

OFFICIAL



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

24 April 2026

TO ALL MEMBERS OF THE SCOTTISH FIRE AND RESCUE SERVICE

Dear Member

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

Date: Thursday 30 April 2026

Time: 1000 hours

Venue: Virtual (MS Teams)

The business for the meeting is detailed overleaf.

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

Yours sincerely

A handwritten signature in black ink, appearing to be 'Mhairi Wylie', written over a light pink rectangular background.

MHAIRI WYLIE
Chair

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



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING - THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE
THURSDAY 30 APRIL 2026 @ 1000 HOURS
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: THURSDAY 26 MARCH 2026
(attached)

M Wylie

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

6 ACTION LOG *(attached)*

Board Support

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

7 DECISION LOG *(attached)*

Board Support

The Board is asked to note the Decision Log.

8 CHAIR'S REPORT *(attached)*

M Wylie

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

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

- 9 CHIEF OFFICER'S REPORT** *(attached)* S O'Donnell
- The Board is asked to note the Chief Officer's Report.*
- 10 COMMITTEE REPORTS**
The Board is asked to note the following updates:
- 10.1 **Strategic Planning and Change Committee** T O'Donnell
 - Verbal Update of Meeting: 16 April 2026 (verbal)
 - 10.2 **Audit & Risk Assurance Committee** B Baverstock
 - Verbal Update of Meeting: 9 April 2026 (verbal)
 - 10.3 **People Committee:** M Smith
 - Draft Minutes of Meeting: 5 March 2025 (attached)
 - 10.4 **Service Delivery Committee:** T Wright
 - Draft Minutes of Meeting: 24 February 2026 (attached)
 - 10.5 **Reform Collaboration Group** M Wylie
 - Reform Collaboration Group Main Board (verbal)
- 11 PERFORMANCE MANAGEMENT FRAMEWORK AND ASSOCIATED PERFORMANCE INDICATORS AND OTHER EVIDENCE OF ASSURANCE** *(attached)* R Whetton
- The Board is asked to approve the report.*
- 12 THREE-YEAR DELIVERY PLAN 2026-27** *(attached)* R Whetton
- The Board is asked to approve the report.*
- 13 ANNUAL INTERNAL AUDIT PLAN 2026-27** *(attached)* B Baverstock
- The Board is asked to approve the report.*
- 14 ANNUAL GOVERNANCE REVIEW OF BOARD AND COMMITTEE RELATED ITEMS** *(attached)* R Whetton
- The Board is asked to approve the report.*
- 15 RISK THEMES** *(verbal)* M Wylie
- The Board is asked to reflect on any risk themes identified during this meeting.*
- 16 FORWARD PLAN** *(attached)* Board Support
- The Board is asked to note the update.*
- 17 DATE OF NEXT MEETING**
 A Special public meeting will be held on Tuesday 16 June 2026.
 The next formal meeting will be held on Thursday 25 June 2026.

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

PRIVATE SESSION

- 18 MINUTES OF PREVIOUS PRIVATE MEETING: THURSDAY 26
MARCH 2026 (attached)**

M Wylie

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

- 19 PRIVATE ACTION LOG (attached)**

Board Support

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



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING - SCOTTISH FIRE AND RESCUE SERVICE BOARD

THURSDAY 26 MARCH 2026 @ 0930 HRS

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

PRESENT:

Mhairi Wylie, Chair (MW)
Stuart Ballingall (SJB)
Neil Mapes (NM)
Malcolm Payton (MP)
Madeline Smith (MS)
Tim Wright (TW)

Angiolina Foster, Deputy Chair (AF)
Brian Baverstock (BB)
Therese O'Donnell (TO'D)
Andrew Smith (AS)
Paul Stollard (PS)

IN ATTENDANCE:

Stuart Stevens (SS)	Chief Officer
Sarah O'Donnell (SO'D)	Deputy Chief Officer (Corporate Services)
Andy Watt (AW)	Deputy Chief Officer
David Farries (DF)	Assistant Chief Officer, Director of Operational Delivery
Jon Henderson (JH)	Assistant Chief Officer, Director of Prevention
Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
Mark McAteer (MMcA)	Director of Strategic Planning, Performance and Communications
Deborah Stanfield (DS)	Interim Director of Finance and Contractual Services
Chris Fitzpatrick (CF)	BI and Data Services Manager (Item 11 only)
Ijaz Bashir (IB)	Head of Asset Management (Item 13 only)
Asha Narsapur (AN)	Legal Services Manager (Item 23 only)
Jim Holden (JH)	Head of Safety and Assurance (Item 23 only)
Richard Whetton (RW)	Head of Governance, Strategy and Performance (Item 23 only)
Christopher Casey (CC)	Group Commander, Board Support Manager
Heather Greig (HG)	Executive Officer Board Support/Minutes
Debbie Haddow (DJH)	Board Support/Minutes

OBSERVERS:

Robert Scott, HMFSI
Colin Brown, Fire Brigades Union

1 CHAIR'S WELCOME

- 1.1 The Chair opened the meeting welcoming those attending and observing via MS Teams.
- 1.2 Attendees were reminded to raise their hands, in accordance with the remote meeting protocol, should they wish to ask a question. Due to the volume of business, the Board were requested to keep questions concise to allow sufficient time for all agenda items.

2 APOLOGIES

2.1 There were no apologies.

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

3.1 The Board agreed that the *Draft Private Minutes, Private Action Log, Item 23 – Board Legal/Governance Requirements* would be taken in private the subject matter being the subject of legal proceedings (Standing Order 9D) (Items 23).

3.2 No further items were identified.

4 DECLARATION OF INTERESTS

4.1 For transparency, the following standing declarations of interests were recorded:

- Madeline Smith, Board Member of Scottish Ambulance Service
- Paul Stollard, Chair of Board of Institute of Fire Engineers

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

5 MINUTES OF PREVIOUS MEETINGS:

5.1 Thursday 18 December 2025

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

5.1.2 **The minutes of the meeting held on 18 December 2025 were approved as a true record of the meeting.**

5.2 Matters Arising

5.2.1 There were no matters arising.

6 ACTION LOG

6.1 The Board considered the action log and noted the updates. One minor typographical error was highlighted and subsequently corrected.

Action 11 PMF Quarterly Performance Report 2025/26 (18/12/2025): Discussed and agreed that this action be re-opened until the AI Policy had been finalised and approved by the Strategic Leadership Team.

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

7 DECISION LOG

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

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

8 CHAIR'S REPORT

8.1 MW presented the Chair's Update report which noted events that had occurred since the Board meeting held on 18 December 2025 and highlighted the following:

- Update on Board Members recruitment process. Interviews were scheduled at the end of April 2026 with the intention to appoint 5 successful candidates.

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

9 CHIEF OFFICER'S REPORT

9.1 SS presented the Chief Officer's report noting events which had occurred since the Board meeting held on 18 December 2025 and highlighted the following:

- Significant and complex incident at Union Street, Glasgow. Resources deployed including 18 appliances, height appliances, specialist vehicles and crews from Glasgow and across Scotland. Crews worked tirelessly to contain and control the

incident and protect the neighbouring train station and hotel. Thanks were extended to all those involved in the incident, Operations Control (OC), partner agencies and the communities of Glasgow. Multi agency investigation was ongoing and debrief would be undertaken.

- Close monitoring of the Middle East events from a preparedness perspective and monitoring of risks that may emerge.
- Launch of Wholetime recruitment process with circa 3,500 applicants within the first few days.
- Wholetime Trainee Course commenced last week with 72 trainees, including 11 females.
- ESMCP In Vehicle Solution had commenced rollout this week. This would provide enhancements in navigation to incidents and operational intelligence.
- Attendance at Cheapside Street Memorial (Friday 27 March 2026).

9.2 The Board commented on the level of resource deployed to the Union Street incident. SS noted that the incident was adequately resourced due to the ability, as a national organisation, to deploy resources from across Scotland. SS further noted that the incident demonstrated the correct national location for specialist resources.

9.3 During the Union Street incident, OC were co-ordinating appliances/resources, whilst continuing to manage business as usual activities across the whole of Scotland. SS commended all those involved in the incident and noted that there were no reported injuries to personnel or public.

9.4 The Board commented on the importance of seeking additional funding from Scottish Government for training as this was critical to ensure the safety of firefighters and communities. SS noted that this significant incident demonstrated the need for firefighters to be appropriately resourced, trained and equipped. SS reminded the Board that the Service was Scotland's insurance policy and there was a case to be made for investment to safeguard the infrastructure of Scotland.

9.5 In regard to the debrief, AW noted that this would focus on lessons learned with a case study to maximise learning opportunities. AW further noted that consideration could be given to bringing this to a future Strategy Day.

9.6 The Board queried whether there were any delays for crews/stations returning to full operational capacity after an incident of this size. DF provided an overview of the process of repatriation of equipment and welfare and/or relief arrangements for crews. DF noted that once these measures had been completed, the crews were once again ready for operational activities.

9.7 Area Commander Andrew Kenna, who was observing the meeting, offered his thanks to the Glasgow and wider crews in attendance and commended the partnership approach maintained throughout and after the incident.

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

10 COMMITTEE UPDATES

10.1 Strategic Planning and Change Committee (SPCC)

10.1.1 Draft Minutes of Meeting: 5 February 2026

SJB reported that the Committee held a public meeting on 5 February 2026 and referred the Board to the attached draft minutes, highlighting the following:

- Specific request by the Committee for feedback from end users on whether the lifecycle helped or hindered delivery of change. To be brought to the next meeting.
- People, Payroll and Finance Project update. The Committee challenged the timescale and costs incurred to achieve the current position. Lessons learned report to be brought to the next meeting.

In regard to the PPF lessons learned report, the Board noted the need for the Service to be more agile in identifying any problems, solutions and making changes.

10.1.2

MW thanked SJB for his contributions throughout his tenure as Chair of this Committee and welcomed TO'D as the new Chair. MW advised that the revised Committee structure would be brought to the next meeting.

10.1.3

The Board noted the draft minutes and verbal update.

10.1.4

10.2

Audit and Risk Assurance Committee (ARAC)

10.2.1

Draft Minutes of Meeting: 22 January 2026

BB reported that the Committee held a public meeting on 22 January 2026 and referred the Board to the attached draft minutes, highlighting the following:

- Internal Audit report on Risk Management, which highlighted areas of good practice and improvement, presentation of risk and horizon scanning.
- Discussion on the benefits of a single overview report on all external assurance sources. Work was ongoing to progress this and an update would be brought to a future meeting.
- Risk spotlight on Vulnerabilities within On Call System from Deputy Assistant Chief Officer Ian McMeekin. The spotlight was from the perspective of financial risk and also covered operational risk. Thanks were extended to DACO McMeekin.

10.2.2

The Board noted the draft minutes and verbal update.

10.3

People Committee (PC)

10.3.1

Approved Minutes: 11 December 2025

MS presented the approved minutes from the public meeting held on 11 December 2025, noting that a verbal update was provided at the last meeting.

10.3.2

Verbal Update of Meeting: 5 March 2026

MS chaired the public Committee meeting on 5 March 2026 and highlighted the following:

- Risk Report moved to the top of the agenda for increased focus on high risks and whether they would be addressed within subsequent reports.
- Quarterly performance report for the People, Training, and Safety and Assurance functions.
- Update and presentation on continuing organisational culture and leadership work.
- Quarterly Contaminants Update.
- Risk spotlight on On Call Improvement Programme from DACO Ian McMeekin. The spotlight focused on the improvement programme and the progress being made.
- Informal workshop session held to discuss and have early sight of the draft People Strategy. Potential for other workshops to be held in future.

10.3.3

The Board noted the approved minutes and verbal update.

10.4

Service Delivery Committee (SDC)

10.4.1

Verbal update of Meeting: 24 February 2026

TW reported that the Committee held a public meeting on 24 February 2026 and highlighted the following:

- Presentation from Local Senior Officer Kevin Murphy, East, North and South Ayrshire (ENSA).
- Overview of the Collaboration for Health Equity in Scotland work being carried out in the ENSA area.
- Report on the Wildfire Season 2025 which highlighted the impact of proacted and

significant incidents.

- Presentation on the reformatted Risk Report and the use of PowerBI to improve coordination of updates, etc.

The Board noted the verbal update.

10.4.2

10.5 Reform Collaboration Group (RCG)

10.5.1 MW reminded the Board that Scottish Ambulance Service had taken over the chairing and administration role for this group.

10.5.2 The RCG meeting held on 9 February 2026 focused on consolidation of workstreams and noted that a briefing paper from that meeting would be circulated to the Board.

ACTION: MMcA

10.5.3 A meeting was held with the Minister for Justice and Home Affairs on 26 February 2026 to provide an update on the current position.

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

(C Fitzpatrick joined the meeting at 1020 hrs)

11 PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE 2025/26

11.1 MMcA introduced CF who presented the Board with the third quarter performance report for fiscal year 2025-26 for scrutiny, with reasonable assurance being recorded. The following key points were highlighted:

- KPI 16 (On Call First Appliance) – Changes to the Rostering system during this reporting period which has impacted on data collection.
- KPI 18 (Operational Intelligence Inspections) – Data not available due to issues with QlikView and good progress was being made to rectify the situation.
- KPI 7 (High Risk HFSV) - No longer reportable because of changes to the prevention process and all visits are now conducted or aligned with the revised identification criteria.
- KPI 8 (Partner Referrals) – Reporting to commence in Q4 once the new system was live.
- KPI 4 (Fire Fatalities) – Remains below the 10-year average.
- KPI 5 (Fire Casualties) – Remains below average.
- KPI10 (Accidental Dwelling Fires) – Remains below the baseline.
- KPI 17 (Wholetime Availability) – Remains above confidence levels.
- KPI 37 (Data Breaches) – Incidents have increased during this reporting period.

11.2 Brief discussion took place on the volume of information being presented within the report and the need for more clarity around any specific areas of concern.

11.3 In regard to KPI 14 (Response Time) and KPI 15 (Call Handling Time), DF reminded the Board that the Service Delivery Committee regularly scrutinised these measures. DF commented on the correlation between outcomes and long-term improvements in accidental dwelling fires, etc, previous challenges and the recent improvement within OC. DF offered his assurance that he had no concerns regarding these measures.

11.4 MMcA referenced recent SLT discussions on the format and potential refocusing of this report and would provide a timeline on when this would be available.

ACTION: MMcA

11.5 The Board commented on the level of overlapping scrutiny between Committees and Board and the need to reduce this duplication. Consideration should be given to the

flow of assurance from Committees and how this is reported to the Board. Draft Committee template to be discussed at the next IGF meeting (9 April).

- 11.6 MMcA advised the Board that the PMF 2025-2028 will be presented to the next Board meeting (April) for approval and if approved, Quarter 1 reporting would be available for the next meeting cycle.
- 11.7 In regard to the research work with Northumberland University, CF noted that this work was currently one month behind track and the projected timeline may need to be adjusted. The Board queried whether there was scope to pull the work back in line with the original timeline as this area was relative to the Service Delivery Review. MMcA and CF to discuss off table.
- 11.8 In regard to KPI 46 (Operations Control Recruitment), the Board noted that additional narrative on the project timescale for improvements would be helpful.
- 11.9 In regard to KPI 56 (Health and Safety Improvement Plans), the Board noted and welcomed the 100% rates for recent consecutive quarters.
- 11.10 In regard to KPI 18 (OI Inspections), DS noted that the issue with integration with QlikView had been resolved in February 2026. DS commented on the need for improved communications and how this would be progressed through the Assurance Design Forum. DS further noted the intention to centrally compile contract management information in the future.
- 11.11 In regard to increased data breach incidents, MMcA advised that these were internal low-level incidents by individual members of staff. The Information Governance Group were reinvigorating training packages to raise awareness.
- 11.12 **The Board scrutinised the report.**

(C Fitzpatrick left the meeting at 1046 hrs)

12 THREE-YEAR DELIVERY PLAN 2025-28: QUARTER 3 2025/26 PROGRESS REPORT

- 12.1 MMcA presented the Board with the quarter 3 progress report on how we are performing against the 2025/26 actions within the Three-Year Delivery Plan 2025-28. The following key points were highlighted:
- Nine actions have been completed, 20 actions were on track (green), 6 actions were reporting Amber.
- 12.2 In regard to SC8.2 (pay and reward framework), LG advised that there had been a delay in engaging with the representative bodies, however work remained on track and the external providers were scheduled to complete next week. LG outlined the governance pathway for the options for consideration and final recommendations.
- 12.3 In regard to SC9.2 (service delivery review), DF advised that the revised due date remained viable and the team continued to work towards this.
- 12.4 In regard to SC9.3 (alternative delivery models), JH noted that there were existing Grey Book compliant Day Shift Duty System (DSDS) shift systems and this was currently in place at Livingston Fire Station. JH noted that engagement had commenced and good progress was being made. It was noted that nucleus crewing formed part of the conversation but there were no specific negotiations on this crewing model.
- 12.5 In regard to the 6 main projects under review, the Board questioned how these were prioritised and how they would be strategically managed to ensure continued alignment

with the Service's objectives. SO'D noted that the Service's long-term vision was being refreshed with the aim to anchor ongoing and future projects within the framework. This would be submitted to a future Strategic Planning and Change Committee meeting for consideration.

- 12.6 In regard to revised dates, the Board noted that greater clarity was required on where these originated and/or were approved, to ensure accountability and transparency in project management.
- 12.7 The Board queried the level of manual data entry and noted the need for integrated dashboards. MMcA referenced recent discussions at the Audit and Risk Assurance Committee and confirmed that work continued to progress the automation of processes.
- 12.8 In regard to SC11.3 (BA renewal), CMcG advised that additional resources had been secured within the team and the project remains on track.
- 12.9 In regard to the leadership, culture and development, SS highlighted the improved position and the work undertaken to bring this back on track.
- 12.10 **The Board scrutinised the report.**

*(Meeting broke at 1100 hrs and reconvened at 1110 hrs)
(I Bashir joined the meeting at 1110 hrs)*

13 CAPITAL PROGRAMME 2026-2030

- 13.1 DS presented a report to the Board seeking approval from the Board for the 2026/27 Capital Programme, and to note the indicative plans for 2027/28 to 2029/30. These future years' plans will be refreshed annually to reflect funding certainty, delivery capacity and emerging strategic priorities. The Board were asked to note that the business case seeking approval to retain capital receipts from the sale of Cowcaddens had been submitted to Scottish Government.
- 13.2 IB provided benchmarking data comparing SFRS new build costs with other fire services and public sector projects and confirmed that these costs were in line with industry standards.
- 13.3 In regard to the use of frameworks versus traditional open tendering, IB noted that the Service were currently using both processes to test both the process and costs differences.
- 13.4 In regard to the Dalkeith project costs and any potential savings, IB referenced the approved Asset Management Policy, noted that the Service would continue to look at the whole life costs and challenge costs, if deemed appropriate.
- 13.5 In regard to energy projects, IB noted that the normal payback period was under 10 years. The only exception being the Building Management System, but this provided other benefits such as remote controlling of systems.
- 13.6 IB advised that discussions were ongoing with HSE in regard to identifying locations for portable On Call Welfare solutions, and in addition, the Service were also pro-actively undertaking inspection work to progress this area.
- 13.7 IB highlighted the significant proposed investment in training estate and the breathing apparatus programme.
- 13.8 In regard to prioritisation of projects, IB confirmed that a risk-based approach and balance of large and small projects had been taken. Brief discussion took place on the

Service's ability to adjust prioritisation levels for projects within the programme as necessary. It was noted that over and above the 15 specific dignified facilities/contaminant control projects, whenever possible any other work undertaken would also improve these areas.

- 13.9 In regard to RAAC affected premises, IB outlined the continual inspection process and remedial works undertaken. IB noted that in some cases, the only viable solution for some premises was a new build.
- 13.10 DS advised that the budget settlement for Scottish Government for Resource and Capital was 3 and 4 years, respectively, with the first year confirmed and subsequent years remaining indicative.
- 13.11 In regard to investment in fleet, it was confirmed that the same rigour and focus had been applied and this forms part of the risk-based investment plan.
- 13.12 In regard to investment into training assets, CMcG offered assurances that the Service were focussed on delivering training to replicate real-life scenarios within a controlled environment. CMcG noted that the Service were on the right trajectory but needed to proceed at a measured pace to maintain adequate investment in existing facilities.
- 13.13 The Board commented on the inclusion of national resilience assets with the capital plan. Brief discussion took place on the potential funding and flexibility required should additional funding not be provided from Scottish Government. It was noted that future investment would be prioritised and based on localised requirements. The Service would continue to engage with Scottish Government in relation to securing additional funding.
- 13.14 **The Board approved the Capital Programme 2026-2030, recognising that figures for years 2, 3 and 4 are indicative and will be refined in future years.**

(I Bashir left the meeting at 1157 hrs)

14 RESOURCE BUDGET 2026/27

- 14.1 DS presented a report to the Board seeking approval of the proposed Resource Budget 2026/27. The report also sets out the implications of the 2026/27 budget position for the wider Spending Review period, recognising that decisions taken this year influence affordability, risk and sustainability in future years.
- 14.2 DS advised that the budget had been constructed using a risk-based prioritisation approach with the clear intention to protect frontline delivery, maintain statutory compliance, ensure firefighter and community safety. The balanced budget of £353.62 million, contains an in-year unallocated savings requirement of £6.2 million which will have to be managed through controls, prioritisation and disciplined financial management. DS noted that Scottish Government had provided assurances for additional non-reoccurring funding up to £4.0 million within the spring budget revision on a conditional basis.
- 14.3 The Board recognised the complexities in achieving a balanced budget and highlighted the £12.5 million identified investment/costs pressures that had been removed from the 2026/27 baseline.
- 14.4 The Board welcomed the inclusion of modelling of potential workforce and appliance reductions across the 3-year period to help illustrate the funding gap. The Board were advised that the illustration of 26 appliances being lost accounted for a quarter of the whole time appliances across Scotland.

- 14.5 Brief discussion took place on the current run rate, additional cost savings/pressures and a more explicit strategy for future years. The Board highlighted concerns on the impact of flat cash settlements and the need to clearly communicate these concerns and risks with Scottish Government.
- 14.6 The Board commented on the language within the report, in particular the potential misunderstanding of the meaning of protecting the frontline. It was clarified that this refers to ensuring the Service maintains the ability to operate safely for personnel and the communities of Scotland.
- 14.7 The Board queried the risk around additional inflationary costs. DS noted that the Service would continue to monitor and undertake analysis modelling and would keep the Board updated on any potential risks.
- 14.8 The Board noted the adjusted vacancy factor for support staff in the short term and commented on the potential negative impact this would have on the Service as a whole.
- 14.9 The Board discussed their concerns on the acceptability of the balanced budget with in-year unallocated savings requirement of £6.2 million and the additional funding of £4.0 million from Scottish Government. The Board were reminded that the funding gap of £2.2 million, although not insignificant, equated to less than 1% of the overall budget.
- 14.10 SS noted that the report highlighted that the SLT had been explicit that certain risks had been classified as manageable rather than eliminated. These risks remained present and would be carefully monitored through the risk register, control measures and SLT oversight.
- 14.11 The Board expressed concern that a flat cash in years 2 and 3 was not sustainable and did not believe they could responsibly plan for future years on this basis. The Board believed there needed to be a re-evaluation of the funding structure for the SFRS to reflect its importance to the safety of the communities of Scotland, whilst ensuring that SFRS have the power to provide those services in the safest environment possible for our firefighters.
- 14.15 The Board have instructed the Chair and Chief Officer to separately write to Scottish Government and the relevant Minister to express the outcomes of this item, detailing the undernoted recommendations and the views of the Board following consideration of this item.

ACTION: SS/MW

- 14.16 **The Board:**
- **Approved the Resource Budget for 2026/27, as set out in section 3 and detailed in Appendix A, on the basis of a balanced budget with an unallocated requirement of £6.2m, noting the Scottish Government's SBR assurance of up to £4.0m, and the conditions attached.**
 - **Endorsed and agreed with the concerns of the executive in relation to the proposed SFRS flat cash budget for years 2 and 3.**
 - **Supported a clear strategic assessment: that the structural funding deficit must be corrected and thereafter funding must be maintained in real terms to enable resources released through reform and transformation activity to be reinvested, to reduce risk and deliver a sustainable service over the medium/long term.**
 - **Supported continued, constructive engagement with the Scottish Government to manage the 2026/27 in year pressures and secure a sustainable funding position.**

(The meeting broke at 1255 hrs and reconvened at 1350 hrs)

15 RESOURCE BUDGET MONITORING NOVEMBER 2025

15.1 DS presented a report advising the Board of the resource budget position for the period ending 28 February 2026. DS outlined the analysis of the financial position and referred Members to Appendix A of the report, which identified the current resource position showing an underspend of £1.1.24 million and a forecast year-end overspend of £0.324 million.

- Wholetime employee costs underspent by £0.226 million due to current vacancy levels and reduction in overtime costs.
- Operations Control employee costs underspent by £0.364 million due to current vacancy levels.
- On Call employee costs overspent by £0.418 million due to operational demand and increased national insurance contributions.
- Support staff employee costs overspent by £0.687 million due to current staffing above agreed vacancy factor.
- Reduction in Utilities consumption and water credit was partially offset by an increase in repairs and maintenance costs.
- Supplies and Services remain under pressure due to hydrant and transport costs.
- Increased income level due to a legal settlement and modern apprenticeship and additional non-reoccurring funding from Scottish Government.
- Contingency fundings of £0.930 million currently being held and would offset annual accruals and other year-end employee related costs.

15.2 The Board acknowledged the improved position in relation to the Wholetime overtime costs.

15.3 In regard to the underspend in property costs, DS advised that work had been undertaken to review and prioritise additional spend opportunities prior to year end.

15.4 **The Board scrutinised the resource budget position for the period ending 28 February 2026.**

16 CAPITAL BUDGET MONITORING REPORT

16.1 DS presented a report advising the Board of the actual and committed expenditure against the 2025/26 capital budget position for the period ending 28 February 2026. It was currently anticipated that expenditure of £48.437 million would be spent out by 31 March 2026. The following key points were highlighted:

- Year end forecast remains on track for full spend.
- Areas of risk which are being actively managed related to property and specialist vehicles procurement.
- Lessons learned, year end review and full review of capital programme 2026-27 to be undertaken.

16.2 The Board queried how conservative the Service were in relation to the year end position and commented on the challenges in managing a one year capital programme that does not allow any carry forward. DS advised that work would continue to review and manage the financial position.

16.3 Brief discussion took place on the difficulties of managing a capital programme on a single year basis, the ability and need for multi-year planning along with a timely decision on the £15 million indicative receipt.

16.4 **The Board scrutinised the level of actual and committed capital expenditure for the period ending 28 February 2026 and noted the actions being taken.**

17 SAFETY AND ASSURANCE ANNUAL PERFORMANCE REPORT 2024-25

17.1 CMcG presented the report to the Board for scrutiny of the Safety and Assurance Annual Performance Report 2024-25, noting that it had already been scrutinised by the People Committee. The following key points were highlighted:

- Comprehensive report of annual activity over the period stated 2024-25.
- Areas covered included operational assurance, health and safety, wellbeing, debriefing, and management of firefighter contaminants.
- Positive trends included the reduction in accidents and injuries, continued progress and management of RIDDOR reportable events, reduction in vehicle accident rates, and improved completion rates for health and safety improvement plans across the Service.
- Positive progress of the contaminants programme.
- Ongoing focus on near miss reporting, reliability of digital systems and long-term resource and capability of pressures associated with the assurance activity.

17.2 The Board welcomed the opportunity to scrutinise this report and noted that, for more thorough scrutiny, it would be helpful if the report was presented to the Board earlier in future years. It was noted that the People Committee receive quarterly performance reports and had previously scrutinised the report. Consideration to be given on how assurances from the People Committee could be presented to the Board and how future iterations of the report would be presented. It was noted that a draft Committee Report Template had been developed and would be discussed at the Integrated Governance Forum. The Board were reminded that the new Performance Management Framework, which would be presented at the April meeting, would contain the link across the sources of assurance.

17.3 The Board, referencing their health and safety responsibilities, commented on the lack of governance oversight and outcomes of health and safety matters within the report.

17.4 In regard to near miss reporting and benchmarking data, CMcG noted that the Service continued to raise awareness internally as well as learning and identifying best practice from other Services.

17.5 The Board commented on the resource and costs involved in producing this type of graphic report and that consideration should be given whether this remained appropriate.

17.6 JH noted that a similar report for Prevention would be prepared and presented at a future Strategy Day.

17.7 The Board acknowledged the progression of the report over recent years, the Service's performance across all areas and thanked all those involved.

17.8 **The Board scrutinised the report.**

18 RISK THEMES

18.1 The following risk themes were identified:

- Consideration of how budget-related risks are reflected.

18.2 There were no new or emerging risks identified during this meeting.

19 FORWARD PLAN

19.1 The Forward Plan was noted and would be kept under review and subject to change.

20 DATE OF NEXT MEETING

20.1 The next public meeting of the Board is scheduled to take place on Thursday 30 April 2026.

20.2 There being no further matters to discuss in public, the meeting closed at 1426 hrs.

(The meeting broke at 1426 hrs and reconvened in private session at 1440 hrs)

PRIVATE SESSION

21 MINUTES OF PREVIOUS PRIVATE MEETINGS:

21.1 Thursday 18 December 2025

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

21.2 Thursday 26 February 2026

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

21.3 **Matters Arising**

21.3.1 There were no matters arising.

22 PRIVATE ACTION LOG

22.1 The Board considered the action log and noted the updates.

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

23 BOARD LEGAL/GOVERNANCE REQUIREMENTS

23.1 AW and AN presented a comprehensive report to the Board providing guidance and framework on their legal/governance responsibilities in relation to the actions which are to be carried out by the Executive Steering Group; to provide guidance of oversight of the actions and decisions which should be made by the Board; and to advise on the delegated authority of the Executive Steering Group.

23.2 **The Board noted the report.**

There being no further matters to discuss in private, the meeting closed at 1536 hrs.

SFRS BOARD MEETING – 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 Board. No actions will be removed from the log or the completion dates extended until approval has been sought from the Board.

The status of Actions are categorised as follows:

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

Actions/recommendations

Currently the rolling action log contains 4 actions. A total of 3 of these actions had been completed.

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

Board Meeting: 18 December 2025						
Agenda Item	Actions Arising	Lead	Due Date	Status	Completion Date	Position Statement
11.7	PMF Quarterly Performance report 2025/26: MMcA to provide off-table update on current AI validation methods.	MMcA	March 2026			Complete (26/03/2026): A SFRS policy on the use and deployment of AI technology is in its final stages of its development. The policy will outline steps to encourage people to acknowledge where they are already using AI tools. This is to help the Service better understand current usage of AI and any issues and challenges this could present to the Service as we develop our approach to the use of AI. RE-OPENED (26/03/2026): To remain open until the AI Policy had been finalised and approved by the Strategic Leadership Team. Update (30/04/2026): AI policy draft has been finalised and is out for consultation. Following consultation, it will go to May Senior Management Board and Strategic Leadership Team for approval. Regarding validation methods. In the draft policy, AI validation is achieved through a combination of proportionate pre-approval review, alignment with existing assurance processes, mandatory human checking of AI outputs, transparency and accountability controls, defined prohibitions on high-risk use, and ongoing governance review. Validation is framed primarily as a governance and risk-management activity, rather than a technical model-testing exercise.

Board Meeting: 26 March 2026						
Agenda Item	Actions Arising	Lead	Due Date	Status	Completion Date	Position Statement
10.5.2	Reform Collaboration Group (RCG): RCG meeting held on 9 February 2026 focused on consolidation of workstreams and noted that a briefing papers from that meeting would be circulated to the Board.	MMcA	April 2026		March 2026	Complete (30/04/2026): Circulated via email on 27 March 2025 (Link to email)
11.4	Performance Management Framework Quarterly Performance 2025/26: MMcA referenced recent SLT discussions on the format and potential refocusing of this report and would provide a timeline on when this would be available.	MMcA	April 2026		March 2026	Complete (26/03/2026): A SFRS policy on the use and deployment of AI technology is in its final stages of its development. The policy will outline steps to encourage people to acknowledge where they are already using AI tools. This is to help the Service better understand current usage of AI and any issues and challenges this could present to the Service as we develop our approach to the use of AI. RE-OPENED (26/03/2026): To remain open until the AI Policy had been finalised and approved by the Strategic Leadership Team. Update (30/04/2026): AI policy draft has been finalised and is out for consultation. Following consultation, it will go to May Senior Management Board and Strategic Leadership Team for approval. Regarding validation methods. In the draft policy, AI validation is achieved through a combination of proportionate pre-approval review, alignment with existing assurance processes, mandatory human checking of AI outputs, transparency and accountability controls, defined prohibitions on high-risk use, and ongoing governance review. Validation is framed primarily as a governance and risk-management activity, rather than a technical model-testing exercise.

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14.15	Resource Budget 2026/27: The Board have instructed the Chair and Chief Officer to separately write to Scottish Government and the relevant Minister to express the outcomes of this discussion, detailing the recommendations and views of the Board following consideration of this item.	SS/MW	April 2026		April 2026	Complete (30/04/2026): Both letters were drafted and sent to the sponsor unit/For the Minister on the week commencing 20 April 2026. A copy of the chair's letter has been shared confidentially with the Board off table.



SFRS BOARD MEETING DECISION LOG

PURPOSE

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

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

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

RECOMMENDATION

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

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 24 April 2025				
ITEM 11	ANNUAL GOVERNANCE REVIEW OF BOARD AND COMMITTEE RELATED MATTERS	The Director of Strategic Planning, Performance and Communications asked the SFRS Board to approve the proposed amendments outlined in Board and Committee related governance documents, following review, to ensure the continued effectiveness of the governance arrangements of the SFRS Board and its Committees.	Subject to the proposed amendment, the Board approved the reviewed and amended governance related documents of the Board and its Committees	October 2025
Impact Assessment for Board Decision (Review Date – 04/2026): The Service continues to have effective governance and scrutiny arrangements in place and this is something that is kept under continual review. The Annual Review process, however, allows for detailed analysis of arrangements and documentation with feedback being sought from all involved to ensure that the Board and its Committees continue to work well.				
ITEM 12	ANNUAL INTERNAL AUDIT PLAN 2025-26 DRAFT	The Chair of the Audit and Risk Assurance Committee asked the Board to approve the SFRS Internal Audit Plan 2025/26. This sets out a timetable of the main reviews of key activities during 2025/26 that are intended to assist in ensuring effective governance and monitoring arrangements within SFRS, which link to the Service's purpose, outcomes and risks.	The Board approved the Internal Audit Plan 2025/26.	October 2025
Impact Assessment for Board Decision (Review Date - 04/2026): The goal of audit planning is to allocate resources efficiently to ensure independent assurance that key risks are effectively managed and value for money is achieved. Specific audits and their scrutiny test our control environment, providing assurance that any identified control weaknesses are properly managed. Internal Audit (IA) aims to complement areas covered by external audit and HMFSI through discussions to avoid duplication and maximise the total audit resources available to the Service. The IA plan offers the necessary assurance for preparing the annual governance statement and supports continuous improvement in governance, risk management, and internal control processes. The IA Plan for 2025/26 will be completed on schedule with the final audit and annual IA assurance report to be provided to the Audit and Risk Assurance Committee in July 2026.				

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ITEM 13	PREVENTION STRATEGY	The Director of Prevention, Protection and Preparedness presented the proposed Prevention Strategy to the Board for final approval.	Subject to final amendment, the Board approved the Prevention Strategy.	October 2025
Impact Assessment for Board Decision (Review Date - 04/2026): The ACO and DACO with Heads Of Functions, have been visiting LSO stations and discussing the Prevention Strategy, what it is and how we want to implement it. There is a Board Strategy Day dedicated to the Prevention Strategy in May 2026.				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 29 May 2025 (Special)				
ITEM 5	SFRS STRATEGY 2025-28 (PRIVATE)	The Director of Strategic Planning, Performance and Communications presented the draft SFRS Strategy 2025-28 to the Board and asked for their approval to the Minister for Victims and Community Safety.	Subject to the proposed amendments, the Board approved the SFRS Strategy 2025-28 and agreed its release to the Minister of Victims and Community Safety.	November 2025
Impact Assessment for Board Decision (Review Date – 05/2026):				
ITEM 6	SERVICE DELIVERY REVIEW (SDR) OPTIONS DEVELOPMENT AND APPRAISAL OUTCOME REPORT (PRIVATE)	The Director of Operational Delivery presented the report to detail the Service Delivery Review Options Appraisal and Development Process and seek approval from the Board to proceed to full public consultation.	The Board approved the ODA process that has been undertaken and agree that SFRS should now proceed to full public consultation on the final 23 options.	November 2025
Impact Assessment for Board Decision (Review Date - 05/2026):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 26 June 2025				
ITEM 15	ARRANGEMENTS FOR REVIEWING THE EFFECTIVENESS OF THE BOARD	The Director of Strategic Planning, Performance and Communications asked the Board to acknowledge and approve the progress made around the arrangements for reviewing the effectiveness of the SFRS Board during 2024/25. This is intended to ensure that the SFRS Board continues to develop and	The Board approved the arrangements for reviewing the effectiveness of the SFRS Board	December 2025

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		improve, to meet the strategic ask of Ministers contained within the Fire and Rescue Framework for Scotland and the expectations of Scotland's communities.		
Impact Assessment for Board Decision (Review Date – 06/2026):				
ITEM 21	SFRS THREE YEAR DELIVERY PLAN (PRIVATE)	The Director of Strategic Planning, Performance and Communications presented members of the SFRS Board with the SFRS Three-Year Delivery Plan and were asked to approve its publication.	Subject to the proposed amendments, the Board approved the SFRS Three-Year Delivery Plan.	December 2025
Impact Assessment for Board Decision (Review Date – 06/2026):				
ITEM 23	LIABILITY CLAIM AGAINST SCOTTISH FIRE AND RESCUE SERVICE (PRIVATE)	The Director of Finance and Contractual Services provided the SFRS Board with an insurance report seeking authority to settle a legacy asbestos claim.	The Board approved the recommendation in relation to the claim.	December 2025
Impact Assessment for Board Decision (Review Date – 06/2026):				
ITEM 25	CIVTECH 10 – PRE-COMMERCIAL AGREEMENT (PCA) PHASE (PRIVATE)	The Head of Governance, Strategy and Performance presented a report advising that SFRS applied to be part of the Scottish Governments CivTech 10 Programme. The CivTech programme is designed to create digital solutions to public sector problems as quickly and effectively as possible. Applications are assessed, and successful applicants go through a staged process to identify solutions that could also be commercially successful. SFRS had two challenges in the programme, one focused on using technology to improve situational awareness for incident commanders and another focused on how technology can better	The Board confirmed their support and approval for Challenge 10.1. The Board were supportive of Challenge 10.2, however sought further clarification/assurances prior to final approval	December 2025

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		identify and measure firefighter exposure to contaminants. SFRS have been successful and selected for the final (Pre-Commercial) stage of the programme and are seeking SFRS Board approval to proceed.		
Impact Assessment for Board Decision (Review Date – 06/2026):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 31 July 2025 (Special)				
ITEM 5	ANNUAL PERFORMANCE REVIEW REPORT 2024/25 (PRIVATE)	The Director of Strategic Planning, Performance and Communications presented the Board of the Scottish Fire and Rescue Service with the Annual Performance Review Report 2024/25 and asked that it was approved for use at the Annual Performance Review Meeting that is scheduled to take place on 9 September 2025.	Subject to the amendments, the Board approved the Annual Performance Review Report 2024/25 and agreed its release to Scottish Government.	December 2025
Impact Assessment for Board Decision (Review Date – 07/2026):				
ITEM 6	CIVTECH 10.2 – PRE-COMMERCIAL AGREEMENT (PCA) PHASE (PRIVATE)	On behalf of the Head of Governance, Strategy and Performance a report was presented seeking approval, as part of the CivTech 10 Innovation programme, SFRS are intending to enter into a joint venture to further develop an innovative solution for the identification and monitoring of firefighter exposure to contaminants.	The Board approved the match funding and Civ Tech Fee. The Board approved the joint venture in FireHazResearch with SFRS staff being appointed as Directors of that company.	December 2025
Impact Assessment for Board Decision (Review Date – 07/2026):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 30 OCTOBER 2025				
ITEM 11	BOARD FORWARD PLAN SCHEDULE 2026/27	The Director of Strategic Planning, Performance and Communications asked the SFRS Board to approve a proposal setting out a meetings schedule for the Board and its Committees and Board Forward Plan until March 2027. These set out the Board's programme of scrutiny and key decisions for 2026-27, while also taking into account the Public Bodies Information Update 257, which focuses on 'Public Body Boards – Online Meetings & A Green Recovery'. The proposal will look to balance the number of in person and virtual meetings, while continuing to ensure that the business being brought forward is strategic in nature and aligning with the Service's planning cycle, governance policies, procedures and priorities.	The Board approved the proposed schedule of meetings for 2026-27 along with the arrangements for reviewing these.	April 2026
Impact Assessment for Board Decision (Review Date – 10/2026):				
ITEM 12	ANNUAL PROCUREMENT REVIEW REPORT 2024/25 (PRIVATE)	The Interim Director of Finance and Contractual Services presented the Annual Procurement Report for the period 1 April 2024 – 31 March 2025, as required under the Procurement Reform (Scotland) 2014	The Board approved the Annual Procurement Report for the period 1 April 2024 – 31 March 2025, with several recommendations for changes to future reports.	April 2026
Impact Assessment for Board Decision (Review Date – 10/2026):				
ITEM 14	CAPITAL MONITORING REPORT 2025/26 – SEPTEMBER 2025	The Interim Director of Finance and Contractual Services advised the Board of actual and committed expenditure against the 2025/26 capital budget for the period ending 30 September 2025 and sought approval for the budget virements in section 3.5.	The Board approved the proposed virements and the further slippage environment, noting the strategic alignment and readiness to reallocate funds as needed.	April 2026
Impact Assessment for Board Decision (Review Date – 10/2026):				

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ITEM 22	DRAFT ANNUAL REPORT AND ACCOUNTS 2024/25 (PRIVATE)	The Interim Director of Finance and Contractual Services presented the Draft Annual Report and Accounts for the year ended 31 March 2025. The document reports that the Resource budget underspent by £0.271 million, the Capital budget was on budget and the Capital budget for Right of Use assets was underspent by £0.030 million.	Subject to minor amendment, the Board approved the Annual Report and Accounts 2024/25 and authorised the Accountable Officer to sign and submit on behalf of the Service.	April 2026
Impact Assessment for Board Decision (Review Date – 10/2026):				
Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 18 DECEMBER 2025				
ITEM 13	ANTI FRAUD AND CORRUPTION POLICY FRAMEWORK	The Interim Director of Finance and Contractual Services provided the Board of the Scottish Fire and Rescue Service with the updated Anti-Fraud and Corruption Policy documentation for decision.	The Board approved the revised SFRS Anti-Fraud and Corruption Policy, the Counter Fraud Strategy and the Fraud Response Plan for implementation	June 2026
Impact Assessment for Board Decision (Review Date – 12/2026):				
ITEM 21	JENNERS INVESTIGATION UPDATE (PRIVATE)	The Deputy Chief Officer provide an update the Board on the progress of the Jenners Investigation, ongoing legal process and to seek a decision on the future approach.	The Board approved the recommendation outlined within the report.	June 2026
Impact Assessment for Board Decision (Review Date – 12/2026):				
ITEM 22	UPDATE ON CLAIM AGAINST SYSTEL (PRIVATE)	The Deputy Chief Officer (Corporate Services) providing an update on the Appeal which took place on 2 May 2025 and the next steps in pursuit of the claim for recovery of damages against Systel.	The Board approved the recommendation (Option 2).	June 2026
Impact Assessment for Board Decision (Review Date – 12/2026):				

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Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 26 February 2026 (Special)				
ITEM 5	BUDGET APPROACH 26-27 (PRIVATE)	The Interim Director of Finance and Contractual Services asked the Board to approve the Budget Approach 2026/27. The report sets out the proposed approach to developing both the Resource and Capital budgets for the forthcoming financial year, within the context of the Scottish Government's budget proposals.	The Board DID NOT approve the Budget Approach 2026/27 instead opting to postpone their decision and await the outcome of discussions with Scottish Government and receipt of the letter of comfort. This would provide clarity to the Board and enable an informed decision to be made	August 2026
Impact Assessment for Board Decision (Review Date – 02/2027):				

Minute Ref	Paper	Issue	Decision	Earliest Review Date
Meeting Date: 26 March 2026				
ITEM 13	CAPITAL PROGRAMME 2026-2030	The Interim Director of Finance and Contractual Services presented the proposed Capital Programme 2026–2030 to the Board for approval. Total proposed expenditure over the 4-year period is £218.750 million, funded by anticipated Capital DEL budget of £203.4 million and estimated capital receipts of £15.350 million.	The Board approved the Capital Programme 2026-2030, recognising that figures for years 2, 3 and 4 are indicative and will be refined in future years.	September 2026
Impact Assessment for Board Decision (Review Date – 03/2027):				
ITEM 13	RESOURCE BUDGET 2026-2027	The Interim Director of Finance and Contractual Services presented the proposed Resource Budget for 2026/27 to the Board for approval. It is proposed that the Resource Budget for 2026/27 be set at £353.62million, in line with funding from the Scottish Government. The report also sets out the implications of the 2026/27 budget position for the wider Spending Review period, recognising	The Board: Approved the Resource Budget for 2026/27, as set out in section 3 and detailed in Appendix A, on the basis of a balanced budget with an unallocated requirement of £6.2m, noting the Scottish Government's SBR assurance	September 2026

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		that decisions taken this year influence affordability, risk and sustainability in future years.	of up to £4.0m, and the conditions attached. • Endorse and agree with the concerns of the executive in relation to the proposed SFRS flat cash budget for years 2 and 3. • Supported a clear strategic assessment: that the structural funding deficit must be corrected and thereafter funding must be maintained in real terms to enable resources released through reform and transformation activity to be reinvested, to reduce risk and deliver a sustainable service over the medium/long term. • Supported continued, constructive engagement with the Scottish Government to manage the 2026/27 in year pressures and secure a sustainable funding position.	
Impact Assessment for Board Decision (Review Date – 03/2027):				

**THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE
THURSDAY 30 APRIL 2026****CHAIR'S UPDATE: APRIL 2026****Wednesday 1 April 2026**

Integrated Governance Forum Pre-Agenda

Thursday 2 April 2026

Meeting with CO Stuart Stevens and Angiolina Foster, Deputy Chair
Weekly PA Catch up

Friday 3 April 2026

Board Member Appraisal

Wednesday 8 April 2026

Director of Finance, Digital and Infrastructure Interviews

Thursday 9 April 2026

Meeting with CO Stuart Stevens
Audit and Risk Assurance Committee
Integrated Governance Forum

Friday 10 April 2026

Weekly PA Catch up

Monday 13 April 2026

Regular Chair/Board Support Team meeting
Remuneration, Appointments and Nominations Sub Committee Forward Planning
Meeting with Angiolina Foster, Deputy Chair

Tuesday 14 April 2026

Meeting with Mentor

Wednesday 15 April 2026

Meeting with DCO Sarah O'Donnell
Weekly PA Catch up

Thursday 16 April 2026

Board Only Session
Strategic Planning and Change Committee
National Joint Council

Friday 17 April 2026

Meeting with DCO Andrew Watt

Monday 20 April 2026

SFRS Board Pre-Agenda

Tuesday 21 April 2026

Director of Finance, Digital and Infrastructure Interviews

Wednesday 22 April 2026

Weekly PA Catch up

Monday 27 – Wednesday 29 April 2026

Board Members Interviews

Thursday 30 April 2026

SFRS Board meeting

Weekly PA Catch up

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

**THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE
THURSDAY 30 APRIL 2026**

**Agenda
Item 9**

CHIEF OFFICER'S UPDATE: APRIL 2026

Wednesday 1 April 2026

Integrated Governance Forum (IGF) Pre-Agenda meeting
Meeting with A&M Consultants
Regular Director 1:1

Thursday 2 April 2026

Regular Chief, Chair & Deputy Chair Catchup
Weekly EA Catch up

Friday 3 – Monday 6 April 2026

Public Holidays

Tuesday 7 April

Weekly EA Catch up
Monthly meeting with Chief Inspector HMFSI

Wednesday 8 April 2026

Director of Finance Interviews

Thursday 9 April 2026

Regular Chief & Chair Catch up
Audit and Risk Assurance Committee Meeting
Integrated Governance Forum

Friday 10 April 2026

Regular Monthly Catch up with CFOs from N Ireland FRS & N Wales FRS
Weekly EA Catch up

Monday 13 – Friday 17 April 2026

Annual Leave

Monday 20 April 2026

SFRS Board pre-agenda meeting
Regular Director 1:1
Hearing

Tuesday 21 April 2026

Director Year End Appraisal
Bi-Annual Meeting with Scottish Land & Environment Agency
Meeting with FWB Consultants

Wednesday 22 April 2026

Strategic Leadership Team (SLT) Meeting
SLT Horizon Scanning Session

Thursday 23 April 2026

Director Year End Appraisal
CO & DCOs weekly meeting

Friday 24 April 2026

Regular Meeting with Commissioner of London Fire Brigade
Regular Monthly NFCC Chief's meeting with NI FRS & N Wales FRS

Monday 27 – Thursday 30 April

Public Leaders Programme Cohort Residential, Aylesbury



SCOTTISH
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PUBLIC MEETING – PEOPLE COMMITTEE

THURSDAY 5 MARCH 2026 @ 1300 HRS

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

PRESENT:

Madeline Smith, Chair (MS)
Angiolina Foster (AF)
Malcolm Payton (MP)

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

IN ATTENDANCE:

Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
David Farries (DF)	Assistant Chief Officer, Director of Operational Delivery
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
Ceri Dodd (CD)	Deputy Head of People (Item 10.1 only)
Ian McMeekin (IM)	Deputy Assistant Chief Officer, Head of Service Delivery (West & Islands) (Item 14 only)
Leslie Mason (LM)	Group Commander, On Call Improvement (Item 14 only)
Chris Casey (CC)	Group Commander Board Support
Heather Greig (HG)	Board Support Executive Officer
Debbie Haddow (DJH)	Board Support/Minutes

OBSERVERS

None

1 CHAIR'S WELCOME

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

2 APOLOGIES FOR ABSENCE

- 2.1 There were no apologies.

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 matters relating to legal proceedings and matters relating to confidential consultation/negotiations in line with Standing Orders (Item 9E and 9F). The draft

minutes/verbal update of the *Remuneration, Appointments and Nominations Sub Committee* would be taken in private due to the confidential nature of the issue (Item 9G).

3.2 No further items were identified.

4 DECLARATIONS OF INTERESTS

4.1 For transparency, the following declarations of interests were recorded:

- Neil Mapes, due to family member applying for an On Call position.

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

5 MINUTES OF PREVIOUS MEETING: THURSDAY 11 DECEMBER 2025

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

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

5.3 Matters Arising

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

6 ACTION LOG

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

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

7 PEOPLE COMMITTEE RISK REGISTER

7.1 Committee Aligned Directorate Risk

7.1.1 The Chair explained the reason for the risk report being taken earlier on the agenda was that it would identify Directorate risks and controls pertinent to the business of the Committee. The report contained information on risks rated above and below 15 and their aligned risk appetite.

7.1.2 CMcG commented on the revised approach to the paper and acknowledged the work of David Johnston to achieve this. LG noted that there had been several adjustments to control measures/ratings since the report had been published.

7.1.3 The Committee commented on the limited correlation between risk appetite and target risk. LG noted that work was ongoing to ensure alignment of risk appetite and targets, as well as robust rationale for any variances.

7.1.4 The Committee queried whether risks were informing investment decision. LG noted that the new risk (POD027) had been added following previous Committee discussions. This was driving investment in the Corporate Business Systems Outline Business Case.

7.1.5 In regard to increased use of AI and associated risk, the Committee questioned the positive and negative impact this may have on different roles within the Service. The Committee comments were noted and would be considered further. It was noted that an AI Policy was being developed and formed part of the DDaT Strategy.

7.1.6 In regard to TSA020 and the implications for the Service, CMcG advised that the recent legislative changes regarding face mask compliance had been introduced at short notice leading to the Service being non-compliant. However, the Service had since developed a robust plan, including mitigations, procurement and delivery plans.

- 7.1.7 In regard to TSA018, the Committee commented on the misalignment between the risk description and control actions. CMcG explained the TSA's approach to risk management and the reason for these specific control actions being presented within this high level report.
- 7.1.8 The Committee noted that several risks referred to lack of resources, capacity or investment. The Committee queried how the Service would be addressing these issues. LG advised that the Strategic Leadership Team (SLT) had recently discussed the approach to strategic or emerging risks. The SLT recognised the risks relating to capacity and technology within certain areas of the Service and were considering the mechanism to capture these risks at a corporate level.
- 7.1.9 In regard to risk FSC008 and FSC017, SO'D confirmed that these risks would remain separate.
- 7.1.10 **The Committee scrutinised the report.**

8 PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE 2025/26 Q3

- 8.1 The PMF Quarterly Performance 2025/26 Q3 report was presented to the Committee for scrutiny of KPIs 22–29 (Training), KPIs 46–49 (People) & KPIs 50–56 (Safety & Assurance). The Committee noted that fuller reasons for KPI performance would be covered in subsequent papers. The report was taken as read.
- 8.2 **This report was taken as read.**

9 PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING

9.1 People Performance Report Quarter 3 2025/26

- 9.1.1 LG presented the People Performance Report Quarter 3 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:
- Update on Culture Action Plan later on agenda.
 - Corporate Services structure review update was provided at the earlier RANSC meeting.
 - Information on the development to competent ratio for Wholetime staff would be included within future reports.
- 9.1.2 The Committee commented on the high absence rates within Operations Control (OC) and queried the support available to this staffing group. LG reminded the Committee of the recent risk spotlight and presentation from Area Commander Jacqui MacDonald on this issue. DF commented on the OC Enhancement plan and the improvements due to introduction of the new mobilising system. JH commented on the wellbeing support of OC and recent engagement with the University of Hull regarding a research study on stress and mental wellbeing within OC rooms.
- 9.1.3 The Committee noted that the level of OC Full Time Equivalent (FTE) regularly dropped within Q3. LG to review and provide feedback.
- ACTION: LG**
- 9.1.4 In regard to support staff vacancies within the Finance and Contractual Services Directorate, LG advised that these vacancies were across the IT, Assets, Finance and Procurement functions. Only one vacancy was specific to the finance function.
- 9.1.5 In regard to the leadership and management development programme, the Committee queried their impact and drop out levels. LG advised that the drop out levels were low and noted that a presentation of evaluation findings had been provided to the Committee in December 2025. LG to recirculate this presentation.
- ACTION: LG**

9.1.6 In regard to grievances in directorates and disciplinary cases in Service Delivery, LG noted that uniformed staff numbers accounted for the higher disciplinary distribution. LG advised that further analysis would be required to understand grievance patterns, different contributing factors, etc. LG further noted that it was not uncommon for cross organisational investigations to be undertaken.

9.1.7 The Committee sought clarity on the differing definition of FTE and headcount. LG to review for accuracy and consideration to be given to clearer narrative in future reports.

ACTION: LG

9.1.8 The Committee requested that information be included within future reports on the Target Operating Model (TOM) for Watch and Crew Commanders and how this recruitment directly impacts on firefighter numbers.

ACTION: LG

9.1.9 In regard to the impact of changes to On Call contracts, LG noted that the 12-month review had commenced and would be brought to the Committee in due course. DF noted that an update on the On Call Improvement Programme would be provided later in the agenda.

9.1.10 **The Committee scrutinised the report.**

(A Smith left the meeting at 1400 hrs)

(C Dodd joined the meeting at 1400 hrs)

10 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK

10.1 Organisational Culture and Leadership Update

10.1.1 LG/CD presented the report which provided an update on the Organisational Culture and Leadership (OCL) Programme, including programme documentation, an overview of Phase 1 projects, and HMFSI Organisational Culture within the Scottish Fire and Rescue Service (SFRS) inspection activity. The following key points were highlighted:

- Values Review Options: Options were to undertake a full review and refresh or to retain existing values.
- Inclusive Value-Based Recruitment: Improved recruitment and selection process including the introduction of the ALICE system (AI tool) which has enabled a consistent value-based approach to recruitment and assessment. Intake of female firefighters in the March 2026 trainee course was noted as 15.3% with ongoing analysis through the various recruitment stages.
- Employee Voice and Advisory Structures: Efforts being made to strengthen employee voice through various networks, engagement with external bodies, and establishment of an advisory panel.
- Leadership and Management Development: Continued rollout and delivery of leadership essential programme and participation in NFCC leadership programmes at both supervisory and middle management levels. Development of draft milestone plan.
- Improving Female Firefighter Experience: Areas of focus were facilities, equipment, PPE, as well as enhancing retention and attraction.

10.1.2 In regard to the value review options, the Committee commented on the potential for a third light touch review option and that consideration should be given to this. LG commented on the importance of reviewing values, considering outcomes and measures such as throughput and organisational performance impact. LG noted that the staffing group involved were not static.

10.1.3 In regard to the leadership and management development, the Committee sought clarification on the resource required and dedicated to this. CD advised that there were approximately 2,000 within the supervisory cadre. CD commented on the need to understand different delivery approaches for new and existing manager workstreams.

- 10.1.4 LG confirmed that the development of the leadership framework was progressing well and noted that it would be presented to the next meeting (June 2026).
- 10.1.5 Brief discussion took place on reasons for and against the Service adopting the NFCC leadership and management framework. CD advised that a full range of options were being considered including NFCC by the Executive Team.
- 10.1.6 In regard to female firefighters, the Committee queried the stages where applicants dropped out. LG noted analysis of specific stages through the selection process had been undertaken and would allow the Service to consider the assessment methods used to ensure fairness. LG noted the different reasons for successful candidates not yet being placed onto a course.
- 10.1.7 Brief discussion on the potential to rename the Improving Female Firefighter Experience workstream.

10.1.8 The Committee scrutinised the report.

(C Dodd left the meeting at 1421 hrs)

11 TRAINING

11.1 Training Function Update and Performance Report Quarter 2 2025/26

- 11.1.1 CMcG introduced RR who presented the high-level overview of the Training function activity and performance over Quarter 3 2025/26 and highlighted the following key points:
- KPI22 (Core Skills Completed) and KPI23 (Advanced, Support & Emergency Risk Completed): Increased across all duty groups, attributable to improved relationships within LSO areas and planning processes.
 - KPI26 (Core Skill Courses Currency): Overview of the benefits of delivering breathing apparatus training at training venues by instructors. Current number of personnel who still require training was less than 100. Thanks were extended to all personnel involved in this area.
 - Driver training: Significant work undertaken in recent months to update terms and conditions for driving instructors, progressing recruitment and maintaining driver numbers.
 - KPI28 (Training Function Currency): This relates to training courses scheduled and delivered. Noting that these can be dependent on weather conditions.
- 11.1.2 In regard to prioritisation of non-core skills, RR noted that these wider training elements were captured through the PDR Pro and Workforce Pro platforms for the relevant staffing groups.
- 11.1.3 In regard to the new breathing apparatus regulations, RR outlined the main impact on the training function and noted that work continued to be progressed.
- 11.1.4 In regard to KPI22, the Committee were reminded that all station based-training was subject to operational activities.
- 11.1.5 In regard to the pilot for delivering external driving training, RR noted that it was still unclear when the new legislation would come into force. However, the Service would continue to deliver training to maintain resilience.
- 11.1.6 The Committee scrutinised the report.**

12 SAFETY AND ASSURANCE

12.1 Safety and Assurance Performance Report Quarter 3 2025/26

- 12.1.1 JH presented the Safety and Assurance Performance Report Quarter 3 2025/26 to provide an update on key projects of works across the function to support Safety and Assurance Key Performance Indicators (KPIs). The following key areas were highlighted:

- Slight increase in verbal attacks and significant decrease in physical attacks.
- Due to other significant events, opportunity to communicate risk and issues around violence within the investigation process.
- Health and wellbeing compliance rates for medical and fitness assessment were reporting 96% and 97% respectively.
- Seven RIDDOR events were reported during this quarter.

12.1.2 In regard to the Firefighters Charity, JH commented on the various partnership activities undertaken and planned including roadshows, Fire Rox, etc.

12.1.3 In regard to wellbeing champions, the Committee noted the lower numbers within the East. JH advised that this would be a focus for the re-established Mental Health and Wellbeing Group. CMcG reminded the Committee of the progress and positive position within the West and North.

12.1.4 **The Committee scrutinised the report.**

12.2 **Contaminants Update**

12.2.1 CMcG presented the report to the Committee to provide an update on the management of contaminants. The report was taken as read.

12.2.2 In regard to the airing cages installation programme, CMcG advised that this remained on target.

12.2.3 In regard to the laundering of PPE, CMcG advised that there had been a 119% increase to circa 53,000 items per year, since 2021 which demonstrates the Service's focus towards contaminants control. It was noted that the strategic stock reserves had increased by 20%. A brief overview of the asset tracking process to record and monitor the number of washes of individual items of PPE and its condition. Estimated lifespan of assets were five years with the expectation of 40-55 washes, however, it is common for assets to be removed prior to these measures being achieved.

12.2.4 In regard to CivTech Project, the Committee asked how the volunteers would be recruited. JH advised that volunteers would be sought from a cross section of staffing groups who were exposed to a wide range of incidents.

12.2.5 **The Committee scrutinised the report.**

13 **AUDIT/INSPECTIONS**

13.1 **HMFSI Inspection Action Plans Update**

13.1.1 LG/JH presented the report updating the Committee on the progress on HMFSI inspection action plans for scrutiny. Progress updates were provided for action plans relating to HMFSI reports on Organisational Culture – Volume 1 and Mental Health and Wellbeing Provision.

