



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

Working together for a safer Scotland

**PUBLIC MEETING - PEOPLE COMMITTEE**  
**THURSDAY 11 DECEMBER 2025 @ 1300 HRS**  
**VIRTUAL (MS TEAMS)**

**AGENDA**

**1 CHAIR'S WELCOME**

**2 APOLOGIES FOR ABSENCE**

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

**4 DECLARATION OF INTERESTS**

*Members should declare any financial and non-financial interest they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.*

**5 MINUTES OF PREVIOUS MEETING: 11 SEPTEMBER 2025 (attached) Chair**

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

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

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

**7 PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY REPORT 2025-26 Q2 (attached) F Ross/  
C McGoldrick**

*The Committee is asked to scrutinise this report.*

**8 PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING**

8.1 People Performance Report Quarter 2 2025/26 (attached)

8.2 Wholetime Firefighter Recruitment (attached)

8.3 Leadership and Management Development (attached)

L Gaja

S Watson

L Gaja/A Girrity

*The Committee is asked to scrutinise these reports.*

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

**OFFICIAL**

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

- 9.1 Organisational Culture and Leadership Programme Update (*attached*) C Dodd

*The Committee is asked to scrutinise this report.*

**10 TRAINING**

- 10.1 Training Function Update and Performance Report Quarter 2 2025/26 (*attached*) R Robison

*The Committee is asked to scrutinise this report.*

**11 SAFETY AND ASSURANCE**

- 11.1 Safety and Assurance Performance Report Quarter 2 2025/26 (*attached*) J Holden  
11.2 Contaminants Quarterly Update (*attached*) C McGoldrick

*The Committee is asked to scrutinise these reports.*

**12 AUDITS/INSPECTIONS**

- 12.1 HMFSI Mental Health and Wellbeing Action Plan Update (*attached*) J Holden  
12.2 Evaluation of Physiotherapy Services (*attached*) J Holden

*These reports are for information only.*

**13 PEOPLE COMMITTEE RISK REGISTER**

- 13.1 Risk Report Update (*attached*) F Ross/C McGoldrick

*The Committee is asked to scrutinise this report.*

**14 PARTNERSHIP WORKING**

- 14.1 Employee Partnership Forum (verbal) M Wylie  
14.2 Partnership Advisory Group (verbal) F Ross

**15 FORWARD PLANNING**

- 15.1 Committee Forward Plan Review (*attached*) M Wylie  
15.2 Items for Consideration at Future IGF, Board and Strategy Day meetings M Wylie

- 16 REVIEW OF ACTIONS** (*verbal*) Board Support

**17 DATE OF NEXT MEETING**

Thursday 5 March 2026

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

- Safety and Assurance Annual Report 2024/25 (*attached*)
- People Policy Review Schedule Update (*attached*)
- Training Continuous Improvement Programme – Update Report (*attached*)
- Training Function Policy Review Schedule (*attached*)
- Safety and Assurance Documents Forward Planning Schedule (*attached*)
- Learning and Development 2025/26 Q2 update (*attached*)

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**PRIVATE SESSION**

- 18 MINUTES OF PREVIOUS PRIVATE MEETING: 11 SEPTEMBER 2025** *M Wylie*  
(attached)

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

- 19 PRIVATE ACTION LOG** *Board Support*  
*The Committee is asked to note that there were no outstanding actions.*

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

- 20.1 Draft Minutes of last meeting – 11 September 2025 (attached) *M Wylie*  
20.2 Update of next meeting – 11 December 2025 (verbal) *M Wylie*

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

- 21 VOLUME OF CALLS TO SAFECALL CONFIDENTIAL REPORTING  
LINE AND ANALYSIS OF THEMES** (attached) *F Ross*

*The Committee is asked to scrutinise this report.*

- 22 KEY CASE UPDATES 2024/25 – Q2** (attached) *F Ross*

*The Committee is asked to scrutinise this report.*



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**PUBLIC MEETING – PEOPLE COMMITTEE**

**THURSDAY 11 SEPTEMBER 2025 @ 1300 HRS**

**VIRTUAL (MS TEAMS)**

**PRESENT:**

Andrew Smith, Deputy Chair (AS)  
Neil Mapes (NM)

Malcolm Payton (MP)  
Madeline Smith (MS)

**IN ATTENDANCE:**

Fiona Ross (FR)	Director of People
Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
Sarah O'Donnell (SO'D)	Deputy Chief Officer Corporate Services
Andy Watt (AW)	Deputy Chief Officer
Jim Holden (JH)	Head of Safety and Assurance
Lyndsey Gaja (LG)	Head of People
Ross Robison (RR)	Deputy Assistant Chief Officer, Head of Training
Roger Crawford (RC)	Watch Commander Training (Item 10.2 only)
Ijaz Bashir (IB)	Head of Asset Management (Item 10.3 only)
Stuart Free (SF)	Asset Governance and Performance Manager (Item 10.3 only)
Chris Casey (CC)	Group Commander Board Support
Heather Greig (HG)	Board Support Executive Officer
Debbie Haddow (DJH)	Board Support/Minutes

**OBSERVERS**

Stuart Watson, Area Commander Workforce Planning and People Services  
John McKenzie, Fire Brigades Union

**1 CHAIR'S WELCOME**

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

**2 APOLOGIES FOR ABSENCE**

- 2.1 Mhairi Wylie, Board Member  
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 Update* 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 Update* 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 JUNE 2025**

5.1 Subject to minor typographical amendments, the minutes were agreed as an accurate record of the meeting.

5.2 **Subject to minor amendment, the minutes of the meeting held on 5 June 2025 were approved as a true record of the meeting.**

### **5.3 Matters Arising**

5.3.1 In regard to the Culture Action Plan, the Committee noted that this was due to be presented at today's meeting however only a verbal update would be provided. FR advised that a verbal update would be provided today and would look to provide a written report at the next meeting (December) or at the future workshop (October).

### **6 ACTION LOG**

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

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

### **7 PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE 2025/26 Q1**

7.1 The PMF Quarterly Performance 2025/26 Q1 report was presented to the Committee for scrutiny of KPIs 22–29 (Training), KPIs 46–49 (People) and KPIs 50–56 (Safety & Assurance). Three annual performance indicators KPIs 62, 63a and 63b (People) are also reported in the first quarter report. The report was taken as read.

7.2 In regard to KPI22 (% of Core Skill Modules completed), the Committee commented on the lower rates within Q1. CMcG noted that Q1 was a busy period for all functions, and this would lead to capacity and time constraints, particularly for operational personnel. RR advised that engagement with local areas would continue, and this would help to better understand the situation.

7.3 In regard to KPI46 (Operations Control FTE), the Committee sought clarification on the continued decrease despite recent recruitment. LG advised that this was attributable to the timing of the report and that the 12 new trainees would be included within the Q2 report. LG further advised that 12 temporary personnel had recently been offered and had accepted permanent contracts.

7.4 In regard to KPI46 (On Call Retained FTE), the Committee noted the numbers of personnel had not improved despite the recent contractual changes and queried whether a deeper dive would be beneficial. FR advised that a review of the target operating model (on call) was ongoing and that an update could be provided at a future meeting (circa March 2026).

7.5 In regard to KPI46 (Flexi Duty Officer (FDO) FTE), the Committee queried the accuracy of the data being presented as it was reporting over 100%. It was confirmed that the data was accurate, and CMcG explained that the current number of FDO FTE (262) was above the target operating model (250).

7.6 **The Committee scrutinised the report.**

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

### **8.1 People Performance Report Quarter 1 2025/26**

8.1.1 LG presented the People Performance Report Quarter 1 2025/26 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:

- Revised format with the inclusion of Strategic People Priorities section.
- Recent Wholetime recruitment campaign received over 1600 applicants within 24 hours. Following shortlisting, 346 candidates would progress to the selection centre. Successful candidates included 16% female and 16% ethnic minorities. On conclusion of the practical selection progress, 72 candidates would be appointed.
- Over 100 expressions of interest have been received from existing On Call personnel to partake in the upcoming migration course.
- Overview of the recent and ongoing promotion process for Station and Watch Commanders.
- Review and reset activity for the leadership and culture programme.

8.1.2 In regard to the On Call Candidate Tracker currently under development, LG provided an overview of its functionality including real time visibility of candidate progress and improved co-ordination between hiring managers and People Services.

8.1.3 The Committee sought clarity on whether the Service was tracking diversity and reasons for dropping out of recruitment processes. LG confirmed that quality monitoring data was collected, however recognised that further analysis would be required to understand the conversion rates at the various stages of the process.

8.1.4 In regard to the pension remedies, the Committee sought an update on the project plans and revised implementation dates. LG noted that an update had been provided at the earlier RANSc meeting and would be covered under Item 20 (RANSc Update). LG further noted that the delays in timescale on the SPPA side were impacting on the ability to provide pension statements for the remedy period to employees.

8.1.5 The Committee noted the overall number of vacancies in support staff roles, of which almost 50% were within the Finance and Contractual Services (FCS) Directorate, and queried how the Service would address this issue. LG advised that most of the FCS vacancies were within the Digital and Technology Services (DaTS) function and were linked to the ongoing restructure. LG noted that approximately 30 vacancies had already been filled and more were anticipated in the coming months. LG further noted that recruitment had initially focussed on internal appointments to support development opportunities.

8.1.6 In regard to long term sickness, the Committee asked whether the Service differentiated between work-related and personal causes. LG confirmed that there were specific reporting and recording arrangements for workplace related absences. It was noted that only high-level categories were presented within the report with a detailed breakdown of sub-categories also being recorded. JH advised that work related injuries/illnesses were recorded on the TASS system and reported through the safety and assurance statistics.

- 8.1.7 The Committee commented on the positive number of On Call personnel expressing an interest in migrating into Wholetime and queried how the Service were supporting individuals, particularly anyone who was unsuccessful. LG advised that all applicants, whether through the migration or wholetime trainee recruitment, were offered feedback and development support to improve further applications.
- 8.1.8 In regard to the Area Commander process, the Committee were advised that an update would be provided under item 9.1.
- 8.1.9 The Committee sought clarity on the timeframe for the leadership and culture plan and whether there were any risks associated with the wraparound support from the Talent Development Team. FR advised that the wraparound support enabled pre and post programme engagement with National Fire Chief Council's (NFCC) cohorts and their line managers. The risks associated relate to the volume of activity and resources within the development teams. This would be considered as part of the review of the leadership and management framework and how the NFCC programme would be built into the wider framework. LG briefly outlined different initiatives being considered which included a 3 tiered approach and potential additional investment.
- 8.1.10 The Committee sought further details for the Corporate Services Review (CSR) including timeframe, plans, etc. SO'D provided a brief progress update on the Directorate structure review, noting that proposed options would be presented to the Strategic Leadership Team (SLT) at the end of 2025 and implemented in April 2026. SO'D outlined the progress of the People Strategy, which was being developed into a project and led by FR. SO'D commented on the level of engagement undertaken through the Strategic Planning and Change Committee in relation to the People, Payroll, Training and Finance project (PPFT). SO'D advised that the Service were considering the wider context of PPFT and how this could impact on the CSR.
- 8.1.11 In regard to KPI26 (Core Skills), the Committee sought assurance on the veracity of the data being presented within the report. CMcG noted that this would be covered under item 10.1.
- 8.1.12 **The Committee scrutinised the report.**

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

### **9.1 Culture Update**

- 9.1.1 FR provided a verbal update on culture to the Committee, and the following key points were highlighted:
- Leadership and Culture Programme plan continues to be developed and would include identifying defined benefits, outcomes and milestones.
  - Draft problem statement was created and discussed at the recent SLT/Heads of Functions Workshop. As a result, several activities have been identified to realise culture and leadership vision and deliver the individual benefits.
  - Next steps would involve a full review and prioritisation of the identified activities to ensure alignment with strategic priorities and development of the delivery plan.
  - Annual reviews to be undertaken to identify progress against priorities and set new priorities for the coming year.
  - Update on the Management and Development Framework project noting that milestones and delivery timescales were to be determined.
  - Consideration would be given to integrate the NFCC programmes into the framework and the delivery model to be used.
  - Update paper on Leadership Management Framework to be presented to the next Committee meeting (captured under Item 15.1).
  - Key People priorities, resources, capacity and budget have been considered and included within the medium-term investment plan.
  - Intention to have the final plan development ready for implementation by the end of the year.

- 9.1.2 The Committee noted and welcomed the update and queried what detail would be presented at the next meeting. FR advised that an update on the proposed priorities would be provided with the full plan being available by the end of the year/early next year. FR commented on the involvement of the Portfolio Office in this Service wide programme, the importance of ensuring stakeholders involvement, agreement and delivery of key priorities.
- 9.1.3 The Committee queried how the Service were responding to HMFSI's inspection on Organisational Culture (Phase 1) and what consideration was being given to HMFSI's Phase 2 report. FR advised that the response to the HMFSI's recommendations would be more strategic as they are covered under the strategic priorities and existing projects. Once developed, the action plan would be submitted to the SLT for approval. FR noted that discussions had taken place with HMFSI on the proposed approach.
- 9.1.4 FR provided a verbal update on equality and diversity to the Committee, and the following key points were highlighted:
- Wholetime recruitment: Overview of the different approach adopted to promote and attract a more diverse candidate pool. This included raising awareness of the breadth of the firefighter role, various engagement events with a focus on gender or ethnicity, use of AI in promotional packs and shortlisting processes. Over 1600 applicants (12% female) were received and 346 candidates (16.5% female) were shortlisted. Next stage would include physical assessments and selection process. Introduction of pacer within fitness testing to ensure fairness.
  - Current wholetime female population was 6.54% with an average of 5.61% female intake from April 2024.
  - Further analysis would be undertaken on completion of the process to identify improvements for future campaigns and strengthen external partnerships.
  - Action Plan for recruitment and promotion processes to be developed with a further in-depth review next year in an effort to continue to introduce incremental changes to improve recruitment.
  - Interim restructure included the merger of the Talent Acquisition and Resourcing teams which brings the end-to-end process into one team and changes to remits for Deputy Heads within the People Directorate.
- 9.1.5 FR advised that the Group Commander process resulted in 68 applications (3 female), and 9 appointments (1 female) being made. Station Commander process resulted in 108 applicants, with 60 interviews and 15 appointments (1 female) being made.
- 9.1.6 The Committee noted the positive feedback from the engagement events and queried whether it was possible to confirm if attendees went on to apply. LG noted that may be possible but further analysis would have to be undertaken.
- 9.1.7 The Committee commented on the value of peer analysis and benchmarking with other public sector organisations. FR noted the challenges with direct comparison with peers but benchmarking would be considered through the NFCC.
- 9.1.8 **The Committee noted the verbal report.**

*(S O'Donnell left the meeting at 1415 hrs)*

## **10 TRAINING**

### **10.1 Training Function Update and Performance Report Quarter 1 2025/26**

- 10.1.1 CMcG, introduced RR who presented the high-level overview of the Training function activity and performance over Quarter 1 2025/26 and highlighted the following key points:
- Ongoing work of the NFCC's Operational Training and Exercise Group and the Tactical Firefighting Sub-group.



- KPI26 (Core Skills Courses Currency) reported an overall increase. This has been aided by the performance of the team and introduction of Training Support Co-ordinator posts.
- KPI25 (Incident Command Course Currency): Continues to increase with narrative provided on reasons for candidates not achieving the required standards.
- KPI29 (Customer Satisfaction): Continues to increase.

10.1.2 In regard to Firefighter Safety (contaminant control) CPD, the Committee queried future plans and evaluation processes. RR advised that these events would become a rolling programme and form part of business-as-usual activities. RR noted that work continues to investigate future needs and investment to develop contamination controls.

10.1.3 In regard to KPI25 (Incident Command Course Currency), the Committee queried how individuals out of currency would be captured, the level of risks this posed to the Service and potential impact on service delivery. RR noted that performance levels continue to increase and it was expected that this indicator would be re-baselined to the new normal. CMcG commented on the Service's acceptance of risk throughout the recovery period (up to 31 March 2026) and there would be a change in process from 1 April 2026. From the 1 April, additional measures would be taken to track and ensure individuals remain within currency.

10.1.4 In regard to instructor shortages, RR outlined the challenges in filling these posts, the temporary impact of Watch/Crew Commander processes, and the peripatetic use of staff to provide cover across all areas. CMcG reminded the Committee that, alongside the national instructor team, efforts are made to upskill individuals to an instructor level at watch based/local team role. As a result, during 2024/25, a total of 258 instructors were upskilled within the Service across a number of disciplines.

10.1.5 **The Committee scrutinised the report.**

## **10.2 Overview of ISO9001**

10.2.1 RR introduced RC who presented the Committee with an overview of the ISO9001 Quality Management System within the Training Function. RC delivered a presentation which covered information relating to quality management principles, principles in action, external assurance and credit rating, recertification by strategic review and supporting strategy through quality management.

10.2.2 The Committee sought further information on the improvements made through the corrective action plans. RC advised that feedback received related to facilities, course structure and timings and these were dealt with at a local level or through longer term projects.

10.2.3 In regard to quality management systems within other parts of the organisation, RC noted that the principles of ISO9001 could be applied across the Service and could benefit other areas. JH reminded the Committee that the Safety and Assurance Function were looking at the 45001-quality management system and accreditation.

10.2.4 The Committee referred to discussions by other Committees on the oversight of external certifying bodies and accreditation across the organisation and proposed that this should be raised at the Integrated Governance Forum. (Captured under Item 15.2)

10.2.5 **The Committee noted the report.**

*(R Crawford left the meeting 1445 hrs)*

*(I Bashir and S Free joined the meeting at 1445 hrs)*

## **10.3 Training Service Asset Management Plan (TSAMP)**

10.3.1 IB presented the Committee with the Training Service Asset Management Plan (TSAMP) for the management of property, fleet and equipment assets, to propose improvements and undertake annual reviews.



- 10.3.2 The Committee commented on the percentage of heavy fleet within the training function, particularly in the North Service Delivery Area, that is beyond the recommended age. IB noted that the TSAMP had raised awareness on the condition of rescue pumps within the training function and, as a result, approximately 10 new rescue pumps were due to be delivered this year. This would ensure that the Service maximises the use of these new rescue pumps.
- 10.3.3 The Committee noted and welcomed the articulation of the risk appetite within the report which had been used to inform discussions and decision-making. The Committee commented on the closed risk in relation to financial plans, the open risk around new ways to training the workforce and that all aspects of risk appetite need to be factored in. SF advised that he continues to work closely with RR to identify requirements for next year, prioritise risk within the organisation and progress projects as necessary. IB further advised that regular meetings were to be organised to continually review and consider the current and future needs of the Service. IB noted that work was ongoing to develop the 5-year capital plan which would include training needs.
- 10.3.4 CMcG commented positively on the content of the TSAMP which has provided a baseline on the current standards within the function. The TSAMP has increased visibility, impacted on decision making and investment to the betterment of the function. CMcG noted that emerging risk such as climate change, changes in demand, requirements for new skillsets and legislative change would be factored into future training needs.
- 10.3.5 IB advised that comparison with other fire and rescue services was not possible at this time as other services had limited asset governance functions.
- 10.3.6 **The Committee noted the report.**

*(I Bashir and S Free left the meeting at 1500 hrs)  
(Meeting broke at 1500 hrs and reconvened at 1505 hrs)*

## **11 SAFETY AND ASSURANCE**

### **11.1 Safety and Assurance Performance Report Quarter 1 2025/26**

- 11.1.1 JH presented the Safety and Assurance Performance Report Quarter 1 2025/26 to provide an update on key projects of work across the function to support Safety and Assurance KPIs. The following key areas were highlighted:
- KPI51 (RIDDOR) was reporting an increase. No direct trends have been identified. Through investigation, some behavioural elements were linked, and appropriate actions have been put in place to prevent reoccurrence.
  - Key areas of focus included legislative compliance, review of guidance and regulatory changes.
  - Driver Safety Group updated noting the inclusion of low speed manoeuvres module within the TFoC with both technical and practical sessions.
  - Development of a generic risk assessments process for local training activities which could be adapted for specific locations.
- 11.1.2 In relation to how attacks on firefighters were recorded, the Committee suggested that consideration should be given to reporting actual numbers rather than percentages. Brief discussion took place on the research in this area, the prosecution of perpetrators and inclusion of additional details on how the Service were working with partner agencies. JH noted the comments and reminded the Committee that all personnel were encouraged to report any acts of violence under the Emergency Workers Act.
- 11.1.3 The Committee noted and welcomed the increased near miss reporting.

11.1.4 In regard to the near miss breathing apparatus incident, the Committee sought assurance that the Service were implementing the recommendations from Drager. JH advised that the phrasing within the report was misleading. The Service would implement Drager's recommendations but were also considering additional measures over and above the recommended actions.

**11.1.5 The Committee scrutinised the report.**

**11.2 Contaminants Update**

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

11.2.2 The Committee noted the NFCC Contaminants Project Group and queried how SFRS compared to other fire services and what learning had been gained. CMcG noted that SFRS were represented on various NFCC groups which extended beyond contaminants and this involvement was helping to drive national standards. CMcG advised that the SFRS were in a good position in comparison to other services and this had been helped by working in partnership with the FBU and Professor Stec. CMcG highlighted personnel's willingness to change behaviours and accept new practices.

11.2.3 JH advised that there was no formal benchmarking and progress varied across other fire services. JH noted that the Service would continue to progress work for the benefit and wellbeing of firefighters.

11.2.4 The Committee sought clarity on the roll out of equipment across the Service. CMcG noted that a Contaminants Group workshop had been held to discuss emerging issues, reprioritising of station requirements, locations of PPE stocks, etc. A fuller update would be brought to the next meeting to update on delivery against set targets and revised risk-based targets.

**ACTION: CMcG**

**11.2.5 The Committee scrutinised the report.**

**11.3 Draft Safety and Assurance Annual Performance Report 2024-25**

11.3.1 JH presented the report to the Committee to provide early sight of the Draft Safety and Assurance Annual Performance Report 2024-25 for scrutiny and feedback.

11.3.2 The Committee welcomed the opportunity to provide feedback and offered the following comments:

- Placement of the Near Miss section to be reconsidered and inclusion of standard definition to aid understanding.
- Physical Attacks section to include messaging on the Service's non-tolerance and potential prosecutions, and partnership working with other emergency services.
- Inconsistent presentation of data within the Number of Injuries (RIDDOR) graph to be reviewed.

11.3.3 JH noted the comments and would make amendments to the final version of the report, as necessary.

**11.3.4 The Committee scrutinised the report.**

**12 AUDIT/INSPECTIONS**

**12.1 HMFSI Inspection Action Plans Update**

12.1.1 JH presented the report updating the Committee on the progress against the action plans relating to HMFSI inspections. The following key points were highlighted:

- Mental Health and Wellbeing: Following transfer to the Safety and Assurance Function, the action plan would be reviewed, and target dates would be adjusted to March 2026.

- Management of Health and Safety: An Operational Focus: Closing statement provided, action plan now completed.
- Thematic inspection of Operational Assurance: Action plan was currently being developed.

12.1.2 JH confirmed that the revised timescale for the Mental Health and Wellbeing action plan has been discussed with HMFSI.

12.1.3 The Committee commented on the timescale since the Mental Health and Wellbeing report had been received and the completion of the revised action plan. The Committee noted their concerns on the prioritisation of the revision and completion of the action plan. JH offered his assurances that this was an area of importance and would be prioritised appropriately. JH reminded the Committee that work had already commenced and would be progressed as necessary.

**12.1.4 The Committee scrutinised the report.**

### **13 PEOPLE COMMITTEE RISK REGISTER**

#### **13.1 Committee Aligned Directorate Risk**

13.1.1 FR 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 aligned risks reporting ratings of 15 or above. The following key points were highlighted:

- Two new risks have been identified. These relate to insufficient funding for strategic workforce development and the ability to attract and retain skill sets due to challenges with the current pay and reward framework.
- Risk POD020 relating to pensions: Wording to be amended to better reflect the risk due to SPPA capacity and plans rather than SFRS's capacity and plans.
- Future report would take cognisance of the transition of Health and Wellbeing and any new risks as a result of this.

13.1.2 In regard to TSA019, the Committee sought clarification on the control measures relating to the suitability review of Dundee Airport. CMcG advised that the Service had considered Dundee Airport as an alternative training facility, however the standard of welfare facilities were not sufficient. RR further advised that Asset Management were scheduled to install additional welfare facilities and works would conclude in Q4.

13.1.3 In regard to TSA018, the Committee noted that the first mitigation action was proposed to be closed and questioned whether the risk would now be reassessed. CMcG reminded the Committee that the control actions were not weighted, and some were more significant than others. CMcG noted that consideration was being given on how to present and prioritise actions within the register and that changes may be introduced in future reports.

**13.1.4 The Committee scrutinised the report.**

### **14 PARTNERSHIP WORKING**

#### **14.1 Employee Partnership Forum (EPF)**

14.1.1 FR advised the Committee that the last scheduled meeting had been stood down.

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

#### **14.2 Partnership Advisory Group (PAG)**

14.2.1 The Committee were advised that the next meeting was scheduled on 18 September 2025 and the single agenda item related to Fight for 52.

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

## **15 FORWARD PLANNING**

### **15.1 Committee Forward Plan Review**

- 15.1.1 The Committee considered and noted the Forward Plan. The following items were identified:
- Leadership Management Framework (December 2025)
  - Spotlight on Rural Firefighter Staffing (March 2026)

15.1.2 The Committee asked for consideration to be given to holding the meeting outwith Headquarters.

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

### **15.2 Items for Consideration at Future Integrated Governance Forum (IGF), Board and Strategy Meetings**

15.2.1 The Committee proposed that an item be taken to the IGF relating to ISO90001 and other related external assurance. It was noted that this was already captured on the IGF Forward Plan.

15.2.2 There were no other items identified.

## **16 REVIEW OF ACTIONS**

16.1 CC confirmed that there was one formal action recorded during the meeting.

## **17 DATE OF NEXT MEETING**

17.1 The next meeting is scheduled to take place on 11 December 2025.

17.2 There being no further matters to discuss, the public meeting closed at 1544 hrs.

## **REPORTS FOR INFORMATION ONLY:**

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

- People Policy Review Schedule Update
- Training Continuous Improvement Programme – Update Report
- Training Function Policy Review Schedule
- Safety and Assurance Documents Forward Planning Schedule
- Health and Safety Policy (Annual Review)
- Learning and Development Update (Q1 2025-26)

*(Public meeting broke at 1544 hrs and reconvened in Private session at 1546 hrs)*

## **PRIVATE SESSION)**

### **18 MINUTES OF PREVIOUS PRIVATE MEETING: THURSDAY 5 JUNE 2025**

18.1 The minutes of the private meeting held on 5 June 2025 were approved as a true record of the meeting.

### **19 PRIVATE ACTION LOG**

19.1 The Committee noted that there were no outstanding actions.

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

20.1 The draft minutes of the RANSc meeting on 16 June 2025 had been circulated to the Committee and a verbal update from the meeting on 11 September 2025 was provided.

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

**21 WELLBEING UPDATE**

21.1 CMcG presented an update report to the Committee on the progress made in response to the Wellbeing Recovery Plan, following the identification of compliance risks related to health and wellbeing assessments within the Service.

21.2 **The Committee scrutinised the report.**

*(J Holden left the meeting at 1600 hrs)*

**22 KEY CASE UPDATES 2024/25 – QUARTER 4**

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

22.2 **The Committee scrutinised the report.**

There being no further matters to discuss, the private meeting closed at 1618 hrs.

## PEOPLE COMMITTEE – ROLLING ACTION LOG



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### Background and Purpose

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

The status of actions are categorised as follows:

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

### Actions/recommendations

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

The Committee is therefore asked to approve the removal of the one action noted as completed (Blue status). There are no actions categorised as Green status and 2 actions categorised as Yellow status on the action log.

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Meeting Date: 6 March 2025						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
8.1.4	<b>Culture Action Plan – Update Paper:</b> 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.	FR SO'D LB	December 2025 (Orig June 2025)		December 2025	<b>Update (05/06/2025):</b> A reset and review of Culture & Leadership has commenced and a workshop with SLT on 3 June to review our approach, develop a shared Culture & Leadership vision, agree and prioritise key activities. This will lead to a strategy and an action plan and will migrate under the Portfolio Office governance structure. <b>Update (11/09/2025):</b> Planning for the next phase of the Leadership and Culture programme is progressing with initial meetings taking place to identify key actions and outline the steps required to develop a comprehensive project plan. This will include defined milestones and will be developed collaboratively with stakeholders across the organisation. A SLT/SMT workshop on 1 September will identify the key actions to inform the programme plan. <b>Complete (11/12/2025):</b> A paper will be presented to PC in December outlining the governance approach, the problem statement, the outcomes and benefits and activities to inform the programme plan.
11.1.4	<b>HMSFI Inspection Action Plan Updates and Closing Reports:</b> LG confirmed that the refreshed action plan would be available for the September 2025 meeting and that an update on indicative timings	JH LG/F-Ross	March 2026 (Orig June 2025, then December 2025)			<b>Update (05/06/2025):</b> The review of the HMFSI Inspection Action Plan will consider the findings and recommendations of the Compliance



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	would be provided at the June 2025 meeting					<p>Investigation and a verbal update will be provided at the meeting.</p> <p><b>Update (11/09/2025):</b> The HMFSI action plan will move to Safety &amp; Assurance, following the transition of the Wellbeing team. Safety &amp; Assurance will take forward work to refresh the action plan, taking into account the forthcoming review of the Wellbeing delivery model and the recommendations of the Compliance Investigation.</p> <p><b>Update (11/12/2025):</b> JH to present a summary position statement to the PC on 11 December, after this progress updates will be provided in the usual fashion.</p>
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Meeting Date: 11 September 2025						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
11.2.4	<b>Contaminants Update:</b> Fuller update to be provided on delivery against set targets and revised risk-based targets.	CMcG	March 2026 (Org December 2025)			<p><b>Update (11/12/2025):</b> Agreed with Chair to extend the enhanced update until the March 2026 Committee Meeting to allow for a more complete picture on Station based reviews, currently being collated by S&amp;A.</p>

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



SCOTTISH  
FIRE AND RESCUE SERVICE  
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Report No: C/PC/50-25

Agenda Item: 7

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE – 2025-26 Q2						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
1	Purpose							
1.1	To provide members with the second quarter performance for fiscal year 2025-26 of KPIs 22 – 29 (Training), KPIs 46 – 49 (People) & KPIs 50 – 56 (Safety & Assurance). Three annual performance indicators KPIs 62, 63a and 63b (People) are also reported in the fourth quarter report.							
2	Background							
2.1	The Performance Management Framework (PMF) defines how we, the Scottish Fire and Rescue Service (SFRS), manage our performance and how we use performance information to inspire change and improvement. This framework remains in place for the current fiscal year until the roll out of a new Strategic Plan in 2025.							
2.2	56 quarterly indicators (15 for TSA and 4 for People) and 9 annual indicators (2 for People) were identified across directorates to provide senior leaders, committees and the SFRS Board with relevant information on our performance. This supports those responsible for scrutiny of how SFRS perform in delivering its Strategic Outcomes.							
2.3	The quarterly performance dashboard (& report) provide an overview for those indicators and through the use of statistical process control charts (SPC) alerts stakeholders to situations deteriorating or improving or where performance is stable and in control.							
3	Main Report/Detail							
3.1	This paper covers all performance indicators stated in the PMF intended for scrutiny by the People Committee.							
3.2	Exceptional variation: <ul style="list-style-type: none"><li>None</li></ul>							
3.3	Deteriorating (long-term): <ul style="list-style-type: none"><li>46 - On Call Retained FTE</li><li>51 - Physical attacks on Firefighters</li></ul>							
3.4	Improving (long-term): <ul style="list-style-type: none"><li>24 - % Flexi Officer Module Completion</li><li>26 - % Core Skills Currency</li></ul>							

3.5	<ul style="list-style-type: none"> <li>• 27 - % Specialist Rescue Currency</li> <li>• 50 - Verbal attacks on Firefighters</li> <li>• 55 - Vehicle Accidents</li> </ul> <p>Not changing:</p> <ul style="list-style-type: none"> <li>• 22 - % Core Skills Modules Completed</li> <li>• 23 - % Advanced, Support &amp; Emerging Risks Modules Completed</li> <li>• 25 - % Incident Command Module Completion</li> <li>• 28 - % Training Function Currency</li> <li>• 46 - On Call Volunteer FTE</li> <li>• 46 - Off Station FTE</li> <li>• 46 - Flexi Officer FTE</li> <li>• 46 - Operations Control FTE</li> <li>• 46 - Resource Based Crewing FTE</li> <li>• 46 - Support Staff FTE</li> <li>• 46 - Rural Full-time FTE</li> <li>• 47 - Vacancies Rate</li> <li>• 48 - Turnover Rate</li> <li>• 49 - Absence Rate</li> <li>• 52 - RIDDOR</li> <li>• 53 - Accidents and Injuries (excl. RIDDOR)</li> <li>• 56 - % YTD H&amp;S Actions Completed</li> </ul>
3.6	<p>Not known – limited data or unspecified direction;</p> <ul style="list-style-type: none"> <li>• 29 - Customer Satisfaction Rate</li> <li>• 54 - Near Miss</li> </ul>
<b>4</b>	<b>Recommendation</b>
4.1	<p>Members are invited to scrutinise the contents of this, question KPI performance and provide feedback on practical use of reporting to ensure continuous development of user experience. The live version of the report can be accessed through the Governance area of the <a href="#">Power BI Landing Page</a>.</p>
<b>5</b>	<b>Key Strategic Implications</b>
5.1 5.1.1	<p><b>Risk Appetite and Alignment to Risk Register</b>  SPPC001 - Service Performance Management – High Risk  There is a risk of the service not consistently providing accurate performance management information from some sources due to inaccurate data or inadequate systems resulting in loss of confidence in reporting service performance.</p>
5.1.2	<p>Appetite - In relation to our internal governance, including systems of controls and data governance, SFRS has a Cautious appetite.</p>
5.2 5.2.1	<p><b>Financial</b>  There are no specific financial issues raised within this paper.</p>
5.3 5.3.1	<p><b>Environmental &amp; Sustainability</b>  There are no specific Environmental &amp; Sustainability implications addressed in this paper.</p>
5.4 5.4.1	<p><b>Workforce</b>  Performance measures reported for Strategic Outcomes 6 provide insight to workforce.</p>

5.5	<b>Health &amp; Safety</b>	
5.5.1	Performance measures reported for Strategic Outcomes 6 provide insight to safety and assurance.	
5.6	<b>Health &amp; Wellbeing</b>	
5.6.1	There are no specific Health and Wellbeing implications addressed in this paper.	
5.7	<b>Training</b>	
5.7.1	Performance measures reported for Strategic Outcomes 2 & 6 provide insight to delivery of training and safety & assurance.	
5.8	<b>Timing</b>	
5.8.1	Some performance indicators rely on manual collation of data and are a 'snapshot' in time (2/3 weeks ahead of scrutiny) and may be subject to change dependant on relevant business areas business practices.	
5.9	<b>Performance</b>	
5.9.1	All performance measures reported are linked to Strategic Outcomes 2 & 6 with a focus on personnel.	
5.10	<b>Communications &amp; Engagement</b>	
5.10.1	There are no specific Communications & Engagement implications addressed in this paper.	
5.11	<b>Legal</b>	
5.11.1	There are no specific Legal implications addressed in this paper.	
5.12	<b>Information Governance</b>	
5.12.1	DPIA completed - No	
5.13	<b>Equalities</b>	
5.13.1	EHRIA completed - No	
5.14	<b>Service Delivery</b>	
5.14.1	Performance measures reported for Strategic Outcomes 2 & 6 are linked to Service Delivery.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Fiona Ross, Director of People & ACO Craig McGoldrick, Training, Safety & Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> /Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	The service has continued to develop its approach to performance reporting. The Organisational Performance Dashboard, aligned to the SFRS Performance Management Framework, is now live and available across the service with a pdf version made available to the public. Scrutiny of service performance is evident across the service, at executive level and by the SFRS Board at committee and board level.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A - PDF copy of PBI0068 report	
8.2	Further Reading: <ul style="list-style-type: none"> <li>Link to <a href="#">Power BI Landing Page.</a></li> </ul>	

Prepared by:	Ellen Gayler, Senior Data Analyst	
Sponsored by:	Richard Whetton, Head of Corporate Governance, Strategic Planning, Performance and Communications Directorate	
Presented by:	Fiona Ross, Director of People & ACO Craig McGoldrick, Training, Safety & Assurance	
Links to Strategy and Corporate Values		
<u>Strategy</u> Outcome 2 - Communities are safer and more resilient as we respond effectively to changing risks Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.		
Governance Route for Report	Meeting Date	Report Classification/ Comments
People Committee	11 December 2025	For scrutiny
Training, Safety & Assurance Board	11 December 2025	For scrutiny
Corporate Board	15 December 2025	For scrutiny



# SCOTTISH

## FIRE AND RESCUE SERVICE

Working together for a safer Scotland

# People Committee Performance Report



**LIVE  
MANAGEMENT  
INFORMATION**

Latest quarter shown: **2025-26 Q2**

Previous report

All previous reports

APPENDIX A

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



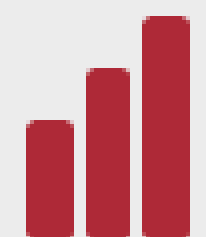
## Welcome

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

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

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

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



**BUSINESS  
INTELLIGENCE**



## LIVE MANAGEMENT INFORMATION

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



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

SPC Charts

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

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

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

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

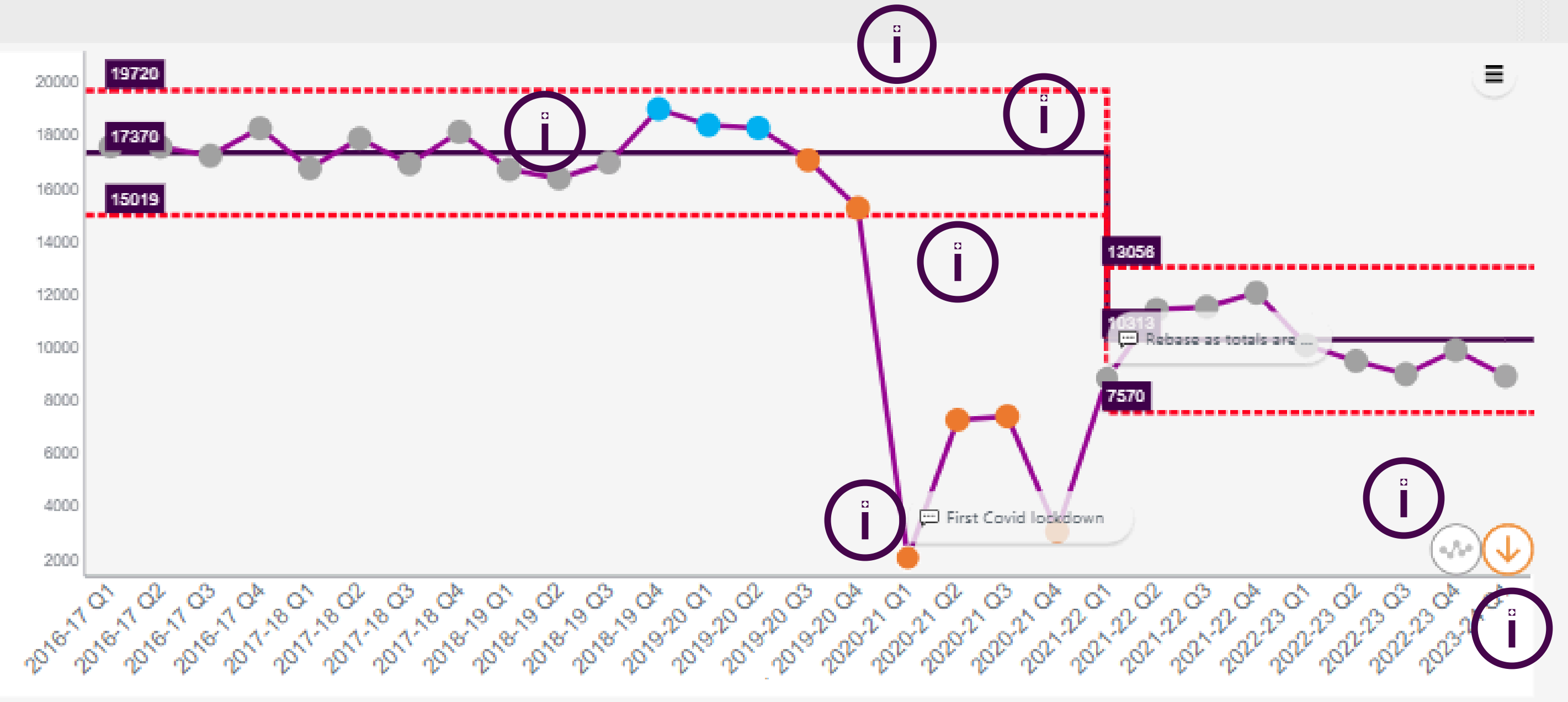
Normally data points will fall **between the upper and lower control limits**. If any of the following scenarios apply, the change needs to be investigated and an explanation provided. Over time this lets us analyse performance in a meaningful way.

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

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

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

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



Above: anatomy of a SPC chart

Data source for this report:

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



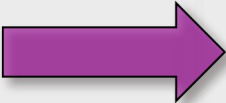
Frequency of update:

This report will be updated quarterly.



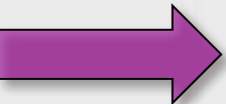
**OUTCOME 02 (Response)**

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



**OUTCOME 06 (People)**

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



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

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



<div><div>KPI 22</div><div>% Core Skills Modules Completed</div></div> <div><div>PURPOSE:</div><div>Percentage of completion of Operational Core Skills modules against Training for Operational Competence Framework which covers Wholetime/On-call/ Day Duty Systems.</div></div> <div><div><div>Target</div><div>90%</div><div>78%</div><div>65%</div><div>↑</div><div>📉</div><div>📈</div><div>📉</div><div>📈</div></div><div><div>2022-23 Q1</div><div>2022-23 Q2</div><div>2022-23 Q3</div><div>2022-23 Q4</div><div>2023-24 Q1</div><div>2023-24 Q2</div><div>2023-24 Q3</div><div>2023-24 Q4</div><div>2024-25 Q1</div><div>2024-25 Q2</div><div>2024-25 Q3</div><div>2024-25 Q4</div><div>2025-26 Q1</div><div>2025-26 Q2</div></div></div>	<div><div>🎯</div><div>95%</div></div> <div><div>OWNER:</div><div>Head of Training</div></div> <div><div>SUMMARY</div><div>The Training Function team collaborates with Local Senior Officer (LSO) Area teams to promote completion of mandatory Training for Operational Competence. The use of LSO performance meetings, online engagement sessions, and station visits aim to boost completion rates in future quarters.</div></div>
<div><div>KPI 23</div><div>% Advanced, Support &amp; Emerging Risks Modules Completed</div></div> <div><div>PURPOSE:</div><div>Percentage of completion of Advanced, Support and Emerging Risks Modules against the Training for Operational Competence Framework which covers Wholetime/On-call/ Day Duty Systems.</div></div> <div><div><div>↑</div><div>📉</div><div>📈</div><div>📉</div><div>89%</div><div>82%</div><div>74%</div></div><div><div>2022-23 Q1</div><div>2022-23 Q2</div><div>2022-23 Q3</div><div>2022-23 Q4</div><div>2023-24 Q1</div><div>2023-24 Q2</div><div>2023-24 Q3</div><div>2023-24 Q4</div><div>2024-25 Q1</div><div>2024-25 Q2</div><div>2024-25 Q3</div><div>2024-25 Q4</div><div>2025-26 Q1</div><div>2025-26 Q2</div></div></div>	<div><div>🎯</div><div>95%</div></div> <div><div>OWNER:</div><div>Head of Training</div></div> <div><div>SUMMARY</div><div>Training Function team collaborates with Local Senior Officer (LSO) Area teams to promote completion of mandatory Training for Operational Competence. The use of LSO performance meetings, online engagement sessions, and station visits aim to boost completion rates in future quarters.</div></div>
<div><div>KPI 24</div><div>% Flexi Officer Module Completion</div></div> <div><div>PURPOSE:</div><div>Percentage of completion of Flexi Duty Officer Modules against the Training for Operational Competence Framework which cover Flexi Duty Officers.</div></div> <div><div><div>Target</div><div>88%</div><div>78%</div><div>67%</div></div><div><div>2022-23 Q1</div><div>2022-23 Q2</div><div>2022-23 Q3</div><div>2022-23 Q4</div><div>2023-24 Q1</div><div>2023-24 Q2</div><div>2023-24 Q3</div><div>2023-24 Q4</div><div>2024-25 Q1</div><div>2024-25 Q2</div><div>2024-25 Q3</div><div>2024-25 Q4</div><div>2025-26 Q1</div><div>2025-26 Q2</div></div></div>	<div><div>🎯</div><div>95%</div></div> <div><div>OWNER:</div><div>Head of Training</div></div> <div><div>SUMMARY</div><div>Training Function team collaborates with both Service Delivery &amp; Directorate teams to promote completion of mandatory Training for Operational Competence for Flexi Duty Officers. Ongoing communication and sharing of data analysis are anticipated to boost completion rates in future quarters.</div></div>
<div><div>KPI 25</div><div>% Incident Command Course Currency</div></div> <div><div>PURPOSE:</div><div>Percentage of completion of Incident Command currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.</div></div> <div><div><div>99%</div><div>98%</div><div>92%</div><div>Target</div></div><div><div>2022-23 Q1</div><div>2022-23 Q2</div><div>2022-23 Q3</div><div>2022-23 Q4</div><div>2023-24 Q1</div><div>2023-24 Q2</div><div>2023-24 Q3</div><div>2023-24 Q4</div><div>2024-25 Q1</div><div>2024-25 Q2</div><div>2024-25 Q3</div><div>2024-25 Q4</div><div>2025-26 Q1</div><div>2025-26 Q2</div></div></div>	<div><div>🎯</div><div>91%</div></div> <div><div>OWNER:</div><div>Head of Training</div></div> <div><div>SUMMARY</div><div>Incident Command (IC) team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher training. Ongoing communication, planning, and scheduling ensure sufficient IC courses, and any management actions required regarding attendance to improve performance.</div></div>
<div><div>KPI 26</div><div>% Core Skills Currency</div></div> <div><div>PURPOSE:</div><div>Percentage of completion of Core Skills currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.</div></div> <div><div><div>Target</div><div>71%</div><div>68%</div><div>60%</div></div><div><div>2020-21 Q1</div><div>2020-21 Q2</div><div>2020-21 Q3</div><div>2020-21 Q4</div><div>2021-22 Q1</div><div>2021-22 Q2</div><div>2021-22 Q3</div><div>2021-22 Q4</div><div>2022-23 Q1</div><div>2022-23 Q2</div><div>2022-23 Q3</div><div>2022-23 Q4</div><div>2023-24 Q1</div><div>2023-24 Q2</div><div>2023-24 Q3</div><div>2023-24 Q4</div><div>2024-25 Q1</div><div>2024-25 Q2</div><div>2024-25 Q3</div><div>2024-25 Q4</div><div>2025-26 Q1</div><div>2025-26 Q2</div></div></div>	<div><div>🎯</div><div>73%</div></div> <div><div>OWNER:</div><div>Head of Training</div></div> <div><div>SUMMARY</div><div>Training Function management team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher courses. Ongoing, planning, and scheduling ensure sufficient Core skill courses, and any management actions required regarding attendance to improve performance.</div></div>
<div><div>KPI 27</div><div>% Specialist Rescue Currency</div></div> <div><div>PURPOSE:</div><div>Percentage of completion of Specialist Rescue currency against the National Training Standard courses which focus on the acquisition and refresher courses delivered by the Training Function to provide/maintain currency of operational personnel.</div></div> <div><div><div>106%</div><div>92%</div><div>77%</div></div><div><div>2020-21 Q1</div><div>2020-21 Q2</div><div>2020-21 Q3</div><div>2020-21 Q4</div><div>2021-22 Q1</div><div>2021-22 Q2</div><div>2021-22 Q3</div><div>2021-22 Q4</div><div>2022-23 Q1</div><div>2022-23 Q2</div><div>2022-23 Q3</div><div>2022-23 Q4</div><div>2023-24 Q1</div><div>2023-24 Q2</div><div>2023-24 Q3</div><div>2023-24 Q4</div><div>2024-25 Q1</div><div>2024-25 Q2</div><div>2024-25 Q3</div><div>2024-25 Q4</div><div>2025-26 Q1</div><div>2025-26 Q2</div></div></div>	<div><div>🎯</div><div>92%</div></div> <div><div>OWNER:</div><div>Head of Training</div></div> <div><div>SUMMARY</div><div>The Specialist Rescue team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher courses. Ongoing, planning, and scheduling ensure sufficient Specialist Rescue courses, and any management actions required regarding attendance to improve performance.</div></div>



Response

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

KPI 28

% Training Function Currency

95%

PURPOSE:

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

SUMMARY

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

KPI 29

Training - Customer Satisfaction Rate

95%

PURPOSE:

Percentage of candidate satisfaction against Training Function Course Delivery

SUMMARY

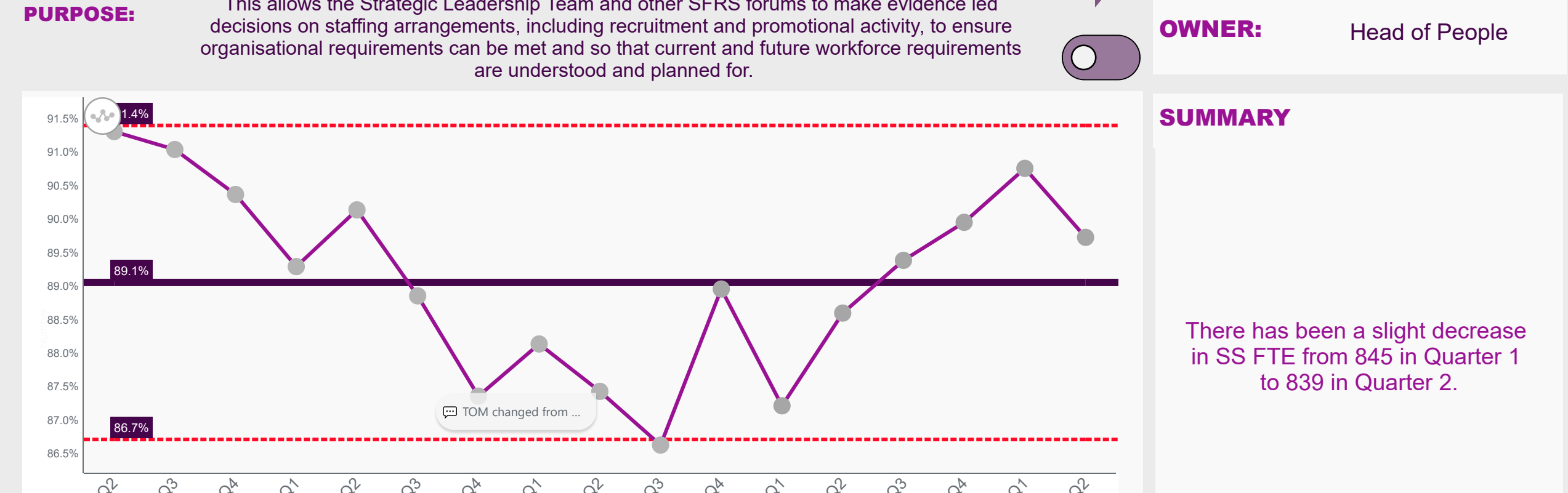
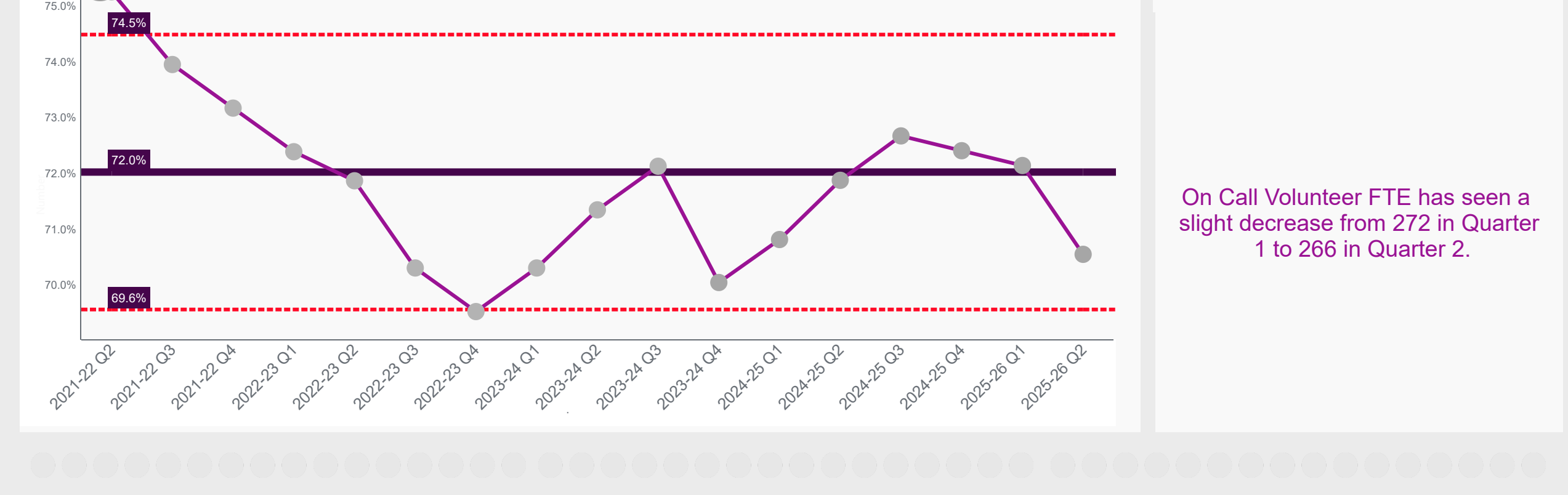
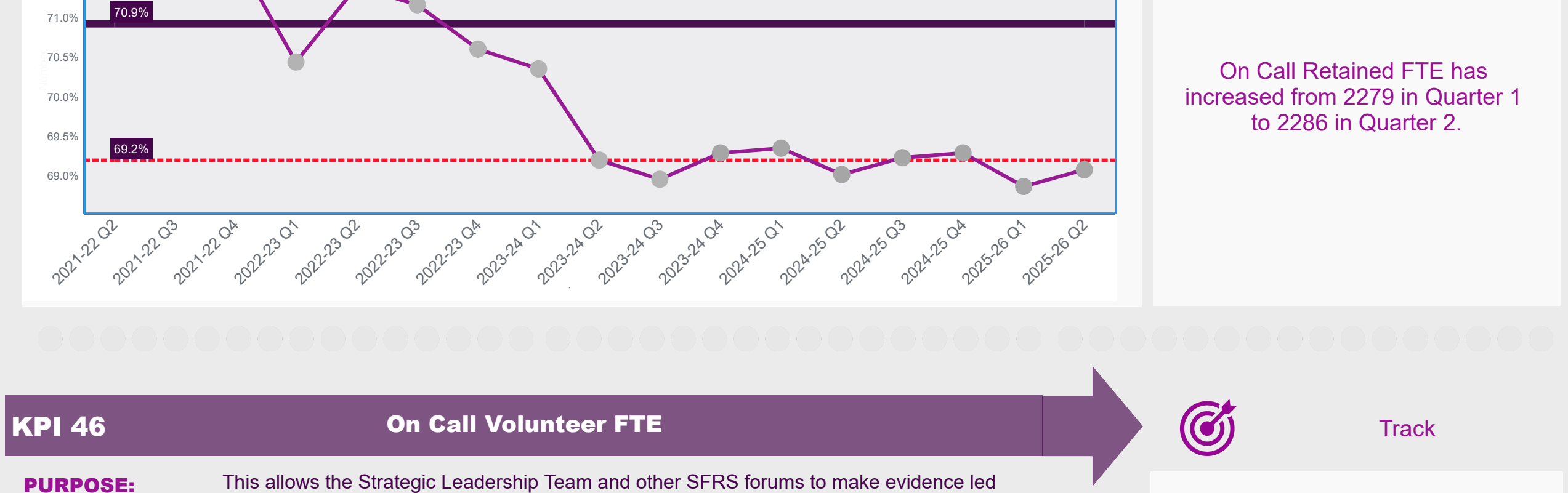
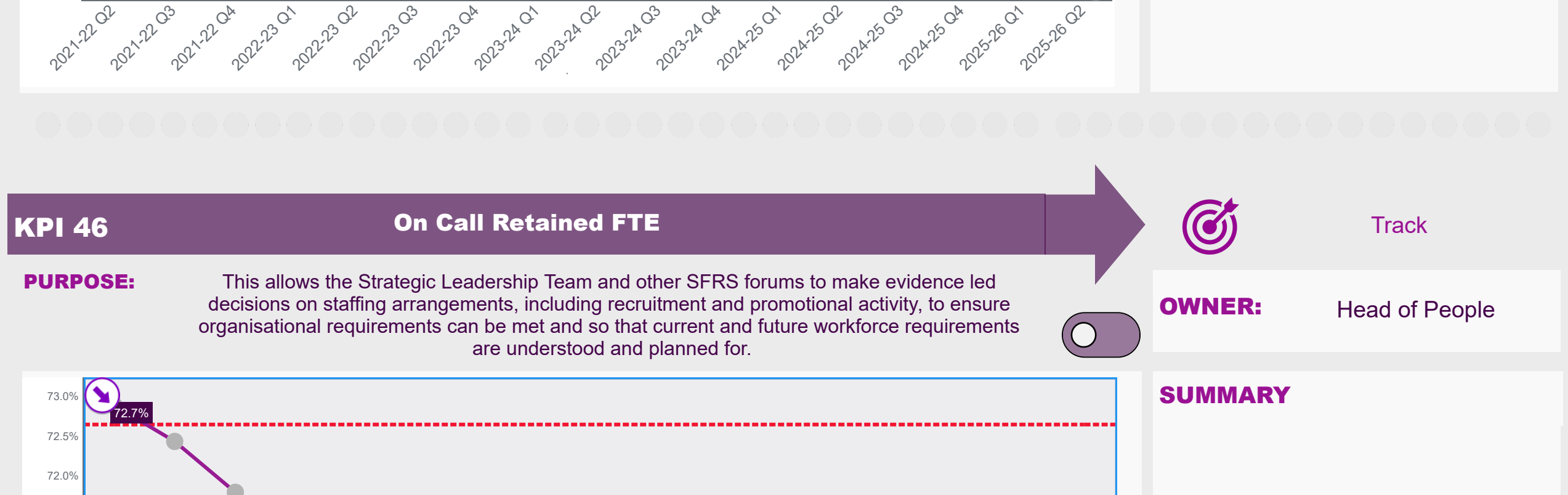
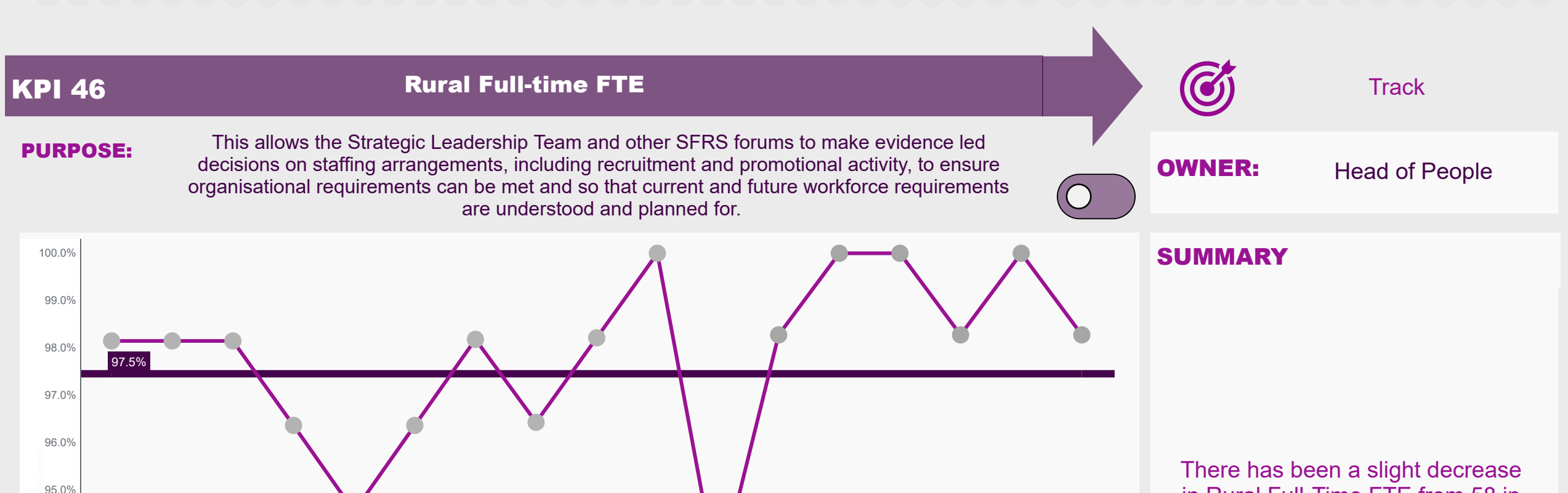
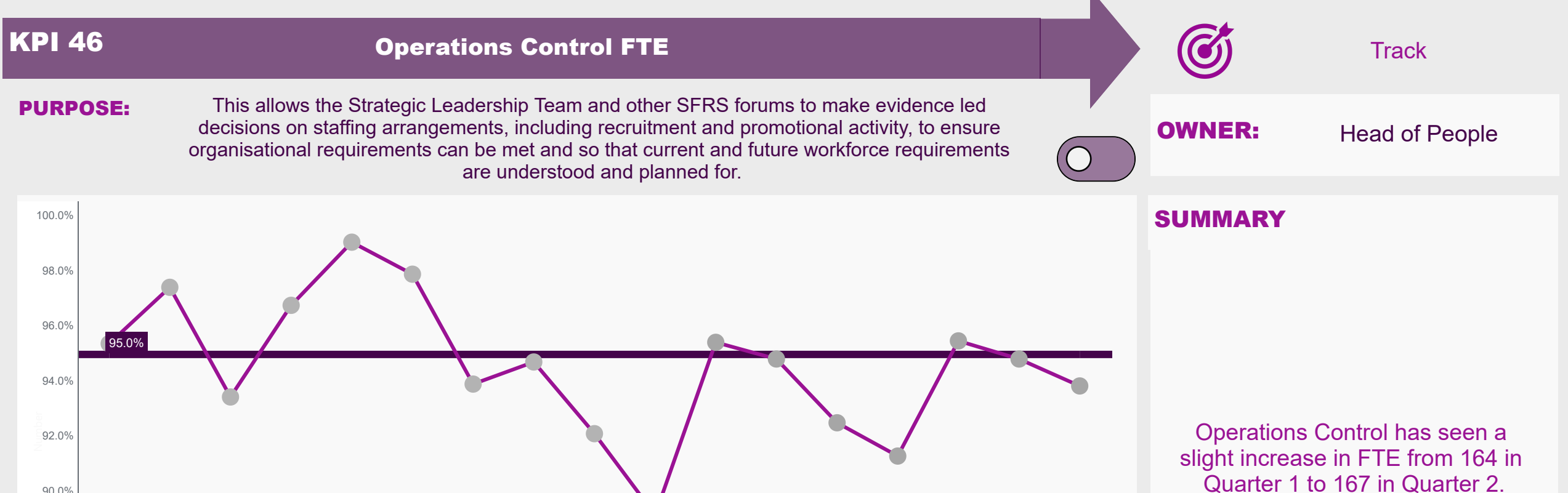
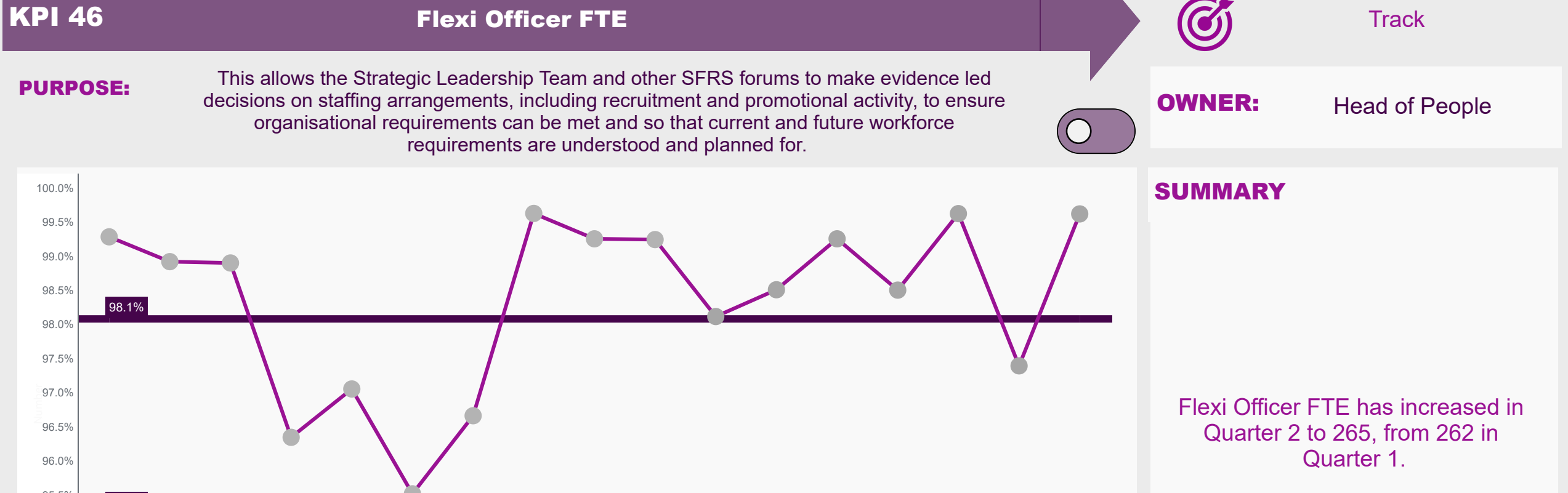
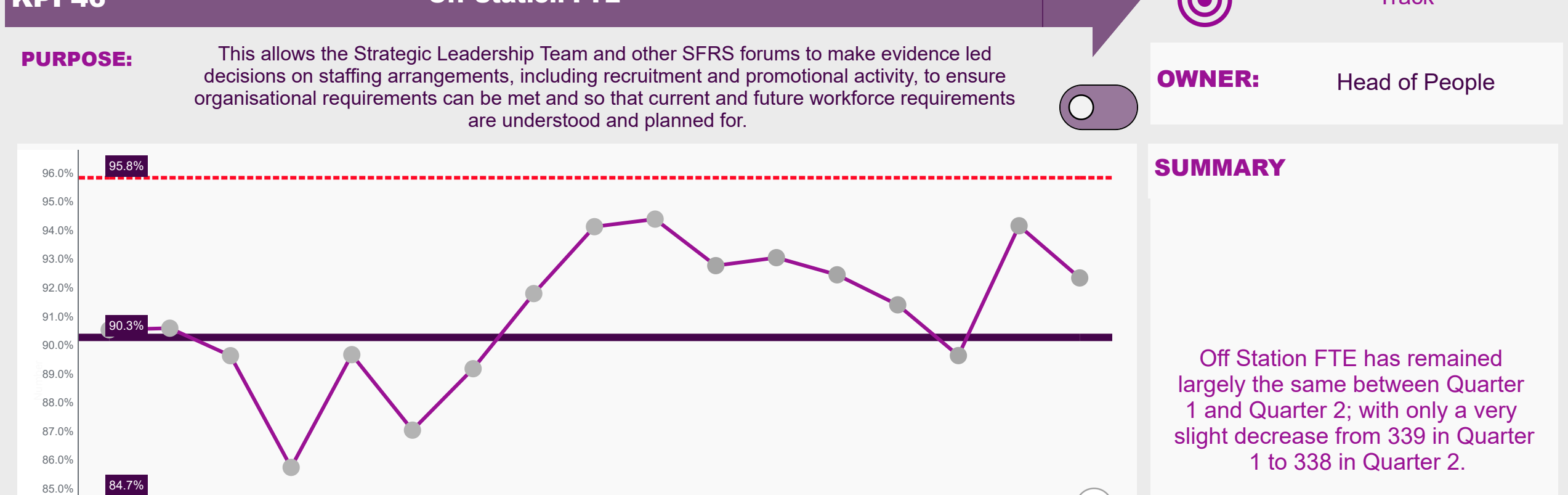
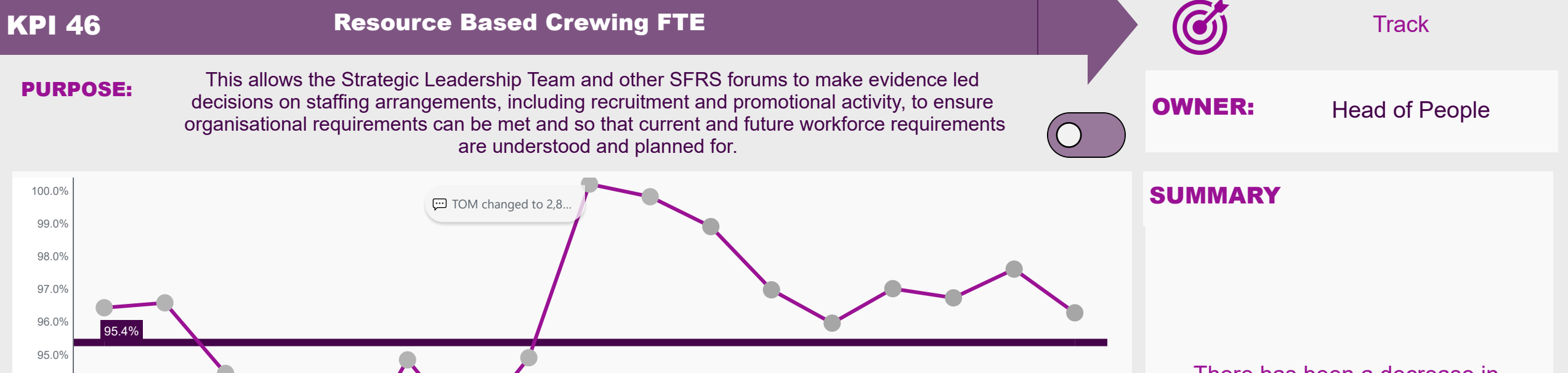
The Training Management team actively encourage the completion of candidate surveys, monitoring and taking appropriate action, all with the aim of improving the candidate experience at all training centres/venues.

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

KPI ▲	Indicator	Purpose	Geography	Frequency	Target	Business Area
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - Flexi	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - OC	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - OS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - RBC	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - RDS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - RFT	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - SS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
46	Actual Full Time Equivalent (FTE) staff against Target Operating Model - VDS	This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned for.	National	Quarterly	Track	People
47	% staff vacancies	Monitoring the vacancy rate provides insight into the Service’s ability to attract, recruit and retain staff, and the time to hire.	National	Quarterly	Track	People
48	% staff turnover	Monitoring staff turnover and the underlying reasons provides insight into SFRS’ attractiveness an as employer, aligned to our ambition to develop and sustain a positive and inclusive workplace culture where all employees are treated with respect and dignity.	National	Quarterly	Track	People
49	% staff absence	Monitoring levels of short- and long-term absence along with the underlying reasons and trends enables SFRS to support employee health and wellbeing, helping colleagues return to work and stay in work.	National	Quarterly	Reduce against previous year	People
50	Number of incidents in which there was a verbal attack on a firefighter	Demonstrates how many verbal attacks have occurred to SFRS personnel by members of the public	National	Quarterly	Reduce against previous year	Safety and Assurance
51	Number of incidents in which there was a physical attack on a firefighter	Demonstrates how many physical attacks have occurred to SFRS personnel by members of the public	National	Quarterly	Reduce against previous year	Safety and Assurance
52	Number of RIDDOR reportable injuries	Demonstrates how many notifations the has been to the HSE which may include death, specified injury, over 7 day injury, non-worker taken to hospital for treatment, dangerous occurance or an occupational disease.	National	Quarterly	Reduce against previous year	Safety and Assurance
53	Number of accidents and injuries	Demonstates total accidents and injuries to occur through workplace accidents	National	Quarterly	Reduce against previous year	Safety and Assurance
54	Number of near miss events	Total recorded number of near miss events that had the potenial to lead to an accident or ill health	National	Quarterly	Track	Safety and Assurance
55	Number of vehicle accidents	Total number of events that involved vehicle accidents	National	Quarterly	Reduce against previous year	Safety and Assurance
56	Completion of Health and Safety Improvement Plans	Demonstrates the completion of improvement plans to drive safety performance	National	Quarterly	100%	Safety and Assurance
62	Gender balance	Allows the Service to report on and understand gender balance of various staff groups and how representative our workforce is of communities we serve	National	Annually	Increase proportion of female staff	People
63a	% of staff choosing to enter data into the sensitive information fields of iTrent	This indicator shows the % of SFRS Staff who entered data into the sensitive information fields in iTrent against key protected characteristics.	National	Annually	Increase against previous year	People
63b	% of staff choosing to withhold their demographic equalities data in iTrent.	This indicator shows the % of Staff who entered data into the Sensitive Information fields who then selected the Prefer not the Say response for that characteristic.	National	Annually	Reduce against previous year	People









## People



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

### KPI 50

#### Verbal Attacks on Firefighters

**PURPOSE:**

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



Reduce against previous year

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

An increase is noted in Q2 from the previous quarter. There are no notable trends identified for Q2.

We continue to encourage staff to report instances of AoV. SFRS issued a social media post reaffirming that violence towards staff is unacceptable.

### KPI 51

#### Physical Attacks on Firefighters

**PURPOSE:**

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



Reduce against previous year

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

An increase is noted in Q2 from both the previous quarter and the previous reporting year. We continue to encourage staff to report instances of AoV. SFRS issued a social media post reaffirming that violence towards staff is unacceptable.

### KPI 52

#### Number of RIDDOR reportable injuries

**PURPOSE:**

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



Reduce against previous year

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

Each event is investigated and managed locally within the LSO area.

### KPI 53

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

**PURPOSE:**

Demonstrates total accidents and injuries to occur through workplace accidents



Reduce against previous year

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

An decrease is noted in Q2. All events are investigated to reduce the likelihood of reoccurrence. Safety and Assurance Improvement Groups continue to monitor local trends and take action where required.

### KPI 54

#### Near Miss

**PURPOSE:**

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



Track

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

All Directorates promote NM reporting at SAIG meetings to reduce the risk of injury and to ensure safe working environments.

SA continue to provide NM feedback through quarterly reports to encourage reporting.

### KPI 55

#### Vehicle Accidents

**PURPOSE:**

Total number of events that involved vehicle accidents



Reduce against previous year

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

The Driver Safety Group monitors vehicle trends and take action where required, such as supporting the production of Vehicle Information Cards and providing enhanced information on Low-Speed Manoeuvres etc. Local areas continue to promote TfOC driving training modules.

### KPI 56

#### Completion of Health and Safety Improvement Plans

**PURPOSE:**

Demonstrates the completion of improvement plans to drive safety performance



100%

**OWNER:**

Head of Safety and Assurance

**SUMMARY**

100% of actions were completed across all SDAs and Directorates in Q2.

HSIPs are supported by guidance provided by SA to support all functions achieve their actions.



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

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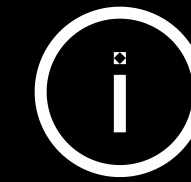
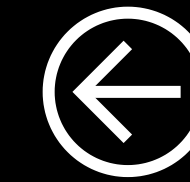
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# SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



Report No: C/PC/51-25

Agenda Item: 8.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		PEOPLE PERFORMANCE REPORT – QUARTER 2 2025/26						
Report Classification:	For Scrutiny	<b>SFRS Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>						
		<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>	<a href="#">G</a>
<b>1</b>	<b>Purpose</b>							
1.1	The purpose of this report is report is to enable the Scottish Fire and Rescue Service (SFRS) People Committee to scrutinise the People reporting, including KPIS from the Performance Management Framework (PMF), contained in the quarterly People Performance Report.							
<b>2</b>	<b>Background</b>							
2.1	People performance is monitored and reported through the quarterly People Performance Report, associated KPIs in the PMF, and scrutinised by the People Committee and in the SFRS Annual Report.							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	The People quarterly performance report sets out organisational performance against the agreed set of People measures, which are regularly reviewed and enhanced where appropriate and practical.							
3.2	The Executive Summary of the report (p. 3) draws the Committee's attention to key points relating to: <ul style="list-style-type: none"> <li>Operations Control (OC) experienced an increase in its absence rate in Q2 to 10.37% (from 6.96% in Q1), which was significantly driven by long-term absence (up from 4.16% to 7.47%). There were further absences in OC for training related to the New Mobilising System (NMS) and to support the Firefighter (Control) foundation programme. The Operations Control Enhancement Plan is currently being progressed, including management development activities which should ultimately lead to improved attendance support and a reduction in absence levels.</li> <li>The Organisational Culture and Leadership Programme continued to be a central strategic priority in quarter 2 with progress made in shaping the programme's draft problem statement, vision, outcomes and measures. Key developments include the establishment of a Leadership and Management Development Taskforce, and the formulation of a comprehensive programme vision and outcomes for consideration by the Programme Board, which will meet for the first time in January 2026. Papers and presentations on the overall programme and the Leadership and Management Development Taskforce will be taken to the December People Committee for scrutiny.</li> </ul>							

	<ul style="list-style-type: none"> <li>• Wholetime Firefighter (WTFF) recruitment has been a focal area, with a targeted campaign and selection process underway to attract and retain high-calibre candidates. The Service has prioritised culture, behaviours and diversity in its recruitment strategy, ensuring that new entrants are well-prepared to meet the demands of modern firefighting. Enhanced engagement materials, positive action events, the use of an AI application analysis tool, and changes to the Practical Selection Tests (PSTs) such as the use of pacers and work-based calculation tests were used to enhance the candidate experience, streamline processes and improve outcomes. An update on the process and associated improvements will be presented at the December People Committee meeting.</li> <li>• The People team continue to work with the Service Delivery Review (SDR) programme, with positive feedback shared on the support and advice provided to managers and colleagues at potentially affected workplaces.</li> </ul>
<b>4</b>	<b>Recommendation</b>
4.1	The People Committee is asked to scrutinise the report.
<b>5</b>	<b>Key Strategic Implications</b>
5.1 5.1.1	<b>Risk &amp; Risk Appetite</b> SFRS risk appetite for People related risk ranges from minimalist to ambitious depending on the risk category. Specific risks are identified and tracked and managed through the People risk register.
5.2 5.2.1	<b>Financial</b> There are financial implications related to absence in terms of contractual sick pay costs and increases in overtime. Turnover leads to indirect costs associated with recruitment, onboarding and training processes for new colleagues.
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> There are no environmental and sustainability implications arising from this report.
5.4 5.4.1	<b>Workforce</b> The report outlines organisational performance against key people and workforce measures.
5.5 5.5.1	<b>Health &amp; Safety</b> There is potential that some of the absences reported in this paper result from Health & Safety related incidents.
5.6 5.6.1	<b>Health &amp; Wellbeing</b> The report details a range of health & wellbeing activities to support employee wellbeing, attendance and performance.
5.7 5.7.1	<b>Training</b> The report highlights training activity related to the Management Capability Framework, which is designed to increase manager confidence and capability in managing people matters.
5.8 5.8.1	<b>Timing</b> The report details performance over the second quarter of 2025/26 and provides longer term trend analysis.

