SCOTTISH FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING – SERVICE DELIVERY COMMITTEE

THURSDAY 4 JUNE 2026 @ 1000 HRS

CONFERENCE ROOM, EWDAB HEADQUARTERS,
2 KILBOWIE ROAD, CLYDEBANK G81 6QT / VIRTUAL (MS TEAMS)

AGENDA

1 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: TUESDAY 24 FEBRUARY 2026
(attached) — *T Wright*

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

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

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

7 COMMITTEE STATEMENT OF ASSURANCE 2025-2026*(attached)* — *T Wright*

The Committee is asked to approve this report.

8 SERVICE DELIVERY

8.1 Service Delivery Update *(attached)* — *A Watt*

8.2 Local Senior Officer Performance Overview - East and West Dunbartonshire and, Argyll and Bute *(verbal)* — *J McKay*

The Committee is asked to scrutinise these reports.

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

9 INSPECTIONS/AUDITS

9.1 Update from HM Fire Service Inspectorate *(attached)* — *HMFSI*

9.2 HMFSI Inspection Action Plan Update *(attached)* — *R Whetton*

The Committee is asked to scrutinise these reports.

10 SERVICE DELIVERY PERFORMANCE REPORTING

10.1 Quarterly Performance Report for Q4 2025/26 *(attached)* — *A Watt*

The Committee is asked to scrutinise this report.

11 SFRS COMPLAINTS ANNUAL REPORT 2024/25 *(attached)* — *C Wade*

The Committee is asked to scrutinise this report.

12 SFRS COMPLIMENTS ANNUAL REPORT 2024/25 *(attached)* — *C Wade*

The Committee is asked to scrutinise this report.

13 SERVICE DELIVERY RISK REGISTER

13.1 Risk Update Report *(attached)* — *A Watt*

The Committee is asked to scrutinise the attached report.

14 FORWARD PLANNING

14.1 Committee Forward Plan *(attached)* — *T Wright*

14.2 Items for Consideration at Future IGF, Board and Strategy/Information and Development Day meetings *(verbal)* — *T Wright*

15 REVIEW OF ACTIONS — *Board Support*

16 DATE OF NEXT MEETING

Tuesday 8 September 2026

Reports for Information Only:

- Thematic Station Audit Overview 2025-2026 *(attached)*

PRIVATE SESSION

17 SAFETY AND STANDARDS *(Presentation)* — *A Watt*

The Committee is asked to scrutinise this report.

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Agenda Item 5

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

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

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.

Agenda Item 6

SERVICE DELIVERY COMMITTEE – ROLLING ACTION LOG

SCOTTISH FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Background and Purpose

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

The status of actions are categorised as follows:

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

Actions/recommendations
Currently the rolling action log contains one action. A total of one of these actions have been completed.

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

Service Delivery Committee: 24 February 2026						
Minute Ref	**Action**	**Lead**	**Due Date**	**Status**	**Completion Date**	**Position Statement**
7.3	**Service Delivery Update**: The Committee requested that, once available, the consolidated thematic station audit report be submitted to a future meeting.	**CMcG**	**May 2026**		**June 2026**	**Complete (04/06/2025):** Report to be submitted to the 4 June 2026 meeting.

SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/08-26

Agenda Item: 7

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**4 JUNE 2026**							
Report Title:	**COMMITTEE STATEMENT OF ASSURANCE 2025/26**							
Report Classification:	**For Decision**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to present the annual Service Delivery Committee (SDC) Statement of Assurance 2025/26, outlining evidence of how the Committee supports the effective functioning of the Board.
2	**Background**
2.1	The Statement of Assurance was introduced to support the Board's overall approach to reviewing the effectiveness of its committee operating structure, and further to this feeds into the Service's Annual Governance Statement. The statement has evolved from previous Value Added Statements, in line with best practice, as outlined within the Scottish Fire and Rescue Service (SFRS) Good Governance Framework.
3	**Main Report/Detail**
3.1	A paper outlining the governance review arrangements for the Board and its Committees was approved at its meeting on 30 April 2026.
3.2	The annual Statement of Assurance of this Committee will be appended to the subsequent paper relating to the SFRS Annual Governance Statement which will, thereafter, form part of the SFRS Annual Report and Accounts.
3.3	Further information on the effectiveness of the Board and its Committees during the year of 2025/26 will be reported to the SFRS Board in July 2026.
4	**Recommendation**
4.1	The Committee is requested to approve the contents of the annual Statement of Assurance 2025/26 as set out in Appendix A and provide feedback as necessary.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Register** The Annual Statement of Assurance forms a key part of the Service's Assurance Framework, for which the risk appetite currently sits as Cautious and supports the mitigation of governance risk recorded within the corporate risk register.
5.2 5.2.1	**Financial** The SDC scrutinises and evaluates Service Delivery across Scotland with regard to Best Value.

5.3 5.3.1	**Environmental & Sustainability** There are no environmental and sustainability implications arising from this report.
5.4 5.4.1	**Workforce** The SDC scrutinises the resources and capabilities required for effective Service Delivery.
5.5 5.5.1	**Health & Safety** This report highlights the contribution towards improving the operational Health & Safety of frontline staff.
5.6 5.6.1	**Health & Wellbeing** There are no Health & Wellbeing implications arising from this report.
5.7 5.7.1	**Training** There are no training implications arising from this report.
5.8 5.8.1	**Timing** This report will support the SFRS Annual Governance Statement which will be presented to the Board as part of the Annual Report and Audited Accounts for 2025/26.
5.9 5.9.1	**Performance** Information contained within this report deems that there are no significant gaps in the performance of Service Delivery.
5.10 5.10.1	**Communications & Engagement** This report provides an opportunity for SDC members to review the contents and provide feedback prior to its submission to the Board on the arrangements for reviewing the effectiveness of the Board and its Committees.
5.11 5.11.1	**Legal** Production of this report is consistent with Scottish Fire and Rescue Service (SFRS) Committee arrangements and generally accepted principles of good corporate governance as described in the SFRS Good Governance Framework.
5.12 5.12.1	**Information Governance** DPIA completed ~~Yes~~/No. No DPIA was required for this paper as it contains no personal information.
5.13 5.13.1	**Equalities** EHRIA completed ~~Yes~~/No. If not applicable state reasons. Covered by the SFRS Corporate Governance Arrangements 2026 EHRIA.
5.14 5.14.1	**Service Delivery** This report highlights the effective contribution that the SDC provides within SFRS Board and Committee governance arrangements, in relation to Service Delivery.
5.15 5.15.1	**Prevention** There are no direct prevention implications arising from this report.
6	**Core Brief**
6.1	Not applicable.

7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Richard Whetton, Head of Governance and Compliance
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial/~~**Reasonable**~~/Limited/Insufficient~~
7.3	**Rationale:**	Effective governance arrangements relating to the Board and its Committees have been embedded in SFRS governance structures for a substantial number of years and are reviewed regularly. The annual Statement of Assurance allows for the Committee to outline evidence of its effectiveness.
8	**Appendices/Further Reading**	
8.1	Appendix A – Change Committee Annual Statement of Assurance 2025/26	

Prepared by:	Heather Greig, Board Support Executive Officer / Tim Wright, Chair – Service Delivery Committee
Sponsored by:	Tim Wright, Chair – Service Delivery Committee
Presented by:	Tim Wright, Chair – Service Delivery Committee

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 statement of assurance 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***
Service Delivery Committee	*04/06/2026*	*For Decision*	

APPENDIX A

Service Delivery Committee

Annual Statement of Assurance

2025/26

1 Purpose

The purpose of this statement is to give an overview of the value added and assurance sought by the Service Delivery Committee over the period April 2025 – March 2026, in its role as a Committee supporting the work of the SFRS Board. The statement forms part of the annual review of effectiveness of the Board and its Committees and is incorporated into the Service's Annual Governance Statement.

2 Background

The Service Delivery Committee was formed in April 2017 and serves to provide assurance to the Board, via the Chair of the Committee, on the ongoing safety, risk management, performance and quality management of business-as-usual operations. The Chair of the Committee reports directly to the Board with the minutes of Committee meetings presented at Board meetings, along with a verbal update report on Committee business. Additionally, the Chair is also a member of the Integrated Governance Forum which meets 4 times a year with the aim of co-ordinating Committee and Board work.

3 Summary of the Committee's Work

During the reporting period, the Committee has formally convened on 4 occasions and has continued to scrutinise the operational output of the Service and over the 12-month period has received and discussed papers on a wide range of operational subjects. The Committee continues its remit of visiting operational locations and meeting staff. This year has seen Committee meetings being held at Portlethen, Cambuslang and Ardrossan. The on-site meetings are particularly useful to Committee members as they provide opportunity to relate discussions to the reality of people, equipment and locations. Committee members value the time spent in discussion with operational staff members following these meetings.

The inclusion of a contribution from an LSO at each meeting has proven insightful and will, we believe, continue to develop as both the committee and the LSOs become increasingly familiar with possibilities this segment presents. The insight derived from local visits has been particularly useful to committee members during the period of the Service Delivery Review.

Our visit to Portlethen was a valuable opportunity to witness directly developments in training for decontamination procedures and experience the innovation and horizon scanning activities of the Service.

The Committee continues to actively work with colleagues to assist in the development of increasingly sophisticated reporting and monitoring mechanisms that track both outcome and activity of the service in meaningful and insightful ways

Specific examples of the Committee's wider work are:

- Insight to the early work the Service is taking as part of the Health Equity Scotland initiative.
- Scrutinising the impact of the Wildfire Strategy in practice across a particularly demanding season.
- Reviewing the evaluation of the Youth Volunteer Scheme.

4 Future Work Priorities of the Committee

The Committee continues to fulfil its Terms of Reference and provides scrutiny and oversight of key operational initiatives, alongside business-as-usual activities.

We progressively develop our agenda to allocate sufficient time to discuss and explore substantive agenda items and that we maintain a balance of scrutiny across our key areas of focus as set out in the Terms of Reference – specifically safety and risk reduction, quality assurance, benchmarking and standards, performance and outcomes, and horizon scanning.

These Terms of Reference were reviewed in February 2026 at the annual governance workshop.

5 Actions to Improve the Committee's Governance Arrangements

In order to exercise continual quality improvement of Committee business and increase knowledge and understanding of members, it is intended to:

- Continue to have the ability to privately debrief any issues of administration, presentation or governance following any meeting.
- To hold subject-specific workshops, as and when necessary, to ensure the development of understanding on key issues.
- Meet regularly with relevant directors to continue to ensure high-quality input and alignment to Terms of Reference.
- Actively seeks to enhance and develop the reporting and monitoring material available to it, notably in the context of new KPIs and indicators emerging from the new SFRS Strategy.
- Continue to contribute to the development of the assurance framework aligned closely to the Committees responsibilities
- Report matters as necessary to the Integrated Governance Forum for discussion amongst other Committee Chairs.
- Have a close working relationship with the Strategic Planning and Change Committee to ensure a joined-up approach on common areas of interest.

Tim Wright
Chair, Service Delivery Committee
June 2026

SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/09-26

Agenda Item: 8.1

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**4 JUNE 2026**							
Report Title:	**SERVICE DELIVERY UPDATE REPORT**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the Service Delivery Committee (SDC) with an update on relevant matters from a Scottish Fire and Rescue Service (SFRS) service delivery perspective.
2	**Background**
2.1	The overall purpose of SDC is to scrutinise and challenge the safety, quality and performance of service delivery across Scotland, providing assurance to the SFRS Board.
2.2	To support SDC in this role, this Service Delivery Update Report is presented by the Deputy Chief Officer at each meeting of the committee. This highlights key issues from an SFRS service delivery perspective.
2.3	For the purposes of the committee's role, and this update report, service delivery comprises SFRS' Service Delivery, and Training, Safety and Assurance Directorates.
3	**Main Report/Detail**
3.1	Each Service Delivery Update Report provides details to SDC of key issues across SFRS' service delivery. Although these updates are provided at each quarterly meeting of the committee, some issues are longer-term and will span beyond the immediate timescale being reported upon.
3.2	This report covers the period from February 2026 – May 2026 albeit as outlined in 3.1 above, some issues highlighted in Appendix A may precede this time period and/or extend beyond it.
4	**Recommendation**
4.1	The Committee is invited to scrutinise the detail provided in Appendix A of this report.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** A specific Service Delivery Risk Register is also provided to each meeting of SDC, which complements this update report.

5.2 5.2.1	**Financial** Any financial implications associated with this report will be considered by the Strategic Leadership Team and SFRS Board where this is out with the normal budgetary arrangements for the Service Delivery, and Training, Safety and Assurance Directorates. Where appropriate, this will be done through the Service's Business Case process.
5.3 5.3.1	**Environmental & Sustainability** Although there are no direct environmental or sustainability implications associated with this report, SFRS is committed to protecting the environment from a service delivery perspective.
5.4 5.4.1	**Workforce** Any workforce issues arising from matters outlined within Appendix A are managed in accordance with normal SFRS protocols in this regard.
5.5 5.5.1	**Health & Safety** Any health and safety issues arising from matters outlined within Appendix A are managed in accordance with normal SFRS protocols in this regard.
5.6 5.6.1	**Health & Wellbeing** Any health and safety issues arising from matters outlined within Appendix A are managed in accordance with normal SFRS protocols in this regard.
5.7 5.7.1	**Training** Specific details in relation to operational training are contained within Appendix A.
5.8 5.8.1	**Timing** This report covers the period from Feb 26 to May 26, where appropriate, the period prior to and following this.
5.9 5.9.1	**Performance** A specific Service Delivery Quarterly Performance Report is also provided to each meeting of SDC, which complements this update report.
5.10 5.10.1	**Communications & Engagement** Where appropriate, issues highlighted within Appendix A are communicated internally and externally.
5.11 5.11.1	**Legal** Any legal issues arising from matters outlined within Appendix A are managed in accordance with normal SFRS protocols in this regard.
5.12 5.12.1	**Information Governance** DPIA completed Yes/No. If not applicable state reasons. A Data Protection Impact Assessment is not required as no personal information has been used in the creation of this report.
5.13 5.13.1	**Equalities** EHRIA completed Yes/No. If not applicable state reasons. A specific Equality Impact Assessment is not required for this report, albeit these will have been undertaken where appropriate for relevant issues highlighted within Appendix A.
5.14 5.14.1	**Service Delivery** This report provides an update to SDC on service delivery related matters.

5.15 5.15.1	**Prevention** This report provides an update to SDC on Prevention related matters.	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Andrew Watt, Deputy Chief Officer
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited/Insufficient~~
7.3	**Rationale:**	Due to the breadth and depth of activity being undertake across the Service the Deputy Chief Officer can offer the Committee reasonable level of assurance that SFRS is fulfilling its statutory duties and meeting the commitments as set out within the Strategic Plan.
8	**Appendices/Further Reading**	
8.1	Appendix A – Service Delivery Update Report	

Prepared by:	Operational Delivery, PPP and Training, Safety and Assurance Directorates
Sponsored by:	Andrew Watt, Deputy Chief Officer
Presented by:	Andrew Watt, Deputy Chief Officer

Links to Strategy and Corporate Values

This report supports the SFRS Objectives of *Prevention*, *Response* and *People*, and all four Values of *Safety*, *Teamwork*, *Respect* and *Innovation*.

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
Service Delivery Committee	*04/06/2026*	*For Scrutiny*	

APPENDIX A

SERVICE DELIVERY UPDATE REPORT

SAFETY AND RISK REDUCTION	
OPERATIONAL DELIVERY DIRECTORATE	
OPERATIONS	
Item	**Commentary**
National Fire Resilience Scotland (NFRS)	Across the reporting period, activity has remained strongly focused on reducing risk associated with specialist operational capabilities. The Detection, Identification and Monitoring (DIM) Implementation Programme continues to mitigate risk through the planned replacement of ageing equipment, confirmation required inventories, and the establishment of a formal project structure to control delivery. Significant risk reduction has also been achieved in other national capabilities. Urban Search and Rescue (USAR) risks linked to Trench Rescue and Line Access and Casualty Extrication (LACE) capability have recently been identified and is being addressed through governance-approved options modelling, aimed at reducing statutory and operational exposure. Water Rescue availability risk has been reduced through the implementation of updated business rules, while Command Support Unit (CSU) risk continues to be actively managed through the response model review and preparatory work toward fleet replacement and procurement governance. Overall, risks are recognised, owned, and being actively mitigated, with escalation routes clearly aligned to governance structures and the emerging Capability Strategy.
Innovation and Performance Management: Operational Delivery Risk Register (ODRR)	The Operations Risk Register currently contains 14 risks. Of these, 4 are considered high risk and have been escalated to the ODRR and detailed above. The Operations Risk Register was updated and reviewed at the Performance Management Meeting on the 19th of March 2026 and each risk is being actively managed by the owner, reviewed by senior management and has appropriate mitigation in place to reduce the risk until it can be closed.
On Call Improvement Team: OCAARS	The On-Call Appliance Availability Resilience Scheme (OCAARS) was presented as a proposed national mechanism to support appliance availability to the On Call Strategic Coordination Group. The model prioritises the use of On-Call personnel, supplemented by Wholetime volunteers where required. Discussions considered key factors including governance arrangements, fairness and consistency of application, compliance with Working Time Regulations, cost controls, and the relationship with previous bank-working approaches. Trade union engagement and positions were noted. It was agreed that OCAARS should be implemented as a short- to medium-term resilience measure, rather than a substitute for ongoing recruitment activity, and supported for introduction on an interim 12-month basis, subject to formal review. The scheme will be presented at the next Operational Delivery DMT.

On Call Improvement Team: Safe Crewing GIN	The Safe Crewing Levels GIN has progressed through governance and was approved at the Operational Delivery DMT. Approval was granted on the provision that further detail be incorporated into specific sections of the guidance to provide additional clarity on roles and responsibilities. These amendments are now being finalised. A period of final engagement with representative bodies will take place prior to publication, which is anticipated in May.
SERVICE DELIVERY AREAS	**National**
Item	**Commentary**
Partnership Working	Glasgow is strengthening community and workforce safety through the *Take Charge Glasgow* campaign, delivered in partnership with Glasgow City Council, addressing increased risks of battery and vape-related fires within waste infrastructure. The campaign promotes correct disposal of lithium-ion batteries, vapes and small electrical devices through retail and household recycling points, with the aim to protect refuse workers, emergency responders and public assets. Midlothian, East Lothian and Scottish Borders (MELSB) are involved in a Partnership Approach to Water Safety (PAWS), addressing diverse coastal and inland risks. Joint patrols, community engagement and targeted safety messaging are delivered with partners and local water user groups, including work with vulnerable communities, to support prevention, reduce risk. East and West Dunbartonshire, Argyll and Bute (EWDAB) placed a focus on CPR and Trauma Awareness in rural communities working with: NHS partners, local GP services and Coastguard volunteers to equip Isle of Coll residents with essential lifesaving skills for time-critical emergencies. The initiative strengthens community resilience in remote settings, supports early intervention where response times are extended, and aligns with Argyll and Bute priorities to build safer, healthier communities Falkirk and West Lothian (FWL) - Partnership work continues with Forth Valley College through the ACE Group programme, which supports young adults aged, 18–24, in West Lothian by building employability skills, confidence and community safety awareness. The initiative provides hands-on operational experience supporting early intervention and improved wellbeing for young people
Health & Safety	Engagement days and development sessions covering Health & Safety & TASS input were delivered in a number of Local Senior Officer (LSO) areas, including Highland, MELSB, FWL & Lanarkshire, these inputs have strengthened local ownership. In CFS this resulted in a marked improvement in performance, with TASS closure rates increasing from 44% (Q3) to 67% (Q4) and investigation times significantly reduced, with most near miss and vehicle incidents closed within two weeks. Whilst, MELSB reporting events being closed quicker and completed to a higher standard. East Renfrewshire, Renfrewshire and Inverclyde (ERRI) completed a structured review of Safety, Standards and Performance, resulting in a

	draft ERRI LSO Area Action Plan – Safety, Standards and Performance, focused on embedding safety as routine business rather than reactive practice. Additionally leadership expectations around professional challenge, psychological safety, and learning conversations are being reinforced through the ERRI Leadership Development Strategy. This supports firefighters and supervisory managers to contribute to safer decision-making, improved communication, and continuous learning following incidents and training activity.

QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS	
OPERATIONAL DELIVERY DIRECTORATE	
OPERATIONS	
Item	**Commentary**
National Fire Resilience Scotland (NFRS)	There has been sustained progress in embedding assurance and standards across capabilities. Year 1 Capability Assurance Programme (CAP) activity for DIM, Hazmat and Water Rescue has been initiated and aligned to national SNUG planning, reinforcing consistent performance assessment and evidence-based improvement. Benchmarking activity has been strengthened through engagement with National Fire Chief Council (NFCC), National Resilience Assurance Team (NRAT) exercising, and visits to other UK Fire and Rescue Services (FRS) (e.g. Lancashire FRS and West Yorkshire FRS) to inform response models, fleet specification, and assurance expectations. The review and publication of the Tactical Advisor GIN represents a notable quality improvement, delivering clearer standards, improved governance, and enhanced national consistency. Learning from national exercising has also highlighted future resource and budget pressures associated with maintaining assurance standards, enabling proactive consideration of sustainability rather than reactive response.
Innovation and Performance Management: His Majesty's Fire Service Inspectorate (HMFSI)	The Operations Function has addressed and closed all previous HMFSI recommendations. Actions are expected following the HMFSI audit in the North Service Delivery Area. These are currently being managed by the relevant Action Plan Owner through existing governance processes.
On Call Improvement Team: Migration Evaluation	The review of the 2025 On-Call to Wholetime Migration has now been completed, with findings presented to the On-Call Strategic Coordination Group. The evaluation confirmed that Migration remains a valid progression pathway from On-Call to Wholetime; however, challenges were identified, including candidate preparedness, consistency of endorsement, course duration constraints, and the impact on On-Call availability, particularly where dual contracts are in place. It was also reaffirmed that Migration should be positioned as a recruitment and retention incentive for the On-Call duty system, rather than a solution to Wholetime workforce pressures. It was agreed that a short-life working group will be established to further review the findings and develop

	recommendations, alongside improving communication to better manage expectations for future Migration campaigns.
SERVICE DELIVERY AREAS	**National**
Item	**Commentary**
Testing & Exercising	Within EWDAB Exercise Hollow Mountain was delivered at the Cruachan site on 4 March 2026 as a tabletop exercise hosted at Drax Cruachan. The exercise was well attended, with participation from site representatives, blue light partners, the Local Authority, NHS, HSCP, and SEPA. Feedback has been requested from all participants by the end of March 2026. Exercise Shopboard was delivered on 25 February in partnership with Counter Terrorism Policing and Argyll & Bute Council as part of a national Police Scotland programme to strengthen multi-agency preparedness for terrorist incidents. The exercise enhanced shared understanding of roles, improved coordination, and reinforced effective joint working, supporting continued inter-agency collaboration and organisational learning Exercise Mini Roll in Dumfries & Gallow (D&G) was a Level 2 RTC exercise involving SFRS, PS, SAS, and NHS, designed to test multi-agency coordination, extrication techniques, decontamination, and scene management under realistic conditions. Valuable learning was provided for crews and partners.
Station Standards and Assurance	Station audit activity continues to strengthen assurance and consistency; with several LSO areas adopting reduced notice or unannounced approaches. City of Glasgow delivered unannounced Wholetime station audits to provide an accurate picture of performance competence and compliance. Similar audit learning focused approaches are evident in Perth, Kinross and Dundee (PKAD), Highland and ERRI, where audit outcomes are being used to share good practice and direct focus. Common improvement areas remain record-keeping PDR Pro usage, equipment testing and PPE storage constraints, all of which are being addressed through targeted follow-up activity.
Leadership and Staff Development	Targeted leadership & supervisory development has been delivered across several LSO areas to reinforce expectations around safety, standards and performance. In EWDAB, a Station Commander development session responded to workforce turnover by refocusing leaders on priorities, responsibilities and standards. Those looking for promotion in Lanarkshire have been supported by a Career Progression Guidance document. ENSA introduced a structured leadership programme for all supervisory officers, with additional voluntary sessions for those preparing for progression. Further initiatives in MELSB, CFS and Lanarkshire include supervisory workshops, appraisal training and development logs, strengthening leadership capability, performance management confidence and succession planning.

Engagement and Performance Culture	ERRI has developed and is delivering a structured engagement programme for Watch Commanders, setting out current performance baselines, identified gaps and future expectations, with a strong focus on leadership behaviours and learning from audits and debriefs. Similar engagement approaches are evident within Aberdeen City, Aberdeenshire and Moray (ACAM), City of Edinburgh (CoE) and FWL, where increased management visibility, regular face-to-face engagement and structured feedback mechanisms are being used to improve consistency, reinforce standards and embed a more confident, learning-focused performance culture at station level.

PERFORMANCE AND OUTCOMES	
OPERATIONAL DELIVERY DIRECTORATE	
OPERATIONS	
Item	**Commentary**
National Fire Resilience Scotland (NFRS)	Performance outcomes across the period demonstrate tangible progress against strategic objectives. The DIM Programme has delivered contract awards, equipment receipt, project governance, and cost efficiencies that enabled procurement of additional full capability sets of equipment, supporting improved response and resilience. Vehicle build and configuration activity remains on track, supporting operational readiness improvements. The USAR Options Model has progressed through governance and received SDB endorsement, providing a clear, evidence-led direction for future capability delivery. Water Rescue improvements have moved from policy into operational reality, with revised business rules now live and supported by assurance findings. At a strategic level, the development and engagement on the Capability Strategy has provided a unifying framework for improving outcomes across all specialist capabilities, helping to prioritise effort, manage competing demands, and support consistent service delivery.

HORIZON SCANNING	
OPERATIONAL DELIVERY DIRECTORATE	
OPERATIONS	
Item	**Commentary**
National Fire Resilience Scotland (NFRS)	There is an anticipated increase in demand linked to Service Delivery Review outcomes, Commonwealth Games preparedness, and ongoing national exercising expectations, all of which will place additional pressure on limited project management capacity. The Capability Strategy Proposal is positioned as the primary mechanism to manage these horizon risks; providing clarity on priorities, aligning

	funding and assurance activity, and supporting sustainable delivery of statutory and national resilience capabilities.
Innovation and Performance Management: Uncrewed Aircraft System (UAS)	The team continue to progress the introduction of an Uncrewed Aircraft System (UAS) capability within SFRS, with the project moving from early exploration into structured planning. Governance papers have progressed through the Design Assurance Forum (DAF) and Change Portfolio Investment Group (CPIG). A phased approach has been developed to support a controlled operational trial, providing a practical route to introducing the capability. The team continue to develop the core governance and assurance required, including policy, procedures, data management, equality and human rights assessments, and support to procurement. Engagement with key partners continues to inform development. Police Scotland have provided technical input and demonstrations, and a Memorandum of Understanding is close to completion. The team has also engaged with the University of the West of Scotland, with wider partner engagement supporting best practice. Pilot training has commenced, with four personnel undertaking CAA-recognised qualifications. Work is also ongoing to identify a sustainable training approach The project is now entering a key stage, with the progression of a Strategic Leadership Team (SLT) Paper and Business Case looking for decision and support for progression to an operational trial.
Innovation and Performance Management: BA Set Procurement:	The team continue to assist in the progression of this workstream as active members of the User Intelligence Group (UIG) and have completed the Set, Telemetry and Cylinder PUWER Assessments, and Stage 1 of the PPE assessment which have been shared with colleagues in Health & Safety and Assets. We are working with the wider Operations Function to ensure their guidance informs the related specification and procurement documents. The UIG has progressed to focusing on the trial and evaluation stage which may require further Operations Function involvement.
Innovation and Performance Management: Operational Welfare	Supported the Policy and Procedure team to plan and deliver a national Operational Welfare Workshop in the Henderson Auditorium on 29 January. The event brought together colleagues from across all functions and service delivery areas to share current practice and identify opportunities to improve the safety and wellbeing of staff at incidents. The workshop generated clear short, medium and long term priorities, with the most significant outcome being the establishment of a new cross functional working group to take forward delivery, ensure consistency of approach, and drive ongoing improvement across the Service.
Operations Frontline Support –	The Frontline Support Team are leading with the support of the Clinical Working Group, to develop a strategy to support the standardisation of

Standardisation of Trauma Kits	SFRS Trauma Kits. Whilst storage of his equipment is now standardised within the Trauma bags, the kit in use is in some cases still legacy service equipment
Operations Frontline Support- Enhanced Trauma Kits	Enhanced stop the bleed kits, which consists of Tourniquets', blast bandages and chest seals. This has been undertaken with the support of the Clinical Working Group, Asset Management, Training and representative Bodies. Full completion of the project is expected to be around March 2026.
Operations Frontline Support- Wildfire	The Frontline Support Team are continuing to facilitate the implementation of Phase 1 of the SFRS Wildfire Strategy. The Team have developed all EIC's and VIC; s along with the completion of PUWER assessments. Two additional stations at Thurso and Lockerbie have been added and will be able to deploy additional leaf blowers to wildfire incidents.
Operations Frontline Support- Smoke Hoods	The Frontline Support Team have been involved in reviewing the policy on the use of smoke hoods following feedback received from LSO Area and Operational Assurance. The team reviewed current stowage and deployment processes in collaboration with the BA Practitioners Group and Asset Management. Training are currently progressing a paper through the Operations Function governance structures, proposing changes to existing practices. The Frontline Support Team are now at an advanced stage, with the new policy and procedure nearing readiness to go live.
Creation on the Operations Delivery Liaison Forum	The Scottish Fire and Rescue Service has progressed the development of the Operational Delivery Liaison Forum to strengthen engagement between frontline operational delivery, specialist functions, and service-wide governance structures. The forum has been established to provide a consistent and structured platform for discussing emerging operational issues, sharing learning, and supporting the efficient development and implementation of policy, procedures, and operational change. By enabling early engagement with operational representatives and key stakeholders, the forum supports more informed decision-making and ensures that frontline experience and assurance feedback are effectively captured. This approach promotes greater transparency, improves alignment between strategic intent and operational delivery, and enhances the Service's ability to respond to risk, assurance findings, and evolving operational requirements.
Operational Policy and Procedure	The Operational Policy and Procedure team continue to progress a range of policy development and improvement workstreams supporting firefighter safety, operational preparedness, organisational learning and service-wide consistency.
Policy Development Operational Learning and Horizon Scanning	The Incidents Involving Animals Manual and Operational Procedure have been issued for familiarisation, with the Large Animal Rescue capability due to go live on 1 May 2026. This provides SFRS with a more structured

	and proportionate response to incidents involving animals, supported by revised policy, training and equipment. Work has continued to progress the Operational Welfare and Relief Strategy following the national welfare workshop. Feedback has been issued to attendees and volunteers are being sought to support the establishment of a Welfare Working Group. This workstream continues to align with organisational learning themes and the Fire Contaminants SOP, particularly in relation to welfare provision, rest and recovery, decontamination and crew relief arrangements. The team continue with the Document Conversion Project, ensuring operational guidance is reviewed, adapted and transferred into the revised iHub structure. This supports the wider move towards clearer, more accessible point-of-need guidance for operational personnel. The CivTech/Braidwood digital Analytical Risk Assessment workstream has progressed into Beta phase trials, with continued operational support being provided to testing, user engagement and feedback. The team have also continued to support Guardian Fire rollout activity and wider digital incident ground information developments.
Flexi Duty Officer (FDO) Review	CST are awaiting confirmation of the Terms of Reference for the forthcoming FDO review. This review will encompass all aspects of the FDO cadre.
Health and Wellbeing (HW) Support	CST is continuing to provide administrative support to HW Recovery/ BAU. This support was originally agreed to take place until September 2025, however it is now recognised to be required as part of BAU.

