



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING - PEOPLE COMMITTEE

THURSDAY 18 JUNE 2026 @ 1245 HRS

**LECTURE ROOM (1ST FLOOR), PERTH COMMUNITY FIRE STATION,
401 OLD HIGH STREET, PERTH, PH1 1PL / VIRTUAL (MS TEAMS)**

AGENDA

- 1 CHAIR'S WELCOME**
- 2 APOLOGIES FOR ABSENCE**
- 3 CONSIDERATION OF AND DECISION ON ANY ITEMS TO BE TAKEN IN PRIVATE**
- 4 DECLARATION OF INTERESTS**
Members should declare any financial and non-financial interest they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.
- 5 MINUTES OF PREVIOUS MEETING: 5 MARCH 2026 (attached)** *Chair*
The Committee is asked to approve the minutes of this meeting.
- 6 ACTION LOG (attached)** *Board Support*
The Committee is asked to note the updated Action Log and approve the closed actions.
- 7 COMMITTEE STATEMENT OF ASSURANCE (attached)** *M Smith*
The Committee is asked to approve this report.
- 8 PEOPLE COMMITTEE RISK REGISTER**
8.1 Risk Report Update (attached) *L Gaja/C McGoldrick*
The Committee is asked to scrutinise this report.

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

OFFICIAL

9 PEOPLE: WORKFORCE DEVELOPMENT

- | | | |
|-----|--|-------------------|
| 9.1 | People Performance Report Quarter 4 2025/26 (<i>attached</i>) | L Gaja |
| 9.2 | SFRS People Strategy (<i>attached</i>) | L Gaja |
| 9.3 | Learning and Development Annual Overview 2025-26 (<i>attached</i>) | C Dodd/D Milligan |

The Committee is asked to scrutinise these reports.

10 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK

- | | | |
|------|--|--------|
| 10.1 | Organisational Culture and Leadership Update (<i>attached</i>) | C Dodd |
|------|--|--------|

The Committee is asked to scrutinise this report.

11 TRAINING

- | | | |
|------|---|-----------|
| 11.1 | Training Function Update and Performance Report Quarter 4 2025/26 (<i>attached</i>) | R Robison |
|------|---|-----------|

The Committee is asked to scrutinise this report.

12 SAFETY, ASSURANCE AND WELLBEING

- | | | |
|------|---|--------------|
| 12.1 | Safety and Assurance Performance Report Quarter 4 2025/26 (<i>attached</i>) | J Holden |
| 12.2 | Contaminants Quarterly Update (<i>attached</i>) | C McGoldrick |

The Committee is asked to scrutinise these reports.

13 AUDITS/INSPECTIONS

- | | | |
|------|--|-----------------|
| 13.1 | HMFSI Inspection Action Plan Updates (<i>attached</i>) | L Gaja/J Holden |
|------|--|-----------------|

The Committee is asked to scrutinise this report.

14 PARTNERSHIP WORKING

- | | | |
|------|-------------------------------------|---------|
| 14.1 | Employee Partnership Forum (verbal) | M Smith |
| 14.2 | Partnership Advisory Group (verbal) | L Gaja |

15 FORWARD PLANNING

- | | | |
|------|--|-------|
| 15.1 | Committee Forward Plan Review (<i>attached</i>) | Chair |
| 15.2 | Items for Consideration at Future IGF, Board and Strategy Day meetings | Chair |

- | | | |
|-----------|--|---------------|
| 16 | REVIEW OF ACTIONS (<i>verbal</i>) | Board Support |
|-----------|--|---------------|

17 DATE OF NEXT MEETING

Thursday 17 September 2026

Report(s) for Information only:

- Performance Management Framework Quarterly 2025-26 Q4 (*attached*)
- People Policy Review Schedule Update (*attached*)
- Training Continuous Improvement Programme – Update Report (*attached*)
- Training Function Policy Review Schedule (*attached*)
- Safety and Assurance Documents Forward Planning Schedule (*attached*)

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.

PRIVATE SESSION

- 18 MINUTES OF PREVIOUS PRIVATE MEETING: 5 MARCH 2026** *Chair*
(attached)

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

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

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

- 20.1 Draft Minutes of last meeting – 5 March 2026 (attached) *M Smith*

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

- 21 UPDATE ON CORPORATE BUSINESS SOLUTIONS PROJECT (attached)** *L McGeough/
P McGovern*

This report is for information only.

- 22 KEY CASE UPDATES 2025/26 – Q4 (attached)** *L Gaja*

The Committee is asked to scrutinise this report.



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING – PEOPLE COMMITTEE

THURSDAY 5 MARCH 2026 @ 1300 HRS

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

PRESENT:

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

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

IN ATTENDANCE:

Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
David Farries (DF)	Assistant Chief Officer, Director of Operational Delivery
Sarah O'Donnell (SO'D)	Deputy Chief Officer Corporate Services
Andy Watt (AW)	Deputy Chief Officer
Jim Holden (JH)	Head of Safety and Assurance
Lyndsey Gaja (LG)	Head of People
Ross Robison (RR)	Deputy Assistant Chief Officer, Head of Training
Ceri Dodd (CD)	Deputy Head of People (Item 10.1 only)
Ian McMeekin (IM)	Deputy Assistant Chief Officer, Head of Service Delivery (West & Islands) (Item 14 only)
Leslie Mason (LM)	Group Commander, On Call Improvement (Item 14 only)
Chris Casey (CC)	Group Commander Board Support
Heather Greig (HG)	Board Support Executive Officer
Debbie Haddow (DJH)	Board Support/Minutes

OBSERVERS

None

1 CHAIR'S WELCOME

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

2 APOLOGIES FOR ABSENCE

- 2.1 There were no apologies.

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

- 3.1 The Committee discussed and agreed that the *Key Case Update* report would be heard in private session due to matters relating to legal proceedings and matters relating to confidential consultation/negotiations in line with Standing Orders (Item 9E and 9F). The draft

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

3.2 No further items were identified.

4 DECLARATIONS OF INTERESTS

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

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

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

5 MINUTES OF PREVIOUS MEETING: THURSDAY 11 DECEMBER 2025

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

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

5.3 Matters Arising

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

6 ACTION LOG

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

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

7 PEOPLE COMMITTEE RISK REGISTER

7.1 Committee Aligned Directorate Risk

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

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

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

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

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

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

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

8 PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE 2025/26 Q3

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

9 PEOPLE: WORKFORCE DEVELOPMENT AND WELLBEING

9.1 People Performance Report Quarter 3 2025/26

- 9.1.1 LG presented the People Performance Report Quarter 3 2025/26 to the Committee for scrutiny of the People KPIs from the Performance Management Framework and the further details within the People Performance Report. The following key areas were highlighted from the Executive Summary:
- Update on Culture Action Plan later on agenda.
 - Corporate Services structure review update was provided at the earlier RANSC meeting.
 - Information on the development to competent ratio for Wholetime staff would be included within future reports.
- 9.1.2 The Committee commented on the high absence rates within Operations Control (OC) and queried the support available to this staffing group. LG reminded the Committee of the recent risk spotlight and presentation from Area Commander Jacqui MacDonald on this issue. DF commented on the OC Enhancement plan and the improvements due to introduction of the new mobilising system. JH commented on the wellbeing support of OC and recent engagement with the University of Hull regarding a research study on stress and mental wellbeing within OC rooms.
- 9.1.3 The Committee noted that the level of OC Full Time Equivalent (FTE) regularly dropped within Q3. LG to review and provide feedback.
- ACTION: LG**
- 9.1.4 In regard to support staff vacancies within the Finance and Contractual Services Directorate, LG advised that these vacancies were across the IT, Assets, Finance and Procurement functions. Only one vacancy was specific to the finance function.
- 9.1.5 In regard to the leadership and management development programme, the Committee queried their impact and drop out levels. LG advised that the drop out levels were low and noted that a presentation of evaluation findings had been provided to the Committee in December 2025. LG to recirculate this presentation.
- ACTION: LG**

- 9.1.6 In regard to grievances in directorates and disciplinary cases in Service Delivery, LG noted that uniformed staff numbers accounted for the higher disciplinary distribution. LG advised that further analysis would be required to understand grievance patterns, different contributing factors, etc. LG further noted that it was not uncommon for cross organisational investigations to be undertaken.
- 9.1.7 The Committee sought clarity on the differing definition of FTE and headcount. LG to review for accuracy and consideration to be given to clearer narrative in future reports.
ACTION: LG
- 9.1.8 The Committee requested that information be included within future reports on the Target Operating Model (TOM) for Watch and Crew Commanders and how this recruitment directly impacts on firefighter numbers.
ACTION: LG
- 9.1.9 In regard to the impact of changes to On Call contracts, LG noted that the 12-month review had commenced and would be brought to the Committee in due course. DF noted that an update on the On Call Improvement Programme would be provided later in the agenda.
- 9.1.10 **The Committee scrutinised the report.**

(A Smith left the meeting at 1400 hrs)

(C Dodd joined the meeting at 1400 hrs)

10 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK

10.1 Organisational Culture and Leadership Update

- 10.1.1 LG/CD presented the report which provided an update on the Organisational Culture and Leadership (OCL) Programme, including programme documentation, an overview of Phase 1 projects, and HMFSI Organisational Culture within the Scottish Fire and Rescue Service (SFRS) inspection activity. The following key points were highlighted:
- Values Review Options: Options were to undertake a full review and refresh or to retain existing values.
 - Inclusive Value-Based Recruitment: Improved recruitment and selection process including the introduction of the ALICE system (AI tool) which has enabled a consistent value-based approach to recruitment and assessment. Intake of female firefighters in the March 2026 trainee course was noted as 15.3% with ongoing analysis through the various recruitment stages.
 - Employee Voice and Advisory Structures: Efforts being made to strengthen employee voice through various networks, engagement with external bodies, and establishment of an advisory panel.
 - Leadership and Management Development: Continued rollout and delivery of leadership essential programme and participation in NFCC leadership programmes at both supervisory and middle management levels. Development of draft milestone plan.
 - Improving Female Firefighter Experience: Areas of focus were facilities, equipment, PPE, as well as enhancing retention and attraction.
- 10.1.2 In regard to the value review options, the Committee commented on the potential for a third light touch review option and that consideration should be given to this. LG commented on the importance of reviewing values, considering outcomes and measures such as throughput and organisational performance impact. LG noted that the staffing group involved were not static.
- 10.1.3 In regard to the leadership and management development, the Committee sought clarification on the resource required and dedicated to this. CD advised that there were approximately 2,000 within the supervisory cadre. CD commented on the need to understand different delivery approaches for new and existing manager workstreams.

10.1.4 LG confirmed that the development of the leadership framework was progressing well and noted that it would be presented to the next meeting (June 2026).

10.1.5 Brief discussion took place on reasons for and against the Service adopting the NFCC leadership and management framework. CD advised that a full range of options were being considered including NFCC by the Executive Team.

10.1.6 In regard to female firefighters, the Committee queried the stages where applicants dropped out. LG noted analysis of specific stages through the selection process had been undertaken and would allow the Service to consider the assessment methods used to ensure fairness. LG noted the different reasons for successful candidates not yet being placed onto a course.

10.1.7 Brief discussion on the potential to rename the Improving Female Firefighter Experience workstream.

10.1.8 The Committee scrutinised the report.

(C Dodd left the meeting at 1421 hrs)

11 TRAINING

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

11.1.1 CMcG introduced RR who presented the high-level overview of the Training function activity and performance over Quarter 3 2025/26 and highlighted the following key points:

- KPI22 (Core Skills Completed) and KPI23 (Advanced, Support & Emergency Risk Completed): Increased across all duty groups, attributable to improved relationships within LSO areas and planning processes.
- KPI26 (Core Skill Courses Currency): Overview of the benefits of delivering breathing apparatus training at training venues by instructors. Current number of personnel who still require training was less than 100. Thanks were extended to all personnel involved in this area.
- Driver training: Significant work undertaken in recent months to update terms and conditions for driving instructors, progressing recruitment and maintaining driver numbers.
- KPI28 (Training Function Currency): This relates to training courses scheduled and delivered. Noting that these can be dependent on weather conditions.

11.1.2 In regard to prioritisation of non-core skills, RR noted that these wider training elements were captured through the PDR Pro and Workforce Pro platforms for the relevant staffing groups.

11.1.3 In regard to the new breathing apparatus regulations, RR outlined the main impact on the training function and noted that work continued to be progressed.

11.1.4 In regard to KPI22, the Committee were reminded that all station based-training was subject to operational activities.

11.1.5 In regard to the pilot for delivering external driving training, RR noted that it was still unclear when the new legislation would come into force. However, the Service would continue to deliver training to maintain resilience.

11.1.6 The Committee scrutinised the report.

12 SAFETY AND ASSURANCE

12.1 Safety and Assurance Performance Report Quarter 3 2025/26

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

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

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

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

12.1.4 **The Committee scrutinised the report.**

12.2 **Contaminants Update**

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

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

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

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

12.2.5 **The Committee scrutinised the report.**

13 **AUDIT/INSPECTIONS**

13.1 **HMFSI Inspection Action Plans Update**

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

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

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

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

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

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

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

13.1.7 The Committee scrutinised the report.

(J Holden left at 1452 hrs)

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

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

14 PEOPLE COMMITTEE RISK REGISTER

14.1 Committee Risk Spotlight

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

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

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

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

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

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

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

14.1.8 The Committee welcomed the update and scrutinised the report.

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

15 PARTNERSHIP WORKING

15.1 Employee Partnership Forum (EPF)

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

15.1.2 The Committee noted the verbal update.

15.2 Partnership Advisory Group (PAG)

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

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

16 FORWARD PLANNING

16.1 Committee Forward Plan Review

16.1.1 The Committee considered and noted the Forward Plan.

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

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

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

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

16.2.1 The following items were noted:

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

17 REVIEW OF ACTIONS

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

18 DATE OF NEXT MEETING

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

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

REPORTS FOR INFORMATION ONLY:

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

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

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

PRIVATE SESSION)

19 MINUTES OF PREVIOUS PRIVATE MEETING: THURSDAY 11 DECEMBER 2025

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

20 PRIVATE ACTION LOG

20.1 The Committee noted that there were no outstanding actions.

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

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

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

(A Smith joined the meeting at 1600 hrs)

22 KEY CASE UPDATES

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

22.2 **The Committee scrutinised the report.**

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

DRAFT

PEOPLE COMMITTEE – ROLLING ACTION LOG



SCOTTISH
FIRE AND RESCUE SERVICE
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Background and Purpose

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

The status of actions are categorised as follows:

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

Actions/recommendations

Currently the rolling action log contains 5 actions. A total of 5 actions have been completed.

The Committee is therefore asked to approve the removal of the 5 actions noted as completed (Blue status). There are no actions categorised as Green status and no actions categorised as Yellow status on the action log.

OFFICIAL

Meeting Date: 11 December 2025						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
8.3.2	Leadership and Management Development: Update to be provided on proposals put forward for external support to augment internal resources.	LG	March 2026		June 2026	Update (05/03/2026): External support to augment internal resources were including the MTFP and budget submission to SG. Implications of the challenging draft budget are being worked through at present. Complete (18/06/2026): Additional Organisational Development resource is being recruited to support delivery of OCL priorities, including leadership development and the role of external provision. Use of external NFCC programmes is continuing. Pilot of external executive leadership programme will start in Q3. Propose to close

Meeting Date: 5 March 2026						
Minute Ref	Action	Lead	Due Date	RAG Status	Completion Date	Position Statement
9.1.3	People Performance Report Quarter 3 2025/26: The Committee noted that the level of OC FTE regularly dropped within Q3. LG to review and provide feedback.	LG	June 2026		June 2026	Complete (18/06/2026): Verbal update will be provided at June PC meeting under the People Performance Report item. Propose to close.
9.1.5	People Performance Report Quarter 3 2025/26: In regard to the leadership and management development programme, the Committee queried their impact and dropout levels. LG advised that the drop out levels were low and noted that a presentation of evaluation findings had	LG	June 2026		June 2026	Complete (18/06/2026): Presentation was recirculated. Propose to close.

	been provided to the Committee in December 2025. LG to recirculate this presentation.				
9.1.7	People Performance Report Quarter 3 2025/26: The Committee sought clarity on the differing definition of Full Time Equivalent (FTE) and headcount, LG to review for accuracy and consideration clearer narrative in future reports.	LG	June 2026	June 2026	Complete (18/06/2026): FTE = full time equivalent (based on full time contractual hours for that staff group, or level 5 availability contract for RDS) Headcount = actual number of people employed in that staff group. As dual contract employees are counted towards the FTE and headcount figures for each of the staff groups they work under, the total headcount / FTE across all staff groups will be higher than the total number of individual employees. Additional wording added at 1.1 to explain this within the Q4 report. Propose to close.
9.1.8	People Performance Report Quarter 3 2025/26: The Committee requested that information be included within future reports on the Target Operating Model (TOM) for Watch and Crew Commanders and how this recruitment directly impacts on firefighter numbers.	LG	June 2026	June 2026	Complete (18/06/2026): The Wholetime TOM includes 607 Watch Commanders and 648 Crew Commanders. All uniformed promotional activity creates a chain that ultimately leads to vacancies at FF level. This is built into our workforce planning model, which informs WTFF recruitment plans. Propose to close.

Report No: C/PC/15-26

Agenda Item: 7

Report to:	PEOPLE COMMITTEE							
Meeting Date:	18 JUNE 2026							
Report Title:	STATEMENT OF ASSURANCE 2025/26							
Report Classification:	For Decision	Board/Committee Meetings ONLY						
		For Reports to be held in Private						
		Specify rationale below referring to						
		<u>Board Standing Order 9</u>						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	
		<u>G</u>						
1	Purpose							
1.1	The purpose of this report is to present the People Committee (PC) and Remuneration, Appointments and Nominations Sub-Committee (RANSC) 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 asked 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	Risk Appetite and Alignment to Risk Register							
5.1.1	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.							

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5.2 5.2.1	Financial The PC supported the work of the RANSC to lead negotiations on behalf of the employer in respect of staff pay claims and terms and conditions.
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 PC and RANSC review matters that relate specifically to all members of the SFRS workforce.
5.5 5.5.1	Health & Safety This report highlights the contribution towards improving the Health and Safety of all staff.
5.6 5.6.1	Health & Wellbeing There are no Health and 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 the PC or RANSC and its approach to scrutinising the monitoring and reporting arrangements of the SFRS.
5.10 5.10.1	Communications & Engagement This report provides an opportunity for PC 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 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 <i>DPIA completed Yes/No. If not applicable state reasons. No DPIA was required for this paper as it contains no personal information.</i>
5.13 5.13.1	Equalities <i>EIA completed Yes/No. If not applicable state reasons.</i> Covered by the SFRS Corporate Governance Arrangements 2026 EHRIA.
5.14 5.14.1	Service Delivery There are no service delivery implications arising from this report.
5.15 5.15.1	Prevention There are no direct prevention implications arising from this report.
6	Core Brief
6.1	Not Applicable.

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7 Assurance (SFRS Board/Committee Meetings ONLY)			
7.1	Director:	Richard Whetton, Head of Governance, Strategy and Performance	
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 – PC/RANSC Annual Statement of Assurance 2025/26		
Prepared by:		Heather Greig, Board Support Executive Officer / Madeline Smith, Chair - People Committee & Mhairi Wylie, Chair - Remuneration, Appointments and Nominations Sub-Committee	
Sponsored by:		Madeline Smith, Chair - People Committee & Mhairi Wylie, Chair - Remuneration, Appointments and Nominations Sub-Committee	
Presented by:		Madeline Smith, Chair - People 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/ Comments	Meeting Approvals/Outcomes
RANSC	July 2026	For Information - Circulated to RANSC by email – 25 May 2026	Feedback received and report noted.
People Committee	18 June 2026	For Decision	



**People Committee
&
Remuneration, Appointments and Nominations Sub-Committee**

Annual Statement of Assurance

2025/26

1 Purpose

The purpose of this statement is to give an overview of the work of the People Committee (PC) and Remuneration, Appointments and Nominations Sub-Committee (RANSC) over the period April 2025 – March 2026, in their roles as a Committee/Sub-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 PC and RANSC provide assurance, strategic advice and direction on matters affecting employees, training, safety and assurance and to ensure that arrangements support the strategic aims and ethos of the SFRS, are affordable and provide best value.

3 Summary of the Committee's Work During 2025/26

Throughout the reporting period, the Committee and Sub-Committee have been keen to ensure that it focusses discussion, scrutiny and analysis around key aspects of work. Highlights of the work during the review period 2025/26 included:

- Spotlights, including risk related spotlights, on the following subjects: Training Service Asset Management Plan (TSAMP), On Call Improvement Programme Update and Rural Firefighting.
- Continued monitoring of People, Training and Safety and Assurance performance and development through scrutiny, consideration and challenge of the reports and indicators provided.
- A workshop was held in October 2025 which focussed on the future vision for training, e-learning systems, the key indicators and measures within the Performance Management Framework specifically related to the work of the Committee, the governance pathway for the scrutiny of progress of the Culture and Leadership Programme. The workshop also provided an opportunity for initial input to the People Strategy.
- The Committee obtained updates around the volume of calls received through the confidential reporting line and scrutinised the analysis of themes, the messaging and approach taken.

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- We continued to monitor and take assurance from the Service around managing staffing levels, training relating to operational delivery and maintaining the safety and wellbeing of staff and the management of associated risks. This has included updates in relation to work in response to internal audit and HMFSI, Mental Health and Wellbeing, On Call and volunteer services, absence rates within Operations Control, leadership and management development, improvements to address resource challenges and BA competence.
- Regular updates on the Contaminants work continued to be provided to the Committee agenda and progress on the management of contaminants.
- The Committee continued to receive updates in relation to organisational culture and leadership and the work around the cultural action plan and HMFSI Organisational Culture inspection report. Assurance was provided that the reset and review strategy would inform the future direction of the Service's culture and leadership activity and deliver a renewed focus in this area.
- The Committee scrutinised the draft Annual Health and Safety Report for the 2024/25 year prior to the report being taken to the Board.
- The Committee continued to receive updates on the Service's learning and development approach, provision and impact.
- The Committee and Sub-Committee received an overview of the upcoming changes to employment legislation and the impact these would have on the Service.
- RANSC continued to lead negotiations on behalf of the employer around pay and terms and conditions, in respect of uniformed and support staff pay claims.
- RANSC continued to review the appropriateness of SLT objectives and the progress made against them.
- Updates received around the Pensions Remedy and the challenges and complexities involved.

The Committee/Sub-Committee reviewed their Terms of Reference (ToR) in February 2026 to ensure its focus and responsibilities remained current and relevant. The proposed amendments to the ToR were subsequently agreed by the Board in April 2026.

4 Future Work Priorities of the Committee

The business which comes before the PC does not vary significantly from year to year and is primarily intended to obtain assurances on behalf of the Board, who are the statutory employer of all SFRS staff, regarding matters affecting employees. The RANSC formally report to the PC after each meeting. The business of the PC is set out in the ToR. These will be kept under review as necessary throughout 2026/27.

Reviews of the People, Training and Safety and Assurance Quarterly Performance Reports and Committee Forward Plan feature regularly on the PC agenda and these enable future work priorities to be set. Work will continue in 2026/27 to support a review of the assurances received and accounting for the Performance Management Framework (PMF) and SFRS Strategy.

Work will continue to seek developing assurance on efforts to increase diversity within the Service, ensuring that it reflects the communities it serves. This includes understanding and taking assurance from the work to continue our journey around culture, leadership and management, and diversity, around both our workforce and work practices in everything we do, specifically around the work outlined within the Cultural Action Plan and efforts to address attracting, developing and retaining talent and aligning with professional standards, sector advocacy and a commitment to fair, inclusive and supportive workplaces.

The Committee will also continue to seek assurance around the progress of work connected to contaminants, the continuous improvement programme within Training and the ongoing work around Safety and Assurance.

5 Actions to Improve the Committee's Governance Arrangements

A workshop to discuss the purpose and effectiveness of the Committee/Sub-Committee was held in February 2026 to obtain the Committee members views in relation to current practices and to review the existing ToR. Overall, the conclusion was that the PC had the right skills and experience, was well led and well supported by People and TSA colleagues, met with appropriate frequency and provided good assurance to the Board. The Committee will consider reducing formal meeting time and increasing workshop time to provide more opportunity for horizon scanning. The use of assurance maps will also assist in determining areas of business that require future focus.

The success of any organisation is critically related to the commitment and skill of its employees, and its adherence to the culture and values it espouses. These in turn are underpinned by the policies and procedures it has in place, the arrangements and opportunities for learning, training and development of staff so they may attain their full potential, and the quality of engagement and relations between the organisation and its representative bodies. The work of the PC and its RANSC seeks to assist the Chief Officer, the Strategic Leadership Team, People, Communications and Engagement and TSA Directors, and their teams, to plan and deliver effective policies and actions in this regard and to provide appropriate assurance to the Board accordingly. It is recommended that the PC and RANSC continue to operate in this capacity and as felt necessary report matters to the Integrated Governance Forum for discussion amongst other Committee Chairs.

Madeline Smith
Chair of the People Committee
June 2026

Mhairi Wylie
Chair of the Remuneration, Appointments and
Nominations Sub-Committee
June 2026



Report No: C/PC/16-26

Agenda Item: 8.1

Report to:	PEOPLE COMMITTEE							
Meeting Date:	18 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 <u>Board Standing Order 9</u>						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
1	Purpose							
1.1	The purpose of this report is to provide the People Committee (PC) with an overview of the current risks highlighted by Directorates.							
2	Background							
2.1	The purpose of the risk register is to inform decision making through Scrutiny and Assurance processes, providing additional awareness of the risks we face, and the actions required to minimise these risks.							
2.2	The Audit and Risk Assurance Committee (ARAC) is responsible for advising the Board and the Accountable Officer on the adequacy and effectiveness of the Service's arrangements for risk management and has oversight of the Strategic Risk Register.							
2.3	The Strategic Leadership Team (SLT) has responsibility for the identification and management of risk and will ensure that Risk Registers present a fair and reasonable reflection of the most significant risks impacting upon the organisation. The SLT will champion the importance of risk management in supporting the achievement of the Service's strategic outcomes and objectives.							
2.4	Risk Registers are prepared in consultation with the Board and SLT and are managed collectively by the SLT, with each Directorate Risk allocated to an identified Head of Function. These Responsible Owners provide information on the current controls in place and identify additional actions still required.							
3	Main Report/Detail							
3.1	Risk Overview							
3.1.1	The risk register is a management tool that provides assurance to the Service, and its scrutiny bodies, that the significant risks of the organisation have been identified, managed and are subject to ongoing monitoring and review.							
3.1.2	Appendix A provides details of all risks above the risk rating of 15, as previously agreed by the Service, with Appendix B providing a summary of risks falling below 15 together with details on the position of control actions.							
3.2	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:							

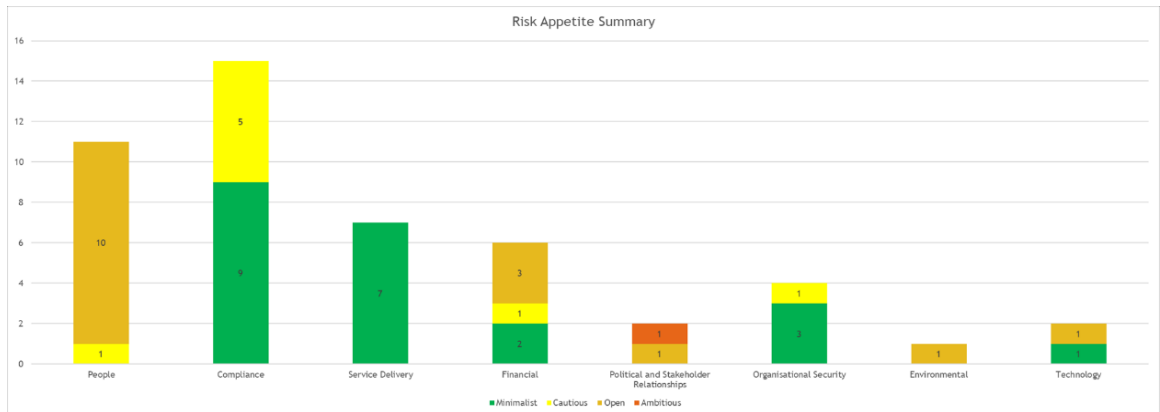
Strategic Outcomes		Directorate Risks				Total
		VH	H	M	L	
Outcome 1	Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.	3		3		6
Outcome 2	Communities are safer and more resilient as we respond effectively to changing risks.	3	5	2		10
Outcome 3	We 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 disruption	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
SPP004	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) Framework	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
SPP0019	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
SPP0018	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
SPP0015	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 Funding	Compliance	Minimalist	9	6	Above
POD025	Support Staff Pay & Reward Framework	People	Open	9	9	Below
PPP010	Operational Intelligence GETAC Data Syncing	Compliance	Cautious	8	6	Within
SPP0001	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
SPP0016	IRS FARDAP	Technology	Minimalist	5	5	Above
SPP0013	Partnership Working	Political and Stakeholder Relationships	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

Aligned 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

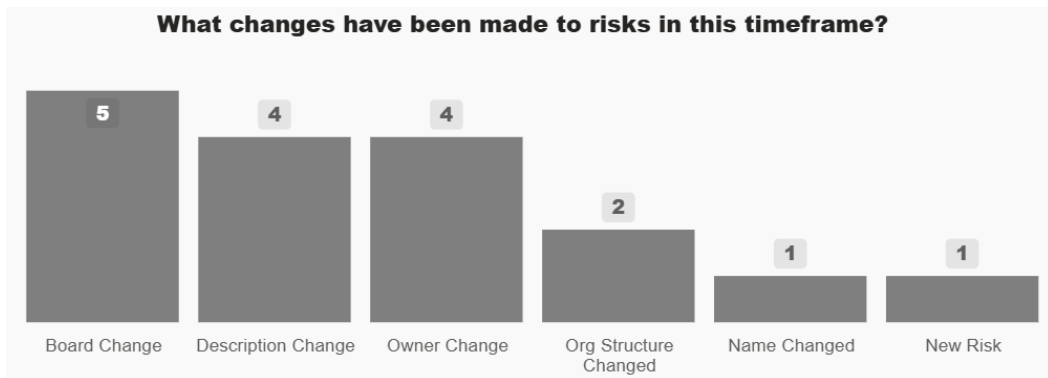
In relation to the current period Directorates reviewed their registers identifying 47 risks of which 10 are rated at 15 or above and coloured red within the table.

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 In relation to risks aligned to the People Committee, Appendix A to the report identifies 5 risks rated 15 or above and categorised as significant:

Risk ID	Status	Risk Description	Risk Owner	Risk Rating	Target	Previous Risk Rating	Risk Appetite
TSA018	Treat	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)	Head of Training	16	6	16	Minimalist
TSA019	Treat	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)	Head of Training	16	8	16	Open
TSA020	Treat	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)	Head of Safety and Assurance	16	1	16	Minimalist
POD027	Treat	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.	Head of People	15	4	15	Cautious
POD030	Treat	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.	Head of People	15	4	15	Minimalist

3.5.3 In relation to these risks, the following changes have been identified following review are highlighted in the table below:



3.5.4 The new risk identified above relates to POD030:

- 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.

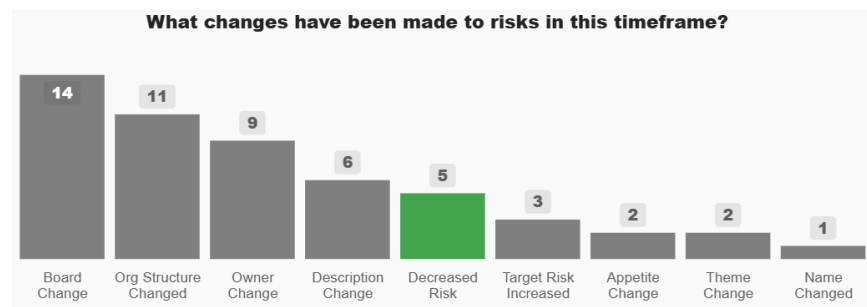
3.5.5

For risks rated below 15 Appendix B identifies 14 risks aligned to PC:

Risk ID	Status	Risk Description	Risk Owner	Risk Rating	Target	Previous Risk	Risk Appetite
FCS022	Treat	There is a risk of continued challenges with recruiting and retaining staff with the necessary skills and experience required to support the Finance and Procurement Function. This 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 result in the inability to support service delivery requirements and future impacts upon resilience and succession planning may be experienced.	Head of Finance & Procurement	12	12	12	Open
FCS025	Treat	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.	Head of Asset Management	12	4	12	Open
POD020	Treat	There is a risk that the Directorate is unable to deliver against stated commitments and objectives or provide timeous support to wider SFRS projects and change initiatives, due to limited resources and capacity brought about by the current financial context and competing organisational priorities. This could result in a lack of ability to deliver and perform effectively as a Directorate, as an enabler to the SFRS, as well as negatively impacting the health and wellbeing of People colleagues, resulting in increased levels of absence, reduced engagement, higher staff turnover and reduced ability to deliver against Directorate and Service plans.	Head of People	12	4	12	Open
POD022	Treat	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.	Head of People	12	4	12	Cautious
POD023	Treat	There is a risk to maintaining positive and harmonious employee relations within SFRS as a result of current and planned organisational change activity for which the Service does not yet have an agreed suite of framework and accompanying policies/guidance related to the impact of change on colleagues. 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.	Head of People	12	4	12	Open
POD026	Treat	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 as a result of the concurrent 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.	Head of People	12	9	12	Minimalist
SD006	Treat	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	Director of Operations Delivery	12	8	12	Minimalist
TSA014	Treat	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.	Head of Safety and Assurance	12	4	12	Minimalist
TSA021	Treat	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)	Head of Health, Safety, Wellbeing and Assurance	12	1	12	Minimalist
FCS018	Treat	There is a risk of challenges with recruiting and retaining staff with the necessary skills and experience required to support the digital and technology services and systems used by the Service, as well as the availability of budget to upskill existing staff with the skills required. This is because of a very buoyant DaTS job market, pay grade challenges and the availability of budget to provide the necessary training.	Head of Digital, Data and Technology Services	9	6	9	Open
POD016	Treat	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	Head of People	9	4	9	Minimalist
POD024	Treat	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, innovate, and achieve long-term strategic goals.	Head of People	9	9	12	Open
POD025	Treat	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.	Head of People	9	9	9	Open
POD018	Treat	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.	Head of People	6	4	6	Cautious

3.5.6

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

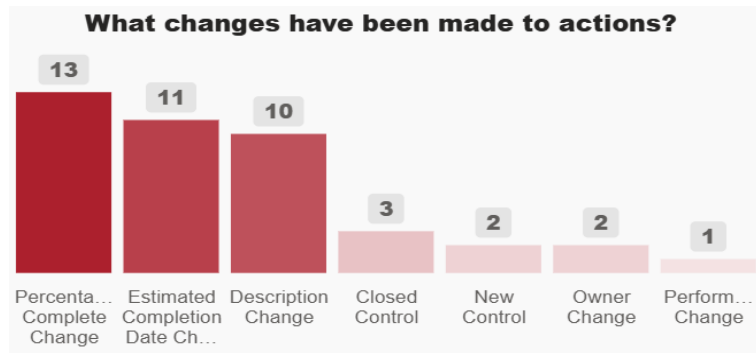


3.5.7 The table below provides a summary in relation to risks with a decreased risk:

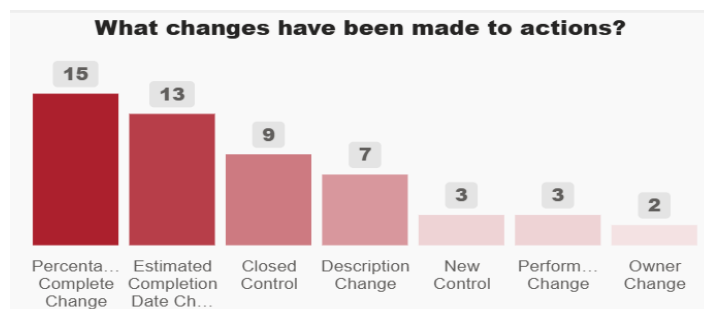
Risk ID	Comment
POD025 - Support Staff Pay & Reward Framework	Both Probability and Impact Decreased From: 16 (4 x 4) To: 9 (3 x 3) "Following discussion with HoF both probability and impact have been reduced"
POD026 - Remedial Pensions Exercises	Impact Decreased From: 16 (4 x 4) To: 12 (4 x 3) "Following discussion with Hof the impact has been reduced"
POD020 - People Capacity & Wellbeing	Impact Decreased From: 16 (4 x 4) To: 12 (4 x 3) "Impact reduced to 3 from 4 Additional temporary resource is in place to support key workstreams (Advice & ER, and OD)."
FCS022 - Recruitment & Retention	Probability Decreased From: 16 (4 x 4) To: 12 (3 x 4)
POD024 - Building Capabilities	Probability Decreased From: 20 (5 x 4) To: 12 (3 x 4) "Following discussion with HoF the probability has been reduced"

3.6 **Control Actions**

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



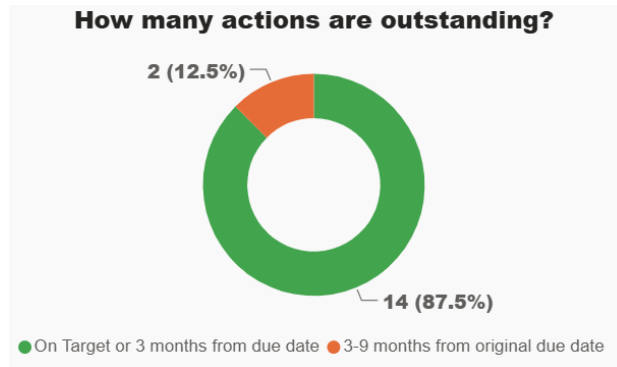
3.6.2 Following review, the following changes have been made to control actions rated below 15, aligned to PC:



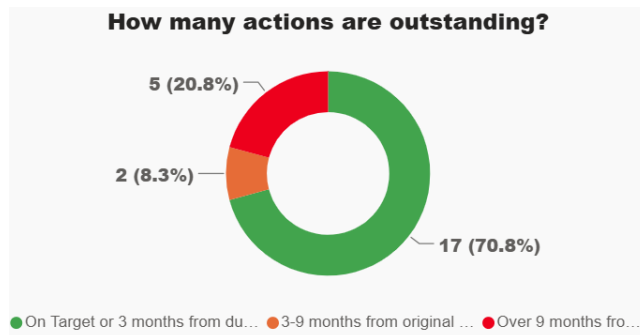
3.6.3 Without immediate action being taken on progressing identified controls, risks are likely to remain static. Discussions with Directorates will focus on identifying actions required within the current financial year with a RAG status incorporated within reports, aligned to the agreed process for 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 their original due date, aligned to the PC.



3.6.5 In relation to risks falling below a rating of 15, there are 5 control action over 9 months from their original due date:



3.6.6 The table below identifies the 5 control actions over 9 months from their original due date.

Risk ID	Action Description	Action Due	Est. Date	Action Comment
POD016	Current policy to be renewed and developed to ensure clarity and understanding of the MA/SVQ processes.	31/03/2025	30/09/2026	Trade union representatives (TSA and TU) have been informally engaged. Formal governance arrangements and a supporting cover paper are in place, with progression through governance scheduled from May. Formal consultation on the revised policy is planned for June to August 2026.
POD022	Develop proposals for structured case review and sharing of learning related to ER cases to improve organisational learning and consistency in terms of approach.	30/06/2025	30/06/2026	A working group met throughout Q3 and early Q4 to discuss options and develop proposals. These were tabled at Org Learning subgroup in March (supported) and the Culture Development Group on 30 June. DPIA being prepared by A&ER Manager to support ER data sharing. CDG asked for further scoping and this to be considered in Culture Reset/Renew work - This control will be closed and new control created to reflect current control/mitigation being progressed. Control to be closed.
POD023	Conclude development and consultation on SFRS People (Organisational Change) Framework and associated policies and seek approval via SFRS governance.	30/04/2025	30/06/2026	Final versions of People (Organisational Change) Framework and supporting policies approved at Corporate Board in April 2025 and SLT in May 2025. Revised policies published in Q3. Framework not yet published due to associated paper that was discussed at SLT. Date, final amends due to be concluded in the coming weeks.
POD023	Develop and introduce supporting toolkit for managers in support of the People (Organisational Change) Framework and ensure this is effectively communicated.	30/06/2025	30/06/2026	Work progressed during Q1/2 to develop a toolkit to support the People (Organisational Change) Framework, using experience from recent change activities and restructures. Timescales extended to allow further stakeholder engagement/consultation and to ensure different types of change

					captured. Engagement sessions were held with TU's in March and the toolkit should be published in parallel with the People (Organisational Change) Framework.
	TSA014	Identify remaining for improvement within risk assessments in SFRS and develop a programme of work to collaborate with business partners	31/03/2025	30/10/2026	Work ongoing and managed through Gantt charts and monitored through SAIGs, 75% of GRAs are now live, 13% in development, and 12% expired.
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 entered directly into the risk dashboard. 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 th 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 manipulation 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	<p>The People Committee is asked to:</p> <ul style="list-style-type: none"> • 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	Risk Appetite and Alignment to Risk Registers				
5.1.1	The report identifies risks from each Directorate together with the significant changes made since the last update. Each Directorate will be responsible for the identification and mitigation of any associated risk and for the update of relevant risk registers.				
5.1.2	The report is aligned to the Services Compliance risk appetite in relation to our internal governance, including systems of control, where the Service has a Cautious appetite.				
5.2	Financial				
5.2.1	The report identifies risks from each Directorate with financial implications arising from control decisions to be managed by the relevant Directorate.				
5.3	Environmental & Sustainability				
5.3.1	Any implications arising from the report will be managed by the relevant Directorate.				
5.4	Workforce				
5.4.1	Any implications arising from the report will be managed by the relevant Directorate.				
5.5	Health & Safety				
5.5.1	Any implications arising from the report will be managed by the relevant Directorate.				

5.6	Health & Wellbeing	
5.6.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.7	Training	
5.7.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.8	Timing	
5.8.1	The report is provided to the Audit and Risk Assurance Committee on a quarterly basis.	
5.9	Performance	
5.9.1	The risk report is used to ensure risks are identified and suitably managed by relevant Directorates.	
5.10	Communications & Engagement	
5.10.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.11	Legal	
5.11.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.12	Information Governance	
5.12.1	DPIA completed - No. The report provides a summary of risks identified by Directorates. Each Directorate will ensure that any relevant DPIA is completed as required.	
5.13	Equalities	
5.13.1	EHRIA completed - No. An assessment was undertaken in relation to the Risk Management Policy. Any individual elements of work, which may have an impact upon Equalities, will require to be assessed and managed by the relevant Directorate.	
5.14	Service Delivery	
5.14.1	Any implications arising from the report will be managed by the relevant Directorate.	
5.15	Prevention	
5.15.1	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	Appendix A – Significant Risks	
8.2	Appendix B – Other Risk Summary	

Prepared by:	David Johnston, Risk and Audit Manager		
Sponsored by:	Richard Whetton, Head of Governance and Compliance		
Presented by:	Craig McGoldrick, Director of Training, Safety and Assurance and Lyndsey Gaja, Head of People		
Links to Strategy and Corporate Values			
<p>The Risk Management Framework forms part of the Services Governance arrangements and contributes to the Services 2025-2028 Strategy in relation to the following outcomes:</p> <ul style="list-style-type: none"> • 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	Meeting Approvals/ Outcomes
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Scrutiny</i>	



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Appendix A - Significant Risks



**MANAGEMENT
INFORMATION**

Reporting month:

2026-27 Jun

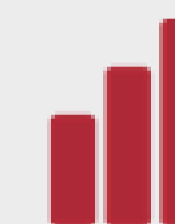
Welcome

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

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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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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 outstanding mapping 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 have major 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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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 completion with 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 gas membrane. 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 set washer; a suitable frequency for machine washing of BA sets is to be identified and a process for movements of sets from 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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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 insufficient 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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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

Overview

FCS019

SDD007

FCS026

PPP009

TSA018

TSA019

TSA020

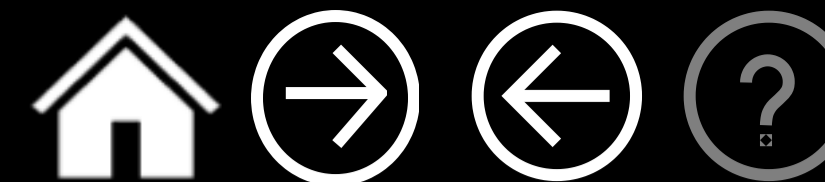
FCS017

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



How to navigate your way around this report:

You can use the navigational buttons on the left-hand/top of each page to return to the home page, go to the next page, return to the previous page, go to the Help page, or go to the About page.

How to interact with the report:

Power BI reports and dashboards are very interactive; this means you'll be able to interrogate the data yourself to look into certain periods or areas.

- Look out for the hint buttons on pages, which tell you how you can interact with the dashboard:



- You can view the details of data that make up a visualisation by **hovering over a chart/visual** (e.g. a point on a map or bar/line on a chart).
- You can change how a visual looks by sorting it, for example by numeric values or text data. To sort a visual, first select it and then click on the **More actions (...)** button on the visual, which will bring up the sorting options. Power BI reports retain the filters, slicers, sorting, and other data view changes that you make.
- You can use the filters on the report page to target specific areas or time periods etc. To select more than one option in a filter (for example more than 1 business area), **press and hold the Ctrl button on your keyboard** whilst you click on the filter selections.

Interpreting statistics and trends:

For help with interpreting the statistics within this report, identifying potential trends, or to gain a deeper understanding of what the data means, please contact the Business Intelligence Team.

Usage:

This report uses **MANAGEMENT INFORMATION**. Only specific users can access the report, and you must not take screen shots of any of the pages.

For further help, please contact the Business Intelligence Team -

bi@firescotland.gov.uk

or visit the [Viva Engage Power BI Users page](#)



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Appendix B - Other Risks



MANAGEMENT
INFORMATION

Reporting month:

2026-27 Jun

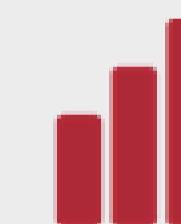
Welcome

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

GSC

OD/SD

PCE

PPP

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	Support 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 finances causing uncertainty over 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 internal 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 standards; Because of 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 required to support the Finance and 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 result in the inability to support service delivery requirements 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 end over the next two years and 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 construction costs will increase with 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 fleet and some property 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 could result in insufficient 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 required to support the digital and technology services and systems used by the Service, as well as the availability of budget to upskill existing staff with the skills required. 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 compliance 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 restrict activity to emergency repairs only from Period 4 onwards to remain within overall financial control. This increases the likelihood of asset deterioration, health and safety non compliance, service disruption, reputational impact, and higher long term costs.	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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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
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

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

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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
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 projects and change initiatives, due to limited resources and capacity brought about by the current financial context and competing organisational priorities. This could result in a lack of ability to deliver and perform effectively as a Directorate, as an enabler to the SFRS, as well as negatively impacting the health and wellbeing of People colleagues, resulting in increased levels of absence, reduced engagement, higher staff turnover and reduced ability to deliver against Directorate and Service plans.	PC	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 related to the impact of change on 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
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 as a result of the concurrent 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
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
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, innovate, 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
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

Overview

FDI

GSC

OD/SD

PCE

PPP

TSA

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

- Overview
- FDI
- GSC
- OD/SD
- PCE
- PPP
- TSA

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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Report No: C/PC/17-26

Agenda Item: 9.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 JUNE 2026						
Report Title:	PEOPLE PERFORMANCE REPORT – QUARTER 4 2025/26						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	The purpose of this report is report is to enable the Scottish Fire and Rescue Service (SFRS) People Committee to scrutinise the People reporting, including KPIS from the Performance Management Framework (PMF), contained in the quarterly People Performance Report.						
2	Background						
2.1	People performance is monitored and reported through the quarterly People Performance Report, associated KPIs in the PMF, and scrutinised by the People Committee and in the SFRS Annual Report.						
3	Main Report/Detail						
3.1	The People quarterly performance report sets out organisational performance against the agreed set of People measures, which are regularly reviewed and enhanced where appropriate and practical.						
3.2	<p>The Executive Summary of the report (p. 3) draws the Committee’s attention to key points relating to:</p> <ul style="list-style-type: none"> • There continues to be a significant focus on workforce planning and recruitment activity, including further Wholetime Firefighter and Firefighter Control intakes, improvements to on-call candidate tracking, delivery of the Deputy Assistant Chief Officer recruitment process, and commencement of the recruitment process for the Director of People, Communication & Engagement and Director of Finance, Digital & Infrastructure. • Although turnover and absence in Operations Control continue to be high compared to other staff groups, both metrics saw an improvement in Q4 compared to Q3, with turnover down from 3.5% to 2.26% and absence reducing from 12.73% to 9.14%. • Work with external partners on the first phase review of the Service’s support staff pay and reward arrangements concluded in Q4. A detailed findings report and options for consideration have been produced by the consultants, which will be reviewed and shared with stakeholders to inform the next steps. 						

	<ul style="list-style-type: none"> The review of the Corporate Services directorate structures concluded with implementation planning progressing across Q4, and changes coming into place from the start of Q1 2026/27.
4	Recommendation
4.1	The People Committee is asked to scrutinise the report.
5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	SFRS risk appetite for People related risk ranges from minimalist to ambitious depending on the risk category. Specific risks are identified and tracked and managed through the People risk register.
5.2	Financial
5.2.1	There are financial implications related to absence in terms of contractual sick pay costs and increases in overtime. Turnover leads to indirect costs associated with recruitment, onboarding and training processes for new colleagues.
5.3	Environmental & Sustainability
5.3.1	There are no environmental and sustainability implications arising from this report.
5.4	Workforce
5.4.1	The report outlines organisational performance against key people and workforce measures.
5.5	Health & Safety
5.5.1	There is potential that some of the absences reported in this paper result from Health & Safety related incidents.
5.6	Health & Wellbeing
5.6.1	The report details a range of health & wellbeing activities to support employee wellbeing, attendance and performance.
5.7	Training
5.7.1	The report highlights training activity related to the Management Capability Framework, which is designed to increase manager confidence and capability in managing people matters.
5.8	Timing
5.8.1	The report details performance over the first quarter of 2023/24 and provides longer term trend analysis.
5.9	Performance
5.9.1	The report details organisational performance against a range of people measures.
5.10	Communications & Engagement
5.10.1	This report is shared with a range of governance forums for scrutiny and for information.
5.11	Legal
5.11.1	Some elements of the report relate to SFRS' legal responsibilities as an employer.
5.12	Information Governance
5.12.1	DPIA not required for this report.

5.13 5.13.1	Equalities EHRIA not required for this report.		
5.14 5.14.1	Service Delivery There are no direct Service Delivery implications arising from this report.		
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:	Sarah O'Donnell – Deputy Chief Officer – Corporate Services	
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient	
7.3	Rationale:	The accompanying report details SFRS performance against agree People measures, allowing trend analysis to be carried out, risks identified, and corrective actions taken as appropriate. It should be noted that many aspects of the reporting are dependent on accurate recording of information by the relevant colleagues and managers, and manual analysis of data.	
8	Appendices/Further Reading		
8.1	Appendix A: Q4 People Performance Report		
Prepared by:		People Managers and DMT	
Sponsored by:		Lyndsey Gaja, Head of People	
Presented by:		Lyndsey Gaja, Head of People	
Links to Strategy and Corporate Values			
Strategic Plan outcome Investing in our People			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Scrutiny</i>	

Performance Report People Quarter 4 2025-26



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Introduction

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

Executive Summary

There continues to be a significant focus on workforce planning and recruitment activity, including further Wholetime Firefighter and Firefighter Control intakes, improvements to on-call candidate tracking, delivery of the Deputy Assistant Chief Officer recruitment process, and commencement of the recruitment process for the Director of People, Communication & Engagement and Director of Finance, Digital & Infrastructure.

Although turnover and absence in Operations Control continue to be high compared to other staff groups, both metrics saw an improvement in quarter 4 compared to quarter 3, with turnover down from 3.5% to 2.26% and absence reducing from 12.73% to 9.14%.

Work with external partners on the first phase review of the Service's support staff pay and reward arrangements concluded in quarter 4. A detailed findings report and options for consideration have been produced by the consultants, which will be reviewed and shared with stakeholders to inform the next steps.

The review of the Corporate Services directorate structures concluded with implementation planning progressing across quarter 4, and changes coming into place from the start of quarter 1 2026/27.

Strategic People Priorities

A progress update on priority People related workstreams is detailed below, highlighting work to support Investing in Our People, aligned to the SFRS three-year delivery plan and People directorate plan.

People Strategy
<p>The second consultation of the latest draft SFRS People Strategy concluded in April including SLT/SMB, SFRS Board members, representative bodies, employee networks and a cross section of teams across the Service. Feedback from People Committee and SLT was particularly helpful in extending the remit of the consultation to ensure a broader cross-section of colleagues were afforded the opportunity to comment on the SFRS People Strategy as it was developed. Throughout the consultation there has been repeated feedback around the need for the strategy to be appropriately communicated and embedded into our ways of working in an authentic manner, rather than simply being a static document. To support this, work is underway with Communication & Engagement colleagues to help bring it to life for both current and prospective employees.</p> <p>Quarter 1 (2026/27) Focus Areas</p> <p>Governance approval for the SFRS People Strategy will be progressed with the expectation that this will be published by end of quarter1 2026/27.</p> <p>Several framework documents which outline how the strategy will be delivered will also be developed following approval of the SFRS People Strategy. It is expected that these will include the delivery actions plans to support the strategy with clear milestones and evaluation/performance criteria.</p>
Learning, Leadership & Culture
<p>Organisational Culture and Leadership (OCL) Programme</p> <p>The Organisational Culture and Leadership (OCL) Programme continued to progress during quarter 4, building on its formal mobilisation within the SFRS Strategic Portfolio following approval by the Change Portfolio Investment Group (CPIG).</p> <p>The Programme Board met during quarter 4 to provide oversight, direction, and assurance, with work focused on progressing Phase 1 delivery, refining programme governance, and reviewing emerging priorities and resource requirements. Governance arrangements continue to be embedded, including development of Programme Board and Advisory Panel Terms of Reference, supporting robust oversight, transparency, and alignment with wider portfolio arrangements.</p> <p>Phase 1 of the programme brings together seven priority workstreams, reflecting both new demand and existing key culture activity. Progress during quarter 4 included:</p> <ul style="list-style-type: none">• Advancement of Leadership and Management Development activity, aligned to national frameworks and internal priorities• Continued development of values review, establishing the foundations for review of organisational values and behaviours

- Progression of employee voice and engagement activity, including early work on networks and partnership arrangements
- Ongoing activity across inclusive recruitment, facilities, safety standards, and operational culture, with supporting project documentation and new demand proposals in development

The Programme Board has also progressed work to establish an independent Advisory Panel, comprising external experts, trade union representatives and employee network voices. The Panel will act as a critical friend to the Service, providing independent insight, challenge and evidence-informed advice to strengthen delivery and ensure alignment with best practice.

The OCL Programme is a key strategic enabler for the Service, aligning with national and sector frameworks including NFCC standards, the Scottish Government Fire Framework and Fair Work principles. It is designed to support sustained improvement in organisational culture, leadership capability, inclusion, and workforce experience, contributing to a high-performing, values-driven organisation.

Delivery of Phase 1 workstreams continues at a controlled and prioritised pace, with a focus on ensuring that activity is evidence-based, aligned to organisational priorities, and supported by appropriate governance, benefits realisation and performance measurement approaches.

Leadership and Management Development

SFRS Leadership and Management Pathways

Work continues to develop and strengthen Leadership and Management Development, including arrangements that support supervisory roles. Priority learning themes have been established, enabling progression of content development and delivery planning. Focus is now on content design, development and delivery considerations to support preparations for the planned pilot in quarter 3 2026/27. A Train the Facilitator programme launched in quarter 4 to build internal capacity and capability to support effective leadership development, with further activity planned to enable local and co-delivery arrangements. This supports the Service's aim to build consistent, values-led leadership capability across all levels, aligned to OCL programme outcomes.

SFRS Leadership Essentials

During quarter 4, eight Leadership Essentials for Supervisory Managers sessions were delivered, with 160 places offered, and 110 places utilised (68.7%). In total, 221 places have been utilised out of 340 places to date, across 17 sessions up to quarter 4, demonstrating 65% utilisation of available places.

NFCC Leadership Programmes

The National Fire Chiefs Council (NFCC) Supervisory and Middle Manager Programmes continued with six programmes being delivered up to quarter 4 (3 Supervisory, 3 Middle Manager). As at quarter 4, 120 places were offered, with 116 places utilised (96.7%), and two members of the TD team delivering these cohorts. Overall participant feedback remains consistently positive.

Learning and Development Initiatives

In addition, four Presentation Skills sessions were delivered across SFRS in quarter 4, with 61 registrations and 48 colleagues attending, demonstrating a 60% utilisation of available spaces (80). Appraisal development sessions commenced during quarter 4 with 80 places offered and 62 places utilised (77.5%). Uptake reflects continued demand for core professional skills development, with appraisal sessions supporting the implementation of improved performance conversations across the Service.

Learning @ Work Week (L@WW)

L@WW (18th -22nd May) preparation also commenced during quarter 4, with an SFRS programme of events established. The theme for 2026 is “Many ways to learn”, and the programme will be centred around showing colleagues across SFRS that learning is flexible, relevant, and accessible in different ways. Programme design reflects a shift towards more flexible, accessible learning aligned to the evolving needs of the workforce.