5.9 5.9.1	<b>Performance</b> The report details organisational performance against a range of people measures.	
5.10 5.10.1	<b>Communications &amp; Engagement</b> This report is shared with a range of governance forums for scrutiny and for information.	
5.11 5.11.1	<b>Legal</b> Some elements of the report relate to SFRS' legal responsibilities as an employer.	
5.12 5.12.1	<b>Information Governance</b> DPIA not required for this report.	
5.13 5.13.1	<b>Equalities</b> EHRIA not required for this report.	
5.14 5.14.1	<b>Service Delivery</b> There are no direct Service Delivery implications arising from this report.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Fiona Ross, Director of People
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> /Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	The accompanying report details SFRS performance against agree People measures, allowing trend analysis to be carried out, risks identified, and corrective actions taken as appropriate. It should be noted that many aspects of the reporting are dependent on accurate recording of information by the relevant colleagues and managers, and manual analysis of data.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: People Performance Report Quarter 2	
<b>Prepared by:</b>		People Managers and DMT
<b>Sponsored by:</b>		Fiona Ross, Director of People
<b>Presented by:</b>		Lyndsey Gaja, Head of People
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan outcome Investing in our People		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>11 December 2025</i>
		<b>Report Classification/ Comments</b>
		<i>For Scrutiny</i>





# Performance Report People Quarter 2 2025-26





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## **Introduction**

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

## **Executive Summary**

Operations Control (OC) experienced an increase in its absence rate in quarter 2 to 10.37% (from 6.96% in quarter 1), which was significantly driven by long-term absence (up from 4.16% to 7.47%). There were further absences in OC for training related to the New Mobilising System (NMS) and to support the Firefighter (Control) foundation programme. The Operations Control Enhancement Plan is currently being progressed, including management development activities which should ultimately lead to improved attendance support and a reduction in absence levels.

The Organisational Culture and Leadership Programme continued to be a central strategic priority in quarter 2 with progress made in shaping the programme's draft problem statement, vision, outcomes and measures. Key developments include the establishment of a Leadership and Management Development Taskforce, and the formulation of a comprehensive programme vision and outcomes for consideration by the Programme Board, which will meet for the first time in January 2026. Papers and presentations on the overall programme and the Leadership and Management Development Taskforce will be taken to the December People Committee for scrutiny.

Wholetime Firefighter (WTFF) recruitment has been a focal area, with a targeted campaign and selection process underway to attract and retain high-calibre candidates. The Service has prioritised culture, behaviours and diversity in its recruitment strategy, ensuring that new entrants are well-prepared to meet the demands of modern firefighting. Enhanced engagement materials, positive action events, the use of an AI application analysis tool, and changes to the Practical Selection Tests (PSTs) such as the use of pacers and work-based calculation tests were used to enhance the candidate experience, streamline processes and improve outcomes. An update on the process and associated improvements will be presented at the December People Committee meeting.

The People team continue to work with the Service Delivery Review (SDR) programme, with positive feedback shared on the support and advice provided to managers and colleagues at potentially affected workplaces.

## **Strategic People Priorities**

A progress update on a selection of priority People related workstreams is detailed below, highlighting work to support Investing in Our People.

### **Culture & Leadership**

Development of Organisational Culture and Leadership Programme remained a key focus in quarter 2, including Strategic Leadership and Management workshops, Culture Development Group and SFRS Board engagement. The draft programme problem statement, programme vision, outcomes, high level potential measures and short list of organisational culture and leadership activities have been developed for consideration by the Programme Board in January 2025. The Service is finalising its response to the HMFSI Organisational Culture of the SFRS volume 1 report, which will link directly to the SFRS Organisational Culture and Leadership programme deliverables.

A Leadership and Management Development Taskforce has been established to build a consistent SFRS wide framework, delivered locally. In parallel, delivery of Leadership Essentials for Supervisory Managers and the NFCC Leadership Development programmes is continuing.

A case for funding has been made, to enable a more strategic, future-focussed approach to workforce development, noting that the existing learning and development budget is predominantly allocated to compliance and regulatory training.

#### **Next – Quarter 3 focus**

- Refine the Organisational Culture and Leadership programme of work ahead of the first programme board meeting in January. Continue to develop proposals for a Cultural Advisory Panel.
- Facilitate a Leadership and Management Development Taskforce workshop to establish key workstreams, for phase 1.
- Delivery of quarter 3 Leadership Essentials supervisory manager sessions and release quarter 4 session dates.
- Collate and analyse 2026/27 LNA submissions to inform resource and implementation requirements.

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

Since the advert opened in August 2025, candidates have been progressing through the various stages of the recruitment process for the March 2026 intake. During this quarter, we reviewed and enhanced our assessment and selection centre processes to improve candidate experience and ensure alignment with organisational values.

Key updates included:

- Fitness Test: Introduction of pacers to help candidates maintain a consistent pace throughout the assessment.
- Calculation Test: Updated to include both written and oral components, offering a more comprehensive evaluation of candidate skills.

- Application and Interview Questions: Refreshed to ensure alignment with the NFCC Leadership Framework and SFRS Values, supporting a consistent, values-based approach to selection.

As we move into Phase 2, we've revisited the planned activities to assess feasibility within the remaining timeframe before the next vacancy opens, recognising the importance of being realistic about what can be achieved.

### **Next – Quarter 3 focus**

The next phase will focus on:

- Evaluation: Reviewing the impact of phase 1 improvements and capturing lessons learned.
- Positive Action: Building on previous efforts with more targeted outreach and support for underrepresented groups.
- Working Group: Reinvigorating the group to support delivery and innovation.
- Selection Enhancements: Introducing hazard perception testing as part of the assessment process.

## **On Call to WT Migration**

Following the launch of the SFRS Migration Procedure in June 2025, recruitment activity to support an intake of 36 across 3 migration transition courses, taking place over September, October and November 2025 has progressed.

The National Migration Register currently holds 114 registrations of interest from competent RDS colleagues. Following selection events, 12 offers were made for the course commencing on 15 September 2025 and 11 for the course commencing on 20 October 2025. Assessment days for the course commencing on 3 November 2025 are ongoing.

Engagement with 14 INEOS Firefighting staff, affected by redundancy as a result of the site closure, has taken place, with several who are competent RDS colleagues included in the migration cohorts, and others progressing through the Wholetime Firefighter selection process.

### **Next - Quarter 3 focus**

Conclude offers for the November course and undertake further evaluation of the arrangements applied to further enhance and embed the Migration procedure as we consider further intakes for 2026.

## **Service Delivery Review Programme**

People Subject Matter Expertise input was provided in preparation and support for the Public Consultation events held in all areas potentially impacted by options for change. This involved anticipating questions that may arise in terms of staff impacts and preparing standard replies, e.g. what would happen to employees if a location closed, how many employees are required for a Day Shift Duty System (DSDS).

In addition, work began on preparing detailed people impact documents for each Option for Change, should these be required.

Policy work continued in relation to the DSDS Working Hours and Leave Policy and the early first draft of the Nucleus Crewing Model Working Hours and Leave Policy, including engagement with representative bodies where required.

#### **Next - Quarter 3 focus**

Hold the SDR Programme Board Workshop (which will include examining the People related free text from the Public Consultation Survey by way of 'Conscientious Consideration') to assist in compiling documentation for SLT on 5 November 2025. Prepare SDR People related information for all other related strategic meetings as required including Case for Change Packs.

### **Corporate Services Review**

Stakeholder engagement in relation to the Corporate Services Directorate structure review took place during quarter 2, following approval of the scope and objectives of the review. Benchmarking and related research was also carried out.

Action plan and milestones to progress development of the SFRS People Strategy were identified and agreed.

In the People, Payroll, Finance & Training project (PPFT), further engagement with the Scottish Government Shared Service Programme team took place across quarter 2, exploring the potential for SFRS to onboard on the shared technology platform. This will inform meetings with key SFRS and SG stakeholders and with the SFRS Strategic Planning & Change Committee in quarter 3.

#### **Next - Quarter 3 focus**

Analysis of stakeholder engagement feedback and benchmarking/research will take place to inform options development as part of the Corporate Services Directorate structure review. A range of options will be developed, with associated impact analysis, for consideration by the Deputy Chief Officer – Corporate Services, prior to further engagement and development of governance paper for approval of recommended option by end of quarter 3.

Stakeholder engagement on the SFRS People Strategy will take place across quarter 3 along with development of an initial draft based on feedback and key themes.

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

Following approval of the People (Organisational Change) Framework in May 2025, along with two associated revised policies (Redeployment and Pay Protection), work has also been undertaken to produce a supporting toolkit. Further engagement with representative bodies following recent organisational change activity will allow learnings from recent change processes to be incorporated prior to the framework being published.

The two supporting policies – Pay Protection for All Employees and Redeployment – were both published on 3<sup>rd</sup> September 2025.

### **Next – Quarter 3 focus**

Further engagement with the representative bodies will take place in November prior to publication of the framework and introduction of the toolkit by the end of this calendar year.

## **Pay and Pensions**

Work continues with SPPA on three pension remedies: McCloud Sargeant 2015 Remedy, Matthews (2nd Option), and Booth Bradshaw. In quarter 2, SPPA issued joint Annual Benefit/Remedial Service Statements (ABS-RSS) for active members with simple cases via its self-service portal. More complex cases, including those involving tapered protection, RDS, service transfers, or divorce, are still being processed. Updates for retired and deferred members are also underway.

The Support Staff pay negotiations have reached an agreement on a 2-year pay agreement as follows:

- A 2-year pay settlement covering 1 April 2025 to 31 March 2027.
- A commitment to no compulsory redundancies for staff within the Support Staff bargaining unit during this period.
- For 2025/26: a fixed 4% increase across all grades and hourly rate-linked allowances and a 4% increase to the standby rate.
- For 2026/27: a fixed 3.5% increase across all grades and hourly rate-linked allowances and a 3.5% increase to the standby rate.
- A guarantee that the 2026/27 increase will be at least 1% above average CPI inflation, with adjustments made if necessary.

A commitment to work in partnership with the Representative Bodies to ensure the Service's support staff pay and reward model remains fit for purpose was also agreed as part of the pay negotiations. Initial scoping has commenced, including completion and approval of a new demand form which will enable SFRS to engage independent pay benchmarking and analysis.

### **Next – Quarter 3 focus**

Next steps in quarter 3 will be:

- Implement and conclude a quick quote process to engage a provider to work with SFRS on pay benchmarking and analysis.
- Commence a review of the RDS Terms & Conditions Standardisation Project
- Continue working with the SPPA to conclude the work of the pension remedies

## **PRF Project**

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



This includes appropriately and effectively data-cleansing the information we hold, with the initial focus being on historical e-PRFs (for those that have left the Service).

Quarter 2 saw good progress:

- 7001 Archive/Leavers files located
- 3204 (45.8%) of those destroyed in accordance with SFRS Retention Schedule (up from 27.1% at end of quarter 1).
- 3797 (54.2%) data-cleansed and retained, in accordance with Retention Schedule (up from 37.1% at end of quarter 1).
- ZERO (0%) to be progressed (down from 38.2% at end of quarter 1)

**Next – Quarter 3 focus**

Focus for quarter 3 is to focus on “live” files.

## **People Measures & KPIs**

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

### **1. Resource Planning**

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

EMPLOYEE GROUP	Wholetime (WDS)					Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS				
Target Operating Model (FTE)	2855	347	255		3457	58	3309	377	174	872	8247
Initiatives, Projects and Capital Funded		19	11		30				4	63	97
Actual (FTE)	2749	338	265	36	3388	57	2286	266	167	839	7003
Actual (Headcount)	2752	339	265	36	3392	59	2716	266	173	903	7509

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

As at 30 September 2025, SFRS employed 6913 people, equating to a headcount of 7549. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract). In addition to the figures in the above table: 10 employees are on external secondment (including union duties), 22 on career or reservist breaks and 8 in partnership initiative funded posts. Achieving the target operating model (TOM) for all employee groups remains a challenge with temporary promotion chains creating vacancies at firefighter level and on call notional TOM currently based on legacy arrangements. We actively work towards fulfilling the TOM with an annual resourcing plan in place and a planned review of the on-call TOM taking place.

## KPI 46

## Resource Based Crewing FTE



Track

### PURPOSE:

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

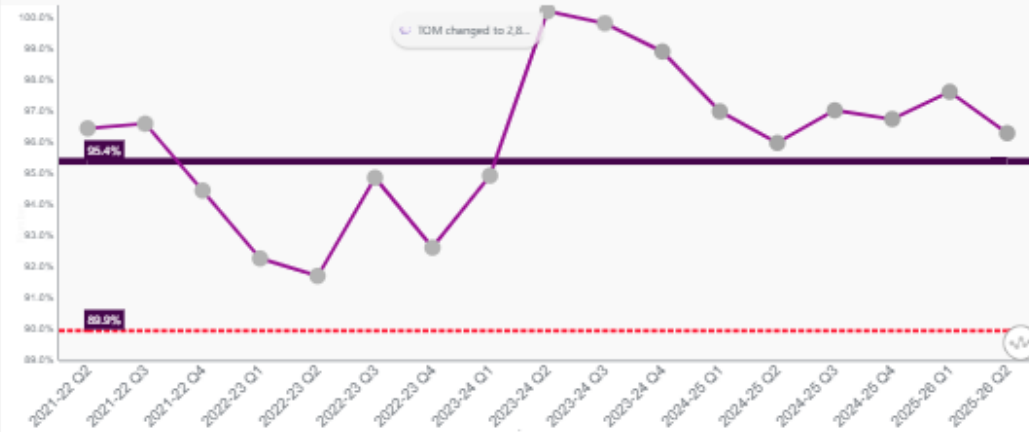


### OWNER:

Head of People

### SUMMARY

There has been a decrease in RBC FTE from 2787 in Quarter 1 to 2749 in Quarter 2. This is predominantly down to the Retirement Profile in SFRS over that period.



## KPI 46

## Off Station FTE



Track

### PURPOSE:

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

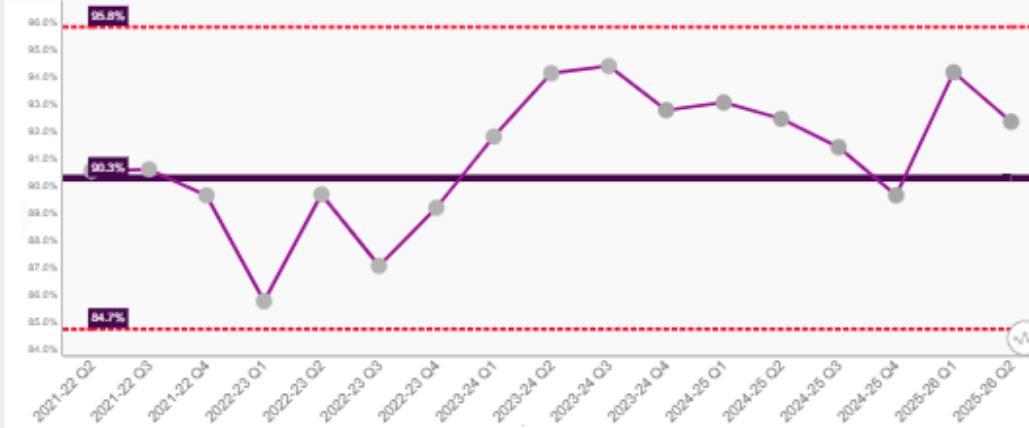


### OWNER:

Head of People

### SUMMARY

Off Station FTE has remained largely the same between Quarter 1 and Quarter 2; with only a very slight decrease from 339 in Quarter 1 to 338 in Quarter 2.



## KPI 46

## Flexi Officer FTE



Track

### PURPOSE:

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

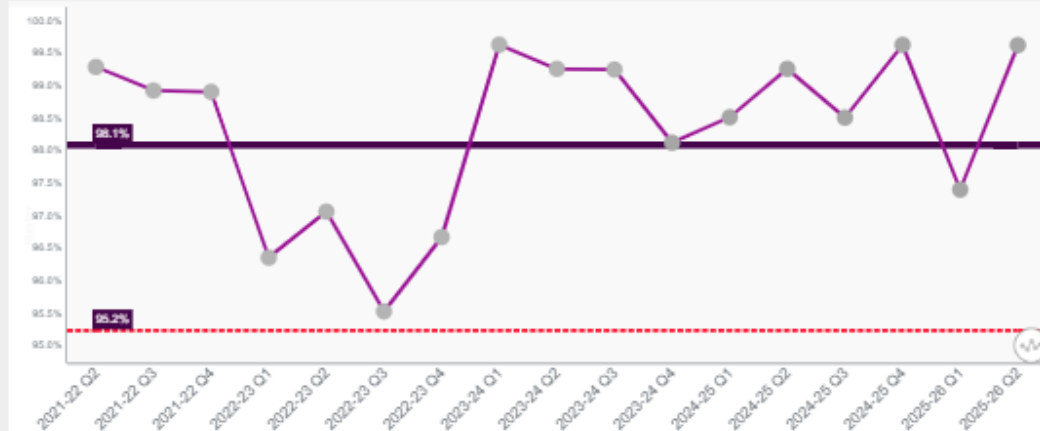


### OWNER:

Head of People

### SUMMARY

Flexi Officer FTE has increased in Quarter 2 to 265, from 262 in Quarter 1.



## KPI 46

## Operations Control FTE



Track

### PURPOSE:

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

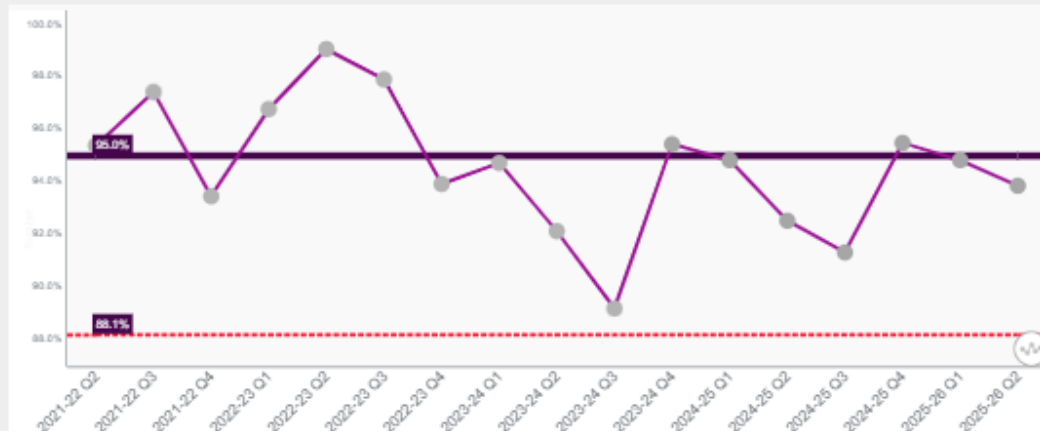


### OWNER:

Head of People

### SUMMARY

Operations Control has seen a slight increase in FTE from 164 in Quarter 1 to 167 in Quarter 2.



## KPI 46

## Rural Full-time FTE



Track

### PURPOSE:

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

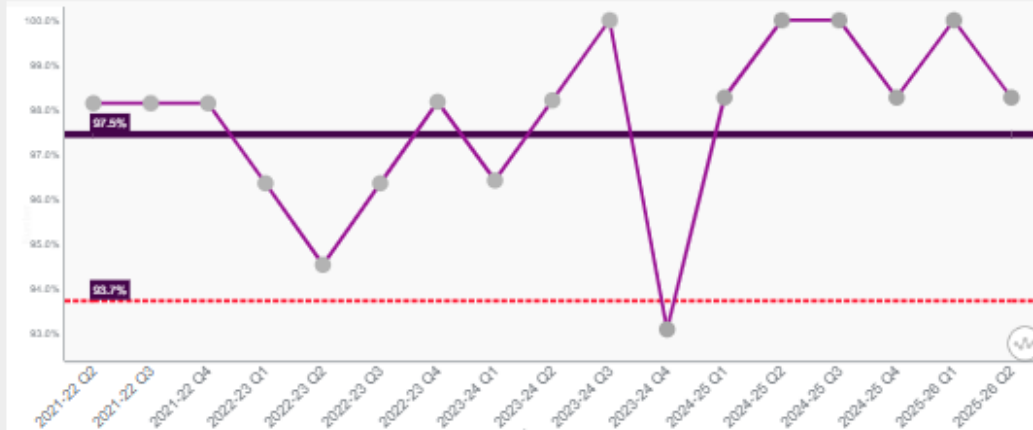


### OWNER:

Head of People

### SUMMARY

There has been a slight decrease in Rural Full-Time FTE from 58 in Quarter 1 to 57 in Quarter 2.



## KPI 46

## On Call Retained FTE



Track

### PURPOSE:

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

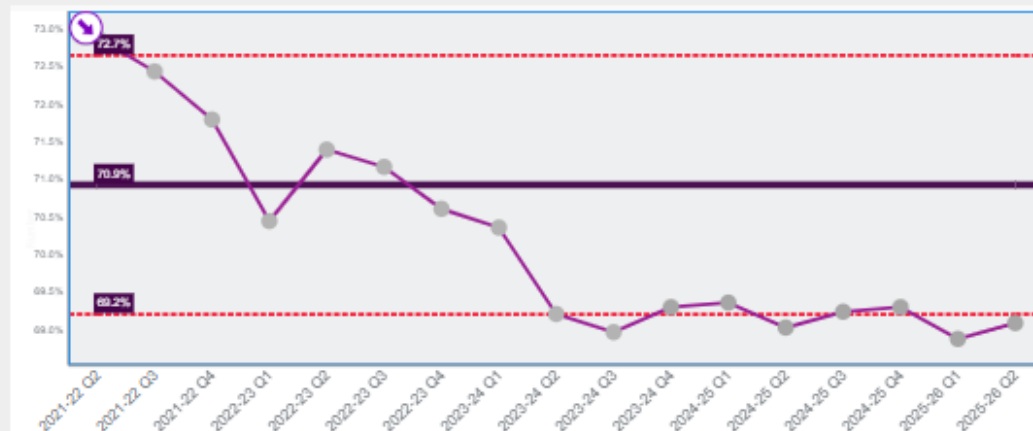


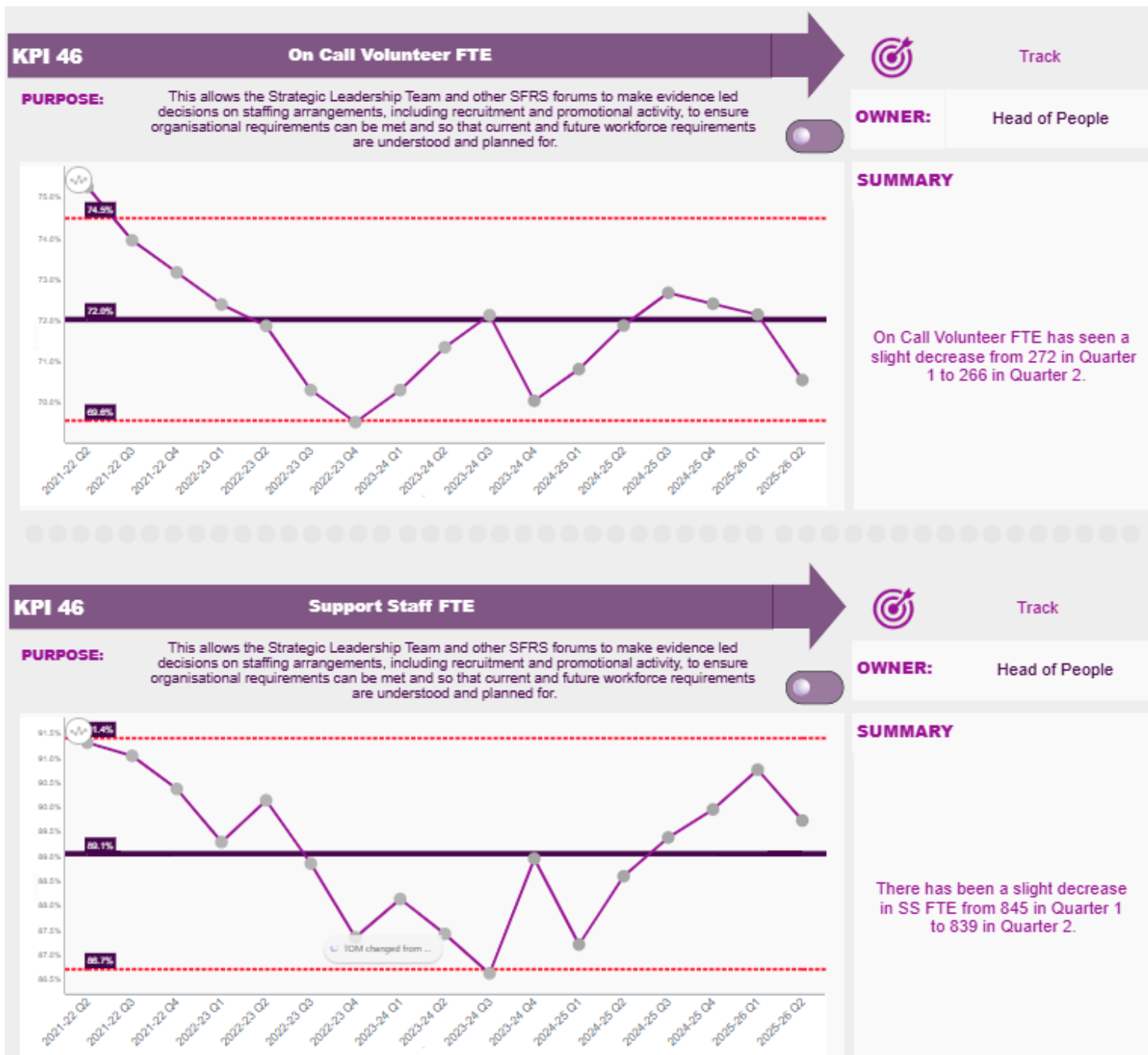
### OWNER:

Head of People

### SUMMARY

On Call Retained FTE has increased from 2279 in Quarter 1 to 2286 in Quarter 2.





## On Call

The new on call candidate tracker has been fully developed and is now in use.

This tracker provides better reporting and visual aids to LSOs and recruiting managers, allowing them to manage and support candidates more effectively, and quickly, through the On-Call recruitment process.

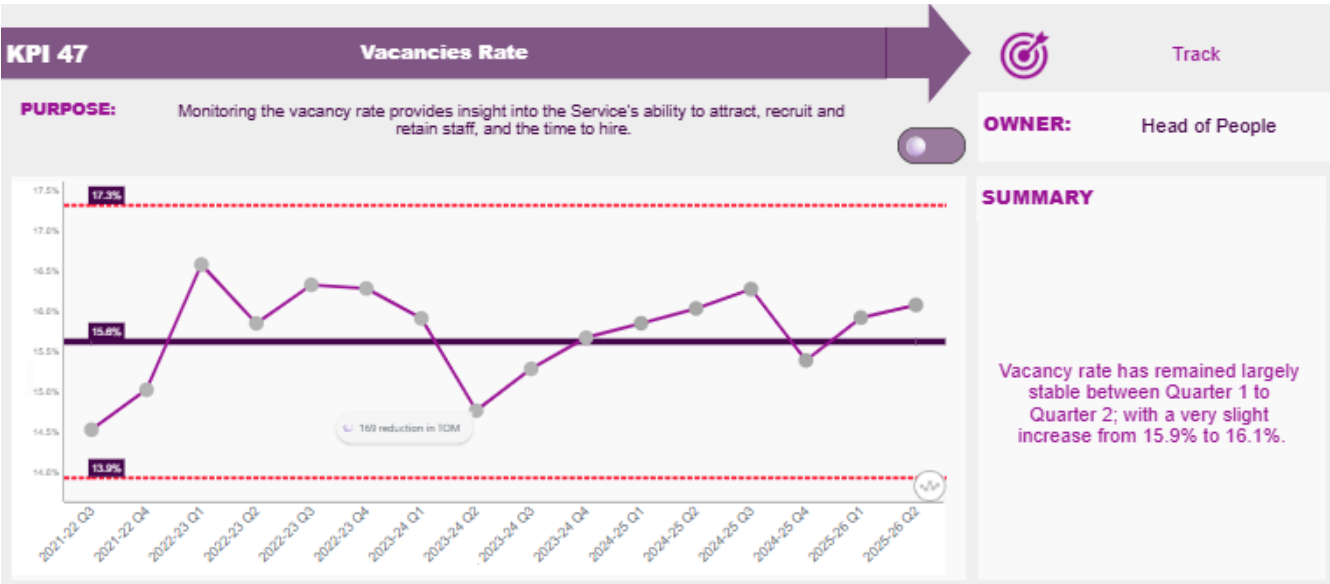
A series of workshops have now also taken place to on-call hiring managers in how to best use, and utilise, the new on-call tracker.

# Support Staff

There are currently 56 vacancies at different stages of the recruitment process:

Row Labels	Count of STATUS
Finance and Contractual Services	37
People Directorate	3
Portfolio Office	3
Service Delivery	1
Strategic Planning Performance and Communications	4
Training, Safety and Assurance	8
<b>Grand Total</b>	<b>56</b>

## 1.2 Vacancies –



## Breakdown by staff group:

EMPLOYEE GROUP	Wholetime (WDS)				Retained*		VDS*	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS*				
Vacancy (FTE)	70	28	1	99	1	1023	111	11	96	1341

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



EMPLOYEE GROUP	Wholetime (WDS)				Retained*		VDS*	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS*				
Vacancy (%)	2.4%	7.7%	0.4%	2.8%	2.4%	30.9%	29.4%	6.3%	10.3%	16.1%

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

The overall vacancy rate has increased marginally from 15.9% in quarter 1 to 16.1% in quarter 2 25/26. The main area highlighting an increase in vacancies is within the Support Staff cadre, increasing from 80 to 96. Additional recruitment controls will be implemented in quarter 3 to ensure further scrutiny of recruitment activity and associated staffing budgets.

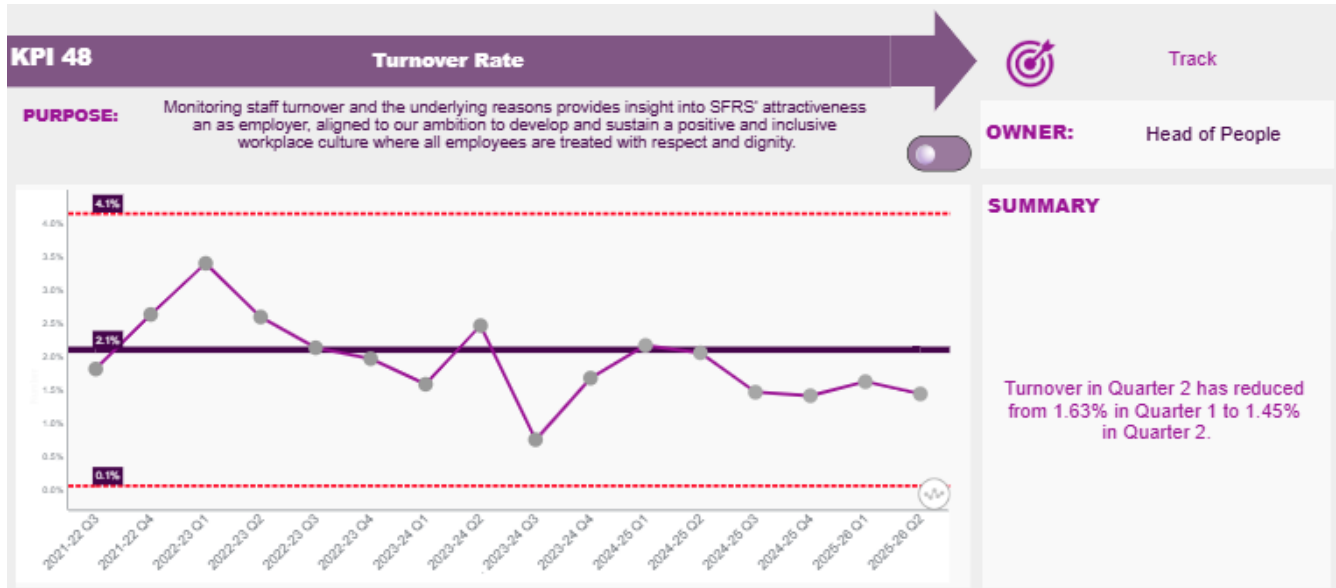
Workforce planning forecasts indicate that there will be a continued deficiency against the interim Target Operating Model (TOM) as we move through 2025 and into 2026. Planned recruitment and promotional activity continues with the resourcing plan for this year, whilst actual versus forecast retirements continue to be monitored and reported to inform recruitment requirements. Proposals are being developed with Training colleagues to identify opportunities for recruiting and training more candidates to support the interim TOM.

Promotional processes in quarter 2 saw the conclusion of the Station Commander process in August with 15 appointments and the progression of the Watch Commander promotion process. Applications for the Crew Commander process also opened at the end of quarter 2.

36 Wholetime Firefighters started their Wholetime Firefighter Foundation Programme in August 2025 at the National Training Centre (NTC). This cohort is also supplemented with a migration intake of 36 which is scheduled across 3 migration transition courses over September, October and November 2025.

The task and task management (TTM) courses scheduled for quarter 2 did not achieve full capacity with July achieving 35% (17 candidates), and August and September 53% (17 and 20 candidates respectively). The TTM course intakes for the remainder of 2025 are being monitored closely by People, TSA and Operational Delivery colleagues. Engagement with recruiting managers is ongoing to ensure local areas are focussed on supporting candidates via the Pre Recruitment Engagement Programme (PREP) and onwards through selection stages towards offer/placement on TTM, to improve onboarding rates and ensure a positive candidate experience.

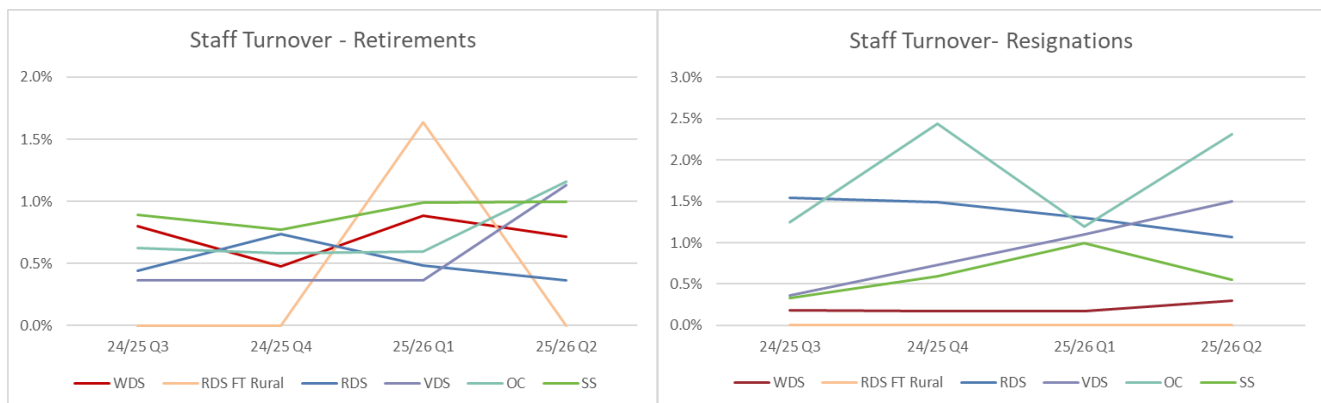
## 1.3 Turnover

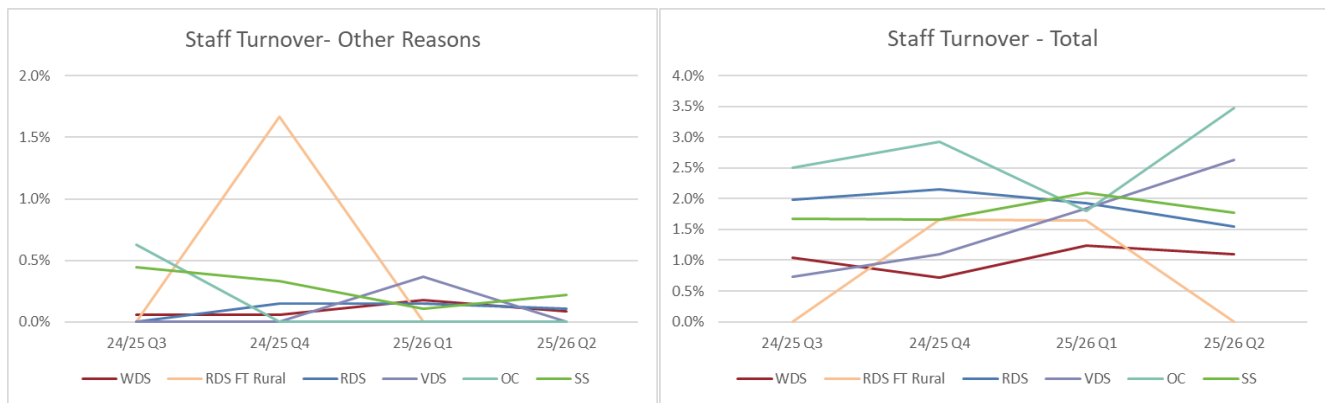


### Breakdown by staff group:

EMPLOYEE GROUP	Wholetime (WDS)				Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS				
Retirements	0.58%	1.47%	1.13%	0.72%	0.00%	0.37%	1.13%	1.16%	1.00%	0.64%
Resignations	0.29%	0.59%	0.00%	0.30%	0.00%	1.07%	1.50%	2.31%	0.55%	0.70%
Other Reasons*	0.07%	0.29%	0.00%	0.09%	0.00%	0.11%	0.00%	0.00%	0.22%	0.11%
<b>Turnover</b>	<b>0.94%</b>	<b>2.36%</b>	<b>1.13%</b>	<b>1.10%</b>	<b>0.00%</b>	<b>1.55%</b>	<b>2.63%</b>	<b>3.47%</b>	<b>1.77%</b>	<b>1.45%</b>

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





Overall staff turnover has decreased slightly from 1.63% in quarter 1 2025/26 to 1.45% in quarter 2 2025/26, largely due to fewer retirements within WDS, RDS. and OC. There were also some small increases across VDS and OC.

## 2. Employee Relations

### 2.1 Grievance cases

	2024/25	2024/25	2025/26	2025/26	2025/26
Number of new Grievance cases per SDA/Directorate	Q3	Q4	Q1	Q2	Total
East	0	0	0	0	0
North	4	0	0	0	0
West	0	1	2	0	2
Directorate	0	6	3	4	7
Total	4	7	5	4	9

A total of 4 formal grievances were submitted within quarter 2, which is a decrease of one compared to the previous quarter. All 4 grievances were received from Directorates. 2 cases were in relation to Bullying and Harassment, one for Breach of Confidentiality and one for non-payment of Travel Expenses.

### 2.2 Discipline cases

	2024/25	2024/25	2025/26	2025/26	2025/26
Number of new Discipline cases per SDA/Directorate	Q3	Q4	Q1	Q2	Total
East	4	7	8	10	18
North	9	4	1	5	6
West	12	10	7	6	13
Directorate	3	0	0	1	1
Total	28	21	16	22	38

A total of 22 new formal disciplinary cases commenced within quarter 2, which is an increase of 6 compared to quarter one. Of those cases, 10 were in East, 5 in the North, 6 in the West and one in a Directorate. The main themes of the new cases were Code of Conduct (Criminal Charges / Social Media), Breach of Policy and Breach of Contract. In addition there are a further 5 cases which have been carried over from previous quarters.

### 2.3 Confidential reporting line

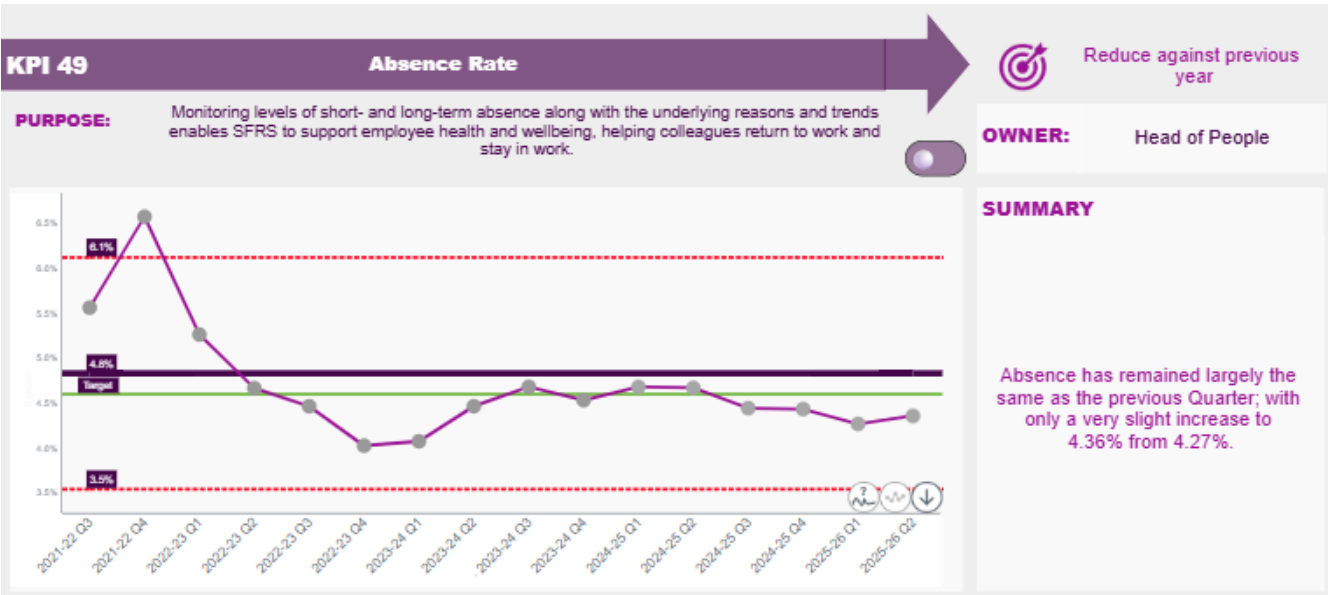
Month	2024 Reports	2025 Reports
April	0	2
May	5	5
June	0	5

July	0	4
August	0	2
September	0	5

There are currently 4 open cases and 12 cases were closed during quarter 2. All cases were submitted via the online portal, bar one which was via the phone line. Of the 12 cases closed, 7 were raised in quarter 2 and 5 were from the previous quarter. We have received 46 reports in total since the launch of the CRL.

3. Attendance and Wellbeing

3.1 Absence rates



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

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

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Short-Term Absence (work days lost versus work days available)	2.39%	1.12%	0.61%	<b>2.00%</b>	0.68%	0.07%	2.89%	1.51%	<b>1.15%</b>

The total of short-term absence increased from the previous quarter, which was 1.06%. People Advisers continue to support line managers in managing attendance and ensuring suitable monitoring is in place to reduce short-term absence.

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

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Long-Term Absence (work days lost versus work days available)	4.03%	4.27%	2.00%	<b>3.85%</b>	2.82%	1.27%	7.47%	3.80%	<b>3.20%</b>

The total of long-term absence has reduced from 3.21% to 3.20% this quarter. Long term absence in Control has increased from 4.66% in quarter 1 to 7.47% in quarter 2, with the most common reason for absence being psychological, followed closely by surgical procedures and stomach/bowel issues. All long-term absences are monitored by line managers and appropriate support is provided by People Advisers.



### 3.4 Top three short-term absence reasons

Short Term Sick - Top 3 Reasons	Musculoskeletal	Respiratory	Stomach or Bowel	Other	TOTAL
RBC	996	446	472	528	2442
DD	46	19	19	155	239
FDS	1	11	1	79	92
RDS	876	259	104	469	1708
VDS	15	2	0	0	17
OC	11	48	35	97	191
SS	122	120	106	323	671
Total Working Days Lost	2067	905	737	1651	5360
Number of Employees	342	296	284	300	1222

### 3.5 Top three long-term absence reasons

Long Term Sick - Top 3 Reasons	Musculoskeletal	Psychological	Surgical	Other	TOTAL
RBC	2077	957	357	721	4112
DD	298	324	150	136	908
FDS	55	59	127	61	302
RDS	3181	1254	1024	1616	7075
VDS	217	0	94	0	311
OC	14	152	107	220	493
SS	278	845	224	337	1684
Total Working Days Lost	6120	3591	2083	3091	14885
Number of Employees	163	100	52	79	394

The tables above show the main reasons for employee absence in terms of working days lost, for short- and long-term absence, and the total number of employees absent against these categories. The most common long term absence reasons are in line with the previous quarter, however Musculoskeletal has seen a reduction in the number of working days lost (246 days) and Psychological and Surgical have seen an increase.

The top reasons for short term absence have remained the same as the previous quarter. However, Musculoskeletal has had an increase of 343 working days lost. Stomach/bowel and Other have seen marginal decreases. Overall we have an increase of 401 working days lost.

## **Appendix 1 – Glossary of Terms**

ABS	Annual Benefit Statement
CRL	Confidential Reporting Line
DD	Day Duty
DSDS	Day Shift Duty System
FDS	Flexi Duty System
FRS	Fire Rescue Service
FTE	Full Time Equivalent
HMFSI	His Majesty's Fire Service Inspectorate
KPI	Key Performance Indicator
LSO	Local Senior Officer
MSK	Musculoskeletal
NFCC	National Fire Chiefs Council
NTC	National Training Centre
OC	Operations Control
PMF	Performance Management Framework
PPFT	People, Payroll, Finance and Training
PREP	Pre Recruitment Engagement Programme
RBC	Resource Based Crewing
RDS	Retained Duty System
RDS FT	Retained Duty System Full Time
RDS/VDS (On Call)	Retained and Volunteer Duty System
RSS	Remedial Service Statement
SDA	Service Delivery Area
SDR	Service Delivery Review
SFRS	Scottish Fire and Rescue Service
SLT	Strategic Leadership Team
SPPA	Scottish Public Pensions Agency
SS	Support Staff
TOM	Target Operating Model
TSA	Training, Safety and Assurance
TTM	Task & Task Management Courses
VDS	Volunteer Duty System
WDS	Watch Duty System

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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

Report No: C/PC/52-25

Agenda Item: 8.2

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		WHOLETIME FIREFIGHTER RECRUITMENT						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	This paper provides an overview on the Wholetime Firefighter (WTFF) recruitment activity in progress for the next intake in March 2026. This will enable the People Committee to maintain oversight on our recruitment approach ensuring it is aligned to strategic objectives, financial considerations and the operating context.							
2	Background							
2.1	Within the Uniformed Staff groups, changes to the Firefighters Pension Scheme (FPS) are impacting the forecast retirement/leavers profile. When combined with a challenging public sector financial context, this requires Scottish Fire and Rescue Service (SFRS) to closely monitor staffing forecasts to make informed workforce planning decisions to maintain our interim Target Operating Model (TOM). SFRS is also seeking to improve the demographic balance of its workforce by attracting a more diverse pool of candidates from a range of backgrounds. The Service is also committed to ensuring its selection methods are fair, inclusive, and identify candidates with the right values.							
3	Main Report/Detail							
3.1	The 2020 Wholetime Firefighter (WTFF) recruitment campaign attracted over 10,000 applications, with a gender distribution of 89% male and 11% female. That process incorporated values-based application questions, a self-selection questionnaire, and psychometric testing, followed by fitness assessments, practical selection tests, and interviews. While COVID-19 constrained the implementation of planned enhancements, the conclusion of the candidate pool in early 2025 created a pivotal opportunity to embed lessons learned and deliver a more agile, inclusive, and data-informed approach for the 2025 campaign.							
3.1.1	While both campaigns resulted in 11% female applicants, the improvements are highlighted with Appendix A and Appendix B, specifically with 19 female trainee fire-fighters recruited from 2023 -25 and currently 18 female candidates at medical stage for the current campaign.							
3.2	Phase 1 Review							
3.2.1	Analysis of the previous recruitment campaign highlighted several issues impacting both candidate experience and organisational outcomes. Extended holding periods and regional vacancy restrictions created inefficiencies and reduced engagement, signalling a need for a more agile process. Additionally, insufficient clarity around the modern firefighter role							

	<p>limited candidate understanding of operational expectations, affecting readiness and alignment with Service values. Diversity remained a critical gap, with underrepresentation of women and minority groups across all stages of the process, underscoring the importance of targeted outreach and inclusive practices. Finally, the protracted timeline from application to training introduced operational risk and constrained workforce planning, reinforcing the imperative for streamlined, end-to-end recruitment processes that support timely deployment and organisational resilience.</p>
3.2.2	<p>The introduction of a cross functional working group in January 2025 to identify targeted improvements for both internal processes and candidate experience ensured a focus on learning lessons from the previous campaign, with the outcomes centred on the following areas</p> <ul style="list-style-type: none"> <li>• Review of the calculation test incorporating both written and oral assessment which is more aligned to operational requirements.</li> <li>• Introduction of a pacer for the bleep test to support candidates and create a more structured, fair and motivating environment where candidates can focus on their fitness rather than their technique and maintain a steady pace to conserve energy.</li> <li>• Introducing candidate engagement sessions solely for Female and Ethnic Minority candidates to encourage attendance, questions and applications. A series of online and in-person engagement sessions offered potential candidates' information about the role, the recruitment process and the support available. Unfortunately, there was no registration process in place, so we were unable to track the progress of candidates who attended, although we have been made of candidates who attended and have reached the medical stage.</li> <li>• Introduction of ALICE (<i>Automated Language Inference and Cognitive Evaluation</i>) Artificial Intelligence (AI) tool to improve efficiency, consistency and feedback provision. ALICE was built specifically to support UK Fire and Rescue Services and is linked to the NFCC Leadership Framework, NFCC Code of Ethics and SFRS values.</li> <li>• Improved external communication and engagement materials to attract individuals whose values, behaviours and skills align with both our organisational culture and the requirements of the role. This included digital assets with current Firefighters talking about their role and experiences along with the provision of engagement packs for candidates including myth busting information.</li> </ul>
3.2.3	<p>In April 2025 the improvement proposals were delivered to the Service Delivery Board with the improvements being implemented in the summer of 2025 with the WTFF recruitment advert opening in August for a planned intake of 72 candidates in March 2026. The advert attracted significant interest with over 1600 registrations received in the first 12 hours leading to the advert closing quicker than anticipated, with further time allowed for candidates to submit their applications. Options to enable more applications in the future are being considered.</p>
3.2.4	<p>The following stages were agreed:</p> <ul style="list-style-type: none"> <li>• Application Shortlisting</li> <li>• Assessment Centre (Calculation / Fitness / Practical Selection Tests (PSTs))</li> <li>• Selection Centre (Presentation / Interview)</li> <li>• Medical</li> <li>• Pre employment checks</li> <li>• Training and Induction</li> </ul>
3.2.5	<p>Assessment Centre Day 1 consisted of calculation test and fitness with candidates only progressing to fitness if they passed the Calculation test. Assessment Centre Day 2 was the PSTs which consisted of equipment carry, ladder climb, ladder extension, ladder extension to lower, equipment assembly, casualty evacuation, working in confined spaces and hose running.</p>

3.2.6	The Selection Centre included a presentation and interview which commenced on Monday 3rd November and was scheduled across the weeks beginning 3 <sup>rd</sup> and 10 <sup>th</sup> November. Candidates were required to deliver a 10-minute verbal presentation on their understanding of the responsibilities of today's firefighters, the range of services they offer, and the key personal qualities / attributes required to succeed in the role. Candidates were then asked 3 questions aligned to the NFCC Leadership Framework and SFRS Values.
3.2.7	Of the 185 female applicants, 20 progressed to the Selection Centre equating to a success rate of 11%. Of the 1,421 male applicants, 159 progressed, equating to a success rate of 12%. This confirms that while overall numbers differ significantly, success rates are broadly similar for both groups.
3.3	<b>Phase 2 Review</b>
3.3.1	The revised membership of the Recruitment & Selection Working Group met on Wednesday 5th November to review immediate priorities and set the direction for Phase 2, with lessons learned from Phase 1 listed below: <ul style="list-style-type: none"> <li>• Communication – gaps in clarity and consistency, particularly around timelines, expectations and the application cap</li> <li>• Collaboration – cross functional working was essential but at time fragmented</li> <li>• Engagement – a requirement for more tailored outreach and consistent messaging</li> <li>• Integration – clearer communication on ALICE, how it works, what data it uses and how the scoring is applied.</li> </ul>
3.3.2	The group recognised that the social media interaction and the introduction of pacers for fitness test were seen as the real positive changes from the previous campaign, with the ALICE shortlisting improving the standardisation and consistency in marking along with improved resource time for panel members.
3.3.3	For the 2026 WTFF recruitment Campaign there will be more focus on targeted outreach and support for underrepresented groups, with 5 engagement sessions scheduled for January 2026. In addition, we will enhance our approach to attraction by delivering more inspiring social media content that showcases the firefighter role, highlight success stories, and engages a broader and more diverse audience. Early discussions also focussed on reviewing essential criteria, the introduction of hazard perception testing and an evaluation of the current calculation test.
3.3.4	Collaboration and engagement with Police Scotland, Surrey Fire and Rescue Service and Devon and Somerset Fire and Rescue Service has assisted our plans, and we will continue to benchmark against other emergency services to improve our processes. We will also work with other external partners to support our positive actions activities with initial conversations already taken place.
3.3.5	We are currently working on a 3-year delivery plan for WTFF recruitment along with Operations Control recruitment aligned to our workforce planning forecasts and alternative Training Delivery models.
3.3.6	Going forward, we will track attendance at engagement sessions and monitor candidate progression through each recruitment stage. This data will inform targeted interventions aimed at improving diversity outcomes over the next three years. Success will be measured through metrics such as increased representation of female and minority ethnic candidates at application and further stages.
3.3.7	In parallel with iterative enhancements to the 2026 WTFF recruitment process, we are developing a comprehensive Recruitment and Selection Framework that will be embedded within the new People Strategy. This framework will provide a three-year roadmap, aligning recruitment activity with promotion processes and workforce planning forecasts, diversity



	objectives, and organisational capability requirements to ensure sustainable delivery of the Service's strategic priorities.
<b>4</b>	<b>Recommendation</b>
4.1	People Committee are asked to note the content of this report and provide scrutiny on the content.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	In relation to ensuring it has the appropriate capacity and capabilities to deliver its priorities, SFRS has an Open appetite, ensuring robust workforce plans are in place across all colleague groups, while exploring creative or innovative ways to deliver our services.
5.2	<b>Financial</b>
5.2.1	There is a risk to SFRS should recruitment activity outstrip those leaving the organisation, particularly in recruiting Wholetime Firefighters.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	No risk identified
5.4	<b>Workforce</b>
5.4.1	There is a risk to the workforce should SFRS not maintain agreed structures, whereby deficiencies could lead to workloads increasing in certain areas of the Service.
5.5	<b>Health &amp; Safety</b>
5.5.1	No risk identified
5.6	<b>Health &amp; Wellbeing</b>
5.6.1	There is a risk to our Staff's Health and Wellbeing should there be deficiencies in agreed structures due to workload impacts.
5.7	<b>Training</b>
5.7.1	There is an impact on Training our Staff and the Training Function directly related to the level and frequency of recruitment.
5.8	<b>Timing</b>
5.8.1	There is an impact on Training for recruitment across all Staff Groups, particularly Wholetime Firefighter level. Reduced lead times for anticipated Wholetime Trainee FF courses increases strain on several functions across SFRS.
5.9	<b>Performance</b>
5.9.1	There is an impact on organisational performance should SFRS not recruit people with the required skills to the required levels.
5.10	<b>Communications &amp; Engagement</b>
5.10.1	No risk identified with a specific communication plan agreed and implemented to ensure we reach our target audience and encourage diversity in the workforce.
5.11	<b>Legal</b>
5.11.1	Should the SFRS not recruit to the interim TOM, there is a risk to our core statutory Duty of response.
5.12	<b>Information Governance</b>
5.12.1	DPIA completed Yes/No. This already exists so no requirement for a new version.

5.13 5.13.1	<b>Equalities</b> EHRIA completed Yes/No. If not applicable state reasons. This already exists so no requirement for a new version.	
5.14 5.14.1	<b>Service Delivery</b> There is a risk to Operational Delivery, and our core statutory Duty of Response should SFRS not recruit sufficient staff to maintain agreed structures. There is also a potential impact to on call appliance availability if dual contractors continue in a reduced capacity or leave when gaining a wholetime contract.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Fiona Ross, Director of People
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> /Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	Data based improvements have been made to the wholetime Recruitment approach and will be evaluated following the conclusion of the process.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A – WTFF Recruitment Overview	
8.2	Appendix B – Male to Female Comparison	
8.3	Appendix C – 2025 Recruitment Campaign Gender Split	
8.4	Appendix D - 2025 Interview Summary BME	
8.5	Appendix E – 2025 Recruitment Campaign BME Summary	
<b>Prepared by:</b>		Stuart Watson, Area Commander, People
<b>Sponsored by:</b>		Fiona Ross, Director of People
<b>Presented by:</b>		Stuart Watson, Area Commander, People
<b>Links to Strategy and Corporate Values</b>		
Corporate Values of Safety, Teamwork, Respect and Innovation.  Strategic Objectives; Safe and Effective Response, Investing in our People and Improving Performance.		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>11 December 2025</i>
		<b>Report Classification/ Comments</b>
		<i>For Scrutiny</i>

**APPENDIX A: 2025 WTFF Recruitment Overview**

The 2025 WTFF recruitment campaign demonstrated improved female candidate progression through the selection process yet highlighted persistent diversity challenges. Of 1,617 total applications, 185 were from female candidates (11%). While 346 applicants progressed to the Assessment Centre, only 56 were female, reflecting an early-stage attrition trend.

By the Selection Centre stage, 179 candidates remained, including 20 females—an 89% attrition rate compared to 88% for males, indicating parity in progression but a significant disparity in initial representation. Ultimately, 116 candidates advanced to medical, with 18 females included.

- **Representation:** While attrition rates are broadly similar across genders, the low volume of female applicants continues to constrain diversity outcomes.

Applications	1617	185 Female (11%)
Shortlisted and progress to Assessment Centre	346	56 Female (16%)
Attended Assessment Day 1	294	45 Female (15%)
Progress to Assessment Day 2	217	21 Female (10%)
Invite to Selection Centre	179	20 Female (11%)
Progress to Medical	116	18 Female (16%)

**APPENDIX B - Male to Female Comparison**

With 18 Female candidates progressing to medical stage of the 2025 recruitment campaign this is only one short of the total successful female WTFF candidates over the previous 3 years indicating a big improvement for diversity in gender for this campaign.

Overall Summary of Process 2023 - 2026						
Year	Month	Male	%	Female	%	Total
2023	January	103	97	3	3	106
	May	39	98	1	3	40
	September	45	96	2	4	47
2024	April	38	95	2	5	40
	August	55	93	4	7	59
2025	February	67	93	5	7	72
	August	34	94	2	6	36
2026*	March	98	84	18	16	116

\*proceeding to medical stage

**APPENDIX C – 2025 Recruitment Campaign Gender**

Overall Summary of Process 2025									
Column1	Female	Percentage	Male	Percentage	Prefer not to say	Grand Total	Percentage from total application	Percentage of shortlisting pass	
Count of CANDIDATE ID	185	11%	1421	88%	11	1617			
Shortlisting Pass	58	17%	288	83%	1	347	21%		
Shortlisting Fail or withdrew	127	10%	1132	89%	10	1270	79%		
Fitness / Calculation DNA	13	22%	47	78%		60	4%	17.00%	
Fitness/ Calculation Pass	21	10%	188	90%		209	13%	60%	
Fitness Fail or withdrew	9	33%	18	67%		27	2%	8%	
Calculation Fail	15	30%	35	70%		50	3%	14%	
PST Pass	20	11%	156	88%	1	177	11%	51%	
PST Fail or withdrew	1	3%	32	97%		33	2%	10%	
Interview Pass	18	15%	98	85%	1	117	7%	34%	
Interview Fail or withdrew	2	3%	58	97%		60	4%	17%	

- 31% of female candidates passed at shortlisting stage in comparison to 20% of male candidates
- 26% of female candidates failed at calculation in comparison to 12% of male candidates
- 16% of female candidates failed at fitness in comparison to 6% of male candidates
- 95% of female candidates passed PST's in comparison to 83% of male candidates
- 90% of female candidates passed at interview stage in comparison to 61% of male candidates
- The figures highlight that females performed better at application, PST's and interview stages

## **APPENDIX D – 2025 Interview BME Summary**

Overall BME Current Status															
Column Labels															
A White	B Mixed or multiple ethnic groups	C Asian, Scottish or British Asian	D Prefer not to say	E Total	F #N/A	G #N/A Total	H Grand Total								
Female	Male	Prefer not to say	Total	#N/A	#N/A Total	Grand Total									
Unsuccessful Interview	2	58	1	61	3	3	1	1	2	2	63				
Awaiting Medical	18	88		106				1	2	2	112				
Did not attend Interview		1		1					1	1	2				
Grand Total	20	147	1	168	3	3	1	1	5	5	177				

- 6 BME candidates are progressing to medical which is 0.4% of all applications or 10% of BME applications

**APPENDIX E – 2025 Recruitment Campaign BME Summary**

Overall BME Summary of Process																						
				A White	B Mixed or multiple ethnic groups		B Mixed or multiple ethnic groups	C Asian, Scottish Asian or British Asian		C Asian, Scottish Asian or British Asian	D African, Scottish African or British African		D African, Scottish African or British African	F Other ethnic group	F Other ethnic group	Prefer not to say			Prefer not to say			
Column1	A White	Column2	Column3	Total	groups		Total	or British Asian		AsianTotal	African		Total	group	Total				sayTo	#N/A	#N/A Tot	Grand Total
Row Labels	Female	Male	Prefer not to say		Female	Male		Female	Male		Female	Male		Male		Female	Male	Prefer not to say		#N/A		
Application Rejected	1	2		3																		3
Withdrawn Application	4	15		19																		19
Did not Complete ALICE	11	142	2	155		2	2		1	1		2	2	1	1		1	3	4			165
Unsuccessful Shortlisting	107	945	3	1055	3	9	12	1	5	6		3	3	6	6	1	5	2	8			1090
Withdrawn Shortlisting		2		2																		2
Candidate withdrew		1		1																		1
Did not book Bleep/Calc slot	1			1																		1
Failed Bleep/Calc	33	82		115	1	3	4		1	1		1	1							3	3	124
Withdrawn Fitness	1	5		6																		6
Did not attend PST		1		1																		1
Fail - 1 element PST	1	25		26		1	1										1		1			28
DNA PST		2		2																		2
Grand Total	159	1222	5	1386	4	15	19	1	7	8	1	5	6	7	7	1	7	5	13	3	3	1442

- The majority of BME candidates dropped out at the early stage of shortlisting (35) which is 2% of overall applications or 59% of BME applications.
- 10 BME candidates failed to complete their application in ALICE which is 0.6% of all applications or 17% of BME applications



## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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

Report No: C/PC/53-25

Agenda Item: 8.3

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		LEADERSHIP & MANAGEMENT DEVELOPMENT						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	The purpose of this paper is to provide People Committee with an overview of the Leadership and Management Development (M&LD) Taskforce, to provide an update on its work, and outline the next steps for progress.							
2	Background							
2.1	Scottish Fire and Rescue Service (SFRS) strategic commitment to enabling colleagues to build their management and leadership capabilities and this supports career development and succession planning. Under delivery over an extended number of years, in particular due to covid pandemic.							
2.2	Over past 2 months delivery of Service-wide programmes such as Management Development Framework and National Fire Chief Council (NFCC) programmes, as well as local initiatives.							
2.3	As part of the Culture Action Plan review and reset, a new Organisational Culture and Leadership programme has been established, Leadership and Management Development is a constituent project. M&LD taskforce set up to take this work forward.							
2.4	SFRS has a strategic commitment to developing colleagues' management and leadership capabilities, recognising the importance of these skills for organisational performance, a positive organisational culture, effective succession planning and individual career progression. However, there was limited delivery of related programmes over several years, particularly as a consequence of the Covid-19 pandemic, which impacted progress across the organisation. This was compounded by effects of the pension remedy on the Service's retirement profile, with the associated impact on colleague turnover and movement.							
2.5	In the past 24 months, there has been renewed momentum with the roll-out of Service-wide initiatives such as the Management Development Framework and NFCC programmes, alongside a range of local projects designed to address leadership and management development across SFRS.							
2.6	As part of a broader review and refresh of the Culture Action Plan, SFRS has launched a new Organisational Culture and Leadership programme, within which Leadership and Management Development forms a key constituent project. The Leadership and Management Development Taskforce has been established to drive this work forward.							

	ensuring alignment with the Service's ambitions and providing a coordinated approach to enhancing leadership capability throughout the organisation.
<b>3</b>	<b>Main Report/Detail</b>
3.1	To support delivery of SFRS' strategic priorities related to enhancing leadership & management capability, a Leadership & Management Development Taskforce has been established. This is a cross-functional group, co-led by Andy Girrity (DACO East & North Mainland, Operational Delivery) and Lyndsey Gaja (Head of People, People Directorate). The objective of the taskforce is to design and deliver a consistent, service-wide approach to leadership and management development. The taskforce's remit is to ensure that development opportunities are accessible, flexible, and locally deliverable, supporting the Service's ambition to strengthen its learning culture and equip colleagues at all levels for current and future leadership challenges. A summary of the taskforce's approach and a high-level plan are shown in appendix A, which will be presented for discussion at the meeting.
3.2	Following agreement of the underpinning principles with the Strategic Leadership Team, the taskforce convened for the first time in September 2025, followed by a full-day workshop in late October. An initial focus on Supervisory Managers, recognising the pivotal role this cohort plays in operational delivery and organisational culture, is complemented by work to support middle and strategic managers. The October in-person workshop brought together representatives from across the Service to agree priority topics for phase one of the programme: Professional Standards & Code of Conduct; Understanding Self; Leading & Understanding Others; and Organisational Awareness & Performance. Four workstreams have since been established, each aligned to one of these topics and comprising members from a range of functions and locations, with a People SME aligned to each group.
3.3	In addition to agreeing the first tranche of topics, work has included mapping existing programme content, identifying gaps, and defining design considerations to ensure the new framework is both robust and adaptable. The taskforce has adopted a collegiate approach, blending in-person and online learning, facilitator-led and self-directed development, and incorporating coaching and mentoring. Engagement with workstreams is ongoing, with regular progress reviews and resource sharing facilitated through dedicated channels.
3.4	Looking ahead, the workstreams will provide an update on their work to in December 2025, before presenting progress to the Organisational Culture & Leadership programme board in January 2026. The aim of the ambitious timeline is to finalise and approve the phase one programme by March 2026, with delivery commencing in Q1 2026/27.
3.5	Subsequent phases will further address the development needs of middle and strategic managers, ensuring a coherent pathway for leadership development and succession planning across the Service.
<b>4</b>	<b>Recommendation</b>
4.1	People Committee is asked to scrutinise the update and plans provided.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	In relation to seeking innovative approaches to talent acquisition, development and retention SFRS has an <b>Open</b> appetite, looking to experiment with new methods of attracting, developing and retaining talent.
5.1.2	SFRS has an <b>Ambitious</b> approach to ensuring the culture aligns with Service values, fostering positive workplace behaviours that promote wellbeing.

5.2	<b>Financial</b>
5.2.1	There are no direct financial costs related to the work of the Taskforce at this stage, other than some travel expenses to the workshop.
5.2.2	Financial implications related to programme delivery will be considered as part of the programme of work.
5.2.3	There is provision in the agreed L&D budget to support the planned NFCC leadership programme cohorts.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	No direct implications related to this paper.
5.4	<b>Workforce</b>
5.4.1	There are workforce benefits to providing robust, high quality management and leadership development to colleagues, including in organisational performance and colleague engagement. There are workforce considerations related to delivery of the programme.
5.5	<b>Health &amp; Safety</b>
5.5.1	No direct implications related to the taskforce however a focus on Health & Safety responsibilities could feature in future phases of programme development.
5.6	<b>Health &amp; Wellbeing</b>
5.6.1	Ensuring managers and leaders have the skills, support and confidence to carry out their roles effectively can positively impact their health and wellbeing and that of their teams.
5.7	<b>Training</b>
5.7.1	The training implications are noted in the paper.
5.8	<b>Timing</b>
5.8.1	The high level timeline for phase 1 is included in the presentation at appendix A. Planning for future phases is scheduled to commence in December.
5.9	<b>Performance</b>
5.9.1	Ensuring managers and leaders have the skills, support and confidence to carry out their roles effectively can positively impact their own performance, that of their teams, and the organisation.
5.10	<b>Communications &amp; Engagement</b>
5.10.1	The work of the taskforce and the roll out of the programmes will be supported by communication and engagement activity.
5.11	<b>Legal</b>
5.11.1	No direct implications related to this paper.
5.12	<b>Information Governance</b>
5.12.1	DPIA not required as no personal data being processed. DPIA for training administration is in place.
5.13	<b>Equalities</b>
5.13.1	EHRIA for the programme will be developed in due course.
5.14	<b>Service Delivery</b>
5.14.1	Colleagues from Service Delivery are part of the taskforce. Considerations for roll out to operational colleagues are being taken into account.

<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Fiona Ross, Director of People
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	Principles and approach have been developed and agreed with Strategic Leadership Team. Work is in alignment with SFRS strategic priorities. Ambitious but achievable plans are in place.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A – Presentation slides	
<b>Prepared by:</b>		Lyndsey Gaja, Head of People & Andy Gittity, DACO E&NMSDA
<b>Sponsored by:</b>		Fiona Ross, Director of People
<b>Presented by:</b>		Lyndsey Gaja, Head of People
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan outcome Investing in our People		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>11 December 2025</i>
		<b>Report Classification/ Comments</b>
		<i>For Scrutiny</i>

# Leadership & Management Development

*People Committee Update  
11 December 2025*



# Leadership & Management Development Taskforce Principles



Foundations first and build from there



One size doesn't fit all



Flexible content and delivery model options



Collegiate approach to development and delivery



National programme, delivered locally



+  Blend of in-person and online options



Combination of facilitator-led and directed self-learning

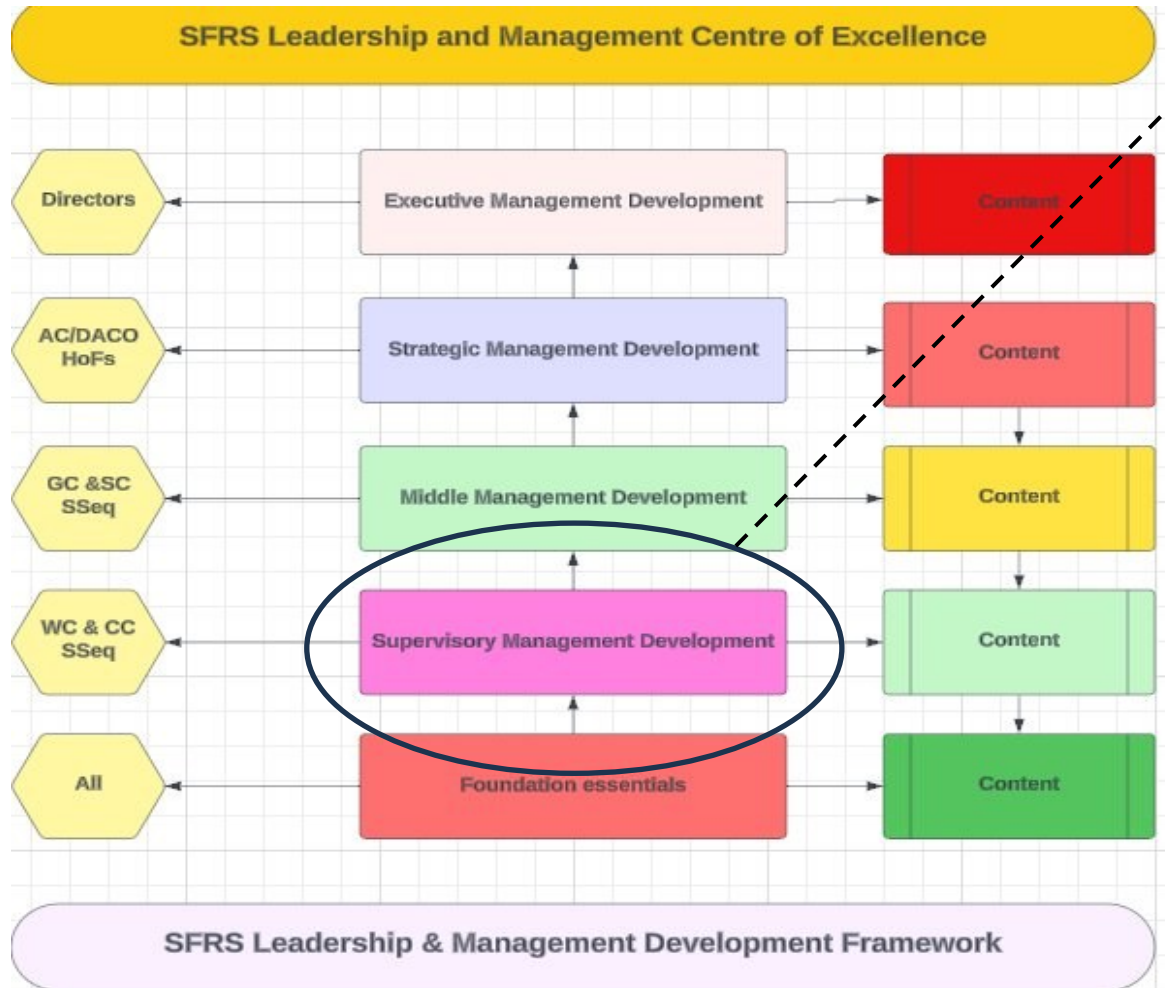


Incorporate coaching and mentoring



What is achievable within the timeframe

# SFRS L & M Centre of Excellence



- Immediate priority: develop Supervisory Managers as the first phase of our LMDF
- Supervisory Level launch is planned from April 2026
- Consider approach to middle and strategic manager development
- Ambition: to strengthen our learning culture through the development of targeted leadership and management development initiatives/resources to support colleagues on their development journey



# Taskforce Workshop Aims



- Representatives across all areas/ functions working collaboratively towards a shared objective
- Agree priority Phase 1 topic areas for Supervisory Managers
- Identify and map current programme content
- Identify content gaps and design considerations
- Establish phase 1 workstreams, key milestones and define next steps

# Phase 1 Priorities & Content Mapping Summary

## PROFESSIONAL STANDARDS/ CODE OF CONDUCT (introductory/ first stage)

- EDI
- Culture
- Induction (TA)
- The what and why we have professional standards (Values/ Behaviours ) differences across staff groups?
- Role Map Policy
- Job Descriptions (standard template)
- Recognition of Prior Learning (Transferable Skills)
- Case Studies (Good and Bad examples)

## UNDERSTANDING SELF

- Leadership/ Management Styles
- Personal Effectiveness (Wellbeing, Resilience)
- Self Reflection Techniques and Resources
- Emotional Intelligence
- 360 Feedback
- Personal Development Plans
- Professional Memberships
- Contractual Commitment to Self Development (time per WTE)

## LEADING AND UNDERSTANDING OTHERS

- Understanding you team – what's your teams baseline behaviours to identify changes....
- Team profiling licences (learning styles and preferences)
- Delegation
- Conflict
- Challenging conversations
- Team Building

## ORGANISATIONAL AWARENESS AND PERFORMANCE

- Golden thread from Fire Act

Design and Delivery considerations for all colleague staff groups



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# Phase 1 Indicative Timeline

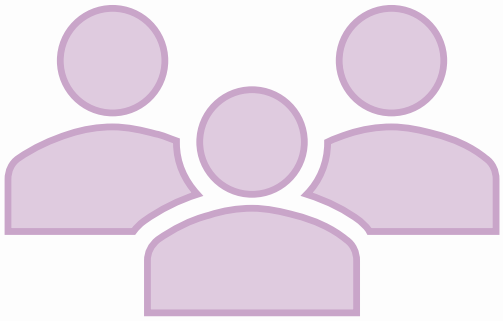


# *Middle Manager Induction*

- First steps regarding MM workstream.
- Allocated to a separate cohort to develop.
- Primary focus on stakeholder engagement.
- Will consider collective and role specific induction ( uniformed and support staff)
- Complemented by further cohorts for the NFCC middle manager leadership programme

Design and Delivery considerations for all colleague staff groups

# Strategic Managers Development Days



- Forward plan
  - 3 December 2025
  - 2026 programme



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## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



**SCOTTISH**  
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Report No: C/PC/54-25

Agenda Item: 9.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		ORGANISATIONAL CULTURE AND LEADERSHIP PROGRAMME UPDATE						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
1	Purpose							
1.1	The purpose of this paper is to provide People Committee with an overview of the Organisational Culture and Leadership programme, to provide an update on its work, and outline the next steps for progress.							
2	Background							
2.1	The Organisational Culture and Leadership Programme is a strategic initiative shaped by key national and sector frameworks, including the National Fire Chief Council (NFCC) standards, the Scottish Government's Fire Framework, the Fair Work Convention, and the National Joint Council (NJC) Inclusive Fire Service Group. These frameworks ensure that SFRS's approach to culture and leadership is aligned with professional standards, sector advocacy, and a commitment to fair, inclusive, and supportive workplaces. The programme is designed to deliver on these priorities, positioning Scottish Fire and Rescue Service (SFRS) as a values-driven, high-performing, and inclusive organisation. By aligning with these wider influences, SFRS strengthens its ability to deliver meaningful change and meet the expectations of both its people and the communities it serves.							
3	Main Report/Detail							
3.1	Context							
3.1.1	Since the SFRS Board Strategy Day in July 2025, the Organisational Culture and Leadership programme has moved from visioning to prioritisation and governance setup, with clear activity categories, a proposed advisory model, and alignment to ongoing leadership development. An overview of progress is noted below, with further detail in the presentation slides at appendix A.							
3.2	Programme Rationale							
3.2.2	Feedback from staff and stakeholders has highlighted the need to strengthen SFRS's organisational culture and leadership. Key areas for improvement include trust in leaders, collaboration, safety culture, professional standards and behaviours, openness to change, communication, people development, learning from mistakes, psychological safety, workforce diversity, wellbeing, and personal accountability. The programme's problem statement is being refined in partnership with the Strategic Leadership Team (SLT) and Senior Management Team (SMT), with ongoing input from the Culture Development Group (CDG) to ensure it reflects lived experience and organisational needs.							