SERVICE DELIVERY COMMITTEE HIGHLIGHT REPORT – PREVENTION

SAFETY AND RISK REDUCTION	
CSE	
Item	**Commentary**
Continuous Professional Development (CPD)	A CPD Hoarding Event was delivered on 26 March due to an increasing amount of evidence from SFRS staff and partners that hoarding is on the increase. SFRS had six guest speakers who are experts in their field along with a member of SFRS staff who delivered a case study. The event was attended by over 100 staff and guests. The discussions on the day increased staff awareness, improving confidence with interacting and dealing with hoarders, and strengthening how we work together across partner agencies.
Safety House	Over the Q4 period 72 partner agency staff attended SFRS HQ and received Risk Recognition training. The visit also involved attending the Safety House where staff talk through the various risks associated with fire and unintentional harm. Partners included; University of Stirling, Hillhead Housing, Ayrshire College (fireskills), Deafblind Scotland. Glasgow City Council and STV also utilised the Safety House for promotion of their Lithium Battery campaign.
Lithium Ion Battery (LiB) Digital Media	Prevention staff worked with STV creative to create a LiB video which can be used to support LiB safety messaging. The asset will be available to use by all SFRS staff and promoted via SFRS social media channels.
Fire Retardant Bedding	£26,250 of fire retardant bedding was purchased and distributed to LSO Areas for use during HFSVs. A new contract has been awarded to supply fire retardant bedding to SFRS staff. The contract will be in place for a three-year period.
Youth Volunteer Scheme (YVS)	YVS Wick was supported through their closure. Locally a residential trip to Aviemore was arranged to celebrate the scheme. Equipment and resources are stored locally in the Highland area until a new area is identified. Due to station requirements, YVS Kilmarnock and Kilwinning have merged into YVS Ayrshire until a new location within the area is identified. Support has been given to YVS Dundee during their volunteer recruitment phase with training to be delivered next quarter. To support with new scheme launches within 26/27, refreshed YVS photographs were taken with the help of YVS Dumbarton. The photos can be used for future reports, media and recruitment campaigns. A working group was established to carry out the work required for the YVS National Games to be held 5 August 2026. The CSE team have been organising and developing challenges, completing risk management and engaging with colleagues across the Service to

	accelerate the planning. Engagement with local scheme coordinators and supporting YVS units with planning and arrangements will begin next quarter.
CPR/SALFS	Save a Life for Scotland (SALFS) have confirmed Scottish Government will receive £2.5 million to increase defibrillator provision in areas of inequality including urban deprivation and rural communities, and to support a three-year programme of work to help local communities improve survival from out of hospital cardiac arrest. This funding supports the CARE Zones approach, helping communities respond quickly and confidently to OHCA where early CPR and defibrillation can dramatically increase survival. Around £1 million will go towards defibrillators and equipment, with the remaining funding supporting the development and delivery of the wider CARE Zones strategy. Through the OHCA Strategy Group, SFRS was requested to support with the appropriate identification of de-fib locations, pad placements, promoting the Good Sam campaign and CPR Awareness sessions. Two areas have been identified; Inverclyde and East Lothian, and work is progressing. **Education Resources** A Schools' formal workshop program was developed, piloted and launched which ties in with the Curriculum for Excellence: • Early Level (Nursery and P1) Bright Sparks: People who help us • First/Second Level Museum Investigators Workshops • First Level (P2-4) Water, Water Everywhere • First/Second Level (P4-7) Object Detectives. These are formal pre-booked workshops with dedicated delivery from the MoSFH Heritage Education and Outreach Officer, and MoSFH Education Volunteers; these include a museum visit, bespoke hands-on activities, are Curriculum for Excellence linked and classes can have the opportunity to visit McDonald Road Fire Station.
PROTECTION	
Item **Fire investigation – Li-battery Research**	**Commentary** The Lithium-ion (Li-ion) Battery Fire Research and Operational Learning Partnership, led by SFRS with the Faraday Institution, Newcastle University, SEPA, Police Scotland and the Scottish Ambulance Service (SAS), is strengthening the evidence base on Li-ion fire behaviour and turning that into safer operational, investigative and regulatory practice. It supports quality assurance, benchmarking and standards through repeatable tests and comparable evidence that validate methods and align decision making. During the testing week of 16–20 February 2026, controlled burns and impact tests supported Volatile Organic Compounds and fire gas analysis, improved post-incident interpretation, and enabled SEPA to validate field monitoring equipment in real time, supported by the Minerva carbon capture system at Portlethen. Wider partner observation (including Police Scotland CID, SAS and SFRS operational crews) improved hazard awareness, scene safety and consistent tactics,

	supporting safety and risk reduction and informing future training, guidance and public information.
HSE Explosive Licence information	Procedure agreed with OI to capture all explosive licence information received from HSE. This will ensure that operational personnel are aware of the potential presence of explosives when attending incidents.
PREPAREDNESS	
Item	**Commentary**
SFRS Statement of Preparedness (SFRS RPA process)	SFRS Statement of Preparedness for SFRS internal RPA process presented to SLT for approval. The RPA process was initiated to assess SFRS's preparedness against the UK Government's National Security Risk Assessment (NSRA). The Statement of Preparedness provides a comprehensive overview of current capabilities, identifies gaps, and outlines 33 targeted recommendations for improvement. The RPA Strategy set out a structured methodology for risk identification, assessment, and mitigation.
Community Asset Register (Resilience Direct)	A full compliance audit of the CAR has been completed to ensure that all volunteers/voluntary groups meet updated governance and assurance standards. This included confirmation of signed Minutes of Agreement (MOA), valid certifications and insurance where applicable, and the accuracy of all records. The CAR is now accessible via ResilienceDirect, significantly enhancing visibility and situational awareness for Category 1 and, where appropriate, Category 2 responders.
Domestic Premises Risk Information (DPRI)	The Operational Intelligence Team are progressing the development and introduction of Domestic Premises Risk Information (DPRI). This initiative will enable the provision of relevant, accessible risk information to operational crews when responding to incidents within domestic settings, supporting enhanced situational awareness. DPRI will bring together risk information from a range of sources, including legacy Site Specific Information (SSI), Home Fire Safety Visits, and Community Operational Intelligence gathered in partnership with external agencies. By consolidating these datasets, DPRI will deliver a more cohesive and structured approach to capturing and presenting operational intelligence. The product will categorise risk information to address known hazards and vulnerabilities, including person specific needs (e.g. mobility, medical conditions), civil and social factors, and building specific characteristics. The introduction of DPRI represents a significant step forward in the Service's operational intelligence capability, delivering a more integrated, efficient, and risk-informed approach that enhances firefighter, partner, and public safety, while complementing existing OI products for commercial premises and emerging risks.

QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS	
CSE	
Item	**Commentary**
Research	Two Master students from the University of Liverpool are working with SFRS to conduct interviews with staff delivering Fire Safey Support and Education (FSSE) to provide a deeper understanding and learning of how the intervention is intended to work in practice, perceived effectivities, barriers to delivering and areas for improvement. Much of the outcome data required to evaluate the effectiveness of this intervention is held by external agencies and is not routinely accessible to SFRS. Interviews to progress during next quarter.
Safeguarding	LSO Area Safeguarding Quality Assurance visits took place via MS Teams. Strengths identified include: • Many AP1 and CPW referrals are timely, detailed, and clearly articulate risk. • Partner feedback in several LSO areas identified Fire and Rescue Service referrals as among the strongest received. • Improved confidence in submitting repeat referrals where risk persists. Recurring issues highlight missing details, inconsistent standards, and hoarding assessments tools not used correctly. A report has been submitted to April CSE FMT outlining highlights and areas for considerations.
Heritage: Museum of Scottish Fire Heritage	The Museum of Fire was awarded a Five-Star rating from the Association of Scottish Visitor Attraction (ASVA). A mystery visit was carried out on Thursday 12 March with no prior notice of when the visit would happen. The museum scored 91% out of 100%. The outcomes of this report are as a result for the fantastic work of staff and volunteers, who have implemented several changes and additions over the past year. In May 2025 the Museum of Scottish Fire Heritage was nominated for 'Most family friendly museum' award by Kids in Museums Organisation.
PROTECTION	
Item	**Commentary**
Portlethen Live Burn 2026	In Q4, the scheduled live burn on 26 March 2026 provided a high-quality, controlled learning event for partners. It enabled multi-agency teams to work together in realistic conditions, test and validate investigative approaches, and capture consistent learning and evidential outputs to support competence and standardisation. Importantly, the exercise strengthened quality assurance, benchmarking and standards by using agreed scenarios and known outcomes to compare practice, calibrate decision making and reinforce consistent evidential approaches across agencies. It also strengthened interoperability and professional relationships and supported the development of more complex joint training scenarios (including organised crime and illicit drug laboratory simulations) for future delivery.

Fire Investigation Fire Standard Review	During 2025/26, SFRS provided direct professional input to the review of the NFCC Fire Investigation Fire Standard (FSD PRO02) through participation in the NFCC Fire Investigation Fire Standard Periodic Review Working Group. Contributions were grounded in Scottish operational learning, fatal fire reviews, partnership working through Portlethen, and research into emerging risks such as lithium-ion battery fires and complex multi-agency investigations, with a focus on governance, workforce competence, learning, collaboration and support to justice processes. This work was progressed through NFCC governance routes and ensured Scottish learning was reflected in national fire investigation standards.
LSO input sessions	Two input sessions were provided for fire safety enforcement line managers to ensure required standards of LEDP submission are achieved. Previous quality has meant that it is difficult to gain a true understanding of performance within LSO teams. Two addition “mop-up” sessions provided for personnel regarding the Immediate Issue Prohibition Notice procedure and books. This session captured staff that we were unable to attend the initial rollout of the new procedure.
Internal QA session	Three sessions held for the Protection Function team to ensure consistency in approach when quality assuring statutory notice submissions.
CPD	Three fire engineers attended an important week-long CPD event held at Liverpool University ensuring that their knowledge and skills are being maintained and they are up to date with all current and future deployments in the Fire Engineering Sector.
PREPAREDNESS	
Item	**Commentary**
SRP Validation & Assurance Framework	SRP National Baseline Survey submitted on behalf of SFRS. The baseline represents an essential foundation for collective partnership work. It will help build a clear picture of current governance, preparedness, response readiness, and recovery arrangements across Local Resilience Partnerships (LRPs), and Regional Resilience Partnerships (RRPs). Establishing this shared starting point is critical to ensuring that future assurance activity is proportionate, evidence-based, and focused on improvement.
Op Unicorn Walkthrough	The Resilience Team tested SFRS Op Unicorn plan at a multi-agency Op Unicorn – Scotland Walkthrough. The aim of the exercise was for partners to walkthrough and test their plans and readiness for Operation Unicorn, ensuring a shared understanding of plans and partner roles and responsibilities. The session will consider demise taking place at various locations providing a holistic overview of activity across locations throughout the programme.

OI Risk Based Identification Scoring Form Development	The Risk Based Identification Scoring Form developed using the Analytical Hierarchy Process (AHP) is a structured, evidence-based decision-support tool designed to consistently identify and prioritise risk across the operational landscape. It breaks down complex risk considerations into clearly defined criteria and sub-criteria aligned to the risk criteria framework adopted by the National Fire Chiefs Council (NFCC) within the Provision of Risk Information System (PORIS). Through facilitated workshops, subject matter experts applied pairwise comparisons to determine the relative importance of each criterion, with responses captured via MS Forms to ensure transparency and consistency. These weighted criteria are then combined to generate an overall risk score, enabling Operational Intelligence and wider stakeholders to assess sites, hazards, and emerging risks in a repeatable and defensible manner, supporting targeted prevention, protection, and response activity. From a governance perspective, the approach followed a structured and auditable route engaging cross-functional specialists, documenting assumptions, and iteratively refining outputs through successive workshops before validation. This ensures alignment with national best practice, organisational risk appetite, and provides a clear, defensible line of traceability from expert judgement through to final prioritisation outcomes.
OI Reference and Resources Hub	The Operational Intelligence team are in the final development stages of a SharePoint based “OI Reference and Resources Hub.” This new resource will provide operational personnel with a single, reliable source of information and guidance to support data gathering and the completion of the OI process. Through consultation with relevant SFRS policies, guidance, and manuals, coupled with all applicable NFCC documentation, resources will be provided to better support operational personnel in key areas such as building type and use, building construction, and specialist rescue (including water and height). The hub will also incorporate guidance on new and emerging risks such as wildfire, Battery Energy Storage Systems (BESS), hydrogen, and other evolving hazards. The planned first release of resources will focus on building construction, with areas covered including, but not limited to: 1. Overview of building construction methods 2. Timber Frame 3. Masonry & Stone 4. Steel Frame 5. Concrete & Reinforced Concrete 6. Portal Frame 7. Clasp Premises 8. Modern Methods of Construction 9. Heritage Structures 10. Structures build from 1940 to 1980
Hydrant Operative Upskilling	To support improved efficiency in hydrant repairs across the water network, Water Planning are introducing a structured upskilling programme for hydrant operatives. This will involve the delivery of training aligned with the New Roads and Street Works Act 1991

	(NRSWA), enabling progression from Operational Level 2 through to Level 8. This progression will enhance technical knowledge, competence, and overall operational capability. As a result, the Service will be better positioned to deliver more consistent, effective, and assured hydrant repair activities. In addition, this approach will strengthen collaborative working arrangements with Scottish Water and other key stakeholders, promoting a more coordinated and value for money service delivery model.
Whole-time Hydrant Maintenance Data App	Water Planning, in collaboration with DaTS, are in the final stages of developing the 'Whole-time Hydrant Maintenance Data App.' This innovative solution will enable hydrant inspections within the whole-time environment to be recorded digitally via an online platform, streamlining processes and significantly improving the capture, review, and analysis of data. The application will support both whole-time operational personnel and the Water Planning team by enhancing the efficiency and effectiveness of inspection and maintenance activities. It will also improve information sharing and support the identification of priority areas for intervention, including hydrants located on roadways, Section 19 (S19) location identification, and repair prioritisation.

PERFORMANCE AND OUTCOMES

CSE

Item

Commentary

Youth Engagement and Safeguarding Training

Training course	No. Of courses	No. engaged
Youth Engagement Core Skills	2	23
Fire Safety Support and Education	1	8
Presentation Skills	4	34
Introduction to YVS	1	22
Enhanced Safeguarding	1	10
Safeguarding for managers	1	12

Heritage Statistics (25/26 period)

Events and Programs delivered	Additional Support Needs Pupils engaged	General visitors to Museum of Scottish Fire Heritage	Educational Sessions delivered
27	85	8039	31
Hours of outreach delivery	Volunteer Hours equal to £53,324 in monetary value*(according to office of National Statistics)	New Resources developed	Volunteer Training sessions delivered
30	3,716	9	16

<table>
<tr><td>PROTECTION</td><td></td></tr>
<tr><td><u>Item</u></td><td><u>Commentary</u></td></tr>
<tr><td><u>Fire Fatalities</u></td><td>Fatal fire performance in 2025–26 shows a positive trend compared to the last ten years position, with 33 fatalities recorded (below the 10 year average), continuing the overall downward trend (2019–20 is treated as an exception due to the pandemic). Fatalities were across all SDAs, concentrated in older age groups (50–79, particularly 60–79), and occur throughout the year with only slight increases over the winter/weekend. The main drivers remain preventable behavioural and vulnerability factors, with smoking and cooking the most common ignition sources. Overall, the data provides positive assurance and supports continued targeted prevention and partnership activity focused on those most at risk.</td></tr>
<tr><td><u>Enforcement activity</u></td><td>Police Scotland recognised the standard of contribution and confirmed there was no evidential challenge in court, with three individuals pleading guilty to multiple charges of wilful fire-raising with danger to life and advised to expect significant custodial sentences. Overall, the operation highlights the value of Fire Investigation expertise in serious enquiries, supporting public safety and justice outcomes for communities across Scotland.

<table>
<tr><td colspan="2">Quarter 4 activity</td></tr>
<tr><td>Completed audits</td><td>1993</td></tr>
<tr><td>Enforcement notices issued</td><td>3</td></tr>
<tr><td>Prohibition notices issued</td><td>6</td></tr>
<tr><td>Alterations notices issued</td><td>1</td></tr>
</table>
</td></tr>
<tr><td>PREPAREDNESS</td><td></td></tr>
<tr><td><u>Item</u></td><td><u>Commentary</u></td></tr>
<tr><td><u>Event Planning</u></td><td>41 National Event Briefing Notes (EBNs) & Event Operating Plans were published throughout this reporting period.

Key events during this period included domestic and international football, as well as key Rugby fixtures, alongside major cultural and entertainment events such as the Robbie Williams Long 90's Tour, Up Helly Aa and Big Burns Supper. EBNs and EOP’s also supported planning and operational awareness for public processions, political demonstrations, road races and wider community events.</td></tr>
<tr><td><u>Water Planning – Hydrant Inspections</u></td><td>3785 hydrants inspected during Q4, West (1842), East (1319) and North (1434).</td></tr>
<tr><td><u>OI Power BI reporting dashboard</u></td><td>To strengthen organisational reporting and performance insight across SFRS in relation to Operational Intelligence (OI), the development of a new Power BI dashboard is underway. This dashboard is being designed in alignment with existing Power BI reporting products, ensuring consistency with established standards and a familiar user experience. It will deliver a dynamic, real-time view of Operational Intelligence</td></tr>
</table>

	requirements, extending beyond the limitations of current FSEC building categories to provide a more comprehensive and nuanced understanding of the OI portfolio. Crucially, the dashboard will support continuous improvement through embedded gap analysis capabilities, allowing emerging or underrepresented risk areas to be identified, monitored, and incorporated over time. This will provide a robust mechanism for measuring performance, informing strategic decision-making, and ensuring that OI activity remains aligned with evolving risk profiles and organisational priorities.
RAG-Based Hydrant Inspection and Maintenance Planning Tool	Water Planning, in collaboration with DaTS, are progressing the development of a RAG (Red, Amber, Green) assessment tool to support a more targeted, risk-based approach to inspection scheduling. This tool will utilise clear visual indicators to identify inspection status and due dates, enabling effective monitoring through the RAG phase assessment process. This will enhance operational efficiency by supporting the completion of maintenance within the planned three-year cycle, reducing unnecessary duplicate visits and associated costs. Additionally, it will contribute to wider carbon reduction objectives through improved route planning, helping to minimise vehicle usage and reduce overall mileage.

HORIZON SCANNING	
CSE	
Item **Virtual Reality Funding**	**Commentary** An application to Road Safety Framework for funding to support a VR application has been prepared for submission in May. The programme will deploy standardised VR education kits across eight selected SFRS LSO areas. Sessions will be delivered by trained SFRS personnel as part of existing community safety activity, including engagement with schools, colleges, community events, existing youth engagement programmes within SFRS and targeted road safety campaigns. Funding requested is £139,901.20.
PROTECTION	
Item **Dutyholder Engagement**	**Commentary** To promote dutyholder responsibilities under the FSA, a face to camera dutyholder update is being planned which will be the launchpad for a new letter that will be sent to duty holders across Scotland setting out their responsibilities. This will be followed by sector specific and remote area seminars that will give duty holders general fire safety advice and inform them of lessons learned from audits/fires.

PREPAREDNESS	
Item	**Commentary**
Tour de France 2027	One of the largest sporting events in the world starts off in Edinburgh 2nd July 2027. This will have a significant impact not just in Edinburgh but also along it's route as it travels between Edinburgh and Carlisle. The Tour de France will also coincide with Royal week in Edinburgh. Possible wide scale disruption in an around Edinburgh for the duration of the event.
Euro 2028	Initial planning meetings underway for Euro 2028.
National Power Outage Plans	Work has commenced in producing a BCP for a National Power Outage. This will be a lengthy piece of work and will involve all departments and functions within the service.
National Risk Steering Group	Traditionally each region in Scotland would undertake a Risk Preparedness Assessment every 2 years. This work involved taking the risks identified within the National Security Risk Assessment and identifying where the region would struggle to respond to a risk based on each incident. Due to changes in the Scottish Government Resilience department, the work has stalled. SFRS have set up a steering group with the purpose of standardising the process and undertaking the process. This is a time consuming and complex piece of work which will take some considerable time and involve many members of staff.

New Mobilising System (NMS)	
Item	**Commentary**
NMS	• The project remains on track to deliver CAD by the end of November 2026. • The project is now in delivery stage for the CAD implementation. It is using the same delivery approach as ICCS', ensuring that a stable project team and subject matter experts remain in place throughout the process. • Detailed lessons learned session has been conducted and the key learnings have been analysed and are being implemented in CAD where appropriate. • System acceptance testing (SAT) has been successfully completed. • The project is currently preparing for User Acceptance Testing (UAT) which is going to conclude all CAD testing activities. • A more formal collection of feedback from end users on ICCS has been carried out and is currently being analysed. • The project is also in the process of finalising training materials and preparing for training which will follow the testing stage. • Scottish Government DAO Delivery Gate review is scheduled to be carried out from 8-10 June 2026. • Phase 2 of the NMS project is an optimisation stage of the NMS project which is planned to commence after CAD delivery and last until the end of 2027. Phase 2 planning document has been recently approved by the NMS Project Board.

SAFETY AND RISK REDUCTION	
TRAINING, SAFETY AND ASSURANCE DIRECTORATE	
TRAINING FUNCTION	
Item	**Commentary**
FF Safety	Following a review conducted by the Contaminants Group at the National Training Centre (NTC), several enhancements to local management arrangements have been identified to strengthen implementation of the Contaminants Policy. Current site limitations, including physical layout and infrastructure, present challenges to full adherence with contamination control practices. A sheltered area adjacent to the CFBT unit to facilitate decontamination during periods of inclement weather has now been implemented.
OPERATIONAL ASSURANCE (OA)	
Item	**Commentary**
Significant Incident	**Union Street, Glasgow – Structured Debriefs** Following the incident at Union Street, Glasgow, two structured debriefs have been scheduled and are currently in the planning stages to ensure that learning is effectively captured and embedded. The first debrief, scheduled for 22 May 2026, will include personnel up to and including Third Call Flexi Duty Officers (FDOs). A second session, planned for 2 June 2026, will involve all attending FDOs as well as Strategic Managers. Operations Control will be represented at both debriefs, providing valuable insights from the Control Room and the Incident Support Room. In addition, key stakeholders, including Network Rail, HMFSI, and Representative Bodies, will be in attendance to contribute to a comprehensive, multi-agency review of the incident. These structured debriefs are intended to support a thorough examination of operational activity, promote organisational learning, and identify opportunities for continuous improvement across the Service.
Event Investigation Debrief	**Debrief of Investigation Process** Operational Assurance facilitated a structured debrief of the significant event investigation process. The purpose of this session was to identify examples of good practice, as well as areas for improvement to inform future investigations. The outcomes of this debrief will support the continuous development and refinement of investigation processes across the Service. Key findings and recommendations arising from this work will be presented to the Health, Safety, Assurance and Wellbeing Functional Management Team for consideration and further action.

NFCC Action / Information Notes	Operational Assurance continues to systematically review all National Fire Chiefs Council (NFCC) Action and Information Notes to assess their relevance and any implications for the Service. Where actions are identified as necessary, these are progressed through established governance arrangements and presented to the Organisational Learning Group (OLG). This ensures that relevant recommendations are formally captured, considered, and translated into appropriate actions, supporting a consistent and structured approach to organisational learning and continuous improvement.

QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS	
TRAINING, SAFETY AND ASSURANCE DIRECTORATE	
TRAINING FUNCTION	
Item **Training Standards Review Project**	**Commentary** A project brief has been developed and agreed and the first two Project Board meetings were held in March and April 2026. This project will facilitate a systematic evaluation of all published SFRS National Training Standards to ensure they remain legislatively compliant, procedurally compliant, operationally relevant, and aligned with the Fire (Scotland) Act 2005 and also HMFSI recommendations for consistency and effectiveness. Alongside the review of existing standards, the project will identify and develop new Training Standards where emerging risks, technologies, or operational learning require these additional competence frameworks. These new standards will align with the operating principles of the Training Vision & Strategy 2023–28, ensuring they remain progressive, inclusive, user-focused and well-connected to operational needs. They will also be shaped by emerging NFCC Competence Frameworks.
OPERATIONAL ASSURANCE (OA)	
Item **Assurance Audit**	**Commentary** **Assurance Audits Management Arrangement** The GIN Station and Thematic audit processes have been comprehensively reviewed and developed into a formal Management Arrangement (MA), titled the *Assurance Audits MA*, which is currently subject to consultation. Internal stakeholders have been actively engaged throughout the development of this document to ensure alignment and robustness. Key enhancements include the incorporation of Operations Control within the scope of the MA, supported by the introduction of a dedicated audit proforma. In addition, a new end-of-year review template has been developed to support the identification and analysis of national trends. The station audit proforma has also been strengthened to reflect current organisational priorities, including an increased emphasis on Firefighter Safety, Wellbeing and Organisational Security. Furthermore, the scoring framework has been revised following engagement with Local

	Senior Officer areas. The updated system adopts a simplified 1–4 scale, supported by enhanced guidance to promote consistency and clarity in scoring.
Training Assurance	**On-Station Training Assurance Pilot** The Training Assurance team has completed five pilot audits of on-station training activities across each Service Delivery Area. The primary objective of this pilot was to inform and strengthen our training assurance framework, while also providing an assessment of the standard and consistency of training being delivered at station level. The pilot process identified a number of examples of good practice, alongside opportunities for improvement within both the scenario delivery and the engagement components. In parallel, the team has undertaken a comprehensive review of the audit proformas in collaboration with Training Function colleagues, ensuring that all assessment criteria remain current, relevant, and robust. **Next Steps** The next phase will focus on further engagement across the Service to refine and enhance the training assurance audit methodology, ensuring it provides a more accurate and representative assessment across SFRS. Additionally, the team will commence independent audits of our National Training Centre venues.
Station Audit 25/26 Review	The exercise was designed to identify recurring themes, common areas requiring improvement, and examples of effective practice. Through this process, the team has been able to highlight consistent strengths in delivery, as well as areas where further development or support may be required to enhance performance and ensure greater consistency across the Service. The findings from this review will be used to inform future audit planning, support continuous improvement, and guide targeted interventions where necessary. In addition, the identification of good practice will enable the wider sharing of effective approaches across Service Delivery Areas, contributing to organisational learning and improved operational standards
NFCC Organisational Learning	**Maturity Model Workshop** In May, members of the Assurance team participated in a workshop facilitated by the National Fire Chiefs Council (NFCC), focused on the development of an organisational maturity model. This model is intended to support and strengthen ongoing workstreams by providing a structured framework to assess capability, consistency, and effectiveness across key areas of activity. The workshop also contributed to enhancing the Service's approach to organisational learning, supporting a more systematic evaluation of current practices and identifying opportunities for continuous improvement. In particular, it will provide further evidence of the extent to which Organisational Learning Governance (OLG) is embedded across the Service and help to highlight areas where additional focus or development may be required.

PERFORMANCE AND OUTCOMES

TRAINING, SAFETY AND ASSURANCE DIRECTORATE

TRAINING FUNCTION

Item

Commentary

Partnership Working

Specialist Rescue Rope instructors based at Portlethen Training Centre were involved in coordinating and delivering multi agency rope rescue exercises in conjunction with Altens Fire Station rope teams and SAS SORT teams. A series of five exercises took place between January and April 2026 at Porthlethen Training Centre, utilising the rope training building to stage simulated incidents to affect casualty rescues. These exercises provided the opportunity for both agencies to work together and understand the capabilities each agency has when faced with such incidents and enhancing interoperability.

BA Recovery

Q4 of 2025-26 represented the final quarter delivering the BA Recovery Programme prior to transitioning to the new "Tactical Firefighting" business as usual model. A general trend of increased currency is indicated:

	Q4 24-25 Currency	Q4 25-26 Currency
BA	91%	97%
CFBT	88%	95%
TV	75%	92%

The Training Support Co-ordinator continues to schedule courses (now Tactical Firefighting) which will revalidate the BA, CFBT and Tactical Ventilation currencies, ensuring risk-critical training is prioritised and is engaging with local management to drive a targeted approach to improve skills, increase competency, and reduce organisational risk.

Wildfire

Pilot course is complete and is currently awaiting licence application to be submitted to allow live burns out with muirburn window to address stations who had training postponed due to weather. 144 personnel have been training under the current contract to date including all TacAds.

Training Function Courses - Driving

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

OPERATIONAL ASSURANCE

Item

Commentary

Thematic Audit – Operational Assurance

Operational Assurance Thematic Audit
The Assurance Team undertook a Thematic Audit of Operational Assurance (OA) processes and its implementation across the Scottish

	Fire and Rescue Service (SFRS). This work was initiated in response to a recommendation arising from HMFSI's inspection of the West Service Delivery Area. The audit methodology was primarily based on direct, face-to-face engagement with relevant personnel, supported by a complementary survey to capture broader insight and feedback. This approach enabled a comprehensive assessment of both the effectiveness of current processes and the level of engagement across the whole organisation. The audit provided a valuable opportunity for the Assurance Team to critically evaluate existing arrangements and identify areas for enhancement. A number of recommendations have been proposed to support continuous improvement, strengthen consistency in application, and further embed effective Operational Assurance practices across the Service.
Organisational Learning Actions	**Organisational Learning Group (OLG) Update** To support progress and maintain momentum of the OLG Actions, regular engagement sessions have been established with risk owners across the OLG membership. These meetings are intended to provide targeted support and guidance in relation to evidencing requirements and the quality of submissions necessary to enable the closure of actions within our tracking system. In addition, a paper was presented through executive governance in April, following structured engagement with OLG members. This paper focused on assessing the effectiveness of current OLG arrangements and identifying opportunities for improvement, ensuring that organisational learning is comprehensively captured, effectively managed, and translated into meaningful service improvement, with a process to review the impact of actions established.

HORIZON SCANNING	
TRAINING, SAFETY AND ASSURANCE DIRECTORATE	
TRAINING FUNCTION	
Item	**Commentary**
Breathing Apparatus	A number of CPD events for Instructors have been carried out to support the transition to Tactical Firefighting. Additional opportunities are being explored for further CPD with Greater Manchester FRS on wider elements of Tactical Firefighting.
Drone Strategy	The Training Function is supporting the Operational Drone Strategy and Training Development project through the provision of an Instructor based at Portlethen. Their professional expertise in this area will contribute to the development of national procedures and training frameworks.

OPERATIONAL ASSURANCE	
Item	**Commentary**
HMFSI Operational Assurance Report	**Action Plan** Progress continues against the HMFSI Operational Assurance Action Plan, which sets out a structured programme of work to address identified recommendations and to strengthen the Service's approach to operational assurance. Responsibility for delivery of the individual actions has been clearly allocated across the Assurance team, with defined ownership to support accountability and effective oversight. Work is underway to progress these actions in a planned and coordinated manner throughout 2026/27.
Organisational Learning	**Learning Content Development** The Assurance team continues to work collaboratively with Learning, and eDevelopment colleagues to design and develop dedicated standalone modules within our Learning Content Management System (LCMS). This work contributes to strengthening awareness of organisational learning processes, reinforcing roles and responsibilities, and promoting a more consistent and systematic approach to capturing, sharing, and embedding learning. Planned development activity includes content covering our Safety and Assurance Improvement Groups (SAIGs), as well as the station-based and control room audit processes. This broader suite of learning materials will support staff at all levels to better understand assurance arrangements, enhance engagement with audit activity, and ensure alignment with organisational standards and expectations.

Report No: C/SDC/10-26
Agenda Item 9.1

HM Fire Service Inspectorate

Report to:	**SCOTTISH FIRE AND RESCUE SERVICE, SERVICE DELIVERY COMMITTEE**
Date:	**4 June 2026**
Report By:	**HM Fire Service Inspectorate**

Subject:	**Routine report on HMFSI business**

1. PURPOSE

To provide the Service Delivery Committee with an update on HMFSI inspection and reporting activity.

2. RECOMMENDATIONS

That the Committee notes the update from HMFSI.

3. ACTIVITY AND PROGRESS

3.1 Thematic Inspection Work

Operational Training and Development

The purpose of this inspection was to assess Operational Training and Development (OTD) in the SFRS. Inspection fieldwork, analysis, report development and a rigorous process on consultation have all now been concluded. We are now in the process of finalising the report and anticipate it being published and laid in Parliament June 2026.

Organisational Culture – Volume 2

HMFSI is currently carrying out an inspection of organisational culture within the SFRS with the Inspection Outline consulted upon and agreed. HMFSI has had continuing engagement with SFRS managers to discuss data collection which has led to slippage in the proposed fieldwork timetable. It is currently expected that the inspection data collection review process will continue during May and June 2026, with fieldwork taking place between July and August.

SFRS Property Estate

This inspection will be undertaken in partnership with colleagues from Audit Scotland and will consider the condition and suitability of the SFRS property estate, fleet and operational equipment. The Auditor General for Scotland and the SFRS have previously highlighted a significant capital backlog for the Service's estate, fleet and operational equipment. The SFRS has acknowledged the ongoing challenge of many of its 356 fire stations, and other buildings, being in need of repair, refurbishment or replacement. Issues relating to Reinforced Aeriated Autoclave Concrete (RAAC) roofing systems, the adequacy of facilities to allow firefighters to decontaminate following operational

incidents, as well as a recognised need to improve dignified facilities have continued to add to budget pressures. It is generally accepted that the cost of addressing these issues will be challenging within existing and predicted future Capital Budget allocations. Key considerations for the combined inspection team will be the efficiency, economy and effectiveness of the capital estate as it fulfils its functional role(s). The inspection will aim to consider the capital shortfall, the level of investment required, and the various implications of failing to address this issue. Anticipated commencement date: June 2026

3.3 Focussed Report

In preparation for the forthcoming Commonwealth Games 2026, HMFSI is in the process of completing a focussed review of the steps taken, and arrangements in place with the Service, to ensure the safe delivery of this high profile international event. Our focus has been on the Service planning and preparedness for these Games which are to be delivered by a private company which has been constituted for the purpose of their delivery within a shortened planning timescale. The information gathering and report writing phases of the inspection are now complete with the final report now in draft format. HMFSI are currently engaged with the SFRS in our regular consultation processes that precede any report publication. The report is scheduled to be published in June 2026 following the completion of the formal consultation exercise.

3.4 Appointments into the HMFSI

We are pleased to advise the Committee that, following a robust competitive recruitment exercise, Andrew Hearn (formerly Assistant Commissioner of London Fire Brigade and Interim Chief Office of NIFRS) has been appointed to the position of Assistant Inspector within HMFSI. Andrew will take up post on 15 June 2026.

Graeme Fraser, our longest serving Assistant Inspector, retired from HMFSI on 26 May 2026. Graeme has led on many high profile inspections and will be a great loss to the team. We wish him a happy and healthy retirement.

HM Chief Inspector Robert Scott QFSM
Date: 4 June 2026

SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/11-26

Agenda Item: 9.2

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**04 JUNE 2026**							
Report Title:	**HMFSI INSPECTION ACTION PLANS UPDATE**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the Service Delivery Committee (SDC) with an update on HMFSI inspection action plans.
1.2	At this meeting, the SDC are asked to review the progress of both established and developing action plans relating to His Majesty's Fire Service Inspectorate (HMFSI) reports on: • West Service Delivery Area • Operational Assurance – *in development* • North Service Delivery Area – *in development*
2	**Background**
2.1	HMFSI inspects and reports on the Scottish Fire and Rescue Service (SFRS) with the purpose of assuring the public and Scottish Ministers that we are working in an efficient and effective way, and to promote improvement in the Service.
2.2	Each year, HMFSI sets out its intended programme of thematic and local area inspections. Additional reviews may also be carried out at any time at the request of Scottish Ministers.
2.3	Following the publication of reports, an action plan is prepared to address the issues or recommendations that are highlighted within the report.
2.4	Once approved, action plans will be presented to the Senior Management Board (SMB) on a quarterly basis to scrutinise progress.
3	**Main Report/Detail**
3.1	The SDC is presented with the current Overview Dashboard, attached as **Appendix A** for noting. This provides high level details of all action plans.
3.2	**West Service Delivery Area**
3.2.1	The HMFSI report for the West Service Delivery Area (June 2024) contains 30 actions, 23 of these have been completed.
3.2.2	Overall progress remains green, with the plan approximately 90% complete. *(Percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).*
3.2.3	**Status this period:** • 1 completed (action 11 – green pending final SDC scrutiny)

- 1 red (action 3)
- 3 are amber (actions 9, 19.2 and 21)
- 2 are green (actions 20 and 29)

3.2.4 **Appendix B** provides full narrative progress reporting.

3.2.5 A summarised progress report of live actions is available below:

3.2.6 ***Action 3: Undertake a review of High-Rise Operational Assurance processes and establish a sustainable (including risk based) model for the delivery of high-rise risk profiling and inspections. [Red, 90% complete]***

Summary: Progress delayed due to the need to standardise checklist formats across Local Senior Officer areas. Risk weighting is largely complete; local testing is required to confirm reliability and inform inspection frequency. Testing will be undertaken across Local Senior Officer's (LSO), followed by Operational Assurance Working Group review and final quality assurance.
Update: A second revised completion date of 31 May 2026 was approved at SMB (previously March 2026).
Status: Amber to Red – reflecting the further extension beyond the original March 2025 deadline, although work is nearing completion.

3.2.7 ***Action 9: Review existing practices and processes within the West Service Delivery Area (WSDA) for vehicle management with the Central Fleet Partner.***

Summary: Vehicle locations must remain under Central Fleet Partner control to ensure compliance with inspection schedules; unauthorised movement risks missed checks and safety. Driver records are centrally maintained to meet legal deadlines, and any location changes are reviewed with the West Service Delivery Area based on need. The Fleet Systems Manager and Fleet Systems Support Coordinator are now in post, providing vehicle data alongside a new Commissioning Team overseeing the rollout of 184 replacement vehicles from the 2025/26 capital programme.
Update: It was proposed to SMB in May that the action is complete as robust processes are now in place, with centralised control, clear compliance measures, and enhanced data and commissioning support ensuring effective vehicle management across the West SDA in partnership with the Central Fleet Partner. SMB requested further evidence to support the closure.
Status: Green to Amber – reflecting the need to provide additional evidence to support closure.

