



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING - PEOPLE COMMITTEE

THURSDAY 6 MARCH 2025 @ 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: 5 DECEMBER 2024 (attached)** *M Wylie*
The Committee is asked to approve the minutes of this meeting.
- 6 ACTION LOG (attached)** *Board Support*
The Committee is asked to note the updated Action Log and approve the closed actions.
- 7 PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING**
 - 7.1** People Performance Report Quarter 3 2024/25 (attached) *L Gaja*
 - 7.2** Standardisation of RDS Terms and Conditions (attached) *G Clark/L Mason*
 - 7.3** Talent Pathway (attached) *L Gaja*
 - 7.4** SVQ External Verification Update (verbal) *L Gaja**The Committee is asked to scrutinise these reports.*
- 8 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK**
 - 8.1** Culture update (attached) *L Barnes**The Committee is asked to scrutinise this report.*

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

9 TRAINING

- | | | |
|-----|---|----------------------------|
| 9.1 | Training Function Update and Performance Report Quarter 3 2024/25
(attached) | C McGoldrick/
R Robison |
| 9.2 | Currency/Competency Component (attached) | C McGoldrick |

The Committee is asked to scrutinise these reports.

10 SAFETY AND ASSURANCE

- | | | |
|------|--|--------------|
| 10.1 | Safety and Assurance Performance Report Quarter 3 2024/25 (attached) | J Holden |
| 10.2 | Contaminants Update (attached) | C McGoldrick |

The Committee is asked to scrutinise these reports.

11 AUDITS/INSPECTIONS

- | | | |
|------|---|---------------------|
| 11.1 | HMFSI Inspection Action Plan Updates and Closing Reports (attached) | L Gaja/J Holden |
| 11.2 | Internal Audit and Updates (attached) | L Gaja/C McGoldrick |

The Committee is asked to scrutinise these reports.

12 PEOPLE COMMITTEE RISK REGISTER

- | | | |
|------|---|----------------------------|
| 12.1 | Internal Audit and Updates (attached) | L Gaja/C McGoldrick |
| 12.2 | Risk Spotlight: OC Staffing Levels (attached) | K McCartney/
J McDonald |

The Committee is asked to scrutinise these reports.

13 PARTNERSHIP WORKING

- | | | |
|------|-------------------------------------|---------|
| 13.1 | Employee Partnership Forum (verbal) | M Wylie |
| 13.2 | Partnership Advisory Group (verbal) | L Gaja |

14 FORWARD PLANNING

- | | | |
|------|--|---------|
| 14.1 | Committee Forward Plan Review (attached) | M Wylie |
| 14.2 | Items for Consideration at Future IGF, Board and Strategy Day meetings | M Wylie |

- | | | |
|-----------|-----------------------------------|---------------|
| 15 | REVIEW OF ACTIONS (verbal) | Board Support |
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16 DATE OF NEXT MEETING

Thursday 6 June 2025

Report(s) for Information only:

- People Policy Review Update (attached)
- Training Continuous Improvement Programme – Update Report (attached)
- Training Function Policy Review Schedule (attached)
- Safety and Assurance Documents Forward Planning Schedule (attached)

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PRIVATE SESSION

- 17 MINUTES OF PREVIOUS PRIVATE MEETING: 5 DECEMBER 2024** *M Wylie*
(attached)

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

- 18 PRIVATE ACTION LOG** *Board Support*

The Committee is asked to note that there were no outstanding actions.

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

- 19.1 Draft Minutes of last meeting – 5 December 2024 (attached) *M Wylie*
19.2 Update of last meeting – 6 March 2025 (verbal) *M Wylie*

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

- 20 WELLBEING RECOVERY PLAN** (attached) *L Gaja*

The Committee is asked to scrutinise this report.

- 21 KEY CASE UPDATES 2024/25 – Q3** (verbal) *L Gaja*

This verbal report is for information only.



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

PRESENT:

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

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

IN ATTENDANCE:

Lyndsey Gaja (LG)	Interim Director of People
Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
Liz Barnes (LB)	Interim Deputy Chief Officer Corporate Services
Ross Robison (RR)	Deputy Assistant Chief Officer, Head of Training
Jim Holden (JH)	Head of Safety and Assurance
Greg Aitken (GA)	Head of ICT (Item 13.2 only)
Linda MacKenzie (LM)	People Manager (Item 13.2 only)
George Lindsay (GL)	Lead People Adviser (Item 13.3 only)
Kirsty Darwent (KD)	Chair of SFRS Board
Chris Casey (CC)	Group Commander, Board Support Manager
Heather Greig (HG)	Board Support Executive Officer
Debbie Haddow (DJH)	Board Support/Minutes

OBSERVERS

None

1 CHAIR'S WELCOME

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

2 APOLOGIES FOR ABSENCE

- 2.1 David Farries, Assistant Chief Officer, Director of Operational Delivery

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

- 3.1 The Committee discussed and agreed that the *Key Case Updates 2024/25 – Quarter 2* verbal report would be heard in private session due to the small number of individuals involved and confidentiality in line with Standing Orders (Item 9D). The draft minutes/verbal update of the *Remuneration, Appointments and Nominations Sub Committee* would be taken in private due to the confidential nature of the issues (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 12 SEPTEMBER 2024

5.1 The following amendment(s) were requested and agreed:

Paragraph 9.1.2 to be amended to read *“LB advised that this was being considered. For example, within the discipline work and both parties were already being offered support and monitoring”* instead of *“LB advised that this was being considered within the discipline work and both parties were already being offered support and monitoring.”*

5.2 **Subject to the above amendment, the minutes of the meeting held on 12 September 2024 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 HIGH LEVEL KEY PERFORMANCE INDICATOR REPORT Q2 2024/25

7.1 The High Level Key Performance Indicator Report Q2 2024/25 was presented to the Committee for scrutiny of the KPIs 22-29 (Training), KPIs 46-49 (People) and KPIs 50-56 (Safety and Assurance) and was taken as read.

7.2 CMcG updated the Committee on recent discussions by the Strategic Leadership Team (SLT) in regard to grouping of KPIs by compliance which would be more helpful and informative.

7.3 The Committee commented on the formatting within the overview sections of the report as some text appeared to be missing and this should be revised.

7.4 **The Committee scrutinised the report.**

8 PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING

8.1 People Performance Report Quarter 2 2024/25

8.1.1 LG provided the People Performance Report Quarter 2 2024/25 to the Committee for scrutiny of the People KPIs from the Performance Management Framework and the further detail within the People Performance Report. The following key areas were highlighted from the Executive Summary:

- Proposed formatting changes within future reports as discussed at the pre-agenda meeting.
- Workforce measures broadly remain consistent and in line with previous quarter and the same period last year.
- In principle decision made on wholetime recruitment within 2025. Specific numbers/timings would be confirmed once further clarity was available on leavers and retirement data.
- Within the 2025 recruitment plan, an On Call to Wholetime migration course had been scheduled in January 2025 for 12 personnel including one external transfer.
- Recent successful Operations Control (OC) recruitment process which resulted in 16 candidates commencing in January 2025.

8.1.2 In regard to disciplinary cases, the Committee sought further information on potential trends, patterns and whether there were any differences between uniformed and support staff. LG advised that the main issues for both uniformed and support staff related to code of conduct, behaviours, etc. It was noted that, due to the higher percentage of uniformed staff, the majority of cases were within this staffing group. LG further advised how the Service recorded timescales of individual investigation processes. LG noted that a paper was being prepared for the Corporate Board to consider options to resource the investigation process appropriately.

8.1.3 In regard to the On Call to Wholetime migration course, the Committee queried the time and potential cost savings involved. LG advised that the migration course was shorter due to the On Call personnel being able to evidence their competence through existing training and experience. RR advised that the traditional 14-week wholetime course could be reduced to 3 weeks for existing On Call personnel. LG to provide information on potential cost savings and wider benefits generated from the shorter migration course.

ACTION: LG

8.1.4 In regard to the OC recruitment campaign, LG advised that there were 515 applicants in total, of which 279 were male, 233 female and 3 preferred not to say. The gender breakdown of the successful candidates was 4 male, 10 female and 2 preferred not to say.

8.1.5 In regard to the partnership initiative funded posts, LG advised that these were secondments to other organisations such as Scottish Government, HMFSI and would circulate further details to the Committee outwith the meeting.

ACTION: LG

8.1.6 In regard to Wholetime recruitment, LG advised that this process would commence in late Q1 or early Q2 2025/26. The Committee queried whether any learning could be taken and applied from the recent OC campaign. LG noted that a cross functional working group had been convened to review the short, medium and long term aspects of the process and identify incremental improvements. It was noted that the Culture Development Group were also reviewing attraction and retention. LG further advised that shorter, more frequent application processes would be used to ensure improvements could be implemented in a timely manner whilst maintaining sufficient applicant numbers.

8.1.7 In regard to flexibility of contracted hours for RDS, the Committee queried the potential numbers of existing personnel reducing their contracted hours. LG noted that the Service were not anticipating a significant number of personnel requesting a reduction in hours. It was hoped that the flexibility may encourage ex-RDS personnel to return to the Service.

8.1.8 In regard to the Station and Group Commander selection processes, LG advised that workforce planning and succession planning activities enabled the Service to forecast and predict potential vacancies across all ranks over a period of time. This forecast informed the wholetime recruitment and promotional programmes.

8.1.9 The Committee commented on the long term absences attributed to psychological reasons having increased and asked for consideration to be given to include a performance chart (number of days lost over time) to help monitor the ongoing position.

ACTION: LG

8.1.10 The Committee commented on the potential benefits of inter service secondments for both individuals and the wider Service. LG noted that there were no current inter service secondments however there could be value in considering this particularly for development opportunities.

- 8.1.11 The Committee queried the value of the Target Operating Model (TOM) as the current statistics, particularly for the On Call staffing group, had limited significance. Consideration would be given to raise this at the Integrated Governance Forum (IGF) for further discussion.
- 8.1.12 LG provided a brief update on the RDS Terms and Conditions noting the changes to the levels of contractual availability, retaining fees and agreed standardisation of terms and conditions. Work had commenced to implement all changes in January 2025. The Committee requested a report to be brought to the next meeting (March 2025) to provide an update on the implementation of the changes, how the changes were being implemented into the On Call improvement plan and an indication of expectations for embedding over the next few years.
- 8.1.13 **The Committee scrutinised the report.**

9 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK

9.1 Culture Action Plan – Update Paper

- 9.1.1 LB presented the report providing an update to the Committee on the progress of future pathway activities detailed within the Culture Action Plan and delivered via the Culture Development Group (CDG) and associated subgroups. The following key points were highlighted:
- Three-day baseline Leadership Development programme. Day One has been developed and 12 sessions were being delivered in Q3 and Q4. Days 2 and 3 were currently under development. Overall positive feedback had been received with some adjustments being made.
 - SLT workshops focussing on how to deliver and maximise resources, prioritisation and identification of areas that need to be developed/invested in.
 - Differing views on establishment of Professional Standards Team.
 - Benefits of sharing stories, both good and bad, under the banner of Living the Values.
- 9.1.2 In regard to the exit questionnaire, LB advised that the process had been and would continue to be reviewed to encourage individuals to participate.
- 9.1.3 The Committee queried how the wider workforce would be able to see the impact of this area of work. LB noted that raising awareness and encouraging discussions was the starting point. Ongoing monitoring of progress could be undertaken through pulse surveys, monitoring levels/types of complaints and safe call activity.
- 9.1.4 The Committee queried whether there were plans to undertake a broader evaluation on the impact of this area of work and whether station standards were being considered separately from values. LB noted that the existing station standards were being reviewed and would be renamed workplace standards and would include wider cultural elements. LB further noted that the low uptake in working groups could be attributed to capacity issues and discussions were ongoing with Heads of Functions to encourage participation.
- 9.1.5 The Committee commented on the potential value of using external facilitators to help encourage participation and the benefits of mentoring/peer support.
- 9.1.6 LB advised the Committee that development of Day 2 was well underway and would be available in early 2025.
- 9.1.7 LB noted her expectation that this work would be identified as a priority, and appropriate resourcing being secured.
- 9.1.8 During the recent Committee workshop, it was noted that there were areas of risk regarding equality/diversity highlighted which may require further discussion at the Integrated Governance Forum.

9.1.9 The Committee scrutinised the report.

10 TRAINING

10.1 Training Function Update and Performance Report Quarter 2 2024/25

- 10.1.1 CMcG, introduced RR who presented the high-level overview of the Training function activity and performance over Quarter 2 2024/25 and highlighted the following key points:
- In relation to contaminant control, 200 new sets of PPE in key training sights to continue to improve safety whilst maintaining operational and training resilience.
 - Contaminants Group were visiting various UK Fire and Rescue Services to compare Compartment Fire Behaviour Training (CFBT) sites for benchmarking and continuous improvement purposes.
 - Update on Breathing Apparatus (BA) recovery programme noting that, as at 31 October 2024, 1598 operational personnel had completed the process. Programme remains on target for completion by the end of March 2026.
 - Trial of XVR technology for Incident Command training and the potential benefits.
 - Progress update on the development of Training Strategic Asset Management Plan.
 - KPI22 (Core Skills Modules Completed) and KPI23 (Advance, Support & Emerging Risk Modules Completed) remain stable. Evidence of continued completion of modules past the reporting period, therefore a shadow report had been requested to help identify the true position.
 - KPI24 (Flexi Officer Module Completion) reporting slightly below target.
 - KPI25 (Incident Command Course Currency) reporting above target.
 - KPI26 (Core Skills Currency) reporting continual increase.
 - KPI27 (Specialist Rescue Currency) reporting a slight decrease due to various reasons and mitigating actions/measures were now in place.
 - KPI28 (Training Function Currency) reporting improving position.
 - KPI29 (Customer Satisfaction) reporting improving position following a decrease in Q1. Electronic survey forms had resulted in more qualitative feedback being received.
- 10.1.2 In regard to XVR technology, CMcG highlighted the potential wider uses and benefits from this technology. The Committee were reminded that a demonstration would be provided at a future Strategy Day.
- 10.1.3 In regard to Incident Command and currency (skills), the Committee queried how this was maintained by Senior Officers. RR advised of the specific bespoke training for flexi duty officers to maintain operational competence, acquisition/refresher of incident command levels as appropriate and opportunities for continuous professional development.
- 10.1.4 In regard to KPI26, the Committee noted the target was 73% and queried the reasoning. RR advised that the position continued to improve post Covid recovery and that some degree of absences etc were anticipated. CMcG reminded the Committee that the aggregated high-level presentation of this KPI did not provide a clearer indication of individual elements. CMcG noted that additional detail and updates on the recovery plan could be provided in future reports.
- 10.1.5 Brief discussion took place on the presentation of the competency and currency data across the different staffing groups. Given that this was a public report, the Committee commented on the potential for this data to be presented in a different manner.
- 10.1.6 In regard to KPI29, RR outlined the process for reviewing customer satisfaction feedback, the escalation process and, if appropriate, responding to individuals.
- 10.1.7 CMcG noted that the new collapsed structure simulator was an investment to enhance the existing provision.

- 10.1.8 The Committee commented on the information presented within Appendix C and asked for consideration to be given within future reports.
- 10.1.9 In regard to Urban Search and Rescue (USAR), CMcG noted that individuals would require to be, and maintain, competency in this area before progressing with International Search and Rescue (ISAR).
- 10.1.10 **The Committee scrutinised the report.**

11 HEALTH AND SAFETY

11.1 Health and Safety Performance Report Quarter 2 2024/25

11.1.1 JH presented the Health and Safety Performance Report Quarter 2 2024/25 to provide an overview of progress against the Annual Health and Safety Improvement Plan 2024/25 and the Health and Safety KPIs. The following key areas were highlighted:

- Face Fit Testing (FFT) had been incorrectly reported as being 100% complete within the report. The accurate completion level was 86%.
- Continued development of internal risk assessment for standard and operational activities including wider station, training and directorate requirements. Monitoring would continue through the improvement plan.
- Inclusion of legislative compliance section.
- KPI54 (Near Miss Events): Frontline Update circulated to all staff and work continues to develop the hazard reporting system. Evaluating the Health and Safety Management System to try to identify how to improve the reporting process.
- KPI19 (Ops Assurance Audit Actions): Eighteen new actions were recorded during this reporting period.
- Update on the work of the Organisational Learning Group (OLG) including creation of 5 new action plans.
- Update on the work of the Driver Safety Group (DSG) including the development of a low-speed manoeuvres handbook.
- Summary of Directorate events and specific areas of focus.

11.1.2 The Committee commented on and welcomed the format of the report.

11.1.3 In regard to KPI53 (Accident and Injuries), JH updated the Committee on the trends relating to ladders and PRE cutters. JH noted that investigations were undertaken to identify the causation of accidents, and any preventative measures required to avoid reoccurrence.

11.1.4 In regard to KPI50 (Verbal Attacks on Firefighters), it was noted that this had been incorrectly reported as a 25% decrease rather than a 25% increase.

11.1.5 **The Committee scrutinised the report.**

11.3 Safety and Assurance Annual Performance Report 2023/24

11.3.1 JH presented the approved Safety and Assurance Performance Report 2023/24, which detailed the Safety and Assurance performance for scrutiny, noting that the Committee had previously reviewed the document. CMcG thanked the Committee for their previous feedback and any further feedback provided today.

11.3.2 The Committee noted and welcomed the progress of health and safety within the Service in recent years.

11.3.3 In regard to benchmarking, the Committee sought clarity on the selection process for peers and their comparability with the Service. JH advised that a request was issued via the NFCC and the FRS's who provided responses which were contained within the report. JH noted that the Service, through NFCC, continues to advocate for standardised approaches to improve the comparability of data. JH further noted that the Service would continue to focus on comparable fire and rescue services.

- 11.3.4 In regard to KPI19 (Ops Assurance Audit Actions), the Committee suggested that the number of actions closed rather than the total number of actions raised would have been more helpful.
- 11.3.5 The Committee commented on the different tenses used throughout the report and asked for consistency of language in future iterations.
- 11.3.6 The Committee queried whether the heading SA Strategy 2022-26 Year 3 should have read Year 2. JH noted the comment and would review its accuracy.
- 11.3.7 The Committee acknowledged and welcomed the format and online accessibility of the report and the improvements on the data being presented which were a credit to the team and wider Service.

11.3.8 The Committee scrutinised the report.

11.2 Contaminants Update

- 11.2.1 CMcG presented the report providing an update on the management of contaminants and the following key areas were highlighted:
- Both the science and research underpinning fire contaminants were young and continued to evolve. In particular, the effectiveness of “gassing off” which would be monitored.
 - CivTech process continues, and the exploration stage was now complete. The successful applicant(s) would develop a minimum viable product before any decision was made on progressing towards a commercial product.
 - The consultation on the Fire Contaminants SOP generated a high response rate and remains on track for rolling out in Q4.
- 11.2.2 The Committee queried whether consideration had been given to developing the academic rigour further ie peer review. CMcG noted that there was less focus on the academic element and more on the work/guidance of the HSE which would be fundamental to the Service’s direction of travel. JH briefed the Committee on the HSE’s How Clean is Clean project which focuses on PPE and equipment. JH noted that the Service were engaging with NFCC who were undertaking various research projects and initiatives. JH further noted that Professor Anna Stek remains the leading expert in this area.
- 11.2.3 In regard to the zoning for fire contaminants on stations, the Committee queried the timescale involved. CMcG advised that work had commenced, and guidance had been issued. Risk assessments would be undertaken, appropriate signage would be installed and procedures put in place.

11.2.4 The Committee scrutinised the report.

12 AUDIT/INSPECTIONS

12.1 HMFSI Inspection Action Plan Updates and Closing Reports

- 12.1.1 JH and LG presented the report updating the Committee on the progress against the action plan developed in response to the HMFSI Report relating to Mental Health and Wellbeing Provision and Management of Health and Safety.
- 12.1.2 LG acknowledged the query raised at the pre-agenda meeting regarding the RAG status (Green) for the Mental Health and Wellbeing Provision action plan and advised that this was being reviewed.

12.1.3 The Committee scrutinised the report.

12.2 Internal Audit Updates

12.2.1 LG presented the report updating the Committee on the progress against the action plans relating to internal audit and inspections where People Directorate is the lead area of the organisation. The following key points were highlighted:

- Scottish Vocational Qualifications: Action plan was now complete and would be reported to Audit and Risk Assurance Committee (ARAC) in due course.
- On Call Workforce Planning: Action plan was now complete and would be reported to ARAC in due course.
- Equality, Diversity and Inclusion: Last outstanding action remains on track for completion. Two further actions had been completed and evidence submitted to Azets.
- Sickness Absence Management: Outstanding actions had been completed and evidence submitted to Azets.

12.2.2 The Committee scrutinised the report.

*(Meeting broke at 1508 hrs and reconvened at 1515 hrs)
(G Aitken and L MacKenzie joined the meeting at 1515 hrs)*

13 PEOPLE COMMITTEE RISK REGISTER

13.2 Risk Spotlight: ICT Recruitment and Retention

13.2.1 GA and LMacK presented the risk spotlight to provide an update on the recruitment and retention challenges within the ICT function. The following key points were highlighted:

- Challenges in identifying and recruiting individuals with the appropriate skills, accreditations, qualifications and experience.
- ICT market remains competitive, particularly for technical and cyber security roles.
- Inability to compete with private and other public sector bodies.
- Limited resources within the function continue to deliver a high level of service.
- Restructuring of function to modernise job titles and descriptions, and to become more in line with Scottish Government's Digital Data and Technology (DDAT) framework. Implementation of restructure would be early 2025. During the initial planning stage, consideration was given to interdependencies, engagement with trade unions and regular communications with staff.
- Increase use of modern and graduate apprenticeships.
- Mitigation of the risk around budget limitations for technical training including investment in online training portals to provide the required technical training.
- Information gathered from exit interviews has improved understanding and awareness of the reasons for staff leaving the Service. Main reasons were better salary or terms and conditions.
- Market allowances continue to be paid to a large proportion of staff within the function due to the competitive ICT labour market.
- Continued high vacancy rates within the function.

(J Holden left the meeting at 1520 hrs)

13.2.2 The Committee queried whether sharing resources with other public bodies had been considered. GA noted that the restructure and identification of skills gaps was the main priority at this time. However, sharing resources was an area GA was keen to explore, and early discussions had already taken place with Police Scotland.

13.2.3 The Committee commented on the potential to highlight the social impact/value and importance of these roles within the Service to help attract and retain individuals. LM noted the comments and would consider this within the recruitment process.

13.2.4 The Committee sought a greater understanding of the relationship between restructure and potential costs to secure the necessary skills. LG noted that there was tension within ICT and other areas of professional skills between the size and weight of roles determined through job evaluation methodology and the market value. LG further noted that the SFRS salary scale had significantly diverged from the market value which would not necessarily be resolved through revision of the pay and reward framework. Consideration may have to be given to the continued use of market allowances and alignment to the DDAT framework.

13.2.5 Brief discussion on the potential advantages which could arise from alignment with the DDAT framework.

13.2.6 The Committee scrutinised the report.

(G Aitken and L MacKenzie left the meeting at 1530 hrs)

(G Lindsay joined the meeting at 1530 hrs)

13.1 Committee Aligned Directorate Risk

13.1.1 LG and CMcG presented the Risk Report, identifying Directorate risks and controls pertinent to the business of the Committee. It was noted that there were 4 risks reporting risk ratings of 15 or above. The following key points were highlighted:

- Addition of new risk relating to the capacity to delivery emerging priority areas. One control measure was the development of a business case for short term resources in 2025 to support delivering the promotional activities and reviewing the recruitment/selection process. The business case had since been approved by the SLT.
- Rationale was provided on the high risk rating for TSA019 (risk to training delivery due to limited finance/budget) noting that plans were in place to reduce this in the future.

13.1.2 In regard to TSA019, the Committee queried whether the wording remained accurate as budget had been allocated to this area. CMcG to review and update for future reports as appropriate.

13.1.3 The Committee scrutinised the report.

13.3 Risk Spotlight: POD015 Pension Remedy

13.3.1 LG and GL presented the risk spotlight to provide an update on the work being undertaken to support Scottish Public Pensions Agency (SPPA) implement 3 changes to Firefighter pension provisions. These changes are to ensure compliance with the outcome of successful legal challenges. The following key points were highlighted:

- SPPA were responsible for delivery of pension projects which were primarily funded by Scottish Government, who fund the Firefighter Pension Schemes.
- Main 3 challenges were: delivering within the short time deadline; implication on SPPA to provide the annual allowance statements to allow individuals who were breaching the annual allowance to submit tax returns by 31 January, and potential cashflow issues that may arise. SPPA have made a request that the Service collect any outstanding contributions and pay out rebates, if appropriate. Scottish Government would fund any rebates paid but there could be a potential delay between payment and reimbursement of these funds to the Service.
- Regarding delivering within timescale, this was impacted by the complexity of multiple pension issues and the need to provide individuals with the full overview (remedy service statement) to enable them to make informed decisions.
- Regarding annual allowances, this was impacted by the application of the remedy which may increase current pension benefits or accruals. Due to the complexities involved, SPPA are not able to provide these and this could lead to financial penalties being suffered by individuals. Discussions were ongoing with SPPA and the Local Government Association (LGA) to gain clarity on this situation.

- Regarding cashflow process, this was still a potential situation, and confirmation had not yet been received. Again, this was dependent on information being supplied to individuals to enable them to make informed decisions.

13.3.2 The Committee sought clarification on the ramifications for not achieving the deadline. GL advised that this was probably limited as primary responsibility lies with SPPA.

13.3.3 The Committee sought clarification on the potential range of financial liabilities. GL stated that there was no clear indication at this stage, however, SPPA and Scottish Government were monitoring the situation closely. LG noted that the direct financial liability for the Service was aligned to the resourcing/staff costs for those involved with this work across the various functions.

13.3.4 LG noted that an electronic people system would have had limited benefits. This was due to the level of individuals involved having already left the Service and payroll information being outwith the required retention period.

13.3.5 GL noted that there was no clear indication of the timescales involved

13.3.6 **The Committee scrutinised the report.**

(G Lindsay left the meeting at 1550 hrs)

14 PARTNERSHIP WORKING

14.1 Employee Partnership Forum (EPF)

14.1.1 MW advised the Committee that the last scheduled meeting for 14 November 2024 had been stood down due to no items being tabled.

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

14.2 Partnership Advisory Group (PAG)

14.2.1 LG advised the Committee that the last scheduled meeting for 21 November 2024 had been stood down due to no items being tabled.

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

15 FORWARD PLANNING

15.1 Committee Forward Plan Review

15.1.1 The following items were noted for future meetings:

- Standardisation of RDS Terms and Conditions Update (March 2025)

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

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

15.2.1 The following items were noted for future Integrated Governance Forum meetings:

- Value of the Target Operating Model and existing KPI
- Risks raised at workshop: Not benefiting from range/experience of a diverse workforce and recruitment/retention of female front line staff compared to other uniformed services.
- Currency/competency component

16 REVIEW OF ACTIONS

16.1 CC confirmed that there were 3 formal actions recorded during the meeting.

17 DATE OF NEXT MEETING

17.1 The next meeting is scheduled to take place on Thursday 6 March 2025.

17.2 There being no further matters to discuss, the public meeting closed at 1555 hrs.

REPORTS FOR INFORMATION ONLY:

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

- Training Continuous Improvement Programme – Update Report
- Training Function Policy Review Schedule
- Health and Safety Policy and Policy Statement
- Safety and Assurance Documents Forward Planning Schedule

(Public meeting broke at 1555 hrs and reconvened in Private session at 1600 hrs)

PRIVATE SESSION)

18 MINUTES OF PREVIOUS PRIVATE MEETING: THURSDAY 12 SEPTEMBER 2024

- 18.1 The minutes of the private meeting held on 12 September 2024 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 12 September 2024 had been circulated to the Committee and a verbal update from the meeting on 5 December 2024 was provided.

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

21 KEY CASE UPDATES 2024/25 – QUARTER 2

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

- 21.2 **The Committee noted the verbal update.**

PEOPLE COMMITTEE – ROLLING ACTION LOG



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Background and Purpose

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

The status of actions are categorised as follows:

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

Actions/recommendations

Currently the rolling action log contains 3 actions. A total of 3 of these actions have been completed.

The Committee is therefore asked to approve the removal of the 3 actions noted as completed (Blue status). There are one actions categorised as Green status and no actions categorised as Yellow status on the action log.

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Meeting Date: 5 December 2024						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
8.1.3	People Performance Report Quarter 2 2024/25: Information on potential cost savings and wider benefits generated from the shorter migration course.	LG	March 2025		February 2025	Complete (06/03/2025): The migration course is 3 weeks, versus 17 weeks for the WTTFFFP course, a reduction of 14 weeks paid training time per trainee. The estimated accommodation and catering costs are c£1.2k per candidate for migration and c£3.6k for a WT trainee. Non-financial benefits include: <ul style="list-style-type: none"> • Reduced time away from on-call role, versus on-call colleagues joining WT through the traditional route • Trainees are on the run more quickly in their WT role via migration (3 weeks) versus the WTTFFFP route (17 weeks) • Increases the Training Instructor capacity available for other training priorities • Potentially far quicker time to competence (including BA team leader) • Potential access to trained CAT C drivers • Improved experience for on-call colleagues joining WT by recognising their skills and experience
8.1.5	People Performance Report Quarter 2 2024/25: Re partnership initiative funded posts, LG advised that these were secondments to other organisations such as Scottish Government, HMFSI and would circulate further details to the Committee out with the meeting	LG	March 2025		February 2025	Complete (06/03/2025): This includes posts where an SFRS employee is seconded to / working in another organisation (HMFSI, HMO Organisations, STUC, Heritage Trust) and situations where an SFRS post is externally funded (e.g. FireReach

OFFICIAL

						Facilitators, ESMCP project) and full time trade union representation.
8.1.9	People Performance Report Quarter 2 2024/25: Re long term absences attributed to psychological reasons having increased. Consideration to be given to include a performance chart (number of days lost to over time) to help monitor the ongoing position.	LG	March 2025		February 2025	Complete (06/03/2025): This will be considered for the 2025/26 reporting against the new PMF measures.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/01-25

Agenda Item: 7.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		6 MARCH 2025						
Report Title:		PEOPLE PERFORMANCE REPORT – QUARTER 3 2024/25						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>						
		A	B	C	D	E	F	G
1	Purpose							
1.1	The purpose of this report is report is to enable the Scottish Fire and Rescue Service (SFRS) People Committee to scrutinise the People KPIs from the Performance Management Framework (PMF) contained in the quarterly People Performance Report.							
2	Background							
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 as well as within the SFRS Annual Report.							
3	Main Report/Detail							
3.1	The People quarterly performance report sets out organisational performance against the agreed set of People measures, which are regularly reviewed and enhanced where appropriate and practical.							
3.2	The Executive Summary of the report (p. 2) draws the Committee's attention to key points relating to: <ul style="list-style-type: none"> Significant senior level recruitment processes were progressed in Q3, with the Chief Officer, Deputy Chief Officer and 2 Assistant Chief Officers taking up post, and the process launching to appoint a substantive Deputy Chief Officer Corporate Services. In addition, 12 colleagues were promoted to Group Commander and 26 to Station Commander, following conclusion of the selection and placement processes. The Trainee Firefighters who commenced in August 2024 concluded their foundation course in December, contributing to an improvement in Resource Based Crewing staff numbers. Quarter 4 will see the next intake of 72 trainees join the service, along with an On Call to Wholetime migration cohort and a group of external transferees joining from other UK Fire and Rescue Services. Although Operations Control saw a reduction in staff numbers for the third consecutive quarter, a very successful recruitment campaign concluded and 16 new Firefighter (Control) Trainees will join the Service in Q4. A risk spotlight on Operations Control staffing will be presented to People Committee this quarter. Staff turnover reduced slightly this quarter, while the vacancy rate remained broadly in line with last quarter. Although there was an expected seasonal increase in short-term absences due to respiratory illness, overall absence rates remained stable at 4.4% and have been consistently at around this level for the last 10 quarters. 							

3.3	<p>In addition to the information provided in the Performance Report, members of People Committee are also advised that work is underway to prepare for forthcoming changes to the Protection of Vulnerable Groups scheme, to be introduced in April 2025. This includes:</p> <ul style="list-style-type: none"> • Cleansing current scheme membership data to ensure Disclosure Scotland are notified of those who have left SFRS employment or are no longer undertaking regulated work. • Reviewing and updating recruitment processes and documents to reflect PVG changes. • Reviewing and updating leaver and redeployment processes and documents to reflect PVG changes.
4	Recommendation
4.1	The People Committee is asked to scrutinise the report.
5	Key Strategic Implications
5.1	Risk
5.1.1	Risks identified and tracked and managed through the People risk register.
5.2	Financial
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	Environmental & Sustainability
5.3.1	There are no environmental and sustainability implications arising from this report.
5.4	Workforce
5.4.1	The report outlines organisational performance against key people and workforce measures.
5.5	Health & Safety
5.5.1	There is potential that some of the absences reported in this paper result from Health & Safety related incidents.
5.6	Health & Wellbeing
5.6.1	The report details a range of health & wellbeing activities to support employee wellbeing, attendance and performance.
5.7	Training
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	Timing
5.8.1	The report details performance over the first quarter of 2023/24 and provides longer term trend analysis.
5.9	Performance
5.9.1	The report details organisational performance against a range of people measures.
5.10	Communications & Engagement
5.10.1	This report is shared with a range of governance forums for scrutiny and for information.
5.11	Legal
5.11.1	Some elements of the report relate to SFRS' legal responsibilities as an employer.

5.12 5.12.1	Information Governance DPIA not required for this report.	
5.13 5.13.1	Equalities EHRIA not required for this report.	
5.14 5.14.1	Service Delivery There are no direct Service Delivery implications arising from this report.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Lyndsey Gaja, Interim Head of People
7.2	Level of Assurance: (Mark as appropriate)	Substantial /Reasonable/Limited/Insufficient
7.3	Rationale:	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.
8	Appendices/Further Reading	
8.1	Appendix A: Q3 People Performance Report	
Prepared by:		People Managers and DMT
Sponsored by:		Lyndsey Gaja, Interim Director of People
Presented by:		Lyndsey Gaja, Interim Director of People
Links to Strategy and Corporate Values		
Strategic Plan 2022-25 Outcome 6: The experience of those who work for SFRS improves as we are the best employers we can be.		
Governance Route for Report		Meeting Date
<i>People Committee</i>		<i>6 March 2025</i>
		Report Classification/ Comments
		<i>For Scrutiny</i>



People Quarterly Management Information Report Quarter 3 2024 / 25

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Introduction

The performance of the Scottish Fire and Rescue Service (SFRS) is set out against the priorities established by Scottish Government in the Fire and Rescue Framework for Scotland 2022. In turn these priorities are reflected in the outcomes of SFRS' strategic plan, including outcome six: ***“The experience of those who work for SFRS improves as we are the best employer we can be.”***

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

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

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

A number of other areas will be monitored and analysed at a local level and used to inform progress against objectives.

Executive Summary

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

Significant senior level recruitment processes were progressed in quarter 3, with the Chief Officer, Deputy Chief Officer and 2 Assistant Chief Officers taking up post, and the process launching to appoint a substantive Deputy Chief Officer Corporate Services. In addition, 12 colleagues were promoted to Group Commander and 26 to Station Commander, following conclusion of the selection and placement processes.

The Trainee Firefighters who commenced in August 2024 concluded their foundation course in December, contributing to an improvement in Resource Based Crewing staff numbers. Quarter 4 will see the next intake of 72 trainees join the service, along with an On Call to Wholetime migration cohort and a group of external transferees joining from other UK Fire and Rescue Services.

Although Operations Control saw a reduction in staff numbers for the third consecutive quarter, a very successful recruitment campaign concluded and 16 new Firefighter (Control) Trainees will join the Service in quarter 4. A paper on Operations Control improvement plans will be presented to People Committee this quarter.

Staff turnover reduced slightly this quarter, while the vacancy rate remained broadly in line with last quarter. Although there was an expected seasonal increase in short-term absences due to respiratory illness, overall absence rates remained stable at 4.4% and have been consistently at around this level for the last 10 quarters.

Section 1

1.1

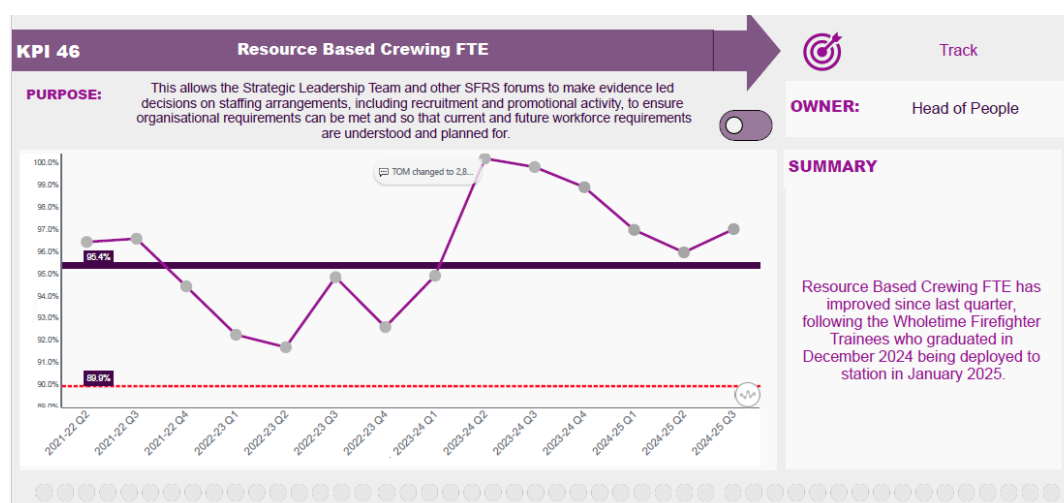
Strengthen and continually improve our approach to Strategic Resourcing Planning, ensuring that SFRS current and future workforce requirements are understood and planned for

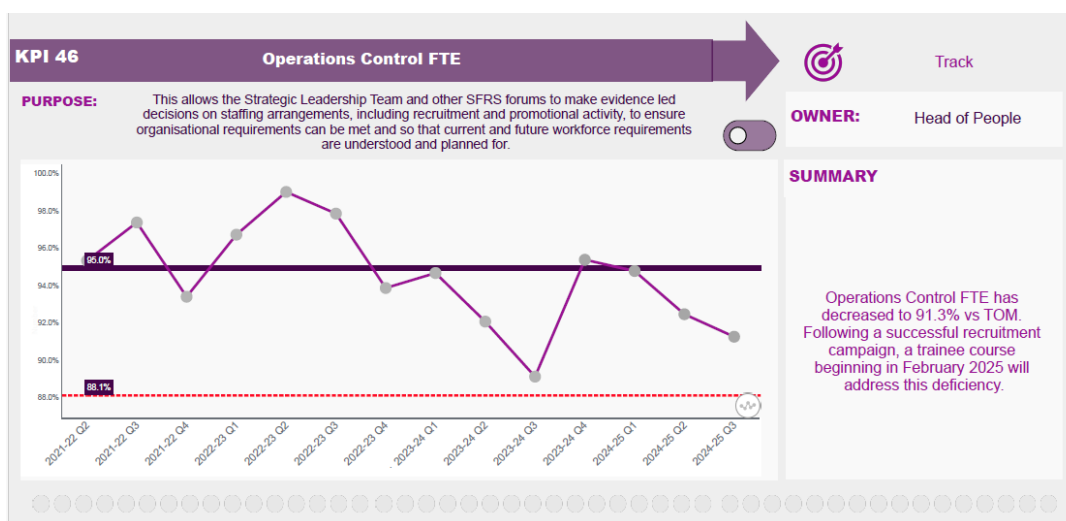
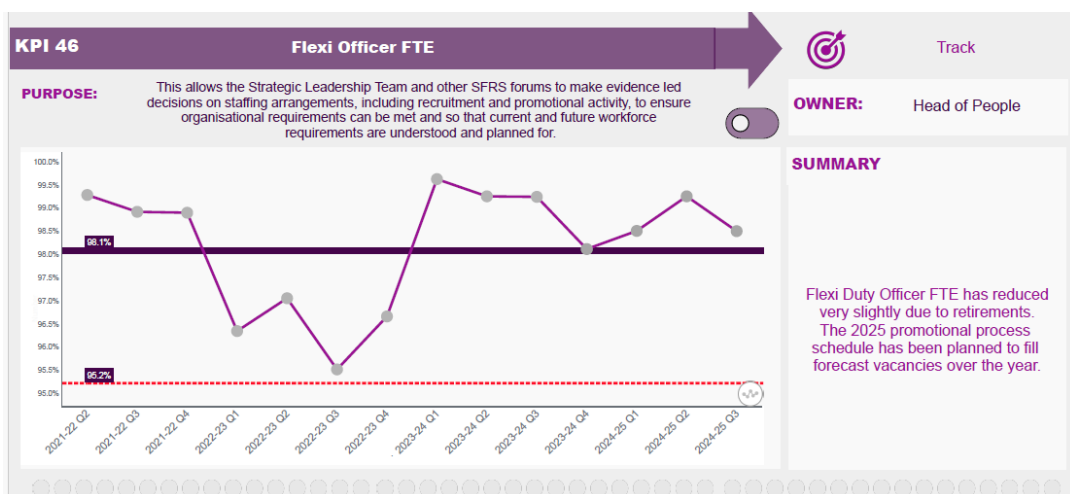
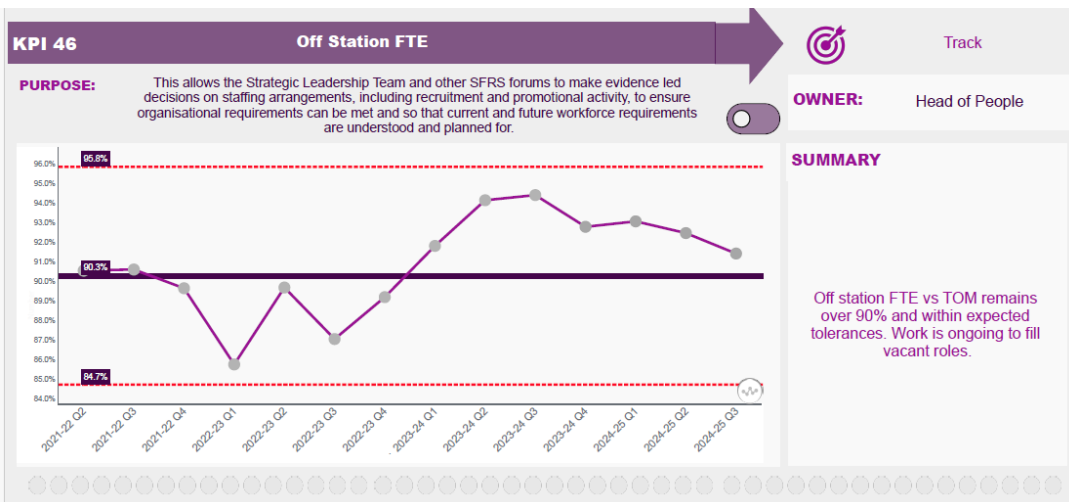
1.1.1 Full Time Equivalent (FTE) against Target Operating Model (TOM) by employee group (KPI 46)

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	350	256	-	3461	58	3309	377	172	861	8238
Initiatives, Projects and Capital Funded	-	11	12	-	23	-	-	-	3	72	98
Actual (FTE)	2770	330	264	1	3365	58	2291	274	157	834	6979
Actual (Headcount)	2773	330	264	1	3368	60	2722	274	160	896	7480

*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 2024, SFRS employed 6905 people, equating to a headcount of 7519. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract). In addition to the figures in the above table; 12 employees are on external Secondment (including union duties), 16 on career or reservist breaks and 11 in Partnership Initiative funded posts.