Learning Partner Group

Throughout quarter 4 SFRS invested approximately £189,000 in learning and development initiatives. The Learning Partner Group was responsible for establishing learning priorities, ensuring alignment with the organisation’s objectives. This provides assurance that investment decisions are aligned to organisational priorities and deliver value for money. Training covered statutory, leadership, management, and professional development areas.

Learning and Development Investment

The centralised Learning and Development (L&D) budget for 2025/26 was approximately £477,000. At the end of quarter 4, provisional actual expenditure stood at £450,855, though this figure may be subject to change pending completion of the year-end accruals process. The estimated underspend for 2025/26 is around £26,000 (5.6%). Continued efforts are being made to enhance forward planning whilst maintaining flexibility. This process involved substantial collaboration with Finance, Learning Partners, and Heads of Function to actively manage the budget and ensure targets were met. To further improve planning and maximise value, SFRS has approved a trial of a hybrid L&D budget model for 2026/27. This model aims to balance local autonomy with central oversight.

Modern Apprenticeship and Vocational Qualifications

SFRS have continued to support Apprenticeships across our functional areas.

An External Verification visit by Qualifications Scotland resulted in a Green Report with High Confidence, providing independent assurance that national standards are being met and that assessment and internal verification arrangements remain robust and consistent.

Delivery against the Skills Development Scotland Modern Apprenticeship contract was successfully completed, with all contractual key performance indicators achieved and, in several areas, exceeded, enabling approximately £662k in apprenticeship funding to be drawn down over the financial year. Collectively, these outcomes provide confidence that SVQ and Modern Apprenticeship provision remains well managed, sustainable and aligned to the Service’s workforce development priorities.

The team continues to support a significant cohort of learners across both Modern Apprenticeships and L&D qualifications:

Learner Activity

- 829 active learners supported across Modern Apprenticeships, SVQs, L&D awards and Core Skills
- 353 Firefighter learners (SVQ Ops in the Community)
- 22 Control Operations learners
- 182 Assessor learners
- 24 Verifier learners
- 248 Core Skills learners

Learner Achievements

- 202 learners certificated, including:
 - 93 Firefighter Ops in the Community completions
 - 28 Assessor awards
 - 3 Verifier awards
 - 78 Core Skills awards

Quarter 1 (2026/27) Focus Areas

- Organisational Culture and Leadership (OCL) Programme Board to establish Advisory Panel membership and progress phase one workstreams.
- Continue delivery of Leadership Essentials and NFCC Supervisory and Middle Manager development programmes to build leadership capability across the Service.
- LMD Taskforce Content and Delivery Group, focus is now on content design, development and delivery considerations to support preparations for the planned pilot in quarter 3 2026/27.
- Delivery of the Learning at Work Week programme covering 21 topics, with 38 sessions (most topics will be delivered twice to provide flexibility for learners)
- Continue to deliver priority learning and development initiatives that support individual, team and organisational effectiveness.
- Establish infrastructure to enable the shadow year of the hybrid L&D budget model for 2026/27. Convert Learning Needs Analysis submissions into prioritised, functional-level learning plans aligned with business and financial strategy, ensuring workforce development priorities are clearly defined and integrated into planning.
- SVQ/MA will focus on learner induction, maintaining qualification standards and promoting apprenticeship pathways, including Control Operations inductions, review of updated Assessor and Verifier standards, and engagement activity during Learning at Work Week.

Wholetime Firefighter (WTFF) Recruitment Review

In advance of opening the Wholetime Firefighter vacancy, learning from the previous campaign was reviewed and used to inform a strengthened approach to both attraction activity and recruitment process design. Attraction and engagement activity was significantly enhanced, alongside a detailed review of feedback from the 2025 campaign, which directly informed a redesigned recruitment model.

Key process improvements included the introduction of a clearer registration and application structure and the use of batched application questions. These changes were implemented to ensure that higher application volumes could be managed effectively while maintaining quality, consistency, and fairness. Messaging and candidate communications were also refreshed, with close collaboration across teams to produce strengthened promotional materials and supporting case studies.

The vacancy opened on 24 March and remained live for the full advertised 72-hour period, closing as planned.

The campaign generated 4,001 registrations. Application volumes were heavily front-loaded, with approximately 74% of registrations submitted on the first day, followed by a marked reduction over the remaining period. Within the applicant pool, 11% identified as female and 3.5% identified as being from minority ethnic groups. The gender and ethnicity profile of applicants is consistent with the 2025 campaign.

The first tranche of applications has now been shortlisted, supported by ALICE, and candidates have been invited to the first assessment stage in May, aligned to a September intake.

Quarter 1 (2026/27) Focus Areas

Activity in quarter 1 will focus on planning and preparation to support future intakes and to inform the next recruitment campaign, currently anticipated for launch in 2027. Key areas of focus include:

- **Forward Planning:**
Existing applications will continue to be processed in batches, providing sufficient coverage for training intakes through to summer 2027. Subject to demand, it is anticipated that the vacancy will reopen in March 2027 to support 2027/2028 courses.
- **Communications and Campaign Planning:**
Continued partnership working with the Communications team to coordinate advertising, promotional activity, and the formal launch of the next campaign in March 2027.
- **Continuous Improvement:**
Ongoing collection and review of feedback from the current campaign to capture lessons learned, strengthen governance, and further enhance applicant experience and overall campaign effectiveness.

Service Delivery Review Programme

A workshop was held with Service Delivery Review Programme Board members to assess all 23 potential options for change against agreed criteria to produce a suite of recommendations. These recommendations will now go forward to SDR Programme Board, SLT and then to the SFRS Board in June 2026.

Negotiations continued with FBU colleagues with the aim of developing a Collective Agreement encompassing Day Shift Duty System (DSDS) Ts and Cs. A Joint Statement confirming this collaborative piece of work was sent out via the Weekly Brief.

Quarter 1 (2026/27) Focus Areas

Development of all documentation to be shared with the SFRS Board for decision making purposes in June, as to which options will be progressed. This includes, but is not limited to, documenting all people impacts in specific Case For Change packs as well as the Overarching Case for Change report; responding to relevant comments within the Conscientious Considerations documentation (both Staff and Public Consultation) and various other pieces of documentation.

The aim is to conclude negotiations on the DSDS scope with the representative body to enable SFRS to issue a formal proposal to seek to reach collective agreement.

Corporate Services Review

A final proposal on the Corporate Services Directorate structure review progressed through governance for approval in late January/early February with the decision to support the recommendations related to revised structure. Preparation for implementation of the approved structure took place across the remainder of quarter 4, including engagement with affected colleagues and supporting communications, variations to contracts, revisions to job descriptions, etc. to support implementation from 1 April 2026 on a phased basis across a six-month period.

Corporate Business Solutions (CBS) activity progressed during quarter 4, following approval of the Outline Business Case in February, with continued focus on programme mobilisation, stakeholder engagement, and early-stage requirements review. Work has centred on supporting readiness across functions, including engagement with subject matter experts to inform requirements gathering for the future People, Payroll and Finance system. Initial planning activity has also been undertaken to support the transition into formal procurement and delivery phases, alongside ongoing collaboration with the Portfolio Office to ensure alignment with wider strategic change and governance arrangements.

Quarter 1 (2026/27) Focus Areas

Several of the changes aligned to the Corporate Services Directorate structure review will be effective from 1 April, with others taking place during the six months beyond that on a phased basis. Engagement will continue with Heads of Function and affected teams to support this transition and to consider any lessons learned to enhance future organisational change workstreams.

Associated feedback related to ways of working across Corporate Services will be considered by the Corporate Services Review Programme Board to inform their work plan and priorities for 2026/27.

During quarter 1, Corporate Business Solutions activity will focus on progressing requirements review and validation, working closely with functional representatives to ensure business needs are clearly defined and aligned to future operating models. This will be supported by procurement readiness activity, alongside continued stakeholder engagement and communication to build awareness, readiness and understanding across impacted services.

People Organisational Change Framework and associated policies

Engagement has continued on the organisational change toolkit and content with stakeholders to ensure this is an effective tool to support the framework and its practical application.

Quarter 1 (2026/27) Focus Areas

The final version of the People (Organisational Change) Framework is now scheduled to be published by the end of quarter 1 2026/27, incorporating final wording based on recent engagement with stakeholders including Scottish Government.

All representative bodies have now reviewed the associated organisational change toolkit, with only minor suggested amendments. This will be published along with the final Framework and will continue to evolve on an iterative basis as organisational changes occur.

Pay and Pensions

Work continues with SPPA on the 3 pension remedies. A Programme Officer from the Portfolio Office has been appointed as the lead co-ordinator to continue to support liaison between the SFRS and SPPA.

The consultants concluded the pay benchmarking and analysis work to support the Support Staff Reward Framework Review on 31 March 2026. Heads of Function, Trade Unions and SLT engagement was carried out to ensure their views were considered. A report detailing the conclusions and options for consideration has been provided and will now be considered as part of phase 2 of the project.

The review of the RDS Terms & Conditions Standardisation Project completed an analysis of the standardisation piece and reviews of the related policies have now concluded.

Quarter 1 (2026/27) Focus Areas

- Engage with the People Management Team; Heads of Function and Trade Unions on the potential options and recommendations to take forward to SLT for decision.
- Conclude the review of the RDS Terms & Conditions Standardisation Project including engagement with the On Call Strategic Co-ordination Group and develop recommendations on any proposed changes for SLT.
- Continue working with the SPPA to continue the work of the pension remedies.

PRF Project

At the beginning of quarter 1 2025/26 a project commenced to improve data governance and management, and our ability to effectively and efficiently respond to Freedom of Information Requests (FOIs) and Subject Access Requests (SARs), by conducting a thorough review of our electronic personal record files (e-PRFs).

This includes appropriately and effectively data-cleansing the information we hold, with the initial focus being on historical e-PRFs (for those that have left the Service). At the end of quarter 3 we were able to commence work on “Live” PRFs, having successfully completed work on “Archived” PRFs in quarter 2.

Quarter 4 saw good progress, as follows:

- 8015 “Live” PRFs located.
- 125 (1.50%) of those destroyed in accordance with SFRS Retention Schedule.
- 68 (0.80%) of those archived in accordance with SFRS Retention Schedule.
- 1699 (22.20%) data-cleansed and retained, in accordance with Retention Schedule.
- 6123 (76.50%) to be progressed.

Quarter 4 also saw us undertake a Project with regards Paper PRFs located at Dyce. We extracted 510 Paper PRFs initially and made progress, as follows:

- 510 Paper PRFs located.
- 327 (64%) of those destroyed in accordance with SFRS Retention Schedule.
- 183 (36%) to be progressed.

Focus for quarter 1 2026/27 is to continue the good work progressed during quarter 4 2025/26.

People Measures & KPIs

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

1. Resource Planning

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

EMPLOYEE GROUP	Wholetime (WDS)					Retained		VDS	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	Trainees	TOTAL WDS	RDS FT Rural	RDS				
Target Operating Model (FTE)	2855	347	255		3457	58	3309	377	174	870	8245
Initiatives, Projects, Temporary and Capital Funded		19	12		31	1			4	51	87
Actual (FTE)	2742	347	265	72	3426	58	2289	254	172	835	7034
Actual (Headcount)	2745	348	265	72	3430	60	2747	254	177	902	7570

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

As at 31 March 2026, SFRS employed 6947 people, equating to a headcount of 7615. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract) and are therefore counted towards the FTE and headcount figures for each staff group. In addition to the figures in the above table: 11 employees are on external secondment (including union duties), 15 on career or reservist breaks and 19 in partnership initiative funded posts. Achieving the target operating model (TOM) for all employee groups remains a challenge with temporary promotion chains creating vacancies at firefighter level that cannot be filled and on call FTE currently based on legacy arrangements. We actively work towards fulfilling the TOM with an annual resourcing plan in place and a review of the on-call TOM underway.

KPI 46 Resource Based Crewing FTE



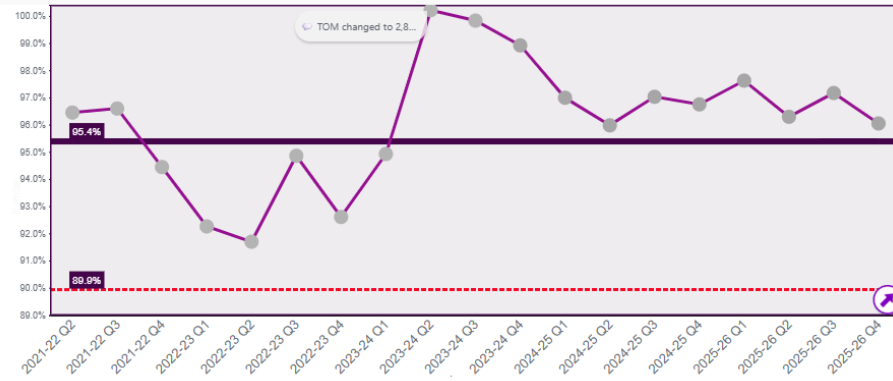
Track

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

OWNER: Head of People

SUMMARY

There are 71 Wholtime Firefighters in Training and the revised training schedule will increase intake capacity from 144 to approximately 200 annually.



KPI 46 Off Station FTE



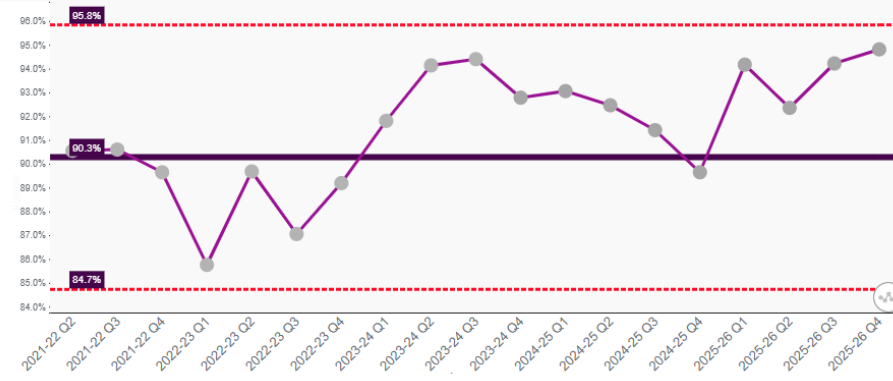
Track

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

OWNER: Head of People

SUMMARY

Due to ongoing Recruitment & Selection and Promotion Process activity, this KPI is at the highest figure we have seen in recent years.



KPI 46 Flexi Officer FTE



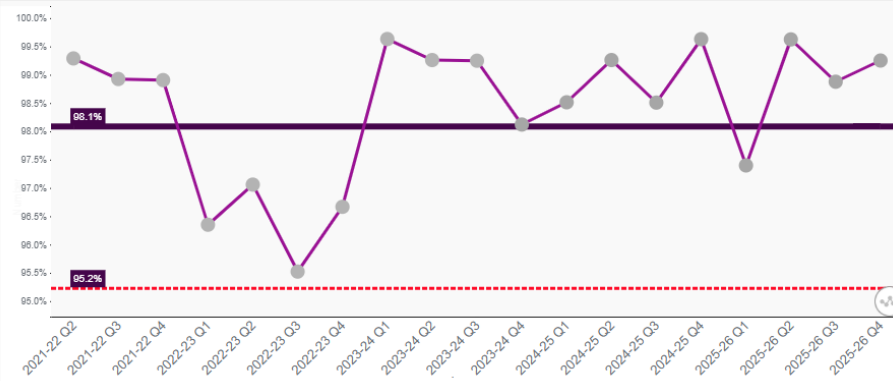
Track

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

OWNER: Head of People

SUMMARY

Flexi officer FTE has remained broadly consistent at around 99%.



KPI 46

Operations Control FTE



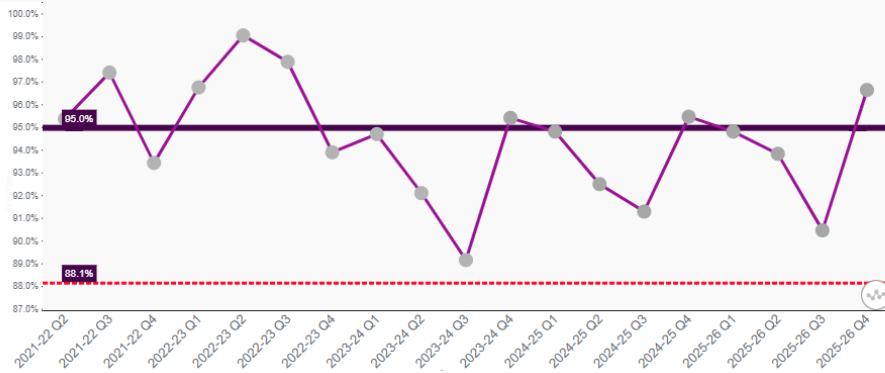
Track

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

OWNER: Head of People

SUMMARY

Due to planned recruitment activity, TOM vs FTE has improved considerably in the last quarter. Plans are in place to conduct regular, and routine, OC courses and recruitment activities, shifting from the current ad-hoc model.



KPI 46

Rural Full-time FTE



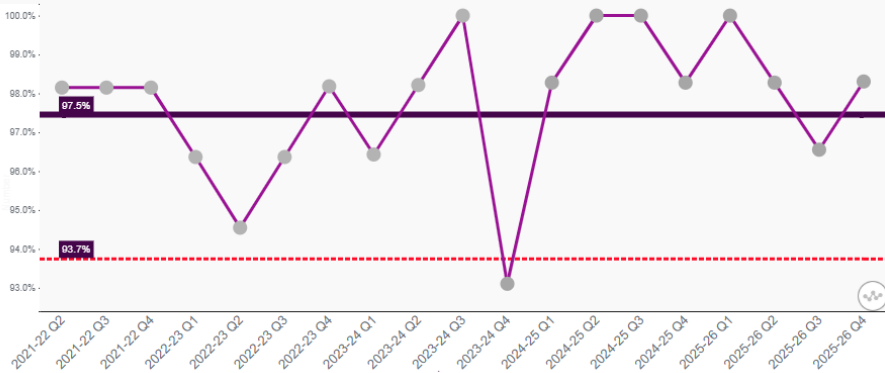
Track

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

OWNER: Head of People

SUMMARY

Rural Full-time FTE has remained high in recent years.



KPI 46

On Call Retained FTE



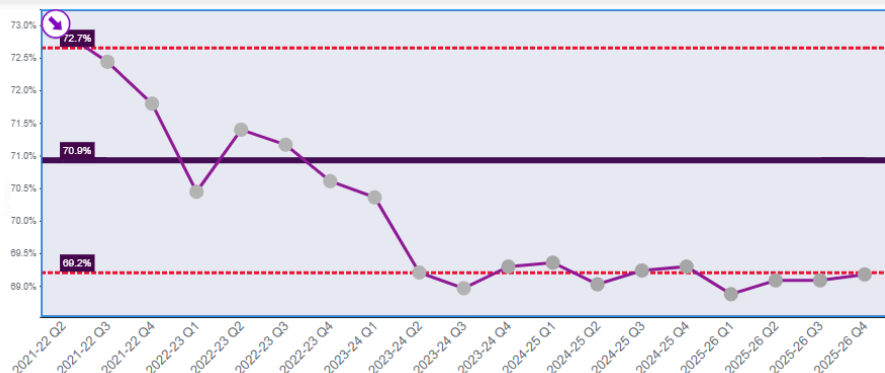
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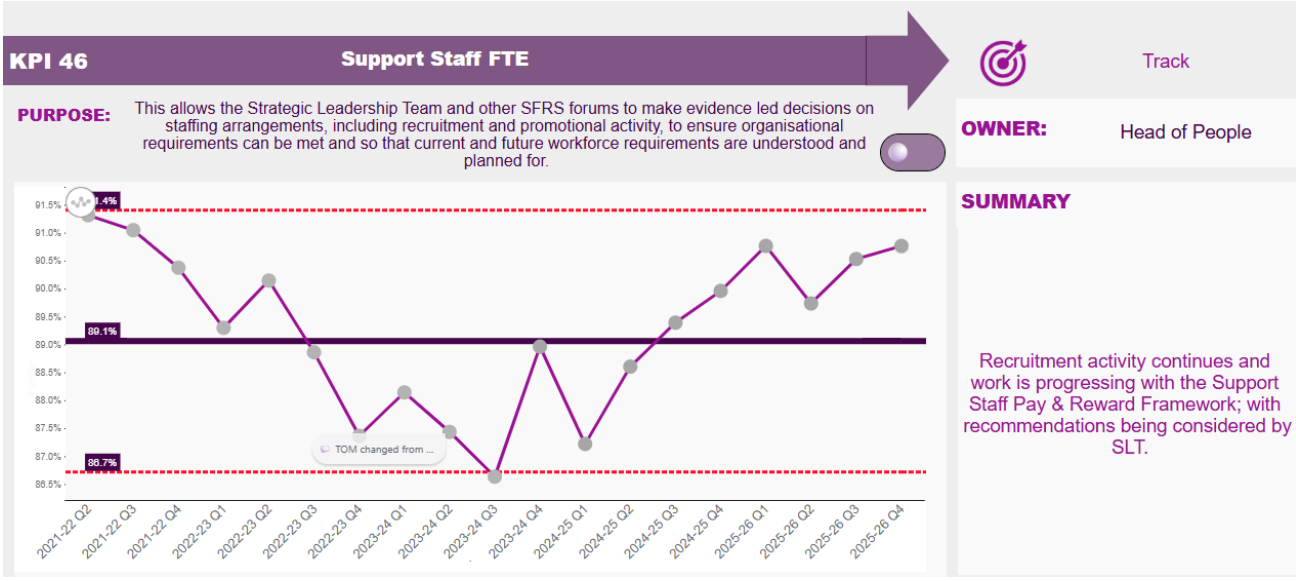
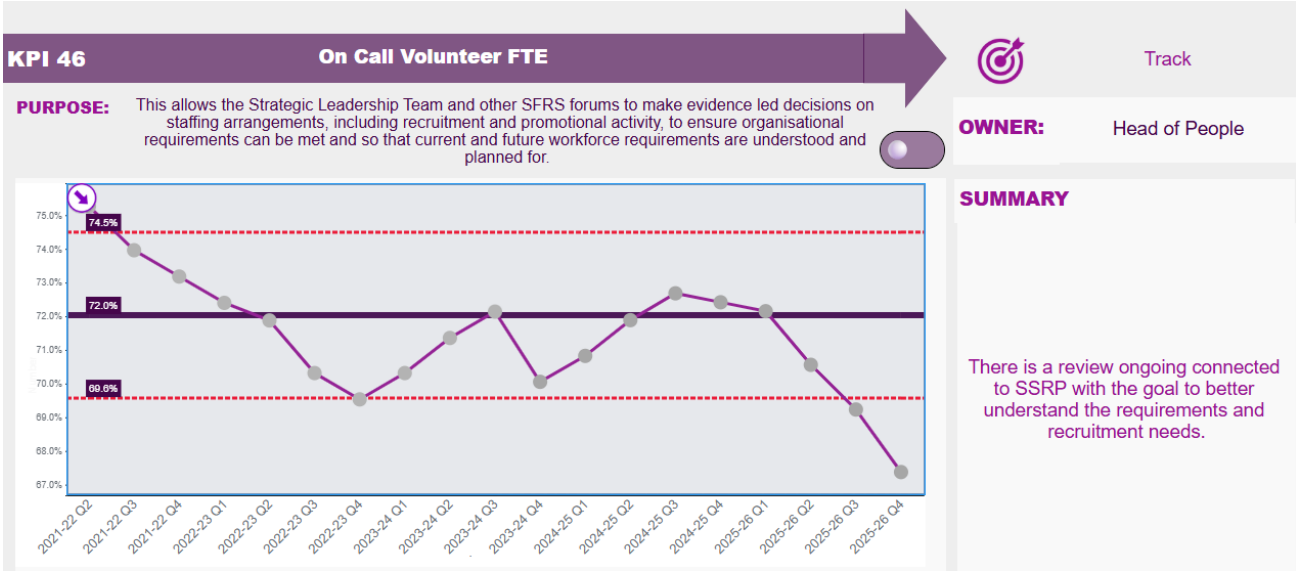
PURPOSE: This allows the Strategic Leadership Team and other SFRS forums to make evidence led decisions on staffing arrangements, including recruitment and promotional activity, to ensure organisational requirements can be met and so that current and future workforce requirements are understood and planned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

OWNER: Head of People

SUMMARY

Recruitment activity continues, along with reviewing the TOM to ensure it reflects organisational and community needs.





Workforce planning forecasts indicate that there will be a continued deficiency against the interim Target Operating Model (TOM) as we move through 2026. The Operations function are aware and are preparing contingency measures to account for the known deficiency. Planned recruitment and promotional activity continues with the resourcing plan for this year, with the Deputy Assistant Chief Officer (DACO) promotion process taking place in quarter 4. Actual versus forecast retirements continue to be monitored and reported to inform recruitment requirements.

72 Wholetime Firefighters started their Wholetime Firefighter Foundation Programme in March 2026, which will be the last of this size with a move towards a stream training delivery model from summer of 2026, with smaller more frequent courses approved to support the TOM.

On Call

The People Team are working closely with the recently established On Call Tactical Coordination Groups (OCTCG) for the East and North Mainland and the West & Islands. An enhanced recruitment dashboard has been developed and is shared at these meetings to allow a deeper review of the candidate pipeline to promote timely candidate progression aligned to key recruitment dates. The OCTCG continue to focus efforts on the data cleanse exercise, with further work being progressed to ensure that the candidate pool is active and supports effective and timely candidate progression. This information is now shared with the Strategic Leadership Team (SLT) monthly to provide awareness and scrutiny of the progress.

On Call Task and Task Management (TTM) courses scheduled within quarter 4 achieved 93% in January, 46% in February and 75% in March. This brings the total TTM Intake for 2025/26 to 72% of course places filled (249 recruited).

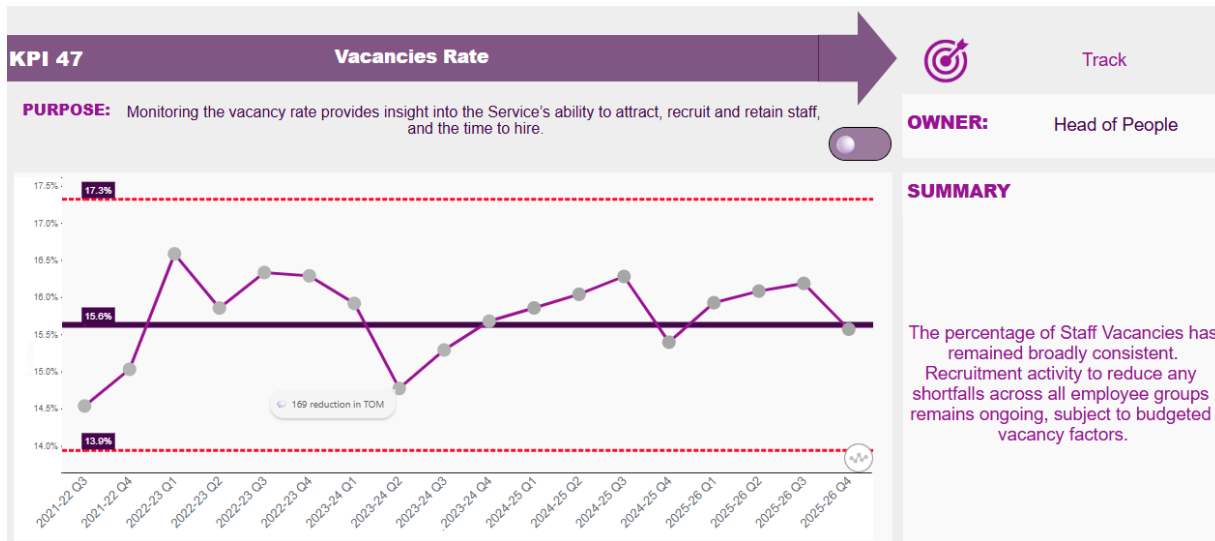
The key recruitment dates for 2026 have been shared with recruiting managers. Uptake of these will continue to be closely monitored by People, TSA and Operational Delivery colleagues. Discussions at the OCTCG are proving helpful in identifying local issues and challenges, allowing consideration to be given to process improvements and any additional guidance required.

Following Migration courses in 2025, the Migration Evaluation Report was progressed in quarter 4 for onward governance in quarter 1 2026, with a summary of the key learnings and process improvements to be considered.

Support Staff

Support staff recruitment continues to be monitored by the SLT to balance organisational needs with budget constraints. The recruitment processes for the Director of People, Communication & Engagement and Director of Finance, Digital & Infrastructure commenced in Q4.

1.2 Vacancies –



Breakdown by staff group:

EMPLOYEE GROUP	Wholetime (WDS)				Retained*		VDS*	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS*				
Vacancy (FTE)	41	19	2	62	1	1020	123	6	86	1298

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

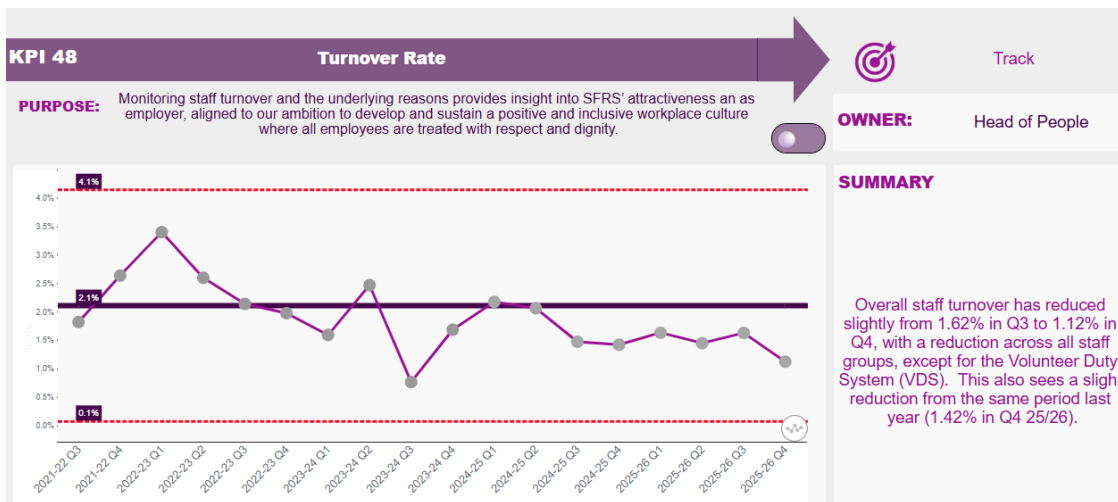
EMPLOYEE GROUP	Wholetime (WDS)				Retained*		VDS*	OC	SS	TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS*				
Vacancy (%)	1.4%	5.2%	0.7%	1.8%	1.7%	30.8%	32.6%	3.5%	9.3%	15.6%

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

The overall vacancy rate has reduced marginally from 16.2% in quarter 3 to 15.6% in quarter 4 2025/26. The main areas highlighting a reduction in vacancies is within the Wholetime Duty System (WDS) and Operations Control (OC) cadre, because of recent intakes. Additional recruitment controls implemented in quarter 3 for support staff continued in quarter 4 to ensure further scrutiny of recruitment activity and associated staffing budgets.

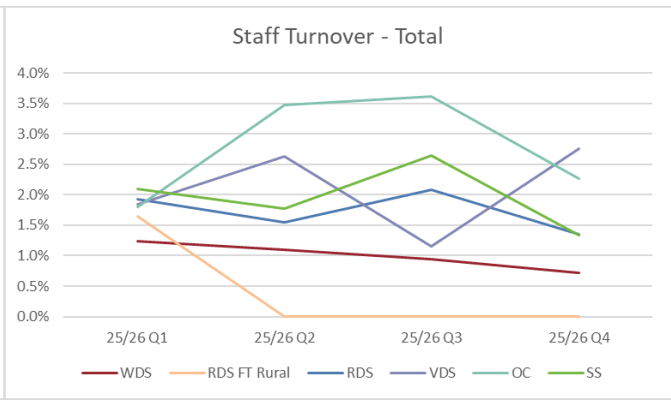
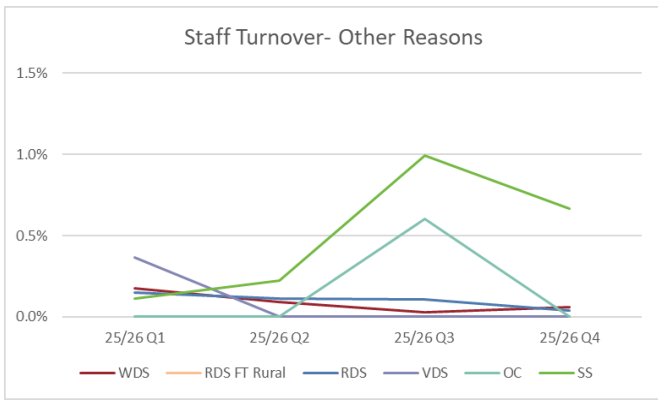
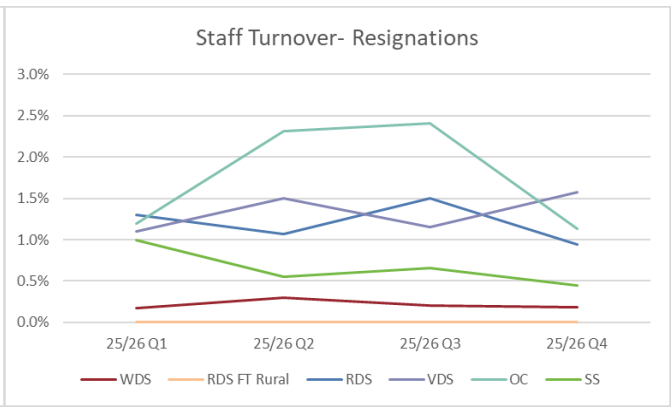
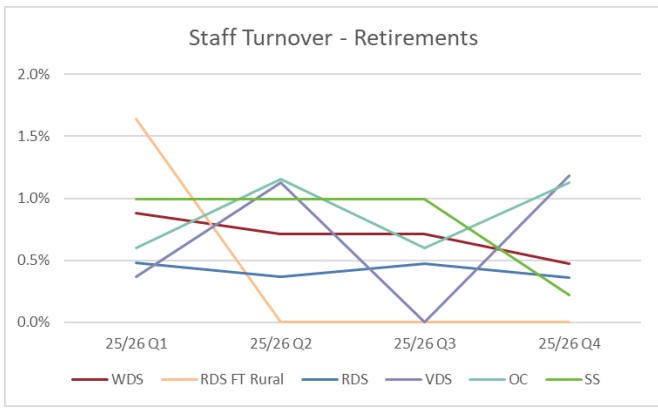
DIRECTORATE	COUNT
Finance, Digital & Infrastructure	20
Governance, Strategy & Change	4
Operational Delivery	3
People, Communications & Engagement	1
Prevention	1
Service Delivery	2
Training, Safety & Assurance	8
Grand Total	39

1.3 Turnover



Breakdown by staff group:

EMPLOYEE GROUP	Wholetime (WDS)				Retained					TOTAL (ALL)
	RBC	DD	FDS	TOTAL WDS	RDS FT Rural	RDS	VDS	OC	SS	
Retirements	0.29%	1.15%	1.51%	0.48%	0.00%	0.36%	1.18%	1.13%	0.22%	0.44%
Resignations	0.15%	0.29%	0.38%	0.18%	0.00%	0.95%	1.57%	1.13%	0.44%	0.56%
Other Reasons	0.07%	0.00%	0.00%	0.06%	0.00%	0.04%	0.00%	0.00%	0.67%	0.12%
Turnover	0.51%	1.44%	1.89%	0.71%	0.00%	1.35%	2.76%	2.26%	1.33%	1.12%



Overall staff turnover has reduced slightly from 1.62% in quarter 3 2025/26 to 1.12% in quarter 4 2025/26, with a reduction across all staff groups, except for the Volunteer Duty System (VDS). This is also a reduction from quarter 4 2024/25 of 1.42%.

2. Employee Relations

2.1 Grievance cases

	2025/26	2025/26	2025/26	2025/26	2025/26
Number of new Grievance cases per SDA/Directorate	Q1	Q2	Q3	Q4	Total
East	0	0	1	0	1
North	0	0	1	0	1
West	2	0	1	1	4
Directorate	3	4	3	0	10
Total	5	4	6	1	16

One grievance was received within quarter 4, which is a reduction of 5 compared to the previous quarter and is significantly below the average for the full year. This grievance was related to Breach of Policy.

2.2 Discipline cases

	2025/26	2025/26	2025/26	2025/26	2025/26
Number of new Discipline cases per SDA/Directorate	Q1	Q2	Q3	Q4	Total
East	8	10	3	2	23
North	1	5	9	4	19
West	7	6	2	3	18
Directorate	0	1	2	4	7
Total	16	22	16	13	67

A total of 13 new formal disciplinary cases commenced within quarter 4, which is a reduction of 3 since quarter 3. Of those cases 2 were in the East, 4 in the North, 3 in the West and 4 within Directorates. The main themes of the new cases were in relation to Gross Misconduct, Code of Conduct, Breach of Policy/Contract and Dignity and Integrity at Work.

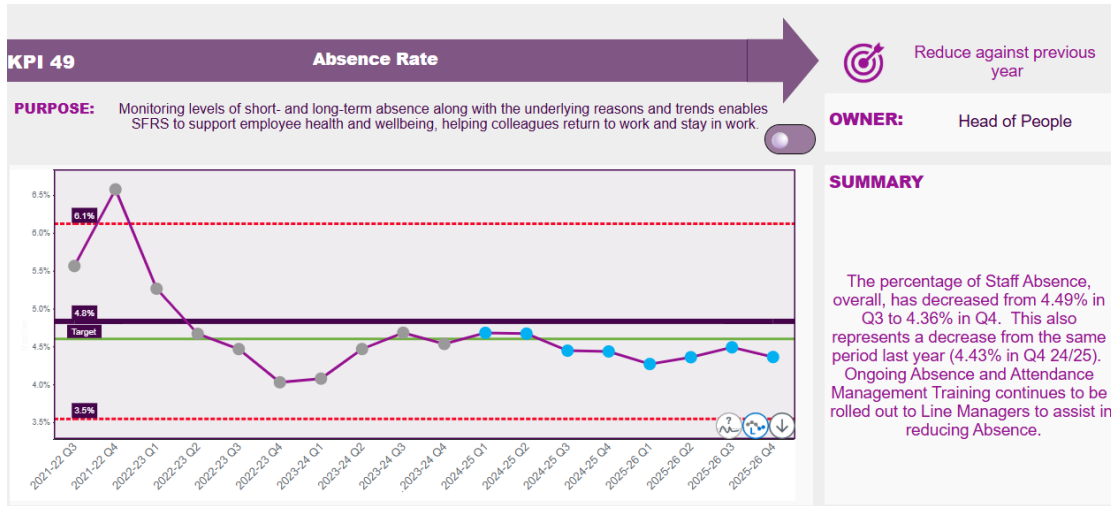
2.3 Confidential reporting line

Month	2024/25 Reports	2025/26 Reports
Quarter 1	6	12
Quarter 2	8	11
Quarter 3	6	5
Quarter 4	0	5
Total	20	33

There were 5 new cases raised within quarter 4, of which one was closed within the same quarter. There were also a further 4 carried forward cases which were closed within quarter 4. All cases were submitted via the online portal. A total of 53 reports have been received since the launch of CRL.

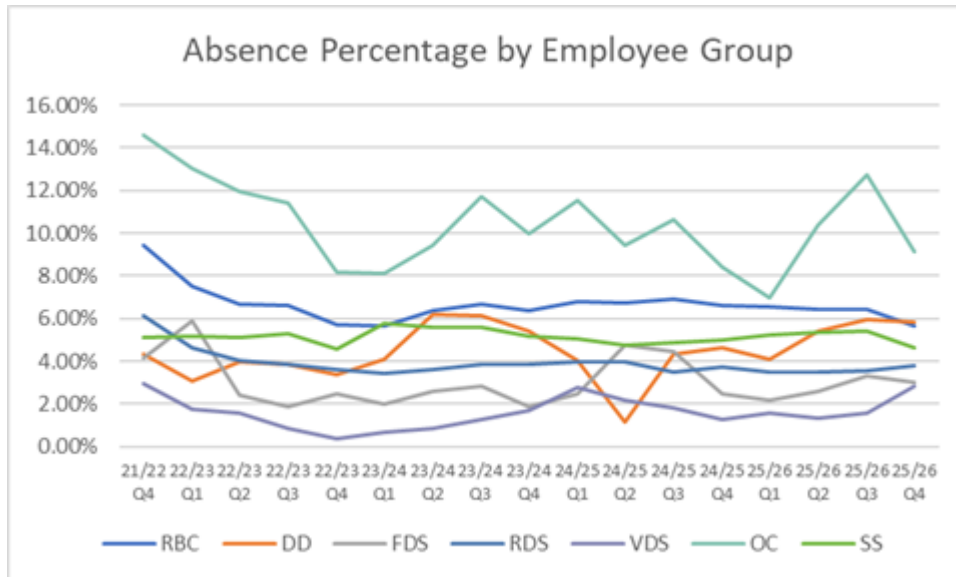
Attendance and Wellbeing

3.1 Absence rates



Breakdown by staff group:

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Overall Absence (work days lost versus work days available)	5.64%	5.83%	2.98%	5.35%	3.78%	2.84%	9.14%	4.60%	4.36%



The overall absence rate for all SFRS working days lost in quarter 4 is 4.36%, which is a slight decrease from the previous quarter (4.49%). Annual absence rates of workers in the UK labour

market are reported at 2% overall and 2.9% for public sector (Office for National Statistics 2024). This compares to 7.3% in Police Scotland (SPA People Committee Report, February 2026) and 6.4% at NHS Scotland (NHS Scotland Workforce Report, to 31 March 2025).

All staff groups have seen a decrease in their working days lost, with Operations Control seeing the biggest decrease, from 12.73% last quarter to 9.14% in quarter 4. It is hoped that with the continued progression of the Operations Control Enhancement Plan, which includes a focus on management development and support for attendance management, further reductions are achieved. RDS and VDS have seen marginal increases.

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

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Short-Term Absence (work days lost versus work days available)	2.36%	1.15%	0.40%	1.93%	0.90%	0.09%	2.76%	1.43%	1.25%

The total of short-term absence decreased from the previous quarter, which was 1.35%. People advisers continue to support line managers in managing attendance and ensuring suitable monitoring is in place to reduce short-term absence. A programme of manager training to support attendance management was rolled out from Q4 and will continue throughout 2026/27.

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

EMPLOYEE GROUP	RBC	DD	FDS	TOTAL WDS	RDS	VDS	OC	SS	TOTAL (ALL)
Long-Term Absence (work days lost versus work days available)	3.28%	4.68%	2.58%	3.42%	2.88%	2.75%	6.39%	3.17%	3.11%

The total of long-term absence has decreased from 3.14% to 3.11% this quarter. Long term absence in Control has decreased from 8.10% in quarter 3 to 6.39% in quarter 4, with the most common reason for absence being psychological, followed by surgical procedures which is the same as the quarter 3. All long-term absences are monitored by line managers and appropriate support is provided by People Advisers.

3.4 Top three short-term absence reasons

Short Term Sick - Top 3 Reasons	Musculoskeletal	Respiratory	Stomach or Bowel	Other	TOTAL
RBC	614	691	434	605	2344
DD	53	83	17	103	256
FDS	8	22	15	22	67
RDS	831	439	249	725	2244
VDS	7	0	0	14	21
OC	19	54	54	53	180
SS	51	211	102	294	658
Total Working Days Lost	1583	1500	871	1816	5770
Number of Employees	236	408	319	289	1252

3.5 Top three long-term absence reasons

Long Term Sick - Top 3 Reasons	Musculoskeletal	Psychological	Surgical	Other	TOTAL
RBC	1516	899	391	459	3265
DD	77	544	173	242	1036
FDS	138	124	42	127	431
RDS	2587	1114	1247	2185	7133
VDS	299	90	125	116	630
OC	34	164	41	177	416
SS	343	635	305	169	1452
Total Working Days Lost	4994	3570	2324	3475	14363
Number of Employees	152	108	62	78	400

The tables above show the main reasons for employee absence in terms of working days lost, for short and long-term absence, and the total number of employees absent against these categories. The most common long-term absence reasons are in line with the previous quarter, however Musculoskeletal has seen a further reduction in the number of working days lost (795 days) and Psychological (426 days), with Surgical seeing an increase (681 days.)

The top reason for short-term absence have remained the same as the previous quarter. However there has been an increase in the number of working days lost for the following categories, Musculoskeletal (79 days), Stomach or Bowel (99 days) and Other (328 days). Respiratory has seen a decrease (976 days) compared to the previous quarter. Overall, there has been a decrease of 470 working days lost.

Appendix 1 – Glossary of Terms

ALICE	Automated Language Inference & Cognitive Evaluation
CBS	Corporate Business Solutions
CPIG	Corporate Programme Investment Group
CRL	Confidential Reporting Line
DACO	Deputy Assistant Chief Officer
DD	Day Duty
DSDS	Day Shift Duty System
FBU	Fire Brigade Union
FDS	Flexi Duty System
FOI	Freedom of Information
FTE	Full Time Equivalent
KPI	Key Performance Indicator
L@WW	Learning at Work Week
L&D	Learning and Development
MA	Modern Apprentice
NFCC	National Fire Chiefs Council
OC	Operations Control
OCL	Organisational Culture and Leadership
OCTCG	On Call Tactical Coordination Group
PMF	Performance Management Framework
RBC	Resource Based Crewing
RDS	Retained Duty System
RDS FT	Retained Duty System Full Time
RDS/VDS (On Call)	Retained and Volunteer Duty System
SAR	Subject Access Request
SDA	Service Delivery Area
SDR	Service Delivery Review
SFRS	Scottish Fire and Rescue Service
SLT	Strategic Leadership Team
SMB	Senior Management Board
SPPA	Scottish Public Pensions Agency
SS	Support Staff

SVQ	Scottish Vocational Qualification
T&Cs	Terms and Conditions
TD	Talent Development
TOM	Target Operating Model
TSA	Training Safety and Assurance
TTM	Task Management Courses
VDS	Volunteer Duty System
WDS	Watch Duty System
WTFF	Wholetime Fire Fighter





Report No: C/PC18-26

Agenda Item: 9.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 JUNE 2026						
Report Title:	SCOTTISH FIRE AND RESCUE SERVICE PEOPLE STRATEGY						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	To provide an update on the development of an Scottish Fire and Rescue Service (SFRS) People Strategy (2026-2031) and to allow appropriate scrutiny by the People Committee following approval of the final draft by Strategic Leadership Team (SLT) and ahead of publication.						
2	Background						
2.1	Work commenced in July 2025 to develop an SFRS People Strategy which will support both our SFRS Strategy 2025-2028 and our Long-Term Vision. The People Strategy is designed to act as a high-level framework which outlines the experience all our colleagues can and should expect whilst in our employment and is also intended to be used as an effective recruitment tool for attracting prospective employees across all SFRS roles.						
2.2	A New Demand Request was approved by Corporate Services Review (CSR) Programme Board in July 2025. Integral to the New Demand Request was to seek to take a consistent approach including development and format to the recent Prevention and Training Strategies. Whilst development of the People Strategy has since been decoupled from the CSR Programme, this has remained a strategic priority captured within the People Directorate Plan and the 3 Year Delivery Plan.						
2.3	Initial engagement sessions were held with a variety of internal stakeholders (including representative bodies) throughout November/December 2025. These were designed to generate early ideas around what could/should be included in an SFRS People Strategy. In parallel, external benchmarking activity was also carried out across a wide cross section of organisations, including both private and public sector bodies.						
2.4	<p>These combined activities resulted in the creation of an initial draft SFRS People Strategy which was circulated for first consultation (January/February 2026) and subsequent 2nd consultation (April 2026). Feedback from People Committee and SLT was particularly helpful in extending the remit of the consultation to ensure a broader cross-section of colleagues were afforded the opportunity to comment on the SFRS People Strategy as it was developed. Feedback was sought using 4 key questions:</p> <ol style="list-style-type: none"> 1. Does the draft strategy sufficiently express the people experience we aspire to create; and how we want our colleagues to feel and describe working for SFRS? 2. Is the draft strategy relatable to all colleagues regardless of role? 3. Will the commitments in this strategy support us to attract and retain the talent we need going forward? 						

2.5	<p>4. Does the draft strategy demonstrate the Service’s commitment to enabling and empowering people to do their best work?</p> <p>Several framework documents which outline <u>how</u> the strategy will be delivered will also be developed following approval of the SFRS People Strategy. These will be shared with stakeholders and via SFRS governance as they develop. It is expected that these will include the delivery actions plans which support the Strategy with clear milestones and evaluation/performance criteria.</p>
3	<p>Main Report/Detail</p>
3.1	<p>Following on from the above activities, the final draft of the SFRS People Strategy, approved in principle by SLT, can be found in Appendix A. Please note that feedback is also being gathered from the incoming Director of People, Communications & Engagement to ensure that they can inform this long-term strategy and feedback will be shared as part of the presentation of this paper.</p>
3.2	<p>Feedback received throughout both the initial engagement sessions and subsequent consultation recognises the value and importance of an SFRS People Strategy both to existing colleagues and as an attraction tool for prospective employees.</p>
3.3	<p>Whilst, as expected, there have been some amendments made throughout the consultations, the overall format and key headings appear to resonate with colleagues including:</p> <ul style="list-style-type: none"> • Purpose of an SFRS People Strategy and how this links to the wider SFRS Strategy. • Wording of the People Vision statement – “Our people feel valued, empowered, and supported to thrive and deliver for a safer Scotland.” • The 3 People Commitments: <ul style="list-style-type: none"> ○ Attract, Develop and Retain Talent ○ Culture and Leadership ○ Wellbeing and Inclusion • The clear call out between the SFRS People Strategy and our SFRS Values. • The relative brevity of the SFRS People Strategy given the nature of the document – recognising that further work will follow to provide greater detail of the ‘how’ via the supporting frameworks.
3.4	<p>One key point that was raised on a regular basis was around potential confusion as to whether this strategy is solely for the People Function or for the wider organisation. The text throughout has been considered through this lens to ensure it is clear that the document is the People Strategy for the organisation and that it is relatable to all colleagues regardless of role, function or geography. Attention will also be given to this within the supporting communications plan to support the launch and ongoing promotion.</p>
3.5	<p>Work is now underway to develop the supporting frameworks with the intention that these will have a similar look and feel in order to show alignment to and delivery of the wider SFRS People Strategy. Given the linkage across all 3 People Commitments and the common themes running through them, it is important that these frameworks develop simultaneously.</p>
3.6	<p>As well as providing greater detail of the SFRS People Strategy – the ‘how’ – these frameworks will also provide greater ability to measure and evaluate the impact of the SFRS People Strategy. Early thinking is that evaluation could include expected long-term outcomes, medium-term indicators of progress, and suggested KPIs that can be reported through SFRS’s performance reporting arrangements.</p>
3.7	<p>Updates will be provided through SFRS governance as the frameworks and associated measures of success develop during the early part of 2026/27.</p>

<p>3.8</p> <p>3.9</p> <p>3.10</p>	<p>Whilst the publication of an SFRS People Strategy is a positive step in outlining what colleagues (current and prospective) can expect from SFRS – and, equally, what's expected in return – it is recognised that the SFRS People Strategy needs to be appropriately communicated and embedded into our ways of working in an authentic manner, rather than simply being a static document.</p> <p>To support this, work is underway with Communication and Engagement colleagues. Initial ideas from SLT, People Committee and other stakeholders include:</p> <ul style="list-style-type: none"> • A 'plan on a page' for ease of access, particularly across our station footprint. • Case studies to help bring to life the different commitments – VLOG's, staff stories, 'a day in the life of' type communications. • Pre-launch activities to warm colleagues up to the SFRS People Strategy. • Recognition of the role of Line Managers in embedding the SFRS People Strategy. • Our aspiration for the SFRS People Strategy – what do we want to be recognised for as an employer –v- what do we not want to see/feel/experience. • Incorporation of our People Vision and People Commitments into our everyday SFRS language. <p>In addition to the above, SLT and Senior Management Board (SMB) considered the following stakeholder feedback, which is broader than the SFRS People Strategy alone and relates to the Services' approach to strategy across all similar documents:</p> <ol style="list-style-type: none"> 1. Should documents such as the SFRS People Strategy be termed a 'strategy' when they sit beneath the overall SFRS Strategy or a wider enabler? SMB and SLT were of the view that it is appropriate to have a number of thematic strategies e.g. a SFRS People Strategy, alongside a Prevention Strategy and TSA Strategy, which underpin and deliver against the wider SFRS Strategy. 2. Should strategies or underpinning frameworks which sit beneath the overall SFRS Strategy have a specific timeframe or just be live documents which evolve from time to time? SLT and SMB were of the view that the SFRS People Strategy has an associated timeframe of 2026-2031 and that this is appropriate to reflect its long-term nature.
<p>4</p>	<p>Recommendation</p>
<p>4.1</p>	<p>People Committee are asked to provide scrutiny and comment on the final draft of the SFRS People Strategy (2026-2031), as approved by SLT, and the associated communications plan to support publication and ongoing promotion of this.</p>
<p>5</p>	<p>Key Strategic Implications</p>
<p>5.1</p>	<p>Risk Appetite and Alignment to Risk Registers</p>
<p>5.1.1</p> <p>5.1.2</p>	<p>There is a risk in not developing a People Strategy that the strategic People priorities of SFRS are not clearly articulated and understood by colleagues and / or that the focus of People related activity is not fully aligned to SFRS Strategic objectives.</p> <p>There is a risk of resistance to an SFRS People Strategy if not appropriately developed, communicated and embedded.</p>
<p>5.2</p>	<p>Financial</p>
<p>5.2.1</p> <p>5.2.2</p>	<p>There are no financial implications in developing the SFRS People Strategy, with all current resources coming from within the existing People Directorate,</p> <p>The supporting framework documents which outline <u>how</u> the strategy is being delivered will have their own resource requirements associated with them which may create subsequent financial requirements. These will be managed via appropriate governance routes.</p>

5.3 5.3.1	Environmental & Sustainability There are no specific implications arising from this paper.
5.4 5.4.1 5.4.2	Workforce The publication of an SFRS People Strategy will allow colleagues clear direction as to what they can expect whilst employed by SFRS and, in turn, what the organisation expectations of individuals. It should help articulate the People priorities for the whole organisation and a plan for what to expect and when, via the supporting frameworks. From a prospective workforce perspective, the SFRS People Strategy is intended to act as a key part of SFRS' wider attraction strategy, hopefully broadening external reach and understanding of the Service as an employer.
5.5 5.5.1	Health & Safety There are no specific implications arising from this paper.
5.6 5.6.1	Health and Wellbeing A specific framework will be developed to clearly articulate the wellbeing approach for SFRS as part of the 3 People commitments within the Strategy.
5.7 5.7.1	Training There are no specific implications arising from this paper. Any future training requirements will be articulated via the associated frameworks.
5.8 5.8.1	Timing In line with the agreed milestone plan, subject to governance approvals, the SFRS People Strategy will be published by end of June 2026. The supporting frameworks will be developed across Quarters 1-3 2026/27.
5.9 5.9.1	Performance Evaluation will be incorporated as part of the development of the supporting frameworks. Early thinking is that evaluation could include expected long-term outcomes, medium-term indicators of progress, and suggested KPIs that can be reported through SFRS's performance reporting arrangements.
5.10 5.10.1	Communications & Engagement A detailed communications and engagement plan is currently being produced ahead of the launch of the SFRS People Strategy. This will also encompass further embedding activities as the supporting frameworks take shape and subsequently deliver.
5.11 5.11.1	Legal There are no specific implications arising from this paper.
5.12 5.12.1	Information Governance DPIA completed - No. There is no personal data involved in the strategy document or its publication.
5.13 5.13.1	Equalities EHRIA is currently in draft and being reviewed as the strategy progresses through governance. Individual EHRIA's will then be completed per subsequent initiative and monitored regularly.
5.14 5.14.1	Service Delivery There are no specific implications arising from this paper. However, there will be service delivery implications arising from the underpinning framework and stakeholders will be engaged as these are developed to ensure these are achievable and appropriate.

5.15 5.15.1	Prevention There are no specific implications arising from this paper.		
6	Core Brief		
6.1	Not applicable		
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:	Sarah O'Donnell, Deputy Chief Officer – Corporate Services	
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient	
7.3	Rationale:	Thorough stakeholder engagement and benchmarking have informed the development of the SFRS People Strategy, which aligns with delivery of the SFRS Strategy 2025-28 in relation to our People commitments and ambitions. Detailed framework documents will underpin this to support outcomes and measurements of success. Additionally, feedback is being gathered from the incoming Director of People, Communications & Engagement to ensure that they support the strategy position, prior to final approval and publication.	
8	Appendices/Further Reading		
8.1	Appendix A – Final SFRS People Strategy		
Prepared by:	Fiona Griffith, Strategic People Partner		
Sponsored by:	Sarah O'Donnell, Deputy Chief Officer – Corporate Services		
Presented by:	Fiona Griffith, Strategic People Partner / Lyndsey Gaja, Head of People		
Links to Strategy and Corporate Values			
<u>Links to SFRS Strategy 2025-2028</u> Investing in our People outcome “Our people feel valued and are supported by a culture that embraces diversity and inclusion, empowerment and accountability”.			
<u>Links to SFRS Three Year Delivery Plan 2025-2028</u> “By developing a People Strategy, we will identify key people activities to build the capability of our leaders to create the conditions in which our people can thrive, leading to improved performance and employee experience”.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
People DMT	23/04/2026	For Recommendation	Recommend progress to SMB
Senior Management Board	28/04/2026	For Recommendation	Recommend progress to SLT
Strategic Leadership Team	20/05/2026	For Decision	Approved in principle (subject to feedback from new Director of P, C&E)
People Committee	18/06/2026	For Scrutiny	

SFRS People Strategy 2026–2031

1. Introduction

The **Scottish Fire and Rescue Service People Strategy 2026–2031** sets out how we will invest in, support, and empower our current and future workforce to deliver a safer Scotland, aligned with delivering the SFRS purpose:

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

The SFRS People Strategy fully supports the ambitions and intended outcomes of the [SFRS Strategy 2025–2028](#), the [SFRS Long-Term Vision](#) and the priorities set out within the [Fire and Rescue Framework for Scotland](#). Our People Strategy is for all SFRS colleagues, irrespective of the role that they fulfil, and reflects our commitment as a values driven organisation.