13.1.2 In regard to Organisational Culture – Volume 1, LG outlined the development of the action plan which was presented within the appendix.

13.1.3 In regard to Organisational Culture – Volume 2, LG advised inspection outline had been received and that the desktop exercise had commenced. LG further advised that discussions were still ongoing with HMFSI on the practicalities of the fieldwork and interviewing personnel.

13.1.4 The Committee commented on the benefits of including links between organisational culture, leadership and management programmes and HMFSI recommendations within future reports. This would help the Committee's understanding of progress and oversight.

13.1.5 In regard to the Mental Health and Wellbeing action Plan, JH advised that 21 actions remained live however the majority were now nearing completion and were on track for being

closed within the next reporting period. JH noted that good progress had been, and would continue to be, made.

- 13.1.6 In regard to the Code of Conduct, LG confirmed that this was due for review and that consideration would have to be given on how this was progressed. Due to the ongoing values and behaviours work within the Service and the NFCC core code of ethics, there was a need for alignment and clear articulation of the expected standards.

13.1.7 The Committee scrutinised the report.

(J Holden left at 1452 hrs)

(Meeting broke at 1452 hrs and reconvened at 1500 hrs)

(I McMeekin and L Mason joined the meeting at 1500 hrs)

14 PEOPLE COMMITTEE RISK REGISTER

14.1 Committee Risk Spotlight

- 14.1.1 IM, introduced LM who presented the Committee with an update on the On Call Improvement Programme. The key areas highlighted were the development of a TOM, the impact of new contract bandings, dual contractor arrangements, volunteer integration, and strategies to address recruitment and retention challenges in rural and changing communities. It was noted that the challenges facing the Service were similar to other European and UK fire and rescue services. SFRS is seen as a leader in on-call innovation within the UK, sharing best practice with other Services.

- 14.1.2 In regard to the new flexible contracts, the Committee queried whether this was impacting on the recruitment numbers. LM noted that new recruits, under the new banding, were still undertaking their initial training. LM further noted that existing personnel were also utilising the new flexibility. IM advised that there were improvements in recruitment numbers due to flexibility, however the focus remained on meeting operational needs and productivity, rather than just increasing the headcount.

- 14.1.3 In regard to Volunteers, LM confirmed that this staffing group were working to the legacy arrangements and had a TOM. Work was ongoing to standardise their terms and conditions.

- 14.1.4 Brief discussion took place on the changes in population demographics across Scotland and that this should be considered for strategic decisions and future planning. IM commented on the benefits of a cluster-based model for the wider communities.

- 14.1.5 LM updated the Committee on the review of eyesight standards noting that this would help reduce barriers to recruitment and widen the pool of candidates.

- 14.1.6 In regard to joint mobilising, LM noted that this worked effectively between the Anstruther and St Monans stations and that a pilot was ongoing within the North Highlands area.

- 14.1.7 Brief discussion took place on the challenges and benefits for employers to support on call personnel.

14.1.8 The Committee welcomed the update and scrutinised the report.

(I McMeekin and L Mason left the meeting at 1540 hrs)

15 PARTNERSHIP WORKING

15.1 Employee Partnership Forum (EPF)

- 15.1.1 MS advised the Committee that the last scheduled meeting was stood down.

15.1.2 The Committee noted the verbal update.

DRAFT

15.2 Partnership Advisory Group (PAG)

15.2.1 LG advised the Committee that a meeting was held on 2 March 2026 with a single agenda item related to Attraction, Recruitment and Progression of Female Firefighters and discussions relating to the Fight for 52 (maternity leave). SO'D noted it was agreed that the broader work would be progressed under the auspices of organisational culture and leadership programme.

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

16 FORWARD PLANNING

16.1 Committee Forward Plan Review

16.1.1 The Committee considered and noted the Forward Plan.

16.1.2 It was noted that Succession and Talent Planning featured on both the forward plan for this Committee and RANSC. Discussion to be held outwith the meeting to clarify what and where the information would be presented.

16.1.3 It was suggested that future Committee meetings would alternate between online and in-person meetings at different locations to enhance knowledge and engagement opportunities.

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

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

16.2.1 The following items were noted:

- Early discussions on refresh of Target Operating Model (IGF)
- Review of Risk Appetite (Strategy Day)

17 REVIEW OF ACTIONS

17.1 CC confirmed that there were four formal actions recorded during the meeting.

18 DATE OF NEXT MEETING

18.1 The next meeting is scheduled to take place on 18 June 2026.

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

REPORTS FOR INFORMATION ONLY:

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

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

(Public meeting broke at 1545 hrs and reconvened in Private session at 1547 hrs)

PRIVATE SESSION)

19 MINUTES OF PREVIOUS PRIVATE MEETING: THURSDAY 11 DECEMBER 2025

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

20 PRIVATE ACTION LOG

20.1 The Committee noted that there were no outstanding actions.

21 REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE (RANSc) UPDATE

21.1 The draft minutes of the RANSc meeting on 11 December 2025 had been circulated to the Committee and a verbal update from the meeting on 5 March 2026 was provided

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

(A Smith joined the meeting at 1600 hrs)

22 KEY CASE UPDATES

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

22.2 **The Committee scrutinised the report.**

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



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING – SERVICE DELIVERY COMMITTEE

TUESDAY 24 FEBRUARY 2026 @ 1000 HRS

**CONFERENCE ROOM, ARDROSSAN FIRE STATION,
MONTGOMERIE STREET, ARDROSSAN, KA22 8HW / VIRTUAL (MS TEAMS)**

PRESENT:

Tim Wright, Chair (TW)
Angiolina Foster (AF)
Madeline Smith (MS)

Paul Stollard, Deputy Chair (PS)
Andrew Smith (AS)

IN ATTENDANCE:

Andy Watt (AW)	Deputy Chief Officer
David Farries (DF)	Assistant Chief Officer, Director of Operational Delivery
Jonathan Henderson (JH)	Assistant Chief Officer, Director of Prevention
Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
John Joyce (JJ)	HMFSI
Kevin Murphy (KM)	Area Commander, Local Senior Officer East, North and South Ayrshire
Chris Fitzpatrick (CF)	Business Intelligence and Data Services Manager (Item 9.1 only)
Ally Cameron (AC)	Area Commander, Deputy Head of Safety & Assurance (Item 11 only)
David Johnston (DJ)	Risk and Audit Manager (Item 12 only)
Mhairi Wylie (MW)	Chair of the Board
Chris Casey (CC)	Group Commander, Board Support Manager
Heather Greig (HG)	Board Support Executive Officer
Debbie Haddow (DH)	Board Support Executive Assistant / Minutes

OBSERVERS

None

1 WELCOME

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

2 APOLOGIES

- 2.1 Robert Scott, HMFSI

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

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

4 DECLARATION OF INTERESTS

- 4.1 For transparency, the following declarations were made:

- Angiolina Foster, Trustee of Playlist for Life (Item 7) and former Chair of Public Health Scotland (Item 10)

4.2 No further declarations of interests were made.

5 MINUTES OF PREVIOUS MEETING: 25 NOVEMBER 2025

5.1 Public Meeting: 25 November 2025

5.1.1 The minutes were agreed as an accurate record of the public.

Matters Arising

5.2 There were no matters arising.

5.2.1

The minutes of the meeting held on 25 November 2025 were approved as a true record of the meeting.

5.3

6 ACTION LOG

6.1 The Committee considered the action log, noted the updates and agreed the closure of the action.

Action 11.6 Risk Report Update (25/11/2025): New format of risk report would be presented at today's meeting for review along with a demonstration of the Power BI dashboard.

6.2 **The Committee noted the updated Action Log and approved the removal of the completed action.**

7 SERVICE DELIVERY UPDATE

7.1 AW introduced the update report which details relevant matters from a Scottish Fire and Rescue Service (SFRS) Service Delivery perspective, which comprises of Operational Delivery, Prevention, and Training, Safety and Assurance (TSA) Directorates. The report covered the period for the quarter November 2025 to February 2026, albeit some issues may precede and extend beyond this period.

7.2 In regard to the range of training exercises carried out, the Committee queried how these were identified, analysed and learning operationalised. CMcG provided an overview of the structured approach, how operational learning was captured and progressed through the Safety Assurance Improvement Group, Operational Competency Strategy Group, and nationally through the NFCC. CMcG noted that local risks were identified and addressed through operational intelligence and training systems. CMcG commented on the challenges of using external sites for exercises due to health and safety requirements.

7.3 In regard to unannounced station visits, KM provided an overview of the process introduced within the Ayrshire area. The robust audits were scored, recorded and improvement actions identified. AW advised that the move to unannounced audits were to capture the true reflection of the standards within stations at any time. The Committee requested that, once available, the consolidated thematic station audit report be submitted to a future meeting.

ACTION: CMcG

7.4 In regards to the Welfare Strategy and in particular wildfire preparedness, the Committee sought clarity on progress and timescales. JH provided an update on development of the strategy, highlighting the work at local, national, and UK levels. JH noted his continued engagement with Scottish Government and parliamentary round tables. JH commented on the wide array of different elements that pertain to welfare, including vehicles, decontamination and on/off site facilities, etc and that these measures continued to evolve.

7.5

In regard to clinical governance, the Committee were reminded that an annual report would be brought to a future meeting (September 2026).

7.6

In regard to partnership activities and evidencing their impact, it was noted that this was tracked through local scrutiny and community planning forums. JH commented on the development of a Year End Prevention report which would include partnership activity data. The Committee were reminded that an Annual Partnership report was also presented to the Board and this helped to highlight and understand the impact of these activities.

7.7

In regard to NFCC MTA quality assurance, JH explained that the NFCC quality assurance processes were in place. However, the Service's approach to MTA differed to other services. JH commented on the benefits of the NFCC's involvement and continuing engagement with them. DF noted that the Service has an MTA model in place and that this related to the quality assurance process. DF to discuss further outwith the meeting.

7.8

DF provided the Committee with a brief history and explanation of the fixed asset on the River Clyde. Further discussion to be held off table.

7.9

In regard to the format of the high rise leaflets, JH noted that these were in English with a QR code to a translation service. JH further noted that local engagement would help to highlight any specific issues.

7.10

In regard to On Call to wholetime migration courses, CMcG advised that these were based on demand with 5 to 12 participants on each with approximately 50 participants over the 7 courses completed.

7.11

Brief discussion on the positive feedback from NFCC workshop and how the Service compared with other fire and rescue services.

7.12

The Committee scrutinised the report with assurance as reasonable.

7.2 Local Senior Officer (LSO) Performance Overview

7.2.1

KM provided an overview of East, North and South Ayrshire (ENSA) LSO area, including operational structure, estate investment, recruitment, leadership development and collaboration with local authorities. The following key areas were highlighted:

- Background of historical headquarters, fire station and shared occupation with Scottish Ambulance Service, major events and local risks within the area.
- Mixture of operational structures across the area which included wholetime, On-Call, and volunteer stations.
- Recent restructure of responsibilities to streamline structure, references and develop/upskill officer cadre. Ethos to promote high standards, efficiency, compliance, continuous improvement and reduce risk.
- Recent and ongoing capital investment in Kilmarnock Fire station, other facilities and fleet.
- ENSA incorporates 3 Local Authorities, noting good relationships, challenges, levels of scrutiny, low incident numbers due to prevention/education work.
- North Ayrshire had been identified as a Marmot (Collaboration for Health Equity in Scotland (CHES) Partnership) pilot area.
- Improved links with the Training, Safety and Assurance team following their relocation into the national structure.
- Notable challenges included OI reporting, FARDAP issues, HFSV app not working fully, lack of driving courses, etc.
- Improvements to On-Call recruitment including quarterly recruitment events to generate and maintain interest.
- Promotion of leadership and culture through a programme of events/sessions to improve organisational awareness, confidence and performance.

- 7.2.2 The Committee noted and thanked KM for his presentation.
- 7.2.3 In regard to the 3 local authorities, KM noted that each authority had different priorities however, his focus remained on SFRS priorities and maintaining good relationships. Prevention work continues to be delivered across all local communities and the Service were open to Local Authorities proposing new opportunities to make a difference.
- 7.2.4 In regard to On Call recruitment, KM noted that it was still too early to evidence the benefits of the flexible contract and noted the increase in dual contracts.
- 7.2.5 In regard to leadership and culture, KM provided a brief overview of the areas covered within the sessions and noted the positive culture shift and increased engagement.
- 7.2.6 Following the meeting, the Committee would have an opportunity to engage with KM, the LSO management team and station personnel.

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

8 INSPECTIONS/AUDITS

8.1 UPDATE FROM HM FIRE SERVICE INSPECTORATE

- 8.1.1 JJ presented the report to the Committee to provide an update on HMFSI inspection and reporting activity. The following key points were highlighted:
- Fieldwork had commenced for the Organisational Culture Volume 2 inspection.
 - Focussed review of the Commonwealth Games inspection update.

8.1.2 **The Committee noted the report.**

8.2 HMFSI Inspection Action Plan Update

- 8.2.1 RW presented the Committee with an update report on HMFSI inspection action plans for scrutiny. The following key points were highlighted:
- West Service Delivery Area (WSDA) action plan was reporting Green, 90% completion with 7 live actions.
 - North Service Delivery Area (NSDA) action plan was currently in development.
 - Operational Assurance action plan had been finalised and approved by Strategic Leadership Team.
- 8.2.2 In regard to the WSDA action plan, RW to provide an update on Action 3 relating to risk weighting methodology outwith the meeting.
- 8.2.3 **The Committee scrutinised the report with assurance as substantial.**

(Meeting broke at 1125 hrs and reconvened 1135 hrs)
(C Fitzpatrick joined the meeting at 1135 hrs)

9 SERVICE DELIVERY PERFORMANCE REPORTING

9.1 Quarterly Performance Report for Q3 2025-26

- 9.1.1 The Chair advised that the report would be taken as read by the Committee members and subsequently moved straight to questions.
- 9.1.2 It was noted that an advance question had been submitted relating to levels of assurance that could be taken on the data being presented due to manual work around measures being used. The Committee also queried the level of due diligence undertaken internally prior to any migration between systems and within projects. CF commented on the challenges and improvements being made and provided an update on the response provided to the advance question.

- 9.1.3 The Committee noted their concerns on internal processes, continuity and due diligence in relation to changes of systems/data sources. SO'D would consider the Committee's concerns and seek to provide assurances.
- 9.1.4 The Committee noted that overall, the performance levels were good and personnel should be given credit for this.
- 9.1.5 In regard to KPI 16 (On Call 1st Appliance Availability), the Committee noted that this continued to decline. DF reminded the Committee that the benefits of flexible contracts had yet to be seen and the challenges of availability during the day. DF noted the work of the On Call Improvement Programme to identify areas of improvement.
- 9.1.6 CF advised the Committee that the new PMF would be in place for Quarter 1 reporting and work was ongoing to ensure that the data was accurate. SO'D noted that the scheduling of meetings would ensure that the reports would progress from Executive Level onto Committees/Board. SO'D advised that the finalised PMF would be submitted to the Board on 26 March 2026.
- 9.1.7 In regard to KPI 21 (Unwanted Fire Alarm Signals), JH confirmed that this had plateaued and noted the potential for further restrictions or measures, ie cost recovery, that could be put in place.
- 9.1.8 In regard to KPI 20 (hydrant inspections), JH confirmed the frequency of inspections (3 yearly) and lead by local operational intelligence. Benchmarking is available for the NFCC Water Supplies guidance and relates to the inspection schedule.
- 9.1.9 **The Committee scrutinised the report with assurance as reasonable.**

(C Fitzpatrick left the meeting at 1204 hrs.)

10 COLLABORATION FOR HEALTH EQUITY PILOTS

- 10.1 JH and KM presented the report providing an update on the ongoing Collaboration for Health Equity in Scotland (CHES) Partnership pilots. The following key points were highlighted:
- 10.2 JH outlined ongoing national discussions with public health leaders and local implementation in Aberdeen, North Ayrshire and South Lanarkshire, where the Service was participating in the Marmot initiative.
- 10.3 KM highlighted the work ongoing with the North Ayrshire area including regular steering group meetings and the alignment of Service prevention work. KM noted that the initiative was at an early stage, the varying approaches across local authorities and the efforts being taken to clarify objectives and what contributions the Service could make.
- 10.4 Discussion took place on the importance of sharing best practice nationally, leadership development and the Service's continued contribution to the wider community health outcomes.
- 10.5 The Committee welcomed the update and noted the potential for a further update to be included within the Year End Prevention report.
- 10.6 **This report was provided for information only with assurance as reasonable.**

(A Cameron joined the meeting at 1220 hrs)

11 ORGANISATIONAL LEARNING – WILDFIRES 2025 SEASON

- 11.1 CMcG introduced AC who presented the report to Committee with an overview of organisational learning from the 2025 wildfire season. The following key points were highlighted:
- Key impacts, themes and analysis and organisational learning.
 - Increased incident numbers (232) during 2025 wildfire season, highest since 2013.
 - Duration of wildfire season was now extending, and incidents had become more persistent and predictable.
 - Importance of flexible resourcing model and strengthened approach to preparedness for the Service and local partners, landowners, etc.
 - Strategic investments have strengthened frontline capability, through the establishment of 35 wildfire stations, acquisition of specialist vehicles, and enhanced PPE.
 - Potential use of advanced technology such as drones through partnership with Police Scotland.
 - Benefits from Wildfire Forums providing early warnings.
 - Analysis of 2025 through 2 debriefing streams to identify learning and understanding. One from internal structured debrief and the other from multi-agency debrief conducted by SMARTEU.
 - Overview of key operational learning themes including operational resilience, safety and welfare, training and capacity and partnership working.
 - Recommendations aligned with the key themes were being progressed both internally and externally.
 - Wildfire Strategy had already delivered benefits. Need for continued learning, improvements, investment and partnership arrangements was essential to meet the evolving risk from wildfire.
- 11.2 Brief discussion on the benefits and use of the community asset register and the need to ensure the correct balance to maintain control of any incidents.
- 11.3 The Committee were advised that the Service was actively engaging with the NFCC, and international fire and rescue services, to gain greater learning and understanding.
- 11.4 The Committee sought an understanding on the challenges with decontamination during/after wildfire incidents. The Committee were briefed on the current decontamination controls, need for continued investment and awareness.
- 11.5 **This report was provided for information only with assurance as reasonable.**
- 12 SERVICE DELIVERY RISK REGISTER**
- 12.1 **Committee Aligned Directorate Risks**
The report was presented which contained the identified Directorate risks and controls aligned to the business of the Committee.
- 12.2 DJ outlined the significant work and progress that had been made in relation to risk management and the framework. DJ presented an overview of the new PowerBI risk dashboard highlighting the improvements to the currency of the information and automation of processes. DJ noted that testing would commence shortly with amended reports being presented at future meetings.
- 12.3 In regard to misalignment of risk target rating and appetite, DJ commented on the potential for the inclusion of assurance information to be provided within the new reporting format.
- 12.4 Brief discussion took place on the review of risk appetite within the Service. It was agreed that this would be taken to the Integrated Governance Forum for discussion. (Recorded under Item 13.2)

12.5 DJ advised that the Strategic Leadership Team have had discussions on the new strategic risks and noted it was anticipated that these could be included within the Board Strategy Day in May 2026.

12.6 In regard to Home Fire Safety Visits, JH advised the Committee that progress was being made to resolve the issue with data sharing.

12.7 **The Committee scrutinised the report.**

13 FORWARD PLANNING

13.1 Committee Forward Plan

13.1.1 The Committee noted the forward plan and added the following items:

- Clinical Governance Annual Report was scheduled to be presented to the September 2026 meeting.
- AW confirmed that the *Safety and Statement* item should be renamed *Safety and Standards*.
- Date of September meeting to be rescheduled.

13.2 Items for Consideration at Future Integrated Governance Forum, Board and Strategy/Information and Development Day Meetings

13.2.1 The following item(s) would be taken to a future IGF meeting:

- Risk Appetite Review

14 REVIEW OF ACTIONS

14.1 CC confirmed that there was one action arising during the meeting.

15 DATE OF NEXT MEETING

15.1 The next meeting is scheduled to take place on Tuesday 4 June 2026.

15.2 There being no further matters to discuss, the public meeting closed at 1305 hours.

SCOTTISH FIRE AND RESCUE SERVICE

The Board of Scottish Fire and Rescue Service



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: B/GSC/02-16

Agenda Item: 11

Report to:		THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE						
Meeting Date:		30 APRIL 2026						
Report Title:		PERFORMANCE MANAGEMENT FRAMEWORK (PMF) AND ASSOCIATED PERFORMANCE INDICATORS AND OTHER EVIDENCE OF ASSURANCE						
Report Classification:		For Decision	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 present and to seek approval for the finalised Performance Management Framework and the associated suite of Strategic Performance Indicators (PIs) and wider sources of assurance.							
1.2	The appendices (8.1 & 8.2) collectively set out how the Scottish Fire and Rescue Service (SFRS) will evidence delivery of its Strategy 2025–2028 through a combination of quantitative indicators and qualitative assurance							
2	Background							
2.1	SFRS is required to demonstrate how it delivers its statutory functions and strategic objectives in line with the Fire and Rescue Framework for Scotland 2022, supported by the principles set out in the SFRS Good Governance Framework.							
2.2	A core mechanism for meeting these expectations is the establishment of a robust Performance Management Framework (PMF). The PMF defines how performance is measured, monitored, reported, and scrutinised across the Service, ensuring alignment between strategy, planning, performance, and risk.							
2.3	Development of the PMF has taken place alongside the creation of the SFRS Strategy 2025–2028 and Three-Year Delivery Plan, attempting to ensure a thread from strategic intent through to measurable outcomes and evidence of delivery.							
2.4	The PMF also responds to previously identified challenges including: - Improving strategic oversight - Inconsistent reporting - Manual, resource-intensive processes - Lack of clarity in how performance, risk, and delivery align							

3	Main Report/Detail
3.1	DEVELOPMENT OF THE PMF
3.1.1	The PMF has been developed through a structured and iterative process throughout 2025 and early 2026, involving engagement with the Strategic Leadership Team (SLT), Heads of Function, and Board Members. This included: • Performance diagnostics and workshops with SLT and Board Members • Translation of strategic objectives into measurable results • Development and refinement of performance indicators • Iterative review and challenge sessions with Service departments to ensure clarity, alignment, and relevance.
3.1.2	Following successive updates to SLT in August and December 2025, and final workshops in January 2026, the PMF and associated indicators were formally agreed in February 2026.
3.2	STRUCTURE OF PERFORMANCE AND ASSURANCE
3.2.1	The PMF establishes a balanced approach to evidencing performance through: • Strategic Performance Indicators (PIs): providing measurable evidence of progress against strategic deliverables. • Directorate/Management Information: offering supporting context and operational insight. (The related indicators within appendix 8.2 will not form part of the board performance reporting). • Additional Sources of Assurance: including three-year delivery plans, reports, audits, and programme updates that provide qualitative and narrative evidence of delivery (3-Year delivery plan Actions within appendix 8.2 are actions carried out in 2025-2026. 2026-2027 actions TBC).
3.2.2	This approach reflects the recognition that performance cannot be understood through metrics alone, and that meaningful scrutiny requires both data and contextual assurance.
3.3	STRATEGIC INDICATORS AND SLT OWNERSHIP
3.3.1	The suite of strategic indicators presented alongside the PMF has been developed and refined through Heads of Function-led workshops and further engagement with SLT. It is important to note that: • The selection and number of strategic indicators is an explicit outcome of SLT consideration and agreement • These indicators represent what SLT considers to be the most critical evidence of delivery against the Strategy
3.3.2	This ensures that performance reporting is focused, proportionate, and aligned to organisational priorities, rather than overly extensive or diluted.
3.4	TRANSITION FROM DEVELOPMENT TO USE
3.4.1	The development of the PMF represents a significant step forward in strengthening SFRS's approach to performance management. It reflects a deliberate shift towards: • Clear strategic alignment • Improved data governance • Reduced reliance on manual reporting • Greater use of analytical tools and visual reporting
3.4.2	With the PMF now finalised, the Service will move into its first full reporting cycle, with Quarter 1 reporting initiating at the end of June 2026 based on the agreed strategic indicators and assurance framework.

3.5	EXPECTATIONS FOR PERFORMANCE USE AND SCRUTINY
3.5.1	As the PMF transitions into live operation, there is a corresponding shift in emphasis from framework development to active use of performance information. The intent of the PMF is not solely to improve reporting, but to: • Enable more informed, evidence-based decision making • Support effective scrutiny and challenge • Strengthen accountability for delivery of the Strategy
3.5.2	The tools and reporting mechanisms in place will include enhanced dashboards and integrated performance views designed to support this. Accordingly, future reporting cycles will increasingly focus on: • The insights drawn from performance information • The questions and challenge arising from that information • The actions taken in response
3.5.3	This represents an important step in continuing to develop a mature performance management culture across the Service, where performance tools & information are actively used to drive improvement rather than solely to report position.
3.6	NEXT STEPS AND ONGOING DEVELOPMENT OF REPORTING
3.6.1	This finalised PMF is not a fixed endpoint. Performance management in SFRS will always be iterative, evolving alongside the needs of the Board, SLT, and the wider organisation. The Service is committed to working collaboratively with the Board to refine reporting formats over time, provide familiarisation and support in the use of Power BI dashboards, and ensure that performance information remains proportionate, focused, and actively used to inform strategic discussion, challenge, and decision-making at every level of the organisation.
3.6.2	From August 2026 (Q1 reporting), the Board will receive: • A structured performance report aligned to the Strategic Performance Indicators • Access to interactive dashboards, providing a more detailed and dynamic view of performance • Supporting narrative and assurance reporting, where required, to provide context and explanation of performance position
3.6.3	Reporting will be designed to highlight areas of exceptional performance, identify improving or deteriorating trends using SPC methods where historical data is available, and enable the Board, SLT, and Heads of Function to focus attention where challenge or intervention may be needed.
3.6.4	In addition to the full suite of strategic indicators, there is an opportunity to develop a more focused set of "headline" indicators representing what the Board and SLT consider most critical in assessing overall Service performance. Should the Board wish to progress this, the selection of any such indicators would be led by the Board and SLT to ensure alignment with scrutiny priorities, with the wider dashboard continuing to provide broader performance context alongside them. This is offered as a proposition for the Board to consider as reporting matures.
4	Recommendation
4.1	The SFRS Board is asked to note and approve: • The final Performance Management Framework • The associated suite of Strategic Performance Indicators • The wider sources of assurance identified to evidence delivery of the SFRS Strategy 2025–2028

5	Key Strategic Implications
5.1 5.1.1	Risk Appetite and Alignment to Risk Registers The introduction of a single, coherent Performance Management Framework materially strengthens the Service's ability to identify, monitor, and respond to strategic risks. By providing clearer alignment between strategic objectives, performance indicators, delivery plans, and sources of assurance, the PMF reduces the risk of fragmented oversight and strengthens the Board's ability to identify emerging risks, deteriorating trends, and areas requiring early intervention
5.2 5.2.1	Financial The PMF supports more effective use of organisational resources by enabling clearer prioritisation of effort and earlier identification of performance issues that may have future financial implications. Over time, improved integration of performance, delivery, and assurance information is expected to reduce reliance on manual reporting processes and support more efficient deployment of staff time across the Service
5.3 5.3.1	Environmental & Sustainability The continuing move towards digital dashboards and reduced paper-based reporting supports wider organisational commitments to environmental sustainability and modern, technology-enabled ways of working, while also improving the timeliness and accessibility of performance information.
5.4 5.4.1	Workforce The PMF supports the development of a stronger performance management culture by providing clearer line-of-sight between individual and directorate activity and the delivery of strategic outcomes. Over time, this should support improved ownership of performance, greater accountability for delivery, and increased staff understanding of how their work contributes to the Service's strategic priorities.
5.5 5.5.1	Health & Safety While the PMF does not introduce new operational controls, it provides a clearer structure for monitoring and scrutinising strategic health and safety performance, trends, and assurance at an organisational level, supporting the Board's oversight role and ensuring that health and safety considerations remain visible within strategic performance reporting.
5.6 5.6.1	Health & Wellbeing The framework creates opportunities for health and wellbeing indicators and associated assurance to be considered more holistically as part of overall Service performance, supporting early identification of emerging issues and more informed strategic discussion at Board and senior leadership levels.
5.7 5.7.1	Training Successful implementation of the PMF will require appropriate familiarisation and support for Board Members and all Strategic Managers in the interpretation and use of performance information, particularly as digital dashboards and analytical tools are embedded. This represents an important investment in developing organisational capability in performance scrutiny and evidence-based decision making.
5.8 5.8.1	Timing The first full reporting cycle under the PMF will commence with Quarter 1 reporting in June 2026.
5.9 5.9.1	Performance This paper directly supports improved performance management, reporting, and scrutiny arrangements. The new PMF directly supports the Service's performance management arrangements. The new PMF provides a foundation for more consistent, focused, and

	outcome-oriented performance reporting, supporting improved organisational performance through clearer insight, challenge, and accountability for delivery of the Strategy 2025–2028.	
5.10	Communications & Engagement	
5.10.1	Clearer, more structured performance information will support improved dialogue between the Board, SLT, and the wider organisation. Over time, the PMF also provides a stronger platform for communicating performance and progress to external stakeholders, partners, and regulators.	
5.11	Legal	
5.11.1	The PMF supports the Service's ability to demonstrate delivery of its statutory functions and strategic objectives, providing clearer evidence of compliance with relevant legislative and regulatory expectations relating to accountability, transparency, and public sector governance.	
5.12	Information Governance	
5.12.1	The introduction of digital dashboards and integrated performance reporting reinforces the importance of robust data governance arrangements. Completion of appropriate DPIA assessments, where applicable, will ensure that performance information is managed, shared, and used in line with information governance requirements.	
5.13	Equalities	
5.13.1	The PMF provides a clearer structure through which equality-related performance information and assurance can be considered as part of overall organisational performance. Completion of EHRIA assessments, where applicable, will ensure that equality impacts are appropriately considered in performance reporting and decision making.	
5.14	Service Delivery	
5.14.1	By further strengthening strategic oversight, performance insight, and assurance, the PMF directly supports improved service delivery. The framework enables earlier identification of delivery risks and performance issues, supporting timely corrective action and continuous improvement in the services delivered to communities across Scotland.	
5.15	Prevention	
5.15.1	The PMF supports the Service's prevention ambition by enabling clearer oversight of both the <i>outputs</i> and <i>outcomes</i> of prevention activity. In recognition that prevention effectiveness cannot be evidenced through quantitative measures alone, the PMF brings together strategic performance indicators, trend data, and wider qualitative sources of assurance to provide a more rounded understanding of impact.	
6	Core Brief	
6.1	The Board is presented with the final PMF and associated indicators, marking the transition from development to implementation, with the first full performance reporting cycle commencing in June 2026.	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Mark McAteer, Director of Governance, Strategy and Change
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient
7.2	Rationale:	A Reasonable level of assurance is provided in relation to the Performance Management Framework (PMF), the associated Strategic Performance Indicators, and the work undertaken to develop them. The assurance level reflects the fact that the PMF has been developed through a structured, evidence-based

		process, including engagement with Senior Leadership Team members, Heads of Function, and Board Members; iterative review and challenge; and formal agreement through established governance arrangements. The framework demonstrate alignment between the SFRS Strategy 2025–2028, the Three-Year Delivery Plan, strategic performance indicators, and wider sources of assurance providing a coherent and transparent basis for strategic performance oversight and scrutiny. Roles, ownership, and reporting expectations have been defined, and the approach is consistent with recognised public-sector good practice in performance management and governance. While the framework itself is robust and fit for purpose, full assurance over its effectiveness will be dependent on successful implementation, the quality and maturity of underlying data, and consistent use of performance information to inform decision making and scrutiny over time.	
8	Appendices/Further Reading		
8.1	Appendix A: Performance Management Framework 2025–2028 (pdf)		
8.2	Appendix B: Strategic Deliverables – Evidence for Success		
Prepared by:		C Fitzpatrick, Business Intelligence and Data Services Manager and R Whetton, Head of Governance and Compliance	
Sponsored by:		M McAteer, Director of Governance, Strategy and Change	
Presented by:		R Whetton, Head of Governance and Compliance	
Links to Strategy and Corporate Values			
This paper directly supports delivery of the SFRS Strategy 2025–2028 by strengthening the way in which strategic intent, delivery activity, performance information, and assurance are aligned and scrutinised. The PMF provides a clear and transparent mechanism for evidencing progress against strategic objectives, supporting informed decision making and accountability at all levels of the organisation. In doing so, the work reflects the Service’s Corporate Values by promoting openness, integrity, collaboration, and a commitment to continuous improvement through the effective use of evidence and insight.			
Governance Route for Report		Meeting Date	Report Classification/ Comments
Strategic Leadership Team		22/04/2026	For Recommendation
SFRS Board		30/04/2026	For Decision
			Meeting Approvals/ Outcomes
			Recommended for Approval

SCOTTISH FIRE AND RESCUE SERVICE

PERFORMANCE MANAGEMENT FRAMEWORK





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1. Introduction



Our 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.

The PMF also provides the SFRS Board with relevant information on our performance to support their role in scrutinising the Service and accounting to the people of Scotland for how we perform in delivering the objectives, outcomes, and deliverables of the SFRS Strategy.

It describes the processes we use and the tools available to support us in achieving the priorities set by Scottish Ministers in the [Fire and Rescue Framework for Scotland 2022](#) and the five strategic objectives set out in our [SFRS Strategy](#).

As well as driving the reporting of performance data and supporting the development and use of Key Performance Indicators, we intend the Framework to be a practical tool for staff that promotes understanding, engagement and accountability

in relation to organisational performance. The Framework aims to help us to work together to:

- deliver against the SFRS Strategy through its strategic objectives, outcomes, and deliverables.
- better understand the demands which are driving our services.
- guide evidence-led decisions about what we need to do to keep improving.
- achieve continuous improvement through better understanding.
- be open and transparent in how we are performing.

The PMF is reviewed regularly to ensure the measures we have identified and the targets we have set remain relevant. This informs evidence-led decision making and communicates performance against changing operating landscapes. Additionally, when a revised SFRS Strategy is published, a formal review of the PMF is instigated to ensure full alignment with any strategic objectives set.

The Framework also supports how managers assess and improve performance throughout the Service on an ongoing basis.



2. Performance Management in Scotland

We have a duty to work with other public services to contribute to the Scottish Government's (SG) Purpose, as set out in the National Performance Framework (NPF), and the aims set out within the Vision for Justice in Scotland.

In addition the Fire and Rescue Framework for Scotland 2022 sets out SG's expectations of the SFRS. The Framework provides SFRS with strategic priorities and objectives, together with guidance on how the delivery of its functions should contribute to SG's purpose. The Framework also defines the SFRS organisational purpose as:

"To work in partnership with communities and with others in the public, private and third sectors on prevention, protection and response to improve the safety and well-being of people throughout Scotland."

Our Service Strategy outlines five strategic objectives and supporting outcomes and deliverables that we aspire to achieve in meeting these expectations and requirements of SG. It further sets out our key commitments as an organisation for the next three years. Delivery against these commitments is tracked through our Three-Year Delivery Plan where specific actions are set out and reported to the SFRS Board and the Strategic Leadership Team (SLT). Further to this, each Directorate within SFRS has a delivery plan where its day-to-day objectives in support of the Strategy are managed and coordinated across the Service.

These strategic objectives, outcomes and deliverables complement the priorities of the Fire and Rescue Framework for Scotland 2022:

Safer Communities Through Prevention

Through our work with communities and other organisations, the safety and wellbeing of the people of Scotland improves.

Safe and Effective Response

We are an effective and trusted Fire and Rescue Service where our communities and people are safe.

Investing in our People

Our people feel valued and are supported by a culture that embraces diversity and inclusion, empowerment, and accountability.

Improving Performance

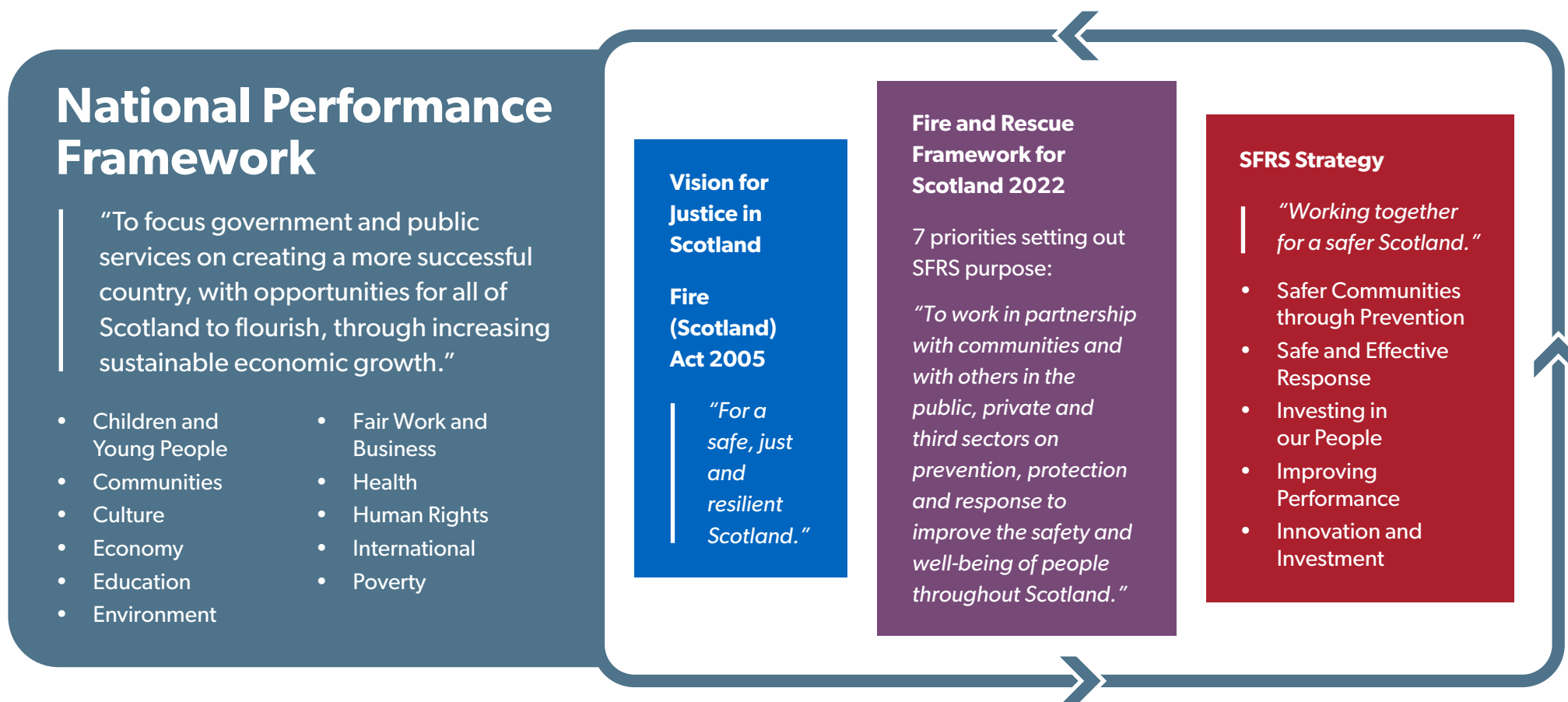
Our organisational performance, productivity and resilience continually improves.

Innovation and Investment

We are more innovative and achieve sustained investment in our technology, equipment, estate, and fleet, making us more effective and efficient.



Below we set out how our 'performance golden thread' connects the NPF through to the objectives of the SFRS Strategy:





3. Our Approach to Performance Management

Performance management is the systematic process that links all staff and teams across the Service to improve the effectiveness of SFRS in delivering our Purpose and Vision:

Our Purpose

“To work in partnership with communities and with others in the public, private and third sectors, on prevention, protection and response, to improve the safety and wellbeing of people throughout Scotland.” – Fire and Rescue Framework for Scotland 2022

Our Vision:

“To be a leading, sustainable, modern and technologically advanced fire and rescue service that is fit to meet the challenges of Scotland’s future.”

Our approach to performance management involves a continuous cycle of planning, monitoring, reviewing, reporting, and scrutinising performance.

In building our approach to performance management our specific aims for the Service are:

- **Strategic Alignment:** to ensure that all activities and outputs across Directorates and Functions are aligned with the Service’s objectives, outcomes and deliverables as set out in the SFRS Strategy.
- **Capability Building:** to ensure we focus on developing systems, structures, and cultures that support a performance and action-oriented culture.
- **Measurement and Evaluation:** to ensure we assess performance using robust data, relevant benchmarks, and appropriate measures and indicators, we have adopted a clear methodology for developing meaningful performance measures.
- **Continuous Improvement:** to ensure we learn, innovate and adapt so that the Service continues to improve, while regularly reviewing performance measures and indicators to ensure they remain relevant and useful for decision-making.

- **Accountability Frameworks:** to ensure we establish clear roles, responsibilities, and expectations at all levels of the Service in delivering on our strategic objectives, outcomes and deliverables and empower staff to break down any barriers to achieving success.
- **Feedback Loops:** to ensure we gather and analyse performance data to inform decision-making and resource allocation across the Service.
- **Corrective Actions:** to ensure under-performance is addressed through proportionate corrective action, informed by analysis of the underlying causes, including system, process, capacity, resourcing and people factors where required.

Our approach to selecting and defining performance measures and indicators is based on the ‘Practical Performance Measurement’ process and PuMP® Blueprint. PuMP® is defined as “a practical and engaging performance measurement approach to develop KPIs that meaningfully measure what matters to drive strategy execution.” A fuller explanation of this methodology is set out in [Appendix 1](#).



The table below explains the difference between performance measures and indicators:

	Performance Measure	Performance Indicator
What it tells you	The exact way to check if you're successful.	Provides an indication of directional change that requires more analysis to understand the reason for the change.
What it is	A number or fact you can collect and track.	A general improvement or goal .
Why it's useful	Gives clear and unambiguous evidence of performance against a specific value.	Gives us an indication of whether we are achieving the level of performance required.
Example	Number of people injured in fires each year per 100,000 people.	Fewer people being injured in fires.

We review our performance measures and indicators on an annual basis. Any substantive changes are subject to SFRS Board approval to ensure consistency and continuity in performance reporting. Where

a strategic result does not yet have a confirmed KPI – for example, where supporting frameworks, methodologies, or evidence bases are still in development - a placeholder will be recorded and

an appropriate KPI or alternative method of assurance will be proposed for SFRS Board approval once the necessary work is complete.

Each measure or indicator is designed to best demonstrate progress against our intended results. Where robust data is already available, it is used. Where no suitable data currently exists, we will establish appropriate data collection processes to ensure the measure is supported by reliable and consistent information. This iterative improvement process is intended to ensure that our PMF remains live to our needs in assessing our performance and supporting the effective scrutiny of the Service by the SFRS Board.

A performance dashboard lists each of our performance measures including those where we set an appropriate improvement target. Where there is no specific target set against a measure, we actively track performance against it to help ensure our expectations for improvement are still achieved.



4. Additional Sources of Assurance

- ▶ Governance Route
- Date / Frequency

In addition to using quantitative performance measures and indicators we also seek to build our understanding of our performance achievements through additional assurance mechanisms. This additional layer of assurance is built up from a wide range of reports and action plans that track performance against the key policies and activities we undertake in delivering against our strategic objectives, outcomes, and deliverables.

This more qualitative source of information is of equal value to our quantitative performance data. It allows us to demonstrate in more depth our achievements and improvements in meeting our strategic objectives, outcomes and deliverables. This is a key source of information that supports the active scrutiny of our performance by the SFRS Board and the Strategic Leadership Team. As with our performance measures and indicators, we also seek to improve the information contained within these reports and action plans over time to ensure their ongoing relevance to demonstrating our performance and in supporting effective scrutiny of the performance of the Service.

Safer Communities through Prevention

SFRS Working in Partnership Report

- ▶ SMB / SLT / SFRS Board
- August (Annually)

SFRS Prevention Strategy

- ▶ SLT / SDC / SFRS Board
- Every Three Years

Grenfell Recommendations and Action Plan

- ▶ SLT / SDC / SFRS Board
- As requested

Community Safety Engagement Evaluation Reports (Functional)

- ▶ Line Manager / LSO MT
- Ongoing

Official Statistics

- ▶ Published on SFRS website at:
www.firescotland.gov.uk/about/statistics
- August / October (Annually)



- ▶ Governance Route
- Date / Frequency

Safe and Effective Response

Clinical Governance Annual Report

- ▶ SDC
- August (Annually)

Operational Assurance System Reports (OARRS)

- ▶ SASG / OLG / Relevant Committee
- Monthly Reports

ESMCP/ IVS Project Update

- ▶ Project B / Programme B / CPPG
- Monthly

New Mobilising System Project Update

- ▶ Project B / Programme B / CPPG
- Monthly

Rostering Project Update

- ▶ Project B / Programme B / CPPG
- Monthly

Demand Based Duty System Project Update

- ▶ Project B / Programme B / CPPG
- Monthly

Training Performance Report

- ▶ PC
- Quarterly

Training Continuous Improvement Programme Update

- ▶ PC
- Quarterly

Training Policy Review Schedule

- ▶ PC
- Quarterly

Training Function Vision and Strategy

- ▶ SLT / PC / SFRS Board
- Every Five Years

Operations Strategy

- ▶ SLT / SDC/ SFRS Board
- Every Ten Years

Official Statistics

- ▶ Published on SFRS website at: www.firescotland.gov.uk/about/statistics
- August / October (Annually)



- ▶ Governance Route
○ Date / Frequency

Improving Performance

Resource Budget Approach

- ▶ SLT / SFRS Board
- January / February (Annually)

Resource Budget

- ▶ SLT / SFRS Board
- March (Annually)

Capital Programme

- ▶ SLT / SFRS Board
- March (Annually)

SFRS Three-Year Delivery Plan

- ▶ SMB / SLT / SFRS Board
- March (Annually)

Performance Management Framework

- ▶ SLT / Relevant Committees / SFRS Board
- March (Annually)

Resource Budget Outturn Report

- ▶ SLT / SFRS Board
- April (Annually)

Capital Budget Outturn Report

- ▶ SLT / SFRS Board
- April (Annually)

Internal Audit Annual Plan

- ▶ ARAC / SFRS Board
- April (Annually)

External Audit Annual Plan

- ▶ ARAC / SFRS Board
- April (Annually)

Annual Governance Review of Board & Committee Related Items

- ▶ SFRS Board
- April (Annually)

Annual Governance Statement *

- ▶ SMB / SLT / ARAC
- June (Annually)

Annual Performance Review Report

- ▶ SMB / SLT / SFRS Board
- June (Annually)

* Annual Governance Statement includes Certificates of Assurance and Internal Control Review Report



- ▶ Governance Route
○ Date / Frequency

Improving Performance

Debt Write Off Report

- ▶ SFRS Board
○ June (Annually)

Arrangements for Reviewing Effectiveness of the Board

- ▶ SFRS Board
○ June (Annually)

Data Compliance Report

- ▶ ARAC
○ June (Annually)

Annual Procurement Report

- ▶ SLT / SFRS Board
○ August (Annually)

Annual Report and Accounts

- ▶ ARAC / SFRS Board
○ October (Annually)

SFRS Complaints Annual Report

- ▶ SMB / SDC
○ November (Annually)

SFRS Compliments Annual Report

- ▶ SMB / SDC
○ November (Annually)

Cyber Security Pen Testing

- ▶ FMT / SLT / SDC
○ November/ December (Annually)

Portfolio Office Risk & Finance Reports

- ▶ CPPG / CPIG/ SPCC
○ March (Annually)

Resource Budget Outturn Report

- ▶ SLT / SFRS Board
○ April (Annually)

Capital Budget Outturn Report

- ▶ SLT / SFRS Board
○ April (Annually)

Internal Audit Annual Plan

- ▶ ARAC / SFRS Board
○ April (Annually)

External Audit Annual Plan

- ▶ ARAC / SFRS Board
○ April (Annually)

Portfolio Office Progress Report

- ▶ SFRS Board
○ April (Annually)

Programme / Project Highlight Reports

- ▶ SMB / SLT / ARAC
○ June (Annually)

Three-Year Delivery Plan Progress Updates

- ▶ SMB / SLT / SFRS Board
○ June (Annually)



- ▶ Governance Route
- Date / Frequency

Improving Performance

Capital Budget Monitoring Report

- ▶ SLT / SFRS Board
- Quarterly

Resource Budget Monitoring Report

- ▶ SLT / SFRS Board
- Quarterly

National Fraud Report

- ▶ SMB / ARAC
- Quarterly

Internal Audit Progress Reports

- ▶ SMB / SLT / ARAC
- Quarterly

Gifts, Hospitality & Interest Register Update

- ▶ SMB / ARAC
- Quarterly

Risk Management Policy & Framework Update Report

- ▶ All Exec. Boards & Committees
- Quarterly

HMFSI Action Plan Updates

- ▶ SMB / Relevant Committee
- Quarterly

SFRS Digital, Data & Technology Strategy

- ▶ SMB / SLT / SFRS Board
- Every Three Years

SFRS Strategy

- ▶ SLT / SFRS Board
- Every Three Years

Long-Term Financial Strategy

- ▶ SLT / ARAC / SFRS Board
- Every Ten Years

Medium-Term Financial Strategy

- ▶ Functional Use
- Live document

Official Statistics

- ▶ Published on SFRS website at:
[www.firescotland.gov.uk/
about/statistics](http://www.firescotland.gov.uk/about/statistics)
- August / October (Annually)



- ▶ Governance Route
- Date / Frequency

Investing in our People

SFRS Mainstreaming Report

- ▶ SMB / SLT / SFRS Board
- March (Annually)

Equal Pay and Gender Gap Report

- ▶ SMB / SLT / SFRS Board
- March (Annually)

Corporate Parenting Plan

- ▶ PC / SFRS Board
- April (Annually)

SFRS Learning and Development Annual Update

- ▶ SMB / PC
- June (Annually)

Safety and Assurance Annual Report

- ▶ SLT / PC / SFRS Board
- August (Annually)

Clinical Governance Annual Report

- ▶ SDC
- August (Annually)

People Performance Report

- ▶ SLT / PC
- Quarterly

Contaminants Update

- ▶ PC
- Quarterly

Training Performance Report

- ▶ SLT / PC / SFRS Board
- Quarterly

Training Continuous Improvement Programme Update

- ▶ SLT / ARAC / SFRS Board
- Quarterly

Gaelic Language Plan

- ▶ Functional Use
- Live document

Safety and Assurance Strategy

- ▶ Published on SFRS website at:
www.firescotland.gov.uk/media/mkc2tkz/safety-and-assurance-strategy-2022-2026.pdf
- August / October (Annually)

Training Function Vision and Strategy

- ▶ SLT / PC / SFRS Board
- Every Five Years

Official Statistics

- ▶ Published on SFRS website at:
www.firescotland.gov.uk/about/statistics
- August / October (Annually)



- ▶ Governance Route
- Date / Frequency

Innovation and Investment

SFRS Working in Partnership Report

- ▶ SMB/ SLT / SFRS Board
- August (Annually)

Strategic Asset Management Plan

- ▶ SDC / SFRS Board
- October (Annually)

Sustainability Report (Annual Report & Accounts)

- ▶ ARAC / SFRS Board
- October (Annually)

People, Payroll, Finance Project Update

- ▶ Project B / CPPG
- Monthly

Contaminants Implementation Plan

- ▶ PC
- Quarterly

Waste Management Strategy

- ▶ SLT / SFRS Board
- Every Three Years

Carbon Management Plan

- ▶ SLT / SFRS Board
- Every Three Years

Climate Change Response Plan

- ▶ SLT / SFRS Board
- Runs to 2045

Biodiversity Action Plan

- ▶ SLT / SFRS Board
- Every Five Years

SFRS Digital, Data & Technology Strategy

- ▶ SMB / SLT / SFRS Board
- Every Five Years

SFRS Research, Development & Innovation Strategy

- ▶ SMB / SLT
- Every Five Years

Energy and Carbon Strategy

- ▶ SLT / SFRS Board
- Every Ten Years

Operations Strategy

- ▶ SLT / SDC / SFRS Board
- Every Ten Years



5. Internal and External Scrutiny and Assessment

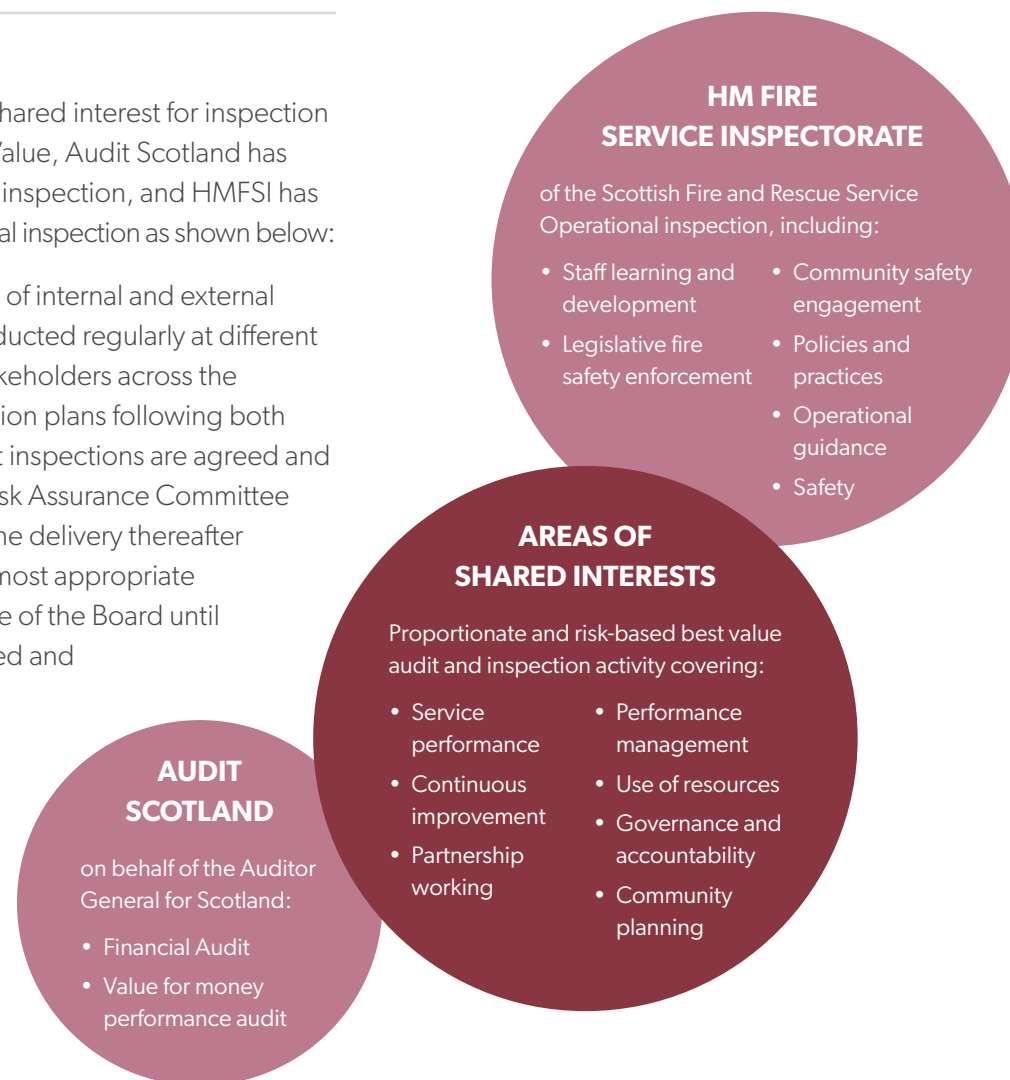
Our internal audit arrangements aim to provide assurance over risk management controls and governance processes. They are provided by an independent audit service through an annual audit plan that is reported against directly to the Audit and Risk Assurance Committee and the Chief Officer (as Accountable Officer).

Similar audit programmes are undertaken by our Health, Safety and Assurance Teams to review our activity and standards. These are intended to identify strengths, areas for improvement, risks, and opportunities to ensure integration into our planning and performance arrangements. The outcomes of these are reported to a relevant Executive Board and subsequently to the appropriate Non-Executive Committee of the Board.

External inspection and scrutiny are primarily undertaken by HM Fire Service Inspectorate in Scotland (HMFSI), and by Audit Scotland on behalf of the Auditor General for Scotland.

Whilst there are areas of shared interest for inspection of issues relating to Best Value, Audit Scotland has responsibility for financial inspection, and HMFSI has responsibility for operational inspection as shown below:

Monitoring and reporting of internal and external audit performance is conducted regularly at different levels and by different stakeholders across the Service. Management action plans following both external and internal audit inspections are agreed and noted by the Audit and Risk Assurance Committee with detailed scrutiny of the delivery thereafter being conducted by the most appropriate Non-Executive Committee of the Board until an action plan is completed and closed. This ensures an appropriate level of scrutiny and challenge is applied to further encourage accountability and help develop a more pro-active performance culture.



6. Enhancing our Performance Management Culture



The successful delivery of the SFRS Strategy relies on achieving a healthy performance management culture. This means embedding habits and expectations that value clarity, curiosity, accountability, learning and improvement throughout the Service. SFRS works to enrich a performance culture where:

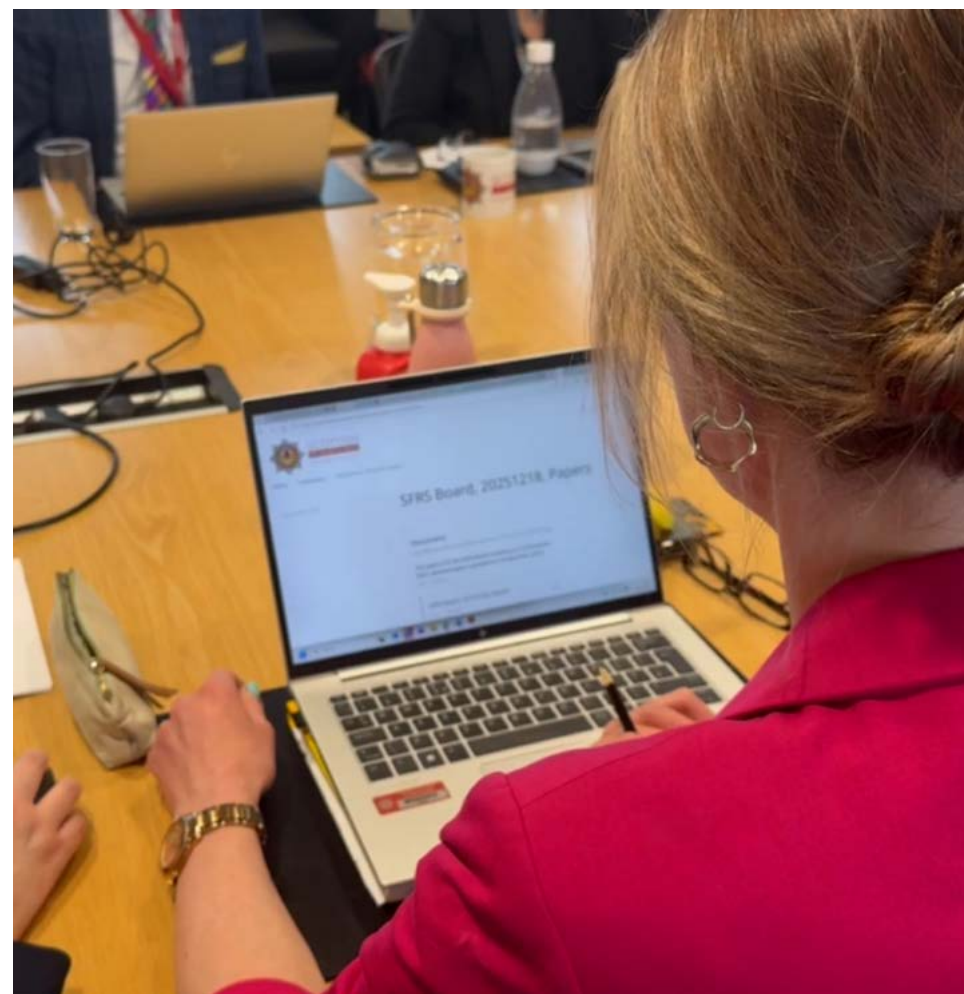
- Performance data and information is used not just to report activity, but to inform and support decisions on how we can improve Service performance.
- Performance management is seen both as an individual and a collective responsibility.
- Learning and improvement are prioritised to ensure accountability in delivering our strategic objectives, outcomes, and deliverables.
- Leaders and managers at all levels of the Service develop an understanding of what will drive success in achieving our performance results.

Achieving this means our leaders and managers feel confident in using performance data and information to guide decisions, challenge constructively, and focus effort and attention where it matters most. In this way we drive meaningful performance improvements not just better reporting of our performance.

All leaders and managers within SFRS are expected to:

- Actively manage performance improvement in support of the delivery of SFRS objectives, outcomes, and deliverables.
- Gather evidence prior to decision-making to seek positive changes in performance.
- Monitor performance as changes are implemented and adapt where necessary as any impact of change in performance becomes clear.
- Report transparently on performance results to relevant management forums across the Service and where appropriate to the SFRS Board.
- Use the insights gained from managing performance to reflect on how services are delivered to ensure SFRS keeps evolving and adapting to meet new challenges as they arise.
- Collaborate with relevant colleagues across the Service to remove any barriers to performance improvement and ensure a common purpose drives our collective and individual actions.

By actively managing performance, using data and information to inform decisions and being open and transparent around how we are performing, we will deepen our culture of improvement. To support this, we will embed Improvement Forums across the Service that bring leaders and managers together to share insight, challenge, and support one another and build a common focus on how we can improve how SFRS operates in delivering its objectives, outcomes, and deliverables. These forums will also help build the skills and understandings leaders and managers need in undertaking their responsibilities by acting as learning and skill acquisition arenas.