KPI 46

Rural Full-time FTE



Track

PURPOSE:

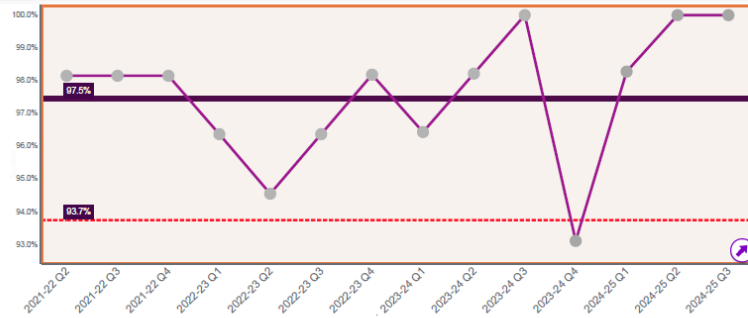
This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

OWNER:

Head of People

SUMMARY

The rural full time staff group remains fully established.



KPI 46

On Call Retained FTE



Track

PURPOSE:

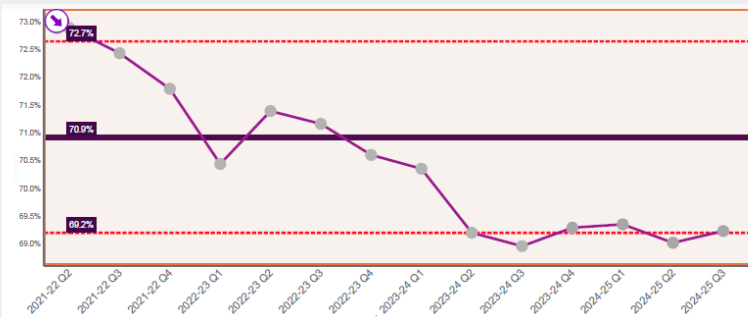
This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

OWNER:

Head of People

SUMMARY

On Call Retained FTE has remained stable over the last 5 quarters, following a period of sustained decline. Greater flexibilities in On Call Retained contractual arrangements, introduced in January 2025, has the potential to support longer term improvements to recruitment and retention.



KPI 46

On Call Volunteer FTE



Track

PURPOSE:

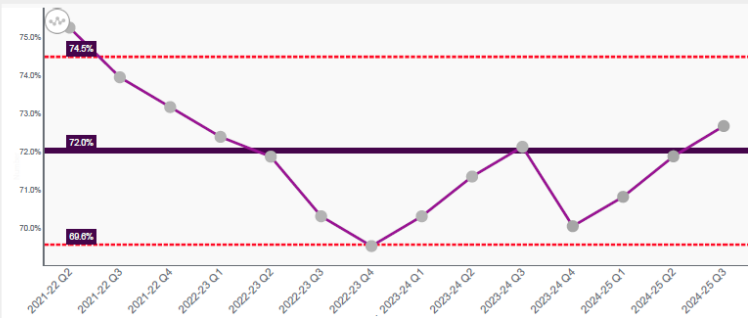
This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.

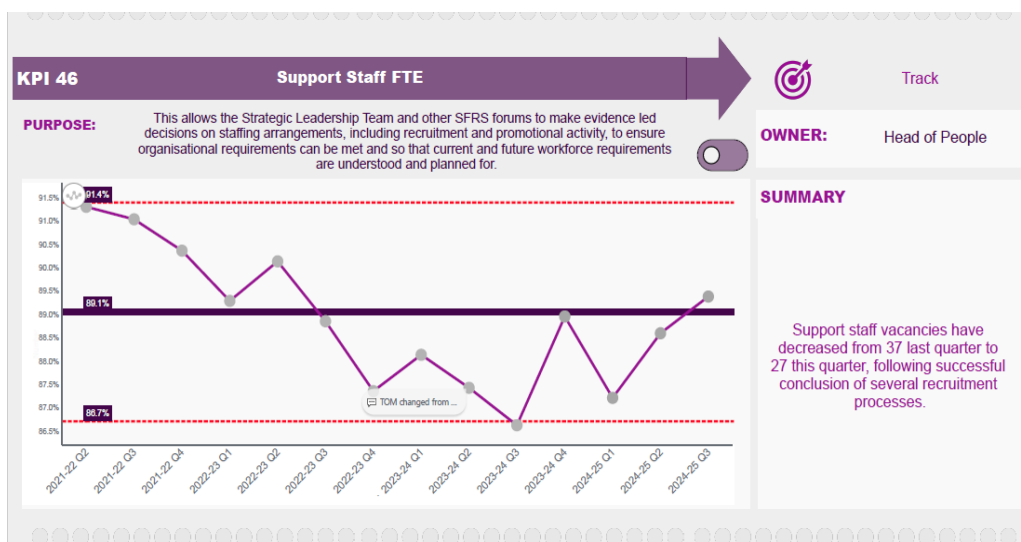
OWNER:

Head of People

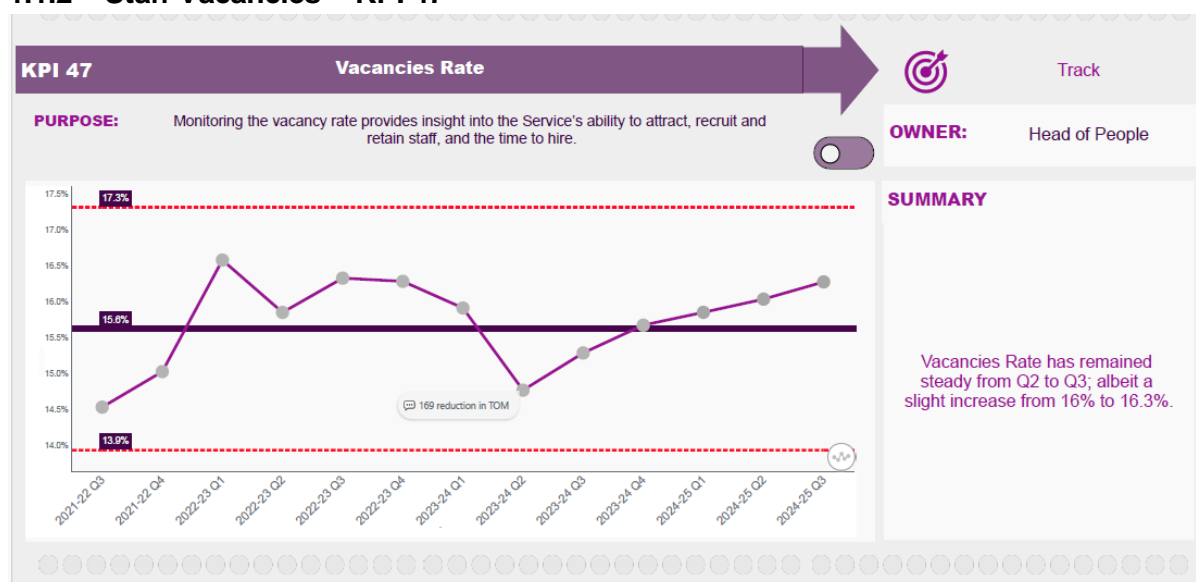
SUMMARY

On Call Volunteer FTE vs TOM has increased for the third consecutive quarter.





1.1.2 Staff Vacancies – KPI 47



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)	84	32	4	120	-	1018	103	18	98	1357

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

EMPLOYEE GROUP	Wholetime (WDS)				Retained*		VDS*	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS*				
Vacancy (%)	2.9%	8.9%	1.5%	3.4%	0.0%	30.8%	27.3%	10.5%	10.5%	16.3%

*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% in quarter 2 to 16.3% in quarter 3. The main area of increased vacancies is within the WDS (from 2.5% to 3.4%). The Operations Control vacancy rate increased from 7.6% to 10.5% due to retirements and resignations. With 16 trainees starting in quarter 4 this vacancy rate will reduce.

Workforce planning forecasts indicate that there will be a continued deficiency against the interim Target Operating Model (TOM) as we move through 2025. Planned recruitment activity continues with the Resourcing Plan for 2025 now approved and published. Actual retirements versus forecast continues to be monitored and reported to inform recruitment requirements within the Wholetime Uniformed Staff Group. The retiral forecast has been accurate throughout 2024 and is now included within monthly SLT reports.

The trainee Firefighters who started their training in August 204 took up their posts on station in January 2025. A further intake of 72 Wholetime Firefighters commenced in February 2025 with 60 attending at the National Training Centre (NTC) and 12 attending Newbridge. In addition, 9 On Call staff completed a migration course into Wholetime in January 2025 with plans for 9 external transfers to complete their training in March 2025. Planning continues with the remaining holding pool candidates for a further Wholetime training course in August 2025 with a Strategic Leadership Team (SLT) decision on final numbers anticipated in the near future.

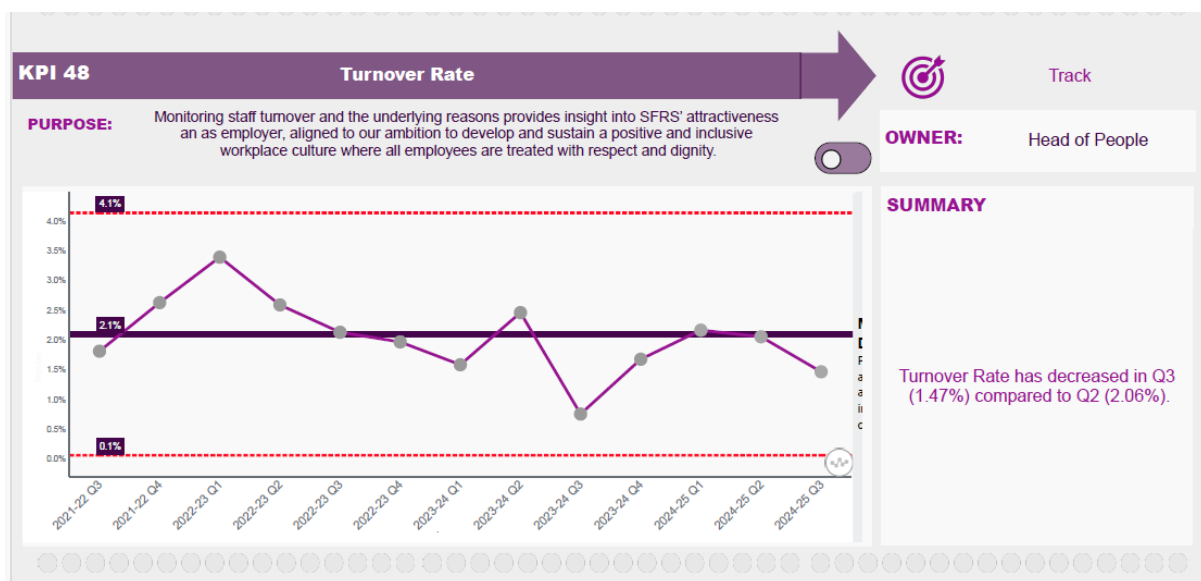
Planning has started in advance of advertising for new Wholetime Firefighter applicants over the summer of 2025. This is being supported by a cross-functional review of attraction and selection approaches, including positive action activities, over a short, medium and long-term time horizon.

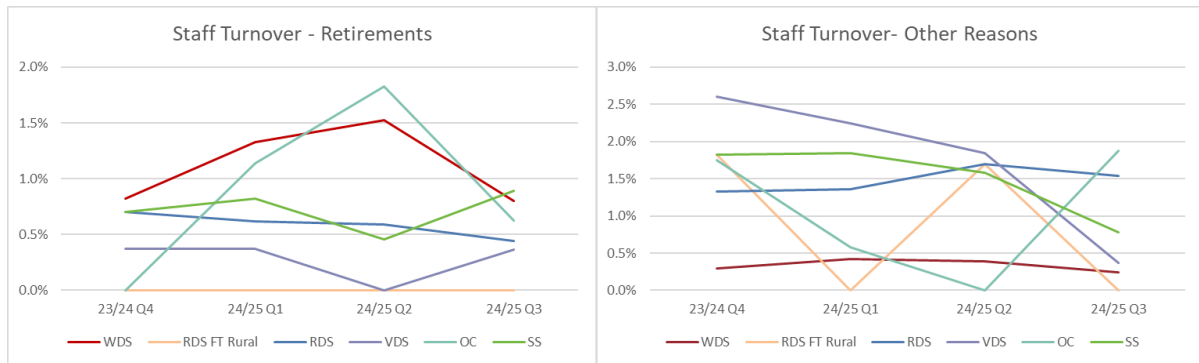
Promotional activity continued in quarter 3 with several processes concluding. Chief Officer and Deputy Chief Officer appointments were made in November, along with 2 substantive Assistant Chief Officer appointments.

The process also launched for the substantive Deputy Chief Officer – Corporate Services recruitment. Group Commander and Station Commander processes concluded with 12 and 26 appointments respectively, and the East SDA Crew Commander (CC) process finalised. A full review and evaluation of the CC process across the 3 SDAs took place in November to inform the Service’s approach to future promotional processes.

Engagement continues between the People Directorate and the On Call Strategic Coordination Group (OCSCG), On Call Improvement Team (OCIT) and On Call SDA Leads to ensure effective monitoring of candidate status/progress through the Recruitment and Selection (R&S) process, to ensure Task and Task Management (TTM) courses are filled timeously in line with the recruitment plan and aligned to station priorities. The TTM overall intake averaged 76% in 2024, an improved position from 70% in 2023. Improved communications and collaboration between all stakeholders, particularly the SDA On Call SPOC Leads has contributed to this improvement.

1.1.3 Staff Turnover – KPI 48





Turnover reduced across all staff groups with the exception of Operations Control, with the overall turnover rate reducing from 2.06% in quarter 2 to 1.47% in quarter 3. This is largely driven by a reduction in retirements in the Wholetime staff group.

Section 2

2.1

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

2.1.1 Grievance cases

Number of new Grievance cases per SDA/Directorate	Q1	Q2	Q3	Q4	Total
East	1	0	0	0	1
North	1	3	4	0	8
West	0	0	0	0	0
Directorate	1	1	0	0	2
Total	3	4	4	0	11

A total of 4 grievances were submitted within quarter 3, which consistent with the quarterly average year to date. All cases received in quarter 3 were within the North SDA. Two cases were in relation to a breach of confidentiality, whilst the other two cases were in relation to Breach of Policy. All Grievance cases which commenced in quarter 3 have now concluded.

2.1.2 Discipline cases

Number of new Disciplinary cases per SDA/Directorate	Q1	Q2	Q3	Q4	Total
East	5	3	4		12
North	8	8	9		25
West	3	13	12		28
Directorate	3	0	3		6
Total	19	24	28	0	71

A total of 28 new disciplinary cases commenced within quarter 3, which is an increase of 4 from the previous quarter. The main themes of these new cases were Breach of the Code of Conduct, Breach of Policy and Breach of Contract.

Of these new cases, 3 investigations were concluded within 6 weeks, 6 concluded within 6-12 weeks, 4 concluded in 12+ weeks and the remaining 15 investigations will carry over to quarter 4 2024/25. A total of 27 ongoing cases will now be carried forward into quarter 4, including cases which have hearing dates scheduled. Year to date, approximately 60% of cases have concluded within 12 weeks.

Planned annual leave across the festive period impacted the availability of employees, investigating officers, people advisers and union representatives. The complexity of some cases has resulted in an increase in expected timescales. There is ongoing work specifically in relation to Employee Relation (ER) investigations with a view to addressing several challenges including the time it can take to appoint Investigating Officers and the overall duration of investigations.

2.1.3 Confidential Reporting Line

The number of reports received by the Confidential Reporting Line (CRL) during quarter 3 was 6. The CRL has been live for 7 months, during which time 20 reports have been received and we remain within our benchmarked anticipated annual usage.

We continue to monitor communication and have published Safecall posters as a downloadable library resource on iHUB so that additional copies can be printed and displayed locally. Minor changes to how we manage the allocation of cases internally are planned in quarter 4, which will support the transition of this project to BAU.

Section 3

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

3.1.1 Top reasons for New Management Referrals

In quarter three there were a total of 323 new referrals. Musculoskeletal (MSK) and psychological continue to be the 2 leading reasons for referral:

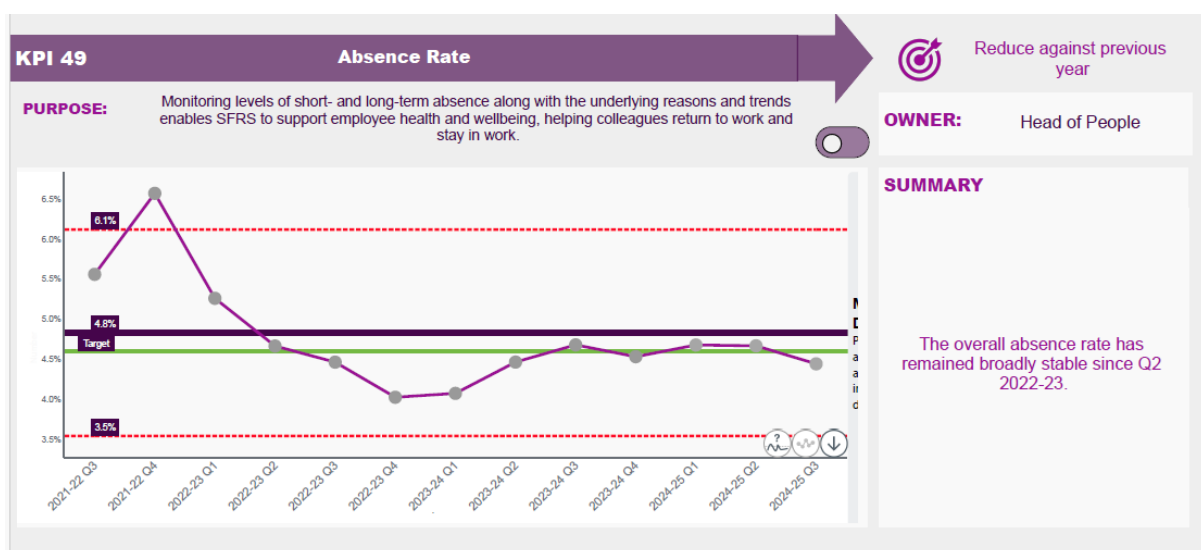
1. Musculoskeletal – 139
3. Psychological - 62

The number of MSK referrals shows an increase of c10% compared to the equivalent period in the previous year (125).

Psychological referrals are c20% lower than the equivalent period last year (81). Further analysis of the 62 new appointments attended due to psychological reasons shows that 27 were due to mental health and 35 due to stress. This represents an increase of 13 in mental health referrals compared to last year (14) and a decrease of 32 in stress referrals compared to last year (32).

Of the 35 referrals due to stress, 19 were attributed to work-related stress and 16 were attributed to non-work-related stress. The leading reason for work related stress in quarter 1 was Role (15). This is consistent with previous reporting periods.

3.1.2 Overall absence – KPI 49

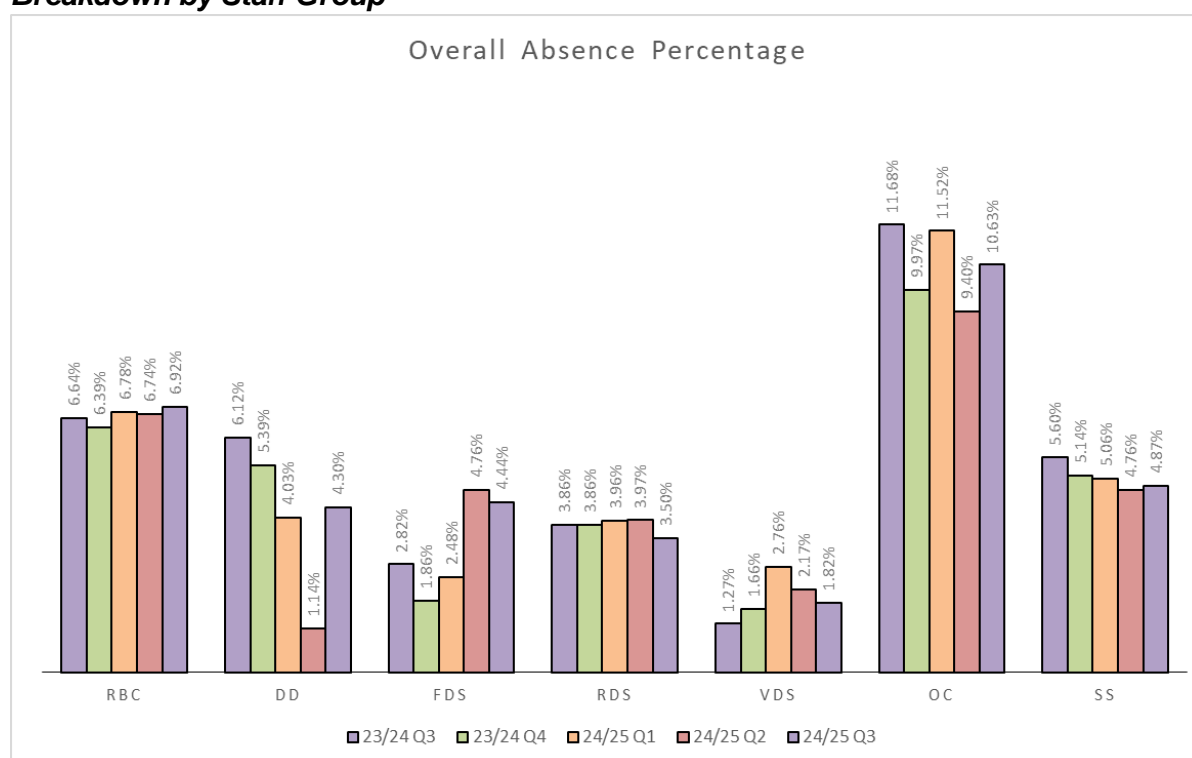


The overall absence percentage for all SFRS working days lost in quarter 3 was 4.44% which is on par with the previous quarter.

Absence rates are broadly consistent with the equivalent period last year, with the exception of Day Duty (decreased from 6.1% to 4.3%) and Flexi Duty Officers (increased from 2.8% to 4.4%).

Operations Control continues to experience the highest absences rate across all staff groups and remains high in quarter 3 at 10.63%.

Breakdown by Staff Group



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

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Short-Term Absence (work days lost versus work days available)	2.94%	0.86%	0.71%	2.34%	0.81%	0.15%	3.52%	1.46%	1.33%

The total of short-term absence increased marginally to 1.33% from 1.2% in quarter 2. However, DD, FDS and RDS have all seen slight decreases. People Advisers continue to support Line Managers in managing attendance and ensuring suitable monitoring is in place to reduce short-term absence.

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

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Long-Term Absence (workdays lost versus workdays available)	3.98%	3.44%	3.73%	3.87%	2.69%	1.66%	7.11%	3.42%	3.11%

There has been an overall reduction in the total long term absence rate since last quarter. While long term absence within OC has increased compared to last quarter (6.20%) it is in line with the same period last year (7.38%) and this will continue to be monitored closely. All long-term absences are monitored by Line Managers and appropriate support is provided by the People Directorate.

3.1.5 Short-term absence by top three absence reasons

Short Term Sick - Top 3 Reasons	Respiratory	Musculoskeletal	Stomach or Bowel	Other	TOTAL
RBC	1137	669	467	668	2941
DD	77	26	41	53	197
FDS	39	5	26	39	109
RDS	761	534	209	521	2025
VDS	0	15	0	23	38
OC	81	4	34	98	217
SS	264	22	63	259	608
Total Working Days Lost	2359	1275	840	1661	6135
Number of Employees	623	229	308	262	1422

3.1.6 Long-term absence by top three absence reasons

Long Term Sick - Top 3 Reasons	Musculoskeletal	Psychological	Surgical	Other	TOTAL
RBC	1864	762	616	750	3992
DD	213	400	105	70	788
FDS	0	282	167	123	572
RDS	3495	925	729	1582	6731
VDS	55	184	142	33	414
OC	90	179	15	154	438
SS	405	423	236	361	1425
Total Working Days Lost	6122	3155	2010	3073	14360
Number of Employees	165	100	58	91	414

The most common long-term absence reasons are in line with the previous quarter. There was a significant increase in respiratory linked short-term absence from 1833 days in quarter 2 to 2359 days in quarter 3. This is attributable to winter illnesses and is consistent with the increase seen in quarter 3 2023/24 (2655 days).

The overall working days lost due to long term absence due to psychological reasons has decreased by 549 days compared to the previous quarter, driven by reductions in RBC (decrease of 298 days) and RDS (decrease of 424 days) staff groups, partially off-set by increases in other staff groups.

Appendix 1 – Glossary of Terms

BAU	Business As Usual
CC	Crew Commander
CRL	Confidential Reporting Line
DD	Day Duty
ER	Employee Relations
FDS	Flexi Duty System
FTE	Full Time Equivalent
KPI	Key Performance Indicator
LTS	Long-term sick
MSK	Musculoskeletal
NTC	National Training Centre
OC	Operations Control
OCIT	On Call Improvement Team
OCSCG	On Call Strategic Coordination Group
On-Call RDS/VDS	Retained and Volunteer Duty System
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
R&S	Recruitment and Selection
RBC	Resource Based Crewing
RDS	Retained Duty System
RDS FT	Retained Duty System Full Time
SDA	Service Delivery Area
SFRS	Scottish Fire and Rescue Service
SLT	Strategic Leadership Team
SPOC	Single Point of Contact
SS	Support Staff
TOM	Target Operating Model
TSA	Training, Safety and Assurance
TTM	Task Management Courses
VDS	Volunteer Duty System
WDS	Watch Duty System

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/02-25

Agenda Item: 7.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	6 MARCH 2025						
Report Title:	STANDARDISATION OF RDS TERMS AND CONDITIONS UPDATE						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	The purpose of the report is to provide an update on the implementation of the standardisation of Retained Duty System (RDS) Terms and Conditions (T&Cs) of employment.						
2	Background						
2.1	On the formation of the Scottish Fire and Rescue Service (SFRS), RDS staff transferred on their 8 separate legacy Terms and Conditions. This resulted in a range of challenges for SFRS including the risk of equal pay claims and has led to perceptions of unfairness amongst staff. This has also presented challenges to On Call Improvement workstreams, with pilots and trials having to be undertaken with cognisance of differing legacy arrangements.						
2.2	SFRS previously undertook a period of negotiations with the recognised Representative Bodies aimed at standardising the T&Cs of RDS employees. SFRS issued a package of proposals in January 2019, which were formally amended by SFRS following feedback from the Representative Bodies and a further period of negotiations later that year.						
2.3	Following rejection of these proposals by the Fire Brigades Union (FBU) and a subsequent process of external assistance from the Resolution Advisory Panel via the National Joint Council (NJC), ongoing discussions resulted in SFRS making a further enhancement to the proposals. While agreement was reached on many aspects of RDS T&Cs, agreement could not be reached on the introduction of greater flexibility regarding contractual hours of availability and retaining fees. The Grey Book provisions (at that time) were for contracts of 120 hours per week to attract a retaining fee of 10% of the equivalent Wholetime role. Contracts with reduced availability requirements could be offered, so long as the retaining fee was no less than 75% of the annual retainer for an employee providing full cover (i.e. 120 hours).						
2.4	Negotiations therefore paused in 2021/22 as a result and whilst dialogue has continued to seek to address this, including via external assistance, it had not been possible to reach agreement on this outstanding area.						
3	Main Report/Detail						
3.1	Following agreement on the 2023/24 pay offer for uniformed staff, negotiated via the NJC, a working group was set up to explore the matter of contractual hours of availability and retaining fees for RDS Firefighters. The report from this working group informed the						

	<p>2024/25 pay negotiations, and resulted in the introduction of five bands of availability (and subsequent amendment to the Grey Book), effective from 1 January 2025:</p> <ul style="list-style-type: none"> • Up to and including 30 hours availability per week, 5% of the equivalent wholetime role • from 31 hours per week and up to and including 60 hours availability per week, 7.5% of the equivalent wholetime role • from 61 hours per week and up to and including 90 hours availability per week, 10% of the equivalent wholetime role • from 91 hours availability per week and up to and including 119 hours, 12.5% of the equivalent wholetime role • at least 120 hours availability per week, 15% of the of the equivalent wholetime role
3.2	As this addressed the remaining area on which agreement on standardisation of RDS T&Cs could not previously be reached, this national agreement presented an opportunity to recommence standardisation negotiations at local (SFRS) level.
3.3	Since July 2024, the Service conducted a series of negotiation meetings with the FBU and the Fire & Rescue Service Association (FRSA) to revisit the previous formal proposals on Standardisation of RDS T&Cs in the context of the new availability bands. All parties were committed to seeking agreement in principle on harmonised terms by late September 2024 to allow time thereafter for their respective governance processes ahead of implementation by 1 January 2025.
3.4	<p>The agreed areas within scope of the proposal were as follows:</p> <ul style="list-style-type: none"> • Management, calculation and payment of Annual Leave • Public Holiday provisions • Retaining Fee rates and hours of availability to be provided in return • Hourly rates paid for work activity • Multiple Disturbance Payments • Contractual obligations of Dual Contract employees • Pay Protection provisions • Miscellaneous Allowance provisions • Provision of time for weekly station activities and training
3.5	There was a broad agreement on most of the areas noted above, with further discussion required on calculation of annual leave, public holidays, and specification of when availability is to be provided for the revised pay bands. A series of negotiation meetings took place to allow discussions to progress on these aspects.
3.6	At its meeting on 12 September 2024, the Remuneration, Appointments & Notifications Sub-Committee (RANSc), agreed the final proposals by way of a draft collective agreement on standardisation of RDS T&Cs for implementation on 1 January 2025.
3.7	This was presented to the representative bodies in final negotiations meetings in late September 2024. Thereafter both the FBU and FRSA undertook their own internal governance on the final offer and then carried out a consultative ballot of their respective members, each with a recommendation to accept, with the outcome being an acceptance of the offer by a significant majority of both.
3.8	<u>Implementation Arrangements</u>
3.8.1	<p>The implementation of the agreed terms required SFRS to address a broad range of requirements between late October and the 1 January 2025 implementation date, including:</p> <ol style="list-style-type: none"> I. Policy/Guidance development, consultation and implementation II. iTrent configuration and the introduction of associated administrative processes III. Mapping colleagues to the new contractual levels of availability IV. Contractual variations and employee/manager communications

V. Pay Protection arrangements (where applicable)

3.8.2

All 3 associated policies were approved with a 1-year initial review period to allow for these to be appropriately embedded and any issues around their practical application in supporting the principled agreement to be considered, prior to these falling in line with normal policy review arrangements.

3.9

Impact of Implementation

3.9.1

Following issue of the Dual Contracts Policy for familiarisation, its implementation was deferred until 31 March 2025 based on feedback on its introduction and, in particular, the impact of the Working Time Regulations which had been outlined within this. This period has allowed a further review of this Policy based on feedback, to identify opportunities to provide greater clarity where possible, as well as to allow managers to have discussions with their staff to ensure understanding of, and compliance with, the Working Time Regulations. Additional guidance on the Working Time Regulations for all colleague groups has also been developed as part of this work.

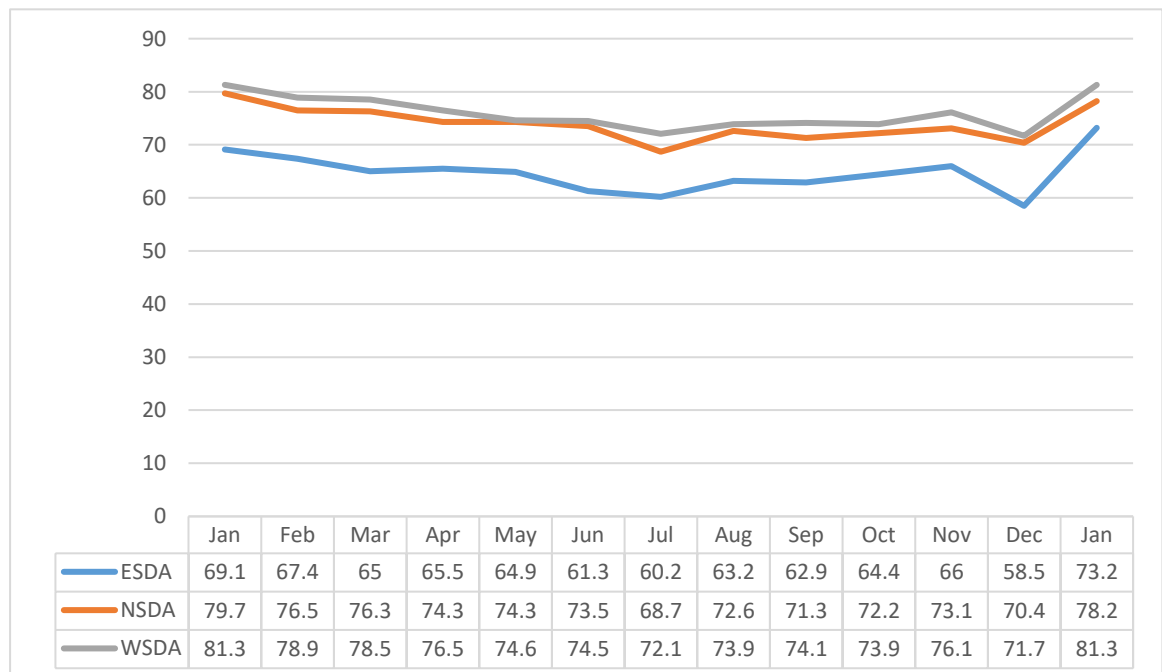
3.9.2

On Call availability is being closely monitored to determine the impacts that the introduction of new T&Cs and contract bandings are having on appliance availability. Initial data shows that for the month of January 2025, average On Call appliance availability was as follows (with availability information for the month of December 2024 also included for comparison):

Service Delivery Area (SDA)	Jan 25	Dec 24
East	73.2%	58.5%
North	78.2%	70.4%
West	81.3%	71.7%

3.9.3

When measuring availability trends over a longer time period, On Call appliance availability for the 2024 calendar year shows the following:



3.9.4

This is a pleasing trend, but it should be noted that On Call availability is subject to certain influences, such as annual leave demands during peak times etc and as such it is important that the impact on appliance availability is measured over a longer period of time to identify more robust data trends. This will therefore continue to be monitored and will be further scrutinised when the Dual Contract Policy is implemented on 1 April 2025 to understand

	<p>any additional impact it brings. The On Call Improvement Team (OCIT) will be responsible for this monitoring and this will be carried out in both the short (Q4 of this year and Q1 of 2025/26) and medium term (Q2 and Q3 leading up to the 12 month review), with reference made to comparable reporting periods from 2024. OCIT will provide these reports to both the On Call Strategic Co-Ordinating Group (OCSCG) and to the Operational Availability Group (OAG) for information, and onwards to the Service Delivery Board for scrutiny as appropriate.</p>
3.10	<p><u>Benefits to SFRS</u></p>
3.10.1	<p>The standardisation of RDS T&Cs are envisaged to provide a number of benefits to SFRS, with the most obvious benefit being the removal of the complexity of managing all legacy area T&Cs. This will allow for a consistent national approach to the management and administration of our On Call colleagues and appliance availability, as well as enabling On Call Improvement workstreams by providing a consistent approach to pilots and trials. Whilst On Call Improvement workstreams could be progressed in the absence of service wide T&Cs, this was often frustrated by the need to adhere to legacy T&Cs and associated processes, which often caused additional complexity.</p>
3.10.2	<p>The introduction of the contract bandings allows for additional flexibility to be afforded to RDS employees, ensuring employees have access to work life balance opportunities to suit their primary employment and lifestyle. This also enables LSO areas to have additional flexibility to recruit personnel to meet the needs of the Service; in particular through more targeted recruitment for daytime cover.</p>
3.10.3	<p>The flexibility created will not only aid recruitment, but also the retention of employees who may have struggled historically to meet minimum hours. It is hoped that this will also have an impact on wellbeing by providing that flexibility and increasing station morale. The changes to bandings have also seen an increase in remuneration to reward the commitment shown by RDS employees.</p>
3.10.4	<p>The introduction of the Dual Contract Policy on 1 April 2025 will also give clear guidance to those SFRS employees who provide On Call cover as well their primary role within SFRS (including 5 Watch Duty System (WDS), Day Duty and Operations Control (OC) and their respective line managers). At time of writing, SFRS has a total of 594 dual contracted staff across the Service and the implementation of the Dual Contract Policy will assist with the management of personnel and availability, setting out clear criteria and expectations for current and prospective dual contracted staff on the obligations set out in the Working Time Regulations and the need to ensure appropriate rest periods are taken between the dual roles they undertake for SFRS. This will ensure the health and wellbeing of these employees is prioritised and they are afforded time away from SFRS service, as well as ensuring SFRS meets both its moral and legal obligations to safeguard the wellbeing of employees and contributing to employee safety and effectiveness.</p>
3.11	<p><u>Rostering Project</u></p>
3.11.1	<p>As the Rostering project seeks to implement a single SFRS system for the management and administration of both WDS and On Call personnel, the standardisation of RDS T&Cs affords this project significant benefits and opportunities for greater efficiency. This includes:</p> <ul style="list-style-type: none"> • Standardisation of annual leave (including PH) entitlement, negating the need for the new SFRS Gartan system to recognise legacy annual leave arrangements and removing the need to amend the system in the future; • Introduction of Retainer Banding Levels, allowing the system to be built to reflect the 5 different levels of RDS Contract now on offer and, again, negating the need to retrospectively change the system once implemented; • In regard to Dual Contracted employees, the Rostering Project will allow oversight of both the primary role and the On Call role carried out by employees in a single system,

	which will allow for managerial oversight and monitoring to ensure the health, safety and wellbeing of employees is prioritised.
3.12	<u>Performance and Measurement</u>
3.12.1	<p>The impact of the RDS T&Cs and associated policies will be measured using the following performance criteria:</p> <ul style="list-style-type: none"> • Recruitment: The recruitment levels of RDS Trainee Firefighters across the 5 Banding Levels will provide a quantitative measurement of how effective the greater flexibility afforded by the banding changes has been; • Appliance Availability: Appliance availability will be monitored in the short to medium term utilising the GARTAN availability system and Power BI. This will enable measurement of positive/negative trends, particularly in regard to daytime cover; • Retention: The leaver profile from the RDS, coupled with thematic reviews of the Exit Interview process, will allow for measurement of employee retention and any links to the RDS T&Cs and/or associated policies to be identified (for example where colleagues who may otherwise have resigned their RDS contract move to a lower band of availability); • Payroll and other costs: Implementation of the additional RDS Retainer Bandings, coupled with the standardisation of other financial elements (such as the Scottish Disturbance Supplements, turnout payments and 3 hour drill night/weekly training), will provide measurable data on the financial costs associated with the RDS T&Cs.
3.13	<u>Service Delivery Review (SDR)</u>
3.13.1	<p>Whilst SDR is still to be fully defined and consulted upon, the introduction of standardised RDS T&Cs and associated policies may act as an enabler for elements of the SDR; particularly the potential increased use of On Call Support personnel (not just at Watch Commander level) or clustered crewing arrangements to support On Call appliance availability and local area resilience. The removal of legacy arrangements has removed potential barriers and challenges to introducing elements of change to On Call arrangements across SFRS, as well as providing clarity on payment for other work activities, which may support other elements of the SSRP programme in relation to Community Safety and other local preparedness activities etc.</p>
3.13.2	<p>The introduction of additional retainer bandings also presents opportunities for SDR regarding the flexibility that can be applied to RDS contracts, allowing for personnel to be employed at locations where CRIM modelling informs SFRS that resources should be available, but at times when the Service generally struggles to maintain standards of cover (such as Mon - Fri daytime). It is also anticipated that the flexibility afforded by the new bandings will make a career as an RDS firefighter more attractive to members of the community who couldn't otherwise have committed to a 75% or a 100% contract; including those with caring commitments. This could contribute to greater diversity within our On Call workforce and has the potential to support future elements of SDR, especially in our more remote and rural locations.</p>
3.13.3	<p>From a cultural perspective, the introduction of standardised T&Cs will also remove perceptions of unfairness across our RDS workforce, with some legacy areas being viewed as having unique allowances or elements of pay, reward and contractual commitment that other legacy services did not have. This means that, for any future SDR workstreams which follow from the consultation, our On Call response model is one which has parity across the country.</p>
4	Recommendation
4.1	People Committee is asked to scrutinise the report.

5	Key Strategic Implications
5.1 5.1.1 5.1.2	Risk Collective agreement was reached and this has reduced the risk of equal pay claims; data processing/administration and 8 different contracts of employment as well as continued perceptions of unfairness among staff. There is the risk of increased costs to SFRS as a result of increased retainer fees and / or colleagues moving to higher contract levels. It should be noted that the financial risks associated with increases across the Banding levels would be counteracted by additional benefit in terms of enhanced operational availability.
5.2 5.2.1 5.2.2	Financial Costs implications were incorporated into and as part of the negotiations. Information received from our Finance Business Partner informs us that, in July 2024, forecasts were made (based on the NJC uplift) which anticipated an increase of £300,000 on spending for Retainer Bandings per month. Based on actual data from the month of January however, it has been identified that this figure is £350,000 per month; which is attributed to more personnel than initially expected being migrated over to a Level 4 Banding. This will result in an additional £600 000 on next year's budget for On Call salaries.
5.3 5.3.1	Environmental & Sustainability None.
5.4 5.4.1	Workforce The collective agreement offers a greater flexibility to recruit and retain a wider representation of the local community; as well as providing an increase in remuneration for RDS employees.
5.5 5.5.1	Health & Safety None.
5.6 5.6.1 5.6.2	Health & Wellbeing Fair and equal rewards within the T&Cs of employees, including pay, are a significant factor in determining employee satisfaction and can have a positive impact on mental health. The flexibility offered by the new bandings should act as an aid to recruitment, thereby reducing the demands on existing On Call personnel and allowing for a better balance between SFRS commitments, primary employment and personal lives.
5.7 5.7.1	Training A range of guidance has been produced to support implementation arrangements and employee/manager understanding and to ensure consistency of approach.
5.8 5.8.1	Timing Implementation was effective from 1 January 2025. The Dual Contracts Policy will be implemented on 1 April 2025.
5.9 5.9.1 5.9.2	Performance The T&Cs of employees, including retaining fees and work patterns, are a significant factor in determining effective performance. The performance and measurement indicators to be used are detailed in Section 3.12.

