



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

Working together for a safer Scotland

**PUBLIC MEETING - PEOPLE COMMITTEE**

**THURSDAY 5 MARCH 2026 @ 1300 HRS**

**BRAIDWOOD SUITE, SCOTTISH FIRE AND RESCUE SERVICE HEADQUARTERS  
WESTBURN DRIVE, CAMBUSLANG, G72 7NA / VIRTUAL (MS TEAMS)**

**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: 11 DECEMBER 2025 (attached)** *Chair*  
*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 PEOPLE COMMITTEE RISK REGISTER**  
7.1 Risk Report Update (attached) *L Gaja/C McGoldrick*  
*The Committee is asked to scrutinise this report.*
- 8 PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY 2025-26 Q3 (attached)** *C McGoldrick / C Fitzpatrick*  
*The Committee is asked to scrutinise this report.*
- 9 PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING**  
9.1 People Performance Report Quarter 3 2025/26 (attached) *L Gaja*  
*The Committee is asked to scrutinise these reports.*

Please note that the public meeting will be recorded for minute taking purposes only.  
The recording will be destroyed following final approval of the minutes.

**OFFICIAL**

- 10 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK**  
10.1 Organisational Culture and Leadership Update (*attached*)

*C Dodd*

*The Committee is asked to scrutinise this report.*

**11 TRAINING**

- 11.1 Training Function Update and Performance Report Quarter 3 2025/26 (*attached*)

*R Robison*

*The Committee is asked to scrutinise this report.*

**12 SAFETY AND ASSURANCE**

- 12.1 Safety and Assurance Performance Report Quarter 3 2025/26 (*attached*)  
12.2 Contaminants Quarterly Update (*attached*)

*J Holden*

*C McGoldrick*

*The Committee is asked to scrutinise these reports.*

**13 AUDITS/INSPECTIONS**

- 13.1 HMFSI Inspection Action Plan Updates (*attached*)

*L Gaja/J Holden*

*The Committee is asked to scrutinise this report.*

**14 RISK SPOTLIGHT: ON CALL IMPROVEMENT PROGRAMME UPDATE (*attached*)**

*I McMeekin*

*The Committee is asked to scrutinise these reports.*

**15 PARTNERSHIP WORKING**

- 15.1 Employee Partnership Forum (verbal)  
15.2 Partnership Advisory Group (verbal)

*M Smith*

*L Gaja*

**16 FORWARD PLANNING**

- 16.1 Committee Forward Plan Review (*attached*)  
16.2 Items for Consideration at Future IGF, Board and Strategy Day meetings

*Chair*

*Chair*

**17 REVIEW OF ACTIONS (*verbal*)**

*Board Support*

**18 DATE OF NEXT MEETING**

Thursday 18 June 2026

**Report(s) for Information only:**

- People Policy Review Schedule Update (*attached*)
- Training Continuous Improvement Programme – Update Report (*attached*)
- Training Function Policy Review Schedule (*attached*)
- Safety and Assurance Documents Forward Planning Schedule (*attached*)
- Learning and Development Update 2025/26 Q3 (*attached*)

Please note that the public meeting will be recorded for minute taking purposes only.  
The recording will be destroyed following final approval of the minutes.

**PRIVATE SESSION**

- 19 MINUTES OF PREVIOUS PRIVATE MEETING: 11 DECEMBER 2025** *Chair*  
(attached)

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

- 20 PRIVATE ACTION LOG** (attached) *Board Support*  
*The Committee is asked to note the updated Action Log and approve the closed action(s).*

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

- 21.1 Draft Minutes of last meeting – 11 December 2025 (attached) *M Smith*  
21.2 Update of next meeting – 5 March 2026 (verbal) *M Smith*

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

- 22 KEY CASE UPDATES 2025/26 – Q3** (attached) *L Gaja*

*The Committee is asked to scrutinise this report.*



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**PUBLIC MEETING – PEOPLE COMMITTEE**

**THURSDAY 11 DECEMBER 2025 @ 1300 HRS**

**VIRTUAL (MS TEAMS)**

**PRESENT:**

Mhairi Wylie, Chair (MW)  
Neil Mapes (NM)  
Madeline Smith (MS)

Andrew Smith, Deputy Chair (AS)  
Malcolm Payton (MP)

**IN ATTENDANCE:**

Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
Sarah O'Donnell (SO'D)	Deputy Chief Officer Corporate Services
Jim Holden (JH)	Head of Safety and Assurance
Lyndsey Gaja (LG)	Head of People
Ross Robison (RR)	Deputy Assistant Chief Officer, Head of Training
Michael Humphreys (MH)	Area Commander, Safety and Assurance
Stuart Watson (SW)	Area Commander Workforce Planning (Item 8.2 only)
Andrew Girrity (AG)	Head of Service Delivery (East) (Item 8.3 only)
Ceri Dodd (CD)	Deputy Head of People (Item 9.1 only)
Kirsty Darwent (KD)	Chair of the Board
Chris Casey (CC)	Group Commander Board Support
Heather Greig (HG)	Board Support Executive Officer
Debbie Haddow (DJH)	Board Support/Minutes

**OBSERVERS**

John McKenzie, Fire Brigades Union (FBU)

**1 CHAIR'S WELCOME**

- 1.1 The Chair opened the meeting and welcomed those present and observing via MS Teams.
- 1.2 Attendees 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.
- 1.3 Due to the volume of business, the Chair advised that all papers would be taken as read.

**2 APOLOGIES FOR ABSENCE**

- 2.1 Andy Watt, Deputy Chief Officer  
David Farries, Assistant Chief Officer, Director of Operational Delivery  
Fiona Ross, Director of People

### **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* verbal report would be heard in private session due to the small number of individuals involved and confidentiality and in line with Standing Orders (Item 9D). The *Overview of Safecall Confidential Reporting Line and Analysis of Themes* report and draft minutes/verbal update of the *Remuneration, Appointments and Nominations Sub Committee* would be taken in private due to the confidential nature of the issue (Item 9G).

3.2 No further items were identified.

### **4 DECLARATIONS OF INTERESTS**

4.1 No conflicts of interest were declared.

### **5 MINUTES OF PREVIOUS MEETING: THURSDAY 11 SEPTEMBER 2025**

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

5.2 **The minutes of the meeting held on 11 September 2025 were approved as a true record of the meeting.**

#### **5.2 Matters Arising**

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

### **6 ACTION LOG**

6.1 The Committee considered the Action Log noting the updates and agreed the closure of completed items.

6.2 **Members noted the updated Action Log and approved the removal of completed actions.**

### **7 PERFORMANCE MANAGEMENT FRAMEWORK (PMF) QUARTERLY PERFORMANCE 2025/26 Q1**

7.1 The PMF Quarterly Performance 2025/26 Q1 report was presented to the Committee for scrutiny of KPIs 22–29 (Training), KPIs 46–49 (People) and KPIs 50–56 (Safety & Assurance). The report and was taken as read.

7.2 LG advised the Committee that the Retained Duty System (RDS) full time equivalent (FTE) was noted as long term deterioration over the period within the report. The overall position had remained stable for the last 9 consecutive quarters.

7.3 **The Committee scrutinised the report.**

### **8 PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING**

#### **8.2 Wholetime Firefighter Recruitment**

8.2.1 SW presented an overview of the Wholetime Firefighter (WTFF) recruitment activity in progress for the next intake in March 2026. This will enable the Committee to maintain oversight of the recruitment approach ensuring it is aligned to strategic objectives, financial considerations and the operating context. The following key points were highlighted:

- Total of 116 candidates at medical stage.
- Recent campaign generated 1600 applicants in a short timeframe, of which 16% were female.
- Overview of the lessons learned from Phase 1 and the improvements being made within Phase 2.
- Development of a 3-year delivery plan to improve processes.
- Embedding of the Recruitment Selection Framework within the People Strategy.

8.2.2 In regard to benchmarking, SW noted that the Service were performing well and would continue to engage with Police Scotland to improve processes.

- 8.2.3 In regard to unconscious bias, SW noted that the introduction of the AI tool, Alice, would help to reduce the risks during application sifting. SW further noted that the Service would continue to engage and encourage applications from females and BME groups. LG reminded the Committee that the Service would continue to challenge itself to review and implement improvements in incremental phases. LG outlined the improvements already introduced during the selection and testing processes.
- 8.2.4 In regard to drop out rates, LG advised that this was lower for BME candidates than white candidates at the shortlisting stages. It was noted that the process was pass or fail at assessment days, with some candidates unable to progress due to injury.
- 8.2.5 SW advised the Committee that of the 116 candidates, 72 successful candidates would commence in March 2026 with a further cohort commencing later in the year. SW noted the intention for more regular campaigns which would help to improve standards and diversity within candidates.
- 8.2.6 The Committee commented on the timescale for the Service to reach targets, such as 30% female or 20% BME workforce, using the current recruitment model, and agreed to revisit this in a future meeting.
- 8.2.7 The Committee recognised the work undertaken and the improvements made to date.
- 8.2.8 **The Committee scrutinised the report.**

*(S Watson left the meeting at 1325 hrs)*

## **8.1 People Performance Report Quarter 2 2025/26**

- 8.1.1 LG presented the People Performance Report Quarter 2 2025/26 to the Committee for scrutiny of the People KPIs from the PMF and the further details within the People Performance Report. It was noted that the report contained updates on the strategic people priorities, absence rates within Operations Control (OC), organisational culture and leadership programme, wholtime firefighter recruitment and support for Service Delivery Review.
- 8.1.2 In regard to the Support Staff pay award, LG advised that both Unite and Unison confirmed an overwhelming acceptance of the offer by their members.
- 8.1.3 In regard to OC absence benchmarking, LG advised that OC absence rates were higher than the UK public sector average however, they were comparable to Police Scotland and NHS. LG noted the 2 main reasons for long-term absence were surgical and psychological, and commented on the work underway to support mental health and wellbeing of OC staff. AG outlined the enhancement plan in place which focuses on attendance management, training, stress awareness and proactive wellbeing support. AG reminded the Committee of positive reasons for abstraction which are linked to the training for trainees and the new mobilising system. CMcG noted that part of the OC improvement plan, included the integration of an OC staff member within the training function to help develop training materials.
- 8.1.4 The Committee commented on the potential for best practice within OCs to be discussed at a future Reform Collaboration Group (RCG) meeting. SO'D noted and agreed to raise this at a future meeting.
- 8.1.5 In regard to On-Call and Volunteer Staffing, the Committee commented on the impact of low activity levels on operational experience. AG advised that this was not limited to rural/remote areas and that the main control measure for maintaining competence, was training. AG noted that remote areas pose additional challenges, and the Service's need to work innovatively to ensure standards are maintained.

- 8.1.6 The Committee commented on the selection of Strategic People Priorities and asked for consideration to be given to include a brief explanation outlining the rationale for each selected item in future reports.

**ACTION: LG**

- 8.1.7 In regard to the Volunteer Duty System (VDS), the Committee sought clarification on headcount and FTE numbers. LG explained that every volunteer represented one FTE due to the unspecified availability requirements. AG noted that the VDS was not as formalised as On Call and that this difference had been recognised for future review. AG confirmed that the Target Operating Model (TOM) for VDS was based on legacy approaches. It was agreed that a further update would be brought to the next meeting (March 2026) and be incorporated into the planned risk spotlight on Rural Firefighter Staffing.

*(S O'Donnell left the meeting at 1355 hrs)*

- 8.1.8 In regard to On Call Migration courses, LG advised that there were 36 places currently available due to capacity within training and budgets. LG noted that work would continue to process successful candidates, however the Service remained mindful of the impact on On-Call availability.
- 8.1.9 In regard to the Corporate Services Review, LG advised that this would be brought to this Committee, once it had progressed through the executive governance route.
- 8.1.10 The Committee commented on the benefits of including run charts to help identify absence trends. LG confirmed that these would be included in future reports.

**8.1.11 The Committee scrutinised the report.**

**8.3 Leadership and Management Development**

- 8.3.1 LG and AG presented the report which provided an overview and update of the Leadership and Management Development (M&LD) Taskforce's work and next steps.
- 8.3.2 LG advised that proposals had been put forward for external support to augment internal resources, however, these were dependent on budget allocation. An update would be provided at the next meeting (March 2026).

**ACTION: LG**

- 8.3.3 The Committee commented on the incorporation of mentoring and coaching. LG noted that this was an area of focus, outlined the potential range of support that could be provided and the longer-term opportunities. LG further noted that investment in this area may be dependent on budget allocation.
- 8.3.4 CD explained how participants on the previous management development programme would transition onto the Leadership Essential course. CD indicated that the spine of the programme was built around 4 modules and these newer modules would help to address the difference between leadership and management. It was noted that the Service were being ambitious but also realistic in the medium and long-term plans.
- 8.3.5 LG advised that the existing management and leadership development programme would continue for both supervisory and middle management levels and noted the level of interest across the Service.
- 8.3.6 The Committee scrutinised the report.**

*(A Girrity left the meeting at 1422 hrs)*

## **9 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK**

### **9.1 Organisational Culture and Leadership Programme Update**

- 9.1.1 CD presented the report which provided an overview of the Organisational Culture and Leadership Programme's work and next steps.
- 9.1.2 The Committee commented on the need for greater clarity regarding the exact meaning of outcomes and queried the grouping of categories of priority projects, in particular Empowerment, Recognition and Psychological Safety. The Committee sought to understand whether the recommendations from the HMFSI Organisational Culture Report were being considered within this work.
- 9.1.3 CD noted that this update had been provided to assure the Committee that progress was being made, outline timelines and present the revised draft outcomes vision. CD outlined the next steps which included a workshop next week to narrow down our activities for Phase one, refining the vision and convening an Advisory Group and Programme Board in January 2026. CD noted the comments and welcomed any further feedback.
- 9.1.4 CD advised that pulse surveys would be used to measure the programme outcomes, that all HMFSI reports would be considered in the programme's development and an update on the implementation timescale would be brought to the next meeting. **ACTION: LG/CD**
- 9.1.5 The Committee commented on their role in scrutinising the impact of this programme and how information would be captured and presented.
- 9.1.6 The Committee noted that they had hoped to review the HMFSI culture report before now and requested that it be presented at the next meeting (March 2026). **ACTION: LG**
- 9.1.7 **The Committee scrutinised the report.**

*(C Dodd left the meeting at 1436 hrs)*

*(Meeting broke at 1436 hrs and reconvened at 1444 hrs)*

## **10 TRAINING**

### **10.1 Training Function Update and Performance Report Quarter 2 2025/26**

- 10.1.1 CMcG, introduced RR who presented the high-level overview of the Training function activity and performance over Quarter 2 2025/26 and highlighted the following key points:
- Significant progress and investment within the training estate, particularly Dundee airport, Perth Training Centre, Stornoway and Dreghorn.
  - Hosted London Fire Brigade (LFB) in relation to operational competence.
  - Hosted CPD events in collaboration with the UK Rescue Organisation.
  - Improvement and good progress to address the resource challenges with only one substantial vacancy across the function.
  - Overview of the improvements relating to BA Competence, Driver Training and Specialist Skills levels.
  - Future focus would be the transition to tactical firefighting and driver training.
- 10.1.2 The Committee acknowledged the ongoing work and improvements being made.
- 10.1.3 Brief discussion took place on the current data systems being used, the need to improve and change to an automated reporting system to allow greater scrutiny and interrogation.
- 10.1.4 In regard to core skills for On Call and Volunteers, RR noted the geographical challenges involved. RR indicated that course planning aims to address identified gaps by the end of Q4.

10.1.5 RR informed the Committee that the function remains innovative in its approach to training delivery. He indicated that, with enhanced resourcing, measurable improvements are expected to be reflected in forthcoming reports.

10.1.6 **The Committee scrutinised the report.**

## 11 SAFETY AND ASSURANCE

### 11.1 Safety and Assurance Performance Report Quarter 2 2025/26

11.1.1 JH presented the Safety and Assurance Performance Report Quarter 2 2025/26 to provide an update on key projects of work across the function to support Safety and Assurance Key Performance Indicators (KPIs). The following key areas were highlighted:

- Withdrawal of COVID-specific documents, embedding controls into business as usual, and reissuing guidance in response to recent flu outbreaks.
- SMARTEU and National wildfire debriefs.
- Wellbeing update: Medical and fitness assessment were reporting circa 95% compliance rate. Asbestos Medicals to commence in January 2026. Re-establishment of the Mental Health and Wellbeing Group. Numbers of Wellbeing Champions within the Service.
- Recent decline in Reporting of Near Misses, work continues with Service Delivery Areas to promote the importance of reporting. Engaging with other services to share and identify any learning opportunities.
- Imminent republication of the Low-Speed Manoeuvre Handbook.
- Debrief actions: Total of 75 actions were taken forward within the last 3 months.

11.1.2 Having previously scrutinised the Safety and Assurance Annual Report prior to final publication, the Committee acknowledged the finalised version which has been submitted for information only.

11.1.3 In regard to the Wellbeing Champions, JH advised that these individuals were dispersed across the Service and the intention was to continue to increase the numbers.

11.1.4 In regard to the new Colour Vision practical assessment, JH advised that improvements have been made to the 2 sites to allow functional tests to be carried out. JH noted that standard colour vision tests have been and would continue to be carried out.

11.1.5 Brief discussion took place on the level of assurance in the report and asked what else was needed to achieve substantial assurance.

11.1.6 **The Committee scrutinised the report.**

### 11.2 Contaminants Update

11.2.1 CMcG presented the report to the Committee to provide an update on the management of contaminants for scrutiny.

11.2.2 CMcG advised that the installation of airing cages and rails was well advanced, with completion of Phase 1 expected by the end of the financial year. The programme was being implemented in phases, with future work planned for stations with lower activity levels.

11.2.3 The Committee requested detailed updates on the roll out programme to be included within future reports.

**ACTION: CMcG**

11.2.4 **The Committee scrutinised the report.**

## 12 AUDIT/INSPECTIONS

### 12.1 HMFSI Mental Health and Wellbeing Support in the Scottish Fire and Rescue Service Action Plan Update

- 12.1.1 MH presented the report updating the Committee on the progress against the Mental Health and Wellbeing Support action plan for scrutiny.
- 12.1.2 In regard to Action 4 (Suicide Prevention subgroup), MH explained the reasons for this action being closed. MH noted that the re-established Mental Health and Wellbeing Group would reconsider the original action plan and proposed subgroups.
- 12.1.3 In regard to Chaplaincy services, MH noted that this service was accessible to all staff members, regardless of denomination, and was provided upon request only. Consideration would have to be given to extend to other denominations. MH outlined the wider support and wellbeing services available to staff such as the Wellbeing Champions and Firefighters Charity.
- 12.1.4 MH noted that following the reinstatement of the Mental Health Group, the action plan would be reconsidered, and updates would be provided at future meetings.
- 12.1.5 **This report was presented for information only.**

### 12.2 Evaluation of Physiotherapy Services

- 12.2.1 MH presented the report updating the Committee on the delivery of physiotherapy and rehabilitation services in the Service for information.
- 12.2.2 The Committee sought clarification on the benefits and financial savings realised. MH outlined the financial savings but noted that these could not be solely attributable to physiotherapy. MH highlighted additional benefits such as quicker intervention and shorter periods of absence.
- 12.2.3 The Committee commented on the vulnerabilities with such a small team. JH noted that additional resource would be helpful and the wider structure and priorities of the health and wellbeing function was being considered.
- 12.1.4 **This report was presented for information only.**

## 13 PEOPLE COMMITTEE RISK REGISTER

### 13.1 Committee Aligned Directorate Risk

- 13.1.1 The Risk Report, identifying Directorate risks and controls pertinent to the business of the Committee. The report contained information on risks rated above and below 15 and their aligned risk appetite.
- 13.1.2 In regard to POD024, the Committee noted that the risk description did not articulate the actual risk. LG advised that the following text should have been included *“resulting in insufficient resources to support strategic workforce development, leadership capacity building and future capability needs. This may hinder the organisation's ability to adapt to evolving business needs to innovate and to achieve its long-term strategic goals”*. This would be updated in future reports.
- 13.1.3 The Committee commented on the potential need for a specific risk to be raised relating to the organisation not achieving the right culture and queried whether this was sufficiently captured in existing risks.
- 13.1.4 LG advised that, since the report has been circulated, risk POD021 had been closed and a new risk relating to challenges around People Systems had been raised. LD further advised that 10 controls had been closed and control actions for POD020 had been revised.

- 13.1.5 LG advised that the Learning and Development budget underspend had decreased to £90,000 and is expected to be used by year-end.
- 13.1.6 In regard to TSA018, CMcG confirmed that the action had been closed.
- 13.1.7 In regard to TSA019, CMcG advised that the review of facilities at Dundee Airport had been undertaken and remedial works were being carried out.
- 13.18 The Committee commented on the placement of the Risk Report Update on the agenda and consideration would be given to taking this earlier at future meetings. It was noted that the Committee would continue to identify risk spotlights and consideration would be given to a wider range of topics.
- 13.1.9 Brief discussion took place on the scoring and weighting of risks, risk appetite and the different lens that they are viewed through.

**13.1.10 The Committee scrutinised the report.**

**14 PARTNERSHIP WORKING**

**14.1 Employee Partnership Forum (EPF)**

- 14.1.1 MW advised the Committee that the last scheduled meeting on 13 November 2025 was stood down.

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

**14.2 Partnership Advisory Group (PAG)**

- 14.2.1 The Committee were advised that the last scheduled meeting was held on 4 November 2025. The single agenda item related to Attraction, Recruitment and Progression of Female Firefighters and discussions relating to the Campaign for 52 were ongoing.

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

**15 FORWARD PLANNING**

**15.1 Committee Forward Plan Review**

- 15.1.1 The Committee considered and noted the Forward Plan.

- 15.1.2 Risk Spotlight Rural Firefighter Staffing to incorporate details on the VDS (March 2026)

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

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

- 15.2.1 There were no items identified.

- 15.2.2 In regard to the RCG and OC, the Chair noted that further discussion would be held off table initially.

**16 REVIEW OF ACTIONS**

- 16.1 CC confirmed that formal actions were recorded during the meeting.

**17 DATE OF NEXT MEETING**

- 17.1 The next meeting is scheduled to take place on 5 March 2026.

- 17.2 There being no further matters to discuss, the public meeting closed at 1545 hrs.

**REPORTS FOR INFORMATION ONLY:**

The following reports were provided for information only and were taken as read.

- Safety and Assurance Annual Performance Report 2024-25
- People Policy Review Schedule Update
- Training Continuous Improvement Programme – Update Report
- Training Function Policy Review Schedule
- Safety and Assurance Documents Forward Planning Schedule
- Learning and Development Update Q2 2025-26

*(Public meeting broke at 1546 hrs and reconvened in Private session at 1552 hrs)*

**PRIVATE SESSION)**

**18 MINUTES OF PREVIOUS PRIVATE MEETING: THURSDAY 11 SEPTEMBER 2025**

18.1 The minutes of the private meeting held on 11 September 2025 were approved as a true record of the meeting.

**19 PRIVATE ACTION LOG**

19.1 The Committee noted that there were no outstanding actions.

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

20.1 The draft minutes of the RANSc meeting on 11 September 2025 had been circulated to the Committee and a verbal update from the meeting on 11 December 2025 was provided.

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

**21 OVERVIEW OF CALLS TO SAFECALL CONFIDENTIAL REPORTING LINE AND ANALYSIS OF EMERGING THEMES**

21.1 LG presented an update report to the Committee to provide an overview of the volume of reports that have been received via the Safecall Confidential Reporting line and an analysis of themes, as well as improvements made and planned to show how Safecall complaints were managed.

21.2 **The Committee scrutinised the report.**

**22 KEY CASE UPDATES**

22.1 LG presented a report to provide the Committee with an overview of employee relations and employment litigation cases against the Service, including insight from case trends and case reviews.

22.2 **The Committee scrutinised the report.**

There being no further matters to discuss, the private meeting closed at 1615 hrs.

## PEOPLE COMMITTEE – ROLLING ACTION LOG



**SCOTTISH**  
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### Background and Purpose

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

The status of actions are categorised as follows:

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

### Actions/recommendations

Currently the rolling action log contains 9 actions. A total of 8 actions have been completed.

The Committee is therefore asked to approve the removal of the 8 actions noted as completed (Blue status). There are no actions categorised as Green status and one action categorised as Yellow status on the action log.

OFFICIAL

Meeting Date: 6 March 2025						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
11.1.4	<b>HMSFI Inspection Action Plan Updates and Closing Reports:</b> LG confirmed that the refreshed action plan would be available for the September 2025 meeting and that an update on indicative timings would be provided at the June 2025 meeting	JH LG/F Ross	March 2026 (Orig June 2025, then December 2025)		March 2026	<p><b>Update (05/06/2025):</b> The review of the HMFSI Inspection Action Plan will consider the findings and recommendations of the Compliance Investigation and a verbal update will be provided at the meeting.</p> <p><b>Update (11/09/2025):</b> The HMFSI action plan will move to Safety &amp; Assurance, following the transition of the Wellbeing team. Safety &amp; Assurance will take forward work to refresh the action plan, taking into account the forthcoming review of the Wellbeing delivery model and the recommendations of the Compliance Investigation.</p> <p><b>Update (11/12/2025):</b> JH to present a summary position statement to the PC on 11 December, after this progress updates will be provided in the usual fashion.</p> <p><b>Complete (05/03/2026):</b> This action plan will now be reported on through the normal reporting process</p>

Meeting Date: 11 September 2025						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
11.2.4	<b>Contaminants Update:</b> Fuller update to be provided on delivery against set targets and revised risk-based targets.	CMcG	March 2026 (Org December 2025)		March 2026	<p><b>Update (11/12/2025):</b> Agreed with Chair to extend the enhanced update until the March 2026 Committee Meeting to allow for a more complete picture on Station based reviews, currently being collated by S&amp;A.</p>

OFFICIAL

						<b>Complete (05/03/2026):</b> Premises compliance risk assessments are ongoing and scheduled to be complete by 31 March 2026.
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Meeting Date: 11 December 2025						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
8.1.6	<b>People Performance Report Quarter 2 2025/26:</b> Re selection of Strategic People Priorities - consideration to be given to include a brief explanation outlining the rationale for each selected item in future reports.	LG	March 2026		March 2026	<b>Complete (05/03/2026):</b> Reflected in Q4 report and propose to close this action.
8.1.7	<b>People Performance Report Quarter 2 2025/26:</b> Re Volunteer Duty System, further update to be provided at the next meeting and be incorporated into the planed risk spotlight on Rural Firefighter Staffing.	LG	March 2026		March2026	<b>Complete (05/03/2026):</b> Agreed at forward planning meeting that VDS will be covered at a Board Strategy Day (date tbc). Propose to close.
8.1.10	<b>People Performance Report Quarter 2 2025/26:</b> Re inclusion of run chart to help identify absence trends in future reports.	LG	March 2026		March 2026	<b>Complete (05/03/2026):</b> Run chart included in the report, showing absence rate by staff group over time.
8.3.2	<b>Leadership and Management Development:</b> Update to be provided on proposals put forward for external support to augment internal resources.	LG	March 2026			<b>Update (05/03/2026):</b> External support to augment internal resources were including the MTFP and budget submission to SG. Implications of the challenging draft budget are being worked through at present.
9.1.4	<b>Organisational Culture and Leadership Programme Update:</b> CD advised that pulse surveys would be used to measure the programme outcomes, that all HMFSI reports would be considered in the programme's development and an update on the implementation timescale would be brought to the next meeting.	LG/CD	March 2026		March 2026	<b>Complete (05/03/2026):</b> Report on Organisational Culture and Leadership Programme, including the phase 1 project plan and timescales are on the agenda. Propose to close this specific item on the basis that ongoing progress reports will be provided to future PC meetings.

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9.1.6	<b>Organisational Culture and Leadership Programme Update:</b> The Committee request that the HMFSI Culture Report be presented at the next meeting.	LG	March 2026		March 2026	<b>Complete (05/03/2026):</b> Report is on the agenda. Propose to close this action.
11.2.3	<b>Contaminants Update:</b> Re Phase One detailed updates on the roll out programme to be included within future reports.	CMcG	March 2026		March 2026	<b>Complete (05/03/2026):</b> All wholetime stations and 70 on-call station have been provided with airing cages and rails. This completes phase 2 of the risk based roll out.



Report No: C/PC/08-28

Agenda Item: 7

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>	<b>5 MARCH 2026</b>						
<b>Report Title:</b>	<b>RISK UPDATE REPORT – FEBRUARY 2026</b>						
<b>Report Classification:</b>	<b>For Scrutiny</b>	<b>SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u><a href="#">A</a></u>	<u><a href="#">B</a></u>	<u><a href="#">C</a></u>	<u><a href="#">D</a></u>	<u><a href="#">E</a></u>	<u><a href="#">F</a></u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is to provide the People Committee (PC) with an overview of the current risks highlighted by Directorates.						
<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 we face, and the actions required to minimise these risks.						
2.2	The Audit & Risk Assurance Committee (ARAC) is responsible for advising the Board and the Accountable Officer on the adequacy and effectiveness of the Service's arrangements for risk management and has oversight of the Strategic Risk Register.						
2.3	The Strategic Leadership Team (SLT) has responsibility for the identification and management of risk and will ensure that Risk Registers present a fair and reasonable reflection of the most significant risks impacting upon the organisation. The SLT will champion the importance of risk management in supporting the achievement of the Service's strategic outcomes and objectives.						
2.4	Risk Registers 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 Owners provide information on the current controls in place and identify additional actions still required.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	<b>Risk Overview</b>						
3.1.1	The risk register is a management tool that provides assurance to the Service, and its scrutiny bodies, that the significant risks of the organisation have been identified, managed and are subject to ongoing monitoring and review.						
3.1.2	Appendix A provides details of all risks above the risk rating of 15, as previously agreed by the Service, with Appendix B providing a summary of risks falling below 15 together with details on the position of control actions.						
3.2	<b>Alignment to Strategic Outcomes</b>						
3.2.1	The table below identifies the alignment between the 2022-25 Strategic Outcomes and the current Directorate Risks with each risk aligned to a single outcome:						

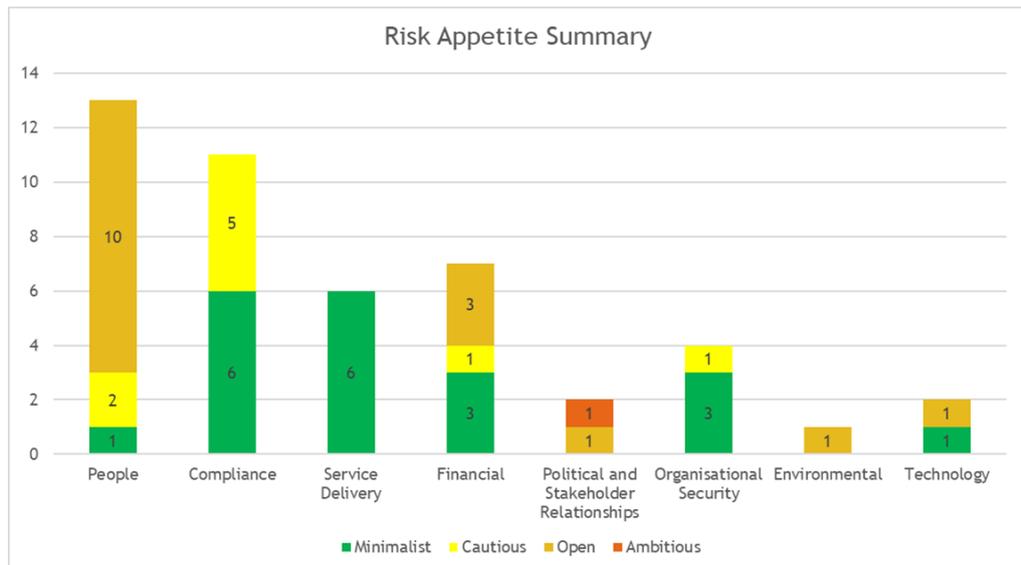
Strategic Outcomes		Directorate Risks				Total
		VH	H	M	L	
Outcome 1	Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.	3	2			5
Outcome 2	Communities are safer and more resilient as we respond effectively to changing risks.	5	3	1		9
Outcome 3	We value and demonstrate innovation across all areas of our work.			1		1
Outcome 4	We respond to the impacts of climate change in Scotland and reduce our carbon emissions.		1			1
Outcome 5	We are a progressive organisation, use our resources responsibly and provide best value for money to the public	6	4	5		15
Outcome 6	The experience of those who work for SFRS improves as we are the best employer we can be.	6	6	2		14
Outcome 7	Community safety and wellbeing improves as we work effectively with our partners			1		1
		20	16	10		46

3.2.2 All risks will be realigned to the new 2025-2028 Strategic Plan with work programmed through the Performance and Data Services.

3.3 **Risk Appetite**

3.3.1 Following agreement of the Services risk appetite statements an alignment to current Directorate risks was undertaken. The tables below provide information on each of the stated risk appetite definitions and a summary of risk alignment to stated risk appetite:

RiskAppetite Levels	Category Description	Associated Risk Target Rating
Minimalist	Preference for low level of associated risk and uncertainty and will only look to accept risk where it is essential to do so. The creation of opportunity is not a key driver.	Rating Appetite Rating of 1 - 3
Cautious	Preference for safe options where the level of benefit and risk is limited but some opportunity may be experienced.	Rating Appetite Rating of 4 - 9
Open	Willing to consider all potential delivery options and to choose the one that is most likely to result in success and opportunity whilst also providing an acceptable level of risk.	Rating Appetite Rating of 10 - 12
Ambitious	Eager to be innovative and to take opportunities offering potentially higher reward, whilst accepting greater risk and uncertainty.	Rating Appetite Rating of 15 - 25



3.3.2 The table below provides a breakdown of information in relation to the alignment between Risk Appetite and risks rated 15 or over:

Risk Theme	Risk ID	Governance Alignment	Risk Name	Risk Rating	Target Risk	RR Above or Within RA
Technology (Open)	FCS019	SDC (SDB)	Critical service and system failure	20	12	Above
Service Delivery (Minimalist)	PPP008	SDC (SDB)	Disruption and National Event Team	16	4	Above
Service Delivery (Minimalist)	SD001	SDC (SDB)	Command and Control Mobilising Systems	15	10	Above
Service Delivery (Minimalist)	OD001	SDC (SDB)	Operations Control Staffing	15	6	Above
People (Open)	POD020	PC (CB)	People Capacity & Wellbeing	16	4	Above
People (Open)	FCS022	PC (CB)	Recruitment & Retention	16	12	Above
People (Cautious)	POD026	PC (CB)	Remedial Pensions Exercises	16	4	Above
People (Minimalist)	SPPC017	PC (CB)	Resourcing Levels	16	9	Above
People (Open)	POD025	PC (CB)	Support Staff Pay & Reward Framework	16	4	Above
People (Open)	PPP005	SDC (SDB)	Trained, skilled staff and legal/regulatory compliance	16	4	Above
Organisational Security (Minimalist)	SDD007	ARAC (CB)	Cyber Security	20	12	Above
Organisational Security (Minimalist)	PPP009	SDC (SDB)	HFSV Partner Application	16	4	Above
Organisational Security (Minimalist)	FCS017	ARAC (CB)	Planning for and minimising Cyber disruption	15	10	Above
Financial (Minimalist)	POD024	PC (CB)	Misalignment of Learning & Development Investment with	20	2	Above
Financial (Minimalist)	FCS005	ARAC (CB)	Core Funding	16	8	Above
Financial (Open)	TSA019	PC (TSAB)	Training Facilities	16	8	Above
Compliance (Minimalist)	TSA020	PC (TSAB)	Health and Safety Legal Compliance	16	1	Above
Compliance (Cautious)	SPPC004	ARAC (CB)	Information Governance Legislation	16	8	Above
Compliance (Minimalist)	TSA018	PC (TSAB)	Training Capacity	16	6	Above
Compliance (Cautious)	POD027	PC (CB)	Reporting Systems	15	4	Above

3.3.3 The table below provides a breakdown of information in relation to the alignment between Risk Appetite and risks rated below 15:

Risk Theme	Risk ID	Governance Alignment	Risk Name	Risk Rating	Target Risk	RR Above or Within RA
Technology (Minimalist)	SPPC016	SDC (SDB)	IRS FARDAP	5	5	Above
Service Delivery (Minimalist)	POD016	PC (CB)	Development to Competent Policy Arrangements	9	4	Above
Service Delivery (Minimalist)	SD003	SDC (SDB)	Operational Availability Systems	9	6	Above
Service Delivery (Minimalist)	SD006	PC (CB)	Statutory Duties	12	8	Above
Political and Stakeholder Relationships (Open)	SPPC013	ARAC (CB)	Partnership Working	8	8	Below
Political and Stakeholder Relationships (Ambitious)	SPPC015	ARAC (CB)	Consultation and Engagement	9	6	Below
People (Open)	FCS018	PC (CB)	Recruitment and Retention	9	6	Below
People (Open)	FCS024	ARAC (SDB)	Capital Programme	12	4	Within
People (Cautious)	POD022	PC (CB)	Employee Relations Case Management	12	4	Above
People (Open)	POD023	PC (CB)	People (Organisational Change) Framework	12	4	Within
People (Open)	FCS015	ARAC (SDB)	Staffing Issues	12	8	Within
People (Open)	PPP004	SDC (SDB)	Trained, skilled staff and legal/regulatory compliance	12	4	Within
People (Open)	FCS025	PC (CB)	Training for support staff	12	4	Within
Organisational Security (Cautious)	SPPC018	ARAC (CB)	Organisational Security	10	5	Above
Financial (Open)	FCS020	ARAC (CB)	Best Value	12	8	Within
Financial (Minimalist)	FCS011	ARAC (CB)	Fraud Detection	12	9	Above
Financial (Open)	FCS021	ARAC (SDB)	Investment Backlog	12	8	Within
Financial (Cautious)	FCS023	ARAC (CB)	New Finance System	12	9	Above
Environmental (Open)	FCS008	ARAC (SDB)	Environmental Management	12	8	Within
Compliance (Cautious)	POD018	PC (CB)	Personal Record Files	6	4	Within
Compliance (Cautious)	SPPC001	SDC (SDB)	Service Performance Management	8	5	Within
Compliance (Cautious)	SPPC003	ARAC (CB)	Statutory Framework	8	8	Within
Compliance (Minimalist)	SPPC019	ARAC (CB)	Statutory Framework	9	6	Above
Compliance (Minimalist)	PPP007	SDC (SDB)	Business Continuity Management System (BCMS)	12	4	Above
Compliance (Minimalist)	TSA014	PC (TSAB)	Health and Safety Legal Compliance	12	4	Above
Compliance (Minimalist)	TSA021	PC (TSAB)	Health and Safety Legal Compliance	12	1	Above

3.3.4 Whilst risks rated 15 or above fall above our stated appetites, the alignment between risks rated below 15 and risk appetite shows a closer relationship, with 12 risks currently sitting within or below the stated appetite.

3.4 Risk Spotlights

3.4.1 All Committee's and Executive Boards will consider risks for future spotlights and following these discussions, identify whether required levels of assurance on progress have been provided.

3.4.2 In alignment to these spotlights, SLT have been asked to consider a programme of Directorate risk register reviews, allowing scrutiny of all registers and associated control actions over the financial year. This additional oversight would allow discussion of new areas of risk that could impact the Service or consideration of areas not currently reported.

3.5

**Significant Directorate Risks**

3.5.1

In relation to the current period Directorates reviewed their registers identifying 46 risks of which 20 are rated at 15 or above and coloured red within the table.

What is the current status of each risk?						
		Impact				
		Negligible (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Probability	Rare (1)					1
	Unlikely (2)			1	3	1
	Possible (3)			5	11	2
	Likely (4)			4	13	2
	Almost Certain (5)			2	1	

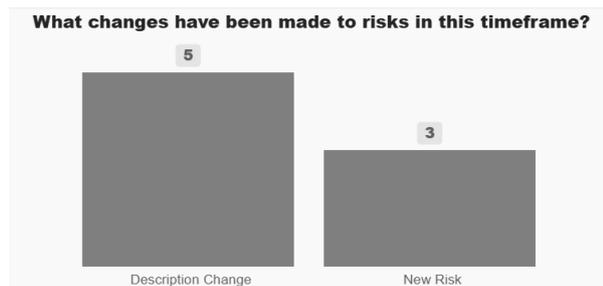
3.5.2

Appendix A to the report identifies all risks rated 15 or above with the table below highlighting 10 risks rated 15 or above relating to the People Committee, with full details provided within Appendix A:

Risk Type	Strategic Outcome	Risk Theme	Risk ID	Risk Name	Risk Rating	Target	Live Actions
Directorate	6 - People	People	FCS022	Recruitment & Retention	16	12	2
Directorate	6 - People	People	POD020	People Capacity & Wellbeing	16	4	1
Directorate	6 - People	Financial	POD024	Misalignment of Learning & Development Investment with Strategic Priorities	20	2	4
Directorate	6 - People	People	POD025	Suport Staff Pay & Reward Framework	16	4	1
Directorate	5 - Effective Governance and Performance	People	POD026	Remedial Pensions Exercises	16	4	2
Directorate	5 - Effective Governance and Performance	Compliance	POD027	Reporting Systems	15	4	2
Directorate	6 - People	People	SPPC017	Resourcing Levels	16	9	1
Directorate	2 - Response	Compliance	TSA018	Training Capacity	16	6	8
Directorate	2 - Response	Financial	TSA019	Training Facilities	16	8	6
Directorate	6 - People	Compliance	TSA020	Health and Safety Legal Compliance	16	1	1

3.5.3

In relation to significant risks aligned to the People Committee a number of new risks have been added over the last period:



Risk Ref.	Risk Description
TSA020	There is a risk that SFRS do not have established procedures in place for quantitative FFT testing of SCBA facemasks by January 2026, as required following changes in HSE guidance communicated through NFCC. Face Fit Testing (DCOL). Risk Rating 16.
POD027	There is a risk that SFRS is unable to evidence effective process controls and/or unable to provide the full range of required people reporting due to system limitations and a high reliance on manual/ off-system working. Risk Rating of 15.
SPPC017	There is a risk where current resourcing falls below required levels to meet demand. This is due to current sickness absence, vacancy management and increased demands placed upon the function. Risk Rating 16.

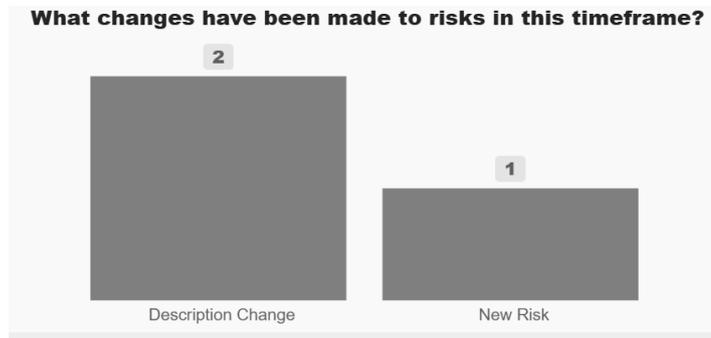
3.5.4

Appendix B to the report identifies all risks rated below 15, with the table below highlighting 9 risks relating to the People Committee, with further information attached within Appendix B:

Risk Type	Strategic Outcome	Risk Theme	Risk ID	Risk Name	Risk Rating	Target	Live Actions
Directorate	6 - People	People	FCS018	Recruitment and Retention	9	8	4
Directorate	6 - People	People	FCS025	Training for support staff	12	4	1
Directorate	6 - People	Service Delivery	POD016	Development to Competent Policy Arrangements	9	4	1
Directorate	5 - Effective Governance and Performance	Compliance	POD018	Personal Record Files	8	4	3
Directorate	6 - People	People	POD022	Employee Relations Case Management	12	4	3
Directorate	6 - People	People	POD023	People (Organisational Change) Framework	12	4	2
Directorate	2 - Response	Service Delivery	SD006	Statutory Duties	12	8	1
Directorate	6 - People	Compliance	TSA014	Health and Safety Legal Compliance	12	4	1
Directorate	6 - People	Compliance	TSA021	Health and Safety Legal Compliance	12	1	1

3.5.5

In relation to significant risks aligned to the People Committee one new risk been added over the last period:

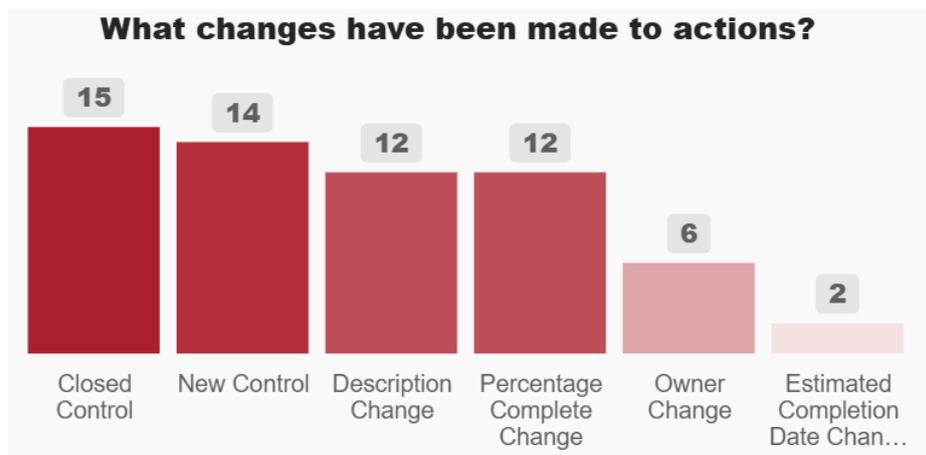


Risk Ref.	Risk Description
TSA021	There is a risk of failure to undertake periodical examinations for asbestos as required, due to the requirement to deliver recovery activities. Risk Rating 12.

3.6  
3.6.1

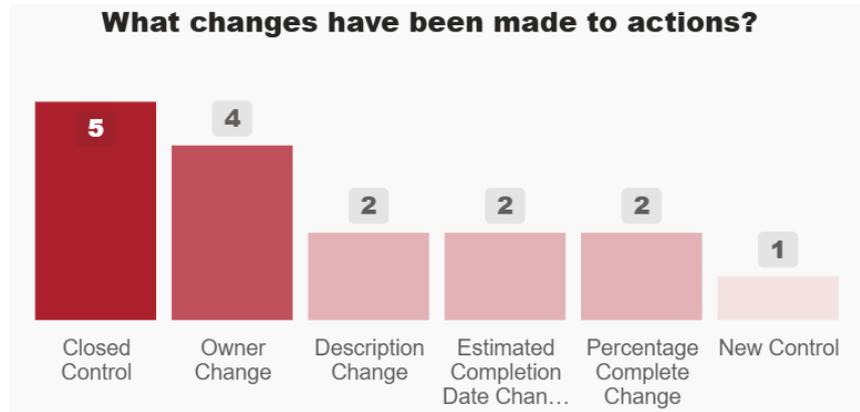
**Control Actions**

Following review, the following changes have been made to control actions rated 15 or above:



3.6.2

Following review, the following changes have been made to control actions rated below 15:



3.6.3

Without immediate action being taken on progressing identified controls, risks are likely to remain static. Discussions with Directorates will focus on identifying actions required within the current financial year with a RAG status incorporated within reports, aligned to the agreed process for Internal Audit, to identify progress made. This will focus scrutiny on priority areas, allowing responsible officers to provide assurance updates.

Green	On target or within 3 months of original due date
Amber	3-9 months delay from original due date
Red	Delay of over 9 months from original due date

3.6.4

In relation to risks rated 15 or above, Appendix A identifies one control action currently over 9 months from its original due date.



Risk ID	Action Description	Action Due	Est. Date	Action Comment
TSA019	Review the suitability of Dundee Airport site (course delivery and welfare facilities)	30/06/2024	31/03/26	Upgrade works to the facilities is progressing following a short pause over the festive period. Completion date remains on target for end March 2026

<p>3.6.5</p>	<p>In relation to risks falling below a rating of 15, there are 5 control action over 9 months from its original due date:</p> <div data-bbox="507 286 1257 761" data-label="Figure"> <table border="1"> <caption>How many actions are outstanding</caption> <thead> <tr> <th>Category</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>On Target or 3 months from due date</td> <td>9</td> <td>52.94%</td> </tr> <tr> <td>3-9 months delay from original due date</td> <td>3</td> <td>17.65%</td> </tr> <tr> <td>Over 9 months from original due date</td> <td>5</td> <td>29.41%</td> </tr> </tbody> </table> </div>	Category	Count	Percentage	On Target or 3 months from due date	9	52.94%	3-9 months delay from original due date	3	17.65%	Over 9 months from original due date	5	29.41%
Category	Count	Percentage											
On Target or 3 months from due date	9	52.94%											
3-9 months delay from original due date	3	17.65%											
Over 9 months from original due date	5	29.41%											
<p>3.6.6</p>	<p>All control actions for these risks continue to be monitored through Directorate management teams with updates provided quarterly, or monthly, where progress has been made.</p>												
<p>3.7</p>	<p><b>Development of Risk Dashboard</b></p>												
<p>3.7.1</p>	<p>Work has been undertaken with Performance and Data Services to develop an automated reporting capability in relation to Appendix A and B, with the current attachments now showing a closer alignment to other data reports issued.</p>												
<p>3.7.2</p>	<p>Aligned to the new reporting capability, development work is being undertaken to remove excel based risk registers, allowing Directorates to input data directly into the risk dashboard. Testing of the new functionality will be undertaken during Q4 and Q1 with new recording and reporting arrangements anticipated to be fully adopted during Q1.</p>												
<p>3.7.3</p>	<p>Both of these areas will assist in providing more up to date information for scrutiny purposes but will also require additional guidance on governance arrangements to ensure the accuracy of data directly input into the system.</p>												
<p>3.7.4</p>	<p>In addition to this work revisions will be made to risk and related control action descriptions, ensuring we capture the reals risk faced by the Service, identify reasonable risk ratings and clearly articulate further mitigating actions required.</p>												
<p><b>4</b></p>	<p><b>Recommendation</b></p>												
<p>4.1</p>	<p>The People Committee is asked to:</p> <ul style="list-style-type: none"> <li>Scrutinise the information presented within the report and consider whether any additional assurance is required in relation to information provided.</li> </ul>												
<p><b>5</b></p>	<p><b>Key Strategic Implications</b></p>												
<p>5.1</p>	<p><b>Risk Appetite and Alignment to Risk Registers</b></p>												
<p>5.1.1</p>	<p>The report identifies risks from each Directorate together with the significant changes made since the last update. Each Directorate will be responsible for the identification and mitigation of any associated risk and for the update of relevant risk registers.</p>												
<p>5.1.2</p>	<p>The report is aligned to the Services Compliance risk appetite in relation to our internal governance, including systems of control, where the Service has a <b>Cautious</b> appetite.</p>												

5.2 5.2.1	<b>Financial</b> The report identifies risks from each Directorate with financial implications arising from control decisions to be managed by the relevant Directorate.	
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> Any implications arising from the report will be managed by the relevant Directorate.	
5.4 5.4.1	<b>Workforce</b> Any implications arising from the report will be managed by the relevant Directorate.	
5.5 5.5.1	<b>Health &amp; Safety</b> Any implications arising from the report will be managed by the relevant Directorate.	
5.6 5.6.1	<b>Health &amp; Wellbeing</b> Any implications arising from the report will be managed by the relevant Directorate.	
5.7 5.7.1	<b>Training</b> Any implications arising from the report will be managed by the relevant Directorate.	
5.8 5.8.1	<b>Timing</b> The report is provided to the Audit and Risk Assurance Committee on a quarterly basis.	
5.9 5.9.1	<b>Performance</b> The risk report is used to ensure risks are identified and suitably managed by relevant Directorates.	
5.10 5.10.1	<b>Communications &amp; Engagement</b> Any implications arising from the report will be managed by the relevant Directorate.	
5.11 5.11.1	<b>Legal</b> Any implications arising from the report will be managed by the relevant Directorate.	
5.12 5.12.1	<b>Information Governance</b> DPIA completed - No. The report provides a summary of risks identified by Directorates. Each Directorate will ensure that any relevant DPIA is completed as required.	
5.13 5.13.1	<b>Equalities</b> 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 5.14.1	<b>Service Delivery</b> 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>	Deborah Stanfield, Director of Finance and Contractual Services
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/Reasonable/Limited/Insufficient
7.2	<b>Rationale:</b>	There is room for improvement in the identification of the right risks, their associated risk rating, controls and the completion of mitigating actions within identified timescales. The report is based upon information received from Directorate's 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 A – Significant Risks	
8.2	Appendix B – Other Risk Summary	
<b>Prepared by:</b>	David Johnston, Risk and Audit Manager	
<b>Sponsored by:</b>	Lynne McGeough, Head of Finance and Procurement	
<b>Presented by:</b>	Craig McGoldrick, Director of Training, Safety and Assurance Lyndsey Gaja, Head of People	
<b>Links to Strategy and Corporate Values</b>		
<p>The Risk Management Framework forms part of the Services Governance arrangements and contributes to the Services 2025-2028 Strategy in relation to the following outcomes:</p> <ul style="list-style-type: none"> <li>• Our organisational performance, productivity and resilience continually improve, delivered through organisational risk, security and resilience activities.</li> <li>• We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient, delivered through more efficient and effective corporate business processes.</li> </ul>		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>People Committee</i>	<i>05 March 2026</i>	<i>For Scrutiny</i>



# SCOTTISH

## FIRE AND RESCUE SERVICE

Working together for a safer Scotland

## Appendix A - Significant Risks



MANAGEMENT  
INFORMATION

Updates received in:

**2025-26Feb**

### Welcome

This report outlines all significant risks with a current risk rating of 15 or higher, including details of the most recent control actions for each risk.

