.</p>   |
| <b>Recommendation 17</b>  | <b>The SFRS should consider providing initial Incident Command Level 1 (ICL1) command courses for RDS staff with IC responsibilities.</b>   |
| <b>Position statement at May 2020</b>   | <p>The Incident Command Level (ICL) pathway is the same regardless of duty system (Wholetime or Retained and Volunteer Duty System). Currently due to the size of the backlog with Incident Command Level 1 training, Wholetime employees are prioritised for this course.</p> <p>All Wholetime and Retained Duty System (RDS) must complete a "ticket to ride" assessment every 2 years, unless they attend an Incident Command Level 1 (ICL1) Course where, on completion of this, it would give a 3-year currency.</p> <p>The Incident Command Team have developed a modularised version of the Incident Command Level 1 (ICL1) course, which would be run by Local Senior Officer (LSO) area-based Trainers with the Incident Command Team then quality assuring this process.</p> <p>Consultation with Local Senior Officer (LSO) areas is being undertaken on a modular version of this course.</p>   |

**HMFSI AUDIT AND INSPECTION POSITION STATEMENT  
TRAINING OF RDS PERSONNEL**

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| <b>Position in relation to Training Review at May 2020</b> | This is incorporated within Recommendation 40 of The Training Review where currently the dedicated incident management instructional team is based at National Training Centre (NTC). Given the improved regional training resources made available through SFRS Capital investment and, the level of requirement for Incident Command Level 1 (ICL1) development, it is recommended that additional dedicated incident management instructors be sourced in order to provide an opportunity for additional courses to be delivered across all three Service Delivery Areas (SDAs). The proposed modular course listed above would be also assist with the Incident Command Level 1 (ICL1) backlog. |
| <b>Action 17.1<br/>Action Owner : Stuart Watson</b>        | Modularised version of the Incident Command Level 1 (ICL1) course to be reviewed by Training Function and Local Senior Officer (LSO) areas with implementation based on findings.   |
| <b>Closing position statement at August 2021</b>           | Following the recent successful pilot course that was delivered in Western Isles, Orkney and Shetland (WIOS), this recommendation and subsequent action is deemed to be 100% complete. It should be noted, however, that further Local Senior Officer (LSO) 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.  |
| <b>Recommendation 18</b>                                   | <b>Provide alternative venues and delivery methods for the initial Incident Command Level 1 (ICL1) command course</b>   |
| <b>Position statement at May 2020</b>                      | Incident Command Level 1 (ICL1) Courses are currently being run at venues across SFRS – National Training Centre (NTC) Newbridge, Perth, Portlethen and Dumfries.<br>Modular Incident Command Level 1 (ICL1) course being developed and currently under review as detailed in Recommendation 17 with more local delivery options from this. This proposed modular course can also be run across the 5 Watch Duty System 7-week cycle, with the training and assessment being done on Station by Local Senior Officer (LSO) Area Trainers with Quality Assurance being undertaken by Incident Command Team.  |
| <b>Position in relation to Training Review at May 2020</b> | This is incorporated within Recommendation 40 of The Training Review where currently the dedicated incident management instructional team is based at National Training Centre (NTC). Given the improved regional training resources made available through SFRS Capital investment and, the level of requirement for Incident Command Level 1 (ICL1) development, it is recommended that additional dedicated incident management instructors be sourced in order to provide an opportunity for additional courses to be delivered across all three Service Delivery Areas (SDAs).   |
| <b>Action 18.1<br/>Action Owner : Stuart Watson</b>        | No action required. Response to this recommendation is captured within recommendation 17 and subsequent action 17.1.  |
| <b>Closing position statement at May 2023</b>              | Incident Command Level 1 (ICL1) Courses are currently being run at venues across SFRS – National Training Centre (NTC) Newbridge, Perth, Portlethen and Dumfries.<br>Modular Incident Command Level 1 (ICL1) course being developed and currently under review as detailed in Recommendation 17 with more local delivery options from this. This proposed modular course can also be run across the 5 Watch Duty System 7-week cycle, with the training and assessment being done on Station by Local Senior Officer (LSO) Area Trainers with Quality Assurance being undertaken by Incident Command Team.  |
| <b>Recommendation 19</b>                                   | <b>Develop a quality assurance process for the delivery of Incident Command Assessment (ICA) and Incident Command Level 1 (ICL1) courses.</b>   |

**HMFSI AUDIT AND INSPECTION POSITION STATEMENT  
TRAINING OF RDS PERSONNEL**

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| <b>Position statement at May 2020</b>                      | This process is already in place for Incident Command Level 1 (ICL1) Courses where National Training Centre (NTC) Incident Command Instructors (ICI) regularly attend Courses being run at all venues where this is delivered to facilitate quality assurance of training delivery.   |
| <b>Position in relation to Training Review at May 2020</b> | A specific recommendation to develop a quality assurance process for the delivery of Incident Command Assessment (ICA) and Incident Command Level 1 (ICL1) courses is not included within The Training Review.  |
| Action 19.1<br>Action Owner : Stephen McCurry              | Extend Quality Assurance process to incorporate ICA Course training delivery.   |
| <b>Closing position statement at August 2020</b>           | Training Delivery Assurance Policy and Procedure in place.  |
| <b>Recommendation 20</b>                                   | <b>The SFRS should review the current arrangements across the Service for Retained Duty System (RDS) training support and the standard of training being delivered, and where relevant, share good practice.</b>  |
| <b>Position statement at May 2020</b>                      | A network of Training Instructors is deployed within Local Senior Officer (LSO) Area teams with a reference to support Retained and Volunteer Duty System (RVDS) training. The introduction of Retained and Volunteer Support Watch Commanders has assisted in providing an element of additional support. The Service delivery Model Programme (SDMP) contains a specific Retained and Volunteer Duty System (RVDS) Strategy Project which will also consider wider supporting mechanisms.   |
| <b>Position in relation to Training Review at May 2020</b> | Not covered specifically within The Training Review, however, de-centralisation of the business partnering model should assist with support for Retained and Volunteer Duty System (RVDS) training.   |
| Action 20.1<br>Action Owner : Graeme Hay                   | A Training Quality Assurance process and audit programme to be devised and introduced with good practice shared across the Service.   |
| <b>Closing position statement at August 2020</b>           | Training Delivery Assurance Policy and Procedure in place.  |
| <b>Recommendation 21</b>                                   | <b>Consider introducing optional Retained Duty System (RDS) manager seminars across the Service to enhance the opportunities for networking, practical training and learning (though we acknowledge the issues raised in this report about the demands on Retained Duty System (RDS) staff to attend training events).</b>  |
| <b>Position statement at May 2020</b>                      | Evidence of such approaches exist within LSO Areas across the SFRS, however it is acknowledged this is neither universal nor standardised.  |
| <b>Position in relation to Training Review at May 2020</b> | A specific recommendation to introducing optional RDS manager seminars across the Service to enhance the opportunities for networking, practical training and learning is not included within The Training Review.  |
| Action 21.1<br>Action Owner : Gavin Hammond                | Service Delivery Model Programme (SDMP) - Retained and Volunteer Duty System (RVDS) Project members to consider cost benefit analysis of a wider introduction of seminars across the Service.   |
| <b>Closing position statement at January 2023</b>          | Learning and Skills Development are due to present an update with options and recommendations for On Call Development Pathways to the National On Call Leadership Forum in November 2022 which will include taught and self-learning, both of which are to be accessible virtually/remotely. Final recommendations to be presented following feedback and further stakeholder engagement.<br>Building on good practice employed and lessons learnt during Covid-19 in terms of On Call engagement, management seminars, networking and training, the Service "digital first" approaches, the introduction of On Call development pathways, the roll out of interactive smart screens across the On Call estate and with the Training vision work which will |

**HMFSI AUDIT AND INSPECTION POSITION STATEMENT  
TRAINING OF RDS PERSONNEL**

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|  | <p>continue to explore the delivery of training as close as possible to the source stations to upskill and deliver maintenance training at On Call stations.</p> <p>This will continue to embed and improve Local Senior Officer (LSO) area's ability to identify local needs and delivery supported by the Training Safety and Assurance (TSA) re-structure. This work will continue to be explored under TSA business as usual, supported by the National On Call Leadership Forum. As such this action is considered to be complete.</p> |
| <b>Recommendation 22</b>                                   | <b>Utilise the exit interview process with Retained Duty System (RDS) staff to better understand their reasons for leaving in order to implement improvements to the Retained Duty System (RDS) training environment.</b>   |
| <b>Position statement at May 2020</b>                      | The leavers process facilitated by People an Organisational Development (POD) Admin enables the collation and analysis of reasons for leaving the Service through an Exit Questionnaire and (optional) Exit interview.  |
| <b>Position in relation to Training Review at May 2020</b> | A specific recommendation to utilise the exit interview process with Retained Duty System (RDS) staff to better understand their reasons for leaving in order to implement improvements to the Retained Duty System (RDS) training environment is not included within The Training Review.  |
| <p>Action 22.1<br/>Action Owner : Mary Corry</p>           | Analysis of the collective reasons for leaving the SFRS and the production of a supporting action plan.   |
| <b>Closing position statement at August 2020</b>           | Exit Interviews Policy and Procedure in place.  |
| <p>Action 22.2<br/>Action Owner : Mary Corry</p>           | Implementation of Action Plan to deliver identified improvements.   |
| <b>Closing position statement at August 2020</b>           | Training Delivery Assurance Policy and Procedure in place.  |



Report No: C/PC/31-23

Agenda Item: 9.1

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|------------------------|---|--|--|--|--|--|---|--|
| Report to:             |   | PEOPLE COMMITTEE   |  |  |  |  |   |  |
| Meeting Date:          |   | 14 SEPTEMBER 2023  |  |  |  |  |   |  |
| Report Title:          |   | PROGRESS UPDATE/MANAGEMENT RESPONSE – INTERNAL AUDIT REPORT 2022/23 - TRAINING |  |  |  |  |   |  |
| Report Classification: |   | For Information Only   |  |  |  |  | <b>Board/Committee Meetings ONLY</b><br><b>For Reports to be held in Private</b><br><b>Specify rationale below referring to</b><br><b><u>Board Standing Order 9</u></b> |  |
|                        |   |  |  |  |  |  |   |  |
| <b>1</b>               | <b>Purpose</b>  |  |  |  |  |  |   |  |
| 1.1                    | To provide People Committee with the current status of progress relating to the recommendations raised by AZETS (Internal Auditors) in relation to the Internal Audit 2022/23 - Training.   |  |  |  |  |  |   |  |
| <b>2</b>               | <b>Background</b>   |  |  |  |  |  |   |  |
| 2.1                    | This was a specific request from the Chair of the People Committee to the Director of Training Safety and Assurance, to receive an update report providing an overview of progress for the benefit of the People Committee.   |  |  |  |  |  |   |  |
| 2.2                    | This report maintains the previous format for updates as presented to the Audit Risk and Assurance Committee (ARAC), with the addition of management response comments on the current status which have also been put forward through Internal Audit for the next meeting of the ARAC in October 2023, for scrutiny. This follows the agreed Service wide approach to monitoring Audit recommendations and progress against target dates set. |  |  |  |  |  |   |  |
| <b>3</b>               | <b>Main Report/Detail</b>   |  |  |  |  |  |   |  |
| 3.1                    | A total of 6 recommendations were made following the Internal Audit of the Training Function, conducted in October/November 2022, published February 2023. One recommendation is now completed. It linked to the Training Needs Analysis, and we now have a revised approach in place to better meet local needs. 5 recommendations remain open all with a target date of April 2024 and all remain green, on target.                         |  |  |  |  |  |   |  |
| 3.2                    | Appendix A provides further detail, together with the most up to date picture on progress towards demonstrating due regard has been given to each of the recommendations contained within the Internal Audit report.  |  |  |  |  |  |   |  |
| 3.3                    | Recommendation summary for ease of reference - 2 are sitting at or over 90% complete, 1 at 80% complete and the remaining 2 at 40% and 50% complete, again all with April 2024 target dates set against them.   |  |  |  |  |  |   |  |
| <b>4</b>               | <b>Recommendation</b>   |  |  |  |  |  |   |  |
| 4.1                    | People Committee is asked to note the content of the report and progress to date for the open recommendations.  |  |  |  |  |  |   |  |

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| <b>5</b> | <b>Key Strategic Implications</b>   |   |
| 5.1      | <b>Risk</b>   |   |
| 5.1.1    | The internal audit programme forms part of the Service's Assurance Framework.   |   |
| 5.2      | <b>Financial</b>  |   |
| 5.2.1    | There are no direct implications associated with the report.  |   |
| 5.3      | <b>Environmental &amp; Sustainability</b>   |   |
| 5.3.1    | There are no direct implications associated with the report.  |   |
| 5.4      | <b>Workforce</b>  |   |
| 5.4.1    | There are no direct implications associated with the report.  |   |
| 5.5      | <b>Health &amp; Safety</b>  |   |
| 5.5.1    | There are no direct implications associated with the report.  |   |
| 5.6      | <b>Health &amp; Wellbeing</b>   |   |
| 5.6.1    | There are no direct implications associated with the report.  |   |
| 5.7      | <b>Training</b>   |   |
| 5.7.1    | There are no direct implications associated with the report.  |   |
| 5.8      | <b>Timing</b>   |   |
| 5.8.1    | The report notes progress made in implementing outstanding audit actions.   |   |
| 5.9      | <b>Performance</b>  |   |
| 5.9.1    | Internal audit is intended to support the service and where relevant identify areas where performance can be enhanced.  |   |
| 5.10     | <b>Communications &amp; Engagement</b>  |   |
| 5.10.1   | Meetings have taken place with management to discuss the implementation of agreed audit actions and to view evidence confirming work in progress and completed actions.                   |   |
| 5.11     | <b>Legal</b>  |   |
| 5.11.1   | There are no direct implications associated with the report.  |   |
| 5.12     | <b>Information Governance</b>   |   |
| 5.12.1   | Collection or use of personal data has not been required in the preparation of the Follow Up Progress Report. For this reason, a Data Protection Impact Assessment has not been required. |   |
| 5.13     | <b>Equalities</b>   |   |
| 5.13.1   | For each recommendation contained within the Follow Up Progress Report, relevant directors need to consider whether an Equality and Human Rights Impact Assessment is applicable.         |   |
| 5.14     | <b>Service Delivery</b>   |   |
| 5.14.1   | There are no direct implications associated with the report.  |   |
| <b>6</b> | <b>Core Brief</b>   |   |
| 6.1      | Not applicable  |   |
| <b>7</b> | <b>Assurance (Board/Committee Meetings ONLY)</b>  |   |
| 7.1      | <b>Director:</b>  | Andy Watt, Director of Training, Safety & Assurance |
| 7.2      | <b>Level of Assurance:</b>  | Substantial/Reasonable/Limited/Insufficient         |

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|  | <b>(Mark as appropriate)</b>   |  |
| 7.2  | <b>Rationale:</b>  | Azets have reviewed the follow up work completed by audit action owners and are providing their view on the work done to date and evidence provided to support closure of any actions. |
| <b>8</b>   | <b>Appendices/Further Reading</b>  |  |
| 8.1  | Appendix A: Progress update on Internal Audit 2022-23 Training Recommendations |  |
| <b>Prepared by:</b>  | Ally Cameron, Area Commander Training Function                                 |  |
| <b>Sponsored by:</b>   | Bruce Farquharson, Deputy Assistant Chief Officer Head of Training             |  |
| <b>Presented by:</b>   | Andy Watt, Assistant Chief Officer Director of Training, Safety & Assurance    |  |
| <b>Links to Strategy and Corporate Values</b>                        |  |  |
| SFRS Strategic Plan 2022-25<br>Working Together for a Safer Scotland |  |  |
| <b>Governance Route for Report</b>                                   | <b>Meeting Date</b>  | <b>Report Classification/ Comments</b>   |
| <i>People Committee</i>  | <i>14 September 2023</i>   | <i>For Information Only</i>  |
|  |  |  |



APPENDIX A

| STATUS KEY |   |
|------------|---|
| GREEN      | On Target to complete within agreed due date or within 3 months of original due date. |
| AMBER      | Delay from original due date of between 3 to 9 months                                 |
| RED        | Delay of over 9 months or no evidence of progress                                     |

| 2022-23   | Training   | Total No of Actions  | % Complete Actions | Fully Implemented   |          |            |        | Part/In Progress |   |   |   | Not Implemented |   |   |   |
|---|--|--|--------------------|---------------------|----------|------------|--------|------------------|---|---|---|-----------------|---|---|---|
|   |  |  |                    | 4                   | 3        | 2          | 1      | 4                | 3 | 2 | 1 | 4               | 3 | 2 | 1 |
|   |  | 6  | 17%                | 0                   | 0        | 1          | 0      | 1                | 2 | 2 | 0 | 0               | 0 | 0 |   |
| Rec No.<br>2.1                                  | <b>RISK</b>  | <b>There is currently a risk that long standing training capacity issues may not be suitably addressed in the absence of a cohesive plan to ensure the Services training Requirement are met.</b>  |                    |                     |          |            |        |                  |   |   |   |                 |   |   |   |
|   | <u>Strategic Analysis of Training Needs</u><br>Training needs to develop a cohesive plan in conjunction with Service Delivery which determines the critical skills required by firefighters based on risk and the training required to support these. Following this, if a capacity gap remains, then a business case should be developed to establish and prioritise the necessary investment to achieve the required level of training |  | Report Agreed Date | Agreed Revised Date | Priority | % Complete | Status |                  |   |   |   |                 |   |   |   |
|   | Responsible Owner Agreed Response<br><b>AC Training Delivery &amp; Performance and AC Training Design &amp; Development</b>  | The Training Function will support Service Delivery Areas to determine the critical skills and training required to ensure FF safety based on risk, and ensure the Training Needs Analysis identifies the level of training required and establish where investment may be needed.   | 01 April 2024      | n/a                 | Grade 3  | 90%        | GREEN  |                  |   |   |   |                 |   |   |   |
| Progress to Update                              |  | <p>The Training Function are in the process of restructuring and integrating Local Service Delivery Area Instructors and the National Instructor Pool into a single Training function. This will provide flexibility required for peripatetic deployment of skilled instructors where needed most. In addition, there is a longer-term plan to upskill current Instructors, and station-based officers, to become multi skilled to improve instructor availability and capacity. The Training Function have also begun further restructuring within the function, as well as implement alternative methods to recruit into hard to fill instructor vacancies, all of which will increase capacity within the Training function and assist in delivering training more effectively and efficiently. The Training Management Team are reviewing all current training deliver models across all areas of training to identify where efficiencies can be made and ensure Training are maximising instructor capacity.</p> <p>A review of the current Training Strategy is underway, the revised Strategy &amp; Vision will detail how Training intend to create capacity and deliver training more efficiently.</p> <p>28/8/23- A first draft of our Training Strategy &amp; Vision is now complete incorporating feedback from across all SFRS Functions. A programme of wider internal stakeholder engagement commenced July through August '23 including representative bodies. A draft designed version has been produced for Sept'23 which is being presented to the SLT and the People Committee for scrutiny and then put forward for approval at the Training, Safety and Assurance DMT in Oct'23.</p> |                    |                     |          |            |        |                  |   |   |   |                 |   |   |   |
| Outstanding actions to close the recommendation |  | Publish the revised Training Strategy & Vision document, October 2023.   |                    |                     |          |            |        |                  |   |   |   |                 |   |   |   |
| Azets Comments                                  |  | We note management's comments on the action to be taken to implement this recommendation.  |                    |                     |          |            |        |                  |   |   |   |                 |   |   |   |
| Rec No.   | <b>RISK</b>  | <b>There is a risk that firefighters are not clear on the requirements of the structured development programme as the Trainee Firefighter Development Programme Policy has not been reviewed in a timely manner.</b>   |                    |                     |          |            |        |                  |   |   |   |                 |   |   |   |

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|--|---|--|--------------------|---------------------|----------|------------|--------|
| <b>2.3</b>   | <b>Firefighter Development Programme Policy</b><br>Management should ensure that all Training related policies and procedures are reviewed and updated, where necessary within the appropriate timescales and then circulated to all relevant staff   |  | Report Agreed Date | Agreed Revised Date | Priority | % Complete | Status |
|  | Responsible Owner Agreed Response<br><b>AC Training Design &amp; Development</b>  | Training are developing a "Policy & Procedures Forward Planner" that will ensure all Training documentation is reviewed within set timescales and communicated to relevant stakeholders through agreed governance routes.  | 01 April 2024      | n/a                 | Grade 2  | 95%        | GREEN  |
| <b>Progress to Update</b>                              |   | <p>A new Training Function SharePoint based, Policy and Procedure "List" Library has been created which links to the Training Functions 'Task by Planner' (TBP) relevant to each responsible manager. This is to ensure a periodic review of the Policy and Procedure Library to capture all required reviews preventing a "single point of failure" role within the Training Function. TBP is also reviewed by Strategic leads to monitor all "outstanding" and "live" reviews for progress towards completion and authorisation (sign off).</p> <p>28/08/2023 - All current Training Function documents have been analysed, with relevant dates and status details added to the <i>Document Review Schedule</i> SharePoint List. This aligns with the approach taken by the Safety and Assurance Function for tracking review of SSOW and GRA's. To support document owners in the review process, information about typical governance routes for each document is included in this list.</p> <p>To ensure that only the latest and current version of documents is available and avoid any potential synchronisation issues, work has been done to remove multiple copies wherever possible. Where they need to be accessible in more than one place, for example on LCMS then this is done via links to iHub.</p> <p>New documents and updates to existing documents will continue to be communicated to staff via existing means which include the "What's New" section of the iHub site and line managers. In addition to this, all Training Function personnel are now receiving a summary of new and updated iHub Document Library documents via email on a monthly basis.</p> <p>Tasks have been added to the Microsoft Planner TMT Plan to allow automated reminders which will ensure all owners are aware when their documents are due for review. In addition, tasks are monitored monthly at Functional Management Team (FMT) meetings. In the longer term, this reminder functionality will be available through the ongoing work led by Information Governance and Internal Comms to replace the iHub Document Library with a new Content Management System. So, comfort can be taken that we are already aligning with the Corporate approach.</p> |                    |                     |          |            |        |
| <b>Outstanding actions to close the recommendation</b> |   | <p>A process is being finalised for reporting purposes through Executive Governance routes to the People Committee in order to provide the relevant assurances to the Board and SLT that Training policies and procedures are reviewed and updated within required timelines.</p> <p>27/8/23 A paper was presented to the Aug/Sept'23 Training FMT / DMT which provided an example of the structure of the reports and sought feedback to refine this prior to the submission of reports to the People Committee on a quarterly basis. These reports will provide a clear status across the whole set of Training Function documents and will be drawn from the Document Review Schedule, aligning with the agreed corporate approach and direction of travel.</p>   |                    |                     |          |            |        |
| <b>Azets Comments</b>                                  |   | We note management's comments on the action to be taken to implement this recommendation.  |                    |                     |          |            |        |
| <b>3.1</b>   | <b>RISK</b> There is a risk that SFRS is not achieving best value for money as there has been limited consideration of training delivery options with all training currently delivered in-house.  |  |                    |                     |          |            |        |
|  | <b>Cost Efficiency</b><br>As well as considering savings on in-house training delivered, management should undertake a cost/benefit evaluation to access if better value could be sought be using external training providers for at least some elements of mandatory training, e.g. casualty care. This evaluation should be reviewed on a periodic basis to ensure best value continues to be achieved. |  | Report Agreed Date | Agreed Revised Date | Priority | % Complete | Status |
|  | Responsible Owner Agreed Response<br><b>AC Training Delivery &amp; Performance</b>  | Training will, as part of its continuous improvement and through its governance processes, consider the outsourcing of training delivery to ensure best value is achieved and that it is reviewed as necessary.  | 01 April 2024      | n/a                 | Grade 3  | 40%        | GREEN  |
| <b>Progress to Update</b>                              |   | Work is underway in reviewing external training course availability, content and contracts to ensure best value continues. Collaboration groups have been established with blue light partners to share resources for skills such as Emergency Response Driving and Technical Rescue training that can reduce instructor capacity and allow for effective use of shared facilities with our partners.  |                    |                     |          |            |        |