5.10 5.10.1	Communications & Engagement Formal engagement to date with the representative bodies are outlined within the body of the report. A communications and engagement plan was implemented to support the delivery of planned changes and remains ongoing.	
5.11 5.11.1	Legal A risk of equal pay was identified and addressed within the negotiations. Legal advice was engaged through the standardisation negotiations and in development of Dual Contract and Working Time Regulations guidance.	
5.12 5.12.1	Information Governance No personal data is in scope of this paper.	
5.13 5.13.1	Equalities The equality impact of the proposal were considered as part of the analysis and development of options in relation to the changes to T&Cs. Individual EHRIAs have been produced alongside the development of the individual policies.	
5.14 5.14.1	Service Delivery The Operational Service Delivery Working Group fully input into the workstreams to support the standardisation work and will continue to monitor the impact of the revisions along with the OCIT.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Lyndsey Gaja, Interim Director of People
7.2	Level of Assurance: (Mark as appropriate)	Substantial /Reasonable/Limited/Insufficient
7.3	Rationale:	Based on engagement and negotiations a collective agreement has been reached to standardise the RDS T&Cs.
8	Appendices/Further Reading	
8.1	None	
Prepared by: Gillian Clark, People Manager Reward & Group Commander Les Mason, OCIT		
Sponsored by: Rachael Scott, Deputy Head of People		
Presented by: Gillian Clark, People Manager Reward & Group Commander Les Mason, OCIT		
Links to Strategy and Corporate Values		
Links to Strategic Plan 2022-25: Outcome 5 – We are a progressive organisation, use our resources responsibly and provide best value for money to the public. Outcome 6 – The experience of those who work for SFRS improves as we are the best employer we can be.		
Governance Route for Report		Meeting Date
People Committee		6 March 2025
		Report Classification/ Comments
		For Scrutiny

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
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Report No: C/PC/03-25

Agenda Item: 7.3

Report to:		PEOPLE COMMITTEE						
Meeting Date:		6 MARCH 2025						
Report Title:		TALENT IDENTIFICATION & DEVELOPMENT						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			A	B	C	D	E	F
1	Purpose							
1.1	To provide People Committee with an overview of the Service’s current approach to talent identification, development, and succession planning along with potential future developments.							
2	Background							
2.1	Over recent years Scottish Fire and Rescue Service (SFRS) has experienced a significant increase in retirels from the Service, due to changes in the Firefighter Pension Scheme and the pension remedy. This has also increased the degree of uncertainty in workforce forecasts. SFRS also continues to experience challenges in recruitment and retention of support staff, particularly in professional, technical and specialist roles. In addition, over the 2024/25 financial year, there has been significant change in SFRS’ strategic leadership due to planned retirements.							
2.2	Members of People Committee requested an overview of the Service’s approach to succession planning and talent identification / development as one of the mechanisms to address these challenges.							
3	Main Report/Detail							
3.1	<u>Succession Planning</u>							
3.1.1	Overview Succession planning is an important tool in ensuring the long-term stability and success of an organisation. It provides a structured approach to identifying workforce requirements and developing a talent pipeline. Effective succession planning helps to minimise disruptions caused by departures or retirements, safeguards institutional knowledge, enhances workforce agility, and supports strategic goals.							
3.1.2	Wholetime Uniformed Service Colleagues in the finance and workforce planning teams use a model to produce retirement forecasts based on factors related to age, length of service and pension scheme membership. The model identifies trigger points at which it is more likely that wholetime uniformed colleagues will choose to retire.							
3.1.3	At an organisational level, in addition to identifying wholetime recruitment requirements, this data is used to forecast succession requirements and plan the necessary promotion processes, which inform the resourcing plan (Appendix A).							

3.1.4	<p>The data is also used at a more granular level to understand the breadth and depth of internal talent pools for succession and to identify development priorities. For example, as part of the planning and preparation for strategic and executive level recruitment over 2024, uniformed Strategic Leadership Team (SLT) members and the Interim Director of People had a series of workshop meetings to review talent pools from Area Commander to DACO. These sessions, combined with candidate feedback from interview processes, was used to inform development priorities, including identifying several individuals where lateral moves to another post could broaden their skills and experience ahead of future promotion opportunities.</p>
3.1.5	<p>Support Staff</p> <p>Support staff turnover is less predictable compared to uniformed staff groups. The recent focus of talent and succession planning measures within support staff areas has been on developing and enhancing career pathways, as part of work to review structures and operating models. Examples include changes with the People, Portfolio Office and ICT team structures, introducing more clearly articulated development pathways to provide opportunities for colleagues to progress their careers with SFRS and for the organisation to improve talent retention. A similar approach is being taken in work to review structures within Asset Management, to address single points of failure, create clearer career paths, and build in opportunities for lateral moves for skills development. More detail on this work is provided in section 3.2, below.</p>
3.2	<p>Career & Development Pathways</p>
3.2.1	<p>As noted above, a core principle of the organisational design work that has taken place across a range of Corporate Service areas has been to enhance career pathways, development opportunities and succession planning, as illustrated in the following examples.</p>
3.2.2	<p><u>Portfolio Office</u></p> <p>The development of SFRS' Portfolio Office (PO) is supported by the introduction of PO Career Pathways. The PO Career Pathway tool clearly articulates the roles, key responsibilities, professional competencies, and suggested learning activities (using the 70/20/10 model). This will support colleagues working in the PO, or who are interested in a career in project and change management, to understand and develop the capabilities required of the role they are in and / or the role they aspire to. Excerpts from the PO Career Pathway are shown in Appendix B.</p>
3.2.3	<p><u>ICT</u></p> <p>As Committee members will be aware, SFRS has experienced significant, long-term challenges in attracting and retaining digital talent, with a current ICT vacancy rate of 29% leading to a reliance on contractors and agency staff. Following extensive engagement with stakeholders, colleagues and representative bodies over 2024, a new operating model and structure for ICT has been agreed, with job matching taking place over February 2025, followed by priority recruitment into vacant posts from March 2025. The revised operating model will modernise roles, responsibilities and job titles; develop the digital and technology skills the Service needs now and in the future; introduce additional Modern Apprentice, Graduate apprentice and Graduate roles to 'grow our own' talent; and address some of the Service's digital recruitment and retention challenges. The principles on which the model was designed are summarised below, with further detail on the approach shown at Appendix B.</p> <ul style="list-style-type: none"> • Improve performance • Reduction of direct reports for Team Managers • Modernising of job titles and descriptions to be more reflective of current job market and technologies • Identify and close skills gaps to enhance knowledge and capabilities • Create smaller more focused teams with succinct areas of expertise

	<ul style="list-style-type: none"> • Increase opportunities for career development and progression • Enhance the profile of the function • Address recruitment and retention challenges • Support SFRS and Scottish Government Digital, Data and Technology strategies • Within existing FTE and budget
3.2.4	This work has also provided a test case for the SFRS Organisational Change Framework, which is in the latter stages of development,
3.2.5	<p><u>Asset Management – Fleet Structure</u></p> <p>A similar approach is being taken in Asset Management to address a range of challenges in Fleet, including seeking to improve career development and progression opportunities; enhance succession planning; and build the skills and capabilities the Service will need in the future. Engagement and consultation with colleagues and representative bodies is underway to agree and introduce changes to the structure and roles in SFRS' Fleet team. The review seeks, within existing budgets, to:</p> <ul style="list-style-type: none"> • Continue to support delivery of SFRS plans and objectives • Improve Fleet performance in delivery of all services and projects • Create teams and processes focused on provision and support of national solutions • Establish more defined responsibilities for teams and individuals • Improve career progression opportunities for staff • Improve recruitment and retention of staff • Facilitate succession planning and remove the potential for single points of failure.
3.3	Management & Leadership Development
3.3.1	<p>Developing management and leadership capability was agreed as one of the priority work streams under SFRS' Cultural Action Plan, with one of the subgroups focused on this area. This commitment has been reiterated by the Chief Officer, who set out management and leadership development as one of his strategic priorities. The initial agreed focus was on the design of a development framework for SFRS' supervisory managers. Day 1: People Essentials was successfully designed and piloted in 2023/24 and is now in the delivery phase, with over 200 supervisory managers having attended so far, and feedback being overwhelmingly positive. The first on-call specific session was facilitated at a MELSB development day in January, with a modular, on-line pilot scheduled in February for WIOS supervisory managers. Discussions are ongoing to agree how participation will be prioritised, recognising considerations and challenges around geography, duty patterns, cost and maintaining availability. Days two and three are in the design stage, with plans to focus on training, safety, prevention and wellbeing.</p>
3.3.2	<p>In terms of middle and strategic managers, an engagement workshop will be facilitated at the Strategic Leaders Development Day on 12 March, to identify the key themes for inclusion in these programmes and to agree a cross-functional approach to programme design and delivery. Design and delivery plans will require to be developed in consideration of organisational resources and capacity constraints.</p>
4	Recommendation
4.1	People Committee is asked to scrutinise the report and provide comment or feedback.
5	Key Strategic Implications
5.1	Risk / Risk Appetite
5.1.1	<p>In relation to seeking innovative approaches to talent acquisition, development and retention SFRS has an Open appetite, looking to experiment with new methods of attracting, developing and retaining talent.</p>

5.1.2	Without appropriate succession planning and talent development arrangements, SFRS risks gaps in leadership, loss of talent, and compromised organisational performance.	
5.2	Financial	
5.2.1	Effective succession planning can mitigate the potential costs of leadership gaps.	
5.3	Environmental & Sustainability	
5.3.1	None identified.	
5.4	Workforce	
5.4.1	The workforce considerations are noted within the paper.	
5.5	Health & Safety	
5.5.1	No specific Health & Safety implications from the actions detailed in this report.	
5.6	Health & Wellbeing	
5.6.1	No specific H&W implications	
5.7	Training	
5.7.1	An overview of the approach to management and leadership development is noted in the paper. The highlighted organisational design activities all include a focus on training and development to build the skills and capabilities SFRS requires.	
5.8	Timing	
5.8.1	Timing considerations are noted in the main paper	
5.9	Performance	
5.9.1	Building management and leadership capabilities along with effective succession planning arrangements supports high levels of individual and organisational performance.	
5.10	Communications & Engagement	
5.10.1	N/A	
5.11	Legal	
5.11.1	There are no specific legal considerations.	
5.12	Information Governance	
5.12.1	N/A – no personal data	
5.13	Equalities	
5.13.1	Not applicable.	
5.14	Service Delivery	
5.14.1	Effective Succession Planning supports delivery of SFRS Services	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Lyndsey Gaja, Interim Director of People
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient
7.3	Rationale:	The Service has processes in place to review workforce forecasts, identify succession planning requirements, and review talent pools, although there are opportunities to mature

		and further embed the approach. Management and Leadership development is a priority for the Service and plans are in place / in development to deliver appropriate programmes, within organisational constraints.
8	Appendices/Further Reading	
8.1	Appendix A – 2025 Uniformed Resourcing Plan	
8.2	Appendix B – Excerpts from Portfolio Office Career Pathway	
8.3	Appendix C – Principles of ICT review	
Prepared by:		Input from People, ICT, Asset Management & Portfolio Office teams.
Sponsored by:		Lyndsey Gaja, Interim Director of People
Presented by:		Lyndsey Gaja, Interim Director of People
Links to Strategy and Corporate Values		
Outcome five: We are a progressive organisation, use our resources responsibly and provide best value for money to the public.		
Outcome six: The experience of those who work for SFRS improves as we are the best employer we can be.		
Governance Route for Report		Meeting Date
Report Classification/ Comments		
<i>People Committee</i>		<i>6 March 2025</i>
		<i>For Scrutiny</i>

Appendix A –2025 Uniformed Resourcing Plan

Composition of Panel			Campaign / Process				January		February		March		April		May		June		July		August		September		October		November																				
Chair	Panel Member 1	Panel Member 2	Campaign / Process	National / Local	Strategic Lead	Resourcing Lead	6th	13th	20th	27th	3rd	10th	17th	24th	31st	7th	14th	21st	28th	4th	11th	18th	25th	1st	8th	15th	22nd	29th	5th	12th	19th	26th	2nd	9th	16th	23rd	30th	6th	13th	20th	27th	3rd	10th	17th	24th		
Board Member	Board Member	Board Member	CO	National																																											
CO	Board Member	Board Member	DCO	National																																											
CO	DCO	DCO or Dir of People	ACO	National																																											
DCO	ACO	Dir of People	DACO	National																																											
ACO	DACO	Hd of People	AC	National																																											
DACO	AC	Dep Hd of People or People Manager	GC	National																																											
AC	GC	People Manager	SC	National																																											
GC/SC	N/A	People Manager	WC	Local (East)																																											
GC/SC	N/A	People Manager	WC	Local (North)																																											
GC/SC	N/A	People Manager	WC	Local (West)																																											
SC	N/A	People Advisor / Asst People Advisor	CC	Local (East)																																											
SC	N/A	People Advisor / Asst People Advisor	CC	Local (North)																																											
SC	N/A	People Advisor / Asst People Advisor	CC	Local (West)																																											
SC Control	N/A	People Advisor / Asst People Advisor	CC Control	National																																											
SC Control	N/A	People Advisor / Asst People Advisor	FF Control	National / Local																																											
WC	N/A	People Advisor / Asst People Advisor	WT FF - Aug 2025	National																																											
WC	N/A	People Advisor / Asst People Advisor	WT FF - Jan 2026	National																																											

Appendix B – Excerpts from Portfolio Office Career Pathway

Portfolio Office – Career Pathway Framework

Job Role	Responsibilities	Learning through experience	Learning through others	Learning through education	Key outputs
Business Change & Implementation Manager	The role of the Business Change Manager is to proactively prepare the SFRS for the impact of the changes being delivered by the project. The Business Change Manager provides a bridge between the project and the business users to ensure that activities are planned and completed to enable the business to implement the agreed change and realise the business benefits.	<ul style="list-style-type: none"> Taking responsibility for delivery of a programme of change including: <ul style="list-style-type: none"> Agile project delivery Change Lifecycle project delivery Continuous Improvement / LEAN project delivery 	<ul style="list-style-type: none"> Mentoring Shadowing Departmental Leadership Leading change teams 	<ul style="list-style-type: none"> APMG Change Management Practitioner Managing Successful Programmes MSP APMG Managing Benefits Practitioner APM Practitioner Qualification APM Registered Project Professional 	<ul style="list-style-type: none"> Personal development plan Monthly 1-2-1s with mentor Qualifications Evidence of learning through experience
Business Architecture & Analysis Manager	The Business Architecture, Analysis and Continuous Service Improvement Manager is responsible for providing analytical capabilities in support of SFRS' strategic portfolio of change.	<ul style="list-style-type: none"> Taking responsibility for the development of Business Architecture, Analysis, and Service Improvement <ul style="list-style-type: none"> EA artefacts Governance Deploying analytical capability 	<ul style="list-style-type: none"> Mentoring Shadowing Departmental Leadership Leading change teams 	<ul style="list-style-type: none"> APM Practitioner Qualification APM Registered Project Professional Agile Project Management Practitioner TOGAF BIZBOK LEAN Six-sigma Black Belt 	<ul style="list-style-type: none"> Personal development plan Monthly 1-2-1s with mentor Qualifications Evidence of learning through experience
Senior Project Manager	The role of the Snr Project Manager is to lead / manage the project and the project team on a day-to-day basis. The Project Manager is responsible for driving and overseeing the delivery of the project to ensure that the objectives are clearly defined and achieved within the agreed time, cost and quality constraints.	<ul style="list-style-type: none"> Taking responsibility for delivery of projects including: <ul style="list-style-type: none"> Agile project delivery Change Lifecycle project delivery Continuous Improvement / LEAN project delivery 	<ul style="list-style-type: none"> Mentoring Shadowing Departmental Leadership PMO Processes Leading change teams Microsoft Project 	<ul style="list-style-type: none"> PRINCE2 Practitioner Agile Project Management Practitioner APM Registered Project Professional 	<ul style="list-style-type: none"> Personal development plan Monthly 1-2-1s with mentor Qualifications Evidence of learning through experience
Portfolio Manager	The Portfolio Manager is primarily responsible for the prioritisation and effective allocation of resources, management of inter-dependencies and risks across the portfolio to ensure optimal delivery of strategic objectives in line with SFRS priorities.	<ul style="list-style-type: none"> Taking responsibility for delivery of a programme of change including: <ul style="list-style-type: none"> Agile project delivery Change Lifecycle project delivery Continuous Improvement / LEAN project delivery 	<ul style="list-style-type: none"> Mentoring Shadowing Team Leadership 	<ul style="list-style-type: none"> PRINCE2 Practitioner Managing Successful Programmes Practitioner Management of Risk Practitioner Managing Portfolios Practitioner Managing Successful Programmes Advanced Practitioner PM Practitioner Qualification APM Registered Project Professional 	<ul style="list-style-type: none"> Personal development plan Monthly 1-2-1s with mentor Qualifications Evidence of learning through experience

Core competency framework

Competency level	Competency level	Competency measure
No knowledge or skill	Skill or competency not expected or required for the role at this level	0
Basic knowledge/awareness	Knowledge/experience to be able to contribute to a process or activity to a high standard of quality	1
Full knowledge, performs with support	Ability to undertake an activity to a high level of quality with support and guidance of others	2
Routinely performs without supervision	Ability to routinely own and deliver to a high level of competency on a regular basis.	3
Performs, teaches, leads, directs	Ability to guide and train others in a particular competency, creates best practice and examples for others.	4

Competency	Objective	Portfolio Officer	Lead	BA	PM	Prog	Head of
Core	To act with consideration of issues, ethically, confidently, in a style appropriate to the environment, beyond the <u>basic necessities</u> and consistently with the plan of action.						
Judgment	Use appropriate strategies to achieve objectives, considering the situation, issues and persons involved. Reach sound decisions and take an appropriate course of action.	2	3	3	3	4	4
Integrity	Take actions that reflect commitments. Reliably deliver on and honour commitments. Uphold ethical and social norms of the organisation consistently in actions and decisions. Treat people fairly by maintaining consistent values and performance standards.	3	3	3	3	4	4
Self-confidence	Be willing to state and defend ideas and convictions while recognising other options. Have the confidence required to stand alone when this is the best course. Realistically trust one's own talent.	2	3	3	3	4	4
Flexibility	Tolerate ambiguity, shift priorities, change style and respond with new approaches as needed to deal with the demands of changed conditions.	2	3	3	3	4	4
Initiative	Actively and enthusiastically attempt to influence events. Seek opportunities to originate action. Take action beyond explicit requests and approach work in an optimistic manner. Be a self-starter.	2	3	3	3	4	4
Perseverance	Stay with a plan of action or position until the desired objective is attained or no longer appropriate. Patiently maintain a steady course and weather setbacks en route. Look for ways to surmount obstacles.	2	3	3	3	4	4

Competency	Objective	Portfolio Officer	Lead	BA	PM	Prog	Head of
Project Management	To ensure that the <u>programme</u> or project is managed correctly.						
Project Integration Management	To co-ordinate the diverse components of the project by quality project planning, execution and change control to achieve required balance of time, cost and quality.	1	3	3	3	4	4
Project Scope Management	To meet the required outcomes by including only the required work, and to control scope changes.	1	3	3	3	4	4
Project Time Management	To ensure timely completion of the project throughout the full lifecycle ensuring staff bill their time accurately and to forecast.	1	3	3	3	4	4
Project Cost Management	To track expenditure accurately and ensure that the project is completed within allotted budgets.	1	3	3	3	4	4
Project Quality Management	To ensure that the delivery will satisfy the overall business and technical requirements.	1	3	3	3	4	4
Project Resource Management	To employ quality leadership to achieve high levels of effectiveness through teamwork, ensuring capacity planning is undertaken to enable capacity management at an <u>organisations</u> level to take place.	1	3	3	3	4	4
Project Reporting Management	To create and distribute high quality project information and reporting.	1	3	3	3	4	4
Project RAID Management	To identify, control and resolve assumptions, risk, actions, issues and dependencies.	1	3	3	3	4	4
Project Procurement Management	To ensure procurement rules and policy are <u>adhered to</u> and result in a <u>high quality</u> service or fit for purpose asset.	1	3	3	3	4	4
Process, Tools and Techniques Management	To contribute to continuous improvement within the team. Enhancing artefacts and processes throughout project delivery lifecycle.	1	3	3	3	4	4

Appendix C – Principles of ICT Review

- 5 year operating model in line with best practice
- Work being done outwith job descriptions
- Modernising job titles and job descriptions in line with advancements in technology and process
- Identify and close skills gaps to enhance knowledge and capabilities
- Reducing line management responsibility for Team/Line Managers
- Better prioritisation of work items/tasks
- Opportunities for career development and progression
- All staff to be in permanent posts
- Review current and introduce new processes to improve efficiencies across the department
- Be more innovative by prioritising research and development
- Enhance the profile of the function
- Stop doing what we no longer need to do!!



Safety. Teamwork. Respect. Innovation.

- Better balance of resources to BAU v project work
- Recruitment/Retention challenges
- Support Digital, Data and Application Strategies
- Support direction from Scottish Government
- Better collaboration with other Digital teams, SFRS functions, SFRS directorates and other Blue Light Services
- Within existing FTE and budget
- Create smaller more focused teams with succinct areas of expertise
- Design roles that have the right work at the right level
- Better use of external assistance i.e. contractors and professional services
- Embed a more strategic approach through specialist and shared teams
- Adopt ways of working that better enable delivery of SFRS priorities and organisational change



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SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/05-25

Agenda Item: 8.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	6 MARCH 2025						
Report Title:	CULTURE ACTION PLAN – UPDATE PAPER						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	To update the People Committee on the progress of the pathway activities detailed within the Culture Action Plan (CAP) and delivered via the Culture Development Group (CDG) and associated sub-groups.						
2	Background						
2.1	Continued scrutiny of Fire and Rescue Services (FRS) in England and Wales has noted widespread discrimination, harassment and bullying through several published documents. This includes the London Fire Brigade report, HMICFRS 'Values and Culture in the FRS 2023' paper and the National Fire Chiefs Council (NFCC) Cultural Action Plan, as well as the HMICS Thematic Inspection into Organisational Culture in Police Scotland.						
2.2	The Scottish Fire and Rescue Service (SFRS) has reviewed our position against this external context and wider media reports and recognise that whilst these behaviours do not represent most of our employees, there is evidence of behaviour within the Service that does not fit with our values and professional standards. This cultural misalignment needs to be addressed as a strategic priority.						
2.3	A CAP has been initiated to address these concerns. Identifying three priority actions as strategic imperatives: <ol style="list-style-type: none"> 1. Attracting and supporting a more diverse pool of candidates. 2. Developing Managers and Leaders 3. Improving Business Intelligence to inform future actions. 						
2.4	Work on these actions continues under the governance of the CDG. The need for review continues to be shaped by many factors, including service transformation, public cultural and behavioural perceptions of the industry, as outlined above, as well as improvements identified by SFRS from employee relations cases.						
3	Main Report/Detail						
3.1	<u>Current Work in Progress</u>						
3.1.1	An update on the current progress across key enablers and work-streams that support the CAP is outlined below:-						
3.1.2	<u>Confidential Reporting Line</u> Activity from the Confidential Reporting Line (CRL) has remained static over recent months with the last report received on 26 November 2024. The CRL has been live for 9 months,						

	during which time 20 reports have been received and is within our benchmarked anticipated annual usage of circa 29 reports. There are currently 4 reports open and 16 closed. Planned changes to our internal handling of reports takes place during Q4 and will improve the efficiency of internal touchpoints, which will support the transition of this project towards BAU.																
3.1.3	The CRL reaches its first annual milestone on 13 May 2025 and a one-year post implementation review is planned, which will include a review of usage by quantity and type, assessment of project objectives, review of communication framework supporting the reporting line, stakeholder feedback and overview of lessons learned/areas for improvement.																
3.1.4	HMFSI Inspection HMFSI has interviewed SFRS policy owners, representatives from the People Directorate and conducted Station and Operations Control visits. In early January, Inspectors commenced a further series of MS Teams interviews with randomly selected samples of individuals across various functions. These interviews relate to organisational values, policies, procedures, and training that support organisational culture.																
3.1.5	The inspection is now in the analysis phase with the publication of the report anticipated in Spring 2025.																
3.1.6	Colleague Experience Survey Free Text Report Following discussion with Strategic Leadership Team (SLT) on the Colleague Experience Survey (CES2024) free text report on 17 December 2024, feedback indicated a need to reformat the document, which was thought to be lengthy and complex in presentation. The report has now been simplified and will be represented to SLT on 06 March 2025 for approval to publish subject to branding by the Communication & Engagement team in preparation for wider distribution to all colleagues. The publishing timeline will be subject to resource capacity within the Communications team, which has been flagged as a risk factor, with increasing pressure on the team to work across several key service priorities.																
3.1.7	Functional Dashboards The (14) functional dashboards have been received from Skills for Justice and are currently being reviewed and prepared for Governance. Distribution will also be subject to resource capacity within the Communications team to brand, ensure adherence to accessibility guidelines and advise on communication timelines. For ease of reference, the functional dashboards include: -																
	<table border="1"> <tr> <td>Corporate Services</td><td>Operational Services</td></tr> <tr> <td>Finance & Contractual Services – Asset Management</td><td>Operational Delivery</td></tr> <tr> <td>Finance & Contractual Services – Finance & Procurement</td><td>Service Delivery Area East</td></tr> <tr> <td>Finance & Contractual Services –Information & Communication Technology</td><td>Service Delivery Area West</td></tr> <tr> <td>People</td><td>Service Delivery Area North</td></tr> <tr> <td>Portfolio Office</td><td>Prevention, Protection & Preparedness</td></tr> <tr> <td>Strategic Planning, Performance & Communications – Communication & Engagement</td><td>Training, Safety & Assurance – Training</td></tr> <tr> <td>Strategic Planning, Performance & Communications – Governance, Strategy & Performance</td><td>Training, Safety & Assurance – Safety & Assurance</td></tr> </table>	Corporate Services	Operational Services	Finance & Contractual Services – Asset Management	Operational Delivery	Finance & Contractual Services – Finance & Procurement	Service Delivery Area East	Finance & Contractual Services –Information & Communication Technology	Service Delivery Area West	People	Service Delivery Area North	Portfolio Office	Prevention, Protection & Preparedness	Strategic Planning, Performance & Communications – Communication & Engagement	Training, Safety & Assurance – Training	Strategic Planning, Performance & Communications – Governance, Strategy & Performance	Training, Safety & Assurance – Safety & Assurance
Corporate Services	Operational Services																
Finance & Contractual Services – Asset Management	Operational Delivery																
Finance & Contractual Services – Finance & Procurement	Service Delivery Area East																
Finance & Contractual Services –Information & Communication Technology	Service Delivery Area West																
People	Service Delivery Area North																
Portfolio Office	Prevention, Protection & Preparedness																
Strategic Planning, Performance & Communications – Communication & Engagement	Training, Safety & Assurance – Training																
Strategic Planning, Performance & Communications – Governance, Strategy & Performance	Training, Safety & Assurance – Safety & Assurance																
3.1.8	Discussion Groups Low uptake for volunteer focus group participation has resulted in direct engagement with Service Delivery areas who are supporting a series of in-person discussion groups during																

	<p>March and April. Discussion group participation will also be extended across the service to ensure there is a breadth of representation. The focus group discussions remain a pivotal part of the employee survey life cycle and evaluation process as they provide a platform to validate results, identify key drivers and promote solution focussed discussions to inform the development of manager toolkits and action planning.</p>
3.1.9	<p>Culture Development Group & Subgroup Updates</p> <p>The Culture Development Group continue to meet regularly to discuss broader culture activity, identify further improvement opportunities and steer and evaluate the work of the subgroups.</p>
3.1.10	<p>A workshop has been arranged for 06 March 2025 so that sub-group leads can identify common culture related activity. This aims to identify areas for collaborative working, opportunities to maximise efficiency and sharing of resources to expedite outcomes where possible. The subgroups' progress is noted below; -</p>
3.1.11	<p>Professional Standards Subgroup</p> <p>The professional standards subgroup has been split into 3 deliverables. The key outputs and associated progress updates have been summarised below; -</p>
3.1.12	<p>Integrating Culture (Subgroup: 1 Core Code of Ethics)</p> <ol style="list-style-type: none"> 1. A review of NFCC Core Code of Ethics (completed, October 2024) 2. An Action plan for embedding them in SFRS culture and values (draft completed, November 2024) 3. Approval/endorsement from Service Delivery Board (April 2025)
3.1.13	<p>Integrating Culture (Subgroup: 2 Station & Professional Standards)</p> <ol style="list-style-type: none"> 1. A review of SFRS Station/Professional Standards (draft completed October 2024) 2. An action plan to ensure that SFRS core values, positive culture and ethical behaviour is embedded in watches and teams via the Station Standards and wider Operational Assurance/Station audit Process (draft completed November 2024) 3. Consideration of supporting measures (such as education, systems, audit, and training) that will support excellence in standards, behaviour, and culture on stations, in watches and teams in SFRS (Draft Completed December 2024) 4. Approval/endorsement from Service Delivery Board (April 2025)
3.1.14	<p>Integrating Culture (Subgroup: 3 High performing Teams with total psychological safety)</p> <ol style="list-style-type: none"> 1. A review and report on the relationship between psychological safety and high performing teams (expected March 2025). 2. A consideration of the measures, tools or frameworks that may help embed the concept of "high performing teams with total psychological safety" in SFRS (expected March 2025). 3. A review of any additional related (or unrelated) academic and industry concepts that could add value to the psychological wellbeing and cultural health of the SFRS (expected March 2025).
3.1.15	<p>In relation to the above progress the CDG have been asked to review the following papers for endorsement and progression through SFRS Governance:</p> <ol style="list-style-type: none"> 1. Core Code of Ethics Paper - recommending the adoption of NFCC's Core Code of Ethics for Fire and Rescue Services. 2. Professional and Station Standards Paper - recommending the implementation of a General Information Note (GIN) for Station Standards. 3. Total Psychological Safety in High Performing Teams Update – briefing paper to provide the CDG with a mandate to progress work in respect of embedding the concept of 'high performing teams with total psychological safety.'

3.1.16	<p>Organisational Learning Subgroup</p> <p>The following priority actions have been identified to inform the work of this subgroup; -</p> <ol style="list-style-type: none"> 1. To develop proposals for delivering a learning culture and supporting individuals/organisation to be receptive to feedback. 2. To review the current Exit Interview Questionnaire and propose improvements to the content to maximise information/ insight 3. Development of a Case Review process to support lessons learned and areas of good practice 4. Develop proposals to obtain feedback from other employment practices (people, asset, training)
3.1.17	<p>Progress Update: -</p> <ul style="list-style-type: none"> • The sub-group are considering a presentation on the importance of creating a feedback culture, the models that could be used and the areas for consideration. This will consider feedback on an organisational and individual level, the benefits and importance of developing a feedback culture. • A revised Exit Interview Questionnaire was presented to the CDG in December 2024 with feedback incorporated into the revised last version. This action now transitions to include an action incorporating the design and implementation of the new Exit Interview Questionnaire. • The sub-group has developed a draft proposal outlining an SFRS ER case review process and how ER organisational learning may be shared; proposals will be presented at the March subgroup meeting for consideration prior to recommendation to the CDG. • A review of current mechanisms for requesting feedback has commenced and potential opportunities identified. A 'Maternity Returners' questionnaire has been developed and piloted to gather feedback from employees who have had maternity leave. This will be reviewed to inform actions for other areas of feedback to be accessed. The subgroup has been asked to consider other priority areas of feedback for the March meeting.
3.1.18	<p>Management Development Subgroup</p> <p>The following priority actions have been identified to inform the work of this subgroup; -</p> <ol style="list-style-type: none"> 1. Support the development of Supervisory management framework, both in person training, guidance, and toolkits 2. To review the Induction content for internal promotions / movements to identify pathways/ development requirements 3. Consider and propose other opportunities for development (e.g. use of development days, appraisal) to support Development Frameworks
3.1.19	<p>Progress update; -</p> <ul style="list-style-type: none"> • MDF Day 1 'People Essentials' has been piloted across 134 supervisory managers, attending 12 sessions delivered during 2024. A Day 1 session for On-Call colleagues in MELSB was facilitated on 18/01/25 and was well received. Feedback from participants has been positive and is being used to inform changes. An additional 8 in person Day 1 sessions are planned, with a second On-Call pilot, this time in a modular MS Teams format, for WIOS Supervisory Managers during Q4. The development of Day 2 and Day 3 continues with short-term working groups, with input from subject matter experts. An overview of proposed Day 2 content (training, safety, and assurance) was discussed at the February sub-group meeting with feedback including requests to balance generic training needs with role specific requirements. Day 3 (Prevention, Protection and Preparedness (PPP) and Mental Health and Wellbeing/ Lifelines) will be discussed at the March sub-group meeting. • Induction documents have been collated for new and newly promoted employees. These, and induction packs for Operational Supervisory and Senior Officers is scheduled for discussion at the March sub-group meeting to consider wider Induction and documentation requirements for all 'newly appointed' staff. • Engagement has taken place to discuss topics and requirements to support the wider MDF. Sub-group members will re-engage with their functions/areas to collate any

	additional topics and requirements for review and discussion at the subgroup meeting in March.
3.1.20	<p>Attraction & Engagement Subgroup</p> <p>The following priority actions have been identified to inform the work of this subgroup; -</p> <ol style="list-style-type: none"> 1. Developing evidence-based recruitment campaigns aimed at enhancing diversity. 2. Reviewing the way that organisational values are promoted within SFRS, in line with the work undertaken by the Professional Standards Subgroup, 3. Developing a communications campaign to support the work undertaken within the Culture Development Group and designated sub-groups. 4. Developing a community engagement framework to support direct engagement with communities.
3.1.21	<p>Progress update; -</p> <ul style="list-style-type: none"> • One-to-one interviews (3 to date), focus groups (2 to date) and a stand at the Gurdwara has facilitated feedback from different ethnic minority groups, religions, and backgrounds about their perceptions of the role of a firefighter, and awareness of other roles within SFRS. • Feedback will be collated and, alongside ongoing scheduled visits, will continue to shape and inform the direction of the Attraction and Engagement Subgroup workstreams. • Feedback from the Women in the Fire Service Event held in September is also being reviewed.
3.1.22	<p>Future planned activity; -</p> <ul style="list-style-type: none"> • Engaging with Universities to expand feedback, with initial plans to meet with different student groups from Glasgow Caledonian University. • Continued planning and preparation of Subgroup lead Vlogs to share progress updates with all SFRS colleagues. Filming is complete for one of the updates and planning is underway for the remaining two. • Work continues on the day in the life of (DILo) firefighter video • Dual contract stories – sharing stories of employees with more than one role in the service, or interesting roles that people do alongside working with the SFRS. • Evaluation from OC recruitment campaign being shared with the subgroup to inform continued approach. • Full report of engagement activities to be completed. • Develop community engagement framework and scope pilot of a community engagement team. • Draft outline plan for developing an allyship programme.
3.1.23	<p>CDG Migration to Portfolio Office Governance</p> <p>A Business Change & Implementation Manager has been appointed by the Portfolio Office to provide project support across all culture related work.</p>
3.1.24	<p>As the CDG, sub-groups and other people related initiatives evolve, culture activity will continue to grow exponentially. This project support will help with the creation of the SFRS Culture Road Map, identify interdependencies with the Culture Action Plan and implement methodologies to track activity, measures, and success criteria.</p>
3.1.25	<p>Future Actions</p> <p>Following a session on Culture with the Board, SLT are considering a variety of next step options to ensure current activity is embedded whilst considering how we can build on this to continuously develop our culture aspirations.</p>

4	Recommendation
4.1	To note progress relating to key priorities identified within the Culture Action Plan, update on the work of the Culture Development Group (CDG) and associated subgroups to support delivery of these objectives.
5	Key Strategic Implications
5.1	Risk
5.1.1	There is a risk of potential reputational, legal and financial risks associated with any failure to embed an inclusive and psychologically healthy workplace culture. There is a potential risk associated with the timelines attached to the branding and communication of culture activity due to resource limitations within the Communication & Engagement team.
5.2	Financial
5.2.1	There are currently no financial implications. There may be financial implications associated with any future development of actions in support of the findings.
5.3	Environmental & Sustainability
5.3.1	There are no specific Environmental & Sustainability implications arising from this paper.
5.4	Workforce
5.4.1	There is a risk that cultural actions will not be effective if we do not engage with employees to identify their requirements and gain buy in. There is a risk of increased turnover in our workforce if we do not have a positive and inclusive culture.
5.5	Health & Safety
5.5.1	There are no specific Health and Safety implications arising from this paper.
5.6	Health & Wellbeing
5.6.1	There are no specific Health & Wellbeing implications arising from this paper, though the activities within the cultural action plan have the potential to positively impact employee health and wellbeing.
5.7	Training
5.7.1	There may be implications associated with future development frameworks for supervisory and middle managers.
5.8	Timing
5.8.1	Taking account of external reports in relation to culture across Fire and Rescue Services it is important to act responsively to support the delivery of planned activities for 2024/25.
5.9	Performance
5.9.1	Any improvement in cultural alignment with SFRS values will lead to improved engagement and productivity.
5.9.2	Any improvement in working environment directly calibrates with increased performance and productivity. Conversely, failure to maintain skilled and engaged employees could have a negative impact on performance.
5.10	Communications & Engagement
5.10.1	Engagement has taken place with representative bodies. Further engagement continues with managers and employees through the communication and roll out of the CAP and enabling workstreams. Ongoing support from the Communication & Engagement team is required to develop and deliver strategies to support the aims of the CAP and CDG, and to communicate associated activities across the Service.

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5.11	Legal	
5.11.1	There is a requirement to ensure that SFRS comply with employment legislation and our People policies; and that managers are appropriately trained to do so.	
5.12	Information Governance	
5.12.1	DPIA completed Yes/No. No personal data is in scope of this paper.	
5.13	Equalities	
5.13.1	EHRIA will be completed for any policy or practice change arising from this paper.	
5.14	Service Delivery	
5.14.1	Engagement and support from Service Delivery will be required to ensure successful delivery of the Cultural Action Plan.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Liz Barnes, Interim Deputy Chief Officer – Corporate Services
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient
7.3	Rationale:	Significant activity has taken place to progress the actions within the Cultural Action Plan and future activity has been prioritised.
8	Appendices/Further Reading	
8.1	None	
Prepared by:		KellyAnne McDougall, Talent Team
Sponsored by:		Liz Barnes, Interim Deputy Chief Officer – Corporate Services
Presented by:		Liz Barnes, Interim Deputy Chief Officer – Corporate Services
Links to Strategy and Corporate Values		
Outcome 5: We are a progressive organisation, use our resources responsibly and provide best value for money to the public. Outcome 6: The experience of those who work for SFRS improves as we are the best employer we can be.		
Governance Route for Report		Meeting Date
<i>People Committee</i>		<i>06 March 2025</i>
		Report Classification/ Comments
		<i>For Scrutiny</i>

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/05-25

Agenda Item: 9.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	6 MARCH 2025						
Report Title:	TRAINING FUNCTION UPDATE & PERFORMANCE REPORT Q3 2024-25						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	The purpose of this report is to provide a high-level overview of the Training Function activity and performance over Q3 2024-25.						
2	Background						
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 Scottish Fire and Rescue Service (SFRS) Strategic Plan 2022-25 and Performance Management Framework (PMF).						
3	Main Report/Detail						
3.1	For ease of reference, this report is split into two parts. Firstly, providing a Training Function Update (Appendix A) regarding key aspects of work across the Training Function over Q3 2023-24.						
3.2	Secondly, this report places a specific focus on the Key Performance Indicators as set out in the Performance Management Framework (PMF) 2023-24 . With an update into the Q3 2023-24 data, using the corporate Power BI reporting tool, aligned to the Training Function (see Appendix B).						
4	Recommendation						
4.1	To scrutinise the report and provide feedback as necessary on its content.						
5	Key Strategic Implications						
5.1	Risk						
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	Financial						
5.2.1	There are no financial implications arising from the content of this report.						

5.3	Environmental & Sustainability	
5.3.1	There are no environmental & sustainability implications arising from the content of this report.	
5.4	Workforce	
5.4.1	The purpose of this report is to strengthen performance managements and drive improvement of our workforce.	
5.5	Health & Safety	
5.5.1	There are no health and safety implications arising from the contents of this report.	
5.6	Health & Wellbeing	
5.6.1	There are no health and wellbeing implications arising from the contents of this report.	
5.7	Training	
5.7.1	To ensure we have personnel maintain their currency within required training requirements for their role.	
5.8	Timing	
5.8.1	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	Performance	
5.9.1	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	Communications & Engagement	
5.10.1	To ensure performance and risk is discussed at all levels and the content of this reports shared to the relevant forums.	
5.11	Legal	
5.11.1	There are no legal implications arising from the contents of this report.	
5.12	Information Governance	
5.12.1	DPIA completed No.	
5.13	Equalities	
5.13.1	EHRIA completed – Yes. Training Function EHRIA.docx	
5.14	Service Delivery	
5.14.1	To support and drive improvement across the Service in order to positively impact upon the delivery of our services to the communicates of Scotland.	
6	Core Brief	
6.1	N/A	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Craig McGoldrick, Director of Training Safety & Assurance
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient
7.3	Rationale:	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.

8	Appendices/Further Reading		
8.1	Appendix A – Training Function Update		
8.2	Appendix B– Training Function – Power BI Dashboard		
Prepared by:		Andy Scott, Learning Content, E-Systems & Performance Manager.	
Sponsored by:		Area Commander Ally Cameron, Training Function	
Presented by:		Deputy Assistant Chief Officer Ross Robison, Head of Training	
Links to Strategy and Corporate Values			
SFRS Strategic Plan 2022-25 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. 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. 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. SFRS Training Strategy 2023-28			
Governance Route for Report		Meeting Date	Report Comments Classification/
Training Functional Management Team		5 February 2025	For Scrutiny
Directorate Management Team		19 February 2025	For Scrutiny
People Committee		6 March 2025	For Scrutiny
Training Safety and Assurance Board		10 April 2025	For Scrutiny

TRAINING FUNCTION UPDATE

Introduction

The purpose of this report is to provide a high-level overview of the Training Function Performance Q3 2024-25. This will enable key stakeholders and owners, to identify areas which can be discussed and what improvement actions are required.