7. Roles and Responsibilities



To support our approach to performance management and deliver the PMF, we have set out the roles and responsibilities that apply to all staff groups within the Service.

These roles are intended to ensure that everyone is clear on what they need to do in working to improve our overall performance.

SCOTTISH MINISTERS

Role	Responsibility	
Accountable to the Scottish Parliament and the public for the activities of the SFRS and its use of resources.	- Set priorities for the SFRS in the Fire and Rescue Framework for Scotland. - Approve the SFRS Strategic Plan (now entitled SFRS Strategy).	Agree the budget and associated grant-in-aid requirement to be paid to the SFRS.



SFRS BOARD MEMBERS

Role	Responsibility
• Collectively responsible for the long-term success of the Service. • Strategic role in setting Service vision, values, priorities and securing Best Value. • Hold the Strategic Leadership Team to account on high level performance and provide constructive challenge. • Review performance against the Fire and Rescue Framework for Scotland.	• Submit Strategic Plans to Scottish Ministers for approval. • Work in conjunction with the Strategic Leadership Team towards achieving the outcomes of the SFRS Strategy and secure Best Value. • Approve any steps needed to deal with wider changes which are likely to impact on delivery of the SFRS Strategy or attainment of operational targets. • Approve the annual accounts and ensuring Scottish Ministers are provided with the annual report and accounts to be laid before the Scottish Parliament.
	• Track and challenge progress against strategic objectives and performance measures and indicators. • Consider and approve changes proposed to measures and indicators. • Oversee sound risk management and internal control systems. • Direct specific reviews to take place to scrutinise decisions and agree alternative strategic proposals to help improvement.





SFRS STRATEGIC LEADERSHIP TEAM

Role	Responsibility
• Strategic role in setting and ensuring achievement of Service objectives, vision, and targets. • Holding Directorates to account on progress against objectives and performance measures and indicators. • Drive performance to achieve objectives and targets including taking corrective action where required.	• Prepare the SFRS Strategy for SFRS Board approval and advise members of progress. • Assure Annual Report and Accounts for onward submission to the SFRS Board. • Ensure timely forecasts and monitoring information on performance and finance are provided to the Scottish Government. • Prepare the SFRS Three-Year Delivery Plan to enable delivery of the SFRS Strategy and receive regular progress updates for scrutiny. • Lead the review and development of performance measures and indicators. • Work to ensure robust performance data is available to measure performance measures and indicators. • Track and challenge performance outcomes and direct corrective action to improve areas of poor performance. • Consider and propose steps needed to deal with wider changes which are likely to impact on delivery of the SFRS Strategy or attainment of operational targets. • Ensure SFRS adheres to Scottish Government's Programme and Project Management Principles. • Agree Portfolio Office programmes and receive reports for scrutiny on project performance. • Drive and celebrate good performance and ensure good practice is shared throughout the organisation. • Ensure arrangements are in place to track significant risks and direct action to manage emerging and escalating risks. • Direct and agree internal self-assessment and audit programmes and receive outcome reports. • Promote a positive performance culture.



SFRS DIRECTORS AND HEADS OF FUNCTION

Role	Responsibility
• Work with relevant Functions to manage performance within area of responsibility to support the achievement of outcomes and objectives. • Carry out the appraisal process to drive performance and provide performance feedback.	• As SMB membership comprises of all Heads of Function, they contribute to the collective scrutiny of performance, planning and delivery across the Service, incl. the identification of risks, dependancies and corrective actions to support effective delivery of strategic objectives. • Develop plans to align Functions with the strategic objectives of the SFRS Strategy and ensure performance measures, indicators and targets are proportionate and fit for purpose. • Develop a sound process of tracking performance and ensure action is taken to deal with areas of poor performance and risks as well as developing areas of good practice and innovation. • Celebrate good performance and ensure good practice is shared throughout the organisation. • Ensure all Functional staff understand their performance requirements across their relevant Function. • Benchmark performance across the relevant Function.





SFRS LOCAL SENIOR OFFICERS (LSOs)

Role	Responsibility
• Manage performance within an LSO area to support the achievement of the Service's objectives and locally aligned priorities. • Conduct the appraisal process to drive performance and provide performance feedback.	• Produce and submit to Local Authorities Local Fire and Rescue Plans for approval. • Produce performance monitoring reports in accordance with Local Authority requirements. • Lead Community Planning Partnership work to deliver improved local outcomes. • Ensure action is taken to deal with areas of poor performance and develop areas of good practice and innovation.

GROUP/STATION COMMANDERS AND FUNCTIONAL MANAGERS

Role	Responsibility
• Manage performance within their team area to support the achievement of the Service's objectives and in an operational context, locally aligned priorities. • Conduct the appraisal process to drive performance and provide performance feedback.	• Produce and submit team/ Functional plans for approval by their LSO or Head of Function. • Produce performance monitoring reports in accordance with Service requirements. • Maintain a focus to deliver improved outcomes for the people of Scotland. • Ensure action is taken to deal with areas of poor performance and develop areas of good practice and innovation.



INDIVIDUAL STAFF MEMBERS

Role	Responsibility	
Manage personal performance to support delivery of outcomes.	Maintain and improve performance.	Celebrate good performance and share good practice throughout the organisation.

BUSINESS INTELLIGENCE TEAM (BI TEAM)

Role	Responsibility	
- To support SFRS in developing an appropriate suite of Performance Measures and Indicators. - To produce on behalf of the SFRS Board, its Non-Executive Committees, Strategic Leadership Team and other Executive Boards and Functional Management Teams appropriate performance dashboards.	- Supporting the Strategic Leadership Team and Directorates in developing meaningful performance measures and indicators. - Ensuring Statistical Process Control (SPC) methods are applied effectively to performance measures and indicators. - Support evidence-based decision-making by providing insight and intelligence to teams.	- Collecting, analysing, and disseminating performance and management information across the organisation. - Supporting Heads of Function and data stewards in developing and implementing Data Quality Action Plans. - Signing off on data quality action plans, monitoring their delivery, and ensuring transparency for leaders on quality concerns.

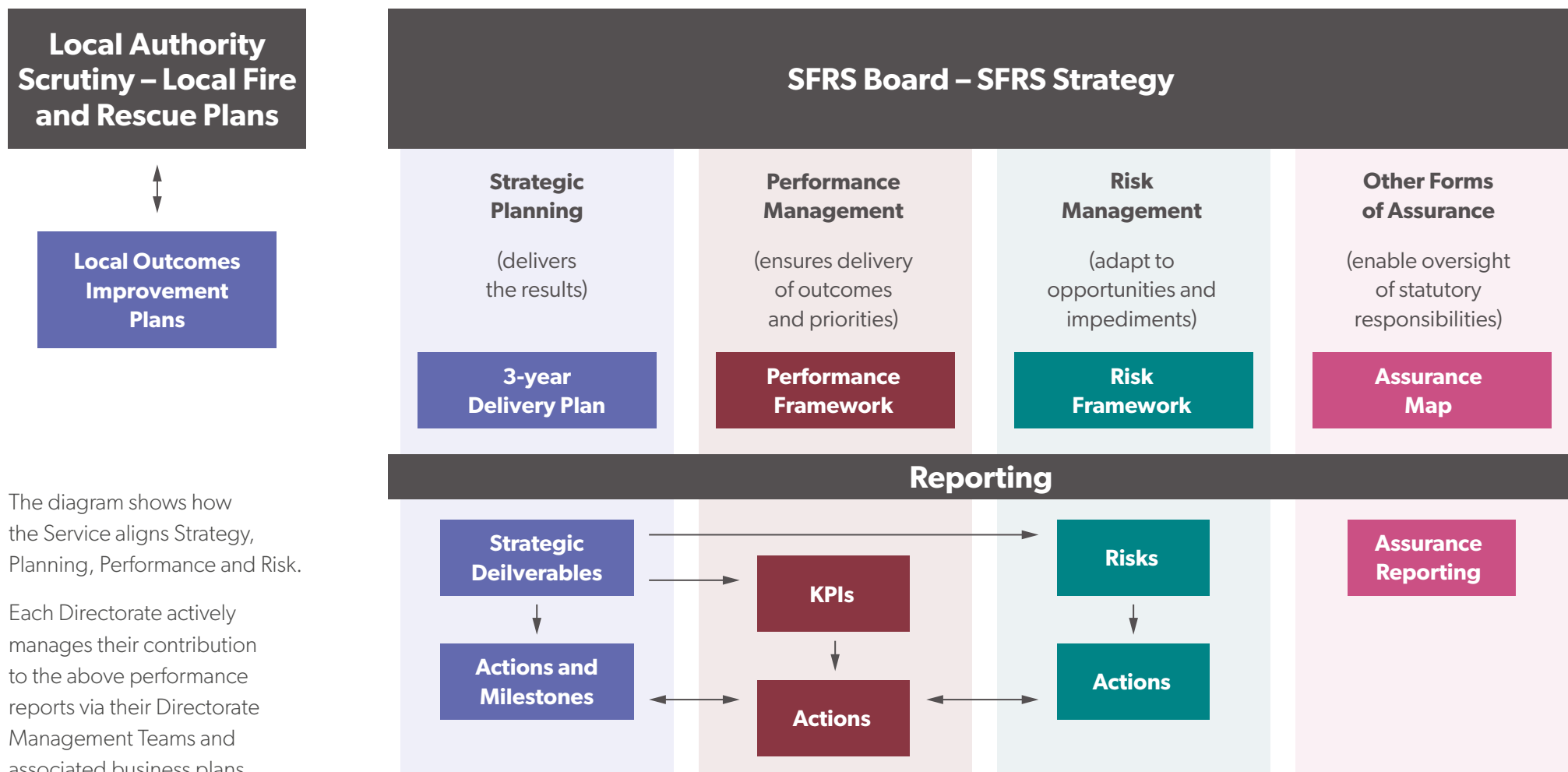


8. Alignment of Strategy, Planning, Performance and Risk

To ensure a cohesive approach, SFRS integrates Strategic Planning, Performance Management, and Risk Management within a structured framework:

- **Vision and Strategy:** The SFRS Board approves the SFRS Strategy, which aims to deliver the Service's Vision, and the actions that will be conducted to deliver our strategic objectives, outcomes, and deliverables.
- **SFRS Strategy:** The **Plan-Do-Study-Act (PDSA)** cycle is used to guide strategic planning and operational improvements in an evidence-based approach. As with this PMF, the SFRS Three-year Delivery Plan, in which the actions to achieve our objectives, outcomes and deliverables are realised is dynamically maintained to reflect current circumstances and the lessons of the 'Study' stage of the process.
- **Risk Management:** Organisational risks are routinely evaluated and managed in accordance with the **SFRS Risk Management Policy and Framework**, ensuring that risks align with corporate priorities and inform decision-making.
- **Performance Management:** The **PuMP® methodology** ensures that performance measures and indicators are measurable, relevant, and dynamically re-evaluated as actions are successfully delivered to meet our strategic objectives, outcomes and deliverables, and our Strategy evolves over time.







9. Using Performance Information



Commanders and managers across SFRS will regularly review performance independently of the formal governance process.

Internal management improvement forums provide a key opportunity for commanders and managers to provide more in-depth explanation of the performance levels being achieved, help build a mutual understanding of what is driving success and support leadership decision making on resources, priorities and enable improved cross-departmental working.

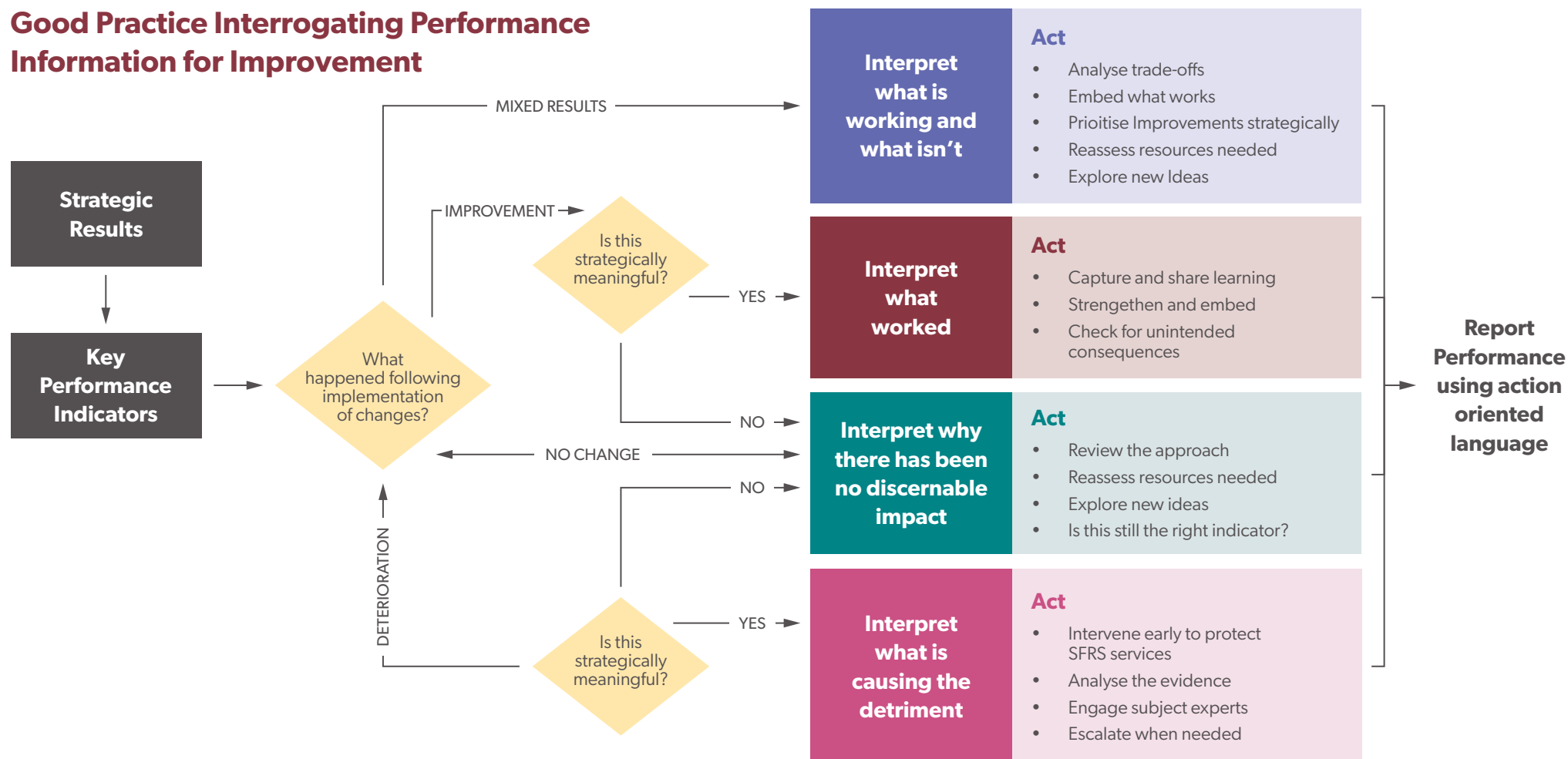
Part of the improvement process is understanding what drives change in the data and information we gather on our performance. It is essential to understand the variability in the data we gather and distinguish between normal variation in data from those factors that are beyond control of the Service. For example, the rates of accidental fires vary across the calendar year and are impacted by prevailing weather patterns. The change over time that such factors can bring to data patterns needs to be accounted for and separated from factors that drive or hinder our success in achieving strategic objectives, outcomes, and deliverables.

To aid our collective understanding of this, the Service uses Statistical Process Control charts. These charts allow us to monitor an improvement process or set of interventions and identify when there is unusual variation in the data. Tracking data over time and applying such statistical rules, helps distinguish between normal, inherent variation and variation caused by specific, identifiable factors (special causes). This allows us to take more targeted actions to improve our performance by either addressing the special causes or understanding the impact of implemented changes.

When scrutinising performance measures and indicators we are looking for points moving in the anticipated direction. This emerging trend demonstrates evidence that we are building momentum for improvement. Where movement in the data goes against our anticipated direction, early intervention is needed to protect the existing level of service or maintain our anticipated level of improvement. The following logic diagram describes good practice in how information and data should be interrogated to aid understanding of performance improvement:



Good Practice Interrogating Performance Information for Improvement





10. Reporting

Our performance management reporting process continues to be developed to align planning, performance indicators and measures, and risks to the strategic objectives and outcomes outlined within the SFRS Strategy.

Planning

The SFRS Strategy will be delivered through the SFRS Three-Year Delivery Plan. This is a rolling planning document that details how we will deliver these priorities over the duration of the Strategy. It contains the most important activities that are required each year to deliver our ambitions. As it sets the direction for all other work plans, progress of the Three-Year Delivery Plan is closely scrutinised by the SFRS every quarter.

Our delivery plan provides us with flexibility, allowing us to adapt our plans should unforeseen challenges arise. The Board must approve any additions or changes. This ensures that the actions contained within it remain the top priorities for the Service.

Internally, we report our performance to Executive and Non-Executive Boards and Committees on a quarterly basis through our Three-Year Delivery Plan Update Reports and our Quarterly Performance Dashboards. These reports provide progress updates on our detailed delivery plans and targets.

More details of our annual progress are also made available via our Annual Performance Review Reports, Annual Report and Accounts and our Official Statistics.

Performance Indicators and Measures

Progress against our performance measures and indicators are reported directly to the SFRS Board, its supporting Non-Executive Committees, and the Strategic Leadership Team and Senior Management Board.

At the Non-Executive Committees of the Board, further information and analysis is presented on the measures and indicators relevant to that Committee's remit.

Risk Management

The most significant risks identified by the SFRS are reported through Directorate risk registers, with additional information identified through Project risk registers. Prioritisation of each risk is undertaken in line with the SFRS's risk assessment matrix, with guidance provided to staff around probability and likelihood ratings.

Individual meetings with SFRS Board Members and the Strategic Leadership Team have shaped the Register, increasing awareness and ownership of risk across the SFRS.

Risk update reports are provided quarterly to the Audit and Risk Assurance Committee, all other Non-Executive Committees and Executive Boards highlighting the Services most significant risks, their current status, direction of travel, and where relevant whether exposure is within or outwith the Service's agreed risk appetite.

As a public service body that is committed to transparent reporting, the same reports for planning, performance indicators and measures, and risk are widely available on the SFRS website at: www.firescotland.gov.uk.



Appendix 1: SFRS Approach To Defining, Setting, and Changing Performance Measures and Indicators

Defining Performance Indicators

Performance and management information serve distinct but complementary purposes in supporting performance improvement. This section defines the structure, purpose, and methodology behind our use of performance measures and indicators and management information to support decision-making at all levels.

Management Information

Management information provides:

- **Routine Operational Data:** Used to monitor day-to-day activities and identify emerging trends.
- **Supplementary Business Intelligence:** Contextual data that informs tactical and operational decision-making.

- **Governance and Assurance Reporting:** Data collected to support compliance, risk management, and regulatory requirements.

Management information may be relevant to any form of activity across the Service which requires to be monitored closely. It is selected for statistical reporting and scrutiny to provide meaningful context, and supplements formal performance reporting. It is routinely provided for SFRS meetings including the SFRS Board. Further management information is provided in the form of spotlight reporting, evidence for papers, and through other assurance mechanisms.

Performance Measures and Indicators

Performance measures and indicators are a small subset of the management information we have available. They are used to assess the Service's effectiveness in achieving our strategic objectives, outcomes, and deliverables by monitoring the impact of key activities and decisions. Designing clear performance

measures and indicators, shows our efforts translated into meaningful improvements, and lets us amend our approach where improvements are not being realised.

Many of the performance measures and indicators within the Service are managed and used by individual teams or Functional areas within SFRS. In this case, they are used in internal reports to meet the Team/Functional needs.

The more strategically relevant performance measures and indicators are selected to be 'Key Performance Indicators' (KPIs). These are reported to Non-Executive Boards and Committees, the Strategic Leadership Team and the SFRS Board on a quarterly basis.

The principles governing performance measurement which the Service follows include:

- **Alignment with Strategic Deliverables:** Performance measures and indicators are directly linked to the deliverables set in the SFRS Strategy.



- **Performance Management Process:** We follow a best practice methodology for performance management which matches results to our strategic objectives, outcomes, and deliverables. We continually re-evaluate the relevance of performance measures and indicators and refine our approach as plans are updated, this ensures we achieve the ambitions outlined within the SFRS Strategy.
- **Use of Statistical Process Control (SPC):** Where possible, performance trends are monitored using SPC techniques to differentiate between routine changes and those which are more significant and require intervention. Other formats may be used as time-series emerge.

The following table shows the difference between Performance Information and Management Information.

Aspect	Performance Information	Management Information
Purpose	Checks if we are achieving our big, long-term goals.	Helps managers make day-to-day decisions.
Focus	The bigger picture – what difference we are making over time.	Day-to-day activities and trends.
Measurement Approach	Use charts and graphs to track changes over time, spot trends, and compare specific points in time.	Use charts and tailored measures to look at details and answer specific questions.
Reporting Frequency	Reviewed every three months in formal meetings, with live access to the data at any time.	Reviewed every three months in formal meetings, plus more frequent (monthly or quarterly) reports for managers, with live access to the data at any time.
Governance	Scrutinised by the SFRS Board and specified by the Strategic Leadership Team.	Requested by the SFRS Board to provide additional information or used in internal reports to meet departmental needs.



Setting Performance Measures and Indicators

The PuMP® Performance Measure Blueprint





The Service has introduced the PuMP® methodology. Based on this our approach to selecting performance measures and indicators is now determined by:

- **Clarifying Strategic Intent:** We translate our published strategic objectives, outcomes, and deliverables into the individual results which we aim to achieve over the period of the SFRS Strategy. This ensures that we have a clear process for aligning our measures and activity, and for discussing the purpose of performance measures and indicators.
- **Designing Meaningful Measures:** We implement a structured process to define performance measures and indicators. Starting with our plans, we identify the real-world changes we expect to see to know we are being successful, then carefully design measures and indicators to quantify this.
- **Engaging the Right Stakeholders:** Performance measurement and indicator development involves the Strategic Leadership Team, Heads of Functions, subject matter experts, and analysts to ensure what we produce is relevant, practical and meets the needs of the Service in assessing our performance.
- **Managed at the Right Level:** Performance measures and indicators that are identified are classified as 'Strategic' or 'Key' when they are overseen by the SFRS Board, Non-Executive Committees of the Board and the Strategic Leadership Team, 'Directorate' when overseen by Directorate management teams, and 'Function' when Functional managers can ensure success.
- **Continuous Review and Refinement:** Performance measures and indicators are regularly assessed and adjusted as objectives, outcomes and deliverables evolve, strategic priorities adjust to changing circumstances, strategic priorities shift, and performance trends emerge.
- **Ensuring Data Integrity:** Data owners, the team/individual responsible for ensuring that a particular set of data is accurate, secure, and used properly, are expected to actively manage the quality of their data for the purpose of performance measures and indicators. Data quality action plans are the tool to ensure our statistics are reliable, accurate, and timely.

- **Relevant Targets:** Targets are set where appropriate to what we are seeking to achieve after reviewing baseline data and considering existing trends and variations in the data. They should be ambitious but achievable in the lifetime of the relevant strategy. While targets can be helpful, they are not the sole measure of success. Our aim is to achieve lasting improvements that move us in the right direction.

The following existing principles are further strengthened through adoption of the PuMP® approach:

- **A focus on continuous improvement:** the focus continues to be fixed on learning and improving through performance management.
- **Structured data management:** we continue to use our governance system to store performance measurement and indicator data and systems that create and send reports automatically with fewer manual processes.
- **SPC reports:** we continue to use Statistical Process Control charts as the primary visual for monitoring change over time.



- **Maintaining business contacts:** we have enriched the associated information about our KPIs so we know who to engage with and can report and analyse performance holistically.
- **Action-oriented narrative:** we continue to refine our existing approach to accompanying narrative; rather than providing narrative on each measure or indicator, this will instead be provided based on the business result intended. This ensures the focus is on driving improvement through business activity and allows us to use multiple measures or indicators when relevant.

Target Setting

Targets are set for performance measures and indicators where they are relevant for improvement purposes. Targets will be set after baseline data is reviewed and an understanding of existing trends and variations is achieved. Targets should reflect our ambition for progress over the lifetime of the relevant strategy, while remaining achievable.

While targets are useful in focusing effort, they are not the definition of success. What matters most is sustainable improvement in the right direction and maintaining high standards over time.

Process for targets:

- Targets are not set during performance measurement and indicator development. At that stage, we define the desired direction of change - whether to increase, decrease, or stabilise performance - but not the specific target.
- Executive governance supports the development of targets, with Non-Executive Board Committees supporting their scrutiny and discussion. This allows for an informed discussion based on real data, and a practical connection between those setting expectations and management's ability to deliver with available resourcing
- Targets should be SMART; Specific, Measurable, Achievable, Relevant, and Time-bound.

- Targets must not drive unintended behaviours or distort the value of performance measures and indicators. Care should be taken to ensure that setting a target does not reduce meaningfulness, accuracy, or learning.
- Sustained improvement toward strategic objectives, outcome and deliverables matters more than meeting targets.





Changing Performance Measures And Indicators

Performance measures and indicators are only relevant in relation to business changes. It is essential to continually re-evaluate the relevance of performance measures and indicators and refine our approach as strategies and plans are updated. This ensures we meet the needs of the Service and are transparent for SFRS Board.

The following rules apply:

- Any material changes to performance measures and indicators, and the associated strategic results, must be approved by the SLT and Board. To support the approval process, the proposed change may be provided alongside the existing report.
- Removing performance measures and indicators which are no longer useful should be agreed in the Non-Executive Board Committee session.
- Smaller changes to the language or definition are done at the discretion of the Business Intelligence Manager and should be explained in the relevant report cover papers.
- Executive Boards and Non-Executive Board Committees can request changes to regularly provided management information without an additional approval process. Viability will be assessed by the Business Intelligence team with a decision taken by the Business Intelligence Manager.
- Statistical decisions on statistical commentary, baselines and performance status are delegated to a working group of analysts, chaired by the Business Intelligence Team Manager, who will maintain documentation on business rules for this decision process.



Appendix 2: Acronyms



ARA:	Annual Report and Accounts	PC:	People Committee
ARAC:	Audit and Risk Assurance Committee	PDSA:	Plan-Do-Study-Act
ASA:	Annual Statement of Accounts	PI:	Performance Indicator
CPIG:	Change Portfolio Investment Group	PMF:	Performance Management Framework
CPPG:	Change Portfolio Progress Group	PuMP®:	Performance Measurement Process
FMT:	Finance Management Team	SASG:	Safety and Assurance Sub-Group
HMFSI:	His Majesty's Fire Service Inspectorate	SDC:	Service Delivery Committee
HoF:	Head of Function	SFRS:	Scottish Fire and Rescue Service
KPI:	Key Performance Indicator	SG:	Scottish Government
LA:	Local Authority	SLT:	Strategic Leadership Team
LSO:	Local Senior Officer	SMART:	Specific, Measurable, Achievable, Relevant, and Time-bound
MT:	Management Team	SMB:	Senior Management Board
NPF:	National Performance Framework	SPC:	Statistical Process Control
OARRS:	Operational Assurance Recording and Reporting System	SPCC:	Strategic Planning and Change Committee
OLG:	Organisational Learning Group		



firescotland.gov.uk

SFRS Performance
Management Framework

Version 1.0
March 2026

Strategic deliverables - evidence for success - SFRS Strategy 2025-28

Safer Communities through Prevention

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
1.1 - Investment in new and enhanced data-led prevention interventions which achieve the impacts we, and our partners, wish to see.	Prevention	SDC	Strategic Time Spent on Community Safety Work ADF Fatalities Fatal Casualties (Non-Interagency) Hospitalised Casualties (Non-Interagency) Life Risk Incidents (Non-Interagency) Directorate/Management¹ Community Safety Activities ADF Hospitalised Casualties ADF Hospitalised Casualties who were Rescued by FRS Community Safety Activities No. of Home Fire Safety Visits No. of Referrals In No. of Referrals Out	CHES Pilot - Working with North Ayrshire, South Lanarkshire and Aberdeen City LSO areas, involved in the national Collaboration for Health Equity in Scotland (CHES) pilot, we will explore and develop Prevention initiatives that deliver community safety benefits in these areas. Public Service Reform - Review the Scottish Government Public Service Reform Strategy, due for publication in June 2025, and identify SFRS priority action areas.	Committee Report Service Delivery Update Draft Prevention Strategy Quarterly Performance Report Board Report Prevention Strategy SFRS Working in Partnership Report Annual Performance Review Three-year Delivery Plan Progress Update PMF Quarterly Performance Report
1.2 - We will contribute expert insights to help shape the development of national policy areas, specifically those that include resilience, fire safety and prevention.	Prevention	SDC	Strategic Time Spent on Community Safety Work Directorate/Management¹ % of Qualified Auditors against TOM % of Qualified Fire Engineers against TOM	Influencing Fire Legislation - Working with Scottish Government, National Fire Chiefs Council and partners we will proactively influence fire safety legislation to improve community safety outcomes.	Committee Report Draft Prevention Strategy Grenfell Report Update Quarterly Performance Report Service Delivery Update Board Report Prevention Strategy SFRS Working in Partnership Report Annual Performance Review Three-year Delivery Plan Progress Update PMF Quarterly Performance Report
1.3 - Improved evaluation of our prevention interventions will enhance how we and our partners work to prevent harm.	Prevention	SDC		Influencing Fire Legislation - Working with Scottish Government, National Fire Chiefs Council and partners we will proactively influence fire safety legislation to improve community safety outcomes. Evaluation of Prevention - Engaging with partners and academic institutions we will develop our evaluation abilities to support further data and risk led Prevention initiatives.	Committee Report Committee Statement of Assurance Draft Prevention Strategy Board Report Prevention Strategy SFRS Working in Partnership Report
1.4 - Our approach to fire prevention and enforcement will be revised through the implementation of findings from major incident reviews such as the Grenfell Tower Inquiry Reports.	Prevention	SDC	Directorate/Management¹ % of Qualified Auditors against TOM % of Qualified Fire Engineers against TOM	Influencing Fire Legislation - Working with Scottish Government, National Fire Chiefs Council and partners we will proactively influence fire safety legislation to improve community safety outcomes.	Committee Report Grenfell Report Update HMFSI Inspection Action Plans Update Board Report Safety And Assurance Annual Report

¹ **Directorate/Management** – These indicators DO NOT form part of the Board Performance Reporting

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
1.5 - Our preparedness will be increased to enable us to support communities to be better prepared to meet the challenges of major incidents and support ongoing community safety.	Prevention	SDC	Strategic % Business Continuity Plans Current and Tested Directorate/Management¹ Inter-agency Incidents Operational Assurance Debriefs No. of new volunteers enrolled on Community Asset Register No. of priority plans exercise % of exercises where volunteers from CAR have been utilised No. of high-risk premises added to the OI system No. of MASIM Trained No. of community resilience sessions delivered	MORRD - Develop change options that optimise Matching Operational Resource to Risk and Demand (MORRD) ambition.	Committee Report Service Delivery Update Quarterly Performance report Draft Prevention Strategy Board Report Prevention Strategy PMF quarterly Performance Report
	Prevention	SDC	Strategic Time Spent on Community Safety Work Directorate/Management¹ Building Regulations (time target too)	CHES Pilot - Working with North Ayrshire, South Lanarkshire and Aberdeen City LSO areas, involved in the national Collaboration for Health Equity in Scotland (CHES) pilot, we will explore and develop Prevention initiatives that deliver community safety benefits in these areas. Public Service Reform - Review the Scottish Government Public Service Reform Strategy, due for publication in June 2025, and identify SFRS priority action areas.	Committee Report Service delivery Update Quarterly Performance Report Board Report Prevention Strategy PMF Quarterly Performance Report SFRS Working in Partnership Report

Safe and Effective Response

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
2.1 - Firefighters will receive high-quality training in line with our Training Strategy 2023-28, to maintain and develop their competencies.	Training / Operational Delivery / Asset Management	PC	Strategic Training - Formal Qualification Currency Rate Training Module Completion Rate (TFOC) Directorate/Management¹ Non-Conformities in ISO Assessment Training Course Delivery - Candidate Satisfaction %	TSA Restructure - Develop and introduce a revised structure to support the principles of Training Assurance, enhancing the current provision through closer functional operating principles. Assurance Roles - Embed learning and assurance responsibilities into key roles.	Committee Report Quarterly Training Function Update and Performance Report Training Continuous Improvement Programme Update Report Quarterly Safety and Assurance Performance Report Board Report Safety and Assurance Annual Report PMF Quarterly Performance Report
2.2 - Our workforce, technology, stations and vehicles will be strategically located to respond to community risk and need.	Asset Management / Digital and Technology Services / Operational Delivery	SDC / SPCC / ARAC	Strategic % Stations Good or Satisfactory Condition % Stations Good or Satisfactory Suitability Stations with RAAC Roofing % Light Fleet Less than 7 Years Old % Medium & Heavy Fleet Less than 15 Years Old % On Call 1st Appliance Availability % Wholetime Availability Training - Formal Qualification Currency Rate	MORRD - Develop change options that optimise Matching Operational Resource to Risk and Demand (MORRD) ambition. SSRP Consultation - Complete a Service Delivery Review Public Consultation process and finalise options for change by end of December 2025. Specialist Appliance Review - Introduce a future model for specialist operational response capabilities that align with the National Fire Resilience programme.	Committee Report Service Delivery Update Quarterly SDC Performance Report ARAC Quarterly Performance Report Training Function Update and Performance Report Quarterly People Performance Report Board Report Resource Budget Capital Programme Capital Budget Monitoring Report Resource Budget Monitoring Report PMF Quarterly Performance Report
2.3 - New and different ways of working will be explored to maximise effective and productive worktime.	Portfolio Office / Operational Delivery	SPCC / SDC	Strategic Time Spent on Community Safety Work Time Spent Training for Watch Based Personnel	On-Call Improvement - Deliver key On Call Year 1 Improvement Programme recommendations. Alternative Delivery Models - Prepare for and commence Alternative Duty Systems and/or Crewing Models.	Committee Report On Call Improvement Programme Progress Report Portfolio Summary Report Board Report Service Delivery review reports
2.4 - New operating delivery models to maximise organisational effectiveness will be examined.	Operational Delivery	SDC	Strategic % On Call 1st Appliance Availability Stations with Alternative Duty Systems Directorate/Management¹ On-Call Headcount	Alternative Delivery Models - Prepare for and commence Alternative Duty Systems and/or Crewing Models. Specialist Appliance Review - Introduce a future model for specialist operational response capabilities that align with the National Fire Resilience programme.	Committee Report Quarterly SDC performance Report Board Report Service Delivery Review
2.5 - New systems and technologies to enable more effective and productive incident response capabilities will be introduced.	Digital and Technology Services / Portfolio Office /	SPCC	Strategic % Appliances with both CF33 and R5 installs DaTS - Process Automations Requested Accidents and Injuries at Operational Incidents	CivTech Approval - Seek approval for commencement of CivTech Project pre-commercial agreement phase. CivTech Development - Commence CivTech projects to precommercial phase development.	Committee Report Programme Project Highlight Report Board Report

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
	Operational Delivery		Directorate/Management¹ DaTS Automations Deployed (Mendix, Nintex & Boomi) Dynamic Mobilising Queries through OC Gateway OC Equipment Faults Logged	NMS - Implement and integrate the new Command and Control System Enabling Infrastructure - Develop the Enabling Infrastructure programme and commence the planning and implementation to deliver tangible benefits to SFRS. BA Renewal - Develop and secure business case approval to commence work to renew the Self-Contained Breathing Apparatus (SCBA) equipment In-Vehicle Systems - Replacement of in-vehicle devices and implementation of new OI system. ESMCP - Transition SFRS from Airwave to the Emergency Services Network (ESN) part of Emergency Services Mobile Communication Programme. Rostering Project - Deliver a suite of systems to solutionise our rostering, availability and payroll functionality.	Quarterly Performance report Performance Management Framework Annual Report New Mobilising System Update CivTech Update Reports
2.6 - Organisational learning from operational incidents, training events and event investigations will influence future practice, enhance performance and improve firefighter safety.	Safety and Assurance	PC / ARAC	Strategic Accidents and Injuries Audit Action Plan Overdue Actions Directorate/Management¹ Operational Assurance Debriefs	Assurance Roles - Embed learning and assurance responsibilities into key roles. TSA Restructure - Develop and introduce a revised structure to support the principles of Training Assurance, enhancing the current provision through closer functional operating principles.	Committee Report SFRS Progress Update/Management Response – Internal Audit Recommendations Safety and Assurance Performance Report Committee Statement of Assurance Board Report Annual Assurance Statement Safety and Assurance Annual Report

Investing in our People

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
3.1 - We will put health, safety and wellbeing at the forefront across the Service.	Safety and Assurance	PC	Strategic % Health and Safety Improvement Plan Actions Completed in Year Health and Safety Events HSW - Regulatory Enforcement Notices Staff Absence Rate Directorate/Management¹ Mandatory Training Module Completion Rate % Formal Meetings with Safety on Agenda Safety Culture Survey - % Positive Perception % Return Rate of Post Incident Survey Health and Wellbeing Events - Internal and External Wellbeing Workshop Number of Internal Attendees	H&W Action Plan - Deliver our Health and Wellbeing Action Plan. H&W Model - Review our Health and Wellbeing approach and model. CivTech Approval - Seek approval for commencement of CivTech Project pre-commercial agreement phase. CivTech Development - Commence CivTech projects to precommercial phase development. BA Renewal - Develop and secure business case approval to commence work to renew the Self-Contained Breathing Apparatus (SCBA) equipment.	Committee Report Quarterly People Performance Report Safety and Assurance Performance Report Draft Safety and Assurance Annual Performance Report HMFSI Mental Health And Wellbeing Support in the SFRS Action Plan Update Health, Safety and Wellbeing Annual Report Board Report Safety and Assurance Annual Performance Report PMF Quarterly Performance Report
3.2 - The mental wellbeing of our people will be protected, supported and improved.	Safety and Assurance	PC	Strategic % Operational Employees Booked for H&W Screening Rivers Centre Usage Directorate/Management¹ Health and Wellbeing Hub - iHub clicks	H&W Action Plan - Deliver our Health and Wellbeing Action Plan. H&W Model - Review our Health and Wellbeing approach and model.	Committee Report People Performance Report Quarterly Report Safety and Assurance Performance Quarterly Report Evaluation of Physiotherapy Services HMFSI Mental Health And Wellbeing Support in the SFRS Action Plan Update Wellbeing Update Board Report Safety and Assurance Annual Performance Report
3.3 - A culture that values and promotes inclusion, fairness, equality, respect and drives professional standards will continue to be embedded.	People	PC	Strategic Bullying and Harassment Complaints % Leavers with Exit Interviews % Uptake of Exit Questionnaire	People Strategy - Develop and publish a SFRS People Strategy. Leadership and Culture - Develop and design a Culture & Leadership Vision and Strategy, identify key priorities and develop and implement a revised Culture Action Plan. Leadership and Management Framework Delivery - Design and commence delivery of the leadership and management development framework. Recruitment Reflects Scotland - Develop, agree and implement enhanced approaches to recruitment and succession planning, including positive action activities to improve diversity. Pay and Reward Framework Review - Commence review of the SFRS Pay and Reward Framework to enable us to attract and keep the talent we need leading to improved talent	Committee Report Organisational Culture and Leadership Programme Update Leadership and Management Development Overview of Recruitment Process Culture Update Wellbeing Update Board Report Mainstreaming Report 2024/25 Three-Year Delivery Plan Progress update

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
				acquisition and employee engagement and our people feeling valued and supported.	
3.4 - Service Values will be reviewed so that they are reflective of a modern fire and rescue service and its people.	People	PC		SFRS Values - Review the SFRS values to ensure alignment to the SFRS Strategy and Culture & Leadership revised approach. Leadership and Culture - Develop and design a Culture & Leadership Vision and Strategy, identify key priorities and develop and implement a revised Culture Action Plan. Leadership and Management Framework Delivery - Design and commence delivery of the leadership and management development framework.	Committee Report Culture Update Organisational Culture and Leadership Board Report Performance Management Framework Annual Report Strategy 25-28
3.5 - Opportunities for our people to develop their skills and careers will be available.	People	PC		Pay and Reward Framework Review - Commence review of the SFRS Pay and Reward Framework to enable us to attract and keep the talent we need leading to improved talent acquisition and employee engagement and our people feeling valued and supported.	Committee Report People Performance Report Draft People Strategy Draft Leadership and Management Framework Board Report PMF Quarterly Performance Report
3.6 - Our people will receive the leadership and management skills they need to match their role and enhance professional standards.	People	PC	Strategic Staff Trained via Management and Leadership Programme	People Strategy - Develop and publish a SFRS People Strategy. Leadership and Culture - Develop and design a Culture & Leadership Vision and Strategy, identify key priorities and develop and implement a revised Culture Action Plan. Leadership and Management Framework Delivery - Design and commence delivery of the leadership and management development framework.	Committee Report People Performance Report Draft People Strategy Draft Leadership and Management Framework Board Report PMF Quarterly Performance Report
3.7 - New ways of working will be used to help attract, retain and further support our On Call workforce.	People	PC	Strategic On-Call Turnover Rate Directorate/Management¹ % Approved On-Call Contract Level Changes P054 - On-Call Staff on New Contract Levels	On-Call Improvement - Deliver key On Call Year 1 Improvement Programme recommendations. People Strategy - Develop and publish a SFRS People Strategy. Recruitment Reflects Scotland - Develop, agree and implement enhanced approaches to recruitment and succession planning, including positive action activities to improve diversity.	Committee Report Quarterly People Performance Report Board Report PMF Quarterly Performance Report Board Risk Update report

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
3.8 - We will increasingly employ individuals from a wide range of perspectives, communities, life experiences, characteristics, and heritage, helping our workforce to better reflect the population of Scotland.	People	PC	Strategic % Ethnic Minority Firefighter Successful Applicants % Female Firefighter Successful Applicants Female Ratio - Wholetime	People Strategy - Develop and publish a SFRS People Strategy. Recruitment Reflects Scotland - Develop, agree and implement enhanced approaches to recruitment and succession planning, including positive action activities to improve diversity.	Committee Report Quarterly People Performance Report Culture Update Board Report Mainstreaming Report
3.9 - Strong and effective relationships will be maintained with our recognised Representative Bodies.	People	PC		People Strategy - Develop and publish a SFRS People Strategy.	Committee Report Draft People Strategy RANSc, EPF & PAG Updates Board Report RANSc, EPF & PAG Updates People Committee Updates

Improving Performance

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
4.1 - Innovative ways of working will be introduced to increase levels of productivity and performance, whilst providing value for money to the public.	Corporate Governance / Portfolio Office	ARAC / SPCC	Strategic % DDaT Mandatory Training Course Completion (GDPR & Cyber) % of Portfolio Projects with Benefits Realisation Plan at Closure Data Maturity Assessment Score Directorate/Management¹ Data Maturity Assessment Question - Most Staff Are Data Literate	DDaT Strategy Delivery - Commence implementation of the Digital, Data and Technology (DDaT) Strategy. RDI Strategy - Launch the SFRS Research, Development and Innovation (RDI) Strategy and identify appropriate structures and governance to support our renewed approach to RDI. CivTech Approval - Seek approval for commencement of CivTech Project pre-commercial agreement phase. CivTech Development - Commence CivTech projects to precommercial phase development. Corporate Services Review - Develop the Corporate Services Review (CSR) programme and commence the planning and implementation of the programme to deliver tangible benefits to SFRS. PPFT - Review our corporate business systems and structures to enable the design and delivery of user focused corporate services.	Committee Report Corporate Services Review Progress Report Overview of Long Term Financial and Strategic Planning Process Corporate Services Business Change – People and Finance Outline Business Case Evolution, Current Scope and Strategic Benefits of PPFT Portfolio Summary Report Board Report Annual Performance Report CivTech 10 – Pre-Commercial Agreement (PCA) Phase CivTech 10.2 – Pre-Commercial Agreement (PCA) Phase
4.2 - Organisational risk, security and resilience will be effectively managed to maintain business continuity during impactful events such as cyber security attacks.	Digital and Technology Services / Prevention / Finance and Procurement / Corporate Communications	ARAC	Strategic % Cyber Security Training Completion Simulated Phishing Attack Failures Cyber Security Incidents % Boards and Committees with a Spotlight Risk % Environmental Impact Regulation Requests Responded to within Statutory Timeframe % Freedom of Information Requests Responded to within Statutory Timeframe % Subject Access Requests Responded to within Statutory Timeframe Complaint Responses within Timeframe Data Breaches % Business Continuity Plans Current and Tested Directorate/Management¹ % of Actions completed on Risk Preparedness Assessment	DDaT Strategy Approved - Agree the Digital, Data and Technology (DDaT) Strategy. DDaT Strategy Delivery - Commence implementation of the Digital, Data and Technology (DDaT) Strategy. Cyber Security Improvement - Review the current Cyber Incident Response Plan, identify areas for improvement, and publish an updated plan that aligns with organisational needs and reflects realistic cross-functional responsibilities.	Committee Report Internal Audit Progress Report 2024/25 (including Final reports for Cyber Security) SFRS Progress Update/Management Response – Internal Audit Recommendations ARAC Quarterly Performance Report Risk Update Cyber Security Maturity Assessment report Cyber Security Action Plan Cyber Accreditation Update Risk of Cyber Attack on Legacy Mobilisation Systems Board Report Board Risk Update report Annual Operating Plan Progress Update
4.3 - Improved use of data and business intelligence will support decision making, manage activities, and enable us to work more productively.	Corporate Governance	ARAC	Directorate/Management¹ % Business Services with a BI Toolkit Data Maturity Assessment Question - Data is Brought Together Manually Endorsed Data Champions	MORRD - Develop change options that optimise Matching Operational Resource to Risk and Demand (MORRD) ambition.	Committee Report DDaT Strategy Progress Report Annual Data Compliance Report ARAC Quarterly Performance Report Risk Update Board Report

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
4.4 - New and innovative ways of engaging with communities will be introduced to inform and support our decision making.	Corporate Communications	ARAC	Staff Having Completed a Foundational Data Literacy Course % Critical Business Data with a Data Quality Action Plan in Place	SSRP Consultation - Complete a Service Delivery Review Public Consultation process and finalise options for change by end of December 2025. Specialist Appliance Review - Introduce a future model for specialist operational response capabilities that align with the National Fire Resilience programme. Rostering Project - Deliver a suite of systems to solutionise our rostering, availability and payroll functionality. DDaT Strategy Approved - Agree the Digital, Data and Technology (DDaT) Strategy. DDaT Strategy Delivery - Commence implementation of the Digital, Data and Technology (DDaT) Strategy.	Performance Management Framework 2025-28 Board Risk Update report
			Directorate/Management¹ Sectors Engaged With by PICT	CHES Pilot - Working with North Ayrshire, South Lanarkshire and Aberdeen City LSO areas, involved in the national Collaboration for Health Equity in Scotland (CHES) pilot, we will explore and develop Prevention initiatives that deliver community safety benefits in these areas. Public Service Reform - Review the Scottish Government Public Service Reform Strategy, due for publication in June 2025, and identify SFRS priority action areas. SSRP Consultation - Complete a Service Delivery Review Public Consultation process and finalise options for change by end of December 2025.	Committee Report Collaboration for Health Equity Pilots Board Report Service Delivery Review (SDR) Public Consultation update Prevention Strategy

Innovation and Investment

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
5.1 - A diversified role within communities that increases our prevention and emergency response activities will be considered.	Prevention / Operational Delivery	ARAC / SDC	Strategic Life Risk Incidents (Non-Interagency) Directorate/Management¹ Community Safety Activities Inter-agency Incidents No. of Home Fire Safety Visits No. of Referrals In No. of Referrals Out % of Qualified Auditors against TOM % of Qualified Fire Engineers against TOM	Public Service Reform - Review the Scottish Government Public Service Reform Strategy, due for publication in June 2025, and identify SFRS priority action areas.	Committee Report Collaboration for Health Equity Pilots HMFSI Inspection Action Plans Update Board Report Scottish Fire and Rescue Service Working in Partnership Report Prevention Strategy
5.2 - By building an approach that supports the research and development of innovative technology and working practices to improve public and firefighter safety.	Corporate Governance	ARAC/SDC	Strategic Innovation Pulse Survey Score Financial Investment in RDI Innovations Governed Research Bids Considered Financial Investment in Safety Related RDI	RDI Strategy - Launch the SFRS Research, Development and Innovation (RDI) Strategy and identify appropriate structures and governance to support our renewed approach to RDI. CivTech Approval - Seek approval for commencement of CivTech Project pre-commercial agreement phase. CivTech Development - Commence CivTech projects to precommercial phase development.	Committee Report RDI Strategy Annual Report Operational use of Research, Development and Innovation Service Delivery Update Board Report CivTech Update Reports Resource Budget Capital Programme
5.3 - Buildings that provide safe and appropriate facilities that reflect the needs of a modern workforce.	Asset Management	ARAC	Strategic % Designated Workplaces with Practical Dignified Facility Arrangements in place Directorate/Management¹ Major Refurbishments Upgraded in Year		Committee Report ARAC Quarterly Performance Report Board Report Capital Programme Capital Budget Monitoring Report
5.4 - By identifying and reducing the risk of firefighter exposure to contaminants.	Safety and Assurance	SDC / PC / ARAC	Strategic % Premises Compliant with Contaminant Control as per SOP % Premises with Decontamination Arrangements or Facilities	CivTech Approval - Seek approval for commencement of CivTech Project pre-commercial agreement phase. CivTech Development - Commence CivTech projects to precommercial phase development.	Committee Report Contaminants Quarterly Update Contaminants Presentation Risk Report Update Service Delivery Update Operational use of Research, Development and Innovation (RDI) Board Report CivTech Update Reports Capital Programme
5.5 - Vehicles and equipment will continue to be modernised to support the safety and wellbeing of our people.	Asset Management	ARAC	Strategic % Light Fleet Less than 7 Years Old % Medium & Heavy Fleet Less than 15 Years Old		Committee Report Quarterly Performance Report (SDC) Board Report Capital Programme
5.6 - Investment in digital, data and technology capabilities will support change in how we work.	Digital and Technology Services / Corporate Governance	ARAC / PC	Strategic Systems Backlog + Problems Remaining Open % DDaT Mandatory Training Course Completion (GDPR & Cyber) Directorate/Management¹	Corporate Services Review - Develop the Corporate Services Review (CSR) programme and commence the planning and implementation of the programme to deliver tangible benefits to SFRS.	Committee Report ARAC Quarterly Performance Report Risk Update Annual Data Compliance Report Fraud Report Q4 2025/26 (incorporating Quarterly GHI) Cyber Accreditation

Strategic Deliverable	Owner(s)	Committee(s)	Indicators	3-Year Delivery Plan Actions	Other forms of assurance
5.7 - More efficient and effective corporate business processes.	Corporate Governance	ARAC	DaTS - Proactive Maintenance Time Data Maturity Assessment Question - Data is Brought Together Manually Macro-enabled Excel Workbooks in Active Use Staff Having Completed a Foundational Data Literacy Course DaTS Automations Deployed (Mendix, Nintex & Boomi) DaTS Service Desk - Self Service Processes Total Signed-Off Data Quality Action Plans	PPFT - Review our corporate business systems and structures to enable the design and delivery of user focused corporate services. Enabling Infrastructure - Develop the Enabling Infrastructure programme and commence the planning and implementation to deliver tangible benefits to SFRS. DDaT Strategy Approved - Agree the Digital, Data and Technology (DDaT) Strategy. DDaT Strategy Delivery - Commence implementation of the Digital, Data and Technology (DDaT) Strategy. NMS - Implement and integrate the new Command and Control System.	Board Report New Mobilising System Update PMF Quarterly Performance Report Capital Programme Board Risk Update report SFRS Strategy 2025-28
				Corporate Services Review - Develop the Corporate Services Review (CSR) programme and commence the planning and implementation of the programme to deliver tangible benefits to SFRS. PPFT - Review our corporate business systems and structures to enable the design and delivery of user focused corporate services. DDaT Strategy Approved - Agree the Digital, Data and Technology (DDaT) Strategy. DDaT Strategy Delivery - Commence implementation of the Digital, Data and Technology (DDaT) Strategy.	Committee Report Evolution, Current Scope and Strategic Benefits of PPFT Portfolio Summary Report Corporate Services Business Change – People and Finance Outline Business Case Board Report Performance Management Framework 2025-28 SFRS Strategy 2025-28

SCOTTISH FIRE AND RESCUE SERVICE

The Board of Scottish Fire and Rescue Service



Report No: B/GSC/02-26

Agenda Item: 12

Report to:		THE BOARD OF THE SCOTTISH FIRE AND RESCUE SERVICE						
Meeting Date:		30 APRIL 2026						
Report Title:		THREE-YEAR DELIVERY PLAN 2026/27						
Report Classification:	For Decision	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>						
		A	B	C	D	E	F	G
1	Purpose							
1.1	The purpose of this paper is to present the Board of the Scottish Fire and Rescue Service (SFRS) with the Three-Year Delivery Plan (2026/27) and ask that they approve its release for publication.							
2	Background							
2.1	The Scottish Government Governance and Accountability Framework sets out the SFRS's duty to prepare an Annual Operating Plan each year to support the achievement of the SFRS Strategy 2025-28.							
2.2	From 2024/25, a three-year rolling plan, the SFRS Three-Year Delivery Plan, was developed to include information on Portfolio Programmes and Projects. This replaced the Annual Operating Plan, providing one overarching document that details the strategic and change activities that are planned for the next three years.							
2.3	To complement the new SFRS Strategy 2025-28, which received SFRS Board approval in May 2025, the Three-Year Delivery Plan was refreshed in 2025/26 to reprioritise our actions and align them to the ambitions outlined in the Strategy. The development of the Three-Year Delivery Plan was carried out in close conjunction with the Strategic Leadership Team (SLT) to ensure that both critical business and the activities required to deliver our ambitions for change were the focus of the Plan.							
2.4	During 2025/26, the Service introduced a revised approach to developing the Three-Year Delivery Plan to improve integration, coherence, and alignment across the organisation.							
2.5	In October 2025, Heads of Function (HoFs) participated in a development workshop to identify the initiatives and actions proposed for inclusion in the 2026/27 Plan, ensuring alignment with the strategic priorities set out in the SFRS Strategy 2025–28.							
2.6	The workshop aimed to establish a shared understanding of proposed corporate initiatives, assess the resources required to deliver them, and agree their relative priority in the context of wider Service objectives. A further key objective was to identify financial investment requirements at an earlier stage so they could be reflected within the Medium-Term Financial Plan (MTFP).							

2.7	Working collaboratively with HoFs and the Portfolio Office, the session also sought to clarify the total organisational capacity required to deliver the Three-Year Delivery Plan, change programmes, and other Service or Directorate developments, while maintaining business-as-usual delivery.
2.8	A total of 57 initiatives were proposed. Each was assessed and prioritised collectively, with the following factors recorded: priority (must/should/could/won't); implications of non-delivery; budget and resource requirements; interdependencies; and resource touchpoints. These outputs were then subject to detailed review by the Director of Governance, Strategy and Change, supported by the SLT; and subsequently submitted to the SLT for consideration.
2.9	During SLT deliberations, the Scottish Budget and Spending Review was announced and subsequently approved by the Scottish Parliament in February/March 2026. The settlement allocated £436 million to the SFRS for 2026/27, including an £18 million uplift in resource funding. The outlook for Years 2 and 3 of the Spending Review period remains flat cash.
2.10	While the uplift provides partial coverage of baseline and unavoidable cost pressures, it does not fully address the underlying cost drivers facing the Service. As part of the Medium-Term Financial Plan (MTFP) process, SFRS submitted a funding requirement of £36.6 million for 2026/27, reflecting baseline pressures, legislative and inquiry-driven requirements, and essential strategic investment. The confirmed settlement therefore represents a partial response to this assessed need. SFRS continues to engage constructively with the Scottish Government on the scale and sustainability of the funding gap for 2026/27 and throughout the Spending Review period.
2.11	Following the Budget announcement on 13 January 2026, a series of SLT budget workshops were held to review the implications of the settlement and realign the 2026/27 budget to the funding available. Through this process, approximately £12.5 million of pressures and planned investment originally identified in the MTFP, some of which were reflected in Year 1 of the Three-Year Delivery Plan, were removed or deferred from the 2026/27 position. These decisions were taken on a risk-based prioritisation basis, with SLT prioritising: • protecting frontline delivery/Firefighter safety & development • statutory/legal compliance • system investment • training and development
2.12	Despite this reprioritisation, the 2026/27 Resource Budget retains a significant in-year funding gap and an unallocated savings requirement of £6.2 million.
2.13	These financial constraints have materially influenced development of the Three-Year Delivery Plan, impacting development timescales and necessitating a sharper focus on the actions that are critical to delivery in 2026/27. The actions in the Three-Year Delivery Plan constitute the Service's primary commitments and are prioritised above all other workstreams.
2.14	Board members are asked to note that a review of our progress against Year 1 of the Three-Year Delivery Plan will be included in the final document. This information is not yet available at the time of writing as the reporting period has just concluded and, as such, could not be included in this draft.

3	Main Report/Detail
3.1	The SFRS Three-Year Delivery Plan is attached, see Appendix A .
3.2	Three-Year Delivery Plan
3.2.1	The published document provides the reader with information about the Chief Officer's priorities; explains how the Plan delivers against the Strategy; and how we will measure our performance.
3.2.2	Aligned against the Chief Officer's own priorities and the deliverables outlined within the SFRS Strategy, the Plan details Year 2 of the rolling Three-Year Plan and includes 21 actions.
3.2.3	To supplement the published document, milestones have also been developed showing action delivery in greater detail, see Appendix B .
3.2.4	Once approved, a designed version, following the same format of last year's document, will be developed.
3.3	Progress Reporting
3.3.1	In line with current reporting arrangements, progress against the Plan will be monitored on a quarterly basis, with updates reported to the Senior Management Board (SMB), the SLT, and the SFRS Board.
3.3.2	The SMB and SLT will receive progress updates at action and milestone level, enabling more detailed oversight of delivery and providing early visibility of any issues or risks that may require management action.
3.3.3	Reporting to the SFRS Board will be provided at a higher, strategic level, focusing on progress against each overall action. This action-level reporting will reflect aggregated milestone information, offering a clear and proportionate overview of progress while avoiding unnecessary operational detail.
3.4	2027/28 Planning Process
3.4.1	To further embed the revised planning approach and strengthen integration, coherence, and strategic and financial alignment across the Service, the planning cycle for 2027/28 will commence earlier in the year and follow a more structured, phased process. Initial engagement will be deliberately light-touch, enabling early horizon-scanning and alignment, before progressively intensifying once budget information becomes available and prioritisation activity can be undertaken in full.
3.4.2	The cycle will commence in early July 2026 , when SLT colleagues will complete and review New Demand Forms for proposed actions to be considered for inclusion in the Three-Year Delivery Plan. Early identification of financial investment requirements during this stage will ensure they can be incorporated into the Medium-Term Financial Plan which begins development during the summer.
3.4.3	Building on this foundation, the detailed development of proposed actions will be undertaken by HoFs through a series of workshops held in September and October 2026 . The Strategic Planning and Change Committee (SPCC) will then be given the opportunity to add value to the process in November 2026 by reviewing the output from the HoF session.
3.4.4	The budget will be finalised during December 2026 and January 2027 and the Three-Year Delivery Plan, fully aligned with the financial planning process, will subsequently be shared with the SPCC and SFRS Board members in February 2027 , ahead of submission to the SFRS Board for approval in March 2027 .

3.4.5	In addition to strengthened financial integration, annual reviews of progress against the Three-Year Delivery Plan, and by extension the SFRS Strategy, will enhance organisational oversight of delivery performance. Any areas of underachievement will be identified earlier and can be proactively addressed within the subsequent planning cycle.
4	Recommendation
4.1	The SFRS Board is invited to: • Scrutinise the content of the Three-Year Delivery Plan. • Approve its publication.
5	Key Strategic Implications
5.1 5.1.1	Risk Appetite and Alignment to Risk Registers The Three-Year Delivery Plan is the primary mechanism through which the SFRS Strategy 2025–28 will be delivered and therefore represents a material element of the Service's overall risk profile. Given the constrained financial settlement and the scale of demand and change activity facing the Service, the Plan reflects explicit prioritisation and sequencing decisions taken within the Service's agreed risk appetite. Alignment between Delivery Plan actions, corporate and directorate risk registers, and assurance reporting will be critical to ensuring that delivery risks are actively monitored.
5.2 5.2.1	Financial Development of the Three-Year Delivery Plan has been undertaken in close alignment with the Medium-Term Financial Plan and reflects the financial constraints arising from the Scottish Spending Review settlement. The Plan makes explicit those actions that the Service considers critical for delivery in 2026/27, recognising that not all previously identified pressures and investments can be accommodated. Approval of the Plan therefore confirms the Board's endorsement of the prioritisation decisions taken within the available funding envelope, while acknowledging the ongoing in-year and medium-term financial risks facing the Service.
5.3 5.3.1	Environmental & Sustainability The Plan includes activities that support the Service's commitment to environmental stewardship and sustainable delivery. Environmental impacts will be considered at activity level, with responsibility resting with activity owners to identify and manage any implications arising from delivery. This approach reinforces the integration of sustainability considerations into planning and delivery, rather than treating them as standalone or retrospective considerations.
5.4 5.4.1	Workforce The Three-Year Delivery Plan contains activities which supports SFRS commitment to developing its workforce. Directorates have proposed actions on the basis that sufficient workforce resources can be secured; however, the cumulative impact of competing demands remains a strategic risk. Any workforce implications arising from any individual activity will be brought before SLT and the Board as appropriate.
5.5 5.5.1	Health & Safety The Plan includes activities that directly and indirectly supports the Service's commitment to maintaining and improving health and safety for staff and the public. Effective oversight of delivery will ensure that health and safety considerations remain integral to prioritisation, decision making, and risk management throughout the life of the Plan.