3.3	<b>Vision</b>
3.3.1	The draft vision statement for the programme is: <i>“Working together for a safer Scotland through a culture of trust, empowerment, collaboration, safety and professionalism, where open communication and learning are at our core. Everyone will be enabled to thrive through leadership, diversity, wellbeing, and individual accountability.”</i>
3.3.2	This vision captures the aspiration for a workplace where trust, collaboration, and empowerment are central, and where all colleagues are supported to thrive.
3.4	<b>Outcomes</b>
3.4.1	The programme is structured around five core outcomes: <ul style="list-style-type: none"> <li>• <i>Our people feel motivated, valued, and proud, knowing they are trusted, respected, and supported.</i></li> <li>• <i>We have skilled, trusted, visible, and inspiring leadership.</i></li> <li>• <i>Our people are values-driven and take personal accountability.</i></li> <li>• <i>We are a more diverse workforce, reflecting the communities we serve.</i></li> <li>• <i>We embrace safety, collaboration, and continuous improvement.</i></li> </ul>
3.4.2	For each outcome, the programme defines the current state, the desired future state, the activities required to achieve progress, and potential measures of impact. This approach ensures clarity of purpose and accountability for delivery.
3.5	<b>Programme Activities and Prioritisation</b>
3.5.1	A longlist of over 160 potential activities has been refined to a shorter list of priority projects for Phase 1, based on their impact, resource requirements, and alignment with strategic outcomes.
3.5.2	These activities are grouped into eight overarching categories: <ul style="list-style-type: none"> <li>• <i>Living the Values,</i></li> <li>• <i>Diversity, Equity &amp; Inclusion,</i></li> <li>• <i>Empowerment, Recognition &amp; Psychological Safety,</i></li> <li>• <i>Leadership Style, Development &amp; Visibility,</i></li> <li>• <i>Communication &amp; Engagement; Development &amp; Improvement,</i></li> <li>• <i>Infrastructure &amp; Workplace Environment, and</i></li> <li>• <i>Workplace Systems.</i></li> </ul>
3.5.3	The prioritisation process is ongoing, with further input sought from the Culture Development Group (CDG), Senior Responsible Officer (SRO) and Programme Board members to ensure focus on a balance of quick wins and the most impactful initiatives.
3.6	<b>Governance</b>
3.6.1	The programme is embedded within the SFRS strategic portfolio and is subject to scrutiny by the People Committee. The CDG is being reconstituted as a formal Programme Board, chaired by the SRO (Fiona Ross, Director of People), with cross-service stakeholder representation. An Advisory Panel, including trade unions, external advisors, and employee network representatives, will provide support and challenge. The governance structure is designed to ensure robust delivery, assurance, and alignment with organisational priorities.
3.7	<b>Next Steps</b>
3.7.1	The immediate next steps for the Organisational Culture and Leadership Programme focus on consolidating governance and sharpening priorities. A dedicated prioritisation session will be held to refine the shortlist of activities (Dec 2025), ensuring alignment with strategic outcomes and resource availability. The inaugural Programme Board meeting is scheduled for January 2026, marking the formal launch of the Board’s oversight and decision-making responsibilities. In parallel, work is underway to finalise the terms of reference for the



	programme, the Programme Board, and the Advisory Panel. These documents will clarify roles, responsibilities, and the mechanisms for support and challenge, embedding robust governance and stakeholder engagement at the heart of the programme's delivery.
<b>4</b>	<b>Recommendation</b>
4.1	People Committee is asked to scrutinise the update provided.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	In relation to seeking innovative approaches to talent acquisition, development and retention SFRS has an <b>Open</b> appetite, looking to experiment with new methods of attracting, developing and retaining talent.
5.1.2	SFRS has an <b>Ambitious</b> approach to ensuring the culture aligns with Service values, fostering positive workplace behaviours that promote wellbeing,
5.2	<b>Financial</b>
5.2.1	Delivery of the programme will require targeted investment in leadership development, infrastructure, support systems and resource. Prioritisation of activities ensures resources are allocated to initiatives with the greatest strategic impact, balancing quick wins with longer-term transformation.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	The programme supports the creation of inclusive, safe, and sustainable workplaces, with a focus on improving facilities, flexible working, and the physical environment. These improvements contribute to SFRS's broader sustainability and wellbeing objectives.
5.4	<b>Workforce</b>
5.4.1	By addressing barriers to attraction, retention, and progression, the programme aims to build a workforce that better reflects the communities SFRS serves. Enhanced leadership capability and a focus on values-driven behaviours will support staff motivation, engagement, and performance.
5.5	<b>Health &amp; Safety</b>
5.5.1	Strengthening both physical and psychological safety is central to the programme, with initiatives to foster a no-blame culture, open communication, and learning from mistakes. Wellbeing is embedded as a core outcome, with measures to support mental health and resilience.
5.6	<b>Health &amp; Wellbeing</b>
5.6.1	Strengthening both physical and psychological safety is central to the programme, with initiatives to foster a no-blame culture, open communication, and learning from mistakes. Wellbeing is embedded as a core outcome, with measures to support mental health and resilience.
5.7	<b>Training</b>
5.7.1	The programme will deliver a coherent framework for leadership and management development, supporting succession planning and the development of future leaders. Investment in training will be aligned with organisational needs and strategic priorities.
5.8	<b>Timing</b>
5.8.1	The high-level timeline for the next steps in the programme are included in the presentation at Appendix A. An annual planning cycle is being built into the programme.

5.9 5.9.1	<b>Performance</b> Improved leadership and culture will drive organisational performance, with clear measures of impact and accountability,	
5.10 5.10.1	<b>Communications &amp; Engagement</b> Communications team support is required, two-way communication and active engagement with staff and stakeholders are central to the programme's approach.	
5.11 5.11.1	<b>Legal</b> The programme is underpinned by national frameworks and the Fair Work Convention, ensuring compliance with equalities legislation and best practice.	
5.12 5.12.1	<b>Information Governance</b> Improvements to data collection and reporting, particularly around workforce diversity, will strengthen evidence-based decision-making and accountability. DPIA not required as no personal data being processed	
5.13 5.13.1	<b>Equalities</b> The programme is underpinned by national frameworks and the Fair Work Convention, ensuring compliance with equalities legislation and best practice. EHRIA for the programme will be developed in due course.	
5.14 5.14.1	<b>Service Delivery</b> By investing in people and culture, the programme will enhance SFRS's capacity to deliver high-quality, responsive services to Scotland's communities, now and in the future.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Fiona Ross, Director of People
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	Principles and approach have been developed and agreed with SLT. Work is in alignment with SFRS strategic priorities. Prioritised and resourced phase 1 programme is being developed.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Presentation Slides	
<b>Prepared by:</b>		Ceri Dodd, Deputy Head of People
<b>Sponsored by:</b>		Fiona Ross, Director of People
<b>Presented by:</b>		Ceri Dodd, Deputy Head of People
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan Outcome Investing in our People		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>11 December 2025</i>
		<b>Report Classification/ Comments</b>
		<i>For Scrutiny</i>

# SFRS Organisational Culture and Leadership Programme Update

*People Committee  
11 December 2025*





- 1. Programme Reset and Strategic Foundations**
  - 3 June 2025 – Strategic Visioning Workshop
  - 30 June 2025 – Culture Development Group
- 2. Board Engagement and Governance Reset**
  - 31 July 2025 – SFRS Board Strategy Day
- 3. Strategic Workshops and Prioritisation**
  - 1 September 2025 – SLT/SMT Strategic Workshop
  - 10 September 2025 – Strategic Manager Quarterly Development Session
  - 23 September 2025 – Culture Development Group
- 4. Programme Refinement and Committee Engagement**
  - 11 September 2025 – People Committee
  - 21 October 2025 – People Committee Workshop
  - 30 October 2025 – Leadership Taskforce Workshop
- 5. Culture Development Group Transition and Governance Finalisation**
  - 3 and 21 November 2025 – Culture Development Group

# Background and Context

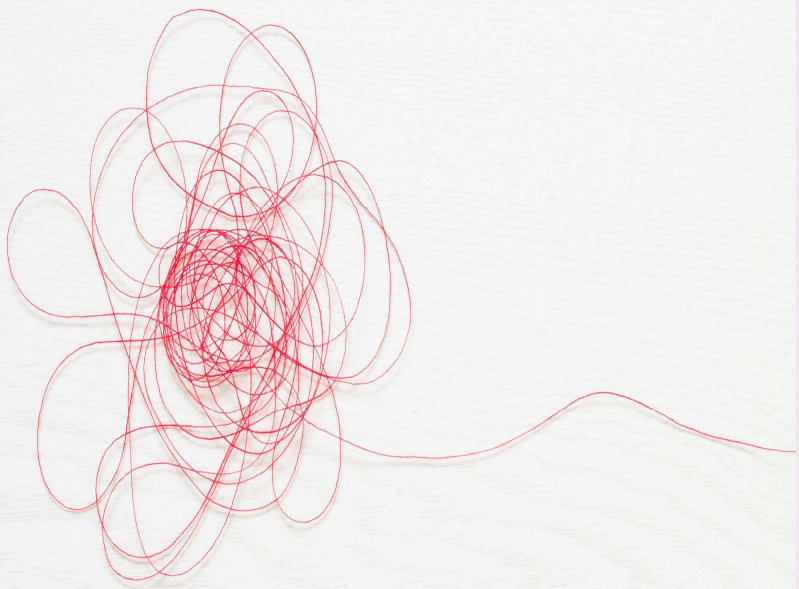
## Our programme is shaped by key national and sector frameworks:

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

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



# DRAFT Organisational Culture and Leadership Programme Problem Statement



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

- Trust in leaders
- Collaboration
- Safety culture
- Professional standards
- Professional values and behaviours
- Approach to change
- Communication
- Developing our people
- Learning from mistakes
- Creating psychological safety
- The diversity of our workforce
- The wellbeing of our people
- Individuals taking personal accountability

# DRAFT Culture and Leadership Programme Vision Statement



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



## DRAFT Organisational Culture and Leadership Outcomes



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

# Outcome: Our people feel motivated, valued and proud; knowing they are trusted, respected and supported

Current	<ul style="list-style-type: none"><li>• CES survey data (scores and feedback) on motivation, pride and support</li><li>• HMFSI/Audit/Exit Interview/recent survey recent feedback</li></ul>
Future	<ul style="list-style-type: none"><li>• Our People report high levels of motivation, pride and belonging</li><li>• People feel trusted, respected and supported in their roles</li></ul>
How we get there?	<ul style="list-style-type: none"><li>• Understand barriers to creating a positive experience</li><li>• Improve infrastructure and workplace environment</li><li>• Improve recognition</li><li>• Enhance opportunities for personal development</li></ul>
Potential Measures of Impact	<ul style="list-style-type: none"><li>• Motivation/pride scores from employee/pulse surveys</li><li>• Retention rates and exit interview feedback</li><li>• Participation in recognition and development programmes</li><li>• Feedback from wellbeing initiatives</li></ul>

# Outcome: We have skilled, trusted, visible and inspiring leadership

Current	<ul style="list-style-type: none"><li>• CES survey data (scores and feedback) on leadership visibility, trust?</li><li>• HMFSI/Audit/Exit Interview/recent survey recent feedback?</li></ul>
Future	<ul style="list-style-type: none"><li>• Leaders are visible, approachable and inspire trust?</li><li>• Leadership is diverse and reflects the workforce?</li><li>• Leadership role model SFRS values, professional behaviours and drive performance?</li></ul>
How we get there?	<ul style="list-style-type: none"><li>• Invest in the development of our leaders so they can lead confidently and competently</li><li>• Encourage leaders to engage directly with teams/stakeholder and act on feedback.</li><li>• Implement and SFRS Leadership Model so we can recognise and celebrate effective leadership and address ineffective leadership?</li></ul>
Potential Measures of Impact	<ul style="list-style-type: none"><li>• Leadership trust and visibility scores from employee/pulse surveys?</li><li>• Participation rates in leadership development programmes?</li><li>• Leadership diversity demographics</li><li>• % of leaders who have completed leadership training for their role</li></ul>

# Outcome: Our people are values-driven and take personal accountability

<b>Current</b>	<ul style="list-style-type: none"><li>• CES survey data (scores and feedback) on values alignment and accountability</li><li>• HMFSI/Audit/Exit Interview/recent survey recent feedback</li></ul>
<b>Future</b>	<ul style="list-style-type: none"><li>• Our people consistently demonstrate SFRS Values and professional behaviours</li><li>• Personal accountability is the norm</li><li>• People feel empowered to make decisions and own outcomes</li></ul>
<b>How we get there?</b>	<ul style="list-style-type: none"><li>• Embed values in all policies, processes and communications</li><li>• Provide training on accountability and ethical decision-making</li><li>• Recognise and reward values-driven behaviour</li><li>• Use case studies and stories to highlight positive examples</li></ul>
<b>Potential Measures of Impact</b>	<ul style="list-style-type: none"><li>• Values alignment scores from employee/pulse surveys</li><li>• Number of colleagues recognised for values-driven behaviour</li></ul>



# Outcome: We are a more diverse workforce reflecting the communities we serve

Current	<ul style="list-style-type: none"><li>• Currently the diversity of our workforce does not reflect the communities we serve.</li><li>• We also know that our female operational colleagues are under-represented in leadership roles</li><li>• Data collection is poor with <b>xx</b> of employees having shared their characteristics.</li></ul> <p>Add in statistics</p>
Future	<ul style="list-style-type: none"><li>• Our workforce better reflects the communities we serve.</li><li>• Women and other under-represented groups are proportionally represented in leadership roles</li><li>• Our people can progress regardless of protected characteristics</li><li>• Our people share their diversity data so we have a full baseline and can measure progress</li></ul>
How we get there?	<ul style="list-style-type: none"><li>• Remove barriers to attraction, retention and progression.</li><li>• Ensure we have the facilities and physical environment to create the right experiences.</li><li>• Seek support and challenge from external partners to strengthen our approach to inclusion.</li><li>• Develop our employee networks and strengthen employee voice.</li></ul>
Potential Measures of Impact	<ul style="list-style-type: none"><li>• Workforce diversity demographics</li><li>• Internal and external application diversity demographics</li><li>• Progression of under-represented groups</li><li>• Gender and equality pay gap and relevant benchmarking</li><li>• Feedback from employee networks</li></ul>

# Outcome: We embrace safety, collaboration and cont. improvement

Current	<ul style="list-style-type: none"><li>• The safety of our people is the top priority and there is an opportunity to strengthen our safety culture</li><li>• Feedback suggests that there is a reluctance to change and slow pace of transformation hinders progress</li><li>• There are communication gaps and legacy service biases creates obstacles</li><li>• Blame culture and fear of mistakes stifle innovation</li></ul>
Future	<ul style="list-style-type: none"><li>• We need to create psychological safety and a no blame culture.</li><li>• We also need to provide continuous feedback and learning.</li><li>• We also need to focus more on employee wellbeing.</li><li>• We need to support our leaders to enable and drive change positively</li></ul>
How we get there?	<ul style="list-style-type: none"><li>• Creating a safety culture that focuses on both physical safety and mental health/psychological safety</li><li>• Foster open communication and encourage learning from mistakes</li><li>• Provide leadership training on change management and psychological safety (feedback and coaching skills too?)</li><li>• Embed feedback mechanisms and celebrate improvements</li></ul>
Potential Measures of Impact	<ul style="list-style-type: none"><li>• Reduction in safety incidents?</li><li>• Number of improvement initiatives implemented?</li><li>• Feedback on collaboration and learning culture?</li></ul>

# *Revised DRAFT* Culture and Leadership Activity Categories



**Living the Values**

**Diversity, Equality  
and Inclusion**

**Empowerment,  
Recognition and  
Psychological  
Safety**

**Leadership Style,  
Development and  
Visibility**

**Communication  
and Engagement**

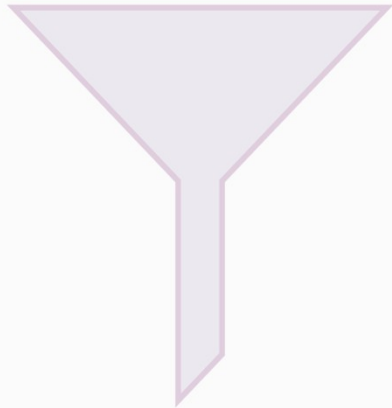
**Development  
and Improvement**

**Infrastructure and  
Work Space/  
Environment**

**Workplace  
Systems**



# Consideration of Activities to Prioritise

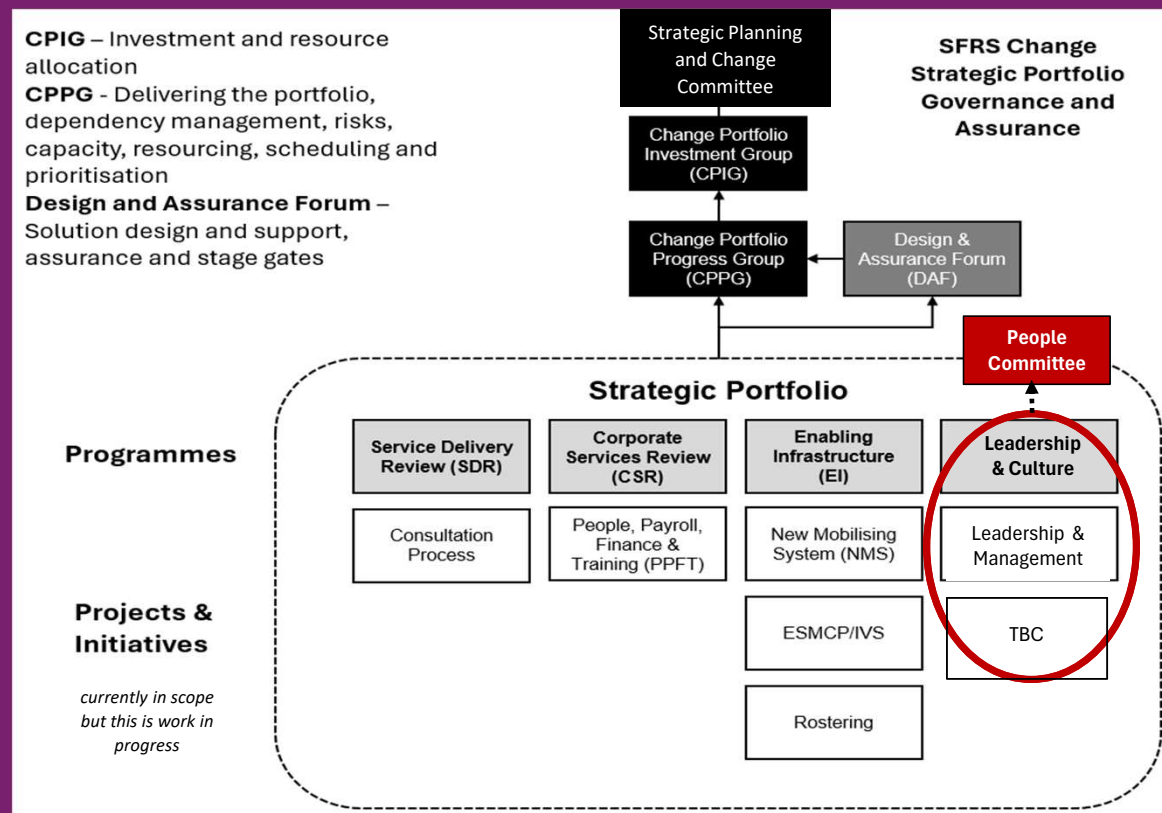


- Recommendations from HMFSI Inspections
  - Culture – Volume 1
  - Mental Health and Wellbeing
- Actions already underway through CDG
- Ideas generated at recent workshops
- Other emerging corporate priorities/issues
- Balancing impactful/resource intense with quick wins
- Focused on contribution to outcomes

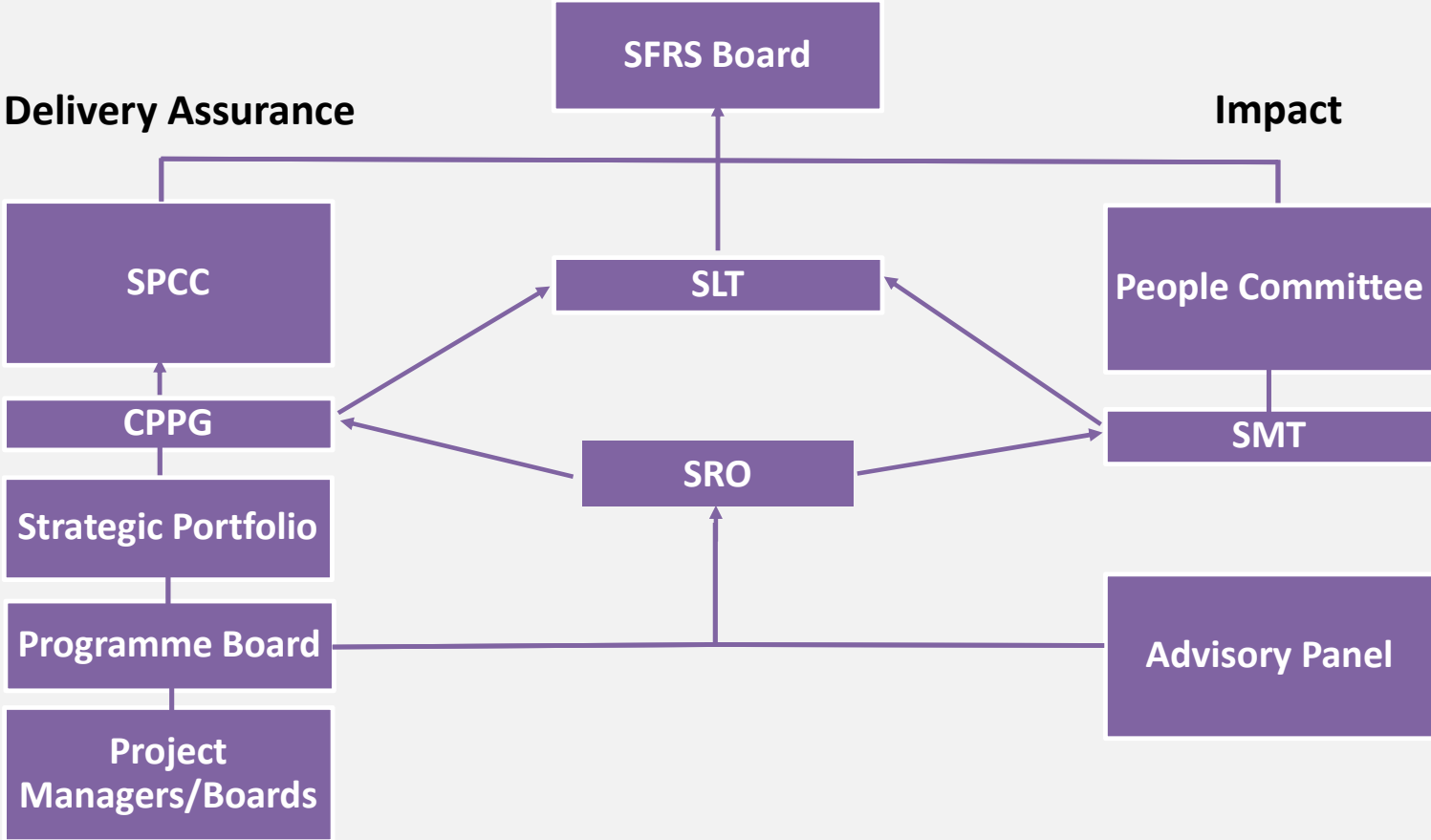
Phase 1 Projects/Activities	Scale (S/M/L)	When to Start	Links to Other Programmes/ 3 Year Delivery Plan/ Recommendations	% Complete	Outcome Impact		
					Pride and Motivation	Leadership	Values and Accountability
SFRS Values Review	M		3YDP			X	X
Professional Standards				50	X	X	X
Employee Voice: Networks Review	M		HMFSI				
Advisory Panel	S						
Leadership Development Programme for Women						X	
Inclusive Value Based Hiring Practices	M		HMFSI/3YDP	25			X
Review Operational Duty Systems	L		Service Delivery Review				
HMFSI MHW Recommendations			HMFSI				
Mentoring and Coaching Programmes						X	
Peer Recognition Tokens					X		
Talent Management and Succession Planning						X	
Engagement Roadshows					X		
Stay Interviews	S				X		
Review and Simplify People Policies, inc. Appraisals	M		HMFSI		X	X	X
Improve Corporate Digital Tools to Support Employees and Managers			Corporate Services Review		X	X	X
Review Higher/Further (Qualifications) Policy			HMFSI		X		
Learning Framework (L'ship, Mgmt and Org Skills)	L	Now	3YDP		X	X	X
Review Agile Working Framework	M	Later	HMFSI			X	X
Review Support Staff Pay and Reward Framework	M	Now	3YDP/Support Staff Pay		X		
Infrastructure and Workplace Environment (Uniform, PPE, Dignified Facilities etc)	L	Now	Enabling Infrastructure		X		
Improving Female Firefighter Exp (Inc Mat Pay)					X		

# Organisational Culture and Leadership Programme Approach

- Inclusion within **Strategic Portfolio**
- **People Committee scrutiny** consideration
- Culture Development Group/**Leadership and Culture Group** will be reconstituted as a programme board:
  - Senior Responsible Officer (SRO) – **Fiona Ross**, Director of People
  - Project Manager
  - Cross Service stakeholder representation
  - Reviewed and refreshed priorities



# Organisational Culture and Leadership Programme Governance



# Programme Governance Membership - Draft

## Programme Board

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

**Meeting Frequency:** 4/6 weekly

### Membership:

- Chair: SRO – Fiona Ross
- Heads of Function
- Programme Leads
- Project Leads

## Advisory Panel

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

**Meeting Frequency:** Quarterly

### Membership:

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

# Next Steps

1. Continue to refine draft programme Problem statement, vision, outcomes and benefits/measures
2. Refine Programme activities/outputs to establish Phase 1 prioritised delivery short list and defined associated required resource plan: **17 December 2025 Workshop** (SRO, Portfolio Office and Prog Board Members)
3. Continue to involved and engage Strategic Managers in the programme: **3 December 2025** Strategic Managers Quarterly Development Session
4. Constitute Programme Board and hold first board meeting: **15 January 2026**
5. Establish Advisory Panel
6. Share key messages Service wide and increase stakeholder involvement

**Thank you**



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

**Safety. Teamwork. Respect. Innovation.**



## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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FIRE AND RESCUE SERVICE  
Working together for a safer Scotland

Report No: C/PC/55-25

Agenda Item: 10.1

Report to:		PEOPLE COMMITTEE							
Meeting Date:		11 DECEMBER 2025							
Report Title:		TRAINING FUNCTION UPDATE AND PERFORMANCE REPORT QUARTER 2 2025-26							
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>						
			<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>	<a href="#">G</a>
1	Purpose								
1.1	The purpose of this report is to provide a high-level overview of the Training Function activity and performance over Q2 2025-26.								
2	Background								
2.1	This report outlines the performance measures collated by the Training Function against the Priorities set out by Scottish Government in the Fire and Rescue Framework for Scotland 2022, the Scottish Fire and Rescue Service (SFRS) Strategic Plan 2022-25 and Performance Management Framework (PMF).								
3	Main Report/Detail								
3.1	For ease of reference, this report is divided into two main sections, both accessible through the <i>Training Function Update &amp; Performance Report Q1 2025–26</i> document at <b>Appendix A</b> . <ul style="list-style-type: none"><li><b>Section 1:</b> Provides an update on key activities and developments within the Training Function during Q2 2025–26.</li><li><b>Section 2:</b> Focuses on Key Performance Indicators (KPIs) outlined in the <a href="#">Performance Management Framework</a>. This includes an analysis of Q2 2025–26 data, drawn from the corporate <a href="#">Power BI</a> reporting tool, and aligned to the Training Function.</li></ul>								
4	Recommendation								
4.1	To scrutinise the report and provide feedback as necessary on its content								
5	Key Strategic Implications								
5.1 5.1.1	<b>Risk Appetite and Alignment to Risk Registers</b> To ensure risk movement is monitored and actions taken to mitigate this at a Function level the Training Function have reviewed the Functional Risk Register with a specific focus on the control actions and aligned this to workstreams where applicable.								
5.2 5.2.1	<b>Financial</b> There are no financial implications arising from the content of this report.								

5.3 5.3.1	<b>Environmental &amp; Sustainability</b> There are no environmental & sustainability implications arising from the content of this report.	
5.4 5.4.1	<b>Workforce</b> The purpose of this report is to strengthen performance managements and drive improvement of our workforce.	
5.5 5.5.1	<b>Health &amp; Safety</b> There are no health and safety implications arising from the contents of this report.	
5.6 5.6.1	<b>Health &amp; Wellbeing</b> There are no health and wellbeing implications arising from the contents of this report.	
5.7 5.7.1	<b>Training</b> To ensure we have personnel maintain their currency within required training requirements for their role.	
5.8 5.8.1	<b>Timing</b> Presented on a quarterly basis in order to scrutinise performance against the Key Performance Indicator's as set out in the Performance Management Framework.	
5.9 5.9.1	<b>Performance</b> To strengthen performance managements arrangements and drive improvement. The report details the agreed targets and how we monitor our progress against these throughout the quarter/reporting year.	
5.10 5.10.1	<b>Communications &amp; Engagement</b> To ensure performance and risk is discussed at all levels and the content of this report shared to the relevant forums.	
5.11 5.11.1	<b>Legal</b> There are no legal implications arising from the contents of this report.	
5.12 5.12.1	<b>Information Governance</b> DPIA completed No – N/A	
5.13 5.13.1	<b>Equalities</b> EHRIA completed Yes - Training Function EHRIA.docx	
5.14 5.14.1	<b>Service Delivery</b> To support and drive improvement across the Service in order to positively impact upon the delivery of our services to the communicates of Scotland.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training Safety & Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	The content of this paper demonstrates the approach being taken and the quarterly reporting against performance and risk, in order to continue to take corrective action where possible/necessary.

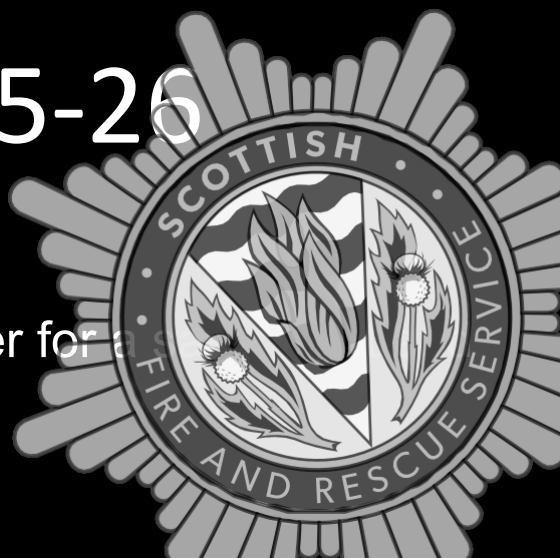
8	Appendices/Further Reading	
8.1	Appendix A – Training Function Update & Performance Report Q2 2025-26	
Prepared by:		Andy Scott, Learning Content, E-Systems & Performance Manager.
Sponsored by:		Stevie Campbell, Area Commander Training Function
Presented by:		Ross Robison, Deputy Assistant Chief Officer Head of Training
Links to Strategy and Corporate Values		
<b>SFRS Strategic Plan 2022-25</b> Outcome 2 – Communities are safer and more resilient as we respond effectively to changing risks. We will achieve this by: Training effectively and efficiently as a Service and with our partners to improve community safety.  Outcome 4 - We respond to the impacts of climate change in Scotland and reduce our carbon emissions. We will achieve this by: Ensuring our people continue to plan, are trained for and equipped to respond to climate change incidents.  Outcome 6 – The experience of those who work for SFRS improves as we are the best employer we can be. We will achieve this by: Continuing to provide training and development opportunities for all our people to ensure they have the right mix of knowledge and skills.		
<b>SFRS Training Strategy 2023-28</b>		
Governance Route for Report		Meeting Date
Training Functional Management Team		5 November 2025
Directorate Management Team		12 November 2025
People Committee		11 December 2025
Training Safety and Assurance Board		11 December 2025
Report Classification/ Comments		
For Scrutiny		
For Scrutiny		
For Scrutiny		
For Scrutiny		



# Training Function Performance Report

Q2 2025-26

Working together for a





## Contents

- [INTRODUCTION](#)
- [KEY ACTIVITY: TRAINING FUNCTION](#)
- [TRAINING KPI ANALYSIS](#)
- [GLOSSARY OF TERMS](#)

## Introduction

The purpose of this report is to provide a high-level overview of the Training Function Performance Q2 2025-26. This will enable key stakeholders and owners, to identify areas which can be discussed and what improvement actions are required.

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

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

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

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

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

### Key Activity: Training Function

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

SAFETY AND RISK REDUCTION	
<u>Item</u>	<u>Commentary</u>
<b>FF Safety</b>	<p>In collaboration with local instructors and trade union representatives, the Training Function is conducting a comprehensive review of all training sites to assess the existing management arrangements for fire contaminants.</p> <p>These site visits have provided valuable opportunities to observe current practices. They also allowed for the evaluation of existing control measures and identification of key areas for improvement. The findings from this review will support the prioritisation and planning of future actions aimed at enhancing firefighter safety, strengthening operational readiness, and ensuring full compliance with relevant legislation and best practice standards.</p>

QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS	
<u>Item</u>	<u>Commentary</u>
<b>Equalities and Human Rights</b>	<p>Members of the Training Function have delivered the second Women in the Fire Service (WFS) Event at the National Training Centre. This event continues to work in collaboration with partners including WFS, the Fire Brigade's Union Women's Section, Health and Wellbeing and National Fire Chiefs Council (NFCC). Over 100 delegates attended the two-day event, including Firefighters from other UK Fire and Rescue Services. The event continues to enable ideas and innovations for furthering gender equality to be brought into the service and showcase the SFRS commitment to an inclusive workplace.</p>
<b>Partnership Working / Benchmarking</b>	<p>The SFRS Learning and E-Development team recently welcomed representatives from the London Fire Brigade to discuss the SFRS Training for Operational Competence Framework. The visit provided an opportunity to share insights into the structure, delivery, and evaluation of operational training, as well as to explore areas of mutual interest and collaboration.</p> <p>In addition, the session facilitated constructive dialogue on the principles of assessment within Incident Command. This exchange of knowledge helped identify opportunities for shared learning and continuous improvement, supporting the ongoing enhancement of firefighter safety, operational effectiveness, and professional standards across both services.</p>



**PERFORMANCE AND OUTCOMES**

<u>Item</u>	<u>Commentary</u>												
Performance Reporting	<p>Following an initial uptake in Q1 (June) of around 55% for staff with Workforce Pro completion rates of mandatory learning modules there has been an increase to 61% in Q2. Continual review and support will be provided to staff to increase this further.</p> <p>Future phases of development will focus on tailored learning pathways to meet the need of individual Directorates, Functions and Teams.</p>												
BA Recovery Plan	<p>The BA Recovery Plan is continuing to progress, with BA, CFBT and Tactical Ventilation currencies showing improvement between Q2 2024/25 and Q2 2025/26:</p> <table><tr><th>Core Skill</th><th>Q2 2024/25</th><th>Q2 2025/26</th></tr><tr><td>BA</td><td>88%</td><td>95%</td></tr><tr><td>CFBT</td><td>80%</td><td>93%</td></tr><tr><td>Tac Vent</td><td>59%</td><td>87%</td></tr></table>	Core Skill	Q2 2024/25	Q2 2025/26	BA	88%	95%	CFBT	80%	93%	Tac Vent	59%	87%
Core Skill	Q2 2024/25	Q2 2025/26											
BA	88%	95%											
CFBT	80%	93%											
Tac Vent	59%	87%											

**HORIZON SCANNING**

<u>Item</u>	<u>Commentary</u>
<b>XVR</b>	FDO CPD events were delivered to all four command groups utilising XVR via MS Teams. This allowed officers across the country to participate in an incident command scenario and encourage peer learning. We are gathering feedback to drive continuous improvement with the next session planned for Q4.
<b>E-Learning</b>	<p>SFRS were invited to attend the LearnPro User Group Conference at Moreton-in-Marsh as keynote speakers to share their knowledge on current e-learning platforms with users across the UK Fire Sector.</p> <p>The team received an award for 'Excellence in Partnership' from LearnPro which recognises the ongoing effort from SFRS to enhance e-learning opportunities.</p>
<b>Transport</b>	SFRS and SAS continue to working jointly to provide a co-ordinated approach to the introduction of the EXIT Project which is supported nationally by the NHS and NFCC.
<b>Wildfire</b>	<p>SFRS continues to progress with the delivery of Wildfire training, working towards the strategic aims set out in the Wildfire Strategy. The Service now has 25 tier 2 and 10 tier 3 wildfire stations with enhanced wildfire training and capability.</p> <p>As part of a partnership approach to ensure Scotland's communities are resilient and safe in response to the changing climate, SFRS has been working with other UK fire and rescue services through the National Fire Chiefs Council (NFCC) to develop a 'Wildfire Prevention Toolkit'. This will include information on understanding wildfire risks, the impact of wildfires, wildfire prevention, wildfire preparedness and wildfire response.</p>

## Training KPI Analysis

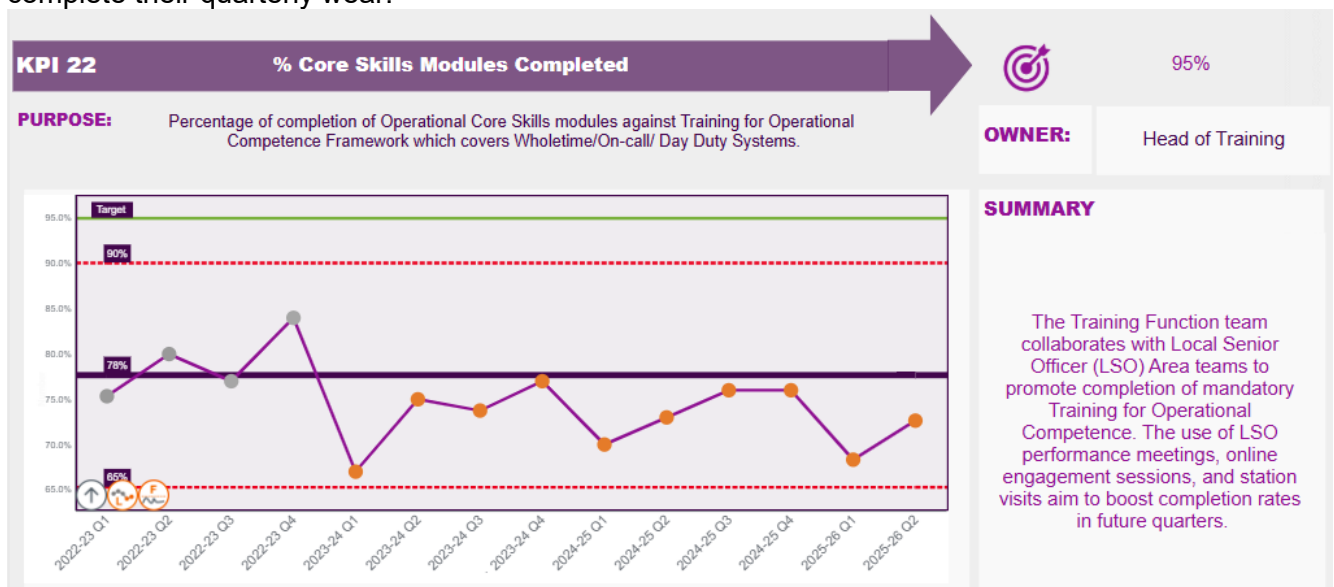
### KPI22: Reporting the Completion of Operational Core Skills

Core Skill topics covered in Q2 2025-26 were as follows:

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

In Q2 2025-26, completion rates for the core skills listed above show a positive increase against Q1 returns across all duty groups, with the exception of Volunteer On Call staff which maintained the same completion rate. When compared against Q2 of the previous year the returns have remained fairly consistent with the exception of the Day Duty staff which reported a notable increase.

We received 6 responses to the LSO feedback request this quarter, The majority of the feedback highlighted challenges related to personnel movements, staffing shortages, and limited resources, all of which place additional pressure on supervisory management teams to schedule training sessions. The BA Recovery plan has been highlighted as an opportunity for some On Call crews to complete their quarterly wear.

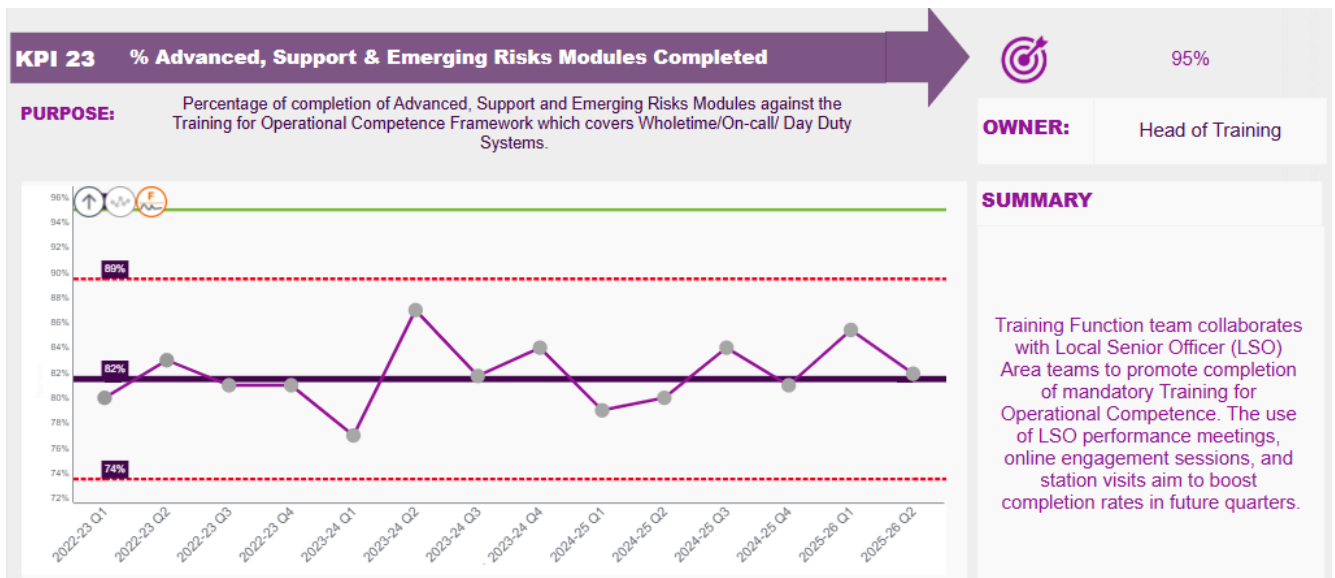


### KPI23: Reporting the Completion of Advanced, Support & Emerging Risk Modules

Topics covered in Q2 2025-26 were as follows:

- Dwellings
- Public Entertainment Venues

In Q2 2025/26, completion rates for Wholetime remained consistent with the previous quarter. However, all other duty groups reported a decrease compared to Q1 2025/26 figures and fell below the annual trend. LSO area feedback highlighted that the training ask was too demanding for On Call staff and challenges relating to personnel movement, staffing issues and lack of resources as contributing factors in lower completion rates.

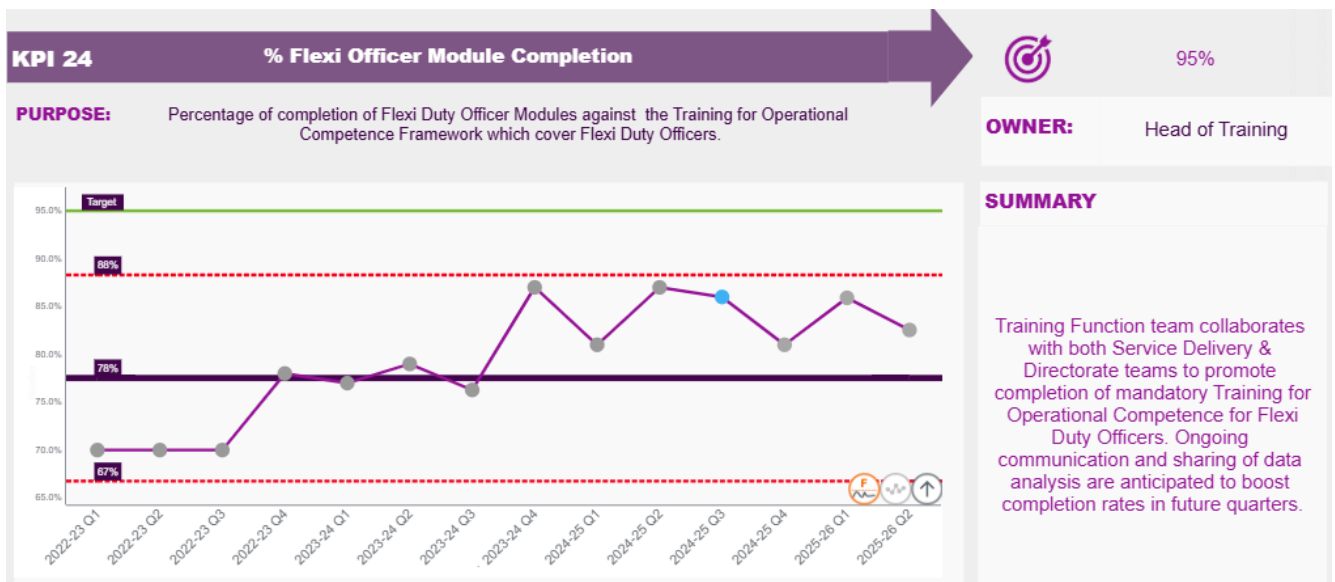


### KPI24: Reporting the Completion of Flexi Duty Officer Modules

FDO Modules topics covered in Q2 2025-26 were as follows:

- Command Support
- Incident Operational Sector Commander
- Dwellings
- Public Entertainment Venues

The FDO report records a 3% decrease when compared against Q1 2025/26 figures but remains consistent with the annual trend in completion rates. Ongoing communication will continue within this duty group and scrutiny will take place to identify where further improvements can be made.



### KPI25: Reporting Incident Command Course Currency

The overall competency rate for Incident Command remains steady at 96%, consistent with the performance reported in Q1. The consistency suggests that current training, assessment, and support mechanisms are effectively reinforcing competencies within command training.

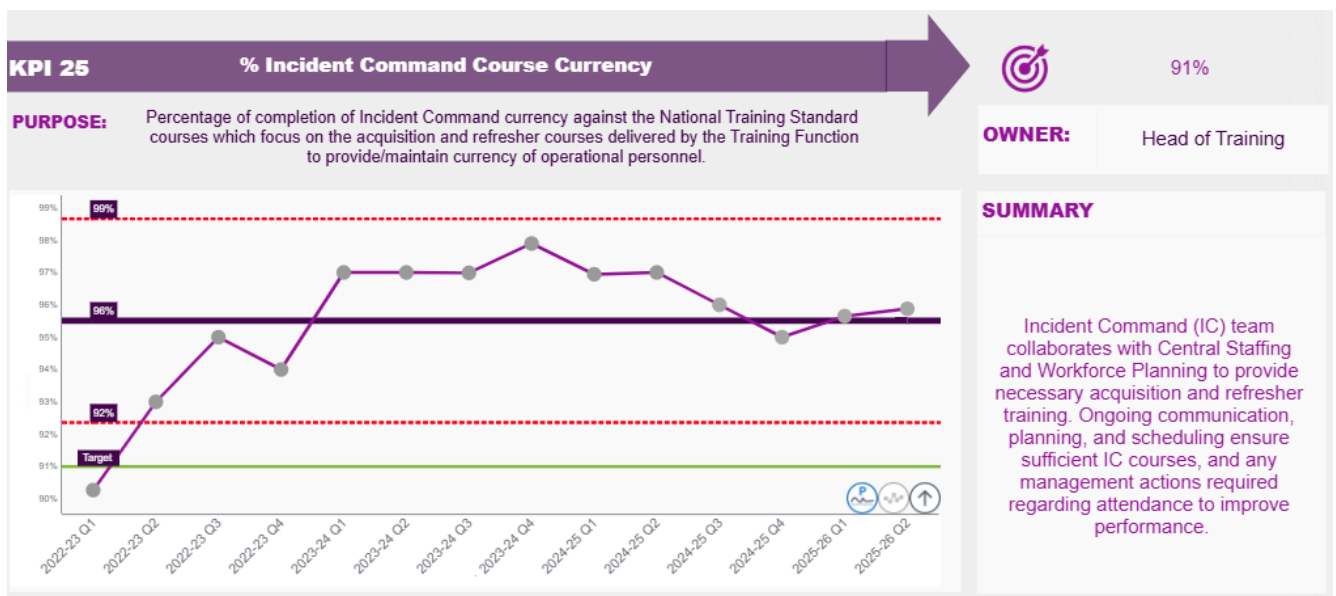
Performance across all duty systems remains strong and consistent, maintaining a 96% competency rate in line with previous quarters. Both Wholetime and On Call personnel continue to demonstrate high levels of competency. Volunteer figures show a slight variance, indicating a potential area for targeted support.

- Wholetime: 96% (33 personnel outstanding)
- On Call: 96% (28 personnel outstanding)
- Volunteer: 84% (12 personnel outstanding)

ICL2 Currency has increased by 2% since Q1, with 9 personnel currently listed as out of currency. However, the following factors should be taken into account:

- 4 individuals gained their ICL2 qualification in October (following the September development course)
- 2 are currently on performance improvement plans
- 1 holds an ICL3 qualification and is on secondment
- 2 are scheduled to attend a refresher course in Q3

ICL3 performance has increased by 9% from Q1, following the delivery of an ICL3 Development Course in Q2. Of the remaining 5%, one individual is currently undergoing a development plan, with an assessment scheduled for Q3.



### KPI26: Reporting the Core Skill Courses Currency

Core Skill	Q2 2024/25	Q2 2025/26
BA Refresher	88%	95%
CFBT Refresher	80%	93%
Tactical Ventilation Refresher	59%	87%
Emergency Response Driving	82%	82%
ICAT	100%	118%
Overall	80%	95%

Breathing Apparatus (BA), Compartment Fire Behaviour Training (CFBT), Tactical Ventilation (TV): We are continuing to progress through the BA Recovery; however, Instructor availability and facility challenges have impacted this progression. Whilst the above table provides a percentage of competency the table below translates this to the number of personnel out of currency, the figure in brackets shows the number of personnel who have completed each element within Q1:

Core Skill	WT	On Cal	Volunteer
BA	82 (103)	159 (36)	58 (7)
CFBT	127 (44)	243 (57)	82 (6)
Tactical Ventilation	167 (240)	379 (134)	117 (10)

The training support coordinator continues to schedule necessary courses, ensuring risk-critical training is prioritised. This targeted approach improves skills, increases competency, and reduces organisational risk to the service.

#### Driving:

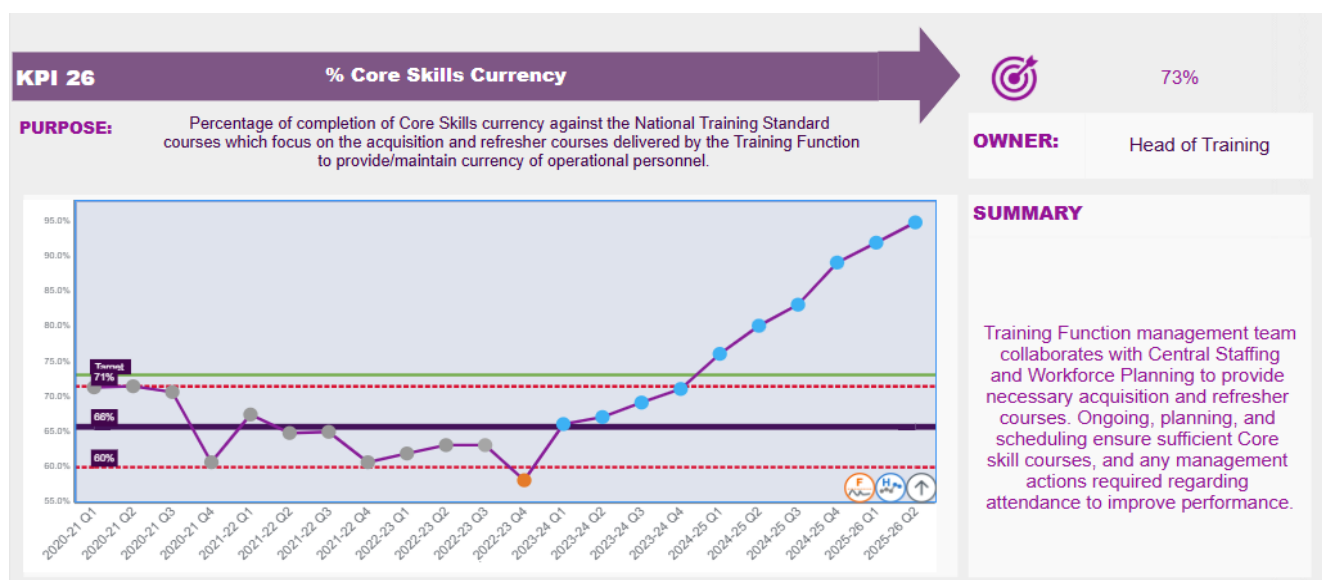
The SFRS has aligned with the NFCC Driver Training Framework to ensure readiness for Section 19 implementation in April 2026. ERD reassessment completion rates remain steady across all duty systems, though instructor shortages from resignations, promotions, and sickness have affected progress. Reassessment pilots have been introduced to create capacity for acquisition courses and new timetables. Efforts continue to address staffing challenges, particularly within the WSDA, through the appointment of new instructors and recruitment proposals. Additional instructors are scheduled to start in quarter 4, helping the Service prepare for the increased demands Section 19 will bring.

#### ICAT:

The Q2 2025/26 casualty care ICAT Operator skills competency across all duty groups shows a slight increase from the previous quarter, going from 117% to 118%, and 18% increase from Q2 2024/25. The competency target for ICAT Operators is based on 60% attainment for all operational personnel FF – WC. The figures in the report reflect the percentage of the attainment target, for all duty groups. Variations in competency rates are evident across the duty groups, SDA's and LSO areas. The majority of LSO's are performing strongly but there a small number who remain below target. The lower percentages are predominately with on-call and volunteer units but there are some wholtime stations who are below 100% and require to increase their performance in relation to competency.

#### Overall:

Progress continues across BA, CFBT, and Tactical Ventilation, though instructor and facility challenges have slowed progression. The number of personnel out of currency is decreasing, with risk-critical training prioritised to reduce organisational risk. Driver training aligns with the NFCC framework ahead of Section 19 implementation in April 2026. Instructor shortages have impacted reassessments, but pilots and recruitment efforts are underway. ICAT casualty care competency has slightly increased, with most LSO areas performing well. Some on-call and wholtime units remain below target, requiring focused support to improve performance and ensure operational readiness across all duty groups.



### KPI27: Reporting the Specialist Rescue Currency

Specialist Skill	Q2 2024/25	Q2 2025/26
Heavy Rescue	100	124%
USAR	87	99%
Water Rescue – Level 3	123	128%
Rope Rescue	124	117%
Mass Decontamination	89	97%
Overall	107%	116%

#### Heavy Rescue:

Heavy Rescue currency continues to improve across SDAs. Q2 saw a rise to 124% of the National Target Operating Model (TOM), up from 117% in Q1, driven by sustained course delivery. WSDA and ESDA remain stable at 136% and 144% respectively, while NSDA increased to 109%, up from 98%. Course scheduling will prioritise NSDA stations (ACAM 149%, Highland 103%, PKAD 95%) to support further improvement. CPD events planned for the remainder of 2025/26 will provide refresher training and help maintain skills and currency, ensuring resilience and flexibility across all SDAs.

#### USAR:

USAR continues to improve nationally with Q2 figures showing a rise to 98% of TOM from 89%. Instructors maintaining a targeted approach to operational currency which has contributed significantly to this uplift. Notable improvements include McAlpine Rd: Increased from 51% to 98% and Clydebank: Increased from 91% to 98%. Q3 activity will seek to maintain through CPD delivery.

#### Water Rescue:

Water Rescue performance over the past quarter has been maintained, still above well TOM. Every trainee assigned to a water rescue station fully trained to SRT level prior to starting at station with current trainees being assigned to courses.



### Rope Rescue:

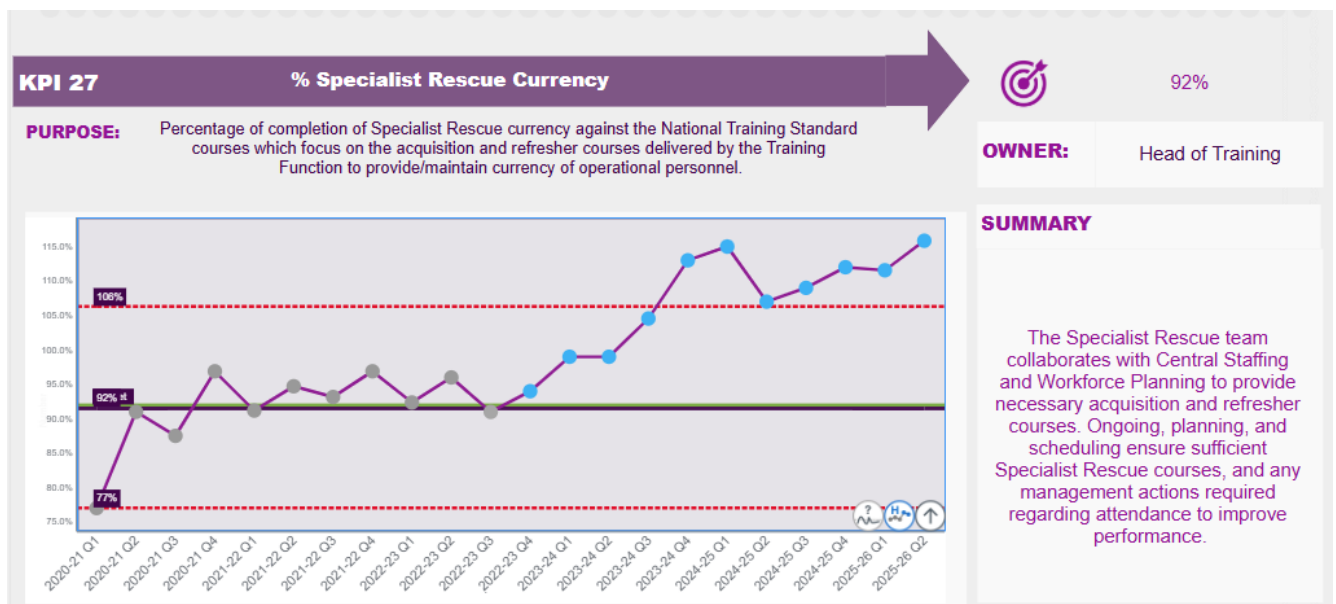
A slight decrease in figures from Q1 but performance remains strong with numbers sitting over TOM in all SDAs. Teams continuing to rollout Safe Working at Heights Level 2 at all tier 2 stations across the country. Newcraighall training facility back operational providing additional venue for training and maintenance. Targeted approaches and effective communication between service delivery and training teams continue to identify potential skill gaps early, allowing for targeted courses to be run and ensuring high resilience. Focus on KATA session delivery in Q3 to maintain currencies.

### Mass Decontamination:

Moderate improvement over last quarter from 89% to 97% nationally, with notable improvements including Crewe Toll: increased from 33% (Q4 24/45) to 110% in Q2 and Coatbridge: 85% to 100% of TOM. Focus for Q3 will be Aberdeen Central with national instructors supporting refresher delivery as well as upskilling additional MD Instructors.

### Overall:

Specialist Rescue performance continues to improve nationally, with Heavy Rescue, USAR, and Mass Decontamination showing notable uplifts driven by sustained course delivery and targeted CPD. Water Rescue remains strong, with all trainees trained to SRT level before station placement. Rope Rescue saw a slight dip but remains above target, supported by Safe Working at Heights rollout and resumed training at Newcraighall. Continued collaboration between service delivery and training ensures early identification of skill gaps. Q3 will focus on maintaining momentum through refresher training, targeted scheduling, and KATA sessions to ensure resilience and operational readiness across all disciplines.



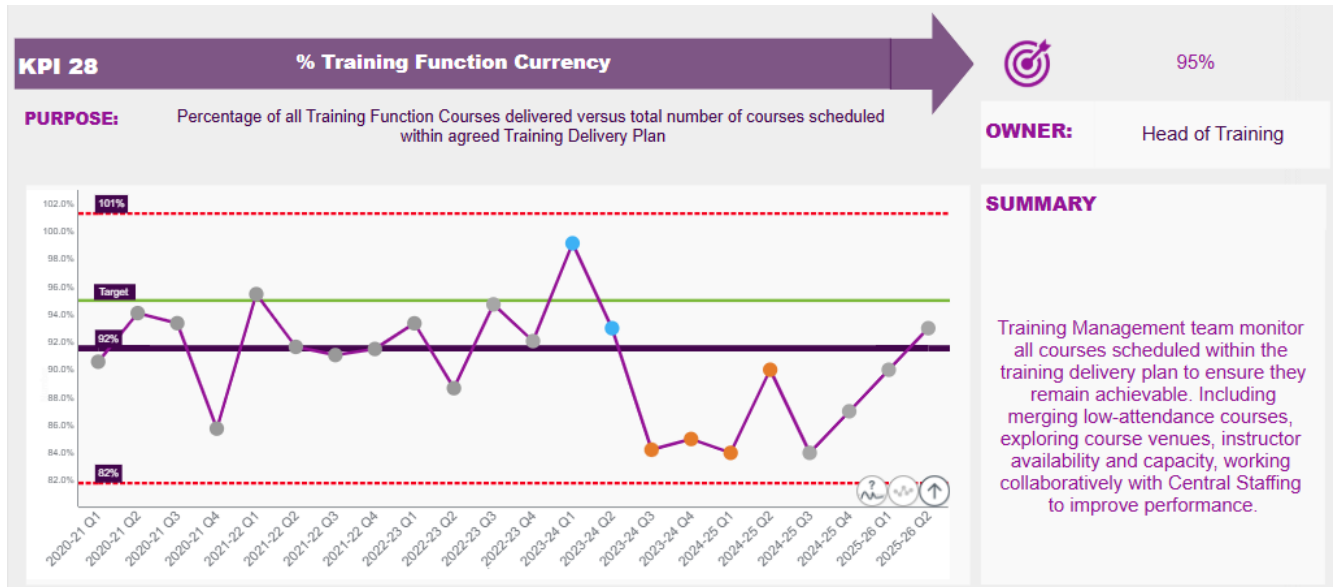
### KPI28: Reporting the Training Courses Delivered

In Q2 2025–26, overall training completion rates improved by 3% compared with Q1, continuing the positive upward trend observed since the previous year. Strong performance was maintained across key areas, including the BA Recovery Programme, Driving Courses, and Acquisition Courses, which all demonstrated consistently high completion rates.

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

These include:

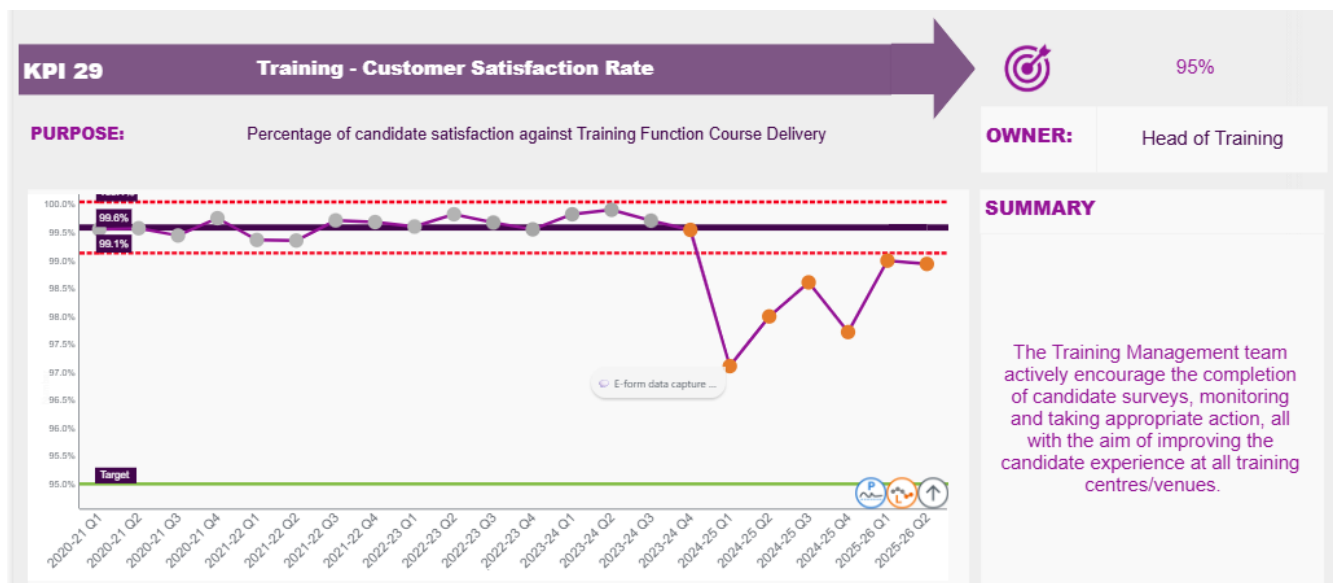
- Merging low-attendance courses to optimise resources
- Expanding venue options to improve accessibility for participants; and
- Enhancing instructor availability through forward planning and focused recruitment.



### KPI29: Reporting Customer Satisfaction Rate

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

The number of returns decreased slightly from Q1, with 1226 valid evaluation forms submitted for Q2 courses. Candidate satisfaction increased slightly to 98.94%, remaining above target. Reasons given by candidates for responding with "Fair" or "Poor" include the downgrading of current abilities to SWAH Tier 1 from Tier 2, relevance and depth of RTC Equipment familiarisation content, balance of practical and theoretical content in Abrasive Wheels, CFBT course content, and the modular delivery model for Aerial Operator. This KPI is based on the percentage of candidates rating their overall experience as "Good" or "Very Good." In Q2, 1.06% of candidates rated their experience as "Fair" or "Poor."



**GLOSSARY OF TERMS**

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

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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

Report No: C/PC/56-25

Agenda Item: 11.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		SAFETY AND ASSURANCE PERFORMANCE REPORT: QUARTER TWO (Q2) 2025-26						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
1	Purpose							
1.1	The purpose of this report is for the People Committee (PC) to scrutinise the content of the Safety and Assurance (SA) Performance Report Q2 2025-26 and enable meaningful discussions around the rationale and context shared by relevant leads.							
2	Background							
2.1	The report provides a performance update regarding key achievements and projects of work across the SA Function in Q2 to support SFRS Safety and Assurance Key Performance Indicators (KPI).							
3	Main Report/Detail							
3.1	SA continue to enhance the content of the report by including promotional activities. SA have included direct links to GRAs which have been published and implemented for staff awareness. We will continue to include an overview of relevant Health and Safety Events and OA13 investigations, providing a brief overview of outcomes to enhance communication with staff and promote safety.							
3.2	Further detail on SA Key Achievements and KPI trends and analysis can be found within the Safety and Assurance Quarter 2 Report. KPI commentary complements the Power BI visualisations.							
4	Recommendation							
4.1	The PC are asked to scrutinise the content of the Safety and Assurance Performance Report for Q2 2025-26 and provide feedback.							
5	Key Strategic Implications							
5.1	Risk Appetite and Alignment to Risk Registers							
5.1.1	The Quarterly Performance Report provides the means to monitor our performance, analyse data and drive improvement and, in turn, should positively impact upon each of the Functional/Directorate and Strategic Risks.							

5.2 5.2.1	<b>Financial</b> There are no financial implications with the production of this report. Any recommendations to improve performance will be managed through appropriate governance routes by the risk owner.
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> There are no environmental implications to be considered. This report is circulated electronically.
5.4 5.4.1	<b>Workforce</b> This report highlights the monitoring of SA performance and makes recommendations for continuous improvement to reduce the risk of injury or ill-health of the SFRS workforce.
5.5 5.5.1	<b>Health &amp; Safety</b> Failure to monitor and improve the management of SA may result in injury or ill-health of our workforce and those affected by their activities, HSE investigation, receipt of an enforcement notice, fines and adverse publicity damaging the reputation of SFRS.
5.6 5.6.1	<b>Health &amp; Wellbeing</b> No implications identified for Health and Wellbeing. Trend analysis of events will assist in implementing strategies to improve the Health and Wellbeing of SFRS employees.
5.7 5.7.1	<b>Training</b> There are no training implications as a result of this report. Training requirements will be approved through other governance routes or captured in Health and Safety Improvement Plans.
5.8 5.8.1	<b>Timing</b> The performance will be reported through the appropriate governance routes as noted within the Governance Route of Report Section.
5.9 5.9.1	<b>Performance</b> Health and Safety performance is monitored through KPIs managed by Think, Act, Stay Safe (TASS) and Operational Assurance Recording and Reporting (OARRS) management systems performance reports and through use of PowerBi. The performance outcomes are communicated through Safety and Assurance Improvement Groups (SAIG).
5.10 5.10.1	<b>Communications &amp; Engagement</b> No further engagement is required. Performance is communicated through local Safety and Assurance Liaison Officers (SALO's) and SAIGs.
5.11 5.11.1	<b>Legal</b> Failure to monitor and improve the management of Health and Safety could result in non-compliance to Health and Safety legalisation.
5.12 5.12.1	<b>Information Governance</b> There are no implications that require to be noted for GDPR purposes within the Q1 report. Both TASS and OARRS management systems are fully compliance with GDPR.
5.13 5.13.1	<b>Equalities</b> There are no implications to be noted for equality and diversity. An Equality and Human Rights Impact Assessment (EHRIA) has been completed for the Health and Safety Policy and supporting arrangements.
5.14 5.14.1	<b>Service Delivery</b> This report has no direct impact on Service Delivery. Any actions will be discussed through service delivery SAIGs.

<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> / <b>Reasonable</b> / <del>Limited</del> / <del>Insufficient</del>
7.3	<b>Rationale:</b>	The Quarterly Report informs the workforce of the organisation's safety performance and the progress being made toward achieving the defined KPI's, as well as how they contribute to the organisation's success.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Safety and Assurance Quarter 2 Report 2025-26.  Further Reading: - <a href="#">PowerBi</a>	
<b>Prepared by:</b>		Victoria Regan – Health and Safety Business Support Officer
<b>Sponsored by:</b>		Jim Holden- Head of Safety and Assurance
<b>Presented by:</b>		Jim Holden- Head of Safety and Assurance
<b>Links to Strategy and Corporate Values</b>		
<b><u>SFRS Strategy 2025 28</u></b> <u>Safe and Effective Response</u> OUTCOME: We are an effective and trusted Fire and Rescue Service where our communities and people are safe.  <u>Innovation and Investment</u> OUTCOME: We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient.		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>Safety and Assurance Function Management Team</i>		<i>06 November 2025</i>
<i>TSA Directorate Management Team</i>		<i>12 November 2025</i>
<i>Safety and Assurance Sub-Group</i>		<i>12 November 2025</i>
<i>Strategic Leadership Team</i>		<i>02 December 2025</i>
<i>Training, Safety and Assurance Board</i>		<i>11 December 2025</i>
<i>People Committee</i>		<i>11 December 2025</i>
		<b>Report Classification/ Comments</b>
		<i>For Scrutiny</i>
		<i>For Scrutiny</i>
		<i>For Scrutiny</i>
		<i>For Scrutiny</i>
		<i>For Scrutiny</i>
		<i>For Scrutiny</i>



# Safety and Assurance Quarter 2 2025-26 Performance Report

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



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## Content

- [Introduction](#)
- [Key Achievements](#)
- [Wellbeing](#)
- [Legislative Compliance](#)
- [SFRS Key Performance Indicators \(KPIs\)](#)
- [Information and Updates](#)
  - [Contaminants](#)
  - [Driver Safety Group](#)
  - [Organisational Learning Group](#)
  - [Health and Safety Event Investigation and OA Submission Outcomes](#)
  - [Spotlight](#)
- [Directorate Event Statistics](#)

## Introduction

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

The SFRS annual Health and Safety Improvement Plan detailed within KPI 56 is developed to provide compliance with statutory obligations and promote continual improvement.

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

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

## Key Achievements: Safety and Assurance Function

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

Item	Commentary
Health and Safety Policy	The <a href="#">Health and Safety Policy</a> was published and communicated to all staff via weekly briefings. The <a href="#">Health and Safety Policy Statement</a> must be displayed in all SFRS premises, replacing last year's statement.
COVID-19 Document Withdrawal	All Safety and Assurance COVID-19 documentation was withdrawn. Upon the review date of the remaining documentation, existing references to COVID-19 will be removed.  New transmission prevention control measures and workplace general hygiene posters were introduced and captured in <a href="#">GRA-043 Working in an Office</a> and the <a href="#">Health and Safety Office Handbook Overview</a> .
Working at Height (WAH) Management Arrangement (MA)	The <a href="#">Working at Height MA</a> was updated, introducing a simplified risk-based approach to safe working at height.  The existing <a href="#">Lifting Operations and Lifting Equipment (LOLER) MA Emergency Rescue Plan</a> (ERP) has been updated.
Safe Use of Lift Trucks MA	Following its scheduled 5-year review, the <a href="#">Safe Use of Lift Trucks MA</a> was updated to introduce simplified process flow charts, updated Authorised Lift Truck Operators and Lift Truck Safety Posters. GRA0937 Safe Use of Lift Trucks has also been updated, as has the <a href="#">Safe System of Work Template - Safe Use of Lift Trucks</a> .
During Incident Operational Assurance MA	The <a href="#">During Incident Operational Assurance MA</a> was issued for 28 familiarisation after being converted from a General Information Note into an MA. Utilising the MA format enables process flow charts and additional guidance to be provided to help improve knowledge and understanding.
Safety and Assurance (SA)	Safety & Assurance has supported the Training Function by conducting an internal desktop audit of the Credit Risk Rating process. The scope of the audit focused on evaluating the



	effectiveness of current procedures, with particular emphasis on continuous improvement. This effort contributes to maintaining alignment with SFRS standards and supports ongoing compliance with ISO 9001.
Operational Assurance (OA) Learning	<p>OA has undertaken 1 structured debrief during Q2 which was following a Level 4 incident in Scott Street in Perth. The recommendations for this incident are now being compiled and a debrief report will be submitted to relevant governance.</p> <p>OA assisted in facilitating a SMARTEU debrief following the significant wildfires within the NSDA at Dava and Carrbridge. This report will be completed by the SMARTEU team and shared with OA to progress learning identified.</p> <p>OA have also carried out a Thematic Audit into the Evacuation CSU procedure and process involving all CSU stations, OC, and business partners within SFRS.</p>
National Operational Learning	<p>Operational Assurance received 1 Action Note and 1 Information Note from National Fire Chiefs Council (NFCC) concerning Smart Numbers and Domestic EV Chargers, respectively.</p> <p>Three previous Action and Information Notes (Hangar Doors, Hollow Block Concrete and Utilities and Fuels) also progressed through Governance and have been added to the Organisational Learning Group tracker for progressing the recommendations.</p>
Organisational Learning Group	5 Action plans have been closed within the OLG tracker within Quarter 2. There remain 204 actions within the tracker that are being progressed by the Action Owners from 2020 to present. A focus remains on those that have been in progress for several years and those determined as high risk.
Event Management	<p>An Organisational Learning Review has been carried out following the Level 4 Incident at Scott Street in Perth. This report is in progress and will be included in the Q3 report.</p> <p>Brechin Wall Collapse significant investigation report approved, and actions have been transferred to the Organisational Learning Group tracker.</p> <p>Significant Investigation initiated following an accident where the IP fell from the deck of a high reach appliance.</p>
Operations	SA have developed documentation to support the completion of Specific Risk Assessments where the standard control measures

	<p>outlined in GRA-018 Premises Compliance cannot be fully implemented.</p> <p>Presentation has been developed and will be delivered by SA to Business partners to provide support and awareness.</p>
Training	<p>SA continue to work collaboratively with Training to publish a number of updated and new GRAs and SSOW, including the new <a href="#">GRA-011 All Training</a>.</p> <p>The production of this overarching GRA results in a unified, service-wide understanding of training-related risks, ensuring consistency in risk control measures and compliance across all training disciplines.</p>

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## Wellbeing

### Protocols

During Q2 the Wellbeing team have implemented a new Colour Vision practical assessment and Movement Balance Assessment. All revised protocols are due to completion on the 21<sup>st</sup> of October with new and assisting staff training planned for week commencing 24<sup>th</sup> of November in preparation for Medical Assessments to be delivered by the Wellbeing team.

### 3 yearly Fitness and Medical

*Current Stats as of 25th of September 2025 based on workforce of 5823 (data from master spreadsheet and collected from iTrent and booking system. Work continues on MyCority recording system for enhanced and timely reporting in future quarterly reports).*



### Asbestos Medicals

During Q2, a process has been approved to commence asbestos medicals, commencing in January 2026.

### Vaccinations

*Current statistics as of 30th September 2025 based on workforce requirement of 155:*

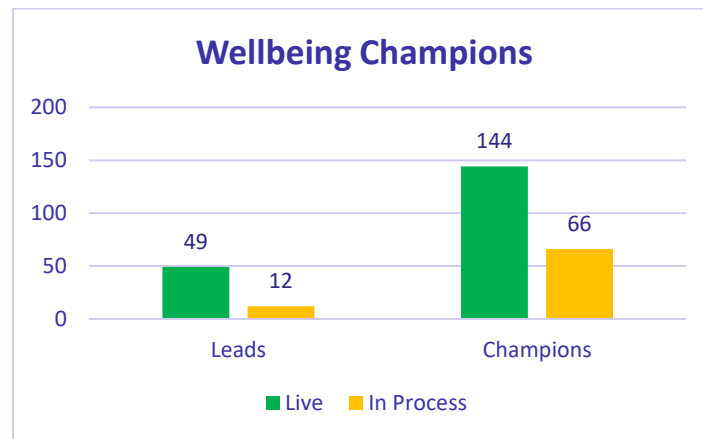
- 133 received initial HepA vaccination
- 3 are on long term sick
- 3 Booked
- 5 declined in writing
- 9 completed full 25yr vaccination course
- 2 from Training are awaiting booking.

### Recruitment

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



## Wellbeing Champions

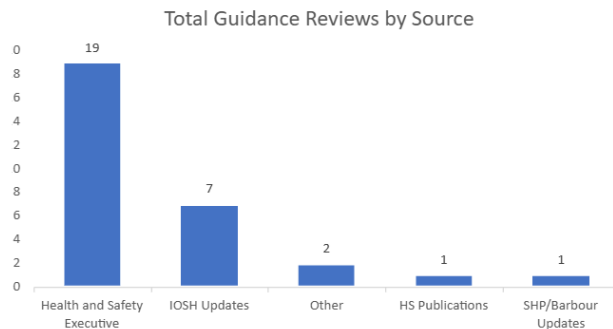


The current figures show that there are 49 active Wellbeing Leads and 12 are in the progress of becoming Lead, giving a total of 61 Leads. For Wellbeing Champions, the numbers are higher, with 144 active champions and 66 in progress, resulting in a combined total of 210 champions. This brings the overall number of Wellbeing Leads and Champions, including those in progress, to 271 individuals. These figures are reflected in the accompanying graph, which illustrates the distribution between live and in-progress roles for both Leads and Wellbeing Champions.

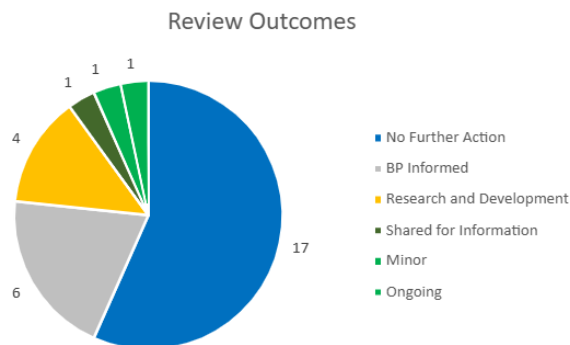
## Legislative Compliance

### Guidance Reviews Q2

During Q2, 30 guidance reviews were completed, compared to 19 the previous year. This represents a 58% increase. 63% (19 of 30) of these reviews were issued by the Health and Safety Executive (HSE), and reflect core safety themes, new guidance, and awareness campaigns. 57% (17 of 30) required no further action, and 20% (6 of 30) were forwarded to business partners as policy/risk owners for information/action.