Click on the navigational buttons at the top of the following pages to go to a specific risk.

Key Contact: [David.Johnston2@firescotland.gov.uk](mailto:David.Johnston2@firescotland.gov.uk)

Risk Management Policy & Framework: [RiskMgtPolicyFrameworkV3.0 \(firescotland.gov.uk\)](#)



BUSINESS  
INTELLIGENCE



### MANAGEMENT INFORMATION

There is no confidential information in this report – content can be shared with partners.  
Data is subject to change.

Overview

FCS019

POD024

SDD007

FCS005

FCS022

POD020

POD025

POD026

PPP005

PPP008

PPP009

SPPC004

SPPC017

TSA018

TSA019

TSA020

FCS017

OD001

POD027

SD001

Risk ID	Risk Name	Risk Rating	Previous Risk Rating	Fiscal Mth
FCS019	Critical service and system failure	20	20	2025-26 Feb
POD024	Misalignment of Learning & Development Investment with Strategic Priorities	20	20	2025-26 Feb
SDD007	Cyber Security	20	20	2025-26 Feb
FCS005	Core Funding	16	16	2025-26 Feb
FCS022	Recruitment & Retention	16	16	2025-26 Feb
POD020	People Capacity & Wellbeing	16	16	2025-26 Feb
POD025	Suport Staff Pay & Reward Framework	16	16	2025-26 Feb
POD026	Remedial Pensions Exercises	16	16	2025-26 Feb
PPP005	Trained, skilled staff and legal/regulatory compliance	16	16	2025-26 Feb
PPP008	Disruption and National Event Team	16	16	2025-26 Feb
PPP009	HFSV Partner Application	16	16	2025-26 Feb
SPPC004	Information Governance Legislation	16	20	2025-26 Feb
SPPC017	Resourcing Levels	16	16	2025-26 Feb
TSA018	Training Capacity	16	16	2025-26 Feb
TSA019	Training Facilities	16	16	2025-26 Feb
TSA020	Health and Safety Legal Compliance	16		2025-26 Feb
FCS017	Planning for and minimising Cyber disruption	15	15	2025-26 Feb
OD001	Operations Control Staffing	15	15	2025-26 Feb
POD027	Reporting Systems	15		2025-26 Feb
SD001	Command and Control Mobilising Systems	15	15	2025-26 Feb

Overview	<b>FCS019</b>	POD024	SDD007	FCS005	FCS022	POD020	POD025	POD026	PPP005
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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS019	2	There is a risk that many of our critical services and systems, which support Operations Control team functions, could fail and be unrecoverable. This is because of the age of both the hardware and software elements involved, much of which is substantially beyond end of life. Vendor or SME support contracts are largely on a best endeavours basis resulting in, for example, the potential of Operations Control being unable to mobilise resources to an incident. This risk is enhanced during the period of transition to the NMS which parallel running bringing additional challenges.	SDC	SDB	Director of Finance and Contractual Services	20	20	12	Technology - Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Ensure subject matter experts are involved in the NMS transition phase of the project	31/03/2026	31/03/2026	Greg Aitken	DaTS resources heavily involved and identified to support the ICCS go-lives.	On Target or 3 months from due date
Work closely with support partners to ensure preventative maintenance is carried out on at risk systems.	31/03/2026	31/03/2026	Greg Aitken	Ongoing as part of BAU processes. NEC position remains challenging.	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD024	6	There is a risk that the organisation's Learning and Development (L&D) budget is predominantly allocated to compliance and regulatory training, due to limitations on the available funding, resulting in insufficient resources to support strategic workforce development, leadership capacity building, and future capability needs. This may hinder the organisation's ability to adapt to evolving business needs, innovate, and achieve long-term strategic goals.	PC	CB	Ceri Dodd, Deputy Head of People	20	20	2	Financial - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Conduct strategic L&D needs analysis aligned to organisational priorities	30/06/2026	30/06/2026	Danielle Milligan, People Manager - Talent	L&D prioritisation matrix for the 2026-27 LNA has been revised to become multifactor including alignment to organisational priorities.	On Target or 3 months from due date
Engage senior leaders in L&D planning and prioritisation	30/06/2026	30/06/2026	Danielle Milligan, People Manager - Talent	Quarterly L&D reporting to Corporate Board (CB) continues and onward reporting to People Committee (PC) commenced from Q2 update. Heads of Function approval for annual LNA has been mandated and included in the 2026-27 process enabling greater engagement with their functional LNA prior to submission to People Directorate for centralised collation and inclusion with in the SFRS annual planning processes.	On Target or 3 months from due date
Identify future skill and capability requirements and ensure funding for their development is included in future budget setting processes.	31/03/2026	31/03/2026	Ceri Dodd, Deputy Head of People	Future leadership and management skills and capability development funding requirements have been included within the medium term (3 year service delivery plan) financial planning process. A revised approach for the 2026-27 LNA process has been implemented to enable clear identification of different development categories including regulation/compliance, development qualifications, leadership and management and future skills/capability L&D needs from across the Service.	On Target or 3 months from due date
Review L&D budget approach	31/03/2026	31/03/2026	Ceri Dodd, Deputy Head of People	Learning Needs Analysis (LNA) Investment Report was developed and presented to SLT. It outlined SFRS' current L&D approach and noted that most learning and development funding is currently focused on statutory and compliance training, with limited resources for future skills and leadership, and proposed a more strategic, prioritised approach to workforce development and funding to better align with organisational goals and future needs.	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SDD007	5	There is a risk of SFRS being unable to maintain adequate levels of Cyber Security to avoid a cyber breach. This may result because of a lack of staff awareness, education and adherence to the policies and processes in place. This may result in the failure of access to or stability of systems, affecting SFRS activity.	ARAC	CB	Head of ICT	20	20	12	Organisational Security - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Delivery of Phase 1 of Cyber Security Action Plan	01/03/2028	30/03/2026	Greg Aitken	This is managed via the DaTS Cyber Security Project. Phase 1 work packages have been identified, some delivered and others scheduled to be delivered before 31/03/2026.	On Target or 3 months from due date
Ensure a Service wide priority around staff Cyber Security training, and seek assistance from other functions/directorates i.e. People, Service Delivery, etc, to improve completion rates	31/03/2026	31/03/2026	Greg Aitken	Staff training continues to be monitored with risk spotlights provided to required Committee's and Executive Boards. Engagement with People Directorate has taken place, and they are assisting with encouraging those who have yet to register with KnowBe4 to do so ASAP. Once that exercise is complete they will focus on staff training compliance with the aim of increasing completion rates.	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS005	5	There is a risk that the Service may be unable to secure levels of funding required to achieve its strategic objectives. Additional pressure has been placed upon government finances causing uncertainty over future funding settlements. This could result in delays to agreed and future projects requiring a resetting of the Services objectives.	ARAC	CB	Head of Finance and Procurement	16	16	8	Financial - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Develop a 3 year medium term financial plan, taking account of the developing strategic service review programme.	31/03/2025	31/08/2025	Head of Finance and Procurement	Report provided to the Strategic Planning Change Committee on 6th November presenting the medium term financial plan for scrutiny. Further engagement with SLT required, to allow implementation of plan, pending SG budget proposals in January 2026.	Over 9 months from original due date
Regular review of financial monitoring reports to SLT, ensuring they remain fit for purpose to allow appropriate decision making.	31/03/2027	31/03/2027	Lynne Mcgeough	Monitoring requirements continue to be reviewed.	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS022	6	There is a risk of continued challenges with recruiting and retaining staff with the necessary skills and experience required to support the Finance and Procurement Function. This relates to all functions, with particular impacts apparent within the Accountancy and Procurement Sections which is proving to have a very buoyant job market, and provides pay grade challenges. This can result in the inability to support service delivery requirements and future impacts upon resilience and succession planning may be experienced.	PC	CB	Head of Finance & Procurement	16	16	12	People - Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Following SLT agreement recruit to establishment in relation to the Systems Team.	31/05/2026	31/05/2026	Lynne Mcgeough	Currently being progressed.	On Target or 3 months from due date
Review of Finance and Procurement Structure to ensure alignment with Strategic and Directorate priorities and associated projects.	31/12/2025	31/12/2025	Head of Finance & Procurement	Proposed structure developed and shared with FMT - potential revisions being considered at which point finalised structure will move through governance / unions etc. FMT discussions continue	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD020	6	There is a risk that the Directorate is unable to deliver against stated commitments and objectives or provide timeous support to wider SFRS projects and change initiatives, due to limited resources and capacity brought about by the current financial context and competing organisational priorities. This could result in a lack of ability to deliver and perform effectively as a Directorate, as an enabler to the SFRS, as well as negatively impacting the health and wellbeing of People colleagues, resulting in increased levels of absence, reduced engagement, higher staff turnover and reduced ability to deliver against Directorate and Service plans.	PC	CB	Lyndsey Gaja, Head of People	16	16	4	People - Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
New Demand to CPIG setting out case for targetted resource to mitigate risks	30/11/2025	30/11/2025	Lydsey Gaja. Head of People	New demand for CPIG submitted on 20 November, ahad of 26 Nov meeting	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD025	6	There is a risk the SFRS is unable to attract and retain the support staff capabilities it needs, due to a perception that the current reward framework is not attractive, resulting in a reliance on long term market allowances and a negative impact on the organisation's ability to meet its strategic priorities.	PC	CB	Geri Thomson, Deputy Head of People	16	16	4	People - Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Deliver phase 1 pay and reward review to define challenges and develop options	30/06/2026	30/06/2026	Geri Thomson, Deputy Head of People	Numbers and details of posts within support staff structure being prepared to support analysis to be carried out by consultant	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD026	5	There is a risk that the concurrent remedial pensions exercises are not progressed in line with planned deadlines, some of which are statutory, due to the complex and inter-related nature of the work, along with capacity constraints at the Scottish Public Pensions Agency. This may result in a lack of clarity and discontent for employees; potential legal challenge and / or employee relations issues; increased enquiries from external stakeholders; and financial disadvantage to scheme members.	PC	CB	Geri Thomson, Deputy Head of People	16	16	4	People - Cautious (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Participate in various informal and formal forums with Scottish Public Pensions Agency and Finance colleagues to maintain regular oversight on project plans and agreed milestones and ensure effective internal communication and signposting	31/03/2026	31/03/2026	Geri Thomson, Deputy Head of People	Regular project meetings ongoing on weekly basis with SFRS participation, along with attendance at extraordinary SAB's as required. McCloud Remedial Service Statements now issued to 72% of active members, issue to Retired members expected to commence December 2025. Matthews and Booth both "paused" to permit focus on McCloud. Consultation on revision of Statutory Regulations governing Matthews just complete, and incorporates extension of Statutory deadline until September 2026	On Target or 3 months from due date
Provide regular progress updates to SFRS management teams and stakeholders to ensure appropriate oversight and escalation of potential challenges / delays should these arise	31/03/2026	31/03/2026	Geri Thomson, Deputy Head of People	Updates on current progress and impact of further delays provided to both SLT and RANSc in early September. With update to Service Delivery Board provided in mid-October. Regular meetings between SFRS and SPPA Comms team now underway, SPPA issuing monthly newsletters on progress. SFRS actively responding to employee queries and concerns, and SPPA have, at the behest of SFRS, created an email "hotline" between both organisations to fast-track any SFRS employee concerns over RSS statements. SFRS also responding to elected member questions, and supporting SPPA address Ministerial questions on issues concerning Volunteer employees in receipt of Retaining fees.	On Target or 3 months from due date



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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP005	1	There is a risk of insufficient levels of qualified and skilled Fire Engineering resources due to challenges with recruitment, access to qualifications/training requirements, finances and retention of staff, resulting in the potential that the Directorate/SFRS may not be able to deliver against its statutory and organisational responsibilities and demands.	SDC	SDB	Head of Directorate (DACO)	16	16	4	People - Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Engage with the University of Edinburgh to establish new course in relation to Fire Engineering Degree and forward business case to LPG to secure interim funding for alternative degree course in England.	31/03/2025	31/03/2026	AC Getty	UK Wide scoping work and engagement continues to determine available courses for Fire Engineers. Ongoing work with Edinburgh University and NFCC to consider Scottish Degree and Masters level options. This will take some time to develop. 4 SFRS delegates are on an FE degree course on year 1 at UCLan. Business Case developed to secure funding for a further 2 delegates to attend the FE degree in 2026. Retirement profile alongside achievement timescales considered to secure competency within the Function.	Over 9 months from original due date
Form contingency options to mitigate any Service failures to deliver Fire Engineering services through existing staff. Option to be progressed through governance for decision.	31/03/2025	31/03/2026	AC Getty	SFRS may have to consider an external contractor with careful contract considerations in absence of appropriately skilled staff. Alternative option would require employment at market value rates approximately 3 times the current contractual pay grade. Business Case prepared for consideration at CPIG/SLT to support additional development post within Fire Engineering.	Over 9 months from original due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP008	1	The Resilience Management Team has recognised a gap in national-level planning and Disruption preparedness. Currently ad-hoc teams are formed as needed, composed of members from the Resilience Team, LSO representation, and other stakeholders. Risks: Inconsistent planning, knowledge loss between events, and reactive deployment.	SDC	SDB	Head of Directorate (DACO)	16	16	4	Service Delivery - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Scope, and where agreed implement, options in relation to increasing capacity within the RM Team	01/04/2026	01/04/2026	AC Marshall	Paper taken to DMT on requirement for team to be established. Option 2 in paper approved that requires 3 WC and 3 CC's to resource the team. Proposal sent to SDR team for consideration of reinvestment of staff. Alternative options for resourcing being explored.	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP009	1	There is a risk SFRS can not accept, record and report on partner referrals for Home Fire Safety Visits (and reciprocal referrals for support) due to the partner element of the App not being live - due to failing cyber security testing. There are reputational risks as partners have been advised they could register as a HFSV referrer since February 2025. Without a secure Partner app there are data security issues should there be a cyber security attack which as led to the delays.	SDC	SDB	Head of Directorate (DACO)	16	16	4	Organisational Security - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Engage with DaTS to ensure the full HFSV system is available, allowing for the recording of partner referrals for a HFSV and onward referrals for householders to access wider support.	31/01/2026	31/01/2026	C Barlow	Development work has been ongoing since the HFSV App went live (Feb '25) to address security issues identified during cyber security testing. External testing was concluded 21/11/25 and DaTS confirmed the Partner App can be released into the live environment. Once the App is fully "live" and accessible by SFRS staff (expected week beginning 01 December) and partners this risk can be closed.	On Target or 3 months from due date
Support SFRS staff and partners to utilise the current HFSV App to provide HFSV referrals whilst awaiting the full system to be launched.	31/01/2026	31/01/2026	C Barlow	Guidance and support has been provided to partners to ensure they can still refer to the Service. These however are recorded as self referrals so we have no way of knowing the number of partners referrals since the App went live.	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC004	5	There is a risk that the service fails to comply with information governance legislation because of non-compliance resulting in sanctions and loss of stakeholder and public confidence	ARAC	CB	Head of Communication and Engagement	16	20	8	Compliance - Cautious (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
▲ Undertake review within SFRS to ascertain policy compliance	01/04/2025	31/08/2026	Head of Governance, Strategy and Performance	Work on hold due to lack of staff capacity and availability. Considered as part of review of Corporate Services.	Over 9 months from original due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC017	6	There is a risk where current resourcing falls below required levels to meet demand. This is due to current sickness absence, vacancy management and increased demands placed upon the Function. This has resulted in delays to work being completed, additional pressures placed upon other members of the Team and a reduction in the quality of work able to be provided.	PC	CB	Head of Communication and Engagement	16	16	9	People - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Review demands and prioritisation of work within Teams.	31/03/2026	31/03/2026	Marysia Waters	Communications demand arrangements have been reviewed and approved by corporate board.	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA018	2	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.  (Capacity meaning: the ability to do or produce)	PC	TSAB	Assistant Chief Officer Craig McGoldrick Head of Training	16	16	6	Compliance - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Support Central Staffing with the implementation of a structured validation process to ensure accuracy and alignment across systems and confirm that data integrity checks verify that supplied competency data is complete, consistent, and formatted correctly before integration.	31/10/2025	31/03/2026	Andy Scott	Test data has been generated for Breathing Apparatus, Driving (Cat B and Cat C), and Incident Command. This data is currently undergoing validation checks to confirm accuracy and formatting before a test file is prepared for upload to the Gartan system, as contractual data will not be included in the upload file.	3-9 months from original due date
Cross-System Validation: Conduct automated and manual checks to ensure competency records match across HR, training, and operational databases.	01/03/2026	01/03/2026	Andy Scott	Cross-validation checks are ongoing for Breathing Apparatus, Driving, and Incident Command competencies. Data verification has been completed successfully, and the final output file is being prepared for upload to the Gartan system.	On Target or 3 months from due date
Discrepancy Resolution: Identify and rectify any inconsistencies in collaboration with Operations and relevant stakeholders before finalising updates.	01/03/2026	01/03/2026	Andy Scott	Next stage started with limited output of B.A. and Driver Training and Incident Command. When confirmed move to output and check Specialist Skills	On Target or 3 months from due date
Driver training management team to engage with People Team to review current terms and conditions to align with emerging service needs.	01/04/2026	01/04/2026	Garry Douglas	Communication with trade unions and staff is taking place in advance of any formal agreements or implementation.	On Target or 3 months from due date
Exception Reporting: Generate reports highlighting anomalies or missing data, with corrective actions assigned to responsible personnel.	01/03/2026	01/03/2026	Andy Scott	Checks Started and output file being generated for verification into Gartan	On Target or 3 months from due date
Look at costing and timeline to put additional staff onto ADI instructor pathway to increase output of Category B courses.	01/11/2026	01/11/2026	Garry Douglas	Candidates have signed up to ADI register and the first phase of the course.	On Target or 3 months from due date
Review the job descriptions of non-uniformed instructors to confirm contractual obligations and assess the risk if driving instructors withdraw their ADI qualification for delivering Cat B ERD courses.	31/03/2026	31/03/2026	Gary Douglas	Communication with trade unions is underway prior to staff engagement. Consideration is being given to incorporating an out-of-core-hours allowance to ensure readiness for weekend and evening working ahead of the introduction of planned legislative changes to driving at speed courses.	On Target or 3 months from due date
To alleviate the current backlog of Category B courses explore options and costings for external training providers to deliver training to alleviate the current	01/03/2026	01/03/2026	Garry Douglas	An Initial Cat B course was delivered in December, with a second course scheduled for mid-January. A quick quote procurement process will now commence to enable further courses to be delivered prior to the end of the financial	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA019	2	There is a Directorate risk, of an inability to maintain or improve our training delivery due to the limited finance/budget available for capital investment, 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 & capacity, associated legal and regulatory compliance and financial and reputational cost.  (Facilities meaning: infrastructure, buildings, training centres, welfare)	PC	TSAB	Assistant Chief Officer Craig McGoldrick Head of Training	16	16	8	Financial - Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Review the suitability of Dundee Airport site (course delivery and welfare facilities).	30/06/2024	31/03/2026	Sarah Robertson Group Commander Training	Upgrade works to the facilities at Dundee Airports Training site is progressing following a short pause over the festive holiday period, completion dates remain on track for the end of March.	Over 9 months from original due date
Liaise with Assets / Property Function to support and oversee tenders priced, planning permission granted and the delivery of works completed, for the new welfare facility at Portlethen TC.	01/12/2025	31/03/2026	Srah Robertson	Since the December update, the proposal to improve Portlethen's welfare facilities has been discussed within the Training Function and agreed to progress. A wider priority list of training facility improvements is being developed and will be presented to Assets to determine the order of works. Once priorities are confirmed, tenders will be sourced to enable delivery of the agreed improvements.	On Target or 3 months from due date
Liaise with Assets / Property to support and oversee the timeline and delivery of works required for the new welfare facility at Sumburgh Training Centre.	31/03/2026	31/03/2026	Group Commander Thomas Mortimer	Still awaiting submission of the Planning Application and formal issue of the market testing (tender) package to the contractor; works continue to progress to maximise spend within the current financial year. The new accommodation units are expected to be on site by the end of March; however, completion of the "below ground" works is unlikely within that timeframe. As a result, the units may be temporarily sited at the Training Facility for several weeks while below ground and service connection works are completed. A programme to completion can only be provided once a contractor has been appointed.	On Target or 3 months from due date
Liaise with Property Project Manager and SMEs to support and oversee the design, user requirements, planning, procurement, tendering and construction of Perth Training Centre CFBT and Contaminants Control Facility.	30/09/2026	30/09/2026	Group Commander Sarah Robertson	CFBT project work commenced on Saturday 13/12/25, on breaking out the existing slab, in preparation for piling and ground slab works. Groundwork design proposals are being progressed in tandem with the ground works. Current discussion focuses on how to achieve level access to the new facility. Two options are being considered; Recessed slab: Lower the building's ground slab below the existing ground level, creating a recessed floor. Raised platforms: Keep the slab at the existing ground level and provide level access by installing raised platforms with graded approaches. It is proposed that the ground works associated with the CCU commence on 15/1/26. While the quotation for all CCU works are still awaited, instruction has been issued for provision of the facility, in order to maintain programme dates. To summarise, both projects continue to be progressing within project requirements of programme, cost and quality.	On Target or 3 months from due date
Work with Assets to support the replacement schedule to address the aging fleet within the Training Function.	31/03/2026	31/03/2026	Group Commander Garry Douglas	Fleet has confirmed that new vehicles are currently on order and are expected to arrive between the end of Quarter 4 and the start of Quarter 1. Specific delivery dates have not yet been provided. Further detail regarding which appliances are being replaced, and their respective locations is still awaited.	On Target or 3 months from due date
Work with Property, Contaminants Subgroup and PRP's to oversee the implementation of facilities and resources for the management of fire contaminant control across all sites.	31/03/2027	31/03/2027	Thomas Mortimer Group Commander Training	A monthly Contaminants meeting with PRPs for CFBT sites is monitoring progress and maintaining momentum to oversee the implementation of facilities and resources for the management of fire contaminant control across all sites. A Standardised "Contamination Control Unit" is under development and is planned for deployment alongside new CFBT units at Perth, which will provide a blueprint for SFRS premises moving forward.	On Target or 3 months from due date

Overview	FCS019	POD024	SDD007	FCS005	FCS022	POD020	POD025	POD026	PPP005
PPP008	PPP009	SPPC004	SPPC017	TSA018	TSA019	TSA020	FCS017	OD001	POD027

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA020	6	There is a risk that SFRS do not have established procedures in place for quantitative FFT testing of SCBA facemasks by January 2026, as required following changes in HSE guidance communicated through NFCC. Face Fit Testing (DCOL)	PC	TSAB	Teresa Kelly SA DHOF	16		1	Compliance - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Establish a working group to develop a delivery model	31/03/2026	31/03/2026	Teresa Kelly SA DHOF	Paper developed by DHOf for Service Delivery Board to highlighting change, risk and organisational direction with SDB Service Delivery Board approving the establishment of a working group to develop a delivery model. Nominations for the working group are being requested by Safety and Assurance.	On Target or 3 months from due date

Overview

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POD024

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FCS005

FCS022

POD020

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PPP005

PPP008

PPP009

SPPC004

SPPC017

TSA018

TSA019

TSA020

FCS017

OD001

POD027

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS017	5	There is a risk where SFRS fails to appropriately plan for and minimise the impact of a cyber attack on the Service. This may be due to insufficient planning of controls and response plans, aligned to the increasing technological advances made by cyber criminals. This may result in prolonged interruption to Service operations, unplanned additional funding requirements, negative press coverage and increased external scrutiny of Service operations.	ARAC	CB	Director of Finance and Contractual Services	15	15	10	Organisational Security - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
DaTS engagement with and support to Directorates/Functions in preparing business continuity plans	30/03/2026	30/03/2026	Craig Dundas	This is dependent on the Cyber Incident Response Plan (CIRP) being redeveloped and going live. Supporting functions with developing and redeveloping their BCP's will be closely aligned to the CIRP.	On Target or 3 months from due date
Delivery of Phase 1 of Cyber Security Action Plan	30/03/2026	30/03/2026	Walter Wilson	This is managed via the DaTS Cyber Security Project. Phase 1 work packages have been identified, some delivered and others scheduled to be delivered before 31/03/2026.	On Target or 3 months from due date
Redevelop Cyber incident response plan	30/01/2026	30/01/2026	Walter Wilson	We have worked alongside Cyber Fraud Scotland to review our current CIRP. Work will now take place to redevelop the CIRP with the aim of issuing a new CIRP before the end of March 2026.	On Target or 3 months from due date

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TSA019

TSA020

FCS017

OD001

POD027

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
OD001	2	There is a risk of a non-resilient fire control due to insufficient employees and an ineffective fire control structure. Failure to attract, recruit, personnel, high abstraction and sickness levels lead to ineffective workforce planning, as a result, we would be failing to provide a resilient fire control capability.	SDC	SDB	Head of Operations	15	15	6	Service Delivery - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Develop and implement an active recruitment strategy	01/08/2024	31/03/2026	AC MacDonald / GC Coyle	Recruitment campaign has progress, with candidates issued conditional offers of employment, and medicals taking place next week. Firefighter Control Foundation Programme scheduled to commence on Monday 16th March 2026.	Over 9 months from original due date
Explore targeted development of OC Management (Supervisory to Strategic level).	31/03/2025	31/03/2026	AC MacDonald / GC McCartney	We are working with Business Partners to explore delivery methods which take cognisance of the concurrent workstreams and capacity pressures. This includes discussion around bitesize sessions which can be recorded and supported with good practice.	Over 9 months from original due date

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TSA018

TSA019

TSA020

FCS017

OD001

POD027

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD027	5	There is a risk that SFRS is unable to evidence effective process controls and / or unable to provide the full range of required people reporting due to system limitations and a high reliance on manual / off-system working, resulting in a reduced team capacity for strategic priority work, poor employee experience, a negative impact on the ability to make evidence based decisions, increased errors and non-compliances.	PC	CB	Lyndsey Gaja, Head of People	15		4	Compliance - Cautious (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Agree the approach to the Corporate Systems project to ensure that in the longer term, appropriate systems and technology are in place to enable improved ways of working and enhanced controls	30/04/2026	30/04/2026		Initial draft OBC discussed at SPCC in November. Further developed OBC will be taken to the Feb 2026 meeting	On Target or 3 months from due date
Identify process improvement oppoortunities to mitigate risk within current system constraints and agree prioritised improvements to deliver	31/03/2026	31/03/2026		TBA	On Target or 3 months from due date

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SDD007

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FCS022

POD020

POD025

POD026

PPP005

PPP008

PPP009

SPPC004

SPPC017

TSA018

TSA019

TSA020

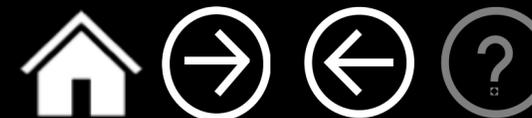
FCS017

OD001

POD027

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SD001	2	There is a risk of failure to mobilise to an incident due to a technical failure of the existing mobilising systems. As a result, we would be failing to meet our statutory duty and also potentially bring reputational damage to the Service.	SDC	SDB	Head of Operations	15	15	10	Service Delivery - Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Procurement and implementation of Vision 5 Disaster Recovery System (for EOC and DOC)	31/12/2023	31/07/2026	GC Marie-Clare	Awaiting update of contract negotiations with supplier - this sits with Craig Dundas (DaTs)	Over 9 months from original due date
Support the design, procurement, delivery and implementation of the New Mobilising System (NMS) - Phase 1	31/12/2023	31/10/2026	GC Jill Barber	NMS ICCS live in Edinburgh OC effective from 11th November 2025. Next go-live scheduled for DOC on 25th November 2025, with JOC go-live scheduled for 2nd December 2025	Over 9 months from original due date
Existing Systems Group to ensure, via DATS that the contracts for existing systems support are extended from 01/01/2026 to 31/12/2026	31/12/2025	31/12/2026	DACO Garry MacKay	NMS ICCS live in all OCs and supported under OC Business As Usual. Maintenance contracts for legacy mobilising systems are now in place with suppliers. Work continues on utilising wide area network (WAN) to support Crash Mobilising following cessation of PSTN lines. Timeline for completion still to be confirmed.	On Target or 3 months from due date



### How to navigate your way around this report:

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- Look out for the hint buttons on pages, which tell you how you can interact with the dashboard:



- You can view the details of data that make up a visualisation by **hovering over a chart/visual** (e.g. a point on a map or bar/line on a chart).
- You can change how a visual looks by sorting it, for example by numeric values or text data. To sort a visual, first select it and then click on the **More actions (...)** button on the visual, which will bring up the sorting options. Power BI reports retain the filters, slicers, sorting, and other data view changes that you make.
- You can use the filters on the report page to target specific areas or time periods etc. To select more than one option in a filter (for example more than 1 business area), **press and hold the Ctrl button on your keyboard** whilst you click on the filter selections.

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**[bi@firescotland.gov.uk](mailto:bi@firescotland.gov.uk)**

**or visit the [Viva Engage Power BI Users page](#)**



# SCOTTISH

## FIRE AND RESCUE SERVICE

Working together for a safer Scotland

## Appendix B - Other Risks



MANAGEMENT  
INFORMATION

Updates received in:

**2025-26Feb**

### Welcome

This report outlines all significant risks with a current risk rating below 15, including details of the most recent control actions for each risk.

Click on the navigational buttons at the top of the following pages to go to a specific risk.

Key Contact: [David.Johnston2@firescotland.gov.uk](mailto:David.Johnston2@firescotland.gov.uk)

Risk Management Policy & Framework: [RiskMgtPolicyFrameworkV3.0 \(firescotland.gov.uk\)](#)



BUSINESS  
INTELLIGENCE



### MANAGEMENT INFORMATION

There is no confidential information in this report – content can be shared with partners.  
Data is subject to change.

Overview

FCS

POD

PPP

SD

SPPC

TSA

Finance and Contractual Services

Operational Delivery

People

Portfolio Office

Prevention, Protection and Preparedness

Service Delivery

Service Development

Strategic Planning, Performance and Co...

Training, Safety and Assurance

Risk ID	Risk Name	Risk Rating	Previous Risk Rating	Fiscal Mth	Status
FCS008	Environmental Management	12	12	2025-26 Feb	Treat
FCS011	Fraud Detection	12	12	2025-26 Feb	Treat
FCS015	Staffing Issues	12	12	2025-26 Feb	Treat
FCS020	Best Value	12	12	2025-26 Feb	Treat
FCS021	Investment Backlog	12	12	2025-26 Feb	Treat
FCS023	New Finance System	12	12	2025-26 Feb	Treat
FCS024	Capital Programme	12	12	2025-26 Feb	Treat
FCS025	Training for support staff	12	12	2025-26 Feb	Treat
POD022	Employee Relations Case Management	12	12	2025-26 Feb	Treat
POD023	People (Organisational Change) Framework	12	12	2025-26 Feb	Treat
PPP004	Trained, skilled staff and legal/regulatory compliance	12	12	2025-26 Feb	Treat
PPP007	Business Continuity Management System (BCMS)	12	20	2025-26 Feb	Treat
SD006	Statutory Duties	12	12	2025-26 Feb	Treat
TSA014	Health and Safety Legal Compliance	12	12	2025-26 Feb	Treat
TSA021	Health and Safety Legal Compliance	12		2025-26 Feb	Treat
SPPC018	Organisational Security	10	10	2025-26 Feb	Treat
FCS018	Recruitment and Retention	9	9	2025-26 Feb	Treat
POD016	Development to Competent Policy Arrangements	9	9	2025-26 Feb	Treat
SD003	Operational Availability Systems	9	9	2025-26 Feb	Treat
SPPC015	Consultation and Engagement	9	9	2025-26 Feb	Tolerate
SPPC019	Statutory Framework	9	9	2025-26 Feb	Treat
SPPC001	Service Performance Management	8	15	2025-26 Feb	Tolerate
SPPC003	Statutory Framework	8	8	2025-26 Feb	Tolerate
SPPC013	Partnership Working	8	8	2025-26 Feb	Tolerate
POD018	Personal Record Files	6	6	2025-26 Feb	Treat
SPPC016	IRS FARDAP	5	5	2025-26 Feb	Treat

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS008	4	There is a risk of that the Service will be unable to achieve environmental and carbon reduction commitments of 6% per annum; Because of limited investment or anticipated saving targets not being achieved through current projects; Resulting in lost saving opportunities, potential fines if required targets are not met and possibly negative media coverage.	ARAC	SDB	Head of Asset Management	12	12	8	Environmental - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
3	1	0	2

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS011	5	There is a risk to the Service where incidents of fraud are undetected. This may be due to an unwillingness or a lack of awareness by individuals to follow policy and guidance on fraud prevention. Issues of fraud can impact the reputation of the Service, cause increased internal and external scrutiny and may have an impact upon financial reporting arrangements.	ARAC	CB	Head of Finance and Procurement	12	12	9	Financial - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	0	0	1

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS015	6	There is a risk of a number of issues with regards to staffing, including the ability to recruit specialist staff, single points of failure across a number of key roles, lack of succession planning, age profile of staff in senior roles, staff retention rates and staff training; Because of a very buoyant job market in fleet and property, pay grades challenges and the need to review and update structure within sections not updated for 10 years; Resulting in not having the staff available to meet required demand, which would then impact on the ability of the service to deliver an effective asset management service.	ARAC	SDB	Head of Asset Management	12	12	8	People - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	0	1	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS020	5	There is a risk of SFRS not achieving best value from the resources it has because of inefficient systems and processes, a failure to respond to changing risks and/or ineffective governance. This may result in missed opportunities to deliver the best possible service for the communities we serve.	ARAC	CB	Director of Finance and Contractual Services	12	12	8	Financial - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
3	1	0	2

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS021	2	There is a risk of SFRS Property, Fleet and Equipment Assets failing to meet operational standards; Because of a lack of sufficient capital investment from Government; Resulting in fleet vehicles being off the run and properties that do not meet minimum standards of welfare due to a failure to ensure compliance with regulatory requirements	ARAC	SDB	Director of Finance and Contractual Services	12	12	8	Financial - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
5	5	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS023	5	There is a risk to the Service where delays are experienced in introducing a new Finance system. Extensions of the current finance system contract will end over the next two years and challenges will be experienced if further extensions are required. The Service may experience challenge by other market provides in relation to procurement legislation and any procurement work required to support other delivery options is limited by available capacity within Procurement and Systems Teams.	ARAC	CB	Head of Finance and Procurement	12	12	9	Financial - Cautious (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
2	2	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS024	5	There is a risk of failure to deliver the capital programme due to capacity of current staffing levels.	ARAC	SDB	Head of Asset Management	12	12	4	People - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS025	6	There is a risk to the Service where essential mandatory training for support staff is not available. This could put staff at risk or the Service may suffer disruption if no suitably certified staff are available to address workload.	PC	CB	Head of Asset Management	12	12	4	People - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS018	6	There is a risk of challenges with recruiting and retaining staff with the necessary skills and experience required to support the digital and technology services and systems used by the Service, as well as the availability of budget to upskill existing staff with the skills required. This is because of a very buoyant DaTS job market, pay grade challenges and the availability of budget to provide the necessary training.	PC	CB	Director of Finance and Contractual Services	9	9	6	People - Open (Below Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
4	4	0	0

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD023	6	There is a risk to maintaining positive and harmonious employee relations within SFRS as a result of current and planned organisational change activity for which the Service does not yet have an agreed suite of framework and accompanying policies/guidance related to the impact of change on colleagues. This may result in a failure to follow legal and/or best practice requirements or to effectively achieve the required organisational change, as well as the potential for employee discontent, hostile and fractious relations with the representative bodies and impact on retention and engagement.	PC	CB	Rachael Scott, Deputy Head of People	12	12	4	People - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
2	0	1	1

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD022	6	There is a risk to maintaining positive and harmonious employee relations within SFRS and of potential legal challenge as a result of a lack of prioritisation due to capacity and inconsistent approach to employee relations investigations. This may result in protracted timescales for progression and conclusion of cases and potential for employee discontent, negative relations with the representative bodies and impact on absence, engagement and retention.	PC	CB	Deputy Head of People	12	12	4	People - Cautious (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
3	1	2	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD016	6	There is a risk that outdated 'Trainee Firefighter Development to Competent Policy and Procedures' and a lack of clarity amongst employees and managers around process leads to incorrect application of the MA/SVQ process, particularly for new apprentices	PC	CB	Deputy Head of People	9	9	4	Service Delivery - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	0	0	1

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD018	5	There is a risk that SFRS is not fully compliant with Data Protection requirements due to a lack of effective processes related to how employee data is stored, accessed and maintained in paper based and electronic Personal Record Files resulting in potential reputational damage and / or employee relations issues, as well as uncertainty over procedures.	PC	CB	Stuart Watson, Area Commander - People	6	6	4	Compliance - Cautious (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
3	1	0	2

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP004	1	There is a risk of insufficient levels of qualified and skilled Fire Safety Enforcement resources due to challenges with recruitment, training/qualification requirements, finances, ICT and retention of staff, resulting in the potential that the Directorate/SFRS may not be able to deliver against its legislative and organisational responsibilities.	SDC	SDB	Head of Directorate (DACO)	12	12	4	People - Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
2	0	0	2

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP007	1	There is a risk where the Service fails to have in place a business continuity management system, minimising the risk of disruption during or after an event. This could be due to not having in place fully tested and maintained business continuity plans, which could result in unplanned disruption or a failure to effectively recover from an event.	SDC	SDB	AC Marshall	12	20	4	Compliance - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SD006	2	There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff. This could result in Service Delivery not meeting its statutory duties under - The Fire (Scotland) Act 2005, - The Fire and Rescue Framework for Scotland 2016, - The Fire (Additional Function) (Scotland) Order 2005, - Regulation 11 of the Building (Procedure) (Scotland) Act 2004	PC	CB	Director of Operations Delivery	12	12	8	Service Delivery - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SD003	2	There is a risk of SFRS operational availability systems reaching end of life and failing and the existing supplier ceasing to support or maintain legacy systems. This would impact SFRS ability to effectively mobilise. It would also cause reliability issues and licence issues in some LSO areas of SFRS.	SDC	SDB	Head of Operations	9	9	6	Service Delivery - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC018	2	There is a risk where SFRS fails to coordinate organisational security effectively resulting in increased vulnerability to SFRS premises and personnel	ARAC	CB	Head of Governance, Strategy and Performance	10	10	5	Organisational Security - Cautious (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
4	4	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC019	5	There is a risk that SFRS is unable to comply with timescales for lodging information requests served on SFRS via court orders and to meet demands for witness citations due to lack of resources. The result being SFRS is cited to attend court to explain lack of court co operation, the potential for further court orders being received, complaints and the potential loss of public confidence in SFRS services.	ARAC	CB	Head of Governance, Strategy and Performance	9	9	6	Compliance - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC015	3	There is a risk that the services consultation and engagement processes do not adequately capture stakeholder feedback because of a lack of consistency across the organisation resulting in a loss of workforce, stakeholder and public confidence.	ARAC	CB	Head of Communication and Engagement	9	9	6	Political and Stakeholder Relationships - Ambitious (Below Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
0	0	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC013	7	There is a risk that the service fails to secure adequate benefits from collaboration and partnership working due to a lack of effective management and the coordination and sharing of information resulting in missed opportunities and in a loss of workforce, stakeholder and public confidence	ARAC	CB	Head of Governance, Strategy and Performance	8	8	8	Political and Stakeholder Relationships - Open (Below Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
0	0	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC003	5	There is a risk that the service does not have an appropriate and effective governance arrangements in place resulting in loss of public and stakeholder confidence.	ARAC	CB	Head of Governance, Strategy and Performance	8	8	8	Compliance - Cautious (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
0	0	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC001	5	There is a risk of the service not consistently providing accurate performance management information from some sources due to inaccurate data or inadequate systems resulting in loss of confidence in reporting service performance.	SDC	CB	Head of Governance, Strategy and Performance	8	15	5	Compliance - Cautious (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
0	0	0	0

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC016	5	SFRS fails to ensure that SFRS are familiar and able to use Fire and Rescue Data and Analytical Platform (FARDAP) resulting in a loss of data and reporting, leading to increased costs and reputational damage	SDC	SDB	Head of Governance, Strategy and Performance	5	5	5	Technology - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0

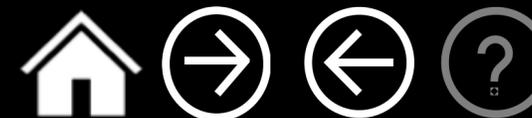
- Overview
- FCS
- POD
- PPP
- SD
- SPPC
- TSA

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA014	6	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.	PC	TSAB	Head of Safety and Assurance	12	12	4	Compliance - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	0	0	1

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA021	6	There is a risk of failure to undertake periodical examinations for asbestos as required, due to the requirement to deliver recovery activity, resulting in breach of The Control of Asbestos Regulations 2012. (Asbestos Health Surveillance)	PC	TSAB	AC Michael Humphreys	12		1	Compliance - Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
1	1	0	0



### How to navigate your way around this report:

You can use the navigational buttons on the left-hand/top of each page to return to the home page, go to the next page, return to the previous page, go to the Help page, or go to the About page.

### How to interact with the report:

Power BI reports and dashboards are very interactive; this means you'll be able to interrogate the data yourself to look into certain periods or areas.

- Look out for the hint buttons on pages, which tell you how you can interact with the dashboard:



- You can view the details of data that make up a visualisation by **hovering over a chart/visual** (e.g. a point on a map or bar/line on a chart).
- You can change how a visual looks by sorting it, for example by numeric values or text data. To sort a visual, first select it and then click on the **More actions (...)** button on the visual, which will bring up the sorting options. Power BI reports retain the filters, slicers, sorting, and other data view changes that you make.
- You can use the filters on the report page to target specific areas or time periods etc. To select more than one option in a filter (for example more than 1 business area), **press and hold the Ctrl button on your keyboard** whilst you click on the filter selections.

### Interpreting statistics and trends:

For help with interpreting the statistics within this report, identifying potential trends, or to gain a deeper understanding of what the data means, please contact the Business Intelligence Team.

### Usage:

This report uses **MANAGEMENT INFORMATION**. Only specific users can access the report, and you must not take screen shots of any of the pages.

**For further help, please contact the Business Intelligence Team -**

**[bi@firescotland.gov.uk](mailto:bi@firescotland.gov.uk)**

**or visit the [Viva Engage Power BI Users page](#)**



Report No: C/PC/01-26

Agenda Item: 8

<b>Report to:</b>		<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>		<b>05 MARCH 2026</b>						
<b>Report Title:</b>		<b>PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE – 2025-26 Q3</b>						
<b>Report Classification:</b>		<b>For Scrutiny</b>					<b>SFRS Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>	
<b>1</b>	<b>Purpose</b>							
1.1	To provide members with the third quarter performance for fiscal year 2025-26 of KPIs 22 – 29 (Training), KPIs 46 – 49 (People) & KPIs 50 – 56 (Safety & Assurance). Three annual performance indicators KPIs 62, 63a and 63b (People) are also reported in the fourth quarter report.							
<b>2</b>	<b>Background</b>							
2.1	The Performance Management Framework (PMF) defines how we, the Scottish Fire and Rescue Service (SFRS), manage our performance and how we use performance information to inspire change and improvement. This framework remains in place for the current fiscal year until the roll out of a new Strategic Plan in 2025.							
2.2	56 quarterly indicators (15 for TSA and 4 for People) and 9 annual indicators (2 for People) were identified across directorates to provide senior leaders, committees and the SFRS Board with relevant information on our performance. This supports those responsible for scrutiny of how SFRS perform in delivering its Strategic Outcomes.							
2.3	The quarterly performance dashboard (& report) provide an overview for those indicators and through the use of statistical process control charts (SPC) alerts stakeholders to situations deteriorating or improving or where performance is stable and in control.							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	This paper covers all performance indicators stated in the PMF intended for scrutiny by the People Committee.							
3.2	Exceptional variation: <ul style="list-style-type: none"> <li>46 - On Call Volunteer FTE</li> </ul>							
3.3	Deteriorating (long-term): <ul style="list-style-type: none"> <li>28 - % Training Function Currency</li> </ul>							
3.4	Improving (long-term): <ul style="list-style-type: none"> <li>24 - % Flexi Officer Module Completion</li> <li>26 - % Core Skills Currency</li> <li>27 - % Specialist Rescue Currency</li> </ul>							

<p>3.5</p> <p>3.6</p>	<ul style="list-style-type: none"> <li>• 50 - Verbal attacks on Firefighters</li> <li>• 55 - Vehicle Accidents</li> </ul> <p>Not changing:</p> <ul style="list-style-type: none"> <li>• 22 - % Core Skills Modules Completed</li> <li>• 23 - % Advanced, Support &amp; Emerging Risks Modules Completed</li> <li>• 25 - % Incident Command Module Completion</li> <li>• 46 - On Call Retained FTE</li> <li>• 46 - Off Station FTE</li> <li>• 46 - Flexi Officer FTE</li> <li>• 46 - Operations Control FTE</li> <li>• 46 - Resource Based Crewing FTE</li> <li>• 46 - Support Staff FTE</li> <li>• 46 - Rural Full-time FTE</li> <li>• 47 - Vacancies Rate</li> <li>• 48 - Turnover Rate</li> <li>• 49 - Absence Rate</li> <li>• 51 - Physical attacks on Firefighters</li> <li>• 52 - RIDDOR</li> <li>• 53 - Accidents and Injuries (excl. RIDDOR)</li> <li>• 56 - % YTD H&amp;S Actions Completed</li> </ul> <p>Not known – limited data or unspecified direction;</p> <ul style="list-style-type: none"> <li>• 29 - Customer Satisfaction Rate</li> <li>• 54 - Near Miss</li> </ul>
<p><b>4</b></p>	<p><b>Recommendation</b></p>
<p>4.1</p>	<p>Members are invited to scrutinise the contents of this, question KPI performance and provide feedback on practical use of reporting to ensure continuous development of user experience. The live version of the report can be accessed through the Governance area of the <a href="#">Power BI Landing Page</a>.</p>
<p><b>5</b></p>	<p><b>Key Strategic Implications</b></p>
<p>5.1</p> <p>5.1.1</p> <p>5.1.2</p>	<p><b>Risk Appetite and Alignment to Risk Register</b></p> <p>SPPC001 - Service Performance Management – High Risk</p> <p>There is a risk of the service not consistently providing accurate performance management information from some sources due to inaccurate data or inadequate systems resulting in loss of confidence in reporting service performance.</p> <p>Appetite - In relation to our internal governance, including systems of controls and data governance, SFRS has a Cautious appetite.</p>
<p>5.2</p> <p>5.2.1</p>	<p><b>Financial</b></p> <p>There are no specific financial issues raised within this paper.</p>
<p>5.3</p> <p>5.3.1</p>	<p><b>Environmental &amp; Sustainability</b></p> <p>There are no specific Environmental &amp; Sustainability implications addressed in this paper.</p>
<p>5.4</p> <p>5.4.1</p>	<p><b>Workforce</b></p> <p>Performance measures reported for Strategic Outcomes 6 provide insight to workforce.</p>
<p>5.5</p> <p>5.5.1</p>	<p><b>Health &amp; Safety</b></p> <p>Performance measures reported for Strategic Outcomes 6 provide insight to safety and assurance.</p>

5.6 5.6.1	<b>Health &amp; Wellbeing</b> There are no specific Health and Wellbeing implications addressed in this paper.	
5.7 5.7.1	<b>Training</b> Performance measures reported for Strategic Outcomes 2 & 6 provide insight to delivery of training and safety & assurance.	
5.8 5.8.1	<b>Timing</b> Some performance indicators rely on manual collation of data and are a 'snapshot' in time (2/3 weeks ahead of scrutiny) and may be subject to change dependant on relevant business areas business practices.	
5.9 5.9.1	<b>Performance</b> All performance measures reported are linked to Strategic Outcomes 2 & 6 with a focus on personnel.	
5.10 5.10.1	<b>Communications &amp; Engagement</b> There are no specific Communications & Engagement implications addressed in this paper.	
5.11 5.11.1	<b>Legal</b> There are no specific Legal implications addressed in this paper/	
5.12 5.12.1	<b>Information Governance</b> DPIA completed - No	
5.13 5.13.1	<b>Equalities</b> EHRIA completed - No	
5.14 5.14.1	<b>Service Delivery</b> Performance measures reported for Strategic Outcomes 2 & 6 are linked to Service Delivery.	
<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>	Craig McGoldrick, Director of Training, Safety & Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	The service has continued to develop its approach to performance reporting. The Organisational Performance Dashboard, aligned to the SFRS Performance Management Framework, is now live and available across the service with a pdf version made available to the public. Scrutiny of service performance is evident across the service, at executive level and by the SFRS Board at committee and board level.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: PDF copy of PBI0068 report	
8.2	<u>Further Reading:</u> - Link to <a href="#">Power BI Landing Page</a> .	
<b>Prepared by:</b>		Ellen Gayler, Senior Data Analyst
<b>Sponsored by:</b>		Richard Whetton, Head of Corporate Governance, Strategic Planning, Performance and Communications Directorate

<b>Presented by:</b>	Chris Fitzpatrick, Business Intelligence and Data Services Manager & ACO Craig McGoldrick, Training, Safety & Assurance	
<b>Links to Strategy and Corporate Values</b>		
<u>Strategy</u> Outcome 2 - Communities are safer and more resilient as we respond effectively to changing risks Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Training, Safety and Assurance Board</i>	<i>05 February 2026</i>	<i>For scrutiny</i>
<i>Corporate Board</i>	<i>09 February 2026</i>	<i>For scrutiny</i>
<i>People Committee</i>	<i>05 March 2026</i>	<i>For scrutiny</i>



# SCOTTISH

## FIRE AND RESCUE SERVICE

Working together for a safer Scotland

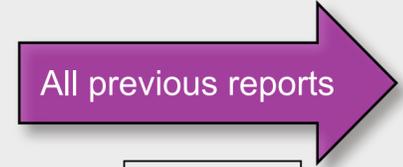
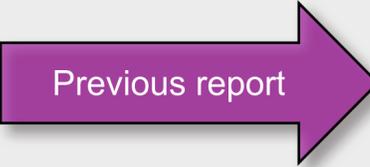
People

# People Committee Performance Report



**LIVE  
MANAGEMENT  
INFORMATION**

Latest quarter shown: **2025-26 Q3**



APPENDIX A

You can use these navigational buttons to go to other pages, or use the contents panel at the left-hand side of the screen



### Welcome

The People Committee Performance Report provides a view of how the Scottish Fire and Rescue Service is performing against its corporate performance measures, as mapped against our Strategic Plan Outcomes.

Our Performance Management Framework 2023-24 defines these corporate performance measures, whilst the Strategic Plan 2022-25 outlines the high-level outcomes through which the Service will continually work towards its overall purpose.

This report is a tool to support and scrutinise effective delivery of the Strategic Plan 2022-25. Each KPI has an owner, who's responsible for monitoring and commenting on its performance.

Key contact: [Bl@firescotland.gov.uk](mailto:Bl@firescotland.gov.uk)



**BUSINESS  
INTELLIGENCE**



### LIVE MANAGEMENT INFORMATION

There is no confidential information in this report – content can be shared with partners.  
Data is subject to change.