SFRS Values: Safety | Teamwork | Respect | Innovation

Colleagues across the Service are at the heart of delivering for and making a difference to the communities of Scotland. The flexibility, skill, and resilience of our people are central to achieving our vision and the delivery of our strategic objectives.

The world of work continues to transform rapidly, shaped by shifts in society, demographic change, and evolving employee expectations. An ageing workforce nationally, greater diversity, and changing career pathways are redefining the skills and capabilities organisations need for the future. Employees now expect more meaningful work, flexibility in when and where they work, greater work-life balance, a more individual offering, and an inclusive culture where they feel safe, valued, supported, and able to thrive.

We recognise the pace of this change will continue to accelerate and be impacted by additional factors such as climate change challenges, the rise of artificial intelligence and other emerging technologies, as well as challenges and changes across society more broadly. We need to be progressive and resilient in how we react individually and collectively to these.

In recognition of this, the SFRS People Strategy 2026–2031 focuses on three equal and inextricably linked People Commitments below. These outline our commitment to enabling our people to thrive in their roles and feel supported at all stages of their career.

In developing this strategy, extensive research and engagement with internal stakeholders, our recognised representative bodies and external benchmarking has been undertaken. Additionally, a range of other strategies and reviews, both internal and external, have informed and influenced the strategy’s evolution. This has included outcomes and recommendations within various internal and external scrutiny documents focused on culture, values, ethics and behaviours across the Fire and Rescue Sector (and wider public service).

The SFRS People Strategy provides a high-level framework for our people-related activity over the five years spanning 2026–2031.

2. What is the People Vision?

We have an ambitious vision for our colleagues throughout the Service:

“Our people feel valued, empowered, and supported to thrive and deliver for a safer Scotland.”

Our colleagues undertake a wide variety of roles across the Service. We want everyone to feel valued, engaged and have a strong sense of belonging – this will enable our people to grow, develop, and achieve their best, empowering everyone to contribute effectively to deliver for the people of Scotland.

We will deliver our People Vision as an integral part of our SFRS People Strategy, ensuring that the SFRS’ Long Term Vision is at the heart of all we do.

3. What is the People Strategy?

The **SFRS Strategy 2025–2028** sets out a clear commitment for our People to deliver against the SFRS Purpose, Mission and Vision. One of our strategic objectives, ‘**Investing in our People,**’ aims to achieve the outcome that ‘our people feel valued and are supported by a culture that embraces diversity and inclusion, empowerment and accountability.’



GRAPHIC – WORDING FROM ‘INVESTING IN OUR PEOPLE’ STRATEGIC OBJECTIVE

Our SFRS People Strategy aims to bring this to life through a range of commitments to meet our People ambitions for the forthcoming five-year period – namely Attract, Develop and Retain Talent; Culture and Leadership; and Wellbeing and Inclusion. This will be supported by several framework documents [roadmaps] which outline how the strategy will be delivered across this timeframe. Resultant People activity will evolve in response to emerging trends and priority areas.

3. Our People Commitments

4.

The SFRS People Strategy sets out three overarching commitments for our People which will help us to deliver our vision:

➤ Attract, Develop & Retain Talent

Our **ambition** is to ensure our reward framework and employee offering is attractive and adaptable to meet differing needs and supports all colleagues across the employment life cycle and life stages, whilst recognising individual contributions and achievements. We recognise there are varied motivations, across diverse backgrounds and demographics which influence what attracts people to an employer - from purpose and social impact to development opportunities, wellbeing support, and career mobility. We recognise that in a competitive recruitment market, organisations who listen to and engage with their people, embrace agile and flexible working, invest in wellbeing, and create a strong, authentic employer brand are well positioned to attract, engage, develop and retain talent in an increasingly dynamic landscape.

Our **commitment** is to:

- Build and promote a strong, attractive employer brand;
- Attract and recruit high-performing and/or high-potential individuals from diverse backgrounds;
- Develop and align skills and roles to evolving service needs, ensuring we are adaptable, flexible, and responsive to change;
- Ensure we reward, recognise and value everyone's individual contribution throughout their career.

➤ **Culture & Leadership**

Our **ambition** is to make sure our work environments are welcoming for all, and our people feel they have opportunities to work together to help shape decisions and organisational change. We want to build agile, high performing collaborative teams that embody our values and behaviours, ensuring our culture is supportive and inclusive – in turn, ensuring colleagues feel proud to work for SFRS. We want our people to realise their full potential, and we recognise we must enable them to develop the skills, capacity, and personal accountability to respond to our ever-changing environment. This is enabled through confident and inclusive leaders who are visible, trusted and inspiring in their delivery.

Our **commitment** is to:

- Foster a culture of equality, diversity, inclusion, fairness, transparency, and empowerment where everyone has a sense of belonging;
- Ensure opportunities for collaboration through employee engagement and employee voice, encouraging open communication and proactively working with our employee networks and recognised Trade Unions in the spirit of Working Together;
- Enhance inclusive, effective and inspirational leadership at all levels to empower our colleagues;
- Develop a learning culture and opportunities to help colleagues realise their potential, with clear development opportunities and effective onboarding.

➤ **Wellbeing & Inclusion**

Our **ambition** is to take care of the wellbeing of all our People wherever they work within SFRS as our organisation continues to change and evolve. We will put their safety, physical and mental wellbeing at the forefront of what we do and ensure supportive and collaborative programmes and initiatives are accessible to all to support this. We recognise that we are not yet fully reflective of the communities of Scotland in terms of our workforce profile and aim to actively address the disparity and enhance the Services position to better reflect this. We will actively promote equality, diversity, and inclusion (EDI) across our working practices, service delivery and decision making and embed our values into daily operations to improve engagement and morale. We are committed to providing a supportive working environment where individuals feel safe and accepted for who they are, valued for their contribution and work in an environment which is free from unlawful discrimination, bias, harassment, or victimisation.

Our **commitment** is to:

- Embed proactive health and wellbeing programmes that help keep colleagues well;
- Strengthen mental wellbeing support and enhance resilience;
- Mainstream Equality Outcomes both internally and externally, ensuring colleagues are equipped and informed to deliver against these;
- Continue to develop a workforce that better reflects the diversity of the communities we serve and actively promote equality of opportunity and inclusion throughout the Service.

GRAPHIC PAGE - BRINGS COMMITMENTS TO LIFE

5. Evaluation

We will integrate these commitments, and the delivery activity that sit within the supporting Frameworks, into Directorate Plans and local workforce plans. These will be informed by measures including engagement surveys and colleague data.

Investment in our people will have a positive impact. Before commencing any People activities, the measurement of outcomes, outputs and associated benefits will be considered. Equality & Human Rights Impact Assessments (EHRIs) used to consider and mitigate potential impacts on employees and communities ensuring that decisions are informed, inclusive and evidence-based.

People-related Key Performance Indicators will be included within the Service's Performance Management Framework, allowing us to determine how successful we have been.

Digital tools and data will provide workforce insights, and colleague engagement will be central to shaping, delivering, and evaluating meaningful change.

We will proactively monitor and evaluate this strategy throughout the next five years and anticipate that the benefits from our People-related activities will be realised at different stages of this timeline.

We recognise that some of our ambitions will require an extended period of time to be fully realised. Our commitment to achieving these longer-term outcomes, such as changes in our workforce demographics to more fully reflect the communities we serve, means that we will continue to monitor and report on our progress. We anticipate that the foundations of the strategy will continue to deliver benefits for many years to come. In turn, we recognise there is a requirement for collective responsibility across SFRS to ensure everyone has a role to play in ensuring colleagues feel valued, empowered and supported.

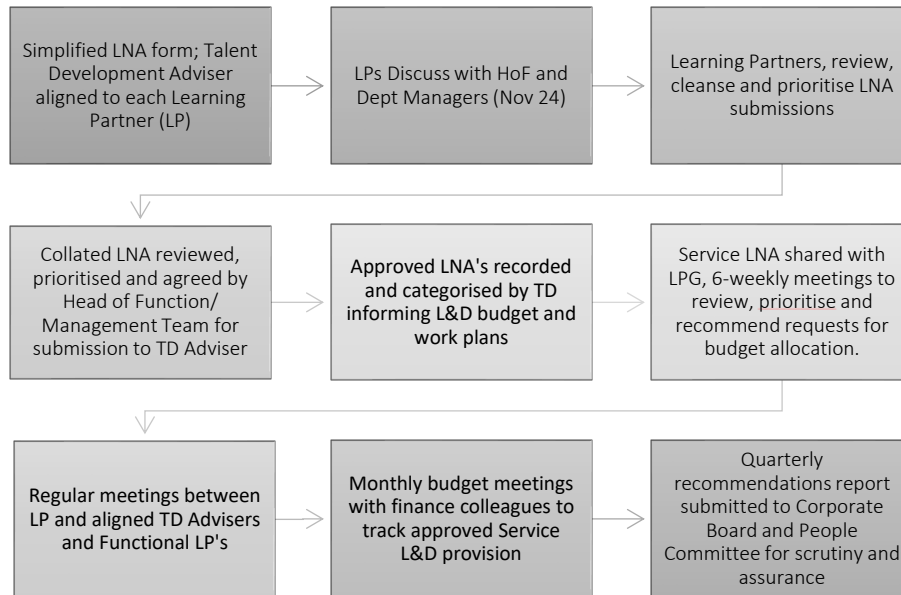
All improvement actions that will assist us in delivering our People Vision and Strategy will be governed through the Senior Management Board, Strategic Leadership Team, People Committee and SFRS Board.

GRAPHIC PAGE - PEOPLE STRATEGY ON A PAGE

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 JUNE 2026						
Report Title:	LEARNING AND DEVELOPMENT ANNUAL UPDATE 2025-26						
Report Classification:	For Information	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	To provide an annual overview of Learning and Development (L&D) activity covering the 2025–26 learning cycle and assurance on governance, investment and delivery.						
2	Background						
2.1	Building a workforce capable of meeting individual and organisational needs remained a strategic priority for 2025–26. Learning and Development played a central role in supporting this, investing in skills to enhance performance and strengthen organisational resilience.						
2.2	Ongoing financial pressures and identified skills gaps continue to present challenges for the Service. Targeted, effective and value-for-money L&D provision is therefore critical to developing an agile, skilled workforce.						
2.3	This report provides annual L&D update for 2025–26, outlining the Learning Needs Analysis (LNA) approach, investment in L&D from April 2025 to March 2026, and the impact of activity through learner feedback to strengthen transparency, scrutiny and assurance.						
3	Main Report/Detail						
3.1	Learning Partner Group (LPG)						
3.1.1	The Learning Partner Group (LPG) met on a six-weekly basis throughout 2025–26. It continued to act as the primary forum for: <ul style="list-style-type: none"> • Reviewing Learning Needs Analysis (LNA) submissions and ad hoc requests. • Applying principles of prioritisation to recommend learning for progression. • Monitoring delivery, spend and impact of approved learning. 						
3.1.2	Across the year: <ul style="list-style-type: none"> • Over 200 L&D requests were considered across Q1–Q4. • Most of the investment related to statutory, legislative and role critical learning, particularly within Asset Management and Prevention. • Engagement improved through closer alignment between Learning Partners, Heads of Function, Finance and Talent Development. 						

3.1.3

2025-26 LNA Process



3.1.4

2025-26 LNA Process: Challenges and Improvements Achieved

Challenges and improvement opportunities for 2025-26 were identified from the ongoing review of the LNA process and arrangements:

Challenges across 2025-26:

- High levels of demand for statutory and compliance demand outpacing available budget for developmental investment.
- Difficulty delivering approved learning within-year due to operational constraints and availability of learning provisions.
- Balancing immediate risk mitigation with long-term workforce capability.

Key Improvements Achieved across 2025-26:

- Strengthening of the LNA governance, data quality and strategic alignment.
- Introduction of the multiscale prioritisation framework for 2026-27.
- Improved financial transparency and earlier identification of delivery risk via LPG engagement and assurance activity.
- Approval for a reset of L&D operating model toward a decentralised hybrid model from 2026-27.

3.1.5

Principles of Prioritisation

During 2025–26, the Service moved to a multiscale prioritisation framework for L&D requests (Appendix A). This was to align L&D investment to strategic outcomes:

- Safer Communities through Prevention
- Safe and Effective Response
- Investing in Our People
- Improving Performance
- Innovation and Investment

The LNA submissions for 2026-27 will also be cross mapped and aligned to the SFRS six strategic priorities.

3.2

2026–27 LNA Cycle

3.2.1

A revised LNA approach was launched for 2026–27, utilising three categories:

- Statutory / Compliance
- Developmental Qualifications
- Leadership, Management and Technical Skills

3.2.2	The total LNA demand for 2026–27 of c.£829k (a 74% increase on 2025–26) highlighted a significant affordability gap and informed strategic discussion on the L&D operating model and approach.										
3.2.3	<p>Transition to decentralised hybrid L&D budget model as a shadow year</p> <p>During Q1 2026-27, SLT approved SFRS to transition to a decentralised hybrid L&D budget model from 2027/28, with 2026-27 acting as a transition year. This will enable functional areas to own planning and delivery of compliance and regulatory training requirements with their agreed budget allocation, while maintaining central oversight and reporting. The Talent Development team will focus on the prioritisation of learning related to developmental and future capability requirements.</p>										
3.2.4	<p>Improvement activity required to continue from 2025-26 into 2026-27:</p> <p>People directorate will continue to engage and work with internal stakeholders to progress the improvement actions that commenced in 2025/26 to enhance and advance the SFRS learning culture:</p> <table border="1" data-bbox="300 757 1471 1505"> <thead> <tr> <th data-bbox="300 757 625 790">Challenge</th> <th data-bbox="633 757 1471 790">Improvement Actions</th> </tr> </thead> <tbody> <tr> <td data-bbox="300 790 625 958">Learning progressed outside LNA / LPG</td> <td data-bbox="633 790 1471 958"> <ul style="list-style-type: none"> Strengthen budget allocation and tracking for learning activity (including qualifications, provider contracts and multi-year commitments). Introduce Quarterly learning plans for each functional area to align activity to the financial year. </td> </tr> <tr> <td data-bbox="300 958 625 1167">Incomplete or insufficient L&D information</td> <td data-bbox="633 958 1471 1167"> <ul style="list-style-type: none"> Improve feedback from HoFs to Talent & Development and Learning Partners (monthly and quarterly). Increase engagement and analysis across Learning Partners, HoFs and functional managers. Adopt a proactive, forward-planning approach to identify priorities, opportunities and feasibility. </td> </tr> <tr> <td data-bbox="300 1167 625 1368">Approved learning needs not progressed</td> <td data-bbox="633 1167 1471 1368"> <ul style="list-style-type: none"> Increase TD team engagement with HoFs, management teams and Learning Partners to monitor delivery against quarterly plans. Require PO numbers for approved learning prior to progression, supported by clear LPG guidance and templates. </td> </tr> <tr> <td data-bbox="300 1368 625 1505">Limited awareness of L&D opportunities and processes</td> <td data-bbox="633 1368 1471 1505"> <ul style="list-style-type: none"> Review and refresh LNA guidance and supporting documents for Learning Partners and managers. Implement a coordinated L&D communications and engagement programme for SFRS. </td> </tr> </tbody> </table>	Challenge	Improvement Actions	Learning progressed outside LNA / LPG	<ul style="list-style-type: none"> Strengthen budget allocation and tracking for learning activity (including qualifications, provider contracts and multi-year commitments). Introduce Quarterly learning plans for each functional area to align activity to the financial year. 	Incomplete or insufficient L&D information	<ul style="list-style-type: none"> Improve feedback from HoFs to Talent & Development and Learning Partners (monthly and quarterly). Increase engagement and analysis across Learning Partners, HoFs and functional managers. Adopt a proactive, forward-planning approach to identify priorities, opportunities and feasibility. 	Approved learning needs not progressed	<ul style="list-style-type: none"> Increase TD team engagement with HoFs, management teams and Learning Partners to monitor delivery against quarterly plans. Require PO numbers for approved learning prior to progression, supported by clear LPG guidance and templates. 	Limited awareness of L&D opportunities and processes	<ul style="list-style-type: none"> Review and refresh LNA guidance and supporting documents for Learning Partners and managers. Implement a coordinated L&D communications and engagement programme for SFRS.
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3.2.5	The Further and Higher Education, Appraisal and Recognition of Prior Learning policies play a key role in supporting the Learning Needs Analysis (LNA) and the Service’s ability to meet individual and organisational learning needs. Reviews of these policies were scheduled for 2025–26 to strengthen alignment with the LNA. However, progress has not been as anticipated due to prioritisation of other workstreams and resource constraints. In 2026–27, activity will focus on completing refreshed policies and supporting artefacts, strengthening guidance for colleagues and line managers, and embedding improved governance and workflow arrangements with Legal, Finance, People Services and Training Safety and Assurance.										

3.3	Centralised L&D Budget Financial Overview 2025-26																																																																
3.3.1	2025-26 Learning and Development Budget	Amount (£)																																																															
	Full Year Budget	£477,375																																																															
	Year to March 2026 Actual Budget Spend	£457,731																																																															
	Actual Underspend as at March 2026	£19,644																																																															
	<i>*Dependant on progression of 2025-26 accruals.</i>																																																																
3.3.2	<p>The centralised, non-operational, L&D budget for 2025-26 was £477k. The 2025–26 budget was set at £420.7k and was subsequently increased during the year by £6,600 to support Health and Wellbeing recovery courses and by £50,000 from Prevention funding to ensuring leaning provisions were available to meet regulatory and compliance requirements. This resulted in a final budget of £477k. The actual spend as at March 2026 is provisionally £457,731 (95.9%), subject to-26 accruals during the year-end process. The underspend of £19,644 (4.1%) is in line with last year and an improvement on historic norms. This reflects in-year reprioritisation, with work continuing to improve forward planning while retaining flexibility. This required significant work with Finance, LPs and HoF to actively manage this budget and ensure it was brought in.</p>																																																																
3.3.3	<p>2025-26 Functional Overview of L&D Investment A functional level summary of the 2025-26 (April 2025 – March 2026) L&D investment is shown below:</p>																																																																
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3.3.4	<p>The overall pattern of spend remaining risk-led and focused on operational priorities. Prevention continued to be the largest area of investment, increasing from £161,974 (38.8%) to £242,331 (50.8%), reflecting emphasis on specialist, accredited and regulatory learning. Collectively the other functional areas and Corporate Services reduced both in cash terms and as a proportion of spend, indicating a re-balancing of investment. Investment in People and Scottish Union Learning remained broadly stable, while Training, Safety and Assurance and strategy and corporate support activity increased modestly to support organisational assurance, wellbeing and change delivery. Overall, the year-on-year movement demonstrates a controlled shift towards areas of greatest operational and statutory risk, rather than broad-based growth in spend.</p>																																																																






3.4	2025-26 Learning and Development Initiatives									
3.4.1	<p>Scottish Union Learning</p> <p>Scottish Union Learning (SUL) courses are available to all SFRS employees, offering personal development opportunities. Appendix B provides an overview SUL L&D activity in 2025-26. The Lifelong Union Learning Project delivered 31 courses supporting 240 learners across all Service Delivery Areas, with an increased focus on accredited qualifications aligned to organisational priorities. Since inception, the programme has supported 1,723 employees, including 737 accredited learners, with strong demand reflected in full utilisation of the Learning Fund and ongoing waiting lists.</p>									
3.4.2	<p>Management and Leadership Development</p> <p>During 2025-26 a Leadership and Management Taskforce was established to overcome previous challenges noted in the 2024-25 L&D Annual Overview. During Q3 and Q4 the Taskforce progressed work designing the SFRS national Leadership and Management Development programme content and gave early considerations to the delivery approach. This work will be progressed into 2026-27 with the stand-up of a Content and Delivery Group, and priority given to Supervisory Managers. An overview of leadership development programmes currently in delivery is shown in Appendix C, with evaluation summaries at Appendices D, E and F.</p>									
3.4.3	<p>Leadership Essentials for Supervisory Managers</p> <p>The Supervisory Leadership Essentials course is a full day online programme, which can be delivered on a modular basis, designed to provide practical tools, reflective practice and peer learning for current and aspiring Supervisory Managers. 221 colleagues attended 17 sessions, from a total of 340 available places (65% place utilisation), with four members of the TD team delivering this throughout Q3-Q4 2025-26. The evaluation Summary can be found in Appendix F.</p>									
3.4.4	<p>NFCC Supervisory and Middle Management Programmes</p> <p>In partnership with the NFCC, SFRS continued to offer structured and accessible learning initiatives for colleagues across Supervisory and Middle management groups during 2025-26. Six cohorts were delivered: 3 Supervisory cohorts and 3 Middle Management cohorts. In total there were 120 places across both the Supervisory and Middle programmes (60 places on each), with 116 colleagues participating, demonstrating a 96.7% utilisation with two members of the TD team delivering this.</p> <table border="1" data-bbox="300 1397 1461 1541"> <thead> <tr> <th>Course</th> <th>No. Attended</th> <th>No. Completions</th> </tr> </thead> <tbody> <tr> <td>NFCC Supervisory LDP</td> <td>58</td> <td>26 - remainder ongoing</td> </tr> <tr> <td>NFCC Middle Manager LDP</td> <td>58</td> <td>All ongoing</td> </tr> </tbody> </table>	Course	No. Attended	No. Completions	NFCC Supervisory LDP	58	26 - remainder ongoing	NFCC Middle Manager LDP	58	All ongoing
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3.4.5	<p>Learning opportunities were promoted across the Service, with nominations for leadership and management training identified through 2025–26 LNA returns and in-year LPG meetings. Nominations were agreed with Learning Partners and managers to ensure participants were in substantive roles, able to commit, and aligned to development and career aspirations. Manager briefings were delivered alongside programmes to support leaders in actively engaging with learners, embedding learning in the workplace and promoting continuous development. Positive qualitative feedback was gathered through evaluations, reflections and presentations, summarised in Appendices D and E.</p>									
3.5	<p>Future L&D Updates</p> <p>From Q1 2026/27 quarterly L&D reporting will be incorporated into the People quarterly performance reports, with a separate annual overview of L&D delivery, spend and evaluation to enable scrutiny of L&D approach, provision and impact.</p>									

4	Recommendation
4.1	<ul style="list-style-type: none"> Scrutinise the Service’s Learning Needs Analysis (LNA) approach and L&D investment for the period April 2025 to March 2026. Note the value created through L&D, as evidenced by learner feedback and by alignment of investment with SFRS strategic outcomes.
5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	People: In relation to seeking innovative approaches to talent acquisition, development and retention the SFRS has an Open appetite, looking to experiment with new methods of attracting, developing and retaining talent.
5.1.2	There is a risk that the centralised learning and development resource may not be able to support all L&D activities required to support and enable the Services’ priorities and wider development asks.
5.2	Financial
5.2.1	L&D requests which are progressed out-with allocated budget and agreed governance present a financial and reputational risk to the Service regarding inability to pay.
5.2.2	L&D requests that differ significantly from previous annual submissions and fiscal planning assumptions may require a supporting business case and strategic review/decision before being progressed - particularly where the training relates to legislative, statutory, or mandatory requirements.
5.2.3	Building leadership and strategic/future capability requires additional investment. The 2026-27 LNA approach is expected to enable more targeted use of L&D funds. Improved alignment with strategic priorities should deliver better value for money and support future funding bids. Ongoing monitoring will be essential to avoid budget fragmentation and ensure financial sustainability.
5.3	Environmental & Sustainability
5.3.1	Improvements are anticipated through enhanced governance & quality assurance arrangement ensuring alignment of investment to priorities.
5.4	Workforce
5.4.1	Developing talent across the SFRS is vital to ensuring the organisation possesses the skills, knowledge, and capabilities needed to meet both current demands and future strategic priorities.
5.5	Health & Safety
5.5.1	Improvements are expected through strengthened governance and quality assurance arrangements, ensuring that L&D investments are closely aligned with SFRS priorities. While these enhancements represent positive progress, the timeframe for fully embedding them - alongside current financial constraints - means that new or significantly different L&D requests (e.g. those from Asset Management (Fleet) and Prevention) will require careful consideration and prioritisation to ensure continued alignment with the organisation’s strategic objectives.
5.6	Health & Wellbeing
5.6.1	Improvements are anticipated through enhanced governance & quality assurance arrangement ensuring alignment of L&D investment to SFRS priorities.

5.7 5.7.1	Training An effective Learning Needs Analysis (LNA) process is essential to enabling the Service to meet both current and future priorities. A well-prioritised approach to learning and development ensures the right people are in the right place, with the right skills, at the right time.
5.8 5.8.1	Timing The revised Learning Needs Analysis process and enhanced governance & quality assurance arrangements will be aligned to established quarterly governance meeting schedules.
5.9 5.9.1	Performance The Learning Needs Analysis (LNA) process, supported by robust governance arrangements and targeted L&D provision, is expected to continue driving positive impacts on organisational performance, ensuring alignment with strategic priorities.
5.10 5.10.1	Communications & Engagement Strengthened communication, engagement, and collaboration with strategic leaders - across functional, area, and organisational levels - will ensure that L&D initiatives are effectively aligned with Service priorities. The TD team will lead and promote the LNA process to support broader understanding, while remaining responsive to ongoing improvements. This work will be reinforced through Learning Partner engagement, the Learning Partner Group (LPG), existing governance structures, and established Corporate Communications channels.
5.11 5.11.1	Legal Including scrutiny and assurance via the Corporate Board liable risk can be identified and mitigated at an earlier stage.
5.12 5.12.1	Information Governance <i>DPIA completed: No</i> – not required due to the nature of the report.
5.13 5.13.1	Equalities <i>EIA completed: No</i> – not required due to the nature of the report.
5.14 5.14.1	Service Delivery The approval and delivery of Learning and Development (L&D) initiatives play a vital role in developing talent across the SFRS, ensuring the organisation has the right skills, knowledge, and resources to meet both current and future priorities.
5.15 5.15.1	Prevention The level of learning investment in Prevention supports skills, standards and consistent practice, helping reduce risk in communities and limit future demand on operational response.
6	Core Brief
6.1	Not applicable
7	Assurance (SFRS Board/Committee Meetings ONLY)
7.1	Director: Sarah O'Donnell, Deputy Chief Officer (Corporate Services)
7.2	Level of Assurance: (Mark as appropriate) Substantial/Reasonable/Limited/Insufficient
7.3	Rationale: The Learning Partner Group was founded four years ago to strengthen our delivery of greater value in learning and development. Our quality assurance methods are continually

		improving, adding further rigour such as financial oversight, careful prioritisation, and decision-making aligned with our current governance protocols.	
8	Appendices/Further Reading		
8.1	Appendix A: Multiscale Principles of L&D Prioritisation		
8.2	Appendix B: FBU/SFRS Lifelong Union Learning Project: End of Year Report 2025-26		
8.3	Appendix C: Leadership and Management Development Summary		
8.4	Appendix D: Leadership Essentials for Supervisory Managers – Evaluation Summary		
8.5	Appendix E: NFCC Supervisory Development Programme – Participant Feedback Summary (2025–26)		
8.6	Appendix F: NFCC Middle Manager Development Programme – Participant Feedback Summary (2025–26)		
Prepared by:		Danielle Milligan, People Manager (Talent Development)	
Sponsored by:		Ceri Dodd, Deputy Head of People	
Presented by:		Danielle Milligan, People Manager (Talent Development)	
Links to Strategy and Corporate Values			
The SFRS Strategic Plan; Strategic Outcome 3: Investing in our People: Our people feel valued and are supported by a culture that embraces diversity and inclusion, empowerment and accountability.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>People DMT</i>	<i>12/05/2026</i>	<i>For Recommendation</i>	<i>Approval to integrate quarterly L&D updates into People Performance Reporting.</i>
<i>Senior Management Board</i>	<i>26/05/2026</i>	<i>For Information</i>	
<i>Strategic Leadership Team</i>	<i>03/06/2026</i>	<i>For Information</i>	
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Scrutiny</i>	

Appendix A: Multiscale Principles of L&D Prioritisation

L&D Category/ Strategic Outcome	Safer Communities through Prevention	Safe & Effective Response	Investing in Our People	Improving Performance	Innovation & Investment
 Statutory	✓ Supports legal compliance in prevention activities	✓ Ensures operational readiness and safety	✓ Meets mandatory training for staff	✓ Maintains standards and reduces risk	✓ Adapts to new legal/tech requirements
 Organisational	✓ Promotes prevention culture and awareness	✓ Supports induction and preparedness	✓ Fosters inclusive, skilled workforce	✓ Drives continuous improvement	✓ Embeds organisational change and new practices
 Job Specific	✓ Provides targeted prevention skills	✓ Delivers technical response skills	✓ Develops role-specific expertise	✓ Supports professional growth	✓ Enables upskilling for new tech/processes
 Priority One	✓ Addresses urgent prevention gaps	✓ Fills immediate operational needs	✓ Responds to critical staff development	✓ Meets urgent performance needs	✓ Responds to emerging risks/needs
 Priority Two	✓ Develops future prevention leaders	✓ Builds talent pipeline for response	✓ Supports succession and career growth	✓ Fosters innovation and best practice	✓ Prepares for future challenges

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Appendix B: FBU/SFRS Lifelong Union Learning Project: End of Year Report 2025-26

SUL PROJECT 4 – Year 1 - 2025 – 2026

COURSES 2025/2026 Year 1	SUL FUNDED LEARNERS	EXTERNAL LEARNERS	EAST SDA	WEST SDA	NORTH SDA	ACCREDITED LEARNING	UNIFORMED	NON-UNIFORMED			
<i>Excel 1 & 2 - (5 courses) (SCQF levels 3 & 5)</i>		LVL 1 – 40 LVL 2 – 18 Total - 58	14 5	16 10	10 3	Yes	22	36			
WORD		13	2	7	4	No	2	11			
<i>Beginners Spanish</i>		10	6	3	1	No	10	0			
<i>Accredited Spanish (2 courses)</i>		30	12	12	6	Yes	26	4			
<i>Higher Spanish</i>		12	5	5	2	Yes	11	1			
<i>Beginners Italian</i>		7	1	2	4	No	6	1			
<i>Beginners German (2 courses)</i>		9	2	5	2	No	6	3			
<i>Accredited German</i>		4	1	3	0	Yes	3	1			
<i>Beginners French</i>		7	3	2	2	No	7	0			
<i>Mental Health Awareness</i>		11	3	5	3	No	4	7			
<i>Public Speaking</i>		6	1	5	0	No	4	2			
<i>Presentation Skills</i>		6	0	6	0	No	2	4			
BSL	15		6	3	6	No	12	3			
<i>Cycle Maintenance Course</i>	5		0	0	5	No	5	0			
<i>Velotech Cycle Courses: Bronze</i>	5		5	0	0	Yes	5	0			
<i>Bronze</i>											
<i>NNAS Hillwalking</i>											
<i>Bronze</i>											
<i>Silver</i>	10		3	1	3	6	4	3	Yes	9	1
<i>4 courses</i>	10									9	1
<i>Level 3 Personal Trainer 1 course</i>	7		1	5	1	Yes	7	0			
<i>Level 3 Personal Trainer – (Project discount offered by LP to waiting list learners to self fund.)</i>	4		1	2	1	Yes	4	0			
<i>Level 3 Pre & Post Natal Exercise & Nutrition</i>	5		3	1	1	Yes	5	0			
<i>Planning for Retirement</i>	6		2	1	3	No	4	2			
Total No. of courses 31											
TOTALS Learners 240	67	173	77	102	61	145	163	77			

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Effective Supervision and Support of Staff & Writing for Impact

Both cancelled due to low numbers							
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TOTAL COURSES FOR Year 1 of PROJECT 4 2025 – 2026 - 31
TOTAL LEARNERS FOR Year 1 of PROJECT 2025 - 2026 - 240

The partnership now provides many more accredited courses as learners continue their learning pathways, which impact on the total learners and courses as the cost per course is greater. Many SFRS employees therefore now hold accredited qualifications attained through the Project for both work and personal development.

The Lifelong Union Learning Project from its inception in 2019 until completion of Project 3 in 2025 has allowed 1,483 learners to attain new skills. This includes 592 accredited learners. Year 1 of this Project 4 now bring these totals to:

Total number of learners within SFRS 1723
 Of which, number of accredited learners 737

The Learning Fund of £21,120 for 2025/26 has been fully utilised. Year 2 has a Learning fund of the same amount and any new funding is likely to be fully accounted for due to current learner interests and waiting lists. As communication channels continue to improve within both SFRS and FBU to promote the learning opportunities available, learner numbers and interests are expected to grow considerably as knowledge of the Lifelong Learning Project is shared.

The Collective Learning Partnership (CLP) through City of Glasgow College now has a published prospectus of courses which can be offered when sufficient demand is met. There is have an education pathway of accredited courses for several courses as detailed above and work continue towards introducing new courses as tutor availability increases through our continued contributions to the CLP.

Appendix C: Leadership and Management Development Summary

Course	Course Summary	No. Attended	No. Completions
<i>NFCC Supervisory LDP</i>	Developed alongside CMI, the programme aims to develop the skills and behaviours of supervisory leaders. A self-directed learning experience coupled with facilitated consolidation sessions for the duration of the course, concluding with a final review session and learning presentation. Learners have access to suite of resources aligned to modules to support them through the programme.	58	26 completed (Ongoing)
<i>NFCC Middle Manager LDP</i>	Developed alongside CMI, which focusses on embedding values of equality, diversity and inclusion and developing a people-focussed and empowering approach to leadership and the progression of a positive workplace culture. A self-directed learning experience coupled with facilitated consolidation sessions for the duration of the course, concluding with a final review session and learning presentation.	58	(Ongoing)
<i>Leadership Essentials</i>	The overall aim of this session is to build people management skill and capability across all staff groups, piloting at Supervisory level, to encourage active management behaviours and shift the conversation and culture to inclusive teams. Staff self-select and register for this 6-hour online session delivered via Teams, which has opened opportunities to substantive, temporary and aspirational supervisors across the wider SFRS establishment	221	(On-going)

Appendix D: NFCC Supervisory Development Programme – Participant Feedback Summary (2025–26)

Overall Value and Relevance

- Participants described the programme as engaging, well-structured, and highly relevant to their supervisory roles.
- The course offered practical tools adaptable to various situations and enhanced professional legitimacy and confidence in management.

Most Valuable Learning Areas

- Key areas included increased self-awareness, reflective practice, emotional intelligence, improved communication skills (both written and feedback), greater confidence in developing others, effective time management and delegation tools, capability for leading change using established models, and focus on inclusive leadership and team trust.

Learning Applied in Practice

- Lead teams through change while maintaining standards, improve decision-making with structured approaches, handle difficult conversations confidently, increase delegation, share knowledge for broader team development.

Impact and Benefits

- Post-programme self-assessment scores rose substantially.
- Participants received positive manager feedback, observed performance improvements, advanced careers, and reported better mental wellbeing.
- Communication with stakeholders improved, as did collaboration and partnership working.
- Learning was considered transferable beyond the workplace as life skills.

Appendix E: NFCC Middle Manager Development Programme – Participant Feedback Summary (2025–26)

Overall Value and Relevance

- Feedback highlighted the programme as transformative, reinforcing leadership through influence, trust, and enabling others' success.
- Participants found it timely, well-structured, and highly relevant for those in people-focused roles.
- Theory, reflection, and practical tools were valued for immediate use.
- The programme increased confidence, emotional awareness, and professional credibility, with clear NFCC values and Core Code of Ethics.

Most Valuable Learning Areas

- Improved self-awareness, emotional intelligence and reflective practice.
- Practical approaches for problem-solving, coaching, and prioritisation.
- Enhanced communication and values-led engagement.
- Strategic thinking and understanding organisational dynamics.
- Peer learning through cohort discussions.
- Inclusive leadership and relationship development.

Learning Applied in Practice

- Adapting leadership for team needs, fostering trust and collaboration.
- Using structured, empathetic feedback and coaching.
- Communicating decisions more clearly to increase engagement.
- Improving multi-agency effectiveness.
- Leading inclusive service improvements.
- Promoting accountability within teams.

Impact and Benefits

- Raised confidence, self-awareness, and clarity of leadership purpose.
- Better morale, engagement, and early issue resolution.
- Stronger partnerships and broader influence.
- Transferable skills beneficial inside and outside the workplace.

Appendix F: Leadership Essentials for Supervisory Managers – Evaluation Summary

The Leadership Essentials for Supervisory Managers course was evaluated using 98 participant feedback responses from diverse staff roles.

Feedback shows strong evidence of the course's quality and impact.

Overall Effectiveness

- 66% rated the course Excellent, 30% Very Good; 96% rated it Very Good or above.
- Only 4% rated it as Good or Fair, mainly due to learning preferences or the virtual format.

Achievement of Learning Outcomes

- 100% agreed the facilitator was knowledgeable, the content was relevant, and objectives were met.
- 99% felt increased knowledge, confidence, and self-awareness in supervisory management.

Impact on Leadership Practice

- Participants reported immediate improvements in leadership, communication, and workplace culture.
- Most plan to apply the learning directly in their roles and view the course as essential preparation.

Delivery and Continuous Improvement

- Microsoft Teams delivery was effective; breakout rooms enabled peer learning.
- Suggestions for improvement focused on delivery format: more breaks, half-day sessions, and face-to-face options.



Report No: C/PC/20-26

Agenda Item: 10.1

Report to:	PEOPLE COMMITTEE							
Meeting Date:	18 JUNE 2026							
Report Title:	ORGANISATIONAL CULTURE AND LEADERSHIP UPDATE							
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY						
		For Reports to be held in Private						
		Specify rationale below referring to						
		<u>Board Standing Order 9</u>						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	
1	Purpose							
1.1	<p>This paper provides the People Committee with an update on progress with the Organisational Culture and Leadership (OCL) Programme since March 2026, with specific focus on:</p> <ul style="list-style-type: none"> approval of the programme by the Corporate Portfolio Investment Group (CPIG) on 25 March 2026, enabling progression through formal governance as part of the Scottish Fire and Rescue Service (SFRS) Strategic Portfolio; update and progress across the seven Phase 1 workstreams; emerging OCL resource requirements and capacity considerations; and establishment and early progress of the Organisational Culture and Leadership Advisory Panel. 							
2	Background							
2.1	The OCL Programme is a strategic initiative aligned to national and sector frameworks, including National Fire Chief Council (NFCC) standards, the Scottish Government Fire Framework and Fair Work principles, supporting a fair, inclusive and high performing organisation.							
2.3	Since the last update to People Committee in March 2026, the Organisational Culture and Leadership Programme has moved from development into early mobilisation within the SFRS strategic portfolio, following CPIG approval on 25 March 2026. As mobilisation has progressed, Phase 1 is integrating key culture activity already underway within the Operational Delivery Directorate, with additional People-led employee voice and engagement activity identified for progression as the programme moves forward. Governance arrangements are now being established and embedded, and Phase 1 delivery activity is continuing in a controlled manner reflecting currently available resource. Work has also commenced to strengthen external challenge and support through establishment of the Advisory Panel.							
3	Main Report/Detail							
3.1	Portfolio Approval and Governance							
3.1.1	This approval confirms the programme's strategic alignment to Service priorities, inspection learning, and People Strategy development, and enables progression of Phase 1 workstreams within agreed governance, assurance and reporting arrangements.							
3.1.2	The Programme Board continues to provide operational oversight, with assurance and escalation routed through the Portfolio Office and relevant strategic committees.							

3.2	Phase 1 Workstreams – Progress Update
3.2.1	Phase 1 of the Organisational Culture and Leadership Programme now comprises seven workstreams, reflecting the maturation of the programme and the integration of People-led and Operations-led culture critical activity. These workstreams have been prioritised to deliver early, high-impact improvement aligned to agreed OCL outcomes, inspection learning and strategic risks, while remaining deliverable within current organisational capacity.
3.2.2	Delivery responsibility is shared across the Service, including but not limited to People, Asset Management and Operational Delivery, with clear lead accountability and alignment to existing governance arrangements.
3.2.3	<p><u>Phase 1 Workstreams:</u></p> <ul style="list-style-type: none"> • SFRS Values Review • Inclusive, Values Based Recruitment and Selection • Employee Voice: EDI / Employee Networks Review • Employee Voice: Engagement and Partnership Working (NEW – People Directorate led) • Leadership and Management Development • Inclusive Facilities, Equipment and Kit • SFRS Safety, Standards and Performance (NEW – Operational Delivery Directorate led)
3.2.4	<p>Collectively, the seven Phase 1 workstreams provide a balanced and integrated approach to culture and leadership improvement, combining People-led, Asset Management-led and Operations-led activity within a single, coherent programme framework. The intended programme outcomes are:</p> <ul style="list-style-type: none"> • Our people feel motivated, valued, and proud; knowing they are trusted, respected and supported • We have skilled, trusted, visible and inspiring leadership • Our people are values-driven and take personal accountability • We are a more diverse workforce reflecting the communities we serve • We embrace safety, collaboration and continuous improvement
3.3	SFRS Values Review
3.3.1	An options-based approach to the review of the SFRS Values is being proposed, providing a proportionate route that reflects current organisational capacity and delivery priorities. This approach allows decisions to be aligned with available resource, budget considerations and emerging strategic priorities, while maintaining a continued focus on values-led behaviours.
3.3.2	This will include benchmarking activity and engagement to assess whether current values remain fit for purpose, alongside early analysis to identify opportunities to improve the visibility, application and integration of values within core people processes and day-to-day practice.
3.3.3	Planned colleague engagement will inform this work and support the development of evidence-based recommendations. Consideration will also be given to alignment with the NFCC Core Code of Ethics and the Nolan Principles of Public Life, helping to ensure a coherent and robust ethical framework that supports expected behaviours and provides organisational assurance.
3.3.4	This work will be progressed once the approved Organisational Culture and Leadership (OCL) resource is in place, enabling capacity to take this work forward in alignment with wider culture and leadership priorities.

3.4	Inclusive Values-Based Recruitment and Selection
3.4.1	Following a light review and the production of additional guidance in quarter 3 2025, the Promotion Process Review Group (PPRG) is reviewing the internal promotion process for uniformed colleagues to make improvements in 2027 and beyond. Incremental improvements to processes for Support staff recruitment will continue across the remainder of 2026, with a full review planned to start in 2027. This will be set out in the Recruitment and Selection plan following the publication of the People Strategy. The prioritisation of uniformed promotional processes is due to the forecast of c200 uniform retirements in 2025/26, and a further 180 each in the following 2 years.
3.4.2	<p>Key progress and next steps in this workstream include:</p> <ul style="list-style-type: none"> • Improvements to recruitment and promotion processes introduced during 2025–26 are now embedded, including the use of the ALICE system to support values-based assessment and improved candidate feedback. • Recruitment and Selection Policy is currently being reviewed and will be updated during 2026/27 to incorporate all advancements with regards WT FF Recruitment and Uniformed Promotion Processes as well as any recommendations from the commissioned Alvarez and Marshall report on our Support Staff Pay & Reward Framework. • Talent Acquisition will deliver SIFT (Shortlisting, Interview and Feedback Techniques) training to support colleagues undertaking uniformed panel roles. Delivery will start during June 2026 with the training designed to reinforce a consistent and professional approach to shortlisting, interview and feedback activity across SFRS, supporting fairness, consistency and confidence in panel decision-making. • Recent recruitment data continues to evidence positive impact, particularly in relation to female participation and progression. • Preparatory work is underway to ensure continued alignment with OCL outcomes and inspection learning.
3.5	Employee Voice: EDI/Employee Networks Review
3.5.1	Further dialogue with the Chairs of the networks on the future role of employee networks has taken place since the last OCL Board meeting. Ahead of the first Advisory Panel meeting, a workshop has been scheduled for the employee network chairs and vice chairs. The purpose is to provide the network membership with an opportunity to share their network's aims and consider how they may collaborate on points of common interests. An action plan will be developed as part of the workshop and this, along with a report on the outcome of the workshop, will be tabled to the OCL Board.
3.5.2	The scope of this project has been extended from the employee networks established using the SFRS Employee Network Guidance to incorporate participants in the Women in the Fire Service organisation. The existing terms of reference for this project accommodates this addition without amendment.
3.6	Employee Voice: Engagement and Partnership Working (NEW -People Directorate led)
3.6.1	The Employee Voice - Engagement & Partnership workstream is an enabler within the Organisational Culture and Leadership (OCL) Programme, supporting the ambition to embed a positive, inclusive and values led culture across SFRS. It recognises that effective employee voice, how the Service listens to, engages with and responds to colleagues and their representatives, is fundamental to both delivering and measuring progress against OCL cultural outcomes.
3.6.2	Current arrangements for employee voice are fragmented and inconsistently applied, with no single, organisation wide approach to engagement or feedback. In addition, existing partnership structures, including the Working Together Framework, were established in a different organisational context and may not fully reflect current cultural aspirations or

	<p>expectations. This workstream will therefore establish a more coherent model for employee engagement and partnership working, strengthening consistency, transparency and alignment to OCL outcomes.</p>
3.6.3	<p>The initial focus of delivery will include defining a standardised approach to colleague engagement and feedback, including surveys aligned to OCL measures, and refreshing key partnership frameworks and governance arrangements. This includes updating the Working Together Framework in collaboration with representative bodies, alongside reviewing the role and Terms of Reference for existing partnership forums. Collectively, this will provide clearer mechanisms for capturing colleague voice and ensuring it informs organisational decision making and cultural change activity.</p>
3.7	<p>Leadership and Management Development</p>
3.7.1	<p>Delivery of leadership development activity has continued, with strong uptake across NFCC supervisory and middle manager programmes and SFRS Leadership Essentials, and further development underway to define future SFRS leadership content, delivery approaches and internal capability to support a planned pilot in 2026–27.</p>
3.7.2	<p>Work to define the SFRS Leadership Framework work has progressed, with a clear recommendation to adopt the NFCC Leadership Framework with proportionate, evidence based adaptation, rather than developing a bespoke model. This approach supports consistency, sector alignment and credibility, while avoiding unnecessary complexity and resource pressures. The NFCC framework provides a comprehensive, behaviour-based model applicable across all roles and leadership levels and is already aligned to existing development provision, and selection approaches. A review against SFRS strategic priorities has confirmed strong alignment, with only limited and targeted adaptation required. The framework will underpin leadership and management development, recruitment and promotion processes, and support wider organisational culture and leadership ambitions. Stakeholder engagement and governance activity is now underway to support formal adoption and integration across SFRS.</p>
3.7.3	<p>During Q3 and Q4, the Leadership and Management Taskforce progressed work to define the future SFRS national Leadership and Management Development content, including early consideration of delivery approaches. This work will continue into 2026–27, including the establishment of a Content and Delivery Group, with an initial priority focus on Supervisory Managers. Priority learning themes have been identified, enabling progression into detailed content design, development and delivery planning. Current activity is focused on preparing for a planned pilot in Q3 2026–27, subject to resource availability. In parallel, a Train the Facilitator programme launched in Q4 to build internal delivery capacity and capability, with further activity planned to support local and co-delivery arrangements.</p>
3.7.4	<p>In partnership with the NFCC, SFRS has continued to deliver structured and accessible leadership development opportunities for Supervisory and Middle Management groups throughout 2025–26. Six cohorts have been delivered (three Supervisory and three Middle Management), with one Supervisory cohort completing in 2026 alongside rescheduled final reviews from earlier cohorts. Across both programmes, 120 places were made available, with 116 colleagues participating, representing 96.7% utilisation, facilitated by two members of the Talent Development team.</p>
3.7.5	<p>Delivery of SFRS Leadership Essentials and the NFCC-aligned Supervisory and Middle Manager programmes continues at pace, with sustained demand and engagement. Across Q3–Q4 2025–26, 221 colleagues attended 17 sessions, against 340 available places, equating to 65% utilisation, supported by four members of the Talent Development team.</p>
3.8	<p>Inclusive Facilities, Equipment and Kit</p> <ul style="list-style-type: none"> Progress continues across PPE, station wear, maternity provision and facilities, informed by engagement through the Women’s Experience Liaison Forum (WELF).

	<ul style="list-style-type: none"> Activity is aligned with capital planning, procurement cycles and affordability assumptions to ensure sustainable delivery.
3.9	SFRS Safety, Standards and Performance (NEW - Operations led)
3.9.1	This workstream brings together safety, standards and performance activity within the Operations function that is critical to shaping organisational culture. It is aligned to the Organisational Culture and Leadership (OCL) Programme, with a focus on strengthening consistent standards, organisational learning, accountability and performance behaviours that underpin a positive safety culture. Integrating this activity within the OCL Programme provides clearer line-of-sight between operational delivery, leadership behaviours and organisational learning, while ensuring alignment with existing operational governance and assurance arrangements.
3.9.2	A dedicated coordination function has been established, supported by Group Commander (GC) resource and wider Operations input. This includes a network of Local Senior Officer (LSO) Single Points of Contact (SPOCs), which will support consistent communication and implementation of Safety, Standards and Performance (SSP) improvements across local areas.
3.9.3	<p>An initial short, medium and longer-term delivery plan has been developed, with early activity focused on establishing a structured and proportionate “project-lite” governance approach to support visibility, coordination and delivery of business-as-usual activity. Key areas of progress include:</p> <ul style="list-style-type: none"> Development of a workstream dossier to provide structure, oversight and reporting, aligned to OCL programme governance Establishment of Terms of Reference for the SSP workstream and supporting SPOC network Review of Station Standards and Station Work Routines to support consistency of practice Application and review of Station and Thematic Audit processes and guidance Development of a standardised “return from leave” briefing approach for operational staff Establishment of a GC SPOC network to support local implementation and feedback loops Development of a Communications and Engagement Plan Planning of awareness and development sessions to support Fire Duty Officers (FDOs)
3.9.4	Governance and reporting are currently aligned through existing Operations structures, including regular updates to the relevant Deputy Assistant Chief Officer (DACO), Directorate Management Team (DMT), Deputy Chief Officer (DCO) and Assistant Chief Officer (ACO), ensuring appropriate operational oversight and accountability.
3.10	OCL Resource Requirements and Capacity
3.10.1	To reflect the strategic prioritisation of Leadership & Culture, £320k funding is ring-fenced within the 2026/27 resource budget to support delivery of the OCL Programme. A tranche 1 investment proposal was recently approved by the Strategic Leadership Team (SLT). Phase 1 delivery is currently being progressed within existing People Directorate capacity, supported by cross-Service contributions. The proposal recognised that, while progress is underway, delivery has been constrained by fragmented approaches and inconsistent resourcing. The proposed investment is therefore designed to strengthen capacity and capability in a proportionate way, improving the pace, scale and sustainability of delivery across priority areas and supporting a more coordinated programme approach.
3.10.2	Tranche 1 prioritises investment in two key roles: a substantive Lead People Adviser within Advice & Employee Relations and an Organisational Development Adviser to support delivery of core culture, values and leadership activity. These roles were approved through

	to the end of the 2026/27 financial year and address critical capability gaps, reduce delivery risk and support improved management practice, organisational learning and leadership development. The in-year cost of £107.8k enables this initial investment while retaining flexibility for further prioritised investment as programme plans develop.
3.10.3	Further investment proposals will be brought forward as workstream plans are further developed. Future investment considerations include strategic leadership development and digital learning capability. In parallel, work is progressing in the Portfolio Office on the capabilities and resources required to support delivery of the strategic portfolio, including the requirement for programme support to the OCL programme.
3.11	Advisory Panel – Establishment and Early Progress
3.11.1	The Organisational Culture and Leadership (OCL) Advisory Panel has been established, including identification of panel members and development of a draft Terms of Reference, which has been reviewed by the OCL Programme Board. The first Advisory Panel meeting will take place on 15 July 2026. The Panel brings together representation from employee networks, trade unions and external advisors to strengthen programme design and delivery across both People and Operations-led workstreams.
3.11.2	The Panel provides independent advice, constructive challenge and a forum for incorporating lived experience and external insight into the ongoing development of the OCL Programme. Initial engagement sessions have been positively received and are supporting the testing of assumptions, refinement of priorities and greater transparency in programme development.
3.11.3	The Advisory Panel will continue to complement formal governance arrangements, with key themes, insights and recommendations escalated to the Programme Board as appropriate to inform decision-making and support delivery.
3.12	Next Steps
3.12.1	The immediate next steps for the Organisational Culture and Leadership Programme focus on progressing Phase 1 mobilisation and delivery in a planned, sustainable and prioritised way, following approval of key Phase 1 workstreams and progression through the SFRS Strategic Portfolio.
3.12.2	Governance arrangements are now established through the Programme Board, with the Advisory Panel providing oversight, assurance and constructive challenge. Work will continue to embed Advisory Panel feedback into programme delivery and reporting, strengthening transparency, engagement and alignment to organisational priorities.
3.12.3	In parallel, activity will focus on refining medium-term resourcing requirements through established portfolio planning and budget cycles, alongside ensuring that delivery remains aligned to organisational capacity and prioritised within available resources. Ongoing progress updates will be provided to the People Committee as part of the agreed assurance and reporting cycle.
4	Recommendation
4.1	People Committee is asked to scrutinise and note the progress update provided.
5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	SFRS has an Open risk appetite for innovative approaches to talent attraction, development and retention, recognising the need to test and refine new methods. The Service adopts an Ambitious approach to organisational culture, with the OCL Programme acting as a key control in addressing cultural, leadership and workforce-related strategic risks.

5.2 5.2.1	Financial Delivery of the programme requires targeted and proportionate investment. The scale, sequencing and pace of Phase 1 activity are being actively managed through portfolio governance and the budget-setting process to ensure affordability, prioritisation and value for money.
5.3 5.3.1	Environmental & Sustainability The programme supports sustainable workplaces through improved facilities, inclusive design and more effective use of existing assets. This contributes to wider organisational sustainability and wellbeing objectives.
5.4 5.4.1	Workforce The programme addresses barriers to attraction, retention and progression, supporting a more diverse and representative workforce. Improved leadership capability and values-led behaviours are expected to enhance engagement, morale and performance.
5.5 5.5.1	Health & Safety A strong safety culture is central to the programme, reinforcing standards, accountability and learning. Leadership development and employee voice initiatives support a no-blame approach, early reporting and organisational learning.
5.6 5.6.1	Health & Wellbeing The programme places psychological safety and wellbeing at its core, supporting colleagues to feel safe, supported and able to raise concerns. This contributes to resilience, reduced stress and sustained workforce capacity.
5.7 5.7.1	Training The programme provides a coherent and phased framework for leadership and management development. Investment in training is aligned to organisational priorities and succession planning requirements.
5.8 5.8.1	Timing Phase 1 delivery is being progressed at a controlled pace aligned to resource availability and budget confirmation. Annual planning cycles are being embedded to support sustainable delivery.
5.9 5.9.1	Performance Improved culture and leadership are expected to drive organisational performance. Evaluation and reporting arrangements will evidence impact and provide accountability through existing assurance and committee cycles.
5.10 5.10.1	Communications & Engagement Effective two-way communication and engagement are integral to programme delivery. Communications support will enable consistent messaging, feedback loops and staff engagement across the Service.
5.11 5.11.1	Legal The programme aligns with national frameworks and the Fair Work Convention, ensuring compliance with equalities legislation and employment law.
5.12 5.12.1	Information Governance Proportionate improvements to workforce data and reporting will strengthen evidence-based decision-making and accountability. A DPIA is not required as no personal data is being processed at this stage.