5.6 5.6.1	Health & Wellbeing A number of actions within the Plan contribute to supporting workforce health and wellbeing. The prioritisation and sequencing of activity, particularly in the context of organisational capacity and change, will be important in mitigating potential adverse impacts on staff wellbeing and sustaining long-term organisational resilience.
5.7 5.7.1	Training Implementation of the Three-Year Delivery Plan will continue to generate training and skills development requirements across functions and directorates. Activity owners are responsible for identifying these requirements and ensuring they are planned and resourced appropriately. Failure to do so may present risks to delivery timescales, quality, and sustainability of change outcomes.
5.8 5.8.1	Timing The Three-Year Delivery Plan is a rolling three-year document. The Three-Year Delivery Plan operates as a rolling planning framework, enabling the Service to respond to emerging risks, policy changes, and financial pressures through annual review and reprioritisation. This provides flexibility while maintaining a clear line of sight between strategic intent, planned activity, and delivery commitments.
5.9 5.9.1	Performance Progress against the Plan will be monitored through established quarterly reporting arrangements to the Senior Management Board, Strategic Leadership Team, and the SFRS Board. This enables the Board to exercise effective oversight of delivery, focus scrutiny on areas of risk or under-performance, and ensure that corrective action is taken where necessary.
5.10 5.10.1	Communications & Engagement The Plan builds on extensive engagement undertaken during the development of the SFRS Strategy 2025–28 and provides a clear and transparent articulation of the Service's delivery priorities. Publication of the Plan supports accountability to staff, partners, and stakeholders, while also providing a clear reference point for internal alignment and communication.
5.11 5.11.1	Legal Preparation and delivery of the Three-Year Delivery Plan supports the Service's obligations under the Governance and Accountability Framework, providing a clear mechanism for planning, prioritisation, and reporting in support of statutory duties and strategic objectives.
5.12 5.12.1	Information Governance The preparation of the Three-Year Delivery Plan does not require the collation or processing of personal data and therefore a Data Protection Impact Assessment is not applicable. Information governance requirements will continue to be considered as individual actions progress into delivery.
5.13 5.13.1	Equalities As a strategic planning document, the Three-Year Delivery Plan does not itself require an Equality and Human Rights Impact Assessment. Equality considerations will be assessed, where appropriate, at the level of individual actions as plans are developed and implemented.
5.14 5.14.1	Service Delivery The actions contained within the Three-Year Delivery Plan represent the Service's primary delivery commitments for 2026/27 and beyond. Successful delivery will directly contribute to maintaining and improving service outcomes for communities across Scotland, particularly in the context of constrained resources and rising demand.

5.15 5.15.1	Prevention The Plan includes activities that support the Service's prevention agenda and contribute to long-term risk reduction and community safety. Effective prioritisation and delivery of these actions is critical to sustaining prevention outcomes alongside response and protection activity.	
6	Core Brief	
6.1	The Director of Governance, Strategy and Change presented members of the SFRS Board with the SFRS Three-Year Delivery Plan and requested approval for publication.	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Mark McAteer, Director of Governance, Strategy and Change
7.2	Level of Assurance: (Mark as appropriate)	~~Substantial/Limited/Insufficient~~ Reasonable
7.3	Rationale:	A Reasonable level of assurance is provided in relation to the Three-Year Delivery Plan and the work underpinning its development. The Plan has been developed through a structured process, including engagement with Heads of Function, consideration and challenge by the Strategic Leadership Team, scrutiny through the Strategic Planning and Change Committee, and alignment with the Medium-Term Financial Plan. This has ensured that the actions included represent the Service's most critical delivery priorities within the context of strategic objectives, organisational capacity, and the prevailing financial settlement. Arrangements are in place for quarterly monitoring and reporting to the Senior Management Board, Strategic Leadership Team, and SFRS Board, providing visibility of progress, risks, and issues and enabling corrective action where required. Assurance is assessed as Reasonable to reflect the ongoing delivery risks associated with financial constraints, workforce capacity, and external dependencies, recognising that assurance will be strengthened through implementation, performance reporting, and annual review.
8	Appendices/Further Reading	
8.1	Appendix A – SFRS Three-Year Delivery Plan 2026/27	
8.2	Appendix B – SFRS Three-Year Delivery Plan: Milestones 2026/27	
Prepared by:		Louise Patrick, Planning and Partnerships Coordinator / Kirsty Jamieson, Planning and Performance Officer
Sponsored by:		Richard Whetton, Head of Compliance and Governance
Presented by:		Richard Whetton, Head of Compliance and Governance
Links to Strategy and Corporate Values		
The Scottish Fire and Rescue Service is directed to produce an Annual Operating Plan through the Governance and Accountability Framework set out by the Scottish Government. The Three-Year Delivery Plan is updated each year to support the delivery of the SFRS Strategy and uphold corporate values.		

OFFICIAL

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>Strategic Planning and Change Committee</i>	<i>16/04/2026</i>	<i>For Scrutiny</i>	<i>The proposed high-level actions were to the committee members.</i>
<i>Strategic Leadership Team</i>	<i>22/04/2026</i>	<i>For Recommendation</i>	<i>Agreement that the Three-Year Delivery Plan contains the correct high-level actions and can be released to the SFRS Board.</i>
<i>SFRS Board</i>	<i>30/04/2026</i>	<i>For Decision</i>	

**Working together
for a safer Scotland**



APPENDIX A

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

SFRS THREE-YEAR DELIVERY PLAN 2025-28 (Year 2: 2026/27)

Safety. Teamwork. Respect. Innovation.

CHIEF OFFICER'S FOREWORD

I am pleased to present Year 2 of the Scottish Fire and Rescue Service (SFRS) Three-Year Delivery Plan, which sets out our priorities for the next two years and how we will deliver the SFRS Strategy 2025–28.

This year's Plan has been shaped by a significantly constrained financial outlook. While the Service received additional funding for 2026/27, this has been insufficient to fully offset unavoidable baseline cost pressures. As a result, difficult decisions have been required to defer or remove planned investment, and a residual in-year funding gap will need to be carefully managed.

In this context, we have focused on the actions that are critical to safe and legal service delivery, statutory compliance, and frontline resilience. The Three-Year Delivery Plan has therefore been reprioritised to ensure that our limited resources are directed to the areas of greatest operational and strategic importance. For 2026/27, the actions in the Three-Year Delivery Plan constitute the Service's primary commitments and are prioritised above all other workstreams.

At the same time, our long-term ambition for the SFRS remains unchanged. We continue to work towards a sustainable, modern, and technologically advanced Fire and Rescue Service, capable of meeting the challenges of Scotland's future. Financial constraint will influence the pace at which we progress, but it does not alter the direction of travel set out in the SFRS Strategy 2025–28.

As Chief Officer, I have six immediate priorities within that Strategy: Firefighter Safety, Technology and Training; Leadership and Culture; the Strategic Service Review Programme; Digital, Data and Technology Capabilities; Enhanced Prevention; and Public Sector Reform.

During 2026/27 we will focus on four of these priorities, noted below, with Enhancing Prevention and Public Sector Reform being progressed through our business-as-usual arrangements:

- Firefighter Safety, Technology and Training
- Leadership and Culture
- Strategic Service Review Programme
- Digital, Data and Technology Capabilities

I will continue to prioritise the safety of our people through a strong focus on training, professional standards, competence, and continuous improvement. Innovation and the adoption of new technologies will be central to our ability to modernise and improve how we deliver for our communities.

As we evolve, the development of all our staff groups remains critical. I will continue to emphasise leadership development, inclusion, and talent development, ensuring we build a positive culture where everyone feels safe, supported, and able to thrive.

We must make changes to ensure our Service is fit for Scotland's future, enabling investment in training and prevention, while addressing the challenges presented by our ageing estate. The

Strategic Service Review Programme will remain a key priority over the next two years and beyond.

Sustained investment in our systems will also be essential. We will continue to strengthen our digital, data and technology capabilities to support efficient, modern ways of working.

While we recognise the importance of change, we must also maintain a strong and capable organisation to manage the risks of today as we prepare for the risks of tomorrow. The SFRS Strategy 2025–28 provides a clear vision of where we want to be by 2028, and this Three-Year Delivery Plan sets out how we will deliver that vision under the financial realities we face.

This document is Year 2 of a rolling Three-Year Delivery Plan.

BUDGETARY CONTEXT AND FINANCIAL CHALLENGES

The 2026/27 financial year, which represents Year 2 of the SFRS Strategy and Three-Year Delivery Plan, is being delivered in a highly constrained financial context. While the Scottish Government settlement provides a total resource allocation of £436M, including an £18M uplift, this represents only a partial response to the Service's assessed funding requirement of £36.6M. The uplift has largely been absorbed by unavoidable baseline pressures, including pay, inflation and statutory requirements, and the Spending Review outlook beyond 2026/27 is flat cash, significantly limiting financial flexibility in Years 3 and beyond.

To align plans with available funding, the Service's Strategic Leadership Team undertook a robust prioritisation exercise during the 2026/27 budget-setting process. This resulted in the removal or deferral of approximately £12.5M of planned investment and cost pressures, some of which had previously been identified as desirable or enabling activity. These decisions were taken on a risk-based basis, with priority given to protecting frontline service delivery, statutory compliance, firefighter and public safety, and critical infrastructure. In parallel, as set out in the budget paper approved by the SFRS Board in March 2026, the Scottish Government has provided assurance of up to £4.0M at the Spring Budget Revision (SBR) should this be required, to support the delivery of a balanced budget in-year, subject to conditions around efficiency, reform and continued risk management.

Notwithstanding this reprioritisation and contingent SBR cover, the 2026/27 Resource Budget still contains an in-year funding gap and an unallocated savings requirement of £6.2m, which will require active management throughout the year. This iteration of the Three-Year Delivery Plan therefore reflects a deliberately sharpened focus on a small number of critical priorities, recognising both financial constraint and organisational capacity limits.

OUR RESOURCES

The Service has a confirmed £436M resource budget for 2026/27, with the majority allocated to core operational costs. These represent the principal baseline costs required to sustain service delivery.

Some of the remaining budget capacity will be used to fund delivery of the priorities and actions set out in this Three-Year Delivery Plan, which has been developed to be fully affordable within the approved funding envelope and planned resources.

Resource Budget for 2026/27:

Costs	£M
Employee Costs	286.04
Property Costs	34.30
Supplies & Services	31.68
Transport Costs	6.27
Third Party Payments / Council Charges	2.05
Financing	1.37
Unallocated	(6.17)
GROSS EXPENDITURE	355.54
Income	(1.92)
NET EXPENDITURE	353.62

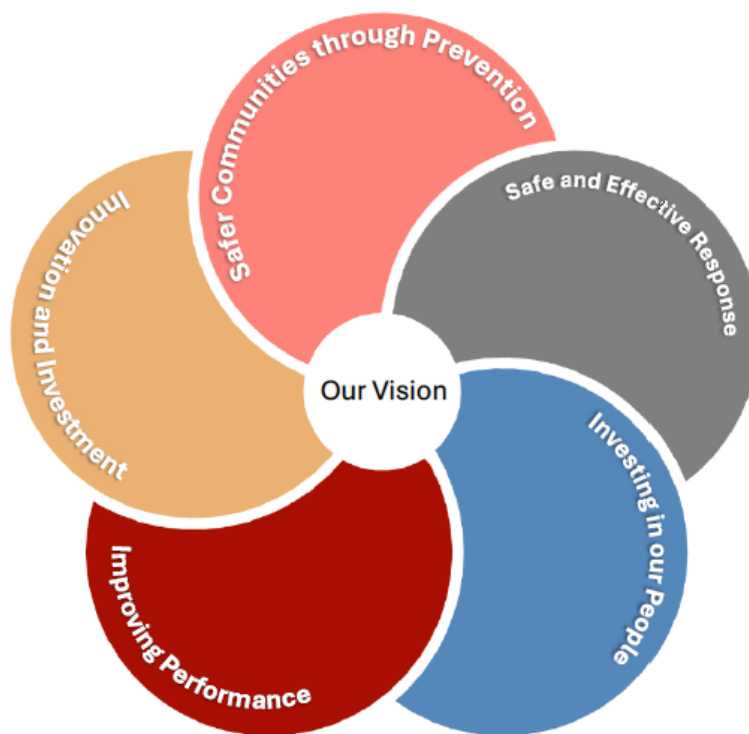
SCOTLAND'S LONG-TERM PRIORITIES

The Scottish Government's [Fire and Rescue Framework for Scotland 2022](#) sets out our operating context, outlining seven strategic priorities which represent the high-level ambition of what is required from a modern, skilled and dynamic fire and rescue service.

Our purpose, as defined by Scottish Ministers, is:

“To work in partnership with communities and with others in the public, private and third sectors on prevention, protection and response to improve the safety and well-being of people throughout Scotland.”

To help us to achieve our purpose and the priorities in the Fire and Rescue Framework for Scotland 2022, our [SFRS Strategy](#) outlines five Strategic Objectives which will drive our performance for the three-year period it covers:



Each objective holds equal value in driving our Strategy forward. As a collective, they define our overall direction and will be central to how we plan our activities and our budget over the next three years.

Each objective is supported by an outcome, a description of what good looks like, and a list of deliverables that will help us achieve our goals.

WHAT IS THE THREE-YEAR DELIVERY PLAN

The Three-Year Delivery Plan outlines our key commitments over the three-year period, and the actions that have been agreed by the Strategic Leadership Team as a priority over that period.

It is a rolling document that outlines the collective priorities and key actions we aim to conduct over a three-year period to deliver against the five Objectives outlined in the SFRS Strategy 2025-28.

Our Delivery Plan provides us with flexibility, allowing us to adapt our plans should unforeseen challenges arise. Any additions or changes are subject to a change analysis process and must be approved by the SFRS Board. This ensures that the actions contained within it remain the top priorities for the Service.

From a corporate perspective, delivery of the SFRS Three-Year Delivery Plan is supported by **Directorate Plans**. These go into further detail of the Directorate level work that will be carried out throughout the year. These Plans are scrutinised by Directorate Management Teams; and form the basis of the work that is undertaken by individual teams through **Functional/Team Plans**.

From an operational perspective, delivery of the SFRS Strategy and Three-Year Delivery Plan is supported by **Local Fire and Rescue Plans**. These plans are community focused and detail how national priorities will be delivered with local risk and need at the forefront. These plans also align to Local Outcome Improvement Plans – a strategic document developed by Community Planning Partnerships to outline key priorities and how they will work with local communities to improve outcomes for individuals, families, and communities. Progress against Local Fire and Rescue Plans is scrutinised by Local Management Teams and Local Authority Scrutiny Committees. Local Fire and Rescue Plans are supported by **Community Fire Station Plans**, showing how each station in that local authority area will contribute to the delivery of the Local Fire and Rescue Plan and ultimately help deliver this Strategy. This diagram shows how our planning process provides clear guidance at every level of the Service.



THREE-YEAR PLAN ACTIVITY

FIREFIGHTER SAFETY, TECHNOLOGY AND TRAINING

Ref	Year 2 Priority Actions	Yr 2 2026/27	Yr 3 2027/28	Lead Directorate /Programme	Strategy Deliverable*
1	Deliver the SFRS Electronic Health and Safety Management System.	✓	✓	Training, Safety & Assurance	3.1 4.3 5.4 5.6 5.7
2	Implement key learning from a variety of sources which have a focus on Firefighter safety.	✓	✓	Training, Safety & Assurance	1.4 2.1 2.6 3.1
3	Implement the Tactical Firefighting delivery model (Phases 1 & 2).	✓	✓	Training, Safety & Assurance	1.4 2.1 2.6 3.1
4	Construct and commission new Compartment Fire Behaviour Training (CFBT) Training Facility – Perth.	✓	✓	Training, Safety & Assurance	1.4 2.1 2.6 3.1
5	Implement a revised Health and Wellbeing structure into the Safety and Assurance Function.	✓		Training, Safety & Assurance	3.1 3.2
6	Review health surveillance - contaminants / asbestos.	✓		Training, Safety & Assurance	3.1 3.2 5.4
7	Procure and implement Self-Contained Breathing Apparatus.	✓		Finance, Digital and Infrastructure / Enabling Infrastructure	5.5

LEADERSHIP AND CULTURE

Ref	Year 2 Priority Actions	Yr 2 2026/27	Yr 3 2027/28	Lead Directorate /Programme	Strategy Deliverable*
8	Undertake a review of SFRS Values to ensure they remain relevant and aligned to wider organisational culture and leadership work.	✓		People, Communications and Engagement	3.3
9	Design and implement activities to improve recruitment and selection approaches, enhance candidate experience and increase workforce diversity.	✓		People, Communications and Engagement	3.3 3.8
10	Strengthen the role and voice of SFRS Employee Networks.	✓		People, Communications and Engagement	3.1 3.2 3.8
11	Design, agree, and implement SFRS Leadership Framework and Programmes to ensure leaders at all levels are able to perform to the best of their abilities.	✓		People, Communications and Engagement	3.3 3.5 3.6
12	Improve facilities, equipment and kit to ensure they meet colleagues needs and contribute to a positive workplace experience.	✓		Finance, Digital & Infrastructure	3.2 3.3

STRATEGIC SERVICE REVIEW PROGRAMME

Ref	Year 2 Priority Actions	Yr 2 2026/27	Yr 3 2027/28	Lead Directorate /Programme	Strategy Deliverable*
13	Consider new On Call Clustering Solutions.	✓	✓	Operational Delivery/ Service Delivery Review	3.7
14	Seek approval and commence implementation of Phase 1 Service Delivery Review (SDR) change options and planning of Phase 2.	✓	✓	Operational Delivery/ Service Delivery Review	2.2 2.3 2.4 2.5
15	Procure and implement Corporate Business Solutions.	✓	✓	Governance, Strategy & Change/ Corporate Services Review Programme	4.1 4.2 4.3 5.7
16	Undertake a User-Centred Strategic Review of SFRS Corporate Services.	✓		Governance, Strategy & Change/ Corporate Services Review Programme	3.8
17	Strengthen approaches to attraction, retention and reward.	✓	✓	People, Communications and Engagement Directorate/Corporate Service Review	4.1
18	Implement robust data governance frameworks.	✓	✓	Finance, Digital & Infrastructure/ Governance, Strategy & Change/ Corporate Services Review	4.3 5.6
19	Deliver New Mobilising System Computer Aided Dispatch.	✓		Finance, Digital and Infrastructure/ Enabling Infrastructure	2.5
20	Deliver New Mobilising System Phase 2 Enhancements.	✓	✓	Finance, Digital and Infrastructure/ Enabling Infrastructure	2.5

DIGITAL, DATA AND TECHNOLOGY CAPABILITIES

Ref	Year 2 Priority Actions	Yr 2 2026/27	Yr 3 2027/28	Lead Directorate /Programme	Strategy Deliverable*
21	Deliver the 2026/27 Cyber Security Action Plan.	✓	✓	Finance, Digital and Infrastructure	4.2

BUSINESS AS USUAL ACTIVITY

Every day, our front-line services are ready to respond to emergencies. This requires the right people, with the right skills, in the right place at the right time - fully trained, equipped, and informed.

Equally, we are committed to preventing emergencies. Across Scotland, we work with communities, organisations, and individuals to deliver targeted safety messages and services.

Our support functions are vital to maintaining operations. They manage our ICT, property, fleet, and equipment, and ensure financial processes are efficient, accurate, and transparent.

We operate responsibly, ethically, and legally, with a strong focus on openness. Our risk and performance management ensures leaders have the information they need, and we share key data with staff and the public.

Our people are at the heart of SFRS. We support them through robust policies, wellbeing initiatives, and development opportunities - ensuring they feel safe, valued, and motivated.

The Three-Year Delivery Plan complements the many business-as-usual (BAU) activities that are vital to the Service and take place daily across every part of SFRS. BAU activities are the normal, ongoing day-to-day activities of a function, team or individual which are essential to the sound operation and delivery of our services.

These actions are managed in conjunction with our Three-Year Delivery Plan actions and change projects by Directorates themselves. Directors and their teams carefully plan these actions to ensure that the resources and finances required to deliver the activity are available. They also liaise with other Directorates and Teams when interdependencies are identified, ensuring that the work is programmed into each Directorate's planning process.

MEASURING OUR PERFORMANCE

The Three-Year Delivery Plan is developed in collaboration with each of our Directorates to ensure that the key strategic and change activities contained within it are aligned to the Outcomes and Objectives of the Strategic Plan which were developed to help us deliver more for Scotland.

In line with our Performance Management Framework, our progress against the Plan is monitored quarterly with updates being reported to our Senior Management Board, Strategic Leadership Team, and the Board of the SFRS.

Our Strategic Leadership Team also regularly scrutinise the content of the Delivery Plan against our operating landscape to ensure that the Service remains focused on our priorities and that the actions contained within the Plan remain valid.

Those actions which are managed as formal change through the Portfolio Programme are also monitored quarterly via the Change and Portfolio Investment Group and Strategic Planning and Change Committee. Decision making will be supported by a new Design and Assurance Forum responsible for assuring solution design, architectural fit, and deliverability of initiatives.

Quarterly progress reports from the SFRS Board and Strategic Planning and Change Committee are available on the SFRS website.

*SFRS Strategy Deliverables

Ref No.	Strategic Deliverable
Safer Communities through Prevention	
1.1	Investment in new and enhanced data-led prevention interventions which achieve the impacts we, and our partners, wish to see.
1.2	We will contribute expert insights to help shape the development of national policy areas, specifically those that include resilience, fire safety, and prevention.
1.3	Improved evaluation of our prevention interventions will enhance how we and our partners work to prevent harm.
1.4	Our approach to fire prevention and enforcement will be revised through the implementation of findings from major incident reviews such as the Grenfell Tower Inquiry Reports.
1.5	Our increased preparedness will enable us to support communities to be better prepared to meet the challenges of major incidents and support ongoing community safety.
1.6	Continued commitment to Community Planning and partnership working, nationally and across all localities in Scotland, to improve community safety and wellbeing.
Safe and Effective Response	
2.1	Firefighters will receive high-quality training in line with our Training Strategy 2023-28, to maintain and develop their competencies.
2.2	Our workforce, technology, stations, and vehicles will be strategically located to respond to community risk and need.
2.3	New and different ways of working will be explored to maximise effective and productive worktime.
2.4	New operating delivery models to maximise organisational effectiveness will be examined.
2.5	New systems and technologies to enable more effective and productive incident response capabilities will be introduced.
2.6	Organisational learning from operational incidents, training events and event investigations will influence future practice, enhance performance, and improve firefighter safety.
Investing in our People	
3.1	We will put health, safety, and wellbeing at the forefront across the Service.
3.2	The mental wellbeing of our people will be protected, supported, and improved.
3.3	A culture that values and promotes inclusion, fairness, equality, respect and drives professional standards will continue to be embedded.
3.4	Service Values will be reviewed so that they are reflective of a modern fire and rescue service and its people.
3.5	Opportunities for our people to develop their skills and careers will be available.
3.6	Our people will receive the leadership and management skills they need to match their role and enhance professional standards.
3.7	New ways of working will be used to help attract, retain, and further support our On Call workforce.
3.8	We will increasingly employ individuals from a wide range of perspectives, communities, life experiences, characteristics, and heritage, helping our workforce to better reflect the population of Scotland.
3.9	Strong and effective relationships will be maintained with our recognised Representative Bodies.
Improving Performance	
4.1	Innovative ways of working will be introduced to increase levels of productivity and performance, whilst providing value for money to the public.
4.2	Organisational risk, security, and resilience will be effectively managed to maintain business continuity during impactful events such as cyber security attacks.
4.3	Improved use of data and business intelligence will support decision making, manage activities, and enable us to work more productively.
4.4	New and innovative ways of engaging with communities will be introduced to inform and support our decision making.
Innovation and Investment	
5.1	A diversified role within communities that increases our prevention and emergency response activities will be considered.
5.2	By building an approach that supports the research and development of innovative technology and working practices to improve public and firefighter safety.
5.3	Buildings that provide safe and appropriate facilities that reflect the needs of a modern workforce.
5.4	By identifying and reducing the risk of firefighter exposure to contaminants.
5.5	Vehicles and equipment will continue to be modernised to support the safety and wellbeing of our people.
5.6	Investment in digital, data and technology capabilities will support change in how we work.
5.7	More efficient and effective corporate business processes.

Three-Year Delivery Plan Year 2 Milestones (2026/27)

FIREFIGHTER SAFETY, TECHNOLOGY AND TRAINING					
Ref	Action	Milestone	Start Date	End Date	Lead Directorate/ Programme
1	Deliver the SFRS Electronic Health and Safety Management System.	Complete initial installation of the Evotix Software and Core setup.	Apr-26	Sep-26	Training, Safety and Assurance
		Implement Incident module, including User Acceptance Testing.	Oct-26	Mar-27	
2	Implement key learning from a variety of sources which have a focus on Firefighter safety.	Create Strategic Firefighter Safety Learning Register to establish organisational memory of critical learning and audit trail from learning to decision.	Apr-26	Aug-26	Training, Safety and Assurance
		Create a formalised process to embed Learning from Training Assurance in Training Design to complement current Operational Assurance process.	Apr-26	Aug-26	
		Introduce annual “ <i>What changed because of your learning</i> ” safety briefing for operational staff.	Aug-26	Dec-26	
3	Implement the Tactical Firefighting delivery model (Phases 1 & 2).	Deliver Phase 1 rollout across Training Centres with quality assurance monitoring.	Apr-26	Oct-26	Training, Safety and Assurance
		Implement Phase 2 delivery, incorporating learning from Phase 1 evaluation.	Oct-26	Jan-27	
		Complete Service-level effectiveness review and confirm next-phase requirements.	Jan-27	Mar-27	

4	Construct and commission new Compartment Fire Behaviour Training (CFBT) Training Facility – Perth.	Finalise construction and site readiness checks.	Apr-26	Jun-26	Training, Safety and Assurance
		Commission facility, including Safe Systems of Work, instructor competence and operational readiness.	Jul-26	Aug-26	
		Complete operational handover and commence live training delivery.	Sep-26	Mar-27	
5	Implement a revised Health and Wellbeing structure into the Safety and Assurance Function.	Confirm and implement a revised Health and Wellbeing structure that meets legislative compliance and delivery capacity requirements, including recruitment to key and critical roles .	Apr-26	Jul-26	Training, Safety and Assurance
		Induction and integration of key Clinical roles into revised Functional and Directorate structures, to create the resource capacity required to deliver compliance.	Aug-26	Dec-26	
		Establish monitoring and assurance framework with an annual reporting mechanism.	Jan-27	Mar-27	
6	Review health surveillance: Contaminants / Asbestos.	Complete baseline review of current surveillance provision, compliance, and coverage.	Apr-26	May-26	Training, Safety and Assurance
		Identify any gaps against legislative requirements, best practice and operational delivery options.	May-26	Jul-26	
		Develop and agree revised surveillance standards, pathways and commissioning approach.	Jul-26	Sep-26	

		Implement revised health surveillance arrangements, including communications and referral processes.	Sep-26	Dec-26	
		Establish a monitoring and assurance framework with an annual reporting mechanism.	Jan-27	Mar-27	
7	Procure and implement Self-Contained Breathing Apparatus (SCBA).	Complete contract award approval process.	Oct-26	Oct-26	Finance, Digital & Infrastructure / Enabling Infrastructure
		Procure and deliver SCBA equipment.	Nov-26	Aug-27	
		Prepare, manage, and implement SFRS Fleet modifications.	Dec-26	Nov-27	
		Develop and implement training for SCBA.	Mar-27	Nov-28	

LEADERSHIP AND CULTURE

Ref	Action	Milestone	Start Date	End Date	Lead Directorate / Programme
8	Undertake a review of SFRS Values to ensure they remain relevant and aligned to wider organisational culture and leadership work.	Develop options for an approach to an SFRS Values review.	Jun-26	Aug-26	People, Communications and Engagement
		Agree preferred approach to SFRS Values review.	Sep-26	Oct-26	
		Develop delivery plan for SFRS Values review.	Nov-26	Dec-26	
9	Design and implement activities to improve recruitment and selection approaches, enhance candidate experience and increase workforce diversity.	Develop and agree Action Plan to improve SFRS promotional processes for uniformed roles.	Feb-26	Sep-26	
		Complete design, pilot and implementation of refreshed and improved Recruitment Panel training.	Apr-26	Dec-26	
		Evaluate impact of Positive Action and the approach to support the 2026 Wholetime Firefighter Recruitment Campaign, including identifying further improvements.	Apr-26	July-26	
		Develop SFRS Recruitment and Selection Framework aligned to the SFRS People Strategy.	May-26	Oct-26	
		Communication and engagement of SFRS Promotional Process Improvement Plan.	Sep-26	Dec-26	
		Design Positive Action and Engagement approach to support the 2027 Wholetime Firefighter Recruitment Campaign.	Oct-26	Dec-26	

		Implement Positive Action and Engagement approach to support the 2027 Wholetime Firefighter Recruitment Campaign.	Jan-27	Mar-27	
10	Strengthen the role and voice of SFRS Employee Networks.	Engage with existing SFRS Employee Networks and other stakeholders to identify opportunities for improvement.	Mar-26	Jun-26	People, Communications and Engagement
		Include SFRS Employee Network representatives in the Organisational Culture and Leadership Advisory Panel.	Apr-26	Jul-26	
		Develop and agree proposals to enhance the role and voice of SFRS Employee Networks.	Jul-26	Sep-26	
11	Design, agree and implement SFRS Leadership Framework and Programmes to ensure leaders at all levels are able to perform to the best of their abilities.	Develop options for an SFRS Leadership Framework.	Mar-26	May-26	People, Communications and Engagement
		Conclude the design of a Leadership Development approach for Supervisory Managers.	Apr-26	Sep-26	
		Continue delivery of existing Supervisory and Middle Manager Development Programmes.	Apr-26	Mar-27	
		Agree approach to establish an SFRS Leadership Framework.	May-26	Jul-26	
		Agree approach for SFRS Supervisory Leadership Development.	Aug-26	Dec-26	
		Agree approach for Middle Managers Leadership Development.	Aug-26	Dec-26	
		Agree approach for Strategic Managers Leadership Development.	Aug-26	Dec-26	

12	Improve facilities, equipment and kit to ensure they meet colleagues needs and contribute to a positive workplace experience.	Participate in sector procurement process and introduce next generation, fit to form PPE.	Apr-26	Mar-27	Finance, Digital & Infrastructure
		Deliver capital investment through the estates and facilities programme to upgrade welfare and dignified facilities.	Apr-26	Mar-27	
		Introduce new, improved maternity wear.	Jul-26	Sep-26	

STRATEGIC SERVICE REVIEW PROGRAMME

Ref	Action	Milestone	Start Date	End Date	Lead Directorate / Programme
13	Consider new On Call Clustering Solutions.	Complete scoping, planning and collaborative design with the On Call Improvement Group.	May-26	Jul-26	Operational Delivery / Service Delivery Review
		Develop Options and Appraisal (non-consultation options).	Aug-26	Oct-26	
		Develop Options and Appraisal (consultation options).	Aug-26	Mar-27	
14	Seek approval and commence implementation of Phase 1 Service Delivery Review (SDR) change options and planning of Phase 2.	Progress the Alternative Duty Systems Project.	Apr-26	Mar-27	
		Progress delivery of approved SDR change options.	Jun-26	Mar-27	
		Design SDR Phase 2.	Jun-26	Mar-27	
15	Procure and implement Corporate Business Solutions.	Establish User Intelligence Group to agree procurement scope and route to market.	Apr-26	May-26	Governance, Strategy & Change / Corporate Services Review
		Develop Implementation Plan.	Apr-26	Mar -27	

		Commence Tender Exercise.	May-26	Jun-26	
		Agree preferred supplier.	Jul-26	Sep -26	
		Complete contract award approval process.	Mar-27	Mar-27	
16	Undertake a User-Centred Strategic Review of SFRS Corporate Services.	Enhance initial Corporate Services Catalogue to ensure all corporate functions have a suite of functional Performance Indicators in place and develop a Service Level Agreement setting out delivery standards.	Apr-26	Mar-27	Governance, Strategy & Change / Corporate Services Review
		Scope and agree future End State Model for Corporate Services.	Apr-26	Mar-27	
		Deliver series of Service-wide staff workshops on the 'As is' and 'To Be' state of Corporate Services.	May-26	Nov-26	
17	Strengthen approaches to attraction, retention and rewards.	Review outputs of the Stage 1 review of the SFRS Pay and Reward Framework.	Apr-26	Sep-26	People, Communications and Engagement / Corporate Service Review
		Develop Stage 2 plan for a future SFRS Pay and Reward Framework.	Sep-26	Mar-27	
18	Implement robust data governance frameworks.	Develop, implement and enforce Data Governance and Quality standards.	May-26	Dec-26	Finance, Digital & Infrastructure / Governance, Strategy & Change / Corporate Services Review
		Establish Data Governance Operating Model.	Jul-26	Mar-27	
		Enhance SFRS Digital and Technology Foundations.	Jul-26	Mar-27	
		Develop approach to establish a Single Source of Truth in SFRS data.	Jul-26	Mar-27	

		Determine baseline and focus for Data Literacy and subsequent adoption.	Oct-26	Mar-27	
19	Deliver New Mobilising System Computer Aided Dispatch (CAD).	Complete CAD Site Acceptance Testing.	Feb-26	May-26	Finance, Digital & Infrastructure / Enabling Infrastructure
		Complete CAD User Acceptance Testing.	May-26	Jul-26	
		Carry out CAD End User Training.	Jun-26	Oct-26	
		Deliver CAD in all three Operations Control.	Sep-26	Nov-26	
20	Deliver New Mobilising System Phase 2 Enhancements.	Deliver Tranche 1 Enhancements.	Jul-26	Nov-26	Finance, Digital & Infrastructure / Enabling Infrastructure
		Deliver Tranche 2 Enhancements.	Oct-26	Apr-27	

DIGITAL, DATA AND TECHNOLOGY CAPABILITIES

Ref	Action	Milestone	Start Date	End Date	Lead Directorate / Programme
21	Deliver the 2026/27 Cyber Security Action Plan.	Deliver Phase 1 Cyber Action Plan actions to achieve the baseline requirements of the Cyber Resilience Framework.	May-25	Jun-26	Finance, Digital & Infrastructure
		Deliver Phase 2 Cyber Action Plan actions to achieve the target requirements of the Cyber Resilience Framework.	Apr-26	Mar-27	

SCOTTISH FIRE AND RESCUE SERVICE

The Board of Scottish Fire and Rescue Service



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No: B/ARAC/01-26

Agenda Item: 13

Report to:		THE BOARD OF SCOTTISH FIRE AND RESCUE SERVICE						
Meeting Date:		30 APRIL 2026						
Report Title:		ANNUAL INTERNAL AUDIT PLAN 2026-27						
Report Classification:		For Decision	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
			A	B	C	D	E	F
1	Purpose							
1.1	The purpose of this report is to advise and seek the approval of the Board for the internal audit activity planned for 2026/27.							
2	Background							
2.1	BDO have developed a draft Internal Audit Plan for the year 2026/27 in consultation with the Strategic Leadership Team (SLT). The Audit and Risk Assurance Committee (ARAC) discussed the plan at its last meeting in April 2026.							
3	Main Report/Detail							
3.1	As per the Scheme of Delegations (incorporating matters reserved for the Board), approval of the Internal Audit Plan is a matter reserved for Board decision.							
3.2	BDO presented a draft Internal Audit Plan 2026/27, for the ARAC’s consideration at its meeting of 9 April 2026. The ARAC members noted and commented on the content of the plan. ARAC members were content with the plan and recommend the Board approves this at the April Board meeting.							
3.3	The Internal Audit Plan (Appendix A) outlines the main areas of audit coverage for the 2026/27 year and is therefore being put forward for approval by the Board.							
4	Recommendation							
4.1	The Board are invited to approve the Internal Audit Plan 2026/27, as set out in Appendix A.							
5	Key Strategic Implications							
5.1	Risk Appetite and Alignment to Risk Register							
5.1.1	The internal audit programme forms a key part of the Service’s Assurance Framework, for which the risk appetite currently sits as Cautious.							
5.2	Financial							
5.2.1	The cost of providing internal audit services is contained within the Resource Budget.							
5.3	Environmental & Sustainability							
5.3.1	There are no Environmental and Sustainability implications arising from this report.							

5.4 5.4.1	Workforce SFRS personnel will be required to engage with Internal Audit processes.
5.5 5.5.1	Health & Safety Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
5.6 5.6.1	Health & Wellbeing Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
5.7 5.7.1	Training Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
5.8 5.8.1	Timing The Internal Audit Plan covers the financial year of 2025/26.
5.9 5.9.1	Performance Internal Audit is intended to support the Service to identify improvements that will enhance performance.
5.10 5.10.1	Communications & Engagement There are no Communications and Engagement implications arising from this report. The relevant public reports from ARAC and SFRS Board will be uploaded to the SFRS website.
5.11 5.11.1	Legal There are no Legal implications arising from this report.
5.12 5.12.1	Information Governance DPIA completed - No. The report provides information on the audits to be undertaken over the next year. The responsible Directorate will ensure that any relevant DPIA is completed as required as each audit is progressed.
5.13 5.13.1	Equalities EHRIA completed - No. Where an equalities assessment is required this will be determined by the responsible Directorate and progressed accordingly.
5.14 5.14.1	Service Delivery Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
5.15 5.15.1	Prevention Any implications arising from the Internal Audit Plan will be managed by the appropriate Directorate/Function.
6	Core Brief
6.1	The Chair of the Audit and Risk Assurance Committee asked the Board to approve the SFRS Internal Audit Plan 2026/27. This sets out a timetable of the main reviews of key activities during 2026/27 that are intended to assist in ensuring effective governance and monitoring arrangements within SFRS, which link to the Service's purpose, outcomes and risks.
7	Assurance (SFRS Board/Committee Meetings ONLY)
7.1	Director: Sarah O'Donnell, Deputy Chief Officer (Corporate Services)

7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient	
7.3	Rationale:	The Internal Audit Plan is proposed by our Internal Auditors (BDO) and agreed with ARAC and SLT. The engagement between BDO and SLT is to ensure that the audit plan is relevant and aligned with organisational risks, will provide ARAC with assurance on SFRS controls and to make any recommendations for improvement. The audits once completed support our annual governance statement.	
8	Appendices/Further Reading		
8.1	Appendix A – Internal Audit Plan 2026/27		
Prepared by:		Sean Morrison, Internal Audit Associate Director, BDO and Chris Casey, Group Commander, Board Support Manager	
Sponsored by:		Sarah O'Donnell, Deputy Chief Officer (Corporate Services)	
Presented by:		Brian Baverstock, Chair of the Audit and Risk Assurance Committee	
Links to Strategy and Corporate Values			
Internal Audit forms part of the Services Governance arrangements and links back to Outcome 5 of the 2022-25 Strategic Plan, specifically Objectives 5.1 and 5.6:			
Outcome 5: We are a progressive organisation, use our resources responsibly and provide best value for money to the public.			
• Objective 5.1: Remaining open and transparent in how we make decisions; • Objective 5.2: Improving levels of Service performance whilst providing value for money to the public; • Objective 5.6: Managing major change projects and organisational risks effectively and efficiently.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>Audit & Risk Assurance Committee</i>	<i>09/04/2026</i>	<i>For Recommendation</i>	<i>Recommended for Approval</i>
<i>SFRS Board</i>	<i>30/04/2026</i>	<i>For Decision</i>	



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SERVICE

ANNUAL INTERNAL AUDIT PLAN
2026-27 - DRAFT

APRIL 2026

IDEAS | PEOPLE | TRUST

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INTRODUCTION AND EXECUTIVE SUMMARY

Introduction

- ▶ Internal auditing strengthens the organisation's ability to create, protect, and sustain value by providing the Board via the Audit and Risk Assurance Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.
- ▶ Our approach is to help the Scottish Fire and Rescue Service accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. Our approach complies with best professional practice, in particular, the principles set out in the Institute of Internal Auditor's (IIA's) International Professional Practices Framework (IPPF) which includes the new Global Internal Audit Standards that became effective from January 2025.
- ▶ The purpose of this paper is to set out, and seek agreement from, the Scottish Fire and Rescue Service Audit and Risk Assurance Committee on the Internal Audit Annual Plan for 2026-27.

Internal Audit at Scottish Fire and Rescue Service

We have been appointed as internal auditors to the Scottish Fire and Rescue Service to provide the Audit and Risk Assurance Committee and the Senior Leadership Team with assurance on the adequacy of risk management, governance and internal control arrangements.

Responsibility for these arrangements remains fully with management who should recognise that Internal Audit can only provide 'reasonable assurance' and cannot give any guarantee against material errors, loss or fraud. Our role is aimed at helping management to improve its risk management, governance and internal control mechanisms, so reducing the effects of any significant risks facing the service.

In establishing the internal audit plan for 2026-27 we have sought to further clarify our initial understanding of the Scottish Fire and Rescue Service's business and risk profile in the context of:

- ▶ Corporate risks
- ▶ Management's priorities and objectives for the coming year
- ▶ The key challenges facing the organisation, by reviewing the significant risk register
- ▶ The internal audit work carried out in prior years
- ▶ Cyclical coverage based on the audit universe

Priorities identified include prioritisation of resources, regulatory compliance, succession planning, equipment controls, estates management, health and safety, and significant change which the organisation faces in the coming years.

Summary

- ▶ The Internal Audit Plan for 2026-27 is set out within this document and comprises six audits, an annual follow up, and contract management totalling 156 days.
- ▶ The rolling four-year Internal Audit Plan is set out on page 15 onwards and will be subject to review each year.
- ▶ The total cost of the Annual Plan for 2026-27 will depend on the staff mix used but it is estimated to be in the region of £90,000 per the tender submission and agreed contract.

INTERNAL AUDIT APPROACH

Background

- ▶ Our risk-based approach to internal audit uses the Scottish Fire and Rescue Services risk management processes and risk registers as a starting point for audit planning, as this represents the service's own assessment of the risks to it achieving its strategic objectives.
- ▶ The extent to which we can rely on management's own perception of risk largely depends on the maturity and effectiveness of the Scottish Fire and Rescue Service's own arrangements for managing risk. In estimating the amount of audit resource required to address the most significant risks, we have also sought to confirm that senior management's own assessment of risk accurately reflects the organisation's current risk profile.

In establishing the Internal Audit Strategy, we have sought to further clarify our initial understanding of the operations at the organisation, together with its risk profile in the context of:

- ▶ The overall strategy and objectives of the organisation
- ▶ Key challenges facing the organisation, by reviewing the standing corporate risk register and discussion with Senior Management
- ▶ Key areas where management wish to monitor performance and the manner in which performance is measured
- ▶ Financial and non-financial measurements and indicators of such performance
- ▶ The information required to 'run the organisation'

Our Risk Based Planning Approach for 2026-2027

The 2026-2027 Internal Audit (IA) plan has been created to exhibit the planned Internal Audits to be conducted within the audit year.

As part of the planning process to align the IA plan to the organisation's needs, the Internal Audit team spent time with Senior Management in the initial four-year programme development to discuss the key areas of focus and concern for the organisation in 2026-2027. During these discussions, we covered the potential areas of focus in as well as any emerging risks within the organisation. The outputs from these discussions were incorporated into the Internal Audit plan outlined within this document.

The 2026-2027 Internal Audit plan was formed using the information above, the risk register, the organisation's strategic documents, previous audit coverage, along with our own knowledge and understanding of the organisation's priorities, and our own ongoing assessment of risks.

Planned Approach to Internal Audit 2026-27

- ▶ The suggested Internal Audit Plan for 2026-27 is set out on pages 9 onwards. We will keep the plan under review throughout the year and we will highlight for consideration any significant areas of risk identified during that period that may need to be included as part of the internal audit plan.
- ▶ Where auditable areas correspond to corporate risks, we will take into account the mitigation strategies in place when performing our reviews. This is to ensure that the mitigating controls, as well as the actions that have been identified by management, are in operation and are effective.

High Risk Areas

There are no significant risks which are not being covered within the outlined four-year audit programme outlined within this plan.

Contingency Audits

The audit plan is flexible to allow priority topics and emerging risk areas to be included within the 2026-27 coverage.

There are currently no set contingency audits outlined within the programme. However, audits can be moved forward from later years or to cover emerging risks as required.



INTERNAL AUDIT APPROACH



Variations to the Plan

We will continue to keep the Internal Audit Plan under review throughout the year. We will highlight for consideration any significant areas of risk identified during that period, which may need to be included as part of the annual plan.

We acknowledge that variations to this plan may arise if the organisation's strategic priorities, risk profile or governance arrangements change. Approval will be sought from the Audit & Risk Assurance Committee before any changes to the Internal Audit Plan are made.

Individual Audits

In determining the timing of our individual audits, we will seek to agree a date most convenient to the organisation which ensures the availability of key stakeholders. Once this plan is agreed we will discuss priorities and workloads with management and re-issue the plan including the proposed phasing of our internal audit work.

For each we have set out whether they are an assurance or advisory engagement. For each assurance review, we will identify the key objectives of the area subject to audit and the risks of those objectives not being met. We will assess the 'unmitigated' risk (i.e. before the operation of the controls in place) and, having identified and tested those controls, make an assessment of the 'mitigated' risk. This will enable us to confirm that the control infrastructure does reduce risk to a level the Scottish Fire and Rescue Service is comfortable with. Each of our audit reports will include two opinions:

- Firstly, on the design of controls that are in place
- Secondly, on the operational effectiveness of those controls in practice.

INTERNAL AUDIT RESOURCES AND OUTPUTS



Resourcing

The plan has been drafted giving consideration to the Scottish Fire and Rescue Service's budget and how coverage can be best obtained. Resource will be adequate to ensure the delivery of agreed reports to time, except where this is outside of our control. BDO has a core group of professionally qualified staff, including Chartered Accountants and The Institute of Internal Auditors qualified staff, as well as other specialists and experienced auditors. Our team is fully attuned with modern internal audit practice and recognised risk and governance standards.

Subject to approval of the budget, we can confirm that we have sufficient human, financial and technological resources to deliver the Internal Audit Plan.

Core internal audit team

The core team that will be managing the internal audit programme is:

Name	Grade	Qualification	Email
Claire Robertson	Director - Head of RAS Scotland	CA	Claire.Robertson@bdo.co.uk
Sean Morrison	Internal Audit Associate Director	CA	Sean.Morrison@bdo.co.uk

This team will be supported by members of our Risk Advisory Services (RAS) team and wider firm, as and when required.

Reporting to the Audit and Risk Assurance Committee

Each year we will submit the Internal Audit Plan for discussion and approval by the Audit and Risk Assurance Committee. We will liaise with the Risk and Audit Manager and other senior officers, as appropriate, to ensure that internal audit reports, summarising the results of our visits, are presented to the appropriate Audit and Risk Committee meeting.

Internal Audit Charter

We have formally defined Internal Audit's purpose, authority and responsibility in an Internal Audit Charter, which can be found in Appendix I. The Charter establishes Internal Audit's position within the Scottish Fire and Rescue Service and defines the scope of its activities.

Definitions

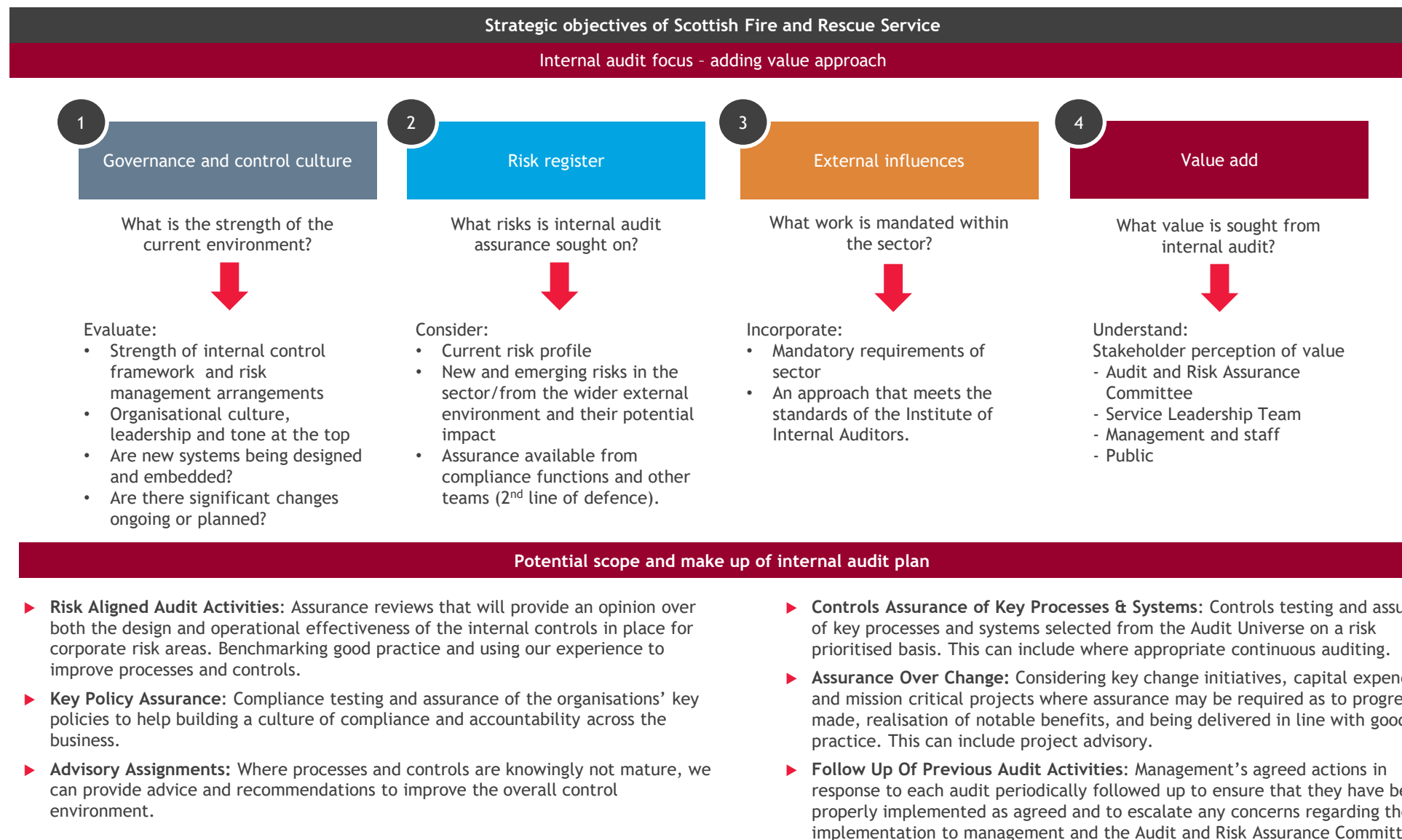
We define in Appendix III our approach for grading individual audit findings and overall audit reports. These definitions have been designed to make the ratings clear to both the Internal Audit team and audit stakeholders.

Working Protocols

We have defined operating protocols for managing each assignment. These can be found in Appendix II. The procedures take account of how we will communicate with stakeholders before, during and after each audit.

OUR APPROACH TO PLANNING

Planning approach



OUR APPROACH TO PLANNING

Planning approach

1

Governance and control culture

The governance and control culture is a fundamental consideration when developing the internal audit approach. We believe that governance is not only affected by procedures, rules and regulations (hard controls); another equally important component is the established culture and behaviour of employees within the Scottish Fire and Rescue Service, as these determine the effectiveness of governance.

We have developed an understanding of these areas through a combination of our discussions with you about your business strategy and through review of documents such as the Strategic Plan, Annual Report, previous internal audit coverage, good governance framework, risk registers.

Assessment of culture and behaviour will be a key theme throughout the delivery of our work and we will look to provide insight into whether these cultural factors support ethical behaviour on an ongoing basis.

In deriving the plan for 2026-27 and onwards we will focus on any planned and ongoing changes to core systems, functions, resource, and processes to respond to the changes in the wider environment.

3

External influences

Our programme of work is designed to comply with the Global Internal Audit Standards which form part of the International Professional Practice Framework set out by The Institute of Internal Auditors.

We will also consider in our work any externally imposed regulation relating to governance, risk and control.

2

Current risk register

On an ongoing basis, our audit plan will be based upon a detailed assessment of those risks that affect the achievement of the Scottish Fire and Rescue Service strategic objectives. Our audit programme will be designed to ensure that controls are in place such that key risks are appropriately managed and controlled. To understand the organisation's objectives and key risks, we considered the following:

- ▶ Scottish Fire and Rescue Service's strategy and objectives
- ▶ Risk registers
- ▶ Financial forecasts and performance
- ▶ Input from other key assurance providers, including HMFSI and External Audit
- ▶ The content of your most recent internal audit reports
- ▶ The internal audit plan and corporate risk register will be periodically reviewed during 2026-27. Should the plan need to change we will seek approval from the Audit and Risk Assurance Committee.

4

Value add

We understand that 'value' is perceived differently by each client and therefore we do not seek to have a standard approach to this element of the audit programme.

Our methodology considers the additional value the Audit and Risk Assurance Committee and management are seeking from internal audit, beyond the assurance our work provides.

We therefore consider this alongside our understanding of the risks. Added value may take a range of forms, from benchmarking and other peer comparisons, to involvement with advising on new systems implementation, advisory assignments and training.

We will clearly set out in the plan which elements of adding value activity we will deliver.

INTERNAL AUDIT PLAN - 2026-2027

Set out below is the Internal Audit plan for 2026-2027. Executive sponsors have been assigned to each review. The Executive sponsors will be responsible for identifying the relevant colleagues who should be involved in each stage of the Internal Audit review (e.g., planning, fieldwork, reporting, follow up.).

The budgeted number of days is subject to change, following the completion of the planning stage of each review and will be charged at the agreed blended day rate. In addition, the detailed significant risks each Internal Audit is associated with can be found on page 13.

REF	AUDIT TOPIC	SIGNIFICANT AND DIRECTORATE RISK REGISTER #	LINK TO STRATEGIC PRIORITIES	PRIMARY SOURCE & REASON FOR SELECTION	PROPOSED EXECUTIVE SPONSOR(S)	BUDGETED DAYS
SFRS/FY26 /01	Health and Safety	TSA014	Safe and Effective Response; Investing in our People	Risk register, Audit assessment, and management request	Assistant Chief Officer, Director of Training, Safety and Assurance	22
SFRS/FY26 /02	Staff Development and Performance Management	FCS022; PPP005	Improving Performance; Investing in our People	Risk register, Audit assessment, and management request	Director of People, Communications and Engagement	20
SFRS/FY26 /03	Change Management Check In	POD020	Innovation and Investment	Risk Register, Audit assessment and management request	Director of Governance, Strategy and Change	20
SFRS/FY26 /04	General Financial Controls	FCS011	Improving Performance	Risk register, Audit assessment, and management request	Director of Finance, Digital and Infrastructure	20
SFRS/FY26 /05	Procurement	NA	Improving Performance	Risk register, Audit assessment, and management request	Director of Finance, Digital and Infrastructure	18
SFRS/FY26 /06	Strategic and Business Performance Management	SPPC001	Improving Performance	Audit assessment and management request	Director of Governance, Strategy and Change	25
SFRS/FY26 /07	Follow Up	NA	NA	Audit assessment	Risk & Audit Manager	14
NA	Audit Plan Development	NA	NA	NA	NA	4
NA	Audit & Risk Assurance Committee Attendance and Preparation	NA	NA	NA	NA	6
NA	Client Liaison	NA	NA	NA	NA	5
NA	Annual Reporting	NA	NA	NA	NA	2
Total						156

INTERNAL AUDIT PLAN - 2026-2027

For each review which forms part of the proposed Internal Audit plan for 2026-2027, we have outlined a high-level scope for illustration purposes to support the planning phase. Executive sponsors have been assigned to each review. The Executive sponsors will be responsible for identifying the relevant colleagues who should be involved in each stage of the Internal Audit review (e.g., planning, fieldwork, reporting, follow up.).

REF	AUDIT TOPIC	REVIEW TYPE	HIGH LEVEL SCOPE	EXEC SPONSOR(S)
SFRS/FY2 6/01	Health and Safety	Assurance	The purpose of this review is to provide the Audit & Risk Assurance Committee with assurance around the arrangements in place in relation to key employer health and safety responsibilities are well designed and operating effectively throughout the organisation. We will also assess whether effective management reporting is in place to allow for the timely escalation and resolution of health and safety risks.	Assistant Chief Officer, Director of Training, Safety and Assurance
SFRS/FY2 6/02	Staff Development and Performance Management	Assurance	The purpose of this review will be to assess whether the organisation has effectively evaluated the skills and teams needed to deliver its strategic objectives. We will also assess whether development plans have been put in place for key individuals and teams. We will review the processes in place for assessing staff performance. Input on the review will be required from the People Committee.	Director of People, Communications and Engagement
SFRS/FY2 6/03	Change Management Check In	Assurance	The purpose of this review will be to conduct a check in audit on the performance and impact being delivered by the PMO function. Given the volume of change within the organisation, it is essential that the function is effective in the drive for organisational change. The review will also consider the implementation and progress of embedding actions from the previous internal audit on change. Note that engagement will be undertaken with the Strategic Planning and Change Committee	Director of Governance, Strategy and Change
SFRS/FY2 6/04	General Financial Controls	Assurance	The purpose of this review is to provide assurance over the design and operational effectiveness of the key financial controls. The review will look to ensure that there is appropriate guidance and procedures, oversight, preventative and detective controls, segregation of duties and scrutiny.	Director of Finance, Digital and Infrastructure
SFRS/FY2 6/05	Procurement	Assurance	The purpose of this review is to provide assurance to management and the Audit & Risk Assurance Committee that effective processes are in place in relation to procurement and contract management, which comply with regulation and good practice, and are designed to ensure value for money is achieved. The review will assess the embeddedness of previously recommended improvement areas.	Director of Finance, Digital and Infrastructure
SFRS/FY2 6/06	Strategic and Business Performance Management	Assurance	The purpose of this review will be to assess whether the organisation has effective systems and controls in place to measure and manage the achievement of strategic and operational goals, targets and outcomes. This will include an examination of the robustness of the information presented, the business performance framework, and the efficiency and effectiveness of the systems and processes in place to collate it. The review will include walkthroughs of the processes for data input into and review.	Director of Governance, Strategy and Change
SFRS/FY2 6/07	Follow Up	Assurance	The effectiveness of internal control systems may be compromised if management fails to implement agreed audit recommendations. Our follow up work will provide the Finance & Audit Committee with assurance that recommendations are implemented within the expected timescales.	Risk & Audit Manager

AREAS CONSIDERED BUT NOT INCLUDED

The following areas have been considered for 2026-27 but have been de-prioritised. This will be considered in future years, and should any areas of the Internal Audit Plan be removed during the year, we will consider whether any of these can be brought forward.

AUDIT AREA	REASON FOR DE-SELECTION	PRIORITY	RISK	LINK TO STRATEGIC PRIORITIES
Communications and Stakeholder Engagement	This audit has been de-prioritised to allow time for learnings from the service delivery review communication and stakeholder engagement to be embedded within the organisation.	Low	FCS005; PPP009; POD022; POD023	Safer Communities Through Prevention; Improving Performance
IT Strategy	On request from the SLT this audit has been moved into the 27/28 audit year. This will allow time for the digital strategy to be further delivered.	Low	SD007; FCS017	Improving Performance

INTERNAL AUDIT SCHEDULE - 2026-2027

The chart below sets out the proposed delivery schedule for the 2026-2027 Internal Audit plan.

REF	AUDIT TOPIC	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TARGET ARAC
SFRS/FY26/01	Health and Safety													JUL
SFRS/FY26/02	Staff Development and Performance Management													OCT
SFRS/FY26/03	Change Management Check In													OCT
SFRS/FY26/04	General Financial Controls													JAN
SFRS/FY26/05	Procurement													MAR
SFRS/FY26/06	Strategic and Business Performance Management													JUN
SFRS/FY26/07	Follow Up													ALL

LINK TO RISK REGISTER

We have linked the Scottish and Fire Rescue Service's significant risk register to the audits in our Internal Audit Plan (as of January 2026)

REF	RISK SUMMARY	NET RISK SCORE	PREVIOUSLY AUDITED	AUDIT IN IA PLAN				OTHER ASSURANCE
				FY25	FY26	FY27	FY28	
PPP005	There is a risk of insufficient levels of qualified and skilled Fire Engineering resources	20	✓		✓		✓	
SDD007	There is a risk of SFRS being unable to maintain adequate levels of Cyber Security to avoid any breach.	20	✓			✓	✓	
TSA019	There is a Directorate risk, of an inability to maintain or improve our training delivery due to the limited finance/budget available for capital investment, condition and location of our Training Estate.	16	✓	✓				✓
FCS005	There is a risk that the Service may be unable to secure levels of funding required to achieve its strategic objectives.	16	✓			✓		✓
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, resulting in insufficient resources to support strategic workforce development, leadership capacity building, and future capability needs.	20			✓			
TSA018	There is a Directorate risk, of an inability to maintain or improve our training delivery due to insufficient capacity being available within the Training Function to meet current demand, which could result in current and future negative impact on currency in operational skills & capacity, associated legal and regulatory compliance and financial and reputational cost.	16			✓			✓
SPPC001	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.	15			✓			
POD027	There is a risk that SFRS is unable to evidence effective process controls and / or unable to provide the full range of required people reporting due to system limitations and a high reliance on manual / off-system working, resulting in a reduced team capacity for strategic priority work, poor employee experience, a negative impact on the ability to make evidence based decisions, increased errors and non-compliances.	15			✓			

LINK TO RISK REGISTER

REF	RISK SUMMARY	NET RISK SCORE	PREVIOUSLY AUDITED	AUDIT IN IA PLAN				OTHER ASSURANCE
				FY25	FY26	FY27	FY28	
FCS022	There is a risk of continued challenges with recruiting and retaining staff with the necessary skills and experience required to support the Finance and Procurement Function.	16	✓		✓	✓	✓	
SPPC004	There is a risk that the service fails to comply with information governance legislation	20		✓		✓		
POD020	There is a risk that the Directorate is unable to deliver against stated commitments and objectives or provide timeous support to wider SFRS projects and change initiatives, due to limited resources and capacity brought about by the current financial context and competing organisational priorities.	16	✓	✓	✓			
OD001	There is a risk of a non-resilient fire control due to insufficient employees and an ineffective fire control structure.	15			✓			
SD001	There is a risk of failure to mobilise to an incident due to a technical failure of the existing mobilising systems.	15	✓			✓		
SPPC017	There is a risk where current resourcing falls below required levels to meet demand. This is due to current sickness absence, vacancy management and increased demands placed upon the Function. This has resulted in delays to work being completed, additional pressures placed upon other members of the Team and a reduction in the quality of work able to be provided.	16				✓		
PPP008	The Resilience Management Team has recognised a gap in national-level planning and Disruption preparedness.	16				✓		
PPP009	There is a risk where 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.	16					✓	
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.	16					✓	
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, resulting in a reliance on long term market allowances and a negative impact on the organisation's ability to meet its strategic priorities.	16			✓			
FCS017	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.	15				✓	✓	

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

The table below outlines our proposed four-year internal audit four-year programme against the areas of the Scottish Fire and Rescue Service's Audit Universe for 2025-2029. Audits included in Year 3 and Year 4 are indicative of what might be included based on our initial discussions with management, the current risk register and our audit needs assessment but will be subject to a formal review towards the end of each audit year.