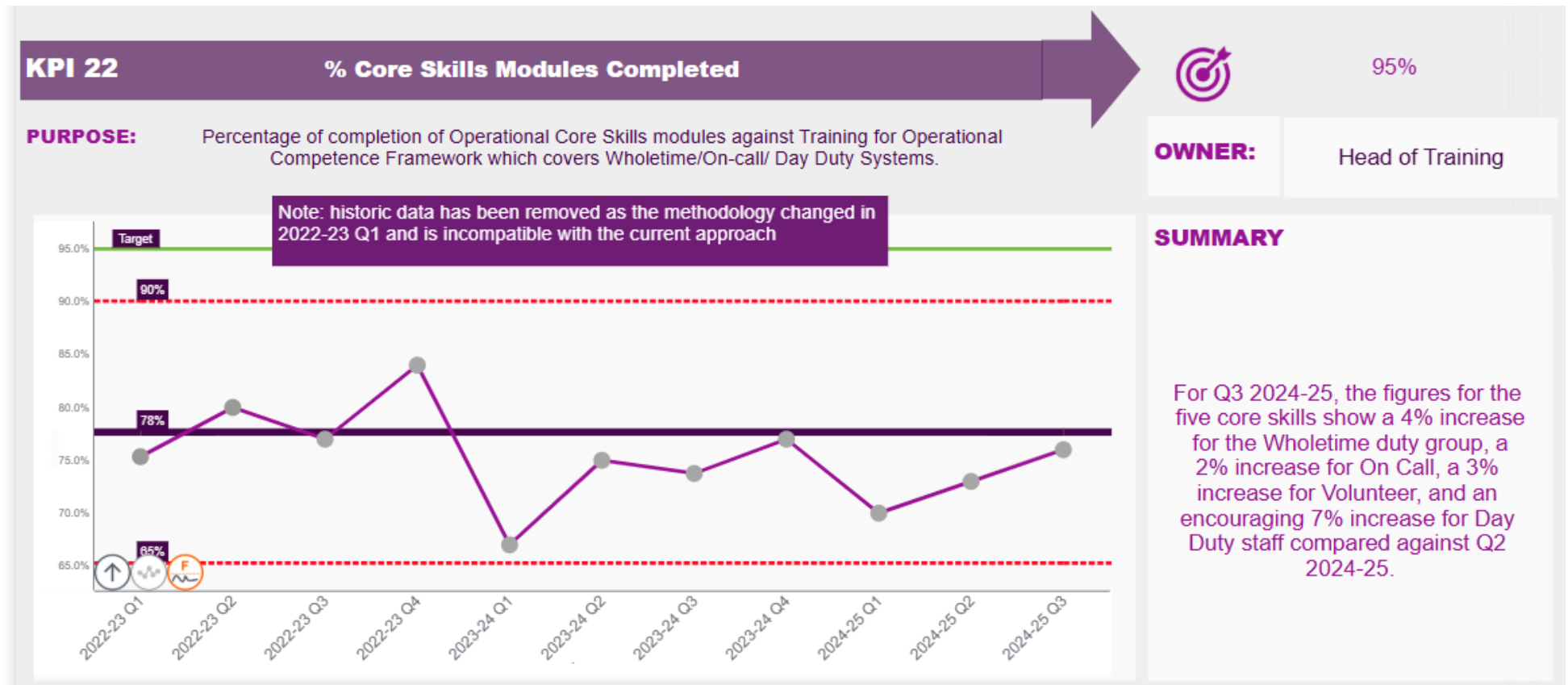
1.1 Key activity within the Training Function this quarter to support performance improvement.

SAFETY AND RISK REDUCTION	
TRAINING FUNCTION	
<u>Item</u>	<u>Commentary</u>
<u>FF Safety</u>	<p>The work to supply additional sets of Fire Kit is progressing well and Asset Resource Centres have started marking up the garments for distribution to each Training Centre through Q4 2024/25. A Management Arrangement process for requesting / delivering / laundering this additional PPE is also in development.</p> <p>Surveys are also being undertaken to identify suitable areas at NTC, Newbridge and Portlethen for BA Set cleaning machines, this will further improve our contaminants processes /procedures.</p>

QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS	
TRAINING FUNCTION	
<u>Item</u>	<u>Commentary</u>
<u>Quality Management System – Continuing Assessment Visit</u>	<p>The Training Function is currently in year two of a three-year external assessment programme covering all Training Centres and recently had a continuing assessment visit at the National Training Centre. This was carried out by British Standards Institution (BSI) who provide accredited certification to the ISO 9001 Quality Management standard. A range of areas were audited in the visit plan including the group management system, Instructor competence, course scheduling and bookings, credit rating and observation of training delivery.</p> <p>The objectives were achieved and the auditor determined that the certificate scope remains appropriate and that the Training Function fulfils the standards and audit criteria, and the management system continues to achieve its intended outcomes. There were no nonconformities identified during the assessment.</p>

HORIZON SCANNING	
TRAINING FUNCTION	
<u>Item</u>	<u>Commentary</u>
<u>XVR</u>	<p>An XVR demonstration was given to the Board and Strategic Leadership Team (SLT) in January at a combined event. The LED Team continue to explore opportunities and identify where this software can be utilised, including the creation of a Marine case study and a CPD scenario for FDO's.</p>

<u>Partnership Working</u>	<p>The Training Function, Frontline Support and the SAS have met to establish the parameters for a partnership approach for the EXIT project. It was recognised that this approach to developing and introducing EXIT project procedures will be essential going forward to ensure effective management of casualties at RTC incidents.</p>
<u>Capital Investment</u>	<p>A finalised draft of the Training Service Asset Management Plan has been through executive governance and sets out the commitment and support needed in conjunction with our Asset Management function to make the necessary improvements and investment across the Training Fleet, Property and Equipment moving forward. The was recently approved by the Statagic Leadership Team in January '25.</p> <p>The CFBT facility at Perth Training Centre is progressing with project briefing documents under review by Safety and Assurance and BA Recovery and Contaminants Leads. Once approved works will progress with the design team, to create this further improved CFBT asset available within the Service, as part of our Training Assets portfolio.</p>

POWER BI DASHBOARD DATA TRAINING FUNCTION: -

KPI 23 % Advanced, Support & Emerging Risks Modules Completed

95%

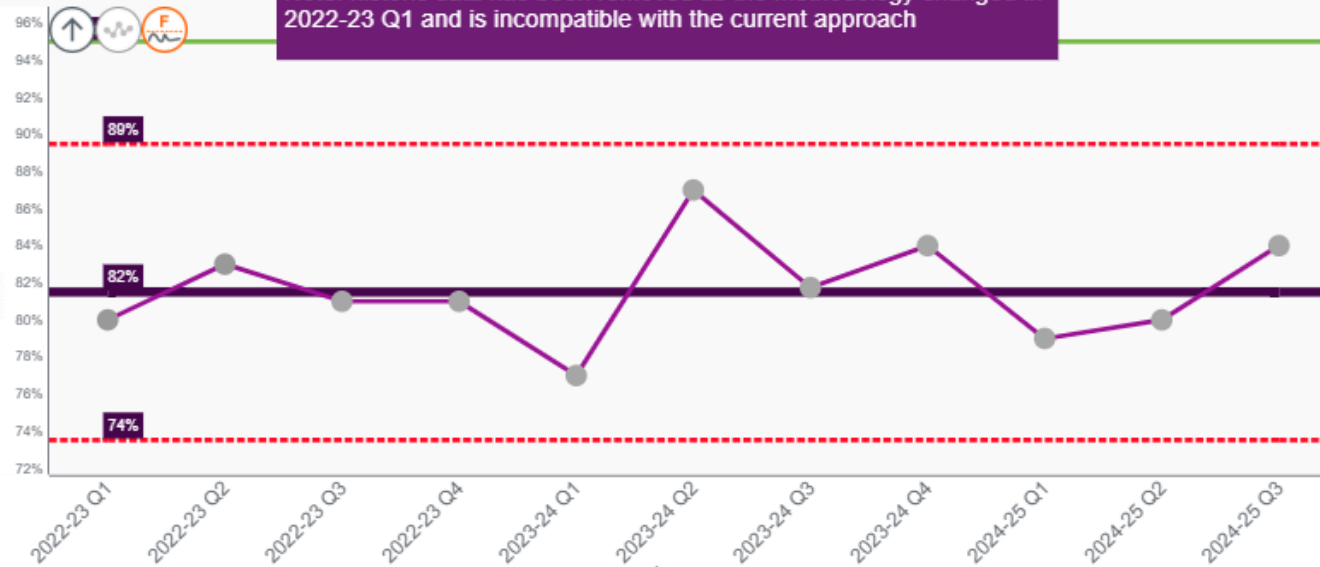
PURPOSE:

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

OWNER:

Head of Training

Note: historic data has been removed as the methodology changed in 2022-23 Q1 and is incompatible with the current approach

**SUMMARY**

The Q3 2024-25 data shows an increase in completion rates across all duty groups. Wholetime staff saw a 3% increase, Volunteer On Call staff had a 2% increase, and On Call and Day Duty staff recorded notable increases of 6% and 5%, respectively.

KPI 24**% Flexi Officer Module Completion**

95%

PURPOSE:

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

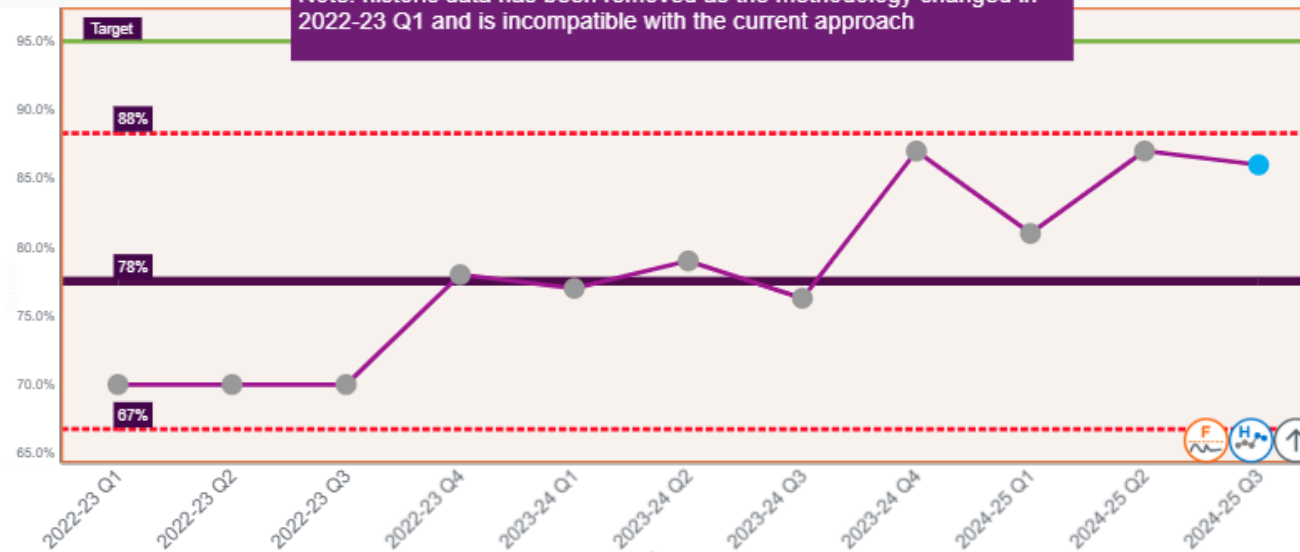
OWNER:

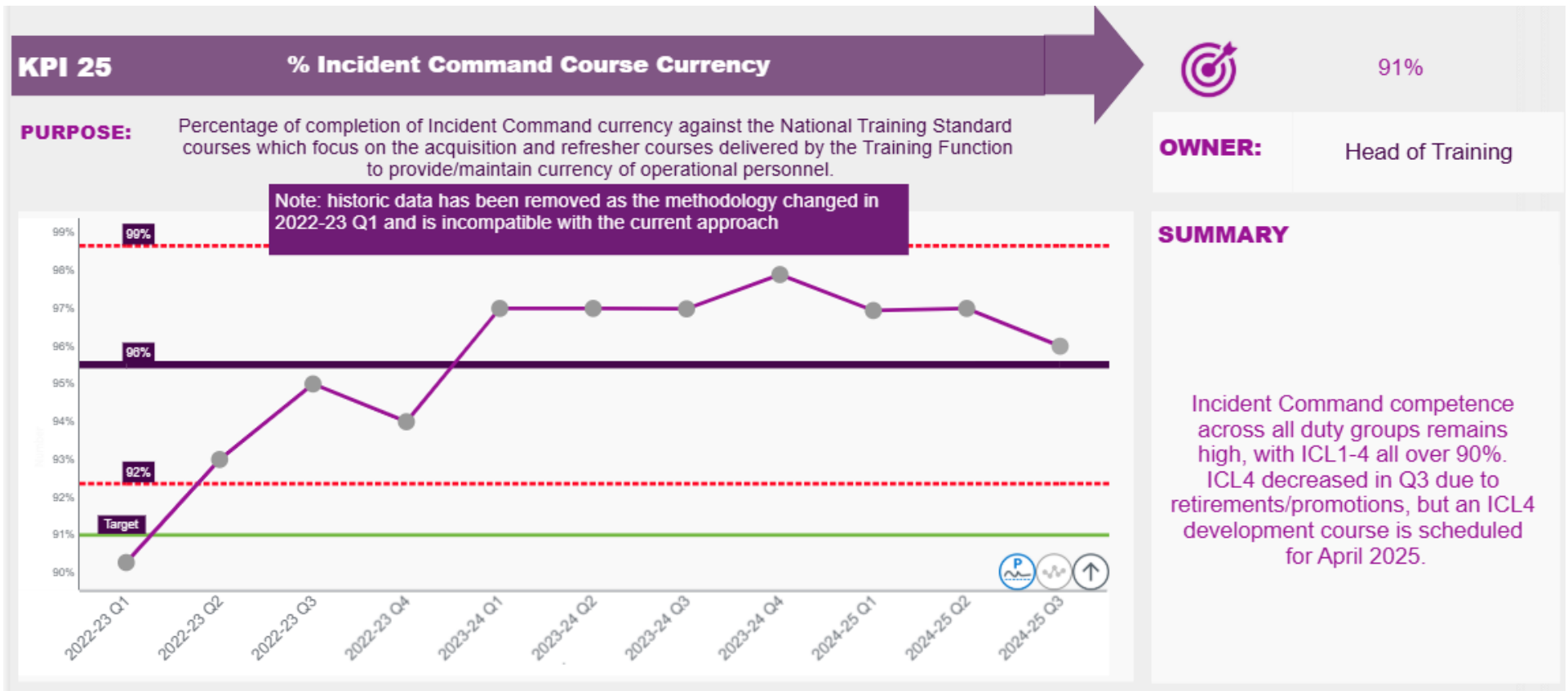
Head of Training

SUMMARY

Q3 2024-25 Flexi Duty Officer (FDO) Training for Operational Competence (TfOC) shows a 1% decrease from Q2 2024-25 but aligns with the annual upward trend. Ongoing communication and data scrutiny have improved completion rates over the year.

Note: historic data has been removed as the methodology changed in 2022-23 Q1 and is incompatible with the current approach





KPI 26**% Core Skills Currency**

73%

PURPOSE:

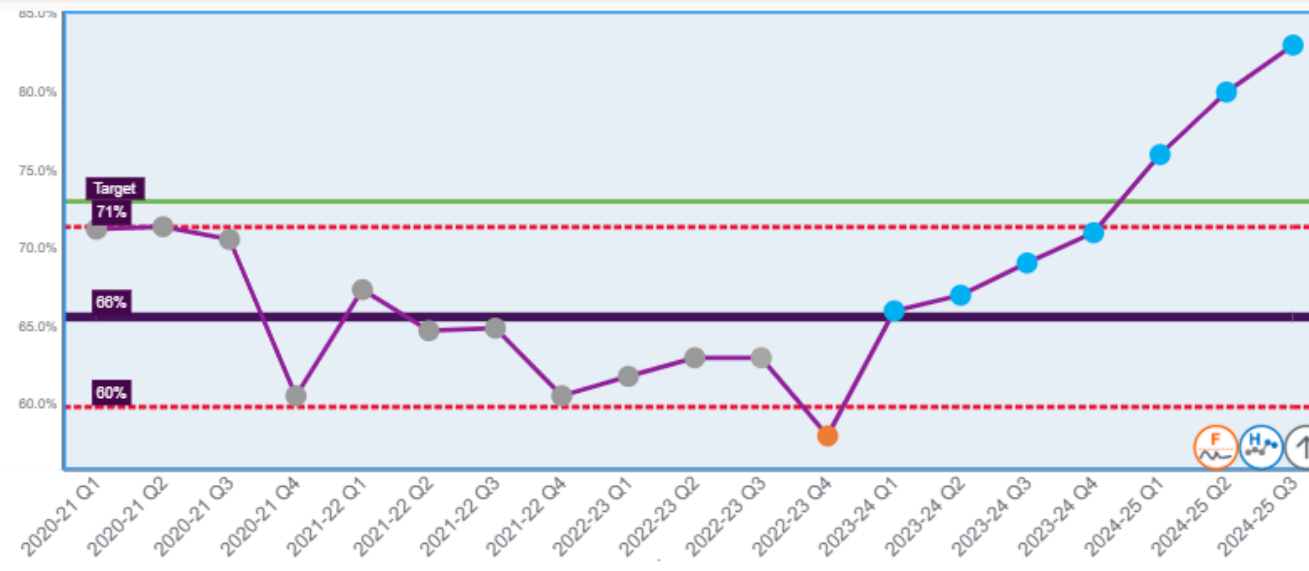
Percentage of completion of Core Skills currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.

OWNER:

Head of Training

SUMMARY

Q3 of 2024-25 showed a continued increase in completion rates across all core skills. The Breathing Apparatus Recovery Plan continues to make a positive contribution.



KPI 27**% Specialist Rescue Currency**

92%

PURPOSE:

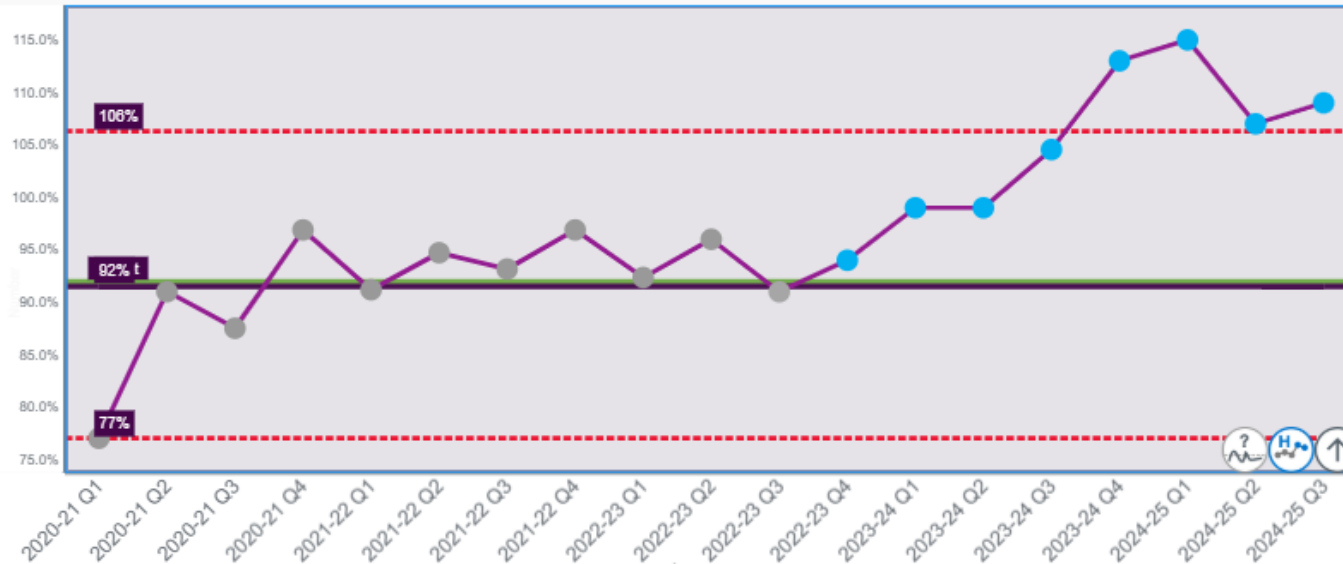
Percentage of completion of Specialist Rescue currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.

OWNER:

Head of Training

SUMMARY

Q3 of 2024-25 showed a slight increase in completion rates across 3 out of the 5 specialist skills. There was a slight decrease in Rope and Mass Decontamination. However, rates continue to remain above set targets, providing a level of resilience.



KPI 28**% Training Function Currency**

95%

PURPOSE:

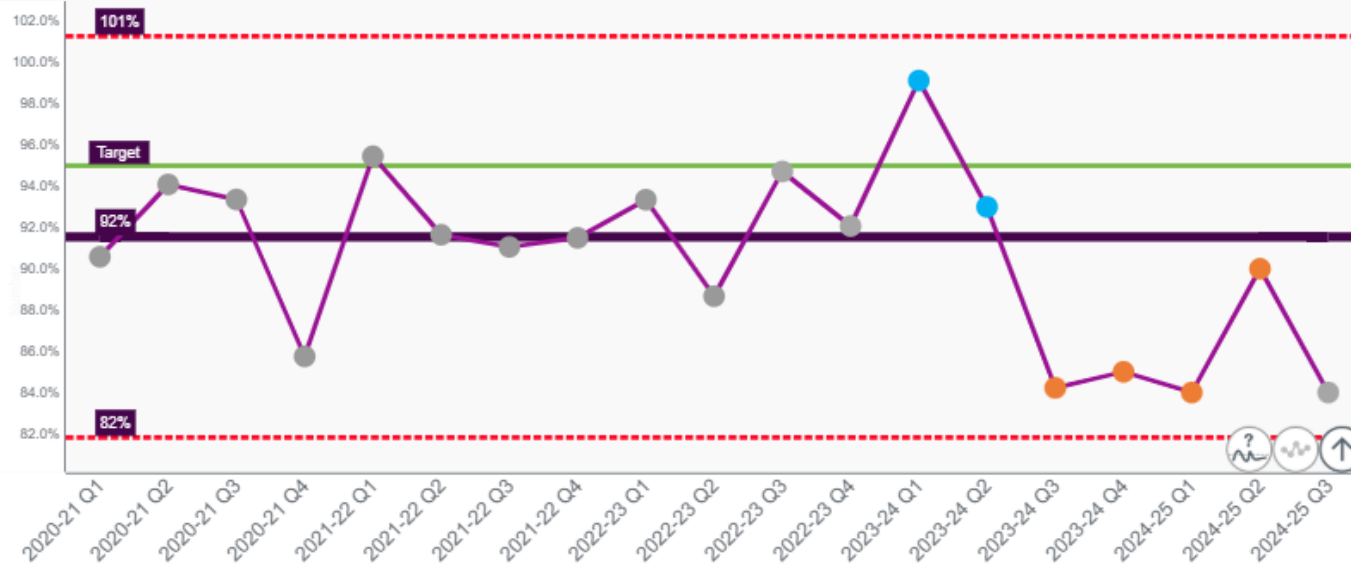
Percentage of all Training Function Courses delivered versus total number of courses scheduled within agreed Training Delivery Plan

OWNER:

Head of Training

SUMMARY

Q3 of 2024-25, the Training Function saw a slight decrease in completion rates from the previous quarter. Course cancellations due to priority changes and candidates failing to attend contributed to this decrease. Proactive measures are being implemented to address this in the next quarter.



KPI 29**Training - Customer Satisfaction Rate**

95%

PURPOSE:

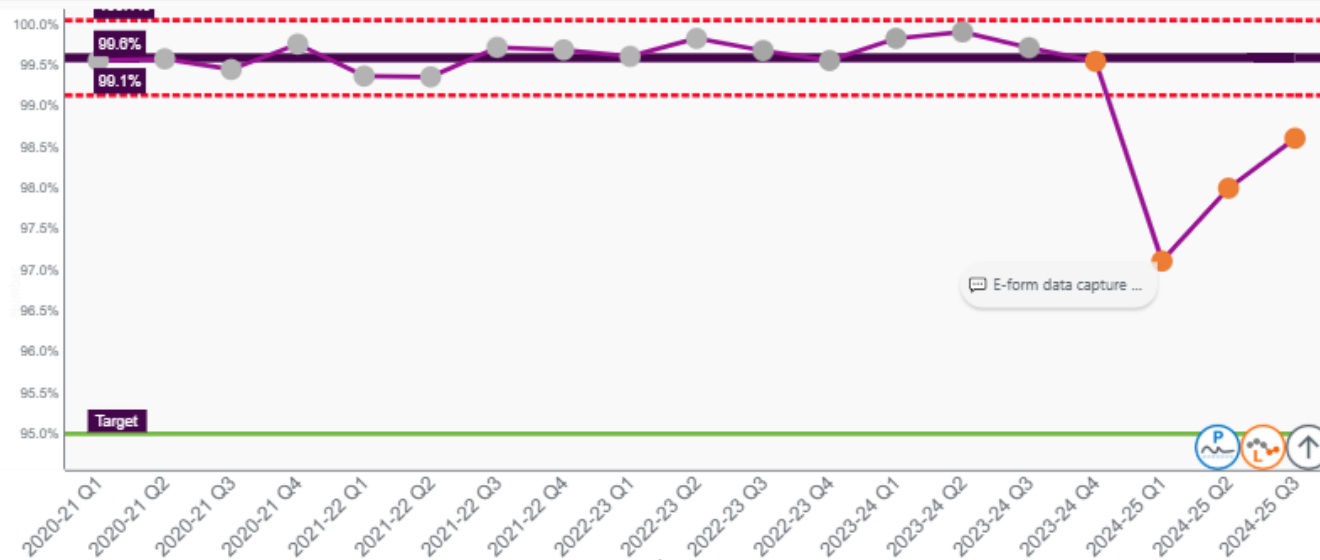
Percentage of candidate satisfaction against Training Function Course Delivery

OWNER:

Head of Training

SUMMARY

Q3 of 2024-25 shows a small increase in candidate satisfaction of 0.22% to 98.61% which remains above target (95%).



SCOTTISH FIRE AND RESCUE SERVICE

People Committee



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Report No: C/PC/06-25

Agenda Item: 9.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	6 MARCH 2025						
Report Title:	TRAINING FUNCTION PRESENTATION- FF CURRENCY/COMPETENCY						
Report Classification:	For Information Only	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this presentation is to provide a comprehensive overview of the development and competency roadmap for both wholetime and on-call firefighters. This will assist in understanding and correlating the roadmap to the People Committee Performance Management Framework (PMF) Key Performance Indicators (KPIs).						
2	Background						
2.1	This presentation outlines the phases of progression, training modules, and maintenance requirements essential for the firefighter role. It aims to provide clarity on the structured development pathway that ensures firefighters achieve the necessary competencies.						
3	Main Report/Detail						
3.1	The slide deck (Appendix A) will be used to present to the People Committee an overview of the 'competency journey' of a firefighter. It will highlight the dependencies and interdependencies of key training and assessment requirements at each phase, ensuring a structured progression towards competency in the required tasks and skillsets.						
3.2	Individual competencies are developed through bespoke training delivery methods, governed by training standards, NFCC requirements, Health and Safety Executive (HSE), requirements, and other external regulations such as Working at Height regulations. These standards and requirements establish the criteria for maintaining competency.						
3.3	Key discussion points will emphasize the linkages between currency and competence. According to the HSE competence is a combination of factors, not a single element: <i>"Competence can be described as the combination of training, skills, experience, and knowledge that a person has and their ability to apply them to perform a task safely. Other factors, such as attitude and physical ability, can also affect someone's competence."</i>						
4	Recommendation						
4.1	It is recommended to acknowledge the SFRS Training Function's approach to Training for Operational Competence and the reflection of the presented data through the People Committee performance indicators.						
5	Key Strategic Implications						
5.1	Risk						
5.1.1	Not applicable						

5.2 5.2.1	Financial Not applicable	
5.3 5.3.1	Environmental & Sustainability Not applicable	
5.4 5.4.1	Workforce Not applicable	
5.5 5.5.1	Health & Safety Not applicable	
5.6 5.6.1	Health & Wellbeing Not applicable	
5.7 5.7.1	Training Not applicable	
5.8 5.8.1	Timing Not applicable	
5.9 5.9.1	Performance Not applicable	
5.10 5.10.1	Communications & Engagement Not applicable	
5.11 5.11.1	Legal Not applicable	
5.12 5.12.1	Information Governance 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	Equalities EHRIA completed Yes /No. If not applicable state reasons. The process uses existing systems and processes which are already in place.	
5.14 5.14.1	Service Delivery Not applicable	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Craig McGoldrick, Director of Training Safety and Assurance
7.2	Level of Assurance:	Substantial /Reasonable/ Limited /Insufficient
7.3	Rationale:	The presentation covers the formal process for the development and maintenance of competence for operational firefighters.
8	Appendices/Further Reading	
8.1	Appendix A- Ppt Slide pack- Dev to Comp	

Prepared by:	Andy Scott, Learning Content, E-Systems and Performance Manager.	
Sponsored by:	Craig McGoldrick, ACO, Director of Training, Safety and Assurance.	
Presented by:	Craig McGoldrick, ACO, Director of Training, Safety and Assurance.	
Links to Strategy and Corporate Values		
SFRS Training Strategy 2020-25 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.”		
Governance Route for Report	Meeting Date	Report Classification/ Comments
People Committee	6 March 2025	For Information

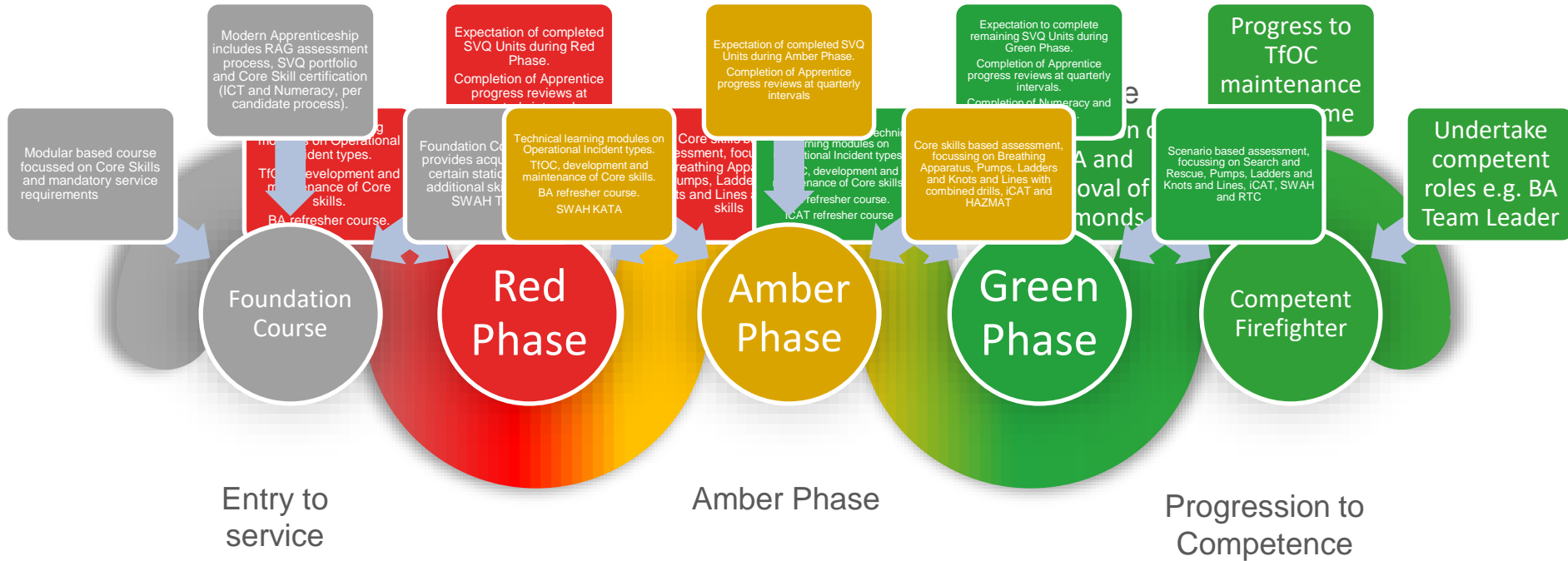
FF Currency/Competency component

ACO McGoldrick

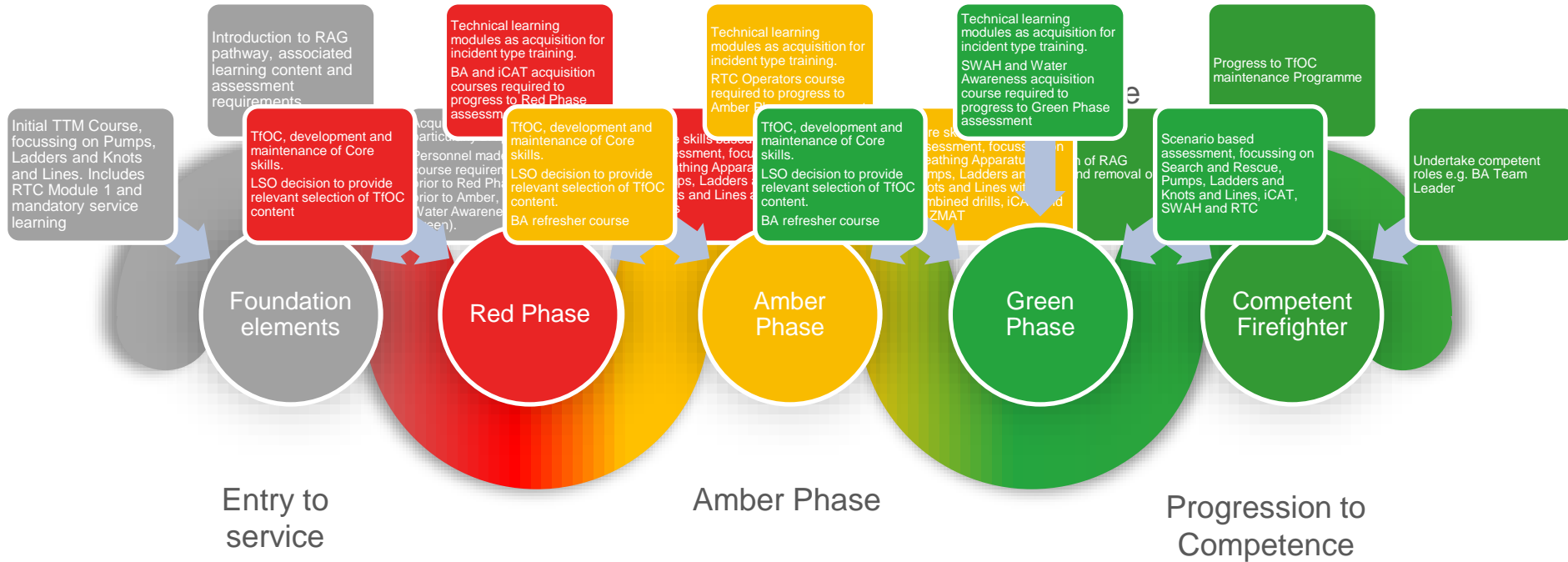
People Committee

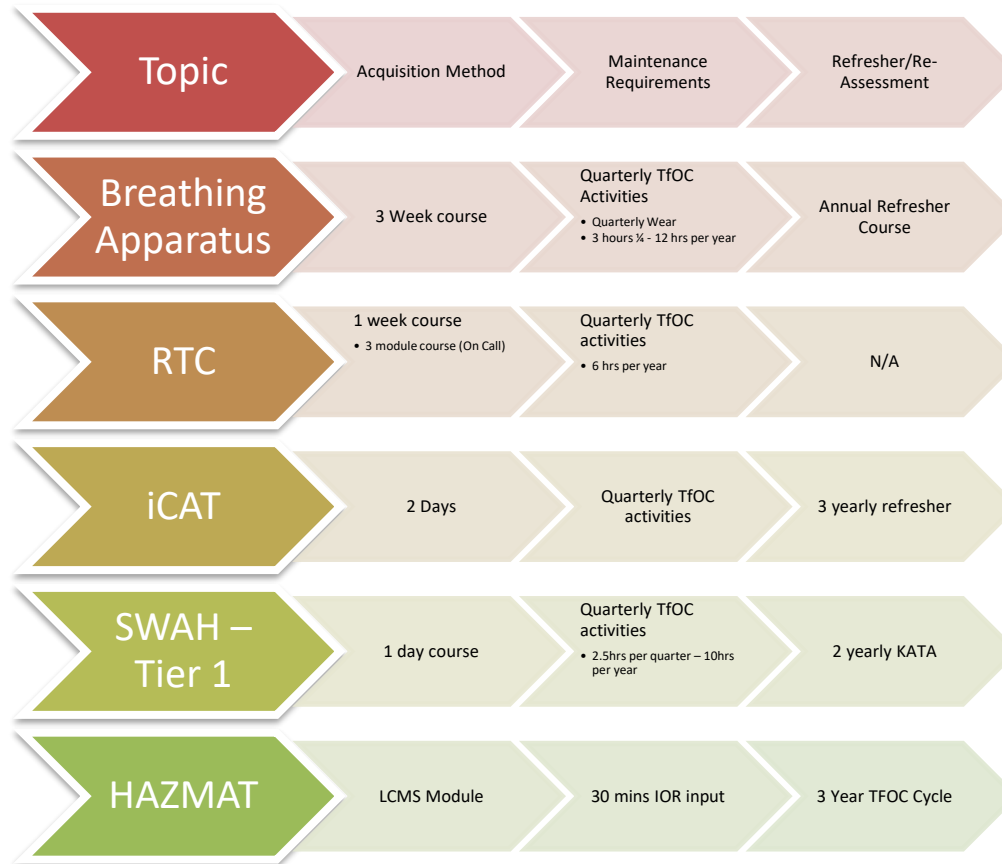
6th March 2025

Wholetime Roadmap



On Call Roadmap





Topic	Acquisition Method	Maintenance Requirements	Refresher/Re-Assessment
Pumps, Ladders and Knots & Lines	168 hours learning (WT) • TTM Course (40 hours)	Quarterly TfOC Activities	N/A
Water Awareness	1 day course	Quarterly TfOC activities • 9 hours per year	Evidenced via pdrPro
Driver Awareness	Technical Input on foundation or TTM course	Quarterly TfOC activities	N/A
Incident Command - FF	Technical Input on foundation or TTM course	Quarterly TfOC activities	N/A
Incident Command – Supervisory Manager	ICL1 Course	Quarterly TfOC activities • Incident Activity	3 yearly re-assessment



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Topic	Acquisition Method	Maintenance Requirements	Refresher/Re-Assessment
Incident Type learning	TfOC content	3 yearly updated content	N/A
SWAH Tier 2	2-day course	Quarterly activities • 20 hours per year	2 yearly KATA
Technical Rope Rescue	2 Week Course	Annual CPD event. Skills maintained on station and recorded	2 yearly KATA
Animal Rescue	LCMS Module – 2 hours	LCMS	3 Year TfOC Cycle
Marine	LCMS Module	LCMS	3 Year TfOC Cycle



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Topic	Acquisition Method	Maintenance Requirements	Refresher/Re-Assessment
Flood Response	2 days / 16 Hours	TFOC Activities	2 Yearly Rescue 3
SRT	1 Week course	Watch based activity – recorded on pdr	3 Yearly
Boat	1 Week	Watch based activity – recorded on pdr	3 yearly
USAR Tech	2 Weeks	Annual CPD	3 Yearly



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SCOTTISH FIRE AND RESCUE SERVICE

People Committee



Report No: C/PC/07-25

Agenda Item: 10.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	6 MARCH 2025						
Report Title:	SAFETY AND ASSURANCE PERFORMANCE REPORT: QUARTER THREE (Q3) 2024-25						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	The purpose of this report is for the People Committee (PC) to scrutinise the content of the Safety and Assurance (SA) Performance Report Q3 2024-25.						
2	Background						
2.1	The SA Q3 Performance Report continues the new format introduced in Q2 which has been well received by our Business Partners following publication.						
2.2	The report provides an update regarding key projects of work across the SA function in Q3 to support SFRS Safety and Assurance Key Performance Indicators (KPI) Performance. The graphs are provisional and will be replaced with PowerBi once published.						
3	Main Report/Detail						
3.1	Two new sections have been added to the Q3 report following feedback from the Q2 report, these include a new section which can be amended each quarter to highlight a specific topic. In Q3 this section highlights the 50 th anniversary of the HSAWA 1974 and the HSE, the second section focusses on Health and Safety Events and OA13 investigation, providing a brief overview of the investigation and its findings to raise awareness of staff.						
3.2	Further detail on SA Key Achievements and KPI trends and analysis can be found within the Safety and Assurance Quarter 3 Report.						
4	Recommendation						
4.1	The People Committee are asked to scrutinise the content of the Safety and Assurance Performance Report for Q3 2024-25.						
5	Key Strategic Implications						
5.1	Risk						
5.1.1	Failure to monitor Health and Safety performance and identify areas of continuous improvement in Health and Safety.						
5.2	Financial						
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	Environmental & Sustainability There are no environmental implications to be considered. This report is circulated electronically.
5.4 5.4.1	Workforce 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	Health & Safety 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	Health & Wellbeing 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	Training 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	Timing The performance will be reported through the appropriate governance routes as noted within the Governance Route of Report Section.
5.9 5.9.1	Performance 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	Communications & Engagement No further engagement is required. Performance is communicated through local Safety and Assurance Liaison Officers (SALO's) and SAIGs.
5.11 5.11.1	Legal 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	Information Governance There are no implications that require to be noted for GDPR purposes within the Q3 report. Both TASS and OARRS management systems are fully compliance with GDPR.
5.13 5.13.1	Equalities 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	Service Delivery This report has no direct impact on Service Delivery. Any actions will be discussed through service delivery SAIGs.
6	Core Brief
6.1	Not applicable

OFFICIAL

7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient
7.3	Rationale:	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.
8	Appendices/Further Reading	
8.1	Appendix A: Safety and Assurance Quarter 3 Report 2024-25.	
Prepared by:		Victoria Regan – Health and Safety Business Support Officer
Sponsored by:		Teresa Kelly - Deputy Head of Safety and Assurance
Presented by:		Teresa Kelly - Deputy Head of Safety and Assurance
Links to Strategy and Corporate Values		
Strategic Plan 2022-25		
Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.		
What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety, and wellbeing of the public and our staff.		
Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.		
Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety and wellbeing of the public and our people.		
Governance Route for Report		Meeting Date
SA Functional Management Team (Draft)		06 February 2025
TSA Directorate Management Team (DMT)		19 February 2025
People Committee (PC)		06 March 2025
Safety and Assurance Subgroup (SASG)		13 March 2025
Training, Safety and Assurance Board (TSAB)		10 April 2025
Strategic Leadership Team (SLT)		23 April 2025
		Report Classification/ Comments
		For Recommendation
		For Decision
		For Scrutiny
		For Information
		For Information
		For Information

Safety and Assurance Quarter 3 2024-25 Performance Report

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



Content

- [Introduction](#)
- [Key Achievements](#)
- [Legislative Compliance](#)
- [SFRS Key Performance Indicators \(KPIs\)](#)
- [Information and Updates](#)
 - [Organisational Learning Group](#)
 - [Contaminants](#)
 - [Driver Safety Group](#)
 - [Health and Safety Executive 50th Anniversary](#)
 - [Near Miss, Event and OA13 Outcomes](#)
- [Directorate Event Statistics](#)

Introduction

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

The SFRS annual Health and Safety Improvement Plan 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.