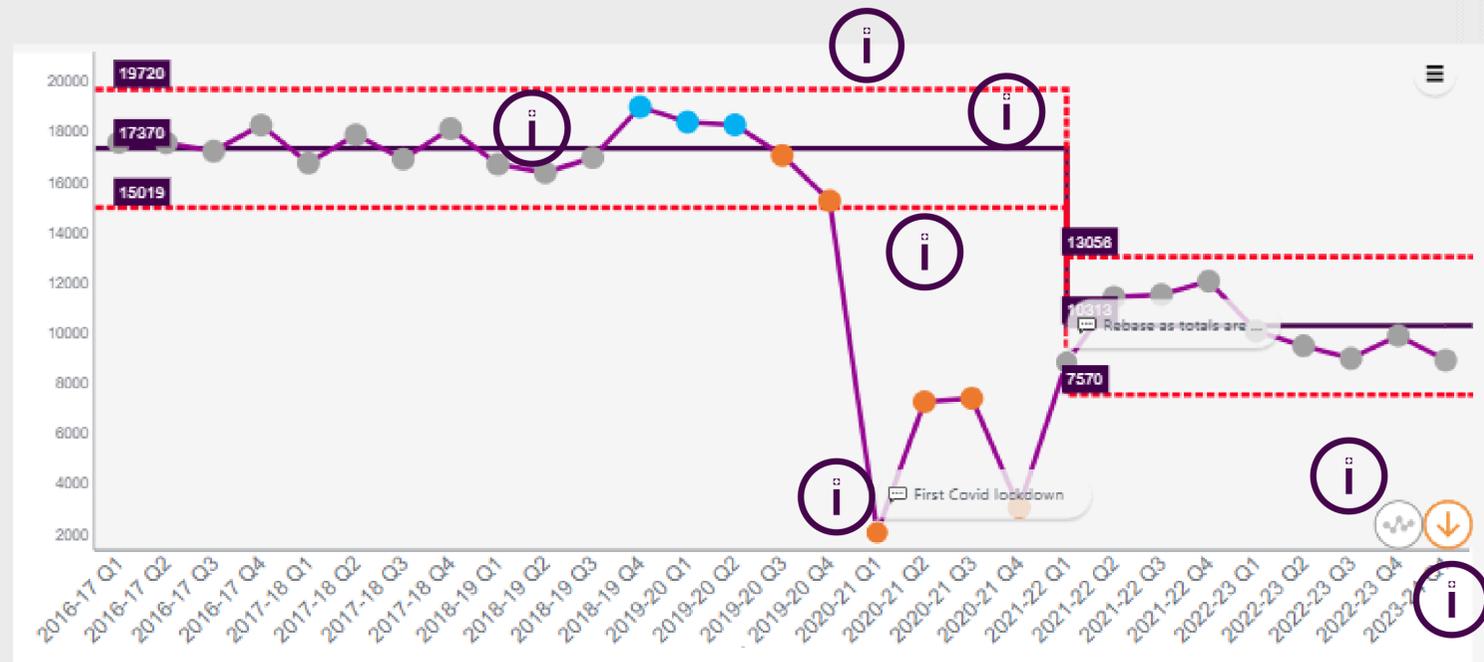
This report presents data over time for each of the quantitative performance measures as detailed in the [Performance Management Framework 2023-24](#), broken down into the Strategic Plan Outcomes. The Contents page (next) provides direction as to where you can find certain information.

**SPC Charts**

In this PMF Board Report, we use **Statistical Process Control (SPC) charts** to analyse and visualise how the Service is performing against each of its corporate performance measures. We also use commentary as provided by the KPI owner to provide context and highlight key messages. This approach to analysis is how the Business Intelligence Team will analyse, interpret and present performance data going forwards.

SPC is an analytical technique that **plots data over time**. It helps us to **understand variation** and guides us to take the most appropriate action.

SPC alerts us to a situation that may be deteriorating, shows us if a situation is improving, shows us how capable a system is of delivering a standard or target, and shows us if a process that we depend on is reliable and in control.



Above: anatomy of a SPC chart

**How to Interpret SPC Charts - see chart - anatomy of a SPC chart**

Normally data points will fall **between the upper and lower control limits**. If any of the following scenarios apply, the change needs to be investigated and an explanation provided. Over time this lets us analyse performance in a meaningful way.

- An **ORANGE** data point indicates special cause variation of particular concern and needing action. For example, whenever a data point falls outside of a control limit, or if 2 out of 3 data points are close to a control limit.
- A **BLUE** data point indicates where improvement appears to lie.
- A **GREY** data point indicates no significant change (common cause variation) as well as the baseline.

The following variation icons will also appear on each SPC chart:

Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values

**Data source for this report:**

Details of each data source can be found on the Index page. Some of these are automated whilst others are manual. ➔

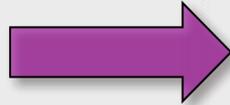
**Frequency of update:**

This report will be updated quarterly.

Source: [making-data-count-getting-started-2019.pdf \(england.nhs.uk\)](#)

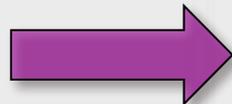
## OUTCOME 02 (Response)

Communities are safer and more resilient as we respond effectively to changing risks.



## OUTCOME 06 (People)

The experience of those who work for SFRS improves as we are the best employer we can be.



**Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.**

KPI	Indicator	Purpose	Geography	Frequency	Target	Business Area
22	% of completion of Operational Core Skills modules against training requirement	Percentage of completion of Operational Core Skills modules against Training for Operational Competence Framework which covers Wholetime/On-call/ Day Duty Systems.	National	Quarterly	95%	Training
23	% of completion of Advanced, Support and Emerging Risks Modules against training requirement	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.	National	Quarterly	95%	Training
24	% completion of Flexi Duty Officers against training programme	Percentage of completion of Flexi Duty Officer Modules against the Training for Operational Competence Framework which cover Flexi Duty Officers.	National	Quarterly	95%	Training
25	% of completion of Incident Command currency following National Training Standards	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.	National	Quarterly	91%	Training
26	% of completion of Core Skills currency following National Training Standards	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.	National	Quarterly	73%	Training
27	% of completion of Specialist Rescue currency following National Training Standards	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.	National	Quarterly	92%	Training
28	% of all Training Function Courses delivered versus total number of courses scheduled within agreed Training Delivery Plan	Percentage of all Training Function Courses delivered versus total number of courses scheduled within agreed Training Delivery Plan	National	Quarterly	95%	Training
29	Training Function Course Delivery (Candidate Satisfaction %)	Percentage of candidate satisfaction against Training Function Course Delivery	National	Quarterly	95%	Training



Response



Communities are safer and more resilient as we respond effectively to changing risks.

**KPI 22 % Core Skills Modules Completed**

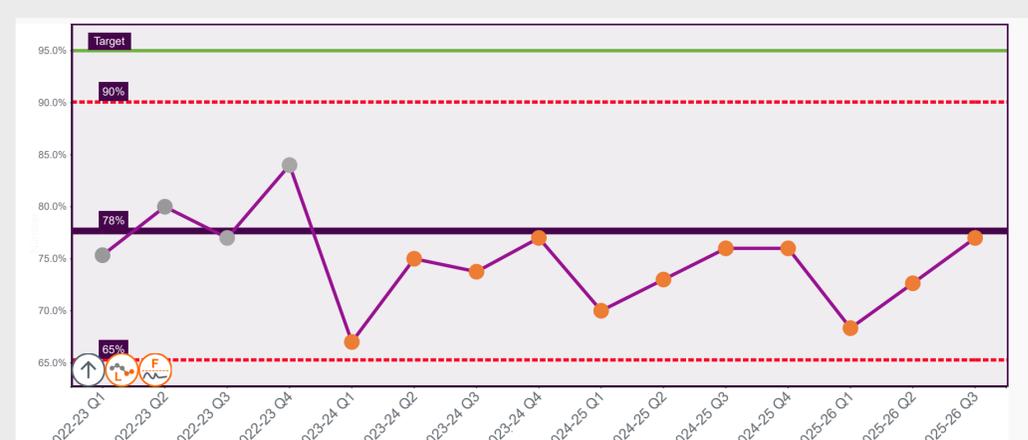
**95%**

**OWNER:** Head of Training

**PURPOSE:** Percentage of completion of Operational Core Skills modules against Training for Operational Competence Framework which covers Wholetime/On-call/ Day Duty Systems.

**SUMMARY**

Training Function team collaborates with Local Senior Officer (LSO) Area teams to promote completion of mandatory Training for Operational Competence. The use of LSO performance meetings, online engagement sessions, and station visits aim to boost completion rates in future quarters.



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

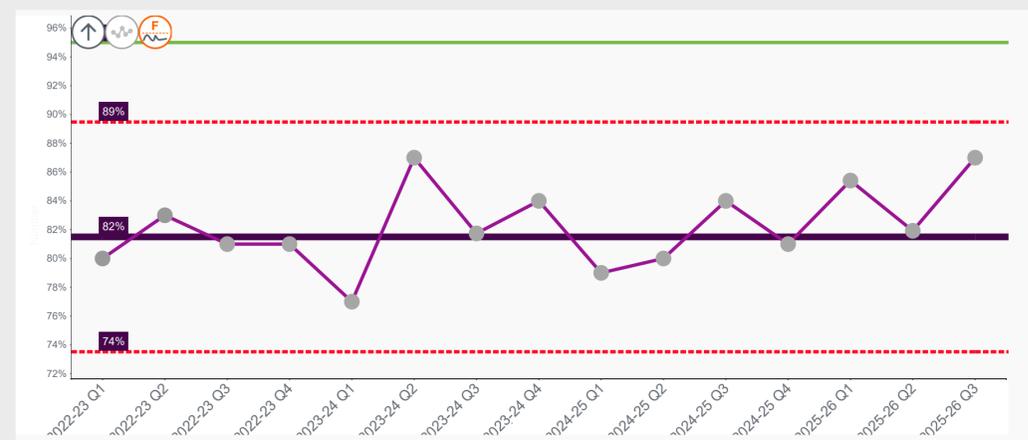
**95%**

**OWNER:** Head of Training

**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.

**SUMMARY**

Training Function team collaborates with Local Senior Officer (LSO) Area teams to promote completion of mandatory Training for Operational Competence. The use of LSO performance meetings, online engagement sessions, and station visits aim to boost completion rates in future quarters.



**KPI 24 % Flexi Officer Module Completion**

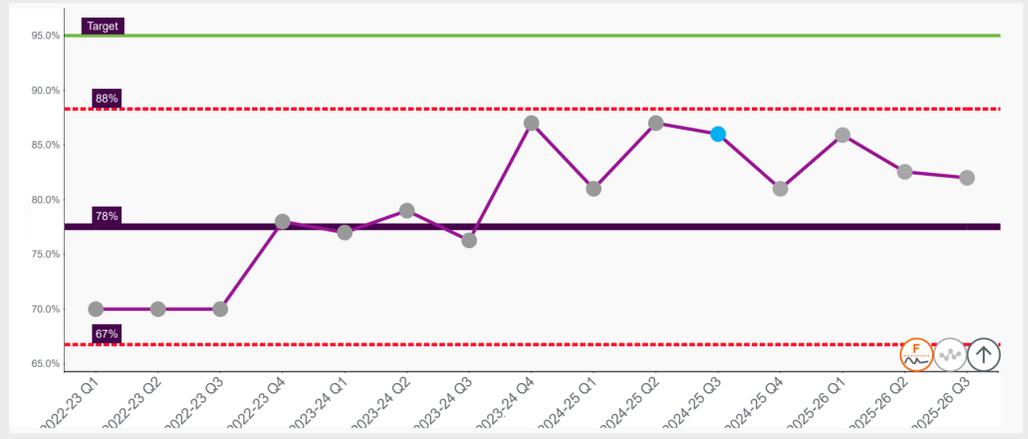
**95%**

**OWNER:** Head of Training

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

**SUMMARY**

Training Function team collaborates with both Service Delivery & Directorate teams to promote completion of mandatory Training for Operational Competence for Flexi Duty Officers. Ongoing communication and sharing of data analysis are anticipated to boost completion rates in future quarters.



**KPI 25 % Incident Command Course Currency**

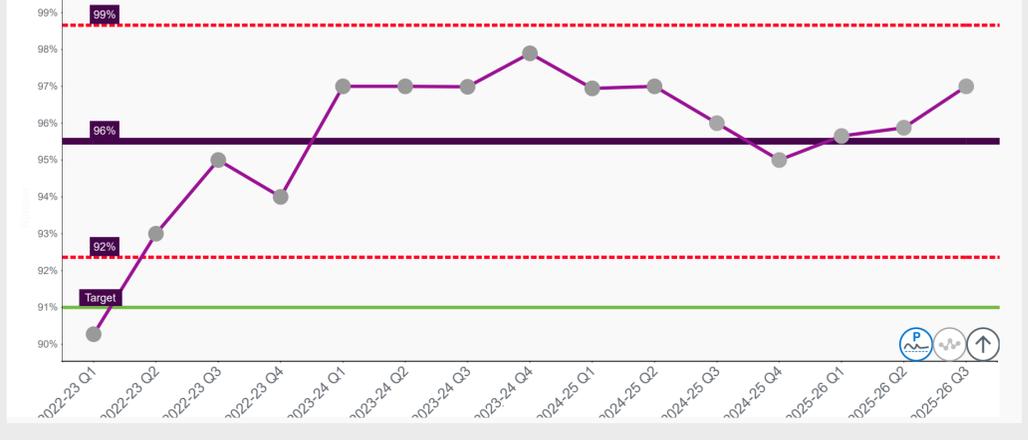
**91%**

**OWNER:** Head of Training

**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.

**SUMMARY**

Incident Command (IC) team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher training. Ongoing communication, planning, and scheduling ensure sufficient IC courses, and any management actions required regarding attendance to improve performance.



**KPI 26 % Core Skills Currency**

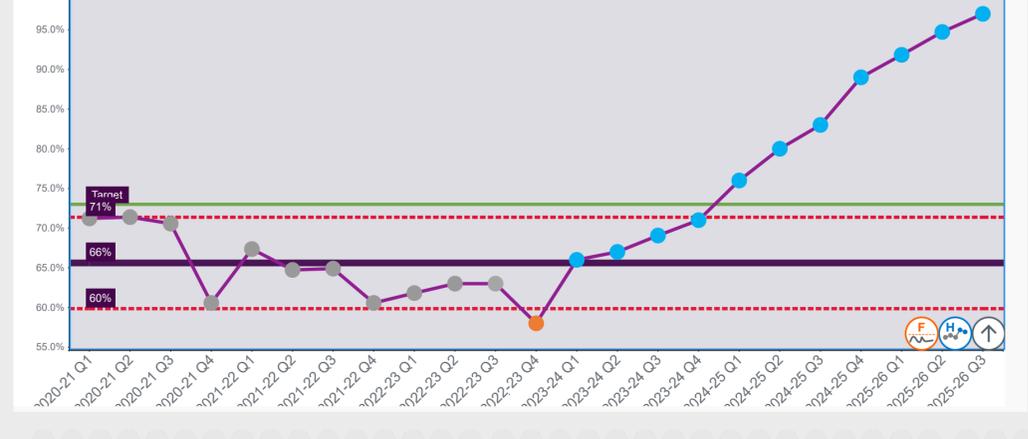
**73%**

**OWNER:** Head of Training

**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.

**SUMMARY**

Training Function management team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher courses. Ongoing, planning, and scheduling ensure sufficient Core skill courses, and any management actions required regarding attendance to improve performance.



**KPI 27 % Specialist Rescue Currency**

**92%**

**OWNER:** Head of Training

**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.

**SUMMARY**

The Specialist Rescue team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher courses. Ongoing, planning, and scheduling ensure sufficient Specialist Rescue courses, and any management actions required regarding attendance to improve performance.



Response



Communities are safer and more resilient as we respond effectively to changing risks.

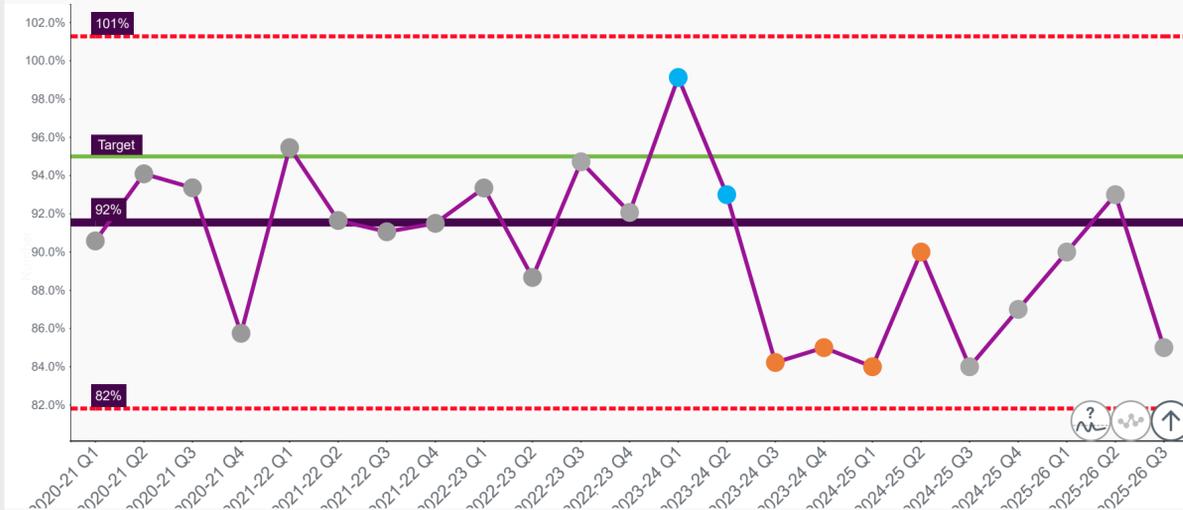
**KPI 28** % Training Function Currency



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**

Training Management team monitor all courses scheduled within the training delivery plan to ensure they remain achievable. Including merging low-attendance courses, exploring course venues, instructor availability and capacity, working collaboratively with Central Staffing to improve performance.

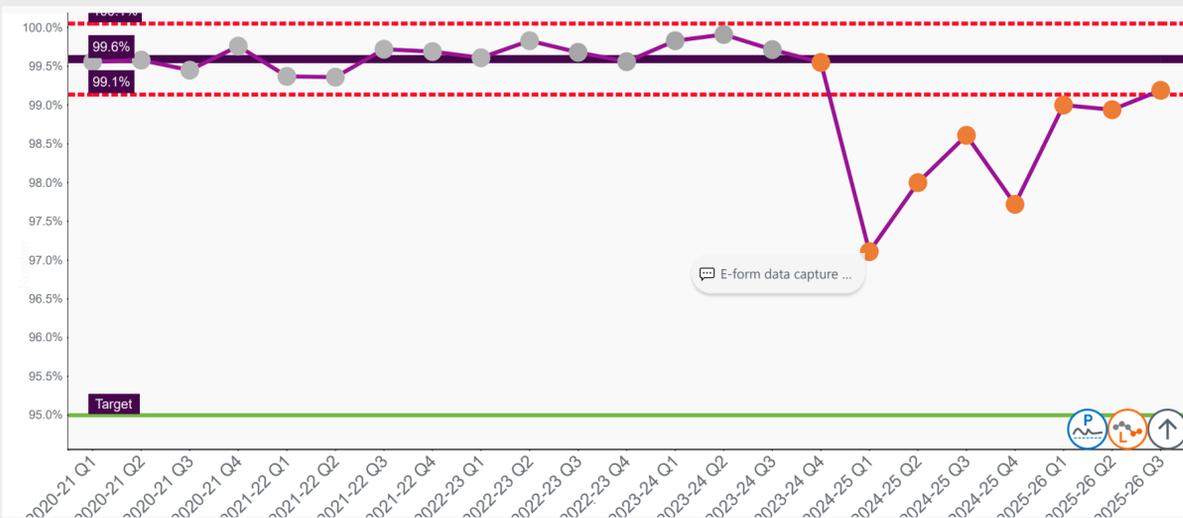
**KPI 29** Training - Customer Satisfaction Rate



95%

**PURPOSE:** Percentage of candidate satisfaction against Training Function Course Delivery

**OWNER:** Head of Training



**SUMMARY**

The Training Management team actively encourage the completion of candidate surveys, monitoring and taking appropriate action, all with the aim of improving the candidate experience at all training centres/venues.

The experience of those who work for SFRS improves as we are the best employer we can be.

KPI	Indicator	Purpose	Geography	Frequency	Target	Business Area
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - Flexi	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - OC	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - OS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - RBC	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - RDS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - RFT	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - SS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - VDS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
47	% staff vacancies	Monitoring the vacancy rate provides insight into the Service's ability to attract, recruit and retain staff, and the time to hire.	National	Quarterly	Track	People
48	% staff turnover	Monitoring staff turnover and the underlying reasons provides insight into SFRS' attractiveness as an employer, aligned to our ambition to develop and sustain a positive and inclusive workplace culture where all employees are treated with respect and dignity.	National	Quarterly	Track	People
49	% staff absence	Monitoring levels of short- and long-term absence along with the underlying reasons and trends enables SFRS to support employee health and wellbeing, helping colleagues return to work and stay in work.	National	Quarterly	Reduce against previous year	People
50	Number of incidents in which there was a verbal attack on a firefighter	Demonstrates how many verbal attacks have occurred to SFRS personnel by members of the public	National	Quarterly	Reduce against previous year	Safety and Assurance
51	Number of incidents in which there was a physical attack on a firefighter	Demonstrates how many physical attacks have occurred to SFRS personnel by members of the public	National	Quarterly	Reduce against previous year	Safety and Assurance
52	Number of RIDDOR reportable injuries	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.	National	Quarterly	Reduce against previous year	Safety and Assurance
53	Number of accidents and injuries	Demonstrates total accidents and injuries to occur through workplace accidents	National	Quarterly	Reduce against previous year	Safety and Assurance
54	Number of near miss events	Total recorded number of near miss events that had the potential to lead to an accident or ill health	National	Quarterly	Track	Safety and Assurance
55	Number of vehicle accidents	Total number of events that involved vehicle accidents	National	Quarterly	Reduce against previous year	Safety and Assurance
56	Completion of Health and Safety Improvement Plans	Demonstrates the completion of improvement plans to drive safety performance	National	Quarterly	100%	Safety and Assurance
62	Gender balance	Allows the Service to report on and understand gender balance of various staff groups and how representative our workforce is of communities we serve	National	Annually	Increase proportion of female staff	People
63a	% of staff choosing to enter data into the sensitive information fields of iTrent	This indicator shows the % of SFRS Staff who entered data into the sensitive information fields in iTrent against key protected characteristics.	National	Annually	Increase against previous year	People
63b	% of staff choosing to withhold their demographic equalities data in iTrent.	This indicator shows the % of Staff who entered data into the Sensitive Information fields who then selected the Prefer not to Say response for that characteristic.	National	Annually	Reduce against previous year	People



People



The experience of those who work for SFRS improves as we are the best employer we can be.

KPI 46 Resource Based Crewing FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People

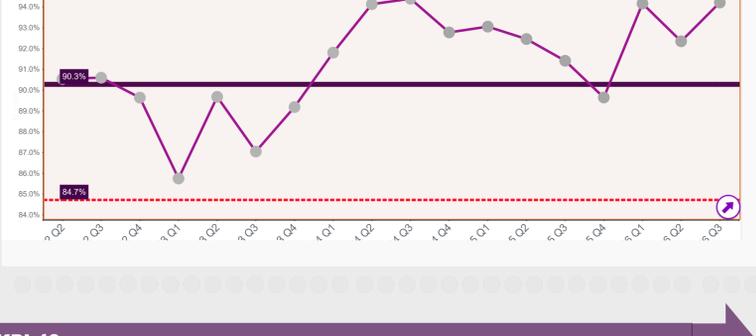


**SUMMARY**  
Against a TOM of 2855, the RBC FTE position has improved to 2774 in Q3 - compared to 2749 in Q2.

KPI 46 Off Station FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



**SUMMARY**  
Against a TOM of 347, Off-Station FTE position has improved in Q3 to 342 - compared with 338 in Q2.

KPI 46 Flexi Officer FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



**SUMMARY**  
Against a TOM of 255, the Flexi-Officer FTE position has slightly dropped to 264 in Q3 - compared to 265 in Q2.

KPI 46 Operations Control FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



**SUMMARY**  
Against a TOM of 174, OC FTE position has worsened in Q3 to 161 - compared to 167 in Q2. An OC Recruitment Intake will commence Training in Mar 26 to attempt to improve the position.

KPI 46 Rural Full-time FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



**SUMMARY**  
Against a TOM of 58, Rural FT FTE position has dropped to 56 in Q3 - compared to 57 in Q2.

KPI 46 On Call Retained FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



**SUMMARY**  
Against a TOM of 3309, On-Call Retained FTE position has remained the same in Q3 as it was in Q2 - at 2286.

KPI 46 On Call Volunteer FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



**SUMMARY**  
Against a TOM of 377, On-Call Volunteer FTE position has decreased in Q3 to 261 - compared with 266 in Q2.

KPI 46 Support Staff FTE

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People

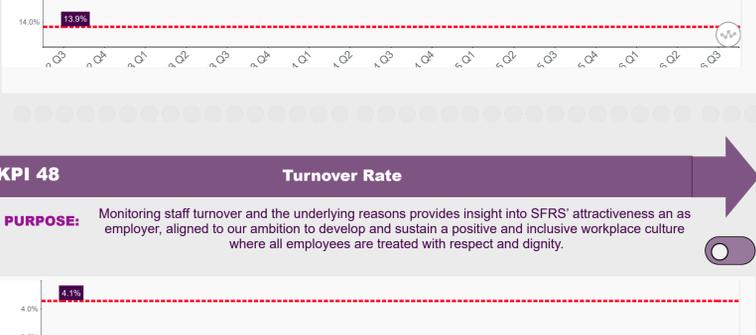


**SUMMARY**  
Against a TOM of 872, Support Staff FTE position improved against that TOM has measured slightly in Q3 to 841 - compared against 839 in Q2.

KPI 47 Vacancies Rate

**PURPOSE:** Monitoring the vacancy rate provides insight into the Service's ability to attract, recruit and retain staff, and the time to hire.

**OWNER:** Head of People

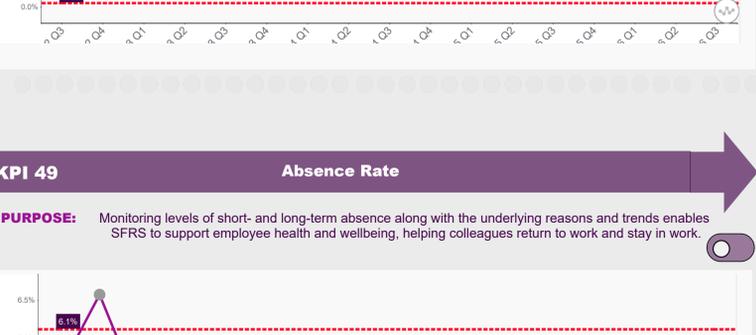


**SUMMARY**  
The Vacancies Rate has remained relatively steady in Q3 at 16.2% - compared with 16.1% in Q2.

KPI 48 Turnover Rate

**PURPOSE:** Monitoring staff turnover and the underlying reasons provides insight into SFRS' attractiveness as an employer, aligned to our ambition to develop and sustain a positive and inclusive workplace culture where all employees are treated with respect and dignity.

**OWNER:** Head of People



**SUMMARY**  
Turnover Rate has increased in Q3 to 1.62% - compared to 1.45% in Q2.

KPI 49 Absence Rate

**PURPOSE:** Monitoring levels of short- and long-term absence along with the underlying reasons for and trends enables SFRS to support employee health and wellbeing, helping colleagues return to work and stay in work.

**OWNER:** Head of People



**SUMMARY**  
Overall absence rate has increased slightly in Q3 (4.49%) from 4.36% in Q2. Advice, Guidance and Training on Absence/Attendance Management continues to be provided to Line Managers.

People

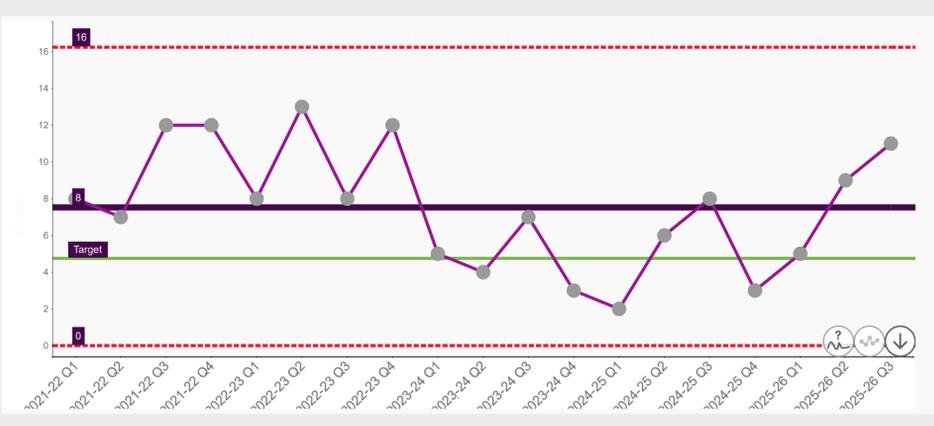


The experience of those who work for SFRS improves as we are the best employer we can be.

**KPI 50** Verbal Attacks on Firefighters

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

**OWNER:** Head of Safety and Assurance



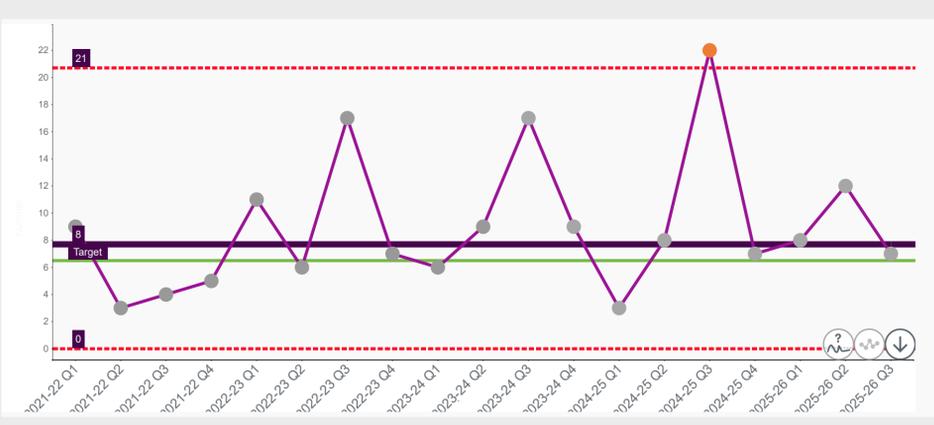
**SUMMARY**

An increase is noted in Q3 from the previous quarter. Control measures noted from investigation outcomes include ensuring members of the public are appropriately supervised while on SFRS premises. We continue to encourage staff to report instances of AoV.

**KPI 51** Physical Attacks on Firefighters

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

**OWNER:** Head of Safety and Assurance



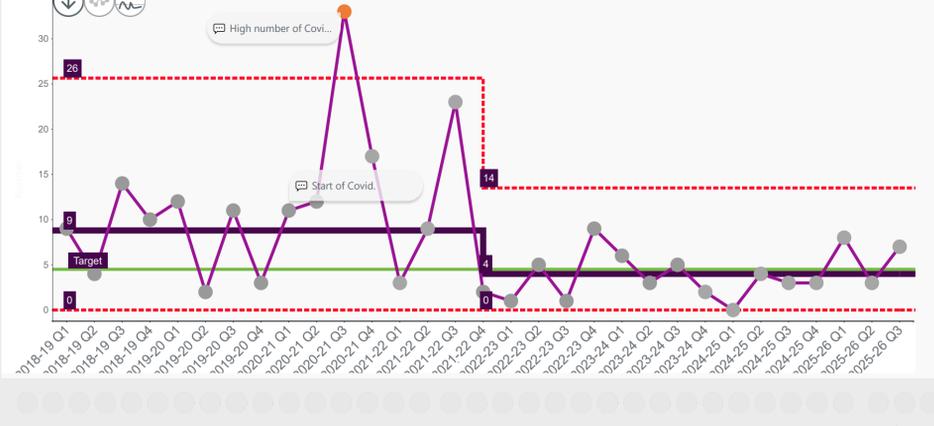
**SUMMARY**

A decrease is noted in Q3 from both the previous quarter and the previous reporting year. We continue to encourage staff to report instances of AoV.

**KPI 52** Number of RIDDOR reportable injuries

**PURPOSE:** Demonstrates how many notifications 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



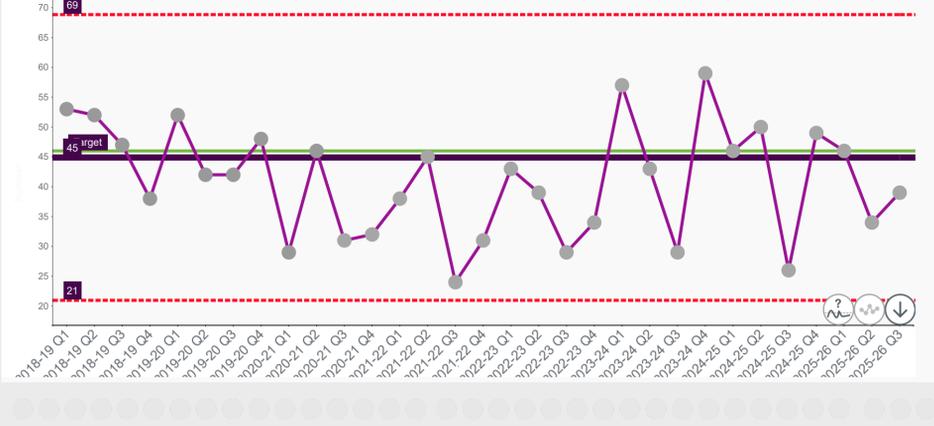
**SUMMARY**

7 RIDDOR events were reported in Q3. There was no identified trend across the varying root causes in Q3. Each event is investigated and managed locally within the LSO area.

**KPI 53** Accidents and Injuries (excl. RIDDOR)

**PURPOSE:** Demonstrates total accidents and injuries to occur through workplace accidents

**OWNER:** Head of Safety and Assurance



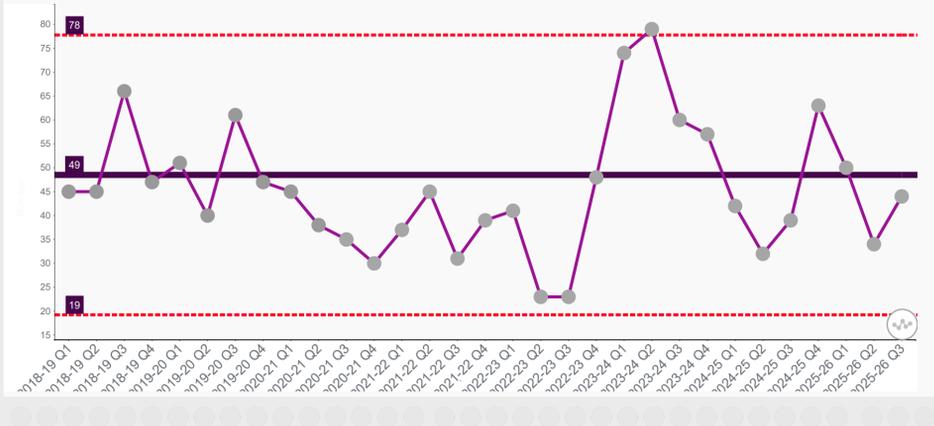
**SUMMARY**

An increase is noted in Q3. The top three causes were Impact from Slips, Trips and Falls, Impact with a Moving/Stationary Object, and Manual Handling. All events are investigated to reduce the likelihood of recurrence. SAIGs continue to monitor local trends and take action where required.

**KPI 54** Near Miss

**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



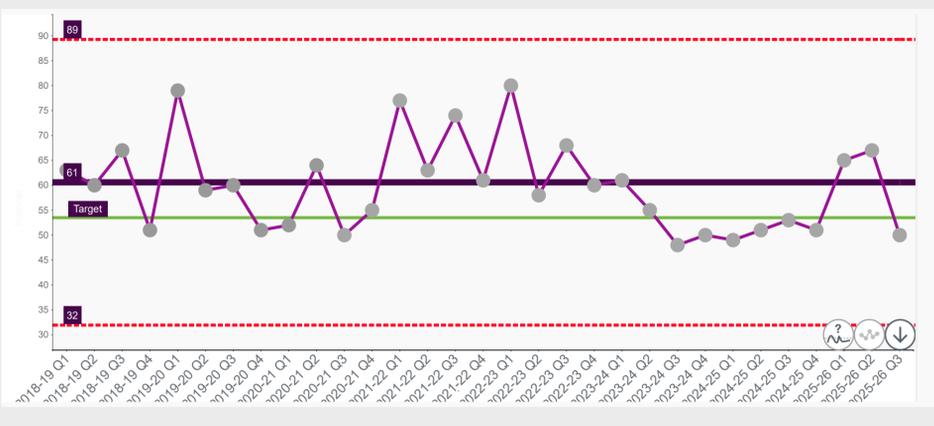
**SUMMARY**

An increase is noted in Near Misses (NM) when compared to the previous reporting year. The most common category reported in Q3 was Appliance and Pumps. All Directorates promote NM reporting at SAIG meetings to reduce the risk of injury and to ensure safe working environments.

**KPI 55** Vehicle Accidents

**PURPOSE:** Total number of events that involved vehicle accidents

**OWNER:** Head of Safety and Assurance



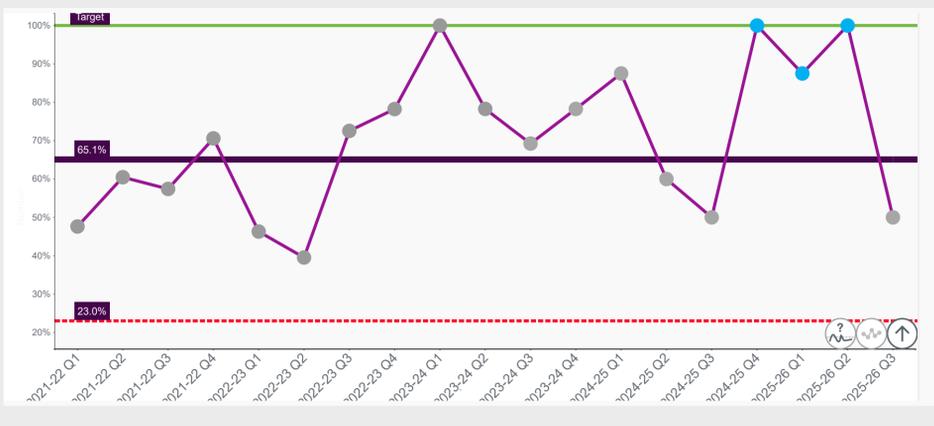
**SUMMARY**

A decrease is noted in VAs compared to both the previous quarter and reporting year. The Driver Safety Group monitors vehicle trends and take action where required. A Low Speed Manoeuvres Booklet is being prepared for publication in Q4. Local areas continue to promote TfOC driving training modules.

**KPI 56** Completion of Health and Safety Improvement Plans

**PURPOSE:** Demonstrates the completion of improvement plans to drive safety performance

**OWNER:** Head of Safety and Assurance



**SUMMARY**

50% (3 of 6) of actions were completed across the SDAs and Directorates in Q3. Both FCS and Operations completed 50% of their Q3 actions; all other SDAs and Directorates achieved 100% in Q3. HSIPs are supported by SA guidance to assist all functions in achieving their actions.

Full guidance can be found on the [Power BI Users Yammer Community](#), along with details of available support.

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## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



Report No: C/PC/02-26

Agenda Item: 9.1

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>	<b>5 MARCH 2026</b>						
<b>Report Title:</b>	<b>PEOPLE PERFORMANCE REPORT – QUARTER 3 2025/26</b>						
<b>Report Classification:</b>	<b>For Scrutiny</b>	<b>SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose of this report is report is to enable the Scottish Fire and Rescue Service (SFRS) People Committee to scrutinise the People reporting, including KPIS from the Performance Management Framework (PMF), contained in the quarterly People Performance Report.						
<b>2</b>	<b>Background</b>						
2.1	People performance is monitored and reported through the quarterly People Performance Report, associated KPIs in the PMF, and scrutinised by the People Committee and in 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	<p>The Executive Summary of the report (p. 3) draws the Committee’s attention to key points relating to:</p> <ul style="list-style-type: none"> <li>Development of the SFRS People Strategy is progressing to plan. Initial stakeholder engagement took place across quarter 3. This feedback and key themes informed development of an initial draft, setting out a draft SFRS People ‘vision’ and high level long-term ‘commitments’. This draft will be shared with People Committee and other stakeholders and their feedback will be used to inform the final draft, as well as supporting framework documents which will set out how SFRS People commitments will be delivered, with governance approval anticipated in quarter 1 2026/27.</li> <li>The Organisational Culture and Leadership Programme continued to be a central strategic priority in quarter 3, with phase 1 programme materials drafted and progress of HMFSI volume 1 Organisational Culture within the Scottish Fire and Rescue Service actions. Leadership and management development including NFCC leadership development and SFRS Leadership Essentials programme rollout advanced with multiple active cohorts, and the SFRS Leadership and Management Development Taskforce started phase 1 workstream design. Work also focused on optimising the 2025/26 LNA budget and launching the 2026/27 LNA process.</li> </ul>						

	<ul style="list-style-type: none"> <li>Engagement and advertising for Wholetime Firefighter recruitment took place in quarter 2, with shortlisting and selection progressing over quarter 3. Following the improvements to the candidate engagement materials and recruitment approach, the campaign attracted a high calibre of candidates, with significantly improved diversity.</li> <li>The SFRS support staff pay award for 2025/26 to 2026/27 included a commitment to review the existing pay and reward framework to ensure it remains fit for purpose. An independent, external firm has been appointed to support phase one of this work, which includes engagement with SLT, Heads of Function and the support staff Trade Unions, and benchmarking of SFRS approaches to pay and reward. A report of findings and recommendations will be delivered in quarter 4 and will inform future phases of this work.</li> </ul>
<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 &amp; Risk Appetite</b>
5.1.1	SFRS risk appetite for People related risk ranges from minimalist to ambitious depending on the risk category. Specific risks are identified and tracked and managed through the People risk register.
5.2	<b>Financial</b>
5.2.1	There are financial implications related to absence in terms of contractual sick pay costs and increases in overtime. Turnover leads to indirect costs associated with recruitment, onboarding and training processes for new colleagues.
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 that 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	The report highlights training activity related to the Management Capability Framework, which is designed to increase manager confidence and capability in managing people matters.
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 5.10.1	<b>Communications &amp; Engagement</b> This report is shared with a range of governance forums for scrutiny and for information.	
5.11 5.11.1	<b>Legal</b> Some elements of the report relate to SFRS' legal responsibilities as an employer.	
5.12 5.12.1	<b>Information Governance</b> DPIA not required for this report.	
5.13 5.13.1	<b>Equalities</b> EHRIA not required for this report.	
5.14 5.14.1	<b>Service Delivery</b> There are no direct Service Delivery implications arising 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>	Sarah O'Donnell, Deputy Chief Officer Corporate Services
7.2	<b>Level of Assurance: (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: Q3 People Performance Report	
<b>Prepared by:</b>		People Managers and DMT
<b>Sponsored by:</b>		Lyndsey Gaja, Head of People
<b>Presented by:</b>		Lyndsey Gaja, Head of People
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan outcome Investing in our People		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>5 March 2026</i>
		<b>Report Classification/ Comments</b>
		<i>For Scrutiny</i>

# Performance Report People Quarter 3 2025-26

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## **Introduction**

The purpose of this report is to provide an overview of our People performance over the past quarter. It details key organisational people measures, including those from the SFRS Performance Management Framework, and provides updates on strategic people related workstreams, outlining our commitment to Invest in our people.

## **Executive Summary**

Development of the SFRS People Strategy is progressing to plan. Initial stakeholder engagement took place across quarter 3. This feedback and key themes informed development of an initial draft, setting out a draft SFRS People 'vision' and high level long-term 'commitments'. This draft will be shared with People Committee and other stakeholders and their feedback will be used to inform the final draft, as well as supporting framework documents which will set out how SFRS People commitments will be delivered, with governance approval anticipated in quarter 1 2026/27.

The Organisational Culture and Leadership Programme continued to be a central strategic priority in quarter 3, with phase 1 programme materials drafted and progress of HMFSI volume 1 Organisational Culture within the Scottish Fire and Rescue Service actions. Leadership and management development including NFCC leadership development and SFRS Leadership Essentials programme rollout advanced with multiple active cohorts, and the SFRS Leadership and Management Development Taskforce started phase 1 workstream design. Work also focused on optimising the 2025/26 LNA budget and launching the 2026/27 LNA process.

Engagement and advertising for Wholetime Firefighter recruitment took place in quarter 2, with shortlisting and selection progressing over quarter 3. Following the improvements to the candidate engagement materials and recruitment approach, the campaign attracted a high calibre of candidates, with significantly improved diversity.

The SFRS support staff pay award for 2025/26 to 2026/27 included a commitment to review the existing pay and reward framework to ensure it remains fit for purpose. An independent, external firm has been appointed to support phase one of this work, which includes engagement with SLT, Heads of Function and the support staff Trade Unions, and benchmarking of SFRS approaches to pay and reward. A report of findings and recommendations will be delivered in quarter 4 and will inform future phases of this work.

## **Strategic People Priorities**

A progress update on priority People related workstreams is detailed below, highlighting work to support Investing in Our People aligned to the SRFS three-year delivery plan and People directorate plan.

### **SFRS People Strategy**

Initial stakeholder engagement on the development of an SFRS People Strategy took place across quarter 3. This feedback and key themes informed an initial draft, setting out a draft SFRS People 'vision' and high level long-term 'commitments' (priorities).

#### **Quarter 4 Focus Areas**

Consultation on the initial draft People Strategy will take place with stakeholders across the Service during quarter 4, including SLT/SMT, SFRS Board members, representative bodies, employee networks and a cross section of teams across the Service. This feedback will be used to inform the final draft, as well as supporting framework documents which will set out how SFRS People commitments will be delivered, with governance approval anticipated in quarter 1 2026/27.

### **Culture & Leadership**

#### **Organisational Culture and Leadership**

Development of the Organisational Culture and Leadership Programme remained a key focus in quarter 3, including Strategic Leadership and Management workshops. The phase 1 Programme workstream short list and supporting project documentation has been drafted and will be shared along with the Programme vision, outcomes, draft benefit measures and Culture Advisory Panel arrangements for the Programme Board's consideration. The HMFSI are preparing the draft inspection outline for volume 2 review of Organisational Culture within the Scottish Fire and Rescue Service, and drafting of the action plan related to the HMFSI Organisational Culture of the SFRS volume 1 report action plan progressed and will be completed early in quarter 4.

#### **Leadership and Management Development Programmes**

The NFCC Supervisory and Middle Manager Development Programmes continue to progress well, with positive feedback received from participants across both programmes. Three cohorts of the Supervisory Programme are currently in delivery. This includes final review sessions, where participants reflect on how learning has been transferred into practice, alongside structured feedback to inform continuous programme improvement. To date, 100 supervisory managers have registered, 58 are currently participating in the programme across three cohorts, 31 completed the programme and nine withdrew from the first two cohorts.

Two cohorts of the Middle Management Programme remain in delivery, with planning underway for a third cohort. To date, 61 have registered. Of these, 40 are currently participating, 16 completed the programme, two did not complete and three withdrew. Registrations are currently being finalised for the January 2026 intake, with capacity for up to 20 participants.

Work continues through the cross-service Leadership Taskforce, focusing on the design and development for each of the four established phase 1 workstreams within the wider Leadership and Management Development Framework.

The rollout of Leadership Essentials rollout continued across Q3 as a core element of the supervisory manager pathway. To date, 180 supervisory managers have registered to attend, with 107 having participated up to the end of Q3. Further delivery dates for Q4 have been published with strong early demand.

### **Learning Needs Analysis and Workforce Development**

Focus remains on optimising the 2025-26 Learning Needs Analysis (LNA) budget through close collaboration with the Learning Partner Group (LPG). The 2026-27 LNA process has been launched and aligned to the Service's Strategic Business and Financial Planning arrangements.

#### **Quarter 4 Focus Areas**

- Constitute the Organisational Culture and Leadership (OCL) Programme Board and hold inaugural meeting.
- Continue delivery of NFCC development programmes, including securing nominations and delivery of the third Middle Manager cohort.
- Collate and analyse 2026-27 LNA submissions to inform resource requirements and implementation planning aligned to the Services Strategic Business and Financial Planning arrangements.
- Continue design and delivery of wider learning and development activity including presentation skills, appraisal workshops (line manager and colleagues), team effectiveness, commencing preparation for Learning at Work Week 2026.
- Develop options to enable a more strategic, future-focussed approach to workforce development, recognising that the current learning and development budget is predominantly allocated to compliance and regulatory training.

### **Wholetime Firefighter (WTFF) Recruitment Review**

The Wholetime Firefighter recruitment campaign continues to progress well. Medical assessments have now been completed, and pre-employment checks are underway. The campaign remains on schedule for the March 2026 intake.

An evaluation of the current campaign has identified several improvements that will be implemented for the next recruitment cycle in Quarter 4. Some examples are:

- Making the registration and application process clearer for applicants
- Keeping the vacancy open for a longer period to increase accessibility and reach
- Improved communication internally and externally throughout the campaign

#### **Quarter 4 Focus Areas**

Quarter 4 activity will concentrate on planning and preparation for launching the next campaign in quarter 4. Key priorities include:

- Vacancy Preparation: Finalising arrangements and documentation for opening the next recruitment campaign.
- Information Sessions: Organising and delivering in person positive action events and general information sessions to support and prepare potential applicants.
- Communications Planning: Working in partnership with the Communications team to coordinate advertising, promotional materials, and the official launch of the vacancy.
- Implementing Lessons Learned: Incorporating improvements identified through the campaign evaluation to enhance applicant experience and strengthen campaign effectiveness.

## **On Call to WT Migration**

Recruitment activity to support the planned Migration intake of 36 across 3 transition courses in September, October and November 2025, has concluded with 36 confirmed offers issued.

Engagement with 14 INEOS Firefighting staff, affected by redundancy resulted in 4 of the 6 competent RDS personnel securing a Migration posting and 1 INEOS staff member at offer stage in the Wholetime Firefighter selection process, with pre-employment checks progressing.

The People Directorate are working with the On Call Improvement Team (OCIT) to conduct an evaluation of the process and arrangements applied to further enhance and embed Migration as a recruitment tool ahead of any further planned intakes for 2026.

### **Quarter 4 Focus Areas**

Progress with the evaluation of the Migration arrangements applied and engage with Service Delivery colleagues to understand any learnings and process enhancements required to help embed the overall Migration approach.

## **Service Delivery Review Programme**

Feedback from the Public Consultation events was analysed thoroughly and various actions taken to ensure SFRS can evidence they have scrutinised and conscientiously considered all comments. Following sessions with the SDR Programme Board and the SFRS Board, further analysis was requested on the EHRIAs, Staff Engagement Feedback and the modelling data used in the exercise.

All people impacts have now been assessed and are included in the Case for Change Packs for each option. Following consultation on a Day Shift Duty System Working Hours and Leave Policy, arrangements have been made to commence negotiations with the representative body on a DSDS and associated terms and conditions for SFRS to meet needs now and in the future. Meetings will commence in Quarter 4 led by ACO Henderson.

### **Quarter 4 Focus Areas**

Provide people input to a SDR Programme Board Workshop in late January to consider three example Options for Change packs in preparation for the meeting with the SFRS Board (date still to be agreed), during which all twenty-three options will be considered.

Support the Negotiation Team responsible for seeking to achieve Collective Agreement in relation to an SFRS Day Shift Duty System. Continue to support preparation of all documentation for final SFRS Board decisions (in terms of people related information) as required.

## **Corporate Services Review**

Analysis of stakeholder engagement feedback and benchmarking/research took place to inform development of a range of options, with associated impact analysis, as part of the Corporate Services Directorate structure review. The Deputy Chief Officer – Corporate Services led consultation and engagement with affected individuals and the representative bodies on these across November and December, with this feedback informing a final proposal.

Work is progressing well on development of the Corporate Business Systems Outline Business Case (OBC) which will be presented to the Strategic Planning and Change Committee (SPCC) for early scrutiny in February 2026, before progressing through governance with a view to approval in late Q4. This is a key enabler of future improvements in the delivery of our Corporate Services.

#### **Quarter 4 Focus Areas**

A final proposal on the Corporate Services Directorate structure review will be progressed through governance for approval in late January/early February. With preparation for implementation of the approved structure taking place across the remainder of Quarter 4, to support an anticipated 1 April implementation date.

Progression of the Corporate Business Systems OBC through governance.

### **People Organisational Change Framework and associated policies**

Further engagement took place with the representative bodies in November 2025 on the draft of the People (Organisational Change) Framework, following recent organisational change activity to ensure learnings from recent change processes could be incorporated. A final draft, with minor amendments, was presented to Corporate Board in December, following their previous approval in May 2025, to ensure they were sighted on the final version prior to publication.

#### **Quarter 4 Focus Areas**

Work will continue development of the associated toolkit, with workshops to take place with the representative bodies in January/February, with publication of the framework and introduction of the toolkit due by the end of quarter 4.

### **Pay and Pensions**

Work continues with SPPA on the 3 pension remedies. The SPPA commenced particular focus on the specific SFRS pension issues in this quarter, and we have commenced developing the processes required to support this.

