17 April 2025

<u>TO ALL MEMBERS OF THE SCOTTISH FIRE AND RESCUE SERVICE</u>

Dear Member

You are invited to attend a meeting of the Scottish Fire and Rescue Service Board as follows:

Date: Thursday 24 April 2025

Time: 1000 hours

Venue: Virtual (MS Teams)

The business for the meeting is detailed overleaf.

Should you require any other information, please contact Group Commander Chrisopher Casey on 07970 968479, Heather Greig on 07824 307616 or Debbie Haddow on 07341 880523.

Yours sincerely

Kirsty L. Darwent

KIRSTY DARWENT
Chair

Please note that the meeting will be recorded for minute taking purposes only.

PUBLIC MEETING - THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE
THURSDAY 24 APRIL 2025 @ 1000 HOURS
VIRTUAL (MS TEAMS)

AGENDA

1000-1015 hrs
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 MEETINGS:
5.1   ***Thursday 27 March 2025*** *(attached)*   *K Darwent*

The Board is asked to approve the minutes of the previous meetings.

6   ACTION LOG *(attached)*   *Board Support*

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

7   DECISION LOG *(attached)*   *Board Support*

The Board is asked to note the Decision Log.

8   CHAIR'S REPORT *(attached)*   *K Darwent*

The Board is asked to note the Chair's Report.

Please note that the meeting will be recorded for minute taking purposes only.

9	**CHIEF OFFICER'S REPORT** *(attached)*	*S Stevens*

The Board is asked to note the Chief Officer's Report.

10   **COMMITTEE REPORTS**
The Board is asked to note the following updates:

10.1	***Strategic Planning and Change Committee***	*S Ballingall*
10.2	***Audit & Risk Assurance Committee***	*B Baverstock*
	- *Update of Meeting: 8 April 2025 (verbal)*	
10.3	***People Committee:***	*M Wylie*
	- *Draft Minutes of Meeting 6 March 2025 (attached)*	
10.4	***Service Delivery Committee:***	*T Wright*
	- *Draft Minutes of Meeting: 25 February 2025 (attached)*	
10.5	***Reform Collaboration Group***	
	- *Reform Collaboration Group Main Board (verbal)*	*K Darwent*

11	**ANNUAL GOVERNANCE REVIEW OF BOARD AND COMMITTEE RELATED ITEMS** *(attached)*	*M McAteer*

The Board is asked to approve the report.

12	**INTERNAL AUDIT ANNUAL AUDIT 2025/26** *(attached)*	*B Baverstock*

The Board is asked to approve the report.

13	**PREVENTION STRATEGY** *(attached)*	*J Henderson*

The Board is asked to approve the report.

14	**BOARD RISK UPDATE REPORT** *(attached)*	*S O'Donnell*

The Board is asked to scrutinise the report.

15	**RISK THEMES** *(verbal)*	*K Darwent*

The Board is asked to reflect on any risk themes identified during this meeting.

16	**FORWARD PLAN** *(attached)*	*Board Support*

The Board is asked to note the update.

17   **DATE OF NEXT MEETING**
A Special Private meeting will be held on Thursday 29 May 2025.

The next formal public meeting will be held on Thursday 26 June 2025.

Please note that the meeting will be recorded for minute taking purposes only.

<u>PRIVATE SESSION</u>

18   MINUTES OF PREVIOUS PRIVATE MEETING:

18.1   ***Thursday 27 March 2025*** *(attached)*   *K Darwent*

The Board is asked to approve the minutes of the previous meeting.

19   PRIVATE ACTION LOG   *Board Support*

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

20   SFRS STRATEGY 2025-28 *(verbal)*   *M McAteer*

The Board is asked to note the verbal report.

Please note that the meeting will be recorded for minute taking purposes only.

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

PUBLIC MEETING - SCOTTISH FIRE AND RESCUE SERVICE BOARD

THURSDAY 27 MARCH 2025 @ 1000 HRS

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

PRESENT:

Kirsty Darwent, Chair (KD)	Paul Stollard, Deputy Chair (PS)
Stuart Ballingall (SJB)	Brian Baverstock (BB)
Angiolina Foster (AF)	Neil Mapes (NM)
Therese O'Donnell (TO'D)	Malcolm Payton (MP)
Andrew Smith (AS)	Madeline Smith (MS)
Tim Wright (TW)	Mhairi Wylie (MW)

IN ATTENDANCE:

Stuart Stevens (SS)	Chief Officer
Andy Watt (AW)	Deputy Chief Officer
Liz Barnes (LB)	Interim Deputy Chief Officer (Corporate Services)
Jon Henderson (JH)	Assistant Chief Officer, Director of Prevention, Protection and Preparedness
Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
Mark McAteer (MMcA)	Director of Strategic Planning, Performance and Communications
Sarah O'Donnell (SO'D)	Director of Finance and Contractual Services
Fiona Ross (FR)	Director of People
Richard Whetton (RW)	Head of Governance, Strategy and Performance
Stuart Free (SF)	Asset Governance and Performance Manager (Items 13 & 14 only)
Elaine Gerrard (EG)	Equality, Diversity and Inclusion/Projects Manager (Item 18 only)
Gillian Clark (GC)	People Manager Reward (Item 19 only)
Lucy Begley (LB)	People Adviser Reward (Item 19 only)
Kate Whitelaw (KW)	Senior Project Manager (Item 20 only)
Chris Casey (CC)	Group Commander Board Support
Heather Greig (HG)	Executive Officer Board Support
Debbie Haddow (DJH)	Board Support/Minutes

OBSERVERS:

Seona Hart, Fire Brigades Union
Brian McKenzie, HMFSI

1 CHAIR'S WELCOME

1.1 The Chair opened the meeting welcoming those present and those attending/observing via MS Teams.

1.2 On behalf of the Board, the Chair welcomed Fiona Ross to her first meeting since taking up her role as Director of People and Sarah O'Donnell, in anticipation of her taking up her new role as Deputy Chief Officer Corporate Services.

1.3   Attendees were reminded to raise their hands, in accordance with the remote meeting protocol, should they wish to ask a question.

2   APOLOGIES
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 Board agreed that the *Liability Claim Against Scottish Fire and Rescue Service* would be taken in private due to the matters which are subject to legal proceedings (Standing Order 9D).

4   DECLARATION OF INTERESTS
4.1   For transparency, the following standing declarations of interests were recorded:
*   Madeline Smith, Board Member of Scottish Ambulance Service
*   Paul Stollard, Chair of Board of Institute of Fire Engineers

4.2   There were no other declarations or conflict of interests made.

5   MINUTES OF PREVIOUS MEETINGS:
5.1   **Thursday 19 December 2024**
5.1.1   The minutes were agreed as an accurate record of the meeting.

5.1.2   **The minutes of the meeting held on 19 December 2024 were approved as a true record of the meeting.**

5.2   **Matters Arising**
5.2.1   There were no matters arising.

6   ACTION LOG
6.1   The Board considered the action log and noted the updates.

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

7   DECISION LOG
7.1   The Board considered the Decision Log noting the impact assessments provided for decisions made 12 months ago.

7.2   **Members noted the updated Decision Log.**

8   CHAIR'S REPORT
8.1   KD presented the Chair's Update report which noted events that had occurred since the Board meeting held on 19 December 2024 and highlighted the following:
*   Engagement events in Shetland which included meeting the Local Authority Chief Executive, local staff/station visits and a Long Service Good Conduct event.
*   Recent engagement relating to the Marmont Review Report and attendance at the launch of the Collaboration for Health Equality in Scotland (CHES).
*   Attendance at the National Joint Council (NJC) meeting in February. Further meetings (Employers side) to be scheduled within the next 2 weeks to discuss pay offer which will be made in advance of July 2025.
*   Board appraisal interviews process had been completed. Common themes document to be updated, and several items would be taken forward with the Chief Officer.
*   Successful recruitment process for the Director of People resulting in the appointment of Fiona Ross.
*   Various Scottish Government (SG) meetings including the mid-year review.
*   Reform Collaboration Group (RCG) meeting held on 19 February 2025, verbal

update to be provided at Agenda Item 10.5. Ongoing collaboration work with Police Scotland and Scottish Ambulance Service to progress public sector reform. Attended SUMMIT meeting, led by Ivan McKee, which relaunched and reinvigorated the work to be taken forward and SG's approach.

8.2   **The Board noted the report and verbal update.**

9   CHIEF OFFICER'S REPORT

9.1   SS presented the Chief Officer's report noting events which had occurred since the Board meeting held on 19 December 2024 and highlighted the following:
- Appointment of Fiona Ross, Director of People following a competitive process.
- Sarah O'Donnell pending commencement in her new role as Deputy Chief Officer Corporate Services.
- Second Strategic Managers Development Session held on 12 March 2025. Sessions included Q&A with Strategic Leadership Team (SLT), leadership, budget and challenges, guest speaker Paul Johnston, Public Health Scotland and an SDR update.
- Welcomed the opportunity to undertake a Day on the Run with Polmadie Fire Station, great to see professionalism, skills and dedication of all the crew members.
- Attending Cheapside Street Memorial event tomorrow (28 March 2025) to mark the 65th Anniversary.

9.2   In regard to themes emerging from meeting local authority Chief Executives, SS advised that close working relationships, shared resources, Strategic Service Review Programme (SSRP) and impact on local area, positive support and work of Local Senior Officers (LSO) and partnership arrangements were the key areas raised. It was noted that local authorities regarded the Service as a reliable partner and were keen to pilot work with the Service. LSOs would be the pathway to progress these requests, through Community Planning Partnerships, where the Service would have the opportunity to share and promote prevention activities.

9.3   Brief discussion took place on the SSRP and the need to avoid contradictory messages during the consultation. It was noted that Chief Executives were aware and understood the need for change and were generally supportive. Requests for advance notice had been made and the Service would need to maintain regular engagement with local authorities and political leaders.

9.4   **The Board noted the report and verbal update.**

10   COMMITTEE UPDATES

10.1   **Strategic Planning and Change Committee (SPCC)**

10.1.1 SJB reported that the Committee held a public meeting on 6 February 2025 and referred the Board to the attached draft minutes.

10.1.2 The next meeting was scheduled for 1 May 2025 and new reports were in development. Two substantive items being presented at this meeting were the 3-Year Delivery Plan and a deep dive on People, Payroll, Finance and Training project (PPFT).

10.1.3 **The Board noted the draft minutes and verbal update.**

10.2   **Audit and Risk Assurance Committee (ARAC)**

10.2.1 BB reported that the Committee held a public meeting on 23 January 2025 and referred the Board to the attached draft minutes, noting that a full verbal update had been provided at the previous meeting. The following key points were highlighted:
- Future Internal Audit services would be provided by BDO. Due to a delay with Azets final report, there would be a slight overlap to allow completion of same.
- Cyber Security Maturity Assessment Report was discussed within the private

session. The Service were rated within the mid to high range with other organisations when compared against best practice. Weaknesses were identified in relation to developing written policies and procedures in alignment with technical development.
- Discussion on Freedom of Information performance and measures being taken by the Service to address the issue.
- Risk spotlight on the pension remedy from an internal controls' perspective.

10.2.2 **The Board noted the draft minutes.**

10.3 **People Committee (PC)**
10.3.1 MW reported that the Committee held a public meeting on 5 December 2024 and referred the Board to the attached approved minutes, noting that a full verbal update had been provided at the previous meeting.

MW reported that the Committee held a subsequent public meeting on 6 March 2025 and provided a verbal update, highlighting the following:
- Update on Standardisation of RDS Terms and Conditions with regular updates going forward.
- Update provided on talent identification and succession planning provided moderate assurance.
- Informative presentation on firefighter currency and competency.
- Risk spotlight on Operations Control staffing levels.
- Updates from RANSC and EPF.
- Prioritisation of wellbeing recovery plan and the impact on performance reports, etc.

10.3.2 **The Board noted the approved minutes and verbal update.**

10.4 **Service Delivery Committee (SDC)**
10.4.1 TW reported that the Committee held a public meeting on 26 November 2024 and referred the Board to the attached approved minutes, noting that a full verbal update had been provided at the previous meeting.

TW reported that the Committee held a public meeting on 25 February 2025 at Motherwell Fire Station and provided a verbal update, highlighting the following:
- Informative update provided by Local Senior Officer on his role and local issues.
- Presentation of the Annual Complaints and Compliments report with encouragement to consider more benchmarking information for next year.
- Update on operational use of research, development and innovations.

10.4.2 Brief discussion took place on the potential use of drones, recent demonstration and consideration of how drones could be practically used and the opportunity to gain understanding/learn lessons from other UK fire and rescue services in this area.

10.4.3 **The Board noted the approved minutes and verbal update.**

10.5 **Reform Collaboration Group (RCG)**
10.5.1 MMcA provided a verbal update to the Board on the priorities discussed at the RCG Programme Board meeting held in February 2025. The following key points were highlighted:
- Update on programme of work including shared assets.
- Approved minutes to be submitted to future SFRS Board meetings and this approach would be considered by the Chairs of Scottish Ambulance Service (SAS) and Scottish Police Authority (SPA). Both Chairs of SAS and SPA were not present at the last meeting to make this decision.
- Discussion held on the next phase of the Collaboration Group, pending the transfer

of Chairing to SAS following the next meeting (May 2025).
- Discussions held on possible future resourcing of the RCG with a bid being submitted to the Public Service Resource Fund.
- Meeting to be scheduled with Ivan McKee, Minister of Public Finance, to highlight work undertaken.

10.5.2   In regard to the performance reporting on the workstreams activities, it was noted that this would be reported into the SLT. However, should a strategic decision be required, then this would be brought to the Oversight Board and then onto individual Boards for resource/funding.

10.5.3   It was agreed that an item would be taken to the Integrated Governance Forum (IGF) to discuss and identify the appropriate Committee(s) for additional scrutiny on workstream activities and MMcA would attend this meeting.

10.5.4   **The Board noted the verbal update.**

11   PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE 2024/25 Q3

11.1   MMcA presented the Board with the third quarter performance for fiscal year 2024-25 for scrutiny. The following key points were highlighted:
- KPI's relating to statutory or regulatory requirements were highlighted red for ease of reference.
- Positive trending for both non-domestic fires and total number of incidents.
- Downward trend in Subject Access Requests (SAR) due to reprioritisation in response to the Information Commission's notice.
- Upward trend in attacks on firefighters during this reporting quarter. The Service would be commencing work with Dr Colin Richardson, Northumbria University who has undertaken research in this area. Staff survey to be launched and run for 12 weeks. The Service had provided support for a funding application to develop a predictive model software.
- Continued improvements relating to deliberate fires and accidental dwelling fires.
- Fire fatalities and fire casualties remain consistent.
- Continued close monitoring of Freedom of Information requests. Completion rates for January 2025 were 90% and February 2025 were 85% (part month).

11.2   In relation to attacks on firefighters, AW provided a brief overview of SG's support and potential investment in youth activities within specific targeted areas which would be progressed. AW noted that there were no firefighter injuries during the bonfire period which was a positive indication that firefighters were aware of how to react in these situations.

11.3   In relation to SAR, MMcA advised that the downward trend was due to resources being reprioritised to FOI. MMcA noted that the Service received an average of 200 FOI requests per month, which was the 3rd highest organisation in Scotland. MMcA outlined the issues with the current FOI recording system, which had impacted the situation and the interim measures taken.

11.4   In regard to the positive progress of the BA recovery plan, the Board queried whether there was any correlation with changes in UFAS response. CMcG advised that there was correlation between UFAS and on station activities, however the planning and arrangements in place for BA recovery were the main factors. CMcG outlined the changes in delivery of BA courses which aided this progress and that the next phase would be a return to business-as-usual delivery.

11.5   In regard to KPI30 (assisting other agencies), the Board queried how the value of this collaborative work would be captured and how this increasing demand on resource

would impact on any future target operating model. AW noted that further work was required, and consideration would be given to this through the PMF planning process.

11.6   In relation to KPI8 (partner referrals), the Board noted the reason for the slight decrease was due to the transition to the revised HFSV scheme and the requirement for partners to sign a new data sharing framework. JH offered his assurances that the new App provided a more streamlined and efficient system and the change over process had been completed successfully with all partners. JH reminded the Board that overall numbers may be impacted due to the process becoming more targeted and focused on at-risk individuals.

11.7   In relation to KPI47 (vacancies rate), the Board noted that the vacancy percentages within this report was different from the assumed percentage reported within the financial report. SO'D noted that the challenge remains to maintain the vacancy factor at 10%. SO'D to review and consider how this information is reported within separate reports.

11.8   In relation to KPI14 (median response times), the Board commented on the continuing decrease in response times within the East. It was noted that this was a complex area as there were several factors which impacted on each other. The Board were reminded that the Service Delivery Committee continued to monitor this area, and a report was being prepared for a future meeting.

11.9   **The Board scrutinised the performance report.**

12   ANNUAL OPERATING PLAN PROGRESS REPORT - QUARTER 3
12.1   MMcA presented a report providing the Board with a quarterly progress report on how we are performing against the Annual Operating Plan (AOP) 2024/25 for the period 1 October 2024 to 31 December 2024. The following key points were highlighted:
   - Total of 39 actions of which 9 actions were reporting Blue, 12 actions were Green, 13 actions were Amber, and 5 actions were Red.

12.2   In regard to the prioritisation of the wellbeing recovery plan and the impact on performance and activity levels, the Board requested to be kept appraised of the situation to ensure that a balanced approach was being taken.

12.3   In regard to Green RAG status against SSRP Corporate Services Review, the Board referenced the previous concerns that the scope was not sufficiently focussed and queried whether the situation had changed. MMcA offered his assurance that the Board's concerns were noted and had been discussed at the recent Service Review meeting. The revised scope would be shared with the Board in due course.

12.4   In regard to Outcome 4 Climate change, the Board sought clarification on the technical issue causing the delay and any potential cost implications. SO'D advised that the Internet of Things was the approach being taken to keep things separate from the network. The teams involved were working closely to progress this. SO'D noted that there were no negative cost implications as this was funded through the Capital budget, therefore, adjustments in timings could be made to accommodate this delay.

12.5   In regard to the health assessments action due for completion by 31 March 2025, the Board sought an update on progress. CMcG noted that an update had been provided in private session to the People Committee. CMcG provided a brief overview of work undertaken to date such as changes within the management structure, continued reliance on external providers and ensuring that the Service builds back stronger. Further update to be presented at a future Strategy Day (July 2025).

12.6   In regard to the issues with the Community Resilience Hub (CRH) at Portree, the Board

queried whether other locations had been considered. SO'D noted that discussions with alternative landowners were ongoing regarding the CRH in Portree. SO'D further noted that the outcomes of SSRP were awaited and would help identify suitable locations for other CRHs.

12.7   In regard to outstanding actions from previous AOPs, the Board emphasised the need to either complete, close or transfer to the new plan. MMcA noted the comments and would address this within the 3-year rolling plan.

12.8   In regard to the New Mobilising System, JH advised that configuration and testing formed part of the implementation phase which remains on target. Further update to be provided at Agenda Item 20.

12.9   The Board commented on the use of the word "*slip*" or "*slippage*" and that consideration should be given to using alternative language.

12.10   **The Board scrutinised the Annual Operating Plan Progress Update Q3 Report.**

(Meeting broke at 1120 hrs and reconvened at 1130 hrs)
(S Free joined the meeting at 1130 hrs)

13   RISK BASED CAPITAL INVESTMENT PLAN 2025
13.1   SO'D presented a report to the Board with the draft Risk Based Capital Investment Plan (RBCIP) for approval. The following key points were highlighted:
  • Aspirational 10-year investment figure of £818 million in order for the current portfolio of assets to be brought up to standard. This figure provides a baseline to assess the investment and impact on both the asset portfolio and decision making.
  • Developed using the Asset Management Policy and various Strategic Asset Management Plans (SAMP).
  • Opportunities arising from Community Resilience Hubs.
  • Acknowledgement of HSE Enforcement Notices served and consideration being given on how services are provided and the assets in these areas.
  • Framework of risk decision criteria relative to property and set out the condition, suitability, age profile, backlog of investment and costs to bring up to standard.

13.2   The Board queried whether there was a clear articulation of priorities for capital spend. SO'D noted that the Asset Management Policy and Strategy set out the framework and context for prioritisation. SF stated that the Asset Management Policy and SAMPs lead to the prioritised spend on assets which included firefighter safety, contaminate controls, dignified facilities, deliverability, etc. SF noted that the challenges within fleet, property and equipment and the financial spend was split proportionally. SF further noted that the risk based capital investment plan informs the capital programme in terms of prioritisation. The Board were reminded that the plan outlined the recommended approach and priorities for the Service and was being presented for approval.

13.3   The Board queried whether the Service were clear on the areas that could be deferred/stopped to focus on priorities. SF noted that SSRP would assist by identifying areas for, or a reduction of, capital investment, reduce resource costs and ensure that appropriate resources where in the correct location.

13.4   SF outlined how the Service would collate and measure improvements and returns on investment in capital assets. Brief discussion took place on where and how decisions on capital investment were being made and how SSRP would influence these decisions. It was noted that the capital investments were scrutinised by SLT and aligns with the SAMPs which had been previously presented to the Board.

13.5   The Board commented on the reference to 355 stations within the Service and queried

whether this was the correct terminology. SS noted the comments and advised that consideration would be given on this nomenclature.

13.6   In regard to the Impact Assessment, the Board commented on the missed opportunity to highlight how inequalities were key drivers and the positive impact being made.

13.7   Typographical error was highlighted within the infographic (page 10) which related to the actual number of fire stations with physical contaminant control measures.

13.8   In relation to the level of risk attributed to FCS021 (insufficient funding), the Board queried whether the level (high) was accurate. SO'D noted that funding had increased in recent years and there was the potential to reduce the overall aspirational figure through SSRP/partnership working. SO'D further noted that the Service would continue to seek funding from SG.

13.9   The Board commented on the reference to being a 21st century fire service and the inference that the Service was currently sub-standard and asked for consideration to be given to this.

13.10   The Board commented on whether the approach had given enough thought to rationalisation and utilisation of assets and asked for consideration to be given to include some narrative on this.

13.11   In regard to standard station design, it was noted that this would form part of the discussions taken to the IGF and had recently been discussed by the SLT.

13.12   The Board commented on the outcomes of SSRP impacting on capital investment. SO'D reminded the Board that the Service had to make decisions on prioritising and effectively using the 2025/26 capital funding whilst taking cognisance of the potential outcomes of SSRP.

13.14   SO'D outlined the purpose of the document which details the aspirational figures in relation to the current asset base, provides a baseline to measure improvements, demonstrates reduction in the capital backlog through investment and good decision making, and would continue to be an iterative document. Consideration to be given to include narrative on the intention of the document within the summary.

13.15   SO'D confirmed that a paper relating to Service vehicles would be submitted to a future IGF.

13.16   **Subject to amendment and consideration of the Board's comments, the Board approved the Risk Based Capital Investment Plan.**

14   CAPITAL PROGRAMME 2025/26 – 2027/28
14.1   SO'D presented the Board with the Capital Programme 2025/26 to 2027/28 for approval. The following key points were highlighted:
- Annual funding requirement of £82.00 million required to address backlog of investment.
- Annual budget for 2025/26 was £47.00 million with the same level of assumed funding for 2026/27 and 2027/28.
- Anticipation of significant receipts within the next 3 years and would seek SG's approval to retain this.
- Ongoing commitment to identify and secure funding grants where possible.
- Emergency Services Mobile Communications Project (ESMCP) would not be funded from the proposed capital budget.
- Breakdown of expenditure for property major and minor works, fleet, ICT and operational equipment.

14.2   The Board queried the risk of not realising the retention of future capital receipts and noted that this was not contained within the risk register. SO'D noted that there was a risk until the monies had been received, however the Service had been consistent with SG in their request to retain any receipts. SO'D noted the comment relating to risk register and would review as appropriate.

14.3   Brief discussion took place on the review of station nomenclature, associated timescale, and how this would impact on future capital investment. It was noted that this was both a language and significant substance issue. Strategy Day session to be scheduled in July 2025 for further discussion/clarity.

14.4   The Board acknowledged the benefits of forecasting and the quality of asset management work within the organisation. This has enabled the Service to raise awareness and understanding within SG on the issues facing the Service. The Board commended the Minister and SG officials for their support in this area.

14.5   **The Board approved the Capital Programme 2025/26 to 2027/28.**

         (S Free left the meeting at 1215 hrs)

15   RESOURCE BUDGET 2025/26
15.1   SO'D presented the Board with the Resource Budget 2025/26 for approval.   The following key points were highlighted:
         • Background on the evolution of the resource budget and the significant savings generated over the years.
         • Details of the 2025/26 resource (cash) budget confirmed by Scottish Government.
         • Additional funding of £3.42 million has been secured against the increased cost of National Insurance contributions, which total approx. £6.00 million.
         • Additional funding of £1.00 million has been awarded to support the ongoing work of the Strategic Service Review Programme.
         • Budget correction in relation to accounting treatment would be rectified in the spring or autumn budget revision.
         • Immediate priorities within the draft Strategy were the focus of discussions on the budget. Challenging decisions had been made to achieve a balanced budget. Any further savings required would impact on frontline resources.
         • Where applicable, budgets have been uplifted for anticipated inflation.
         • ESMCP remains separate and outwith the budget.

15.2   The Board recognised the previous discussions and scrutiny in shaping the budget and the work required to present a balanced budget.

15.3   In regard to On Call budget, SO'D noted that the 19% increase was attributable to the increased retainer fees due to standardised terms and conditions and National Insurance contributions. This had been offset by the reduction in the On Call Activities budget.

15.4   The Board sought clarity on the financial value of a material over/underspend. SO'D advised that an overspend greater than £1.00 million would be subject to parliamentary committee review. SO'D iterated the importance of delivering a balanced budget, the consequences of not achieving this and the financial risks to the Service. SO'D noted that the Service would continuously monitor, report and engage with SG throughout the year to evidence how the Service were working to deliver a balanced budget.

15.5   SO'D agreed to recirculate the sensitivity analysis information which was presented at the recent Strategy Day.

                                                                              ACTION: SO'D

15.6 With reference to earlier discussions, the Board sought assurance that the risk associated with the backlog had been reflected in the property repair and maintenance budget. SO'D noted that a deliberate decision to overspend on property repairs and maintenance was made within the current financial year as there was opportunity to do so. SO'D further noted that in previous years, the Service had been required to undertake emergency repair activities which were directly correlated to insufficient capital investment.

15.7 The Board asked for consideration to be given to introduce more specificity in terms of the risk, impact and actions.

15.8 In regard to the Reasonable assurance being offered, SO'D noted that due to the risks involved, the assurance being offered has been reduced from Substantial.

15.9 In regard to Resource risks relating to On Call costs, the Board commented on the potential impact on the On Call Improvement Programme. It was noted that this programme would consider a variety of options including better use of existing contracts as well as recruitment.

15.10 SS noted that further discussions were required relating to the alignment of the Delivery Plan and Strategy, and the management of expectations on what could be delivered within the organisation.

15.11 SS commented on the difficulties in managing this budget and noted that the SLT's approach had been both collegiate and strategic. SS offered his thanks to all those involved across the organisation for the work undertaken to date. SS extended his thanks to the Minister and SG officials for their efforts and support throughout.

15.12 **The Board approved the Resource Budget 2025/26.**

16   RESOURCE BUDGET MONITORING REPORT
16.1 SO'D presented a report advising the Board of the resource budget position for the period ending 28 February 2025. SO'D outlined the analysis of the financial position and referred Members to Appendix A of the report, which identified the current resource position showing an overspend of £0.757 million and a forecast year-end underspend of £0.223 million.

16.2 In relation to holiday pay accrual, SO'D noted that this differed annually due to the watch shift patterns and had been identified early within this financial year to allow monies to be reallocated. Cross directorate work is ongoing to review and improve the situation going forward.

16.3 **The Board scrutinised the resource budget position for the period ending 28 February 2025.**

17   CAPITAL BUDGET MONITORING REPORT
17.1 SO'D presented a report advising the Board of the actual and committed expenditure against the 2024/25 capital budget position for the period ending 28 February 2025. It was currently anticipated that the revised budget of £43.575 million would be spent out by 31 March 2025. The following key points were highlighted:
- Budget increased by additional funding of £0.300 million for the ESN project and capital receipts of £0.249 million.
- Reallocation of underspend remains on track.

17.2 The Board noted their thanks to all those involved in ensuring the budget was fully spent in the best manner.

17.3 **The Board scrutinised the level of actual and committed capital expenditure for the period ending 28 February 2025.**

(The meeting broke at 1236 hrs and reconvened at 1315 hrs)
(E Gerrard, G Clark and L Begley joined the meeting at 1315 hrs)

18 MAINSTREAMING EQUALITY REPORT

18.1 LB introduced EG who presented the annual Mainstreaming Report for scrutiny and highlighted the continuation of the current corporate Equality Outcomes. The following key points were highlighted:
- Statutory report capturing the steps taken to mainstream and embed equality across the Service and demonstrate evidence of same.
- Format of the report has to be accessible and easily consumed by a broad audience.
- Equality and Human Rights Commission's guidance requires the Service to mainstream and embed equality outcomes into corporate reporting. Outline of the work undertaken through the business partnering model and equality partnerships.
- Introduction of the new Scottish Government's Equality Mainstreaming Toolkit.
- Pending review of Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

18.2 In regard to the format of the spotlight information, the Board noted that additional details would be helpful and clarity on whether the comments were related to the snapshot or spotlight section.

18.3 In regard to the spotlight on the wellbeing and inclusions calendar, the Board queried whether a stronger example could have been used and referenced the Endometriosis Friendly Employer Scheme and the recent Highland Women in the Fire Service event held in Dingwall.

18.4 The Board noted the introduction of SG's toolkit would be useful and would be helpful in capturing and demonstrating the mainstreaming of equalities.

18.5 EG noted the Board's comments and advised that the finalised version of the report would be published on the SFRS website in the next few weeks.

18.6 **The Board scrutinised the report.**

(E Gerrard left the meeting at 1325 hrs)

19 EQUAL PAY AND GENDER PAY GAP REPORT 2025

19.1 GC presented the bi-annual Equal Pay and Gender Pay Gap Report for scrutiny. The following key points were highlighted:
- Positive progression of females within the Wholetime Group Commander staffing group.
- Overall some promising areas of slow progress with many areas remaining unchanged.

19.2 The Board queried how the overall negative percentage gender pay gap could be reconciled with the positive percentage of all employee groups except for control staff. GC advised that the difference when considering the pay gap for employee groups compared to the overall workforce was the differing representation of males and females within each group across all levels within the Service. GB expanded on how this ratio of male/females at various levels impacted on the financial aspects.

19.3 In regard to the increased numbers of female volunteers, GC noted that this could be attributable to the recruitment process, flexibility commitment and work life balance this role offers.

19.4   The Board commented on the photographs within the report and noted that they did not fully capture a wider diversity within the Service.

19.5   In regard to those seeking promotions, the Board sought to understand whether this was predominately the same cohort or multiple cohorts. GC advised that this was dependent on the individual and their desire and ability to continue to progress.

19.6   The Board noted that some data provided did not include historical data which would help to identify trends. GC noted the comment and agreed to provide the historical data outwith the meeting.

ACTION: FR/GC

19.7   In regard to the retention of female staff, the Board queried the level of support offered to unpaid carers. LB noted that the Service could be more proactive in this area and there was still work to be undertaken to improve this.

19.8   Brief discussion took place on the rigidity of the shift patterns and that potential flexibility/alternative duty system could be considered.

19.9   The Board commented on the potential to capture the percentage of females applying to join the Service as this would be helpful in identifying whether the recruitment campaign had been successful.

19.10   The Board commented on the lack of benchmarking data within this report. Benchmarking data to be provided to the People Committee for consideration and reported back to the Board in due course.

19.11   The Board noted that there were no female (wholetime) uniformed staff above Group Commander level. The Board queried how the Service compared to other FRSs, whether this was the highest level of achievement by a female and the estimated timescale for progressing into an Assistant Chief Officer (SLT) position.

19.12   SS advised the Board that previously the Service had one female Area Commander, plus one female OC Area Commander. It was noted that it could take several years to progress through the promotion process, however, external recruitment becomes an option for senior roles. Strategy Day session on female recruitment/retention was scheduled for May 2025.

19.13   The Board commented on incomplete personal information/protected characteristics data and queried the reasons for this. LB advised that various attempts have been made to encourage the workforce to provide such information and offered her hopes that the evolving culture would improve response rates.

19.14   The Board highlighted the product placement (back of monitor) on the photograph on the first page.

19.15   **The Board scrutinised the report.**

(G Clark and L Begley left the meeting at 1355 hrs)
(K Whitelaw joined the meeting at 1355 hrs)

20   NEW MOBILISING SYSTEM UPDATE
20.1   JH presented a report providing an update on the New Mobilising System (NMS) Project delivery and progress to date for scrutiny. The following key points were highlighted:
- Summary of recent project activity.
- Overview of delivery milestones.

- Highlighted risk and issue were no longer reporting Red due to the mitigation/actions being progressed.
- Delivery of the Integrated Communications Control System (ICCS) by December 2025 and Computer Aided Dispatch (CAD) by October 2026 remains on track.

20.2   The Board were informed that due to the financial scale of this ICT change programme, this project was now reportable to the Public Audit Committee and quarterly reports would be submitted for scrutiny.

20.3   It was agreed that future NMS updates would be presented at the Strategic Planning and Change Committee and would only be brought to the Board by exception.

20.4   **The Board scrutinised the report.**

(K Whitelaw left the meeting at 1400 hrs)

21   RISK THEMES
21.1   There were no new or emerging risks identified during this meeting.

22   FORWARD PLAN
22.1   The Forward Plan was noted and would be kept under review and subject to change.

23   DATE OF NEXT MEETING
23.1   The next full public meeting of the Board is scheduled to take place on Thursday 24 April 2025.

23.2   On behalf of the Board, the Chair expressed her thanks to Liz Barnes, for her support, guidance and hard work throughout her tenure and wished her well for her retirement.

23.3   There being no further matters to discuss in public, the meeting closed at 1400 hrs.

(The meeting broke at 1400 hrs and reconvened in private session at 1405 hrs)

REPORTS FOR INFORMATION ONLY:
The following reports were provided for information only and were taken as read.
- Corporate Parenting Update

PRIVATE SESSION

24   MINUTES OF PREVIOUS PRIVATE MEETING:
24.1   **Thursday 19 December 2024**
24.1.1 The minute of the meeting held on 19 December 2024 was approved as a true record of the meeting.

24.2   **Thursday 30 January 2025 (Special)**
24.2.1 The minute of the special meeting held on 30 January 2025 was approved as a true record of the meeting.

24.3   **Thursday 27 February 2025 (Special)**
24.3.1 The minute of the special meeting held on 27 February 2025 was approved as a true record of the meeting.

24.4   **Matters Arising**
24.3.1 There were no matters arising.

25   PRIVATE ACTION LOG
25.1   The Board considered the action log and noted the updates.

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

26   **LIABILITY CLAIM AGAINST SCOTTISH FIRE AND RESCUE SERVICE**

26.1   SO'D presented the report to the Board seeking approval in relation to an insurance liability claim intimated against the Service.

26.2   **The Board approved the recommendation in relation to the claim.**

There being no further matters to discuss in private, the meeting closed at 1420 hrs.

Agenda Item 6

SFRS BOARD MEETING – ROLLING ACTION LOG

Background and Purpose

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

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 2 actions. A total of one of these actions had been completed.

The Board is therefore asked to approve the removal of the one action noted as completed (Blue status), note one actions was categorised as Green status and note no actions categorised as Yellow status on the action log.

Board Meeting: 27 March 2025						
Agenda Item	Actions Arising	Lead	Due Date	Status	Completion Date	Position Statement
15.5	**Resource Budget 2025/26:** SO'D agreed to recirculate the sensitivity analysis information which was presented at the recent Strategy Day	**SO'D**	**April 2025**		**April 2025**	**Complete (24/04/2025):** Sensitivity analysis information recirculated via email on 17 April 2025.
19.6	**Equal Pay and Gender Pay Gap Report 2025:** The Board noted that some data provided did not include historical data which would help to identify trends. GC noted the comments and agreed to provide the historical data outwith the meeting	**FR/GC**	**April 2025**			**Update (24/04/2025):** Further analytical work is ongoing to provide this data and it will be presented to the next People Committee meeting in June 2025.

SFRS BOARD MEETING DECISION LOG

PURPOSE

Decisions made at the meetings of the Board of the Scottish Fire and Rescue Service (SFRS) are recorded in the minutes of these meetings and published on the SFRS website. This ensures that all decisions of public interest are accurately documented and made available for public scrutiny. The Standing Orders for Meetings of the Board and its Committees state that a decision made by the Board cannot be changed within 6 months, unless the Chair rules that there has been a material change of circumstances.

The attached decision log therefore provides a record of all significant decisions made by the board at its meetings held in the most recent 12 months, and in accordance with Standing Orders, notes the earliest date for reviewing each decision. Further to this and detailed under each decision is a section that will be completed 12 months following the initial decision by the Board to formally reflect the impact each Board decision has had for the organisation.

In summary, the decision log will also ensure there is a means for the Board to keep sight of their recent decisions and the follow up actions put in train, together with the impact assessment, and helps to maintain high standards of corporate governance.

RECOMMENDATION

The Board is invited to note the contents of the decision log.

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 25 April 2024				
ITEM 11	**ANNUAL GOVERNANCE REVIEW OF BOARD AND COMMITTEE RELATED ITEMS**	On behalf of the Director of Strategic Planning, Performance and Communications, the Head of Governance, Strategy and Performance asked the SFRS Board to approve the proposed amendments outlined in Board and Committee related governance documents, following review, to ensure the continued effectiveness of the governance arrangements of the SFRS Board and its Committees.	**The Board approved the reviewed and amended governance related document of the Board and its Committees, subject to minor amendments as noted.**	**October 2024**
Impact Assessment for Board Decision (Review Date - 04/2025): The Service continues to have effective governance and scrutiny arrangements in place and this is something that is kept under continual review. The Annual Review process, however, allows for detailed analysis of arrangements and documentation with feedback being sought from all involved to ensure that the Board and its Committees continue to work well.				
ITEM 12	**SFRS THREE YEAR DELIVERY PLAN**	The Head of Governance, Strategy and Planning presented the draft Three Year Delivery Plan to the SFRS Board and asked that they approve its internal and external publication.	**Subject to minor amendments in language and narrative, the Board approved the SFRS Three Year Delivery Plan**	**October 2024**
Impact Assessment for Board Decision (Review Date - 04/2025): Approval of the SFRS Three Year Delivery Plan provided the Board with assurance that the strategic direction set by the Service was being realised through the delivery of a set of key improvement actions, with regular performance reporting allowing the Board to consider our progress against our deliverables within the relevant environment. The Service can demonstrate progress against the majority of actions contained within year 1 of the 3 year delivery plan.				
ITEM 13	**DRAFT INTERNAL AUDIT STRATEGY UPDATE AND ANNUAL PLAN 2024/25**	On behalf of the Chair of the Audit and Risk Assurance Committee, the Deputy Chair asked the Board to approve the SFRS Internal Audit Plan 2024/25. This sets out a timetable of the main reviews of key activities during 2024/25 that are intended to assist in ensuring effective governance and monitoring arrangements within SFRS, which link to the Service's purpose, outcomes and risks.	**The Board approved the Internal Audit Strategy Update and Annual Plan 2024/25.**	**October 2024**
Impact Assessment for Board Decision (Review Date - 04/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 30 May 2024 (Special)				
ITEM 5	**NEW MOBILISING SYSTEM PROJECT PROCUREMENT OPTIONS – MAY 2024 (PRIVATE)**	The Director of Prevention, Protection and Preparedness asked the SFRS Board to approve the recommended procurement option of a mini competition using the YPO Dynamic Purchasing System and associated changes to procurement Terms and Conditions.	**The Board approved the recommended procurement option.**	**November 2024**
Impact Assessment for Board Decision (Review Date - 05/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 6 June 2024 (Special)				
ITEM 5	**COMMUNITY RESILIENCE HUBS – OUTLINE BUSINESS CASE (PRIVATE)**	The Director of Finance and Contractual Services presented a report for decision by the Board detailing an Outline Business Case for Community Resilience Hubs, which will be submitted to the Scottish Government following Board approval.	**The Board approved the Community Resilience Hubs - Outline Business Case and it's submission to Scottish Government.**	**December 2024**
Impact Assessment for Board Decision (Review Date - 06/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 27 June 2024				
ITEM 13	**COMMITTEE MEMBERSHIP STRUCTURES**	The Director of Strategic Planning, Performance and Communications asked the Board to approve the amendments to committee membership structures following a recent resignation of a Board Member	**The Board approved the changes to its committee membership structure.**	**December 2024**
Impact Assessment for Board Decision (Review Date - 07/2025):				

ITEM 16	ARRANGEMENTS AND OUTCOME OF ANNUAL REVIEW – EFFECTIVENESS OF THE BOARD	The Director of Strategic Planning, Performance and Communications asked the Board to acknowledge and approve the progress made around the arrangements for reviewing the effectiveness of the SFRS Board during 2023/24. This is intended to ensure that the SFRS Board continues to develop and improve, to meet the strategic ask of Ministers contained within the Fire and Rescue Framework for Scotland and the expectations of Scotland's communities.	**The Board approved the arrangements for reviewing the effectiveness of the SFRS Board.**	**December 2024**
Impact Assessment for Board Decision (Review Date - 07/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 29 August 2024				
ITEM 22	LIABILITY CLAIM AGAINST SCOTTISH FIRE AND RESCUE SERVICE (PRIVATE)	The Director of Finance and Contractual Services provided a report to the Board in relation to an insurance claim intimated against the Service.	**The Board approved the recommendations.**	**February 2025**
Impact Assessment for Board Decision (Review Date - 08/2025):				
ITEM 23	ANNUAL PERFORMANCE REPORT 2023/24 (PRIVATE)	The Director of Strategic Planning, Performance and Communications presented the SFRS Board with the draft Annual Performance Review Report 2023/24 and asked that it is approved for use at the Annual Performance Review Meeting	**The Board approved the Annual Performance Report 2023/24 and for it to be used at the Annual Performance Review meeting (10 September 2024).**	**February 2025**
Impact Assessment for Board Decision (Review Date - 08/2025):				
ITEM 24	NEW MOBILISING SYSTEM: FULL BUSINESS CASE (PRIVATE)	The Director of Prevention, Protection and Preparedness presented the SFRS Board with the Full Business Case for the New Mobilising System Project delivery for approval, which was supported by the Scottish Government Portfolio, Programme, Project Assurance Gateway 3 review report	**Subject to the concerns outlined above being addressed, including the rapid engagement of an experienced Project Director, the Board approved the full Business Case**	**February 2025**
Impact Assessment for Board Decision (Review Date - 08/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 31 October 2024				
ITEM 11	**BOARD FORWARD PLAN SCHEDULE 2025/26**	The Director of Strategic Planning, Performance and Communications asked the SFRS Board to approve a proposal setting out a meetings schedule for the Board and its Committees and Board Forward Plan until March 2026. These set out the Board's programme of scrutiny and key decisions for 2025-26, while also taking into account the Public Bodies Information Update 257, which focuses on 'Public Body Boards – Online Meetings & A Green Recovery'. The proposal will look to balance the number of in person and virtual meetings, while continuing to ensure that the business being brought forward is strategic in nature and aligning with the Service's planning cycle, governance policies, procedures and priorities.	**The Board approved the proposed schedule of meetings for the SFRS Board and its Committees and the Board Forward Plan 2025-26.**	**April 2025**
Impact Assessment for Board Decision (Review Date - 10/2025):				
ITEM 12	**DRAFT RISK APPETITE STATEMENTS**	The Director of Finance and Contractual Services provided the SFRS Board with a report outlining the revised draft risk appetite statements seeking SFRS Board for approval.	**The Board approved the draft risk appetite statements and approach.**	**April 2025**
Impact Assessment for Board Decision (Review Date - 10/2025):				
ITEM 13	**ANNUAL PROCUREMENT REPORT FOR THE PERIOD 1 APRIL 2023-31 MARCH 2024**	The Head of Finance and Procurement presented the Annual Procurement Report for the period 1 April 2023 – 31 March 2024, as required under the Procurement Reform (Scotland) 2014.	**The Board approved the Annual Procurement Report for the period 1 April 2023 – 31 March 2024.**	**April 2025**
Impact Assessment for Board Decision (Review Date - 10/2025):				

ITEM 24	**DRAFT ANNUAL REPORT AND ACCOUNTS 2023/24 (PRIVATE)**	The Director of Finance and Contractual Services presented the Draft Annual Report and Accounts for the year ended 31 March 2024. The document reports that the Resource budget overspent by £0.930 million, the Capital budget was on budget and the Capital budget for Right of Use assets was underspent by £0.153 million.	**The Board approved the Annual Procurement Report for the period 1 April 2023 – 31 March 2024. The Board approved the Annual Report and Accounts 2023/24 and authorised the Accountable Officer to sign and submit on behalf of the Service.**	**April 2025**
Impact Assessment for Board Decision (Review Date - 11/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 28 November 2024 (Special)				
ITEM 5	**UPDATE ON CLAIM AGAINST SYSTEL AND RAISING AN ACTION IN SCOTLAND (PRIVATE)**	The Director of Finance and Contractual Services updated the Board on the latest legal advice regarding the appeal hearing in France in relation to the claim against Systel and recommended further action in Scotland.	**The Board approved the recommendation to start court proceedings by drafting the summons to be lodged at the Court of Session in Scotland and served upon Systel.**	**May 2025**
Impact Assessment for Board Decision (Review Date – 11/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 19 December 2024				
ITEM 11	**SOCIAL IMPACT PLEDGE**	The Director of Strategic Planning, Performance and Communications presented the members of the SFRS Board with three proposed initiatives that would form the basis of our submission to the Scottish Government's Social Impact Pledge. Board members were asked to approve the proposed pledges.	**The Board approved the 3 recommended initiatives for submission as the Scottish Fire and Rescue Service's Social Impact Pledges initiative.**	**June 2025**
Impact Assessment for Board Decision (Review Date – 12/2025):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 30 January 2025 (Special)				
ITEM 5	**DRAFT SFRS STRATEGY 2025-2028 FOR CONSULTATION (PRIVATE)**	The Head of Governance, Strategy and Performance presented a draft SFRS Strategy 2025-28 to members of the Board of the Scottish Fire and Rescue Service and requested that is released for public consultation.	**Subject to suggested amendments, the Board approved the Draft SFS Strategy 2025-2028 for release for public consultation.**	**July 2025**
Impact Assessment for Board Decision (Review Date – 01/2026):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 27 February 2025 (Special)				
ITEM 5	**BUDGET APPROACH 2025-26 (PRIVATE)**	The Director of Finance and Contractual Services presented the Budget Approach 2025/26 to the Board for approval. The report sets out the proposed approach to developing both the Resource and Capital budgets for the forthcoming financial year, within the context of the Scottish Government's budget proposals.	**Subject to suggested amendments, the Board approved the Budget Approach 2025-26 and noted that the detailed budget proposals would be presented at the Board meeting on 27 March 2025.**	**August 2025**
Impact Assessment for Board Decision (Review Date – 02/2026):				
ITEM 6	**LIABILITY CLAIMS AGAINST SFRS (PRIVATE)**	The Director of Finance and Contractual Services presented a report to the Board in relation to two employer's liability claims intimated against the Service.	**The Board approved the recommendations in relation to both claims**	**August 2025**
Impact Assessment for Board Decision (Review Date – 01/2026):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 27 March 2025				
ITEM 13	**RISK BASED CAPITAL INVESTMENT PLAN 2025**	The Director of Finance and Contractual Services presented the Board with the Risk Based Capital Investment Plan 2025 for approval, which sets out a framework of risk decision criteria relative to property, fleet and equipment assets to minimise the risk of failure of service delivery and will inform the Capital Programme for 2025/26 – 2027/28.	**Subject to amendment and consideration of the Board's comments, the Board approved the Risk Based Capital Investment Plan 2025.**	**September 2025**
Impact Assessment for Board Decision (Review Date - 03/2026):				
ITEM 14	**CAPITAL PROGRAMME 2025/26 – 2027/28**	The Director of Finance and Contractual Services presented the proposed Capital Programme 2025 – 2028 to the Board for approval. Total proposed expenditure over the 3-year period is £155 million, funded by anticipated Capital DEL budget of £141 million and estimated capital receipts of £14 million.	**The Board approved the Capital Programme for 2025/26-2027/28.**	**September 2025**
Impact Assessment for Board Decision (Review Date - 03/2026):				
ITEM 15	**RESOURCE BUDGET 2024/25**	The Director of Finance and Contractual Services presented the proposed Resource Budget for 2025/26 to the Board for approval. It is proposed that the Resource Budget for 2025/25 be set at £337.062 million, in line with funding assumptions set out within the report.	**The Board approved the Resource Budget for 2025/26.**	**September 2025**
Impact Assessment for Board Decision (Review Date - 03/2026):				
ITEM 26	**LIABILITY CLAIM AGAINST SCOTTISH FIRE AND RESCUE SERVICE (PRIVATE)**	The Director of Finance and Contractual Services provided the SFRS Board with an insurance report seeking authority to settle a legacy asbestos claim.	**The Board approved the recommendations.**	**September 2025**
Impact Assessment for Board Decision (Review Date - 03/2026):				

**THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE
THURSDAY 24 APRIL 2025**

CHAIR'S UPDATE: APRIL 2025

Wednesday 2 April 2025
Meeting with Chief Executive Officer Dumfries & Galloway Council and CO Stuart Stevens
Meeting with DCO Sarah O'Donnell
National Joint Council (NJC)
Meeting with CO Stuart Stevens and Deputy Chair Paul Stollard

Thursday 3 April 2025
Meeting with Chief Executive Officer Scottish Borders Council and CO Stuart Stevens
National Joint Council (NJC)

Tuesday 8 April 2025
Audit and Risk Assurance Committee

Thursday 10 April 2025
SFRS Board Pre-agenda

Tuesday 15 April 2025
National Joint Council
Strategic Planning and Change Committee Performance Management Framework

Wednesday 16 April 2025
Service Delivery Committee Performance Management Framework
National Joint Council
Meeting with Tom Steele, Chair of Scottish Ambulance Service

Thursday 17 April 2025
Audit & Risk Assurance Committee Performance Management Framework
People Committee Performance Management Framework

Wednesday 23 April 2025
Meeting with Tom Steele, Chair of Scottish Ambulance Service and Martyn Evens, Scottish Police Authority
Regular Chair/Board Support Team meeting

Thursday 24 April 2025
Meeting with CO Stuart Stevens
SFRS Board meeting

Tuesday 29 April 2025
Meeting with Chief Executive Officer Angus Council and CO Stuart Stevens
Meeting with Maureen Rooney, Deputy Director for Safer Communities and CO Stuart Stevens

In addition to the above diarised events, the Chair's duties involved responding to written correspondence, dealing with enquiries and numerous ad hoc teleconference calls.

THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE
Thursday 24 April 2025

CHIEF OFFICER'S UPDATE: APRIL 2025

Tuesday 1 April
Director of Finance Interviews

Wednesday 2 April
Health & Safety Update Meeting
Introductory Meeting with Dumfries & Galloway Local Authority Chief Executive
Local Authority Fire & Rescue Services National Joint Council (NJC) meeting
Regular Chief, Chair & Deputy Chair Meeting

Thursday 3 April
Director of Finance Interviews
Introductory Meeting with Scottish Boarders Local Authority Chief Executive
Meeting with Minister of Finance Ivan McKee

Friday 4 April
Regular meeting with Chief Fire Officer Northern Ireland FRS
Director Appraisal

Monday 7 April
Regular PA Catch up
Monthly Catch up with Chief Inspector HMFSI

Tuesday 8 April
Audit and Risk Assurance Committee (ARAC) Meeting

Wednesday 9 April
Strategic Leadership Team (SLT) meeting

Thursday 10 April
SFRS Board Pre-Agenda Meeting

Friday 11 April
NJC Advisory Forum

Monday 14 – Friday 18 April
Leave

Monday 21 April
Public Holiday

Tuesday 22 April
3 Year Delivery Plan Prioritisation Session

Wednesday 23 April
SLT Meeting
Fire Brigade Union (FBU) Seminar, Glasgow

Thursday 24 April
Monthly Chief & Chair catch up
SFRS Board Meeting

Friday 25 April
Meeting with Firefighters Charity Chief Executive, Edinburgh

Monday 28 April
Quarterly SFRS & UNISON/UNITE Meeting
Introductory meeting with Scottish Emergency Rescue Association
Introductory Meeting with Miller Samuel Hill Brown Legal Team
Regular Director 1:1

Tuesday 29 April
Regular National Fire Chief Council (NFCC) Chief Fire Officers (CFO) Call
Introductory Meeting with Angus Local Council Chief Executive
Regular Meeting with Deputy Director of Safer Communities Scotland
Regular Meeting with Board Member
Service of Induction at St Giles Cathedral, Edinburgh

Wednesday 30 April
Regular Director 1:1
Change Portfolio Investment Group (CPIG) Meeting

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)

PRESENT:

Mhairi Wylie (Chair) (MW)	Andrew Smith (Deputy Chair) (AS)
Neil Mapes (NM)	Malcolm Payton (MP)
Madeline Smith (MS)	

IN ATTENDANCE:

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
Lyndsey Gaja (LG)	Head of People
Fiona Munro (FM)	Head of People
Gillian Clark (GC)	People Manager Reward, (Item 8.2 only)
Les Mason (LM)	Group Commander Operations (Item 8.2 only)
Kenny McCartney (KM)	Group Commander Operations Control (Item 13.2 only)
Kirsty Darwent (KD)	Chair of SFRS Board
Chris Casey (CC)	Group Commander Board Support
Heather Greig (HG)	Board Support Executive Officer
Debbie Haddow (DJH)	Board Support/Minutes

OBSERVERS

Colin Brown, Fire Brigades Union

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.

1.3 On behalf of the Committee, the Chair thanked Lyndsey Gaja for her input and support during her tenure as Interim Director of People.

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

3.2 No further items were identified.

4   DECLARATIONS OF INTERESTS
4.1 No conflicts of interest were declared.

5   MINUTES OF PREVIOUS MEETING: THURSDAY 5 DECEMBER 2024
5.1 The minutes were agreed as an accurate record of the meeting.

5.2 **The minutes of the meeting held on 5 December 2024 were approved as a true record of the meeting.**

5.3   Matters Arising
5.3.1 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 The Committee noted the costs/benefits arising from previous migration courses and queried whether this process would be considered again. LG advised that arrangements for the next wholetime firefighter intake were in progress and potential migration would be explored.

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

7   PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING
7.1   People Performance Report Quarter 3 2024/25
7.1.1 LG presented the People Performance Report Quarter 3 2024/25 to the Committee for scrutiny of the People KPIs from the Performance Management Framework and the further details within the People Performance Report. The following key areas were highlighted from the Executive Summary:
- Significant senior management recruitment processes conducted during this quarter.
- Significant uniformed promotional activities primarily driven by high retirement levels.
- Trainee Firefighters who commenced in August 2024 had concluded their training and were now deployed to identified stations. The next Trainee Firefighter course would commence in Quarter 4 and would include On Call migration and external transfers groups.
- Successful recruitment of Operations Control (OC) personnel resulting in high numbers of applicants and conversion rates.
- Outline of the steps being taken to progress the pending changes to the Protection of Vulnerable Groups Scheme.
- Update on future employment law changes to be brought to the next meeting.

7.1.2 The Committee questioned how the Service reconciles the Target Operating Model (TOM) with duty systems, Service Delivery Review (SDR) and the limited knowledge of daily working activities. LG stated that it was inaccurate to say that there was limited knowledge on daily working activities. Due to the nature of emergency response of frontline personnel, there was a limited ability to programme activities for specific periods. However, there were clear station routines and activities, including community engagement, safety and enforcement and operational intelligence activities undertaken. LG noted that any changes to the TOM or disposition of personnel as a result to SDR would only be understood following appropriate

public consultation and agreement of changes. It was further noted that the current disposition of personnel and resources were based on providing emergency response and legacy provisions. CMcG noted that the risk and demand drives the number of firefighters required, the nature of the station activities and training requirements. CMcG highlighted the use of the 7 week cycle tool that would help stations programme additional training based on their individual capacities, risks and levels of community engagement. This tool would provide an oversight of how individual stations utilised their time.

7.1.3 The Committee noted that it would be helpful to gain a wider understanding of the process in relation to the TOM. The Committee referenced previous discussions in relation to the Performance Management Framework review and how the Committee's involvement would be beneficial to aid their understanding and assurances being taken.

7.1.4 In regard to change in contractual hours for On Call personnel, the Committee queried how the Service would now calculate the Full Time Equivalent (FTE). LG outlined how the Service had previously calculated the FTE and noted that the same logic would be applied to the new bandings. It was noted that consideration would also have to be given to the appliance availability within individual stations.

7.1.5 In regard to disciplinary investigations, the Committee queried the Service's capacity to undertake these processes. LG commented on the challenges relating to capacity and other factors that impact on timescales. LG noted that the Service continues to monitor, review and mitigate where possible.

7.1.6 The Committee commented on the increased vacancy levels within OC and queried whether this was due to individuals leaving to pursue other opportunities or relatively new starts leaving for other reasons. CMcG noted that there was increasing recognition of competency/skill sets within OC personnel, nearing retirement, which were desirable to other organisations

7.1.7 In regard to future trainee courses, LG advised that the Service were still progressing the current pool of applicants. LG further advised that a cross functional working group was looking at the attraction and selection processes for wholetime personnel and targeted recruitment campaigns would commence in summer 2025.

7.1.8 In relation to the evaluation of the Crew Commander promotional process, FM briefly outlined the main issues highlighted from candidates and managers involved in the process. This included providing information ahead of the process to allow individual to prepare, ensuring consistency and calibration particularly if there is a large widespread volume of applicants, and providing in person feedback following interviews.

7.1.9 The Committee commented on the potential for further updates, learning and opportunities to extend the migration process from On Call to Wholetime to be provided at the next meeting. Brief discussion took place on the potential migration of personnel into other functions ie training.

7.1.10 The Committee noted and took assurance from the low level of activity on the confidential phone lines.

7.1.11 **The Committee scrutinised the report.**

(L Mason joined the meeting at 1330 hrs)

7.2 Standardisation of RDS Terms and Conditions

7.2.1 On behalf of the Service, LG extended her thanks to all colleagues across the Service and Trade Unions for their efforts and hard work throughout the process. The Committee also noted their thanks and recognised the staff affected by these changes.

7.2.2 GC and LM presented a report providing an update on the implementation of the standardisation of Retained Duty System (RDS) Terms and Conditions (T&Cs) of employment. The following key points were highlighted:

- Timescale from commencement to implementation date of 1 January 2025.
- Policies relating to Payment for Work Activities and Annual Leave & Public Holiday were implemented on 1 January 2025. A further policy relating to Dual Contracts was deferred to allow further clarity, development of support guidance, etc. This revised policy was currently out for familiarisation prior to going live on 1 April 2025.
- Series of staff engagement workshops were scheduled to help address queries and embedding of the policies.
- Ongoing monitoring of appliance availability and performance trends.
- Improved ability to realise various benefits and efficiencies.
- Positive impact on the rostering system for On Call, launching in November 2025 and SDR.
- Potential re-engagement/recruitment opportunities.
- Outline of the governance and oversight arrangements. Proposed update to be presented to the Committee in approximately 6 months.

7.2.3 In regard to appliance available, it was noted that the revised dual contract policy may impact on the availability levels which could take some time to stabilise, and the Committee should remain aware of this. LM advised the Committee that the recent reduction in availability was partially due to personnel taking their entitled rest periods. It was noted that the new rostering system would provide greater oversight and management of rest periods.