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

Key Achievements: Safety and Assurance Function

Safety and Assurance have worked on the following key activities to support performance improvements.

Item	Commentary
Health and Safety Management System – TASS	H&S and ICT completed the development of the Hazard Reporting module in Q3. An implementation plan is underway to roll out this new module within SFRS during Q4.
SFRS Health and Safety Policy	SA has completed its annual review and governance approval for our Health and Safety Policy and Policy Statement .
Operational Assurance Debriefs	OA has undertaken one debrief during Q3, WEEE Solutions, Linwood. Following staff consultation, recommendations have been through governance and approved at SASG. Recommendations will progress to the Organisational Learning Group Tacker.
Operational Improvements	OA has carried out an Operational discretion review for River Clyde incident to include learning and recommendations. Further Action Notes from the National Fire Chiefs Council (NFCC) have been reviewed for Person in Crises, Use of non-SFRS Personnel and Equipment Action Notes, and any learning is being progressed through governance.
Management of Food Safety	Following consultation with Service Delivery Areas, recommendations have been made through governance to Safety and Assurance Sub-Group (SASG) to ensure legislative compliance and training provisions are established.
Operational Generic Risk Assessment (GRA)	Refuse and Waste GRA was developed for approval in line with phase two of the Document Conversion Process.
Service Delivery Handbook	A Station-based community engagement GRA was developed and submitted for approval.

Legislative Compliance

Legal Register

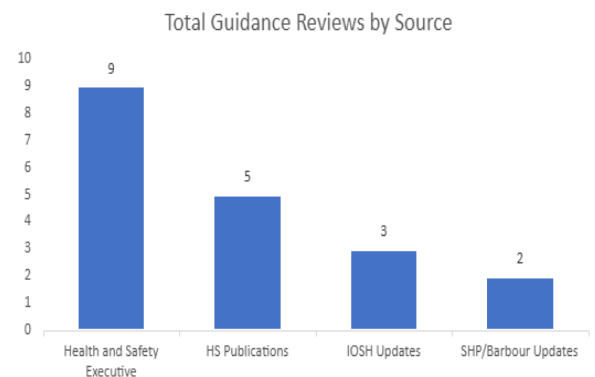
New or updated health and safety legislation comes into force in April and October each year. As a result, a Health and Safety Legal Register review is conducted the following month after guidance has been updated. Routine horizon scanning of the Judiciary, Health and Safety Executive (HSE) reports, and other health and safety sources, for example, identification of judicial decisions, sentencing patterns, and legal precedents, is also considered during these reviews.

The November HS Legal Register update included the following updates:

- Inclusion of the new Worker's Protection Act; and
- References to Working with Young Persons Managements Arrangement (MA) were amended following its withdrawal and linked to the Risk Assessment MA instead.

Guidance Reviews

19 health and safety guidance reviews were recorded in Q3, following the review of 246 potential sources (112 HSE Communications and 134 communications from other sources). Approximately 90% (17) of the reviews required no further action as they were reflected in the SFRS Policy and supporting arrangements. Action was required for the introduction of the new Workers Protection Act.

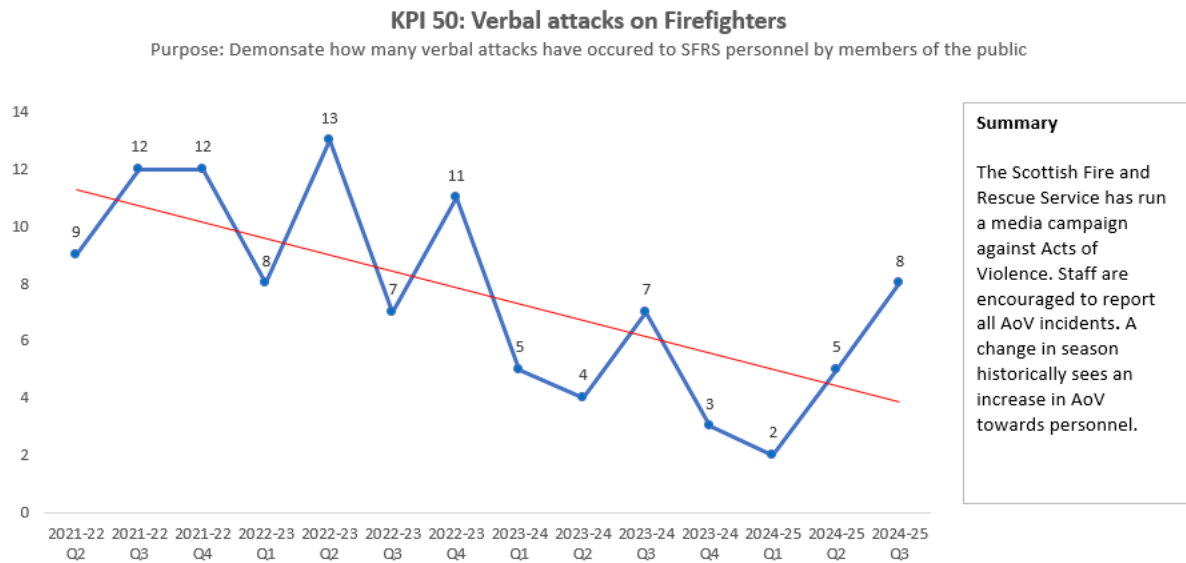


Reviews of interest:

- HSE turbo talks Research Paper 'Reviewing and updating the evidence base on the hazards and risks for musculoskeletal disorder symptoms and visual problems regulated by the Display Screen Equipment (DSE) Regulations' was reviewed by the H&S Dept and SFRS Physiotherapist. The research review findings positively reflected SFRS arrangement, training content, and SFRS Physiotherapist practice.
- Worker Protection (Amendment of Equality Act 2010) Act 2023 came into force in October 2024. The H&S Dept worked with Equality, Diversity and Inclusion to review H&S documentation, and minimal amendments were required to ensure compliance across several arrangements and training content.

Key Performance Indicators

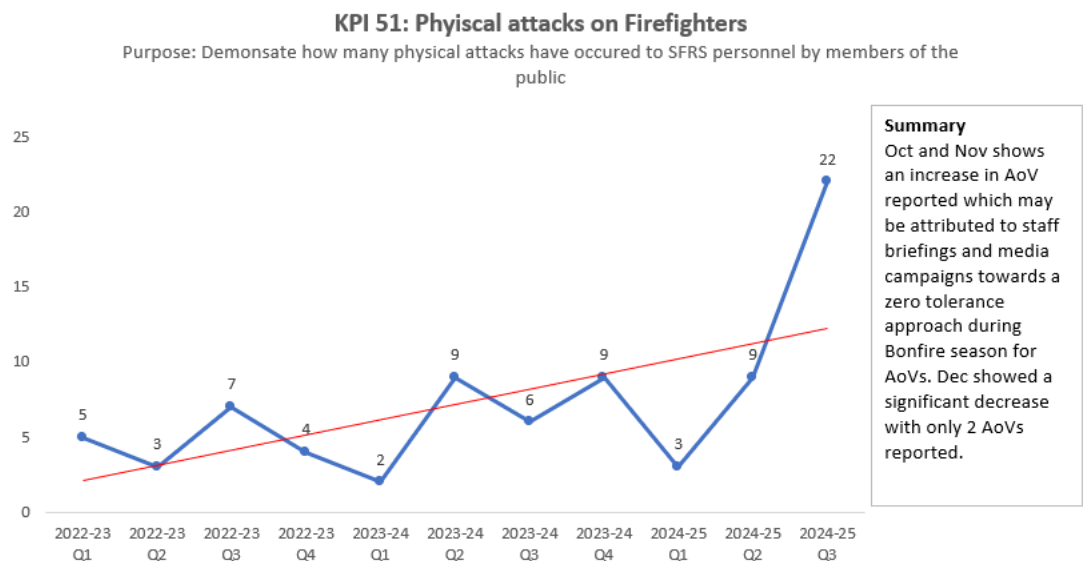
KPI50: Verbal Attacks on SFRS Staff



Verbal attacks increased 14% from Q3 23/24. When compared to the same quarter in the previous reporting year (7), there is a numerical increase of 1.

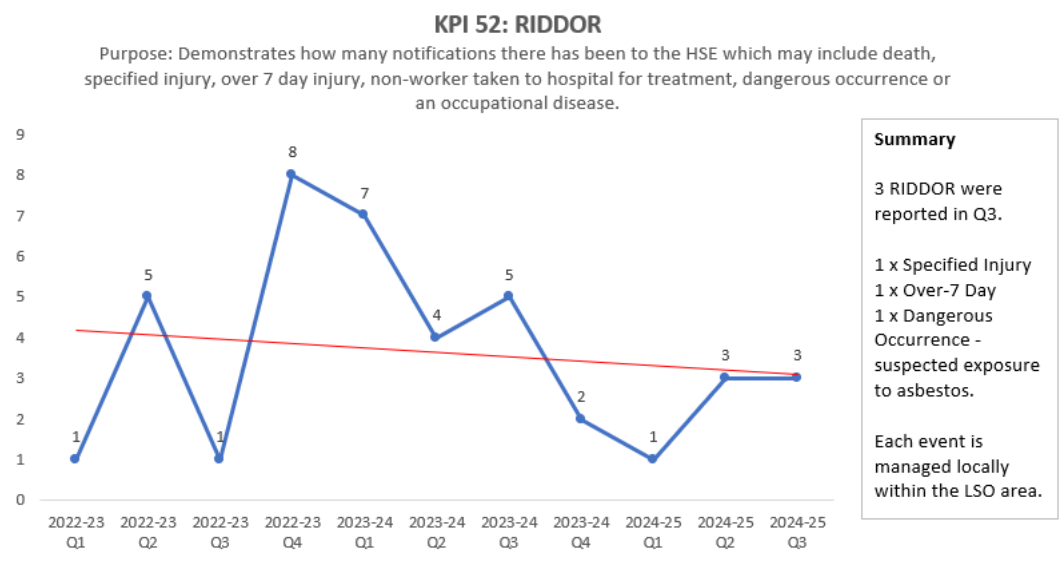
2 events occurred at non-operational incidents, and the remaining 6 at operational incidents. No events required the assistance of Police Scotland. Acts of Violence (AoVs) continue to be managed through SDA engagement with partner agencies to enhance and support the ongoing reduction.

KPI51: Physical Attacks on SFRS Staff



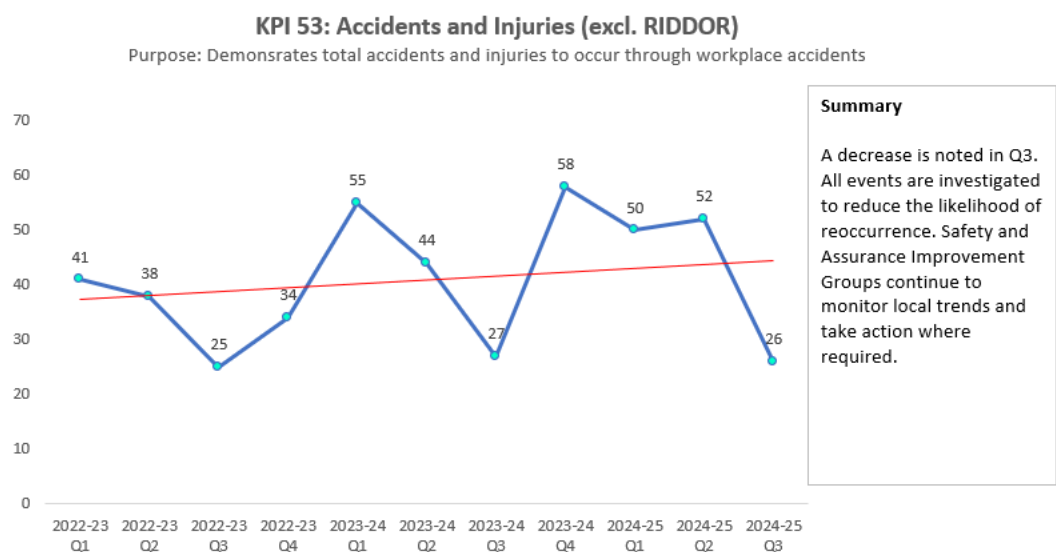
When compared to Q3 in the previous reporting year 23/24, a 267% increase is reported (6 to 22). Of these, 8 occurred during Bonfire night, a numerical increase of 1 when compared to the previous reporting year. Missiles thrown was the most common AoV type at 82% (18 of 22). Of these, 56% (10 of 18) involved fireworks been thrown at crews. 1 injury occurred due to a firework detonating close to a firefighter, resulting in a perforated eardrum. All events occurred during operational activities. SDA continue to engage with partner agencies to further develop and enhance current arrangements to support the reduction of Acts of Violence (AoV).

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



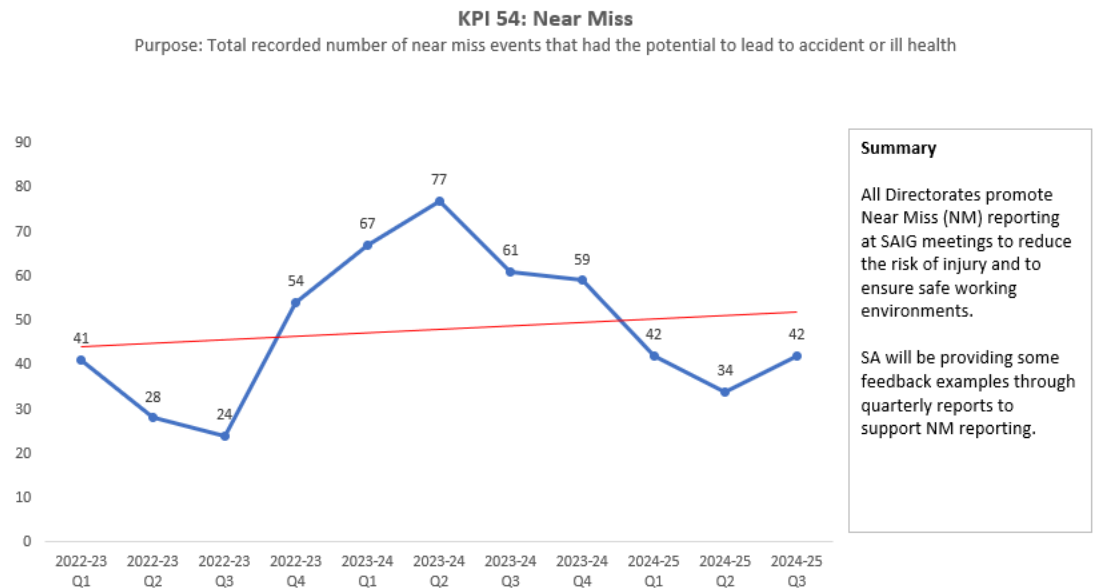
A 40% decrease is noted in RIDDOR events when compared to Q3 of 23/24, (5 to 3). 1 event was reported as a specified injury resulting in a lower limb injury from a fall and 1 over 7-day injury resulting in a musculoskeletal lower back injury. The remaining 1 event was reported as a Dangerous Occurrence due to suspected exposure to asbestos at an operational incident.

KPI53: Accident/Injuries (Excl. RIDDOR)



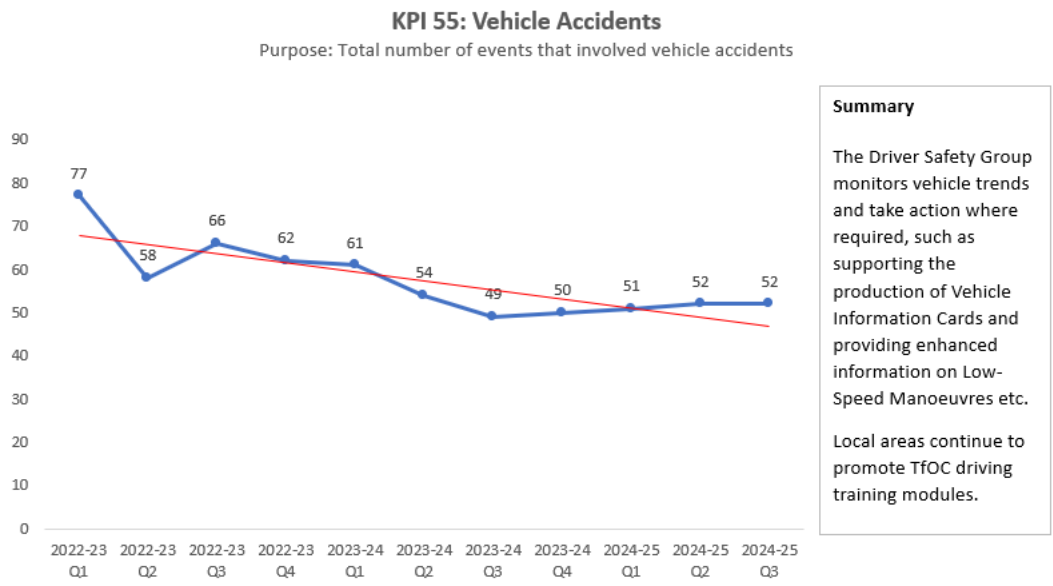
There was a 4% decrease in Accidents from Q4 23/24. The top three causations were Manual Handling, Slips, Trips and Falls and Impact from a Stationary/Moving Object. 54% (14 of 26) occurred during training activities, 23% (6 of 26) occurred during operational activities and 23% (6 of 26) occurred during non-operational activities. Investigations are carried out to identify actions and reduce the reoccurrence risk.

KPI54: Near Miss Events



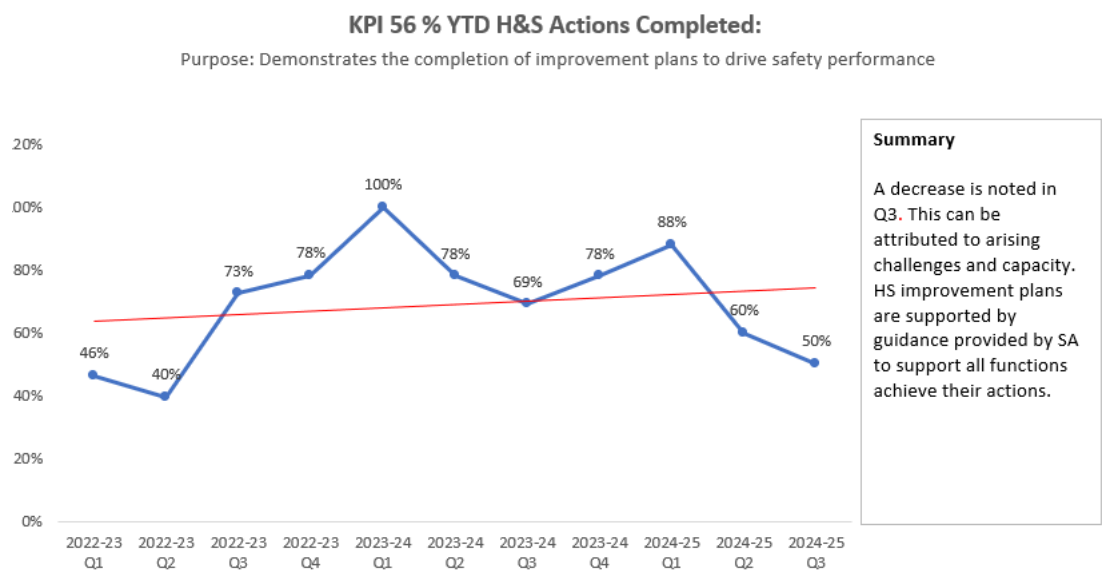
Near Misses (NM) decreased 31% from Q2 23/24, (61 to 42). Non-operational NMs accounted for 40%, Operational for 32% and 28% during Training activities. The most common categories were Breathing Apparatus (11 of 42), Appliances and Pumps (9 of 42), and Firefighting Equipment (3 of 42).
SA and SDA continue to promote reporting through local Safety and Assurance Improvement Groups (SAIGS).

KPI55: Vehicle Events



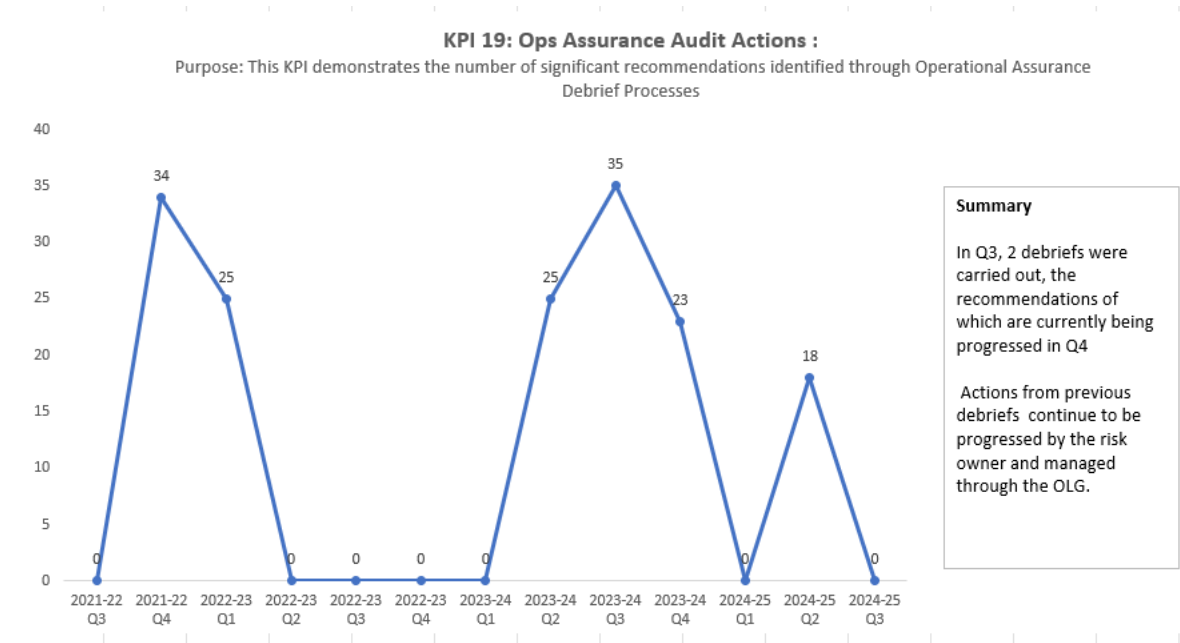
Vehicle Accidents (VAs) increased by 6% compared to Q3 in 23/24 (49 to 52). 54% (28 of 52) of all vehicle accidents reported were attributed to operational incident activities. A further 38% (20 of 52) were attributed to non-operational activities, and 8% (4 of 52) were accidents attributed to training. 60% of VAs were during low-speed manoeuvres, 31% were during blue-light conditions, 7% were during normal road speed and 2% whilst stationary. Driver Safety Group continues to work collaboratively with business partners to reduce VAs.

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



Overall, 50% of Q3 actions were complete. This does not include carried-forward actions. The NSDA, WSDA and SPPC completed 50% (2 of 4). TSA completed 58% (7 of 12) of 2024/25 Q3 actions and the ESDA and FCS completed 75% (3 of 4) of 2024/25 Q3 actions. All other SDAs and Directorates completed 100% of their overall actions. Local SAIG groups continue to manage and support the completion of improvement plans.

KPI19: Operational Assurance Debrief Actions



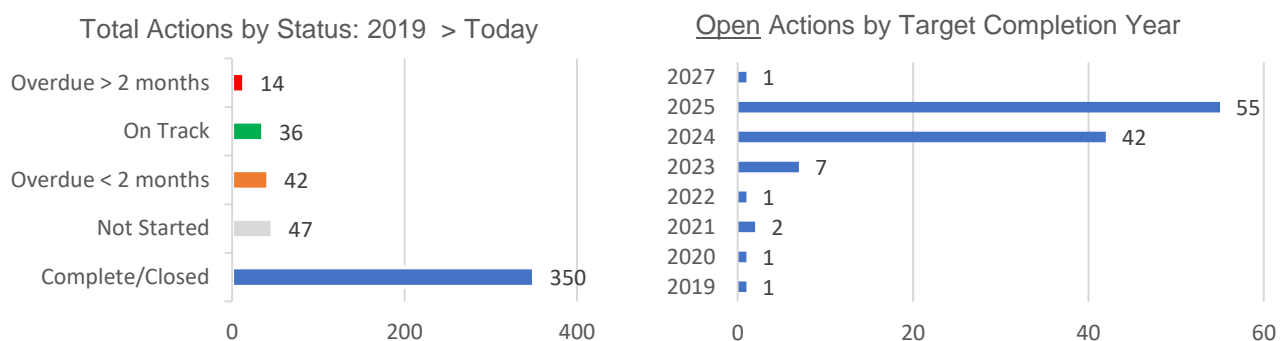
There were no additional approved debriefs during Q3. Actions from previous debriefs continue to be monitored through the Organisational Learning Group (OLG).

Safety and Assurance Information and Updates

Organisational Learning Group (OLG)

The OLG tracker has been updated with a total of 489 recommendations from Debriefs, Accident/Near Miss Investigations, external learning cases, etc.

No new action plans were added, and 12 actions were closed with sufficient evidence submitted during the October and November meetings.



Contaminants

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

- Procurement is ongoing for the purchase of additional PPE, including the provision of female fire kits. Extra PPE will be delivered to around 35 reserve stock hubs;
- The draft Fire Contaminants SOP has concluded consultation. Operations will be coordinating the publishing of the SOP. SA and Ops will continue to progress the Fire Contaminants GRA;
- The premises zoning and Specific Risk Assessment is ongoing. SA has received 47% (185 of 391) zoning plan responses and 199 Specific Risk Assessment responses to date;
- SA are progressing with the Fire Contaminants Management Arrangement and
- A questionnaire on space for airing rails/cages has concluded. 367 responses were received. H&S has analysed and shared the final report with Assets/Property Services to progress with procurement for W/T Stations.

Driver Safety Group (DSG)

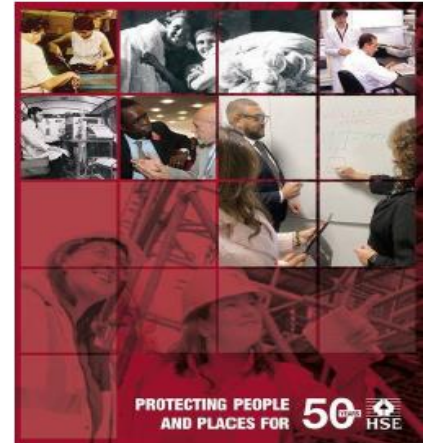
The DSG continue to promote control measures and safe systems. Some key workstreams include:

- Low Speed Manoeuvres (LSM) booklet presented to Training, Safety and Assurance Board for approval to publish;
- Iveco Vehicle Information Card has been completed by Training;
- Rollout of ATV training to Tier 3 stations to commence in January 2025, projected to be completed in approximately 14 weeks;
- Noise assessments conducted on ATV to support roll-out programme;
- Analysis of vehicle accidents from TASS and Tranman show a majority are due to low-speed manoeuvres resulting in minor damage to appliances;
- Safe system of work developed for Flexi Duty Officers arrival at incidents on high-speed roads;
- UK Government exemption from the prohibition on using a hand-held mobile phone or similar device for emergency services drivers is not being adopted by SFRS;

Health and Safety Executive 50th Anniversary

The HSE is celebrating 50 years since the Health and Safety at Work Act 1974. The legislation created the Health and Safety Executive, which was formed in January 1975.

HSE is marking the five decades since the Act and its creation, acknowledging the progress made in the last half century, reflecting on how workplaces and working practices have changed over those years, and looking to the future and how HSE will help keep people and places healthy and safe. SFRS continues to engage with the HSE to enhance our workplace safety actively.



HSE Key Messages;

- GB has become one of the safest places in the world to work in the last 50 years.
- The HSE uses a blend of interventions to reduce risk and support businesses and workers. These include working partnerships with stakeholders, communication activities, regulatory interventions, and enforcement.
- HSE's mission is as relevant as ever and will continue adapting to new and emerging risks in workplace health and safety.

For the HSE Chief Executive statement, further information on HSE's 50th Anniversary can be found [here](#).

Health and Safety Event Investigation and OA13 Outcomes

- Near Miss: Crews were engaged in external firefighting. The pump was receiving a twin-fed pressure supply from a nearby hydrant. After approximately 10 to 15 minutes of using the main jets, there was a failure of water supply to the main jets. The investigation identified that the strainer at the tank fill pipe had become completely blocked with debris. It was further identified that the strainer was incorrectly fitted. [An Appliance Pump: Tank Fill Conical Strainers, Urgent Instruction](#) was published to share the learning and check the orientation of strainers across the service.
- Near Miss: While driving at normal road speed, the crew was alerted by a member of the public that the pump bay door had opened. On checking, it was confirmed that all equipment was still present. Following an investigation, Fleet and Equipment Workshops fitted an additional external lock as the existing lock was found to be defective.
- Near Miss: While attending a home fire safety visit, the crew parked the vehicle, applied the handbrake, and locked the vehicle. During the visit, the vehicle rolled down the hill. As part of the investigation, use of the vehicle was prohibited until checked, where it was found that the handbrake was defective. Vehicle defects such as this highlight the importance of carrying out daily vehicle checks.
- OA13: Following OA13 reports relating to deviations from approved SFRS Carbon Monoxide (CO) procedures, OA carried out a trend analysis in Q3 and liaised with Operations Delivery on mobilisation to CO actuations. As a result a Service Delivery Alert was published on [Carbon Monoxide Detector Actuations- Domestic Premises](#) to remind staff of the correct procedures and dangers of CO. A Frontline Update has been approved for publishing, raising awareness of CO and highlighting the importance of adhering to approved procedures.



Directorate Events

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.

> Red	Highlights an increase in statistical figures.	< Red	Highlights a negative decrease in Near Miss Events.	< Green	Highlights a reduction in statistical figures.
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NORTH	Q3 2023/24	Q3 2024/25
Verbal AoV	2	2
Physical AoV	0	>2
RIDDOR	1	>2
Accident/Injuries	8	<7
Near Miss	19	<15
Vehicle Accidents	17	<12
Improvement Plan % Completion	100%	50%

EAST	Q3 2023/24	Q3 2024/25
Verbal AoV	2	>5
Physical AoV	6	>7
RIDDOR	2	<0
Accident/Injuries	13	<4
Near Miss	15	<12
Vehicle Accidents	8	>19
Improvement Plan % Completion	100%	75%

WEST	Q3 2023/24	Q3 2024/25
Verbal AoV	3	<1
Physical AoV	11	>13
RIDDOR	2	<0
Accident/Injuries	2	>7
Near Miss	20	<13
Vehicle Accidents	20	<19
Improvement Plan % Completion	100%	50%

Training, Safety and Assurance	Q3 2023/24	Q3 2024/25
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	>1
Accident/Injuries	2	>6
Near Miss	5	<2
Vehicle Accidents	2	<1
Improvement Plan % Completion	79%	58%

Operations	Q3 2023/24	Q3 2024/25
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	2	<1
Vehicle Accidents	0	>1
Improvement Plan % Completion	100%	100%

Financial and Contractual Services	Q3 2023/24	Q3 2024/25
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	3	<1
Near Miss	0	0
Vehicle Accidents	1	<0
Improvement Plan % Completion	100%	75%

Strategic Planning, Performance and Communications	Q3 2023/24	Q3 2024/25
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	1	<0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	50%

Prevention, Protection and Preparedness	Q3 2023/24	Q3 2024/25
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%

PEOPLE	Q3 2023/24	Q3 2024/25
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	94%	100%

PORTFOLIO	Q3 2023/24	Q3 2024/25
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	>1
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

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

Published statistics should be quoted for wider public use.

For any further information, please email SFRS.HealthandSafety@firescotland.gov.uk



Scottish Fire and Rescue Service

Safety and Assurance
Quarterly Performance Report Q3 2024/25
Version 1.0
February 2025



SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/08-25

Agenda Item: 10.2

Report to:		PEOPLE COMMITTEE							
Meeting Date:		6 MARCH 2025							
Report Title:		CONTAMINANTS UPDATE							
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>						
			A	B	C	D	E	F	G
1	Purpose								
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).								
2	Background								
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.								
3	Main Report/Detail								
3.1	Business Case Strategic Leadership Team (SLT) approved budget of £3,226,500m for managing fire contaminants in 2024/25. £2.46 million has been spent on PPE and equipment.								
3.2	Assets are currently in progress with the following projects:								
3.2.1	PPE Reserve Stock: 97% complete in East and North, approximately 60% complete in West. Approximately 50% received for National Training Centres. Airing Cages & Rails: Delivery has started by Robinsons and delivering, building and installation will continue up until 31 March 2025.								
3.2.2	Additional PPE: 250 helmets have been ordered for CFBT Instructors, to provide them with a second helmet, and remaining going into PPE Reserve Stock. Flash hoods, tunics, leggings, gloves have been ordered too.								
3.2.3	External ‘Dirty Kit’ Storage Boxes: will be delivered in mid-March. Currently getting locks and decals fitted.								
3.2.4	SCBA Cleaning Facilities: The delivery of BA washing machines will take place on 24 February 2025.								
3.2.5	Physiological body monitoring devices: The physiological monitoring of firefighters will provide quantitative data to inform safe systems of work and determine the interaction between heat exposure, fitness levels and metabolization of contaminants. This data will be used in conjunction with ongoing research and CivTech Challenge 10.2 to improve firefighter safety and develop recommendations on new procedures and requirements for health monitoring. In addition, this equipment will assist in the assessment of the efficacy of PPE, base layer kit and SFRS risk assessments and safe systems of work.								

3.3	<p>Research</p> <p>CivTech facilitated a workshop on “<i>How can technology identify contaminants across different types of incidents?</i>”. This in an innovation accelerator programme supported by SFRS SLT and the current accelerator stage will test the new system proposed by the successful challenge applicant. In this case Professor Anna Stec who is recognised as a world leading expert in contaminants and fire sciences. Professor Stec's proposal includes the development of recording app, a sensor array and biomonitoring. To support the data collection over the next 6 months the procurement of physiological monitors, including real time and post incident recording has been requested. Testing will be undertaken with SFRS volunteers over the coming months.</p>						
3.4	<p>Fire Contaminants Standard Operating Procedure (SOP)</p> <p>The Fire Contaminants SOP will be published on the first week of March 2025.</p>						
3.4.1	<p>Zoning for Fire Contaminants</p> <p>Prior to the publishing of the Fire Contaminants SOP, relevant premises are required to implement zoning. Over 90% of the Zoning plans and Specific Risk Assessment questionnaires have been returned. SA is verifying the zoning plans, prior to printing and issuing for display at relevant SFRS premises.</p>						
3.5	<p>Communications</p> <p>Communications have developed a plan on publishing of information on fire contaminants. Such topics are sharing good news stories on new equipment e.g. BA Washing Machines, SOP and Joint Comms from the Chair of the Contaminants Group and FBU Representative.</p>						
3.6	<p>Implementation Plan</p> <p>The Implementation Plan converts SFRS strategic direction into specific management tasks and assist in managing implementation of contaminant control measures appropriately.</p>						
3.7	<p>Training</p> <p>Training is supporting Assets with the roll out of reserve PPE and developing a recording system to support it. The Safe System of Work has been drafted and in consultation with Safety and Assurance.</p>						
3.8	<p>National Fire Chief's Council (NFCC)</p> <p>The NFCC has established a Contaminants Project Group, who are a sub-group of the NFCC Health and Safety Committee. The group is responsible for monitoring, reviewing and supporting evidence-based research to understand potential risks as well as inform future guidance and recommendations.</p>						
3.8.1	<table> <tr> <th>Group</th><th>Current Project Status</th></tr> <tr> <td>Literature Review</td><td> <p>A summary document is regularly reviewed and updated to reflect scientific research information. NFCC received a Home Office Literature Review Summary Report in December 2024. The review considers the health risks firefighters face due to exposure to hazardous contaminants during their duties. It discusses:</p> <ul style="list-style-type: none"> ○ The most prevalent contaminants ○ The efficacy of current decontamination practices and training ○ Potential avenues for innovation and improvement </td></tr> <tr> <td>Risk Assessment / Safe Systems of Work</td><td> <p>10 risk assessments identified: 5 complete pending NFCC Governance. 2 in draft, 3 ongoing.</p> </td></tr> </table>	Group	Current Project Status	Literature Review	<p>A summary document is regularly reviewed and updated to reflect scientific research information. NFCC received a Home Office Literature Review Summary Report in December 2024. The review considers the health risks firefighters face due to exposure to hazardous contaminants during their duties. It discusses:</p> <ul style="list-style-type: none"> ○ The most prevalent contaminants ○ The efficacy of current decontamination practices and training ○ Potential avenues for innovation and improvement 	Risk Assessment / Safe Systems of Work	<p>10 risk assessments identified: 5 complete pending NFCC Governance. 2 in draft, 3 ongoing.</p>
Group	Current Project Status						
Literature Review	<p>A summary document is regularly reviewed and updated to reflect scientific research information. NFCC received a Home Office Literature Review Summary Report in December 2024. The review considers the health risks firefighters face due to exposure to hazardous contaminants during their duties. It discusses:</p> <ul style="list-style-type: none"> ○ The most prevalent contaminants ○ The efficacy of current decontamination practices and training ○ Potential avenues for innovation and improvement 						
Risk Assessment / Safe Systems of Work	<p>10 risk assessments identified: 5 complete pending NFCC Governance. 2 in draft, 3 ongoing.</p>						

	Training Development and Appliances Equipment	and &	Evaluated training needs and drafted guidance. Reviewing appliance designs throughout UK FRS. Drafting a Clean Cab Concept.
	Estates		Collected data from other UK FRS to assist with developing best practice guidance. A review of Whole Duty and Retained Duty FRS has been completed. Due to variations, and resourcing available, the guidance is noting simple improvements to be made to Whole Duty, Retained Duty and Training facilities.
	RPE		Reviewed relevant literature, conducted a focus group and questionnaire to be issued via NFCC to UK FRS by March 2025.
	PPE		NFCC have been provided with six SFRS fire kits to support the research being undertaken by University of Cranfield facilitated by the Home Office (HO). The research proposal is for generating an evidence-base and specifications to implement the Firefighters Full Capability (FFC) for Personal Protective Equipment (PPE) referred to as Project HYGEIA.
	Health Surveillance		Looking at evidence to support cancer screening programme for cancers referred to in IARC Report. Draft guidance circulated for consultation.
	National Guidance		The NFCC Position Statement has been consulted on with Contaminants Group Leads.
4	Recommendation		
4.1	The request from the People Committee is to scrutinise the content of this report.		
5	Key Strategic Implications		
5.1	Risk		
5.1.1	There is a risk that failure to implement robust arrangements to manage contaminants may result in personal injury claims against the SFRS.		
5.2	Financial		
5.2.1	There is significant capital and resource budget allocation required to progress the contaminants implementation plan.		
5.3	Environmental & Sustainability		
5.3.1	N/A		
5.4	Workforce		
5.4.1	Potential impact of decontamination on operational resilience and resource availability which will be considered in the planning and implementation process.		
5.5	Health & Safety		
5.5.1	There is a risk that failure to implement robust arrangements to manage contaminants may result in non-compliance with the employers' duty of care under the Health and Safety at Work etc. Act 1974.		
5.6	Health & Wellbeing		
5.6.1	The implementation of arrangements for health surveillance for staff exposed to contaminants will ensure the effective monitoring and early diagnosis of illness potentially linked to contaminants.		

5.7 5.7.1	Training 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	Timing 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	Performance Monitoring of implementation and application of arrangements will be through existing and new assurance arrangements.	
5.10 5.10.1	Communications & Engagement Communications and engagement strategy required to ensure understanding and implementation of control measures.	
5.11 5.11.1	Legal 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	Information Governance No – to be completed prior to publication of any documentation.	
5.13 5.13.1	Equalities No. Consideration will be given at the prior to publication of any documentation.	
5.14 5.14.1	Service Delivery Potential impact of decontamination on operational resilience and resource availability will be considered in the planning and implementation process.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Craig McGoldrick, Director of Training Safety and Assurance
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient
7.3	Rationale:	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.
8	Appendices/Further Reading	
8.1	N/A	
Prepared by:		Teresa Kelly, Deputy Head of Safety and Assurance
Sponsored by:		ACO Craig McGoldrick, Director of Training, Safety and Assurance
Presented by:		ACO Craig McGoldrick, Director of Training, Safety and Assurance
Links to Strategy and Corporate Values		
Strategic Plan 2022-2025: Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.		

What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety, and wellbeing of the public and our staff.

Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.

Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety and wellbeing of the public and our people.

Objective 6.2 Developing and deploying new and more agile ways of working to protect the safety, wellbeing, physical and mental health of our people.

Safety Value:

Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.

Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>People Committee</i>	<i>06 March 2025</i>	<i>For Scrutiny</i>

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/09-25

Agenda Item: 11.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	6 MARCH 2025						
Report Title:	HMFSI INSPECTION ACTION PLANS UPDATE						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	The purpose of this 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"> • Management of Health and Safety: An Operational Focus • Mental Health and Wellbeing Provision 						
1.3	There are no closing reports to consider.						
2	Background						
2.1	HMFSI inspects and reports on the Scottish Fire and Rescue Service (SFRS) with the purpose of assuring the public and Scottish Ministers that we are working in an efficient and effective way, and to promote improvement in the Service.						
2.2	Each year, HMFSI sets out its intended programme of thematic and local area inspections. Additional reviews may also be carried out at any time at the request of Scottish Ministers.						
2.3	Following the publication of reports, an action plan is prepared to address the issues or recommendations that are highlighted within the report.						
2.4	In line with the new thematic process agreed in May 2020, once approved certain action plans will be presented to PC on a quarterly basis to scrutinise progress.						
3	Main Report/Detail						
3.1	Health and Safety: An Operational Focus						
3.1.1	The HMFSI report on Health and Safety: An Operational Focus was published in April 2022. The action plan contains a total of 18 actions and is attached as Appendix A .						
3.1.2	During the reporting period one action was completed (see R5.3), and the one remaining action (see action R5.2) has a red status due to slip in timescales because of conflicting workloads and interdependency on other projects. This is currently at 95% complete.						
3.1.3	People Committee members are asked to note the following: <ul style="list-style-type: none"> • Action R5.2: Consider process to ensure that outcomes and lessons learned from Near Miss reporting are made widely available to staff. 						