To support the review of the Support Staff, Pay & Reward Framework, the quick quote process was concluded and Alvarez and Marsal (A&M) consultants were appointed. They have commenced work on pay benchmarking and analysis with a conclusion date of 31 March 2026. A&M have also commenced engagement with SFRS stakeholders to consider the challenges within the current framework, and this will be completed in Q4.

The review of the RDS Terms & Conditions Standardisation Project has commenced and several meetings have taken place with stakeholders to commence reviews of the related policies, and the impact of the On-Call revised bandings and terms and conditions.

#### **Next – Quarter 4 focus:**

- Engage with the appointed consultants to progress and complete the review of the Support Staff Pay & Reward Framework including stakeholder engagement, and benchmarking and analysis of the current framework with industry comparators.
- Update on the review of the RDS Terms & Conditions Standardisation Project.
- Continue working with the SPPA to continue the work of the pension remedies.

Engagement with Operational Delivery and the Trade Unions to commence scoping of the review of Volunteer Terms and Conditions.

## **PRF Project**

At the beginning of quarter 1 a project commenced to improve data governance and management, and our ability to effectively and efficiently respond to Freedom of Information Requests (FOIs) and Subject Access Requests (SARs), by conducting a thorough review of our electronic personal record files (e-PRFs).

This includes appropriately and effectively data-cleansing the information we hold, with the initial focus being on historical e-PRFs (for those that have left the Service). At the end of Q2 we successfully completed the project for “historical” PRFs and during Q3 we commenced the project for “live” PRFs.

Quarter 3 saw good progress:

- 8015 “Live” PRFs located.
- 36 (0.45%) of those destroyed in accordance with SFRS Retention Schedule.
- 767 (9.57%) data-cleansed and retained, in accordance with Retention Schedule.
- 7212 (89.98%) to be progressed.

Focus for Q4 is to continue the good work progressed during Q3.

## People Measures & KPIs

This section of the quarterly performance report details organisational people measures alongside the Key Performance Indicators (KPIs) as set out in the SFRS Performance Management Framework (PMF).

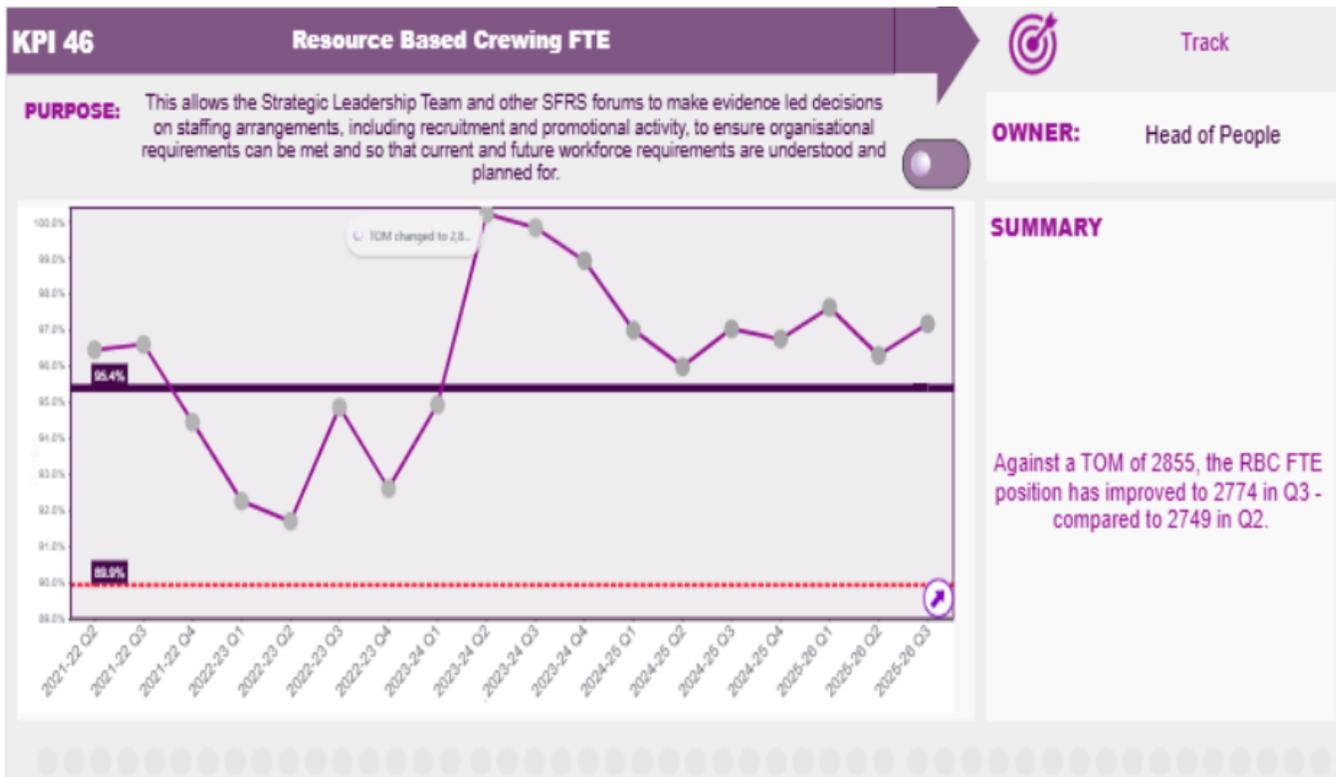
### 1. Resource Planning

#### 1.1 Full Time Equivalent against Target Operating Model by employee group – KPI 46

EMPLOYEE GROUP	Wholetime (WDS)					Retained					
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS	VDS	OC	SS	TOTAL (ALL)
Target Operating Model (FTE)	2855	347	255		3457	58	3309	377	174	872	8246
Initiatives, Projects and Capital Funded		16	12		28				4	57	89
Actual (FTE)	2774	342	264	0	3380	56	2286	261	161	841	6986
Actual (Headcount)	2777	343	264	0	3384	58	2731	261	166	908	7508

\*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 31 December 2025, SFRS employed 6904 people, equating to a headcount of 7553. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract). In addition to the figures in the above table: 10 employees are on external secondment (including union duties), 21 on career or reservist breaks and 14 in partnership initiative funded posts. Achieving the target operating model (TOM) for all employee groups remains a challenge with temporary promotion chains creating vacancies at firefighter level that cannot be filled and on call FTE currently based on legacy arrangements. We actively work towards fulfilling the TOM with an annual resourcing plan in place and a planned review of the on-call TOM taking place.



Workforce planning forecasts indicate that there will be a continued deficiency against the interim Target Operating Model (TOM) as we moved through 2025 and into 2026. Planned recruitment and promotional activity continues with the resourcing plan for this year, whilst actual versus forecast retirements continue to be monitored and reported to inform recruitment requirements. Proposals for alternative training delivery models for Wholetime Firefighter foundation programmes developed in Q3 will be implemented in the summer of 2026.

Promotional processes in quarter 3 saw the conclusion of both the Watch Commander (WC) and Crew Commander (CC) processes with 60 appointments for WC and 44 for CC at the placement meetings. In addition, a further 16 WC's have been appointed, and 1 further CC has been appointed.

35 Wholetime Firefighters completed their Wholetime Firefighter Foundation Programme in Q3, with this cohort supplemented with a migration intake of 36 which concluded in November 2025.

### KPI 46

### Off Station FTE



Track

#### PURPOSE:

This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

#### OWNER:

Head of People



#### SUMMARY

Against a TOM of 347, Off-Station FTE position has improved in Q3 to 342 - compared with 338 in Q2.

### KPI 46

### Flexi Officer FTE



Track

#### PURPOSE:

This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

#### OWNER:

Head of People



#### SUMMARY

Against a TOM of 255, the Flexi-Officer FTE position has slightly dropped to 264 in Q3 - compared to 265 in Q2.

### KPI 46

### Operations Control FTE



Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



#### SUMMARY

Against a TOM of 174, OC FTE position has worsened in Q3 to 161 - compared to 167 in Q2. An OC Recruitment Intake will commence Training in Mar 26 to attempt to improve the position.

### KPI 46

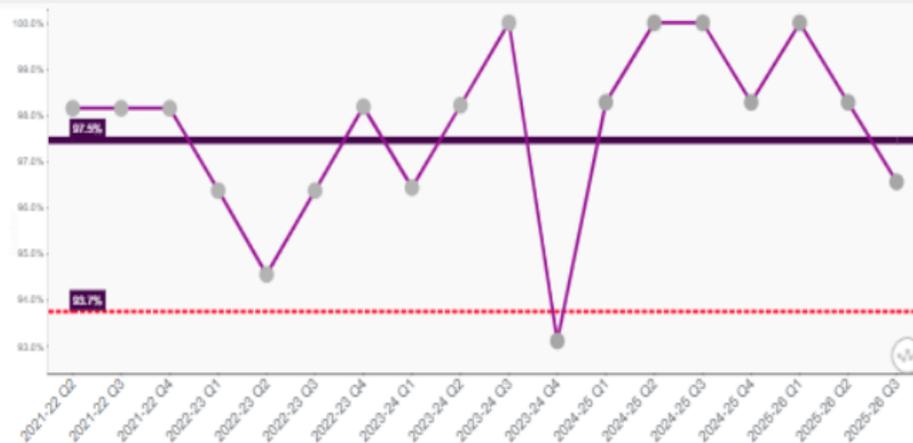
### Rural Full-time FTE



Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



#### SUMMARY

Against a TOM of 58, Rural FT FTE position has dropped to 56 in Q3 - compared to 57 in Q2.

### KPI 46

### On Call Retained FTE



Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



#### SUMMARY

Against a TOM of 3309, On-Call Retained FTE position has remained the same in Q3 as it was in Q2 - at 2286.

### KPI 46

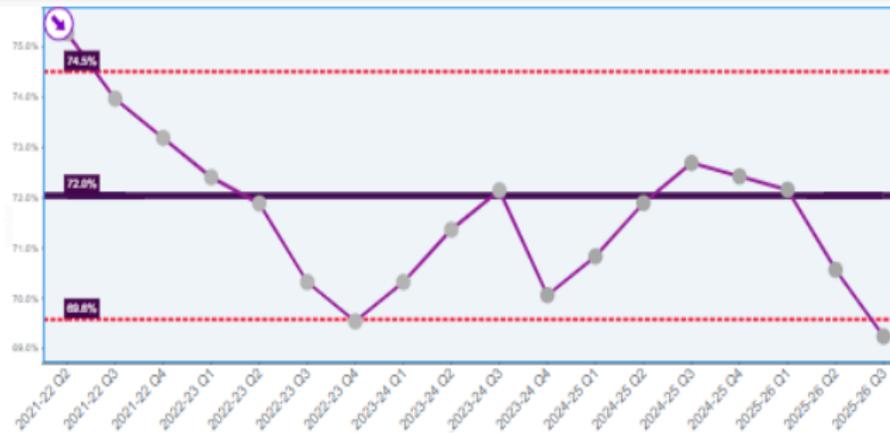
### On Call Volunteer FTE



Track

**PURPOSE:** This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

**OWNER:** Head of People



#### SUMMARY

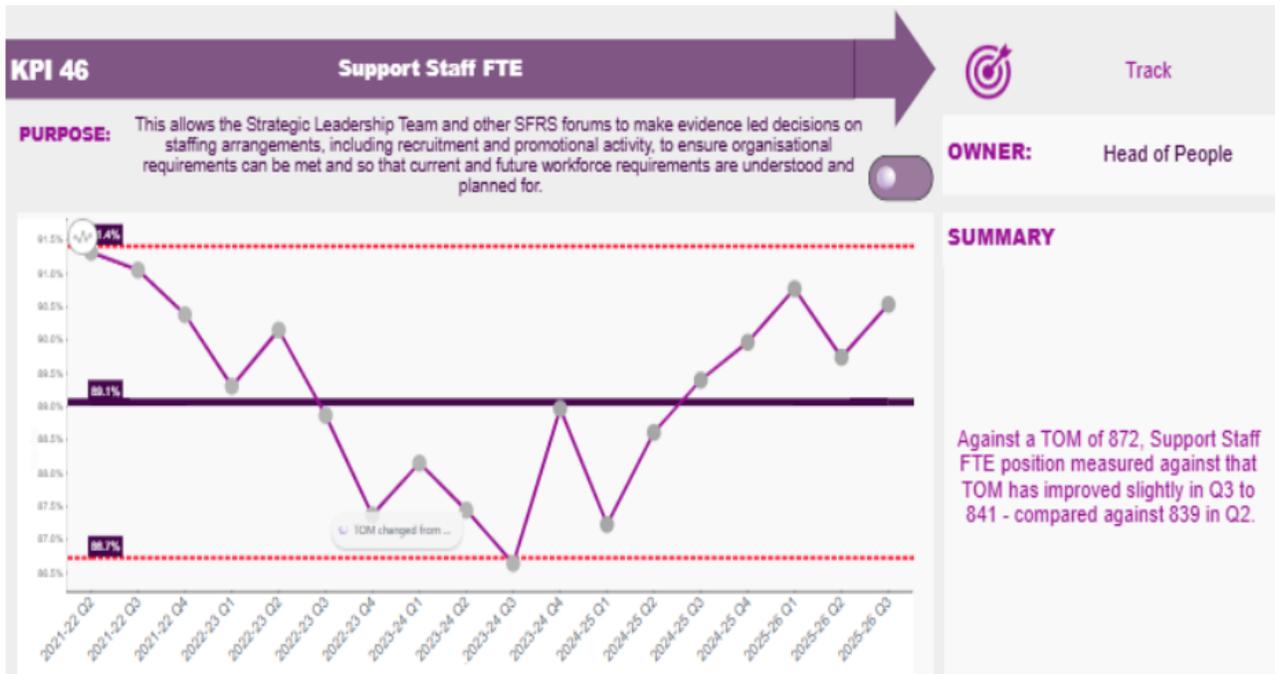
Against a TOM of 377, On-Call Volunteer FTE position has decreased in Q3 to 261 - compared with 266 in Q2.

On Call

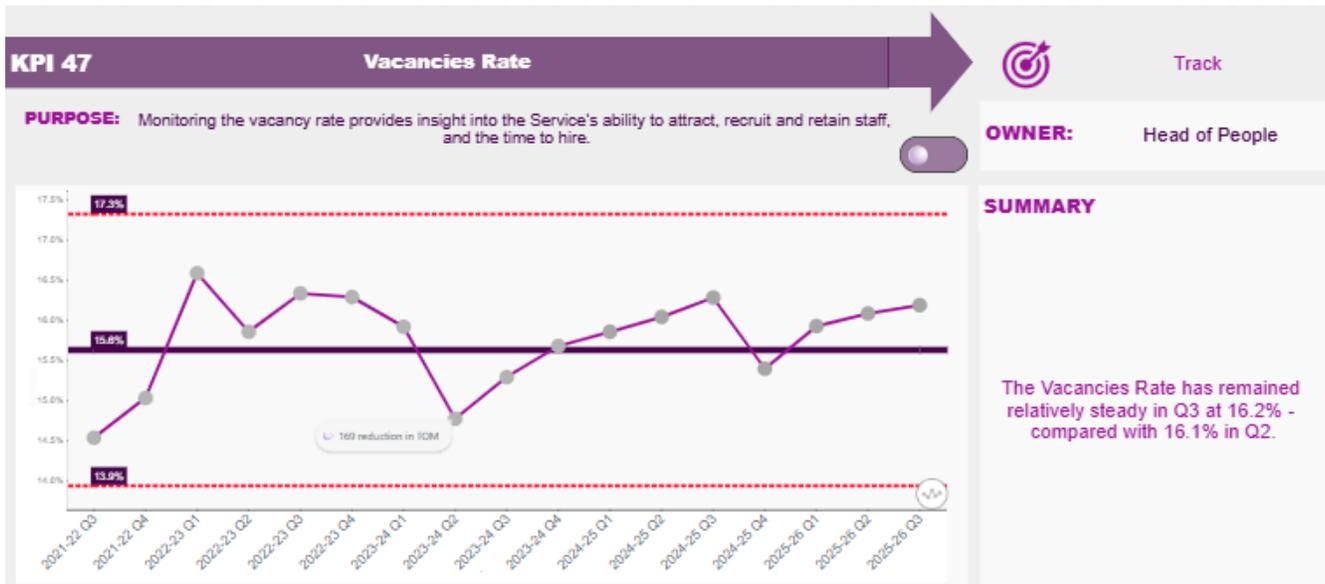
The People Team are working closely with the recently established On Call Tactical Coordination Groups (OCTCG) for the East and North Mainland and the West & Islands. An enhanced recruitment dashboard has been developed and is shared at these meetings to allow a deeper review of the candidate pipeline i.e. applications received and applicants in process to promote timely candidate progression aligned to key recruitment dates. The focus for quarter 4 is a data cleanse exercise, to ensure only current and active candidates remain on the candidate tracker, allowing area teams to focus on the progression of these candidates.

On Call Task and Task Management (TTM) courses scheduled within quarter 3 achieved 82% in October, 84% in November and 92% in December. This brings the total TTM Intake for 2025 to 72% of course places filled (245 recruited); an 8% reduction in actual intake compared to 2024 (267 recruited).

The key recruitment dates for 2026 have been shared with recruiting managers. Uptake of these will continue to be closely monitored by People, TSA and Operational Delivery colleagues. Discussions at the recently formed On Call Tactical Coordination Groups (OCTCG) are proving helpful in identifying local issues and challenges, allowing consideration to be given to process improvements and any additional guidance required.



## 1.2 Vacancies



**Breakdown by staff group:**

EMPLOYEE GROUP	Wholetime (WDS)				Retained*		VDS*	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS*				
Vacancy (FTE)	81	21	3	105	2	1023	116	17	88	1349

\*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.

EMPLOYEE GROUP	Wholetime (WDS)				Retained*		VDS*	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS*				
Vacancy (%)	2.8%	5.8%	1.1%	3.0%	3.4%	30.9%	30.8%	9.4%	9.5%	16.2%

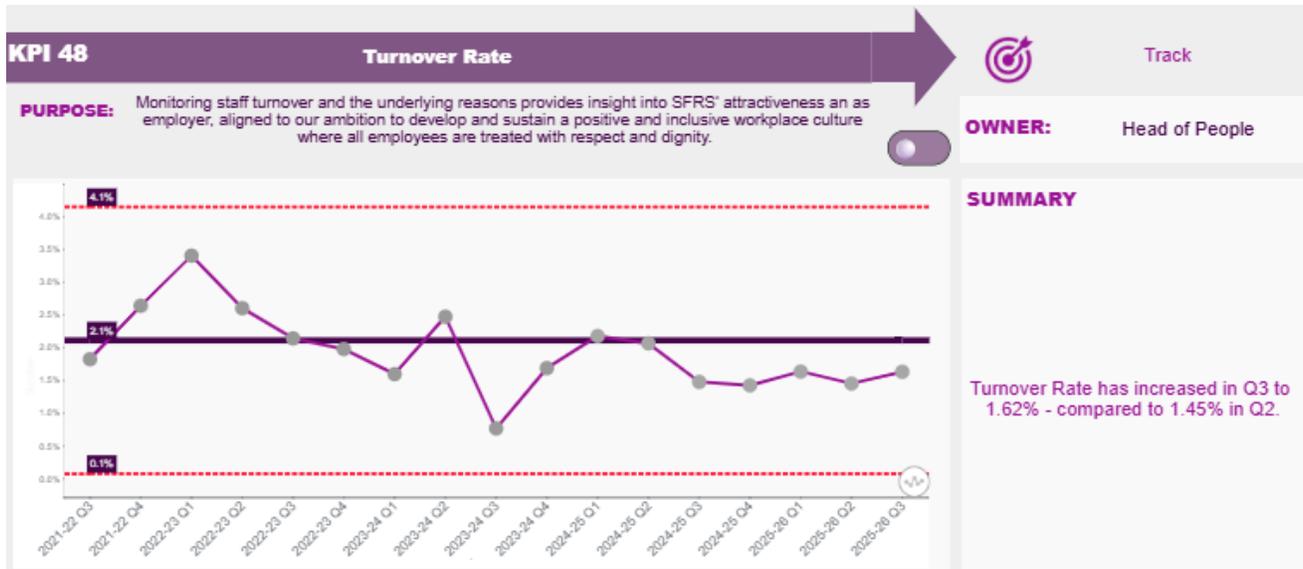
\*The notional TOM for RDS and VDS staff is reflective of the establishment figures that were in place under legacy FRS arrangements and does not represent a staffing figure that is required to crew all appliances on SFRS On Call stations.

The overall vacancy rate has increased marginally from 16.1% in quarter 2 to 16.2% in quarter 3 25/26. The main area highlighting an increase in vacancies is within the Operations Control (OC) cadre, increasing from 11 to 17. Additional recruitment controls were implemented in quarter 3 to ensure further scrutiny of recruitment activity and associated staffing budgets.

Of the 88 support staff vacancies, there are 34 at different stages of the recruitment process:

DIRECTORATE	Count of STATUS
Finance and Contractual Services	18
Health and Safety	2
Prevention Protection and Preparedness	1
Service Delivery	2
Strategic Planning Performance and Communications	3
Training Safety and Assurance	8
<b>Grand Total</b>	<b>34</b>

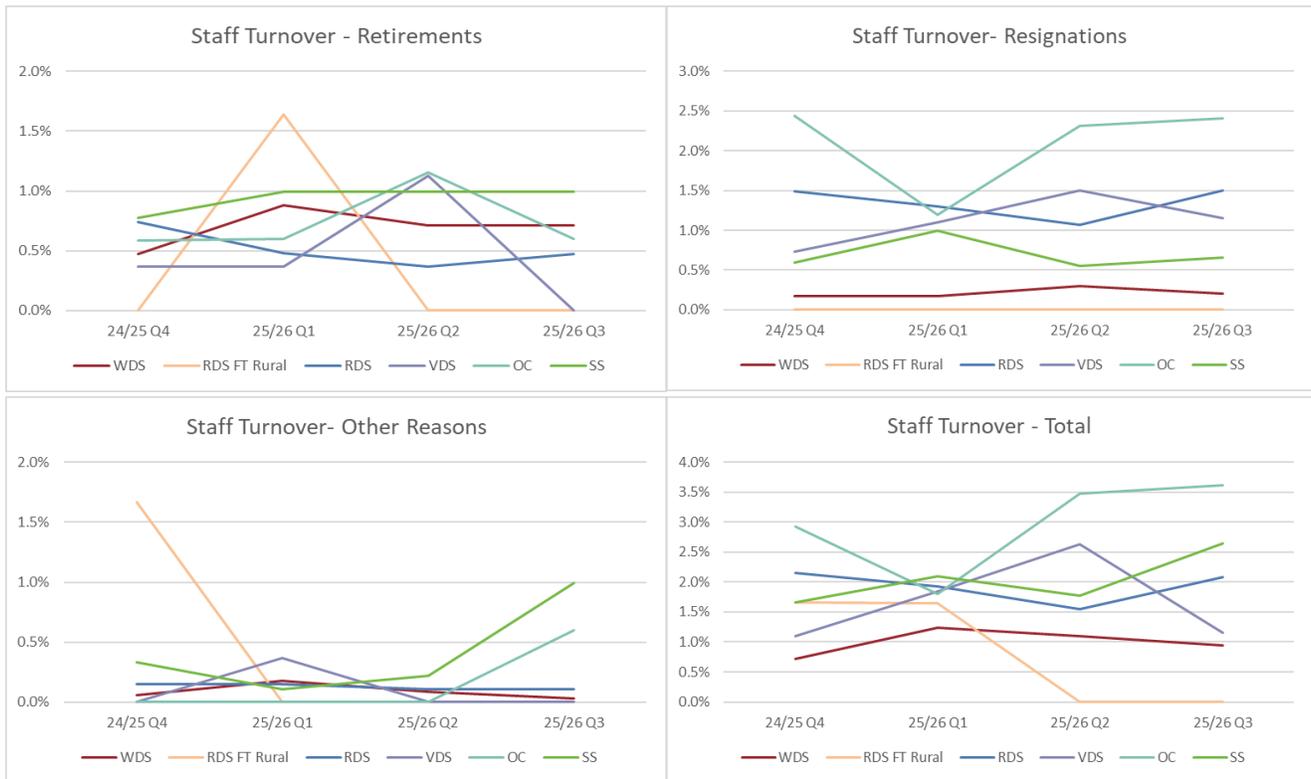
### 1.3 Turnover



### Breakdown by staff group:

EMPLOYEE GROUP	Wholetime (WDS)				Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS				
Retirements	0.43%	0.87%	3.41%	0.71%	0.00%	0.48%	0.00%	0.60%	0.99%	0.63%
Resignations	0.11%	1.17%	0.00%	0.21%	0.00%	1.50%	1.15%	2.41%	0.66%	0.81%
Other Reasons	0.04%	0.00%	0.00%	0.03%	0.00%	0.11%	0.00%	0.60%	0.99%	0.19%
<b>Turnover</b>	<b>0.58%</b>	<b>2.04%</b>	<b>3.41%</b>	<b>0.95%</b>	<b>0.00%</b>	<b>2.09%</b>	<b>1.15%</b>	<b>3.61%</b>	<b>2.64%</b>	<b>1.62%</b>

\*Capability – Dismissal, Death Non-Service, Dismissal – Misconduct, End of Contract, Retirement – Ill Health (Non-Service)



Overall staff turnover has increased slightly from 1.45% in quarter 2 2025/26 to 1.62% in quarter 3 2025/26, largely due to resignations in DD staff and for other reasons in OC and SS.

## 2. Employee Relations

### 2.1 Grievance cases

	2024/25	2025/26	2025/26	2025/26	2025/26
Number of new Grievance cases per SDA/Directorate	Q4	Q1	Q2	Q3	Total
East	0	0	0	1	1
North	0	0	0	1	1
West	1	2	0	1	4
Directorate	6	3	4	3	16
<b>Total</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>22</b>

A total of 6 formal grievances were submitted within quarter 3, which is an increase of 2 compared to the previous quarter and broadly in line with the average over the year. One grievance per SDA was received and 3 from Directorates. 3 cases were in relation to Bullying and Harassment, 1 for Breach of Confidentiality and 2 for Breach of Policy.

## 2.2 Discipline cases

	2024/25	2025/26	2025/26	2025/26	2025/26
Number of new Discipline cases per SDA/Directorate	Q4	Q1	Q2	Q3	Total
East	7	8	10	3	28
North	4	1	5	9	19
West	10	7	6	2	25
Directorate	0	0	1	2	3
<b>Total</b>	<b>21</b>	<b>16</b>	<b>22</b>	<b>16</b>	<b>75</b>

A total of 16 new formal disciplinary cases commenced within quarter 3, which is a decrease of 6 compared to quarter 2. Of those cases, 3 were in East, 9 in the North, 2 in the West and 2 in a Directorate. The main themes of the new cases were Code of Conduct (Criminal Charges), Breach of Policy, Breach of Contract, Gross Misconduct and Dignity and Integrity at Work. In addition, there is one further case which has been carried over from previous quarters.

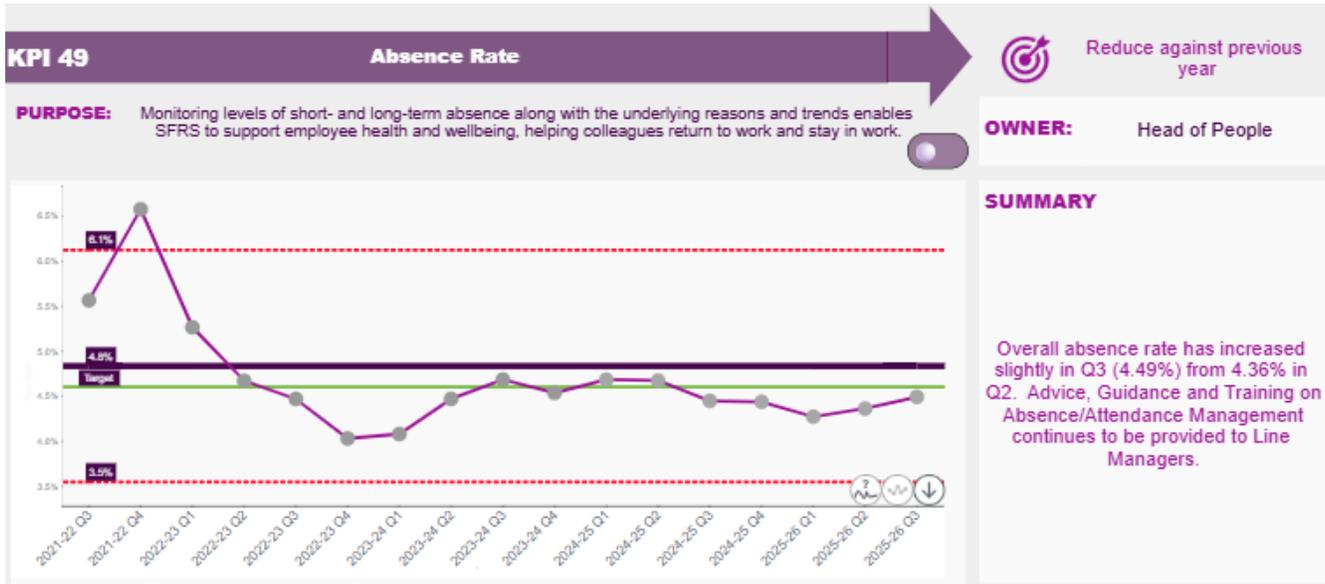
## 2.3 Confidential reporting line

Month	2024/25 Reports	2025/26 Reports
Quarter 1	6	12
Quarter 2	8	11
Quarter 3	6	5
Quarter 4	0	-
Total	20	28

There were 5 new cases raised within Q3, of which 2 were closed within the same quarter. A further 6 carried forward cases were also closed within Q3. All cases were submitted via the online portal. 48 reports have been received in total since the launch of the CRL.

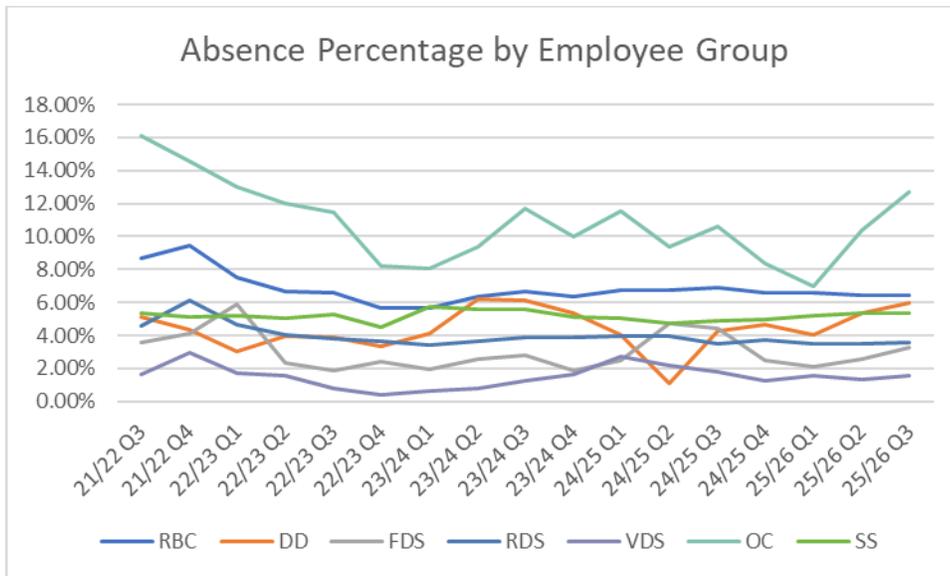
## 3. Attendance and Wellbeing

### 3.1 Absence rates



**Breakdown by staff group:**

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Overall Absence (work days lost versus work days available)	6.45%	5.97%	3.30%	<b>6.02%</b>	3.56%	1.55%	12.73%	5.38%	<b>4.49%</b>



The overall absence rate for all SFRS working days lost in quarter 3 is 4.49%, which is a slight increase from the previous quarter (4.36%). Annual absence rates of workers in the UK labour market are reported at 2% overall and 2.9% for public sector (Office for National Statistics 2024). This compares to 7% in Police Scotland (SPA People Committee report, May 2025) and 6.4% at NHS Scotland (NHS Scotland Workforce Report, to 31 March 2025).

Operations Control continue to see an increase, from 10.37% last quarter to 12.73% in quarter 3. However, all other staff groups also saw marginal increases. Several aspects of the Operations Control Enhancement Plan are continuing to be progressed, including focused management development activities which should ultimately lead to improved attendance support and a reduction in absence levels.

However this must also be taken in context alongside the broader abstraction rate challenges within OC as a result of the resources currently required to support the NMS project and associated training demands, those required to support the current Firefighter (Control) Foundation Programme, and the significant relative proportion of trainee Control Firefighters who do not yet “count” on Watch figures, all of which place additional pressures on staffing levels more generally.

### 3.2 Percentage of working days lost – short-term absence (up to 28 days)

EMPLOYEE GROUP	RBC	DD		FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Short-Term Absence (work days lost versus work days available)	2.61%	0.91%		1.01%	<b>2.17%</b>	0.88%	0.09%	4.63%	1.64%	<b>1.35%</b>

The total of short-term absence increased from the previous quarter, which was 1.15%. People Advisers continue to support line managers in managing attendance and ensuring suitable monitoring is in place to reduce short-term absence.

### 3.3 Percentage of working days lost – long-term absence (more than 28 days)

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Long-Term Absence (work days lost versus work days available)	3.84%	5.05%	2.29%	<b>3.86%</b>	2.68%	1.46%	8.10%	3.74%	<b>3.14%</b>

The total of long-term absence has decreased from 3.20% last quarter to 3.14% this quarter. Long term absence in Control has increased from 7.47% in quarter 2 to 8.10% in quarter 3, with the most common reason for absence being psychological, followed by surgical procedures. All long-term absences are monitored by line managers and appropriate support is provided by People Advisers.

### 3.4 Top three short-term absence reasons

Short Term Sick - Top 3 Reasons	Musculoskeletal	Respiratory	Stomach or Bowel	Other	TOTAL
RBC	643	1057	359	570	<b>2629</b>
DD	40	67	3	90	<b>200</b>
FDS	9	83	12	52	<b>156</b>
RDS	700	843	206	478	<b>2225</b>
VDS	17	0	0	6	<b>23</b>
OC	9	138	99	69	<b>315</b>
SS	86	288	92	223	<b>689</b>
<b>Total Working Days Lost</b>	<b>1503</b>	<b>2475</b>	<b>770</b>	<b>1488</b>	<b>6235</b>
<b>Number of Employees</b>	<b>646</b>	<b>242</b>	<b>269</b>	<b>275</b>	<b>1432</b>

### 3.5 Top three long-term absence reasons

Long Term Sick - Top 3 Reasons	Musculoskeletal	Psychological	Surgical	Other	TOTAL
<b>RBC</b>	1765	1121	448	527	<b>3860</b>
<b>DD</b>	400	467	50	185	<b>1102</b>
<b>FDS</b>	66	0	118	168	<b>352</b>
<b>RDS</b>	3046	1234	771	1697	<b>6748</b>
<b>VDS</b>	215	0	56	80	<b>351</b>
<b>OC</b>	52	162	83	253	<b>550</b>
<b>SS</b>	245	1012	117	194	<b>1568</b>
<b>Total Working Days Lost</b>	<b>5789</b>	<b>3995</b>	<b>1643</b>	<b>3104</b>	<b>14530</b>
<b>Number of Employees</b>	<b>171</b>	<b>117</b>	<b>50</b>	<b>71</b>	<b>409</b>

The tables above show the main reasons for employee absence in terms of working days lost, for short and long-term absence, and the total number of employees absent against these categories. The most common long term absence reasons are in line with the previous quarter, however Musculoskeletal has seen a reduction in the number of working days lost (331 days) and Surgical (440 days) and Psychological have seen an increase (404 days).

The top reasons for short term absence have remained the same as the previous quarter. However, Musculoskeletal has had a decrease of 564 working days lost. Respiratory has had a significant increase (1570 days) which would account for the winter months. Stomach/bowel has seen a marginal increase and Other has seen a marginal decrease. Overall, we have an increase of 875 working days lost.

## **Appendix 1 – Glossary of Terms**

ALICE	Automated Language Inference & Cognitive Evaluation
CPPG	Change Portfolio Progress Group
CRL	Confidential Reporting Line
CS	Corporate Services
CSR	Corporate Services Review
DATS	Digital and Technology Services
DD	Day Duty
ER	Employee Relation
FDS	Flexi Duty System
FRS	Fire Rescue Service
FTE	Full Time Equivalent
LSO	Local Senior Officer
MSK	Musculoskeletal
NTC	National Training Centre
OC	Operations Control
PMF	Performance Management Framework
PPFT	People, Payroll, Finance and Training
PREP	Pre Recruitment Engagement Programme
RBC	Resource Based Crewing
RDS	Retained Duty System
RDS FT	Retained Duty System Full Time
RDS/VDS (On Call)	Retained and Volunteer Duty System
SDA	Service Delivery Area
SFRS	Scottish Fire and Rescue Service
SLT	Strategic Leadership Team
SPPA	Scottish Public Pensions Agency
SS	Support Staff
TOM	Target Operating Model
TSA	Training Safety and Assurance
TTM	Task & Task Management Courses
VDS	Volunteer Duty System
WDS	Watch Duty System



Report No: C/PC/03-26

Agenda Item: 10.1

Report to:	PEOPLE COMMITTEE							
Meeting Date:	05 MARCH 2026							
Report Title:	ORGANISATIONAL CULTURE AND LEADERSHIP UPDATE							
Report Classification:	For Scrutiny	<b>SFRS Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <u><a href="#">Board Standing Order 9</a></u>						
		<u><a href="#">A</a></u>	<u><a href="#">B</a></u>	<u><a href="#">C</a></u>	<u><a href="#">D</a></u>	<u><a href="#">E</a></u>	<u><a href="#">F</a></u>	<u><a href="#">G</a></u>
<b>1</b>	<b>Purpose</b>							
1.1	The purpose of this paper is to provide the People Committee with an update on the Organisational Culture and Leadership (OCL) Programme, including programme documentation, an overview of Phase 1 projects, and HMFSI Organisational Culture within the Scottish Fire and Rescue Service (SFRS) inspection activity.							
<b>2</b>	<b>Background</b>							
2.1	The Organisational Culture and Leadership (OCL) Programme is a strategic initiative shaped by key national and sector frameworks, including NFCC standards, the Scottish Government's Fire Framework, the Fair Work Convention, and the National Joint Council (NJC) Inclusive Fire Service Group. These frameworks ensure that SFRS's approach to culture and leadership is aligned with professional standards, sector advocacy, and a commitment to fair, inclusive and supportive workplaces. The programme is designed to deliver against these priorities, positioning SFRS as a values-driven, high-performing and inclusive organisation. By aligning with these wider influences, SFRS strengthens its ability to deliver meaningful change and meet the expectations of both its workforce and the communities it serves.							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	In April 2025 the Service commenced a review and reset of its approach to enhancing organisational culture and leadership to ensure clarity of purpose, strategic alignment, and robust project management & governance. This started by reviewing the work undertaken by the Culture Development Group and the associated Culture Action Plan. This was followed by engagement with stakeholders including at the SFRS Board Strategy Day, strategic leadership workshops and development sessions.							
3.2	The programme has also been shaped by organisational insight, including findings from the Culture and Engagement Survey (CES), staff feedback and lived experience shared through structured engagement activity. In addition, learning from HMFSI inspections and thematic reviews, including those relating to culture, leadership, training, safety, mental health and wellbeing have informed the programme approach. These wider sources have directly influenced the programme's problem statement, vision, outcomes and governance arrangements, and underpinned the prioritisation of Phase 1 workstreams, ensuring they are <b>evidence-led</b> , aligned to strategic risks and focused on delivering meaningful and sustainable cultural and leadership improvement at pace.							

3.3	An iterative approach has been adopted, with programme materials refined following each stage of engagement. The programme's problem statement, vision, outcomes, governance model and activity categories have been progressively developed and strengthened, with a structured prioritisation exercise reducing a longlist of activities to a focused set of Phase 1 workstreams.
3.4	<p>Phase 1 of the Organisational Culture and Leadership Programme focuses on five workstreams designed to deliver early, impactful improvement aligned to the agreed programme outcomes. The Phase 1 priorities are:</p> <ul style="list-style-type: none"> <li>• SFRS Values Review</li> <li>• Inclusive Recruitment and Selection</li> <li>• Strengthening the Employee Voice Employee Networks</li> <li>• Leadership and Management Development; and</li> <li>• Improving the Female Firefighter Experience (including facilities, equipment and kit).</li> </ul>
3.5	Programme documentation has been developed, setting out the governance, scope and delivery arrangements for Phase 1 of the Organisational Culture and Leadership Programme. This includes the Programme Brief, which defines the programme's purpose, outcomes, scope and approach; the Programme Board Terms of Reference, which establish formal oversight, accountability and assurance arrangements; and the Advisory Panel Terms of Reference, which set out the role of external support and challenge.
3.6	New Demands and supporting project documentation have been drafted for the Phase 1 priority workstreams, including the SFRS Values Review; Inclusive Recruitment and Selection; Strengthening the Employee Voice through an EDI Network Review; and the Leadership and Management Development Project Dossier.
3.7	The submission of these Phase 1 project documents to the Corporate Programme Investment Group (CPIG) will be aligned to ongoing work to agree the SFRS 2026/27 resource budget to ensure that proposals are affordable, prioritised, deliverable within available resources, and that the programme is progressed at a sustainable pace aligned to financial and organisational capacity.
3.8	<b>OCL Phase 1 Programme Priorities</b>
3.8.1	<p><b>SFRS Values Review</b></p> <p>Two approaches are being considered. In the first, a full, up-front review and refresh of the SFRS values would be a foundational "golden thread" running throughout the OCL Programme. The alternative approach would retain the existing values framework at this stage, recognising the current capacity and funding considerations context, and embed these values through the delivery of Phase 1 projects. This options-based approach ensures that values remain central to the programme while allowing flexibility to align ambition, scale and pace with available resources and the budget position.</p>
3.8.2	<p><b>Inclusive Values-Based Recruitment and Selection</b></p> <p>The Inclusive Values-Based Recruitment and Selection workstream builds on work undertaken during 2025 to review and strengthen recruitment and selection processes across Wholetime Firefighter (WTFF) and promotion routes. This included an end-to-end review of WTFF recruitment processes to support delivery of the March 2026 trainee intake, alongside improvements to promotion selection arrangements implemented during 2025.</p>
3.8.3	The introduction of the ALICE system (AI enabled tool to support shortlisting and candidate feedback) has enabled a more consistent, values-based approach to both recruitment and promotion, aligned to SFRS values and the NFCC Leadership Framework, supporting greater fairness, transparency and consistency in assessment. Utilising this system has enabled a demand reduction on colleagues involved, improving working practices and realising capacity. Another key benefit of the ALICE approach is the provision of more detailed, structured feedback to applicants, which is expected to improve applicant

	experience, support development and build trust in recruitment and promotion processes, directly contributing to the Organisational Culture and Leadership Programme vision and outcomes.
3.8.4	Recruitment data evidences increased female participation and progression through the WFFF recruitment process, with <b>56 female applicants</b> shortlisted (16.5%) from the most recent campaign, 21 female candidates progressing to Assessment Day 2, and 19 female candidates reaching interview stage. This has contributed to the successful appointment of <b>11 female firefighters</b> within the March 2026 WFFF intake, representing 15.3% of the cohort and the highest number of female starters on a single foundation course in recent years.
3.8.5	Extensive engagement activity during 2025, including targeted recruitment and engagement events, has supported these outcomes, with further engagement sessions already completed in 2026 for the upcoming recruitment campaign. One of the three events held at HQ was specific to female firefighters with over 100 attendees, and with feedback received we will continue to refine and embed this approach. The impact of these improvements are expected to be evidenced through future recruitment and promotion intakes.
3.8.6	<p><b>Strengthening the Employee Voice through EDI / Employee Networks</b></p> <p>Strengthening the Employee Voice through EDI Networks is proposed as a Phase 1 project within the Organisational Culture and Leadership Programme, with two key objectives:</p> <ol style="list-style-type: none"> <li>1. to ensure that all SFRS colleagues have access to employee networks they may wish to join, and that these networks are appropriately accessible and supported; and;</li> <li>2. to ensure that employee networks have clear and transparent routes for sharing their views to inform SFRS decision-making, so that under-represented groups are included.</li> </ol>
3.8.7	Work has commenced to support this approach, including early engagement with external partners, such as Public Health Scotland, and review of existing arrangements including the Women's Experience Liaison Forum (WELF). In addition, employee network representation, wider lived experience and subject matter expertise will be able to inform the development of Service policy through the Organisational Culture and Leadership Advisory Panel. The Advisory Panel will provide independent advice, internal and external perspectives and constructive challenge on the approach and impact of the Organisational Culture and Leadership Programme, and to act as a sounding board for cultural initiatives, supporting transparency and engagement across the Service.
3.8.8	<p><b>Leadership and Management Development</b></p> <p>The Organisational Culture and Leadership (OCL) Programme Board continues to oversee the development of the Leadership and Management Development Framework, which provides a structured, phased approach to strengthening leadership capability across the Service. Progress includes continued delivery of Leadership Essentials alongside participation in NFCC leadership programmes, which are embedded within the SFRS Leadership and Management Development Framework.</p>
3.8.9	A draft high-level milestone plan for 2026/27 has been developed, including <b>pilot delivery</b> of the supervisory manager workstreams planned to commence from Q1 2026–27, development of the <b>SFRS leadership framework</b> setting out expectations of leaders at each level (considering options including adopting the NFCC leadership framework, adopting another off-the-shelf framework, or development of a bespoke SFRS framework), developing the <b>approach to middle and strategic leadership</b> development. The draft milestone plan will be reviewed and finalised in line with available capacity and resources aligned to the 2026/27 budget.
3.8.10	Provision of the NFCC Supervisory and Middle Manager Leadership Development Programmes commenced with a pilot Supervisory cohort in May 2023 and has since expanded to six cohorts across 2025–26 (three Supervisory and three Middle Manager cohorts). To date, <b>thirty-one</b> individuals have completed the NFCC Supervisory Leadership

	<p>Programme, with a further <b>fifty-eight currently participating</b> across three cohorts (April, June and October 2025). For the NFCC Middle Manager Leadership Programme, <b>sixteen individuals have completed</b> the programme, with <b>forty currently participating</b> across two cohorts (May and November 2025), and registrations currently being finalised for the Q4 2025/26 intake.</p>
3.8.11	<p>In parallel, delivery of <b>Leadership Essentials</b> has continued as a core element of the supervisory manager development pathway, with <b>107 participants</b> having completed the programme up to the end of Q3 and strong early demand for further sessions scheduled in Q4. This figure builds on the <b>233 participants</b> who completed the previous iteration of the course in the 2024-25 period.</p>
3.8.12	<p>The Leadership &amp; Management Development Taskforce is progressing the design and development of four modules in the supervisory manager development pathway: Organisational Standards / Code of Conduct; Understanding Self; Understanding and Leading Others; Organisational Awareness and Performance. Key principles underpinning the framework include flexibility of delivery, a collegiate approach to development, blended in person and digital learning, and the integration of coaching and mentoring to support post-learning application. A Train the Facilitator approach will be adopted to build capacity for flexible, local delivery.</p>
3.8.13	<p><b>Improving the Female Firefighter Experience (including facilities, equipment and kit)</b> This workstream focuses on improving the practical day-to-day experience of female firefighters through targeted action on personal protective equipment (PPE), station wear, maternity provision and the physical working environment, informed by lived experience and engagement through the Women's Experience Liaison Forum (WELF). WELF plays a key role in raising female-specific issues, informing policy development and providing structured feedback on PPE, facilities and kit, as well as supporting wider attraction and retention activity.</p>
3.8.14	<p>SFRS has adopted a collaborative PPE framework that provides both male and female variants of structural PPE, with stock maintained for new recruits, replacements and reserve needs across all 35 reserve stations. The forthcoming PPE framework, currently in procurement, prioritises female requirements, incorporates a comprehensive Equality Impact Assessment, aligns with BS 30417 for inclusive provision, and introduces a 'fit for form' sizing strategy, with wearer trials involving both male and female staff ongoing at the National Training Centre.</p>
3.8.15	<p>Gender-specific station wear, including a dedicated female station boot, continues to be issued, alongside maternity wear provision which has been in place since 2013, with recent improvements guided by feedback from WELF and at the Women in the Fire Service event. New maternity garments, including T-shirts and polo shirts, will be available from mid-February 2026, with trousers to follow following user trials, and end-user surveys will inform future stock and supplier design.</p>
3.8.16	<p>Facilities improvements are being progressed through the Service's Risk-Based Capital Investment Plan, which includes some targeted smaller-scale refurbishment projects for female firefighters, improved welfare and changing facilities, for example at Campbeltown Fire Station, and enhancements at training sites, for example at National Training Centre and Portlethen Training site. These improvements are prioritised using asset condition and suitability data and are being phased in line with capital affordability and wider asset planning assumptions set out within the Service Asset Management Plan ensuring delivery remains proportionate and sustainable. Dignity, privacy and suitability are explicit design principles informing this work, shaped by WELF engagement and wider equalities considerations and embedded through ongoing collaboration between WELF, the Assets and Procurement functions, and the Organisational Culture and Leadership Programme governance arrangements. This approach ensures that female-specific requirements are integrated into</p>

	<p>mainstream asset planning and decision-making, while remaining affordable, prioritised and deliverable within available resources. The Service remains committed to the ongoing assessment of PPE and kit, continued collaboration with WELF, further improvements to maternity provision, and preparation for the implementation of the new NFCC PPE contract in 2027.</p>
3.9	<p><b>Governance</b></p>
3.9.1	<p>The Organisational Culture and Leadership Programme is embedded within the SFRS strategic portfolio and will be scrutinised by the People Committee, with delivery to plan reported to the Strategic Planning &amp; Change Committee as part of the agreed Portfolio Office scrutiny and assurance arrangements. The Culture Development Group has been reconstituted as a formal Programme Board, chaired by the Senior Responsible Officer (Sarah O'Donnell, Deputy Chief Officer – Corporate Services), with cross-service representation to provide oversight, direction, decision making and assurance. An Organisational Culture and Leadership Advisory Panel is also being established, comprising trade unions, external advisors and employee network representatives, to provide independent advice, support and constructive challenge. This governance structure is designed to ensure robust delivery, transparency, assurance and alignment with organisational priorities and external inspection learning.</p>
3.10	<p><b>HMFSI: Culture in the Scottish Fire and Rescue Service Programme of Inspections</b></p>
3.10.1	<p>A number of themes and priority areas within the Organisational Culture and Leadership Programme directly align with the findings and recommendations set out in HMFSI's <i>Culture in the Scottish Fire and Rescue Service – Volume 1</i> inspection report. The programme has been designed to ensure that inspection action plans are embedded within wider organisational improvement activity rather than progressed in isolation.</p>
3.10.2	<p>The HMFSI Volume 1 Culture Inspection Action Plan was approved by the Strategic Leadership Team on 4 February 2026 and will be presented to People Committee its March meeting, along with the agreed outline for the forthcoming HMFSI Volume 2.</p>
3.11	<p><b>Next Steps</b></p>
3.11.1	<p>The immediate next steps for the Organisational Culture and Leadership Programme focus on resource allocation and progressing Phase 1 priorities in a planned and sustainable way. Governance arrangements are now established through the Programme Board and the emerging Advisory Panel, providing oversight, assurance and constructive challenge. In line with development of the SFRS 2026/27 resource budget, work will progress to refine the approach, scale and pace of Phase 1 delivery, including submissions to the Corporate Programme Investment Group (CPIG). In parallel, preparatory activity and work in progress will continue across the Phase 1 workstreams to ensure proposals are prioritised, affordable and deliverable within available organisational capacity, with ongoing oversight and scrutiny provided through the People Committee.</p>
<b>4</b>	<p><b>Recommendation</b></p>
4.1	<p>People Committee is asked to scrutinise the update provided.</p>
<b>5</b>	<p><b>Key Strategic Implications</b></p>
5.1	<p><b>Risk Appetite and Alignment to Risk Registers</b></p>
5.1.1	<p>In relation to seeking innovative approaches to talent acquisition, development and retention SFRS has an <b>Open</b> appetite, looking to experiment with new methods of attracting, developing and retaining talent.</p>
5.1.2	<p>SFRS has an <b>Ambitious</b> approach to ensuring the culture aligns with Service values, fostering positive workplace behaviours that promote wellbeing.</p>

5.2 5.2.1	<b>Financial</b> Delivery of the programme will require targeted investment in leadership development, infrastructure, support systems and resource. The scale and pace of Phase 1 delivery are being appropriately managed pending confirmation of the forthcoming budget settlement, ensuring activity remains affordable, prioritised and deliverable within available resources.
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> The programme supports the creation of inclusive, safe, and sustainable workplaces, with a focus on improving facilities, flexible working, and the physical environment. These improvements contribute to SFRS's broader sustainability and wellbeing objectives.
5.4 5.4.1	<b>Workforce</b> By addressing barriers to attraction, retention, and progression, the programme aims to build a workforce that better reflects the communities SFRS serves. Enhanced leadership capability and a focus on values-driven behaviours will support staff motivation, engagement, and performance.
5.5 5.5.1	<b>Health &amp; Safety</b> Strengthening both physical and psychological safety is central to the programme, with initiatives to foster a no-blame culture, open communication, and learning from mistakes. Wellbeing is embedded as a core outcome, with measures to support mental health and resilience.
5.6 5.6.1	<b>Health &amp; Wellbeing</b> Strengthening both physical and psychological safety is central to the programme, with initiatives to foster a no-blame culture, open communication, and learning from mistakes. Wellbeing is embedded as a core outcome, with measures to support mental health and resilience.
5.7 5.7.1	<b>Training</b> The programme will deliver a coherent framework for leadership and management development, supporting succession planning and the development of future leaders. Investment in training will be aligned with organisational needs and strategic priorities.
5.8 5.8.1	<b>Timing</b> The scale and pace of Phase 1 delivery are being appropriately managed pending confirmation of the forthcoming budget settlement, ensuring activity remains affordable, prioritised and deliverable within available resources. An annual planning cycle is being built into the programme.
5.9 5.9.1	<b>Performance</b> Improved culture and leadership will drive organisational performance, with clear measures of impact and accountability.
5.10 5.10.1	<b>Communications &amp; Engagement</b> Communications team support is required, two-way communication and active engagement with staff and stakeholders are central to the programme's approach.
5.11 5.11.1	<b>Legal</b> The programme is underpinned by national frameworks and the Fair Work Convention, ensuring compliance with equalities legislation and best practice.
5.12 5.12.1	<b>Information Governance</b> Improvements to data collection and reporting, particularly around workforce diversity, will strengthen evidence-based decision-making and accountability. DPIA not required as no personal data being processed

5.13	<b>Equalities</b>	
5.13.1	The programme is underpinned by national frameworks and the Fair Work Convention, ensuring compliance with equalities legislation and best practice.  EHRIA for the programme will be developed in due course.	
5.14	<b>Service Delivery</b>	
5.14.1	By investing in people and culture, the programme will enhance SFRS's capacity to deliver high-quality, responsive services to Scotland's communities, now and in the future.	
<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>	Sarah O'Donnell, Deputy Chief Officer (Corporate Services)
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> / <b>Reasonable</b> / <del>Limited</del> / <del>Insufficient</del>
7.3	<b>Rationale:</b>	Principles and approach have been developed and agreed with Strategic Leadership Team. Work is in alignment with SFRS strategic priorities. Prioritised and resourced phase 1 programme is being developed.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Organisational Culture & Leadership problem statement, vision & outcomes	
<b>Prepared by:</b>	Ceri Dodd, Deputy Head of People	
<b>Sponsored by:</b>	Lyndsey Gaja, Head of People	
<b>Presented by:</b>	Ceri Dodd, Deputy Head of People	
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan Outcome Investing in our People		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>People Directorate Management Team</i>	<i>18 February 2026</i>	<i>For Information (by email)</i>
<i>People Committee</i>	<i>05 March 2026</i>	<i>For Scrutiny</i>

# SFRS Organisational Culture and Leadership Programme Update

*People Committee  
05 March 2026*





### 1. Programme Reset and Strategic Foundations

- 3 June 2025 – Strategic Visioning Workshop
- 11 June 2025 – Strategic Manager Quarterly Development Session
- 30 June 2025 – Culture Development Group

### 2. Board Engagement and Governance Reset

- 31 July 2025 – SFRS Board Strategy Day

### 3. Strategic Workshops and Prioritisation

- 1 September 2025 – SLT/SMT Strategic Workshop
- 10 September 2025 – Strategic Manager Quarterly Development Session
- 23 September 2025 – Culture Development Group
- 17 December 2025 - Establish Phase 1 Priorities Workshop

### 4. Programme Refinement and Committee Engagement

- 11 September 2025 – People Committee
- 21 October 2025 – People Committee Workshop
- 30 October 2025 – Leadership Taskforce Workshop
- 3 December 2025 - Strategic Managers Quarterly Development Session

### 5. Culture Development Group Transition and Governance Finalisation

- 3 and 21 November 2025 – Culture Development Group
- 20 January 2026 - Constitute Programme Board / First Prog. Board Meeting



# Background and Context

## Our programme is shaped by key national and sector frameworks, including:

- **NFCC:** Ensures alignment with professional standards and sector advocacy.
- **Fire Framework:** Embeds Scottish Gov priorities for leadership, safety, and community impact.
- **Fair Work Convention / SG Fair Work First Policy:** Underpins our commitment to fair, inclusive, and supportive workplaces.
- **Inclusive Fire Service Group (NJC):** Guides our approach to diversity, inclusion, and workforce representation.