AUDIT AREA	LAST AUDITED	PREVIOUS RATING		2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
		DESIG N	EFF.					
Governance, Leadership and Management								
Corporate governance	FY25	SUB	SUB					
Risk management	FY25	MOD	MOD					
Risk assurance	FY23							
Strategic and business performance management								
Management information and performance management	FY22							
Communications and stakeholder engagement								
Environmental and social	FY21							
Data Protection								
Health & Safety								
Legal								
Business continuity planning and disaster recovery								
Compliance function								
Total								

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

AUDIT AREA	LAST AUDITED	PREVIOUS RATING		2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
		DESIGN	EFF.					
Finance								
Revenue recognition	FY22							External Audit
Accounts receivable	FY20							External Audit
General ledger	FY20							External Audit
Accounts payable	Fy20							External Audit
Expenses/ credit cards	FY20							External Audit
Treasury management								
Budget management/investment prioritisation	FY25							
Capital investment strategy	FY22							
Budget setting and control	FY23							
General financial controls								
Fraud	FY24							External Audit
Procurement and tendering	FY20							
Supplier management	FY23							
Tax								External Audit
Total								

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

AUDIT AREA	LAST AUDITED	PREVIOUS RATING DESIGN EFF.	2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
IT							
ITGC	FY24						
Cyber	FY24						
Artificial intelligence							
IT strategy implementation							
IT project management - Change management systems							
Service and support							
IT asset security	FY21						
HR							
Payroll							
HR general controls - for example staff recruitment, appraisals, leavers							
Case Management							
Talent development and succession planning	FY21						
Training	FY22						
Staff development and performance management							
Workforce planning	FY23						
Absence management	FY22						
Culture							HMFSI
Equality, diversity and inclusion	FY23						
Total							

INTERNAL AUDIT FOUR-YEAR PROGRAMME 2025-2029

AUDIT AREA	LAST AUDITED	PREVIOUS RATING		2025-26	2026-27	2027-28	2028-29	OTHER ASSURANCE
		DESIG N	EFF.					
Core activities								
Change management check in	FY24							
Fire prevention services strategy delivery								
Freedom of information	FY25							
Environmental management	FY24							
Partnership working	FY23							
Contaminants								
SVQ review	FY22							
PPE	FY25							
Post pandemic review	FY22							
Fact finding investigation	FY21							
Portfolio office	FY21							
Fire safety enforcement	FY21							
Remote working	FY21							
Operational equipment	FY20							
Estates Management	FY25							
Management action plans follow up								
Planning, liaison, management, committee attendance and reporting								
Contingency								
Total								



SCOTTISH FIRE AND RESCUE SERVICE

APPENDICES

IDEAS | PEOPLE | TRUST

APPENDIX I: INTERNAL AUDIT CHARTER

Internal Audit's Purpose and Mandate

Purpose

The purpose of the internal audit function is to strengthen the Scottish Fire and Rescue Service's ability to create, protect, and sustain value by providing the Board via the Audit Risk and Assurance Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The internal audit function enhances the Scottish Fire and Rescue Service's:

- ▶ Successful achievement of its objectives
- ▶ Governance, risk management, and control processes
- ▶ Decision-making and oversight
- ▶ Reputation and credibility with its stakeholders
- ▶ Ability to serve the public interest

The Scottish Fire and Rescue Service's internal audit function is most effective when:

- ▶ Internal auditing is performed by competent professionals in conformance with the Institute of Internal Audit's Global Internal Audit Standards™, which are set in the public interest.
- ▶ The internal audit function is independently positioned with direct accountability to the Audit and Risk Assurance Committee.
- ▶ Internal auditors are free from undue influence and committed to making objective assessments.

Mandate

Authority

The Audit and Risk Assurance Committee grants the internal audit function the mandate to provide the Audit and Risk Assurance Committee and senior management with objective assurance, advice, insight, and foresight.

The internal audit function's authority is created by its direct reporting relationship to the Audit and Risk Assurance Committee. Such authority allows for unrestricted access to the Audit and Risk Assurance Committee.

The Audit and Risk Assurance Committee authorises the internal audit function to:

- ▶ Have full and unrestricted access to all functions, data, records, information, physical property, and personnel pertinent to carrying out internal audit responsibilities. Internal auditors are accountable for confidentiality and safeguarding records and information.
- ▶ Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish the function's objectives.
- ▶ Obtain assistance from the necessary organisation's personnel in relevant engagements, as well as other specialised services from within or outside the organisation to complete internal audit services.

Independence, position, and reporting relationships

The Head of Internal Audit (HoIA) HoIA will be positioned at a level in the organisation that enables internal audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the internal audit function.

The HoIA will report functionally to the Audit and Risk Assurance Committee and administratively to the Senior Leadership Team.

This positioning provides the organisational authority and status to bring matters directly to senior management and escalate matters to the Audit and Risk Assurance Committee, when necessary, without interference and supports the internal auditors' ability to maintain objectivity.

The HoIA will confirm to the Audit and Risk Assurance Committee, at least annually, the organisational independence of the internal audit function.

The HoIA will disclose to the Audit and Risk Assurance Committee any interference internal auditors encounter related to the scope, performance, or communication of internal audit work and results. The disclosure will include communicating the implications of such interference on the internal audit function's effectiveness and ability to fulfil its mandate.

APPENDIX I: INTERNAL AUDIT CHARTER

Board Oversight

To establish, maintain, and ensure the Scottish Fire and Rescue Service's internal audit function has sufficient authority to fulfil its duties, the Audit and Risk Assurance Committee will:

- ▶ Discuss with the HoIA and senior management the appropriate authority, role, responsibilities, scope, and services (assurance and/or advisory) of the internal audit function.
- ▶ Ensure the HoIA has unrestricted access to and communicates and interacts directly with the Audit and Risk Assurance Committee, including in private meetings without senior management present.
- ▶ Discuss with the HoIA and senior management other topics that should be included in the internal audit charter.
- ▶ Participate in discussions with the HoIA and senior management about the “essential conditions,” described in the Global Internal Audit Standards, which establish the foundation that enables an effective internal audit function.
- ▶ Review and approve the internal audit function's charter annually, which includes the internal audit mandate and the scope and types of internal audit services.
- ▶ Approve the risk-based internal audit plan.
- ▶ Approve the internal audit function's human resources administration and budgets.

- ▶ Collaborate with senior management to determine the qualifications and competencies the organisation expects in a chief audit executive.
- ▶ Authorise the appointment and removal of the chief audit executive and out-sourced internal audit provider.
- ▶ Approve the fees paid to the out-sourced internal audit provider.
- ▶ Review the chief audit executive's and internal audit function's performance.
- ▶ Receive communications from the HoIA about the internal audit function including its performance relative to its plan.
- ▶ Ensure a quality assurance and improvement program has been established and review the results annually.
- ▶ Make appropriate inquiries of senior management and the HoIA to determine whether scope or resource limitations are inappropriate.

Changes to the Mandate and Charter

Circumstances may justify a follow-up discussion between the chief audit executive, Audit and Risk Assurance Committee, and senior management on the internal audit mandate or other aspects of the internal audit charter. Such circumstances may include but are not limited to:

- ▶ A significant change in the Global Internal Audit Standards.
- ▶ A significant acquisition or reorganisation within the organisation.
- ▶ Significant changes in the chief audit executive, Audit and Risk Assurance Committee, and/or senior management.
- ▶ Significant changes to the organisation's strategies, objectives, risk profile, or the environment in which the organisation operates.
- ▶ New laws or regulations that may affect the nature and/or scope of internal audit services.



APPENDIX I: INTERNAL AUDIT CHARTER

HoIA Roles and Responsibilities



Ethics and Professionalism

The HoIA will ensure that internal auditors:

- ▶ Conform with the Global Internal Audit Standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- ▶ Understand, respect, meet, and contribute to the legitimate and ethical expectations of the organisation and be able to recognise conduct that is contrary to those expectations.
- ▶ Encourage and promote an ethics-based culture in the organisation.
- ▶ Report organisational behaviour that is inconsistent with the organisation's ethical expectations, as described in applicable policies and procedures.

Objectivity

The HoIA will ensure that the internal audit function remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the HoIA determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgment on audit matters to others.

Internal auditors will have no direct operational responsibility or authority over any activities they review. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, or engage in other activities that may impair their judgment

Internal auditors will:

- ▶ Disclose impairments of independence or objectivity, in fact or appearance, to appropriate parties and at least annually, such as the chief audit executive, Audit and Risk Assurance Committee, management, or others.
- ▶ Exhibit professional objectivity in gathering, evaluating, and communicating information.
- ▶ Make balanced assessments of all available and relevant facts and circumstances.
- ▶ Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

APPENDIX I: INTERNAL AUDIT CHARTER

HolA Roles and Responsibilities



Managing the Internal Audit Function

The HolA has the responsibility to:

- ▶ At least annually, develop a risk-based internal audit plan that considers the input of the Audit and Risk Assurance Committee and senior management. Discuss the plan with the Audit and Risk Assurance Committee and senior management and submit the plan to the Board for review and approval.
- ▶ Communicate the impact of resource limitations on the internal audit plan to the Audit and Risk Assurance Committee and senior management.
- ▶ Review and adjust the internal audit plan, as necessary, in response to changes in the organisation's business, risks, operations, programs, systems, and controls.
- ▶ Communicate with the Audit and Risk Assurance Committee and senior management if there are significant interim changes to the internal audit plan.
- ▶ Ensure internal audit engagements are performed, documented, and communicated in accordance with the Global Internal Audit Standards.
- ▶ Follow up on engagement findings and confirm the implementation of recommendations or action plans and communicate the results of internal audit services to the Audit and Risk Assurance Committee and senior management periodically and for each engagement as appropriate.
- ▶ Ensure the internal audit function collectively possesses or obtains the knowledge, skills, and other competencies and qualifications needed to meet the requirements of the Global Internal Audit Standards and fulfil the internal audit mandate
- ▶ Identify and consider trends and emerging issues that could impact the Scottish Fire and Rescue Service and communicate to the Audit and Risk Assurance Committee and senior management as appropriate
- ▶ Consider emerging trends and successful practices in internal auditing
- ▶ Establish and ensure adherence to methodologies designed to guide the internal audit function
- ▶ Ensure adherence to relevant policies and procedures unless such policies and procedures conflict with the internal audit charter or the Global Internal Audit Standards. Any such conflicts will be resolved or documented and communicated to the Audit and Risk Assurance Committee and senior management
- ▶ Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services. If the HolA cannot achieve an appropriate level of coordination, the issue must be communicated to senior management and if necessary escalated to the Audit and Risk Assurance Committee.

APPENDIX I: INTERNAL AUDIT CHARTER

HolA Roles and Responsibilities

Communication with the Audit and Risk Assurance Committee and Senior Management

The HolA will report as required or where appropriate to the Audit and Risk Assurance Committee and senior management regarding (see appendix II for an example of proposed working protocols):

- ▶ The internal audit function's mandate
- ▶ The internal audit plan and performance relative to its plan
- ▶ Internal audit budget
- ▶ Significant revisions to the internal audit plan and budget
- ▶ Potential impairments to independence, including relevant disclosures as applicable
- ▶ Results from the quality assurance and improvement program, which include the internal audit function's conformance with the IIA's Global Internal Audit Standards and action plans to address the internal audit function's deficiencies and opportunities for improvement
- ▶ Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the Audit and Risk Assurance Committee
- ▶ Results of assurance and advisory services
- ▶ Resource requirements
- ▶ Management's responses to risk that the internal audit function determines may be unacceptable or acceptance of a risk that is beyond the organisation's risk appetite.



Quality Assurance Improvement Programme (QAIP)

The HolA will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function.

The program will include external and internal assessments of the internal audit function's conformance with the Global Internal Audit Standards, as well as performance measurement to assess the internal audit function's progress toward the achievement of its objectives and promotion of continuous improvement.

The plan will assess the efficiency and effectiveness of internal audit and identify opportunities for improvement.

Annually, the HolA will communicate with the Audit and Risk Assurance Committee and senior management about the internal audit function's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments.

External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside BDO; qualifications must include at least one assessor holding an active Certified Internal Auditor credential.

APPENDIX I: INTERNAL AUDIT CHARTER

Scope and Types of Internal Audit Services

Scope and Types of Internal Audit Services

- ▶ The scope of internal audit services covers the entire breadth of the organisation, including all Scottish Fire and Rescue Service activities, assets, and personnel.
- ▶ The scope of internal audit activities also encompasses but is not limited to objective examinations of evidence to provide independent assurance and advisory services to the Audit and Risk Assurance Committee and management on the adequacy and effectiveness of governance, risk management, and control processes for the organisation.
- ▶ The nature and scope of advisory services may be agreed with the party requesting the service, provided the internal audit function does not assume management responsibility. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.

Internal audit engagements may include evaluating whether:

- ▶ Risks relating to the achievement of the organisation's strategic objectives are appropriately identified and managed.
- ▶ The actions of Scottish Fire and Rescue Service's officers, directors, management, employees, and contractors or other relevant parties comply with organisational policies, procedures, and applicable laws, regulations, and governance standards.
- ▶ The results of operations and programs are consistent with established goals and objectives.
- ▶ Operations and programs are being carried out effectively and efficiently.
- ▶ Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the organisation.
- ▶ The integrity of information and the means used to identify, measure, analyse, classify, and report such information is reliable.
- ▶ Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.



APPENDIX II - WORKING PROTOCOLS AND PERFORMANCE

The tables opposite set out the principal communication and reporting points between and Internal Audit, which are subject to regular review. Any future changes to the communication and reporting points are reported to the Audit & Risk Assurance Committee for approval.

Table One: Liaison Meetings Between the organisation and Internal Audit and with External Audit

MEETING	FREQUENCY	ARAC	CHIEF OFFICER	SENIOR LEADERSHIP TEAM	RELEVANT STAFF	EXTERNAL AUDIT
Internal audit liaison meeting with management	As required		✓		✓	
Internal audit update meetings	As required		✓	✓		
Quality Assurance Meeting	As required		✓			
Liaison meeting with Chair of the Audit & Risk Assurance Committee	As required	✓				
ARAC to discuss audit progress	Quarterly	✓				
Meetings to raise immediate concerns	As necessary	✓	✓	✓	✓	
Meetings with external audit	As necessary					✓

Table Two: Key Reporting Points Between the organisation and Internal Audit

MEETING	ARAC	AUDIT SPONSOR	SENIOR LEADERSHIP TEAM	RELEVANT STAFF
Annual Internal Audit Plan	✓	✓	✓	✓
Individual internal audit planning documents		✓	✓	✓
Draft Internal Audit Reports*		✓	✓	✓
Final Internal Audit Reports*	✓	✓	✓	✓
Quality Progress Reports	✓		✓	
Annual Internal Audit Report	✓	✓	✓	

*Internal Audit reports are distributed to the relevant Management Team members only.

APPENDIX II - WORKING PROTOCOLS AND PERFORMANCE

Internal Audit Performance Measures and Indicators

Internal Audit's performance is assessed in two ways. Firstly, there is the ability for us to self-assess our performance on a regular basis and report back to the Audit & Risk Assurance Committee on certain measures around inputs and satisfaction from those members of management who have been subject to a review.

Secondly, the view of the Audit & Risk Assurance Committee as to the value being received from its internal audit provider has to be taken into account. Much of this can be drawn from our attendance at Audit & Risk Assurance Committee, in camera meetings and by the views of management. For our part, we look to report to the Audit & Risk Assurance Committee regularly on the internal audit inputs as detailed below.

The tables contain performance measures and indicators that we consider to have the most value in assessing the efficiency and effectiveness of Internal Audit.

Tables three and four contain performance measures and indicators that we consider to have the most value in assessing the efficiency and effectiveness of internal audit. We recommend that the Audit & Risk Assurance Committee approves the following measures which we will report to each meeting and/or annually as appropriate.

Table Three - Performance reporting to Audit & Risk Assurance Committee

MEASURE / INDICATOR
Audit coverage
▶ Audits completed against the Annual Audit Plan
▶ Actual days input compared with Annual Audit Plan
Audit planning and reporting
▶ Days to issue draft report after end of fieldwork

Table Four: Annual Performance Reporting

MEASURE / INDICATOR
Relationships and client satisfaction
▶ Client satisfaction reports
Staffing
▶ Colleague mix compared with budget
▶ Percentage of Director and Manager time
▶ Continuity of staffing
▶ Use of specialist staff (e.g. IT Risk and Advisory)

Management performance measures and indicators

Management's ability to respond efficiently to internal audit findings and recommendations helps the Audit & Risk Assurance Committee to form its own view of the internal control framework.

Importantly, management's consideration of internal audit findings plays a contributory factor in our ability to deliver timely reports to the Audit & Risk Assurance Committee. Therefore, the following measures are also reported to the Audit & Risk Assurance Committee.

MEASURE/INDICATOR

Audit reporting

- ▶ Days for receipt of management responses

Other performance measures

In addition to the above mentioned measures, we will also provide the Audit & Risk Assurance Committee with the results of other reviews of our internal audit service as and when they become available, including:

- ▶ Independent quality assurance reviews as required by the Chartered Institute of Internal Auditors (IIA)
- ▶ BDO internal quality assurance reviews.

APPENDIX III: DEFINITIONS

Level of Assurance	DESIGN of internal control framework		OPERATIONAL EFFECTIVENESS of internal controls	
	Findings from review	Design opinion	Findings from review	Effectiveness opinion
SUBSTANTIAL	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
MODERATE	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally, a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non-compliance with some controls, that may put some of the system objectives at risk.
LIMITED	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
NO	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non-compliance and/or compliance with inadequate controls.
Recommendation Significance				
HIGH	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.			
MEDIUM	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.			
LOW	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.			

APPENDIX IV: QUALITY ASSURANCE IMPROVEMENT PROGRAMME

In accordance with Standard 8.3 of the Global Internal Audit Standards, we must develop, implement and maintain a quality assurance improvement programme (QAIP).

Our QAIP is premised on the following three key activities. We will report annually to the Audit & Risk Assurance Committee on the results of the ongoing monitoring of quality and performance (including the results of the internal quality assessments). Results of the external quality assessments will be reported when completed. If applicable, plans to address any improvements identified will also be communicated.

Ongoing monitoring of quality and performance

Internal audit methodology - A standard internal audit methodology, working papers and templates are in use. Our methodology is updated when necessary and formally reviewed on an annual basis.

Supervision and review of outputs - All internal audit work is supervised and formal review of all deliverables including annual plans, terms of reference, draft and final reports and written advice is performed by Claire Robertson before issue.

Use of subject matter experts - Our work employs sufficient technical knowledge and skills to safeguard quality. To deliver your Internal Audit Plan, we will draw on the use of subject matter expert (SME) where applicable. The SME will be used either to review the scope and work or to deliver it.

Monitoring of the performance - A suite of quantitative and qualitative key performance metrics is in place to monitor the performance and effectiveness of the Internal Audit team and the value Internal Audit brings to the business.

Stakeholder feedback - Is requested from audit stakeholders after each audit and used to identify ways to improve our service.

Sharing of good practice - we promote a culture where lessons learned and good practice are shared across the team.

Internal assessments

Annual self assessment - On an annual basis, an experienced review Partner or Director will perform a self-assessment of compliance with the Global Internal Audit Standards which will include a sample of files. An improvement action plan will be drafted based on the findings.

Hot and cold reviews - During the year, an experienced review Partner, Director or Senior Manager, independent of the engagements under review, will also review a selection of individual internal audit engagements to obtain ongoing assurance on the technical quality of our work. These will be performed based upon an agreed review programme, of closed (cold) files and thematic (hot) reviews of in-flight engagements.

Four eyes principle - All our outputs and the key underlying documentation are subject to review by a second person. For you, our work will be subject to one detailed review by a Senior manager and a higher-level review by the Director/Partner.

External assessments

In accordance with Standard 8.4, an external assessment of the quality (EQA) of our internal audit work must be conducted at least once every five years by a qualified, independent assessor or assessment team.

Previous EQA

At BDO we recognise the importance of independent quality assurance and so submit our RAS team to an External Quality Assurance (EQA) review every five years, most recently in April 2021. We engaged the Chartered Institute of Internal Auditors (CIIA) to carry out the EQA and, in summary, their conclusion was that BDO generally conforms to the International Professional Practices Framework (IPPF). This is the highest of the three gradings awarded by the CIIA.

A copy of the EQA report is available to our clients so they can obtain comfort regarding our working practices.

Next EQA

Our next EQA is expected to be delivered in 2026. As part of communications with clients, the project team will discuss the results of the external assessment with the Audit & Risk Assurance Committee

APPENDIX IV: QUALITY ASSURANCE IMPROVEMENT PROGRAMME

Initiative	Benefit	Due date	Completed
Enhance the use of data analytics in our audits where relevant	Allow the analysis of 100% of the population and provide meaningful insights to the business	Ongoing throughout delivery of our 26/27 IA plan	
Perform benchmarking in each Internal Audit review where relevant	Allows management to gain insights into what other similar organisations are doing	Ongoing throughout delivery of our 26/27 IA plan	
Align Internal Audit's focus to the strategic objectives and challenges of the organisation	Focus IA's attention to matters of most significance.	Ongoing throughout delivery of our 26/27 IA plan	
Implement agreed actions as a result of stakeholder feedback on completed review and general engagement	Meet stakeholder's expectations.	Ongoing throughout delivery of our 26/27 IA plan	

APPENDIX V: INTERNAL AUDIT STRATEGY

BUSINESS STRATEGIC CONTEXT

To protect and improve the environment in ways that, as far as possible, also contribute to improving health and well-being and achieving sustainable economic growth.

INTERNAL AUDIT VISION AND OBJECTIVES

Internal Audit is positioned to play a pivotal role in the organisation's journey toward sustained success. By focusing on technology, developing and retaining top talent, optimising processes, and expanding its role as a Strategic Advisor and collaborator, we will ensure that Internal Audit remains an essential and respected contributor to the business goals and strategic objectives globally and the enhancement of risk resilience. In addition, Internal Audit will continue to oversee the implementation of audit recommendations.

STRATEGIC PILLARS

Supporting the strategy

- Internal Audit is positioned to serve as a trusted and strategic advisor, providing business leadership with forward-looking, high-value insights that support strategic decision-making, enhance risk awareness, and align with the organisational risk appetite.
- Internal Audit will work closely with other assurance providers - notably second line functions such as IT Security, Compliance, H&S

People management and development

- A high-performing and flexible Internal Audit team is essential for delivering quality and impactful audit services.
- The people strategy focuses on recruiting and nurturing a talented, versatile, and technically proficient workforce.
- By investing in IIA/ CA trainees, advanced qualifications, availability of SMEs and specialised training across key areas—such as ESG, fraud, IT, operations, and regulatory frameworks we will deepen the team's expertise and strengthen our capacity to address complex audit demands.

Process and methodology

- Optimising our audit methodologies to ensure they remain agile, relevant, and compliant with the latest IIA standards and regulatory expectations.
- Maintaining strong relationships with the Institute and regulators.
- Quality will remain at the heart of our service with robust assurance checking and review procedures, overseen through annual and periodic hot/cold review procedures.
- Our Quality Assurance and Improvement Programme (QAIP) will continue to be robust, involving regular internal and external assessments that align with industry best practices.

Technology development

- In an environment of rapid technological change, Internal Audit will continuously evolve and adopt digital innovations to deliver more effective, insightful, and efficient assurance. This strategy prioritises the integration of advanced data analytics and AI across audit operations, positioning these tools as essential elements of our methodology.
- Internal Audit will maintain close relationships with the DPO of the business to ensure our approach is aligned with the organisation's approach to data protection and IT/ Cyber security.

APPENDIX V: INTERNAL AUDIT STRATEGY - PROPOSED ACTIONS 2026/27

AREA	INITIATIVE / ACTION
STRATEGY SUPPORT	• Continue to work closely with wider second line group to align working practices to support assurance over the strategy • Ensure annual plan reflects strategic priorities including key programmes e.g. organisational restructure and regulatory performance • Consider more agile/ advisory auditing techniques to provide timely conclusions and develop and adopt alternative reporting formats e.g. Board briefing papers
PEOPLE	• Resources will remain broadly constant with the HIA supported by the Associate Director plus additional BDO resources as required • Review team resources periodically to confirm sufficient capacity and capability • Ensure team members hold or are working towards professional and relevant qualifications • Reflect on SME input requirements through annual audit planning e.g. cyber, ESG, ECCTA • Ensure team CPD remains up to date • Invest in 1-1 time and additional coaching as required to develop team members
PROCESS	• Perform annual desktop review of manual and methodology to confirm in line with professional standards • Undertake annual self assessment against EQA • Review/ revisit regulator/ other key stakeholder expectations • Participate in BDO cold/hot review process and NPS process. Act upon any improvement points • Update QAIP • Commission independent EQA every five years
TECHNOLOGY	• Investigate opportunities for wider use of data analytics to support IA project work • Invest in new technologies and team training as required to widen the use of GenAI in IA delivery • Work closely with CIO/ DPO to ensure data/ cyber security protocols are maintained

FOR MORE INFORMATION:

CLAIRE ROBERTSON, HEAD OF RISK
ADVISORY SERVICES SCOTLAND

+44 (0)7583 237 579
claire.robertson@bdo.co.uk

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SCOTTISH FIRE AND RESCUE SERVICE

The Board of Scottish Fire and Rescue Service



Report No: B/GSC/03-26

Agenda Item: 14

Report to:	THE BOARD OF THE SCOTTISH FIRE AND RESCUE SERVICE						
Meeting Date:	30 APRIL 2026						
Report Title:	ANNUAL GOVERNANCE REVIEW OF BOARD AND COMMITTEE RELATED ITEMS						
Report Classification:	For Decision	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <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 report is to present the Annual Governance Review of Board and Committee related items to the Scottish Fire and Rescue Service (SFRS) Board, for decision, thereby ensuring the continued effectiveness of governance arrangements.						
2	Background						
2.1	An annual review is conducted of governance documentation related to the Board and Committees of SFRS, as our continued commitment to upholding high standards of corporate governance, continuous improvement and effectiveness, to ensure we are achieving our intended outcomes in compliance with statutory requirements.						
3	Main Report/Detail						
3.1	This year's review was undertaken and led by the Board Support Manager with the support of the Board Support Team and Head of Governance and Compliance. Inputs were also provided by the Chair of the SFRS Board, Board Members, Chief Officer, members of the Strategic Leadership Team (SLT) and the Legal Services team through direct feedback and workshop sessions.						
3.2	For Board Member's ease of reference, Appendix A has been produced as a 'Summary of Amendments' to highlight the key proposed changes.						
3.3	Overall and as part of the Annual Governance Review, we continue to ensure we strengthen our arrangements and the following documents were revised specifically: • Standing Orders for Meetings of the Board and its Committees - Appendix B; • Scheme of Delegations - Appendix C; • Code of Conduct for Board Members of the SFRS - Appendix D; • Committee Structure - Appendix E; • Corporate Report Template - Appendix F; • Good Governance Framework - Appendix G; • Terms of Reference (ToR) - Appendix H; and • Equality and Human Rights Impact Assessments (EHRIA) - Appendix I.						
3.4	Committee/Forum ToR have been reviewed by respective members to ensure that they continue to be an accurate representation of the responsibilities expected of each						

	Committee/Forum and to simplify and standardise approaches where possible (Appendix H).
4	Recommendation
4.1	It is recommended that the SFRS Board approve the reviewed and amended governance related documents of the Board and its Committees, as detailed, subject to any further final amendments.
5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	The annual review of Board and Committee governance arrangements directly supports effective identification, oversight, and management of governance-related risk within SFRS. The revised documents strengthen clarity of roles, authorities, and accountabilities, reducing the risk of unclear decision-making or ineffective scrutiny. This aligns with the Service's Cautious risk appetite for internal governance and assurance arrangements and supports the mitigation of governance risk recorded within the corporate risk register.
5.2	Financial
5.2.1	This review supports continued compliance with the Scottish Public Finance Manual and reinforces the Board's role in ensuring robust stewardship of public funds. Clearer and up-to-date governance documentation provides assurance that financial decisions are taken within an appropriate framework of delegation, scrutiny, and accountability.
5.3	Environmental & Sustainability
5.3.1	There are no direct environmental implications arising from this report. However, the review supports good governance practices that underpin sustainable and responsible organisational decision-making over the longer term.
5.4	Workforce
5.4.1	Clear and current governance documentation supports effective leadership and decision-making by Board Members, Committee Members, and senior officers. This provides clarity for those directing and controlling the organisation and promotes confidence, consistency, and accountability across governance roles, contributing to a well-led and resilient organisation.
5.5	Health & Safety
5.5.1	There are no direct health and safety implications arising from this report. Nevertheless, effective governance arrangements support appropriate oversight and escalation of health and safety matters at Board and Committee level.
5.6	Health & Wellbeing
5.6.1	There are no direct health and wellbeing implications arising from this report. Indirectly, strong governance and clear accountability contribute to organisational stability, effective leadership, and a culture in which wellbeing considerations can be appropriately governed and escalated.
5.7	Training
5.7.1	The review reinforces the importance of ongoing awareness and understanding of governance responsibilities. Updated governance documents will support Board Member and senior officer induction and development, and should be reflected, where appropriate, within ongoing development and appraisal arrangements.
5.8	Timing
5.8.1	Board and Committee governance documentation will continue to be subject to routine annual review, ensuring that arrangements remain current, compliant, and responsive to legislative, regulatory, and organisational change.

5.9	Performance	
5.9.1	Effective governance is a critical enabler of organisational performance. This annual review supports the Board's ability to operate efficiently, exercise effective scrutiny, and make informed decisions, thereby strengthening overall organisational performance and accountability.	
5.10	Communications & Engagement	
5.10.1	Approval and publication of the reviewed documents promotes transparency and openness by ensuring that governance arrangements are accessible to staff, stakeholders, and the wider public. This supports confidence in the Board's governance arrangements and reinforces trust in the Service.	
5.11	Legal	
5.11.1	The review ensures continued compliance with the Police and Fire Reform (Scotland) Act 2012 , the Fire (Scotland) Act 2005 , and the SFRS Governance and Accountability Framework . It also directly supports the Board's statutory responsibilities, and the evidence base for the Annual Governance Statement, including Committee Statements of Assurance.	
5.12	Information Governance	
5.12.1	A Data Protection Impact Assessment is not required. Information governance considerations remain embedded within the revised governance documentation where relevant.	
5.13	Equalities	
5.13.1	An Equality and Human Rights Impact Assessment has been completed as part of the Annual Governance Review. This ensures that the governance arrangements of the Board and its Committees continue to promote fairness, inclusivity, and compliance with equality duties. (Appendix I).	
5.14	Service Delivery	
5.14.1	While the review does not directly impact service delivery, effective Board and Committee governance underpins the organisation's ability to set direction, monitor delivery, and hold the Service to account, thereby indirectly supporting consistent and effective service delivery.	
5.15	Prevention	
5.15.1	There are no direct prevention implications arising from this report. However, strong governance arrangements support effective oversight of prevention strategy, investment, and outcomes, ensuring preventative activity remains properly directed, monitored, and assured.	
6	Core Brief	
6.1	The Head of Governance and Strategy asked the SFRS Board to approve the proposed amendments outlined in Board and Committee related governance documents, following review, to ensure the continued effectiveness of the governance arrangements of the SFRS Board and its Committees.	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Mark McAteer, Director of Governance, Strategy and Change
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient
7.3	Rationale:	A Substantial level of assurance is provided in relation to the governance arrangements reviewed within this paper.

		Board and Committee governance frameworks within SFRS are well-established, embedded, and subject to routine operation and scrutiny. The annual review process provides systematic assurance that key governance documents remain current, compliant, and effective, supported by structured review, stakeholder feedback, legal input, and engagement with Board Members, Committees, and the Strategic Leadership Team. Identified improvements have been incorporated through clear revisions to standing documents, with changes formally considered and approved through appropriate governance routes. The maturity, consistency, and regular review of these arrangements provide a high degree of confidence that Board and Committee governance within SFRS continues to operate effectively and in line with statutory and best-practice expectations.	
8	Appendices/Further Reading		
8.1	Appendix A - Summary of Amendments		
8.2	Appendix B - Standing Orders for Meetings of the Board and its Committees		
8.3	Appendix C - Scheme of Delegations		
8.4	Appendix D - Code of Conduct for Board Members of the SFRS		
8.5	Appendix E - Committee Structure		
8.6	Appendix F - Corporate Report Template		
8.7	Appendix G - Good Governance Framework (GGF)		
8.8	Appendix H - Terms of Reference (ToR)		
8.9	Appendix I - Equality and Human Rights Impact Assessments (EHRIA)		
Prepared by:		Group Commander Chris Casey, Board Support Manager	
Sponsored by:		Richard Whetton, Head of Governance and Compliance	
Presented by:		Richard Whetton, Head of Governance and Compliance	
Links to Strategy and Corporate Values			
This paper supports delivery of the SFRS Strategy 2025–28, particularly Outcome 4 on organisational performance and resilience, by strengthening the governance frameworks that enable effective leadership, scrutiny, and accountability. The annual review reinforces the Service’s Corporate Values by promoting integrity, openness, and continuous improvement through clear, transparent, and compliant governance arrangements.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
SFRS Board	30 April 2026	For Decision	



SUMMARY OF AMENDMENTS

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

Standing Orders for Meetings of the Board and its Committees (Appendix B):

- Director titles updated following Corporate Services Directorate Structure Review.
- Paragraph 47 – Added Remuneration, Appointments and Nominations Sub-Committee.

Scheme of Delegations (Appendix C):

- Director titles updated following Corporate Services Directorate Structure Review.
- Section 3 – Matters Reserved for the Board – Annual Operating Plan changed to Three Year Delivery Plan.

Code of Conduct for Board Members of the SFRS (Appendix D):

- No amendments.

Committee Structure (Appendix E):

- During 2025-26 Dr Kirsty Darwent retired from the Board and was replaced as Chair by Mhairi Wylie.
- Paul Stollard stepped down from the role of Deputy Chair in November 2025 when Mhairi Wylie took on the role until her appointment as Chair in February 2026. Following the appointment of the new Chair of the Board, Angiolina Foster was appointed as the Deputy Chair.
- The role of Deputy Chair of the Board will become a member of the Remuneration, Appointments and Nominations Sub Committee (RANSC). Angiolina Foster has therefore become a member of RANSC.
- Paul Stollard and Therese O'Donnell off RANSC in January 2026, Andrew Smith and Madeline Smith joined February 2026.
- Mhairi Wylie came off the Audit and Risk Assurance Committee (ARAC) and Therese O'Donnell joined in February 2026.
- Stuart Ballingall stepped down as Chair of Strategic Planning and Change Committee (SPCC) in February 2026, Therese O'Donnell took over from March 2026.
- Madeline Smith took over the role of Chair of People Committee (PC) in February 2026.

- Paul Stollard and Stuart Ballingall off Integrated Governance Forum (IGF) November 2025 and February 2026, respectively. Angiolina Foster, Madeline Smith and Therese O'Donnell joined IGF from February and March 2026, respectively.
- Angiolina Foster provisionally allocated to PC until such time as new Board members are appointed and allocated to Committees.

Corporate Report Template (Appendix F):

The corporate report template has been updated as follows:

- Change to risk heading amended to Risk Appetite and Alignment to Risk Registers.
- The Guidance on Preparing Corporate Papers has been updated at Section 5 to Risk Appetite and Alignment to Risk Registers (Risk and Audit).
- Guidance amended to clarify needs in relation to risk appetite as follows: Each report will be aligned to a single Risk Appetite Statement and relevant sub-category. Further information on risk appetite statements is contained within the guidance page for each Directorate risk register.
- In addition to risk appetite, where the report links to a risk(s) held within the Directorate risk register these will be identified within this section. Where the risk associated with the report is not recorded within the Directorate risk register an outline of the risk should be entered.

Good Governance Framework (Appendix G):

The Good Governance Framework (GGF) was circulated to the Senior Management Board in April 2026 for Scrutiny, prior to the SFRS Board meeting on 30 April 2026.

- Director titles updated following Corporate Services Directorate Structure Review.
- Section 1 Introduction - wording amended to clarify GGF replacing Code of Corporate Governance.
- Section 5 Governance Principles - wording amended to clarify the additional principles of Duty and Respect form the nine key principles underpinning public life in Scotland.
- Section 5, Principle 1 - 2nd bullet point under evidence amended to clarify position on communication and engagement activity.
- Section 5, Principle 1 - 4th bullet point under evidence amended to standardise wording throughout document.
- Section 7 Integrated Assurance Mapping - 6th paragraph updated to reflect the receipt of recommendations from the risk management audit.
- References - Annual Operating Plan changed to Three Year Delivery Plan.
- Minor grammatical amendments throughout.

Terms of Reference (Appendix H):

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

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

Audit and Risk Assurance

- Director titles updated following Corporate Services Directorate Structure Review
- Section 5 last bullet point amended to include 'a quarterly update on fraud as a standing agenda item'.
- Section 9 - Added Remuneration, Appointments and Nominations Sub-Committee.
- Minor grammatical amendments throughout.

Service Delivery

- Director title updated following Corporate Services Directorate Structure Review.
- Appendix 1 updated to include Deputy Chief Officer (Corporate Services) and Director of Finance, Digital and Infrastructure.
- Minor grammatical amendments throughout.

Strategic Planning and Change

- Director titles updated following Corporate Services Directorate Structure Review.
- Paragraph 5.2 added to standardise ToR with all other Committee ToR.
- Minor grammatical amendments throughout.

People

- Director titles update following Corporate Services Directorate Structure Review.
- Minor grammatical amendments throughout.

Remuneration, Appointments and Nominations Sub Committee

- Director titles updated following Corporate Services Directorate Structure Review.
- Section 3 'Membership' updated to include 'up to six members' for clarity and include Deputy Chief Officers.
- Appendix 1 updated to include Deputy Chief Officers.
- Minor grammatical amendments throughout.

Integrated Governance Forum

- Director titles updated following Corporate Services Directorate Structure Review.
- Section 5.1 bullet point added to include 'Consider emerging risks and the changing

nature of current risks.'

- Minor grammatical amendments throughout.

Partnership Advisory Group (PAG)

- Director titles updated following Corporate Services Directorate Structure Review.
- Minor grammatical amendments throughout.

Employee Partnership Forum (EPF)

- Director titles updated following Corporate Services Directorate Structure Review.
- Section 3.1 updated to provide clarity regarding attendance.
- Minor grammatical amendments throughout.

Equality and Human Rights Impact Assessment (Appendix I):

- Both the EHRIA's for Corporate Governance Arrangements and Board Members Annual Performance Appraisals have been completed and will be reviewed on an annual basis.

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APPENDIX B

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

STANDING ORDERS FOR MEETINGS OF THE BOARD AND ITS COMMITTEES

Original Author/Role	Douglas Wilson
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Richard Whetton, Head of Governance and Compliance
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

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

OFFICIAL

	clarify expectations around 'For Information' reports. Paragraphs renumbered from paragraph 38 to end. Paragraph 47 wording amended to clarify Committee titles.		
12.0	Reviewed - Director titles update following Corporate Services Directorate Structure Review. Paragraph 47 – Added Remuneration, Appointments and Nominations Sub-Committee.	GC Chris Casey	30/04/2026

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- 4 [ORDINARY MEETINGS](#)**
- 5 [NOTICE OF MEETINGS](#)**
- 6-7 [SPECIAL MEETINGS](#)**
- 8 [PUBLIC MEETINGS](#)**
- 9 [PRIVATE MEETINGS](#)**
- 10 [CHAIR](#)**
- 11 [ATTENDANCE AT BOARD MEETINGS – SFRS MEMBERS](#)**
- 12 [ATTENDANCE AT COMMITTEE MEETINGS – SFRS MEMBERS](#)**
- 13 [ATTENDANCE AT BOARD AND COMMITTEE MEETINGS – SFRS OFFICERS](#)**
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- 56 [RECEIVING VIEWS](#)
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INTRODUCTION

- 1 The Scottish Fire and Rescue Service (the SFRS), or in Gaelic Seirbheis Smalaidh agus Teasairginn na h-Alba, was established under the Police and Fire Reform (Scotland) Act 2012 ('the 2012 Act') as a body corporate. The constitution of the SFRS is set out in schedule 1A to the Fire (Scotland) Act 2005 ('the 2005 Act'), inserted by section 101 of the 2012 Act. The 2012 Act amends and transfers the fire and rescue and other functions set out in the 2005 Act to the SFRS, but also augments them with a range of powers and duties commensurate with its public body status.
- 2 The SFRS consists of up to 15 Members, including a Chair, collectively referred to as 'the Board'. The 2012 Act requires Scottish Government (SG) Ministers (Ministers) to appoint a Chair, and between 10 and 14 other Members of the SFRS Board, and details the terms and conditions applicable to their appointment, removal and remuneration. The SFRS Board Members may elect from their number a Member to act as Deputy Chair.
- 3 The general powers of the SFRS are set out in Schedule 1A to the Fire (Scotland) Act 2005, inserted by section 101 of the 2012 Act allowing the SFRS Board to appoint Committees ([Paragraph 45](#)).

ORDINARY MEETINGS

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

NOTICE OF MEETINGS

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

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

SPECIAL MEETINGS

- 6 Where there is business that is urgent and cannot await the next ordinary meeting of the SFRS Board or Committee, a special meeting may be called by the Chair, or as a result of a written request signed by a majority of Members of the Board or Committee, specifying the nature of the business that they wish to discuss at such a meeting.
- 7 Notice of a special meeting of the SFRS Board, or Committee, shall be given in the same way as a notice for ordinary meetings.

PUBLIC MEETINGS

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

PRIVATE MEETINGS

- 9 Matters which involve confidential issues, in relation to which the SFRS Board or Committee may decide to exclude the public, and therefore be held in private, may include (but are not limited to):
 - a) matters relating to individuals (including members of staff) where there is no consent for disclosure and/or where there is a risk of harm to any individual from the disclosure of information;
 - b) matters where public discussion may prejudice any ongoing criminal proceedings or the prosecution of offenders;
 - c) matters relating to national security;

- d) matters which are the subject of legal proceedings and/or which relate to legal advice provided to the SFRS;
- e) matters involving confidential commercial or financial information not already in the public domain, or which is subject to restrictions relating to confidentiality; or matters where there is legislation exempting the information from disclosure;
- f) matters which are considered to be confidential, including information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between SFRS and employees of SFRS;
- g) matters where the Board or Committee are in agreement due to the confidential nature of the issue(s).

CHAIR

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

ATTENDANCE AT BOARD MEETINGS – SFRS MEMBERS

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

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

ATTENDANCE AT COMMITTEE MEETINGS – SFRS MEMBERS

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

ATTENDANCE AT BOARD AND COMMITTEE MEETINGS – SFRS OFFICERS

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

QUORUM

- 14 The quorum for SFRS Board meetings shall be a majority of SFRS Members, including the Chair of the Board. No formal business shall be transacted at any meeting of the SFRS Board unless a quorum is present. A quorum must exist throughout the entire meeting. If, at any stage during the meeting, a quorum is not present, the meeting shall stand adjourned until the date or time the Chair determines.
- 15 The quorum of any Committee shall be a majority of Members, as detailed within their specific Terms of Reference.
- 16 If a Committee meeting is not quorate, the Chair of the Board can approve any Member of the Board present at the meeting, who is not a standing Member, to count towards the number required, based on the specific Terms of Reference and for that meeting only. This Member will, however, have no voting rights for that purpose.

CO-OPTING

- 17 Co-opting non-Board Members will be subject to endorsement by the full SFRS Board. It is likely this will be short lived, determined by the advice needed, and may be authorised for a meeting or meetings, where a specialist skill set or knowledge is required to support a Committee's work. The detail of this arrangement must be presented to the full Board in advance to ensure a fully informed decision can be taken and for an agreed period. The co-opted non-Board Member will have to sign an SFRS confidentiality agreement, prior to attending any such meeting(s). It should be noted that advisors appointed as a Member of a Committee will be there to provide expertise to the Committee. They will not be Members of the Board and will not have any voting rights.
- 18 Where this is being considered, the Chair of the Board should contact the SG Sponsor Team, who will ask SG Legal Directorate to confirm the statutory basis for the appointment and process for doing so.
- 19 The Board must:
- keep their SG Sponsor Team informed of the process throughout;
 - ensure there are funds to cover the appointment from the public body's existing resources;
 - consider if it is appropriate to ask the SG Sponsor Team to inform the relevant Scottish Minister of the background to the appointment;
 - prepare the letter of invitation and copy to the SG Sponsor Team.
- 20 Advisors are not Members of the Board and, therefore, will not come under the statutory remit of the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland, should there be any breaches of the Code. However, advisors will be subject to the public body's [Code of Conduct for Board Members](#) and any breaches of the Code will

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

ATTENDANCE OF THE PUBLIC AND PRESS

- 21 Public meetings of the SFRS Board or Committees are open to be observed by all members of the public. The exception are any meetings or parts of meetings where business is to be conducted in private in accordance with [Paragraph 9](#).
- 22 Any member of the public may attend and receive a copy of papers, other than those dealing with the private business of the SFRS Board or Committees.
- 23 In circumstances in which the SFRS Board or Committees determines that all or part of a meeting ought to be held in private, meetings will take place in closed session, without the public or press present.
- 24 A member of the public who disrupts the business of the meeting may be asked to leave the meeting, after due warning has been given. Re-admission to that meeting or other public meetings held by the SFRS Board or Committees is at the discretion of the Chair.

AGENDA FOR MEETINGS AND ORDER OF BUSINESS

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

- 26 The business of the Board at all ordinary meetings will proceed in accordance with the agenda issued for that meeting, unless otherwise directed by the Chair, with the agreement of a majority of the Members present at the meeting. At all ordinary meetings, no business other than that on the agenda will be considered, except where, by reason of special circumstances, the Chair is of the opinion that the item should be considered at the meeting.
- 27 The order of business at meetings of the SFRS Board shall generally be:
- a) Chair's welcome;
 - b) Apologies for absence;
 - c) Consideration of and decision on any items to be taken in private;
 - d) Declarations of interest;
 - e) Minutes of the previous meeting for approval;
 - f) Action Log;
 - g) Decision Log;
 - h) Chair's Report;
 - i) Chief Officer's Report;
 - j) Minutes of Committees – Summary updates from Committee Chairs (verbal) Risk Themes from the Committees;
 - k) Items 'For Decision';
 - l) Items 'For Recommendation';
 - m) Items 'For Scrutiny';
 - n) Rolling Forward Plan;
 - o) Date of Next Meeting;
 - p) Private Session (if required);
 - q) Minutes of the previous Private meeting for approval (where applicable);
 - r) Private Items.
 - s) Items 'For Information Only' – Reports that are 'For Information' will be noted at the end of the agenda with links to the documents only. No formal agenda time will be allocated to these reports however these reports will be included in the meeting papers and should be read by Members.

GIVING NOTICE OF A MATTER TO BE CONSIDERED

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

PAPERS FOR MEETINGS

- 30 The Board Support Team will electronically collate, circulate and, where necessary, provide papers for the agreed agenda items at a meeting, unless it has been previously agreed with the Chair of the meeting that no paper is required.
- 31 Papers will be electronically made available to the meeting attendees at least 5 working days prior to the meeting and hard copies will only be available at the meeting on request.
- 32 For meetings or parts of meetings open to the public, papers will be posted on the website no less than 5 days in advance of the meeting, with the exception of any items that are to be considered in private.
- 33 If papers are not available for dispatch 5 working days prior to the meeting, the Board Support Team may, after consultation with the Chair of the meeting and the Chief Officer, make a late posting, or table the paper(s) at the meeting, or withdraw the item(s) from the agenda of the meeting.

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

CONDUCT AT MEETINGS

34 The Chair is responsible for:

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

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

ADJOURNING MEETINGS

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

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

CHANGING A DECISION

- 37 A decision made by the SFRS Board cannot be changed within six months, unless the Chair of the Board rules that there has been a material change of circumstances.
- 38 A decision made by a Committee may be overturned by the Board where the decision does not comply with the delegated authority, as set out in the Terms of Reference, or where the Board deems the decision made by a Committee as adversely impacting on the strategic direction of the SFRS.
- 39 Where time is of the essence and the above criteria is met, the Chair alone can overturn the decision of the Committee. The Chair must provide full reasoning for such a decision to the Board as soon as is reasonably practicable.

VOTING

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

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

DECLARATIONS OF INTEREST

MAKING A DECLARATION

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

EFFECT OF DECLARATION

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

DISPENSATIONS

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

SUSPENSION AND REVISION OF STANDING ORDERS

- 45 These Standing Orders may only be varied, revoked or added to by the SFRS Board and any such alterations will require the consent of the majority of Members present at a meeting. Committees and Sub Committees have no power to depart from these Standing Orders.
- 46 Suspension of Standing Orders at an SFRS Board meeting requires a proposer and seconder, and a vote of a majority of the SFRS Board in favour of suspension.

STANDING COMMITTEES

- 47 The SFRS will appoint the following Standing Committees:
- Audit and Risk Assurance;
 - Strategic Planning and Change;
 - Service Delivery;
 - People; and
 - Remuneration, Appointments and Nominations Sub-Committee.
- 48 The SFRS Board will determine the Membership and Terms of Reference for Committees. The Standing Orders of the SFRS Board apply to all its Committees.

MINUTES OF MEETINGS

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

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

- 51 The minutes of the SFRS Board will be presented to the next ensuing meeting of the SFRS Board and shall then be approved, with or without amendment, as a correct record of proceedings.
- 52 Minutes of meetings held in public of Standing Committees will be included on the agenda of SFRS Board meetings, even if they have not been approved by the Committee. Any Sub-Committee updates will be given through the relevant Committee to the SFRS Board.

SHORT LIFE COMMITTEES AND WORKING GROUPS

- 53 The SFRS Board may convene short life Committees or Working Groups to assist and advise it in undertaking its responsibilities.
- 54 Any such Committee or Working Group would have its Membership, Terms of Reference and time-limited period determined by the Board.

APPOINTMENT OF CHIEF OFFICER

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

RECEIVING VIEWS

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

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

URGENT ISSUES

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

ETHICAL STANDARDS

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

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**SCOTTISH
FIRE AND RESCUE SERVICE**
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APPENDIX C

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

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

Original Author/Role	GM Roy Dunsire
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Richard Whetton
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

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

	Governance and Accountability Framework published in February 2024; 6.5 - change wording from "...borrow money" to "...authorise borrowing of money". Appendix 1, Acquisitions and Disposals Director Responsible Column - amended to Director of Finance and Contractual Services, Actual Post Holder Column - removed Head of Asset Management; Appendix 1, Borrowing Actual Post Holder Column – removed Head of Finance and Procurement; Appendix 1, Contracts Director Responsible Column – added Director of Finance and Contractual Services, Actual Post Holder Column - added Head of Finance and Procurement (dependent on contract value).		
13.0	Minor grammatical amendments throughout document; Section 3 - 1st Bullet point amended to clarify wording in line with SFRS Strategy. Section 4.1 amended to clarify Committee titles.	GC Chris Casey	24/04/2025
14.0	Director titles update following Corporate Services Directorate Structure Review. Section 3 – Matters Reserved for the Board – Annual Operating Plan changed to Three Year Delivery Plan	GC Chris Casey	30/04/2026

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1. INTRODUCTION

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

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

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

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

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

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

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

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

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

2.1 SFRS Board

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

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

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

Scottish Ministers;

- For support staff, ensuring that an effective pay and conditions negotiating framework is in place which allows negotiations to complement the broad principles of the Scottish Government's Public Sector Pay Policy;
- Attend and participate in meetings of the National Joint Council for negotiation of operational employees pay, terms and conditions;
- ensuring that the SFRS's proceedings, including those of its committees and sub-committees, are held in public and that the agendas, papers and reports in relation to those proceedings are published, as well as publishing a statement setting out the circumstances in which proceedings may be held in private and in which documents need not be published, as required by schedule 1A to the 2005 Act (inserted by the 2012 Act);
- appointing, with the approval of the Scottish Ministers, each subsequent SFRS Chief Officer and, in consultation with the Scottish Government, setting appropriate performance objectives and remuneration terms linked to these objectives, which give due weight to the proper management and use of resources within the stewardship of the SFRS and the delivery of outcomes; and
- acting consistently with principles of good governance, accountability and transparency, as required by schedule 1A to the 2005 Act (inserted by the 2012 Act).

2.2 SFRS Chair

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

In leading the Board, the Chair must ensure that:

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

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

2.3 SFRS Chief Officer

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

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

- advising the Board on the discharge of its responsibilities - as set out in this document, in the founding legislation and in any other relevant instructions and guidance issued by or on behalf of the Scottish Ministers - and implementing the decisions of the Board;
- ensuring that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that appropriate financial appraisal and evaluation techniques, consistent with the Appraisal and Evaluation section of the Scottish Public Finance Manual (SPFM), are followed;
- ensuring that the SFRS adheres, where appropriate, to the Scottish Government's Programme and Project Management (PPM) Principles;
- having robust performance and risk management arrangements in place – consistent with the Risk Management section of the SPFM - that support the achievement of the SFRS's aims and objectives and that facilitate comprehensive reporting to the Board, the Scottish Government and the wider public ensuring that adequate systems of internal control are maintained by the SFRS, including effective measures against fraud and theft consistent with the Fraud section of the SPFM, establishing appropriate documented internal delegated authority arrangements consistent with the Delegated Authority section of the SPFM;
- advising the Board on the performance of the SFRS compared with its aim[s] and objectives;
- preparing the SFRS's corporate and business plans, in line with the strategic aims and objectives agreed by the Scottish Ministers;
- ensuring effective relationships with Scottish Government officials;
- ensuring that timely forecasts and monitoring information on performance and finance are provided to the Scottish Government; that the Scottish Government is notified promptly if over or under spends are likely and that corrective action is taken; and that any significant problems whether financial or otherwise, and whether detected by internal audit or by other means, are

- notified to the Scottish Government in a timely fashion;
- for support staff, ensuring that an effective pay and conditions negotiating framework is in place which allows negotiations to complement the broad principles of the Scottish Government's Public Sector Pay Policy;
- attend and participate in meetings of the National Joint Council for negotiation of operational employees pay, terms and conditions;
- Designating Local Senior Officers (LSOs) for each local authority area in Scotland (after consultation with the relevant local authority), ensuring that LSOs are adequately equipped, supported and empowered to fulfil their statutory duties, and providing operational direction and control to LSOs, in line with Section 41J of the 2005 Act (inserted by the 2012 Act).

3. MATTERS RESERVED FOR THE BOARD

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

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

- o Financial and Performance Monitoring arrangements;
 - o Major projects requiring significant capital investment, or major service redesign;
 - o [Anti-Fraud and Corruption Policy](#);
 - o Arrangements for the review of the annual effectiveness of the Board and its Committees, and
 - o Any other SFRS-wide Corporate Governance related guidance.
- establishing suitable arrangements for the appointing of a Chief Officer and the setting of appropriate performance objectives for the Chief Officer;
- appointing Chairs and Deputy Chairs of each Committee or Sub-Committee of the Board (these will be determined by the Chair, in consultation with the Board);
- establishment and approval of Committees and their Terms of Reference;
- the appointment of a Standards Officer in accordance with any requirements set by the Commissioner for Ethical Standards in Public Life in Scotland;
- review and approve the final specification and the evaluation criteria, as drafted by the SLT, and approve the appointment of Internal Auditors in co-operation with the Audit and Risk Assurance Committee; and
- decisions regarded by the Chief Officer or Chair of the Board as novel, contentious or having a high level of risk (reference to paragraph 6.22).

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

4. DELEGATED AUTHORITY

4.1 Delegations to Standing Committees of the Board

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

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

The Committees are listed below:

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

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

4.2 Delegation of General Powers

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

- The Chief Officer;
- The Deputy Chief Officer(s);
- The Assistant Chief Officer(s);
- The Director of Governance, Strategy and Change;
- The Director of People, Communications and Engagement;
- The Director of Finance, Digital and Infrastructure.

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

4.3 Chief Officer Unplanned Absence

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

4.4 Interim SLT Positions

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

4.5 Delegation to Act as Authorised Signatories

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

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

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

5. DELEGATION TO SFRS ACCOUNTABLE OFFICER

5.1 General Responsibilities

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

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

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

5.2 Strategic and Financial Management Responsibilities

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

5.2.1 Strategic Management Responsibilities (All members of the SLT)

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

5.2.2 Financial Management Responsibilities (Director of Finance, Digital and Infrastructure)

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

6. DELEGATION TO SFRS CHIEF OFFICER

6.1 Acquisitions, Disposals and Property Provisions

The Board authorises the Chief Officer to:

- acquire and dispose of land and other heritable or moveable property, including the compulsory purchase of land, with the authorisation of Scottish

Ministers, in accordance with the requirements of the SPFM, and with the Board's strategic direction;

- approve the use of SFRS heritable or moveable property by other organisations, most specifically but not limited to the sharing or leasing of property and/or the right of access across SFRS property;
- sign documentation relating to the sale, purchase or use of SFRS heritable or moveable property;
- determine and control the apportionment of accommodation for SFRS's employees, standards of furniture, furnishings and equipment within SFRS's premises;
- maintain registers of assets together with records of transactions and values; and
- arrange, as appropriate, for the sale of surplus, or disposal of discarded PPE, work equipment and vehicles.

The Chief Officer sub-delegates this authority to the Director of Finance, Digital and Infrastructure.

6.2 Arms and Badge

The Board authorises the Chief Officer to:

- issue guidelines on the use of the SFRS Arms and Badge which is recorded in the Public Register of All Arms and Bearings in Scotland; and
- take appropriate action, which may include reporting to the Court of the Lord Lyon, in respect of any misuse of the SFRS Arms and Badge.

6.3 Authorisation to Exercise Statutory Powers

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

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

6.4 Bad Debt and Losses

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

The Chief Officer sub-delegates this authority to the Director of Finance, Digital and Infrastructure.

6.5 Borrowing

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

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

6.6 Complaints, Comments and Compliments

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

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

People, Communications and Engagement, the Chief Officer sub-delegates this authorisation to the Director of Governance, Strategy and Change.

6.7 Consultants

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

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

6.8 Contracts

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

6.9 Correspondence and Communications

The Board authorises the Chief Officer to issue and sign correspondence and communications that may be sent in the name of SFRS and which may bear the SFRS badge. Notwithstanding correspondence and communications sent on behalf of SFRS in respect of matters restricted under the Scheme, the Chief Officer sub-

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

6.10 Damage or Loss to Personal Property

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

6.11 Data Protection and Freedom of Information

The Board authorises the Chief Officer to:

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

The Chief Officer sub-delegates this authorisation to the Director of Governance, Strategy and Change.

6.12 Senior Appointments

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

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

6.13 Employment of Staff

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

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

6.14 Finances and Payments

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

The Chief Officer sub-delegates this authority to the Director of Finance, Digital and Infrastructure.

6.15 Fines

The Board authorises the Chief Officer to consider and, if appropriate, pay or contribute to the legal expenses and outlays of defending a SFRS employee charged with an offence (for example, an offence in contravention of Road Traffic or Health and Safety legislation) whilst acting in the course of their employment, subject to the stipulation the employee is not considered to have been on a frolic of their own (ie

the employee's actions must have been at the material time closely connected with their employment). Scottish Government's prior written approval is required for any such special payments over the value of £1,000.

6.16 Fire Safety (Prevention and Protection) and Fire Investigation

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

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

6.17 Foreign Travel / Travel outwith Scotland / Conferences and Seminars

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

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

6.18 Gifts and Hospitality

The Board authorises the Chief Officer to:

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

The Chief Officer sub-delegates this authority to the Director of Governance, Strategy and Change.

6.19 Health and Safety

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

6.20 Insurance

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

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

The Chief Officer sub-delegates this authority to the Director of Governance, Strategy and Change.