	A fifth proposed revised due date from December 2024 to March 2025 has been provided to allow the Safety and Assurance Communications and Engagement Framework to be amended to a Safety and Assurance Action Plan.
3.1.4	It is anticipated that the remaining action will be completed by the next reporting period.
3.1.5	The overall BRAG rating for this action plan is red due to the remaining action having an original due date of March 2023. The action plan is estimated as 95% complete. <i>(Percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).</i>
3.2	Mental Health and Wellbeing
3.2.1	The HMFSI report on Mental Health and Wellbeing was published in December 2023. The action plan contains a total of 30 actions and is attached as Appendix B .
3.2.2	Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the wellbeing management system. As a result, work on the action plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. When the Recovery Plan has stabilised and capacity is available, the HMFSI action plan will be reviewed and re-baselined. Engagement has taken place with the Chief Inspector to outline this position, and he is up to date on the recovery plans.
3.2.3	Of the 30 actions, 5 have been determined to have no further action required following consideration (see actions 4, 10, 12, 14 and 15) and 8 of the actions were deemed complete during the creation of the action plan (see actions 2, 6.1, 6.2, 8.2, 16, 18, 19 and 20).
3.2.4	During the reporting period, no actions were completed. Of the remaining actions, 9 have a red status due to the process of aligning to current performance governance processes (see actions 3, 5, 6.3, 6.4, 7.5, 8.1, 9.1, 9.2, and 11.) and 8 have an amber status (see actions 1, 7.1, 7.2, 7.3, 7.4, 7.6, 13, and 17).
3.2.5	People Committee members are asked to note the following:
3.2.6	<p>The Wellbeing Recovery Plan has impacted the progress of the following actions, and these are likely to be carried forward into departmental planning for 2025/26: -</p> <ul style="list-style-type: none"> • Action 1: <i>Develop Wellbeing Framework and supporting action plan(s) that focus on a preventative and responsive approach to support the wider physical and mental wellbeing agenda.</i> - This action has moved from green to amber. • Action 5: <i>Review model of professional support to ensure appropriate interventions are being implemented; ensuring that the integrity of the service and support provided remains uncompromised and that collation of data complies with General Data Protection Regulation (GDPR) requirements.</i> - This action has moved from amber to red. • Action 6.3: <i>Carry out a full evaluation of the Mental Wellbeing Champion programme to inform future improvements and changes to the SFRS mental wellbeing support model.</i> - This action has moved from green to amber. • Action 6.4: <i>Use outputs from evaluation to develop longer term actions to develop and sustain Mental Wellbeing Champion model.</i> - This action has moved from amber to red. • Action 8.1: <i>Develop resources to provide families with information on the role of the SFRS and the types of challenges that family members employed by SFRS may face and support available to them.</i> - This action has moved from amber to red. • Action 9.1: <i>Identify and implement opportunities for families to access support from the Fire Fighters Charity and other SFRS partners.</i> - This action has moved from amber to red.

<p>3.2.7</p> <p>3.2.8</p>	<ul style="list-style-type: none"> • Action 9.2: <i>Development and implement wider 'family' section of the SFRS website to enables access to resources and information to families and retired employees. – This action has moved from green to red.</i> • Action 17: <i>Liaise with key internal and external stakeholders to develop, plan and implement a communications schedule to raise further awareness and promotion of the revised Post Incident Support Process (PISP) policy and procedure. - This action has moved from green to amber.</i> <p>The following actions are to be led by the Chair of the Mental Wellbeing Learning Resource Group however several attempts to appoint a Chair have been unsuccessful and therefore work towards these actions have been impacted and the Mental Health and Wellbeing group will be required to consider how and when these can be progressed: -</p> <ul style="list-style-type: none"> • Action 7.1: <i>Continue to progress the actions of the Mental Wellbeing Learning Resource Group to incorporate / integrate learning from Lifelines and future mental wellbeing and suicide prevention training into the employee lifecycle. This includes identifying requirements/opportunities to develop a programme from onboarding; induction; in development; in role; on promotion and through to retirement and also consider where face to face training maybe appropriate and achievable; whilst taking into account SFRS digital first principles. - This action has moved from green to amber.</i> • Action 7.5: <i>Identify and secure appropriate suicide prevention and crisis management training, learning resources and support to enable people in crisis to be supported. - This action has moved from green to red.</i> • Action 7.6: <i>Collaborate with partners and stakeholders to implement appropriate training and resources to support volunteers and youth groups. – This action has moved from green to amber.</i> • Action 7.3: <i>Review onboarding and induction resources and support, to provide a holistic approach between SFRS and partner organisations / charities.</i> The Culture Development Subgroup has identified a requirement to review the induction process. Current approach and resources are being reviewed by Marion Lang and Jen Kidd. Meetings to progress this action are being scheduled. This milestone has moved from green to amber due to further work being identified and a revised due date has been proposed. [Proposed revised due date from March 2025 to June 2025] • Action 11: <i>Establish a working group to further develop and implement the recommendations agreed by the Mental Health and Wellbeing Group on preparation for, and post-retirement.</i> Due to capacity challenges impacting on resources available to support this work, the Mental Health and Wellbeing Group agreed that it would be paused and reconsidered in departmental planning for 2025/26. This action has moved from green to red due to due to the delay in progress as a result of conflicting priorities and workload. <p>The overall BRAG rating for this action plan is red due to the lack of progress made and the remaining individual live actions being red or amber. The BRAG ratings will be reviewed and updated following the re-plan noted at 3.7. This plan is currently estimated at 60% complete, pending the noted re-plan. <i>(Percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).</i></p>
4	Recommendation
4.1	<p>The PC is invited to:</p> <ul style="list-style-type: none"> • Scrutinise the Management of Health and Safety: An Operational Focus Action Plan, attached as Appendix A. • Scrutinise the Mental Health and Wellbeing Action Plan, attached as Appendix B.

5	Key Strategic Implications
5.1 5.1.1	Risk There are no risks associated with the recommendations of this report.
5.2 5.2.1	Financial There are no financial implications associated with the recommendations of this report.
5.3 5.3.1	Environmental & Sustainability There are no environmental implications associated with the recommendations of this report.
5.4 5.4.1	Workforce There are no workforce implications associated with the recommendations of this report.
5.5 5.5.1	Health & Safety There are no health and safety implications associated with the recommendations of this report.
5.6 5.6.1	Health & Wellbeing There are no health and wellbeing implications associated with the recommendations of this report.
5.7 5.7.1	Training There are no training implications associated with the recommendations of this report.
5.8 5.8.1	Timing Each HMFSI Action Plan will be reported to the CB on a quarterly cycle until completion.
5.9 5.9.1	Performance This process supports robust challenge and scrutiny of our performance against HMSFI recommended improvements.
5.10 5.10.1	Communications & Engagement There is no implication associated with the recommendations of this report.
5.11 5.11.1	Legal 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 5.12.1	Information Governance A Data Protection Impact Assessment (DPIA) is not required for this report as there is no sensitive information to consider.
5.13 5.13.1	Equalities An Equality and Human Rights Impact Assessment (EHRIA) is not required for this this report. These will be captured by Directorate and LSO EHRIAs
5.14 5.14.1	Service Delivery There are no service delivery implications associated with the recommendations of this report.
6	Core Brief
6.1	Not applicable

7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Mark McAteer, Director of Strategic Planning, Performance and Communications
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient
7.2	Rationale:	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.
8	Appendices/Further Reading	
8.1	Appendix A: Health and Safety: An Operational Focus Action Plan Update	
8.2	Appendix B: Mental Health and Wellbeing Action Plan Update	
Prepared by:		Kirsty Jamieson, Planning and Performance Officer
Sponsored by:		Jim Holden, Head of Safety and Assurance / Lyndsey Gaja, Interim Director of People
Presented by:		Jim Holden, Head of Safety and Assurance / Lyndsey Gaja, Interim Director of People
Links to Strategy and Corporate Values		
Our inspection process contributes to Strategic Outcome 5 of the Strategic Plan 2022-25: We are a progressive organisation, use our resources responsibly and provide best value for money to the public.		
Governance Route for Report		Meeting Date
Corporate Board		17 February 2025
People Committee		6 March 2025
		Report Classification/ Comments
		For recommendation
		For scrutiny (Health and Safety; Mental Health and Wellbeing)

HMFS Management of Health and Safety: An Operational Focus - Action Plan Progress												Updated	Next Update	Committee Update (PC)
Action Plan Owner: Jim Holden, Head of Safety and Assurance												Feb-25	Apr-25	Mar-25
HMFI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	BRAG	Evidence			
The SFRS should identify the cultural barriers that prevent staff reporting 'near misses'. It should design, develop and test all near miss recording systems, ensuring that the systems are accessible to staff and encourage ease of use to improve and encourage reporting across the organisation.	R5.2	Consider process to ensure that outcomes and lessons learned from Near Miss reporting are made widely available to staff.	Teresa Kelly, Deputy Head of Safety and Assurance	Mar-23	Sep-23 Mar-24 Aug-24 Dec-24 Mar-25	In Progress	28 October 2024: Safety and Assurance has developed a Near Miss Reporting Frontline Update, updated the Near Miss section in the annual report template, continues to promote Near Miss through the Safety and Assurance Improvement Group (SAIG), and is researching the potential for use of technology to assist with Near Miss reporting (e.g. QR Codes etc.) The Safety and Assurance Communications and Engagement Framework started its Governance journey in August 2024 and will be published once approved. This action remains red due to the slip in original timescales as a result of departmental workloads. [Proposed revised due date from Aug-24 to Dec-24] 17 February 2025: The Communications and Engagement Framework is being amended to a Safety and Assurance Action Plan. This action remains red due to slip in original and revised timescales as a result of departmental workloads. A further revised due date has been proposed. [Proposed revised due date from December 2024 to March 2025]	95%		Red				
The SFRS should identify the cultural barriers that prevent staff reporting 'near misses'. It should design, develop and test all near miss recording systems, ensuring that the systems are accessible to staff and encourage ease of use to improve and encourage reporting across the organisation.	R5.3	Develop improvement/suggestion scheme and a hazard reporting system including feedback methods.	Teresa Kelly, Deputy Head of Safety and Assurance	Mar-23	Mar-24 Oct-24 Mar-25	Complete	28 October 2024: This action remains as is due to the capacity of ICT to support Think, Act, Stay Safe (TASS). All Think, Act Stay Safe (TASS) projects of work have been put on hold however it is anticipated that Action R5.3. will be completed by 31st October 2024. This action remains red due to the slip in original timescales as a result of workloads within ICT. 19 November 2024 (Update from Corporate Board): - Following an update from ICT and the resources available this action will now be completed by March 2025. [Proposed revised due to from Oct-24 to Mar-25]. 17 February 2025: ICT have supported the completion of the Hazard Reporting Module. The module will go live by the end of February/beginning of March 2025 following communication via Safety and Assurance Improvement Groups (SAIGs). This action is now complete and has been marked blue.	100%	Jan-25	Blue				
The outcomes of the Document Conversion Project currently being carried out in the Operations function, should be evaluated and the benefits extended to other SFRS Directorates, including Training Safety and Assurance (TSA).	R1.1	Principles of the Document Conversion Project to be presented to all Directorates.	AC Craig McGoldrick, Operations	Mar-23	3rd revised Aug-24	Complete	21 February 2024: This action remains aligned to, and dependent on the Communications and Information Governance Project for the Website/iHub redesign. Completion of the aforementioned will allow for the go-live of the Document Conversion Project and the publication of the Standard Operating Procedure detail. This action remains red due to the slip in original timescale and updated timescales regarding the iHub and Website project are expected by the next update. 24 June 2024: Due to the dependency on the Communications and Information Governance iHub Project, the Operations Function, as yet, have no platform to deliver a live Document Conversion Project. Subject matter content and an order of roll out by thematic packages remains available, with the currency of the content and detail under constant review. Outstanding actions to achieve the milestones will require scheduled training of Operations staff in the use of the iHub platform (Communications project team to deliver in May 2024), transferring of content/document format (Word to HTML- Operations now required to resource), the development of a communication plan to launch the platform for user interaction, and the revised timeline for phased uploads (due to associated volumes of information this was determined to be one work package per quarter). It is proposed to close this action based on the following: The Operations Function have embedded this action within the Functional Plan for 2024/25 (OPSFP020) and continue to work with Communications in anticipation of the delivery platform. The Operations functional plan will see the wider communication to other stakeholders following the implementation and review stages which will meet the recommendations of HMFSI. . This action has been marked as blue given the proposal to close the action as a result of the work ongoing as Business as Usual. [Proposal to close HMFSI Action Plan action as work will continue to undertaken and monitored as part of the Operations Functional Plan]	100%		Complete				
The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff.	R2.1	Develop Management of Operational Risk Policy and Operational Guidance.	Teresa Kelly, Deputy Head of Safety and Assurance	Mar-23		Complete	15 February 2023: Draft has been developed. A meeting to discuss suitability for implementation was cancelled due to unforeseen events occurring. This action is currently green and on track for completion by the proposed due date. 17 May 2023: Alternative approach to addressing this action has been agreed which includes completed reviews of Dynamic Risk Assessment / Analytical Risk Assessment arrangements, training, and the development of Safety Culture Strategy in 2022/23. See evidence column. This action is green and complete.	100%	Mar-23	Complete	Upon review of Head of Function, the Management of Operational Risk Policy and Operational Guidance is no longer required as further evidence and updates have been made, including update of: Incident Command Policy and Operational Guidance, Operational Aide Memoir, Breathing Apparatus Policy and Operational Guidance and urgent instruction for requirement to complete Analytical Risk Assessment (ARA) /Dynamic Risk Assessment (DRA). Further work regarding the Learning Content Management System (LCMS) package remains ongoing.			
The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff.	R2.2	Review the LCMS package for Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA).	Teresa Kelly, Deputy Head of Safety and Assurance SC Ben Carlin (Health and Safety)	Mar-23		Complete	15 February 2023: Production of Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) maintenance module (working with Training and Employee Development. Work continues to embed ARA/DRA in Training for Operational Competence (TIOC) material. This action is on track and has been marked green. 17 May 2023: The review of the Learning Content Management System (LCMS) packages relating to Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) was completed in Quarter Q4 2022/23.	100%	Mar-23	Complete				
The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff.	R2.3	Review Incident Command assessments.	AC Alasdair Cameron, TSA	Jun-23		Complete	15 February 2023: The Incident Command Core Skill within the Training for Operational Competence (TIOC) for Quarter 4 has content relating to Dynamic Risk Assessment (DRA) and Analytical Risk Assessment (ARA). There is also a Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) module within the Health and Safety Programme of Learning which is currently live on the LCMS system. All can be evidenced within Learning Content Management System (LCMS) itself. This action is green and is complete. 17 May 2023: Launched in April 2022, the Training for Operational Competence Framework now includes a dedicated Learning Content Management System (LCMS) packages for all operational levels. This includes a dedicated 'Risk Assessments at Operational Incident' module with specific content relating to Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) along with Incident Command Assessment that focuses specifically on this area. Combined it provides clarity on how and why to complete an Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA), as this is an essential element that contributes towards Firefighter safety. The design of this new Learning Content Management System (LCMS) content now makes it achievable across all Operational staff Groups, which is a key element to its success. This action is green and complete.	100%	Feb-23	Complete	LCMS			

The SFRS should revise and amend the LCMS packages on Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) to ensure that they focus on how and why to complete the documentation, ensuring the content is suitable for all Operational staff.	R2.4	Integrate principles of Analytical Risk Assessment (ARA) and Dynamic Risk Assessment (DRA) as relevant to risk in all courses.	AC Alasdair Cameron, TSA	Mar-23		Complete	15 February 2023: Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) included in all relevant training material and managed by the Operational Competence Strategy Group. This action is green and is complete. 17 May 2023: Established in April 2022, the Operational Competence Strategy Group now provides a platform that reviews the Training for Operational Competence based on risk, with content that integrates the principles of Analytical Risk Assessment (ARA)/Dynamic Risk Assessment (DRA) relevant to the subject matter being covered. This aligns to the principles of the 'Risk Assessments at Operational Incident module'. This action is green and complete.	100%	Feb-23	Complete	LCMS
The SFRS should ensure that risk critical information provided to crews via the GETAC tablet is easily accessible when required, up to date and the information available suitable for all foreseeable incident types.	R3.1	Determine risk critical information required for GETAC tablets to ensure that this information is provided to crews.	AC William Pollard	Sep-23	Sep-23 to Mar-24 to Jun-24 to Dec-24	Complete	24 June 2024: Due to the dependency on the Communications and Information Governance iHub Project, the Operations Function, as yet, have no platform to deliver a live Document Conversion Project. Subject matter content and an order of roll out by Thematic Packages remains available, with the currency of the content and detail under constant review. Acknowledging the progress of the New In Vehicle Solutions Project, the replacement of the GETAC tablet with a Samsung device will provide greater opportunity to update information currency once the Communications and Information Governance iHub project delivers. The due date requires to be revised to June 2024 in line with the completion of the iHub Project. This action remains amber due to the slip in timescales as a result of the interdependency to the iHub project. [Proposed revised due date from Mar-24 to Jun-24] 28 October 2024: Following training from Information Governance colleagues, Operations is now in a position to upload Document Conversion Project (DCP) content for a service-wide launch. In response to the action to determine risk-critical information required for GETAC tablets and ensure it is provided to crews, we are currently uploading Phase 1 of the Document Conversion Project (DCP). This will be accessible through the secondary tablet on the appliances, providing risk-critical information at the point of need in an easy-to-access and understandable format. We are also working closely with the In Vehicle Solutions (IVS) team to ensure that relevant apps are available on these tablets and that all information is accessible on the CF33 tablet once it is installed. This action has moved from amber to red due to the delay which resulted from the interdependency to the iHub project and workloads within ICT. [Proposed revised due date from Jun-24 to Dec-24] 19 November 2024 - (Update from Corporate Board): This workstream is now being progressed through the in vehicle solutions team and phase 1 of the Document Conversion Project is now complete. This will be progressed as part of introduction of the Modas software project and IVS, therefore it is proposed to close this action.	100%		Complete	
The SFRS should ensure that risk critical information provided to crews via the GETAC tablet is easily accessible when required, up to date and the information available suitable for all foreseeable incident types.	R3.2	Determine Operational Intelligence information required for GETAC tablets to ensure that risk critical information provided to crews.	AC Craig McGoldrick, Operations	Sep-23		Complete	15 February 2023: Once the Phase 1 Document Conversion Project is launched the GETAC/ or secondary Tablet will be used to display the latest risk critical information. 4G connectivity will allow information to be updated as and when required. This action is currently green and on track for completion by the proposed due date. 17 May 2023: It is proposed that this action is closed as complete. All Operational Intelligence documentation was reviewed in 2022. The process to gather risk critical Operational Intelligence, using the Operational Intelligence Generic Information Note and supporting systems, is reflected in the information available to crews. A performance framework was developed by the Operational Intelligence team which has a focus on the Operational Intelligence reporting toolkit. The first review period is due to provide outcomes/findings in June 2023. Areas for improvements will be translated into Area based support by the Operational Intelligence team. In terms of the action the available and correct risk critical information is being provided to crews. This action is green and complete.	100%	May-23	Complete	
The SFRS should ensure that the Post Incident Support Procedure is amended so that triggers are in place and are activated automatically to support all levels of operational staff attending relevant incidents.	R4.1	Health and Wellbeing Team to review Post Incident Support Procedure to determine the need for automatic activations criteria and process.	Justin Smithson, Clinical Lead	Jun-23	Dec-23 to Mar-24	Complete	21 February 2024: We are now in receipt of the report following the HMFSI thematic inspection, and these recommendations have been considered as part of the Post Incident Support Procedure (PISP) review. It is anticipated that this PISP review will be completed and commence its governance journey in Quarter 4 2023/24. This action has moved from amber to red due to the slip in original timescale. It is, however, expected that the action will be completed by March 2024. [Proposed revised due date from December 2023 to March 2024] 24 June 2024: The end-to-end review of the Post Incident Support Policy and Procedure completed its governance journey in Quarter 1 2024/25 and will be published in due course with supporting communications. This action has been marked blue and is now complete.	100%		Complete	
The SFRS should identify the cultural barriers that prevent staff reporting 'near misses'. It should design, develop and test all near miss recording systems, ensuring that the systems are accessible to staff and encourage ease of use to improve and encourage reporting across the organisation.	R5.1	Health & Safety Department to liaise with Service Delivery Areas to identify the cultural barriers that prevent Near Miss reporting.	Teresa Kelly, Deputy Head of Safety and Assurance	Mar-23	Sep-23 to Mar-24	Complete	15 November 2023: The Hazard Reporting module has been handed to ICT for development on the Think, Act, Stay Safe System and is expected to be completed by Quarter 4. The Safety Culture Survey has concluded. An analysis will be conducted in October. This action is amber as it has missed the September 2023 deadline. [Proposed revised due date from September 23 to March 2024] 21 February 2024: Near misses continue to increase through awareness and local campaigns. There has been a 75% increase in reporting (22/23:135 – 23/24 236). The Hazard reporting system is currently under trial by Safety and Assurance prior to going live. This action is complete.	100%	Feb-24	Complete	
RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.	R6.1	Review On Call recruitment and terms of conditions to potentially enhance staffing levels.	AC Craig McGoldrick, Operations Gavin Hammond	Sep-23		Complete	15 February 2023: A total review of On Call recruitment process has been completed. Efficiencies and improvement identified and introduced under the On Call improvement programme. There is a need for continued improvement as work progresses out with the project and where other On Call recommendations have been made but final decisions around implementation are yet to be made. Terms and Conditions (T&Cs) standardisation for RDS are yet to be agreed. Further recommendations from the On Call programme are likely to be stalled until agreement is reached. This action is currently green and on track however completion by the proposed due date will be determined by future decision-making and developments with regards to the Terms and Conditions. 17 May 2023: Propose to consider transfer/closure of this action. There is clear evidence that the recommendation has been given due regard. The project has been underway for a number of years, with major aspects required to reach completion remaining out with the control of SFRS. It is recommended that this recommendation is closed off as 'business as usual' as it features on the People and Organisational Development Directorate Plan for 2022/23 and will be monitored accordingly. On the assumption that this recommendation is agreed, the action has been marked green and 100% complete.	100%	May-23	Complete	

RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.	R6.2	Review management/supervisory provision to On Call staff and determine any actions required to enhance current levels.	AC Craig McGoldrick, Operations Gavin Hammond	Sep-23		Complete	15 February 2023: A national cadre of On Call Support Watch Commanders, 54, have been imbedded within Service Delivery Areas (SDAs). The central On Call Support team has been in place since March 2021, within the Operations function. This team is currently temporary up to the end of the On Call improvement programme with decisions still to be made about substantiating a dedicated centralised On Call support function. This action is currently green and on track however completion by the proposed due date will be determined by future decision-making. 17 May 2023: Propose to consider this action completed/closed. Provision of supervision (Operations) is provided via the SFRS Incident response Control Operating Procedure (COP), Flexi Duty Officer (FDO) and Mobilising Control Operating Procedure and supported by the mentoring and monitoring roles undertaken during any incident as per the During Incident Operational Assurance General Information Note, the recording of which is managed through the SFRS OARRS process (link provided in Evidence). Provision of management support was enhanced in 2021 with the addition of On Call Support Watch Commanders. Any additional support is determined and delivered by the Local Senior Officer Area Management Teams and is beyond the remit of Operations. This action is green and is now complete.	100%	May-23	Complete	Home Page - Operational assurance (oarrs.azurewebsites.net)
RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.	R6.3	Consider methods to increase visibility /presence of Flexi-Duty Officers at On Call stations.	AC Craig McGoldrick, Operations Propose transfer of action to Service Delivery, as LSO Area Flexi Duty Officers (FDOs) are not aligned to Operations Function.	Mar-23		Complete	17 May 2023: Propose transfer of action to Service Delivery, as Local Senior Officer Area Flexi Duty Officers are not aligned to Operations Function. This issue will be discussed at the next Operational Learning Group and this plan will be updated in the next reporting period. This item has been marked as red due to the slip in original timescale and the requirement for further discussion and decision to be made regarding action owner. 16 August 2023: On behalf of Service Delivery and the National On Call Leadership Forum (NOCLF); we would propose this action is closed. Service Delivery Local Senior Officers via the National On Call Leadership Forum (NOCLF) Single Point of Contacts (SPOCs) have actioned and where practicable, increased/maximised attendance and engagement at On Call Stations and also delivered a number of On Call Manager engagement sessions. This action has been marked as green and it has been proposed that it should be marked as complete.	100%	Aug-23	Complete	
RVDS staff should be provided with effective middle management supervision and support to ensure that knowledge and information is shared and staff assessed to the required standards.	R6.4	Consider options for sharing knowledge and information with On Call staff and confirming competence.	AC Craig McGoldrick, Operations	Mar-23		Complete	15 February 2023: Due to capacity and timing issues, an update was not received for this action. The update was not received when the Action Plan was submitted to the People Committee for scrutiny. 17 May 2023: An On Call dedicated SharePoint site was created which provided a single source for information (see link in Evidence). The site has a number of links to Frequently Asked Questions and engagement tools, including an 'Issues and Innovations Log' where best practice is shared by stations for consideration of the NOCLF. In relation to competence this is captured either through Training, Safety and Assurance business as usual i.e. LCMS/PDR Pro/TFOC or via our Operational Assurance processes. This action is green and complete.	100%	Mar-23	Complete	On Call Firefighters National Site - Home (sharepoint.com)
The SFRS should design and develop an electronic asset management and testing solution, which would reduce reliance on paper records and limit organisational exposure and risk.	R7.1	Identify, test and implement a suitable management system. (This will need substantial ICT support and will need to be in the ICT workplan to be able to proceed .There is currently a Vehicle Inventory Checking System (VIC) being trailed but it's taken almost 2 years to get this solution to trial status)	Roddy Mackinnon, Scottish Equipment Manager	Sep-23	Mar 24 Apr 24 Oct-24	Complete	24 June 2024: The live system is still in development with ICT due to competing resources and projects impacting completion. This action has been marked as red due to the slip in timescales, however. work is due to progress to completion for the proposed revised due date of October 2024. [Proposed revised due date from Apr-24 to Oct-24] 28 October 2024: A system has now been full developed for use within SFRS. Assets have completed the initial roll out of Vehicle Inventory Checking (VIC) system to 20 water rescue stations and have also completed end user engagement and feedback from these stations. Analysis of the feedback from these 20 stations is still to be completed and then further progressed to establish lessons learned and any further developments and equipment requirements (phones, tablets etc.). A plan has been developed for a further roll out to specialised stations including High Reach, Rapid Response Unit (RRU), Detection Identification and Monitoring DIM Unit, Hydrants and Fire Investigation (FI). This will commence following the feedback review. It is proposed that this action is closed in terms of the HMFSI recommendation given that we now have a live system that is currently being used at operational stations (water rescue) to undertake Vehicle inventory checks and a continued program of implementation of the Vehicle Inventory Check system across all vehicle types within the service will be managed and monitored through Business as Usual. This action has been marked blue and is now complete in terms of the HMFSI recommendation with a system now in place and being utilised, and with further roll out across the Service programmed.	100%	Oct-24	Complete	
The SFRS should ensure that information related to Operational risk and safety critical hazards is clearly prioritised with key messages identified and information targeted to the intended recipient rather than to general staff groups.	R8.1	Consider actions captured in R1, R3, C17, C18, C22.	N/A	N/A		Cancelled	Response to this action is fully captured and considered within the work currently being undertaken for actions R1 and R3. Updates will be provided within these actions and therefore it is proposed that this action is cancelled to direct focus to these and avoid duplication.			Complete	
The SFRS should ensure that information related to Operational risk and safety critical hazards is clearly prioritised with key messages identified and information targeted to the intended recipient rather than to general staff groups.	R8.2	Develop process to ensure targeted messaging methods are available.	AC Craig McGoldrick, Operations	Jun-23	Dec-23 to Mar-24	Complete	15 November 2023: This work is scheduled for Quarter 4 and will be progressed following further discussions with Teresa Kelly to agree a terms of reference and pathway for progression. This action has moved from red to amber as the work is now scheduled. [Proposed revised due date from December 2023 to March 2024] 21 February 2024: Frontline Support (FLS) Operations, have a robust framework for communicating critical risk information, designed to categorise information efficiently, ensuring a tailored response to different levels of risk. Information is now categorised into Service Delivery Alerts, Urgent Instructions, and Awareness Briefings, providing a structured approach to communication based on the nature and potential risk associated with the information. Internal processes have been enhanced through the utilisation of our SFRS records manager. Each individual within SFRS must record and acknowledge receipt of critical information through PDRpro. Furthermore, for additional actions beyond acknowledgment, LCMS/PDRpro serves as a platform for recording and tracking, promoting a comprehensive approach to risk management. In certain scenarios, FLS members are tasked with carrying out audits, contributing to our commitment to maintaining the highest standards of compliance. These audit findings are meticulously collated by the department and stored securely on Microsoft Forms, ensuring accessibility and transparency. This action is complete.	100%	Feb-24	Complete	Frontline Support - Templates and guidance - All Documents (sharepoint.com)

HMFSI MENTAL HEALTH AND WELLBEING SUPPORT IN THE SFRS - ACTION PLAN											Updated Feb-25		Next Update Apr-25		Committee Update (PC) Mar-25	
HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	BRAG	Evidence					
The new Mental Health Strategy should continue to be aspirational in that its offer for staff should be broad, but it also must be achievable and robust. The strategy should be subject to SMART assessment, action plans for achieving outcomes should be considered in advance of its publication. Adequate resources should be in place to support the strategy intentions.	1	Develop Wellbeing Framework and supporting action plan(s) that focus on a preventative and responsive approach to support the wider physical and mental wellbeing agenda	Sandra Haig	Jun-25	TBC 2025/26	Not Started	28 October 2024: Commencement of this work has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action has not yet started due to work commitments, however, has been marked green as it will progress as planned to the original due date. 17 February 2025: Commencement of this work has been impacted by the Wellbeing Recovery Plan. It is likely that this will be carried forward to 2025/26 and a revised date will be provided in due course. This action has moved from green to amber due to the delay in work commencing as a result of conflicting priorities and workload.	0%		Amber	Wellbeing survey results Benchmark nationally through NFCC and collaboration with tri-services Strategy document, action plan and completed governance					
The Board of SFRS should assess if they are fully scrutinising progress of Mental Health outcomes against the aspirations of the Mental Health Strategy. Governance routes up to Board level should be reinvigorated and formalised to ensure scrutiny, oversight and transparent accountability are in place.	3	Carry out a review of the Mental Health and Wellbeing Group Terms of Reference to align with revised SFRS governance arrangements. Agree the format and methods of scrutiny and reporting of progress on the SFRS Mental Wellbeing Action Plan and decisions of the Mental Health and Wellbeing Group with the SFRS People Committee.	Lyndsey Gaja	Sep-24	Jul-25	In Progress	28 October 2024: Annual review of the Terms of Reference has been approved by Mental Health and Wellbeing Group (MHWG) in line with the revised SFRS governance arrangements. A review of future People indicators and reporting is currently being carried out with the People Committee as part of the SFRS Performance Management Framework, and this will inform any future approach. A revised due date of July 2025 has been proposed to align with the first reporting period of new Performance Management Framework (PMF). The annual review of the Terms of Reference did not give any further consideration at this stage to scrutiny and reporting to the People Committee and the intention is that this would be considered in the review of how and what the People Directorate reports on from 2025/26. This action has been marked red due to the change in original timescale. [Proposed new due date from September 2024 to July 2025 to align action with the Performance Management Framework reporting] 17 February 2025: Work is progressing on the development of the next Performance Management Framework (PMF), which will be effective from April 2024 and reported from July 2025. This action remains red due to the slip in original timescale, however, work is progressing towards the previously agreed revised due date.	50%		Red	Revised Terms of Reference approved by Mental Health and Wellbeing Group Approval from People Committee on format of reporting Formalised reporting model Revised performance indicators					
The Service should consider the most appropriate way that it can offer professional support for its Mental Wellbeing Champions. This support should include appropriate processes to track any interventions work of Champions, debriefing and evaluation of interventions and reflective supervision and support.	5	Review model of professional support to ensure appropriate interventions are being implemented; ensuring that the integrity of the service and support provided remains uncompromised and that collation of data complies with General Data Protection Regulation (GDPR) requirements.	Geri Thomson / Sandra Haig	Dec-24	TBC	In Progress	28 October 2024: Feedback has been collated from the range of sessions provided to Champions and this has been used to inform the support provided. A survey has been carried out to consider what support Champions need from SFRS and results have informed new arrangements which are being put in place. Monthly joint engagement sessions are in place with the Wellbeing Team to provide support, with access to clinicians when required. A Microsoft Teams channel is now in place to enable reach into Wellbeing and for peer support. A monthly newsletter is in place providing further information and support to aid further development. Three Veteran Champions are in place to provide specific support for current and former serving employees. The Induction programme has been reviewed and updated. An on call dedicated SharePoint site includes dedicated information to support champions. The remaining part of the action is to consider how we collate data and information on types of interventions and the level of support provided. Commencement of this work has been deferred due to other emerging wellbeing risks and priorities, however, a plan is being developed to address these and a revised date may be considered as part of this plan in due course. This action is in progress and has been marked amber due to the possible slip in timescales as a result of work being undertaken to conclude the action. 17 February 2025: Commencement of this work has been impacted by the Wellbeing Recovery Plan. It is likely that this will be carried forward to 2025/26 and a revised date will be provided in due course. This action has moved from amber to red due to the delay in progress as a result of conflicting priorities and workload.	70%		Red	Completion of evaluation of the Wellbeing Champion programme since inception that includes a benchmarking exercise. Presentation of paper to MHWG on 2023 Wellbeing Champion survey that includes recommendations.					
Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The Mental Wellbeing Champion approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.	6.3	Carry out a full evaluation of the Mental Wellbeing Champion programme to inform future improvements and changes to the SFRS mental wellbeing support model.	Geri Thomson / Sandra Haig	Dec-24	TBC 2025/26	Not Started	28 October 2024: Commencement of this work has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action has been marked amber due to the expected slip in timescales with work commencing in due course. 17 February 2025: Commencement of this work has been impacted by the Wellbeing Recovery Plan. It is likely that this will be carried forward to 2025/26 and a revised date will be provided in due course. This action has moved from amber to red due to the delay in work commencing as a result of conflicting priorities and workload.	0%		Red						
	6.4	Use outputs from evaluation to develop longer term actions to develop and sustain Mental Wellbeing Champion model.	Geri Thomson / Sandra Haig	Jun-25	TBC 2025/26	Not Started	28 October 2024: Commencement of this work has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action has been marked amber due to the expected slip in timescales with work commencing in due course. 17 February 2025: Commencement of this work has been impacted by the Wellbeing Recovery Plan. It is likely that this will be carried forward to 2025/26 and a revised date will be provided in due course. This action has moved from amber to red due to the delay in work commencing as a result of conflicting priorities and workload.	0%		Red						
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.1	Continue to progress the actions of the Mental Wellbeing Learning Resource Group to incorporate / integrate learning from Lifelines and future mental wellbeing and suicide prevention training into the employee lifecycle. This includes identifying requirements/opportunities to develop a programme from onboarding; induction; in development; in role; on promotion and through to retirement and also consider where face to face training maybe appropriate and achievable; whilst taking into account SFRS digital first principles.	Mental Wellbeing Learning Resource Group Chair (TBC)	Jun-25	TBC	In Progress	28 October 2024: A modularised programme has been developed and now implemented into the Wholetime Firefighter Induction Programme. 38 Facilitators have been trained to deliver the Lifelines content, however, a programme to ensure competency is still to be implemented and recommendations for an ongoing delivery model to be considered. This action is ongoing and has been marked green. 17 February 2025: Despite several attempts to appoint a Chair to lead this group, this has not been successful. The Mental Health and Wellbeing Group will require to consider how and when this action can be progressed. Based on the impact of the Wellbeing Recovery Plan, the target date will need to be reconsidered. This action has moved from green to amber due to the inability to source a Chair for the Mental Health and Wellbeing Group.	40%		Amber	Learning Resources Matrix finalised and agreed by MHWG, specifying types and levels of training to be provided; stage in employment lifecycle and detailing specialist training for specific posts.					

The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.2	Develop and implement resources to signpost or provide support to candidates applying to join or move to other roles within SFRS	Jen Kidd/Anne Whyte	Dec-24	Mar-25	Not Started	28 October 2024: A large volume of campaigns and natural attrition within the Talent Acquisition team has meant that this piece of work has not progressed and a new due date of Mar-25 has been proposed. This action has been marked amber due to the slip in original timescale as a result of workload and resource constraints with a proposed new due date in place. [Proposed amended due date from December 2024 to March 2025] 17 February 2025: With a number of competing priorities and resource constraints within both teams, work has not progressed on this action. This action remains amber due to the slip in original timescale and lack of progress as a result of competing priorities.	0%		Amber	Supporting information and signposting available on SFRS Internet and intranet
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.3	Review onboarding and induction resources and support, to provide a holistic approach between SFRS and partner organisations / charities	Jen Kidd/Anne Whyte	Mar-25	Jun-25	In Progress	28 October 2024: Talent Development and Corporate Governance are due to commence a review of induction materials across the Service in line with the Culture Development Group Sub-group action assigned. This action is in progress and has been marked green. 17 February 2025: The Culture Development Subgroup has identified a requirement to review the induction process. The current approach and resources are being reviewed and meetings to progress this action are being scheduled. This milestone has moved from green to amber as it is unlikely that the due will be met. A revised due date has been proposed. [Proposed revised due date from March 2025 to June 2025]	25%		Amber	Induction process in place for all staff groups
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.4	Refine and implement resources as part of the Management Capability Development Framework in support of development of existing and aspiring managers ensuring a blended approach to delivery including face to face.	Jen Kidd/Mandy Harper	Dec-25		In Progress	28 October 2024: The Management Development Framework will roll out in October 2024; Days 2 & 3 are in the design stages and supporting deep dive and bitesize sessions will be considered to support this objective. A mapping exercise has been conducted to identify key areas for integration across our current systems. This action is in progress and has been marked amber due to some slip in timescales. 17 February 2025: The Management Development Framework Day 1 sessions are underway, with the focus now on the development of Days 2 & 3. The lifelines mental health and well-being courses, as well as the Service's internal resources, have been programmed to feature in Day 3. Alongside this work, discussions have commenced with The Firefighters Charity to identify an approach to supporting colleagues taking that first step to management. Meetings are being scheduled with internal stakeholders to progress this action. It has been marked amber due to some slip in timescales. This action has moved from amber to green as a result of work being undertaken within the original due date of December 2025.	25%		Amber	Management Capability Framework implemented, evaluated to inform improvements and embedded across SFRS
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.5	Identify and secure appropriate suicide prevention and crisis management training, learning resources and support to enable people in crisis to be supported	Mental Wellbeing Learning Resource Group Chair (TBC)	Mar-25	TBC	In Progress	28 October 2024: A learning resources matrix has been created containing range of modules available for delivery at appropriate stages throughout the employment lifecycle. Included in this are modules developed in support of suicide prevention and crisis management training and resources for those in crisis e.g. lifelines modules: 5 (Talking about suicide), 6 (Post Trauma Support Understanding how trauma affects us), 7 (Psychological first aid) as well as the Scottish Government's Distress Brief Intervention and modules available from Public Health Scotland / National Education for Scotland. Also, Suicide First Aid training is now complete for Wellbeing team. This action is progressing and has been marked green. 17 February 2025: Despite several attempts to appoint a Chair to lead this group, this has not been successful. The Mental Health and Wellbeing Group will require to consider how and when this action can be progressed. Based on the impact of the Wellbeing Recovery Plan, the target date will need to be reconsidered. This action has moved from green to red due to the inability to source a Chair for the Mental Health and Wellbeing Group.	40%		Red	Learning resources matrix embedded including suicide prevention modules
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.6	Collaborate with partners and stakeholders to implement appropriate training and resources to support volunteers and youth groups	Mental Wellbeing Learning Resource Group Chair (TBC)	Jun-25	TBC	In Progress	28 October 2024: Youth Volunteer Scheme National Officer attended the facilitators course and is working to identify anyone who is a wellbeing champion and a Youth Volunteer. Relevant resources have been identified regarding neurodiversity elements and resilience for young people (e.g. the impacts of social media). Bespoke courses are being provided to enable Youth Volunteer Instructors to deliver the Lifelines road trip to volunteers. This action is ongoing and has been marked green. 17 February 2025: Despite several attempts to appoint a chair to lead this group, this has not been successful. The Mental Health and Wellbeing Group will require to consider how and when this action can be progressed, however based on the impact of the Wellbeing Recovery Plan, the target date will need to be reconsidered. This action has moved from green to amber due to the delay in progress as a result of sourcing a Chair for the Mental Health and Wellbeing Group and conflicting priorities and workload.	20%		Amber	Learning resources matrix embedded including modules which can be used or adapted for young people
The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.	8.1	Develop resources to provide families with information on the role of the SFRS and the types of challenges that family members employed by SFRS may face and support available to them.	Geri Thomson / Sandra Haig	Apr-25	TBC 2025/26	In Progress	28 October 2024: A draft version of family booklets has been considered, however capacity to progress has been impacted by other priorities. The current target date will be monitored and maybe subject to change. Progress on this has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action is ongoing and has been marked amber due to some slip in timescales. 17 February 2025: Continuation of this work has been impacted by the Wellbeing Recovery Plan. It is likely that this will be carried forward to 2025/26 and a revised date will be provided in due course. This action has moved from amber to red due to due to the delay in progress as a result of conflicting priorities and workload.	20%		Red	Resource finalised and published in various formats / platforms
The SFRS should consider how it may better utilise the resources that The Fire Fighters Charity can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.	9.1	Identify and implement opportunities for families to access support from the Fire Fighters Charity and other SFRS partners	Greg Hastie / Comms and Engagement	Apr-25	TBC 2025/25	In Progress	28 October 2024: There has been continued formal ongoing engagement with the Fire Fighters Charity through the SFRS / Firefighters Charity Committee Meeting and the establishment of Strategic Partnership Group. Regular engagement with the Fire Fighters Charity in being undertaken to obtain information on the support available to families. Delivery of this action will also be reliant on the progress of action 9.2 to improve a means of communicating with families. This action is progressing and has been marked as amber due to a co-dependence on action 9.2. 17 February 2025: Continuation of this work has been impacted by the Wellbeing Recovery Plan. It is likely that this will be carried forward to 2025/26 and a revised date will be provided in due course. This action has moved from amber to red due to due to the delay in progress as a result of conflicting priorities and workload.	50%		Red	Wellbeing and inclusion calendar of annual events. Annual evaluation of the calendar events to include FFC events.