Our work is designed to deliver on these priorities, ensuring SFRS is a values-driven, inclusive, and high-performing organisation.



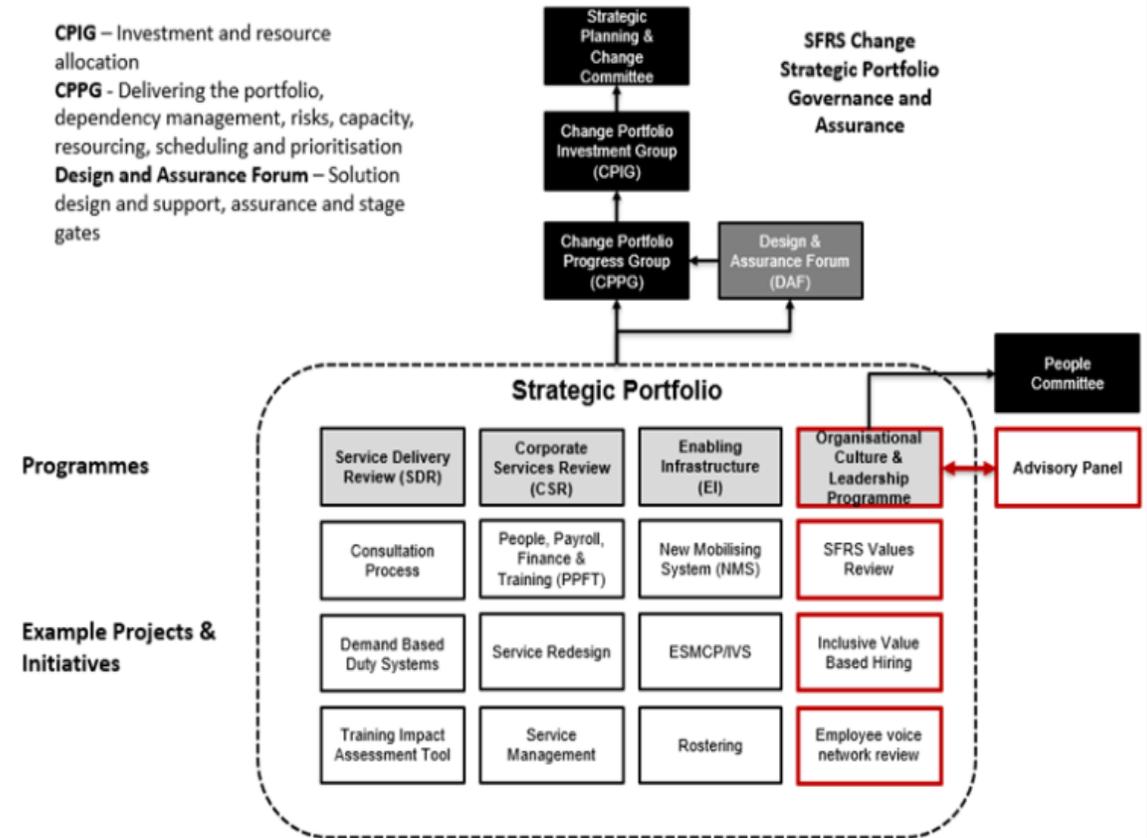
# Organisational Culture and Leadership Programme Approach

- Inclusion within **Strategic Portfolio**
- **People Committee scrutiny** consideration
- **Assurance groups** include Design Assurance Forum and new Advisory Panel
- Culture Development Group reconstituted as **Organisational Culture and Leadership programme board**:
  - Senior Responsible Officer (SRO) – **Sarah O’Donnell**, Deputy Chief Officer (Corporate Services)
  - Cross Service stakeholder representation
  - Reviewed and refreshed priorities

## Governance & Assurance – Strategic Portfolio structure

**CPIG** – Investment and resource allocation  
**CPPG** - Delivering the portfolio, dependency management, risks, capacity, resourcing, scheduling and prioritisation  
**Design and Assurance Forum** – Solution design and support, assurance and stage gates

**SFRS Change Strategic Portfolio Governance and Assurance**



# Programme Governance Membership - Draft

## Programme Board

**Remit:** ensure delivery is on track; seek assurance on programme update to CPPG/Committees

**Meeting Frequency:** 6 weekly

### Membership:

- Chair: SRO – Sarah O’Donnell
- Heads of Function
- Programme Lead/SME
- Project Leads

## Advisory Panel

**Remit:** support and challenge on vision/outcomes, plans & impact

**Meeting Frequency:** Quarterly

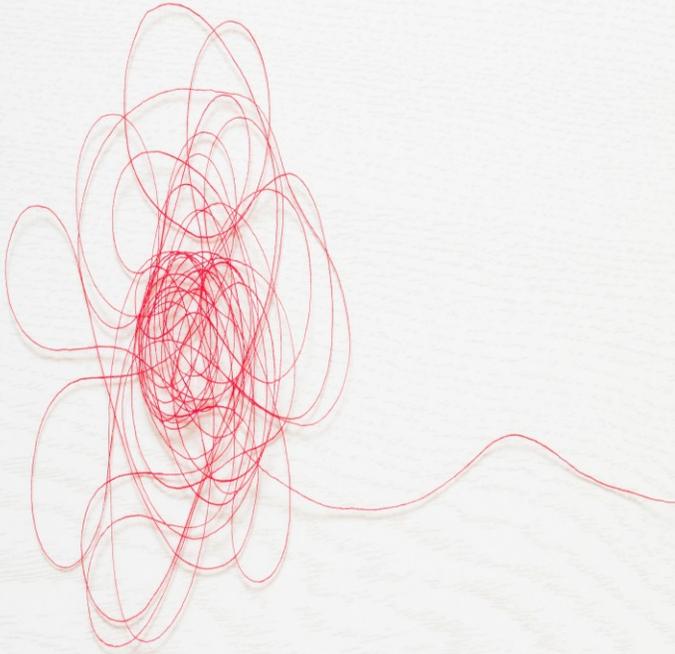
### Membership:

- Chair: Joint – Chief Officer/Board Member
- Trade Unions
- HMFSI (observer)
- Other external advisors – c.3
- Employee Network Representatives – c.2/3

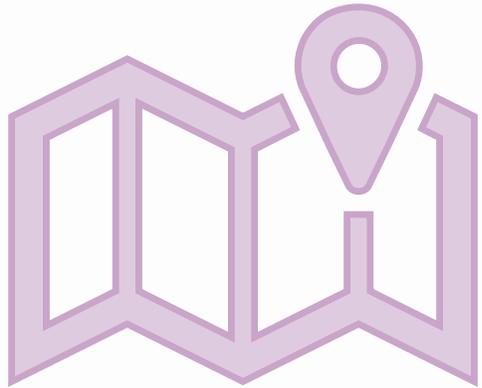
# DRAFT Organisational Culture and Leadership Programme Problem Statement

Feedback highlights a need to strengthen our culture and leadership by addressing several key areas:

- Building and maintaining trust in leaders at all levels
- Fostering greater collaboration across teams and functions
- Embedding a robust safety culture that prioritises both physical and psychological wellbeing
- Upholding and advancing professional standards
- Promoting professional values and behaviours throughout the organisation
- Developing a positive and proactive approach to change
- Enhancing communication to ensure openness and transparency
- Investing in the development of people at every stage of their careers
- Learning from mistakes to drive continuous improvement
- Creating an environment of psychological safety where all colleagues feel able to contribute
- Increasing the diversity of the workforce to better reflect the communities served
- Supporting the wellbeing of colleagues
- Encouraging individuals to take personal accountability for their actions and contributions

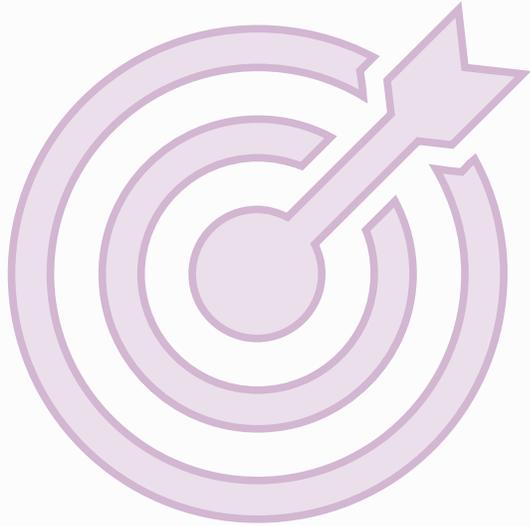


# DRAFT Culture and Leadership Programme Vision Statement



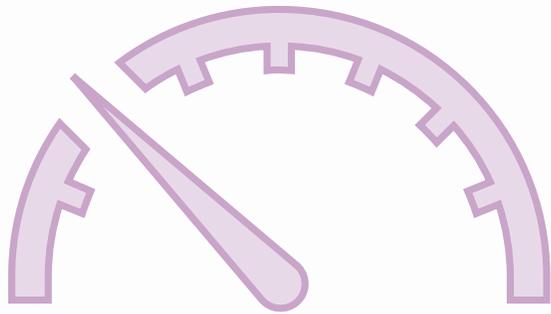
“Working together for a safer Scotland through a culture of trust, empowerment, collaboration, safety and professionalism, where open communication and learning are at our core. Everyone will be enabled to thrive through leadership, inclusion, wellbeing, and individual accountability.”

# DRAFT Organisational Culture and Leadership Outcomes



- ❖ Our people feel motivated, valued, and proud; knowing they are trusted, respected and supported
- ❖ We have skilled, trusted, visible and inspiring leadership
- ❖ Our people are values-driven and take personal accountability
- ❖ We are a more diverse workforce reflecting the communities we serve
- ❖ We embrace safety, collaboration and continuous improvement

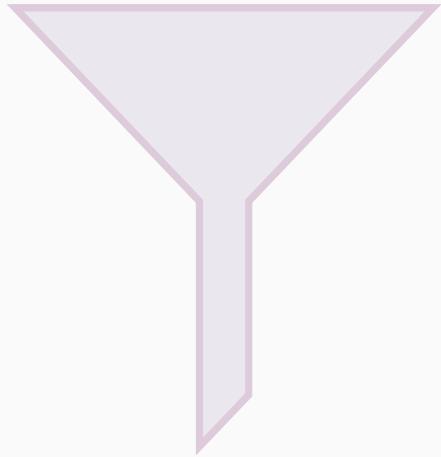
# DRAFT Potential Benefits



A set of benefit categories and related metrics is currently being developed and will form a core part of the programme's approach. Dedicated benefit realisation plans will be produced for each project and initiative to ensure that value is achieved and that progress can be monitored robustly.

Benefits Categories				
Absence	Evidence of reduced (complexity) process steps	Leadership Approach	Pride	System and User Satisfaction
Belonging	Fairness and Transparency of Progression Processes	Leadership Effectiveness	Process Transparency	Training Feedback
Compliance and Training	Gender	Leadership Trust	Professionalism	Wellbeing Incidents
Culture of Safety	Higher & Further Quals	Leadership Visibility	Promotions & Progression	
Diversity	Hiring Process	Motivation	Retention / Turnover Rate	
Employee Network Participation	Incident Reporting	Number of Improvement Initiatives Delivered	Sickness	
Equality	Inclusion	Participation	Staff Satisfaction	

# Consideration of Activities to Prioritise



- Recommendations from HMFSI Inspections e.g.
  - Thematic Reviews (SDA, Training etc)
  - Culture – Volume 1
  - Mental Health and Wellbeing
- Actions already underway through CDG
- Ideas generated at recent workshops
- Other emerging corporate priorities/issues
- Balancing impactful/resource intense with quick wins
- Focused on contribution to outcomes

# Phase 1 Programme Priorities



## Phase 1 Workstreams:

- SFRS Values Review
- Inclusive Value-Based Hiring Practices
- Strengthening Employee Voice through EDI Network Review
- Leadership and Management Development
- Improving the Female Firefighter Experience: Facilities, Equipment and Kit

# Phase 1 Programme Priorities Progress Overview

**Values Review:** Phase 1 options to either refresh SFRS values or embed existing values across delivery being considered, ensuring alignment with 2026/27 budget and capacity.

**Inclusive Value-Based Hiring Practices:** Values-based recruitment and promotion strengthened using ALICE, reducing assessor demand and improving feedback quality. Redesigned and enhanced recruitment materials and candidate engagement approach. Latest WTFF campaign delivered **11 female appointments (15.3%)**, the highest number on a single foundation course, supported by targeted engagement.

**Strengthening Employee Voice through EDI Network Review:** Phase 1 project scoped to strengthen EDI / employee networks, with early engagement and collaboration underway and Advisory Panel arrangements established to support lived-experience input and independent challenge.

**Leadership & Management Development:** Leadership Essentials and NFCC programmes continuing at scale, with **107 participants** completing Leadership Essentials by end Q3 (building on **233 completions in 2024–25**) and strong demand for further sessions in Q4 and for the NFCC programme **31 staff completed** and **58 currently participating** in Supervisory programmes, and **16 completed / 40 in progress** at Middle Manager level. Draft 2026/27 milestones developed and being aligned to available resources.

**Improving the Female Firefighter Experience:** Tangible progress on PPE, kit, maternity provision and facilities, including female-specific PPE variants in use, new maternity garments available from **February 2026**, and targeted estate improvements progressing through the Risk-Based Capital Investment Plan.

# Next Steps

1. Share key messages Service wide and increase stakeholder involvement
2. Continue conversations on resource – note Programme and Phase 1 submissions to CPIG will align with the 2026/27 resource budget to ensure sustainable delivery within organisational capacity
3. Establish Advisory Panel
4. Progress delivery of Phase 1 activities:
  - a) Leadership and Management Development Framework – delivery of supervisory programme; developing the approach to middle and strategic leadership development
  - b) Establish reporting mechanisms (e.g. Wrike to generate highlight reports for CPPG and resource demand)
5. Begin early planning for Phase 2 activities:

**Thank you**



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



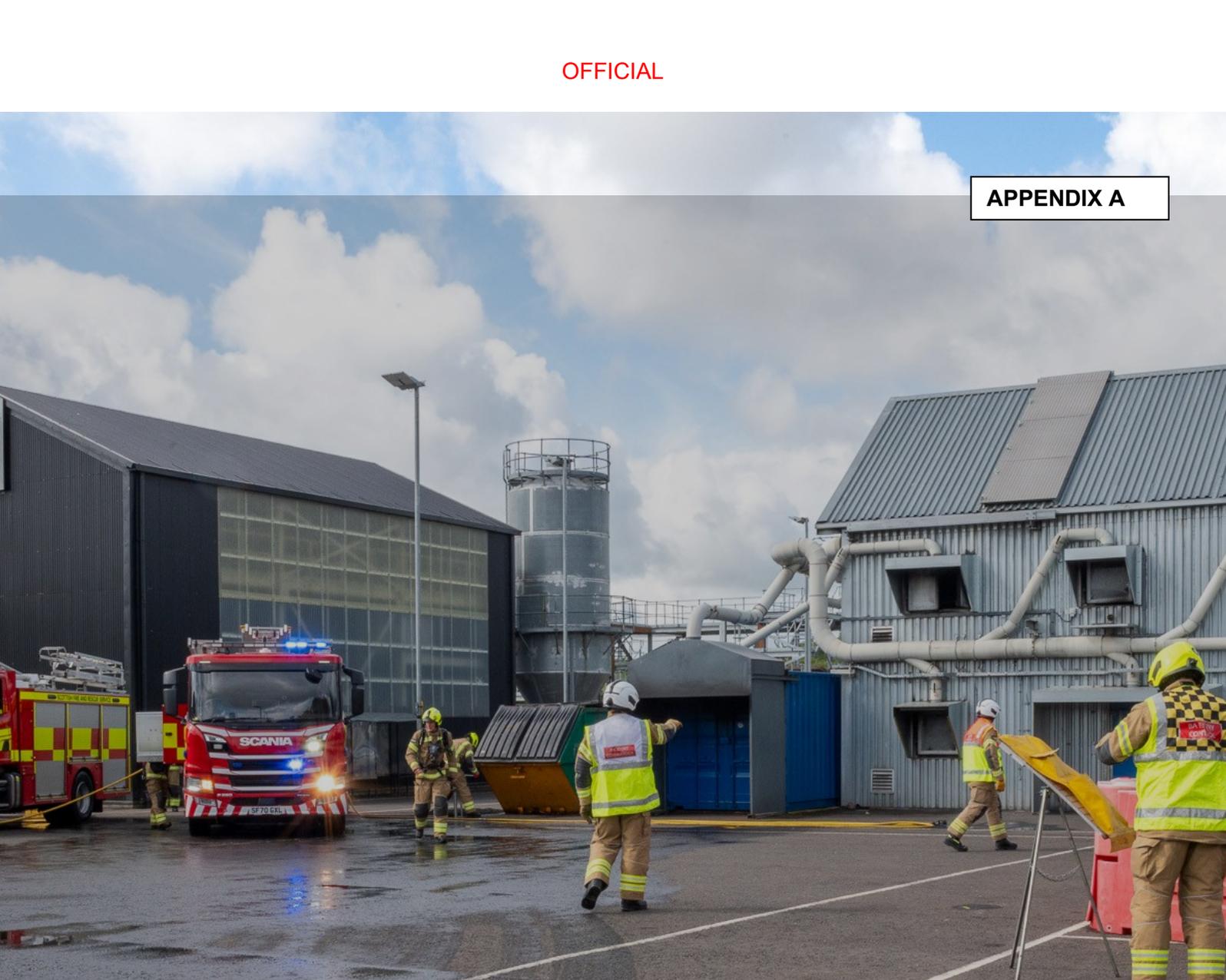
Report No: C/PC/04-26

Agenda Item: 11.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		5 MARCH 2026						
Report Title:		TRAINING FUNCTION UPDATE & PERFORMANCE REPORT QUARTER 3 2025-26						
Report Classification:		For Scrutiny	<b>SFRS Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <b><u>Board Standing Order 9</u></b>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
<b>1</b>	<b>Purpose</b>							
1.1	The purpose of this report is to provide a high-level overview of the Training Function activity and performance over Q3 2025-26.							
<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, the SFRS Strategic Plan 2022-25 and Performance Management Framework (PMF).							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	<p>For ease of reference, this report is divided into two main sections, both accessible through the <i>Training Function Update and Performance Report Q3 2025–26</i> document at <b>Appendix A</b>.</p> <ul style="list-style-type: none"> <li>• <b>Section 1:</b> Provides an update on key activities and developments within the Training Function during Q3 2025–26.</li> <li>• <b>Section 2:</b> Focuses on Key Performance Indicators (KPIs) outlined in the <a href="#">Performance Management Framework</a>. This includes an analysis of Q3 2025–26 data, drawn from the corporate <a href="#">Power BI</a> reporting tool, and aligned to the Training Function.</li> </ul>							
<b>4</b>	<b>Recommendation</b>							
4.1	To scrutinise the report and provide feedback as necessary on its content							
<b>5</b>	<b>Key Strategic Implications</b>							
5.1	<b>Risk Appetite and Alignment to Risk Registers</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.							

5.3 5.3.1	<b>Environmental &amp; Sustainability</b> There are no environmental & sustainability implications arising from the content of this report.	
5.4 5.4.1	<b>Workforce</b> The purpose of this report is to strengthen performance managements and drive improvement of our workforce.	
5.5 5.5.1	<b>Health &amp; Safety</b> There are no health and safety implications arising from the contents of this report.	
5.6 5.6.1	<b>Health &amp; Wellbeing</b> There are no health and wellbeing implications arising from the contents of this report.	
5.7 5.7.1	<b>Training</b> To ensure we have personnel maintain their currency within required training requirements for their role.	
5.8 5.8.1	<b>Timing</b> 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 5.9.1	<b>Performance</b> 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 5.10.1	<b>Communications &amp; Engagement</b> To ensure performance and risk is discussed at all levels and the content of this reports shared to the relevant forums.	
5.11 5.11.1	<b>Legal</b> There are no legal implications arising from the contents of this report.	
5.12 5.12.1	<b>Information Governance</b> DPIA completed No – N/A	
5.13 5.13.1	<b>Equalities</b> EHRIA completed Yes	
5.14 5.14.1	<b>Service Delivery</b> 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	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training Safety & Assurance
7.2	<b>Level of Assurance: (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.

<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A – Training Function Update & Performance Report Q3 2025-26	
<b>Prepared by:</b>	Andy Scott, Learning Content, E-Systems & Performance Manager.	
<b>Sponsored by:</b>	Stevie Campbell, Area Commander Training Function	
<b>Presented by:</b>	Ross Robison, Deputy Assistant Chief Officer Head of Training	
<b>Links to Strategy and Corporate Values</b>		
<p><b>SFRS Strategic Plan 2022-25</b>  Outcome 2 – Communities are safer and more resilient as we respond effectively to changing risks. We will achieve this by: Training effectively and efficiently as a Service and with our partners to improve community safety.</p> <p>Outcome 4 - We respond to the impacts of climate change in Scotland and reduce our carbon emissions. We will achieve this by: Ensuring our people continue to plan, are trained for and equipped to respond to climate change incidents.</p> <p>Outcome 6 – The experience of those who work for SFRS improves as we are the best employer we can be. We will achieve this by: Continuing to provide training and development opportunities for all our people to ensure they have the right mix of knowledge and skills.</p> <p><b>SFRS Training Strategy 2023-28</b></p>		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
Training Functional Management Team	4 February 2026	For Scrutiny
Directorate Management Team	19 February 2026	For Scrutiny
People Committee	5 March 2026	For Scrutiny



# Training Function Performance Report

Q3 2025-26



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## Introduction

The purpose of this report is to provide a high-level overview of the Training Function Performance Q3 2025-26. This will enable key stakeholders and owners, to identify areas which can be discussed and what improvement actions are required.

Our Training Function indicators are set internally as part of the SFRS Performance Management Framework 2023-24 and are aligned under Outcome 2: Communities are safer and more resilient as we respond effectively to changing risks.

Outcome 2: Communities are safer and more resilient as we respond effectively to changing risks.					
Ref	Indicators	Frequency	Target /Direction of Travel	Additional Scrutiny Routes	
				Service Delivery Committee	People Committee
22	% of completion of Operational Core Skills modules against training requirement <sup>1</sup>	Quarterly	95%		✓
23	% of completion of Advanced, Support and Emerging Risks Modules against training requirement	Quarterly	95%		✓
24	% completion of Flexi Duty Officers against training programme <sup>2</sup>	Quarterly	95%		✓
25	% of completion of Incident Command currency following National Training Standards	Quarterly	91%		✓
26	% of completion of Core Skills currency following National Training Standards <sup>3</sup>	Quarterly	73%		✓
27	% of completion of Specialist Rescue currency following National Training Standards	Quarterly	92%		✓
28	% of all Training Function Courses delivered versus total number of courses scheduled within agreed Training Delivery Plan	Quarterly	95%		✓
29	Training Function Course Delivery (Candidate Satisfaction %)	Quarterly	95%		✓

Our high level KPI approach for 2025/26 has also fully taken into account all our audit and inspection recommendations, to give the Committee assurances they are seeking. It is important to note that there will be the opportunity through scrutiny at public meetings of the Committee to ask for rationale and context against each high level KPI without having to get into the detail.

Behind these high level KPI's are lower-level indicators that are reported to the Executive forums and to give assurances this is where the detail and improvement actions needed are discuss in more detail.

All statistics and figures quoted are internal management information, they are provisional and may be subject to change. Published statistics should be quoted for wider public use.

## Key Activity: Training Function

Key activity within the Training Function this quarter to support performance improvement.

SAFETY AND RISK REDUCTION													
TRAINING FUNCTION													
<u>Item</u>	<u>Commentary</u>												
<u>FF Safety</u>	<p>Following the recent review conducted by the Contaminants Group at the National Training Centre (NTC), several enhancements to local management arrangements have been identified to strengthen implementation of the Contaminants Policy.</p> <p>Current site limitations, including physical layout and infrastructure, present challenges to full adherence with contamination control practices. A sheltered area adjacent to the CFBT unit to facilitate decontamination during periods of inclement weather has now been implemented.</p>												
QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS													
TRAINING FUNCTION													
<u>Item</u>	<u>Commentary</u>												
<u>Quality Management System – Continuing Assessment Visit</u>	<p>Perth Training Centre successfully hosted a BSI audit in November 2025. Positive feedback was provided by the auditor with no non-conformities identified, demonstrating strong compliance and robust quality management practices.</p> <p>The report highlighted the commitment to maintaining high standards and continuous improvement.</p>												
PERFORMANCE AND OUTCOMES													
TRAINING FUNCTION													
<u>Item</u>	<u>Commentary</u>												
<u>Performance Reporting</u>	<p>Q3 2025-26 Performance Reports generated and disseminated. Performance data to be presented at February's FMT.</p> <p>LED team has created an online feedback mechanism linked to learning modules. This has resulted in 680 returns in Q3 which is helping shape future module development.</p> <p>New NILO recording process now live.</p>												
<u>BA Recovery Plan</u>	<p>The BA Recovery Plan is continuing to progress, with BA, CFBT and Tactical Ventilation currencies showing improvement between Q3 2024 25 and Q3 2025 26:</p> <table border="1"> <thead> <tr> <th></th> <th>Q3 24-25 Currency</th> <th>Q3 25-26 Currency</th> </tr> </thead> <tbody> <tr> <td>BA</td> <td>89%</td> <td>96%</td> </tr> <tr> <td>CFBT</td> <td>84%</td> <td>93%</td> </tr> <tr> <td>TV</td> <td>68%</td> <td>90%</td> </tr> </tbody> </table>		Q3 24-25 Currency	Q3 25-26 Currency	BA	89%	96%	CFBT	84%	93%	TV	68%	90%
	Q3 24-25 Currency	Q3 25-26 Currency											
BA	89%	96%											
CFBT	84%	93%											
TV	68%	90%											

<p><u>Training Function Recognition</u></p> <p><u>Training Function Content</u></p> <p><u>Training Function Courses</u></p>	<p>LED team presented with the award for ‘Excellence in Partnership’.</p> <p>Q4 Content launched consisting of Core Skills, Railway and Marine, H&amp;S event reporting and introduction to Neurodiversity.</p> <p>On Call recruitment schedule for 2026-27 has been published in collaboration with People Directorate.</p> <p>Scenario video now available on LCMS to support candidates prior to their attendance on ICL2 courses.</p> <p>JESIP awareness package included in all Q4 TfOC.</p> <p>The Wholetime Firefighter Foundation Programme (WTFFP T3/25) successfully graduated in November 2025 with positive feedback received from members of SLT and LSO Areas.</p> <p>3-week Tactical Firefighter Instructor pilot course was delivered at Portlethen which will be fully reviewed prior to full implementation.</p> <p>2 pilot courses for external ERD Cat B successfully complete.</p> <p>7 On-Call to Wholetime Migration courses complete across Newbridge, Portlethen and Dumfries.</p>
<p><b>HORIZON SCANNING</b></p>	
<p><b>TRAINING FUNCTION</b></p>	
<p><u>Item</u></p> <p><u>XVR</u></p> <p><u>Partnership Working</u></p>	<p><u>Commentary</u></p> <p>ICL2 Imagery converted to XVR.</p> <p>Portlethen hosted a multi-agency large scale MTA exercise which received positive feedback from all attendees.</p> <p>Specialist Rescue ran a large-scale multi-agency exercise at the National Training Centre Cambuslang which strengthened operational readiness and demonstrated effective working with partners.</p>

## Training KPI Analysis

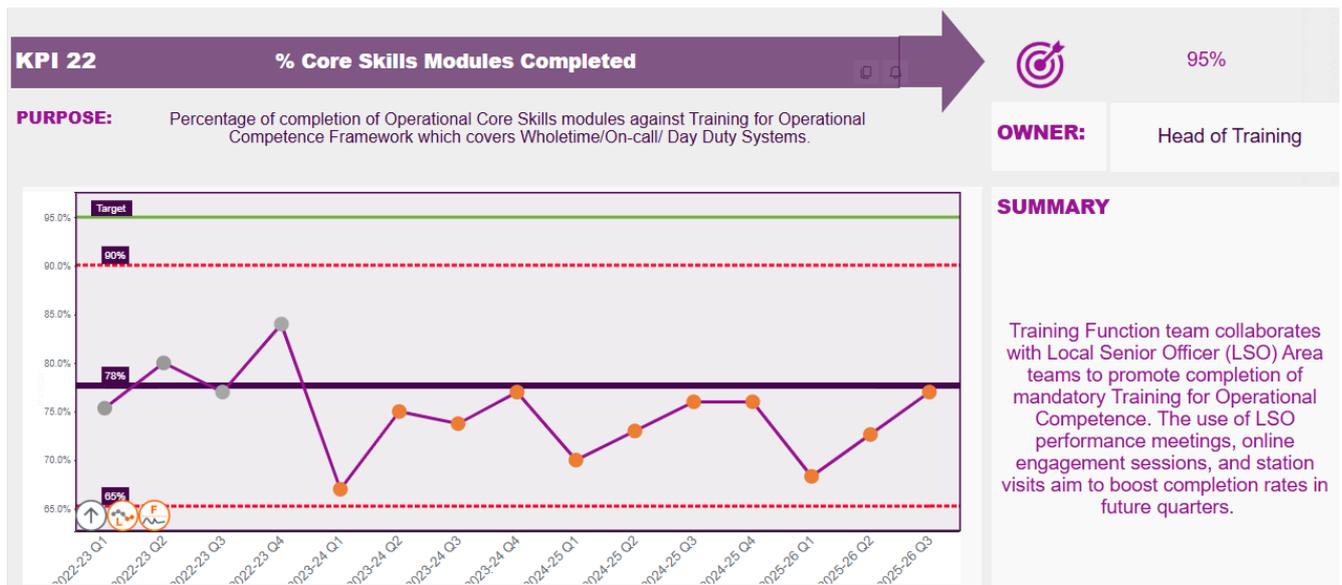
### KPI22: Reporting the Completion of Operational Core Skills

Core Skill topics covered in Q3 2025-26 were as follows:

- BA / CFBT / Tactical Ventilation
- RTC/Extrication
- Casualty Care
- Knots, Ladders & Pumps
- Water Awareness
- SWAH

In Q3 2025-26, completion rates for the core skills listed above show a positive increase for all duty groups. When compared against Q3 of the previous year the returns have remained consistent, the exception being the Day Duty staff which notable increase.

We received 9 responses to the LSO feedback request this quarter. As with last quarter, there was a common theme of detached duties and general staffing issues providing a challenge for TFOC completion. Weather related issues affecting IT connectivity was also highlighted as an issue for some rural stations.



### KPI23: Reporting the Completion of Advanced, Support & Emerging Risk Modules

Topics covered in Q3 2025-26 were as follows:

- High Rise
- Safeguarding
- Safety Signs and Signals
- Stress Management

Q3 2025/26, completion rates for Wholetime remain consistent with the previous quarter. After dipping in Q2 the On Call completion rates have returned to Q1 levels. Volunteer and Day Duty completion rates also remain consistent with previous quarters.

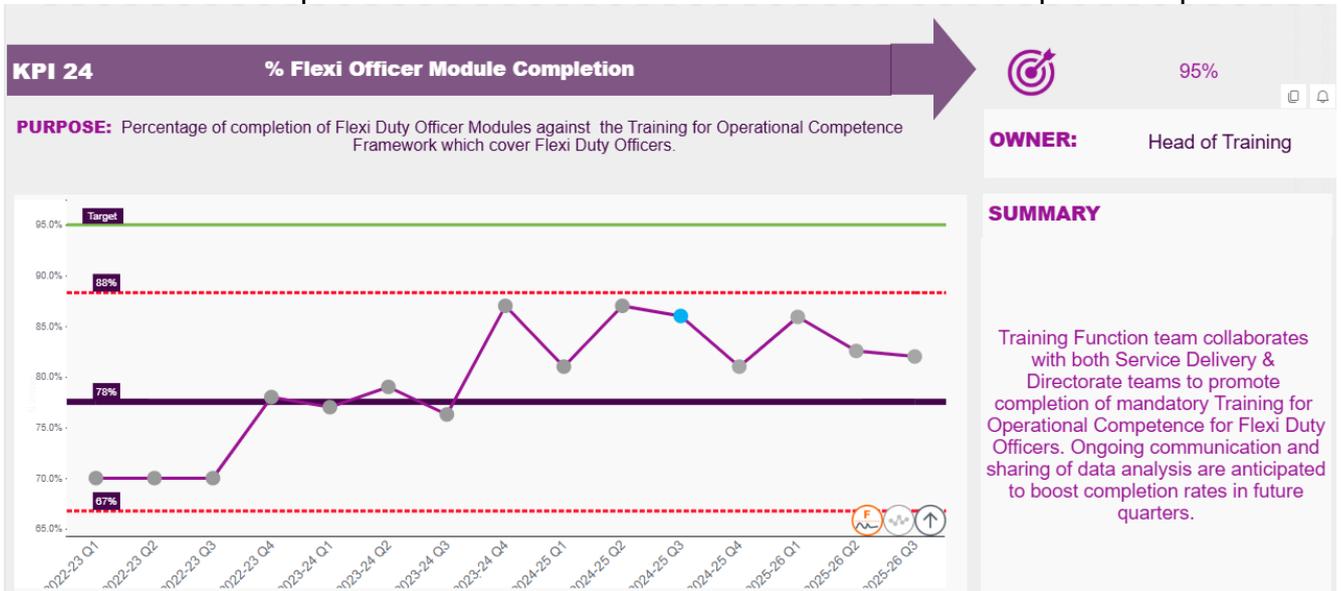


**KPI24: Reporting the Completion of Flexi Duty Officer Modules**

FDO Modules topics covered in Q3 2025-26 were as follows:

- Health Safety and Risk Management
- High Rise
- Safeguarding
- Safety Signs and Signals
- Stress Management

The FDO TFOC completion rate remains above 80% and consistent with previous quarters.



**KPI25: Reporting Incident Command Course Currency**

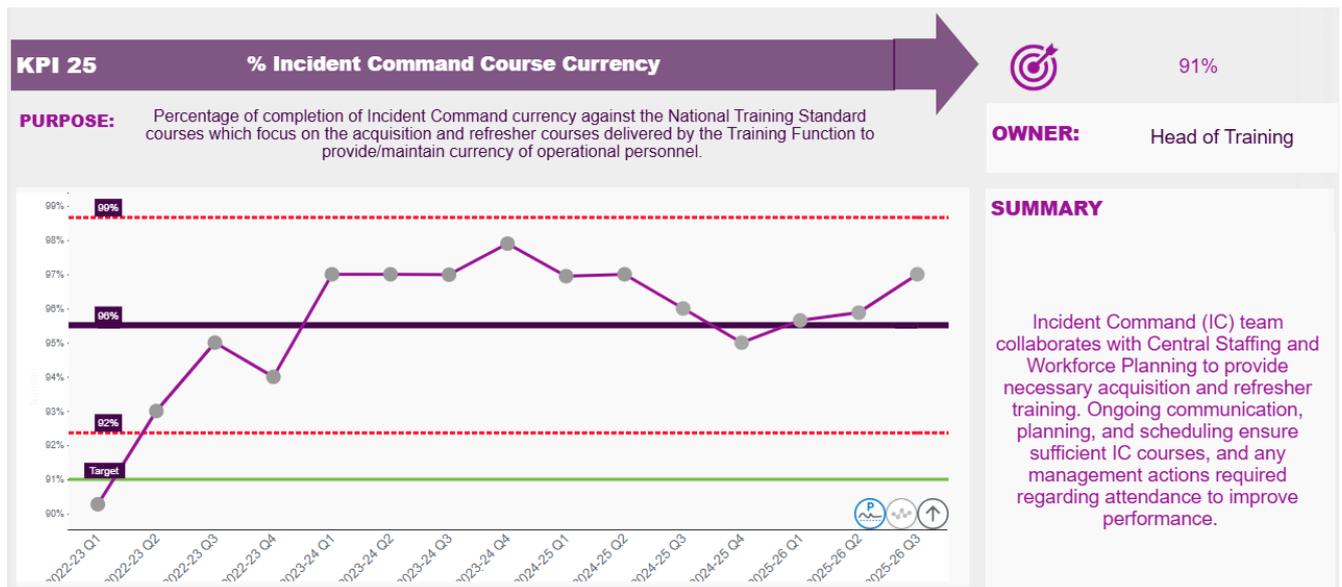
Incident Command competency has increased by 1% from Q2, bringing overall performance to 97% against the KPI. This continued consistency demonstrates that the current approach to training, assessment, and ongoing support is effectively maintaining command skills across the organisation.

ICL1 performance has also risen by 1% to 97%. While this shows steady progress, a small number of individuals remain outstanding. Wholetime personnel sit at 98% with 21 still to complete, On Call staff at 97% with 25 outstanding, and Volunteers at 86% with 10 requiring

completion. To close these gaps, Station Commanders with area liaison duties will work with LSO Areas to ensure remaining personnel are prioritised.

**ICL2** currency has similarly improved by 1% since Q2, with six personnel currently out of currency. The reasons include two on Performance Improvement Plans, one on secondment, one retiring in February 2026, and two on long term sick leave.

**ICL3** performance has fallen by 14% since Q2, with three personnel expired and one not yet qualified. Actions are already scheduled: three individuals will attend a refresher course in January 2026, and the remaining member of staff, currently acting up, holds an ICL2 qualification.



### KPI26: Reporting the Core Skill Courses Currency

Core Skill	Q3 2024/25	Q3 2025/26
BA Refresher	89%	96%
CFBT Refresher	84%	93%
Tactical Ventilation Refresher	68%	90%
Emergency Response Driving	81%	82%
ICAT	96%	124%
Overall	83%	97%

### Breathing Apparatus (BA), Compartment Fire Behaviour Training (CFBT), Tactical Ventilation (TV)

We are continuing to progress through the BA Recovery and prepare for the transition to a new Business as Usual model; Instructor availability and specific facilities being unavailable due to property defects has challenged the progression in some areas, but a general trend of increased currency is indicated. Whilst the above table provides a percentage of competency the table below translates this to the number of personnel out of currency, the figure in brackets shows the difference based on Q2 figures:

Core Skill	WT	On Cal	Volunteer
BA	38 (-44)	171 (+12)	47 (-11)
CFBT	59 (-68)	242 (-1)	72 (-10)
Tactical Ventilation	66 (-101)	401 (+22)	94 (-23)

The Training Support Co-ordinator continues to schedule necessary courses, ensuring risk-critical training is prioritised and is engaging with local management to drive a targeted approach to improve skills, increase competency, and reduce organisational risk.

### Driving

ERD course content is under review to ensure alignment with forthcoming legislative changes. Additional uniformed and non-uniformed driving instructors have been recruited and are progressing through their training. Work is ongoing to increase the number of Approved Driving Instructors (ADIs) and Delegated Examiners through upskilling and targeted recruitment. In parallel, a pilot has been delivered using an external training provider for Category B (Car) ERD courses to assess options for improving training resilience and capacity.

### ICAT

The Q3 2025/26 casualty care ICAT Operator skills competency across all duty groups shows an increase from the previous quarter, going from 118%, to 124% and is a marked increase from the 96% of Q3 2024/25. The competency target for ICAT Operators is based on 60% attainment for all operational personnel FF – WC. The figures in the report reflect the percentage of the attainment target, for all duty groups. Variations in competency rates are evident across the duty groups, SDA's and LSO areas. Whilst there is strong performance within the wholetime and on call cadre, the volunteer competency rates are significantly below target. All LSO's are performing strongly (above target) for wholetime, but there are a small number who remain below target for on call competency.

### Core Skills Summary

Overall, competency levels across BA, CFBT and TV are improving as the organisation moves through BA Recovery and prepares for a new Business as Usual model. Progress has been affected in some areas by instructor shortages and facility defects, but the number of out of currency personnel is reducing. Risk critical training continues to be prioritised through targeted scheduling and engagement with local management.

In Driving, ERD course content is being updated for upcoming legislative changes, and new instructors—both uniformed and non-uniformed—are progressing through training. Efforts to expand the number of ADIs and Delegated Examiners continue, supported by a pilot using an external provider to increase resilience and capacity.

ICAT competency has risen significantly to 124%, up from 118% last quarter and 96% the previous year. While wholetime and On Call rates are strong, volunteer competency remains below target, and some LSO areas still show lower On Call performance.

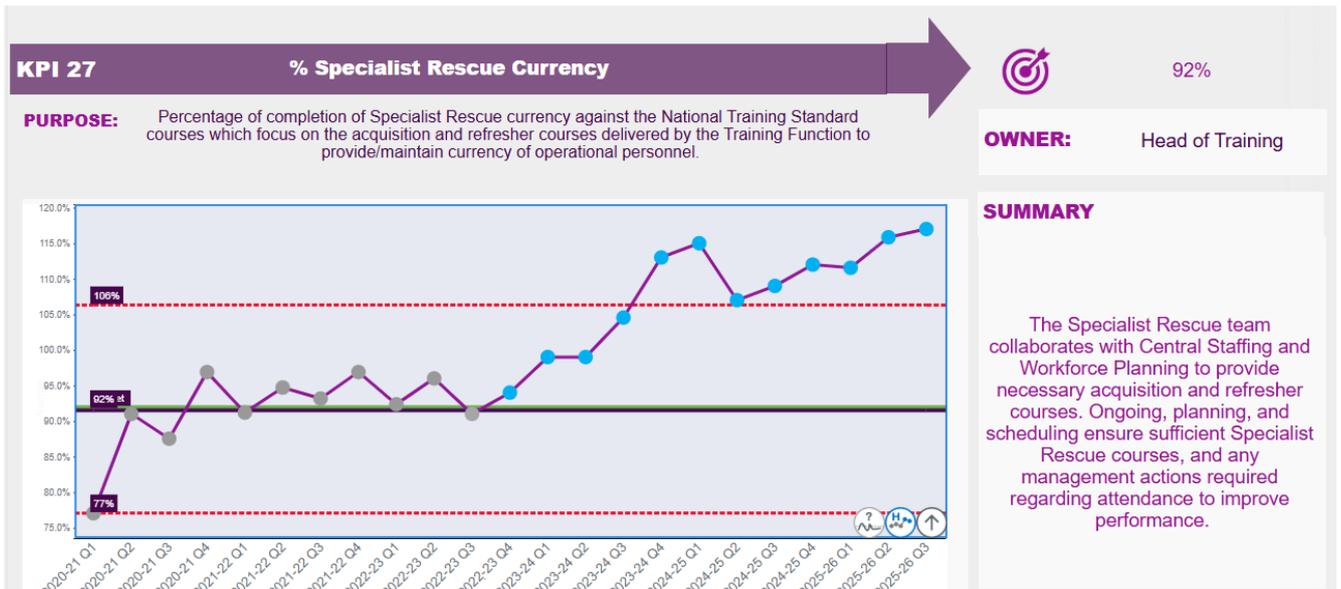


### KPI27: Reporting the Specialist Rescue Currency

Specialist Skill	Q3 2024/25	Q3 2025/26
Heavy Rescue	109%	122%
USAR	89%	100%
Water Rescue – Level 3	125%	131%
Rope Rescue	121%	113%
Mass Decontamination	84%	103%
Overall	109%	117%

#### Heavy Rescue

Heavy Rescue currency remains strong across all Service Delivery Areas (SDAs), with performance continuing to exceed the National Target Operating Model (TOM). Q3 achieved 122%, maintaining a high level of delivery despite a slight 2% reduction from Q2. All SDAs remain above 100%, demonstrating resilience and commitment to capability. WSDA and ESDA lead at 130% and 134% respectively, while NSDA holds at 112% (ACAM 149%, Highland 86%, PKAD 113%). Scheduling for Q4 will focus on areas where figures have dipped, primarily due to staffing changes and movement. Planned CPD events will reinforce skills and maintain operational flexibility across all SDAs.



**USAR**

USAR currencies maintained this past quarter with Q3 figures showing a 1% rise nationally. Instructors maintaining a targeted approach to operational currency which has contributed to significantly uplifts since Q1. Notable improvements include McAlpine Rd: Increased from 51% to 104% and Clydebank: Increased from 91% to 104%.

Q4 activity will seek to maintain through CPD delivery with focus on Dalkeith and Newcraighall.

**Water Rescue**

Water Rescue performance over the past quarter has increased by 3%, still sitting well above TOM. ESDA focused SRT course scheduled post December WTTFFP course with 3 places allocated to Newton Stewart to address currencies there, bringing them up past TOM as well as maintenance focused courses for Q4.

**Rope Rescue**

A gradual decrease in performance figures since Q1, with a 7% decrease recorded, however nationally above TOM. Whilst maintenance of skills attained through ongoing KATA training, personnel movements through promotions have affected currencies and instructor capacity due to SWAH rollout (nearing completion). Initial Rope Rescue course completed in January Q4, aimed at East and North areas, with anticipated increase in figures at end of Q4.

**Mass Decontamination**

Significant improvements recorded over last 2 quarters with a 14% national increase, with notable improvements including Aberdeen Central: increased from 57% (Q1/25) to 107% and Coatbridge: 85% to 100% of TOM. Focus for Q4 will be additional MD instructor courses, allowing continued local maintenance course delivery by upskilling additional MD Instructors.

**Specialist Skills Summary**

Heavy Rescue performance remains strong across all Service Delivery Areas, consistently exceeding the national Target Operating Model. Although there has been a small reduction from the previous quarter, all areas continue to operate above required levels. Upcoming scheduling will focus on locations where performance has dipped due to staffing changes, with planned CPD events aimed at sustaining skills and ensuring operational flexibility.

USAR performance has remained stable, with targeted instructor activity contributing to notable improvements at several sites since earlier in the year. Q4 work will prioritise continued CPD delivery, with particular attention given to Dalkeith and Newcraighall.

Water Rescue capability has strengthened further and continues to sit well above target. Additional courses have been scheduled to support areas requiring uplift and to maintain strong performance into Q4.

Rope Rescue has seen a gradual decline linked to staff movement and instructor capacity, but remains above target, with new courses expected to improve figures.

Mass Decontamination has recorded significant improvement over recent quarters, supported by focused training at key stations. Additional instructor courses planned for Q4 will help sustain local competency and broaden maintenance capability.

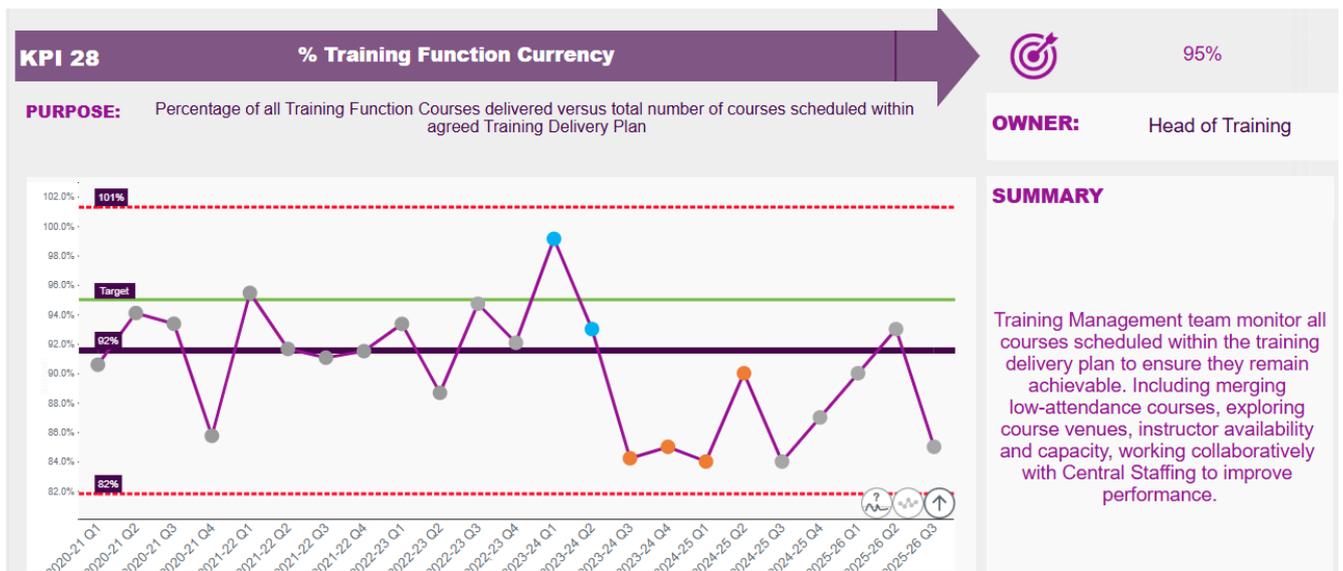
**KPI28: Reporting the Training Courses Delivered**

In Q3 2025–26, overall training completion rates displayed a slight decrease against Q2. However, when compared with Q3 2024 it showed an improvement by 4%, continuing the positive upward trend observed since the previous year. Strong performance was maintained across key areas, including the BA Recovery Programme, Driving Courses, and Acquisition Courses, which all demonstrated consistently high completion rates.