7.2.4 In regard to recruitment, LG noted any recruitment decisions would be targeted and based on local needs, challenges with appliances availability, etc.

7.2.5 The Committee noted that updates would be submitted to future meetings, approximately 6 and 12 months' time. It was noted that this Committee would focus on the performance indicators relating to recruitment and the Service Delivery Committee would oversee the appliance availability data.

7.2.6 The Committee questioned the financial implications of increased recruitment and the overall impact on the budget. It was noted that the On Call Improvement Programme/local management would continue to have oversight of any recruitment and the Strategic Leadership Team would continue to monitor and report any potential financial risks.

7.2.7 The Committee noted that going forward they would look for assurances on the impact and success around the dual contracts process, rostering project and recruitment including attraction, turnover, contract profile types and colleague experience.

7.2.8 **The Committee scrutinised the report.**

(G Clark and L Mason left the meeting at 1355 hrs)

7.3 Talent Pathways

7.3.1 LG presented a report to the Committee to provide an overview of the Service's current approach to talent identification, development, and succession planning along with potential future developments for scrutiny. The following key issues were highlighted:

- Less formalised or established approach to talent pathways and succession planning within the support staff group.

- Overview of the approach taken through the organisational change activity when reviewing operating model within functions. This includes clearer articulation of development pathways and reviewing structures to address single points of failure.
- Overview of the model used by the Finance function and Workforce Planning to predict the uniformed leaver's profile. This informs the recruitment, promotion and succession planning over the coming 12 month period.
- Positive progress and feedback from the Supervisory Management Development programmes.

7.3.2   In regard to secondments, LG noted that there were various development opportunities, both internally and externally, for individuals to broaden their skills beyond their substantive roles.

7.3.3   The Committee queried how the talent strategy addressed disability and neurodiversity. LG stated that the development programme was designed with accessibility in mind. Similarly, any recruitment and promotional process had similar arrangements to provide additional support, if required. FM advised that the Service were currently a Level 2 Employer for Disability Confident and were currently reviewing all processes to ensure that these guidelines were being met.

7.3.4   The Committee questioned how the pace and reach of the management and leadership development training could be increased. LG reminded the Committee of the scale of the supervisory management cadre which would take a significant amount of time to progress. LG noted that consideration was being given to different approaches to release individuals for training, but the Service had to remain mindful of capacity to facilitate the programme and individuals' ability to consume the learning.

7.3.5   In regard to coaching, LG noted the important role that this played in developing talent, however, there was no formal network established. LG further noted that informal coaching/mentoring was taking place within the Service. Discussion took place on the different approaches that could be undertaken and the potential challenges with capacity/capability.

7.3.6   The Committee commented on the Service's corporate volunteering policy and the potential for further information to be brought to a future meeting.

7.3.7   **The Committee scrutinised the report.**

7.4   SVQ External Verification Update
7.4.1   LG provided a verbal update in relation to the SVQ external verification. LG advised that the Scottish Qualifications Authority had recently undertaken a further verification audit. All elements were found to be satisfactory, and areas of good practice were identified. Additional areas for further improvements were highlighted during the audit.

7.4.2   The Committee noted and welcomed the improving position. Consideration should be given for future updates to be provided to the Committee for assurance purposes.

7.4.3   **The Committee noted the verbal report.**

8   EQUALITY, DIVERSITY, CULTURE AND FAIR WORK
8.1   Culture Action Plan – Update Paper
8.1.1   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:
- Correction to the covering report, it was noted that the Strategic Leadership Team had not reviewed the Free Text Report at the 5 March 2025 meeting. This had been deferred to a future meeting.

- Launch of Focus Groups had been delayed due to the lack of volunteers.

8.1.2 In regard to the priority action, the Committee commented on the use of the word candidates rather than colleagues. LB noted that this had been discussed and that candidates was preferred for any external focus.

8.1.3 The Committee commented on the potential risks from a non-diverse or representative workforce. It was noted that a meeting had been scheduled to discuss this issue, and any outcomes would be fed back into the Committee.

8.1.4 In regard to future planned activities, the Committee requested that realistic but demanding timescales be identified. LB commented on the capacity within the Comms functions which was impacting on the planned activities and noted that work was ongoing to resolve the issues. At the recent CDG meeting, LB noted that Comms were tasked to develop a delivery plan, and that the assignment of a Project Manager within the Portfolio Office would help focus activities. The Committee requested that the realistic timeline for future planned activity, including how the value of innovation can be incorporated within our culture, be presented at the next meeting.

ACTION: LB/S O'Donnell

8.1.5 The Committee suggested that future reports should include reference to identifying and sharing good practice. LB welcomed this suggestion and would take this back to the CDG for consideration.

8.1.6 Brief discussion took place on events such as Women in the Fire Service, work with ethnic minority groups, etc to raise awareness of the Service and their role in local communities and recruitment opportunities.

8.1.7 The Committee noted that reference to maternity returners should be expanded to include paternity and adoption leave, etc.

8.1.8 **The Committee scrutinised the report.**

9   TRAINING
9.1   Training Function Update and Performance Report Quarter 3 2024/25
9.1.1 CMcG, introduced RR who presented the high-level overview of the Training function activity and performance over Quarter 3 2024/25 and highlighted the following key points:
- Recent audit on the ISO 9001 Quality Management System where zero non-conformities were reported.
- Update on progress of capital investment in line with the Training Service Asset Management Plan.
- Intention to review training standards under continuous improvement work. This would involve benchmarking exercises, ensuring compliance with legislative requirements, improved planning arrangements and strategic alignment.
- KPI22 and KPI23 (core skills) were reporting an overall increase across all duty groups.
- KPI24 (FDO Module Completion) was reporting a slight decrease during this quarter.
- KPI25 (Incident Command Course Currency) was reporting a slight decrease, and future courses were scheduled in April 2025.
- KPI26 (Core Skills Currency) was reporting an increase.
- KPI27 (Specialist Rescue Currency) reported an overall increase with the exception of one element, Mass Decontamination but this remained above set targets.
- KPI28 (Training Function Currency) was reporting a decrease in completion rates and alternative methods of delivery were being investigated and would be piloted in April 2025.
- KPI29 (Customer Satisfaction Rates) continues to report an increase and customer comments being taken on board.

9.1.2   CMcG gave a presentation to provide a comprehensive overview of the development and competency roadmap for both wholetime and on call firefighters. This would assist in understanding and correlating the roadmap to the People Committee Performance Management Framework (PMF) Key Performance Indicators (KPIs). The following key points were highlighted:

- Misleading terminology of currency and competency which needs to be revised.
- Wholetime Roadmap journey from entry to Service through to competence over a 3-year period.
- Explanation of the 5 phases on the training journey to become a competent firefighter including the additional layers required to ensure whole crews were competent.
- On Call Roadmap had the same standards and timescales with some adjustments to the delivery methods.
- Outline of additional training/skills required to underpin firefighters competence including how they are obtained, maintained and monitored.
- The current KPI for specialist skills provide data on performance against the programme of events that individuals are expected to undertake. Personnel movements between stations impact on this data due to the individual's skills set.

9.1.3   The Committee commented on the overuse of the term competency and the need to focus on using the correct language.

9.1.4   The Committee queried how the Service planned and maintained appropriate skills across crews and stations. CMcG noted that resilience was built into the system which was evident from specialist skills reporting at 130%.

9.1.5   In regard to the SVQ, LG advised that there were comparable qualifications within the other UK fire and rescue services.

9.1.6   In regard to the timescale required to achieve competency, CMcG noted that the 3-years were appropriate due to the volume of material/learning required, practical and observational elements. RR further noted the co-dependence with the completion of the training for operational competence framework which is progressed over a 3-year period.

9.1.7   It was noted that On Call personnel were not offered the opportunity to undertake this qualification due to the challenges involved in achievement. LG noted that On Call migrating into Wholetime could potentially achieve the qualification quicker due to their previous experience.

9.1.8   Brief discussion took place on the Training function capacity to flex to meet the needs of the Service and the advantages of training instructors being multi disciplined.

9.1.9   LG advised that there was a small number of reservists registered within the Service.

9.1.10 **The Committee scrutinised the report.**

9.2   Training Function Presentation – FF Currency/Competency
9.2.1   This item was presented and discussed under Agenda item 9.1.

(Meeting broke at 1455 hrs and reconvened at 1500 hrs)

10   SAFETY AND ASSURANCE
10.1   Safety and Assurance Performance Report Quarter 3 2024/25
10.1.1 JH presented the Safety and Assurance Performance Report Quarter 3 2024/25 to provide an update on key projects of works across the function to support Safety and Assurance KPIs. The following key areas were highlighted:

- Recent operational assurance work including key learning and recommendations arising from this.
- Reviews of legal register and guidance.
- KPI50 (verbal attacks) and KPI51 (physical attacks) increased during Q3, which is not uncommon however, physical attacks increased significantly. Review to be undertaken to identify the reason for this.
- KPI52 (RIDDOR) remained consistent within Q2 with 3 incidents.
- KPI53 (Accident/Injuries) reported a decrease in Q3 which was similar to previous years and analysis was being undertaken to identify any reasons for this.
- Launch of LCMS Assessors Manual Handling training module
- KPI54 (near miss) reported a slight increase, and reporting would continue to be promoted through the Safety and Assurance Groups.
- KPI55 (vehicle events) reported a slight increase. Training equipment has now been published for each service delivery area and low speed manoeuvre training would be rolled out in the new financial year. Low Speed Manoeuvre handbook was nearing completion and would be published in due course.
- KPI56 (health and safety improvement plans) continued to report a decrease over the last 2 quarters.
- KPI19 (operational assurance) would be reviewed to assess the value of this indicator.
- Organisational Learning Group (OLG) update noting the closure of 12 actions.
- Health and Safety Executive 50th Anniversary and key message from HSE.
- Update on Event investigations and OA13 Outcomes.

10.1.2 The Committee noted and welcomed the format and information within the report.

10.1.3 In regard to increased physical attacks during Q3, the Committee queried whether these incidents where prevalent in certain areas and what learning could be taken from these incidents/other blue light services. JH noted that the Service recorded the lowest number of incidents across the blue light services and that the dual attendance with Police Scotland may have impacted negatively on the number of incidents. JH further noted the work undertaken by Local Senior Officers within their local area to raise awareness and reduce any incidents. CMcG advised the Committee that the Service were engaging with Dr Richardson, who was undertaking a UK wide study of attacks on firefighters.

10.1.4 In regard to operational learning, the Committee noted that several actions raised since 2019 were still outstanding. JH noted that the Service had changed since the initial recommendations were made. As such, some of the actions had evolved into a larger piece of work and had not directly been addressed. Brief discussion took place on the wider issue across the Service relating to the timescale for recommendations to be addressed. It was noted that the Service should show due regard to recommendations, and the ability to fully address and close them. The Committee requested an update to provide clarity on any outstanding actions raised between 2019-2022 to be featured within the next report.

ACTION: CMcG/JH

10.1.5 The Committee commented on the benefit of raising public awareness of attacks and potential training opportunities. CMcG noted that due to the seasonal increase in attacks seen in Q3, there was a targeted and collaborative approach taken to messaging across the blue light services.

10.1.6 **The Committee scrutinised the report.**

(F Munro and R Robison left the meeting at 1515 hrs)

10.2   **Contaminants Update**

10.2.1 CMcG presented the report providing an update on the management of contaminants and highlighted the following key areas:

- Summary of work being carried out under the guidance of the National Fire Chiefs Council (NFCC).
- Fire Contaminants Standard Operating Procedure (SOP) had been issued for familiarisation. The collaborative approach taken within this area was noted and welcomed. It was recognised that the impact of the SOP would be continually monitored and evolved as appropriate.
- Thematic inspection to be undertaken after a suitable period to allow the SOP to be fully embedded.
- Related to the CivTech project, biological and physiological monitoring devices would help track exposure and effectiveness of control measures.

10.2.2 In regard to the CivTech monitoring devices, JH advised that volunteers would be sought from BA instructors and course participants due to the controlled environment of the training course. The exposure tracker would be offered, still on a voluntary basis, to a wider training courses/centre. It was noted that the equipment was a prototype and would be limited to controlled environments initially.

10.2.3 CMcG commented on the additional equipment which will be used to track physiological impact on individuals. It was noted that a display or demonstration would be given to the Service Delivery Committee in due course.

10.2.4 JH advised that CivTech were the main funders, however the Service had some initial investment. JH further advised that Legal Services were reviewing the intellectual property aspects.

10.2.5 **The Committee scrutinised the report.**

(R Robison left the meeting at 1525 hrs)

11   AUDIT/INSPECTIONS

11.1   HMFSI Inspection Action Plan Updates and Closing Reports

11.1.1 JH and LG presented the report updating the Committee on the progress against the action plans developed in response to the HMFSI Reports relating to Health and Safety: An Operational Focus and the Mental Health and Wellbeing.

11.1.2 JH advised the Committee that only one action remained outstanding for the Health and Safety action plan and remained on track for completion by the amended due date. JH outlined the reason for the delay.

11.1.3 CMcG reflected on earlier discussions in regard to how information was presented in order to provide greater understanding on the work being undertaken to achieve the recommendation.

11.1.4 With regard to the Mental Health and Wellbeing action plan, LG advised the Committee that due to prioritising the Wellbeing Recovery work, most of these actions have not been progressed. LG further advised that HMFSI were aware of the situation and were content that the action plan would be refreshed/rebaselined following stabilisation of the Wellbeing Recovery work. LG confirmed that the refreshed action plan would be available for the September 2025 meeting and that an update on indicative timings would be provided at the June 2025 meeting.

ACTION: LG/F Ross

11.1.5 LG outlined the challenges in securing a Chair for the Mental Health and Wellbeing Group and that this would be revisited as part of the refresh of the action plan.

11.1.6 **The Committee scrutinised the report.**

11.2 Internal Audit Updates

11.2.1 LG presented the report updating the Committee on the progress against the action plans relating to internal audit and inspections where the People Directorate is the lead area of the organisation. The following key points were highlighted:
- Sickness Absence Management: Action plan had been completed.
- Equality, Diversity and Inclusion: Evidence relating to the final outstanding action had been provided to Azets for review and closure.

11.2.2 In regard to the Equality, Diversity and Inclusion action plan, the Committee confirmed that, subject to Azets acceptance of the evidence and approving closure, there was no requirement for a formal report to be brought to the next meeting.

11.2.3 **The Committee scrutinised the report.**

(K McCartney joined the meeting at 1540 hrs)

12 PEOPLE COMMITTEE RISK REGISTER

12.1 Committee Aligned Directorate Risk

12.1.1 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 5 risks reporting risk ratings of 15 or above. The following key points were highlighted:
- POD020 (Capacity to support high priority workstreams): Control actions were being considered to manage this risk.
- POD015 (Pensions): One control action was overdue due to being outwith the Service's control, however the Service continues to work closely with Scottish Public Pension Agency on this issue.
- FCS022 (finance/procurement recruitment/retention): Consideration to be given to improve awareness of benefits, wider work package, etc over and above base salaries. Market allowance would continue to be explored. Restructure within finance and procurement teams to address recruitment challenges.
- TSA019 (maintain/improve training delivery due to facilities): Recent reduction in risk rating to 16 due to the introduction of the Training SAMP. Control actions have been reviewed to better reflect the current position.
- FCS018 (maintain/improve training delivery due to capacity): Increased risk rating to 16 due to work being undertaken to move courses/learning online.

12.1.2 The Committee noted and welcomed reference to the prioritisation exercise undertaken in regard to business as usual/project activities within the People Directorate.

12.1.3 **The Committee scrutinised the report.**

12.2 Risk Spotlight: Operational Control Staffing

12.2.1 KM presented the risk spotlight to provide an update on the risk of a non-resistant Operations Control (OC) due to insufficient number of employees and an ineffective OC structure. The following key points were highlighted:
- OC TOM had recently increased to 174 plus an additional 15 temporary firefighters during the implementation of the new mobilising system. Staffing levels, when fully established, are 8, 9 and 11 at Dundee, Edinburgh and Johnstone, respectively. These levels reflect the operational demand within the 3 service delivery areas.

- Current OC establishment levels were 154 and staffing levels regularly fall to 6, 7 and 9 respectively. When levels may drop to critical level (3 per watch), this is managed through maintenance of skills, overtime and balancing of shifts.
- Workforce demographics are 82% female and 18% male. This increases the likelihood of personnel requiring adjustments via New and Expectant Mother Management Arrangements, etc. Level of OC staff currently on maternity level was 5% (8 individuals).
- Recent recruitment campaign reported a demographic split of 50% male and female. Demographics of successful candidates were 66% female and 33% male.
- OC service delivery was facilitated through the 5-watch duty system. Due to the geographical spread, OC were not able to access some staffing resilience options such as detached duties, transfers, etc. Existing resilience measures such as diverting calls, buddy arrangements, etc are stood up as required.
- Implementation of the new mobilising system would offer greater interoperability options.
- Abstraction rates over the last 2 years remain high at 21.1% with regular analysis of absence rates being undertaken.
- Recognition of impact on staff due to shortages, etc and noted the various support mechanisms available.
- Recognition of impact staff to demonstrate continuous improvement, undertake training and development opportunities whilst maintaining operational delivery needs.
- Recognition of the importance of leadership development.
- Recognition of the learning to be gained from exit interviews to understand reasons for individuals leaving the Service.

12.2.2 The Committee queried whether the TOM was accurate and how the Service compared to other UK fire and rescue services (FRS) and other public services. KMcC noted that similar challenges were being seen across other UK FRS. CMcG advised the Committee that the TOM was appropriate for the existing 3 independent OC sites. However, the Service would remain mindful that this may change following the implementation of the new mobilising system.

12.2.3 KMcC commented on sharing/standardisation of learning across individual OC, exposure of OC personnel to wider parts of the organisation and representation on Service wide and national forums. KMcC noted that these opportunities had to be balanced with operational needs.

12.2.4 **The Committee scrutinised the report.**

(K McCartney left the meeting at 1600 hrs)

13 PARTNERSHIP WORKING
13.1 Employee Partnership Forum (EPF)
13.1.1 MW advised the Committee that the last scheduled meeting for 10 February 2025 had been stood down due to no items being tabled.

13.1.2 MW and LG attended a constructive meeting with Rep Bodies and a further meeting would be scheduled in due course.

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

13.2 Partnership Advisory Group (PAG)
13.2.1 LG advised the Committee that the next scheduled meeting on 13 March 2025 had been stood down due to no items being tabled.

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

14 FORWARD PLANNING
14.1 Committee Forward Plan Review
14.1.1 The Committee considered and noted the Forward Plan.

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

14.2 Items for Consideration at Future IGF, Board and Strategy Meetings
14.2.1 There were no items identified.

15 REVIEW OF ACTIONS
15.1 CC confirmed that there were 3 formal actions recorded during the meeting.

16 DATE OF NEXT MEETING
16.1 The next meeting is scheduled to take place on 5 June 2025.

16.2 There being no further matters to discuss, the public meeting closed at 1600 hrs.

REPORTS FOR INFORMATION ONLY:
The following reports were provided for information only and were taken as read.
- People Policy Review Update
- Training Continuous Improvement Programme – Update Report
- Training Function Policy Review Schedule
- Safety and Assurance Documents Forward Planning Schedule

(Public meeting broke at 1600 hrs and reconvened in Private session at 1605 hrs)

PRIVATE SESSION)

17 MINUTES OF PREVIOUS PRIVATE MEETING: THURSDAY 5 DECEMBER 2024
17.1 The minutes of the private meeting held on 5 December 2024 were approved as a true record of the meeting.

18 PRIVATE ACTION LOG
18.1 The Committee noted that there were no outstanding actions.

19 REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE (RANSc) UPDATE
19.1 The draft minutes of the RANSc meeting on 5 December 2024 had been circulated to the Committee and a verbal update from the meeting on 6 March 2025 was provided.

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

20 WELLBEING RECOVERY PLAN
20.1 LG presented a report to the Committee to update on the Wellbeing Recovery Plan being implemented to address the outcomes of the Wellbeing Audit. LG noted that JH was providing support and leading on engagement with the HSE.

20.2 **The Committee scrutinised the report.**

21 KEY CASE UPDATES 2024/25 – QUARTER 3
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.**

There being no further matters to discuss, the private meeting closed at 1625 hrs.

On behalf of the Committee, the Chair extended her thanks to Liz Barnes for her support and hard work during her tenure and wished her well for her pending retirement.

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

PUBLIC MEETING – SERVICE DELIVERY COMMITTEE

TUESDAY 25 FEBRUARY 2025 @ 1020 HRS

CONFERENCE ROOM, MOTHERWELL COMMUNITY FIRE STATION, AREA HEADQUARTERS, DELLBURN STREET, MOTHERWELL, ML1 1SE / VIRTUAL (MS TEAMS)

PRESENT:

Tim Wright, Chair (TW)	Andrew Smith (AS)
Madeline Smith (MS)	

IN ATTENDANCE:

Andy Watt (AW)	Deputy Chief Officer
David Farries (DF)	Assistant Chief Officer, Director of Operational Delivery
Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
Jonathan Henderson (JH)	Assistant Chief Officer, Director of Prevention, Protection and Preparedness
Richard Whetton (RW)	Head of Governance, Strategy and Performance
Chris Fitzpatrick (CF)	Business Intelligence and Data Services Manager (Item 10.1 only)
John Joyce (JJ)	HMFSI
Jim Quinn (JQ)	Area Commander, Local Senior Officer Lanarkshire (Item 7.1 only)
Marysia Waters (MW)	Head of Corporate Communications (Items 11 & 12 only)
Carol Wade (CW)	Information Governance Manager (Items 11 & 12 only)
Chris Casey (CC)	Group Commander, Board Support Manager
Heather Greig (HG)	Board Support Executive Officer
Iona Milne	Business Support Executive / Minutes

OBSERVERS

None

1 WELCOME

1.1 The Chair opened the meeting and welcomed those present and participating 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

2.1 Angelina Foster, Board Member
Paul Stollard, Board Member
Robert Scott, HMFSI

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

3.1 The Committee agreed there were no items to be taken in private.

4   DECLARATION OF INTERESTS
4.1   There were no declarations of interests.

5   MINUTES OF PREVIOUS MEETING: 26 NOVEMEBER 2024
5.1   The minutes were agreed as an accurate record of the meeting. The word 'instant' within bullet point 4 of paragraph 11.1 should be amended to read 'incident'.

5.2   MS queried paragraph 13.1.2 in relation to the Risk item. It was confirmed that Risk was a standing item on the agenda but would be considered as necessary for each meeting.

5.3   **The minutes of the meeting held on 26 November 2024 were approved as a true record of the meeting subject to the above amendment.**

6   ACTION LOG
6.1   There were no outstanding actions on the action log.

8   SERVICE DELIVERY
8.2   <u>Local Senior Officer Performance Overview</u>
8.2.1   Due to technical issues and the delayed start of the meeting, agenda item 8.2 was taken at this juncture to enable JQ to attend other commitments.

8.2.2   JQ provided a verbal overview regarding Local Senior Officer (LSO) Performance in the Lanarkshire area and highlighted the following:

- JQ is the Area Commander for Lanarkshire which has 8 wholetime stations and 11 on call stations and covers 2 Local Authority areas.
- Good relationships with both North and South Lanarkshire Chief Executives.
- JQ, alongside a Police Scotland representative, Chairs and Co-Chairs the Strategic Leadership Board in North Lanarkshire. An outcome of this was a collaborative approach to water safety across Lanarkshire.
- The LSO team were keen to progress innovation.
- There were setbacks to the document conversion work in 2017, but this was now back on track and the team were looking at the document suite.
- 3 priorities for the LSO were On Call, Home Fire Safety Visits (HFSV) and introduction to the realistic training programme.
- A HFSV referral pathway in the Lanarkshire area has been produced which is now being rolled out across the Service.
- Realistic training programme ensures there is a realistic training space in a relaxed environment which also enables multi agency exercises to be undertaken.
- Innovation is key throughout the whole Service.

8.2.3   The Committee queried the amount of flexibility available to explore innovation. JQ advised that it had improved with support from the new Strategic Leadership Team who have asked LSO teams to look at areas that can be improved.

8.2.4   The Committee asked how innovation at a local level is percolated through the rest of the Service. JQ advised that structures are in place and it is disseminated through these processes. JQ provided an example of where innovation was rolled out.

8.2.5   The Committee asked how JQ liaised with other LSOs. JQ advised that the LSO's within the West Service Delivery Area attend fortnightly meetings where discussions take place to discuss good practices etc.

8.2.6   The Committee asked how JQ ensures the wider Service are made aware of innovative ideas that can be taken forward. JQ advised these would be captured through the LSO meetings.

8.2.7   The Committee noted the good partnership relationship and asked for further information around that. JQ advised that a meeting takes place every 4 weeks with Local Authority leads, Police Scotland and NHS where partners can discuss any challenges that they are facing and provide support to ensure initiatives such as the Wishaw event can be implemented.

8.2.8   DF noted that the Service recognised the need for innovation and highlighted the work undertaken around the realistic training environment which had now been rolled out across the Service.

8.2.9   The Committee asked how the Service makes sure that conversations with partners are taking place. RW advised there is a lot going on and there is an annual report that has been produced which highlights a summary of the significant volume of work that is undertaken. The Committee noted the time and effort that goes into making those partnerships. JH advised that conversations need to be made at all levels.

8.2.10   With regards to the partnership report and having to summarise the work ongoing, AW advised that conversations required to be held on how to use the data in regard to performance. RW advised that there is an audit recommendation in relation to this which relates to the CSET system. The intent is to improve the capture process to reach a richer narrative.

8.2.11   The Committee enquired as to the approach taken to maintain existing relationships when an LSO is replaced. JQ advised that partner organisations recognised the need to maintain positive relations and these were continued through the weekly meetings and regular conversations that take place.

8.2.12   With regards to mental health in the community, the Committee asked if JQ considered the role of the Service was evolving. JQ believed that recognition of mental health issues was improving and was an area of focus. JQ noted the mental health champions within the Service who were intrinsic to the organisation and the impact of fire risk and prevention. AW advised that work was ongoing around trauma to ensure that staff were prepared to deal with these types of incidents and this was being monitored through the People Committee. JH advised that this work was evolving and conversations were taking place with partner organisations.

8.2.13   DF thanked JQ for his contributions over the years ahead of his impending retiral.

8.2.14   **The Committee scrutinised the report.**

7   INSPECTIONS/AUDITS
7.1   Update From HM Fire Service Inspectorate
7.1.1   JJ presented the report to the Committee to provide an update on HMFSI inspection and reporting activity. The following key points were highlighted:

- HMFSI currently has 3 ongoing inspections. The findings of these reports will be issued in summer and autumn 2025.
- The Chief Inspectors Plan would be published in April 2025.

7.1.2   The Organisational Culture report is due to be published in summer 2025 however the Chief Inspectors Plan referred to a publication date of December 2025 which the Committee queried. JJ confirmed the Organisational Culture report is anticipated for summer 2025 and would confirm the anticipated publication date for the Chief Inspectors Plan.

7.1.3   The Committee noted the external stakeholder interviews carried out in relation to the North Service Delivery Area (SDA) inspection and asked who took part in the interviews and if it had been the same for all the SDA inspections. JJ confirmed that it had been the same for all the SDA inspections and advised that a range of stakeholders had been interviewed such as local authorities, police, coast guard etc.

7.1.4   The Committee noted Group Commander Lynne Gow, who was seconded to HMFSI had returned to the SFRS and asked if HMFSI were able to carry out the inspections due to this. JJ advised that HMFSI have the capacity to deliver what has been set out in the Chief Inspectors Plan and thanked the SFRS for allowing secondments to HMFSI.

7.1.5   **The Committee noted the report.**

7.2   HMFSI Inspection Action Plans Update
7.2.1   RW presented the report to the Committee providing an update on the following action plans:

7.2.2   Firefighting in High Rise Buildings
At the last meeting there was one outstanding action which related to the standard operating procedure for high rise which is now closed. The overall action plan is now blue and complete.

7.2.3   Climate Change Impact
One remaining action which related to the delivery of vehicles, at the previous meeting it was proposed to close. Action plan now blue.

7.2.4   Contingency Planning for Industrial Action
The outstanding action related to an exercise of plans and was proposed to close the action.

7.2.5   East Service Delivery Area
No actions have been completed in the last period, the one remaining action is related to RAAC which has been discussed at previous meetings. Overall, the action plan rating is green.

7.2.6   West Service Delivery Area
Action 17 changed to amber due to a delay as a result of conflicting work priorities with a new timeline proposed. Action 20 marked green; however, it is linked to a long-term piece of work within the Service. A timeline due date has been proposed to change it to September 2026. Action 21 review of national recruitment standards and terms and conditions is progressing and marked green but is a long-term piece of work. Action 27 tactical ship firefighting has moved to amber due to a slip in the original timescale. A new timescale has been proposed.

7.2.7   The Committee asked what the Service's responsibilities were in relation to areas of water and shipping incidents. DF advised UK waters were not classified as SFRS area and only become involved in ship firefighting when a vessel is alongside land. DF explained why action 27 was developed and advised there were a different set of circumstances if it is within a military establishment.

7.2.8   Regarding ferries, DF confirmed that once a ferry sets sail from port is it no longer SFRS responsibility. DF noted that there was ongoing work around lithium ion battery technology and as part of this SFRS have a responsibility to assist agencies for them to be as safe as possible. SFRS are in dialogue with ferry operators to look at what the plans would be and how they would take a vessel into SFRS jurisdiction.

7.2.9 Regarding action 20 the Committee noted the revised due date would be September 2026 and asked if there were any milestones where if sufficient progress had been made, the action could be closed off. AW advised there were a number of actions that could be closed off rather than leave them open for an extended period of time. RW advised that he and CF had met with the HMFSI team around the issues of process and have agreed a new part of the process in terms of data flow and date capture. The BI team will be the point of contact rather than local contacts which will be easier in terms of quality control. RW and HMFSI would meet next week to discuss whether the process can be adjusted slightly to make it easier for HMFSI to see what actions are being taken and that due regard is being given which could lead to the action being closed.

7.2.10 The Committee were content for the proposed actions to be closed and to extend the recommended due dates.

7.2.11 **The Committee scrutinised the report.**

8 SERVICE DELIVERY
8.1 Service Delivery Update
8.1.1 AW introduced the update report detailing relevant matters from an SFRS Service Delivery perspective, which comprised Operational Delivery, Prevention, Protection and Preparedness and Training, Safety and Assurance Directorates. The report covered the period from November 2024 to February 2025, albeit some issues may precede and extend beyond this period.

8.1.2 The Committee noted there were 9 candidates to commence the On Call migration course and asked if this would continue or if it was just a small pool of candidates and if the prep programme would be rolled out nationally. DF advised that migration was now a tool that would be used in terms of recruitment and would provide opportunity for existing employees to be transferred to areas of need and where gaps have been identified. DF advised the prep programme had been rolled out across the organisation however different areas were at different stages due to the various start dates of the process.

8.1.3 The Committee highlighted the critical faults linked to Airwave connectivity at Edinburgh Operations Control (OC) and queried if this was an area of concern or if it had been addressed. DF advised that the faults were not directly linked to Airwave and occurred within all OC's with peaks and troughs over time. It was noted that the system was working at full capacity and when work was being undertaken on the system it created faults, however, the faults had not escalated the risk and there was no indication that this was a long-term challenge. JH advised that teams were working together to make sure they understood the issues and did not make anything worse while implementing new systems.

8.1.4 The Committee enquired if a report would be provided in relation to the review of staff performance and working efficiencies within the Operational Intelligence Unit. JH advised that the review had been undertaken internally and completed in December 2024. The trial period had started in January 2025 however although there was no specific report available the review would inform future activities in this area to generate more efficiencies. In terms of assurances around this, JH advised that a formal review of the year would be undertaken at the end of 2025 and a further one in 2026 which would provide a full evaluation of how the team were performing and the efficiencies created by undertaking activities differently.

8.1.5 Regarding the activities application JH noted that data would be fed back through normal reporting structures for scrutiny by and assurance to the Committee.

8.1.6   The Committee asked for some clarification on the challenges around the impact of short term lets. JH noted the demand on resources and time to interpret the legislation and conversations were taking place with Scottish Government to convey the implications for the team. The Committee asked who was responsible for undertaking the work. JH confirmed it was the auditing officers. With regards to any increase in work around short term lets, JH noted the legislation was new however once it became more embedded as business as usual it should be more manageable moving forward. DF highlighted the pilot scheme being carried out within the Highland area to train some On Call firefighters to start the process of the short term lets. The Committee asked how the team educate those that are affected. JH advised that there was information on the SFRS website and support was offered to help individuals achieve what they need to do however as the Service was the enforcement body against the legislation it was the responsibility of the duty holder/owner to comply with legislation.

8.1.7   The Committee noted there had been multiple lithium-ion incidents in the same area and enquired how the incident debrief cascaded through and if it would potentially lead to asking Scottish Government for additional regulation. JH advised that the teams have visited the site multiple times in the last 10 years and issued notices of improvement which the site had followed up on and were for the large part compliant with the elements required. From an SFRS perspective it was considered that the Service were doing all that could be done. AW advised that an electrical infrastructure group had been established and was currently in the research phase. CMcG highlighted the Operational Assurance procedure.

8.1.8   **The Committee scrutinised the report.**

(C Fitzpatrick joined the meeting at 1135hrs)

9   SERVICE DELIVERY PERFORMANCE REPORTING
9.1   Quarterly Performance Report for Q3 2024-25
9.1.1   AW presented the quarterly performance report for quarter 3 of 2024-25.

9.1.2   The Committee asked for assurance around the growing incident type pattern and requests for resources in relation to KPI30 Assist other agency incidents and KPI31 Effect entry/exit incidents. CF noted that KPI31 included call outs to assist with medical responses and incidents involving suicide. CF added that incidents of this type could be recorded by one crew as an assist other agency, whereas another crew may record it as a medical response. It was noted that incidents of this nature had increased significantly since 2009/10 and particularly during the period when the Service was involved in the Out of Hospital Cardiac Arrest trials.

9.1.3   The following key points were highlighted:

- 60% of all calls received were interagency calls (40% originate from Scottish Ambulance Service (SAS) and 20% from Police Scotland (PS)) compared to 15% and 16% respectively in 2009/10.
- 35% of all calls received originated from public landlines or mobile telephones compared to 57% in 2009/10, however the number of calls received had increased with the time of day an influencing factor rather than day of the week.
- For every 1,000 incidents recorded, there were 40 fatalities.
- Average of 100 casualties were recorded per 1,000 interagency incidents.
- The noted increases were being absorbed within workloads but demonstrated the changing role within communities.
- Started to deliver effective entry training and working with partners to understand what this looks and feels like and the relevant skill set required.
- SFRS may be deploying resources to non-traditional incidents and recording them under this category.

- RW highlighted that this sits within demand management within public services and that he and CF were starting to consider this area in terms of horizon scanning and would form part of the Digital, Data and Technology (DDaT) work however it would require resource and data.

9.1.4   Regarding KPI14 the Committee noted the rising response times within the West and queried the reason for this. DF considered that a number of complex factors could contribute to this however the situation was being monitored. JH advised that when previously attending UFAS calls these would be in bult up areas and the response times would be good however taking those calls out of the system can naturally lead to increased response times. AW advised that there has been an increase in wildfires, flooding and severe weather incidents which could also have an effect on response times. CF agreed and advised that although response times appear to be increasing within the West the response times are reporting around 8 minutes whereas response times within the North were reporting at 10 minutes, therefore rurality was a factor. CF noted this was a UK wide issue and the Home Office was unable to pinpoint what was driving the increase in response times. RW shared the statistics from the research undertaken by the Home Office around this.

9.1.5   **The Committee scrutinised the report.**

(C Fitzpatrick left the meeting at 1215 hrs)

9.2   Unwanted Fire Alarm Signal Report
9.2.1   JH presented a report to the Committee to provide an update on the progress against the work plan and give an overview of performance following the implementation of the new Automatic Fire Alarms (AFA) response model. The following key points were highlighted:

- Prior to 2023 there were approximately 28,000 UFAS incidents attended which equated to 31% of operational activity. Since the changes this now equates to 18%.
- When the policy was implemented, the goal was to achieve a 15% reduction however a 54% reduction has been realised with around 35 UFAS calls now received per day compared to 78 previously.
- This report reflects the last 12 months of work and is not a final report.

9.2.2   The Committee asked for clarity on some of the percentages provided within the report and advised that some caution be given when headlining numbers. JH provided clarity.

9.2.3   With regards to technological signs of fire the Committee enquired if there was any sanction or additional training that could be provided to help identify this type of incident. JH advised that the policy was built around engagement and education and the SFRS work with those responsible to try and minimise calls and take appropriate action where legislation allows.

9.2.4   The Committee noted that there had been 9000 hours released that could be focused on training and asked if there were other activities being undertaken with this time. JH advised it was difficult to classify as there had been an increase in training and the quality of training however it had freed-up time to undertake further prevention based activities. The next step would be to undertake a more detailed/academic evaluation of activities. The Committee intimated that future initiatives should be clear on how benefits are measured.

9.2.5   The Committee asked if saving had been quantified. JH advised that the turn out for these incidents was around £300 per turn out which included crewing, fuel etc and there have been around 5000 less calls which equates to around £50,000. Looking at the pay budgets for On Call for the whole year there has been a saving of just over £1 million.

9.2.6   The Committee enquired if station level data had been captured around changes related to UFAS and if there were any developing trends or patterns. JH advised that station level data captured incident types however trends and patterns were dependent upon the area. It was noted that there was no significant impact from the UFAS changes to any particular station. With regards to how learning was capture, JH advised that it feeds into operational delivery through the performance reporting. JH noted this report was based on the end of the 12 month period and there was an expectation of a similar report in a further 12 months that would build on the next steps. JH referred to the recommendations contained within the report.

9.2.7   Regarding the peak times detailed within the report the Committee asked about any prevention activities connected to this. JH advised that the peak times were when there was higher electrical/cooking activity such as meal times and staff were engaging with care homes in order to try and reduce this. Care homes were high risk premises and received regular visits.

9.2.8   The Committee asked if the UFAS data was benchmarked with other services. JH advised he was one of the leads for UFAS in the National Fire Chiefs Council (NFCC). JH noted SFRS was a unique Service due to its size and received significantly more calls than other Services. It was noted that some Services were reluctant to expand into this work due to potential negative perceived impacts on their response times. There were Services at different stages but there was scope to learn from other Services.

9.2.9   **The Committee scrutinised the report.**

          (JH left the meeting at 1235 hrs.)

10   SFRS COMPLAINTS ANNUAL REPORT 2023/24
10.1   CW presented the report to provide the Service Delivery Committee with the 2023/24 complaints annual report and highlighted the statistics within the report.

10.2   The Committee asked if the team monitor social media for complaints. MW advised that the corporate accounts managed by the Comms team were monitored however affiliated accounts were not at present as there were too many. This would be considered as part of the social media review to be undertaken later in the year.

10.3   The Committee enquired if the benchmarking piece with New Zealand would progress. CW anticipated that the benchmarking piece would be progressed.

10.4   The learning which had resulted from the driving themes was noted and the Committee asked if there were any other areas of learning that could be picked up from emerging themes. MW advised that trends were examined and provided an example.

10.5   In regard to benchmarking the Committee enquired if the Scottish Ambulance Service (SAS) had been considered. MW noted that SFRS would need to have decades of data to obtain the same amount of data that SAS had to be able to benchmark against systemic issues.

10.6   The Committee enquired if SFRS Board members ever had the opportunity to look over the complaints and if not, would this be feasible. CW advised that GDPR required to be taken cognisance of to ensure individuals were not identified from a particular complaint, hence including examples within the annual reports could be difficult. RW suggested a discussion with the Chair of the Board in terms of the annual review process.

10.7   **The Committee scrutinised the report.**

11   SFRS COMPLIMENTS ANNUAL REPORT 2023/24

11.1   CW presented the report to provide the Service Delivery Committee with the 2023/24 compliments annual report and highlighted the statistics within the report.

11.2   The Committee asked for assurance that compliments were passed to the relevant colleagues. CW advised that compliments received through the Information Governance team were passed to the LSO/Head of Function to pass to the relevant individual(s) and complimentary stories also appeared in the different staff communications.

11.3   The Committee asked if there were any additional measures than could be put in place to encourage compliments received being shared more widely. MW advised that stories were issued to local media, were included in the staff brief and posted on iHub. It was noted that work was ongoing to capture compliments received at station level via thank you cards etc, however, the challenge would be in capturing verbal compliments received by operational crews.

11.4   **The Committee scrutinised the report.**

(M Waters and C Wade left the meeting at 1310hrs)

12   DRAFT PREVENTION STRATEGY

12.1   As JH had left the meeting, the Chair proposed that Committee members send any feedback directly to JH.

13   OPERATIONAL USE OF RESEARCH, DEVELOPMENT AND INNOVATION

13.1   RW provided a presentation on Research, Development and Innovation (RDI) and a brief background on CivTech and examples of RDI activity within the Service.

13.2   The Committee asked how quickly an innovative idea such as smart helmets could be deployed and what the timeline would be. DF advised the research stage was important and being part of the NFCC was beneficial for contributing to developing new products. The timeline was not quick as testing was required and raised questions around whether the Service wanted to buy off the shelf or have input as to how the fire sector developed.

13.3   RW noted that the Service were being contacted by companies in relation to robotics and asking what solutions we would be interested in which had not happened previously.

13.4   The Committee were encouraged to see the prioritisation of innovation and future investment in it.

13.5   With regards to innovation social development becoming business as usual, RW advised that there is a strong sense of desire from colleagues across the Service and this would be embedded through providing structure and opportunity. RW highlighted that London Fire Brigade had recently started to build in elements of data literacy into the firefighter job description.

13.6   **The Committee noted the presentation.**

14   SERVICE DELIVERY RISK REGISTER

14.1   **Risk Update Report**

14.1.1 AW presented a report to the Committee containing the identified Directorate risks and controls aligned to the business of the Committee. The following key points were highlighted:

- A new risk (PPP05) which was in relation to the risk of an insufficient level of qualified fire engineers. Control measures to address this were included within the paper.
- SD001 has 3 control actions in red due to timing. These were around the New Mobilising System which was progressing well, the implementation of the DSE1000 which was progressing and almost complete and the control action around disaster recovery system with a solution currently being worked on.

14.1.2   **The Committee scrutinised the report.**

15   FORWARD PLANNING
15.1   **Committee Forward Plan**
15.1.1   The following items were added to the forward plan:

- Marmot to be added tentatively for 12 months' time.

The following items would be removed from the forward plan:

- UFAS to be removed as a standing agenda item.
- XVR

15.1.2   **The Committee noted the forward plan**.

15.2   **Items for Consideration at Future Integrated Governance Forum, Board and Strategy/Information and Development Day Meetings**
15.2.2   There were no items for consideration.

16   REVIEW OF ACTIONS
16.1   CC confirmed that there were no formal actions recorded during the meeting.

17   DATE OF NEXT MEETING
17.1   The next meeting is scheduled to take place on Wednesday, 28 May 2025.

17.2   There being no further matters to discuss, the public meeting closed at 1340 hours.

SCOTTISH FIRE AND RESCUE SERVICE	
The Board of Scottish Fire and Rescue Service	SCOTTISH FIRE AND RESCUE SERVICE *Working together for a safer Scotland*

Report No: B/SPPC/04-25

Agenda Item: 11

Report to:	THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE	
Meeting Date:	**24 APRIL 2025**	
Report Title:	**ANNUAL GOVERNANCE REVIEW OF BOARD AND COMMITTEE RELATED ITEMS**	
Report Classification:	**For Decision**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**
		A B C D E F G

1	Purpose
1.1	The purpose of the report is to present the Annual Governance Review of Board and Committee related items to the Scottish Fire and Rescue Service (SFRS) Board, for decision, thereby ensuring the continued effectiveness of governance arrangements.

2	Background
2.1	An annual review is conducted of governance documentation related to the Board and Committees of SFRS, as our continued commitment to upholding high standards of corporate governance, continuous improvement and effectiveness, to ensure we are achieving our intended outcomes in compliance with statutory requirements.

3	Main Report/Detail
3.1	This year's review was undertaken and led by the Board Support Manager with the support of the Board Support Team and Head of Governance, Strategy and Performance. Inputs were also provided by the Chair of the SFRS Board, Board Members, Chief Officer, members of the Strategic Leadership Team (SLT) and the Legal Services team through direct feedback and workshop sessions.
3.2	For Board Member's ease of reference, Appendix A has been produced as a 'Summary of Amendments' to highlight the key proposed changes.
3.3	Overall and as part of the Annual Governance Review we continue to ensure we strengthen our arrangements and the following documents were revised specifically: • Standing Orders for Meetings of the Board and its Committees - Appendix B; • Scheme of Delegations - Appendix C; • Code of Conduct for Board Members of the SFRS - Appendix D; • Committee Structure - Appendix E; • Corporate Template - Appendix F; • Good Governance Framework - Appendix G; • Terms of Reference (ToR) - Appendix H; and • Equality and Human Rights Impact Assessments (EHRIA) - Appendix I.
3.4	Committee/Forum ToR have been reviewed by respective members to ensure that they continue to be an accurate representation of the responsibilities expected of each Committee/Forum and to simplify and standardise approaches where possible (Appendix H).

3.5	Following separate workshop sessions and discussions of the Change: Strategic Change and Major Projects Committee during 2024, draft TOR for a new Committee were produced and considered at the Integrated Governance Forum (IGF) on 17 October 2024 and 23 January 2025. The new Committee evolving from this review was proposed as being the Strategic Planning and Change Committee which would transition throughout 2025 and be subject to further review by IGF during this time.
4	**Recommendation**
4.1	It is recommended that the SFRS Board approve the reviewed and amended governance related documents of the Board and its Committees, as detailed, subject to any further final amendments.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** The implementation of the proposed arrangements in this report are intended to aid and support the understanding of risk within SFRS.
5.1.2	The report is aligned to the Service's Governance risk in relation to our internal governance, where the Service has a Cautious appetite.
5.2 5.2.1	**Financial** This review ensures continued compliance with the Scottish Public Finance Manual.
5.3 5.3.1	**Environmental & Sustainability** There are no direct implications associated with this report.
5.4 5.4.1	**Workforce** The review and publication of these documents will assist all personnel when performing their role of directing, controlling and leading the SFRS in a fit and proper manner and provide understanding for all of the governance arrangements within SFRS.
5.5 5.5.1	**Health & Safety** There are no direct implications associated with this report.
5.6 5.6.1	**Health & Wellbeing** There are no direct implications associated with this report.
5.7 5.7.1	**Training** All relevant persons should be made aware of these documents as part of their induction and considered, if applicable, as part of annual appraisals.
5.8 5.8.1	**Timing** These documents will continue to be subject to annual governance review.
5.9 5.9.1	**Performance** The purpose of this review is to ensure the continued effectiveness of Board and Committee meetings in compliance with its statutory requirements.
5.10 5.10.1	**Communications & Engagement** The proposed results of the review are collectively presented within this report to the Board for their consideration and decision, subject to any amendments. If approved, the documents will be published on the SFRS iHub/website to all stakeholders.
5.11 5.11.1	**Legal** This review ensures continued compliance with the Police and Fire Reform (Scotland) Act 2012, General powers of the SFRS as set out in Schedule 1A of the Fire (Scotland) Act

	2005, inserted by section 101 of the 2012 Act and the responsibilities of the SFRS Board as detailed in the SFRS Governance and Accountability Framework.
5.11.2	Statements of Assurance from each Committee are included in the Annual Governance Statement.
5.12 5.12.1	**Information Governance** DPIA completed - No. No personal/sensitive information is provided.
5.13 5.13.1	**Equalities** EHRIA completed - Yes. Completed as part of the Annual Governance Review of Board and Committee related items. (Appendix I)
5.14 5.14.1	**Service Delivery** There are no direct implications associated with this report.

6	**Core Brief**	
6.1	The Director of Strategic Planning, Performance and Communications asked the SFRS Board to approve the proposed amendments outlined in Board and Committee related governance documents, following review, to ensure the continued effectiveness of the governance arrangements of the SFRS Board and its Committees.	
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~~
7.3	**Rationale:**	Effective governance arrangements relating to the Board and its Committees have been embedded in SFRS governance structures for a substantial number of years and are reviewed regularly. Feedback is sought and any perceived weaknesses or anomalies requiring updating are identified and strengthened.
8	**Appendices/Further Reading**	
8.1	Appendix A - Summary of Amendments Appendix B - Standing Orders for Meetings of the Board and its Committees Appendix C - Scheme of Delegations Appendix D - Code of Conduct for Board Members of the SFRS Appendix E - Committee Structures Appendix F - Corporate Template Appendix G - Good Governance Framework (GGF) Appendix H - Terms of Reference (ToR) Appendix I - Equality and Human Rights Impact Assessment (EHRIA)	

Prepared by:	Group Commander Chris Casey, Board Support Manager
Sponsored by:	Richard Whetton, Head of Governance, Strategy and Performance
Presented by:	Mark McAteer, Director of Strategic Planning, Performance and Communications

Links to Strategy and Corporate Values
Strategic Plan 2022-25: Outcome 3 – We value and demonstrate innovation across all areas of our work. Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.

Governance Route for Report	**Meeting Date**	**Report Classification/ Comments**
SFRS Board	*24 April 2025*	*For Decision*

APPENDIX A

SUMMARY OF AMENDMENTS

Please note that the purpose of this appendix is to assist the SFRS Board by bringing together and highlighting the key changes as part of the Annual Governance Review of Board and Committee Related Items.

Standing Orders for Meetings of the Board and its Committees (Appendix B):
- Paragraph 12 wording amended to clarify who will advise the SFRS Board.
- Paragraph 27 s) wording amended to clarify expectations around 'For Information' reports.
- Paragraphs renumbered from paragraph 38 to end.
- Paragraph 47 wording amended to clarify Committee titles.

Scheme of Delegations (Appendix C):
- Minor grammatical amendments throughout document.
- Section 3 1st Bullet point amended to clarify wording in line with SFRS Strategy.
- Section 4.1 amended to clarify Committee titles.

Code of Conduct for Board Members of the SFRS (Appendix D):
As the Model Code of Conduct is enforceable by the Ethical Standards Commissioner there should be no deviation from the Model Code without consent from Scottish Government and is therefore presented as approved.

Board Members are, however, asked to note the inclusion of sexual harassment as part of bullying and harassment behaviour under section 3.3 which aligns with legislative changes and an emphasis on prevention of sexual harassment.

Committee Structure (Appendix E):
During 2024-25 one Board Member (Steve Barron) resigned from the Board.

In October 2024 Fiona Thorburn retired from the Board and has been replaced by Paul Stollard as Deputy Chair of the Board.

The role of Deputy Chair of the Board will become a member of RANSC. Paul Stollard has therefore become a member of RANSC.

In December 2025, Chair of the Board, Kirsty Darwent will retire and a process to identify a new Chair will be carried out by Scottish Government, supported by SFRS.

Corporate Report Template (Appendix F):
The corporate report template has been updated as follows: Change to risk heading amended to Risk Appetite and Alignment to Risk Registers.

The Guidance on Preparing Corporate Papers has been updated at Section 5 to Risk Appetite and Alignment to Risk Registers (Risk and Audit).

Guidance amended to clarify needs in relation to risk appetite as follows: Each report will be aligned to a single Risk Appetite Statement and relevant sub-category. Further information on risk appetite statements is contained within the guidance page for each Directorate risk register.

In addition to risk appetite, where the report links to a risk(s) held within the Directorate risk register these will be identified within this section. Where the risk associated with the report is not recorded within the Directorate risk register an outline of the risk should be entered.

Good Governance Framework (Appendix G):
The Good Governance Framework (GGF) is also now included in this annual review and as detailed within it, it is being presented to the Corporate Board on 16 April 2025 for Scrutiny, prior to the SFRS Board meeting on 24 April 2025, therefore, the detail below may be subject to change.

- Section 1 Introduction – amendment to the wording around SG National Outcomes.

- Section 3 Strategic Context – key strategic documents updated, strategic planning process diagram updated.

- Section 4 Governance Structure - diagram updated.

- Section 5 Governance Principles (Principle 3) - Updated wording provided under the heading 'Where is the evidence that shows we are demonstrating this?'.

- Section 5 Governance Principles (Principle 4) – Updated wording provided under all headings.

- Section 11 Committees of the Board - Amended wording to reflect a change to Committee title and purpose.

- Section 15 – minor rewording of paragraph to reflect our intended use of the PMF.

- Section 18 Code of Conduct – minor rewording of paragraph.

- References throughout to Strategic Plan updated to Strategy.

- Various throughout – minor spelling, grammatical and spacing amendments.

Terms of Reference (Appendix H):
As described in the cover paper, all ToR's have been presented at each respective Committee workshop (or circulated by email for PAG and EPF) for feedback, with any proposed changes agreed through further correspondence with each respective Chair, if significant.

For each Committee/Sub-Committee/Forum/Group please see a summary of key changes,

where applicable:

Audit and Risk Assurance
- Section 2 added to standardise with all other ToR's.
- Sections renumbered throughout.
- 4.1 & 4.2 amended to clarify publishing of minutes.
- Section 5.1 - 5th bullet point amended to include 'and inspections' added to include HMFSI.
- Section 5 - 8th bullet point amended to remove 'on request'.
- Section 5 - 11th bullet point amended to include 'information governance and cyber security'.
- Section 9.1 amended to clarify relationships and Committee titles.
- Appendix 1 - 'Interim' removed from title of Deputy Chief Officer (Corporate Services).
- Minor spelling and grammatical amendments throughout.

Service Delivery
- Section 2 added to standardise with all other ToR's.
- Sections renumbered throughout.
- Section 4.1 & 4.2 amended to clarify publishing of minutes.
- Section 5.1 - 1st, 2nd & 5th bullet points amended to reflect responsibilities of the Committee.
- Section 9.1 amended to clarify relationships and Committee titles.
- Minor spelling and grammatical amendments throughout.

Strategic Planning and Change
- First version of ToR issued.

People
- Section 2 added to standardise with all other ToR's.
- Sections renumbered throughout.
- Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services).
- Section 4.1 & 4.2 amended to clarify publishing of minutes.
- Section 5.1, various bullet points amended to reflect responsibilities of the Committee.
- Section 9.1 amended to clarify relationships and Committee titles.
- Appendix 1 amended to clarify attendance list.
- Minor spelling and grammatical amendments throughout.

Remuneration, Appointments and Nominations
- Section 2 added to standardise with all other ToR's.
- Sections renumbered throughout.
- Section 3.1 amended to clarify membership.
- Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services).
- Appendix 1 amended to clarify membership.
- 'Staff' changed to 'employees' throughout to standardise with all other ToR's.
- Section 9 added to standardise with all other ToR's.
- Minor spelling and grammatical amendments throughout.

Integrated Governance Forum
- Section 2 added to standardise with all other ToR's.
- Sections renumbered throughout.

- Section 9.1 amended to clarify Committee titles.
- Appendix 1 amended to clarify Committee titles and update to list of attendees to include DCO and DCOCS.
- Minor spelling and grammatical amendments throughout.

Partnership Advisory Group (PAG)
- Section 2 added to standardise with all other ToR's.
- Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services).
- Section 6.1 1st and 4th bullet points amended to clarify wording.
- Section 8 amended to provide clarity on meeting schedule.
- Section 8.6 amended to clarify wording.

Employee Partnership Forum (EPF)
- Section 2 added to standardise with all other ToR's.
- Sections renumbered throughout.
- Section 3.1 amended to provide clarity on attendance.
- Section 4.1 – RANSC included.
- Section 5.3 1st bullet point - 'staff' changed to 'employees' to standardise with all other ToR's; removal of bullet points that are covered under other meeting arrangements.
- Section 6.1 1st bullet point – amended to clarify wording.
- Section 8.6 – removal of the word 'conflict' where 'consideration will be given to the nature of the interest'.
- Section 8.8 – amendment to wording to reflect other arrangements in place where areas of business are discussed.

Equality and Human Rights Impact Assessment (Appendix I):
- Both the EHRIA's for Corporate Governance Arrangements and Board Members Annual Performance Appraisals have been completed and will be reviewed on an annual basis.

APPENDIX B

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

STANDING ORDERS FOR MEETINGS OF THE BOARD AND ITS COMMITTEES

Original Author/Role	Douglas Wilson
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Richard Whetton, Head of Governance, Strategy and Performance
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Douglas Wilson	20/07/2013
2.0	Reviewed / amended	WM Craig Wallace	15/06/2016
3.0	Reviewed / amended	GM Rab Middlemiss	25/11/2016
4.0	Reviewed / amended	GM Alasdair Cameron	28/06/2018
5.0	Reviewed / amended	GM Alasdair Cameron	16/05/2019
6.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
7.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
8.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
9.0	Paragraph 11 – minor amendment to wording relating to the use of virtual meetings and the capability to have a blended approach to meetings; Minor spelling and grammatical amendments throughout document.	GC Kevin Murphy	27/04/2023
10.0	Minor spelling and grammatical amendments throughout document; **Para 27, bullet point (n), Items 'For Information Only'** - to move to below *'Date of next meeting'* to reflect discussions at Annual Governance Workshops that items for Board/Committee members information would not form part of the agenda or be included in meeting papers with links to the documents being provided instead; **Para 48** – amendment to wording related to minute issuing timescales, to allow for slight flexibility if required	GC Kevin Murphy	25/04/2024
11.0	Paragraph 12 wording amended to clarify who will advise the SFRS Board. Paragraph 27 s) wording amended to	GC Chris Casey	24/04/2025

	clarify expectations around 'For Information' reports. Paragraphs renumbered from paragraph 38 to end. Paragraph 47 wording amended to clarify Committee titles.		

PARAGRAPH NUMBER:

INTRODUCTION

1   The Scottish Fire and Rescue Service (the SFRS), or in Gaelic Seirbheis Smalaidh agus Teasairginn na h-Alba, was established under the Police and Fire Reform (Scotland) Act 2012 ('the 2012 Act') as a body corporate. The constitution of the SFRS is set out in schedule 1A to the Fire (Scotland) Act 2005 ('the 2005 Act'), inserted by section 101 of the 2012 Act. The 2012 Act amends and transfers the fire and rescue and other functions set out in the 2005 Act to the SFRS, but also augments them with a range of powers and duties commensurate with its public body status.

2   The SFRS consists of up to 15 Members, including a Chair, collectively referred to as 'the Board'. The 2012 Act requires Scottish Government (SG) Ministers (Ministers) to appoint a Chair, and between 10 and 14 other Members of the SFRS Board, and details the terms and conditions applicable to their appointment, removal and remuneration. The SFRS Board Members may elect from their number a Member to act as Deputy Chair.

3   The general powers of the SFRS are set out in Schedule 1A to the Fire (Scotland) Act 2005, inserted by section 101 of the 2012 Act allowing the SFRS Board to appoint Committees (Paragraph 45).

ORDINARY MEETINGS

4   Prior to the beginning of each financial year, a provisional schedule of ordinary meetings of the SFRS Board and its Committees shall be approved by the Board and published on the website.

NOTICE OF MEETINGS

5   Notice of ordinary meetings of the SFRS Board and its Committees will be advertised on the website, prior to the date of the meeting. The notice shall

include the date, time, venue and a note of business to be considered at the meeting.

SPECIAL MEETINGS

6   Where there is business that is urgent and cannot await the next ordinary meeting of the SFRS Board or Committee, a special meeting may be called by the Chair, or as a result of a written request signed by a majority of Members of the Board or Committee, specifying the nature of the business that they wish to discuss at such a meeting.

7   Notice of a special meeting of the SFRS Board, or Committee, shall be given in the same way as a notice for ordinary meetings.

PUBLIC MEETINGS

8   The SFRS Board and its Committees will hold all their meetings in public, except where the SFRS Members determine that all or part of the meeting ought to be held in private, on the grounds that confidential issues or confidential papers are (or may be) considered at that meeting.