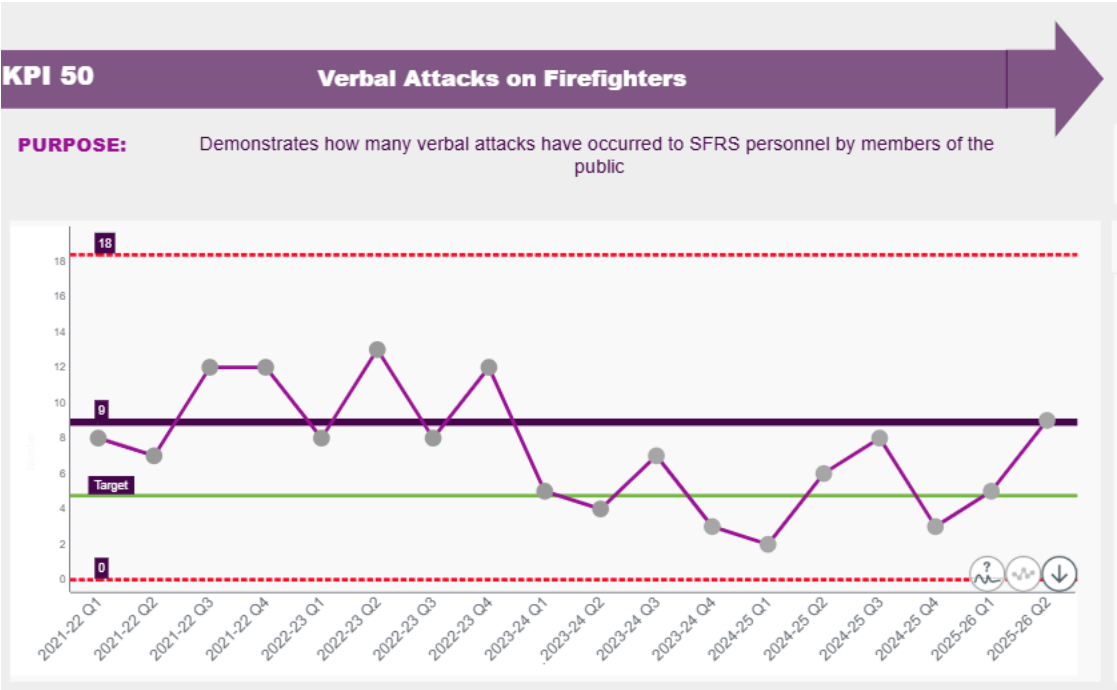
Analysis of HSE awareness campaigns over the past year has identified themes that will be added to next year's Wellbeing and Inclusion Calendar, boosting safety content throughout the year. World Asthma Day and Mesothelioma Day, Asbestos Awareness Week, and 'No-Falls' Week will now be included alongside existing Stress, Mental Health Awareness, and Musculoskeletal (MSK) Injury Prevention Months.



During Q2, one review resulted in a minor amendment to the Health and Safety Noise e-learning module. This enhancement reflects HSE statistics highlighting a significant trend for the incorrect use of hearing protection during a recent inspection campaign across the UK. The module includes these statistics and places further emphasises on hearing protection being worn correctly as it is seen as the last line of defence. If worn incorrectly, users are exposing themselves to unnecessary risk and noise exposure.

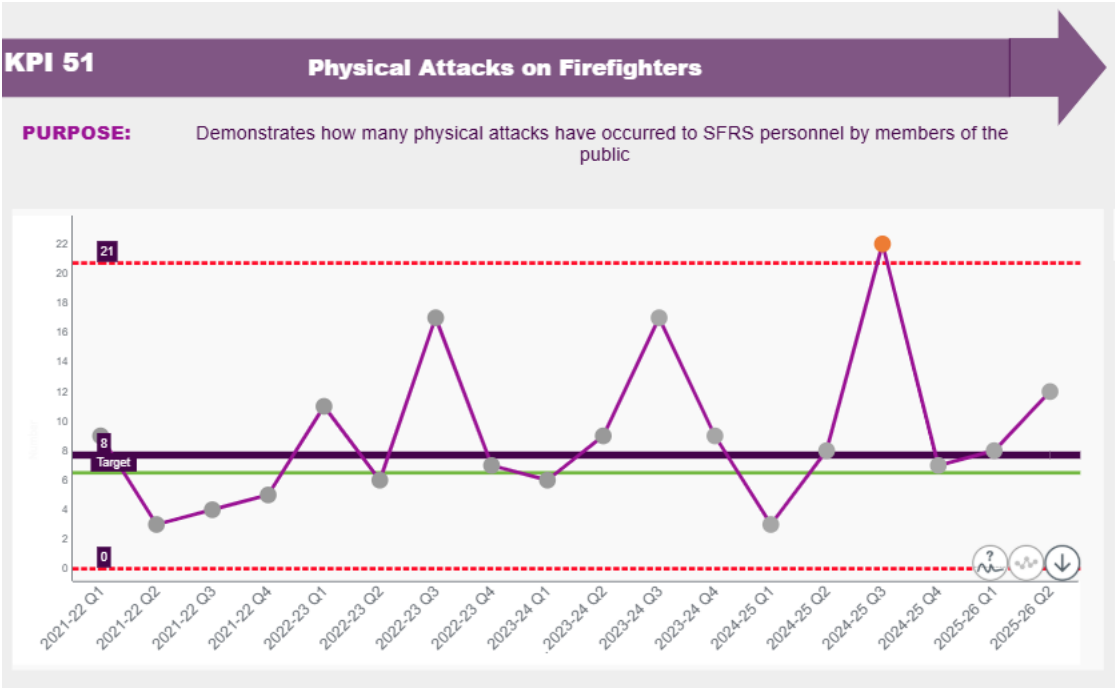
# Key Performance Indicators

## KPI50: Verbal Attacks on SFRS Staff



A total of 9 verbal attacks were reported in Q2 2025-26, an 80% increase (5 to 9) when compared to the same quarter in the previous reporting year.  
7 events occurred at operational incidents, with the remaining 2 at non-operational incidents.  
3 of the 9 events required the assistance of Police Scotland.

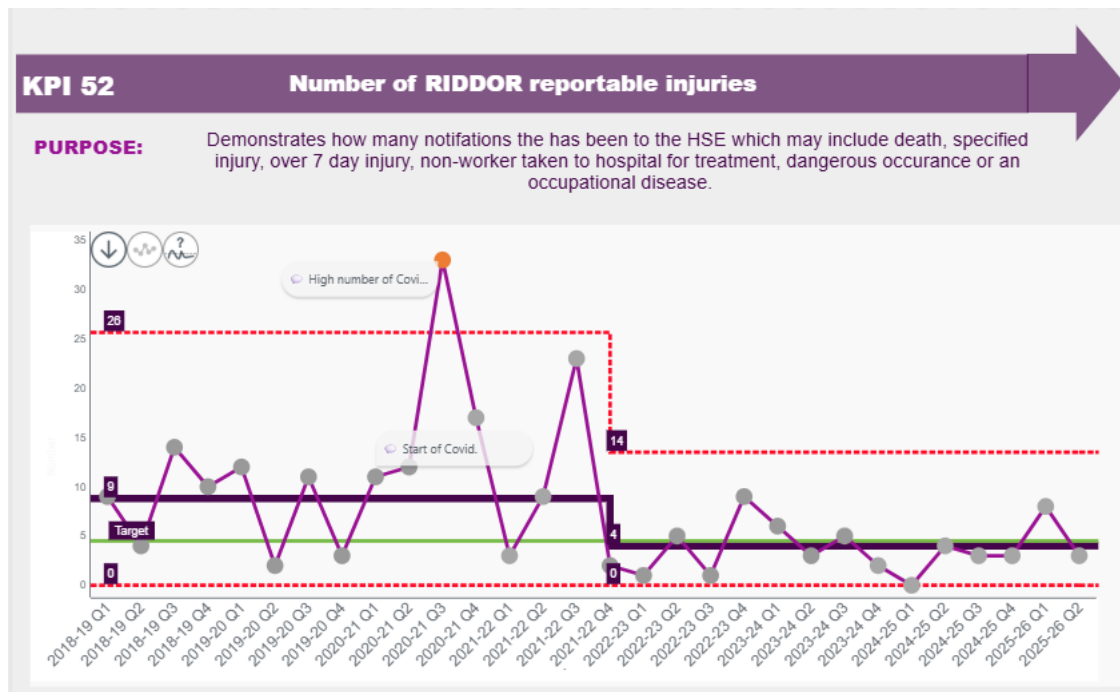
# KPI51: Physical Attacks on SFRS Staff



When compared to Q2 in the previous reporting year, a 33% increase is reported (9 to 12) in Physical AoV, which includes attacks against equipment and property. Of the 4 physical AoV, missiles thrown was the most common AoV type at 75% (3 of 4) with the remaining 25% (1 of 4) relating to Harassment.

50% (6 of 12) events occurred during operational activities with the remaining 50% (6 of 12) events occurred during non-operational activities. No injuries were reported within Q2.

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

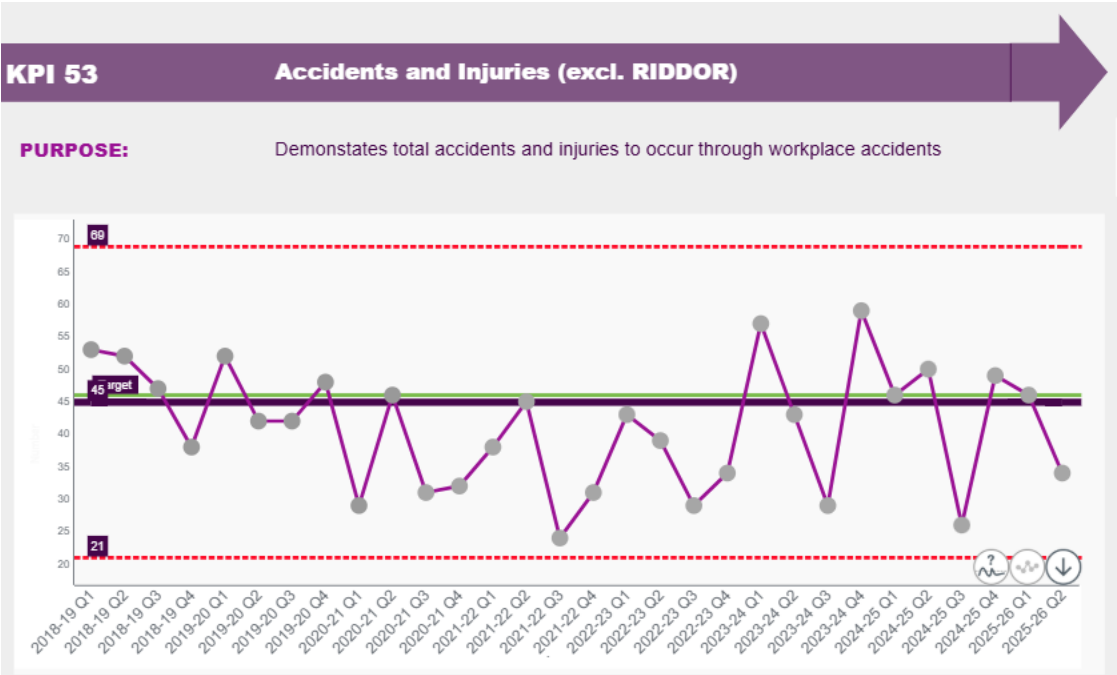


3 RIDDOR events were reported in Q2, which remains numerically consistent when compared to the previous reporting year, with no notable trends identified. Two events were reported as Specified Injury and the remaining event was reported as an Over 7 Day. One specified injury involved the IP taking part in BA Refresher Training when they were briefed to carry out a search of a first floor which was smoke logged with synthetic smoke. The IP fell down a set of stairs to the ground level and fractured their left hand. The event investigation is still ongoing.

The second specified injury involved the IP working on the deck of an ALP to start the generator when they took a step back and fell approx. 5 feet on to tarmac below. They suffered fractures to their left wrist and right elbow. An SA21 investigation is ongoing.

The remaining event reported as an Over-7 Day injury involved the IP transporting equipment to the scene of operations when they jumped over a small wall and rolled their ankle when landing. The IP suffered from sprain and ligament damage. An investigation outcome included the review of footwear for this type of operation (wildfire) that provides greater ankle support for navigating uneven terrain.

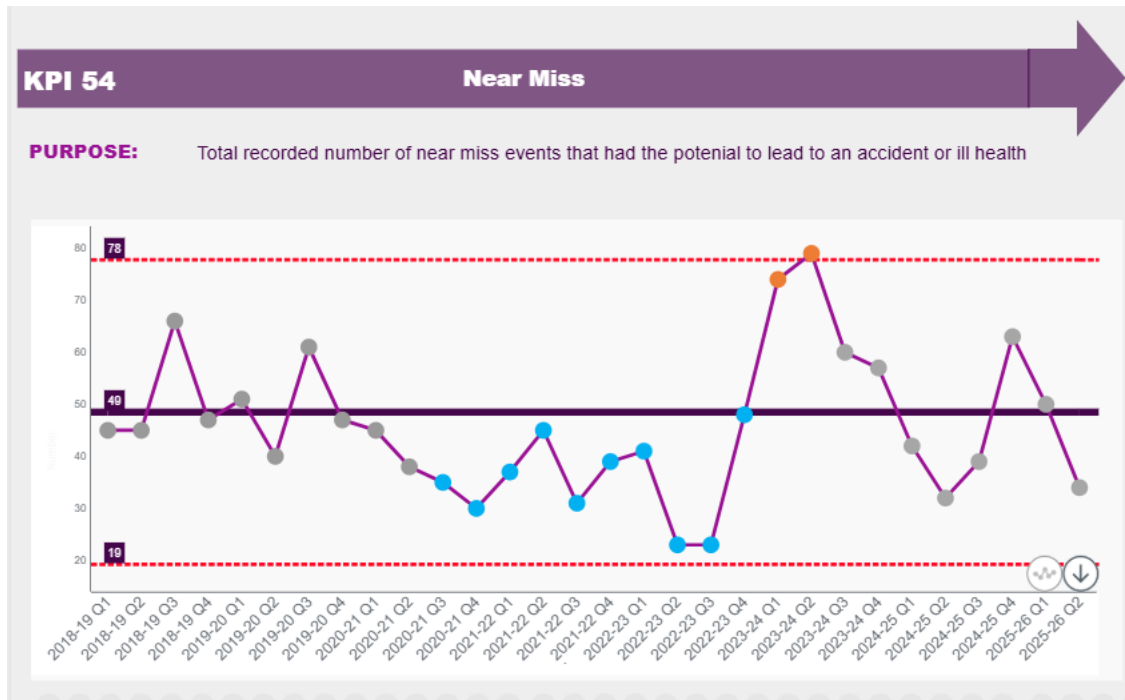
### KPI53: Accident/Injuries (Excl. RIDDOR)



There was a 35% decrease in Accidents from Q2 in the previous reporting year, (52 to 34). The top three causations were Impact from a Slips, Trips and Falls, Hot/Cold and Manual Handling. 47% (16 of 34) occurred during training activities, 32% (11 of 34) occurred during operational activities and the remaining 21% (7 of 34) occurred during non-operational activities. Investigations are conducted to identify actions and reduce the reoccurrence risk.



## KPI54: Near Miss Events

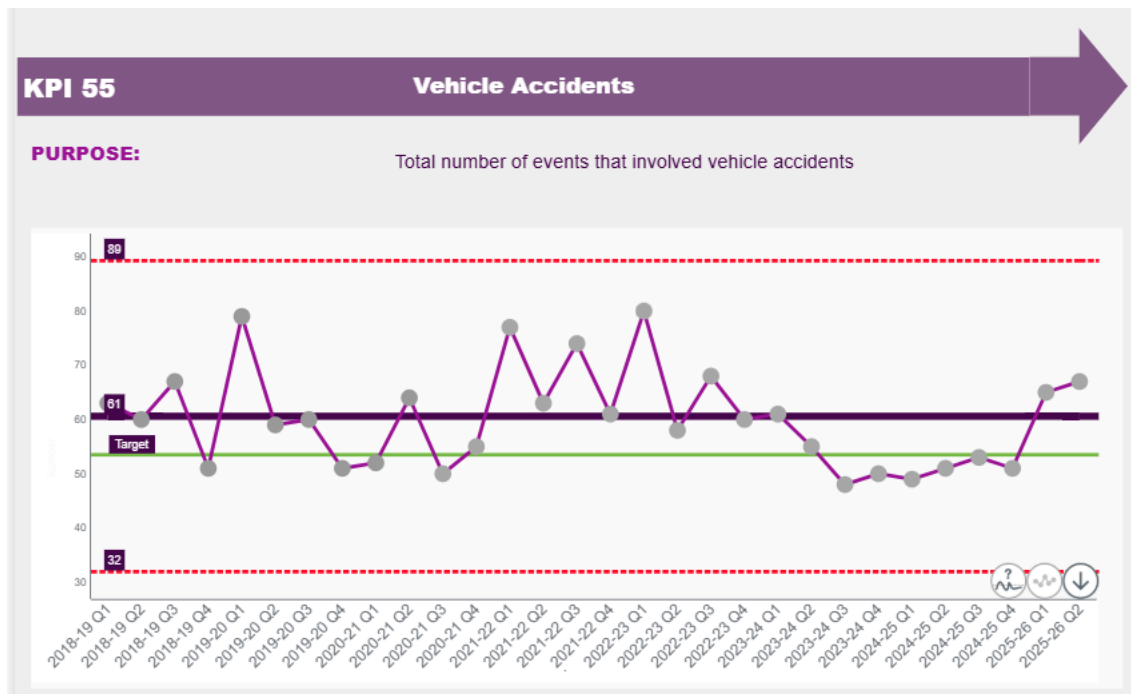


Near Misses (NM) remained numerically consistent when comparing Q2 to the previous reporting year. Operational NMs accounted for 50% (17 of 34), Non-operational NMs for 26% (9 of 34) and the remaining 24% (8 of 34) occurred during Training activities. The most common category was Appliance and Pumps (9 of 34). Of the 9 Appliance and Pump NM reported, 44% (4 out of 9) had the potential to cause injury and 33% (3 out of 9) could have resulted in equipment damage.

Notably, 2 of the 9 Near Misses (22%) were linked to older appliances, where chassis flexing during vehicle movements was attributed to the Pump Bay Doors opening.

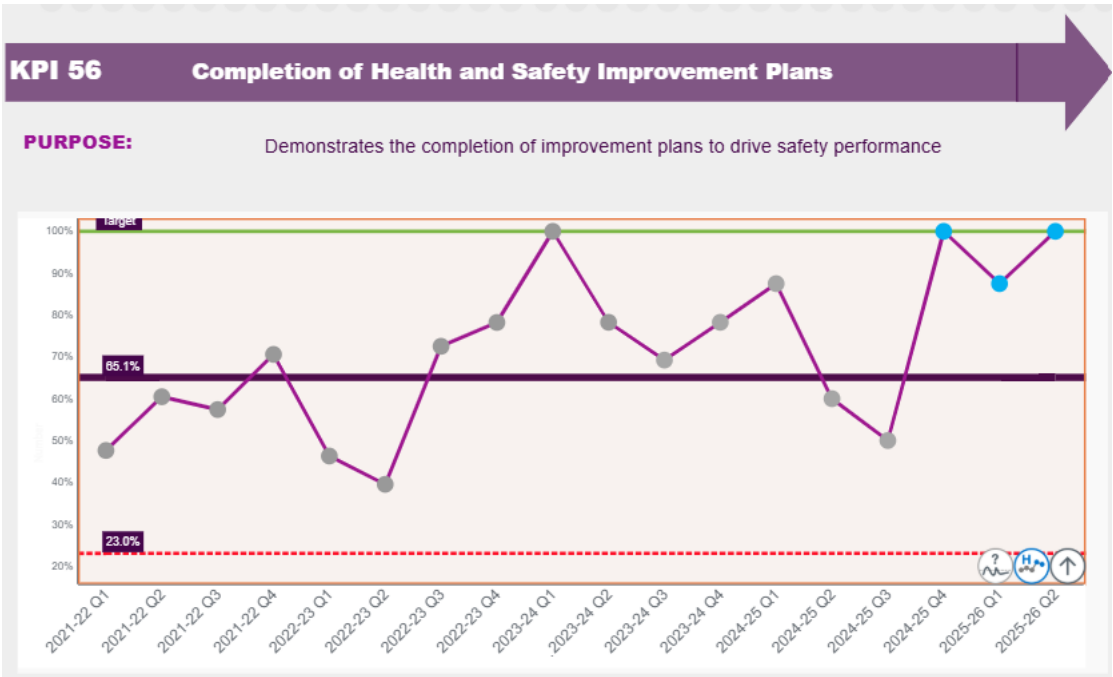
SA and SDA continue to promote near miss reporting through local Safety and Assurance Improvement Groups (SAIGS).

## KPI55: Vehicle Events



Vehicle Accidents (VAs) increased by 29% when compared to Q2 of the previous reporting year (52 to 67). 58% (39 of 67) of all vehicle accidents reported occurred during operational incident activities. A further 40% (27 of 67) occurred at non-operational activities, and 2% (1 of 67) were accidents occurred at training. 52% of VAs occurred during low-speed manoeuvres, 17% were during blue-light conditions and 17% were during normal road speed. The remaining 14% were reported as miscellaneous/not applicable. Driver Safety Group continues to work collaboratively with business partners to reduce VAs.

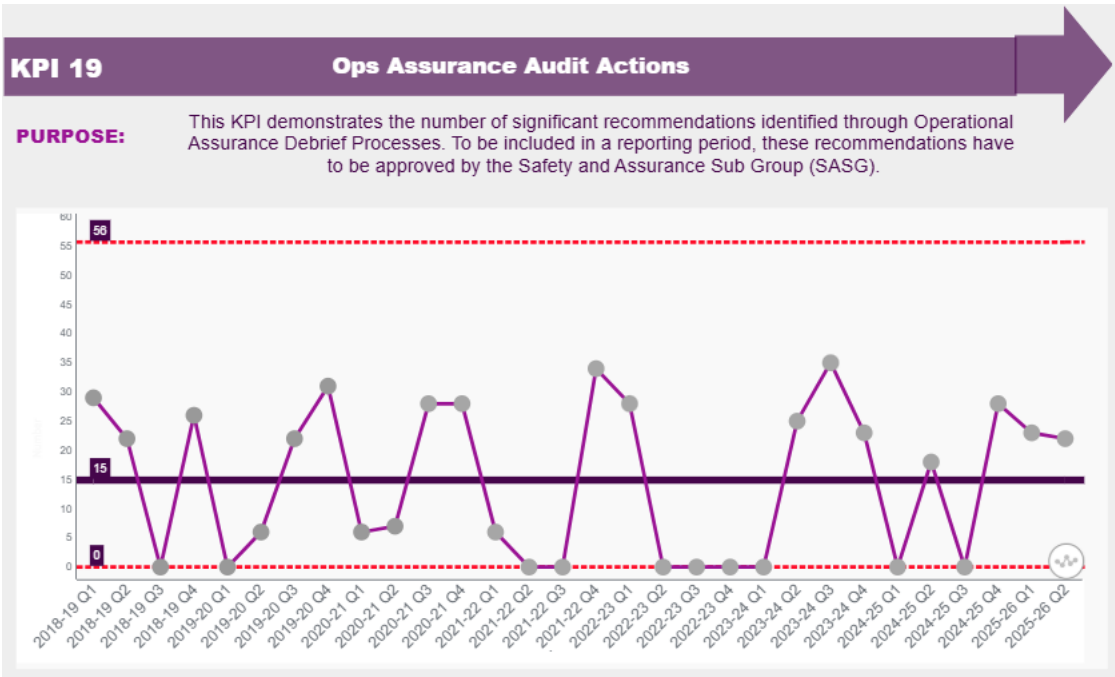
**KPI56: % of Year-to-Date Health and Safety Improvement Plan Actions Completed**



In Q2, 100% of actions were complete, an increase of 40% when compared to the previous reporting year. All outstanding actions from Q1 are complete and reported as 100% complete.

Local SAIG groups continue to manage and support the completion of improvement plans.

# KPI19: Operational Assurance Debrief Actions



In Q2, three debriefs, ENVA Recycling, Kinghorne Place and Storm Eowyn, were progressed to OLG, resulting in 22 actions approved and logged in the tracker to monitor progress. Operational Assurance continues to support organisational learning by conducting debriefs where appropriate.

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## Safety and Assurance Information and Updates

### **Contaminants**

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

- Airing rails and cages continue to be fitted at 50 identified On-Call Stations as part of the current phase of the roll-out programme.
- A working group is to be established to review and agree on the location of the fourth Breathing Apparatus cleaning machine.
- A proposal has been submitted for the provision of towels at fire stations.
- A review of *Cleaning, Inspection and Repair of Firefighters' Personal Protective Equipment, Edition 2, 2024* is ongoing against *Fire Contaminants SOP Version 0.2*

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

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

- Analysis of vehicle accidents from TASS and Tranman continues to show that the majority continue to be due to low-speed manoeuvres resulting in minor damage to appliances;
- Driving at Work GRA published;
- All three SDAs have procured LSM training equipment with a projected downturn in Q3 and Q4 as the new training is implemented. The effectiveness of these measures will be monitored throughout Q3 and Q4;
- Management of Low-Speed Manoeuvre Booklet completed and waiting on approval to publish from SFRS Communication and Engagement team; and
- Iveco Medium Weight Appliances Working Group meeting in October 2025 to consider safety concerns raised by the Fire Brigades Union.

## Organisational Learning Group (OLG)

The OLG tracker has a total of 595 recommendations from Debriefs, Accident/Near Miss Investigations, external learning cases, etc.

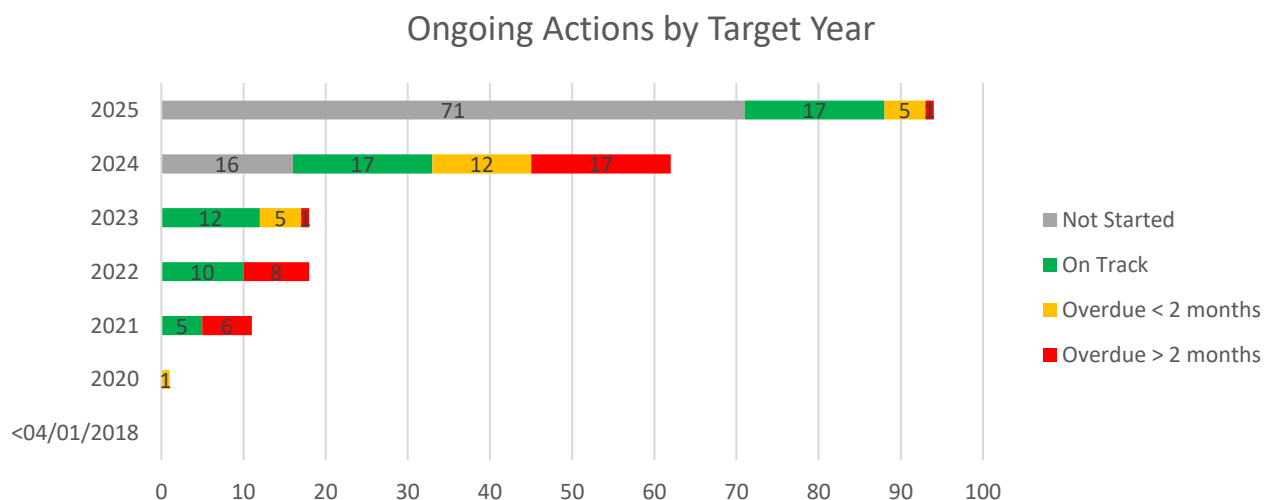
Of the 595 actions, 391 of these have been recorded as closed with 204 actions remaining in progress. Some of the key themes surrounding the outstanding actions relate to welfare, FDO Functional role training, relief strategies and provision of PPE for wildfire and RTC.

The following actions plans were added to the OLG tracker during Quarter 2:

- ENVA Recycling Debrief (5 actions)
- Kinghorne Place Debrief (5 actions)
- Rescues from Water NFCC Action Note (2 actions)
- Selkirk Burn Injuries Accident (7 actions)
- Storm Eowyn Debrief (12 actions)
- Trend Analysis of PRE Events (13 actions)

1 action plan for OATA Drager PSS7000 was closed. This was in relation to providing cleaning and decontamination guidance. The Fire Contaminants Standard Operating Procedure (SOP) was published in April 2025 and provides clear and detailed guidance for cleaning and decontamination of BA Sets.

A further 17 actions were brought by risk owners as closed over the past two OLG meetings, showing continued progress.



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



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## Health and Safety Event Investigation and OA Submission Outcomes

- **Vehicle Accident:** Appliance driving under blue light conditions when the Watch Commander heard a clattering noise and noticed one of the appliance drawers was open. Following immediate inspection, it was found the drawer had struck two private vehicles, there was damage to two appliance locker drawers and damage to the battery of powered rescue equipment. The event investigation revealed that whilst vehicle checks were completed, they were not thoroughly carried out with appliance drawer defects missed. This had caused a drawer to open and equipment to be ejected. The Station Commander conducted a meeting with all station Watch Commanders to highlight the importance of thorough vehicle checks, spotting defects and reporting the defects straight away to minimise the risk of equipment damage or accidents. The event learning was shared across the wider LSO area.
- **Act of Violence:** Community Action Team (CAT) attended address to conduct home fire safety visit (HFSV). CAT had been advised prior to attending that the occupier had mobility issues, to knock on property door and enter. The occupier was aware that the CAT would be attending. On arrival the CAT knocked on the door, calling out 'fire service' before entering, no response was heard from occupier as CAT knocked on internal doors and upon entering the living room of the property the occupier was found to be in a state of undress. The members of the CAT left the property without completing the HFSV and returned to station.

This was a deliberate act of violence against SFRS staff and has been reported to Police Scotland. The Post Incident Support Process was initiated, and the procedure of knocking and entering a property on the advice of a third party stopped with immediate effect. HFSV SOP and GRA has been reviewed and updated. Event raised with PP&P leads for discussion and progression.

A Thematic audit is being considered to ensure that SFRS is collecting all data and evidence of incidents during SFRS non-operational staff engagement with the public (this is being discussed with the Prevention Directorate and Operational Assurance).

### OA Submission Outcomes:

OA are continuing to monitor the procedures being adopted at Carbon Monoxide (CO) Incidents across SFRS. Q2 has identified deviations from procedure and limited challenging of procedures being adopted. OA engaged with Operational Delivery to re issue an Awareness Briefing to highlight the correct procedures to be followed and will continue to monitor the trend for improvement.

Following the issuing of the Large Animal Rescue Awareness Briefing in August, OA are continuing to monitor incidents of this nature to determine the effectiveness of the procedure.

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## Risk Assessments

The following GRAs were revised and published during Q2:

- [GRA-034 Chip Pan Demonstration Trailer](#)
- [GRA-043 Working in an Office](#)
- [GRA-009 Hydrant Maintenance](#)
- [GRA-096 All Transport](#)
- [GRA-003 Driving at Work](#)
- [GRA-024 Wellbeing Activities](#)
- [GRA-052 Community Garden](#)
- [GRA-059 Operations Control Activities](#)
- [GRA-094 Wildfires](#)
- [GRA-037 Safe Use of Lift Trucks](#)
- [GRA-079 Station Activity](#)
- [GRA-108 Premises Compliance – Fire Stations and Training Facilities](#)
- [GRA-011 All Training Activities](#)
- [GRA-015 Responding to Marauding Terrorism Attack Incidents](#)
- [GRA-061 Pre-Recruitment Engagement Programme](#)
- [GRA-065 Ultra-High Pressure Firefighting Systems Training](#)
- [GRA-084 Communications & Engagement Media Activities](#)

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

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

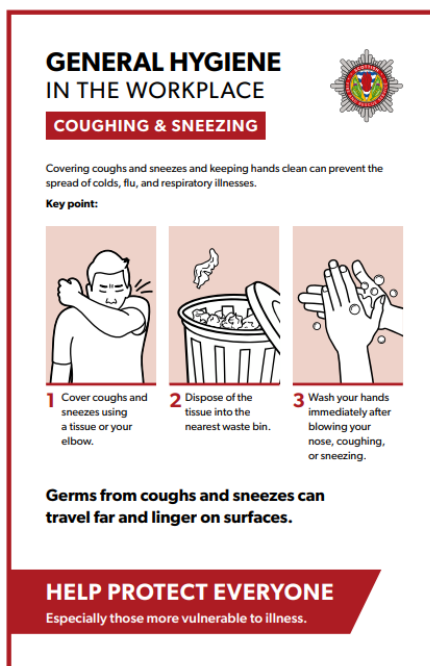
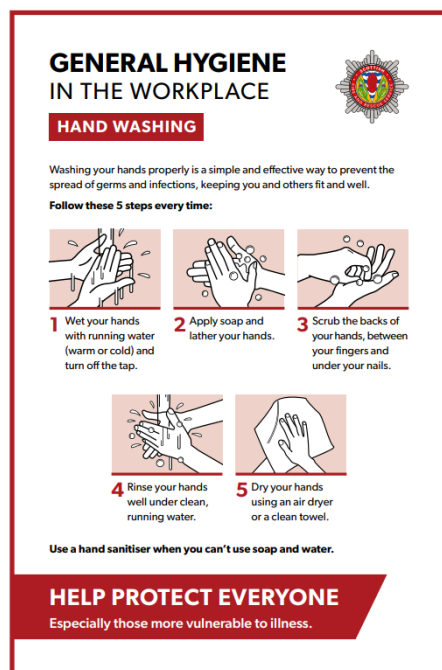
## Updated Programmes of Learning on LCMS

The Health and Safety Event Reporting and Investigation module has been updated and made interactive. It is available in the SFRS Induction, Organisational Learning and TASS programmes. The Operational Incident Risk Assessment module has also been updated and is included in the Q3 TFoC modules.:



## New Workplace Posters

As part of our revised transmission prevention control measures captured within the [Health and Safety Office Handbook Overview](#), two new workplace posters were added to the iHub to promote general hygiene:



As part of Safe Use of Lift Truck arrangements, a new [Lift Truck Safety Poster](#) was introduced:

# LIFT TRUCK SAFETY

Essential Do's & Do Not's  
for Forklift Operation



## DO'S



### Site Rules General Conduct

- Only authorised operators are permitted to use lift trucks.
- Follow site rules and traffic management plans.
- Operate lift trucks only in designated areas.



### Pre-Use Checks

- Retrieve keys from designated secure area.
- Perform a pre-use inspection and clean frequently touched surfaces.
- Record inspection details and report any defects immediately.



### Awareness & Visibility

- Look all around before moving off.
- Always look in the direction of travel.
- Watch for pedestrians, vehicles, and obstructions.
- Sound the horn at danger spots and doorways.
- Ensure reversing alarms are working.



### Driving Practices

- Drive at safe speeds; avoid sudden braking or sharp turns.
- Travel with forks low (within 150mm of ground) and mast slightly tilted back.
- Follow specific attachment instructions (e.g., barrel clamps).
- Maintain truck stability at all times.



### Slopes & Inclines

- Travel slowly on slopes.
- Loaded: forks uphill. Unloaded: forks downhill.
- Avoid turning on slopes; stay aligned with the incline.
- Raise forks slightly at slope bottoms to prevent grounding.



### Operator Safety

- Always wear seat belts (if fitted).
- Keep arms and hands inside the cab.
- Use steps and handholds when mounting/dismounting.
- Remove keys when leaving the truck unattended.



### Load Handling

- Do not exceed the truck's safe load capacity.
- Position loads correctly on the forks.
- Reduce load size when necessary (e.g., using drum clamps).
- Ensure overhead clearance before lifting.



### Parking & Shutdown After Use

- Apply handbrake, set controls to neutral, lower forks to ground.
- Tilt forks forward when parked.
- Shut off power and secure the keys in a dedicated secure area after use.



### Load & Equipment Safety

- Isolate or remove damaged loads/pallets and report them.

## DO NOT'S



### Training & Fitness to Operate

- Never operate a lift truck unless you are properly trained and certified.
- Never operate a forklift if you are under the influence of alcohol, drugs, or affected by a medical condition.



### Unsafe Equipment Use

- Never use faulty equipment; always record the issue and report it to your supervisor immediately.
- Never operate the controls from outside the cab.
- Never stand on or near the controls to reach a load or object.
- Never attempt repairs unless you are a qualified technician.



### Distractions While Operating

- Never drive while using a mobile phone or hand-held device.
- Never allow distractions to interfere with safe forklift operation.



### Equipment Misuse

- Never use lift trucks with under-inflated pneumatic tyres.
- Never change the counterbalance weight unless approved by the manufacturer or supplier.
- Never carry passengers on the forklift.



### Unsafe Load Handling

- Never lift a person on the forks under any circumstances.
- Never pick up a load if someone is within reaching distance or touching the load.
- Never move loads that appear unstable or are on damaged pallets.
- Never lift a load if the weight is unknown or may exceed the forklift's capacity.



### Improper Driving

- Never travel with the load raised unless moving slowly during stacking or de-stacking.
- Never carry a load that blocks your forward view unless driving in reverse with a trained banksperson or assistants.
- Never leave a forklift unattended or parked on a slope unless it's an emergency and always chock the wheels if you must.



### Environmental Hazards

- Never use engine-powered forklifts in areas with poor ventilation.
- Never drive over unprotected cables, hoses, or similar obstacles.
- Never use the forklift or its accessories to scrape or dig the ground.

## Directorate Events

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

> Red	Highlights an increase in statistical figures.	< Red	Highlights a negative decrease in Near Miss Events.	< Green	Highlights a reduction in statistical figures.
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NORTH	Q2 2024/25	Q2 2025/26
Verbal AoV	1	>2
Physical AoV	1	<0
RIDDOR	0	>1
Accident/Injuries	15	<2
Near Miss	10	<9
Vehicle Accidents	11	>12
Improvement Plan % Completion	50%	>100%

EAST	Q2 2024/25	Q2 2025/26
Verbal AoV	1	>4
Physical AoV	3	<2
RIDDOR	2	<1
Accident/Injuries	16	<13
Near Miss	6	>11
Vehicle Accidents	13	>26
Improvement Plan % Completion	100%	100%

WEST	Q2 2024/25	Q2 2025/26
Verbal AoV	3	3
Physical AoV	4	>10
RIDDOR	2	<0
Accident/Injuries	14	<8
Near Miss	15	<10
Vehicle Accidents	26	26
Improvement Plan % Completion	75%	>100%

Training, Safety and Assurance	Q2 2024/25	Q2 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	>1
Accident/Injuries	2	>8
Near Miss	1	>2
Vehicle Accidents	1	<0
Improvement Plan % Completion	78%	>100%

Operations	Q2 2024/25	Q2 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	1	1
Near Miss	0	>1
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

Financial and Contractual Services	Q2 2024/25	Q2 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	2	2
Near Miss	0	>1
Vehicle Accidents	0	>3
Improvement Plan % Completion	100%	100%

Strategic Planning, Performance and Communications	Q2 2024/25	Q2 2025/26
Verbal AoV	1	<0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

Prevention	Q2 2024/25	Q2 2025/26
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Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	67%	>100%

PEOPLE	Q2 2024/25	Q2 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

PORTFOLIO	Q2 2024/25	Q2 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

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

Published statistics should be quoted for wider public use.

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



## Scottish Fire and Rescue Service

Safety and Assurance  
Quarterly Performance Report Q2 2025/26  
Version 1.0  
October 2025



## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



SCOTTISH  
FIRE AND RESCUE SERVICE  
Working together for a safer Scotland

Report No: C/PC/57-25

Agenda Item: 11.2

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		CONTAMINANTS UPDATE						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	The purpose of the paper is for People Committee to scrutinise the update on the management of contaminants in SFRS.							
2	Background							
2.1	The research of Professor Anna Stec published in 2023, the work of the NFCC Contaminants Group, attendance at conferences is providing informative research outcomes and information on new and emerging developments on the management of fire contaminants.							
3	Main Report/Detail							
3.1	<b>Equipment</b>							
3.1.1	Assets are currently in progress with the following projects: <b>Airing Cages &amp; Rails:</b> A total of 120 fitted to On-Call Stations and 70 fitted to Whole Time Stations. <b>SCBA Cleaning Facilities:</b> Breathing Apparatus (BA) Washers and Dryers have been commissioned at three National Training facilities; Cambuslang, Perth and Portlethen. The Contaminants Subgroup have decided that the best location for the fourth BA Washer in at Invergordon Training Centre. <b>Towels:</b> A Business Case was submitted to Change Portfolio Investment Group (CPIG) for approval on the procurement of two towels per operational personnel.							
3.2	<b>Research</b>							
3.2.1	CivTech facilitated a workshop on “How can technology identify contaminants across different types of incidents?”. A joint venture between SFRS and FireHazResearch Ltd. has been formally approved. A weekly meeting is arranged for SFRS, FireHazResearch Ltd. and Civtech to receive an update from Prof. A. Stec. A Contaminants Steering Group has been established to provide oversight, guidance and coordination regarding the Pre-Commercial Phase with FireHazResearch Ltd. A company called Zodu (app developers) are engaging with SFRS on the Health Questionnaire for the App. UK FRS’s have expressed interest in the App.							
3.3	<b>Communications</b>							
3.3.1	Communications are preparing a ‘Fire Contaminants Round-Up’ stating achievements to dates, to share information service-wide.							

3.4	<b>Safety and Assurance</b>																
3.4.1	A Premises Compliance Generic Risk Assessment (GRA) was issued with required control measures for each station. If it is not feasible to implement the control measures, a Specific Risk Assessment (SRA) must be developed with site specific control measures. This may result in travel to a neighbouring station to decontaminate / shower etc.																
3.5	<b>Implementation Plan</b>																
3.5.1	The Implementation Plan is reviewed to ensure progression at each Fire Contaminants Subgroup meeting.																
3.6	<b>Training</b>																
3.6.1	All TSA venues were reviewed with a minimum requirement for decontaminating at all sites and what is required at each site. The Responsible Person has been tasked to work with property to review cost and property adaptation for each training site.																
3.7	<b>National Fire Chief's Council (NFCC)</b>																
3.7.1	<b>Contaminants in Fire and Rescue Activities Position Statement</b> NFCC acknowledged that firefighters face serious health risks when they encounter contaminants during operations, including possible carcinogenic effects. Fire and Rescue Services (FRSs) have started to reduce these risks, but inconsistent funding and gaps in infrastructure—especially in England—slow their progress. The NFCC urges the government to keep investing in facilities, PPE, decontamination, and health monitoring so the workforce stays safe and resilient. An expert advisory group will guide the sector, and long-term health studies will generate data that strengthens practice across services.																
3.7.2	The Contaminants Project Group is responsible for monitoring, reviewing and supporting evidence-based research to understand potential risks as well as inform future guidance. <table border="1"> <thead> <tr> <th>Group</th><th>Current Project Status</th></tr> </thead> <tbody> <tr> <td>Literature Review</td><td>A summary document is regularly reviewed and updated to reflect scientific research information globally. The papers focus on Wildfire risk, effectiveness of PPE, effectiveness of laundry methods, general cancer risk, skin decontamination, lifestyle factors and Removal of PFAS from appliance systems.</td></tr> <tr> <td>Risk Assessment / Safe Systems of Work</td><td>10 risk assessments identified: 5 complete pending NFCC Governance. 2 in draft, 3 ongoing.</td></tr> <tr> <td>Training and Development</td><td>The drafted guidance is being presented at relevant NFCC governance meetings.</td></tr> <tr> <td>Appliances &amp; Equipment</td><td>SFRS returned feedback on the draft Clean Cab Concept.</td></tr> <tr> <td>Estates</td><td>Due to variations, and resourcing available, the guidance is noting simple improvements to be made to Whole Duty, Retained Duty and Training facilities. This group is being led by the NFCC Estates group, which SFRS is involved in.</td></tr> <tr> <td>RPE</td><td>A questionnaire has been issued to European FRS and will be compared with the findings from UK FRS.</td></tr> <tr> <td>PPE</td><td>Considering the likely contamination of work/garments worn underneath PPE and what management systems may be required. The research is referred to as Project HYGEIA. NFCC have received a draft report and hope some initial findings will be shared by 31 December 2025, pending NFCC Governance.</td></tr> </tbody> </table>	Group	Current Project Status	Literature Review	A summary document is regularly reviewed and updated to reflect scientific research information globally. The papers focus on Wildfire risk, effectiveness of PPE, effectiveness of laundry methods, general cancer risk, skin decontamination, lifestyle factors and Removal of PFAS from appliance systems.	Risk Assessment / Safe Systems of Work	10 risk assessments identified: 5 complete pending NFCC Governance. 2 in draft, 3 ongoing.	Training and Development	The drafted guidance is being presented at relevant NFCC governance meetings.	Appliances & Equipment	SFRS returned feedback on the draft Clean Cab Concept.	Estates	Due to variations, and resourcing available, the guidance is noting simple improvements to be made to Whole Duty, Retained Duty and Training facilities. This group is being led by the NFCC Estates group, which SFRS is involved in.	RPE	A questionnaire has been issued to European FRS and will be compared with the findings from UK FRS.	PPE	Considering the likely contamination of work/garments worn underneath PPE and what management systems may be required. The research is referred to as Project HYGEIA. NFCC have received a draft report and hope some initial findings will be shared by 31 December 2025, pending NFCC Governance.
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	Health Surveillance Other:	Draft guidance circulated for consultation. The Health and Safety Executive (HSE) will begin an inspection of UK Fire Rescue Services in Q3/Q4. The focus of the inspection will be management of fire contaminants including risk assessments, laundering kit, welfare, RPE, training facilities.
<b>4</b>	<b>Recommendation</b>	
4.1	The request from the People Committee is to scrutinise the content of this report.	
<b>5</b>	<b>Key Strategic Implications</b>	
5.1 5.1.1	<b>Risk Appetite and Alignment to Risk Register</b> There is a risk that failure to implement robust arrangement to manage contaminants may result in not meeting legislative requirement and potential ill-health.	
5.2 5.2.1	<b>Financial</b> There is significant capital and resource budget allocation required to progress the contaminants implementation plan.	
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> N/A	
5.4 5.4.1	<b>Workforce</b> Potential impact of decontamination on operational resilience and resource availability which will considered in the planning and implementation process.	
5.5 5.5.1	<b>Health &amp; Safety</b> There is a risk that failure to implement robust arrangements to manage contaminants may result in non-compliance with the employers' duty of care under the Health and Safety at Work etc. Act 1974.	
5.6 5.6.1	<b>Health &amp; Wellbeing</b> The implementation of arrangements for health surveillance for staff exposed to contaminants will ensure the effective monitoring and early diagnosis of illness potentially linked to contaminants.	
5.7 5.7.1	<b>Training</b> Service wide training required to support the implementation of procedures and safe systems of work and develop positive culture and behaviours related to contaminants.	
5.8 5.8.1	<b>Timing</b> There is significant political and public pressure for the SFRS to demonstrate progress of arrangements to manage the risks associated with contaminants therefore it is essential that appropriate resources are allocated to ensure this workstream is prioritised.	
5.9 5.9.1	<b>Performance</b> Monitoring of implementation and application of arrangements will be through existing and new assurance arrangements.	
5.10 5.10.1	<b>Communications &amp; Engagement</b> Communications and engagement strategy required to ensure understanding and implementation of control measures.	
5.11 5.11.1	<b>Legal</b> There is a risk that failure to implement robust arrangements to manage contaminants may result in personal injury claims against the SFRS and Health and Safety legislation.	

5.12 5.12.1	<b>Information Governance</b> No – to be completed prior to publication of any documentation.	
5.13 5.13.1	<b>Equalities</b> No. Consideration will be given at the prior to publication of any documentation.	
5.14 5.14.1	<b>Service Delivery</b> Potential impact of decontamination on operational resilience and resource availability will be considered in the planning and implementation process.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	A reasonable level of assurance is provided. The Contaminates Group/Contaminants Subgroup have made progress. There are several workstreams to be progressed. The impact of actions implemented to mitigate the risk of contaminants will be evaluated.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1		
<b>Prepared by:</b>		Teresa Kelly, Deputy Head of Safety and Assurance
<b>Sponsored by:</b>		Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance
<b>Presented by:</b>		Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance
<b>Links to Strategy and Corporate Values</b>		
<p><b>Strategic Plan 2022-2025:</b>  Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public.  What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety, and wellbeing of the public and our staff.</p> <p>Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.  Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety, and wellbeing of the public and our people.  Objective 6.2 Developing and deploying new and more agile ways of working to protect the safety, wellbeing, physical and mental health of our people.</p> <p><b>Safety Value:</b> Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.</p>		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
People Committee		11 December 2025
		<b>Report Classification/ Comments</b>
		For Scrutiny

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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

Report No: C/PC/60-25

Agenda Item: 12.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		HMFSI MENTAL HEALTH AND WELLBEING SUPPORT IN THE SCOTTISH FIRE AND RESCUE SERVICE ACTION PLAN UPDATE						
Report Classification:		For Information	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
1	Purpose							
1.1	The purpose of this report is to update the People Committee (PC) on progress against the HMFSI Mental Health and Wellbeing Support in the Scottish Fire and Rescue Service (SFRS) Action Plan.							
2	Background							
2.1	HMFSI published its report into the Mental Health and Wellbeing Support in the SFRS on 13 December 2023. There were 20 recommendations and subsequently 30 agreed actions.							
2.2	In September 2024, the SFRS Senior Leadership Team (SLT) was alerted to a compliance risk via a corporate paper from the People Directorate. This followed an internal audit which identified incomplete health and wellbeing assessments during the transfer of wellbeing records.							
2.3	It was recognised that SFRS may not have been meeting its legal obligations under Health and Safety legislation, specifically regarding health surveillance, safety-critical assessments, and fitness evaluations necessary to ensure employee safety.							
2.4	To address the issue, the Wellbeing Tactical Action Group (TAG) was established to lead the recovery plan and investigate the root causes, identify lesson learned and to prevent recurrence.							
2.5	SLT approved a business case for temporary structural changes, including an interim wellbeing framework							
2.6	Following a compliance investigation, the following immediate actions were taken: <ul style="list-style-type: none"><li>The Health and Wellbeing (H&amp;W) team’s reporting line was temporarily moved under Safety and Assurance (S&amp;A).</li></ul>							
2.7	As a result of the change to the interim structure, a focus on the recovery programme and all actions requiring reviewing for progress due to the age of the updates, including outcomes and evidence. As a result the Action plan timeline was agreed to be extended at the People Committee on 11 September 2025.							



3	Main Report/Detail
3.1	On 23 September 2025 it was agreed for a People advisor to be seconded to Wellbeing, support the Mental Health Strategy, HMFSI action plan and wellbeing development supported by Lead Practitioner Wellbeing as part of the interim structure.
3.2	As part of the transition of Wellbeing to Safety and Assurance it was also agreed that Head Safety and Assurance would re-establish and Chair the Mental Health and Wellbeing Group (MHWG) due to the group not being chaired since 13 <sup>th</sup> Nov 2024.
3.3	The Mental Health and Wellbeing Support in the SFRS action plan contains 20 recommendations with 30 previously agreed actions.
3.4	<b>Previous updates</b>
3.4.1	The last published action plan was October 2024 ( <a href="#">HMFSIMentalHWSupportActionPlan.pdf</a> ) The update contained 30 actions (4 not started, 13 in progress, 8 completed and 5 cancelled).
3.4.2	The most recent updates are within the published Corporate Board papers (Feb, Jun, Aug). February 2025 was an formal update and June and August included a holding statement from People. These updates are also included in the published People Committee papers (Mar and Sept 2025).
3.5	<b>Action plan review October 2025</b>
3.5.1	A review and cross check were undertaken for validity, currency and sufficient. As a result, there are: <ul style="list-style-type: none"> <li>Completed with evidence: 5</li> <li>In Progress: 21 (6 of which will be linked to the MHWG action plan with longer term timeframes)</li> </ul>
3.5.2	Action 2 – previously marked as completed. However, the executive lead and role is being reviewed as part of the action.
3.5.3	Action 16 – previously marked as completed. However, as with action 18 the PISP procurement process is underway with Scotland Excel and status changed to in Progress.
3.5.4	Action 18 – previously marked as completed. However, while some aspects of the action had been completed such as the PISP process being offered to wider range of staff, the contractual side required updating and is due for renewal. Currently, under Scotland Excel. <ul style="list-style-type: none"> <li>Cancelled: 5 actions previously cancelled as agreed through PC.</li> </ul>
3.6	<b>Recommendation 7 (Actions 7.1 – 7.6)</b>
3.6.1	Actions 7.1 – 7.6 are larger actions interdependent on the Strategy review, MHWG framework and action. Consequently, progress will be reported through the MHWG with a further extended timeframe.
3.7	<b>Priority Workstreams</b>
3.7.1	The priority workstreams are: <ul style="list-style-type: none"> <li>Reestablishment of the MHWG (next meeting Jan 2026) – linked recommendation 2</li> <li>Refresh the Mental Health Strategy -</li> <li>MHWG to Create framework and action plan – linked recommendation 1</li> </ul>
3.7.2	Updates on all actions are attached (Appendix D).

<b>4</b>	<b>Recommendation</b>
4.1	The Committee are asked to note the content of the Report and provide feedback.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	The Report provides the means to monitor our performance, improvement and, in turn, should positively impact upon each of the Functional/Directorate and Strategic Risks.
5.2	<b>Financial</b>
5.2.1	There are no financial implications with the production of this report.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	There are no environmental implications to be considered. This report is circulated electronically.
5.4	<b>Workforce</b>
5.4.1	This report highlights the monitoring progress.
5.5	<b>Health &amp; Safety</b>
5.5.1	Failure to monitor and improve could result adverse publicity damaging the reputation of SFRS.
5.6	<b>Health &amp; Wellbeing</b>
5.6.1	Will assist in implementing strategies to improve the Health and Wellbeing of SFRS employees.
5.7	<b>Training</b>
5.7.1	There are no training implications as a result of this report. Training requirements will be approved through other governance routes.
5.8	<b>Timing</b>
5.8.1	Progress will be reported through the appropriate governance routes as noted within the Governance Route of Report Section.
5.9	<b>Performance</b>
5.9.1	No performance implications as a result of this paper.
5.10	<b>Communications &amp; Engagement</b>
5.10.1	HMFSI action plan update to be published with PC report.
5.11	<b>Legal</b>
5.11.1	No legal implications as a result of the report.
5.12	<b>Information Governance</b>
5.12.1	There are no implications that require to be noted for GDPR purposes within the report.
5.13	<b>Equalities</b>
5.13.1	There are no implications to be noted for equality and diversity. An Equality and Human Rights Impact Assessment (EHRIA) has been completed for the Health and Safety Policy and supporting arrangements.
5.14	<b>Service Delivery</b>
5.14.1	This report has no direct impact on Service Delivery. Any actions will be discussed through service delivery.

<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> / <b>Reasonable</b> / <del>Limited</del> / <del>Insufficient</del>
7.3	<b>Rationale:</b>	The Report informs the organisation's progress being made toward achieving the HMFSI action plan, as well as how they contribute to the organisation's success.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: HMFSI Action Plan November 2025	
8.2	Further Reading: <ul style="list-style-type: none"> <li>• HMFSI Report <a href="#">Mental Health and Wellbeing Support in the Scottish Fire and Rescue Service in the Scottish Fire and Rescue Service</a></li> <li>• Mental Health Strategy 2020 – 2023 <a href="#">MentalHealthStrategy2020-2023.pdf</a></li> <li>• The last published update: October 2024 (<a href="#">HMFSIMentalHWSupportActionPlan.pdf</a>)</li> </ul>	
<b>Prepared by:</b>		Orla Thomson / Michael Humphreys
<b>Sponsored by:</b>		Jim Holden, Head of Safety and Assurance
<b>Presented by:</b>		Jim Holden, Head of Safety and Assurance
<b>Links to Strategy and Corporate Values</b>		
<b><u>SFRS Strategy 2025 28</u></b> <u>Safe and Effective Response</u> OUTCOME: We are an effective and trusted Fire and Rescue Service where our communities and people are safe.  <u>Innovation and Investment</u> OUTCOME: We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient.		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>11 December 2025</i>
		<i>For Scrutiny</i>

HMFSI Recommendation	Action Ref	Action Description	Position Statement	Due date	Revised due date	RAG	Evidence
The SFRS should consider the suitability of the governance arrangements for the Suicide Prevention subgroup. If it is considered that this group cannot achieve the outcomes that are set out within the Mental Health Strategy, then the Service should consider alternative arrangements to replace it. Any new arrangements should ideally be in place before the current subgroup is disbanded.	4	N/A	28/10/2024: Previous published update shows this recommendation was cancelled with no position statement.  13/11/2025: Reviewed and Require MHWG to be established to then consider subgroups. Group to consider if suicide prevention subgroup should be set up. Need to consider ToR for group. as agreed with Jim Holden as new Chair of MHWG - remains closed				
The SFRS should consider if a formal role is appropriate for the Chaplaincy service within their mental health and wellbeing offer to personnel. Options to establish pastoral care across all of the Service Delivery Areas of the Service should be explored.	10	N/A	Previous statement: View was it was not appropriate to develop a formal role for chaplaincy. The Service does however need to look at clarifying the role of pastoral care for staff and how it is promoted across the Service. The group felt it was worth considering how to extend current provision beyond the single faith currently represented. Memo of understanding in place for two Chaplains who currently provide services to SFRS, clearly outlining the role carried out				Mental Wellbeing Champion Evaluation Report Memo of understanding Wellbeing signposting literature
The Watch Commander (WC) role is critical within the Watch based system. They are often the first point of contact for mental health and/or wellbeing issues that may be affecting their Watch personnel. WCs are a trusted role within the Watch system, and they cover the majority of operational firefighters at work. The SFRS should consider how best to utilise the WC role and make them 'mental health advocates' to support the needs of operational firefighters on the Watch. Additionally, the Service should consider the training that would be required to ensure any advocates approach is robust. The mental health advocate role for WCs should be considered.	12	N/A	Previous Statement Not supportive of making WC mental health advocates on a mandatory basis as they may not be comfortable in the role or may not be appropriate for it. Currently considering if OCSWCs are well placed to be Lifelines facilitators.  Nov 25: Mtg with Les Mason and OCSWCs who are also Champions to see if they can be progressed as facilitators. Refer to comments on row 35 re: initial conversations with TD around wellbeing input for supervisory/middle mgr learning development framework. OCSWCs are a set focus within the Wellbeing & Inclusion calendar, with a theme yet to be confirmed.				Completion of evaluation of the Wellbeing Champion programme since inception. Action plan from the future learning resource group.
The SFRS should monitor the potential mental health impacts of the hybrid working system. It should consider the impact upon managers who may need to spend additional time in the support of hybrid working team members.	14	N/A	Agile working framework Agile working survey LCMS Agile Working Module				Agile working framework Agile working survey LCMS Agile Working Module
The SFRS should consider all aspects of training that may be required for any new or novel operational interventions that may be required to be performed by its staff. These considerations should include aspects of any operational work that may have the potential to cause psychological trauma and negatively impact the mental health and wellbeing of responding firefighters. Mitigations and support should be developed and implemented if harms are identified.	15	N/A	Previous statement: The recommendation to consider all aspects of training that may be required for any new or novel operational interventions that may be required to be performed by its staff is noted. When and if the role of a Firefighter is developed to include new or novel operational interventions a full Equality and Human Rights Impact Assessment will be carried out to ensure that due consideration is given to any impact on the mental health and wellbeing of Operational Personnel as a result of those changes, and appropriate measures will be introduced to address these impacts, including the provision of new, or changes to existing, training.				

HMFSI Recommendation	Action Ref	Action Description	Position Statement	Due date	Revised due date	RAG	Evidence
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.1	Continue to progress the actions of the Mental Wellbeing Learning Resource Group to incorporate / integrate learning from Lifelines and future mental wellbeing and suicide prevention training into the employee lifecycle. This includes identifying requirements/opportunities to develop a programme from onboarding; induction; in development; in role; on promotion and through to retirement and also consider where face to face training maybe appropriate and achievable; whilst taking into account SFRS digital first principles.	<p>28/10/2024: A modularised programme has been developed and now implemented into the Wholetime Firefighter Induction Programme. 38 Facilitators have been trained to deliver the Lifelines content, however, a programme to ensure competency is still to be implemented and recommendations for an ongoing delivery model to be considered. This action is ongoing and has been marked green.</p> <p>Previous commentary update: Both mandatory and optional suicide awareness and intervention learning materials and resources have been embedded in to the SFRS MHLRG Action Plan and draft scope of materials with in the Matrix. Suicide First Aid training complete for Wellbeing team</p> <p>13/11/2025 - The modularised programme whereby every WTTFF that passes through NTC received Lifelines modules 1 &amp; 2, now also includes Trainee Control FFs as of May 2025. These modules are 'Staying Well and Understanding Resilience'. While progress was made and the RAG status was green, this has been changed to amber as the group of facilitators have dwindled to 17 but there is the prospect to sign off more. A gap analysis has been conducted and a scoping exercise is underway to identify more facilitators that can deliver mental health training to all staff groups.</p> <p>While the previous commentary advises mandatory and optional suicide awareness intervention learning materials and resources have been embedded in to the SFRS Mental Health and Learning Resources Group (MHLRG) action plan, this group and associated work was paused due to the Wellbeing Recovery work. MHWG will consider how this work should progress and how mental health training can be delivered to all staff groups throughout an employees career through to retirement. Any specific actions relating to the group will be identified. MHWG</p>	Jun-25	Oct-26		<p>Training scheduling team record module completion on PLAS and Foundation courses - we want MHWG to agree that these modules are formally embedded into foundation courses</p> <p>Team C will also record who is a facilitator</p>
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.2	Develop and implement resources to signpost or provide support to candidates applying to join or move to other roles within SFRS	<p>28/10/2024: A large volume of campaigns and natural attrition within the Talent Acquisition team has meant that this piece of work has not progressed and a new due date of Mar-25 has been proposed. This action has been marked amber due to the slip in original timescale as a result of workload and resource constraints with a proposed new due date in place. [Proposed amended due date from Dec-24 to Mar-25]</p> <p>13/11/2025: This is a longer piece of work which requires to be taken through the MHWG and will require partnership working with key stakeholders such as Talent Development and Talent Acquisition.</p>	Mar-25	Oct-26		Supporting information and signposting available on SFRS Internet and intranet
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.3	Review onboarding and induction resources and support, to provide a holistic approach between SFRS and partner organisations / charities	<p>28/10/2024: Talent Development and Corporate Governance are due to commence a review of induction materials across the Service in line with the Culture Development Group Sub-group action assigned. This action is in progress and has been marked green.</p> <p>13/11/2025: While this action was marked green, it has been changed to amber as this is a longer piece of work which requires to be taken through the MHWG. Key stakeholders will include Talent Development and Talent Acquisition and specific actions will be identified.</p>	Mar-25	Oct-26		Induction process in place for all staff groups <b>that includes Wellbeing input</b>
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.4	Refine and implement resources as part of the Management Development Framework in support of development of existing and aspiring managers ensuring a blended approach to delivery including face to face.	<p>28/10/2024: The Management Development Framework will roll out in October 2024; Days 2 &amp; 3 are in the design stages and supporting deep dive and bitesize sessions will be considered to support this objective. A mapping exercise has been conducted to identify key areas for integration across our current systems. This action is in progress and has been marked amber due to some slip in timescales.</p> <p>Previous commentary update: Lifelines content integrated into current Middle Mgt Learning Development Programme (MM LDP) and will be reworked into future management and leadership programmes. MCF framework is currently in design stages and elements of MHWB will be captured through deep dives (Attendance management) and subject matter expert sessions (HWB Colleagues).</p> <p>13/11/2025 - This action remains amber as it was paused due to prioritisation of Wellbeing Recovery work and is a longer piece of work requiring to be taken through the MHWG. Key stakeholders will include Talent Development and Talent Acquisition and specific actions will be identified.</p>	Dec-25	Oct-26		Management Capability Framework implemented, evaluated to inform improvements and embedded across SFRS
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.5	Identify and secure appropriate suicide prevention and crisis management training, learning resources and support to enable people in crisis to be supported	<p>28/10/2024: A learning resources matrix has been created containing range of modules available for delivery at appropriate stages throughout the employment lifecycle. Included in this are modules developed in support of suicide prevention and crisis management training and resources for those in crisis e.g lifelines modules: 5 (Talking about suicide), 6 (Post Trauma Support Understanding how trauma affects us), 7 (Psychological first aid) as well as the Scottish Government's Distress Brief Intervention and modules available from Public Health Scotland / National Education for Scotland. Also, Suicide First Aid training is now complete for Wellbeing team. This action is progressing and has been marked green.</p> <p>13/11/2025: While this action was previously marked as green, it has been changed to amber as this work requires to be taken through the MHWG. While the Lifelines modules as outlined in the October 2024 position statement continue to be available, we need to consider how these can be delivered. It is not clear what Distress Brief Intervention training has been identified for delivering to staff however, we are working with Public Health Scotland and Suicide Prevention Scotland to identify suitable materials while considering suitability for certain high risk staff groups such as CAT teams and Operational staff and Control.</p> <p>While supporting <b>World Suicide Prevention day</b>, all staff were signposted to Zero Suicide Alliance online training which is a further resource that could be utilised. An separate 'life' within the Wellbeing iHub was created to house resources for easy access. ZSA resource is supported by NFCC as NFCC signpost to this resource in their draft suicide prevention toolkit which is currently out for consultation.</p>	Mar-25	Oct-26		<p>Learning resources matrix embedded including suicide prevention modules</p> <p>Weekly comms and events page promoting suicide awareness</p> <p>Wellbeing iHub with specific Suicide prevention tab</p>

HMFSI Recommendation	Action Ref	Action Description	Position Statement	Due date	Revised due date	RAG	Evidence
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.6	Collaborate with partners and stakeholders to implement appropriate training and resources to support volunteers and youth groups	<p>28/10/2024: Youth Volunteer Scheme National Officer attended the facilitators course and is working to identify anyone who is a wellbeing champion and a Youth Volunteer. Relevant resources have been identified regarding neurodiversity elements and resilience for young people (e.g. the impacts of social media). Bespoke courses are being provided to enable Youth Volunteer Instructors to deliver the Lifelines road trip to volunteers. This action is ongoing and has been marked green.</p> <p>13/11/2025 - This action was previously marked as green, it has been changed to amber. Ongoing engagement is taking place with YVS National Officer to review current wellbeing input and consider the development of bespoke courses for Youth Volunteer Instructors to deliver to youth groups.</p> <p>Currently, all youth groups and volunteers, are provided with an <b>induction manual</b> which includes signposting to the Wellbeing iHub, and highlights the supportive mechanisms available such as EAP, FFC and FST. YVIs are strongly encouraged to complete the Lifelines Staying Well RoadTrip which is available on LCMS or Lifelines website and all of the Lifelines modules are available at request to be delivered by the YVS National Officer who is also a Lifelines facilitator.</p> <p>Youth Volunteers (aged 12–18) receive dedicated lessons on mental health and wellbeing during <b>Phases 2 and 3 of the YVS syllabus</b>. Additionally, within the Community Engagement (Health and Wellbeing) section, schemes are required to collaborate with local and national partners to deliver workshops and learning programmes on a range of topics, including wellbeing. For example, this year Youth Volunteers from YVS Dumbarton completed a six-week course titled Your Resilience delivered by Mental Health UK.</p> <p>To further support young people, a document outlining <b>national wellbeing services</b>—including those offering short-term counselling—has been developed to ensure Youth Volunteers can access appropriate support when needed. Similar resources for YVIs, and for parents and carers of Youth Volunteers, will be produced in due course.</p>	Mar-25	Jun-26		<p>Volunteer handbook</p> <p>YVS manual for volunteers</p> <p>Syllabus that includes wellbeing input</p> <p>YVS signposting document for young people</p>
The SFRS should initiate a review of Post Incident Support Procedure (PISP) elements that relate to the Operations Control (OC). The procedure should be fully explained to OC managers and staff via a bespoke communications plan for the OCs. The Service should consider how PISP can be more systematic and less open to personal interpretation in its implementation within the OC personnel group.	18	Review the PISP policy and procedure end to end to expand and develop those components which relate to the role of the Operations Control (OC) staff group. This includes development and implementation of standard templates across all OC's to ensure consistent communications across all OC locations and teams.	<p>28/10/2024: Engagement with key stakeholders in Operations Control (OC) is now complete and an agreed template has been established for consistency across all Operations Control (OC) areas. This has now been communicated and implemented across all Operations Controls by the Operational Control (OC) Policy Team. This action is now complete and has been marked blue.</p> <p>13/11/2025: While this action was previously marked blue, it has been changed to green as a procurement process is underway with consideration being given to this staff group to ensure relevant documents are fit for purpose. As for all staff groups, constructive conversations are underway with the current provider to explore strategies to hold awareness and training sessions.</p>	Jan-24	Jun-26		<p>Champion engagement session on the PISP process</p> <p>Weekly brief</p> <p>Intranet with info</p> <p>Bespoke awareness session for OC with invitation extended to all staff (Dec 25)</p>
The new Mental Health Strategy should continue to be aspirational in that its offer for staff should be broad, but it also must be achievable and robust. The strategy should be subject to SMART assessment, action plans for achieving outcomes should be considered in advance of its publication. Adequate resources should be in place to support the strategy intentions.	1	Develop Wellbeing Framework and supporting action plan(s) that focus on a preventative and responsive approach to support the wider physical and mental wellbeing agenda	<p>28/10/2024: Commencement of this work has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action has not yet started due to work commitments, however, has been marked green as it will progress as planned to the original due date.</p> <p>13/11/2025: Reviewed the ask, and the action will be taken forward by refreshing our current strategy and developing an action plan in line with current commitments. This will remain green with a revised due date of April 2026.</p>	Jun-25	Apr-26		Strategy document, action plan and completed governance
The SFRS should consider the nomination of a Corporate Mental Health and Wellbeing Champion for the Service. The Champion should be of a sufficiently senior level to be able to direct action and ensure that appropriate oversight and governance is put in place to allow them to scrutinise progress against the next Strategy and any associated action plans.	2	Define the scope of the Corporate Mental Wellbeing Champion clearly stating the differences between the Champion role and the Wellbeing Executive Lead; identify methods to provide the workforce with opportunities to engage with the Champion.	<p>28/10/2024: The Deputy Chief Officer has taken on the role of Corporate Wellbeing Champion and is now a standing member of the Mental Health and Wellbeing Group (MHWG). Engagement with communications colleagues regarding raising awareness and the profile of the role is currently ongoing. Visibility of our corporate champions is now in place, including a video which was published to SFRS employees with direct messages on the importance of employee wellbeing. A video has also been developed to promote the Fire Fighters Charity event in September. A promotional banner has been provided for use at wellbeing events and roadshows. This action has been marked blue and is now complete.</p> <p>13/11/2025: While this action was marked blue and complete, it is felt this should be reviewed due to the promotion of Corporate wellbeing Champion who was DCO and is now CO. The promotional banner continues to be used at wellbeing events and roadshows, and the video produced by the Corporate Champion which was circulated in April 2024 continues to be featured in the Champion Induction day. This action has changed from blue to green while we await confirmation.</p>	Dec-24	Jan-26		Promotion of identified Corporate Champion via weekly comms and on intranet
The Board of SFRS should assess if they are fully scrutinising progress of Mental Health outcomes against the aspirations of the Mental Health Strategy. Governance routes up to Board level should be reinvigorated and formalised to ensure scrutiny, oversight and transparent accountability are in place.	3	Carry out a review of the Mental Health and Wellbeing Group Terms of Reference to align with revised SFRS governance arrangements. Agree the format and methods of scrutiny and reporting of progress on the SFRS Mental Wellbeing Action Plan and decisions of the Mental Health and Wellbeing Group with the SFRS People Committee.	<p>28/10/2024: Annual review of the Terms of Reference has been approved by Mental Health and Wellbeing Group (MHWG) in line with the revised SFRS governance arrangements. A review of future People indicators and reporting is currently being carried out with the People Committee as part of the SFRS Performance Management Framework, and this will inform any future approach. A revised due date of Jul-25 has been proposed to align with the first reporting period of new Performance Management Framework (PMF). The annual review of the Terms of Reference did not give any further consideration at this stage to scrutiny and reporting to the People Committee and the intention is that this would be considered in the review of how and what the People Directorate reports on from 2025/26. This action has been marked red due to the change in original timescale. [Proposed new due date from Sep-24 to Jun-25 to align action with the Performance Management Framework reporting]</p> <p>13/11/2025: This action status has been changed from red to green. With the structure change and the interim move of Wellbeing to Safety &amp; Assurance, the governance structure is in place and progression of the devised action plan will be scrutinised on a qtrly basis through People committee.</p>	Jul-25	Apr-26		<p>Revised ToR approved by MHWG</p> <p>Approval from People Committee on format of reporting</p> <p>Formalised reporting model</p> <p>Revised performance indicators</p>
	4.1	Strengthen the existing model of wellbeing performance reporting to incorporate the collation and analysis of data from a variety of sources, that reflect the number of Service colleagues seeking crisis/urgent support to better inform the SFRS response to suicide and crisis.	<p>13/11/2025 - While this sub-action was not included in the previously published update, the MHWG will consider collation and analysis of data to inform the action plan to support suicide prevention and crisis support. This action will be completed at the point of inclusion on the MHWG action plan.</p>		Apr-26		MHWG action plan Report TBC

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The Service should consider the most appropriate way that it can offer professional support for its Mental Wellbeing Champions. This support should include appropriate processes to track any interventions work of Champions, debriefing and evaluation of interventions and reflective supervision and support.	5	Review model of professional support to ensure appropriate interventions are being implemented; ensuring that the integrity of the service and support provided remains uncompromised and that collation of data complies with GDPR requirements.	<p>Five engagement sessions were held in January &amp; February 2024 covering an overview of various resources, including Wellbeing and Inclusion, Musculoskeletal (MSK), Exercise and the Post Incident Support Process (PISP)/Rivers Centre, and attended by 36 champions. Feedback from these sessions will help inform further events. Further sessions are scheduled to take place in May and June 2024 covering Firefighter Charity, Scottish Men's Shed Association and Breathing Space. Also, separate Continued Professional Development (CPD) sessions provided by the Firefighters Charity will be delivered July 2024. Supplementary communications have been issued to identify additional volunteers to the programme, aiming to focus on areas where there may be gaps in provision.</p> <p>28/10/2024: Feedback has been collated from the range of sessions provided to Champions and this has been used to inform the support provided. A survey has been carried out to consider what support Champions need from SFRS and results have informed new arrangements which are being put in place. Monthly joint engagement sessions are in place with the Wellbeing Team to provide support, with access to clinicians when required. A Microsoft Teams channel is now in place to enable reach into Wellbeing and for peer support. A monthly newsletter is in place providing further information and support to aid further development. Three Veteran Champions are in place to provide specific support for current and former serving employees. The Induction programme has been reviewed and updated. An on call dedicated SharePoint site includes dedicated information to support champions.</p> <p>The remaining part of the action is to consider how we collate data and information on types of interventions and the level of support provided. Commencement of this work has been deferred due to other emerging wellbeing risks and priorities, however, a plan is being developed to address these and a revised date may be considered as part of this plan in due course. This action is in progress and has been marked amber due to the possible slip in timescales as a result of work being undertaken to conclude the action.</p> <p>13/11/2025: The actions implemented as laid out in the position statement of October 2024, continue to be in place with the range of support and information made available through the <b>monthly newsletters</b>. The MHWG will provide clarity on the expectations of the <b>wellbeing champion role</b> and consider methods to evaluate, supervise and support.</p>	Dec-24	Apr-26		<p>EPIA Reports (integrity and compliance with GDPR)</p> <p>Support for Wellbeing Champions:            Newsletters            Engagement sessions (as detailed on newsletters including 'Time to Talk' session for peer support)            Information pack            Teams channel            Sharepoint site to hold resources in being a Wellbeing Champion</p>
	6.3	Carry out a full evaluation of the Mental Wellbeing Champion programme to inform future improvements and changes to the SFRS mental wellbeing support model.	<p>28/10/2024: Commencement of this work has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action has been marked amber due to the expected slip in timescales with work commencing in due course.</p> <p>13/11/2025 - A full evaluation of the programme is required and will form part of the Action plan. Last survey was completed Feb 2024. Any actions from BAU feedback that could be taken forward were carried out i.e. Wellbeing Champion engagement session on the topic of PISP process. Further feedback was gathered through an engagement session titled time to talk in August 2025. Following Wellbeing events aligned to the wellbeing calendar, evaluations were carried out to understand if participants were aware of the wellbeing champion programme and accessibility of champions.</p>	Dec-24	Apr-26		<p>Strategy?            Action plan            Previous surveys?</p>
	6.4	Use outputs from evaluation to develop longer term actions to develop and sustain MWC model	<p>28/10/2024: Commencement of this work has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action has been marked amber due to the expected slip in timescales with work commencing in due course.</p> <p>13/11/2025: Survey not yet started but actions from previous survey are being addressed. Conducting the evaluation and using outputs will form part of the action plan and the MHWG will provide scrutiny of its' progress. This action has been changed to green.</p>	Jun-25	Apr-26		<p>Action plan            Previous surveys?            Survey</p>
The SFRS should consider how to best prepare its serving firefighters and support staff for life following their retirement from Service. These considerations should not be limited to financial planning but should also consider the social aspects of the change that retirement brings. They should consider collaboration opportunities within the fire sector to assist with this.	11	Establish a working group to further develop and implement the recommendations agreed by the Mental Health and Wellbeing Group on preparation for, and post retirement.	<p>28/10/2024: Further engagement has taken place to form a short life working group to take forward the recommendations of the approved retirement paper. Preparation of a draft action plan is in progress. Benchmarking with other organisations has commenced. Work has also commenced on a draft employee survey to consider employee views on the retirement framework content. The Fire Fighter Charity "Preparing to Retire Programme" has been implemented for SFRS employees. This action is progressing and has been marked as green.</p> <p>13/11/2025: The work of the 'retirement sub-group' was paused and the MHWG will consider if this subgroup should be re-established. Those considering retirement continue to be supported with monthly workshops on preparing for retirement held by FFC and separately by Affinity Connect and are also invited to attend Living Well Groups, established by the FFC with some in-person local groups held by SFRS personnel. Other opportunities are the 'Stand Easy Production group' again promoted by the Wellbeing Champions as per <b>monthly newsletter</b> and the <b>events page</b>.</p> <p>People Services are reviewing the 'Leavers' page on iHub to better promote and signpost to support available.</p>	Mar-25	Mar-26		<p>Paper presented to MHWG in October 2023, around next steps to support transition to retirement and beyond. This paper contained recommendations to progress this piece of work and was approved.            Newsletter = Sept 26            Events page</p>
The SFRS should consider a range of options to ensure that Post Incident Support Procedure questionnaires are returned following operational incidents, these should include options for mandatory returns.	16	Undertake an end to end review of the existing the Post Incident Support Policy to ensure it continues to meet SFRS needs. <b>[note this action description relates to actions 16-20 inclusive]</b> As part of this review, give consideration to options to promote the return of the 'POST INCIDENT SUPPORT: Promoting Resilience & Keeping Staff Well' questionnaires.	<p>28/10/2024: Governance process is now complete, and the revised policy has now been published. Feedback has been positive to date with initial data demonstrating that numbers referred directly are showing upward trend. This action is now complete and has been <b>marked blue</b>.</p> <p>Previous statement: Making the PISP process mandatory would devalue it. Felt it is important to explore other avenues to improve completion rates before it is made mandatory. The revised policy is informed by clinical expertise and organisational feedback as well as a drive for continuous improvement. Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for the mandatory return of questionnaires. It was agreed that a programme of awareness raising is the appropriate approach to assist with increasing return rates. This programme is in place. The Governance process to obtain approval of the revised policy will be completed in April 2024.</p> <p>13/11/2025: While this action was previously marked blue, it has been changed to green as a procurement process is underway with consideration for the use of digital technology to enable easier return process. Alongside this, constructive conversations are underway with the current provider to explore strategies to hold awareness and training sessions to improve the return rate. During this time, the Rivers contract has been extended until end of June 2026.</p>	May-24	Jun-26		<p>PISP Policy            Awareness and information on intranet            Wellbeing Champion engagement sessions to raise awareness - newsletter            Weekly brief            Local awareness session at D&amp;G</p>