3.2.8 ***Action 19.2: Apply the principle-based guidance documents and reporting process to review current partnership commitments within the West Service Delivery Area. [Amber, 0% complete]***

Summary: Draft Partnership Working Guidance has been approved and is being prepared for publication. Review of existing partnerships will commence once published. Progress is dependent on a related action. *(NB: this document has been published since this update was presented at SMB)*
Update: A revised completion date of 30 June 2026 was approved by SMB (from March 2026).
Status: Green to Amber - reflects delay in publication of the guidance, with work progressing towards the revised date.

3.2.9 ***Action 20: Review SFRS Leadership and Management development processes to provide a national standard and syllabus for delivery at all levels. [Green, 50% complete]***

Summary: Leadership and Management Development is a key workstream within the Organisational Culture and Leadership programme, with a national framework being

	developed for all levels aligned to NFCC programmes. Supervisory-level work is progressing and will inform a consistent national syllabus. Progress has been slowed by limited taskforce capacity and abstraction challenges. **Status:** Green – work is ongoing towards the revised completion date of 30 September 2026.
3.2.10	***Action 21: Review the national recruitment standards and Terms and Conditions (T&Cs) with a view to exploring, developing, and implementing pragmatic and alternative solutions for local recruitment. [Amber, 90% completed]*** **Summary:** The Retained Duty System Standardisation Project is in its one-year review period following implementation (April 2025). Feedback will be reported to the On Call Support Working Group in June 2026. Associated policies are under review, and a learning module for hiring managers is being developed to support consistent recruitment. **Update:** A second revised completion date of 30 June 2026 was approved by SMB (from April 2026). **Status:** Green to Amber – reflects delay to align with the established review and reporting cycle, with work progressing towards the revised date.
3.2.11	***Action 29: Operational Assurance will consider conducting a thematic review of the implementation of Operational Assurance Policies and practice in the West Service Delivery Area (WSDA). [Green, 10% complete]*** **Summary:** A thematic audit of operational policy implementation and practice in the West Service Delivery Area is underway, using staff engagement, surveys, and system data. The audit commenced in January 2026, with findings to be reported through governance routes from April 2026. **Status:** Green – work is progressing towards the revised completion date of 30 June 2026, with final reporting scheduled through 2026/27.
3.3 3.3.1	**Action Plans in Development** Following publication of the **HMFSI Report for the North Service Delivery Area**, a draft Action Plan was developed and reviewed by the Strategic Leadership Team in February 2026, who requested further streamlining. After review with senior leaders, a revised draft was circulated to the Strategic Leadership Team and approval granted on 07 April 2026. This will enter the regular reporting cycle, **with an update provided at the next SDC**.
3.3.2	An **Operational Assurance Action Plan** has been developed, approved by the Strategic Leadership Team and shared with HMFSI. The formal reporting process will now commence. It has not been possible to align reporting timing with this meeting; however, the first progress update of the Action Plan will **be available at the next SDC.**
4	**Recommendation**
4.1	The SDC is invited to: • Note the progress of all action plans as presented in the HMFSI inspection dashboard, attached as **Appendix A.** • Scrutinise the West Service Delivery Area Action Plan, attached as **Appendix B**.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** Ongoing monitoring of HMFSI Action Plans through established governance arrangements ensures that any emerging risks are identified, assessed, and managed in line with organisational risk appetite.

5.2 5.2.1	**Financial** There are no direct financial implications associated with the proposed closures. Any future activity linked to HMFSI recommendations will be considered through standard planning and governance processes, including business case development where required.
5.3 5.3.1	**Environmental & Sustainability** There are no environmental implications associated with the recommendations of this report.
5.4 5.4.1	**Workforce** There are no direct workforce implications associated with the proposed closures. Workforce considerations linked to any ongoing or future activity will continue to be managed through relevant governance and planning processes.
5.5 5.5.1	**Health & Safety** There are no direct health and safety implications associated with the proposed closures. Health and safety considerations will continue to be monitored through business-as-usual arrangements and relevant action plan activity where applicable.
5.6 5.6.1	**Health & Wellbeing** There are no additional health and wellbeing implications arising from this report. Progress against relevant HMFSI recommendations will continue to be monitored and reported through established governance structures.
5.7 5.7.1	**Training** There are no direct training implications associated with the proposed closures. Any ongoing training requirements linked to HMFSI actions will be progressed through existing programmes and governance routes.
5.8 5.8.1	**Timing** HMFSI Action Plans will continue to be monitored and reported through regular governance cycles, ensuring ongoing oversight of progress, completion, and any further development activity.
5.9 5.9.1	**Performance** The proposed closure of these actions reflects progress against HMFSI recommendations, supported by evidence and subject to scrutiny. Ongoing performance monitoring will ensure continued visibility of improvement activity and alignment with organisational priorities.
5.10 5.10.1	**Communications & Engagement** There are no specific communications implications arising from this report. Communication and engagement activity relating to HMFSI actions will continue as part of ongoing improvement and governance processes.
5.11 5.11.1	**Legal** The Service continues to meet its statutory obligations in relation to HMFSI inspections and reporting, as set out in the Fire (Scotland) Act 2005.
5.12 5.12.1	**Information Governance** A Data Protection Impact Assessment (DPIA) is not required for this report as there is no sensitive information to consider.
5.13 5.13.1	**Equalities** An Equality and Human Rights Impact Assessment (EHRIA) is not required for this report. Directorate and LSO EHRIAs will capture these .

5.14 5.14.1	**Service Delivery** There are no direct service delivery implications associated with the proposed closures. Improvements arising from HMFSI recommendations will continue to support service delivery through ongoing activity and governance.	
5.15 5.15.1	**Prevention** There are no specific prevention implications arising from this report. Relevant prevention activity will continue to be progressed through existing plans and governance arrangements.	
6	**Core Brief**	
6.1	Not applicable.	
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:**	Following receipt of Audit Reports, Action Plans are developed in conjunction with Directorates and approved via the Strategic Leadership Team and the nominated Executive Committee of the Board. Quarterly reporting is made to the Senior Management Board and nominated Executive Board until full completion of the Action Plan.
8	**Appendices/Further Reading**	
8.1 8.2	**Appendix A:** HMFSI Inspection Overview Dashboard **Appendix B:** West Service Delivery Area (WSDA) Action Plan Update	

Prepared by:	Louise Patrick, Strategic Planning and Partnerships Coordinator
Sponsored by:	Richard Whetton, Head of Governance and Compliance
Presented by:	Richard Whetton, Head of Governance and Compliance

Links to Strategy and Corporate Values

Our inspection process contributes to:

- Strategic Outcome 4 of the SFRS Strategy 2025-28: Our organisational performance, productivity and resilience continually improves.

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
Senior Management Board	*28/04/2026*	*For Recommendation*	*Requested more evidence to support proposed closures*
Senior Management Board	*26/05/2026*	*For Decision*	*Proposed closures agreed*
Service Delivery Committee	*04/06/2026*	*For Scrutiny (West SDA)*	
People Committee	*18/06/2026*	*For Scrutiny (Mental Health & Wellbeing, Organisational Culture Volume 1)*	
Audit and Risk Committee	*16/07/2026*	*For Information*	

APPENDIX A

HMFSI INSPECTION OVERVIEW DASHBOARD

HMFSI Thematic & SDA Reports Progress Dashboard

Published	Title	Relevant Committee	Due Date	Revised Due Date	Total Actions	Last Updated	Next Update	Committee Update	Not Started	In Progress	Deferred	Complete	On Hold	Transferred	Cancelled	Moved to BAU	Void	% Complete	RAG
Dec-23	Mental Health and Wellbeing Support in SFRS	PC	Dec-25	Mar-27	30	Apr-26	Jul-26	Jun-26	0	10	0	15	0	0	5	0	0	80%	
Jun-24	West Service Delivery Area (ESDA)	SDC	Dec-25	Jun-26	30	Apr-26	Jul-26	Jun-26	0	5	0	25	0	0	0	0	0	90%	
Jun-25	Organisational Culture in SFRS - Volume 1	PC	Oct-28		25	N/A	Apr-26	Jun-26	0	15	0	10	0	0	0	0	0	60%	
Jun-25	North Service Delivery Area (NSDA)	SDC																	
Sep-25	Operational Assurance	SDC	Mar-27		9	N/A	Apr-26	Jun-26											

Closed Inspection Action Plans

Published	Title	Relevant Committee	Due Date	Revised Due Date	Total Actions	Last Updated	Next Update	Committee Update	Not Started	In Progress	Deferred	Complete	On Hold	Transferred	Cancelled	Moved to BAU	Void	% Complete	RAG	Closed Date	Evaluation Due Date
Apr-15	HMFSI - Performance Management Systems	SDC	Jul-20	May-20	32	May-20	N/A		0	0	0	26	0	2	4	0	0	100%	Closed		
Jul-17	HMFSI - Operations Control Dundee and Highlands and Islands Support	SDC	Dec-20	May-20	24	May-20	N/A		0	0	0	24	0	0	0	0	0	100%	Closed		
Jan-18	HMFSI - Fire Safety Enforcement	SDC	Mar-20	Mar-23	20	Mar-23	N/A		0	0	0	19	0	0	0	0	1	100%	Closed	May-23	
May-18	Audit Scotland - Scottish Fire and Rescue Service Update	ARAC	Dec-21	Feb-23	36	Feb-23	N/A		0	0	0	33	0	0	0	1	2	100%	Closed	Mar-23	
Feb-19	HMFSI - Provision of Operational Risk Information	SDC	Mar-22	Dec-22	25	Feb-23	N/A		0	0	0	20	0	0	0	5	0	100%	Closed	Feb-23	
May-19	HMFSI - Management of Fleet and Equipment	SDC	Mar-22	May-22	38	May-22	N/A		0	0	0	32	0	0	6	0	0	100%	Closed	May-22	
Feb-20	LAI - Dumfries and Galloway	N/A	Jun-21	N/A	12	Dec-22	N/A		0	4	0	7	0	1	0	0	0	100%	Closed		
Jun-20	LAI - Edinburgh City	N/A	Apr-21	N/A	11	Dec-22	N/A		0	5	0	0	0	6	0	0	0	100%	Closed		
Aug-20	HMFSI - Command and Control: Aspects of Incident Command	SDC	Mar-22	Dec-23	25	Nov-22	N/A		0	0	0	25	0	0	0	0	0	100%	Closed	Nov-22	
Dec-20	Planning and Preparedness for COVID Review	SDC	May-26	Aug-23	15	Aug-23	N/A		0	0	0	12	0	0	0	3	0	100%	Closed	Aug-23	
Mar-21	HMFSI - Assessing the Effectiveness of Inspection Activity	ARAC	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	Closed		
May-21	LAI - Midlothian	N/A	Mar-22	Mar-23	7	Dec-22	N/A		0	0	0	7	0	0	0	0	0	100%	Closed		
Dec-21	LAI - Argyll & Bute and East & West Dunbartonshire	N/A	Apr-23	N/A	6	Dec-22	N/A		0	5	0	1	0	0	0	0	0	100%	Closed		
Apr-22	Health and Safety: An Operational Focus	PC	Oct-24	Mar-25	18	Jun-25	Aug-25		0	0	0	17	0	0	1	0	0	100%	Closed	Sep-25	Sep-26
May-22	SMARTEU Covid 19 Structured Debrief Summary	SDC	Mar-23	May-23	7	Mar-23	N/A		0	0	0	7	0	0	0	0	0	100%	Closed	May-23	
Sep-22	Firefighting in Highrise Buildings	SDC	Jun-24	Jun-25	8	Jun-25	N/A		0	0	0	8	0	0	0	0	0	100%	Closed	Jun-25	Jun-26
Mar-23	Training of RDS Personnel	PC	Mar-23	Aug-23	31	Aug-23	N/A		0	0	0	27	0	0	0	4	0	100%	Closed	Sep-23	
Apr-23	Command and Control Mobilising System (CCMS)	CC	Jul-24	Jul-24	6	Jun-25	N/A		0	0	0	6	0	0	0	0	0	100%	Closed	Oct-24	Oct-25
May-23	Review of contingency planning arrangements in relation to potential industrial action	SDC	Dec-24	Jun-25	7	Jun-25	N/A		0	0	0	7	0	0	0	0	0	100%	Closed	Jun-25	Jun-26
Sep-23	Climate Change – Impact on Operational Activity	SDC	Apr-25	Mar-25	12	Jun-25	N/A		0	0	0	12	0	0	0	0	0	100%	Closed	Jun-25	Jun-26
Oct-23	East Service Delivery Area (ESDA)	SDC	Mar-25	TBC	9	Jun-25	Aug-25		0	0	0	9	0	0	0	0	0	100%	Closing	Aug-25	Aug-26

Expected	Title	Type
2025-26	Operational Training and Development (expected to commence June 2025)	Thematic
2025-26	Corporate Function Delivery (expected to commence September 2025)	Thematic
2025-26	Commonwealth Games (expected to commence October 2025)	Thematic
2025-26	Organisational Culture - Volume 2 (expected to commence December 2025)	Thematic

Expected	Title	Type
TBC	Approach to determining changes in Service Delivery and response modelling	Focused
TBC	Specialist resource provision and capability (including national resilience assets)	Focused
TBC	Planning and preparedness for a response to a marauding terrorist act	Focused
TBC	Operations Control	Focused
TBC	Provision and sustainability of the On Call Duty System	Focused
TBC	Effectiveness of governance arrangements	Focused
TBC	Suitability of SFRS property estate	Focused
TBC	Fire contaminants and associated issues	Focused
TBC	Evaluation of SFRS contribution to partnership working	Focused
		Focused

APPENDIX B

HMFSI West Service Delivery Area Inspection - Action Plan Progress

Updated	Next Update	Committee Update (SDC)
Apr-26	Jul-26	Jun-26

HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	RAG	Evidence
We recommend that the Service reassess the impact of High Rise Operational Assurance Visits on capacity and explore the concept of a risk based inspection approach that embraces safety and assurance whilst not being overly burdensome.	3	Undertake a review of High Rise Operational Assurance processes and establish a sustainable (including risk based) model for the delivery of high-rise risk profiling and inspections.	Head of Prevention, Protection and Preparedness, Kenny Barbour	Mar-25	Mar-26 **May-26**	In Progress	09 February 2026: Work on development of the risk weighted checklist remains the primary dependency for progressing to the next phase of the pilot. The methodology has been assigned to Operational Intelligence (OI) due to their experience and expertise in this area, and internal workstreams were realigned to prioritise this. Engagement with Operations Intelligence is ongoing, and additional support has been offered to help accelerate completion. Across the Working Group, several areas have continued to carry out Operational Assurance Visits (OAVs) for all High Rise Domestic Buildings (HRDBs), reporting that this approach does not adversely impact their Business as Usual activity. In contrast, Areas with a higher number of High Rise Domestic Buildings continue to highlight the value a risk based model would bring in managing workload and prioritisation. All Areas continuing with the Supplementary Procedures are scheduled to report back in the coming month. The Group remains engaged and continues to engage regularly to address challenges, maintain momentum, and ensure alignment with the overall project. Progress towards the next phase has been affected by delays in completing the risk weighting methodology for the checklist, which remains the key dependency for moving the pilot forward. Although this work was prioritised within the Operational Intelligence team, competing organisational demands have limited the pace at which this element can be advanced. This has resulted in a delay to the development of the final risk-based model required to inform future Operational Assurance Visits frequency amendments. The immediate priority is to secure an updated timeline for completion of the risk weighting methodology from Operational Intelligence and identify where additional support or resource can be provided to expedite this work. Once complete, the model will be incorporated into the checklist and applied through the Quality Assurance (QA) process to enable consistent and evidence based frequency decisions. This action has moved from green to amber due to the delay in timescales as a result of conflicting priorities however work is continuing towards the current due date. **28 April 2026:** **During development, Operational Intelligence (OI) identified inconsistencies in the format of checklists used across Local Senior Officer (LSO) Areas, which created challenges in carrying out like-for-like comparisons and required additional standardisation work to be undertaken. Although substantial progress has been made on the risk weighting component, the need to test the tool within Local Senior Officer Areas has resulted in further delay to the timeline. The checklist must now undergo local testing to ensure the controls are robust, reliable, and capable of supporting justified frequency changes, which impacts and extends the completion timeframe.** **The next key step is to undertake structured testing within Local Senior Officer Areas to validate the risk weighted checklist and confirm its suitability for national implementation. Following successful local testing, the Operational Assurance Visit (OAV) Working Group will review the outcomes, make any required refinements, and prepare the final model for incorporation into the Quality Assurance (QA) process.** **To avoid compromising quality, a revised and more realistic target date of May 2026 is recommended for the completion of this phase and for the delivery of a finalised, evidence based risk weighted checklist.** **[A further (2nd) revised due date from 31 March 2026 to 31 May 2026 is requested to allow this work to be undertaken.]** **This action has moved from amber to red due to the further delay in timescalesfrom the original due date of 31 March 2025 with work progressing towards the requested revised due date.**	**90%**	N/A	**Red**	
We recommend that the Service review the existing practices and processes within the West Service Delivery Area for vehicle management with the Central Fleet partner in order that increased local administration and responsibility of vehicles be explored.	9	Review existing practices and processes within the West Service Delivery Area (WSDA) for vehicle management with the Central Fleet Partner.	Head of Asset Management, Ijaz Bashir	Apr-25	Dec-25 Mar-26	In Progress	15 December 2025: The Fleet Manager and Deputy Fleet Manager posts have been successfully filled following a recent recruitment exercise. Recruitment is currently underway for Fleet Systems Manager and Fleet Systems Support Coordinator roles. These two posts are vital to enable interrogation of vehicle user data and to provide more efficient vehicle management. Once in post the Fleet Systems Manager and Fleet Systems Support Coordinator will be able to provide the Fleet Management Team with data to make informed decisions and close this action however a revised due date is required to allow time for the recruitment process to be concluded. A revised due date of 31 March 2026 is proposed. This action remains amber due to the time required for the recruitment process to be concluded and the posts to be filled. [Proposed revised due date from 31 December 2025 to 31 March 2026] 09 February 2026: The Fleet Systems Manager is now in post and recruitment is underway for the Fleet Systems Support Coordinator post with interviews taking place from mid-January 2026. Once in post, this will complete the team and enable the provision of vehicle usage data ensuring more efficient vehicle management. This action remains amber due to the time required for the recruitment process to be concluded and the posts to be filled. **28 April 2026:** **It is essential that overall control of vehicle locations is maintained by the Central Fleet Partner to ensure compliant checks for vehicles and equipment can be checked within regulated inspection schedules. Unauthorised/unnotified movement of vehicles will result in inability of fleet technicians/contractors not being able to carry out scheduled checks. The continued compliance of vehicles and equipment is essential to ensure firefighter safety. Additionally driver records must be centrally maintained to ensure that notice of impending prosecution are dealt with in specified timescales. Fleet Management will consult within the West Service Delivery Area on any requests to amend vehicle locations to service need and demand.** **It is proposed that the action is closed as robust processes are now in place, with centralised control, clear compliance measures, and enhanced data and commissioning support ensuring effective vehicle management across the WSDA in partnership with the Central Fleet Partner.** **FURTHER EVIDENCE OF CLOSURE REQUESTED FROM SMB TO FORMALLY CLOSE ACTION. THIS WILL PROVIDED AT THE NEXT SMB MEETING IN JULY. MARKED AMBER UNTIL THIS EVIDENCE HAS BEEN PROVIDED**	**100%**		**Amber**	**Fleet Systems team are now in post; Fleet Systems Manager and Fleet Systems Support Coordinator. These posts are now providing vehicle data to the Fleet Management Team together with a newly formed Commissioning Team which is carrying out the introduction of 184 replacement vehicles from the 2025/26 capital programme.**
We recommend that the Service standardise the recording of equipment testing with a national electronic system as soon as possible.	11	Standardise the recording of equipment testing with a national electronic system.	Head of Asset Management, Ijaz Bashir	Sep-25	Dec-25 Mar-26	Complete	15 December 2025: Recruitment is underway for a Fleet Systems Manager and a Fleet Systems Support Coordinator. These roles are critical to progress any development of the Tranman system and possible migration to the Transend system. As such, progress will depend upon the successful recruitment of these posts whereupon the successful candidates will then be able to progress with system review. A revised due date is required to allow time for the recruitment process to be concluded. A revised due date of 31 March 2026 is proposed. This action remains amber due to the time required for the recruitment process to be concluded and the posts to be filled. [Proposed revised due date from 31 December 2025 to 31 March 2026] 09 February 2026: The Fleet Systems Manager is now in post and recruitment is underway for the Fleet Systems Support Coordinator with interviews taking place from mid-January 2026. The Tranman User Group is now in place with scheduled meetings and a review of Tranman/Transend, as well as other available systems, is currently ongoing against the restrictions of the remaining Tranman contract, costs involved in upgrade to Transend and procurement issues in going to market. The existing Tranman contract has a limited lifespan against the potential investment required to migrate to Transend. Other systems are currently being reviewed in conjunction with Data and Technology Services (DaTS) colleagues to determine if a single solution application can meet the needs of Fleet, Equipment and Data and Technology Services (DaTS). This action remains amber due to the time required for the recruitment process to be concluded and the posts to be filled. **28 April 2026:** **The Fleet Systems posts are now filled however no move to a specific system can be implemented at present until the full assessment of PPFT has been completed and the timescales have been determined following the decision for the standardised system i.e. of either being part of PPFT or procurement of a new asset management system or migration to Transend. These options will be considered through the Tranman User Group, with timescales of potentially 16 to 24 months for implementation and with significant potential costs.** **The timescales of either being part of PPFT or procurement of a new asset management system or migration to Transend are potentially 16 to 24 months with significant costs which would need to be defined and if necessary, funding sought through a Business Case.** **It is proposed that this action is closed with the work undertaken and the recommendation being given full consideration. Any further development work identified will be reviewed and undertaken by the Tranman user Group as Business as Usual (BAU) and progressed through the established governance route. This action has been marked GREEN and is now requested complete.**	**100%**		**Green**	**DDaT Work Plan - see action for standardised recording system.** **PPFT has now been rebadged as CBS (Corporate Business System) and is currently at the very start of the procurement process with a UIG having sat in two sessions with the selection about to be initiated through a framework. The primary elements of Finance and HR are anticipated to be prioritised for implementation however until a supplier is selected no initiation timescale can be determined.**

We recommend that the Service should review its current partnership commitment within the West Service Delivery Area to gauge its investment in capacity and resources versus the added value to outcomes realised by the Service and the communities it serves.	19.2	Apply the principle based guidance documents and reporting process to review current partnership commitments within the West Service Delivery Area.	Deputy Assistant Chief Officer (West), Ian McMeekin	Mar-26	**Jun-26**	In Progress	15 December 2025: As per the previous quarterly update, this action is co-dependent, and therefore work will commence, on the completion on the development of a principle-based guidance document that enables the Service to manage and record partnership relationships effectively (Action 19.1). This action remains green and work will commence pending the completion of the development of a principle-based guidance document that enables the Service to manage and record partnership relationships effectively. 09 February 2026: As per the previous quarterly update, this action is co-dependent, and therefore work will commence, on the completion on the development of a principle-based guidance document that enables the Service to manage and record partnership relationships effectively (Action 19.1). This action remains green and work will commence at the end of February when the guidance document above has been published. **28 April 2026:** **The Draft Partnership Working Guidance has been approved and is currently being prepared by graphics for introduction. Once published, existing partnerships will be reviewed. The recording element of this action is dependent on progress against a related action.** **[A revised due date from 31 March 2026 to 30 June 2026 is requested to allow this work to be undertaken.]** **This action has moved from green to amber due to the delay in timescales as a result of the delay to the publication of the guidance with work being progressed towards the requested revised due date.**	**0%**		**Amber**	
We recommend that the Service should conduct a review of its leadership and management development processes to provide a national standard and syllabus for delivery at all levels.	20	Review SFRS Leadership and Management development processes to provide a national standard and syllabus for delivery at all levels.	Deputy Head of People, Ceri Dodd	May-25	Sep-26	In Progress	15 December 2025: The Leadership and Management Development taskforce was established in September 2025, as a workstream of the Organisational Culture and Leadership Programme. The taskforce ran a full day workshop on 30 October 2025 to agree the initial priority work packages, which are now progressing. The workstreams will provide progress updates in December 2025 and present to the initial Organisational Culture and Leadership Programme Board in January 2026. The intention is to have approval of the initial programme content for supervisory managers by the end of Quarter 4 2025/26, with roll out commencing in Quarter 1 2026/27. This action remains green with work ongoing towards the previously agreed revised due date of 30 September 2026. 09 February 2026: The Leadership and Management taskforce workstreams have been progressing the initial priority supervisory manager work packages and will present to the initial Organisational Culture and Leadership Programme Board in early 2026. The intention is to have approval of the initial programme content for supervisory managers by the end of Quarter 4 2025/26, with roll out commencing in Quarter 1 2026/27. This action remains green with work ongoing towards the previously agreed revised due date of 30 September 2026. **28 April 2026:** **Leadership and management development is a core workstream within the Organisational Culture and Leadership Programme. A national framework is in development, with defined pathways for Supervisory, Middle and Strategic Managers aligned to National Fire Chiefs Council (NFCC) programmes and SFRS Leadership Essentials. Priority supervisory manager work packages are progressing and will inform a consistent national syllabus, supported by blended delivery and Train-the-Facilitator arrangements.** **Progress has been impacted by the Leadership Taskforce operating on an additional-to-role basis; as the programme enters its next phase, the taskforce is being reshaped to support more sustainable delivery. Inconsistent abstraction arrangements for supervisory and middle managers continues to limit attendance and pace** **In addition to progressing the Supervisory programme, the next steps are the agree the SFRS Leadership model / framework, which will inform development of the Middle and Strategic Manager provision.** **This action remains green with work ongoing towards the previously agreed revised due date of 30 September 2026.**	**50%**		**Green**	
We recommend that the Service should review the national recruitment standards and T&Cs with a view to exploring, developing and implementing pragmatic and alternative solutions for local recruitment.	21	Review the national recruitment standards and Terms and Conditions (T&Cs) with a view to exploring, developing and implementing pragmatic and alternative solutions for local recruitment.	Head of People, Lyndsey Gaja	May-25	Apr-26 **Jun-26**	In Progress	15 December 2025: Enhancements were made to the August 2026 Wholetime Firefighter (WT FF) recruitment process, including improved engagement materials, positive action events, the use of the ALICE AI tool for application analysis, and improvements to the Practical Selection Tests (PSTs) such as the introduction of pacers. A full review will take place following conclusion of the process, with further improvements planned for the next recruitment process in 2026. This action remains green with work ongoing towards the previously agreed revised due date of 30 April 2026. 09 February 2026: The planned review of the amended Retained Duty System (RDS) Terms and Conditions (T&Cs) commenced in January 2026. The recruitment standards for On Call remain the same as Wholetime staff with all information for candidates contained within the recruitment information pack. There is also an On Call Practical Selection Test (PST) process flow chart which is available for hiring managers and this details some differences in the recruitment process for the benefit of local On Call recruitment. Although the same standards as Wholetime applicants must be achieved for progression, there are certain elements of the process where On Call candidates can obtain a second attempt, such as the calculation test, fitness test and specific elements of the Practical Selection Tests. This action remains green with work ongoing towards the previously agreed revised due date of 30 April 2026. **28 April 2026:** **The Retained Duty System (RDS) Standardisation Project review is ongoing as the final policy was introduced in April 2025 and all new policies have a standard 1 year review period. However, all other related terms and been reviewed and area feedback has been analysed. This work is being reported back to the On Call Senior Working Group (OCSWG), anticipated June 2026. During this period a review all of the associated On Call policies will take place through our normal governance processes. In addition to the previous update on recruitment standards the OCSWG is currently looking at the introduction of an Learning Content Management System (LCMS) module for hiring managers to further standardise our approach to On Call recruitment.** **[A further (2nd) revised due date from 30 April 2026 to 30 June 2026 is requested to allow this work to be undertaken.]** **This action has moved from green to amber due to the delay in timescales to allow time for the established reporting cycle to take place with work progressing towards the requested revised due date.**	**90%**		**Amber**	
We recommend that the Service review the implementation of Operational Assurance Policy and practice within the West Service Delivery Area in order that improvement and development of local and organisation learning be realised.	29	Operational Assurance will consider conducting a thematic review of the implementation of Operational Assurance Policies and practice in the West Service Delivery Area (WSDA), (this will be determined on completion of the ongoing HMFSI Operational Assurance Inspection)	Alasdair Cameron / Laura McIntyre	Mar-26	Jun-26	In Progress	15 December 2025: Following the publication of the HMFSI Operational Assurance Inspection Report (September 2025) and subsequent cross-referencing, this recommendation will be progressed as outlined within the West SDA Action Plan. To support this, a thematic review has been scheduled to commence in Q4 2025–26 reporting year, focusing on the implementation of Operational Assurance policies and practices. Given the sequencing of the Operational Assurance Report publication, with the need for confirmation on the most appropriate course of action for this West SDA recommendation, and a need for the work to progress through formal governance reporting following the outcomes from the thematic review, a formal request is made at this time to extend to the end of Q1 of the 2026–27 (30 June 2026) to enable this to take place accordingly. [Proposed revised due date from 31 March 2026 to 30 June 2026] 09 February 2026: Operational Assurance are currently in the process of conducting a thematic audit of the implementation of Operational Policies and practice within the West Service Delivery. This Thematic audit commenced in January 2026 and will be reported through established governance routes in April 2026. The outcomes within the Thematic Audit will be informed through in person engagement with personnel across the West Service Delivery Area in addition to the use of data obtained from surveys service wide and through interrogation of existing systems. It is anticipated that the outcomes will be reported through established governance routes and this will begin at Safety and Assurance Function Management Team Meeting in April 2026 and conclude at the subsequent Training Safety and Assurance Board of which dates have still to be finalised for 2026/27. This action remains green with work ongoing towards the previously agreed revised due date of 30 June 2026. **Update for 28 April:** **Operational Assurance are currently in the process of conducting a thematic audit of the implementation of Operational Policies and practice within the West Service Delivery. This Thematic audit commenced in January 2026 and will be reported through established governance routes in April 2026.** **The outcomes within the Thematic Audit will be informed through in person engagement with personnel across the West Service Delivery Area in addition to the use of data obtained from surveys service wide and through interrogation of existing systems.** **It is anticipated that the outcomes will be reported through established governance routes and this will begin at Safety and Assurance Function Management Team Meeting in April 2026 and conclude at the subsequent Training Safety and Assurance Board of which dates have still to be finalised for 2026/27.** **This action remains green with work ongoing towards the previously agreed revised due date of 30 June 2026.**	**10%**		**Green**	