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|   | A further cost/benefit analysis is being undertaken to look at existing course content delivered by SFRS against similar providers in the UK. The delivery of IOSH and NEBOSH health and safety courses has now been progressed with a blended approach and where identified external training providers who provide a more efficient method of delivery alongside the delivery of Fire Safety Enforcement Modules.<br>28/8/23 – Work continues in relation to the development of a robust process and system that will ensure best value is fully considered when looking at our training delivery options and programme of review. This has now been built into our governance arrangements which align with the <u>SFRS Good Governance Framework</u> and its principles, making sure that we secure best value. |
| Outstanding actions to close the recommendation | Progress the cost/benefit analysis for all courses and determine its outcome against the need for efficiencies to meet the resource-based spending review.  |
| Azets Comments                                  | We note management’s comments on the action to be taken to implement this recommendation.   |

|                       |   |  |                     |          |            |        |
|-----------------------|---|--|---------------------|----------|------------|--------|
| Rec No.<br><b>4.1</b> | <b>RISK</b>   | <b>There is a risk that firefighters are not adequately trained to perform in their role as they are not compliant with the TFOC or National Training Programme completion rates and are allowed to remain on active duty. In the event of serious harm or injury this could have operational and legal consequences leading to reputational and financial loss.</b> |                     |          |            |        |
|                       | Compliance Reporting  | Report Agreed Date   | Agreed Revised Date | Priority | % Complete | Status |
|                       | Responsible Owner Agreed Response<br><b>AC Training Delivery &amp; Performance</b>  | 01 April 2024  | n/a                 | Grade 4  | 50%        | GREEN  |
| Progress to Update    | <p>During the refresh of the Training Needs Analysis, roles and responsibilities for generating compliance reports and enforcing compliance are agreed and clearly set out.</p> <p>Where compliance with mandatory training is below the target of 95%, SFRS should provide explanations for this and develop action plans with assigned action owners and timescales to improve completion rates. In addition, competency should be assessed more formally on a frequent basis, with management devising appropriate methods for performing this assessment and providing clear guidance on the action to take should a firefighter be deemed to be not competent. Guidance should also be devised in respect of the process to be followed should an operational firefighter’s refresher training not be fully up to date.</p> <p>The Training Function should also review reporting on compliance rates to ensure that if a firefighter has completed mandatory training, it is reported as compliant regardless of any subsequent change in position or location.</p> <p>Skills Maintenance Framework will be produced, which will set out each element of training required for personnel to remain current in all skill sets required for their role, it will also detail what processes and actions are taken should personnel fail to meet the required standard or their currency lapses. Training is engaging with the Operational Availability Group to ensure personnel attend training courses in the most efficient manner with minimal impact on Service Delivery.</p> <p>The backlog in BA / CFBT training is recognised as a priority and being addressed via a dedicated team lead by a Senior member of the Training Management Team with an 18 – 24 month recovery plan being developed. The recovery plan proposal is now completed in draft and engagement with Service Delivery Management, Rep Bodies wider stakeholders is well underway.</p> <p>28/8/23 – Our revised quarterly approach to our TNA process is already seeing improvement in performance, especially in regard to core skills which have been reported to the Operational Availability Group in June’23. There is now further focus being placed on Performance and Risk at all levels across the Training Function, with a dedicated senior Training Management Team meeting devoted to this each quarter. A specific Performance Officer Role has also been created within the Training Function LED team with a move towards our SFRS corporate Power BI approach, working closely with our data services team, all of which is progressing extremely well and will help improve performance management arrangements within Training. This will also assist Service Delivery colleagues who have a responsibility to improve performance, when reviewing the performance data for their areas of responsibility.</p> |  |                     |          |            |        |

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|---|--|--|--------------------|---------------------|----------|------------|--------|
|   | The continuation of the NIP/LSO re-structure is also giving an opportunity to ensure everyone is aware of their training related roles and responsibilities from an organisational to individual level. The framework, which is under development, will set this out clearly and progress this recommendation to its conclusion.   |  |                    |                     |          |            |        |
| Outstanding actions to close the recommendation | Develop and produce the Skills Maintenance Framework.  |  |                    |                     |          |            |        |
| Azets Comments                                  | We note management's comments on the action to be taken to implement this recommendation.  |  |                    |                     |          |            |        |
| Rec No.<br><b>5.1</b>                           | <b>RISK</b>  | <b>There is a risk that staff do not feel their feedback is taken on board as the feedback implementation cycle is not fully transparent, leading to valuable staff feedback not being provided and the potential for reduced staff morale.</b>  |                    |                     |          |            |        |
|   | <u>Training Feedback</u>   | When improvement actions are agreed sat MRG based on analysis of feedback, they should be assigned action owners and implementation timeframes. Once actions have been implemented by the responsible owner, communications should be issued to staff to demonstrate that feedback received is duly considered and taken on board, where appropriate to encourage further feedback.  | Report Agreed Date | Agreed Revised Date | Priority | % Complete | Status |
|   | Responsible Owner Agreed Response<br><b>AC Training Design &amp; Development</b>   | Improvement actions identified through candidate experience and feedback will be fully captured by Training. Responsibility will be given to action owners to ensure the completion of agreed improvements and communicated to relevant stakeholder to demonstrate its value and encourage future submissions. Work is underway to improve how training capture and analysis feedback, moving from a paper-based system to an easy to complete e-form. | 01 April 2024      | n/a                 | Grade 2  | 80%        | GREEN  |
| Progress to Update                              | Options were presented to Training Management Team in March'23 and a decision was taken to implement the use of Nintex as the Training candidate experience and feedback tool. It is a cloud-based workflow tool that allows users to automate business processes.<br><b>Benefits</b> <ul style="list-style-type: none"> <li>• Functionality: Nintex offers a range of advanced functionalities, such as complex workflows and automation and it can easily integrate with other systems such as SharePoint.</li> <li>• Workflows give the ability to push notifications, such as reminders to candidates to complete the form and to highlight any results of note, allowing further investigation and analysis.</li> <li>• Reporting options: Nintex offers advanced reporting options, making it easy to perform data analysis i.e., feedback results can be presented in table format giving an easy-to-read overview.</li> <li>• The Nintex platform has already been purchased by SFRS and is therefore available for use without incurring any additional costs.</li> </ul> 28/8/23 - Workflows have been created and submitted to ICT for moving into the cloud, work is progressing well. |  |                    |                     |          |            |        |
| Outstanding actions to close the recommendation | Developing the workflows themselves within Nintex and then implement and review during Q1 and Q2 2023/24. Develop the process to ensure relevant contact is made with those that provided feedback demonstrating the value and to encourage future submissions.<br>28/8/23 - Once ICT have moved the workflows into the cloud the next steps are to test these and produce screenshots that will go into a communication to ensure all stakeholders are informed of the changes prior to going live, which is still on track through Q2&3 23/24.   |  |                    |                     |          |            |        |
| Azets Comments                                  | We note management's comments on the action to be taken to implement this recommendation.  |  |                    |                     |          |            |        |

# **Scottish Fire and Rescue Service**

## **Arrangements for the Internal Assessment and Verification of Scottish Vocational Qualifications**

**June 2023**



# Scottish Fire and Rescue Service

## Arrangements for the Internal Assessment and Verification of Scottish Vocational Qualifications

|                                       |    |
|---------------------------------------|----|
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| Appendix A – Management Action Grades | 12 |

| <b>Audit Sponsor</b>                   | <b>Key Contacts</b>  | <b>Audit team</b>   |
|--|--|---|
| <i>Liz Barnes – Director of People</i> | <i>Lyndsey Gaja – Head of People</i><br><i>Ceri Dodd – Deputy Head of People</i> | <i>Gary Devlin, Audit Partner</i><br><i>Gill Callaghan, Senior Audit Manager</i><br><i>Cameron Laurie, Internal Auditor</i> |

# Executive Summary

## Conclusion

**SFRS is accredited by the Scottish Qualifications Authority (SQA) for the assessment and award of Scottish Vocational Qualifications (SVQs) provided to trainee firefighters. An SQA External Verification visit in August 2022 resulted in a 'hold' being placed on the ability of SFRS to award SVQs. The SQA visit highlighted a number of concerns including a lack of qualified Internal Assessors and Verifiers being in post due to the retirement of experienced officers and the failure to plan for their replacement as well as other key staff leaving the Service without their knowledge being captured. In addition, the arrangements for recording and retaining evidence of work-based learning were inadequate and did not meet the SQA's requirements.**

**Our audit has confirmed that SFRS has taken appropriate steps to address the issues raised by the SQA. This has been recognised in a positive outcome from the SQA's follow up External Verification visit 6 months after the original assessment. Moreover, the Service has been commended by the SQA for the work carried out to rectify matters and ensure compliance with the SQA's requirements.**

**We have made three recommendations relating to monitoring and maintaining appropriate levels of qualified Internal Assessors and Verifiers, governance arrangements over the SVQ award and implementing an appropriate plan to ensure the remaining trainee firefighters receive their SVQ award.**

## Background and scope

At the end of February 2023, we were advised of an issue which had arisen in relation to the Internal Assessment and Verification of Scottish Vocational Qualifications (SVQs) provided to trainee firefighters by the Service. This had arisen following an external verification visit carried out by the Scottish Qualifications Authority (SQA) which was critical of the processes followed by the Service and resulted in a 'hold' being placed on the award of the qualification and funding being withheld from the Service.

As part of the Trainee Wholetime Firefighters' 3 year development programme, they are required to achieve the Emergency Fire Service: Operations in the Community Level 3 SVQ Award. In this respect, SFRS is an SQA accredited centre delivering the SVQ which includes having trained Internal Assessors (IAs) and Verifiers (IVs) in place to guide and monitor trainees working towards the qualification. The IAs and IVs are responsible for ensuring that evidence presented by the trainee to support their achievements is in line with the SQA's requirements.

We understand that for 2022/23, the contract value for the SVQ/Modern Apprenticeship was £388,535 with the actual drawdown being the sum of £381,071. For 2023/24 we were advised that the contract value amounts to £1,036,741 which includes all rolled forward unclaimed balances.

Azets were requested by SFRS management to carry out an audit into the arrangements for internal assessment and verification related to the SVQ and into how the issues identified by the SQA's External Verifier had come to light.

A fact-finding exercise was carried out to try and ascertain the circumstances surrounding the above issues. As part of our investigation we carried out the following:

- Ascertained the outcome of the SQA's external verification visits, the issues identified and the actions recommended to address any shortcomings
- Interviewed relevant staff and reviewed records and documentation to identify what had happened;
- Identified any weaknesses in control and the processes related to the SVQ;
- Ascertained the action taken by management to address the issues reported by the SQA and to prevent this situation from recurring; and
- Where necessary, made further recommendations to address any outstanding risks associated with the SVQ.

The following SFRS staff were interviewed in order to ascertain the processes in operation and, where appropriate, to determine their understanding of the circumstances surrounding the SVQ:

- Fiona Munro - Head of People
- Ceri Dodd - Deputy Head of People
- Fiona McOmish - Leadership and Skills Development Manager
- Susan Gillan - Head of Centre
- Gary Harkins – Watch Commander, Training, Safety and Assurance Directorate

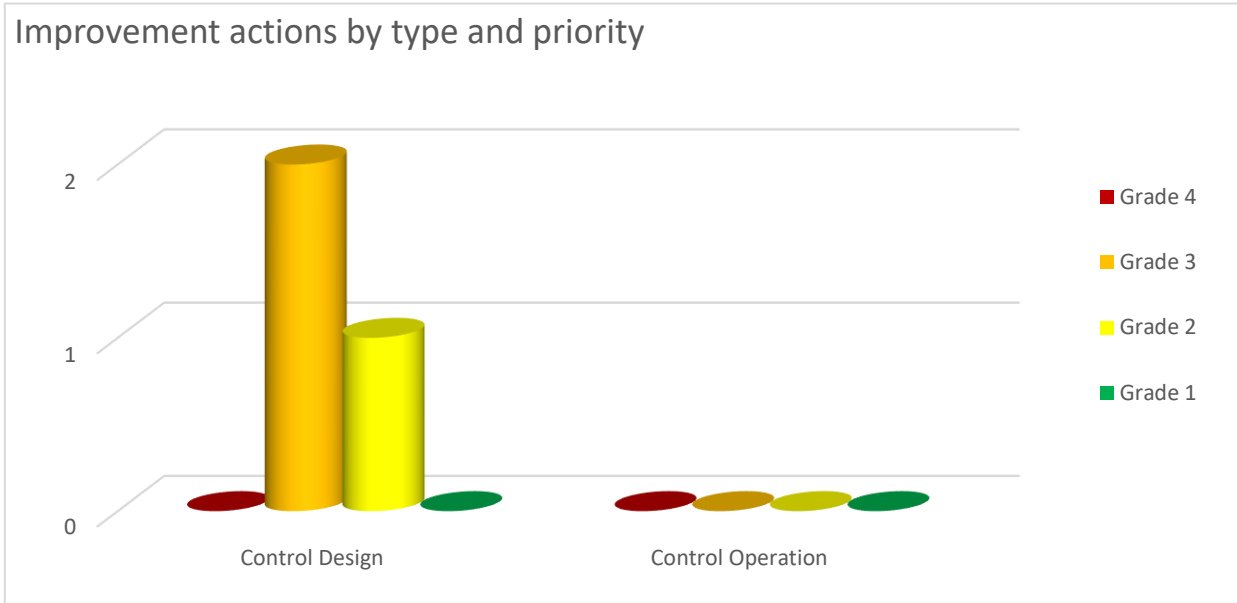
We also performed the following testing:

- Walkthrough of online systems detailing the updated means of logging relevant training for the Operations in the Community SVQ

We would like to extend our gratitude to the above officers for their assistance in carrying out the investigation.



### Improvement actions by type and priority



Three improvement actions were identified during this investigation, all of which relate to the design of controls. See Appendix A for definitions of colour coding.

# Detailed Findings

## 1. General – Emergency Fire Service: Operations in the Community SVQ

- 1.1. As part of the Trainee Wholetime Firefighters' 3-year development programme, trainee firefighters are required to complete the SQA's 'Emergency Fire Service: Operations in the Community' Level 3 Award, which is undertaken in tandem with the Modern Apprenticeship in Firefighting offered by Skills Development Scotland (SDS). This is a structured training programme containing training periods and on-the-job training where trainee firefighters obtain real-life experience of operations and incidents whilst deployed at stations.
- 1.2. During the 3-year period, there are numerous touchpoints where trainees are required to pass assessments and to support this, they must record and collect evidence for their SVQ and Modern Apprenticeship which meets the awarding body's (SQA) requirements. A log book has been designed by SFRS for use when recording experiences and training.
- 1.3. Over the course of 33-36 months, trainees work through training phases and elements of the SVQ and Modern Apprenticeship on a red-amber-green scale. When all green phases are completed and attained, trainee firefighters are considered to have provided sufficient evidence to demonstrate that they have achieved the necessary competencies as firefighter.
- 1.4. Service Delivery Areas are required to have in place trained Internal Assessors and Verifiers to support the delivery of the SVQ. Internal Assessors are required to:

*“guide and monitor trainees working towards the SVQ.....(ensuring) that the evidence presented by the trainee (SVQ candidate) meets the national standards and that the evidence supports the trainee's claim to competence. This evidence should be assessed on a regular basis and the trainee be given regular feedback, support and guidance throughout the award.”*

Internal Verifiers are required to:

*“carry out internal assessment and quality assurance systems, in line with the Awarding Body (SQA) policies and procedures.....(ensuring) assessment decisions and materials are valid, accurate, reliable and current. Internal Verifiers will monitor the assessors' performance to ensure that assessment decisions are consistent and to the national standards. Both assessor and trainee will be given feedback, support and guidance throughout this process in the award.”*

- 1.5. Periodically, the SQA undertake External Verification (EV) of SFRS's internal processes to ensure they meet the SQA's requirements. The frequency of these visits is determined by the SQA.

## 2. External Verification

- 2.1 We understand that regular EV assessments were undertaken of SFRS's SVQ processes until 2019, when they were paused as a result of restrictions imposed by the COVID pandemic. When EV visits resumed in 2022, a 'hold' was placed on the Service's ability to award the SVQ.

The SQA's EV report dated August 2022 stated the following:

*“Sanctions: Suspension of specific qualification certification by qualification*

*The Centre will immediately apply a self-imposed hold on candidate certification until a full analysis of the recording and assessment of evidence of candidate actual workplace performance has been carried out and any gaps in the evidence requirements (unit by unit) have been identified and action taken to support candidates to complete the award in a reasonable timeframe. The Centre has recognised the ongoing shortage of qualified assessors and verifiers and is taking positive action to remedy the situation but the planned and necessary recruitment of very large numbers of trainees now and in the near future will require a concentrated effort by the organisation to maintain the standards previously achieved by the Centre in order to satisfy the SQA requirements.”*

2.2 Guidance was provided by the SQA on how to improve and a number of actions were agreed to be implemented which covered the need to:

- identify sufficient numbers of qualified assessors and verifiers to support assessor and verifier candidates, who can review and countersign their judgements regarding the SVQ candidates.
- ensure that sufficient assessors are available with priority given to the assessor candidate development pathway to ensure that they are supported, mentored and assessed throughout the process to achieve their awards as soon as practicable.
- update incorrect guidance relating to what evidence is required, especially the definition of 'assessment environment' being the actual workplace (except where stated as being permitted otherwise in the assessment strategy).
- implement internal assessment and verification procedures to ensure standardisation of assessment.
- agree the use of simulation with internal verifiers.
- ensure that evidence must be the candidate's own work generated under SQA's required conditions and that collusion between candidates and/or other is not permitted.

2.3 An EV assessment was also undertaken on the SVQ completed by the Service's Internal Assessors and Verifiers. A 'hold' was also placed on this qualification and pathway, as it was assessed as being insufficient. The 'hold' on this qualification was placed by SQA, and SFRS was recommended to build and improve the pipeline of internal assessors/verifiers. The EV report dated May 2022 stated the following:

*“Sanctions: Suspension of specific qualification certification by qualification.*

*Essentially the centre has a lack of staff to meet the number of candidates registered. There have been staff changes and portfolios are disorganised. An e-portfolio or similar is needed and a clear assessment and IV process put in place.”*

### **3. Evidence requirements**

3.1 As part of our audit, we sought to understand the events leading up to the 'hold' being placed on the SFRS, and what occurred within the organisation to result in the SQA ruling SFRS to be non-compliant with SQA requirements. We interviewed the Head of People, the Leadership and Skills Development manager, the Head of Centre, and the Watch Commander - Training, Safety and Assurance Directorate.

Through these conversations, consistent themes emerged making the root cause of the sanction placed on SFRS apparent.

- 3.2 Firstly, as highlighted by the SQA's EV, the logbook that had been developed by SFRS to gather evidence for the SVQ had been designed in error, incorrectly directing trainees to collect evidence that was not wholly relevant to the SQA's requirements. The logbook was designed primarily with an interest on training requirements and assessment. However, the SVQ is concerned with on-the-job, field experience and the learnings taken from it as opposed to simulated learning. On-the-job training had not been consistently recorded by the trainee firefighters. It was found that the experience recorded in the logbooks was primarily from scenario-based training rather than live operational events and the learnings taken from them as required by the SQA.
- 3.3 We understand that the SQA assessment strategy changed in May 2019, and the SFRS logbook also changed, however these changes were not suitably aligned, and it was at this point that the disconnect began. It would appear that there started to be a lack of records demonstrating live incident-based evidence of training and an overreliance on simulated evidence. We were advised that trainee firefighters did have on-the-job training, albeit the experience recorded in their logbooks did not reflect this as it was not designed to capture this information. However, the log book was widely used by trainees and mistakenly considered to be acceptable by Internal Assessors and Verifiers in supporting the SQA's requirements.

## 4. Resourcing

- 4.1 Other problems were noted in the area of staffing (i.e. the Service's Internal Assessors and Verifiers), which exacerbated the issues outlined in the EV assessment. The Leadership and Skills Development Manager stated that historically there was a general lack of knowledge of the SVQ and the SQA's requirements within the wider organisation. We were advised that a significant number of experienced Internal Assessors and Verifiers retired from the Service in quick succession without appropriate management of the knowledge they held or plans being in place to replace them with appropriately trained and qualified staff.
- 4.2 The Head of Centre advised that most Internal Assessors and Verifiers already have a full-time job within SFRS and are doing assessment and verification on top of that. She added that, ideally Internal Assessors should have around five candidates to assess, whereas if their full time role were to be an Internal Assessor, it was stipulated that they would expect to have around 25-30 candidates. However, due to the lack of qualified Internal Assessors within the organisation, she stated that SFRS had a ratio of around 1 qualified Internal Assessor to over 400 candidates.
- 4.3 The Head of Centre went on to stated that Internal Assessors need to be qualified or on the pathway to being qualified, and that if the latter applies and decisions are being made in relation to an SVQ candidate, they have to be countersigned by qualified Internal Assessor. However, the EV assessment identified cases of SVQ's being signed off by people not on the pathway or qualified.

### Risk

Failure to have appropriate arrangements in place for monitoring and succession planning in respect of Internal Assessors and Verifiers thereby ensuring that an appropriate number of qualified and experienced staff are retained to perform IA and IV duties, could result in failing to replace staff key to the award of the SVQ leading to the organisation's ability to award the qualification being withdrawn once again.

## Recommendation

Management must ensure that the quota of qualified and experienced Internal Assessors and Verifiers is continuously monitored to ensure that sufficient numbers are retained to aid the SVQ award. Appropriate succession planning arrangements should be put in place to ensure that Internal Assessors and Verifiers leaving the Service are suitably replaced.

### Management Action

Grade 3  
(Design)

Deliver training to increase the number of assessors and verifiers, across the SFRS to an appropriate level. Establish a process with Workforce Planning to ensure that the retirement profile is monitored and planning arrangements in place to replace those who exit SFRS.

**Action owner:** Ceri Dodd, Deputy Head of People

**Due date:** 31 March 2024

- 4.4 The Leadership and Skills Development Manager also stated that two members of staff, the former Corporate Skills Development Advisor and the former Vocational and Apprenticeship Co-ordinator who were key to the administration of the SVQ award also left the Service in March 2021 and October 2022 respectively. Her view was that there was lack of dedicated resource aligned to the management of the SVQ/Modern Apprenticeship, as well as a lack of clear ownership and strategic oversight. These staffing changes led to the ownership of verification and training delivery falling to the Service Delivery Areas, without a full understanding of what the SQA and SDS were asking them to do and all that was required, which inevitably contributed to the issues identified by the EV assessment.

## 5. Actions taken in response to External Verification assessment

### *Internal Assessors and Verifiers*

- 5.1 Following the SQA's critical EV report in August 2022, SFRS sought to rectify the situation. We understand that significant work has been undertaken to identify the number of qualified Internal Assessors and Verifiers. This included checks being undertaken between the names of the Internal Assessors' and Verifiers' held by the SFRS Modern Apprenticeship/SVQ Admin Team and the SQA connect system to confirm the qualifications held by them or if not yet certificated, confirmation that they are on the relevant pathway. Management have reported that they are now confident that they have an accurate position regarding the numbers of Internal Assessors and Verifiers and that there are more qualified Internal Assessors and Verifiers in place as well as those on the pathway than previously thought.
- 5.2 A standardisation event was undertaken by SFRS in December 2022 for all training and development staff. This included coverage of the following areas:
- The background of the EV visit and issues identified;
  - The conclusions of EV report;

- The requirements of the Emergency Fire Services: Operations in the Community SVQ and mandatory/optional units; and
- The TFOC / TFFADL / e-portfolio update, and next steps.

The event also contained linkage to the SFRS CPD toolkit.

5.3 A working group has also been launched which discusses the SVQ and other training issues.

#### **Governance – ownership and oversight**

5.4 The Watch Commander from the Training, Safety and Assurance Directorate stated that the organisation should be and has been making an effort towards placing importance in the qualification. He added that there was previously a disconnect in responsibility and this allowed the importance in the qualification to wane and for issues to come to light, so an effort is now being made to put the SVQ training and award at the forefront.

#### **Risk**

Inadequate governance arrangements including the lack of oversight and ownership of the SVQ has no doubt been an issue which has contributed to the failures associated with the SVQ award.

#### **Recommendation**

Going forward it is essential that ownership of the Internal Assessment and Verification functions as well as oversight of the operation of the SVQ award in general is assigned with responsibilities for monitoring compliance and scrutiny clearly defined. This will ensure SFRS is well positioned to stay compliant with SQA guidance and will assist in mitigating the likelihood of similar issues occurring again. To achieve this SFRS should require an annual review of SVQ award arrangements to confirm alignments with SQA requirements. This review should be undertaken at a sufficiently senior level jointly within the People and Service Delivery Areas.

#### **Management Action**

Grade 2  
(Design)

Establish a review panel, comprising of Strategic Managers from People, Service Delivery and Training to provide an annual review and assurance of the SVQ process.

**Action owner:** TBC

**Due date:** 31 December 2023

#### **Evidence**

5.5 The method for collating evidence has also been amended. In December 2021, the organisation moved to a light touch e-logbook e-portfolio on a system called PDR pro and are still in the process of developing the full electronic portfolio. As part of this, the number of modules has reduced from 36 to 22. In addition, the Training, Safety and Assurance Directorate has designed a new template for recording experience of work-based learning. This was created following a mapping exercise of the required SVQ

evidence against the professional standards (TFOC) in order to ensure compliance with SQA requirements.

5.6 At the time of the investigation, the Service was waiting on confirmation that PDR pro has implemented the e-portfolio template and subsequent launch of the system. The software currently used is a pathway system where candidates can store evidence, however there are no means of aligning this to professional standards and requirements set out by the SQA, these are still in paper records kept by the Internal Assessors.