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The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.	8.1	Develop resources to provide families with information on the role of the SFRS and the types of challenges that family members employed by SFRS may face and support available to them.	<p>28/10/2024: A draft version of family booklets has been considered, however capacity to progress has been impacted by other priorities. The current target date will be monitored and maybe subject to change. Progress on this has been deferred due to other emerging wellbeing risks and priorities. A plan is being developed to address these and a revised date will be considered as part of this plan in due course. This action is ongoing and has been marked amber due to some slip in timescales.</p> <p>13/11/2025: The H&amp;W signposting leaflet for families continues to be utilised, promoted and distributed at local and national events and other types of family engagement have taken place such as Family support days already held in Sanquer fire station and highlands. This action was marked as amber and remains as such while the MHWG considers this action with a view to identifying any further necessary actions.</p> <p>Change to green list everything we already do - 20.11.2025 OT: Found a draft document which is a range of family booklets for each staff group. Not had a chance to consider it properly but looks like a good start. Agree that it could be changed to green but concerned about an April due date considering all tasks.</p>	Apr-25	Apr-26		Resource finalised and published in various formats / platforms
The SFRS should consider the most effective means of raising awareness of the Post Incident Support Procedure (PISP) with a focus on the personal value for those within the operational roles of the Service. Following its consideration, awareness raising of PISP should be planned and delivered across the Service. The awareness raising approaches used should be up to and including face to face engagement with subject matter experts, uniformed personnel and possibly with those who would be prepared to share lived experience of PISP.	17	Liaise with key internal and external stakeholders to develop, plan and implement a communications schedule to raise further awareness and promotion of the revised PISP policy and procedure.	<p>28/10/2024: To coincide with the launch of the revised policy, communications have been put in place to support and promote. This has also been communicated to Champions to help promote and support them. Engagement event has been established to further promote with the aim to produce lived experience videos supported by colleagues with experience of Post Incident Support Process (PISP). This action is progressing and has been marked green.</p> <p>13/11/2025: This action related to action 16. While this action was previously marked green, it has been changed to amber as a procurement process is underway. During this time, the Rivers contract has been extended until end of June 2026. However, as in action 16, constructive conversations are underway with the current provider to explore strategies to hold awareness and training sessions. The PISP process is raised through weekly brief, Wellbeing Champion engagement sessions who can then signpost with more confidence, information of the process is on iHub and local events are held such as that in D&amp;G who are utilising local resources to educate on Post Trauma while signposting to our internal processes of PISP. 3 people have come forward to provide lived experience testimonies and conversations have commenced with Comms to these in April 2026 to tie in with this being Mental Health Awareness month.</p>		Jun-26		Weekly brief Champion engagement sessions iHub Testimonies/Lived experience videos Local events (D&G)
Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The MWC approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.	6.1	Further promote and build further awareness of Mental Wellbeing Champions across the Service	<p>28/10/2024: Mental Health Champions now play a pivotal role in leading local initiatives and are an integral part of the network of support available and to promote and support events. A number of roadshows and development events are now being led and supported by Champions with Wellbeing acting as support rather than lead. Further communications have been issued to promote the role as part of mental health awareness week and supplementary communications were issued to identify additional volunteers to the programme, aiming to focus on areas where there may be gaps in provision. As the role is now well established it is proposed that this work becomes business as usual and action closed. It is proposed that, for the purposes of the recommendation within the HMFSI report, this action is closed with work being undertaken as Business as Usual (BaU). This action has been marked blue and is now complete.</p> <p>13/11/2025: Action RAG status as on 28th October 2024 was blue and closed, though we continue to build on this and raise awareness by identifying an area/function SPOC to support wellbeing as regular feature on an appropriate meetings; Monthly champion engagement sessions and newsletters continue; Face to face awareness through roadshows, national events (Women in Fire Service) continue; and awareness raised through the wellbeing inclusion calendar themes and workshops as advertised on the Events page; To further promote the programme, and in line with April being Mental Health Awareness month, we have reached out, requesting lived experiences and testimonies which will be promoted with the support of comms.</p> <p>In addition to this, EA&amp;R team are updating the ASM template letter which highlights the Wellbeing Champions as a supportive mechanism. This document is in draft and undergoing consultation.</p>	Dec-24	Nov-25		Wellbeing Champion iHub page Events Page Wellbeing and Inclusion calendar Weekly comms Local and National events Support Services iHub page  Recommendation made on updating ASM draft template to signpost to Wellbeing Champions as a supportive mechanism.
	6.2	Embed peer support arrangements for Mental Wellbeing Champions to share good practice and promote events and activities	<p>28 October 2024: Update included in action 5 and 6.1. Propose action closed as now business as usual with any new arrangements captured in action 5. It is proposed that, for the purposes of the recommendation within the HMFSI report, this action is closed with work being undertaken as Business as Usual (BaU). This action has been marked blue and is now complete.</p> <p>13/11/2025: This action was marked as blue, and remains the case as this is BAU. We continue to embed peer support as detailed in 6.1 and by hosting 'Time to Talk' engagement session. We will develop this with discussions of case studies as per recent feedback from champions.</p>	Dec-24	Nov-25		Teams Channel Newsletter Time to talk sessions Sharepoint
The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.	8.2	Review whether a formal approach to delivering social events is required across SFRS in addition to local and national events delivered as BAU activity.	<p>28/10/2024: All National and major events have been submitted to the Mental Health and Wellbeing Group (MHWG) for approval. Local events will continue to be run as Business as Usual (BaU). Major events delivered or planned for 2024 in conjunction with partners include the Dick Wedlock Annual Road Race; Fire Rox and the Santa Dash. This action has been marked blue and is now complete for the purposes of the HMFSI recommendation with it being identified that a formal approach to delivering social events is required across SFRS.</p> <p>13/11/2025: SFRS continue to deliver social events with 999 RE:SET continuing annually, along with the Santa dash continuing yearly and scheduled for 2025 as is Fire Rox by working in collaboration with FFC. Continue to promote Family support through utilisation of H&amp;W signposting leaflet at roadshows and all family events.</p>	Dec-24	Nov-25		Santa dash, Re-Set 999, Wellbeing Roadshow Events complete and evaluation carried out with learning to go through MHWG
The inclusion of Flexi-Duty Officers (FDOs) within the Post Incident Support Procedure should be more systematic with set criteria for them to be opted out only as a necessity. The aim should be to include FDOs within the support procedure following operational incidents, and for this to be tracked as appropriate.	19	As part of the review of the Post Incident Support Policy (PISP) and procedure, consider options and approaches to ensure the inclusion of Flexi-Duty Officers as standard when the PISP is triggered.	<p>28/10/2024: Policy reviewed and end to end to ensure process is inclusive to all staff groups. Reference to Flexi Duty Officers (FDOs) explicit in inclusion in Post Incident Support Policy (PISP) process when initiated. Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for Flexi Duty Officers (FDOs) to be opted out. It was agreed that a programme of raising awareness is the appropriate approach to assist with increasing return rates in this staff group. This action is now complete and has been marked blue.</p> <p>Previous Statement: Policy reviewed and end to end to ensure process is inclusive to all staff groups. Reference to FDO's explicit in inclusion in PISP process when initiated. Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for FDOs to be opted out. It was agreed that a programme of awareness raising is the appropriate approach to assist with increasing return rates in this staff group.</p> <p>13/11/2025: The current policy and procedure ensures arrangements are in place for this staff group and all SFRS staff. This action remains as blue.</p>	Jan-24	Nov-25		PISP policy and procedure

HMFSI Recommendation	Action Ref	Action Description	Position Statement	Due date	Revised due date	RAG	Evidence
We note the new monthly contact from the Health and Wellbeing team to their Fire Investigation (FI) colleagues. Given the relatively low levels of Post Incident Support Procedure returns within the SFRS, and the potential impact upon the mental health of the FI team, the SFRS should consider making the completed return of FI questionnaires mandatory for the role. It also appears that the FI team has had limited contact with professional support regarding the many traumatic incidents that they have attended over recent years. The SFRS should consider this, and how they may assess the potential impact of historical incidents on FI team members' mental health to date.	20	As part of the review of the Post Incident Support Policy, engage with the external service provider to consider options which promote the return of the questionnaires; increase the wellbeing support available for FI staff; and any further support or interventions which may help address any potential impact from the cumulative impact of historical incidents in this staff group.	<p>28/10/2024: Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit to making these returns mandatory. It was agreed that a programme of raising awareness is the appropriate approach to assist with increasing return rates in this staff group.</p> <p>Work has been undertaken to strengthen the process to increase surveillance for Fire Investigation (FI) staff. Positive changes have been made to the process to include automatic issue of questionnaires every 3 months. Engagement sessions have been held hosted by Wellbeing and Rivers Centre to promote the role of Wellbeing support available from the Rivers Centre and the importance of Post Incident Support Process (PISP). All staff reminded of opportunity to attend the Lifelines programme of training. Mental Wellbeing Champion appointed within Fire Investigation (FI) to help engage with and support the wider team. This action is now complete and has been marked blue.</p> <p>Previous statement: Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit to making these returns mandatory. It was agreed that a programme of awareness raising is the appropriate approach to assist with increasing return rates in this staff group.</p> <p>Strengthened process to increase surveillance for FI staff. Positive changes made to process to include automatic issue of questionnaire every 3 months. Engagement sessions held hosted by Wellbeing and Rivers Centre to promote the role of Wellbeing, support available from the Rivers Centre and the importance of PISP. All staff reminded of opportunity to attend the Lifelines programme of training. Mental Wellbeing Champion appointed within FI to help engage with and support the wider team. Bespoke screening questionnaires are in place for Fire Investigation staff and a risk-based approach to frequency of screening has been adopted.</p> <p>13/11/2024: This action was marked as complete in Feb 2024, and remains as blue. With the contract under review this staff group remains included and of key consideration. While marked as complete, we continue to embed and develop awareness with 2x bespoke mandatory awareness sessions scheduled with our current provider. To further build support and raise awareness, a gap analysis has been completed with a view to identifying new Wellbeing Champions within FI.</p>	Jan-24	Nov-25		<p>Bespoke screening questionnaires are in place for Fire Investigation staff and a risk-based approach to frequency of screening has been adopted.</p> <p>Bespoke mandatory awareness sessions have been scheduled (Dec 2025 &amp; Jan 2026)</p>
The SFRS should consider how it may better utilise the resources that The Fire Fighters Charity can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.	9.1	Identify and implement opportunities for families to access support from the Fire Fighters Charity and other SFRS partners	<p>28/10/2024: There has been continued formal ongoing engagement with the Fire Fighters Charity through the SFRS / Firefighters Charity Committee Meeting and the establishment of Strategic Partnership Group.</p> <p>Regular engagement with the Fire Fighters Charity in being undertaken to obtain information on the support available to families. Delivery of this action will also be reliant on the progress of action 9.2 to improve a means of communicating with families.</p> <p>This action is progressing and has been marked as amber due to a co-dependence on action 9.2.</p> <p>13/11/2025 - Work with the FFC Committee continues with qtrly meetings held and an ongoing action to hold local and national events whereby family members are included. FFC information events are also scheduled as on the <a href="#">events page</a>, whereby family members are invited.</p> <p>The Family Appreciation Days were successful and consideration to hold family oriented roadshows is underway.</p> <p>999 RE:SET held its 3rd annual event in Sept 2025 which includes families.</p> <p>Other partners that offer family support are Health Assured with <a href="#">comms delivered/event on iHub</a> to all staff highlighting the benefits and support available for family members.</p> <p>This action is progressing and remains as amber due to a co-dependence on action 9.2.</p>	Apr-25	Apr-26		<p>Wellbeing and inclusion calendar of annual events. Annual evaluation of the calendar events to include FFC events.</p>
	9.2	Development and implement wider 'family' section of the SFRS website to enables access to resources and information to families and retired employees	<p>28 October 2024: The content for the family section of the website is being developed by the team at Lifelines. A meeting has been arranged with Lifelines and the Communications Department will continue to progress this.</p> <p>This action is ongoing with work having begun and has been marked green.</p> <p>13/11/2025: Website improvements are yet to be considered but will be taken through the MHWG and specific actions identified.</p>	Apr-25	Apr-26		New page on SFRS website dedicated to families and retirees
The Service should consider the most appropriate use of On Call drill night hours to ensure that appropriate access to essential information, including mental health and wellbeing resources, can be achieved.	13	Implement a pilot Wellbeing development event for On Call Support Watch Commanders to consider how further support can be provided to the wider On Call workforce	<p>28/10/2024: An update is required to the pilot event. It has been determined that a month in the annual calendar is to be dedicated to On Call colleagues during 2025. This action is progressing and has been marked as amber due to slip in timescales however work is continuing to progress towards the original due date.</p> <p>13/11/2025: On Call representation is within the Wellbeing and Inclusion group. The On Call sharepoint site continues to be updated with essential information. There is a designated On Call theme within the Wellbeing and Inclusion calendar and this is supported with associated roadshows.</p> <p>While there is early engagement to identify the scope of OCSWCs and their role in delivering mental health input, this action remains as amber (why was it grey?) as this is a longer piece of work to be taken through the MHWG with specific actions identified.</p>	Mar-25	Apr-26		Wellbeing development events implemented and evaluated for On Call Support Watch Commanders

## SCOTTISH FIRE AND RESCUE SERVICE

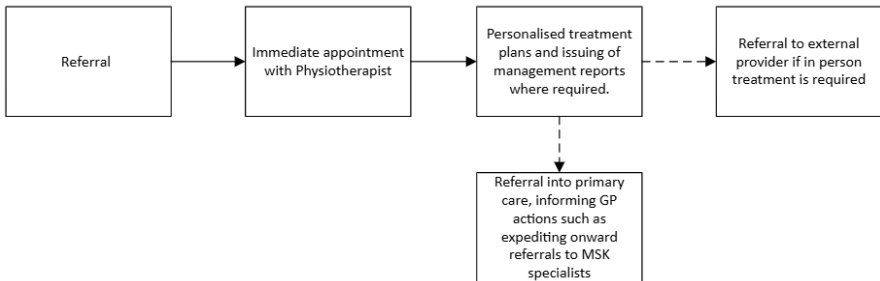
## People Committee



Report No: C/PC/59-25

Agenda Item: 12.2

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		EVALUATION OF PHYSIOTHERAPY SERVICES						
Report Classification:		For Information	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	The purpose of this report is to update People Committee on the delivery of Physiotherapy and Rehabilitation services in the SFRS.							
2	Background							
2.1	On 20 July 2022 a report on future Rehabilitation and Physiotherapy Arrangements (See further reading) was presented to the Strategic Leadership Team (SLT) following which an internal physiotherapy service was established for an initial period of 2 years beginning in April 2023. This replaced previous ad-hoc legacy arrangements under which services were provided through numerous external providers.							
2.2	<b>Legacy Physiotherapy Delivery Model</b>							
2.2.1	<p>The previous model presented significant challenges which were outlined previously to SLT, including:</p> <ul style="list-style-type: none"><li>• Lack of formal contracts for physiotherapy services</li><li>• Inconsistency in access, quality and cost across of physiotherapy services</li><li>• Limited clinical oversight, with treatment sessions provided based on standard agreements rather than individual need, creating risks of under and over-treatment</li><li>• Inefficient use of Wellbeing resources with staff required to triage, case manage and report on external referrals (figure 1)</li><li>• Minimal opportunity for collaboration between providers and wellbeing staff impacting quality of care</li></ul> <div><div>Management Referral</div><div>Appointment with Wellbeing Fitness Practitioner</div><div>Referral to External Physiotherapist for a set quantity of treatment sessions</div><div>Physiotherapy reports provided to Fitness Practitioner</div><div>Physiotherapy report reviewed by Occupational health practitioner</div><div>Appointment with Wellbeing Occupational Health Practitioner</div><div>Management Report Issued to Line Manager</div></div>							
Fig 1. Legacy Physiotherapy Service Process for Management Referrals								

2.3 2.3.1	<b>Internal Physiotherapy Delivery Model</b> To address these issues the in-house physiotherapy service was designed around a clinically proven 'virtual first' model, with in-person appointments delivered by internal physiotherapists or by a framework of external providers where clinically indicated. The service is delivered by 2 dedicated physiotherapists (1x band 6 and 1x band 5). All musculoskeletal (MSK) management and self-referrals are now case managed internally ensuring greater quality assurance, consistency and faster access to care (figure 2).
	 <pre> graph LR     A[Referral] --&gt; B[Immediate appointment with Physiotherapist]     B --&gt; C[Personalised treatment plans and issuing of management reports where required.]     C -.-&gt; D[Referral to external provider if in person treatment is required]     C -.-&gt; E[Referral into primary care, informing GP actions such as expediting onward referrals to MSK specialists]       </pre> <p>Fig 2. Internal Physiotherapy Service Process for All Referrals</p>
2.3.2	This integrated model also enables physiotherapists to contribute beyond direct treatment, including working with Wellbeing Practitioners to provide multi-disciplinary care, supporting the MSK Injury Reduction Group and delivering broader injury prevention and rehabilitation initiatives.
2.3.4	A full evaluation of this internal service has now been undertaken providing evidence of its effectiveness in improving access, outcomes and resource efficiency. This forms the basis for future delivery options: either continuing the internal delivery model supported by external providers where required, reverting to an external provider network or cessation of physiotherapy support.
<b>3</b>	<b>Main Report/Detail</b>
3.1	This section summarises the performance of the internal physiotherapy service between 1 April 2024 and 31 March 2025, providing an evidence base.
3.2	<b>Service Demand and Access</b>
3.2.1	<ul style="list-style-type: none"> <li>• A total of 519 referrals were received comprising 214 self-referrals and 305 management referrals.</li> <li>• The median time to first appointment was 11 working days. This compares to 11 weeks for NHS physiotherapy appointments (<a href="#">Public Health Scotland, Table 3</a>).</li> <li>• In total, 1704 appointments were scheduled with 1519 attended (89%).</li> <li>• 75 appointments were classed as DNA, and 78 appointments were cancelled.</li> <li>• Of the attended appointments, 979 related to individuals experiencing MSK-related absence (743 long-term absence and 236 short-term absence).</li> <li>• 97 external referrals were required, at a cost of £19,539. This was primarily to address a short-term gap in provision following resignation of a staff member, consequently this spend offset against employment cost savings.</li> </ul>
3.3	<b>Physiotherapy Outcomes</b>
3.3.1	A sample of staff accessing the physiotherapy services completed the Brighton MSK Patient reported Outcome Measure (BMPROM) at baseline and after 3 months from first treatment.
3.3.2	Results demonstrate clinical benefits across all aspects of the BMPROM evaluation tool, including a: <ul style="list-style-type: none"> <li>• 12.6% improvement in quality of life</li> <li>• 25.6% improvement in ability to carry out daily activities</li> </ul>

	<ul style="list-style-type: none"> <li>• 20% improvement in sleep quality</li> <li>• 15.4% improvement in pain</li> <li>• 12.3% improvement in reliance on pain relieving medication</li> <li>• 13.6% improvement in injury related anxiety</li> <li>• 17.4% improvement in injury related low mood</li> </ul>
3.3.3	Comparative data is not available for legacy service provision.
3.4	<b>MSK Absence</b>
3.4.1	Data published by the People Directorate shows MSK related absence noticeably increased from the 2021-22 financial year predating the introduction of the internal physiotherapy service (Appendix A). This is primarily the result of increasing MSK related long-term absence (Appendix B). It is believed this is attributable to the COVID-19 pandemic and lasting effects on NHS waiting times impacting access to early support and intervention and possible influence of long-term lifestyle changes.
3.4.2	Following establishment of the internal service in 2023-24 there is a noticeable declining trend in the number of days lost to MSK related absence (Appendix C). MSK related short-term absence reduced by 1981 days from 2023-24 to 2024-25, whilst long-term MSK related absence reduced by 744 days (total reduction of 2725).
3.4.3	This trend appears to continue into Q1 2025-26 with further reduction in MSK-related absence compared to Q1 2024-25.
3.4.4	Although only for indicative purposes the total number of days lost to MSK related absence in 2024-25 (31376 days) is approximately equivalent to 177 FTE Firefighters plus an additional 17 FTE support staff.
3.4.5	The 2725-day year-on-year reduction in MSK-related absence from 2023-24 (34101 days) to 2024-25 (31376 days) is approximately equivalent to a saving of 15.4 FTE Firefighter posts plus 1.48 support staff.
3.5	<b>Costs</b>
3.5.1	<ul style="list-style-type: none"> <li>• The total cost of the existing internal delivery model in 2024-25 was £122,855, this is comprised of: <ul style="list-style-type: none"> <li>○ £103,316 in direct employment costs of the Grade 6 Physiotherapy Practitioner (£54,856) and Grade 5 (£48,460) Physiotherapist posts.</li> <li>○ £19,539 in external provider spend, although this figure will to be less in future.</li> </ul> </li> <li>• The estimated cost of an equivalent service provided through an external provider network is estimated to be £147,136, comprised of <ul style="list-style-type: none"> <li>○ £103,800 in direct treatment costs, based on provision of 4 appointments per referral. (519 individuals referred, 4 appointments per referral, Current average spend of approx. £50 per appointment)</li> <li>○ £43,336 estimated in additional Wellbeing resource costs relating to triage and onward referral to external providers, Occupational Health Appointments and management reporting.</li> <li>○ This figure does not include cost of resource that would be required to procure and manage services due to difficulty in estimating accurate costs.</li> </ul> </li> </ul>
3.6	<b>Wider benefits of Internal delivery</b>
3.6.1	<p>In addition to the better cost effectiveness, the internal delivery model offers additional organisational benefits not available through external provision:</p> <ul style="list-style-type: none"> <li>• Improved efficiency and speed of decision making. As physiotherapists act as subject matter experts, decisions and management advice can be offered immediately on complex MSK cases compared to information being passed from external providers into Wellbeing and individuals attending multiple appointments prior to management advice being offered</li> </ul>

	<ul style="list-style-type: none"> <li>Enhanced oversight and quality assurance with treatment plans tailored to need, and confidence that treatments align to best practice.</li> <li>Firefighter-specific expertise as internal physiotherapists have greater understanding of operational and physical demands of SFRS roles</li> <li>Subject matter expert contribution to broader injury prevention, rehabilitation and health promotion interventions.</li> <li>Close collaboration of Physiotherapists with other Wellbeing staff to offer enhanced holistic multidisciplinary care</li> <li>Unified employee health records</li> </ul>
3.6.2	<p>Appendix D details a patient story which demonstrates how an internal service working in collaboration with Wellbeing colleagues enabled effective support to be provided to an operational employee.</p>
3.7	<p><b>The Internal Delivery Model.</b></p>
3.7.1	<p><i>Advantages</i></p> <ul style="list-style-type: none"> <li>More cost effective if considering both direct and indirect costs of Service Delivery</li> <li>Reduced time to initial assessment and treatment through a virtual first delivery model improving access to support</li> <li>Significantly improved waiting time to access services compared to NHS</li> <li>Direct evidence of clinical benefit</li> <li>Fire-service expertise of physiotherapists delivering treatment and support</li> <li>Immediate management advice on complex MSK cases reducing delays in decision Making</li> <li>Observed reduction in MSK related absence following introduction of this delivery model</li> <li>Direct contribution of physiotherapists to injury prevention initiatives within SFRS such as the MSK injury reduction group, In-Service research (e.g. Body mapping exercises undertaken in Operations Control) LCMS learning content (e.g. lifting and handling module), Safe Systems of Work (SSOW) (RRU, Forced Entry) and various health promotion campaigns.</li> <li>Multi-disciplinary collaboration with Wellbeing staff supporting holistic care.</li> <li>Consistency in guidance and signposting reinforcing support and messaging on mental health, suicide prevention, stress management, physical fitness etc. and use of support services and charitable partners.</li> <li>Internal physiotherapists give greater assurance that assessment and treatment align to best practice and that service delivery aligns to SFRS values and expected behaviours.</li> <li>Unified employee health records supporting minimisation of data processing.</li> <li>Adoption of a virtual first delivery model supports the Services environmental objectives.</li> <li>Corporate Portfolio Investment Group (CPIG) have approved business case for funding of a Wellbeing Department Structure to 31 March 2027 that included Physiotherapy Practitioner and Physiotherapist posts.</li> </ul>
3.7.2	<p><i>Disadvantages</i></p> <ul style="list-style-type: none"> <li>Increased direct employment costs</li> <li>Individuals may hold a perception that the 'virtual first' delivery model may not be as valid as in person assessment. This concern was voiced prior to adoption of the current model however no negative feedback has been received relating to limitations of the 'virtual first' approach following adoption.</li> <li>Geographic gaps exist in areas of coverage through external providers. This is most likely to affect staff in On-Call roles. This is likely to be exacerbated through sole reliance on external providers.</li> </ul>



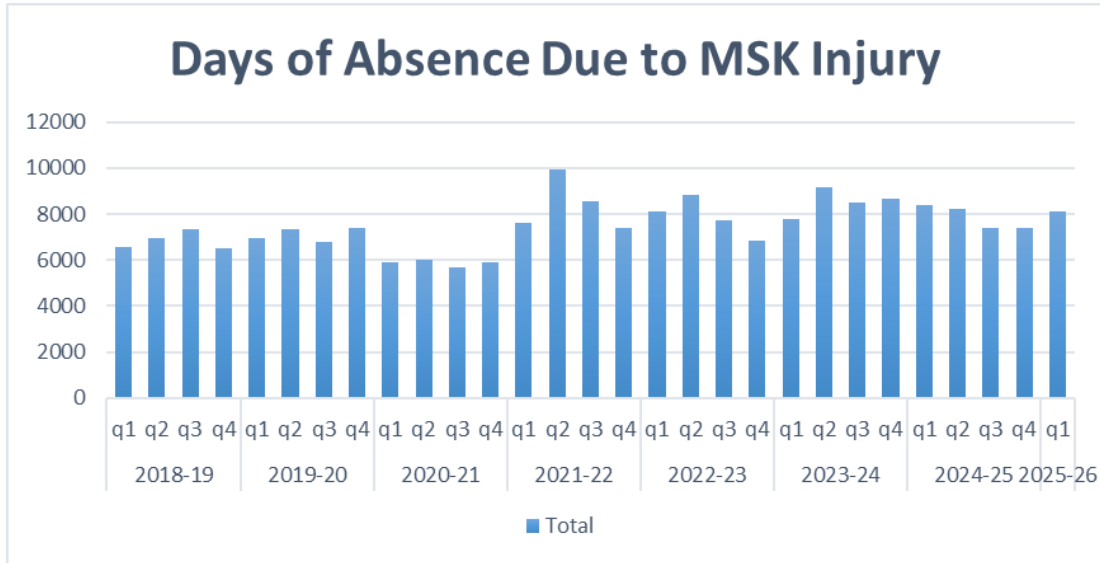
3.8	<b>Prior External Delivery Model</b>
3.8.1	<p><i>Advantages</i></p> <ul style="list-style-type: none"> <li>• Staff may display a preference for immediate 'in-person' treatment increasing costs</li> <li>• Access to services would be significantly quicker compared to NHS, although dependent on individual providers.</li> <li>• Reduced fixed-staffing costs although costs of providing a comparable service will be greater than option 1.</li> </ul>
3.8.2	<p><i>Disadvantages</i></p> <ul style="list-style-type: none"> <li>• While there is potential for the external provider network to allow broader coverage to in-person services, this has not been observed to date and would be reliant on effective procurement of services. As stated above, despite efforts to identify appropriate providers in remote areas only 2 providers outside of the central belt have joined the current external provider framework.</li> <li>• A procurement exercise would be required to establish a contract/s for provision of services through an external provider/s.</li> <li>• Length of service of current employees means TUPE or redundancy would likely need to be considered in establishing new services.</li> <li>• Complex contract management requirements given number of providers required to provide services across SFRS footprint</li> <li>• Higher true cost of service delivery</li> <li>• Inefficient use of Wellbeing resource through using Fitness and Occupational Health Practitioners to support delivery of Physiotherapy services and associated case management.</li> <li>• Slower provision of management advice.</li> <li>• Reduced oversight and ability to quality assure treatment plans</li> <li>• Lack of subject matter expert contribution to broader injury prevention and education initiatives</li> <li>• More limited opportunity for joined up multi-disciplinary support</li> <li>• Increased travel required if services are delivered in person, impacting the individual as well as compromising sustainability objectives.</li> <li>• Risk of over or under-treatment due to reliance on set number of treatment sessions.</li> </ul>
<b>4</b>	<b>Recommendation</b>
4.1	It is recommended that People Committee note the findings of the evaluation of Physiotherapy and Rehabilitation service delivery models.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	This aligns to TSA015 – SAFR2. There is a risk that SFRS cannot provide the broader range of wellbeing core activities and preventative support to employees due to the need to target resources to maintain compliance with statutory and legislative requirements resulting in an increase in absence and reduced levels of employee performance and engagement.
5.1.2	The risk appetite is Minimalist.
5.2	<b>Financial</b>
5.2.1	Internal delivery is the most cost-effective model; it reduces overall service costs and mitigates service, travel and overtime costs through a virtual first service and reduction of absence.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	A virtual first approach minimises travel supporting the services environmental objectives and reducing carbon impact.



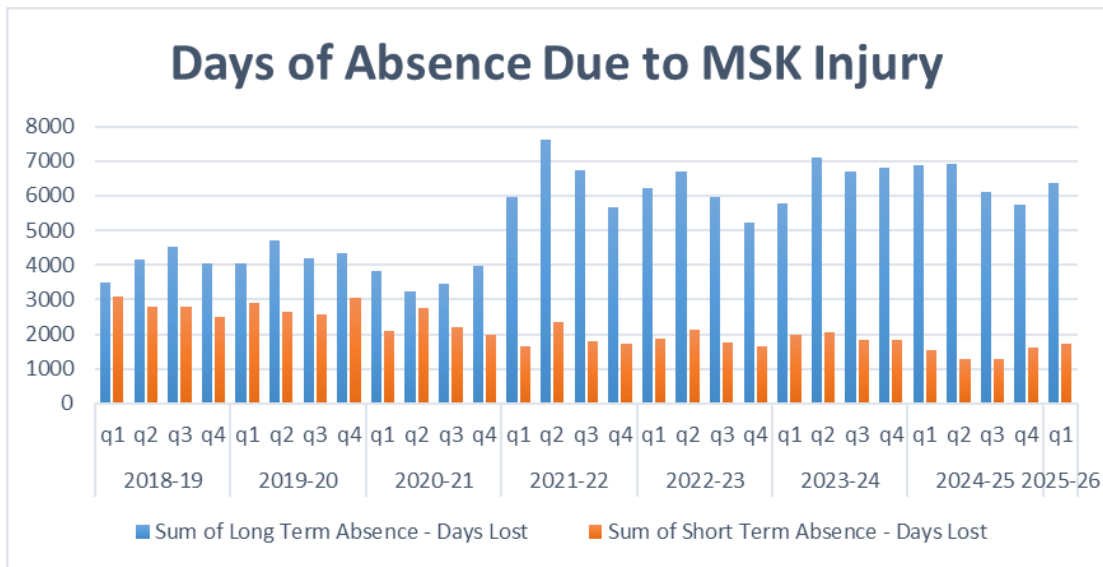
5.4	<b>Workforce</b>	
5.4.1	Improved access to physiotherapy enhances staff health, recovery, and resilience, positively impacting the workforce.	
5.5	<b>Health &amp; Safety</b>	
5.5.1	Physiotherapist input into SOPs and prevention initiatives reduces workplace injury risk.	
5.5.2	Effectively supporting rehabilitation through early intervention and effective physiotherapy treatment can mitigate the consequences of workplace injury and reduce future injury risk.	
5.6	<b>Health &amp; Wellbeing</b>	
5.6.1	Internal provision supports multi-disciplinary care and efficient use of Wellbeing resources to reduce case management delays.	
5.7	<b>Training</b>	
5.7.1	Rapid access to physiotherapy enables trainee firefighters to remain on courses, avoiding disruption and rescheduling.	
5.8	<b>Timing</b>	
5.8.1	Short-term contract extension maintains service continuity during the external review, avoiding disruption before strategic decisions are made.	
5.9	<b>Performance</b>	
5.9.1	Internal physiotherapists provide reliable data, enabling robust reporting and evaluation of clinical and organisational outcomes.	
5.10	<b>Communications &amp; Engagement</b>	
5.10.1	No significant change requiring formal engagement; continuation maintains established pathways and staff expectations.	
5.11	<b>Legal</b>	
5.11.1	There are no implications to be noted.	
5.12	<b>Information Governance</b>	
5.12.1	No change to current practice is recommended. All activities would fall under the current Wellbeing DPIA.	
5.13	<b>Equalities</b>	
5.13.1	No change to current practice is recommended. All activities would fall under the current Wellbeing EHRIA.	
5.14	<b>Service Delivery</b>	
5.14.1	The existing delivery model effectively supports recovery, reduces staff absence, and strengthens operational resilience.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	The evidence from the review shows strong evidence of the benefits realised from the introduction of internal delivery. This could be moved to substantial through the securing this provision substantively within the HW Structure.

<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Days of Absence Due to MSK Injury	
8.2	Appendix B: Days of Absence Due to MSK Injury	
8.3	Appendix C: Days of Absence Due to MSK Injury	
8.4	Appendix D: Demonstration of how an internal service works in collaboration with Wellbeing colleagues	
<b>Prepared by:</b>		Joseph Passant, Lead Wellbeing Practitioner (Fitness)
<b>Sponsored by:</b>		Jim Holden, Head of Safety and Assurance
<b>Presented by:</b>		Jim Holden, Head of Safety and Assurance
<b>Links to Strategy and Corporate Values</b>		
The provision of Physiotherapy services contributes to the Investing in our People strategic objective helping ensure that our people feel valued and are supported by a culture that embraces diversity and inclusion, empowerment and accountability.		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>SAFMT</i>		<i>02 October 2025</i>
<i>TSA DMT</i>		<i>12 November 2025</i>
<i>People Committee</i>		<i>11 December 2005</i>
		<b>Report Classification/ Comments</b>
		<i>For Recommendation</i>
		<i>For Decision</i>
		<i>For Information</i>

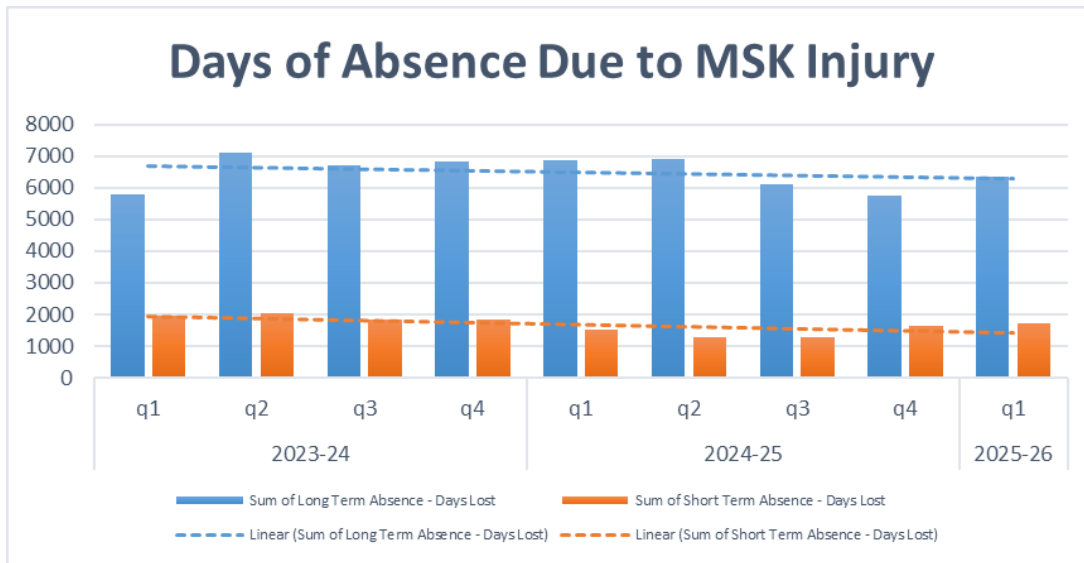
APPENDIX A



## APPENDIX B



## APPENDIX C



## APPENDIX D

Demonstrates how an internal service working in collaboration with Wellbeing colleagues

Injury Presentation:	Operational Firefighter with Fracture	
Stage of Support	How the internal service supported the firefighter	Comparable limitations of external providers and NHS support
NHS Physiotherapists / Orthopaedic team suggested a 'wait and see' approach to rehabilitation to determine if the fracture would unite naturally or if surgery was advised.	The internal team were able to: 1. Offer additional support and guidance to the individual through this initial period, supporting both physical and mental wellbeing 2. Early signposting to additional support services through external and charitable partners (e.g. EAP, Firefighters Charity, Family Support Trust) 3. Provide direct reports to the line manager	External providers may: 1. Limit engagement during initial recovery period if direct treatment is not indicated 2. Not consider the psychological impact of injury limiting access to support or requiring additional support through OH Practitioners 3. Not be fully aware of additional sources of support available for SFRS employees.
Absence management. The individual was removed from duty, and modified duties were not possible.	The SFRS physiotherapist was able to directly provide management guidance report.	External providers would not produce direct management reports requiring additional OH case management. This would require an initial general physiotherapist report to be received by Wellbeing and a case review by an OH Practitioner delaying management guidance.
After 20 weeks it was identified that the fracture would not repair and that surgery was no longer viable	SFRS physiotherapists were able to adapt support, beginning an intensive programme of progressive strength and conditioning tailored to the demands of operational firefighting	Required support would fall outside the scope of an NHS fracture clinic whose rehabilitation does not fully consider the demands for physically demanding occupations The demands of Firefighting are unlikely to be fully understood by External Physiotherapists, affecting the quality of care provided and potentially extending absence
Collaborative rehabilitation support	Physiotherapists were able to work in close collaboration with fitness colleagues offering ongoing physiotherapy advice via virtual appointments with strength and conditioning focussed rehabilitation support delivered through face-to-face appointments with Fitness Technicians/Practitioners. The volume of support was led by the clinical need rather than service agreements and set number of appointments outlined by service agreements.	There is limited/no scope for collaboration between external physiotherapists and Occupational Health and Fitness staff to facilitate support Allocation of set number of appointments limits ad-hoc engagement and advice.
Direct discussion with management on supporting a return to work through plan	In addition to provision of management reports, direct discussion was possible to support development of a return-to-work plan building from restricted to full duties.	Direct engagement between physiotherapists and management would not be possible. OH Practitioners would produce management reports but may not offer the same expertise as a physiotherapist in guiding return to work from MSK injury

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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

Report No: C/PC/58-25

Agenda Item: 13.1

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		RISK UPDATE REPORT						
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	The purpose of this report is to provide the People Committee (PC) with an overview of the current risks highlighted by Directorates.							
2	Background							
2.1	The purpose of the risk register is to inform decision making through Scrutiny and Assurance processes, providing additional awareness of the risks we face, and the actions required to minimise these risks.							
2.2	The Audit 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 an identified Head of Function. These Responsible Owners provide information on the current controls in place and identify additional actions still required.							
3	Main Report/Detail							
3.1	Risk Overview							
3.1.1	The risk register is a management tool that provides assurance to the Service, and its scrutiny bodies, that the significant risks of the organisation have been identified, managed and are subject to ongoing monitoring and review.							
3.1.2	Appendix A provides details of all risks above the risk rating of 15, as previously agreed by the Service, with Appendix B providing a summary of risks falling below 15 together with details on the position of control actions.							



3.2  
3.2.1

### Alignment to Strategic Outcomes

The table below identifies the alignment between the 2022-25 Strategic Outcomes and the current Directorate Risks with each risk aligned to a single outcome:

Strategic Outcomes		Directorate Risks				Total
		VH	H	M	L	
Outcome 1	Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.	4	1			5
Outcome 2	Communities are safer and more resilient as we respond effectively to changing risks.	5	2	1		8
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	7	6	3		16
Outcome 6	The experience of those who work for SFRS improves as we are the best employer we can be.	4	5	3		12
Outcome 7	Community safety and wellbeing improves as we work effectively with our partners			1		1
		20	15	9		44

3.2.2

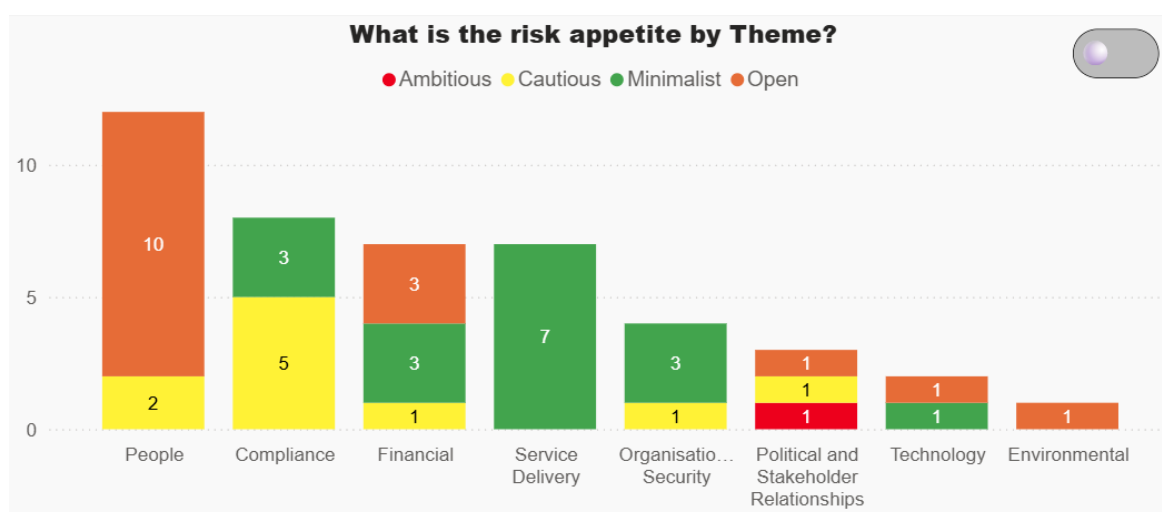
All risks will be realigned to the new 2025-2028 Strategic Plan with work programmed through the Business Intelligence Team.

3.3  
3.3.1

### Risk Appetite

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

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



3.3.2

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

Risk Appetite	Risk ID	Governance Alignment	Risk Rating	Target Risk	RR Against RA
Technology (Open)	FCS019	SDC (SDB)	20	12	Above
Technology (Minimalist)	SPPC016	SDC (SDB)	15	5	Above
Organisational Security (Minimalist)	SDD007	ARAC (CB)	20	12	Above
Organisational Security (Minimalist)	PPP009	SDC (SDB)	16	4	Above
Organisational Security (Minimalist)	FCS017	ARAC (CB)	15	10	Above
Compliance (Minimalist)	PPP007	SDC (SDB)	20	4	Above
Compliance (Minimalist)	TSA018	PC (TSAB)	16	6	Above
Compliance (Cautious)	SPPC004	ARAC (CB)	20	8	Above
Compliance (Cautious)	SPPC001	SDC (SDB)	15	5	Above
Financial (Minimalist)	POD024	PC (CB)	20	2	Above
Financial (Minimalist)	FCS005	ARAC (CB)	16	8	Above
Financial (Open)	TSA019	PC (TSAB)	16	8	Above
People (Open)	POD020	PC (CB)	16	4	Above
People (Open)	PPP005	SDC (SDB)	16	4	Above
People (Open)	FCS022	PC (CB)	16	12	Above
People (Open)	POD025	PC (CB)	16	4	Above
People (Cautious)	POD026	PC (CB)	16	4	Above
Service Delivery (Minimalist)	SD001	SDC (SDB)	15	10	Above
Service Delivery (Minimalist)	OD001	SDC (SDB)	15	6	Above
Service Delivery (Minimalist)	PPP008	SDC (SDB)	16	4	Above

## 3.3.3

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

Risk Appetite	Risk ID	Governance Alignment	Risk Rating	Target Risk	RR Against RA
Environmental (Open)	FCS008	ARAC (SDB)	12	8	Within
Financial (Minimalist)	FCS011	ARAC (CB)	12	9	Above
Financial (Cautious)	FCS023	ARAC (CB)	12	9	Above
Financial (Open)	FCS020	ARAC (CB)	12	8	Within
Financial (Open)	FCS021	ARAC (SDB)	12	8	Within
People (Cautious)	POD015	PC (CB)	12	4	Above
People (Cautious)	POD022	PC (CB)	12	4	Above
People (Open)	FCS015	ARAC (SDB)	12	8	Within
People (Open)	FCS024	ARAC (SDB)	12	4	Within
People (Open)	FCS025	PC (CB)	12	4	Within
People (Open)	POD023	PC (CB)	6	4	Below
People (Open)	PPP004	SDC (SDB)	12	4	Within
People (Open)	FCS018	PC (CB)	9	6	Above
Service Delivery (Minimalist)	POD016	PC (CB)	9	4	Above
Service Delivery (Minimalist)	POD021	PC (CB)	6	4	Above
Service Delivery (Minimalist)	SD003	SDC (SDB)	9	9	Above
Service Delivery (Minimalist)	SD006	PC (CB)	12	8	Above
Compliance (Minimalist)	TSA014	PC (TSAB)	12	4	Above
Compliance (Minimalist)	PPP006	SDC (SDB)	6	4	Above
Compliance (Cautious)	POD018	PC (CB)	12	4	Above
Compliance (Cautious)	SD004	SDC (SDB)	8	6	Within
Compliance (Cautious)	SPPC003	ARAC (CB)	8	8	Within
Compliance (Cautious)	SPPC014	ARAC (CB)	8	8	Within
Political and Stakeholder Relationships (Cautious)	SPPC007	ARAC (CB)	12	12	Above
Political and Stakeholder Relationships (Open)	SPPC013	ARAC (CB)	8	8	Below
Political and Stakeholder Relationships (Ambitious)	SPPC015	ARAC (CB)	6	6	Below
Organisational Security (Cautious)	SPPC012	ARAC (CB)	12	8	Above

## 3.3.4

Whilst risks rated 15 or above fall above our stated appetites, the alignment between risks rated below 15 and risk appetite shows a closer relationship, with 13 risks currently sitting within or below the stated appetite.

3.4

**Risk Spotlights**

3.4.1

Future risks reports will look to identify risk spotlights undertaken by each Committee and Executive Board to ensure adequate levels of assurance are being provided. All Committee's and Executive Boards are asked to consider risks for future risk spotlights and following these discussions identify whether required levels of assurance on progress have been provided.

3.5

**Significant Directorate Risks**

3.5.1

In relation to the current period Directorates reviewed their registers identifying 44 Directorate risks of which 20 are rated at 15 or above and coloured red within the table.

What is the current status of each risk?						
		Impact				
		Negligible (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Probability	Rare (1)					
	Unlikely (2)			3	3	
	Possible (3)			3	11	4
	Likely (4)			4	10	2
	Almost Certain (5)			1	3	

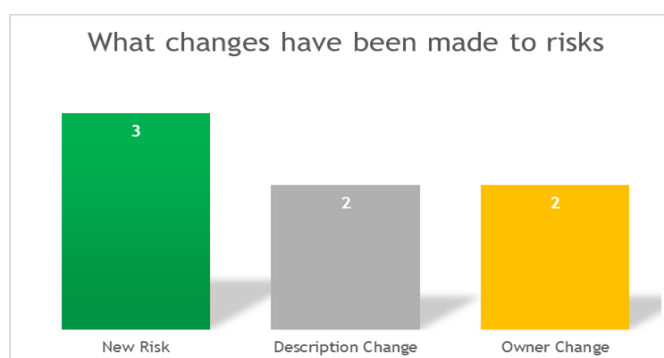
3.5.2

Appendix A to the report provides information on all risks rated 15 or above. In relation to the PC, there are 7 aligned risks:

Risk Ref	Risk Description
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.
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 initiative
POD024	There is a risk that the organisation's Learning and Development (L&D) budget is predominantly allocated to compliance and regulatory training, due to limitations on the available funding
POD025	There is a risk the SFRS is unable to attract and retain the support staff capabilities it needs, due to a perception that the current reward framework is not attractive
POD026	There is a risk that the concurrent remedial pensions exercises are not progressed in line with planned deadlines, some of which are statutory, due to the complex and inter-related nature of the work, along with capacity constraints at the Scottish Public Pensions Agency
TSA018	There is a Directorate risk, of an inability to maintain or improve our training delivery due to insufficient capacity being available within the Training Function to meet current demand,
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 and therefore lack of access to appropriate facilities

3.5.3

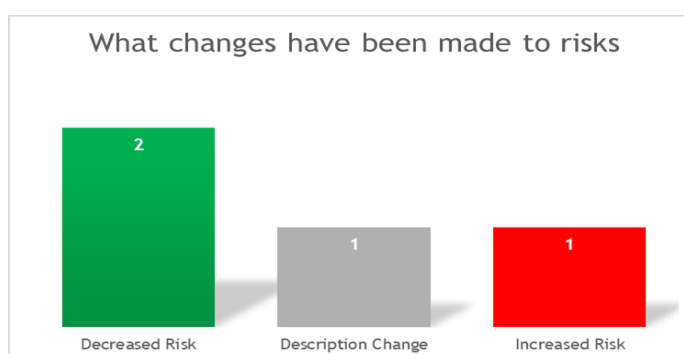
Following review, the following changes have been made in relation to risks aligned to the PC rated 15 or above, as outlined within Appendix A:



Risk Ref	Risk Description
POD024	There is a risk that the organisation's Learning and Development (L&D) budget is predominantly allocated to compliance and regulatory training, due to limitations on the available funding
POD025	There is a risk the SFRS is unable to attract and retain the support staff capabilities it needs, due to a perception that the current reward framework is not attractive
POD026	There is a risk that the concurrent remedial pensions exercises are not progressed in line with planned deadlines, some of which are statutory, due to the complex and inter-related nature of the work, along with capacity constraints at the Scottish Public Pensions Agency

3.5.4

In relation to risks falling below a rating of 15 the following changes have been identified:



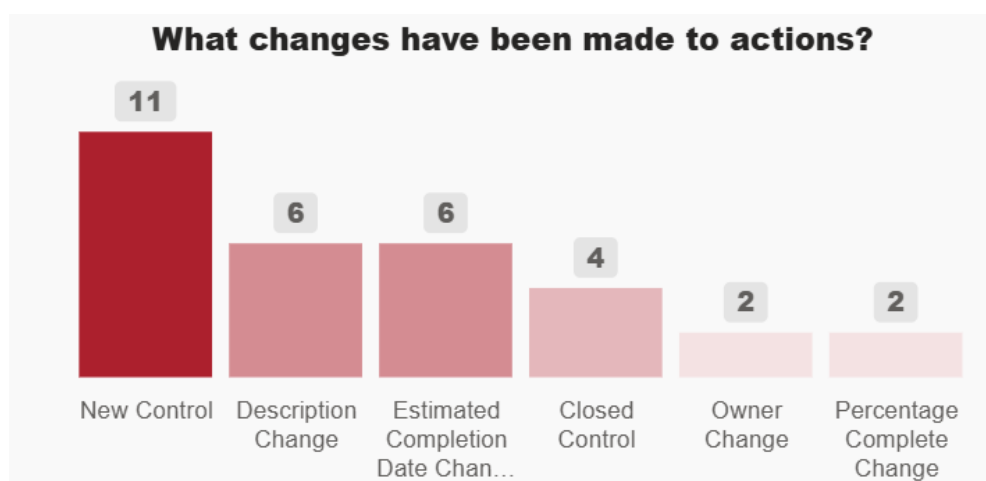
Risk ID	Risk Name	Change Type	Change
FSC018	Recruitment and Retention	Decreased Risk	Both Probability and Impact Decreased From 16 (4x4) To 9 (3x3)
POD018	Personal Record Files	Decreased Risk	Probability Decreased From 9 (3x3) To 6 (2x3)
POD023	People (Organisational Change) Framework	Increased Risk	Probability Increased From 6 (2x3) To 12 (4x3)

3.6

### Control Actions

3.6.1

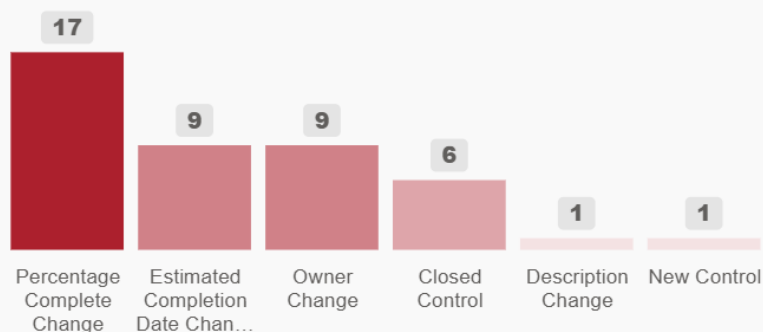
Following review, the following changes have been made to PC control actions rated 15 or above:



3.6.2

In relation to risks falling below a rating of 15 the following changes have been made to control actions:

### What changes have been made to actions?



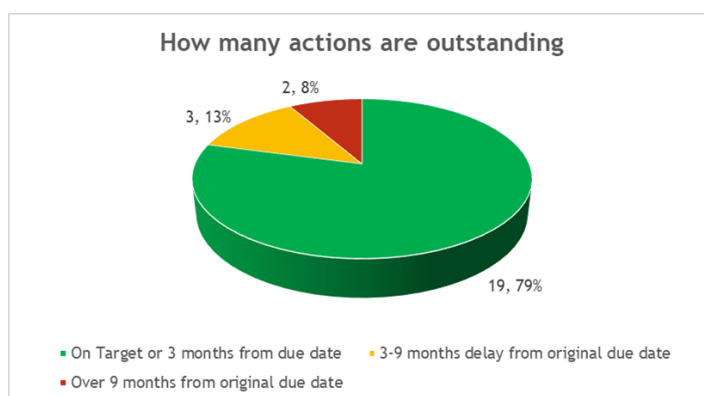
3.6.3

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

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

3.6.4

In relation to risks rated 15 or above, Appendix A identifies the 2 control actions now over 9 months from their original due date:



3.6.5

The table below identifies the two control actions over 9 months from their original due date. Discussions continue to be held with Directorates to ensure these control actions are progressed in line with revised dates:

Risk ID	Action Description	Action Due	Est. Date	Action Comment
TSA018	Introduce supplementary Structural Firefighting PPE solutions in collaboration with Asset Management across the Training Function.	31/03/24	31/07/25	TSA PPE roll out is now live in all 3 TSA venues, Newbridge, Portlethen and NTC. Training regarding the management of the reserve PPE has been provided to TSA instructors. This action is now complete and is proposed to be closed following the next update.
TSA019	Review the suitability of Dundee Airport site (course delivery and welfare facilities).	30/06/24	31/03/26	Property is awaiting the programme of works for the planned adaptations from contractor Robertson Facilities Management (Sub-contractors Drumaber). The estimated completion date for the required works is end of Q3

3.6.6 In relation to risks falling below a rating of 15, there is one control action over 9 months from its original due date:

How many actions are outstanding

Category	Count	Percentage
On Target or 3 months from due date	8	42%
3-9 months delay from original due date	8	42%
Over 9 months from original due date	3	16%

3.6.7 The table below identifies 3 control actions over 9 months from their original due dates. Updates received following completion of the report have identified that these 3 actions are now closed and will be removed from future reports once evidence of completion is received:

Risk ID	Action Description	Action Due	Est. Date	Action Comment
POD018	Undertake exercise to determine and confirm that we hold Paper PRFs for all those identified at Line 2 (i.e. - those who are Pre-SFRS and should have a Paper PRF). This will involve physical check by Business Admin/People Advisors/People Services.	31/12/24	30/09/25	Work has progressed well with this action now complete. Work will now commence on data cleansing, weeding and digitising contents of Paper PRFs and destroy/electronically file as appropriate. <i>(This action has now been closed with evidence of completion to be forwarded.)</i>
POD018	Prepare governance paper and seek decision on SFRS position regarding continuation of paper based PRFs to inform future approach	31/10/24	30/06/25	Decision to remove Paper PRFs has already been made. Interim decision on temporary measure (EPRFs on SharePoint) already made. Final decision required will be whether we remain with SharePoint whilst awaiting PPFT solution, whether we remain with EPRFs on SharePoint even when PPFT is deployed and embedded or whether we seek an alternative mechanism to store EPRFs out with SharePoint/PPFT. <i>(This action has now been closed with evidence of completion to be forwarded.)</i>
POD018	Produce and issue clear guidance on storage, access/security and maintenance of both paper based and electronic Personal Record Files until such time as wider project scope can be developed, resourced and implemented	31/10/24	30/06/25	Guidance already in place. Training on Data Protection, FOI, GDPR and Records Management and Retention has been concluded. Separate direction will be issued to People Directorate and wider organisation as we move through the Data Cleansing and Digitising process. <i>(This action has now been closed with evidence of completion to be forwarded.)</i>

4 Recommendation

4.1 The People Committee is asked to:

- Scrutinise the information presented within the report.
- Review actions over 9 months from original due date and consider whether additional assurance is required.

5 Key Strategic Implications

5.1 Risk Appetite and Alignment to Risk Registers

5.1.1 The report identifies risks from each Directorate together with the significant changes made since the last update. Each Directorate will be responsible for the identification and mitigation of any associated risk and for the update of relevant risk registers.

5.1.2 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	<b>Financial</b>	
5.2.1	The report identifies risks from each Directorate with financial implications arising from control decisions to be managed by the relevant Directorate.	
5.3	<b>Environmental &amp; Sustainability</b>	
5.3.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.4	<b>Workforce</b>	
5.4.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.5	<b>Health &amp; Safety</b>	
5.5.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.6	<b>Health &amp; Wellbeing</b>	
5.6.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.7	<b>Training</b>	
5.7.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.8	<b>Timing</b>	
5.8.1	The report is provided to the Audit and Risk Assurance Committee on a quarterly basis.	
5.9	<b>Performance</b>	
5.9.1	The risk report is used to ensure risks are identified and suitably managed by relevant Directorates.	
5.10	<b>Communications &amp; Engagement</b>	
5.10.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.11	<b>Legal</b>	
5.11.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.12	<b>Information Governance</b>	
5.12.1	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	<b>Equalities</b>	
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	<b>Service Delivery</b>	
5.14.1	Any implications arising from the report will be managed by the relevant Directorate.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Deborah Stanfield, Director of Finance and Contractual Services
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> /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	<b>Rationale:</b>	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.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A – Significant Risks – November 2025	
8.2	Appendix B – Other Risk Summary – November 2025	
<b>Prepared by:</b>		David Johnston, Risk and Audit Manager
<b>Sponsored by:</b>		Lynne McGeough, Head of Finance and Procurement
<b>Presented by:</b>		Fiona Ross, Director of People Craig McGoldrick, Director of Training, Safety and Assurance
<b>Links to Strategy and Corporate Values</b>		
<p>The Risk Management Framework forms part of the Services Governance arrangements and contributes to the Services 2025-2028 Strategy in relation to the following outcomes:</p> <ul style="list-style-type: none"> <li>• Our organisational performance, productivity and resilience continually improves, delivered through organisational risk, security and resilience activities.</li> <li>• We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient, delivered through more efficient and effective corporate business processes.</li> </ul>		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>11 December 2025</i>
		<i>For Scrutiny</i>

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS019	2	There is a risk that many of our critical services and systems, which support Operations Control team functions, could fail and be unrecoverable. This is because of the age of both the hardware and software elements involved, much of which is substantially beyond end of life.			SDC (SDB)	Director of Finance and Contractual Services	20	20	12	Open (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Work closely with support partners to ensure preventative maintenance is carried out on at risk systems.		31/03/26	31/03/26	Head of DaTS	Ongoing as part of BAU processes. NEC position remains challenging.				On Target or 3 months from due date	
Ensure subject matter experts are involved in the NMS transition phase of the project		31/03/26	31/03/26	Head of DaTS	DaTS resources heavily involved and identified to support the ICCS go-lives.				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
PPP007	1	There is a risk where the Service fails to have in place a business continuity management system, minimising the risk of disruption during or after an event. This could be due to not having in place fully tested and maintained business continuity plans, which could result in unplanned disruption or a failure to effectively recover from an event.			SDC (SDB)	Head of Directorate (DACO)	20	20	4	Minimalist (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
SFRS currently don't have a BCMS. There is potential for a failure to meet our statutory duties under the CCA (2004) to maintain business continuity plans.		01/04/26	01/04/26	Prevention	Preparatory work being undertaken to identify requirements for system. System will require information on BCP's and Testing and Exercising. This will also require support from DaTS and BI team.				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	
Delivery of Phase 1 of Cyber Security Action Plan		31/03/26	31/03/26	Head of DaTS	This is managed via the DaTS Cyber Security Project. Phase 1 work packages have been identified, some delivered and others scheduled to be delivered before 31/03/2026.				On Target or 3 months from due date	
Ensure a Service wide priority around staff Cyber Security training, and seek assistance from other functions/directorates i.e. People, Service Delivery, etc, to improve completion rates		31/03/26	31/03/26	Head of DaTS	Staff training continues to be monitored with risk spotlights provided to required Committee's and Executive Boards. Engagement with People Directorate has taken place, and they are assisting with encouraging those who have yet to register with KnowBe4 to do so ASAP. Once that exercise is complete, they will focus on staff training compliance with the aim of increasing completion rates.				On Target or 3 months from due date	

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	20	8	Cautious (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Undertake review within SFRS to ascertain policy compliance		01/04/25	31/08/25	Head of Governance, Strategy and Performance	Work delayed due to existing workloads. Discussions ongoing with FCS.				3-9 months from original due date	
Review resource and structure of IG Team		31/03/25	31/10/25	Head of Communication and Engagement	Resource paper drafted for discussion with Director and business case to be developed. Action Plan in place				3-9 months from original due date	

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD024	6	There is a risk that the organisation's Learning and Development (L&D) budget is predominantly allocated to compliance and regulatory training, due to limitations on the available funding.			PC (CB)	People	20		2	Minimalist (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Conduct strategic L&D needs analysis aligned to organisational priorities		30/06/26	30/06/26	People	Revise L&D prioritisation matrix to become multifactor including alignment to organisational priorities - LNA from 2026-27				On Target or 3 months from due date	
Engage senior leaders in L&D planning and prioritisation		30/06/26	30/06/26	People	Continue quarterly L&D reporting to CB and commence for SLT and PC. Include CB, SLT and PC in Annual L&D report. Include HoF in LNA (from 2026-27 LNA process) process for functional LNA approval prior to submission to People function				On Target or 3 months from due date	
Identify future skill and capability requirements and ensure funding for their development is included in future budget setting processes.		31/03/26	31/03/26	People	Future leadership and management skills and capability development funding requirements included within the medium term (3 year service delivery plan) financial planning process. New 2026-27 LNA approach including clear identification of regulation/compliance, development qualifications, leadership and management + future skills/capability L&D needs across the Service.				On Target or 3 months from due date	
Review L&D budget approach		31/03/26	31/03/26	People	Prepare paper for SLT outlining current L&D approach including budget L&D utilisation (regulation/compliance vs strategic workforce development/leadership capacity building); consider L&D allocation model and decentralising regulatory/compliance L&D budget to directorates/functions.				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
FCS005	5	There is a risk that the Service may be unable to secure levels of funding required to achieve its strategic objectives. Additional pressure has been placed upon government finances causing uncertainty over future funding settlements.			ARAC (CB)	Director of Finance and Contractual Services	16	16	8	Minimalist Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Develop a 3 year medium term financial plan, taking account of the developing strategic service review programme.		31/03/25	31/08/25	Head of Finance and Procurement	The 3-year delivery plan will be reported to the SFRS Board 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.				3-9 months from original due date	

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS022	6	There is a risk of continued challenges with recruiting and retaining staff with the necessary skills and experience required to support the Finance and Procurement Function. This is particularly apparent within the Accountancy and Procurement Sections which is proving to have a very buoyant job market and provides pay grade challenges			PC (CB)	Director of Finance and Contractual Services	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.		31/12/25	31/12/25	Head of Finance and Procurement	Proposed structure developed and shared with FMT - potential revisions being considered at which point finalised structure will move through governance / unions etc. 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
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		31/03/25	30/06/25	Head of People	Majority of Business cases not progressed due to budgetary constraints, with one remaining outstanding				3-9 months from original due date	
Subject to outcomes from business cases, review the resources against the agreed priorities with final outcomes shared with stakeholders		30/09/25	30/09/25	Head of People	Awaiting outcome of business cases.				On Target or 3 months from due date	
Review of Directorate priorities and directorate / team plans to ensure workloads are aligned to organisational priorities and capacity.		31/10/25	31/10/25	Head of People	In the context of the SFRS Strategy 2025-28, Three Year Delivery Plan and existing Directorate / team plans, review priorities and commitments again strategic direction and capacity				On Target or 3 months from due date	
Ensure that any investment required to support effective delivery of the People elements of the Three-Year Delivery Plan are included in the SFRS medium term financial plan.		31/03/26	31/03/26	Head of People	Information provided to support the MTFP, aligned to the priorities in the three-year delivery plan and SFRS strategy				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)	16	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.		31/03/25	31/03/26	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. a working group involving NFCC, LFB and other academia and partners to consider an appropriate sustainable course that will develop individuals up to and including Masters level qualification in the Fire Engineering sector.  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 to secure funding. Retirement profile alongside achievement timescales considered to secure competency within the Function.				3-9 months from original due date	
Form contingency options to mitigate any Service failures to deliver Fire Engineering services through existing staff. Option to be progressed through governance for decision.		31/03/25	31/03/26	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. Business Case underway to support additional development post within Fire Engineering to assist with workloads and create resilience.				3-9 months from original due date	



Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP008	1	The Resilience Management Team has recognised a gap in national-level planning and Disruption preparedness. Currently ad-hoc teams are formed as needed, composed of members from the Resilience Team, LSO representation, and other stakeholders. Risks: Inconsistent planning, knowledge loss between events, and reactive deployment.			SDC (SDB)	Head of Directorate (DACO)	16	16	4	Minimalist Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
The Resilience Management Team has recognised a gap in national-level planning and Disruption preparedness. Currently ad-hoc teams are formed as needed, composed of members from the Resilience Team, LSO representation, and other stakeholders. Risks: Inconsistent planning, knowledge loss between events, and reactive deployment.		01/04/26	01/04/26	Prevention	Paper taken to DMT on requirement for team to be established. Option 2 in paper approved that requires 3 WC and 3 CC's to resource the team. Proposal sent to SDR team for consideration of reinvestment of staff. Alternative options for resourcing being explored.				On Target or 3 months from due date	

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP009	1	There is a risk SFRS can not accept, record and report on partner referrals for HFSVs (and reciprocal referrals for support) due to the partner element of the App not being live - due to failing cyber security testing. There are reputational risks as partners have been advised they could register as a HFSV referrer since February 2025. Without a secure Partner app there are data security issues should there be a cyber security attack which as led to the delays.	SDC (SDB)	Head of Directorate (DACO)	16	16	4	Minimalist Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment			Action Status
Engage with DaTS to ensure the full HFSV system is available, allowing for the recording of partner referrals for a HFSV and onward referrals for householders to access wider support.		31/01/26	31/01/26	Prevention	Development work has been ongoing since the HFSV App went live (Feb '25) to address security issues identified during Penetration testing. Testing has identified areas that requires additional work. The Service may require making a decision if they are happy to go live with the system and accept the associated risk should a cyber security attack occur.			On Target or 3 months from due date
Support SFRS staff and partners to utilise the current HFSV App to provide HFSV referrals whilst awaiting the full system to be launched.		31/01/26	31/01/26	Prevention	Guidance and support has been provided to partners to ensure they can still refer to the Service. These however are recorded as self referrals so we have no way of knowing the number of partners referrals since the App went live.			On Target or 3 months from due date

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	16	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.		31/03/24	31/07/25	Training, Safety and Assurance	TSA PPE roll out is now live in all 3 TSA venues, Newbridge, Portlethen and NTC. Training regarding the management of the reserve PPE has been provided to TSA instructors. This action is now complete and is proposed to be closed.				Over 9 months from original due date	
Review of Driver Training instructor / examiner staff retention.		31/03/25	31/09/25	Training, Safety and Assurance	Due to the MRA Panel meeting being rescheduled until 18th September the conclusion of process has been delayed, due to this delay FMT confirmed that the action due date should be extended to end September 2025.				3-9 months from original due date	
Liaise with Operations and Central Staffing to define competency mapping requirements and ensure alignment across systems		31/05/25	31/07/25	Training, Safety and Assurance	Competency alignment completed following the August decision. Output files are being created and exported to test against all systems, ensuring consistency prior to implementation.				3-9 months from original due date	

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
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	16	16	8	Open (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment					Action Status
Review the suitability of Dundee Airport site (course delivery and welfare facilities).		30/06/24	31/03/26	Training, Safety and Assurance	Property is awaiting the programme of works for the planned adaptations from contractor Robertson Facilities Management (Sub-contractors Drumaber). The estimated completion date for the required works is end of Q3.					Over 9 months from original due date
Liaise with Assets / Property Function to support and oversee tenders priced, planning permission granted, and the delivery of works completed, for the new welfare facility at Portlethen TC.		01/12/25	01/12/25	Training, Safety and Assurance	Portlethen Welfare Unit (since Apr 2023) initial proposal was deemed not financially viable based on limited budget and competing wider welfare priorities at that time; progress to replace the unit was paused pending the outcome of welfare facilities required at Dundee Airport CFBT site. From March 2024, efforts to relocate Hamilton's unit began. Delays to this proposal was due to feasibility, design, and compliance issues. Property is now awaiting a refurbishment plan and cost; alternative procurement routes are also under review. Discussion is ongoing with assets management to decide on the best course of action. Following the TSAMP review meeting, and due to re-location and refurbishment costs this may no longer be financially viable. Property adaptation of current assets may be more suitable for longevity.					On Target or 3 months from due date
Work with Assets to support the replacement schedule to address the aging fleet within the Training Function.		31/03/26	31/03/26	Training, Safety and Assurance	A fleet replacement programme is scheduled for Training however to date, no schedule detail has been confirmed. Section 19 will legally require staff to be trained on modern vehicles with relevant safety systems.					On Target or 3 months from due date
Work with Property to oversee the refresh of the 7 CFBT sites, to ensure Attack, Demo and Villa facilities are fit for purpose.		31/03/26	31/03/26	Training, Safety and Assurance	1. NTC - Installation complete. 2. Invergordon - Both boxes fitted with snagging issues are being addressed to bring them up to the required specification. 3. Sumburgh - CFBT boxes have been fitted. Upgrading of the villa is underway. Confirmation of work on control panel and systems still to be confirmed as complete. 4. Dreghorn – Due to issues with smoke capture CFBT has been temporarily halted.					On Target or 3 months from due date
Work with Property to oversee the new Structural Collapse Simulator introduced at NTC		31/03/26	31/03/26	Training, Safety and Assurance	Project manager/designers attended on site assessing remedial work required. Plans to be submitted to contractors pending approval from Property for fabrication and installation. Timescales still to be confirmed.					On Target or 3 months from due date

Liaise with Property Project Manager and SMEs to support and oversee the design, user requirements, planning, procurement, tendering and construction of Perth Training Centre CFBT and Contaminants Control Facility.	30/09/25	30/09/26	Training, Safety and Assurance	The CFBT Employer's requirements were issued to Rfm for Market Testing (pricing) initially with a return date of 29/8/25, however, this has now been extended to 12/9/25. A detailed review of the project requirements; with attendance by SFRS (including SME's), design team, contractor, and specialist sub-contractor (Minerva) took place on the 27/8/25. Works to progress the design proposals for the Contaminates Control unit are progressing, a Stage 3 Report is anticipated 29/8/25, with the Market Testing package due for issue by late September.	On Target or 3 months from due date
Liaise with Assets / Property to support and oversee the timeline and delivery of works required for the new welfare facility at Sumburgh Training Centre.	31/03/26	31/03/26	Training, Safety and Assurance	Property services have undertaken a further review of the Sumburgh site in relation to positioning of the welfare cabin and airing cages and provided draft design plans for the internal layout of the welfare cabin. Once design plans have been reviewed by the Training function Property will progress works to the final design stage. This work is in addition to other works being undertaken to replace the CFBT boxes and the main training centre accommodation.	On Target or 3 months from due date
Work with Property, Contaminants Subgroup and PRP's to oversee the implementation of facilities and resources for the management of fire contaminant control across all sites	31/03/27	31/03/27	Training, Safety and Assurance	The Contaminants Working Group has established regular meetings with nominated Instructors from each of the 11 CFBT sites. These meetings are focused on providing strategic direction for contaminants control and documenting the facilities available at each site to manage associated risks. To support this effort, a central spreadsheet is being used to track the status of work requests and the availability of site-specific facilities. This tool enables consistent monitoring of progress and will identify gaps or opportunities for improvement across all sites. Invergordon – Adaption requests submitted for extension to current external canopy area with inclusion of BA benches, double sink and area for hanging BA sets to dry. No secure PPE airing area / fire waste storage area / decontamination stock area. Kirkwall - No shower facilities / cover decontamination area / outside sink / fire waste storage area / decontamination stock area / undergarment washing machine. Oban - No covered decontamination area / secure airing area for PPE / outside sink and cleaning area / fire waste storage area / decontamination stock area / undergarment washing machine. Stornoway - No shower facilities / cover decontamination area / outside sink / fire waste storage area / decontamination stock area. Sumburgh - As per Control ID 1179 No shower facilities, No covered decontamination area / outside sink / fire waste storage area / decontamination stock area. Portlethen - Sinks installed however awaiting installation of canopy, adaptation request submitted for decontamination covered area. Dundee - As per Control ID 733, awaiting timeline of works and start date from Contractor to progress the adaptations required to improve the management of fire contaminant control. Dumfries - No covered decontamination area / outside sink. Newbridge - Additional washing machine required / no secure PPE airing area. NTC - No covered decontamination area / outside cleaning area / smoke capture not working. Dreghorn - No smoke capture / fire waste storage area / decontamination stock area.	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
POD026	5	There is a risk that the concurrent remedial pensions exercises are not progressed in line with planned deadlines, some of which are statutory, due to the complex and inter-related nature of the work, along with capacity constraints at the Scottish Public Pensions Agency.			PC (CB)	People	16		4	Cautious (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Participate in various informal and formal forums with Scottish Public Pensions Agency and Finance colleagues to maintain regular oversight on project plans and agreed milestones and ensure effective internal communication and signposting		31/03/26	31/03/26	People	Regular project meetings ongoing on weekly basis with SFRS participation, along with attendance at extraordinary SAB's as required. Comms issued to SFRS colleagues in late August on latest position, updated comms on further delays to be issued in September.				On Target or 3 months from due date	
Provide regular progress updates to SFRS management teams and stakeholders to ensure appropriate oversight and escalation of potential challenges / delays should these arise		31/03/26	31/03/26	People	Updates on current progress and impact of further delays provided to both SLT and RANSc in early September. With update to Service Delivery Board planned for mid-October.				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
POD025	6	There is a risk the SFRS is unable to attract and retain the support staff capabilities it needs, due to a perception that the current reward framework is not attractive.			PC (CB)	People	16		4	Open (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Deliver phase 1 pay and reward review to define challenges and develop options		31/06/26	31/06/26	People	Work will commence Nov 2025				On Target or 3 months from due date	
Seek approval for phase 1 project to review pay and reward framework		31/10/25	31/10/25	People	New demand completed and progressing through governance				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
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 (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment			Action Status
Develop and implement an active recruitment strategy		01/08/24	31/10/25	Operational Delivery	Structure Change has been communicated to all staff and stakeholders, with expected Go Live 5 May 2025. Structure is being built by workforce planning. WFPR018 forms completed for impacted staff (e.g. reversions, transfers). Professional Discussions carried out for 7 WC and 5 CC to inform placing into Functional Roles within new structure. Arrangements made for 3 WC over TOM (including NMS secondment and workforce profiling for expected retirements). Central Staffing informed of reviewed minimum staffing levels.			Over 9 months from original due date
Explore targeted development of OC Management (Supervisory to Strategic level).		31/03/25	31/12/25	Operational Delivery	10 Supervisory Development Sessions delivered with colleagues from Operations Function and LSO areas, focusing on Culture, Values and Behaviours, Managing Employee Performance, and Standards and Management in Practice. This was opened to all Supervisory Officers within Ops Function. These were completed throughout month of June. Feedback form has been circulated to attendees to gauge value and benefit, identify learning and inform future topics for discussion/presentation.			3-9 months from original due date



Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
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 (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Support the design, procurement, delivery and implementation of the New Mobilising System (NMS) - Phase 1		31/12/23	31/12/25	Operational Delivery	NMS Procurement now concluded with contract award to 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	
Procurement and implementation of Vision 5 Disaster Recovery System (for EOC and DOC)		31/12/23	31/12/25	Operational Delivery	The Existing Systems Group (ESG) continues to monitor progress on all control actions that underpin the resilience of the current mobilising systems and associated business continuity arrangements. Although the provider (NEC) has not delivered a suitable version of the Vision 5 Disaster Recovery (DR) system, SFRS DATS is actively negotiating extended support for the existing systems to mitigate the risk of mobilisation failure and uphold statutory obligations.				Over 9 months from original due date	
Existing Systems Group to ensure, via DATS that the contracts for existing systems support are extended from 01/01/2026 to 31/12/2026		31/12/25	31/12/25	Operational Delivery	DATS to agree extension of Motorola Support Contract (JOC CAD). DATS to agree extension of NEC Support Contract (DOC and EOC CAD)				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	15	15	5	Cautious (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Data analysis and performance product development throughout 2024/2025- Board Risk and Performance Reporting- Ongoing Service Delivery dashboard development- Official Statistics Publications- Establish of Data and Information Governance Group- Continue work to establish SFRS Data Governance arrangements- Produce SFRS Digital, Data and Technology Strategy		31/03/26	31/03/26	Head of Governance, Strategy and Performance	PMF reviewed for 24-25. Official statistics all published. Service wide reporting and dashboard development on-going. DIGG Group established. Evidence of data governance work progressing. 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
FCS017	5	There is a risk where SFRS fails to appropriately plan for and minimise the impact of a cyber attack on the Service. This may be due to insufficient planning of controls and response plans, aligned to the increasing technological advances made by cyber criminals.			ARAC (CB)	Director of Finance and Contractual Services	15		10	Minimalist (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
DaTS engagement with and support to Directorates/Functions in preparing business continuity plans		31/03/26	31/03/26	Head of DaTS	This is dependent on the Cyber Incident Response Plan (CIRP) being redeveloped and going live. Supporting functions with developing and redeveloping their BCP's will be closely aligned to the CIRP.				On Target or 3 months from due date	
Redevelop Cyber incident response plan		31/01/26	31/01/26	Head of DaTS	We have worked alongside Cyber Fraud Scotland to review our current CIRP. Work will now take place to redevelop the CIRP with the aim of issuing a new CIRP before the end of March 2026.				On Target or 3 months from due date	
Delivery of Phase 1 of Cyber Security Action Plan		31/03/26	31/03/26	Head of DaTS	This is managed via the DaTS Cyber Security Project. Phase 1 work packages have been identified, some delivered, and others scheduled to be delivered before 31/03/2026.				On Target or 3 months from due date	

Risk ID	Strategic Outcome	Risk Description			Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC016	5	SFRS fails to ensure that SFRS are familiar and able to use Fire and Rescue Data and Analytical Platform (FARDAP) resulting in a loss of data and reporting, leading to increased costs and reputational damage			SDC (SDB)	Head of Governance, Strategy and Performance	15	15	5	Minimalist (Above Appetite)
Controls Actions		Original Due Date	Est' Completion Date	Owner	Comment				Action Status	
Manage the transition between IRS and FARDAP		01/06/25	01/06/25	Head of Governance, Strategy and Performance	Project team in place, project risk register in place, reporting through SDB, with support from Project Manager				3-9 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	0		1			

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			
1		0	1		0			

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			
2		0	1		1			

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			
5		5	0		0			

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS023	5	There is a risk to the Service where delays are experienced in introducing a new Finance system. Extensions of the current finance system contract will end over the next two years and challenges will be experienced if further extensions are required.	ARAC (CB)	FCS	12	12	9	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
FCS024	5	There is a risk of failure to deliver the capital programme due to capacity of current staffing levels.	ARAC (SDB)	FCS	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			
1		1	0		0			

Risk ID	Strategic Outcome	Risk Description	Governance Alignment	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FSC025	6	There is a risk to the Service where essential mandatory training for support staff is not available. This could put staff at risk or the Service may suffer disruption if no suitably certified staff are available to address workload.	PC (CB)	FCS	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			
1		1	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	12	6	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			
2		0	2		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			
2		0	2		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			
2		2	0		0			

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			
1		0	1		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			
1		1	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		0	1		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		1	2		0			

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 challenges with recruiting and retaining staff with the necessary skills and experience required to support the digital and technology services and systems used by the Service, as well as the availability of budget to upskill existing staff with the skills required.	PC (CB)	FCS	9	16	6	Open (Below Appetite)
Number of control Actions		Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date		Number of Control Actions Over 9 months from original due date			
4		4	0		0			

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.	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			
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		0	1		0			

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		0			

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			
3		1	2		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)	PPP	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			
0		0	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	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
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			
0		0	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	6	9	4	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			
5		1	1		3			

# PEOPLE COMMITTEE – ROLLING FORWARD PLAN

Agenda Item 15.1

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

## **Reminders/Notes:**

Future update on the impact of the new terms and conditions for On Call staff on staffing figures. Appropriate after a period of 12 months (Circa June 2026).