We recommend that the Service provides clarity on the expected business planning processes to be adopted in the coming years, and how they should align to the Good Governance Framework. All agreed processes should then be reinvigorated and clearly communicated across all Service Delivery Areas.	1	Contact Deputy Assistant Chief Officers and Local Senior Officers to provide clarity on the forthcoming business planning arrangements, including the development timeline for the revision and publication of Local Fire and Rescue Plans that align with the Strategic Plan 2025-28.	Head of Corporate Governance, Richard Whetton	Dec-24		Complete	17 February 2025: Local Senior Officers and Deputy Assistant Chief Officers were emailed in November 2024 and provided with an update on the development of the SFRS Strategy and, in turn, Local Fire and Rescue Plans. This was followed up by a more detailed email in January which provided links to a range of material including information on the business planning process and a detailed timeline for the development of our business planning documents, including the SFRS Strategy and Local Fire and Rescue Plans. This action is complete and has been marked blue.	100%	N/A	Complete	Email to Local Senior Officers and Deputy Assistance Chief Officers dated November 2024. Email to Local Senior Officers and Deputy Assistance Chief Officers dated January 2025 with link to iHub page with detailed timeline and the business planning process information contained within the draft
We recommend that the Service review the impact of the Chief Officer's fund being removed within the West Service Delivery Area and that guidance is provided to all staff as to how this resourcing should be replaced.	2	Review the impact of the Chief Officer's fund being removed within the West Service Delivery Area and determine how this resource may be replaced. Ensure full guidance is provided to all staff on completion of review.	Head of Finance and Procurement, Lynne McGeough	Mar-25		Complete	23 June 2025: A review through engagement with Local Senior Officer areas was undertaken and resulted in limited impact being noted, with areas focusing on how to support local areas through use of premises / buildings. Areas have also refocused attention on securing external funding to assist in being able to fund projects that have previously been funded through the Chief Officer's fund. In other cases bottom line budgeting has been used and costs have been offset with savings elsewhere within the Area. Current financial challenges impact the availability of this fund, however, since the removal of the fund other options have been explored and exercised and there has been no impact to service provision. It is suggested that current options be continued and external funding explored where available. This action is now complete and has been marked blue.	100%	Jun-25	Complete	
We recommend that the West Service Delivery Area review the hazards within their area and confirm that specific operational procedures have been developed, if it is deemed that they are not covered entirely by generic standard operational procedures. (Local Action)	4	Review the current/future strategy for Standard Operating Procedures (SOPs) and the requirements for individual site specific procedures to identify specific risks within the Service Delivery Area which could require a site specific Standard Operating Procedure (SOP).	Deputy Assistant Chief Officer (West), Stephen Wright	Jan-25		Complete	17 February 2025: As part of the Document Conversion project being carried out by the Operations Directorate, a review of all Standard Operating Procedures (SOPs) is being carried out to streamline the guidance to operational personnel at an operational incident. It is envisaged that there will not be a requirement for site specific Standard Operating Procedures (SOPs) for individual specific risks as the current process for gathering information on these risks is deemed to be appropriate for operational personnel. This information is gathered via existing operational intelligence, civil contingency partnership arrangements e.g. Multi-Agency Incident Response Guides (MAIRGs) and ongoing information update practices to operational crews from the premises responsible persons. This action is now complete and has been marked blue.	100%	Jan-25	Complete	
We recommend that the Service review its Fire Appliance Driver and Specialist capacity in the West Service Delivery Area to understand the areas of most pressure and apply mitigation, which allows firefighters to practice variety in the role on a more regular basis.	5	Review the Fire Appliance Driver and Specialist capacity to understand the areas of most pressure and apply mitigation to allow firefighters to practice more variety and on a more regular basis.	Head of Training, Craig McGoldrick / Deputy Assistant Chief Officer (West), Stephen Wright / Operational Availability Group (OAG)	Nov-24		Complete	17 February 2025: There is a current review (OAG Action) of drivers within each Watch and Station to understand any gaps and identify specific priorities. A criterion of one driver per appliance plus an additional driver per Watch for resilience is considered as the benchmark. Once the gap analysis is completed, engagement with the Training Function will take place to agree Training Needs Analysis (TNA) and priority for Watches and Stations accordingly. Mitigation is also considered for specific stations where there is the opportunity to use (i) CC drivers and (ii) Firefighters (FFs) in development who are also competent On Call FF drivers. It is proposed that this action should be closed as work is already being fully addressed via the Operational Availability Group (OAG).	100%	Nov-24	Complete	
We recommend that the Service reviews the West Service Delivery Area Fire Station condition surveys to understand the areas of most pressure regarding dignified facilities and contaminants to explore any possible interim mitigation measures.	6	Review West Service Delivery Area (WSDA) fire station condition surveys to understand the areas of most pressure regarding dignified facilities and contaminants to explore any possible interim mitigation measures.	Head of Asset Management, Ijaz Bashir	Jun-25	Dec-25	Complete	26 August 2025: Safety and Assurance have issued the Fire Contaminants Management Arrangement incorporating Premises Specific Risk Assessment and Premises Zoning Guidance which is being implemented by Premises Responsible Persons at all premises and any ad hoc Property Adaptations required to facilitate are being collated by the Contaminants group for assessment and to inform any funding business case required. All Stations have been reviewed in terms of Dignified Facilities and whilst not to the services adopted standards for new build of single occupancy gender neutral facilities, all Wholetime stations in the West Service Delivery Area have dedicated Male/Female Toilet and Shower provision. All On-Call properties in the West, bar 4 non-fire station establishments (sheds), have either dedicated Male/Female or single occupancy gender neutral toilets and all bar the above mentioned 4 sheds and the two garage style Volunteer properties at Bunessan and Port Ellen have either dedicated Male/Female or single occupancy gender neutral showers. The Dignified Facilities/Contaminant Control reconfiguration at Calton Fire Station is currently in progress and a Planning Application for the reconfiguration of Kilmarnock Fire Station has been submitted with a view to commencing project this year. Recent Modernisation projects to reconfigure existing stations for Contaminant Control/Dignified Facilities are averaging circa £3M for a Wholetime station and £1M-£1.5M for an On-Call station. Progress is limited by available funding and other priorities within the Service. There are no low cost measures that are not already implemented to increase/improve/upgrade facilities and even temporary accommodation style solutions can cost up to mid-six figures to implement We await the outcome of the Premises Risk Assessment and Zoning exercise to identify any works required at individual stations to facilitate the implementation of the contaminant management arrangements and continue to progress program of reconfiguration across the estate as funding permits. This action has been marked blue and is now complete with any further works being undertaken as business as usual (BAU).	100%		Complete	
We recommend that the Service resolves the RAAC roofing problems at the affected stations as a matter of urgency (West SDA).	7	Identify solutions for permanent resolutions to those stations in the West SDA that have Reinforced Autoclaved Aerated Concrete (RAAC) roofing.	Head of Asset Management, Ijaz Bashir	Jun-25	Dec-25	Complete	23 June 2025: Stewarton – A site search has identified a number of possible new build sites and these have been reviewed by service delivery for operational suitability. On approval of preferred site, property services will commence due diligence and negotiations with the land owner to secure the site for future construction. The remaining three sites - Cumbernauld, Helensburgh and Milngavie - continue to be regularly inspected to monitor their condition, and we have options to resolve, through either new build or remediation, which will be progressed dependent upon the outcomes of the Strategic Service Review Programme. CORPORATE BOARD UPDATE: There is clear evidence that the recommendation has been given due regard and that the work to Identify solutions for permanent resolutions to those stations in the West SDA that have Reinforced Autoclaved Aerated Concrete (RAAC) roofing was fully scoped and is underway. The work is well established and being monitored. As such, this action is determined as closed, and future work will be undertaken as 'business as usual' and will be monitored accordingly.	100%		Complete	
We recommend that the Service review the existing practices and processes within the West Service Delivery Area for property maintenance with the Central Property partner in order that increased local administration and responsibility of property be explored.	8	Review existing practices and processes within the West Service delivery Area (WSDA) for property maintenance with the Central Property Partner.	Head of Asset Management, Ijaz Bashir	Jun-25		Complete	23 June 2025: The Regional Property Manager provides scheduled updates on minor works and repairs and maintenance orders as part communication to Local Senior Officers (LSOs). The Regional Property Manager meets with the Central Property Partner every week, alternating between Repairs and Maintenance and Minor Works agendas. All Stations have access to the Property Portal on Civica Asset Management System to raise issues directly to the Central Property Partner. This action is now complete and has been marked blue.	100%		Complete	
We recommend that the Service reviews the existing practices and processes for equipment provision and maintenance within the West Service Delivery Area with the Central Equipment partner in order that increased local administration and responsibility of equipment can be realised.	10	Review existing practices and processes within the West Service Delivery Area (WSDA) for equipment provision and maintenance with the Central Equipment Partner.	Head of Asset Management, Ijaz Bashir	Apr-25		Complete	17 February 2025: Asset Management (Equipment Section) ensures that equipment is inspected through a national contract together with maintenance in line with operational appliance schedules. Processes are in place and performance of the contract is monitored together with review to ensure equipment is kept within certification. Feedback from quarterly Deputy Assistant Chief Officer (DACO) meetings is taken onboard. It is proposed that this action is closed. This action is now complete and has been marked blue.	100%	Jan-25	Complete	
We recommend that the Service reviews the existing Breathing Apparatus provision within Volunteer Stations to satisfy itself that training, testing and maintenance is being conducted to an acceptable standard and that the capability can be deployed safely within existing policy and operational guidance.	12	Review existing Breathing Apparatus provision in On-call (volunteer) stations and confirm appropriate action to address inconsistencies to provide a standard approach that meets acceptable standards.	Head of Operations, Garry Mackay	Feb-25		Complete	17 February 25: There are processes in place for the review and monitoring the competence of Breathing Apparatus (BA) wearers, this is managed locally at Local Senior Officer (LSO) level and where wearers are not considered competent then the capability is removed from the rostering system. This will remove the appliance from the mobilising system should the deficiency result in unsafe crewing levels. There are also local arrangements to support the testing and cleaning of Breathing Apparatus (BA) sets and associated equipment. This is further supported by the Training Function with Breathing Apparatus (BA) refresher program and Instructors able to provide support to the more remote areas in conjunction with the Local Senior Officer (LSO). Operations are working with Assets in the procurement of replacement Breathing Apparatus (BA) sets. This review will include the distribution of Breathing Apparatus sets and their operation, and will align with the Strategic Service Review Programme (SSRP). This action is now complete and has been marked blue.	100%	Jan-25	Complete	
We recommend that the West Service Delivery Area reviews the existing Safe Working at Height provision within Dumfries & Galloway and develop an improvement plan for consistent maintenance of skills and service delivery.	13	Review existing Safe Working at Height provision and confirm appropriate action to address inconsistencies to provide a standard approach to type and use of the equipment.	Head of Operations, Garry Mackay / Deputy Assistant Chief Officer (West), Stephen Wright	Jan-25		Complete	17 February 25: A national review of Safe Working At Heights (SWAH) provision has been undertaken across the SFRS, specifically in the West Service Delivery Area (SDA) where there have been realignments scheduled for the stations within Dumfries. This will realign the current provision to new Tier 1 and Tier 2 capabilities which will be standardised across Scotland. Safe Working At Heights (SWAH) Tier 2 training - All wholetime watches at Dumfries will have their training completed by late April/early May. Dumfries On call, alongside Moffat and Newton Stewart personnel will work to Tier 2 within training year 2025/26. Tier 1 identified stations will be skilled locally, by Training. Asset Management have new Safe Working At Heights (SWAH) equipment for Tier 1 and 2 will be provided and this will go live on completion of the respective training. This action is now complete and has been marked blue.	100%	Jan-25	Complete	
We recommend that the Service investigate the application of the national laundry contract processes and look to explore improvements within the West Service Delivery Area.	14	Undertake a review of the application of the national laundry contract processes and make recommendations for improvement where necessary.	Head of Asset Management, Ijaz Bashir	Apr-25		Complete	17 February 2025: The standardised laundry contract currently in place has been reviewed and operates to the contract terms of 7 days from point of receipt at laundry facility to return to SFRS hubs. The provision of additional reserve Personal Protective Equipment (PPE) assists in ensuring availability. The performance of the contract continues to be monitored. It is proposed that this action is closed as appropriate monitoring is in place. This action is now complete and has been marked blue.	100%	Jan-25	Complete	
We recommend that the Service completes its review of the Functional Management structure within Johnstone Operations Control to ensure staff are being supported and operational preparedness is being delivered in the most efficient and effective way.	15	Review of National Operations Control Structure to ensure sufficient fire control employees to provide a resilient Fire Control.	Head of Operations, Garry Mackay	Jan-25		Complete	17 February 25: A review of the Operations Control (OC) Structure has taken place over the past year incorporating full consultation with Operations Control (OC) personnel and Representative Bodies. This work has been supported by the People Directorate. A business case was submitted to the Strategic Leadership Team Meeting on 17th December 2024. Further information was requested and this was re-submitted to the January 2025 Strategic Leadership team Meeting for approval. This action is complete in terms of the review of the national Operations Control Structure and has been marked blue.	100%	Jan-25	Complete	

We recommend that the West Service Delivery Area should seek to strengthen and improve the operational and managerial links to Johnstone Operations Control to improve operational preparedness and delivery. (Local)	16	Consider how to improve existing relationships between Local Senior Officer management teams and station personnel to improve operational and management links.	Deputy Assistant Chief Officer (West), Stephen Wright	Jan-25		Complete	17 February 2025: Engagement has taken place with West Service Delivery Area (SDA) Local Senior Officers (LSOs) and senior Johnstone Operations Control (JOC) staff to consider how best to strengthen these links. The main challenge is capacity to release Operations Control (OC) staff to participate in any other engagement out with Johnstone Operations Control. Johnstone Operations Control (JOC) staff were invited and participated in the recent multi agency exercise at Faslane which was very successful and invites will continue for future internal and external exercises. Senior Johnstone Operations Control (JOC) staff will be invited to future Service Delivery Area (SDA) and Local Senior Officer (LSO) management team meetings to enable national and local engagement and updates to take place. In addition station visits to Johnstone Operations Control (JOC) are being arranged for 2025 and West Flexi Duty Manager (FDM) visits to Incident Support Room (ISR) familiarisation sessions. It is proposed that this action is closed and progressed as Business As Usual (BAU). A schedule of visitations from Operational Station Personnel have been on-going over the past year co-ordinated by Johnstone Operations Control (JOC). These visitations will continue as required. At present a schedule is being arranged for Incident Support Room visits for Operational Flexi-Duty Officer Groups to improve operational preparedness and enhance management links. This action has been completed and has been marked blue with further work being undertaken as Business As Usual.	100%	Jan-25	Complete	
We recommend that the Service should review its consultation and liaison process to ensure that the staff at Johnstone Operations Control are provided with enough 'lead' time to prepare and train for policy and procedural changes.	17	Review existing procedure within Operations Control for the creation, consultation and implementation of new or revised policy and procedures.	Head of Operations, Garry Mackay	Sep-24	Aug-25	Complete	26 August 2025: Operations Control (OC) have a Subject Matter Expert (SME) embedded with the Operations Policy and Procedure Team affording early insight to changes in Policy and Procedure. The OC SME highlights where policy and procedural changes impacts Operations Control directly ensuring that an appropriate timeframe for informing of change, training needs and any systems changes are met. Whilst this allows a suitable lead timeframe for the creation, consultation and implementation of new or revised policy and procedures, it must be noted that there are changes that require to be implemented at short notice, namely critical safety changes or new resources. These short notice changes are supported with the use of Service Delivery Alerts, Awareness Briefings and input at Watch level to ensure both understanding of short notice change and maintaining welfare of personnel. This action has been marked blue and is now complete.	100%	Aug-25	Complete	
We recommend that the Service should review its consultation, communication and liaison process to ensure the staff and partners are fully engaged in future substantial change processes.	18	Implement Consultation Policy that aligns with the Communications Strategy to guide communications and engagement planning for significant change plans, including a debrief process.	Head of Communications, Marysia Watters	Sep-24		Complete	17 February 2025: A debrief was held within the communications department following the implementation of the operational changes to identify lessons learned and reports were shared with the Strategic Leadership Team (SLT). This has been used to inform our approach to development of options for consultation and to ensure that SFRS adheres to the staff first principle enshrines in the SFRS Communications Strategy. This action is complete and has been marked blue.	100%	Sep-24	Complete	
We recommend that the Service should review its current partnership commitment within the West Service Delivery Area to gauge its investment in capacity and resources versus the added value to outcomes realised by the Service and the communities it serves.	19.1	Develop a principle based guidance document that enables the Service to manage and record partnership relationships effectively.	Head of Corporate Governance, Richard Whetton	Mar-25	Sep-25 Dec-25	Complete	15 December 2025: The Partnerships Guidance document is now in draft and ready for sharing for internal consultation prior to publication. There is an interdependency relating to the capture of partnership working information/initiatives across the Service with the community safety initiatives application and this will be discussed with Prevention prior to publication. Consultation on the Guidance document will be followed by Strategic Leadership Team (SLT) approval. This action remains amber due to the slip in original timescales and the requirement for further discussions/work regarding information and data capture. Work is continuing towards the previously agreed revised due date of 31 December 2025. 09 February 2026: The Partnerships Guidance document has now been shared internally for feedback and will be presented to the Strategic Leadership Team on 17 February. Following approval, it will be published by the end of February. Given that this document will be published by the end of February, it is proposed that this action is regarded as completed within this reporting period.	100%		Complete	
We recommend that the Service review its engagement strategy with a view to improving the visibility of Strategic Management at local level.	22	SFRS Communications and Engagement strategy has been reviewed to ensure it meets the needs of the organisation. Internal communication framework is to be developed.	Head of Communications, Marysia Waters	Mar-25		Complete	17 February 2025: The Draft Internal Communications Framework will go to Corporate Board in February 2025. This action is progressing and has been marked green. 23 June 2025: The Internal Communications Framework is completed and currently going through the governance process. It is scheduled to go Corporate Board in June for final approval. This action is now complete and has been marked blue.	100%	Aug-25	Complete	
We recommend that the Service review its management and governance structure with a view to identifying improvements, which would give staff more local responsibility, autonomy and flexibility.	23	Undertake a series of Focus Groups to inform a review of governance structures and processes within the West Service Delivery Area.	Head of Corporate Governance, Richard Whetton	Aug-25		Complete	26 August 2025: In discussion with DACO McMeekin, a paper with recommendations for governance changes has been produced. Any changes are proposed to be phased in over the rest of 2025. This action has been marked blue and is now complete.	100%	Aug-25	Complete	
We recommend that the West Service Delivery Area reviews its delivery of Core Skill TFoC training with improvement in completion at Volunteer Duty System stations deemed a priority. (Local Action)	24	Review current strategy for training delivery of Training for Operational Competence (TFoC) Core Skill training for Volunteer Duty System (VDS) staff.	Head of Training, Craig McGoldrick Deputy Assistant Chief Officer (West), Stephen Wright /	Jan-25		Complete	17 February 2025: A review will be instigated by Local Senior Officer (LSO) Area teams responsible for Volunteer Duty System (VDS) stations, with specific focus on Training for Operational Competence (TFoC) module requirements tailored to their station risk profiles. Once completed, robust monitoring and management of Volunteer Duty System (VDS) station quarterly training performance is required by Local Senior Officer (LSO) Area teams and the Training Function will support the amendment of station specific Training for Operational Competence (TFoC) It is proposed that this action should be closed, and work should be considered as business as usual (BAU).	100%	Jan-25	Complete	
We recommend that the Service review its delivery of core skill refresher training with improvement in West Service Delivery Area Breathing Apparatus Compartment Fire and Tactical Ventilation courses and all skills at Volunteer Duty System stations deemed a priority.	25	Review current strategy for training delivery of Training for Operational Competence (TFoC) Core Skill refresher training regarding Breathing Apparatus Compartment Fire and Tactical Ventilation for Volunteer Duty System (VDS) staff.	Head of Training, Craig McGoldrick	Nov-24		Complete	17 February 2025: It should be noted that since the HMFSI field work, the Service has implemented a Breathing Apparatus (BA) Recovery Programme which will see all qualified Breathing Apparatus (BA) wearers attend a revised 3:1 Course to address competency gaps. The Breathing Apparatus (BA) Recovery Programme will be reported, with full updates provided, via Training Functional Management Team (FMT) and the Training Safety and Assurance Directorate Management Team (DMT) (governance and scrutiny). It is proposed that this action should be closed as work is being undertaken and scrutinised through established governance routes.	100%	Nov-24	Complete	
We recommend that the Service review its delivery of specialist skill refresher training with improvement in WSDA Heavy Rescue and USAR required.	26	Review delivery of specialist skill refresher training with specific improvement in Heavy Rescue and Urban Search and Rescue (USAR).	Head of Training, Craig McGoldrick	Nov-24		Complete	17 February 2025: The data used by HMFSI for their inspection report was from the 2022/23 Key Performance Indicator (KPI) reporting and it should be noted that since the HMFSI field work, the reporting data for Heavy Rescue and Urban Search and Rescue (USAR) now have a competency percentage of 125% and 99% respectively. It is proposed that this action should be closed as work has been undertaken and refresher training for Heavy Rescue and Urban Search and Rescue has continued to be undertaken and competency levels have been attained.	100%	Nov-24	Complete	
We recommend that the Service review the provision of TSFF training and explore the delivery of WSDA acquisition and refresher courses in the future.	27	Review the provision of Tactical Ship Firefighting (TSFF) training and explore the delivery of acquisition and refresher courses.	Head of Training, Ross Robison	Nov-24	Mar-25	Complete	23 June 2025: It is proposed that this action should be closed. A joint review of the SFRS Marine Capability was carried out by Operations Function and supported by Training Function specialist skill leads. To meet the findings of the review: Year 1 focus on Command & Control aspects ▪ SFRS Training Function facilitated and delivered acquisition training to upskill and qualify 12 x Marine Tactical Advisors. These Flexi Duty Officers now provide 24/7 coverage across our Incident Command System (Completed March 2025). (link to Course outcomes as evidence). ▪ To enhance the knowledge and understanding of Operational staff, Training Function E-Learning & Development designed and launched a Maritime Case Study which is now available on our SFRS Learning Content Management System (LCMS) platform, created via cutting-edge XVR Immersive Software (link as evidence). Future planned work, to go beyond the recommendation/action, includes: ▪ The Training Function intends to review the current Marine National Training Standard as part of an upcoming National Training Standards Review Project. ▪ Operations and Training continue to ensure alignment in the support of the roll out of additional Marine capabilities (Operations Strategy), this will be driven by Policy and Operational Procedure reviews. This action is now complete and has been marked blue.	100%	Mar-25	Complete	
We recommend that the Service implement and resource the new Training Vision and Strategy in its entirety, in order that both historic and contemporary areas of improvement be upgraded and that evaluation of this be completed.	28	Implement and resource the new SFRS Training Vision and Strategy.	Head of Training, Craig McGoldrick	Nov-24		Complete	17 February 2025: The Training Vision and Strategy (TVS) has been launched and Training Frameworks are in development to embed the approach laid out within the Training Vision and Strategy (TVS). A Training Asset Management Programme is also in development (due November 2024) which will complement the asset refresh and investment to complement the Training Vision and Strategy (TVS). This is business as usual (BaU) and will be reported on under the Training Continuous Improvement Plan via the Functional Management Team, Directorate Management Team and People Committee (governance route). It is proposed that this action should be closed as work is being undertaken and reported and scrutinised through established governance routes.	100%	Nov-24	Complete	

SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/12-26

Agenda Item: 10.1

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**04 JUNE 2026**							
Report Title:	**PERFORMANCE MANAGEMENT FRAME QUARTERLY PERFORMANCE – 2025-26 Q4**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	To provide members with the quarter 4 performance for fiscal year 2025-26.
2	**Background**
2.1	The Performance Management Framework (PMF) defines how we, the Scottish Fire and Rescue Service (SFRS), manage our performance and how we use performance information to inspire change and improvement. This framework remains in place for reporting on 2025-26 and is being replaced with a new framework for 2026-27 reporting.
3	**Main Report/Detail**
3.1	This paper covers all performance indicators stated in the PMF intended for scrutiny by the Service Delivery Committee (SDC).
3.2	This end-year report will be the final report in the current format. Reporting under the new Performance Management Framework, with performance indicators aligned to the Strategy 2025-28, begins in 2026-27 Q1.
3.3	KPI 7 - % High Risk HFSV KPI is no longer reportable following process changes introduced in 2025. All visits now align with revised identification criteria - continuing to assess fire probability and consequence, evaluate occupant risk factors, and provide advice in line with Scottish legislation.
3.4	KPI 8 – % Partner Referrals (HFSV) KPI will not be reported until system goes live in Q4 2025–26. The application is in final testing, with reporting to follow once data integrity is confirmed. Existing local engagement and partner liaison arrangements remain fully operational, ensuring continued risk awareness and service assurance during this transition period.
3.5	KPI 16 - On-Call 1st Appliance Availability - The on-call rostering systems changed in 2025-26 Q3, which has impacted our semi-automated process for reporting this KPI. For 2025-26 Q3 and Q4 we have manually integrated data from the new system at the point of transition for each of the SDAs, however, it has not been possible to do this seamlessly. In-system reporting runs on a weekly basis (Monday – Monday), yet system changes occurred mid-week and it has not been possible to merge weeks, so we have defaulted to using the new system report for that week. Work to automate data access from the new system is underway, once established, we will implement a robust methodology for this KPI.

3.8	As an interim measure (pre 2025 SFRS Strategy & PMF), any current KPI indicators with compliance statutory or other legislative implications, are identified in red underlined text to assist their intended audience considering wider implications than just improving or deteriorating performance.
3.9	The indicators identified in this report as pertinent to the requirement of 3.2 are – • **9 - Audits Completed** – SG Fire and Rescue Framework states "*SFRS should deliver its statutory duties by providing information, guidance and advice and fire safety audits of relevant premises*". • **17 - Wholetime Availability** – 5WDS Collective Agreement Statement states "*The 5WDS is managed with the aim of maintaining agreed confidence levels*". • **18 - OI Inspections** – OI Policy and Guidance states "*SFRS has a statutory obligation under the Fire (Scotland) Act 2005, which directs the SFRS to have arrangements in place for obtaining information required or likely to be required for fires and other emergencies*".
3.10	Exceptional variation: • 17 - Wholetime Availability
3.11	Deteriorating (long-term): • 6 - HFSV Conducted • 14 - Median Response Time to Life Risk Incidents • 15 - Median Call Handling Time for Life Risk Incidents • 16 - On-Call 1st Appliance Availability
3.12	Improving (long-term): • 2 - Deliberate Primary Fires • 3 - Refuse and Vehicle Fires • 4 - Fire Fatalities • 10 - ADFs • 18 - OI Inspections
3.13	Not changing: • 1 - Non-domestic Building Fires • 5 - Fire Casualties • 9 - Audits Completed • 11 - % High Severity ADFs • 13 - Non-refuse Secondary Fires • 19 - Ops Assurance Audit Actions • 21 - UFAS Incidents
3.14	Not known – limited data or unspecified direction: • 7 - % High Risk HFSV • 8 - % Partner Referral HFSV • 12 - Total Incidents • 20 - Hydrant Inspections • 30 - Assist Other Agencies Incidents • 31 - Effect Entry/Exit Incidents
4	**Recommendation**
4.1	Members are invited to scrutinise the contents of this, question KPI performance and provide feedback on practical use of reporting to ensure continuous development of user experience. The live version of the report can be accessed through the Governance area of the Power BI Landing Page.

5	Key Strategic Implications
5.1 5.1.1 5.1.2	**Risk Appetite and Alignment to Risk Registers** SPPC001 - Service Performance Management – Medium Risk There is a risk of the service not consistently providing accurate performance management information from some sources due to inaccurate data or inadequate systems resulting in loss of confidence in reporting service performance. Appetite - In relation to our internal governance, including systems of controls and data governance, SFRS has a Cautious appetite.
5.2 5.2.1	**Financial** Performance measures reported for Strategic Outcomes 5 and under 'Annual Reporting' provide insight to finance.
5.3 5.3.1	**Environmental & Sustainability** Performance measures reported under 'Annual Reporting' provide insight to environmental and sustainability.
5.4 5.4.1	**Workforce** Performance measures reported for Strategic Outcomes 6 provide insight to workforce.
5.5 5.5.1	**Health & Safety** Performance measures reported for Strategic Outcomes 6 provide insight to safety and assurance.
5.6 5.6.1	**Health & Wellbeing** There are no specific Health and Wellbeing implications addressed in this paper.
5.7 5.7.1	**Training** Performance measures reported for Strategic Outcomes 2 & 6 provide insight to delivery of training and safety & assurance.
5.8 5.8.1	**Timing** Some performance indicators rely on manual collation of data and are a 'snapshot' in time (2/3 weeks ahead of scrutiny) and may be subject to change dependant on relevant business areas business practices.
5.9 5.9.1	**Performance** All performance measures reported are linked to Strategic Outcomes 1, 2, 4, 5 & 6.
5.10 5.10.1	**Communications & Engagement** There are no specific Communications & Engagement implications addressed in this paper.
5.11 5.11.1	**Legal** There are no specific Legal implications addressed in this paper.
5.12 5.12.1	**Information Governance** DPIA completed - No
5.13 5.13.1	**Equalities** EHRIA completed - No
5.14 5.14.1	**Service Delivery** Performance measures reported for Strategic Outcomes 1, 2 & 6 are linked to Service Delivery.

5.15 5.15.1	**Prevention** Performance measures reported for Strategic Outcomes 1 & 2 are linked to Prevention	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	David Farries, Director of Operational Delivery
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited~~/~~Insufficient~~
7.3	**Rationale:**	The service has continued to develop its approach to performance reporting. The Organisational Performance Dashboard, aligned to the SFRS Performance Management Framework, is now live and available across the service with a pdf version made available to the public. Scrutiny of service performance is evident across the service, at executive level and by the SFRS Board at committee and board level.
8	**Appendices/Further Reading**	
8.1 8.2	PDF copy of Service Delivery Committee Performance Report Further Reading: - Link to Power BI Landing Page./ PBI0068 - Service Delivery Committee Performance Report - Power BI	

Prepared by:	Ellen Gayler, Senior Data Analyst and Gregor Welsh, BI Team Leader
Sponsored by:	Richard Whetton, Head of Governance & Compliance
Presented by:	Andrew Watt, Deputy Chief Officer

Links to Strategy and Corporate Values

Strategy

Outcome 1 - Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.

- Supporting business owners to protect Scotland's non-domestic buildings and premises.
- we will continue to enforce and provide advice around fire safety legislation to business owners in shops, offices, workshops and factories.
- We will further expand our prevention work to Scottish households and develop our prevention approaches to influence people's behaviours to help keep themselves safe and improve their wider wellbeing.
- We will build on the work with our partners to target education and safety initiatives to those who need it most, including the young and the vulnerable.

Outcome 2 - Communities are safer and more resilient as we respond effectively to changing risks.

- More efficiently responding to false fire alarm calls and improving road safety by reducing the number of blue light journeys we make to them.
- Improving how we manage calls from the public and deploy our resources to emergency incidents.
- We will ensure we have the right resources in the right places at the right times and further improve our On Call service.

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
Service Delivery Committee	*04/06/2026*	*For Scrutiny*	

Service Delivery Committee Performance Report

LIVE MANAGEMENT INFORMATION

SCOTTISH FIRE AND RESCUE SERVICE

Working together for a safer Scotland

Latest quarter shown: **2025-26 Q4**

Previous report

All previous reports

APPENDIX A

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

Welcome

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

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

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

Key contact: BI@firescotland.gov.uk

BUSINESS INTELLIGENCE

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

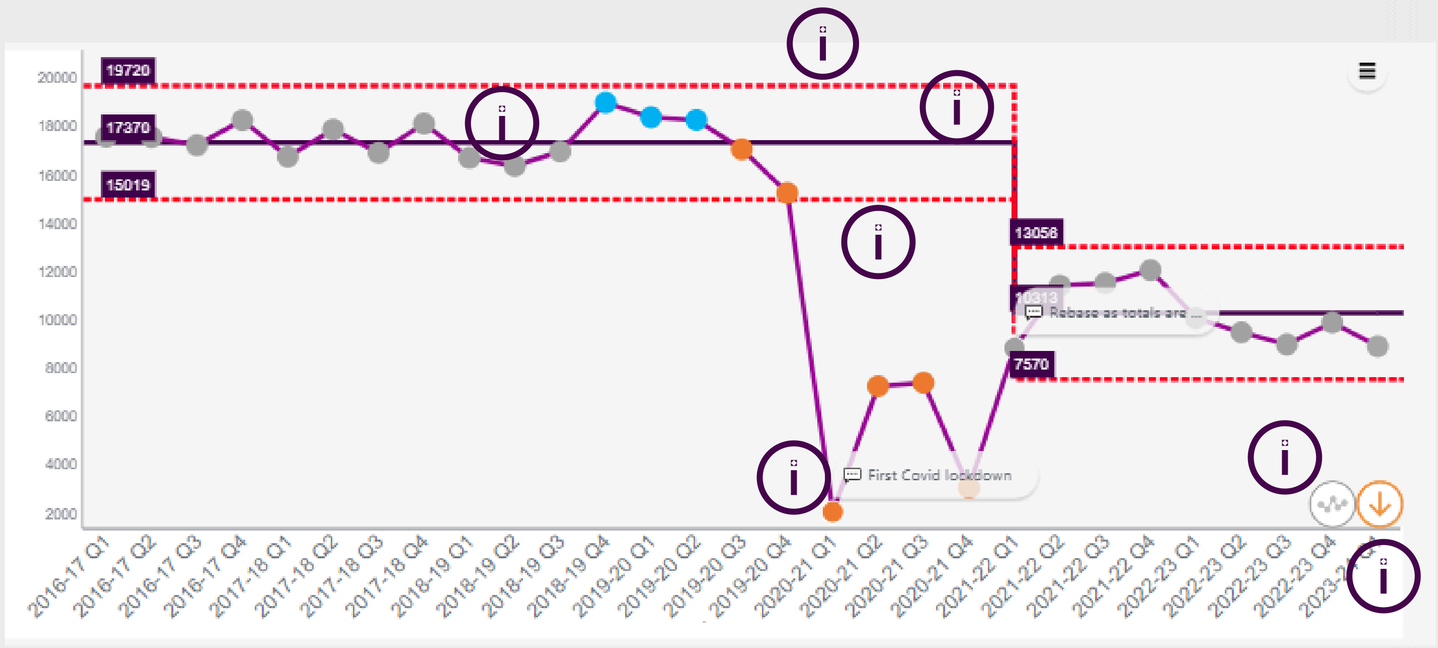
This report presents data over time for each of the quantitative performance measures as detailed in the Performance Management Framework 2023-24, broken down into the Strategic Plan Outcomes. The Contents page (next) provides direction as to where you can find certain information.

SPC Charts

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

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

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



Above: anatomy of a SPC chart

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

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

An **ORANGE** data point indicates special cause variation of particular concern and needing action. For example, whenever a data point falls outside of a control limit, or if 2 out of 3 data points are close to a control limit.

A **BLUE** data point indicates where improvement appears to lie.

A **GREY** data point indicates no significant change (common cause variation) as well as the baseline.

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

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

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

Data source for this report:

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

Frequency of update:

This report will be updated quarterly.

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OUTCOME 01 (Prevention & Protection)
Community safety and wellbeing improves as we deploy target initiatives to prevent emergencies and harm.

OUTCOME 02 (Response)
Communities are safer and more resilient as we respond effectively to changing risks.

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

KPI	Indicator	Purpose	Geography	Frequency	Target	Business Area
01	Number of fires in non-domestic buildings (as defined in Part 3 of Fire (Scotland) Act 2005)	SFRS aim to supporting business owners to protect Scotland's non-domestic buildings and premises and this means driving down non-domestic fires.	National	Quarterly	Reduce against previous year	Service Delivery Areas
02	Number of deliberate primary fires	SFRS aims to improve community safety and wellbeing within the domestic environment, as well as reduce significant impact on communities and partner agencies caused by deliberate fires.	National	Quarterly	Reduce against previous year	Service Delivery Areas
03	Number of refuse and vehicle fires	SFRS aims to support business owners and individuals to increase the safety of their premises and property	National	Quarterly	Reduce against previous year	Service Delivery Areas
04	Number of fire fatalities	SFRS aims to refocusing our preventative activities to address issues of social, economic and health inequalities. Fire Fatalities is the most severe outcome of any fire and reducing this occuring is a key goal.	National	Quarterly	Reduce against previous year	Service Delivery Areas
05	Number of fire casualties	SFRS aims to refocusing our preventative activities to address issues of social	National	Quarterly	Reduce against previous year	Service Delivery Areas

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Prevention and Protection

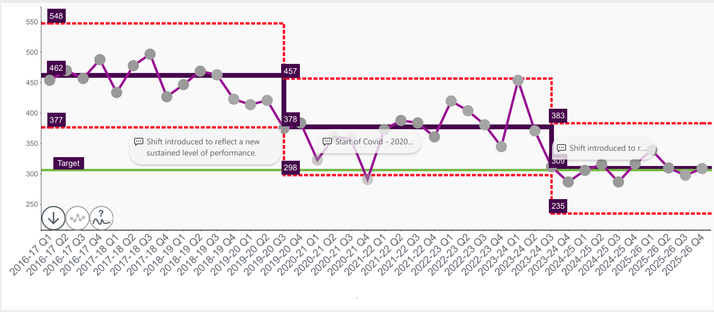
Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.

KPI 1 Non-domestic Building Fires

Reduce against previous year

PURPOSE: SFRS aim to supporting business owners to protect Scotland's non-domestic buildings and premises and this means driving down non-domestic fires.

OWNER: Head of Service Delivery - East



SUMMARY

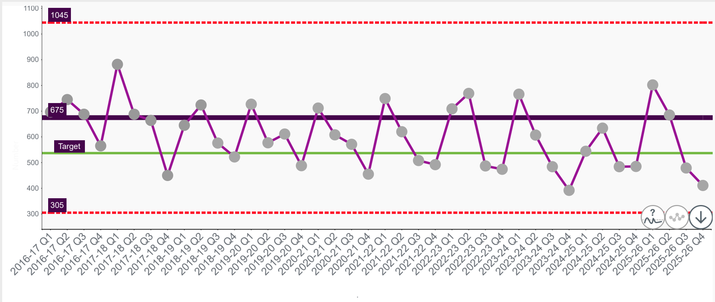
We will undertake targeted thematic audits of higher-risk non-domestic premises, including those with pyrotechnics and late-licence venues, informed by lessons from the Swiss nightclub fire. Fire safety audit programmes will be maintained, with continued engagement with Duty Holders through the Short Term Let licensing process. Ongoing local and national monitoring and analysis will inform timely, proportionate remedial action.