5.7 This has left the Service in a hybrid state with regards to the methods of evidence recording used by trainees:

- For trainees that started training prior to the negative EV visit, they have adopted a hybrid system. The Service needs to pay close attention to these candidates, as they are completing the old logbook which they started, and are supplementing it with the new evidence gathering template.
- For new trainees since the EV assessment and onwards, they are required to record their work-based learning on the e-portfolio system. However, as stated above, this does not link to the requirements of the SVQ award as this function is not yet operational, but it is envisaged that it will be once the new system is launched.

5.8 The Watch Commander from the Training, Safety and Assurance Directorate demonstrated the existing e-portfolio. In addition, we viewed the proposed new e-portfolio with linkages to SVQ requirements. We also reviewed the evidence gathering templates which were found to contain sufficient information and links to ensure compliance with SQA requirements.

### **Current Position**

5.9 At the end of March 2023, we were advised by the Deputy Head of People, that the breakdown of trainee firefighters who had and had yet to be awarded the SVQ was as follows:

| Group | Status  | Number   |
|-------|---|----------|
| 1     | In their 3-year development programme i.e. not yet completed green phase assessment (GPA) nor SVQ   | 490      |
| 2     | Successfully completed GPA, not yet SVQ certificated and on Competent Rate of Pay   | 93       |
| 3     | Successfully completed GPA, not yet SVQ certificated and on Development Rate of Pay   | 49       |
| 4     | <ul style="list-style-type: none"> <li>• On-Call to Wholetime in Development</li> <li>• Dual Contract On-Call Wholetime in Development</li> </ul> | 35<br>65 |
| 5     | Colleagues who have already updated SVQ portfolio using new evidence requirements and have been externally verified, to be SVQ certificated       | 15       |

5.10 As can be seen from the chart above, there are still a large number of trainee firefighters who are yet to be SVQ certificated. It is imperative that these trainees have the appropriate records and evidence in place to support their award of the qualification. For this reason, SFRS should devise a project plan for rolling out the new arrangements for recording and retaining evidence to ensure trainees are adopting the correct methods throughout the Service which meet the SQA's requirements.

### Risk

There is a risk that due to the absence of a formalised project plan for implementing the updated methods of recording and retaining evidence to support the SVQ award and the Internal Assessment and Verification of the new arrangements, the evidence provided may not meet SQA requirements which could lead to the qualification not being awarded and subsequent reputational damage to the Service.

### Recommendation

SFRS should document a project plan for implementing the updated means of recording and retaining evidence to support the SVQ award and for internally assessing and verifying these arrangements. This will ensure that the remaining trainee firefighters receive their SVQ award in a controlled and timely manner.

#### Management Action

Grade 3  
(Design)

Develop a project plan, detailing process and timescales for reviewing the current outstanding SVQ folders.

**Action owner:** Ceri Dodd, Deputy Head of People

**Due date:** 31 July 2023

5.11 At the beginning of June 2023, the Deputy Head of People advised that there has not been any “notable change” in the figures reported at the end of March 2023 (see 5.9 above). However, she added that since March, People, Training and Service Delivery have worked together to progress the following areas:

- Delivering SVQ engagement sessions;
- Supporting new trainee firefighters with regard to SVQ induction and registration;
- Progressing claims in respect of the Modern Apprenticeship;
- Establishing 55 additional Internal Assessor and Verifier candidate places; and
- Supporting the arrangements to align Internal Assessor and Verifier resources to support the groups below (prioritising groups 2 to 4 at 5.9 above).



## 6. Follow up External Verification visit

- 6.1 We confirmed that a follow up visit from the SQA EV took place in February 2023. We obtained the report from this EV visit and the feedback given is as follows:

*“Since a hold was placed on the Centre following the EV visit carried out in August 2022 where there was little or no evidence of candidate performance in the workplace which may have been the case since the last successful visit in June 2019, the Centre has successfully completed a comprehensive review and revision of its processes and procedures and has been able to address the requirements of an action plan devised with overview from the SQA. The Centre employed internal and external resources to return to the compliant status that was previously in place prior to the 2019 EV visit. The Centre has worked with candidates, assessors, internal verifiers and senior management teams to produce detailed portfolios of candidate performance and associated evidence that shows that the candidates who were due for certification in September 2022 have demonstrated the competence standards required by the award. The Centre is to be commended for the volume and quality of work carried out to address the previous non-compliant status and for the determination to support candidates to be able to complete their portfolios to a high standard.”*

The report confirmed that the SQA has a high level of confidence in SFRS maintaining SQA standards within the verification groups of resources, candidate support, and internal assessment and verification.

Management has assured us that the Service has addressed all the issues previously raised by the SQA and this is borne out by the above report. In addition, we have viewed evidence to confirm that the SQA ‘hold’ has since been lifted and Skills Development Scotland has advised SFRS that the ‘hold’ they had placed on the contract has also been removed, and consequently the Service can resume inputting claims and processing new SVQ candidates.

# Appendix A

## Management action grades

|   |  |
|---|--|
| 4 | •Very high risk exposure - major concerns requiring immediate senior attention that create fundamental risks within the organisation.                                |
| 3 | •High risk exposure - absence / failure of key controls that create significant risks within the organisation.   |
| 2 | •Moderate risk exposure - controls are not working effectively and efficiently and may create moderate risks within the organisation.                                |
| 1 | •Limited risk exposure - controls are working effectively, but could be strengthened to prevent the creation of minor risks or address general house-keeping issues. |

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# Scottish Fire and Rescue Service

## Internal Audit Report 2022/23

### Sickness Absence Management

June 2023



# Scottish Fire and Rescue Service

## Internal Audit Report 2022/23

### Sickness Absence Management

|                          |    |
|--------------------------|----|
| Executive Summary        | 1  |
| Management Action Plan   | 6  |
| Appendix A – Definitions | 17 |

| <b>Audit Sponsor</b>   | <b>Key Contacts</b>   | <b>Audit team</b>   |
|--|---|---|
| <i>Liz Barnes, Deputy Chief Officer – Corporate Services</i> | <i>Fiona Munro, Head of People<br/>Gillian Clark, People Manager – People Advice &amp; Employee Relations</i> | <i>Gary Devlin, Audit Partner<br/>Gill Callaghan, Senior Audit Manager<br/>Eleisha Ferguson, Internal Auditor</i> |

# Executive Summary

## Conclusion

**Overall, we found that Scottish Fire and Rescue Service (SFRS) has a robust framework in place for the management of staff sickness absence. However, we were unable to confirm in a significant number of cases that the various stages of the policy and procedures were being adhered to as we were not always able to locate supporting documentation.**

**We found a general lack of consistency with storage arrangements for sickness absence records and a lack of clarity on who has overall responsibility for this area. As a result, the audit team had to trace documentation for sample testing via the People Advisers, local line managers and the relevant Admin Teams and often found incomplete records. This highlights the need for the Service to adopt appropriate arrangements for the storage and retention of sickness absence documentation.**

**Staff should also be reminded of the need to record the various stages of the sickness absence management process particularly Return to Work Interviews and Attendance Support Meetings to confirm that these have taken place.**

**We have made recommendations to address these issues which, if implemented, will enhance controls over this area.**

## Background and scope

The Scottish Fire and Rescue Service (SFRS) is committed to promoting a healthy working environment and to supporting staff in maximising attendance and minimising ill health. The Service recognises that most employees are able to attend work on a regular basis, but some may require additional support from management should they experience periods of sickness. The Service also acknowledges the demoralising and mental health effects sickness absence can have on staff who are either absent or required to take on extra work covering for their absent colleagues. This is notwithstanding the effects sickness absence can have on reduced efficiency and the financial loss incurred from lost working days.

In order to combat the negative effects stated above, it is imperative that SFRS has effective sickness absence management arrangements in place to ensure staff attendance is maximised and any sickness related issues are managed appropriately.

In accordance with the 2022/23 Internal Audit Plan, this review sought to ensure that sickness absence levels are regularly monitored, kept to a minimum and that appropriate action is taken in the event of repeated and/or prolonged absence. As part of this audit, we have reviewed the arrangements to ensure that appropriate levels of staffing are maintained in order to meet service delivery requirements where this is affected by sickness absence. This includes consideration of sickness levels on a local and national basis in order to ensure sickness absence does not compromise SFRS's ability to meet Service staffing needs.

For Quarter 2 of 2022/23, the levels of sickness absence reported were as follows:

|                    | Work days lost versus work days available | Direction | Increase/decrease on previous Quarter |
|--------------------|---|-----------|---------------------------------------|
| Short-Term Absence | 1.61%                                     | ↓         | 0.72%                                 |
| Long-Term Absence  | 3.05%                                     | ↑         | 0.12%                                 |
| Total Absence      | 4.67%                                     | ↓         | 0.59%                                 |

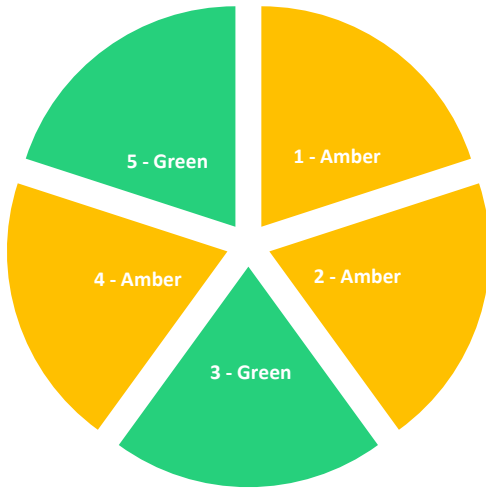
For the same period, the top 3 reasons for sickness absence were as follows:

|   | Short-term absence            | Long-term absence             |
|---|-------------------------------|-------------------------------|
| 1 | Respiratory (including COVID) | Musculoskeletal               |
| 2 | Musculoskeletal               | Psychological                 |
| 3 | Stomach/bowel                 | Respiratory (including COVID) |

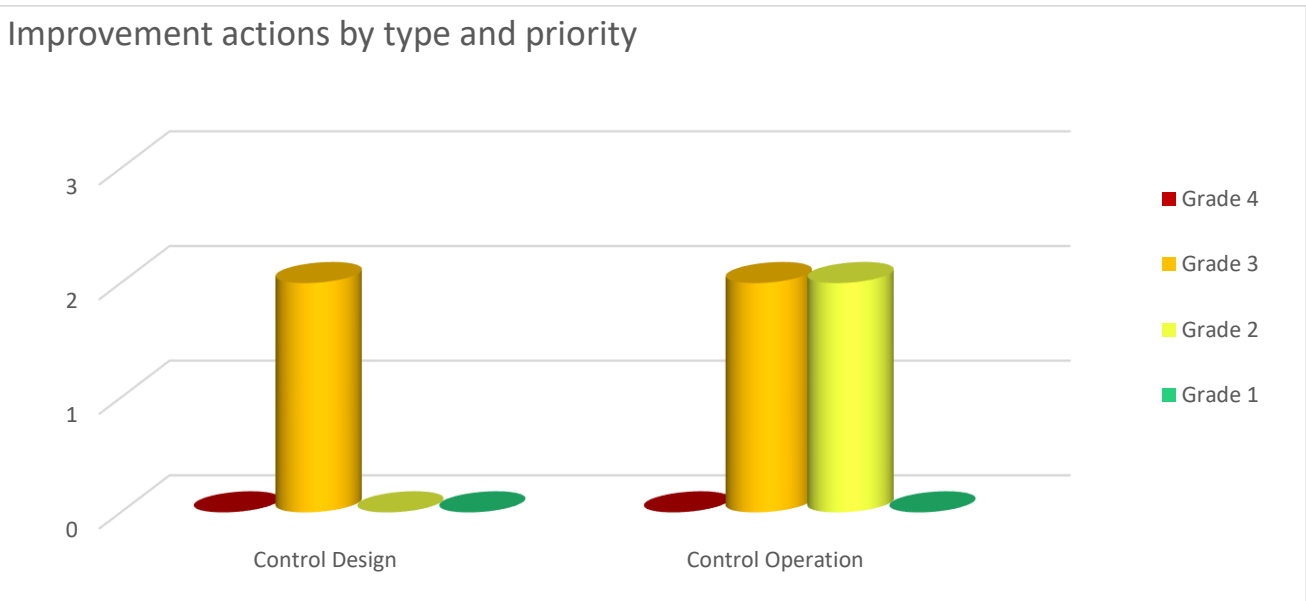
Top 3 reasons for New Management Referrals to Health and Wellbeing:

|   | Reason                   | % of New Management Referrals |
|---|--------------------------|-------------------------------|
| 1 | Stress and mental health | 40%                           |
| 2 | Musculoskeletal          | 37%                           |
| 3 | Circulatory              | 3%                            |

# Control assessment



- 1. A sickness absence management policy and procedures are in place to guide management and staff through sickness absence management processes including the need to record sickness absence and retain appropriate documentation.
- 2. Return to work interviews are conducted with staff to ensure that any issues arising from sickness absence are addressed and appropriate support is provided to staff, where needed.
- 3. Appropriate arrangements are in place to ensure that periods of sickness absence are covered by alternative means in order to maintain adequate resource levels and operational continuity.
- 4. Data in respect of sickness absence is monitored at local and national levels with triggers being in place to identify periods of absence which exceed a given number of days and/or patterns of sickness absence so that appropriate action can be taken.
- 5. Reporting arrangements are in place to ensure SLT and the Board are kept informed of sickness absence levels.



Six improvement actions have been identified from this review, four of which relate to compliance with existing procedures, and two of which relates to the design of a control. See Appendix A for definitions of colour coding.



# Key findings

## Good practice

- SFRS has robust policies and procedures in place which clearly detail how sickness absence should be dealt with by management. These are up to date, and in line with review dates. These have been developed to assist all employees to understand the complete attendance management process through from notification of absence, the support SFRS can provide at each stage and the approach which managers will take to manage employee absence.
- There are effective procedures in place within Central Staffing which ensure staffing levels are maintained and sufficient cover is provided when levels decrease as a result of sickness.
- SFRS produce People Management reports quarterly which are presented to the People Committee and to the Board to ensure they are kept updated on data in relation to sickness absence and other HR related issues.

## Areas for improvement

We have identified a number of areas for improvement which, if addressed, will strengthen SFRS's controls over sickness absence management. These include:

- Improving consistency in the way sickness absence is managed within SFRS.
- Clarity on the storage and retention of sickness absence files, specifically return to work interviews.
- A more efficient way to detect when sickness absence triggers have been met.

These are further discussed in the Management Action Plan below.

## Impact on risk register

The Scottish Fire and Rescue Service's corporate risk register includes the following risk area relevant to this review:

- Ability to have in place a suitably skilled, trained and motivated workforce that is well supported both physically and mentally.

Whilst the framework for managing sickness absence was found to be sound, issues with non-compliance and the lack of clarity over the storage and retention of sickness records and supporting documentation has reduced the degree of assurance we can provide over the effectiveness of the arrangements in place.

## Acknowledgements

We would like to thank the following staff who were consulted during this review for their assistance and co-operation.

- Fiona Munro, Head of People
- Gillian Clark, People Manager – People Advice & Employee Relations
- Sandra Haig, People Manager – Health & Wellbeing

- Fiona Nolan, People Adviser
- Orla Thomson, People Adviser
- Justin Smithson, Clinical Lead
- Stephen Wright, Head of Service Delivery for the West of Scotland –
- Jenny Crangle, Central Staffing Team Leader
- Heather Watson, Central Staffing Officer
- Marion Lang, Corporate Business and Administration Manager
- Craig Dundas, ICT Team Manager
- Marion Bell, SDA Business Support Manager
- Sandra Stewart, West SDA Business Support Manager
- Lorraine Drennan, People Services Assistant Team Leader
- Mark Johnstone, Watch Commander – Stirling, Clackmannanshire and Fife LSO Stations
- Gary Hay, Watch Commander – Stirling, Clackmannanshire, and Fife LSO Stations
- James Traynor, Watch Commander – Stirling, Clackmannanshire and Fife LSO Stations
- Mark Bryce, Area Commander - Stirling, Clackmannanshire and Fife LSO Stations
- Scott Irving, Group Commander – Dumfries and Galloway Local Area
- David Boyd, Watch Commander – Dumfries and Galloway LSO Stations
- John McLaughlin, Watch Commander – Glasgow City LSO Stations
- Graeme Hood, Watch Commander – Glasgow City LSO Stations
- Ian Gardner, Watch Commander – National Training Centre
- Derek Heaton, Group Commander – East, North and South Ayrshire Local Area
- Craig Murphy, Watch Commander – East, North and South Ayrshire LSO Stations

# Management Action Plan

Control Objective 1: A sickness absence management policy and procedures are in place to guide management and staff through sickness absence management processes including the need to record sickness absence and retain appropriate documentation to support periods of sickness absence



Amber

## 1.1 Compliance with policies and procedures

SFRS has developed an Attendance Management Policy, Attendance Management Procedures and a Manager's Handbook to guide management and staff through the sickness absence process. The policy, together with the associated Procedure and Handbook is designed to provide a focus on employee wellbeing, early intervention and support mechanisms.

The Attendance Management Procedure states employees must notify their line manager of any absence at least one hour prior to the beginning of their shift. At this stage, the line manager must complete the E-Self Cert Form. We reviewed a sample of 36 absences between October 2021 and October 2022 to confirm these forms had been completed. We found that E-Self Cert forms were completed at the beginning of the periods of absence in only five of the cases, with 86% of our sample not complying with the procedures.

Any absences extending beyond 7 days require a 'Statement of Fitness for Work Note' (Fit Note) from the employee's GP or a hospital certificate to be provided to cover the extended period of absence. From our sample of 36 cases, 10 absence periods comprised more than 7 days. Of these 10 absences, we found that:

- Six employee absences (60%) had no record of fit notes within their employee files as evidence of absence.
- Two employees (20%) had provided fit notes, however these notes did not cover the full length of the period of absence.
- The remaining two employees (20%) provided fit notes which covered the full length of absence.

SFRS has implemented absence triggers, which if they are met/exceeded will create the need for an Attendance Support Meeting to be held with the employee. The absence triggers are activated when an employee:

- Has been absent on 3 separate occasions; or
- Has a cumulative absence of 6 days within a 6 month rolling period;
- Has been absent on 5 separate occasions; or
- Has a cumulative absence of 8 days within a 12 month rolling period.

If an absence trigger is met or exceeded, the employee and line manager must hold an Attendance Support Meeting (ASM) in order to establish any additional support needs for the employee and ultimately to efficiently manage sickness absence. From our sample of 36 absences, we identified 13 employees whose periods of absence had either met or exceeded the absence triggers. However, in only five cases (38% of our sample) was there evidence that a subsequent Attendance Support Meeting had been held in accordance with procedure. For the remaining eight cases, there was no evidence to suggest that these meetings had been organised and had taken place, as required.

From our testing, it is clear that sickness absence management policies and procedures are in place. However, compliance with these needs to be improved.

### **Risk**

There is a risk of incomplete employee files with incorrect or omitted evidence relating to their sickness periods. Furthermore, this increases the risk of increased absences as sickness absence is not being managed effectively and employees may be feeling unsupported within their job roles.

### **Recommendation**

Line managers should be given reminders or a refresher course on the requirements of the sickness absence policies and procedures and the role they play in managing sickness absence, with particular emphasis on the issues identified relating to E-Self Cert forms, Fit Notes and Attendance Support Meetings. In addition to this, sickness absence files should be checked over by another member of the management team after a period of absence to ensure all documentation is up to date and stored correctly to enforce consistency in relation to record keeping within the Service.

#### **Management Action**

**Grade 3  
(Operation)**

Review current guidance for managers and update to include requirements for absence recording, monitoring of absence and management of data. Incorporate into new supervisory management development course and Middle manager development sessions.

**Action owner:** Gillian Clark / Danielle Milligan

**Due date:** 31 October 2023

## **1.2 Storage of sickness absence documentation**

In order to assess the extent to which line managers comply with sickness absence arrangements in place, we reviewed a range of sickness absence supporting documentation in relation to our sample of 36 employees – for example, evidence of Return to Work Interviews, notification of sickness forms, fit notes, and records of Attendance Support Meetings. However, we noted that the details of where sickness absence supporting documentation should be stored/filed once received or prepared are not explicitly defined within the policy and procedural guidance provided to staff.

We were advised by the People Advisers that line managers should retain all supporting documentation for each employee they manage. However, upon speaking with 14 managers, we were advised this was not the

case and that documentation is passed to and held within either the East, West, or People Services departments. After scheduled meetings with each admin department, we were only able to locate limited documentation and found that documentation was not held within the admin departments in a consistent manner. As a result, we were unable to complete testing for all sampled employees.

### **Risk**

There is a risk that supporting documentation in relation to employees' sickness absence is lost due to failure to adopt a consistent approach to the storage and retention of documentation.

Furthermore, there is a risk that documentation is incomplete as there is no evidence to determine if policies and procedures have been followed as required.

### **Recommendation**

Management should determine where and how sickness absence records and supporting documentation are stored and retained and who has responsibility for this. Once agreed, the Attendance Management Handbook should be updated to include clear guidance on this for staff in order to avoid any confusion and prevent evidence being lost and/or misplaced.

#### **Management Action**

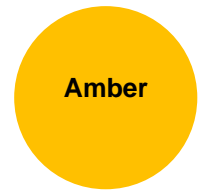
Grade 3  
(Design)

Review current process for recording absence information and revise to ensure it is clear and efficient in the handling and storing of employee information. Update Attendance Management Handbook to reflect this and communicate any changes to managers.

**Action owner:** Gillian Clark

**Due date:** 31 December 2023

**Control Objective 2: Return to work interviews are conducted with staff to ensure that any issues arising from sickness absence are addressed and appropriate support is provided to staff, where needed.**



## **2.1 Return to Work Interviews**

The Attendance Management Handbook provides detailed guidance on Return to Work Interviews. The Handbook clearly articulates when the meeting should take place, what the manager should review prior to the meeting and useful tips on discussion points during the meeting to ensure the employee is fully supported.

For the sample of 36 employee absences examined, we found the following:

- Only five employees (18.5% of sample) had evidence held on file of their Return to Work Interviews being carried out.  
  
Nine absences related to Covid-19 and we were advised that as a result of this, no Return to Work Interviews were required. However, we have subsequently been informed by management that this is incorrect and that Return to Work Interviews should have been carried out with these employees.
- For the remaining 22 employees we were unable to confirm whether Return to Work Interviews had been carried out following the employees' absence as we were unable to locate any evidence of these within the employees' records.

Upon requesting evidence of Return to Work Interviews, it became clear that there was no consistency over how these records are stored. Some managers had kept physical copies within filing cabinets at the station or had stored them electronically in online folders. Other line managers stated that they had emailed them either to People Services, East Admin or West Admin depending on their location. However, when each admin department was contacted for the missing records, only a few files were retrievable.

### **Risk**

There is a risk that employees are not fully supported following their absence and any recurring issues are not addressed causing absence to occur more frequently as a result of Return to Work Interviews not being carried out. Furthermore, there is a risk employee records are incomplete due to documentation supporting an employee's absence not being stored consistently.

### **Recommendation**

Line managers should be reminded of the need to ensure that Return to Work Interviews are conducted and recorded to ensure employees are adequately supported on their return to the workplace and any necessary adjustments to their role are made, if required.

We have already raised a recommendation above at MAP 1.2 to address the storage and retention of documentation.

Grade 3  
(Operation)

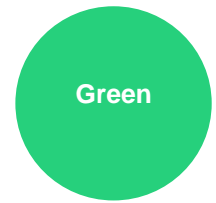
**Management Action**

Incorporate guidance on conducting and recording return to work interviews and attendance support meetings within the new supervisory management development training.

**Action owner:** Gillian Clark / Danielle Milligan

**Due date:** 31 October 2023

Control Objective 3: Appropriate arrangements are in place to ensure that periods of sickness absence are covered by alternative means in order to maintain adequate resource levels and operational continuity.



### **No reportable weaknesses identified**

We confirmed that the Central Staffing team are responsible for arranging cover in the event of operational staff absence thereby ensuring fire stations have adequate staff resources to maintain appropriate levels of service and operational resilience. We reviewed the Availability Guidance Notes which provide instructions to staff on the minimum staffing requirements for each area, specifying the number of competent and specialist staff needed to maintain an appropriate level of service. This document was also found to provide hourly instructions from 7am – 7pm thereby assisting in ensuring that there are sufficient staff available to carry out day-to-day tasks.

As stated above, when a staff member calls in sick, an E-Notification of Sickness form is completed which is then uploaded to sharefile. We were advised that staff from the Central Staffing team constantly access and check the sharefile for any new sickness absence notifications and take action, where required, following a notification of sickness absence to ensure appropriate cover is provided.



**Control Objective 4: Data in respect of sickness absence is monitored at local and national levels with triggers being in place to identify periods of absence which exceed a given number of days and/or patterns of sickness absence so that appropriate action can be taken to address these. Staff with long-term sickness issues are referred to Occupational Health and/or considered for redeployment or early retirement.**



## 4.1 iTrent System

As discussed at MAP 1.1, absence triggers are defined within the Attendance Management Procedure and the Handbook. To ensure support can be provided at the earliest opportunity, the absence triggers identified are relevant when dealing with both long-term and short-term intermittent absence. Absence triggers are monitored over a 12-month rolling period by line management. Attendance Support Meetings are organised when the following absence triggers are reached:

| <b>Within a 6 Month Rolling Period:</b> | <b>Within a 12 Month Rolling Period:</b> |
|---|--|
| - 3 separate instances or               | - 5 separate instances or                |
| - A total of 6 working days or over     | - A total of 8 working days or over      |

The role of the People Advisers is to provide support and advice to line managers on managing sickness absence and the action to take once the triggers are met.