The SFRS should consider how it may better utilise the resources that The Fire Fighters Charity can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.	9.2	Development and implement wider 'family' section of the SFRS website to enables access to resources and information to families and retired employees	Marysia Waters	Apr-25	TBC 2025/25	In Progress	28 October 2024: The content for the family section of the website is being developed by the team at Lifelines. A meeting has been arranged with Lifelines and the Communications Department will continue to progress this. This action is ongoing with work having begun and has been marked green. 17 February 2025: An initial meeting has taken place with Lifelines. Health and Wellbeing are to support by providing content for the families section of the website. However, due to conflicting priorities this work has not yet progressed. Work will continue once the Wellbeing Recovery Plan has been completed. This action has moved from green to red due to the delay in progress as a result of conflicting priorities and workload.	10%		Red	New page on SFRS website dedicated to families and retirees
The SFRS should consider how to best prepare its serving firefighters and support staff for life following their retirement from Service. These considerations should not be limited to financial planning but should also consider the social aspects of the change that retirement brings. They should consider collaboration opportunities within the fire sector to assist with this.	11	Establish a working group to further develop and implement the recommendations agreed by the Mental Health and Wellbeing Group on preparation for, and post retirement.	Robert Lennox	Mar-25	TBC 2025/26	In Progress	28 October 2024: Further engagement has taken place to form a short life working group to take forward the recommendations of the approved retirement paper. Preparation of a draft action plan is in progress. Benchmarking with other organisations has commenced. Work has also commenced on a draft employee survey to consider employee views on the retirement framework content. The Fire Fighter Charity "Preparing to Retire Programme" has been implemented for SFRS employees. This action is progressing and has been marked as green. 17 February 2025: Due to capacity challenges impacting on resources available to support this work, the Mental Health and Wellbeing Group agreed that it would be paused and reconsidered in 2025/26. This action has moved from green to red due to due to the delay in progress as a result of conflicting priorities and workload.	20%		Red	Paper presented to MHWG in October 2023, around next steps to support transition to retirement and beyond. This paper contained recommendations to progress this piece of work and was approved. Initial scoping underway to establish task and finish group of key stakeholder to consider recommendations.
The Service should consider the most appropriate use of On Call drill night hours to ensure that appropriate access to essential information, including mental health and wellbeing resources, can be achieved.	13	Implement a pilot Wellbeing development event for On Call Support Watch Commanders to consider how further support can be provided to the wider On Call workforce	Les Mason / Greg Hastie	Mar-25	N/A	In Progress	28 October 2024: An update is required to the pilot event. It has been determined that a month in the annual calendar is to be dedicated to On Call colleagues during 2025. This action is progressing and has been marked as amber due to slip in timescales however work is continuing to progress towards the original due date. 17 February 2025: Implementation of On-Call Wellbeing Theme within Wellbeing Calendar 2025 has been undertaken. A Wellbeing roadshow has been delivered to On-Call personnel in support of physical and psychological wellbeing. There is On-Call representation within Wellbeing Inclusion Sub Group (WISG) to better improve Wellbeing communication of supportive events. All Wellbeing events are aligned to the On-Call SharePoint in support of all On-Call personnel. The Wellbeing Inclusion Sub Group (WISG) have identified work-life balance as a key topic in support of the On-Call Wellbeing theme and personnel. An update to On-Call Policy and Procedures supportive of work-life balance is underway. This action remains amber due to the slip in timescales however work is continuing to progress towards the original due date.	10%		Amber	Wellbeing development events implemented and evaluated for On Call Support Watch Commanders
The SFRS should consider the most effective means of raising awareness of the Post Incident Support Process (PISP) with a focus on the personal value for those within the operational roles of the Service. Following its consideration, awareness raising of the Post Incident Support Process (PISP) should be planned and delivered across the Service. The awareness raising approaches used should be up to and including face to face engagement with subject matter experts, uniformed personnel and possibly with those who would be prepared to share lived experience of the Post Incident Support Process (PISP).	17	Liaise with key internal and external stakeholders to develop, plan and implement a communications schedule to raise further awareness and promotion of the revised Post Incident Support Process (PISP) policy and procedure.	Justin Smithson	Dec-24	TBC 2025/26	In Progress	28 October 2024: To coincide with the launch of the revised policy, communications have been put in place to support and promote. This has also been communicated to Champions to help promote and support them. Engagement event has been established to further promote with the aim to produce lived experience videos supported by colleagues with experience of Post Incident Support Process (PISP). This action is progressing and has been marked green. 17 February 2025: Continuation of this work has been impacted by the Wellbeing Recovery Plan and that the Clinical Lead post is now vacant. This will be carried forward to 2025/26 and a revised date will be provided in due course. This action has moved from green to amber due to due to the delay in progress as a result of conflicting priorities and workload.	80%		Amber	Planned and scheduled programme of awareness raising events. Future learning resources group to consider programme of awareness through employee life cycle.
The SFRS should consider the nomination of a Corporate Mental Health and Wellbeing Champion for the Service. The Champion should be of a sufficiently senior level to be able to direct action and ensure that appropriate oversight and governance is put in place to allow them to scrutinise progress against the next Strategy and any associated action plans.	2	Define the scope of the Corporate Mental Wellbeing Champion clearly stating the differences between the Champion role and the Wellbeing Executive Lead; identify methods to provide the workforce with opportunities to engage with the Champion.	Sandra Haig	Dec-24	N/A	Complete	28 October 2024: The Deputy Chief Officer has taken on the role of Corporate Wellbeing Champion and is now a standing member of the Mental Health and Wellbeing Group (MHWG). Engagement with communications colleagues regarding raising awareness and the profile of the role is currently ongoing. Visibility of our corporate champions is now in place, including a video which was published to SFRS employees with direct messages on the importance of employee wellbeing. A video has also been developed to promote the Fire Fighters Charity event in September. A promotional banner has been provided for use at wellbeing events and roadshows. This action has been marked blue and is now complete.	100%	Aug-24	Complete	Promotion of Corporate Champion video and implementation approach agreed. DCO as Corporate Champion now a standing member of MHWG. Promotional material developed for use in wellbeing promotional activity.
The SFRS should consider the suitability of the governance arrangements for the Suicide Prevention subgroup. If it is considered that this group cannot achieve the outcomes that are set out within the Mental Health Strategy, then the Service should consider alternative arrangements to replace it. Any new arrangements should ideally be in place before the current subgroup is disbanded.	4	N/A	N/A	N/A	N/A	Cancelled				Complete	
Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The Mental Wellbeing Champion approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.	6.1	Further promote and build further awareness of Mental Wellbeing Champions across the Service	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	28 October 2024: Mental Health Champions now play a pivotal role in leading local initiatives and are an integral part of the network of support available and to promote and support events. A number of roadshows and development events are now being led and supported by Champions with Wellbeing acting as support rather than lead. Further communications have been issued to promote the role as part of mental health awareness week and supplementary communications were issued to identify additional volunteers to the programme, aiming to focus on areas where there may be gaps in provision. As the role is now well established it is proposed that this work becomes business as usual and action closed. It is proposed that, for the purposes of the recommendation within the HMFSI report, this action is closed with work being undertaken as Business as Usual (BaU). This action has been marked blue and is now complete.	100%	Aug-24	Complete	Evaluation report and action plan presented to Mental Health and Wellbeing Group (MHWG)
Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The Mental Wellbeing Champion approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.	6.2	Embed peer support arrangements for Mental Wellbeing Champions to share good practice and promote events and activities	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	28 October 2024: Update included in action 5 and 6.1. Propose action closed as now business as usual with any new arrangements captured in action 5. It is proposed that, for the purposes of the recommendation within the HMFSI report, this action is closed with work being undertaken as Business as Usual (BaU). This action has been marked blue and is now complete.	100%	Aug-24	Complete	
The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.	8.2	Review whether a formal approach to delivering social events is required across SFRS in addition to local and national events delivered as Business as Usual (BaU) activity.	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	28 October 2024: All National and major events have been submitted to the Mental Health and Wellbeing Group (MHWG) for approval. Local events will continue to be run as Business as Usual (BaU). Major events delivered or planned for 2024 in conjunction with partners include the Dick Wedlock Annual Road Race; Fire Rox and the Santa Dash. This action has been marked blue and is now complete for the purposes of the HMFSI recommendation with it being identified that a formal approach to delivering social events is required across SFRS.	100%	Oct-24	Complete	Santa dash and summer events complete and evaluation carried out.
The SFRS should consider if a formal role is appropriate for the Chaplaincy service within their mental health and wellbeing offer to personnel. Options to establish pastoral care across all of the Service Delivery Areas of the Service should be explored.	10	N/A	N/A	N/A	N/A	Cancelled	Memorandum of understanding in place for two Chaplains who currently provide services to SFRS, clearly outlining the role carried out			Complete	Mental Wellbeing Champion Evaluation Report Memorandum of understanding Wellbeing signposting literature

The Watch Commander (WC) role is critical within the Watch based system. They are often the first point of contact for mental health and/or wellbeing issues that may be affecting their Watch personnel. WCs are a trusted role within the Watch system, and they cover the majority of operational firefighters at work. The SFRS should consider how best to utilise the WC role and make them 'mental health advocates' to support the needs of operational firefighters on the Watch. Additionally, the Service should consider the training that would be required to ensure any advocates approach is robust. The mental health advocate role for WCs should be mandatory.	12	N/A	N/A	N/A	N/A	Cancelled	N/A			Complete	Completion of evaluation of the Wellbeing Champion programme since inception. Action plan from the future learning resource group.
The SFRS should monitor the potential mental health impacts of the hybrid working system. It should consider the impact upon managers who may need to spend additional time in the support of hybrid working team members.	14	N/A	N/A	N/A		Cancelled				Complete	Agile working framework Agile working survey LCMS Agile Working Module
The SFRS should consider all aspects of training that may be required for any new or novel operational interventions that may be required to be performed by its staff. These considerations should include aspects of any operational work that may have the potential to cause psychological trauma and negatively impact the mental health and wellbeing of responding firefighters. Mitigations and support should be developed and implemented if harms are identified.	15	N/A	N/A	N/A		Cancelled				Complete	
The SFRS should consider a range of options to ensure that Post Incident Support Procedure questionnaires are returned following operational incidents, these should include options for mandatory returns.	16	Undertake an end to end review of the existing the Post Incident Support Policy to ensure it continues to meet SFRS needs. [note this action description relates to actions 16-20 inclusive] As part of this review, give consideration to options to promote the return of the 'POST INCIDENT SUPPORT: Promoting Resilience & Keeping Staff Well' questionnaires.	Justin Smithson	May-24	N/A	Complete	28 October 2024: Governance process is now complete, and the revised policy has now been published. Feedback has been positive to date with initial data demonstrating that numbers referred directly are showing upward trend. This action is now complete and has been marked blue.	100%	Oct-24	Complete	Task and finish group consisting of key stakeholders complete. draft PISP policy complete and commencing through governance.
The SFRS should initiate a review of Post Incident Support Process (PISP) elements that relate to the Operations Control (OC). The procedure should be fully explained to Operation Control (OC) managers and staff via a bespoke communications plan for the Operations Controls. The Service should consider how the Post Incident Support Process (PISP) can be more systematic and less open to personal interpretation in its implementation within the Operations Control (OC) personnel group.	18	Review the Post Incident Support Process (PISP) policy and procedure end to end to expand and develop those components which relate to the role of the Operations Control (OC) staff group. This includes development and implementation of standard templates across all Operations Control (OCs) to ensure consistent communications across all Operations Control (OC) locations and teams.	Justin Smithson	Jan-24	N/A	Complete	28 October 2024: Engagement with key stakeholders in Operations Control (OC) is now complete and an agreed template has been established for consistency across all Operations Control (OC) areas. This has now been communicated and implemented across all Operations Controls by the Operational Control (OC) Policy Team. This action is now complete and has been marked blue.	100%	Jan-24	Complete	Standard template now in place and operational. Policy amended to reflect these changes. Communication plan implemented to include written guidance and face to face engagement.
The inclusion of Flexi-Duty Officers (FDOs) within the Post Incident Support Procedure should be more systematic with set criteria for them to be opted out only as a necessity. The aim should be to include Flexi Duty Officers (FDOs) within the support procedure following operational incidents, and for this to be tracked as appropriate.	19	As part of the review of the Post Incident Support Policy (PISP) and procedure, consider options and approaches to ensure the inclusion of Flexi-Duty Officers as standard when the PISP is triggered.	Justin Smithson	Jan-24	N/A	Complete	28 October 2024: Policy reviewed and end to end to ensure process is inclusive to all staff groups. Reference to Flexi Duty Officers (FDOs) explicit in inclusion in Post Incident Support Policy (PISP) process when initiated. Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for Flexi Duty Officers (FDOs) to be opted out. It was agreed that a programme of raising awareness is the appropriate approach to assist with increasing return rates in this staff group. This action is now complete and has been marked blue.	100%	Feb-24	Complete	Policy amended and specifies that initiation of PISP process should include details of all flexi duty officers in attendance at incident
We note the new monthly contact from the Health and Wellbeing team to their Fire Investigation (FI) colleagues. Given the relatively low levels of Post Incident Support Procedure returns within the SFRS, and the potential impact upon the mental health of the Fire Investigation (FI) team, the SFRS should consider making the completed return of Fire Investigation (FI) questionnaires mandatory for the role. It also appears that the Fire Investigation (FI) team has had limited contact with professional support regarding the many traumatic incidents that they have attended over recent years. The SFRS should consider this, and how they may assess the potential impact of historical incidents on FI team members' mental health to date.	20	As part of the review of the Post Incident Support Policy, engage with the external service provider to consider options which promote the return of the questionnaires; increase the wellbeing support available for Fire Investigation (FI) staff; and any further support or interventions which may help address any potential impact from the cumulative impact of historical incidents in this staff group.	Justin Smithson	Jan-24	N/A	Complete	28 October 2024: Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit to making these returns mandatory. It was agreed that a programme of raising awareness is the appropriate approach to assist with increasing return rates in this staff group. Work has been undertaken to strengthen the process to increase surveillance for Fire Investigation (FI) staff. Positive changes have been made to the process to include automatic issue of questionnaires every 3 months. Engagement sessions have been held hosted by Wellbeing and Rivers Centre to promote the role of Wellbeing support available from the Rivers Centre and the importance of Post Incident Support Process (PISP). All staff reminded of opportunity to attend the Lifelines programme of training. Mental Wellbeing Champion appointed within Fire Investigation (FI) to help engage with and support the wider team. This action is now complete and has been marked blue.	100%	Feb-24	Complete	Bespoke screening questionnaires are in place for Fire Investigation staff and a risk-based approach to frequency of screening has been adopted.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/10-25

Agenda Item: 11.2

Report to:		PEOPLE COMMITTEE						
Meeting Date:		6 MARCH 2025						
Report Title:		INTERNAL AUDIT UPDATES						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			A	B	C	D	E	F
1	Purpose							
1.1	To provide People Committee with an updated position on the action plans related to internal audits where the People Directorate is the lead area of the organisation.							
2	Background							
2.1	Azets have carried out internal audits relating to: <ul style="list-style-type: none">• Scottish Vocational Qualifications• On-Call Workforce Planning• Equality, Diversity & Inclusion• Sickness Absence Management							
2.2	Progress on the agreed action plans is scrutinised by People Committee.							
3	Main Report/Detail							
3.1	Internal Audit – Sickness Absence Management – Action Plan Azets have reviewed and accepted the evidence of completion for the remaining actions and the plan is therefore complete. An update to this effect will be provided to Audit and Risk Assurance Committee (ARAC).							
3.2	Internal Audit – Equality, Diversity & Inclusion – Action Plan The latest action plan is shown at Appendix A. The one remaining action is green and on track for March 2025, when evidence will be submitted to Azets for review, prior to confirming closure. This will conclude the action plan.							
4	Recommendation							
4.1	People Committee is asked to scrutinise the attached reports and note the progress made.							
5	Key Strategic Implications							
5.1	Risk							
5.1.1	Internal and external audit and inspection activity support SFRS in the identification of risks and provide assurance around the appropriateness and effectiveness of controls.							
5.2	Financial							
5.2.1	There are financial implications related to areas covered by the audits and inspections detailed in this report. For example, effective management of SFRS’ Modern Apprenticeship contract and appropriate management of absences from work.							

5.3 5.3.1	Environmental & Sustainability None identified.	
5.4 5.4.1	Workforce The audits and inspections covered by this report relate to several areas impacting SFRS workforce, as set out in the audit and inspection reports, and associated action plans.	
5.5 5.5.1	Health & Safety No specific Health & Safety implications from the actions detailed in this report.	
5.6 5.6.1	Health & Wellbeing Aspects of Culture, absence management, and EDI may impact on colleague health & wellbeing.	
5.7 5.7.1	Training Training needs are identified in several audit and inspection recommendations and are addressed in the associated action plans.	
5.8 5.8.1	Timing The timescales for completion of agreed actions are as noted in the action plans.	
5.9 5.9.1	Performance Effective delivery of the agreed actions will support enhanced performance in the areas covered by the audit / inspection.	
5.10 5.10.1	Communications & Engagement Delivery of agreed actions is supported by appropriate communication and engagement activity as required, including with the representative bodies.	
5.11 5.11.1	Legal There are specific legal requirements and considerations related to the Service's approach to absence management and EDI.	
5.12 5.12.1	Information Governance DPIA completed Yes/No. If not applicable state reasons.	
5.13 5.13.1	Equalities Not applicable.	
5.14 5.14.1	Service Delivery The areas examined in the on-call workforce planning internal audit relate to the service's approach to attracting and retaining colleagues into the on-call workforce.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Lyndsey Gaja, Interim Director of People
7.2	Level of Assurance: (Mark as appropriate)	Substantial /Reasonable/Limited/Insufficient
7.3	Rationale:	The audits and inspections are carried out independently and in line with agreed scope. The internal audit programme is agreed by the SLT and Board based on organisations priorities and risks. Completion of agreed actions plans provides assurance on the robustness of controls.

8	Appendices/Further Reading		
8.1	Appendix A – Internal Audit Action Plan – EDI		
Prepared by:		Lyndsey Gaja, Interim Director of People	
Sponsored by:		Lyndsey Gaja, Interim Director of People	
Presented by:		Lyndsey Gaja, Interim Director of People	
Links to Strategy and Corporate Values			
Outcome five: We are a progressive organisation, use our resources responsibly and provide best value for money to the public. Outcome six: The experience of those who work for SFRS improves as we are the best employer we can be.			
Governance Route for Report		Meeting Date	Report Classification/ Comments
People Committee		6 March 2025	For Scrutiny

Internal Audit Action Plan – EDI

2023-24	Equality, Diversity & Inclusion		Total No of Actions	% Complete Actions	Fully Implemented				Part/In Progress				Not Implemented			
					4	3	2	1	4	3	2	1	4	3	2	1
	*2.1 & 5.1 are classed as one recommendation		5	80%	0	0	4	0	0	0	1	0	0	0	0	0

Rec No. 1.2	RISK	The Equality and Diversity Charter may become outdated and obsolete if it is not subject to periodic review to ensure it remains fit for purpose.														
	<u>Review of Equality and Diversity Charter</u>			Report Agreed Date				Agreed Revised Date		Priority		% Complete		Status		
	SFRS should ensure the Equality and Diversity Charter is subject to periodic review and that this is evidenced by ensuring appropriate version control is recorded on the document. Should any updates be required if there are any changes in Scottish Regulations for Mainstreaming Equality, these should be made in a timely manner.															
	Responsible Owner Agreed Response EDI Manager		Review as required the Equality and Diversity Charter to ensure this remains up-to-date and relevant, taking account of the outcomes of the review of the Scottish Regulations for Mainstreaming Equality. This should include appropriate version control.		31 March 2025				n/a		Grade 2		25%		GREEN	

Progress to date (update provided 22/01/25)	This action commenced in Q3 as part of the preparations for the annual equality reporting on mainstreaming and equality outcomes. There is no information on the renewal of the Public Sector Equality Duty available to SFRS at this time – the action will progress without it and is on track for completion of a review of the Charter by 31 March 2025.
Outstanding actions to close the recommendation	Review of Charter following receipt of changes to PSED regulations and introduction of version control onto the document.
Azets Comments	Awaiting updated Equality and Diversity Charter which includes version control in order to close action.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/11-25

Agenda Item: 12.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		6 MARCH 2025						
Report Title:		RISK UPDATE REPORT						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	The purpose of this report is to provide the People Committee with an overview of the current risks highlighted by Directorates.							
2	Background							
2.1	The purpose of the risk register is to inform decision making through Scrutiny and Assurance processes, providing additional awareness of the risks 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.							
3	Main Report/Detail							
3.1	Risk Overview							
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, review and discussion.							
3.1.2	Following discussion within SLT all Directorate risks will be aligned to the Strategic Plan with only those risks rated 15 or above to be included within reporting templates. This will allow scrutiny to be focused on the most significant risks impacting upon Directorates and consideration of related control actions.							
3.1.3	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.	1	1	1		3
Outcome 2	Communities are safer and more resilient as we respond effectively to changing risks.	5	3	2		10
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	3	6	4		13
Outcome 6	The experience of those who work for SFRS improves as we are the best employer we can be.	3	3	3		9
Outcome 7	Community safety and wellbeing improves as we work effectively with our partners			1		1
		12	14	12		38

3.1.4

Following agreement of the Services risk appetite statements an initial alignment to current Directorate risks has been undertaken. Development of the Services risk dashboard is ongoing with an initial alignment undertaken between Directorate risks, with a risk rating of 15 or above, and the new appetite categories. The table below identifies the initial alignment:

Risk ID	Risk Rating	Target Risk	Risk Appetite Rating
FCS005	16	8	Financial (Minimalist)
FCS018	20	12	People (Open)
FCS019	16	12	Technology (Open)
FCS022	16	12	People (Open)
SDD007	20	12	Organisational Security (Minimalist)
OD001	15	6	Service Delivery (Minimalist)
SD001	15	10	Service Delivery (Minimalist)
SPPC004	16	8	Compliance (Cautious)
TSA019	20	8	Financial (Open)
POD015	16	4	People (Open)
POD020	16	4	People (Open)
PPP005	20	4	People (Open)

3.1.5

Each risk, once aligned to the relevant category, is provided with an appetite level which is outlined below:

Risk Appetite 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

3.1.6

Work was undertaken with Directors to identify the alignment between risk, risk appetite and service priorities, with further work ongoing to ensure the correct alignment has been identified.

3.1.7

Separately the risk dashboard has been updated to allow future reporting on the alignment between control actions and levels of assurance. This will include the requirement for all completed control actions to be supported by evidence of completion, before formal closure of the action is agreed. These changes will take effect for Q1 reporting cycles.

3.1.8

The risk spotlight template has been revised to include information on risk appetite and the People Committee are asked to consider a programme of future risks spotlights for the coming year.

3.1.9

All risks, rated 15 or above, currently sit above the Services risk appetite levels and discussions with Directorates will be undertaken to identify additional control actions to assist in lowering current ratings. Work in relation to target risk will also be progressed to ensure alignment with risk appetite, ensuring ratings identified align with available resource and prioritisation of activities.

3.1.10

In relation to the current period Directorates reviewed their registers identifying 13 Directorate risks, aligned to the People Committee, 5 of which are assessed 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)					
	Unlikely (2)			1		
	Possible (3)			2	2	
	Likely (4)			3	3	
	Almost Certain (5)				2	

3.1.11

Appendix A to the report provides information on the 5 risks rated 15 or above. The information is also available through the risk dashboard and a copy of the link is attached for information - [Risk Dashboard](#).

3.1.12

Following review in December 2024 the following changes have been made to risks over the last quarter:

What changes have been made to risks in this timeframe?

3

Description Change

2

New Risk

1

Theme Change

3.1.13

Information on the 2 new risks identified is outlined below.

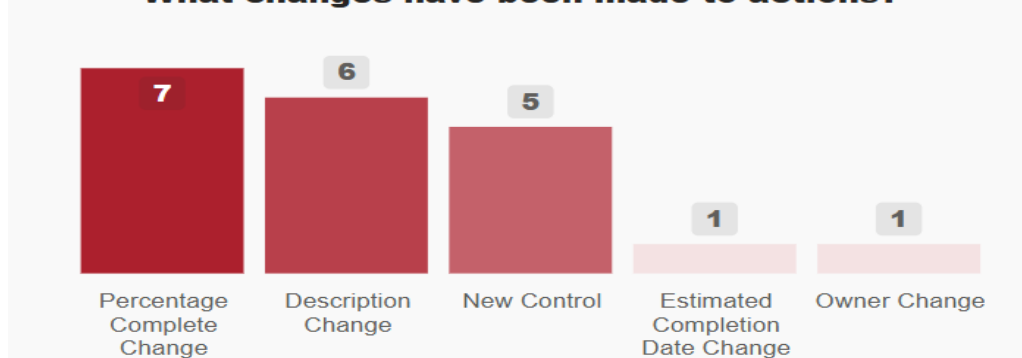
Risk ID	Risk Name	Description
POD020	People Capacity & Wellbeing	There is a risk that the Directorate is unable to deliver against stated commitments and objectives or provide timeous support to wider SFRS projects and change initiatives, due to limited resources and capacity brought about by the current 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.
FCS022	Recruitment & Retention	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 is particularly 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 the service delivery of our Finance and Procurement function.

3.2

3.2.1

Control Actions

All Directorates are now able to provide monthly updates which will assist in ensuring up to date information is provided within risk reports. Following review, the following changes have been made to control actions:

What changes have been made to actions?

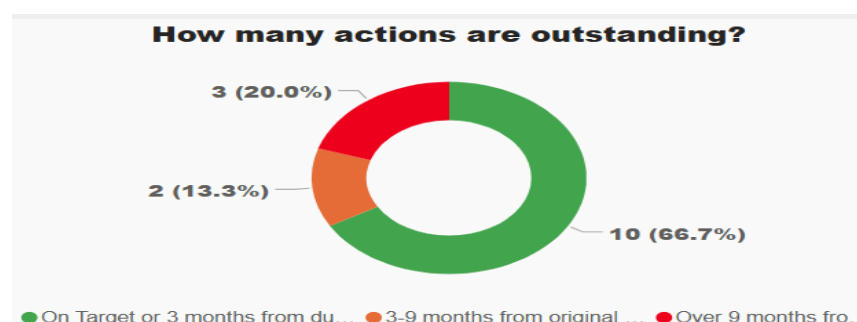
3.2.2

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

3.2.3

In relation to risks rated 15 or above, Appendix A identifies the 3 control actions now over 9 months from their original due date:



3.2.4	Discussions continue to be held with Directorates to ensure these control actions are progressed in line with revised dates:														
	<table><tr><th>Risk ID</th><th>Control Action</th><th>Control Action Comment</th></tr><tr><td>POD015</td><td>Ensure regular participation in process planning, and ongoing dialogue is in place with Scottish Public Pensions Agency and Finance colleagues through a number of informal and formal forums and provide regular progress updates to SFRS management teams and stakeholders to ensure appropriate oversight and escalation of potential challenges should these arise.</td><td>A phased approach to gathering "Expression of Interest" from inscope current and former employees for the 2nd Option exercise will be completed by week commencing 9th December 2024. A spotlight on this risk and mitigation is being provided to the People Committee on 5th December 2024.</td></tr><tr><td>TSA019</td><td>Engagement with Asset Management and Fleet, Equipment & Workshop FEW regarding facilities and equipment.</td><td>HoF's and strategic leads for both Training and Asset Management continue to engage to progress this priority control action with high importance. Identified solutions regarding the replacement programme for ageing training fleet have been agreed, this also links to the Training Strategic Asset Management Plan (TSAMP) however will lead into 2025/26 to begin to take effect. Meantime a record of acute replacement vehicles have been supplied to Asset Management to ensure staff welfare is maintained and to reduce the likelihood of course cancellations (last updated Oct/Nov'24).</td></tr><tr><td>TSA019</td><td>Scope out options to utilise temporary structures to increase venue capacity / improve welfare facilities.</td><td>Site inspection took place on the 10th of October. Feasibility Study is being completed in support of this asset transfer. Asset / property lead (NSDA) has stated that the relocation of Hamilton Shower / Welfare Unit to Portlethen should begin in Q4 (transfer of unit and build) with Strategic budget sign off.</td></tr></table>	Risk ID	Control Action	Control Action Comment	POD015	Ensure regular participation in process planning, and ongoing dialogue is in place with Scottish Public Pensions Agency and Finance colleagues through a number of informal and formal forums and provide regular progress updates to SFRS management teams and stakeholders to ensure appropriate oversight and escalation of potential challenges should these arise.	A phased approach to gathering "Expression of Interest" from inscope current and former employees for the 2nd Option exercise will be completed by week commencing 9th December 2024. A spotlight on this risk and mitigation is being provided to the People Committee on 5th December 2024.	TSA019	Engagement with Asset Management and Fleet, Equipment & Workshop FEW regarding facilities and equipment.	HoF's and strategic leads for both Training and Asset Management continue to engage to progress this priority control action with high importance. Identified solutions regarding the replacement programme for ageing training fleet have been agreed, this also links to the Training Strategic Asset Management Plan (TSAMP) however will lead into 2025/26 to begin to take effect. Meantime a record of acute replacement vehicles have been supplied to Asset Management to ensure staff welfare is maintained and to reduce the likelihood of course cancellations (last updated Oct/Nov'24).	TSA019	Scope out options to utilise temporary structures to increase venue capacity / improve welfare facilities.	Site inspection took place on the 10th of October. Feasibility Study is being completed in support of this asset transfer. Asset / property lead (NSDA) has stated that the relocation of Hamilton Shower / Welfare Unit to Portlethen should begin in Q4 (transfer of unit and build) with Strategic budget sign off.		
Risk ID	Control Action	Control Action Comment													
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4	Recommendation														
4.1	The People Committee is asked to: <ul style="list-style-type: none">• Scrutinise the information presented within the report.• Consider future risk spotlights for the Committee.														
5	Key Strategic Implications														
5.1	Risk														
5.1.1	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.														
5.1.2	In relation to risk appetite the report aligns with the Compliance category and within this internal governance, including systems of controls and data governance, where SFRS has a minimalist appetite.														
5.2	Financial														
5.2.1	The report identifies risks from each Directorate with financial implications arising from control decisions to be managed by the relevant Directorate.														
5.3	Environmental & Sustainability														
5.3.1	Any implications arising from the report will be managed by the relevant Directorate.														
5.4	Workforce														
5.4.1	Any implications arising from the report will be managed by the relevant Directorate.														
5.5	Health & Safety														
5.5.1	Any implications arising from the report will be managed by the relevant Directorate.														
5.6	Health & Wellbeing														
5.6.1	Any implications arising from the report will be managed by the relevant Directorate.														

5.7 5.7.1	Training Any implications arising from the report will be managed by the relevant Directorate.	
5.8 5.8.1	Timing The report is provided to the Audit and Risk Assurance Committee on a quarterly basis.	
5.9 5.9.1	Performance The risk report is used to ensure risks are identified and suitably managed by relevant Directorates.	
5.10 5.10.1	Communications & Engagement Any implications arising from the report will be managed by the relevant Directorate.	
5.11 5.11.1	Legal Any implications arising from the report will be managed by the relevant Directorate.	
5.12 5.12.1	Information Governance 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	Equalities 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	Service Delivery Any implications arising from the report will be managed by the relevant Directorate.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Sarah O'Donnell, Director of Finance and Contractual Services
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient: The development of the risk management framework is informed through discussion with Committee and SLT, with registers developed and agreed by Directorates. Development of risk appetite statements and alignment to levels of assurance will add value to the framework and risk decision making.
7.2	Rationale:	The report is based upon risk information identified by each Directorate and I have confidence that the information is correctly reported based upon these returns.
8	Appendices/Further Reading	
8.1	Appendix A – People Committee Significant Risks – March 2025	
Prepared by:		David Johnston, Risk and Audit Manager
Sponsored by:		Lynne McGeough, Head of Finance and Procurement
Presented by:		Lyndsey Gaja, Interim Director of People ACO Craig McGoldrick

Links to Strategy and Corporate Values		
<p>Risk Management forms part of the Services Governance arrangements and links back to Outcome 5 of the 2022-25 Strategic Plan, specifically Objectives 5.1 and 5.6:</p> <p>Outcome 5: We are a progressive organisation, use our resources responsibly and provide best value for money to the public.</p> <ul style="list-style-type: none"> Objective 5.1: Remaining open and transparent in how we make decisions. Objective 5.6: Managing major change projects and organisational risks effectively and efficiently. 		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>People Committee</i>	<i>6 March 2025</i>	<i>For Scrutiny</i>

Appendix A – Significant Risks and Related Control Actions
(Risks rated 15 or above)

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS018	6	There is a risk of continued challenges with recruiting and retaining staff with the necessary skills and experience required to support the move to a Cloud based environment as well as the availability of budget to upskill existing staff with the skills required. This is because of a very buoyant ICT job market, pay grade challenges and the availability of budget to provide the necessary training. This can result in the inability to support our current systems and deliver innovation that new systems would bring.			PC (CB)	Director of Finance and Contractual Services	20	20	12	Open (Outwith Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Implement ICT Restructure		31/12/2024	31/12/2024	Head of ICT	Matching exercise completed for restructure. Next step involves further consultation with TU's on next steps, etc.				On Target or 3 months from due date	
Review current Market Allowance and propose new allowances for new roles		31/12/2024	31/03/2025	Head of ICT	Further evidence gathered and further work scheduled for Dec 24				On Target or 3 months from due date	

Appendix A – Significant Risks and Related Control Actions
(Risks rated 15 or above)

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	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 and associated legal, regulatory, compliance, financial and reputational cost.			PC (TSAB)	Director of Training, Safety and Assurance	20	20	8	Open (Outwith Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment					Action Status
Implementation of the recommendations from the draft contaminants POG with a timeline of Immediate, Medium and Long-term actions.		31/03/2025	31/03/2025	Head of Training	SC (Contaminants) has identified a WC and CC to support the creation of the Contaminants GRA / SSOW. Indicative completion date for the GRA/SSOW has been set for March'25 providing there are no further delays with progression of the SOP.					On Target or 3 months from due date
Review the suitability of Dundee Airport site (course delivery and welfare facilities).		30/06/2024	31/12/2024	Head of Training	Strategic decision taken to move forward with modular design for CFBT Training Centre at Perth T.C. Facilitated within Training Budget 2025-2026. Further Warwickshire site meetings / visits have been delayed due to New Training Facility handover process within Warwickshire F& R. Perth TC SC / GC progressing					3-9 months from original due date
Engagement with Asset Management and Fleet, Equipment & Workshop FEW regarding facilities and equipment.		31/03/2024	31/03/2025	Head of Training	HoF's and strategic leads for both Training and Asset Management continue to engage to progress this priority control action with high importance. Identified solutions regarding the replacement programme for ageing training fleet have been agreed, this also links to the Training Strategic Asset Management Plan (TSAMP) however will lead into 2025/26 to begin to take effect. Meantime a record of acute replacement vehicles have been supplied to Asset Management to ensure staff welfare is maintained and to reduce the likelihood of course cancellations (last updated Oct/Nov'24).					Over 9 months from original due date
Scope out options to utilise temporary structures to increase venue capacity / improve welfare facilities.		31/03/2024	31/03/2025	Head of Training	Site inspection took place on the 10th of October. Feasibility Study is being completed in support of this asset transfer. Asset / property lead (NSDA) has stated that the relocation of Hamilton Shower / Welfare Unit to Portlethen should begin in Q4 (transfer of unit and build) with Strategic budget sign off.					Over 9 months from original due date
Analysis of USAR specialist skill delivery, including an options appraisal to identify short, medium and long term options to enhance capacity to optimise training delivery.		30/06/2024	30/12/2024	Head of Training	Agreed spend for Collapsed Structure Simulator has been sanctioned. Full design and location have been agreed with design teams and property. Estimated time frame for completion is April 2025. A review of the national USAR response is currently taking place within Ops.					3-9 months from original due date

Appendix A – Significant Risks and Related Control Actions
(Risks rated 15 or above)

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD015	2	There is a risk that the People and Finance teams are unable to effectively support the significant number of concurrent Pensions related exercises and associated implementations due to competing priorities and capacity constraints, and not receiving timely information and engagement from the Scottish Public Pensions Agency resulting in lack of clarity and discontent for employees, and potential legal challenge and / or employee relations issues resulting in delays, employee discontent , uncertainty over procedures and entitlements, and financial disadvantage.			PC (CB)	Director of People	16	16	4	Open (Outwith Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Continue to monitor the resource requirements related to each Pensions exercise and capacity within the People and Finance teams to support this as a result of reprioritising work activities or the need for business case for additional resource if appropriate.		31/03/2025	31/03/2025	Deputy Head of People	A request to expedite data reconciliation by SFRS's Systems team was met through the re-assignment of a System Analyst from the PPFT Team for a limited period. The project requirements in terms of SFRS resources will continue to be monitored closely to ensure that scheduled actions are met timeously, and quality of outputs is maintained.				On Target or 3 months from due date	
Engage with Scottish Public Pensions Agency and stakeholders to develop appropriate employee communications on each Pension related exercise to ensure current and former employees are updated on the potential impacts and implementation arrangements timeously.		31/03/2025	31/03/2025	Deputy Head of People	A Communications Strategy to support the delivery of the Matthews 2nd option project has been implemented, highlighting the project and directing employees to further information on SFRS's iHub and the appropriate sections of the SPPA's website. Briefing notes have been sent to each RDS station giving details of the project, and posters placed in each station alerting current employees to the available information. A 13-week phased issue of individual "Expression of Interest" letters and forms to in scope current and former employees has been initiated and will be completed week commencing 9th December 2024.				On Target or 3 months from due date	
Ensure regular participation in process planning, and ongoing dialogue with the Scottish Public Pensions Agency and Finance colleagues through a number of forums. Provide regular progress updates to SFRS management teams and stakeholders to ensure appropriate oversight and escalation of potential challenges should these arise.		31/12/2023	31/03/2025	Deputy Head of People	A phased approach to gathering "Expression of Interest" from in scope current and former employees for the 2nd Option exercise will be completed by week commencing 9th December 2024. A spotlight on this risk and mitigation is being provided to the People Committee on 5th December 2024.				Over 9 months from original due date	

Appendix A – Significant Risks and Related Control Actions
(Risks rated 15 or above)

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	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 is particularly 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 the service delivery of our Finance and Procurement function.			PC (CB)	Director of Finance and Contractual Services	16	16	12	Open (Outwith Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
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 and Procurement	Proposed structure developed and shared with FMT - potential revisions being considered at which point finalised structure will move through governance / unions etc..				On Target or 3 months from due date	

Appendix A – Significant Risks and Related Control Actions
(Risks rated 15 or above)

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	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)	Director of People	16	16	4	Open (Outwith Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment			Action Status
Undertake a prioritisation exercise against all People activity (BAU and project based) and Directorate resource/capacity to consider whether resource meets existing and known commitments and organisational need from the People Directorate		31/03/2025	31/03/2025	Head of People	DMT and People Managers have had several workshops and captured all current and planned activity across the People Directorate. This has been categorised into continue, slow down or defer/stop based on the resource available to undertake this activity.			On Target or 3 months from due date
Prepare report for SLT identifying proposals for the areas which the People Directorate can continue to support with existing resource and activity which may need to be slowed or deferred to focus on these priorities		31/12/2024	31/12/2024	Director of People	Directorate Priority Paper being finalised which categorises Priorities and details what activities can progress, what activities are paused/stalled and what activities require additional resource.			On Target or 3 months from due date
Develop business cases for additional resource to meet strategic priorities for consideration via governance and, if approved, undertake the required recruitment to appoint resources to support critical priorities		31/03/2025	31/03/2025	Head of People	Business Case being drafted explaining/justifying requirement for additional resource in certain areas and risk involved in not supplying additional resource.			On Target or 3 months from due date
Review Directorate meeting arrangements to ensure these enable regular review of People workplan in light of shifting organisational requirements, realigning resources and replanning work as required, as well as ongoing management of workloads and wellbeing check ins via regular team catch ups, 1:1s, etc		31/03/2025	31/03/2025	Head of People	Work ongoing to identify appropriate/suitable arrangements.			On Target or 3 months from due date



**People Committee – 6 March 2025
Risk Spotlight Briefing Note
OD001 – Operations Control Staffing**

Submitted by: Kenny McCartney, Group Commander

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

There is a risk of a non-resilient Operations Control (OC) due to insufficient number of employees and an ineffective OC structure. Failure to attract, recruit and retain personnel, combined with high abstraction rates and sickness levels impact on the effectiveness of workforce planning, and as a result, the Scottish Fire and Rescue Service (SFRS) would be failing to provide a resilient OC capability.

Insufficient numbers of personnel would not allow OC to fulfil its critical role as an integral part of the SFRS operational preparedness, response and incident command arrangements; and in turn impact the ability to SFRS to carry out its statutory duties.

The OC workforce demographic (approx. 82% female and 18% male) is significantly disproportionate against the wider SFRS (approx. 85% male and 15% female), presenting an increased likelihood of OC personnel being provided reasonable adjustments via New and Expectant Mother Management Arrangements and People policies, as well benefiting from maximum family leave entitlements, which impacts on availability of staff (e.g. currently 3.75% of the OC workforce is on maternity leave).

OC Service Delivery is facilitated through use of the 5 Watch Duty System, across 3 Service Delivery Areas (SDAs), based in Dundee, Edinburgh and Johnstone. As a result of this geographical spread, OC do not have access to the staffing resilience options that support LSO areas (i.e. detached duties or local transfer arrangements).

OC has experienced a high abstraction rate over the past two (2) years, and there continues to be leavers, although this number has significantly reduced. Figure 1 (below) shows the Abstraction from January 2023 – present, with the Abstraction Rate (OC Nationally) currently 21.1% end of January 2025. As a comparator, the Abstraction Rate within operational 5WDS is 14.1% at the end of January 2025.

Table 1 below breaks down the absence type and lost days for the month of December 2024. The highest absence reason is psychological. OC management have worked with People Advisers to gain a better understanding if this is work related, however understand the complexities around this, as in many cases they are interlinked. This leads to an approach where OC management will focus on support mechanisms that improve wellbeing, both within and outside of the workplace.

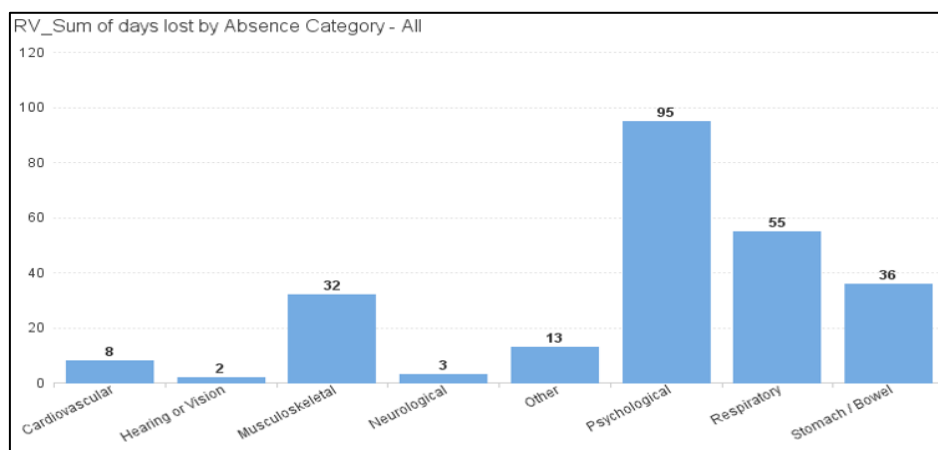


Table 1

Appendix A – OC Abstraction Rate shows the Abstraction Rates for each OC. Johnstone OC remains a concern with Abstraction Rate of 32.2% end of January 2025, compared with Dundee (11.3%) and Edinburgh (13.3%).