Succession and talent planning to be added to June 2026 – for scrutiny.

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SCOTTISH  
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

**PUBLIC MEETING - PEOPLE COMMITTEE**

**THURSDAY 11 DECEMBER 2025**

The following reports were submitted for information only.

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



SCOTTISH  
FIRE AND RESCUE SERVICE  
Working together for a safer Scotland

Report No: C/PC/65-25

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		SAFETY AND ASSURANCE ANNUAL PERFORMANCE REPORT 2024-25						
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					
			<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>
1	Purpose							
1.1	The purpose of this report is for the People Committee (PC) to note the content of the Safety and Assurance Annual Performance Report 2024-25.							
2	Background							
2.1	The Safety and Assurance Annual Performance Report 2024-25 provides analysis of the key areas of performance during the reporting year and details the risk reduction control measures on key themes such as accident and injury reduction, managing safety standards and continual improvement.							
2.2	We continue to provide an enhanced report to better demonstrate our commitment to improvement and the activities undertaken throughout the year to improve safety. This report focuses on proactive measures and identifying areas of improvement through our “we will” statements noted within the report.							
3	Main Report/Detail							
3.1	This report provides an update on the Annual Operating Plan, the SA Strategy and Legal Compliance. This year, the report also includes engagement activities and a summary of SA indicators.							
3.2	See below a brief summary of key performance areas over the reporting period:-							
3.3	Accident/Injury Summary In 2024-25 there was a total of 174 Accidents and Injuries recorded. When compared to the previous reporting year, there has been a 6% (185 to 174) decrease.							
3.4	Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) Summary. A total of ten events were reported to the Health and Safety Executive under RIDDOR. When compared to the previous reporting year, there has been a 38% decrease (16 to 10).							
3.5	Vehicle Accidents Summary. There was a total of 205 Vehicle Accidents reported. When compared to the previous reporting year, there has been a 4% decrease (214 to 205).							



3.6	Near Miss Reporting. 176 Near Misses were reported in 2024-25. When compared to the previous reporting year, there has been an 35% decrease (273 to 176).
3.7	Acts of Violence Summary. In 2024-25 there was a total of nineteen verbal attacks to SFRS personnel reported. When compared to the previous reporting year, this remains numerically consistent. A further forty physical attacks to SFRS personnel were reported, a 2% decrease when compared to the previous reporting year (41 to 40).
3.8	Operational Assurance Audit Actions. In 2024-25 there was a total of four structured debriefs conducted by the Operational Assurance team. The debriefs collated and review information of the event to highlight good practice and to make recommendation where required to promote continual learning and improvement.
3.9	Health and Safety Improvement Plans (HSIP) Summary. Overall completion of the 2024-25 HSIP is 98% (40 of 41) representing an 6% increase when compared to the previous reporting year
3.10	The report includes an overview on benchmarking from data collated from other UK Fire and Rescue Services.
3.11	A summary by each directorate covers HSIP progress, accident summary and key achievements. The report also includes areas of continual improvement through Support Reviews and Station Audits.
<b>4</b>	<b>Recommendation</b>
4.1	The PC are asked to note the content of the Safety and Assurance Annual Performance Report 2024-25.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Registers</b>
5.1.1	Failure to monitor Health and Safety performance and identify areas of continuous improvement in Health and Safety.
5.2	<b>Financial</b>
5.2.1	No financial implications within the production of this report. Some recommendations within the report may have financial implications and will be managed through appropriate governance routes by the risk owner.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	No environmental impact as this report is circulated electronically.
5.4	<b>Workforce</b>
5.4.1	The Annual Safety and Assurance Report highlights the monitoring of Health and Safety performance and makes recommendations for continuous improvement to reduce the risk of injury or ill-health of the SFRS workforce.
5.5	<b>Health &amp; Safety</b>
5.5.1	Failure to monitor and improve the management of Health and Safety may result in injury or ill-health of our workforce and those affected by their activities, HSE investigation, receipt of an enforcement notice, fines and adverse publicity damaging the reputation of SFRS.

5.6 5.6.1	<b>Health &amp; Wellbeing</b> No implications identified for Health and Wellbeing. Trend analysis of events will assist in implementing strategies to improve the Health and Wellbeing of SFRS employees.	
5.7 5.7.1	<b>Training</b> There are no training implications as a result of the Annual Safety and Assurance Report. Training requirements will be approved through other governance routes or captured in Health and Safety Improvement Plans.	
5.8 5.8.1	<b>Timing</b> The Safety and Assurance Annual Performance Report 2024-25 was progressed through the Governance routes as indicated within the Governance Route for Report section. Once the Annual Safety and Assurance Report has went through the relevant governance routes, the report will be published on SFRS iHub and SFRS website.	
5.9 5.9.1	<b>Performance</b> Health and Safety Performance is monitored through Key Performance Indicators (KPIs) managed by Think, Act, Stay Safe (TASS) performance reports and the development of quarterly and annual reports. The performance outcomes are communicated and actioned through Safety and Assurance Improvement Groups (SAIG).	
5.10 5.10.1	<b>Communications &amp; Engagement</b> No further engagement is required. This report will be communicated to all SFRS staff and will be published on the SFRS website.	
5.11 5.11.1	<b>Legal</b> Failure to monitor and improve the management of Health and Safety could result in non-compliance to Health and Safety legalisation.	
5.12 5.12.1	<b>Information Governance</b> There are no implications that require to be noted for GDPR purposes.	
5.13 5.13.1	<b>Equalities</b> There are no implications that require to be noted for equality and diversity. An EHRIA has been completed for the Health and Safety Policy and supporting arrangements.	
5.14 5.14.1	<b>Service Delivery</b> The Annual Safety and Assurance Report has no direct impact on Service Delivery and is provided for awareness and information.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.2	<b>Rationale:</b>	The Safety and Assurance Annual Performance Report 2024-25 informs the workforce of the organisation's safety performance and the progress being made toward achieving the defined KPI's, as well as how they contribute to the organisation's success.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Safety and Assurance Annual Performance Report 2024-25	

<b>Prepared by:</b>	Victoria Regan, Business Support Officer	
<b>Sponsored by:</b>	Teresa Kelly, Deputy Head of Safety and Assurance Alasdair Cameron, Area Commander Deputy Head of Safety and Assurance	
<b>Presented by:</b>	Jim Holden, Head of Safety and Assurance	
<b>Links to Strategy and Corporate Values</b>		
<b><u>SFRS Strategy 2025 - 28</u></b> <b><u>Safe and Effective Response</u></b> OUTCOME: We are an effective and trusted Fire and Rescue Service where our communities and people are safe. <b><u>Innovation and Investment</u></b> OUTCOME: We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient.		
<b>Governance Route for Report</b>	<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
Safety and Assurance Function Management Team	3 July 2025	For Recommendation
TSA Directorate Management Team	13 Aug 2025	For Scrutiny
Safety and Assurance Subgroup	10 September 2025	For Scrutiny
People Committee (Draft)	11 September 2025	For Scrutiny
Training, Safety and Assurance Board	9 October 2025	For Decision
Strategic Leadership Team	22 October 2025	For Information
People Committee	11 December 2025	For Information
SFRS Board	18 December 2025	For Information



SCOTTISH FIRE AND RESCUE SERVICE

# Safety and Assurance Annual Performance Report 2024-2025



# Contents

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# 1. Introduction

Chief Officer and Board Chair; Head of Safety and Assurance; and Key Achievements

# Introduction

**W**e are pleased to present the Annual Safety and Assurance Performance Report for 2024-2025, which reaffirms the Scottish Fire and Rescue Service's (SFRS) unwavering commitment to the safety of our people. This report provides a comprehensive overview of our performance, governance, and continuous improvement activities, reflecting the strategic integration of our safety value as a foundational principle across all levels of our Service.

Throughout the reporting year, we have continued to embed a culture of safety and assurance within our operational and corporate functions. From strategic planning to frontline delivery, our approach has been guided by evidence-based decision-making, robust risk management, and a clear focus on protecting our workforce and the communities we serve.

A key milestone through 2024/25 has been the successful implementation of our Standard

Operating Procedure (SOP) and Management Arrangement (MA) for Fire Contaminants, developed in collaboration with representative bodies and external experts in this field. This initiative represents a significant advancement in occupational health protection and demonstrates our commitment to applying scientific rigor and best practice in managing emerging risks to ensure we safeguard our people.

Looking ahead, the SFRS will continue to evolve through structured organisational learning, the enhancement of assurance frameworks, with a proactive focus on the safety, health, and wellbeing of our people. This report therefore not only reflects on our achievements and challenges but also sets a clear trajectory for future improvements in safety, assurance and wellbeing across the Service.

The SFRS Board and Strategic Leadership Team wish to formally acknowledge and thank all staff for their professionalism, resilience, and dedication throughout the year. Your continued efforts in upholding safety standards and protecting one another are deeply appreciated and central to our collective success.



**Stuart Stevens**  
SFRS Chief Officer



**Dr Kirsty Darwent**  
Chair of SFRS Board



# Overview

**A**s we reflect on the 2024–25 reporting year, I would like to extend my sincere appreciation to every member of the SFRS. Your continued commitment to being safe and well has been the driving force behind the progress we have achieved. Whether responding to incidents, supporting operational delivery, or leading teams, your professionalism and resilience have contributed significantly to a safer, more effective working environment.

I wish to also extend my thanks to our fellow UK Fire & Rescue Services for providing their data which has assisted with our benchmarking exercises and very much look forward to working more closely with the National Fire Chiefs Council to identify learning and improvement initiatives that will improve safety across the sector.

Over the course of 2024-25, the SA function has delivered meaningful improvements across several key areas. Notably, we achieved a 38% reduction

in RIDDOR-reportable injuries, as direct outcome of enhanced safety awareness and proactive engagement with risk mitigation measures. The introduction of the Fire Contaminants MA and SOPs marked a major advancement in occupational health, while improvements to hazard and near-miss reporting systems have strengthened our ability to learn and adapt.

Structured debriefs, thematic audits and case studies have been instrumental towards embedding lessons learned and promoting our culture of continual improvement across the Service. Our governance arrangements continue to meet statutory obligations, supported by an environment that empowers individuals to take ownership of safety. Enhancements to reporting formats have improved clarity and usability, and our Health and Safety Improvement Plans achieved a record 98% completion rate, reflecting our ongoing collective commitment to improve safety and organisational learning.

We remain focused on further strengthening our Safety and Assurance Management System (SAMS). Alignment with ISO 45001, standard for occupational health and safety management system



**Jim Holden**

Head of Safety and  
Assurance

has progressed, and improvements to Provision and Use of Work Equipment (PUWER) and risk assessment processes have been implemented. Safety training programs either through specific courses and as part of our Training for Operational Competence, continue to be undertaken by operational personnel to equip them with the knowledge and understanding required to operate safely and confidently.

Thank you once again for your dedication and for playing a vital role in protecting each other and the communities we serve. Your contributions continue to shape a safer, healthier, and more resilient SFRS.

# Key Highlights for 2024/25



## Planning

The Manual Handling e-learning course has

been revised. In addition, a new Assessors Training Course has been introduced, providing enhanced content and guidance to support the effective management of manual handling assessments.



## Operations

Advanced offsite water rescue training has been delivered,

supported by comprehensive safety documentation to ensure best practice and operational readiness. The Document Conversion Project (DCP) continues to provide vital support in updating: Risk Assessments (RA), Safe Systems of Work (SSOW), and Operational Procedures.



## Directorates

RA's, SSOW, and Technical Assessments have

been reviewed and published across the SFRS. Additionally, 3 Health and Safety Directorate Handbooks have been reviewed and published, enhancing compliance and safety.



## Training

Training RA and SSOW have been reviewed to ensure

alignment with current operational practices and to address emerging risks. Development of new RAs and SSOW for new equipment, techniques, and procedures ensuring continued relevance, safety, and operational effectiveness.



## Event and Investigation

A total of 693 events were reported and

investigated, including 3 significant event investigations. Additionally, a focused analysis of training-related burn injuries and Pneumatic Rescue Equipment (PRE) was conducted to identify root causes and to reduce the risk of reoccurrence.



## Safety Assurance

A Support Review was conducted on Safety and

Assurance Improvement Groups (SAIGs) and Self-Compliance Management Arrangements. The findings highlighted areas of best practice and provided recommendations for improvement.



## Operational Assurance

Operational Assurance (OA)

have researched and published 5 Frontline Updates, following shared learning from National Fire Chiefs Council (NFCC), supporting organisational learning.



## Business Support

The Annual and Quarterly reporting processes have been

modernised, resulting in improved clarity of reporting outputs and stronger alignment with strategic objectives. These enhancements support decision-making and ensure that reporting reflects organisational priorities effectively.



## 2. Performance

Key Performance Indicators; Benchmarking; and SA Indicators



# Key Performance Indicators

## RIDDOR Reportable Events

In 2024/25 a total of 10 events were reported to the Health and Safety Executive (HSE) under RIDDOR Regulations. When compared to the previous reporting year, there has been a 38% decrease (16 to 10).

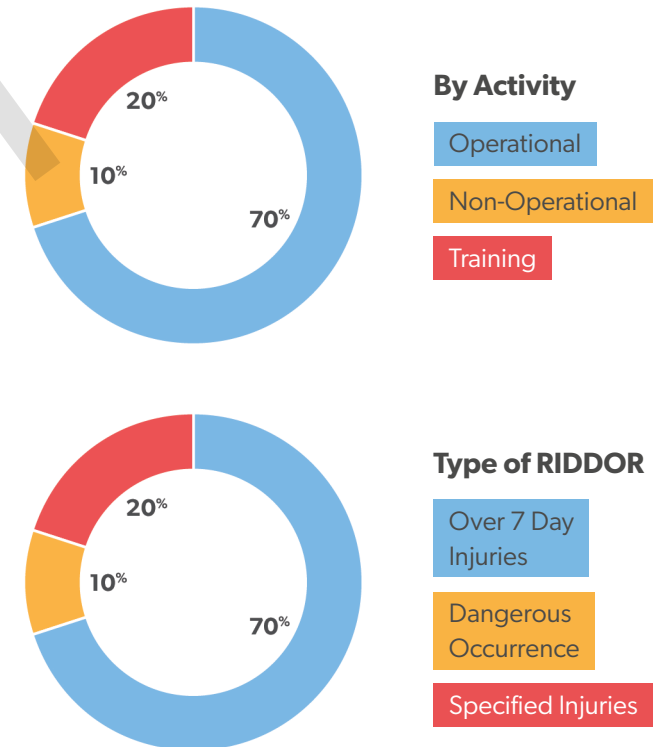
Following the Asbestos Thematic Audit, several improvements were implemented to strengthen asbestos safety and compliance. These included a comprehensive review of the Asbestos Generic Risk Assessment (GRA) and updates to the Training for

Operational Competence (TFOC) Asbestos training module to reflect current best practices. Notably, only one RIDDOR-reportable asbestos-related incident was recorded during the 2024–25.

The most common cause of over 7-day injuries was slips, trips, and falls, accounting for 20% (2 of 10).

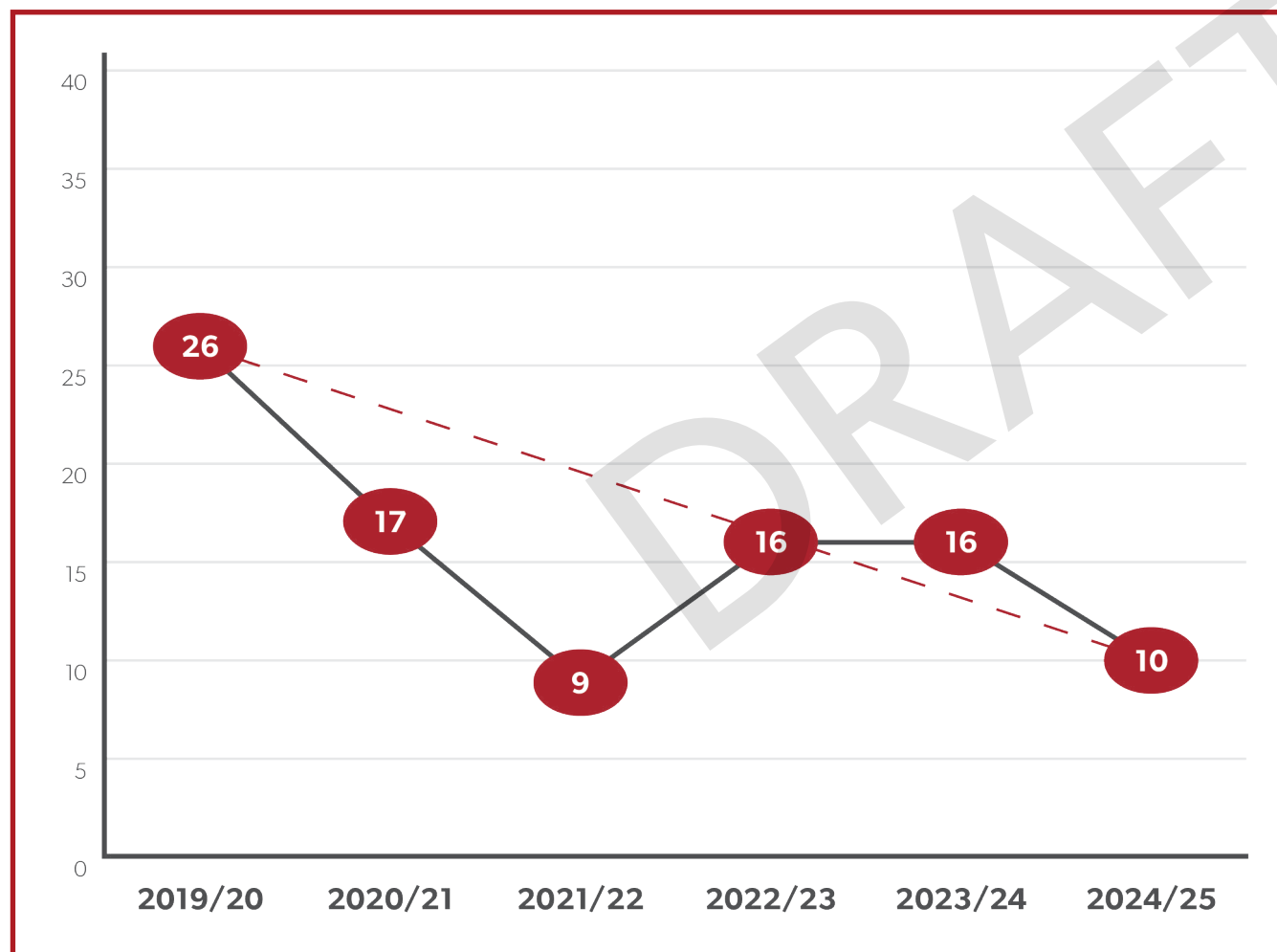
An example of a RIDDOR reportable event included:

- While detaching trailer from Land Rover, boat shifted unexpectedly, trapping the firefighter's thumb between the trailer and spare wheel, resulting in hospital treatment.



# Key Performance Indicators

## RIDDOR Reportable Events



### KPI 52: RIDDOR Reportable Events

#### Purpose:

Demonstrates how many notifications there has been to the HSE which may include death, specified injury, over 7 day injury, non-worker taken to hospital for treatment, dangerous occurrence or an occupational disease. Please note COVID-19 RIDDORs are excluded to provide a true trend.

#### We will:

Continue to monitor and analyse incident trends to proactively reduce the risk of RIDDOR-reportable events, ensuring that lessons are identified and acted upon.

The SFRS remains committed to safeguarding the welfare of all personnel following workplace accidents or injuries, with timely referral to appropriate support services where needed.

# Key Performance Indicators

## Accident and Injuries (excluding RIDDOR)

In 2024/25 there was a total of 173 (2 of which involved Contractors) Accidents and Injuries recorded. When compared to the previous reporting year, there has been an 8% (188 to 173) decrease, of these:

The slight upward trend over the four-year period may be attributed to the lower incident reporting observed during the COVID-19 period, with similar rates reported prior to COVID-19

Examples of Accident/Injuries include:

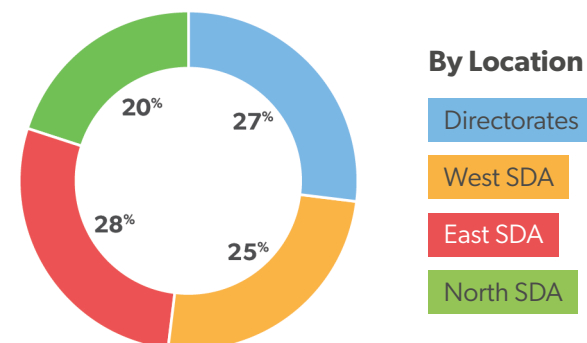
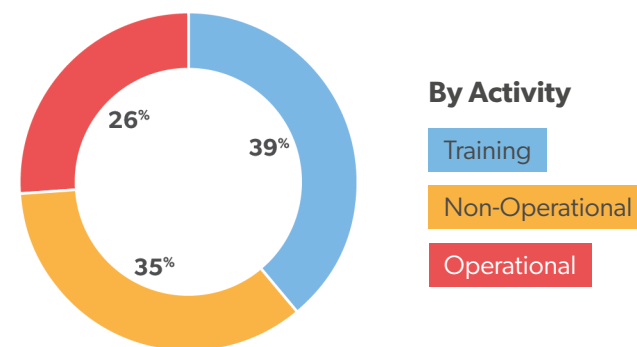
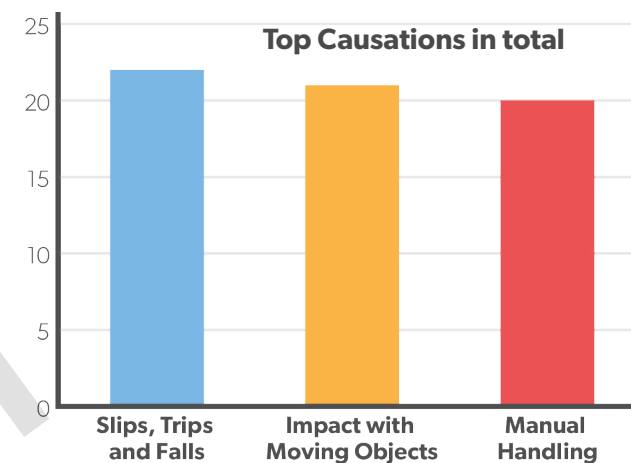
- Firefighter misjudged step while dismounting appliance resulting in familiarisation with SSOW and aware of personal behaviours; and
- While removing a pipe from appliance, a firefighter's hand was punctured by exposed sharp metal on worn standpipe holder, resulting in more awareness during checks to check the

holding brackets and housings to ensure no hazards exist.

Local Safety and Assurance Improvement Groups identify local trends and highlight any required actions. When there are national implications, these are escalated to the Safety and Assurance Sub-Group for review.

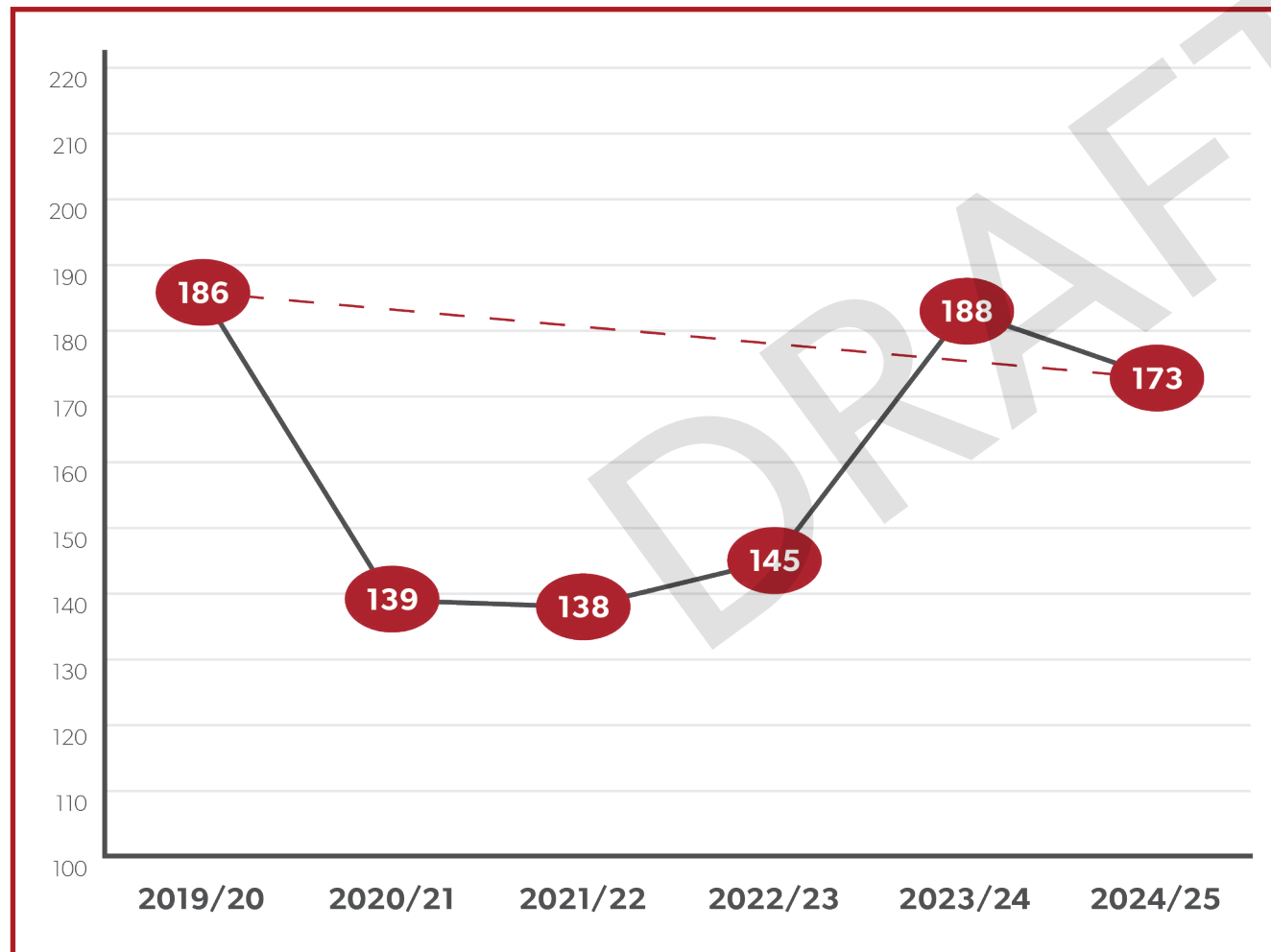
In the coming year, SA will review key areas to strengthen safety performance and learning. A particular focus will be placed on understanding the personal behaviours and decision-making processes that contribute to events. This includes examining the human factors behind events and identifying opportunities for early intervention and behavioural support.

This work will be progressed and supported throughout 2025, in collaboration with relevant stakeholders, to promote a culture of accountability, learning, and continuous improvement.



# Key Performance Indicators

## Accident and Injuries (excluding RIDDOR)



### KPI 53: Accident and Injuries (excluding RIDDOR)

#### Purpose:

Demonstrates total accidents and injuries to occur through workplace accidents.

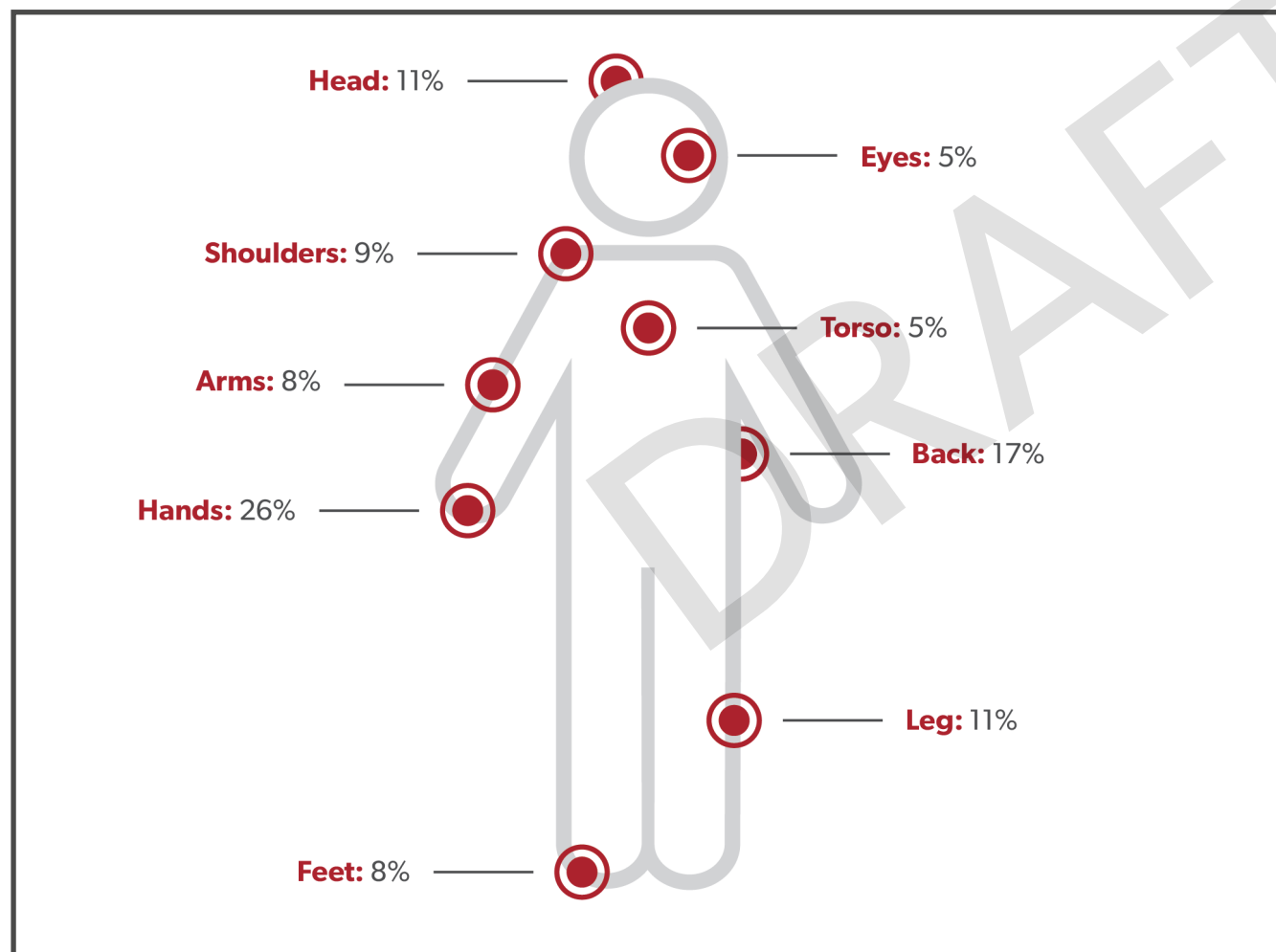
#### We will:

Maintain a consistent approach to promptly investigating all accidents and implementing proportionate corrective actions to reduce the likelihood of recurrence and enhance overall safety performance.



# Key Performance Indicators

## Accident and Injuries (excluding RIDDOR)



The SFRS Musculoskeletal (MSK) Injury Reduction Group is supported by Health and Wellbeing to ensure all personnel receive the necessary assistance following an injury.

### Body Map

Percentages for Accident/Injuries.

- Please note there may be multiple injuries per accident.

# Key Performance Indicators

## Verbal Attacks on SFRS Staff

In 2024-25 there was a total of 19 verbal attacks to SFRS personnel reported. When compared to the previous reporting year, this has remained numerically consistent.

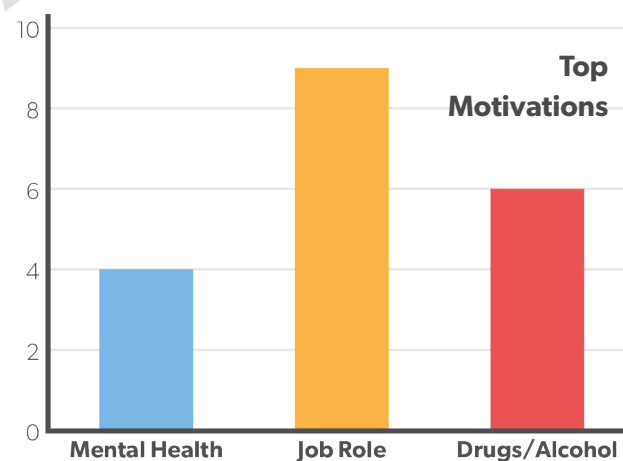
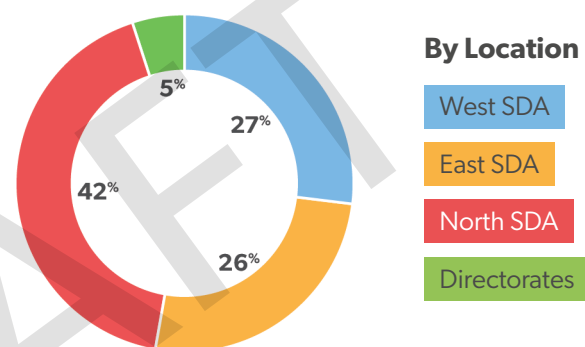
63% (12 of 19) events were reported during operational activities. 37% (7 of 19) during non-operational activities.

14 verbal attacks were from individual persons towards staff, the remaining 5 were group acts.

Police were requested for 11 of the 19 verbal assaults of which 1 was considered as reportable under the Emergency Workers (Scotland) Act 2005.

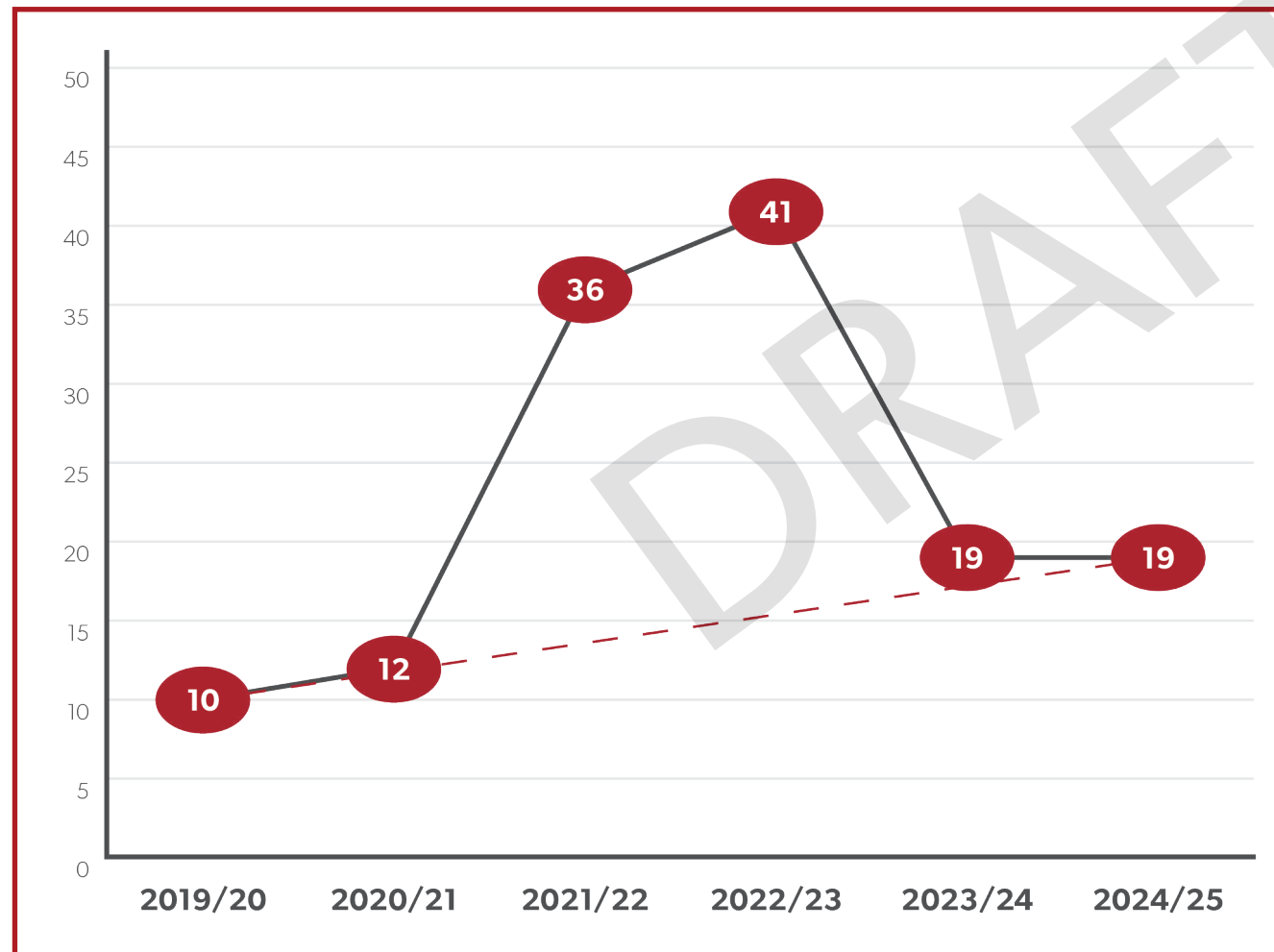
Outcomes taken from SFRS investigations include:

- Local areas liaising with Community Action Team (CAT) to ensure adult protection forms are submitted.
- CAT have regular communication to Anti-Social Team, Community Wardens and Police Scotland
- Strengthen ties with Police Scotland counterpart to extend close working around know addresses of history of anti social behaviour towards SFRS personnel
- Enhanced Welfare checks of crew – Completed soon after AOV was known



# Key Performance Indicators

## Verbal Attacks on SFRS Staff



### KPI 50: Verbal Attacks

#### Purpose:

Demonstrates how many verbal attacks have occurred to SFRS personnel by members of the public.

#### We will:

Promote a respectful working environment by implementing measures to reduce verbal abuse towards staff, including targeted prevention strategies, staff support, and community engagement.

# Key Performance Indicators

## Physical Attacks on SFRS Staff

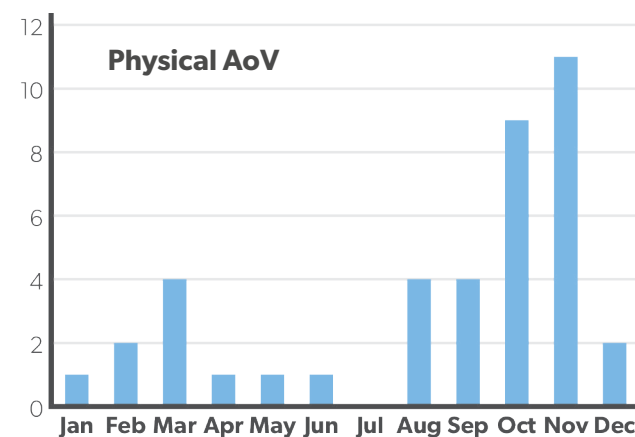
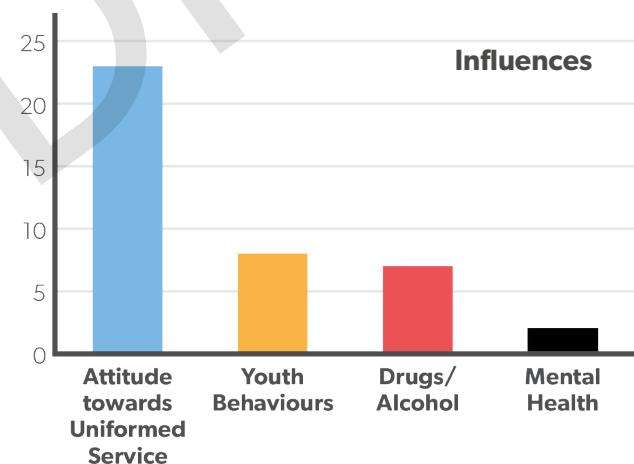
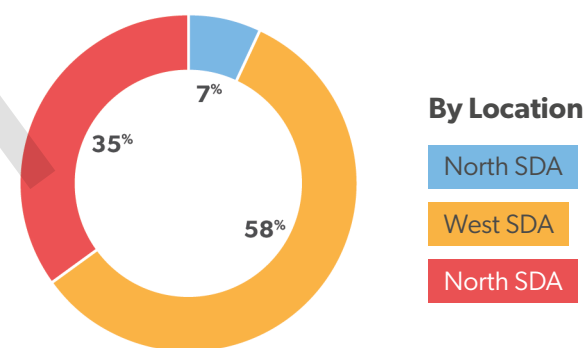
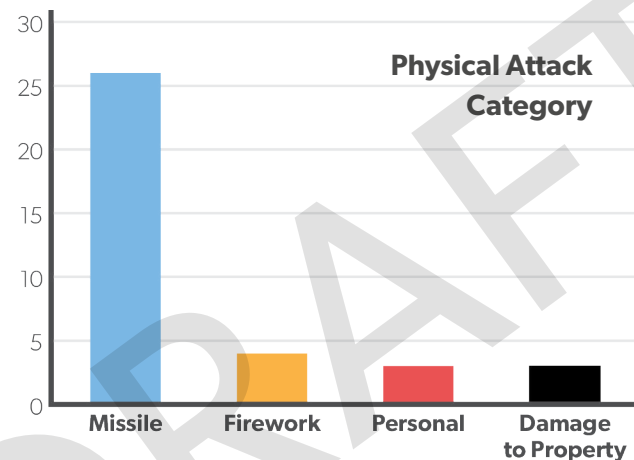
In 2024/25 there was a total of 40 physical attacks to SFRS personnel reported, when compared to the previous reporting year, a 2% decrease is noted (41 to 40).

There has been a decrease in Physical Acts of Violence (AOV) in the West Service Delivery Area (SDA) by 8% (25 to 23). However, an increase is shown in the North SDA by 200% (1 to 3) and in the East SDA by 8% (13 to 14).

98% (39 of 40) events were reported during operational activities. 2% (1 of 40) occurred during non-operational activities. Unfortunately, 1 event included a reported perforated eardrum injury as a result of fireworks.

25 physical attacks were through group acts, the remaining 15 were from individual persons.

Police were requested for 30 of the 40 physical assaults, 1 of which was considered as reportable under the Emergency Workers (Scotland) Act 2005.



# Key Performance Indicators

## Physical Attacks on SFRS Staff

Outcomes from SFRS Investigations include:

- De-brief of this incident undertaken with all station personnel and awareness was carried out on local and civil disturbances SOP.
- A full engagement programme was carried out with all schools in the local authority area.
- Operations Control to place warning to crews of possible aggressive behaviour on turnout systems.
- Police automatically requested for mobilisation in areas where violence was higher.

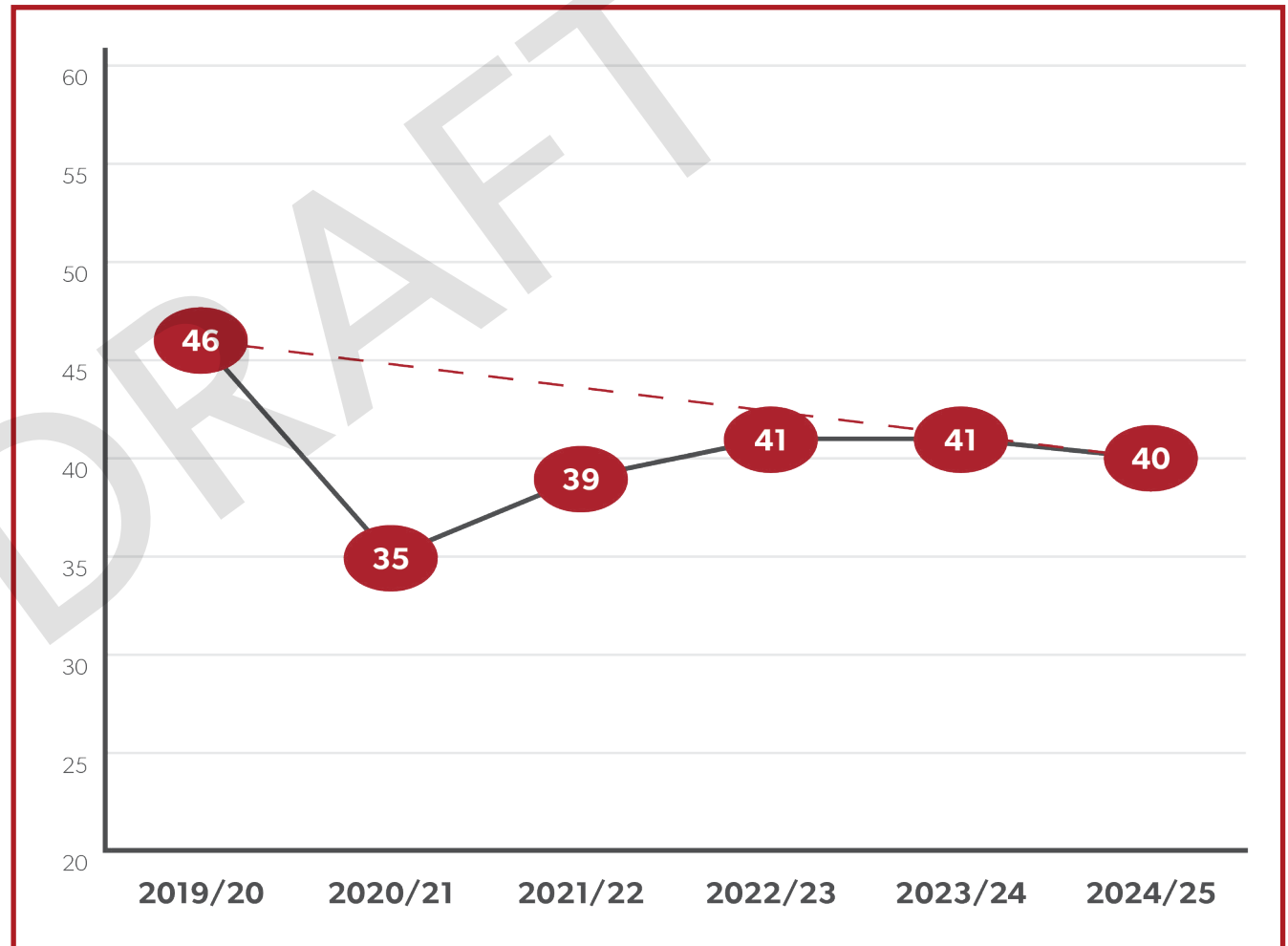
### KPI 51: Physical Attacks

#### Purpose:

Demonstrates how many physical attacks have occurred to SFRS personnel by members of the public.

#### We will:

Continue to work with Police Scotland to ensure AoV are reported, perpetrators are prosecuted under the Emergency Workers (Scotland) Act 2005 and SFRS communicate any learning between LSO Areas and Functions to reduce the risk of physical attacks to SFRS staff.



# Key Performance Indicators

## Near Miss (NM)

In 2024/25 there was a total of 176 Near Misses (NM) reported. When compared to the previous reporting year, there has been an 35% decrease (270 to 176).

The 3 most common causes of near misses reported were;

- Other 31% (58 of 176) e.g. Weather, Pest Control and Food Preparation;
- Breathing Apparatus (BA) 25% (44 of 176); and
- Appliance and pumps 20% (35 of 176).

When considering the number of NM in relation to the number of Accidents/Injuries including

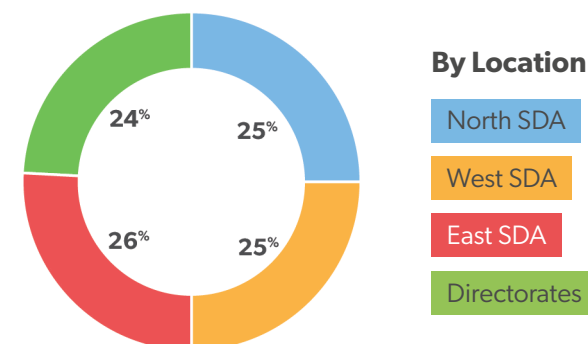
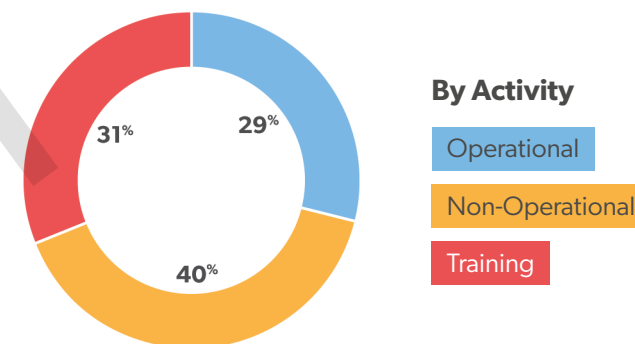
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) events we see a ratio of 1.05, which is a decline (1:13) when compared to the previous reporting year.

NM reporting remains a key area of focus and continues to be actively promoted as a proactive safety behaviour. SA will work collaboratively with representative bodies to further encourage and support the reporting of NMs across the organisation.

To reinforce this message, NM awareness posters were made available to stations, and OA has published a frontline update highlighting the critical importance of NM reporting in maintaining a safe working environment.

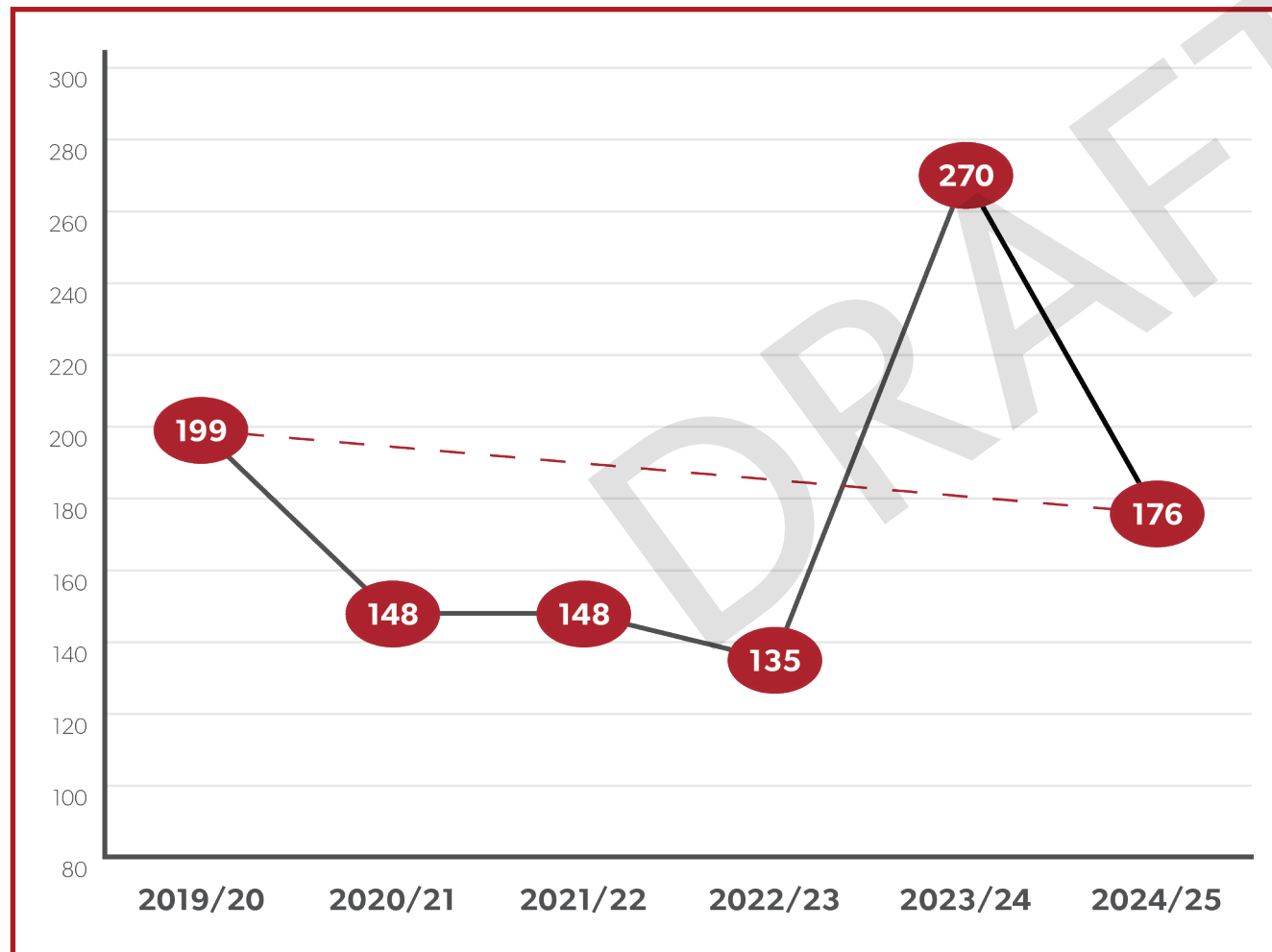
During 2024/25 the SFRS implemented an additional reporting feature, hazard reporting. This is an anonymous reporting process to support the identification of unsafe conditions or behaviours.

The Safety and Assurance Improvement Groups (SAIGs) continue to promote the reporting of near misses and hazards among staff groups.



# Key Performance Indicators

## Near Miss (NM)



### KPI 54: Near Miss

#### Purpose:

Total recorded number of NM events that had the potential to lead to an accident or ill health.

#### We will:

Foster a proactive safety culture by actively encouraging the reporting of near miss events, emphasising the value of early identification and shared learning.

Safety and Assurance (SA) will engage with other UK Fire Services to benchmark best practices in near miss reporting and will champion the dissemination of lessons learned across the organisation



# Key Performance Indicators

## Near Miss (NM)

These examples of reported near miss events highlight the importance of recording events, to learn and prevent the risk of recurrence.

### Breathing Apparatus (BA) Malfunction During Training

"Though organised offsite BA Training, first BA team went through door of entry, and one firefighter's Lung demand valve (LDV) began evacuating air as though in free flow. LDV removed and no injuries. BA set went from 290 and 260 bar."

**Outcome:** Training set was connected to an operational cylinder. Training BA sets must be tested in accordance with SFRS Equipment Information Card. Communication issued that training BA sets and cylinders have only to be utilised.

### Rescue Sled Damage Risking Deflation

"Whilst training, crew noticed abrasions to the rescue sled caused by rubbing on the outboard motor during stowage. This could cause deflation or potentially burst the sled in operational use."

**Outcome:** Method of securing RS5 was unsatisfactory, consideration to use of sling to secure RS5 to prevent slippage. Local communication to be issued regarding appropriate securing of RS5 to prevent reoccurrence and importance of robust periodic inspection processes including visual checks for damage.

### Aerial Ladder Platform Power (ALP) Failure

"While at incident, personnel were within aerial appliance cage. Emergency generator failed, requiring manual climb down. ALP listed forward and had to be stabilized manually."

**Outcome:** Fault of booms being stuck / unable to move was diagnosed by Fleet due to the vehicle battery being ran flat due to significant load on the battery without sufficient revs from engine. ALP Operators made aware of the impact on the road engine and the back up generator in the event of the vehicle battery being ran flat, and safety systems are disabled during the emergency bleed down procedure and that operators are required to manually check angles.

### Pump Failure During Firefighting

"Hose reel jet pressure failed. Firefighters could not increase pressure, resulting in pump failure. No high pressure available during incident."

**Outcome:** This defect was caused by chaffed wiring within the wiring loom. Inspection of this wiring is out with the remit of station personnel. It is vital that that water supplies are checked and deemed adequate before personnel are committed to a fire. Fleet to consider if there are any national trends reported.

# Key Performance Indicators

## Near Miss (NM)

### Why is near miss reporting important?

Safety is one of our core values. Our number one priority is to work together for a safer Scotland. Therefore, safety must be at the core of everything we do. Near miss reporting is a proactive tool in our Health & Safety Management System, helping reduce the risk of injury and ill health.



By promoting a positive culture of near miss reporting we can change our way of thinking about near misses. Near misses are near accidents. We have an opportunity to prevent accidents and their associated harm through proactive monitoring and reporting. SFRS (Scottish Fire and Rescue Service) encourages every near miss to be reported, no matter how trivial it may seem. All near misses are investigated to identify root causes and any actions required, including lessons to be learned to reduce the risk of accidents occurring. Some benefits of effective near miss reporting are:

- **Provides opportunity to improve firefighter safety:** Near misses provide a significant opportunity to identify areas to improve, enhancing Health & Safety practices and arrangements.
- **Promotes vigilance:** Prevents complacency by continually evaluating processes and identifying opportunities for improvement.
- **Involves staff:** A positive near miss reporting culture allows employees to be involved in Health & Safety management and increases staff engagement.
- **Demonstrates Organisational commitment to safety:** Near miss reporting demonstrates SFRS's commitment to a culture of safety, which should be promoted to staff without fear of discipline or reprimand.
- **Allows identification of trends:** Near miss reporting facilitates collection of valuable data over time and allows identification of possible trends and potential risks.

The SFRS continues to emphasise that any acts of violence or aggression towards our personnel are entirely unacceptable. We maintain a zero-tolerance approach to such behaviour

### We will:

Continue to actively promote hazard reporting to drive increased participation, strengthen our positive safety culture, and help reduce the risk of injury through early identification and mitigation of potential hazards.

# Key Performance Indicators

## Vehicle Accidents

In 2024-25 there was a total of 204 Vehicle Accidents (VA). When compared to the previous reporting year, there has been a 5% decrease (214 to 205), of these;

The most common cause of VAs continues to “hit something fixed or stationary”, accounting for 70% (142 of 204).

Of the Low-Speed Manoeuvres, 49% (49 of 101) of VAs involved the use of Driving Assistants.

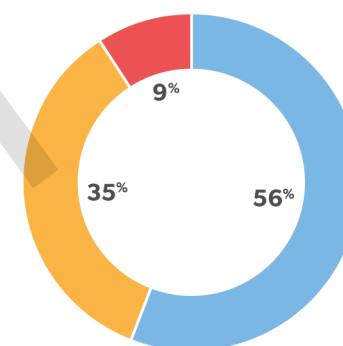
### Example of VA events includes:

- Appliance lost traction on icy ramp and slid into a bollard while reversing; recovery was required due to risk of further damage – an inspection was carried out and raised with Fleet for further investigation and repair.

- While reversing with guides, the appliance struck a grit bin hidden in a blind spot, causing superficial damage to the heat shield – this was discussed with the crews involved and training emphasised.
- During a water rescue response, a trailer’s jockey wheel detached in transit, damaging the lighting board. This was discovered during routine checks – this highlighted a requirement to complete a suitable dynamic Risk Assessment during adverse weather in accordance with the SFRS Drivers Handbook.

The Driver Safety Group continues to monitor trends and implement further controls and support to reduce the risk of vehicle accidents. Local Senior Officers (LSOs) continue to investigate and ensure actions are taken to prevent risk of reoccurrence.

Following the implementation of the Unwanted Fire Alarm Signals (UFAS) policy, a 30% reduction in blue light VAs was identified over a 12-month period.

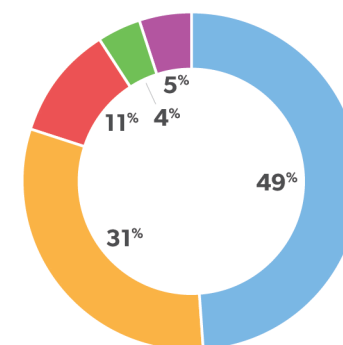


### Activity Type

Operational

Non-Operational

Training



### Vehicle Speeds

Slow Speed

Emergency Response Driving

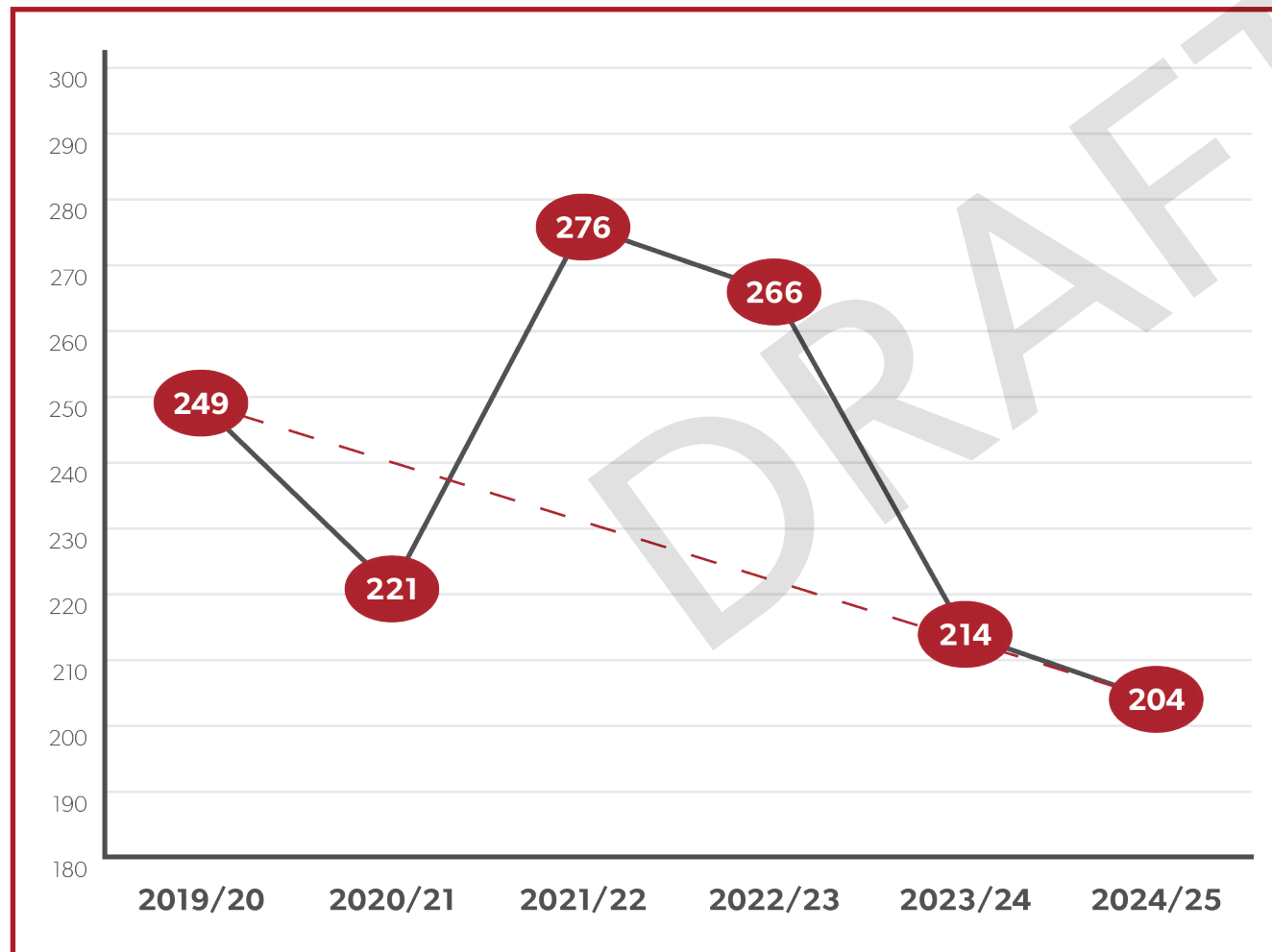
Normal Road Speed

Stationary

Other

# Key Performance Indicators

## Vehicle Accidents



### KPI 55: Vehicle Accidents

**Purpose:**

Total number of events that involved vehicle accidents.

**We will:**

Enhance the monitoring and reduction of vehicle accidents through data-driven analysis, targeted driver training, and continuous improvement of operational procedures.

# Key Performance Indicators

## Operational Assurance Audit Actions

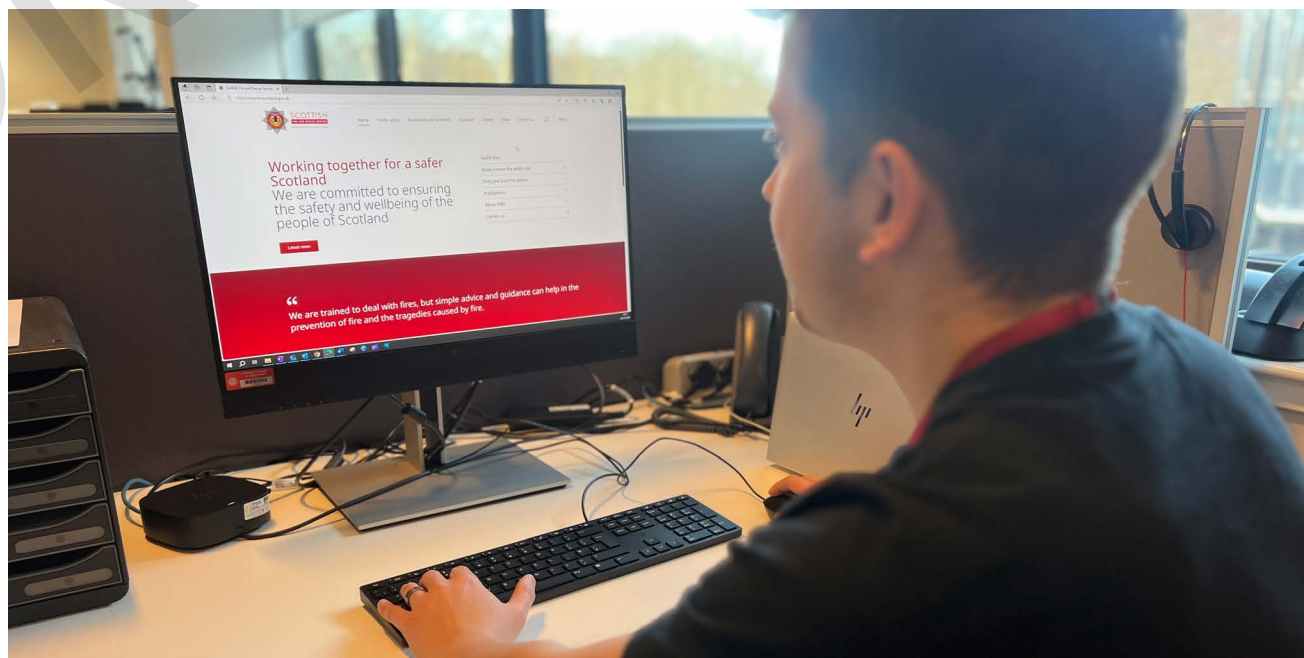
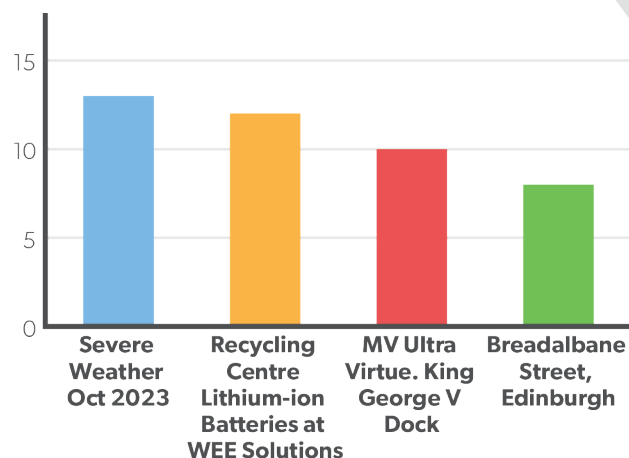
In 2024-25 there was a total of 4 structured debriefs carried out by the Operational Assurance team. Debriefs gather and analyse event information to recognise good practice and provide recommendations that support continuous learning and improvement.

These debriefs provide a structured opportunity to reflect on incidents, identify what went well, and highlight areas for development. By capturing insights from those directly involved, services can make informed decisions that enhance future performance and reduce risk. One critical outcome of debrief recommendations is the need to ensure that operational documentation, such as standard operating procedures (SOPs), training materials, and

response protocols to ensure they remain current and reflective of working practices.

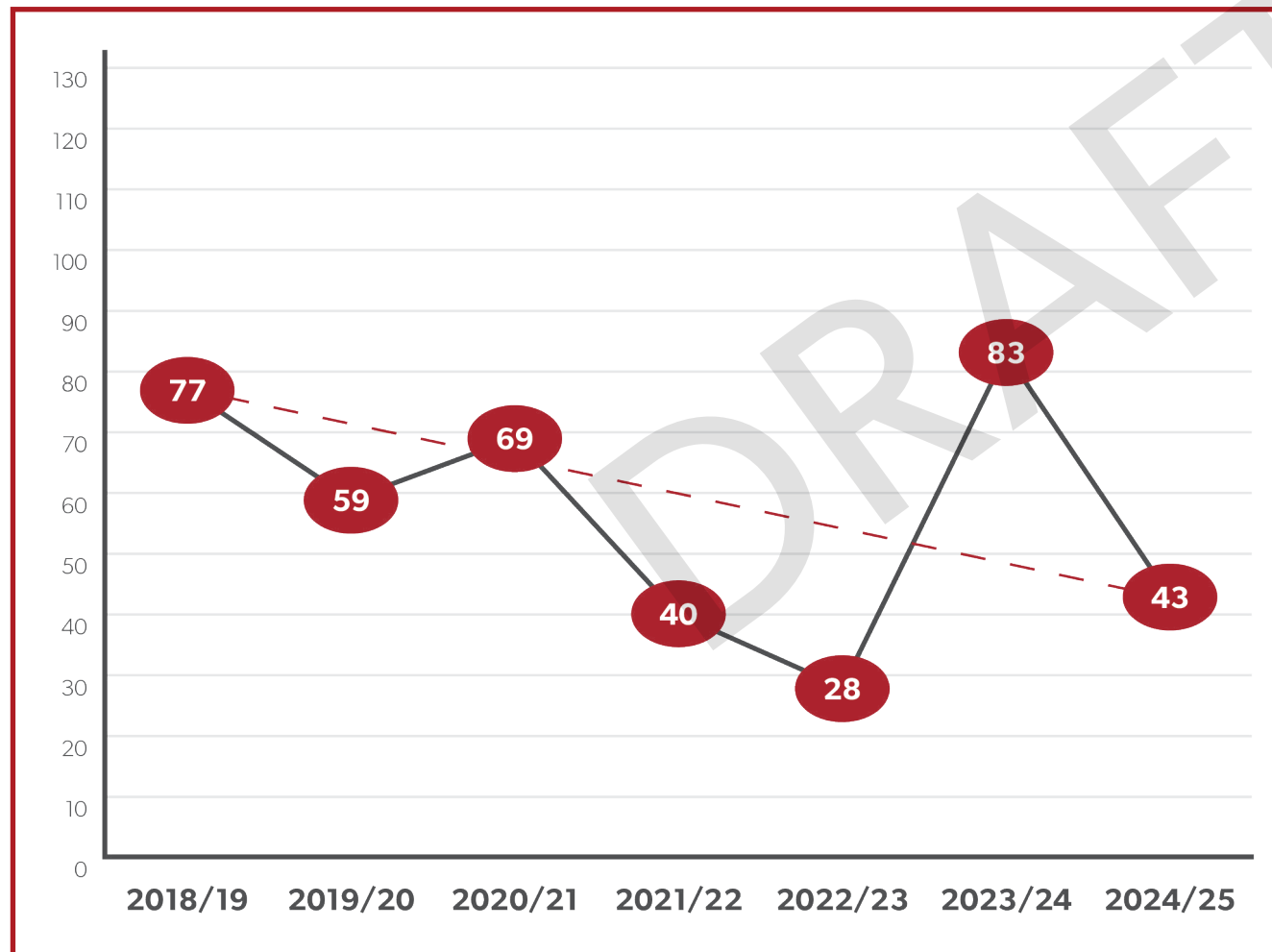
All recommendations arising from debriefs and thematic audits are subject to governance processes and recorded in the Organisational Learning Group (OLG) tracker, where they are assigned to the appropriate risk owner for progression to completion, supported by documented evidence.

### Debriefs and Action Totals



# Key Performance Indicators

## Operational Assurance Audit Actions



### KPI 19: Operational Assurance Audit Actions

#### Purpose:

The KPI demonstrates the number of Significant recommendations identified through OA Debrief Processes.

#### We will:

Continue to review significant operational events when appropriate, while reinforcing the use of hot debriefs and encouraging the consistent capture of lessons learned – both successes and areas for improvement – via the Operational Assurance Recording and Reporting System (OARRS).



# Key Performance Indicators

## Health and Safety Improvement Plans

**O**verall completion of the 2024-25 Health and Safety Improvement Plans (HSIP) is 98% (40 of 41) representing a 6% increase when compared to the previous reporting year.

TSA completed 97% (37 of 38) of 2024/25 actions. The 1 outstanding action relates to Support Reviews of Statutory Inspections which will be managed in the 2025/26 Improvement Plan. All other SDAs and Directorates completed 100% of their overall actions for 2024/25.

Our 2025/26 Improvement Plans ensure legal compliance, best practice and reaffirm our commitment to strengthening health and safety by focusing on people, processes, and systems to enhance staff wellbeing. These plans are guided by SA and SAIG meetings, ensuring all functions are supported in delivering their actions and driving continuous improvement across the service.

### Key achievements from the HSIPs include:

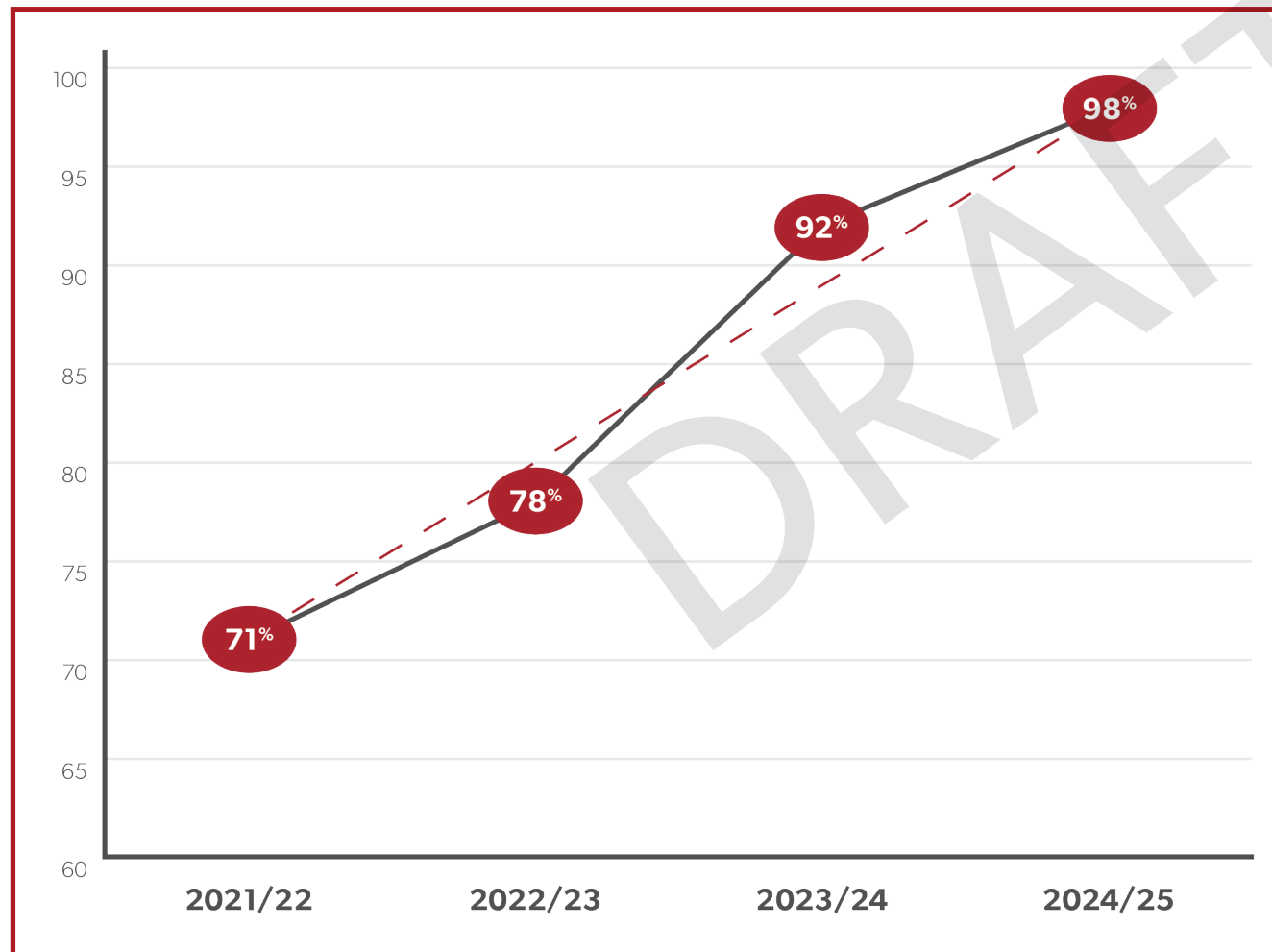
- Methods of Entry Training Initiated: Course materials were developed, e-learning content created, and training modules scheduled for delivery in 2025/26
- Operational Assurance Audits Conducted: Thematic audits were completed on renewable energy technologies and station inspection programs, supporting risk-based assurance.
- Power BI Reporting Enhanced: SA and Strategic Planning, Performance and Communication (SPPC) collaborated to improve KPI reporting and data visualisation through Power BI.
- An SDA Handbook was developed and published, supporting the Gantt Chart action outlined in the Improvement Plans.





# Key Performance Indicators

## Health and Safety Improvement Plans



### KPI 56: YTD Health and Safety Actions Completed

#### Purpose:

Demonstrates the completion of improvement plans to drive safety performance.

#### We will:

Drive continuous improvement in health and safety by setting SMART objectives that support legal compliance and reduce risk across the Service.