During discussions with Watch and Station Commanders, we were advised that upon an employee's return to work, their line manager ascertains the employee's previous periods of absence from their calendar on iTrent, SFRS's HR system, to calculate the cumulative number of days they have been absent through sickness and to establish if an employee has breached a trigger with their latest absence.

We understand that iTrent is not currently capable of automatically calculating when an employee has met an absence trigger and alerting line managers to this. Line managers are, therefore, responsible for monitoring this by manually calculating cumulative sick leave figures and identifying if sickness absence triggers have been met.

We were advised by the People Manager that SFRS is intending to replace i-Trent with another HR system and it is envisaged that implementation will take place from late 2024. However, plans to replace the HR system were very much at the early stages of development at the time of our audit fieldwork.

### Risk

There is a risk that absence triggers are not monitored effectively due to human error whilst calculating previous absence periods or line managers potentially omitting previous absences leading to staff being unsupported due to a lack of Attendance Support Meetings.

## Recommendation

When considering the new HR system to replace iTrent, management should ensure that the system has the capability to monitor and automatically issue alerts to line managers once an absence trigger has been met.

### Management Action

Grade 3  
(Design)

Incorporate improved absence management capability, including monitoring and management notifications within the requirements for the new SFRS People system.

**Action owner:** Lyndsey Gaja

**Due date:** March 2024

## 4.2 Absence Triggers

As stated at 1.1 above, from our sample of 36 employees, we identified 13 cases where absence triggers had been met. However, we found that only five of these employees had been invited to an Attendance Support Meeting to discuss their periods of absence.

As per policy and procedure, all employees whose absence has met or exceeded one of the prescribed absence triggers should be invited to an Attendance Support Meeting to establish if there are any additional support requirements for the employee upon their return to work. This ensures employees are feeling supported with the aim of reducing their level of sickness absence.

### Risk

Failure to hold Attendance Support Meetings means that the underlying reasons for repeated periods of sickness may remain undetected and appropriate support may not be offered to help the employee reduce their periods of absence due to sickness.

### Recommendation

Checks should be performed by a senior staff member on a frequent basis to ensure Attendance Support Meetings have been carried out and appropriately documented with any outstanding meetings being completed at the next available opportunity.

### Management Action

Grade 2  
(Operation)

Attendance Management Guidance to be updated to ensure managers responsibility to review absences within their area and ensure appropriate action and documentation is clear. Management development sessions to incorporate this.

**Action owner:** Gillian Clark / Danielle Milligan

**Due date:** 31 October 2023

### 4.3 Long-term sickness considerations

As per policy and procedures, once staff are absent from work for 28 days, their absence is categorised as long-term. Once this period is reached, line managers should make a referral for an appointment to a qualified Health and Wellbeing Practitioner/Occupational Health Physician who have extensive knowledge of job roles within SFRS. The aim of the appointment is to establish any additional support requirements. If appropriate when all factors are considered, if unable to return to role, management should look into the possibility of redeployment or early retirement.

We selected a sample of three staff members with long-term sickness to confirm they had an occupational health referral completed. We found two of our sampled employees with long-term sickness had been referred to occupational health with considerations made about their role. However, between the line manager and the admin departments, we were unable to locate files for the remaining sampled employee to confirm referral to occupational health, although they had returned to work on assisted duties.

#### Risk

There is a risk employees are not fully supported if they are not referred to Occupational Health leading to increased employee absence.

Furthermore, there is a risk that appropriate records in relation to an employee's absence are not held on file to demonstrate the support provided and/or additional measures taken by the Service to assist the employee which could have an impact on the Service's reputation.

#### Recommendation

Recommendation raised within MAP 1.2 regarding storage and retention of documentation also relates to this finding. Additionally, line managers should be reminded of their responsibility to refer employees with long-term sickness to Occupational Health to ensure employees are appropriately supported, in line with policy and procedures.

#### Management Action

Grade 2  
(Operation)

Review Attendance Management Policy and update to provide clarification if required. Incorporate into the supervisory and middle management development sessions, to ensure awareness of policy, management referrals and role of Health and Wellbeing.

**Action owner:** Gillian Clark / Danielle Milligan

**Due date:** 31 October 2023

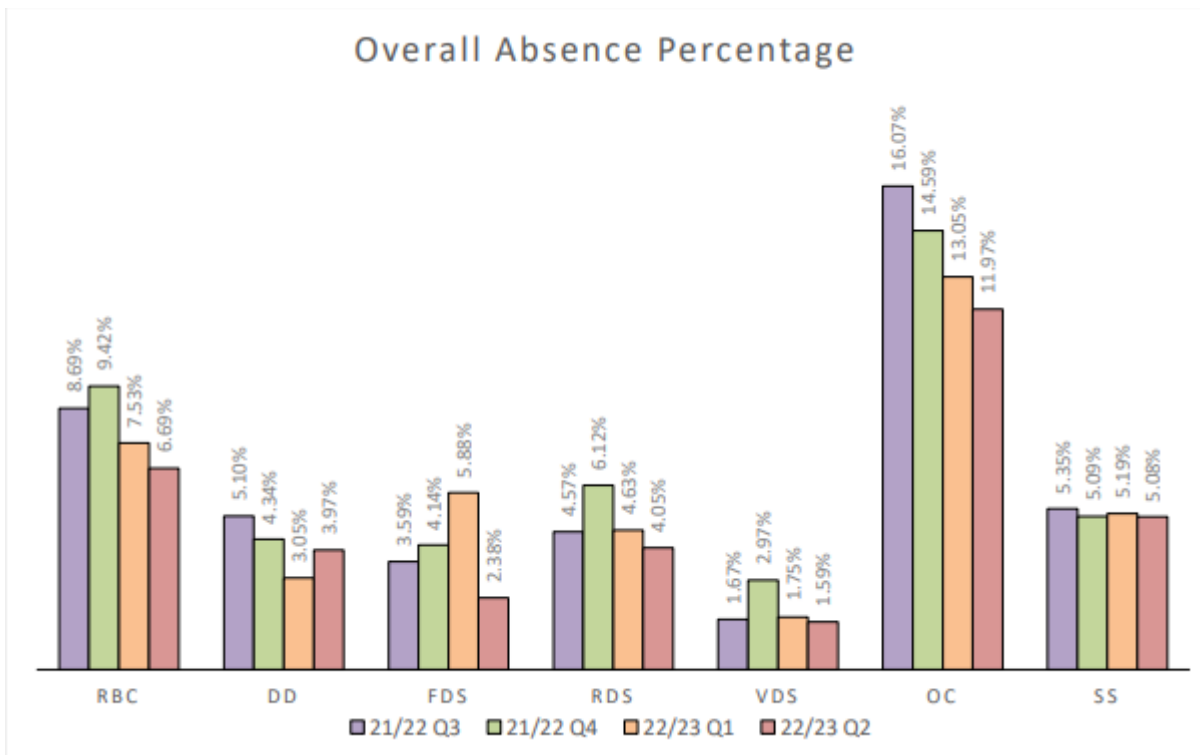
# Control Objective 5: Reporting arrangements are in place to ensure SLT and the Board are kept informed of sickness absence levels.



## No reportable weaknesses identified

We confirmed and obtained evidence of quarterly POD Management reports which are presented to the People Committee for oversight and scrutiny prior to the SFRS Board receiving a verbal update on these. The POD Management reports include details of:

- The top three reasons for management referrals to the Health and Wellbeing team;
- Overall absence percentage;
- Percentage of working days lost against days available - short term absence;
- Percentage of working days lost against days available - long-term absence;
- Short-term absence by top three absence reasons;
- Long-term absence by top three absence reasons; and
- COVID-19 Absences.



**Key:**

|                                     |                                    |
|-------------------------------------|------------------------------------|
| <b>RBC – Resource Based Crewing</b> | <b>VDS – Voluntary Duty System</b> |
| <b>DD – Day Duty</b>                | <b>OC – Operations Control</b>     |

**FDS – Flexi Duty System**

**SS – Support Staff**

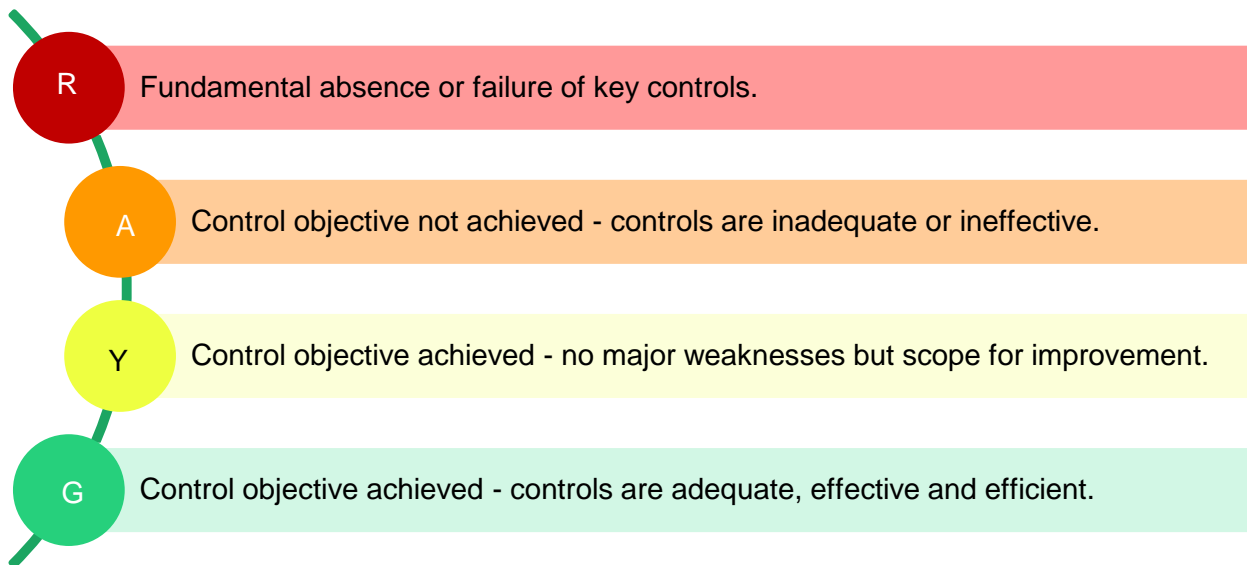
**RDS – Retained Duty System**

This graph reflects the overall absence percentage throughout SFRS for the quarters displayed. This ensures that the People Committee and SFRS board are able to establish trends with absences and determine whether this is improving or deteriorating.

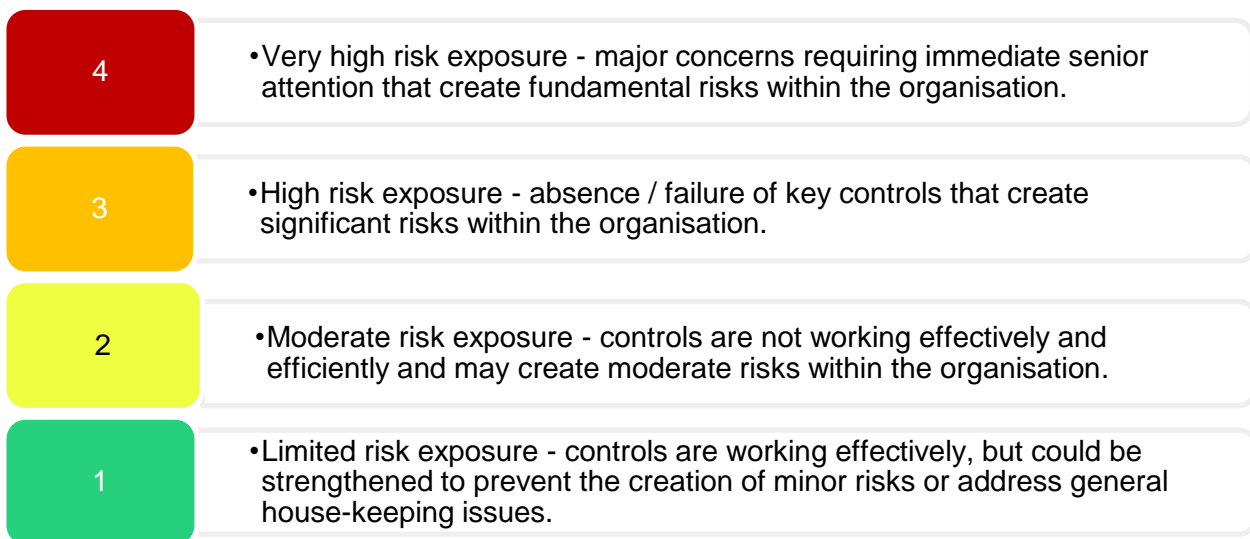
The People Committee meet each quarter where the POD Management reports are discussed in detail. We were able to determine by review of meeting minutes that the reports were subjected to scrutiny and signed off by the People Committee. The SFRS Board are given a verbal update on the reports and a summary of the discussions which took place at the People Committee to gain insight into absence factors and discuss key areas for concern.

# Appendix A – Definitions

## Control assessments



## Management action grades



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of Chartered Accountants in England and Wales.



Report No: C/PC/28-23

Agenda Item: 10

|                               |  |  |                          |                          |                          |                          |                          |                          |
|-------------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Report to:</b>             | <b>PEOPLE COMMITTEE</b>  |  |                          |                          |                          |                          |                          |                          |
| <b>Meeting Date:</b>          | <b>14 SEPTEMBER 2023</b>   |  |                          |                          |                          |                          |                          |                          |
| <b>Report Title:</b>          | <b>TRAINING FUNCTION VISION AND STRATEGY 2023-25</b>   |  |                          |                          |                          |                          |                          |                          |
| <b>Report Classification:</b> | <b>For Scrutiny</b>  | <b>SFRS Board/Committee Meetings ONLY</b><br><b>For Reports to be held in Private</b><br><b>Specify rationale below referring to</b><br><b><u>Board Standing Order 9</u></b> |                          |                          |                          |                          |                          |                          |
|                               |  | <a href="#"><u>A</u></a>   | <a href="#"><u>B</u></a> | <a href="#"><u>C</u></a> | <a href="#"><u>D</u></a> | <a href="#"><u>E</u></a> | <a href="#"><u>F</u></a> | <a href="#"><u>G</u></a> |
| <b>1</b>                      | <b>Purpose</b>   |  |                          |                          |                          |                          |                          |                          |
| 1.1                           | To provide the People Committee with an overview of the work undertaken to develop our new Training Function Vision and Strategy and to provide a final draft design version for scrutiny and feedback.  |  |                          |                          |                          |                          |                          |                          |
| <b>2</b>                      | <b>Background</b>  |  |                          |                          |                          |                          |                          |                          |
| 2.1                           | The Training Function Vision and Strategy has been developed to enable the Training Function to support and meet the Scottish Fire and Rescue Service (SFRS) priorities as set out in its Long-Term Vision and Strategic Plan 2022-2025.   |  |                          |                          |                          |                          |                          |                          |
| <b>3</b>                      | <b>Main Report/Detail</b>  |  |                          |                          |                          |                          |                          |                          |
| 3.1                           | The decision to review the current Training Strategy was due to the fact we are in a different operating environment to the one in which the current strategy was produced. Training requires a new approach with regards to how training is delivered. The Covid19 pandemic has led to a backlog in training and the current Pension Remedy challenges and long term hard to fill instructor vacancies have resulted in capacity challenges within training. Therefore, a new Vision and Strategy is required to ensure that training is delivered in the most effective and efficient way possible across the Service and clarity is provided in terms of a Service wide collective responsibility for training. |  |                          |                          |                          |                          |                          |                          |
| 3.2                           | A review was undertaken firstly by engaging internally across all levels of the Training Function and collectively a draft Training Function Vision and Strategy was developed this then provided a basis to engage with all other Directorates and Functions across the SFRS, together with our Representative Bodies (Appendix B).   |  |                          |                          |                          |                          |                          |                          |
| 3.3                           | Appendix A provides a copy of the final draft design version, for scrutiny and feedback.   |  |                          |                          |                          |                          |                          |                          |
| <b>4</b>                      | <b>Recommendation</b>  |  |                          |                          |                          |                          |                          |                          |
| 4.1                           | The People Committee are therefore asked to scrutinise the content of the Training Function Vision and Strategy 2023-35 (Appendix A) and provide feedback prior to submission for approval at Training, Safety and Assurance Directorate Management Team meeting in October.   |  |                          |                          |                          |                          |                          |                          |



|          |  |
|----------|--|
| <b>5</b> | <b>Key Strategic Implications</b>  |
| 5.1      | <b>Risk</b>  |
| 5.1.1    | Training Function will strive to ensure SFRS staff are maintain skills currency and training appropriately to deal with new and emerging risks.  |
| 5.2      | <b>Financial</b>   |
| 5.2.1    | Training Function will work progressively with Finance Business Partner to deliver the changes and improvements in Training within current budget and where investment is required seek strategic approval, ensuing best value at all times.   |
| 5.3      | <b>Environmental &amp; Sustainability</b>  |
| 5.3.1    | Training Function will ensure that the necessary resources, facilities, and sites used for delivering training operate efficiently and are accessible to staff.  |
| 5.4      | <b>Workforce</b>   |
| 5.4.1    | Training Function will listen to feedback from our training instructors and course candidates to ensure that we provide the best candidate experience we can.  |
| 5.5      | <b>Health &amp; Safety</b>   |
| 5.5.1    | The safety of our personnel is paramount and a core value of the SFRS, we will ensure that all training is delivered in a safe and controlled environment.   |
| 5.6      | <b>Health &amp; Wellbeing</b>  |
| 5.6.1    | Training will consider different learning styles demonstrating our commitment towards ensuring we are inclusive and adaptable to people's needs. We will also fully consider and progress any actions required to mitigate the potential effects of contaminants and also any physiological impact on instructors or students. |
| 5.7      | <b>Training</b>  |
| 5.7.1    | Training will provide clarity and resources to ensure we work safely, collaboratively and progressively to deliver excellence in training.   |
| 5.8      | <b>Timing</b>  |
| 5.8.1    | To coincide with the timing of the SFRS Strategic Plan and to demonstration clear links to the long-term vision.   |
| 5.9      | <b>Performance</b>   |
| 5.9.1    | Training Key Performance Indicators will enable a clear measure of training performance and identify any areas for improvement.  |
| 5.10     | <b>Communications &amp; Engagement</b>   |
| 5.10.1   | Extensive engagement has taken place at all levels of the service across all Directorates as part of the development of the Training Vision and Strategy. Full engagement with Rep Bodies has also taken place at both Regional and Branch Rep levels.   |
| 5.11     | <b>Legal</b>   |
| 5.11.1   | There are no legal implications arising from the contents of this report.  |
| 5.12     | <b>Information Governance</b>  |
| 5.12.1   | DPIA completed No – does not include any such detail.  |
| 5.13     | <b>Equalities</b>  |
| 5.13.1   | EHRIA completed Yes. This will form part of the paper submitted 'For Decision'.  |

|  |   |  |
|--|---|--|
| 5.14<br>5.14.1   | <b>Service Delivery</b><br>Training will work in partnership with other Directorates, to identify, develop and deliver risk critical training to those who need it, when they need it, ensuring training is Service Delivery led. |  |
| <b>6</b>   | <b>Core Brief</b>   |  |
| 6.1  | N/A   |  |
| <b>7</b>   | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>   |  |
| 7.1  | <b>Director:</b>  | Andy Watt, Director of Training, Safety and Assurance  |
| 7.2  | <b>Level of Assurance:<br/>(Mark as appropriate)</b>  | Substantial/ <b>Reasonable</b> /Limited/Insufficient   |
| 7.3  | <b>Rationale:</b>   | Our Training Vision and Strategy provides a basis from which to build and be realised over time. |
| <b>8</b>   | <b>Appendices/Further Reading</b>   |  |
| 8.1  | Appendix A - Training Vision and Strategy 2023-25   |  |
| 8.2  | Appendix B - Overview of Stakeholder Consultation and Engagement  |  |
| <b>Prepared by:</b>  |   | Ally Cameron, Area Commander Training Function   |
| <b>Sponsored by:</b>   |   | Bruce Farquharson, Deputy Assistant Chief Officer Head of Training                               |
| <b>Presented by:</b>   |   | Andy Watt, Assistant Chief Officer Director of Training, Safety & Assurance                      |
| <b>Links to Strategy and Corporate Values</b>  |   |  |
| <p><b>Strategic Plan 2022-25</b><br/>Outcome 2: Communities are safer and more resilient as we respond effectively to changing risks.<br/>Outcome 6: The experience of those who work for SFRS improves as we are the best employers we can be.</p> <p><b>SFRS Long-Term Vision</b></p> <p><b>Safety Value:</b><br/>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>  |
| <i>Strategic Leadership Team</i>   |   | <i>6 September 2023</i>  |
| <i>People Committee</i>  |   | <i>14 September 2023</i>   |
| <i>Training, Safety &amp; Assurance Directorate Management Team</i>  |   | <i>18 October 2023</i>   |
|  |   | <b>Report Classification/<br/>Comments</b>   |
|  |   | <i>For Scrutiny</i>  |
|  |   | <i>For Scrutiny</i>  |
|  |   | <i>For Decision</i>  |

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# TRAINING FUNCTION VISION & STRATEGY

2023-2025

DRAFT



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## CONTENTS

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# INTRODUCTION

Our Training Vision & Strategy fully supports the intended outcomes of the **SFRS Strategic Plan 2022-25**, aligns to our **SFRS Long-Term Vision** and supports the Training Functions journey of Continuous Improvement.

“The Scottish Fire and Rescue Service (SFRS) strategic plan sets out a clear vision for the development of our most important asset - our people : ensuring that our people continue to receive the appropriate equipment and the training they need to carry out their crucial role.

## **OUTCOME 2: COMMUNITIES ARE SAFER AND MORE RESILIENT AS WE RESPOND EFFECTIVELY TO CHANGING RISKS**

### **What we will do**

We will have appropriate systems to direct our firefighting activities effectively and continue to ensure all our people have the right skills, training and equipment

### **What success will look like in 3 years**

Training effectively and efficiently as a Service and with our partners to improve community safety.

## **OUTCOME 6: THE EXPERIENCE OF THOSE WHO WORK FOR SFRS IMPROVES AS WE ARE THE BEST EMPLOYER WE CAN BE**

### **What will we do**

We will continue to improve our training to enable our people to develop and maintain their competencies and skills

### **What success will look like in 3 years**

Training effectively and efficiently as a Service and with our partners to improve community safety.



---

## WHAT IS THE TRAINING VISION?

### Our Vision

“We will provide **clarity** and **resources** to ensure we work **safely, collaboratively** and **progressively** to deliver **excellence** in training”

### WE WILL

Provide **clarity** and direction on how training will be delivered, who will deliver it and when it will be delivered. Our Skills Maintenance Framework, Training Delivery Framework, and the continual review of our National Training Standards will ensure we clearly set out the learning outcomes and the standard required within each skill set to be deemed current. We will also provide clarity on what actions should be taken within each skill set should currencies lapse. Additionally, we will ensure there is clarity in understanding roles and responsibilities with regards to training across all levels of the Service.

### WE WILL

Ensure the appropriate **resources** are made available to deliver training through a peripatetic delivery model, to ensure that we deliver training in the most effective and efficient way. We will ensure personnel will have access to the appropriate training facilities and equipment for all skillsets and this will be set out within our Training Assets Framework.



## WE WILL

Ensure training is delivered **safely**. The safety of our personnel is paramount and a core value of the Scottish Fire and Rescue Service, we will ensure that all training is delivered in a safe and controlled environment.

## WE WILL

Work **collaboratively** with all stakeholders ensuring cross directorate engagement to deliver the training ask of the Service and embed a culture of collective responsibility for training across all levels of the Service. We will continue to explore opportunities to collaborate on training delivery initiatives with emergency service partners. We will also maintain strong relationships with other Fire and Rescue Services and the National Fire Chiefs Council and benchmark our training performance where appropriate.

## WE WILL

Work **progressively** to ensure we continually explore new ways of working as part of our commitment to continuous improvement. We will challenge our existing training delivery models and look to identify where we can take innovative approaches, be more effective and efficient, and consider the use of new technologies within training. We will ensure that any training related recommendations from internal or external audits or organisational learning are captured and progressed through our Training

Continuous Improvement Programme. We will also monitor our Training Key Performance Indicators to enable us to clearly measure training performance and identify any areas for improvement.



We will deliver our **Training Vision & Strategy**, ensuring that **the four operating principles** set out within the **SFRS Long Term Vision** are at the heart of all we do.