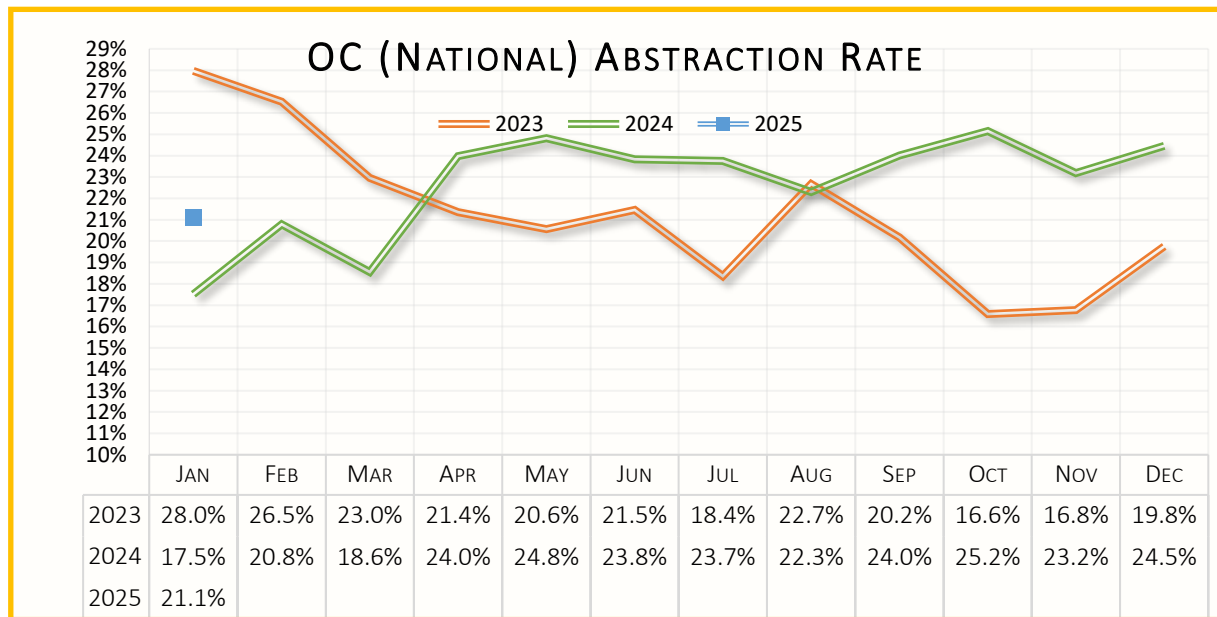


Figure 1

Abstraction, in this context, is the availability of personnel to carry out their substantive role. Although OC Managers enforce and apply SFRS attendance support procedures appropriately, the unintentional impact of managing attendance this way can lead to other reasons for contributory abstraction factors. These include:

- Carried forward or reallocated leave;
- Duty unavailable;
- Flexi Leave;
- Special Leave;
- TOIL; and
- Training.

As an example, sickness absence and abstraction are illustrated in Table 2, below, for the month of December 2024 for OC Operational Delivery:

Operations Control	Number of Employees	Absence (%) Provided by People	Abstraction Rate (%) Provided by Central Staffing	Non Absence related Abstraction (difference)
Dundee	41	12.74%	22.1%	9.36%
Edinburgh	38	9.81%	19.3%	9.49%
Johnstone	60	16.89%	32.9%	16.01%
OC Operational Delivery	139	13.57%	24.5%	10.93%

Table 2

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

The Operations Function continues to adopt a multi-layered approach to address this risk:

Structure

- Review of OC structure to align with wider SFRS hierarchical structure, supported by functional support roles; and
- Provision of temporary Firefighter Control posts to support concurrent demands (e.g. training for New Mobilising System (NMS) and interim systems).

Succession Planning

- Refreshed Firefighter Control recruitment campaign, with a Firefighter Control trainee course beginning in February 2025;
- Development of a bespoke Coaching and Mentoring programme; and
- Crew Commander Control promotional campaign.

Leadership Development

- Increased support from the People Directorate for Supervisory Officer to attend the Management Development Framework (MDF);
- Supervisory Officers attending the National Fire Chiefs Council (NFCC) Leadership Development Programme (LDP);
- Middle Manager attendance on the NFCC Middle Manager LDP;
- Supporting attendance to the NFCC Training Event – Challenging Inappropriate Behaviours;
- Working with Lanarkshire LSO area to support delivery of a Supervisory Management Engagement Session, with a focus on:
 - Culture, Values and Behaviours;
 - Managing Employee Performance;
 - Standards and Management in Practice; and
- Programming delivery of Courageous Conversations to support building of a culture where staff are encouraged to give and receive feedback in a positive and constructive manner.

Health and Wellbeing

- Working with Health and Wellbeing to deliver a targeted approach to support employee health and wellbeing (workshops e.g. menopause, nutrition, wellness to tackle stress);
- Supported by colleagues from City of Glasgow / Lanarkshire to create OC Wellbeing Information Folders; and
- Collective Post Incident Support Procedure (PISP) for OC staff, recognising cumulative exposure to incidents.

Effective Management

- Robust application of Attendance Management Procedures;
- Colleagues being supported back to work from long term sickness through various support mechanisms i.e. duty unavailable, phased return, to allow reintegration;
- Proactive use of Workplace Stress Identification Forms, and where required, Individual Workplace Stress Questionnaire / Risk Assessment; and
- Group Commander – Watch Engagement Sessions.

People

- Encouraging Exit Interview, supported by Middle Managers and People Business Partners to gain meaningful information that informs future practice to increase staff retention;
- Working with People to identify trends and root causes of absence (i.e. musculoskeletal, psychological etc.) to target approach to reduce instances (i.e. Health and Wellbeing workshops / open days);
- Recent collaborative approach with Health and Wellbeing to develop an Individual Risk Assessment / Individual Safe System of Work to ensure employees could return to work with reasonable adjustments whilst ensuring legislative compliance.

OC Enhancement Plan

- Creation of a high level plan, taking cognisance of employee engagement, exit interview information, stress assessment action plans, FBU Firestorm Report and Stress Survey to ensure staff understand concerns raised are being considered and addressed, for example:
 - Maternity cover provision;
 - Development to Competent rate of pay (consideration of incremental increase).

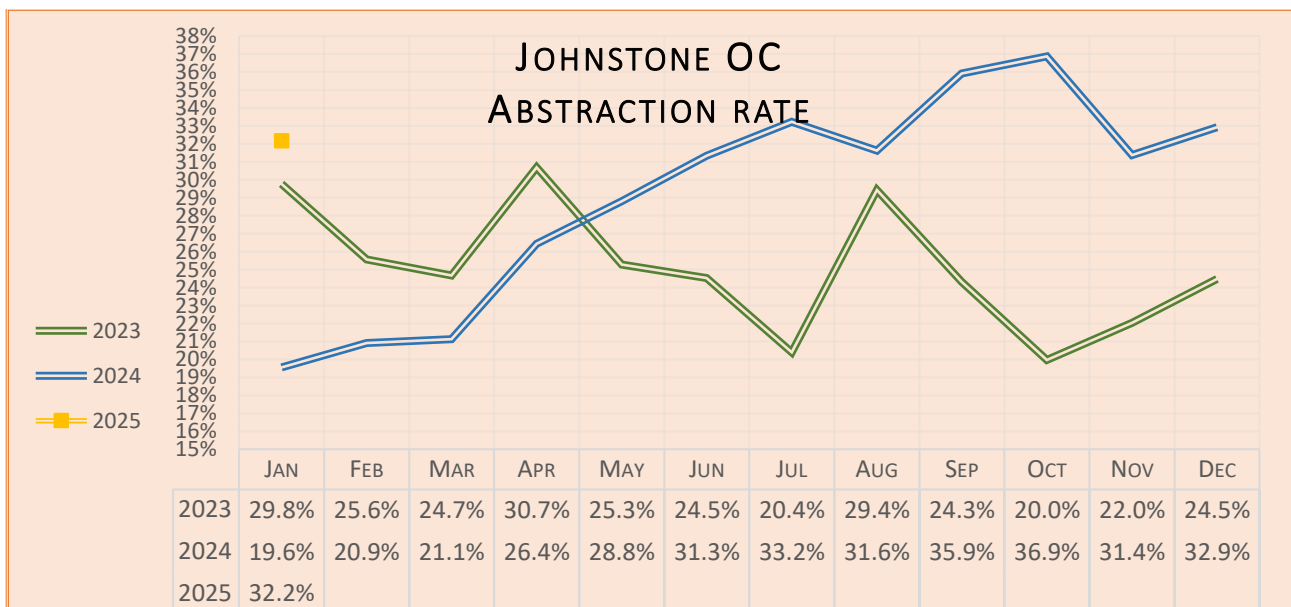
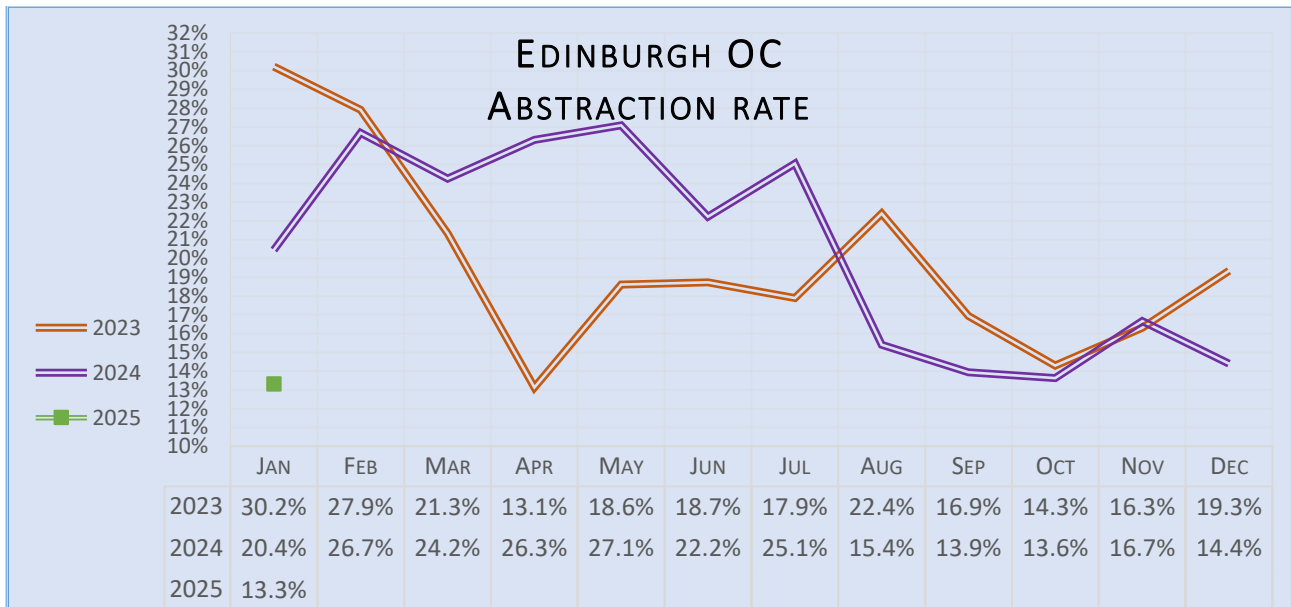
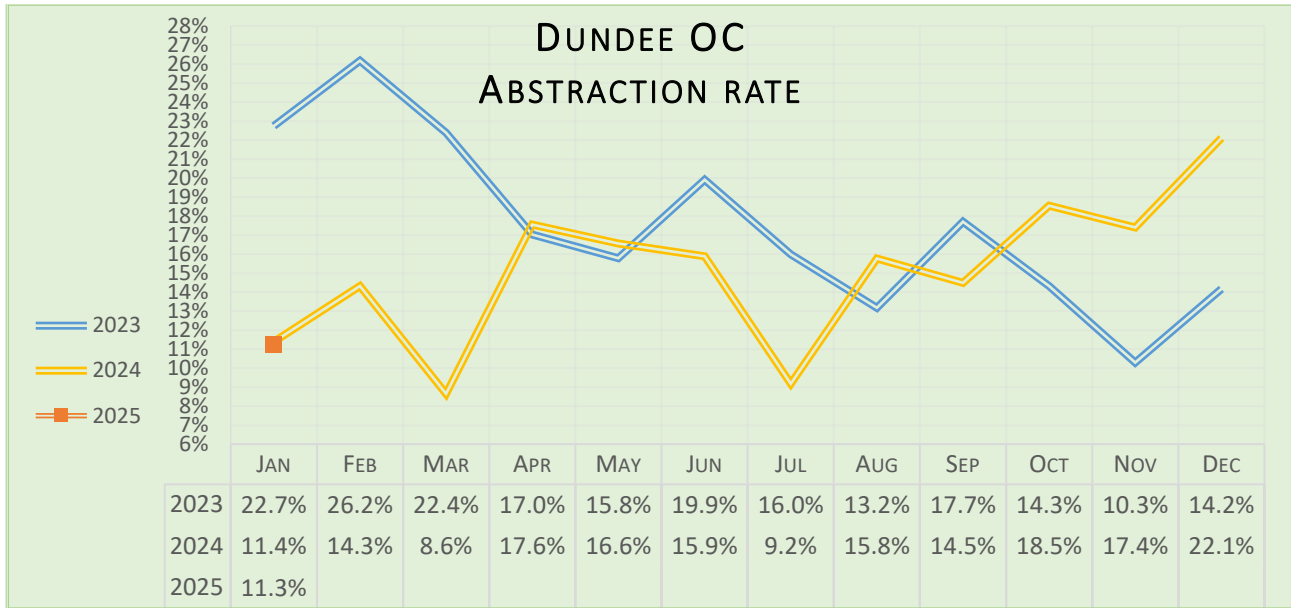
OC management also recognise the inextricable links between effective leadership, positive workplace cultures and increased attendance at work. There have been occasions where conduct, behaviours and performance has not aligned to SFRS values, objectives or policies and procedures. This is being supported via informal and formal use of disciplinary policies and procedures and managing employee performance policy and associated plans.

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

External and other factors that impact on the current risk assessment are:

- Similar recruitment and retention issues across the UK Fire Control sector;
- Current and/or potential employees with comparable skills, experience and knowledge being attracted to employers who may offer more attractive employment conditions (e.g. pay, flexibility, ability to work remotely etc.).

APPENDIX A – OC Abstraction Rates



PEOPLE COMMITTEE – ROLLING FORWARD PLAN

Agenda Item 14.1

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
5 June 2025	<ul style="list-style-type: none"> Chair's Welcome Apologies for Absence Consideration of and Decision on any Items to be taken in Private Declaration of Interests Minutes of Previous Meeting Action Log Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days Review of Actions Date of Next Meeting 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Partnership Working Update (EPF & PAG) People Policy Forward Planning Schedule Update Training Policy Review Schedule S&A Documents Forward Planning Schedule RANSc update (Private) Key Case Update (Private) 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Performance Reports (People, Training & H&S) HMFSI Independent Audit/ Inspection Action Plan Update Committee Aligned Directorate Risks Risk Spotlight: (TBC) Contaminants Annual Report Culture Update (written) Draft Health & Safety Annual Report 2024/25 (TBC) Learning Needs Analysis Annual Report (June mtgs) Audit Action Plan Update 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Committee Statement of Assurance
		<u>New Business</u> <ul style="list-style-type: none"> Evaluation of physiotherapy services Learning and Development Overview 	<u>New Business</u> <ul style="list-style-type: none"> Volume Of Calls To Safecall Confidential Reporting Line And Analysis Of Themes Culture and Capacity for Change (DCO CS) 	<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u> <ul style="list-style-type: none">
11 September 2025	<ul style="list-style-type: none"> Chair's Welcome Apologies for Absence Consideration of and Decision on any Items to be taken in Private Declaration of Interests Minutes of Previous Meeting 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Partnership Working Update (EPF & PAG) People Policy Forward Planning Schedule Update Training Policy Review Schedule S&A Documents Forward Planning Schedule RANSc update (Private) 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Performance Reports (People, Training & H&S) HMFSI Independent Audit/ Inspection Action Plan Update Committee Aligned Directorate Risks Risk Spotlight - (TBC) 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none">

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
	<ul style="list-style-type: none"> Action Log Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days Review of Actions Date of Next Meeting 	<ul style="list-style-type: none"> Key Case Update (Private) Health and Safety Annual Report 2024/25 Health and Safety Policy and Policy Statement 	<ul style="list-style-type: none"> Culture Update (verbal) Audit Action Plan Update Contaminants Quarterly update 		
		<u>New Business</u> <ul style="list-style-type: none"> QMS ISO 9001 Training SAMP 	<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u> <ul style="list-style-type: none">
4 December 2025	<ul style="list-style-type: none"> Chair's Welcome Apologies for Absence Consideration of and Decision on any Items to be taken in Private Declaration of Interests Minutes of Previous Meeting Action Log Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days Review of Actions Date of Next Meeting 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Partnership Working Update (EPF & PAG) People Policy Forward Planning Schedule Update Training Policy Review Schedule S&A Documents Forward Planning Schedule RANSc update (Private) Key Case Update (Private) 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Performance Reports (People, Training & H&S) HMFSI Independent Audit/ Inspection Action Plan Update Committee Aligned Directorate Risks Risk Spotlight: - (TBC) Culture Update (verbal) Audit Action Plan Update Contaminants Quarterly update 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none">
		<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u> <ul style="list-style-type: none">
5 March 2026	<ul style="list-style-type: none"> Chair's Welcome Apologies for Absence Consideration of and Decision on any Items to be taken in Private Declaration of Interests 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Partnership Working Update (EPF & PAG) People Policy Forward Planning Schedule Update Training Policy Review Schedule 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> Performance Reports (People, Training & H&S) HMFSI Independent Audit/ Inspection Action Plan Update Committee Aligned Directorate Risks 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none"> 	<u>Standing/Regular Reports</u> <ul style="list-style-type: none">

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
	<ul style="list-style-type: none"> Minutes of Previous Meeting Action Log Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days Review of Actions Date of Next Meeting 	<ul style="list-style-type: none"> S&A Documents Forward Planning Schedule RANSc update (Private) Key Case Update (Private) 	<ul style="list-style-type: none"> Risk Spotlight (TBC) Culture Update (verbal) Audit Action Plan Update Contaminants Quarterly update 		
		<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u> <ul style="list-style-type: none"> 	<u>New Business</u>	<u>New Business</u> <ul style="list-style-type: none">

OFFICIAL



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING – PEOPLE COMMITTEE

THURSDAY 6 MARCH 2025

The following reports were submitted for information only.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: C/PC/12-25

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE						
Meeting Date:		6 MARCH 2025						
Report Title:		POLICY REVIEW SCHEDULE UPDATE						
Report Classification:		For Information	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			A	B	C	D	E	F
1	Purpose							
1.1	The purpose is to provide an update on the People Directorate Policy Schedule and priorities identified for 2025/26.							
2	Background							
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 Scottish Fire and Rescue Service (SFRS). The People policy schedule has remained under ongoing review during 2024/25 to enable progress of a number of priority policies for development or review, with flexibility for realignment based on Service priorities.							
3	Main Report/Detail							
3.1	Following the latest review of the rolling policy programme of work the People Directorate has reviewed the current Schedule, taking into account stakeholder engagement, SFRS strategic priorities and risks for 2025/26 and to reflect Directorate current and anticipated priorities and timescales. An update on recent progress and priorities identified is outlined below.							
3.2	<u>Policies Recently Reviewed/Implemented</u>							
3.2.1	A review of the Wholetime (WT) Uniformed Instructors Working Hours and Leave Policy and updates to the Support Staff Guide to Terms and Conditions of Employment (Handbook) were completed and published in December 2024.							
3.2.2	A number of People policies have recently been developed in support of the Standardisation of Retained Duty System (RDS) Terms and Conditions (T&C) – two of which were implemented from 1 January 2025, namely On Call Payment for Work Activities and On Call Annual Leave and Public Holidays; and one which is due to be implemented from 1 April 2025, Dual Contracts Policy.							
3.2.3	A revised Job Evaluation Policy and Appeals Procedure was recently approved by Corporate Board and is intended to be published with effect from 1 July 2025 – with supporting arrangements for JE appeals being put in place during that period to support their introduction.							
3.3	<u>Policies for Review in 2025/26</u>							
3.3.1	Following ongoing review and taking account of a number of factors including business requirements, organisational change, risk and legislative considerations, the following							

	<p>policies have been identified as priorities for 2025/26. These are either already under review/development and will carry forward into 2025/26 or will take place in 2025/26:</p> <ol style="list-style-type: none"> 1. (New/Revised) Several Wellbeing related Policies – in support of Wellbeing Recovery 2. (New) Organisational Change Framework, incorporating - (Reviews) Redeployment Policy and Support Staff Pay Protection Policy (<i>approval/publication anticipated in Q1</i>) 3. (Review) Market Allowance Policy (<i>approval/publication anticipated in Q1</i>) 4. (Review) Recruitment and Selection Policy 5. (Review) Code of Conduct 6. (Review) Whistleblowing Policy 7. (Review) Discipline Policy & Procedure 8. (Review) Overtime Policy (Uniformed employees) 9. (Review) Continual Professional Development Policy 10. (Review) TOIL (Uniformed) 11. (New) Secondary Employment Policy 12. (Review) Trainee Firefighter Development Programme 13. (Review) Managers in Development to Competent Interim Policy 14. (Review) Family Leave Policy (specifically to incorporate new provisions related to Neonatal care)
3.3.2	<p>In addition to the above, there are a range of SFRS change programmes and associated projects which are likely to have implications for and the need to review existing People policies to ensure these are fit for purpose or amended to meet business needs, processes and operating models going forward eg. Rostering Project, Service Delivery Review, Culture Action Plan etc. A policy discovery piece of work is currently underway to assess these interdependencies and anticipated timescales. This will require both the People Directorate and stakeholders to ensure there is capacity to support such policy review or development as required. The list of priority policies outlined at 3.3.1 will therefore remain under review with this in mind as they may be impacted by this work.</p>
3.4	<p><u>Amendment of Policy to Guidance Notes</u></p>
3.4.1	<p>The following Policies were previously identified as being suitable to change to a guidance note – either as they are not considered to require a formal policy position or as they relate to or support an existing SFRS Policy therefore not warranting a separate policy – there was broad agreement from the representative bodies on this approach:</p> <p>Reimbursement of Dental/Optical costs No Smoking Policy Induction Process Leadership Development Centre Policy ID Cards Policy and Procedure Volunteer Policy Political Restrictions Management of Health Conditions Exit Interviews Policy and Procedure Drivers Health Assessment Policy Transfer of Uniformed Employees Policy Transfer Requests Temporary Promotions Procedure Attendance During Adverse Weather and Disruptive Conditions</p>
3.4.2	<p>It is intended that this work will progress during 2025/26, although it should be noted that a number of these have undergone recent reviews to meet business need and therefore may be amended to guidance at their next review date. Further engagement will take place as appropriate with stakeholders to support this piece of work.</p>

3.5	<u>Policies Beyond Next Review Date</u>
3.5.1	There are a number of People policies which have already been deferred for a period beyond their next scheduled review date, this has generally been due to competing priorities and these being considered low risk e.g. no specific legislative implications or organisational risks. This list will be reviewed during late 2024/25 and early 2025/26 to establish whether a desktop review may be required to ensure these remain fit for purpose or whether they can otherwise be extended in terms of next review date. Further engagement with stakeholders will then take place in this regard.
4	Recommendation
4.1	People Committee are asked to note the contents of the report.
5	Key Strategic Implications
5.1	Risk
5.1.1	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.
5.2	Financial
5.2.1	There are no financial implications associated with this review.
5.3	Environmental & Sustainability
5.3.1	There are no implications that require to be noted.
5.4	Workforce
5.4.1	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, taking account of policy interdependencies arising from a range of organisational change programmes.
5.5	Health & Safety
5.5.1	Where applicable, matters relating to health and safety are outlined within each separate policy.
5.6	Health & Wellbeing
5.6.1	Where applicable, matters relating to health and wellbeing are outlined within each separate policy.
5.7	Training
5.7.1	Where applicable, matters relating to training are outlined within each separate policy.
5.8	Timing
5.8.1	Once agreed, all policies will follow the review scheduled revised timeframes.
5.9	Performance
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	Communications & Engagement
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.

5.11 5.11.1	Legal SFRS endeavours to ensure all policies comply with employment legislation, are responsive to case law and aim to follow best practice.	
5.12 5.12.1	Information Governance DPIA completed No. All individual policies and procedures are supported by their own DPIA where applicable.	
5.13 5.13.1	Equalities EHRIA completed No. All individual policies and procedures have their own EHRIA.	
5.14 5.14.1	Service Delivery 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.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Lyndsey Gaja, Interim Director of People
7.2	Level of Assurance: (Mark as appropriate)	Substantial /Reasonable/Limited/Insufficient
7.3	Rationale:	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.
8	Appendices/Further Reading	
8.1	N/A	
Prepared by:		Rachael Scott, Deputy Head of People / Chris Gavin, People Services Manager
Sponsored by:		Lyndsey Gaja, Interim Director of People
Presented by:		Lyndsey Gaja, Interim Director of People
Links to Strategy and Corporate Values		
Strategic Plan 2022-25 Outcome 6: People		
Governance Route for Report		Meeting Date
<i>People Committee</i>		<i>6 March 2025</i>
		Report Classification/ Comments
		<i>For Information</i>

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



SCOTTISH
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Report No: C/PC/12-25

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE						
Meeting Date:		6 MARCH 2025						
Report Title:		TRAINING CONTINUOUS IMPROVEMENT PROGRAMME – UPDATE REPORT						
Report Classification:		For Information	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			A	B	C	D	E	F
1	Purpose							
1.1	The purpose of this paper is to provide an update on the progress to implement the recommendations contained within the Scottish Fire and Rescue Service (SFRS) Training Continuous Improvement Programme (CIP). This report will be a “living” document that will accurately reflect the improvements made and provide that history along with the current position of the CIP Action Plan and will be updated and presented within the agreed meeting schedules. This will ensure all relevant members are briefed to the most up-to-date progress position of the CIP.							
2	Background							
2.1	In 2019, the Training function published an extensive review of the training and development of operational staff within the SFRS. This review generated 56 recommendations and formed the nucleus of the Training CIP. Since then, it has been reviewed and further recommendations added, to what will now be a ‘living’ document for the Training Function.							
2.2	The CIP Action Plan was fully updated and reviewed in February 2023 with all outstanding recommendations reassessed and ownership reviewed to ensure that the Training Function had ownership and oversight of each of the 2019 review recommendations and that a process was put in place to catalogue all newly identified improvement recommendations within the CIP Action Plan and to ensure that the relevant function leads took ownership of all actions detailed within these recommendations.							
3	Main Report/Detail							
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 the weekly Training Management Team (TMT) meeting (CIP is now a standing item on the TMT meeting agenda).							
3.2	As of 1 February, 2025, the status of all 77 recommendations is as follows: <ul style="list-style-type: none">• 56 recommendations are now complete.• 21 recommendations therefore remain and are currently in progress, to be delivered by the allocated Training Function leads and their teams.							

3.3	The Training Function will retain responsibility for the progression of all 23 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 weekly Training Management Teams meeting as a standing item and reported by exception at 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	<p><u>CIP Action Plan - Recommendations added within the last 6 months – 75 – 77.</u></p> <p>January 2025</p> <ul style="list-style-type: none"> • 75 - The design and implementation of a new business as usual BA training delivery model following the BA Recovery. BA Recovery Plan Phase 3. Following the delivery of the BA Recovery Plan (phase 1&2). The BAU model will commence delivery in April 25. • 76 - Using API technologies to extract reportable data to inform quarterly KPIs. Engage with pdrPro supplier to explore the utilisation of API technologies to assist in the production of the quarterly KPIs. • 77 - Casualty care (ICAT) delivery model / Casualty care Instructor pathway. Train and utilise station/On Call Rural Watch Commanders ICAT Intermediates for delivery of ICAT operator refresher courses. Initial pilot project ongoing, provides additional resilience on stations for casualty care and frees up instructors for other duties. A full review of our ICAT instructor pathway is being undertaken to ensure best practice when training up to instructor level, aligns with NFCC pre hospital casualty care standards and Pre Hospital Emergency Medical (PHEM) treatment competencies as set by the Royal College of Surgeons.
3.6	<p><u>CIP Action Plan - Recommendations completed within the last 6 months.</u></p> <ul style="list-style-type: none"> • 42 - It is recommended that scoping is undertaken to ascertain the practicalities of introducing dedicated instructors for specialist areas e.g. Health& Safety, P&P, Hazmats. • 46 - It is proposed that there is further integration between water (historical NTS) and High-Volume Pump (HVP) requirements with NIP SRTI’s training as HVP operators. Thereafter, these Instructors would be utilised to provide a national approach to the delivery.
3.7	<p><u>Recommendations under review (New Section - CIP Action Plan – June 2024)</u></p> <ul style="list-style-type: none"> • 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”).
4	Recommendation
4.1	For the People Committee to note the content of this report and provide any feedback relating to its content.
5	Key Strategic Implications
5.1	Risk
5.1.1	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.

5.2 5.2.1	Financial 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.
5.3 5.3.1	Environmental & Sustainability N/A
5.4 5.4.1	Workforce 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	Health & Safety Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.6 5.6.1	Health & Wellbeing Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.7 5.7.1	Training 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	Timing 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	Performance 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	Communications & Engagement 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	Legal N/A
5.12 5.12.1	Information Governance 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	Equalities EHRIA completed Yes /No. If not applicable state reasons. The process uses existing systems and processes which are already in place.
5.14 5.14.1	Service Delivery 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.

6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Craig McGoldrick, Director of Training Safety and Assurance
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient
7.3	Rationale:	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.
8	Appendices/Further Reading	
8.1	None	
Prepared by: Group Commander Sarah Robertson, Training Function		
Sponsored by: Area Commander Alasdair Cameron, Training Function		
Presented by: DACO Ross Robison, Training Function		
Links to Strategy and Corporate Values		
SFRS Training Strategy 2020-25 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.”		
Governance Route for Report		Meeting Date
<i>Training FMT</i>		<i>5 February 2025</i>
<i>TSA Directorate Management Team</i>		<i>19 February 2025</i>
<i>People Committee</i>		<i>6 March 2025</i>
<i>Training Safety and Assurance Board</i>		<i>10 April 2025</i>
		Report Classification/ Comments
		<i>For Scrutiny</i>
		<i>For Information</i>
		<i>For Information</i>
		<i>For Information</i>

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



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Report No: C/PC/14-25

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE						
Meeting Date:	19 FEBRUARY 2025						
Report Title:	TRAINING FUNCTION POLICY REVIEW SCHEDULE						
Report Classification:	For Information Only	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this report is to provide People Committee (PC) with a quarterly update on the status of Training Function documents and an overview of current and recently completed work.						
2	Background						
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 2025 26. The status and other relevant details for each document were exported from the Training Function Document Review Schedule on the 17 February 2025 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 a current 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.						
3	Main Report/Detail						
3.1	New Documents						
3.1.1	During Quarter 3 of 2024 25, there were two new documents approved and published: <i>Tactical Ventilation Instructor Revalidation Procedure</i> <i>Compartment Fire Behaviour Training Instructor Revalidation Procedure</i>						
3.2	Reviewed Documents						
3.2.1	During Quarter 3 of 2024 25, the following document was reviewed, approved and published: <i>BAI Revalidation Procedure</i>						

3.3	In Development and current work
3.3.1	Work on the Training Function Framework is continuing with some changes being made following LSO feedback. Once this has been included, the document will be finalised ahead of it being published in Q4.
3.3.2	The FDO Induction Handbook has been added to the Document Review Schedule and this document was republished in Q3 following a minor change. It is currently undergoing a further review with input from the People Directorate and Service Delivery.
3.3.3	The People Directorate led the review of the Wholetime Instructors Working Hours and Leave Policy which progressed through the Corporate Board in December 2024 and was subsequently published. The background and detail of the minor changes have recently been communicated to Instructors.
3.3.4	The Extrication National Training Standard is currently undergoing a full review to update all core elements of RTC and Heavy Rescue training and delivery. There are a number of changes which include a new RTC Supervisor course and associated KATA's and the alignment of pathways: RTCO – RTC Supervisor – RTCI Heavy Rescue Operator – Heavy Rescue Supervisor – Heavy Rescue Instructor. It is anticipated that the first stage of governance will be completed in Q4 2024 25, prior to wider consultation across SFRS.
3.4	Under Review
3.4.1	There are currently seven documents under review (see Appendix A), three of which are Terms of Reference. It was anticipated that the TMT ToR would be brought for approval in Q3 however this will now be in Q4. Animal Rescue Response National Training Standard will remain under review as this is pending further SFRS direction on Animal Rescue.
3.5	Upcoming Review
3.5.1	Out of the set of documents that have the status “current”, there are two documents due for review in Q1 2025 26. There will be an ongoing piece of work to fully review and restructure the National Training Standards to align them with the Training Function Framework.
4	Recommendation
4.1	PC is asked to note the information included in this report.
5	Key Strategic Implications
5.1	Risk
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	Financial
5.2.1	Not applicable
5.3	Environmental & Sustainability
5.3.1	Not applicable
5.4	Workforce
5.4.1	Not applicable
5.5	Health & Safety
5.5.1	Not applicable

5.6 5.6.1	Health & Wellbeing Not applicable	
5.7 5.7.1	Training Not applicable	
5.8 5.8.1	Timing Not applicable	
5.9 5.9.1	Performance Not applicable	
5.10 5.10.1	Communications & Engagement Not applicable	
5.11 5.11.1	Legal Not applicable	
5.12 5.12.1	Information Governance DPIA completed No – nothing is being processed in relation to these proposed changes.	
5.13 5.13.1	Equalities 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 5.14.1	Service Delivery Not applicable	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Assistant Chief Officer McGoldrick
7.2	Level of Assurance: (Mark as appropriate)	Substantial /Reasonable/Limited/Insufficient
7.3	Rationale:	<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>
8	Appendices/Further Reading	
8.1	Appendix A - Training Function Document Review Schedule	
Prepared by:		Watch Commander Roger Crawford
Sponsored by:		Area Commander Cameron, Training Function
Presented by		Deputy Assistant Chief Officer Ross Robison, Head of Training

Links to Strategy and Corporate Values			
Training Function Vision & Strategy 2023-28 SFRS Strategic Plan 2022-2025 Outcome 6: People The experience of those who work for SFRS improves as we are the best employer we can be.			
Governance Route for Report	Meeting Date	Report Comments	Classification/
<i>TSA DMT</i>	<i>19 February 2025</i>	<i>For Scrutiny</i>	
<i>People Committee</i>	<i>6 March 2025</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
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 MA	Current	Approved	19/06/2024	01/05/2027

OFFICIAL

Document Type	Document Title	Status	Approval Status	Published	Review due
Terms of Reference	Clinical Governance Technical Working Group Terms of Reference	Current	Approved	10/04/2024	30/04/2025
Terms of Reference	MRG Terms of Reference	Current	Approved	30/05/2024	30/05/2025
EHRIA	Training Function EHRIA	Current	Approved	12/06/2024	26/10/2028
Terms of Reference	BA Practitioners Group Terms of Reference	Current	Approved	17/07/2024	31/07/2025
Guidance	TNA Guidance	Current	Approved	26/01/2024	26/01/2025
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
Terms of Reference	FMT Terms of Reference	Current	Approved	05/02/2025	05/02/2026
Handbook	FDO Induction Handbook	Current	Approved	18/12/2024	01/05/2027
Guidance	Training For Operational Competency	In Development	Not Submitted		
Framework	Training Function Framework	In Development	Approved		
Strategy	Training Vision & Strategy 2023-28	Sent for publishing	Approved		
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	TMT Terms of Reference	Under Review	Not Submitted	03/05/2023	03/05/2024
Terms of Reference	OCSG Terms of Reference	Under Review	Not Submitted		30/04/2024
Terms of Reference	OCTWG Terms of Reference	Under Review	Not Submitted		16/08/2024
Guidance	Training Function Governance Arrangements	Under Review	Approved		

SCOTTISH FIRE AND RESCUE SERVICE

People Committee



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Report No: C/PC/15-25

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE						
Meeting Date:	6 MARCH 2025						
Report Title:	SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE						
Report Classification:	For Information Only	Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this report is to provide the People Committee with an update regarding the management of Safety and Assurance documentation up until the end of quarter 3 (Q3) 2024/25 in accordance with our Function Plan.						
2	Background						
2.1	The Safety and Assurance 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.						
3	Main Report/Detail						
3.1	The Health and Safety Policy and its supporting Statement of Intent completed their governance journey in Q3, after commencing in Q2. Both were republished at the start of Q4, supported by Managers' and Staff briefings. There was no significant change this year as the policy was rewritten last year.						
3.2	The mandatory Manual Handling Training and Induction Module has been developed into a new interactive module. The final draft has been issued to the muscular-skeletal (MSK) working group members for final consultation before launch in Q4. The updated module now covers the causes of manual handling injury, health conditions and the prevention of injury, in addition to the previous SFRS manual handling techniques. Personal manual handling risk assessment has also been expanded.						
3.3	A Separate Manual Handling Assessors course has also been developed to assist assessors with additional legislation, assessment form and risk assessment (task, individual, load and environment) guidance for our assessors.						
3.4	Confined Spaces MA has undertaken a significant review, removing the permit to work part of the arrangement. SFRS does not provide monitoring equipment or training to enable our staff to safely enter a confined space within our Premises. Separate operational arrangements are in place for the incident ground. The revised MA focuses on appointing competent contractors, risk assessment and safe systems of work, for example, carbonaceous training where a confined space may be created by the activity and its controls measures in place; for example, the use of BA, complies with legislative requirements without the need for a permit to work.						

3.5	The Mobile Elevated Work Platform (MEWP) MA, also completed its 5-year, confirming that no non-operational MEWPS remain with SFRS, however until Operational arrangements are to be adopted from within the MA which will remain in place until Vehicle Information Card is developed.
3.6	Q4 will see the Control of Contractors and Working at Height MAs undergo their 5-year review. The Safety and Assurance Strategy, Engagement and Governance, Support Review, Audit/Station Audit, and Contaminants MAs remain on track to complete their respective approval processes outside the 5-year MA review process.
4	Recommendation
4.1	The People Committee is asked to note the progress against the 5-year rolling Management Arrangement tracker up until the end of Q3, 2024/25 which is also reflected in our SA Function Plan.
5	Key Strategic Implications
5.1	Risk SFRS fails to maintain the currency and robustness of its safety and assurance management system without frequent periodic reviews, as detailed in this report.
5.2	Financial 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	Environmental & Sustainability There are no environmental and sustainability implications for developing, maintaining, and monitoring these processes.
5.4	Workforce 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	Health & Safety Failure to comply with health and safety legislation may lead to potential consequences for both the organisation and individuals, which may result in, involvement, engagement and investigation and potential action from the HSE. Demonstrate Clause 6.1.3 Determination of Legal and other Requirements (ISO 45001)
5.6	Health & Wellbeing There are no health and wellbeing implementations for developing, maintaining, and monitoring these processes.
5.7	Training 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	Timing 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	Performance 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	Communications & Engagement The high level of compliance should be included in future health and safety communications as part of SA Communication Framework.	
5.11	Legal 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	Information Governance 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	Equalities 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	Service Delivery 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.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient
7.2	Rationale:	The Safety and Assurance Forward Planning Schedule continues to be progressed on target and will be expanded to include Operational Assurance documentation once the ongoing review has concluded.
8	Appendices/Further Reading	
8.1	Appendix A – Safety and Assurance Documents Forward Planning Schedule.	
Prepared by:		Derrick Watson, Senior Health and Safety Adviser
Sponsored by:		ACO McGoldrick, Director of Training, Safety and Assurance
Presented by:		Jim Holden, Head of Safety and Assurance
Links to Strategy and Corporate Values		
Strategic Plan 2022-2025: Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public. What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety, and wellbeing of the public and our staff. Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.		

Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety and wellbeing of the public and our people.

Objective 6.2 Developing and deploying new and more agile ways of working to protect the safety, wellbeing, physical and mental health of our people.

Safety Value:

Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.

Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>People Committee</i>	<i>6 March 2025</i>	<i>For Information</i>

Appendix A

SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE 2024-2025

Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
PUWER MA and LCMS module (carry-over)	5 Year Review	2021/22	Complete	28 Day consultation	April SA FMT	Closed 14/07	15/07/24	Republished on the iHub
Impound and Inspection MA (carry-over)	5 Year Review	2023-24	Complete	Conducted during review	N/A	N/A	30/05/24	Republished on the iHub
Engagement and Governance MA (Carry-over)	5 Year Review	2023-24	Second draft	Conducted during review	N/A	N/A		Awaiting internal approval
Support Review and Audit Management Arrangement (Withdrawn from iHub)	Major review and republication	2022-23	First draft					Carried forward to Q4
Contaminants MA (Carry-over)	New	2023-24	Third draft	Conducted during review	N/A			Managed directly by Contaminants Group
Liaising with the HSE MA	5 Year Review	2024-25	Complete	Conducted during review	Aug SA FMT	N/A	26/08/24	Republished on the iHub
Safety and Assurance Strategy 2024-27	Review	2024-25	Second draft	03/09 SA FMT Workshop				Framework action plans to be merged with revised Strategy
Health and Safety Policy	Annual Review	2024-25	Complete	Conducted during review	Oct TSAB	N/A	09/01/25	Republished on the iHub
Health and Safety Policy Statement	Annual Review	2024-25	Complete	Conducted during review	Oct TSAB	N/A	09/01/25	Republished on the iHub
Confined Spaces MA	5 Year Review	2024-25	Complete	Conducted during review	Paper presented to SA FMT Jan	N/A		To be published Q4

OFFICIAL

Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
Mobile Elevated Work Platforms MA	5 Year Review	2024-25	Complete	Conducted during review	Paper presented to SA FMT Jan	N/A		To be published Q4
Station Audit MA	5 Year Review	2024-25				N/A		To be merged into Support Review and Audit Management Arrangement
Working with Young Persons MA	5 Year Review	2024-25	N/A	Aug SA FMT	Oct SA FMT	N/A	24/10/24	MA withdrawn and content merged with Risk Assessment MA
Working with Volunteers MA	5 Year Review	2024-25	Final Draft	Conducted during review		N/A		Review commencing Oct
Working at Height MA	5 Year Review	2024-25				N/A		Q4
Control of Contractors MA	5 Year Review	2024-25	Awaiting First Draft	Consultation ongoing		N/A		Q4

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