6.21 Legal Proceedings and Litigation

The Board authorises the Chief Officer to:

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

- process employer's liability, public liability, motor vehicle and other such claims;
- initiate, enter, defend or withdraw from legal proceedings (judicial and quasi-judicial);
- negotiate settlement of claims or legal proceedings in accordance with the [Scottish Public Finance Manual \(SPFM\)](#);
- settle all claims in accordance with the Scottish Public Finance Manual (particularly under the "Settlement Agreements, Severance, Early Retirement and Redundancy Terms" Section) and all other applicable Guidance. All such settlements, for any amount, must therefore be referred to Scottish Government before being considered or offered. Claims not specifically covered by the Scottish Public Finance Manual or other applicable Guidance are authorised, without prior Scottish Government approval and without reference to the Chair and the Board, up to and including the value of £25,000;
- engage in arbitration or mediation;
- enter compromise agreements;
- prepare and submit reports to the Crown Office and Procurator Fiscal Service in relation to offences identified in the course of the SFRS carrying out its functions; and
- engage Solicitors, Solicitor Advocates and Counsel to provide advice, opinions and representation.

The Chief Officer sub-delegates this authority to negotiate settlement of claims or legal proceedings to the Director of Finance, Digital and Infrastructure and the remainder of this authority to the Director of Governance, Strategy and Change.

6.22 Novel, Contentious or High-Risk Decisions

In exceptional cases, certain specific organisational decisions and/or financial arrangements might be regarded as being novel, contentious or having a high level of risk. The Board approval of such decisions is required to be obtained before proceeding (reference to paragraph 3). Identifying such cases inevitably involves a

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

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

6.23 Licences

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

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

6.24 Local Senior Officers

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

6.25 Loans of Assets

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

6.26 Media and Publications

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

The Chief Officer sub-delegates this authorisation to the Director of People, Communications and Engagement.

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

The Chief Officer sub-delegates the authorisation of statistical publishing to the Director of People, Communications and Engagement.

6.27 Objections

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

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

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

6.29 Statutory Notices

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

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

6.30 Urgent Issues

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

6.31 Warrant and Identity Cards

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

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

6.32 Withdrawal or Amendment of Delegation

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

7. DELEGATIONS TO EMPLOYEES OUTWITH THE STRATEGIC LEADERSHIP TEAM

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

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

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

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



Summary Overview of Delegated Powers

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

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

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

OFFICIAL

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

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Health and Safety	Chief Officer	Yes	Training, Safety and Assurance	Head of Safety and Assurance
Insurance	Chief Officer	Yes	Governance, Strategy and Change	Head of Governance and Compliance
Legal	Chief Officer	Yes	Finance, Digital and Infrastructure (<i>negotiate settlement of claims or legal proceedings</i>), remainder to Governance, Strategy and Change	Head of Finance and Procurement and Head of Governance and Compliance
Licences	Chief Officer	Yes	All members of the Strategic Leadership Team	Further delegation permitted under Section 7 of the Scheme
Local Senior Officers	Chief Officer	Yes	All Local Senior Officers	
Loans of Assets	Chief Officer	No		
Media and Publications	Chief Officer	Yes	People, Communications and Engagement	Head of Communications and Engagement and Head of Governance and Compliance
Objections	Chief Officer	No		
Principal Fire and Rescue Functions and Ancillary Functions (Response and Resilience)	Chief Officer	No		

OFFICIAL

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

**EXECUTIVE SFRS MODEL FRAMEWORK DOCUMENT: APPENDIX
SPECIFIC DELEGATED FINANCIAL AUTHORITIES**

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

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



APPENDIX D

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

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

Original Author/Role	Lynne Dickson
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Richard Whetton, Head of Governance and Compliance
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Lynne Dickson	20/07/2013
2.0	Reviewed / updated	WM Neil Kerr	22/05/2014
3.0	Reviewed / updated	WM Neil Kerr	17/06/2014
4.0	Reviewed / updated	WM Craig Wallace	15/06/2016
5.0	Reviewed / updated	GM Rab Middlemiss	21/08/2017
6.0	Reviewed / updated	GM Alasdair Cameron	12/02/2019
7.0	Reviewed / updated	GM Alasdair Cameron	02/05/2019
8.0	Reviewed / updated	GC Alasdair Cameron	26/05/2020
9.0	Reviewed – no changes	GC Alasdair Cameron	21/03/2021
10.0	Reviewed / amended (Approved by Scottish Government – 9 May 2022)	GC Alasdair Cameron	13/05/2022
11.0	Reviewed / amended (Background section only)	GC Kevin Murphy	27/04/2023
12.0	Reviewed – no changes	GC Kevin Murphy	25/04/2024
13.0	Reviewed – no changes	GC Chris Casey	24/04/2025
14.0	Reviewed – no changes	GC Chris Casey	30/04/2026

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BACKGROUND

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

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

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

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

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

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

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

- 1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of the SFRS, have referred to myself as a board member or could objectively be considered to be acting as a board member.
- 1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and the SFRS’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards

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

- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of the SFRS, failing whom the Chair or Chief Officer of the SFRS. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

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

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability and Stewardship

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

Openness

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

Honesty

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

Leadership

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

Respect

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

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
- a) a one-off incident;
 - b) part of a cumulative course of conduct; or
 - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, the SFRS's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

- 3.7 Except where it is written into my role as board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of the SFRS. I acknowledge and understand that operational management is the responsibility of the Chief Officer and Executive Team.
- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the SFRS or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.
- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) the SFRS, its committees; and
 - b) any outside organisations that I have been appointed or nominated to by the SFRS or on which I represent the SFRS.
- 3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board have made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

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

Gifts and Hospitality

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts, as placing me under an improper obligation or being capable of influencing my judgement.
- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
 - b) a gift being offered to the SFRS;
 - c) hospitality which would reasonably be associated with my duties as a board member; or
 - d) hospitality which has been approved in advance by the SFRS.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.
- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.
- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the SFRS.

- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the SFRS at the earliest possible opportunity and ask for it to be registered.
- 3.20 I will promptly advise the SFRS's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that the SFRS can monitor this.
- 3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

- 3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.
- 3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.
- 3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit the SFRS (even if my personal view is that the information should be publicly available).
- 3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

- 3.26 I will only use the SFRS's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.
- 3.27 I will not use, or in any way enable others to use, the SFRS's resources:
- a) imprudently (without thinking about the implications or consequences);
 - b) unlawfully;
 - c) for any political activities or matters relating to these; or
 - d) improperly.

Dealing with the SFRS and Preferential Treatment

- 3.28 I will not use, or attempt to use, my position or influence as a board member to:
- a) improperly confer on or secure for myself, or others, an advantage;
 - b) avoid a disadvantage for myself, or create a disadvantage for others;
or
 - c) improperly seek preferential treatment or access for myself or others.
- 3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.
- 3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

- 3.31 If I am appointed, or nominated by the SFRS, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.
- 3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the SFRS.

SECTION 4: REGISTRATION OF INTERESTS

- 4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.
- 4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.
- 4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by [paragraph 4.23](#), I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a) employed;
 - b) self-employed;
 - c) the holder of an office;
 - d) a director of an undertaking;
 - e) a partner in a firm;
 - f) appointed or nominated by the SFRS to another body; or
 - g) engaged in a trade, profession or vocation or any other work.
- 4.5 I understand that, in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

- 4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under [Category Two, “Other Roles”](#).
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.
- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in [paragraph 4.4 \(b\) to \(g\)](#) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of the SFRS in terms of [paragraph 6.7](#) of this Code.
- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in [paragraph 4.20](#) below) have made a contract with the SFRS:
- a) under which goods or services are to be provided, or works are to be executed; and
 - b) which has not been fully discharged.
- 4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

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

Category Five: Houses, Land and Buildings

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

Category Six: Interest in Shares and Securities

- 4.20 I have a registerable interest where:
- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
 - b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

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

Category Eight: Non-Financial Interests

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

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

Category Nine: Close Family Members

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

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

- 5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by the SFRS as a representative of the SFRS, unless:
- a) The matter being considered by the SFRS is quasi-judicial or regulatory; or
 - b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

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

Stage 3: Participation

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.
- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.
- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
 - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement; and
 - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the SFRS (for example contracts/procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the SFRS's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the SFRS or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the SFRS.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Officer or Standards Officer of the SFRS.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or

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

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

- 6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation;
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the SFRS and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the SFRS, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more

appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
 - That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are

concerns that the member may try to interfere with evidence or witnesses); or

- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body; or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

COMMITTEE STRUCTURE MATRIX

(effective 1 February 2026)

APPENDIX E

Audit and Risk Assurance Committee	People Committee	Remuneration, Appointments & Nominations Sub Committee	Strategic Planning and Change Committee	Service Delivery Committee	Integrated Governance Forum
Brian Baverstock (Chair)	Madeline Smith (Chair & EPF Chair)	Mhairi Wylie (Chair)	Therese O'Donnell (Chair)	Tim Wright (Chair)	Mhairi Wylie (Chair)
Malcolm Payton (Deputy Chair)	Andrew Smith (Deputy Chair)	Malcolm Payton	Angiolina Foster (Deputy Chair)	Paul Stollard (Deputy Chair)	Angiolina Foster (Deputy Chair)
Neil Mapes	Neil Mapes	Madeline Smith	Stuart Ballingall	Angiolina Foster	Therese O'Donnell
Therese O'Donnell	Malcolm Payton	Andrew Smith	Tim Wright	Madeline Smith	Madeline Smith
Madeline Smith	Angiolina Foster	Stuart Ballingall	Paul Stollard	Andrew Smith	Tim Wright
	Mhairi Wylie (Ex officio)	Angiolina Foster	Mhairi Wylie (Ex officio)	Mhairi Wylie (Ex officio)	Brian Baverstock

Andrew Smith – EPF Deputy

Malcolm Payton – To come off EPF (only 2 BM in attendance)

Mhairi Wylie – PAG Chair

SCOTTISH FIRE AND RESCUE SERVICE

Insert Name of Meeting



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No:

Agenda Item:

Report to:									
Meeting Date:									
Report Title:									
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>						
		For Scrutiny							
		For Recommendation	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
		For Decision							
1	Purpose								
1.1									
2	Background								
2.1									
3	Main Report/Detail								
3.1									
4	Recommendation								
4.1									
5	Key Strategic Implications								
5.1	Risk Appetite and Alignment to Risk Registers								
5.1.1									
5.2	Financial								
5.2.1									
5.3	Environmental & Sustainability								
5.3.1									
5.4	Workforce								
5.4.1									
5.5	Health & Safety								
5.5.1									
5.6	Health & Wellbeing								
5.6.1									
5.7	Training								
5.7.1									
5.8	Timing								

5.8.1			
5.9 5.9.1	Performance		
5.10 5.10.1	Communications & Engagement		
5.11 5.11.1	Legal		
5.12 5.12.1	Information Governance DPIA completed Yes/No. If not applicable state reasons.		
5.13 5.13.1	Equalities EHRIA completed Yes/No. If not applicable state reasons.		
5.14 5.14.1	Service Delivery		
5.15 5.15.1	Prevention		
6	Core Brief		
6.1			
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:		
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient	
7.3	Rationale:		
8	Appendices/Further Reading		
8.1			
Prepared by:			
Sponsored by:			
Presented by:			
Links to Strategy and Corporate Values			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes

BOARD AND BUSINESS SUPPORT

GUIDANCE ON PREPARING CORPORATE REPORTS

(WRITING PAPERS FOR THE BOARD, COMMITTEES AND EXECUTIVE LEVEL MEETINGS)

Original Author/Role	GM Rab Middlemiss, Board Support Team
Date of Risk Assessment (if applicable)	N/A
Date of Equality Impact Assessment	March 2022
Date of Impact Assessment (commenced)	December 2019
Date of Impact Assessment (concluded)	March 2022
Quality Control (name and date)	Richard Whetton, Head of Governance, Strategy and Performance – March 2023
Authorised (name and date)	Mark McAteer, Director of Strategic Planning, Performance and Communications – March 2023
Date for Next Review	March 2029

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	GM Rab Middlemiss	05/05/2017
20.0	Section 1: Added link to Corporate Guidance Presentation on Exec Gov Page of iHub; Added bullet point to clarify use of Powerpoints for Exec Meeting 'Information Only' reports; Added paragraph around Committee / Board papers being suitable for public disclosure; Appendix A: Added Prevention to Strategic Implications Section of report template; Amended final section to include column on Meeting Approvals / Outcomes	Marion Lang	09/03/2026

CONTENTS

1. [PREPARATION AND MANAGEMENT OF REPORTS](#)
2. [ASSOCIATED DOCUMENTS / REFERENCES](#)

[APPENDIX A – GUIDANCE NOTES FOR COMPLETING THE REPORT](#)

[APPENDIX B – CORPORATE REPORT TEMPLATE](#)

1. PREPARATION AND MANAGEMENT OF REPORTS

For support with any aspect of this guidance and preparation of reports, please contact the Corporate Business Manager or Board Support Manager. You can also refer to [Corporate Report Guidance Presentation](#) on the [Executive Governance](#) site on iHub.

Reports must be:

- **MAXIMUM 5 PAGES** with links to Appendices only where required for additional reference material;
- Approved by the sponsoring Director before submission;
- Prepared and laid out in accordance with guidance given in [Appendix A](#);
- Submitted in line with the deadlines set by the relevant Board / Committee / Executive Board;
- Submitted on the [standard template](#) (see [Appendix B](#));
- Sufficient in detail to enable informed decisions to be made; and
- Written in **Plain English** – [Tips on How to Write in Plain English](#).
- For ‘**Information Only**’ items at Executive level meetings these are encouraged to be presented as a 2-slide maximum PowerPoint document. Where the paper requires to go through governance routes to SFRS Committees and the SFRS Board, the report will require to remain on the Corporate Report Template.

Authors are reminded to ensure that papers submitted to Committees and the SFRS Board are suitable for public disclosure as will be published on the SFRS website.

Consideration should be given to the level of detail required by the reader. It is important to bear in mind the differing roles of the Board / Committees, who require more brief, high-level strategic detail, and the Executive Level Meetings, where more detailed information may be needed.

The table below clarifies the types of questions likely to arise when presenting Executive Level reports and the different types of questions expected at Board Level reporting. It is important those producing and presenting papers at these meetings give cognisance to these and tailor their information accordingly. Authors should ask themselves what the key issues / challenges / implications / benefits and outcomes the specific Executive Board or Committee / SFRS Board they are presenting their report to requires to be sited on, to make informed decisions.

	Executive Scrutiny	Board Scrutiny
Who	Who has suggested this and who will it affect? Who is taking responsibility for the change and the rollout? Who do we need to inform? (Scottish Government / Police Scotland / Scottish Ambulance Service / Representative Bodies)	Do we need to seek assurance from the lead for the implementation of this decision? Have all the relevant people been informed?
What	What is being proposed? What is it that we are trying to solve? What is the cost? What are the safety considerations? What are the training considerations? What is the risk and risk mitigation?	What is being proposed? Are there any concerns that the risk(s) outweigh any potential benefit(s)? Are the risks inherent in this proposal consistent with the Board's risk appetite? Are there any other considerations we could suggest to the Chief Officer / SLT that would assist with the intended outcome?
When	When will this proposal take effect? When will it be reviewed? When will it terminate?	When will this start? When will it stop? Is there a sunset clause? When will it be brought to the relevant Committee of the Board or Board itself for Scrutiny?
Where	Where is the impact occurring?	Where is the impact occurring?

Why	Why are proposals required?	Is this an appropriate use of the authority delegated to the Chief Officer?
How	How will outcomes be delivered? How are we recording the impact? How will the effects / impact be measured? How are we communicating this? How are we ensuring that we are remaining legally compliant with it?	How can we support and provide constructive challenge to the Chief Officer / SLT / Executive?

The Corporate Template has been amended to include the key strategic implications as part of the main report. The author will now require to ensure that any key areas of risk or of strategic implication identified are considered and detailed within Section 5. These areas may require further clarity and require the author to field questions during the meeting, so it is important to detail clearly all risks and implications, and be able to discuss these in more detail, where requested.

The template has also been amended to include Director level assurance for all reports being presented at Board and Committee meetings ONLY. Guidance is provided in [Appendix A](#).

It is vital for report authors to complete an Equality and Human Rights Impact Assessment (EHRIA) and Data Protection Impact Assessment (DPIA) for all strategic documents and reports, to ensure due consideration is given to equalities and data protection. Guidance can be provided by the Equality and Diversity Team and the Information Governance Team to assist with this process and confirm requirements.

Basic style rules to apply:

- Avoid personal pronouns – ‘I’, ‘we’, ‘you’, etc. Refer to the position / body being referred to;

- Acronyms – provide the full text and acronym in brackets in the first instance and thereafter the acronym;
- Personal names – Names of individuals should have the relevant title, e.g. Chief Officer, Ms, Mr, etc. Generally, the use of personal names should be avoided, except when stating whom the paper was prepared by, sponsored by and presented by;
- Font – Arial 11 point is used for all text;
- Use the active voice (e.g. ‘The Board decided’ rather than ‘it was decided’) and put statements in positive form, as it makes the meaning clearer (e.g. ‘it was possible’ rather than ‘it would not have been impossible’);
- Use simple, concrete language and fewer words;
- Stick to the same tense and keep it simple;
- Use shorter sentences and avoid joining sentences together with ands and buts.

Report Classifications for Executive or Non-Executive Boards / Committees / Groups or Forums:

For Information Only - To inform of something relevant that would be beneficial to present formally. Limited questions and time will be spent on these items.

For Scrutiny - To enable scrutiny of a paper being presented and to allow for questions as required to seek assurance. No decision is required but advice and guidance can be given as appropriate.

For Recommendation - To enable scrutiny of a paper and then for it to be passed, following the correct Governance route as appropriate, ‘For Decision’.

For Decision - To enable a final Decision to be made, ensuring a paper has followed the necessary Governance routes.

Note: guidance and support can be obtained from the Corporate Business Manager and Board Support Team.

2. ASSOCIATED DOCUMENTS / REFERENCES

[Corporate Report Template](#)

[Preparing Corporate Level Reports Presentation](#)

[SFRS Website – Board Section](#)

[Plain English Campaign, How to Write in Plain English](#)

APPENDIX A – GUIDANCE NOTES FOR COMPLETING THE REPORT

SCOTTISH FIRE AND RESCUE SERVICE

Insert Name of Meeting



Report No:

Agenda Item:

Report to:	INSERT NAME OF MEETING							
Meeting Date:	INSERT MEETING DATE							
Report Title:	INSERT TITLE OF REPORT							
Report Classification:	For Information Only	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9						
	For Scrutiny							
	For Recommendation	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
	For Decision							
1	Purpose (MAX 5 LINES)							
1.1	- What the report is about and aiming to achieve - Why the report is being submitted - A clear and detailed statement of the proposal							
2	Background (MAX ½ PAGE)							
2.1	Context and matters to be covered including: - Previous SMB/SLT and/or Board/Committee consideration of the issues - Relevant external context that brings the issue before the meeting forum (e.g. legislation, government policy, etc.) - Relevant SFRS policies, delegations, strategic directions or precedents - Background and relevant history of the issue(s)							
3	Main Report/Detail (MAX 2 PAGES)							
3.1	Provide suitable and sufficient information in relation to the report classification, items to consider include: - Brief summary of current position - The arguments and reasons behind any proposal - The objective and expected outcomes - The costs and benefits Where there is a financial implication, rationale for spend must be provided. Guidance can be sought from your Finance Business Partner. You can refer to the Appraisal and Evaluation section of the Scottish Public Finance Manual (SPFM) and Her Majesty's Treasury (HMT) Guidance (The Green Book) , which has been adopted by the Scottish Government and applies to the SFRS for more information on financial management requirements - The views of relevant stakeholders or interested parties - The implications of any decision and/or the risk that might be involved - The alignment with strategic and budget frameworks							

	It is important to include sufficient information in this section for effective scrutiny. Links to Appendices should only be added where needed for additional reference material.
4	Recommendation (MAX ½ PAGE)
4.1	Outline what approval you are seeking, the preferred option and why this was chosen.
5.	Key Strategic Implications
5	Key Strategic Implications IMPORTANT – You must ensure that you engage with relevant Directorates/Functions for updating these sections, in particular and where issues are complex, refer to the (highlighted in brackets) for appropriate advice and note that this has been done. Only mark “Non-applicable” as an exception. Additional sections can be added at the end of this section if essential.
5.1 5.1.1	Risk Appetite and Alignment to Risk Registers (MAX 3 LINES) (Risk and Audit) Each report will be aligned to a single Risk Appetite Statement and relevant sub-category. Further information on risk appetite statements is contained within the guidance page for each Directorate risk register. In addition to risk appetite, where the report links to a risk(s) held within the Directorate risk register these will be identified within this section. Where the risk associated with the report is not recorded within the Directorate risk register an outline of the risk should be entered.
5.2 5.2.1	Financial (MAX 3 LINES) (Finance and Contractual Services) Financial investment required to deliver the proposal. Consider the wider financial strategy of SFRS.
5.3 5.3.1	Environmental & Sustainability (MAX 3 LINES) (Finance and Contractual Services) Environmental/sustainability implications.
5.4 5.4.1	Workforce (MAX 3 LINES) (People and Organisational Development) Employee implications.
5.5 5.5.1	Health & Safety (MAX 3 LINES) (Safety and Assurance) Health and safety implications.
5.6 5.6.1	Health and Wellbeing (MAX 3 LINES) (Health and Wellbeing) Consider potential impact on any aspect of the Health and Wellbeing of individuals, and ensure alignment with the SFRS Mental Health Strategy.
5.7 5.7.1	Training (MAX 3 LINES) (Training) Any training implications identified.
5.8 5.8.1	Timing (MAX 3 LINES) Timing for implementation and any internal and/or external deadlines.
5.9 5.9.1	Performance (MAX 3 LINES) (SPPC) Measures, linked to strategy, used to monitor performance.
5.10 5.10.1	Communications & Engagement (MAX 3 LINES) (Communications and Engagement) Outline the level of communication and engagement that has taken place and/or may take place with relevant internal and external stakeholders.

5.11 5.11.1	Legal (MAX 3 LINES) (Legal Services) Legal implications should be detailed in this section after careful consideration and seeking specific legal opinion as appropriate.
5.12 5.12.1	Information Governance (MAX 3 LINES) (Information Governance) Refer to General Data Protection Regulation Guidance (GDPR) on the iHUB and where appropriate complete a Data Protection Impact Assessment (DPIA) to assess potential GDPR Implications. If not applicable state reasons. Please note it is the responsibility of the author to ensure no personal/sensitive information is provided. If the report contains personal or sensitive information refer to guidance and/or consult with the Information Governance Manager.
5.13 5.13.1	Equalities (MAX 3 LINES) (Equality, Diversity and Human Rights) It is important to assess if there is a requirement to complete an Equality and Human Rights Impact Assessment (EHRIA). Guidance is available from the Equality, Diversity and inclusion team . There is a legal requirement to consider the equality and human rights implications of proposed decisions and for decision makers to take this information into account before making a decision on any proposed policy, practice, planning activity, initiative or corporate decision that has a direct or indirect impact on people. Within this section of the report, you must outline if an EHRIA has been carried out and list the relevant General Equality Duties and protected characteristics potentially affected by the proposal, e.g. 'This proposal is deemed likely to have a positive impact on the grounds of Promoting Equality of Opportunity and is particularly relevant to the protected characteristics of age and disability.' If you determine that an EHRIA is not required, you must outline why the proposal is not relevant to the General Equality Duty, e.g. 'proposal outlined in this report has no impact on people, either employees or service recipients directly or indirectly and is thus deemed not relevant to the General Equality Duty and this has been verified with the Equality and Diversity Team.' Where an EHRIA has been progressed it should accompany this report.
5.14 5.14.1	Service Delivery (MAX 3 LINES) (Service Delivery) Any service delivery implications identified.
5.15 5.15.1	Prevention (MAX 3 LINES) (Prevention) Any prevention implications identified.
6	Core Brief (MAX 5 LINES)
6.1	For Board and SLT Reports only, provide a very brief overview of the report. This detail will be used to inform the SLT Core Brief shared with all SFRS personnel in the Weekly Brief and made available on iHub and should be written in a suitable format similar to below: "The Director of Strategic Planning, Performance and Communications asked SLT to approve a proposal for preparing and presenting Corporate level reports. The proposal will ensure there is consistency in the preparation, submission, layout and content of reports presented at Corporate meetings of the Service (i.e. Board, SLT and SMB)." A further sentence is then added post-meeting by the relevant Business Support Team to outline the Board or SLT discussion/decision.

7	Assurance (SFRS Board/Committee Meetings ONLY)												
	Assurance is defined in the Good Governance Framework (P16) as “confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved.” To provide greater understanding of assurance in relation to reports being presented to the Board and Committees, the Director responsible for the report requires to provide confirmation of their assurance levels in relation to the report content. The Director should mark the level of assurance they are providing along with a brief statement detailing the reason they have provided this level of assurance. The levels of assurance and what these signify are detailed in the table below. <table border="1"> <thead> <tr> <th colspan="2">Level of Assurance Assessment Rating</th> </tr> </thead> <tbody> <tr> <td>Substantial</td><td> Controls are robust and well managed Risk governance and control procedures are effective in supporting the delivery of any related objectives. Any exposure to potential weakness is low and the materiality of any consequent risk is negligible. </td></tr> <tr> <td>Reasonable</td><td> Controls are adequate but require improvement Some improvements are required to enhance the adequacy and effectiveness of procedures. There are weaknesses in the risk, governance and/or control procedures in place but not of a significant nature. </td></tr> <tr> <td>Limited</td><td> Controls are developing but weak There are weaknesses in the current risk, governance and/or control procedures that either do, or could, affect the delivery of any related objectives. Exposure to the weaknesses identified is moderate and being mitigated. </td></tr> <tr> <td>Insufficient</td><td> Controls are not acceptable and have notable weaknesses There are significant weaknesses in the current risk, governance and/or control procedures, to the extent that the delivery of objectives is at risk. Exposure to the weaknesses identified is sizeable and requires urgent mitigating action. </td></tr> </tbody> </table>			Level of Assurance Assessment Rating		Substantial	Controls are robust and well managed Risk governance and control procedures are effective in supporting the delivery of any related objectives. Any exposure to potential weakness is low and the materiality of any consequent risk is negligible.	Reasonable	Controls are adequate but require improvement Some improvements are required to enhance the adequacy and effectiveness of procedures. There are weaknesses in the risk, governance and/or control procedures in place but not of a significant nature.	Limited	Controls are developing but weak There are weaknesses in the current risk, governance and/or control procedures that either do, or could, affect the delivery of any related objectives. Exposure to the weaknesses identified is moderate and being mitigated.	Insufficient	Controls are not acceptable and have notable weaknesses There are significant weaknesses in the current risk, governance and/or control procedures, to the extent that the delivery of objectives is at risk. Exposure to the weaknesses identified is sizeable and requires urgent mitigating action.
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7.1	Director:	Name of Director providing assurance on the report											
7.2	Level of Assurance: (Mark as appropriate)	Named Director to select and note the level of Assurance provided from levels detailed below: Substantial/Reasonable/Limited/Insufficient											
7.3	Rationale:	Named Director to provide a brief statement to explain why the level of assurance in the section above has been selected											
8.	Appendices/Further Reading												
8.1	Denoted by a letter and the respective title (e.g., Appendix A – Proposed Report Template). Links to further reading should be added, where applicable (e.g. further reading – Scottish Public Finance Manual (SPFM), Finance Guidance Notes: http://www.gov.scot/Topics/Government/Finance/spfm/GuidanceNotes)												
Prepared by:		Insert title / role of person who prepared report											
Sponsored by:		Insert title / role of Director who sponsored report											
Presented by:		Insert title / role of person who will present the report											
Links to Strategy and Corporate Values (MAX 3 LINES)													
Demonstrate a clear link to the SFRS's strategic outcomes. As a minimum, reports should in some way be supporting the outcomes and strategic objectives stemming from the Strategic Plan.													
Governance Route for Report	Meeting Date	Report Classification	Meeting Outcomes/Approvals										
To ensure effective corporate governance discuss with line manager/sponsors the most appropriate	Date report went to, or is planned to go to committee.	For Information Only For Scrutiny For Recommendation	Detail outcome, relevant brief details/ key amendments made to the report, e.g. • SMB – GDPR Implication highlighted/added 5.10.2.										

route to be followed for this report.		For Decision	SLT – Recommendation Approved to go to Change Committee for decision.

APPENDIX B – CORPORATE REPORT TEMPLATE (FOR REFERENCE ONLY)

SCOTTISH FIRE AND RESCUE SERVICE

Insert Name of Meeting



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Report No:

Agenda Item:

Report to:									
Meeting Date:									
Report Title:									
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>						
		For Scrutiny							
		For Recommendation	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
		For Decision							
1	Purpose								
1.1									
2	Background								
2.1									
3	Main Report/Detail								
3.1									
4	Recommendation								
4.1									
5	Key Strategic Implications								
5.1	Risk Appetite and Alignment to Risk Registers								
5.1.1									
5.2	Financial								
5.2.1									
5.3	Environmental & Sustainability								
5.3.1									
5.4	Workforce								
5.4.1									
5.5	Health & Safety								
5.5.1									
5.6	Health & Wellbeing								
5.6.1									
5.7	Training								
5.7.1									
5.8	Timing								
5.8.1									

5.9 5.9.1	Performance		
5.10 5.10.1	Communications & Engagement		
5.11 5.11.1	Legal		
5.12 5.12.1	Information Governance DPIA completed Yes/No. If not applicable state reasons.		
5.13 5.13.1	Equalities EHRIA completed Yes/No. If not applicable state reasons.		
5.14 5.14.1	Service Delivery		
5.15 5.15.1	Prevention		
6	Core Brief		
6.1			
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:		
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient	
7.2	Rationale:		
8	Appendices/Further Reading		
8.1			
Prepared by:			
Sponsored by:			
Presented by:			
Links to Strategy and Corporate Values			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes

Good Governance Framework

April 2026

Working together for a safer Scotland

CONTENTS

- 1 Introduction
- 2 Purpose
- 3 Strategic Context
- 4 Governance Structure
- 5 Governance Principles
- 6 Assurance Framework – four lines of defence
- 7 Integrated Assurance Mapping
- 8 Committee Assurance Statements
- 9 Role of Chief Officer, Strategic Leadership Team and Heads of Function
- 10 Role of the Board
- 11 Committees of the Board
- 12 Risk Management System
- 13 Anti-fraud and Corruption
- 14 Financial
- 15 Performance
- 16 Information Governance
- 17 Independent Inspections and Internal/External Audit
- 18 Code of Conduct
- 19 Governance Strategy and Policy
- 20 Governance of this Framework

21 Drafting, Amendments and Annual Review

22 Approval

23 Non-Compliance

24 Implementation

25 Compliments and Complaints

26 Legal

Appendix: list of key documents prescribed by this Good Governance Framework.

1. Introduction

Corporate governance is the way in which organisations are directed, controlled, and led. It defines relationships and the distribution of rights and responsibilities among those who work with and in the organisation, determines the rules and procedures through which the organisation's objectives are set, and provides the means of attaining those objectives and monitoring performance. Importantly, it defines where accountability lies throughout the organisation.

Good corporate governance is fundamental to any effective organisation and is at the heart of good public services, contributing to the overall purpose of the National Outcomes – To focus on creating a more successful Country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth.

Our SFRS Good Governance Framework replaces our Code of Corporate Governance which was first introduced in 2016 ('the Code') and outlines our continued commitment to upholding high standards of corporate governance by setting out the principles and supporting characteristics we will apply to ensure we are achieving our intended outcomes while always acting in the public interest.

It also embodies and supports our values of Safety, Teamwork, Respect, and Innovation. In the Scottish Fire and Rescue Service (SFRS), this means doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest, and accountable manner.

Our Framework focuses on the role of the non-executives (the Board) and executives (Strategic Leadership Team) of the SFRS in upholding good corporate governance, ensuring it runs through our entire organisation and has drawn on best practice from across the public, private and third sectors. Through this it is intended that we support our greatest asset, our workforce, in the delivery of our services to achieve local outcomes for our communities.

The Framework will evolve in line with best practice and through our processes for continuously reviewing and improving the effectiveness of our governance arrangements, while fully supporting our Strategy.

Our Good Governance Framework is also intended to provide our stakeholders with a clearer high-level understanding of how we operate and do business. It aligns to our SFRS Governance and Accountability Framework, which explains and defines our relationship with the Scottish Government and is also linked but distinct to the Fire and Rescue Framework for Scotland, a statutory document made under section 40 of the Fire (Scotland) Act 2005 (as amended), which sets out the Scottish Ministers' strategic priorities for the SFRS.

2. Purpose

The SFRS meets its corporate governance requirements and expectations in many ways. The purpose of the Framework therefore is to bring together the various strands of our corporate governance arrangements into one overarching framework document that demonstrates our commitment to upholding good corporate governance in a way that is easier to understand.

The focus of the Framework is on the Board and the Strategic Leadership Team (SLT) and is designed to assist them in performing their role of directing, controlling and leading the SFRS in a fit and proper manner.

The Framework will also be cascaded to management who directly support the Board and SLT in fulfilling this role and our workforce who are integral to achieving improved local outcomes through the delivery of our priorities and strategic objectives.

By following this Framework, we aim to deliver high standards of Corporate Governance, which we believe will lead to better service delivery and ultimately, better outcomes for the communities of Scotland.

We are responsible for ensuring that we deliver our services in accordance with the law and our statutory responsibilities, that we safeguard and properly account for public money and that this money is used in accordance with Best Value principles.

The Framework sets out the manner in which we will operate to meet these responsibilities and therefore maintain public confidence in the SFRS as a public body.

At the heart of the Framework lies six core principles of good corporate governance, each with its supporting characteristics that outline how we will demonstrate application of the principles.

The six principles we have adopted are taken from the 'Good Governance Standard for Public Services' that was developed by the Chartered Institute for Public Finance and Accountancy (CIPFA).

By adopting these principles, we will be acting consistently with the principles of good governance, a requirement of the Fire (Scotland) Act 2005, as amended by the Police and Fire Reform (Scotland) Act 2012 and following best practice promoted by the Scottish Government in publications such as 'On Board: A Guide for Board Members of Public Bodies in Scotland'.

Using the six principles of good corporate governance as a basis for our Framework, provides us with a sound structure to assess and ultimately report on the effectiveness of our corporate governance in the Annual Governance Statement.

Internal Audit and External Audit will also benefit from the structured approach, allowing them to direct their independent assurance work on corporate governance more effectively.

3. Strategic Context

The diagram below is a basic representation of the SFRS strategic planning process from the Scottish Government National Performance Framework through to Service personnel's individual development plans/personal appraisals. The key strategic documents for the Service are the Strategy, 3 year delivery plan, Performance Management Framework and the long term vision.

National Performance Framework diagram

4. Governance Structure

Governance Structure Diagram

5. Governance Principles

Principles of Good Corporate Governance

- 1 We will focus on our purpose and outcomes for the people and communities of Scotland
- 2 We will perform effectively in clearly defined functions and roles
- 3 We will promote and demonstrate the values of the organisation and the principles of good governance through behaviour
- 4 We will take informed, transparent decisions and manage risk effectively
- 5 We will develop the capacity and capability of the Board and Strategic Leadership Team to be effective
- 6 We will engage with the communities of Scotland and other stakeholders and make accountability real.

The Good Governance Standard for Public services sets out six core principles of good corporate governance, which form the basis of our Framework.

The following pages of our Framework set out how we will go about applying these six principles to our work and therefore demonstrating our commitment to upholding high standards of corporate governance.

This also builds on the nine principles for the conduct of people in public life that were established by the Committee on Standards in Public Life.

Known as the Nolan principles, these are: selflessness, integrity, objectivity, accountability, openness, honesty, leadership. Duty (public service) and respect were later introduced by the then Scottish Executive and added to the original seven Nolan principles to create the nine key principles underpinning public life in Scotland. The codes for councillors and members of devolved public bodies in Scotland are based on these key principles.

Principle 1

We will focus on our purpose and outcomes for the people and communities of Scotland.

This means we are:

- Being clear about our purpose and its intended outcomes for the people and communities of Scotland.
- Making sure we enable our workforce to deliver a high-quality service.
- Identifying and taking steps to meet the needs of the diverse communities we serve.
- Making sure that we secure best value for taxpayers.

How will we demonstrate this? We will:

- Show our commitment to public service delivery and reform by ensuring that our strategies and plans are aligned to the National Performance Framework, National Outcomes, Fire and Rescue Framework and key principles of public service reform.
- Take individual and collective responsibility for clearly communicating to our internal and external stakeholders our purpose and mission, and the strategic priorities and objectives to achieve our intended outcomes.
- Respond effectively, to any changes in our operating environment and the challenges we face by maintaining a strong focus on strategic and financial planning that will assure the long-term sustainability of the functions we deliver.
- Enable our workforce and other stakeholders to co-design and shape our services by ensuring a structured, inclusive approach to seeking stakeholder views on their needs and concerns is incorporated into our strategic planning process.
- Show our commitment to the public sector equality duty by ensuring that our Equality and Human Rights Impact Assessment and Island Community Impact Assessment processes are used to inform our decisions when planning our services.
- Secure appropriate strategic oversight of performance through a robust Performance Management Framework, which is supported by effective

management systems to track progress against priorities, objectives and outcomes at national and local levels.

- Ensure, where available, comparable performance information from other organisations is used to benchmark our performance.
- Show our commitment to the duty of Best Value by taking a systematic approach to self-evaluation and continuous improvement in performance and outcomes, including arrangements for reporting our performance publicly.

Where is the evidence that shows we are demonstrating this? We will:

- Publish on our website and iHub (internal) our Strategy, associated Annual Operating Plans and Local Fire and Rescue Plans.
- Develop a Board and SLT media strategy to support delivery of effective Board communication and engagement activities.
- Publish on our website, Board reports and relevant Committee reports relating to our plans for seeking internal and external stakeholder views and how their responses inform our strategic planning process.
- Undertake Equality and Human Rights Impact and Island Community Impact Assessments.
- Publish on our website our financial strategy and annual budgets, which outline how we will fund our plans and demonstrate how we will deliver Best Value and ensure long term sustainability.
- Publish on our website, Board reports and relevant Committee reports relating to ongoing performance monitoring and scrutiny, and end of year statutory reporting.
- Publish on our website all external assessments of our performance and Best Value, including those provided by Internal Audit, External Audit, His Majesty's Fire Service Inspectorate and Audit Scotland, and our responses to addressing any recommendations.
- Monitor and scrutinise our performance against agreed objectives and outcomes at public meetings of the Board and relevant Committees and have minuted records of the outcomes published on our website.

Principle 2

We will perform effectively in clearly defined functions and roles.

This means we are:

- Being clear about the functions of the Board.
- Being clear about the responsibilities of the Board and the SLT, and making sure that those responsibilities are carried out.
- Being clear about relationships between the Board and the public.

How will we demonstrate this? We will:

- Clearly define and communicate the roles and responsibilities of the Board and that of the Chair, individual Board Members, the Chief Officer, Accountable Officer, and individual members of the SLT and ensure they are understood.
- Be clear about the strategic governance role of the Board, by publishing a statement outlining the Board's approach to performing its main functions and the processes it uses to hold the SLT to account.
- Ensure a constructive and effective working relationship exists between our Board Members and executive officers, where we operate on the basis of the Board and SLT working as a team.
- Establish arrangements for clarifying delegated authority to the Chief Officer and members of the SLT, and the decisions reserved to the Board, which are consistent with the Scottish Public Finance Manual (SPFM) and appropriate to our objectives and circumstances.
- Regularly review the performance of the Board as a whole; individual Committees; individual Board Members and individual officers of the SLT, to ensure that we continue to perform our functions, roles, and responsibilities to the highest possible standards.
- Ensure the Board directs and controls the SFRS in the public interest and is accountable to the public for its decisions and actions.
- Take steps to support our workforce and the communities we serve to participate in public life.

Where is the evidence that shows we are demonstrating this? We will:

- Publish on our website and make available to all Board Members and executives of the SLT, copies of the SFRS Governance and Accountability Framework Document, which clarifies the functions of the Board and the roles and responsibilities, and accountabilities of the non-executives, executives, and Accountable Officer.
- Publish on our website and make available to all Board Members and executives of the SLT the Terms of Reference for all our Committees.
- Publish on our website our Scheme of Delegations (incorporating matters reserved for the Board), and review this periodically.
- Provide all members of the SLT with up to date and relevant job descriptions.
- Have a programme of strategy days in place for the Board and SLT to work together to promote joint problem solving, to address strategic issues.
- Make our meetings of the Board and Committees open to the public, enabling them to observe how members of the Board and SLT perform individually and collectively, and how the Board hold the SLT to account.
- Publish on our website, Board and Committee reports relating to the arrangements for annually reviewing Board and Committee effectiveness, including the outcome of these annual reviews.
- Have an induction programme in place for any new Members of the Board and SLT.
- Have a programme of annual appraisals in place for Members of the Board and SLT.

- Publish on our website Board and Committee public meeting reports and minutes, incorporating all key decisions that have been made by the Board and reflection on the impact these have made 12 months on.
- Publish on our website, our Communications and Engagement Strategy, setting out the principles and objectives for engaging effectively with the public and our stakeholders.

Principle 3

We will promote and demonstrate the values of the organisation and the principles of good governance through behaviour.

This means we are:

- Putting our organisational values of Safety, Teamwork, Respect, and Innovation into practice.
- Behaving in ways that uphold and exemplify effective governance, including demonstrating leadership on the grounds of equality, diversity, inclusion, human rights, and social justice.
- Demonstrating professional, dignified, and respectful behaviours and tackling those behaviours that fall short of this standard.

How will we demonstrate this? We will:

- Actively publicise and model our values, expected standards of conduct, ethics and behaviour to all staff and relevant stakeholders.
- Ensure the application of these values guides our decision-making and are a basis for developing appropriate and effective relationships within the organisation, with our staff, partners, and other stakeholders; and they underpin our key policies.
- Discharge our public duties in a manner that ensures Board Members and staff take decisions objectively and steps are taken to avoid or deal with any conflicts of interest, whether actual or perceived.
- Work towards our Equality Outcomes.
- Maintain effective processes for reporting, investigating, and dealing with occasions where standards fall below those expected and where they exceed expectations.
- Maintain effective arrangements to prevent, detect, investigate, and prosecute attempted fraud, corruptions, other unlawful acts, and unethical behaviour.
- Ensure that engagement with the Service is accessible to all sections of the community and recognise the benefits available from a diverse community.
- Ensure that employment by the Service is accessible to all sections of the community; that selection processes are objective, transparent and fair, and that employees feel valued and respected regardless of individual differences.
- Ensure that appropriate mechanisms are in place to measure how well we are living by our values and taking action to reinforce them.

Where is the evidence that shows we are demonstrating this? We will:

- Publish on our website and iHub (internal) and promote in SFRS properties, our values framework.
- Establish arrangements for appraising staff against our values incorporating them into induction and development programmes for staff.
- Publish on our website and iHub (internal) our Board Members Code of Conduct and establish arrangements for appraising Board Members against the provisions of the Code.
- Make our meetings of the Board and Committees open to the public and adopt a hybrid approach of virtual and face-to-face meetings enabling the public to observe the conduct and behaviour of members of the Board and SLT.
- Publish on our website, Board and Committee reports, and minutes demonstrating how our values have been applied in decision making.
- Publish and maintain Board Members and SLT Members register of interests and have arrangements in place for declaring interests at Board, Committee and SLT meetings.
- Publish on our website our Mainstreaming and Equality Outcomes Reports.
- Publish and raise awareness of our anti-fraud statement and response plan, whistleblowing policy and complaints handling procedure, and seek opinions from the Audit and Risk Assurance Committee and Internal Audit on the adequacy and effectiveness of these arrangements.
- Appoint an individual to undertake the statutory duties of a Standards Officer, and act as the principal liaison officer between the organisation and the Standards Commission.
- Publish on our website and iHub (internal) our Recruitment and Selection Policy.
- Monitor and scrutinise the effectiveness of our values framework at meetings of the People Committee.

Principle 4

We will take informed, transparent decisions and manage risk effectively.

This means we are:

- Being rigorous and transparent about how decisions are taken.
- Having and using good quality information, advice, and support.
- Making sure that an effective risk management framework and internal controls are in operation.

How will we demonstrate this? We will:

- Ensure that our standing orders and scheme of delegations are clear about how decisions should be taken and where responsibility for taking decisions lies.

- Fulfil our duty of being open by conducting the Board's formal business in public session, subject only to matters which involve confidential issues.
- Maintain accurate records of decisions made by the Board and ensure the rationale for these decisions is clearly communicated to those affected.
- Ensure that suitable processes are in place for effective, objective, and transparent scrutiny of policy development, decision making, performance and compliance.
- Give specific consideration to the impact on equality of opportunity when making decisions.
- Provide the Board with reports containing sufficient information to support strategic decision making and, when necessary, the Board has access to professional, legal, and financial advice.
- Secure the appropriate management of risk by having an approved risk management policy incorporating our approach to risk appetite in place to enable the Board to take evidence informed decisions.
- Integrate our process for managing risk into our strategic planning, management reporting and policies, so there is a system for continuous risk management, which extends from our workforce undertaking direct service delivery through to the Board and a culture of risk management is therefore being embedded across the Service.
- Comply with our statutory requirements to report publicly on the effectiveness of our risk management framework and internal control arrangements, through the production of an annual governance statement.

Where is the evidence that shows we are demonstrating this? We will:

- Publish on our website the Board's Standing Orders, Scheme of Delegations and Conflicts of Interest arrangements, and review these periodically.
- Publish on our website the date and time of all Board and Committee meetings held in public session, and all reports and minutes considered at these meetings.
- Produce engagement plans in support of communicating decisions to those affected.
- Undertake Equality and Human Rights Impact and Island Community Impact Assessments.
- Publish on our website how to access information, our publication scheme, a guide to freedom of information and environmental information requests, and our register of interests for Members of the Board and SLT.
- Provide guidance on how to prepare suitable reports to the Board and SLT.
- Publish our Risk Management Policy and review this periodically.
- Maintain up to date Strategic and Directorate Risk Registers and report on these quarterly.
- Publish all internal and external audit reports and our responses to recommendations.

- Have in place an assurance framework for co-ordinating the examination of the effectiveness of the organisation's internal control and risk management arrangements.
- Publish in our Annual Report and Accounts, our Annual Governance Statement, setting out the Accountable Officer's opinion of the effectiveness of the organisation's internal control and risk management arrangements.

Principle 5

We will develop the capacity and capability of the Board and Strategic Leadership Team to be effective.

This means we are:

- Making sure that Board Members and officers of the SLT have the skills, knowledge and experience they need to perform well and maximise their ability to contribute to improved outcomes.
- Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group.
- Striking a balance, in the membership of the Board, between continuity and renewal.

How will we demonstrate this? We will:

- Regularly review the performance of the Board as a whole, individual Committees, individual Board Members, and individual officers of the SLT to ensure we are performing our roles well, both individually and collectively.
- Ensure that all Members of the Board and SLT are provided with opportunities for structured learning and development according to individual and organisational needs.
- Ensure that there are regular reviews of the effectiveness of our training and development, and performance review arrangements for Members of the Board and SLT.
- Identify opportunities for learning from past actions to ensure that lessons learned become embedded in the future behaviour of the Board and SLT, and are shared with other organisations.
- Make use of the professional qualifications, key strengths, and expertise of Board Members, so they are being used to good effect to add value to the functioning of the Board and helping to build capacity.
- Show a real commitment to succession planning by ensuring robust arrangements are in place that address Board and SLT skills and diversity requirements for the medium and long term and that supports Scottish Government's priority for the SFRS to be more representative of the people and communities of Scotland.

Where is the evidence that shows we are demonstrating this? We will:

- Publish on our website, Board and Committee reports relating to the arrangements for annually reviewing Board and Committee effectiveness, and the outcomes of these annual reviews.
- Have an induction programme in place for any new Members of the Board and SLT.
- Have a programme of annual appraisals in place for Members of the Board and SLT.
- Develop a Board Member's CPD Framework that will enable them to access professional and personal learning and development opportunities.
- Positive action to continue to form a Board membership that is broadly reflective of the wider Scottish Population with a 50:50 gender split being maintained where possible.
- Maintain a Board Skills Matrix, linked to our strategic priorities and objectives, for identifying skills gaps and areas of strength and have plans in place for balancing skills and filling skills gaps within reasonable timescales.
- Maintain a Remuneration, Appointments and Nominations Sub-committee with responsibilities for effective corporate oversight of the succession planning arrangements for the SLT and Board Members. Through the Chair of the Board, provide advice to Ministers about the Board's membership needs.

Principle 6

We will engage with the communities of Scotland and other stakeholders and make accountability real.

This means we are:

- Taking an active and planned approach to dialogue with, and accountability to, the public and stakeholder groups.
- Encouraging and enabling the participation of communities in public life.
- Taking an active and planned approach to meet responsibilities to staff.

How will we demonstrate this? We will:

- Maintain effective arrangements to enable comments, complaints, and commendations to be notified to the Service, through the application of accessible communication methods.
- Respond to the declared and anticipated needs of communities in the deployment of different methods of communication.
- Effectively deploy modern technology to improve the ability for our stakeholders to engage and provide two-way communication. Examples of this include online consultation capabilities and improved external websites and internal intranets.
- Have a Communications and Engagement Strategy that increases two-way communications and engagement and to secure opportunities for stakeholders to influence the direction and delivery of the Service.

- Ensure that all Board meetings and reports are accessible to the public except where legislation requires confidentiality to be preserved.
- Maintain arrangements for communicating, consulting, and seeking feedback from all sections of our communities and key stakeholders about our relevant strategic plans and services.
- Maintain processes to consult with staff and their representatives.

Where is the evidence that shows we are demonstrating this? We will:

- Publish on our website details of how to make comments, complaints, and commendations. This will include arrangements for making contact in person; by letter; by telephone and by completing a web form on the SFRS website.
- Regularly review the accessibility and transparency of our communication methods, using tools such as the Equality and Human Rights Impact Assessment process and customer feedback.
- Measure the success of our engagement through a 'Matrix Approach', including increased engagement through online channels and regular reporting and feedback monitoring of both internal and external engagement meetings. This analysis will allow us to determine both improvements in engagement and the quality of our relations with stakeholders.
- Build in regular 'temperature check' analysis of stakeholders as part of the Communications and Engagement Strategy. This will allow us to determine if we are improving stakeholder engagement and their sense of being able to influence and shape decisions and direction.
- Enable all Board meetings to be open to the public, and all reports and minutes of public meetings to be available on our website and ensure that other relevant documents are made available under Freedom of Information provisions.
- Publish on our website details of current consultations and how to make comments and provide feedback on our relevant strategic plans and services.

Annual Review and Reporting

Our Framework provides us with a mechanism against which the effectiveness of our governance arrangements can be reviewed. The following diagram therefore illustrates the steps we will take to demonstrate how well the Framework has operated in practice, based on an annual assessment of the effectiveness of the arrangements underpinning each of the principles of good governance.

[[Good Governance Framework diagram]]

Our Annual Assessment process will assess the effectiveness of our overall governance, risk management and internal control arrangements.

The results of this assessment will be used to:

- Identify actions for continuously improving corporate governance.
- Identify new and emerging governance issues.
- Inform the work of Internal Audit.

- Prepare the Annual Governance Statement (AGS) which is scrutinised by the Audit and Risk Assurance Committee and then publicly reported in the Annual Report and Accounts.

6. Assurance Framework – four lines of defence

Our AGS Assurance Framework, provides a structured means of identifying and mapping the main sources of assurance in the organisation and co-ordinating this evidence for the SFRS Board and its Committees to provide an overall opinion of the adequacy and effectiveness of the SFRS's risk management and internal control arrangements.

All recommendations from previous audits have been fully incorporated into the SFRS Assurance Plan and reported back through the Internal Audit team and Audit and Risk Assurance Committee (ARAC).

Our integrated assurance exercise continues to evolve and mature to ensure robust governance and internal control measures, aligning to the SPFM.

The overall Framework strengthens our governance arrangements through the introduction of a formal Policy for Preparing the Annual Governance Statement on behalf of the Accountable Officer. Together with the dedicated e-learning training programme, Improvement Action Plans, and Executive monitoring through our Senior Management Board (SMB).

This additional monitoring increases the level of scrutiny and assurance the Chief Officer can give as Accountable Officer as part of our continuous improvement and prior to being put before the ARAC.

To ensure increased governance and assurance around potential fraud activities within SFRS, all Heads of Function are required to complete a Fraud Risk Assessment of their function and provide details of any areas that have been identified as having risk of fraud, an area that formed part of earlier Internal Audit outcomes.

These arrangements ensure robust processes are in place and that they remain under continual review. This also provides the SFRS with a model to illustrate and provide clarity regarding the risks, controls and relationships that aim to improve effectiveness of our risk management systems.

Our Assurance in summary means the “confidence based on sufficient evidence that internal controls are in place, operating effectively and objectives are being achieved.”

The Four Lines of Defence model considers management control as the first line of defence in risk management, while the second line of defence includes the various risk controls and compliance oversight functions established by the management.

The third line of defence includes independent assurance through our internal auditors and finally the fourth line of defence includes the independent assurance through our external auditors / methods. The organisation's wider governance framework requires each of these "lines" to play a distinct role.

Oversight of the assurance provided by the lines of defence is provided by the Executive governance structures and the Board and its Committees.

[[Audit and Assurance Tables]]

[[Assurance Framework flowchart]]

7. Integrated Assurance Mapping

SFRS Assurance mapping is a visual representation of comfort (assurance) activities as they apply to a specific set of risks or compliance requirements facing the SFRS.

Assurance maps can be a useful tool providing insights for boards, senior management and audit committees. By allowing the decision-makers to take appropriate comfort from the assurance provided, these maps are intended to assist and guide the work of the SFRS Board Committees.

With assurance maps, the SFRS Board will have evidence to support its assertions as to the state of internal control in any public reports and as communicated to the external auditors and stakeholders.

With a map, the assurance-related work of the individuals operating within the four lines of defence can be best directed to avoid overlaps.

Below is an example of a simple assurance map and something SFRS will continue to develop.

[Table]

Assurance Mapping is the starting point of our journey, and we will require our Internal Auditor to assist and support the SFRS in achieving integrated assurance, and take cognisance of the recommendations of their Risk Management (Assurance Stocktake) audit.

It is our aspiration for our Assurance Mapping to give a visual representation of the assurance provided across the organisation:

- Covering all (or key) risks / processes
- Identifying all assurance providers
- Indicating the extent and effectiveness of assurance provided

In summary, it will act as a stocktake of the assurance levels of the organisation, reviewing where these assurances are found and how effective they are.

Our assurance will look to relate to business process and control activity; however, it will also identify where non-business process-based assurance is also being received e.g. Health & Safety audits, quality control reviews, etc.

This approach will provide an overview to the SFRS Board, ARAC, SLT and also our assurance providers of:

- The assurance activity that is being undertaken across the organisation (quantum not quality)
- Gaps in assurance (risks and controls not covered) that need to be either filled or accepted
- Overlaps in assurance, where efficiency gains can be made

The map could also be used to adjust the Internal Audit programme to review, where appropriate, assurance providers rather than controls – the start of the journey towards Integrated Assurance.

[[Our Assurance Map Continuum diagram]]

8. Committee Assurance Statements

At the end of each year Committee Assurance Statements are produced in order to provide a means for our SFRS Board, through its Committees, to demonstrate the constructive scrutiny and challenge aligned to their Terms of Reference responsibilities, thereby ensuring the effectiveness of governance and risk management arrangements across the Service.

This is a way for SFRS Non-Executive Committees to declare that they are assured around their areas of scrutiny across the Service, aligning with the responsibilities as set out within their respective Committee Terms of Reference (ToR) together with any legal/regulatory/H&S requirements and standards.

It gives a platform to highlight, where it is felt appropriate, any areas of good practice and/or to disclose any areas that need to improve.

This helps support the overarching SFRS Annual Governance Statement produced by the Accountable Officer (Chief Officer) that, as a Service, demonstrates there is sufficient evidence and self-assessment for both Executive and Non-Executive members to receive the overall assurances they need.

The Statements are also a method of providing this assurance to wider stakeholders.

Committee Assurance Statements:

- Give an overview of the business of the Committee in the year
- Highlight areas of good practice and areas for improvement

- Provide its assessment on the adequacy of assurances received
- Identify areas of high interest or risk for the Committee in the coming year

The mechanisms for assessing the adequacy of assurance will continue to be defined. However, care needs to be taken not to make this overly prescriptive as Committees will always need to exercise a degree of judgement in reaching their assessment. Figure 1 below is illustrative of what a definition might look like.

Level of Assurance Assessment Rating

Substantial

Controls are robust and well managed.

Risk governance and control procedures are effective in supporting the delivery of any related objectives. Any exposure to potential weakness is low and the materiality of any consequent risk is negligible.

Reasonable

Controls are adequate but require improvement.

Some improvements are required to enhance the adequacy and effectiveness of procedures. There are weaknesses in the risk, governance and/or control procedures in place but not of a significant nature.

Limited

Controls are developing but weak.

There are weaknesses in the current risk, governance and/or control procedures that either do, or could, affect the delivery of any related objectives. Exposure to the weaknesses identified is moderate and being mitigated.

Insufficient

Controls are not acceptable and have notable weaknesses.

There are significant weaknesses in the current risk, governance and/or control procedures, to the extent that the delivery of objectives is at risk. Exposure to the weaknesses identified is sizeable and requires urgent mitigating action.

9. Role of Chief Officer, Strategic Leadership Team, Heads of Functions and Local Senior Officers

The Chief Officer (CO) is the Board's principal adviser on the discharge of SFRS functions and is accountable to the Board. The CO provides operational leadership to the SFRS and ensures that the Board's aims and objectives are met and the SFRS's functions are delivered, and targets met through effective and properly controlled executive action. The CO's general responsibilities include the performance, management and staffing of SFRS.

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

Heads of Function (Uniformed and Support) have the responsibility for the day-to-day management of the SFRS. The executive function is the custodian of the SFRS Strategy as approved by the SFRS Board and responsible for its execution.

Local Senior Officers (LSOs) at Area Commander level are appointed for each local authority area in Scotland (after consultation with the relevant local authority).

They are adequately equipped, supported, and empowered to fulfil their statutory duties and report to local Scrutiny Committee's on a regular basis.

In summary, the executive function provides the SFRS Board with sound information, advice and recommendations on the organisational structure, objectives, strategies, plans and policies of SFRS to enable the SFRS Board to make informed decisions and fulfil its role.

10. Role of the Board

The SFRS Board, including the Chair, consists of non-executives appointed by the Scottish Ministers. The Board provides strategic direction, support, and guidance to the SFRS, ensuring that it discharges its functions effectively and that Ministers' priorities are implemented. Board members are personally and corporately accountable for the Board's actions and decisions.

The Board scrutinises plans/proposals and holds the CO and SLT to account. The Board is free to establish its own Committee structure, delegating responsibilities as it considers fit.

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

- Producing Strategic and Annual Plans, prepared under sections 41A and 41B - 2005 Act (inserted by the 2012 Act), to be submitted to the Scottish Ministers for approval.
- Producing annual reports, prepared and published under section 41L - 2005 Act (inserted by the 2012 Act), and ensuring that they are laid before the Scottish Parliament in accordance with that section.
- Taking forward the aims and objectives as set out in the approved Strategy.

- Determining steps needed to deal with wider changes which are likely to impact on the strategic aims/objectives of the SFRS, or on the attainability of its operational targets.
- The duty under section 39A of the 2005 Act (inserted by the 2012 Act) to make arrangements to secure Best Value i.e. continuous improvement in the carrying out of the SFRS's functions, where possible, participating in shared services.
- Ensuring that effective arrangements are in place to provide assurance on risk management, governance, and internal control, setting up an audit committee chaired by a non-executive member to provide independent advice and assurance on the effectiveness of the internal control and risk management systems.
- (In reaching decisions) taking into account relevant Scottish Minister guidance.
- For support staff, ensuring that an effective pay and conditions negotiating framework is in place which allows negotiations to complement the broad principles of the Scottish Government's Public Sector Pay Policy.
- Attend and participate in meetings of the National Joint Council for negotiation of operational staff pay, terms and conditions.
- Ensuring SFRS's proceedings, including those of its committees and sub-committees, are held in public and that the agendas, papers, and reports in relation to those proceedings are published, as well as publishing a statement setting out the circumstances in which proceedings may be held in private and in which documents need not be published, as required by schedule 1A - 2005 Act (inserted by 2012 Act).
- Appointing, with the approval of the Scottish Ministers, each subsequent SFRS Chief Officer and, in consultation with the SG, setting appropriate performance objectives and remuneration terms linked to these objectives, which give due weight to the proper management and use of resources within the stewardship of the SFRS and the delivery of outcomes.
- Acting consistently with principles of good governance, accountability, and transparency, as required by schedule 1A to the 2005 Act (inserted by the 2012 Act).
- Further detail can be found within the SFRS Governance and Accountability Framework and guidance on how the Board should discharge its duties is provided in appointment letters and in On Board – A Guide for Members of Statutory Boards.

11. Committees of the Board

Audit and Risk Assurance (ARAC)

Scrutinises the systems and processes for governance, internal control and risk management and provides assurances of their effectiveness to the Board and Accountable Officer.

Strategic Planning and Change (SPCC)

Provides scrutiny and challenge of strategic and financial planning and change resource allocation and delivery.

People (PC)

Provides strategic advice and direction on matters affecting employees and ensures that staffing and remuneration arrangements support the strategic aims and objectives of the SFRS, reflecting best practice. Remuneration, Appointments and Nominations Sub-Committee (RANSC) of the People Committee with an overall purpose to advise on the remuneration and appointments strategy and supporting frameworks for the posts covered by the Sub-Committees remit.

Service Delivery (SD)

Scrutinises monitors and reviews performance, and provides assurances to the Board relating to the quality of Service Delivery nationally through operational efficiency and effectiveness, operational safety, and delivery of approved Service Delivery strategies.

Integrated Governance Forum (IGF)

Provides assurance to the SFRS Board that issues identified in specific governance Committees are discussed across the Board, thereby ensuring a joined-up approach to corporate governance.