### PRINCIPLE 1: PROGRESSIVE

- We will embrace this journey and through our Training Continuous Improvement Programme continue to explore innovative ways to create capacity and deliver training more effectively and efficiently, adapting our training to align to the changing and emerging risks within Scotland.



### PRINCIPLE 2: PEOPLE CENTRED

- We will work in partnership with other Directorates, to identify, develop and deliver risk critical training to those who need it, when they need it, ensuring training is Service Delivery led. We will ensure that all our training is aligned to a Training Needs Analysis at individual, team, and organisational levels.
- We will listen to feedback from our training instructors and course candidates to ensure that we provide the best candidate experience we can.
- We will treat everyone with dignity and respect.



### PRINCIPLE 3: INCLUSIVE

- We will ensure that our National Training Standards are kept under review to provide a framework which allows for flexibility and supports the delivery of training and development across all duty systems and working patterns.
- We will consider different learning styles demonstrating our commitment towards ensuring we are inclusive and adaptable to people's needs.



### PRINCIPLE 4: CONNECTED

- We will stay connected through our business partnering model with Service Delivery as our primary customer.
- We will ensure that the necessary resources, facilities, and sites used for delivering training are where they need to be, are fit for purpose, and accessible to staff.
- We will develop our training E-Systems and consider virtual course delivery where appropriate ensuring we connect to all geographical areas of the Service and provide equitable access to training support.

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## WHAT IS THE TRAINING STRATEGY?

The Training Strategy aims to provide direction for the development and delivery of high quality and effective training, ensuring our people are trained to be safe and proficient, enabling us to deliver excellent services to the communities of Scotland.

Our work will be supported through the development of our key frameworks, aligned to 'our vision' and the four key operating principles within the SFRS Long Term Vision, which will be central to everything we do.

For this to be achieved a collaborative and collective approach to training is required across the Service, supported, and guided by competent and motivated leaders at all levels. We will progressively work to provide the right training, and development opportunities at the right time, to the right people, with access to the right resources, ensuring best value.

We will challenge our current operating models to look for more efficient and effective ways of delivering training. We will listen to and deliver the training ask of Service Delivery, our primary customer, and ensure SFRS staff are training appropriately to deal with new and emerging risks across Scotland.

Forging strong links with Fire and Rescue Services across the UK and internationally and having an awareness of developments within the fire sector is key to our growth and development, ensuring SFRS are taking a lead in terms of new technologies and innovative working practices within the training environment. Continuous improvement will be at the core of all we will do, being linked into the National Operational Learning processes, together with the internal links already in place with SFRS Operational Assurance, will ensure we are continually incorporating organisational learning into our training practices.

We all have a role and responsibility to play in the delivery of training and to drive forward continuous improvement to help improve the skills and knowledge of our workforce.

# OUR AMBITIONS FOR TRAINING OUR PEOPLE

SO HOW WILL WE GET THERE?

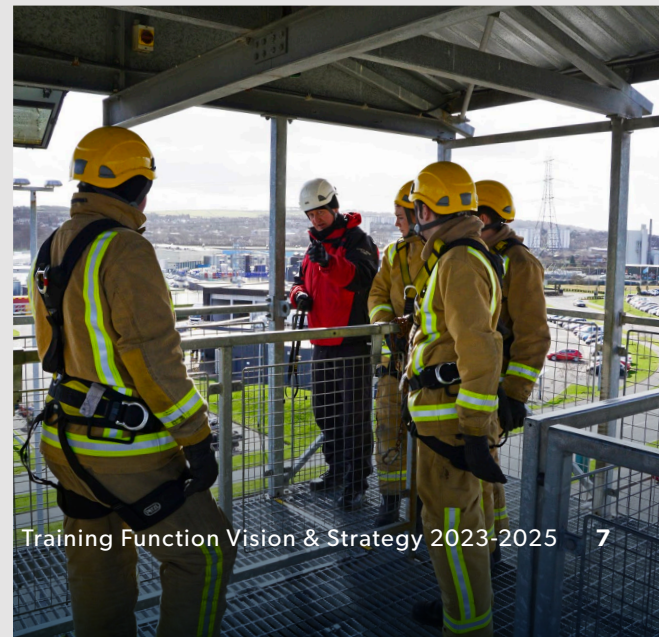
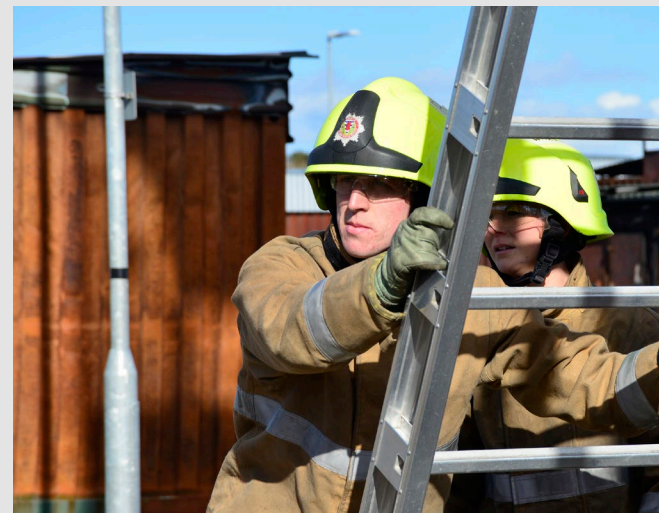
## TRAINING VISION & STRATEGY

SKILLS MAINTENANCE  
FRAMEWORK

TRAINING DELIVERY  
FRAMEWORK

TRAINING ASSETS  
FRAMEWORK

Through the production of our Skills Maintenance, Training Delivery and Training Assets Frameworks, we will implement new ways of resourcing our training environment. We will be clear on what training outcomes are required for all skills sets within the Service and provide clarity on training responsibilities at all levels. We will also ensure that all personnel have access to the appropriate training facilities and assets to allow them to fulfil their training responsibilities.



## SKILLS MAINTENANCE FRAMEWORK

- Clarify outcomes and standards required in each skill set to be deemed current
- Clarify the number of annualised hours to complete training responsibilities for each skill set.
- Clarify the frequency of skills maintenance assessments
- Clarify what happens in each skill set should currency lapse

## TRAINING DELIVERY FRAMEWORK

- How training will be delivered and in what format
- Where training will be delivered
- Who is responsible for delivering each element of training

## TRAINING ASSETS FRAMEWORK

- Establish what Training Facilities are required for each skill set
- Identify the locations of all Training Facilities
- Provide a Training Facilities dashboard and booking system



# TRAINING FUNCTION

## PROCESS COMPONENT PARTS



### OUR FOCUS IS TO

- DEVELOP INDIVIDUALS**  
/ TEAMS AND TRAINING INSTRUCTORS
- CONTINUE TO DELIVER**  
OUR TRAINING CONTINUOUS  
IMPROVEMENT PROGRAMME
- PROVIDE TRAINING**  
DELIVERY INFRASTRUCTURE
- PROVIDE CLARITY ON**  
TRAINING RELATED ROLES  
AND RESPONSIBILITIES
- BE CENTRALLY CO-ORDINATED**  
AND LOCALLY DELIVERED
- CONTINUE TO BUILD**  
A POSITIVE AND INCLUSIVE CULTURE
- BE SERVICE DELIVERY LED**  
WHEN PROVIDING TRAINING
- BE PROGRESSIVE**  
AND INNOVATIVE
- BE ENGAGING**  
AND CONNECTED
- CREATE**  
CAPACITY
- RECOGNISE AND**  
APPRECIATE OUR PEOPLE



---

# TRAINING FUNCTION STRUCTURE CHART







# TRAINING VISION & STRATEGY ON A PAGE

## TRAINING VISION & STRATEGY

**SKILLS MAINTENANCE FRAMEWORK**

**TRAINING DELIVERY FRAMEWORK**

**TRAINING ASSETS FRAMEWORK**

### OUR VISION

“We will provide **clarity** and **resources** to ensure we work **safely, collaboratively** and **progressively** to deliver **excellence** in training”

### OUR VALUES



## TRAINING FUNCTION

PROCESS COMPONENT PARTS



### OUR FOCUS IS TO

**DEVELOP INDIVIDUALS** / TEAMS AND TRAINING INSTRUCTORS

**CONTINUE TO DELIVER** OUR TRAINING CONTINUOUS IMPROVEMENT PROGRAMME

**PROVIDE TRAINING** DELIVERY INFRASTRUCTURE

**PROVIDE CLARITY ON** TRAINING RELATED ROLES AND RESPONSIBILITIES

**BE CENTRALLY CO-ORDINATED** AND LOCALLY DELIVERED

**CONTINUE TO BUILD** A POSITIVE AND INCLUSIVE CULTURE

**BE SERVICE DELIVERY LED** WHEN PROVIDING TRAINING

**BE PROGRESSIVE** AND INNOVATIVE

**BE ENGAGING** AND CONNECTED

**CREATE** CAPACITY

**RECOGNISE AND** APPRECIATE OUR PEOPLE

DRAFT

---

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Training Function Strategy & Vision  
Version 1.0 – August 2023



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**Overview of Stakeholder Consultation and Engagement**

| <b>Stakeholders</b>  | <b>Purpose</b>   | <b>Timeframe</b>           |
|--|--|----------------------------|
| Training Functional Management Team (TMT) Development Day                                | To set out our intention and begin the journey of designing and developing our Training Function Vision & Strategy together.                                     | December 2022              |
| Internal Training Sections   | Line Management engagement with respective teams to gather feedback on the creation of our Vision & Strategy.  | January – June 2023        |
| Fire Brigades Union (FBU) – Director of Training Safety & Assurance and Head of Training | Engagement with FBU regional officials to consult on draft Vision & Strategy.  | 13 July 2023               |
| Finance & Contractual Services Functional Management Team (FMT)                          | Engage and consult on Vision & Strategy  | 26 <sup>th</sup> July 2023 |
| Service Delivery Directorate Management Team (DMT)                                       | Engage and consult on Vision & Strategy  | 26 July 2023               |
| Service Development DMT  | Engage and consult on Vision & Strategy  | 26 July 2023               |
| North SDA FMT  | Engage and consult on Vision & Strategy  | 27 July 2023               |
| East SDA FMT   | Engage and consult on Vision & Strategy  | 28 July 2023               |
| Communications & Engagement FMT  | Engage and consult on Vision & Strategy  | 2 August 2023              |
| People Directorate   | Engage and consult on Vision & Strategy  | 3 August 2023              |
| Governance, Strategy & Performance FMT   | Engage and consult on Vision & Strategy  | 7 August 2023              |
| West SDA FMT   | Engage and consult on Vision & Strategy  | 9 August 2023              |
| Training FMT   | Discuss ongoing development with the Training Management Team and seek further feedback  | 9 August 2023              |
| Asset Management FMT   | Engage and consult on Vision & Strategy  | 10 August 2023             |
| Representative Bodies  | Engagement through Training Functions monthly meeting with wider Rep Bodies (FBU, FRSA, FOA, Unison and Unite to consult and seek views on our Vision & Strategy | 14 August 2023             |
| FBU Branch Representative Engagement (Session One)                                       | High level overview of our Vision & Strategy presented to Branch Reps  | 30 August 2023             |
| Strategic Leadership Team  | To present a final design draft for review, scrutiny and feedback  | 6 September 2023           |
| People Committee   | To present a final design draft for review, scrutiny and feedback  | 14 September 2023          |



|                               |  |  |                   |                   |                   |                   |                   |
|-------------------------------|--|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| <b>Report to:</b>             | <b>PEOPLE COMMITTEE</b>  |  |                   |                   |                   |                   |                   |
| <b>Meeting Date:</b>          | <b>14 SEPTEMBER 2023</b>   |  |                   |                   |                   |                   |                   |
| <b>Report Title:</b>          | <b>CONTAMINANTS UPDATE</b>   |  |                   |                   |                   |                   |                   |
| <b>Report Classification:</b> | For Scrutiny   | <b>SFRS Board/Committee Meetings ONLY<br/>For Reports to be held in Private<br/>Specify rationale below referring to<br/><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 the paper is for People Committee to scrutinise the update on the management of contaminants in Scottish Fire and Rescue Service (SFRS).  |  |                   |                   |                   |                   |                   |
| <b>2</b>                      | <b>Background</b>  |  |                   |                   |                   |                   |                   |
| 2.1                           | In 2022, International Agency for research on Cancer (IARC) has classified occupational exposure as a firefighter as carcinogenic to human (Group 1).  |  |                   |                   |                   |                   |                   |
| 2.2                           | <p>In January 2023, Professor Anna Stec, University of Central Lancashire (UCLan) Professor of Fire Toxicity, Anna Stec, published the results of her independent research. This concluded in the publishing of five reports in the Scientific Journal Report. The five Scientific Journal Reports are:</p> <ul style="list-style-type: none"> <li>(i) Culture and awareness of occupational health risks amongst UK firefighters, (10 Jan 2023)</li> <li>(ii) Contamination of UK firefighter personal protective equipment and workplaces, (10 Jan 2023)</li> <li>(iii) Mental health of UK firefighters, (10 Jan 2023)</li> <li>(iv) Cancer incident amongst UK firefighters (10 Jan 2023)</li> <li>(v) Scottish Firefighters Occupational Cancer and Disease Mortality Rates: 2000 – 2020</li> </ul> |  |                   |                   |                   |                   |                   |
| <b>3</b>                      | <b>Main Report/Detail</b>  |  |                   |                   |                   |                   |                   |
| 3.1                           | <b>Priority Action: Health Surveillance</b>  |  |                   |                   |                   |                   |                   |
| 3.1.1                         | The Scottish Government has provided funding of £56k to enable firefighters based in Scotland to participate in a UK-wide health screening programme ' <i>Exposure to Fire Toxicants and Risk of Cancers and other Diseases Amongst Firefighters</i> ' which is being facilitated by the Fire Brigades Union and the University of Central Lancashire.   |  |                   |                   |                   |                   |                   |
| 3.1.2                         | Scottish Fire and Rescue Service have kindly agreed to support the Project by asking its currently serving firefighters to participate in the Testing. A DPIA was identified as required due to SFRS providing shift/work pattern data of volunteers and requesting the home address of volunteers, to enable SFRS to calculate mileage to/from the test centre, in line with the capped reimbursement of payment to each volunteer.   |  |                   |                   |                   |                   |                   |
| 3.1.3                         | A joint communication by SFRS and the FBU will be published imminently, seeking further uptake amongst SFRS firefighters to ensure the required cohort of 200 is met.  |  |                   |                   |                   |                   |                   |

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| 3.2   | <b>Priority Action: Recording of Exposure</b>  |
| 3.2.1 | PRDPro, a software system currently utilised by SFRS, has the capacity to record current exposure data. SFRS have completed their engagement with Professor Stec to identify the reporting criteria. L&ED have developed a template in PRDPro. A “show and tell” of development to date of the Health Surveillance Questionnaire within PDR Pro will be facilitated at the Contaminants Group Meeting on 18 September 2023.  |
| 3.3   | <b>HSE Request to visit</b>  |
| 3.3.1 | Following the NFCC meeting in May, the Acting HM Principal Inspector of Health and Safety from the Health and Safety Executive (HSE) requested a visit to SFRS. Arrangements for the visit are being made by Jim Holden, Head of Safety and Assurance. A tentative date is in place for October 2023. Internal engagement will be made with Business Partners. It is planned to give a presentation on SFRS’s management of contaminants, visit two stations to view current practices and an opportunity to observe Carbonaceous Fires training will be part of the agenda.   |
| 3.4   | <b>FBU Priorities/Engagement</b>   |
| 3.4.1 | SFRS and FBU have drafted a joint communication on the forthcoming Health Surveillance Programme, with planned release by the end of August 2023.  |
| 3.5   | <b>Implementation Plan</b>   |
| 3.5.1 | The purpose of the Implementation Plan is to convert SFRS strategic direction into specific management tasks and assist in managing implementation of contaminant control measures appropriately. The Implementation Plan is based the following topics: <ul style="list-style-type: none"> <li>• Prevention and Protection;</li> <li>• Culture and Behaviour;</li> <li>• Training and Awareness</li> <li>• PPE and Equipment</li> <li>• Property Design</li> <li>• Health and Wellbeing</li> <li>• Impact and Evaluation</li> <li>• Communications</li> </ul>   |
| 3.5.2 | Each project is assigned a timeframe; short term (0-3 months), medium term (3-12 months) or long Term (12+ months).  |
| 3.5.3 | Consultation on the Draft Implementation Plan with Business Partners is near completion.   |
| 3.6   | <b>Converting POG to SOP</b>   |
| 3.6.1 | A decision has been approved for P&P to review and convert the DRAFT Contaminants POG to a SOP. The rationale and benefits are as follows: <ol style="list-style-type: none"> <li>1. <b>Clear and Recognisable Safe System of Work:</b> The SOP will provide exclusive and concise instructions to our operational personnel, ensuring a solid and easily identifiable safe system of work.</li> <li>2. <b>Enhanced Risk Assessment:</b> By developing a GRA (Generic Risk Assessment) alongside the SOP, we will establish a more robust and transparent risk assessment process for the subject matter.</li> <li>3. <b>Task Card-like Functionality:</b> The SOP Summary resulting from this conversion can be used as a Task Card, significantly assisting our Incident Commanders precisely when they require it.</li> <li>4. <b>Adaptability to Health and Safety Framework:</b> Unlike the POG, the SOP will not require a higher level or integration with the health and safety framework. However, we can add relevant sections to the related documents if needed.</li> <li>5. <b>Quicker Turnaround Time:</b> The transition to SOP will lead to quicker and more efficient integration into our operations library hierarchy.</li> </ol> |

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| 3.6.2    | <p><b>6. Mandatory Practice:</b> The SOP is a mandatory practice for all relevant personnel and not a guidance document which a POG would be.</p> <p>A number of challenges have been identified during the development of the SOP. A workshop is planned to discuss the impact the proposed controls measures will have on SFRS.</p> |
| <b>4</b> | <b>Recommendation</b>   |
| 4.1      | The People Committee is asked to scrutinise the content of this report.   |
| <b>5</b> | <b>Key Strategic Implications</b>   |
| 5.1      | <b>Risk</b>   |
| 5.1.1    | There is a risk that failure to implement robust arrangements to manage contaminants may result in personal injury claims being brought against the SFRS.   |
| 5.2      | <b>Financial</b>  |
| 5.2.1    | There is significant capital and resource budget allocation required to progress the contaminants implementation plan.  |
| 5.3      | <b>Environmental &amp; Sustainability</b>   |
| 5.3.1    | N/A   |
| 5.4      | <b>Workforce</b>  |
| 5.4.1    | Potential impact of decontamination on operational resilience and resource availability which will be factored into the planning and implementation process.  |
| 5.5      | <b>Health &amp; Safety</b>  |
| 5.5.1    | There is a risk that failure to implement robust arrangements to manage contaminants may result in non-compliance with the employers' duty of care under the Health and Safety at Work etc. Act 1974.   |
| 5.6      | <b>Health &amp; Wellbeing</b>   |
| 5.6.1    | The implementation of arrangements for health surveillance for staff exposed to contaminants will ensure the effective monitoring and early diagnosis of illness potentially linked to contaminants.  |
| 5.7      | <b>Training</b>   |
| 5.7.1    | Service wide training required to support the implementation of procedures and safe systems of work and develop positive culture and behaviours related to contaminants.  |
| 5.8      | <b>Timing</b>   |
| 5.8.1    | There is significant political and public pressure for the SFRS to demonstrate progress of arrangements to manage the risks associated with contaminants therefore it is essential that appropriate resources are allocated to ensure this workstream is prioritised.   |
| 5.9      | <b>Performance</b>  |
| 5.9.1    | Implementation and application of arrangements will be monitored through existing and new assurance arrangements.   |
| 5.10     | <b>Communications &amp; Engagement</b>  |
| 5.10.1   | Communications and engagement strategy required to ensure understanding and implementation of control measures.   |

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| 5.11<br>5.11.1   | <b>Legal</b><br>There is a risk that failure to implement robust arrangements to manage contaminants may result in personal injury claims being brought against the SFRS and Health and Safety legislation. |  |
| 5.12<br>5.12.1   | <b>Information Governance</b><br>DPIA completed Yes/No. If not applicable state reasons. No, but will be completed prior to publication of any documentation.   |  |
| 5.13<br>5.13.1   | <b>Equalities</b><br>EHRIA completed Yes/No. If not applicable state reasons. No, but will be completed prior to publication of any documentation.  |  |
| 5.14<br>5.14.1   | <b>Service Delivery</b><br>Potential impact of decontamination on operational resilience and resource availability which will be factored into the planning and implementation process.                     |  |
| <b>6</b>   | <b>Core Brief</b>   |  |
| 6.1  | Not applicable  |  |
| <b>7</b>   | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>   |  |
| 7.1  | <b>Director:</b>  | Andrew Watt, Director of Training, Safety and Assurance  |
| 7.2  | <b>Level of Assurance:<br/>(Mark as appropriate)</b>  | Substantial/Reasonable/Limited/Insufficient  |
| 7.3  | <b>Rationale:</b>   | A Reasonable level of assurance is provided. Whilst progress has been made to date with regards to work of the SFRS Contaminants Group, a significant number of workstreams and actions are still to be progressed. A future evaluation of the impact of actions implemented to mitigate the risk of Contaminants will also be required. |
| <b>8</b>   | <b>Appendices/Further Reading</b>   |  |
| 8.1  | N/A   |  |
| <b>Prepared by:</b>  | Teresa Kelly, Deputy Head of Safety and Assurance   |  |
| <b>Sponsored by:</b>   | Andrew Watt, Assistant Chief Officer Director of Training, Safety and Assurance   |  |
| <b>Presented by:</b>   | Andrew Watt, Assistant Chief Officer Director of Training, Safety and Assurance   |  |
| <b>Links to Strategy and Corporate Values</b>  |   |  |
| <p><b>Strategic Plan 2022-2025:</b><br/>Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.</p> <p>What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety, and wellbeing of the public and our staff.</p> <p>Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.</p> <p>Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety and wellbeing of the public and our people.</p> <p>Objective 6.2 Developing and deploying new and more agile ways of working to protect the safety, wellbeing, physical and mental health of our people.</p> |   |  |



| <b>Safety Value:</b><br>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. |                     |  |
|--|---------------------|--|
| <b>Governance Route for Report</b>   | <b>Meeting Date</b> | <b>Report Classification/ Comments</b> |
| People Committee   | 14 September 2023   | For Scrutiny                           |



Report No: C/PC/26-23

Agenda Item: 12

|                        |  |  |                   |                   |                   |                   |                   |                   |
|------------------------|--|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Report to:             | PEOPLE COMMITTEE   |  |                   |                   |                   |                   |                   |                   |
| Meeting Date:          | 14 SEPTEMBER 2023  |  |                   |                   |                   |                   |                   |                   |
| Report Title:          | LOW SPEED MANOEUVRES UPDATE  |  |                   |                   |                   |                   |                   |                   |
| Report Classification: | For Scrutiny   | <b>SFRS Board/Committee Meetings ONLY</b><br>For Reports to be held in Private<br>Specify rationale below referring to<br><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> | <a href="#">G</a> |
| <b>1</b>               | <b>Purpose</b>   |  |                   |                   |                   |                   |                   |                   |
| 1.1                    | The purpose of this report is to provide information on Scottish Fire and Rescue Service (SFRS) caused vehicle accidents and mitigation taken to reduce the risk of Low-Speed Manoeuvres (LSM).  |  |                   |                   |                   |                   |                   |                   |
| <b>2</b>               | <b>Background</b>  |  |                   |                   |                   |                   |                   |                   |
| 2.1                    | Safety and Assurance Function continually monitor Vehicle Accidents (VA) on the TASS Health and Safety Management System and provide analysis through quarterly and annual performance reports.  |  |                   |                   |                   |                   |                   |                   |
| 2.2                    | The 2022-23 Health and Safety Annual Report highlights a 4% (275 to 263) decrease in the overall number of VAs against the previous reporting year. 50% (80 of 158) of these attributed operational LSM, representing a 6% (77 to 80) increase in this category. There were no recorded injuries as a result of any vehicle accidents.   |  |                   |                   |                   |                   |                   |                   |
| 2.3                    | Motor Insurance Claim data provided by Fleet highlighted, there were 239 vehicle incidents with a total incident value of £450,269 between January 22 and January 23. At the end of March 23, the total settled cost was £187,447. Of 239 vehicle incidents, 144 incidents involving slow speed and reversing, the total incident value is £273,923 and a settled amount of £116,929.                                      |  |                   |                   |                   |                   |                   |                   |
| 2.4                    | SFRS has general legal duty under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999, to ensure, so far as is reasonably practicable, the health, safety, and welfare at work of all their staff. SFRS has responsibility to assess risk and apply principles of prevention.   |  |                   |                   |                   |                   |                   |                   |
| 2.5                    | The relevant SFRS policies, and documentation to control risk of Driving at Work include; <ul style="list-style-type: none"> <li>• Occupational Road Risk Management Arrangement</li> <li>• Drivers Handbook and Driving at Work GRA</li> <li>• Workplace Transport Management Arrangement</li> <li>• RTC Event Investigation Management Arrangement</li> <li>• Associated documentation and training packages.</li> </ul> |  |                   |                   |                   |                   |                   |                   |