PRIVATE MEETINGS

9   Matters which involve confidential issues, in relation to which the SFRS Board or Committee may decide to exclude the public, and therefore be held in private, may include (but are not limited to):

   a)   matters relating to individuals (including members of staff) where there is no consent for disclosure and/or where there is a risk of harm to any individual from the disclosure of information;
   b)   matters where public discussion may prejudice any ongoing criminal proceedings or the prosecution of offenders;
   c)   matters relating to national security;

d) matters which are the subject of legal proceedings and/or which relate to legal advice provided to the SFRS;

e) matters involving confidential commercial or financial information not already in the public domain, or which is subject to restrictions relating to confidentiality; or matters where there is legislation exempting the information from disclosure;

f) matters which are considered to be confidential, including information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between SFRS and employees of SFRS;

g) matters where the Board or Committee are in agreement due to the confidential nature of the issue(s).

CHAIR

10 The Chair of SFRS will, if present, Chair all meetings of the Board. In the absence of the Chair, the Deputy Chair will take the Chair. In the absence of both the Chair and Deputy Chair, the Board Members present will choose, by a majority vote of those present, one of their number to preside. Any power or duty assigned to the Chair in relation to the conduct of a meeting may be exercised by the person presiding at the meeting.

ATTENDANCE AT BOARD MEETINGS – SFRS MEMBERS

11 Participation will be either in person or utilising virtual meeting technology, with the agreement of the Chair of the meeting. A blended approach utilising both these options may also be appropriate for individual Members attendance, if the required technology is available at the meeting location. In such circumstances, Members attending virtually would be deemed to be present and to constitute part of the quorum for the purposes of that meeting. In all circumstances, the Chair would have final authority and would be dependent on the Member providing suitable notice. If a Member, without reasonable justification, has been absent from meetings of the SFRS

Board for a period longer than 4 consecutive months or for 3 consecutive meetings and has not been given leave by the Chair, the Chair will advise the Minister.

ATTENDANCE AT COMMITTEE MEETINGS – SFRS MEMBERS

12   If a Member fails to attend 3 consecutive meetings of any standing Committee, or 50% of the meetings in any 2-year period, and has not been given leave by the Committee Chair, the Chair of the Committee will advise the SFRS Board. The Board may remove the Member from the Committee.

ATTENDANCE AT BOARD AND COMMITTEE MEETINGS – SFRS OFFICERS

13   The Chief Officer, in consultation with the Chair, will ensure that the work of the SFRS Board and its Committees is supported and serviced by the Strategic Leadership Team and other appropriate SFRS staff.

QUORUM

14   The quorum for SFRS Board meetings shall be a majority of SFRS Members, including the Chair of the Board. No formal business shall be transacted at any meeting of the SFRS Board unless a quorum is present. A quorum must exist throughout the entire meeting. If, at any stage during the meeting, a quorum is not present, the meeting shall stand adjourned until the date or time the Chair determines.

15   The quorum of any Committee shall be a majority of Members, as detailed within their specific Terms of Reference.

16   If a Committee meeting is not quorate, the Chair of the Board can approve any Member of the Board present at the meeting, who is not a standing Member, to count towards the number required, based on the specific Terms of Reference and for that meeting only. This Member will, however, have no voting rights for that purpose.

CO-OPTING

17   Co-opting non-Board Members will be subject to endorsement by the full SFRS Board. It is likely this will be short lived, determined by the advice needed, and may be authorised for a meeting or meetings, where a specialist skill set or knowledge is required to support a Committee's work. The detail of this arrangement must be presented to the full Board in advance to ensure a fully informed decision can be taken and for an agreed period. The co-opted non-Board Member will have to sign an SFRS confidentiality agreement, prior to attending any such meeting(s). It should be noted that advisors appointed as a Member of a Committee will be there to provide expertise to the Committee. They will not be Members of the Board and will not have any voting rights.

18   Where this is being considered, the Chair of the Board should contact the SG Sponsor Team, who will ask SG Legal Directorate to confirm the statutory basis for the appointment and process for doing so.

19   The Board must:

- keep their SG Sponsor Team informed of the process throughout;
- ensure there are funds to cover the appointment from the public body's existing resources;
- consider if it is appropriate to ask the SG Sponsor Team to inform the relevant Scottish Minister of the background to the appointment;
- prepare the letter of invitation and copy to the SG Sponsor Team.

20   Advisors are not Members of the Board and, therefore, will not come under the statutory remit of the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland, should there be any breaches of the Code. However, advisors will be subject to the public body's Code of Conduct for Board Members and any breaches of the Code will

need to be considered by the Chair and Board Members. Potential Conflicts of Interest and Declaration of Interests will be considered by the Chair of the Board, particularly if the advisor is already a Board Member of another public body. This will be an area for consideration prior to invitation.

ATTENDANCE OF THE PUBLIC AND PRESS

21   Public meetings of the SFRS Board or Committees are open to be observed by all members of the public. The exception are any meetings or parts of meetings where business is to be conducted in private in accordance with Paragraph 9.

22   Any member of the public may attend and receive a copy of papers, other than those dealing with the private business of the SFRS Board or Committees.

23   In circumstances in which the SFRS Board or Committees determines that all or part of a meeting ought to be held in private, meetings will take place in closed session, without the public or press present.

24   A member of the public who disrupts the business of the meeting may be asked to leave the meeting, after due warning has been given. Re-admission to that meeting or other public meetings held by the SFRS Board or Committees is at the discretion of the Chair.

AGENDA FOR MEETINGS AND ORDER OF BUSINESS

25   Advised by the Chief Officer (or any officer acting on behalf of the Chief Officer) and the Board Support Team (or any officer acting on behalf of the Board Support Team), the agenda for a meeting shall be agreed by the Chair of the SFRS Board or Committee Chair, at least 10 working days in advance of the meeting. The agenda will be circulated to Members electronically, no less than 5 working days prior to the meeting.

26   The business of the Board at all ordinary meetings will proceed in accordance with the agenda issued for that meeting, unless otherwise directed by the Chair, with the agreement of a majority of the Members present at the meeting. At all ordinary meetings, no business other than that on the agenda will be considered, except where, by reason of special circumstances, the Chair is of the opinion that the item should be considered at the meeting.

27   The order of business at meetings of the SFRS Board shall generally be:

a)   Chair's welcome;

b)   Apologies for absence;

c)   Consideration of and decision on any items to be taken in private;

d)   Declarations of interest;

e)   Minutes of the previous meeting for approval;

f)   Action Log;

g)   Decision Log;

h)   Chair's Report;

i)   Chief Officer's Report;

j)   Minutes of Committees – Summary updates from Committee Chairs (verbal) Risk Themes from the Committees;

k)   Items 'For Decision';

l)   Items 'For Recommendation';

m)   Items 'For Scrutiny';

n)   Rolling Forward Plan;

o)   Date of Next Meeting;

p)   Private Session (if required);

q)   Minutes of the previous Private meeting for approval (where applicable);

r)   Private Items.

s)   Items 'For Information Only' – Reports that are 'For Information' will be noted at the end of the agenda with links to the documents only. No formal agenda time will be allocated to these reports however these reports will be included in the meeting papers and should be read by Members.

GIVING NOTICE OF A MATTER TO BE CONSIDERED

28   Any Member(s) of SFRS Board, or a Committee, may ask for an item to be placed on the agenda of a meeting of the Board or that Committee, this has to be done at least 15 working days in advance of the meeting. The Chair of the meeting will consider the request, taking advice from the Chief Officer (or any officer acting on behalf of the Chief Officer) and the Board Support Team. If the Chair decides not to include the item on the agenda, the Member will be advised and the Board or relevant Committee informed during the Chair's opening remarks.

29   The agenda for special meetings of the SFRS Board or Committees will be confined to the business necessitating the convening of the meeting.

PAPERS FOR MEETINGS

30   The Board Support Team will electronically collate, circulate and, where necessary, provide papers for the agreed agenda items at a meeting, unless it has been previously agreed with the Chair of the meeting that no paper is required.

31   Papers will be electronically made available to the meeting attendees at least 5 working days prior to the meeting and hard copies will only be available at the meeting on request.

32   For meetings or parts of meetings open to the public, papers will be posted on the website no less than 5 days in advance of the meeting, with the exception of any items that are to be considered in private.

33   If papers are not available for dispatch 5 working days prior to the meeting, the Board Support Team may, after consultation with the Chair of the meeting and the Chief Officer, make a late posting, or table the paper(s) at the meeting, or withdraw the item(s) from the agenda of the meeting.

Occasions when these timescales may not be adhered to are if Special meetings are agreed at short notice, every attempt however will be made to dispatch papers in advance of the meeting.

CONDUCT AT MEETINGS

34   The Chair is responsible for:

- maintaining order and good conduct;
- ensuring that business is conducted appropriately;
- ensuring that all Members receive a fair hearing with reasonable opportunity to express their views on matters under discussion;
- dealing with any question of order raised at a meeting; the Chair's ruling on the above will be final;
- adhere to relevant SFRS policy and procedure.

35   All Members will respect and, if necessary, defer to the authority of the Chair. Members are accountable for their own individual conduct in meetings at all times in terms of their Code of Conduct and associated regulations and guidance as issued. The Chair may rule on the acceptability of language used during the course of the meeting and take appropriate action, as necessary, including withdrawal of a remark, requiring an apology, or any other action required to allow the meeting to properly proceed. If any Member at any meeting behaves offensively or is unco-operative, a motion may be proposed and seconded to suspend the Member for the rest of the meeting. If the motion is carried, the Member must immediately leave the meeting. There will be no discussion of the motion and no changes to it.

ADJOURNING MEETINGS

36   The SFRS Board or Committee can adjourn any meeting for a reasonable time, if the Chair determines so. This may also be due to disruption of the meeting or a Member proposes it, another seconds it and the Members vote

in favour of it. There will be no amendments or discussion. No Member can make a second motion to adjourn a meeting within half-an-hour, except the Chair.

CHANGING A DECISION

37   A decision made by the SFRS Board cannot be changed within six months, unless the Chair of the Board rules that there has been a material change of circumstances.

38   A decision made by a Committee may be overturned by the Board where the decision does not comply with the delegated authority, as set out in the Terms of Reference, or where the Board deems the decision made by a Committee as adversely impacting on the strategic direction of the SFRS.

39   Where time is of the essence and the above criteria is met, the Chair alone can overturn the decision of the Committee. The Chair must provide full reasoning for such a decision to the Board as soon as is reasonably practicable.

VOTING

40   Where there is an agenda item requiring a decision by the SFRS Board or a recommendation by a Committee to take something to the Board, then the Chair will seek the views of Members and, wherever possible, reach a consensus. If a consensus cannot be reached, decisions will be reached on the basis of a simple majority, the Chair having a second and casting vote. Voting shall be by a show of hands and the minute will record the vote. At the discretion of the Chair, or in the event of a majority of Members present objecting to a vote being taken by a show of hands, the vote will be taken by roll call.

41   Where an agenda item requiring a decision is not approved by the SFRS Board, and the consequences would be prejudicial to the continuity of the

SFRS operations, alternative proposals should be sought from the Chief Officer without delay. The Chair may adjourn the meeting or defer the agenda item to another meeting to enable the Chief Officer to re-consider the matter. If, after such reconsideration, the Board remains unable to approve the proposal (whether by consensus or simple majority vote) and the matter remains critical to SFRS operations, the Chair shall report to Ministers and seek their direction.

DECLARATIONS OF INTEREST

MAKING A DECLARATION

42   In line with the requirements of the Members' Code of Conduct, individual Members must consider, at the earliest stage possible, whether they have an interest to declare in relation to any matter that is to be considered. They should consider whether agenda items for meetings raise any issue of declaration of interest. A declaration of interest must be made as soon as practicable at a meeting where that interest arises. If the need for a declaration of interest is identified only when a particular matter is being discussed, the Member must declare the interest as soon as they realise it is necessary to do so. The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words, 'I declare an interest'. The statement must be sufficiently informative to enable those at the meeting to understand the nature of the interest but need not give a detailed description of the interest.

EFFECT OF DECLARATION

43   Declaring a financial interest has the effect of prohibiting any participation in discussion and voting; in this circumstance, this individual must play no part in the discussion and must leave the meeting room until discussion of the particular item is concluded. A declaration of a non-financial interest involves a further exercise of judgement by the Member concerned. They must consider the relationship between the interests that have been declared and the particular matter to be considered and relevant individual circumstances surrounding the particular matter. In the final analysis, the objective test is whether, in the particular circumstances of the item of business and knowing all the relevant facts, a member of the public, acting reasonably, would consider that the Member might be influenced by the interest in their role as a Member of SFRS Board and that it would, therefore, be wrong to take part in any discussion or decision-making. If a Member, in conscience, believes that their continued presence would not fall foul of this test, then declaring a non-financial interest need not preclude their involvement in discussion or voting. If they are not confident about the application of this objective test, they must play no part in the discussion and must leave the meeting room until discussion of the particular item is concluded.

DISPENSATIONS

44   In very limited circumstances, dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit a Member from taking part and voting on matters coming before the Board and its Committees. Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible, in order to allow proper consideration of the application in advance of meetings where dispensation is sought. A Member should not take part in the consideration of the matter in question until the application has been granted.

SUSPENSION AND REVISION OF STANDING ORDERS

45   These Standing Orders may only be varied, revoked or added to by the SFRS Board and any such alterations will require the consent of the majority of Members present at a meeting. Committees and Sub Committees have no power to depart from these Standing Orders.

46   Suspension of Standing Orders at an SFRS Board meeting requires a proposer and seconder, and a vote of a majority of the SFRS Board in favour of suspension.

STANDING COMMITTEES

47   The SFRS will appoint the following Standing Committees:

- Audit and Risk Assurance;
- Strategic Planning and Change;
- Service Delivery;
- People; and
- Remuneration, Appointments and Nominations Sub-Committee.

48   The SFRS Board will determine the Membership and Terms of Reference for Committees. The Standing Orders of the SFRS Board apply to all its Committees.

MINUTES OF MEETINGS

49   A minute will be kept of all SFRS Board, Committee and Sub-Committee meetings.

50   The minute will record that discussion took place, any points of significance raised, and clearly specify any actions and decisions if relating to the SFRS Board. Following a Board or Committee meeting, every effort will be made

to issue draft minutes within 15 working days, where possible, to the Chair for approval. The Chair will then have 5 working days to approve the minutes, following which it will be circulated to all those in attendance at the meeting, including the updated Action Log. This is, therefore, where possible, all to be affected within a total of 20 working days following the initial meeting.

51   The minutes of the SFRS Board will be presented to the next ensuing meeting of the SFRS Board and shall then be approved, with or without amendment, as a correct record of proceedings.

52   Minutes of meetings held in public of Standing Committees will be included on the agenda of SFRS Board meetings, even if they have not been approved by the Committee. Any Sub-Committee updates will be given through the relevant Committee to the SFRS Board.

SHORT LIFE COMMITTEES AND WORKING GROUPS

53   The SFRS Board may convene short life Committees or Working Groups to assist and advise it in undertaking its responsibilities.

54   Any such Committee or Working Group would have its Membership, Terms of Reference and time-limited period determined by the Board.

APPOINTMENT OF CHIEF OFFICER

55   The appointment of the Chief Officer will be made by the SFRS Board, subject to the approval of the Scottish Ministers.

RECEIVING VIEWS

56   The SFRS Board (or its Committees or Sub-Committees) may invite individuals, bodies or organisations to attend meetings, provide information and/or to make representations to it about particular issues. They may also

be requested to provide written submissions for consideration in advance of meetings. The Board, on occasion, may agree upon and publish a process for seeking input and/or information (including the format and timescales for this input or information to be provided) from interested and/or affected parties, in advance of it considering particular issues at a meeting.

URGENT ISSUES

57   Where time is of the essence, and in order to eradicate or minimise actual or reasonably perceived risk to the SFRS, the Chief Officer may take reasonable and appropriate action, in relation to any function not delegated to that role, reporting same to the Chair of the SFRS Board and then the SFRS Members, with full reasoning for the decision as soon as is reasonably practicable after the exercise of the function.

ETHICAL STANDARDS

58   The SFRS Board encourages high ethical standards in public life; including the promotion and enforcement of the Code of Conduct for Board Members of the SFRS. Any alleged breaches will be investigated and where a breach is found sanctions may be applied, as detailed within the Members' Code of Conduct.

APPENDIX C

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

SCHEME OF DELEGATIONS FOR THE SCOTTISH FIRE AND RESCUE SERVICE (INCORPORATING MATTERS RESERVED TO THE BOARD)

Original Author/Role	GM Roy Dunsire
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Richard Whetton
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	GM Roy Dunsire	20/07/2013
2.0	Reviewed / updated	GM Roy Dunsire	12/08/2015
3.0	Reviewed / updated	GM Roy Dunsire	15/06/2016
4.0	Reviewed / updated	GM Roy Dunsire	18/01/2018
5.0	Reviewed / updated	GM Alasdair Cameron	06/07/2018
6.0	Reviewed / updated	GM Alasdair Cameron	09/01/2019
7.0	Reviewed / updated	GM Alasdair Cameron	16/05/2019
8.0	Reviewed / updated	GC Alasdair Cameron	24/06/2020
9.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
10.0	Reviewed / amended	GC Alasdair Cameron	05/05/2022
11.0	Reviewed / amended: Amendment to wording in relation to decisions regarded as being novel/contentious or having a high level of risk (Section 3 & Paragraph 6.22) (Approved by Board 26.10.2023). Further amendment to reflect change in structure with return of Director of Finance and Contractual Services and update of directorate role title to People.	GC Kevin Murphy	08/02/2024
12.0	Minor spelling and grammatical amendments throughout document; **2.1, 5th bullet point** - change of wording to align with new version of SFRS Governance and Accountability Framework published in February 2024 to include *"promoting the efficient, economic and effective use of staff and other resources by the SFRS consistent with the principles of Best Value"*; **2.2 & 2.3** - paragraph numbers amended for accuracy which refer to the new version of the SFRS	GC Kevin Murphy	25/04/2024

	Governance and Accountability Framework published in February 2024; **6.5** - change wording from "…borrow money" to "…authorise borrowing of money". **Appendix 1, Acquisitions and Disposals Director Responsible Column** - amended to Director of Finance and Contractual Services, **Actual Post Holder Column** - removed Head of Asset Management; **Appendix 1, Borrowing Actual Post Holder Column** – removed Head of Finance and Procurement; **Appendix 1, Contracts Director Responsible Column** – added Director of Finance and Contractual Services, **Actual Post Holder Column** - added Head of Finance and Procurement (dependent on contract value).		
13.0	Minor grammatical amendments throughout document; Section 3 - 1st Bullet point amended to clarify wording in line with SFRS Strategy. Section 4.1 amended to clarify Committee titles.	GC Chris Casey	24/04/2025

CONTENTS

1.   INTRODUCTION

The Scottish Fire and Rescue Service ('the SFRS') is a body corporate established in terms of Section 1A of the Fire (Scotland) Act 2005 ('the 2005 Act') as amended by the Police and Fire Reform (Scotland) Act 2012 ('the 2012 Act'). Schedule 1A of the 2005 Act governs aspects of the body corporate's constitution and its functions and prescribes that the SFRS Board shall consist of a Chair and not fewer than 10 nor more than 14 other Members, each appointed by the Scottish Ministers and collectively referred to as 'the Board'. The Board, including the Chair, consists of non-executives who are appointed in line with the [Code of Practice for Ministerial Appointments to Public Bodies in Scotland](#).

By virtue of Paragraph 14 of Schedule 1A of the 2005 Act, the Board may delegate any of its functions to the Chief Officer, any of its employees or any Committee or sub-committee it may choose to establish. The Interpretation and Legislative Reform (Scotland) Act 2010 defines *'function'* as *'including powers and duties'*. The responsibilities of the Chief Officer are detailed below and include the responsibility for 'establishing appropriate documented internal delegated authority arrangements'.

This Scheme of Delegations ('the Scheme') narrates the powers, duties and levels of decision-making authority, both reserved for the Board and delegated by the Board to certain SFRS employees, each within their individual capacities as holders of named roles (an example of a 'named role' being 'Chief Officer' or 'Director of People'). The delegation by the Board of any of SFRS's functions does not affect the Board's overall responsibility for the performance of the function being delegated, nor its responsibility to carry out the particular function, should it choose to do so and notwithstanding any common practice to otherwise delegate. The Board members will, at all times, remain personally and corporately accountable for the Board's actions and decisions and the Board may also be accountable for the actions and decisions of any SFRS employee exercising delegated authority in conjunction with the Scheme.

All delegations made by the Board in accordance with the Scheme must be in compliance with relevant and up-to-date legislation, regulations and governance and

accountability framework documents, codes of practice and government circulars. All decisions and actions taken by SFRS employees and the Board by way of delegated authority powers shall be exercised in accordance with this Scheme and the provisions and guidance contained within SFRS's Financial Regulations and Standing Orders for the Regulation of Contracts and must be shown to uphold the principles of accountability, consistency, equality, integrity, good governance and transparency, in so far as is reasonably practicable.

There is scope to amend or alter the Scheme to ensure compliance with any of SFRS's duties or obligations that may be altered or extended due to legislative changes or the development of future guidance in relation to delegated authority. Otherwise, the SFRS Chair will make arrangements to review the Scheme at annual intervals.

Where a delegated authority requires the prior approval of the Scottish Government before it can be exercised, no decision or action shall be taken by any SFRS employee or the Board in relation to the particular delegated authority, until such times as the prior approval of Scottish Government has been confirmed and received in writing by SFRS. The SFRS Governance and Accountability Framework Document details those matters which are reserved to the Scottish Government and the delegated authority levels beyond which prior approval is required from the Scottish Government (Appendix 2).

2.   RESPONSIBILITIES OF THE SFRS BOARD, CHAIR AND CHIEF OFFICER

The Fire and Rescue Framework for Scotland sets out the strategic priorities for SFRS (as determined by the Scottish Ministers) and the SFRS's Strategic Plan describes how SFRS intends to carry out its functions in pursuit of these overarching priorities. The SFRS Governance and Accountability Framework Document sets out the broad governance structures within which the SFRS operates and defines key roles and responsibilities which underpin the accountability relationships between the SFRS, Ministers and the Scottish Parliament.

2.1   SFRS Board

The four main functions of the SFRS Board are to ensure that the SFRS delivers its functions in accordance with Minister's policies and priorities; to provide strategic leadership; to ensure financial stewardship; and to hold the Chief Officer and Strategic Leadership Team (SLT) to account. The responsibilities of the SFRS Board are set out in detail in paragraph 13 of the SFRS Governance and Accountability Framework Document.

The Board, under the leadership of the Chair, has corporate responsibility for:

- producing Strategic and Annual Plans, prepared under sections 41A and 41B of the 2005 Act (inserted by the 2012 Act), to be submitted to the Scottish Ministers for approval;
- producing annual reports, prepared and published under section 41L of the 2005 Act (inserted by the 2012 Act), and ensuring that they are laid before the Scottish Parliament in accordance with that section;
- taking forward the aims and objectives for the SFRS as set out in the approved Strategy;
- determining the steps needed to deal with wider changes which are likely to impact on the strategic aims and objectives of the SFRS, or on the attainability of its operational targets;
- the duty under section 39A of the 2005 Act (inserted by the 2012 Act), promoting the efficient, economic and effective use of staff and other resources by the SFRS consistent with the principles of Best Value ie the continuous improvement in the carrying out of the SFRS's functions, including, where possible, participation in shared services arrangements;
- ensuring that effective arrangements are in place to provide assurance on risk management, governance and internal control, setting up an audit committee chaired by a non-executive member to provide independent advice and assurance on the effectiveness of the internal control and risk management systems;
- (in reaching decisions) taking into account relevant guidance issued by the

Scottish Ministers;

- For support staff, ensuring that an effective pay and conditions negotiating framework is in place which allows negotiations to complement the broad principles of the Scottish Government's Public Sector Pay Policy;

- Attend and participate in meetings of the National Joint Council for negotiation of operational employees pay, terms and conditions;

- ensuring that the SFRS's proceedings, including those of its committees and sub-committees, are held in public and that the agendas, papers and reports in relation to those proceedings are published, as well as publishing a statement setting out the circumstances in which proceedings may be held in private and in which documents need not be published, as required by schedule 1A to the 2005 Act (inserted by the 2012 Act);

- appointing, with the approval of the Scottish Ministers, each subsequent SFRS Chief Officer and, in consultation with the Scottish Government, setting appropriate performance objectives and remuneration terms linked to these objectives, which give due weight to the proper management and use of resources within the stewardship of the SFRS and the delivery of outcomes; and

- acting consistently with principles of good governance, accountability and transparency, as required by schedule 1A to the 2005 Act (inserted by the 2012 Act).

2.2 SFRS Chair

The Chair is accountable to the Scottish Ministers for the performance and for the strategic leadership of the SFRS Board. In common with any individual with responsibility for devolved functions, the Chair may also be held to account by the Scottish Parliament and has general responsibility for ensuring that the public body's policies and actions support the Scottish Ministers' wider strategic policies and that its affairs are conducted with probity. The Chair's responsibilities for leading the SFRS Board are set out in detail in paragraph 14 and 15 of the SFRS Governance and Accountability Framework Document.

In leading the Board, the Chair must ensure that:

- the work of the Board is subject to regular self-assessment and that the Board is working effectively;
- the Board, in accordance with recognised good practice in corporate governance, is diverse both in terms of relevant skills, experience and knowledge appropriate to directing SFRS business, and in terms of protected characteristics under the Equality Act 2010;
- the Board members are fully briefed on terms of appointment, duties, rights and responsibilities;
- he or she, together with the other Board members, receives appropriate induction training, including on financial management and reporting requirements and, as appropriate, on any differences that may exist between private and public sector practice and local and central government practice;
- succession planning takes place to ensure that the Board is diverse and effective, and the Scottish Ministers are advised of the SFRS needs when board vacancies arise;
- there is a code of conduct for Board members in place, approved by the Scottish Ministers.

The Chair assesses the performance of individual Board members on a continuous basis and undertakes a formal appraisal at least annually. The Chair, in consultation with the Board, is also responsible for undertaking an annual appraisal of the performance of the Chief Officer.

2.3   SFRS Chief Officer

The Chief Officer is the Board's principal adviser on the discharge of the SFRS's functions and is accountable to the Board. The Chief Officer's role is to provide operational leadership to the SFRS and ensure that the Board's strategic aims and objectives are met, its functions are delivered and targets met through effective and properly controlled executive action. The Chief Officer's general responsibilities include performance management and staffing of the SFRS. Specific responsibilities

of the SFRS Chief Officer are detailed in paragraph 17 of the SFRS Governance and Accountability Framework Document and include:

- advising the Board on the discharge of its responsibilities - as set out in this document, in the founding legislation and in any other relevant instructions and guidance issued by or on behalf of the Scottish Ministers - and implementing the decisions of the Board;

- ensuring that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that appropriate financial appraisal and evaluation techniques, consistent with the Appraisal and Evaluation section of the Scottish Public Finance Manual (SPFM), are followed;

- ensuring that the SFRS adheres, where appropriate, to the Scottish Government's Programme and Project Management (PPM) Principles;

- having robust performance and risk management arrangements in place – consistent with the Risk Management section of the SPFM - that support the achievement of the SFRS's aims and objectives and that facilitate comprehensive reporting to the Board, the Scottish Government and the wider public ensuring that adequate systems of internal control are maintained by the SFRS, including effective measures against fraud and theft consistent with the Fraud section of the SPFM, establishing appropriate documented internal delegated authority arrangements consistent with the Delegated Authority section of the SPFM;

- advising the Board on the performance of the SFRS compared with its aim[s] and objectives;

- preparing the SFRS's corporate and business plans, in line with the strategic aims and objectives agreed by the Scottish Ministers;

- ensuring effective relationships with Scottish Government officials;

- ensuring that timely forecasts and monitoring information on performance and finance are provided to the Scottish Government; that the Scottish Government is notified promptly if over or under spends are likely and that corrective action is taken; and that any significant problems whether financial or otherwise, and whether detected by internal audit or by other means, are

notified to the Scottish Government in a timely fashion;

- for support staff, ensuring that an effective pay and conditions negotiating framework is in place which allows negotiations to complement the broad principles of the Scottish Government's Public Sector Pay Policy;

- attend and participate in meetings of the National Joint Council for negotiation of operational employees pay, terms and conditions;

- Designating Local Senior Officers (LSOs) for each local authority area in Scotland (after consultation with the relevant local authority), ensuring that LSOs are adequately equipped, supported and empowered to fulfil their statutory duties, and providing operational direction and control to LSOs, in line with Section 41J of the 2005 Act (inserted by the 2012 Act).

3.   MATTERS RESERVED FOR THE BOARD

There are certain matters which have no scope for delegation and must be carried out by the Board. The Board and no other SFRS employee or Committee/Sub-Committee has authority to make decisions in respect of the following reserved areas:

- developing the Strategic Aims and Objectives of the SFRS and approving the Strategy, Annual Operating Plan and Board Annual Forward Plan;
- approval and/or amendment of:
  - o   Standing Orders for Meetings of the Board and its Committees;
  - o   Scheme of Delegations;
  - o   Financial Regulations;
  - o   Standing Orders for Regulation of Contracts;
  - o   Complaints Handling Procedure;
  - o   Risk Management Policy and Framework;
  - o   Equality Scheme;
  - o   Freedom of Information Publication Scheme;
  - o   Employee Policies of major significance to SFRS (as determined by the Chair in consultation with the Chief Officer);
  - o   Resource and Capital Budgets, and Annual Report and Accounts;

- o   Financial and Performance Monitoring arrangements;
- o   Major projects requiring significant capital investment, or major service redesign;
- o   [Anti-Fraud and Corruption Policy](#);
- o   Arrangements for the review of the annual effectiveness of the Board and its Committees, and
- o   Any other SFRS-wide Corporate Governance related guidance.

- establishing suitable arrangements for the appointing of a Chief Officer and the setting of appropriate performance objectives for the Chief Officer;
- appointing Chairs and Deputy Chairs of each Committee or Sub-Committee of the Board (these will be determined by the Chair, in consultation with the Board);
- establishment and approval of Committees and their Terms of Reference;
- the appointment of a Standards Officer in accordance with any requirements set by the Commissioner for Ethical Standards in Public Life in Scotland;
- review and approve the final specification and the evaluation criteria, as drafted by the SLT, and approve the appointment of Internal Auditors in co-operation with the Audit and Risk Assurance Committee; and
- decisions regarded by the Chief Officer or Chair of the Board as novel, contentious or having a high level of risk (reference to paragraph 6.22).

Where the Scheme does not specifically state if powers have been delegated in respect of a certain matter, it shall be assumed that responsibility for the particular matter lies with the Board in the first instance.

4.   DELEGATED AUTHORITY

4.1   Delegations to Standing Committees of the Board

The Board has established a number of Committees, each of which possess a degree of delegated authority, in respect of the responsibilities within their remit, as set out within their Terms of Reference. Delegated authority will provide each Committee with the ability to scrutinise the work of SFRS; make decisions within

their limits of responsibilities that do not adversely impact on the Strategic Direction of the SFRS; make recommendations in respect of how the Board can achieve the aims each respective Committee is concerned with; and provide feedback to the Board on key performance indicators and whether targets will be met.

The Committees are listed below:

- Audit and Risk Assurance;
- Strategic Planning and Change;
- Service Delivery;
- People; and
- Remuneration, Appointments and Nominations (Sub-Committee).

Each Committee will conduct its business in accordance with Terms of Reference considered and approved by the Board prior to formation. There is scope to amend or alter any Terms of Reference as required and, again, Board approval is required to do so.

4.2   Delegation of General Powers

In line with Paragraph 14 of Schedule 1A of the 2005 Act, the Board have delegated authority to the following SFRS employees:

- The Chief Officer;
- The Deputy Chief Officer(s);
- The Assistant Chief Officer(s);
- The Director of Strategic Planning, Performance and Communications;
- The Director of People;
- The Director of Finance and Contractual Services.

These employees, referred to collectively as the SLT may do anything, subject always to their specific delegated authority, considered appropriate for the purposes of, or in connection with, the carrying out of the SFRS's functions.

4.3   Chief Officer Unplanned Absence

In exceptional circumstances and where a situation arises that results in the extended absence of the Chief Officer, the Chair of the SFRS Board may delegate authority as detailed within Section 6 to the Deputy Chief Officer. Subsequent to this decision, the Chair of the SFRS Board will inform the full SFRS Board at the earliest opportunity of this decision. As a result, the Deputy Chief Officer will have this delegated authority immediately following the Chair of the SFRS Board's decision, and for the complete duration of the Chief Officer's extended period of absence only.

4.4   Interim SLT Positions

Should any SLT position be held by a member of staff acting up to that role, or by circumstance assume on an interim basis the obligations of that role, they will automatically acquire the delegated and/or sub-delegated authority under that specific position to make all relevant decisions. This delegated and/or sub-delegated authority will be held only for the interim period of acting up or having assumed those obligations. Such delegated authority will both include general powers held by the particular SLT position, together with any specific delegated authority referred to throughout this Scheme of Delegations.

4.5   Delegation to Act as Authorised Signatories

Any probative document which, if entered into, will create a legally binding relationship between SFRS and another party shall (unless otherwise provided for herein) be executed for and on behalf of the SFRS by a member of the Board or by any one of the members of the SLT who are hereby authorised by the Board to execute on the SFRS's behalf.

In accordance with the Requirements of Writing (Scotland) Act 1995, the signature for and on behalf of the SFRS by a Board member or SLT member must be witnessed by one person. This person can be any employee of SFRS and may also

be another Board member or SLT member. The Chief Officer and any SLT member may sub-delegate his / her authority to any SFRS employee who holds a role which he / she deems it appropriate for authority to be delegated to.

5. DELEGATION TO SFRS ACCOUNTABLE OFFICER

5.1 General Responsibilities

The Principal Accountable Officer for the Scottish Administration (the Permanent Secretary of the Scottish Government) designates the Chief Officer as the Accountable Officer for the SFRS. The essence of the role of Accountable Officer is subject to Section 5 of the Principal Officer's Memorandum to Accountable Officers of Other Public Bodies, a personal responsibility for the propriety and regularity of the public finances for the SFRS and ensuring that the resources of the body are used economically, efficiently and effectively.

The Accountable Officer must make sure arrangements for delegation promote good management and that they are supported by the necessary staff with an appropriate balance of skills.

The responsibilities delegated to the SFRS Accountable Officer are set out in detail in the Principal Accountable Officer's Memorandum to Accountable Officers of Other Public Bodies.

5.2 Strategic and Financial Management Responsibilities

While the responsibilities of the SFRS Accountable Officer cannot be delegated or shared, authority for budgets and associated strategic and financial management responsibilities can be delegated to appropriate SFRS employees. The SFRS Accountable Officer, therefore, authorises members of the SLT to undertake the following responsibilities:

5.2.1   Strategic Management Responsibilities (All members of the SLT)

- proposing objectives, priorities, outcomes and performance indicators for the organisation which align with the organisation's aims, policy and management objectives;
- making plans and ensuring that adequate systems are in place to achieve these objectives effectively, efficiently and economically;
- ensuring that adequate systems for internal control and risk management, both financial and otherwise, are in place and are monitored and reviewed regularly;
- monitoring and reporting of performance to the organisation's management board and/or Accountable Officer; and
- ensuring that functions are discharged with due regard to economy, efficiency and effectiveness within an overall framework of Best Value.

5.2.2   Financial Management Responsibilities (Director of Finance and Contractual Services)

- ensuring that proper financial procedures are in place and are followed and that these comply with relevant guidance, in particular the Scottish Public Finance Manual (SPFM), ensuring that funds and assets are properly managed and safeguarded, with checks as appropriate; and
- ensuring that any relevant risks, whether to achievement of business objectives, regularity, propriety or value for money, are identified and effectively managed.

6.   DELEGATION TO SFRS CHIEF OFFICER

6.1   Acquisitions, Disposals and Property Provisions

The Board authorises the Chief Officer to:

- acquire and dispose of land and other heritable or moveable property, including the compulsory purchase of land, with the authorisation of Scottish Ministers, in accordance with the requirements of the SPFM, and with the Board's strategic direction;

- approve the use of SFRS heritable or moveable property by other organisations, most specifically but not limited to the sharing or leasing of property and/or the right of access across SFRS property;

- sign documentation relating to the sale, purchase or use of SFRS heritable or moveable property;

- determine and control the apportionment of accommodation for SFRS's employees, standards of furniture, furnishings and equipment within SFRS's premises;

- maintain registers of assets together with records of transactions and values; and

- arrange, as appropriate, for the sale of surplus, or disposal of discarded PPE, work equipment and vehicles.

The Chief Officer sub-delegates this authority to the Director of Finance and Contractual Services.

6.2 Arms and Badge

The Board authorises the Chief Officer to:

- issue guidelines on the use of the SFRS Arms and Badge which is recorded in the Public Register of All Arms and Bearings in Scotland; and

- take appropriate action, which may include reporting to the Court of the Lord Lyon, in respect of any misuse of the SFRS Arms and Badge.

6.3 Authorisation to Exercise Statutory Powers

The Board authorises the Chief Officer to exercise any discretionary powers available to the SFRS.

The Board authorises the Chief Officer to issue and sign any documentation that conveys necessary authorisation to employees in roles where legislation requires the authorisation in question.

6.4 Bad Debt and Losses

The Board authorises the Chief Officer to write off bad debt and/or losses up to and including the value of £1,000 and in accordance with the [Financial Regulations](#). Cumulative debt must be monitored and, where appropriate, reported to the Audit and Risk Assurance Committee and the Board.

The Chief Officer sub-delegates this authority to the Director of Finance and Contractual Services.

6.5 Borrowing

The Chief Officer may, subject to obtaining the consent of Scottish Ministers, authorise borrowing of money. Prior to approaching Scottish Government for any such consent, the Chief Officer shall consult with and obtain the Board's consent to make the approach.

The Chief Officer sub-delegates this function to the Director of Finance and Contractual Services, who will also be under the obligation to obtain the necessary prior consents.

6.6 Complaints, Comments and Compliments

The Board authorises the Chief Officer to receive and respond on its behalf to complaints, comments and compliments, with the exception of any which relate to the role of Chief Officer, which will be reserved to the Board.

With the exception of complaints, comments and compliments which relate to the Deputy Chief Officer(s), the Assistant Chief Officer(s), the Director of Finance and

Contractual Services, the Director of Strategic Planning, Performance and Communications and Director of People, the Chief Officer sub-delegates this authorisation to the Director of Strategic Planning, Performance and Communications.

6.7 Consultants

The Board authorises the Chief Officer, the Chief Officer having first consulted and received advice from the Director of Finance and Contractual Services and the Director of People, to source and appoint any external business and management consultants evidenced as necessary and where no existing employee is able to carry out the requirement. For any such consultancy contract with a potential or actual value of, or above £100,000, Scottish Government's prior approval shall be sought and obtained in writing and only after the Chief Officer has consulted with and obtained the Board's consent to seek such approval.

Aside from the monetary value this must also align to procurement guidance and the Board request that anything that could also have an impact on the reputational risk to the Service, regardless of spend, is also closely considered and, as necessary, brought to the attention of the Board at the earliest opportunity.

6.8 Contracts

The Chief Officer and the Director of Finance and Contractual Services may enter into contracts for the supply of goods, works and services on behalf of the SFRS subject to adhering to the SFRS's Standing Orders for the Regulation of Contracts and subject to the Director of Finance and Contractual Services confirming that appropriate budget provision has been made.

6.9 Correspondence and Communications

The Board authorises the Chief Officer to issue and sign correspondence and communications that may be sent in the name of SFRS and which may bear the SFRS badge. Notwithstanding correspondence and communications sent on behalf

of SFRS in respect of matters restricted under the Scheme, the Chief Officer sub-delegates this authority to all SLT members who, in turn, further delegate this authority under Section 7 of the Scheme. For the avoidance of doubt, the term 'correspondence and communications' shall include all letters, faxes, emails and other forms of electronic communication that may be sent on behalf of SFRS.

6.10   Damage or Loss to Personal Property

The Board authorises the Chief Officer to consider and, if deemed appropriate, approve payment of in whole, or in part, valid and verified claims from employees for damage to, or loss of, personal property in the course of their employment where the employee is not at fault and is not otherwise insured.

6.11   Data Protection and Freedom of Information

The Board authorises the Chief Officer to:

- make, submit and update the necessary registrations;
- consider and respond to applications made under the Data Protection Act 2018 and the Freedom of Information (Scotland) Act 2002;
- determine the appropriate person(s) to consider and respond to any reviews sought in terms of the said legislation; and
- if necessary and appropriate, enter into any Information Sharing Protocols.

The Chief Officer sub-delegates this authorisation to the Director of Strategic Planning, Performance and Communications.

6.12   Senior Appointments

The Board authorises the Chief Officer to appoint members of the SLT and Heads of Function. The Chair of the Board, or their representative, will be involved in all SLT appointments. With all senior appointments, the Chief Officer shall engage in prior consultation with the Remuneration, Appointments and Nominations Sub Committee

with regard to the appointment process and shall provide feedback to the Sub Committee in respect of the final selections from the process. For the avoidance of doubt, there shall be no further delegation of authority to appoint SLT members and Heads of Functions beyond the delegation from the Board to the Chief Officer.

6.13   Employment of Staff

With the exception of (1) appointments reserved by statute to the Board, (2) any matters requiring the prior approval of Scottish Government, (3) any matters specifically falling within the terms of reference of any SFRS Committee and (4) any matters subject to national negotiations at Scottish and UK level, the Board delegates its authority under Paragraph 8 (SFRS's employees) of Schedule 1A of the 2005 Act to employ staff to the Chief Officer.

Where appropriate, the Chief Officer sub-delegates the authority to employ staff to the Director of People.

6.14   Finances and Payments

The Board authorises the Chief Officer to maintain and administer the SFRS's financial resources, including the operation of bank account(s) and the receipt and making of appropriate payments in accordance with the SPFM and SFRS's Financial Regulations.

The Chief Officer sub-delegates this authority to the Director of Finance and Contractual Services.

6.15   Fines

The Board authorises the Chief Officer to consider and, if appropriate, pay or contribute to the legal expenses and outlays of defending a SFRS employee charged with an offence (for example, an offence in contravention of Road Traffic or Health and Safety legislation) whilst acting in the course of their employment, subject to the

stipulation the employee is not considered to have been on a frolic of their own (ie the employee's actions must have been at the material time closely connected with their employment). Scottish Government's prior written approval is required for any such special payments over the value of £1,000.

6.16   Fire Safety (Prevention and Protection) and Fire Investigation

The Board authorises the Chief Officer to carry out its statutory duties and exercise its discretionary powers under the 2005 Act and associated subordinate legislation made thereunder, together with other legislation relevant to this particular function.

The Board authorises the Chief Officer to issue any necessary letters of authorisation to employees engaged in Enforcement or Fire Investigation roles.

6.17   Foreign Travel / Travel outwith Scotland / Conferences and Seminars

The Chief Officer's foreign travel or travel outwith Scotland must be authorised and approved by the Chair.

The Board authorises the Chief Officer to authorise and approve foreign travel or travel outwith Scotland and attendance at any relevant conferences, seminars or meetings for any SFRS employee who is on SFRS business. The Chief Officer sub-delegates this authority to all SLT members.

6.18   Gifts and Hospitality

The Board authorises the Chief Officer to:

- accept and provide gifts and hospitality in accordance with the SPFM and with SFRS's Gifts, Hospitality and Interests Policy, which clearly states SFRS's commitment to high standards of ethical behaviour; and
- maintain and publish a register of Gifts, Hospitality and Interests, in accordance with SFRS's Gifts, Hospitality and Interests Policy.

The Chief Officer sub-delegates this authority to the Director of Finance and Contractual Services.

6.19 Health and Safety

The Board authorises the Chief Officer to carry out the operational delivery of Health and Safety. The Chief Officer sub-delegates this authority to the Assistant Chief Officer, Director of Training, Safety and Assurance. However, the Board retain a duty of care towards all staff within the Service and are therefore accountable for the scrutiny of compliance with applicable Health and Safety Legislation.

6.20 Insurance

The Board authorises the Chief Officer to take out and maintain appropriate insurance cover as required by employees who are employed in a particular professional capacity, and as required by Landlords or other third parties with whom the SFRS is transacting or working in partnership, where commercial insurance is a stipulation and whether or not the SFRS is for all other matters self-insured.

In the event that the SFRS is permitted by Scottish Government to take out insurance cover for all or part of its functions, then the Board authorises the Chief Officer to take out and maintain appropriate insurance cover.

The Chief Officer sub-delegates this authority to the Director of Finance and Contractual Services.

6.21 Legal Proceedings and Litigation

The Board authorises the Chief Officer to:

- lodge caveats if deemed necessary;
- accept service of all types of legal claims and legal documents;

- process employer's liability, public liability, motor vehicle and other such claims;

- initiate, enter, defend or withdraw from legal proceedings (judicial and quasi-judicial);

- negotiate settlement of claims or legal proceedings in accordance with the Scottish Public Finance Manual (SPFM);

- settle all claims in accordance with the Scottish Public Finance Manual (particularly under the "Settlement Agreements, Severance, Early Retirement and Redundancy Terms" Section) and all other applicable Guidance. All such settlements, for any amount, must therefore be referred to Scottish Government before being considered or offered. Claims not specifically covered by the Scottish Public Finance Manual or other applicable Guidance are authorised, without prior Scottish Government approval and without reference to the Chair and the Board, up to and including the value of £25,000;

- engage in arbitration or mediation;

- enter compromise agreements;

- prepare and submit reports to the Crown Office and Procurator Fiscal Service in relation to offences identified in the course of the SFRS carrying out its functions; and

- engage Solicitors, Solicitor Advocates and Counsel to provide advice, opinions and representation.

The Chief Officer sub-delegates this authority to negotiate settlement of claims or legal proceedings to the Director of Finance and Contractual Services and the remainder of this authority to the Director of Strategic Planning, Performance and Communications.

6.22   Novel, Contentious or High Risk Decisions

In exceptional cases, certain specific organisational decisions and/or financial arrangements might be regarded as being novel, contentious or having a high level of risk. The Board approval of such decisions is required to be obtained before

proceeding (reference to paragraph 3). Identifying such cases inevitably involves a degree of judgement. The Board authorises the Chief Officer or the Chair of the Board to identify such cases for referral to the Board for decision. Should any Board Member consider any pending decision falls within this category, they should bring the matter to the attention of the Chair. If time-critical, this decision making process should not be delayed by routine governance routes, and the utilisation of appropriate mechanisms to seek a decision in an expedited manner must be considered.

As a general guide, 'Novel' would include proposed decisions, expenditure and/or financial arrangements of a sort not previously made, undertaken, or entered into, or that could not be reasonably considered to be standard practice; 'Contentious' would include proposed decisions, expenditure and/or financial arrangements that could be considered controversial or there could be a possible challenge to the legality (ie compliance with relevant legislation and guidance) or propriety (ie compliance with the standards expected of public bodies or officials); and a decision deemed high risk would include those having a significant level of reputational, political, legal, financial or operational implications for SFRS and/or other affected parties.

6.23 Licences

The Board authorises the Chief Officer to obtain any necessary licences, including but not limited to software licences, required to enable the SFRS to carry out its functions.

The Chief Officer sub-delegates this authorisation to members of the SLT, as appropriate.

6.24 Local Senior Officers

The Chief Officer shall designate an SFRS employee to the role of Local Senior Officer (LSO) for each local authority and the LSO shall carry out the delegated functions narrated at Section 41J (2) of the 2005 Act.

6.25   Loans of Assets

The Board authorises the Chief Officer to provide on a temporary or short-term loan arrangement, assets which are not operationally sensitive, confidential or would breach the Data Protection principles to reputable third parties for research purposes, public exhibition or wider public benefit. The loan may be upon such terms and conditions as the Chief Officer deems appropriate and may include a requirement for security and insurance cover.

6.26   Media and Publications

The Board authorises the Chief Officer to formulate and issue on its behalf media releases and responses and to consider requests from media organisations to record sound and/or images of the SFRS for public transmission.

The Chief Officer sub-delegates this authorisation to the Director of Strategic Planning, Performance and Communications.

The Board authorises the Chief Officer to draft, for its consideration, publications required by legislation or Scottish Government and, once subsequently approved by the Board, to issue same on its behalf in accordance with any such requirement.

The Chief Officer sub-delegates the authorisation of statistical publishing to the Director of Strategic Planning, Performance and Communications.

6.27   Objections

The Board authorises the Chief Officer to lodge any objections to planning applications, building warrants, road traffic orders and any similar statutory procedures to which the SFRS may be a competent objector and to engage in the objection process, incurring any necessary costs associated therewith and to withdraw any objection, if deemed appropriate.

6.28 **Principal Fire and Rescue Functions and Ancillary Functions (Response and Resilience)**

The Board authorises the Chief Officer to carry out its statutory duties and exercise its discretionary powers under the 2005 Act, and associated subordinate legislation made thereunder, together with other legislation relevant to this function.

6.29 **Statutory Notices**

The Board hereby authorises the Chief Officer to draft, sign and serve statutory notices on its behalf, including Prohibition Notices, Enforcement Notices and Alterations Notices under Sections 63, 64 and 65 respectively of the 2005 Act and, if necessary, to withdraw such Notices.

The Chief Officer sub-delegates this authority to the Deputy Chief Officer and the Assistant Chief Officer(s).

6.30 **Urgent Issues**

Where time is of the essence and in order to eradicate or minimise actual or reasonably perceived operational risk to the SFRS, the Chief Officer may take reasonable and appropriate action in relation to any function not delegated to the Chief Officer role. The Chief Officer must thereafter report same to the Chair of the Board with full reasoning for the decision as soon as reasonably practicable after the exercise of the function.

6.31 **Warrant and Identity Cards**

The Board authorises the Chief Officer to issue warrant cards to its employees for the purpose of enabling the employees to both be identified and to exercise the powers and carry out the duties appropriate to the roles held by the employees. There shall be no requirement for such warrant cards to be signed for, or on behalf

of, the SFRS and the Chief Officer requires employees to return warrant cards upon termination of employment with SFRS.

There shall be reserved to the Chair of the Board the power to issue identity cards to the Board members for the purpose of enabling the Board members to be identified and the Chair shall have the power to require the Board members to return the identity cards upon termination of their appointment with SFRS.

6.32   Withdrawal or Amendment of Delegation

The Chief Officer may amend, extend, qualify or withdraw any sub-delegation which they have previously authorised and shall notify the relevant employees of same as soon as is reasonably practicable.

7.   DELEGATIONS TO EMPLOYEES OUTWITH THE STRATEGIC LEADERSHIP TEAM

Functions delegated to the Chief Officer and any other member of the SLT (namely, the Deputy Chief Officer(s), the Assistant Chief Officer(s), the Director of People, the Director of Finance and Contractual Services and the Director of Strategic Planning, Performance and Communications) may be further delegated to any SFRS employee, providing that employee holds a role which operates under the control and direction of the particular SLT member delegating and the delegation is in accordance with the Scheme.

In exercising a function delegated from either the Chief Officer or a member of the SLT, the employee in receipt of the delegated authority shall take account at all times of any appropriate Scottish Government, general SFRS or specific departmental practices and procedures, together with any managerial instruction given or guidance notes issued.

Prior to exercising a delegation, checks shall be made to ensure that financial provision for any outlays and/or ongoing costs is available.

Each member of the SLT shall be responsible for maintaining an up-to-date record of sub-delegations to the various roles within their Directorates.

Summary Overview of Delegated Powers

(* Note: each member of the SLT shall be responsible for maintaining an up-to-date record of any further sub-delegations to the various roles within their Directorates.)

FUNCTION	DELEGATED BY THE BOARD TO	SUB-DELEGATED	DIRECTOR RESPONSIBLE	ACTUAL POST HOLDER
Delegations to Standing Committees of the Board	Committees of the Board in accordance with their Terms of Reference	No		
Delegation of General Powers	Strategic Leadership Team	Yes	N/A	N/A
Delegation to Act as Authorised Signatories	Strategic Leadership Team	Yes	N/A	Any SFRS employee who holds a role which he/she deems it appropriate for authority to be delegated to
Strategic and Financial Management Responsibilities	Chief Officer (Accountable Officer)	No	Accountable Officer, (*although not delegating, authorises members of the SLT to undertake these responsibilities*).	
Acquisitions and Disposals	Chief Officer	Yes	Finance and Contractual Services	

Arms and Badge	Chief Officer	No		
Authorisation to Exercise Statutory Powers	Chief Officer	No		
Bad Debt and Losses	Chief Officer	Yes	Finance and Contractual Services	Head of Finance and Procurement
Borrowing	Chief Officer	Yes	Finance and Contractual Services, however under the obligation to obtain the necessary prior consents	
Complaints, Comments and Compliments	Chief Officer	Yes	Strategic Planning, Performance and Communications	Head of Communications and Engagement
Consultants	Chief Officer	No		
Contracts	Chief Officer, the Director of Finance and Contractual Services	No	Director of Finance and Contractual Services	Head of Finance and Procurement (dependent on contract value)
Correspondence and Communications	Chief Officer	Yes	All members of the Strategic Leadership Team	Further delegation permitted under Section 7 of the Scheme
Damage or Loss to Personal Property	Chief Officer	No		
Data Protection and Freedom of Information	Chief Officer	Yes	Strategic Planning, Performance and Communications	Head of Governance, Strategy and Performance and Head of

				Communications and Engagement
Senior Appointments	Chief Officer (with the Chair of the Board involved in all SLT appointments and in consultation with RANSC for all senior appointments)	No		
Employment of Staff	Chief Officer	Yes	People, where appropriate	Head of People
Finances and Payments	Chief Officer	Yes	Finance and Contractual Services	Head of Finance and Procurement
Fines	Chief Officer	No		
Fire Safety (Prevention and Protection) and Fire Investigation	Chief Officer	No		
Foreign Travel / Travel Outwith Scotland / Conferences and Seminars	Chief Officer	Yes	All members of the Strategic Leadership Team	Further delegation permitted under Section 7 of the Scheme
Gifts and Hospitality	Chief Officer	Yes	Finance and Contractual Services	Head of Finance and Procurement
Health and Safety	Chief Officer	Yes	Training, Safety and Assurance	Head of Safety and Assurance

Insurance	Chief Officer	Yes	Finance and Contractual Services	Head of Finance and Procurement
Legal	Chief Officer	Yes	Finance and Contractual Services *(negotiate settlement of claims or legal proceedings),* remainder to the Strategic Planning, Performance and Communications	Head of Finance and Procurement and Head of Governance, Strategy and Performance
Licences	Chief Officer	Yes	All members of the Strategic Leadership Team	Further delegation permitted under Section 7 of the Scheme
Local Senior Officers	Chief Officer	Yes	All Local Senior Officers	
Loans of Assets	Chief Officer	No		
Media and Publications	Chief Officer	Yes	Strategic Planning, Performance and Communications	Head of Communications and Engagement and Head of Governance, Strategy and Performance
Objections	Chief Officer	No		
Principal Fire and Rescue Functions and Ancillary Functions (Response and Resilience)	Chief Officer	No		
Statutory Notices	Chief Officer	Yes	Deputy Chief Officer and Assistant Chief Officer(s)	

Urgent Issues	Chief Officer	No		
Warrant and Identity Cards	Chief Officer (Note: Chair of the Board reserved power to issue identity cards to Board Members)	No		
Withdrawal or Amendment of Delegation	Chief Officer	No		

APPENDIX 2

EXECUTIVE SFRS MODEL FRAMEWORK DOCUMENT: APPENDIX

SPECIFIC DELEGATED FINANCIAL AUTHORITIES

		Delegated Limit
Non-competitive action contracts		**£25,000**
Operating leases – other than property/ accommodation related leases		Able to take out lease at market value up to 5 years with a rental up to **£15k** per annum
Gifts		**£1,000**
Special payments		**£1,000**
Claims waived or abandoned		**£25,000**
Write-off of bad debt and/or losses		**£1,000**
External Business and Management Consultancies		**£100,000**

(Source: Scottish Fire and Rescue Service Governance and Accountability Framework 2024)

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

CODE OF CONDUCT FOR BOARD MEMBERS OF THE SCOTTISH FIRE AND RESCUE SERVICE

Original Author/Role	Lynne Dickson
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Richard Whetton, Head of Governance, Strategy and Performance
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Lynne Dickson	20/07/2013
2.0	Reviewed / updated	WM Neil Kerr	22/05/2014
3.0	Reviewed / updated	WM Neil Kerr	17/06/2014
4.0	Reviewed / updated	WM Craig Wallace	15/06/2016
5.0	Reviewed / updated	GM Rab Middlemiss	21/08/2017
6.0	Reviewed / updated	GM Alasdair Cameron	12/02/2019
7.0	Reviewed / updated	GM Alasdair Cameron	02/05/2019
8.0	Reviewed / updated	GC Alasdair Cameron	26/05/2020
9.0	Reviewed – no changes	GC Alasdair Cameron	21/03/2021
10.0	Reviewed / amended (Approved by Scottish Government – 9 May 2022)	GC Alasdair Cameron	13/05/2022
11.0	Reviewed / amended (Background section only)	GC Kevin Murphy	27/04/2023
12.0	Reviewed – no changes	GC Kevin Murphy	25/04/2024
13.0	Reviewed – no changes	GC Chris Casey	24/04/2025

CONTENTS

**Section 6: **

ANNEXES

BACKGROUND

The Scottish Fire and Rescue Service (SFRS) Board Members' Code of Conduct was first presented to the Board on 14 January 2013 with updated versions subsequently presented to the Board on 30 August 2018 and 28 April 2022.

The Ethical Standards in Public Life etc. (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies, including the SFRS. The Act requires the Scottish Ministers to lay before Parliament a Model Code for Members of Devolved Public Bodies and the last Model Code was approved by Scottish Parliament on 4 December 2013.

Scottish Government acknowledged that various developments have taken place in society since then, for example, the increasing role played by social media in our society, while also underlining the importance of respectful behaviour and highlighting that bullying and harassment should not be tolerated under any circumstances.

As a result, the "Ethical Standards in Public Life: Consultation on Model Code of Conduct for Board Members of Devolved Public Bodies" was launched in October 2020 to seek views on proposed changes to the Model Code. The Board's feedback on the consultation was sought and a response based on that feedback was submitted to Scottish Government on behalf of the Board.

Following conclusion of this consultation, a revised Model Code of Conduct was issued by the Scottish Ministers in December 2021, with the approval of the Scottish Parliament.

As the Model Code has been approved by Parliament and is enforceable by the Ethical Standards Commissioner, there should be no deviation from the Model Code without consent and is therefore presented as approved.

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1   This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act")](#).

1.2   The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3   The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4   I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5   I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of the SFRS, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6   I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7   I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and the SFRS's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards

Commission for Scotland ("Standards Commission") and the SFRS, and endeavour to take part in any training offered on the Code.

1.8   I will not, at any time, advocate or encourage any action contrary to this Code.

1.9   I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of the SFRS, failing whom the Chair or Chief Officer of the SFRS. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10   Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at Annex A.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1   The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2   I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of the SFRS when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the SFRS uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the SFRS and its members in conducting public business.

Respect

I must respect all other board members and all employees of the SFRS and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1   I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2   I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3   I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4   I accept that disrespect, bullying and harassment can be:

   a)   a one-off incident;
   b)   part of a cumulative course of conduct; or
   c)   a pattern of behaviour.

3.5   I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6   I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, the SFRS's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7   Except where it is written into my role as board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of the SFRS. I acknowledge and understand that operational management is the responsibility of the Chief Officer and Executive Team.

3.8   I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9   I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the SFRS or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10   I will respect and comply with rulings from the Chair during meetings of:

a)   the SFRS, its committees; and
b)   any outside organisations that I have been appointed or nominated to by the SFRS or on which I represent the SFRS.