# Key Performance Indicators

## Health and Safety Improvement Plans

	Total Number of Actions	Number of Actions Complete	% Progress Towards Completion
Scottish Fire and Rescue Service	41	40	98%
North SDA (NSDA)	16	16	100%
East SDA (ESDA)	16	16	100%
West SDA (WSDA)	16	16	100%
Finance and Contractual Services (FCS)	15	15	100%
People Directorate	11	11	100%
Prevention Directorate	10	10	100%
Operations (OP)	13	13	100%
Strategic Planning, Performance and Communications (SPPC)	14	14	100%
Training, Safety and Assurance (TSA)	38	37	97%
Portfolio Office	10	10	100%

### Health and Safety Improvement Plan Annual Breakdown 2024-25

TSA completed 97% (37 of 38) of 2024/25 actions. The 1 outstanding action relates to Support Reviews of Statutory Inspections which will be managed in the 2025/26 Improvement Plan. All other SDAs and Directorates completed 100% of their overall actions for 2024/25.

# Benchmarking UK FRS

(01/04/2024 – 31/03/2025)

**E**ach UK FRS has different reporting variables; however, through data analysis of the figures provided, there are areas of strong performance and areas for improvement within SFRS.

When benchmarking, SFRS has utilised the figure per 500 employees, which provides a more comparable basis across the UK FRSs contacted.

The data indicates that, in comparison to smaller services, SFRS has a lower Accident/Injury and RIDDOR rate per 500 employees, which is positive.

Areas for improvement within SFRS include our NM reporting figures, which remain relatively low compared to other UK FRSs per 500 employees.

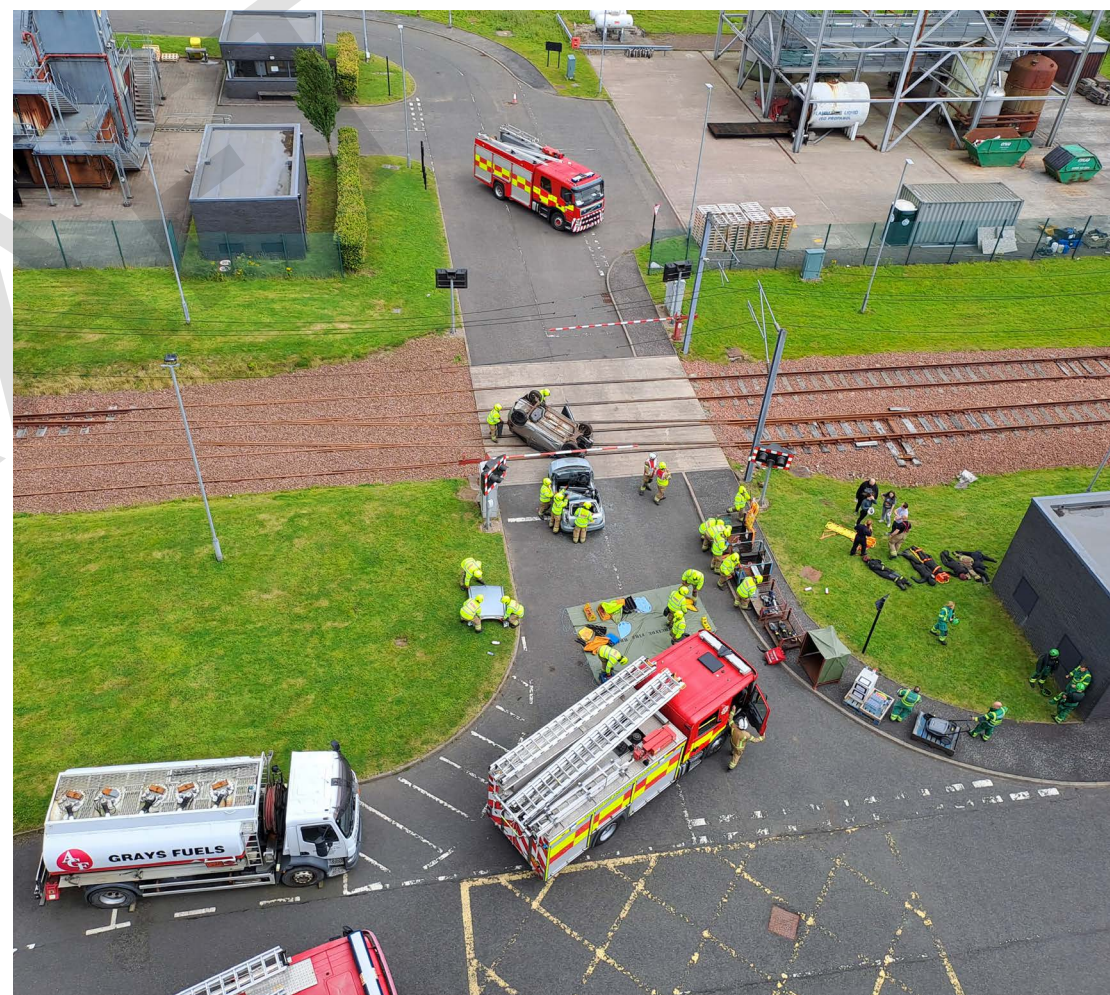
SA continue to promote near miss reporting, emphasising the importance of a positive near miss and hazard reporting culture.

SA will seek to liaise with other UK FRSs during 2025/26 to explore how they have implemented proactive initiatives to improve NM reporting.

All staff affected by Acts of Violence or Injuries are reminded of the support available via SFRS Wellbeing Hub area.

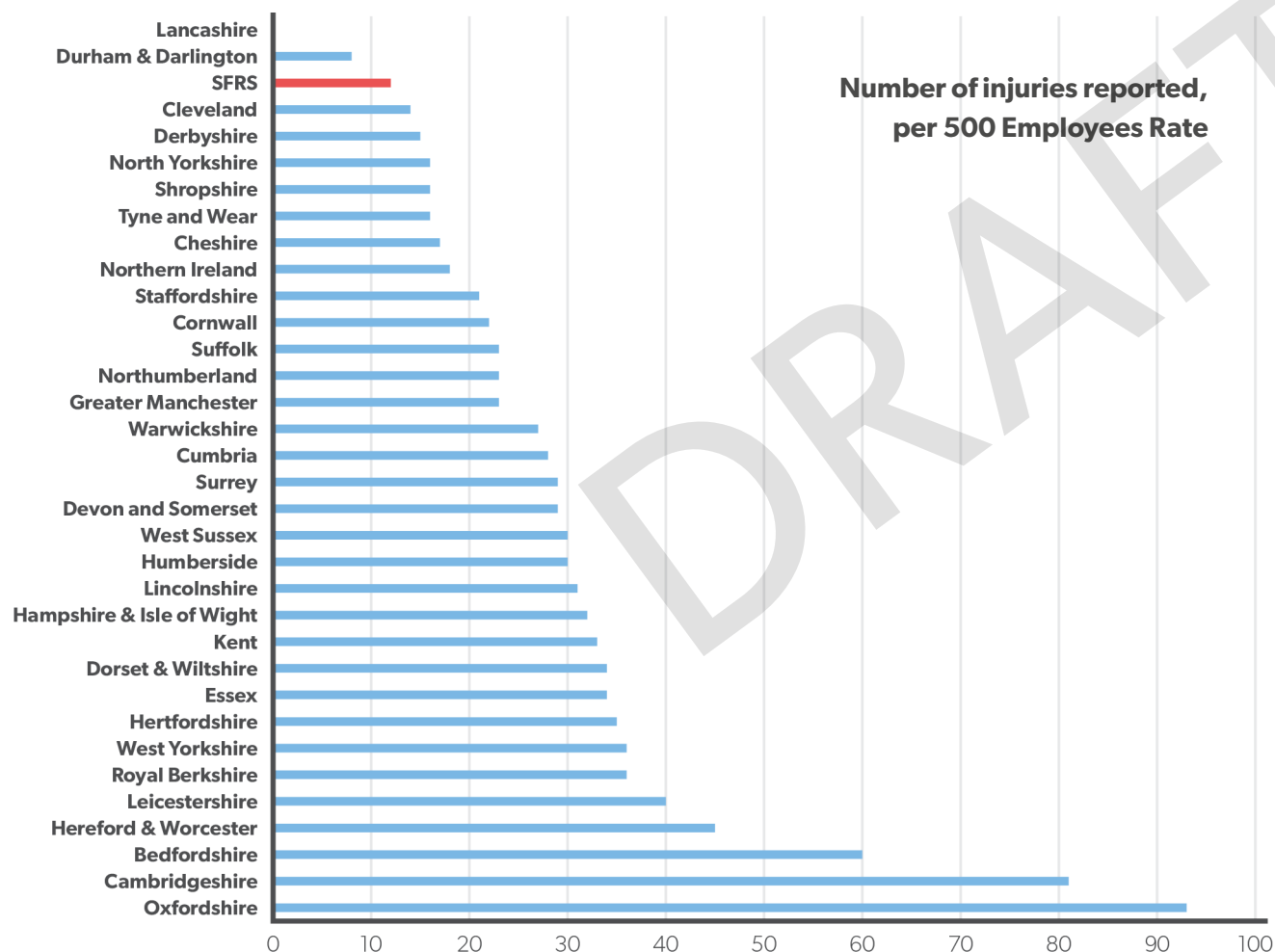
## **We will:**

Continue to liaise and engage with other UK FRS through the NFCC Health and Safety (HS) Committee, sharing areas of best practice enhancing safety UK wide.



# Benchmarking UK FRS

(01/04/2024 – 31/03/2025)



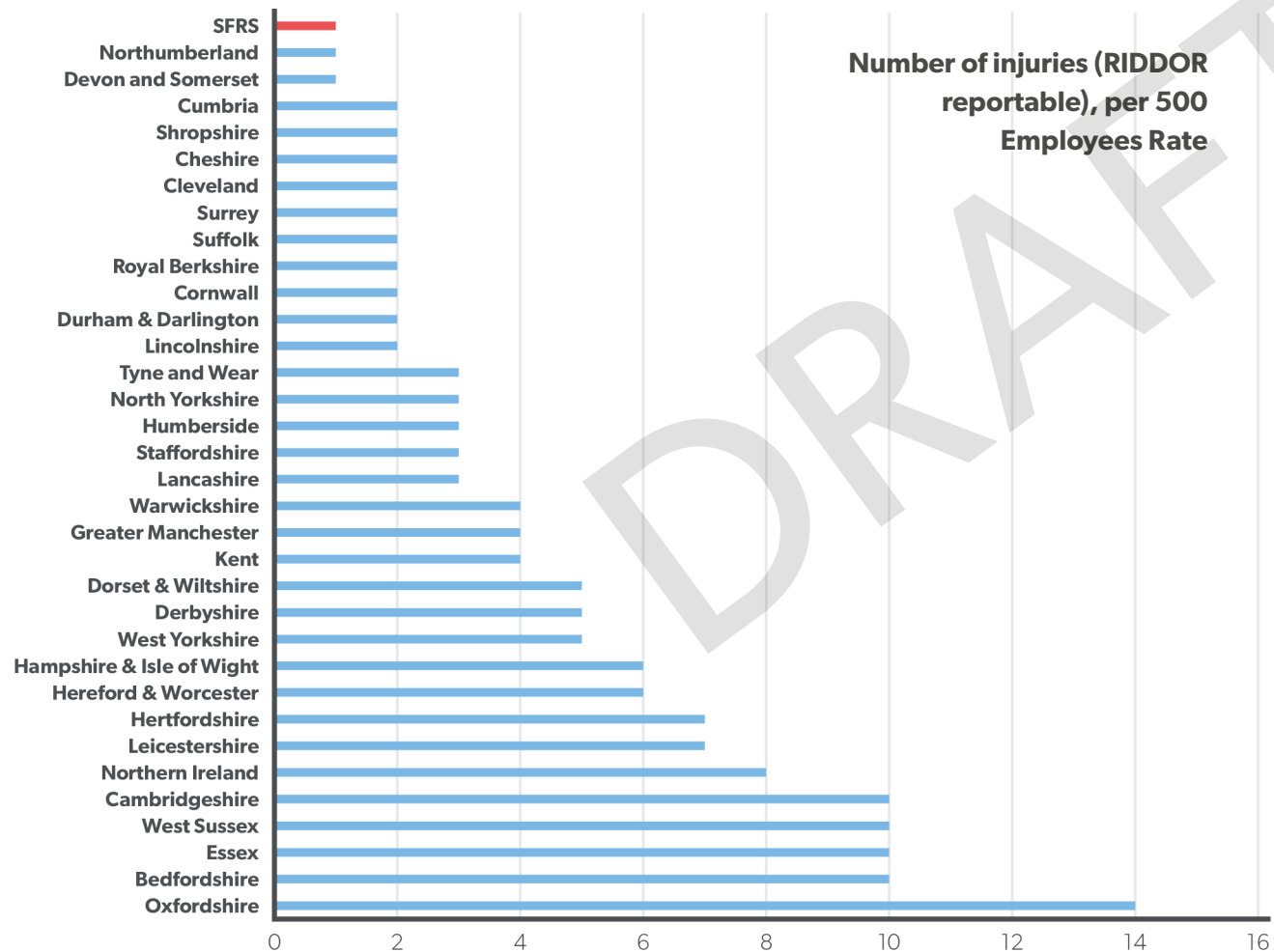
## Injury and RIDDOR

**S**FRS continues to demonstrate a strong commitment to safety, reporting a positively low injury rate of just 12 per 500 employees. Even more notably, the service records only 1 RIDDOR-reportable incident per 500 employees, placing it firmly in the lower half of the comparison across UK FS.

These figures reflect the effectiveness of proactive safety measures, a good safety culture, and the dedication of staff across the organisation to maintaining a safe working environment.

# Benchmarking UK FRS

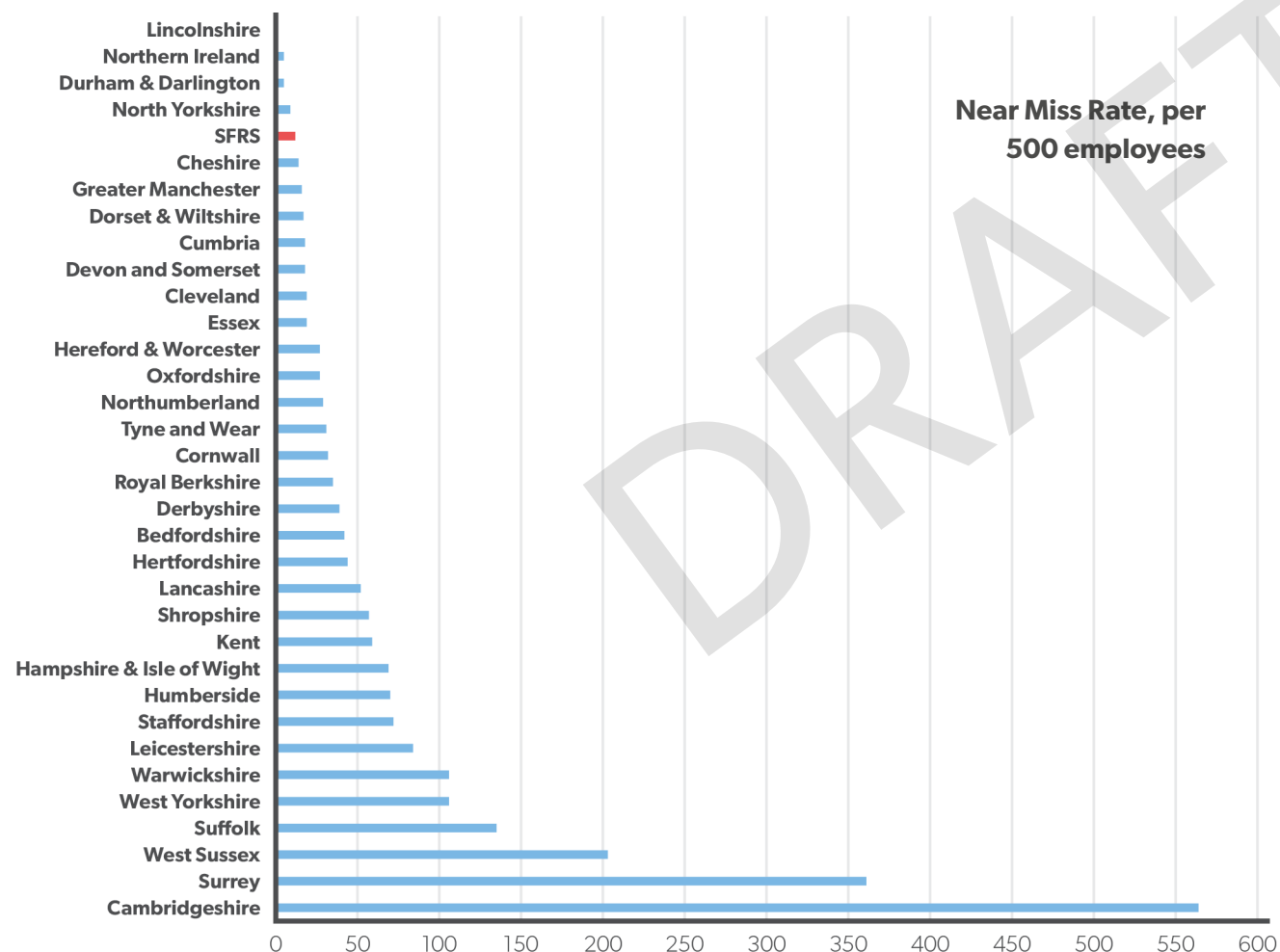
(01/04/2024 – 31/03/2025)





# Benchmarking UK FRS

(01/04/2024 – 31/03/2025)



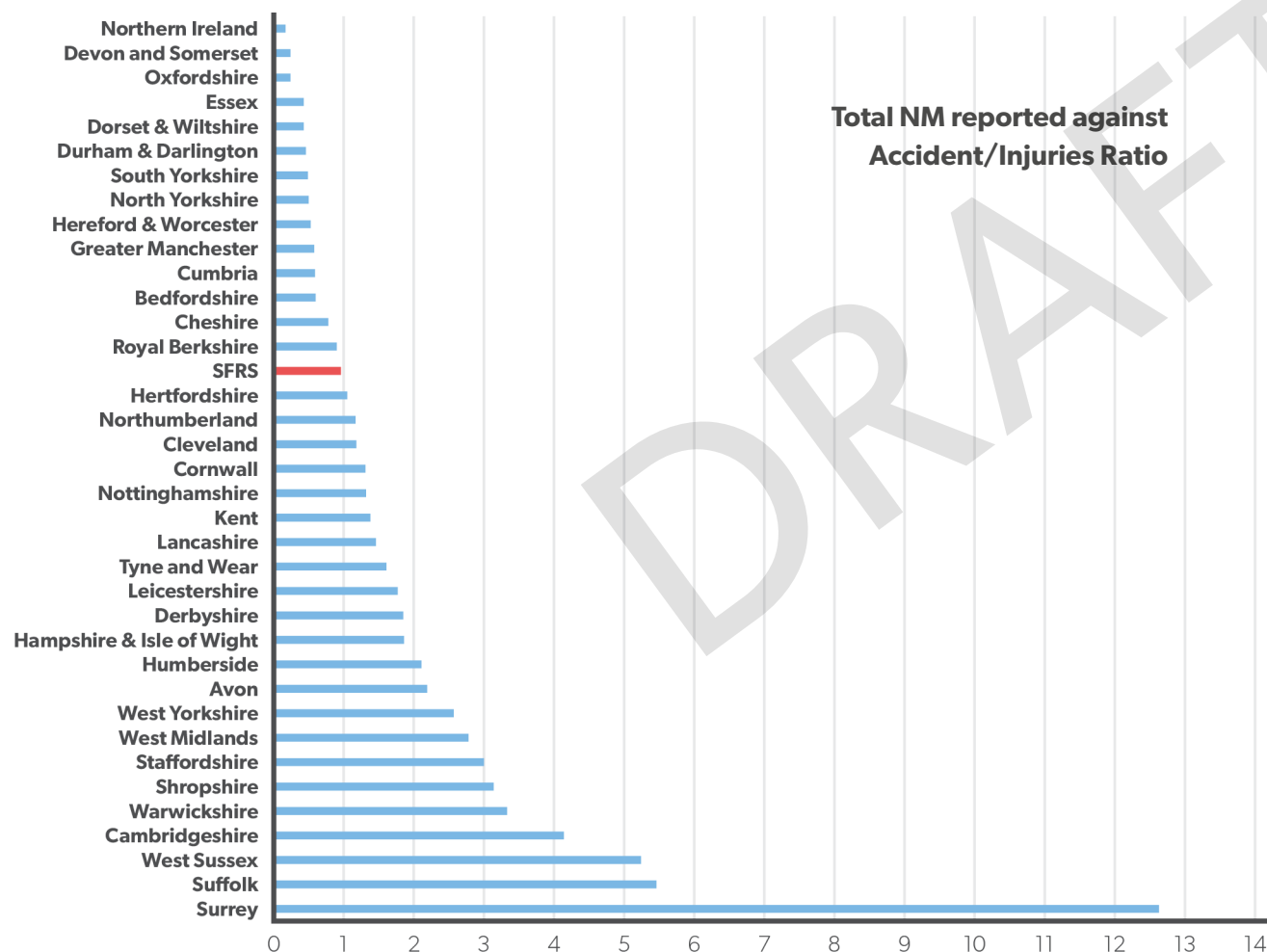
## Near Miss

**S**FRS reports a rate of 12 near misses reported per 500 employees, placing it in the lower half of the comparison across UK FS. It may indicate underreporting or poor understanding of a near miss culture. Other FS report a significantly higher figure, which may reflect stronger engagement with near miss reporting systems.

This provides an opportunity for SFRS to promote a more open reporting culture and use near miss data more effectively to enhance reporting in future communications.

# Benchmarking UK FRS

(01/04/2024 – 31/03/2025)



## Near Miss against Accident/Injury Ratios

The ratio frequencies are calculated by number of NMs against recorded Accident/Injury Reports. A rate ratio of 0.96 is recorded for the SFRS, meaning that for every one accident/injury that 0.96 NM is recorded.

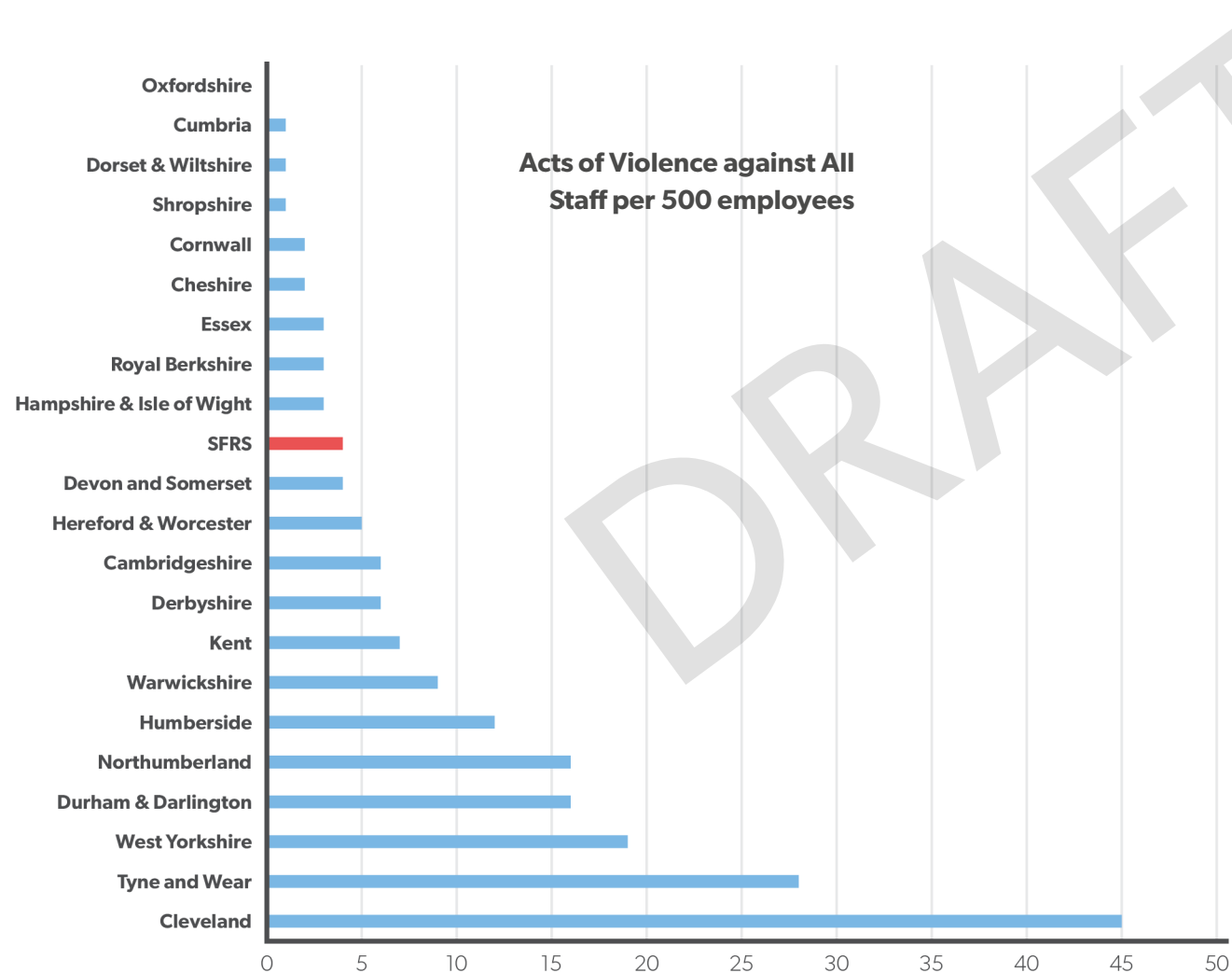
This may suggest that while incidents are occurring, near misses may be underreported, potentially missing opportunities for early intervention and prevention and the learning of lessons.

SFRS aims for better NM reporting and will liaise with the top 3 UKFS with positive reporting for any interventions to enhance reporting.



# Benchmarking UK FRS

(01/04/2024 – 31/03/2025)



## All Acts of Violence

These figures include all reports of AOV to staff including both Verbal and Physical.

SFRS reports 4 AOV per 500 employees, placing it in the lower-middle range nationally. While this is significantly below high-risk regions it still indicates that staff are being exposed to violence and that continued vigilance is needed and proactive measures to reduce the risk of violence related incidents towards staff.

# Benchmarking UK FRS

(01/04/2024 – 31/03/2025)

SFRS continue to work with Your Safety Matters which is led by Police Scotland and a multi-agency campaign, to raise awareness and ensure a safe, healthy and respectful workplace environment, free from violence and abuse.

The purpose of the group is to develop an integrated approach to address issues of violence and aggression against staff and determine any appropriate preventative measures that can be undertaken by all member organisations.

**Report it!**  
Physical assault  
Verbal abuse  
Near miss  
Cuts and bruises  
Injury of any kind

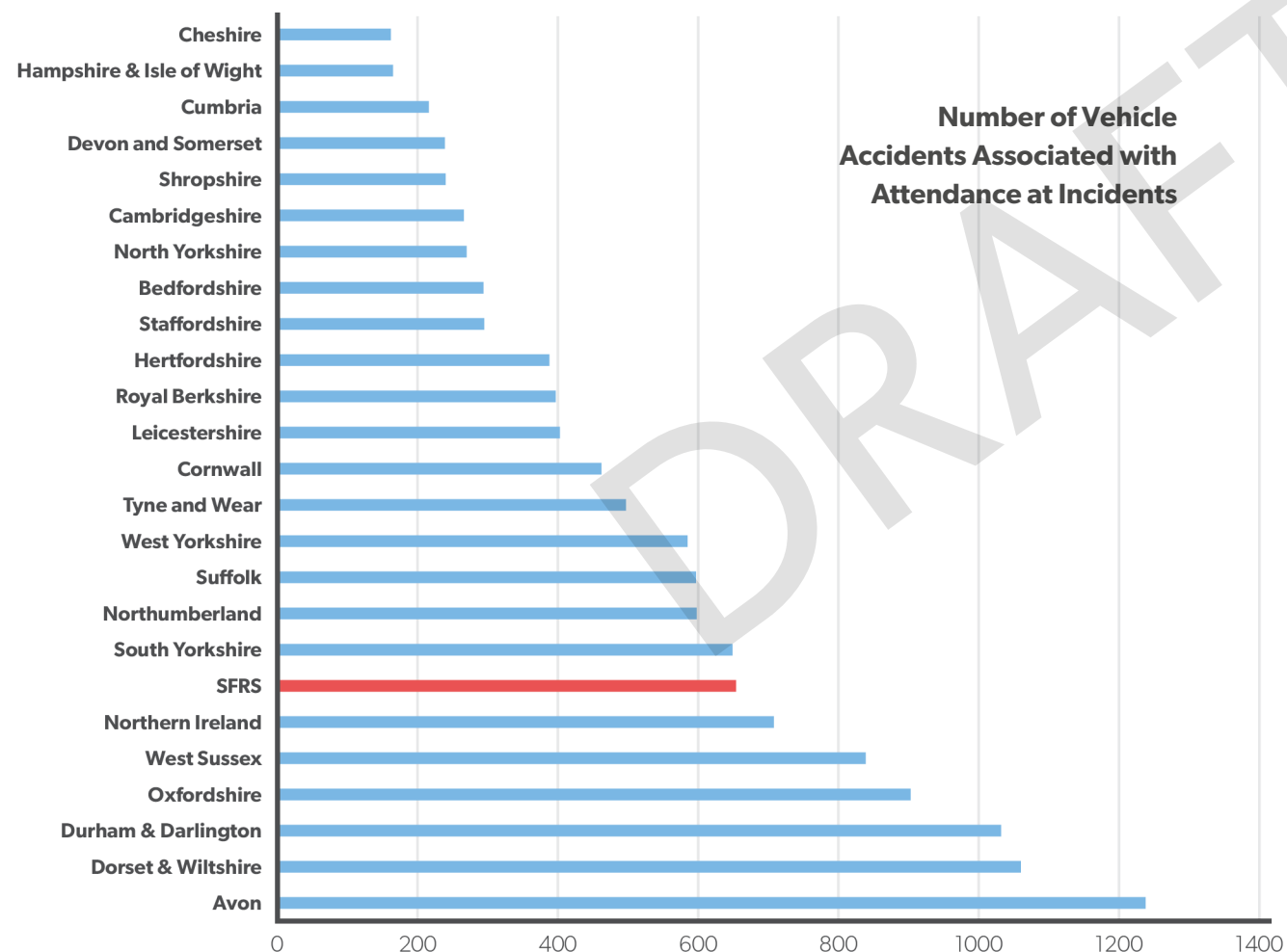
Please submit a report as soon as you can following the incident and seek support from your line manager.

Public Health Scotland  
ACTRESS AGAINST CRIME  
SGF Scottish Grocery Federation  
NHS SCOTLAND  
SPS SCOTTISH POLICE SERVICE  
Victim Support Scotland  
POLICE SCOTLAND  
SCOTTISH FIRE AND RESCUE SERVICE  
BRITISH TRANSPORT POLICE  
Scottish Ambulance Service  
LIFELINES SCOTLAND  
IN CONSULTATION WITH COPFS

MPR/PCSTR/24\_00993\_A4

# Benchmarking UK FRS

(01/04/2024 – 31/03/2025)

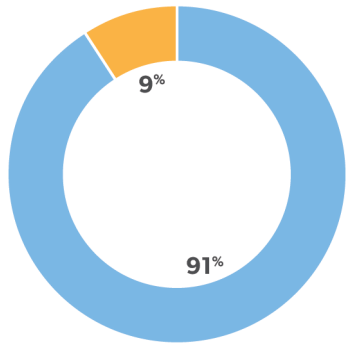


## Vehicle Accidents associated with Attendance at Incidents

SFRS reports 1 vehicle accident in every 654 operational incidents, placing SFRS in the lower end of the incident rate.

SFRS continue to promote safe driving through the work of the Driver Safety Group and Business Partner engagement.

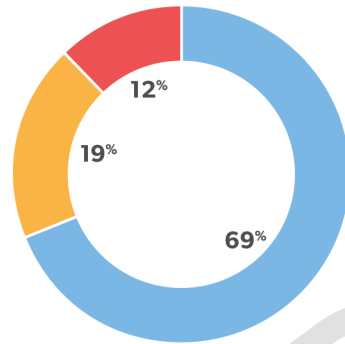
# Safety and Assurance Indicators 2024/25



**Total Event Investigations:**  
693 Events

Complete

Ongoing

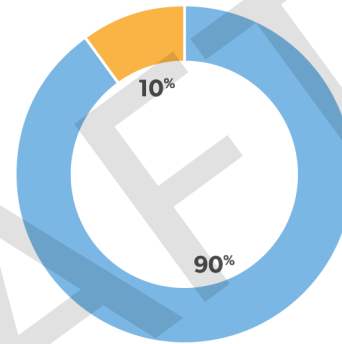


**Scheduled Management Arrangement Updates: 16 in Total**

Complete

In Governance

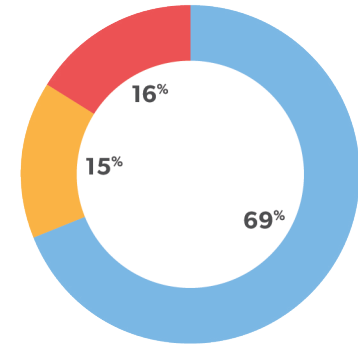
Re-prioritised



**Safe System of Work by Percentage**

Published

Under Review



**GRA Register Status**

Published

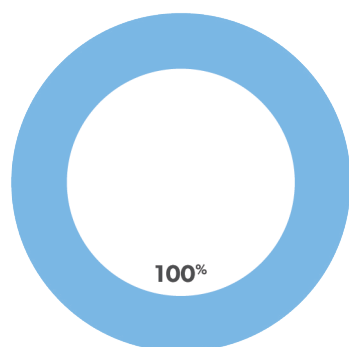
New/In Development

Under Review

## We will:

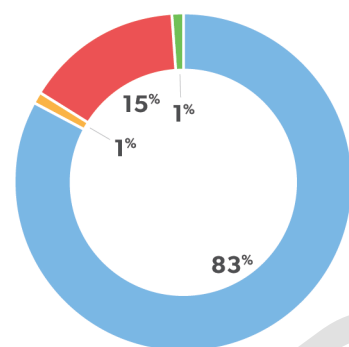
Continue to assess and communicate risks across SFRS, ensuring staff are equipped to identify and manage hazards effectively. Support business partners in reviewing risks and technical assessments, ensuring appropriate controls are implemented in line with Risk Assessment GANTT chart timelines.

# Safety and Assurance Indicators 2024/25



**Control of Substances Hazardous to Health (COSHH) Assessments by Percentage**

Live



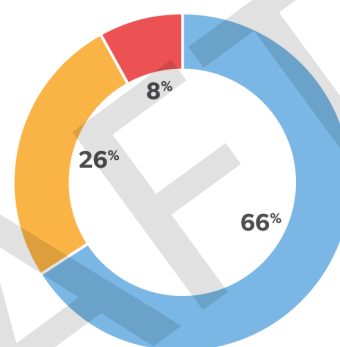
**DSE Assessments**

Completed

Open Ongoing

Open >2M

Rejected No LCMS

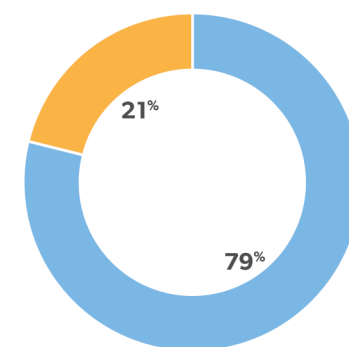


**Personal Protective Equipment (PPE) Assessments by Percentage**

Live

Under Review

New/In Development



**Manual Handling Assessment by Percentage**

Complete

Under Review

## We will:

SFRS continue to carry out a full review of all technical risk assessments to ensure hazards are effectively identified and controlled in line with GANTT chart timelines.

Additionally, SA will support the development of the PUWER assessment tracker to strengthen compliance monitoring.



### 3. Compliance

Annual Operating Plan Progress; SA Strategy; Legislative Compliance; Contaminants; and Driver Safety Group (DSG)



# Annual Operating Plan (AOP)

## SO6:4

### Action:

Align SFRS Health and Safety Management System to ISO 45001 and seek approval for external accreditation.

### Update:

It was proposed and agreed that the SFRS will align SFRS Health and Safety Management System (HSMS) to ISO45001 through business-as-usual workstreams and are no longer pursuing full accreditation at this stage.

SA have completed an ISO45001 Gap Analysis with areas of continual improvement identified. SA continue to align the HSMS to ISO45001.

## SO6:5

### Action:

Lead on contaminants management including horizon scanning, research reviews (UK and International) and support the development and implementation of procedures.

### Update:

There has been SFRS representation UK wide contaminants conferences with information reported back to the Contaminants Group. Horizon scanning and engagement with UK scientific research and other FRS continues. SFRS Fire Contaminants Standard Operating Procedure and Fire Contaminants Management Arrangement. SFRS continues to progress with the CivTech Innovation Accelerator Programme. More information is contained within the Fire Contaminants and CivTech sections within this report.

## SO6:6

### Action:

Develop and publish SFRS Safety and Assurance Vision and Strategy.

### Update:

SA has developed a draft Safety and Assurance Strategy 2025-28. A Training, Safety and Assurance (TSA) Workshop was held early 2025 to assist with its direction.

The strategy continues to be refined to reflect evolving organisational structures to the TSA organisational model.



## SA Strategy 2022/26 – Year 3

### **ACTION: SA Improvement Plans are 100% complete at the end of the financial year.**

UPDATE: Safety continues to be closely monitored and is priorities on the agenda at governance meetings. This year the objectives saw a renewed emphasis on safety compliance. A 98% completion rate was achieved which is the highest SFRS completion.

### **ACTION: SFRS has a documented asset design process in place that actively considers Health and Safety.**

UPDATE: The PUWER process has been reviewed and updated to support end users in completing PUWERs. This enhancement ensures that all work equipment is assessed for compliance and for design suitability, operational safety, and user interaction.

### **ACTION: SFRS will have an ISO 45001 gap analysis carried out by an accredited body.**

UPDATE: Several safety courses were delivered during 2024/25 including ISO 45001 Lead Auditor training. Provision of training enabled personnel to undertake an internal gap analysis. Going forward, the auditing of our Safety and Assurance Management System (SAMS) against the requirements of ISO 45001 will provide assurances that our SMS and safety related policies, procedures, risk assessments are meeting our statutory safety requirements.

### **ACTION: All SFRS staff are fully trained to allow tasks to be undertaken safely.**

UPDATE: SFRS remains firmly committed to maintaining the highest standards of workplace safety through comprehensive training and continuous development. SA continue to support recommendations from Organisational Learning, ensuring these are embedded through in our operational practices and is continuously reinforced through updates to Learning Content Management System (LCMS), refresher training, and supporting mechanisms.



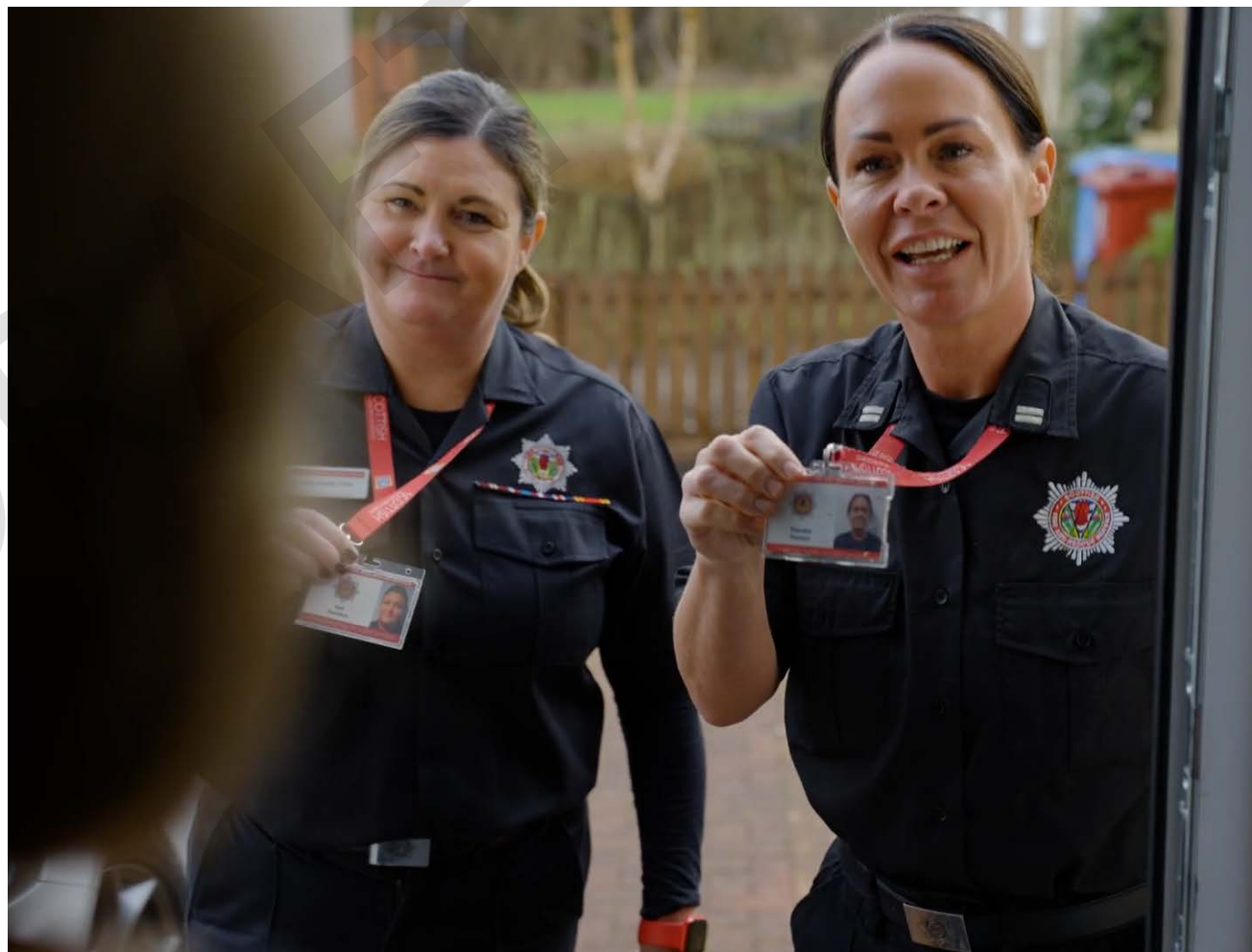
# Legislative Compliance

## Health and Safety Legal Register

New legislation and significant amendments are introduced in April and October each year in the UK. To reflect this, the legal register is updated each May and November. Once government guidance has been released and reviewed to support and identify forthcoming legislation and expected implications.

**During this reporting year two updates were made within the register, including:**

- Inclusion of Worker's Protection Act 2024. It places a legal duty on UK employers to proactively take reasonable steps to prevent sexual harassment in the workplace; and
- Martyn's Law 2025 also known as the Terrorism (Protection of Premise) Act 2025. This is UK law aimed at improving security and preparedness at publicly accessible locations to mitigate the risk of terrorist attacks



# Legislative Compliance

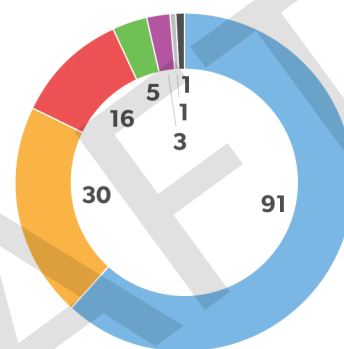
## Guidance Review Register

As part of our horizon scanning process, over seven hundred guidance notifications were received and evaluated during 2024/25, leading to 700 entries in our guidance tracker.

143 entries confirmed that our arrangements are up to date and reflect best practice, providing a high level of assurance to the Service. Information received resulted in 7 identified areas for improvement in our health and safety management arrangement.

### Examples of updates from the Guidance Reviews include:

- British Compressed Gases Association; Medical Oxygen in a Vehicle, leading to a review and publication of Generic Risk Assessment 028 Transportation of Breathing Apparatus Cylinders by SFRS Personnel and Safe System of Work - 237 Transportation of BA Cylinders.
- Equality and human Rights: Employer 8 step guide to preventing sexual harassment at work guidance resulting in a review of Safety and Assurance documentation.



### Outcome of Review

No Further Action

BP Informed

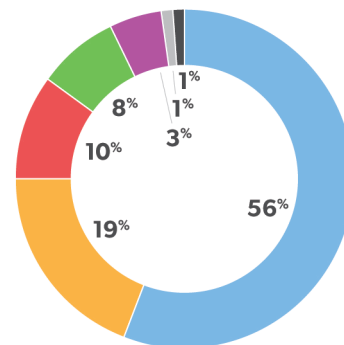
Research and Development

Minor

Shared Info

R&D

Major



### Reviews by Source

H&S Executive

SHP/Barbour Updates

IOSH Updates

HS Publication

Other/Sector Specific

SFRS Internal

Other FRS

# Legislative Compliance

## Statutory Enforcement

<b>Health and Safety Executive Enforcement / Notices</b>  One notice against the SFRS.  	<b>His Majesty's Fire Service Inspectorate</b>  No SA outstanding actions.  
<b>Other, i.e. Local Authority</b>  No enforcement actions reported to SA.   	

## HSE Improvement Notice Update

The HSE identified an improvement action for SFRS to provide adequate facilities in accordance with Workplace (Health, Safety and Welfare) Regulations 1992 within 3 stations on the Shetland Isles, specifically highlighting the challenges of having to decontaminate after a response to a fire.

As a result, the SFRS have implemented additional control measures, working with On call crews and representative bodies to further support their welfare. This consisted of three On call stations now use a Hub approach to support continued delivery of equipment testing, training and accessing facilities for post incident decontamination. This is supported through the provision of additional support vehicles, decontamination kits and improved laundry arrangements.

## HMFSI Update

SA was actively overseeing the completion of the HMFSI Action Plan titled "Management of Health and Safety: An Operational Focus". In February 2025, there was one action outstanding, and the overall action plan was 95%. That remaining action was completed in May 2025 with 100% completion.

In addition, SA has contributed to and supported the ongoing HMFSI Operational Assurance in the SFRS throughout the 2024/25 period. The final report from this review is anticipated in October 2025, and SA will take responsibility for progressing and monitoring the recommendations to ensure continuous improvement in operational safety standards.



# Fire Contaminants

**D**uring 2024/25, Safety and Assurance continued to lead and support the Contaminants Group and its Sub-Group, working to reduce the risk of injury and ill health from fire contaminants exposure among all SFRS staff.

SFRS published a Fire Contaminants Management Arrangement (MA) and Standard Operating Procedure (SOP), Generic Risk Assessments, Safe Systems of Work, and Station Zoning Guidance, which embed best practices across SFRS operations and training.

To improve post-incident decontamination, SFRS procured and distributed new equipment across the Service. This included reserve PPE at 36 key locations and an online booking system for accessing the PPE. Airing racks and cages are in place at all wholetime fire stations to allow lightly contaminated PPE to air properly, while secure external storage boxes hold contaminated PPE pending laundering collection. Approximately 1,000 body wash and shampoo dispensers have been installed at fire stations and training centres to support the 'Shower Within an Hour' guidance.

Three professional washing and drying units for Breathing Apparatus (BA) sets and masks were procured by SFRS and installed at three national training centres to ensure BA sets in use at these sites are subject to enhanced decontamination post carbonaceous training.

Contaminants zoning is now in place at stations and training centres to limit the spread of fire contaminants within SFRS premises. Each site uses a bespoke Zoning Diagram created by the CAD team and assured by the Safety and Assurance Function.

Learning and E-Development launched new LCMS modules on contaminants and post-incident procedures, delivered in Quarter 2 as part of the Training for Operational Competence (TfOC) programme.

## Station Zoning Plans

**Purpose:** To reduce the transfer of fire contaminants and secondary contamination in SFRS premises.

**Implementation:** 374 zoning plans were implemented in SFRS premises.



# Fire Contaminants



Implementation of BA Washers: NTC Cambuslang, Newbridge and Portlethen Training sites.



# CivTech Update: Overview

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SFRS are working with the Scottish Government CivTech programme - a programme that brings the public, private and third sector together to create solutions that solve challenges and make people's lives better.

SFRS has been working to solve two challenges through the programme:

- How can technology be used to improve situational awareness for emergency responders, before, during and after a wide range of incidents.
- How can technology identify and measure firefighter exposure to contaminants across a wide range of incidents.

Two companies, Rowden Technologies and FireHazResearch, were successful through the various stages of the programme working with SFRS to develop their solutions to secure funding from the Scottish Government CivTech funding panel for the final stage of development which will take place over the next 12 to 24 months.

Further info on CivTech processes available here: [FireHazResearch – CivTech Demo Day 10](#)



# CivTech Update

## Contaminants

Through the CivTech process, FireHaz Research led by Professor Anna Stec, is developing an innovative, data-driven solution designed to assess, mitigate, and reduce firefighters' exposure to toxic contaminants. This includes advanced monitoring and assessment tools which will enhance operational safety and efficiency, providing a safer working environment for firefighters.

This system will ultimately help to protect health and wellbeing by reducing their long-term health risks, such as cancer and other occupational diseases.

As part of development, SFRS procured the following equipment and systems:

- 26 physiological monitoring sensors and vests, including software licences for the monitoring platform.
- 10 gas sensors with associated mobile phones and app integration for real-time air quality monitoring.

- 100 lateral flow test kits for the detection of Pyrene metabolites in urine, supporting biological monitoring.

Initial testing has been incorporated into controlled training environments to allow structured, repeatable data collection.

The Compartment Fire Behaviour Training (CFBT) Instructors based at the SFRS National Training Centre have been the primary participants due to the predictable and scheduled nature of their live fire activities.

In March 2025, the equipment was introduced to National Training Centre CFBT instructors. This session focused on familiarisation and practice in using the devices rather than formal data collection.

The findings from these first stages are informing the on-going development on the solution and are intended to lead to a wider roll-out across SFRS in due course

## Situational Awareness

For this challenge, Rowden Technologies have worked alongside SFRS employees to develop a proposal which combines their 'District' platform with a solution called Team Awareness Kit, to demonstrate a transformative innovation for SFRS, redefining how first responders and control-room employees access real-time data.

The solution is a tablet/phone-based interface for dynamic risk assessment and management that updates in real time across devices for SFRS operators, supporting improved collaboration at incidents and integrating with SFRS current technology.

The solution provides a shared picture of an incident no matter where people are located and is expected to provide improved coordination between team members in the field and sector commanders to support informed decision-making. It will also provide that shared picture of an incident that can be provided to those on route to or monitoring the incident.

## Driver Safety Group (DSG)

The DSG monitors and analyses reported vehicle accidents to identify trends and, where applicable, to agree and implement additional control measures to prevent recurrence. The group has cross service representation and receives regular updates from all Directorates including Service Delivery Areas (SDA), Driver Training, Operations, and Fleet.

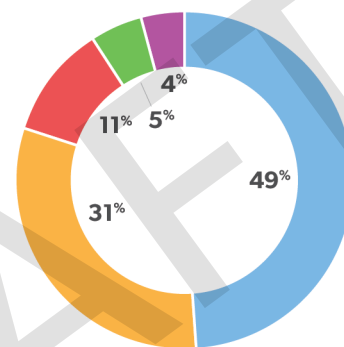
The Fleet department continues to provide updates on new vehicle specifications and legislative changes to ensure that SFRS remains legally compliant.

2024/2025 has seen the roll out of new all terrain vehicles (ATVs) and the DSG has been kept apprised of the progress of the roll out and related training.

Through consultation with our staff and representative bodies the DSG developed a Low-Speed Manoeuvre (LSM) Booklet which will be published in Q1 of 2025/2026 while the SDA's have sourced and provided equipment for on-station LSM training.

The following Safe Systems of Work have also been published:

- SSOW 239 Mobilising to Incidents and Responding to Pager
- SSOW 265 Entering and Exiting a Vehicle



### Vehicle Speeds

Slow Speed

Emergency Response Driving

Normal Road Speed

Other

Stationary







## 4. Improvement

Directorate Summaries; Continual Improvement; and Looking Ahead



# Key Achievements and Improvements

## Training, Safety and Assurance (TSA)

- **Tactical Advisor Development:** 14 USAR, 12 Marine, and 12 Water Incident Management Tactical Advisors trained, expanding national capability.
- **Localised Water Rescue Training:** Courses now delivered within local areas, improving local risk awareness and operational effectiveness. The Training team has collaborated with Service Delivery staff to identify waterways within their respective LSO areas. As a result, water rescue courses are now being delivered locally, enhancing crews' knowledge and situational awareness through familiarity with local risks.
- **Specialist Wildfire Training:** Enhanced Level 2 and technical burns training delivered to Tier 2 and Tier 3 stations, focusing on SSoW and multi-agency safety.
- **Hazmat Capability & Refresher Training:** Acquisition and refresher courses for Hazmat and DIM advisors delivered in partnership with Glasgow Scientific Services.
- **Heavy Rescue Training Model Overhaul:** New equipment rolled out and training decentralised across SDAs, increasing uptake and improving HR currency from 98% to 114%.
- **BA & RTC Pathway Enhancements:** BA competency rose from 82% to 91%; RTC acquisition process improved, and review aligned with NFCC guidance.
- **Contaminant Reduction & Research:** Decon training embedded; PPE upgrades, zoning, and contaminant monitoring implemented; staff contributed to national research.
- **Strategic Training Initiatives:** ATV, ALP, ERD, IOSH/NEBOSH training expanded; self-compliance status improved to Gold; UK Rural Skills partnership established.
- **PPE & Contaminant Control:** 600 reserve PPE sets distributed; contaminant zoning and SSoW/GRA implemented; BA set cleaning equipment installed at key training centres.

TSA Accident Summary	
Types of Events:	Top 3 causations:
<ul style="list-style-type: none"><li>• Accident (38)</li><li>• NM (10)</li><li>• VA (7)</li></ul>	<ol style="list-style-type: none"><li>1. Temperature</li><li>2. Manual Handling</li><li>3. Slips, Trips and Falls</li></ol>

- **CivTech Collaboration:** Supported biomonitoring project using urinalysis, wearable contaminant sensors, and an exposure tracking app.
- **Smoke Curtain Training:** New training package launched with Ops, H&S, and Fire Brigades Union (Update to Fire Brigades Union (FBU) instead of FBU) to enhance firefighter safety during smoke control operations.

# Key Achievements and Improvements

## Training, Safety and Assurance (TSA)

- **BA Recovery & Future Development:** BA competency increased from 82% to 91%; national training standard under review, with a new Business As Usual (BAU) model set for April 2026.
- **ERD Re-Assessment Pilot:** Localised re-assessments introduced using familiar appliances and teams to improve driver competence and efficiency.
- **ATV & Trailer Training Expansion:** Delivered to all 10 Tier 3 stations; supported by a new UK Rural Skills partnership to enhance programme robustness.
- **ALP Operator Training:** Kilmarnock and Coatbridge crews fully trained ahead of new ALP appliance deployment.
- **Leadership & Compliance Improvements:** Moved from Bronze to Gold self-compliance; 15 IOSH and 6 NEBOSH courses delivered to 182 managers to strengthen safety culture.

### Policy and Objectives:

- Engaged with business partners on the 2024-25 Improvement Plans.
- Utilised GANTT charts to manage risk assessments.
- Enhancements to the collation and storage of personal information were undertaken, which involved a review and revision of Data Protection Impact Assessments for our health and safety management arrangements.
- ARA/DRA Storyboard developed and submitted to training function to develop.
- Management Arrangements were simplified to enhance usability and improve user experience.

### Risk Management:

Station zoning for fire contaminants guidance and approval for all Stations was undertaken, and concluded to support the management of fire contaminants.

Supporting the implementation of Risk and Technical Assessments and SSoW including;

- |                    |                      |
|--------------------|----------------------|
| • Rope Rescue      | • Water Rescue       |
| • Training         | Training             |
| • Fire Ground      | • Transportation and |
| Technicians        | use of Cylinders     |
| • Offsite Training |                      |

The following papers were progressed through governance;

- |                       |                      |
|-----------------------|----------------------|
| • ICAT V First Aid    | • Firestorm Review   |
| • Face Fit Testing    | • Food Safety        |
| Update                | Compliance           |
| • IOSH Managing       | • Steam Burns Trend  |
| Safely and Course     | Analysis             |
| Content               | • PRE Trend Analysis |
| • Noise and Vibration |                      |

# Key Achievements and Improvements

## Training, Safety and Assurance (TSA)

### Training and Communication:

- Manual Handling e-learning programme for personnel learning training, significantly refreshing and updating content to reflect current guidance, best practices, and statistical information. The following training and awareness content was delivered.
- Introduced a new Manual Handling Assessors programme of learning to enhance assessors' skills, knowledge, and understanding of this technical risk assessment. This programme supports assessors and provides them with additional guidance not found in our management arrangements.
- E-learning content continued to evolve and be updated, and introduced new learning programmes for Noise, vibration, lone working, safety signs and signals, manual handling, PUWER, and Manual Handling technical assessments.
- Commencement of the Management Development Framework Design Document drafted with future work ongoing.
- Staff awareness campaigns including Stress management, Cancer Awareness, Home Working Doesn't Have To Be Isolating Poster developed for Digital Wellbeing Month, MSK, Prostate Cancer and Stress Awareness articles.

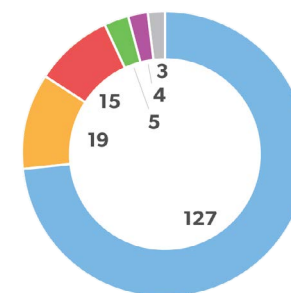


# Key Achievements and Improvements

## Operations

- Completed Self-Compliance forms as part of the Management Assurance (MA) process.
- Reviewed and produced Operational Technical Assessments, including:
  - Manual Handling
  - PUWER (Provision and Use of Work Equipment Regulations)
  - PPE Assessments
- Ongoing Document Conversion Project (DCP), publishing a total of 127 Equipment Information Cards including new and revised.
- Produced an evidence-based paper on Lightweight PPE, following a trend identified by Ops Assurance:
  - Reviewed by Ops FMT and DMT.
  - Next steps under consideration, potentially informing a service-wide PPE strategy.
- In collaboration with SA colleagues, developed Methods of Entry (MoE) procedures:
- Produced supporting Manuals, EICs, and completed a service-wide equipment gap analysis.
- Supported the Clinical Governance Technical Working Group:
- Contributed to governance processes and documentation.
- Helped align SFRS trauma bags with Scottish Ambulance Service (SAS) standards, including:
  - Oxygen therapy
  - Catastrophic bleed control
  - Tick removal equipment

Operations Accident Summary	
Types of Events:	Most Common Causations:
<ul style="list-style-type: none"> <li>VA (7)</li> <li>NM (4)</li> <li>Accident (2)</li> </ul>	<ol style="list-style-type: none"> <li>Impact (Stationary Object)</li> <li>Other</li> </ol>



### Operations Improvements

Equipment Info Cards

Awareness Briefings

Standard Operating Procedures

General Info Note

Urgent Instructions

Policy and Operational Guidance



# Key Achievements and Improvements

## Service Delivery Areas - North

- **FFP3 Face-Fitting – Future-Proofing Readiness:** All Whole time and On-Call recruits face-fitted for FFP3 masks during initial training. Results are formally recorded and shared with Watch Commanders to ensure early procurement of suitable Respiratory Protection Equipment (RPE). Process rolled out across all NSDA training centres to ensure compliance, safety, and consistency.
- **Site-Specific Information (SSI) Trial:** New system trialled using Getac tablets to store and access Operational Intelligence for derelict/ domestic properties. Led by CAT and Ops teams, improving risk awareness, tactical planning, and firefighter/public safety. Results will inform a national model for SSI management.
- **Manual Handling Awareness:** NSDA-wide briefing issued following increased musculoskeletal injuries. Reinforced correct manual handling practices and incident reporting to reduce harm and identify learning.
- **Bonfire Period Engagement:** Targeted Q3 briefings improved awareness, preparedness, and public engagement. Resulted in a 44% reduction in verbal and physical attacks on staff.
- **Equipment & Safety Campaigns:** BA cylinder test date checks highlighted via EIC update after Think, Act, Stay Safe (TASS) event. Service-wide awareness raised; reinforced the importance of near miss and safety event reporting.
- **BA & Driver Training Developments:** BA competency increased from 82% to 91%; review underway ahead of 2026 BAU training model. ERD re-assessment pilot launched; ALP and ATV training delivered to support specialist operations.
- **Contaminant Control Measures in WIOS:** Strategic decontamination support introduced for remote stations lacking shower facilities. Stocked post-fire kits and decontamination equipment deployed to designated locations. Future plans include issuing personal post-fire kits for affected crews.

North Accident Summary	
Types of Events:	Most Common Causations:
<ul style="list-style-type: none"><li>• NM (55)</li><li>• VA (45)</li><li>• Accident (34)</li></ul>	<ol style="list-style-type: none"><li>1. Impact (Moving Objects)</li><li>2. Slips, Trips and Falls</li><li>3. Manual Handling</li></ol>

# Key Achievements and Improvements

## Service Delivery Areas - East

- **Conical Strainers – Incorrect Fitting Identified:** TASS event revealed water failure due to incorrectly fitted conical strainers across multiple SDAs. National check confirmed widespread issue. Service wide Urgent Instruction (UI) issued and reassurance from manufacturer requested.
- **BA Set Testing – Compliance Issues:** Audits in City of Edinburgh showed BA sets not consistently tested at shift start. Gaps found in PIFM logbook entries and out-of-date spare cylinders at three stations. Communications sent out to adhere to BA EIC, which staff are reminded to comply with.
- **Low Speed Manoeuvres – Risk Reduction Measures:** Rise in incidents prompted ESAIG-led response: Staff engagement, training improvements, and 20 new training sets purchased in partnership with Arco. Cross-department assurance focus now embedded.
- **Breathing Apparatus Support Unit (BASU) – ESDA:** BASU introduced at Galashiels to support new Fire Contaminants SOP. Reduces appliance

movements, fuel costs, and emissions while improving firefighter safety and BA servicing access. Increased RIDDOR understanding and national consistency in learning.

- **Interim Vehicle Acceptance Checks – MELSB/CoE:** New process implemented following TASS near miss (unroadworthy vehicle returned from workshop). Formal handover procedure recommended; EIC and driver handbook updates in progress.
- **TASS Supervisory Manager Training – CFS:** New package introduced to address early-stage TASS mismanagement. Focus areas: safety culture, investigation process, support tools, interactive scenarios. Delivered during Supervisory Officer development sessions.
- **TASS Reporting Support Tools:** All CFS appliances now have laminated OIC checklists for incident reporting. Evaluation underway; rollout planned across ESDA and nationally via Safety & Assurance Sub Group.

- **Expected Outcomes Across All Areas:** Improved accuracy and quality of TASS reports. Greater confidence in reporting and stronger safety culture.

East Accident Summary	
Types of Events:	Most Common Causations:
<ul style="list-style-type: none"><li>• NM (56)</li><li>• VA (56)</li><li>• Accident (49)</li></ul>	<ol style="list-style-type: none"><li>1. Impact (Stationary Object)</li><li>2. Slips, Trips and Falls</li><li>3. Manual Handling</li></ol>

# Key Achievements and Improvements

## Service Delivery Areas - West

- **Face Fit Testing & Fire Contaminants Management:** Face Fit Testing completed across all duty systems in CoG, Lanarkshire, and EWDAB, overcoming geographic and logistical challenges.
- **Fire Contaminant Zoning:** implemented at all stations, including remote and island communities.
- **All Contaminant Risk Assessments completed:** SOPs embedded through staff engagement and resource provision. Additional contaminated PPE boxes requested to support laundry procedures.
- **Low Speed Manoeuvre (LSM) Reduction:** LSM-specific training delivered across areas, including 10-day programme at Cowcaddens.
- **15% decrease in LSM incidents in EWDAB;** national rollout of Lanarkshire pilot has improved process consistency. Appraisal processes now include LSM performance objectives.
- **TASS Improvements & Learning:** TASS training delivered to all CoG supervisory officers via MS Teams. Interim vehicle acceptance checks adopted post-TASS near miss, improving safety and accountability.
- **Leadership, Engagement & Culture:** SALOs in West SDA maintain active involvement in Safety & Assurance Improvement Group (SAIG). Staff demonstrated exceptional commitment in delivering key programmes under tight timeframes and challenging conditions.
- **New SSoW 275 – Trailer Coupling/ Uncoupling** implemented following CoG TASS event. Interim audits conducted (Q4) to address issues from Conical Strainers, Getac Batteries, and EIC usage.
- **Audit & Assurance:** 2024/25 Station Audits completed in CoG with all actions closed.
- **Quarterly Thematic Audit Programme** launched in EWDAB; Q1 focused on EIC usage and appraisal consistency. Early signs show increased awareness and preparedness at station level.
- **Training & Operational Readiness:** MSF 4-pump scenario programme launched in CoG to support Command development.
- **Specific Risk Assessment Register:** created in Lanarkshire for community training sites, available to all SFRS crews.

### West Accident Summary

Types of Events:	Most Common Causations:
<ul style="list-style-type: none"><li>• VA (87)</li><li>• NM (55)</li><li>• Accident (43)</li></ul>	<ol style="list-style-type: none"><li>1. Impact (Moving Objects)</li><li>2. Manual Handling</li><li>3. Temperature</li></ol>

# Key Achievements and Improvements

## Financial and Contractual Services (FCS)

### Finance and DaTS

#### Ongoing Safety & Assurance Engagement

- Regular participation in SAIG meetings with the Safety Advisor.
- Health & Safety remained a standing item at all management team meetings.
- Health & Safety Improvement Plan (HSIP) used to track progress and guide decisions.
- 100% of HSIP actions completed by both Finance and DaTS.

#### DaTS Handbook Review

- ICT Handbook fully reviewed and transitioned to a digital format.
- Updates included Handbook Overview, Briefing Paper, Risk Assessments, 16 SSoWs, and revised PPE Assessment.

#### Remote Working & Staff Wellbeing

- Managers maintained regular contact with remote staff via MS Teams.
- Continued emphasis on health, safety, and wellbeing for home workers.
- Staff supported through Office Handbook guidance on safe remote working.

#### Recognition

- Achieved Gold Award for Self-Compliance Support Review.

#### FCS Accident Summary

Types of Events:	Most Common Causations:
<ul style="list-style-type: none"><li>• Accident (10)</li><li>• VA (5)</li></ul>	<ol style="list-style-type: none"><li>1. Impact (Stationary object)</li><li>2. Slips, Trips and Falls</li><li>3. Human Error</li></ol>

# Key Achievements and Improvements

## Financial and Contractual Services (FCS)

### Assets

#### Health & Safety Management

- Continued positive progress across FCS, with active collaboration between internal and external partners (e.g. Police Scotland, SAS, Scottish Government, suppliers).
- Health & Safety remains integral to all Asset Management activities.

#### Fleet Modernisation

- Deployment of new appliances supporting firefighter decontamination (e.g. wipe-clean surfaces, hand-wash facilities).
- Fleet upgrades include:
  - 2 new ALPs for enhanced rescue capabilities.
  - 6 Iveco Eurocargo Medium Rescue Pumps.
  - 12 Iveco Daily Light Pump Units for volunteer support.
  - 30 Scania 18T chassis cabs pending conversion to Rescue Pumps.

- 39 Kia Niro EVs (plus 13 leased) for carbon reduction.
- 4 4x4 Wildfire Support Units.
- 16 Mercedes eVito and 3 eCitan vans.
- 11 Ford Rangers for rural/off-road use.

#### Equipment Improvements

- New Tier 1 & 2 SWAH kits aligned with SFRS strategy.
- Ongoing Holmatro Hydraulic Rescue Equipment (HRE) replacement, new TICs, smoke curtains, Wildfire PPE.
- Standardised medical oxygen and introduced pulse oximeters.
- Contaminant control: 2000 reserve PPE sets available across the service, SCBA cleaning units at three national training sites, airing rails/cages at stations, and body/hair wash supplies made available.

#### Property Enhancements

- RAAC remediation at Galashiels; planning in place for Dalkeith and Liberton replacements.
- Reconfiguration of stations (e.g. Dingwall, Galashiels, Newcraighall) for improved facilities and contamination control.
- Training site upgrades: 7 CBFT unit replacements and Structural Collapse simulator under development at NTC.

#### Governance & Strategic Planning

- Strategic Asset Management Plans in place for Fleet, Equipment, Property, and Training.
- 10-year risk-based investment strategy aligned with condition, risk, and operational needs.
- Annual Asset Management progress updates delivered.
- Corporate office review completed to identify space savings and co-location opportunities.
- Community Resilience Hubs Outline Business Case submitted to Scottish Government.

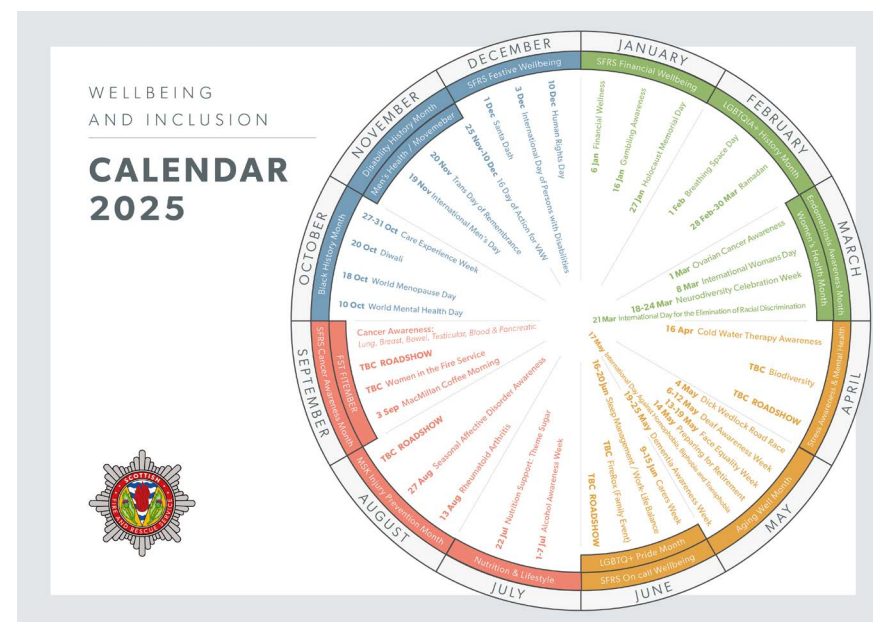
# Key Achievements and Improvements

## People

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### People Improvements

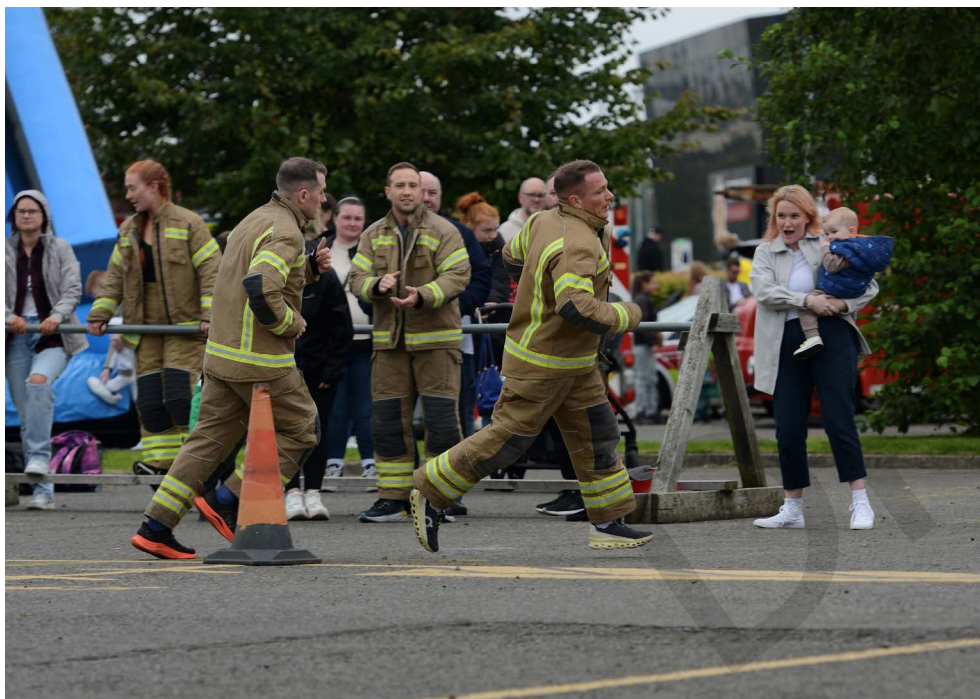
- Developed Specific Risk Assessment and Safe System of Work for Randex Filing Cabinets.
- Reviewed Wellbeing Handbook, two General Risk Assessments, and associated Safe Systems of Work (completion due October 2024).
- Successfully delivered the Career Ready Programme across 2024/25.
- Provided Talent input to the first national and North SDA Women in the Fire Service Events.
- Led the implementation of a Multi-Agency Emergency Services Event in collaboration with Police Scotland and SAS.
- Collaborated on the integration of hazard perception into recruitment processes.
- Delivered "People Management Essentials" training to 233 supervisory managers as part of the SFRS Management Development Framework.
- Established a working group to plan post-Day 1 Management Development content (including TSA, Prevention, and Mental Health/Lifelines).
- Continued delivery and support of the Lifelines programme across the Service.
- Partnered with Collective Learning and Union Learning to widen access to lifelong learning opportunities.
- Conducted analysis of SFRS Colleague Experience Survey results to inform future improvements.
- Launched the SFRS Confidential Reporting Line to support transparency and staff voice.
- Supported early stages of HMFSI Culture Review (Volume 1).
- Ongoing contribution to the Strategic Service Review Programme, enhancing alignment with risk and demand across Scotland.
- Created, reviewed, and implemented policies that reinforce a culture of health, wellbeing, and safety Service-wide.





# Key Achievements and Improvements

## Wellbeing



The first ever FireRox Charity Challenge on 21 September 2024. This event saw SFRS colleagues take on a firefighting-themed Hyrox style workout challenge in aid of The Fire Fighters Charity.

(Photo credit: SFRS Station Commander Gordon Curran).



Over 200 participants dressed as Santa took part in a charity race to support the Fire Fighters Charity.

The festive fun run, held at our Cambuslang site, the five-kilometre race was completed by colleagues from across the Service, including families and children, raising over £3,500.

# Key Achievements and Improvements

## Portfolio Office



### Portfolio Office Accident Summary

#### Types of Events:

- Accident (1)
- VA (1)

#### Top causations:

1. Slips, Trips and Falls
2. Hit Something Fixed or Stationary

- Active participation in the Service's overarching Health and Safety Management Structure.
- Provision of local leadership and oversight through the Safety and Assurance Subgroup (SAIG).
- Ongoing delivery of the Local Health and Safety Improvement Plan to uphold and enhance staff safety standards.
- Achieved and maintained the Health and Safety Gold Standard for five consecutive years (2 years – Portfolio Office; 3 years – Service Development).



# Key Achievements and Improvements

## Prevention



- Collaborated with Representative Bodies to develop and implement Safe Systems of Work (SSoW) and Generic Risk Assessments (GRAs) aligned to the Safer Homes strategy, ensuring safety of staff, partners, and the public.
- Established a Wellbeing Group within PPP to foster a supportive team culture:
- Increased the number of Wellbeing Champions.
- Promoted access to wellbeing resources.
- Launched a Wellbeing Newsletter to improve communication and awareness.
- Fire Safety Enforcement team achieved a Gold Award in their Self Compliance Review.
- Following the PPP Self Compliance Assessment, SAIG identified gaps in DSE assessments for dual work locations (office/home):
- Reviewed data and implemented assessments for all affected staff.

Prevention Accident Summary	
Types of Events:	Top causations:
<ul style="list-style-type: none"><li>• VA (5)</li><li>• Accident (2)</li><li>• AoV (1)</li></ul>	<ol style="list-style-type: none"><li>1. Hit Something Fixed or Stationary</li><li>2. Temperature</li><li>3. Verbal Assault</li></ol>

# Key Achievements and Improvements

## Strategic Planning, Performance and Communication



SPPC Accident Summary	
Types of Events:	Top causations:
<ul style="list-style-type: none"><li>• AoV (2)</li><li>• Accident (1)</li></ul>	<ol style="list-style-type: none"><li>1. Verbal Assault</li><li>2. Impact (Stationary Object)</li></ol>

- Quarterly reporting conducted using the Health and Safety Tracker to monitor progress and ensure ongoing compliance.
- In 2024/25, a new fire evacuation system was implemented at National Headquarters (Cambuslang):
  - Introduced a more robust sign-in/sign-out process.
  - Enhanced the accuracy and safety of roll call procedures during evacuations.

# Continual Improvement

## SA Improvements

- ISO45001 Gap Analysis and Maturity Model under development identifying areas of improvement
- Produced papers on 4 Action Notes from NFCC
- Produced papers on 5 Information Notes from NFCC
- MV Ultravirtue Case Study from Learning at incidents.
- Low Speed Manoeuvre Booklet created and approved for awareness.
- Future planning of E-Safety and Assurance Management System.
- TASS Hazard reporting module went live following presentations at all Safety and Assurance Groups.

## Support Reviews

Support Reviews provide assurance that SFRS requirements are met, and in addition to supports legal compliance.

The aim is to promote and share areas of best practice or highlight where improvements can be made to allow standardisation throughout the service.

A sample of the following topics were undertaken:

- Self Compliance; and
- Safety and Assurance Improvement Groups

As a result of the SRs areas of national learning have been identified and continue to be addressed through various workstreams such as the ongoing review and update of the Safety and Assurance Engagement and Governance MA.



## Support Reviews



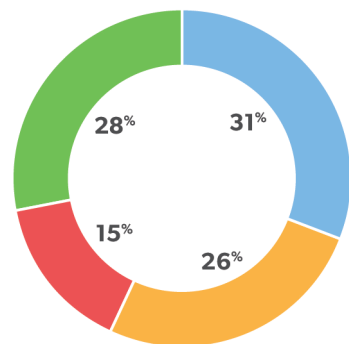
# Continual Improvement

## (Operational Assurance)

### 2024/25 Service Delivery completed the Station Audit process utilising the Operational Assurance Reporting and Recoding System (OARRS).

- North Service Delivery Area 78 audits completed;
- East Service Delivery Area 31 audits completed; and
- West Service Delivery Area 110 Audits completed.

Actions continue to be monitored where significant improvement is required, and where minor areas of improvement was identified these actions continue to be actioned at local level.



#### Station Audit Outcomes

Excellent

Satisfactory

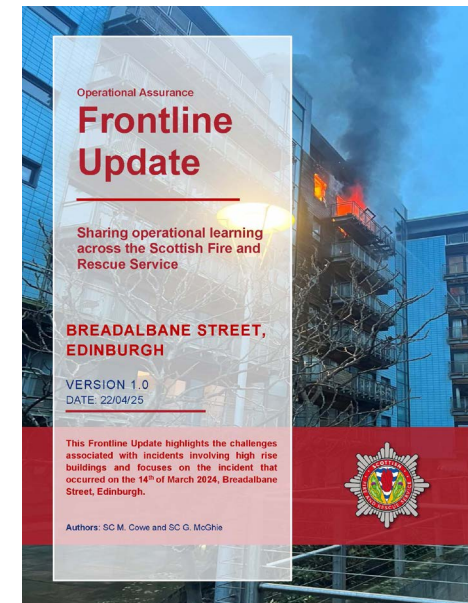
Areas of Improvement

Good

### Operational Assurance have published 4 Frontline Updates

- Renewable Energy Technologies
- Near Miss Reporting
- Carbon Monoxide
- Breadalbane Street

The purpose of these updates is to provide staff with an overview of the challenges and hazards associated to increase knowledge and share learning across the Service.