KPI 2 Deliberate Primary Fires

Reduce against previous year

PURPOSE: SFRS aims to improve community safety and wellbeing within the domestic environment, as well as reduce significant impact on communities and partner agencies caused by deliberate fires.

OWNER: Head of Service Delivery - East



SUMMARY

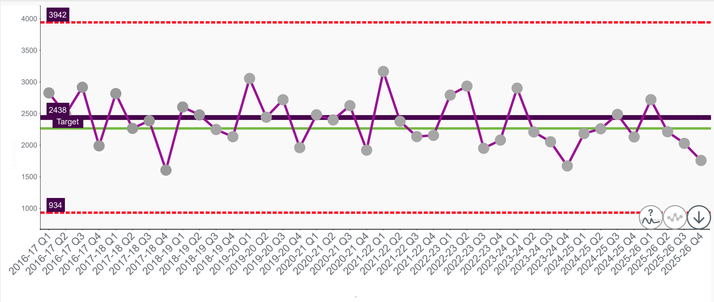
Seasonal Thematic Action Plans and targeted prevention activities will continue across domestic and non-domestic settings to reduce deliberate primary fires. Partnership working will be strengthened, including delivery of Fire Skills courses in key areas. Quarterly activity will be monitored through station performance planners. This priority workstream will enhance understanding, support managers to drive improvement, and develop staff capability.

KPI 3 Refuse and Vehicle Fires

Reduce against previous year

PURPOSE: SFRS aims to support business owners and individuals to increase the safety of their premises and property

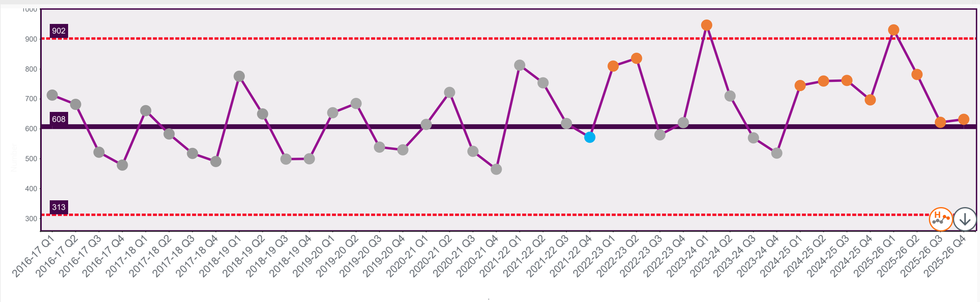
OWNER: Head of Service Delivery - East



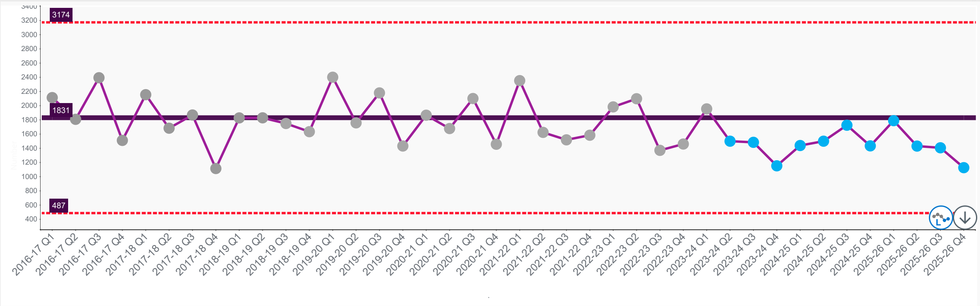
SUMMARY

Seasonal Thematic Action Plans will target refuse and deliberate fires, supported by partnership initiatives like the Take Charge Glasgow campaign with Glasgow City Council addressing increased risks from battery and vape-related waste fires. Quarterly prevention activity will continue to be monitored through station performance planners. This priority workstream will strengthen understanding, empower managers to drive improvement and support ongoing staff development within Operational Delivery.

Accidental Refuse and Vehicle Fires



Deliberate Refuse and Vehicle Fires



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Prevention and Protection

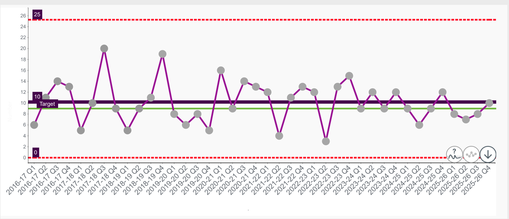
Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.

KPI 4 — Fire Fatalities

Reduce against previous year

PURPOSE: SFRS aims to refocusing our preventative activities to address issues of social, economic and health inequalities. Fire Fatalities is the most severe outcome of any fire and reducing this occuring is a key goal.

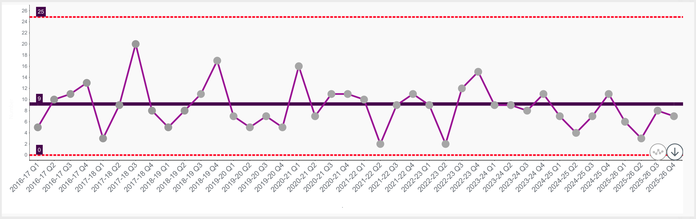
OWNER: Head of Service Delivery - East



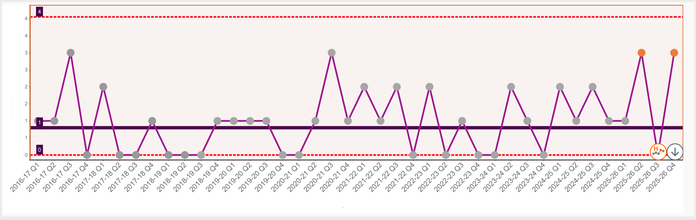
SUMMARY

We will continue to review Fire Investigation reports and apply post-incident multi-agency case conferences to identify causes, contributory factors and emerging trends in fire fatalities. Learning will inform targeted prevention activity. The next Local Fire and Rescue Plans, aligned to Local Outcome Improvement Plans, will prioritise accidental dwelling fires and associated casualties, strengthening partnership approaches to protect those most at risk in our communities.

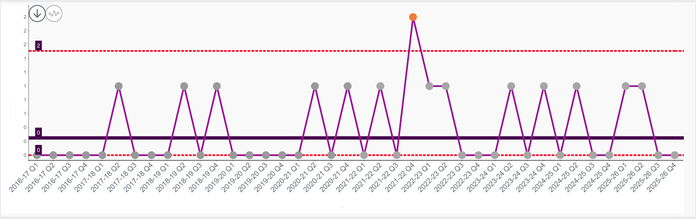
Building Fire Fatalities



Vehicle Fire Fatalities



Outdoor Fire Fatalities

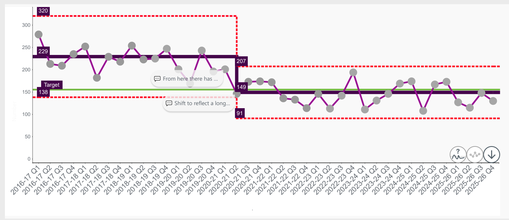


KPI 5 — Fire Casualties

Reduce against previous year

PURPOSE: SFRS aims to refocusing our preventative activities to address issues of social, economic and health inequalities and sustained behaviour change in the home. This should reflect reduced victims of fire.

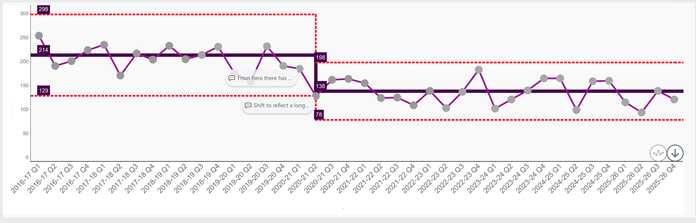
OWNER: Head of Service Delivery - East



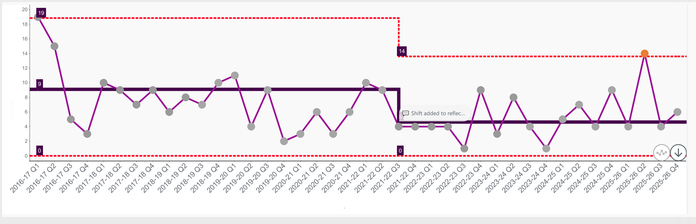
SUMMARY

Our primary prevention activity will focus on Home Fire Safety Visits, supported by community education, adult support, and child protection referrals to partner agencies, alongside targeted Community Action Team engagement. Serious fire casualties will be subject to multi-agency case reviews to identify learning. The next Local Fire and Rescue Plans, aligned to Local Outcome Improvement Plans, will prioritise accidental dwelling fires and associated casualties, targeting those most at risk.

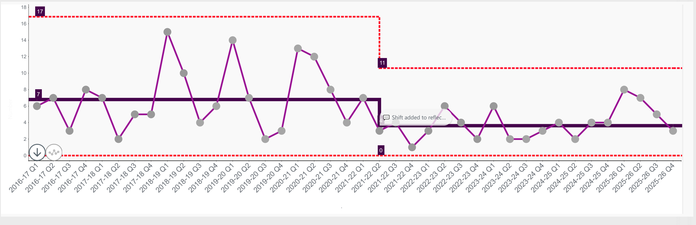
Building Fire Casualties



Vehicle Fire Casualties



Outdoor Fire Casualties



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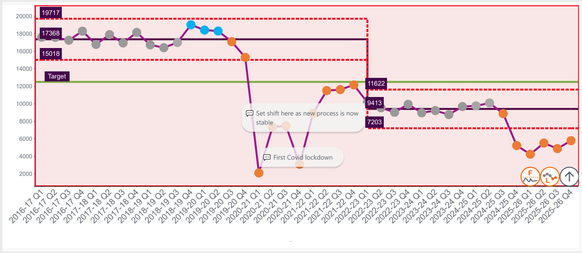
Prevention and Protection

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

KPI 6 — Number of Home Fire Safety Visits conducted

PURPOSE: SFRS aims to refocusing our preventative activities to address issues of social, economic and health inequalities. Fire Fatalities is the most severe outcome of any fire and reducing this occuring is a key goal.



50,000 (annually)

OWNER: Head of Prevention, Protection and Preparedness

SUMMARY

Overall HFSV figures for Q4 have increased from the previous reporting periods supported by the publication of BI Dashboards to support Area performance management. Annual figures have reduced from 2024/25 which is inline with the revised policy direction which supports a more targeted approach.

KPI 7 — % High Risk of Home Fire Safety Visits

PURPOSE: The KPI demonstrates the organisations commitment to providing advice, information to members of the community in their homes and how to escape should a fire occur. Conducting HFSVs is one method used to provide advice etc in order to meet the Fire Scotland Act 2005 legislative requirements to provide advice, information and details on means of escape. This should assist in reducing fire fatalities and casualties in dwellings across Scotland.

This KPI is no longer relevant as the method of assessing the risk level of home fire safety visits has changed.

Increase against previous year

OWNER: Head of Prevention, Protection and Preparedness

SUMMARY

Due to a change in HFSV policy (Feb 2025) the introduction of criteria means visits are no longer classified an Low, Medium and High so this measure is no longer used.

KPI 8 — % Partner Referral of Home Fire Safety Visits

PURPOSE: The KPI demonstrates the organisations commitment to providing advice, information to members of the community in their homes and how to escape should a fire occur. Conducting HFSVs is one method use to provide advice etc in order to meet the Fire Scotland Act 2005 legislative requirements to provide advice, information and details on means of escape. This should assist in reducing fire fatalities and casualties in dwellings across Scotland.

This KPI is not currently viable as partner referral data is not available for reporting.

Track (2023/24 tracking is required to set a baseline)

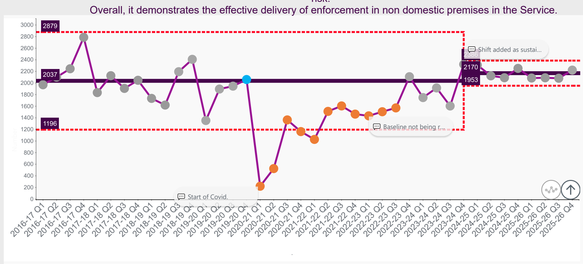
OWNER: Head of Prevention, Protection and Preparedness

SUMMARY

The HFSV Application was unable to record partner referrals in Q4 so this measure can not be reported. Arrangements are in place to support partner referrals with these currently captured within the "self-referrals" figures.

KPI 9 — Fire Safety Audits Completed

PURPOSE: The KPI measures the number of audits undertaken within the service during the period against the number identified by LSO area at the commencement of a year. The LEDPs are the responsibility of the LSO and area to complete which will identify the premises that require auditing for that year in accordance with the perceived risk.
Overall, it demonstrates the effective delivery of enforcement in non domestic premises in the Service.



100% of premises identified within the Local Enforcement Delivery Plans (LEDP)

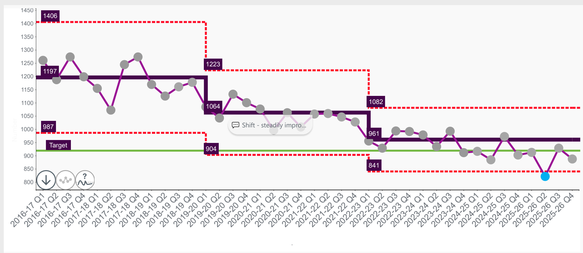
OWNER: Head of Prevention, Protection and Preparedness

SUMMARY

Local Senior Officers are responsible for the identification of risks within their areas, with reference to the national guidance. Fire Safety Enforcement function is working with local teams to afford a greater understanding of the need to provide accurate projections, better target risk and monitor individual & team performance.

KPI 10 — Accidental Dwelling Fires

PURPOSE: SFRS has committed to preventing problems from arising by engaging with partners and communites to reduce risk and encourage positive behavioural change within homes



Reduce against previous year

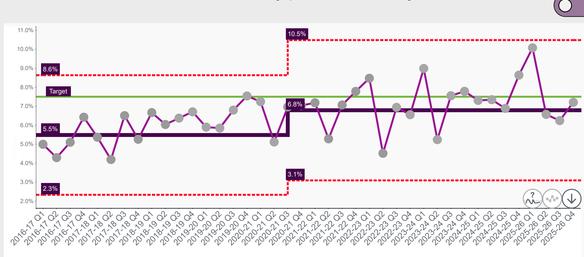
OWNER: Head of Service Delivery - East

SUMMARY

Seasonal Thematic Action Plans and targeted domestic prevention activity will continue to reduce accidental dwelling fires. Home Fire Safety Visits will prioritise those most at risk. Quarterly prevention and engagement activity will be monitored through station performance planners. The next Local Fire and Rescue Plans will prioritise accidental dwelling fires and related casualties, supporting a coordinated partnership approach to protect the most vulnerable in our communities.

KPI 11 — % of accidental dwelling fires classed as High Severity

PURPOSE: SFRS has committed to preventing problems from arising by engaging with partners and communites to reduce risk and encourage positive behavioural change within homes



Reduce against previous year

OWNER: Head of Service Delivery - East

SUMMARY

Continued local prevention activity within domestic settings will focus on Home Fire Safety Visits targeting those most at risk, reducing the likelihood and impact of high severity accidental dwelling fires. The next Local Fire and Rescue Plans, aligned to Local Outcome Improvement Plans, will prioritise Accidental Dwelling Fires and associated casualties, strengthening a coordinated partnership approach to support vulnerable individuals and improve outcomes.

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

KPI	Indicator	Purpose	Geography	Frequency	Target	Business Area
12	Number of incidents attended	SFRS aim to ensure the right resources are available and deployed to meet the changing risks and needs of the community post covid.	National	Quarterly	Track	Service Delivery Areas
13	Number of non-refuse secondary fires	SFRS will build upon knowledge of communities to meet the changing risks and needs, working with partners to improve community safety	National	Quarterly	Reduce against previous year	Service Delivery Areas
14	Response times to life-risk incidents - National	SFRS are adapting to the changing risks of communities and using a place based approach in how they respond	National	Quarterly	Reduce against previous year	Service Delivery Areas
14	Response times to life-risk incidents - SDA	SFRS are adapting to the changing risks of communities and using a place based approach in how they respond	SDA	Quarterly	Reduce against previous year	Service Delivery Areas
15	Call Handling Times to life-risk incidents - National	SFRS are adapting to the changing risks of communities and using a place based approach in how they manage, train and respond to incidents	National	Quarterly	Reduce against previous year	Service Delivery Areas

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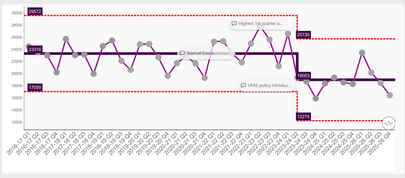
Communities are safer and more resilient as we respond effecti... to changing risks.

KPI 12 — Total Incidents

Track

PURPOSE: SFRS aim to ensure the right resources are available and deployed to meet the changing risks and needs of the community post covid.

OWNER: Head of Service Delivery - East



SUMMARY

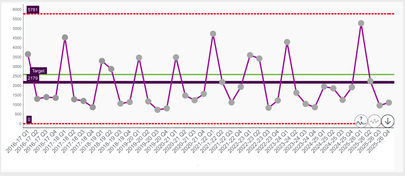
Seasonal Thematic Action Plans and targeted prevention activity across domestic and non-domestic settings will support a reduction in total incidents attended. A continued focus on UFAS reduction policies, including proactive engagement by operational crews with Duty Holders, will improve fire arrangements and alarm management. Enhanced station-level performance and delivery of new Local Fire and Rescue Plans will strengthen community safety and contribute to reducing avoidable incidents.

KPI 13 — Non-refuse Secondary Fires

Reduce against previous year

PURPOSE: SFRS will build upon knowledge of communities to meet the changing risks and needs, working with partners to improve community safety

OWNER: Head of Service Delivery - East



SUMMARY

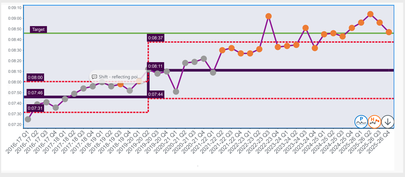
Seasonal Thematic Action Plans and targeted prevention activity across domestic and non-domestic settings will continue to reduce non-refuse secondary fires. Seasonal trends and adverse weather, alongside strengthened partnership campaigns, has supported improved outcomes. Quarterly activity will be monitored through station performance planners. Future Local Fire and Rescue Plans will prioritise Accidental Dwelling Fires, supporting a coordinated approach to protect those most at risk.

KPI 14 — Median Response Time to Life Risk Incidents - National

Reduce against previous year

PURPOSE: SFRS are adapting to the changing risks of communities and using a place based approach in how they respond

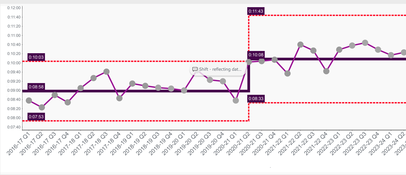
OWNER: Head of Service Delivery - East



SUMMARY

The Service Delivery Review will support improved median response times by ensuring resources are optimally aligned, with the right assets in the right locations at the right time. This, combined with robust appliance availability, effective crewing, and resilient mobilising arrangements, will enhance operational readiness and support faster, more reliable emergency response to protect life.

Median Response Time to Life Risk Incidents - North SDA



Median Response Time to Life Risk Incidents - West SDA

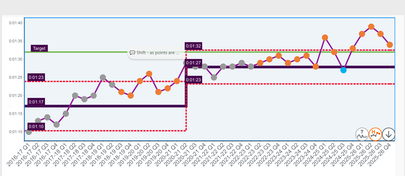
Median Response Time to Life Risk Incidents - East SDA

KPI 15 — Median Call Handling Time for Life Risk Incidents - National

Reduce against previous year

PURPOSE: SFRS are adapting to the changing risks of communities and using a place based approach in how they manage, train and respond to incidents

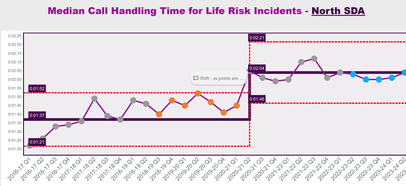
OWNER: Head of Service Delivery - East



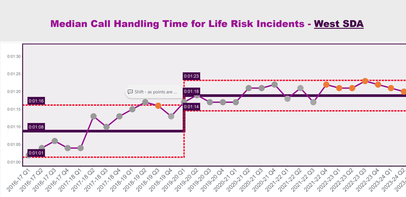
SUMMARY

Implementation of a new mobilising system, alongside increasing familiarity and proficiency of Operations Control staff, is expected to improve efficiency in call handling for life risk incidents. Streamlined processes, enhanced system functionality, and continued staff development will support reduced call handling times, enabling faster mobilisation of operational resources and contributing to improved outcomes for those at greatest risk.

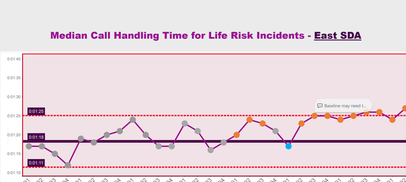
Median Call Handling Time for Life Risk Incidents - North SDA



Median Call Handling Time for Life Risk Incidents - West SDA



Median Call Handling Time for Life Risk Incidents - East SDA



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Response

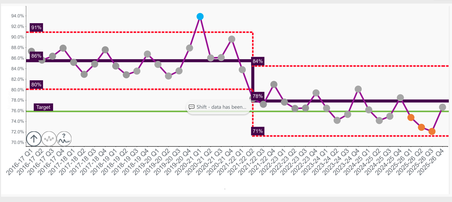
Communities are safer and more resilient as we respond effectively to changing risks.

KPI 16 On-Call 1st Appliance Availability

Increase against previous year

PURPOSE: Percentage of time On Call fire appliances (stations) are available to respond to operational incidents.

OWNER: Head of Operations



SUMMARY

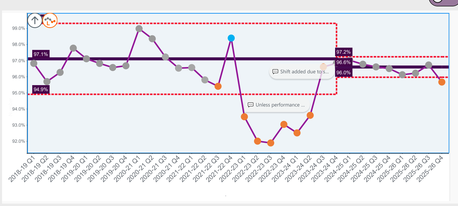
This is the first year of the revised terms and conditions for On-Call, while we were expecting an initial down-turn in availability following the implementation the decrease has been relatively slight. On Call Strategic Co-ordination Group has been formed, supplemented by tactical groups for SDAs, led by On Call leads at Area Commander level. A reporting and performance structure has been created to support LSO areas, to drive performance and improvements with On Call.

KPI 17 Wholetime Availability

% compliance against confidence levels

PURPOSE: Percentage of time wholetime fire appliances are available (on the run) this data comprises both dayshift availability and nightshift availability.

OWNER: Head of Operations



SUMMARY

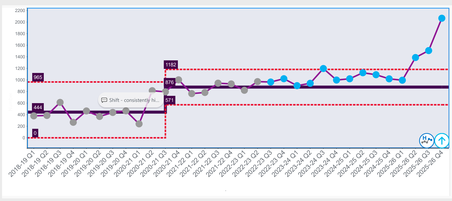
Appliance availability reduced slightly during the reporting period due to ongoing staffing challenges within the SWDS. Central Staffing continues to manage appliance availability with support from the Operational Availability Group (OAG), utilising a range of management controls including Detached Duties, Out of Pattern Roster Reserve, Flexi Payback and Volunteering for Duty.

KPI 18 Operational Intelligence Inspections

Track

PURPOSE: The number of fully completed OI inspections carried out. Premises that require OI inspections are categorised as Very High, High, Medium, Low or Very Low risk level.

OWNER: Head of Prevention, Protection and Preparedness



SUMMARY

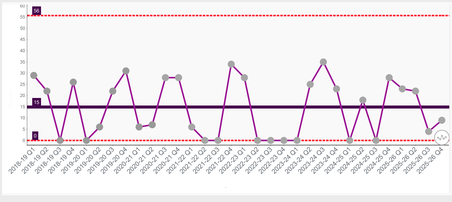
Over the past 12 months, the Operational Intelligence Unit within the Scottish Fire and Rescue Service has seen a notable expansion in both engagement and activity. Strengthened collaboration with LSO areas has driven increased OI gathering, while a broader focus on non-structural risks—including water-related intelligence, Battery Energy Storage System (BESS) sites, and electronic Multi-Storey Flat floor plans—has significantly enhanced the volume, relevance, and accessibility of Operational Intelligence available to frontline crews.

KPI 19 Ops Assurance Audit Actions

Track

PURPOSE: This KPI demonstrates the number of significant recommendations identified through Operational Assurance Debrief Processes. To be included in a reporting period, these recommendations have to be approved by the Safety and Assurance Sub Group (SASG).

OWNER: Head of Safety and Assurance



SUMMARY

9 actions have progressed to Organisational Learning Group in Q4 following the approval of the Wildfires National Structured debrief and subsequent action plan.

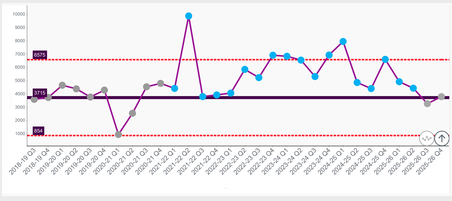
Actions from debriefs continue to be progressed by the risk owner and managed through the OLG.

KPI 20 Hydrant Inspections

Track

PURPOSE: Hydrant inspections have a role in ensuring public safety and effective emergency response. Hydrants serve as critical water sources for operations, and their functionality is paramount during emergencies.

OWNER: Head of Prevention, Protection and Preparedness



SUMMARY

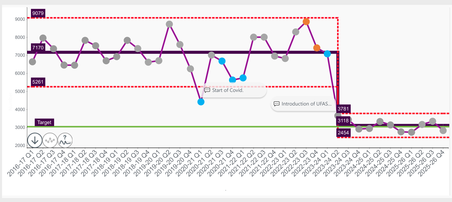
Water Planning team currently working with a vacant post and staff absence. Hydrant Operative position has been advertised and 3 persons awaiting interview. Engaging with Fleet as a number of vehicles requiring repair, MOT and servicing.

KPI 21 Unwanted Fire Alarm Signal (UFAS) Incidents

Reduce against previous year

PURPOSE: SFRS aim to more efficiently responding to false fire alarm calls and improving road safety by reducing the number of blue light journeys we make to them.

OWNER: Head of Service Delivery - East



SUMMARY

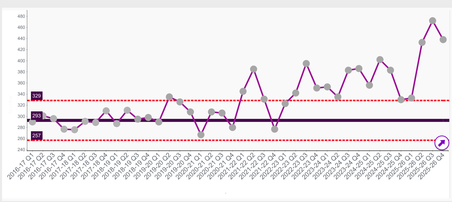
Increased engagement by operational crews with Duty Holders will reinforce responsibilities for managing unwanted fire alarm signals. Robust call-challenging procedures within Operations Control will continue to be applied consistently to filter false activations. Through sustained prevention activity and performance monitoring, the number of UFAS incidents attended is expected to stabilise over time, reducing unnecessary demand on operational resources.

KPI 30 Assist Other Agencies Incidents

Track

PURPOSE: SFRS are committed to training with partners to improve community safety and effectively manage incidents.

OWNER: Head of Service Delivery - East



SUMMARY

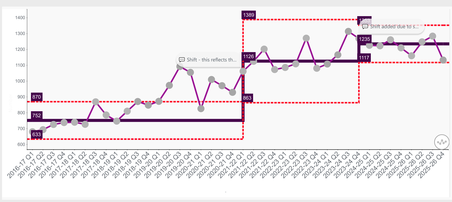
Enhanced partnership working and tri-service collaboration continues to drive increased requests from partner agencies to utilise fire and rescue capabilities. This reflects evolving community risks and demand profiles. Ongoing joint working, shared learning and effective resource coordination will support this demand, with the expectation that requests for assistance will remain high as partners increasingly rely on SFRS operational capacity.

KPI 31 Effect Entry/Exit Incidents

Track

PURPOSE: SFRS aims to ensure we are focused on effective and appropriate response to the changing risks within our communities

OWNER: Head of Service Delivery - East



SUMMARY

Demand for effecting entry/exit incidents is expected to remain consistent, reflecting increased awareness among tri-service partners of SFRS capabilities and availability. Strengthened partnership working and clear referral pathways are contributing to this trend. Ongoing engagement and performance monitoring will ensure resources are used effectively while maintaining timely and proportionate support to partner agencies and vulnerable individuals.

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SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/13-26

Agenda Item: 11

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**4 JUNE 2026**							
Report Title:	**SFRS COMPLAINTS ANNUAL REPORT 2024/25**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	To provide the Service Delivery Committee (SDC) with the Complaints annual statistics for 2024/25.
2	**Background**
2.1	The Scottish Public Services Ombudsman (SPSO) Act 2002 provides the legislative basis for the SPSO to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction. The MCHP requires organisations to report on and publish complaints performance information in line with complaints performance indicators published by the SPSO.
2.2	Deadlines for publishing annual complaints performance reports for Local Authorities, Registered Social Landlords, Scottish Government, Scottish Parliament and Associated Public Bodies, is the end of October each year. Unfortunately, due to staffing levels and conflicting priorities, the Annual Report for 2024/25 was not published on our website. Our intention is to publish this report once Service Delivery Committee approve its contents.
3	**Main Report/Detail**
3.1	There are four mandatory quantitative KPIs and it is a minimum requirement for all organisations to report against these mandatory KPIs in their annual complaints performance report.
3.2	At the Local Authority Complaint Handlers Network meeting on 3 October 2025, the SPSO reported an average increase in complaints received by authorities under its jurisdiction of 30%.
3.3	Below is Scottish Fire and Rescue's statistical data for 2024/25:

Period	Total No Complaints Received	Change from previous year
2024/25	151	-6
2023/24	157	+6
2022/23	151	-42
2021/22	193	+26
2020/21	167	+41
2019/20	126	N/A

3.4 Complaints can be dealt with either at the frontline resolution stage (Stage 1), for issues that are straightforward and simple, requiring little or no investigation, or the investigation stage (Stage 2), where the customer is dissatisfied with the Stage 1 response or refuses to engage with attempts to handle the complaint at Stage 1 or it is clear that the complaint requires investigation from the outset.

3.5 The majority of SFRS complaints (67%) are dealt with at Stage 1. This is the same total as 2024/25.

Days to Respond				
Year	**Response in 1-5 days (Stage 1)**	**Response in 6-20 days (Stage 2)**	**Response in 20+ days (Extension)**	**Total**
2024/25	101	42	8	151

Complaints by average number of days to respond	**SFRS (days)**
Response in 1-5 days (Stage 1)	3
Response in 6-20 days (Stage 2)	13
Response in 20+days	26

3.6 There are a number of different outcomes to formal complaints: resolved; upheld; partially upheld; not upheld; withdrawn or Resolved by Explanation or Apology. Most complaints received by SFRS continue to be not upheld, either at Stage 1 or 2 or resolved by explanation/apology.

3.7 In the Stage 1 complaints which were Resolved, courses of action to address the respective complaints were proposed and subsequently agreed by the complainants, who considered their complaints to be Resolved.

Outcome of Complaint	**Number**	**%**
Resolved – Explanation	48	31.79%
Resolved – Apology	20	13.25%
Resolved – Discipline	12	7.95%
Resolved – No case to answer	24	15.88%
Resolved – Note to file	3	1.99%
Resolved – Recommendations Given	1	0.66%
Not Upheld	25	16.56%
Partially Upheld	3	1.99%
Upheld	4	2.65%
No Response from Complainant	9	5.96%
Withdrawn	1	0.66%
Claim	1	0.66%
Awaiting Outcome	0	0%
Total	**151**	**100%**

3.8 A full breakdown of statistics is available on the attached Appendices including by:

- Quarter
- Outcome (number and percentage)
- Categories/sub categories
- Complaints made by
- Service Delivery Area
- LSO/Department
- Responded in number of days and percentage
- Format of complaint
- Category of complainants

3.9 Where a complaint is upheld in whole or part, a suitable apology can be made to the customer and actions taken, wherever possible, to address their concerns and/or improve service provision.

3.10 Where complaints identify issues of persistent service failure, these should be addressed by the Data and Information Governance Group (DIGG). Analysis of complaints data is reviewed quarterly by DIGG and embedded in change and improvement processes.

3.11 At the conclusion of Stage 2, customers are referred to the SPSO should they remain unhappy. The SPSO may decide to investigate the complaint, and this is considered the third, and final, stage of the complaint journey. Where the SPSO makes a decision on a complaint, it cannot be investigated again by SFRS. SFRS had one case referred to the SPSO in 2024/25 which found in SFRS favour.

3.12 Complaints can be made in a variety of ways: in person, by telephone, using a paper form or more frequently, online using our bespoke complaints form or direct email. In 2024/25, 84% of complaints were made online, via our website or by email. While complaints made via social media channels are noted by the Communications Team, customers are always signposted to the online complaints procedure, should they wish their complaint to be progressed formally. This process is embedded in the revised Complaints Handling Policy.

3.13 The overall number of complaints received has reduced from 157 in 2023/24 to 151 in 2024/25.

Outcome	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Resolved	N/A	N/A	N/A	N/A	41	108
Not upheld	68	90	102	81	67	25
Partially upheld	12	14	8	15	3	3
Upheld	25	45	69	29	31	4
Internal Procedures	13	16	9	15	N/A	N/A
No response	7	0	3	8	11	9
Withdrawn	1	2	1	0	2	1
Awaiting outcome	0	0	0	0	1	0
Claim	N/A	N/A	1	3	1	1
Total	**126**	**167**	**193**	**151**	**157**	**151**

3.14 The majority of complaints opened during 2024/25 were closed in the same period, reflecting successful complaints handling.

3.15 Our performance at Stage 1 is on average 3 days for complaints to be closed. This is below the national performance target of 5 days.

3.16 Our performance at Stage 2 is on average 13 days for complaints to be closed. This is below the national performance target of 20 days.

3.17 **Key themes of Complaints**
The majority of complaints received were recorded against Service Delivery, Off Duty Conduct, On Duty Conduct and Driving.