5.13 5.13.1	Equalities Equalities considerations are intrinsic to the programme design and delivery. An EHRIA will be developed as delivery activity progresses.		
5.14 5.14.1	Service Delivery By investing in people and culture, the programme strengthens SFRS's capacity to deliver effective, responsive and sustainable services to communities.		
5.15 5.15.1	Prevention A positive, inclusive culture supports prevention by strengthening trust and psychological safety. The OCL Phase 1 workstreams act as preventative controls, reducing harm, disengagement and escalation of issues.		
6	Core Brief		
6.1	Not applicable		
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:	Sarah O'Donnell, Deputy Chief Officer (Corporate Services)	
7.2	Level of Assurance:	Substantial/Reasonable/Limited/Insufficient	
7.3	Rationale:	The programme is approved and embedded within formal governance, with seven prioritised Phase 1 workstreams delivered in a sequenced and assured way.	
8	Appendices/Further Reading		
8.1	N/A		
Prepared by:		Ceri Dodd, Deputy Head of People and OCL Programme Phase 1 Workstream Leads	
Sponsored by:		Lyndsey Gaja, Head of People	
Presented by:		Ceri Dodd, Deputy Head of People	
Links to Strategy and Corporate Values			
The Organisational Culture and Leadership Programme supports delivery of the SFRS Strategic objective Investing in Our People , while also underpinning safe, effective and sustainable service delivery. By embedding values-led behaviours, strengthening leadership and promoting a positive safety culture, the programme supports wellbeing, performance and organisational resilience, enabling SFRS to meet the needs of Scotland's communities.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
<i>People Directorate Management Team</i>	<i>By email</i>	<i>For Information</i>	<i>Noted</i>
<i>Organisational Culture and Leadership Programme Board</i>	<i>04/06/2026</i>	<i>For Recommendation</i>	<i>Recommended</i>
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Scrutiny</i>	

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 JUNE 2026						
Report Title:	TRAINING FUNCTION UPDATE & PERFORMANCE REPORT QUARTER 4 2025-26						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		A	B	C	D	E	F
1	Purpose						
1.1	The purpose of this report is to provide a high-level overview of the Training Function activity and performance over Q4 2025-26.						
2	Background						
2.1	This report outlines the performance measures collated by the Training Function against the Priorities set out by Scottish Government in the Fire and Rescue Framework for Scotland 2022, the SFRS Strategic Plan 2022-25 and Performance Management Framework (PMF).						
3	Main Report/Detail						
3.1	For ease of reference, this report is divided into two main sections, both accessible through the <i>Training Function Update & Performance Report Q4 2025–26</i> document at Appendix 1 . <ul style="list-style-type: none"> • Section 1: Provides an update on key activities and developments within the Training Function during Q4 2025–26. • Section 2: Focuses on Key Performance Indicators (KPIs) outlined in the Performance Management Framework. This includes an analysis of Q4 2025–26 data, drawn from the corporate Power BI reporting tool, and aligned to the Training Function. 						
4	Recommendation						
4.1	To scrutinise the report and provide feedback as necessary on its content						
5	Key Strategic Implications						
5.1	Risk Appetite and Alignment to Risk Registers						
5.1.1	The Quarterly Performance Report provides the means to monitor our performance, analyse data and drive improvement and, in turn, should positively impact upon each of the Functional/Directorate and Strategic Risks.						
5.2	Financial						
5.2.1	There are no financial implications arising from the content of this report.						
5.3	Environmental & Sustainability						
5.3.1	There are no environmental & sustainability implications arising from the content of this report.						

5.4	Workforce	
5.4.1	By improving performance in Training, the workforce should be better skilled to safely perform their role. As well as driving improvement which will impact on our workforce and their tasks, this report and approach provide the Training and Service Delivery Management Teams with the performance data and overview. It is then how for their actions to positively impact and contribute to the overall improved performance of the Service.	
5.5	Health & Safety	
5.5.1	Key for Firefighters managing their own and others health and safety at incidents and to contribute towards Firefighter Safety.	
5.6	Health & Wellbeing	
5.6.1	There are no health and wellbeing implications arising from the contents of this report.	
5.7	Training	
5.7.1	To ensure we have personnel maintain their currency within required training requirements for their role.	
5.8	Timing	
5.8.1	Presented on a quarterly basis in order to scrutinise performance against the Key Performance Indicator's as set out in the Performance Management Framework.	
5.9	Performance	
5.9.1	To strengthen performance managements arrangements and drive improvement. The report details the agreed targets and how we monitor our progress against these throughout the quarter/reporting year.	
5.10	Communications & Engagement	
5.10.1	To ensure performance and risk is discussed at all levels and the content of this reports shared to the relevant forums.	
5.11	Legal	
5.11.1	There are no legal implications arising from the contents of this report.	
5.12	Information Governance	
5.12.1	DPIA completed No – N/A	
5.13	Equalities	
5.13.1	EHRIA completed Yes - Training Function EHRIA.docx	
5.14	Service Delivery	
5.14.1	To support and drive improvement across the Service in order to positively impact upon the delivery of our services to the communicates of Scotland.	
5.15	Prevention	
5.15.1	Training activity supports prevention by building workforce competence to reduce risk, improve safety, and protect communities	
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:	The content of this paper demonstrates the approach being taken and the quarterly reporting against performance and risk, in order to continue to take corrective action where possible/necessary.	
8	Appendices/Further Reading		
8.1	Appendix A – Training Function Update & Performance Report Q4 2025-26		
Prepared by:		Andy Scott, Learning Content, E-Systems & Performance Manager.	
Sponsored by:		Steven Campbell, Area Commander Training Function	
Presented by:		Ross Robison, Deputy Assistant Chief Officer Head of Training	
Links to Strategy and Corporate Values			
<u>SFRS Strategy 2025-28</u>			
<ul style="list-style-type: none"> • Our mission – Improving performance • Safe & effective response - Firefighters will receive high-quality training in line with our Training Strategy 2023-28, to maintain and develop their competencies. 			
<u>Training Function Vision & Strategy 2023-28</u>			
<ul style="list-style-type: none"> • Clarity and resources to ensure we work safely, collaboratively and progressively to deliver excellence in operational training 			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>Training Functional Management Team</i>	<i>06/05/2026</i>	<i>For Scrutiny</i>	<i>TMT confirmed suitability for onward submission to TSA DMT</i>
<i>Directorate Management Team</i>	<i>21/05/2026</i>	<i>For Scrutiny</i>	<i>TSA DMT confirmed suitability for onward submission to the People Committee for information</i>
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Scrutiny</i>	
<i>Senior Management Board</i>	<i>23/06/2026</i>	<i>For Information</i>	

Training Function Performance Report

Q4 2025-26

Working together for a safer Scotland



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Introduction

The purpose of this report is to provide a high-level overview of the Training Function Performance Q4 2025-26. This will enable key stakeholders and owners, to identify areas which can be discussed and what improvement actions are required.

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

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

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

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

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

Key Activity: Training Function

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

SAFETY AND RISK REDUCTION	
TRAINING FUNCTION	
<u>Item</u>	<u>Commentary</u>
<u>FF Safety</u>	<p>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.</p> <p>A sheltered area adjacent to the CFBT unit to facilitate decontamination during periods of inclement weather has now been implemented.</p>

QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS	
TRAINING FUNCTION	
<u>Item</u>	<u>Commentary</u>
<u>Training Standards Review Project</u>	<p>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.</p> <p>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.</p>

PERFORMANCE AND OUTCOMES	
TRAINING FUNCTION	
<u>Item</u>	<u>Commentary</u>
<u>Partnership Working</u>	<p>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.</p>

<p><u>Performance Reporting</u></p> <p><u>BA Recovery</u></p> <p><u>Wildfire</u></p> <p><u>Training Function Courses - Driving</u></p>	<p>The Training Function is working in partnership with Police Scotland to explore shared training resources with a train carriage, currently used for extrication training, being offered to Police Scotland for scenario based exercises. In addition, Police Scotland is developing a new modular firearms training building with adaptable layouts, located beside the firearms range within Portlethen's site. This facility will also be accessible to SFRS, providing a clean, flexible environment for instructors to deliver search and rescue training.</p> <p>Performance Reports for Q4 2025 26 generated and disseminated. Performance data was presented at the May FMT.</p> <p>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:</p> <table border="1" data-bbox="523 719 1378 891"> <thead> <tr> <th></th> <th>Q4 24-25 Currency</th> <th>Q4 25-26 Currency</th> </tr> </thead> <tbody> <tr> <td>BA</td> <td>91%</td> <td>97%</td> </tr> <tr> <td>CFBT</td> <td>88%</td> <td>95%</td> </tr> <tr> <td>TV</td> <td>75%</td> <td>92%</td> </tr> </tbody> </table> <p>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.</p> <p>Pilot course is complete and is currently awaiting licence application to be submitted to allow live burns outwith 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.</p> <p>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.</p>		Q4 24-25 Currency	Q4 25-26 Currency	BA	91%	97%	CFBT	88%	95%	TV	75%	92%
	Q4 24-25 Currency	Q4 25-26 Currency											
BA	91%	97%											
CFBT	88%	95%											
TV	75%	92%											

HORIZON SCANNING	
TRAINING FUNCTION	
<p><u>Item</u></p> <p><u>Breathing Apparatus</u></p> <p><u>Drone Strategy</u></p>	<p><u>Commentary</u></p> <p>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.</p> <p>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.</p>

Training KPI Analysis

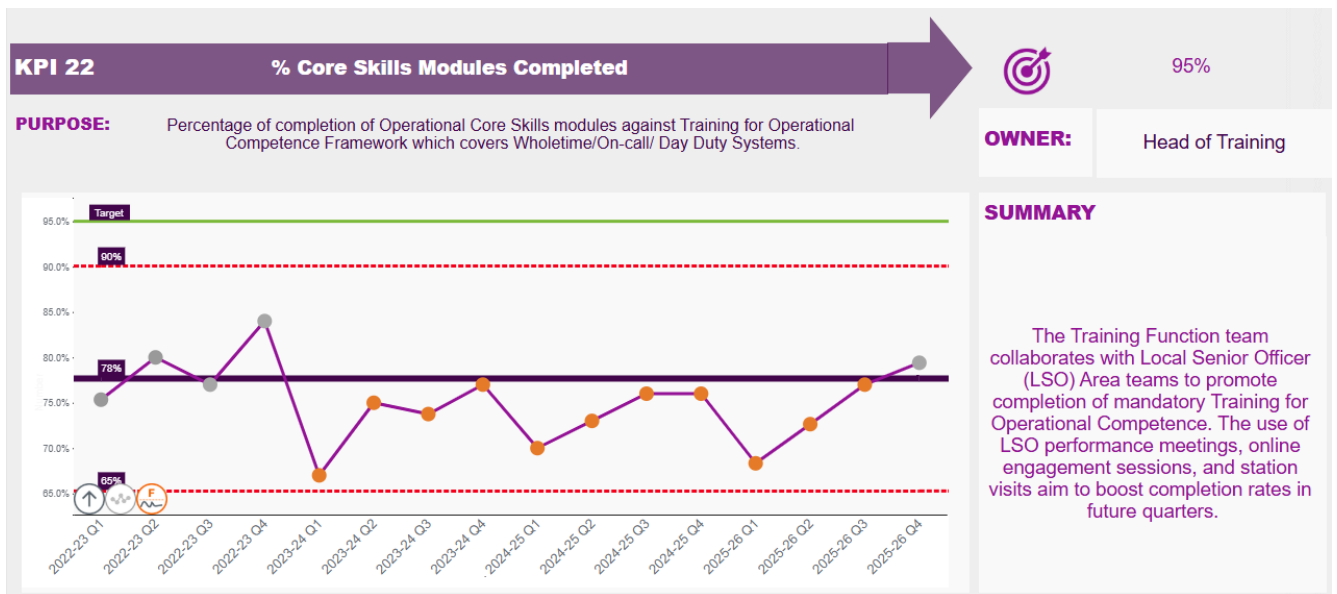
KPI 22: Reporting the Completion of Operational Core Skills

Core Skill topics covered in Q4 2025-26 were as follows:

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

In Q4 2025-26, completion rates remained consistent with previous quarters and with Q4 from last year for all duty groups. There was a greater emphasis on practical activities this quarter so it was pleasing to see this did not affect the overall completion rates although it should be noted that completion rates for RTC with Vehicle for all duty systems and the BA Core Skill for On Call and Volunteer Duty Groups were lower than expected.

We received 12 responses to the LSO feedback request this quarter. As with the last quarter, there was a common theme of detached duties and general staffing issues providing a challenge for TFOC completion. Some feedback suggests that RTC practical elements can be challenging due to budget restraints in relation to scrap cars. There was general praise for the quality of content improving as the Learning and E-Development team utilise better technology. The team also received positive feedback from providing additional detail requested by training SPOC's.

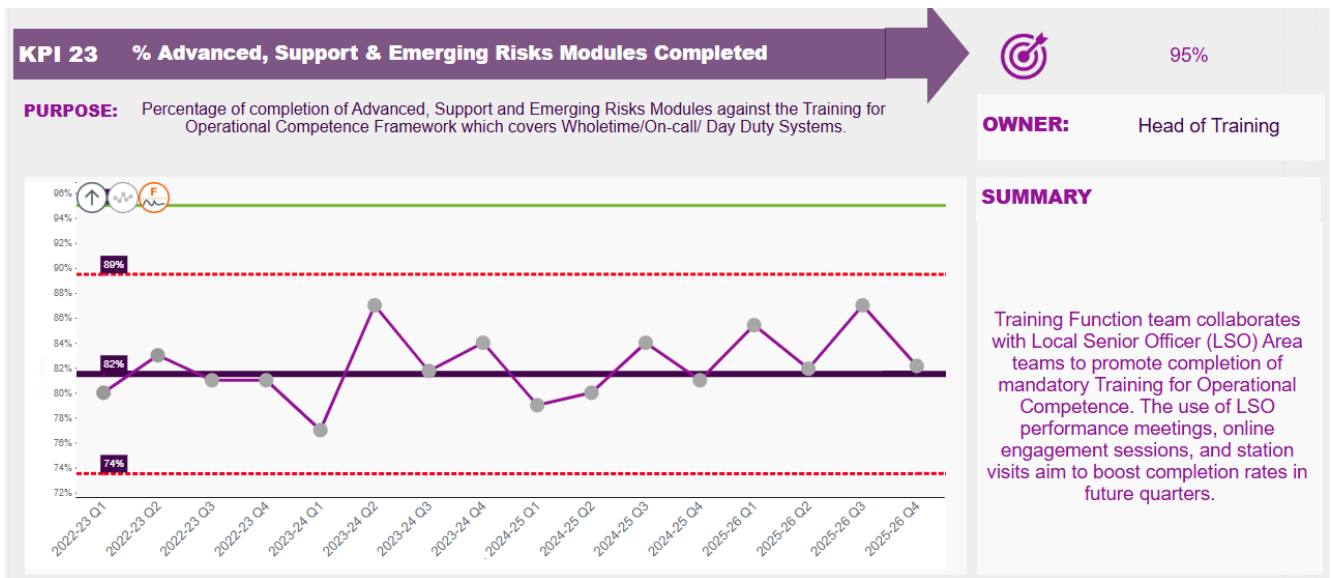


KPI 23: Reporting the Completion of Advanced, Support & Emerging Risk Modules

Topics covered in Q4 2025-26 were as follows:

- JESIP
- Marine and Waterways
- Railways
- Neurodiversity
- Health and Safety Event Reporting

The completion rates are slightly down from previous quarters. However, this quarter there were 5 modules that required to be undertaken, and it was noted from the feedback from LSOs that this was considered too demanding for On Call and Volunteer staff.

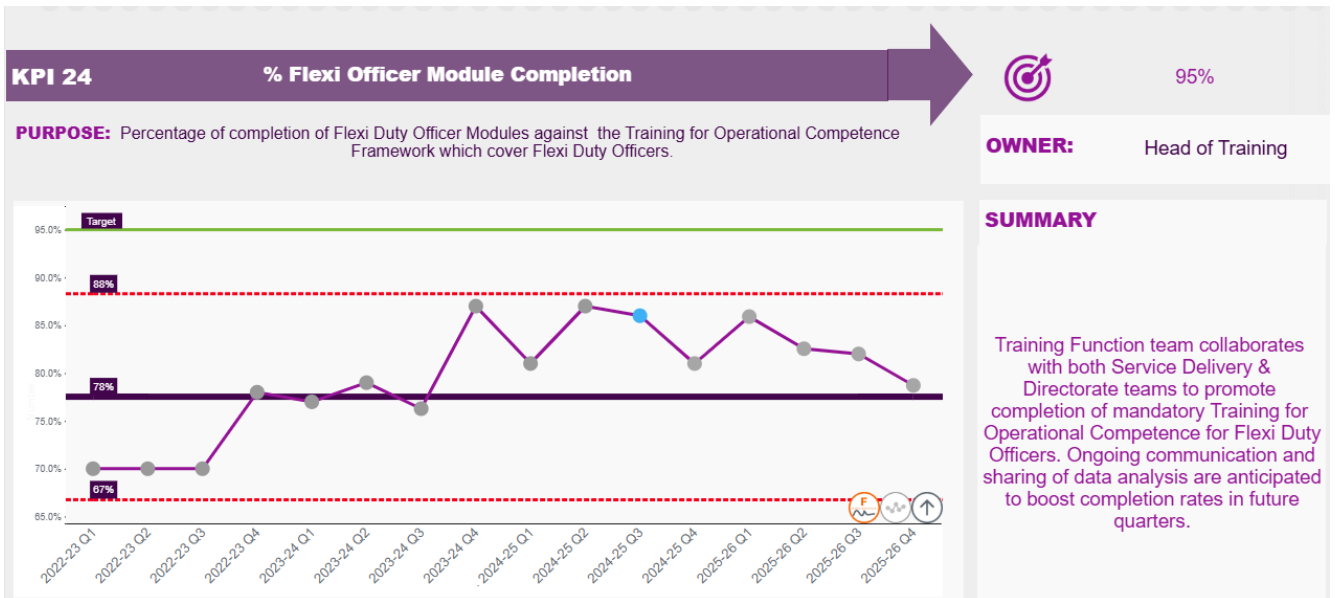


KPI 24: Reporting the Completion of Flexi Duty Officer Modules

FDO Modules topics covered in Q4 2025-26 were as follows:

- JESIP
- Operational Assurance
- Marine and Waterways
- Railways
- Neurodiversity
- Health and Safety Event Reporting

The FDO completion rates fell this quarter. This suggests that the ask of 6 modules was too great.



KPI 25: Reporting Incident Command Course Currency

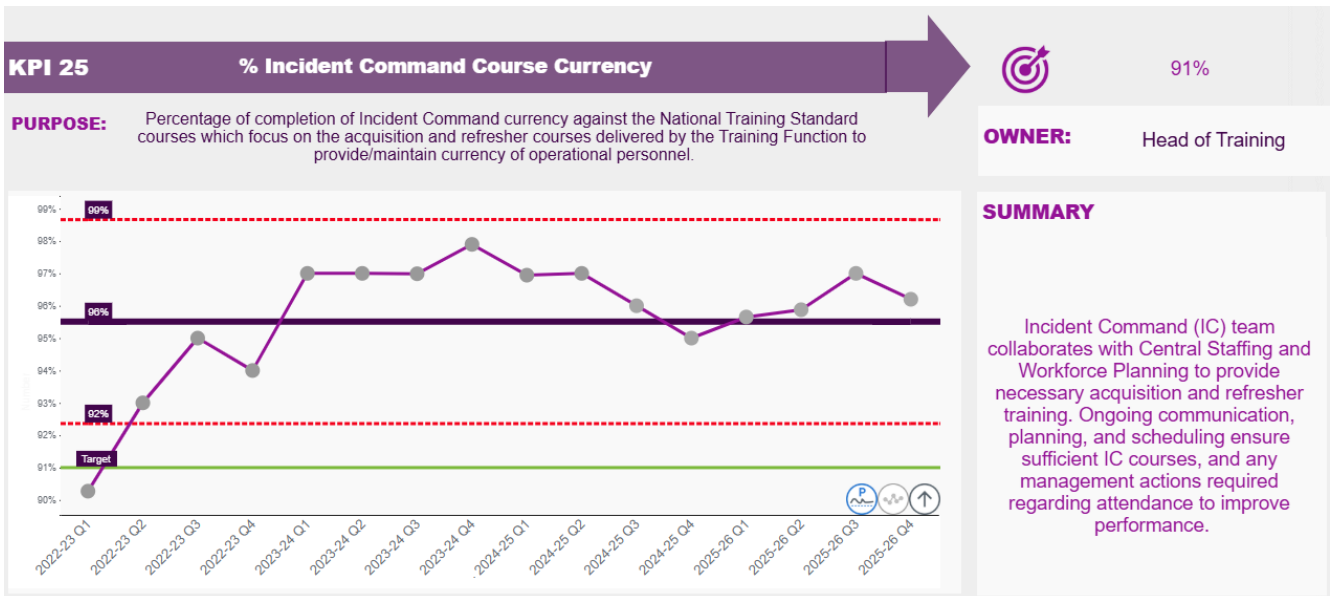
Incident Command competency has seen a marginal reduction of 1% since Q3, resulting in an overall achievement level of 96% against the KPI. Despite this slight movement, performance levels remain high, reinforcing confidence in the organisation’s training processes to maintain operational command competence.

ICL1 compliance has also reduced by 1%, now standing at 96%. While this represents a small downturn, the number of outstanding individuals remains limited. Wholtime personnel are currently at 97%, with 26 yet to complete; On Call staff sit at 96% with 28 outstanding; and Volunteers at 82%, with 13 requiring completion. To support improvement, Station Commanders with Area liaison responsibilities have been provided with detailed breakdowns of outstanding ICAs, enabling coordinated work with LSO Areas to prioritise completion.

ICL2 currency mirrors this trend, decreasing by 1% since the previous quarter to 96%, with nine individuals currently out of currency. Contributing factors include three personnel on Performance Improvement Plans, three on long-term sick leave, and three who have since successfully completed their assessments and are now current.

In contrast, ICL3 performance has shown a notable improvement, increasing by 14% since Q2 to reach 95%. Only one individual remains outstanding due to them currently acting up and not holding the qualification.

ICL4 compliance has reduced to 90% due to a newly promoted DACO awaiting course attendance. An ICL4 course is scheduled for Q2 of 2026/27, which will address this shortfall.



KPI 26: Reporting the Core Skill Courses Currency

Core Skill	Q4 2024/25	Q4 2025/26
BA Refresher	91%	97%
CFBT Refresher	89%	95%
Tactical Ventilation Refresher	75%	92%
Emergency Response Driving	83%	82%
ICAT	114%	125%
Overall	89%	98%

Breathing Apparatus (BA), Compartment Fire Behaviour Training (CFBT), Tactical Ventilation (TV)

Q4 of 2025-26 represents the final quarter delivering the BA Recovery Programme prior to transitioning to the new “Tactical Firefighting” business as usual model. Specific individuals who were yet to attend a BA Recovery course within the two years of this programme were targeted and courses made available. Instructor availability, specific facilities being unavailable due to property defects and weather conditions impacting ability to travel (ferry cancellations) has challenged the progression in some areas, but a general trend of increased currency is indicated. Whilst the above table provides a percentage of competency, the table below translates this to the number of personnel out of currency, the figure in brackets shows the difference based on Q3 figures, and can be taken as a final representation of BA Recovery course completion:

Core Skill	WT	On Cal	Volunteer
BA	18 (-20)	131 (-40)	36 (-11)
CFBT	43 (-16)	173(-69)	50 (-22)
Tactical Ventilation	26 (-40)	349(-52)	65 (-29)

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.

Driving

ERD course content has now been updated to reflect modern vehicle technology and current safety requirements for instructors. In addition, extended-duration course packages have been developed and are ready to be piloted should the draft legislation requiring increased course lengths be approved. During quarter 4 we piloted the use of external training providers to deliver Cat C and Cat B ERD courses, along with Cat C acquisition courses. This aligned with three new instructors undertaking Emergency Response Driving Instructor training. As this instructor programme involved four instructors over a three-week period, there was a temporary reduction of around 10% in course delivery. Course availability is expected to increase again during Quarter 1 as these instructors return to delivery. We are in the early stages of a proposal to pilot a 2:1 student-to-instructor ratio for Cat C ERD courses, which should help increase overall driver training output moving forward.

ICAT

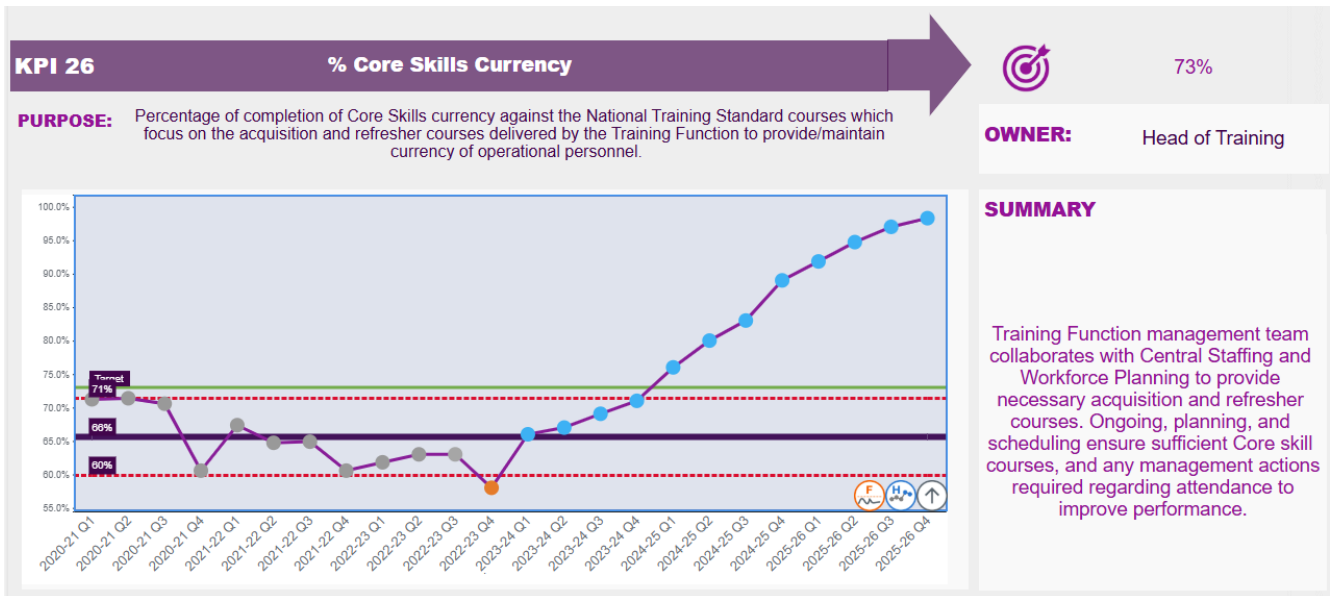
The Q4 2025/26 casualty care ICAT Operator skills competency across all duty groups shows an increase from the previous years equivalent quarter, going from 114%, to 125% and is a slight increase from the 124% of Q3 2025/26. The competency target for ICAT Operators is based on 60% attainment for all operational personnel FF – WC. The figures in the report reflect the percentage of the attainment target, for all duty groups. Variations in competency rates are evident across the duty groups, SDA's and LSO areas. Whilst there is strong performance within the wholetime and on call cadre, the volunteer competency rates are significantly below target. All LSO's are performing strongly (above target) for wholetime, but there are a small number who remain below target for on call competency.

Core Skills Summary

Overall, competency levels across BA, CFBT and TV are improving as the organisation moves through BA Recovery and prepares for a new business as usual – Tactical Firefighting model. Progress has been affected in some areas by instructor shortages and challenges with facility, however the number of out of currency personnel is reducing. Risk critical training continues to be prioritised through targeted scheduling and engagement with local area management teams.

In 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.

On Call volunteer competency remains below target, resulting in some LSO areas still showing lower for On Call performance.



KPI 27: Reporting the Specialist Rescue Currency

Specialist Skill	Q4 2024/25	Q4 2025/26
Heavy Rescue	114%	119%
USAR	90%	96%
Water Rescue – Level 3	129%	131%
Rope Rescue	124%	121%
Mass Decontamination	87%	112%
Overall	112%	119%

Heavy Rescue

Heavy Rescue currency remains strong across all Service Delivery Areas (SDAs), with performance continuing to exceed the National Target Operating Model. Q4 highlights 119%, maintaining a high level of delivery despite a slight 3% reduction from Q3. All SDAs remain above 100%, demonstrating resilience and commitment to capability. WSDA and ESDA lead at 132% and 131% respectively, while NSDA holds at 105% (ACAM 149%, Highland 77%, PKAD 103%). Scheduling for Q1 2026/27 will focus on areas where figures have dipped, primarily due to staffing changes and movement. Planned HRO courses and CPD events will reinforce skills and maintain operational flexibility across all SDAs.

USAR

USAR currencies show a 4% decrease nationally bringing them below TOM. However, reporting data has not taken into consideration USAR Supervisor skill currencies, which when reviewed raises the actual figure to 99%. USAR Technician courses and KATA days scheduled for Q1/26 is anticipated to bring the figure back up above TOM and reporting discrepancies will be rectified. Q1 KATA sessions being delivered incorporating anticipated risks associated with Commonwealth games, supporting preparedness.

Water Rescue

Water Rescue performance figures remain exceedingly high over TOM, with 3 SRT courses completed over Q4/25 maintaining resilience across Water Rescue stations. Q1/26 delivery focusing on SRT and SRBO KATA delivery, with Commonwealth Games specific KATA sessions scheduled for Glasgow and Lanarkshire based crews.

Rope Rescue

Noticeable increase in currencies, up 8% and remaining well over nation TOM. Q4/25 included 3 Rope Rescue Technician initial courses delivered to boost skills at identified stations, addressing skills movements related to personnel movements and new entrants. Q1/26 delivery focus on Rope Technician KATA and SWAH KATA to maintain resilience.

Mass Decontamination

Fourth quarter in a row delivering improvements with currencies above TOM across the service, with focused delivery to bring up currencies at identified stations. Q1/26 will continue with MD Operators and PRPS courses scheduled, with focus on WSDA stations to ensure resilience during Commonwealth Games.

Specialist Skills Summary

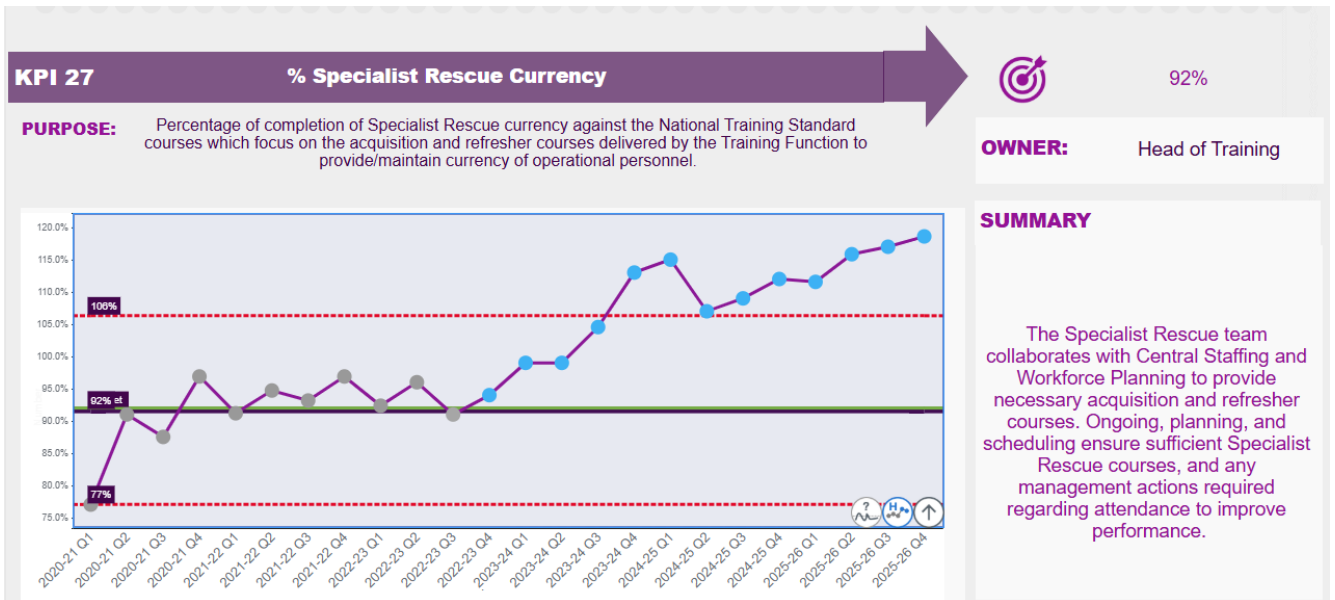
Heavy Rescue performance remains strong across all Service Delivery Areas, consistently exceeding the national Target Operating Model. Although there has been a small reduction from the previous quarter, all areas continue to operate above required levels. Upcoming scheduling will focus on locations where performance has dipped due to staffing changes, with planned CPD events aimed at sustaining skills and ensuring operational flexibility.

USAR performance has remained stable, with targeted instructor activity contributing to notable improvements at several sites since earlier in the year. Q1/26 work will prioritise continued KATA delivery, with particular attention given to Dalkeith and Newcraighall and Commonwealth Games specific training incorporated.

Water Rescue capability continues to sit well above target. Additional courses scheduled to support areas requiring uplift maintained strong performance.

Rope Rescue performance recorded noticeable increases to counteract previous quarters personnel movements and subsequent impact on currencies. Going into the new year in a strong position, which will look to be maintained.

Mass Decontamination has recorded significant improvement over last four quarters, supported by focused training at key stations. Additional instructor courses delivered in Q4 helped sustain local competency and broaden future maintenance capability.



KPI 28: Reporting the Training Courses Delivered

In Q4 2025–26, overall training completion rates showed an improvement when compared to Q4 2024 (87%), continuing the positive upward trend observed since the previous year.

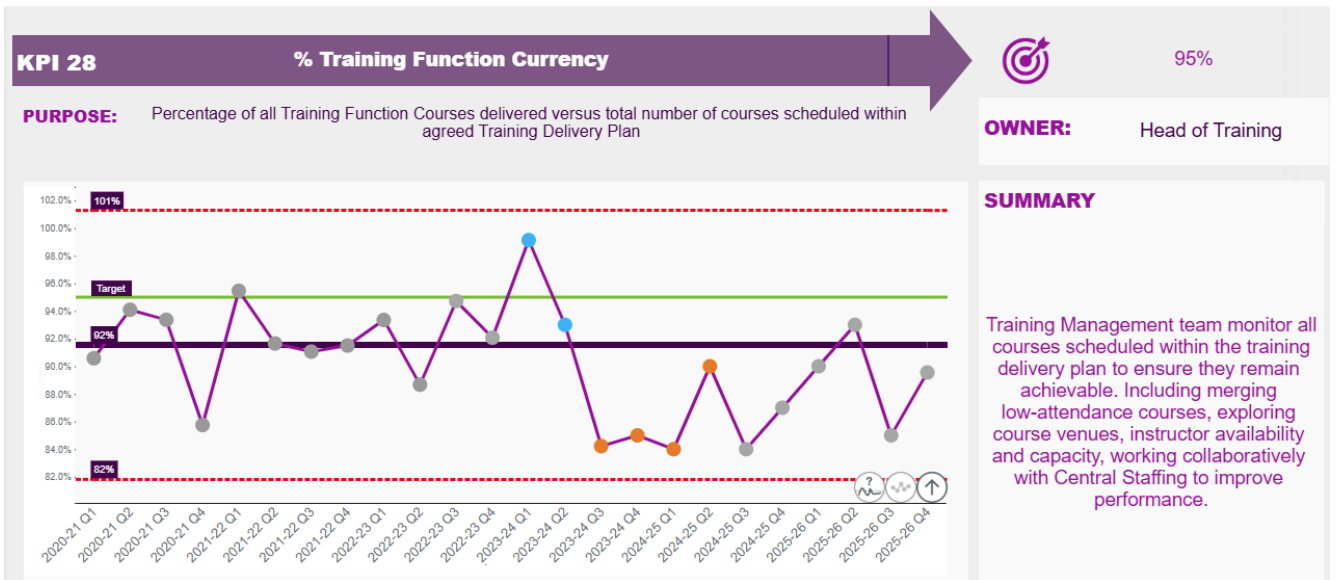
It should be noted that figures have been refined following the identification of a scheduling issue within iTrent, where administrative errors had resulted in cancellations being incorrectly recorded. These have now been removed from the dataset, providing a more accurate reflection of performance.

Strong performance was maintained across key areas, including the BA Recovery Programme, Driving Courses, and Acquisition Courses, which all demonstrated consistently high completion rates.

While a number of courses were cancelled due to a major fire in Glasgow, targeted actions continue in collaboration with People/Talent partners to mitigate disruption and support recovery.

These include:

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

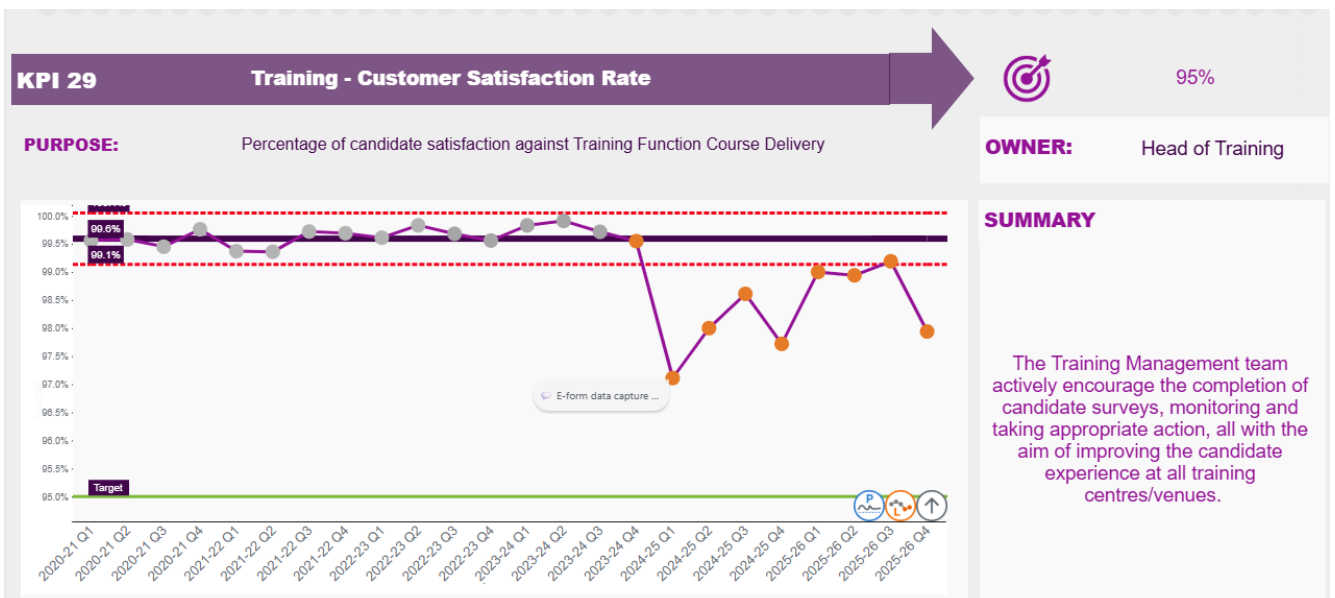


KPI 29: Reporting Customer Satisfaction Rate

Candidate Satisfaction (All Duty Groups):

The number of returns decreased slightly from Q3, with 969 valid evaluation forms submitted for Q4 courses. Candidate satisfaction decreased to 97.94% however this remains above target. Feedback included positive comments relating to the quality of instruction, professionalism and approachability of instructors, a positive learning environment and high quality practical and scenario based training. There were regular requests for more frequent training which reflects the perceived value.

Reasons given by candidates for responding with "Fair" or "Poor" include disconnect between course content and operational reality, standard of learning materials, suitability of training facilities and catering/welfare arrangements. This KPI is based on the percentage of candidates rating their overall experience as "Good" or "Very Good." In Q4, 2.06% of candidates rated their experience as "Fair" or "Poor."



GLOSSARY OF TERMS

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



Report to:		PEOPLE COMMITTEE						
Meeting Date:		18 JUNE 2026						
Report Title:		SAFETY AND ASSURANCE PERFORMANCE REPORT: QUARTER FOUR (Q4) 2025-26						
Report Classification:		For Scrutiny					<p style="color: red; text-align: center;">SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></p>	
1	Purpose							
1.1	The purpose of this report is for the People Committee (PC) to scrutinise the content of the Safety and Assurance (SA) Performance Report Q4 2025-26 and enable discussion around the rationale and context shared by relevant leads.							
2	Background							
2.1	The report provides a performance update regarding key achievements and projects of work across the SA Function in Q4 to support SFRS Safety and Assurance Key Performance Indicators (KPI).							
3	Main Report/Detail							
3.1	SA continue to enhance the content of the report. SA have included direct links to GRAs which have been published and implemented for staff awareness. We will continue to include an overview of relevant Health and Safety Events and OA13 investigations, providing a brief overview of outcomes to enhance communication with staff and promote safety.							
3.2	Further detail on SA Key Achievements and KPI trends and analysis can be found within the Safety and Assurance Quarter 4 Report. KPI commentary will complement the Power BI visualisations when presented in our corporate format to the National Health, Safety, Wellbeing and Assurance Board, Strategic Leadership Team and the People Committee.							
4	Recommendation							
4.1	The PC are asked to scrutinise the content of the Safety and Assurance Performance Report for Q4 2025-26 and provide feedback.							
5	Key Strategic Implications							
5.1	Risk Appetite and Alignment to Risk Registers							
5.1.1	The Quarterly Performance Report provides the means to monitor our performance, analyse data and drive improvement and, in turn, should positively impact upon each of the Functional/Directorate and Strategic Risks.							

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

OFFICIAL

5.15	Prevention		
5.15.1	The report contains updates that will enhance staff safety and prevention activities across all Directorates.		
6	Core Brief		
6.1	Not applicable		
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:	Craig McGoldrick, Director of Training, Safety and Assurance	
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient	
7.3	Rationale:	The Quarterly Report informs the workforce of the organisation's safety performance and the progress being made toward achieving the defined KPI's, as well as how they contribute to the organisation's success.	
8	Appendices/Further Reading		
8.1	Appendix A: Safety and Assurance Quarter 4 Report 2025-26.		
8.2	Further Reading: - PowerBi		
Prepared by:		Victoria Regan – Health and Safety Business Support Officer	
Sponsored by:		Jim Holden, Head of Safety and Assurance	
Presented by:		Jim Holden, Head of Safety and Assurance	
Links to Strategy and Corporate Values			
SFRS Strategy 2025 28			
<u>Safe and Effective Response</u>			
OUTCOME: We are an effective and trusted Fire and Rescue Service where our communities and people are safe.			
<u>Innovation and Investment</u>			
OUTCOME: We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>Safety and Assurance Function Management Team (SA FMT)</i>	<i>07/05/2026</i>	<i>For Scrutiny</i>	<i>Approved to progress through governance</i>
<i>National Health, Safety, Wellbeing and Assurance Board (NHSWAB)</i>	<i>19/05/2026</i>	<i>For Decision</i>	<i>Approved to progress through governance</i>
<i>TSA Directorate Management Team (DMT)</i>	<i>21/05/2026</i>	<i>For Scrutiny</i>	<i>Approved to progress through governance</i>
<i>Strategic Leadership Team (SLT)</i>	<i>17/06/2026</i>	<i>For Scrutiny</i>	
<i>People Committee (PC)</i>	<i>18/06/2026</i>	<i>For Scrutiny</i>	
<i>Senior Management Board (SMB)</i>	<i>23/06/2026</i>	<i>For Information</i>	

Safety, Wellbeing and Assurance Quarter 4 2025-26 Performance Report

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



Content

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- [SA Key Performance Indicators \(KPIs\)](#)
- [Legislation and Compliance](#)
- [Information and Updates](#)
 - [Contaminants](#)
 - [Physiotherapists](#)
 - [Driver Safety Group \(DSG\)](#)
 - [Organisational Learning Group \(OLG\)](#)
 - [Wellbeing Champions](#)
 - [Management Arrangements and Risk Assessments](#)
- [Spotlight](#)
- [Directorate Event Statistics](#)

Introduction

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

The Scottish Fire and Rescue Service (SFRS) annual Health and Safety Improvement Plan (HSIP) detailed within KPI 56 is developed to provide compliance with statutory obligations and promote continual improvement.

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

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

Key Achievements:

The following key activities support performance improvements, and compliance.

Item	Commentary
Safety Assurance	SA have progressed with supporting the management of food safety within SFRS with a training course provided to our Food Safety Group. This will allow a review of the documentation required within stations.
Operational Assurance (OA) Learning	<p>Operational Assurance facilitated a structured debrief following an incident within a high rise in Coatbridge. The learning from this incident will progress through established governance routes.</p> <p>A debrief was also facilitated to learn from and improve the incident event investigation process. This learning will also be progressed accordingly.</p>
National Operational Learning	No National Fire Chiefs Council (NFCC) Information Notes or Action Notes were received by Operational Assurance during this reporting period.
Event Management	A Significant Investigation into a near miss event where a Firefighter fell through the floor of a flat whilst firefighting at an operational incident is nearing conclusion.
Operations	<p>The Operations team delivered eight drop-in sessions to answer questions and provide practical guidance to PRPs completing Premises Compliance SRAs. The drop-in sessions were further supplemented with tailored one to one guidance where necessary. Engagement was achieved across 370 premises, with 213 site-specific risk assessments completed.</p> <p>A dedicated SharePoint site was successfully utilised to support delivery and oversight, containing:</p> <ul style="list-style-type: none"> • Supporting guidance documentation; • An action tracker; and • A compliance risk register. <p>An action tracker has been fully developed. Stakeholder engagement will be conducted to manage and complete actions.</p>

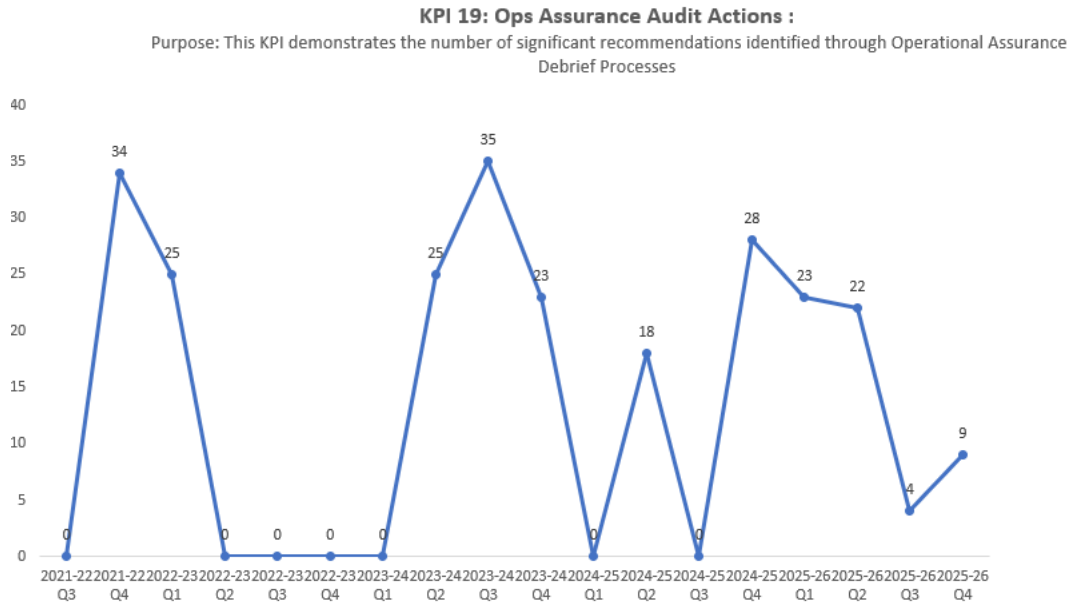
<p>Training Assurance</p>	<p>The Training Assurance team have conducted a pilot on station training assurance visits which have consisted of scenario-based training aligned to TfOC and a theme identified through incident analysis followed by an engagement session with station personnel. This work is being carried out to assure the quality of the training being carried out on station and to identify areas of good practice and for improvement, with the aim of improving FF Safety and promoting continuous improvement across SFRS.</p> <p>Training Assurance have worked with the Training Function to enhance the Training Centre Audit proforma to be utilised when assuring the Training estate, with pilots scheduled to take place through Q1/2 2026/27.</p> <p>The next steps for Training Assurance are to engage with further personnel across SFRS and to embed training assurance within SFRS.</p>
<p>Firefighter Charity (FFC) Workshops</p>	<p>During Quarter 4 (Q4) 2025/26, the Fire Fighters Charity delivered a programme of wellbeing workshops across the Scottish Fire and Rescue Service, providing targeted support aligned to workforce wellbeing priorities.</p> <ul style="list-style-type: none"> • Sessions delivered: 14; • Sessions cancelled: 1; and • Total attendees: 360. <p>The following workshops and sessions were delivered during Q4:</p> <ul style="list-style-type: none"> • Developing Resilience (6 sessions delivered; 1 cancellation); • Managing Stress; • Introduction to Relaxation and Mindfulness; • Pre-Retirement Programme (2 sessions); • Understanding Menopause (2 sessions); • Nutrition and Healthy Eating; and • Identifying and Applying Personal Strengths. <p>Post-session evaluation data demonstrated strong short-term outcomes for participants returning feedback, with 100% reporting confidence in improved wellbeing, confidence in their ability to implement strategies, and likelihood to practise techniques discussed. Longer-term outcome measures (practice frequency and WHO-5 wellbeing scores) were not yet available at the time of reporting.</p> <p>During Q4, the Developing Resilience Workshop recorded the highest attendance across all Wellness Workshops delivered. In contrast, the Managing Stress Workshop demonstrated the strongest outcomes in terms of participant confidence, with the highest proportion of attendees reporting improved</p>

	confidence and ability to apply learning following the session and following evaluation.
Health Assured	<p>During Stress Awareness Month, the Employee Assistance Programme (EAP), provided by Health Assured, was promoted to colleagues as a free, confidential 24/7 source of support (including via phone and live chat), alongside the Wisdom app for wellbeing tools and resources.</p> <p>Employee Assistance Programme (EAP) activity for Scottish Fire and Rescue Service between January and March 2026. During this period, demand for the service remained consistent, with calls primarily relating to mental health, work related concerns, and life events. Counselling interventions delivered during the quarter continued to demonstrate positive outcomes, including improvements in anxiety, low mood, and overall wellbeing measures. Service delivery standards were achieved throughout the period, with all response and access targets met. User feedback indicated continued confidence in, and satisfaction with, the EAP as a support mechanism.</p>
Fire Fighters Charity (FFC) Self-Assessment Tool	As part of Stress Awareness Month communications, the Fire Fighters Charity promoted its free wellbeing self-assessment tool (developed in partnership with Rightsteps) to help colleagues reflect on how they are feeling (e.g., stress, anxiety, or low mood) and identify whether additional support may be helpful. The tool provides personalised results, practical advice, and links to further information. Colleagues were also signposted to the Fire Fighters Charity 24/7 Crisis Line for immediate support.
Wellbeing Visits	During Q4, the Wellbeing Team attended the Senior Leadership Development Day at the NTC, where lifestyle assessments were provided, including blood pressure checks, cardiovascular risk assessments, and body fat analysis. A Wellbeing Champion also attended to raise awareness of the Wellbeing Champion Programme.
Wellbeing Events	<p>In January, activity focused on financial wellbeing and cancer prevention, including promotion of Credit Union support and cervical cancer awareness resources. February marked LGBTQ+ History Month and Time to Talk Day, delivered with Breathing Space and attended by approximately 50 employees.</p> <p>In March, SFRS marked Women’s Health Month, with a focus on endometriosis, cervical cancer, and menopause awareness. This included Endometriosis UK workshops and Champion training, resulting in two Endometriosis Champions, alongside supporting communications and Fire Fighters Charity menopause workshops. Prostate cancer awareness was also promoted following the launch of Scotland’s free screening programme.</p>

<p>Post Incident Support</p>	<p>During Stress Awareness Month, we are strengthening awareness of the Post Incident Support Process (PISP) and how colleagues can access timely, appropriate support following distressing or traumatic incidents. This includes learning informed by lived experience, to help normalise help-seeking and reinforce that recovery looks different for different people.</p> <ul style="list-style-type: none"> ● Awareness session delivered by a Clinical Psychologist (Rivers Centre), outlining the PISP pathway and what to expect in the days and weeks after an incident. ● Lived experience input (shared safely and appropriately) to highlight common reactions after difficult incidents, the value of early support, and the impact of peer and managerial support. ● Early support based on psychological first aid principles, including practical guidance to support recovery and reduce the risk of psychological injury. ● Use of Lifelines tools and resources to help individuals and teams following exposure to traumatic events. ● Clear routes to access specialist support where required, including support for colleagues impacted by cumulative exposure to traumatic incidents.
<p>Health & Wellbeing Partnership Working</p>	<p>During Q4, Health & Wellbeing continued discussions with Sodexo and TSA colleagues regarding the Mindful Active nutrition programme, agreeing to explore a pilot aligned to Trainee Firefighter Foundation courses to better support operational demands. This approach includes reviewing catering provision, delivering, and evaluating a targeted pilot, and considering a scalable, virtual-first model to promote healthier eating across the Service, subject to evaluation outcomes and available budget. A further meeting has been scheduled to review progress.</p> <p>A successful partnership with the local community supported Cambuslang Harriers to use the National Training Centre during the winter period, enabling training in a safer environment and promoting community wellbeing. Access to an indoor space with toilet facilities provided a welcome and practical base for junior athletes, and feedback highlighted the helpfulness of Sodexo and TSA staff. Retired SFRS employees also contributed their support to this initiative, further enhancing its positive impact. Average attendance increased to 28–30 young athletes across both weekly sessions, and the club will return from October 2026.</p>

Key Performance Indicators

KPI19: Operational Assurance Debrief Actions



In Q4, there were 9 recommendations progressed to OLG following the approval of the National Wildfire debrief and action plan. In addition, there were 5 recommendations from Action Note Fires in Buildings – Hangar Doors and 3 recommendations from Information Note – Collapsed Structure – Hollow Block Concrete both of which were received from NFCC.

OA Submission Outcomes

Carbon Monoxide (CO) and BA Use

Operational Assurance (OA) has continued to monitor Carbon Monoxide (CO) incidents across the Service, with a focus on the appropriate use of Breathing Apparatus (BA) and the effectiveness of Flexi Duty Officer (FDO) supervisory challenge where BA is not deployed. Across the three reporting periods reviewed, a total of 414 CO incidents were scrutinised.

From Q2 to Q4, there was sustained improvement in both BA use and supervisory challenge. BA non-use where required reduced from 39% to 16%, while incidents without FDO challenge reduced from 96% to 57%. This reflects a marked improvement in operational decision-making and active supervisory engagement.

These findings confirm that previous interventions and the reinforcement of expectations have been effective. While some residual non-compliance remains, the overall trend indicates stronger risk management and improved supervisory oversight at CO incidents.

In light of this sustained improvement, routine reporting of this theme to SAIGs will conclude. OA will continue to monitor CO incidents and BA use as part of routine assurance activity and will address non-compliance on an individual basis through existing assurance and performance mechanisms. OA will maintain oversight and take action where standards are not met, without the need for routine SAIG escalation.

Operational Assurance also continues to monitor Breathing Apparatus use and firefighting medium more broadly, with relevant incidents and learning taken to SAIGs to support discussion, oversight, and organisational learning.

To further embed these improvements, CPD sessions scheduled during the current reporting year will focus specifically on Flexi Duty Officers. These sessions will reinforce the principles of Active Monitoring, clarify the role of the Operational Assurance Officer, and set clear expectations when carrying out an Assurance Audits, including appropriate challenge, decision-making scrutiny, and the recording of rationale.

Animal Operating Procedure

Operational Assurance continues to monitor incidents involving animals, gathering learning from OA13 returns and bringing relevant cases to SAIGs for discussion and organisational learning, particularly following the introduction of the new operating procedure Animal Rescue, which was launched on the 1st of April 2026.

Digital Radios

During Q4, Operational Assurance monitored the implementation of digital radios, with all intelligence gathered through OA returns shared with DaTS and Frontline Support and discussed at SAIGs. Reporting procedures were reinforced to ensure consistent capture of issues. Moving forward, OA will focus monitoring on a software only radio trial at Tollcross, Cowcaddens and Aberdeen Central, working alongside Frontline Support and DaTS to gather learning from OA13 returns. Attention will be given to staff feedback on functionality, audio clarity and use in operational environments, including BA, to support a data-led evaluation and ongoing assurance. A thematic audit has also been scheduled through Q3 26-27 regarding the implementation of the new digital radios allowing sufficient time for them to embed.

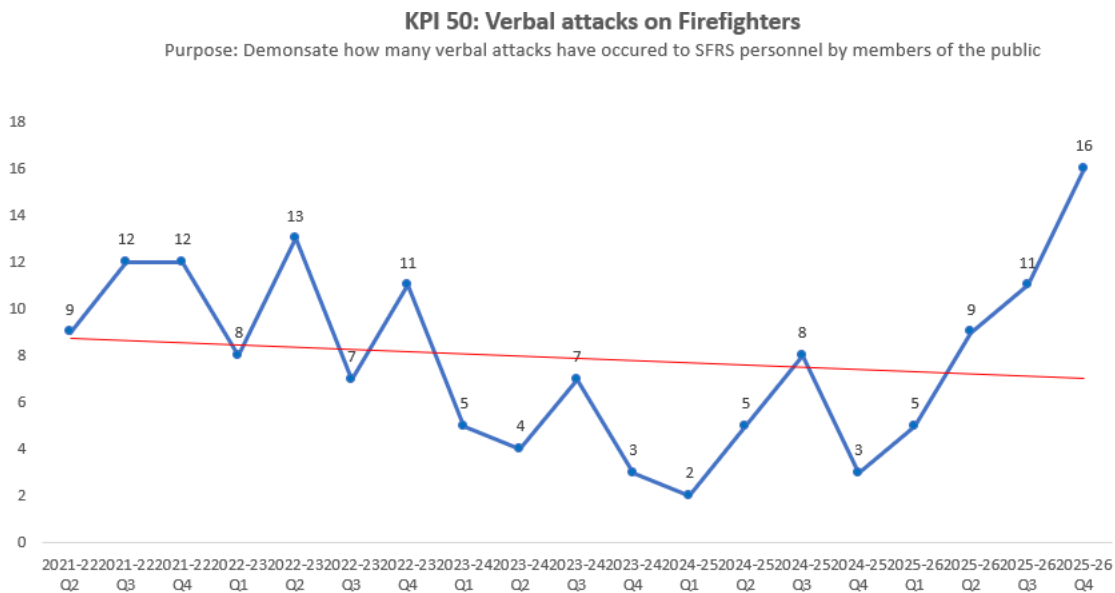
Operational Control Integration into Operational Assurance

Operational Control has now been fully integrated into the Operational Assurance Reporting and Recording System (OARRS), with implementation confirmed for the 30th of March 2026. This integration transitions OC activity into established OA processes, including OA13 reporting, ensuring a single, consistent assurance framework.