While a small number of courses were cancelled due to low candidate uptake, targeted actions are underway in collaboration with People/ Talent partners to address this.

These include:

- Merging low-attendance courses to optimise resources
- Expanding venue options to improve accessibility for participants; and
- Enhancing instructor availability through forward planning and focused recruitment.



**KPI29: Reporting Customer Satisfaction Rate**

**Candidate Satisfaction (All Duty Groups):**

The number of returns decreased slightly from Q2, with 1,116 valid evaluation forms submitted for Q3 courses. Candidate satisfaction increased slightly to 99.19%, remaining

above target. Feedback included positive comments relating to well-delivered courses, helpful and knowledgeable instructors, valuable training scenarios and good organisation. Reasons given by candidates for responding with "Fair" or "Poor" include course duration and balance of practical and theoretical content and issues with instructor availability impacting on a hot wear. This KPI is based on the percentage of candidates rating their overall experience as "Good" or "Very Good." In Q3, 0.81% of candidates rated their experience as "Fair" or "Poor."



**GLOSSARY OF TERMS**

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



Report No: C/PC/05-26

Agenda Item: 12.1

<b>Report to:</b>		<b>PEOPLE COMMITTEE MEETING</b>						
<b>Meeting Date:</b>		<b>5 MARCH 2026</b>						
<b>Report Title:</b>		<b>SAFETY AND ASSURANCE PERFORMANCE REPORT: QUARTER THREE (Q3) 2025-26</b>						
<b>Report Classification:</b>		<b>For Scrutiny</b>					<p style="color: red; text-align: center;"><b>SFRS Board/Committee Meetings ONLY</b>  <b>For Reports to be held in Private</b>  <b>Specify rationale below referring to</b>  <u><b>Board Standing Order 9</b></u></p>	
<b>1</b>	<b>Purpose</b>							
1.1	The purpose of this report is for the People Committee (PC) to scrutinise the content of the Safety and Assurance (SA) Performance Report Q3 2025-26 and enable discussion around the rationale and context shared by relevant leads.							
<b>2</b>	<b>Background</b>							
2.1	The report provides a performance update regarding key achievements and projects of work across the SA Function in Q3 to support Scottish Fire and Rescue Service (SFRS) Safety and Assurance Key Performance Indicators (KPI).							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	SA continue to enhance the content of the report. SA have included direct links to GRAs which have been published and implemented for staff awareness. We will continue to include an overview of relevant Health and Safety Events and OA13 investigations, providing a brief overview of outcomes to enhance communication with staff and promote safety.							
3.2	Further detail on SA Key Achievements and KPI trends and analysis can be found within the Safety and Assurance Quarter 3 Report. KPI commentary will complement the Power BI visualisations when presented in our corporate format to the Training Safety Assurance Board, Strategic Leadership Team and the People Committee.							
<b>4</b>	<b>Recommendation</b>							
4.1	The PC are asked to scrutinise the content of the Safety and Assurance Performance Report for Q3 2025-26 and provide feedback.							
<b>5</b>	<b>Key Strategic Implications</b>							
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>							
5.1.1	The Quarterly Performance Report provides the means to monitor our performance, analyse data and drive improvement and, in turn, should positively impact upon each of the Functional/Directorate and Strategic Risks.							
5.2	<b>Financial</b>							
5.2.1	There are no financial implications with the production of this report. Any recommendations to improve performance will be managed through appropriate governance routes by the risk owner.							

5.3 5.3.1	<b>Environmental &amp; Sustainability</b> There are no environmental implications to be considered. This report is circulated electronically.
5.4 5.4.1	<b>Workforce</b> This report highlights the monitoring of SA performance and makes recommendations for continuous improvement to reduce the risk of injury or ill-health of the SFRS workforce.
5.5 5.5.1	<b>Health &amp; Safety</b> Failure to monitor and improve the management of SA 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 5.6.1	<b>Health &amp; Wellbeing</b> 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 5.7.1	<b>Training</b> 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 5.8.1	<b>Timing</b> The performance will be reported through the appropriate governance routes as noted within the Governance Route of Report Section.
5.9 5.9.1	<b>Performance</b> Health and Safety performance is monitored through KPIs managed by Think, Act, Stay Safe (TASS) and Operational Assurance Recording and Reporting (OARRS) management systems performance reports and through use of PowerBi. The performance outcomes are communicated through Safety and Assurance Improvement Groups (SAIG).
5.10 5.10.1	<b>Communications &amp; Engagement</b> No further engagement is required. Performance is communicated through local Safety and Assurance Liaison Officers (SALO's) and SAIGs.
5.11 5.11.1	<b>Legal</b> Failure to monitor and improve the management of Health and Safety could result in non-compliance to Health and Safety legalisation.
5.12 5.12.1	<b>Information Governance</b> There are no implications that require to be noted for GDPR purposes within the report. Both TASS and OARRS management systems are fully compliance with GDPR.
5.13 5.13.1	<b>Equalities</b> There are no implications to be noted for equality and diversity. An Equality and Human Rights Impact Assessment (EHRIA) has been completed for the Health and Safety Policy and supporting arrangements.
5.14 5.14.1	<b>Service Delivery</b> 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

OFFICIAL

<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	The Quarterly Report informs the workforce of the organisation's safety performance and the progress being made toward achieving the defined KPI's, as well as how they contribute to the organisation's success.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Safety and Assurance Quarter 3 Report 2025-26.	
8.2	Further Reading: - <a href="#">PowerBi</a>	
<b>Prepared by:</b>		Victoria Regan – Health and Safety Business Support Officer
<b>Sponsored by:</b>		Jim Holden- 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><u>SFRS Strategy 2025 28</u></b>		
<u>Safe and Effective Response</u>		
OUTCOME: We are an effective and trusted Fire and Rescue Service where our communities and people are safe.		
<u>Innovation and Investment</u>		
OUTCOME: We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient.		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
Safety and Assurance Function Management Team (SA FMT)		05 February 2026
TSA Directorate Management Team (DMT)		19 February 2026
Strategic Leadership Team (SLT)		04 March 2026
People Committee (PC)		05 March 2026
Safety and Assurance Sub-Group (SASG)		16 March 2026
		<b>Report Classification/ Comments</b>
		For Scrutiny

# Safety, Wellbeing and Assurance Quarter 3 2025-26 Performance Report

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Enhancing Safety, Wellbeing and Assurance across the Scottish Fire and Rescue Service by sharing lessons learned and promoting continual improvement.



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## Introduction

The purpose of this report is to provide an overview of the safety, assurance and health and wellbeing performance for the past quarter. It highlights key projects, working group updates, and outlines our ongoing commitment to legislative compliance and continual improvement.

The Scottish Fire and Rescue Service (SFRS) annual Health and Safety Improvement Plan (HSIP) detailed within KPI 56 is developed to provide compliance with statutory obligations and promote continual improvement.

The Safety and Assurance Key Performance Indicators (KPIs) within PowerBi provide an overview and trend analysis of performance in accordance with the Performance Management Framework (PMF).

This report encourages a positive safety culture by strengthening communication through outputs and ongoing safety, wellbeing, and assurance initiatives.

## Key Achievements:

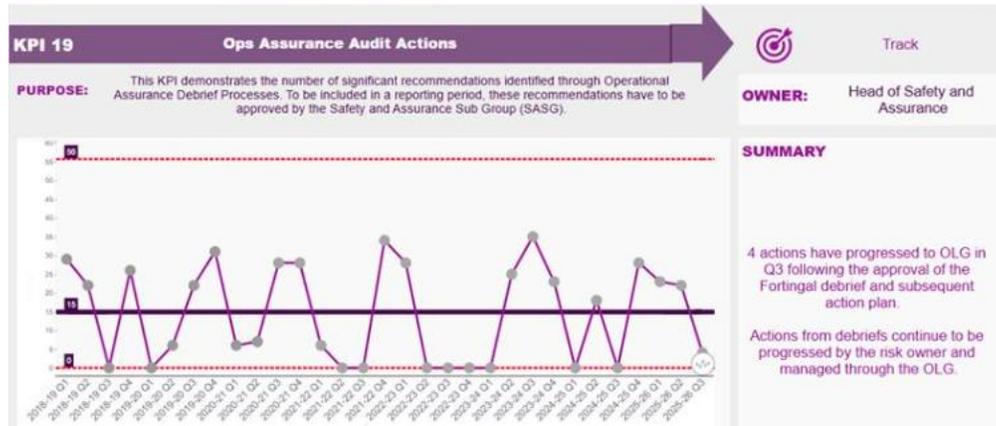
The following key activities support performance improvements, and compliance.

Item	Commentary
Safety Assurance	SA continued to enhance its audit arrangements to ensure an effective management system. This includes a new Management Arrangement (MA) for the Support Review process to strengthen assurance across the organisation. The MA will start its Governance in Q4.
Operational Assurance (OA) Learning	OA facilitated a structured debrief during Q3 for the Operations Control Trainee Firefighter Programme. The outcomes and recommendations will progress through the appropriate governance channels.
National Operational Learning	<p>OA received the following Action Notes from the National Fire Chiefs Council (NFCC) during Q3:</p> <ul style="list-style-type: none"> <li>• Removal of Dear Chief Fire Officer Letter: Breathing Apparatus (BA) Face Fit Testing;</li> <li>• Joint Organisational Learning Action Note 2025-002 titled Emergency Services Guidance (for safety on, and access to the Network Rail railway infrastructure); and</li> <li>• Decontaminating products of combustion from personal protective equipment. Related to Fire and Rescue Service washing machines backflow protection.</li> </ul>
Event Management	<p>An Organisational Learning Review has been conducted following the Level 4 Incident at Scott Street in Perth. This review is in progress and will be included in the Q4 report.</p> <p>A Significant Investigation has now been completed following an accident where the injured person (IP) fell from the deck of a high reach appliance. The action plan will now progress to the OLG for progressing the recommendations.</p>
Operations	<p>Information sessions to Safety and Assurance Coordinators (SACs) and Safety and Assurance Liaison Officers (SALOs) across all Service Delivery Areas, providing clear guidance on the process for completing site-specific risk assessments for premises that do not meet the requirements of GRA-108.</p> <p>A dedicated SharePoint site has been created to monitor progress, maintain oversight, and provide targeted support to Service Delivery Areas where required. This site contains:</p> <ul style="list-style-type: none"> <li>• Supporting guidance documentation;</li> <li>• An action tracker; and</li> <li>• Compliance risk register.</li> </ul>

<p>Training Assurance</p>	<p>A Training Assurance team has been established. A Training Assurance Framework is currently being developed through consultation.</p> <p>Engagement sessions were conducted across SFRS training estates. SA liaised with several training personnel which provided information for developing a Current State Analysis report.</p> <p>Work continues to progress in alignment with the draft Implementation Plan incorporating the wider Training Assurance at a Station level and how it translates operationally on the incident ground, to improve FF Safety.</p>
<p>Firefighter Charity (FFC) Workshops</p>	<p>A total of 344 attendees participated across 9 completed sessions in Q3, demonstrating interest in wellbeing and personal development activities these included;</p> <ul style="list-style-type: none"> <li>• Developing Resilience.</li> <li>• Improving Sleep.</li> <li>• Introduction to Relaxation &amp; Mindfulness.</li> <li>• Mental Health and Physical Exercise.</li> <li>• Identifying and Applying Personal Strengths.</li> <li>• Understanding Menopause.</li> <li>• Managing Stress.</li> </ul>
<p>Health Assured</p>	<p>A 'Health Assured' workshop was arranged for all SFRS employees, including Wellbeing Champions, with approximately 68–80 attendees, raising awareness of ongoing support through the Employee Assistance Programme (EAP) and the Wisdom Wellbeing App. Details on this can be found <a href="#">here</a>.</p>
<p>Wellbeing Visits</p>	<p>Wellbeing are working in partnership with physiotherapy, fitness, and medical colleagues visited Thurso Fire Station promoting wellbeing services available. The team provided guidance on:</p> <ul style="list-style-type: none"> <li>• Musculoskeletal (MSK) injury prevention,</li> <li>• Mental health &amp; wellbeing support; and</li> <li>• Healthy lifestyle practices.</li> </ul>
<p>Diabetes Day</p>	<p>The Wellbeing Team supported hubs across the service, delivering lifestyle assessments and offering practical advice on nutrition, physical activity, and diabetes awareness. This helped raise early-intervention awareness and promoted healthier choices among staff.</p>
<p>Festive Season</p>	<p>Wellbeing Development Team delivered a Festive Season mental health awareness communication to highlight the availability of wellbeing resources. Additionally, the Santa Dash was successfully hosted at the National Training Centre, promoting wellbeing, whilst supporting the Firefighters Charity, raising over £3,000. Thank you to everyone who supported and participated the Santa Dash.</p>

## Key Performance Indicators

### KPI19: Operational Assurance Debrief Actions



In Q3, there were 4 recommendations progressed to OLG following the approval of the Fortingall debrief and action plan.

## OA Submission Outcomes

OA continued to review procedures at Carbon Monoxide (CO) incidents across the Service. Q3 findings show a reduction in the proportion of incidents where BA was required but not used. However, the proportion of incidents where Flexi Duty Officers (FDOs) did not challenge the absence of BA deployment has remained largely unchanged.

Across the Q3 review period, BA was not used in just over 20% of incidents where it was required. FDOs did not query the absence of BA at roughly 16% of all incidents reviewed. Although this reflects a relative improvement in BA deployment compared to Q2, there is no notable improvement in supervisory challenge by FDOs.

To strengthen compliance and improve supervisory oversight, several actions are now in place. Active Monitoring now forms part of the OA input on ICL2 courses, emphasising the responsibilities of supervisory officers to challenge the absence of BA where risk is present. OA06s are being issued to FDOs who do not scrutinise the lack of BA deployment within a risk area when no rationale is provided. OA and Operational Delivery have also issued a joint communication to all FDOs outlining expectations regarding Active Monitoring and BA decision-making and has been discussed through the command group meetings. The GRA HAZMAT has been updated. The theme expectations are highlighted at SAIGs to support local discussion, reinforce expectations, and ensure recurring issues are escalated for action.

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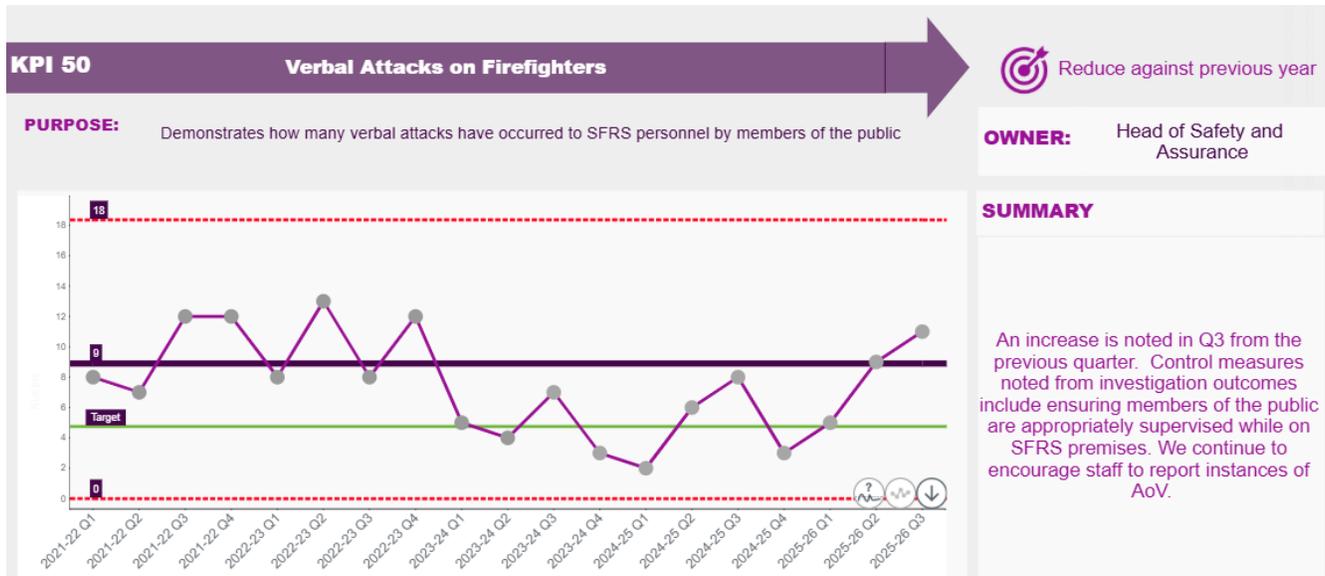
OA will continue to monitor this theme through OA13 and OA06 returns and provide updates to SAIGs.

Following the issuing of the Large Animal Rescue Awareness Briefing in August, OA continue to monitor incidents of this nature and provide ongoing feedback to the Operations SAIG to support evaluation of the procedure's effectiveness. In addition, Safety and Assurance are working with the Operational Policy and Procedures team as part of the Document Conversion Project to develop an *Incidents Involving Animals* Generic Risk Assessment (GRA) and supporting manuals and procedures.

Since the switchover to digital radios in November 2025, OA continue to monitor their use and provide feedback to Frontline Support and DaTS on the challenges associated with implementing them.

OA continues to monitor the introduction of digital radios by analysing recurring issues reported through OA13 and OA6 returns. OA is also returning OA13s to gather additional information, including building type, radio loading, distances, antenna orientation, interference sources, and RSM use. Correct reporting routes are being reinforced through SAIGs, with safety events and near misses submitted through TASS and all other issues captured through OARRS. OA is supporting Operational Delivery, DaTS and SAIGs to promote accurate reporting. All captured data will continue to be submitted to relevant departments and is being communicated directly to Operational Delivery and DaTS to support their ongoing assessment.

## KPI50: Verbal Attacks on SFRS Staff



A total of 11 verbal attacks were reported in Q3 2025-26, a 38% increase (8 to 11) when compared to the same quarter in the previous reporting year.

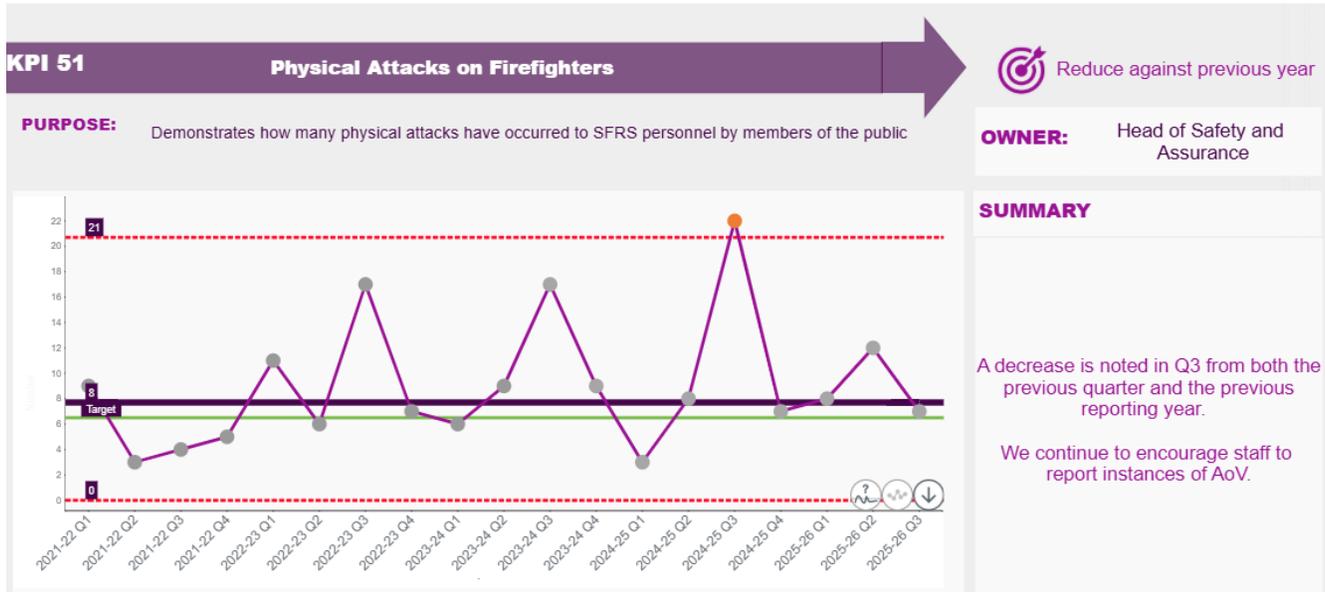
7 events occurred at operational incidents, with the remaining 4 at non-operational incidents. 6 of the 11 events required the assistance of Police Scotland.

### Verbal Attack Events of Note:

- A member of the public attended a fire station to make a complaint and displayed inappropriate behaviour towards two SFRS staff members, including the use of offensive and suggestive language.
- A control operator was subjected to aggressive and verbally abusive behaviour from a caller. Despite being asked to stop, the abuse continued and the call was terminated once essential incident details were obtained.

SFRS continue to work with Police Scotland to ensure acts of violence (verbal or physical) are reported under the Emergency Workers (Scotland) Act 2005.

## KPI51: Physical Attacks on SFRS Staff



When compared to Q3 in the previous reporting year, a 68% decrease is reported (22 to 7) in Physical Acts of Violence (AoV), which includes attacks against equipment and property (4 of 7).

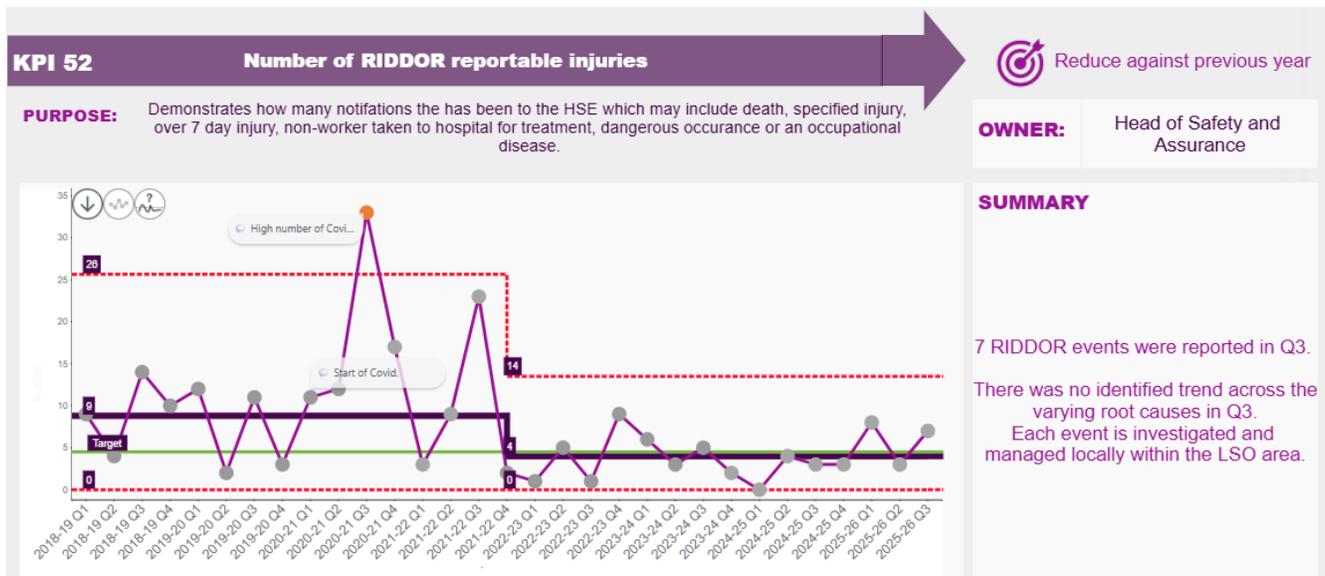
Of the 3 physical attacks towards SFRS staff recorded this period, 67% (2 of 3) were attributed to missiles being thrown:

- While attending an operational incident, crews were subjected to an ambush involving projectiles and fireworks, with one item striking the appliance. No damage or injuries were reported.
- During a water rescue, a male member of the public threw a heavy-duty bicycle lock at the rescue boat. Police attended at the scene. No injuries were sustained and no damage was caused to the boat or equipment.

The remaining physical attack related to an intoxicated member of the public entering the appliance crew cab and striking the Watch Commander during an altercation at an RTC. On arrival of Police Scotland, the member of the public was placed under arrest.

86% (6 of 7) events occurred during operational activities with the remaining 14% (1 of 7) events occurred during non-operational activities. The non-operational AoV occurred when a motorcyclist punched the wing mirror of a Flexi Duty Officer's service vehicle.

## KPI52: Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)



There were 7 RIDDOR events reported in Q3, compared to 3 in the corresponding period from the previous year. 5 of these events were reported as 'over seven-day incapacitation', 1 as a 'specified injury' and the remaining event was reported as a 'Dangerous Occurrence' due to potential exposure to a hazardous substance at an operational incident (Asbestos).

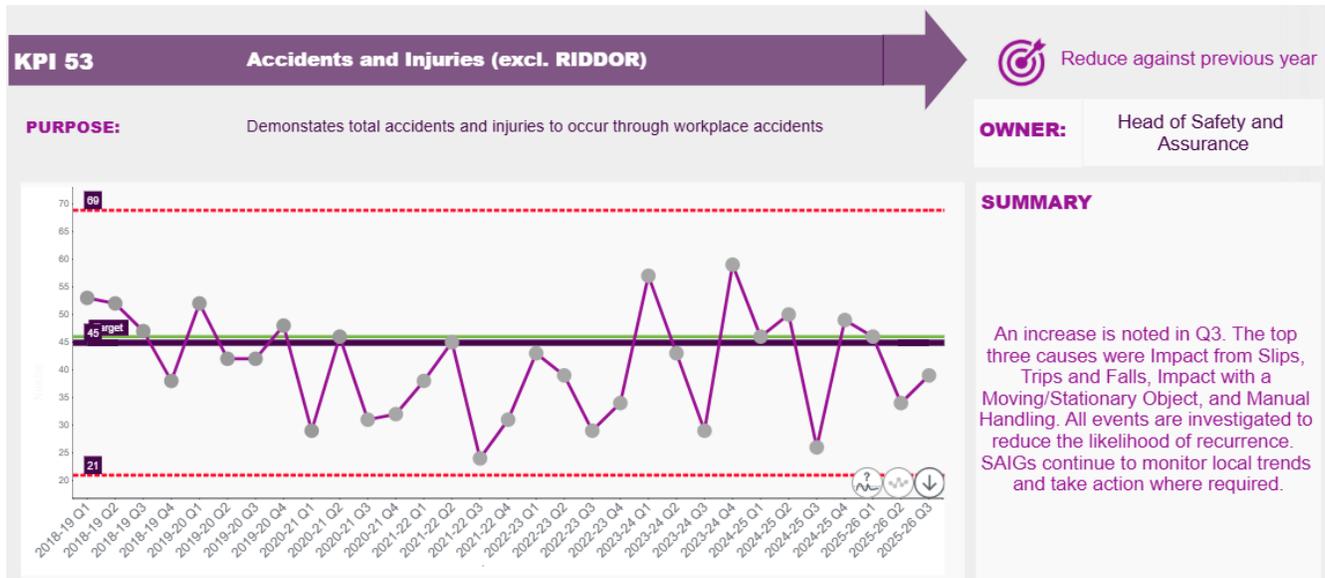
3 of the 7 RIDDOR events were attributed to underfoot conditions:

- While responding to pager an on-call firefighter slipped on wet leaves that had accumulated in the station grounds. The IP suffered fractured ribs due to the fall.
- A firefighter stepped in a pothole while making up hose at operational incident and strained their back.
- A hydrant operative slipped on a grass verge and suffered a muscle strain in their back.

Other RIDDOR events included:

- A significant laceration to the knee was sustained when the IP tripped on stairs while performing a rescue. This was at the initial stage of an operational incident and had not donned their PPE. A reminder has been issued to staff that PPE must be donned at the earliest opportunity.
- While mobilising to an incident during an amber weather warning the IP was knocked to the ground when the wind caught the barn style appliance bay door while it was being opened. The Property department are reviewing recommendations to eliminate or reduce the likelihood of recurrence.

## KPI53: Accident/Injuries (AI) Excl. RIDDOR



There was a 50% increase in Accident/Injuries from Q3 in the previous reporting year (26 to 39). The top three causations were Impact from Slips, Trips and Falls, Impact with a Moving/Stationary Object and Manual Handling.

33% (13 of 39) occurred during training activities, 26% (10 of 39) occurred during operational activities and the remaining 41% (16 of 39) occurred during non-operational activities. Investigations are conducted to identify actions and reduce the reoccurrence risk.

### Accident/Injury Events of Note:

- While deploying throw lines, a crew member slipped on grass and fell into a shallow bank, sustaining a cut to the shin. The root cause was identified as a combination of human error and environmental factors. Crews were reminded of the importance of dynamic risk assessment when selecting rescue positions.
- An IP strained their back while lifting an MD4 tent. The root cause was identified as a failure to follow manual handling training and the safe system of work. Crews were reminded to apply correct manual handling techniques in line with their training.
- During morning checks, the injured person ducked under the BA cradle and struck their head on an open appliance door, sustaining a cut to the head. The root cause was identified as human error. Crews were reminded of the importance of hazard identification and situational awareness.

## KPI54: Near Miss (NM) Events

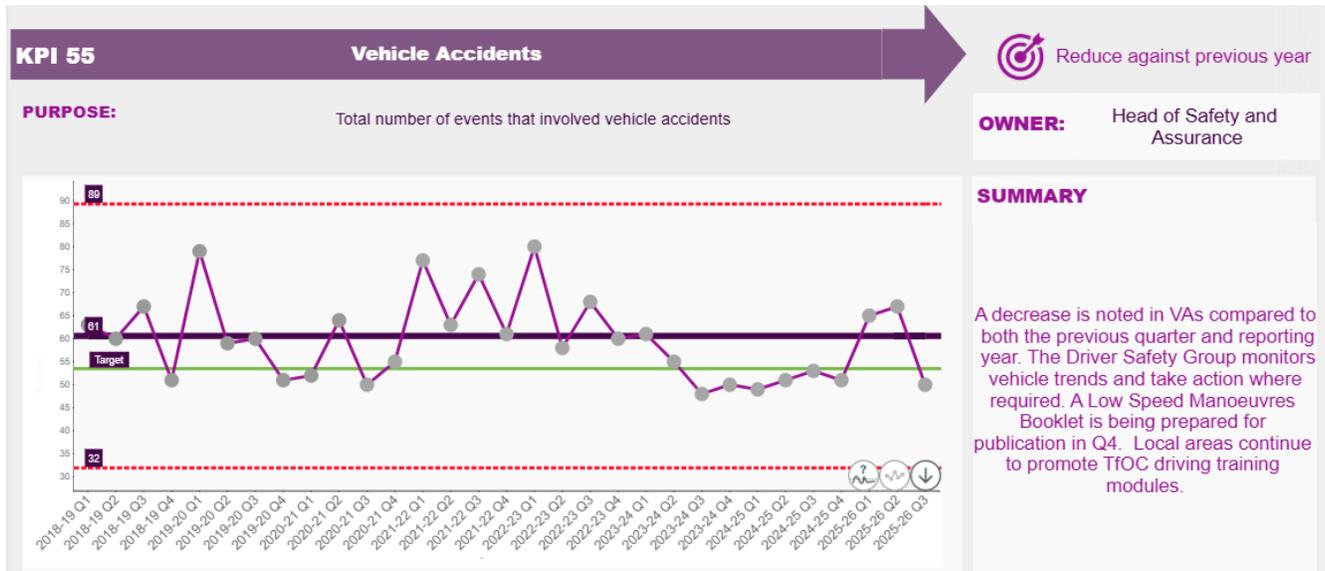


There is a 5% increase (42 to 44) in NM when compared to Q3 in the previous reporting year. Operational NMs accounted for 43% (19 of 44), Non-operational NMs for 30% (13 of 44) and the remaining 27% (12 of 44) occurred during Training activities. The most common category was Appliance and Pumps (9 of 44). Of the 9 Appliance and Pump NM reported, 89% (8 out of 9) had the potential to cause injury.

### Near Miss Events of Note:

- Whilst firefighters were conducting their daily BA checks, it was noticed there was excess movement on the webbing attached to the swivel plate of one set. On closer inspection it became apparent that the webbing had burst. It was determined that the root cause was not following the EIC inspection regime. This learning and the EIC BA Set was shared and communicated across the LSO area.
- During return from an incident, a windscreen wiper detached while in operation. Subsequent inspection identified the second wiper was also loose. Root cause determined to be incorrect wiper blades fitted to the Scania appliance. Variations in wiper mechanisms across similar-age Scania appliances contributed to improper fitment. Near miss reported to Fleet at the time of occurrence for investigation and corrective action. Checks conducted on similar appliances.

## KPI55: Vehicle Accidents (VA)



Vehicle Accidents (VAs) decreased by 4%, when compared to the previous reporting year (52 to 50), and decreased 34% (67 to 50) from Q2 25-26.

90% (45 of 50) of all VAs reported occurred during operational vehicle movements. 4% (2 of 50) occurred during non-operational activities, and 6% (3 of 50) occurred at Training.

64% (32 of 50) of VAs in Q3 occurred during low-speed manoeuvres, an increase of 12% from the previous quarter. 20% (10 of 50) were blue light driving conditions, and 16% (8 of 50) were during normal road speed. Low-speed manoeuvres (LSM) continue to represent the single largest risk factor, accounting for nearly two-thirds of all vehicle accidents in this reporting period.

The Driver Safety Group has developed a Low-Speed Manoeuvre (LSM) Booklet which will be published in in Q4 2025/26. The LSM Booklet has been created as an additional means by which staff can be informed of their duties and responsibilities while undertaking work-related driving activities. The aims of the booklet are to ensure that there is a consistent approach to preventing LSMs and, where they occur, consistency in the investigation outcomes from LSM accidents.

## KPI56: % of Year-to-Date Health and Safety Improvement Plan Actions Completed

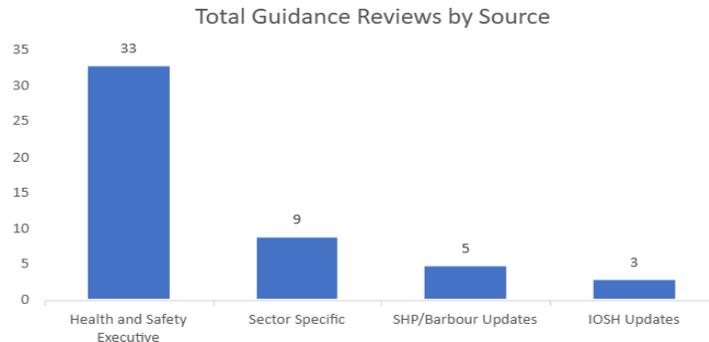


In Q3, 100% of actions (6 of 6) were complete, which represents a 50% increase when compared with Q3 2024-25.

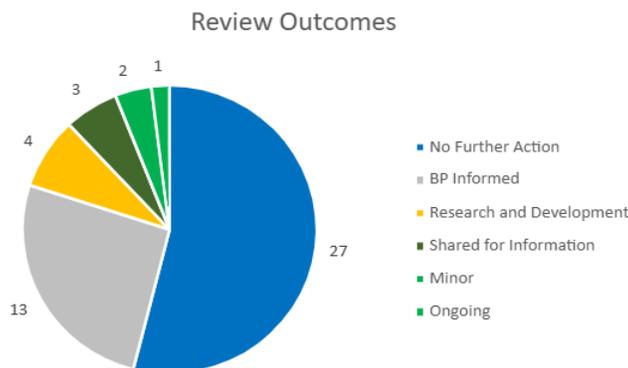
All outstanding actions from Q1 and Q2 are now closed and reported at 100% complete. Local SAIG groups continue to manage and support the completion of improvement plans.

## Legislation and Compliance

### Safety Guidance Reviews



50 guidance reviews were undertaken, with 66% (33 of 50) issued by the Health and Safety Executive (HSE), reflecting new guidance and awareness campaigns. The remaining reviews are as follows: 18% (9 of 50) sector-specific articles, 10% (5 of 50) Safety and Health Practitioner (SHP)/Barbour articles, and 6% (3 of 50) from the Institution of Occupational Safety and Health (IOSH).



54% (27 of 50) of the guidance reviews required no further action, and 26% (13 of 50) have been forwarded to business partners, as policy/risk owners, for information/action.

Wellbeing are currently reviewing exposure to respirable crystalline silica (RCS) provisions from HSE's updated guidance and SFRS' existing health surveillance.

There were also two entries in the MA change log:

- Update to the HSE's noise exposure calculator which provides more precise calculations for hearing protection and now mobile-compatible.
- Protecting Standard Duty Premises from Terrorism National Certificate which places new duties on organisations to ensure protective security and organisational preparedness for publicly accessible premises where it is reasonable to expect between 200 and 799 individuals at the same time.

## Wellbeing: Fitness and Medical Certification

The medical and fitness assessments are conducted as part of the recruitment process, every 3 years for routine assessments and for Compartment Fire Behaviour Instructors annually.

Note: Data is sourced from master spreadsheet and collected from iTrent and booking system. Work continues on MyCority recording system for enhanced and timely reporting in future quarterly reports.

	26/9/25	26/12/25
Operational Workforce number	5821	5835
Excluded (long term sick or contractual non-op's role)	165	165
Eligible staff	5656	5670
Medical certificate in date	92%	96%
Fitness certificate in date	93%	97%

During Q2 and Q3, a process has been approved to commence asbestos medicals, commencing in January 2026. Statistics will be provided from Q4 onwards.

## Wellbeing: Vaccinations

- 163 required personnel in 2026
- 156 Received initial Vaccination (awaiting 2nd vaccine)
- 5 Awaiting 1st Vaccination.
- 2 on long term sick.
- 11 Completed in 2025 (1st and 2nd Vaccine, next will be in 25 years' time); and
- 6 Declined.

## Health and Wellbeing Recruitment

Health and Wellbeing staff continue to conduct recruitment and selection Health and Fitness pre-employment screening for Wholetime and On Call.

	Q1	Q2	Q3
Physical Selection Test days	20	37	16
Recruitment Medical days	29	37	33
<u>Total Recruitment days</u>	49	74	49

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## Information and Updates

### **Contaminants**

Projects of work currently being progressed via the Contaminants Group/Subgroup are as follows:

- New training videos have been recorded to demonstrate the correct bagging and laundering of contaminated personal protective equipment (PPE) for operational personnel. These resources will be published on the Learning Content Management System (LCMS).
- A Safe System of Work has been developed for the operation of Breathing Apparatus (BA) washers.
- Compliance with fire contaminants procedures has been formally incorporated into OA07A Operational Assurance Officer Action Checklist document.

### **Physiotherapists**

A total of 461 physiotherapy appointments were recorded, with 92% (422) attendance rate. Non-attendance remained low, with 2% cancelled, 4% cancelled within 24 hours, and 2% Did Not Attend (DNA).

Among those attending appointments, outcomes were:

- 57% (241) Fit- No Restrictions;
- 34% (142) Unfit;
- 8% (35) Fit – Temporary Restrictions; and
- 1% (4) Outcome not recorded.

The service supported Uniformed staff 87% (401); with Support staff 13% (60) also accessing physiotherapy. Of all attended appointments, 366 were from Uniformed staff and 56 from Support roles, demonstrating broad reach across the workforce.

The most common conditions were:

- 26% Soft-tissue lower limb (110).
- 22% Skeletal lower limb (94).
- 12% Soft-tissue upper limb (50).
- 11% Skeletal lower back (46); and
- 7% Skeletal upper limb (30).

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44% (185) of cases were linked to no specific event or unknown cause. SFRS work-related injuries accounted for 9% (39) cases, with contact sport contributing a further 3.8% (16) cases. Non-work contributors included 10% (44) non-contact sport and 9% (40) related to other non-work activities.

## **Driver Safety Group (DSG)**

The DSG continue to promote control measures and safe systems. Some key workstreams include:

- Analysis of vehicle accidents from TASS and Tranman continues to show that the majority continue to be due to low-speed manoeuvres while moving forward resulting in minor damage to appliances. SDAs to focus on this type of manoeuvre during training;
- Management of Low-Speed Manoeuvre Booklet completed and will be published in Q4 of 2025/26;
- San C radio kits provided for all vehicles 68 plate onwards; and
- Iveco Medium Weight Appliances Working Group developed an action plan to either address concerns or inform future procurement projects.

## **Organisational Learning Group (OLG)**

Since 2018, the OLG tracker has a total of 602 recommendations from Debriefs, Accident/Near Miss Investigations, external learning cases, etc.

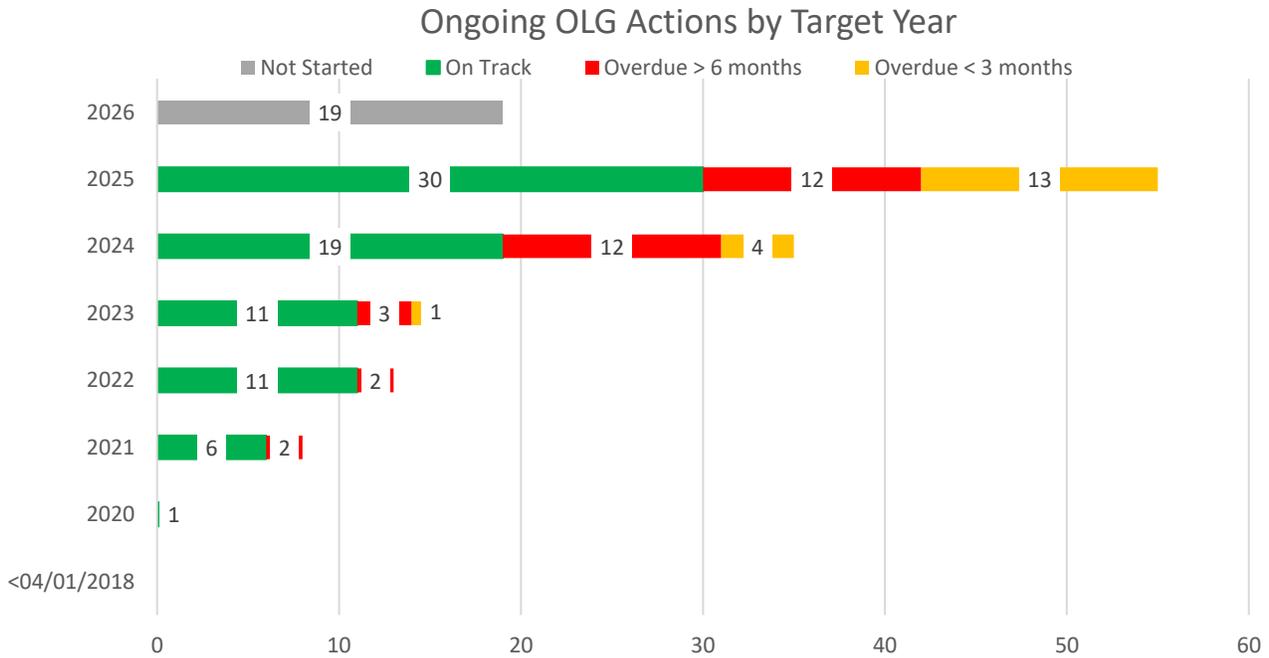
Of the 602 actions, 436 of these have been recorded as closed with 166 actions remaining in progress from 39 open action plans. Key themes surrounding the outstanding actions relate to welfare, FDO Functional role training, relief strategies, and provision of PPE for wildfire and RTC.

In the last quarter there was 1 action plan closed off with sufficient evidence. This was the OA Thematic Audit on Drager PSS7000. The action plan was in relation to providing deep cleaning and decontamination guidance.

The following actions plans were added to the OLG tracker during Quarter 3:

- Fortingall Aberfeldy (4 actions); and
- Smartnumbers Service Outage (3 actions).

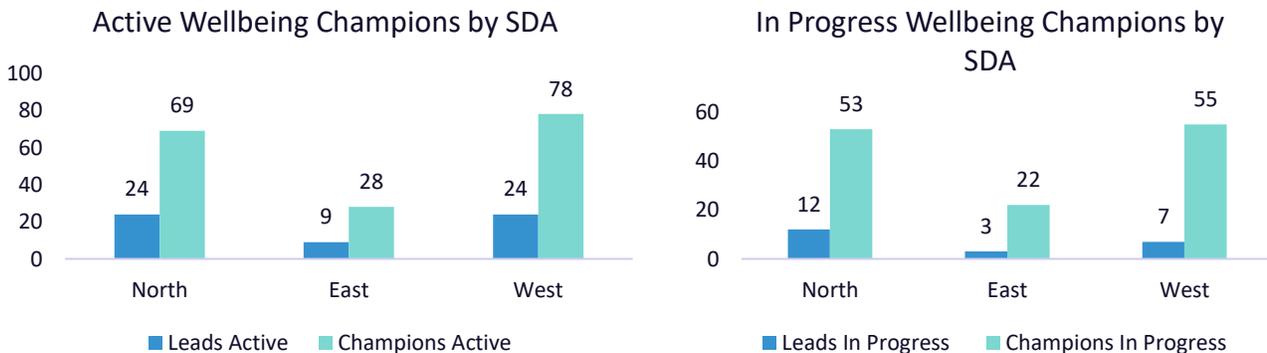
A further 45 actions were brought by risk owners as closed at the last OLG meeting, showing continued progress.



SA continue to work in partnership with risk owners to provide targeted support where required.

## Wellbeing Champions

The North has 93 active individuals (24 Leads and 69 Champions) and 65 in progress (12 Leads and 53 Champions); the East has 37 active (9 Leads and 28 Champions) and 25 in progress (3 Leads and 22 Champions); and the West has 102 active (24 Leads and 78 Champions) and 62 in progress (7 Leads and 55 Champions). These figures align with the overall totals of 57 active Wellbeing Leads and 22 progressing (79 in total), alongside 175



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active Champions and 130 in progress (305 in total), bringing the combined number of active and developing Wellbeing Leads and Champions to 384 individuals. Structured training and development continue to support those moving into Lead, Champion, and Facilitator roles, ensuring they are fully equipped for their responsibilities.

## Management Arrangements

### [Health and Safety Self-Compliance Management Arrangement](#)

The Self-compliance MA was updated to reflect changes in MAs during Q1-Q2 to include summarised standards for Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE) and Fire Contaminants MAs. Supporting [Health and Safety Self-Compliance Guides](#) has been simplified to remove duplicate content that is now found in Workforce Pro.

### [Operational Assurance Recording and Reporting System \(OARRS\) User Guidance](#)

A new [OARRS Guidance](#) was published using the MA template. New procedure flowcharts and guidance have been added to increase understanding and awareness of the OARRS processes.

### [Occupational Road Risk \(ORR MA\)](#)

The ORR MA has been revised removing duplication from the [Driver's Handbook](#) and [Driving Licence Check Procedure](#). Flow charts for managers and drivers have been incorporated to support responsibilities. The content of Generic Risk Assessment (GRA) [GRA-003 Driving At Work](#) and training requirements have also been captured in this review.

## Risk Assessments

The following GRAs were revised and published during Q3:

- [GRA-026 Prevention - All Activities](#)
- [GRA-049 All Operational Incidents](#)
- [GRA-062 Task and Task Management](#) and [SSOW-214 Task and Task Management](#)
- [GRA-069 Asbestos at Operational Incidents](#)

Please see the relevant [Handbooks](#) for GRA details.

Generic Risk Assessments provide staff with the knowledge and information to carry out activities safely. If you have any feedback, please liaise with your SA Liaison Officer within your SDA/Directorate.

## Spotlight

### 2026 Wellbeing Inclusion Calendar

The 2026 Wellbeing and Inclusion Calendar is now published, outlining this year's awareness events and organisational campaigns to support engagement across the SFRS.

# WELLBEING AND INCLUSION CALENDAR 2026



#### JANUARY

SFRS Financial Wellbeing Awareness Month

- 6 Cost of Living – Financial Wellness
- 16 SFRS Gambling Awareness Day
- 27 Holocaust Memorial Day

#### FEBRUARY

LGBTQIA+ History Month

- 1 Breathing Space Day
- 20 Care Day

#### MARCH

SFRS Women's Health Month / Endometriosis Awareness Month / Ovarian Cancer Awareness Month

- 8 International Women's Day
- 16-20 Neurodiversity Celebration Week
- 21 International Day for the Elimination of Racial Discrimination

#### APRIL

Stress Awareness Month / SFRS Cycle to Work Month

- 1-7 Asbestos Awareness Week
- TBC Roadshows

#### MAY

SFRS Age Awareness Month / Bladder Cancer Awareness Month

- 3 Dick Wedlock Road Race and Event
- 4-10 Deaf Awareness Week
- 5 World Asthma Day
- 12-18 Face Equality Week
- 17 International Day Against Homophobia, Biphobia and Transphobia
- 18-22 No Falls Week

#### JUNE

SFRS On Call Wellbeing Month / LGBTQIA+ Pride Month / Gypsy, Roma and Traveller History Month

- 8-14 Carers Week
- 15-21 Refugee Week
- 16-20 SFRS Sleep Management and Work-Life Balance Week
- TBC Roadshows

#### JULY

South Asian Heritage Month / SFRS Nutrition and Lifestyle Month

- 6-12 Alcohol Awareness Week
- 22 Nutrition Support: Sugar

#### AUGUST

SFRS MSK Injury Prevention Month

- 6 Bike to Work Day
- 14 National Financial Awareness Day
- 27 Seasonal Affective Disorder Day
- 30 Roadshows

#### SEPTEMBER

SFRS Cancer Awareness Month

- 10 World Suicide Prevention Day
- 19-20 SFRS Women in the Fire Service Event
- 21-27 National Eye Health Week
- 21-27 Occupational Health Awareness Week
- 23 Bi Visibility Day
- 26 Mesothelioma Awareness Day
- TBC SFRS Wellbeing "Reduce Your Risk" Week

#### OCTOBER

Black History Month

- 5-11 Dyslexia Awareness Week
- 10 World Mental Health Day
- 18 World Menopause Day
- 19-26 Care Experience Week

#### KEY

WINTER

SUMMER

SPRING

AUTUMN

#### NOVEMBER

Disability History Month / Men's Health Awareness Month: "November"

- 19 International Men's Day
- 20 Transgender Day of Remembrance
- 25-10 16 Days of Activism

#### DECEMBER

SFRS Festive Wellbeing Month

- 1 World Aids Day
- 2-8 National Grief Awareness Week
- 3 International Day for Persons with Disabilities
- 10 Human Rights Day
- 15 Mental Wellbeing during the Festive Period
- TBC Fire Fighters Charity Santa Dash

## Directorate Event Statistics

The KPI statistics provided are for information only, the Local Safety and Assurance Improvement Groups (SAIGs) will identify local trends and take action to reduce risk of injury or ill health.

<b>&gt;</b> <b>Red</b>	Highlights an increase in statistical figures.	<b>&lt;</b> <b>Red</b>	Highlights a negative decrease in Near Miss Events.	<b>&lt;</b> <b>Green</b>	Highlights a reduction in statistical figures.
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<b>NORTH</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	2	2
Physical AoV	2	<b>&lt;1</b>
RIDDOR	2	2
Accident/Injuries	7	7
Near Miss	15	<b>&lt;10</b>
Vehicle Accidents	12	<b>&lt;9</b>
Improvement Plan % Completion	50%	<b>&gt;100%</b>

<b>EAST</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	5	<b>&lt;1</b>
Physical AoV	7	<b>&lt;1</b>
RIDDOR	0	<b>&gt;1</b>
Accident/Injuries	4	<b>&gt;5</b>
Near Miss	12	<b>&gt;19</b>
Vehicle Accidents	19	<b>&lt;11</b>
Improvement Plan % Completion	75%	<b>&gt;100%</b>

<b>WEST</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	1	<b>&gt;7</b>
Physical AoV	13	<b>&lt;5</b>
RIDDOR	0	<b>&gt;4</b>
Accident/Injuries	7	<b>&gt;14</b>
Near Miss	13	13
Vehicle Accidents	19	<b>&gt;27</b>
Improvement Plan % Completion	50%	<b>&gt;100%</b>

<b>Training, Safety and Assurance</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	1	<0
Accident/Injuries	6	>9
Near Miss	2	2
Vehicle Accidents	1	>2
Improvement Plan % Completion	58%	>100%

<b>Operations</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	0	>1
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	>3
Near Miss	1	<0
Vehicle Accidents	1	>0
Improvement Plan % Completion	100%	<50%

<b>Financial and Contractual Services</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	1	1
Near Miss	0	0
Vehicle Accidents	0	>1
Improvement Plan % Completion	75%	<50%

<b>Strategic Planning, Performance and Communications</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	50%	>100%

<b>Prevention</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

<b>PEOPLE</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	<67%

<b>PORTFOLIO</b>	<b>Q3 2024/25</b>	<b>Q3 2025/26</b>
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

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All statistics and figures quoted are provisional information from the internal management system TASS and are subject to change pending scrutiny.