3.18 Service Delivery
The total number of Service Delivery complaints during 2024/25 was 57, a slight decrease from 66 last year. Notably,

3.19 The trend over the last three years shows overall numbers number decreasing. Specific areas are detailed below:

Complaints by outcome for Service Delivery Category

Outcome	2022-23	2023-24	2024-25
Resolved - Apology		1	5
Resolved - Explanation given		9	25
Resolved - No Case to Answer			2
Resolved - Note to File		1	
Resolved Recommendations Given		3	
Claim	3		1
Upheld	14	13	1
Partially Upheld	7		2
Not Upheld	43	37	16
Withdrawn			1
No response from complainant	3	2	4
Total	**70**	**66**	**57**

3.20 The table below details the total number of complaints for Service Delivery.

Complaints by SDA

LSO Area/Dept	2022-23	2023-24	2024-25	Total
P&P	1			**1**
Dumfries and Galloway	1		2	**3**
POD		1	3	**4**
Control	1	2	2	**5**
Falkirk and West Lothian	3	1	2	**6**
Argyll and Bute, East Dunbartonshire and West Dunbartonshire	3	1	3	**7**
East Renfrewshire, Renfrewshire and Inverclyde	4	3	3	**10**
Lanarkshire	5	4	1	**10**
Midlothian, East Lothian and the Scottish Borders	7	3	1	**11**
Aberdeen City, Aberdeenshire and Moray	2	6	5	**13**
East Ayrshire, North Ayrshire and South Ayrshire	5	5	3	**13**
Glasgow City	4	5	5	**14**
City of Edinburgh	2	7	7	**16**
Highlands	7	4	6	**17**
Dundee, Angus, Perth and Kinross	10	4	4	**18**
Stirling, Clackmannanshire and Fife	8	9	5	**22**
SFRS	7	11	5	**23**
Total	**70**	**66**	**57**	**193**

3.21 A breakdown of Service Delivery Sub Categories is available in Appendix B.

3.22 <u>Off Duty Conduct</u>
Off duty conduct (attitude/behaviour) had a total of 23 complaints which is a significant decrease on last year's figure of 34. Sub totals for 2024/25 show that all were either not upheld, resolved or withdrawn. Specifically, not upheld 3, resolved 19, no response from complainant 1, and none were upheld.

3.23 This compares to a total of 34 complaints received in 2023/24, of which 13 were not upheld, 16 were resolved, 2 had no response from the complainant, 1 withdrawn, 2 were upheld.

3.24 The table below details the total number of complaints for Off Duty Conduct.

Complaints by SDA

LSO Area/Dept	2022-23	2023-24	2024-25	Total
SFRS		1		1
Training			1	1
Western Isles, Orkney and Shetland Islands	1	1		2
Argyll and Bute, East Dunbartonshire and West Dunbartonshire		3		3
Falkirk and West Lothian	1		2	3
Midlothian, East Lothian and the Scottish Borders	2	1		3
Stirling, Clackmannanshire and Fife		2	1	3
Dumfries and Galloway		2	2	4
Dundee, Angus, Perth and Kinross	3	1		4
City of Edinburgh	2	1	2	5
East Ayrshire, North Ayrshire and South Ayrshire	1	3	1	5
Glasgow City		3	2	5
East Renfrewshire, Renfrewshire and Inverclyde	2	2	2	6
Highlands	2	2	4	8
Lanarkshire	4	5		9
Aberdeen City, Aberdeenshire and Moray	3	7	6	16
Total	**21**	**34**	**23**	**78**

3.25 <u>On Duty Conduct</u>

On duty conduct (attitude/behaviour) had a total of 17 complaints which is a slight increase on last year's figure of 16. Sub totals for 2024/25 are: Not Upheld 2, 13 Resolved, 1 had no response from complainant, 1 was upheld.

3.26 This compares to a total of 16 complaints received in 2023/24 of which 3 were not upheld, 8 were resolved, 1 had no response from complainant, 3 were upheld and 1 partially upheld.

3.27 The table below details the total number of complaints for On Duty Conduct.

Complaints by SDA

LSO Area/Dept	2022-23	2023-24	2024-25	Total
Highlands	4	4	2	10
Aberdeen City, Aberdeenshire and Moray	3	1	1	5
East Ayrshire, North Ayrshire and South Ayrshire	2	1	2	5
Argyll and Bute, East Dunbartonshire and West Dunbartonshire	1	1	2	4
Dundee, Angus, Perth and Kinross	2		2	4
Falkirk and West Lothian	1	1	1	3
Glasgow City	2		1	3
Lanarkshire		2	1	3
Midlothian, East Lothian and the Scottish Borders	1	1	1	3
SFRS	2	1		3
Stirling, Clackmannanshire and Fife		1	2	3
POD	1		1	2
City of Edinburgh	1			1
East Renfrewshire, Renfrewshire and Inverclyde		1		1
Training		1		1
Western Isles, Orkney and Shetland Islands			1	1
Workshops/Fleet		1		1
Total	**20**	**16**	**17**	**53**

3.28 <u>Driving</u>

Driving had a total of 23 complaints during 2024/25 which is a slight decrease from 25 the previous year. Sub totals show that the majority were either not upheld or resolved,

specifically 3 not upheld, 15 resolved, 2 no response from complainant, 1 partially upheld and 2 upheld.

3.29 This compares to 2023/24, of which 7 were not upheld, 4 Resolved, 8 were upheld, 1 partially upheld, 4 had no response from the complainant, 1 passed to Claims.

3.30 The table below details the total number of complaints for Driving.

Complaints by SDA

LSO Area/Dept	2022-23	2023-24	2024-25	Total
Aberdeen City, Aberdeenshire and Moray	2	5	4	11
Argyll and Bute, East Dunbartonshire and West Dunbartonshire	5		5	10
Stirling, Clackmannanshire and Fife	3	4	2	9
Highlands	3		2	5
SFRS	1	1	3	5
Dundee, Angus, Perth and Kinross		3	1	4
Glasgow City	2	2		4
Lanarkshire	2	2		4
Midlothian, East Lothian and the Scottish Borders	1	1	2	4
City of Edinburgh		3		3
Dumfries and Galloway	2		1	3
East Ayrshire, North Ayrshire and South Ayrshire		2	1	3
Falkirk and West Lothian	2	1		3
Workshops/Fleet	1	1	1	3
ICT	1			1
Training			1	1
Total	**25**	**25**	**23**	**73**

3.31 Access to driver complaint data helps ensure training is focused, relevant, and evidence based. It allows us to identify recurring issues, target specific behavioural gaps, reinforce safe driving standards using real examples, and intervene early to improve performance and reduce future incidents

3.32 Quarterly statistics are submitted to TSA to facilitate the monitoring of driving issues and support ongoing efforts to reduce the number of complaints. Emphasizing the importance of education in addressing driver training complaints is vital to this process."

3.33 **Training**
To ensure that complaints handling is embedded across the business, we intend to develop a programme of training in handling Stage 1 complaints for staff who engage with customers directly, enabling them to handle Stage 1 complaints in accordance with the CHP. Similarly, new training for managers will be developed to provide them with guidance on conducting investigations and supporting staff.

3.34 **Benchmarking**
Being a national service of our size makes it difficult to benchmark against similar organisations as there isn't one which covers the same geographical area, same numbers in staffing, or same issues which are complained about.

3.35 However, it should be noted that the overall number of complaints received as an organisation of our size are significantly low.

3.36 We have contacted some of the larger Fire and Rescue Services throughout the UK to ask for their complaints statistics however have had little response as they have no requirement to publish annually on their website as we do under SPSO guidelines.

3.38 This year we have included the Scottish Environment Protection Agency (SEPA) and the Scottish Ambulance Service (SAS) after this was requested last year at the Service Delivery meeting.

Organisation	Year	Number	Increase/Decrease
London Fire Brigade	2024/25	155	+40
	2023/24	115	+8
	2022/23	107	+9
	2021/22	98	
Scottish Environment Protection Agency (SEPA)	2024/25	38	+5
	2023/24	33	+1
	2022/23	32	
Scottish Ambulance Service (SAS)	2024/25	1128	+150
	2023/24	978	-705
	2022/23	1683	+810
	2021/22	873	
Glasgow City Council	2024/25	9,475	+1728
	2023/24	7,747	+1840
	2022/23	5,854	-899
	2021/22	6,753	

3.39 **Recording**
We have continued to work with the Business Intelligence Team to improve the Sharepoint system we use to collate complaints. This information is then uploaded to Power BI to interrogate the data and provide a more detailed analysis in dashboards as provided in this report.

3.40 It is our aim to have an anonymised version of the complaints made available to LSO's and Heads of Service this year, to allow them to monitor their own areas and also provide more feedback on how complaints were dealt with and any improvements which have been made. They will have the ability to look at other areas across service and identify any trends as they appear rather than at the end of each quarter and will provide the service a better mechanism to record service improvement.

3.41 These changes are to support more direct information within areas and the ability to evaluate performance, driving improvement and sharing good practice this ensuring we provide excellent service to our customers through effective complaints handling procedures.

3.42 As detailed earlier in this report, the annual report publication deadline for the SPSO is the end of October each year. Unfortunately, due to staffing levels and conflicting priorities, the Annual Report for 2024/25 was not published online. Our intention is to publish this report online once Service Delivery Committee approves its contents.

4 Recommendation

4.1 The Service Delivery Committee are asked to note the contents of this report and the methods of collating/analysing data and making improvements, based on the Model Complaints Handling Policy. Also, to approve the report for publication to the SFRS Website.

5	Key Strategic Implications
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** Complaints are a key source of organisational intelligence, providing early indicators of service failure, emerging operational risks, and cultural or behavioural issues. The analysis and escalation of complaint themes through established governance routes, including DIGG and performance reporting, supports alignment with the Service's risk appetite and enables timely identification, mitigation and, where required, escalation to corporate or directorate risk registers.
5.2 5.2.1	**Financial** There are no direct environmental implications. However, the identification and resolution of service delivery issues through complaints contributes to more efficient and effective use of operational resources, supporting wider sustainability objectives.
5.3 5.3.1	**Environmental & Sustainability** There are no direct environmental implications. However, the identification and resolution of service delivery issues through complaints contributes to more efficient and effective use of operational resources, supporting wider sustainability objectives.
5.4 5.4.1	**Workforce** Complaint themes related to conduct, service delivery, and behaviour provide valuable insight into workforce performance, culture, and leadership effectiveness. The proposed training for frontline staff and managers will strengthen capability in complaints handling, improve customer engagement, and support a culture of accountability and continuous improvement.
5.5 5.5.1	**Health & Safety** Complaints relating to service delivery and operational activity may highlight underlying health and safety risks, particularly in areas such as driving and operational conduct. Systematic analysis of complaints data supports early identification of such risks and informs preventative action.
5.6 5.6.1	**Health & Wellbeing** Complaints relating to service delivery and operational activity may highlight underlying health and safety risks, particularly in areas such as driving and operational conduct. Systematic analysis of complaints data supports early identification of such risks and informs preventative action.
5.7 5.7.1	**Training** The report identifies a clear requirement to enhance organisational capability in complaints handling. The development of targeted training for both frontline staff (Stage 1 resolution) and managers (investigations) will strengthen compliance with the Model Complaints Handling Procedure and improve the consistency and quality of responses.
5.8 5.8.1	**Timing** There is a compliance implication associated with the delay in publication of the annual report against SPSO expectations. Progressing approval through governance and ensuring timely publication is important to maintain transparency and adherence to national reporting requirements.
5.9 5.9.1	**Performance** Complaints data provides a critical component of the Service's overall performance framework. The report demonstrates strong performance against national response times and an increasing focus on early resolution. Enhanced use of Power BI and local access to data will further strengthen performance management, enabling more timely identification of trends and supporting evidence-based improvement.

5.10 5.10.1	**Communications & Engagement** Effective complaints handling and transparent reporting are central to public confidence and stakeholder trust. Increased accessibility of complaints data and improved feedback mechanisms to local areas will strengthen engagement, accountability and organisational learning.
5.11 5.11.1	**Legal** Robust complaints handling arrangements ensure compliance with the SPSO Model Complaints Handling Procedure and minimise the risk of escalation to external investigation. The low level of SPSO referrals and outcomes supports the effectiveness of current arrangements.
5.12 5.12.1	**Information Governance** The report confirms that appropriate information governance arrangements are in place, including DPIA and privacy controls. The further development of data access and dashboards must continue to ensure compliance with data protection requirements while supporting operational insight.
5.13 5.13.1	**Equalities** Complaints data provides an important mechanism for identifying any potential inequalities in service delivery or customer experience. Ongoing monitoring and analysis should support compliance with Public Sector Equality Duties and inform continuous improvement.
5.14 5.14.1	**Service Delivery** Complaints provide direct insight into customer experience and service performance. The analysis within the report highlights key areas of focus, including service delivery, conduct, and driving. Embedding learning from complaints into operational practice is critical to improving outcomes and maintaining service standards.
5.15 5.15.1	**Prevention** While there are no direct prevention implications, the identification of recurring issues through complaints supports early intervention and system-wide improvement, reducing the likelihood of repeat issues.
6	**Core Brief**
6.1	Not applicable
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:** Complaints managed in accordance with national guidance determined by SPSO. Low number of complaints received compared to other organisations. Improvements in local resolution.
8	**Appendices/Further Reading**
8.1 8.2	Appendix A – Complaints 2024/25 Overview Appendix B – Complaints 2024/25 Sub Categories

Prepared by:	Carol Wade, Information Governance Manager/Data Protection Officer
Sponsored by:	Richard Whetton, Head of Governance, Strategy and Compliance
Presented by:	Carol Wade, Information Governance Manager/Data Protection Officer

Links to Strategy and Corporate Values			
The Complaints process supports our outcome Improving Performance – Our organisational performance, productivity and resilience continually improves.			
Governance Route for Report	**Meeting Date**	**Report Classification**	**Meeting Approvals/ Outcomes**
Senior Management Board	26/05/2026	*For Scrutiny*	*Approved*
Service Delivery Committee	4/06/2026	*For Scrutiny*	

Current Year View - Select fiscal year

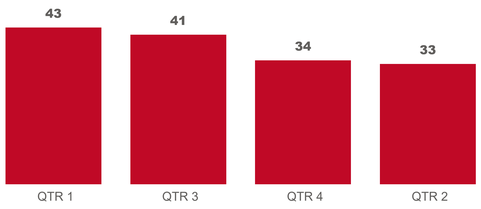
SCOTTISH FIRE AND RESCUE SERVICE

APPENDIX A

Select Year: 2024-25 | **Select Qtr:** All | **Select SDA:** All | **Select Category:** All | **Select Outcome:** All | **Clear filters**

151	0	4	33	1
Total Complaints	Outstanding complaints	Complaints via Chief	Count of Internal Procedures	SPSO Complaints

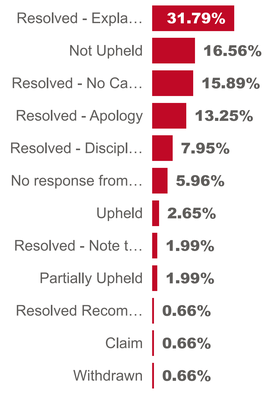
Complaints by quarter



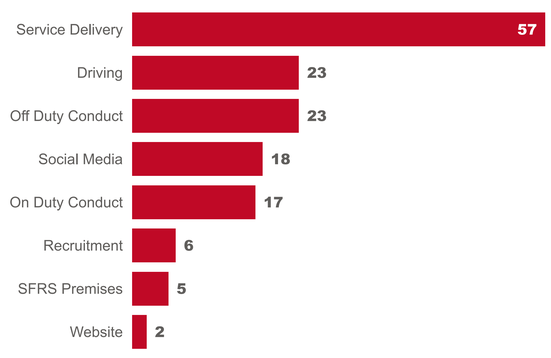
Complaints by outcome

Outcome	Number
Resolved - Apology	20
Resolved - Discipline	12
Resolved - Explanation given	48
Resolved - No Case to Answer	24
Resolved - Note to File	3
Resolved Recommendations Given	1
Claim	1
Upheld	4
Partially Upheld	3
Not Upheld	25
Withdrawn	1
No response from complainant	9
Total	**151**

Outcome %



Complaints by category



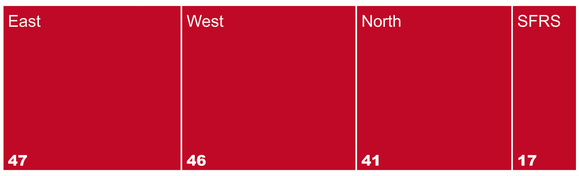
Complaints received by

Received By	Number
Area Email	13
Area Letter	3
Area Telephone Call	13
Chief Officer Email	1
Complaints Email	35
HQ Email	2
HQ Telephone Call	8
Website	76
Total	**151**

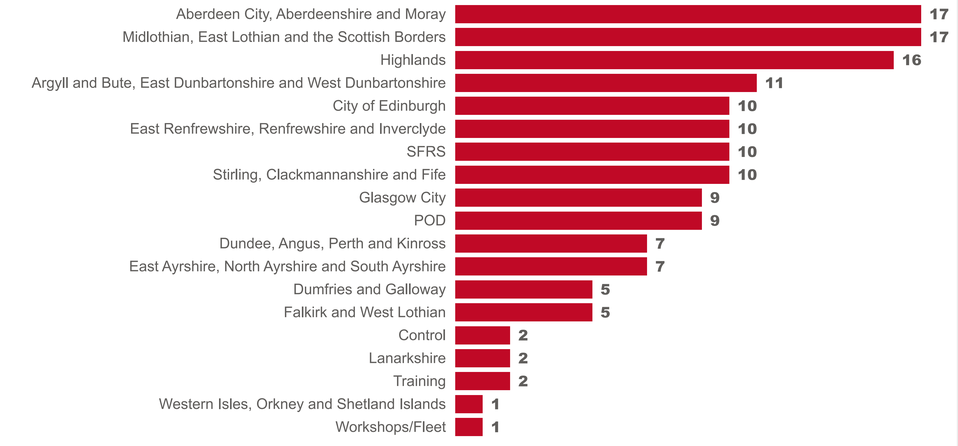
Internal procedure complaints by Outcome

Outcome	Number
Resolved - No Case to Answer	14
Resolved - Discipline	12
Resolved - Note to File	3
Resolved - Explanation given	2
Resolved - Apology	1
Resolved Recommendations Given	1
Total	**33**

Complaints by SDA



Complaints by LSO/Area



Complaints made by

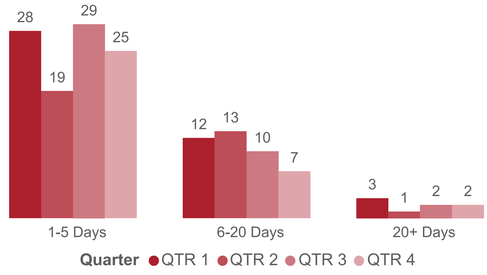
Complainant	Number
Member of the Public	135
Business premise	6
Other Organisation	3
Local Councillor	2
School/Nursery	2
MSP	1
Support Worker	1
Visit organiser/Commuity Group	1
Total	**151**

KPI data

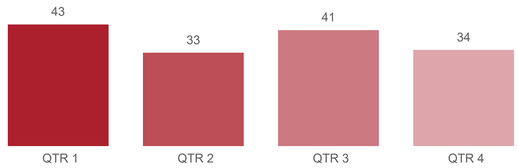
Complaints awaiting a response

0

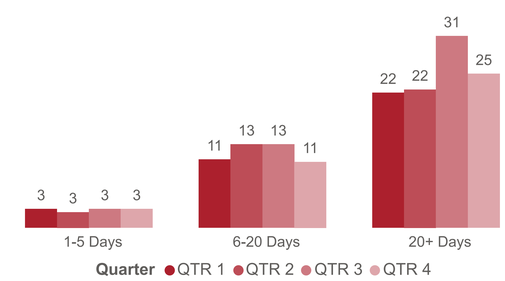
Complaints by response and quarter



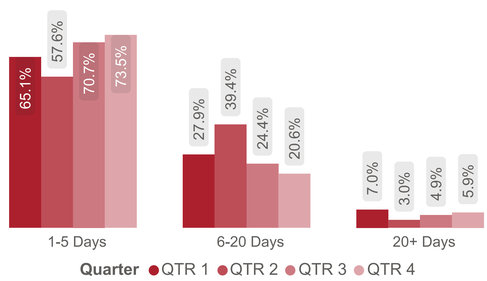
Total complaints by quarter



Average days to respond by quarter



Complaints by no. days to respond and quarter



Select Year: 2024-25 | Select Qtr: All | Select SDA: All | Select Category: All | Select Outcome: All | Clear filters

Complaints by sub category

Sub Category	2024-25
D - Dangerous/inappropriate Driving - Appliance	9
D - Dangerous/Inappropriate Driving - SFRS Car	5
D - Dangerous/Inappropriate Driving - use of mobile device	1
D - Dangerous/inappropriate Driving - Van	4
D - Parking - Appliance	1
D - Parking - other vehicle	2
D - Use of Siren/Blue Lights - Appliance	1
OffD - Alleged Drug/Alcohol Use	1
OffD - Behaviour	8
OffD - Charge Allegations	11
OffD - Domestic	4
OnD - Alleged Drug/Alcohol Use	1
OnD - Attitude	7
OnD - Behaviour	7
OnD - Breach of Confidentiality	1
R - On Call	3
R - W/T	3
SD - Actions of Crew	12
SD - Breach of Confidentiality	2
SD - Correspondence - delayed response	1
SD - Correspondence - no response	2
SD - Correspondence - Unhappy with response	2
SD - Damage - Property	1
SD - Damage - Vehicle	2
SD - Failure to Attend/Assist	13
SD - Failure to Extinguish	2
SD - Failure to follow Procedures	4
SD - Forced Entry - Excessive damage	1
SD - Forced Entry - Left Unsecure	1
SD - Forced Entry - Unnecessary entry	4
SD - Hydrants - Damaged	1
SD - Hydrants - Water Supply	1
SD - Incident - Fire	3
SD - Incident - Other	3
SD - Use of Resources	2
SM - Facebook	1
SM - Other	2
SM - Twitter	15
SP - Building Perimeters	3
SP - Noise	2
W - Consultations	1
W - Inaccurate information	1
Total	151

SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/14-26

Agenda Item: 12

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**4 JUNE 2026**							
Report Title:	**SFRS COMPLIMENTS ANNUAL REPORT 2024/25**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	To provide the Service Delivery Committee (SDC) with a progress update regarding the Scottish Fire and Rescue Service (SFRS) Compliments process as outlined in the SFRS Compliments Handling Policy and Procedure.
2	**Background**
2.1	At the Scottish Fire and Rescue Service (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.
2.2	We use the feedback we receive to monitor our performance and 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.
2.3	Coupled with other performance information, such as satisfaction surveys and the benchmarking of performance indicators against other organisations, the compliments we receive can help to build an accurate picture of how our service is performing and to develop improvement plans that are based on sound evidence.
3	**Main Report/Detail**
3.1	This report provides an overview of compliments received during the reporting period 2024/25. Compliments are a valuable source of feedback, offering insight into what the organisation is doing well and highlighting examples of best practice. During this period, a total of 121 compliments were recorded, reflecting positive experiences across a range of services and teams.
3.2	Performance indicators are produced showing the numbers and types of compliments received within each Local Senior Officer (LSO) Area or Department. These indicators form part of our suite of internal performance management indicators, which are reported quarterly to the Data and Information Governance Group (DIGG). The SFRS publish annual compliments statistics on our website.
3.3	Compliments can be received throughout the Service, by any member of staff. This can be via the Website contact us page, by letter or by card. Stations often receive thank you cards and drawings from groups following station visits.

3.4 On occasion, the compliment will also ask for details on how to make a donation to our chosen charity.

3.5 While compliments made via social media channels are noted by the Communications Team, they are then forwarded to SFRS.CCandE@firescotland.gov.uk for recording and processing. This process is embedded in the revised Compliments Handling Policy and Procedure.

3.6 Below is some of the key statistical data for 2024/25:

Period	Total No Compliments Received	Change from previous year
2024/25	121	+10
2023/24	111	-72
2022/23	183	+92
2021/22	91	-50
2020/21	141	+13

3.7 The overall number of compliments has increased from 111 in 2023/24 to 121 in 2024/25.

3.8 A full breakdown of statistics is available in Appendix A, Including by:

- Service Delivery Area/Department
- Categories

3.9 Appendix B shows some examples of Compliments received.

3.10 Analysis of compliments data is reviewed quarterly by the Data and Information Governance Group (DIGG). We work closely with Corporate Communications to highlight events, celebrating any good work carried out by staff in the SFRS Weekly Brief which allows the use of compliments as a meaningful tool for managers to cultivate a positive work environment and motivate teams.

3.11 **Benchmarking**
Being a national service of our size makes it difficult to benchmark against similar organisations as there isn't one which covers the same geographical area, same numbers in staffing, or same issues which are complimented on. The nearest comparison we have been able to make is with London Fire Brigade:

Period	SFRS Compliments	London FB Compliments
2024/25	121	258
2023/24	111	271
2022/23	183	282
2021/22	91	223

3.12 SFRS have shown an increase from last year of 10 and London Fire Brigade figures have decreased by 13.

3.13 **Recording**
We continue to use Sharepoint (Lists) to collate compliments which allows us to use Power BI to interrogate the data and provide a more detailed analysis which is more user friendly and meaningful.

3.14 SFRS procedure asks that any compliments are forwarded by post or email to a central point. We are aware that a number of compliments are not being captured, as they are sent directly into local stations and placed on noticeboards etc which are not included in our statistics. A Weekly Brief communication will be circulated early June to remind staff to forward any compliments.

3.15	Also, with more use of Facebook accounts, Instagram, X, YouTube and LinkedIn, there are many compliments we are not aware of and therefore not included in the statistics. Corporate Communications are working with Information Governance moving forward to identify compliments and allow access to gather this information and include it in future statistics commencing 2026/27.
3.16	Arrangements have also been made with our museum to collate any compliments they receive, and these will be reported in the 2025/26 annual report and onwards.
3.17	These changes are to support our organisation in evaluating our own performance, driving improvement and sharing good practice throughout the Service thus ensuring we provide excellent service to our customers through effective compliments recording procedures.
3.18	The compliments received during this reporting period demonstrate strong performance and positive experiences across the organisation. Continued monitoring and sharing of positive feedback will support service improvement, staff recognition, and organisational learning.
4	**Recommendation**
4.1	The Service Delivery Committee are asked to note the contents of this report and the methods of collating/analysing data and making improvements, based on the SFRS Compliments Handling Policy and Procedure. Also, to approve the report for publishing to the SFRS Website.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** Compliments provide a positive balance to complaints and other assurance metrics, offering insight into areas of strong performance, effective leadership and operational delivery. The systematic analysis of compliments alongside complaints and performance data enables a more rounded understanding of risk, ensuring that both strengths and weaknesses are considered in aligning organisational activity with the Service's risk appetite.
5.2 5.2.1	**Financial** There are no direct financial implications arising from this report. However, the identification and replication of good practice highlighted through compliments supports improved efficiency and effectiveness, contributing to Best Value and reducing the likelihood of service failure and associated costs.
5.3 5.3.1	**Environmental & Sustainability** There are no direct environmental implications. However, the identification of effective operational practices through compliments can support more efficient use of resources and contribute indirectly to sustainability objectives.
5.4 5.4.1	**Workforce** Compliments provide valuable feedback on workforce performance, professionalism and behaviour, reinforcing positive culture and supporting recognition of staff achievements. The use of compliments within management and communications processes contributes to staff engagement, morale and retention, and supports the development of a high-performing organisational culture.
5.5 5.5.1	**Health & Safety** Compliments relating to operational activity may highlight examples of safe and effective practice. Sharing these examples supports reinforcement of positive behaviours and contributes to ongoing learning and adherence to health and safety standards.

5.6 5.6.1	**Health & Wellbeing** Recognition of individual and team contributions through compliments has a positive impact on staff wellbeing, supporting confidence, motivation and organisational pride.	
5.7 5.7.1	**Training** Analysis of compliments provides insight into behaviours and practices that should be reinforced through training and development. This supports the replication of best practice and strengthens organisational capability.	
5.8 5.8.1	**Timing** There are no material timing implications associated with this report. However, continued improvement in the capture and reporting of compliments, including through social media and local systems, will enhance the timeliness and completeness of future reporting.	
5.9 5.9.1	**Performance** Compliments form a key component of the Service's performance intelligence alongside complaints, surveys and operational data. The report demonstrates an increase in recorded compliments and highlights positive performance across the Service. Enhancements to data capture, including improved use of Power BI and broader data sources, will strengthen performance reporting and insight.	
5.10 5.10.1	**Communications & Engagement** There are no C&E implications within this report.	
5.11 5.11.1	**Legal** There are no legal implications within this report.	
5.12 5.12.1	**Information Governance** DPIA completed ~~Yes~~/No. If not applicable state reasons. Privacy Notice already available and continually reviewed.	
5.13 5.13.1	**Equalities** EHRIA completed Yes/~~No~~. If not applicable state reasons.	
5.14 5.14.1	**Service Delivery** There are no service delivery implications within this report.	
5.15 5.15.1	**Prevention** There are no prevention implications within this report.	
6	**Core Brief**	
6.1	Not applicable	
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:**	Complaints managed in accordance with national guidance determined by SPSO. Low number of complaints received compared to other organisations. Improvements in local resolution.
8	**Appendices/Further Reading**	
8.1 8.2	Appendix A – Compliments Dashboards Appendix B – Examples of Compliments	

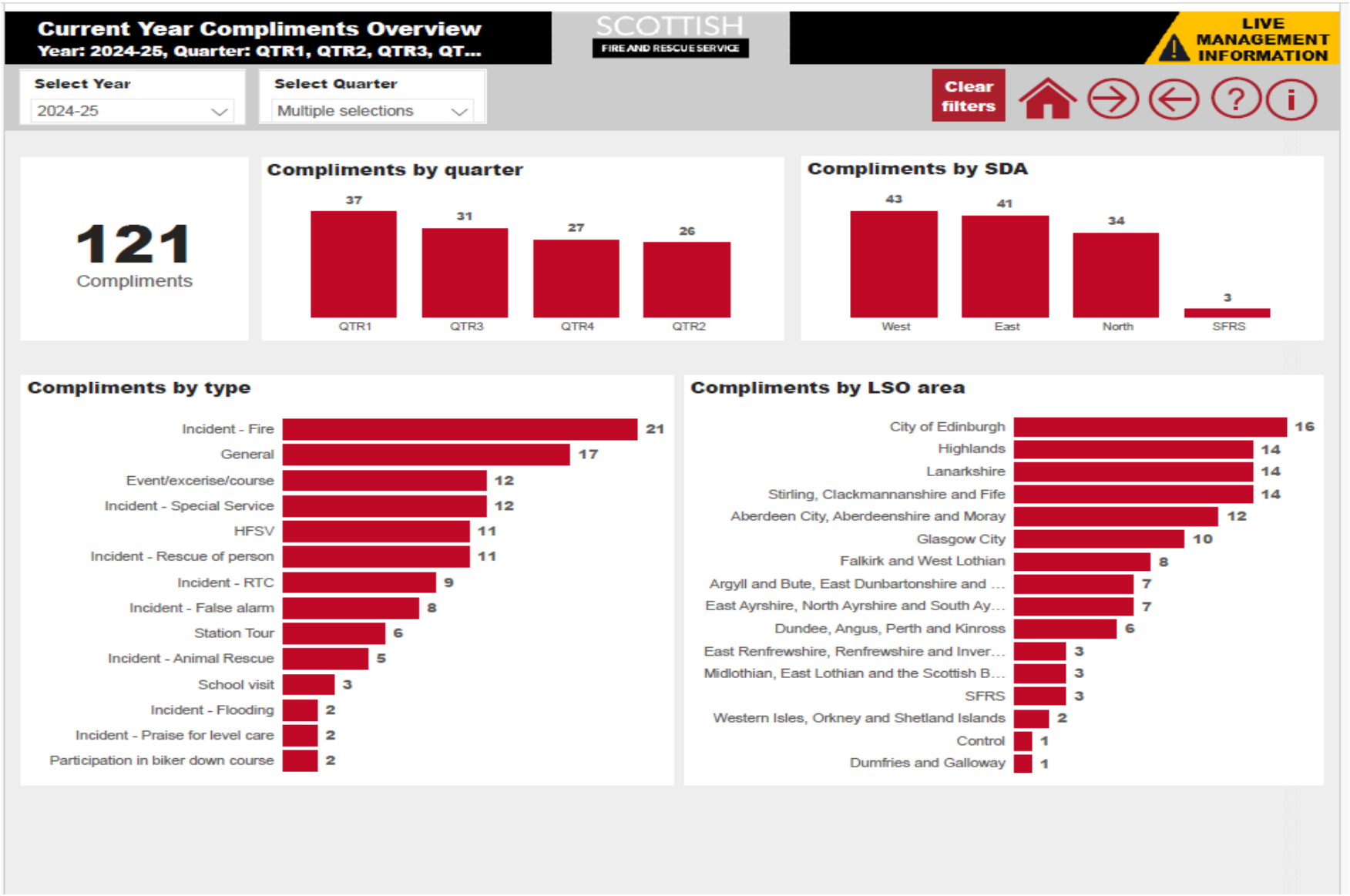
Prepared by:	Carol Wade, Information Governance Manager/Data Protection Officer
Sponsored by:	Richard Whetton, Head of Governance, Strategy and Compliance
Presented by:	Carol Wade, Information Governance Manager/Data Protection Officer

Links to Strategy and Corporate Values
The Compliments process supports our outcome Improving Performance – Our organisational performance, productivity and resilience continually improves.