The change strengthens governance, improves data quality and visibility, and supports more effective identification of learning, risk and compliance trends across Operations and Control. A programme of Operational Assurance engagement sessions has been delivered to support implementation, providing clarity on expectations, reinforcing roles and responsibilities, and promoting consistent application of the updated processes.

Supporting documentation has been developed, including updated Control Information Notes, role-specific guidance, and awareness briefings, to ensure sustained understanding and compliance by OC staff and managers. This work represents a significant step in improving end-to-end operational assurance and aligning Operational Control more closely with Service-wide assurance arrangements.

KPI50: Verbal Attacks on SFRS Staff



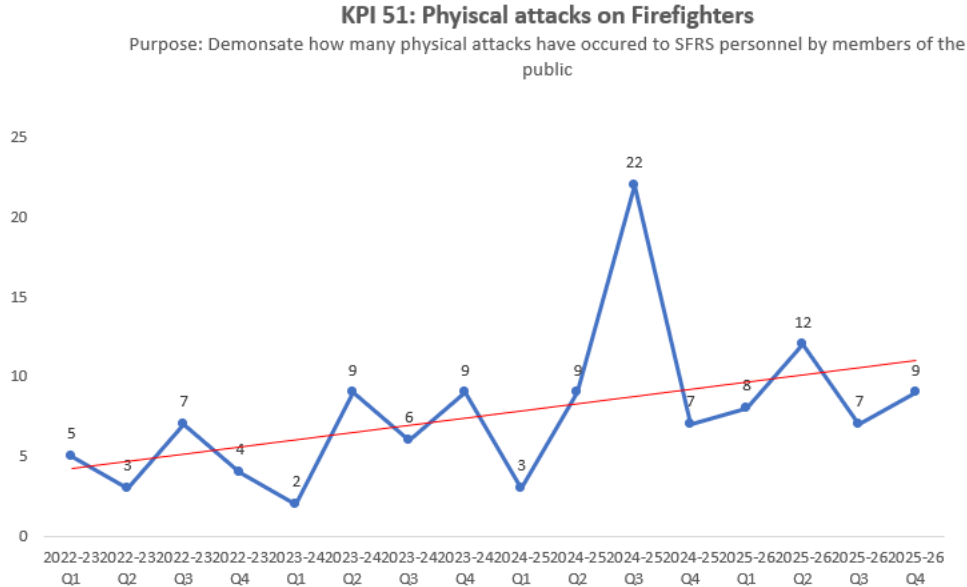
A total of 16 verbal attacks were reported in Q4 2025-26, a 433% increase (3 to 16) when compared to the same quarter in the previous reporting year.

10 events occurred at operational incidents, 5 at non-operational incidents, and the remaining one occurred during Training. 9 of the 16 events required the assistance of Police Scotland.

Verbal Attack Events of Note:

- Fire crews were alerted to a distressed, intoxicated male causing damage in the street near the fire station. The individual became verbally abusive and threatened Firefighters, attempting to strike them, which required crews to withdraw and request police and ambulance support. Police attendance resolved the incident; no injuries were sustained by SFRS personnel or members of the public; and
- A suspected wilful refuse fire was reported by residents. Several intoxicated residents became involved in a violent altercation with a suspected non-resident, interfering with firefighting operations. Crews were withdrawn due to hostility and police assistance was requested. No injuries or equipment damage occurred.

KPI51: Physical Attacks on SFRS Staff



When compared to Q4 in the previous reporting year, a 29% increase is reported (7 to 9) in Physical Acts of Violence (AoV), which includes attacks against equipment and property (6 of 9).

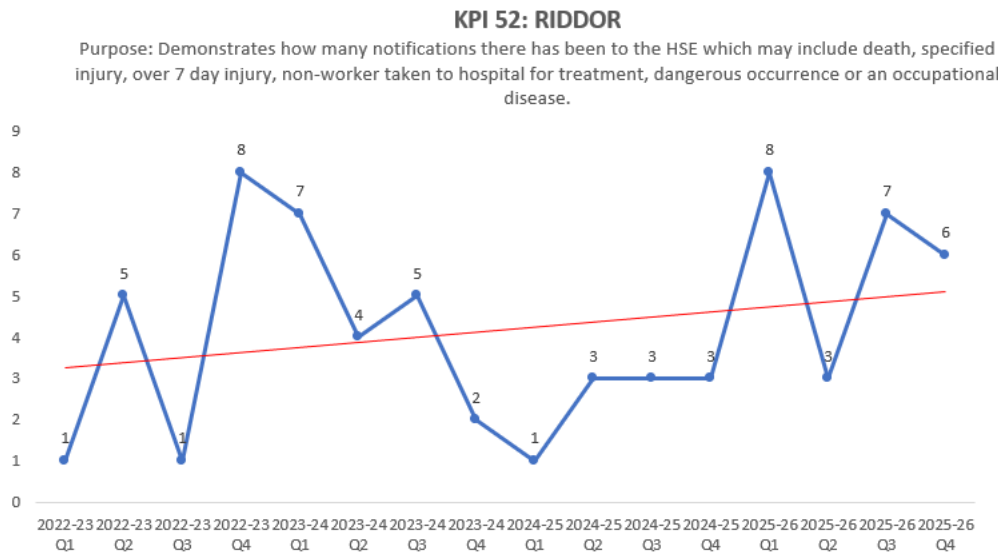
56% (5 of 9) events occurred during operational activities with the remaining 44% (4 of 9) events occurring during non-operational activities.

Of the 3 physical attacks towards SFRS staff recorded this period, 67% (2 of 3) were attributed to threatening behaviour:

- Firefighters attending a small fire were threatened by two males. One obstructed operations and threatened Firefighters with a knife before being restrained, while the second damaged the appliance with a baseball bat after threatening the driver. Police attended and took control;
- While Firefighters were attending an incident, appliances were obstructed by parked vehicles. A driver became aggressive, mounted the kerb to bypass the appliances, and narrowly missed a Firefighter standing beside the appliance; and
- Crews attended an automatic fire alarm at a homeless unit where a resident became aggressive. A deliberate mattress fire was discovered on re-attendance. The resident assaulted a Firefighter and caused damage before being arrested by Police Scotland.

SFRS continue to work with Police Scotland to ensure acts of violence (verbal or physical) are reported under the Emergency Workers (Scotland) Act 2005.

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



There were 6 RIDDOR events reported in Q4, compared to 3 in the corresponding period from the previous year. All 6 events were reported as ‘over seven-day incapacitation’.

2 of the 6 RIDDOR events were attributed to impact with a stationary object:

- Whilst completing water rescue training, a Firefighter hit an unseen under water boulder and injured their back. River conditions were reviewed prior to training commenced and whilst the river level was up due to recent rainfall, it was deemed

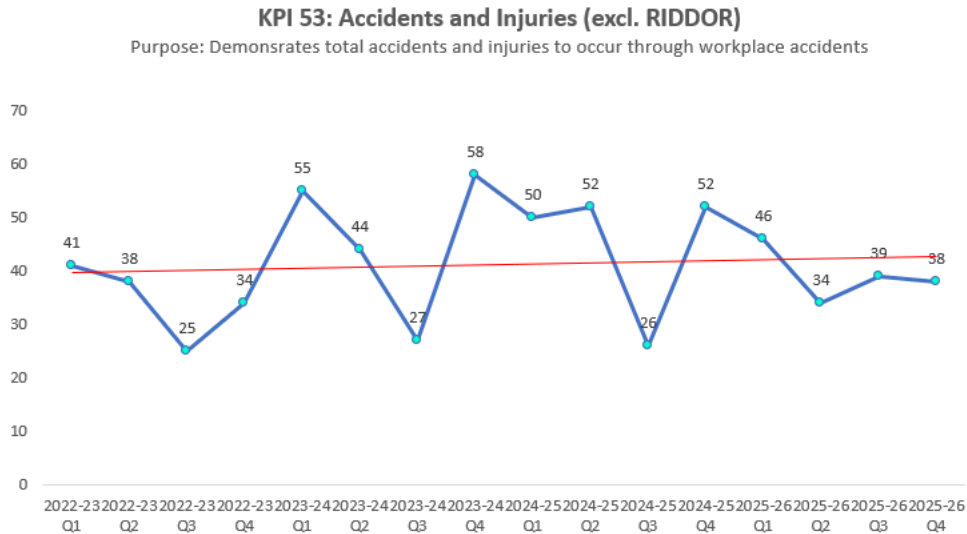
suitable for the training. Participants were reminded to remain aware of their surroundings and environment; and

- Firefighter was working out in Fire Station gym, stepping onto the block stepper box when it tipped resulting in IP falling onto the bench press rack and cutting their inner arm at elbow position. The investigation confirmed the stepper box was being used for its purpose and was not faulty.

Other RIDDOR events included:

- Firefighter was walking via appliance bay to walk through appliance door. The tiled floor was wet and Firefighter slipped and fell, hurting their knee. Additional signage has been installed;
- Upon arriving at an incident, Firefighter was tasked with bursting a padlock to open a gate to allow SFRS access. Upon completion of the task, the IP trapped their finger in between the gates which caused their left ring finger nailbed to be crushed. The IP was competent in the use of the tool used to break the padlock but misjudged where they placed their left hand following the task. The event was subsequently discussed with the crew to highlight care should be taken during and following a task;
- Firefighter was tasked with forcing entry using a door enforcer at an incident, which was successful. At the conclusion of the incident all responding personnel were confirmed fit and well at that time. However, several days later the Firefighter presented themselves with a sore back and was subsequently off work for a period of time; and
- Firefighter was mobilised to a RTC where a heavy goods vehicle involved had left the roadway and gone down an embankment. IP and OIC committed to embankment to carry out a DRA, looking for casualty extraction options. IP's knee buckled/twisted from under himself whilst navigating down the embankment. Initial actions have been to raise situational awareness of all personnel during early actions at scene of operations.

KPI53: Accident/Injuries (AI) Excl. RIDDOR



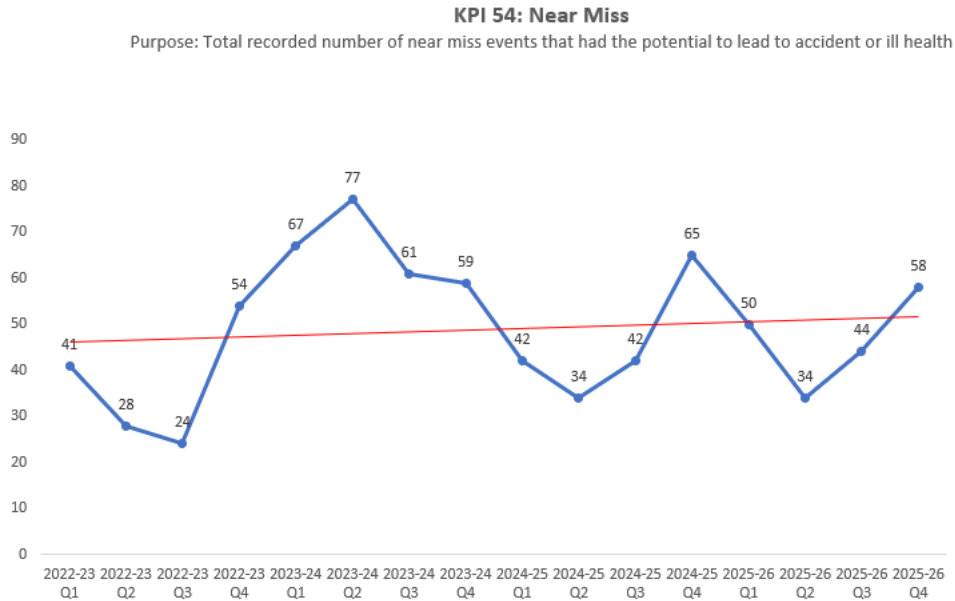
There was a 27% decrease in Accident/Injuries from Q4 in the previous reporting year (52 to 38). The top three causations were Manual Handling, Impact from Slips, Trips and Falls and Impact with a Moving/Stationery Object.

42% (16 of 38) occurred during operational activities, 32% (12 of 38) occurred during non-operational activities, and the remaining 26% (10 of 38) occurred during training activities. Investigations are conducted to identify actions and reduce the reoccurrence of risk.

Accident/Injury Events of Note:

- When Firefighter was coming out back of appliance, they lost their balance and fell backwards from the second step on the appliance causing a head injury and winded themselves. Personnel were reminded of the correct mounting and dismounting procedures, and that these should be followed at all times; and
- Whilst lifting the High-Rise box from the appliance the IP jarred their wrist, injuring their hand by stretching the tendons. This was reported eight days later. A communication was sent to all area personnel reminding them to report any injury at work as soon as is practicably possible to ensure a prompt investigation can take place.

KPI54: Near Miss (NM) Events



There is an 11% decrease (65 to 58) in NM when compared to Q4 in the previous reporting year. Operational NMs accounted for 40% (23 of 58), 33% (19 of 58) occurred during Training activities and the remaining 27% (16 of 58) occurred during Non-Operational activities.

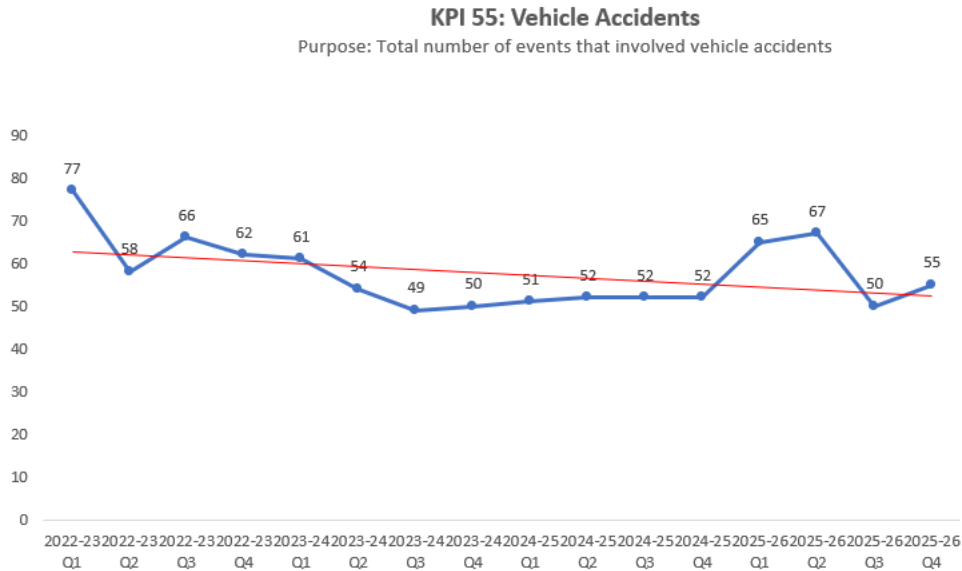
The most common category was Breathing Apparatus (17 of 58). Key recurring themes include:

- Air supply issues;
- Electronic and mechanical failures;
- Failures identified during pre-entry, training, and live wear; and
- Physical equipment defects or damage.

Near Miss Events of Note:

- While travelling, the vehicle roof light bar became detached due to failure of a severely corroded mounting bracket. The driver stopped safely, removed the light bar, and secured it inside the vehicle to allow safe onward travel. The defect was identified as corrosion-related bracket failure; and
- During a high-rise incident under Firefighter control, a lift was incorrectly accessible to the public. A member of the public was able to call the lift to the 13th floor and travel to ground level, indicating a failure of lift control measures.

KPI55: Vehicle Accidents (VA)



Vehicle Accidents (Vas) increased by 6%, when compared to the previous reporting year (52 to 55).

49% (27 of 55) of all Vas reported occurred during operational vehicle movements, 38% (21 of 55) occurred during non-operational activities, and 13% (7 of 55) occurred during Training.

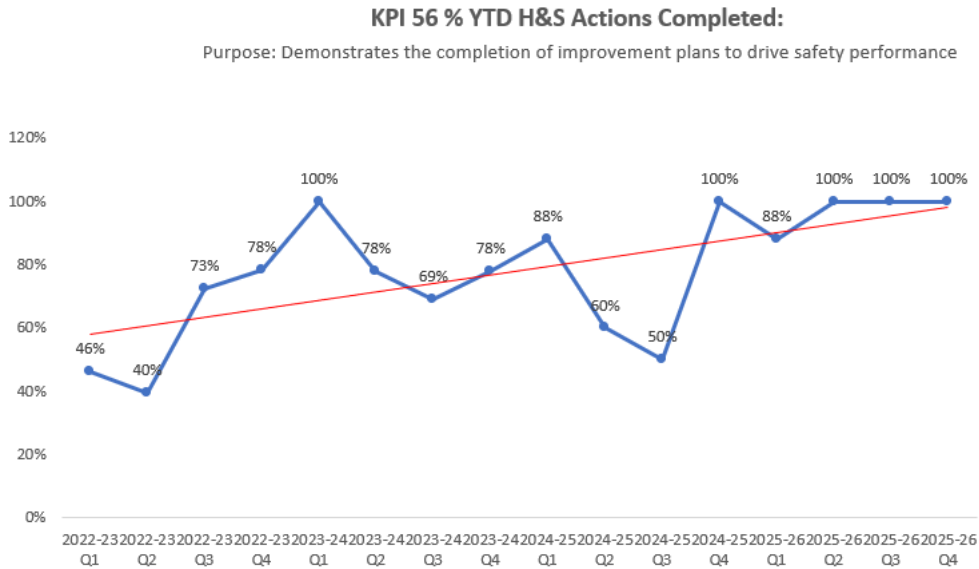
Low-speed manoeuvre (LSM) incidents reduced from 64% (32 of 50) in Q3 to 51% (28 of 55) in Q4, representing a notable improvement. In contrast, blue light driving incidents increased to 31% (17 of 55) in Q4, compared to 20% in Q3. Normal road speed incidents remained consistent at 16% (9 of 55) in Q4, compared to 16% in Q3. A single incident, 2% (1 of 55), occurred while stationary (ALP turret), a category not recorded in Q3.

Vehicle movement is recorded as 78% (43 of 55) of Q4 incidents, occurring during forward movement. 20% (11 of 55) during reverse manoeuvres, and 2% (1 of 55) while stationary.

Vehicle accidents across the SDAs were distributed as West – 17 (31%), North – 16 (29%), and East – 15 (27%), with a further 7 (13%) attributed to Directorate activity.

The Low-Speed Manoeuvre (LSM) booklet has now been published, providing clear guidance to personnel during LSM-related risk. In addition, Driving Assistant training is embedded within Q1 TFOC training, and this is expected to support ongoing work to reduce Vas across the three SDAs going into Q1 2026–27.

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



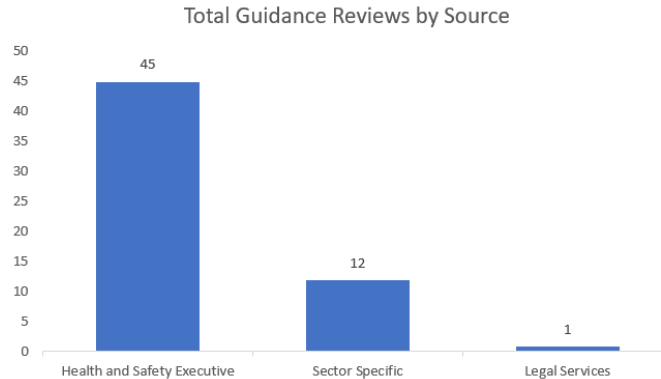
In Q4, 100% of actions (10 of 10) were complete, which remains numerically consistent when compared with Q4 2024-25.

All outstanding actions from previous quarters are now closed. Overall, 2025-26 is reported as 100% Complete (30 of 30).

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

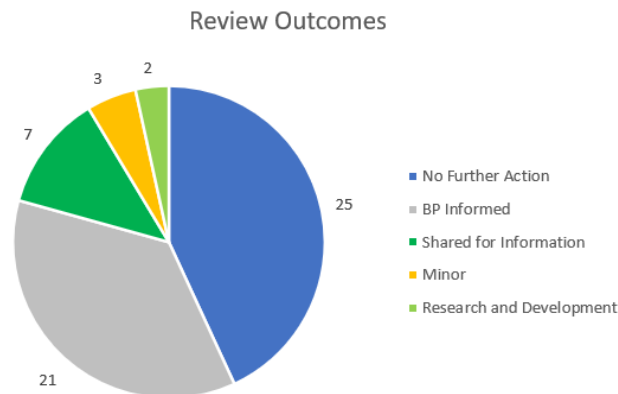
[Legislation and Compliance](#)

Safety Guidance Reviews



58 guidance reviews were undertaken, of which 78% (45 of 58) were issued by the Health and Safety Executive (HSE), reflecting guidance applicable across our health and safety management system and awareness campaigns, for example, April's Asbestos Awareness Week.

The remaining reviews are as follows: 21% (12 of 58) were sector-specific articles, and 1% (1 of 58) was a legal update highlighting a notice of noncompliance to a University, which was presented to the Mental Health and Wellbeing Group on 28/01, along with proposals to enhance SFRS Stress management arrangements.



43% (25 of 58) of the guidance reviews required no further action, and 36% (21 of 58) have been forwarded to business partners and policy/risk owners, for information and potential action. The remaining outcomes included internal sharing of information within Safety and Assurance, minor amendments to the LCMS Lone Working programme of learning to include an HSE video outlining management responsibilities and to include neurodivergent risks in the SFRS Stress Management Generic Risk Assessment and recording future changes, research, or development into action logs.

Wellbeing: Fitness and Medical Certification

The medical and fitness assessments are conducted as part of the recruitment process, every 3 years for routine assessments and for Compartment Fire Behaviour Instructors annually.

Note: Data is sourced from master spreadsheet and collected from iTrent and booking system. Work continues on MyCority recording system for enhanced and timely reporting in future quarterly reports.

	26/09/25	26/12/25	27/03/2026
Operational Workforce number	5821	5835	5825
Excluded (long term sick or contractual non-op's role)	165	165	161
Eligible staff	5656	5670	5664
Medical certificate in date	92%	96%	97%
Fitness certificate in date	93%	97%	97%

In January 2026, the organisation transitioned the delivery of routine medicals from an outsourced arrangement to an in-house provision.

Wellbeing: Asbestos Medicals

The Asbestos medicals are conducted every 3 years. An initial roll out started on the 21st of January 2026 with a paper developed on a plan for the whole service to commence within 2026/27.

	Q4
Operational Workforce number	5825
Excluded (long term sick or contractual non-op's role)	161
Eligible staff	5664
Asbestos Medical certificate in date	113
Referred for x ray	3

Wellbeing: Vaccinations

- 163 required personnel in 2026;
- 156 Received initial Vaccination (awaiting 2nd vaccine);
- 5 Awaiting 1st Vaccination;
- 2 on long term sick;
- 11 Completed in 2025 (1st and 2nd Vaccine, next will be in 25 years' time); and
- 6 Declined.

Health and Wellbeing Recruitment

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

	Q1	Q2	Q3	Q4
Physical Selection Test days	20	37	16	14
Recruitment Medical days	29	37	33	29
<u>Total Recruitment days</u>	49	74	49	43

Information and Updates

Contaminants

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

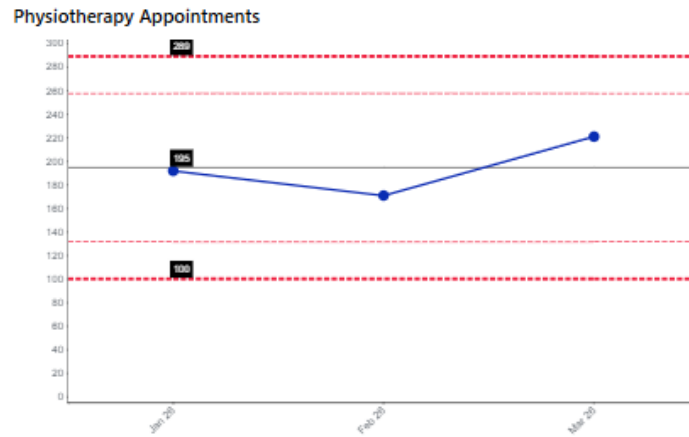
- Phase 2 of airing rails and cages is now complete for 70 stations; and
- Purchase and distribution of two personal issue towels to operational staff. Awaiting delivery.

Physiotherapists

A total of 584 physiotherapy appointments were recorded between January and March 2026, with activity increasing across the quarter (January 192, February 171, March 221).

Attendance remained consistently strong at 91.95% overall, with non-attendance levels remaining low, including 2.74% cancelled, 2.23% cancelled within 24 hours, 2.74% Did Not

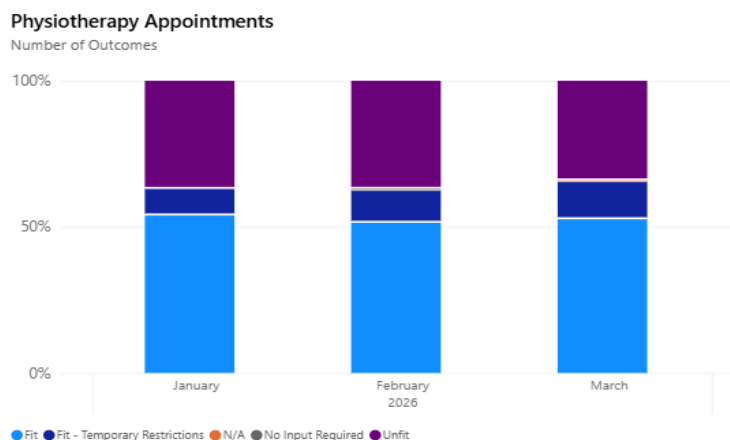
Attend (DNA), and less than 1% pending, indicating effective appointment utilisation and demand management.



Among those attending appointments (536), outcomes were:

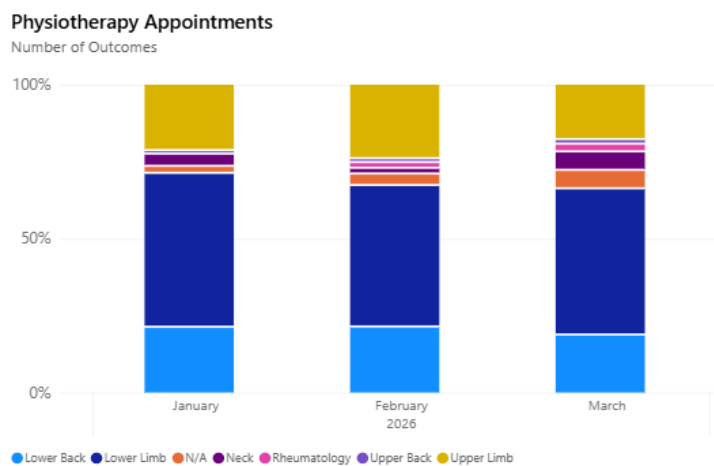
- 56% (302) Fit - No Restrictions;
- 33% (179) Unfit;
- 10% (54) Fit -Temporary Restrictions; and
- Less than 1% (1) Outcome Not Recorded.

Reporting indicates the service supported primarily Uniformed staff (471 attended outcomes), with Support staff (59) and Volunteers (5) also accessing physiotherapy during Q4 (total 535 across Fit, No Restrictions, Fit Temporary Restrictions, and Unfit). One further attended appointment outcome was recorded as Outcome not recorded (1), giving 536 attended outcomes overall.



The most common recorded conditions across Uniformed staff, Support staff, and Volunteers (518 records with a condition recorded) were:

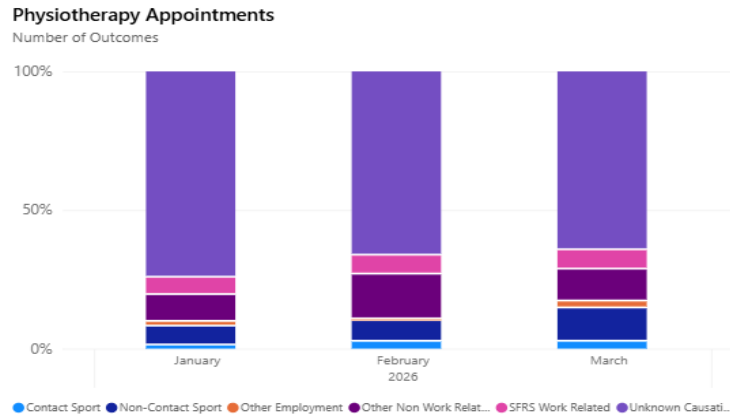
- 50% Lower limb (257);
- 21% Lower back (108);
- 22% Upper limb (113);
- 3% Undiagnosed (18); and
- 4% Neck (22).



Note: This conditions breakdown is based on appointments where a condition was recorded and therefore does not total the 536 attended appointments (18 attended appointments did not have a condition recorded).

44% (367) of cases were linked to no specific event or unknown cause.

SFRS work-related injuries accounted for 4% (36) cases, with contact sport contributing a further 1% (11) cases. Non-work contributors included 7% (69) non-contact sport and 8% (66) other non-work-related activity. Other employment accounted for 1% (9) cases.



Driver Safety Group (DSG)

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

- Analysis of vehicle accidents from TASS and Tranman continues to show that the majority continue to be due to low-speed manoeuvres, resulting in minor damage to appliances;
- Management of Low-Speed Manoeuvre Booklet completed and was published in Q4 of 2025/26; and
- Iveco Medium Weight Appliances Working Group – effectiveness of cab noise reduction pilot to be verified by external assessor and extended to all similar appliances if it has been successful.

Organisational Learning Group (OLG)

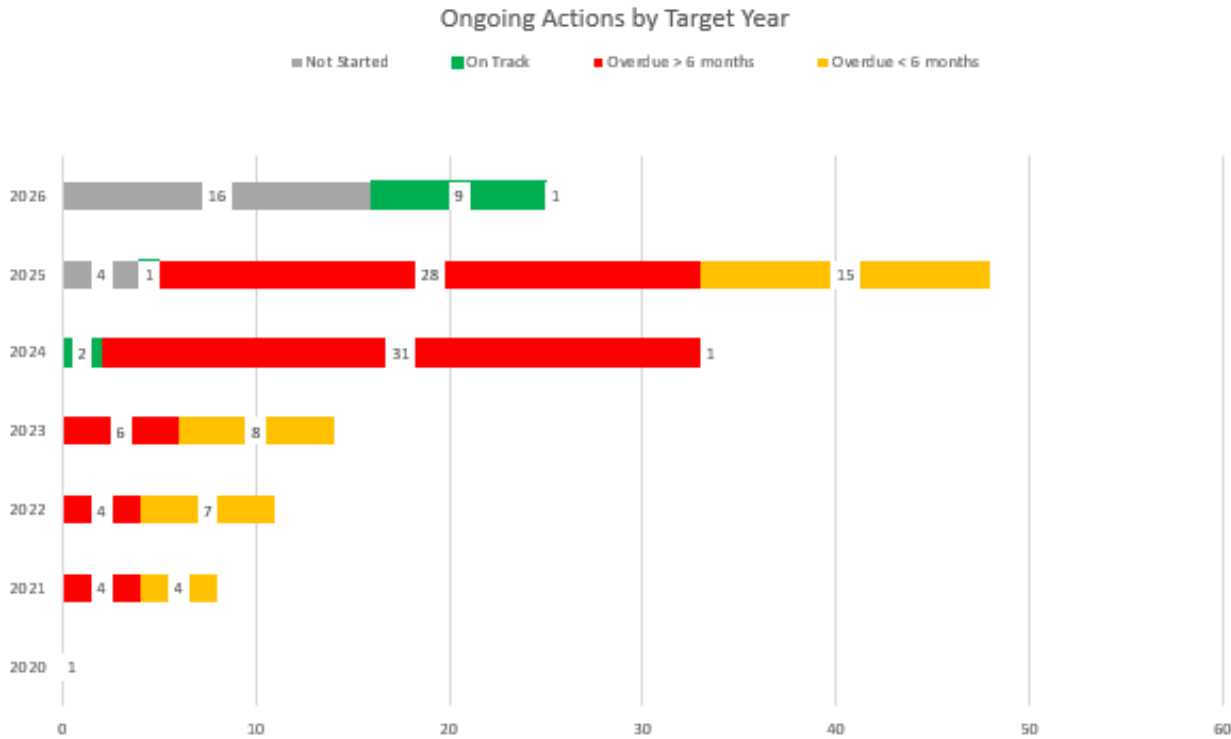
Since 2018, the OLG tracker has a total of 630 recommendations from Debriefs, Accident/Near Miss Investigations, external learning cases, etc.

Of the 630 actions, 488 of these have been recorded as closed with 142 actions remaining in progress from 43 open action plans. Key themes surrounding the outstanding actions relate to welfare, FDO Functional role training, relief strategies, and provision of PPE for wildfire and RTC.

The following actions plans were added to the OLG tracker during Quarter 4:

- Blackness Road Alp (10 actions);
- Collapsed Structure - Hollow Block Concrete (3 actions);
- Fires in Buildings – Hangar Doors (4 actions), and
- Wildfires National Structured Debrief (9 actions).

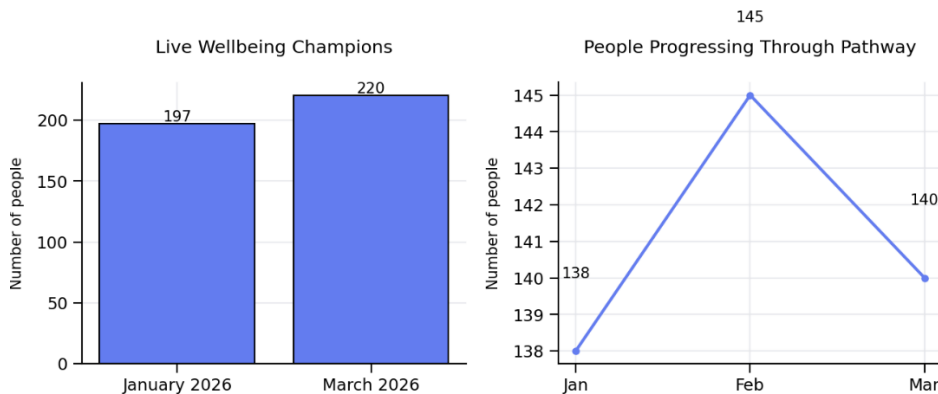
A total of 52 actions were brought by risk owners as closed at the last 2 OLG meetings, showing continued progress.



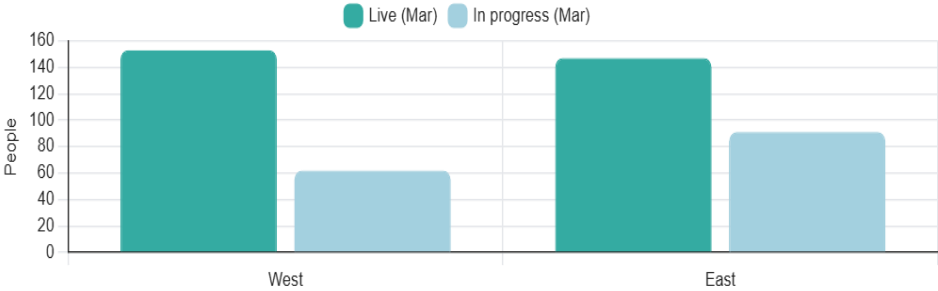
SA continue to work in partnership with risk owners to provide targeted support where required, with additional drop-in sessions now in place to assist and working well.

Wellbeing Champions

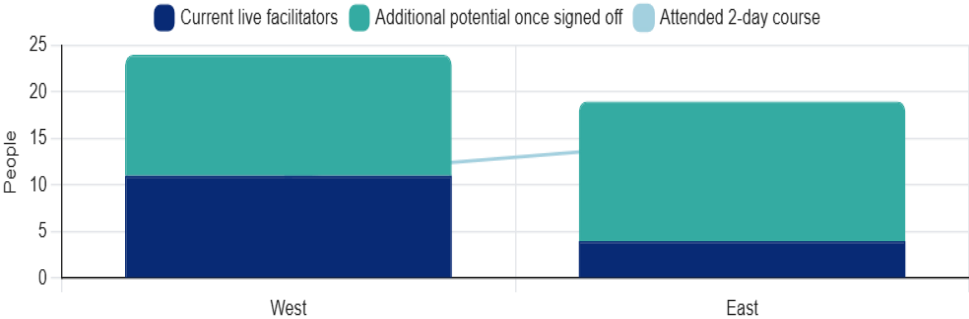
There were 220 live Wellbeing Champions (49 Leads and 171 Champions) in March 2026, compared with 197 at January 2026. Over the same period, the number of people progressing through the Champion pathway was 138 in January, 145 in February, and 140 at the end of March.



At the end of March, West had 153 live champions (32 Leads and 107 Champions) with 62 in progress. East had 147 live champions (35 Leads and 103 Champions) with 91 in progress. Current live facilitator capacity is 11 in West and 4 in East, with a further 11 (West) and 15 (East) having attended the two-day training course, giving a potential total of 24 (West) and 19 (East) once signed off.



Notably, East has a higher volume of people in progress (91) than West (62), but a lower current live facilitator capacity (4 compared to 11), reinforcing the need to continue building facilitation capacity to support progression.



Management Arrangements (MAs)

Storage Management Arrangement

The [SSOW Template - Storage of Materials on SFRS Premises](#) was updated to reflect the introduction of icons in the current SSOW template to assist users in quickly finding prominent information. The new template must be implemented upon the scheduled review dates of existing Safe Systems of Work. The Storage Management Arrangement will undergo its 5-year review in Q1.

Operational Incident Risk Assessment (DRA / ARA) Management Arrangement

There was a minor amendment to confirm that paper copies of completed Assessments must no longer be returned to the Operational Assurance Department. They can be submitted via OARRS or for quality assurance purposes emailed to the [Operational Assurance Department](#).

Consultations

Two consultations were completed in Q4, reflecting a significant change to the Stress MA and the introduction of a new Support Review MA. Both management arrangements will continue their Governance pathways into Q1.

Risk Assessments

The following GRAs were revised and published during Q4:

- [GRA-014 Museum of Scottish Fire Heritage and Heritage Hub](#)
- [GRA-040 Hazardous Materials Incidents \(HAZMAT\)](#)
- [GRA-077 Incidents Involving Acetylene Cylinders](#)
- [GRA-096 All Transport](#)
- [GRA-113 Training On and Use of Iveco Daily 4x4 Wildfire Unit](#)

Please see the relevant [Health and Safety Handbooks](#) for additional GRA and SSOW information. If you have any feedback on Risk Assessment or Safe Systems of Work content, please liaise with your SA Liaison Officer within your SDA/Directorate.


Spotlight

The Safety and Assurance team has introduced a new [Near Miss and Hazard Reporting poster](#) to strengthen our proactive safety culture. The poster has been designed to raise awareness of the importance of reporting unsafe conditions and near misses - before they lead to incidents or injuries. By capturing these early warnings, we can identify trends, address risks, and prevent harm.

Everyone plays a vital role in keeping our workplace safe. Reporting is quick, simple, and makes a real difference. The more we report, the more we learn - and the safer we become as a team.

The poster should be displayed on all Health and Safety noticeboards. Please take a moment to read it and encourage colleagues to do the same. Your voice matters - see it, report it, prevent it.

DO YOU KNOW THE DIFFERENCE BETWEEN A HAZARD AND A NEAR MISS?



Slips, Trips and Falls

Hazard: A wet floor with no signage present.

Near Miss: Someone walks across the wet floor, slips slightly, but regains balance and is not injured.

Equipment and Machinery

Hazard: A power tool with a frayed electrical cable.

Near Miss: An employee plugs in a power tool, sees sparks, and pulls back before any shock occurs.

Manual Handling

Hazard: Heavy boxes are stored above shoulder height.

Near Miss: A box begins to fall when someone opens the storage area but misses them by inches.

Vehicles and Transport

Hazard: A poorly lit car park with tight vehicle manoeuvre areas.

Near Miss: Two vehicles almost collide when reversing, but both stop in time.

Chemical Safety

Hazard: Unlabelled chemical containers stored on a shelf.

Near Miss: A worker almost uses the wrong chemical, notices the smell is unfamiliar, and stops.

Directorate Event Statistics

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

> Red	Highlights an increase in statistical figures.	< Red	Highlights a negative decrease in Near Miss Events.	< Green	Highlights a reduction in statistical figures.
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NORTH	Q4 2024/25	Q4 2025/26
Verbal AoV	1	>4
Physical AoV	0	>1
RIDDOR	0	>1
Accident/Injuries	8	>11
Near Miss	21	<17
Vehicle Accidents	12	>16
Improvement Plan % Completion	100%	100%

EAST	Q4 2024/25	Q4 2025/26
Verbal AoV	1	>2
Physical AoV	1	1
RIDDOR	0	>3
Accident/Injuries	8	>11
Near Miss	17	>22
Vehicle Accidents	8	>15
Improvement Plan % Completion	75%	>100%

WEST	Q4 2024/25	Q4 2025/26
Verbal AoV	2	>9
Physical AoV	6	>7
RIDDOR	0	>2
Accident/Injuries	24	<9
Near Miss	12	>15
Vehicle Accidents	15	>18
Improvement Plan % Completion	75%	>100%

Training, Safety and Assurance	Q4 2024/25	Q4 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	1	<0
Accident/Injuries	11	<3
Near Miss	8	<2
Vehicle Accidents	2	>5
Improvement Plan % Completion	86%	100%

Operations	Q4 2024/25	Q4 2025/26
Verbal AoV	0	>1
Physical AoV	0	0
RIDDOR	1	<0
Accident/Injuries	7	<2
Near Miss	11	<2
Vehicle Accidents	13	<0
Improvement Plan % Completion	100%	100%

Financial and Contractual Services	Q4 2024/25	Q4 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	2	2
Near Miss	0	0
Vehicle Accidents	1	<0
Improvement Plan % Completion	100%	100%

Strategic Planning, Performance and Communications	Q4 2024/25	Q4 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	1	<0
Improvement Plan % Completion	100%	100%

Prevention	Q4 2024/25	Q4 2025/26
Verbal AoV	0	0
Physical AoV	1	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	1	<0
Vehicle Accidents	0	>1
Improvement Plan % Completion	100%	100%

People Directorate	Q4 2024/25	Q4 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	1	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	67%	100%

GSC - Strategy and Change	Q4 2024/25	Q4 2025/26
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	0	0
Vehicle Accidents	0	0
Improvement Plan % Completion	100%	100%

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

Published statistics should be quoted for wider public use.

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



Scottish Fire and Rescue Service

Safety, Wellbeing and Assurance
Quarterly Performance Report Q4 2025/26
Version 1.0
April 2026





Report No: C/PC/23-26

Agenda Item: 12.2

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 JUNE 2026						
Report Title:	CONTAMINANTS UPDATE						
Report Classification:	For Scrutiny	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	This paper provides an update to the People Committee on the Service's progress in managing contaminants risk, including current assurance position, workforce impact, and delivery of key mitigation activities.						
1.2	The Committee is invited to: <ul style="list-style-type: none"> Note the current position regarding contaminants risk and control measures Consider the adequacy of assurance arrangements Endorse the continued direction of travel and identified priorities. 						
2	Background						
2.1	Operational exposure to fire contaminants remains a recognised and evolving risk across the UK Fire and Rescue sector. The Service continues to progress a structured programme of work to reduce exposure through improved procedures, equipment, training and cultural change.						
2.2	This work aligns with broader national developments, including Project Hygeia, and is supported by internal programmes which provide strategic context for long-term improvements in hygiene, asset design, and safe systems of work.						
2.3	The Service's approach reflects a commitment to: <ul style="list-style-type: none"> Protecting firefighter health and wellbeing Embedding safe behaviours and compliance Aligning with developing best practice across the sector. 						
3	Main Report/Detail						
3.1	The Service continues to implement control measures aimed at reducing contaminants exposure. Progress has been made across training, operational guidance, and equipment provision.						
3.2	Overall Assessment: The current position indicates that controls are in place and are being effectively managed; however, recognised gaps remain, and further maturity is required to achieve full and consistent compliance across the Service.						

3.3	<p>Key points:</p> <ul style="list-style-type: none"> Established procedures for decontamination are in place but require continued monitoring and embedding Equipment and infrastructure improvements are progressing but not yet universally consistent Staff awareness is improving, though behavioural compliance varies
3.4	<p>Implementation Plan</p> <p>The SA Team review the Implementation Plan to ensure progression at each Fire Contaminants Subgroup meeting. The assessment of progress is based on percentage of actions completed monthly. The most recent tasks completed were two from Communications, which was a sign off on the comms financial year spend and comms update for CivTech project. PPE and equipment completed phase 2 of installation of airing rails and cages for 70 OC stations. Total number of actions in current plan is 52. 58% (30) have been completed, 27% (14) are ongoing and 15% (8) have not started.</p>
3.5	<p>Communications</p> <p>Staff engagement remains critical to success; compliance with procedures is influenced by operational culture and local leadership. Staff communications on 'Fire Contaminants Round-Up' was published in The Weekly Brief in April 2026. It denoted achievements to dates, to support information sharing service wide.</p>
3.6	<p>Safety and Assurance Activity</p> <p>A Premises Compliance Generic Risk Assessment (GRA) was issued with required control measures for each station. If it is not feasible to implement the control measures, a Specific Risk Assessment (SRA) must be developed with site specific control measures. SA are in the process of handing over the data to Property. Property intends to embed the data into their Station Suitability Risk Assessments.</p>
3.7	<p>Service Level Research</p> <p>CivTech project "<i>How can technology identify contaminants across different types of incidents?</i>" is progressing. Work is ongoing on the trigger maps for Health and Wellbeing and line manager notifications arising from answers to the FF exposure questionnaire. It is expected the draft App will be developed early June. 3 50 operational members of staff, at various ranks and roles, have volunteered to pilot the app.</p>
3.8	<p>Equipment Updates</p> <p>Assets are currently in progress with the following projects:</p> <ul style="list-style-type: none"> Towels: Provision of two towels per operational personnel in the coming months. There has been a delay in delivery due to Middle East affecting supply chains. SFRS expect to receive the towels early June. 12,000 towels will be issued to relevant staff. Laundry: Currently approximately 3000 washes per month / 700 washes per week.
3.9	<p>Training</p> <p>Training Function managers have identified eleven improvements to Training Sites requiring investment and support from Property. The improvements are primarily focused on training infrastructure, contaminant control, and welfare provision across multiple site. implementation is actively underway and structured by priority. The expected benefits are clearly aligned to health, safety, environmental protection, and compliance, particularly in relation to contaminants. PRPs are overseeing zoning across all sites.</p>
3.10	<p>Health and Safety Executive Visit Preparation</p> <p>The Health and Safety Executive (HSE) will begin an inspection of UK Fire Rescue Services in July 2026. The inspection programme is planned to gain assurance that the fire services are compliant with legal requirements for controlling exposure to</p>

	<p>contaminants from products of combustion. The focus of the inspection will be management of fire contaminants including risk assessments, laundering kit, welfare, RPE, training facilities. The HSE has now requested documentation for operational staff and fire investigators. The documents have been requested as the first stage of an HSE intervention with Fire and Rescue Services to assess how you are managing the risks from exposure to products of combustion from firefighting and ancillary tasks. An acknowledgement of receipt of information was received. The Letter referred to Fee for Interventions under legislation. SFRS are waiting to hear the date of inspection, envisaged to be July 2026, at the earliest.</p>						
<p>3.11</p>	<p>Project Hygeia Project Hygeia was commissioned by the Home Office and delivered by Cranfield University and Ereuna Ltd. to provide scientific evidence to support the National Fire Chiefs Council (NFCC) in procuring future firefighter PPE. The study aimed to:</p> <ul style="list-style-type: none"> • Develop robust PPE test protocols (Work Package 1) • Identify exposure risks from particulates, Volatile Organic Compounds (VOC's) Polycyclic Aromatic Hydrocarbons (PAH's), and Per-and Polyfluoroalkyl Substances (PFAS) (Work Package 2) • Understand exposure pathways (Work Package 3) • Assess dermal risk and decontamination effectiveness (Work Package 4) • Evaluate wash-related deterioration of PPE (integrated into Work Package 3). 						
<p>3.12</p>	<p>The recommendations within the report are grouped into operational changes, PPE Design Recommendations, Decontamination and Research Priorities.</p>						
<p>3.13</p>	<p>A gap analysis on the Project Hygeia Report and SFRS Managing Fire Contaminants documentation is being conducted by a member of the Contaminants Sub-Group. The findings of the gap analysis will be shared at a future committee meeting.</p>						
<p>3.14</p>	<p>UK Government Announcement The UK Government has announced a new Firefighters' Concordat on Health and Wellbeing, introducing a coordinated national approach to firefighter health. This includes regular, consistent health checks for all firefighters and funded research into long-term physical and mental health risks, with a focus on prevention, early diagnosis, and long-term support. The Concordat is being developed in partnership with the profession to improve consistency and evidence-based health protection during and after service. The Scottish Government have yet to indicate if they will adopt the same approach which would apply to SFRS FFs.</p>						
<p>3.15</p>	<p>National Fire Chief's Council (NFCC) Update The Contaminants Project Group is responsible for monitoring, reviewing, and supporting evidence-based research to understand potential risks as well as inform future guidance.</p> <table border="1" data-bbox="292 1630 1444 2033"> <thead> <tr> <th data-bbox="292 1630 630 1668">Group</th> <th data-bbox="635 1630 1444 1668">Current Project Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="292 1675 630 1870">Literature Review</td> <td data-bbox="635 1675 1444 1870">The Literature Review Lead updates a summary document to reflect scientific research information globally. The literature review is updated every 6 months. The research to note is Project Hygeia which was launched at the NFCC PPE Conference in May.</td> </tr> <tr> <td data-bbox="292 1877 630 2033">Risk Assessment / Safe Systems of Work</td> <td data-bbox="635 1877 1444 2033">Ten risk assessments identified: Five complete pending NFCC Governance. two are in draft, three are ongoing. NFCC have requested a review of the Risk Matrix used. SFRS will review GRA's against NFCC GRA's when published.</td> </tr> </tbody> </table>	Group	Current Project Status	Literature Review	The Literature Review Lead updates a summary document to reflect scientific research information globally. The literature review is updated every 6 months. The research to note is Project Hygeia which was launched at the NFCC PPE Conference in May.	Risk Assessment / Safe Systems of Work	Ten risk assessments identified: Five complete pending NFCC Governance. two are in draft, three are ongoing. NFCC have requested a review of the Risk Matrix used. SFRS will review GRA's against NFCC GRA's when published.
Group	Current Project Status						
Literature Review	The Literature Review Lead updates a summary document to reflect scientific research information globally. The literature review is updated every 6 months. The research to note is Project Hygeia which was launched at the NFCC PPE Conference in May.						
Risk Assessment / Safe Systems of Work	Ten risk assessments identified: Five complete pending NFCC Governance. two are in draft, three are ongoing. NFCC have requested a review of the Risk Matrix used. SFRS will review GRA's against NFCC GRA's when published.						

	Training and Development	The drafted guidance is pending NFCC governance approval. The purpose of this Training & Competence work package is to recommend appropriate types of training input to ensure all staff understand the hazard posed fire contaminants, have working knowledge of the risks associated with contaminants and understand how to implement and work within safe working procedures. This applies to working practices at both operational incidents, Fire stations, training venues and other service locations as appropriate.
	Appliances & Equipment	Clean cab policy is pending NFCC governance approval.
	Estates	Reviewing station zoning and engaging with NHS on behavioural processes.
	RPE	A survey was developed with questions focusing on the questions focus on the selection, design, use and maintenance of RPE, aiming to understand your service's current processes and identify best practices to inform the development of NFCC RPE Guidance. 42 UK FRS responded and eight international UK FRS responded to a questionnaire. The RPE Lead undertook an analysis and the themes identified will assist with the development of NFCC Guidance.
	PPE	Considering the contamination of work/garments worn underneath PPE and what management systems may be required following the publishing of Project HYGEIA.
	Health Surveillance	Draft guidance circulated for consultation.
	Other:	The Health and Safety Executive (HSE) will begin an inspection of UK Fire Rescue Services in July 2026. The focus of the inspection will be management of fire contaminants including risk assessments, laundering kit, welfare, RPE, training facilities.
4	Recommendation	
4.1	The Service has made measurable progress in addressing contaminants risk; however, this remains an area requiring sustained focus. The People Committee is asked to: <ul style="list-style-type: none"> • Note the current position and level of assurance • Recognise the ongoing risks and delivery challenges • Support the continued prioritisation of contaminants risk reduction. 	
5	Key Strategic Implications	
5.1	Risk	
5.1.1	There is a risk that failure to implement robust arrangements to manage contaminants may result in personal injury claims against the SFRS.	
5.1.2	We will work with sectoral partners and others in having an appropriate influence on the regulations and standards we operate to.	

5.2	Financial
5.2.1	The programme is being delivered within existing and planned resource allocations, though it is dependent on: <ul style="list-style-type: none"> • Ongoing capital investment in equipment and infrastructure • Workforce capacity for training and implementation
5.2.2	Any emerging financial pressures will be reported through established governance routes.
5.3	Environmental & Sustainability
5.3.1	Not applicable
5.4	Workforce
5.4.1	The contaminants programme has direct implications for staff safety, health, and confidence.
5.5	Health & Safety
5.5.1	There is a risk that failure to implement robust arrangements to manage contaminants may result in non-compliance with the employers' duty of care under the Health and Safety at Work etc. Act 1974. The programme contributes to reducing exposure to harmful substances linked to long-term health risks
5.6	Health & Wellbeing
5.6.1	The implementation of arrangements for health surveillance for staff exposed to contaminants will ensure the effective monitoring and early diagnosis of illness potentially linked to contaminants.
5.7	Training
5.7.1	Service wide training required to support the implementation of procedures and safe systems of work and develop positive culture and behaviours related to contaminants.
5.8	Timing
5.8.1	There is significant political and public pressure for the SFRS to demonstrate progress of arrangements to manage the risks associated with contaminants therefore it is essential that appropriate resources are allocated to ensure this workstream is prioritised.
5.9	Performance
5.9.1	Monitoring of implementation and application of arrangements will be through existing and new assurance arrangements.
5.10	Communications & Engagement
5.10.1	Communications and engagement strategy required to ensure understanding and implementation of control measures.
5.11	Legal
5.11.1	There is a risk that failure to implement robust arrangements to manage contaminants may result in personal injury claims against the SFRS and Health and Safety legislation.
5.12	Information Governance
5.12.1	No – to be completed prior to publication of any documentation.
5.13	Equalities
5.13.1	No. Consideration will be given at the prior to publication of any documentation.

5.14 5.14.1	Service Delivery Potential impact of decontamination on operational resilience and resource availability will be considered in the planning and implementation process.		
5.15 5.15.1	Prevention Effective prevention of fire contaminant exposure within SFRS requires the consistent implementation of decontamination, PPE management, hygiene practices, and operational controls to minimise firefighter contact with hazardous substances.		
6	Core Brief		
6.1	Not applicable		
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:	Craig McGoldrick, Director of Training, Safety and Assurance	
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient	
7.3	Rationale:	A reasonable level of assurance is provided. The Contaminates Group/Contaminants Subgroup have made progress. There are several workstreams to be progressed. The impact of actions implemented to mitigate the risk of contaminants will be evaluated.	
8	Appendices/Further Reading		
8.1	N/A		
Prepared by:	Teresa Kelly, Deputy Head of Safety and Assurance		
Sponsored by:	Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance		
Presented by:	Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance		
Links to Strategy and Corporate Values			
<p>Strategic Plan 2022-2025: Outcome 5 - We are a progressive organisation, use our resources responsibly and provide best value for money to the public. What we will do. - As an emergency service that is always looking to improve, we will continue to focus on the effective management of risk, and the health, safety, and wellbeing of the public and our staff. Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be. Objective 6.1 Continuing to work in partnership with our representative bodies to ensure the safety, and wellbeing of the public and our people. Objective 6.2 Developing and deploying new and more agile ways of working to protect the safety, wellbeing, physical and mental health of our people.</p> <p>Safety Value: Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.</p>			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Scrutiny</i>	



Report No: C/PC/24-26

Agenda Item: 13.1

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 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 <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this report is to provide the People Committee (PC) with an update on HMFSI inspection action plans.						
1.2	At this meeting, the PC are asked to review the progress action plans relating to His Majesty's Fire Service Inspectorate (HMFSI) reports on: <ul style="list-style-type: none"> • Mental Health and Wellbeing • Organisation Culture: Volume 1 						
2	Background						
2.1	HMFSI inspects and reports on the 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 PC is presented with the current Overview Dashboard, attached as Appendix A for noting. This provides high level details of all action plans.						
3.2	<u>Mental Health and Wellbeing</u>						
3.2.1	The HMFSI Mental Health and Wellbeing report was published in December 2023 with a total of 30 actions identified. Progress continued until August 2025 but was paused due to resource reallocation to support the Wellbeing Recovery Plan.						
3.2.2	Following engagement with HMFSI and the Chair of the Audit and Risk Assurance Committee, it was agreed to re-plan the Mental Health and Wellbeing Action Plan. After wellbeing resources were realigned to Safety and Assurance and the Recovery Plan stabilised, the Action Plan was reviewed to confirm its validity, currency, and sufficiency.						