Published statistics should be quoted for wider public use.

For any further information, please email: [SFRS.HealthandSafety@firescotland.gov.uk](mailto:SFRS.HealthandSafety@firescotland.gov.uk)



## Scottish Fire and Rescue Service

Safety, Wellbeing and Assurance  
Quarterly Performance Report Q3 2025/26  
Version 1.0  
January 2026





<b>Report to:</b>		<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>		<b>5 MARCH 2026</b>						
<b>Report Title:</b>		<b>CONTAMINANTS UPDATE</b>						
<b>Report Classification:</b>		<b>For Scrutiny</b>		<b>SFRS Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>				
				<u><a 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>
<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	The research of Professor Anna Stec published in 2023, the work of the NFCC Contaminants Group, attendance at conferences is providing informative research outcomes and information on new and emerging developments on the management of fire contaminants.							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	<b>Equipment</b>							
3.1.1	Assets are currently in progress with the following projects:							
3.2	<b>Airing Cages &amp; Rails:</b> A total of 120 fitted to On-Call Stations and seventy fitted to Whole Time Stations prior to March 2026.							
3.2.1								
3.2.2	We are now in Phase 2 of this roll-out, which will focus on the last 70 installations at On-Call Stations; <ul style="list-style-type: none"> <li>• 29 completed prior to the end of January 2026</li> <li>• 28 scheduled for completion in February 2026</li> <li>• 13 scheduled for completion in March 2026.</li> </ul>							
3.3	<b>Towels:</b> Provision of two towels per operational personnel in the coming months. 1500 towels due to be received by end of March 2026.							
3.3.1								
3.4	<b>Laundry:</b> Following the increased laundry contractual arrangement to support the wider Contaminants work- SFRS are currently seeing a demand of circa 3000 washes (Structural Fire kit) per month / 700 washes per week.							
3.4.1								
3.5	<b>Communications</b>							
3.5.1	In recognition of one year since SFRS published their Contaminants SOP, Communications are preparing a 'Fire Contaminants Round-Up' stating achievements to dates, to share information service-wide.							

3.6

**Safety and Assurance**

3.6.1

A Premises Compliance Generic Risk Assessment (GRA) was issued with required control measures for each station. If it is not feasible to implement the control measures, a Specific Risk Assessment (SRA) must be developed with site specific control measures. The SA team present a monthly progress report at SA FMT. The SA team have arranged eight 'drop-in' sessions for the month of February to support the progress of the compliance checks and SRA development. The aim is to improve the access to suitable welfare provisions through recognised practice or procedure. As an example; This may result in travel to a neighbouring station to decontaminate / shower etc.

3.7

**Training**

3.7.1

Training Function managers have identified eleven improvements to Training Sites requiring investment and support from Property. Property Responsible Persons (PRPs) are overseeing zoning across all sites.

3.7.2

A fourth SCBA Washing Unit is scheduled for installation at Invergordon in February 2026.

3.8

**Research**

3.8.1

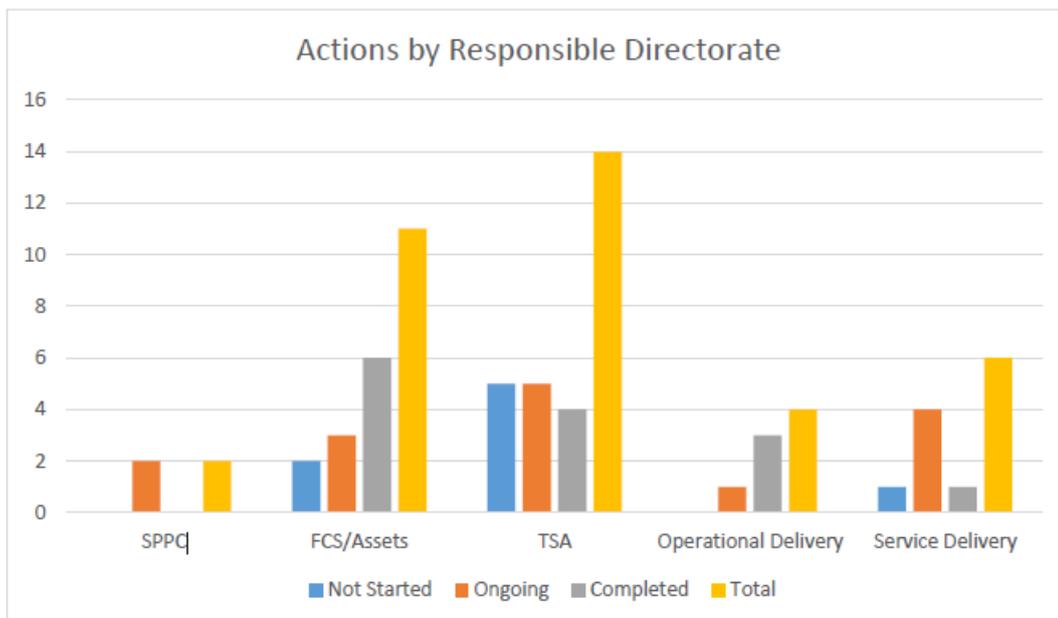
CivTech project ***“How can technology identify contaminants across different types of incidents?”*** is progressing. Work is ongoing on the trigger maps for Health and Wellbeing and line manager notifications arising from answers to the FF exposure questionnaire. These have been finalised and Zudo are incorporating them into the app. FireHaz Research will conduct trials between May and August. The aim is for 600-1000 SFRS personnel to participate in the trials. Body worn sensors will be trialled by 100-200 of this group, and lateral flow kits trialled by one hundred firefighters.

3.9

**Implementation Plan**

3.9.1

The SA Team review the Implementation Plan to ensure progression at each Fire Contaminants Subgroup meeting. The Contaminants Implementation Plan converts SFRS strategic direction into specific management tasks and assists in managing implementation of contaminant control measures appropriately. It is a live document, as latest information/research may result in further actions.



<p>3.10 3.10.1</p>	<p><b>National Fire Chief’s Council (NFCC)</b> The Contaminants Project Group is responsible for monitoring, reviewing, and supporting evidence-based research to understand potential risks as well as inform future guidance.</p>																				
	<table border="1"> <thead> <tr> <th data-bbox="300 286 624 320"><b>Group</b></th> <th data-bbox="632 286 1471 320"><b>Current Project Status</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="300 331 624 824">Literature Review</td> <td data-bbox="632 331 1471 824"> <p>The Literature Review Lead updates a summary document to reflect scientific research information globally. The last update was in September 2025.</p> <p>The London Assembly Fire Committee has published the report: <i>Exposure to fire contaminants in London: A hidden, growing risk?</i> The report finds that firefighters in London may be routinely exposed to toxic substances released during fires, including known carcinogens such as asbestos, heavy metals and persistent organic pollutants. 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<p><b>4</b></p>	<p><b>Recommendation</b></p>																				
<p>4.1</p>	<p>The request from the People Committee is to scrutinise the content of this report.</p>																				
<p><b>5</b></p>	<p><b>Key Strategic Implications</b></p>																				
<p>5.1 5.1.1</p>	<p><b>Risk Appetite and Alignment to Risk Registers</b> There is a risk that failure to implement robust arrangements to manage contaminants may result in being unable to demonstrate legislative compliance. TSA 014 Health and Safety Legal Compliance notes this.</p>																				

5.2 5.2.1	<b>Financial</b> There is significant capital and resource budget allocation required to progress the contaminants implementation plan.
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> Not applicable
5.4 5.4.1	<b>Workforce</b> Potential impact of decontamination on operational resilience and resource availability which will be considered in the planning and implementation process.
5.5 5.5.1	<b>Health &amp; Safety</b> 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 5.6.1	<b>Health &amp; Wellbeing</b> 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 5.7.1	<b>Training</b> 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 5.8.1	<b>Timing</b> 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 5.9.1	<b>Performance</b> Monitoring of implementation and application of arrangements will be through existing and new assurance arrangements.
5.10 5.10.1	<b>Communications &amp; Engagement</b> Communications and engagement strategy required to ensure understanding and implementation of control measures.
5.11 5.11.1	<b>Legal</b> There is a risk that failure to implement robust arrangements to manage contaminants may result in personal injury claims against the SFRS and Health and Safety legislation.
5.12 5.12.1	<b>Information Governance</b> No – to be completed prior to publication of any documentation.
5.13 5.13.1	<b>Equalities</b> No. Consideration will be given at the prior to publication of any documentation.
5.14 5.14.1	<b>Service Delivery</b> Potential impact of decontamination on operational resilience and resource availability will be considered in 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>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	A reasonable level of assurance is provided. The Contaminates Group/Contaminants Subgroup have made progress. There are several workstreams to be progressed. The impact of actions implemented to mitigate the risk of contaminants will be evaluated.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1		
<b>Prepared by:</b>		Teresa Kelly, Deputy Head of Safety and Assurance
<b>Sponsored by:</b>		Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance
<b>Presented by:</b>		Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance
<b>Links to Strategy and Corporate Values</b>		
<p><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.</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> <p><b>Safety Value:</b>                      Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.</p>		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
People Committee		5 March 2026
		<b>Report Classification/ Comments</b>
		For Scrutiny



Report No: C/PC/07-26

Agenda Item: 13.1

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>							
<b>Meeting Date:</b>	<b>05 MARCH 2026</b>							
<b>Report Title:</b>	<b>HMFSI INSPECTION ACTION PLANS UPDATE</b>							
<b>Report Classification:</b>	<b>For Scrutiny</b>	<b>SFRS Board/Committee Meetings ONLY</b>					<b>For Reports to be held in Private</b>	
		<b>Specify rationale below referring to <u>Board Standing Order 9</u></b>						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</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 HMFSI inspection action plans.							
1.2	At this meeting, the PC are asked to scrutinise the progress of the action plans relating to His Majesty's Fire Service Inspectorate (HMFSI) reports on: <ul style="list-style-type: none"> <li>• Organisational Culture – Volume 1</li> <li>• Mental Health and Wellbeing Provision</li> </ul>							
1.3	There are no closing reports to consider.							
<b>2</b>	<b>Background</b>							
2.1	HMFSI inspects and reports on the Scottish Fire and Rescue Service (SFRS) with the purpose of assuring the public and Scottish Ministers that we are working in an efficient and effective way, and to promote improvement in the Service.							
2.2	Each year, HMFSI sets out its intended programme of thematic and local area inspections. Additional reviews may also be carried out at any time at the request of Scottish Ministers.							
2.3	Following the publication of reports, an action plan is prepared to address the issues or recommendations that are highlighted within the report.							
2.4	In line with the new thematic process agreed in May 2020, once approved 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	<b>Organisational Culture Volume 1</b>							
3.1.1	The report entitled ' <a href="#">Organisational Culture in the Scottish Fire and Rescue Service Volume 1</a> ' was published in June 2025.							
3.1.2	This inspection is the first phase of an inspection on the subject of culture and examines aspects of SFRS that have an influence on its organisational culture and focuses on underpinning documents and policies that drive behaviours rather than the actual behaviours themselves, namely policies, procedures, and corporate elements of culture. This second inspection 'Organisational Culture Volume 2' is scheduled for 2025/2026 and will focus on employee behaviour, grievance, conduct and discipline.							

3.1.3	The HMFSI report contains eighteen recommendations with a further seven areas for consideration and identifies a range of themes and recommendations, many of which relate to the SFRS Three-Year Delivery Plan and Directorate Plans.
3.1.4	The proposed draft Action Plan was presented at the Strategic Leadership Team (SLT) meeting in August 2025 and following scrutiny and discussion, there was a request to reframe the plan setting SFRS' strategic approach to Culture and Leadership with a more direct response to any remaining recommendations.
3.1.5	This reframed action plan was presented to SLT in October 2025 and approved to share with HMFSI, in line with the agreed process map for thematic inspections, to ensure shared understanding of the recommendations and the related proposed actions.
3.1.6	Following engagement with the HMFSI team in December 2025, their preference was for an action plan presented in the previously used standard template to ensure it is clear to the Inspectorate that all recommendations have been given due consideration, and they can see as clearly as possible what specific actions are being taken related to the recommendations.
3.1.7	The revised draft Action Plan was reviewed as a matter of urgency, taking on board feedback received from HMFSI and the Strategic Leadership Team, reflecting work under the Organisational Culture and Leadership Programme, Three-Year Delivery Plan, and other existing workstreams. A final revised draft was presented to the SLT in early February 2026. This was approved and is attached as <b>Appendix A</b> .
3.1.8	<p>PC are asked to note:</p> <ul style="list-style-type: none"> <li>• As per previous agreement, an update has been provided against each of the actions within the Action Plan to show the most current progress.</li> </ul>
3.1.9	In line with the current process map for thematic action plans, a Position Statement will now be prepared for each approved action providing further detail on the starting position of each action and this will be presented with the approved Action Plan to Corporate Board via the regular governance and reporting process.
3.1.10	Once the Action Plan reaches a final stage of completion the Position Statement will be updated against the recommendations, detailing the improvements made.
3.2	<b>Mental Health and Wellbeing</b>
3.2.1	The HMFSI report on Mental Health and Wellbeing was published in December 2023. The original action plan contained a total of 30 actions with work progressing until August 2025 whereby, due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, further progress was not possible.
3.2.2	Following engagement with HMFSI and the Chair of the Audit and Risk Assurance Committee (ARAC), it was agreed that work would be undertaken to re-plan the Action Plan.
3.2.1	Resources in the Wellbeing Team were later realigned and transitioned from People to Safety and Assurance, and once the Wellbeing Recovery Plan was stabilised it was determined that the HMFSI Action Plan would be reviewed and re-baselined.
3.2.2	A review and cross-check of the Mental Health and Wellbeing Action Plan was undertaken for validity, currency, and sufficiency and as a result 26 actions were identified - five are complete and 21 are in progress, with six of these being linked to the Mental Health and Wellbeing Group Action Plan with longer term time frames.

3.2.3	All outstanding actions will be tracked by the re-formed Mental Health and Wellbeing Group. Priorities identified were to review the Terms of Reference, review the Mental Health and Wellbeing Strategy, and agree an action plan.
3.2.4	The Action Plan has now entered the regular governance and reporting cycle, and a full update of all actions will be provided for the next meeting.
3.3	<b>Organisational Culture Volume 2</b>
3.3.1	Volume 2 of the thematic inspection of organisational culture will focus on conduct, exploring how successful the SFRS is in promoting positive behaviours, managing unacceptable behaviour. Initial planning meetings with the inspection team have taken place and the inspection outline is shown in Appendix B.
<b>4</b>	<b>Recommendation</b>
4.1	The PC is invited to: <ul style="list-style-type: none"> <li>• Scrutinise the Organisational Culture Volume 1 Action Plan, attached as <b>Appendix A</b>.</li> <li>• Note the current position of the Mental Health and Wellbeing Action Plan as per the update.</li> </ul>
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b> There are no strategic risk implications arising from this progress update or the recommendations of this report.
5.2	<b>Financial</b> There are no financial implications associated with the recommendations of this report.
5.3	<b>Environmental &amp; Sustainability</b> There are no environmental implications associated with the recommendations of this report.
5.4	<b>Workforce</b> There are no workforce implications associated with the recommendations of this report.
5.5	<b>Health &amp; Safety</b> There are no health and safety implications associated with the recommendations of this report.
5.6	<b>Health &amp; Wellbeing</b> There are no health and wellbeing implications associated with the recommendations of this report.
5.7	<b>Training</b> There are no training implications associated with the recommendations of this report.
5.8	<b>Timing</b> Each HMFSI Action Plan will be reported to the CB on a quarterly cycle until completion.
5.9	<b>Performance</b> This process supports robust challenge and scrutiny of our performance against HMSFI recommended improvements.

5.10	<b>Communications &amp; Engagement</b> There is no implication associated with the recommendations of this report.	
5.11	<b>Legal</b> 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	<b>Information Governance</b> A Data Protection Impact Assessment (DPIA) is not required for this report as there is no sensitive information to consider.	
5.13	<b>Equalities</b> An Equality and Human Rights Impact Assessment (EHRIA) is not required for this report. Directorate and LSO EHRIAs will capture these.	
5.14	<b>Service Delivery</b> 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>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.2	<b>Rationale:</b>	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.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Organisational Culture Volume 1	
8.2	Appendix B: Organisational Culture Volume 2 – inspection outline	
<b>Prepared by:</b>	Kirsty Jamieson, Planning and Performance Officer	
<b>Sponsored by:</b>	Lyndsey Gaja, Head of People / Jim Holden, Head of Safety and Assurance	
<b>Presented by:</b>	Lyndsey Gaja, Head of People / Jim Holden, Head of Safety and Assurance	
<b>Links to Strategy and Corporate Values</b>		
Our inspection process contributes to: Strategic Outcome 4 of the SFRS Strategy 2025-28: Our organisational performance, productivity and resilience continually improves.		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Strategic Leadership Team</i>	<i>04 February 2026</i>	<i>For approval (Organisational Culture Volume 1)</i>
<i>People Committee</i>	<i>05 March 2026</i>	<i>For scrutiny (Mental Health and Wellbeing; Organisational Culture Volume 1)</i>

HMFSI Culture Inspection - Action Plan Progress  
Executive Lead: Sarah O'Donnell

								Initial	Update	Committee Update (PC)		
								Feb-26 (SLT)		Feb-26		
HMFSI Recommendation Ref Number	HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
1	We recommend that the SFRS, when creating and reviewing policies and procedures, ensures that all supporting documents such as EHRIA, DPIA and privacy statements etc, are also created and maintained in line with governance arrangements and guidance, where required.	1.1	Ensure that all new and revised policies and procedures are accompanied by the relevant supporting impact assessments (as set out in sections 4 and 6 of the SFRS Corporate Documents Governance Procedure and in the SFRS Document Processing Guidance) as they go through SFRS governance channels for review and approval.	Chairs of Executive Boards	Jun-26		In Progress	The Chairs of Executive Boards have been requested to ensure that policies coming forward for approval are accompanied by the relevant supporting documents.  Advice has been requested on whether this can be included specifically in the Terms of Reference for these Boards.	50%			
		1.2	Investigate whether functionality can be built in to the SFRS document library system to flag when submitted documents do not have impact assessments etc associated with them.	Head of Communication & Engagement	Apr-26		In Progress	The Head of Communications and Engagement seeking advice from a SharePoint Subject Matter Expert (SME) to understand whether this is feasible within the document library.	10%			
		1.3	Clarify when supporting documents (e.g. EHRIA, DPIA, privacy statements) are required during policy and procedure development and review within the revised EHRIA process and guidance.	EDI Manager	Mar-27		In Progress	Due to reprioritisation of resources to support the Service Delivery Review Programme, the work on developing the toolkit and revised training has progressed at a reduced pace. We have taken the opportunity to road-test the revised template and have made modifications to the process as a result of this learning. The Service continues to follow the standard corporate reporting template which requires decisions to be supported by an EHRIA or a justification provided where an EHRIA is not required.  Due to ongoing EHRIA work related to the Service Delivery Review it is anticipated that the focused attention on the EHRIA toolkit and training will recommence in Quarter 2 2026/27 with a revised completion date of 31 March 2027.	50%			
2	We recommend that the Service engages with its workforce to develop and create a People Strategy that meets the needs of the Scottish Fire and Rescue Framework and the Service's Long Term Vision.	2.1	Engage with a wide range of relevant stakeholders in the development and creation of the SFRS People Strategy.	Deputy Head of People	Jun-26		In Progress	Development of the People Strategy is an objective in the SFRS Three-Year Delivery Plan. Stakeholder engagement and benchmarking activity has taken place, informing the development of a first draft, which is now being consulted on. Work is on track to finalise and launch by June 2026.	80%			
3	We recommend that the SFRS review the impact of the current People Directorate structure with a view to improving the efficiency, consistency and capacity of the Directorate to improve delivery of service. This should include openly engaging and consulting with staff across the organisation to understand issues with the current structure. Any revision should support the delivery of the SFRS's Strategic Plan and provide the professional skills and support necessary to meet the workforce needs across the Service.	3.1	Undertake a review of the People Directorate operating model, taking into account stakeholder engagement, organisational priorities, capacity and capabilities.	Head of People	Dec-26		In Progress	An interim review of the current People Directorate structure has enabled the redirection of resources and capacity within the team, including the introduction of additional temporary resource, to improve service delivery and better support workforce needs across the Service.  A more holistic review of the People operating model and structure will form part of the People Directorate work plan, with stakeholder engagement commencing in Quarter 1 and aligned to the launch of the SFRS People Strategy.  The development of options will be progressed, with any decision on changes to the operating model being made following the recruitment and onboarding of the Director of People, Communications and Engagement.	40%			

HMFSI Recommendation Ref Number	HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
4	We recommend that when the Service reviews its recruitment and selection policy, and supporting documentation, it considers explicitly incorporating the assessment of the candidate's alignment to the Service's values, throughout the selection and recruitment process.	4.1	Reflect the incorporation of the SFRS Values and the National Fire Chiefs Council (NFCC) Leadership Framework in the revised SFRS Recruitment and Selection Policy.	Area Commander, People Services & Workforce Planning	Sep-26		In Progress	The SFRS Recruitment and Selection Policy review was paused in order to progress other priority policy work linked to organisational change and legislative developments. The Recruitment and Selection Policy Review will commence in Quarter 4 2025/26 and will be completed by the end of Quarter 2 2026/27.  Note that in the medium term, a review of the SFRS values is a proposed project in phase 1 of the Organisational Culture & Leadership (OCL) Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.	10%			
		4.2	Incorporate SFRS values and the National Fire Chiefs Council (NFCC) Leadership Framework into the Wholetime Firefighter (WTFF) Recruitment and Selection process.	Area Commander, People Services & Workforce Planning	Sep-25		Complete	The SFRS values and National Fire Chiefs Council (NFCC) Leadership Framework were incorporated into engagement and recruitment materials for the Wholetime Firefighter (WTFF) recruitment process that launched in summer 2026. The Artificial Intelligence (AI) shortlisting tool (ALICE) was trained on the SFRS values and National Fire Chiefs Council (NFCC) Leadership Framework, and these were further assessed as part of the interview process.  Note that in the medium term, a review of the SFRS values is proposed as a project in phase 1 of the Organisational Culture & Leadership (OCL) Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.	100%	Sep-25		
		4.3	Incorporate SFRS values and the National Fire Chiefs Council (NFCC) Leadership Framework into SFRS promotional processes.	Area Commander, People Services & Workforce Planning	Dec-25		Complete	Promotional processes now incorporate alignment to the Service's Values and this will be continued, aligned to the current review of the Service's approach to promotional processes. The National Fire Chiefs Council (NFCC) Leadership Framework is embedded in ALICE (AI shortlisting tool) is used for both recruitment and promotion processes.  Note that in the medium term, a review of the SFRS values is proposed as a project in phase 1 of the Organisational Culture & Leadership (OCL) Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.	100%	Dec-25		
5	We recommend that the SFRS conducts a review of its Positive Action Strategy and how well embedded it is within its recruitment processes. The Service should also capture and monitor data from vacancy applications, carry out, and publish, an analysis of this information to ensure that any Positive Action activity undertaken meets the needs of protected characteristic groups.	5.1	Evaluate and make ongoing enhancements to the revised Positive Action approach and engagement materials which have been developed and are being piloted as part of the August 2025 Wholetime Firefighter (WT FF) recruitment process.	Area Commander, People Services & Workforce Planning	Mar-27		In Progress	Positive Action activity was undertaken in 2025 to support the August 2025 recruitment process has been further strengthened from January 2026, with a programme of in-person engagement days at SFRS Headquarters for different groups. It is anticipated that the outcomes of this engagement will be reflected in the applicant profile for the forthcoming Wholetime Firefighter (WT FF) recruitment campaign scheduled to open in February 2026. A notable development is the confirmed position of 12 female trainees (from a course of 72) on the March 2026 WT FF Foundation Course. This represents a marked improvement against the 19 female WT recruits in total across the three preceding calendar years (2023–2025). Work is also progressing with NTC to strengthen future course capacity. Current facilities limit the number of female participants on any WT FF Foundation Course to 12. Planning is underway to increase this capacity to 16 participants by Summer 2026.	25%			
		5.2	Analyse and report on the demographics of candidates throughout the recruitment and selection process.	Area Commander, People Services & Workforce Planning	Mar-27		In Progress	Demographic data for candidates is now subject to routine and systematic analysis, with findings reported regularly. These insights are communicated through the People Directorate onward to relevant Executive Boards and the Senior Leadership Team.	40%			

HMFSI Recommendation Ref Number	HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
6	We recommend that the Service conclude and evaluate its internal management development pathway pilot.	6.1	Conclude evaluation activity regarding the Service's Management Development Framework and ensure this is considered as part of the Leadership & Culture review and reset.	Head of People & DACO E&NSDA	Mar-26		Complete	Evaluation of the Management Development Framework day 1 People Management Essentials has taken place, including participant feedback and engagement with participants' line managers. This, along with lessons learned, was used to inform Leadership Essentials for Supervisory Manager course and the work of the Leadership Management Development Taskforce, whose work sits within the Organisational Culture & Leadership (OCL) Programme.  Phase 1 of the Taskforce's work is progressing, including engagement with Strategic Leadership Team (SLT) and People Committee, with the updated content and approach on track to start delivery over Quarter 1 and Quarter 2 2026/27. Development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.	100%	Feb-26		
7	We recommend that the SFRS should explore the option to make use of the current NFCC Supervisory and Middle Manager development pathways as a more efficient and effective means to close the leadership and management training deficit gap.	7.1	The Service will continue to make use of the NFCC Supervisory and Middle Manager development programmes	Deputy Head of People	Dec-25		Complete	The National Fire Chiefs Council (NFCC) Supervisory and Middle Manager Leadership Development Programmes already part of the SFRS' Leadership and Management Development Framework. Provision commenced in a May 2023 pilot with one Supervisory cohort and subsequently increased to six cohorts (three Supervisory and three Middle Managers) in 2025/26.  <u>NFCC Supervisory Leadership Programme</u> To date 100 have registered = 60 currently participating in the programme across 3 cohorts (April 2025, June 2025, October 2025), 31 completed the programme and 9 withdrew from the first 2 cohorts (May 2023 and August 2024 intakes)  <u>NFCC Middle Manager Leadership Programme</u> To date 61 have registered = 40 currently participating in the programme across 2 cohorts (May 2025, November 2025), 16 completed the programme, 2 did not complete and 3 withdrew from the first cohort (November 2024 intake). Registrations are currently being finalised for the January 2026 intake.	100%	Dec-25		
8	We recommend that the SFRS continue to undertake analysis and review of course allocation to ensure fair and equitable distribution of funded courses to support the SFRS in its objectives. Promote and develop impactful communication of outcomes and reasons behind funding allocation to the wider organisation. In addition, the SFRS should consider allocating time for staff to work on their development.	8.1	Consider how to improve communication to all SFRS personnel regarding how the Learning and Development budget is allocated and invested.	Deputy Head of People	Jun-26		In Progress	In addition to the reporting already provided to Executive Boards, Strategic Leadership Team (SLT) and People Committee, work has commenced to use produce a simple visual infographic summarising full year budget, allocated vs. unallocated funding, distribution by function/area and key investment areas (e.g. statutory training, leadership development).  This can be shared via the SFRS Weekly Brief, on iHub, cascade briefs from Learning Partners through their functions/areas and station/department noticeboards. This approach will improve transparency and stakeholder understanding of Learning and Development allocation and investment.	30%			
9	We recommend that the Service ensures that the quality assurance and monitoring reviews, as stated in its policies, are conducted and evidenced.	9.1	SFRS will consider this recommendation within the scheduled review of the Appraisal process, taking account of current system and technology capabilities and constraints.	Deputy Head of People	Mar-27		In Progress	A full review of the SFRS Appraisal process will commence in Quarter 4 2025/26, including workforce and wider stakeholder engagement, and will be completed by the end of Quarter 203 26/27 with updated guidance and familiarisation session taking place in Quarter 4 ready for implementation for 2027/28 performance year. This will include consideration of quality assurance and monitoring options.  Consideration for systems and technological appraisal capabilities have been included within the People, Payroll and Finance (PPF) Programme requirements and links to the Service's longer term systems investment.	5%			

HMFSI Recommendation Ref Number	HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
10	We recommend that the Service undertakes a full review of its approach to appraisals and, takes into consideration the views of the workforce, revises the process to ensure that appraisals deliver benefit and value to both personnel and the Service.	10.1	Undertake a full review of the SFRS Appraisal process.	Deputy Head of People	Mar-27		In Progress	A full review of the SFRS Appraisal process will commence in Quarter 4 25/26, including workforce and wider stakeholder engagement, and will be completed by the end of Quarter 3 26/27 with updated guidance and familiarisation session taking place in Quarter 4 ready for implementation for 2027/28 performance year. This will include consideration of quality assurance and monitoring options.  Consideration for systems and technological appraisal capabilities have been included within the People, Payroll and Finance (PPF) Programme requirements and links to the Service's longer term systems investment.	5%			
11	We recommend that the Service, when carrying out its review of policies, takes the opportunity to reduce them in number and to simplify them for the end user as far as possible.	11.1	Continue schedule of work agreed with Representative Bodies to reclassify some People policies as guidance.	Head of People	Mar-27		In Progress	Agreement has been reached with SFRS Representative Bodies to convert a number of existing policies to guidance documents, which will reduce and streamline the volume of People Policies.	10%			
		11.2	Ensure People policy development and review considers best practice, accessibility and SFRS style guide to simplify for end users.	Head of People	Sep-26		In Progress	This will be an ongoing piece of work, embedded in the process for new policy development and the scheduled review of existing policies.	10%			
12	We recommend that the SFRS make greater use of digital technology and automation, to minimise manual intervention in the production, collation and access to data to improve decision making, prioritisation and measures of success for the CDG.	12.1	Progress the Corporate Business Systems Project as an enabler of technology based process improvement and more efficient ways of working	Corporate Business Systems SRO	Oct-28		In Progress	An Outline Business Case for the People, Payroll and Finance System has been developed and will progress through SFRS governance across Quarter 4 2025/26 into Quarter 1 2026/27.	20%			
13	We recommend that the SFRS consider the role and importance of all staff networks in providing insight, advice, and guidance on the continual promotion of a fair and equitable culture.	13.1	SFRS Employee Network Terms of Reference are based primarily on a peer support and common interest purpose. SFRS will engage with the SFRS Employee Networks and other stakeholders to understand how they can inform development of Service policy.	EDI Manager	Sep-26		In Progress	Strengthen Employee Voice through EDI Networks is proposed as a project in phase 1 of the Organisational Culture & Leadership Programme with two key objectives: 1. to ensure all SFRS colleagues have access to employee networks they may wish to join, and that these networks are suitably accessible and manager, and 2. to ensure that these groups are suitably empowered and have the capability to input their experiences and expertise into SFRS decision making so underrepresented groups are not excluded. Work has commenced including engagement with external partners (e.g. Public Health Scotland) and review of SFRS' existing Women's Experience Liaison Forum (WELF).  Employee Network representation, wider lived experience and subject matter experts will also be able to inform development of Service policy through the Advisory Panel which is being established as part of the Organisational Culture and Leadership (OCL) Programme The Organisational Culture & Leadership Advisory Panel (The OC&L Panel) exists to provide independent advice, internal and external perspectives and challenge on the approach and impact of the Organisational Culture and Leadership Programme. The Panel will act as a sounding board for cultural initiatives, supporting transparency and engagement across the Service.	20%			
14	We recommend that the Service evaluates the impact of home working, particularly on the relationship between middle managers and fire station-based personnel, with a view to increasing leadership visibility and interaction.	14.1	Clearly (re)state expectations of middle managers around presence on station to enhance leadership visibility and interaction.	Deputy Chief Officer Service Delivery	Mar-26		In Progress	Expectations and standards have been set out and cascaded through Operational Delivery management structures and are being reinforced through the ongoing work on Standards and Performance.	75%			

HMFSI Recommendation Ref Number	HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
15	We recommend that the SFRS consider publicising any action plans created following the analysis of the CES findings, specifically highlighting completed actions undertaken in response to comments made.	15.1	N/A The recommendation has been given due consideration and it has been determined that no additional action is required.	N/A	N/A		Complete	SFRS is using insights from the Colleague Experience Survey to inform the Organisational Culture and Leadership (OCL) programme of work. Any functional level action plans will be developed, communicated and managed locally.	100%			
16	We recommend that the Service continue to clearly articulate national priorities, and how these will impact locally, and communicate as soon as possible when projects or proposed changes are to be delayed or cancelled.	16.1	Provide ongoing communication to colleagues on national priorities, strategic initiatives, and highlight any changes	Strategic Leadership Team	Dec-25		Complete	The Service has shared a range of communications related to topics including the SFRS Strategy 2025-2028 and associated three year delivery plan, the Strategic Service Review Programme and other strategic initiatives such as the New Mobilising System. This has taken a range of forms including dedicated iHub pages, vlogs, features in the Weekly Brief, and Managers Briefs to cascade to teams.	100%	Dec-25		
17	We recommend that the SFRS continue to review its business change process to ensure that it clearly identifies that the proposed activities are not only evidenced-based, but meet organisational strategic needs, with measurable defined outcomes.	17.1	Complete the implementation of SFRS' refreshed business case process, managed by the Portfolio Office, including New Demand template and Strategic Scoring matrix.	Head of Portfolio Office	Mar-27		In Progress	Work continues to refine and embed the updated business case process, including the New Demand stage, the strategic scoring methodology, and the prioritisation approach. Project and programme teams are working closely with stakeholders to develop a range of business cases, making full use of the standard templates and tools, and ensuring the Five Case Model is applied where appropriate.	75%			
		17.2	Complete implementation of the new benefits management process and supporting toolkits for all major change, which forms part of the Portfolio Office workplan.	Head of Portfolio Office	Mar-27		In Progress	Several projects and programmes have now identified their initial benefits and are using the new benefits management process and supporting toolkits to further develop and articulate these benefits and their delivery plans.	50%			
18	We recommend that the Service concludes its review of the structure of Operations Control and implements any proposed changes as soon as possible.	18.1	Implement the agreed changes to OC Structure and progress the agreed OC enhancement plan	Head of Operations	Dec-25		Complete	The revised Operations Control structure was implemented in April 2025 and introduced two newly defined functions, each with a clear mandate and specialised focus; Service Delivery and Support & Liaison. This structure was developed in consultation with the Fire Brigades Union and endorsed by the SFRS Strategic Leadership Team. As this recommendation has already been implemented, no further action is required.	100%	Dec-25		



## HM Fire Service Inspectorate Inspection Outline

### Organisational Culture within the Scottish Fire and Rescue Service Volume 2

Inspectors within HM Fire Service Inspectorate (HMFSI) have the scrutiny powers specified in section 43B of The Fire (Scotland) Act 2005. These include inquiring into the state and efficiency of the Scottish Fire and Rescue Service (SFRS), its compliance with its duty to secure Best Value, and the manner in which it is carrying out its functions.

HMFSI operates within, but independently of the Scottish Government.

Our approach to inspection is to support the SFRS to deliver a service that is high quality, continually improving, effective and efficient to respond to local needs.

#### Purpose of inspection and Terms of Reference

This outline has been prepared to describe why we are carrying out this inspection and how we will go about the work. It is also intended to be utilised as part of our pre-inspection consultation. This inspection outline has been developed following consultation with the SFRS and other relevant stakeholders.

[The Chief Inspector's Plan 2025-2028](#)<sup>1</sup>, indicated that we may wish to carry out an inspection of organisational culture – including behaviour, conduct and discipline within the SFRS. This proposed inspection follows on from our initial inspection of organisational culture within the SFRS which was published in June 2025 and will be the second in a series of three proposed inspections. The third inspection report is likely to focus on equality, diversity and inclusion with the exact format, commencement date and approach to be determined in due course.

[Our first inspection report \(volume 1\)](#)<sup>2</sup> set out to examine the corporate building blocks that shape an organisation's culture. The inspection considered organisational values, policies, procedures and structures in a bid to determining the impact these had on the Service and its employees.

The volume 1 report concluded that the workforce that we engaged with took a great deal of pride in what they did, and had a strong focus on the Service's value of

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<sup>1</sup> HMFSI: The Chief Inspector's Plan 2025 - 2028

<sup>2</sup> HMFSI: Organisational Culture in the Scottish Fire and Rescue Service Volume 1

Teamwork. We noted that the SFRS had responded to issues relating to culture publicised in other services in the UK, by creating a Cultural Development Group (CDG) and developing a Cultural Action Plan. However, we felt that progress had been slow and that there was a lack of the use of data to prioritise its activity. We acknowledged that the SFRS is committed to creating a workplace where all staff are treated with dignity and respect. During that inspection we were clear to those we spoke with what our focus was, and that we were not looking at, or for, examples of misbehaviour or misconduct. During the course of our inspection a number of staff expressed views and opinions that, whilst outwith our original terms of reference, felt relevant to the wider issue of culture, and as such were included within the report. When we published our volume 1 report we felt it was important to be clear that we had not undertaken sufficient evidence gathering to draw definitive conclusions about culture across the organisation. Our report findings and what we did hear during our fieldwork has directly influenced the terms of reference and methodology for this, our next volume of inspection work in this area.

We also highlighted in our initial report that the Service has set out its expectations on the behaviour of staff, which are contained within its Code of Conduct. We stated in our report that, as defined by the Service, the Code was due for review. In addition to the Code there are also documents relating to bullying, harassment and discrimination; dignity and respect; and discipline. These documents collectively set out how staff are expected to behave and what should happen if standards fall below those expected.

## **Proposal**

The aim of this inspection is to assess how successful the SFRS is in promoting positive behaviours, managing unacceptable behaviour within the workplace and the experiences of those who are involved. We aim also to find out how the Service considers the lived experiences of those involved in fact finding investigations and discipline cases. We are also keen to consider what actions the Service take to ensure continuous improvement – i.e. does the Service ever go back to those involved to understand their experience of being involved in investigations for example, to gain insight and learnings to make effective positive change?

Research evidence suggests that organisational culture shapes employee behaviour as defined by the shared values, norms, and practices within an organisation, while influencing the reporting and response to staff misconduct, disciplinary proceedings and grievances. A weak culture has been shown to increase the risk. This inspection will focus on the standard of behaviour of the SFRS's workforce. In particular we will seek to assure that the SFRS appropriately and consistently identifies, assesses, records, investigates and concludes breaches of its defined standards of behaviour in line with current policy and process within a positive transparent, and an ethical organisational culture.

Our inspection will therefore consider:

- Policies, procedures and processes pertaining to the identification, assessment, recording and investigation of issues relating to conduct
- Care and wellbeing of staff who are subject to misconduct allegations
- Care and wellbeing of staff who are identified as victims or witnesses in misconduct proceedings
- Care and wellbeing of staff tasked with investigating or presiding over misconduct proceedings
- Effectiveness of reporting mechanisms, which can highlight allegations of misconduct or discipline
- Management of staff post misconduct and discipline allegations and investigations
- Assessment of conduct and discipline data to identify any disproportionality of impact or outcome of disciplinary or conduct proceedings on the basis of protected characteristics
- Reporting and scrutiny arrangements for conduct matters ensuring consistency and equity of treatment of those involved
- Assessment of whether suitable capacity, capability, skills and training are in place to effectively deal with misconduct / disciplinary issues when it occurs
- Assessment of any cultural audits, initiatives and leadership development programs in place to promote inclusivity and accountability
- The role of employee representative bodies in promoting a positive organisational culture and in supporting employees in cases of grievance and discipline
- Any other matter relevant to our area of interest of staff conduct and discipline identified during fieldwork.

An inquiry by the Inspectorate can be self-directed or can be subject to direction by Scottish Ministers. This inquiry into the SFRS is self-directed by HM Chief Inspector.

## **Methodology**

This inspection will follow the lines used for previous thematic inspections. It will be risk based and proportionate.

There will be engagement with the SFRS and establishment of a single point of contact for coordination of our work. The inspection will then comprise of five key stages:

1. Consult and carry out a desk top analysis of data - we will request relevant subject information and access to relevant actual case data, covering a period of three years, from the Service and a copy of policies, procedures, strategies etc. We will also request information relating to the Service's own case and trend analysis to determine what learning opportunities the Service is deriving from the subject area. We will carry out a desk top data analysis and assessment of this information.
2. Interviews - We will speak with key SFRS staff who are involved with the formulation of policy; the creation and delivery of related training and development; monitoring and performance reporting and those providing human resource management advice. We will also speak to those in a management role to understand their experience of involvement in the processes related to the subject area.
3. We intend to carry out fieldwork interviews with a sample of the SFRS workforce, involving all staff groups, including employees from non-operational departments and employee representative bodies.
4. Where appropriate, we will work with other Inspectorates currently conducting similar work and with external, sector competent, individuals and organisations, or groups to provide an opportunity for benchmarking and quality assurance.
5. We will engage with other Services across the UK where appropriate to do so to consider best practice and innovative approaches were relevant.

## **Reporting**

We will compile a report on the findings of our inspection, which will comply with our consultation and engagement strategy. As stated above, we intend to complete our inspection of organisational culture as a series of reports covering individual discrete themes. The themes of subsequent reports and the sequence of these inspections may well be influenced by outcomes of previous inspection work.

The draft report will be reviewed for quality assurance by independent sector competent professionals. Throughout the inspection we also propose to engage and seek guidance from relevant parties outwith HMFSI as we deem necessary and helpful.

A copy of the final report will be provided to the SFRS Board, the SFRS Chief Officer and laid before the Scottish Parliament. A copy will also be made publicly available on the HMFSI website.

The report will outline our methodology and approach and will contain the Inspectorate's key findings, and may include; recommendations, areas for consideration and good practice as the Chief Inspector believes appropriate.

## Timetable

The provisional timetable is:

Date	Progress
August 2025 - December 2025	Pre-planning and consultation on the inspection outline
January - February 2026	Data collection and review of documentation
February – April 2026	Fieldwork
April - May 2026	Analysis of evidence
May - July 2026	Report development
July – August 2026	Consultation
On completion of consultation process	Report publication

## Inspection Team

The inspection team members will comprise of HMFSI staff and will include other subject matter specialists as required.

Robert Scott QFSM - HM Chief Inspector

Graeme Fraser – Assistant Inspector

John Joyce QFSM – Assistant Inspector

David Young – Assistant Inspector

Hilary Sangster - Inspection Support Manager

Professor Paresh Wankhade, (Professor of Leadership and Management & Director of Research, Editor-In-Chief, International Journal of Emergency Services, Edge Hill University)

Mark Cashin (Former Chief Officer, Cheshire Fire and Rescue Service)

The point of contact for this inspection is Robert Scott – Chief Inspector ([Robert.Scott2@gov.scot](mailto:Robert.Scott2@gov.scot)) or any other member of the inspection team can be contacted by emailing [HMFSI@gov.scot](mailto:HMFSI@gov.scot).

## This Inspection Outline

Our consultation for this inspection has included; the SFRS Board and management team, staff representative bodies, Scottish Government, other inspectorates, and sector competent individuals.



**People Committee – 5 March 2026  
Risk Spotlight Briefing Note – On Call Improvement Programme Update**

**Submitted by:- Operational Delivery Directorate, GC Leslie Mason**

**Background: What would cause the risk to materialise / what is the effect likely to be?**

**Risk Statement (Cause – Event – Impact):**

- **Cause:** Persistent challenges regarding recruitment and retention, demographic shifts, and divergent local operating procedures within the Retained Duty System (RDS).
- **Event:** Failure to maintain authorised On-Call staffing levels and consistent appliance availability, particularly at community fire stations.
- **Impact:**
  - Diminished resilience in service delivery and reduced coverage of community risk.
  - Heightened abstraction, fatigue, and attrition within the On-Call workforce.
  - Increased reliance on short-term tactical mitigations that operate beyond the organisation's accepted risk appetite.

**Corporate Risk Alignment:**

- This risk predominantly aligns with the **Workforce** and **Service Delivery** risk appetite statements, wherein tolerance for prolonged reductions in availability and resilience is minimal.

**Controls and mitigating actions (stating what actions are being taken if the residual/current risk assessment is operating above or below risk appetite).**

**Existing Controls (Current):**

- National On Call Improvement Programme provides a comprehensive framework for improvement initiatives. On-Call Improvement Programme provides a comprehensive framework for improvement initiatives.
- Local availability management and abstraction controls are applied at LSO and station levels.
- On-Call policies, procedures, and terms and conditions are under ongoing review.

**Mitigating Actions (In Progress / Planned):**

- Structured pre-recruitment engagement and improved candidate pathways to attract and recruit.
- Standardised availability planning to reduce local variation and increase consistency.
- Review of responding options and duty system relationships to boost flexibility and resilience.
- Revised governance and assurance arrangements to enhance oversight, escalate risk, and monitor performance.

**Residual Risk Position:**

- Risk remains above appetite in some areas due to vacancies and availability issues, pending full implementation of planned controls.

**External or other factors which might impact on the current risk assessment.**

- **Demographic shifts and depopulation** reduce recruitment in rural areas.
- **Changing work patterns** restrict daytime availability for On-Call firefighters.
- **Estate issues** limit crew models and appliance access.
- **Organisational changes** affect local capacity and leadership.

**Summary for Committee**

The risk to **On-Call workforce sustainability and service delivery resilience** is acknowledged and noted in the **Corporate and Operations Risk Registers**. The **On-Call Improvement Programme** addresses these risks gradually. Ongoing review is needed to ensure controls are sufficient to restore the risk **within corporate risk appetite**.

# On-Call Improvement



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# On-Call Establishment



Over 80% of Scotland's landmass is supported by on-call (RDS) duty system community fire stations.

24 appliances located within community fire stations also containing whole-time duty system crews.

240 community fire stations solely by on-call (RDS) duty system firefighters.

Authorised FTE headcount

**3309**

In-post FTE headcount

**2286**

Vacancies

**1022**

Actual headcount

**2734**

# Current Areas of Focus



Review of terms  
and conditions



Continuous  
improvement



Rostering  
project / NMS



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# On-Call Challenges



Standardised ways of working



Recruitment and retention of on-call duty system firefighters



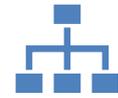
Depopulation & dependency ratios



Estate related challenges



Leadership development



Organisational change.



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# On-Call Improvement Programme



Attraction and  
Recruitment



Responding Options and  
Duty System  
Relationships



Variable Contract  
Options and On-Call  
Establishments.



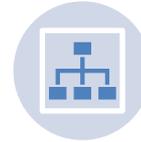
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# Next Steps



Evaluation of On-Call Improvement Programme



Introduction of revised governance and assurance Arrangements



Standardised availability planning principles



Review of non-operational on-call activities.



Development of cluster based crewing models.



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# Any Questions?



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**PEOPLE COMMITTEE – ROLLING FORWARD PLAN**

Agenda Item 16.1

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
<b>18 June 2026</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>Training Continuous Improvement Programme</li> <li>Training Function Policy Review Schedule</li> <li>S&amp;A Documents Forward Planning Schedule</li> <li>RANSc update (Private)</li> <li>Key Case Update (Private)</li> <li>Learning and Development Update 2025/26 Q4</li> </ul>	<p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li>Performance Reports (BI, People, Training &amp; S&amp;A)</li> <li>HMFSI Independent Audit/ Inspection Action Plan Update</li> <li>Risk Report Update</li> <li>Contaminants Annual Report</li> <li>Culture Update (written)</li> <li>Draft Safety &amp; Assurance Annual Report 2025/26</li> <li>Learning and Development Annual Overview (June mtgs)</li> <li>Audit Action Plan 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>Committee Statement of Assurance</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>Succession and Talent Planning</li> <li>Impact of the new terms and conditions for On Call staff on staffing figures</li> <li>Corporate Business Systems project (PPFT) 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>

**PEOPLE COMMITTEE – ROLLING FORWARD PLAN**

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
17 September 2026	<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>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li>Partnership Working Update (EPF &amp; PAG)</li> <li>People Policy Forward Planning Schedule Update</li> <li>Training Continuous Improvement Programme</li> <li>Training Function Policy Review Schedule</li> <li>S&amp;A Documents Forward Planning Schedule</li> <li>RANSc update (Private)</li> <li>Key Case Update (Private)</li> <li>Health and Safety Policy and Policy Statement</li> <li>Learning and Development Update 2026/27 Q1</li> </ul>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li>Performance Reports (BI, People, Training &amp; H&amp;S)</li> <li>HMFSI Independent Audit/ Inspection Action Plan Update</li> <li>Risk Report Update</li> <li>Culture Update</li> <li>Audit Action Plan Update</li> <li>Contaminants Quarterly update</li> </ul>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li></li> </ul>
		<u>New Business</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>Risk Spotlight:</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>New Business</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>New Business</u> <ul style="list-style-type: none"> <li></li> </ul>
10 December 2026	<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</li> </ul>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li>Partnership Working Update (EPF &amp; PAG)</li> <li>People Policy Forward Planning Schedule Update</li> <li>Training Continuous Improvement Programme</li> <li>Training Function Policy Review Schedule</li> <li>S&amp;A Documents Forward Planning Schedule</li> <li>RANSc update (Private)</li> <li>Key Case Update (Private)</li> <li>Safety and Assurance Annual Report 2025/26</li> </ul>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li>Performance Reports (BI, People, Training &amp; H&amp;S)</li> <li>HMFSI Independent Audit/ Inspection Action Plan Update</li> <li>Risk Report Update</li> <li>Culture Update</li> <li>Audit Action Plan Update</li> <li>Contaminants Quarterly update</li> </ul>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> <li></li> </ul>
		<u>Risk Spotlight:</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>New Business</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>New Business</u> <ul style="list-style-type: none"> <li></li> </ul>	<u>New Business</u> <ul style="list-style-type: none"> <li></li> </ul>

**PEOPLE COMMITTEE – ROLLING FORWARD PLAN**

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
	<ul style="list-style-type: none"> <li>IGF, Board and Strategy Days</li> <li>Review of Actions</li> <li>Date of Next Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Learning and Development Update 2026/27 Q2</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>	<p><b><u>New Business</u></b></p> <ul style="list-style-type: none"> <li></li> </ul>
18 March 2027	<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>Training Continuous Improvement Programme</li> <li>Training Function Policy Review Schedule</li> <li>S&amp;A Documents Forward Planning Schedule</li> <li>RANSc update (Private)</li> <li>Key Case Update (Private)</li> <li>Learning and Development Update 2026/27 Q3</li> </ul>	<p><b><u>Standing/Regular Reports</u></b></p> <ul style="list-style-type: none"> <li>Performance Reports (BI, People, Training &amp; H&amp;S)</li> <li>HMFSI Independent Audit/ Inspection Action Plan Update</li> <li>Risk Report Update</li> <li>Culture Update</li> <li>Audit Action Plan Update</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>Risk Spotlight:</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>

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**PUBLIC MEETING –PEOPLE COMMITTEE**

**THURSDAY 5 MARCH 2026**

The following reports were submitted for information only.