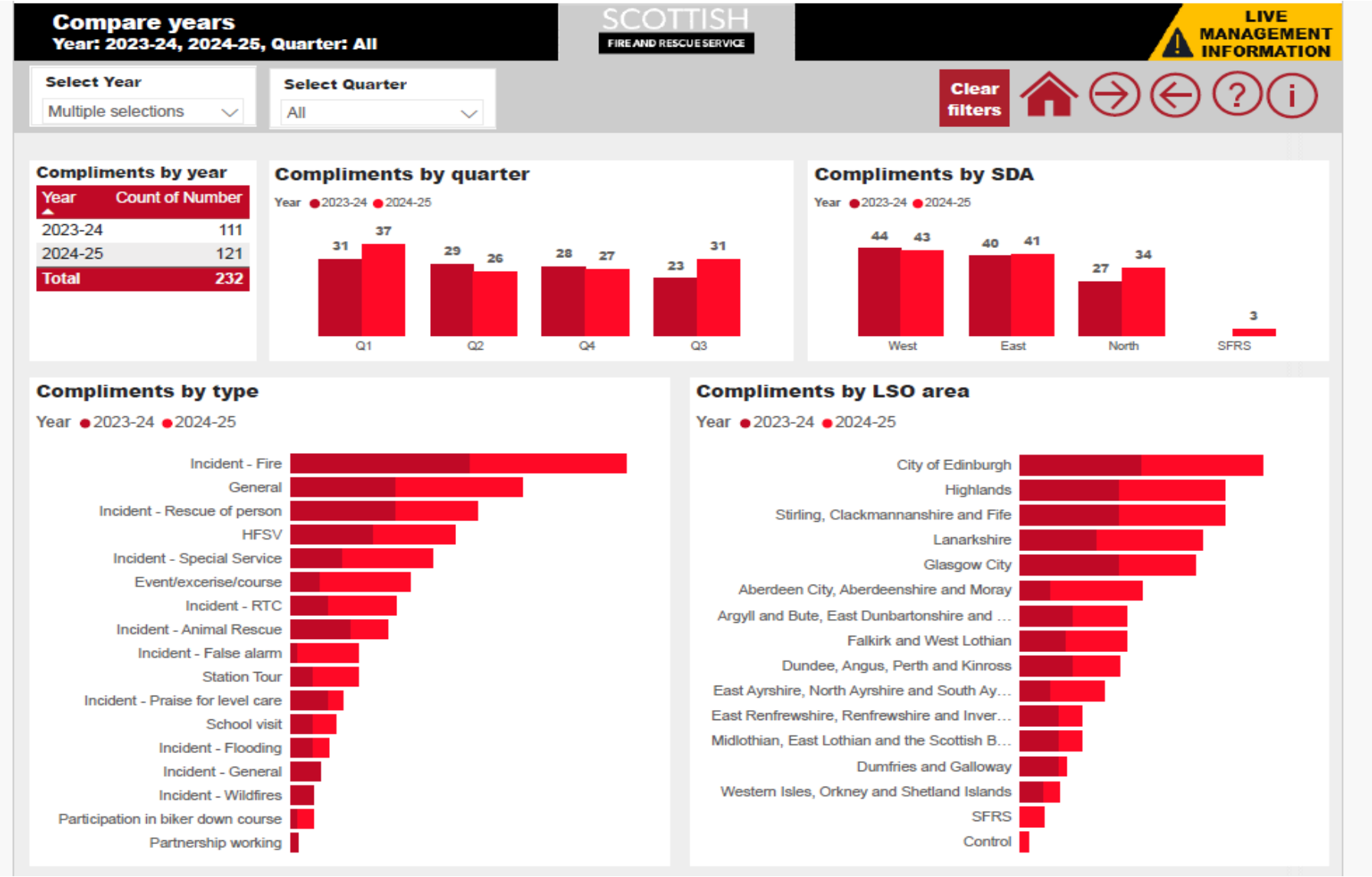
Governance Route for Report	**Meeting Date**	**Report Classification**	**Meeting Approvals/ Outcomes**
Senior Management Board	26/05/2026	For Scrutiny	Approved
Service Delivery Committee	04/06/2026	For Scrutiny	

APPENDIX A

Compliments Breakdown 2024/25



Comparison of Compliments from 2023-24 and 2024-25



APPENDIX B

Examples of Compliments 2024/25

Incident- Fire
Dear Scottish Fire Service, I wanted to send a personal message to say a huge thank you to everyone in the crew who attended our property for a roof fire at the weekend. Damage was thankfully limited due to the huge efforts from a multitude of people from the communities of Knoydart and Mallaig but especially the Scottish Fire service. The Station Commander was just absolutely amazing and really went above and beyond. I can't ever thank her and her crew for everything they collectively did. She was calm, reassuring, organised and dedicated to saving my house, honestly, I couldn't have asked for more. My husband was absent with my son when the fire broke out, and she really assured me at a very stressful time. I am so grateful. The guys under her charge were so committed to stopping the fire and at a time when I felt so utterly helpless, we had battled it for two hours waiting for the boat they just took control. The good news is everything is fixable, no one was hurt and our other property is fine and will continue to welcome guests. The way everyone stepped forward to help us is testament to how special our communities and those that serve in the fire service in our remoter areas are.

Incident – Off duty Rescue of Person
I was in Buchanan Bus Station today when I witnessed the heroic efforts of an off-duty Fire Fighter. His quick thinking and tremendous actions helped in the efforts to save a woman. This was around 2:30pm when I saw him stand with his wife and children. An older lady fell off the bus near him, and he dropped his bags and left to help. No other passenger helped, just him went to his mode of help. This is truly what the service is all about. At this point I do feel he saved this woman! His efforts were second to none- quick thinking, calm nature and ultimately totally selfless. His wife and children waited- this man could've easily left and got on the bus like many, many others. The whole bus is in awe of this action. Selfless. In this world many don't think this matters but commendations due to this man.

Incident – Animal Rescue
I would just like to say a massive thank you to everyone that attended from Bo'ness fire station on Friday evening 29th March to try & help with my horse that was down. Everyone was amazing & so helpful. I can't thank everyone enough for their efforts & appreciate all the hard work & time they put into it. Unfortunately, the horse did not recover but everyone kept trying & I'm so grateful for this

Special Service
I received a call from a member of the public who would like to express his compliments to the Ayr Fire Service who attended an incident in Alloway on the 16.05.24 around 1pm. An elderly lady had locked herself in her home and was in distress and was attended by a crew from Ayr who helped free her. He said the treatment, consideration, and patience the crew shown her was first class. He expresses that they were brilliant at their job and are a credit to the fire service as they treated her with upmost dignity and respect throughout.

School Visit
Thanks so much to the guys who came out for the St John's school fair this morning! My boys were absolutely delighted to spray the fire hose. The firefighters were so kind and lovely. It's such a comfort to know they're so close to the school. Thank you!

HFSV
I had cancelled my HFSV as I couldn't get back in time from a previous appointment, unfortunately they didn't get the message yesterday and had arrived at my house today as planned. I arrived shortly afterwards. She was very understanding and still carried out the visit, despite my 4 dogs all desperate for attention (in their crates) she was very professional trying to speak over them. Which was much appreciated. She was very knowledgeable and kind, especially as I'd not had time to spruce up the house for the visit, since the children left in a whirlwind for school. Could you please

pass on my thanks for being non-judgemental and proficient throughout the whole visit. It was much appreciated, whilst I was flapping around! She was a delight to speak to, and I thank SFRS for the HFSV although I do not consider myself vulnerable at the moment, I would find her very reassuring and comforting if this was to change in the future. Many thanks

Station Tour
We would like to say a big, massive thank you to the staff at Polmadie Fire station who facilitated a wonderful educational visit for our pupils from Hollybrook Academy yesterday afternoon (Monday, 10th June 2024). The staff have been fantastic with our pupils, and everyone came back saying how much they loved their visit. We would be grateful if you could pass on our thanks to the staff at Polmadie. Thanks a million.

Multi Agency
I would appreciate if could inform Watch Commander and watch (Red Watch), Bo'ness Fire Station, for their professional support and assistance during two incidents I was involved with. Firstly, a difficult extrication of a male with a dislocated hip injury. Secondly, a cardiac arrest, which also involved dealing with the patient's family in trying circumstances. They were excellent, professional and supportive of us throughout these differing situations. They are a credit to both your service and themselves. My colleague and I would appreciate if you could pass on our thanks. From Paramedic

SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/15-26

Agenda Item: 13.1

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**3 JUNE 2026**							
Report Title:	**RISK UPDATE REPORT – JUNE 2026**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the Service Delivery Committee (SDC) with an overview of the current risks highlighted by Directorates.
2	**Background**
2.1	The purpose of the risk register is to inform decision making through Scrutiny and Assurance processes, providing additional awareness of the risks we face, and the actions required to minimise these risks.
2.2	The Audit and Risk Assurance Committee (ARAC) is responsible for advising the Board and the Accountable Officer on the adequacy and effectiveness of the Service's arrangements for risk management and has oversight of the Strategic Risk Register.
2.3	The Strategic Leadership Team (SLT) has responsibility for the identification and management of risk and will ensure that Risk Registers present a fair and reasonable reflection of the most significant risks impacting upon the organisation. The SLT will champion the importance of risk management in supporting the achievement of the Service's strategic outcomes and objectives.
2.4	Risk Registers are prepared in consultation with the Board and SLT and are managed collectively by the SLT, with each Directorate Risk allocated to an identified Head of Function. These Responsible Owners provide information on the current controls in place and identify additional actions still required.
3	**Main Report/Detail**
3.1	**Risk Overview**
3.1.1	The risk register is a management tool that provides assurance to the Service, and its scrutiny bodies, that the significant risks of the organisation have been identified, managed and are subject to ongoing monitoring and review.
3.1.2	Appendix A provides details of all risks above the risk rating of 15, as previously agreed by the Service, with Appendix B providing a summary of risks falling below 15 together with details on the position of control actions.
3.2	**Alignment to Strategic Outcomes**
3.2.1	The table below identifies the alignment between the 2022-25 Strategic Outcomes and the current Directorate Risks with each risk aligned to a single outcome:

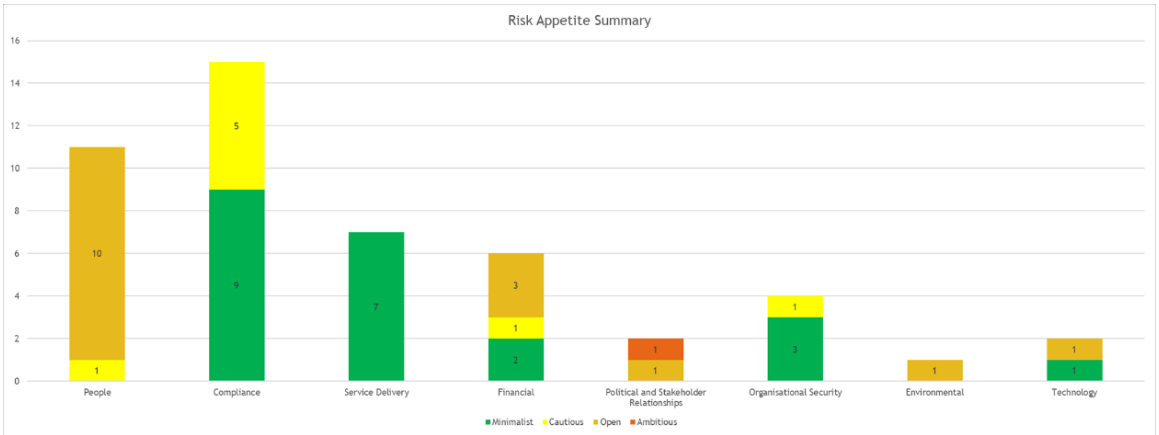
Strategic Outcomes		Directorate Risks				Total
		VH	H	M	L	
Outcome 1	Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.	3		3		6
Outcome 2	Communities are safer and more resilient as we respond effectively to changing risks.	3	5	2		10
Outcome 3	We value and demonstrate innovation across all areas of our work.			1		1
Outcome 4	We respond to the impacts of climate change in Scotland and reduce our carbon emissions.		1			1
Outcome 5	We are a progressive organisation, use our resources responsibly and provide best value for money to the public	3	7	4		14
Outcome 6	The experience of those who work for SFRS improves as we are the best employer we can be.	1	9	4		14
Outcome 7	Community safety and wellbeing improves as we work effectively with our partners			1		1
		10	22	15		47

3.2.2 Aligned to the development of the risk dashboard, all risks will be realigned to the new 2025-2028 Strategic Plan.

3.3 **Risk Appetite**

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

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



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

Risk ID	Risk Name	Risk Theme	Risk Appetite Rating	Risk Rating	Target Risk	RR Above or Within RA
FCS019	Critical service and system failure	Technology	Open	20	12	Above
SDD007	Cyber Security	Organisational Security	Minimalist	20	12	Above
FCS026	Health and Safety compliance	Compliance	Minimalist	16	6	Above
TSA020	Health and Safety Legal Compliance	Compliance	Minimalist	16	1	Above
PPP009	HFSV Partner Application	Organisational Security	Minimalist	16	4	Above
TSA018	Training Capacity	Compliance	Minimalist	16	6	Above
TSA019	Training Facilities	Financial	Open	16	8	Above
POD030	Employment Rights Act - Guaranteed Hours Provisions	Service Delivery	Minimalist	15	4	Above
POD027	People Systems & Technology	Compliance	Cautious	15	4	Above
FCS017	Planning for and minimising Cyber disrupti	Organisational Security	Minimalist	15	10	Above

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

Risk ID	Risk Name	Risk Theme	Risk Appetite Rating	Risk Rating	Target Risk	RR Above or Within RA
FCS020	Best Value	Financial	Open	12	8	Within
FCS024	Capital Programme	People	Open	12	4	Within
FCS005	Core Funding	Financial	Minimalist	12	8	Above
POD022	Employee Relations Case Management	People	Cautious	12	4	Above
FCS008	Environmental Management	Environmental	Open	12	8	Within
FCS011	Fraud Detection	Financial	Minimalist	12	9	Above
TSA014	Health and Safety Legal Compliance	Compliance	Minimalist	12	4	Above
TSA021	Health and Safety Legal Compliance	Compliance	Minimalist	12	1	Above
FCS027	Increased cost and supply chain	Service Delivery	Minimalist	12	6	Above
SPPC004	Information Governance Legislation	Compliance	Cautious	12	8	Above
FCS021	Investment Backlog	Financial	Open	12	8	Within
FCS023	New Finance System	Financial	Cautious	12	9	Above
POD023	People (Organisational Change) Framewor	People	Open	12	4	Within
POD020	People Capacity & Wellbeing	People	Open	12	4	Within
FCS022	Recruitment & Retention	People	Open	12	12	Within
POD026	Remedial Pensions Exercises	Compliance	Minimalist	12	9	Above
SD006	Statutory Duties	Service Delivery	Minimalist	12	8	Above
SPPC019	Statutory Framework	Compliance	Minimalist	12	6	Above
FCS025	Training for support staff	People	Open	12	4	Within
FCS028	Workforce Capacity Risk	People	Open	12	8	Within
SD001	Command and Control Mobilising Systems	Service Delivery	Minimalist	10	10	Above
SPPC018	Organisational Security	Organisational Security	Cautious	10	5	Above
POD024	Building Capabilities	People	Open	9	9	Below
PPP007	Business Continuity Management System (BCMS)	Compliance	Minimalist	9	4	Above
SPPC015	Consultation and Engagement	Political and Stakeholder Relationships	Ambitious	9	6	Below
POD016	Development to Competent Policy Arrangements	Service Delivery	Minimalist	9	4	Above
SD003	Operational Availability Systems	Service Delivery	Minimalist	9	6	Above
OD001	Operations Control Staffing	Service Delivery	Minimalist	9	6	Above
FCS018	Recruitment and Retention	People	Open	9	6	Below
FCS029	Repairs and Maintenance Resource Fundin	Compliance	Minimalist	9	6	Above
POD025	Suport Staff Pay & Reward Framework	People	Open	9	9	Below
PPP010	Operational Intelligence GETAC Data Syncing	Compliance	Cautious	8	6	Within
SPPC001	Service Performance Management	Compliance	Cautious	8	5	Within
PPP005	Trained, skilled staff and legal/regulatory compliance	People	Open	8	4	Below
POD018	Personal Record Files	Compliance	Cautious	6	4	Within
SPPC016	IRS FARDAP	Technology	Minimalist	5	5	Above
SPPC013	Partnership Working	Political and Stakeholder R	Open	4	8	Below

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

3.4 **Risk Spotlights**

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

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

3.5 **Significant Directorate Risks**

3.5.1 In relation to the current period Directorates reviewed their registers identifying 47 risks of which 10 are rated at 15 or above and coloured red within the table.

What is the current status of each risk?						
		Impact				
		Negligible (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Probability	Rare (1)				1	1
	Unlikely (2)			1	3	2
	Possible (3)			9	14	2
	Likely (4)			6	5	2
	Almost Certain (5)			1		

3.5.2 Appendix A to the report identifies 2 risks, aligned to SDC, rated 15 or above and categorised as significant:

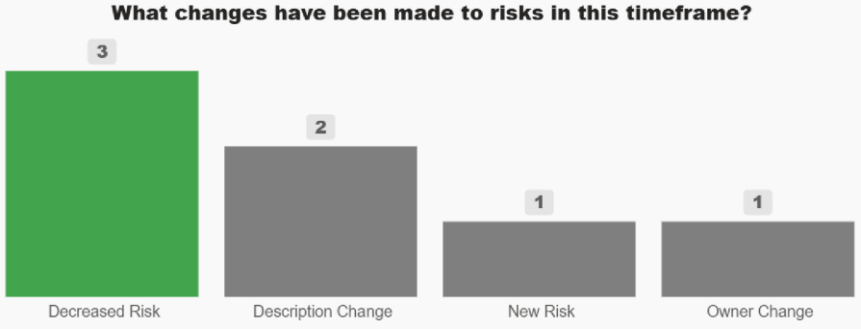
Risk Ref.	Risk Description
FCS019	There is a risk that many of our critical services and systems, which support the Operations Control team functions, could fail and be unrecoverable, or be subject to an increased risk of cyber-attack. This is because of the age of both the hardware and software elements involved, much of which is substantially beyond end of life. Vendor or SME support contracts are largely on a best endeavours basis resulting in, for example, the potential of Operations Control being unable to mobilise resources to an incident. This risk is enhanced during the period of transition to the NMS which parallel running bringing additional challenges.
PPP009	There is a risk SFRS cannot accept, record and report on partner referrals for HFSV (and reciprocal referrals for support) due to the partner element of the App not being live - due to failing cyber security testing.

3.5.3 In relation to these risks no significant changes have been made since the last report.

3.5.4 For risks rated below 15 Appendix B identifies 8 risks aligned to SDC:

Risk Ref.	Risk Description
OD001	There is a risk of a non-resilient fire control due to insufficient employees and an ineffective fire control structure. Failure to attract, recruit, personnel, high abstraction and sickness levels lead to ineffective workforce planning, as a result, we would be failing to provide a resilient fire control capability.
P007	There is a risk where the Service fails to have in place a business continuity management system, minimising the risk of disruption during or after an event. This could be due to not having in place fully tested and maintained business continuity plans, which could result in unplanned disruption or a failure to effectively recover from an event.
SD003	There is a risk of SFRS operational availability systems reaching end of life and failing and the existing supplier ceasing to support or maintain legacy systems. This would impact SFRS ability to effectively mobilise. It would also cause reliability issues and licence issues in some LSO areas of SFRS.
P005	There is a risk of insufficient levels of qualified and skilled Fire Engineering resources due to challenges with recruitment, access to qualifications/training requirements, finances and retention of staff, resulting in the potential that the Directorate/SFRS may not be able to deliver against its statutory and organisational responsibilities and demands.
P010	There is a risk of operational personnel not having access to accurate, up-to-date Operational Intelligence (OI) information due to the OI App on GETAC devices not frequently, fully, or consistently syncing. This issue arises from station personnel not manually syncing devices and from recent findings that the OI App sync process is failing to pull across all required data. Resulting in devices increasingly providing incomplete or inaccurate OI information, with long-standing syncing issues now compounded by newly identified failures and anomalies in the data transfer process
SD001	There is a risk of failure to mobilise to an incident whether due to a technical failure of the existing mobilising systems, a cyber-attack or internal malicious activity. As a result, we would be failing to meet our statutory duty and also potentially bring reputational damage to the Service.
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.
SPPC016	There is a risk where SFRS fails to ensure that SFRS are familiar and able to use Fire and Rescue Data and Analytical Platform (FARDAP) resulting in a loss of data and reporting, leading to increased costs and reputational damage

3.5.5 In relation to risks falling below 15 Directorates have reviewed theirs risks with the following changes made:

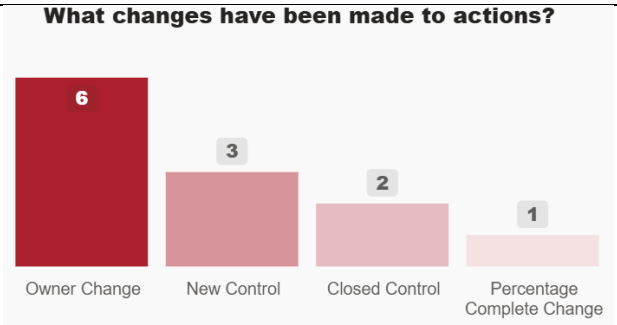


New Risk	
PPP010 - Operational Intelligence GETAC Data Syncing	Description: There is a risk of operational personnel not having access to accurate, up-to-date Operational Intelligence (OI) information due to the OI App on GETAC devices not frequently, fully, or consistently syncing. This issue arises from station personnel not manually syncing devices and from recent findings that the OI App sync process is failing to pull across all required data. Resulting in devices increasingly providing incomplete or inaccurate OI information, with long-standing syncing issues now compounded by newly identified failures and anomalies in the data transfer process
Decreased Risks	
SD001 - Command and Control Mobilising Systems	Probability Decreased From: 15 (3 x 5) To: 10 (2 x 5) "Rating reviewed following discussion with Director and in consideration of resilience arrangements in place. Further discussion to take place on whether to remove risk as target risk has now been met."
OD001 - Operations Control Staffing	Probability Decreased From: 15 (5 x 3) To: 9 (3 x 3) "Risk rating reduced following discussion at DMT."
PPP005 - Trained, skilled staff and legal/regulatory compliance	Probability Decreased From: 16 (4 x 4) To: 8 (2 x 4) "Functional resilience has strengthened through four staff progressing via UCLAN and a temporary development post supporting succession into Fire Engineering roles. This reduces reliance on external contractors. Additional funding is being sought to enrol two more students in Sept 2026 and to secure a permanent development post, which will further mitigate future skills and succession risks."

3.6 **Control Actions**

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

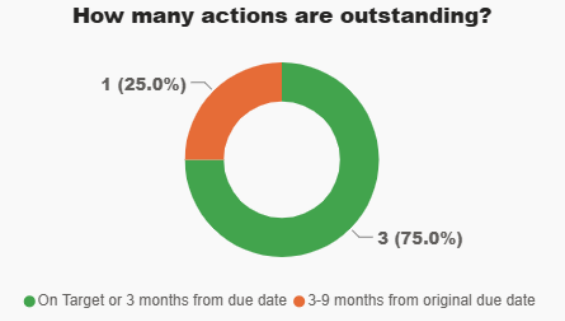
3.6.2 Following review, the following changes have been made to control actions rated below 15, aligned to SDB:



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

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

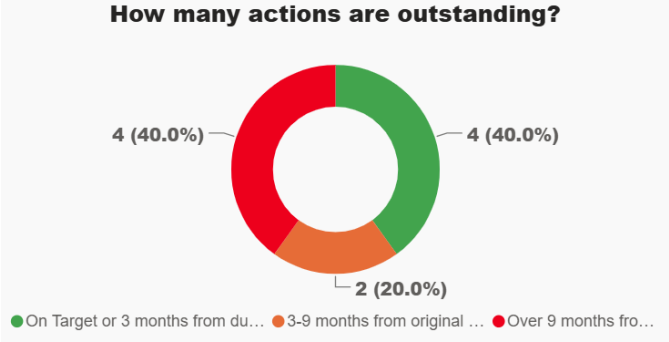
3.6.4 In relation to risks rated 15 or above, Appendix A identifies no control actions, over 9 months from original due date, aligned to SDC.



3.6.5 Following the recent risk update for risks above 15 a number of control actions in relation to Finance, Digital and Infrastructure were overlooked. These actions will be included within the next update but have been outlined below for information:

Risk ID	Description	Control Owner	Start Date	Due Date
FCS017- Planning for and minimising Cyber disruption	Redevelop Cyber incident response plan and make live	Head of DDaT	01/04/2026	30/09/2026
FCS017- Planning for and minimising Cyber disruption	Delivery of Phase 2 of Cyber Security Action Plan	Head of DDaT	01/04/2026	31/03/2027
FCS017- Planning for and minimising Cyber disruption	Delivery of 8 recommendations from Cyber Desktop Exercise outcome report	Head of DDaT	01/04/2026	30/09/2026
FCS019- Critical service and system failure	Work closely with support partners to ensure preventative maintenance is carried out on at risk systems.	Head of DDaT	01/04/2026	31/03/2026
FCS019- Critical service and system failure	Ensure subject matter experts are involved in the NMS transition phase of the project	Head of DDaT	01/04/2026	31/03/2026
FCS019- Critical service and system failure	Ensure delivery of the 5 recommendations identified through the OC cyber risk assessment.	Head of DDaT	01/04/2026	30/09/2026
SDD007- Cyber Security	Ensure a Service wide priority around staff Cyber Security training, and seek assistance from other functions/directorates i.e. People, Service Delivery, etc, to improve completion rates	Head of DDaT	01/04/2026	31/03/2026
SDD007- Cyber Security	Delivery of Phase 2 of Cyber Security Action Plan	Head of DDaT	01/04/2026	31/03/2026

3.6.6 In relation to risks falling below a rating of 15, there are 4 control action over 9 months from its original due date:



3.6.7 The table below identifies the 4 control actions over 9 months from their original due date.

Risk ID	Action Description	Action Due	Est. Date	Action Comment
OD001	Develop and implement an active recruitment strategy	01/08/2024	31/12/26	Discussions with AC Stuart Watson (Talent & Development Team) are taking place. OC Recruitment are now featured on the T&D planner. Further discussions are still required regarding the development and implementation of OC recruitment strategy.
OD001	Explore targeted development of OC Management (Supervisory to Strategic level).	31/03/25	31/03/27	We are working with Business Partners to explore delivery methods which take cognisance of the concurrent workstreams and capacity pressures. This includes discussion around bitesize sessions which can be recorded and supported with good practice.
PPP005	Form contingency options to mitigate any Service failures to deliver Fire Engineering services through existing staff. Option to be progressed through governance for decision.	31/03/2025	30/09/2026	To further improve resilience, the department aims to secure funding to enrol two more UCLAN students in September 2026 and has submitted a business case for an additional development post, currently filled through temporary secondment. With these measures, reliance on external fire engineering contractors is no longer expected, and this risk will reduce further if the additional students and development post are approved.
SD001	Support the design, procurement, delivery and implementation of the New Mobilising System (NMS) - Phase 1	31/12/2023	31/10/2026	NMS ICCS was successfully delivered with CAD following in November 2026. Phase two optimisation will follow post-CAD implementation.

3.7 **Development of Risk Dashboard**

3.7.1 Development work to allow direct input into the risk dashboard is nearing completion with core testing now being undertaken. This will remove the excel spreadsheet input route, allowing information to be more up to date and the dashboard able to be used as a management tool by Directorates. Once initial testing is complete user testing will be undertaken to identify any additional revisions necessary. A demonstration of the system will be provided to Sarah O'Donnell and Richard Whetton on 4 June.

3.7.2 Aligned to this work the system will provide the ability to create a range of registers including Strategic, Directorate, Functional, Project and those relating to Tactical Action Groups. Work to allow movement between these registers will also be undertaken, minimising manual input of data.

3.7.3 Following completion of this work SLT and Committee's will be provided with a demonstration of the system and new reporting formats. Appendix A and B have already been automated, significantly reducing the production time for reports. Further work in

	relation to visualisation of data will be discussed with SLT and ARAC to ensure scrutiny and assurance requirements can be met.
4	**Recommendation**
4.1	The Service Delivery Committee is asked to: • Scrutinise the information presented within the report and consider whether any additional assurance is required in relation to updates provided. • Consider any additional risks, identified by Committee, that should be considered within Directorate risk registers.
5	**Key Strategic Implications**
5.1 5.1.1 5.1.2	**Risk Appetite and Alignment to Risk Registers** The report identifies risks from each Directorate together with the significant changes made since the last update. Each Directorate will be responsible for the identification and mitigation of any associated risk and for the update of relevant risk registers. The report is aligned to the Services Compliance risk appetite in relation to our internal governance, including systems of control, where the Service has a **Cautious** appetite.
5.2 5.2.1	**Financial** The report identifies risks from each Directorate with financial implications arising from control decisions to be managed by the relevant Directorate.
5.3 5.3.1	**Environmental & Sustainability** Any implications arising from the report will be managed by the relevant Directorate.
5.4 5.4.1	**Workforce** Any implications arising from the report will be managed by the relevant Directorate.
5.5 5.5.1	**Health & Safety** Any implications arising from the report will be managed by the relevant Directorate.
5.6 5.6.1	**Health & Wellbeing** Any implications arising from the report will be managed by the relevant Directorate.
5.7 5.7.1	**Training** Any implications arising from the report will be managed by the relevant Directorate.
5.8 5.8.1	**Timing** The report is provided to the Audit and Risk Assurance Committee on a quarterly basis.
5.9 5.9.1	**Performance** The risk report is used to ensure risks are identified and suitably managed by relevant Directorates.
5.10 5.10.1	**Communications & Engagement** Any implications arising from the report will be managed by the relevant Directorate.
5.11 5.11.1	**Legal** Any implications arising from the report will be managed by the relevant Directorate.
5.12 5.12.1	**Information Governance** DPIA completed - No. The report provides a summary of risks identified by Directorates. Each Directorate will ensure that any relevant DPIA is completed as required.

5.13 5.13.1	**Equalities** EHRIA completed - No. An assessment was undertaken in relation to the Risk Management Policy. Any individual elements of work, which may have an impact upon Equalities, will require to be assessed and managed by the relevant Directorate.	
5.14 5.14.1	**Service Delivery** Any implications arising from the report will be managed by the relevant Directorate.	
5.15 5.15.1	**Prevention** Any implications arising from the report will be managed by the relevant Directorate.	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Mark McAteer, Director of Governance, Strategy and Change
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited/Insufficient~~
7.2	**Rationale:**	There is room for improvement in the identification of the right risks, their associated risk rating, controls and the completion of mitigating actions within identified timescales. The report is based upon information received from Directorate's and I have confidence that the information is correctly reported based upon these returns.
8	**Appendices/Further Reading**	
8.1 8.2	Appendix A – Significant Risks Appendix B – Other Risk Summary	

Prepared by:	David Johnston, Risk and Audit Manager
Sponsored by:	Richard Whetton, Head of Governance and Compliance
Presented by:	Andrew Watt, Deputy Chief Officer

Links to Strategy and Corporate Values

The Risk Management Framework forms part of the Services Governance arrangements and contributes to the Services 2025-2028 Strategy in relation to the following outcomes:

- Our organisational performance, productivity and resilience continually improve, delivered through organisational risk, security and resilience activities.
- We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient, delivered through more efficient and effective corporate business processes.

Governance Route for Report	Meeting Date	Report Classification/ Comments	Meeting Approvals/ Outcomes
Service Delivery Committee	*03/06/2026*	*For Scrutiny*	

SCOTTISH FIRE AND RESCUE SERVICE

Working together for a safer Scotland

Appendix A - Significant Risks

MANAGEMENT INFORMATION

Reporting month:

2026-27 May

Welcome

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

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

Key Contact: David.Johnston2@firescotland.gov.uk

Risk Management Policy & Framework: RiskMgtPolicyFrameworkV3.0 (firescotland.gov.uk)

BUSINESS INTELLIGENCE

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

Overview | FCS019 | SDD007 | FCS026 | PPP009 | TSA018 | TSA019 | TSA020 | FCS017 | POD027 | POD030

Risk ID	Risk Name	RIsk Rating	Previous Risk Rating	Date Updated
FCS019	Critical service and system failure	20	20	2026-27 May
SDD007	Cyber Security	20	20	2026-27 May
FCS026	Health and Safety compliance	16	16	2026-27 May
PPP009	HFSV Partner Application	16	16	2026-27 May
TSA018	Training Capacity	16	16	2026-27 May
TSA019	Training Facilities	16	16	2026-27 May
TSA020	Health and Safety Legal Compliance	16	16	2026-27 May
FCS017	Planning for and minimising Cyber disruption	15	15	2026-27 May
POD027	People Systems & Technology	15	15	2026-27 May
POD030	Employment Rights Act - Guaranteed Hours Provisions	15	15	2026-27 May

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Overview | FCS019 | SDD007 | FCS026 | PPP009 | TSA018 | TSA019 | TSA020 | FCS017 | POD027 | POD030

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS019	2	There is a risk that many of our critical services and systems, which support the Operations Control team functions, could fail and be unrecoverable, or be subject to an increased risk of cyber attack. This is because of the age of both the hardware and software elements involved, much of which is substantially beyond end of life. Vendor or SME support contracts are largely on a best endeavours basis resulting in, for example, the potential of Operations Control being unable to mobilise resources to an incident. This risk is enhanced during the period of transition to the NMS which parallel running bringing additional challenges. The cyber risk is enhanced due to reliance upon legacy infrastructure and the inability to security patch hardware.	SDC	SMB	Head of Digital, Data and Technology Services	20	20	12	Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Ensure subject matter experts are involved in the NMS transition phase of the project	31/03/2026	31/03/2026	Greg Aitken	ACTION COMPLETE - new action for 2026/27 will be forwarded for next update	On Target or 3 months from due date
Work closely with support partners to ensure preventative maintenance is carried out on at risk systems.	31/03/2026	31/03/2026	Greg Aitken	ACTION COMPLETE - new action for 2026/27 will be forwarded for next update	On Target or 3 months from due date
Ensure delivery of the 5 recommendations identified through the OC cyber risk assessment.	31/03/2027	31/03/2027	Head of DaTS	Delivery of these recommendations has progressed well, with 3 of the 5 fully delivered and the remaining 2 progressing well.	On Target or 3 months from due date

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

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Delivery of Phase 1 of Cyber Security Action Plan	01/03/2028	30/03/2026	Greg Aitken	ACTION COMPLETE - new action for 2026/27 will be forwarded for next update	On Target or 3 months from due date
Ensure a Service wide priority around staff Cyber Security training, and seek assistance from other functions/directorates i.e. People, Service Delivery, etc, to improve completion rates	31/03/2026	31/03/2026	Greg Aitken	ACTION COMPLETE - new action for 2026/27 will be forwarded for next update	On Target or 3 months from due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS026	1	There is a risk that deficiencies in the suitability of the property estate, including arrangements for effective contaminant control, will result in non compliance with Health and Safety requirements. This may lead to HSE enforcement notices following anticipated inspections across the SFRS Property, Fleet, and Equipment Estate if mitigations and a clear action plan are not in place. This risk has been set as a more targeted element previously and builds upon risk FCS021.	ARAC	SMB	Head of Asset Management	16	16	6	Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Standardised post-incident hygiene controls: Implement consistent post-incident hygiene measures across the estate, including towel provision and access to showering facilities, to reduce exposure risks and support firefighter health and safety. Regarding access to shower facilities we will determine feasible solutions, prioritised by service need subject to available funding. An action plan will be put in place for those solutions identified annually across the estate with actions carried out fed back to update GRA108 data.	31/03/2027	31/03/2027	Head of Asset Management	Towels procurement completed and 15.000 towels orderd.	On Target or 3 months from due date
Use data from GRA 108 to record mitigations put in place to meet shortfall in welfare facilities. We will determine feasible solutions, prioritised by service need subject to available funding. An action plan will be put in place for those solutions identified annually across the estate with actions carried out fed back to update GRA108 data.	31/03/2026	31/03/2027	Head of Asset Management	Information from GRA 108 will be used to build future capital works with feedback from existing works being used to update GRA 108 upon satisfactory completion	On Target or 3 months from due date

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

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Engage with DaTS to ensure the full HFSV system is available, allowing for the recording of partner referrals for a HFSV and onward referrals for householders to access wider support.	31/01/2026	30/06/2026	C Barlow	The system has been released to support a soft launch with a small number of partners. An issue registering multiple-domain names has been identified. This requires to be resolved by DaTS prior to a full launch taking place.	3-9 months from original due date