3.11   I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board have made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12   I will comply with the rules, and the policies of the SFRS, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13   I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts, as placing me under an improper obligation or being capable of influencing my judgement.

3.14   I will never **ask for** or **seek** any gift or hospitality.

3.15   I will refuse any gift or hospitality, unless it is:

a)   a minor item or token of modest intrinsic value offered on an infrequent basis;

b)   a gift being offered to the SFRS;

c)   hospitality which would reasonably be associated with my duties as a board member; or

d)   hospitality which has been approved in advance by the SFRS.

3.16   I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17   I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18   I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the SFRS.

3.19   If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the SFRS at the earliest possible opportunity and ask for it to be registered.

3.20   I will promptly advise the SFRS's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that the SFRS can monitor this.

3.21   I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22   I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23   I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24   I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit the SFRS (even if my personal view is that the information should be publicly available).

3.25   I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26   I will only use the SFRS's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27   I will not use, or in any way enable others to use, the SFRS's resources:

    a)   imprudently (without thinking about the implications or consequences);
    b)   unlawfully;
    c)   for any political activities or matters relating to these; or
    d)   improperly.

Dealing with the SFRS and Preferential Treatment

3.28   I will not use, or attempt to use, my position or influence as a board member to:

    a)   improperly confer on or secure for myself, or others, an advantage;
    b)   avoid a disadvantage for myself, or create a disadvantage for others; or
    c)   improperly seek preferential treatment or access for myself or others.

3.29   I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30   I will advise employees of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31   If I am appointed, or nominated by the SFRS, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32   I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the SFRS.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

   a) employed;
   b) self-employed;
   c) the holder of an office;
   d) a director of an undertaking;
   e) a partner in a firm;
   f) appointed or nominated by the SFRS to another body; or
   g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that, in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6   I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7   I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8   When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9   When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of the SFRS in terms of paragraph 6.7 of this Code.

4.10   Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11   When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12   I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13   I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14   I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15   I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with the SFRS:

   a)   under which goods or services are to be provided, or works are to be executed; and
   b)   which has not been fully discharged.

4.16   I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17   If I have been elected to the SFRS, then I will register a description of, and statement of, any assistance towards election expenses relating to election to the SFRS.

Category Five: Houses, Land and Buildings

4.18   I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the SFRS.

4.19   I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to the SFRS and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20   I have a registerable interest where:

a)   I own or have an interest in more than 1% of the issued share capital of the company or other body; or

b)   Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21   I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non–Financial Interests

4.22   I may also have other interests and I understand it is equally important that relevant interests, such as membership or holding office in other public

bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in the SFRS (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by the SFRS).

Category Nine: Close Family Members

4.23   I will register the interests of any close family member who has transactions with the SFRS or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1   For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2   I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3   A connection includes anything that I have registered as an interest.

5.4   A connection does not include being a member of a body to which I have been appointed or nominated by the SFRS as a representative of the SFRS, unless:

   a)   The matter being considered by the SFRS is quasi-judicial or regulatory; or
   b)   I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5   I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6   I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7   I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8   I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9   I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1   I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

   a)   any role I have in dealing with enquiries from the public;

   b)   any community engagement where I am working with individuals and organisations to encourage their participation and involvement; and

   c)   lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the SFRS (for example contracts/procurement).

6.2   In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the SFRS's, decision-making role.

6.3   I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the SFRS or any statutory provision.

6.4   I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the SFRS.

6.5   If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Officer or Standards Officer of the SFRS.

6.6   The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or

accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7   Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients, but it is important that I understand the basis on which I am being lobbied, in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8   I will not accept any paid work:

a)   which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation;

b)   to provide services as a strategist, adviser or consultant, for example, advising on how to influence the SFRS and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the SFRS, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. (Scotland) Act 2000](#) ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) ("Standards Commission") and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more

appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7.   On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8.   On receipt of a report from the ESC, the Standards Commission can choose to:

- Do nothing;
- Direct the ESC to carry out further investigations; or
- Hold a Hearing.

9.   Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10.   The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure**: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.

- **Suspension**: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.

- **Disqualification**: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are

concerns that the member may try to interfere with evidence or witnesses); or

- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

"Bullying" is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

"Code" is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

"Confidential Information" includes:
- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

"Employee" includes individuals employed:
- directly by the public body;
- as contractors by the public body; or
- by a contractor to work on the public body's premises.

"Gifts" a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

"Harassment" is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

"Hospitality" includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

"Relevant Date" Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

"Public body" means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

"Securities" a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

"Undertaking" means:

a)   a body corporate or partnership; or

b)   an unincorporated association carrying on a trade or business, with or without a view to a profit.

COMMITTEE STRUCTURE MATRIX
(effective 1 March 2025)

APPENDIX E

Audit and Risk Assurance Committee	People Committee	Remuneration, Appointments & Nominations Sub Committee	Change Committee	Service Delivery Committee	Integrated Governance Forum
Brian Baverstock (Chair)	**Mhairi Wylie (Chair & EPF Chair)**	**Mhairi Wylie (Chair)**	**Stuart Ballingall (Chair)**	**Tim Wright (Chair)**	**Kirsty Darwent (Chair)**
Malcolm Payton (Deputy Chair)	Andrew Smith (Deputy Chair)	Malcolm Payton	Angiolina Foster (Deputy Chair)	Paul Stollard (Deputy Chair)	Paul Stollard (Deputy Chair)
Neil Mapes	Neil Mapes	Kirsty Darwent	Therese O'Donnell	Angiolina Foster	Stuart Ballingall
Mhairi Wylie	Malcolm Payton	Therese O'Donnell	Tim Wright	Madeline Smith	Mhairi Wylie
Madeline Smith	Madeline Smith	Stuart Ballingall	Paul Stollard	Andrew Smith	Tim Wright
	Kirsty Darwent (Ex officio)	Paul Stollard	Kirsty Darwent (Ex officio)	Kirsty Darwent (Ex officio)	Brian Baverstock

SCOTTISH FIRE AND RESCUE SERVICE

Insert Name of Meeting

APPENDIX F

Working together for a safer Scotland

Report No:

Agenda Item:

Report to:	
Meeting Date:	
Report Title:	

Report Classification:	For Information Only For Scrutiny For Recommendation For Decision	**SFRS Board/Committee Meetings ONLY** **For Reports to be held in Private** **Specify rationale below referring to** **Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	

2	**Background**
2.1	

3	**Main Report/Detail**
3.1	

4	**Recommendation**
4.1	

5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers**
5.2 5.2.1	**Financial**
5.3 5.3.1	**Environmental & Sustainability**
5.4 5.4.1	**Workforce**
5.5 5.5.1	**Health & Safety**
5.6 5.6.1	**Health & Wellbeing**
5.7 5.7.1	**Training**
5.8	**Timing**

5.8.1			
5.9 5.9.1	**Performance**		
5.10 5.10.1	**Communications & Engagement**		
5.11 5.11.1	**Legal**		
5.12 5.12.1	**Information Governance** DPIA completed Yes/No. If not applicable state reasons.		
5.13 5.13.1	**Equalities** EHRIA completed Yes/No. If not applicable state reasons.		
5.14 5.14.1	**Service Delivery**		
6	**Core Brief**		
6.1			
7	**Assurance (SFRS Board/Committee Meetings ONLY)**		
7.1	**Director:**		
7.2	**Level of Assurance:** **(Mark as appropriate)**	**Substantial/Reasonable/Limited/Insufficient**	
7.3	**Rationale:**		
8	**Appendices/Further Reading**		
8.1			

Prepared by:	
Sponsored by:	
Presented by:	

Links to Strategy and Corporate Values

Governance Route for Report	Meeting Date	Report Classification/ Comments

BOARD AND BUSINESS SUPPORT

GUIDANCE ON PREPARING CORPORATE REPORTS

(WRITING PAPERS FOR THE BOARD, ITS COMMITTEES AND EXECUTIVE LEVEL MEETINGS)

Original Author/Role	GM Rab Middlemiss, Board Support Team
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	March 2022
Date of Impact Assessment (commenced)	December 2019
Date of Impact Assessment (concluded)	March 2022
Quality Control (name and date)	Richard Whetton, Head of Governance, Strategy and Performance – March 2023
Authorised (name and date)	Mark McAteer, Director of Strategic Planning, Performance and Communications – March 2023
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	GM Rab Middlemiss	05/05/2017
2.0	Reviewed / updated	GM Rab Middlemiss	31/05/2017
3.0	Reviewed / updated	GM Rab Middlemiss	07/09/2017
4.0	Reviewed / updated	Marion Lang	20/03/2018
5.0	Reviewed / updated	Marion Lang	29/11/2018
6.0	Reviewed / updated	Marion Lang / GM Alasdair Cameron	28/03/2019
7.0	Reviewed / updated	Marion Lang / GM Alasdair Cameron	03/07/2019
8.0	Reviewed / updated	Marion Lang / GC Alasdair Cameron	27/05/2020
9.0	Reviewed / updated	Marion Lang / GC Alasdair Cameron	09/07/2020
10.0	Reviewed / updated	GC Alasdair Cameron	26/03/2021
11.0	Amendment to Appendix A, section 5.6 Training	Marion Lang / GC Alasdair Cameron	19/07/2021
12.0	Amendment to Report Guidance to clarify need for brevity and to include details of levels of scrutiny expected. Amendment to report template, Key Strategic implications now a separate checklist and adding Health and Wellbeing considerations	Marion Lang / GC Alasdair Cameron	24/03/2022
13.0	Health, Safety and Wellbeing strategic implication amended to Health and Safety Only	Marion Lang / GC Alasdair Cameron	17/05/2022
14.0	Added reference to LCMS	Marion Lang	14/06/2022
15.0	Amended to include key strategic implications in the main report	Marion Lang / GC Kevin Murphy	15/03/2023

	template. New section on Assurance (7). Guidance updated to reflect changes and amend wording to improve clarity and reflect current titles or terminologies.		
16.0	SFRS added to 'Board' to clarify only SFRS Board and not Exec Boards	Marion Lang	21/03/2023
17.0	Amendment to clarify role of Core Brief	Marion Lang	30/01/2024
18.0	Amendment to guidance on risk within Section 5 of the report template	Marion Lang	07/03/2025

CONTENTS

1. PREPARATION AND MANAGEMENT OF REPORTS

For support with any aspect of this guidance and preparation of reports, please contact the Corporate Business Manager or Board Support Manager. You can also refer to LCMS module, 'Corporate Report Guidance Presentation.'

Reports must be:

- **MAXIMUM 5 PAGES** with links to Appendices only where required for additional reference material;
- Approved by the sponsoring Director before submission;
- Prepared and laid out in accordance with guidance given in Appendix A;
- Submitted in line with the deadlines set by the relevant Board / Committee / Executive Board;
- Submitted on the standard template (see Appendix B);
- Sufficient in detail to enable informed decisions to be made; and
- Written in **Plain English** – Tips on How to Write in Plain English.

Consideration should be given to the level of detail required by the reader. It is important to bear in mind the differing roles of the Board / Committees, who require more brief, high-level strategic detail, and the Executive Level Meetings, where more detailed information may be needed.

The table below clarifies the types of questions likely to arise when presenting Executive Level reports and the different types of questions expected at Board Level reporting. It is important those producing and presenting papers at these meetings give cognisance to these and tailor their information accordingly. Authors should ask themselves what the key issues / challenges / implications / benefits and outcomes the specific Executive Board or Committee / SFRS Board they are presenting their report to requires to be sited on, to make informed decisions.

	Executive Scrutiny	**Board Scrutiny**
Who	Who has suggested this and who will it affect? Who is taking responsibility for the change and the rollout? Who do we need to inform? (Scottish Government / Police Scotland / Scottish Ambulance Service / Representative Bodies)	Do we need to seek assurance from the lead for the implementation of this decision? Have all the relevant people been informed?
What	What is being proposed? What is it that we are trying to solve? What is the cost? What are the safety considerations? What are the training considerations? What is the risk and risk mitigation?	What is being proposed? Are there any concerns that the risk(s) outweigh any potential benefit(s)? Are the risks inherent in this proposal consistent with the Board's risk appetite? Are there any other considerations we could suggest to the Chief Officer / SLT that would assist with the intended outcome?
When	When will this proposal take effect? When will it be reviewed? When will it terminate?	When will this start? When will it stop? Is there a sunset clause? When will it be brought to the relevant Committee of the Board or Board itself for Scrutiny?
Where	Where is the impact occurring?	Where is the impact occurring?
Why	Why are proposals required?	Is this an appropriate use of the authority delegated to the Chief Officer?
How	How will outcomes be delivered? How are we recording the impact? How will the effects/impact be measured? How are we communicating this? How are we ensuring that we are remaining legally compliant with it?	How can we support and provide constructive challenge to the Chief Officer / SLT / Executive?

The Corporate Template has been amended to include the key strategic implications as part of the main report. The author will now require to ensure that any key areas of risk or of strategic implication identified are considered and detailed within Section 5. These areas may require further clarity and require the author to field questions during the meeting, so it is important to detail clearly all risks and implications, and be able to discuss these in more detail, where requested.

The template has also been amended to include Director level assurance for all reports being presented at Board and Committee meetings ONLY. Guidance is provided in Appendix A.

It is vital for report authors to complete an Equality and Human Rights Impact Assessment (EHRIA) and Data Protection Impact Assessment (DPIA) for all strategic documents and reports, to ensure due consideration is given to equalities and data protection. Guidance can be provided by the Equality and Diversity Team and the Information Governance Team to assist with this process and confirm requirements.

Basic style rules to apply:

- Avoid personal pronouns – 'I', 'we', 'you', etc. Refer to the position / body being referred to;
- Acronyms – provide the full text and acronym in brackets in the first instance and thereafter the acronym;
- Personal names – Names of individuals should have the relevant title, e.g. Chief Officer, Ms, Mr, etc. Generally, the use of personal names should be avoided, except when stating whom the paper was prepared by, sponsored by and presented by;
- Font – Arial 11 point is used for all text;
- Use the active voice (e.g. 'The Board decided' rather than 'it was decided') and put statements in positive form, as it makes the meaning clearer (e.g. 'it was possible' rather than 'it would not have been impossible');
- Use simple, concrete language and fewer words;

- Stick to the same tense and keep it simple;
- Use shorter sentences and avoid joining sentences together with ands and buts.

Report Classifications for Executive or Non-Executive Boards / Committees / Groups or Forums:

For Information Only - To inform of something relevant that would be beneficial to present formally. Limited questions and time will be spent on these items.

For Scrutiny - To enable scrutiny of a paper being presented and to allow for questions as required to seek assurance. No decision is required but advice and guidance can be given as appropriate.

For Recommendation - To enable scrutiny of a paper and then for it to be passed, following the correct Governance route as appropriate, 'For Decision'.

For Decision - To enable a final Decision to be made, ensuring a paper has followed the necessary Governance routes.

Note: guidance and support can be obtained from the Corporate Business Manager and Board Support Team.

2. ASSOCIATED DOCUMENTS / REFERENCES

Corporate Report Template
SFRS Website – Board Section
Standing Orders for Meetings of the Board, its Committees and Sub-Committees
Plain English Campaign, How to Write in Plain English
LCMS – Corporate Report Guidance Presentation

APPENDIX A – GUIDANCE NOTES FOR COMPLETING THE REPORT

SCOTTISH FIRE AND RESCUE SERVICE	
Insert Name of Meeting	SCOTTISH FIRE AND RESCUE SERVICE Working together for a safer Scotland

Report No:

Agenda Item:

Report to:	**INSERT NAME OF MEETING**						
Meeting Date:	**INSERT MEETING DATE**						
Report Title:	**INSERT TITLE OF REPORT**						
Report Classification:	**For Information Only**	**SFRS Board/Committee Meetings ONLY** **For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**					
	For Scrutiny						
	For Recommendation						
	For Decision	A	B	C	D	E	F	G

1	**Purpose (MAX 5 LINES)**
1.1	• What the report is about and aiming to achieve • Why the report is being submitted • A clear and detailed statement of the proposal

2	**Background (MAX ½ PAGE)**
2.1	Context and matters to be covered including: • Previous SMB/SLT and/or Board/Committee consideration of the issues • Relevant external context that brings the issue before the meeting forum (e.g. legislation, government policy, etc.) • Relevant SFRS policies, delegations, strategic directions or precedents • Background and relevant history of the issue(s)

3	**Main Report/Detail (MAX 2 PAGES)**
3.1	Provide suitable and sufficient information in relation to the report classification, items to consider include: • Brief summary of current position • The arguments and reasons behind any proposal • The objective and expected outcomes • The costs and benefits Where there is a financial implication, rationale for spend must be provided. Guidance can be sought from your Finance Business Partner. You can refer to the Appraisal and Evaluation section of the Scottish Public Finance Manual (SPFM) and Her Majesty's Treasury (HMT) Guidance (The Green Book), which has been adopted by the Scottish Government and applies to the SFRS for more information on financial management requirements • The views of relevant stakeholders or interested parties • The implications of any decision and/or the risk that might be involved • The alignment with strategic and budget frameworks

	It is important to include sufficient information in this section for effective scrutiny. Links to Appendices should only be added where needed for additional reference material.
4	**Recommendation (MAX ½ PAGE)**
4.1	Outline what approval you are seeking, the preferred option and why this was chosen.
5.	**Key Strategic Implications**
5	**Key Strategic Implications** IMPORTANT – You must ensure that you engage with relevant Directorates/Functions for updating these sections, in particular and where issues are complex, refer to the (highlighted in brackets) for appropriate advice and note that this has been done. Only mark "Non-applicable" as an exception. Additional sections can be added at the end of this section if essential.
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers (MAX 3 LINES) (Risk and Audit)** Each report will be aligned to a single Risk Appetite Statement and relevant sub-category. Further information on risk appetite statements is contained within the guidance page for each Directorate risk register. In addition to risk appetite, where the report links to a risk(s) held within the Directorate risk register these will be identified within this section. Where the risk associated with the report is not recorded within the Directorate risk register an outline of the risk should be entered.
5.2 5.2.1	**Financial (MAX 3 LINES) (Finance and Contractual Services)** Financial investment required to deliver the proposal. Consider the wider financial strategy of SFRS.
5.3 5.3.1	**Environmental & Sustainability (MAX 3 LINES) (Finance and Contractual Services)** Environmental/sustainability implications.
5.4 5.4.1	**Workforce (MAX 3 LINES) (People and Organisational Development)** Employee implications.
5.5 5.5.1	**Health & Safety (MAX 3 LINES) (Safety and Assurance)** Health and safety implications.
5.6 5.6.1	**Health and Wellbeing (MAX 3 LINES) (Health and Wellbeing)** Consider potential impact on any aspect of the Health and Wellbeing of individuals, and ensure alignment with the SFRS Mental Health Strategy.
5.7 5.7.1	**Training (MAX 3 LINES) (Training)** Any training implications identified.
5.8 5.8.1	**Timing (MAX 3 LINES)** Timing for implementation and any internal and/or external deadlines.
5.9 5.9.1	**Performance (MAX 3 LINES) (SPPC)** Measures, linked to strategy, used to monitor performance.
5.10 5.10.1	**Communications & Engagement (MAX 3 LINES) (Communications and Engagement)** Outline the level of communication and engagement that has taken place and/or may take place with relevant internal and external stakeholders.

5.11 5.11.1	**Legal (MAX 3 LINES) (Legal Services)** Legal implications should be detailed in this section after careful consideration and seeking specific legal opinion as appropriate.
5.12 5.12.1	**Information Governance (MAX 3 LINES) (Information Governance)** Refer to General Data Protection Regulation Guidance (GDPR) on the iHUB and where appropriate complete a Data Protection Impact Assessment (DPIA) to assess potential GDPR Implications. If not applicable state reasons. Please note it is the responsibility of the author to ensure no personal/sensitive information is provided. If the report contains personal or sensitive information refer to guidance and/or consult with the Information Governance Manager.
5.13 5.13.1	**Equalities (MAX 3 LINES) (Equality, Diversity and Human Rights)** It is important to assess if there is a requirement to complete an Equality and Human Rights Impact Assessment (EHRIA). Guidance is available from the Equality and Diversity team. There is a legal requirement to consider the equality and human rights implications of proposed decisions and for decision makers to take this information into account before making a decision on any proposed policy, practice, planning activity, initiative or corporate decision that has a direct or indirect impact on people. Within this section of the report, you must outline if an EHRIA has been carried out and list the relevant General Equality Duties and protected characteristics potentially affected by the proposal, e.g. 'This proposal is deemed likely to have a positive impact on the grounds of Promoting Equality of Opportunity and is particularly relevant to the protected characteristics of age and disability.' If you determine that an EHRIA is not required, you must outline why the proposal is not relevant to the General Equality Duty, e.g. 'proposal outlined in this report has no impact on people, either employees or service recipients directly or indirectly and is thus deemed not relevant to the General Equality Duty and this has been verified with the Equality and Diversity Team.' Where an EHRIA has been progressed it should accompany this report.
5.14 5.14.1	**Service Delivery (MAX 3 LINES) (Service Delivery)** Any service delivery implications identified.
6	**Core Brief (MAX 5 LINES)**
6.1	For Board and SLT Reports only, provide a very brief overview of the report. This detail will be used to inform the SLT Core Brief shared with all SFRS personnel in the Weekly Brief and made available on iHub and should be written in a suitable format similar to below: "The Director of Strategic Planning, Performance and Communications asked SLT to approve a proposal for preparing and presenting Corporate level reports. The proposal will ensure there is consistency in the preparation, submission, layout and content of reports presented at Corporate meetings of the Service (i.e. Board, SLT and SMB)." A further sentence is then added post-meeting by the relevant Business Support Team to outline the Board or SLT discussion/decision.
7	**Assurance (SFRS Board/Committee Meetings ONLY)**
	Assurance is defined in the Good Governance Framework (P16) as "confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved."

To provide greater understanding of assurance in relation to reports being presented to the Board and Committees, the Director responsible for the report requires to provide confirmation of their assurance levels in relation to the report content. The Director should mark the level of assurance they are providing along with a brief statement detailing the reason they have provided this level of assurance.

The levels of assurance and what these signify are detailed in the table below.

Level of **Assurance** Assessment Rating

Substantial	**Controls are robust and well managed** Risk governance and control procedures are effective in supporting the delivery of any related objectives. Any exposure to potential weakness is low and the materiality of any consequent risk is negligible.
Reasonable	**Controls are adequate but require improvement** Some improvements are required to enhance the adequacy and effectiveness of procedures. There are weaknesses in the risk, governance and/or control procedures in place but not of a significant nature.
Limited	**Controls are developing but weak** There are weaknesses in the current risk, governance and/or control procedures that either do, or could, affect the delivery of any related objectives. Exposure to the weaknesses identified is moderate and being mitigated.
Insufficient	**Controls are not acceptable and have notable weaknesses** There are significant weaknesses in the current risk, governance and/or control procedures, to the extent that the delivery of objectives is at risk. Exposure to the weaknesses identified is sizeable and requires urgent mitigating action.

7.1	**Director:**	Name of Director providing assurance on the report
7.2	**Level of Assurance: (Mark as appropriate)**	Named Director to select and note the level of Assurance provided from levels detailed below: **Substantial/Reasonable/Limited/Insufficient**
7.3	**Rationale:**	Named Director to provide a brief statement to explain why the level of assurance in the section above has been selected
8.	**Appendices/Further Reading**	
8.1	Denoted by a letter and the respective title (e.g., Appendix A – Proposed Report Template). Links to further reading should be added, where applicable (e.g. further reading – Scottish Public Finance Manual (SPFM), Finance Guidance Notes: http://www.gov.scot/Topics/Government/Finance/spfm/GuidanceNotes)	

Prepared by:	Insert title / role of person who prepared report
Sponsored by:	Insert title / role of Director who sponsored report
Presented by:	Insert title / role of person who will present the report

Links to Strategy and Corporate Values (MAX 3 LINES)

Demonstrate a clear link to the SFRS's strategic outcomes. As a minimum, reports should in some way be supporting the outcomes and strategic objectives stemming from the Strategic Plan.

Governance Route for Report	Meeting Date	Report Classification/ Comments
To ensure effective corporate governance discuss with line manager/sponsors the most appropriate route to be followed for this report.	Date report went to, or is planned to go to committee.	If applicable, detail outcome, relevant brief details/ key amendments made to the report, e.g. • SMB – GDPR Implication highlighted/added 5.10.2. • SLT – Recommendation -Change Committee for decision.

APPENDIX B – CORPORATE REPORT TEMPLATE (FOR REFERENCE ONLY)

SCOTTISH FIRE AND RESCUE SERVICE	
Insert Name of Meeting	

Report No:

Agenda Item:

Report to:	
Meeting Date:	
Report Title:	

Report Classification:	For Information Only For Scrutiny For Recommendation For Decision	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	

2	**Background**
2.1	

3	**Main Report/Detail**
3.1	

4	**Recommendation**
4.1	

5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers**
5.2 5.2.1	**Financial**
5.3 5.3.1	**Environmental & Sustainability**
5.4 5.4.1	**Workforce**
5.5 5.5.1	**Health & Safety**
5.6 5.6.1	**Health & Wellbeing**
5.7 5.7.1	**Training**
5.8 5.8.1	**Timing**

5.9 5.9.1	**Performance**	
5.10 5.10.1	**Communications & Engagement**	
5.11 5.11.1	**Legal**	
5.12 5.12.1	**Information Governance** DPIA completed Yes/No. If not applicable state reasons.	
5.13 5.13.1	**Equalities** EHRIA completed Yes/No. If not applicable state reasons.	
5.14 5.14.1	**Service Delivery**	
6	**Core Brief**	
6.1		
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	
7.2	**Level of Assurance:** **(Mark as appropriate)**	**Substantial/Reasonable/Limited/Insufficient**
7.2	**Rationale:**	
8	**Appendices/Further Reading**	
8.1		

Prepared by:	
Sponsored by:	
Presented by:	

Links to Strategy and Corporate Values

Governance Route for Report	**Meeting Date**	**Report Classification/ Comments**

Good Governance Framework

April 2025

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Corporate governance is the way in which organisations are directed, controlled, and led. It defines relationships and the distribution of rights and responsibilities among those who work with and in the organisation, determines the rules and procedures through which the organisation's objectives are set, and provides the means of attaining those objectives and monitoring performance. Importantly, it defines where accountability lies throughout the organisation.

Good corporate governance is fundamental to any effective organisation and is at the heart of good public services, contributing to the overall purpose of the National Outcomes – To focus on creating a more successful Country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth.

Our SFRS Good Governance Framework builds on our Code of Corporate Governance first introduced in 2016 ('the Code') and outlines our continued commitment to upholding high standards of corporate governance by setting out the principles and supporting characteristics we will apply to ensure we are achieving our intended outcomes while always acting in the public interest.

It also embodies and supports our values of Safety, Teamwork, Respect, and Innovation. In the Scottish Fire and Rescue Service (SFRS), this means doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest, and accountable manner.

Our Framework focuses on the role of the non-executives (the Board) and executives (Strategic Leadership Team) of the SFRS in upholding good corporate governance, ensuring it runs through our entire organisation and has drawn on best practice from across the public, private and third sectors. Through this it is intended that we support our greatest asset, our workforce, in the delivery of our services to achieve local outcomes for our communities.

The Framework will evolve in line with best practice and through our processes for continuously reviewing and improving the effectiveness of our governance arrangements, while fully supporting our Strategy.

Our Good Governance Framework is also intended to provide our stakeholders with a clearer high-level understanding of how we operate and do business. It aligns to our **SFRS Governance and Accountability Framework**, which explains and defines our relationship with the Scottish Government and is also linked but distinct to the **Fire and Rescue Framework for Scotland**, a statutory document made under section 40 of the Fire (Scotland) Act 2005 (as amended), which sets out the Scottish Ministers' strategic priorities for the SFRS.

Purpose

The SFRS meets its corporate governance requirements and expectations in many ways. The purpose of the Framework therefore is to bring together the various strands of our corporate governance arrangements into one overarching framework document that demonstrates our commitment to upholding good corporate governance in a way that is easier to understand.

The focus of the Framework is on the Board (Non-executives) and the Strategic Leadership Team (SLT) (Executives) and is designed to assist them in performing their role of directing, controlling and leading the SFRS in a fit and proper manner.

The Framework will also be cascaded to management who directly support the Board and SLT in fulfilling this role and our workforce who are integral to achieving improved local outcomes through the delivery of our priorities and strategic objectives.

By following this Framework, we aim to deliver high standards of Corporate Governance, which we believe will lead to better service delivery and ultimately, better outcomes for the communities of Scotland.

We are responsible for ensuring that we deliver our services in accordance with the law and our statutory responsibilities, that we safeguard and properly account for public money and that this money is used in accordance with Best Value principles.

The Framework sets out the manner in which we will operate to meet these responsibilities and therefore maintain public confidence in the SFRS as a public body.

At the heart of the Framework lies six core principles of good corporate governance, each with its supporting characteristics that outline how we will demonstrate application of the principles.

The six principles we have adopted are taken from the 'Good Governance Standard for Public Services' that was developed by the Chartered Institute for Public Finance and Accountancy (CIPFA).

By adopting these principles, we will be acting consistently with the principles of good governance, a requirement of the Fire (Scotland) Act 2005, as amended by the Police and Fire Reform (Scotland) Act 2012 and following best practice promoted by the Scottish Government in publications such as 'On Board: A Guide for Board Members of Public Bodies in Scotland'.

Using the six principles of good corporate governance as a basis for our Framework, provides us with a sound structure to assess and ultimately report on the effectiveness of our corporate governance in the Annual Governance Statement.

Internal Audit and External Audit will also benefit from the structured approach, allowing them to direct their independent assurance work on corporate governance more effectively.

Strategic Context

The diagram below is a basic representation of the SFRS strategic planning process from the Scottish Government National Performance Framework through to Service personnel's individual development plans/personal appraisals. The key strategic documents for the Service are the Strategy, 3 year delivery plan, Performance Management Framework and the long term vision.

National Performance Framework

"To focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth."

- Children and Young People
- Communities
- Culture
- Economy
- Education
- Environment
- Fair Work and Business
- Health
- Human Rights
- International
- Poverty

Justice in Scotland (Vision and Priorities)
Fire Scotland Act and Police/Fire Reform Act

"For a safe, just and resilient Scotland"

Fire and Rescue Framework for Scotland

Strategic Priorities and SFRS Purpose

"To work in partnership with communities and with others in the public, private and third sectors on prevention, protection and response to improve the safety and well-being of people throughout Scotland."

Scottish Fire and Rescue Service Strategy

"Working together for a safer Scotland."

- Prevention and Protection
- Response
- Innovation and Modernisation
- Climate Change
- Effective Governance and Performance
- Partnership
- People

Long-Term Vision

"We want to be regarded as among the best fire and rescue services in the world, focused on meeting the changing needs of our communities. As an industry leader, committed to achieving best practice standards, we will share our experiences, insights and learning with others about our achievements and how we got there.

Statutory/Corporate Strategies

Local Fire and Rescue Plans

Performance Management Framework

Annual Operating Plan

Community Fire Station Plans

Annual Work Plans

Local Outcome Improvement Plans

Personal Development / Appraisal Plans

SFRS BOARD

People Committee

Audit and Risk Assurance Committee

Service Delivery Committee

Strategic Planning and Change Committee

Strategic Leadership Team

Change Portfolio Investment Group

Corporate Board

Service Delivery Board

Training, Safety and Assurance Board

Change Portfolio Progress Group

Employee Partnership Forum

Partnership Advisory Group

Remuneration Appointments & Nominations Sub Committeee

Integrated Governance Forum

Key:

— Executive Links to SLT

- - - - SLT Links to Board and Committees

- - - - Executive Links to Committees

- - - - Sub Committee/Groups/Forum links to Committees

- - - - SFRS Board links to Committees

Subject to potential change in 2024/25.

Principles of Good Corporate Governance

1	We will focus on our purpose and outcomes for the people and communities of Scotland
2	We will perform effectively in clearly defined functions and roles
3	We will promote and demonstrate the values of the organisation and the principles of good governance through behaviour
4	We will take informed, transparent decisions and manage risk effectively
5	We will develop the capacity and capability of the Board and Strategic Leadership Team to be effective
6	We will engage with the communities of Scotland and other stakeholders and make accountability real

The Good Governance Standard for Public services sets out six core principles of good corporate governance, which form the basis of our Framework.

The following pages of our Framework set out how we will go about applying these six principles to our work and therefore demonstrating our commitment to upholding high standards of corporate governance.

This also builds on the nine principles for the conduct of people in public life that were established by the Committee on Standards in Public Life.

Known as the Nolan principles, these are: selflessness, integrity, objectivity, accountability, openness, honesty, leadership, duty (public service) and respect.

We will focus on our purpose and outcomes for the people and communities of Scotland

1

This means we are:

- Being clear about our purpose and its intended outcomes for the people and communities of Scotland.

- Making sure we enable our workforce to deliver a high-quality service.

- Identifying and taking steps to meet the needs of the diverse communities we serve.

- Making sure that we secure best value for taxpayers.

How will we demonstrate this?

Where is the evidence that shows we are demonstrating this?

We will:

- Show our commitment to public service delivery and reform by ensuring that our strategies and plans are aligned to the National Performance Framework, National Outcomes, Fire and Rescue Framework and key principles of public service reform.

- Take individual and collective responsibility for clearly communicating to our internal and external stakeholders our purpose and mission, and the strategic priorities and objectives to achieve our intended outcomes.

- Respond effectively, to any changes in our operating environment and the challenges we face by maintaining a strong focus on strategic and financial planning that will assure the long-term sustainability of the functions we deliver.

- Enable our workforce and other stakeholders to co-design and shape our services by ensuring a structured, inclusive approach to seeking stakeholder views on their needs and concerns is incorporated into our strategic planning process.

- Show our commitment to the public sector equality duty by ensuring that our Equality and Human Rights Impact Assessment and Island Community Impact Assessment processes are used to inform our decisions when planning our services.

- Secure appropriate strategic oversight of performance through a robust Performance Management Framework, which is supported by effective management systems to track progress against priorities, objectives and outcomes at national and local levels.

- Ensure, where available, comparable performance information from other organisations is used to benchmark our performance.

- Show our commitment to the duty of Best Value by taking a systematic approach to self-evaluation and continuous improvement in performance and outcomes, including arrangements for reporting our performance publicly.

We will:

- Publish on our website and iHub (internal) our Strategy, associated Annual Operating Plans and Local Fire and Rescue Plans.

- Have a Board Members Communication and Engagement Strategy in place for delivering effective Board communication and engagement activities.

- Publish on our website, Board reports and relevant Committee reports relating to our plans for seeking internal and external stakeholder views and how their responses inform our strategic planning process.

- Publish on our website the results of Equality and Human Rights Impact and Island Community Impact Assessments.

- Publish on our website our financial strategy and annual budgets, which outline how we will fund our plans and demonstrate how we will deliver Best Value and ensure long term sustainability.

- Publish on our website, Board reports and relevant Committee reports relating to ongoing performance monitoring and scrutiny, and end of year statutory reporting.

- Publish on our website all external assessments of our performance and Best Value, including those provided by Internal Audit, External Audit, His Majesty's Fire Service Inspectorate and Audit Scotland, and our responses to addressing any recommendations.

- Monitor and scrutinise our performance against agreed objectives and outcomes at public meetings of the Board and relevant Committees and have minuted records of the outcomes published on our website.

We will perform effectively in clearly defined functions and roles

2

This means we are:

- Being clear about the functions of the Board.

- Being clear about the responsibilities of the Board and the SLT, and making sure that those responsibilities are carried out.

- Being clear about relationships between the Board and the public.

How will we demonstrate this?

We will:

- Clearly define and communicate the roles and responsibilities of the Board and that of the Chair, individual Board Members, the Chief Officer, Accountable Officer, and individual members of the SLT and ensure they are understood.

- Be clear about the strategic governance role of the Board, by publishing a statement outlining the Board's approach to performing its main functions and the processes it uses to hold the SLT to account.

- Ensure a constructive and effective working relationship exists between our Board Members and executive officers, where we operate on the basis of the Board and SLT working as a team.

- Establish arrangements for clarifying delegated authority to the Chief Officer and members of the SLT, and the decisions reserved to the Board, which are consistent with the Scottish Public Finance Manual (SPFM) and appropriate to our objectives and circumstances.

- Regularly review the performance of the Board as a whole; individual Committees; individual Board Members and individual officers of the SLT, to ensure that we continue to perform our functions, roles, and responsibilities to the highest possible standards.

- Ensure the Board directs and controls the SFRS in the public interest and is accountable to the public for its decisions and actions.

- Take steps to support our workforce and the communities we serve to participate in public life.

Where is the evidence that shows we are demonstrating this?

We will:

- Publish on our website and make available to all Board Members and executives of the SLT, copies of the SFRS Governance and Accountability Framework Document, which clarifies the functions of the Board and the roles and responsibilities, and accountabilities of the non-executives, executives, and Accountable Officer.

- Publish on our website and make available to all Board Members and executives of the SLT the Terms of Reference for all our Committees.

- Publish on our website our Scheme of Delegations (incorporating matters reserved for the Board), and review this periodically.

- Provide all members of the SLT with up to date and relevant job descriptions.

- Have a programme of strategy days in place for the Board and SLT to work together to promote joint problem solving, to address strategic issues.

- Make our meetings of the Board and Committees open to the public, enabling them to observe how members of the Board and SLT perform individually and collectively, and how the Board hold the SLT to account.

- Publish on our website, Board and Committee reports relating to the arrangements for annually reviewing Board and Committee effectiveness, including the outcome of these annual reviews.

- Have an induction programme in place for any new members of the Board and SLT.

- Have a programme of annual appraisals in place for Members of the Board and SLT.

- Publish on our website Board and Committee public meeting reports and minutes, incorporating all key decisions that have been made by the Board and reflection on the impact these have made12 months on.

- Publish on our website, our Communications and Engagement Strategy, setting out the principles and objectives for engaging effectively with the public and our stakeholders.

We will promote and demonstrate the values of the organisation
and the principles of good governance through behaviour

3

This means we are:

- Putting our organisational values of Safety, Teamwork, Respect, and Innovation into practice.

- Behaving in ways that uphold and exemplify effective governance, including demonstrating leadership on the grounds of equality, diversity, inclusion, human rights, and social justice.

- Demonstrating professional, dignified, and respectful behaviours and tackling those behaviours that fall short of this standard.

How will we demonstrate this?

Where is the evidence that shows we are demonstrating this?

We will:

- Actively publicise and model our values, expected standards of conduct, ethics and behaviour to all staff and relevant stakeholders.
- Ensure the application of these values guides our decision-making and are a basis for developing appropriate and effective relationships within the organisation, with our staff, partners, and other stakeholders; and they underpin our key policies.
- Discharge our public duties in a manner that ensures Board Members and staff take decisions objectively and steps are taken to avoid or deal with any conflicts of interest, whether actual or perceived.
- Through working towards our Equality Outcomes.
- Maintain effective processes for reporting, investigating, and dealing with occasions where standards fall below those expected and where they exceed expectations.
- Maintain effective arrangements to prevent, detect, investigate, and prosecute attempted fraud, corruptions, other unlawful acts, and unethical behaviour.
- Ensure that engagement with the Service is accessible to all sections of the community and recognise the benefits available from a diverse community.
- Ensure that employment by the Service is accessible to all sections of the community; that selection processes are objective, transparent and fair, and that employees feel valued and respected regardless of individual differences.
- Ensure that appropriate mechanisms are in place to measure how well we are living by our values and taking action to reinforce them.

We will:

- Publish on our website and iHub (internal) and market in SFRS properties, our values framework.
- Establish arrangements for appraising staff against our values and incorporate them into induction programmes and development programmes for staff.
- Publish on our website and iHub (internal) our Board Members Code of Conduct and establish arrangements for appraising Board Members against the provisions of the Code.
- Make our meetings of the Board and Committees open to the public and adopt a hybrid approach of virtual and face-to-face meetings enabling the public to observe the conduct and behaviour of members of the Board and SLT.
- Publish on our website, Board and Committee reports, and minutes demonstrating how our values have been applied in decision making.
- Publish and maintain Board Members and SLT Members register of interests and have arrangements in place for declaring interests at Board, Committee and SLT meetings.
- Publish on our website our Mainstreaming and Equality Outcomes Reports.
- Publish and raise awareness of our anti-fraud statement and response plan, whistleblowing policy and complaints handling procedure, and seek opinions from the Audit and Risk Assurance Committee and Internal Audit on the adequacy and effectiveness of these arrangements.
- Appoint an individual to undertake the statutory duties of a Standards Officer, and act as the principal liaison officer between the organisation and the Standards Commission.
- Publish on our website and iHub (internal) our Recruitment and Selection Policy.
- Monitor and scrutinise the effectiveness of our values framework at meetings of the People Committee.

We will take informed, transparent decisions and manage risk effectively

4

This means we are:

- Being rigorous and transparent about how decisions are taken.

- Having and using good quality information, advice, and support.

- Making sure that an effective risk management framework and internal controls are in operation.

How will we demonstrate this?

We will:

- Ensure that our standing orders and scheme of delegations are clear about how decisions should be taken and where responsibility for taking decisions lies.
- Fulfil our duty of being open by conducting the Board's formal business in public session, subject only to matters which involve confidential issues.
- Maintain accurate records of decisions made by the Board and ensure the rationale for these decisions is clearly communicated to those affected.
- Ensure that suitable processes are in place for effective, objective, and transparent scrutiny of policy development, decision making, performance and compliance.
- Give specific consideration to the impact on equality of opportunity when making decisions.
- Provide the Board with reports containing sufficient information to support strategic decision making and, when necessary, the Board has access to professional, legal, and financial advice.
- Secure the appropriate management of risk by having an approved risk management policy incorporating our approach to risk appetite in place to enable the Board to take evidence informed decisions.
- Integrate our process for managing risk into our strategic planning, management reporting and policies, so there is a system for continuous risk management, which extends from our workforce undertaking direct service delivery through to the Board and a culture of risk management is therefore being embedded across the Service.
- Comply with our statutory requirements to report publicly on the effectiveness of our risk management framework and internal control arrangements, through the production of an annual governance statement.

Where is the evidence that shows we are demonstrating this?

We will:

- Publish on our website the Board's Standing Orders, Scheme of Delegations and Conflicts of Interest arrangements, and review these periodically.
- Publish on our website the date and time of all Board and Committee meetings held in public session, and all reports and minutes considered at these meetings.
- Produce engagement plans in support of communicating decisions to those affected.
- Undertake Equality and Human Rights Impact and Island Community Impact Assessments.
- Publish on our website: how to access information; our publication scheme; our freedom of information policy and supporting guidance, and our register of interests for Members of the Board and SLT.
- Provide guidance on how to prepare suitable reports to the Board and SLT.
- Publish our Risk Management Policy and review this periodically.
- Maintain up to date Strategic and Directorate Risk Registers and report on these quarterly.
- Publish all internal and external audit reports and our responses to recommendations.
- Have in place an assurance framework for co-ordinating the examination of the effectiveness of the organisation's internal control and risk management arrangements.
- Publish in our Annual Report and Accounts, our Annual Governance Statement, setting out the Accountable Officers opinion of the effectiveness of the organisation's internal control and risk management arrangements.

We will develop the capacity and capability of the Board and Strategic Leadership Team to be effective

5

This means we are:

- Making sure that Board Members and officers of the SLT have the skills, knowledge and experience they need to perform well and maximise their ability to contribute to improved outcomes.

- Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group.

- Striking a balance, in the membership of the Board, between continuity and renewal.

How will we demonstrate this?

Where is the evidence that shows we are demonstrating this?

We will:

- Regularly review the performance of the Board as a whole, individual Committees, individual Board Members, and individual officers of the SLT to ensure we are performing our roles well, both individually and collectively.
- Ensure that all Members of the Board and SLT are provided with opportunities for structured learning and development according to individual and organisational needs.
- Ensure that there are regular reviews of the effectiveness of our training and development, and performance review arrangements for Members of the Board and SLT.
- Identify opportunities for learning from past actions to ensure that lessons learned become embedded in the future behaviour of the Board and SLT, and are shared with other organisations.
- Make use of the professional qualifications, key strengths, and expertise of Board Members, so they are being used to good effect to add value to the functioning of the Board and helping to build capacity.
- Show a real commitment to succession planning by ensuring robust arrangements are in place that address Board and SLT skills and diversity requirements for the medium and long term and that supports Scottish Government's priority for the SFRS to be more representative of the people and communities of Scotland.

We will:

- Publish on our website, Board and Committee reports relating to the arrangements for annually reviewing Board and Committee effectiveness, and the outcomes of these annual reviews.
- Have an induction programme in place for any new Members of the Board and SLT.
- Have a programme of annual appraisals in place for Members of the Board and SLT.
- Develop a Board Member's CPD Framework that will enable them to access professional and personal learning and development opportunities.
- Positive action to continue to form a Board membership that is broadly reflective of the wider Scottish Population with a 50:50 gender split being maintained where possible.
- Maintain a Board Skills Matrix, linked to our strategic priorities and objectives, for identifying skills gaps and areas of strength and have plans in place for balancing skills and filling skills gaps within reasonable timescales.
- Maintain a Remuneration, Appointments and Nominations Sub-committee with responsibilities for effective corporate oversight of the succession planning arrangements for the SLT and Board Members. Through the Chair of the Board, provide advice to Ministers about the Board's membership needs.

We will engage with the communities of Scotland and other stakeholders and make accountability real

6

This means we are:

- Taking an active and planned approach to dialogue with, and accountability to, the public and stakeholder groups.
- Encouraging and enabling the participation of communities in public life.
- Taking an active and planned approach to meet responsibilities to staff.

How will we demonstrate this?

We will:

- Maintain effective arrangements to enable comments, complaints, and commendations to be notified to the Service, through the application of accessible communication methods.
- Respond to the declared and anticipated needs of communities in the deployment of different methods of communication.
- Effectively deploy modern technology to improve the ability for our stakeholders to engage and provide two-way communication. Examples of this include online consultation capabilities and improved external websites and internal intranets.
- Have a Communications and Engagement Strategy that increases two-way communications and engagement and to secure opportunities for stakeholders to influence the direction and delivery of the Service.
- Ensure that all Board meetings and reports are accessible to the public except where legislation requires confidentiality to be preserved.
- Maintain arrangements for communicating, consulting, and seeking feedback from all sections of our communities and key stakeholders about our relevant strategic plans and services.
- Maintain processes to consult with staff and their representatives.

Where is the evidence that shows we are demonstrating this?

We will:

- Publish on our website details of how to make comments, complaints, and commendations. This will include arrangements for making contact in person; by letter; by telephone and by completing a web form on the SFRS website.
- Regularly review the accessibility and transparency of our communication methods, using tools such as the Equality and Human Rights Impact Assessment process and customer feedback.
- Measure the success of our engagement through a 'Matrix Approach,' including increased engagement through online channels and regular reporting and feedback monitoring of both internal and external engagement meetings. This analysis will allow us to determine both improvements in engagement and the quality of our relations with stakeholders.
- Build in regular 'temperature check' analysis of stakeholders as part of the Communications and Engagement Strategy. This will allow us to determine if we are improving stakeholder engagement and their sense of being able to influence and shape decisions and direction.
- Enable all Board meetings to be open to the public, and all reports and minutes of public meetings to be available on our website and ensure that other relevant documents are made available under Freedom of Information provisions.
- Publish on our website details of current consultations and how to make comments and provide feedback on our relevant strategic plans and services.

Annual Review and Reporting

Our Framework provides us with a mechanism against which the effectiveness of our governance arrangements can be reviewed. The following diagram therefore illustrates the steps we will take to demonstrate how well the Framework has operated in practice, based on an annual assessment of the effectiveness of the arrangements underpinning each of the principles of good governance.

Good Governance Framework				
	ARAC Scrutinise effectiveness of the Good Governance Framework as part of their review of the AGS	**External Audit** Conduct review of evidence as part of their annual audit of Service's Governance arrangements	**Internal Audit** Consider addressing any assurance gaps through Annual Internal Audit Plan	
Arrangements (e.g. Policies, procedures, processes, behaviours) supporting 6 principles of Good Governance)	**Corporate Board** Ensure effectiveness of arrangements supporting the 6 principles of Good Governance	Effectiveness reported in the Annual Governance Statement (AGS)	**Improvement Actions** Identified and allocated to respective Directorates	
First Line of Defence Assurance Evidence Management Control	**Second Line of Defence Assurance Evidence** Oversight Function	**Third Line of Defence Assurance Evidence** Independent Internal Scrutiny	**Fourth Line of Defence Assurance Evidence** Independent External Assessments Benchmarking	**Directorate Plans** Are used as the means for monitoring, reviewing & reporting progress of improvement actions

Assurance Mapping Components

Our Annual Assessment process will assess the effectiveness of our overall governance, risk management and internal control arrangements.

The results of this assessment will be used to:

• Identify actions for continuously improving corporate governance.

• Identify new and emerging governance issues.

• Inform the work of Internal Audit.

• Prepare the Annual Governance Statement (AGS) which is scrutinised by the Audit and Risk Assurance Committee and then publicly reported in the Annual Report and Accounts.

Assurance Framework – four lines of defence

Our AGS Assurance Framework, provides a structured means of identifying and mapping the main sources of assurance in the organisation and co-ordinating this evidence for the SFRS Board and its Committee to provide an overall opinion of the adequacy and effectiveness of the SFRS's risk management and internal control arrangements.

All recommendations from previous audits have been fully incorporated into the SFRS Assurance Plan and reported back through the Internal Audit team and Audit and Risk Assurance Committee (ARAC).

Our integrated assurance exercise continues to evolve and mature to ensure robust governance and internal control measures, aligning to the SPFM.

The overall Framework strengthens our governance arrangements through the introduction of a formal Policy for Preparing the Annual Governance Statement on behalf of the Accountable Officer. Together with the dedicated e-learning training programme, Improvement Action Plans, and Executive monitoring through our Corporate Board (CB).

This additional monitoring increases the level of scrutiny and assurance the Chief Officer can give as Accountable Officer as part of our continuous improvement and prior to being put before the ARAC.

To ensure increased governance and assurance around potential fraud activities within SFRS, all Heads of Function are required to complete a Fraud Risk Assessment of their function and provide details of any areas that have been identified as having risk of fraud, an area that formed part of earlier Internal Audit outcomes.

These arrangements ensure robust processes are in place and that they remain under continual review. This also provides the SFRS with a model to illustrate and provide clarity regarding the risks, controls and relationships that aim to improve effectiveness of our risk management systems.

Our Assurance in summary means the **"confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved"**.

The Four Lines of Defence model considers management control as the first line of defence in risk management, while the second line of defence includes the various risk controls and compliance oversight functions established by the management.

The third line of defence includes independent assurance through our internal auditors and finally the fourth line of defence includes the independent assurance through our external auditors / methods. The organisation's wider governance framework requires each of these "lines" to play a distinct role.

Oversight of the assurance provided by the lines of defence is provided by the Executive governance structures and the Board and its Committees.

AUDIT

Is an umbrella term generally used to describe a systematic and independent review and investigation on a certain subject matter.

There are many types of audits including: financial, optional, statutory, compliance and so on. The majority of which follow a set of agreed standards.

ASSURANCE

Is an objective examination of evidence for the purpose of providing an independent assessment on governance, risk management and control processes for the organisation.

Source: Institute of Internal Auditors

AUDIT UNIVERSE

This is a record of all services of the organisation that could be examined from an audit perspective. It is not an audit plan but can be used to aid audit planning showing previous work.

In addition, there will be issues that sit outside of the audit universe that don't neatly fall into a service/structure e.g. Brexit.

INTERNAL AUDIT

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations.

It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. Source: public sector internal audit standards

INTEGRATED ASSURANCE

A single organisation wide view of risk and control derived from assurance activity undertaken across the lines of defence.

ARAC require a view on the adequacy of controls across the organisation.

Complex organisations receive assurance aims to take a step back and draw together the outcome from all activities over the year to assist the ARAC.

EXTERNAL AUDIT

Statutory external audit is an independent examination to enable the auditor to express an opinion on the financial statements.

In addition, the wider scope of public audit includes assessments and conclusions on: financial management, financial sustainability, governance and transparency and value for money / Best Value.

HMFSI WORK

A broader range of work including elements of both audit and assurance in addition to other scrutiny reviews, Service Delivery Area, inspections, thematic reviews, continuous improvement reviews.

Assurance Framework

SFRS Internal Control Checklist
(SPFM ALIGNED)

1. Risk management
2. Business Planning
3. Major Investment
4. Project Management
5. Financial Management
6. Fraud
7. Procurement
8. Human Resources
9. Equality & Diversity
10. Information
11. Health & Safety
12. Sponsored Bodies (N/A to SFRS)
13. Compliance
14. Review
15. Other Issues

SFRS Accountable Officer

Signs off Annual Governance Statement

Annual Governance Statement Published

SFRS Committees

Will be the destination for certain areas of assurance within the 4th line of defence. Audit and Risk Assurance will review and monitor internal control checklist, and scrutinise the Annual Governance Statement.

Scottish Government Requirements

- Fire and Rescue Framework
- SFRS Governance and Accountability Framework
- Scottish Public Finance Manual (SPFM)

SFRS Assurance Plan

Outlines the specific areas to be examined and followed for completion

Internal Governance Support

Co-ordinate and assess evidence, and draft Annual Governance Statement. Includes oversight by the Corporate Board (CB)

SFRS Assurance Components

LINES OF DEFENCE

1st Management Control those responsible for delivery	2nd Oversight Function assurance separate from delivery & the management chain	3nd Independent Internal Scrutiny	4th Independent External assessments
• Strategies, plans, risk registers, policies • Financial Management and reporting at Functional/operational level • Internal Control Checklist • Self-assessment e.g. Certificates of Assurance	• Performance Management and reporting at functional/operational level • Functional compliance reviews • Risk Management • Business Assurance (GGB) • Organisational Security • Internal Quality Control Checks • Customer satisfaction	• Review of 1st and 2nd line of defence • Internal Audit Annual Plans	• External Audit • External Accreditation • HMFSI • Audit Scotland • Gateway Reviews • Information Commissioner's Office • HSE • Local Scrutiny Authorities • Benchmarking

Ongoing Assurance on adequacy and effectiveness of the arrangements for Governance, Risk and Internal Control

7 Integrated Assurance Mapping

SFRS Assurance mapping is a visual representation of comfort (assurance) activities as they apply to a specific set of risks or compliance requirements facing the SFRS.

Assurance maps can be a useful tool providing insights for boards, senior management and audit committees. By allowing the decision-makers to take appropriate comfort from the assurance provided, these maps are intended to assist and guide the work of the SFRS Board Committees.

With assurance maps, the SFRS Board will have evidence to support its assertions as to the state of internal control in any public reports and as communicated to the external auditors and stakeholders.

With a map, the assurance-related work of the individuals operating within the four lines of defence can be best directed to avoid overlaps.

Below is an example of a simple assurance map and something SFRS will continue to develop.

	1st Line		2nd Line		3rd Line	4th Line	
	Internal Control Checklist	Self-assessment	Risk Management	Functional Compliance Reviews	Internal Audit Annual Plans	External Audit	HMFSI
Financial Reporting	Substantial	Substantial	Substantial	Substantial	Substantial	Substantial	Substantial
Financial Controls	Substantial	Insufficient	Substantial	Reasonable	Insufficient	Substantial	Substantial
Legal	Substantial	Insufficient	Substantial	Reasonable	Insufficient	Substantial	Insufficient
ICT	Reasonable	Substantial	Substantial	Reasonable	Substantial	Limited	Insufficient
Fraud	Reasonable	Substantial	Limited	Substantial	Substantial	Limited	Substantial
Health & Safety	Reasonable	Substantial	Limited	Substantial	Substantial	Substantial	Substantial
People	Reasonable	Substantial	Substantial	Substantial	Substantial	Limited	Substantial

Key:

Substantial	Reasonable	Limited	Insufficient

Assurance Mapping is the starting point of our journey, and we will require our Internal Auditor to assist and support the SFRS in achieving integrated assurance, and await the recommendations of their Risk Management (Assurance Stocktake) audit.

It is our aspiration for our Assurance Mapping to give a visual representation of the assurance provided across the organisation:

- Covering all (or key) risks / processes

- Identifying all assurance providers

- Indicating the extent and effectiveness of assurance provided

In summary, it will act as a stocktake of the assurance levels of the organisation, reviewing where these assurances are found and how effective they are.

Our assurance will look to relate to business process and control activity; however, it will also identify where non- business process-based assurance is also being received e.g. Health & Safety audits, quality control reviews, etc.

This approach will provide an overview to the SFRS Board, ARAC, SLT and also our assurance providers of:

- The assurance activity that is being undertaken across the organisation (quantum not quality)

- Gaps in assurance (risks and controls not covered) that need to be either filled or accepted

- Overlaps in assurance, where efficiency gains can be made

The map could also be used to adjust the Internal Audit programme to review, where appropriate, assurance providers rather than controls – the start of the journey towards Integrated Assurance.

Our Assurance Map Continuum

Determine level of detail

Identify Assurance requirements

Identify Assurance Providers

Assessment of Assurance Providers

Identify gaps, overlaps and weakness

Assess Cumulative Assurance

Agree Assurance level
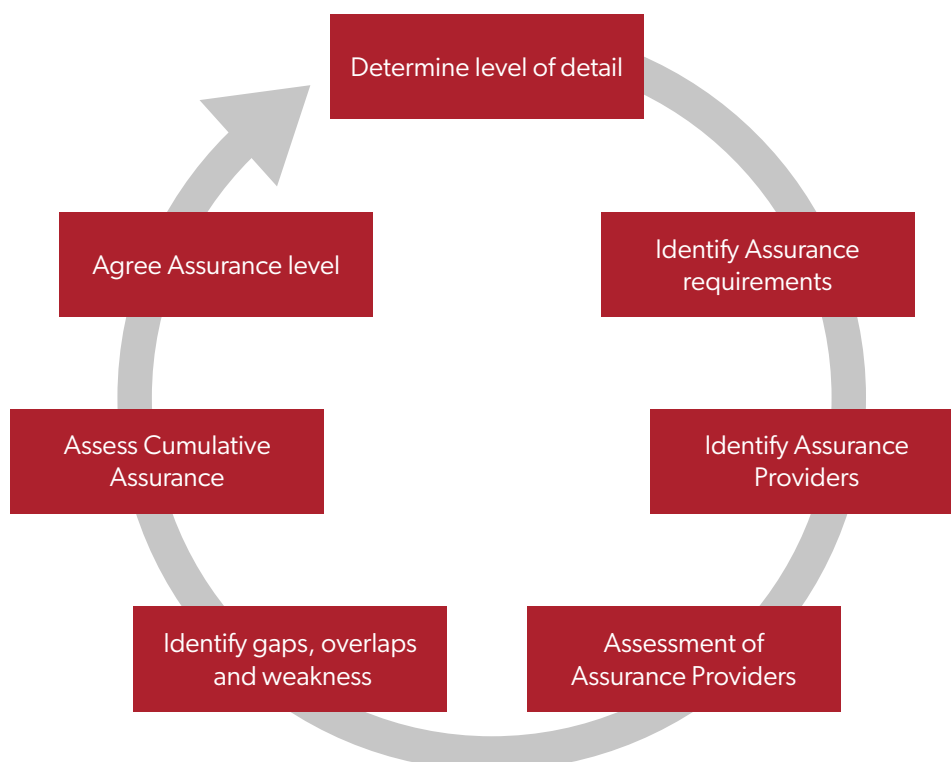
Committee Assurance Statements

At the end of each year Committee Assurance Statements are produced in order to provide a means for our SFRS Board, through its Committees, to demonstrate the constructive scrutiny and challenge aligned to their Terms of Reference responsibilities, thereby ensuring the effectiveness of governance and risk management arrangements across the Service.