Report No: C/PC/09-26

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE						
Meeting Date:	05 MARCH 2026						
Report Title:	POLICY REVIEW SCHEDULE UPDATE						
Report Classification:	For Information Only	<b>SFRS Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <b><u>Board Standing Order 9</u></b>					
		<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
<b>1</b>	<b>Purpose</b>						
1.1	The purpose is to provide a quarterly update on the People Directorate Policy Schedule and priorities identified for 2025/26, detail progress made on these in addition to others which have been progressed, provide explanation with regards those still to be completed and outline the initial plan for 2026/27.						
<b>2</b>	<b>Background</b>						
2.1	The People Directorate is responsible for the development, implementation, review and quality assurance of a wide range of People policies and procedures for the SFRS. Priorities for 2025/26 were identified at the start of the year for the People Policy Schedule, taking into account stakeholder engagement, business requirements, legislative considerations, SFRS strategic priorities and risks, and Directorate current and anticipated priorities and timescales.						
2.2	The People policy schedule has remained under ongoing review during 2025/26 to enable progress of a number of priority policies for development or review, with flexibility for realignment based on Service priorities.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	An update on status and progress as at the end of 2025/26 is outlined below. The following 14 policies (in <b>bold</b> ) were identified as priorities for 2025/26 within the People Committee paper of 6 Mar 2025, having been approved by relevant governance boards and engagement with the representative bodies, with progress report outlined:						
3.1.1	<u>Summary of Policy Review(s) Achieved v Planned</u>						
	<ol style="list-style-type: none"> <li>1. <b>(New/Revised) Several Wellbeing related Policies – in support of Wellbeing Recovery.</b> Responsibility transferred to Training, Safety &amp; Assurance part way through year.</li> <li>2. <b>(New) Organisational Change Framework, incorporating - (Reviews) Redeployment Policy and Support Staff Pay Protection Policy.</b> Framework approved by Corporate Board earlier in the year and reviewed by them again in December 2025 following further engagement with the representative bodies. Publication anticipated by end of Q4. Redeployment Policy and Pay Protection Policy published September 2025.</li> </ol>						

	<p>3. <b>(Review) Market Allowance Policy.</b> Approved earlier in year by Corporate Board however, one aspect remains outstanding and subject to ongoing dialogue with the Support Staff representative bodies. Anticipated to be published in Q1 2026/27.</p> <p>4. <b>(Review) Recruitment and Selection Policy.</b> Review commenced on policy principles, alongside considerable work being undertaken with regards Uniformed Promotion Processes and Support Staff Recruitment. Will be supported by a range of procedures and guidance in support as part of a number of related reviews currently underway. Policy review carried forward into 2026/27. (*)</p> <p>5. <b>(Review) Code of Conduct.</b> Review deferred to 2026 due to interdependencies to ongoing Culture/Leadership work. (*)</p> <p>6. <b>(Review) Whistleblowing Policy.</b> Complete - published May 2025.</p> <p>7. <b>(Review) Discipline Policy &amp; Procedure.</b> Review deferred to 2026 due to interdependencies to ongoing Culture/Leadership work (however, a Desk-Top review will take place in Q1 2026/27 whilst Culture/Leadership work is ongoing). (*)</p> <p>8. <b>(Review) Overtime Policy (Uniformed employees).</b> Review nearing completion - due to be published during Q1 2026/27 following formal consultation/approval.</p> <p>9. <b>(Review) Continual Professional Development Policy.</b> Complete – published July 2025.</p> <p>10. <b>(Review) TOIL (Uniformed).</b> Review nearing completion - due to be published during Q1 2026/27 following formal consultation/approval.</p> <p>11. <b>(New) Secondary Employment Policy.</b> Presented to People DMT in Nov 2025, with a view to it commencing formal consultation. Due to be published during Q1 2026/27 following formal consultation/approval.</p> <p>12. <b>(Review) Trainee Firefighter Development Programme.</b> Collaboration is ongoing with Training and Safety Assurance (TSA) with regards this. Being reviewed and finalised to commence consultation/governance - due to be published 2026/27. (*)</p> <p>13. <b>(Review) Managers in Development to Competent Interim Policy.</b> Collaboration is ongoing with Training and Safety Assurance (TSA) with regards this. Being reviewed and finalised to commence consultation/governance - due to be published 2026/27. (*)</p> <p>14. <b>(Review) Family Leave Policy (specifically to incorporate new provisions related to Neonatal care).</b> Complete - published March 2025.</p> <p>3.1.2 Therefore, of the 14 policy priorities originally identified, 8 of these are either concluded or will be complete/published by Q1 2026/27 and 1 area has been transferred to another Directorate. The remaining 5 policies, denoted by (*) will carry forward into 2026/27 as outlined above.</p> <p>3.2 <u>Additional Policies / Guidance Progressed during 2025/26</u></p> <p>3.2.1 In addition to the work detailed above on the priority areas identified, the following additional People Policies and/or guidance have also been reviewed and published during 2025/26 – these have been brought forward due to business needs or legislative changes:</p> <p>3.2.2 The following Policies have been reviewed as part of the ongoing <b>Rostering Project</b>, and required minor adjustments/amendments, and published as follows:</p>
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<p>3.2.3</p> <p>3.2.4</p> <p>3.2.5</p> <p>3.2.6</p> <p>3.2.7</p> <p>3.3</p> <p>3.3.1</p>	<p><b>1. Attendance Management Policy &amp; Procedure;</b> published Oct 2025.  <b>2. Detached Duty Policy;</b> published Oct 2025.  <b>3. Special Leave Policy;</b> published Oct 2025.</p> <p>The <b>Overtime and TOIL Policies</b> require a more substantive review, which will include amendments to reflect the Rostering Project implementation. These reviews are ongoing, as outlined above, with formal consultation underway.</p> <p>A new Policy covering <b>Financial Support for Employees Facing Work-Related Legal Action</b> was presented to People DMT in November 2025 and is at the final stages of formal consultation. This should conclude during <b>Q4</b> once through the Governance approval process and be ready to publish in <b>Q1 2026/27</b>.</p> <p>A new <b>Dual Contracts Policy</b> was published in April 2025 and is currently being reviewed as part of the suite of policies related to the standardisation of RDS Terms Conditions, with any proposed changes being brought through governance in <b>Q1 2026/27</b>.</p> <p>A revised <b>Support Staff Job Evaluation Policy and supporting Appeals Procedure</b> were published and implemented in July 2025.</p> <p>The following People related Guidance has also been progressed during this period:  <b>1. Additional Guidance related to the Time Off for Trade Union Duties Policy.</b>  <b>2. Guidance documents relating to Uniformed Promotion Processes:</b></p> <ul style="list-style-type: none"> <li>○ Uniformed Promotion Process Resource Plan; published Dec 2025.</li> <li>○ Uniformed Promotion Process Eligibility Criteria by Rank; published Feb 2026.</li> <li>○ Uniformed Promotion Process Flow-Chart; published Feb 2026.</li> <li>○ Uniformed Promotion Process Guidance; published Feb 2026.</li> <li>○ Uniformed Promotion Process Executive Lead Guidance; published Feb 2026.</li> </ul> <p><u>Priorities for 2026/27</u></p> <p>Focus will now turn to prioritising which policies will be reviewed/developed during 2026/27 – which will be the subject of a People Directorate DMT Workshop in March 2026 (to include policies affected by legislative changes surrounding Employment Rights Act, those related to organisational change and existing audit actions or where there is a specific business need). Proposals on these priorities will be outlined in the quarterly governance updates related to the People Policy Schedule in Quarter 1.</p>
<p><b>4</b></p>	<p><b>Recommendation</b></p>
<p>4.1</p>	<p>People Committee are asked to note the contents of the report.</p>
<p><b>5</b></p>	<p><b>Key Strategic Implications</b></p>
<p>5.1</p> <p>5.1.1</p>	<p><b>Risk</b></p> <p>There is a risk that policies are no longer legally compliant or deemed as best practice. There is a risk that the required level of stakeholder engagement and input into policy reviews is not achievable due to the volume of People policies which require consultation alongside a range of other organisational consultations and priorities.</p>
<p>5.2</p> <p>5.2.1</p>	<p><b>Financial</b></p> <p>There are no financial implications associated with this review.</p>
<p>5.3</p> <p>5.3.1</p>	<p><b>Environmental &amp; Sustainability</b></p> <p>There are no implications that require to be noted.</p>
<p>5.4</p> <p>5.4.1</p>	<p><b>Workforce</b></p> <p>Whilst employee implications are detailed within each separate policy, there are capacity implications in delivering reviews of a wide number of policies across 2025/26 and into</p>

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	2026/27, taking account of policy interdependencies arising from a range of organisational change programmes.	
5.5	<b>Health &amp; Safety</b>	
5.5.1	Where applicable, matters relating to health and safety are outlined within each separate policy.	
5.6	<b>Health &amp; Wellbeing</b>	
5.6.1	Where applicable, matters relating to health and wellbeing are outlined within each separate policy.	
5.7	<b>Training</b>	
5.7.1	Where applicable, matters relating to training are outlined within each separate policy.	
5.8	<b>Timing</b>	
5.8.1	Once agreed, all policies will follow the review scheduled revised timeframes.	
5.9	<b>Performance</b>	
5.9.1	All policies partake in a quality assurance process to ensure compliance. Where applicable, SFRS performance relating to matters of policy will be measured and reported.	
5.10	<b>Communications &amp; Engagement</b>	
5.10.1	There is a governance process in place, which involves consultation with the relevant Trade Unions, Service Delivery and Functional colleagues and People practitioners during the review process.	
5.10.2	Updated policies are communicated with employees via normal communication channels once approved through governance.	
5.10.3	Engagement took place early in Quarter 1 with all representative bodies on the policy priorities identified and there was broad agreement for these. A similar exercise will take place in Quarter 1 2026/27 as priorities for next year are established.	
5.11	<b>Legal</b>	
5.11.1	SFRS endeavours to ensure all policies comply with employment legislation, are responsive to case law and aim to follow best practice.	
5.12	<b>Information Governance</b>	
5.12.1	DPIA completed No. All individual policies and procedures are supported by their own DPIA where applicable.	
5.13	<b>Equalities</b>	
5.13.1	EHRIA completed No. All individual policies and procedures have their own EHRIA.	
5.14	<b>Service Delivery</b>	
5.14.1	The review of the Policy Schedule is in line with the Gateway Process which incorporates the benefits and impact on employees across the Service. It is recognised that priority policies need to be identified to ensure stakeholder engagement is realistic and achievable considering other organisational priorities.	
<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>	Lyndsey Gaja (Head of People)

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7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	The policy review approach and schedule has been developed taking into account organisational priorities, known information regarding legislative and organisational change, policy review timeframes, and team capacity.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1		
<b>Prepared by:</b>		Rachael Scott, Deputy Head of People / Chris Gavin, People Services Manager
<b>Sponsored by:</b>		Lyndsey Gaja, Head of People
<b>Presented by:</b>		Lyndsey Gaja, Head of People
<b>Links to Strategy and Corporate Values</b>		
Supports SFRS Strategy 2025-2028 Vision “ <i>To be a leading, sustainable, modern and technologically advanced fire and rescue service that is fit to meet the challenges of Scotland’s future</i> ”.		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
		<b>Report Classification/ Comments</b>
<i>People DMT</i>		<i>11 February 2026</i>
<i>People Committee</i>		<i>05 March 2026</i>
<i>SMB</i>		<i>28 April 2026</i>
		<i>For Information</i>
		<i>For Information</i>
		<i>For Information</i>



Report No: C/PC/10-12

Agenda Item: N/A FIO

<b>Report to:</b>		<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>		<b>5 MARCH 2026</b>						
<b>Report Title:</b>		<b>TRAINING CONTINUOUS IMPROVEMENT PROGRAMME – UPDATE REPORT</b>						
<b>Report Classification:</b>		<b>For Information only</b>					<b>SFRS Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>	
<b>1</b>	<b>Purpose</b>							
1.1	This paper updates the progress of implementing recommendations from the Scottish Fire and Rescue Service (SFRS) Training Continuous Improvement Programme (CIP). It will be a "living" document, reflecting improvements, history, and the current status of the CIP Action Plan. Regular updates will ensure all relevant forums are informed of the latest progress.							
<b>2</b>	<b>Background</b>							
2.1	In 2019, the Training function reviewed the training and development of SFRS operational staff, generating 56 recommendations for the Training CIP. This document has since evolved with additional recommendations.							
2.2	In February 2023, the CIP Action Plan was updated, reassessing all outstanding recommendations and ensuring the Training Function had ownership and oversight. A process was established to catalogue new improvement recommendations and assign ownership to relevant function leads.							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	The CIP Action Plan remains a "living" document that incorporates all agreed closed, existing, and newly identified improvement recommendations. Training Function leads will update the Action Plan as required and all recommendations and updates will be reviewed at Training Management Team (TMT) meetings (CIP is now a standing item on the TMT meeting agenda).							
3.2	As of 7 January 2026, the status of all 78 recommendations is as follows: <ul style="list-style-type: none"> <li>• 70 recommendations completed</li> <li>• 7 recommendations in progress</li> <li>• 1 recommendation discontinued</li> </ul>							
3.3	The Training Function will retain responsibility for the progression of all 7 outstanding recommendations, with an owner assigned to each and managed through the TSA Directorate governance route. A protocol is in place for the addition of new improvement recommendations and to allow periodic and status updates to the CIP Action Plan.							
3.4	Additionally, and for further assurance. The remaining "In Progress" recommendations will be assigned to each owner on our 'Tasks by Planner – MS Teams' and progress will be							

tracked at Training Management Team meetings as a standing item and reported by exception at bi-monthly FMT's. The CIP Action Plan will sit on the Training Management Team SharePoint, where progress will be reviewed and updated accordingly.

3.5

#### **CIP Action Plan - Recommendations added within the last 6 months**

- **78 – Added October 2025** - It is recommended work is undertaken to ensure that training, planning and recording systems are procured, interlinked and that compatible databases are utilised to avoid duplication of data inputs.

3.6

#### **CIP Action Plan - Recommendations completed within the last 6 months**

- **41 – Completed December 2025** - It is recommended that wherever possible, a move towards Knowledge Applied Training and Assessment (KATA) sessions for periodic refresher & maintenance training is implemented across the Height, Water and USAR Skills Capabilities. These KATA sessions will underpin all elements of these training families.
- **Evidence/benefits realised:** The implementation of Knowledge Applied Training and Assessment (KATA) sessions across Height, Water, and USAR capabilities has successfully enhanced the quality and consistency of refresher and maintenance training. These sessions provide bespoke, risk-based development opportunities tailored to operational needs, ensuring that crews maintain competency through realistic, scenario-driven exercises. The approach has improved training efficiency by reducing duplication, strengthened assurance through structured SME oversight, and delivered measurable improvements in operational readiness and safety. KATA is now embedded as business-as-usual within specialist rescue disciplines, supported by robust quality assurance processes and recorded outcomes in PDR-Pro.
- **7 – Completed September 2025** - It is recommended work is undertaken to support SFRS Digital Strategy to ensure that E-Systems are interlinked and that compatible databases are utilised to avoid duplication of data inputs e.g. iTrent, Gartan etc.

**Evidence/benefits realised:** The Training Function has collaborated with the wider PPFT project to explore the potential for interlinking systems across the SFRS. This work involved gathering requirements and evaluating a range of vendors who might be able to meet those needs. However, it was ultimately concluded that the specific requirements of the Training Function could not be fulfilled within the scope of the PPFT project. As a result, the Training Function has initiated its own procurement process to identify systems that better align with its needs and can integrate effectively with other relevant SFRS systems.

This independent approach offers a clear advantage: it increases the likelihood of securing a solution that fully meets the Training Function's operational requirements, avoiding the compromises that would have been necessary if had it remained within the broader PPFT framework. A formal Change Request was presented to CPIG which recommended the removal of the Training Function's system requirements.

- **38 - Completed September 2025** - It is recommended that recognition is given to the allocation of dedicated time and resource to review, expand and develop incident management training and assessment materials to be reflective of the evolving roles of a modern fire and rescue service.

**Evidence/benefits realised:** FDO CPD sessions are now being developed and delivered and will form part of IC/LED BAU. Reference holders within the IC team responsible for ICL1-4 course content, speakers and scenarios have now been tasked to review these aspects on a regular basis for example high rise scenario now incorporated as part of ICL1, storm/flooding case study delivered as part of ICL3.

	<ul style="list-style-type: none"> <li>• <b>39 - Completed September 2025</b> - It is proposed that a programme of larger scale, area –based exercises are instigated on a quarterly basis and this be aligned to the introduction for Flexi Duty Fire Groups training together and the completion of 1 CPD day annually as a group. A quarterly exercise will provide the opportunity for all four FDM groups to exercise annually.</li> </ul> <p><b>Evidence/benefits realised:</b> A structured programme has now been initiated, supporting the development of Flexi Duty Officer (FDO) groups through collaborative CPD activities. This approach ensures that each of the FDO groups can train together, enhancing operational cohesion and shared learning. The exercises are designed to reflect realistic and evolving incident scenarios, with recent examples including high-rise and flooding events. This initiative promotes consistency in command practice, strengthens team dynamics, and supports the delivery of high-quality incident command training aligned to modern service demands. Station Commanders with area liaison responsibilities are actively supporting and encouraging local exercise participation.</p> <p><b>3.7</b>     <u><b>CIP Action Plan - Recommendations discontinued within the last 6 months</b></u></p> <ul style="list-style-type: none"> <li>• <b>36 – Cancelled September 2025</b> - It is proposed to utilise the current Operational Assurance (OA) process to reaccredit Incident Command Currencies.</li> </ul> <p><b>Evidence/ Benefits realised:</b> Following a detailed review, at the September Training FMT meeting, it was agreed that the current Operational Assurance (OA) process is not suitable for reaccrediting Incident Command Qualification Currencies. This decision was based on operational, governance, and assurance considerations. As a result, the recommendation was formally closed, and a paper will be presented at the December FMT to outline the rationale and provide assurance that current processes are sufficient to maintain command competence. This approach ensures clarity of process, avoids duplication, and supports the integrity of the Incident Command qualification framework.</p> <p><b>3.8</b>     <u><b>Recommendations under review</b></u></p> <ul style="list-style-type: none"> <li>• There are currently no proposed CIP Recommendations requiring further review (See Appendix CIP link - Secondary tab at base of CIP Action Plan – “Recs under review”).</li> </ul>
<b>4</b>	<b>Recommendation</b>
4.1	To review the contents of this paper as per the report classification and provide any relevant feedback.
<b>5</b>	<b>Key Strategic Implications</b>
5.1 5.1.1	<p><b>Risk Appetite and Alignment to Risk Registers</b></p> <p>The risk to the Training Function and SFRS is through non-completion of improvement recommendations, current and future, within this CIP Action Plan. However, the use of this update paper as a reporting mechanism through the governance process will ensure timely and consistent review and auditing of this Continuous Improvement Programme.</p>
5.2 5.2.1	<p><b>Financial</b></p> <p>As a result of the budget pressures and to ensure best value finance/budgets will continue to be taken into account and any further re-structuring will continue to consider, finance as a key consideration.</p>

5.3 5.3.1	<b>Environmental &amp; Sustainability</b> Not applicable
5.4 5.4.1	<b>Workforce</b> This ongoing improvement programme is in support of the development of the Training teams and the wider development of SFRS personnel.
5.5 5.5.1	<b>Health &amp; Safety</b> Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.6 5.6.1	<b>Health &amp; Wellbeing</b> Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.7 5.7.1	<b>Training</b> A “live” CIP Action Plan ensures and promotes regular review of all activities within the Training Function and supports improvement recommendations from all areas within the function as well as from internal and external partners.
5.8 5.8.1	<b>Timing</b> All recommendations within the Training CIP Action Plan have planned completion dates and allocated Training Function Leads (TFL). All CIP Action Plan recommendations are regularly updated, and all completion dates reviewed as required.
5.9 5.9.1	<b>Performance</b> All Improvement Recommendations submitted to the Training CIP Action Plan look to provide best value and best practise within the Training Function to improve internal performance and ensure the development and improvement of the service that we provide for our primary customers within Service Delivery.
5.10 5.10.1	<b>Communications &amp; Engagement</b> The CIP Action Plan / CIP Update Report are now standing items within both the Training Management Team (TMT) and Training Function Management Team (FMT) meeting agendas.
5.11 5.11.1	<b>Legal</b> Not applicable
5.12 5.12.1	<b>Information Governance</b> DPIA completed Yes/No. If not applicable state reasons. The process uses existing systems and processes which are already in place.
5.13 5.13.1	<b>Equalities</b> EHRIA completed Yes
5.14 5.14.1	<b>Service Delivery</b> All improvement recommendations within the Training Function CIP Action Plan through progression and completion will have a positive impact on frontline teams through improved training course delivery.
<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>	Craig McGoldrick, Director of Training Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <del>Reasonable</del> /Limited/ <del>Insufficient</del>
7.3	<b>Rationale:</b>	The CIP action plan demonstrates progress being made towards the recommendations, with a robust governance process now in place thereby satisfying the level of assurance marked above.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1		
<b>Prepared by:</b>	Sarah Robertson, Group Commander Training Function	
<b>Sponsored by:</b>	Steven Campbell, Area Commander Training Function	
<b>Presented by:</b>	Ross Robison, Deputy Assistant Chief Officer Head of Training	
<b>Links to Strategy and Corporate Values</b>		
<b>SFRS Training Function Vision &amp; Strategy 2023-2028</b>		
The Overall Strategic Objective of the Training Function is:		
“To develop and deliver high quality training and development to support organisational and individual performance throughout the Scottish Fire and Rescue Service with a clear focus on safety and the pursuit of excellence.”		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>Training FMT</i>	<i>07 January 2026</i>	<i>For Scrutiny</i>
<i>TSA Directorate Management Team</i>	<i>22 January 2026</i>	<i>For Scrutiny</i>
<i>Training Safety and Assurance Board</i>	<i>05 February 2026</i>	<i>For Information</i>
<i>People Committee</i>	<i>05 March 2026</i>	<i>For Information</i>



Report No: C/PC/11-26

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE							
Meeting Date:	5 MARCH 2026							
Report Title:	TRAINING FUNCTION POLICY REVIEW SCHEDULE							
Report Classification:	For Information Only	<b>SFRS Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <b><u>Board Standing Order 9</u></b>						
		<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>	<a href="#">G</a>
<b>1</b>	<b>Purpose</b>							
1.1	The purpose of this report is to provide the People Committee with a quarterly update on the status of Training Function documents and an overview of current and recently completed work.							
<b>2</b>	<b>Background</b>							
2.1	The Training Function maintain a range of documents including policies, procedures and training standards that are applicable to SFRS personnel both within and out with the Training Function. This report provides information on document review work completed during Q3, documents currently under review and those due to be reviewed during Q1 2026 27. The status and other relevant details for each document were exported from the Training Function Document Review Schedule on the 12 February 2026 and are included in the Appendix.							
2.2	Currently, the review period for most documents is set of five years as this aligned with review intervals in other Directorates however this may be reduced through an ongoing piece of work with Information Governance to adopt the document review, authorisation and publication processes within the new SharePoint Document Library.							
2.3	To ensure documents are current, an annual “light touch” review process is carried out during February and March. Where these are not able to be carried out during these months then they are carried out in the following months, when capacity allows.							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	<b>New Documents</b>							
3.1.1	During Quarter 3 of 2025 26, there were no new documents published.							
3.2	<b>Reviewed Documents</b>							
3.2.1	During Quarter 3 of 2025 26, there were no documents reviewed, approved and published.							
3.3	<b>In Development and current work</b>							
3.3.1	The <i>Training For Operational Competency Guidance</i> and <i>Wildfire National Training Standard</i> are currently in development. The inaugural board meeting of the Training Standard Review Project was held at the NTC Cambuslang. This will provide direction throughout the detailed review of all National Training Standards.							

3.4	<b>Under Review</b>
3.4.1	There are currently six documents under review (see Appendix A), three of which are Terms of Reference.
3.5	<b>Upcoming Review</b>
3.5.1	Out of the set of documents that have the status “current”, there are three documents due for review in Q1 2026 27. These are all Terms of Reference.
<b>4</b>	<b>Recommendation</b>
4.1	People Committee is asked to note the information included in this report and provide any relevant feedback.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	Appropriate governance and scrutiny will reduce the risk that Training Function documents no longer meet requirements which could potentially affect the quality of training delivery.
5.2	<b>Financial</b>
5.2.1	Not applicable
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	Not applicable
5.4	<b>Workforce</b>
5.4.1	Not applicable
5.5	<b>Health &amp; Safety</b>
5.5.1	Not applicable
5.6	<b>Health &amp; Wellbeing</b>
5.6.1	Not applicable
5.7	<b>Training</b>
5.7.1	Not applicable
5.8	<b>Timing</b>
5.8.1	Not applicable
5.9	<b>Performance</b>
5.9.1	Not applicable
5.10	<b>Communications &amp; Engagement</b>
5.10.1	Not applicable
5.11	<b>Legal</b>
5.11.1	Not applicable
5.12	<b>Information Governance</b>
5.12.1	DPIA completed No – nothing is being processed in relation to these proposed changes.
5.13	<b>Equalities</b>
5.13.1	EHRIA completed No – This has not been carried out as it has been considered but there is no impact on people in relation to the General Equality Duty.
5.14	<b>Service Delivery</b>
5.14.1	Not applicable

<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>	Craig McGoldrick, Director of Training Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantia</del> /Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	<p>This list is supported by corresponding tasks within Microsoft Planner which provides automated notifications when reviews are due and a place for document owners to track review progress. In addition to this, tasks are monitored monthly at the Training FMT.</p> <p>This method of recording and governance ensures that documents are reviewed according to schedule and also provides the information required to complete this report on a quarterly basis.</p>
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A - Training Function Document Review Schedule	
<b>Prepared by:</b>		Roger Crawford, Watch Commander
<b>Sponsored by:</b>		Area Commander Campbell, Training Function
<b>Presented by</b>		Ross Robison, Deputy Assistant Chief Officer Head of Training
<b>Links to Strategy and Corporate Values</b>		
<p><b>Training Function Vision &amp; Strategy 2023-28</b></p> <p><b>SFRS Strategy 2025-2028</b> Improving Performance: Our organisational performance, productivity and resilience continually improves.</p>		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>TSA DMT</i>		<i>19 February 2026</i>
<i>People Committee</i>		<i>5 March 2026</i>
		<b>Report Classification/ Comments</b>
		<i>For Scrutiny</i>
		<i>For Information Only</i>

## APPENDIX A – Training Function Document Review Schedule

Document Type	Document Title	Status	Approval Status	Published	Review due
National Training Standard	Overarching Principles	Current	Approved	08/11/2022	02/11/2027
National Training Standard	Rope Rescue and Safe Working at Height	Current	Approved	11/09/2023	07/09/2028
National Training Standard	Water Rescue and Flood Response	Current	Approved	13/10/2022	07/09/2027
National Training Standard	Urban Search and Rescue	Current	Approved	13/10/2022	07/09/2027
National Training Standard	Driver and Emergency Response Training	Current	Approved	15/11/2023	02/11/2028
National Training Standard	Breathing Apparatus	Current	Approved	01/05/2024	04/05/2027
National Training Standard	Firefighting with UHPFS	Current	Approved	08/08/2024	08/08/2029
National Training Standard	Hazardous Materials Response	Current	Approved	06/05/2024	01/10/2028
National Training Standard	Casualty Care	Current	Approved	12/03/2024	07/09/2027
National Training Standard	Incident Command	Current	Approved	01/03/2024	02/11/2027
National Training Standard	Marine Firefighting	Current	Approved	28/04/2022	06/04/2027
National Training Standard	Extrication (RTC)	Current	Approved	23/05/2023	23/05/2028
Policy	Quality Management System Quality Policy	Current	Approved	22/12/2021	22/12/2026
Policy	Training for Operational Competence Policy	Current	Approved	13/03/2024	01/01/2027
Policy	Incident Command Development Pathway Policy	Current	Approved	05/10/2023	01/05/2027
Policy & Procedure	Training Delivery Assurance	Current	Approved	22/12/2021	01/01/2027
Procedure	Non Conformance and Corrective Action	Current	Approved	30/05/2024	30/05/2029
Procedure	Maintaining High Quality Training Delivery	Current	Approved	30/05/2024	30/05/2029
Procedure	Credit Rating Procedure	Current	Approved	20/03/2024	20/03/2029
Strategy	Training Vision & Strategy 2023-28	Current	Approved	13/03/2025	01/03/2028
Procedure	BAI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
EHRIA	Incident Command EHRIA	Current	Approved	05/10/2023	06/06/2027
Management Arrangement	Uniformed Employees Performance Improvement Plan Management Arrangement	Current	Approved	19/06/2024	01/05/2027
Terms of Reference	TMT Terms of Reference	Current	Approved	27/05/2025	27/05/2026
Terms of Reference	OCSG Terms of Reference	Current	Approved		01/04/2026

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Document Type	Document Title	Status	Approval Status	Published	Review due
Guidance	Training Function Governance Arrangements	Current	Approved	25/07/2025	31/03/2026
Framework	Training Function Framework	Current	Approved	02/04/2025	01/03/2028
Terms of Reference	MRG Terms of Reference	Current	Approved	22/05/2025	30/05/2026
EHRIA	Training Function EHRIA	Current	Approved	12/06/2024	26/10/2028
Guidance	TNA Guidance	Current	Approved	01/07/2025	01/07/2026
Procedure	TVI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
Procedure	CFBTI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
Procedure	UHPFSI Revalidation Procedure	Current	Approved	14/01/2025	01/06/2028
Handbook	FDO Induction Handbook	Current	Approved	18/12/2024	01/05/2027
Guidance	Training For Operational Competency	In Development	Not Submitted		
National Training Standard	Wildfire	In Development	Not Submitted		
National Training Standard	Animal Rescue Response	Under Review	Approved	03/04/2024	01/01/2026
Policy & Procedure	Health Management of Compartment Fire Behaviour Training Instructors	Under Review	Not Submitted		15/05/2020
Procedure	Command Competence Review	Under Review	Not Submitted		
Terms of Reference	FMT Terms of Reference	Under Review	Not Submitted	05/02/2025	05/02/2026
Terms of Reference	OCTWG Terms of Reference	Under Review	Requested		16/08/2024
Terms of Reference	Clinical Governance Technical Working Group Terms of Reference	Under Review	Not Submitted	10/04/2024	30/04/2025



Report No: C/PC/12-26

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE						
Meeting Date:	5 MARCH						
Report Title:	SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE						
Report Classification:	For Information Only	<b>SFRS Board/Committee Meetings ONLY</b> For Reports to be held in Private Specify rationale below referring to <b><u>Board Standing Order 9</u></b>					
		<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
<b>1</b>	<b>Purpose</b>						
1.1	This report provides the People Committee with an update on the management of Safety and Assurance documentation up to the end of quarter 3 (Q3) 2025/26, in accordance with the Safety and Assurance (SA) Function Team Plan.						
<b>2</b>	<b>Background</b>						
2.1	The SA Function are responsible for the ongoing management of our published Policies, Frameworks and supporting Management Arrangements (MA) to ensure legal compliance, best practice and continual improvement of our management systems.						
2.2	Please note that this paper does not include Wellbeing Policies or Procedures, which are subject to a separate review cycle and action plan.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	<b>Q3 Update</b>						
3.1.1	<a href="#">Health and Safety Self-Compliance Management Arrangement</a> (MA) was updated to reflect previous changes in management arrangements during Q1-Q2. New and revised standards have been summarised for Fire Contaminants and PPE/RPE MAs. Consultation feedback enabled the introduction of a new section to help end users identify and remove deleted documents from their workplace, such as withdrawn COVID-19 documentation.						
3.1.2	The supporting <a href="#">Health and Safety Self-Compliance Guides</a> have been updated and simplified, removing training content and training cycles, which are now monitored through PDR and Workforce PRO management systems.						
3.1.3	The <a href="#">Operational Assurance Recording and Reporting System (OARRS) User Guidance</a> completed its scheduled 5-year review and was republished using the MA template. Revised procedure flowcharts and a new guidance section have been added to increase understanding and awareness of the OARRS processes.						
3.1.4	The <a href="#">Occupational Road Risk MA</a> has successfully completed its scheduled 5-year review. Duplicated content in the <a href="#">Driver's Handbook</a> and <a href="#">Driving Licence Check Procedure</a> has been eliminated. The MA has introduced flowcharts and guidance for managers and drivers, while promoting the content of <a href="#">GRA-003 Driving At Work</a> and the associated training requirements to enhance understanding of their responsibilities.						

3.1.5	SA are awaiting confirmation of the governance changes before updating the Engagement and Governance MA. <a href="#">Appendix A</a> highlights the ongoing progress of our remaining MAs within the Forward Planning Schedule.
<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 for 2025/26 and Q3, as reflected in our SA Function Team Plan.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	In relation to meeting our legal and regulatory obligations, SFRS has a minimalist appetite.
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, learning lessons may result in financial implications.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	There are no environmental and sustainability implications for developing, maintaining, and monitoring these processes.
5.4	<b>Workforce</b>
5.4.1	Safety and Assurance continue to monitor the progression of actions in line with Health and Safety Improvement Plans and in partnership with our business partners.
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, investigation and potential action from the HSE. Demonstrate alignment with Clause 6.1.3 Determination of Legal and other Requirements (ISO 45001).
5.6	<b>Health &amp; Wellbeing</b>
5.6.1	There are no health and wellbeing implementations for developing, maintaining, and monitoring these processes.
5.7	<b>Training</b>
5.7.1	There are no training implications as MAs have supporting Programmes of Learning or will be captured in generic health and safety induction content.
5.8	<b>Timing</b>
5.8.1	Safety and Assurance MAs are scheduled for periodic 5-year review to minimise disruption and maximise implementation for our business partners. Safety and Assurance will still review major/minor revisions subject to changes in legislation, guidance, best practice, or outcomes of event investigation outside this 5-year review cycle on a risk-based approach.
5.9	<b>Performance</b>
5.9.1	A periodic review of our Health and Safety legal register and guidance review process will assist SFRS in 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 Framework.

5.11 5.11.1	<b>Legal</b> If Safety and Assurance Policies, Frameworks, and supporting arrangements are not maintained or fully implemented, the SFRS may not be compliant with its legislative responsibilities.	
5.12 5.12.1	<b>Information Governance</b> DPIA completed No. If not applicable state reasons. The review process of SA Documents includes DPIAs where personal data is identified to be held on file. Safety and Assurance are working with Information Governance to complete these assessments as required.	
5.13 5.13.1	<b>Equalities</b> EHRIA completed No. If not applicable state reasons. The documents reviewed within the paper is part of the SFRS Health and Safety Policy or Operational Assurance policy which both have an overarching EHIRA.	
5.14 5.14.1	<b>Service Delivery</b> 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>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	The Safety and Assurance Forward Planning Schedule continue to be progressed on target for arrangements within our sphere of control. Ongoing consultation and engagement will continue to ensure that all remaining arrangements are reviewed as closely as possible to the planner's schedule.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	<a href="#">Appendix A</a> – Safety and Assurance Documents Forward Planning Schedule.	
<b>Prepared by:</b>	Derrick Watson, Senior Health and Safety Adviser	
<b>Sponsored by:</b>	Craig McGoldrick, 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><u>SFRS Strategy 2025-2028</u></b>		
Objective: Safe and Effective Response:		
<ul style="list-style-type: none"> <li>Organisational learning from operational incidents, training events and event investigations will influence future practice, enhance performance and improve firefighter safety.</li> </ul>		
Objective: Innovation and Investment:		
<ul style="list-style-type: none"> <li>Vehicles and equipment will continue to be modernised to support the safety and wellbeing of our people.</li> </ul>		
<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.		

OFFICIAL

<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>SA FMT</i>	<i>05 February 2026</i>	<i>For Information</i>
<i>People Committee</i>	<i>05 March /2026</i>	<i>For Information</i>

## SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE 2025-2026

Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
Support Review Management Arrangement	Major review and republication	2022-23	Complete	Ongoing	SA FMT Feb			To be issued for 28 28-day consultation in February
Engagement and Governance MA (Carry-over)	5-Year Review	2023-24	Deferred					MA is reliant on the reintroduction of SMT and further governance changes.
Safety and Assurance Strategy 2024-27	Major review and republication	2024-25	Under review	Ongoing	SA FMT March			Final draft to be presented to the March SA FMT prior to consultation
Station Audit MA	5-Year Review	2024-25	Under review	Ongoing				Due Q4 major review is ongoing in consultation with stakeholders.
Event Reporting and Investigation MA	5-Year Review	2024-25	Under review	Ongoing	SA FMT March			Final draft to be presented to the March SA FMT
Working at Height MA	5-Year Review	2024-25	Complete	Conducted during review	N/A	N/A	14/10/25	Republished on iHub
Health and Safety Policy	Annual Review	2025-26	Complete	Conducted during review	Aug TSAB	N/A	06/10/25	Republished on iHub
Health and Safety Policy EHRIA	Annual Review	2025-26	Complete	N/A	Aug TSAB	N/A	06/10/25	Republished on iHub
Safe Use of Lift Trucks MA	5-Year Review	2025-26	Complete	Conducted during review	N/A	N/A	02/10/25	Republished on iHub
RTC Investigation	5-Year Review	2025-26	Under review	Ongoing				To be merged into the Event Reporting and Investigation MA

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Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
During Incident Operation Assurance MA	5-Year Review	2025-26	Complete	Conducted during review	SA FMT Sept	30/09/25 - 28/10/25	28/10/25	Republished on iHub
Occupational Road Risk MA	5-Year Review	2025-26	Complete	Conducted during review	N/A	N/A	09/01/26	Republished on iHub
OARRs Guidance	Periodic review	2025-26	Complete	Conducted during review	N/A	N/A	17/12/25	Republished on iHub
Stress MA	5-Year Review	2025-26	Complete	14 Day consultation with MHWG closes 16/02	SA FMT March			Draft MA presented to the Mental Health and Wellbeing Group (MHWG) and issued for consultation

White	Not Started	Blue	Complete
Green	On Target	Amber	Overdue by one quarter
Red	Delayed by more than one year	Pink	Deferred

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



Report No: C/PC/13-26

Agenda Item: N/A FIO

<b>Report to:</b>	<b>PEOPLE COMMITTEE</b>						
<b>Meeting Date:</b>	<b>5 MARCH 2026</b>						
<b>Report Title:</b>	<b>LEARNING AND DEVELOPMENT UPDATE (Q3 2025-26)</b>						
<b>Report Classification:</b>	For Information Only	<b>SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></b>					
		<u><a href="#">A</a></u>	<u><a href="#">B</a></u>	<u><a href="#">C</a></u>	<u><a href="#">D</a></u>	<u><a href="#">E</a></u>	<u><a href="#">F</a></u>
<b>1</b>	<b>Purpose</b>						
1.1	To provide People Committee with an update on the Scottish Fire and Rescue Service (SFRS) Learning and Development (L&D) approach including prioritised L&D recommendations for Q3 2025-26.						
1.2	To provide an overview of key updates regarding the Learning Needs Analysis (LNA) process for 2026-27 and in-house L&D initiatives: <ul style="list-style-type: none"> <li>• Leadership Essentials for Supervisory Managers</li> <li>• NFCC Supervisory and Middle Management Programmes</li> </ul>						
<b>2</b>	<b>Background</b>						
2.1	The provision of quarterly reports through governance structures aims to strengthen assurance and alignment with strategic outcomes, enhance scrutiny, and improve our overall approach to LNA and related decision-making.						
2.2	This report presents the Q3 update for 2025-26. Corporate Board's review and subsequent discussion of the Q1 2025-26 Learning and Development report identified the requirement to progress these quarterly L&D reports to Strategic Leadership Team (SLT) and People Committee for information. This approach will complement the existing governance schedule for the annual L&D overview.						
<b>3</b>	<b>Main Report/Detail</b>						
3.1	<b>Learning Partner Group (LPG)</b>						
3.1.1	Area and Functional Learning Partners (LPs) are invited to 6-weekly LPG meetings to progress forecasted learning needs. Representation and participation in these meetings are crucial to the group making informed and collaborative decisions aligned to our strategic priorities.						
3.1.2	Since the LPG's inception, fiscal challenges, increasing compliance and legislative requirements, and cost inflation have, year on year, consumed a larger proportion of the LNA budget.						
3.1.3	To date, for 2025-26, the LPG has considered 113 requests, progressing 83 for recommendation through governance, with investment of c.£408K.						

3.2	<b>Q3 Recommendations and Discussion</b>														
3.2.1	<p>The LPG convened twice in Q3 to consider requests brought forward for discussion. An overview of the 14 requested by priority category is provided below:</p> <table border="1"> <thead> <tr> <th>Priority Category</th> <th>% Split of Q3 Requests</th> </tr> </thead> <tbody> <tr> <td>Compliance</td> <td>43</td> </tr> <tr> <td>Role Specific</td> <td>57</td> </tr> <tr> <td>Priority 1</td> <td>0</td> </tr> <tr> <td>Priority 2</td> <td>0</td> </tr> <tr> <td>Organisational</td> <td>0</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table>	Priority Category	% Split of Q3 Requests	Compliance	43	Role Specific	57	Priority 1	0	Priority 2	0	Organisational	0	<b>Grand Total</b>	<b>100.00%</b>
Priority Category	% Split of Q3 Requests														
Compliance	43														
Role Specific	57														
Priority 1	0														
Priority 2	0														
Organisational	0														
<b>Grand Total</b>	<b>100.00%</b>														
3.2.2	Of the 14 requests reviewed, the LPG recommended to progress 11 (approx. £38K), with 3 being deferred pending further information.														
3.2.3	Q3 LPG discussions have focused on previously approved but unrealised learning requests. LPs engaged with Heads of Function to review progress, identify barriers, particularly around compliance and legislative learning, and surface any associated risks. This supports mitigation planning and a more accurate view of the overall SFRS LNA budget position. The Chair at Corporate Board tasked Heads of Function to progress this as a matter of urgency.														
3.2.4	<p>Challenges presented in progression of learning previously allocated LNA budget include:</p> <ul style="list-style-type: none"> <li>• Availability for colleagues to attend courses e.g. other priority work commitments</li> <li>• Actual availability of courses (providers/supplier programme/course dates)</li> </ul>														
3.2.5	Local areas and functions are required to consider these implementation requirements and explicitly include these in their learning requests and presentation for discussion for recommendation at LPG.														
3.2.6	Detail of the allocated spend yet to be realised is provided in section 3.3. The current budget position poses significant risk that the full L&D budget will not be realised by the end of the fiscal year.														
3.3	<b>Centralised L&amp;D Budget Overview</b>														
	<table border="1"> <thead> <tr> <th>L&amp;D Budget</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Full Year Budget 2025/26</td> <td>£476K</td> </tr> <tr> <td>Allocated Budget at 8 Jan 2026</td> <td>£408K</td> </tr> <tr> <td>Remaining Budget for 2025/26</td> <td>£68K</td> </tr> <tr> <td>Actual Spend (Jan 2026)</td> <td>£324K</td> </tr> </tbody> </table>	L&D Budget	Amount	Full Year Budget 2025/26	£476K	Allocated Budget at 8 Jan 2026	£408K	Remaining Budget for 2025/26	£68K	Actual Spend (Jan 2026)	£324K				
L&D Budget	Amount														
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Allocated Budget at 8 Jan 2026	£408K														
Remaining Budget for 2025/26	£68K														
Actual Spend (Jan 2026)	£324K														
3.3.1	As of 8 January 66%, of the L&D budget has been realised, 76% of the allocated budget has been spent, and 15% of the overall 2025-26 LNA budget remaining unallocated.														
3.3.2	LP updates during Q3 released £28K of funds back into the L&D/LNA budget with main reasons cited including challenges with both participant and course availability (3.2.5). This has therefore reduced the reported allocated spend from £436K in Q2, to £408K at the end of Q3.														
3.3.3	As of 28 January 2026, the L&D budget position identified 31% of the overall 2025/26 LNA budget, £151.5K, as either unallocated or allocated but unspent, presenting a significant risk as we move into Q4. During the 17 December LPG, LPs were invited to prioritise compliance and legislative, role specific, and developmental learning that could be progressed in year for consideration in Q4. The Talent Development team continued to engage with LPs throughout Q4, which has already realised £53,228 representing 35% of the at-risk underspend. We are														

	<p>continuing to work with LPs and Corporate Board and have included a new risk related to L&amp;D budget underspend.</p>
3.4	<p><b>Principles of Prioritisation</b></p>
3.4.1	<p>Our single-tiered prioritisation approach to review L&amp;D requests (LNA 2025-26 returns and ad hoc) has been amended to reflect the multi-tier prioritisation model presented in Q2. The new approach introduces alignment of learning requests to the strategic outcomes detailed within our Strategic Plan for 2025-2028.</p>
3.4.2	<p>The LPG will pilot the use of the new multi-tier approach at the next meeting, considering the learning request, it's assigned category and the alignment with the strategic outcome(s) as per measure descriptors. This approach will enable early integration in the 2026-27 learning cycle.</p>
3.5	<p><b>LNA Investment: Short- and Medium-Term Considerations</b></p>
3.5.1	<p>As outlined in this and previous quarterly L&amp;D reports, the Learning Needs Analysis (LNA) Investment Report presented to SLT on 05 November 2025 outlines the current LNA investment position and highlights the need for a more strategic, future focused approach to workforce development. The report notes that, despite improvements in LPG processes and strengthened assurance arrangements during the 2024-25 cycle, budget constraints continue to direct the majority of investment toward statutory, legislative and compliance related learning, limiting the Service's ability to invest in future skills, leadership development, qualifications, and succession planning.</p>
3.5.2	<p>In the short term, aligned to the 2026-27 LNA process, it is proposed that L&amp;D investment be categorised into three areas:</p> <ul style="list-style-type: none"> <li>• <a href="#">Learning Needs - Compliance/Statutory/ Legislative</a></li> <li>• <a href="#">Learning Needs - Developmental Qualifications</a></li> <li>• <a href="#">Learning Needs - Leadership/ Management/ Technical Skills</a></li> </ul>
3.5.3	<p>If additional L&amp;D investment is secured for 2026-27, it is proposed that this be ring-fenced for developmental learning, creating two distinct budget pots:</p> <ul style="list-style-type: none"> <li>• compliance / statutory / job-related learning, and related learning, and-related learning, and</li> <li>• strategic development / future skills (including developmental qualifications, leadership, management, organisational and interpersonal skills).</li> </ul>
3.5.4	<p>With the introduction of the new SFRS Strategic Plan 2025-2028 and its accompanying three-year delivery plan, the paper emphasises the opportunity, and expectation, to enhance the prioritisation framework and shift toward a more balanced model that builds long-term organisational capability and resilience. As statutory and compliance learning continues to consume most of the budget, SLT have requested that medium-term LNA budget options be explored, including maintaining strong oversight and avoiding fragmentation of the L&amp;D budget.</p>
3.5.5	<p>The Corporate board were invited to discuss and provide direction on the medium-term governance approach for the L&amp;D/LNA budget, noting the current investment landscape and the need to strengthen strategic alignment.</p>
3.5.6	<p>Corporate Board considered two options noted below:</p> <p><b>Option 1 – Retain Centralised Budget Governance (Short–Medium Term)</b>  Maintain a fully centralised L&amp;D/LNA budget to ensure strong oversight, consistent prioritisation of statutory/legislative learning, and to minimise fragmentation during a period of fiscal constraint and organisational change.</p> <p><b>Option 2 – Develop a Decentralised Hybrid Model (Future Option)</b></p>

	<p>Explore a phased move toward a hybrid model where compliance and job specific learning budgets are delegated to Functions/Directorates, while development qualifications, leadership, management, and strategic future skills investment remain centrally overseen. This would require strengthened governance and additional administrative support.</p>
3.5.7	<p>Corporate Board advised that their preference was Option 2 (Decentralised Hybrid Model) and, pending SLT approval, to work with the People and Finance teams during 2026-27 to enable development and implementation from 2027-28.</p>
3.6	<p><b>The LNA Cycle 2026-27</b></p>
3.6.1	<p>LPs submitted learning requests for 2026-27 using the following categorised learning needs forms:</p> <ul style="list-style-type: none"> <li>• Compliance, Legislative and Statutory</li> <li>• Developmental Qualifications (pertaining to the role and to support career pathways/talent pipelines).</li> <li>• Leadership/ Management/Technical (Organisational)</li> </ul>
3.6.2	<p>This approach offers a more holistic picture of learning needs and budget ask for 2026-27 and will inform the development of an organisational wide learning calendar which will be available for all colleagues from Q1 2026-27.</p>
3.6.3	<p>The overall ask for learning initiatives is <b>c.£829k</b>, a <b>74%</b> increase on the budget allocated for L&amp;D in 2025-26.</p>
3.7	<p><b>Future L&amp;D Updates</b></p>
3.7.1	<p>People Committee will continue to be provided with quarterly L&amp;D reports to ensure scrutiny and assurance of the LNA approach and effectiveness</p>
<b>4</b>	<p><b>Recommendation</b></p>
4.1	<p>People Committee are asked to note the report.</p>
<b>5</b>	<p><b>Key Strategic Implications</b></p>
5.1	<p><b>Risk Appetite and Alignment to Risk Registers</b></p>
5.1.1	<p>People: In relation to seeking innovative approaches to talent acquisition, development, and retention the SFRS has an <b>Open</b> appetite, looking to experiment with new methods of attracting, developing, and retaining talent.</p>
5.1.2	<p>The L&amp;D budget is not able to support all L&amp;D activities required to support and enable the Services' priorities and wider development asks. A new risk (POD024: Misalignment of Learning &amp; Development Investment with Strategic Priorities) has been added to the risk register with associated controls.</p>
5.2	<p><b>Financial</b></p>
5.2.1	<p>L&amp;D requests that differ significantly from previous annual submissions and fiscal planning assumptions may require a supporting business case and strategic review/decision before being progressed - particularly where the training relates to legislative, statutory, or mandatory requirements.</p>
5.2.2	<p>Building leadership and strategic/future capability requires additional investment (as requested/detailed within the Medium-Term Financial Plan (MTFP) and governance structures. The 2026-27 LNA approach is expected to enable more targeted use of L&amp;D funds. Improved alignment with strategic priorities should deliver better value for money and support future funding bids. Ongoing monitoring will be essential to avoid budget fragmentation and ensure financial sustainability.</p>

5.3 5.3.1	<b>Environmental &amp; Sustainability</b> Improvements are anticipated through enhanced governance & quality assurance arrangements ensuring alignment of investment to priorities.
5.4 5.4.1	<b>Workforce</b> Developing talent across the SFRS is vital to ensuring the organisation possesses the skills, knowledge, and capabilities needed to meet both current demands and future strategic priorities.
5.5 5.5.1	<b>Health &amp; Safety</b> Improvements are expected through strengthened governance and quality assurance arrangements, ensuring that L&D investments are closely aligned with SFRS priorities. While these enhancements represent positive progress, the timeframe for fully embedding them - alongside current financial constraints - means that new or significantly different L&D requests (e.g. those from Asset Management (Fleet) and Prevention) will require careful consideration and prioritisation to ensure continued alignment with the organisation's strategic objectives.
5.6 5.6.1	<b>Health &amp; Wellbeing</b> Improvements are anticipated through enhanced governance & quality assurance arrangement ensuring alignment of L&D investment to SFRS priorities.
5.7 5.7.1	<b>Training</b> An effective Learning Needs Analysis (LNA) process is essential to enabling the Service to meet both current and future priorities. A well-prioritised approach to learning and development ensures the right people are in the right place, with the right skills, at the right time.
5.8 5.8.1	<b>Timing</b> The revised Learning Needs Analysis process and enhanced governance & quality assurance arrangements will be aligned to established quarterly governance meeting schedules.
5.9 5.9.1	<b>Performance</b> The Learning Needs Analysis (LNA) process, supported by robust governance arrangements and targeted L&D provision, is expected to continue driving positive impacts on organisational performance, ensuring alignment with strategic priorities.
5.10 5.10.1	<b>Communications &amp; Engagement</b> Strengthened communication, engagement, and collaboration with strategic leaders - across functional, area, and organisational levels - will ensure that L&D initiatives are effectively aligned with Service priorities. The TD team will lead and promote the LNA process to support broader understanding, while remaining responsive to ongoing improvements. This work will be reinforced through Learning Partner engagement, the Learning Partner Group (LPG), existing governance structures, and established Corporate Communications channels.
5.11 5.11.1	<b>Legal</b> Including scrutiny and assurance via the Corporate Board liable risk can be identified and mitigated at an earlier stage.
5.12 5.12.1	<b>Information Governance</b> DPIA completed – No, not required due to the nature of the report.
5.13 5.13.1	<b>Equalities</b> EHRIA completed No, not required due to the nature of the report.

5.14	<b>Service Delivery</b>	
5.14.1	The approval and delivery of Learning and Development (L&D) initiatives play a vital role in developing talent across the SFRS, ensuring the organisation has the right skills, knowledge, and resources to meet both current and future priorities.	
<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>	Sarah O'Donnell, Deputy Chief Officer (Corporate Services)
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	The Learning Partner Group was established 3 years ago to support our improved approach to delivering increased value from L&D. Assurance processes are being enhanced to provide additional rigour including fiscal monitoring and management, prioritisation and decision making in line with existing governance arrangements.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1		
<b>Prepared by:</b>	Jen Kidd, Lead People Adviser – Talent Development	
<b>Sponsored by:</b>	Ceri Dodd, Deputy Head of People	
<b>Presented by:</b>	Jen Kidd, Lead People Adviser – Talent Development	
<b>Links to Strategy and Corporate Values</b>		
The SFRS Strategic Plan; Strategic Outcome 3: Investing in our People: Our people feel valued and are supported by a culture that embraces diversity and inclusion, empowerment, and accountability		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
<i>People DMT</i>	<i>02 February 2026</i>	<i>For Information (By Email)</i>
<i>Corporate Board</i>	<i>09 February 2026</i>	<i>For Scrutiny</i>
<i>People Committee</i>	<i>05 March 2026</i>	<i>For Information</i>