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| <b>3</b> | <b>Main Report/Detail</b>   |
| 3.1      | <b><u>Analysis of Trends</u></b>  |
| 3.1.1    | Analysis of LSM for 2022-23 highlighted that during operational LSM 44% (35 of 80) confirmed the use of driving assistants. This is a mandatory requirement. 39% (31 of 80) confirmed driving assistants were not utilised, and the remaining 17% (14 of 80) confirmed driving assistants were not required.  |
| 3.1.2    | SFRS were found to be at fault in 96% (77 of 80) of these LSM operational events, of these 85% (68 of 80) were moving forwards and 15% (12 of 80) occurred whilst reversing.  |
| 3.1.3    | 38% (30 of 80) of LSM occurred during the returning phase of the incident with 87% (26 of 30) of these as a result of hitting something fixed or stationary e.g. parked cars and street furniture.  |
| 3.1.4    | Analysis also confirmed that 20% (54 of 263) of all VA occurred within SFRS station appliance bays which have a maximum speed limit of 10mph in all SFRS premises.  |
| 3.1.5    | The above analysis highlights a behavioural culture of non-compliance.  |
| 3.2      | <b><u>Governance</u></b>  |
| 3.2.1    | The Driver Safety Group (DSG) has the authority of and sits under the remit of the National Safety and Assurance Board (NSAB). The DSG advises bi-monthly on the necessary procedures and practices to support safe driving through proactive and reactive measures. DSG provides updates to local Safety and Assurance Improvement Groups (SAIGs) and the Safety, Assurance Sub-Group (SASG) and NSAB.   |
| 3.2.2    | <b><u>Summary of DSG Updates</u></b>  |
|          | <ul style="list-style-type: none"> <li>• Publication of an Urgent Instruction (UI) on Emergency Response Driving – Approaching and Negotiating Red Traffic Lights, to provide drivers with instruction;</li> <li>• Subsequent development and implementation of an interactive Learning and Content Management System (LCMS) Red Light Module which is a mandatory module for all operational staff through Training for Operational Competence for completion in Q2.</li> <li>• Operational LCMS modules for Driving Assistants and Workplace Transport Safety has been revised to include support staff and completion is mandatory;</li> <li>• Additional equipment has been purchased to enable a trial of additional LSM training within the West SDA and feedback provided to the DSG to consider a national roll if successful;</li> <li>• Drivers walkaround poster and checks updated to provide additional information on standards and identifying defects;</li> <li>• Annual publication of Winter Driving Awareness Briefing including outcomes from VA investigations; and</li> <li>• DSG agenda updated to include a summary of recent prosecutions and enforcement action relating to workplace transport for discussion and action.</li> </ul> |
| 3.2.3    | <b><u>Summary of proposed area of improvement</u></b>   |
|          | <p>Other DSG projects of work include;</p> <ul style="list-style-type: none"> <li>• Development and publication of SFRS Management of LSM Booklet which will focus on behaviours, supervision, and discipline of Drivers, Officer in Charge/Managers and Driving Assistants;</li> <li>• Review of specification and driver technology equipment to ensure future compliance with EU General Safety Regulations, which came into effect July 2022;</li> <li>• Review of driver rest periods for compliance with In-scope driving regulations;</li> <li>• Review of existing HS event reporting and RTC arrangements with intention to create one overarching Event Management Framework; and</li> </ul>  |

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| 3.3.4    | <ul style="list-style-type: none"> <li>Additional analysis of Provision and Use of Workplace Equipment Regulations (PUWER) Management Arrangement to influence new vehicle specifications prior to purchase and implementation of SSOW and training prior to introduction.</li> </ul> <p>The SA Function and DSG continue to work with our stakeholders to monitor, recommend and implement findings to reduce LSM VAs across SFRS.</p> |
| <b>4</b> | <b>Recommendation</b>   |
| 4.1      | The People Committee are asked to acknowledge the ongoing work and progress to reduce the risk of reoccurring VA LSMs.  |
| <b>5</b> | <b>Key Strategic Implications</b>   |
| 5.1      | <b>Risk</b>   |
| 5.1.1    | Failure to monitor and reduce VAs may result in accident/ injuries, and adverse publicity. There is a risk of increased insurance and litigation requests.  |
| 5.2      | <b>Financial</b>  |
| 5.2.1    | There are no financial implications of this report as the work noted within the report may have financial implications and will be managed through appropriate governance routes by the risk owner.   |
| 5.3      | <b>Environmental &amp; Sustainability</b>   |
| 5.3.1    | There are no environmental or sustainability issues to be considered.   |
| 5.4      | <b>Workforce</b>  |
| 5.4.1    | There is a risk of physical injury/ illness to SFRS personnel from exposure to VAs.   |
| 5.5      | <b>Health &amp; Safety</b>  |
| 5.5.1    | Failure to monitor and improve the management of Health and Safety may result in injury or ill health of our workforce and those affected by their activities, HSE investigation, receipt of an enforcement notice, fines and adverse publicity damaging the reputation of SFRS.  |
| 5.6      | <b>Health &amp; Wellbeing</b>   |
| 5.6.1    | No implications identified for Health and Wellbeing. Trend analysis of events will assist in implementing strategies to improve the Health and Wellbeing of SFRS employees.   |
| 5.7      | <b>Training</b>   |
| 5.7.1    | There are no training implications as a result of this report. Training requirements will be approved through other governance routes or captured in Health and Safety Improvement Plans.   |
| 5.8      | <b>Timing</b>   |
| 5.8.1    | There are no timing implications relating to this report.   |
| 5.9      | <b>Performance</b>  |
| 5.9.1    | Health and Safety Performance is monitored through KPIs, and VA investigations managed through TASS HS Management System and the development of quarterly and annual reports. The performance outcomes are communicated through DSG, SAIGs, SASG and NSAB.  |
| 5.10     | <b>Communications &amp; Engagement</b>  |
| 5.10.1   | There are no implications towards communications and engagement of this report  |

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| 5.11<br>5.11.1   | <b>Legal</b><br>There is a risk that the SFRS may be found to be in breach of its statutory duties under the Health and Safety at Work etc. Act 1974 and subordinate legislation if AOV is not effectively managed. |  |
| 5.12<br>5.12.1   | <b>Information Governance</b><br>There are no implications that require to be noted for GDPR purposes.  |  |
| 5.13<br>5.13.1   | <b>Equalities</b><br>There are no implications that require to be noted for equality and diversity. An EHRIA has been completed for the Health and Safety Policy and supporting arrangements.                       |  |
| 5.14<br>5.14.1   | <b>Service Delivery</b><br>There are no implications for Service Delivery from this report.   |  |
| <b>6</b>   | <b>Core Brief</b>   |  |
| 6.1  | Not applicable  |  |
| <b>7</b>   | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>   |  |
| 7.1  | <b>Director:</b>  | Andrew Watt, Director of Training, Safety and Assurance  |
| 7.2  | <b>Level of Assurance:<br/>(Mark as appropriate)</b>  | Substantial/ <b>Reasonable</b> /Limited/Insufficient   |
| 7.2  | <b>Rationale:</b>   | DSG continue to make recommendations to reduce the risk of VAs through trend analysis and development of new initiatives to improve awareness, supervision, and culture. |
| <b>8</b>   | <b>Appendices/Further Reading</b>   |  |
| 8.1  | Not applicable  |  |
| <b>Prepared by:</b>  | Leigh McEwan, Senior Health and Safety Adviser  |  |
| <b>Sponsored by:</b>   | Derek Heaton, Area Commander Safety and Assurance   |  |
| <b>Presented by:</b>   | Derek Heaton, Area Commander Safety and Assurance   |  |
| <b>Links to Strategy and Corporate Values</b>  |   |  |
| <b>Strategic Plan 2022-2025:</b><br>Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.<br>What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety and wellbeing of the public and our staff. |   |  |
| <b>Governance Route for Report</b>   | <b>Meeting Date</b>   | <b>Report Classification/<br/>Comments</b>   |
| <i>People Committee</i>  | <i>14 September 2023</i>  | <i>For Scrutiny</i>  |
| <i>Driver Safety Group</i>   | <i>05 October 2023</i>  | <i>For Information</i>   |



Report No: C/PC/27-23

Agenda Item: 13

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|------------------------|---|--|----------|----------|----------|----------|----------|----------|
| Report to:             |   | PEOPLE COMMITTEE   |          |          |          |          |          |          |
| Meeting Date:          |   | 14 SEPTEMBER 2023  |          |          |          |          |          |          |
| Report Title:          |   | ACTS OF VIOLENCE OVERVIEW  |          |          |          |          |          |          |
| Report Classification: | For Scrutiny  | <b>SFRS Board/Committee Meetings ONLY<br/>For Reports to be held in Private<br/>Specify rationale below referring to<br/><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> | <u>G</u> |
| <b>1</b>               | <b>Purpose</b>  |  |          |          |          |          |          |          |
| 1.1                    | The purpose of this report is for the People Committee to scrutinise the information on Acts of Violence (AOV) against Scottish Fire and Rescue Service (SFRS) personnel due to a slight increase in trend over the past three years.   |  |          |          |          |          |          |          |
| <b>2</b>               | <b>Background</b>   |  |          |          |          |          |          |          |
| 2.1                    | SFRS has a duty under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their staff. This includes controlling risks of violence towards staff and to investigate to prevent a reoccurrence.   |  |          |          |          |          |          |          |
| 2.2                    | <a href="#">Fire (Scotland) Act 2005</a> Chapter 7 states “Assaulting or impending employees and others is an Act of the Scottish Parliament that defines law in relation to committing an offence towards the fire services and defines summary convictions.”  |  |          |          |          |          |          |          |
| 2.3                    | The relevant SFRS policies, and documentation to control risk of violence at work include: <ul style="list-style-type: none"> <li>• Event Reporting and Investigation Management Arrangement</li> <li>• GRA- Safety at Local, Civil and Criminal Disturbances;</li> <li>• Operational Dynamic and Analytical Risk Assessment Management Arrangement;</li> <li>• Standard Operating Procedures (SOP) for Safety at Local and Civil Disturbances; and SOP Summary; and</li> <li>• Operational Dynamic Risk Assessments or Analytical Risk Assessments remain one of the key control measures for AOV on the incident ground, which may include, proceeding with the incident, requesting further mobilisation, police attendance or withdrawing from the incident ensuring the safety of SFRS personnel.</li> </ul> |  |          |          |          |          |          |          |
| <b>3</b>               | <b>Main Report/Detail</b>   |  |          |          |          |          |          |          |
| 3.1                    | SFRS has seen an unwelcomed increase in AOV recorded towards SFRS staff; 69 AOV in 2020-21, 76 AOV in 2021-22 and 80 AOV in 2022-23, an increase of 11 (14%) over the 3-year period.  |  |          |          |          |          |          |          |

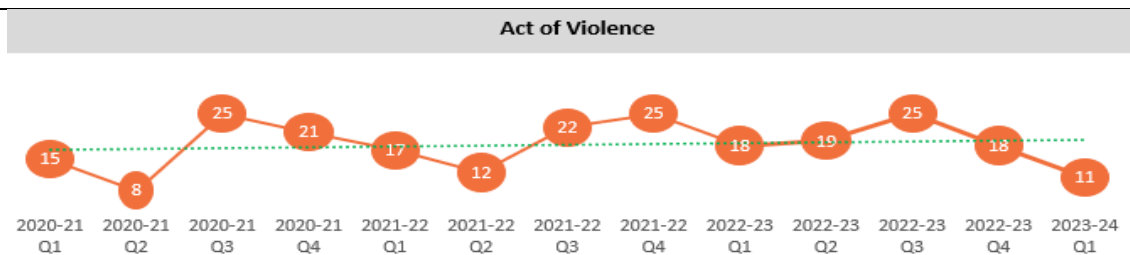


Table 1: AoV by Quarter 2020 – 2023

3.2 Acts of Violence by Quarter can be analysed further to depict the type and the injury:

| YEAR    | TOTAL | VERBAL ABUSE | MISSILE (INCLUDING PERSONNEL AND VEHICLES) | PHYSICAL ABUSE | CONFIRMED INJURIES |
|---------|-------|--------------|--|----------------|--------------------|
| 2020-21 | 69    | 30           | 34   | 5              |                    |
| 2021-22 | 76    | 42           | 32   | 2              | 1                  |
| 2022-23 | 80    | 40           | 32   | 8              |                    |

Table 2: AoV by Type 2020 – 2023

3.3. Analysis with [London Fire Brigade](#) during 2020-21 confirmed a reported 122 AOV towards their staff. This is a difference of 53 (43%) in comparison to SFRS in the same reporting year.

3.4 A national increase in AOV which may correlate to current Mental Health trends and impacts on the community. Health and Care Scotland have stated there has been a 580% rise in mental health calls across Scotland. Health and Safety event investigations confirms mental health motive over the same three-year period, increased from 3 to 12 (25%). SFRS continue to record, monitor, and investigate all AOV to SFRS staff.

3.5 Analysis of SFRS strategies to reduce AOV highlighted the following examples;

The North, West and East continue to engage with SFRS programmes to collaborate with partners and communities, examples of this include:

- Participating in the joint National Assault Pledge led by Police Scotland (PS) and included representatives from British Transport Police, NHS Scotland, Scottish Prison Service and Scottish Ambulance Services. The pledge has been developed in consultation with the Crown Office, Procurator Fiscal and Victim Support. The campaign supports all uniformed and non-uniformed frontline employees who are encouraged to report any form of abuse directed at them.
- Regular engagement meetings with local councils to raise awareness on AOV reduction towards SFRS personnel.
- Training and engaging led by Prevention and Protection, with vulnerable persons and youths, schools and, communities providing anti-social behaviour sessions. Fire station open days continue enhance relationships within the community.
- Partnership working with Police Scotland to share information on AOV hotspots and updating the Pre-Determined Attendance requirements. Where areas of risk are identified the SFRS Community Action Team (CAT) is notified and will target local schools to engage with pupils and community.

3.6 In addition to the above national arrangements examples of local partnership working, the East have piloted the following:

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| 3.7      | <p>East SDA</p> <ul style="list-style-type: none"> <li>• SFRS personnel and CAT team worked with PS to report all deliberate fire to PS by OC to ensure statistics are reported accurately;</li> <li>• Anti-Social Behaviour (ASB) shared across local community platforms and sites to encourage people to report ASB;</li> <li>• Deliberate fire flyers targeting young persons, parents and anonymous reporting through Crime stoppers and Fearless; and</li> <li>• Drop-in sessions and street work with young persons organised by West Lothian Youth Action Group based on information shared by SFRS on the location of recent incidents.</li> </ul> |
| 3.8      | As a result of the above engagement there has been a reduction of AOV from Qtr. 4 2022-23, 11 to 6 in Qtr.1 2023-24 however this will be monitored throughout the coming year.  |
| 3.9      | At the time of writing this report PS have charged 2 youths with culpable and reckless conduct in relation to stones thrown at the appliance and a further 2 have also been charged with wheelie bin thefts and fire-raising. A total of 7 persons have now been charged with similar offences.   |
| 3.10     | SA Function will continue to monitor reactive reports through OA13, debriefs and health and safety event investigations to identify areas of improvement, learn lessons and prevent reoccurrence where possible. SA continue to encourage sharing of lessons learned throughout the SDA areas to ensure best practice where possible.   |
| 3.11     | SFRS continues to support and raise awareness of the National Anti-Violence Pledge led by PS, which may result in increased reporting and hazard identification of AOV by our personnel.  |
| <b>4</b> | <b>Recommendation</b>   |
| 4.1      | The People Committee are asked to scrutinise the content of this report and work undertaken to reduce AOV.  |
| <b>5</b> | <b>Key Strategic Implications</b>   |
| 5.1      | <b>Risk</b>   |
| 5.1.1    | Localised enhanced engagement not being adapted on a national level to prevent AOV.   |
| 5.2      | <b>Financial</b>  |
| 5.2.1    | There are no financial implications of this report as examples of enhanced engagement have been incorporated in business-as-usual activities.   |
| 5.3      | <b>Environmental &amp; Sustainability</b>   |
| 5.3.1    | There are no environmental or sustainability issues to be considered.   |
| 5.4      | <b>Workforce</b>  |
| 5.4.1    | There is a risk of physical or mental injury to SFRS personnel from exposure to AOV.  |
| 5.5      | <b>Health &amp; Safety</b>  |
| 5.5.1    | SFRS have a legal duty under the Health and Safety at Work Act (HSWA) to ensure so far as reasonably practicable, the health, safety and welfare of workers. The Health and Safety Management regulations requires employers to assess the risks of work-related violence and protecting them against work-related violence by implementing control measures.   |
| 5.6      | <b>Health &amp; Wellbeing</b>   |
| 5.6.1    | Exposure to AOV causes physical and mental health injury and may lead to increased absenteeism and retention of staff.  |



|                      |  |   |
|----------------------|--|---|
| 5.7<br>5.7.1         | <b>Training</b><br>No implications on training of this report. Training should be considered as part of the national pledge roll out.  |   |
| 5.8<br>5.8.1         | <b>Timing</b><br>There are no timing implications relating to this report.   |   |
| 5.9<br>5.9.1         | <b>Performance</b><br>Reactive SA performance data is recorded through TASS and Operational Reporting and Review management systems.   |   |
| 5.10<br>5.10.1       | <b>Communications &amp; Engagement</b><br>There are no implications towards communications and engagement of this report   |   |
| 5.11<br>5.11.1       | <b>Legal</b><br>There is a risk that the SFRS may be found to be in breach of its statutory duties under the Health and Safety at Work etc. Act 1974 and subordinate legislation if AOV is not effectively managed.  |   |
| 5.12<br>5.12.1       | <b>Information Governance</b><br>DPIA completed No. Information recorded within TASS and ORRs systems is subject to separate DPIAs.  |   |
| 5.13<br>5.13.1       | <b>Equalities</b><br>EHRIA completed No. If not applicable state reasons.<br>This report does not require an EHRIA. AOV towards SFRS employees or others may be as a result of different equalities. Any AOV involving equalities are reported through correct channels. |   |
| 5.14<br>5.14.1       | <b>Service Delivery</b><br>There are no implications Service Delivery from this report.  |   |
| <b>6</b>             | <b>Core Brief</b>  |   |
| 6.1                  | Not applicable   |   |
| <b>7</b>             | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>  |   |
| 7.1                  | <b>Director:</b>   | Andy Watt, Director of Training, Safety and Assurance   |
| 7.2                  | <b>Level of Assurance:<br/>(Mark as appropriate)</b>   | <del>Substantial</del> /Reasonable/Limited/Insufficient   |
| 7.2                  | <b>Rationale:</b>  | Updates provided by SDA on local initiatives that are ongoing. Further work is in progress on the Your Safety Matters pledge and an agreed joint SFRS approach. |
| <b>8</b>             | <b>Appendices/Further Reading</b>  |   |
| 8.1                  | Not applicable   |   |
| <b>Prepared by:</b>  |  | Leigh McEwan, Senior Health and Safety Adviser  |
| <b>Sponsored by:</b> |  | Teresa Kelly, Deputy Head of Safety and Assurance   |
| <b>Presented by:</b> |  | Jim Holden, Head of Safety and Assurance  |

| <b>Links to Strategy and Corporate Values</b>   |                          |  |
|---|--------------------------|--|
| <p><b>Strategic Plan 2022-2025:</b><br/>           Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.<br/>           What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety and wellbeing of the public and our staff.</p> |                          |  |
| <b>Governance Route for Report</b>  | <b>Meeting Date</b>      | <b>Report Classification/ Comments</b> |
| <i>Safety and Assurance Function Management Team</i>  | <i>03 August 2023</i>    | <i>For Scrutiny</i>                    |
| <i>National Safety and Assurance Board</i>  | <i>24 August 2023</i>    | <i>For Information</i>                 |
| <i>People Committee</i>   | <i>14 September 2023</i> | <i>For Scrutiny</i>                    |



Report No: C/PC/30-23

Agenda Item: 15.1

|                               |  |  |                          |                          |                          |                          |                          |
|-------------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Report to:</b>             | <b>PEOPLE COMMITTEE</b>  |  |                          |                          |                          |                          |                          |
| <b>Meeting Date:</b>          | <b>14 SEPTEMBER 2023</b>   |  |                          |                          |                          |                          |                          |
| <b>Report Title:</b>          | <b>PEOPLE COMMITTEE RISK UPDATE</b>  |  |                          |                          |                          |                          |                          |
| <b>Report Classification:</b> | <b>For Scrutiny</b>  | <b>SFRS Board/Committee Meetings ONLY<br/>For Reports to be held in Private<br/>Specify rationale below referring to<br/><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                           | 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 and Risk Assurance Committee (ARAC) is responsible for advising the Board and the Accountable Officer on the adequacy and effectiveness of the Service's arrangements for risk management and has oversight of the Strategic Risk Register.  |  |                          |                          |                          |                          |                          |
| 2.3                           | All Committees, 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. Appendix 1 provides current information held on risks, controls and changes undertaken during the last review. |  |                          |                          |                          |                          |                          |
| 3.2                           | In relation to significant changes, made since the last review, the following information is noted:  |  |                          |                          |                          |                          |                          |

|              |  |
|--------------|--|
| 3.2.1        | <p><u>Closed Risks:</u></p> <ul style="list-style-type: none"> <li>• TSA016: There is a risk of contamination to Firefighters and Instructors on Training courses using Carbonaceous Burning Units due to the existing welfare facilities at some of our Training sites. This risk has been closed as it will now sit under the new risk created regarding Training infrastructure TSA019. The associated control actions for this risk will now either be progressed under the Functional risk register or move over to TSA019.</li> <li>• TSA017: There is a risk of an inability to deliver risk critical training due to the ageing training infrastructure and the limited finance/budget available for capital investment, to ensure training facilities remain fit for purpose. This risk will now be closed as it will be captured within new risk TSA019. Outstanding control actions aligned to this risk will now be aligned to the new risk TSA019.</li> </ul>   |
| 3.2.2        | <p><u>New Risks:</u></p> <ul style="list-style-type: none"> <li>• POD015: There is a risk that the People and Finance teams are unable to effectively support the significant number of concurrent Pensions related exercises and associated implementations. This is due to competing priorities and capacity constraints and not receiving timely information and engagement from the Scottish Public Pensions Agency.</li> <li>• TSA018: There is a Directorate risk, of an inability to maintain or improve our training delivery due to insufficient capacity being available within the Training Function to meet current demand, which could result in current and future negative impact on currency in operational skills &amp; capacity, associated legal and regulatory compliance and financial and reputational cost. (Capacity meaning: the ability to do or produce)</li> <li>• TSA019: There is a Directorate risk, of an inability to maintain or improve our training delivery due to the condition and location of our Training Estate and therefore lack of access to appropriate facilities, which could result in current and future negative impact on currency in operational skills &amp; capacity, associated legal and regulatory compliance and financial and reputational cost. (Facilities meaning: infrastructure, buildings, training centres, welfare)</li> </ul> |
| 3.3          | <p>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.</p>   |
| <b>4</b>     | <b>Recommendation</b>  |
| 4.1          | <p>The People Committee is asked to:</p> <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>Key Strategic Implications</b>  |
| 5.1<br>5.1.1 | <p><b>Risk</b></p> <p>The report identifies risks from each Directorate together with controls to minimise the likelihood and impact upon the Service. Each Directorate will be responsible for the identification and mitigation of any associated risk and for the update of relevant risk registers. Failure to manage risk appropriately may impact upon the priorities of the Service and, depending upon the nature of the risk, the reputation of the Service.</p>  |

|                |  |
|----------------|--|
| 5.2<br>5.2.1   | <b>Financial</b><br>The report identifies risks from each Directorate together with controls to minimise the likelihood and impact. Financial implications arising from decisions taken will be managed by the relevant Directorate.   |
| 5.3<br>5.3.1   | <b>Environmental &amp; Sustainability</b><br>Any implications arising from the report will be managed by the relevant Directorate.   |
| 5.4<br>5.4.1   | <b>Workforce</b><br>Any implications arising from the report will be managed by the relevant Directorate.  |
| 5.5<br>5.5.1   | <b>Health &amp; Safety</b><br>Any implications arising from the report will be managed by the relevant Directorate.  |
| 5.6<br>5.6.1   | <b>Health &amp; Wellbeing</b><br>Any implications arising from the report will be managed by the relevant Directorate.   |
| 5.7<br>5.7.1   | <b>Training</b><br>Any implications arising from the report will be managed by the relevant Directorate.   |
| 5.8<br>5.8.1   | <b>Timing</b><br>The report is provided to the Audit and Risk Assurance Committee on a quarterly basis as required.  |
| 5.9<br>5.9.1   | <b>Performance</b><br>The risk report is used to ensure risks are identified and suitably managed by relevant Directorates.  |
| 5.10<br>5.10.1 | <b>Communications &amp; Engagement</b><br>Any implications arising from the report will be managed by the relevant Directorate.  |
| 5.11<br>5.11.1 | <b>Legal</b><br>Any implications arising from the report will be managed by the relevant Directorate.  |
| 5.12<br>5.12.1 | <b>Information Governance</b><br>DPIA completed - No. The report provides a summary of risks and actions to be taken by Directorates, and named individuals, to manage any significant risk identified. The responsible Directorate will ensure that any relevant DPIA is completed as required. |
| 5.13<br>5.13.1 | <b>Equalities</b><br>EHRIA completed - No. An assessment was undertaken in relation to the Risk Management Policy. Any individual elements of work, which may have an impact upon Equalities, will require to be assessed and managed by the relevant Directorate.                               |
| 5.14<br>5.14.1 | <b>Service Delivery</b><br>Any implications arising from the report will be managed by the relevant Directorate.   |
| <b>6</b>       | <b>Core Brief</b>  |
| 6.1            | Not applicable   |
| <b>7</b>       | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>  |
| 7.1            | <b>Director:</b><br>John Thomson, Acting Director of Finance and Procurement   |
| 7.2            | <b>Level of Assurance: (Mark as appropriate)</b><br>Substantial/Reasonable/Limited/Insufficient<br>There is room for improvement in the identification of the right risks, controls and the completion of mitigating actions within identified timescales.                                       |

|   |   |  |
|---|---|--|
| 7.2   | <b>Rationale:</b>                         | The report is based upon information identified by each Directorate and I have confidence that the information is correctly reported based upon these returns. |
| <b>8</b>  | <b>Appendices/Further Reading</b>         |  |
| 8.1   | Appendix 1 – People Committee Risk Report |  |
| <b>Prepared by:</b>   |   | David Johnston, Risk and Audit Manager   |
| <b>Sponsored by:</b>  |   | David Johnston, Risk and Audit Manager   |
| <b>Presented by:</b>  |   | Andrew Watt, Assistant Chief Officer Director of Training Safety and Assurance / Lyndsey Gaja, Head of People  |
| <b>Links to Strategy and Corporate Values</b>   |   |  |
| <p>Risk Management forms part of the Services Governance arrangements and links back to Outcome 5 of the 2022-25 Strategic Plan, specifically Objectives 5.1 and 5.6:</p> <p><b>Outcome 5: We are a progressive organisation, use our resources responsibly and provide best value for money to the public.</b></p> <ul style="list-style-type: none"> <li>• Objective 5.1: Remaining open and transparent in how we make decisions</li> <li>• Objective 5.6: Managing major change projects and organisational risks effectively and efficiently.</li> </ul> |   |  |
| <b>Governance Route for Report</b>  |   | <b>Meeting Date</b>  |
| <i>People Committee</i>   |   | <i>14 September 2023</i>   |
|   |   | <b>Report Classification/ Comments</b>   |
|   |   | <i>For Scrutiny</i>  |