This is a way for SFRS Non-Executive Committees to declare that they are assured around their areas of scrutiny across the Service, aligning with the responsibilities as set out within their respective Committee Terms of Reference (ToR) together with any legal/regulatory/H&S requirements and standards.

It gives a platform to highlight, where it is felt appropriate, any areas of good practice and/or to disclose any areas that need to improve.

This helps support the overarching SFRS Annual Governance Statement produced by the Accountable Officer (Chief Officer) that, as a Service, demonstrates there is sufficient evidence and self-assessment for

both Executive and Non-Executive members to receive the overall assurances they need.

The Statements are also a method of providing this assurance to wider stakeholders.

Committee Assurance Statements:

- Give an overview of the business of the Committee in the year
- Highlight areas of good practice and areas for improvement
- Provide its assessment on the adequacy of assurances received
- Identify areas of high interest or risk for the Committee in the coming year

The mechanisms for assessing the adequacy of assurance will continue to be defined. However, care needs to be taken not to make this overly prescriptive as Committees will always need to exercise a degree of judgement in reaching their assessment. Figure 1 below is illustrative of what a definition might look like.

Level of **Assurance Assessment** Rating	
Substantial	**Controls are robust and well managed** Risk governance and control procedures are effective in supporting the delivery of any related objectives. Any exposure to potential weakness is low and the materiality of any consequent risk is negligible.
Reasonable	**Controls are adequate but require improvement** Some improvements are required to enhance the adequacy and effectiveness of procedures. There are weaknesses in the risk, governance and/or control procedures in place but not of a significant nature.
Limited	**Controls are developing but weak** There are weaknesses in the current risk, governance and/or control procedures that either do, or could, affect the delivery of any related objectives. Exposure to the weaknesses identified is moderate and being mitigated.
Insufficient	**Controls are not acceptable and have notable weaknesses** There are significant weaknesses in the current risk, governance and/or control procedures, to the extent that the delivery of objectives is at risk. Exposure to the weaknesses identified is sizeable and requires urgent mitigating action.

Role of Chief Officer, Strategic Leadership Team, Heads of Functions and Local Senior Officers

The Chief Officer (CO) is the Board's principal adviser on the discharge of SFRS functions and is accountable to the Board. The CO provides operational leadership to the SFRS and ensures that the Board's aims and objectives are met and the SFRS's functions are delivered, and targets met through effective and properly controlled executive action. The CO's general responsibilities include the performance, management and staffing of SFRS.

The SLT, which includes our CO, Deputy CO's, Assistant CO's and Non-Uniformed Directors, are responsible for proposing objectives, priorities, outcomes and performance indicators for the organisation which align with the organisation's aims, policy and management objectives; making plans and ensuring that adequate systems are in place to achieve these objectives effectively, efficiently and economically; ensuring that adequate systems for internal control and risk management, both financial and otherwise, are in place and are monitored and reviewed regularly; monitoring and reporting of performance to the organisation's management board and/or Accountable Officer,

and ensuring that functions are discharged with due regard to economy, efficiency and effectiveness within an overall framework of Best Value.

Heads of Function (Uniformed and Support) have the responsibility for the day-to-day management of the SFRS. The executive function is the custodian of the SFRS Strategy as approved by the SFRS Board and responsible for its execution.

Local Senior Officers (LSOs) at Area Commander level are appointed for each local authority area in Scotland (after consultation with the relevant local authority).

They are adequately equipped, supported, and empowered to fulfil their statutory duties and report to local Scrutiny Committee's on a regular basis.

In summary, the executive function provides the SFRS Board with sound information, advice and recommendations on the organisational structure, objectives, strategies, plans and policies of SFRS to enable the SFRS Board to make informed decisions and fulfil its role.

Role of the Board

The SFRS Board, including the Chair, consists of non-executives appointed by the Scottish Ministers. The Board provides strategic direction, support, and guidance to the SFRS, ensuring that it discharges its functions effectively and that Ministers' priorities are implemented. Board members are personally and corporately accountable for the Board's actions and decisions.

The Board scrutinises plans/proposals and holds the Chief Officer and SLT to account. The Board is free to establish its own Committee structure, delegating responsibilities as it considers fit.

The Board, under the leadership of the Chair, has corporate responsibility for:

- Producing Strategic and Annual Plans, prepared under sections 41A and 41B - 2005 Act (inserted by the 2012 Act), to be submitted to the Scottish Ministers for approval.

- Producing annual reports, prepared and published under section 41L - 2005 Act (inserted by the 2012 Act), and ensuring that they are laid before the Scottish Parliament in accordance with that section.

- Taking forward the aims and objectives as set out in the approved Strategy.

- Determining steps needed to deal with wider changes which are likely to impact on the strategic aims/objectives of the SFRS, or on the attainability of its operational targets.

- The duty under section 39A of the 2005 Act (inserted by the 2012 Act) to make arrangements to secure Best Value i.e. continuous improvement in the carrying out of the SFRS's functions, where possible, participation in shared services.

- Ensuring that effective arrangements are in place to provide assurance on risk management, governance, and internal control, setting up an audit committee chaired by a non-executive member to provide independent advice and assurance on the effectiveness of the internal control and risk management systems.

- (In reaching decisions) taking into account relevant Scottish Minister guidance.

- For support staff, ensuring that an effective pay and conditions negotiating framework is in place which allows negotiations to complement the broad principles of the Scottish Government's Public Sector Pay Policy.

- Attend and participate in meetings of the National Joint Council for negotiation of operational staff pay, terms and conditions.

- Ensuring SFRS's proceedings, including those of its committees and sub-committees, are held in public and that the agendas, papers, and reports in relation to those proceedings are published, as well as publishing a statement setting out the circumstances in which proceedings may be held in private and in which documents need not be published, as required by schedule 1A - 2005 Act (inserted by 2012 Act).

- Appointing, with the approval of the Scottish Ministers, each subsequent SFRS Chief Officer and, in consultation with the SG, setting appropriate performance objectives and remuneration terms linked to these objectives, which give due weight to the proper management and use of resources within the stewardship of the SFRS and the delivery of outcomes.

- Acting consistently with principles of good governance, accountability, and transparency, as required by schedule 1A to the 2005 Act (inserted by the 2012 Act).

- Further detail can be found within the SFRS Governance and Accountability Framework and guidance on how the Board should discharge its duties is provided in appointment letters and in **On Board – A Guide for Members of Statutory Boards.**

11 Committees of the Board

Audit and Risk Assurance (ARAC)

Scrutinises the systems and processes for governance, internal control and risk management and provides assurances of their effectiveness to the Board and Accountable Officer.

Strategic Planning and Change (SPCC)

Provides scrutiny and challenge of strategic/financial planning and change resource allocation and delivery.

People (PC)

Provides strategic advice and direction on matters affecting employees and ensures that staffing and remuneration arrangements support the strategic aims and objectives of the SFRS, reflecting best practice.

Remuneration, Appointments and Nominations (RANSC)

Sub-Committee of the People Committee with an overall purpose to advise on the remuneration and appointments strategy and supporting frameworks for the posts covered by the Sub-Committees remit.

Service Delivery (SD)

Scrutinises, monitors and reviews performance, and provide assurances to the Board relating to the quality of Service Delivery nationally through operational efficiency and effectiveness, operational safety, and delivery of approved Service Delivery strategies.

Integrated Governance Forum (IGF)

Provides assurance to the SFRS Board that issues identified in specific governance Committees are discussed across the Board, thereby ensuring a joined-up approach to corporate governance.

12 Risk Management System

The aim of SFRS is to be risk managed, allowing innovation and aspiration, whilst actively managing risk through a range of measures to ensure key outcomes are met.

Establishing a consistent and effective framework, integrated within Governance and Assurance arrangements, will strengthen our control framework, and help further embed an effective risk culture within the Service.

The management of risk is fully embedded throughout the Service, forming an integral element of all Committees and Executive Boards. Engagement with the Board, SLT and Directorates ensures the framework is effectively used to inform decision making, allowing the Service to present a fair and reasonable reflection of the most significant risks impacting upon its operations.

Reporting arrangements should also ensure that the sponsor unit is aware of relevant risks and how they are being managed. The SFRS Audit and Risk Assurance Committee will, at the earliest opportunity, notify the relevant Scottish Government Audit and Risk Committee if it considers that it has identified a significant problem which may have wider implications.

The Service recognises that it cannot entirely eliminate the risk of disruption and that a residual level of risk will always remain. However, the risk management framework has been developed in order to minimise the probability and impact of a risk causing disruption and allow a discussion to be held on risk, which will raise awareness and ownership of the challenges presented to the Service.

Maturing the risk framework, allowing the Service to effectively consider and manage emerging risks will further strengthen our governance process.

The SFRS shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of generally recognised best practice in corporate governance, and have developed a risk management strategy, consistent with the Risk Management section of the SPFM. Reporting arrangements should ensure that the Sponsor Unit is made aware of relevant risks and how they are being managed.

In summary the SFRS risk management system includes the establishment of various policies, strategies, processes, procedures, and tools for identifying, measuring, monitoring, managing, and reporting of all material risks to which SFRS is exposed.

Risk Appetite

The purpose of the risk management framework is to encourage debate and discussion on risk and inform our decision-making processes in a manner that helps the organisation.

Risk Appetite is part of this overall framework and can be considered as the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.

The benefits of adopting a formal approach to risk appetite include:

- Supporting informed decision making
- Reducing uncertainty
- Improving consistency across governance processes and decision making

- Supporting performance improvement
- Focusing discussion on priority areas
- Informing resource prioritisation

For SFRS, risk appetite will be based upon a number of underlying principles:

- It will be aligned to the risk maturity of the Service
- It will be aligned to our capacity and the resources available
- It will add value to and be supported by the risk management framework
- It will be measurable and meaningful to service users

The SFRS Board is responsible for the Risk Management Policy
The below table sets out the key roles and responsibilities

Roles	Responsibilities
The SFRS Board	The SFRS Board is responsible for ensuring effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board will approve any amendments to the Risk Management Policy and will set the risk appetite for the Service.
Audit and Risk Assurance Committee (ARAC)	ARAC will advise the Board and Accountable Officer (Chief Officer) on the effectiveness of the application of the strategic processes for risk, control and governance. This will include a quarterly review of the Service's Strategic Risk Register and associated action plans.
SFRS Committee Structure	Individual Committees retain a scrutiny role, providing assurance to the Board on matters falling within their scope. All SFRS Committees will scrutinise risks pertinent to the business of the Committee through identified risk spotlights.
Chief Officer	The Chief Officer, as the Accountable Officer, is responsible for maintaining a sound system of internal control, risk management and corporate governance that supports the achievement of the SFRS policies, strategic aims and objectives. The Chief Officer will champion the importance of risk management in supporting the wider governance arrangements of the Service.
Strategic Leadership Team (SLT)	The identification and management of strategic risks will be the primary responsibility of the SLT. The SLT will undertake to monitor and review strategic risks regularly and take appropriate action to control risks. The SLT will champion the importance of risk management in supporting the achievement of the SFRS strategic aims and objectives and will ensure that adequate systems for internal control and risk management are in place.
Executive Boards	All Executive Boards will provide a monitoring and scrutiny role for risks falling within their scope and will provide assurance to SFRS Committees and the SLT that risk is being effectively managed. Executive Boards will champion the importance of managing risk as part of an integrated governance framework, ensuring that awareness and ownership of risk is embedded throughout the organisation.
Risk Owner	Each Directorate risk is owned by the relevant director with the responsible officer identified at a head of function level for ensuring that the register is fully populated and monitoring systems developed to update the information.
Internal Audit	Internal Audit will audit the effectiveness of the Service's risk management process as appropriate, provide assurance on the management of risk to the Board and help support the risk management process and coordination of risk reporting.

13 Anti-fraud and Corruption

SFRS is committed to the SG's zero tolerance approach to fraud. All SFRS staff are required at all times to act honestly and with integrity and to safeguard the public resources for which they are responsible.

SFRS will not accept any level of fraud or corruption and any cases of actual or suspected fraud will be thoroughly investigated and dealt with appropriately.

The Chief Officer, in accordance with the SFRS Financial Regulations, is responsible for identifying and managing the risk of fraud and corruption, for ensuring that appropriate risk management, internal control and governance arrangements are in place and for ensuring that Best Value is achieved.

The Chief Officer will notify Internal Audit and the Chair of the Audit and Risk Assurance Committee of any relevant matters that arise and will make arrangements to keep records of and prepare and forward to SG an annual report on Fraud and Theft suffered by the Service notifying SG at the earliest opportunity of any unusual or major incidents.

Overall responsibility for managing the risk of fraud has been delegated to the Director of Finance and Contractual Services whose specific responsibilities incorporate this.

The SFRS Board is responsible for ensuring effective arrangements are in place to provide assurance on risk management, governance, and internal control. The Board will approve any amendments to the Anti-Fraud and Corruption Policy.

The principles of the SFRS Anti-Fraud and Corruption process are aligned to the SFRS Whistleblowing Policy.

This outlines the Service's commitment to the highest possible standards of openness and accountability and employees with serious concerns about illegality, malpractice, wrongdoing, or serious failures in standards of work are encouraged to come forward and voice their concerns without fear of reprisal.

Both policies allow for the reporting of Fraud and the Director of Finance and Contractual Services and the Director of People will determine the most applicable policy to be followed.

The overall purpose of ARAC is to provide independent assurance to the Board and Accountable Officer on the adequacy and effectiveness of the policies, procedures and systems relating to internal control, risk management and governance.

In relation to fraud, ARAC will scrutinise, challenge, and ensure continuous improvement on the appropriateness of the internal control environment, Anti-Fraud and Corruption policies and have corporate oversight for fraud and irregularities.

The Committee will be provided with the Annual Governance Statement which will provide information on any significant issues arising in the year and will receive quarterly fraud updates from the Director of Finance and Contractual Services.

The annual reporting of any significant issues will be incorporated within the Annual Governance Statement and will be reported through this framework.

The purpose of the CB is to provide assurance to SFRS that appropriate systems of controls are in place and operating effectively, improving accountability and transparency in decision making and ensuring that key Service priorities are met.

The CB will keep under review the organisation's whistleblowing, Anti-Fraud and Corruption policies including supporting reporting processes and the regular review of the Anti-Fraud and Corruption Policy.

Internal Audit will assist management by examining, evaluating, and reporting on controls to provide an independent assessment of the adequacy of the internal control system.

All SFRS employees and Board members will act in line with the relevant SFRS Code of Conduct and have a critical role to play in the prevention of fraud and corruption.

All SFRS Managers are directly responsible for the prevention and detection of fraud within their own areas.

Monitoring of fraud risk will be undertaken through the Executive Boards and Committees of the Service to ensure its effectiveness.

The governance framework ensures that the right level of assurance is used to inform decision making within an overall framework, clearly indicating the separation of scrutiny roles across the organisation.

Lessons learned through the risk assessment process, monitoring and reporting and effective scrutiny will be used to inform and develop the framework through policy review.

14 Financial

The SFRS presents its Annual Accounts for the year from 1 April to 31 March. The Accounts are prepared in a form directed by the Scottish Ministers in accordance with Section 42A (1) of the Fire (Scotland) Act 2005 (inserted by section 118 of the Police and Fire Reform (Scotland) Act 2012), and in accordance with the Government Financial Reporting Manual (FReM).

Under the Public Finance and Accountability (Scotland) Act 2000, auditors are appointed by the Auditor General.

From a financial perspective, our key measure of financial performance is the comparison of expenditure against the Departmental Expenditure Limit (DEL) funding provided by the Scottish

Government. However, SFRS will always endeavour to deliver the required outcomes while ensuring value for money.

Full details of our financial performance are found within our Annual Report and Accounts. The report provides a wealth of information on a vast array of activity across the Service.

The Chief Officer (Accountable Officer) has responsibility for maintaining a sound system of internal control, risk management and corporate governance that supports the achievement of the SFRS's policies, strategic aims, and objectives, whilst safeguarding the public funds and assets for which they are personally responsible, in accordance with the assigned responsibilities.

15 Performance

The Performance Management Framework (PMF) defines how the SFRS demonstrates performance and how the Service achieves its objectives and outcomes by embedding robust data governance, ensuring clear strategic alignment; and promoting a culture of evidence-based decision-making, to support its leadership in delivering measurable improvements that align with our overarching strategic objectives. It describes the processes we use and the tools available to support us in achieving the priorities set by the Scottish Ministers in the Fire and Rescue Framework for Scotland 2022 and the outcomes and objectives set out in our Strategy.

Our approach to performance management recognises that success cannot be achieved by acting alone. We are committed to working with our partners and the communities that we serve to further improve our performance.

We are committed to working with our partners to develop measures which better indicate the level of effectiveness of our joint intervention and prevention activities.

This PMF therefore helps us to achieve our ambitions by ensuring that:

- We better understand what demands are driving our services
- We better understand how well we and our partnerships are performing now and where we need to improve further
- We have better information to guide decisions about what we need to do to keep improving
- Our people are better informed and empowered to achieve continuous improvement
- We are open and transparent in how we are performing.

16 Information Governance

Information Governance is the application of management techniques to collect information, communicate it within and outside the organisation and process it to enable personnel to make quicker and better decisions.

This should always be done securely and in compliance with legislation, something the SFRS

promotes in everything we do. SFRS have approved a zero-risk appetite for non-compliance against our statutory duties.

The Information Governance Manager is the Data Protection Officer for the SFRS.

Independent Inspections and Internal/External Audit

SFRS is primarily inspected by His Majesty's Fire Service Inspectorate (HMFSI) and audited through independent internal and external auditors.

Each recommendation following any Inspection/ Audit will have a management response and an appropriate action plan will be developed and reported to the relevant Committee for scrutiny purposes and in order to track progress against the recommendations.

The ARAC will also have complete oversight of all inspections and audits through a high-level dashboard.

The following gives some more context:

Internal audit

The SFRS shall:

- Establish and maintain arrangements for internal audit in accordance with the Public Sector Internal Audit Standards and the Internal Audit section of the SPFM.

- Set up an audit committee of its board, in accordance with the Audit Committees section of the SPFM, to advise both the Board and the Chief Officer in his/her capacity as the SFRS Accountable Officer.

- Forward timeously to the SG the audit charter, strategy, periodic audit plans and annual audit assurance report, including the SFRS Head of Internal Audit opinion on risk management, control and governance and other relevant reports as requested.

- Keep records of and prepare and forward timeously to the SG an annual report on fraud and theft suffered by the SFRS and notify the SG at the earliest opportunity of any unusual or major incidents.

The SG's Internal Audit Directorate has a right of access to all documents held by the SFRS internal auditor, including where the service is contracted out. The SG has a right of access to all SFRS records and personnel for any purpose.

External audit

The Auditor General for Scotland (AG) audits, or appoints auditors to audit, the SFRS's annual accounts and passes them to the Scottish Ministers who shall lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AG.

For the purpose of audit, the auditors have a statutory right of access to documents and information held by relevant persons. The SFRS shall instruct its auditors to send copies of all management reports (and correspondence relating to those reports) and responses to the SG.

The AG, or examiners appointed by the AG, may carry out examinations into the economy, efficiency, and effectiveness with which the SFRS has used its resources in discharging its functions.

The AG may also carry out examinations into the arrangements made by the SFRS to secure Best Value. For the purpose of these examinations the examiners have a statutory right of access to documents and information held by relevant persons.

In addition, the SFRS shall provide, in contracts and any conditions to grants, for the AG to exercise such access to documents held by contractors and sub-contractors and grant recipients as may be required for these examinations; and shall use its best endeavours to secure access for the AG to any other documents required by the AG which are held by other bodies.

Inspectors of the SFRS

His Majesty's Fire Service Chief Inspector and Assistant Inspectors will inspect the SFRS and, in doing so, may inquire into certain matters independently, or on the direction of Scottish Ministers.

The Chief Inspector is required to provide reports (or, where applicable, copy reports) of inquiries to the SFRS and, depending on the type of inquiry, to the Scottish Ministers. Copies of certain reports, in particular those relating to the state and efficiency of the SFRS, must be laid before the Scottish Parliament.

Primary

Audit Scotland
Are appointed to undertake Independent External Audit of SFRS.

HMFSI
Provides independent scrutiny of the Fire Service. Publish an annual scrutiny plan and conducts various different types of 'reviews' with a focus towards operational matters. Also, alongside Audit Scotland has a Best Value inspection role.

Local Authority Scrutiny Boards/Committees
Each of Scotland's local authorities have scrutiny arrangements in place to allow them to influence the fire service at a local level.

Secondary

Promotes and enforces Freedom of Information.

Gateway Reviews are a series of independently led assurance reviews, testing specific areas of projects, such as: scope, schedule, cost, risk, governance.

UK government agency responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare.

Remit includes all matters within responsibility for Cabinet Secretary for Justice and Home Affairs.

External Accreditation

18 Code of Conduct

The Scottish Government, SFRS Board and SLT set and expect the highest standards of conduct to build and maintain the trust of the communities we serve, our stakeholders and importantly, our employees. Employees are actively encouraged to help shape our culture by speaking up and challenging behaviour that does not align with our values.

SFRS Employee Code of Conduct:

The SFRS Code of Conduct (Code) promotes standards of desired behaviours that apply to all employees. Our Code fosters an open and transparent environment where employees can speak up and raise concerns without any form of retaliation. It creates a frame of reference for properly addressing sensitive and complex issues and provides for accountability if standards of conduct are not upheld.

Code of Conduct for Board Members of the SFRS:

This Code specifically applies to members of the SFRS Board. It has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the **Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act")**. The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

Both our Employee and Board Member Code of Conduct's have been based on the nine key principles of public life, namely duty, selflessness, integrity, objectivity, accountability and stewardship, openness, honesty, leadership and respect.

19 Governance Strategy and Policy

The development of various other Strategies and Policies within SFRS are designed to support the implementation and operations of our Strategic Objective.

They also exist with the intention of helping make clear what their aims are, explain how it will achieve them and contribute to the overall direction of SFRS in-line with the Fire and Rescue Framework and Governance and Accountability Framework agreed with Scottish Government.

In providing for good governance these documents are finalised after consultation with all impacted management and approved by the Board in line with the Scheme of Delegations.

The policy owners must ensure that any development of new policy and/or proposed changes to an existing policy are submitted through the relevant executive Group/Board where further consideration will be given to the relevant Committee of the Board.

20 Governance of this Framework

Ownership of the Framework is vested with the Governance, Strategy and Performance Function, through the Head of Governance, Strategy and Performance and the Board Support Manager.

21 Drafting, Amendments and Annual Review

SFRS Governance, Strategy and Performance function is responsible for the co-ordination, the drafting, any amendments, and the annual review of the Framework.

Any proposed changes to the framework will be submitted to the executive Corporate Board for scrutiny and then to the SFRS Board for approval.

22 Approval

The Framework must be approved by the SFRS Board.

23 Non-Compliance

Non-compliance with any SFRS policies, standards, procedures, or the like, could result in disciplinary action being considered.

24 Implementation

The Directors that make up part of the SLT are responsible for adherence to and the implementation of the Framework within their Directorates.

25 Compliments and Complaints

At the SFRS we are committed to continually improving the service we provide to our communities and recognise that to achieve this goal we must listen and respond to the views of the public.

Our Complaints and Compliments Handling Policies are intended to ensure that our procedures in relation to complaints, comments and compliments are user focused, fair, proportionate, consistent, accessible, and easily understood. We will use the feedback we receive to monitor our performance and will incorporate this information into our planning and governance processes in order to continually improve our Service.

We are keen to hear examples of good practice, excellent service delivery; individual acts of bravery or heroism, or of the simple attention to detail which exemplifies the caring service we provide to Scotland's communities.

While we will always strive to do our best, we know that we will not always get it right. In instances where our standards of service are questioned, we welcome the opportunity to investigate the circumstances, are committed to correcting any lapses and to using the learning outcomes to improve our Service.

26 Legal

SFRS Legal Services provide advice to the Service on a wide range of topics, they are also supported by specialist external lawyers who assist with complex legal issues when required.

APPENDICES

List of key documents prescribed by this Governance Framework

- SFRS Long Term Vision

- Fire and Rescue Framework for Scotland

- SFRS Strategy

- Governance and Accountability Framework

- Annual Governance Statement Policy

- Scheme of Delegations

- Standing Orders for meetings of the Board and its Committees and Sub-Committees

- Terms of Reference for each Committee of the Board

- Terms of Reference for Executive Boards and Groups

- Code of Conduct for Board Members of the SFRS

- Financial Regulations

- Standing Orders for the Regulation of Contracts

REFERENCES

1. Long Term Vision/Strategy/Annual Operating Plan; Local Plans

2. SFRS Performance Management Framework

3. SFRS Business Intelligence Strategy

4. What we spend and how we spend it

5. How are we performing - External Performance Assessments

6. SFRS Governance and Accountability Framework

7. How are we performing - Annual Reviews

8. SFRS Board and Committee Papers and Reports

9. Communication and Engagement Strategy

10. SFRS Values Framework

11. Code of Conduct for Board Members of the SFRS

12. Register of Interests

13. Mainstreaming and Equality Outcome Report

14. Anti-Fraud Statement, Whistleblowing Policy and Complaints Handling

15. Recruitment and Selection Policy

16. About SFRS - Standing Orders, Scheme of Delegation & Conflict of Interests

17. Schedule of Board and Committee Meetings

18. Island Communities

19. Equality and Human Rights Impact Assessments (Available on request)

20. Access to Information

21. Risk Management Policy

23. Annual Report and Statement of Accounts

24. Complaints Handling Policy

25. Compliments Handling Policy

26. SFRS Consultations

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SFRS Good Governance Framework

Version 4   April 2025

APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE
AUDIT AND RISK ASSURANCE COMMITTEE

Original Author/Role	Neil Pirie, Board Member
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Brian Baverstock, Board Member
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Neil Pirie, Chair	20/07/2013
2.0	Reviewed / amended	Neil Pirie, Chair	20/05/2015
3.0	Reviewed / amended	WM Craig Wallace	16/06/2016
3.2	Reviewed / amended	GM Rab Middlemiss	10/03/2017
4.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
5.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
6.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
7.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
8.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
9.0	Sections 3.2 and 3.3 added; minor spelling and grammatical amendments throughout document	GC Kevin Murphy	27/04/2023
10.0	**1.4** – added *"and promote a culture of equality, diversity and inclusion."* to standardise with all other ToR's; **Appendix 1** – addition of Interim Deputy Chief Officer (Corporate Services), addition of Director of Strategic Planning, Performance and Communications, change of Director role title, removal of *"In absence of Accountable Officer"*; Other minor spelling, grammatical and spacing amendments only.	GC Kevin Murphy	25/04/2024
11.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. 4.1 & 4.2 amended to clarify publishing of minutes. Section 5.1 - 5th bullet point amended to include 'and inspections' added to include HMFSI. Section 5 - 8th bullet point amended to remove 'on request'.	GC Chris Casey	24/04/2025

	Section 5 - 11th bullet point amended to include 'information governance and cyber security'. Section 9.1 amended to clarify relationships and Committee titles. Appendix 1 - 'Interim' removed from title of Deputy Chief Officer (Corporate Services). Minor spelling and grammatical amendments throughout.		

CONTENTS

1 INTRODUCTION

1.1 The Scottish Fire and Rescue Service (SFRS) have established a Committee of the Board, known as the Audit and Risk Assurance Committee ("the Committee").

2 PURPOSE

2.1 The overall purpose of the Committee is to provide independent assurance to the Board and the Accountable Officer on the adequacy and effectiveness of the policies, procedures and systems relating to internal controls, risk management and governance. Central to this role is the Committee's assessment of the comprehensiveness, reliability and integrity of assurances it receives.

2.2 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference.

2.3 Along with all staff, the Board and its Committees have a key part to play embedding and living 'Our Values' – Safety, Teamwork, Respect and Innovation and promote a culture of equality, diversity and inclusion.

3 MEMBERSHIP

3.1 The Committee will comprise five members appointed by the Board, including a Chair and Deputy Chair. The Committee will be supported by the Accountable Officer and other staff, as appropriate to the agenda.

3.2 The Board should ensure that the Chair and Members have the relevant expertise, experience, training, development and support.

3.3 The Committee may invite representatives of related partner organisations, as appropriate, to Committee meetings to assist with the work of the Committee.

3.4   The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in Appendix 1.

4   REPORTING

4.1   Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.

4.2   Minutes of the public meetings of the Committee will be published on the SFRS website.

4.3   The Chair of the Committee will provide a quarterly verbal report to the Board.

4.4   The Committee will provide the Board and Accountable Officer with an Annual Report, timed to support finalisation of the accounts and the Annual Governance Statement, summarising its conclusions from the work it has conducted throughout the reporting year.

5   RESPONSIBILITIES

5.1   The primary responsibility of the Committee is to effectively scrutinise, challenge and ensure continuous improvement, while also advising and supporting the Board and Accountable Officer on the appropriateness of:

- Strategic processes for risk management, including risk appetite, the control environment and governance;
- Annual governance statement and effectiveness of the internal control environment;
- Effectiveness of the Assurance Framework;

- Accounting policies, the accounts, and the annual report for the organisation, including the process for the review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;

- Planned activity, remit and results of both internal and external audit and inspections;

- Adequacy of management response to issues identified by audit activity, including external audit's management letter / report;

- Adequacy of management response to risks identified through the Strategic Risk Register pertinent to the business of the Committee;

- Assurance that other committees are undertaking scrutiny of risk, as appropriate, through an overview of which risks are being scrutinised by each Committee, receiving a progress update, , against aligned strategic risks for all the Committees as captured within the Strategic Risk Register;

- Assurances relating to the Corporate Governance requirements for the organisation and forward planning in this area, aligned to the SFRS Good Governance Framework and best practice;

- Proposals for tendering for either internal audit services or for purchase of non-audit services from contractors who provide audit services; and

- Anti-fraud and corruption policies, information governance and cyber security, whistleblowing processes and arrangements for special investigations.

5.2   These broad areas of responsibility give the Committee scope to continually monitor and review Audit and Risk Assurance related matters as deemed necessary.

5.3   The Committee will also periodically review its own effectiveness and report the results of that review to the Board and Accountable Officer.

5.4   All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility.

Overall co-ordination of work is overseen by the Integrated Governance Forum – section 9.2.

6 RIGHTS

6.1 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference, as detailed within Section 5.1. This however is subject to ensuring that any decision made does not adversely impact on the Strategic direction of the SFRS, which will continue to be subject to Board scrutiny and governance arrangements.

6.2 The Committee may:

- Scrutinise the delegated areas of responsibility referred to in Section 5 above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Committee minutes at the next Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

7 ACCESS

7.1 Members of the Strategic Leadership Team, Internal Audit and External Audit will have free and confidential access to the Chair of the Audit and Risk Assurance Committee.

8 MEETINGS

8.1 The procedures for meetings are:

- To meet formally and in public at least on a quarterly basis;

- To consider and agree, in line with the [Standing Orders](), whether any item on the Agenda needs to be considered in private;

- For the Chair of the Committee, in consultation with Members, to request an additional meeting if considered necessary;

- A minimum of 3 Committee members will be present for the meetings to be deemed quorate;

- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence and in agreement with the remaining three Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting;

- The Committee may ask any other officials of the organisation to attend, to assist with its discussions on any particular matter;

- The Committee may ask any or all of those who normally attend, but who are not Members, to withdraw to facilitate open and frank discussion of particular matters;

- The Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

9   RELATIONSHIP TO OTHER COMMITTEES

9.1   The Committee will have strategic relationships with Executive Boards and the following Committees:

- Service Delivery
- People
- Strategic Planning and Change.

9.2   The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure

alignment of business, capturing any common themes across all Committees.

10   INFORMATION REQUIREMENTS

10.1   A list of suggested minimum requirements for the inputs which should be provided to the Committee is contained within Appendix 2.

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- 5 Board members.

Others in attendance

- Chief Officer – Accountable Officer;
- Deputy Chief Officer;
- Deputy Chief Officer (Corporate Services);
- Director of Finance and Contractual Services;
- Director of Strategic Planning, Performance and Communications;
- Internal Audit;
- External Audit;
- Board Support;
- Other representation, as appropriate and by invite.

APPENDIX 2 – LIST OF INFORMATION REQUIREMENTS

For each meeting, the Audit and Risk Assurance Committee will be provided with:

- A report summarising any significant changes to the organisation's Strategic Risk Register;

- A progress report from the Head of Internal Audit summarising:
  - Work performed (and a comparison with work planned);
  - Key issues emerging from Internal Audit work;
  - Management response to audit recommendations;
  - Significant changes to the audit plan; and
  - Any resourcing issues affecting the delivery of Internal Audit objectives;

- A progress report from the External Audit representative, summarising work carried out and emerging findings.

As and when appropriate, the Committee will also be provided with:

- business update reports from the Accountable Officer;

- the Charter / Terms of Reference of the Internal Audit provider;

- the Internal Audit Strategy;

- the annual Internal Audit Plan;

- the Head of Internal Audit's Annual Opinion and Report;

- Quality Assurance reports on the Internal Audit function;

- the draft accounts of the organisation;

- the draft governance statement;

- a report on any changes to accounting policies;

- External Audit's management letter / report and letter of representation;

- a report on any proposals to tender for audit functions;

- a report on co-operation between Internal and External Audit;

- a report on the Counter Fraud and Bribery arrangements and performance;

- reports from other sources within the "three lines of assurance" integrated assurance framework (e.g. Best Value self-assessment Reviews, Gateway

Reviews, Health Check Reviews, ICT Assurance Reviews, Digital 1st Service Standard Reviews, Procurement Capability Reviews, Procurement Key Stage Reviews).

APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE
SERVICE DELIVERY COMMITTEE

Original Author/Role	GM Rab Middlemiss
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Tim Wright, Board Member
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	GM Rab Middlemiss	15/12/2016
2.2	Reviewed / amended	GM Rab Middlemiss	28/03/2017
3.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
4.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
5.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
6.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
7.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
8.0	Reviewed – minor spelling and grammatical amendments throughout	GC Kevin Murphy	27/04/2023
9.0	**1.2** – addition of wording "…to drive improvement…"; **1.4** – added *"and promote a culture of equality, diversity and inclusion."* to standardise with all other ToR's; **2.1** – change of Director role titles; **Appendix 1** – change of Director role titles; Minor spelling, grammatical and spacing amendments.	GC Kevin Murphy	25/04/2024
10.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Section 3.2 amended to include examples of partner organisations. Section 4.1 & 4.2 amended to clarify publishing of minutes. Section 5 - bullet points amended to reflect responsibilities of the Committee and general paragraph around scope removed as captured within bullet points. Section 9.1 amended to clarify relationships and Committee titles. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025

CONTENTS

1 INTRODUCTION

1.1 The Scottish Fire and Rescue Service (SFRS) have established a Committee of the Board, known as the Service Delivery Committee ("the Committee").

2 PURPOSE

2.1 The overall purpose of the Committee is to scrutinise and challenge the safety, quality, performance and effectiveness of service delivery across Scotland, to drive improvement.

2.2 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference (ToR).

2.3 Along with all employees, the Board and its Committees have a key part to play embedding and living 'Our Values' – Safety, Teamwork, Respect and Innovation, and promote a culture of equality, diversity and inclusion.

3 MEMBERSHIP

3.1 The Committee will comprise five Board members including a Chair and Deputy Chair. The Committee will be supported by the Deputy Chief Officer, Director of Operational Delivery, Director of Prevention, Protection and Preparedness, Director of Training, Safety and Assurance and other members of SFRS staff, as appropriate to the agenda.

3.2 The Committee may invite representatives of related partner organisations, including Auditors and Inspectors, as appropriate, to Committee meetings to assist with the work of the Committee.

3.3 The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in Appendix 1.

4 REPORTING

4.1 Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.

4.2 Minutes of the public meetings of the Committee will be published on the SFRS website.

4.3 The Chair or Deputy Chair of the Committee will provide a quarterly verbal report to the SFRS Board.

4.4 An Annual Statement of Assurance will be prepared by the Committee at the end of each fiscal year.

5 RESPONSIBILITIES

5.1 The primary responsibilities of the Committee are to effectively scrutinise, challenge and seek assurance in relation to:

- Safety and risk reduction, risk management and mitigation;
- Prevention, including protection, preparedness, resilience and community safety engagement;
- Quality assurance, benchmarking and standards;
- Performance and outcomes;
- Horizon scanning and innovation;
- Clinical Governance.

5.2 All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility. Overall co-ordination of work is overseen by the Integrated Governance Forum – Section 9.2.

6   RIGHTS

6.1   The Committee is authorised by the Board to make decisions within their limits of responsibilities under these ToR as detailed within Section 5.1. This, however, is subject to ensuring that any decision made does not adversely impact on the Strategic direction of the SFRS, which will continue to be subject to SFRS Board scrutiny and governance arrangements.

6.2   The Committee may:

- Scrutinise the delegated areas of responsibility referred to in Section 5 above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Committee minutes at the next Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

7   ACCESS

7.1   Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Committee.

8   MEETINGS

8.1   The procedures for meetings of the Committee are:

- To meet formally and in public at least on a quarterly basis;
- To consider and agree, in line with the Standing Orders, whether any item on the Agenda needs to be considered in private;

- For the Chair of the Committee, in consultation with Members, to request an additional meeting if considered necessary;

- A minimum of 3 Committee members will be present for the meetings to be deemed quorate;

- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence and in agreement with the remaining 3 Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9   RELATIONSHIP TO OTHER COMMITTEES

9.1   The Committee will have strategic relationships with Executive Boards and the following Committees:

- Strategic Planning and Change
- People
- Audit and Risk Assurance.

9.2   The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes across all Committees.

10   INFORMATION REQUIREMENTS

10.1   All relevant documentation for the Committee must be provided as per the schedule for their meetings.

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- 5 Board members;
- Chair of Board (Ex-officio Member).

Others in attendance

- Deputy Chief Officer;
- Director of Operational Delivery;
- Director of Prevention, Protection and Preparedness
- Director of Training, Safety and Assurance;
- Board Support Team;
- Other representation, as appropriate and by invite.

APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE STRATEGIC PLANNING AND CHANGE COMMITTEE

Original Author/Role	GC Chris Casey
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Stuart Ballingall, Board Member
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued: Strategic Planning and Change Committee	GC Chris Casey	24 April 2025

CONTENTS

1 INTRODUCTION

1.1 The Scottish Fire and Rescue Service (SFRS) Board have established a Committee of the Board, known as the Strategic Planning and Change Committee.

2 PURPOSE

2.1 The overall purpose of the Committee is to provide scrutiny and challenge of strategic/financial planning and change resource allocation and delivery.

2.2 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference.

2.3 Along with all staff, the Board and its Committees have a key part to play embedding and living 'Our Values', Safety, Teamwork, Respect and Innovation, and promote a culture of equality, diversity and inclusion.

3 MEMBERSHIP

3.1 The Committee will comprise of five Board Members appointed by the Board, one of whom will be appointed as Chair, and another as Deputy Chair of the Committee. The Committee will be supported by the Deputy Chief Officer, Deputy Chief Officer (Corporate Services) and the Head of Portfolio Office, as well as other officials of the SFRS staff, as appropriate to the agenda.

3.2 The Committee has the authority to invite representatives of related partner organisations and/or bodies, as appropriate, to Committee meetings to assist with their work.

3.3 The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in Appendix 1.

4 REPORTING

4.1 Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.

4.2 Minutes of the public meetings of the Committee will be published on the SFRS website.

4.3 The Chair of the Committee will provide a quarterly verbal report to the Board.

4.4 An Annual Statement of Assurance will be prepared by the Committee at the end of each fiscal year.

5 RESPONSIBILITIES

5.1 The primary responsibilities of the Committee are to provide:

• Scrutiny and oversight of strategic, change and financial planning of the organisation.

• Strategic oversight of the Change Portfolio and budget provision (resource and capital) ensuring alignment with the Strategy and available delivery capacity and capability.

• Detailed scrutiny and oversight of specific major change projects as directed by the Board.

• Scrutiny and oversight of the Strategic Service Review Programme.

6   RIGHTS

6.1   The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference as detailed within Section 4.1. This however is subject to ensuring that any decision made does not adversely impact on the Strategic Direction of the SFRS, which will continue to be subject to SFRS Board scrutiny and governance arrangement and must always be deferred back to the Board.

6.2   The Committee may:

•   Scrutinise and authorise the delegated areas of responsibility referred to in Section 4;

•   Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;

•   Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;

•   Approve previous Committee minutes at the next Committee meeting;

•   Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

7   ACCESS

7.1   Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Committee.

8   MEETINGS

8.1   The procedures for meetings of the Committee are:

•   To meet formally and in public at least on a quarterly basis;

- To consider and agree, in line with the Standing Orders, whether any item on the Agenda needs to be considered in private;

- For the Chair of the Committee, in consultation with Members, to request an additional meeting, if considered necessary;

- A minimum of 3 Committee members will be present for the meetings to be deemed quorate;

- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence and in agreement with the remaining three Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9   RELATIONSHIP TO OTHER COMMITTEES

9.1   The Committee will have strategic relationships with Executive Boards and the following Committees:

- Service Delivery;
- People;
- Audit and Risk Assurance.

9.2   The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes.

10   INFORMATION REQUIREMENTS

10.1   All relevant documentation for the Committee must be provided as per the schedule for their meetings.

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- 5 Board members;
- Chair of Board (Ex-officio Member).

Others in attendance

- Deputy Chief Officer;
- Deputy Chief Officer (Corporate Services);
- Director of Strategic Planning, Performance and Communications
- Director of Finance and Contractual Services
- Head of Governance, Strategy and Performance
- Head of Portfolio Office;
- Portfolio Office;
- Board Support;
- Other representation, as appropriate and by invite.

APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE
PEOPLE COMMITTEE

Original Author/Role	Diane Vincent – Director of POD
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Mhairi Wylie, Board Member
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued as ToR Staff Governance Committee	Diane Vincent, Director of POD	28/05/2015
2.0	Reviewed / amended	Diane Vincent, Director of POD	23/06/2015
3.0	Reviewed / amended	WM Craig Wallace	16/06/2016
4.1	Reviewed / amended	GM Rab Middlemiss	25/11/2016
5.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
6.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
7.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
8.0	Reviewed / amended; Renamed ToR People Committee	GC Alasdair Cameron	11/05/2021
9.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
10.0	Section 1.2 – removed word "ensuring", included wording "and seek assurances"; Sections 3.2, 3.3 and 3.4 added; Section 4.1, 5th bullet point – "The organisation's performance" replaced with "Performance of SFRS", "operational training" added; minor spelling and grammatical amendments throughout document.	GC Kevin Murphy	27/04/2023
11.0	**1.4** – add in *"and promote a culture of equality, diversity and inclusion."* to standardise with all other ToR's; **2.1** – addition of Interim Deputy Chief Officer (Corporate Services); **2.1** – change of role title to Director of People; **2.1** – change of role title to Director of Operational Delivery; **4.1, 2ⁿᵈ bullet point** – change of	GC Kevin Murphy	25/04/2024

	directorate title; **4.1** – addition of 4th bullet point; **Appendix 1** - addition of Interim Deputy Chief Officer (Corporate Services), change of role title to Director of People, change of role title to Director of Operational Delivery; Minor spelling, grammatical and spacing amendments only.		
12.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services). Section 4.1 & 4.2 amended to clarify publishing of minutes. Section 5.1, various bullet points amended to reflect responsibilities of the Committee. Section 9.1 amended to clarify relationships and Committee titles. Appendix 1 amended to clarify attendance list. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025

CONTENTS

1   INTRODUCTION

1.1   The Scottish Fire and Rescue Service (SFRS) have established a Committee of the Board, known as the People Committee ("the Committee").

2   PURPOSE

2.1   The overall purpose of the Committee is to:

- Scrutinise and provide strategic advice and direction on matters affecting SFRS employees;
- Seek assurances that staffing and remuneration arrangements are affordable and provide best value;
- Scrutinise and provide strategic direction on matters affecting SFRS training, Safety and Assurance.

2.2   The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference (ToR).

2.3   Along with all employees, the Board and its Committees have a key part to play embedding and living 'Our Values' - Safety, Teamwork, Respect and Innovation and promote a culture of equality, diversity and inclusion.

3   MEMBERSHIP

3.1   The Committee will comprise five Board members including a Chair and Deputy Chair. The Committee will be supported by the Deputy Chief Officer (Corporate Services), Director of People, Director of Training, Safety and Assurance, Director of Operational Delivery and other members of SFRS staff, as appropriate to the agenda.

3.2   The Committee may invite representatives of related partner organisations, as appropriate, to Committee meetings to assist with the work of the Committee.

3.3   The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in Appendix 1.

4   REPORTING

4.1   Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.

4.2   Minutes of the public meetings of the Committee will be published on the SFRS website.

4.3   The Chair of the Committee will provide a quarterly verbal report to the SFRS Board.

4.4   An Annual Statement of Assurance will be prepared by the Committee at the end of each fiscal year.

5   RESPONSIBILITIES

5.1   The primary responsibilities of the Committee are to effectively scrutinise, challenge and ensure continuous improvement in relation to:

- Performance of SFRS, specifically in relation to employees, workforce plans, health, safety, wellbeing, operational training, learning & development, and organisational development;
- Strategic matters relating to the employment of SFRS employees on behalf of the Board and the Accountable Officer;
- People and Training, Safety and Assurance policies and provide strategic guidance on the approaches being taken;
- SFRS's commitment to the overall diversity, equalities and human rights agenda and organisational values;

- Organisational culture, including workforce engagement, outcomes and employee experience;

- Performance of SFRS against the Strategy outcomes, complying with relevant statutory obligations as an employer, including its Public Sector Equality Duty;

- Adequacy of management response to risks identified through the strategic risk register pertinent to the business of the Committee.

5.2   Undertake any other employee related review or activity, as requested by the Board;

5.3   Nominate up to 2 representatives to attend as members and report back on the Employee Partnership Forum;

5.4   In addition, the People Committee will form a Sub-Committee, known as the Remuneration, Appointments and Nominations Sub-Committee, which has its own Terms of Reference (ToR).

5.5   These areas of responsibility give the Committee scope to continually monitor and review employee related matters as deemed necessary.

5.6   All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility. Overall co-ordination of work is overseen by the Integrated Governance Forum – Section 9.2.

6   RIGHTS

6.1   The Committee is authorised by the Board to make decisions within their limits of responsibilities under these ToR as detailed within Section 5.1. This, however, is subject to ensuring that any decision made does not adversely impact on the strategic direction of the SFRS, which will continue to be subject to SFRS Board scrutiny and governance arrangements.

6.2   The Committee may:

- Scrutinise the delegated areas of responsibility referred to in Section 5 above;

- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;

- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;

- Approve previous Committee minutes at the next Committee meeting;

- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support;

- Seek guidance and, where appropriate, refer matters to the Partnership Advisory Group.

6.3   The Committee is authorised by the Board and the Accountable Officer to provide strategic guidance and, where necessary, advise the Board on matters relating to the business of the Committee, including employment of staff.

7   ACCESS

7.1   Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Committee.

8   MEETINGS

8.1   The procedures for meetings of the Committee are:

- To meet formally and in public at least on a quarterly basis;

- To consider and agree, in line with the Standing Orders, whether any item on the Agenda needs to be considered in private;

- For the Chair of the Committee, in consultation with Members, to request an additional meeting if considered necessary;

- A minimum of 3 Committee members will be present for the meetings to be deemed quorate;

- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence and in agreement with the remaining three Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO OTHER COMMITTEES

9.1 The Committee will have strategic relationships with Executive Boards, and the following Committees:

- Service Delivery
- Strategic Planning and Change
- Audit and Risk Assurance

9.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes across all Committees.

10 INFORMATION REQUIREMENTS

10.1 All relevant documentation for the Committee must be provided as per the schedule for their meetings - see also Appendix 2.

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- 5 Board members;
- Chair of Board (Ex-officio Member).

Others in attendance

- Deputy Chief Officer (Corporate Services);
- Deputy Chief Officer;
- Director of People;
- Director of Training, Safety and Assurance;
- Director of Operational Delivery;
- Board Support;
- Other representation, as appropriate and by invite.

APPENDIX 2 – LIST OF INFORMATION REQUIREMENTS

As and when appropriate, the People Committee will be provided with:

- Information and proposals pertaining to SFRS pay and reward arrangements;
- Proposals for key strategies and policy frameworks (ie agree principles of);
- A summary of employment tribunal cases/claims;
- Results of employee surveys;
- Workforce profiles (equalities indices);
- Workforce planning reports;
- Quarterly and Annual Reports.

APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB-COMMITTEE

Original Author/Role	GM Roy Dunsire
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Mhairi Wylie, Board Member
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	GM Roy Dunsire	06/04/2016
1.1	Reviewed / amended	GM Rab Middlemiss	25/11/2016
2.0	Reviewed / amended	GM Alasdair Cameron	11/06/2018
3.0	Reviewed / amended	GM Alasdair Cameron	05/09/2018
4.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
5.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
6.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
7.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
8.0	Section 2.1 – changed reference to four members to five, added in "members of SFRS"; Section4.1 – 4th bullet point, replaced members of "Senior Management Team" with "Heads of Function"; minor spelling and grammatical amendments throughout document.	GC Kevin Murphy	27/04/2023
9.0	**1.4** – add in *"and promote a culture of equality, diversity and inclusion."* to standardise with all other ToR's; **2.1** – addition of Interim Deputy Chief Officer (Corporate Services); **2.1** – change of role title to Director of People; **7.1** – minimum number of members required to be present to be quorate raised from 2 up to 3, to align with all other committees; **Appendix 1** - addition of Interim Deputy Chief Officer (Corporate Services) and change of role title to Director of People;	GC Kevin Murphy	06/05/2024

	Minor spelling, grammatical and spacing amendments.		
10.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Section 3.1 amended to clarify membership. Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services). Appendix 1 amended to clarify membership. 'Staff' changed to 'employees' throughout to standardise with all other ToR's. Section 9 added to standardise with all other ToR's. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025

CONTENTS

1 INTRODUCTION

1.1 The Scottish Fire and Rescue Service (SFRS) Board have established a Sub-Committee of the People Committee, known as the Remuneration, Appointments and Nominations Sub-Committee ("the Sub-Committee").

2 PURPOSE

2.1 The overall purpose of the Sub-Committee is to offer guidance, support and recommendations to the Board and Chief Officer, in relation to matters of remuneration, appointments, nominations and negotiations, reporting through the Chair of the People Committee.

2.2 As necessary, and within the agreed parameters set by the Board, the Sub-Committee will engage in matters of negotiation in respect of SFRS terms and conditions.

2.3 Along with all employees, the Board and its Committees have a key part to play embedding and living 'Our Values' - Safety, Teamwork, Respect and Innovation and promote a culture of equality, diversity and inclusion.

3 MEMBERSHIP

3.1 The Sub-Committee will comprise six members, two of which must be members of the People Committee appointed by the Board, with any one of the five members appointed as Chair and Deputy Chair. The Sub-Committee will be supported by the Chief Officer, Director of People and other members of SFRS staff, as appropriate to the agenda.

3.2 The composition and effectiveness of the Sub-Committee will be reviewed annually by the Board. A full list of the membership is detailed in Appendix 1.

4   REPORTING

4.1   The Sub-Committee will formally report to the People Committee after each meeting. The key items of business of the Sub-Committee will subsequently be reflected within the minutes of the People Committee. Relevant decisions where appropriate will be reported at a Private meeting of the People Committee or Board. By the nature of its business, the Sub-Committee will, from time to time, receive and consider confidential information about SFRS employees. The Sub-Committee is authorised to report fully on its activities to the extent that it can, whilst maintaining absolute care not to breach confidentiality or data protection legislation.

5   RESPONSIBILITIES

Remuneration Role

5.1   The primary responsibilities of the Sub-Committee in respect of remuneration are to:

- Ensure that remuneration arrangements support the strategic aims of the SFRS;
- Make recommendations with regard to the SFRS pay and reward framework and remuneration processes;
- In collaboration with the Chair of the Board, exercise oversight of the objectives set for the Chief Officer and review the arrangements for their performance appraisal, as well as reviewing the evidence based performance appraisals of the Strategic Leadership Team (SLT), by countersigning;
- In collaboration with the Chair of the Board, make recommendations to the Board regarding remuneration policy, in respect of the SLT and Heads of Function roles, and keep these under review;

- Ensure that remuneration arrangements enable the recruitment, motivation and retention of employees, while complying with Scottish Government regulatory and governance requirements;
- Select, appoint and determine Terms of Reference for independent consultants to advise on remuneration policy and levels of remuneration;
- Work with the Audit and Risk Assurance Committee to ensure that risk and risk appetite are properly considered in recommending the remuneration policy;
- Ensure the adequacy of management response to risks identified through the strategic risk register pertinent to the business of the Sub-Committee.

Appointments and Nominations Role

5.2   The primary responsibilities of the Sub-Committee in respect of appointments and nominations are to:

- Advise the Board on the appointment process for the Chief Officer;
- Support the independence of the appointment process and succession planning arrangements for members of the SLT and Heads of Function;
- Support the Chair of the Board and Public Appointments process in relation to succession planning for Board appointments;
- Consider nominations for honours and awards for SFRSemployees.

Negotiation Role

5.3   The primary responsibilities of the Sub-Committee in respect of negotiations are to:

- Take account of national negotiations and collective bargaining machinery for SFRS employees;
- With the agreement of the Board, the Sub-Committee may, at times, delegate formal negotiations with representative bodies on changes to employee terms and conditions, to be undertaken at Executive level, whilst

still maintaining an oversight role. This will be reported by the Chair of the Sub-Committee through the Chair of the People Committee at Private Committee and Board meetings;

- Ensure the following default positions for when negotiations are referred back to the Sub-Committee are considered appropriately and the necessary action taken:

  - o   Novel;
  - o   Contentious;
  - o   Reputational or Political;
  - o   Precedence;
  - o   Significant Cost.

6   RIGHTS

6.1   The Sub-Committee will report through the Chair of the People Committee.

6.2   The Sub-Committee may:

- Scrutinise the delegated areas of responsibility referred to in Section 5 above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Sub-Committee minutes at the next Sub-Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

OFFICIAL

7 ACCESS

7.1 Members of the SLT, as required, will have free and confidential access to the Chair of the Sub-Committee.

8 MEETINGS

8.1 The procedures for meetings of the Sub-Committee are:

- To meet formally and in private at least on a quarterly basis;
- Sub-Committee meetings will be held in Private;
- For the Chair of the Sub-Committee, in consultation with members, to request an additional meeting if considered necessary;
- A minimum of 3 Sub-Committee members will be present for the meetings to be deemed quorate;
- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence and in agreement with the remaining Sub-Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO OTHER COMMITTEES

9.1 The Sub-Committee will have strategic relationships with Executive Boards and the following Committees:

- Service Delivery;
- People;
- Audit and Risk Assurance.

9.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes.

10 INFORMATION REQUIREMENTS

10.1 All relevant documentation for the Committee must be provided as per the schedule for their meetings.

APPENDIX 1 – SUB-COMMITTEE MEMBERSHIP

Members

- 6 Board members, including the Chair of the Board and Deputy Chair of the Board.

Others in attendance

- Chief Officer;
- Director of People;
- Board Support;
- Other representation, as appropriate and by invite.

APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE INTEGRATED GOVERNANCE FORUM

Original Author/Role	GM Rab Middlemiss
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Richard Whetton, Head of Governance, Strategy and Performance
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.1	First version issued as ToR Integrated Governance Group	GM Rab Middlemiss	25/11/2016
2.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
3.0	Reviewed / amended; Renamed ToR Integrated Governance Committee	GM Alasdair Cameron	28/06/2018
4.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
5.0	Reviewed / amended; Renamed ToR Integrated Governance Forum	GC Alasdair Cameron	27/05/2020
6.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
7.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
8.0	Section 1.2 – added "to consider emerging risks and the changing nature of current risks"; Section 4.1, 1st bullet point – amended wording from "Take a forward" to "Take forward an outward looking approach"; Section 4.3 – amended wording to include reference to the Forum supporting other committees; minor spelling and grammatical amendments throughout document.	GC Kevin Murphy	27/04/2023
9.0	**1.4** – add in *"and promote a culture of equality, diversity and inclusion."* to standardise with all other ToR's; **4.1, first bullet point** – removed; Other minor spelling, grammatical and spacing amendments only.	GC Kevin Murphy	25/04/2024

10.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Section 9.1 amended to clarify Committee titles. Appendix 1 amended to clarify Committee titles and update to list of attendees to include DCO and DCOCS. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025

CONTENTS

1   INTRODUCTION

1.1   The Scottish Fire and Rescue Service (SFRS) has established a Forum of the Board, known as the Integrated Governance Forum ("the Forum").

2   PURPOSE

2.1   The overall purpose of the Forum is to provide Committee Chairs an opportunity to highlight any gaps and bring together key themes across the SFRS Committees, to consider emerging risks and the changing nature of current risks, in order to co-ordinate these in an effective way, while ensuring the SFRS Board are kept fully informed.

2.2   The Forum, as an outcome of this approach, will therefore provide further assurance to the SFRS Board that areas identified are being adequately captured and discussed thereby reducing duplication and with the intent of ensuring a joined-up approach to Corporate Governance.

2.3   Along with all staff, the Board and its Committees have a key part to play embedding and living 'Our Values' – Safety, Teamwork, Respect and Innovation, and promote a culture of equality, diversity and inclusion.

3   MEMBERSHIP

3.1   The Forum shall be established by the full SFRS Board and be composed of the Chair and Deputy Chair of the Board, together with the Chairs of all other Committees. The Chair of the Forum will be the Chair of the SFRS Board. The Forum will be supported by the Chief Officer and other members of SFRS staff, as appropriate to the agenda.

3.2   The Chair of each Committee, in their absence, can send their Deputy Chair to represent them.

3.3   The composition and effectiveness of the Forum will be reviewed annually by the Board. A full list of the membership is detailed in Appendix 1.

4   REPORTING

4.1   Minutes of the meetings of the Forum will be held by the Board Support Team and circulated to the Board for information. The Forum may submit special reports to the Board as required.

5   RESPONSIBILITIES

5.1   The Forum is intended to provide Board and Committee Chairs an opportunity to ensure key themes are discussed, thereby supporting an integrated approach across the Governance within SFRS. Specifically, it will:

- Discuss, consider and co-ordinate both specific and common themes and/or issues that have implications for the Board's Committees;
- Assist by identifying which Committee is best placed to monitor the specific SFRS action plans in response to any inspection/audit recommendations, together with scrutiny of any external reports, receiving updates accordingly;
- Consider Scottish Government Public Bodies updates and any implications for the SFRS.

5.2   The areas of responsibility give the Forum scope to continually monitor and review Integrated Governance related matters as deemed necessary.

5.3   The Forum will support all Committees in their endeavour to avoid duplication of work of other Committees, by ensuring focus on specific delegated areas of responsibility. Overall co-ordination of work will be overseen by the Forum to assist with this objective – Section 9.2.

6   RIGHTS

6.1   The Forum is not authorised by the Board to make decisions.

6.2   The Forum may:

- Scrutinise the delegated areas of responsibility referred to in Section 5 above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Forum minutes at the next Forum meeting;
- Hold private workshop sessions as required for development purposes and to accommodate organisational input and support.

7   ACCESS

7.1   Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Forum.

8   MEETINGS

8.1   The procedures for meetings of the Forum are:

- To meet formally and in private at least on a quarterly basis, meetings however can be convened at the decision of the Chair at any time as required;
- Conduct all business in line with the Standing Orders;
- A minimum of 3 Forum members will be present for the meetings to be deemed quorate;

- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence, and in agreement with the remaining Forum members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO COMMITTEES

9.1 The Integrated Governance Forum will have strategic relationships with all other Committees of the Board:

- Audit and Risk Assurance;
- Service Delivery;
- Strategic Planning and Change;
- People;
- Remuneration, Appointments and Nominations Sub-Committee.