12. Risk Management System

The aim of SFRS is to be risk managed, allowing innovation and aspiration, whilst actively managing risk through a range of measures to ensure key outcomes are met.

Establishing a consistent and effective framework, integrated within Governance and Assurance arrangements, will strengthen our control framework, and help further embed an effective risk culture within the Service.

The management of risk is fully embedded throughout the Service, forming an integral element of all Committees and Executive Boards. Engagement with the Board, SLT and Directorates ensures the framework is effectively used to inform decision making, allowing the Service to present a fair and reasonable reflection of the most significant risks impacting upon its operations. Reporting arrangements should also ensure that the Sponsor Unit is aware of relevant risks and how they are being managed. The SFRS Audit and Risk Assurance Committee will, at the earliest opportunity, notify the relevant Scottish Government Audit and Risk Committee if it considers that it has identified a significant problem which may have wider implications.

The Service recognises that it cannot entirely eliminate the risk of disruption and that a residual level of risk will always remain. However, the risk management framework has been developed in order to minimise the probability and impact of a risk causing disruption

and allow a discussion to be held on risk, which will raise awareness and ownership of the challenges presented to the Service.

Maturing the risk framework, allowing the Service to effectively consider and manage emerging risks will further strengthen our governance process.

The SFRS shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of generally recognised best practice in corporate governance, and have developed a risk management strategy, consistent with the Risk Management section of the SPFM. Reporting arrangements should ensure that the Sponsor Unit is made aware of relevant risks and how they are being managed.

In summary, the SFRS risk management system includes the establishment of various policies, strategies, processes, procedures, and tools for identifying, measuring, monitoring, managing, and reporting of all material risks to which SFRS is exposed.

Risk Appetite

The purpose of the risk management framework is to encourage debate and discussion on risk and inform our decision-making processes in a manner that helps the organisation. Risk Appetite is part of this overall framework and can be considered as the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.

The benefits of adopting a formal approach to risk appetite include:

- Supporting informed decision making
- Reducing uncertainty
- Improving consistency across governance processes and decision making
- Supporting performance improvement
- Focusing discussion on priority areas
- Informing resource prioritisation

[Flowchart]

For SFRS, risk appetite will be based upon a number of underlying principles:

- It will be aligned to the risk maturity of the Service
- It will be aligned to our capacity and the resources available
- It will add value to and be supported by the risk management framework
- It will be measurable and meaningful to service users

Table: The SFRS Board is responsible for the Risk Management Policy

The below table sets out the key roles and responsibilities

The SFRS Board

The SFRS Board is responsible for ensuring effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board will approve

any amendments to the Risk Management Policy and will set the risk appetite for the Service.

Audit and Risk Assurance Committee (ARAC)

ARAC will advise the Board and Accountable Officer (Chief Officer) on the effectiveness of the application of the strategic processes for risk, control and governance. This will include a quarterly review of the Service's Strategic Risk Register and associated action plans.

SFRS Committee Structure

Individual Committees retain a scrutiny role, providing assurance to the Board on matters falling within their scope. All SFRS Committees will scrutinise risks pertinent to the business of the Committee through identified risk spotlights.

Chief Officer

The Chief Officer, as the Accountable Officer, is responsible for maintaining a sound system of internal control, risk management and corporate governance that supports the achievement of the SFRS policies, strategic aims and objectives. The Chief Officer will champion the importance of risk management in supporting the wider governance arrangements of the Service.

Strategic Leadership Team (SLT)

The identification and management of strategic risks will be the primary responsibility of the SLT. The SLT will undertake to monitor and review strategic risks regularly and take appropriate action to control risks. The SLT will champion the importance of risk management in supporting the achievement of the SFRS strategic aims and objectives and will ensure that adequate systems for internal control and risk management are in place.

Executive Boards

All Executive Boards will provide a monitoring and scrutiny role for risks falling within their scope and will provide assurance to SFRS Committees and the SLT that risk is being effectively managed. Executive Boards will champion the importance of managing risk as part of an integrated governance framework, ensuring that awareness and ownership of risk is embedded throughout the organisation.

Risk Owner

Each Directorate risk is owned by the relevant director with the responsible officer identified at a head of function level for ensuring that the register is fully populated and monitoring systems developed to update the information.

Internal Audit

Internal Audit will audit the effectiveness of the Service's risk management process as appropriate, provide assurance on the management of risk to the Board and help support the risk management process and coordination of risk reporting.

13. Anti-fraud and Corruption

SFRS is committed to the SG's zero tolerance approach to fraud. All SFRS staff are required at all times to act honestly and with integrity and to safeguard the public resources for which they are responsible.

SFRS will not accept any level of fraud or corruption and any cases of actual or suspected fraud will be thoroughly investigated and dealt with appropriately.

The Chief Officer, in accordance with the SFRS Financial Regulations, is responsible for identifying and managing the risk of fraud and corruption, for ensuring that appropriate risk management, internal control and governance arrangements are in place and for ensuring that Best Value is achieved.

The Chief Officer will notify Internal Audit and the Chair of the Audit and Risk Assurance Committee of any relevant matters that arise and will make arrangements to keep records of and prepare and forward to SG an annual report on Fraud and Theft suffered by the Service notifying SG at the earliest opportunity of any unusual or major incidents.

Overall responsibility for managing the risk of fraud has been delegated to the Director of Governance, Strategy and Change whose specific responsibilities incorporate this.

The SFRS Board is responsible for ensuring effective arrangements are in place to provide assurance on risk management, governance, and internal control. The Board will approve any amendments to the Anti-Fraud and Corruption Policy.

The principles of the SFRS Anti-Fraud and Corruption process are aligned to the SFRS Whistleblowing Policy.

This outlines the Service's commitment to the highest possible standards of openness and accountability and employees with serious concerns about illegality, malpractice, wrongdoing, or serious failures in standards of work are encouraged to come forward and voice their concerns without fear of reprisal.

Both policies allow for the reporting of Fraud and the Director of Finance, Digital and Infrastructure and the Director of People, Communications and Engagement will determine the most applicable policy to be followed.

The overall purpose of ARAC is to provide independent assurance to the Board and Accountable Officer on the adequacy and effectiveness of the policies, procedures and systems relating to internal control, risk management and governance.

In relation to fraud, ARAC will scrutinise, challenge, and ensure continuous improvement on the appropriateness of the internal control environment, Anti-Fraud and Corruption policies and have corporate oversight for fraud and irregularities.

The Committee will be provided with the Annual Governance Statement which will provide information on any significant issues arising in the year and will receive quarterly fraud updates from the Director of Finance, Digital and Infrastructure.

The annual reporting of any significant issues will be incorporated within the Annual Governance Statement and will be reported through this framework.

The purpose of the SMB is to provide assurance to SFRS that appropriate systems of controls are in place and operating effectively, improving accountability and transparency in decision making and ensuring that key Service priorities are met.

The SMB will keep under review the organisation's whistleblowing, Anti-Fraud and Corruption policies including supporting reporting processes and the regular review of the Anti-Fraud and Corruption Policy.

Internal Audit will assist management by examining, evaluating, and reporting on controls to provide an independent assessment of the adequacy of the internal control system.

All SFRS employees and Board members will act in line with the relevant SFRS Code of Conduct and have a critical role to play in the prevention of fraud and corruption.

All SFRS Managers are directly responsible for the prevention and detection of fraud within their own areas.

Monitoring of fraud risk will be undertaken through the Executive Boards and Committees of the Service to ensure its effectiveness.

The governance framework ensures that the right level of assurance is used to inform decision making within an overall framework, clearly indicating the separation of scrutiny roles across the organisation.

Lessons learned through the risk assessment process, monitoring and reporting and effective scrutiny will be used to inform and develop the framework through policy review.

14. Financial

The SFRS presents its Annual Accounts for the year from 1 April to 31 March. The Accounts are prepared in a form directed by the Scottish Ministers in accordance with Section 42A (1) of the Fire (Scotland) Act 2005 (inserted by section 118 of the Police and Fire Reform (Scotland) Act 2012), and in accordance with the Government Financial Reporting Manual (FReM).

Under the Public Finance and Accountability (Scotland) Act 2000, auditors are appointed by the Auditor General.

From a financial perspective, our key measure of financial performance is the comparison of expenditure against the Departmental Expenditure Limit (DEL) funding provided by the SG.

However, SFRS will always endeavour to deliver the required outcomes while ensuring value for money.

Full details of our financial performance are found within our Annual Report and Accounts. The report provides a wealth of information on a vast array of activity across the Service.

The Chief Officer (Accountable Officer) has responsibility for maintaining a sound system of internal control, risk management and corporate governance that supports the achievement of the SFRS's policies, strategic aims, and objectives, whilst safeguarding the public funds and assets for which they are personally responsible, in accordance with the assigned responsibilities.

15. Performance

The Performance Management Framework (PMF) defines how the SFRS demonstrates performance and how the Service achieves its objectives and outcomes by embedding robust data governance, ensuring clear strategic alignment, and promoting a culture of evidence-based decision-making to support its leadership in delivering measurable improvements that align with our overarching strategic objectives. It describes the processes we use and the tools available to support us in achieving the priorities set by the Scottish Ministers in the Fire and Rescue Framework for Scotland 2022 and the outcomes and objectives set out in our Strategy.

Our approach to performance management recognises that success cannot be achieved by acting alone. We are committed to working with our partners and the communities that we serve to further improve our performance.

We are committed to working with our partners to develop measures which better indicate the level of effectiveness of our joint intervention and prevention activities.

The PMF therefore helps us to achieve our ambitions by ensuring that:

- We better understand what demands are driving our services
- We better understand how well we and our partnerships are performing now and where we need to improve further
- We have better information to guide decisions about what we need to do to keep improving
- Our people are better informed and empowered to achieve continuous improvement
- We are open and transparent in how we are performing.

16. Information Governance

Information Governance is the application of management techniques to collect information, communicate it within and outside the organisation and process it to enable personnel to make quicker and better decisions.

This should always be done securely and in compliance with legislation, something the SFRS promotes in everything we do. SFRS have approved a zero-risk appetite for non-compliance against our statutory duties.

The Information Governance Manager is the Data Protection Officer for the SFRS.

17. Independent Inspections and Internal/External Audit

SFRS is primarily inspected by His Majesty's Fire Service Inspectorate (HMFSI) and audited through independent internal and external auditors.

Each recommendation following any Inspection/Audit will have a management response and an appropriate action plan will be developed and reported to the relevant Committee for scrutiny purposes and in order to track progress against the recommendations.

The ARAC will also have complete oversight of all inspections and audits through a high-level dashboard.

The following gives some more context:

Internal audit

The SFRS shall:

- Establish and maintain arrangements for internal audit in accordance with the Public Sector Internal Audit Standards and the Internal Audit section of the SPFM.
- Set up an audit committee of its board, in accordance with the Audit Committees section of the SPFM, to advise both the Board and the Chief Officer in his/her capacity as the SFRS Accountable Officer.
- Forward timeously to the SG the audit charter, strategy, periodic audit plans and annual audit assurance report, including the SFRS Internal Auditor's opinion on risk management, control and governance and other relevant reports as requested.
- Keep records of and prepare and forward timeously to the SG an annual report on fraud and theft suffered by the SFRS and notify the SG at the earliest opportunity of any unusual or major incidents.

The SG's Internal Audit Directorate has a right of access to all documents held by the SFRS internal auditor, including where the service is contracted out. The SG has a right of access to all SFRS records and personnel for any purpose.

External audit

The Auditor General for Scotland (AG) audits, or appoints auditors to audit, the SFRS's annual accounts and passes them to the Scottish Ministers who shall lay them before the Scottish Parliament, together with the auditor's report and any report prepared by the AG.

For the purpose of audit, the auditors have a statutory right of access to documents and information held by relevant persons. The SFRS shall instruct its auditors to send copies of all management reports (and correspondence relating to those reports) and responses to the SG.

The AG, or examiners appointed by the AG, may carry out examinations into the economy, efficiency, and effectiveness with which the SFRS has used its resources in discharging its functions.

The AG may also carry out examinations into the arrangements made by the SFRS to secure Best Value. For the purpose of these examinations the examiners have a statutory right of access to documents and information held by relevant persons.

In addition, the SFRS shall provide, in contracts and any conditions to grants, for the AG to exercise such access to documents held by contractors and sub-contractors and grant recipients as may be required for these examinations; and shall use its best endeavours to secure access for the AG to any other documents required by the AG which are held by other bodies.

Inspectors of the SFRS

His Majesty's Fire Service Chief Inspector and Assistant Inspectors will inspect the SFRS and, in doing so, may inquire into certain matters independently, or on the direction of Scottish Ministers.

The Chief Inspector is required to provide reports (or, where applicable, copy reports) of inquiries to the SFRS and, depending on the type of inquiry, to the Scottish Ministers. Copies of certain reports, in particular those relating to the state and efficiency of the SFRS, must be laid before the Scottish Parliament.

Primary

Audit Scotland

Are appointed to undertake Independent External Audit of SFRS.

HMFSI

Provides independent scrutiny of the Fire Service. Publish an annual scrutiny plan and conducts various different types of 'reviews' with a focus towards operational matters. Also, alongside Audit Scotland has a Best Value inspection role.

Local Authority Scrutiny Boards/Committees

Each of Scotland's local authorities have scrutiny arrangements in place to allow them to influence the fire service at a local level.

Secondary

Promotes and enforces Freedom of Information.

Gateway Reviews are a series of independently led assurance reviews, testing specific areas of projects, such as: scope, schedule, cost, risk, governance.

UK government agency responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare.

Remit includes all matters within responsibility for Cabinet Secretary for Justice and Home Affairs.

External Accreditation

18. Code of Conduct

The Scottish Government, SFRS Board and SLT set and expect the highest standards of conduct to build and maintain the trust of the communities we serve, our stakeholders and importantly, our employees. Employees are actively encouraged to help shape our culture by speaking up and challenging behaviour that does not align with our values.

SFRS Employee Code of Conduct:

The SFRS Code of Conduct (Code) promotes standards of desired behaviours that apply to all employees. Our Code fosters an open and transparent environment where employees can speak up and raise concerns without any form of retaliation. It creates a frame of reference for properly addressing sensitive and complex issues and provides for accountability if standards of conduct are not upheld.

Code of Conduct for Board Members of the SFRS:

This Code specifically applies to members of the SFRS Board. It has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act"). The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

Both our Employee and Board Member Code of Conduct's have been based on the nine key principles of public life, namely duty, selflessness, integrity, objectivity, accountability and stewardship, openness, honesty, leadership and respect.

19. Governance Strategy and Policy

The development of various other Strategies and Policies within SFRS are designed to support the implementation and operations of our Strategic Objectives.

They also exist with the intention of helping make clear what their aims are, explain how it will achieve them and contribute to the overall direction of SFRS in-line with the Fire and Rescue Framework and Governance and Accountability Framework agreed with SG.

In providing for good governance these documents are finalised after consultation with all impacted management and approved by the Board in line with the Scheme of Delegations.

The policy owners must ensure that any development of new policy and/or proposed changes to an existing policy are submitted through the relevant executive Group/Board where further consideration will be given to the relevant Committee of the Board.

20. Governance of this Framework

Ownership of the Framework is vested with the Governance, Strategy and Change Function, through the Head of Governance and Compliance and the Board Support Manager.

21. Drafting, Amendments and Annual Review

SFRS Governance, Strategy and Change function is responsible for the co-ordination, the drafting, any amendments, and the annual review of the Framework.

Any proposed changes to the framework will be submitted to the executive SMB for scrutiny and then to the SFRS Board for approval.

22. Approval

The Framework must be approved by the SFRS Board.

23. Non-Compliance

Non-compliance with any SFRS policies, standards, procedures, or the like, could result in disciplinary action being considered.

24. Implementation

The Directors that make up part of the SLT are responsible for adherence to and the implementation of the Framework within their Directorates.

25. Compliments and Complaints

At the SFRS we are committed to continually improving the service we provide to our communities and recognise that to achieve this goal we must listen and respond to the views of the public.

Our Complaints and Compliments Handling Policies are intended to ensure that our procedures in relation to complaints, comments and compliments are user focused, fair, proportionate, consistent, accessible, and easily understood. We will use the feedback we receive to monitor our performance and will incorporate this information into our planning and governance processes in order to continually improve our Service.

We are keen to hear examples of good practice, excellent service delivery; individual acts of bravery or heroism, or of the simple attention to detail which exemplifies the caring service we provide to Scotland's communities.

While we will always strive to do our best, we know that we will not always get it right. In instances where our standards of service are questioned, we welcome the opportunity to investigate the circumstances, are committed to correcting any lapses and to using the learning outcomes to improve our Service.

26. Legal

SFRS Legal Services provide advice to the Service on a wide range of topics, they are also supported by specialist external lawyers who assist with complex legal issues when required.

APPENDICES

List of key documents prescribed by this Governance Framework

- SFRS Long Term Vision
- Fire and Rescue Framework for Scotland
- SFRS Strategy
- Governance and Accountability Framework
- Annual Governance Statement Policy
- Scheme of Delegations
- Standing Orders for meetings of the Board and its Committees and Sub-Committees
- Terms of Reference for each Committee of the Board
- Terms of Reference for Executive Boards and Groups
- Code of Conduct for Board Members of the SFRS
- Financial Regulations
- Standing Orders for the Regulation of Contracts

REFERENCES

1. Long Term Vision/Strategy/Three Year Delivery Plan; Local Plans
2. SFRS Performance Management Framework
3. SFRS Business Intelligence Strategy
4. What we spend and how we spend it
5. How are we performing - External Performance Assessments
6. SFRS Governance and Accountability Framework
7. How are we performing - Annual Reviews
8. SFRS Board and Committee Papers and Reports
9. Communication and Engagement Strategy
10. SFRS Values Framework
11. Code of Conduct for Board Members of the SFRS
12. Register of Interests
13. Mainstreaming and Equality Outcome Report
14. Anti-Fraud Statement, Whistleblowing Policy and Complaints Handling
15. Recruitment and Selection Policy
16. About SFRS - Standing Orders, Scheme of Delegation & Conflict of Interests
17. Schedule of Board and Committee Meetings
18. Island Communities
19. Equality and Human Rights Impact Assessments (Available on request)
20. Access to Information
21. Risk Management Policy
23. Annual Report and Statement of Accounts
24. Complaints Handling Procedure
25. Compliments Handling Policy and Procedure
26. SFRS Consultations

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SFRS Good Governance Framework

Version 4.1 April 2026

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APPENDIX H

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE AUDIT AND RISK ASSURANCE COMMITTEE

Original Author/Role	Neil Pirie, Board Member
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Brian Baverstock, Board Member
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Neil Pirie, Chair	20/07/2013
2.0	Reviewed / amended	Neil Pirie, Chair	20/05/2015
3.0	Reviewed / amended	WM Craig Wallace	16/06/2016
3.2	Reviewed / amended	GM Rab Middlemiss	10/03/2017
4.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
5.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
6.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
7.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
8.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
9.0	Sections 3.2 and 3.3 added; minor spelling and grammatical amendments throughout document	GC Kevin Murphy	27/04/2023
10.0	1.4 – added “ <i>and promote a culture of equality, diversity and inclusion.</i> ” to standardise with all other ToR’s; Appendix 1 – addition of Interim Deputy Chief Officer (Corporate Services), addition of Director of Strategic Planning, Performance and Communications, change of Director role title, removal of “ <i>In absence of Accountable Officer</i> ”; Other minor spelling, grammatical and spacing amendments only.	GC Kevin Murphy	25/04/2024
11.0	Section 2 added to standardise with all other ToR’s. Sections renumbered throughout. 4.1 & 4.2 amended to clarify publishing of minutes. Section 5.1 - 5 th bullet point amended to include ‘and inspections’ added to include HMFSI. Section 5 - 8 th bullet point amended to remove ‘on request’.	GC Chris Casey	24/04/2025

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	Section 5 - 11th bullet point amended to include 'information governance and cyber security'. Section 9.1 amended to clarify relationships and Committee titles. Appendix 1 - 'Interim' removed from title of Deputy Chief Officer (Corporate Services). Minor spelling and grammatical amendments throughout.		
12.0	Director titles updated following Corporate Services Directorate Structure Review Section 5 last bullet point amended to include 'a quarterly update on fraud as a standing agenda item'. Section 9 – Added Remuneration, Appointments and Nominations Sub-Committee. Minor grammatical amendments throughout.	GC Chris Casey	30/04/2026

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[APPENDIX 1 – COMMITTEE MEMBERSHIP](#)

[APPENDIX 2 – LIST OF INFORMATION REQUIREMENTS](#)

1 INTRODUCTION

- 1.1 The Scottish Fire and Rescue Service (SFRS) has established a Committee of the Board, known as the Audit and Risk Assurance Committee (“the Committee”).

2 PURPOSE

- 2.1 The overall purpose of the Committee is to provide independent assurance to the Board and the Accountable Officer on the adequacy and effectiveness of the policies, procedures and systems relating to internal controls, risk management and governance. Central to this role is the Committee’s assessment of the comprehensiveness, reliability and integrity of assurances it receives.
- 2.2 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference.
- 2.3 Along with all staff, the Board and its Committees have a key part to play in embedding and living ‘[Our Values](#)’ – Safety, Teamwork, Respect and Innovation and promoting a culture of equality, diversity and inclusion.

3 MEMBERSHIP

- 3.1 The Committee will comprise five members , including a Chair and Deputy Chair. The Committee will be supported by the Accountable Officer and other staff, as appropriate to the agenda.
- 3.2 The Board should ensure that the Chair and Members have the relevant expertise, experience, training, development and support.
- 3.3 The Committee may invite representatives of related partner organisations, as appropriate, to Committee meetings to assist with the work of the Committee.

- 3.4 The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in [Appendix 1](#).

4 REPORTING

- 4.1 Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.
- 4.2 Minutes of the public meetings of the Committee will be published on the SFRS website.
- 4.3 The Chair of the Committee will provide a quarterly verbal report to the Board.
- 4.4 The Committee will provide the Board and Accountable Officer with an Annual Report, timed to support finalisation of the accounts and the Annual Governance Statement, summarising its conclusions from the work it has conducted throughout the reporting year.

5 RESPONSIBILITIES

- 5.1 The primary responsibility of the Committee is to effectively scrutinise, challenge and ensure continuous improvement, while also advising and supporting the Board and Accountable Officer on the appropriateness of:
- Strategic processes for risk management, including risk appetite, the control environment and governance;
 - Annual governance statement and effectiveness of the internal control environment;
 - Effectiveness of the Assurance Framework;

- Accounting policies, the accounts, and the annual report for the organisation, including the process for the review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- Planned activity, remit and results of both internal and external audit and inspections;
- Adequacy of management response to issues identified by audit activity, including external audit's management letter / report;
- Adequacy of management response to risks identified through the Strategic Risk Register pertinent to the business of the Committee;
- Assurance that other committees are undertaking scrutiny of risk, as appropriate, through an overview of which risks are being scrutinised by each Committee, receiving a progress update, against aligned strategic risks for all the Committees as captured within the Strategic Risk Register;
- Assurances relating to the Corporate Governance requirements for the organisation and forward planning in this area, aligned to the SFRS Good Governance Framework and best practice;
- Proposals for tendering for either internal audit services or for purchase of non-audit services from contractors who provide audit services; and
- Anti-fraud and corruption policies, a quarterly update on fraud as a standing agenda item, information governance and cyber security, whistleblowing processes and arrangements for special investigations.

5.2 These broad areas of responsibility give the Committee scope to continually monitor, and review Audit and Risk Assurance related matters as deemed necessary.

5.3 The Committee will also periodically review its own effectiveness and report the results of that review to the Board and Accountable Officer.

5.4 All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility.

Overall co-ordination of work is overseen by the Integrated Governance Forum – [section 9.2](#).

6 RIGHTS

- 6.1 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference, as detailed within [Section 5.1](#). This however is subject to ensuring that any decision made does not adversely impact on the Strategic direction of the SFRS, which will continue to be subject to Board scrutiny and governance arrangements.
- 6.2 The Committee may:
- Scrutinise the delegated areas of responsibility referred to in [Section 5](#) above;
 - Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
 - Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
 - Approve previous Committee minutes at the next Committee meeting;
 - Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

7 ACCESS

- 7.1 Members of the Strategic Leadership Team, Internal Audit and External Audit will have free and confidential access to the Chair of the Audit and Risk Assurance Committee.

8 MEETINGS

8.1 The procedures for meetings are:

- To meet formally and in public at least on a quarterly basis;
- To consider and agree, in line with the [Standing Orders](#), whether any item on the agenda needs to be considered in private;
- For the Chair of the Committee, in consultation with Members, to request an additional meeting if considered necessary;
- A minimum of three Committee members will be present for the meetings to be deemed quorate;
- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence, and in agreement with the remaining three Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting;
- The Committee may ask any other officials of the organisation to attend, to assist with its discussions on any particular matter;
- The Committee may ask any or all of those who normally attend, but who are not Members, to withdraw to facilitate open and frank discussion of particular matters;
- The Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

9 RELATIONSHIP TO OTHER COMMITTEES

9.1 The Committee will have strategic relationships with Executive Boards and the following Committees:

- Service Delivery;
- Strategic Planning and Change;
- People;
- Remuneration, Appointments and Nominations Sub-Committee

- 9.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, capturing any common themes across all Committees.

10 INFORMATION REQUIREMENTS

- 10.1 A list of suggested minimum requirements for the inputs which should be provided to the Committee is contained within [Appendix 2](#).

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- Five Board members.

Others in attendance

- Chief Officer – Accountable Officer;
- Deputy Chief Officer;
- Deputy Chief Officer (Corporate Services);
- Director of Finance, Digital and Infrastructure;
- Director of Governance, Strategy and Change;
- Internal Audit;
- External Audit;
- Board Support;
- Other representation, as appropriate and by invite.

APPENDIX 2 – LIST OF INFORMATION REQUIREMENTS

For each meeting, the Audit and Risk Assurance Committee will be provided with:

- A report summarising any significant changes to the organisation's Strategic Risk Register;
- A progress report from the Head of Internal Audit summarising:
 - o Work performed (and a comparison with work planned);
 - o Key issues emerging from Internal Audit work;
 - o Management response to audit recommendations;
 - o Significant changes to the audit plan; and
 - o Any resourcing issues affecting the delivery of Internal Audit objectives;
- A progress report from the External Audit representative, summarising work carried out and emerging findings.

As and when appropriate, the Committee will also be provided with:

- business update reports from the Accountable Officer;
- the Charter / Terms of Reference of the Internal Audit provider;
- the Internal Audit Strategy;
- the annual Internal Audit Plan;
- the Internal Auditor's Annual Opinion and Report;
- Quality Assurance reports on the Internal Audit function;
- the draft accounts of the organisation;
- the draft governance statement;
- a report on any changes to accounting policies;
- External Audit's management letter / report and letter of representation;
- a report on any proposals to tender for audit functions;
- a report on co-operation between Internal and External Audit;
- a report on the Counter Fraud and Bribery arrangements and performance;
- reports from other sources within the "three lines of assurance" integrated assurance framework (e.g. Best Value self-assessment Reviews, Gateway

Reviews, Health Check Reviews, ICT Assurance Reviews, Digital 1st Service Standard Reviews, Procurement Capability Reviews, Procurement Key Stage Reviews).

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SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE PEOPLE COMMITTEE

Original Author/Role	Diane Vincent – Director of POD
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Madeline Smith, Board Member
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued as ToR Staff Governance Committee	Diane Vincent, Director of POD	28/05/2015
2.0	Reviewed / amended	Diane Vincent, Director of POD	23/06/2015
3.0	Reviewed / amended	WM Craig Wallace	16/06/2016
4.1	Reviewed / amended	GM Rab Middlemiss	25/11/2016
5.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
6.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
7.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
8.0	Reviewed / amended; Renamed ToR People Committee	GC Alasdair Cameron	11/05/2021
9.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
10.0	Section 1.2 – removed word “ensuring”, included wording “and seek assurances”; Sections 3.2, 3.3 and 3.4 added; Section 4.1 , 5th bullet point – “The organisation’s performance” replaced with “Performance of SFRS”, “operational training” added; minor spelling and grammatical amendments throughout document.	GC Kevin Murphy	27/04/2023
11.0	1.4 – add in “ <i>and promote a culture of equality, diversity and inclusion.</i> ” to standardise with all other ToR’s; 2.1 – addition of Interim Deputy Chief Officer (Corporate Services); 2.1 – change of role title to Director of People; 2.1 – change of role title to Director of Operational Delivery; 4.1, 2nd bullet point – change of	GC Kevin Murphy	25/04/2024

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	directorate title; 4.1 – addition of 4th bullet point; Appendix 1 - addition of Interim Deputy Chief Officer (Corporate Services), change of role title to Director of People, change of role title to Director of Operational Delivery; Minor spelling, grammatical and spacing amendments only.		
12.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services). Section 4.1 & 4.2 amended to clarify publishing of minutes. Section 5.1, various bullet points amended to reflect responsibilities of the Committee. Section 9.1 amended to clarify relationships and Committee titles. Appendix 1 amended to clarify attendance list. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025
13.0	Reviewed – minor spelling and grammatical amendments throughout. Director titles update following Corporate Services Directorate Structure Review.	GC Chris Casey	30/04/2026

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1 INTRODUCTION

- 1.1 The Scottish Fire and Rescue Service (SFRS) has established a Committee of the Board, known as the People Committee (“the Committee”).

2 PURPOSE

- 2.1 The overall purpose of the Committee is to:

- Scrutinise and provide strategic advice and direction on matters affecting SFRS employees;
- Seek assurances that staffing and remuneration arrangements are affordable and provide best value;
- Scrutinise and provide strategic direction on matters affecting SFRS training, Safety and Assurance.

- 2.2 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference (ToR).

- 2.3 Along with all employees, the Board and its Committees have a key part to play in embedding and living ‘[Our Values](#)’ - Safety, Teamwork, Respect and Innovation and promoting a culture of equality, diversity and inclusion.

3 MEMBERSHIP

- 3.1 The Committee will comprise five Board members including a Chair and Deputy Chair. The Committee will be supported by the Deputy Chief Officer (Corporate Services), Director of People, Communications and Engagement, Director of Training, Safety and Assurance, Director of Operational Delivery and other members of SFRS staff, as appropriate to the agenda.

- 3.2 The Committee may invite representatives of related partner organisations, as appropriate, to Committee meetings to assist with the work of the Committee.

- 3.3 The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in [Appendix 1](#).

4 REPORTING

- 4.1 Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.
- 4.2 Minutes of the public meetings of the Committee will be published on the SFRS website.
- 4.3 The Chair of the Committee will provide a quarterly verbal report to the SFRS Board.
- 4.4 An Annual Statement of Assurance will be prepared by the Committee at the end of each fiscal year.

5 RESPONSIBILITIES

- 5.1 The primary responsibilities of the Committee are to effectively scrutinise, challenge and ensure continuous improvement in relation to:
- Performance of SFRS, specifically in relation to employees, workforce plans, health, safety, wellbeing, operational training, learning & development, and organisational development;
 - Strategic matters relating to the employment of SFRS employees on behalf of the Board and the Accountable Officer;
 - People and Training, Safety and Assurance policies and provide strategic guidance on the approaches being taken;
 - SFRS's commitment to the overall diversity, equalities and human rights agenda and organisational values;

- Organisational culture, including workforce engagement, outcomes and employee experience;
 - Performance of SFRS against the Strategy outcomes, complying with relevant statutory obligations as an employer, including its [Public Sector Equality Duty](#);
 - Adequacy of management response to risks identified through the strategic risk register pertinent to the business of the Committee.
- 5.2 Undertake any other employee related review or activity, as requested by the Board;
- 5.3 Nominate up to 2 representatives to attend as members and report back on the Employee Partnership Forum;
- 5.4 In addition, the People Committee will form a Sub-Committee, known as the Remuneration, Appointments and Nominations Sub-Committee, which has its own Terms of Reference (ToR).
- 5.5 These areas of responsibility give the Committee scope to continually monitor and review employee related matters as deemed necessary.
- 5.6 All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility. Overall co-ordination of work is overseen by the Integrated Governance Forum – [Section 9.2](#).

6 RIGHTS

- 6.1 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these ToR as detailed within [Section 5.1](#). This, however, is subject to ensuring that any decision made does not adversely impact on the strategic direction of the SFRS, which will continue to be subject to SFRS Board scrutiny and governance arrangements.

6.2 The Committee may:

- Scrutinise the delegated areas of responsibility referred to in [Section 5](#) above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Committee minutes at the next Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support;
- Seek guidance and, where appropriate, refer matters to the Partnership Advisory Group.

6.3 The Committee is authorised by the Board and the Accountable Officer to provide strategic guidance and, where necessary, advise the Board on matters relating to the business of the Committee, including employment of staff.

7 ACCESS

7.1 Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Committee.

8 MEETINGS

8.1 The procedures for meetings of the Committee are:

- To meet formally and in public at least on a quarterly basis;
- To consider and agree, in line with the [Standing Orders](#), whether any item on the agenda needs to be considered in private;

- For the Chair of the Committee, in consultation with Members, to request an additional meeting if considered necessary;
- A minimum of three Committee members will be present for the meetings to be deemed quorate;
- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence, and in agreement with the remaining three Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO OTHER COMMITTEES

9.1 The Committee will have strategic relationships with Executive Boards, and the following Committees:

- Service Delivery;
- Strategic Planning and Change;
- Audit and Risk Assurance.

9.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes across all Committees.

10 INFORMATION REQUIREMENTS

10.1 All relevant documentation for the Committee must be provided as per the schedule for their meetings - see also [Appendix 2](#).

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- Five Board members;
- Chair of Board (Ex-officio Member).

Others in attendance

- Deputy Chief Officer (Corporate Services);
- Deputy Chief Officer;
- Director of People, Communications and Engagement;
- Director of Training, Safety and Assurance;
- Director of Operational Delivery;
- Board Support;
- Other representation, as appropriate and by invite.

APPENDIX 2 – LIST OF INFORMATION REQUIREMENTS

As and when appropriate, the People Committee will be provided with:

- Information and proposals pertaining to SFRS pay and reward arrangements;
- Proposals for key strategies and policy frameworks (ie agree principles of);
- A summary of employment tribunal cases/claims;
- Results of employee surveys;
- Workforce profiles (equalities indices);
- Workforce planning reports;
- Quarterly and Annual Reports.

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CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB-COMMITTEE

Original Author/Role	GM Roy Dunsire
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Mhairi Wylie, Board Chair
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	GM Roy Dunsire	06/04/2016
1.1	Reviewed / amended	GM Rab Middlemiss	25/11/2016
2.0	Reviewed / amended	GM Alasdair Cameron	11/06/2018
3.0	Reviewed / amended	GM Alasdair Cameron	05/09/2018
4.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
5.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
6.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
7.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
8.0	Section 2.1 – changed reference to four members to five, added in “members of SFRS”; Section 4.1 – 4th bullet point, replaced members of “Senior Management Team” with “Heads of Function”; minor spelling and grammatical amendments throughout document.	GC Kevin Murphy	27/04/2023
9.0	1.4 – add in “ <i>and promote a culture of equality, diversity and inclusion.</i> ” to standardise with all other ToR’s; 2.1 – addition of Interim Deputy Chief Officer (Corporate Services); 2.1 – change of role title to Director of People; 7.1 – minimum number of members required to be present to be quorate raised from 2 up to 3, to align with all other committees; Appendix 1 - addition of Interim Deputy Chief Officer (Corporate Services) and change of role title to Director of People;	GC Kevin Murphy	06/05/2024

OFFICIAL

	Minor spelling, grammatical and spacing amendments.		
10.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Section 3.1 amended to clarify membership. Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services). Appendix 1 amended to clarify membership. 'Staff' changed to 'employees' throughout to standardise with all other ToR's. Section 9 added to standardise with all other ToR's. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025
11.0	Reviewed - minor spelling and grammatical amendments throughout. Director titles updated following Corporate Services Directorate Structure Review. Section 3 'Membership' updated to include 'up to six members' for clarity and include Deputy Chief Officers. Appendix 1 updated to include Deputy Chief Officers.	GC Chris Casey	30/04/2026

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[APPENDIX 1 – SUB-COMMITTEE MEMBERSHIP](#)

1 INTRODUCTION

- 1.1 The Scottish Fire and Rescue Service (SFRS) Board has established a Sub-Committee of the People Committee, known as the Remuneration, Appointments and Nominations Sub-Committee (“the Sub-Committee”).

2 PURPOSE

- 2.1 The overall purpose of the Sub-Committee is to offer guidance, support and recommendations to the Board and Chief Officer, in relation to matters of remuneration, appointments, nominations and negotiations, reporting through the Chair of the People Committee.
- 2.2 As necessary, and within the agreed parameters set by the Board, the Sub-Committee will engage in matters of negotiation in respect of SFRS terms and conditions.
- 2.3 Along with all employees, the Board and its Committees have a key part to play in embedding and living ‘[Our Values](#)’ - Safety, Teamwork, Respect and Innovation and promoting a culture of equality, diversity and inclusion.

3 MEMBERSHIP

- 3.1 The Sub-Committee will comprise of up to six members, two of which must be members of the People Committee, with any one of the members appointed as Chair and Deputy Chair. The Sub-Committee will be supported by the Chief Officer, Deputy Chief Officer, Deputy Chief Officer (Corporate Services), Director of People, Communications and Engagement and other members of SFRS staff, as appropriate to the agenda.
- 3.2 The composition and effectiveness of the Sub-Committee will be reviewed annually by the Board. A full list of the membership is detailed in [Appendix 1](#).

4 REPORTING

- 4.1 The Sub-Committee will formally report to the People Committee after each meeting. The key items of business of the Sub-Committee will subsequently be reflected within the minutes of the People Committee. Relevant decisions where appropriate will be reported at a Private meeting of the People Committee or Board. By the nature of its business, the Sub-Committee will, from time to time, receive and consider confidential information about SFRS employees. The Sub-Committee is authorised to report fully on its activities to the extent that it can, whilst maintaining absolute care not to breach confidentiality or data protection legislation.

5 RESPONSIBILITIES

Remuneration Role

- 5.1 The primary responsibilities of the Sub-Committee in respect of remuneration are to:
- Ensure that remuneration arrangements support the strategic aims of the SFRS;
 - Make recommendations with regard to the SFRS pay and reward framework and remuneration processes;
 - In collaboration with the Chair of the Board, exercise oversight of the objectives set for the Chief Officer and review the arrangements for their performance appraisal, as well as reviewing the evidence based performance appraisals of the Strategic Leadership Team (SLT), by countersigning;
 - In collaboration with the Chair of the Board, make recommendations to the Board regarding remuneration policy, in respect of the SLT and Heads of Function roles, and keep these under review;

- Ensure that remuneration arrangements enable the recruitment, motivation and retention of employees, while complying with Scottish Government regulatory and governance requirements;
- Select, appoint and determine Terms of Reference for independent consultants to advise on remuneration policy and levels of remuneration;
- Work with the Audit and Risk Assurance Committee to ensure that risk and risk appetite are properly considered in recommending the remuneration policy;
- Ensure the adequacy of management response to risks identified through the strategic risk register pertinent to the business of the Sub-Committee.

Appointments and Nominations Role

5.2 The primary responsibilities of the Sub-Committee in respect of appointments and nominations are to:

- Advise the Board on the appointment process for the Chief Officer;
- Support the independence of the appointment process and succession planning arrangements for members of the SLT and Heads of Function;
- Support the Chair of the Board and Public Appointments process in relation to succession planning for Board appointments;
- Consider nominations for honours and awards for SFRS employees.

Negotiation Role

5.3 The primary responsibilities of the Sub-Committee in respect of negotiations are to:

- Take account of national negotiations and collective bargaining machinery for SFRS employees;
- With the agreement of the Board, the Sub-Committee may, at times, delegate formal negotiations with representative bodies on changes to employee terms and conditions, to be undertaken at Executive level, whilst

still maintaining an oversight role. This will be reported by the Chair of the Sub-Committee through the Chair of the People Committee at Private Committee and Board meetings;

- Ensure the following default positions for when negotiations are referred back to the Sub-Committee are considered appropriately and the necessary action taken:
 - o Novel;
 - o Contentious;
 - o Reputational or Political;
 - o Precedence;
 - o Significant Cost.

6 RIGHTS

6.1 The Sub-Committee will report through the Chair of the People Committee.

6.2 The Sub-Committee may:

- Scrutinise the delegated areas of responsibility referred to in [Section 5](#) above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Sub-Committee minutes at the next Sub-Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

7 ACCESS

- 7.1 Members of the SLT, as required, will have free and confidential access to the Chair of the Sub-Committee.

8 MEETINGS

- 8.1 The procedures for meetings of the Sub-Committee are:

- To meet formally and in private at least on a quarterly basis;
- Sub-Committee meetings will be held in Private;
- For the Chair of the Sub-Committee, in consultation with members, to request an additional meeting if considered necessary;
- A minimum of three Sub-Committee members will be present for the meetings to be deemed quorate;
- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence, and in agreement with the remaining Sub-Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO OTHER COMMITTEES

- 9.1 The Sub-Committee will have strategic relationships with Executive Boards and the following Committees:

- Service Delivery;
- People;
- Audit and Risk Assurance.

- 9.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes.

10 INFORMATION REQUIREMENTS

- 10.1 All relevant documentation for the Committee must be provided as per the schedule for their meetings.

APPENDIX 1 – SUB-COMMITTEE MEMBERSHIP

Members

- Up to six Board members, including the Chair of the Board and Deputy Chair of the Board.

Others in attendance

- Chief Officer;
- Deputy Chief Officer;
- Deputy Chief Officer (Corporate Services);
- Director of People, Communications and Engagement;
- Board Support;
- Other representation, as appropriate and by invite.

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CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE SERVICE DELIVERY COMMITTEE

Original Author/Role	GM Rab Middlemiss
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Tim Wright, Board Member
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	GM Rab Middlemiss	15/12/2016
2.2	Reviewed / amended	GM Rab Middlemiss	28/03/2017
3.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
4.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
5.0	Reviewed / amended	GC Alasdair Cameron	27/05/2020
6.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
7.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
8.0	Reviewed – minor spelling and grammatical amendments throughout	GC Kevin Murphy	27/04/2023
9.0	1.2 – addition of wording “...to drive improvement...”; 1.4 – added “ <i>and promote a culture of equality, diversity and inclusion.</i> ” to standardise with all other ToR’s; 2.1 – change of Director role titles; Appendix 1 – change of Director role titles; Minor spelling, grammatical and spacing amendments.	GC Kevin Murphy	25/04/2024
10.0	Section 2 added to standardise with all other ToR’s. Sections renumbered throughout. Section 3.2 amended to include examples of partner organisations. Section 4.1 & 4.2 amended to clarify publishing of minutes. Section 5 - bullet points amended to reflect responsibilities of the Committee and general paragraph around scope removed as captured within bullet points. Section 9.1 amended to clarify relationships and Committee titles. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025

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11.0	Director titles updated following Corporate Services Directorate Structure Review. Section 3 – Membership updated to include Deputy Chief Officer (Corporate Services) and Director of Finance, Digital and Infrastructure. Appendix 1 updated to include Deputy Chief Officer (Corporate Services) and Director of Finance, Digital and Infrastructure. Minor spelling and grammatical amendments throughout.	GC Chris Casey	30/04/2026

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- [APPENDIX 1 – COMMITTEE MEMBERSHIP](#)

1 INTRODUCTION

- 1.1 The Scottish Fire and Rescue Service (SFRS) has established a Committee of the Board, known as the Service Delivery Committee (“the Committee”).

2 PURPOSE

- 2.1 The overall purpose of the Committee is to scrutinise and challenge the safety, quality, performance and effectiveness of service delivery across Scotland, to drive improvement.
- 2.2 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference (ToR).
- 2.3 Along with all employees, the Board and its Committees have a key part to play in embedding and living [‘Our Values’](#) – Safety, Teamwork, Respect and Innovation, and promoting a culture of equality, diversity and inclusion.

3 MEMBERSHIP

- 3.1 The Committee will comprise five Board members, including a Chair and Deputy Chair. The Committee will be supported by the Deputy Chief Officer, Deputy Chief Officer (Corporate Services), Director of Operational Delivery, Director of Prevention, Director of Training, Safety and Assurance, Director of Finance, Digital and Infrastructure and other members of SFRS staff, as appropriate to the agenda.
- 3.2 The Committee may invite representatives of related partner organisations, including Auditors and Inspectors, as appropriate, to Committee meetings to assist with the work of the Committee.
- 3.3 The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in [Appendix 1](#).

4 REPORTING

- 4.1 Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.
- 4.2 Minutes of the public meetings of the Committee will be published on the SFRS website.
- 4.3 The Chair or Deputy Chair of the Committee will provide a quarterly verbal report to the SFRS Board.
- 4.4 An Annual Statement of Assurance will be prepared by the Committee at the end of each fiscal year.

5 RESPONSIBILITIES

- 5.1 The primary responsibilities of the Committee are to effectively scrutinise, challenge and seek assurance in relation to:
- Safety and risk reduction, risk management and mitigation;
 - Prevention, including protection, preparedness, resilience and community safety engagement;
 - Quality assurance, benchmarking and standards;
 - Performance and outcomes;
 - Horizon scanning and innovation;
 - Clinical Governance.
- 5.2 All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility. Overall co-ordination of work is overseen by the Integrated Governance Forum – [Section 9.2](#).

6 RIGHTS

6.1 The Committee is authorised by the Board to make decisions within its limits of responsibilities under these ToR as detailed within [Section 5.1](#). This, however, is subject to ensuring that any decision made does not adversely impact on the Strategic direction of the SFRS, which will continue to be subject to SFRS Board scrutiny and governance arrangements.

6.2 The Committee may:

- Scrutinise the delegated areas of responsibility referred to in [Section 5](#) above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Committee minutes at the next Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

7 ACCESS

7.1 Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Committee.

8 MEETINGS

8.1 The procedures for meetings of the Committee are:

- To meet formally and in public at least on a quarterly basis;

- To consider and agree, in line with the [Standing Orders](#), whether any item on the agenda needs to be considered in private;
- For the Chair of the Committee, in consultation with members, to request an additional meeting if considered necessary;
- A minimum of three Committee members will be present for the meetings to be deemed quorate;
- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence, and in agreement with the remaining three Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO OTHER COMMITTEES

9.1 The Committee will have strategic relationships with Executive Boards and the following Committees:

- Strategic Planning and Change;
- People;
- Audit and Risk Assurance.

9.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes across all Committees.

10 INFORMATION REQUIREMENTS

10.1 All relevant documentation for the Committee must be provided as per the schedule for their meetings.

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- Five Board members;
- Chair of Board (Ex-officio Member).

Others in attendance

- Deputy Chief Officer;
- Deputy Chief Officer (Corporate Services);
- Director of Operational Delivery;
- Director of Prevention;
- Director of Training, Safety and Assurance;
- Director of Finance, Digital and Infrastructure;
- Board Support Team;
- Other representation, as appropriate and by invitation.

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CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE STRATEGIC PLANNING AND CHANGE COMMITTEE

Original Author/Role	GC Chris Casey
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Therese O'Donnell, Board Member
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued: Strategic Planning and Change Committee	GC Chris Casey	24 April 2025
2.0	Reviewed - minor spelling and grammatical amendments throughout. Director titles updated following Corporate Services Directorate Structure Review. Para 5.2 added to standardise ToR with all other Committee ToR.	GC Chris Casey	30 April 2026

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APPENDIX 1 – COMMITTEE MEMBERSHIP

1 INTRODUCTION

- 1.1 The Scottish Fire and Rescue Service (SFRS) Board has established a Committee of the Board, known as the Strategic Planning and Change Committee.

2 PURPOSE

- 2.1 The overall purpose of the Committee is to provide scrutiny and challenge of strategic and financial planning and change resource allocation and delivery.
- 2.2 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference.
- 2.3 Along with all staff, the Board and its Committees have a key part to play in embedding and living '[Our Values](#)', Safety, Teamwork, Respect and Innovation, and promoting a culture of equality, diversity and inclusion.

3 MEMBERSHIP

- 3.1 The Committee will comprise five Board members, including a Chair and Deputy Chair. The Committee will be supported by the Deputy Chief Officer, Deputy Chief Officer (Corporate Services) and the Head of Strategy and Change, as well as other officials of the SFRS staff, as appropriate to the agenda.
- 3.2 The Committee has the authority to invite representatives of related partner organisations and/or bodies, as appropriate, to Committee meetings to assist with their work.
- 3.3 The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in [Appendix 1](#).

4 REPORTING

- 4.1 Minutes of the public meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.
- 4.2 Minutes of the public meetings of the Committee will be published on the SFRS website.
- 4.3 The Chair of the Committee will provide a quarterly verbal report to the Board.
- 4.4 An Annual Statement of Assurance will be prepared by the Committee at the end of each fiscal year.

5 RESPONSIBILITIES

- 5.1 The primary responsibilities of the Committee are to provide:
- Scrutiny and oversight of strategic, change and financial planning of the organisation.
 - Strategic oversight of the Change Portfolio and budget provision (resource and capital) ensuring alignment with the Strategy and available delivery capacity and capability.
 - Detailed scrutiny and oversight of specific major change projects as directed by the Board.
 - Scrutiny and oversight of the Strategic Service Review Programme.
- 5.2 All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility. Overall co-ordination of work is overseen by the Integrated Governance Forum – [Section 9.2](#).

6 RIGHTS

6.1 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference as detailed within [Section 5.1](#). This however is subject to ensuring that any decision made does not adversely impact on the Strategic Direction of the SFRS, which will continue to be subject to SFRS Board scrutiny and governance arrangements and must always be deferred back to the Board.

6.2 The Committee may:

- Scrutinise and authorise the delegated areas of responsibility referred to in [Section 5](#);
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Committee minutes at the next Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

7 ACCESS

7.1 Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Committee.

8 MEETINGS

8.1 The procedures for meetings of the Committee are:

- To meet formally and in public at least on a quarterly basis;

- To consider and agree, in line with the Standing Orders, whether any item on the agenda needs to be considered in private;
- For the Chair of the Committee, in consultation with members, to request an additional meeting, if considered necessary;
- A minimum of three Committee members will be present for the meetings to be deemed quorate;
- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence, and in agreement with the remaining three Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO OTHER COMMITTEES

9.1 The Committee will have strategic relationships with Executive Boards and the following Committees:

- Service Delivery;
- People;
- Audit and Risk Assurance.

9.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes.

10 INFORMATION REQUIREMENTS

10.1 All relevant documentation for the Committee must be provided as per the schedule for their meetings.

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- Five Board members;
- Chair of Board (Ex-officio Member).

Others in attendance

- Deputy Chief Officer;
- Deputy Chief Officer (Corporate Services);
- Director of Governance, Strategy and Change;
- Director of Finance, Digital and Infrastructure;
- Head of Governance and Compliance;
- Head of Strategy and Change;
- Portfolio Office;
- Board Support;
- Other representation, as appropriate and by invitation.

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TERMS OF REFERENCE FOR THE INTEGRATED GOVERNANCE FORUM

Original Author/Role	GM Rab Middlemiss
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Richard Whetton, Head of Governance, and Compliance
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.1	First version issued as ToR Integrated Governance Group	GM Rab Middlemiss	25/11/2016
2.0	Reviewed / amended	GM Alasdair Cameron	26/04/2018
3.0	Reviewed / amended; Renamed ToR Integrated Governance Committee	GM Alasdair Cameron	28/06/2018
4.0	Reviewed / amended	GM Alasdair Cameron	02/05/2019
5.0	Reviewed / amended; Renamed ToR Integrated Governance Forum	GC Alasdair Cameron	27/05/2020
6.0	Reviewed / amended	GC Alasdair Cameron	11/05/2021
7.0	Reviewed / amended	GC Alasdair Cameron	04/05/2022
8.0	Section 1.2 – added “to consider emerging risks and the changing nature of current risks”; Section 4.1 , 1st bullet point – amended wording from “Take a forward” to “Take forward an outward looking approach”; Section 4.3 – amended wording to include reference to the Forum supporting other committees; minor spelling and grammatical amendments throughout document.	GC Kevin Murphy	27/04/2023
9.0	1.4 – add in “ <i>and promote a culture of equality, diversity and inclusion.</i> ” to standardise with all other ToR’s; 4.1, first bullet point – removed; Other minor spelling, grammatical and spacing amendments only.	GC Kevin Murphy	25/04/2024

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10.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Section 9.1 amended to clarify Committee titles. Appendix 1 amended to clarify Committee titles and update to list of attendees to include DCO and DCOCS. Minor spelling and grammatical amendments throughout.	GC Chris Casey	24/04/2025
11.0	Reviewed – Director titles updated following Corporate Services Directorate Structure Review. Section 5.1 bullet point added to include 'To consider emerging risks and the changing nature of current risks.' Minor spelling and grammatical amendments throughout.	GC Chris Casey	30/04/2026

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- [APPENDIX 1 – FORUM MEMBERSHIP](#)

1 INTRODUCTION

- 1.1 The Scottish Fire and Rescue Service (SFRS) has established a Forum of the Board, known as the Integrated Governance Forum (“the Forum”).

2 PURPOSE

- 2.1 The overall purpose of the Forum is to provide Committee Chairs an opportunity to highlight any gaps and bring together key themes across the SFRS Committees, to consider emerging risks and the changing nature of current risks, in order to co-ordinate these in an effective way, while ensuring the SFRS Board are kept fully informed.
- 2.2 The Forum, as an outcome of this approach, will therefore provide further assurance to the SFRS Board that areas identified are being adequately captured and discussed thereby reducing duplication and with the intent of ensuring a joined-up approach to Corporate Governance.
- 2.3 Along with all staff, the Board and its Committees have a key part to play in embedding and living ‘[Our Values](#)’ – Safety, Teamwork, Respect and Innovation, and promoting a culture of equality, diversity and inclusion.

3 MEMBERSHIP

- 3.1 The Forum shall be established by the full SFRS Board and be composed of the Chair and Deputy Chair of the Board, together with the Chairs of all other Committees. The Chair of the Forum will be the Chair of the SFRS Board. The Forum will be supported by the Chief Officer and other members of SFRS staff, as appropriate to the agenda.
- 3.2 The Chair of each Committee, in their absence, can send their Deputy Chair to represent them.

- 3.3 The composition and effectiveness of the Forum will be reviewed annually by the Board. A full list of the membership is detailed in [Appendix 1](#).

4 REPORTING

- 4.1 Minutes of the meetings of the Forum will be held by the Board Support Team and circulated to the Board for information. The Forum may submit special reports to the Board as required.

5 RESPONSIBILITIES

- 5.1 The Forum is intended to provide Board and Committee Chairs an opportunity to ensure key themes are discussed, thereby supporting an integrated approach across the Governance within SFRS. Specifically, it will:
- Discuss, consider and co-ordinate both specific and common themes and/or issues that have implications for the Board's Committees;
 - Assist by identifying which Committee is best placed to monitor the specific SFRS action plans in response to any inspection/audit recommendations, together with scrutiny of any external reports, receiving updates accordingly;
 - Consider Scottish Government Public Bodies updates and any implications for the SFRS.
 - Consider emerging risks and the changing nature of current risks.
- 5.2 The areas of responsibility give the Forum scope to continually monitor and review Integrated Governance related matters as deemed necessary.
- 5.3 The Forum will support all Committees in their endeavour to avoid duplication of work of other Committees, by ensuring focus on specific delegated areas of responsibility. Overall co-ordination of work will be overseen by the Forum to assist with this objective – [Section 9.2](#).

6 RIGHTS

6.1 The Forum is not authorised by the Board to make decisions.

6.2 The Forum may:

- Scrutinise the delegated areas of responsibility referred to in [Section 5](#) above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Forum minutes at the next Forum meeting;
- Hold private workshop sessions as required for development purposes and to accommodate organisational input and support.

7 ACCESS

7.1 Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Forum.

8 MEETINGS

8.1 The procedures for meetings of the Forum are:

- To meet formally and in private at least on a quarterly basis, meetings however can be convened at the decision of the Chair at any time as required;
- Conduct all business in line with the [Standing Orders](#);
- A minimum of three Forum members will be present for the meetings to be deemed quorate;

- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence, and in agreement with the remaining Forum members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

9 RELATIONSHIP TO COMMITTEES

9.1 The Integrated Governance Forum will have strategic relationships with all other Committees of the Board:

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

9.2 The Forum will review and co-ordinate intended outcomes between Committees to prevent duplication and ensure alignment of business, while capturing any common themes across all Committees.

10 INFORMATION REQUIREMENTS

10.1 All relevant documentation for the Forum must be provided as per the schedule for their meetings.

APPENDIX 1 – FORUM MEMBERSHIP

Members

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

Others in attendance

- Chief Officer;
- Deputy Chief Officer;
- Deputy Chief Officer (Corporate Services);
- Head of Governance and Compliance;
- Board Support;
- Other representation, as appropriate and by invite.

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CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE EMPLOYEE PARTNERSHIP FORUM

Original Author/Role	Fiona McOmish, People Manager
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Madeline Smith, Board Member
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version held internally within POD	Fiona McOmish, POD	Unknown
2.0	Held internally within POD	POD	Unknown
3.0	Revised / amended - version issued on iHub	Elaine Brown	08/06/2021
4.0	Revised / amended	GC Alasdair Cameron	08/08/2022
5.0	Section 2.3 – removed mention of trial period; Section 5 – 5th bullet point amended to clarify wording; Section 7 – updated to reflect the use of Teams and remove historical reference to video conferencing; updated POD directorate to People; minor spelling and grammatical amendments throughout document.	Elaine Reside	27/04/2023
6.0	2.1 - Membership wording amended to include reference to Deputy Chair of People Committee and “Trade Unions” in line with wording used in Working Together Framework; 7.7, 4th bullet point – removed.	GC Kevin Murphy	25/04/2024
7.0	Section 2 added to standardise with all other ToR's. Sections renumbered throughout. Section 3.1 amended to provide clarity on attendance. Section 4.1 – RANSC included. Section 5.3 1 st bullet point - ‘staff’ changed to ‘employees’ to standardise with all other ToR's; removal of bullet points that are covered under other meeting arrangements. Section 6.1 1 st bullet point – amended to clarify wording. Section 8.1 – added ‘unless agreed by all parties to be stood down’ to clarify meetings will only be held when necessary. Section 8.6 – removal of the word ‘conflict’ where ‘consideration will be given to the nature of the interest’. Section 8.8 – amendment to wording to reflect other arrangements in place	GC Chris Casey	24/04/2025

OFFICIAL

	where areas of business are discussed.		
8.0	Reviewed – Director titles updated following Corporate Services Directorate Structure Review. Section 3.1 updated to provide clarity regarding attendance.	GC Chris Casey	30/04/2026

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1 INTRODUCTION

- 1.1 The Board of the Scottish Fire and Rescue Service (SFRS), its managers and recognised Representative Bodies are committed to working together to create a model of employee relations that is based on mutual respect and trust. In recognition of this commitment, a [Working Together Framework](#), which outlines the principles of working in partnership, has been developed.
- 1.2 The Board and the Chief Officer have established an Employee Partnership Forum to support them in their responsibilities under the terms of the Working Together Framework.

2 PURPOSE

- 2.1 The purpose, therefore, of the Employee Partnership Forum is for SFRS and Representative Bodies to identify areas of discussion which require resolution and matters of mutual interest in the spirit of the Working Together Framework.

3 MEMBERSHIP

- 3.1 The Forum consists of two Board Members from the People Committee, senior Trade Union representatives and senior members of SFRS staff, as appropriate to the agenda.
- 3.2 Representatives invited to attend are in accordance with the Working Together Framework (section 4.1).
- 3.3 The Chair and Deputy Chair of the Forum will be any Board Member that sits on the People Committee.
- 3.4 Details of the Standing Membership can be found within [Appendix 1](#).

- 3.5 A further example of the regular attendees anticipated at local and national meetings, in accordance with the Working Together Framework, is provided in [Appendix 2](#).

4 REPORTING

- 4.1 The Forum will provide a copy of the agreed minutes and action log from the meeting to all members. A verbal update will also be reported at the People Committee, the Remuneration, Appointments and Nominations Sub Committee and the Partnership Advisory Group.
- 4.2 Reports and/or updates from the Forum may also be presented to the Board as required through the People Committee.

5 RESPONSIBILITIES

- 5.1 The Employee Partnership Forum is committed to working in accordance with the principles laid out in the Working Together Framework. In addition to these, the Forum will provide a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS.
- 5.2 The Forum has no specific authority but will offer opinions, guidance, support and recommendations on matters affecting employees to the People Committee, Partnership Advisory Group and other appropriate forums.
- 5.3 The Employee Partnership Forum will specifically:
- Discuss matters relating to the employment of SFRS employees;
 - Meet based on forward planning and need to discuss, and review proposed and ongoing developments relating to SFRS employee partnership matters;
 - Ensure that the work of the Forum is communicated appropriately to all employees and key stakeholders;

- Ensure that any necessary resources and facilities are in place to support the partnership arrangements; and seek appropriate opportunities to build capacity within the relevant forums;
- Address any issues that have not been resolved after exhausting the local partnership arrangements;
- Recommend and offer opinions on the progression of defined areas of work;
- Identify areas of 'good practice' to assist the partnership arrangements;
- Ensure engagement is constructive and focuses on joint problem-solving techniques to implement positive change within the SFRS;

6 RIGHTS

6.1 The Forum may:

- Co-opt additional members for a period to provide specialist skills, knowledge and experience. Where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Seek additional information from the Strategic Leadership Team, Directorates and Representative Bodies;
- Seek guidance and, where appropriate, escalate matters to the Partnership Advisory Group;
- In agreement with the Chair, ask any other officials of the organisation or representative bodies to attend to assist it with its discussions on any particular matter;
- The Chair will ask any or all of those who attend, including those who are not members, to engage in open, honest and frank discussion of particular matters;
- The Forum will be held in private but members should note that Forum updates can be publicly accessed via People Committee and SFRS Board governance routes and open to Freedom of Information requests;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support. If this extends to short /

medium / long term working groups, then authorisation is required by the People Committee and SFRS Board.