3.2.3	The re-planned Action Plan contains a total of 17 actions.
3.2.4	Overall progress is green, with the plan approximately 80% complete. <i>(Percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).</i>
3.2.5	<p>Status this period:</p> <ul style="list-style-type: none"> • 7 completed (actions 3,5,7.6, 8.1, 9.1, 11 and 17– green pending final PC scrutiny) • 10 are green following the review and restart of the Action Plan with new due dates identified (actions 1,6.3,6.4, 7.1,7.2, 7.3, 7.4, 7.5, 9.2, 13)
3.2.6	These actions remain linked to the Mental Health and Wellbeing Group Action Plan with longer-term timescales. These will be tracked by the re-formed Mental Health and Wellbeing Group, which met for the first time in January 2026 to review its Terms of Reference, the strategy, and agree a forward Mental Health and Wellbeing Group Action Plan.
3.2.7	Appendix B provides full narrative progress reporting.
3.2.8	A summarised progress report of live actions is available below:
3.2.9	<p><i>Action 1: Develop Wellbeing Framework and supporting action plan(s) that focus on a preventative and responsive approach to support the wider physical and mental wellbeing agenda. [Green, 0% complete]</i></p> <p>Summary: The Wellbeing Framework will be developed through a refresh of the Mental Health and Wellbeing Strategy and a supporting action plan. The Mental Health and Wellbeing Group has been re-established and is progressing this work.</p> <p>Update: Following the re-planning exercise, a new completion date of 31 March 2027 was approved by SMB (previously June 2025).</p> <p>Status: Green – action has recommenced following a period of pause, with work progressing towards the newly established date.</p>
3.2.10	<p><i>Action 6.3: Carry out a full evaluation of the Mental Wellbeing Champion programme to inform future improvements and changes to the SFRS mental wellbeing support model. [Green, 0% complete]</i></p> <p>Summary: A full evaluation of the Mental Wellbeing Champion Programme will be undertaken through the Mental Health and Wellbeing Group Action Plan. Previous feedback has informed improvements, with further evaluation activity to be led by a re-established Wellbeing Champion Subgroup.</p> <p>Proposal: Following the re-planning exercise, a new completion date of 31 March 2027 was approved by SMB (previously December 2024).</p> <p>Status: Green – action has recommenced following a period of pause, with work progressing towards the newly established date.</p>
3.2.11	<p><i>Action 6.4: Use outputs from evaluation to develop longer term actions to develop and sustain Mental Wellbeing Champion model. [Green, 0% complete]</i></p> <p>Summary: This action is dependent on completion of Action 6.3 and will use evaluation outputs to inform longer-term development and sustainability of the Mental Wellbeing Champion model. Delivery will be overseen by the Mental Health and Wellbeing Group, with the Wellbeing Champion Sub Group leading and tracking progress.</p> <p>Proposal: Following the re-planning exercise, a new completion date of 31 March 2027 was approved by SMB (previously June 2025).</p> <p>Status: Green – action has recommenced following a period of pause, with work progressing towards the newly established date.</p>

3.2.12	<p>Action 7.1: Continue to progress the actions of the Mental Wellbeing Learning Resource Group to incorporate / integrate learning from Lifelines and future mental wellbeing and suicide prevention training into the employee lifecycle. [Green, 90% complete]</p> <p>Summary: Lifelines Scotland training is well embedded within SFRS as part of a wider mental health and suicide prevention programme, integrated across the employee lifecycle and supported by facilitators, resources and partner inputs. A visual overview of training provision across the employee lifecycle is being developed to evidence delivery and support closure.</p> <p>Status: Green – nearing completion; closure has been deferred pending completion of final evidence.</p>
3.2.13	<p>Action 7.2: Develop and implement resources to signpost or provide support to candidates applying to join or move to other roles within SFRS. [Green, 90% complete]</p> <p>Summary: A range of wellbeing support resources is in place and promoted via the Wellbeing iHub, supported by ongoing communications and engagement with Mental Wellbeing Champions. These arrangements have been through governance and are considered effective. A visual overview of support and resources across the employee lifecycle is being developed to evidence provision and support closure.</p> <p>Status: Green – nearing completion; closure has been deferred pending completion of final evidence.</p>
3.2.14	<p>Action 7.3: Review onboarding and induction resources and support, to provide a holistic approach between SFRS and partner organisations / charities. [Green, 90% complete]</p> <p>Summary: Access to and signposting of wellbeing support during onboarding and induction is in place and considered effective, with oversight through the Mental Health and Wellbeing Group. Final updates to the Mental Wellbeing Champion module within LCMS are being completed to support closure.</p> <p>Status: Green – nearing completion; closure deferred pending final updates to learning resources.</p>
3.2.15	<p>Action 7.4: Refine and implement resources as part of the Management Capability Development Framework in support of development of existing and aspiring managers ensuring a blended approach to delivery including face to face. [Green, 25% complete]</p> <p>Summary: Lifelines content has been incorporated into the Middle Management Leadership Development Programme, with plans to extend this across future programmes. The wider Manager Capability Framework remains in development and does not yet fully include mental health and wellbeing elements. Further integration will be progressed through the Mental Health and Wellbeing Group, in conjunction with key stakeholders.</p> <p>Proposal: Following the re-planning exercise, a new completion date of 31 October 2026 was approved by SMB (previously December 2025).</p> <p>Status: Green – action has recommenced following a period of pause, with work progressing towards the newly established date.</p>
3.2.16	<p>Action 7.5: Identify and secure appropriate suicide prevention and crisis management training, learning resources and support to enable people in crisis to be supported. [Green, 90% complete]</p> <p>Summary: Suicide prevention training and support are in place, including awareness sessions, the Zero Suicide Alliance module, and resources via the iHub. Wellbeing Champions receive additional tailored learning and tools. Further work is underway to enhance support for operational staff. A visual overview of training and support across the employee lifecycle is being developed to evidence provision and support closure.</p>

3.2.17	<p>Status: Green – nearing completion; closure deferred pending completion of final evidence.</p> <p>Action 9.2: Develop and implement wider 'family' section of the SFRS website to enable access to resources and information to families and retired employees. [Green, 0% complete]</p> <p>Summary: Work will be progressed with Communications & Engagement to expand the 'Family' section of the SFRS website, improving access to information for families and retired staff. Delivery will be overseen by the Mental Health and Wellbeing Group.</p> <p>Proposal: Following the re-planning exercise, a new completion date of 31 March 2027 was approved by SMB (previously April 2025).</p> <p>Status: Green – action has recommenced following a period of pause, with work progressing towards the newly established date.</p>
3.2.18	<p>Action 13: Implement a pilot Wellbeing development event for On Call Support Watch Commanders to consider how further support can be provided to the wider On Call workforce. [Green, 0% complete]</p> <p>Summary: Early work is underway to define the role of On Call Support Watch Commanders in supporting workforce wellbeing, building on existing improvements such as enhanced resources, events, and engagement activity.</p> <p>Further development, including delivery of a pilot wellbeing event and associated learning, will be progressed through the Mental Health and Wellbeing Group.</p> <p>Proposal: Following the re-planning exercise, a new completion date of 31 August 2026 was approved by SMB (previously March 2025).</p> <p>Status: Green – action has recommenced following a period of pause, with work progressing towards the newly established date.</p>
3.3	<p>Organisational Culture - Volume 1</p>
3.3.1	<p>The HMFSI report on Organisational Culture – Volume 1 (June 2025) contains 25 actions.</p>
3.3.2	<p>Overall progress is green, with the plan approximately 60% complete. <i>(Percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).</i></p>
3.3.3	<p>After a first draft of the Action Plan was shared with HMFSI, a revised Action Plan was reviewed as a matter of urgency to reflect HMFSI feedback and approved by the Strategic Leadership Team in early February 2026. It was then shared with Audit and Risk Assurance Committee and People Committee members. Separately, the Organisational Culture and Leadership Programme is being established to support delivery of the HMFSI Action Plan and wider cultural improvements.</p>
3.3.4	<p>Now that the Plan has been approved, a Position Statement has been prepared. This is attached as Appendix C to provide further detail on our current provisions and to outline actions to address the recommendations. Once the Action Plan reaches a stage of completion the Position Statement will be updated against the recommendations. This will detail any improvements made and the current provisions available at that time.</p>
3.3.5	<p>Status this period:</p> <ul style="list-style-type: none"> • 8 completed (actions 1.2, 4.2, 4.3, 7.1, 14.1, 15.1, 17.2 and 18.1– green pending final SDC scrutiny) • 1 is amber (action 1.1) • 16 are green (see actions 1.3, 2.1, 3.1, 4.1, 5.1, 5.2, 6.1, 8.1, 9.1, 10.1, 11.1, 11.2, 12.1, 13.1, 16.1 and 17.1)
3.3.6	<p>Appendix D provides full narrative progress reporting.</p>
3.3.7	<p>A summarised progress report of live actions is available below:</p>

<p>3.3.8</p>	<p>Action 1.1: Issue instruction and supporting guidance that all new and revised policies and procedures must be accompanied by the relevant supporting impact assessments. [Amber, 60% complete] Summary: Planning is underway to issue communication to all strategic managers reinforcing the requirement for policies and procedures to be accompanied by relevant impact assessments in line with governance guidance. Proposal: An initial revised completion date of 30 June 2026 was approved by SMB (from March 2026). Status: Amber – reflects early delay in progressing the required communications, with work underway towards the revised date.</p>
<p>3.3.9</p>	<p>Action 1.3: Clarify when supporting documents (e.g. EHRIA, DPIA, privacy statements) are required during policy and procedure development and review within the revised EHRIA process and guidance. [Green, 50% complete] Summary: Existing EHRIA guidance remains in place while the revised toolkit is developed. The new template is in use, the SharePoint site is live, and the majority of guidance materials have been drafted. Progress was temporarily paused due to EDI team reprioritisation, with refinements made during a pilot period. Remaining work includes completing guidance materials and implementing a monitoring process. Status: Green – work is progressing towards the original completion date.</p>
<p>3.3.10</p>	<p>Action 2.1: Engage with a wide range of relevant stakeholders in the development and creation of the SFRS People Strategy. [Green, 80% complete] Summary: An initial draft People Strategy has been developed based on stakeholder engagement, setting out a draft vision and high-level commitments. Further consultation has informed the final Strategy and supporting delivery frameworks. Status: Green – on track for governance approval in Quarter 1 2026/27, with work progressing towards the original completion date.</p>
<p>3.3.11</p>	<p>Action 3.1: Undertake a review of the People Directorate operating model, taking into account stakeholder engagement, organisational priorities, capacity and capabilities. [Green, 40% complete] Summary: Work is underway through the budget setting and prioritisation process to align capacity and capability with organisational priorities, including compliance, culture and leadership. Further stakeholder engagement in Quarter 1 2026/27 will inform the wider review of the People Directorate operating model. Status: Green – work is progressing towards the original completion date.</p>
<p>3.3.12</p>	<p>Action 4.1: Reflect the incorporation of the SFRS Values and the National Fire Chiefs Council (NFCC) Leadership Framework in the revised SFRS Recruitment and Selection Policy. [Green, 10% complete] Summary: Work on the Recruitment and Selection Policy is scheduled to begin in Quarter 1 2026/27, with the policy format to be agreed by the People Directorate Management Team in Quarter 4 2025/26. The updated policy will incorporate SFRS Values and the NFCC Leadership Framework. Status: Green – early-stage activity planned, with work progressing towards the original completion date.</p>
<p>3.3.13</p>	<p>Action 5.1: Evaluate and make ongoing enhancements to the revised Positive Action approach and engagement materials which have been developed and are being piloted as part of the August 2025 Wholetime Firefighter (WT FF) recruitment process. [Green, 40% complete] Summary: Enhanced engagement activity has supported positive action outreach, including targeted sessions for women and LGBTQ+ communities. Five fully subscribed events attracted around 700 attendees, supported by new materials and a social media</p>

	<p>campaign. Next steps include strengthening links with Minority Ethnic community networks and addressing accessibility challenges identified through delivery. Status: Green – work is progressing towards the original completion date.</p>
3.3.14	<p>Action 5.2: Analyse and report on the demographics of candidates throughout the recruitment and selection process. [Green, 60% complete] Summary: Demographic data (including gender and ethnicity) is now reported at each stage of the recruitment process. This will be extended to track candidates who have engaged through outreach activity. Next steps include analysing success rates across stages and reporting findings. Status: Green – work is progressing towards the original completion date.</p>
3.3.15	<p>Action 6.1: Conclude evaluation activity regarding the Service's Management Development Framework and ensure this is considered as part of the Leadership & Culture review and reset. [Green, 100% complete] Summary: Evaluation of the Management Development Framework has informed improvements to leadership training, including the Supervisory Manager course, and contributed to the Organisational Culture & Leadership Programme. Phase 1 of the Leadership Management Development Taskforce is underway, with updated content planned for rollout in Quarter 1–Quarter 2 2026/27. Status: Green – action is complete in delivery terms; formal closure is pending submission of final evidence to SMB (scheduled July 2026).</p>
3.3.16	<p>Action 8.1: Consider how to improve communication to all SFRS personnel regarding how the Learning and Development budget is allocated and invested. [Green, 40% complete] Summary: Work is underway to improve communication of Learning and Development investment through a clear, accessible infographic for all personnel. Developed with Communications, the proposed dashboard-style product will use key metrics and quarterly reporting to enhance transparency. Status: Green – work is progressing towards publication in Quarter 1 2026/27 and the original completion date.</p>
3.3.17	<p>Action 9.1: SFRS will consider this recommendation within the scheduled review of the Appraisal process, taking account of current system and technology capabilities and constraints. [Green, 10% complete] Summary: Initial work has commenced to review appraisal arrangements, with activity partly dependent on the Corporate Business Systems project and future system capabilities. In the interim, opportunities to strengthen quality assurance, monitoring and reporting within existing systems are being explored. Outputs will inform subsequent delivery activity under Action 10.1. Status: Green – early-stage work is progressing towards the original completion date.</p>
3.3.18	<p>Action 10.1: Undertake a full review of the SFRS Appraisal process. [Green, 10% complete] Summary: Preparatory work is underway to scope a full review of the appraisal process. A representative working group will assess current practice, supported by benchmarking and gap analysis, to develop options and recommendations for governance consideration. Subject to approval, revised appraisal arrangements will be implemented with supporting communications, training, and enhanced quality assurance, monitoring and reporting, aligned to current and future Corporate Business Systems capability. Status: Green – early-stage work is progressing towards the original completion date.</p>
3.3.19	<p>Action 11.1: Continue schedule of work agreed with Representative Bodies to reclassify some People policies as guidance. [Green, 15% complete] Summary: Planning is underway for the 2026/27 People Policy Review Schedule, including identification and agreement of policies to be reclassified as guidance in</p>

<p>3.3.20</p> <p>3.3.21</p> <p>3.3.22</p> <p>3.3.23</p> <p>3.3.24</p>	<p>conjunction with Representative Bodies. Status: Green – early-stage work is progressing towards the original completion date.</p> <p>Action 11.2: Ensure People policy development and review considers best practice, accessibility and SFRS style guide to simplify for end users. [Green, 20% complete] Summary: A development session will be delivered by Communications in Quarter 4 2025/26 to support the People Team in applying the SFRS Style Guide and improving policy accessibility for end users. Status: Green – work is progressing towards the original completion date.</p> <p>Action 12.1: Progress the Corporate Business Systems Project as an enabler of technology-based process improvement and more efficient ways of working. [Green, 30% complete] Summary: The Corporate Business Systems Outline Business Case was approved by CPIG in February 2026 and will now progress to the Strategic Planning and Change Committee for scrutiny. A User Intelligence Group is being established to develop procurement approach options and recommendations. Status: Green – work is progressing towards the original completion date.</p> <p>Action 13.1: SFRS Employee Network Terms of Reference are based primarily on a peer support and common interest purpose. SFRS will engage with the SFRS Employee Networks and other stakeholders to understand how they can inform development of Service policy. [Green, 25% complete] Summary: Initial activity is underway to strengthen the role of Employee Networks, including progression of a New Demand Form for CPIG approval, engagement with network chairs, and joint working with Public Health Scotland. Next steps include further engagement with networks, reviewing guidance, and developing clearer routes for connection with the organisation and between networks. Status: Green – work is progressing towards the original completion date.</p> <p>Action 16.1: Provide ongoing communication to colleagues on national priorities, strategic initiatives, and highlight any changes. [Green, 100% complete] Summary: A range of communications has been delivered to colleagues on national priorities and strategic initiatives, including the SFRS Strategy 2025–2028, Strategic Service Review Programme, and New Mobilising System, using channels such as iHub, vlogs, Weekly Brief and Managers Brief. Status: Green – action is complete in delivery terms; formal closure is pending submission of final evidence to SMB (scheduled July 2026).</p> <p>Action 17.1: Complete the implementation of SFRS' refreshed business case process, managed by the Portfolio Office, including New Demand template and Strategic Scoring matrix. [Green, 75% complete] Summary: Implementation of the refreshed business case process is well progressed, including the New Demand template and Strategic Scoring matrix. Responsibility for the process is transitioning from the Portfolio Office to the Finance team. Status: Green – work is progressing towards the original completion date, with a further update to follow in the next reporting period.</p>
<p>4</p>	<p>Recommendation</p>
<p>4.1</p>	<p>The PC is invited to:</p> <ul style="list-style-type: none"> • Note the progress of all action plans as presented in the HMFSI inspection dashboard, attached as Appendix A. • Scrutinise the Mental Health and Wellbeing Action Plan, attached as Appendix B. • Scrutinise the Organisational Culture Volume 1 opening Position Statement, attached as Appendix C. • Review the Organisational Culture Volume 1 Action Plan, attached as Appendix D.

5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	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	Financial
5.2.1	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	Environmental & Sustainability
5.3.1	There are no environmental implications associated with the recommendations of this report.
5.4	Workforce
5.4.1	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	Health & Safety
5.5.1	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	Health & Wellbeing
5.6.1	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	Training
5.7.1	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	Timing
5.8.1	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	Performance
5.9.1	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	Communications & Engagement
5.10.1	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	Legal
5.11.1	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	Information Governance
5.12.1	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, 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	Appendix A: HMFSI Inspection Overview Dashboard		
8.2	Appendix B: Mental Health and Wellbeing Action Plan Update		
8.3	Appendix C: Organisational Culture Volume 1 opening Position Statement		
8.4	Appendix D: Organisational Culture Volume 1 Action Plan Update		
Prepared by:	Louise Patrick, Strategic Planning and Partnership Co-ordinator		
Sponsored by:	Jim Holden, Head of Safety and Assurance / Lyndsey Gaja, Head of People		
Presented by:	Jim Holden, Head of Safety and Assurance / Lyndsey Gaja, Head of People		
Links to Strategy and Corporate Values			
Our inspection process contributes to:			
<ul style="list-style-type: none"> 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
<i>Senior Management Board</i>	<i>28/04/2026</i>	<i>For recommendation</i>	
<i>People Committee</i>	<i>18/06/2026</i>	<i>For scrutiny (Mental Health & Wellbeing, Organisational Culture Volume 1)</i>	
<i>Audit and Risk Assurance Committee</i>	<i>16/07/2026</i>	<i>For information</i>	

HMFSI INSPECTION OVERVIEW DASHBOARD

APPENDIX A

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 MENTAL HEALTH AND WELLBEING SUPPORT IN THE SFRS - ACTION PLAN

Updated	Next Update
May-26	Jul-28

HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	BRAG	Evidence
The new Mental Health Strategy should continue to be aspirational in that its offer for staff should be broad, but it also must be achievable and robust. The strategy should be subject to SMART assessment, action plans for achieving outcomes should be considered in advance of its publication. Adequate resources should be in place to support the strategy intentions.	1	Develop Wellbeing Framework and supporting action plan(s) that focus on a preventative and responsive approach to support the wider physical and mental wellbeing agenda.	Mental Health and Wellbeing Group	Jun-25	Mar-27	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replace the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: It has been determined that the development of a Wellbeing Framework will be taken forward by refreshing our current Mental Health and Wellbeing Strategy and developing a workstream Action Plan in line with current commitments. The Mental Health and Wellbeing Group (MHWG) has been reinstated and members have been tasked with an action to review the current Mental Health and Wellbeing Strategy and progress will be reported in due course.</p> <p>Following the review of the previously paused Action Plan, a revised due date is requested for this action.</p> <p>[A revised due date from 30 June 2025 to 31 March 2027 is requested to allow this work to be undertaken.]</p> <p>This action is being progressed and has been marked green with work progressing towards the requested revised due date.</p>	0%		Green	<p>Wellbeing survey results Benchmark nationally through NFCC and collaboration with tri-services Strategy document, action plan and completed governance. Strategy document, action plan and completed governance MHWG group has been reinstated</p>
The Board of SFRS should assess if they are fully scrutinising progress of Mental Health outcomes against the aspirations of the Mental Health Strategy. Governance routes up to Board level should be reinvigorated and formalised to ensure scrutiny, oversight and transparent accountability are in place.	3	Carry out a review of the Mental Health and Wellbeing Group Terms of Reference to align with revised SFRS governance arrangements. Agree the format and methods of scrutiny and reporting of progress on the SFRS Mental Wellbeing Action Plan and decisions of the Mental Health and Wellbeing Group with the SFRS People Committee.	Mental Health and Wellbeing Group	Sep-24	Jul-25 Apr-26	Complete	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replace the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: The Mental Health and Wellbeing Group (MHWG) has been reinstated, with an action for the group to review and finalise the Terms of Reference (ToR). The group will regularly report through the appropriate governance process of Corporate Board and People Committee.</p> <p>It is proposed that this action is closed with Terms of Reference for the Mental Health and Wellbeing Group being reviewed and progressed through the established governance route.</p>	100%		Green	<p>Agenda item to review draft ToR.pdf</p> <p>MHWG Final ToR.pdf</p>
The Service should consider the most appropriate way that it can offer professional support for its Mental Wellbeing Champions. This support should include appropriate processes to track any interventions work of Champions, debriefing and evaluation of interventions and reflective supervision and support.	5	Review model of professional support to ensure appropriate interventions are being implemented; ensuring that the integrity of the service and support provided remains uncompromised and that collation of data complies with General Data Protection Regulation (GDPR) requirements.	Mental Health and Wellbeing Group	Dec-24	Mar-27	Complete	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replace the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: Mental Wellbeing Champions currently undergo a robust training programme containing a range of modules prior to commencing in role. This is followed by ongoing Continuous Professional Development (CPD) events and modules to enable them to gain knowledge in a range of matters which may impact on employee wellbeing. The following support is also in place: -A digital channel to enable exchange of information, engagement and support between champions -A bespoke SharePoint site that holds all relevant information, signposting resources and templates -Regular newsletters including current areas of interest and opportunities to attend events and further optional online training courses when available -Invitations to engage with the Wellbeing Team to receive individual wellbeing support and an overview of resources they signpost to -Bespoke Incident support, Mental Wellbeing Champion (MWC) Programme Networks are established and meet regularly to provide long term support and signposting to all stations and staff involved in significant incidents -A Mental Wellbeing Champion support booklet that provides details of what the role involves, an overview of champion peer support, Post Incident support, boundaries, confidentiality, psychological first aid, managing conversations, suicidal services and further signposting. Engagement sessions were held across 2024 covering an overview of various resources, including Wellbeing and Inclusion, Musculoskeletal (MSK), Exercise and the Post Incident Support Process (PISP)/Rivers Centre, the Firefighters Charity, Scottish Men's Shed Association and breathing Space. Separate Continued Professional Development (CPD) sessions provided by the Firefighters Charity were also delivered. Supplementary communications were issued to identify additional volunteers to the programme and aimed at focusing on areas where there may be gaps in provision. Feedback from the range of sessions delivered to Champions was collated and used to further shape the support provided. A survey was also carried out to identify what support Champions require from SFRS, and the findings have informed a new set of arrangements that are now in place. Monthly joint engagement sessions with the Wellbeing Team are now established, offering support and access to clinicians when required. A dedicated Microsoft Teams channel has also been created to enable direct access to Wellbeing support and to facilitate peer-to-peer connection. In addition, a monthly newsletter is produced to provide updates, information, and resources to aid continued development. There are currently three Veteran Champions who offer specific support to current and former serving employees. The Induction Programme has been reviewed and updated, and the On Call SharePoint site now includes dedicated information and resources to support Champions in their role. The Mental Health and Wellbeing Group (MHWG) will provide clarity on the expectations of the Wellbeing Champion role and consider methods to evaluate, supervise and support.</p> <p>Champions are directed to Employee Assistance Programme (EAP), Occupational Health (OH) Physicians, the Champion Co-ordinator and Lead Champions for support where needed. They are supported with a Toolkit that pulls together all resources they require for their role, and are provided with Peer support opportunities through discussing Case Studies to reflect on how they handle conversations, and as a way to evaluate and learn. Champions attend awareness sessions provided by a wide range of external partners such as Employee Assistance Programme and Breathing Space to build confidence in knowing where to signpost to, and for their own support.</p> <p>Consideration had been previously given to the collation of data including information on types of intervention and the level of support, however given the nature of the support required and provided, it was determined that it was not required and could ultimately prevent people from utilising the support offered. Data collation for the Wellbeing Champions is limited to number only and is completely anonymised therefore compliant with GDPR. Current data collation indicates that an increased number of Champions are attending engagement sessions and therefore it is understood that learning development is being strengthened.</p> <p>The Mental Health and Wellbeing Group (MHWG) has been reinstated and an action is being taken forward for the Wellbeing Champion Sub-Group to also be reinstated. This Sub Group will continue to work to develop the programme and ongoing support beyond this action under Business as Usual.</p> <p>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 Wellbeing Champion Sub Group and progressed through the established governance route.</p>	100%		Green	<p>Champion Monthly Newsletter - invite review Case Studies.msg</p> <p>Snip of Wellbeing Champion Sharepoint site and Teams Channel.docx</p> <p>Champion Newsletter - description of Case Studies session.msg</p> <p>Wellbeing Champion Programme Booklet.pdf</p> <p>Wellbeing Champion Toolkit.pdf</p> <p>Champion Interventions Activity Tracker.xlsx</p>
Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The Mental Wellbeing Champion approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.	6.3	Carry out a full evaluation of the Mental Wellbeing Champion programme to inform future improvements and changes to the SFRS mental wellbeing support model.	Wellbeing Champion Sub Group	Dec-24	Mar-27	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replace the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: A full evaluation of the programme is required and will form part of the Action Plan. The last survey was completed in February 2024. Any actions from feedback that could be taken forward were carried out i.e. Wellbeing Champion engagement session on the topic of Post Incident Support Programme (PISP) process. Further feedback was gathered through an engagement session entitled 'Time to Talk' in August 2025. Following Wellbeing events aligned to the wellbeing calendar, evaluations were carried out to understand if participants were aware of the Wellbeing Champion Programme and accessibility of champions.</p> <p>The Wellbeing Champion Sub Group is being re-established and Chaired by Deputy Head of Wellbeing. This action, to carry out a full evaluation of the Mental Wellbeing Champion programme, will be allocated to, and tracked by, the Sub-Group and reported to the Mental Health and Wellbeing Group (MHWG) with updates provided as part of the HMFSI Action Plan reporting process.</p> <p>Following the review of the previously paused Action Plan, a revised due date is requested for this action.</p> <p>[A revised due date from 31 December 2024 to 31 March 2027 is requested to allow this work to be undertaken.]</p> <p>This action is being progressed and has been marked green with work progressing towards the requested revised due date.</p>	0%		Green	<p>Strategy Champion sub-group Action plan and reportable to MHWG Previous survey from 2023/24</p>

Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The Mental Wellbeing Champion approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.	6.4	Use outputs from evaluation to develop longer term actions to develop and sustain Mental Wellbeing Champion model.	Wellbeing Champion Sub Group	Jun-25	Mar-27	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: Work for this action is directly related to the completion of action 6.3. Conducting the evaluation and using the outputs will form part of the Action Plan and the Mental Health and Wellbeing Group (MHWG) will maintain scrutiny of its progress.</p> <p>The Wellbeing Champion Sub Group is being re-established and Chaired by Deputy Head of Wellbeing. This action, to carry out a full evaluation of the Mental Wellbeing Champion programme, will be allocated to, and tracked by, the Sub-Group and reported to the Mental Health and Wellbeing Group (MHWG) with updates provided as part of the HMFSI Action Plan reporting process.</p> <p>Following the review of the previously paused Action Plan, a revised due date is requested for this action.</p> <p>[A revised due date from 30 June 2025 to 31 March 2027 is requested to allow this work to be undertaken.]</p>	0%		Green	Strategy Recovery sub-group Action plan and reportable to MHWG Previous survey from 2023/24 Most recent survey and data output
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.1	Continue to progress the actions of the Mental Wellbeing Learning Resource Group to incorporate / integrate learning from Lifelines and future mental wellbeing and suicide prevention training into the employee lifecycle. This includes identifying requirements/opportunities to develop a programme from onboarding, induction, in development; in role, on promotion and through to retirement and also consider where face to face training maybe appropriate and achievable; whilst taking into account SFRS digital first principles.	Michael Humphreys	Jun-25	Dec-26	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: Lifelines Scotland training has been embedded within SFRS since 2020 and has predominantly taken place online in accordance with SFRS Digital First Principles. This enables much greater access to events and significantly reduces the complexities around face to face training delivery given the geography, shift patterns and number of on call employees as well as reducing the impact on operational delivery and cost to SFRS. SFRS has established a working group to incorporate learning from Lifelines and future mental wellbeing and suicide prevention training into the employee lifecycle. An action plan has been developed and includes identifying requirements/opportunities to develop a programme from onboarding, induction, in development, in role, on promotion and through to retirement.</p> <p>The recommendation related to the Post Incident Support Procedure is noted and is captured in action number 17.</p> <p>A modularised programme has been developed and has been implemented into the Wholtime Firefighter Induction Programme. 38 Facilitators have been trained to deliver the Lifelines content, however, a programme to ensure competency is still to be implemented and recommendations for an ongoing delivery model to be considered.</p> <p>Both mandatory and optional suicide awareness and intervention learning materials and resources have been embedded into the SFRS Mental Health Learning Resource Group (MHLRG) Action Plan and a draft scope of materials within the Matrix. Suicide First Aid training has been completed for the Wellbeing Team</p> <p>The modularised programme, whereby every Wholtime Firefighter that passes through the National Training Centre (NTC) received Lifelines modules 1 and 2, now also includes Trainee Control Firefighters as of May 2025. These modules are 'Staying Well' and 'Understanding Resilience'.</p> <p>A range of Mental Health training is available for all staff, this consists of the Lifelines course with a introductory module on Learning Content Management System (Learning Content Management System (LCMS)) as part of the induction. Further to the Lifelines course, staff are signposted to the Wellbeing iHub which holds a range of supportive mechanisms under the 5 pillars and key partners that provide support. A programme of awareness sessions on the Employee Assistance Programme (EAP), Post Incident Support Programme (PISP) and information sessions from external partners are programmed throughout the year to provide mental health training. Wellbeing information sessions are provided by the Firefighters Charity throughout the year and in line with the Wellbeing and Inclusion calendar. Roadshows are also held at stations to bring partners and information directly to staff. To support and develop the Champions, they are supported with monthly newsletters and engagement/information sessions. The Lifelines course has been deemed adequate as it has been developed by NHS Lothian, used by the other emergency services and endorsed by the Scottish Government.</p> <p>3 June 2026: Following a proposal to close in April 2026, further consideration has been given to this action with work still to be undertaken to fully close. A chart/diagram has been requested to show what training is offered / delivered to all staff at the differences stages of the employment lifecycle to evidence the above. To be taken back to the MHWB once completed.</p>	90%		Green	Learning Resources Matrix finalised and agreed by MHWG, specifying types and levels of training to be provided; stage in employment lifecycle and detailing specialist training for specific posts. Records of number of trained Lifelines facilitators Records of completion of Lifelines course attendance Wellbeing iHub page and tools within EAP page updated on iHub, with awareness session delivered Champion engagement sessions Newsletters Wellbeing & Inclusion calendar Roadshows PISP awareness sessions
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.2	Develop and implement resources to signpost or provide support to candidates applying to join or move to other roles within SFRS	Michael Humphreys	Dec-24	Mar-25 Dec-26	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: This is a longer piece of work which requires to be taken through the Mental Health and Wellbeing Group. Staff are currently signposted to a range of tools and mechanisms available on the Wellbeing iHub (staff intranet) and regularly promoted via communications. Mental Wellbeing Champions are supported with monthly newsletters and engagement/information sessions, and as it stands, these tools and resources are deemed adequate having progressed through the previous governance channels and agreed by the Wellbeing Department. Any further development work will be undertaken by the Mental Health and Wellbeing Group.</p> <p>3 June 2026: Following a proposal to close in April 2026, further consideration has been given to this action with work still to be undertaken to fully close. A chart/diagram has been requested to show what training is offered / delivered to all staff at the differences stages of the employment lifecycle to evidence the above. To be taken back to the MHWB once completed.</p>	90%		Green	Supporting information and signposting available on SFRS internet and intranet. Wellbeing iHub page and tools within EAP page updated on iHub, with awareness session delivered Champion engagement sessions Newsletters Wellbeing & Inclusion calendar Roadshows PISP awareness sessions
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.3	Review onboarding and induction resources and support, to provide a holistic approach between SFRS and partner organisations / charities	Michael Humphreys	Mar-25	Dec-26	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: Access and signposting to all of the support and resources during the onboarding and induction process are considered adequate. Any further work to develop a Delivery Plan will be undertaken by the Mental Health and Wellbeing Group.</p> <p>3 June 2026: Following a proposal to close in April 2026, further consideration has been given to this action. SFRS Mental Wellbeing Champion Programme module on LCMS to be updated by Oria Thomson and Greg Hastie. Proposal to take to MHWG for the "CSD - SFRS Mental Wellbeing Champion Programme" module on LCMS to be added to the induction checklist for all new starts / onboarding. This includes lifeline module which is linked to partner agencies / organisations.</p>	90%		Green	Induction process in place for all staff groups. Wellbeing iHub page and tools within EAP page updated on iHub, with awareness session delivered Champion engagement sessions Newsletters Wellbeing & Inclusion calendar Roadshows PISP awareness sessions
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.4	Refine and implement resources as part of the Management Capability Development Framework in support of development of existing and aspiring managers ensuring a blended approach to delivery including face to face.	Mental Health and Wellbeing Group	Dec-25	Oct-26	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 February 2026: Previously, circa August 2024, Lifelines content was integrated into the current Middle Management Leadership Development Programme (MMLDP) with a view to being reworked into future management and leadership programmes. The Manager Capability Framework (MCF) is currently in the design stages and elements of Mental Health and Wellbeing (MHWB) have not yet been captured.</p> <p>This is a longer piece of work which requires to be taken through the Mental Health and Wellbeing Group with updates provided as part of the HMFSI Action Plan reporting process. Key stakeholders will include Talent Development and Talent Acquisition and specific actions will be identified.</p> <p>Further update on the Management Development Framework (MDF) from Talent Development and Service Delivery Lead will be provided in due course.</p> <p>Following the review of the previously paused Action Plan, a revised due date is requested for this action.</p> <p>[A revised due date from 31 December 2025 to 31 October 2026 is requested to allow this work to be undertaken.]</p> <p>This action is being progressed and has been marked green with work progressing towards the requested revised due date.</p>	25%		Green	Management Capability Framework implemented, evaluated to inform improvements and embedded across SFRS
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.5	Identify and secure appropriate suicide prevention and crisis management training, learning resources and support to enable people in crisis to be supported	Michael Humphreys	Mar-25	Dec-26	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: Suicide prevention and crisis management training, learning resources and support to enable people in crisis to be supported are currently in place. All staff are invited to suicide awareness sessions in line with World Suicide Prevention Day, and are also invited to complete the Zero Suicide Alliance Free Training module. A specific tile has been created on the iHub (staff intranet) and staff have been signposted to this. Further to this, Wellbeing Champions are supported with specific learning in terms of bespoke info sessions and opportunities to discuss case studies on this subject and an National Fire Chiefs Council (NFCC) suicide prevention toolkit has been provided and colleagues are working on a task card to support first responding operational staff. The Mental Health and Wellbeing Group will also consider re-establishing the Suicide Prevention Sub-Group to further develop work.</p> <p>3 June 2026: Following a proposal to close in April 2026, further consideration has been given to this action with work still to be undertaken to fully close. A chart/diagram has been requested to show what training is offered / delivered to all staff at the differences stages of the employment lifecycle to evidence the above. To be taken back to the MHWB once completed. A suicide sub-group has been set up and will report regularly to the MHWG on wider suicide prevention workstreams.</p>	90%		Green	Learning resources matrix embedded including suicide prevention modules

<p>The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.</p>	7.6	Collaborate with partners and stakeholders to implement appropriate training and resources to support volunteers and youth groups.	Mental Health and Wellbeing Group	Jun-25	Complete	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026:</p> <p>16/02/2026: Ongoing collaboration work with partners and signposting within the induction manual is deemed adequate and can be closed, however, the MHWG will consider how this can be developed for future requirements and alignment to the refreshed strategy once complete.</p> <p>The Youth Volunteer Scheme National Officer has completed the facilitators' course and has worked to actively identify Wellbeing Champions among Youth Volunteers while enhancing wellbeing provision across the scheme. Key resources on neurodiversity and youth resilience have been identified, and bespoke training is being developed and delivered to enable Youth Volunteer Instructors to facilitate the Lifelines Staying Well Road Trip and other wellbeing modules.</p> <p>All youth groups and Volunteers receive an induction manual outlining available wellbeing support and signposting to national services, while Youth Volunteers continue to receive dedicated mental health and wellbeing lessons as part of the syllabus and benefit from partner-delivered programmes such as Mental Health UK's Your Resilience course. A national directory of wellbeing services has been created to support young people, with further resources for Youth Volunteer Instructors, parents and carers planned.</p> <p>It is proposed that this action is closed with the ongoing collaboration work with partners and signposting within the induction manual recognised as adequate and any actions to further develop this work being progressed via the Mental Health and Wellbeing Group and progressed through the established governance route.</p>	100%	Green	<p>Wellbeing Section 4.18 YVS Induction Manual External Volunteers.pdf</p> <p>Pg 12-13 Wellbeing Section 4.19 YVS Induction Manual External Volunteers.pdf</p> <p>Wellbeing Services for Youth Volunteers.pdf</p> <p>Syllabus materials for mental health training for Young Volunteers.docx</p>
<p>The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.</p>	8.1	Develop resources to provide families with information on the role of the SFRS and the types of challenges that family members employed by SFRS may face and support available to them.	Mental Health and Wellbeing Group	Apr-25	Apr-26 Complete	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026:</p> <p>A number of existing arrangements are in place across the Service which provide opportunities for families to connect socially with the wider SFRS family and these are arranged through normal Service Delivery / Prevention and Protection events. This includes activities such as Burns Supper, St Andrews Ball as well as local Christmas parties, open days etc. Other more formal events such as Graduations and Long Service and Good Conduct Ceremonies also provide opportunities for families to interact and engage.</p> <p>In December 2023, the SFRS also held its first major family event (Santa Dash) at its National Headquarters and two other locations providing a social opportunity for families to engage with the Service. Work was previously undertaken to produce a booklet for families to provide a better understanding of the role of the SFRS and the types of work and challenges that their family members face as well as support available to our staff and family members.</p> <p>The Health and Wellbeing signposting leaflet for families continues to be utilised, promoted and distributed at local and national events. Other types of family engagement have taken place such as Family Appreciation Days already held in Sanquer Fire Station and Highlands and consideration to hold family oriented roadshows is currently underway.</p> <p>Throughout 2024 and 2025, Operations Control invited families to attend wellbeing information events and the Firefighters Charity holds events and resources details on their website. In September 2025, 999 RE:SET held its third annual event which invited families to attend.</p> <p>Current support mechanisms in place such as the H&W Signposting Leaflet, Family Appreciation days, wellbeing events held by internal and external partners continue to be utilised. Action to develop resources to support families will be taken and tracked by the Mental Health and Wellbeing Group (MHWG).</p> <p>It is proposed that this action is closed with the current support mechanisms and wellbeing events held by internal and external partners, collaboration work with partners and the Health and Wellbeing Signposting leaflet recognised as adequate and any actions to further develop this work being progressed via the Mental Health and Wellbeing Group and progressed through the established governance route.</p>	100%	Green	<p>HWSignpostingSFRSFAMILYMEMBERLEAFLET.pdf</p> <p>Signposting to support for Family Members.docx</p> <p>Champion Newsletter signposting to family events.msg</p> <p>Signposting to EAP event SFRS Weekly Brief - 25 November 2025.msg</p> <p>Snips signposting to support on Wellbeing hub for those approaching retirement.docx</p> <p>Email inviting employees and families to open day event (Control).eml</p>
<p>The SFRS should consider how it may better utilise the resources that The Fire Fighters Charity can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.</p>	9.1	Identify and implement opportunities for families to access support from the Fire Fighters Charity and other SFRS partners	Michael Humphreys	Apr-25	Apr-26 Complete	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026:</p> <p>SFRS produces an annual Wellbeing and Inclusion Calendar containing a range of focussed themes that deliver a series of events and production of resources throughout the year with a range of partners and charities, with the Fire Fighters Charity being the primary partner for a significant proportion of events. These events are communicated to the workforce through a range of methods. Regular engagement also takes place with the Firefighters Charity on how the charity can support the delivery of the wellbeing agenda and the work of the SFRS Wellbeing Team including response to crisis and suicide intervention. The charity has provided a promotional video which will be incorporated into onboarding / induction processes and wellbeing events. A committee has been established between SFRS and the charity to consider how the work of the charity can be further promoted.</p> <p>We continue to attend the quarterly meetings of the Firefighters Charity Committee, and this action will be raised at the next meeting. Alongside existing signposting for employees and their families, engagement with wellbeing partners remains active through roadshows, online engagement sessions, and ongoing iHub (staff intranet) communications, ensuring employees can access and share support information with their families. Firefighter Charity information events are also scheduled as on the events page, whereby family members are invited.</p> <p>Progress continues regarding this action and any actions to further develop this work will continue to be progressed by the Mental Health and Wellbeing Group (MHWG) due to its wider organisational scope and alignment with ongoing Wellbeing Strategy actions.</p> <p>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 Mental Health and Wellbeing Group (MHWG) as Business as Usual (BAU) and progressed through the established governance route.</p>	100%	Green	<p>Prev notes: Wellbeing and inclusion calendar of annual events Santa dash Fire Rox event Wellbeing Roadshow Events FFC hosted events.</p>
<p>The SFRS should consider how it may better utilise the resources that The Fire Fighters Charity can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.</p>	9.2	Development and implement wider 'family' section of the SFRS website to enables access to resources and information to families and retired employees	Mental Health and Wellbeing Group	Apr-25	Mar-27 In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026:</p> <p>Engagement with the SFRS Communications & Engagement Team to develop an expanded 'Family' section on the SFRS website is required, enabling families and retired employees to access resources and information. Responsibility for progressing this now appropriately sits with the Mental Health and Wellbeing Group and this action will be undertaken, tracked and reviewed by the Mental Health and Wellbeing Group with updates provided as part of the HMFSI Action Plan reporting process.</p> <p>Following the review of the previously paused Action Plan, a revised due date is requested for this action.</p> <p>[A revised due date from 30 April 2025 to 31 March 2027 is requested to allow this work to be undertaken.]</p> <p>This action is being progressed and has been marked green with work progressing towards the requested revised due date.</p> <p>05/05/2026 - Conversations underway with coms to build a specific website page for families to access resources.</p>	0%	Green	<p>New page on SFRS website dedicated to families and retirees</p>

<p>The SFRS should consider how to best prepare its serving firefighters and support staff for life following their retirement from Service. These considerations should not be limited to financial planning but should also consider the social aspects of the change that retirement brings. They should consider collaboration opportunities within the fire sector to assist with this.</p>	11	<p>Establish a working group to further develop and implement the recommendations agreed by the Mental Health and Wellbeing Group on preparation for, and post retirement.</p>	Mental Health and Wellbeing Group	Mar-25	Jun-25	Complete	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: The work of the Retirement Sub-Group was paused and the Mental Health and Wellbeing Group (MHWG) will consider if this Sub Group should be re-established. Those considering retirement continue to be supported with monthly workshops on preparing for retirement held by the Firefighters Charity and separately by Affinity Connect and they are also invited to attend Living Well Groups, established by the Firefighters Charity with some in-person local groups held by SFRS personnel. Other opportunities are the 'Stand Easy Production Group' which is also promoted by the Wellbeing Champions via a monthly newsletter and the events page. Personnel can also attend the Firefighters Charity Hope Programme held specifically for those considering retirement. The iHub (staff intranet) page to support those 'thinking of retiring' has been updated and a page providing wellbeing support for retirement is also available.</p> <p>It is proposed that this action is closed with the current support mechanisms recognised as adequate and any actions regarding preparation for or post retirement will be further developed, progressed, tracked and reviewed via the Mental Health and Wellbeing Group and progressed through the established governance route.</p>	100%	Jun-25	Green	<p>Snips signposting to support on Wellbeing hub for those approaching retirement.docx</p> <p>Champion Newsletter signposting to support for retirement.msg</p> <p>Agenda showing retirement as standing item.pdf</p> <p>Affinity-Connect Pre-Retirement course description.pdf</p> <p>Leaving SFRS FAQs.pdf</p>
<p>The Service should consider the most appropriate use of On Call drill night hours to ensure that appropriate access to essential information, including mental health and wellbeing resources, can be achieved.</p>	13	<p>Implement a pilot Wellbeing development event for On Call Support Watch Commanders to consider how further support can be provided to the wider On Call workforce</p>	Mental Health and Wellbeing Group	Mar-25	Aug-26	In Progress	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: Progress has been made to consider Wellbeing input to On Call staff. On Call representation is within the Wellbeing and Inclusion Group. The On Call SharePoint site continues to be updated with essential information. There is a designated On Call theme within the Wellbeing and Inclusion calendar and this is supported with associated roadshows. While there is early engagement to identify the scope of On Call Support Watch Commanders (OCSWCs) and their role in delivering Mental Health input, this work is to be taken through the Mental Health and Wellbeing Group (MHWG) with specific actions identified.</p> <p>A Wellbeing Development evening was delivered at Thurso Fire Station, coordinated by the Wellbeing Champion, providing wellbeing support within internal and external partners. On Call wellbeing remains within the wellbeing calendar and the On-Call representative within the Wellbeing and Inclusion Sub Group (WISG) is working to identify an On Call location for a wellbeing roadshow. Feedback on the events roadshow and resources available to the On Call staff will be presented to the MHWG for considerations.</p> <p>Further actions to develop this work will be developed and will sit with the Mental Health and Wellbeing Group (MHWG) who will refresh the Mental Health Strategy and determine how the suite of Mental Health training will be delivered to all staff groups with updates provided as part of the HMFSI Action Plan reporting process.</p> <p>Following the review of the previously paused Action Plan, a revised due date is requested for this action.</p> <p>[A revised due date from 31 March 2025 to 31 August 2026 is requested to allow this work to be undertaken.]</p> <p>This action is being progressed and has been marked green with work progressing towards the requested revised due date.</p> <p>05/05/2026 - Conversations still on-going to consider how to embed wellbeing activities, mental health training into on-call drill nights; On-going discussion in MELSB to roll out PISP awareness sessions in June 2026. Currently, resources best approach to deliver mental health training for on-call personnel.</p>	0%		Green	<p>Wellbeing development events implemented and evaluated for On Call Support Watch Commanders Roadshows</p>
<p>The SFRS should consider the most effective means of raising awareness of the Post Incident Support Process (PISP) with a focus on the personal value for those within the operational roles of the Service. Following its consideration, awareness raising of the Post Incident Support Process (PISP) should be planned and delivered across the Service. The awareness raising approaches used should be up to and including face to face engagement with subject matter experts, uniformed personnel and possibly with those who would be prepared to share lived experience of the Post Incident Support Process (PISP).</p>	17	<p>Liaise with key internal and external stakeholders to develop, plan and implement a communications schedule to raise further awareness and promotion of the revised Post Incident Support Process (PISP) policy and procedure.</p>	Mental Health and Wellbeing Group	Dec-24	Jun-26	Complete	<p>15 December 2025: Resources in the Wellbeing team have been realigned to prioritise development and implementation of the Wellbeing Recovery Plan, and associated work on development of the Wellbeing Management System. As a result, work on the Action Plan for the HMFSI report on Mental Health and Wellbeing has not progressed as originally planned. Following transition of the Wellbeing team from People to Safety and Assurance, when the Wellbeing Recovery Plan has stabilised and capacity is available, the HMFSI Action Plan will be reviewed and re-baselined. As noted in previous updates, the SFRS People Directorate has engaged with HMFSI Chief Inspector Robert Scott, and with Brian Baverstock in his capacity as Chair of Audit and Risk Assurance Committee (ARAC), to explain the situation and the intention to replan the action plan when the Wellbeing Recovery Plan has progressed. Both were content with this approach. Due to the focus on the Wellbeing Recovery Plan and the reallocation of resources to support this, there has been no further progress regarding this action and therefore it has been marked with a red BRAG status.</p> <p>28 April 2026: During this time, the Rivers contract has been extended until end of June 2026. However, constructive conversations are underway with the current provider to explore strategies to hold awareness and training sessions. The Post Incident Support Programme (PISP) process is raised through weekly brief and Wellbeing Champion engagement sessions who can then signpost with more confidence. Information of the process is on the iHub (staff intranet) and local events are held such as that in Dumfries and Galloway who are utilising local resources to educate on Post Trauma while signposting to our internal processes of Post Incident Support Programme (PISP). Three people have come forward to provide lived experience testimonies and conversations have commenced with Communications to present these in April 2026 to tie in with this being Mental Health Awareness month.</p> <p>Although we are currently engaged in an active procurement process, we continue to work collaboratively with Rivers and the SFRS Communications team to progress the intent of this action. We are developing and implementing ongoing communications activity that supports increased awareness and promotion of the revised Post Incident Support Programme (PISP) policy and procedure across the Service. This ensures that momentum is maintained and that key stakeholders remain informed while the procurement process is underway. Given that the communication plan is now established, progressing well, and will form part of wider organisational wellbeing activity, the Mental Health & Wellbeing Group (MHWG) is the appropriate forum to lead the next stage of this work.</p> <p>It is proposed that this action is closed with the communication plan now established and any actions regarding the next stages of this work will be further developed, progressed, tracked and reviewed via the Mental Health and Wellbeing Group and progressed through the established governance route.</p>	100%		Green	<p>Champion Newsletter promoting PISP session.msg</p> <p>SFRS Weekly Brief promoting PISP process.msg</p> <p>Email from Rivers and their participation at Roadshow re PISP.msg</p> <p>Raising Awareness of PISP process event.docx</p>
<p>The SFRS should consider the nomination of a Corporate Mental Health and Wellbeing Champion for the Service. The Champion should be of a sufficiently senior level to be able to direct action and ensure that appropriate oversight and governance is put in place to allow them to scrutinise progress against the next Strategy and any associated action plans.</p>	2	<p>Define the scope of the Corporate Mental Wellbeing Champion clearly stating the differences between the Champion role and the Wellbeing Executive Lead; identify methods to provide the workforce with opportunities to engage with the Champion.</p>	Sandra Haig	Dec-24	N/A	Complete	<p>28 October 2024: The Deputy Chief Officer has taken on the role of Corporate Wellbeing Champion and is now a standing member of the Mental Health and Wellbeing Group (MHWG). Engagement with communications colleagues regarding raising awareness and the profile of the role is currently ongoing. Visibility of our corporate champions is now in place, including a video which was published to SFRS employees with direct messages on the importance of employee wellbeing. A video has also been developed to promote the Fire Fighters Charity event in September. A promotional banner has been provided for use at wellbeing events and roadshows. This action has been marked blue and is now complete.</p>	100%	Aug-24	Complete	<p>Promotion of Corporate Champion video and implementation approach agreed. DCO as Corporate Champion now a standing member of MHWG. Promotional material developed for use in wellbeing promotional activity. Promotion of Identified Corporate Champion via weekly comms and on intranet.</p>
<p>The SFRS should consider the suitability of the governance arrangements for the Suicide Prevention subgroup. If it is considered that this group cannot achieve the outcomes that are set out within the Mental Health Strategy, then the Service should consider alternative arrangements to replace it. Any new arrangements should ideally be in place before the current subgroup is disbanded.</p>	4	<p>Deemed cancelled before the plan was established with approved at SLT.</p>	N/A	N/A	N/A	Cancelled	<p>Following a report submitted to the Mental Health and Wellbeing Group in August 2023, the Suicide Prevention Sub Group was formally closed. Remaining actions have been embedded into the SFRS Mental Health Action Plan and have been allocated to other working groups and teams.</p> <p>This action was reviewed and with the re-established Mental Health and Wellbeing Group (MHWG) consideration will be given to required subgroups including a Suicide Prevention subgroup. Consideration will be given within the Terms of Reference for the group as agreed with the Chair of the Mental Health and Wellbeing Group. Following review, this action remains closed.</p>	100%		Complete	
<p>Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The Mental Wellbeing Champion approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.</p>	6.1	<p>Further promote and build further awareness of Mental Wellbeing Champions across the Service</p>	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	<p>28 October 2024: Mental Health Champions now play a pivotal role in leading local initiatives and are an integral part of the network of support available and to promote and support events. A number of roadshows and development events are now being led and supported by Champions with Wellbeing acting as support rather than lead. Further communications have been issued to promote the role as part of mental health awareness week and supplementary communications were issued to identify additional volunteers to the programme, aiming to focus on areas where there may be gaps in provision. As the role is now well established it is proposed that this work becomes business as usual and action closed. It is proposed that, for the purposes of the recommendation within the HMFSI report, this action is closed with work being undertaken as Business as Usual (BaU). This action has been marked blue and is now complete.</p> <p>We continue to build on this and raise awareness by identifying an area/function SPOC to support wellbeing as regular feature on an appropriate meetings; Monthly champion engagement sessions and newsletters continue; Face to face awareness through roadshows, national events (Women in Fire Service) continue; and awareness raised through the wellbeing inclusion calendar themes and workshops as advertised on the Events page; To further promote the programme, and in line with April being Mental Health Awareness month, we have reached out, requesting lived experiences and testimonies which will be promoted with the support of comms.</p> <p>In addition to this, EA&R team are updating the ASM template letter which highlights the Wellbeing Champions as a supportive mechanism. This document is in draft and undergoing consultation.</p>	100%	Aug-24	Complete	<p>Evaluation report and action plan presented to Mental Health and Wellbeing Group (MHWG)</p> <p>Wellbeing Champion iHub page</p> <p>Events Page</p> <p>Wellbeing and Inclusion calendar</p> <p>Weekly comms</p> <p>Local and National events</p> <p>Support Services iHub page</p> <p>Recommendation made to update ASM template to include Champions as a supportive mechanism.</p>
<p>Awareness of the Mental Wellbeing Champion (MWC) role within the SFRS should be raised. The Mental Wellbeing Champion approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.</p>	6.2	<p>Embed peer support arrangements for Mental Wellbeing Champions to share good practice and promote events and activities</p>	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	<p>28 October 2024: Update included in action 5 and 6.1. Propose action closed as now business as usual with any new arrangements captured in action 5. It is proposed that, for the purposes of the recommendation within the HMFSI report, this action is closed with work being undertaken as Business as Usual (BaU). This action has been marked blue and is now complete.</p>	100%	Aug-24	Complete	<p>Teams Channel</p> <p>Newsletter</p> <p>Time to talk / case study discussion sessions</p> <p>SharePoint</p>