9.2 The Forum will review and co-ordinate intended outcomes between Committees to prevent duplication and ensure alignment of business, while capturing any common themes across all Committees.

10 INFORMATION REQUIREMENTS

10.1 All relevant documentation for the Forum must be provided as per the schedule for their meetings.

APPENDIX 1 – FORUM MEMBERSHIP

Members

- Chair of the Board (Chair);
- Deputy Chair of the Board;
- Chair of Audit and Risk Assurance Committee;
- Chair of Service Delivery Committee;
- Chair of Strategic Planning and Change;
- Chair of People Committee;
- Chair of Remuneration, Appointments and Nominations Sub-Committee.

Others in attendance

- Chief Officer;
- Deputy Chief Officer
- Deputy Chief Officer (Corporate Services)
- Head of Governance, Strategy and Performance;
- Board Support;
- Other representation, as appropriate and by invite.

APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE

PARTNERSHIP ADVISORY GROUP (PAG)

Original Author/Role	Marion Lang, Corporate Business and Admin Manager
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Gillian Clark
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Marion Lang, Corporate Business and Admin Manager	April 2022
2.0	Reviewed / amended	Marion Lang, Corporate and SDA Business Support Manager	27/04/2023
3.0	Updated SLT role titles throughout; Addition of Interim Deputy Chief Officer (Corporate Services) as member; **9.1** - replaced final sentence with: *"In such circumstances, where both sides have voluntarily agreed to take part in the collective arbitration process when it is invoked, they will agree in advance to be bound by the decision of the arbitrator".* **9.2** - removal of final sentence and replaced with *"…to an arbitrator provided by ACAS, for further guidance."* Minor spelling, grammatical and spacing amendments.	GC Kevin Murphy	25/04/2024
4.0	Section 2 added to standardise with all other ToR's. Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services). Section 6.1 1st and 4th bullet points amended to clarify wording. Section 8 amended to provide clarity on meeting schedule. Section 8.6 amended to clarify wording.	GC Chris Casey	24/04/2025

CONTENTS

1   INTRODUCTION

1.1   The Board of the Scottish Fire and Rescue Service (SFRS), its managers and recognised Representative Bodies are committed to working together to create a model of employee relations that is based on mutual respect and trust. In recognition of this commitment, a Working Together Framework, which outlines the principles of working in partnership, has been developed.

1.2   The Employee Partnership Forum (EPF) and the Renumeration, Appointments and Nominations Sub Committee (RANSC) support the Board and the Chief Officer in their responsibilities under the terms of the Working Together Framework.

2   PURPOSE

2.1   The Board and the Chief Officer have established a Partnership Advisory Group (PAG) to assist in resolving any escalated issues arising from the EPF, the Consultation and Negotiation Procedure and from other arenas which impact on the Working Together Framework.

3   MEMBERSHIP

3.1   The Group consists of the Chair of the SFRS Board, Chief Officer of SFRS, Deputy Chief Officer, Deputy Chief Officer (Corporate Services), Director of People, senior members of Representative Bodies and senior members of SFRS staff as appropriate to the agenda.

3.2   Representatives invited to attend are in accordance with the Working Together Framework, section 4.1.

3.3   The Chair of the Group is the Chair of the SFRS Board. A Deputy Chair will be agreed by the Group and reviewed on an annual basis.

3.4   Details of the Standing Membership can be found within Appendix 1.

3.5   A further example of the regular attendees anticipated at local and national meetings, in accordance with the Working Together Framework, is provided in Appendix 2.

4   REPORTING

4.1   The Group will provide a copy of the agreed action log from the meeting to all members. A verbal update will also be reported at the People Committee.

4.2   Reports from the Group may also be presented to the Board as required through the People Committee.

5   RESPONSIBILITIES

5.1   The PAG is committed to working in accordance with the principles laid out in the Working Together Framework. In addition to these, the Group will provide a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS, where these can no longer be resolved through other internal procedures.

5.2   The Group has the authority to offer opinions, guidance, support, recommendations and to make decisions, with there being no further internal escalation routes where agreement cannot be reached.

5.3   The PAG will specifically:

•   Meet, based on need, to discuss and resolve any issues arising from the EPF, the Consultation and Negotiation Procedure and from other arenas which impact on the Working Together Framework;

•   Ensure engagement is constructive and focuses on joint problem-solving techniques to implement positive change within the SFRS;

•   Consider whether issues should be considered internally or externally;

- Ensure diversity matters have been fully considered.

6   RIGHTS

6.1   The Group may:

- Co-opt additional members for a period to provide specialist skills, knowledge and experience. Where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Seek information from the Strategic Leadership Team (SLT), Directorates and Representative Bodies;
- Seek guidance and, where appropriate, escalate matters to the National Joint Council (NJC), Advisory, Conciliation and Arbitration Service (ACAS) or the People Committee;
- In agreement with the Chair, ask any other officials of the organisation or Representative Bodies to attend to assist with its discussions on any particular matter;
- The Chair will ask all of those who attend, including those who are not members, to engage in open, honest and frank discussion of particular matters;
- The Group will be held in private but members should note that updates can be publicly accessed via People Committee and SFRS Board governance routes and are open to Freedom of Information requests.

7   ACCESS

7.1   Members of the PAG, as required, will have free and confidential access to the Chair of the Group.

8 MEETINGS

8.1 The Group will meet in extraordinary circumstances, and following written request by the EPF, where issues have failed to be resolved at the EPF.

8.2 Meeting requests should be actioned within 10 working days of receipt of the request or earlier where possible.

8.3 The meeting date must take place within 20 working days of receipt of the request.

8.4 In the absence of the Chair, the Deputy Chair of the Group will assume the role for the duration of the meeting.

8.5 Members are permitted to attend the meeting via MS Teams. Members who wish to use this option should arrange this with the Group administrator and inform the Chair.

8.6 The Group administrator is responsible for the timeous collation and distribution of agendas, action logs and papers and align for governance purposes with the [Standing Orders](#).

8.7 The Chair and the Director of People will meet ahead of each meeting to review agenda items and ensure appropriate attendees.

8.8 Where a declaration of interest has been declared, consideration will be given to the nature of the conflict of interest to determine the most appropriate course of action. This may include the temporary removal of the individual(s) whilst the specific agenda item is being considered. In circumstances where a conflict of interest has been declared by the Chair, the Deputy Chair of the Group will temporarily assume the role of Chair for the specific agenda item(s).

8.9 For each meeting, the Group will be provided with:

- An updated Action Log;
- A written update from the Chief Officer and Chair of the Board.

8.10   As and when appropriate the Group will also be provided with:

- An update on relevant SFRS Performance Reporting;
- Proposals for key strategies, policies and frameworks (as they affect employees);
- Workforce planning reports;
- Updates on employment and equalities legislation;
- Results of employee surveys;
- Equality, Diversity and 'Balancing the Workforce Profile'.

9   INFORMATION REQUIREMENTS

9.1   All relevant documentation for the Group must be provided as per the schedule for meetings.

10   SETTLEMENT OF DIFFERENCES

10.1   If the PAG fails to reach agreement on any matter for which it has responsibility, that matter can be referred to NJC for uniformed staff matters and ACAS for support staff matters, for conciliation. Both sides will participate in the process of conciliation and act in good faith. Where conciliation fails to produce a settlement, either side may request collective arbitration through the services of ACAS. In such circumstances, where both sides have voluntarily agreed to take part in the collective arbitration process when it is invoked, they will agree in advance to be bound by the decision of the arbitrator.

10.2   In the event that either side has any doubt about whether or not the failure to agree relates to arbitrable issues and this is not resolved through negotiation

or conciliation, then the question of whether or not such issues are arbitrable, taking full account of all agreements between the sides will be put to an arbitrator provided by ACAS, for further guidance.

10.3   Status Quo and where this applies: While an issue remains subject to discussion / resolution under the SFRS negotiating procedure, neither side will seek to take any collective action or introduce change.

APPENDIX 1 – STANDING GROUP MEMBERSHIP

- Chair of SFRS Board (or Deputy Chair of SFRS Board);
- Chief Officer (or Deputy Chief Officer);
- Deputy Chief Officer (Corporate Services);
- Director of People;
- Fire Brigades Union;
- Fire Officers Association;
- Fire and Rescue Service Association;
- Unison;
- Unite;
- Other representation, as appropriate and by invitation.

APPENDIX 2 – EXAMPLE OF ANTICIPATED ATTENDEES AT MEETINGS
(IN ACCORDANCE WITH THE WORKING TOGETHER FRAMEWORK)

Local arrangements
- Various local arrangements exist. These generally consist of Local management teams or Department Managers and local officials of Representative Bodies relevant to the subject matter

Employee Partnership Forum
- Generally attended by Senior officials of Representative Bodies , DACO's/Heads of Function and two board members relevant to the agenda

Partnership Advisory Group
- National officials of Representative Bodies , Senior lay officials of Representative Bodies, Chief Officer, Chair of the Board, Director of People, SLT members relevant to the agenda
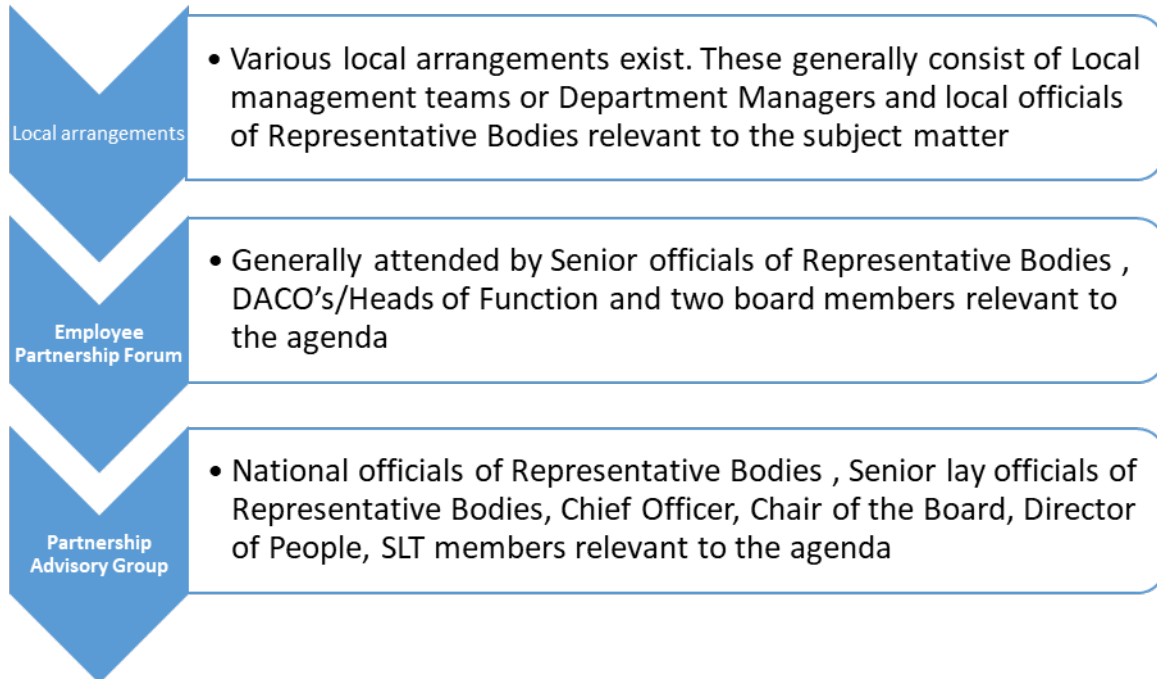
APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE EMPLOYEE PARTNERSHIP FORUM

Original Author/Role	Fiona McOmish, People Manager
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2025
Quality Control (name)	Sarah O'Donnell, Deputy Chief Officer (Corporate Services)
Authorised (name and date)	SFRS Board – 24 April 2025
Date for Next Review	March 2026

VERSION HISTORY

Version	Change	Who	When
1.0	First version held internally within POD	Fiona McOmish, POD	Unknown
2.0	Held internally within POD	POD	Unknown
3.0	Revised / amended - version issued on iHub	Elaine Brown	08/06/2021
4.0	Revised / amended	GC Alasdair Cameron	08/08/2022
5.0	Section 2.3 – removed mention of trial period; Section 5 – 5th bullet point amended to clarify wording; Section 7 – updated to reflect the use of Teams and remove historical reference to video conferencing; updated POD directorate to People; minor spelling and grammatical amendments throughout document.	Elaine Reside	27/04/2023
6.0	**2.1** - Membership wording amended to include reference to Deputy Chair of People Committee and "Trade Unions" in line with wording used in Working Together Framework; **7.7, 4th bullet point** – removed.	GC Kevin Murphy	25/04/2024
7.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Section 3.1 amended to provide clarity on attendance. Section 4.1 – RANSC included. Section 5.3 1st bullet point - 'staff' changed to 'employees' to standardise with all other ToR's; removal of bullet points that are covered under other meeting arrangements. Section 6.1 1st bullet point – amended to clarify wording. Section 8.6 – removal of the word 'conflict' where 'consideration will be given to the nature of the interest'. Section 8.8 – amendment to wording to reflect other arrangements in place where areas of business are discussed.	GC Chris Casey	24/04/2025

CONTENTS

1 INTRODUCTION

1.1 The Board of the Scottish Fire and Rescue Service (SFRS), its managers and recognised Representative Bodies are committed to working together to create a model of employee relations that is based on mutual respect and trust. In recognition of this commitment, a Working Together Framework, which outlines the principles of working in partnership, has been developed.

1.2 The Board and the Chief Officer have established an Employee Partnership Forum to support them in their responsibilities under the terms of the Working Together Framework.

2 PURPOSE

2.1 The purpose, therefore, of the Employee Partnership Forum is for SFRS and Representative Bodies to identify areas of discussion which require resolution, and matters of mutual interest in the spirit of the Working Together Framework.

3 MEMBERSHIP

3.1 The Forum consists of the Chair or Deputy Chair of the People Committee, one other nominated Board Member from the People Committee, senior Trade Union representatives and senior members of SFRS staff, as appropriate to the agenda.

3.2 Representatives invited to attend are in accordance with the Working Together Framework, section 4.1.

3.3 The Chair and Deputy Chair of the Forum will be any Board Member that sits on the People Committee.

3.4 Detail of the Standing Membership can be found within Appendix 1.

3.5   A further example of the regular attendees anticipated at local and national meetings, in accordance with the Working Together Framework, is provided in Appendix 2.

4   REPORTING

4.1   The Forum will provide a copy of the agreed minutes and action log from the meeting to all members. A verbal update will also be reported at the People Committee, the Remuneration, Appointments and Nominations Sub Committee and the Partnership Advisory Group.

4.2   Reports and/or updates from the Forum may also be presented to the Board as required through the People Committee.

5   RESPONSIBILITIES

5.1   The Employee Partnership Forum is committed to working in accordance with the principles laid out in the Working Together Framework. In addition to these, the Forum will provide a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS.

5.2   The Forum has no specific authority but will offer opinions, guidance, support and recommendations on matters affecting employees to the People Committee, Partnership Advisory Group and other appropriate forums.

5.3   The Employee Partnership Forum will specifically:

- Discuss matters relating to the employment of SFRS employees;
- Meet based on forward planning and need to discuss and review proposed and ongoing developments relating to SFRS employee partnership matters;
- Ensure that the work of the Forum is communicated appropriately to all employees and key stakeholders;

- Ensure that any necessary resources and facilities are in place to support the partnership arrangements; and seek appropriate opportunities to build capacity within the relevant forums;

- Address any issues that have not been resolved after exhausting the local partnership arrangements;

- Recommend and offer opinions on the progression of defined areas of work;

- Identify areas of 'good practice' to assist the partnership arrangements;

- Ensure engagement is constructive and focuses on joint problem-solving techniques to implement positive change within the SFRS;

6 RIGHTS

6.1 The Forum may:

- Co-opt additional members for a period to provide specialist skills, knowledge and experience. Where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;

- Seek additional information from the Strategic Leadership Team, Directorates and Representative Bodies;

- Seek guidance and, where appropriate, escalate matters to the Partnership Advisory Group;

- In agreement with the Chair, ask any other officials of the organisation or representative bodies to attend to assist it with its discussions on any particular matter;

- The Chair will ask any or all of those who attend, including those who are not members, to engage in open, honest and frank discussion of particular matters;

- The Forum will be held in private but members should note that Forum updates can be publicly accessed via People Committee and SFRS Board governance routes and open to Freedom of Information requests;

- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support. If this extends to short /

medium / long term working groups, then authorisation is required by the People Committee and SFRS Board.

7   ACCESS

7.1   Members of the Forum, as required, will have free and confidential access to the Chair of the Forum.

8   MEETINGS

8.1   The Forum will normally meet at least four times a year in SFRS Headquarters, Cambuslang or via Teams by agreement.

8.2   In the absence of the Chair, the Deputy Chair will assume the role for the duration of the meeting. In both their absence, the Chair in advance of the meeting will seek an alternative temporary chair from the Board and brief them accordingly.

8.3   Members are permitted to attend the meeting via Teams. Members who wish to use this option should arrange this with the Forum administrator and inform the Chair.

8.4   The Forum administrator is responsible for the timeous collation and distribution of agendas, minutes and papers and align for governance purposes with the Standing Orders.

8.5   The Chair and/or Deputy Chair, together with the Director of People, will meet ahead of each Forum to review agenda items and ensure appropriate attendees.

8.6   Where a declaration of interest has been declared, consideration will be given to the nature of the interest to determine the most appropriate course of action. This may include the temporary removal of the individual(s) whilst the specific agenda item is being considered. In circumstances where a

conflict of interest has been declared by the Chair, the Deputy Chair of the Forum will temporarily assume the role of Chair for the specific agenda item(s).

8.7   For each meeting the Forum will be provided with:

- A minute of the previous meeting;
- An updated Action Log;
- An updated Forward Plan;

8.8   While the following areas are included on the agenda of other partnership working meetings, updates may also be provided to EPF on the following as appropriate:

- An update on relevant SFRS Performance Reporting;
- Proposals for key strategies, policies and frameworks (affecting employees);
- Workforce planning reports;
- Updates on employment and equalities legislation;
- Results of employee surveys;
- Equality, Diversity and 'Balancing the Workforce Profile'.

9   INFORMATION REQUIREMENTS

9.1   All relevant documentation for the Forum must be provided as per the schedule for meetings.

APPENDIX 1 – STANDING FORUM MEMBERSHIP

- 2 Board Members;
- Director of People;
- Head(s) of People;
- Fire Brigades Union;
- Fire Officers Association;
- Fire and Rescue Service Association;
- Unite;
- Unison;
- Other representation, as appropriate and by invitation.

APPENDIX 2 – EXAMPLE OF ANTICIPATED ATTENDEES AT MEETINGS

(in accordance with the Working Together Framework)

Local arrangements
- Various local arrangements exist. These generally consist of Local management teams or Department Managers and local trade union officials relevant to the subject matter

Employee Partnership Forum
- Generally attended by Director of People and an additional SLT member as appropriate, Senior Trade Union officials, DACOs/Heads of Function and two board members relevant to the agenda

Partnership Advisory Group
- Regional Union officials, Chief Officer, Chair of the Board, Director of People, SLT members relevant to the agenda
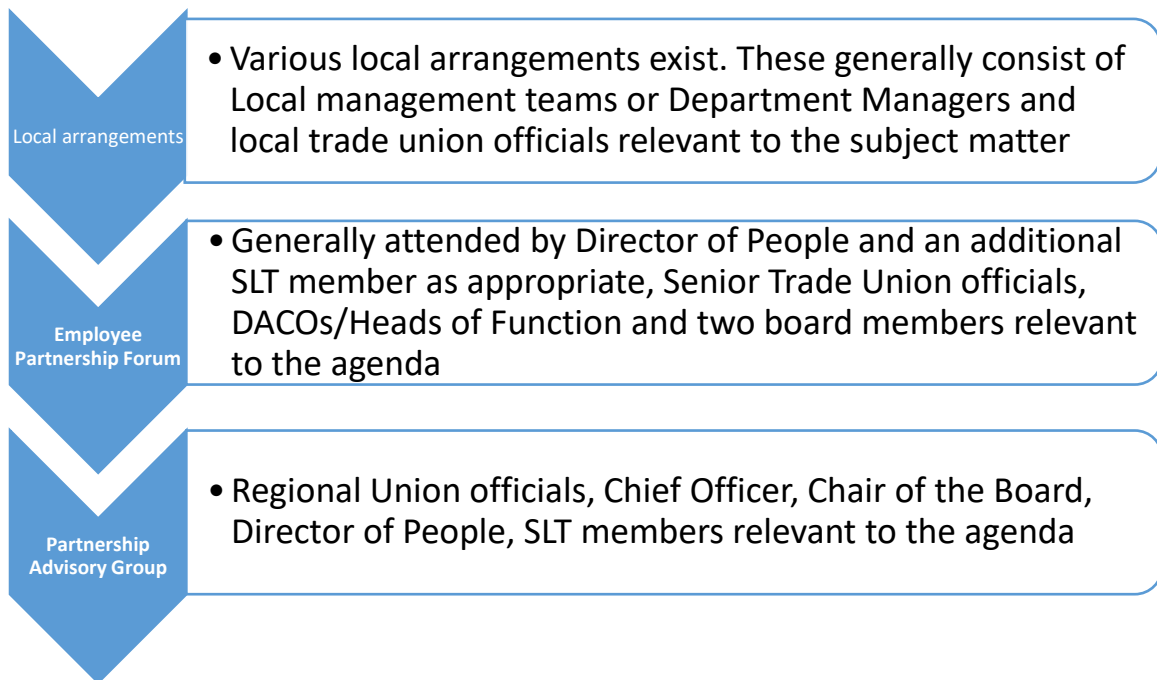
Equality and Human Rights Impact Assessment Recording Form Scottish Fire and Rescue Service

APPENDIX I

PART 1 – BASIC INFORMATION

(This section should be completed by the Policy Owner)

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

Name of the proposed new or revised policy, strategy, project, activity or service being assessed.
Collective title of EIA: SFRS Corporate Governance Arrangements 2025 Covering: Standing Orders for meetings of the Board and its Committees and Sub-Committees; Scheme of Delegations; Code of Conduct for Board Members of the SFRS; Board Support provisions; Terms of Reference for the Audit & Risk Assurance Committee; Terms of Reference for the Strategic Planning and Change Committee; Terms of Reference for the Integrated Governance Forum; Terms of Reference for the People Committee; Terms of Reference for the Remuneration, Appointments and Nominations Sub-Committee; Terms of Reference for the Service Delivery Committee; Terms of Reference Partnership Advisory Group; Terms of Reference Employee Partnership Forum; SFRS Good Governance Framework; Governance and Accountability Framework; Annual Governance Statement Policy.

Policy owner(s) responsible for completing the Equality and Human Rights Impact Assessment.
Board Support Team – Governance, Strategy & Performance - Strategic Planning, Performance and Communications

Colleagues and/or other partners involved.
SFRS Board SFRS Strategic Leadership Team Board Support Team Chief Officer's Business Team

E&D Practitioner/Support
Parveen Khan

Date Commenced	19 March 2025

Please complete the following questions.

1. Develop a clear understanding of your aims, objectives and the intended outcomes of the policy, strategy, project, activity or service.

| **Briefly describe the main aims, objectives and purpose.** | Governance and Accountability Framework: sets out the non-statutory governance arrangements for the Scottish Fire and Rescue Service (SFRS) specifying key roles and responsibilities. This document is a Scottish Government document but is being included in recognition of its significance in setting Board processes. SFRS Good Governance Framework is to encourage better service delivery and improved accountability by establishing a benchmark for aspects of good governance in the SFRS. The Framework brings together the various strands of our Corporate Governance arrangements into one overarching Framework document that demonstrates our commitment to upholding good corporate governance throughout SFRS. Annual Governance Statement: Under the Police and Fire Reform (Scotland) Act 2012, the SFRS is required to prepare financial statements for each financial period and on the basis determined by the Scottish Ministers. This policy provides the relevant SFRS Directorate Management Teams detail of the process and requirements for preparing their Certificates of Assurance to support the Chief Officer's Annual Governance Statement (AGS) as set out in the Public Finance and Accountability (Scotland) Act 2000 (PFA Act). Scheme of Delegation: sets out the arrangements for levels of responsibility and authority in making decisions on behalf of the SFRS. Standing Orders for meetings of the Board and its Committees and Sub-Committees: sets out the general principles for conducting Board business and administration arrangements. Terms of Reference for the Audit & Risk Assurance Committee: sets out the establishment of the Audit & Risk Assurance Committee, its membership and appointment process, scope of activity including risk management, accounting processes and anti-fraud arrangements, and decision making within their limits of responsibilities. Terms of Reference for the Integrated Governance Forum: sets out the terms of reference of the forum |

	to provide assurance to the SFRS Board that specific governance issues identified in Committees are discussed across the Board thereby ensuring joined up corporate governance, role as a non-decision making body. • Terms of Reference for the Strategic Planning and Change Committee: sets out the terms of reference of the committee to provide scrutiny and challenge of strategic/financial planning and change resource allocation and delivery, decision making within their limits of responsibilities. • Terms of Reference for the Service Delivery Committee: sets out the terms of reference of the committee to scrutinise and challenge the safety, quality, performance and effectiveness of service delivery across Scotland, to drive improvement, providing assurance to the Board, with decision making within their limits of responsibilities. • Terms of Reference for the People Committee: sets out the terms of reference of the committee to oversee and scrutinise while providing strategic advice and direction on matters affecting employees and training, safety and assurance and to ensure that staffing and remuneration arrangements are affordable and provide best value, with decision making within their limits of responsibilities. • Terms of Reference for Remuneration, Appointments and Nominations Sub-Committee: sets out the terms of reference of the committee to offer guidance, support and recommendations to the Board and Chief Officer, in relation to matters of remuneration, appointments, nominations and negotiations, reporting through the Chair of the People Committee, role as a non-decision making body. • Board Support sets out the establishment of a Board Support Team indicating roles and responsibilities and setting out the principles for corporate administration of Board/Committee business and meetings. • Code of Conduct for Board Members of the SFRS: sets out the standards expected of Board member behaviour as required by The Ethical Standards in Public Life etc (Scotland) Act 2000 and as enforced by the Standards Commission. • Terms of Reference for the Employee Partnership

	Forum: is a national arrangement which provides a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS, role as a non-decision making forum. • Terms of Reference for the Partnership Advisory Group: provides a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS, where these can no longer be resolved through other internal procedures, with decision making within their limits of responsibilities. Collectively these policy documents, code and Board papers set out the general operating arrangements for the Board and the SFRS to conduct its business in an effective, efficient, accountable and transparent manner.
What results/outcomes are intended?	Efficient and effective management of Board and SFRS proceedings and to ensure open and transparent working ensuring scrutiny can be conducted appropriately. Accountable Board members who in turn hold SFRS personnel to account. Ensure SFRS comply with the Fire Scotland Act 2005 (as amended) and the Police and Fire Reform Act 2012 and also as an outcome of the Fire and Rescue Framework ensuring this is taken into account when implementing the SFRS Strategy. To ensure that decision making and reporting demonstrates how equality issues are considered, including as an element of SFRS's improvement processes.
Who is intended to benefit and in what way?	Communities and wider stakeholders by gaining an understanding of the governance arrangements in place within the SFRS and how they are managed. Scottish Government – through an accountable Board. SFRS Board – through clear processes for administering Board business. SFRS SLT – through clear processes for administering Board business.
Does it link with any other function/policy/activity/project?	Fire and Rescue Framework for Scotland 2022 - sets out Scottish Ministers' expectations of the SFRS and provides strategic priorities and objectives, together with guidance on how the delivery of SFRS's functions should contribute to the Scottish Government's (SG) purpose.

	SFRS Governance & Accountability Framework - sets out the broad governance structures within which the SFRS will operate and defines key roles and responsibilities which underpin the accountability relationships between the SFRS and the SG. SFRS Strategy - sets the policy and resources framework within which the SFRS will operate, informing funding decisions and providing the basis for performance and financial monitoring and outlines the outcomes and objectives on which the SFRS will focus its attention and identify its ambitions for the period of the plan. SFRS Annual Operating Plan – as set out in the Governance and Accountability Framework, the SFRS has a duty to prepare an Annual Operating Plan to support the achievement of the Strategy. SFRS Good Governance Framework - is to encourage better service delivery and improved accountability of good governance in the SFRS giving a clear high-level overview of the key elements across the organisation, how this all works in practice and developing an integrated assurance approach. Annual Governance Statement - outlines the arrangements that are in place for internal control, risk management and corporate governance, and how effective these arrangements have been during the period under review.
What factors/forces could contribute/detract from the outcomes?	Detract – failure to ensure that the overall process of Board governance is fully followed and easily understood by all relevant Board members and SFRS personnel. Annual governance review undertaken and annual governance statement produced to ensure process is being followed and implemented.
Who will be responsible for implementation?	SFRS Board Chair and Committee Chairs, Accountable Officer (Chief Officer), Board Support Team and Chief Officer's Business Team.

PART 2 – ESTABLISHING RELEVANCE

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

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

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

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

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

Please tick as appropriate. * If required, further information on the protected characteristics can be accessed here.	Yes/ Potential	No	Don't Know/Don't Have Enough Evidence
Age	☒	☐	☐
Caring Responsibilities	☒	☐	☐
Care Experience	☒	☐	☐
Disability	☒	☐	☐
Gender reassignment	☒	☐	☐
Marriage and civil partnership (answer this only in relation to point **a** above)	☐	☒	☐
Pregnancy and maternity	☒	☐	☐
Race	☒	☐	☐
Religion and belief	☒	☐	☐
Sex (gender)	☒	☐	☐

Sexual Orientation	☒	☐	☐
Social and Economic Disadvantage	☒	☐	☐
Island Communities	☒	☐	☐
Mental Health & Wellbeing	☒	☐	☐

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

Marriage and Civil Partnership is only relevant in employment.

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

* If required, further information on the Human Rights Act 1998 can be accessed here.

Yes	**No**	**Don't Know**
☒	☐	☐

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

* If required, further information on the United Nations Convention on the Rights of the Child can be accessed here.

Yes	**No**	**Don't Know**
☐	☒	☐

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

Board arrangements don't apply to children.

Concluding Part 2

Outcome of Establishing Relevance	Please Tick	Next Steps
There is no relevance to Equality or the Human Rights Act 1998	☐	Proceed to Part 4 Monitoring
There is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998	☒	Proceed to Part 3 Impact Assessment
It is unclear if there is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998	☐	Proceed to Part 3 Impact Assessment

PART 3 – IMPACT ASSESSMENT

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

Describe and reference:

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

Characteristic	
Age **Consider:** Children, young people and adults. Education, retirement, physical health, mobility, access and egress, specific needs in relation to fire safety, communication needs and/or barriers. **Mental Health**: Different impacts both positive and negative dependent on life stages around participation, relationships, poverty, education and training, opportunities to succeed and physical health.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of age. Relevance to age relates entirely to the accessibility of Board proceedings. Older people are more likely than younger people to experience physical or sensory impairment that may affect their ability to access materials and/or attend a Board meeting as a member of the public. More opportunity to attend and observe a Board meeting will be available through the ability to join some meetings remotely. Issues of accessibility are referenced in the Summary and Conclusion section below. There is anecdotal evidence that younger people are less likely to participate in public life than older people and this may mean that fewer young people will attend Board meetings or interact with Board members. The methods used to promote Board meetings and Board business is referenced in the Summary and Conclusion section below.
Caring Responsibilities **Consider:** Carers for elderly relatives, individuals with a disability, children under 18. Times/Days of meetings and events, changes in working patterns, young carers and care experienced individuals.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of caring responsibilities. Relevance to caring responsibilities relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below.

Mental Health: Juggling work and caring responsibilities can be both rewarding but also extremely stressful. 71% of carers have poor physical and mental health. Differing outcomes and barriers for groups (such as care experienced people and young carers) including education, poverty, lack of inclusion and life opportunities.	
Care Experienced **Consider:** Different types of care (Residential, Kinship, Foster, At Home). Corporate Parenting responsibilities. Barriers around housing, education, employment. **Mental Health:** Higher instance of mental health concerns than peers. Difficulties and losses in family relationships, disruption to schooling and changes in care placements (including multiple geographical locations) can make it difficult to form good social and personal relationships.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of care experience. Relevance to care experienced relates entirely to the accessibility of Board proceedings and materials. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below. There is a possibility that individuals who are care experienced are less likely to participate as they are less informed about public bodies and lack the means to engage through attendance at meetings or to engage in a manner meaningful to them. The Summary and Conclusion section references the importance of broad advertising and interacting with stakeholder groups.
Disability **Consider:** Accessible communications, buildings and facilities, travel needs, medication, confidentiality, needs around fire safety, support mechanisms available, opportunities to promote life chances, e.g. employment, and housing and social inclusion. **Mental health:** Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are factors that will influence the mental health of people with disabilities both positively and negatively. * SFRS 'We are Positive about Disability' can be accessed here.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of disability. Relevance to disability relates entirely to the accessibility of Board proceedings and materials. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below.

* Link to the Events Planning Checklist here.	
Gender reassignment **Consider:** Confidentiality, decency, appropriate facilities and transitioning support. **Mental Health:** Transgender people's mental health can be affected positively and negatively by all of the other characteristics in this document. They may face additional challenges around stigma, harassment, hate crime and can be at an increased risk for some mental health issues. This includes individuals under the umbrella of Transgender who identify as non-binary and gender non-conforming. * Link to the SFRS Guidance for supporting employees who are transitioning can be accessed here.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of gender.
Marriage and Civil Partnership **Consider:** Work policy and practice(s) to ensure they are not discriminatory. **Mental Health:** Good social and personal relationships are central to wellbeing and good mental health. A breakdown in these relationships can have a negative impact on mental wellbeing.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of marriage or civil partnership status. This protected characteristic is only relevant in employment.
Pregnancy and maternity **Consider:** Safety of the Mother/Birth Parent & Fetus, PPE and uniform, pregnancy related appointments and absences, KIT Days, breastfeeding/chestfeeding facilities and mobility as it relates to fire safety. **Mental Health: Possibility of** Ante-natal and Post-natal	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of pregnancy and maternity. As with caring responsibilities relevance to pregnancy and maternity relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below.

depression. Access to support whilst on maternity leave. Concerns around return to work. Impact on both parents if there are complications or bereavements linked to the pregnancy.

Race **Consider:** Participation, language barriers, cultural differences, recruitment and selection. Life chances (notably education, employment and housing). **Remember:** Gypsies and Travellers are a racial group as defined in s9 Equality Act 2010. **Mental Health:** Language barriers, racism, socio-economic factors, diagnostic bias, cultural differences, unconscious bias, institutional discrimination, mental health stigma and poor uptake of health services.	There is clear evidence to indicate that BME people are underrepresented and participation levels in public life or engagement with public bodies is low – https://www.gov.scot/publications/crer-ant-racist-policy-making-scotland-review/pages/6/. There is a possibility that new migrants to Scotland will be less likely to participate than established communities as they are less informed about public bodies and the role of public engagement. There is an opportunity to make a positive impact across all protected characteristics by allowing public access to Board proceedings. The hosting of Board meetings at venues across Scotland provide an opportunity for many more people to attend than if the location was isolated to HQ, Cambuslang. There is a further opportunity to make a positive impact through the participation in other stakeholder engagement activities that are to be programmed to coincide with Board meetings. This has the potential to allow access to Board members for a range of local community groups that might not otherwise be considered a stakeholder/partner providing that the Board extends their engagement activities outwith the scope of recognised partner agencies such as Community Planning Partnerships. The Summary and Conclusion section references the importance of broad advertising and interacting with stakeholder groups to promote and market opportunities for participation.
Religion and Belief **Consider:** Uniform, prayer/reflection areas, dates/times of religious festivals for event planning and fire safety information. Dietary requirements. **Mental Health**: Religion and belief(s) can have a positive impact on mental health through the support they can provide. A breakdown of this could impact mental health. Studies also show	There is evidence to indicate that people from underrepresented religion and belief groups participate less in public life or engagement with public bodies. Board meetings are currently scheduled to take place on Thursday mornings/early afternoon. This does not conflict with known religious observance days and as such the timing of Board meetings does not pose a barrier to attendance. It is unlikely that the scheduling of Board meetings will bring the date of meeting into conflict with significant religious festivals, nevertheless, the Board Support Team will maintain a review of the Board schedule to prevent repeated conflict of dates affecting any particular faith group.

that there can be negative impacts on mental health around religion, particularly as it relates to upbringing and/or a difference in life views. * Link to the Events Planning Checklist here.	(Public appointments: just over half of applicants in 2011-12 identified as belonging to a Christian denomination. The majority of these identified as Church of Scotland, with the remainder split between Roman Catholic and other Christian denominations - https://www.gov.scot/publications/scottish-government-equality-outcomes-religion-belief-evidence-review/) There is a possibility that new migrants to Scotland will be less likely to participate than established communities as they are less informed about public bodies and the role of public engagement. The Summary and Conclusion section references the importance of broad advertising and interacting with stakeholder groups.
Sex (gender) **Consider:** Dignified facilities, sanitary provisions, appropriate PPE, menopause, individuals who are non-binary, domestic abuse, gender specific illness, e.g. prostate cancer for men, endometritis for woman. **Mental Health:** Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. Depression, anxiety, attempted suicide and self-harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse. Men experiencing abuse as children or adults may find it more difficult to disclose this.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of gender. As with pregnancy and maternity relevance to gender relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below. There is no evidence that indicates that men or women are more/less likely to participate in public life or engage with public bodies arising from the status of their gender. Women in the broader population are more likely to be the primary carer for a dependent and this may affect ability to attend meetings. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below.
Sexual Orientation **Consider:** Confidentiality, heterosexual bias in language, use of pronouns, policy development, recruitment and selection practices.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of sexual orientation. The requirement to disclose the interests of a partner/spouse in the Code of Conduct may require individuals to disclose their sexual orientation.

Mental Health: Some studies suggest that gay, lesbian, bisexual and transgender people are more vulnerable to certain factors that increase risk of poor mental health (e.g. being bullied, discrimination and verbal assault) – and more likely to report psychological distress than their heterosexual counterparts.	
Social and Economic Disadvantage **Consider:** Differences in life chances such as education, employment, income, social inclusion and access to health services. Lifestyle factors, e.g. smoking and alcohol use as they relate to fire safety information. **Mental Health:** Adults living in the most deprived areas are twice as likely to have mental health issues. Factors such as poverty, poor housing, lack of opportunity and low social status can cause stress and distress. Other impacts on well-being, may come from feelings of low self-esteem, shame, and disrespect. Link between deprivation and suicide. * Link to the Fairer Scotland Duty Guidance can be accessed here.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of social or economic disadvantage. Relevance to social or economic disadvantage relates entirely to the accessibility of Board proceedings and materials. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below. There is a possibility that individuals who are socially or economically disadvantaged are less likely to participate as they are less informed about public bodies and lack the means to engage through attendance at meetings or to engage in a manner meaningful to them. There is an opportunity to make a positive impact across all protected characteristics by allowing public access to Board proceedings. The hosting of Board meetings at venues across Scotland provide an opportunity for many more people to attend than if the location was isolated to HQ, Cambuslang. There is a further opportunity to make a positive impact through the participation in other stakeholder engagement activities that are to be programmed to coincide with Board meetings. This has the potential to allow access to Board members for a range of local community groups that might not otherwise be considered a stakeholder/partner providing that the Board extends their engagement activities outwith the scope of recognised partner agencies such as Community Planning Partnerships. The Summary and Conclusion section references the importance of broad advertising and interacting with stakeholder groups.
Island Communities **Consider:** Challenges around distance, geography, connectivity,	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on remote and rural communities.

demography and the loss of vital skills to the mainland. **Mental Health:** Remote and rural communities can face particular challenges around the availability and access to support in times of distress. There can be feelings of isolation but also a lack of privacy when communities are particularly close knit. * Link to the Scottish Government Island Community Impact Assessment Guidance can be accessed here.	Relevance to island communities relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below.
Mental Health and Wellbeing Not all people with a mental health condition have a disability. For example, someone may have a diagnosis of bi-polar disorder which is well-managed and experience good mental health. However, many mental health conditions can have an impact on wellbeing. **Consider:** Crew Welfare before, during and after their involvement in a potentially traumatic incident. Stress factors, concern(s) of stigma and/or discrimination if coming forward. Life changes such as bereavement, broken- down relationships, changes in physical health. Poor mental health can lead to higher risk health behaviours (e.g. smoking and drug misuse). This, combined with unequal access to services, can result in poor health outcomes and shortened life expectancy. Higher risk in relation to Fire Safety. * Link to the Mental Health and Wellbeing Checklist can be	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on mental health. Relevance to mental health relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below.

accessed [here.](#)	
Human Rights **Consider:** 16 basic rights protected by the Human Rights Act and how they may relate to any policy/practice/decision. **Mental Health:** Mental health evidence relates to the Human Rights Act by highlighting the links between poor mental health and inequalities. Poor mental health can both be a consequence of inequality and result in social, economic and health inequality.	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the Human Rights. The Code of Conduct may have some relevance to the Human Rights Act article 8 Right to Respect for Private and Family Life. This is referenced in the Summary and Conclusion section below. It is not viewed there is any relevance to Protocol 1 Article 1 Protection of Property as the Code does not prohibit the use or retention of property, it only seeks the disclosure of potential conflict of interest with the view to preserving the integrity of Board decisions and proceedings.
Children's Rights **Consider:** General principles: Non-discrimination (article 2) Best interest of the child (article 3) Right to life survival and development (article 6) Right to be heard (article 12) **Mental Health:** Poor mental health can both be a consequence of inequality and result in social, economic and health inequality. Links between poverty and mental health.	N/A see above.
Impact on Inclusion or People in General not covered by specific characteristics **Consider:** any other inclusion points, e.g. differing impacts for employee groups or for different communities. **Gaelic Language** **Consider:** Accessibility, education/schools, training, Gaelic speaking employees, cultural & heritage awareness, signage replacement. The SFRS Gaelic Language Plan can be accessed [here](#).	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on people. Some people may be less able to attend Board meetings and less able to participate in public life because of their geographic location and cost or distance of travel. There is an opportunity to make a positive impact on people in island communities by allowing public access to Board proceedings through the use of other methods such as the ability to join remotely, as well as direct feedback using the online comments process. The hosting of Board meetings at venues across Scotland provide an opportunity for many more people to attend than if the location was isolated to HQ, Cambuslang.

	It is not the intention of the Board/SFRS to provide food or drink to members of the public attending the Board meeting and as such no consideration on these grounds needs to be given to meeting cultural/religious/dietary requirements. Issues of accessibility and other methods of participation are referenced in the Summary and Conclusion section below.

Summary and Conclusion of Impact Assessment

Collectively these documents provide the operating arrangements for the Board of the SFRS with the SFRS Good Governance Framework supporting a clearer understanding of how this all works. There is limited relevance to equality and some, albeit limited, opportunity to make a positive impact in relation to the general equality duty across the protected characteristics as it relates to these governance and operating arrangements. It will be the proposals and recommendations submitted to the Board which makes use of these arrangements that will potentially be relevant to equality and human rights rather than the arrangements to be followed.

Any report brought forward to the Board for decision will have a separate EHRIA where appropriate, which will include an islands assessment, as part of the governance arrangements which will be considered and reflected upon as part of the decision making process. Further to this the Board will review the impact of decisions being made after a period of 12 months.

There are, nevertheless, some specific areas of activity where there is a direct relevance to equality arising from this suite of documents.

Relevant documents: Membership & Operating Arrangements and Terms of Reference to each Committee

Issue: Accessibility of Board agendas, reports, papers and other communication (public). Board papers are made available to the public through the SFRS website. This is viewed as a proportionate means of making written materials accessible to individuals with a sensory impairment, who may have difficulty with reading arising from a learning difficulty or other condition such as dyslexia, or for whom English is not their first language. The website is compatible with a range of supportive technologies such as text readers, contrast control and font size adjustments. The website is compatible with Google translate which will facilitate translation of information into a number of other languages. It is recognised that some individuals may require additional measures to meet the requirements of their disability and such requests will be considered on a case by case basis for a reasonable adjustment to be implemented. The translation of Board papers into alternative languages would be prohibitively expensive for the SFRS to fulfill individual requests and it would be an expense that would be disproportionately high compared to the impact achieved for the individual. Instead, the Board Support Team will consider each request for alternate language provision with a view to ensuring that all of Scotland's communities can access the significant issues pertaining to SFRS and Board business.

It should be noted that this section relates only to the materials produced to support the administration of Board proceedings and not to any SFRS material such as community engagement materials which may have to be provided in alternate formats and/or languages.

The SFRS and Board have an ambition to provide materials in easy to understand language and format. It is, however, noted that the business of the Board may at times be complex and will not lend itself to simplification without loss of meaning. The Board and the SFRS recognise the importance of focusing on key and significant messages and documents that will contribute towards improved community safety as well as transparency and accountability of the SFRS.

Issue: Accessibility of Board agendas, reports, papers and other communication (Board members and SFRS personnel).
In addition to those points highlighted above for the public there are specific arrangements in place to aid Board members and SFRS personnel. Board members are emailed a link to their Board papers and other communications accessed via their Board sharepoint site and can therefore make use of assistive technologies referenced above. Other requests for alternate formats of materials can be accommodated on request such as large print versions of documents.

SFRS personnel can access materials via the intranet and/or SFRS website and can utilise assistive technologies. Other requirements for personnel to enable them to perform their job will be considered on a case by case basis for a reasonable adjustment on the grounds of disability.

Issue: Accessibility of Board meetings (public).
There is an opportunity to make a positive impact across all protected characteristics by allowing public access to Board proceedings. The hosting of Board meetings at venues across Scotland provide an opportunity for many more people to attend than if the location was isolated to HQ, Cambuslang.

There is a further opportunity to make a positive impact through the participation in other stakeholder engagement activities that are to be programmed to coincide with Board meetings. This has the potential to allow access to Board members for a range of local community groups that might not otherwise be considered a stakeholder/partner providing that the Board extends their engagement activities outwith the scope of recognised partner agencies such as Community Planning Partnerships.

The accessibility of Board meetings is only as good as the ability of the Board, SFRS and Board Support Team to enable the participation of members of the public. Enabling participation includes:
- Picking venues for the Board proceedings that are well served by public transport.
- Making use of venues that have good disability access provisions such as adequate designated parking, induction loop hearing assistance, wheelchair access, suitable and varied seating and well maintained premises clear of unnecessary clutter and obstruction.
- Extend the promotion of attendance at Board meetings beyond those controlled centrally by the Board Support Team (eg website notification) to a local level to be supported by the Board Support Team and local SFRS personnel promoting the Board meetings through local press releases and notices in community, religious centres and other public buildings.

It is recognised that there may be some individuals who would wish to attend a Board meeting but are unable to do so despite the measures referenced above. Attendance may not be possible because of geographic location, other responsibilities such as work commitments or caring for a dependent, cost or distance of travel or physical impairment severely affecting mobility. While attendance at Board meetings may not be possible the Board and SFRS seek to enable participation through the use of other methods such as the ability to join remotely, as well as direct feedback using the online comments process.

Issue: Accessibility of Board meetings (Board members and SFRS personnel).
In addition to those points highlighted above for the public there are specific arrangements in place to aid Board members and SFRS personnel. The Board Support Team will ensure that those venues used for Board meetings have arrangements in place to provide catering that would meet requests based on the grounds of cultural or religious observance.

Code of Conduct
The Code is enforced by an external body and was revised and approved by Scottish Ministers in December 2021. This has an impact on the SFRS Board members. Overall the Code is likely to have a neutral effect on the grounds of protected characteristics by seeking to maintain a standard of behaviour that is consistent across similar organisations and has the objective of promoting integrity, honesty and fairness in the proceedings of the Board. There is a possibility of a negative impact on the grounds of marriage/civil partnership and/or sexual orientation. The requirement to disclose conflict of interest of partners/spouses may require individual members of the Board to release information they consider private and would otherwise not wish to disclose. Similarly, the disclosure of the interests of a same sex partner may result in the disclosure of sexual orientation which the individual may wish to keep private. Nevertheless, the requirement to ensure that public bodies and their representatives remain accountable and transparent in the pursuit of robust and fair public activities outweighs any consideration of protection of privacy within the context of disclosing a partner's interests.

The Code of Conduct provides an opportunity to make a positive impact on the grounds of age, gender, disability, sexual orientation, religion and belief, social and economic disadvantage and gender identity by supporting the Scottish Government's ambitions to improve the representation on public boards from these groups. This has a relationship to all elements of the general equality duty.

Concluding Part 3

Impact Assessment	Please Tick	Next Steps
There is no relevance to Equality or the Human Rights Act 1998	☐	Proceed to Part 4 Monitoring
There is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998 and relevant actions are recorded above in Summary and Conclusion	☒	Proceed to Part 4 Monitoring

PART 4 – MONITORING AND REVIEW

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

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

Q1 – For Functions/Policies Screened in Section 2 or 3 as <u>Not Relevant</u> on the grounds of Equality or Human Rights…

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

> The Board and the Board Support Team will review the processes for governance and administering Board business as part of the annual governance review.

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

A: What will be monitored?

> The Board and the Board Support Team will periodically review the processes for governance and administering Board business.
>
> In relation to equality this will include:
> 1 Accessibility and suitability of meeting venues (access and catering provisions).
> 2 Requests for alternate formats of written information on grounds of disability and language.
> 3 Range of community groups attending or participating in Board proceedings.
>
> The purpose of the monitoring is to:
> - Identify trends and patterns of requests made and action taken relating to disability access and non-English language provision.
> - Illustrate the steps taken by the SFRS to enable all of Scotland's communities to be involved.
>
> This will mean that the processes for monitoring will themselves be reviewed and refined over time.
>
> Following the Board's decision in 2023 to retain a hybrid approach for Board/Committee meetings, the opportunity to attend a Board meeting remotely via conference facilities will continue to be monitored and reviewed.

Note: An equality impact assessment will be developed relating to the appraisal process for Board members and a separate monitoring system for that process put in place.

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

1   Create an EIA folder on Board Support Team SharePoint site to capture and store monitoring processes.
2   Develop and provide a checklist guide to potential venue owners of requirements based on needs.
3   Log requests for alternate formats and action taken.
4   Log requests for assistance at Board/Committee meetings and action taken.
5   Log the places Board/Committee meeting notices have been distributed, log any requests for attendance at meetings and/or note any issues arising during proceedings relating to equality.
6   Log the range of stakeholder/community groups involved in the ancillary activities taking place alongside Board meetings.
7   Compliments, comments and feedback on Board proceedings.

This range of measures may be refined where it is determined that there is no on-going need to capture this information.

C: What is the frequency of monitoring?

For each Board/Committee meeting subject to the provision that this range of measures may be refined where it is determined that there is no on-going need to capture this information.

Monitoring will be aligned to the annual governance review however if, at any point, any outcomes are considered to have an impact on these arrangements a further review could be undertaken as required.

D: How will monitoring information be used?

The information will be used to:

• Illustrate the steps taken to involve all of Scotland's communities and demonstrate the measures involved in ensuring the Board is actively pursuing a policy of openness, transparency and accountability.
• To inform Board proceedings to ensure that people are enabled to participate and that processes are accessible to all stakeholders.
• To ensure continual good governance, assurance and scrutiny.

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

This will be revised as part of the annual review conducted around March/April as part of the review of the governance arrangements of the Board.

PART 5 – APPROVAL

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

This Equality and Human Rights Impact Assessment was completed by:

Name	Chris Casey and Heather Greig
Date	1 April 2025

This Equality and Human Rights Impact Assessment was approved by:

Name	The Board of the Scottish Fire and Rescue Service
Date	24 April 2025

Please submit a copy of the completed document to SFRS.Equality@firescotland.gov.uk

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

PART 1 – BASIC INFORMATION

(This section should be completed by the Policy Owner)

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

Name of the proposed new or revised policy, strategy, project, activity or service being assessed.
SFRS Board Annual Performance Appraisal

Policy owner(s) responsible for completing the Equality and Human Rights Impact Assessment.
Board Support Team – Governance, Strategy & Performance, Strategic Planning, Performance and Communications

Colleagues and/or other partners involved.
SFRS Board Members

E&D Practitioner/Support
Parveen Khan

Date Commenced	19 March 2025

Please complete the following questions.

1. Develop a clear understanding of your aims, objectives and the intended outcomes of the policy, strategy, project, activity or service.	
Briefly describe the main aims, objectives and purpose.	The aim is to ensure that all Board members are provided with the opportunity to participate in an appraisal review scheme. The Board appraisal process will be used by Board members and the reviewing manager (Chair of the SFRS Board) to assess performance and provide opportunity for meaningful discussion by focusing on both the achievement of objectives ('what' is done) as well as an appraisal of skills, knowledge, behaviours and competencies ('how' it is done). The appraisal process is a joint review and discussion between an individual and their reviewing manager to review performance over the last 12 months and set development opportunities and objectives for the forthcoming year. It is intended to contribute to the continuous improvement of the public body's decision-making, effectiveness and performance. It provides a standardised framework to plan and review individual performance and consider development opportunities.
What results/outcomes are intended?	The general principles are to: • Provide new Board members with constructive feedback on an on-going basis throughout the reporting year. Other members are also entitled to ask for feedback during the year. • Promote self-reflection on individual performance. • Look forward, not just back, to ensure account is taken of the future needs of the organisation, any learning and development identified and the aspirations of the Board member. • Identify and discuss any performance-related issues as part of the on-going process of constructive feedback. • Keep all appraisal documentation simple, focused and easy to use and completed during, or shortly after, the appraisal and signed by both parties. • Provide assurance, by the Board Chair to the Sponsor Director/Deputy Director that Board member appraisals have taken place. • Ensure a clear process is in place to resolve any instances where any irreconcilable differences occur between the Board Chair and Board member. In the first instance these issues should be referred to the Sponsor Director/Deputy Director.

Who is intended to benefit and in what way?	All Board members. Scottish Government by ensuring the public body delivers its functions effectively and efficiently in accordance with Ministerial aims, policies and priorities.
Does it link with any other function/policy/activity/project?	Fire and Rescue Framework for Scotland 2022 - sets out Scottish Ministers' expectations of the SFRS and provides strategic priorities and objectives, together with guidance on how the delivery of SFRS's functions should contribute to the Scottish Government's (SG) purpose. Code of Conduct for Board Members of the SFRS – sets out the conduct expected of those who serve on the boards of public bodies in Scotland and how the provisions of the Code should be interpreted and applied in practice in line with the nine key principles of public life in Scotland.
What factors/forces could contribute/detract from the outcomes?	Detract – failure to ensure that the overall process of Board performance appraisal review is fully followed and easily understood by all relevant Board members and Chair. Lack of compliance to ensure that the general principles of performance appraisal reviews are fully implemented and appraisal reviews carried out.
Who will be responsible for implementation?	SFRS Board Chair Scottish Government

PART 2 – ESTABLISHING RELEVANCE

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

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

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

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

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

Please tick as appropriate. *If required, further information on the protected characteristics can be accessed* here.	Yes/ Potential	No	Don't Know/Don't Have Enough Evidence
Age	☒	☐	☐
Caring Responsibilities	☒	☐	☐
Care Experience	☒	☐	☐
Disability	☒	☐	☐
Gender reassignment	☒	☐	☐
Marriage and civil partnership (answer this only in relation to point **a** above)	☐	☒	☐
Pregnancy and maternity	☒	☐	☐
Race	☐	☒	☐
Religion and belief	☒	☐	☐
Sex (gender)	☒	☐	☐

Sexual Orientation	☐	☒	☐
Social and Economic Disadvantage	☐	☒	☐
Island Communities	☒	☐	☐
Mental Health & Wellbeing	☒	☐	☐

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

Marriage and Civil Partnerships are only relevant to employment.

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

* If required, further information on the Human Rights Act 1998 can be accessed here.

Yes	**No**	**Don't Know**
☒	☐	☐

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

* If required, further information on the United Nations Convention on the Rights of the Child can be accessed here.

Yes	**No**	**Don't Know**
☐	☒	☐

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

No relevance to children's rights as they are not Board members.

Concluding Part 2

Outcome of Establishing Relevance	**Please Tick**	**Next Steps**
There is no relevance to Equality or the Human Rights Act 1998	☐	Proceed to Part 4 Monitoring
There is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998	☒	Proceed to Part 3 Impact Assessment
It is unclear if there is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998	☐	Proceed to Part 3 Impact Assessment

PART 3 – IMPACT ASSESSMENT

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

Describe and reference:

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

Characteristic	
Age **Consider:** Children, young people and adults. Education, retirement, physical health, mobility, access and egress, specific needs in relation to fire safety, communication needs and/or barriers. **Mental Health**: Different impacts both positive and negative dependent on life stages around participation, relationships, poverty, education and training, opportunities to succeed and physical health.	Age is relevant to the appraisal process as it is often linked directly to an individual's experience and length of service. Therefore to ensure that the appraisal process is fair and objective the process should be impartial and not biased on the basis of age – for example, assuming that older members are more efficient within their role and the contrary for younger staff. Focus on the values such as Respect and Integrity will ensure that all members are treated with integrity and fairness. This will help to meet our legal (and moral) obligations to advance equality of opportunity.
Caring Responsibilities **Consider:** Carers for elderly relatives, individuals with a disability, children under 18. Times/Days of meetings and events, changes in working patterns, young carers and care experienced individuals. **Mental Health:** Juggling work and caring responsibilities can be both rewarding but also extremely stressful. 71% of carers have poor physical and mental health. Differing outcomes and barriers for groups (such as care experienced	The criteria used for appraisals must not directly or indirectly discriminate against any individual with caring responsibilities who have not been able to give time over and above the requirements of the role in the way that others might have been able to do. It will be for the Board Chair to have some flexibility in this respect.

people and young carers) including education, poverty, lack of inclusion and life opportunities.	
Care Experienced **Consider:** Different types of care (Residential, Kinship, Foster, At Home). Corporate Parenting responsibilities. Barriers around housing, education, employment. **Mental Health:** Higher instance of mental health concerns than peers. Difficulties and losses in family relationships, disruption to schooling and changes in care placements (including multiple geographical locations) can make it difficult to form good social and personal relationships.	Positive emphasis on focusing on the values of Respect and Integrity will ensure that all members are treated with integrity and fairness irrespective of whether they are care experienced or not. This will help to meet our legal obligations to advance equality of opportunity and fostering good relations.
Disability **Consider:** Accessible communications, buildings and facilities, travel needs, medication, confidentiality, needs around fire safety, support mechanisms available, opportunities to promote life chances, e.g. employment, and housing and social inclusion. **Mental health:** Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are factors that will influence the mental health of people with disabilities both positively and negatively. * SFRS 'We are Positive about Disability' can be accessed here. * Link to the Events Planning Checklist here.	Reasonable adjustments should be considered and implemented to assist persons with disabilities to perform to a suitable standard in their role as Board member. Performance standards of members with disabilities may not be exactly the same as non-impaired members but should be regarded in accordance with the standards of performance that are measured in relation to both the disability and any reasonable adjustments that have been put in place.
Gender reassignment **Consider:** Confidentiality, decency, appropriate facilities and transitioning support.	It is recognised that there may be absence issues with members associated in the transitioning process and again, all members should be treated fairly and not biased against someone because of their transgender status. It will be for the Chair of the Board to have some flexibility in this respect.