# People Committee Risk Report



SCOTTISH  
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- Aligned Directorate Risk Summary – Appendix 1b
- Directorate Risk Control Summary – Appendix 1c
- Directorate Closed Control Summary – Appendix 1d
- Directorate Closed Risk Summary – Appendix 1e
- New Directorate Risks – Appendix 1f
- New Directorate Control Summary – Appendix 1g

# Strategic Risk Summary

# Appendix 1a

| Risk Reference | Description  | SLT Risk Owner  | Risk Rating (PxI) |
|----------------|--|---|-------------------|
| 1              | Ability to improve the safety and well-being of people throughout Scotland through the delivery of our services  | Director of Service Delivery  | H<br>(3 x 5)      |
| 2              | Ability to reduce the number of unwanted fire alarm signals and associated occupational road risk  | Director of Service Delivery  | H<br>(5 x 3)      |
| 3              | Ability to collaborate effectively with partners and communities, to enhance service delivery and best value   | Deputy Chief Officer  | H<br>(3 x 4)      |
| 4              | Ability to ensure legal and regulatory compliance  | Director of Strategic Planning, Performance and Communications                              | H<br>(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 | VH<br>(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  | VH<br>(4 x 5)     |
| 7              | Ability to deliver a high quality, sustainable service within the funding envelope   | Director of Finance and Contractual Services  | VH<br>(5 x 4)     |
| 8              | Ability to anticipate and adapt to a changing environment through innovation and improved performance  | Director of Service Development   | VH<br>(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  | H<br>(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      | TSA014           | Health and Safety Legal Compliance | There is a risk of not being able to demonstrate legislative compliance because of gaps identified in risk control measures, management arrangements and alignment with recognised standards resulting in potential criminal/civil litigation, and reputational damage.   | Head of Safety and Assurance | 16<br>(4 x 4)     | PC        | NSAB            |
| 5                 | Skilled, trained and motivated staff | TSA015           | Staff Resourcing and Capability    | There is a risk of insufficient resources within SA to meet the changing needs of the service due to the impact of new and emerging organisational priorities, failure to attract and retain suitably qualified and experienced candidates etc. This may result in reduced engagement with employees, an inability to enhance the delivery model to complete the 2022-26 HS Strategy, criminal/civil litigation, and associated financial and reputational cost, adverse scrutiny and an impact upon the well-being of staff. | Head of Safety and Assurance | 16<br>(4 x 4)     | PC        | NSAB            |

# Directorate Risk Control Summary

# Appendix 1c

| Risk ID | Risk                               | Action Description   | Owner   | Est Date | Status       | Control Comments   | Risk Rating (PxI) | Target Rating (PxI) | Committee | Executive Board |
|---------|------------------------------------|--|---|----------|--------------|--|-------------------|---------------------|-----------|-----------------|
| TSA015  | Staff Resourcing and Capability    | Develop strategic workforce plan and process that enable a workforce that will deliver Health and Safety Strategy 2022-2026.         | Teresa Kelly, Deputy Head of Safety and Assurance | Mar-24   | Green - 30 % | Review current structure and submit proposals through governance. 15.08.23 Regular meetings with People Manager  | 16<br>(4 x 4)     | 4<br>(2 x 2)        | PC        | NSAB            |
| TSA014  | Health and Safety Legal Compliance | Identify areas for improvement within risk assessments in SFRS and develop a programme of work to collaborate with business partners | Teresa Kelly Deputy Head of Safety and Assurance  | Mar-24   | Green - 30 % | Identification process is ongoing in preparation for developing risk assessments 15.08.23 BP's Gantt Charts populated with status of RA's and reviews of RA's ongoing. | 16<br>(4 x 4)     | 4<br>(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 |
|--|---------|---------------------------------|--|--|--|-----------|-----------------|
| Contamination Zoning at all Training Centres / Sites | TSA017  | Risk Critical Training Delivery | There is a risk of an inability to deliver risk critical training due to the ageing training infrastructure and the limited finance/budget available for capital investment, to ensure training facilities remain fit for purpose. Failure to invest may result in an increased potential for currency in risk critical skills not being maintained within specified timeframes. | Due to the closer of Risk TSA017, this control action will now be closed under TSA017 and be realigned to TSA019 | Bryan Todd<br>Group<br>Commander<br>Training | PC        | PB              |
| Training Centre welfare facilities Dundee Airport    | TSA017  | Risk Critical Training Delivery | There is a risk of an inability to deliver risk critical training due to the ageing training infrastructure and the limited finance/budget available for capital investment, to ensure training facilities remain fit for purpose. Failure to invest may result in an increased potential for currency in risk critical skills not being maintained within specified timeframes. | Due to the closer of Risk TSA017, this control action will now be closed under TSA017 and be realigned to TSA019 | Bryan Todd<br>Group<br>Commander<br>Training | PC        | PB              |

| Control Description  | Risk ID | Risk Name                       | Risk Description   | Control Comments  | Control Owner                                | Committee | Executive Board |
|--|---------|---------------------------------|--|---|--|-----------|-----------------|
| Training Centre welfare facilities Portlethen Training Centre  | TSA017  | Risk Critical Training Delivery | There is a risk of an inability to deliver risk critical training due to the ageing training infrastructure and the limited finance/budget available for capital investment, to ensure training facilities remain fit for purpose. Failure to invest may result in an increased potential for currency in risk critical skills not being maintained within specified timeframes. | Due to the closure of risk TSA017 this control action will now be closed and monitored on the Functional risk register. | Andrew Wright<br>Group Commander<br>Training | PC        | PB              |
| Review of BA, CFBT & TV courses to see if learning outcomes can be met without the need for live fire exercises. | TSA017  | Risk Critical Training Delivery | There is a risk of an inability to deliver risk critical training due to the ageing training infrastructure and the limited finance/budget available for capital investment, to ensure training facilities remain fit for purpose. Failure to invest may result in an increased potential for currency in risk critical skills not being maintained within specified timeframes. | Due to the closer of Risk TSA017, this control action will now be closed under TSA017 and be realigned to TSA019        | Bryan Todd<br>Group Commander<br>Training    | PC        | PB              |

# Directorate Closed Risk Summary

# Appendix 1e

| Risk ID | Risk Name                       | Risk Description   | Parent Risk ID | Parent Risk Name                | Closure Reason  | Risk Owner       | Committee | Executive Board |
|---------|---------------------------------|--|----------------|---------------------------------|---|------------------|-----------|-----------------|
| TSA016  | Staff / Training Resources      | There is a risk of contamination to Firefighters and Instructors on Training courses using Carbonaceous Burning Units due to the existing welfare facilities at some of our Training sites, resulting in increased exposure to contaminants that can cause long term illness and the associated reputational and financial risk this might have for the Service.                 | 5              | Staff / Training Resources      | This risk has been closed as it will now sit under new risk TSA019. The associated control actions for this risk will now either be progressed under the Functional risk register or move over to TSA019. | Head of Training | PC        | PB              |
| TSA017  | Risk Critical Training Delivery | There is a risk of an inability to deliver risk critical training due to the ageing training infrastructure and the limited finance/budget available for capital investment, to ensure training facilities remain fit for purpose. Failure to invest may result in an increased potential for currency in risk critical skills not being maintained within specified timeframes. | 5              | Risk Critical Training Delivery | This risk will now be closed as it will be captured with in new risk of TSA019. A number of control actions aligned to this risk will now move across and be aligned to the new risk TSA019.              | Head of Training | PC        | PB              |

# New Directorate Risks

# Appendix 1g

| Risk ID | Risk Description   | SR ID | Strategic Risk (SR) Name  | Risk Owner   | Committee | Executive Board | Target Date | Current Risk Rating (PxI) | Target Risk Rating (PxI) |
|---------|--|-------|---------------------------|--|-----------|-----------------|-------------|---------------------------|--------------------------|
| POD015  | There is a risk that the People and Finance teams are unable to effectively support the significant number of concurrent Pensions related exercises and associated implementations due to competing priorities and capacity constraints, and not receiving timely information and engagement from the Scottish Public Pensions Agency resulting in lack of clarity and discontent for employees, and potential legal challenge and / or employee relations issues resulting in delays, employee discontent , uncertainty over procedures and entitlements, and financial disadvantage. | 5     | Remedial Pensions Actions | Rachael Scott, Deputy Head of People                                 | PC        | SMB             | Mar-24      | 16 (4x4)                  | 4 (2x2)                  |
| TSA018  | There is a Directorate risk, of an inability to maintain or improve our training delivery due to insufficient capacity being available within the Training Function to meet current demand, which could result in current and future negative impact on currency in operational skills & capacity, associated legal and regulatory compliance and financial and reputational cost.<br><br>(Capacity meaning: the ability to do or produce)   | 5     | Training Capacity         | Deputy Assistant Chief Officer Bruce Farquharson<br>Head of Training | PC        | PB              | Mar-24      | 16 (4x4)                  | 6 (3x2)                  |

| Risk ID | Risk Description   | SR ID | Strategic Risk (SR) Name | Risk Owner   | Committee | Executive Board | Target Date | Current Risk Rating (PxI) | Target Risk Rating (PxI) |
|---------|--|-------|--------------------------|--|-----------|-----------------|-------------|---------------------------|--------------------------|
| TSA019  | <p>There is a Directorate risk, of an inability to maintain or improve our training delivery due to the condition and location of our Training Estate and therefore lack of access to appropriate facilities, which could result in current and future negative impact on currency in operational skills &amp; capacity, associated legal and regulatory compliance and financial and reputational cost.</p> <p>(Facilities meaning: infrastructure, buildings, training centres, welfare)</p> | 5     | Training Facilities      | Deputy Assistant Chief Officer Bruce Farquharson<br>Head of Training | PC        | PB              | Mar-24      | 16 (4x4)                  | 8 (4x2)                  |

# New Directorate Controls Summary

# Appendix 1h

| Risk ID | Risk Name           | Control Description   | Due Date   | Control Comment  | Executive Board | Committee |
|---------|---------------------|---|------------|--|-----------------|-----------|
| TSA019  | Training Facilities | Contamination Zoning at all Training Centres / Sites  | 31/03/2024 | GC Todd has been requested by the Contaminants Group to review the draft Contaminants POG and prioritise what can be achieved immediately, short term and long term and provide costings for this. This is a significant piece of work that will require further TSA resource to complete. | PB              | PC        |
| TSA019  | Training Facilities | Implementation of the recommendations from the draft contaminant's POG with a timeline of Immediate, Medium and Long-term actions.  | 31/03/2025 | T/SC Dougie Logan joined TSA in April with the reference of BA and Contaminants. Investigations ongoing into how we can create capacity for Instructors to support SC Logan with this work.  | PB              | PC        |
| TSA019  | Training Facilities | Training Centre welfare facilities Dundee Airport   | 31/03/2024 | Awaiting Costings for cleaning to complete Business case for Showers at Dundee airport.  | PB              | PC        |
| TSA019  | Training Facilities | Review of BA, CFBT & TV safety brief to ensure it highlights the need for correct procedure and the importance of good hygiene.   | 31/03/2024 | Instructor brief sent out regarding the importance of and how to correctly use Decontamination wipes after every BA wear. All BA training material currently being updated to include this information.  | PB              | PC        |
| TSA019  | Training Facilities | Review the current Laundry requirement for Structural Firefighting PPE and the possibility of laundering Instructors PPE on site.   | 31/03/2024 | Initial scoping conversations have taken place in the WSDA. Instructor engagement due to start mid-August.   | PB              | PC        |
| TSA019  | Training Facilities | Review of BA, CFBT & TV courses to see if learning outcomes can be met without the need for live fire exercises.  | 31/03/2024 | Further meetings are planned with POD / Work force planning, Training and LSO Management teams and FBU representatives.  | PB              | PC        |
| TSA018  | Training Capacity   | 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. | 01/04/2024 | Q3 & Q4 Training courses now being scheduled. Full TNA review for specialist skills being undertaken due to SSRP. LSO Areas have been asked to provide priority of skills required for any personnel moves. Dedicated TNA policy / procedure document being produced for future guidance.  | PB              | PC        |
| TSA018  | Training Capacity   | Decentralisation of business partnering model. (Year 1 of 3yr strategy)   | 01/04/2025 | Instructor restructure within the NSDA is now complete. ESDA restructure is now underway, regular communication is scheduled with Training and LSO staff.  | PB              | PC        |



| Risk ID | Risk Name                 | Control Description  | Due Date   | Control Comment   | Executive Board | Committee |
|---------|---------------------------|--|------------|---|-----------------|-----------|
| TSA018  | Training Capacity         | Review of current Instructor vacancies within Training to see if positions could be reallocated to aid filling   | 31/03/2024 | Local area liaison between TSA and SDA spocs continue to ensure current focus on filling remaining vacant instructor maintains momentum. Current local CC process underway in Highland with further process in ACAM due in Q2. These processes include the vacancies within Training.   | PB              | PC        |
| TSA018  | Training Capacity         | Amendment to the Emergency Response Drive (ERD) reassessment delivery model.   | 01/10/2023 | ERD reassessment model now complete and awareness briefing ready to publish. Category B awareness package and content now verified and uploaded to LCMS Delay in implementation due to Central Staffing restrictions on cover moves. To be reviewed in September post SSRP displacement moves.  | PB              | PC        |
| TSA018  | Training Capacity         | Establishment of Tri-Service collaborative working group to consider efficiencies, joint working, shared resources and opportunities for collaborative working regarding future driver training of all Tri-Service partners.   | 31/03/2024 | Tri-Service Driver training collaboration group workstream now well established with monthly meetings and progression continuing a joint venture on Training Simulators. Awaiting communication from Lander to discuss simulator options.   | PB              | PC        |
| POD015  | Remedial Pensions Actions | Continue to monitor the resource requirements related to each Pensions exercise and capacity within the People and Finance teams to support this as a result of reprioritising work activities or the need for business case for additional resource if appropriate.                   | 31/03/2025 | Currently this is being progressed alongside business as usual work activity within existing teams/roles in People and Finance however, work has commenced to quantify the type of activity which will be required and the potential resource impact to support each Pensions exercise to inform decision making regarding how implementation of each of these will be supported. | SMB             | PC        |
| POD015  | Remedial Pensions Actions | Engage with Scottish Public Pensions Agency and stakeholders to develop appropriate employee communications on each Pension related exercise to ensure current and former employees are updated on the potential impacts and implementation arrangements timeously.                    | 31/03/2025 | Early discussions have taken place on the range of communications which may be required to support each exercise. Clarification is still required on timescales for each of these, as well as who will have responsibility for preparation and issue of each communication, along with collation of responses.  | SMB             | PC        |
| POD015  | Remedial Pensions Actions | Ensure regular participation in process planning, and ongoing dialogue is in place with Scottish Public Pensions Agency and Finance colleagues through a number of informal and formal forums and provide regular progress updates to SFRS management teams and stakeholders to ensure | 31/12/2023 | Regular discussions taking place with SPPA by both People and Finance colleagues via informal forums and more formal structures such as the Pension Scheme Advisory Board to ensure sighted on and involved in progress. Update provided to SLT on Pensions Remedy III Health Retirement Re-assessments and a further being   | SMB             | PC        |

| Risk ID | Risk Name | Control Description  | Due Date | Control Comment   | Executive Board | Committee |
|---------|-----------|--|----------|---|-----------------|-----------|
|         |           | appropriate oversight and escalation of potential challenges should these arise. |          | prepared on the RDS 2nd Options Exercise, with verbal updates also being provided on an ad hoc basis. |                 |           |



**People Committee – 14 September 2023**  
**Risk Spotlight Briefing Note**  
**(Strategic Risk 5: Ability to have in place a suitably skilled, trained and motivated workforce that is well supported both physically and mentally)**

**Submitted by: Lyndsey Gaja, Head of People**

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| <p><b>Background: What would cause the risk to materialise / what is the effect likely to be?</b></p> <p>In April 2022 the rules relating to the Firefighters Pension Scheme (1992) legislation were changed in Scotland to allow members who are at least of 50 years of age and have at 25 years' Service to access a greater proportion of their pension under the "Rule of 75".</p> <p>This, in addition to the Pensions Remedy and the implementation of the "Deferred Choice Underpin" from 1<sup>st</sup> October 2023, will likely have an impact on our retirement profile. The DCU provides in-scope members with the option to choose either the 1992 or 2015 Scheme for accrual of benefits over the remedy period (April 2015 to March 2022). As a result, SFRS has seen increased retirements within the Wholetime Staff Group, particularly in Flexi Duty Officer roles.</p> <p>Around 80% of those who had only accrued pension in the 1992 scheme subsequently retired at an earlier than forecast date. The rate has been lower for those who have accrued benefits in both the 1992 and CARE schemes, somewhat reducing the risk. There are, however, still 243 colleagues in-scope in 2023, 108 in-scope for 2024. This is in addition to 68 BAU forecast leavers for 2023 and 109 "deferred" leavers, totalling a cumulative risk of 526 uniformed colleagues potentially retiring between August 2023 and December 2024.</p> |
| <p><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> <p>To mitigate this risk, several actions are underway:</p> <ul style="list-style-type: none"> <li>• Monthly SLT Strategic Workforce Planning update paper containing overview of current picture and horizon scanning future risks and issues.</li> <li>• Ongoing engagement with relevant stakeholders to review, interrogate and interpret data relating to "in scope" and "deferred" colleagues to drive evidence led decision making.</li> <li>• Development of resourcing plan to maintain agreed structures whilst allowing flexibility and remaining agile to future developments related to Target Operating Models.</li> <li>• Review of recruitment processes internally (delivery of promotional campaigns) and externally (level transfer process) to enhance outcomes.</li> <li>• Review of Wholetime recruitment process to maintain talent pipeline and identify and recruit people who meet organisational demands and requirements.</li> <li>• Progression of WFFF candidates to later stages in the selection process to enable quicker increase in intake group sizes if required.</li> <li>• Consideration of a further on-call to Wholetime migration cohort.</li> </ul>   |
| <p><b>External or other factors which might impact on the current risk assessment.</b></p> <p>External factors continue to impact on current risk assessment including but not limited to:</p> <ul style="list-style-type: none"> <li>• Changes to commutation factors.</li> <li>• Changes to tax free limit on lifetime allowance (lump sum).</li> <li>• Changes to inflation rates which pension payments, which are index linked at 55.</li> <li>• Cost of living pressures and interest rate rises which create challenges for our people and may influence decision regarding retirement.</li> </ul>  |



Report No: C/PC/29-23

Agenda Item: 17.1

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|-------------------------------|--|---|--|--|--|--|--|--|
| <b>Report to:</b>             |  | <b>PEOPLE COMMITTEE</b>   |  |  |  |  |  |  |
| <b>Meeting Date:</b>          |  | <b>14 SEPTEMBER 2023</b>  |  |  |  |  |  |  |
| <b>Report Title:</b>          |  | <b>FIREFIGHTER PENSION SCHEME REMEDY – ILL-HEALTH RETIREMENT REVIEW</b> |  |  |  |  |  |  |
| <b>Report Classification:</b> |  | <b>For Information</b>  |  |  |  |  | <b>SFRS Board/Committee Meetings ONLY</b><br><b>For Reports to be held in Private</b><br><b>Specify rationale below referring to</b><br><b><u>Board Standing Order 9</u></b> |  |
|                               |  |   |  |  |  |  |  |  |
| <b>1</b>                      | <b>Purpose</b>   |   |  |  |  |  |  |  |
| 1.1                           | To inform the People Committee (PC) of the requirement and implications of the need to review decisions of the Independent Qualified Medical Practitioners (IQMP) as part of the McCloud Sargeant Pension Remedy.  |   |  |  |  |  |  |  |
| <b>2</b>                      | <b>Background</b>  |   |  |  |  |  |  |  |
| 2.1                           | Following the introduction of the 2015 Firefighters' Pension scheme, a Court ruling found the protective provisions applicable to members nearing retirement were discriminatory on the grounds of age. As a result of this ruling, it will be necessary to implement a "Remedy" which will address the discrimination during the Remedy period (1/4/2015 till 1/4/2022).  |   |  |  |  |  |  |  |
| 2.2                           | Whilst the primary focus has been to introduce the Immediate and Deferred Choice Underpin (ICU or DCU) that will provide scheme members with a choice of taking benefits calculated under either their legacy pension scheme or the 2015 provisions, the Remedy must also address issues arising from the different criteria governing ill-health retirements and death benefits in the 1992 and 2015 schemes. This paper informs the People Committee of the differing criteria governing ill-health retirement in these pension schemes, how the Remedy will address this, and the challenges and implications these present SFRS with. It outlines the approach to managing these cases that was approved by the Strategic Leadership Team (SLT). |   |  |  |  |  |  |  |
| <b>3</b>                      | <b>Main Report/Detail</b>  |   |  |  |  |  |  |  |
| 3.1                           | The 1992, 2006 and 2015 Firefighters' Pension Schemes all contain provisions governing pension benefits where scheme members retire prematurely through ill-health, and for death grants, and pensions for dependants. The calculation of the value of these benefits do however vary significantly across the different pension schemes, and consequently medically retired members, or their surviving dependants, will be offered a choice where they can choose which scheme they wish these benefits to be calculated under.  |   |  |  |  |  |  |  |
| 3.2                           | There are however differences in the criteria governing when a Firefighter can be offered retirement on the grounds of ill-health. For a Firefighter Pension Scheme member to be medically retired, they must first be declared "permanently disabled for the performance of the duties of his/her role" by the IQMP. The IQMP must also determine if the level of disability will impact on the individual's ability to undertake any alternative work, and where this is so, will recognise them as qualifying for a higher tier ill-health pension. The criteria for determining whether an employee qualifies for ill-health retirement, and whether they  |   |  |  |  |  |  |  |