The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.	8.2	Review whether a formal approach to delivering social events is required across SFRS in addition to local and national events delivered as Business as Usual (BaU) activity.	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	28 October 2024: All National and major events have been submitted to the Mental Health and Wellbeing Group (MHWG) for approval. Local events will continue to be run as Business as Usual (BaU). Major events delivered or planned for 2024 in conjunction with partners include the Dick Wedlock Annual Road Race, Fire Rox and the Santa Dash. This action has been marked blue and is now complete for the purposes of the HMFSI recommendation with it being identified that a formal approach to delivering social events is required across SFRS.	100%	Oct-24	Complete	Santa dash Re-Set 999 Fire Rox event Dick Wedlock Road Race Wellbeing Roadshow Events
The SFRS should consider if a formal role is appropriate for the Chaplaincy service within their mental health and wellbeing offer to personnel. Options to establish pastoral care across all of the Service Delivery Areas of the Service should be explored.	10	Deemed cancelled before the plan was established with approved at SLT.	N/A	N/A	N/A	Cancelled	SLT approved cancellation of an action from the recommendation with the view that it was not appropriate to develop a formal role for chaplaincy. It maintained that the Service did however need to look at clarifying the role of pastoral care for staff and how it is promoted across the Service. The group felt it was worth considering how to extend current provision beyond the single faith currently represented. A Memorandum of Understanding is in place for two Chaplains who currently provide services to SFRS, clearly outlining the role carried out. SFRS has considered its Mental Wellbeing Champion model more broadly in relation to current wellbeing models adopted based on current research and a best practice approach of peer support. Legacy arrangements remain in place from one of the former FRS and the Service has entered into a formal Memo of Understanding with the two Chaplains who provide these services. The Memorandum of Understanding specifies the scope of the Chaplaincy role and the Wellbeing Team work closely with the two Chaplains to offer support following significant incidents or events across the Service. Information on the Chaplains is included in wellbeing signposting information available to all employees. Spiritual care is only provided when it is explicitly requested by an SFRS employee; any further expansion of the service would need to consider an extension to all religious faiths. Whilst the recommendation is noted as a future consideration of the review of the current model, it is not considered that an extension of the chaplaincy service is required or appropriate at this time and therefore no further specific actions are identified at this time.	100%		Complete	Mental Wellbeing Champion Evaluation Report Memorandum of understanding Wellbeing signposting literature
The Watch Commander (WC) role is critical within the Watch based system. They are often the first point of contact for mental health and/or wellbeing issues that may be affecting their Watch personnel. WCs are a trusted role within the Watch system, and they cover the majority of operational firefighters at work. The SFRS should consider how best to utilise the WC role and make them 'mental health advocates' to support the needs of operational firefighters on the Watch. Additionally, the Service should consider the training that would be required to ensure any advocates approach is robust. The mental health advocate role for WCs should be mandatory.	12	Deemed cancelled before the plan was established with approved at SLT.	N/A	N/A	N/A	Cancelled	Previously, SFRS were not supportive of making Watch Commanders (WC) Mental Health Advocates on a mandatory basis as it was determined that they may not be comfortable in the role or may not be appropriate for it. Consideration is being given to whether On Call Support Watch Commanders (OCSWCs) could be well placed to be Lifelines facilitators. The SFRS has implemented a Mental Wellbeing Champion programme and by December 2023, had 180 live champions with more progressing through training. This was based on detailed research on best practice; the benefits of a peer support model, aligns with the UK Blue Light Mental Health at Work Commitment and is widely used in other organisations. It is SFRS view that there is no requirement for the role to be mandatory for Watch Commanders and neither would it be appropriate to introduce it in this manner. All Watch Commanders and other line managers have been given the opportunity to attend Lifelines modules on supporting their teams as well as access to a wider range of organisational wellbeing events and resources. Those who have chosen to, have undertaken training to become a Mental Wellbeing Champion. All Supervisory Managers will undertake training in accordance with the SFRS Manager Capability Framework (as per action 7.4) which will include awareness of their role as a line manager and be knowledgeable about where to signpost people to for support. Therefore no further specific actions for this recommendation have been identified. In November 2025, a meeting was held to consider if OCSWCs who are also Champions can be progressed as facilitators. OCSWCs are a set focus within the Wellbeing & Inclusion calendar, with a theme yet to be confirmed.	100%		Complete	Completion of evaluation of the Wellbeing Champion programme since inception. Action plan from the future learning resource group.
The SFRS should monitor the potential mental health impacts of the hybrid working system. It should consider the impact upon managers who may need to spend additional time in the support of hybrid working team members.	14	Deemed cancelled before the plan was established with approved at SLT.	N/A	N/A	N/A	Cancelled	December 2023: SFRS monitors a range of quantitative data in relation to employees mental wellbeing such as absence data, wellbeing referrals etc; this is in addition to data such as turnover, reasons for exit etc. It is not possible to identify from these the impact of agile/hybrid working arrangements as the specific cause however, as data could be impacted by a range of factors. The informal and ad hoc nature of agile/hybrid working makes implementing a monitoring system to assess impact challenging. However, the Service carried out both an Agile Working and a Wellbeing pulse survey in 2023, with both identifying the positive impact overall that agile working had brought to those within SFRS who have adopted this. Managers are encouraged to ensure regular one-to-ones to ensure that any negative impacts of agile working are addressed and mitigated (this is included in the Learning Content Management System (LCMS) module referenced below), and People Partners and Advisers support business areas in monitoring the impact of agile working more generally and how this is being embedded. The responsibilities of managers in supporting agile/hybrid teams are similar to that of managing teams who work from office/corporate locations. The expectation of SFRS in supporting agile working particularly as it relates to the ability to work remotely from home or other locations is that there will still be a regular requirement for employees to attend office locations as required for their role or for specific matters which are deemed appropriate by their manager. This includes for example, team workshops, one-to-one meetings, supporting team inductions etc. It is not therefore expected that managers would spend SFRS monitors a range of quantitative data in relation to employees mental wellbeing such as absence data, wellbeing referrals etc; this is in addition to data such as turnover, reasons for exit etc. It is not possible to identify from these the impact of agile/hybrid working arrangements as the specific cause however, as data could be impacted by a range of factors. The informal and ad hoc nature of agile/hybrid working makes implementing a monitoring system to assess impact challenging. However, the Service carried out both an Agile Working and a Wellbeing pulse survey in 2023, with both identifying the positive impact overall that agile working had brought to those within SFRS who have adopted this. Managers are encouraged to ensure regular one-to-ones to ensure that any negative impacts of agile working are addressed and mitigated (this is included in the Learning Content Management System (LCMS) module referenced below), and People Partners and Advisers support business areas in monitoring the impact of agile working more generally and how this is being embedded.	100%		Complete	Agile working framework Agile working survey Learning Content Management System (LCMS) Agile Working Module
The SFRS should consider all aspects of training that may be required for any new or novel operational interventions that may be required to be performed by its staff. These considerations should include aspects of any operational work that may have the potential to cause psychological trauma and negatively impact the mental health and wellbeing of responding firefighters. Mitigations and support should be developed and implemented if harms are identified.	15	Deemed cancelled before the plan was established with approved at SLT.	N/A	N/A	N/A	Cancelled	December 2023: The recommendation to consider all aspects of training that may be required for any new or novel operational interventions that may be required to be performed by its staff is noted. When and if the role of a Firefighter is developed to include new or novel operational interventions, a full Equality and Human Rights Impact Assessment will be carried out to ensure that due consideration is given to any impact on the mental health and wellbeing of Operational Personnel as a result of those changes, and appropriate measures will be introduced to address these impacts, including the provision of new, or changes to existing, training.	100%		Complete	
The SFRS should consider a range of options to ensure that Post Incident Support Procedure questionnaires are returned following operational incidents, these should include options for mandatory returns.	16	Undertake an end to end review of the existing Post Incident Support Policy to ensure it continues to meet SFRS needs. [note this action description relates to actions 16-20 inclusive] As part of this review, give consideration to options to promote the return of the POST INCIDENT SUPPORT: Promoting Resilience & Keeping Staff Well questionnaires.	Justin Smithson	May-24	N/A	Complete	28 October 2024: Governance process is now complete, and the revised policy has now been published. Feedback has been positive to date with initial data demonstrating that numbers referred directly are showing upward trend. This action is now complete and has been marked blue. Previous statement: Making the PISP process mandatory would devalue it. Felt it is important to explore other avenues to improve completion rates before it is made mandatory. The revised policy is informed by clinical expertise and organisational feedback as well as a drive for continuous improvement. Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for the mandatory return of questionnaires. It was agreed that a programme of awareness raising is the appropriate approach to assist with increasing return rates. This programme is in place. The Governance process to obtain approval of the revised policy will be completed in April 2024. 13 November 2025: A procurement process is underway with consideration for the use of digital technology to enable easier return process. Alongside this, constructive conversations are underway with the current provider to explore strategies to hold awareness and training sessions to improve the return rate. Data on return rates continue to be monitored. During this time, the Rivers contract has been extended until end of June 2026. 16 February 2026: Recommend this action remains closed but should note that a procurement process is underway. The MHWG will track and consider future requirements of the process and return rates of questionnaires.	100%	Oct-24	Complete	Task and finish group consisting of key stakeholders complete. draft PISP policy complete and commencing through governance. PISP Policy Awareness and information on intranet Wellbeing Champion engagement sessions to raise awareness - newsletter Weekly brief Local awareness session at D&G
The SFRS should initiate a review of Post Incident Support Process (PISP) elements that relate to the Operations Control (OC). The procedure should be fully explained to Operations Control (OC) managers and staff via a bespoke communications plan for the Operations Control. The Service should consider how the Post Incident Support Process (PISP) can be more systematic and less open to personal interpretation in its implementation within the Operations Control (OC) personnel group.	18	Review the Post Incident Support Process (PISP) policy and procedure end to end to expand and develop those components which relate to the role of the Operations Control (OC) staff group. This includes development and implementation of standard templates across all Operations Control (OCs) to ensure consistent communications across all Operations Control (OC) locations and teams.	Justin Smithson	Jan-24	N/A	Complete	28 October 2024: Engagement with key stakeholders in Operations Control (OC) is now complete and an agreed template has been established for consistency across all Operations Control (OC) areas. This has now been communicated and implemented across all Operations Controls by the Operational Control (OC) Policy Team. This action is now complete and has been marked blue. Following review: 13 November 2025: A procurement process is underway with consideration being given to this staff group to ensure relevant documents are fit for purpose. As for all staff groups, constructive conversations are underway with the current provider to explore strategies to hold awareness and training sessions. 16 February 2026: As at 28/10/2024, this action remains closed. A procurement process is underway, and OC will continue to be included as part of the PISP process.	100%	Jan-24	Complete	Champion engagement session on the PISP process Weekly brief Intranet Hub page Bespoke awareness session for OC with invitation extended to all staff (Dec 25)
The inclusion of Flexi-Duty Officers (FDOs) within the Post Incident Support Procedure should be more systematic with set criteria for them to be opted out only as a necessity. The aim should be to include Flexi Duty Officers (FDOs) within the support procedure following operational incidents, and for this to be tracked as appropriate.	19	As part of the review of the Post Incident Support Policy (PISP) and procedure, consider options and approaches to ensure the inclusion of Flexi-Duty Officers as standard when the PISP is triggered.	Justin Smithson	Jan-24	N/A	Complete	28 October 2024: Policy reviewed and end to end to ensure process is inclusive to all staff groups. Reference to Flexi Duty Officers (FDOs) explicit in inclusion in Post Incident Support Policy (PISP) process when initiated. Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for Flexi Duty Officers (FDOs) to be opted out. It was agreed that a programme of raising awareness is the appropriate approach to assist with increasing return rates in this staff group. This action is now complete and has been marked blue. Following review: Previous Statement: Policy reviewed and end to end to ensure process is inclusive to all staff groups. Reference to FDO's explicit in inclusion in PISP process when initiated. Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for FDOs to be opted out. It was agreed that a programme of awareness raising is the appropriate approach to assist with increasing return rates in this staff group. 13 November 2025: The current policy and procedure ensures arrangements are in place for this staff group and all SFRS staff. This action remains closed.	100%	Feb-24	Complete	Policy amended and specifies that initiation of PISP process should include details of all flexi duty officers in attendance at incident PISP policy and procedure
We note the new monthly contact from the Health and Wellbeing team to their Fire Investigation (FI) colleagues. Given the relatively low levels of Post Incident Support Procedure returns within the SFRS, and the potential impact upon the mental health of the Fire Investigation (FI) team, the SFRS should consider making the completed return of Fire Investigation (FI) questionnaires mandatory for the role. It also appears that the Fire Investigation (FI) team has had limited contact with professional support regarding the many traumatic incidents that they have attended over recent years. The SFRS should consider this, and how they may assess the potential impact of historical incidents on FI team members' mental health to date.	20	As part of the review of the Post Incident Support Policy, engage with the external service provider to consider options which promote the return of the questionnaires; increase the wellbeing support available for Fire Investigation (FI) staff; and any further support or interventions which may help address any potential impact from the cumulative impact of historical incidents in this staff group.	Justin Smithson	Jan-24	N/A	Complete	28 October 2024: Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for making these returns mandatory. It was agreed that a programme of raising awareness is the appropriate approach to assist with increasing return rates in this staff group. Work has been undertaken to strengthen the process to increase surveillance for Fire Investigation (FI) staff. Positive changes have been made to the process to include automatic issue of questionnaires every 3 months. Engagement sessions have been held hosted by Wellbeing and Rivers Centre to promote the role of Wellbeing support available from the Rivers Centre and the importance of Post Incident Support Process (PISP). All staff reminded of opportunity to attend the Lifelines programme of training. Mental Wellbeing Champion appointed within Fire Investigation (FI) to help engage with and support the wider team. This action is now complete and has been marked blue. Following review: Previous statement: Professional discussions between SFRS Wellbeing and NHS Rivers Centre, agree there is no clinical justification or organisational benefit for making these returns mandatory. It was agreed that a programme of awareness raising is the appropriate approach to assist with increasing return rates in this staff group. Strengthened process to increase surveillance for FI staff. Positive changes made to process to include automatic issue of questionnaire every 3 months. Engagement sessions held hosted by Wellbeing and Rivers Centre to promote the role of Wellbeing, support available from the Rivers Centre and the importance of PISP. All staff reminded of opportunity to attend the Lifelines programme of training. Mental Wellbeing Champion appointed within FI to help engage with and support the wider team. Bespoke screening questionnaires are in place for Fire Investigation staff and a risk-based approach to frequency of screening has been adopted. 13 November 2025: This action was marked as complete in February 2024, and remains as closed. With the contract under review this staff group remains included and of key consideration. While marked as complete, we continue to embed and develop awareness with 2x bespoke mandatory awareness sessions scheduled with our current provider. To further build support and raise awareness, a gap analysis has been completed with a view to identifying new Wellbeing Champions within FI.	100%	Feb-24	Complete	Bespoke screening questionnaires are in place for Fire Investigation staff and a risk-based approach to frequency of screening has been adopted. Bespoke mandatory awareness sessions delivered to FI

Recommendation 1	We recommend that the SFRS, when creating and reviewing policies and procedures, ensures that all supporting documents such as EHRIA, DPIA and privacy statements etc, are also created and maintained in line with governance arrangements and guidance, where required.
Action Owner	Relevant Directors
Action 1.1	Issue instruction and supporting guidance that all new and revised policies and procedures must be accompanied by the relevant supporting impact assessments (as set out in sections 4 and 6 of the SFRS Corporate Documents Governance Procedure and in the SFRS Document Processing Guidance) as they go through SFRS governance channels for review and approval.
Opening position statement at February 2026	The Relevant Directors have been requested to ensure that policies being presented for approval are accompanied by the relevant supporting documents. Advice has been requested on whether this can be included specifically in the Terms of Reference for the Executive Committees and Boards.
Closing position statement at Month and Year	
Action Owner	Head of Communication & Engagement
Action 1.2	Investigate whether functionality can be built into the SFRS document library system to flag when submitted documents do not have impact assessments etc associated with them.
Opening position statement at February 2026	The Head of Communications and Engagement is seeking advice from a SharePoint Subject Matter Expert to understand whether it is feasible within the document library system to incorporate functionality to flag when submitted documents do not have impact assessments etc. associated with them.
Closing position statement at Month and Year	
Action Owner	Equality, Diversity, and Inclusion (EDI) Manager
Action 1.3	Clarify when supporting documents (e.g. EHRIA, DPIA, privacy statements) are required during policy and procedure development and review within the revised EHRIA process and guidance.
Opening position statement at February 2026	Due to reprioritisation of resources to support the Service Delivery Review Programme, the work on developing the toolkit and revised training has progressed at a reduced pace. We have taken the opportunity to road-test the revised template and have made modifications to the process as a result of this learning. The Service continues to follow the standard corporate reporting template which requires decisions to be supported by an Equality and Human Rights Impact Assessment (EHRIA), or a justification provided where an EHRIA is not required. Due to ongoing EHRIA work related to the Service Delivery Review it is anticipated that the focused attention on the EHRIA toolkit and training will recommence in Quarter 2 2026/27 with a revised completion date of 31 March 2027.
Closing position statement at Month and Year	
Recommendation 2	We recommend that the Service engages with its workforce to develop and create a People Strategy that meets the needs of the Scottish Fire and Rescue Framework and the Service's Long-Term Vision.

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Action Owner	Deputy Head of People
Action 2.1	Engage with a wide range of relevant stakeholders in the development and creation of the SFRS People Strategy.
Opening position statement at February 2026	Development of the People Strategy is an objective in the SFRS Three-Year Delivery Plan. Stakeholder engagement and benchmarking activity has taken place, informing the development of a first draft, which is now being consulted on. Work is on track to finalise and launch by June 2026.
Closing position statement at Month and Year	
Recommendation 3	We recommend that the SFRS review the impact of the current People Directorate structure with a view to improving the efficiency, consistency, and capacity of the Directorate to improve delivery of service. This should include openly engaging and consulting with staff across the organisation to understand issues with the current structure. Any revision should support the delivery of the SFRS's Strategic Plan and provide the professional skills and support necessary to meet the workforce needs across the Service.
Action Owner	Head of People
Action 3.1	Undertake a review of the People Directorate operating model, taking into account stakeholder engagement, organisational priorities, capacity, and capabilities.
Opening position statement at February 2026	An interim review of the current People Directorate structure has enabled the redirection of resources and capacity within the team, including the introduction of additional temporary resource, to improve service delivery and better support workforce needs across the Service. A more holistic review of the People operating model and structure will form part of the People Directorate work plan, with stakeholder engagement commencing in Quarter 1 2026/27 and aligned to the launch of the SFRS People Strategy. The development of options will be progressed, with any decision on changes to the operating model being made following the recruitment and onboarding of the Director of People, Communications and Engagement.
Closing position statement at Month and Year	
Recommendation 4	We recommend that when the Service reviews its recruitment and selection policy, and supporting documentation, it considers explicitly incorporating the assessment of the candidate's alignment to the Service's values, throughout the selection and recruitment process.
Action Owner	Area Commander, People Services & Workforce Planning
Action 4.1	Reflect the incorporation of the SFRS Values and the National Fire Chiefs Council (NFCC) Leadership Framework in the revised SFRS Recruitment and Selection Policy.
Opening position statement at February 2026	The SFRS Recruitment and Selection Policy review was paused to progress other priority policy work linked to organisational change and legislative developments. The Recruitment and Selection Policy Review will commence in Quarter 4 2025/26 and will be completed by the end of Quarter 2 2026/27. It is important to note that, in the medium term, a review of the SFRS values is a proposed project in Phase 1 of the Organisational Culture & Leadership (OCL) Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.
Closing position statement at Month and Year	
Action Owner	Area Commander, People Services & Workforce Planning
Action 4.2	Incorporate SFRS values and the National Fire Chiefs Council (NFCC) Leadership Framework into the Wholetime Firefighter (WTFF) Recruitment and Selection process.
Opening position statement at February 2026	N/A

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Closing position statement at September 2025	The SFRS Values and National Fire Chiefs Council (NFCC) Leadership Framework were incorporated into engagement and recruitment materials for the Wholetime Firefighter (WTFF) recruitment process that launched in summer 2026. The Artificial Intelligence (AI) shortlisting tool (ALICE) was trained on the SFRS Values and National Fire Chiefs Council (NFCC) Leadership Framework, and these were further assessed as part of the interview process. It is important to note that, in the medium term, a review of the SFRS Values is proposed as a project in Phase 1 of the Organisational Culture & Leadership (OCL) Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.
Action Owner	Area Commander, People Services & Workforce Planning
Action 4.3	Incorporate SFRS values and the National Fire Chiefs Council (NFCC) Leadership Framework into SFRS promotional processes.
Opening position statement at February 2026	N/A
Closing position statement at December 2025	Promotional processes now incorporate alignment to the Service's Values, and this will be continued, aligned to the current review of the Service's approach to promotional processes. The National Fire Chiefs Council Leadership Framework is embedded in ALICE (AI shortlisting tool) is used for both recruitment and promotion processes. It is important to note that, in the medium term, a review of the SFRS values is proposed as a project in Phase 1 of the OCL Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.
Recommendation 5	We recommend that the SFRS conducts a review of its Positive Action Strategy and how well embedded it is within its recruitment processes. The Service should also capture and monitor data from vacancy applications, carry out, and publish, an analysis of this information to ensure that any Positive Action activity undertaken meets the needs of protected characteristic groups.
Action Owner	Area Commander, People Services & Workforce Planning
Action 5.1	Evaluate and make ongoing enhancements to the revised Positive Action approach and engagement materials which have been developed and are being piloted as part of the August 2025 Wholetime Firefighter (WT FF) recruitment process.
Opening position statement at February 2026	Positive Action activity was undertaken in 2025 to support the August 2025 recruitment process has been further strengthened from January 2026, with a programme of in-person engagement days at SFRS Headquarters for different groups. It is anticipated that the outcomes of this engagement will be reflected in the applicant profile for the forthcoming Wholetime Firefighter (WT FF) recruitment campaign scheduled to open in February 2026. A notable development is the confirmed position of 12 female trainees (from a course of 72) on the March 2026 WT FF Foundation Course. This represents a marked improvement against the 19 female WT recruits in total across the three preceding calendar years (2023–2025). Work is also progressing with NTC to strengthen future course capacity. Current facilities limit the number of female participants on any WT FF Foundation Course to 12. Planning is underway to increase this capacity to 16 participants by Summer 2026.
Closing position statement at Month and Year	
Action Owner	Area Commander, People Services & Workforce Planning
Action 5.2	Analyse and report on the demographics of candidates throughout the recruitment and selection process.
Opening position statement at February 2026	Demographic data for candidates is now subject to routine and systematic analysis, with findings reported regularly. These insights are communicated through the People Directorate onward to relevant Executive Boards and the Strategic Leadership Team.
Closing position statement at Month and Year	

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Recommendation 6	We recommend that the Service conclude and evaluate its internal management development pathway pilot.
Action Owner	Head of People & DACO East and DACO North SDAs
Action 6.1	Conclude evaluation activity regarding the Service's Management Development Framework and ensure this is considered as part of the Leadership & Culture review and reset.
Opening position statement at February 2026	N/A
Closing position statement at February 2026	<p>Evaluation of the Management Development Framework - Day 1: People Management Essentials has taken place, including participant feedback and engagement with participants' line managers. This, along with lessons learned, was used to inform Leadership Essentials for Supervisory Manager course and the work of the Leadership Management Development Taskforce, whose work sits within the Organisational Culture & Leadership (OCL) Programme.</p> <p>Phase 1 of the Taskforce's work is progressing, including engagement with Strategic Leadership Team and People Committee, with the updated content and approach on track to start delivery over Quarter 1 and Quarter 2 2026/27. Development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.</p>
Recommendation 7	We recommend that the SFRS should explore the option to make use of the current NFCC Supervisory and Middle Manager development pathways as a more efficient and effective means to close the leadership and management training deficit gap.
Action Owner	Deputy Head of People
Action 7.1	The Service will continue to make use of the NFCC Supervisory and Middle Manager development programmes
Opening position statement at February 2026	N/A
Closing position statement at December 2025	<p>The National Fire Chiefs Council Supervisory and Middle Manager Leadership Development Programmes already part of the SFRS' Leadership and Management Development Framework. Provision commenced in a May 2023 pilot with one Supervisory cohort and subsequently increased to six cohorts (three Supervisory and three Middle Managers) in 2025/26.</p> <p><u>NFCC Supervisory Leadership Programme</u></p> <p>To date 100 have registered = 60 currently participating in the programme across 3 cohorts (April 2025, June 2025, October 2025), 31 completed the programme and 9 withdrew from the first 2 cohorts (May 2023 and August 2024 intakes)</p> <p><u>NFCC Middle Manager Leadership Programme</u></p> <p>To date 61 have registered = 40 currently participating in the programme across 2 cohorts (May 2025, November 2025), 16 completed the programme, 2 did not complete and 3 withdrew from the first cohort (November 2024 intake). Registrations are currently being finalised for the January 2026 intake.</p>
Recommendation 8	We recommend that the SFRS continue to undertake analysis and review of course allocation to ensure fair and equitable distribution of funded courses to support the SFRS in its objectives. Promote and develop impactful communication of outcomes and reasons behind funding allocation to the wider organisation. In addition, the SFRS should consider allocating time for staff to work on their development.
Action Owner	Deputy Head of People
Action 8.1	Consider how to improve communication to all SFRS personnel regarding how the Learning and Development budget is allocated and invested.

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Opening position statement at February 2026	In addition to the reporting already provided to Executive Boards, Strategic Leadership Team and People Committee, work has commenced to use produce a simple visual infographic summarising full year budget, allocated vs. unallocated funding, distribution by function/area and key investment areas (e.g. statutory training, leadership development). This can be shared via the SFRS Weekly Brief, on iHub, cascade briefs from Learning Partners through their functions/areas and station/department noticeboards. This approach will improve transparency and stakeholder understanding of Learning and Development allocation and investment.
Closing position statement at Month and Year	
Recommendation 9	We recommend that the Service ensures that the quality assurance and monitoring reviews, as stated in its policies, are conducted and evidenced.
Action Owner	Deputy Head of People
Action 9.1	SFRS will consider this recommendation within the scheduled review of the Appraisal process, taking account of current system and technology capabilities and constraints.
Opening position statement at February 2026	A full review of the SFRS Appraisal process will commence in Quarter 4 2025/26, including workforce and wider stakeholder engagement, and will be completed by the end of Quarter 2/3 2026/27 with updated guidance and familiarisation session taking place in Quarter 4 ready for implementation for 2027/28 performance year. This will include consideration of quality assurance and monitoring options. Consideration for systems and technological appraisal capabilities have been included within the People, Payroll and Finance (PPF) Programme requirements and links to the Service's longer-term systems investment.
Closing position statement at Month and Year	
Recommendation 10	We recommend that the Service undertakes a full review of its approach to appraisals and, takes into consideration the views of the workforce, revises the process to ensure that appraisals deliver benefit and value to both personnel and the Service.
Action Owner	Deputy Head of People
Action 10.1	Undertake a full review of the SFRS Appraisal process.
Opening position statement at February 2026	A full review of the SFRS Appraisal process will commence in Quarter 4 2025/26, including workforce and wider stakeholder engagement, and will be completed by the end of Quarter 3 2026/27 with updated guidance and familiarisation session taking place in Quarter 4 ready for implementation for 2027/28 performance year. This will include consideration of quality assurance and monitoring options. Consideration for systems and technological appraisal capabilities have been included within the People, Payroll and Finance (PPF) Programme requirements and links to the Service's longer-term systems investment.
Closing position statement at Month and Year	
Recommendation 11	We recommend that the Service, when carrying out its review of policies, takes the opportunity to reduce them in number and to simplify them for the end user as far as possible.
Action Owner	Head of People
Action 11.1	Continue schedule of work agreed with Representative Bodies to reclassify some People policies as guidance.
Opening position statement at February 2026	Agreement has been reached with SFRS Representative Bodies to convert a number of existing policies to guidance documents, which will reduce and streamline the volume of People Policies.
Closing position statement at Month and Year	

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Action Owner	Head of People
Action 11.2	Ensure People policy development and review considers best practice, accessibility, and SFRS style guide to simplify for end users.
Opening position statement at February 2026	This will be an ongoing piece of work, embedded in the process for new policy development and the scheduled review of existing policies.
Closing position statement at Month and Year	
Recommendation 12	We recommend that the SFRS make greater use of digital technology and automation, to minimise manual intervention in the production, collation, and access to data to improve decision making, prioritisation and measures of success for the CDG.
Action Owner	Corporate Business Systems SRO
Action 12.1	Progress the Corporate Business Systems Project as an enabler of technology-based process improvement and more efficient ways of working
Opening position statement at February 2026	An Outline Business Case for the People, Payroll and Finance System has been developed and will progress through SFRS governance across Quarter 4 2025/26 into Quarter 1 2026/27.
Closing position statement at Month and Year	
Recommendation 13	We recommend that the SFRS consider the role and importance of all staff networks in providing insight, advice, and guidance on the continual promotion of a fair and equitable culture.
Action Owner	Equality, Diversity, and Inclusion (EDI) Manager
Action 13.1	SFRS Employee Network Terms of Reference are based primarily on a peer support and common interest purpose. SFRS will engage with the SFRS Employee Networks and other stakeholders to understand how they can inform development of Service policy.
Opening position statement at February 2026	Strengthen Employee Voice through EDI Networks is proposed as a project in phase 1 of the Organisational Culture & Leadership Programme with two key objectives: 1. to ensure all SFRS colleagues have access to employee networks they may wish to join, and that these networks are suitably accessible and managed, and 2. to ensure that these groups are suitably empowered and have the capability to input their experiences and expertise into SFRS decision making so underrepresented groups are not excluded. Work has commenced including engagement with external partners (e.g. Public Health Scotland) and review of SFRS' existing Women's Experience Liaison Forum. Employee Network representation, wider lived experience and subject matter experts will also be able to inform development of Service policy through the Advisory Panel which is being established as part of the OCL Programme The Organisational Culture & Leadership Advisory Panel exists to provide independent advice, internal and external perspectives and challenge on the approach and impact of the Organisational Culture and Leadership Programme. The Panel will act as a sounding board for cultural initiatives, supporting transparency and engagement across the Service.
Closing position statement at Month and Year	
Recommendation 14	We recommend that the Service evaluates the impact of home working, particularly on the relationship between middle managers and fire station-based personnel, with a view to increasing leadership visibility and interaction.
Action Owner	Deputy Chief Officer Service Delivery
Action 14.1	Clearly (re)state expectations of middle managers around presence on station to enhance leadership visibility and interaction.
Opening position statement at February 2026	Expectations and standards have been set out and cascaded through Operational Delivery management structures and are being reinforced through the ongoing work on Standards and Performance.
Closing position statement at Month and Year	

HMFSI AUDIT AND INSPECTION POSITION STATEMENT
ORGANISATIONAL CULTURE (VOLUME 1)

Recommendation 15	We recommend that the SFRS consider publicising any action plans created following the analysis of the CES findings, specifically highlighting completed actions undertaken in response to comments made.
Action Owner	N/A
Action 15.1	N/A
Opening position statement at February 2026	The recommendation has been given due consideration, and it has been determined that no additional action is required.
Closing position statement at February 2026	SFRS is using insights from the Colleague Experience Survey to inform the OCL programme of work. Any functional level action plans will be developed, communicated, and managed locally.
Recommendation 16	We recommend that the Service continue to clearly articulate national priorities, and how these will impact locally, and communicate as soon as possible when projects or proposed changes are to be delayed or cancelled.
Action Owner	Strategic Leadership Team
Action 16.1	Provide ongoing communication to colleagues on national priorities, strategic initiatives, and highlight any changes
Opening position statement at February 2026	N/A
Closing position statement at December 2025	The Service has shared a range of communications related to topics including the SFRS Strategy 2025-2028 and associated Three-Year Delivery Plan, the Strategic Service Review Programme, and other strategic initiatives such as the New Mobilising System. This has taken a range of forms including dedicated iHub pages, vlogs, features in the Weekly Brief, and Managers Briefs to cascade to teams.
Recommendation 17	We recommend that the SFRS continue to review its business change process to ensure that it clearly identifies that the proposed activities are not only evidenced-based, but meet organisational strategic needs, with measurable defined outcomes.
Action Owner	Head of Portfolio Office
Action 17.1	Complete the implementation of SFRS' refreshed business case process, managed by the Portfolio Office, including New Demand template and Strategic Scoring matrix.
Opening position statement at February 2026	Work continues to refine and embed the updated business case process, including the New Demand stage, the strategic scoring methodology, and the prioritisation approach. Project and programme teams are working closely with stakeholders to develop a range of business cases, making full use of the standard templates and tools, and ensuring the Five Case Model is applied where appropriate.
Closing position statement at Month and Year	
Action Owner	Head of Portfolio Office
Action 17.2	Complete implementation of the new benefits management process and supporting toolkits for all major change, which forms part of the Portfolio Office workplan.
Opening position statement at February 2026	Several projects and programmes have now identified their initial benefits and are using the new benefits management process and supporting toolkits to further develop and articulate these benefits and their delivery plans.
Closing position statement at Month and Year	
Recommendation 18	We recommend that the Service concludes its review of the structure of Operations Control and implements any proposed changes as soon as possible.
Action Owner	Head of Operations
Action 18	Implement the agreed changes to OC Structure and progress the agreed OC enhancement plan

HMFSI AUDIT AND INSPECTION POSITION STATEMENT
ORGANISATIONAL CULTURE (VOLUME 1)

Opening position statement at February 2026	N/A
Closing position statement at December 2025	The revised Operations Control structure was implemented in April 2025 and introduced two newly defined functions, each with a clear mandate and specialised focus, Service Delivery and Support & Liaison. This structure was developed in consultation with the Fire Brigades Union and endorsed by the SFRS Strategic Leadership Team. As this recommendation has already been implemented, no further action is required.

Update	Next Update
May-26	Jul-26

HMFSI Recommendation Ref Number	HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	RAG	Evidence
1	We recommend that the SFRS, when creating and reviewing policies and procedures, ensures that all supporting documents such as EHRIA, DPIA and privacy statements etc, are also created and maintained in line with governance arrangements and guidance, where required.	1.1	Issue instruction and supporting guidance that all new and revised policies and procedures must be accompanied by the relevant supporting impact assessments (as set out in sections 4 and 6 of the SFRS Corporate Documents Governance Procedure and in the SFRS Document Processing Guidance) as they go through SFRS governance channels for review and approval.	Relevant Directors	Mar-26	Jun-26	In Progress	<p>28 April 2026: Planning work is currently being undertaken for a communication to all strategic managers on the requirement for policies and procedures to be accompanied by the relevant impact assessments.</p> <p>[A revised due date from 31 March 2026 to 30 June 2026 is requested to allow this work to be undertaken.]</p> <p>This action has been marked amber due to the delay in timescales to allow for the Communications piece to be developed with work progressing towards the requested revised due date.</p>	60%	Amber	
		1.2	Investigate whether functionality can be built in to the SFRS document library system to flag when submitted documents do not have impact assessments etc associated with them.	Marysia Waters Head of Communication & Engagement	Apr-26		Complete	<p>28 April 2026: While there is no current functionality to flag whether documents have impact assessments etc. associated with them, this could be built into the workflow and is therefore possible. Digital and Technology Services (DaTS)/SharePoint support would be required to amend the workflow. If this is functionality which SFRS wishes to build in, discussions would need to take place with the Digital and Technology Services Team regarding the potential to provide the technical resource to undertake the work required.</p> <p>It is proposed that this action is now closed with work having been undertaken to investigate the functionality within the SFRS document library.</p>	100%	Green	Email to DaTs: Document Library Change Request
		1.3	Clarify when supporting documents (e.g. EHRIA, DPIA, privacy statements) are required during policy and procedure development and review within the revised EHRIA process and guidance.	Elaine Gerrard EDI Manager	Mar-27		In Progress	<p>28 April 2026: Current guidance, contained within the corporate governance and reporting guidelines alongside Equality Diversity and Inclusion (EDI) business partnering support, remains in effect as the revised Equality and Human Rights Impact Assessment (EHRIA) Toolkit is developed. The revised EHRIA template is in use, the toolkit's SharePoint hosting site is in place and 75% of the new guidance materials have been drafted. Work was paused due to reprioritisation of Equality, Diversity and Inclusion (EDI) Team workload to support the Service Delivery Review (SDR). The revised EHRIA template has been in use during this period and this "pilot" period has provided the opportunity to refine the template in small but useful ways. The target date remains achievable for all remaining activities associated with this action. The remaining 25% toolkit content will be drafted and all content will be reviewed for currency and accessibility prior to launch of the toolkit. The most significant outstanding activity required is the introduction of a robust monitoring process for tracking EHRIA and associated activities in pre-decision stages and post "policy" implementation stage.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	50%	Green	
2	We recommend that the Service engages with its workforce to develop and create a People Strategy that meets the needs of the Scottish Fire and Rescue Framework and the Service's Long Term Vision.	2.1	Engage with a wide range of relevant stakeholders in the development and creation of the SFRS People Strategy.	Rachael Scott Deputy Head of People	Jun-26		In Progress	<p>28 April 2026: Feedback and key themes from initial stakeholder engagement has informed development of an initial draft SFRS People Strategy, setting out a draft SFRS People 'vision' and high level long-term 'commitments'.</p> <p>Stakeholder consultation has taken place during Quarter 4, with feedback being used to inform the final draft, as well as supporting framework documents which will set out how SFRS People commitments will be delivered. Governance approval is on track for Quarter 1 2026/27.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	80%	Green	
3	We recommend that the SFRS review the impact of the current People Directorate structure with a view to improving the efficiency, consistency and capacity of the Directorate to improve delivery of service. This should include openly engaging and consulting with staff across the organisation to understand issues with the current structure. Any revision should support the delivery of the SFRS's Strategic Plan and provide the professional skills and support	3.1	Undertake a review of the People Directorate operating model, taking into account stakeholder engagement, organisational priorities, capacity and capabilities.	Lyndsey Gaja Head of People	Dec-26		In Progress	<p>28 April 2026: Further work is underway as part of the SFRS budget setting and prioritisation process to ensure capacity and capabilities are aligned as effectively as possible to organisational priorities, including compliance, culture and leadership.</p> <p>In Quarter 1 2026/27, further stakeholder engagement will begin, in order to inform a wider review of the People operating model.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	40%	Green	
	We recommend that when the Service reviews its recruitment and selection policy, and supporting documentation, it considers explicitly incorporating the assessment of the candidate's alignment to the Service's values, throughout the selection and recruitment process.	4.1	Reflect the incorporation of the SFRS Values and the National Fire Chiefs Council (NFCC) Leadership Framework in the revised SFRS Recruitment and Selection Policy.	Stuart Watson Area Commander, People Services & Workforce Planning	Sep-26		In Progress	<p>28 April 2026: The Recruitment and Selection Policy work is anticipated to start in Quarter 1 2026/27 with final decisions around the format to be confirmed by the People Directorate Management Team (DMT) in Quarter 4 2025/26. SFRS values and National Fire Chiefs Council (NFCC) Leadership Framework will be incorporated in the updated policy.</p> <p>This action has been marked as green with work progressing towards the original due date.</p>	10%	Green	

4		4.2	Incorporate SFRS values and the National Fire Chiefs Council (NFCC) Leadership Framework into the Wholetime Firefighter (WTFF) Recruitment and Selection process.	Stuart Watson Area Commander, People Services & Workforce Planning	Sep-25	Complete	<p>28 April 2026: The SFRS values and National Fire Chiefs Council (NFCC) Leadership Framework were incorporated into engagement and recruitment materials for the Wholetime Firefighter (WTFF) recruitment process that launched in summer 2026. The Artificial Intelligence (AI) shortlisting tool (ALICE) was trained on the SFRS values and National Fire Chiefs Council (NFCC) Leadership Framework, and these were further assessed as part of the interview process.</p> <p>Note that in the medium term, a review of the SFRS values is proposed as a project in phase 1 of the Organisational Culture & Leadership (OCL) Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.</p> <p>It is proposed that this action is now closed with the work having been undertaken.</p>	100%	Green	Use of NFCC Leadership Framework and SFRS Values in SFRS Recruitment Processes - Evidence.docx
		4.3	Incorporate SFRS values and the National Fire Chiefs Council (NFCC) Leadership Framework into SFRS promotional processes.	Stuart Watson Area Commander, People Services & Workforce Planning	Dec-25	Complete	<p>28 April 2026: Promotional processes now incorporate alignment to the Service's Values and this will be continued, aligned to the current review of the Service's approach to promotional processes. The National Fire Chiefs Council (NFCC) Leadership Framework is embedded in ALICE (AI shortlisting tool) is used for both recruitment and promotion processes.</p> <p>Note that in the medium term, a review of the SFRS values is proposed as a project in phase 1 of the Organisational Culture & Leadership (OCL) Programme, while development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.</p> <p>It is proposed that this action is now closed with the work having been undertaken.</p>	100%	Green	Use of NFCC Leadership Framework and SFRS Values in SFRS Recruitment Processes - Evidence.docx
5	We recommend that the SFRS conducts a review of its Positive Action Strategy and how well embedded it is within its recruitment processes. The Service should also capture and monitor data from vacancy applications, carry out, and publish, an analysis of this information to ensure that any Positive Action activity undertaken meets the needs of protected characteristic groups.	5.1	Evaluate and make ongoing enhancements to the revised Positive Action approach and engagement materials which have been developed and are being piloted as part of the August 2025 Wholetime Firefighter (WTFF) recruitment process.	Stuart Watson Area Commander, People Services & Workforce Planning	Mar-27	In Progress	<p>28 April 2026: Enhanced engagement events both in person and online have supported the outreach for our positive action activities, including sessions specifically aimed at women and the LGBTQ+ community. New presentations supported with a social media campaign have proved beneficial. All 5 events were booked out, with circa 700 people attending in total.</p> <p>There have been some challenges around suitable venues across the SFRS estate to accommodate large numbers of attendees with online sessions more suitable for candidates who live further away from HQ.</p> <p>Next steps will be enhancing our links with Minority Ethnic community networks to support further engagement activities.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	40%	Green	
		5.2	Analyse and report on the demographics of candidates throughout the recruitment and selection process.	Stuart Watson Area Commander, People Services & Workforce Planning	Mar-27	In Progress	<p>28 April 2026: For the March 2026 intake we reported on gender and ethnic origin for all candidates throughout the process. We will continue with this approach and track any candidates who have attended our engagement sessions throughout the recruitment process.</p> <p>Next steps will be to review the success rates at each stage of the process and provide updates as appropriate.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	60%	Green	
6	We recommend that the Service conclude and evaluate its internal management development pathway pilot.	6.1	Conclude evaluation activity regarding the Service's Management Development Framework and ensure this is considered as part of the Leadership & Culture review and reset.	Lyndsey Gaja Head of People Andy Girry Ian McMeekin Deputy Assistant Chief Officers Service Delivery	Mar-26	Complete	<p>28 April 2026: Evaluation of the Management Development Framework day 1 People Management Essentials has taken place, including participant feedback and engagement with participants' line managers. This, along with lessons learned, was used to inform Leadership Essentials for Supervisory Manager course and the work of the Leadership Management Development Taskforce, whose work sits within the Organisational Culture & Leadership (OCL) Programme.</p> <p>Phase 1 of the Taskforce's work is progressing, including engagement with Strategic Leadership Team (SLT) and People Committee, with the updated content and approach on track to start delivery over Quarter 1 and Quarter 2 2026/27. Development or adoption of a leadership framework forms part of the Leadership & Management Development project in the OCL programme.</p> <p>It is requested that this action is now closed with the work having been undertaken. This action has been marked blue and is now complete.</p> <p>*Further evidence has been requested to allow this action to be closed*</p>	100%	Green	

7	We recommend that the SFRS should explore the option to make use of the current NFCC Supervisory and Middle Manager development pathways as a more efficient and effective means to close the leadership and management training deficit gap.	7.1	The Service will continue to make use of the NFCC Supervisory and Middle Manager development programmes	Ceri Dodd Deputy Head of People	Dec-25	Complete	<p>28 April 2026: The National Fire Chiefs Council (NFCC) Supervisory and Middle Manager Leadership Development Programmes already part of the SFRS' Leadership and Management Development Framework. Provision commenced in a May 2023 pilot with one Supervisory cohort and subsequently increased to six cohorts (three Supervisory and three Middle Managers) in 2025/26.</p> <p><u>NFCC Supervisory Leadership Programme</u> To date 100 have registered = 60 currently participating in the programme across 3 cohorts (April 2025, June 2025, October 2025), 31 completed the programme and 9 withdrew from the first 2 cohorts (May 2023 and August 2024 intakes)</p> <p><u>NFCC Middle Manager Leadership Programme</u> To date 61 have registered = 40 currently participating in the programme across 2 cohorts (May 2025, November 2025), 16 completed the programme, 2 did not complete and 3 withdrew from the first cohort (November 2024 intake). Registrations are currently being finalised for the January 2026 intake.</p> <p>It is proposed that this action is now closed with the work having been undertaken.</p>	100%	Green	<p>NFCC Course Information Summary Dates 2024-27.xlsx</p> <p>05062025 People Committee L&D Annual Overview 2024-25 (4).docx</p> <p>05062025 People Committee L&D Annual Overview 2024 - 25 Slideshow.ppsx</p>
8	We recommend that the SFRS continue to undertake analysis and review of course allocation to ensure fair and equitable distribution of funded courses to support the SFRS in its objectives. Promote and develop impactful communication of outcomes and reasons behind funding allocation to the wider organisation. In addition, the SFRS should consider allocating time for staff to work on their development.	8.1	Consider how to improve communication to all SFRS personnel regarding how the Learning and Development budget is allocated and invested.	Ceri Dodd Deputy Head of People	Jun-26	In Progress	<p>28 April 2026: Work has commenced to strengthen Learning and Development communications through the development of a clear, accessible Learning and Development infographic for all SFRS colleagues. Early engagement has taken place with Communications to shape the approach and ensure alignment with corporate standards. A dashboard-style infographic is proposed, drawing on quarterly reporting and key learning and Development metrics to support transparency and understanding of Learning and Development activity and investment. A draft template will be prepared for review, with publication to colleagues planned in Quarter 1 2026/27.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	40%	Green	
9	We recommend that the Service ensures that the quality assurance and monitoring reviews, as stated in its policies, are conducted and evidenced.	9.1	SFRS will consider this recommendation within the scheduled review of the Appraisal process, taking account of current system and technology capabilities and constraints.	Ceri Dodd Deputy Head of People	Mar-27	In Progress	<p>28 April 2026: The review of the Appraisal arrangements has commenced and will be enabled by, and partially dependent on, the Corporate Business Systems (CBS) project, with timescales and recommendations reflecting future system capability for appraisal functionality, data capture, reporting and performance monitoring. In advance of CBS system implementation, opportunities to strengthen Quality Assurance (QA), monitoring and reporting within current technology constraints will be progressed. Findings and options will inform the delivery and implementation activity set out in Action 10.1.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	10%	Green	
10	We recommend that the Service undertakes a full review of its approach to appraisals and, takes into consideration the views of the workforce, revises the process to ensure that appraisals deliver benefit and value to both personnel and the Service.	10.1	Undertake a full review of the SFRS Appraisal process.	Ceri Dodd Deputy Head of People	Mar-27	In Progress	<p>28 April 2026: Preparatory work has commenced to scope a full review of the SFRS appraisal process. A representative working group will baseline current use, supported by benchmarking and gap analysis. Options and recommendations will be developed for consideration through the Organisational Culture & Leadership Programme Board and existing governance arrangements. Subject to approval, updated policy, process and supporting documentation will be implemented, supported by communications, training and a forward plan for Quality Assurance (QA), monitoring and performance reporting, taking account of both existing and future system capability enabled through the Corporate Business Systems (CBS) project.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	10%	Green	
11	We recommend that the Service, when carrying out its review of policies, takes the opportunity to reduce them in number and to simplify them for the end user as far as possible.	11.1	Continue schedule of work agreed with Representative Bodies to reclassify some People policies as guidance.	Lyndsey Gaja Head of People	Mar-27	In Progress	<p>28 April 2026: Planning activity has started for the 2026/27 People Policy Review Schedule, which will include identifying and agreeing which Policy to Guidance work will progress.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	15%	Green	
		11.2	Ensure People policy development and review considers best practice, accessibility and SFRS style guide to simplify for end users.	Lyndsey Gaja Head of People	Sep-26	In Progress	<p>28 April 2026: Experts from the Communications team will provide a development session to the People Team in Quarter 4 2025/26, focusing on the SFRS Style Guide and accessibility for end users.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	20%	Green	
12	We recommend that the SFRS make greater use of digital technology and automation, to minimise manual intervention in the production, collation and access to data to improve decision making, prioritisation and measures of success for the CDG.	12.1	Progress the Corporate Business Systems Project as an enabler of technology based process improvement and more efficient ways of working	Corporate Business Systems SRO	Oct-28	In Progress	<p>28 April 2026: The Corporate Business Systems Outline Business Case (OBC) was approved by the Change Portfolio Investment Group (CPIG) in February 2026. The OBC will now progress to the Strategic Planning and Change Committee for scrutiny. A User Intelligence Group is being created to develop options and a recommendation on the procurement approach.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	30%	Green	

13	We recommend that the SFRS consider the role and importance of all staff networks in providing insight, advice, and guidance on the continual promotion of a fair and equitable culture.	13.1	SFRS Employee Network Terms of Reference are based primarily on a peer support and common interest purpose. SFRS will engage with the SFRS Employee Networks and other stakeholders to understand how they can inform development of Service policy.	Elaine Gerrard EDI Manager	Sep-26	In Progress	<p>28 April 2026: A project New Demand Form has been recommended by the Org Culture and Leadership programme board for approval by CPIG. Some initial activities have progressed including briefing all network chairs of the proposed project aims and a joint session with Public Health Scotland for existing networks.</p> <p>There have been no challenges or issues which may delay progress identified at this time.</p> <p>Next steps include further engagement with existing SFRS employee networks, reviewing the current guidance documents for establishing networks, creating a route map for networks to connect with the corporate body and each other.</p> <p>This action has been marked green with work progressing towards the original due date.</p>	25%	Green	
14	We recommend that the Service evaluates the impact of home working, particularly on the relationship between middle managers and fire station-based personnel, with a view to increasing leadership visibility and interaction.	14.1	Clearly (re)state expectations of middle managers around presence on station to enhance leadership visibility and interaction.	Andy Girrity Ian McMeekin Deputy Assistant Chief Officers Service Delivery	Mar-26	Complete	<p>28 April 2026: Guidance was issued to relevant middle managers in January 2026 highlighting the requirement for increased visibility. Station Commanders with station command responsibilities are to work from stations if geographically possible. They were also directed to visit On Call stations at least once every six weeks as a minimum.</p> <p>In the main, this is achievable however there might be some areas where travel distances dictate everyday presence is not possible. A pragmatic approach is suggested in these instances.</p> <p>A review will take place in late 2026 which could be followed up by a staff survey or similar to measure benefits. This work will be undertaken, monitored and reported via regular governance routes.</p> <p>It is proposed that this action is now closed with the work having been undertaken to restate expectations of middle managers around presence on station to enhance leadership visibility and interaction.</p>	100%	Green	ORG CULTURE\Sample Station Engagement Tracker.xlsx Station Visibility Email.msg
15	We recommend that the SFRS consider publicising any action plans created following the analysis of the CES findings, specifically highlighting completed actions undertaken in response to comments made.	15.1	N/A The recommendation has been given due consideration and it has been determined that no additional action is required.	N/A	N/A	Complete	<p>28 April 2026: It was agreed by the Strategic Leadership Team that this recommendation has been given due consideration and it has been determined that no additional action is required.</p>	100%	Green	
16	We recommend that the Service continue to clearly articulate national priorities, and how these will impact locally, and communicate as soon as possible when projects or proposed changes are to be delayed or cancelled.	16.1	Provide ongoing communication to colleagues on national priorities, strategic initiatives, and highlight any changes	Strategic Leadership Team	Dec-25	Complete	<p>28 April 2026: The Service has shared a range of communications related to topics including the SFRS Strategy 2025-2028 and associated three year delivery plan, the Strategic Service Review Programme and other strategic initiatives such as the New Mobilising System. This has taken a range of forms including dedicated iHub pages, vlogs, features in the Weekly Brief, and Managers Briefs to cascade to teams.</p> <p>It is requested that this action is now closed with the work having been undertaken.</p> <p>*Further evidence has been requested to allow this action to be closed*</p>	100%	Green	
17	We recommend that the SFRS continue to review its business change process to ensure that it clearly identifies that the proposed activities are not only evidenced-based, but meet organisational strategic needs, with measurable defined outcomes.	17.1	Complete the implementation of SFRS' refreshed business case process, managed by the Portfolio Office, including New Demand template and Strategic Scoring matrix.	Head of Portfolio Office Head of Finance	Mar-27	In Progress	<p>28 April 2026 : Responsibility for the Business process will transition to the Finance team from the Portfolio Office and a further update will be made available for the next reporting period.</p> <p>This action has been marked green and work is progressing towards the original due date.</p>	75%	Green	
		17.2	Complete implementation of the new benefits management process and supporting toolkits for all major change, which forms part of the Portfolio Office workplan.	Curtis Montgomery Head of Portfolio Office	Mar-27	Complete	<p>28 April 2026: The Benefits process has been fully implemented and projects continue to develop Benefits Realisation Plans</p>	100%	Green	Example Benefits Management Toolkit.xlsx Example KPI Portfolio Finance And Performance Report.docx Example Outline Business Case.pdf
18	We recommend that the Service concludes its review of the structure of Operations Control and implements any proposed changes as soon as possible.	18.1	Implement the agreed changes to OC Structure and progress the agreed OC enhancement plan.	William Pollard Head of Operations	Dec-25	Complete	<p>28 April 2026: The revised Operations Control structure was implemented in April 2025 and introduced two newly defined functions, each with a clear mandate and specialised focus; Service Delivery and Support & Liaison. This structure was developed in consultation with the Fire Brigades Union and endorsed by the SFRS Strategic Leadership Team. As this recommendation has already been implemented, no further action is required.</p> <p>It is proposed that this action is now closed with the work having been undertaken.</p>	100%	Green	OC Structure Review Report.pdf

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

Agenda Item 15.1

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
17 September 2026	<ul style="list-style-type: none"> Chair’s Welcome Apologies for Absence Consideration of and Decision on any Items to be taken in Private Declaration of Interests Minutes of Previous Meeting Action Log Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days Review of Actions Date of Next Meeting 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> Partnership Working Update (EPF & PAG) People Policy Forward Planning Schedule Update Training Continuous Improvement Programme Training Function Policy Review Schedule S&A Documents Forward Planning Schedule RANSc update (Private) Key Case Update (Private) Health and Safety Policy and Policy Statement Learning and Development Update 2026/27 Q1 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> Performance Reports Q1 (BI, People, Training & H&S) HMFSI Independent Audit/ Inspection Action Plan Update Risk Report Update Culture Update (written) Audit Action Plan Update Contaminants Quarterly update 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none">
		<p><u>New Business</u></p> <ul style="list-style-type: none"> 	<p><u>New Business</u></p> <ul style="list-style-type: none"> People Strategy Underpinning Frameworks – Approach and Update Leadership Framework for SFRS Impact of the new terms and conditions for On Call staff on staffing figures 	<p><u>New Business</u></p> <ul style="list-style-type: none"> 	<p><u>New Business</u></p> <ul style="list-style-type: none">
10 December 2026	<ul style="list-style-type: none"> Chair’s Welcome Apologies for Absence Consideration of and Decision on any Items to be taken in Private Declaration of Interests 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> Partnership Working Update (EPF & PAG) People Policy Forward Planning Schedule Update Training Continuous Improvement Programme 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> Performance Reports Q2 (BI, People, Training & H&S) HMFSI Independent Audit/ Inspection Action Plan Update Risk Report Update Culture Update (written) 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none">

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
	<ul style="list-style-type: none"> Minutes of Previous Meeting Action Log Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days Review of Actions Date of Next Meeting 	<ul style="list-style-type: none"> Training Function Policy Review Schedule S&A Documents Forward Planning Schedule RANSc update (Private) Key Case Update (Private) Safety and Assurance Annual Report 2025/26 Learning and Development Update 2026/27 Q2 	<ul style="list-style-type: none"> Audit Action Plan Update Contaminants Quarterly update 		
		<p><u>New Business</u></p> <ul style="list-style-type: none"> 	<p><u>New Business</u></p> <ul style="list-style-type: none"> 	<p><u>New Business</u></p>	<p><u>New Business</u></p> <ul style="list-style-type: none">
18 March 2027	<ul style="list-style-type: none"> Chair’s Welcome Apologies for Absence Consideration of and Decision on any Items to be taken in Private Declaration of Interests Minutes of Previous Meeting Action Log Forward Planning: Committee Forward Plan and Items to be considered at future IGF, Board and Strategy Days Review of Actions Date of Next Meeting 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> Partnership Working Update (EPF & PAG) People Policy Forward Planning Schedule Update Training Continuous Improvement Programme Training Function Policy Review Schedule S&A Documents Forward Planning Schedule RANSc update (Private) Key Case Update (Private) Learning and Development Update 2026/27 Q3 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> Performance Reports Q3 (BI, People, Training & H&S) HMFSI Independent Audit/ Inspection Action Plan Update Risk Report Update Culture Update (written) Audit Action Plan Update Contaminants Quarterly update 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none"> 	<p><u>Standing/Regular Reports</u></p> <ul style="list-style-type: none">
		<p><u>New Business</u></p> <ul style="list-style-type: none"> 	<p><u>New Business</u></p> <ul style="list-style-type: none"> 	<p><u>New Business</u></p>	<p><u>New Business</u></p> <ul style="list-style-type: none">

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FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING –PEOPLE COMMITTEE

THURSDAY 18 JUNE 2026

The following reports were submitted for information only.