Mental Health: Transgender people's mental health can be affected positively and negatively by all of the other characteristics in this document. They may face additional challenges around stigma, harassment, hate crime and can be at an increased risk for some mental health issues. This includes individuals under the umbrella of Transgender who identify as non-binary and gender non-conforming. * Link to the SFRS Guidance for supporting employees who are transitioning can be accessed here.	
Marriage and Civil Partnership **Consider:** Work policy and practice(s) to ensure they are not discriminatory. **Mental Health:** Good social and personal relationships are central to wellbeing and good mental health. A breakdown in these relationships can have a negative impact on mental wellbeing.	Marriage and civil partnership are not directly relevant during the Board performance appraisal review process.
Pregnancy and maternity **Consider:** Safety of the Mother/Birth Parent & Fetus, PPE and uniform, pregnancy related appointments and absences, KIT Days, breastfeeding/chestfeeding facilities and mobility as it relates to fire safety. **Mental Health: Possibility of** Ante-natal and Post-natal depression. Access to support whilst on maternity leave. Concerns around return to work. Impact on both parents if there are complications or bereavements linked to the pregnancy.	Those who are on maternity leave will not be adversely impacted through the performance appraisal review process.
Race **Consider:** Participation, language	This area was considered but not relevant in this context in that an individual's race is not relevant to their performance for the purpose of Appraisals.

barriers, cultural differences, recruitment and selection. Life chances (notably education, employment and housing). **Remember:** Gypsies and Travellers are a racial group as defined in s9 Equality Act 2010. **Mental Health:** Language barriers, racism, socio-economic factors, diagnostic bias, cultural differences, unconscious bias, institutional discrimination, mental health stigma and poor uptake of health services.	
Religion and Belief **Consider:** Uniform, prayer/reflection areas, dates/times of religious festivals for event planning and fire safety information. Dietary requirements. **Mental Health**: Religion and belief(s) can have a positive impact on mental health through the support they can provide. A breakdown of this could impact mental health. Studies also show that there can be negative impacts on mental health around religion, particularly as it relates to upbringing and/or a difference in life views. * Link to the Events Planning Checklist here.	Religion and Belief should be considered if disclosed by Board members ensuring that appraisal review meetings are held in consultation with Board members so as not to impact on any religious or cultural events.
Sex (gender) **Consider:** Dignified facilities, sanitary provisions, appropriate PPE, menopause, individuals who are non-binary, domestic abuse, gender specific illness, e.g. prostate cancer for men, endometritis for woman. **Mental Health:** Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is	Gender is directly relevant as Board members experiences of the performance appraisal review process will be different based on their gender. There may be more male Board members than female Board members and these differences should be taken into consideration eg female Board member may not be comfortable having a performance appraisal review meeting whilst experiencing symptoms of the menopause and may need regular breaks or to reschedule.

expressed. Depression, anxiety, attempted suicide and self-harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse. Men experiencing abuse as children or adults may find it more difficult to disclose this.	
Sexual Orientation **Consider:** Confidentiality, heterosexual bias in language, use of pronouns, policy development, recruitment and selection practices. **Mental Health:** Some studies suggest that gay, lesbian, bisexual and transgender people are more vulnerable to certain factors that increase risk of poor mental health (e.g. being bullied, discrimination and verbal assault) – and more likely to report psychological distress than their heterosexual counterparts.	It is not envisaged that there will be any impacts in relation to the Performance Appraisal Policy and Sexual Orientation. Care should be taken to communicate information sensitively and not make assumptions about an aspect of sexual orientation unless an individual has disclosed their sexuality at work.
Social and Economic Disadvantage **Consider:** Differences in life chances such as education, employment, income, social inclusion and access to health services. Lifestyle factors, e.g. smoking and alcohol use as they relate to fire safety information. **Mental Health:** Adults living in the most deprived areas are twice as likely to have mental health issues. Factors such as poverty, poor housing, lack of opportunity and low social status can cause stress and distress. Other impacts on well-being, may come from feelings of low self-esteem, shame, and disrespect. Link between deprivation and suicide.	It is not envisaged that there will be any impacts in relation to the Board member appraisal process and Social and Economic Disadvantage.

* Link to the Fairer Scotland Duty Guidance can be accessed here.	
Island Communities **Consider:** Challenges around distance, geography, connectivity, demography and the loss of vital skills to the mainland. **Mental Health:** Remote and rural communities can face particular challenges around the availability and access to support in times of distress. There can be feelings of isolation but also a lack of privacy when communities are particularly close knit. * Link to the Scottish Government Island Community Impact Assessment Guidance can be accessed here.	Members living in island and remote communities on the mainland may have further to travel to attend meetings. Members will be given reasonable paid time to attend such meetings and flexibility to join remotely if appropriate.
Mental Health and Wellbeing Not all people with a mental health condition have a disability. For example, someone may have a diagnosis of bi-polar disorder which is well-managed and experience good mental health. However, many mental health conditions can have an impact on wellbeing. **Consider:** Crew Welfare before, during and after their involvement in a potentially traumatic incident. Stress factors, concern(s) of stigma and/or discrimination if coming forward. Life changes such as bereavement, broken- down relationships, changes in physical health. Poor mental health can lead to higher risk health behaviours (e.g. smoking and drug misuse). This, combined with unequal access to services, can result in poor health	Mental Health and Wellbeing (MH&W) should be a key consideration during the performance appraisal review process. If a Board member is unable to participate due to poor MH&W then these need to be considered and support made available to ensure the appraisal review takes place at a pace that suits the individual's needs at the time. It is recognised that poor Mental Health can have an impact on an individual's overall performance in the work environment. The appraisal process has been structured and communicated in such a way to actively encourage meaningful dialogue and provide opportunity to raise concerns and identify appropriate support mechanisms. The Health and Wellbeing team can assist in providing support in situations where there is evidence that performance is being impacted by MH&W, particularly when work related. The Mental Health and Wellbeing Strategy and Mental Health Champions can provide support and guidance.

outcomes and shortened life expectancy. Higher risk in relation to Fire Safety. * Link to the Mental Health and Wellbeing Checklist can be accessed here.	
Human Rights **Consider:** 16 basic rights protected by the Human Rights Act and how they may relate to any policy/practice/decision. **Mental Health:** Mental health evidence relates to the Human Rights Act by highlighting the links between poor mental health and inequalities. Poor mental health can both be a consequence of inequality and result in social, economic and health inequality.	Issues of sensitivity in the handling of personal information is covered by Data Protection Act obligations. The handling, storage and sharing of confidential records shall be conducted in line with the Data Protection Act 2018, the Access to Health Reports Act 1988, the Access to Health Records Act 1990 and the General Data Protection Regulation (GDPR) 2018
Children's Rights **Consider:** General principles: Non-discrimination (article 2) Best interest of the child (article 3) Right to life survival and development (article 6) Right to be heard (article 12) **Mental Health:** Poor mental health can both be a consequence of inequality and result in social, economic and health inequality. Links between poverty and mental health.	This area has been considered and there are no adverse impacts
Impact on Inclusion or People in General not covered by specific characteristics **Consider:** any other inclusion points, e.g. differing impacts for employee groups or for different communities. **Gaelic Language** **Consider:** Accessibility, education/schools, training, Gaelic	Relevance to bullying behaviour in the workplace if an individual is not covered by one of the protected characteristics may constitute through a refusal to conduct an appraisal, not listening to the members point of view, not providing a fair assessment of their performance and/or not considering any individual circumstances they may have which has had a knock on effect to their performance within the performance appraisal year. Workplace related stress may develop because a person is unable to cope with the demands being placed on them including a heavy workload. Stress,

speaking employees, cultural & heritage awareness, signage replacement. The SFRS Gaelic Language Plan can be accessed here.	including work related stress, can be a significant cause of illness and is known to be linked with high levels of sickness absence and other issues such as poor performance. It may be that certain tasks, work environments or times of the day are associated with people experiencing difficulties. Where applicable, the Chair of the Board will make adjustments to relieve the stress in a positive and supportive manner. The Health and Wellbeing team can assist in providing support in situations where there is evidence that performance is being impacted by MH&W, particularly when work related. The Mental Health and Wellbeing Strategy and Mental Health Champions can provide support and guidance. The Safecall reporting line is now also available to report any issues in a confidential manner. Personal information will be treated in the strictest of confidence and will also apply to where information is stored.

Summary and Conclusion of Impact Assessment

The robustness of a regular and cyclical performance appraisal serves to encourage an inclusive environment where members can be supported in a way which is fair and transparent and provides opportunities for personal development.

The overall aims, purpose and implementation of the Performance Appraisal Scheme are designed to eliminate discrimination and foster good relations and provide equal opportunities within the organisation which reflects the aims of the General Equality Duty. Board members will have regular feedback regarding their performance and are empowered to manage their own progress and future development as a result.

There is also the understanding that individuals with a protected characteristic may be disinclined to report or complain because they do not want to disclose their protected characteristic or their association with someone who has that protected characteristic.   The appraisal process provides an opportunity for meaningful dialogue and the content of these will, in terms of disclosure, remain in the domain of the individual.

Code of Conduct
The Code of Conduct for Members of the SFRS Board (the Code) is enforced by an external body and was revised and approved by Scottish Ministers in December 2021. This has an impact on the SFRS Board members. Overall the Code is likely to have a neutral effect on the grounds of protected characteristics by seeking to maintain a standard of behaviour that is consistent across similar organisations and has the objective of promoting integrity, honesty and fairness in the actions of the Board.

The Code provides an opportunity to make a positive impact on the grounds of age, gender, disability, sexual orientation, religion and belief, social and economic disadvantage and gender identity by supporting the Scottish Government's ambitions to improve the representation on public boards from these groups. This has a relationship to all elements of the general equality duty.

The performance appraisal process will be applied fairly, equitably and confidentially for all Board members and in line with the Model Code of Conduct for Board Members of the SFRS.

Concluding Part 3

Impact Assessment	Please Tick	Next Steps
There is no relevance to Equality or the Human Rights Act 1998	☐	Proceed to Part 4 Monitoring
There is relevance to some or all of the Equality characteristics and/or the Human Rights Act 1998 and relevant actions are recorded above in Summary and Conclusion	☒	Proceed to Part 4 Monitoring

PART 4 – MONITORING AND REVIEW

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

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

Q1 – For Functions/Policies Screened in Section 2 or 3 as <u>Not Relevant</u> on the grounds of Equality or Human Rights…

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

> The Board and the Board Support Team will periodically review the process for administering Board performance appraisals in line with Scottish Government guidance.

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

A: What will be monitored?

> The Board and the Board Support Team will periodically review the process for administering Board performance appraisals.
>
> The Chair of the SFRS Board will regularly review the performance of each Board member throughout the term of their appointment.
>
> Skills, knowledge and experience of Board members will also be monitored. This information will be captured and monitored in preparation for future public appointments.
>
> Common themes arising from performance appraisal discussions will be captured and monitored throughout the reporting year.

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

> Review and analysis of monitoring information detailed above.
> Feedback from Chair/Board members.
> Review of the process as part of the annual review cycle.

C: What is the frequency of monitoring?

Common themes will be reviewed regularly throughout the year.

Monitoring will be aligned to the annual performance appraisal scheme.

D: How will monitoring information be used?

The information will be used to:

- To ensure the process is implemented fairly and in line with Scottish Government guidance.
- To recognise continual good performance and behaviour of Board members along with the necessary skills to ensure a diverse Board.

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

This will be revised as part of the annual review conducted around March/April in line with arrangements for reviewing the effectiveness of the Board.

PART 5 – APPROVAL

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

This Equality and Human Rights Impact Assessment was completed by:

Name	Chris Casey and Heather Greig
Date	1 April 2025

This Equality and Human Rights Impact Assessment was approved by:

Name	The Board of the Scottish Fire and Rescue Service
Date	24 April 2025

Please submit a copy of the completed document to SFRS.Equality@firescotland.gov.uk

SCOTTISH FIRE AND RESCUE SERVICE
The Board of Scottish Fire and Rescue Service

Report No: **B/ARAC/01-25**

Agenda Item: **12**

Report to:	THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE						
Meeting Date:	**24 APRIL 2025**						
Report Title:	**ANNUAL INTERNAL AUDIT PLAN 2025-26 DRAFT**						
Report Classification:	**For Decision**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**					
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to advise and seek the approval of the Board for the internal audit activity planned for 2025/26.

2	**Background**
2.1	BDO have developed a draft Internal Audit Plan for the year 2025/26 in consultation with the Strategic Leadership Team (SLT). The Audit and Risk Assurance Committee (ARAC) discussed the plan at its last meeting in April 2025.

3	**Main Report/Detail**
3.1	As per the Scheme of Delegations (incorporating matters reserved for the Board), approval of the Internal Audit Plan is a matter reserved for Board decision.
3.2	BDO presented a draft Internal Audit Plan 2025/26, for the ARAC's consideration at its meeting of 8 April 2025. The ARAC members noted and commented on the content of the plan. ARAC members were content with the plan and recommend the Board approves this at the April Board meeting.
3.3	The Internal Audit Plan (Appendix A) outlines the main areas of audit coverage for the 2025/26 year and is therefore being put forward for approval by the Board.

4	**Recommendation**
4.1	The Board are invited to approve the Internal Audit Plan 2025/26, as set out in Appendix A.

5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Register** The internal audit programme forms a key part of the Service's Assurance Framework, for which the risk appetite currently sits as Cautious.
5.2 5.2.1	**Financial** The cost of providing internal audit services is contained within the Resource Budget.

5.3 5.3.1	**Environmental & Sustainability** There are no Environmental and Sustainability implications arising from this report.
5.4 5.4.1	**Workforce** SFRS personnel will be required to engage with Internal Audit processes.
5.5 5.5.1	**Health & Safety** Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
5.6 5.6.1	**Health & Wellbeing** Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
5.7 5.7.1	**Training** Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
5.8 5.8.1	**Timing** The Internal Audit Plan covers the financial year of 2024/25.
5.9 5.9.1	**Performance** Internal Audit is intended to support the Service to identify improvements that will enhance performance.
5.10 5.10.1	**Communications & Engagement** There are no Communications and Engagement implications arising from this report. The relevant public reports from ARAC and SFRS Board will be uploaded to the SFRS website.
5.11 5.11.1	**Legal** There are no Legal implications arising from this report.
5.12 5.12.1	**Information Governance** DPIA completed - No. The report provides information on the audits to be undertaken over the next year. The responsible Directorate will ensure that any relevant DPIA is completed as required as each audit is progressed.
5.13 5.13.1	**Equalities** EHRIA completed - No. Where an equalities assessment is required this will be determined by the responsible Directorate and progressed accordingly.
5.14 5.14.1	**Service Delivery** Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
6	**Core Brief**
6.1	The Chair of the Audit and Risk Assurance Committee asked the Board to approve the SFRS Internal Audit Plan 2025/26. This sets out a timetable of the main reviews of key activities during 2025/26 that are intended to assist in ensuring effective governance and monitoring arrangements within SFRS, which link to the Service's purpose, outcomes and risks.

7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	**Director:**	Sarah O'Donnell, Deputy Chief Officer (Corporate Services)
7.2	**Level of Assurance: (Mark as appropriate)**	**Substantial/**~~Reasonable/Limited/Insufficient~~
7.2	**Rationale:**	The Internal Audit Plan is proposed by our Internal Auditors (BDO) and agreed with ARAC and SLT. The engagement between BDO and SLT is to ensure that the audit plan is relevant and aligned with organisational risks, will provide ARAC with assurance on SFRS controls and to make any recommendations for improvement. The audits once completed support our annual governance statement.

8	Appendices/Further Reading	
8.1	Appendix A – Internal Audit Plan 2025/26	

Prepared by:	Sean Morrison, Internal Audit Senior Manager, BDO and Chris Casey, Group Commander, Board Support Manager
Sponsored by:	Sarah O'Donnell, Deputy Chief Officer (Corporate Services)
Presented by:	Brian Baverstock, Chair of the Audit and Risk Assurance Committee

Links to Strategy and Corporate Values

Internal Audit 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:

Outcome 5: We are a progressive organisation, use our resources responsibly and provide best value for money to the public.
- Objective 5.1: Remaining open and transparent in how we make decisions;
- Objective 5.2: Improving levels of Service performance whilst providing value for money to the public;
- Objective 5.6: Managing major change projects and organisational risks effectively and efficiently.

Governance Route for Report	**Meeting Date**	**Report Classification/ Comments**
Audit and Risk Assurance Committee	*8 April 2025*	*For Scrutiny*
SFRS Board	*24 April 2025*	*For Decision*

BDO

SCOTTISH FIRE AND RESCUE SERVICE

ANNUAL INTERNAL AUDIT PLAN 2025-26 - DRAFT

MARCH 2025

IDEAS | PEOPLE | TRUST

CONTENTS

INTRODUCTION AND EXECUTIVE SUMMARY

Introduction

▶ Internal auditing strengthens the organisation's ability to create, protect, and sustain value by providing the Board via the Audit and Risk Assurance Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

▶ Our approach is to help the Scottish Fire and Rescue Service accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. Our approach complies with best professional practice, in particular, the principles set out in the Institute of Internal Auditor's (IIA's) International Professional Practices Framework (IPPF) which includes the new Global Internal Audit Standards that became effective from January 2025.

▶ The purpose of this paper is to set out, and seek agreement from, the Scottish Fire and Rescue Service Audit and Risk Assurance Committee on the Internal Audit Annual Plan for 2025-26.

Internal Audit at Scottish Fire and Rescue Service

We have been appointed as internal auditors to the Scottish Fire and Rescue Service to provide the Audit and Risk Assurance Committee and the Senior Leadership Team with assurance on the adequacy of risk management, governance and internal control arrangements.

Responsibility for these arrangements remains fully with management who should recognise that Internal Audit can only provide 'reasonable assurance' and cannot give any guarantee against material errors, loss or fraud. Our role is aimed at helping management to improve its risk management, governance and internal control mechanisms, so reducing the effects of any significant risks facing the service.

In establishing the internal audit plan for 2025-26 we have sought to further clarify our initial understanding of the Scottish Fire and Rescue Service's business and risk profile in the context of:

▶ Corporate risks

▶ Management's priorities and objectives for the coming year

▶ The key challenges facing the organisation, by reviewing the significant risk register

▶ The internal audit work carried out in prior years

▶ Cyclical coverage based on the audit universe

Priorities identified include prioritisation of resources, regulatory compliance, succession planning, equipment controls, estates management, health and safety, and significant change which the organisation faces in the coming years.

Summary

▶ The Internal Audit Plan for 2025-26 is set out within this document and comprises six audits, an annual follow up, and contract management totalling 156 days.

▶ The rolling four-year Internal Audit Plan is set out on page 15 onwards and will be subject to review each year.

▶ The total cost of the Annual Plan for 2025-26 will depend on the staff mix used but it is estimated to be in the region of £90,000 per the tender submission and agreed contract.

INTERNAL AUDIT STRATEGY

Internal Audit Vision

Our vision is to be a trusted, agile, and proactive internal audit service that enhances the integrity, efficiency, and effectiveness of the organisation.

Strategic Objectives

1.   Enhance Risk Management
Contribute to identifying, assessing and providing assurance over the management of key risks to enhance risk management practices.

2.   Improve Operational Efficiency
Streamline processes and procedures to enhance operational efficiency and effectiveness.

3.   Ensure Compliance
Ensure adherence to laws, regulations, and internal policies to maintain high standards of governance.

4.   Promote Continuous Improvement
Foster a culture of continuous improvement through regular audits and feedback. Enhance audit reporting in order to bring enhanced data insights and focus attention on key messages.

5.   Strengthen Stakeholder Confidence
Build and maintain trust with stakeholders through transparent and accountable audit practices.

Supporting Initiatives

1.   Risk and Assurance mapping
Continue to regularly review organisational risks and work with first and second line to continuously map assurance provision to risks.

2.   Process Optimisation Reviews
Continue to perform detailed reviews of key processes to identify areas for improvement and implement best practices.

3.   Compliance Audits
Schedule regular compliance audits to provide assurance that activities meet legal and regulatory requirements.

4.   Stakeholder Engagement Sessions
Continue to hold regular sessions with stakeholders to discuss audit findings, gather feedback, and build trust, and to collaborate on assurance provision.

5.   Technology Integration
Leverage advanced audit tools and technologies to enhance the accuracy and efficiency of audit processes.

6.   Performance Metrics
Continue to monitor and report on key performance indicators (KPIs) to measure the effectiveness of the internal audit function.

By focusing on these strategic objectives and supporting initiatives, we aim to deliver exceptional internal audit services that support the mission and goals of the organisation.

INTERNAL AUDIT APPROACH

Background

▶ Our risk-based approach to internal audit uses the Scottish Fire and Rescue Services risk management processes and risk registers as a starting point for audit planning, as this represents the service's own assessment of the risks to it achieving its strategic objectives.

▶ The extent to which we can rely on management's own perception of risk largely depends on the maturity and effectiveness of the Scottish Fire and Rescue Service's own arrangements for managing risk. In estimating the amount of audit resource required to address the most significant risks, we have also sought to confirm that senior management's own assessment of risk accurately reflects the organisation's current risk profile.

In establishing the Internal Audit Strategy, we have sought to further clarify our initial understanding of the operations at the organisation, together with its risk profile in the context of:

▶ The overall strategy and objectives of the organisation

▶ Key challenges facing the organisation, by reviewing the standing corporate risk register and discussion with Senior Management

▶ Key areas where management wish to monitor performance and the manner in which performance is measured

▶ Financial and non-financial measurements and indicators of such performance

▶ The information required to 'run the organisation'

Our Risk Based Planning Approach for 2025-2026

The 2025-2026 Internal Audit (IA) plan has been created to exhibit the planned Internal Audits to be conducted within the audit year.

As part of the planning process to align the IA plan to the organisation's needs, the Internal Audit team spent time with Senior Management in the initial four-year programme development to discuss the key areas of focus and concern for the organisation in 2025-2026. During these discussions, we covered the potential areas of focus in as well as any emerging risks within the organisation. The outputs from these discussions were incorporated into the Internal Audit plan outlined within this document.

The 2025-2026 Internal Audit plan was formed using the information above, the risk register, the organisation's strategic documents, previous audit coverage, along with our own knowledge and understanding of the organisation's priorities, and our own ongoing assessment of risks.

Planned Approach to Internal Audit 2025-26

▶ The suggested Internal Audit Plan for 2025-26 is set out on pages 10 onwards. We will keep the plan under review throughout the year and we will highlight for consideration any significant areas of risk identified during that period that may need to be included as part of the internal audit plan.

▶ Where auditable areas correspond to corporate risks, we will take into account the mitigation strategies in place when performing our reviews. This is to ensure that the mitigating controls, as well as the actions that have been identified by management, are in operation and are effective.

High Risk Areas

There are no significant risks which are not being covered within the outlined four-year audit programme outlined within this plan.

Contingency Audits

The audit plan is flexible to allow priority topics and emerging risk areas to be included within the 25-26 coverage.

There are currently no set contingency audits outlined within the programme. However, audits can be moved forward from later years or to cover emerging risks as required.

INTERNAL AUDIT APPROACH

Variations to the Plan

We will continue to keep the Internal Audit Plan under review throughout the year. We will highlight for consideration any significant areas of risk identified during that period, which may need to be included as part of the annual plan.

We acknowledge that variations to this plan may arise if the organisation's strategic priorities, risk profile or governance arrangements change. Approval will be sought from the Audit & Risk Assurance Committee before any changes to the Internal Audit Plan are made.

Individual Audits

In determining the timing of our individual audits, we will seek to agree a date most convenient to the organisation which ensures the availability of key stakeholders. Once this plan is agreed we will discuss priorities and workloads with management and re-issue the plan including the proposed phasing of our internal audit work.

For each we have set out whether they are an assurance or advisory engagement. For each assurance review, we will identify the key objectives of the area subject to audit and the risks of those objectives not being met. We will assess the 'unmitigated' risk (i.e. before the operation of the controls in place) and, having identified and tested those controls, make an assessment of the 'mitigated' risk. This will enable us to confirm that the control infrastructure does reduce risk to a level the Scottish Fire and Rescue Service is comfortable with. Each of our audit reports will include two opinions:

- Firstly, on the design of controls that are in place

- Secondly, on the operational effectiveness of those controls in practice.

INTERNAL AUDIT RESOURCES AND OUTPUTS

Resourcing

The plan has been drafted giving consideration to the Scottish Fire and Rescue Service's budget and how coverage can be best obtained. Resource will be adequate to ensure the delivery of agreed reports to time, except where this is outside of our control. BDO has a core group of professionally qualified staff, including Chartered Accountants and The Institute of Internal Auditors qualified staff, as well as other specialists and experienced auditors. Our team is fully attuned with modern internal audit practice and recognised risk and governance standards.

Subject to approval of the budget, we can confirm that we have sufficient human, financial and technological resources to deliver the Internal Audit Plan.

Core internal audit team

The core team that will be managing the internal audit programme is:

Name	Grade	Qualification	Email
Claire Robertson	Director – Head of RAS Scotland	CA	Claire.Robertson@bdo.co.uk
Sean Morrison	Internal Audit Senior Manager	CA	Sean.Morrison@bdo.co.uk

This team will be supported by members of our Risk Advisory Services (RAS) team and wider firm, as and when required.

Reporting to the Audit and Risk Assurance Committee

Each year we will submit the Internal Audit Plan for discussion and approval by the Audit and Risk Assurance Committee. We will liaise with the Risk and Audit Manager and other senior officers, as appropriate, to ensure that internal audit reports, summarising the results of our visits, are presented to the appropriate Audit and Risk Committee meeting.

Internal Audit Charter

We have formally defined Internal Audit's purpose, authority and responsibility in an Internal Audit Charter, which can be found in Appendix I. The Charter establishes Internal Audit's position within the Scottish Fire and Rescue Service and defines the scope of its activities.

Definitions

We define in Appendix III our approach for grading individual audit findings and overall audit reports. These definitions have been designed to make the ratings clear to both the Internal Audit team and audit stakeholders.

Working Protocols

We have defined operating protocols for managing each assignment. These can be found in Appendix II. The procedures take account of how we will communicate with stakeholders before, during and after each audit.

OUR APPROACH TO PLANNING
Planning approach

Strategic objectives of Scottish Fire and Rescue Service
Internal audit focus – adding value approach

1 Governance and control culture	2 Risk register	3 External influences	4 Value add
What is the strength of the current environment?	What risks is internal audit assurance sought on?	What work is mandated within the sector?	What value is sought from internal audit?

Evaluate:
- Strength of internal control framework and risk management arrangements
- Organisational culture, leadership and tone at the top
- Are new systems being designed and embedded?
- Are there significant changes ongoing or planned?

Consider:
- Current risk profile
- New and emerging risks in the sector/from the wider external environment and their potential impact
- Assurance available from compliance functions and other teams (2nd line of defence).

Incorporate:
- Mandatory requirements of sector
- An approach that meets the standards of the Institute of Internal Auditors.

Understand:
Stakeholder perception of value
- Audit and Risk Assurance Committee
- Service Leadership Team
- Management and staff
- Public

Potential scope and make up of internal audit plan

▶ **Risk Aligned Audit Activities**: Assurance reviews that will provide an opinion over both the design and operational effectiveness of the internal controls in place for corporate risk areas. Benchmarking good practice and using our experience to improve processes and controls.

▶ **Key Policy Assurance**: Compliance testing and assurance of the organisations' key policies to help building a culture of compliance and accountability across the business.

▶ **Advisory Assignments:** Where processes and controls are knowingly not mature, we can provide advice and recommendations to improve the overall control environment.

▶ **Controls Assurance of Key Processes & Systems**: Controls testing and assurance of key processes and systems selected from the Audit Universe on a risk prioritised basis. This can include where appropriate continuous auditing.

▶ **Assurance Over Change:** Considering key change initiatives, capital expenditure and mission critical projects where assurance may be required as to progress made, realisation of notable benefits, and being delivered in line with good practice. This can include project advisory.

▶ **Follow Up Of Previous Audit Activities**: Management's agreed actions in response to each audit periodically followed up to ensure that they have been properly implemented as agreed and to escalate any concerns regarding their implementation to management and the Audit and Risk Assurance Committee.

OUR APPROACH TO PLANNING
Planning approach

1

Governance and control culture

The governance and control culture is a fundamental consideration when developing the internal audit approach. We believe that governance is not only affected by procedures, rules and regulations (hard controls); another equally important component is the established culture and behaviour of employees within the Scottish Fire and Rescue Service, as these determine the effectiveness of governance.

We have developed an understanding of these areas through a combination of our discussions with you about your business strategy and through review of documents such as the Strategic Plan, Annual Report, previous internal audit coverage, good governance framework, risk registers.

Assessment of culture and behaviour will be a key theme throughout the delivery of our work and we will look to provide insight into whether these cultural factors support ethical behaviour on an ongoing basis.

In deriving the plan for 2025-26 and onwards we will focus on any planned and ongoing changes to core systems, functions, resource, and processes to respond to the changes in the wider environment.

2

Current risk register

On an ongoing basis, our audit plan will be based upon a detailed assessment of those risks that affect the achievement of the Scottish Fire and Rescue Service strategic objectives. Our audit programme will be designed to ensure that controls are in place such that key risks are appropriately managed and controlled. To understand the organisation's objectives and key risks, we considered the following:

▶ Scottish Fire and Rescue Service's strategy and objectives

▶ Risk registers

▶ Financial forecasts and performance

▶ Input from other key assurance providers, including HMFSI and External Audit

▶ The content of your most recent internal audit reports

▶ The internal audit plan and corporate risk register will be periodically reviewed during 2025-26. Should the plan need to change we will seek approval from the Audit and Risk Assurance Committee.

3

External influences

Our programme of work is designed to comply with the Global Internal Audit Standards which form part of the International Professional Practice Framework set out by The Institute of Internal Auditors.

We will also consider in our work any externally imposed regulation relating to governance, risk and control.

4

Value add

We understand that 'value' is perceived differently by each client and therefore we do not seek to have a standard approach to this element of the audit programme.

Our methodology considers the additional value the Audit and Risk Assurance Committee and management are seeking from internal audit, beyond the assurance our work provides.

We therefore consider this alongside our understanding of the risks. Added value may take a range of forms, from benchmarking and other peer comparisons, to involvement with advising on new systems implementation, advisory assignments and training.

We will clearly set out in the plan which elements of adding value activity we will deliver.

INTERNAL AUDIT PLAN – 2025-2026

Set out below is the Internal Audit plan for 2025-2026. Executive sponsors have been assigned to each review. The Executive sponsors will be responsible for identifying the relevant colleagues who should be involved in each stage of the Internal Audit review (e.g., planning, fieldwork, reporting, follow up.).

The budgeted number of days is subject to change, following the completion of the planning stage of each review and will be charged at the agreed blended day rate. In addition, the detailed significant risks each Internal Audit is associated with can be found on page 13.

REF	AUDIT TOPIC	SIGNIFICANT AND DIRECTORATE RISK REGISTER #	LINK TO STRATEGIC PRIORITIES	PRIMARY SOURCE & REASON FOR SELECTION	PROPOSED EXECUTIVE SPONSOR(S)	BUDGETED DAYS
SFRS/FY25 /01	Corporate Governance	SPPC003	Improving Performance	Audit assessment, and management request	Director of Strategic Planning, Performance and Communications	18
SFRS/FY25 /02	Risk Management	FCS020	Improving Performance	Audit Assessment and management request	Deputy Chief Officer	18
SFRS/FY25 /03	Budgetary Management and Investment Prioritisation	FCS008; TSA019; POD020	Improving Performance; Investing in our People	Risk register, Audit assessment, and management request	Director of Finance and Contractual Services	20
SFRS/FY25 /04	Estates & Facilities Management	FCS021; POD022; TSA014	Innovation and Investment; Safe and Effective Response	Risk register, Audit assessment, and management request	Director of Finance and Contractual Services	25
SFRS/FY25 /05	Freedom of Information	SPPC004; POD018	Innovation and Investment	Risk Register, Audit assessment and management request	Director of Strategic Planning, Performance and Communications	20
SFRS/FY25 /06	PPE Process	FCS021	Investing in our People; Innovation and Investment	Audit assessment and management request	Director of Finance and Contractual Services	25
SFRS/FY25 /07	Follow Up	NA	NA	Audit assessment	Risk & Audit Manager	14
NA	Audit Plan Development	NA	NA	NA	NA	4
NA	Audit & Risk Assurance Committee Attendance and Preparation	NA	NA	NA	NA	5
NA	Client Liaison	NA	NA	NA	NA	5
NA	Annual Reporting	NA	NA	NA	NA	2
Total						**156**

INTERNAL AUDIT PLAN – 2025-2026

For each review which forms part of the proposed Internal Audit plan for 2025-2026, we have outlined a high-level scope for illustration purposes to support the planning phase. Executive sponsors have been assigned to each review. The Executive sponsors will be responsible for identifying the relevant colleagues who should be involved in each stage of the Internal Audit review (e.g., planning, fieldwork, reporting, follow up.).

REF	AUDIT TOPIC	REVIEW TYPE	HIGH LEVEL SCOPE	EXEC SPONSOR(S)
SFRS/FY25/01	Corporate Governance	Assurance	The purpose of this review is to provide management and the Audit & Risk Assurance Committee with assurance over key corporate governance controls, including that the Board and Board committees have a clear and appropriate terms of reference and programme of work; are provided with suitable training and efficient and effective support; that the governance structure is appropriate; that there are clear reporting lines and consistent reporting; and meetings are effective in delivering scrutiny and driving continuous improvement. The review will also assess the assurance reporting in place, including the process for developing, reviewing and updating the Directorate assurance reports.	Director of Strategic Planning, Performance and Communications
SFRS/FY25/02	Risk Management	Assurance	We will assess the risk management arrangements and provide management with advice and recommendations for improving the arrangements further. The deliverables will include an internal audit report and a populated risk management maturity model, to demonstrate to management in detail the maturity status and actions which can be taken to further develop the risk management processes. The review will also assess the assurance mapping processes in place within the organisation and how this is linked to risk management.	Deputy Chief Officer
SFRS/FY25/03	Budgetary Management and Investment Prioritisation	Assurance	The purpose of this review is to provide management and the Audit & Risk Assurance Committee, with assurance over the design and operational effectiveness of the key budget setting, business case and investment prioritisation controls in place, and to assess whether controls and processes regarding budget prioritisation and setting are well designed and operating effectively.	Director of Finance and Contractual Services
SFRS/FY25/04	Estates & Facilities Management	Assurance	The purpose of this review is to provide management and the Audit & Risk Assurance Committee with assurance that key controls in place to manage planned, preventative and reactive maintenance costs across the estate are well designed and operating effectively. We will also assess whether a clear Estates strategy is in place, with supporting operational plans, which are monitored effectively and in alignment with the capital investment and organisation strategies.	Director of Finance and Contractual Services
SFRS/FY25/05	Freedom of Information	Assurance	The purpose of this review is to assess the design and effectiveness of the controls in place to manage the requirements under the terms of the Freedom of Information (Scotland) Act, including consideration of the effective responses to requests, the lines of responsibility and governance arrangements in place, and training. The review will take account of the subject access request process.	Director of Strategic Planning, Performance and Communications
SFRS/FY25/06	PPE Process	Assurance	The purpose of this audit is to provide independent assurance that appropriate policies and procedures are in place to ensure compliance with statutory requirements relating to PPE. This will include assessing the PPE lifecycle from purchasing, maintaining, quality inspection, allocation, disposal, return of equipment, value for money considerations, and supplier management. We will consider the implementation of the Contaminant SOP within the PPE process as part of this review.	Director of Finance and Contractual Services
SFRS/FY25/07	Follow Up	Assurance	The effectiveness of internal control systems may be compromised if management fails to implement agreed audit recommendations. Our follow up work will provide the Finance & Audit Committee with assurance that recommendations are implemented within the expected timescales.	Risk & Audit Manager

INTERNAL AUDIT SCHEDULE – 2025-2026

The chart below sets out the proposed delivery schedule for the 2025-2026 Internal Audit plan.

REF	AUDIT TOPIC	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TARGET ARAC
SFRS/FY25/01	Corporate Governance	X	X	X										OCT
SFRS/FY25/02	Risk Management		X	X	X	X								OCT
SFRS/FY25/03	Budgetary Management and Investment Prioritisation						X	X	X					JAN
SFRS/FY25/04	Estates & Facilities Management							X	X	X				JAN
SFRS/FY25/05	Freedom of Information										X	X	X	MAR
SFRS/FY25/06	PPE Process											X	X	MAR
SFRS/FY25/07	Follow Up	X	X	X	X	X	X	X	X	X	X	X	X	ALL

LINK TO RISK REGISTER

We have linked the Scottish and Fire Rescue Service's significant risk register to the audits in our Internal Audit Plan (as of January 2025)

Ref	Risk Summary	Gross risk score	Net risk score	Previously audited	Audit in IA plan				Other assurance
					FY25	FY26	FY27	FY28	
FCS018	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	20	20			✓		✓	
PPP005	There is a risk of insufficient levels of qualified and skilled Fire Engineering resources	20	20	✓		✓		✓	
SDD007	There is a risk of SFRS being unable to maintain adequate levels of Cyber Security to avoid any breach.	20	20	✓		✓		✓	
TSA019	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.	20	20	✓	✓				
POD021	There is a risk to the health and safety of operational employees.	20	20			✓			
POD022	There is a risk of failure to undertake periodical examinations for asbestos.	20	20	✓	✓				
POD015	There is a risk that the People and Finance teams are unable to effectively support the significant number of concurrent Pensions related exercises.	16	16			✓			✓
FCS005	There is a risk that the Service may be unable to secure levels of funding required to achieve its strategic objectives.	16	16	✓					✓
FCS019	There is a risk that many of our critical services and systems, which support Operations Control team functions, could fail and be unrecoverable.	16	16	✓		✓	✓		

LINK TO RISK REGISTER

We have linked the Scottish and Fire Rescue Service's significant risk register to the audits in our Internal Audit Plan (as of January 2025)

Ref	Risk Summary	Gross risk score	Net risk score	Previously audited	Audit in IA plan				Other assurance
					FY25	FY26	FY27	FY28	
FCS022	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.	16	16	✓		✓		✓	
SPPC004	There is a risk that the service fails to comply with information governance legislation	16	16		✓		✓		
POD020	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.	16	16	✓	✓	✓			
POD023	There is a risk that employee wellbeing records are not being maintained in accordance with the SFRS Policies and Procedures.	16	16	✓				✓	
OD001	There is a risk of a non-resilient fire control due to insufficient employees and an ineffective fire control structure.	15	15			✓			
SD001	There is a risk of failure to mobilise to an incident due to a technical failure of the existing mobilising systems.	15	15	✓			✓		

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

The table below outlines our proposed four-year internal audit four-year programme against the areas of the Scottish Fire and Rescue Service's Audit Universe for 2025-2029. Audits included in Year 2, Year 3 and Year 4 are indicative of what might be included based on our initial discussions with management, the current risk register and our audit needs assessment but will be subject to a formal review towards the end of each audit year.

AUDIT AREA	LAST AUDITED	PREVIOUS RATING		2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
		DESIGN	EFF.					
Governance, Leadership and Management								
Corporate governance	FY20			▓				
Risk management	FY20			▓				
Risk assurance	FY23							
Strategic and business planning							▓	
Management information and performance management	FY22						▓	
Communications and stakeholder engagement					▓			
Environmental and social	FY21							
Data Protection						▓		
Health, safety and security					▓			
Legal								
Business continuity planning and disaster recovery						▓		
Compliance function								
Total								

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

AUDIT AREA	LAST AUDITED	PREVIOUS RATING		2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
		DESIGN	EFF.					
Finance								
Revenue recognition	FY22							External Audit
Accounts receivable	FY20							External Audit
General ledger	FY20							External Audit
Accounts payable	Fy20							External Audit
Expenses/ credit cards	FY20							External Audit
Treasury management								
Budget management/investment prioritisation								
Capital investment strategy	FY22							
Budget setting and control	FY23							
General financial controls								
Fraud	FY24							External Audit
Procurement and tendering	FY20							
Supplier management	FY23							
Tax								External Audit
Total								

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

AUDIT AREA	LAST AUDITED	PREVIOUS RATING		2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
		DESIGN	EFF.					
IT								
ITGC	FY24						X	
Cyber	FY24							
Artificial intelligence								
IT strategy implementation					X			
IT project management – Change management systems						X		
Service and support								
IT asset security	FY21							
HR								
Payroll							X	
HR general controls – for example staff recruitment, appraisals, leavers						X		
Case Management						X		
Talent development	FY21						X	
Training	FY22							
Staff development, performance management and succession planning					X			
Workforce planning	FY23							
Absence management	FY22							
Culture							X	HMFSI
Equality, diversity and inclusion	FY23							
Total								

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

AUDIT AREA	LAST AUDITED	PREVIOUS RATING		2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
		DESIGN	EFF.					
Core activities								
Change management	FY24							
Fire prevention services strategy delivery						▓		
Freedom of information				▓				
Environmental management	FY24							
Partnership working	FY23							
Contaminants								HMFSI
SVQ review	FY22							
PPE	FY22			▓				
Post pandemic review	FY22							
Fact finding investigation	FY21							
Portfolio office	FY21							
Fire safety enforcement	FY21							
Remote working	FY21							
Operational equipment	FY20							
Estates Management	FY20			▓				
Management action plans follow up								
Planning, liaison, management, committee attendance and reporting								
Contingency								
Total								

APPENDICES

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APPENDIX I: INTERNAL AUDIT CHARTER
Internal Audit's Purpose and Mandate

Purpose

The purpose of the internal audit function is to strengthen the Scottish Fire and Rescue Service's ability to create, protect, and sustain value by providing the Board via the Audit Risk and Assurance Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The internal audit function enhances the Scottish Fire and Rescue Service's:

▶ Successful achievement of its objectives

▶ Governance, risk management, and control processes

▶ Decision-making and oversight

▶ Reputation and credibility with its stakeholders

▶ Ability to serve the public interest

The Scottish Fire and Rescue Service's internal audit function is most effective when:

▶ Internal auditing is performed by competent professionals in conformance with the Institute of Internal Audit's Global Internal Audit Standards ™, which are set in the public interest.

▶ The internal audit function is independently positioned with direct accountability to the Audit and Risk Assurance Committee.

▶ Internal auditors are free from undue influence and committed to making objective assessments.

Mandate

Authority

The Audit and Risk Assurance Committee grants the internal audit function the mandate to provide the Audit and Risk Assurance Committee and senior management with objective assurance, advice, insight, and foresight.

The internal audit function's authority is created by its direct reporting relationship to the Audit and Risk Assurance Committee. Such authority allows for unrestricted access to the Audit and Risk Assurance Committee.

The Audit and Risk Assurance Committee authorises the internal audit function to:

▶ Have full and unrestricted access to all functions, data, records, information, physical property, and personnel pertinent to carrying out internal audit responsibilities. Internal auditors are accountable for confidentiality and safeguarding records and information.

▶ Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish the function's objectives.

▶ Obtain assistance from the necessary organisation's personnel in relevant engagements, as well as other specialised services from within or outside the organisation to complete internal audit services.

Independence, position, and reporting relationships

The Head of Internal Audit (HoIA) HoIA will be positioned at a level in the organisation that enables internal audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the internal audit function.

The HoIA will report functionally to the Audit and Risk Assurance Committee and administratively to the Senior Leadership Team.

This positioning provides the organisational authority and status to bring matters directly to senior management and escalate matters to the Audit and Risk Assurance Committee, when necessary, without interference and supports the internal auditors' ability to maintain objectivity.

The HoIA will confirm to the Audit and Risk Assurance Committee, at least annually, the organisational independence of the internal audit function.

The HoIA will disclose to the Audit and Risk Assurance Committee any interference internal auditors encounter related to the scope, performance, or communication of internal audit work and results. The disclosure will include communicating the implications of such interference on the internal audit function's effectiveness and ability to fulfil its mandate.

APPENDIX I: INTERNAL AUDIT CHARTER
Board Oversight

To establish, maintain, and ensure the Scottish Fire and Rescue Service's internal audit function has sufficient authority to fulfil its duties, the Audit and Risk Assurance Committee will:

▶ Discuss with the HoIA and senior management the appropriate authority, role, responsibilities, scope, and services (assurance and/or advisory) of the internal audit function.

▶ Ensure the HoIA has unrestricted access to and communicates and interacts directly with the Audit and Risk Assurance Committee, including in private meetings without senior management present.

▶ Discuss with the HoIA and senior management other topics that should be included in the internal audit charter.

▶ Participate in discussions with the HoIA and senior management about the "essential conditions," described in the Global Internal Audit Standards, which establish the foundation that enables an effective internal audit function.

▶ Review and approve the internal audit function's charter annually, which includes the internal audit mandate and the scope and types of internal audit services.

▶ Approve the risk-based internal audit plan.

▶ Approve the internal audit function's human resources administration and budgets.

▶ Collaborate with senior management to determine the qualifications and competencies the organisation expects in a chief audit executive.

▶ Authorise the appointment and removal of the chief audit executive and out-sourced internal audit provider.

▶ Approve the fees paid to the out-sourced internal audit provider.

▶ Review the chief audit executive's and internal audit function's performance.

▶ Receive communications from the HoIA about the internal audit function including its performance relative to its plan.

▶ Ensure a quality assurance and improvement program has been established and review the results annually.

▶ Make appropriate inquiries of senior management and the HoIA to determine whether scope or resource limitations are inappropriate.

Changes to the Mandate and Charter

Circumstances may justify a follow-up discussion between the chief audit executive, Audit and Risk Assurance Committee, and senior management on the internal audit mandate or other aspects of the internal audit charter. Such circumstances may include but are not limited to:

▶ A significant change in the Global Internal Audit Standards.

▶ A significant acquisition or reorganisation within the organisation.

▶ Significant changes in the chief audit executive, Audit and Risk Assurance Committee, and/or senior management.

▶ Significant changes to the organisation's strategies, objectives, risk profile, or the environment in which the organisation operates.

▶ New laws or regulations that may affect the nature and/or scope of internal audit services.

APPENDIX I: INTERNAL AUDIT CHARTER
HoIA Roles and Responsibilities

Ethics and Professionalism

The HoIA will ensure that internal auditors:

▶ Conform with the Global Internal Audit Standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.

▶ Understand, respect, meet, and contribute to the legitimate and ethical expectations of the organisation and be able to recognise conduct that is contrary to those expectations.

▶ Encourage and promote an ethics-based culture in the organisation.

▶ Report organisational behaviour that is inconsistent with the organisation's ethical expectations, as described in applicable policies and procedures.

Objectivity

The HoIA will ensure that the internal audit function remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the HoIA determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgment on audit matters to others.

Internal auditors will have no direct operational responsibility or authority over any activities they review. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, or engage in other activities that may impair their judgment

Internal auditors will:

▶ Disclose impairments of independence or objectivity, in fact or appearance, to appropriate parties and at least annually, such as the chief audit executive, Audit and Risk Assurance Committee, management, or others.

▶ Exhibit professional objectivity in gathering, evaluating, and communicating information.

▶ Make balanced assessments of all available and relevant facts and circumstances.

▶ Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

APPENDIX I: INTERNAL AUDIT CHARTER
HoIA Roles and Responsibilities

Managing the Internal Audit Function

The HoIA has the responsibility to:

▶ At least annually, develop a risk-based internal audit plan that considers the input of the Audit and Risk Assurance Committee and senior management. Discuss the plan with the Audit and Risk Assurance Committee and senior management and submit the plan to the Board for review and approval.

▶ Communicate the impact of resource limitations on the internal audit plan to the Audit and Risk Assurance Committee and senior management.

▶ Review and adjust the internal audit plan, as necessary, in response to changes in the organisation's business, risks, operations, programs, systems, and controls.

▶ Communicate with the Audit and Risk Assurance Committee and senior management if there are significant interim changes to the internal audit plan.

▶ Ensure internal audit engagements are performed, documented, and communicated in accordance with the Global Internal Audit Standards.

▶ Follow up on engagement findings and confirm the implementation of recommendations or action plans and communicate the results of internal audit services to the Audit and Risk Assurance Committee and senior management periodically and for each engagement as appropriate.

▶ Ensure the internal audit function collectively possesses or obtains the knowledge, skills, and other competencies and qualifications needed to meet the requirements of the Global Internal Audit Standards and fulfil the internal audit mandate

▶ Identify and consider trends and emerging issues that could impact the Scottish Fire and Rescue Service and communicate to the Audit and Risk Assurance Committee and senior management as appropriate

▶ Consider emerging trends and successful practices in internal auditing

▶ Establish and ensure adherence to methodologies designed to guide the internal audit function

▶ Ensure adherence to relevant policies and procedures unless such policies and procedures conflict with the internal audit charter or the Global Internal Audit Standards. Any such conflicts will be resolved or documented and communicated to the Audit and Risk Assurance Committee and senior management

▶ Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services. If the HoIA cannot achieve an appropriate level of coordination, the issue must be communicated to senior management and if necessary escalated to the Audit and Risk Assurance Committee.

APPENDIX I: INTERNAL AUDIT CHARTER
HoIA Roles and Responsibilities

Communication with the Audit and Risk Assurance Committee and Senior Management

The HoIA will report as required or where appropriate to the Audit and Risk Assurance Committee and senior management regarding (see appendix II for an example of proposed working protocols):

▶ The internal audit function's mandate

▶ The internal audit plan and performance relative to its plan

▶ Internal audit budget

▶ Significant revisions to the internal audit plan and budget

▶ Potential impairments to independence, including relevant disclosures as applicable

▶ Results from the quality assurance and improvement program, which include the internal audit function's conformance with the IIA's Global Internal Audit Standards and action plans to address the internal audit function's deficiencies and opportunities for improvement

▶ Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the Audit and Risk Assurance Committee

▶ Results of assurance and advisory services

▶ Resource requirements

▶ Management's responses to risk that the internal audit function determines may be unacceptable or acceptance of a risk that is beyond the organisation's risk appetite.

Quality Assurance Improvement Programme (QAIP)

The HoIA will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function.

The program will include external and internal assessments of the internal audit function's conformance with the Global Internal Audit Standards, as well as performance measurement to assess the internal audit function's progress toward the achievement of its objectives and promotion of continuous improvement.

The plan will assess the efficiency and effectiveness of internal audit and identify opportunities for improvement.

Annually, the HoIA will communicate with the Audit and Risk Assurance Committee and senior management about the internal audit function's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments.

External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside BDO; qualifications must include at least one assessor holding an active Certified Internal Auditor credential.

APPENDIX I: INTERNAL AUDIT CHARTER

Scope and Types of Internal Audit Services

Scope and Types of Internal Audit Services

▶ The scope of internal audit services covers the entire breadth of the organisation, including all Scottish Fire and Rescue Service activities, assets, and personnel.

▶ The scope of internal audit activities also encompasses but is not limited to objective examinations of evidence to provide independent assurance and advisory services to the Audit and Risk Assurance Committee and management on the adequacy and effectiveness of governance, risk management, and control processes for the organisation.

▶ The nature and scope of advisory services may be agreed with the party requesting the service, provided the internal audit function does not assume management responsibility. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.

Internal audit engagements may include evaluating whether:

▶ Risks relating to the achievement of the organisation's strategic objectives are appropriately identified and managed.

▶ The actions of Scottish Fire and Rescue Service's officers, directors, management, employees, and contractors or other relevant parties comply with organisational policies, procedures, and applicable laws, regulations, and governance standards.

▶ The results of operations and programs are consistent with established goals and objectives.

▶ Operations and programs are being carried out effectively and efficiently.

▶ Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the organisation.

▶ The integrity of information and the means used to identify, measure, analyse, classify, and report such information is reliable.

▶ Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.

APPENDIX II – WORKING PROTOCOLS AND PERFORMANCE

The tables opposite set out the principal communication and reporting points between and Internal Audit, which are subject to regular review. Any future changes to the communication and reporting points are reported to the Audit & Risk Assurance Committee for approval.

Table One: Liaison Meetings Between the organisation and Internal Audit and with External Audit

MEETING	FREQUENCY	ARAC	CHIEF OFFICER	SENIOR LEADERSHIP TEAM	RELEVANT STAFF	EXTERNAL AUDIT
Internal audit liaison meeting with management	As required		✔		✔	
Internal audit update meetings	As required		✔	✔		
Quality Assurance Meeting	As required		✔			
Liaison meeting with Chair of the Audit & Risk Assurance Committee	As required	✔				
ARAC to discuss audit progress	Quarterly	✔				
Meetings to raise immediate concerns	As necessary	✔	✔	✔	✔	
Meetings with external audit	As necessary					✔

Table Two: Key Reporting Points Between the organisation and Internal Audit

MEETING	ARAC	AUDIT SPONSOR	SENIOR LEADERSHIP TEAM	RELEVANT STAFF
Annual Internal Audit Plan	✔	✔	✔	✔
Individual internal audit planning documents		✔	✔	✔
Draft Internal Audit Reports*		✔	✔	✔
Final Internal Audit Reports*	✔	✔	✔	✔
Quality Progress Reports	✔		✔	
Annual Internal Audit Report	✔	✔	✔	

*Internal Audit reports are distributed to the relevant Management Team members only.

APPENDIX II – WORKING PROTOCOLS AND PERFORMANCE

Internal Audit Performance Measures and Indicators

Internal Audit's performance is assessed in two ways. Firstly, there is the ability for us to self-assess our performance on a regular basis and report back to the Audit & Risk Assurance Committee on certain measures around inputs and satisfaction from those members of management who have been subject to a review.

Secondly, the view of the Audit & Risk Assurance Committee as to the value being received from its internal audit provider has to be taken into account. Much of this can be drawn from our attendance at Audit & Risk Assurance Committee, in camera meetings and by the views of management. For our part, we look to report to the Audit & Risk Assurance Committee regularly on the internal audit inputs as detailed below.

The tables contain performance measures and indicators that we consider to have the most value in assessing the efficiency and effectiveness of Internal Audit.

Tables three and four contain performance measures and indicators that we consider to have the most value in assessing the efficiency and effectiveness of internal audit. We recommend that the Audit & Risk Assurance Committee approves the following measures which we will report to each meeting and/or annually as appropriate.

Table Three – Performance reporting to Audit & Risk Assurance Committee

MEASURE / INDICATOR
Audit coverage
▶ Audits completed against the Annual Audit Plan
▶ Actual days input compared with Annual Audit Plan
Audit planning and reporting
▶ Days to issue draft report after end of fieldwork

Table Four: Annual Performance Reporting

MEASURE / INDICATOR
Relationships and customer satisfaction
▶ Client satisfaction reports
Staffing
▶ Colleague mix compared with budget
▶ Percentage of Director and Manager time
▶ Continuity of staffing
▶ Use of specialist staff (e.g. IT Risk and Advisory)

Management performance measures and indicators

Management's ability to respond efficiently to internal audit findings and recommendations helps the Audit & Risk Assurance Committee to form its own view of the internal control framework.

Importantly, management's consideration of internal audit findings plays a contributory factor in our ability to deliver timely reports to the Audit & Risk Assurance Committee. Therefore, the following measures are also reported to the Audit & Risk Assurance Committee.

MEASURE/INDICATOR
Audit reporting
▶ Days for receipt of management responses

Other performance measures

In addition to the above mentioned measures, we will also provide the Audit & Risk Assurance Committee with the results of other reviews of our internal audit service as and when they become available, including:

▶ Independent quality assurance reviews as required by the Chartered Institute of Internal Auditors (IIA)

▶ BDO internal quality assurance reviews.

APPENDIX III: DEFINITIONS

Level of Assurance	DESIGN of internal control framework		OPERATIONAL EFFECTIVENESS of internal controls	
	Findings from review	Design opinion	Findings from review	Effectiveness opinion
SUBSTANTIAL	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
MODERATE	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally, a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non-compliance with some controls, that may put some of the system objectives at risk.
LIMITED	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
NO	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non-compliance and/or compliance with inadequate controls.

Recommendation Significance	
HIGH	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
MEDIUM	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
LOW	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.

FOR MORE INFORMATION:

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SCOTTISH FIRE AND RESCUE SERVICE
The Board of Scottish Fire and Rescue Service

Report No: **B/PPP/02-25**

Agenda Item: **13**

Report to:	THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE						
Meeting Date:	24 APRIL 2025						
Report Title:	PREVENTION STRATEGY						
Report Classification:	For Decision	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9					
		A	B	C	D	E	F	G

1	Purpose
1.1	This paper comes to Scottish Fire and Rescue Service (SFRS) Board for decision, and final sign off, of the Prevention Strategy (Appendix A). A glossy version of this document is underway with SFRS Comms.

2	Background
2.1	The Prevention, Protection and Preparedness (PPP) Directorate have been developing a new Strategy which sets out the current and future direction of the Directorate for the next 3 years.
2.2	The Strategy aligns to the draft SFRS Strategy, it emphasises further focus on Prevention and supports Public Service Reform through increased collaboration.
2.3	The Strategy also recommends a change in naming of the Directorate from PPP to simply Prevention.
2.4	The Strategy has been socialised, engaged and consulted upon across a variety of internal and external stakeholders including, Strategic Leadership Team (SLT), SFRS Board, Rep Bodies (FBU, FRSA, Unison & Unite), Scottish Government Fire and Rescue Unit (FRU), His Majesty's Fire Service Inspectorate (HMFSI) and SFRS Strategic Leaders (Appendix B).

3	Main Report/Detail
3.1	Assistant Chief Officer (ACO) Henderson began as Director of PPP in November 2024. A key task of the role was to develop a PPP Strategy for the Service.
3.2	The PPP leadership team, led by Deputy Assistant Chief Officer (DACO) Barbour have been developing the Strategy in earnest since January 2025. In doing so the team have engaged with a wide variety of internal and external stakeholders to shape the Strategy and future direction of the Directorate (Appendix B).
3.3	A key change within the Strategy is to recommend renaming the Directorate as solely Prevention with the supporting functions of that being Community Safety Engagement, Protection and Preparedness (Appendix A). The Prevention Strategy will be underpinned by specific framework documents for each of the three functional areas.

3.4	It is felt that this supports an increased focus on Prevention activities and recognises that Prevention is wider than just fire related.
3.5	The Strategy sets out an increased focus on Public Service Reform and partnership working by adopting the Marmot principles (referenced in Appendix A) to ensure a joined up Public Service approach to enhancing Community Safety.
3.6	Protection activities are shifted and developed to include being an active partner in consulting upon and developing future legislation.
3.7	Preparedness activities are further developed to ensure that SFRS are ready and that we support community preparedness in order to develop further community resilience.
3.8	Evaluation is at the centre of the new Strategy with the intention that the work of the Directorate continues to evolve to meet the needs of the Community.

4	**Recommendation**
4.1	It is recommended that SFRS Board support the final sign off of the Prevention Strategy, to go live.
4.2	It should be noted that the Prevention Strategy is intended to be a live document and will be further developed through evaluation.

5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** The overall Risk Appetite for the Prevention Strategy is "Open" with the Directorate willing to consider different delivery options in order to evolve the future offering.
5.1.2	The Strategy is written to meet the Risks and Opportunities documented in the current PPP Risk Register and the overall Service Risk Register.
5.2 5.2.1	**Financial** It is not believed that there will be any financial impact of the Strategy itself. The renaming of PPP to Prevention is expected at minimal cost and can be covered from within the Prevention budget.
5.3 5.3.1	**Environmental & Sustainability** Not Applicable
5.4 5.4.1	**Workforce** All personnel from within the PPP Directorate have been consulted and engaged as part of the Strategy Development.
5.4.2	All other Directorates have also been engaged, through their Senior Leaders, as the Strategy was developed.
5.5 5.5.1	**Health & Safety** Not Applicable
5.6 5.6.1	**Health & Wellbeing** Not Applicable
5.7 5.7.1	**Training** No specific training needs identified at this point of the Strategy development. It is possible that future training needs will be identified as the Prevention offering develops and as we progress proof of concept and pilot initiatives.

5.8 5.8.1	**Timing** Not Applicable
5.9 5.9.1 5.9.2	**Performance** The PPP team are reviewing performance indicators in line with the Strategy, with a view to streamlining them and ensuring that the correct measures are in place. Evaluation activity is central to the Strategy.
5.10 5.10.1	**Communications & Engagement** The SFRS Comms team have been involved throughout and are supporting the development of the Strategy on to a corporate template. Further comms and Strategy launch is pending.
5.11 5.11.1	**Legal** Not Applicable
5.12 5.12.1	**Information Governance** DPIA completed No. If not applicable state reasons. Not deemed to be applicable.
5.13 5.13.1 5.13.2	**Equalities** EHRIA completed Pending. If not applicable state reasons. Not yet completed but will be undertaken by the team. The expectation is that this will identify positive impacts as the intention is for the Strategy to support the Community as a whole with those most at need receiving support.
5.14 5.14.1	**Service Delivery (SD)** The Strategy sits within the Service Delivery area and Service Delivery colleagues have been consulted throughout.