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|     | will be awarded a lower or higher tier pension were however less stringent under the 1992 Pension Scheme than under the 2006 or 2015 Scheme.   |
| 3.3 | In addition, in deciding whether the individual is “permanently disabled”, the IQMP must determine whether the medical condition will continue until the scheme member reaches the Pension Scheme’s Normal Pensionable Age (NPA). The NPAs within the 1992, 2006 and 2015 schemes do however vary, i.e. age 55 in the legacy 1992 scheme and age 60 in the 2006 and 2015 schemes. In essence, under the legacy 1992 scheme the issue is whether incapacity continues until age 55, whereas under the 2006 & 2015 scheme it is whether incapacity continues until age 60.   |
| 3.4 | To avoid pension scheme members being disadvantaged through the discriminatory provisions, some medical re-assessments will be required, i.e. where the ill-health assessment process were submitted to the IQMP between 1 April 2015 and 1 April 2022 (and assessed against the 2015 criteria for ill-health retirements) the member must now be re-assessed against the less stringent criteria of the 1992 scheme.  |
| 3.5 | Where the reassessment of former employees granted an ill-health retiral under the 2015 scheme are found to also meet the requirements of the 1992 Scheme, any detriment will be addressed through offering such individuals a choice of benefit realisation under either scheme. It may also be necessary to provide a remedial payment to the three former employees who were refused an ill-health retiral by IQMP, and who were subsequently dismissed on the grounds of capability, should these meet the less stringent 1992 requirements.   |
| 3.6 | During the Remedy period, 97 SFRS employees were referred to the IQMP for a determination as to whether they met the criteria for ill-health retirement. The potential need for re-assessment was recognised in 2020, therefore 21 of these were assessed under the provisions of both the 2015 and the 1992 Pension Scheme. To apply the Remedy will however require SFRS to submit the remaining 76 cases to the IQMP for re-assessment against the 1992 provisions.   |
| 3.7 | The need to re-assess these cases presents a range of challenges, including the limited capacity of the IQMPs to meet the additional demand. SFRS’s current contract with the IQMP requires that a review be completed within 4 weeks. At present however, the IQMPs are failing to meet this, and contacts with other Fire and Rescue Services (FRS) has confirmed that they also are experiencing such delays. As these FRSs and other Public Sector organisations will also now be required to re-submit Remedy cases for re-assessment, it is anticipated that carrying out these re-assessments (in addition to business as usual assessments) will exacerbate these delays and take some considerable time to complete. Whilst the timescales to complete the 76 re-assessments will require detailed discussions with our Service Provider, it is considered that it is unlikely that more the 25 of the 76 re-assessments could be completed within financial year 23/24, and that re-assessing the remainder may take most of 24/25.                            |
| 3.8 | Funding will require to be allocated to meet to cost of the re-assessments. Each assessment by the IQMP costs SFRS £660 and the need to re-assess these 76 cases will therefore cost circa £60k (including VAT) for which no budgetary provision has previously been made. Whilst SPPA will be asked if this will be covered by the Scottish Government as part of the McCloud Sargeant Remedy costs, it is not anticipated that this request will be granted. The Business as Usual spend on IQMP of £12,600 over the past twelve months has been met from the People Directorate’s “Professional Fees” budget, and a similar spend in the next 12 months can be anticipated to address business as usual referrals. The cost of any referrals made over the remainder of 2023/24 relating to the remedy will be met from the People Directorate budget, requiring savings to be made in other areas. A request for additional funding for assessments in future years will be incorporated into the budget planning process for the relevant financial years. Based on |

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|      | <p>the projected timescales highlighted in Section 3.7 above, this expenditure will be spread across financial years 23/24 and 24/25, with circa £20k being required in 23/24, and £40k required in 24/25.</p>  |
| 3.9  | <p>Should the IQMP agree that some former employees who retired on medical grounds, and were awarded a lower-tier pension under the provisions of the 2015 scheme now qualify for a higher-tier pension under the 1992 provisions, this may also have a financial impact on SFRS. Whilst the pension benefits (including any revised benefits arising from the Remedy) are funded by the Scottish Government, under the Financial Regulations SFRS are obliged to record ill-health retirements within our accounts as a “Capital Equivalent Charge”, a process that requires any ill-health retirements to be recorded as a debit within our accounts for the year in question. The value of this debit is recorded at twice the annual salary of an employee medically retired on a lower tier pension, and at four times the annual salary for a higher-tier pension. Whilst this is primarily an Accounting process, and does not involve any cash-exchange between SFRS and the Scottish Government, the inclusion of this within our Accounts as a “spend” inhibits SFRS’s ability to use an equivalent level of funding for other purposes without incurring an overspend.</p>   |
| 3.10 | <p>A review of the outcomes made by IQMP during the remedy period has identified that 43 employees were awarded lower-tier pension. Should IQMP determine that any of these are entitled to higher-tier pensions under the 1992 provisions, SFRS will be required to enter costs at twice the salary of each such individual into our accounts. Additional costs may also be incurred should IQMP award an ill-health pension to those 3 former employees who were previously refused one. In each of these circumstances, SFRS will be unable to accrue these additional costs to previous years’ accounts.</p>  |
| 3.11 | <p>Both the Fire Brigades Union and the Scottish Public Pensions Agency (SPPA) have stated their preference that those considered for ill-health retirements during the remedy period be given priority over other Scheme members in the application of remedial actions, i.e. these should be remedied prior to other retired scheme members in Immediate Detriment. This view is based on the perceived vulnerability, and the financial difficulties that many such former employees experience. As their anticipation is that the implementation of remedial measures will commence after the Legislation is enacted in October 2023, the inability of the IQMPs to re-assess these cases timeously may frustrate this aim. This issue was however discussed at a Pension Scheme Advisory Board meeting on the 13<sup>th</sup> June, and the difficulties were recognised and accepted by both the FBU and the SPPA.</p>  |
| 3.12 | <p>Some dissatisfaction with the proposed timescales for the implementation of the various elements of the Remedy have also been expressed by a number of retired Firefighters from FRSs across the UK. This has arisen due to the inability of Pension Scheme Administrators to apply the terms of the Remedy as the discriminatory provisions of the Pension Schemes are still enshrined in Statutory Instrument. This has resulted in the existing provisions continuing to be applied despite being found to be discriminatory, a position that will continue until revised legislation comes into force in October 2023. This delay has created the risk of former employees appealing to the Courts on the basis that discriminatory practices are continuing. Consultations with the Legal Section have however established that Statutory change is typically introduced with a “grace period” to provide organisations with a reasonable opportunity to develop and implement the necessary processes to comply with the change in legislation. Consultations with SPPA have established that both they and the Local Government Association are aware of the limited capacity of the IQMPs across the UK, and consequently it is anticipated that a grace period will be incorporated within the revised legislation to account for this. It is not therefore considered that the risk of further successful legal action is significant.</p> |
| 3.13 | <p>SFRS will shortly meet with representatives of SPPA to discuss how this element of the Remedy is to be implemented, and further updates will be provided when appropriate.</p>   |

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| <b>4</b> | <b>Recommendation</b>   |
| 4.1      | It is recommended that the People Committee note the requirement to submit 76 cases to the IQMP for re-assessment, the limited capacity of IQMP to review these cases which will impact on timeframes, and the additional costs that this will incur.   |
| <b>5</b> | <b>Key Strategic Implications</b>   |
| 5.1      | <b>Risk</b>   |
| 5.1.1    | A number of retired Firefighters from FRSs throughout the UK have expressed an intent to take their employers to court on the grounds that they have not addressed discriminatory practices. As however employers were unable to apply the remedial measures in advance of the introduction of the necessary statutory provisions, and a grace period is typically provided after the introduction of new legislation, the risk of successful legal action is not considered significant. |
| 5.2      | <b>Financial</b>  |
| 5.2.1    | It is estimated that the additional costs of the 76 referrals to IQMP will cost SFRS circa £60k, therefore budget would need to be identified to fund this from within financial years 2023/24 and 2024/25. Debits that may potentially be incurred through Capital Equivalent Charges cannot however be identified at this time.   |
| 5.3      | <b>Environmental &amp; Sustainability</b>   |
| 5.3.1    | There are no issues arising in respect to this factor.  |
| 5.4      | <b>Workforce</b>  |
| 5.4.1    | The requirement to apply this aspect of the Remedy is applicable only to retired employees. There is however likely to be an impact on timescales associated with business as usual assessments by the IQMP as a result of these re-assessments, and which may impact on individual employees.  |
| 5.5      | <b>Health &amp; Safety</b>  |
| 5.5.1    | There are no issues arising in respect to this factor.  |
| 5.6      | <b>Health &amp; Wellbeing</b>   |
| 5.6.1    | There are no issues arising in respect to this factor.  |
| 5.7      | <b>Training</b>   |
| 5.7.1    | There are no issues arising in respect to this factor.  |
| 5.8      | <b>Timing</b>   |
| 5.8.1    | Capacity issues may lead to delays in IQMP carrying out re-assessments, and this will delay the provision of remedial measures. The extent of such delays cannot at this time be accurately predicted, but may extend until the end of financial year 24/25.  |
| 5.9      | <b>Performance</b>  |
| 5.9.1    | There are no issues arising in respect to this factor.  |
| 5.10     | <b>Communications &amp; Engagement</b>  |
| 5.10.1   | Information on Remedy provisions is disseminated by SPPA, and there are therefore no communications issues in respect to employees or former employees.   |
| 5.10.2   | Communications with the FBU will take place through the SPPA's Scheme Adviser Board.  |
| 5.11     | <b>Legal</b>  |
| 5.11.1   | Any delay in facilitating the application of Remedial measures intended to address the discriminatory elements of the 2015 Ff Pension Scheme may result in legal action by former employees, however the risk of successful action is not considered to be significant.   |

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| 5.12<br>5.12.1   | <b>Information Governance</b><br>No. The submission of medical records to the IQMP and the receipt and storage of outcomes will be managed in the same manner as normal submissions, which are already compliant with Information Governance requirements |  |
| 5.13<br>5.13.1   | <b>Equalities</b><br>No. The re-assessment of submissions to IQMP are a requirement of the McCloud Sargeant Remedy, which is a statutory requirement necessary to address a discriminatory practice.  |  |
| 5.14<br>5.14.1   | <b>Service Delivery</b><br>There are no issues arising in respect of this issue.  |  |
| <b>6</b>   | <b>Core Brief</b>   |  |
| 6.1  | Not applicable  |  |
| <b>7</b>   | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>   |  |
| 7.1  | <b>Director:</b>  | Liz Barnes, Deputy Chief Officer – Corporate Services  |
| 7.2  | <b>Level of Assurance:<br/>(Mark as appropriate)</b>  | <b>Substantial/Reasonable/Limited/Insufficient</b>   |
| 7.3  | <b>Rationale:</b>   | The medical reassessment requirements, number of individuals involved and the cost of each assessment are well understood, however the timing of the reassessments is uncertain due to constraints on IQMP capacity and the scale of any potential Capital Equivalent Charges will not be known until after the assessments are completed. |
| <b>8</b>   | <b>Appendices/Further Reading</b>   |  |
| 8.1  | Not applicable  |  |
| <b>Prepared by:</b>  |   |  |
| George Lindsay, People Manager (Reward)  |   |  |
| <b>Sponsored by:</b>   |   |  |
| Rachael Scott, Deputy Head of People   |   |  |
| <b>Presented by:</b>   |   |  |
| Lyndsey Gaja, Head of People   |   |  |
| <b>Links to Strategy and Corporate Values</b>  |   |  |
| Outcome 6. The experience of those who work for SFRS improves as we are the best employer we can be – by -- Promoting a culture that values inclusion, promotes fairness, equality and respect for all while working to provide dignified work facilities for our people |   |  |
| <b>Governance Route for Report</b>   |   | <b>Meeting Date</b>  |
| <i>People Directorate Management Team</i>  |   | <i>20 June 2023</i>  |
| <i>People Board</i>  |   | <i>28 June 2023</i>  |
| <i>Strategic Leadership Team</i>   |   | <i>9 August 2023</i>   |
| <i>People Committee</i>  |   | <i>14 September 2023</i>   |
|  |   | <b>Report Classification/<br/>Comments</b>   |
|  |   | <i>For Recommendation</i>  |
|  |   | <i>For Recommendation</i>  |
|  |   | <i>For Decision</i>  |
|  |   | <i>For Information</i>   |



Report No: C/PC/32-23

Agenda Item: 18.2

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| <b>Report to:</b>             | <b>PEOPLE COMMITTEE</b>  |   |          |          |          |          |          |
| <b>Meeting Date:</b>          | <b>14 SEPTEMBER 2023</b>   |   |          |          |          |          |          |
| <b>Report Title:</b>          | <b>SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE</b>  |   |          |          |          |          |          |
| <b>Report Classification:</b> | <b>For Information</b>   | <b>Board/Committee Meetings ONLY</b><br><b>For Reports to be held in Private</b><br><b>Specify rationale below referring to</b><br><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) Safety and Assurance Documents covering both Health and Safety (HS) Policy and associated Management Arrangements (MA's) Operational Assurance documentation. |   |          |          |          |          |          |
| <b>2</b>                      | <b>Background</b>  |   |          |          |          |          |          |
| 2.1                           | The Safety and Assurance Function are responsible for developing and reviewing the HS Management Arrangements and Operational Assurance Documentation to support the implementation of the commitment and responsibilities outlined within the Health and Safety and Operational Assurance policies.   |   |          |          |          |          |          |
| <b>3</b>                      | <b>Main Report/Detail</b>  |   |          |          |          |          |          |
| 3.1                           | This report shows progress made against the 5-year rolling Safety And Assurance Documents Forward Planning Schedule. Appendix A provides an overview of the current position.  |   |          |          |          |          |          |
| 3.2                           | All completed and reviewed MA's and documents published since the previous reporting period continue to reduce in size, complexity, content, and the introduction of process flowcharts will assist the understanding for the end users were possible.   |   |          |          |          |          |          |
| 3.3                           | During the reporting period there were two adhoc minor reviews undertaken, one at the request of a Business Partner and the other as a result of an HSE alert issued for Liquid Petroleum Gas (LPG) powered lift trucks, refer to 3.7 and 3.8 respectively.  |   |          |          |          |          |          |
| 3.4                           | The Provision and Use of Work Equipment Management Arrangement is the overdue republication and the assessment proforma is the last remaining part being refined following consultation feedback. Publication is expected before the end of Q3.  |   |          |          |          |          |          |
| 3.5                           | Premises Fire Safety MA has completed its 5-year review and aligned with UFAS changes introduced on 1 July throughout Scotland, further revisions have been made to simplify content, modernise proformas and flow charts to aid compliance. The associated LCMS programme of learning is with Training for amendment.                                       |   |          |          |          |          |          |

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| 3.6      | The Self-audit MA has been renamed Self-compliance MA following its annual review, the revision has simplified content, removed duplication and confusion based upon business partner improvement plan feedback. The new MA has two processes one for premises and one for Functions, both supported with guides in a calendar format. |
| 3.7      | The New and Expectant Mother MA received minor revisions at Business Partner request, content was removed and linked to Wellbeing policy to reduce duplication and the assessment forms updated, ensuring assessments were easier to complete moving forward.  |
| 3.8      | The Safe Use of Lift Trucks MA was updated to reflect new and additional guidance issued by the HSE following publication, of an alert for LPG Powered lift trucks, this guidance affect one Business partner and supporting risk assessments and safe systems of work have also been updated.   |
| <b>4</b> | <b>Recommendation</b>  |
| 4.1      | The People Committee is asked to note the progress against the 5-year rolling Management Arrangement tracker.  |
| <b>5</b> | <b>Key Strategic Implications</b>  |
| 5.1      | <b>Risk</b>  |
| 5.1.1    | SFRS failing to maintain the currency and robustness of its safety and assurance management system without frequent periodic review as detailed within this report.  |
| 5.2      | <b>Financial</b>   |
| 5.2.1    | There are no financial implications for the development, maintenance, and monitoring of these processes, however failure to comply with Health and Safety Legislation may result in financial- implications.   |
| 5.3      | <b>Environmental &amp; Sustainability</b>  |
| 5.3.1    | There are no environmental and sustainability implications for the development, maintenance, and monitoring of these processes.  |
| 5.4      | <b>Workforce</b>   |
| 5.4.1    | There is a risk that current vacancies within the Department lead to delays in MA and document reviews or the ability to quickly update adhoc requests to maintain legal compliance, these arrangements require FMT support to become BAU activities.  |
| 5.5      | <b>Health &amp; Safety</b>   |
| 5.5.1    | Failure to comply with health and safety legislation may lead to potential consequences for both the organisation and individuals which may result in, involvement, engagement and investigation and potential action from the HSE. Demonstrate Clause 6.1.3 Determination of Legal and other Requirement (ISO 45001).                 |
| 5.6      | <b>Health &amp; Wellbeing</b>  |
| 5.6.1    | There are no health and wellbeing implementations for the development, maintenance, and monitoring of these processes.   |
| 5.7      | <b>Training</b>  |
| 5.7.1    | There are no training implications as MAs have existing Programme of Learning previously developed and content is being considered during review to avoid and reduce duplication.  |
| 5.8      | <b>Timing</b>  |
| 5.8.1    | Health and Safety MA's are scheduled for periodic 5-year review, and or major/minor revision subject to changes in legislation, guidance, best practice, or outcomes of event investigation.   |
| 5.9      | <b>Performance</b>   |
| 5.9.1    | It is anticipated these periodic and guidance review process will assist SFRS maintaining its health and safety management system effectively and support possible ISO 45001 Requirements.   |
| 5.10     | <b>Communications &amp; Engagement</b>   |
| 5.10.1   | The high level of compliance should be included in future health and safety communications as part of SA Communication Strategy.   |

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|---|--|--|
| 5.11  | <b>Legal</b>   |  |
| 5.11.1  |  | If health and safety arrangements are maintained or not fully implemented, there is a risk that the SFRS may not be compliant with its legislative responsibilities.                               |
| 5.12  | <b>Information Governance</b>  |  |
| 5.12.1  |  | DPIA completed No. If not applicable state reasons.<br>The review process outlined within the paper is part of the SFRS Health and Safety Policy which has a separate DPIA.                        |
| 5.13  | <b>Equalities</b>  |  |
| 5.13.1  |  | EHRIA completed No. If not applicable state reasons.<br>The review process outlined within the paper is part of the SFRS Health and Safety Policy which has a separate EHIRA.                      |
| 5.14  | <b>Service Delivery</b>  |  |
| 5.14.1  |  | It is anticipated that the outcomes of this annual periodic MA review processes outlined within the paper will have a positive impact on the safety of all SFRS staff and the committees we serve. |
| <b>6</b>  | <b>Core Brief</b>  |  |
| 6.1   |  | Not applicable   |
| <b>7</b>  | <b>Assurance (SFRS Board/Committee Meetings ONLY)</b>                          |  |
| 7.1   | <b>Director:</b>   | Andrew Watt, Director of Training, Safety and Assurance  |
| 7.2   | <b>Level of Assurance:<br/>(Mark as appropriate)</b>                           | Substantial/Reasonable/Limited/Insufficient  |
| 7.2   | <b>Rationale:</b>  | The documents shown in Appendix A are on schedule for completion at the end of Q2/ Q3.   |
| <b>8</b>  | <b>Appendices/Further Reading</b>  |  |
| 8.1   |  | Appendix A - Health and Safety Policy and Management Arrangements Forward Planning Schedule.   |
| <b>Prepared by:</b>   | Derrick Watson, SHSA   |  |
| <b>Sponsored by:</b>  | Andrew Watt, Assistant Chief Officer Director of Training Safety and Assurance |  |
| <b>Presented by:</b>  | Jim Holden, Head of Safety and Assurance                                       |  |
| <b>Links to Strategy and Corporate Values</b>   |  |  |
| <b>Strategic Plan 2022-2025:</b>  |  |  |
| Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.  |  |  |
| What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety, and wellbeing of the public and our staff. |  |  |
| Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.   |  |  |
| Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety and wellbeing of the public and our people.   |  |  |
| Objective 6.2 Developing and deploying new and more agile ways of working to protect the safety, wellbeing, physical and mental health of our people.   |  |  |
| <b>Safety Value:</b>  |  |  |

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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.

| <b>Governance Route for Report</b>         | <b>Meeting Date</b>      | <b>Report Classification/<br/>Comments</b> |
|--|--------------------------|--|
| <i>Training, Safety and Assurance DMT</i>  | <i>07 June 2023</i>      | <i>For information only</i>                |
| <i>National Safety and Assurance Board</i> | <i>22 June 2023</i>      | <i>For Information only</i>                |
| <i>People Committee</i>                    | <i>14 September 2023</i> | <i>For information only</i>                |

## Safety and Assurance Document Forward Planning Schedule 2023-2024

| Title  | Work Required                  | Financial Year | Development | Consultation                     | Governance  | Familiarisation | Go Live    | Comment   |
|--|--------------------------------|----------------|-------------|----------------------------------|-------------|-----------------|------------|---|
|  |                                |                | BRAG Status | BRAG Status                      | BRAG Status | BRAG Status     |            |   |
| PUWER MA and LCMS module (carry-over from 21/22)       | 5 Year Review                  | 2021/22        |             | 28 Day consultation closes 13/06 |             |                 |            | Following consultation feedback, review of assessment to enhance new equipment specification. |
| Premises Inspection Management Arrangement and LCMS    | 5 Year Review                  | 2022-23        |             | Conducted during review          | N/A         | N/A             | 10/05/2023 | Republished on the iHub and LCMS  |
| HS Audits Management Arrangement (Withdrawn from iHub) | Major review and republication | 2022-23        |             |                                  |             |                 |            | Deferred due to temporary secondment – Due Q2   |
| Self-compliance MA                                     | Annual Review                  | 2023-24        |             | Conducted during review          | N/A         | N/A             | 11/08/2023 | Republished on the iHub   |
| LOLER MA and LCMS and LCMS                             | 5 Year Review                  | 2023-24        |             | Conducted during review          | N/A         | N/A             | 14/06/23   | Republished on the iHub   |
| Health and Safety Policy                               | Annual Review                  | 2023-24        |             |                                  |             |                 |            | Due Q2  |
| Health and Safety Policy Statement                     | Annual Review                  | 2023-24        |             |                                  |             |                 |            | Due Q2  |
| Vibration MA and LCMS                                  | 5 Year Review                  | 2023-24        |             |                                  |             |                 |            | Due Q2  |
| Premises Fire Safety MA and LCMS                       | Major Review                   | 2023-24        |             | Conducted during review          | N/A         | N/A             | 23/06/23   | Republished on the iHub   |
| Operational ARA/DRA MA and LCMS                        | Major Review                   | 2025-26        |             |                                  |             |                 |            | Due Q2  |

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|                                       |               |         |  |  |  |  |  |   |
|---------------------------------------|---------------|---------|--|--|--|--|--|---|
| Lone Working MA                       | 5 Year Review | 2023-24 |  |  |  |  |  | Due Q3  |
| Impound and Inspection MA and LCMS    | 5 Year Review | 2023-24 |  |  |  |  |  | Due Q3  |
| Noise MA and LCMS                     | 5 Year Review | 2023-24 |  |  |  |  |  | Due Q3  |
| Electricity MA                        | 5 Year Review | 2023-24 |  |  |  |  |  | Due Q3  |
| Safety, Signs and Signals MA and LCMS | 5 Year Review | 2023-24 |  |  |  |  |  | Due Q4  |
| Investigation MA and LCMS             | Major Review  | 2026-27 |  |  |  |  |  | Due Q4  |
| Review of OA Documentation            | Major Review  | Various |  |  |  |  |  | Due Q4  |
| Contaminants MA                       | New           | 2023-24 |  |  |  |  |  | Managed directly through the Contaminants Group |

|       |                                |
|-------|--------------------------------|
| 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 18.3**

|                        | STANDING ITEMS  | FOR INFORMATION ONLY   | FOR SCRUTINY  | FOR RECOMMENDATION   | FOR DECISION   |
|------------------------|---|--|---|--|--|
| <b>7 December 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>Forward Planning: 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> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li>Partnership Working Update (EPF &amp; PAG)</li> <li>People Policy Forward planning Schedule Update</li> <li>H&amp;S Policy Review Management Arrangements Forward planning Schedule</li> <li>RANSc update (Private)</li> <li>Key Case Update (Private)</li> </ul> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li>Performance &amp; Risk Report (POD &amp; TSA)</li> <li>Independent Audit/ Inspection Action Plan Update (Training of RDS Personnel)</li> <li>Committee Aligned Directorate Risks</li> <li>Risk Spotlight - (TBC)</li> <li>Contaminants Quarterly update</li> </ul> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li></li> </ul> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li></li> </ul> |
|                        |   | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li>Career Ready Update (D Milligan)</li> <li>New Approach to Recruitment Selection</li> <li>Vocational &amp; Apprenticeship Update</li> </ul>  | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>  | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>             | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>             |
| <b>7 March 2024</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>Forward Planning: 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> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li>Partnership Working Update (EPF &amp; PAG)</li> <li>People Policy Forward planning Schedule Update</li> <li>H&amp;S Policy Review Management Arrangements Forward planning Schedule</li> <li>RANSc update (Private)</li> <li>Key Case Update (Private)</li> </ul> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li>Performance &amp; Risk Report (POD &amp; TSA)</li> <li>Independent Audit/ Inspection Action Plan Update (Training of RDS Personnel)</li> <li>Committee Aligned Directorate Risks</li> <li>Risk Spotlight - (TBC)</li> <li>Contaminants Quarterly update</li> </ul> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li></li> </ul> | <p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li></li> </ul> |
|                        |   | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>   | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>  | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>             | <p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>             |