# Continual Improvement

## (Organisational Learning Group)

Since the implementation of the reformed Operational Learning Group (OLG) meetings, risk owners have continued to actively manage and address recommendations from a variety of sources. The OLG tracker is a real-time dashboard. This live system enables risk owners to input updates directly, upload evidence of completion, and support informed decision-making and closure of actions during OLG meetings.

The dashboard provides key stakeholders with immediate access to live data, facilitating the identification of trends, monitoring of progress, and promotion of shared learning across the organisation. This has significantly contributed to the continuous improvement of health and safety practices across the organisation.

The dashboard has recorded a total of 551 recommendations, of which 363 have been completed. Risk owners remain engaged and committed to progressing the remaining actions.

In the 2024–25 reporting year, over 100 new recommendations were added to the dashboard, reflecting the ongoing efforts of the Safety and Assurance Team. Their dedication and proactive approach have been instrumental in driving forward improvements and embedding lessons learned across the organisation.

Given the nature of our services, a substantial proportion of actions fall under the remit of the Operations Directorate. Their continued efforts to prioritise and address these actions are acknowledged and appreciated.

### Examples of Completed Actions and Progression:

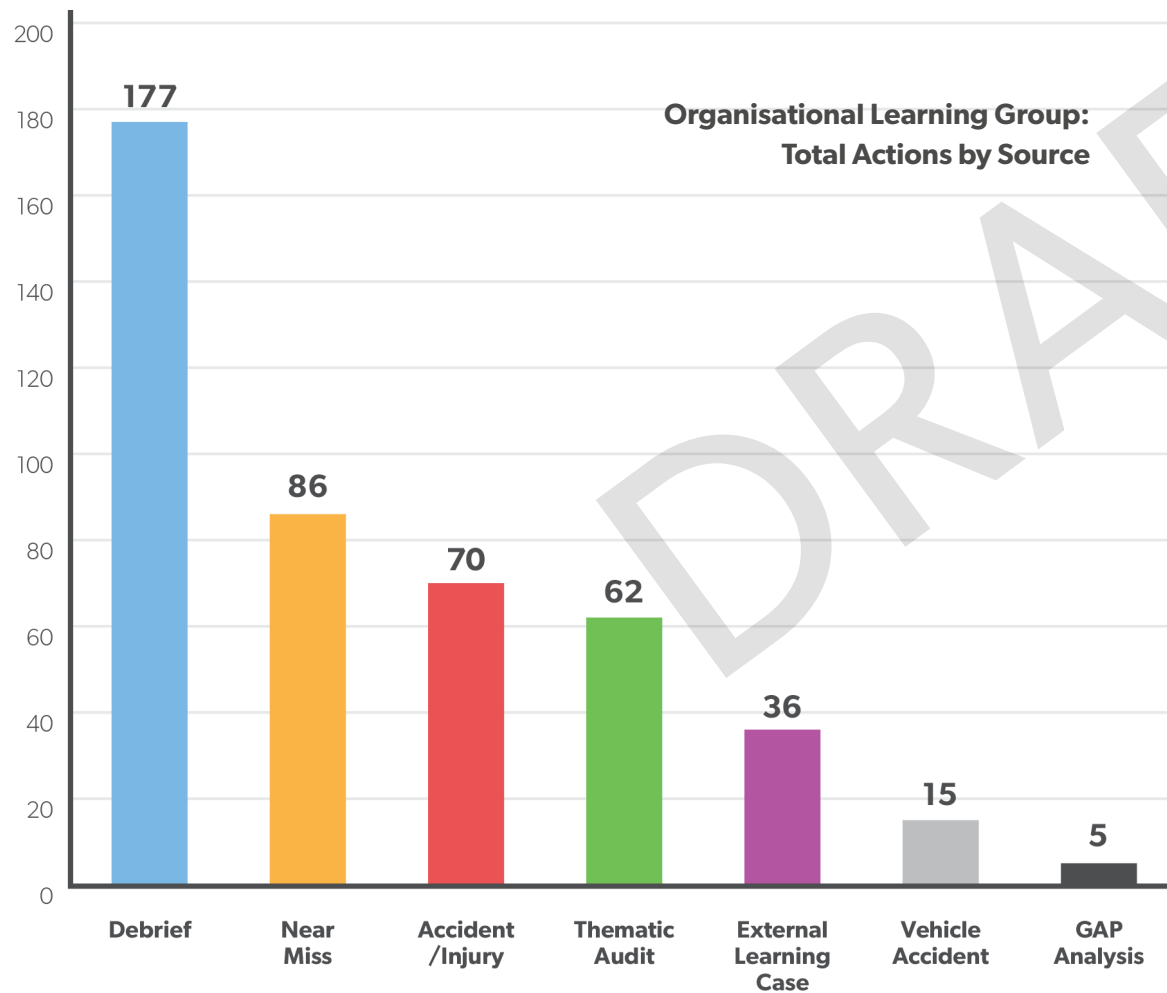
- The Driver Safety Group conducted a comprehensive review of Appendix H of the Driver Handbook. This update was initiated in response to a significant event, ensuring the content remains current and aligned with best practices.

- The Asbestos Safe Operating Procedure was thoroughly reviewed and updated. In addition, a corresponding Learning Content Management System (LCMS) module was developed and successfully completed by all operational staff based at TfOC.
- Personal Flotation Devices (PFDs) were procured and standardised in accordance with Swift Water Rescue operational requirements, enhancing safety and compliance during water-related incidents.
- The Generic Risk Assessment (GRA), Safe Systems of Work (SSoW), and Provision and Use of Work Equipment Regulations (PUWER) assessments for All-Terrain Vehicles (ATVs) were reviewed and formally published. Relevant personnel have since undertaken and completed the required ATV training.



# Continual Improvement

(Organisational Learning Group)



# Continual Improvement

## (Organisational Learning Group)

### Significant Event Summary

The SFRS carried out a total of 3 Investigations in 2024-25;

#### Inverness Road Traffic Collision (RTC)

Description: On route to an incident involving a large animal rescue, a fire appliance lost traction on the road and was involved in a collision with a commercial van.

Outcome: Following the investigation, 8 recommendations were made.

#### Brechin Wall Collapse

Description: Whilst undertaking firefighting operations at a blaze in an abandoned building / fire in a derelict building. A near miss occurred when a wall collapsed, narrowly missing the firefighters.

Outcome: This investigation is ongoing through relevant governance routes. Any recommendations will be progressed to the OLG.

#### Selkirk Burn Injury

Description: During the initial stages of an incident, two Firefighters in Breathing Apparatus received injuries whilst in the process of carrying out a casualty rescue resulting in minor burns reported.

Outcome: This investigation is ongoing through relevant governance routes. Any recommendations will be progressed to the OLG.

#### Ongoing Jenners Fire Investigation

Investigation is ongoing and any risk critical findings are being actioned as a priority.



# Looking Ahead

As we look ahead, the Safety and Assurance (SA) Directorate will continue to strengthen its strategic direction and vision, aligning our efforts with key organisational priorities and emerging risks.

A key area of development will be the full integration of our Health and Wellbeing department into the directorate. This will foster stronger cross-functional collaboration, enhance the effectiveness of occupational health monitoring, and improve the measurement and reporting of health outcomes.

We will also maintain our proactive role in addressing fire contaminants, continuing to engage with national working groups and drawing on the latest research from academic and industry experts. This ensures our practices remain evidence-based and aligned with sector-leading standards.

We will progress the recommendations on publication of His Majesties Fire Service Inspectorate inspection of SFRS Operational

Assurance processes. While continuing to improve our approach toward Safety Assurance and the development of our structure/approach toward Training Assurance, working closely with colleagues within the Training Function.

Our commitment to continuous improvement remains through our Organisational Learning arrangements, we will further enhance our management systems to ensure risks are effectively identified, assessed, evidenced and mitigated.

We are dedicated to strengthening our approach toward performance communication and engagement strategies. By ensuring our workforce performs to the highest safety standards and remains well-informed and actively involved in safety matters, we aim to build a more resilient, knowledgeable, and safety-conscious organisation.

For further information of enquiries please contact  
[sfrs.healthandsafety@firescotland.gov.uk](mailto:sfrs.healthandsafety@firescotland.gov.uk)

**Our goal is to ensure that our people are safe, healthy and protected from risks they are faced with whilst carrying out their work activities.**

**The continued focus on safety relies on application of the SFRS values; teamwork, respect, innovation and safety.**



**We sincerely thank all employees for continually contributing to the health, safety and wellbeing of our people and creating a Safer Scotland.**



## 5. Glossary of Terms

The following glossary is an alphabetical list of terms and/or abbreviations contained within the report with their corresponding meanings or explanations.

**Accident/Injury Rate:** The total number of reported Accidents/Injuries divided by total number of employees multiplied by 1,000 to give the accident injury rate per employee

**ALP:** Aerial Ladder Platform Power

**AoV:** Acts of Violence

**ATV:** All-terrain Vehicle

**BA:** Breathing Apparatus

**BAU:** Business as Usual

**COSHH:** Control of Substances Hazardous to Health

**DCP:** Document Conversion Project

**DSG:** Drivers Safety Group

**FBU:** Fire Brigades Union

**FCS:** Fleet and Contractual Services

**GANTT:** A graphical representation of activity against time

**GRA:** Generic Risk Assessment

**HRE:** Hydraulic Rescue Equipment

**HS:** Health and Safety

**HSE:** Health and Safety Executive

**KPI:** Key Performance Indicators

**LCMS:** Learning Content Management System

**LSM:** low-speed manoeuvres

**LSO:** Local Senior Officer

**MA:** Management Arrangement

**MSK:** Musculoskeletal – Referring to the musculoskeletal system including bones, ligaments, muscles, tendons, nerves and other connective tissues

**NFCC:** National Fire Chiefs Council

**NM:** Near Miss

**OARRS:** Operational Assurance Recording and Reporting System

**OLG:** Organisational Learning Group

**People:** People Directorate

**PPE:** Personal Protective Equipment

**Prevention:** Prevention Directorate



## 5. Glossary of Terms

**PRE:** Pneumatic Rescue Equipment

**PUWER:** Provision and Use of Work Equipment Regulations

**RIDDOR:** Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

**RPE:** Respiratory Protective Equipment

**SAIG:** Safety and Assurance Improvement Group

**SA:** Safety and Assurance

**SAMS:** Safety and Assurance Management System

**SDA:** Service Delivery Area

**SFRS:** Scottish Fire and Rescue Service

**SOP:** Safe Operating Procedure

**SPPC:** Strategic Planning, Performance and Communication

**SSOW:** Safe System of Work

**TfOC:** Training for Operational Competence

**TASS:** Think, Act, Stay, Safe

**UFAS:** Unwanted Fire Alarm Signals

**VA:** Vehicle Accident



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SFRS Safety and Assurance  
Annual Performance  
Report 2024-2025

Version 1.0  
November 2025



## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



SCOTTISH  
FIRE AND RESCUE SERVICE  
Working together for a safer Scotland

Report No: C/PC/66-25

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		POLICY REVIEW SCHEDULE UPDATE						
Report Classification:		For Information	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	The purpose is to provide a quarterly update on the People Directorate Policy Schedule and priorities identified for 2025/26 and detail progress made on these.							
2	Background							
2.1	The People Directorate is responsible for the development, implementation, review and quality assurance of a wide range of People policies and procedures for the Scottish Fire and Rescue Service (SFRS). The People policy schedule has remained under ongoing review during 2025/26 to enable progress of a number of priority policies for development or review, with flexibility for realignment based on Service priorities.							
3	Main Report/Detail							
3.1	Following the latest review of the rolling policy programme of work the People Directorate reviewed the current Schedule, took into account stakeholder engagement, SFRS strategic priorities and risks for 2025/26 and also reflected upon Directorate current and anticipated priorities and timescales in order to provide an updated Policy Review Schedule on 6 March 2025. An update on recent progress and priorities identified is outlined below.							
3.2	<u>Policies Recently Reviewed/Implemented (since Sep 2025)</u>							
3.2.1	A revised <b>Pay Protection Policy</b> previously approved by Corporate Board was published on <b>03 September 2025</b> .							
3.2.2	An updated <b>Redeployment Policy</b> was published on <b>03 September 2025</b> , following approval by Corporate Board.							
3.2.3	The two Policies listed above formed part of a three-Policy “bundle” that was approved by Corporate Board on 16 April 2025, and Strategic Leadership Team (SLT) on 21 May 2025 respectively. The one remaining Policy from that “bundle” is <b>People (Organisational Change) Framework</b> . This has not yet been published due to ongoing engagement with the Support Staff representative bodies following recent organisational change activity to ensure this is fully reflected within the Framework and the associated toolkit. It is anticipated that this will be finalised for publication by the end of December 2025.							
3.2.4	The following Policies have been reviewed as part of the ongoing <b>Rostering Project</b> , and where required, minor adjustments/amendments made, and published as follows:							
	1. <b>Attendance Management Policy &amp; Procedure</b> ; published <b>15 October 2025</b> .							

	<p><b>2. Detached Duty Policy;</b> published <b>15 Oct October 2025.</b></p> <p><b>3. Special Leave Policy;</b> published <b>15 Oct October 2025.</b></p>
3.2.5	<p>The following two require a more substantive review, which will include amendments to reflect the Rostering Project implementation. These reviews are ongoing with formal consultation due to commence.</p> <p><b>1. Overtime Policy;</b> expected to be published during <b>Q4.</b></p> <p><b>2. TOIL Policy;</b> expected to be published during <b>Q4.</b></p>
3.2.6	<p>A revised <b>Market Allowance Policy</b> was approved earlier this year by Corporate Board however, one aspect remains outstanding and subject to ongoing dialogue with the Support Staff representative bodies. This engagement is ongoing and therefore likely to be published by end of Q3 subject to this concluding.</p>
3.2.7	<p>An updated <b>Secondary Employment Policy</b> was presented to People Directorate Management Team (DMT) in November 2025, with a view to it commencing formal consultation and then being presented to Corporate Board and publishing during <b>Q4.</b></p>
3.2.8	<p>A new Policy covering <b>Financial Support for Employees Facing Work-Related Legal Action</b> was presented to People DMT in Nov and is at the final stages of formal consultation. This should be published during <b>Q4</b> once through the Governance approval process.</p>
3.2.9	<p>Whilst the Policy remains extant, and hasn't required any amendment, much work has gone into producing comprehensive and robust guidance for staff and managers regarding the <b>Time Off for Trade Union Duties Policy</b> to provide clarity and to improve adherence/compliance. This guidance is being presented to Corporate Board in December for approval prior to publication.</p>
3.3	<p><u>Policies for Review in 2025/26</u></p>
3.3.1	<p>Following a review and taking account of a number of factors including business requirements, organisational change, risk and legislative considerations, the following policies were identified as priorities for 2025/26 on the People Committee Paper of 6 March 2025 (with updates where applicable, as at 11 Dec 25 provided in <b>bold</b>):</p> <ol style="list-style-type: none"> <li>1. <del>(New/Revised) Several Wellbeing-related Policies — in support of Wellbeing Recovery.</del> <b>Transferred to TSA policy review schedule from June 2025.</b></li> <li>2. (New) Organisational Change Framework, incorporating - <del>(Reviews) Redeployment Policy and Support Staff Pay Protection Policy.</del> <b>Publishing of OCF not likely to be until end of Q3. Redeployment Policy and Pay Protection Policy published on 03 September 2025.</b></li> <li>3. (Review) Market Allowance Policy. <b>Likely to be published by end of Q3.</b></li> <li>4. (Review) Recruitment and Selection Policy. <b>Review ongoing.</b></li> <li>5. (Review) Code of Conduct. <b>Likely to be reviewed/published in 2026 due to inter-dependencies to ongoing Culture/Leadership work.</b></li> <li>6. <del>(Review) Whistleblowing Policy.</del> <b>Published 15 May 2025.</b></li> <li>7. (Review) Discipline Policy &amp; Procedure. <b>Likely to be reviewed/published in 2026 due to inter-dependencies to ongoing Culture/Leadership work.</b></li> </ol>

	<p>8. (Review) Overtime Policy (Uniformed employees). <b>Due to be published during Q4 following formal consultation/approval.</b></p> <p>9. <del>(Review) Continual Professional Development Policy.</del> <b>Published 10 July 2025 – amended/updated on 22 July 2025.</b></p> <p>10. (Review) TOIL (Uniformed). <b>Due to be published during Q4 following formal consultation/approval.</b></p> <p>11. (New) Secondary Employment Policy. <b>Due to be published during Q4 following formal consultation/approval.</b></p> <p>12. (Review) Trainee Firefighter Development Programme. <b>Being reviewed and finalised to commence consultation/governance. Due to be published by end of Q4.</b></p> <p>13. (Review) Managers in Development to Competent Interim Policy.</p> <p>14. <del>(Review) Family Leave Policy (specifically to incorporate new provisions related to Neonatal care).</del> <b>Published 31 March 2025.</b></p>
3.3.2	<p>Updates on those Policies listed above with no <b>bold</b> update narrative will be provided on the next quarterly update. In addition - People DMT will consider priority policies for review in 2026/27 early in Q4 and these proposals will be outlined in the next update provided also.</p>
3.3.3	<p><u>Policies Under Review linked to Change Projects/Programmes</u></p> <p>In addition to the above, there are a range of SFRS change programmes and associated projects which are likely to have implications for and the need to review existing People policies to ensure these are fit for purpose or amended to meet business needs, processes and operating models going forward eg. Rostering Project, Service Delivery Review, Culture Action Plan etc. A policy discovery piece of work continues to assess these interdependencies and anticipated timescales. This will require both the People Directorate and stakeholders to ensure there is capacity to support such policy review or development as required. The list of priority policies outlined at 3.3.1 will therefore remain under review with this in mind as they may be impacted by this work.</p>
3.4	<p><u>Amendment of Policy to Guidance Notes</u></p>
3.4.1	<p>The following Policies were previously identified as being suitable to change to a guidance note – either as they are not considered to require a formal policy position or as they relate to or support an existing SFRS Policy therefore not warranting a separate policy – there was broad agreement from the representative bodies on this approach, although based on their feedback it is likely that the 3 identified in bold below will remain as is:</p> <p>Reimbursement of Dental/Optical costs</p> <p>No Smoking Policy</p> <p>Induction Process</p> <p>Leadership Development Centre Policy</p> <p>ID Cards Policy and Procedure</p> <p>Volunteer Policy</p> <p>Political Restrictions</p> <p>Management of Health Conditions</p> <p>Exit Interviews Policy and Procedure</p> <p>Drivers Health Assessment Policy</p> <p><b>Transfer of Uniformed Employees Policy – to remain as a Policy</b></p> <p><b>Transfer Requests – to remain as a Policy</b></p> <p><b>Temporary Promotions Procedure – to remain as a Procedure</b></p> <p>Attendance During Adverse Weather and Disruptive Conditions</p>

3.4.2	It is intended that this work will progress during 2026 having been deprioritised this year due to capacity challenges and focus on the policy reviews above, although it should be noted that a number of these have undergone recent reviews to meet business need and therefore may be amended to guidance at their next review date. Further engagement will take place as appropriate with stakeholders to support this piece of work.
3.5	<u>Policies Beyond Next Review Date</u>
3.5.1	There are a number of People policies which have already been deferred for a period beyond their next scheduled review date, this has generally been due to competing priorities and these being considered low risk e.g. no specific legislative implications or organisational risks. This list remains under continual review during 2025/26 to establish whether a desktop review may be required to ensure these remain fit for purpose or whether they can otherwise be extended in terms of next review date. Further engagement with stakeholders will then take place in this regard.
<b>4</b>	<b>Recommendation</b>
4.1	People Committee are asked to note the contents of the report.
<b>5</b>	<b>Key Strategic Implications</b>
5.1	<b>Risk Appetite and Alignment to Risk Register</b>
5.1.1	There is a risk that policies are no longer legally compliant or deemed as best practice. There is a risk that the required level of stakeholder engagement and input into policy reviews is not achievable due to the volume of People policies which require consultation alongside a range of other organisational consultations and priorities.
5.2	<b>Financial</b>
5.2.1	There are no financial implications associated with this review.
5.3	<b>Environmental &amp; Sustainability</b>
5.3.1	There are no implications that require to be noted.
5.4	<b>Workforce</b>
5.4.1	Whilst employee implications are detailed within each separate policy, there are capacity implications in delivering reviews of a wide number of policies across 2025/26, taking account of policy interdependencies arising from a range of organisational change programmes.
5.5	<b>Health &amp; Safety</b>
5.5.1	Where applicable, matters relating to health and safety are outlined within each separate policy.
5.6	<b>Health &amp; Wellbeing</b>
5.6.1	Where applicable, matters relating to health and wellbeing are outlined within each separate policy.
5.7	<b>Training</b>
5.7.1	Where applicable, matters relating to training are outlined within each separate policy.
5.8	<b>Timing</b>
5.8.1	Once agreed, all policies will follow the review scheduled revised timeframes.
5.9	<b>Performance</b>
5.9.1	All policies partake in a quality assurance process to ensure compliance. Where applicable, SFRS performance relating to matters of policy will be measured and reported.

5.10	<b>Communications &amp; Engagement</b>	
5.10.1	There is a governance process in place, which involves consultation with the relevant Trade Unions, Service Delivery and Functional colleagues and People practitioners during the review process.	
5.10.2	Updated policies are communicated with employees via normal communication channels once approved through governance.	
5.10.3	Engagement took place early in Quarter 1 with all representative bodies on the policy priorities identified and there was broad agreement for these.	
5.11	<b>Legal</b>	
5.11.1	SFRS endeavours to ensure all policies comply with employment legislation, are responsive to case law and aim to follow best practice.	
5.12	<b>Information Governance</b>	
5.12.1	DPIA completed No. All individual policies and procedures are supported by their own DPIA where applicable.	
5.13	<b>Equalities</b>	
5.13.1	EHRIA completed No. All individual policies and procedures have their own EHRIA.	
5.14	<b>Service Delivery</b>	
5.14.1	The review of the Policy Schedule is in line with the Gateway Process which incorporates the benefits and impact on employees across the Service. It is recognised that priority policies need to be identified to ensure stakeholder engagement is realistic and achievable considering other organisational priorities.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Fiona Ross, Director of People
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	The policy review approach and schedule has been developed taking into account organisational priorities, known information regarding legislative and organisational change, policy review timeframes, and team capacity.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	N/A	
<b>Prepared by:</b>		Rachael Scott, Deputy Head of People/Chris Gavin, People Services Manager
<b>Sponsored by:</b>		Fiona Ross, Director of People
<b>Presented by:</b>		Fiona Ross, Director of People
<b>Links to Strategy and Corporate Values</b>		
Strategic Plan 2022-25 Outcome 6: People		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People DMT</i>		<i>20 November 2025</i>
<i>People Committee</i>		<i>11 December 2025</i>
<i>Corporate Board</i>		<i>15 December 2025</i>
		<b>Report Classification/ Comments</b>
		<i>For Information</i>
		<i>For Information</i>
		<i>For Information</i>

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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

Report No: C/PC/61-25

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE							
Meeting Date:		11 DECEMBER 2025							
Report Title:		TRAINING CONTINUOUS IMPROVEMENT PROGRAMME – UPDATE REPORT							
Report Classification:		For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>						
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
1	Purpose								
1.1	This paper updates the progress of implementing recommendations from the Scottish Fire and Rescue Service (SFRS) Training Continuous Improvement Programme (CIP). It will be a "living" document, reflecting improvements, history, and the current status of the CIP Action Plan. Regular updates will ensure all relevant forums are informed of the latest progress.								
2	Background								
2.1	In 2019, the Training function reviewed the training and development of SFRS operational staff, generating 56 recommendations for the Training CIP. This document has since evolved with additional recommendations.								
2.2	In February 2023, the CIP Action Plan was updated, reassessing all outstanding recommendations and ensuring the Training Function had ownership and oversight. A process was established to catalogue new improvement recommendations and assign ownership to relevant function leads.								
3	Main Report/Detail								
3.1	The CIP Action Plan remains a “living” document that incorporates all agreed closed, existing, and newly identified improvement recommendations. Training Function leads will update the Action Plan as required and all recommendations and updates will be reviewed at Training Management Team (TMT) meetings (CIP is now a standing item on the TMT meeting agenda).								
3.2	As of 5 November 2025, the status of all 78 recommendations is as follows: <ul style="list-style-type: none"><li>69 recommendations completed</li><li>8 recommendations in progress</li><li>1 recommendation discontinued</li></ul>								
3.3	The Training Function will retain responsibility for the progression of all 8 outstanding recommendations, with an owner assigned to each and managed through the TSA Directorate governance route. A protocol is in place for the addition of new improvement recommendations and to allow periodic and status updates to the CIP Action Plan.								
3.4	Additionally, and for further assurance. The remaining “In Progress” recommendations will be assigned to each owner on our ‘Tasks by Planner – MS Teams’ and progress will be tracked at Training Management Team meetings as a standing item and reported by								



	<p>exception at bi-monthly FMT's. The CIP Action Plan will sit on the Training Management Team SharePoint, where progress will be reviewed and updated accordingly.</p> <p><b>3.5</b>      <b><u>CIP Action Plan - Recommendations added within the last 6 months</u></b></p> <ul style="list-style-type: none"> <li>• <b>78 – Added October 2025</b> - It is recommended work is undertaken to ensure that training, planning and recording systems are procured, interlinked and that compatible databases are utilised to avoid duplication of data inputs.</li> </ul> <p><b>3.6</b>      <b><u>CIP Action Plan - Recommendations completed within the last 6 months</u></b></p> <ul style="list-style-type: none"> <li>• <b>7 – Completed September 2025</b> - It is recommended work is undertaken to support SFRS Digital Strategy to ensure that E-Systems are interlinked and that compatible databases are utilised to avoid duplication of data inputs e.g. iTrent, Gartan etc.</li> </ul> <p><b>Evidence/benefits realised:</b> The Training Function has collaborated with the wider PPFT project to explore the potential for interlinking systems across the SFRS. This work involved gathering requirements and evaluating a range of vendors who might be able to meet those needs. However, it was ultimately concluded that the specific requirements of the Training Function could not be fulfilled within the scope of the PPFT project. As a result, the Training Function has initiated its own procurement process to identify systems that better align with its needs and can integrate effectively with other relevant SFRS systems.</p> <p>This independent approach offers a clear advantage: it increases the likelihood of securing a solution that fully meets the Training Function's operational requirements, avoiding the compromises that would have been necessary if had it remained within the broader PPFT framework. A formal Change Request was presented to CPIG which recommended the removal of the Training Function's system requirements.</p> <ul style="list-style-type: none"> <li>• <b>38 - Completed September 2025</b> - It is recommended that recognition is given to the allocation of dedicated time and resource to review, expand and develop incident management training and assessment materials to be reflective of the evolving roles of a modern fire and rescue service.</li> </ul> <p><b>Evidence/benefits realised:</b> FDO CPD sessions are now being developed and delivered and will form part of IC/LED BAU. Reference holders within the IC team responsible for ICL1-4 course content, speakers and scenarios have now been tasked to review these aspects on a regular basis for example high rise scenario now incorporated as part of ICL1, storm/flooding case study delivered as part of ICL3.</p> <ul style="list-style-type: none"> <li>• <b>39 - Completed September 2025</b> - It is proposed that a programme of larger scale, area –based exercises are instigated on a quarterly basis, and this be aligned to the introduction for Flexi Duty Fire Groups training together and the completion of 1 CPD day annually as a group. A quarterly exercise will provide the opportunity for all four FDM groups to exercise annually.</li> </ul> <p><b>Evidence/benefits realised:</b> A structured programme has now been initiated, supporting the development of Flexi Duty Officer (FDO) groups through collaborative CPD activities. This approach ensures that each of the FDO groups can train together, enhancing operational cohesion and shared learning. The exercises are designed to reflect realistic and evolving incident scenarios, with recent examples including high-rise and flooding events. This initiative promotes consistency in command practice, strengthens team dynamics, and supports the delivery of high-quality incident command training aligned to modern service demands. Station Commanders with area liaison responsibilities are actively supporting and encouraging local exercise participation.</p>
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	<ul style="list-style-type: none"> <li>• <b>52 – Completed June 2025</b> - That an amendment is made within the off-station structure to allow an additional Group Manager (Control) post within the Training and Employee Development Function with a dedicated National reference for Operations Control training.</li> </ul> <p><b>Evidence/ Benefits realised:</b> OC Structure approved and implemented. Group commander Support and Liaison will be liaison for OC Training. SC and 2 WC will embed into TSA working under LED Team. Benefit of shared training knowledge, experience, resources, practices and avoidance of duplication of effort. Opportunity to develop fully integrated learning material for all uniformed roles.</p> <ul style="list-style-type: none"> <li>• <b>73 – Complete June 2025</b> – Introduce Workforce Pro for non-operational personnel.</li> </ul> <p><b>Evidence/ Benefits realised:</b> The new recording system, workforce Pro, is for SFRS support staff. The system automatically tracks completed training on Learning Management System (LCMS) to produce a record of competency.</p> <p><b>3.7</b> <u><b>CIP Action Plan - Recommendations discontinued within the last 6 months</b></u></p> <ul style="list-style-type: none"> <li>• <b>36 – Discontinued September 2025</b> - It is proposed to utilise the current Operational Assurance (OA) process to reaccredit Incident Command Currencies.</li> </ul> <p><b>Evidence/ Benefits realised:</b> Following a detailed review, at the September Training FMT meeting, it was agreed that the current Operational Assurance (OA) process is not suitable for reaccrediting Incident Command Qualification Currencies. This decision was based on operational, governance, and assurance considerations. As a result, the recommendation was formally closed, and a paper will be presented at the December FMT to outline the rationale and provide assurance that current processes are sufficient to maintain command competence. This approach ensures clarity of process, avoids duplication, and supports the integrity of the Incident Command qualification framework.</p> <p><b>3.8</b> <u><b>Recommendations under review</b></u></p> <ul style="list-style-type: none"> <li>• There are currently no proposed CIP Recommendations requiring further review (See Appendix CIP link - Secondary tab at base of CIP Action Plan – “Recs under review”).</li> </ul>
<b>4</b>	<b>Recommendation</b>
4.1	To review the contents of this paper as per the report classification and provide any relevant feedback.
<b>5</b>	<b>Key Strategic Implications</b>
5.1 5.1.1	<p><b>Risk Appetite and Alignment to Risk Registers</b></p> <p>The risk to the Training Function and SFRS is through non-completion of improvement recommendations, current and future, within this CIP Action Plan. However, the use of this update paper as a reporting mechanism through the governance process will ensure timely and consistent review and auditing of this Continuous Improvement Programme.</p>
5.2 5.2.1	<p><b>Financial</b></p> <p>As a result of the budget pressures and to ensure best value finance/budgets will continue to be taken into account and any further re-structuring will continue to consider, finance as a key consideration.</p>
5.3 5.3.1	<p><b>Environmental &amp; Sustainability</b></p> <p>Not applicable</p>

5.4	<b>Workforce</b>	
5.4.1	This ongoing improvement programme is in support of the development of the Training teams and the wider development of SFRS personnel.	
5.5	<b>Health &amp; Safety</b>	
5.5.1	Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.	
5.6	<b>Health &amp; Wellbeing</b>	
5.6.1	Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.	
5.7	<b>Training</b>	
5.7.1	A “live” CIP Action Plan ensures and promotes regular review of all activities within the Training Function and supports improvement recommendations from all areas within the function as well as from internal and external partners.	
5.8	<b>Timing</b>	
5.8.1	All recommendations within the Training CIP Action Plan have planned completion dates and allocated Training Function Leads (TFL). All CIP Action Plan recommendations are regularly updated, and all completion dates reviewed as required.	
5.9	<b>Performance</b>	
5.9.1	All Improvement Recommendations submitted to the Training CIP Action Plan look to provide best value and best practise within the Training Function to improve internal performance and ensure the development and improvement of the service that we provide for our primary customers within Service Delivery.	
5.10	<b>Communications &amp; Engagement</b>	
5.10.1	The CIP Action Plan / CIP Update Report are now standing items within both the Training Management Team (TMT) and Training Function Management Team (FMT) meeting agendas.	
5.11	<b>Legal</b>	
5.11.1	Not applicable	
5.12	<b>Information Governance</b>	
5.12.1	DPIA completed <del>Yes</del> /No. If not applicable state reasons. The process uses existing systems and processes which are already in place.	
5.13	<b>Equalities</b>	
5.13.1	EHRIA completed Yes	
5.14	<b>Service Delivery</b>	
5.14.1	All improvement recommendations within the Training Function CIP Action Plan through progression and completion will have a positive impact on frontline teams through improved training course delivery.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <del>Reasonable</del> /Limited/Insufficient

7.3	<b>Rationale:</b>	The CIP action plan demonstrates progress being made towards the recommendations, with a robust governance process now in place thereby satisfying the level of assurance marked above.	
8	<b>Appendices/Further Reading</b>		
8.1			
<b>Prepared by:</b>		Sarah Robertson, Group Commander Training Function	
<b>Sponsored by:</b>		Steven Campbell, Area Commander Training Function	
<b>Presented by:</b>		Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance	
<b>Links to Strategy and Corporate Values</b>			
<b>SFRS Training Function Vision &amp; Strategy 2023-2028</b> The Overall Strategic Objective of the Training Function is: “To develop and deliver high quality training and development to support organisational and individual performance throughout the Scottish Fire and Rescue Service with a clear focus on safety and the pursuit of excellence.”			
<b>Governance Route for Report</b>		<b>Meeting Date</b>	<b>Report Classification/ Comments</b>
Training FMT		5 November 2025	For Scrutiny
TSA Directorate Management Team		12 November 2025	For Scrutiny
People Committee		11 December 2025	For Information
Training Safety and Assurance Board		11 December 2025	For Information

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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Report No: C/PC/62-25

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		TRAINING FUNCTION POLICY REVIEW SCHEDULE						
Report Classification:		For Information Only	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	The purpose of this report is to provide the People Committee with a quarterly update on the status of Training Function documents and an overview of current and recently completed work.							
2	Background							
2.1	The Training Function maintain a range of documents including policies, procedures and training standards that are applicable to Scottish Fire and Rescue Service (SFRS) personnel both within and out with the Training Function. This report provides information on document review work completed during Q2, documents currently under review and those due to be reviewed during Q4 2025 26. The status and other relevant details for each document were exported from the Training Function Document Review Schedule on the 30 November 2025 and are included in the Appendix.							
2.2	Currently, the review period for most documents is set of five years as this aligned with review intervals in other Directorates however this may be reduced through an ongoing piece of work with Information Governance to adopt the document review, authorisation and publication processes within the new SharePoint Document Library.							
2.3	To ensure documents are current, an annual “light touch” review process is carried out during February and March. Where these are not able to be carried out during these months then they are carried out in the following months, when capacity allows.							
3	Main Report/Detail							
3.1	New Documents							
3.1.1	During Quarter 2 of 2025 26, one new Training Function document was approved and published – <i>Training Function Governance Arrangements</i> .							
3.2	Reviewed Documents							
3.2.1	During Quarter 2 of 2025 26, there were no documents reviewed, approved and published.							
3.3	In Development and current work							
3.3.1	The <i>Training For Operational Competency Guidance</i> and <i>Wildfire National Training Standard</i> are currently in development.							

3.4 3.4.1	<b>Under Review</b> There are currently five documents under review (see Appendix A), two of which are Terms of Reference.
3.5 3.5.1	<b>Upcoming Review</b> Out of the set of documents that have the status “current”, there are two documents due for review in Q4 2025/26.
<b>4</b>	<b>Recommendation</b>
4.1	The People Committee are asked to note the contents of this report and provide any relevant feedback.
<b>5</b>	<b>Key Strategic Implications</b>
5.1 5.1.1	<b>Risk Appetite and Alignment to Risk Registers</b> Appropriate governance and scrutiny will reduce the risk that Training Function documents no longer meet requirements which could potentially affect the quality of training delivery.
5.2 5.2.1	<b>Financial</b> Not applicable
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> Not applicable
5.4 5.4.1	<b>Workforce</b> Not applicable
5.5 5.5.1	<b>Health &amp; Safety</b> Not applicable
5.6 5.6.1	<b>Health &amp; Wellbeing</b> Not applicable
5.7 5.7.1	<b>Training</b> Not applicable
5.8 5.8.1	<b>Timing</b> Not applicable
5.9 5.9.1	<b>Performance</b> Not applicable
5.10 5.10.1	<b>Communications &amp; Engagement</b> Not applicable
5.11 5.11.1	<b>Legal</b> Not applicable
5.12 5.12.1	<b>Information Governance</b> DPIA completed No – nothing is being processed in relation to these proposed changes.
5.13 5.13.1	<b>Equalities</b> EHRIA completed No – This has not been carried out as it has been considered but there is no impact on people in relation to the General Equality Duty.



5.14 5.14.1	<b>Service Delivery</b> Not applicable	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	<del>Substantial</del> /Reasonable/Limited/Insufficient
7.3	<b>Rationale:</b>	<p>This list is supported by corresponding tasks within Microsoft Planner which provides automated notifications when reviews are due and a place for document owners to track review progress. In addition to this, tasks are monitored monthly at the Training FMT.</p> <p>This method of recording and governance ensures that documents are reviewed according to schedule and also provides the information required to complete this report on a quarterly basis.</p>
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A - Training Function Document Review Schedule	
<b>Prepared by:</b>		Roger Crawford, Watch Commander
<b>Sponsored by:</b>		Stevie Campbell, Area Commander Training Function
<b>Presented by</b>		Ross Robison, Deputy Assistant Chief Officer Head of Training
<b>Links to Strategy and Corporate Values</b>		
<b>Training Function Vision &amp; Strategy 2023-28</b>  <b>SFRS Strategy 2025-2028</b> Improving Performance: Our organisational performance, productivity and resilience continually improves.		
<b>Governance Route for Report</b>		<b>Meeting Date</b>
<i>People Committee</i>		<i>11 December 2025</i>
		<b>Report Comments</b>
		<i>For Information Only</i>

## APPENDIX A – Training Function Document Review Schedule

Document Type	Document Title	Status	Approval Status	Published	Review due
National Training Standard	Overarching Principles	Current	Approved	08/11/2022	02/11/2027
National Training Standard	Rope Rescue and Safe Working at Height	Current	Approved	11/09/2023	07/09/2028
National Training Standard	Water Rescue and Flood Response	Current	Approved	13/10/2022	07/09/2027
National Training Standard	Urban Search and Rescue	Current	Approved	13/10/2022	07/09/2027
National Training Standard	Driver and Emergency Response Training	Current	Approved	15/11/2023	02/11/2028
National Training Standard	Breathing Apparatus	Current	Approved	01/05/2024	04/05/2027
National Training Standard	Firefighting with UHPFS	Current	Approved	08/08/2024	08/08/2029
National Training Standard	Hazardous Materials Response	Current	Approved	06/05/2024	01/10/2028
National Training Standard	Casualty Care	Current	Approved	12/03/2024	07/09/2027
National Training Standard	Incident Command	Current	Approved	01/03/2024	02/11/2027
National Training Standard	Marine Firefighting	Current	Approved	28/04/2022	06/04/2027
National Training Standard	Extrication (RTC)	Current	Approved	23/05/2023	23/05/2028
Policy	Quality Management System Quality Policy	Current	Approved	22/12/2021	22/12/2026
Policy	Training for Operational Competence Policy	Current	Approved	13/03/2024	01/01/2027
Policy	Incident Command Development Pathway Policy	Current	Approved	05/10/2023	01/05/2027
Policy & Procedure	Training Delivery Assurance	Current	Approved	22/12/2021	01/01/2027
Procedure	Non Conformance and Corrective Action	Current	Approved	30/05/2024	30/05/2029
Procedure	Maintaining High Quality Training Delivery	Current	Approved	30/05/2024	30/05/2029
Procedure	Credit Rating Procedure	Current	Approved	20/03/2024	20/03/2029
Strategy	Training Vision & Strategy 2023-28	Current	Approved	13/03/2025	01/03/2028
Procedure	BAI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
EHRIA	Incident Command EHRIA	Current	Approved	05/10/2023	06/06/2027
Management Arrangement	Uniformed Employees Performance Improvement Plan Management Arrangement	Current	Approved	19/06/2024	01/05/2027
Document Type	Document Title	Status	Approval Status	Published	Review due
Terms of Reference	TMT Terms of Reference	Current	Approved	27/05/2025	27/05/2026
Terms of Reference	FMT Terms of Reference	Current	Approved	05/02/2025	05/02/2026
Terms of Reference	OCSG Terms of Reference	Current	Approved	19/06/2025	01/04/2026
Guidance	Training Function Governance Arrangements	Current	Approved	25/07/2025	31/03/2026
Framework	Training Function Framework	Current	Approved	02/04/2025	01/03/2028
Terms of Reference	MRG Terms of Reference	Current	Approved	22/05/2025	30/05/2026
EHRIA	Training Function EHRIA	Current	Approved	12/06/2024	26/10/2028
Guidance	TNA Guidance	Current	Approved	30/10/2025	01/07/2026
Procedure	TVI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
Procedure	CFBTI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
Procedure	UHPFSI Revalidation Procedure	Current	Approved	14/01/2025	01/06/2028
Handbook	EDQ Induction Handbook	Current	Approved	18/12/2024	01/05/2027

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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Report No: C/PC/63-25

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE						
Report Classification:		For Information Only	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose							
1.1	This report provides the People Committee with an update regarding the management of Safety and Assurance documentation up until the end of quarter 2 (Q2) 2025/26 in accordance with the Safety and Assurance (SA) Function Team Plan.							
2	Background							
2.1	The SA Function are responsible for the ongoing management of our published Policies, Frameworks and supporting Management Arrangements (MA) to ensure legal compliance, best practice and continual improvement of our management systems.							
2.2	Please note that this paper does not include Wellbeing Policies or Procedures, which are subject to a separate review cycle and action plan.							
3	Main Report/Detail							
3.1	<b>Q2 update</b> The Health and Safety Policy completed its governance journey at the end of Q2 and was published at the beginning of Q3. The process had been brought forward one quarter to ensure it remained live and did not expire during the approval process.							
3.2	All Safety and Assurance COVID-19 documentation was reviewed and withdrawn, where applicable to do so. Existing references to COVID-19 will be removed upon the review date of the remaining documentation. New transmission prevention control measures and workplace general hygiene posters were introduced, communicated, and captured in <a href="#">GRA-043 Working in an Office</a> , the <a href="#">Health and Safety Office Handbook Overview</a> and supporting Safe Systems of Work.							
3.3	The Safe Use of Lift Trucks MA completed its scheduled 5-year review, introduced simplified process flow charts, an Authorised Lift Truck Operator, and updated Lift Truck Safety workplace posters. <a href="#">GRA-037 Safe Use of Lift Trucks</a> and the <a href="#">Safe System of Work Template - Safe Use of Lift Trucks</a> were updated.							
3.4	The <a href="#">During Incident Operational Assurance MA</a> was successfully converted from a General Information Note (GIN) into an MA, which enabled process flowcharts and additional guidance to be added to make the processes easier to implement.							

3.5	The <a href="#">Working at Height MA</a> , was published early in Q3 after consultation to amend the <a href="#">Emergency Rescue Plan</a> within the Lifting Operations and Lifting Equipment (LOLER) MA. This amendment enabled one emergency rescue plan to be utilised for LOLER equipment and working at height activities, reducing duplication and confusion identified during consultation.
3.6	The Safety and Assurance Strategy and Engagement and Governance MA continue to be impacted by the transition of Wellbeing into SA, as all Terms of Reference require updating and consultation within each forum is ongoing and is subject to strategic review beyond the planning team's involvement.
<b>4</b>	<b>Recommendation</b>
4.1	The People Committee is asked to note the progress against the 5-year rolling Management Arrangement tracker for 2025/26 and Q2, which is also reflected in our SA Function Team Plan.
<b>5</b>	<b>Key Strategic Implications</b>
5.1 5.1.1	<b>Risk Appetite and Alignment to Risk Registers</b> In relation to meeting our legal and regulatory obligations, SFRS has a minimalist appetite.
5.2 5.2.1	<b>Financial</b> There are no financial implications for the development, maintenance, and monitoring of these processes, however failure to comply with health and safety legislation, learning lessons may result in financial implications.
5.3 5.3.1	<b>Environmental &amp; Sustainability</b> There are no environmental and sustainability implications for developing, maintaining, and monitoring these processes.
5.4 5.4.1	<b>Workforce</b> Safety and Assurance continue to monitor the progression of actions in line with Health and Safety Improvement Plans and in partnership with our business partners.
5.5 5.5.1	<b>Health &amp; Safety</b> Failure to comply with health and safety legislation may lead to potential consequences for both the organisation and individuals, which may result in involvement, engagement, investigation and potential action from the HSE. Demonstrate alignment with Clause 6.1.3 Determination of Legal and other Requirements (ISO 45001).
5.6 5.6.1	<b>Health &amp; Wellbeing</b> There are no health and wellbeing implementations for developing, maintaining, and monitoring these processes.
5.7 5.7.1	<b>Training</b> There are no training implications as MAs have supporting Programmes of Learning or will be captured in generic health and safety induction content.
5.8 5.8.1	<b>Timing</b> Safety and Assurance MAs are scheduled for periodic 5-year review to minimise disruption and maximise implementation for our business partners. Safety and Assurance will still review major/minor revisions subject to changes in legislation, guidance, best practice, or outcomes of event investigation outside this 5-year review cycle on a risk-based approach.

5.9 5.9.1	<b>Performance</b> A periodic review of our Health and Safety legal register and guidance review process will assist SFRS in maintaining its health and safety management system effectively and support possible ISO 45001 Requirements.	
5.10 5.10.1	<b>Communications &amp; Engagement</b> The high level of compliance should be included in future health and safety communications as part of SA Communication Framework.	
5.11 5.11.1	<b>Legal</b> If Safety and Assurance Policies, Frameworks, and supporting arrangements are not maintained or fully implemented, the SFRS may not be compliant with its legislative responsibilities.	
5.12 5.12.1	<b>Information Governance</b> DPIA completed No. If not applicable state reasons. The review process of SA Documents includes DPIAs where personal data is identified to be held on file. Safety and Assurance are working with Information Governance to complete these assessments as required.	
5.13 5.13.1	<b>Equalities</b> EHRIA completed No. If not applicable state reasons. The documents reviewed within the paper is part of the SFRS Health and Safety Policy or Operational Assurance policy which both have an overarching EHIRA.	
5.14 5.14.1	<b>Service Delivery</b> It is anticipated that the outcomes of this annual periodic MA review processes outlined within the paper will have a positive impact on the safety of all SFRS staff and the committees we serve.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Craig McGoldrick, Director of Training, Safety and Assurance
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	The Safety and Assurance Forward Planning Schedule continue to be progressed on target and will be expanded to include Operational Assurance documentation once the ongoing review has concluded.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: Safety and Assurance Documents Forward Planning Schedule.	
<b>Prepared by:</b>		Derrick Watson, Senior Health and Safety Adviser
<b>Sponsored by:</b>		McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance
<b>Presented by:</b>		Jim Holden, Head of Safety and Assurance

Links to Strategy and Corporate Values		
<p><b><u>SFRS Strategy 2025-2028</u></b></p> <p>Objective: Safe and Effective Response:</p> <ul style="list-style-type: none"> <li>• <i>Organisational learning from operational incidents, training events and event investigations will influence future practice, enhance performance and improve firefighter safety.</i></li> </ul> <p>Objective: Innovation and Investment:</p> <ul style="list-style-type: none"> <li>• <i>Vehicles and equipment will continue to be modernised to support the safety and wellbeing of our people.</i></li> </ul> <p><b>Safety Value:</b></p> <p>Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.</p>		
Governance Route for Report	Meeting Date	Report Classification/ Comments
<i>Safety and Assurance FMT</i>	<i>06 November 2025</i>	<i>For Information</i>
<i>People Committee</i>	<i>11 December 2025</i>	<i>For Information</i>



**SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE 2024-2025**

Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
Support Review Management Arrangement	Major review and republication	2022-23	Under review	ongoing				Due Q3
Engagement and Governance MA (Carry-over)	5-Year Review	2023-24	Under review	ongoing				Due Q4
Safety and Assurance Strategy 2024-27	Major review and republication	2024-25	Delayed					Following Wellbeing moving to SA Function, the draft Strategy will be updated to include Wellbeing.
Station Audit MA	5-Year Review	2024-25	Delayed					Due Q4
Event Reporting and Investigation MA	5-Year Review	2024-25	Under review	ongoing				Review delayed due to Jenners Investigation.
Working at Height MA	5-Year Review	2024-25	Complete	Conducted during review	N/A	N/A	14/10/25	Complete, updating Emergency Rescue Plan LOLER MA to support publication
Health and Safety Policy	Annual Review	2025-26	Complete	Conducted during review	Aug TSAB	N/A	06/10/25	Sent for publication 03/10/25
Health and Safety Policy EHRIA	Annual Review	2025-26	Complete	N/A	Aug TSAB	N/A	06/10/25	Sent for publication 03/10/25
Safe Use of Lift Trucks MA	5-Year Review	2025-26	Complete	Conducted during review	N/A	N/A	02/10/25	Published 02/10/25
RTC Investigation	5-Year Review	2025-26	Review due to commence in Q3					Work delayed due to Jenners Investigation
During Incident Operation Assurance MA	5-Year Review	2025-26	Complete	Conducted during review	FMT Sept	30/09/25 - 28/10/25	28/10/25	No familiarisation feedback received, MA now live.
Occupational Road Risk MA	5-Year Review	2025-26	Under review					Due Q3

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Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
OARRs Guidance	Periodic review	2025-26	Under review					Due Q3
Stress MA	5-Year Review	2025-26	Not started					Due Q4

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

## SCOTTISH FIRE AND RESCUE SERVICE

## People Committee



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

Report No: C/PC/64-25

Agenda Item: N/A FIO

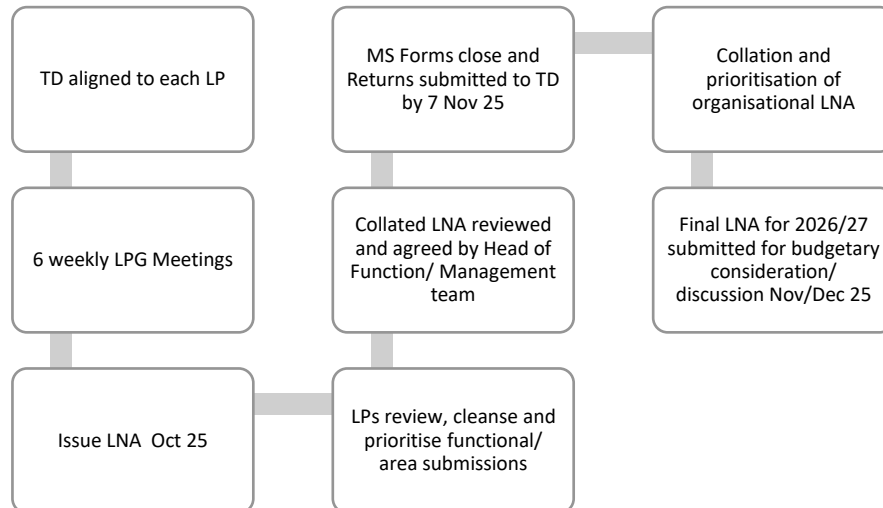
Report to:		PEOPLE COMMITTEE						
Meeting Date:		11 DECEMBER 2025						
Report Title:		LEARNING AND DEVELOPMENT UPDATE (Q2 2025-26)						
Report Classification:	For Information Only	<b>SFRS Board/Committee Meetings ONLY</b> <b>For Reports to be held in Private</b> <b>Specify rationale below referring to</b> <b><u>Board Standing Order 9</u></b>						
		<a href="#">A</a>	<a href="#">B</a>	<a href="#">C</a>	<a href="#">D</a>	<a href="#">E</a>	<a href="#">F</a>	<a href="#">G</a>
<b>1</b>	<b>Purpose</b>							
1.1	To provide the People Committee with an update on the Scottish Fire and Rescue Service (SFRS) Learning and Development (L&D) approach including prioritised L&D recommendations for Q2 2025/26.							
1.2	To provide an overview of key updates regarding the Learning Needs Analysis (LNA) process for 2026/27 and in-house L&D initiatives: <ul style="list-style-type: none"> <li>• Leadership Essentials for Supervisory Managers</li> <li>• NFCC Supervisory and Middle Management Programmes</li> <li>• Learning at Work Week 2025 (See Appendix D)</li> </ul>							
<b>2</b>	<b>Background</b>							
2.1	The 2024/25 Learning Cycle introduced the provision of quarterly reports through governance structures to strengthen assurance, enhance scrutiny, and improve our overall approach to Learning Needs Analysis and related decision-making.							
2.2	This report presents the Q2 update for 2025/26, supporting the ongoing implementation of assurance improvements and fiscal monitoring. Specifically, it aims to: <ul style="list-style-type: none"> <li>• Provide Learning &amp; Development (L&amp;D) recommendations for progression to the Corporate Board, ensuring strategic-level sponsorship, assurance and scrutiny to enable delivery of our strategic priorities.</li> <li>• Enable collective monitoring, review and evaluation of L&amp;D activities.</li> <li>• Offer an overview of L&amp;D budget allocation.</li> </ul>							
2.3	Corporate Board's review and subsequent discussion of the Q1 2025/26 Learning and Development report identified the requirement to progress this suite of reports to People Committee for information. This approach will complement the existing governance schedule for the annual L&D overview.							
<b>3</b>	<b>Main Report/Detail</b>							
3.1	<b>Learning Partner Group</b> To date, the LPG has progressed 87 recommendations with an associated investment of c.£378k. The next meeting of the LPG will take place on 5 November 2025.							

3.2	<p><b>Centralised L&amp;D Budget Overview</b></p> <table border="1"> <thead> <tr> <th>L&amp;D Budget</th><th>Amount (£)</th></tr> </thead> <tbody> <tr> <td>Full Year Budget 2024/25</td><td>£422K</td></tr> <tr> <td>Full Year Budget 2025/26</td><td>£476K</td></tr> <tr> <td>Allocated Budget at 9 Oct 25</td><td>£378K</td></tr> <tr> <td>Remaining Budget for 2025/26</td><td>£ 98K</td></tr> <tr> <td>Actual Spend at 9 Oct 25</td><td>£217K</td></tr> </tbody> </table>	L&D Budget	Amount (£)	Full Year Budget 2024/25	£422K	Full Year Budget 2025/26	£476K	Allocated Budget at 9 Oct 25	£378K	Remaining Budget for 2025/26	£ 98K	Actual Spend at 9 Oct 25	£217K
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Actual Spend at 9 Oct 25	£217K												
3.2.1	<p>The LPG continue to review L&amp;D requests (Learning Needs Analysis 2025/26 returns and adhoc) against the Services principles of L&amp;D prioritisation, progressing recommendations through governance for scrutiny.</p>												
3.2.2	<p>The Q1 update identified a large proportion of allocated centralised L&amp;D budget is Compliance, Statutory and Legislative learning requirements. With increasing fiscal pressures recommendations to progress statutory/legislative requirements and in-role requirements are prioritised over developmental qualifications and the creation of career pathways.</p>												
3.2.3	<p>Despite progress in fiscal management and transparency in decision making through quarterly reports, the current budgetary constraints approach poses risk to the organisation in meeting relating to our legal, regulatory and compliance obligations as an employer.</p>												
3.2.4	<p>Qualifications and training for colleagues in Prevention and Asset Management account for £278k (73%) of the allocated budget, primarily covering statutory compliance under the Health and Safety at Work Act 1974 and the Fire Services Act 2004. Delay in provision of this training poses significant organisational risks, including regulatory penalties, prosecution, and unlimited fines, alongside reputational damage, increased workplace incidents, legal claims and reduced staff morale.</p>												
3.2.5	<p>With a renewed focus on investing in our people (Strategic Plan 2025-28) a review of the principles of prioritisation is essential to facilitate a clearer understanding of how we are investing in the development of our people. A considered approach has been taken to introduce this for the 2026/27 learning cycle, with detail provided in section 3.3.</p>												
3.3	<p><b>The LNA Cycle</b></p>												
3.3.1	<p>The LNA cycle for 2026/27 includes the introduction of three new MS Forms for completion.</p>												
3.3.2	<p>A review of the 2025/26 LNA process and discussions at Corporate Board in Q1 informed the development of this renewed approach. The aim of this review is to provide a more holistic picture of learning needs, improved and more informed decision making, to optimise budget allocation and maximise overall impact. Three themes of learning/ training were identified:</p> <ul style="list-style-type: none"> <li>• Compliance, Legislative and Statutory Learning Needs.</li> <li>• Developmental Qualifications (pertaining to the role and to support career pathways/talent pipelines).</li> <li>• Leadership/ Management/Technical (Organisational) Learning Needs.</li> </ul>												
3.3.3	<p>The re-introduction of MS Forms will address the following challenges detailed in the 2024/25 Annual L&amp;D Update:</p> <ul style="list-style-type: none"> <li>• Incomplete functional submissions – MS forms functionality includes opportunity to provide guidance on the forms relating to detail required and to apply restrictions to incomplete sections.</li> <li>• Ownership of returns – whilst Learning Partners (LPs) consider the overall submission, ownership for completion can be delegated to line managers.</li> </ul>												

- Gaps in functional and area-level management review – Head of Function sign-off will be required to complete the return.
- Strategic objectives – detail of LPs area/functional delivery plan and the alignment to a specific Strategic objective and outcome is required to inform the creation of refreshed principles of prioritisation and in turn will enhance decision making during 2026/27 LPG meetings. See Appendix B for the proposed multiscale principles of prioritisation.

3.3.4

An updated LNA process is provided below.



3.3.5

This approach will be monitored, and an update will be provided in the 2025/26 Annual Learning and Development Update paper.

3.4

## Q2 Recommendations and Discussion

3.4.1

The LPG convened twice in Q2 to consider requests brought forward for discussion. Appendix C provides an overview of the 30 requests submitted, offering a consolidated view of emerging requirements. An overview of the 30 requested by priority category is provided below:

Priority Category	% Split of Q2 # Requests
Compliance	24%
Role Specific Requirements	0.01%
Priority 1	26%
Priority 2	0%
Organisational	51%
<b>Grand Total</b>	<b>100.00%</b>

3.4.2

Of the 30 requests reviewed, the LPG recommended to progress 21 (approx. £26k), with 9 being deferred pending further information.

3.4.3

As of 9 October, 45% of the 2025/26 L&D budget has been spent. Learning Partners provided progress updates at the 25 September LPG meeting, confirming that all approved spend will be realised by year-end. Talent Development (TD) team Advisers will continue to monitor progress through regular engagement with LPs (see Appendix A) and participation in functional and area management meetings.

3.4.4

In Q2, Learning Partners were invited to review and test the new forms, providing feedback during the 6-weekly LPG meetings and adhoc engagement with their aligned TD Adviser.

	<p>This supported our approach to ensure full functional engagement and alignment ahead of launch. Key feedback included:</p> <ul style="list-style-type: none"> <li>• Strengthening alignment between Learning Partners and TD Advisers.</li> <li>• Refining Directorate, Function, and Area classifications.</li> <li>• Strong endorsement of the new approach, particularly the introduction of a comprehensive catalogue of Leadership, Management, and Technical (Organisational) skills as a positive development.</li> </ul>
3.5	<b><u>Learning and Development Initiatives</u></b>
3.5.1	<p><b>Leadership and Management Framework Development</b></p> <p>A Leadership Taskforce, comprising representatives from all areas/functions has been established to co-design a comprehensive Leadership and Management Development Framework, supporting the Service's ambition to build a high-performing, future-ready organisation.</p>
3.5.2	<p>An in-person workshop is arranged for 30 October, which will focus on understanding learning and development information/resources from each area/function. The following themes were identified as priority for further consideration at the workshop:</p> <ul style="list-style-type: none"> <li>• Identify priority learning needs for Supervisory and Middle Managers.</li> <li>• Source, catalogue and share existing development tools for Supervisory and Middle Managers.</li> <li>• Evaluate Learning Approaches applied in local areas/functions.</li> <li>• Identify resource/SMEs which could support the development/design/ delivery of the leadership and management framework.</li> </ul>
3.5.3	<p><b>Leadership Essentials for Supervisory Managers</b></p> <p>Insights from learner and facilitator evaluations of the 2024/25 <i>Supervisory Management Development Framework – Day 1: People Management Essentials</i> informed the redesign of our approach to develop Supervisory colleagues. “<i>Leadership Essentials for Supervisory Managers</i>” is a refreshed, full-day online programme which targets aspiring, temporary, and substantive Supervisory Managers across all staff groups.</p>
3.5.4	<p>Development of our Supervisory colleagues is a priority focus for the Service, with sessions being rolled out from the end of Q2. Significant interest for this learning initiative resulted in over 100 colleagues registering for the session within 4 days. To meet demand the TD team increased capacity for the session from 15-20 and released additional dates throughout Q3.</p>
3.5.5	<p><b>NFCC Supervisory and Middle Manager programmes</b></p> <p>In partnership with the National Fire Chiefs Council (NFCC), the Service continues to deliver Supervisory (four cohorts) and Middle Management (two cohorts) Leadership Development Programmes, with two additional cohorts scheduled before the end of 2025/26.</p>
3.5.6	<p>With the continued success of NFCC Supervisory and Middle Manager programmes, these will be a key focus in the development of our Leadership and Management Development framework.</p>
3.5.7	<p><b>Learning at Work Week (LAWW)</b></p> <p>The 2025 LAWW campaign achieved record levels of engagement, with significant increases in registrations, attendance, and feedback compared to previous years. This growth reflects a deepening organisational commitment to learning and development.</p>
3.5.8	<p>A collaborative planning approach, informed by stakeholder insight and strong internal partnerships, underpinned the campaign's success. Participants reported a high-quality, engaging learning experience, particularly valuing the relevance and accessibility of bite-</p>



<p>3.5.9</p> <p>3.5.10</p> <p>3.6</p> <p>3.6.1</p>	<p>sized learning opportunities. Facilitator feedback further affirmed the positive impact, citing enthusiastic participation and effective campaign coordination.</p> <p>Overall, LAWW 2025 demonstrated measurable progress in embedding a learning culture across SFRS, reinforcing inclusion, connection, and professional growth. The insights gathered provide a strong foundation for continuous improvement in how we deliver learning initiatives, shaping the recommendations for the 2026 campaign. The positive response to bite-size learning will also be a key focus for the development of learning resources aligned to the Leadership and Management Development Framework.</p> <p>Appendix D provides a Learning at Work Week 2025 strategic summary.</p> <p><b>Future L&amp;D Updates</b></p> <p>Corporate Board will continue to be provided with quarterly L&amp;D reports to ensure scrutiny and assurance of the LNA approach, LPG recommendations, impact and effectiveness of L&amp;D initiatives as well as consider any opportunities and challenges. This report will also be presented to People Committee for information.</p>
4	<b>Recommendation</b>
4.1	<p>People Committee are asked to:</p> <ul style="list-style-type: none"> <li>• Note the prioritised L&amp;D recommendations from Q2 2025/26 LPG meetings.</li> <li>• Note the inclusion of strategic objectives to enable a multiscale L&amp;D prioritisation approach.</li> <li>• Note the request for Corporate Boards to support and enable L&amp;D engagement activities across their functions/service delivery areas.</li> </ul>
5	<b>Key Strategic Implications</b>
<p>5.1</p> <p>5.1.1</p>	<p><b>Risk Appetite and Alignment to Risk Registers</b></p> <p>People: In relation to seeking innovative approaches to talent acquisition, development and retention the SFRS has an Open appetite, looking to experiment with new methods of attracting, developing and retaining talent. The centralised learning and development resource may not be able to support all L&amp;D activities required to support and enable the Services' priorities and wider development asks. A new risk (POD024) has been added to the risk register.</p>
<p>5.2</p> <p>5.2.1</p>	<p><b>Financial</b></p> <p>L&amp;D requests that differ significantly from previous annual submissions and fiscal planning assumptions may require a supporting business case and strategic review/decision before being progressed - particularly where the training relates to legislative, statutory, or mandatory requirements.</p>
<p>5.3</p> <p>5.3.1</p>	<p><b>Environmental &amp; Sustainability</b></p> <p>Improvements are anticipated through enhanced governance &amp; quality assurance arrangements ensuring alignment of investment to priorities.</p>
<p>5.4</p> <p>5.4.1</p>	<p><b>Workforce</b></p> <p>Developing talent across the SFRS is vital to ensuring the organisation possesses the skills, knowledge, and capabilities needed to meet both current demands and future strategic priorities.</p>
<p>5.5</p> <p>5.5.1</p>	<p><b>Health &amp; Safety</b></p> <p>Improvements are expected through strengthened governance and quality assurance arrangements, ensuring that L&amp;D investments are closely aligned with SFRS priorities. While these enhancements represent positive progress, the timeframe for fully embedding them - alongside current financial constraints - means that new or significantly different L&amp;D requests (e.g. those from Asset Management (Fleet) and Prevention) will require</p>






	careful consideration and prioritisation to ensure continued alignment with the organisation's strategic objectives.	
5.6 5.6.1	<b>Health &amp; Wellbeing</b> Improvements are anticipated through enhanced governance & quality assurance arrangement ensuring alignment of L&D investment to SFRS priorities.	
5.7 5.7.1	<b>Training</b> An effective Learning Needs Analysis (LNA) process is essential to enabling the Service to meet both current and future priorities. A well-prioritised approach to learning and development ensures the right people are in the right place, with the right skills, at the right time.	
5.8 5.8.1	<b>Timing</b> The revised Learning Needs Analysis process and enhanced governance & quality assurance arrangements will be aligned to established quarterly governance meeting schedules.	
5.9 5.9.1	<b>Performance</b> The Learning Needs Analysis (LNA) process, supported by robust governance arrangements and targeted L&D provision, is expected to continue driving positive impacts on organisational performance, ensuring alignment with strategic priorities.	
5.10 5.10.1	<b>Communications &amp; Engagement</b> Strengthened communication, engagement, and collaboration with strategic leaders - across functional, area, and organisational levels - will ensure that L&D initiatives are effectively aligned with Service priorities. The TD team will lead and promote the LNA process to support broader understanding, while remaining responsive to ongoing improvements. This work will be reinforced through Learning Partner engagement, the Learning Partner Group (LPG), existing governance structures, and established Corporate Communications channels.	
5.11 5.11.1	<b>Legal</b> Including scrutiny and assurance via the Corporate Board liable risk can be identified and mitigated at an earlier stage.	
5.12 5.12.1	<b>Information Governance</b> DPIA completed – No, not required due to the nature of the report.	
5.13 5.13.1	<b>Equalities</b> EHRIA completed No, not required due to the nature of the report.	
5.14 5.14.1	<b>Service Delivery</b> The approval and delivery of Learning and Development (L&D) initiatives play a vital role in developing talent across the SFRS, ensuring the organisation has the right skills, knowledge, and resources to meet both current and future priorities.	
<b>6</b>	<b>Core Brief</b>	
6.1	Not applicable	
<b>7</b>	<b>Assurance (SFRS Board/Committee Meetings ONLY)</b>	
7.1	<b>Director:</b>	Fiona Ross, Director of People
7.2	<b>Level of Assurance: (Mark as appropriate)</b>	Substantial/ <b>Reasonable</b> /Limited/Insufficient
7.3	<b>Rationale:</b>	The Learning Partner Group was established 3 years ago to support our improved approach to delivering increased value

		from L&D. Assurance processes are being enhanced to provide additional rigour including fiscal monitoring and management, prioritisation and decision making in line with existing governance arrangements.
<b>8</b>	<b>Appendices/Further Reading</b>	
8.1	Appendix A: List of Learning Partners & People Talent Development Advisers	
8.2	Appendix B: Proposed Multiscale Principles of L&D Prioritisation	
8.3	Appendix C: Recommendations from Q2 LPG Meetings	
8.4	Appendix D: Learning at Week 2025 – Strategic Summary	
<b>Prepared by:</b>		Jen Kidd, Lead People Adviser – Talent Development
<b>Sponsored by:</b>		Ceri Dodd – Deputy Head of People
<b>Presented by:</b>		Ceri Dodd – Deputy Head of People
<b>Links to Strategy and Corporate Values</b>		
The SFRS Strategic Plan; Strategic Outcome 3: Investing in our People: Our people feel valued and are supported by a culture that embraces diversity and inclusion, empowerment and accountability		
<b>Governance Route for Report</b>		<b>Report Classification/ Comments</b>
<i>People DMT</i>		<i>14 October 2025</i>
<i>Corporate Board</i>		<i>27 October 2025</i>
<i>People Committee</i>		<i>11 December 2025</i>
		<i>For Information (By Email)</i>
		<i>For Scrutiny</i>
		<i>For Information</i>

## Appendix A: List of Learning Partners and People Talent Development Advisers

Directorates / Areas / Functions		Functional Learning Partner	Talent Development People Adviser
<b>East SDA</b>	City of Edinburgh	AC Mark Duffy	Mairi Carlton
	Falkirk & West Lothian		
	Clackmannanshire, Fife, and Stirling		
	Midlothian and East Lothian and the Scottish Borders		
<b>North Mainland SDA</b>	City of Aberdeen, Aberdeenshire & Moray	AC Lynne Gow reviewing North representation	Andrea Fraser
	Dundee, Angus, Perth and Kinross		
	Highland		
<b>North Islands SDA</b>	Western Isles, Orkney & Shetland		
<b>West SDA</b>	City of Glasgow	AC Eddie Kenna	Mandy Harper
	East & West Dunbartonshire, Argyll and Bute		
	Dumfries & Galloway		
	Lanarkshire		
	East Renfrewshire, Renfrewshire & Inverclyde		
	East, North & South Ayrshire		
<b>On-Call</b>	On-Call	AC Andrew Wright	Mairi Carlton
<b>Operational Delivery</b>	Operations (Response and Resilience)	AC Martin Cassidy Operational Support, AC Jacqui MacDonald - Operational Control	Andrea Fraser
	Prevention	AC Chris Getty	Andrea Fraser
<b>Directorates/ Functions</b>	People	Roz Munro	Mairi Carlton
	Training	GC Nicky Gidda	
	Safety and Assurance	Derrick Watson	
	Corporate Governance	Marion Lang	Mandy Harper
	Corporate Communication & Engagement	Nic McGrath	
	Asset Management & Fleet	Stuart Free	Jen Kidd
	Finance (incl Procurement)	Bruce Hammond	Jen Kidd
	DaTS	Jillian Havlin	Jen Kidd
	Portfolio	Mary Dillon / Heather Martin	Mandy Harper

## Appendix B: Proposed Multiscale Principles of L&amp;D Prioritisation

L&D Category/ Strategic Outcome	Safer Communities through Prevention	Safe & Effective Response	Investing in Our People	Improving Performance	Innovation & Investment
 <b>Statutory</b>	✓ Supports legal compliance in prevention activities	✓ Ensures operational readiness and safety	✓ Meets mandatory training for staff	✓ Maintains standards and reduces risk	✓ Adapts to new legal/tech requirements
 <b>Organisational</b>	✓ Promotes prevention culture and awareness	✓ Supports induction and preparedness	✓ Fosters inclusive, skilled workforce	✓ Drives continuous improvement	✓ Embeds organisational change and new practices
 <b>Job Specific</b>	✓ Provides targeted prevention skills	✓ Delivers technical response skills	✓ Develops role-specific expertise	✓ Supports professional growth	✓ Enables upskilling for new tech/processes
 <b>Priority One</b>	✓ Addresses urgent prevention gaps	✓ Fills immediate operational needs	✓ Responds to critical staff development	✓ Meets urgent performance needs	✓ Responds to emerging risks/needs
 <b>Priority Two</b>	✓ Develops future prevention leaders	✓ Builds talent pipeline for response	✓ Supports succession and career growth	✓ Fosters innovation and best practice	✓ Prepares for future challenges

✓ indicates strong alignment between the L&D category and the strategic objective.

## Appendix C: Recommendations from Q2 LPG Meetings

**Key for Recommendations (Column 3 and 8):**

Green – LPG recommendation to progress/approve L&amp;D request.

Amber – LPG requested and awaiting further information to make recommendation for L&amp;D request.

Red – LPG recommendation considered as “Not a current priority” and/or that budget should be obtained out with centralised L&amp;D budget.

Reference	Request Origin	L&D Request and LPG Recommendation	Total Cost (£)	Target Audience	Priority of training need	Why is this needed - link to AOP/Risk/ Legislation details	Report Recommendation/
2025.08.14 Q2 -1	Prevention	Engaging with Schools: from Planning to Evaluation	200	Heritage	Priority 1	Planning a schools programme at the museum.	Group for Education in Museums
2025.08.14 Q2 -2	Prevention	How to Generate Income for your Museum	360	Heritage	Priority 1	How to generate income for the MOSFH	V&A Museum
2025.08.14 Q2 -3	Prevention	Numbering Museum Objects	195	Heritage	Priority 1	This course will support digitalising SFRS heritage assets	V&A Museum
2025.08.14 Q2 -4	Prevention	10 Steps to Effective Membership	165	Heritage	Priority 1	Guided tours, membership and visitor experience	Association of Cultural Enterprise
2025.08.14 Q2 -5	Prevention	Developing My Leadership	450	Heritage	Priority 1	In order to fulfil role within Heritage Outreach	Museum Galleries Scotland
2025.08.14 Q2 -6	Prevention	Core Skills in Volunteer Management	170	Heritage	Role Specific Requirements	Strategic Outcome 3 - Invest in Our People	Volunteer Edinburgh



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Reference	Request Origin	L&D Request and LPG Recommendation	Total Cost (£)	Target Audience	Priority of training need	Why is this needed - link to AOP/Risk/ Legislation details	Report Recommendation/
2025.08.14 Q2 -7	People	SDS/SQA Workshops	170	SVQ/MA	Organisational	Strategic Outcome 3 - Invest in Our People	SQA
2025.08.14 Q2 -8	People	AFSA (Winter Conference)	400	Service Wide	Organisational	Strategic Outcome 3 - Invest in Our People	Asian Firefighters Association
2025.08.14 Q2 -9	Finance and Contractual Services	AutoDesk Revit	595	Asset Management/ Fleet	Compliance	Linked to increased capital investment and SSRP	TMS Autodesk Solutions 3 days Classroom
2025.08.14 Q2 -10	Finance and Contractual Services	AutoCad	1785	Asset Management/ Fleet	Compliance	Linked to increased capital investment and SSRP	TMS Autodesk Solutions 3 days Classroom
2025.08.14 Q2 -11	Finance and Contractual Services	Confined Space	1190	Asset Management/ Fleet	Compliance	To be explored with TSA regarding in-house training	Evolve Training Aberdeen
2025.08.14 Q2 -12	Finance and Contractual Services	Working at Height	1190	Asset Management/ Fleet	Compliance	To be explored with TSA regarding in-house training	Evolve Training Aberdeen
2025.08.14 Q2 -13	Finance and Contractual Services	Legionella RP	3980	Asset Management/ Fleet	Compliance	Health and Safety at Work Act	Legionella Control
2025.08.14 Q2 -14	Finance and Contractual Services	Work Rates an Work Loading	2380	Asset Management/ Fleet	Compliance	Health and Safety at Work Act	BICSc
2025.08.14 Q2 -15	Finance and Contractual Services	Energy Manager Level 2	900	Asset Management/ Fleet	Developmental	Qualification/course beyond current role, clarification on funding through Corporate Governance	Energy Institute Academy

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Reference	Request Origin	L&D Request and LPG Recommendation	Total Cost (£)	Target Audience	Priority of training need	Why is this needed - link to AOP/Risk/ Legislation details	Report Recommendation/
2025.08.14 Q2 -16	Finance and Contractual Services	Behaviour Change Master class	599	Asset Management/ Property	Developmental	Qualification/course beyond current role, clarification on funding through Corporate Governance	Behaviour Change Network
2025.09.25 Q2-17	Finance and Contractual Services	Confined Space	1190	Asset Management/ Property	Compliance	Health and Safety at Work Act	Evolve Training Aberdeen
2025.09.25 Q2-18	Finance and Contractual Services	Working at Height	1190	Asset Management/ Property	Compliance	Health and Safety at Work Act	Evolve Training Aberdeen
2025.09.25 Q2-19	Finance and Contractual Services	Work Rates and Work Loading	2380	Asset Management/ Property	Compliance	Health and Safety at Work Act	BICSc
2025.09.25 Q2-20	Finance and Contractual Services	Energy Manager Level 2	900	Asset Management/ Property	Developmental	Strategic Outcome 3 - Invest in Our People	Energy Institute Academy
2025.09.25 Q2-21	Finance and Contractual Services	1st Aid Refresher	3950	Asset Management/ Property	Compliance	Health and Safety at Work Act	GTG
2025.09.25 Q2-22	Finance and Contractual Services	Behaviour Change Master class	599	Asset Management/ Property	Developmental	Strategic Outcome 3 - Invest in Our People	Behaviour Change Network
2025.09.25 Q2-23	People	NFCC Licences for Supervisory & Middle LDP programmes	2200	Service Wide	Organisational	Strategic Outcome 3 - Invest in Our People	NFCC

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Reference	Request Origin	L&D Request and LPG Recommendation	Total Cost (£)	Target Audience	Priority of training need	Why is this needed - link to AOP/Risk/ Legislation details	Report Recommendation/
2025.09.25 Q2-24	People	Women's Development Programme	1064	Service Wide	Organisational	Strategic Outcome 3 - Invest in Our People	Women In the Fire Service Event
2025.09.25 Q2-25	Training Safety and Assurance	Level 2 Gym instruction	2500	Health and Wellbeing	Priority 1	Strategic Outcome 3 - Invest in Our People	Subject to ongoing procurement Exercise
2025.09.25 Q2-26	Training Safety and Assurance	Spirometry	5075	Health and Wellbeing	Priority 1	Strategic Outcome 3 - Invest in Our People	Albacare
2025.09.25 Q2-27	Training Safety and Assurance	Audio		Health and Wellbeing	Priority 1	Strategic Outcome 3 - Invest in Our People	Albacare
2025.09.25 Q2-28	Training Safety and Assurance	Nebosh - Managing stress at work	580	Health and Wellbeing	Priority 1	Strategic Outcome 3 - Invest in Our People	HSE
2025.09.25 Q2-29	Prevention	CPD on Fire Dynamics	2997	Fire Engineering	Priority 1	Strategic Outcome 3 - Invest in Our People	University of Liverpool
2025.09.25 Q2-30	Prevention	UK AFI Conference	1185	Fire Investigation	Priority 1	Strategic Outcome 3 - Invest in Our People	UK Association of Fire Investigators

# Learning at Work Week 2025 – Strategic Summary

Theme: “Get Connected” – Building Inclusion, Collaboration & Continuous Learning

Purpose: A national campaign promoting continuous learning and connection at work. SFRS delivered a week-long virtual programme to foster inclusivity, collaboration, and personal growth across all staff groups.

## Headline Results

- 303 registrations and 221 attendees – 65% increase from 2024
- 13 internal, 3 charity, and 4 external facilitated sessions
- Most popular topics: Neurodiversity, Wellbeing, Resilience, Inclusive Leadership
- Fully virtual delivery enabling Service-wide access

## Strategic Impact

- Strengthened learning culture across SFRS
- Broader engagement and improved visibility through enhanced communications
- Reinforced inclusivity and connection across roles and work patterns
- Enhanced collaboration with partner organisations

## Key Recommendations for 2026

- Maintain focus on inclusion and connection
- Prioritise office-hour/weekend sessions (limit evening events)
- Capture engagement data by area/function
- Explore microlearning or reflective summaries instead of recordings
- Sustain cross-sector collaboration aligned to SFRS priorities

**Outcome: Record engagement demonstrating SFRS’s commitment to a connected, inclusive, and continuously learning organisation.**