6	**Core Brief**	
6.1	This paper comes to the SFRS Board for decision, and final sign off, of the Prevention Strategy.	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Jon Henderson, Director of Prevention, Protection and Preparedness
7.2	**Level of Assurance:** **(Mark as appropriate)**	**Substantial**/~~Reasonable/Limited/Insufficient~~
7.3	**Rationale:**	A Strategy brings a focus, goals and direction.
8	**Appendices/Further Reading**	
8.1	Appendix A – Draft Prevention Strategy	
8.2	Appendix B – Consultation Log	

Prepared by:	Jon Henderson – Director of Prevention, Protection and Preparedness
Sponsored by:	Jon Henderson – Director of Prevention, Protection and Preparedness
Presented by:	Jon Henderson – Director of Prevention, Protection and Preparedness

Links to Strategy and Corporate Values
Strategic Plan 2022 – 2025: • Outcome 1 – Improved Community Safety • Outcome 2 – Responding to changing risks • Outcome 7 – Improve Community Safety through Partnership Working Draft Strategic Plan 2025 – 2028 Priorities of: • Prevention • Public Sector Reform

Governance Route for Report	Meeting Date	Report Classification/ Comments
PPP DMT	16 January 2025	Information
Service Delivery Board (SDB)	11 February 2025	Scrutiny
Strategic Leadership Team	18 February 2025	Scrutiny
Service Delivery Committee (SDC)	25 February 2025	Scrutiny
Strategic Leadership Team	9 April 2025	Decision (Approved)
SFRS Board	24 April 2025	Decision

Prevention Directorate Strategy 2025 – 2028

Pg1 **Front Cover –** Prevention Directorate Prevention Directorate Strategy 2025 – 2028 Pic (What captures the Directorate?)
Pg2 – Pic (Community Safet Engagement)
Pg3 **Contents** • Introduction • What is the Prevention Vision • What is the Prevention Directorate Strategy • Our Ambition for the Protection of Our Communities and Firefighters • Prevention Directorates Component Part • Prevention Directorate Structure Chart • Prevention Directorate Vision and Ambition on a Page
Pg4 **Introduction** Links to new strategic Plan Add pictograms (SFRS Vision, (New) Strategic Plan, Directorate Plan and Frameworks) Prevention lies at the core of the Scottish Fire and Rescue Service's (SFRS) legislative responsibilities, as outlined in the Fire and Rescue Framework for Scotland. Prevention is one of our key priorities and our commitment to enhancing Prevention is demonstrated across the Service, through activities and campaigns to prevent fires and other emergencies, protecting the public, built environment, improving community resilience and preparing for local and national events. Prevention is critical to SFRS being a sustainable Service for the future. This Strategy aims to set the tone for a universal Prevention offering for the whole of Scotland, with dedicated efforts proportionate to the needs of our specific communities. As a trusted Service, SFRS has an important role to play in working with key partners, including the NHS, Police Scotland, the Scottish Ambulance Service, Local Government, Community and Volunteer Groups. Collectively, utilising the Marmot Principles, we will support Scotland's communities to improve, not only fire safety but the wider safety, regulation and resilience agendas that address inequalities, improve wellbeing and enhance resilience.

Over the next decade, Scotland will witness many changes and as such, SFRS need to be adaptive. Addressing the social, health and economic conditions that lead to a safer Scotland will be key in how all public services will be designed, directed and resourced. Our prevention work will need to be innovative, responding to emerging risk, whilst utilising technology and adopting ways of working that maximise resources.

SFRS prevention work cuts across generations. Our aim is to support all of Scotland's communities, from engaging and educating children and young people, through to supporting adults and older adults to live safely and independently in their own homes. We also need to work with new communities and those who are settling in Scotland from other countries. This is all carried out with partnership working at its core.

In addition to changes in demographics, SFRS will also take into consideration Scotland's changing environment. We want to ensure communities are resilient and safe, considering factors relating to more extreme weather conditions such as flooding, wildfires, extreme winters and storms. Associated with this is our work to support road and water safety. Preparedness will support such factors, ensuring staff and communities are prepared to manage organisational and community disruption.

The Prevention Strategy is informed and influenced by a range of other strategies, both internal and external, as highlighted in this document. Resulting prevention work will evolve in response to emerging trends and priority areas.

This Strategy sets out our priorities for the next three years and gives clarity and direction on how we will deliver Prevention across Scotland, through specialist teams across Community Safety Engagement, Protection and Preparedness. This will require policy, guidance and tools, created within the Prevention Directorate, to support the front-line delivery of our prevention activities by station-based staff and prevention specialists within each Local Senior Officers (LSO) Area.

Pg5

Pic (Water Planning)

Pg6 and 7

What is the Prevention Vision

Through **empowering** our staff, we will continue to put communities at the centre of all we do. Working in **partnership** we will deliver **targeted prevention** activities that enhance the **safety** and **wellbeing** of the people of Scotland and address **emerging risks**.

- **Empowering**
    - We will empower our people, ensuring competence, confidence and credibility of all our staff through quality training, development and maintaining their specialist skills whilst considering bespoke career pathways
    - We will empower organisational colleagues by providing clarity of Prevention roles and responsibilities, supporting mechanisms for local delivery and embracing innovative ideas.
    - We will empower communities through listening to their needs and supporting them to develop resilience and be prepared and adapt to future challenges as our environment changes
- **Partnership**

- o We will work in Partnership to improve the safety and wellbeing of communities (or people) and businesses throughout Scotland. Through sharing data, knowledge and best practice for the good of the community, we can direct resources to individuals and areas most in need

- **Targeted prevention**
  - o We will use fire, partner, and open data, and utilise technological solutions to target resources. This includes creating risk profiles utilising factors that are known to increase the risk of harm from fire and a Risk Based Inspection Programme to predict the most influential factors that increase the risk of a commercial fire and the consequential impact.

- **Safety**
  - o Safety is a key focus within all business decisions, and we have a proactive approach to maintaining compliance with statutory obligations which evidences the Service's commitment to continual improvement.
  - o We want to protect the safety of our personnel whilst they strive to protect the safety of their community. This will be core to all relevant policy and training. We also acknowledge our commitment to safeguarding, and we will support vulnerable members of the community through appropriate referrals and signposting to ensure they can access the most appropriate support.

- **Wellbeing**
  - o As an employer, the wellbeing of our staff is a key priority. We want to do more to promote equality, diversity and inclusion, not just in our workforce but across the communities we serve as well. Addressing the social, health and economic conditions that lead to a safer Scotland will be a key feature in how all public services will be designed, directed and resourced.
  - o Understanding our diverse communities is key to ensuring we can engage effectively through a wide range of engagement activities, exploring the use of traditional and social media methods to provide information to the widest possible audience to promote behavioural changes and highlight risks.

- **Emerging risks**, we will
  - o Assess the future landscape through an evolving Risk and Preparedness Assessment
  - o Work with partners to ensure the maintenance of the hydrant network across Scotland;
  - o Manage risk through our Community Risk Identification Mitigation and Engagement Group and the Electrical Infrastructure Working Group (EIWG);
  - o Improve our levels of preparedness through our Business Continuity arrangements;
  - o Analyse the impact of increased regulation such as Short Term Lets and Battery Energy Storage Systems and adapt our resourcing and delivery models as necessary.

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What is the Prevention Directorate Strategy

Each of the three Functions will develop a three-year Functional Plan which sets out in detail how this Strategy will be delivered. This will capture our core Prevention activities, whilst also detailing our ambitions. These priorities are delivered locally via Local Fire Plans and Station Plans.

The three Functions – Community Safety Engagement (CSE), Protection and Preparedness collectively have a wide range of remits and thematic areas which are outlined below;

CSE	Protection	Preparedness
Safer Homes	Fire Safety Enforcement	Resilience
Education and Youth Engagement	Fire Engineering	Community Risk Management
Road and Water Safety	Fire Investigation	Water Planning
Heritage		
Adult and Child Safeguarding		

The three Directorate Functions work collaboratively to share information to identify and reduce risk and supporting Local Senior Officer (LSO) teams to enhance the safety of our communities across Scotland.

Prevention activity is delivered locally and through partnerships, by a highly skilled and empowered workforce. Through innovation, detailed analysis of risk and a data driven approach to targeted intervention initiatives.

We will strengthen existing provision of Prevention services through the delivery of training and support to local practitioners, reviewing delivery models, exploring opportunities to work with partners, and assessing our performance and accountability processes.

Pg9

Our Ambition for the Protection of Our Communities and Firefighters

- Investment in new and enhanced data-led prevention interventions where their design is led by research and work with partners to achieve the impacts we wish to see.
- Increased collaboration in the development and influencing of national policy, legislation and direction setting.
- Improved approaches to evaluation of our prevention interventions to enhance how we and our partners work to prevent harm.
- A revised approach to fire prevention and enforcement through the implementation of findings from major incident reviews such as the Grenfell Tower Inquiry Reports
- Increased preparedness that enables us to work alongside communities and our partners to build resilience to help us, and them, be better organised to meet the challenges of major incidents as well as enhancing day to day community safety.
- Continued commitment to Community Planning and partnership working, nationally and across all localities in Scotland, to improve community safety and wellbeing.

Commitment to Review Delivery

The SFRS Strategic Service Review Programme (SSRP) was established in 2023 to explore how we deliver our services across the whole of Scotland. SSRP is split across three distinct programmes of work.

- Enabling Infrastructure
- Corporate Services Review

- Service Delivery Review (SDR)

The Prevention Directorate will work in tandem with all programmes across SSRP and identify opportunities where improvements to Prevention can be made. This includes our SDR Programme which has a particular focus on enhancing our Prevention approach across Scotland.

Through activities proposed within the SDR Program, a more modern approach to Service Delivery and Prevention aims to enhance resources and can realise opportunities and benefits as each phase progresses. This commitment ensures that any changes in the way we deliver Prevention activities are not simply equitable following any effects of SDR, but rather augmented following collaborative working with LSO areas, partners and communities.

We will continue to be agile, innovative and ambitious with our preventative activities and ensure we are ready as a Directorate to maximise opportunities which arise from our Strategic Service Review with our aim for preventative activities and improved legislation to be an alternative to response and mitigation for operational changes.

Pg10

Prevention Directorates Component Part

Preparedness

The Preparedness team will deliver excellent organisational and community **Preparedness** and **resilience** with a **risk-based** approach to enhancing firefighter and community **safety**

- **Preparedness**
  We will continue to develop the organisation to ensure SFRS has the ability to operate during periods of disruption and minimise their occurrence.
- **Resilience**
  We will invest in resilience professionals, systems and processes to support the SFRS ability to manage prolonged periods of disruption
- **Risk-based**
  We will analyse data to identify current and future risks that will support and influence decision making.
- **Safety**
  We will horizon scan to identify and mitigate future risk that may impact firefighter and community safety.

We will do this by delivering three Policy and Operational Guidance (POG) documents that will underpin the Preparedness Framework
- Resilience
  - Business Continuity Management System
  - Enhance access to the Community Asset Register
  - Event Planning
  - Identify opportunities to build community resilience
  - Develop a Risk Preparedness Assessment
- Community Risk Management (CRM)
  - Operational Intelligence
  - Community Risk Information Management and Engagement (CRIME)
- Water Planning

o Hydrant Planning and Maintenance
- Functional
  - o Electrical Infrastructure Working Group (EIWG)

Community Safety Engagement

Over the duration of the Strategy CSE will focus on the following areas:

- Utilise data, knowledge and partner intelligence to identify those most at risk across our communities to provide targeted interventions.
- Lead and support public and third sector partners to address wider safety issues and consider how SFRS can add value to Scotland's communities through targeted initiatives and interventions. This includes road and water safety, our ageing population, health and social care priorities, and related impacts of climate change.
- Train and support staff to ensure SFRS fulfil its safeguarding duties, engaging with partners to ensure those most at risk are identified and support is provided
- Provide resources, training and invest in our staff to deliver interventions across the areas of fire, road and water safety. This includes using online platforms and new technologies to deliver impactful messages and affect behavioural change.
- Utilise SFRS's unique history to deliver community safety messages to intergenerational audiences across the country.

Protection

The Protection Function encompasses some of the most specialised subject matter within the Service and this strategy intends to ensure that those skills are developed, maintained and retained at the highest level and deployed appropriately and effectively to reduce community and firefighter risk. We will;

- Review our approach to prevention and enforcement to include consideration of findings from major incident reviews such as Grenfell and focus on effectively resourcing its delivery, including options for operational crews to deliver this approach within the diverse geography and communities in Scotland.
- Further develop our strategy to recruit, develop and retain competence for all Protection activity in line with a dedicated career pathway;
- Implement a competency-based Framework embedded with national Fire Standards that will maintain competence, demonstrate excellence and contribute to a more consistent national approach in reducing risk and maximising effective delivery;
- Engage with academia and key partners to consider how we further enhance the skills and training abilities of our Specialist Fire Safety Enforcement, Fire Investigation and Fire Engineering teams, considering legislative changes, modern technology and innovative practices;
- Seek to enhance our Fire Investigation capabilities and utilise new technologies and practices for more informed investigation outcomes, whilst further developing our close relationships with partners, so we timeously inform prevention efforts to meet current and emerging challenges;

- Further assess the role that SFRS undertakes in responding to consultations with Local Authorities and other key agencies, including assessing potential for recovering costs where appropriate.

Evaluation

Monitoring and evaluating performance will be integral in ensuring we are utilising and targeting our resources. This includes analysis of both qualitative and quantitative data.

Prevention related Key Performance Indicators will be included within the Service's Performance Management Framework. Prevention expectations will be agreed with Local Senior Officers (LSO) and reflected in both Local Fire Plans and Station Plans and underpinned by a Prevention Performance and Evaluation Framework.

Recording tools will be developed and enhanced to capture activities across the Service. The resulting outputs will be used to demonstrate the impact of not only our work in relation to fire related activity, but the contribution SFRS make to our communities and partners.

Before commencing any Prevention activities consideration of how outcomes and outputs will be measured should be factored in. Where relevant, more in -depth analysis, using evaluation methodologies should carried out, support by the SFRS Evaluation Toolkit. Effective practice will also be shared across Local Senior Officer Areas. Longer-term outcomes and behavioural change will require engagement with academic partners and investment in evaluation methods as will be considered over the duration of this strategy. Any SFRS investment in Prevention activities will have a positive impact on partner organisations in supporting to deliver community outcomes and reducing inequalities which would see the benefits, to partners, of increased output realisation and decreased budgetary requirements.

Whilst we intend to continually measure and evaluate this strategy, output and outcomes, over the next 3 years, we also recognise that the benefits from some of the Prevention work, and initiatives we diversify into, may not be realised for an extended period of time. However we collectively recognise the benefits of working upstream of these circumstances.

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Prevention Directorate Vision and Ambition on a Page

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Back cover

Prevention, Protection and Preparedness (PPP)
Directorate Strategy Consultation Tracker

Consultation Title: Prevention Strategy

Date: 01/02/2025 – 31/03/2025

No	Sent by	Date	Target audience	Method
1	AC Nesbit	3rd Feb	PP&P Service Delivery Area (SDA) Single Point of Contacts (SPoC)	Email
2	ACO Henderson	4th Feb	Strategic Leadership Team (SLT)	Email
3	AC Nesbit	6th Feb	Preparedness Group Commander (GC) & Equivalent	Email
4	ACO Henderson	10th Feb	Flood Response Unit (FRU)	Meeting
5	ACO Henderson	11th Feb	Service Delivery Board	Meeting
6	ACO Henderson	18th Feb	SLT	Meeting
7	ACO Henderson	25th Feb	Service Delivery Committee	Meeting
8	ACO Henderson	7th Mar	Board Members	Email
9	ACO Henderson	11th Mar	HMFSI	Meeting
10	DACO Barbour	17th Mar	Head of Function (HOF), Local Senior Officers (LSO) & Area Commanders (AC)	Email
11	Directorate Support	18th Mar	PPP Directorate	Email
12	ACO Henderson	18th Mar	Rep Bodies	Email

SCOTTISH FIRE AND RESCUE SERVICE	
The Board of Scottish Fire and Rescue Service	

Report No: **B/FCS/09-25**

Agenda Item: **14**

Report to:	THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE
Meeting Date:	24 APRIL 2025
Report Title:	RISK UPDATE REPORT (INFORMATION AS AT MARCH 2025)
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**
		A B C D E F G

1	**Purpose**
1.1	The purpose of this report is to provide the Scottish Fire and Rescue Service Board (SFRS Board) with an overview of current Directorate risks.

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 and Risk Assurance Committee (ARAC) is responsible for advising the Board and the Accountable Officer on the adequacy and effectiveness of the Service's arrangements for risk management and has oversight of the Strategic Risk Register.
2.3	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 a responsible Director. These Responsible Owners provide information on the current controls in place and identify additional actions still required.

3	**Main Report/Detail**
3.1	**Risk Reporting**
3.1.1	The risk register is a management tool that provides assurance to the Service and its scrutiny bodies that the significant risks to the organisation have been identified, managed and are subject to ongoing monitoring, review and discussion.
3.1.2	All Committee's and Executive Boards receive risk update reports at each meeting allowing assurance and scrutiny processes to be undertaken. Each meeting is asked to consider registers and identify risk spotlights to allow additional assurance to be received on any area of risk pertinent to the business of the meeting.
3.1.3	Previous discussions identified that reporting on risks above a defined threshold of 15 would allow more detailed scrutiny on the Services significant risks, with Directorates retaining responsibility for the management and oversight of all other risks. Appendix A

provides details on all risks above the threshold.

3.1.4   Appendix B now provides a summary of all risks falling below the threshold of 15, with all Committee's and Executive Board having visibility of all risks reported by Directorates.

3.1.5   Both appendices require information to be manually extracted from the Power BI risk dashboard and recorded within templates. To ensure the best use of available resource, and minimise the potential for error, additional development of the risk dashboard is still required to support this process, automating the data extract directly into the required templates.

3.2   Risk Appetite

3.2.1   Risk registers identify the level of risk determined by each Directorate, based upon the controls currently in place. Risk Appetite is an expression of the type and amount of risk that the Service is prepared to take to achieve its Service priorities.

3.2.2   Work has been undertaken to map risk appetite against identified Directorate risks, looking at the work required to manage risk towards agreed appetite levels. Where risks currently sit above appetite, additional work is required to further mitigate risk towards the identified appetite. The corporate report template has also been amended to ensure information on risk appetite will be included within future reports.

3.2.3   Where risks are within or below the Services appetite discussions will be held to determine whether the risk should be removed from the register, and managed at a functional level, or whether opportunities exist to take on additional risk

3.2.4   Following agreement of the Services risk appetite statements an alignment to current Directorate risks was undertaken. The table below provides information on each of the stated risk appetite levels:

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**

3.2.5   The table below provides a summary of risk alignment to stated risk appetite:

Risk Appetite Summary Table
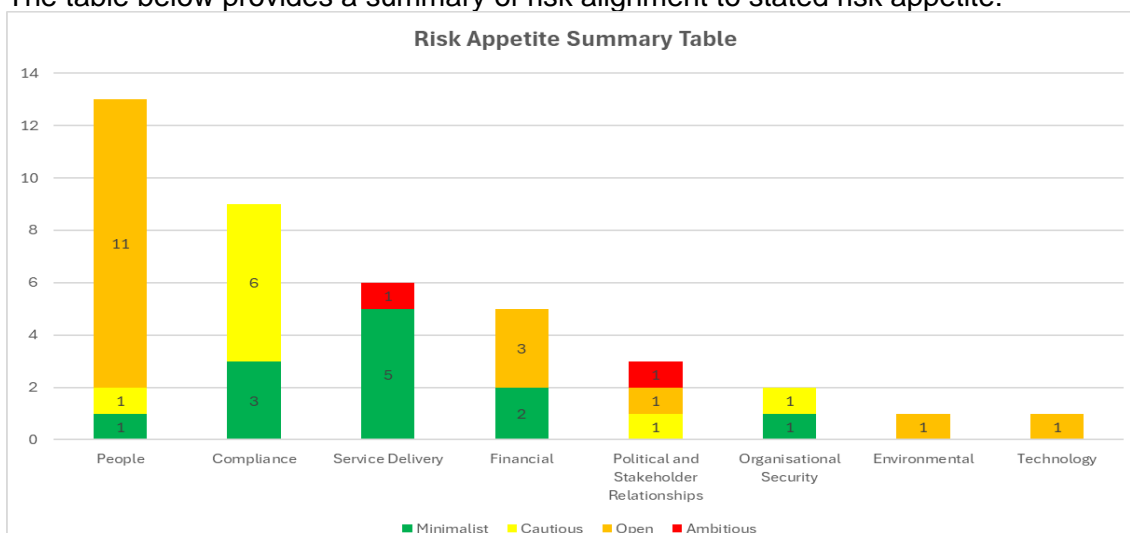
3.2.6	The Portfolio Office are currently preparing a new register to identify all significant risks coming from projects. Two risks contained in the above table are currently under review and have been removed from risk appetite tables below: • SDD004 – Continuous improvement culture • SDD009 – Delivery of strategic change
3.2.7	The table below identifies the alignment between risks rated 15 or over and risk appetite:

Risk ID	Governance Alignment	Risk Rating	Target Risk	Risk Appetite	RR Above or Within RA
FCS005	ARAC (CB)	16	8	Financial (Minimalist)	Above
FCS018	PC (CB)	20	12	People (Open)	Above
FCS019	SDC (SDB)	16	12	Technology (Open)	Above
FCS022	PC (CB)	16	12	People (Open)	Above
SDD007	ARAC (CB)	20	12	Organisational Security (Minimalist)	Above
OD001	SDC (SDB)	15	6	Service Delivery (Minimalist)	Above
SD001	SDC (SDB)	15	10	Service Delivery (Minimalist)	Above
SPPC001	SDC (CB)	16	8	Compliance (Cautious)	Above
SPPC004	ARAC (CB)	20	8	Compliance (Cautious)	Above
TSA019	PC (TSAB)	16	8	Financial (Open)	Above
TSA018	PC (TSAB)	16	6	Compliance (Minimalist)	Above
POD015	PC (CB)	16	4	People (Open)	Above
POD020	PC (CB)	16	4	People (Open)	Above
PPP005	SDC (SDB)	20	4	People (Open)	Above

3.2.8	Risk Appetite alignment for all risks below 15:

Risk ID	Governance Alignment	Risk Rating	Target Risk	Risk Appetite	RR Above or Within RA
FCS008	ARAC (SDB)	12	8	Environmental (Open)	Within
FCS011	ARAC (CB)	12	9	Financial (Minimalist)	Above
FCS015	ARAC (SDB)	12	8	People (Open)	Within
FCS020	ARAC (CB)	12	8	Financial (Open)	Within
FCS021	ARAC (SDB)	12	8	Financial (Open)	Within
POD018	PC (CB)	12	4	Compliance (Cautious)	Above
POD022	PC (CB)	12	4	People (Cautious)	Above
PPP004	SDC (SDB)	12	4	People (Open)	Within
SD006	PC (CB)	12	8	Service Delivery (Minimalist)	Above
SPPC007	ARAC (CB)	12	12	Political and Stakeholder Relationships (Cautious)	Above
SPPC012	ARAC (CB)	12	8	Organisational Security (Cautious)	Above
TSA014	PC (TSAB)	12	4	Compliance (Minimalist)	Above
POD016	PC (CB)	9	4	Service Delivery (Minimalist)	Above
POD019	PC (SDB)	9	4	People (Open)	Below
POD021	PC (CB)	9	4	Service Delivery (Ambitious)	Below
POD023	PC (CB)	9	4	People (Open)	Below
SD003	SDC (SDB)	9	9	Service Delivery (Minimalist)	Above
SD004	SDC (SDB)	8	6	Compliance (Cautious)	Within
SPPC003	ARAC (CB)	8	8	Compliance (Cautious)	Within
SPPC013	ARAC (CB)	8	8	Political and Stakeholder Relationships (Open)	Below
SPPC014	ARAC (CB)	8	8	Compliance (Cautious)	Within
POD005	PC (CB)	6	4	People (Minimalist)	Above
PPP006	SDC (SDB)	6	4	Compliance (Minimalist)	Above
SPPC015	ARAC (CB)	6	6	Political and Stakeholder Relationships (Ambitious)	Below

3.2.9	Whilst risks rated 15 or above sit above our stated appetites, the alignment between risks rated below 15 and risk appetite shows a closer relationship. Work to revise target ratings is currently being undertaken with Directorates and where capacity and resource within Directorates are available to meet identified target levels this would allow 25 risks, out of all identified risks, to sit within or below our stated appetite.

3.3	**Risk Spotlights**
3.3.1	Risk spotlights will be used by Committee's and Executive Boards to gain additional assurance on specified risk areas, allowing the risk owner to provide further detail on the associated risk, controls and additional work required to manage the risk towards agreed risk appetite levels. The risk spotlight template has been revised to include information on risk appetite and will be used to support this further scrutiny during 2025/26.
3.3.2	Throughout 2024/25 Committee's utilised risk spotlights to gain additional assurance on a number of risk areas, this is in addition to specific spotlight discussions on associated risk areas within submitted reports. These include: • Pension Remedy and associated workstreams • Operational Intelligence • Management of Contaminants • Protection Staffing and Development • Statutory Duties • Operations control Staffing Improvement Plans • ICT Recruitment and retention • OC Staffing Levels • Cyber Security • Fraud Action Plans • Development of risk appetite

3.4	**Alignment to Strategic Outcomes**
3.4.1	All risk registers identify an alignment to a single outcome and the table below identifies the alignment between the 2022-25 Strategic Outcomes and the current Directorate Risks:

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.	6	2	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	4	5	4		13
Outcome 6	The experience of those who work for SFRS improves as we are the best employer we can be.	3	3	5		11
Outcome 7	Community safety and wellbeing improves as we work effectively with our partners			1		1
		14	12	14		40

3.4.2	All risks will be realigned to the new 2025-2028 Strategic Plan once this is agreed.

3.5	**Significant Directorate Risks**
3.5.1	In relation to the current period, Directorates reviewed their registers identifying 14 risks 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)			3	4	
	Possilble (3)		1	6	8	1
	Likely (4)			4	8	1
	Almost Certain (5)			1	3	

3.5.2 Appendix A to the report provides information on the 14 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.

3.5.3 Following review in March 2025 the following changes have been made to risks over the last quarter in relation to all Directorate risks:

What changes have been made to risks in this timeframe?

Theme Change	Description Change	Appetite Change	Increased Risk	New Risk	Decreased Risk
11	9	3	3	3	1
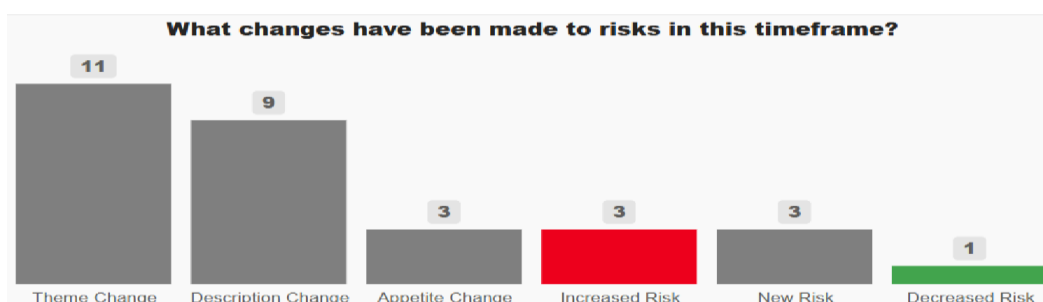
3.5.4 In relation to those risks rated 15 or above the following changes have been made:

What changes have been made to risks in this timeframe?

Description Change	Theme Change	Increased Risk	Appetite Change	Decreased Risk
6	4	3	2	1
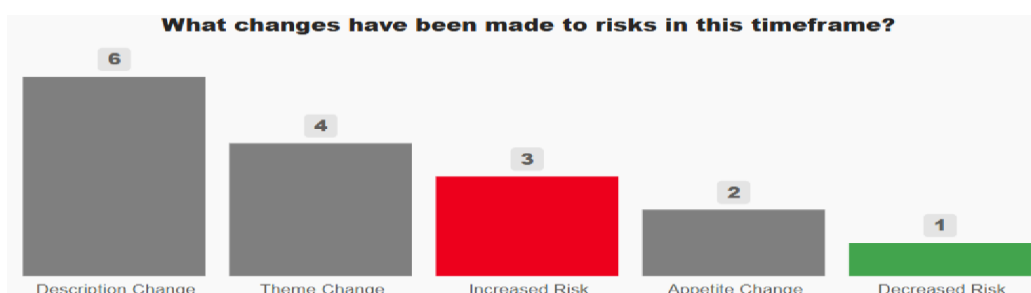
3.6 Control Actions

3.6.1 Where risks are identified, directorates are required to identify mitigating actions required to minimise the potential impact or probability of the risk occurring. Each risk has a responsible officer identified together with the anticipated due date for the action. Where delays are identified a revised estimated completion date is identified, with comments added in relation to the reason for delay.

3.6.2 Following review, the following changes have been made in relation to all control actions:

What changes have been made to actions?

Estimated Completion Date Chan...	Percentage Complete Change	Description Change	New Control	Closed Control	Owner Change
50	31	20	18	14	14
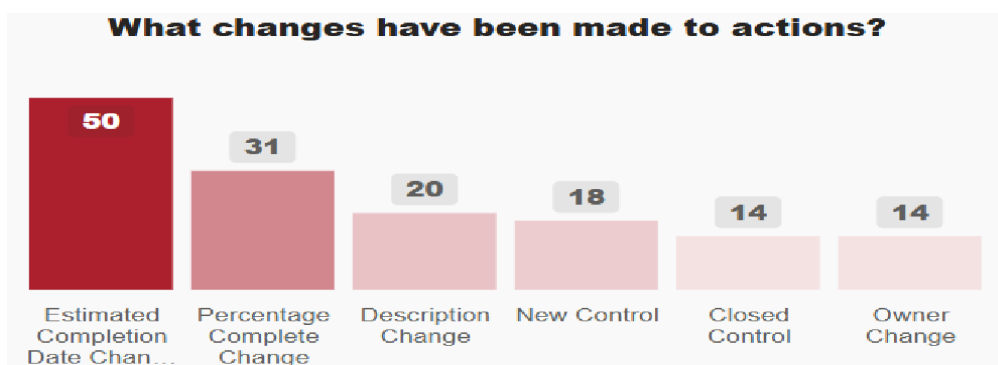
3.6.3	In relation to control actions for risks rated 15 or above the following changes have been made**:**

What changes have been made to actions?

23	**11**	**10**	**9**	**5**	**2**
Estimated Completion Date Chan...	Description Change	Percentage Complete Change	Closed Control	New Control	Owner Change
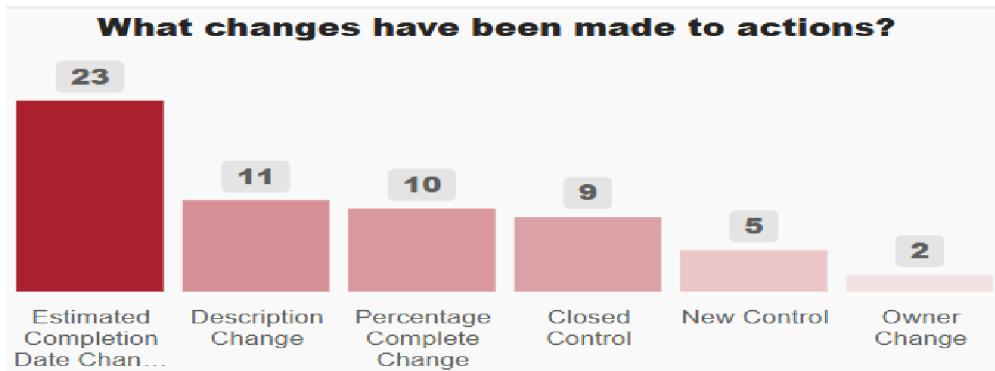
3.6.4	The table demonstrates ongoing work being progressed in relation to control actions, without which risks are likely to remain static. Discussions with Directorates emphasis the need for the identification of SMART actions, based on priority and capacity, with consideration of additional time needed to complete required governance sign off. Where completion dates are extended a RAG status, aligned to the agreed process for Internal Audit, will identify any delay. These discussions look to reduce the number of extended date changes and will continue to be a focus of future meetings with Directorates.
3.6.5	In relation to progress against control actions the following table is used to determine the current RAG status:

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

3.6.6	All Risks:

How many actions are outstanding?

15 (14.6%)
13 (12.6%)
75 (72.8%)

● On Target or 3 months from du... ● 3-9 months from original ... ● Over 9 months fro...

3.6.7	Risk rated 15+:

How many actions are outstanding?

10 (24.4%)
4 (9.8%)
27 (65.9%)

● On Target or 3 months from du... ● 3-9 months from original ... ● Over 9 months fro...

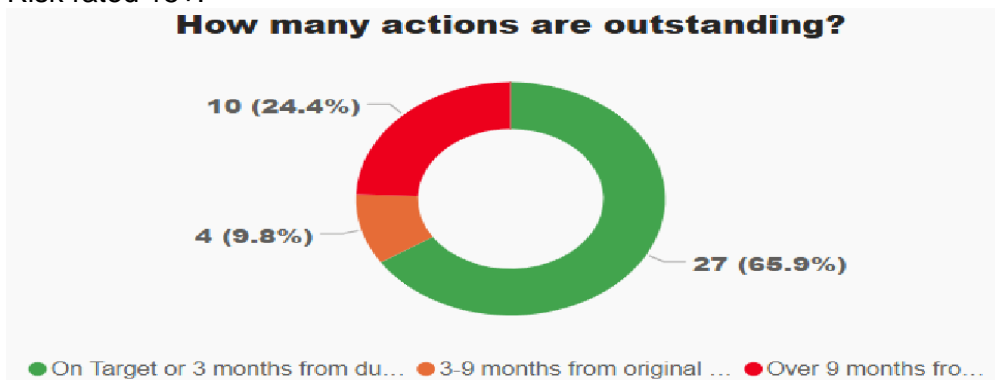| 3.6.8	In relation to risks rated 15 or above, recent discussions have identified 13 control actions, outlined in the above table, that are now complete. New actions are currently being prepared by Directorates and will be updated in April. Seven further actions due at the end of March 2025 have been extended and are highlighted within Appendix A. The risk dashboard will be updated with this information at the end of April, with the two pie charts above not reflecting these recent changes. Those actions now complete are highlighted blue within Appendix A.
4	**Recommendation**
4.1	The SFRS Board is asked to: • Scrutinise the current risk information presented to Committee's and Executive Boards.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk/Risk Appetite** 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	The report is aligned to the Services Compliance risk appetite in relation to our internal governance, including systems of control, where the Service has a **Cautious** appetite.
5.2 5.2.1	**Financial** The report identifies risks from each Directorate with financial implications arising from control decisions to be managed by the relevant Directorate.
5.3 5.3.1	**Environmental & Sustainability** Any implications arising from the report will be managed by the relevant Directorate.
5.4 5.4.1	**Workforce** Any implications arising from the report will be managed by the relevant Directorate.
5.5 5.5.1	**Health & Safety** Any implications arising from the report will be managed by the relevant Directorate.
5.6 5.6.1	**Health & Wellbeing** 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	**Equalities**	
5.13.1	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	**Service Delivery**	
5.14.1	Any implications arising from the report will be managed by the relevant Directorate.	

6	**Core Brief**	
6.1	The Director of Finance and Contractual Services provided the SFRS Board with an overview of risk information presented to Committee's and Executive Boards.	

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~~: There is room for improvement in the identification of the right risks, controls and the completion of mitigating actions within identified timescales.
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 – Significant Risks – March 2025	
8.2	Appendix B – Other Risk Summary – March 2025	

Prepared by:	David Johnston, Risk and Audit Manager
Sponsored by:	Lynne McGeough, Head of Finance and Procurement
Presented by:	David Johnston, Risk and Audit Manager

Links to Strategy and Corporate Values

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:

Outcome 5: We are a progressive organisation, use our resources responsibly and provide best value for money to the public.
- 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**
Strategic Leadership Team	*20 March 2025*	*For Decision*
Audit and Risk Assurance Committee	*8 April 2025*	*For Scrutiny*
SFRS Board	*24 April 2025*	*For Scrutiny*

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 (Above Appetite)

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Implement ICT Restructure – **Action Now Closed**	31/12/2024	30/04/2025	Head of ICT	Further engagement with TU's has taken place. Matching emails have been issued to staff. Consultation phase to remain open for a further few weeks.	On Target or 3 months from due date
Review current Market Allowance and propose new allowances for new roles - **Action Now Closed**	31/12/2024	31/03/2025	Head of ICT	Further evidence gathered and further work scheduled for Jan/Feb 25	On Target or 3 months from due date

Risk ID	Strategic Outcome	Risk Description		Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP005	1	There is a risk of insufficient levels of qualified and skilled Fire Engineering resources due to challenges with recruitment, access to qualifications/training requirements, finances and retention of staff, resulting in the potential that the Directorate/SFRS may not be able to deliver against its statutory and organisational responsibilities and demands.		SDC (SDB)	Head of Directorate (DACO)	20	20	4	Open (Above Appetite)

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Engage with the University of Edinburgh to establish new course in relation to Fire Engineering Degree and forward business case to LPG to secure interim funding for alternative degree course in England.	31/03/2025	31/03/2026	Head of Directorate (DACO)	UK Wide scoping work and engagement undertaken to determine available courses for Fire Engineers. Ongoing work with Edinburgh University and NFCC to consider Scottish Degree and Masters level options. This will take some time to develop. SFRS have secured interim degree courses at UCLan commencing Aug 25, though the budget remains to be secured in line with the FSE Modules and RPL courses stated above. Business Case developed and discussions ongoing at Director level to secure funding. SFRS is at risk of losing several Fire Engineers in the short term with succession planning reliant upon completion of new Degree course.	On Target or 3 months from due date
Form contingency options to mitigate any Service failures to deliver Fire Engineering services through existing staff. Option to be progressed through governance for decision.	31/03/2025	31/10/2025	Head of Directorate (DACO)	SFRS may have to consider an external contractor to assist with responsibilities should we be unable to secure appropriately skilled staff. This would require careful contract considerations due to organisational risk of conflicts of interest in specialist work. Alternative option would require employment at market value rates approximately 3 times the current contractual pay grade. Discussions with People Directorate and Trade Unions is required which will include potential necessary interim options for Fire-Engineering through sub-contracting. This would have significant financial impact due to current market rates of pay, demand currently outweighing supply and impact of the Grenfell Phase 2 report/outcomes and recent implementation of the Cladding Remediation (Scotland) Act.	On Target or 3 months from due date

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

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Staff Engagement and Education (KnowBe4 Training)	31/03/2025	31/03/2025	Head of ICT	Training is progressing well. 83% of staff have completed their Induction training and 44% have completed their Q3 training.	On Target or 3 months from due date
Complete Desktop Cyber Security Exercise (i.e. Phishing Exercise) - **Action Now Closed**	31/03/2025	31/03/2025	Head of ICT	Desktop exercise completed with Board members. 2nd session scheduled for SLT in February 2025.	On Target or 3 months from due date

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

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Review resource and structure of IG Team	31/03/2025	31/03/2025	Head of Governance, Strategy and Performance	Resource paper drafted for discussion with Director and business case to be developed.	On Target or 3 months from due date
Undertake review within SFRS to ascertain policy compliance	01/04/2025	01/04/2025	Head of Governance, Strategy and Performance	Discussions being held with FCS in relation to Compliance Monitoring	On Target or 3 months from due date

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FSC005	5	There is a risk that the Service may be unable to secure levels of funding required to achieve its strategic objectives. Additional pressure has been placed upon government finances causing uncertainty over future funding settlements	ARAC (CB)	FSC	16	16	8	Minimalist Above Appetite)

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Medium Term Financial Plan	31/03/2025	31/07/2025	Head of Finance and Procurement	The 3-year delivery plan will be reported to the SFRS Boasrd at the end of June 2025. Draft budget allocation has been provided for 25/26 which is currently being aligned to SFRS Strategy and Priorities with the aim of achieving a balanced budget. Discussions continue with SG re financial demands and impact of settlements.	On Target or 3 months from due date

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FSC019	2	There is a risk that many of our critical services and systems, which support Operations Control team functions, could fail and be unrecoverable. This is because of the age of both the hardware and software elements involved, much of which is substantially beyond end of life	SDC (SDB)	FSC	16	16	12	Open (Above Appetite)

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Ensure key support contracts are managed in line with contract management arrangements - **Action Now Closed**	31/03/2025	31/03/2025	Head of ICT	All relevant support contracts now extended to 31/03/2025.	On Target or 3 months from due date

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FSC022	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	PC (CB)	FSC	16	16	12	Open (Above 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 & Procurement	Proposed structure developed and shared with FMT - potential revisions being considered at which point finalised structure will move through governance / unions etc. FMT discussions continue	On Target or 3 months from due date

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		PC (CB)	PEOPLE	16	16	4	Open (Above 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	31/10/2026	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. The revised due date aligns to the latest project delivery plan received from SPPA.	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	31/10/2026	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 and posters placed in each station alerting employees to the available information. A 13 week phased issue of individual "Expression of Interest" letters and forms to inscope current and former employees has been completed. The revised due date aligns to the latest project delivery plan received from SPPA.	On Target or 3 months from due date
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.	31/12/2025	31/10/2026	Deputy Head of People	A phased approach to gathering "Expression of Interest" from inscope current and former employees for the 2nd Option exercise was completed and a risk spotlight was provided to the People Committee on 5th December 2024. An update was also provided to the Service Delivery Board on 1st April 2025. The revised due date aligns to the latest project delivery plan received from SPPA.	Over 9 months from original due date

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.		PC (CB)	PEOPLE	16	16	4	Open (Above Appetite)

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
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 cases not progressed due to budgetary constraints.	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	Interim Director of People	Work has now been incorporated within the People directorate Plan for 2025/26 and the People Actions within the draft 3-year delivery plan.	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 has now been completed following a People Management Team workshop with updated DMT arrangements now implemented.	On Target or 3 months from due date
Undertake a priorisation 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	Agreed priorities and available capacity have informed the development of the People Directorate plan for 2025/26and the People Actions within the draft 3-year delivery plan.	On Target or 3 months from due date

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC001	5	There is a risk of the service not consistently providing accurate performance management information from some sources due to inaccurate data or inadequate systems resulting in loss of confidence in reporting service performance.	SDC (CB)	SPPC	16	12	8	Cautious (Above Appetite)

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Continue work to establish SFRS Data Governance arrangements	31/03/2026	31/03/2026	Head of Governance, Strategy and Performance	Evidence of data governance work progressing.	On Target or 3 months from due date
Development of Board Risk and Performance Reporting	31/03/2026	31/03/2026	Head of Governance, Strategy and Performance	Work being progressed in line with requirements.	On Target or 3 months from due date
Establish of Data and Information Governance Group	31/03/2026	31/03/2026	Head of Governance, Strategy and Performance	DIGG Group established	On Target or 3 months from due date
Ongoing Service Delivery dashboard development	31/03/2026	31/03/2026	Head of Governance, Strategy and Performance	Service wide reporting and dashboard development on-going	On Target or 3 months from due date
Produce SFRS Digital, Data and Technology Strategy	31/03/2026	31/03/2026	Head of Governance, Strategy and Performance	Procured support for DDaT Strategy and work underway	On Target or 3 months from due date

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA018	2	There is a Directorate risk, of an inability to maintain or improve our training delivery due to insufficient capacity being available within the Training Function to meet current demand,	PC (TSAB)	TSA	16	12	6	Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Introduce supplementary Structural Firefighting PPE solutions in collaboration with Asset Management across the Training Function.	31/03/2024	31/03/2025	Group Commander Training	Meeting on 05/02/25 took place with Assets Management PPE Officer to discuss proposed admin procedure for additional PPE, solutions will be agreed and implemented end Feb 25. Meeting held with North Training Centre Lead to discuss options for PPE storage in the NSDA, storage of PPE will be distributed between sites rather than being stored at a single venue. Agreed at FMT to extent completion date to end of financial year	Over 9 months from original due date
Review of Driver Training instructor / examiner staff retention.	31/03/2025	31/03/2025	Group Commander Training	The review of the Driver Training Instructor role will be progressed via the Reward Team with an outcome expected this financial year.	On Target or 3 months from due date

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	The first draft of SSoW and GRA have been produced and are in the process of being reviewed by the Contaminants team, no further update at this time.	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	A further H&S audit of Dundee Airport has commenced to review progress. Perth Training Centre Station Commander liaising with Property and Instructors to ensure that required works and facilities are maintained, and where possible improved with H&S practices and further management are adhered to in the interest of continued staff welfare. Any interim improvements will allow for Dundee Airport to remain useable until the delivery of the CFBT build at Perth is in operation. Agreed at FMT to extent completion date to end of financial year	3-9 months from original due date
Engagement with Asset Management and Fleet, Equipment & Workshop FEW regarding facilities and equipment. **Action Now Closed**	31/03/2024	31/03/2025	Head of Training	The new Training Service Asset Management Plan was approved in January by the SLT. With the implementation of this new document, it was agreed that Control Action 668 was now complete. A new Control Action will be opened to ensure that the implementation of the TSAMP/strategic document is delivered against. This new control action will be discussed at March FMT.	Over 9 months from original due date
Scope out options to utilise temporary structures to increase venue capacity / improve welfare facilities. **Action Now Closed**	31/03/2024	31/03/2025	Head of Training	The replacement of the welfare facility has been approved, feasibility report received, and the location of the new facility confirmed. A new Control Action will be opened to manage the next stage of the project which includes tender pricing, planning permission and the delivery of the works in 2025/26. This control action will be discussed in March FMT.	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	30/06/2024	30/12/2024	Head of Training	The extension will create the time required to manage the business case for the Collapsed Structure Simulator project at NTC to be progressed through governance to completion. (final point noted within the Control Action) Property continue to report that the build completion will be achieved within financial year 2024/25. The success of this achievement will be captured in a Comms piece.	3-9 months from original due date

enhance capacity to optimise training delivery.										

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

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Develop succession planning strategy for OC	31/03/2025	31/03/2025	Head of Function	Ongoing engagement with Strategic People Partners in respect of recruitment, promotion and targeted development processes in line with Control Action 841, 844.	On Target or 3 months from due date
Develop and implement and active recruitment strategy	01/08/2024	31/01/2025	Head of Function	Recruitment now the responsibility of the resourcing team. No timeline confirmed for completion of strategy due to capacity issues.	3-9 months from original due date
Review OC structure.	31/03/2025	31/03/2025	Head of Function	Operations Control Structure now complete and approved by SLT.	On Target or 3 months from due date
Explore targeted development of OC Management (Supervisory to Strategic level). **Action Now Closed**	31/05/2024	31/03/2025	Head of Function	Liaised with Lanarkshire LSO area, People to develop Supervisory Management Engagement session, focusing on Culture, Values, Behaviours, Managing Employee Performance, Standards and Management in Practice. This will be delivered to Supervisory Officers April/May	On Target or 3 months from due date
Implement OC structure.	31/03/2025	30/04/2025	Head of Function	Implementation of OC Structure has now commenced with full timeline still to be populated. This will extend past the current Estimated Completion date - this will be updated once full timeline is available.	On Target or 3 months from due date

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

Controls Actions	Original Due Date	Est' Completion Date	Owner	Comment	Action Status
Procurement and implementation of Vision 5 Disaster Recovery System (for EOC and DOC)	31/12/2023	31/03/2025	Head of Function	Vision modems reset and remain inoperable. Request from NEC to change sim cards however this has not resolved the issue. Modems remain inoperable and we are still unable to mobilise via Vision 5 - investigations continue. Meeting with NEC to be arranged to discuss a way forward.	Over 9 months from original due date
Procurement and implementation of DS300 ICCS (for DOC and JOC)	31/03/2024	01/03/2025	Head of Function	DOC - Go live complete 25th February. Continue to monitor system performance and adjust configuration accordingly. JOC - continue to progress UAT with TETRA and Telephony testing scheduled to be complete 11th March - Cascade training due to complete 13th March, Equipment install 14th March. Go Live 19th March. EOC - UAT will be complete at same time as JOC UAT due to being hosted on the same database, soft UAT scheduled for 12th March Go Live 8th April. Cascade training ongoing.	Over 9 months from original due date
Support the design, procurement, delivery and implementation of the New Mobilising System (NMS) - Phase 1	31/12/2023	31/10/2025	Head of Function	NMS Procurement now concluded with contract award type Motorola. NMS Project now moved onto Phase 1 - Planning and Implementation, with initial fact-finding workshops which will work to deliver the initial 'sandpit' environment in early December. Estimated completion date of ICCS implementation will be December 2025 with CAD implementation August to October 2026.	Over 9 months from original due date

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS008	4	There is a risk of that the Service will be unable to achieve environmental and carbon reduction commitments of 6% per annum; Because of limited investment or anticipated saving targets not being achieved through current projects	ARAC (SDB)	FSC	12	12	8	Open (Within Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS011	5	There is a risk to the Service where incidents of fraud are undetected. This may be due to an unwillingness or a lack of awareness by individuals to follow policy and guidance on fraud prevention.	ARAC (CB)	FCS	12	12	9	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS015	6	There is a risk of a number of issues with regards to staffing, including the ability to recruit specialist staff, single points of failure across a number of key roles, lack of succession planning, age profile of staff in senior roles, staff retention rates and staff training; Because of a very buoyant job market in fleet and property, pay grades challenges and the need to review and update structure within sections not updated for 10 years	ARAC (SDB)	FCS	12	12	8	Open (Within Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS020	5	There is a risk of SFRS not achieving best value from the resources it has because of inefficient systems and processes, a failure to respond to changing risks and/or ineffective governance.	ARAC (CB)	FCS	12	12	8	Open (Within Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
4	3	1	0

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS021	2	There is a risk of SFRS Property, Fleet and Equipment Assets failing to meet operational standards; Because of a lack of sufficient capital investment from Government	ARAC (SDB)	FCS	12	12	8	Open (Within Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD018	5	There is a risk that SFRS is not fully compliant with Data Protection requirements due to a lack of effective processes related to how employee data is stored, accessed and maintained in paper based and electronic Personal Record Files	PC (CB)	PEOPLE	12	12	4	Cautious (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
4	2	2	0

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD022	6	There is a risk to maintaining positive and harmonious employee relations within SFRS and of potential legal challenge as a result of a lack of prioritisation due to capacity and inconsistent approach to employee relations investigations.	PC (CB)	PEOPLE	12	12	4	Cautious (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP004	1	There is a risk of insufficient levels of qualified and skilled Fire Safety Enforcement resources due to challenges with recruitment, training/qualification requirements, finances, ICT and retention of staff	SDC (SDB)	PPP	12	12	4	Open (Within Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SD006	2	There is a risk that Service Delivery is unable to maintain an effective level of capacity and resource within the Directorate because of challenges relating to the recruitment, promotion and retention of staff	PC (CB)	OD	12	12	8	Minimalist (Above Appetite)

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
4	3	0	1

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC007	5	There is a risk that the services reputation is adversely affected due to a lack effective communication and consultation plans and supporting management processes resulting in a loss of workforce, stakeholder and public confidence	ARAC (CB)	SPPC	12	12	12	Cautious (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC012	5	There is a risk that the service has inadequate organisation security because of a lack of up to date corporate security arrangements resulting in risk to staff and the public	ARAC (CB)	OD	12	12	8	Cautious (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA014	6	There is a risk of not being able to demonstrate legislative compliance because of gaps identified in risk control measures, management arrangements and alignment with recognised standards resulting in potential criminal/civil litigation, and reputational damage.	PC (TSAB)	TSA	12	12	4	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD016	6	There is a risk that outdated 'Trainee Firefighter Development to Competent Policy and Procedures' and a lack of clarity amongst employees and managers around process leads to incorrect application of the MA/SVQ process, particularly for new apprentices	PC (CB)	PEOPLE	9	9	4	Minimalist (Above Appetite)
Number of control Actions		Number of Control Actions on Target or 3 months from due date		Number of Control Actions 3-9 months from original due date		Number of Control Actions Over 9 months from original due date		
1		1		0		0		

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD019	6	There is a risk of SFRS having an insufficient number of Assessors and Internal Verifiers due to potential constraints on the capacity to deliver and undertake the training, resulting in an inability for SFRS to meet SQA and SDS requirements under its Modern Apprenticeship contract.	PC (SDB)	PEOPLE	9	9	4	Open (Below Appetite)
Number of control Actions		Number of Control Actions on Target or 3 months from due date		Number of Control Actions 3-9 months from original due date		Number of Control Actions Over 9 months from original due date		
2		2		0		0		

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD021	6	There is a risk to maintaining an effective Retained Duty System and meeting the Service's obligations under the Fire Scotland Act as a result of the impact of revisions to On Call T&Cs and associated policy / procedural arrangements, in particular effective management to meet the requirements of the Working Time Regulations	PC (CB)	PEOPLE	9	9	4	Ambitious (Below Appetite)
Number of control Actions		Number of Control Actions on Target or 3 months from due date		Number of Control Actions 3-9 months from original due date		Number of Control Actions Over 9 months from original due date		
3		3		0		0		

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD023	6	There is a risk to maintaining positive and harmonious employee relations within SFRS as a result of current and planned organisational change activity for which the Service does not yet have an agreed suite of framework and accompanying policies/guidance related to the impact of change on colleagues.	PC (CB)	PEOPLE	9	9	4	Open (Below Appetite)

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SD004	2	There is a risk of failing to maintain a standard suite of Policies because of the volume of Policies and the consultation timeframe. This would result in having an inconsistent approach to service response and could lead to possible operational failures.	SDC (SDB)	OD	8	8	6	Cautious (Within Appetite)

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC013	7	There is a risk that the service fails to secure adequate benefits from collaboration and partnership working due to a lack of effective management and the coordination and sharing of information	ARAC (CB)	SPPC	8	8	8	Open (Below Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC014	5	There is a risk that the service fails to demonstrate robust Business Continuity Planning arrangements, demonstrating lessons learned from Covid and other events	ARAC (CB)	SPPC	8	8	8	Cautious (Within Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD005	6	The risk of not developing and providing appropriate wellbeing support (both mental and physical health) to all SFRS employees	PC (CB)	PEOPLE	6	6	4	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP006	1	There is a risk of SFRS being unable to undertake the powers detailed under Section 29 of the Fire (Scotland) Act 2005, to investigate the origin, cause and development of fires and fulfil it's obligations under the Joint Protocol Agreement with Police Scotland, British Transport Police and Forensic Services - Scottish Police Authority, due to a shortage of staff who have appropriate accreditation	SDC (SDB)	PPP	6	6	4	Minimalist (Above Appetite)

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

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

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

SFRS DRAFT BOARD FORWARD PLAN

BOARD MEETING	STANDING ITEM	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
Special Board – 29 May 2025 - Private	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Date of Next Meeting	**Standing/Regular Reports**	**Standing/Regular Reports**	**Standing/Regular Reports**	**Standing/Regular Reports** • SFRS Strategy 2025-28 (Private) • SDR Options from Balanced Room (Private)
26 June 2025	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Minutes • Action Log • Decision Log • Chair's Report • Chief Officer's Report • Committee Reports & RCG Approved Minutes • Risk Themes • Forward Plan • Date of Next Meeting	**Standing/Regular Reports** • Performance Management Framework Annual Report **New Business** •	**Standing/Regular Reports** • Resource Budget Monitoring Report • Capital Budget Monitoring Report • Quarterly Performance Report 2024/25 Q4 • Arrangements and Outcomes of Annual Review – Effectiveness of Board • Annual Operating Plan Progress update Q4 **New Business** • SFRS Employers Liability Insurance Update	**Standing/Regular Reports** • **New Business** •	**Standing/Regular Reports** • Debt Write Off 2023-24 • SFRS 3-year Delivery Plan (Private) • Performance Management Framework 2025-28 (Private) **New Business** • Service Delivery Review Consultation
Special Board – 31 July 2025 – Private	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Date of Next Meeting	**Standing/Regular Reports**	**Standing/Regular Reports** • Annual Performance Review Report 2024/25	**Standing/Regular Reports**	**Standing/Regular Reports**

SFRS DRAFT BOARD FORWARD PLAN

BOARD MEETING	STANDING ITEM	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
28 August 2025	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Minutes • Action Log • Decision Log • Chair's Report • Chief Officer's Report • Committee Reports & RCG Approved Minutes • Risk Themes • Forward Plan • Date of Next Meeting	**Standing/Regular Reports** • ARAC Committee Annual Report to Accountable Officer **New Business** •	**Standing/Regular Reports** • Resource Budget Monitoring Report • Capital Budget Monitoring Report • Quarterly Performance Report 2025/26 Q1 • Annual Operating Plan Progress update Q1 **New Business** • SFRS Working in Partnership	**Standing/Regular Reports** • **New Business** •	**Standing/Regular Reports** • Annual Performance Review 2024/2025 • Annual Procurement Report 2024/25 **New Business** •
30 October 2025	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Minutes • Action Log • Decision Log • Chair's Report • Chief Officer's Report • Committee Reports & RCG Approved Minutes • Risk Themes • Forward Plan • Date of Next Meeting	**Standing/Regular Reports** • SFRS/Anthony Nolan Partnership Annual Report **New Business** •	**Standing/Regular Reports** • Resource Budget Monitoring Report • Capital Budget Monitoring Report • Capital Budget Outturn Report 2024/25 • Resource Budget Outturn Report 2024/25 • Strategic Asset Management Plan – Annual Review **New Business** •	**Standing/Regular Reports** • **New Business** •	**Standing/Regular Reports** • Board Forward Plan Schedule 2026/27 • Draft Annual Report and Accounts 2024/25 (PRIVATE) **New Business** •

SFRS DRAFT BOARD FORWARD PLAN

BOARD MEETING	STANDING ITEM	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
18 December 2025	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Minutes • Action Log • Decision Log • Chair's Report • Chief Officer's Report • Committee Reports • Risk Themes • Forward Plan • Date of Next Meeting	**Standing/Regular Reports** • HS Policy and Policy Statement • **New Business** •	**Standing/Regular Reports** • Resource Budget Monitoring Report • Capital Budget Monitoring Report • Quarterly Performance Report 2025/26 Q2 • Health and Safety Annual Report 2024/25 • Annual Operating Plan Progress update Q2 **New Business** •	**Standing/Regular Reports** • **New Business** •	**Standing/Regular Reports** • **New Business** • Service Delivery Review
Provisional Special Board – 19 February 2026	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Date of Next Meeting	**Standing/Regular Reports**	**Standing/Regular Reports**	**Standing/Regular Reports**	**Standing/Regular Reports**
26 March 2026	• Chair's Welcome • Apologies • Consideration of and Decision on any items to be taken in Private • Declaration of Interests • Minutes • Action Log • Decision Log • Chair's Report • Chief Officer's Report • Committee Reports & RCG Approved Minutes • Risk Themes • Forward Plan • Date of Next Meeting	**Standing/Regular Reports** • Corporate Parenting Plan Annual Update **New Business** •	**Standing/Regular Reports** • Resource Budget Monitoring Report • Capital Budget Monitoring Report • Quarterly Performance Report 2025/26 Q3 • Annual Operating Plan Progress update Q3 • **New Business** •	**Standing/Regular Reports** • **New Business** •	**Standing/Regular Reports** • Resource Budget 2026/27 • Capital Programme 2025-2028 **New Business** •