7 ACCESS

- 7.1 Members of the Forum, as required, will have free and confidential access to the Chair of the Forum.

8 MEETINGS

- 8.1 The Forum will normally meet at least four times a year, unless agreed by all parties to be stood down, in SFRS Headquarters, Cambuslang or via Teams by agreement.
- 8.2 In the absence of the Chair, the Deputy Chair will assume the role for the duration of the meeting. In both their absence, the Chair in advance of the meeting will seek an alternative temporary chair from the Board and brief them accordingly.
- 8.3 Members are permitted to attend the meeting via Teams. Members who wish to use this option should arrange this with the Forum administrator and inform the Chair.
- 8.4 The Forum administrator is responsible for the timeous collation and distribution of agendas, minutes and papers and align for governance purposes with the [Standing Orders](#).
- 8.5 The Chair and/or Deputy Chair, together with the Director of People, Communications and Engagement, will meet ahead of each Forum to review agenda items and ensure appropriate attendees.
- 8.6 Where a declaration of interest has been declared, consideration will be given to the nature of the interest to determine the most appropriate course of action. This may include the temporary removal of the individual(s) whilst

the specific agenda item is being considered. In circumstances where a conflict of interest has been declared by the Chair, the Deputy Chair of the Forum will temporarily assume the role of Chair for the specific agenda item(s).

8.7 For each meeting the Forum will be provided with:

- A minute of the previous meeting;
- An updated Action Log;
- An updated Forward Plan.

8.8 While the following areas are included on the agenda of other partnership working meetings, updates may also be provided to EPF on the following as appropriate:

- An update on relevant SFRS Performance Reporting;
- Proposals for key strategies, policies and frameworks (affecting employees);
- Workforce planning reports;
- Updates on employment and equalities legislation;
- Results of employee surveys;
- Equality, Diversity and 'Balancing the Workforce Profile'.

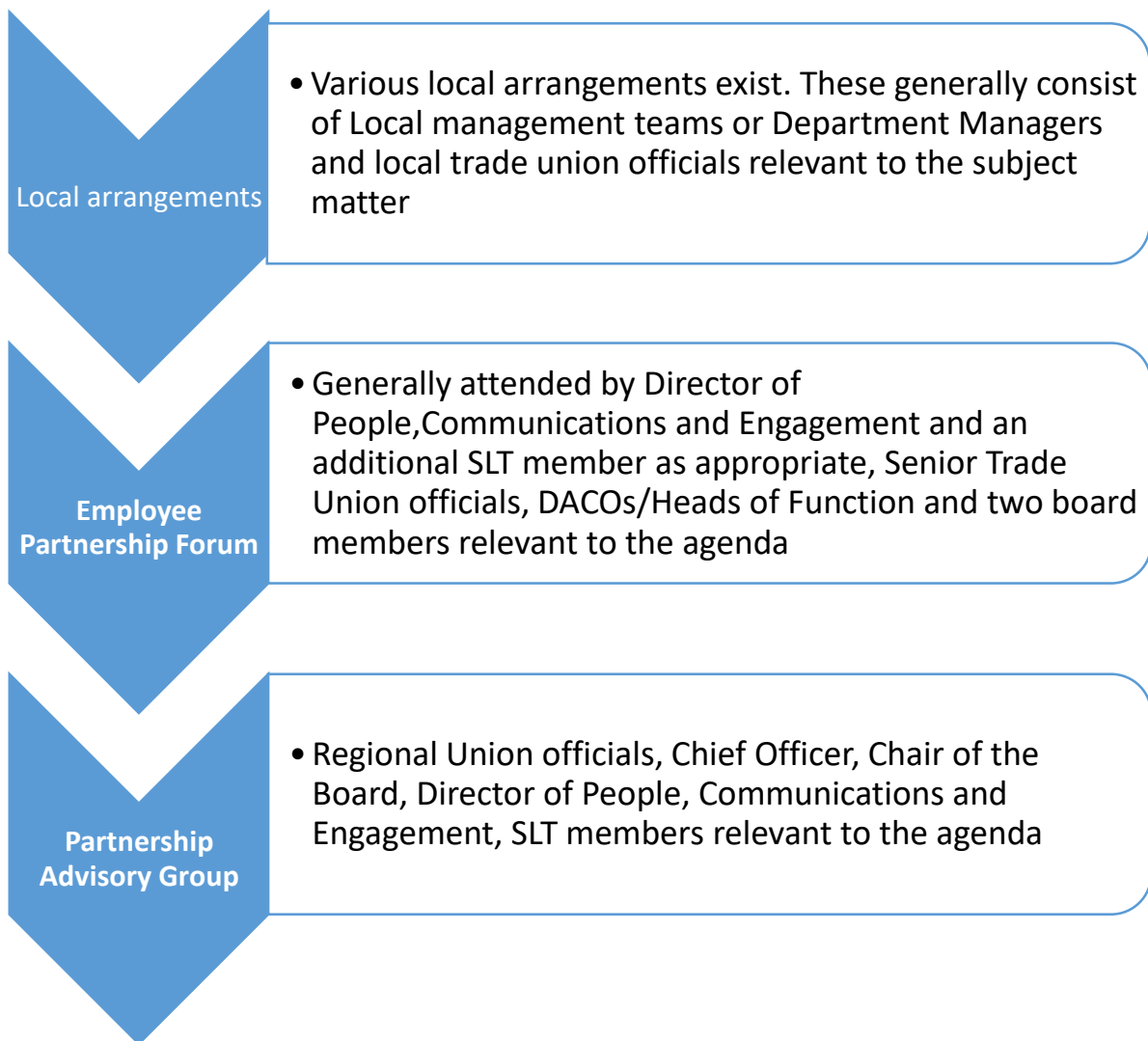
9 INFORMATION REQUIREMENTS

9.1 All relevant documentation for the Forum must be provided as per the schedule for meetings.

APPENDIX 1 – STANDING FORUM MEMBERSHIP

- Two Board Members;
- Director of People, Communications and Engagement;
- Head of People;
- Fire Brigades Union;
- Fire Officers Association;
- Fire and Rescue Service Association;
- Unite;
- Unison;
- Other representation, as appropriate and by invitation.

APPENDIX 2 – EXAMPLE OF ANTICIPATED ATTENDEES AT MEETINGS
(in accordance with the Working Together Framework)



**Working together
for a safer Scotland**



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE PARTNERSHIP ADVISORY GROUP (PAG)

Original Author/Role	Marion Lang, Corporate Business and Admin Manager
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Impact Assessment	April 2026
Quality Control (name)	Mhairi Wylie, Chair of the SFRS Board
Authorised (name and date)	SFRS Board – 30 April 2026
Date for Next Review	March 2027

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Marion Lang, Corporate Business and Admin Manager	April 2022
2.0	Reviewed / amended	Marion Lang, Corporate and SDA Business Support Manager	27/04/2023
3.0	Updated SLT role titles throughout; Addition of Interim Deputy Chief Officer (Corporate Services) as member; 9.1 - replaced final sentence with: <i>"In such circumstances, where both sides have voluntarily agreed to take part in the collective arbitration process when it is invoked, they will agree in advance to be bound by the decision of the arbitrator".</i> 9.2 - removal of final sentence and replaced with <i>"...to an arbitrator provided by ACAS, for further guidance."</i> Minor spelling, grammatical and spacing amendments.	GC Kevin Murphy	25/04/2024
4.0	Section 2 added to standardise with all other ToR's. Updated SLT role titles throughout - Removal of 'Interim' from the role of Deputy Chief Officer (Corporate Services). Section 6.1 1 st and 4 th bullet points amended to clarify wording. Section 8 amended to provide clarity on meeting schedule. Section 8.6 amended to clarify wording.	GC Chris Casey	24/04/2025
5.0	Reviewed – minor spelling and grammatical amendments throughout. Director titles updated following Corporate Services Directorate Structure Review.	GC Chris Casey	30/04/2026

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1 INTRODUCTION

- 1.1 The Board of the Scottish Fire and Rescue Service (SFRS), its managers and recognised Representative Bodies are committed to working together to create a model of employee relations that is based on mutual respect and trust. In recognition of this commitment, a [Working Together Framework](#), which outlines the principles of working in partnership, has been developed.
- 1.2 The Employee Partnership Forum (EPF) and the Remuneration, Appointments and Nominations Sub Committee (RANSC) support the Board and the Chief Officer in their responsibilities under the terms of the [Working Together Framework](#).

2 PURPOSE

- 2.1 The Board and the Chief Officer have established a Partnership Advisory Group (PAG) to assist in resolving any escalated issues arising from the EPF, the [Consultation and Negotiation Procedure](#) and from other arenas which impact on the [Working Together Framework](#).

3 MEMBERSHIP

- 3.1 The Group consists of the Chair of the SFRS Board, Chief Officer of SFRS, Deputy Chief Officer, Deputy Chief Officer (Corporate Services), Director of People, Communications and Engagement, senior members of Representative Bodies and senior members of SFRS staff as appropriate to the agenda.
- 3.2 Representatives invited to attend are in accordance with the [Working Together Framework](#) (section 4.1).
- 3.3 The Chair of the Group is the Chair of the SFRS Board. A Deputy Chair will be agreed by the Group and reviewed on an annual basis.

- 3.4 Details of the Standing Membership can be found within [Appendix 1](#).
- 3.5 A further example of the regular attendees anticipated at local and national meetings, in accordance with the [Working Together Framework](#), is provided in [Appendix 2](#).

4 REPORTING

- 4.1 The Group will provide a copy of the agreed action log from the meeting to all members. A verbal update will also be reported at the People Committee.
- 4.2 Reports from the Group may also be presented to the Board as required through the People Committee.

5 RESPONSIBILITIES

- 5.1 The PAG is committed to working in accordance with the principles laid out in the [Working Together Framework](#). In addition to these, the Group will provide a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS, where these can no longer be resolved through other internal procedures.
- 5.2 The Group has the authority to offer opinions, guidance, support, recommendations and to make decisions, with there being no further internal escalation routes where agreement cannot be reached.
- 5.3 The PAG will specifically:
- Meet, based on need, to discuss and resolve any issues arising from the EPF, the [Consultation and Negotiation Procedure](#) and from other arenas which impact on the [Working Together Framework](#);
 - Ensure engagement is constructive and focuses on joint problem-solving techniques to implement positive change within the SFRS;

- Consider whether issues should be considered internally or externally;
- Ensure diversity matters have been fully considered.

6 RIGHTS

6.1 The Group may:

- Co-opt additional members for a period to provide specialist skills, knowledge and experience. Where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Seek information from the Strategic Leadership Team (SLT), Directorates and Representative Bodies;
- Seek guidance and, where appropriate, escalate matters to the National Joint Council (NJC), Advisory, Conciliation and Arbitration Service (ACAS) or the People Committee;
- In agreement with the Chair, ask any other officials of the organisation or Representative Bodies to attend to assist with its discussions on any particular matter;
- The Chair will ask all of those who attend, including those who are not members, to engage in open, honest and frank discussion of particular matters;
- The Group will be held in private but members should note that updates can be publicly accessed via People Committee and SFRS Board governance routes and are open to Freedom of Information requests.

7 ACCESS

7.1 Members of the PAG, as required, will have free and confidential access to the Chair of the Group.

8 MEETINGS

- 8.1 The Group will meet in extraordinary circumstances, and following written request by the EPF, where issues have failed to be resolved at the EPF.
- 8.2 Meeting requests should be actioned within 10 working days of receipt of the request or earlier where possible.
- 8.3 The meeting date must take place within 20 working days of receipt of the request.
- 8.4 In the absence of the Chair, the Deputy Chair of the Group will assume the role for the duration of the meeting.
- 8.5 Members are permitted to attend the meeting via MS Teams. Members who wish to use this option should arrange this with the Group administrator and inform the Chair.
- 8.6 The Group administrator is responsible for the timeous collation and distribution of agendas, action logs and papers and align for governance purposes with the [Standing Orders](#).
- 8.7 The Chair and the Director of People, Communications and Engagement will meet ahead of each meeting to review agenda items and ensure appropriate attendees.
- 8.8 Where a declaration of interest has been declared, consideration will be given to the nature of the conflict of interest to determine the most appropriate course of action. This may include the temporary removal of the individual(s) whilst the specific agenda item is being considered. In circumstances where a conflict of interest has been declared by the Chair, the Deputy Chair of the Group will temporarily assume the role of Chair for the specific agenda item(s).

8.9 For each meeting, the Group will be provided with:

- An updated Action Log;
- A written update from the Chief Officer and Chair of the Board.

8.10 As and when appropriate the Group will also be provided with:

- An update on relevant SFRS Performance Reporting;
- Proposals for key strategies, policies and frameworks (as they affect employees);
- Workforce planning reports;
- Updates on employment and equalities legislation;
- Results of employee surveys;
- Equality, Diversity and 'Balancing the Workforce Profile'.

9 INFORMATION REQUIREMENTS

9.1 All relevant documentation for the Group must be provided as per the schedule for meetings.

10 SETTLEMENT OF DIFFERENCES

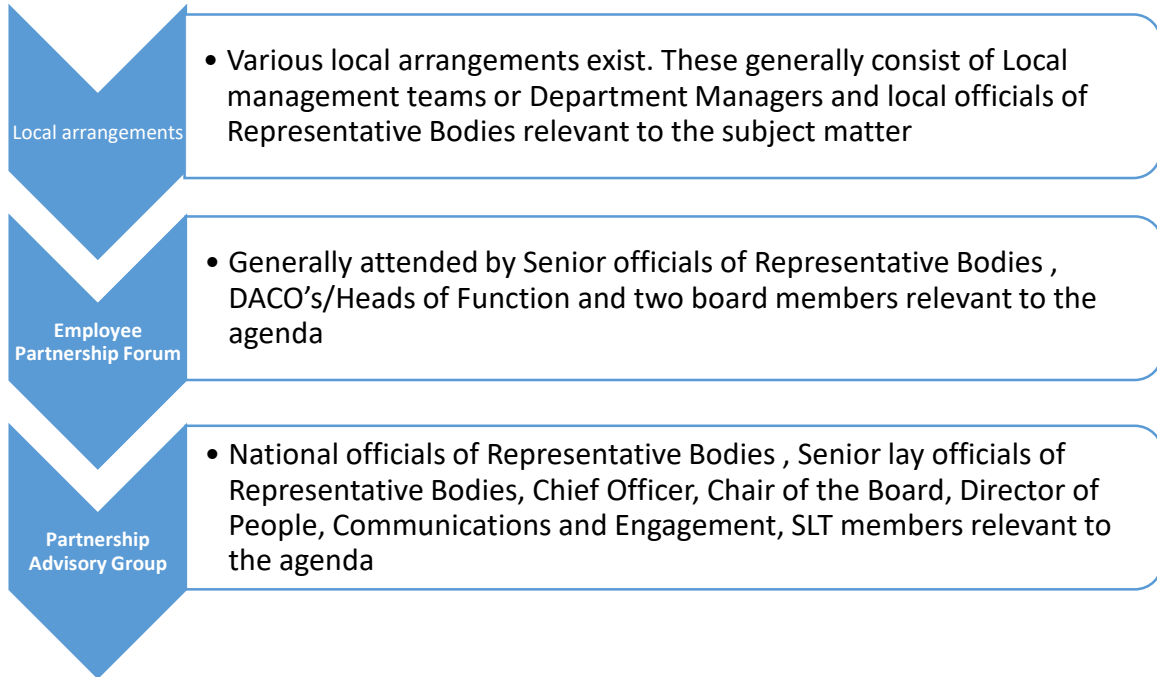
10.1 If the PAG fails to reach agreement on any matter for which it has responsibility, that matter can be referred to NJC for uniformed staff matters and ACAS for support staff matters, for conciliation. Both sides will participate in the process of conciliation and act in good faith. Where conciliation fails to produce a settlement, either side may request collective arbitration through the services of ACAS. In such circumstances, where both sides have voluntarily agreed to take part in the collective arbitration process when it is invoked, they will agree in advance to be bound by the decision of the arbitrator.

- 10.2 In the event that either side has any doubt about whether or not the failure to agree relates to arbitrable issues and this is not resolved through negotiation or conciliation, then the question of whether or not such issues are arbitrable, taking full account of all agreements between the sides will be put to an arbitrator provided by ACAS, for further guidance.
- 10.3 Status Quo and where this applies: While an issue remains subject to discussion / resolution under the SFRS negotiating procedure, neither side will seek to take any collective action or introduce change.

APPENDIX 1 – STANDING GROUP MEMBERSHIP

- Chair of SFRS Board (or Deputy Chair of SFRS Board);
- Chief Officer (or Deputy Chief Officer);
- Deputy Chief Officer (Corporate Services);
- Director of People, Communications and Engagement;
- Fire Brigades Union;
- Fire Officers Association;
- Fire and Rescue Service Association;
- Unison;
- Unite;
- Other representation, as appropriate and by invitation.

APPENDIX 2 – EXAMPLE OF ANTICIPATED ATTENDEES AT MEETINGS (IN ACCORDANCE WITH THE WORKING TOGETHER FRAMEWORK)





Equality & Human Rights Impact Assessment (EHRIA) Template

This template must be used to record your EHRIA process and outcome.

PART 1 - BASIC INFORMATION AND ESTABLISHING RELEVANCE

Title of policy/practice/strategy/project/activity/service

SFRS Corporate Governance Arrangements 2026

Covering:

Standing Orders for meetings of the Board and its Committees and Sub-Committees;
 Scheme of Delegations;
 Code of Conduct for Board Members of the SFRS;
 Board Support provisions;
 Terms of Reference for the Audit & Risk Assurance Committee;
 Terms of Reference for the Strategic Planning and Change Committee;
 Terms of Reference for the Integrated Governance Forum;
 Terms of Reference for the People Committee;
 Terms of Reference for the Remuneration, Appointments and Nominations Sub-Committee;
 Terms of Reference for the Service Delivery Committee;
 Terms of Reference Partnership Advisory Group;
 Terms of Reference Employee Partnership Forum;
 SFRS Good Governance Framework;
 Governance and Accountability Framework;
 Annual Governance Statement Policy.

EHRIA Lead at Commencement

GC Chris Casey, Board Support Manager

Date Commenced

19 March 2026

Q1a Explain the aims and intended outcomes of the policy/practice/strategy/project/activity/service

- Governance and Accountability Framework: sets out the non-statutory governance arrangements for the Scottish Fire and Rescue Service (SFRS) specifying key roles and responsibilities. This document is a Scottish Government document but is being included in recognition of its significance in setting Board processes.
- SFRS Good Governance Framework is to encourage better service delivery and

improved accountability by establishing a benchmark for aspects of good governance in the SFRS. The Framework brings together the various strands of our Corporate Governance arrangements into one overarching Framework document that demonstrates our commitment to upholding good corporate governance throughout SFRS.

- Annual Governance Statement: Under the Police and Fire Reform (Scotland) Act 2012, the SFRS is required to prepare financial statements for each financial period and on the basis determined by the Scottish Ministers. This policy provides the relevant SFRS Directorate Management Teams detail of the process and requirements for preparing their Certificates of Assurance to support the Chief Officer's Annual Governance Statement (AGS) as set out in the Public Finance and Accountability (Scotland) Act 2000 (PFA Act).
- Scheme of Delegation: sets out the arrangements for levels of responsibility and authority in making decisions on behalf of the SFRS.
- Standing Orders for meetings of the Board and its Committees and Sub-Committees: sets out the general principles for conducting Board business and administration arrangements.
- Terms of Reference for the Audit & Risk Assurance Committee: sets out the establishment of the Audit & Risk Assurance Committee, its membership and appointment process, scope of activity including risk management, accounting processes and anti-fraud arrangements, and decision making within their limits of responsibilities.
- Terms of Reference for the Integrated Governance Forum: sets out the terms of reference of the Forum to provide assurance to the SFRS Board that specific governance issues identified in Committees are discussed across the Board thereby ensuring joined up corporate governance; role as a non-decision making body.
- Terms of Reference for the Strategic Planning and Change Committee: sets out the terms of reference of the Committee to provide scrutiny and challenge of strategic and financial planning and change resource allocation and delivery, decision making within their limits of responsibilities.
- Terms of Reference for the Service Delivery Committee: sets out the terms of reference of the Committee to scrutinise and challenge the safety, quality, performance and effectiveness of service delivery across Scotland, to drive improvement, providing assurance to the Board, with decision making within their limits of responsibilities.
- Terms of Reference for the People Committee: sets out the terms of reference of the Committee to oversee and scrutinise while providing strategic advice and direction on matters affecting employees and training, safety and assurance and to ensure that staffing and remuneration arrangements are affordable and provide best value, with decision making within their limits of responsibilities.
- Terms of Reference for Remuneration, Appointments and Nominations Sub-Committee: sets out the terms of reference of the Committee to offer guidance, support and recommendations to the Board and Chief Officer, in relation to matters of remuneration, appointments, nominations and negotiations, reporting through the Chair of the People Committee; role as a non-decision making body.

- Board Support sets out the establishment of a Board Support Team indicating roles and responsibilities and setting out the principles for corporate administration of Board/Committee business and meetings.
- [Code of Conduct for Board Members of the SFRS](#): sets out the standards expected of Board member behaviour as required by The Ethical Standards in Public Life etc (Scotland) Act 2000 and as enforced by the Standards Commission.
- Terms of Reference for the Employee Partnership Forum: is a national arrangement which provides a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS; role as a non-decision making forum.
- Terms of Reference for the Partnership Advisory Group: provides a platform to discuss and review matters affecting our employees and to ensure that overall staffing arrangements support the strategic aims and ethos of the SFRS, where these can no longer be resolved through other internal procedures, with decision making within their limits of responsibilities.

Collectively these policy documents, Code and Board papers set out the general operating arrangements for the Board and the SFRS to conduct its business in an effective, efficient, accountable and transparent manner.

Q1b Who will it affect and in what way?

Communities and wider stakeholders by gaining an understanding of the governance arrangements in place within the SFRS and how they are managed.
 Scottish Government – through an accountable Board.
 SFRS Board – through clear processes for administering Board business.
 SFRS SLT – through clear processes for administering Board business.

Q1c What risks or barriers might prevent the desired outcomes being achieved?

Failure to ensure that the overall process of Board governance is fully followed and easily understood by all relevant Board members and SFRS personnel.
 The desired outcomes of corporate governance may also be undermined by inconsistent application of governance processes, poor-quality or untimely information, misalignment between strategy, risk and assurance, capacity constraints, ineffective scrutiny, fragmented governance arrangements, and insufficient consideration of equality, human rights and inclusion.
 Annual governance review undertaken and annual governance statement produced to ensure process is being followed and implemented.

Q1d General Equality Duty

The policy/practice/strategy/project/activity/service will or is likely to influence SFRs ability to....

Eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010	☒
Advance equality of opportunity between people who share a characteristic and those who do not	☒
Foster good relations between people who share a relevant protected characteristic and those who do not	☒

Q1e If you have not ticked any of the boxes above then please give an explanation.

Q1f The policy/practice/strategy/project/activity/service will be or is likely to be relevant on the grounds of....

The Protected Characteristics <i>Protected characteristics as defined by the Equality Act 2010</i>	Yes/ Potential	No	Don't Know/Don't Have Enough Evidence
Age	☒	☐	☐
Disability	☒	☐	☐
Gender Reassignment	☒	☐	☐
Marriage and Civil Partnership (answer this only in relation to point a above)	☐	☒	☐
Pregnancy and Maternity	☒	☐	☐
Race	☒	☐	☐
Religion and Belief	☒	☐	☐
Sex	☒	☐	☐
Sexual Orientation	☒	☐	☐
Other relevant legislation/guidance <i>Click on the links for further detail</i>			
Care Experience	☒	☐	☐
Caring Responsibilities	☒	☐	☐
Gaelic Language	☒	☐	☐
Gender Identity	☒	☐	☐
Human Rights Act	☒	☐	☐
Island Communities	☒	☐	☐
Mental Health & Wellbeing	☒	☐	☐
Social and Economic Disadvantage	☒	☐	☐

Q1g If you have selected 'No' use this section to evidence why an impact assessment is not required.

Marriage and Civil Partnership is likely to have no impact as the proposal does not relate to employment policies, benefits or entitlements where this protected characteristic is specifically relevant under the Equality Act 2010. The change does not affect pay, leave, pension rights, working arrangements or any other provision where marital or civil partnership status could result in differential treatment. Nor does it alter access to services in a way that would distinguish between people who are married, in a civil partnership or not. As a result, there is no evidence or reasonable basis to suggest that the protected characteristic of Marriage and Civil Partnership is relevant to this proposal.

Concluding Part 1

Outcome of Establishing Relevance	Please Tick	Next Steps
There is no relevance on the grounds of the General Equality Duty and/or the listed characteristics	☐	Proceed to Part 3 Monitoring
There is relevance to some or all on of the General Equality Duty and/or the listed characteristics or the relationship is unclear at this stage	☒	Proceed to Part 2 Impact Assessment

PART 2 - IMPACT ASSESSMENT

Q2a What activities will be taken to complete the impact assessment process?				
Action	Owner	Timeframe	Comment	Date Completed
Review the arrangements currently in place to identify if any relevant equality issues have emerged	Board Support	April 2026	Completed. Inconsistent use of EHRIA section in documentation. Lack of evidence/record of EHRIA discussions in decision making process.	April 2026

Q2b Please outline how the policy/practice/ strategy/project/activity/service could potentially impact on the listed characteristics.	
Characteristic	Evidence
Age	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of age. Relevance to age relates entirely to the accessibility of Board proceedings and perceptions that younger people may not have the capacity, understanding or maturity that older people may have. Older people are more likely than younger people to experience physical or sensory impairment that may affect their ability to access materials and/or attend a Board meeting as a member of the public. More opportunity to attend and observe a Board meeting will be available through the ability to join some meetings remotely. Issues of accessibility are referenced in the Summary, Evaluation and Conclusion section (Q2c) below. There is anecdotal evidence that younger people are less likely to participate in public life than older people and this may mean that fewer young people will attend Board meetings or interact with Board members. The methods used to promote Board meetings and Board business is referenced in the Summary, Evaluation and Conclusion section (Q2c) below.
Disability	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of disability. Relevance to disability relates entirely to the accessibility of Board proceedings and materials. Issues of accessibility are referenced in the Summary, Evaluation and Conclusion section (Q2c) below.
Gender Reassignment	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of gender reassignment.

Marriage and Civil Partnership	Not relevant – see Section 1.
Pregnancy and Maternity	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of pregnancy and maternity. Relevance to pregnancy and maternity relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary, Evaluation and Conclusion section (Q2c) below.
Race	There is clear evidence to indicate that people of minority ethnic heritage are underrepresented and participation levels in public life or engagement with public bodies is low – https://www.gov.scot/publications/crer-ant-racist-policy-making-scotland-review/pages/6/. There is a possibility that new migrants to Scotland will be less likely to participate than established communities as they are less informed about public bodies and the role of public engagement. There is an opportunity to make a positive impact across all protected characteristics by allowing public access to Board proceedings. The hosting of Board meetings at venues across Scotland provides an opportunity for many more people to attend than if the location was isolated to HQ, Cambuslang. There is a further opportunity to make a positive impact through the participation in other stakeholder engagement activities that are to be programmed to coincide with Board meetings. This has the potential to allow access to Board members for a range of local community groups that might not otherwise be considered a stakeholder/partner providing that the Board extends their engagement activities outwith the scope of recognised partner agencies such as Community Planning Partnerships. Further to this, there is opportunity to explore a who we are/what we do short video for social media which would allow stakeholders to become more informed on the role of a public bodies Board and public engagement. The Summary, Evaluation and Conclusion section (Q2c) references the importance of broad advertising and interacting with stakeholder groups to promote and market opportunities for participation.
Religion and Belief	There is evidence to indicate that people from underrepresented religion and belief groups participate less in public life or engagement with public bodies: Board meetings are currently scheduled to take place on Thursday mornings/early afternoon. This does not conflict with known religious observance days and as such the timing of Board meetings does not

	pose a barrier to attendance. It is unlikely that the scheduling of Board meetings will bring the date of meeting into conflict with significant religious festivals, nevertheless, the Board Support Team will maintain a review of the Board schedule to prevent repeated conflict of dates affecting any particular faith group. The SFRS produces a calendar of events and cultural calendar which can assist when reviewing the Board schedule. There is a possibility that new migrants to Scotland will be less likely to participate than established communities as they are less informed about public bodies and the role of public engagement. There is opportunity to develop a who we are/what we do short video for social media which would allow stakeholders to become more informed on the role of a public bodies Board and public engagement. It is not the intention of the Board/SFRS to provide food or drink to members of the public attending the Board meeting and as such no consideration on these grounds needs to be given to meeting cultural/religious/dietary requirements. The Summary, Evaluation and Conclusion section (Q2c) references the importance of broad advertising and interacting with stakeholder groups.
Sex	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of sex. Women in the broader population are more likely to be the primary carer for a dependent (https://www.engender.org.uk/research-care/) and this may affect ability to attend meetings. Issues of accessibility and other methods of participation are referenced in the Summary, Evaluation and Conclusion section (Q2c) below.
Sexual Orientation	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of sexual orientation. The requirement to disclose the interests of a partner/spouse in the Code of Conduct may result in individuals disclosing their partner's sexual orientation.
Care Experienced	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of care experience. There is a possibility that individuals who are care experienced are less likely to participate as they are less informed about public bodies and lack the means to engage through attendance at meetings or to engage in a manner meaningful to them. The Summary, Evaluation and Conclusion section (Q2c) references the importance of broad advertising and interacting with stakeholder groups.

Caring Responsibilities	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of caring responsibilities. Board meetings are currently scheduled to take place on Thursday mornings/early afternoon and this may mean that fewer people with caring responsibilities will attend Board meetings that are held within formal working hours. Relevance to caring responsibilities relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary, Evaluation and Conclusion section (Q2c) below.
Gaelic Language	If there is a requirement to translate information into Gaelic this will be considered on request.
Gender Identity	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of gender.
Human Rights	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on Human Rights. The Code of Conduct may have some relevance to the Human Rights Act article 8 Right to Respect for Private and Family Life. This is referenced in the Summary, Evaluation and Conclusion section (Q2c) below. It is not viewed there is any relevance to Protocol 1 Article 1 Protection of Property as the Code does not prohibit the use or retention of property, it only seeks the disclosure of potential conflict of interest with the view to preserving the integrity of Board decisions and proceedings.
Island Communities	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on remote and rural communities. While attendance at Board meetings may not be possible the Board and SFRS seek to enable participation through the use of other methods such as the ability to join remotely, as well as direct feedback using the online comments process. Relevance to island communities relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary, Evaluation and Conclusion section (Q2c) below.
Mental Health and Wellbeing	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on mental health.

	Relevance to mental health relates entirely to the accessibility of Board proceedings. Issues of accessibility and other methods of participation are referenced in the Summary, Evaluation and Conclusion section (Q2c) below.
Social and Economic Disadvantage	The suite of documents covered by this assessment do not relate to the decisions made by the Board or SFRS personnel which may potentially impact on the grounds of social or economic disadvantage. Relevance to social or economic disadvantage relates entirely to the accessibility of Board proceedings and materials. Issues of accessibility and other methods of participation are referenced in the Summary, Evaluation and Conclusion section (Q2c) below. There is a possibility that individuals who are socially or economically disadvantaged are less likely to participate as they are less informed about public bodies and lack the means to engage through attendance at meetings or to engage in a manner meaningful to them. There is an opportunity to make a positive impact across all protected characteristics by allowing public access to Board proceedings. The hosting of Board meetings at venues across Scotland provides an opportunity for many more people to attend than if the location was isolated to HQ, Cambuslang. There is a further opportunity to make a positive impact through the participation in stakeholder engagement activities that are to be programmed to take place following formal Board meetings. This has the potential to allow access to Board members for a range of local community groups that might not otherwise be considered a stakeholder/partner providing that the Board extends their engagement activities outwith the scope of recognised partner agencies such as Community Planning Partnerships. The Summary, Evaluation and Conclusion section (Q2c) references the importance of broad advertising and interacting with stakeholder groups.
Other groups not listed above	

Q2c Summary, Evaluation and Conclusion of Impact Assessment

These documents are relevant to the three parts of the general equality duty (GED) in that they provide a mechanism for SFRS to demonstrate due regard to the GED in its decision making processes. It should be noted that the arrangements do not themselves fulfil the duty to give due regard to the GED for each of the protected characteristics identified in the Equality Act 2010. Similarly, these documents give a route for the results of island community impact assessments to be considered within the decision making process but do not in and of themselves fulfill our obligations under the Islands (Scotland) Act 2018.

Collectively these documents provide the operating arrangements for the Board of the SFRS

with the SFRS Good Governance Framework supporting a clearer understanding of how this works. There is limited relevance to equality and some, albeit limited, opportunity to make a positive impact in relation to the general equality duty across the protected characteristics as it relates to these governance and operating arrangements. It will be the proposals and recommendations submitted to the Board which make use of these arrangements that will potentially be relevant to equality and human rights rather than the arrangements to be followed.

Any report brought forward to the Board for decision will have a separate EHRIA where appropriate, which will include an islands assessment, as part of the governance arrangements which will be considered and reflected upon as part of the decision making process. Further to this the Board will review the impact of decisions being made after a period of 12 months.

There are, nevertheless, some specific areas of activity where there is a direct relevance to equality arising from this suite of documents.

Relevant documents: Membership & Operating Arrangements and Terms of Reference to each Committee

Issue: Accessibility of Board agendas, reports, papers and other communication (public). Board papers are made available to the public through the SFRS website. Some document formats such as PDF, MS Word and MS Excel may not be fully accessible. Where possible we try to make these documents as accessible as possible and/or provide a suitable HTML alternative. The website has been made accessible to the latest WCAG standards. These mean that the website can:

- change colours, contrast levels and fonts using browser or device settings.
- zoom in up to 400% without the text spilling off the screen.
- navigate most of the website using a keyboard or speech recognition software.
- listen to most of the website using a screen reader (including the most recent versions of JAWS, NVDA and VoiceOver).

We are reviewing our policy on PDFs and other methods of delivering information with a view to making them as accessible as possible.

It is recognised that some individuals may require additional measures to meet the requirements of their disability and such requests will be considered on a case by case basis for a reasonable adjustment to be implemented. The translation of Board papers into alternative languages would be prohibitively expensive for the SFRS to fulfill individual requests and it would be an expense that would be disproportionately high compared to the impact achieved for the individual. Instead, the Board Support Team will consider each request for alternate language provision with a view to ensuring that all of Scotland's communities can access the significant issues pertaining to SFRS and Board business.

It should be noted that this section relates only to the materials produced to support the administration of Board proceedings and not to any SFRS material such as community engagement materials which may have to be provided in alternate formats and/or languages.

The SFRS and Board have an ambition to provide materials in easy to understand language and format. It is, however, noted that the business of the Board may at times be complex and will not lend itself to simplification without loss of meaning. The Board and the SFRS recognise the importance of focusing on key and significant messages and documents that will contribute towards improved community safety as well as transparency and accountability of the SFRS.

Issue: Accessibility of Board agendas, reports, papers and other communication (Board members and SFRS personnel).

In addition to those points highlighted above for the public there are specific arrangements in place to aid Board members and SFRS personnel. Board members are emailed a link to their Board papers and other communications accessed via their Board sharepoint site and can therefore make use of assistive technologies referenced above. Other requests for alternate formats of materials can be accommodated on request such as large print versions of documents.

SFRS personnel can access materials via the intranet and/or SFRS website and can utilise assistive technologies as described above. Other requirements for personnel to enable them to perform their job will be considered on a case by case basis for a reasonable adjustment on the grounds of disability.

Issue: Accessibility of Board meetings (public).

There is an opportunity to make a positive impact across all protected characteristics by allowing public access to Board proceedings. The hosting of Board meetings at venues across Scotland provide an opportunity for many more people to attend than if the location was isolated to HQ, Cambuslang.

There is a further opportunity to make a positive impact through the participation in other stakeholder engagement activities that are to be programmed to take place following formal Board meetings. This has the potential to allow access to Board members for a range of local community groups that might not otherwise be considered a stakeholder/partner providing that the Board extends their engagement activities outwith the scope of recognised partner agencies such as Community Planning Partnerships.

The accessibility of Board meetings is only as good as the ability of the Board, SFRS and Board Support Team to enable the participation of members of the public. Enabling participation includes:

- Picking venues for the Board proceedings that are well served by public transport.
- Making use of venues that are as accessible as possible and provide provisions such as adequate designated parking, induction loop hearing assistance, wheelchair access, suitable and varied seating and well maintained premises clear of unnecessary clutter and obstruction.
- Extend the promotion of attendance at Board meetings beyond those controlled centrally by the Board Support Team (eg website notification) to a local level to be supported by the Board Support Team and local SFRS personnel promoting the Board meetings through local press releases and notices in community, religious centres and other public buildings.

It is recognised that there may be some individuals who would wish to attend a Board meeting but are unable to do so despite the measures referenced above. Attendance may not be possible because of geographic location, other responsibilities such as work commitments or caring for a dependent, cost or distance of travel or physical impairment severely affecting mobility. While attendance at Board meetings may not be possible the Board and SFRS seek to enable participation through the use of other methods such as the ability to join remotely, as well as direct feedback using the online comments process.

Issue: Accessibility of Board meetings (Board members and SFRS personnel).

In addition to those points highlighted above for the public there are specific arrangements in place to aid Board members and SFRS personnel. The Board Support Team will ensure that those venues used for Board meetings have arrangements in place to provide catering that would meet requests based on the grounds of cultural or religious observance.

Code of Conduct

The Code is enforced by an external body and was revised and approved by Scottish Ministers in December 2021. This has an impact on the SFRS Board members. Overall the Code is likely to have a neutral effect on the grounds of protected characteristics by seeking to maintain a standard of behaviour that is consistent across similar organisations and has the objective of promoting integrity, honesty and fairness in the proceedings of the Board. There is a possibility of a negative impact on the grounds of marriage/civil partnership and/or sexual orientation. The requirement to disclose conflict of interest of partners/spouses may require individual members of the Board to release information they consider private and would otherwise not wish to disclose. Similarly, the disclosure of the interests of a same sex partner may result in the disclosure of sexual orientation which the individual may wish to keep private. Nevertheless, the requirement to ensure that public bodies and their representatives remain accountable and transparent in the pursuit of robust and fair public activities outweighs any consideration of protection of privacy within the context of disclosing a partner's interests.

The Code of Conduct provides an opportunity to make a positive impact on the grounds of age, gender, disability, sexual orientation, religion and belief, social and economic disadvantage and gender identity by supporting the Scottish Government's ambitions to improve the representation on public boards from these groups. This has a relationship to all elements of the general equality duty. All employees, including Board members, are required to abide by the Code of Conduct and in doing so they will, by default, ensure they do not discriminate or victimise but foster good relations.

Concluding Part 2

Proceed to Part 3 – Action Planning

Part 3 - ACTION PLANNING AND MONITORING

This section will support the successful implementation of the policy.

Q3a Activities to be taken to support the launch of the policy/practice/strategy /project/activity/service				
Action	Owner	Timeframe	Comment	Date Completed
The Board and the Board Support Team will review the processes for governance and administering Board business as part of the annual governance review.	Board Support Team	Annually – in line with the annual governance review.		March 2026

Q3b Activities to be taken during lifetime of the policy/practice/strategy /project/activity/service to monitor and evaluate actual impact.				
Action	Owner	Timeframe	Comment	Date Completed
Capture and store monitoring processes and use data captured to review current processes, identify gaps and improve and strengthen the processes.	Board Support Team	Annually - aligned to the annual governance review.	Aligned to the annual governance review however if, at any point, any outcomes are considered to have an impact on these arrangements a further review could be undertaken as required.	March 2026
Develop and provide a checklist guide to potential venue owners of requirements based on needs.	Board Support Team	Annually	Reviewed annually or as and when required.	March 2026
Log requests for alternate formats and assistance at Board/Committee meetings and action taken.	Board Support Team	As required		March 2026

Log the places Board/Committee meeting notices have been distributed, log any requests for attendance at meetings and/or note any issues arising during proceedings relating to equality.	Board Support Team	As/when Board/Committee meetings take place.		March 2026
Log the range of stakeholder/community groups involved in the ancillary activities taking place alongside Board meetings.	Board Support Team	As/when Board/Committee meetings take place.		March 2026
Consider compliments, comments and feedback on Board proceedings.	Board Support Team	Annually or as/when received.		March 2026

Concluding Part 3	Proceed to Part 4 - APPROVAL

PART 4 - APPROVAL AND RECORD

Approval and Record Stage 1

EHRIA Lead (at completion of process)

Group Commander Chris Casey, Board Support Manager

Colleagues and/or other partners involved in completing EHRIA

Heather Greig, Board Support Executive Officer

EDI Support Provided By

Parveen Khan

EDI Quality Assurance Provided By

Maggie Archibald (EDI Adviser) and Elaine Gerrard (EDI Manager)

Owner of Policy/practice/strategy /project/activity/service

Group Commander Chris Casey, Board Support Manager

Decision of Owner	Tick

Implement proposal with no amendments	

Implement proposal taking account of mitigating actions (as outlined above)	x

Reject proposal due to disproportionate negative impact on one or more of the listed characteristics	

Approval and Record Stage 2

If the Policy/Practice/Strategy/Project/Activity/Service is subject to a decision by a SFRS Board or Committee please record details here (EHRIA Lead and/or Owner).

Name of Committee/Board	Date Considered by Board/ Committee	Amendments to EHRIA requested? Yes/No	Confirm that Board/ Committee considered content of EHRIA in decision making process. Yes/No
SFRS Board	30 April 2026		

Approval and Record Stage 3

Date(s) EHRIA Amended	March 2026

Date EHRIA Completed		Date EHRIA Published	

Approval and Record Stage 4

Date EHRIA Reviewed	March 2026	Review Completed By	GC Chris Casey, Board Support Manager / Heather Greig, Board Support Executive Officer		
Action to be taken following review (Tick)					
Add new Review Date	March 2027	Amend EHRIA		Archive EHRIA	



Equality & Human Rights Impact Assessment (EHRIA) Template

This template must be used to record your EHRIA process and outcome.

PART 1 - BASIC INFORMATION AND ESTABLISHING RELEVANCE

Title of policy/practice/strategy/project/activity/service

SFRS Board Annual Performance Appraisal

EHRIA Lead at Commencement

GC Chris Casey, Board Support Manager

Date Commenced

16 March 2026

Q1a Explain the aims and intended outcomes of the policy/practice/strategy/project/activity/service

The aim is to ensure that all Board members are provided with the opportunity to participate in an appraisal review scheme. The Board appraisal process will be used by Board members and the reviewing manager (Chair of the SFRS Board) to assess performance and provide opportunity for meaningful discussion by focusing on both the achievement of objectives ('what' is done) as well as an appraisal of skills, knowledge, behaviours and competencies ('how' it is done). The appraisal process is a joint review and discussion between an individual and their reviewing manager to review performance over the last 12 months and set development opportunities and objectives for the forthcoming year.

It is intended to contribute to the continuous improvement of the public body's decision-making, effectiveness and performance.

It provides a standardised framework to plan and review individual performance and consider development opportunities.

The general principles are to:

- Provide new Board members with constructive feedback on an on-going basis throughout the reporting year. Other members are also entitled to ask for feedback during the year.
- Promote self-reflection on individual performance.
- Look forward, not just back, to ensure account is taken of the future needs of the

organisation, any learning and development identified and the aspirations of the Board member.

- Identify and discuss any performance-related issues as part of the on-going process of constructive feedback.
- Keep all appraisal documentation simple, focused and easy to use and completed during, or shortly after, the appraisal and signed by both parties.
- Provide assurance, by the Board Chair to the Sponsor Director/Deputy Director that Board member appraisals have taken place.
- Ensure a clear process is in place to resolve any instances where any irreconcilable differences occur between the Board Chair and Board member. In the first instance these issues should be referred to the Sponsor Director/Deputy Director.

Q1b Who will it affect and in what way?

All Board members will take part in the appraisal process and have the opportunity to input into that process.

Scottish Government by ensuring the public body delivers its functions effectively and efficiently in accordance with Ministerial aims, policies and priorities.

Q1c What risks or barriers might prevent the desired outcomes being achieved?

Failure to ensure that the overall process of Board performance appraisal review is fully followed and easily understood by all relevant Board members and Chair.

Lack of compliance to ensure that the general principles of performance appraisal reviews are fully implemented and appraisal reviews carried out.

Low compliance/engagement in the process. Appraisals being delayed, treated as a tick-box exercise or insufficient preparation by either party in relation to the process. These are considered to be low risk in the likelihood of occurrence.

Insufficient time and prioritisation given to the process due to diary pressures, leading to rushed or superficial conversations. This can be mitigated through routine diary management.

Q1d General Equality Duty

The policy/practice/strategy/project/activity/service will or is likely to influence SFRs ability to....

Eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010	☒
Advance equality of opportunity between people who share a characteristic and those who do not	☒
Foster good relations between people who share a relevant protected characteristic and those who do not	☒

Q1e If you have not ticked any of the boxes above then please give an explanation.

Q1f The policy/practice/strategy/project/activity/service will be or is likely to be relevant on the grounds of....

The Protected Characteristics <i>Protected characteristics as defined by the Equality Act 2010</i>	Yes/ Potential	No	Don't Know/Don't Have Enough Evidence
Age	☒	☐	☐
Disability	☒	☐	☐
Gender Reassignment	☒	☐	☐
Marriage and Civil Partnership (answer this only in relation to point a above)	☐	☒	☐
Pregnancy and Maternity	☒	☐	☐
Race	☒	☐	☐
Religion and Belief	☒	☐	☐
Sex	☒	☐	☐
Sexual Orientation	☐	☐	☒
Other relevant legislation/guidance Click on the links for further detail			
Care Experience	☒	☐	☐
Caring Responsibilities	☒	☐	☐
Gaelic Language	☒	☐	☐
Gender Identity	☒	☐	☐
Human Rights Act	☒	☐	☐
Island Communities	☒	☐	☐
Mental Health & Wellbeing	☒	☐	☐
Social and Economic Disadvantage	☐	☐	☒

Q1g If you have selected 'No' use this section to evidence why an impact assessment is not required.

Marriage and Civil Partnership is likely to have no impact as the proposal does not relate to employment policies, benefits or entitlements where this protected characteristic is specifically relevant under the Equality Act 2010. The change does not affect pay, leave, pension rights, working arrangements or any other provision where marital or civil partnership status could result in differential treatment. Nor does it alter access to services in a way that would distinguish between people who are married, in a civil partnership or not. As a result, there is no evidence or reasonable basis to suggest that the protected characteristic of Marriage and Civil Partnership is relevant to this proposal.

Concluding Part 1

Outcome of Establishing Relevance	Please Tick	Next Steps
There is no relevance on the grounds of the General Equality Duty and/or the listed characteristics	☐	Proceed to Part 3 Monitoring
There is relevance to some or all on of the General Equality Duty and/or the listed characteristics or the relationship is unclear at this stage	☒	Proceed to Part 2 Impact Assessment

PART 2 - IMPACT ASSESSMENT

Q2a What activities will be taken to complete the impact assessment process?				
Action	Owner	Timeframe	Comment	Date Completed
It is acknowledged that due to the small number of participants in the process there is no valid data set to identify prior patterns based on protected characteristics.				

Q2b Please outline how the policy/practice/ strategy/project/activity/service could potentially impact on the listed characteristics.	
Characteristic	Evidence
Age	Age is relevant to the appraisal process as it is often linked directly to an individual's experience and length of service. Therefore, to ensure that the appraisal process is fair and objective the process should be impartial and not biased on the basis of age – for example, assuming that older members are more efficient within their role and the contrary for younger staff. Focus on the values such as Respect and Integrity will ensure that all members are treated with integrity and fairness. This will help to meet our legal (and moral) obligations to advance equality of opportunity.
Disability	Reasonable adjustments will be considered and implemented to assist persons with disabilities to perform in their role as Board member.
Gender Reassignment	It is recognised that there may be absence issues with members associated in the transitioning process and again, all members should be treated fairly and not biased against someone because of their transgender status. It will be for the Chair of the Board to have some flexibility in this respect.
Marriage and Civil Partnership	Not relevant – see Part 1.
Pregnancy and Maternity	Arrangements will be made to ensure that any Board member who is on maternity leave has access to information and is able to participate in the process as appropriate to their period of leave.
Race	Cultural differences arising through race, nationality and ethnicity which may result in differences of opinion and/or misunderstanding through unconscious bias. In implementing the appraisal process the participants are referred to the conditions of their appointment and the Code of Conduct for expectations about professional standards of engagement and behaviour.
Religion and Belief	Religion and Belief should be considered if disclosed by Board members ensuring that appraisal review meetings are held in consultation with Board members so as not to impact on any religious or cultural events.
Sex	Sex is directly relevant as Board members experiences of the performance appraisal review process will be different based on their

	sex. There may be more male Board members than female Board members and these differences should be taken into consideration eg female Board member may not be comfortable having a performance appraisal review meeting whilst experiencing symptoms of the menopause and may need regular breaks or to reschedule.
Sexual Orientation	It is not envisaged that there will be any impacts in relation to the Performance Appraisal Policy and Sexual Orientation. Care should be taken to communicate information sensitively and not make assumptions about an aspect of sexual orientation unless an individual has disclosed their sexual orientation at work.
Care Experienced	Positive emphasis on focusing on the values of Respect and Integrity will ensure that all members are treated with integrity and fairness irrespective of whether they are care experienced or not. This will help to meet our legal obligations to advance equality of opportunity and fostering good relations.
Caring Responsibilities	The criteria used for appraisals must not directly or indirectly discriminate against any individual with caring responsibilities who have not been able to give time over and above the requirements of the role in the way that others might have been able to do. It will be for the Board Chair to have some flexibility in this respect.
Gaelic Language	The SFRS Board conducts its business in the English language. There is no evidence that would indicate that Gaelic language and culture would be relevant.
Gender Identity	Care should be taken to communicate information sensitively and not make assumptions about an aspect of gender identity unless an individual has disclosed this at work. The Chair should encourage open and inclusive conversations, the content of these will in terms of disclosure will remain in the domain of the individual.
Human Rights	Issues of sensitivity in the handling of personal information is covered by Data Protection Act obligations. The handling, storage and sharing of confidential records shall be conducted in line with the Data Protection Act 2018, the Access to Health Reports Act 1988, the Access to Health Records Act 1990 and the General Data Protection Regulation (GDPR) 2018.
Island Communities	Members living in island and remote communities on the mainland may have further to travel to attend meetings. Members will be given reasonable paid time to attend such meetings and flexibility to join remotely if appropriate.
Mental Health and Wellbeing	Mental Health and Wellbeing (MH&W) should be a key consideration during the performance appraisal review process. If a Board member is unable to participate due to poor MH&W then these need to be considered and support made available to ensure the appraisal review takes place at a pace that suits the individual's needs at the time. It is recognised that poor Mental Health can have an impact on an individual's overall performance in the work environment. The

	appraisal process has been structured and communicated in such a way to actively encourage meaningful dialogue and provide opportunity to raise concerns and identify appropriate support mechanisms. The Health and Wellbeing team can assist in providing support in situations where there is evidence that performance is being impacted by MH&W, particularly when work related. The Mental Health and Wellbeing Strategy and Mental Health Champions can provide support and guidance.
Social and Economic Disadvantage	It is not envisaged that there will be any impacts in relation to the Board member appraisal process and Social and Economic Disadvantage.
Other groups not listed above	

Q2c Summary, Evaluation and Conclusion of Impact Assessment

This process is likely to be relevant to the 3 parts of the general equality duty and to all protected characteristics identified in the Equality Act 2010. An individual Board member's location on an island may have personal impact for participating in the appraisal process but there is no broader island community impact that has been identified through the island impact assessment.

The robustness of a regular and cyclical performance appraisal serves to encourage an inclusive environment where members can be supported in a way which is fair and transparent and provides opportunities for personal development.

The overall aims, purpose and implementation of the Performance Appraisal Scheme are designed to eliminate discrimination and foster good relations and provide equal opportunities within the organisation which reflects the aims of the General Equality Duty. Board members will have regular feedback regarding their performance and are empowered to manage their own progress and future development as a result.

There is also the understanding that individuals with a protected characteristic may be disinclined to report or complain because they do not want to disclose their protected characteristic or their association with someone who has that protected characteristic. The appraisal process provides an opportunity for meaningful dialogue and the content of these will, in terms of disclosure, remain in the domain of the individual.

Code of Conduct

The Code of Conduct for Members of the SFRS Board (the Code) is enforced by an external body and was revised and approved by Scottish Ministers in December 2021. This has an impact on the SFRS Board members. Overall the Code is likely to have a neutral effect on the grounds of protected characteristics by seeking to maintain a standard of behaviour that is consistent across similar organisations and has the objective of promoting integrity, honesty and fairness in the actions of the Board.

The Code provides an opportunity to make a positive impact on the grounds of age, gender,

disability, sexual orientation, religion and belief, social and economic disadvantage and gender identity by supporting the Scottish Government's ambitions to improve the representation on public boards from these groups. This has a relationship with all elements of the General Equality Duty.

The performance appraisal process will be applied fairly, equitably and confidentially for all Board members and in line with the Model Code of Conduct for Board Members of the SFRS.

Concluding Part 2

Proceed to Part 3 – Action Planning

Part 3 - ACTION PLANNING AND MONITORING

This section will support the successful implementation of the policy.

Q3a Activities to be taken to support the launch of the policy/practice/strategy /project/activity/service				
Action	Owner	Timeframe	Comment	Date Completed
Appraisal review process is already in place.	Chair / Board Support Team	Annually		March 2026
Issue communication to Board members (purpose, timetable, roles, confidentiality and support routes).	Chair / Board Support Team	Prior to appraisal cycle commencing	Use accessible formats on request; include process overview and key dates.	April 2026
Provide briefing/guidance for the Chair on conducting appraisals (evidence-based, bias-aware, inclusive, reasonable adjustments).	Board Support Team / EDI / HR (as appropriate)	Prior to first appraisals	Include handling of confidentiality, disagreements/escalation route, and signposting to support (eg Safecall/Wellbeing).	
Schedule appraisal meetings and confirm practical arrangements (timing, location/remote option, accessibility and reasonable adjustments).	Chair / Board Support Team	Recommend at least 4–6 weeks before appraisal discussions	Build in flexibility for caring responsibilities, religious observance, menopause symptoms, disability adjustments, and remote/island travel.	April 2026

Q3b Activities to be taken during lifetime of the policy/practice/strategy /project/activity/service to monitor and evaluate actual impact.				
Action	Owner	Timeframe	Comment	Date Completed
Review and analysis of monitoring	Board Support	Throughout		March 2026

information detailed at Q2a above.	Team / Chair	reporting period.		
Feedback from Chair/Board members.	Board Support Team	Throughout reporting period.		March 2026
Review of the process as part of the annual review cycle.	Board Support Team	Annually		March 2026
Review EHRIA for difference between intended impact and actual impact of process	Board Support Team	Annually		March 2027

Concluding Part 3	Proceed to Part 4 - APPROVAL

PART 4 - APPROVAL AND RECORD

Approval and Record Stage 1

EHRIA Lead (at completion of process)

Group Commander Chris Casey, Board Support Manager

Colleagues and/or other partners involved in completing EHRIA

Heather Greig, Board Support Executive Officer

EDI Support Provided By

Parveen Khan

EDI Quality Assurance Provided By

Maggie Archibald (EDI Adviser) and Elaine Gerrard (EDI Manager)

Owner of Policy/practice/strategy /project/activity/service

Group Commander Chris Casey, Board Support Manager

Decision of Owner	Tick

Implement proposal with no amendments	

Implement proposal taking account of mitigating actions (as outlined above)	

Reject proposal due to disproportionate negative impact on one or more of the listed characteristics	

Approval and Record Stage 2

If the Policy/Practice/Strategy/Project/Activity/Service is subject to a decision by a SFRS Board or Committee please record details here (EHRIA Lead and/or Owner).

Name of Committee/Board	Date Considered by Board/ Committee	Amendments to EHRIA requested? Yes/No	Confirm that Board/ Committee considered content of EHRIA in decision making process. Yes/No
SFRS Board	30 April 2026		

Approval and Record Stage 3

Date(s) EHRIA Amended	March 2026

Date EHRIA Completed		Date EHRIA Published	

Approval and Record Stage 4

Date EHRIA Reviewed	March 2026	Review Completed By	GC Chris Casey, Board Support Manager / Heather Greig, Board Support Executive Officer		
Action to be taken following review (Tick)					
Add new Review Date	March 2027	Amend EHRIA		Archive EHRIA	

SFRS DRAFT BOARD FORWARD PLAN

Agenda Item 16

BOARD MEETING	STANDING ITEM	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
Special Board (Public)- 16 June 2026	- Chair's Welcome - Apologies - Consideration of and Decision on any items to be taken in Private - Declaration of Interests - Date of Next Meeting	<u>Standing/Regular Reports</u> <u>New Business</u>	<u>Standing/Regular Reports</u> <u>New Business</u>	<u>Standing/Regular Reports</u> <u>New Business</u>	<u>Standing/Regular Reports</u> <u>New Business</u> - Service Delivery Review
25 June 2026	- Chair's Welcome - Apologies - Consideration of and Decision on any items to be taken in Private - Declaration of Interests - Minutes - Action Log - Decision Log - Chair's Report - Chief Officer's Report - Committee Reports & RCG Approved Minutes - Risk Themes - Forward Plan - Date of Next Meeting	<u>Standing/Regular Reports</u> - Corporate Parenting Plan Annual Update <u>New Business</u>	<u>Standing/Regular Reports</u> - Resource Budget Monitoring Report - Capital Budget Monitoring Report - Quarterly Performance Report 2025/26 Q4 - Three-Year Delivery Plan Progress update Q4 <u>New Business</u> - Annual Employer's Liability Claim Update	<u>Standing/Regular Reports</u> <u>New Business</u>	<u>Standing/Regular Reports</u> - Debt Write Off 2024-25 <u>New Business</u>
27 August 2026	- Chair's Welcome - Apologies - Consideration of and Decision on any items to be taken in Private - Declaration of Interests - Minutes - Action Log - Decision Log - Chair's Report - Chief Officer's Report	<u>Standing/Regular Reports</u> ARAC Committee Annual Report to Board and Accountable Officer	<u>Standing/Regular Reports</u> - Resource Budget Monitoring Report - Capital Budget Monitoring Report - Quarterly Performance Report 2026/27 Q1 - Three Year Delivery Plan Progress update Q1 - Arrangements and Outcomes of Annual Review – Effectiveness of Board	<u>Standing/Regular Reports</u>	<u>Standing/Regular Reports</u> - Annual Performance Review 2025/2026 - Annual Procurement Report 2025/26

SFRS DRAFT BOARD FORWARD PLAN

BOARD MEETING	STANDING ITEM	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
	- Committee Reports & RCG Approved Minutes - Risk Themes - Forward Plan - Date of Next Meeting	<u>New Business</u>	<u>New Business</u> SFRS Working in Partnership 2025/26	<u>New Business</u>	<u>New Business</u>
29 October 2026	- Chair's Welcome - Apologies - Consideration of and Decision on any items to be taken in Private - Declaration of Interests - Minutes - Action Log - Decision Log - Chair's Report - Chief Officer's Report - Committee Reports & RCG Approved Minutes - Risk Themes - Forward Plan - Date of Next Meeting	<u>Standing/Regular Reports</u> - SFRS/Anthony Nolan Partnership Annual Report <u>New Business</u>	<u>Standing/Regular Reports</u> - Resource Budget Monitoring Report - Capital Budget Monitoring Report - Capital Budget Outturn Report 2025/26 - Resource Budget Outturn Report 2025/26 <u>New Business</u> - Draft Safety and Assurance Annual Report 2025/26	<u>Standing/Regular Reports</u> <u>New Business</u>	<u>Standing/Regular Reports</u> - Board Forward Plan Schedule 2027/28 - Draft Annual Report and Accounts 2025/26 (PRIVATE) <u>New Business</u>
17 December 2026	- Chair's Welcome - Apologies - Consideration of and Decision on any items to be taken in Private - Declaration of Interests - Minutes - Action Log - Decision Log - Chair's Report - Chief Officer's Report - Committee Reports - Risk Themes - Forward Plan - Date of Next Meeting	<u>Standing/Regular Reports</u> - HS Policy and Policy Statement <u>New Business</u>	<u>Standing/Regular Reports</u> - Resource Budget Monitoring Report - Capital Budget Monitoring Report - Quarterly Performance Report 2026/27 Q2 - Safety and Assurance Annual Report 2025/26 - Three-Year Delivery Plan Progress update Q2 <u>New Business</u>	<u>Standing/Regular Reports</u> <u>New Business</u>	<u>Standing/Regular Reports</u> <u>New Business</u>

SFRS DRAFT BOARD FORWARD PLAN

BOARD MEETING	STANDING ITEM	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
25 March 2027	- Chair's Welcome - Apologies - Consideration of and Decision on any items to be taken in Private - Declaration of Interests - Minutes - Action Log - Decision Log - Chair's Report - Chief Officer's Report - Committee Reports & RCG Approved Minutes - Risk Themes - Forward Plan - Date of Next Meeting	<u>Standing/Regular Reports</u> - Corporate Parenting Plan Annual Update <u>New Business</u>	<u>Standing/Regular Reports</u> - Resource Budget Monitoring Report - Capital Budget Monitoring Report - Quarterly Performance Report 2026/27 Q3 - Three-Year Delivery Plan Progress update Q3 <u>New Business</u>	<u>Standing/Regular Reports</u> <u>New Business</u>	<u>Standing/Regular Reports</u> - Resource Budget 2027/28 - Capital Programme 2025-2028 <u>New Business</u>