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA018	2	There is a Directorate risk, of an inability to maintain or improve our training delivery due to insufficient capacity being available within the Training Function to meet current demand, which could result in current and future negative impact on currency in operational skills & capacity, associated legal and regulatory compliance and financial and reputational cost. (Capacity meaning: the ability to do or produce)	PC	SMB	Head of Training	16	16	6	Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Support Central Staffing with the implementation of a structured validation process to ensure accuracy and alignment across systems and confirm that data integrity checks verify that supplied competency data is complete, consistent, and formatted correctly before integration.	31/10/2025	01/05/2026	Andy Scott	Data integrity checks continue during April, with further review of output files to confirm completeness, consistency, and correct formatting prior to integration. Additional assurance activity was undertaken to verify that competency mapping outputs align with agreed data structures and are suitable for final implementation.	3-9 months from original due date
Cross-System Validation: Conduct automated and manual checks to ensure competency records match across HR, training, and operational databases.	01/03/2026	01/05/2026	Andy Scott	Cross-system validation activity will progress during April, including continued automated and manual comparison of competency records across training, HR, and operational data sources. This work has supported identification of remaining variances and provided assurance that outputs are moving toward full system alignment ahead of delivery.	On Target or 3 months from due date
Discrepancy Resolution: Identify and rectify any inconsistencies in collaboration with Operations and relevant stakeholders before finalising updates.	01/03/2026	01/05/2026	Andy Scott	Discrepancy resolution remains ongoing throughout April, with identified inconsistencies reviewed and addressed in conjunction with relevant stakeholders. This activity has focused on resolving outstandingmapping and data alignment issues to support final validation and ensure competency records are accurate prior to implementation.	On Target or 3 months from due date
Driver training management team to engage with People Team to review current terms and conditions to align with emerging service needs.	01/04/2026	01/11/2026	Garry Douglas	Ongoing discussions are underway with Trade Unions, however there are complexities around the creation of the schedules that could havemajor contractual challenges that need to be discussed in depth prior to agreement and implementation.	On Target or 3 months from due date
Exception Reporting: Generate reports highlighting anomalies or missing data, with corrective actions assigned to responsible personnel.	01/03/2026	01/05/2026	Andy Scott	Exception reporting progressed during April, with anomaly and missing data outputs further refined to support final corrective action. Reporting continues to be used to highlight outstanding issues requiring resolution, providing visibility and control as assurance activity moves toward completion.	On Target or 3 months from due date
Look at costing and timeline to put additional staff onto ADI instructor pathway to increase output of Category B courses.	01/11/2026	01/11/2026	Garry Douglas	Several drivers are now progressing through the ADI pathway; however, a current constraint is that PVG checks can only be progressed once the qualification is confirmed as an essential criterion. Driver Training is exploring options to address this and enable candidates to complete the qualification.	On Target or 3 months from due date
Review the job descriptions of non-uniformed instructors to confirm contractual obligations and assess the risk if driving instructors withdraw their ADI qualification for delivering Cat B ERD courses.	31/03/2026	01/11/2026	Gary Douglas	Driver Training is awaiting confirmation of a meeting date with the Trade Unions to agree revisions to the essential criteria, making the ADI qualification mandatory. In the interim, all staff are being encouraged to work towards achieving their ADI on a voluntary basis until a formal agreement is in place.	On Target or 3 months from due date

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Overview | FCS019 | SDD007 | FCS026 | PPP009 | TSA018 | TSA019 | TSA020 | FCS017 | POD027 | POD030

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA019	2	There is a Directorate risk, of an inability to maintain or improve our training delivery due to the limited finance/budget available for capital investment, condition and location of our Training Estate and therefore lack of access to appropriate facilities, which could result in current and future negative impact on currency in operational skills & capacity, associated legal and regulatory compliance and financial and reputational cost. (Facilities meaning: infrastructure, buildings, training centres, welfare)	PC	SMB	Head of Training	16	16	8	Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Liaise with Assets / Property Function to support and oversee tenders priced, planning permission granted and the delivery of works completed, for the new welfare facility at Portlethen TC.	01/12/2025	31/03/2027	Srah Robertson	A project manager has been appointed to lead the welfare facility upgrade works at Portlethen Training Centre. Initial design proposals have been discussed, with a focus on maximising available space to deliver more than 10 individual dignified changing rooms. An on-site meeting with the project manager is scheduled for 21st April. The project is scheduled for completion before the end of the 2026/27 financial year, with tenders to be progressed through RFM. On reviewing the due date, considering the expected completion date for the project, a revised due date of 31/03/27 is proposed.	3-9 months from original due date
Liaise with Assets / Property to support and oversee the timeline and delivery of works required for the new welfare facility at Sumburgh Training Centre.	31/03/2026	30/06/2026	Group Commander Thomas Mortimer	Due to year-end financial pressures, limited progress has been made on the Sumburgh Training Centre works. Now that the new financial year has commenced, Property and the design team/contractor will refocus on progressing the project. The project manager will continue to engage the contractor to secure a realistic and achievable programme and cost for delivery of the works. It is anticipated that by the end of April, a clearer position will be available on the full project scope, cost and programme. The current proposal remains that the new accommodation will be delivered via a contractor based in the Shetland Islands.	On Target or 3 months from due date
Liaise with Property Project Manager and SMEs to support and oversee the design, user requirements, planning, procurement, tendering and construction of Perth Training Centre CFBT and Contaminants Control Facility.	30/09/2026	30/09/2026	Group Commander Sarah Robertson	Belowground works for the CFBT facility are nearing completionwith final concrete pour to new smoke capture system base and CFBT perimeter now being progressed. Initial delivery of smoke capture system and CFBT containers has commenced with further units anticipated as site space allows. Delay to the installation of the CFBT containers in place has been experienced due to delayed discussions with Network Rail in approving use of a crane on site. This matter is being progressed, with full agreement anticipated within a few weeks. Completion of the CFBT facility is anticipated in mid/late June. Confirmation has been received from Property that a generator will provide the power supply to the CFBT facility and will be connected at point of commissioning. The facility will not receive a direct supply. CCU: Below ground works are progressing well, with the installation of a gasmembrane. Power for this facility will be accommodated from the existing site direct power supply network. It is currently anticipated that completion for the CCU will be in mid-June. Now that instruction to incorporate the Utility Shed into the project requirements has been provided, detailed assessment of the available solution can be progressed.We await the designer's initial proposals for review and consideration.	On Target or 3 months from due date
Work with Assets to support the replacement schedule to address the aging fleet within the Training Function.	31/03/2026	30/04/2026	Group Commander Garry Douglas	Training and appliance familiarisation is now underway, with a handover date to be confirmed. Nine new appliances will be introduced to replace the older fleet and enable some newer appliances to be reallocated into service delivery. Fleet is yet to provide an update on the location and timescales for replacement of the white fleet vehicles.	On Target or 3 months from due date
Work with Property, Contaminants Subgroup and PRP's to oversee the implementation of facilities and resources for the management of fire contaminant control across all sites.	31/03/2027	31/03/2027	Thomas Mortimer Group Commander Training	The BA set washer has been installed at Invergordon and staff have been familiarised with its use. The contaminants group are exploring the options for an effective use of these assets, enabling all training venues to have access to their most local BA setwasher; a suitable frequency for machine washing of BA sets is to be identified and a process for movements of setsfrom sites without set washer will be planned.	On Target or 3 months from due date

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

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Develop strategic plan for SDB approval to enable SFRS to comply with this change of guidance by Jan 2026. Planning via regular meetings is ongoing.	31/03/2026	31/03/2027	Teresa Kelly SA DHOF	Draft robust plan going through governance for approval.	On Target or 3 months from due date

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Overview | FCS019 | SDD007 | FCS026 | PPP009 | TSA018 | TSA019 | TSA020 | FCS017 | POD027 | POD030

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

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Redevelop Cyber incident response plan	30/01/2026	31/08/2026	Walter Wilson	This was not delivered by the due date. It was decided that a dependency to this going live was to carry out a Cyber desktop exercise with SLT and HoF. This exercise took place on 6 May. As a result we now have a number of recommendations to action, which will directly impact the CIRP. It is therefore essential that we action these recommendations prior to making the new CIRP live.	3-9 months from original due date
DaTS engagement with and support to Directorates/Functions in preparing business continuity plans	30/03/2026	31/08/2026	Craig Dundas	This is dependent on the Cyber Incident Response Plan (CIRP) being redeveloped and going live. Supporting functions with developing and redeveloping their BCP's will be closely aligned to the CIRP.	On Target or 3 months from due date
Delivery of Phase 1 of Cyber Security Action Plan	30/03/2026	30/03/2026	Walter Wilson	ACTION COMPLETE - new action for 2026/27 will be forwarded for next update	On Target or 3 months from due date

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Overview | FCS019 | SDD007 | FCS026 | PPP009 | TSA018 | TSA019 | TSA020 | FCS017 | POD027 | POD030

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

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Identify process improvement opportunities to mitigate risk within current system constraints and agree prioritised improvements to deliver	31/03/2026	30/09/2026	Lyndsey Gaja Head of People	People team will be participating in an initiative via DaTS colleagues to develop potential use cases for Co-Pilot to streamline business processes, or automate workflows	On Target or 3 months from due date

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Overview | FCS019 | SDD007 | FCS026 | PPP009 | TSA018 | TSA019 | TSA020 | FCS017 | POD027 | POD030

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD030	1	There is a risk that the guaranteed hours provisions in the Employment Rights Act could have a significant detrimental impact on the resilience and affordability of the on-call fire service, due to the proposed requirement to offer guaranteed weekly hours, provide notice of shifts, and pay compensation for cancelled or curtailed shifts, resulting in significantly increased costs to the Service and compromising the resilience and sustainability of the on-call emergency service.	PC	SMB	Head of People	15	15	4	Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Explore, via the NJC, the potential for an agreement with the recognised TUs to disapply the guaranteed hours provisions of the ERA	31/12/2026	31/12/2026	Chief Officer	Agreement on guaranteed hours to be explored	On Target or 3 months from due date
Participate in and support UK level engagement between the NJC, HMCLG and Devolved Administrations to seek an exemption to these legislative provisions for on-call Firefighters.	31/12/2026	31/12/2026	Chief Officer	Ongoing participation and engagement being undertaken	On Target or 3 months from due date

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Appendix B - Other Risks

MANAGEMENT INFORMATION

Reporting month:

2026-27 May

Welcome

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

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

Key Contact: David.Johnston2@firescotland.gov.uk

Risk Management Policy & Framework: RiskMgtPolicyFrameworkV3.0 (firescotland.gov.uk)

BUSINESS INTELLIGENCE

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

Overview | FDI | OD | PCE | P | GSC | TSA

Finance, Digital and Infrastructure | Governance, Strategy and Change | Operational Delivery

People, Communications and Engagement | Prevention | Training, Safety and Assurance

Risk ID	Risk Name	RIsk Rating	Previous Risk Rating	Date Updated	Status
FCS005	Core Funding	12	12	2026-27 May	Treat
FCS008	Environmental Management	12	12	2026-27 May	Treat
FCS011	Fraud Detection	12	12	2026-27 May	Treat
FCS020	Best Value	12	12	2026-27 May	Treat
FCS021	Investment Backlog	12	12	2026-27 May	Treat
FCS022	Recruitment & Retention	12	12	2026-27 May	Treat
FCS023	New Finance System	12	12	2026-27 May	Treat
FCS024	Capital Programme	12	12	2026-27 May	Treat
FCS025	Training for support staff	12	12	2026-27 May	Treat
FCS027	Increased cost and supply chain	12	16	2026-27 May	Treat
FCS028	Workforce Capacity Risk	12	12	2026-27 May	Treat
POD020	People Capacity & Wellbeing	12	12	2026-27 May	Treat
POD022	Employee Relations Case Management	12	12	2026-27 May	Treat
POD023	People (Organisational Change) Framework	12	12	2026-27 May	Treat
POD026	Remedial Pensions Exercises	12	12	2026-27 May	Treat
SD006	Statutory Duties	12	12	2026-27 May	Treat
SPPC004	Information Governance Legislation	12	12	2026-27 May	Treat
SPPC019	Statutory Framework	12	12	2026-27 May	Treat
TSA014	Health and Safety Legal Compliance	12	12	2026-27 May	Treat
TSA021	Health and Safety Legal Compliance	12	12	2026-27 May	Treat
SD001	Command and Control Mobilising Systems	10	10	2026-27 May	Treat
SPPC018	Organisational Security	10	10	2026-27 May	Treat
FCS018	Recruitment and Retention	9	9	2026-27 May	Treat
FCS029	Repairs and Maintenance Resource Funding	9	9	2026-27 May	Treat
OD001	Operations Control Staffing	9	9	2026-27 May	Treat
POD016	Development to Competent Policy Arrangements	9	9	2026-27 May	Treat
POD024	Building Capabilities	9	12	2026-27 May	Treat
POD025	Suport Staff Pay & Reward Framework	9	9	2026-27 May	Treat
PPP007	Business Continuity Management System (BCMS)	9	12	2026-27 May	Treat
SD003	Operational Availability Systems	9	9	2026-27 May	Treat
SPPC015	Consultation and Engagement	9	9	2026-27 May	Tolerate
PPP005	Trained, skilled staff and legal/regulatory compliance	8	8	2026-27 May	Treat
PPP010	Operational Intelligence GETAC Data Syncing	8	8	2026-27 May	Treat
SPPC001	Service Performance Management	8	8	2026-27 May	Tolerate
POD018	Personal Record Files	6	6	2026-27 May	Treat
SPPC016	IRS FARDAP	5	5	2026-27 May	Tolerate
SPPC013	Partnership Working	4	8	2026-27 May	Tolerate

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS005	5	There is a risk that the Service may be unable to secure levels of funding required to achieve its strategic objectives. Additional pressure has been placed upon Government's finances following recent events and future funding settlements. This could result in delays to agreed and future projects requiring a resetting of the Services objectives.	ARAC	SMB	Head of Finance and Procurement	12	12	8	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS008	4	There is a risk that the Service will be unable to achieve carbon budget reduction of 11,354 tCO2e during 2026-2030; because of limited investment or anticipated savings targets not being achieved through current projects; resulting in lost opportunities, potential fines if required targets are not met and possibly negative media coverage.	ARAC	SMB	Head of Asset Management	12	12	8	Open (Within Appetite)

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

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

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

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

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

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

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS023	5	There is a risk to the Service where delays are experienced in introducing a new Finance system. Extensions of the current finance system contract will be required to 2028 and further challenges will be experienced if further extensions are required. The Service may experience challenge by other market providers in relation to procurement legislation and any procurement work required to support other delivery options is limited by available capacity within Procurement and Systems Teams.	ARAC	SMB	Head of Finance and Procurement	12	12	9	Cautious (Above Appetite)

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

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

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS027	2	There is a risk that manufacturing and supply chain shortages will result in anticipated fuel cost increases together with potential supply chain shortages in relation to the supply of commodities for construction, fleet and ICT equipment. This may be due to a lack of global manufacturing capacity as a result of the conflict in Iran. This may result in delay to projects specified within the capital programme and potential increases in both capital and revenue costs.	ARAC	SMB	Head of Asset Management	12	16	6	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS028	6	There is a risk that a combination of factors including a highly competitive job market for ICT and project delivery professionals, i.e. project managers, pay grade constraints, and the scale of the significantly expanded Capital Programme will limit the Service's ability to recruit and retain specialist staff at the pace and scale required. This may affect the Service's delivery capacity and capability to meet rising demand, increasing the risk to the effective planning, management, and delivery of the Service's asset management and capital investment objectives.	ARAC	SMB	Head of Asset Management	12	12	8	Open (Within Appetite)

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FCS029	5	There is a risk that the Service is unable to maintain its property estate to acceptable operational and statutory standards because the annual repairs and maintenance budget is structurally insufficient to meet known demand, intensified by inflationary pressures and historic backlog. As a result, during 2025/26 the Service has been required to defer £1.5m of maintenance costs into Period 4 onwards to remain within overall financial controls. This increases the likelihood of asset deterioration, health and safety non	ARAC	SMB	Head of Asset Management	9	9	6	Minimalist (Above Appetite)

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

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Overview | FDI | OD | PCE | P | GSC | TSA

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

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

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

Number of control Actions	Number of Control Actions on Target or 3 months from due date	Number of Control Actions 3-9 months from original due date	Number of Control Actions Over 9 months from original due date
4	2	1	1

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
OD001	2	There is a risk of a non-resilient fire control due to insufficient employees and an ineffective fire control structure. Failure to attract, recruit, personnel, high abstraction and sickness levels lead to ineffective workforce planning, as a result, we would be failing to provide a resilient fire control capability.	SDC	SMB	Head of Operations	9	9	6	Minimalist (Above Appetite)

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

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

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

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD020	6	There is a risk that the Directorate is unable to deliver against stated commitments and objectives or provide timeous support to wider SFRS change and improvement initiatives, due to limited resources and capacity brought about by the current financial context and competing organisational priorities. This could result in a lack of ability to deliver and perform effectively as a Directorate, as an enabler to the SFRS, as well as negatively impacting the health and wellbeing of People colleagues, resulting in increased levels of absence, reduced engagement, higher staff turnover and reduced ability to deliver against Directorate and Service plans.	PC	SMB	Head of People	12	12	4	Open (Within Appetite)

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

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

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD024	6	There is a risk that the organisation is unable to appropriately support strategic workforce development, leadership capacity building, and future capability needs due to the learning and Development (L&D) budget being predominantly allocated to compliance and regulatory training because of limitations on the available funding, and organisational capacity. This may hinder the organisation's ability to adapt to evolving business needs, skills, and achieve long-term strategic goals.	PC	SMB	Head of People	9	12	9	Open (Below Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD026	6	There is a risk of a lack of clarity and discontent for employees; potential legal challenge and / or employee relations issues; increased enquiries from external stakeholders; and financial disadvantage to scheme members, if the Service's pre-2006 incumbent remedial pensions exercises not being progressed in line with planned deadlines, some of which are statutory. This is due to the complex and inter-related nature of the work, along with capacity constraints at the Scottish Public Pensions Agency.	PC	SMB	Head of People	12	12	9	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
POD025	6	There is a risk the SFRS is unable to attract and retain the support staff capabilities it needs, due to a perception that the current reward framework is not attractive, resulting in a reliance on long term market allowances and a negative impact on the organisation's ability to meet its strategic priorities.	PC	SMB	Head of People	9	9	9	Open (Below Appetite)

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

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

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

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP007	1	There is a risk where the Service fails to have in place a business continuity management system, minimising the risk of disruption during or after an event. This could be due to not having in place fully tested and maintained business continuity plans, which could result in unplanned disruption or a failure to effectively recover from an event.	SDC	SMB	Head of Prevention	9	12	4	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP005	1	There is a risk of insufficient levels of qualified and skilled Fire Engineering resources due to challenges with recruitment, access to qualifications/training requirements, finances and retention of staff, resulting in the potential that the Directorate/SFRS may not be able to deliver against its statutory and organisational responsibilities and demands.	SDC	SMB	Head of Prevention	8	8	4	Open (Below Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
PPP010	1	There is a risk of operational personnel not having access to accurate, up-to-date Operational Intelligence (OI) information due to the OI App on GETAC devices not frequently, fully, or consistently syncing. This issue arises from station personnel not manually syncing devices and from recent findings that the OI App sync process is failing to pull across all required data. Resulting in devices increasingly providing incomplete or inaccurate OI information, with long-standing syncing issues now compounded by newly identified failures and anomalies in the data transfer process	SDC	SMB	Head of Prevention	8	8	6	Cautious (Within Appetite)

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

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC004	5	There is a risk that the service fails to comply with information governance legislation because of non-compliance resulting in sanctions and loss of stakeholder and public confidence	ARAC	SMB	Head of Communication and Engagement	12	12	8	Cautious (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC019	5	There is a risk that SFRS is unable to comply with timescales for lodging information requests served on SFRS via court orders and to meet demands for witness citations due to lack of resources. The result being SFRS is cited to attend court to explain lack of court co operation, the potential for further court orders being received, complaints and the potential loss of public confidence in SFRS services.	ARAC	SMB	Head of Governance and Compliance	12	12	6	Minimalist (Above Appetite)

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

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

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

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

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

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

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

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

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

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
SPPC013	7	There is a risk that the service fails to secure adequate benefits from collaboration and partnership working due to a lack of effective management and the coordination and sharing of information resulting in missed opportunities and in a loss of workforce, stakeholder and public confidence	ARAC	SMB	Head of Governance and Compliance	4	8	8	Open (Below Appetite)

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

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

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

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Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
TSA014	6	There is a risk of not being able to demonstrate legislative compliance because of gaps identified in risk control measures, management arrangements and alignment with recognised standards resulting in potential criminal/civil litigation, and reputational damage.	PC	SMB	Head of Safety and Assurance	12	12	4	Minimalist (Above Appetite)

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

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

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

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SERVICE DELIVERY COMMITTEE – FORWARD PLAN

Agenda Item 14.1

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
8 SEPTEMBER 2026	• Chair's Welcome • Apologies for Absence • Consideration of and Decision of any Items to be taken in Private • Declaration of Interests • Minutes • Action Log • Review of Actions • Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days • Date of Next Meeting	**Standing/Regular Reports** • Update from HMFSI • Operational Learning • Clinical Governance Annual Report	**Standing/Regular Reports** • Service Delivery Update (incl NMS/OC Resilience) • Service Delivery Performance Reporting: Quarterly Performance Report Q1 • HMFSI Inspection Action Plan Updates • Risk Report Update • LSO Performance Overview **Risk Spotlight:** •	**Standing/Regular Reports** •	**Standing/Regular Reports** •
		New Business •	**New Business** •	**New Business** •	**New Business** •
3 DECEMBER 2026	• Chair's Welcome • Apologies for Absence • Consideration of and Decision of any Items to be taken in Private • Declaration of Interests • Minutes • Action Log • Review of Actions • Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days • Date of Next Meeting	**Standing/Regular Reports** • Update from HMFSI • Operational Learning	**Standing/Regular Reports** • Service Delivery Update (incl NMS/OC Resilience) • Service Delivery Performance Reporting: Quarterly Performance Report Q2 • HMFSI Inspection Action Plan Updates • Risk Report Update • LSO Performance Overview • SFRS Complaints Annual Report 2025/26 • SFRS Compliments Annual Report 2025/26 **Risk Spotlight:** •	**Standing/Regular Reports** •	**Standing/Regular Reports** •
		New Business •	**New Business** •	**New Business** •	**New Business** •

SERVICE DELIVERY COMMITTEE – FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
4 MARCH 2027	• Chair's Welcome • Apologies for Absence • Consideration of and Decision of any Items to be taken in Private • Declaration of Interests • Minutes • Action Log • Review of Actions • Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days • Date of Next Meeting	**Standing/Regular Reports** • Update from HMFSI • Operational Learning	**Standing/Regular Reports** • Service Delivery Update (incl NMS/OC Resilience) • Service Delivery Performance Reporting: Quarterly Performance Report Q3 • HMFSI Inspection Action Plan Updates • Risk Report Update • LSO Performance Overview **Risk Spotlight:** •	**Standing/Regular Reports** •	**Standing/Regular Reports** •
		New Business •	**New Business** •	**New Business** •	**New Business** •

FUTURE ITEM (Dates TBC)

- **Influencing Factors on the outcome of Operational Incidents (D Farries):** Proposed at Forward Planning mtg on 7 July 2025 for the 21 August 2025 meeting. Subsequently deferred by DCO Watt with new meeting date to be confirmed.
- **Evaluation Programme for HFSV and Wider Prevention Activities (J Henderson):** Discussed at 28 May 2025 with subsequent specific request at 21 August 2025 to add to forward plan.

SCOTTISH FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING – SERVICE DELIVERY COMMITTEE

THURSDAY 4 JUNE 2026

The following reports were submitted for information only.

SCOTTISH FIRE AND RESCUE SERVICE

Service Delivery Committee

Report No: C/SDC/16-26

Agenda Item: N/A FIO

Report to:	**SERVICE DELIVERY COMMITTEE**							
Meeting Date:	**4 JUNE 2026**							
Report Title:	**THEMATIC STATION AUDIT OVERVIEW - 2025/2026**							
Report Classification:	**For Information Only**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the Service Delivery Committee (SDC) with strategic oversight of the outcomes of the 2025/2026 station audit programme highlighting themes, areas of organisational risk and the actions being taken to strengthen assurance, consistency and operational preparedness across Scottish Fire and Rescue Service (SFRS).
2	**Background**
2.1	Station audits are a critical component of the wider SFRS assurance framework. They provide insight into the effectiveness of controls that underpin operational readiness, safety and compliance with organisational and statutory requirements.
2.2	The audit programme provides assurance on the standards across the organisation and the outcomes directly inform organisational learning.
2.3	Audits are carried out annually across all Wholetime stations and a minimum of once every 2 years across On Call stations.
2.4	The audit is split into 9 categories including Key lines of Enquiry, Operations, Training, Health and Safety, People, Finance, Knowledge and Understanding, Prevention and culminates in a standard drill.
3	**Main Report/Detail**
3.1	The information contained within this report extends to the findings of 27 audits samples conducted across the 14 Local Senior Officer (LSO) areas, with consideration to both Wholetime and On Call stations. The review process currently remains a manual process, however with the introduction of our new electronic Safety and Assurance Management System this will introduce automation to the process. The review focused on audit areas that received a score of 1 (one), indicating significant improvement is required or a risk-critical issue, and those that scored 3, where no areas for improvement were identified or where notable good practice was demonstrated.
3.2	In addition to the sample of audits, the review utilised an East and North Mainland (ENM) review which sampled 7 (seven) stations across these LSO areas. This review was prepared by Area Commander Lee Turnock, and the audits were conducted by Area Commander from ENM areas. Noting they did not audit their own LSO stations to ensure impartiality.

3.3 **Overall Findings and Trends Identified -** Individual findings varied across the samples however there were repeating themes identified and these can be broadly grouped as follows:

3.3.1 **Asset, Equipment, and Testing Assurance**

- Electronic Pilot of Equipment Information Card Testing and Inspection records is working well with engagement of Frontline Support to support wider application ongoing
- Inconsistent completion and quality assurance of periodic inspection and testing records Limited evidence of “After Use” testing of equipment in line with Equipment Information Card guidance
- Areas of duplication for administration with hard copy, SharePoint and SFRS applications creating additional work through different reporting mechanisms and management oversight.
- Risks relating to equipment condition, serviceability, and storage

3.3.2 **Health, Safety and Compliance**

- Variable standards of fire log completion and local H&S documentation
- Inconsistent application of PPE storage and notice board requirements
- Well populated H&S and Wellbeing boards are evidenced across many LSO areas improving staff awareness and access to information. This includes a QR code to reduce document overload on boards.
- New “on station” contaminant control procedures are working with clear evidence of staff understanding and compliance.
- Investigation checklists have been embedded into Supervisory response to Think, Act, Stay Safe (TASS) events, supporting improved quality and speed of submissions.

3.3.3 **Professional Standards**

- Gaps in appraisal completion, particularly within On-Call duty systems
- Inconsistent recording standards within official notebooks and station logs with some Supervisory Managers using this routinely, with others having little evidence of compliance
- Quality Assurance by Supervisory Managers is not routinely undertaken regarding compliance of routine and daily checks. Station General Logbook is being populated through “custom and practice” with evidenced gaps of completed logbook entries going unchallenged.
- Limited evidence of Self-Generated OA13s to supplement organisational learning following Level 1 incidents or training events
- Whilst readily available, knowledge and understanding of key SFRS strategic documents is not well known with sporadic evidence of clear understanding of the objectives of SFRS
- Limited evidence of Supervisory Manager engagement with station performance outside of populating the workbooks, therefore opportunity to engage this workforce to tackle meaningful interventions against operational activity, staff conduct etc.

3.3.4 **Operational Readiness Evidence**

- Knowledge and application of basic drills were to a high standard with trainees able to demonstrate a good grasp of core skills
- Limited or inconsistent evidence to demonstrate the effectiveness and quality of standard drills, reducing assurance over preparedness
- Staff are encouraged to undertake more practical firefighting/training scenarios that encourages lateral and agile thinking to reflect operational effectiveness. The caveat to this is that equipment and safe systems of work should be robustly applied to ensure safe training is undertaken and equipment is used within manufacturers guidance
- Management of Spare PPE stocks are well coordinated with a clear process in place

3.4	The review identified variation in audit approach, scoring application and thresholds across LSO Areas. This variability reduces the confidence in the consistency and comparability of the audit outcomes. Addressing this inconsistency is a priority for the 2026/2027 audit cycle. It was evident that the Area Commander led audits provided a more detailed and thorough review of the current position on station. The outcomes of these findings are currently being addressed through LSO areas via improvement plans with risk critical areas being addressed immediately.
3.5 3.5.1	**Next Steps** Collectively, these next steps are intended to strengthen the overall effectiveness of the Assurance Audit process, ensuring it provides robust, evidence-based insight and supports continuous improvement across the Service: • The General Information Note (GIN) for Station and Thematic Audits has been reviewed and extensively updated. It is currently out for consultation and will be live for the 26/27 audit year to begin in June 2026. It has been renamed as Assurance Audits Management Arrangement (MA) and the previous GIN will be rescinded when the MA goes live. • From the findings identified in reviewing the stations audit for 2025/2026 it is evident that communication and training is required to enhance the knowledge and confidence of the audit teams within LSO areas and importantly Directorates. • There will be Continual Professional Development (CPD) events facilitated by the Assurance Team to all Flexi Duty Officers at Command Group CPD events through Q1 2026/27 to highlight the purpose and importance of the station audit process. This will detail and reinforce the changes that are contained within the new Assurance Audit Management Arrangement and also to emphasise the importance of the audit process with regard improving standards and organisational learning. • In addition, the assurance team, in conjunction with colleagues in Learning & eDevelopment, are currently developing standalone content to be uploaded to our Learning Content & Management System which will provide accessible guidance to all audit teams when required. • Health, Safety, Wellbeing and Assurance Function are introducing a new electronic Safety and Assurance Management system (ESAMS) which will replace current systems and provide and more reliable source of data and analysis. • To provide focus on the importance of our audit process it has been agreed that audit progress will be reported upon at all Safety and Assurance Improvement Groups (SAIGs) as a standing agenda item. This action will encourage completion in addition being an enabler for wider discussion of audit findings across Service Delivery Area's which will in turn assist identifying trends. This will also assist in developing additional KPIs within Assurance where audits and outcomes are reported upon with the aim to improve accountability. • Finally, to enhance the credibility and confidence in the audit process, key roles within the organisation are currently undertaking Auditing courses provided externally. These courses include a Fundamentals of Auditing course and a Lead Auditor course.
3.6 3.6.1	**Summary of the changes to the Audit MA** As mentioned there have been extensive improvements made to the Assurance Audit MA. Some of the more notable are listed below for awareness; • **Operations Control inclusion** – included within the MA and have dedicated proforma • **Review of the sections within the proforma** – addition of Wellbeing, Organisational Security, Organisational Awareness, Standards and Performance. • **Practical Skills Assessment** – Inclusion of Scenario based exercise for training which is an enhancement from the current drill format. • **Scoring System Enhanced** – now 1 – 4 with allocations of 1's and 4's being reported to SAIGs for wider organisational awareness.

	• **Reporting template/ end of year return** – In Q4, LSO Areas will complete and return a review of their station audits that have been conducted to allow trends to be identified across the organisation more readily and timely. • **SAIG reporting** – SALOs will provide an update at each SAIG on the findings of their audits to date to apply focus to the audit process and QA reporting and recording processes.
3.6.2	It is envisaged these additions and amendments will enhance the Assurance of station standards and preparedness, providing further, and more detailed analysis of the findings to identify trends across SFRS, promoting continuous improvement and organisational learning.
4	**Recommendation**
4.1	For SDC to note the key assurance themes and risks identified through the 2025/2026 audit overview, endorse the improvement actions underway to strengthen audit governance, consistency and insight which continue to support the role of station audits within the SFRS assurance framework.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** In relation to meeting our legal and regulatory obligations, SFRS has a minimalist appetite.
5.2 5.2.1	**Financial** There may be financial implications as a result of associated training costs.
5.3 5.3.1	**Environmental & Sustainability** No key strategic implication.
5.4 5.4.1	**Workforce** Consideration of the findings within this report will ensure SFRS personnel operate to a higher standard and will improve FF Safety and contribute to continuous improvement.
5.5 5.5.1	**Health & Safety** Health and safety of personnel and partners may be at risk should SFRS policies, procedures and safe systems of work not be adopted at operational incidents. Recommendations within this report will support compliance to health and safety legislation.
5.6 5.6.1	**Health & Wellbeing** Improving station standards across SFRS will result in improved Health & Wellbeing.
5.7 5.7.1	**Training** The training needs identified within this report include local and national interventions.
5.8 5.8.1	**Timing** To allow learning to take place for the 26/27 audit year.
5.9 5.9.1	**Performance** Performance will be monitored through the 26/27 audit findings.
5.10 5.10.1	**Communications & Engagement** This report will follow Governance Management Arrangements.
5.11 5.11.1	**Legal** There are no legal implications to be considered within this report.

5.12 5.12.1	**Information Governance** No. Not required due to no personal information being contained within this report.	
5.13 5.13.1	**Equalities** Recent EHRIA completed which supports all Operational Assurance aspects of work.	
5.14 5.14.1	**Service Delivery** The recommendations within this report will improve Firefighter Safety and outcomes for communities.	
5.15 5.15.1	**Prevention** There are no prevention implications within this report.	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Craig McGoldrick, Director of Training, Safety & Assurance
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited~~/~~Insufficient~~
7.3	**Rationale:**	A structured station audit programme is in place across SFRS providing assurance on the standards across the organisation which is reviewed to ensure continuous improvement.
8	**Appendices/Further Reading**	
8.1		

Prepared by:	Laura McIntyre, Group Commander Health, Safety, Wellbeing and Assurance
Sponsored by:	Alasdair Cameron, Area Commander Health, Safety, Wellbeing and Assurance
Presented by:	Craig McGoldrick, Assistant Chief Officer, Director of Training Safety & Assurance.

Links to Strategy and Corporate Values

SFRS strategy 2025 – 2028

Safe and Effective Response: Improving operational resilience through enhanced auditing.
Investing in Our People: Prioritising standards, safety, and performance through continuous improvement.
Improving Performance: Using audits and organisational learning to inform future organisational strategies.
Innovation and Investment: Identifying innovation within LSO areas to improve making us more effective and efficient.

Safety and Assurance Strategy 2022–2026

Compliance: Recommendations ensure adherence to health and safety legislation and ISO 45001 standards
Culture: Reinforces a proactive culture by embedding lessons learned from course delivery.
Communication & Engagement: Engagement opportunity to improve processes, standards and performance across SFRS.
Continuous Improvement: Findings feed into organisational learning and audit processes to drive performance improvement.

SFRS Values

Safety: Enhancing colleague safety through improved welfare arrangements, and training practices.

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
Service Delivery Committee	*04/06/2026*	*For Information only*	