Report No: C/PC/25-26

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE									
Meeting Date:		18 JUNE 2026									
Report Title:		PERFORMANCE MANAGEMENT FRAMEWORK QUARTERLY PERFORMANCE – 2025-26 Q4									
Report Classification:		For Information Only		SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>							
				<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	
1	Purpose										
1.1	To provide members with the fourth quarter performance for fiscal year 2025-26 of KPIs 22 – 29 (Training), KPIs 46 – 49 (People) & KPIs 50 – 56 (Safety & Assurance). Three annual performance indicators KPIs 62, 63a and 63b (People) are also reported in the fourth quarter report.										
2	Background										
2.1	The Performance Management Framework (PMF) defines how we, the Scottish Fire and Rescue Service (SFRS), manage our performance and how we use performance information to inspire change and improvement.										
2.2	56 quarterly indicators (15 for TSA and 4 for People) and 9 annual indicators (2 for People) were identified across directorates to provide senior leaders, committees and the SFRS Board with relevant information on our performance. This supports those responsible for scrutiny of how SFRS perform in delivering its Strategic Outcomes.										
2.3	The quarterly performance dashboard (& report) provide an overview for those indicators and through the use of statistical process control charts (SPC) alerts stakeholders to situations deteriorating or improving or where performance is stable and in control.										
3	Main Report/Detail										
3.1	This paper covers all performance indicators stated in the PMF intended for scrutiny by the People Committee.										
3.2	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	Exceptional variation: <ul style="list-style-type: none"> • 46 - On Call Volunteer FTE • 62 - Female Ratio - Wholetime 										
3.4	Deteriorating (long-term): <ul style="list-style-type: none"> • 28 - % Training Function Currency 										

3.5	<p>Improving (long-term):</p> <ul style="list-style-type: none"> • 24 - % Flexi Officer Module Completion • 26 - % Core Skills Currency • 27 - % Specialist Rescue Currency • 55 - Vehicle Accidents • 56 - % YTD H&S Actions Completed
3.6	<p>Not changing:</p> <ul style="list-style-type: none"> • 22 - % Core Skills Modules Completed • 23 - % Advanced, Support & Emerging Risks Modules Completed • 25 - % Incident Command Module Completion • 29 - Customer Satisfaction Rate • 46 - On Call Retained FTE • 50 - Verbal attacks on Firefighters • 51 - Physical attacks on Firefighters • 52 - RIDDOR • 53 - Accidents and Injuries (excl. RIDDOR)
3.7	<p>Not known – limited data or unspecified direction:</p> <ul style="list-style-type: none"> • 46 - Off Station FTE • 46 - Flexi Officer FTE • 46 - Operations Control FTE • 46 - Resource Based Crewing FTE • 46 - Support Staff FTE • 46 - Rural Full-time FTE • 47 - Vacancies Rate • 48 - Turnover Rate • 49 - Absence Rate • 54 - Near Miss • 63a - % of Staff Choosing to Provide Equalities Data • 63b - % of Staff Choosing to Withhold Equalities Data
4	Recommendation
4.1	<p>It is recommended that Members acknowledge the information in this paper. The live version of the report can be accessed through the Governance area of the Power BI Landing Page.</p>
5	Key Strategic Implications
5.1	<p>Risk Appetite and Alignment to Risk Registers</p>
5.1.1	<p>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.</p>
5.1.2	<p>Appetite - In relation to our internal governance, including systems of controls and data governance, SFRS has a Cautious appetite.</p>
5.2	<p>Financial</p>
5.2.1	<p>There are no specific financial issues raised within this paper.</p>
5.3	<p>Environmental & Sustainability</p>
5.3.1	<p>There are no specific Environmental & Sustainability implications addressed in this paper.</p>

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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 2 & 6 with a focus on personnel.
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 2 & 6 are linked to Service Delivery.
5.15 5.15.1	Prevention There are no specific Prevention implications addressed in this paper.
6	Core Brief
6.1	Not applicable
7	Assurance (SFRS Board/Committee Meetings ONLY)
7.1	Director: Sarah O'Donnell, Deputy Chief Officer (Corporate Services)
7.2	Level of Assurance: (Mark as appropriate) Substantial/Reasonable/Limited/Insufficient
7.3	Rationale: The 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	Appendix A: PDF copy of the People Committee Performance Report		
8.2	<u>Further Reading:</u> - Power BI Landing Page.		
Prepared by:	Ellen Gayler, Senior Data Analyst and Gregor Welsh, BI Team Leader		
Sponsored by:	Richard Whetton, Head of Governance & Compliance		
Presented by:	Lyndsey Gaja, Head of People		
Links to Strategy and Corporate Values			
<u>Strategy</u> Outcome 2 - Communities are safer and more resilient as we respond effectively to changing risks Outcome 6 - The experience of those who work for SFRS improves as we are the best employer we can be.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
<i>People Committee</i>	<i>18/06/2026</i>	<i>For scrutiny</i>	
<i>Senior Management Board</i>	<i>26/05/2026</i>	<i>For scrutiny</i>	



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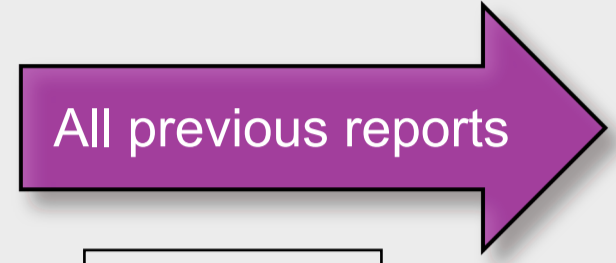
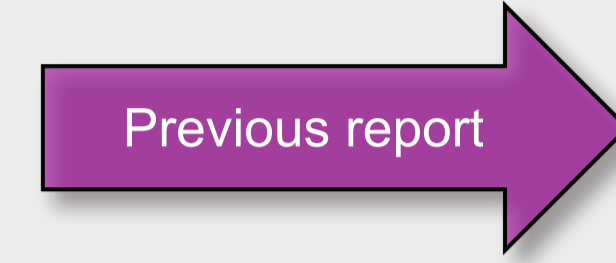
People

People Committee Performance Report



LIVE MANAGEMENT INFORMATION

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



APPENDIX A

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



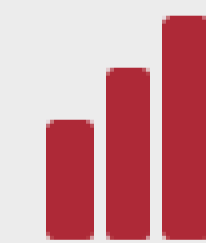
Welcome

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

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

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

Key contact: Bl@firescotland.gov.uk



BUSINESS INTELLIGENCE



LIVE MANAGEMENT INFORMATION

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

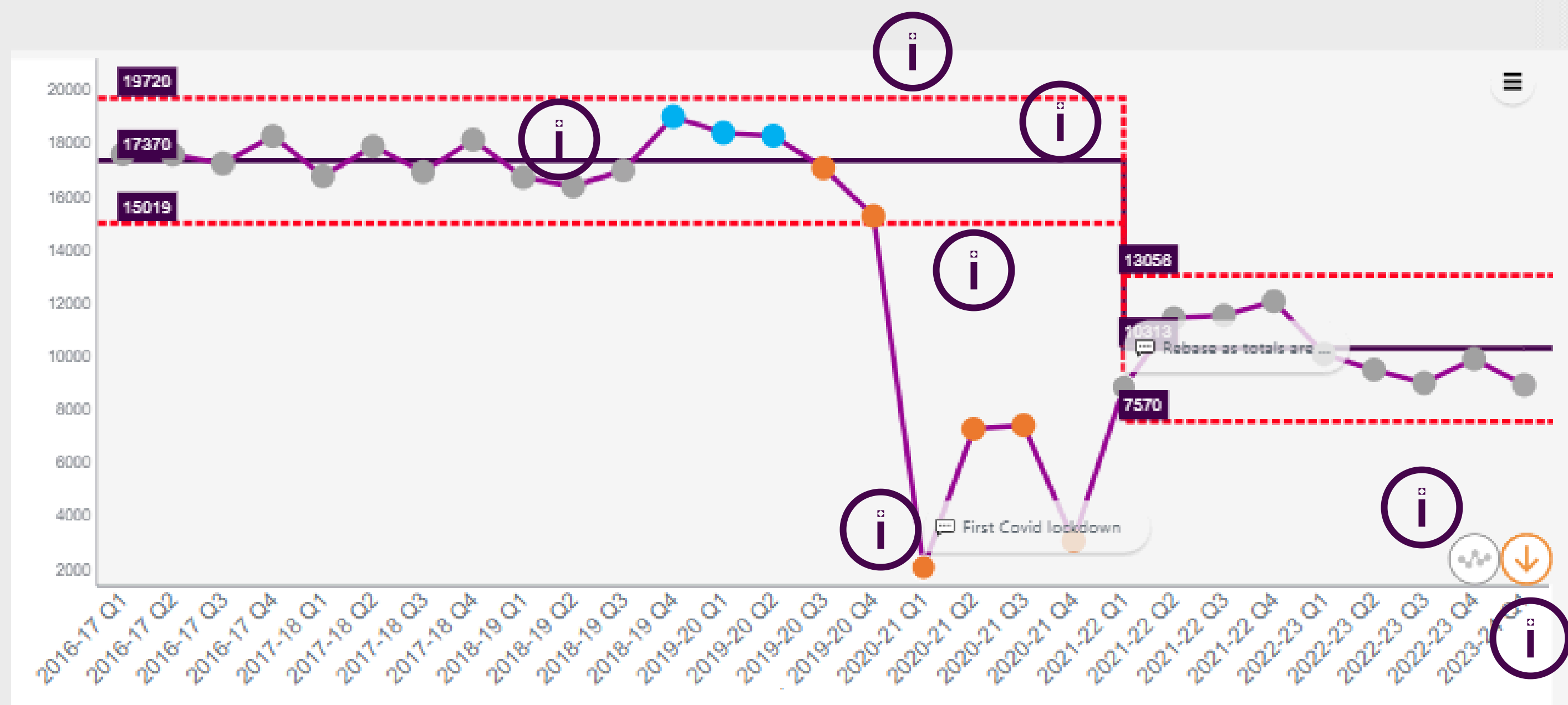
This report presents data over time for each of the quantitative performance measures as detailed in the [Performance Management Framework 2023-24](#), broken down into the Strategic Plan Outcomes. The Contents page (next) provides direction as to where you can find certain information.

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

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.

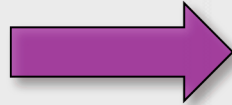
Frequency of update:

This report will be updated quarterly.

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

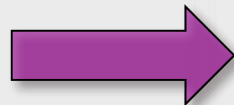
OUTCOME 02 (Response)

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



OUTCOME 06 (People)

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



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

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



Response



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

KPI 22 % Core Skills Modules Completed

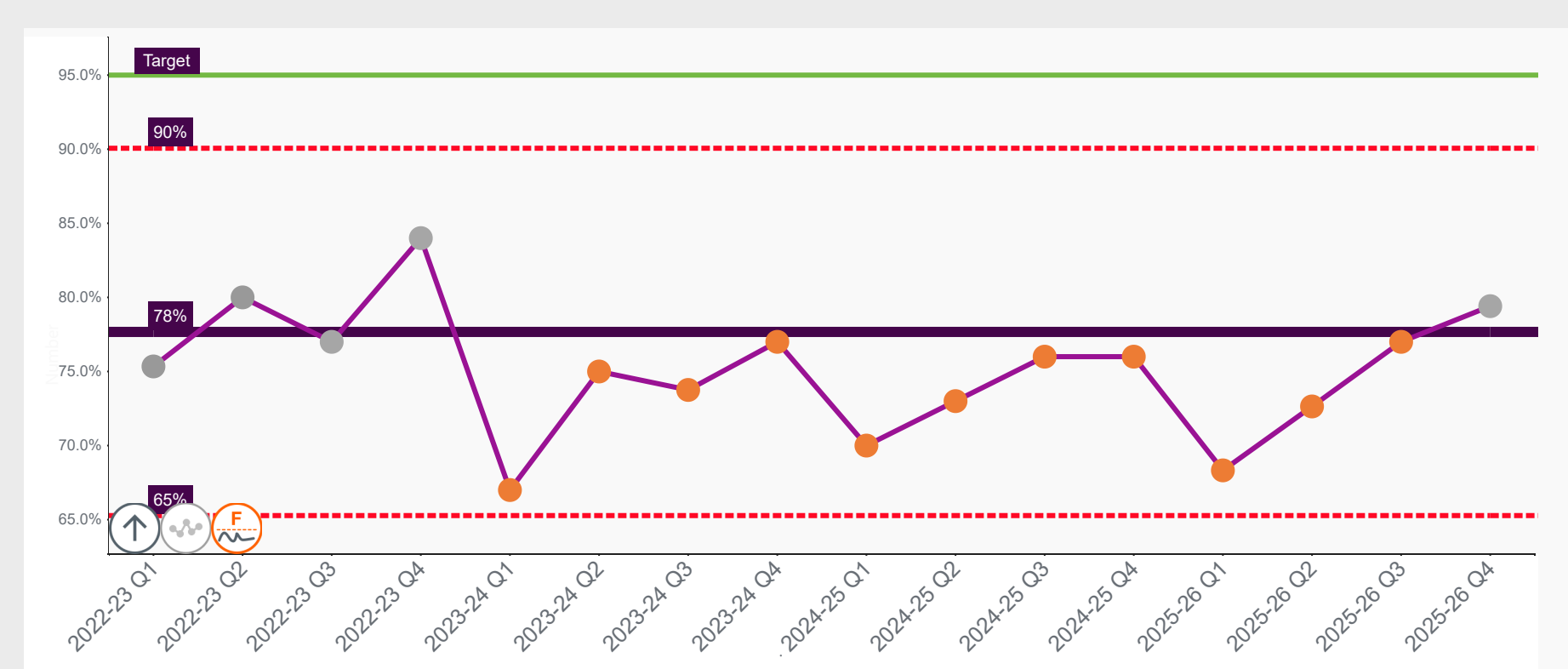
95%

OWNER: Head of Training

PURPOSE: Percentage of completion of Operational Core Skills modules against Training for Operational Competence Framework which covers Wholetime/On-call/ Day Duty Systems.

SUMMARY

The Training Function team collaborates with Local Senior Officer (LSO) Area teams to promote completion of mandatory Training for Operational Competence. The use of LSO performance meetings, online engagement sessions, and station visits aim to boost completion rates in future quarters.



KPI 23 % Advanced, Support & Emerging Risks Modules Completed

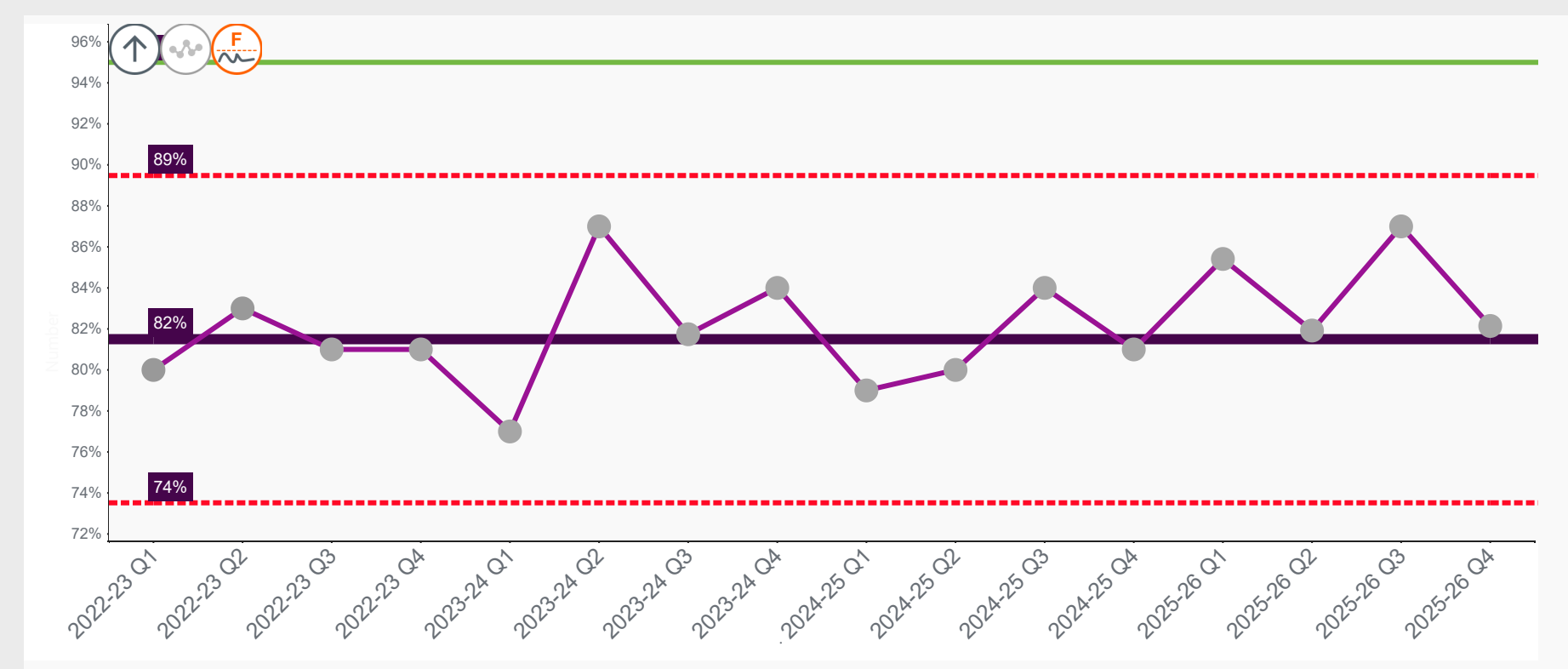
95%

OWNER: Head of Training

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

SUMMARY

Training Function team collaborates with Local Senior Officer (LSO) Area teams to promote completion of mandatory Training for Operational Competence. The use of LSO performance meetings, online engagement sessions, and station visits aim to boost completion rates in future quarters.



KPI 24 % Flexi Officer Module Completion

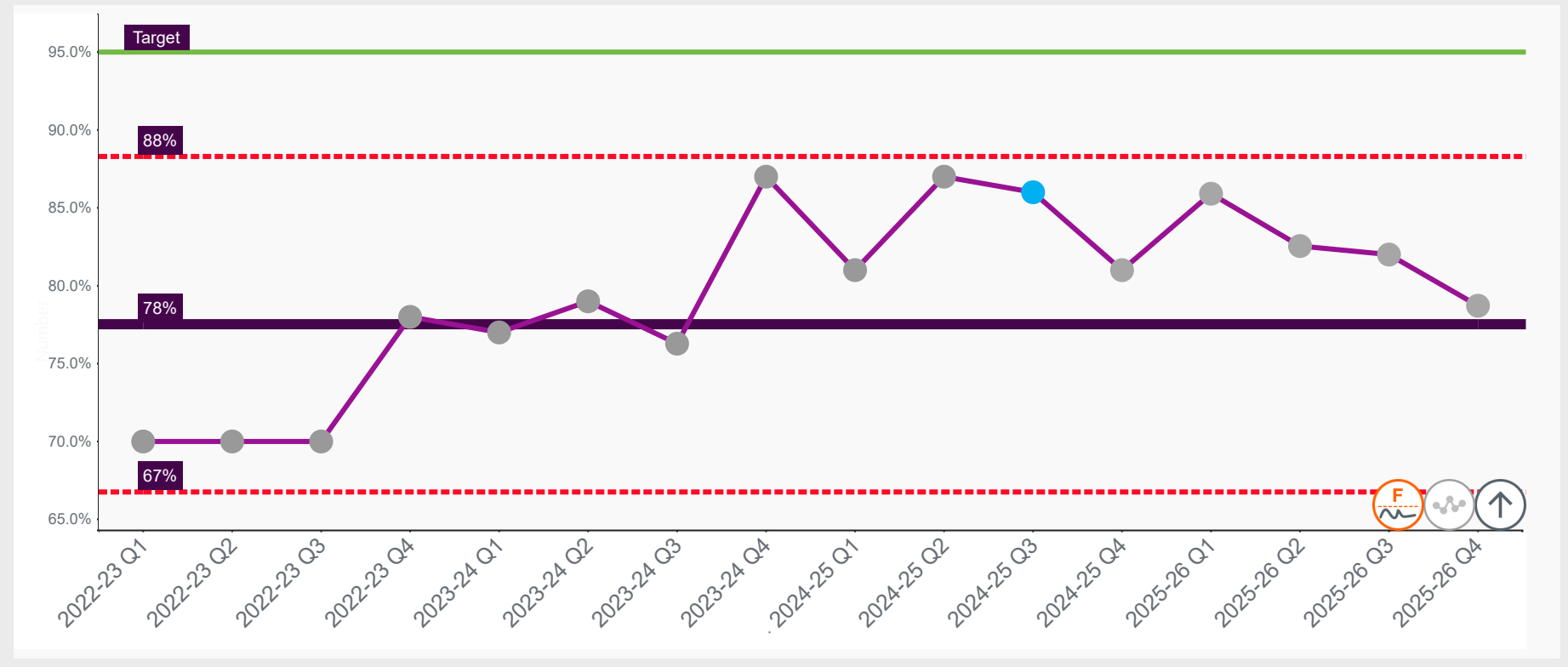
95%

OWNER: Head of Training

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

SUMMARY

Training Function team collaborates with both Service Delivery & Directorate teams to promote completion of mandatory Training for Operational Competence for Flexi Duty Officers. Ongoing communication and sharing of data analysis are anticipated to boost completion rates in future quarters.



KPI 25 % Incident Command Course Currency

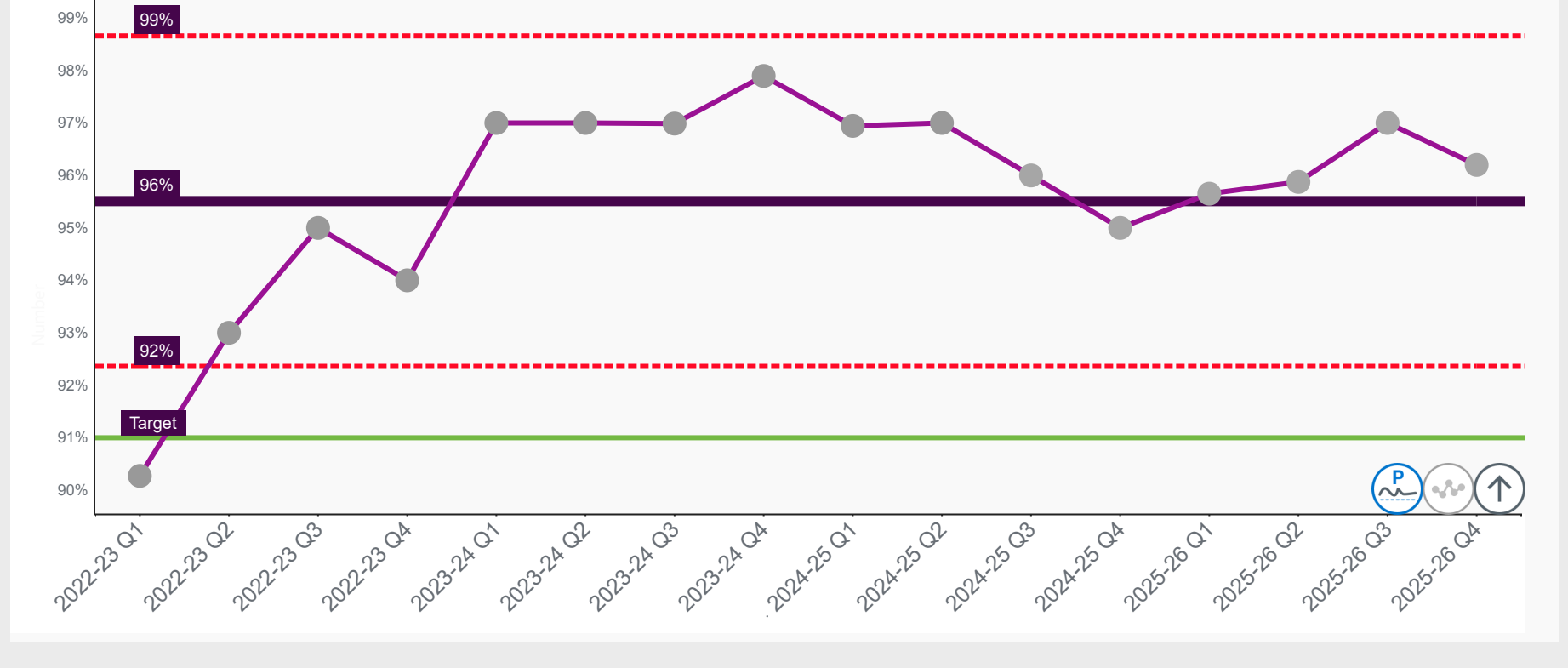
91%

OWNER: Head of Training

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

SUMMARY

Incident Command (IC) team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher training. Ongoing communication, planning, and scheduling ensure sufficient IC courses, and any management actions required regarding attendance to improve performance.



KPI 26 % Core Skills Currency

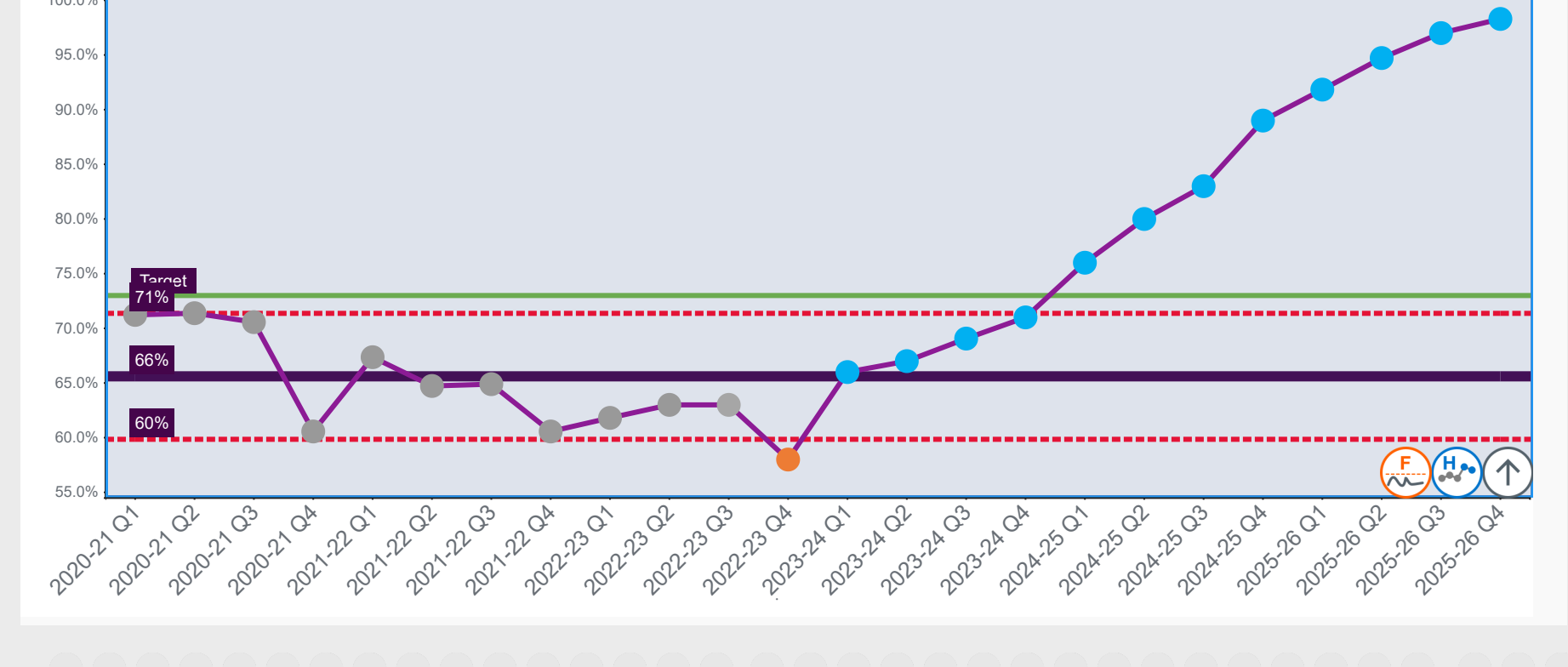
73%

OWNER: Head of Training

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

SUMMARY

Training Function management team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher courses. Ongoing, planning, and scheduling ensure sufficient Core skill courses, and any management actions required regarding attendance to improve performance.



KPI 27 % Specialist Rescue Currency

92%

OWNER: Head of Training

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

SUMMARY

The Specialist Rescue team collaborates with Central Staffing and Workforce Planning to provide necessary acquisition and refresher courses. Ongoing, planning, and scheduling ensure sufficient Specialist Rescue courses, and any management actions required regarding attendance to improve performance.



Response



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

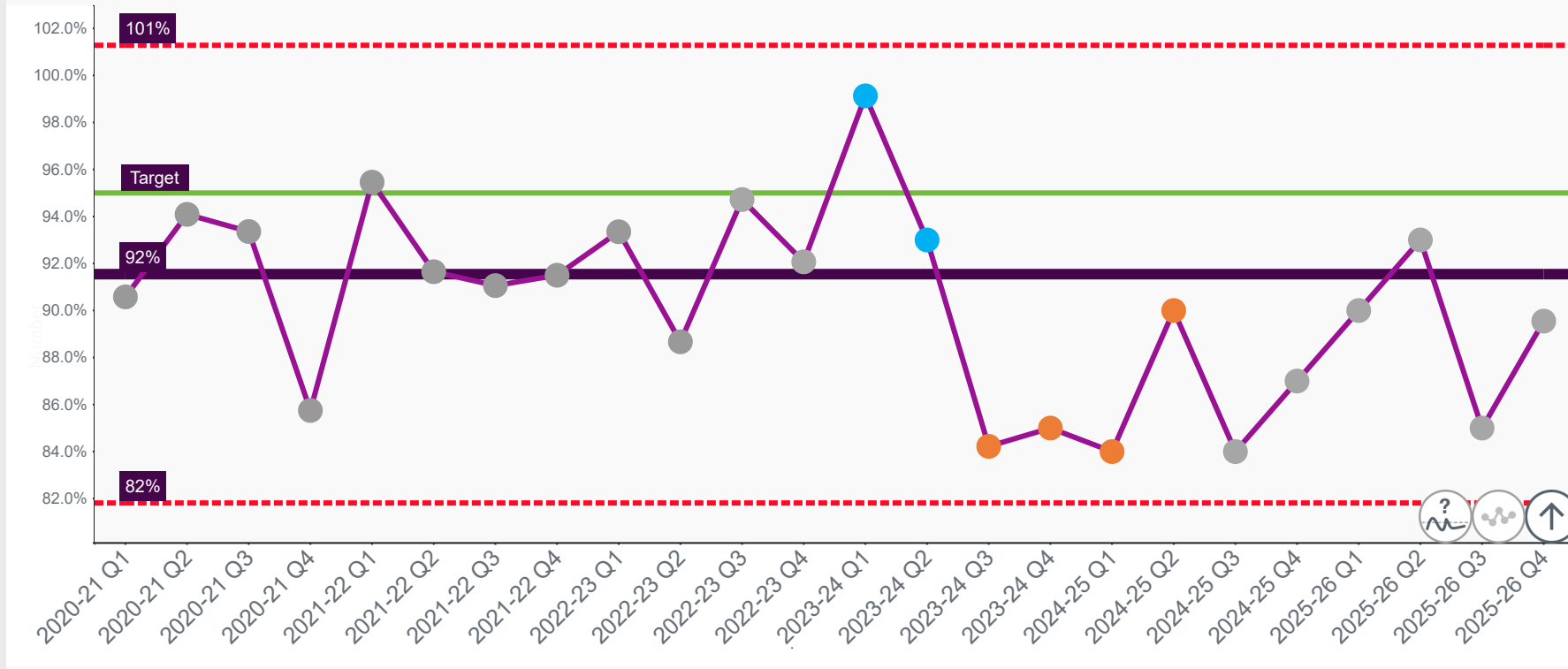
KPI 28 % Training Function Currency



95%

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

OWNER: Head of Training



SUMMARY

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

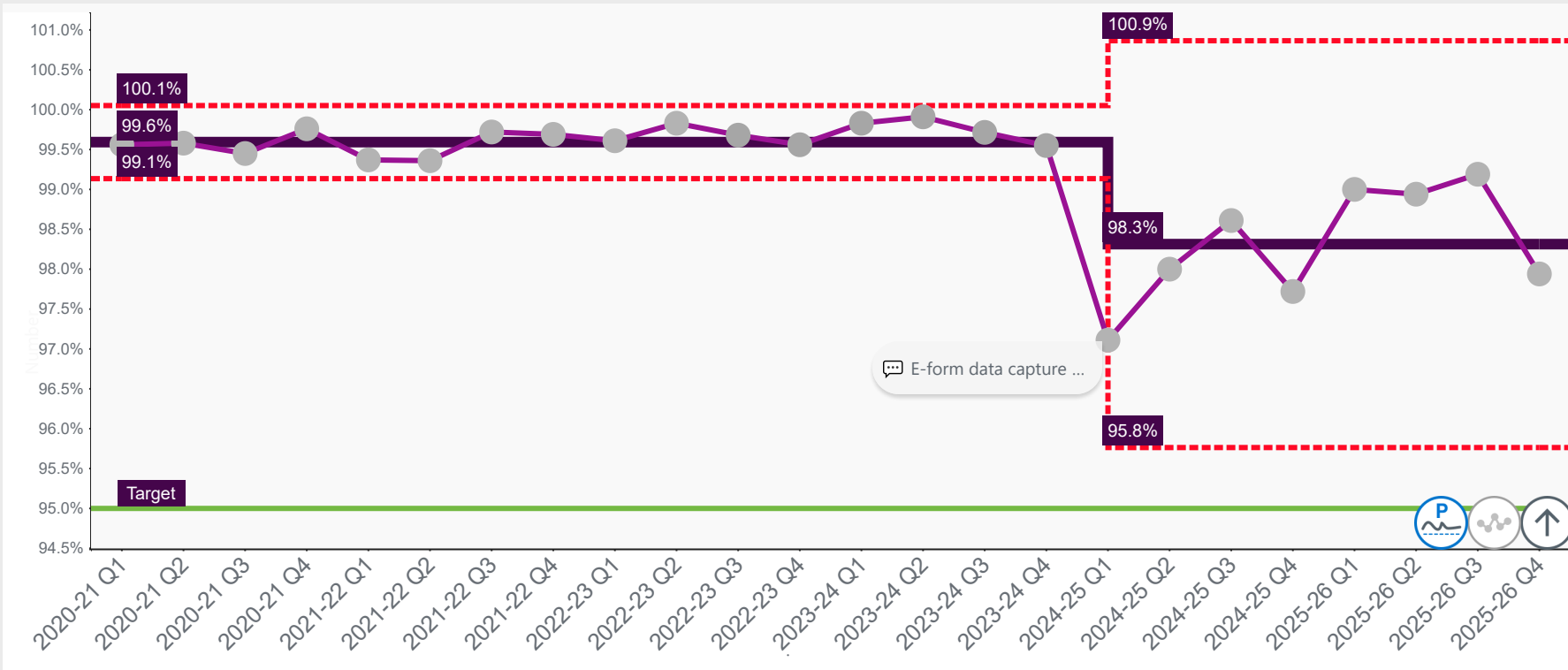
KPI 29 Training - Customer Satisfaction Rate



95%

PURPOSE: Percentage of candidate satisfaction against Training Function Course Delivery

OWNER: Head of Training



SUMMARY

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

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

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





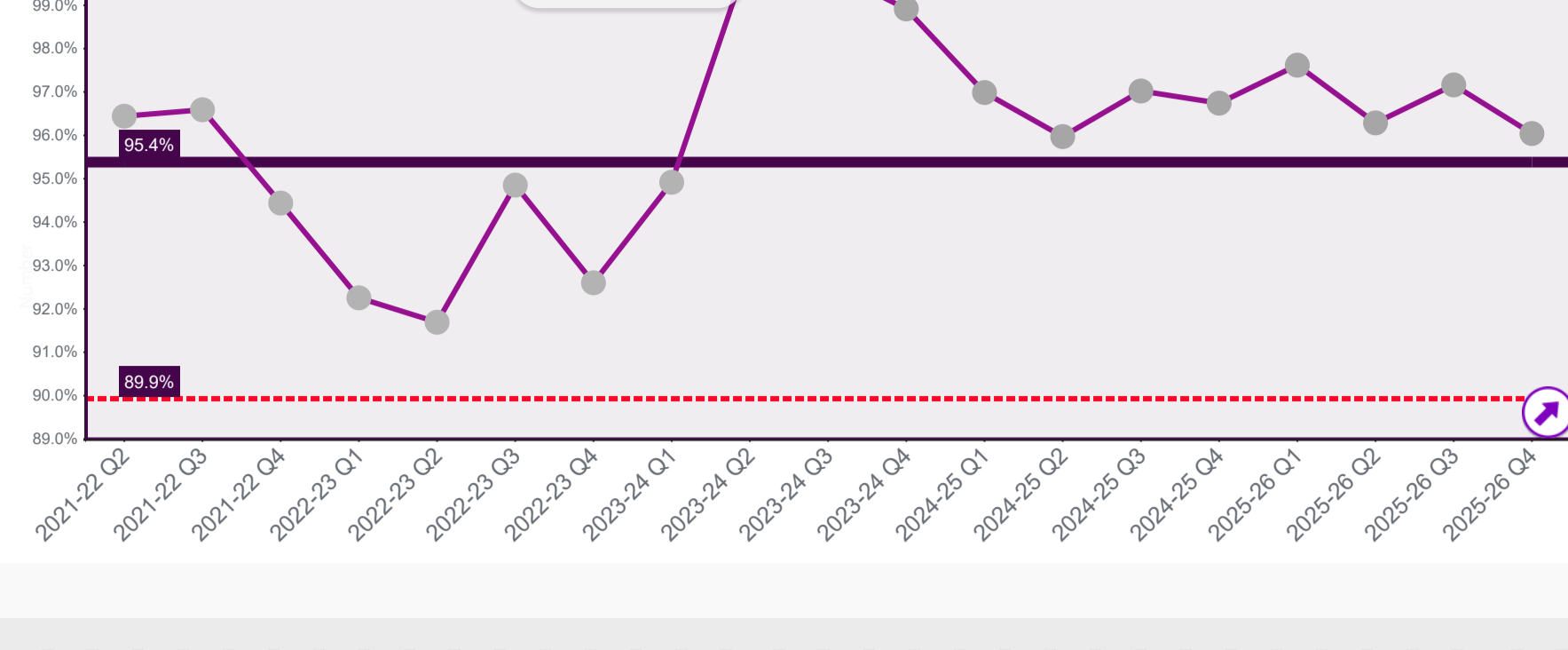
People

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

KPI 46 Resource Based Crewing FTE

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

OWNER: Head of People

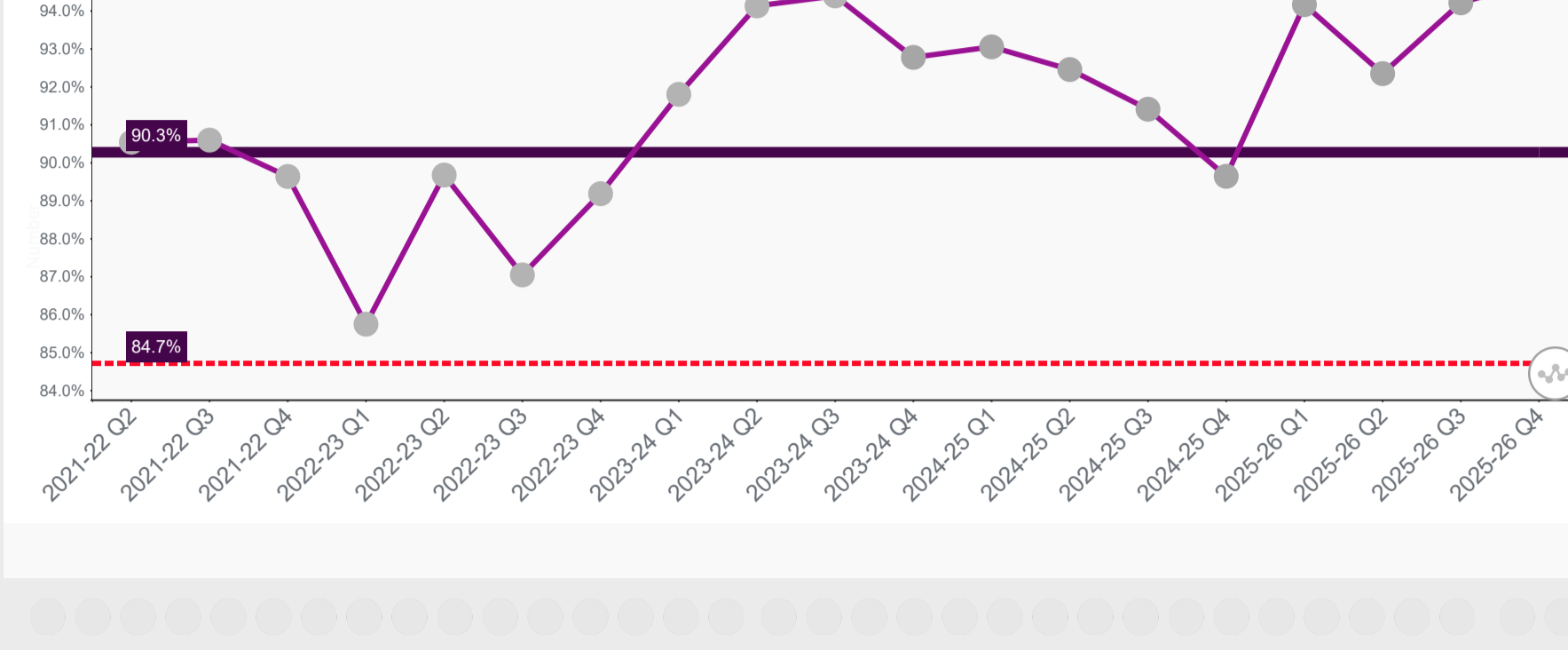


SUMMARY
There are 71 Wholtime Firefighters in Training and the revised training schedule will increase intake capacity from 144 to approximately 200 annually.

KPI 46 Off Station FTE

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

OWNER: Head of People

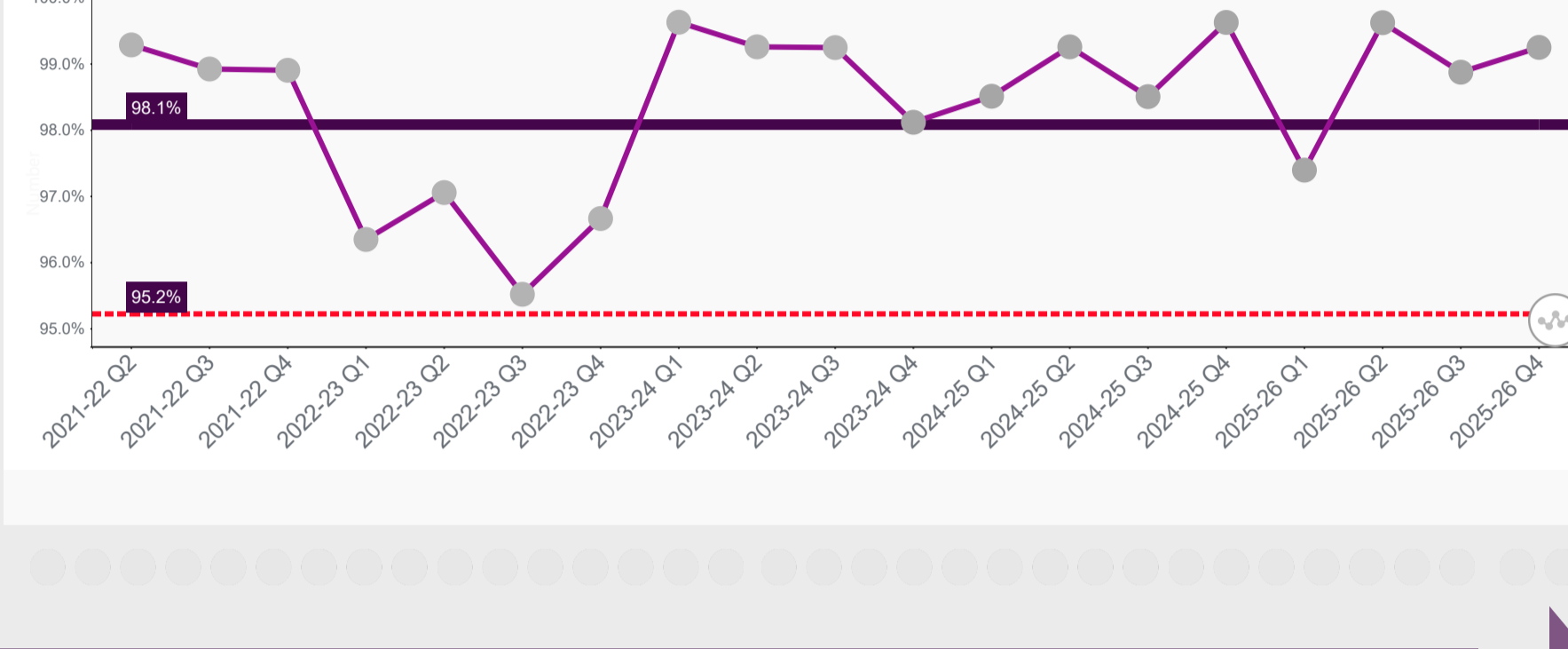


SUMMARY
Due to ongoing Recruitment & Selection and Promotion Process activity, this KPI is at the highest figure we have seen in recent years.

KPI 46 Flexi Officer FTE

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

OWNER: Head of People



SUMMARY
Flexi officer FTE has remained broadly consistent at around 99%.

KPI 46 Operations Control FTE

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

OWNER: Head of People

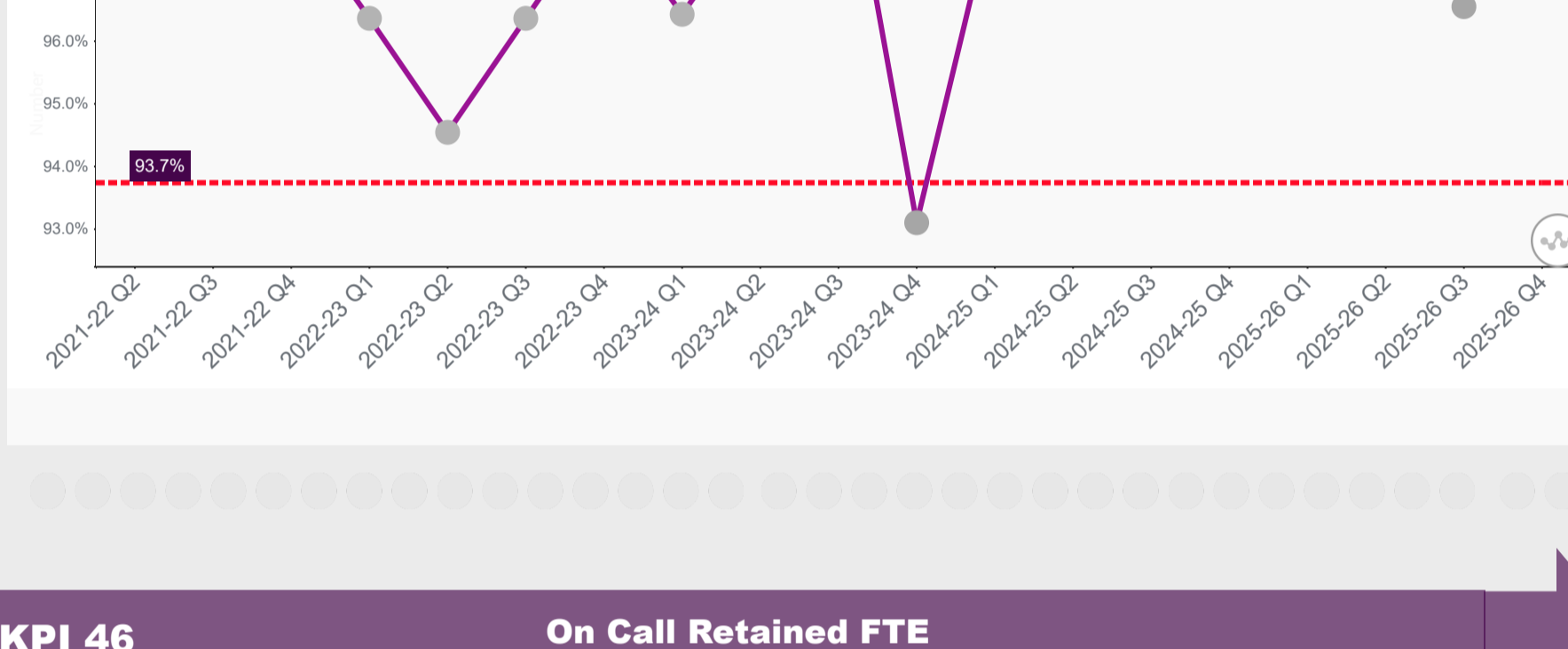


SUMMARY
Due to planned recruitment activity, TOM vs FTE has improved considerably in the last quarter. Plans are in place to conduct regular, and routine, OC courses and recruitment activities, shifting from the current ad-hoc model.

KPI 46 Rural Full-time FTE

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

OWNER: Head of People

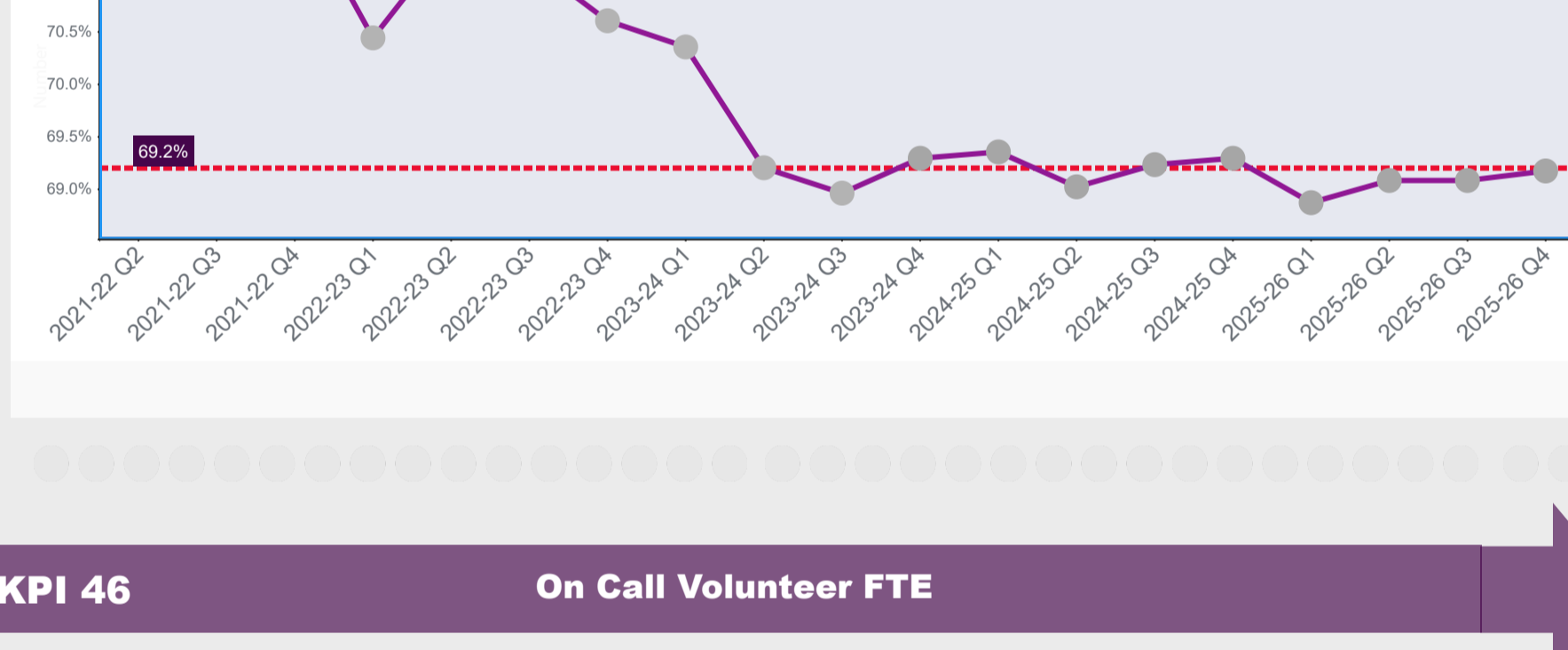


SUMMARY
Rural Full-time FTE has remained high in recent years.

KPI 46 On Call Retained FTE

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

OWNER: Head of People

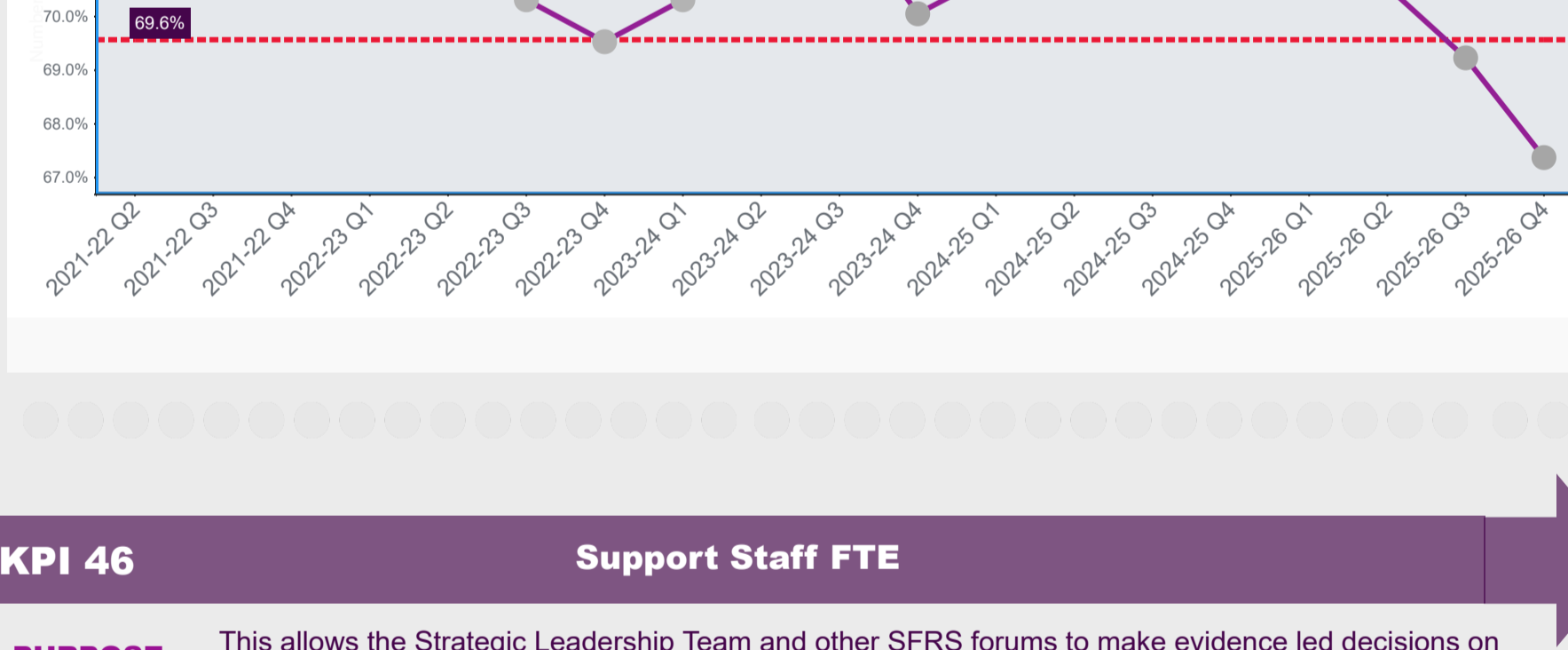


SUMMARY
Recruitment activity continues, along with reviewing the TOM to ensure it reflects organisational and community needs.

KPI 46 On Call Volunteer FTE

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

OWNER: Head of People

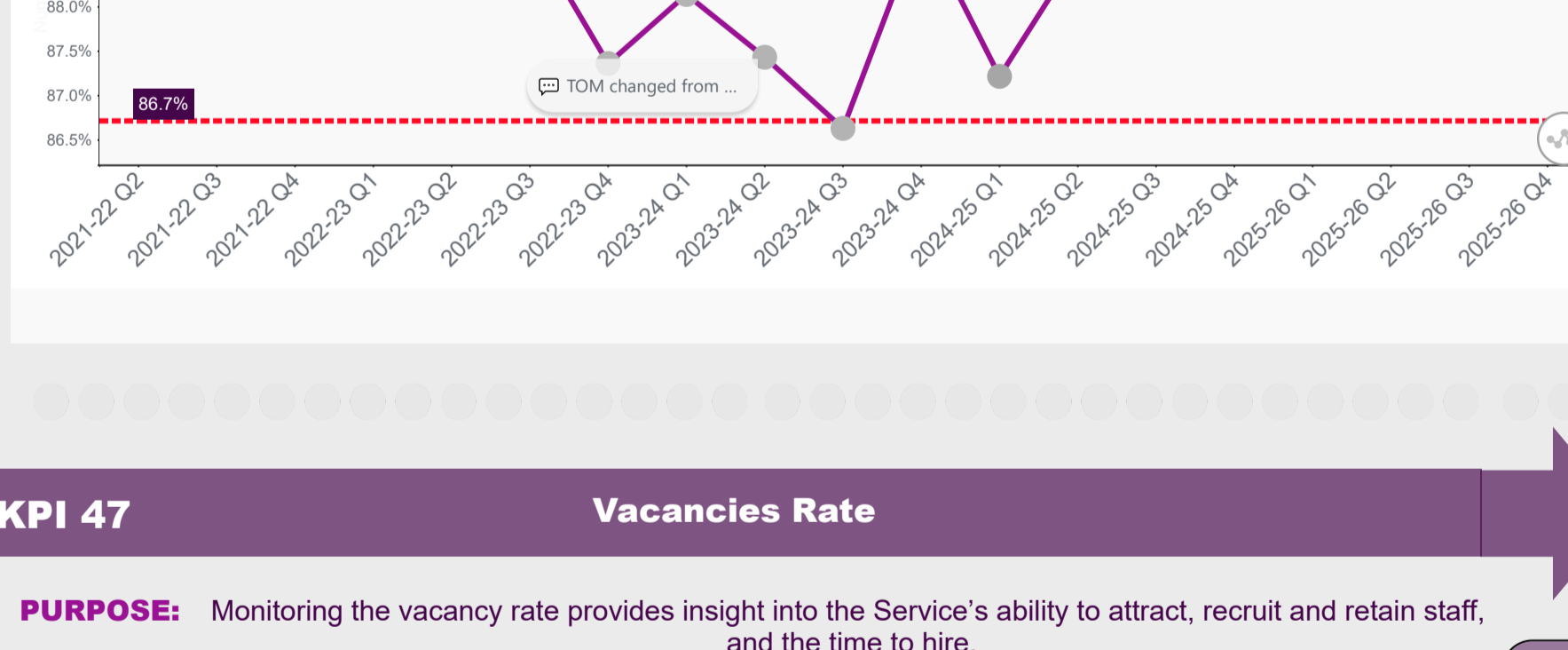


SUMMARY
There is a review ongoing connected to SSRP with the goal to better understand the requirements and recruitment needs.

KPI 46 Support Staff FTE

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

OWNER: Head of People

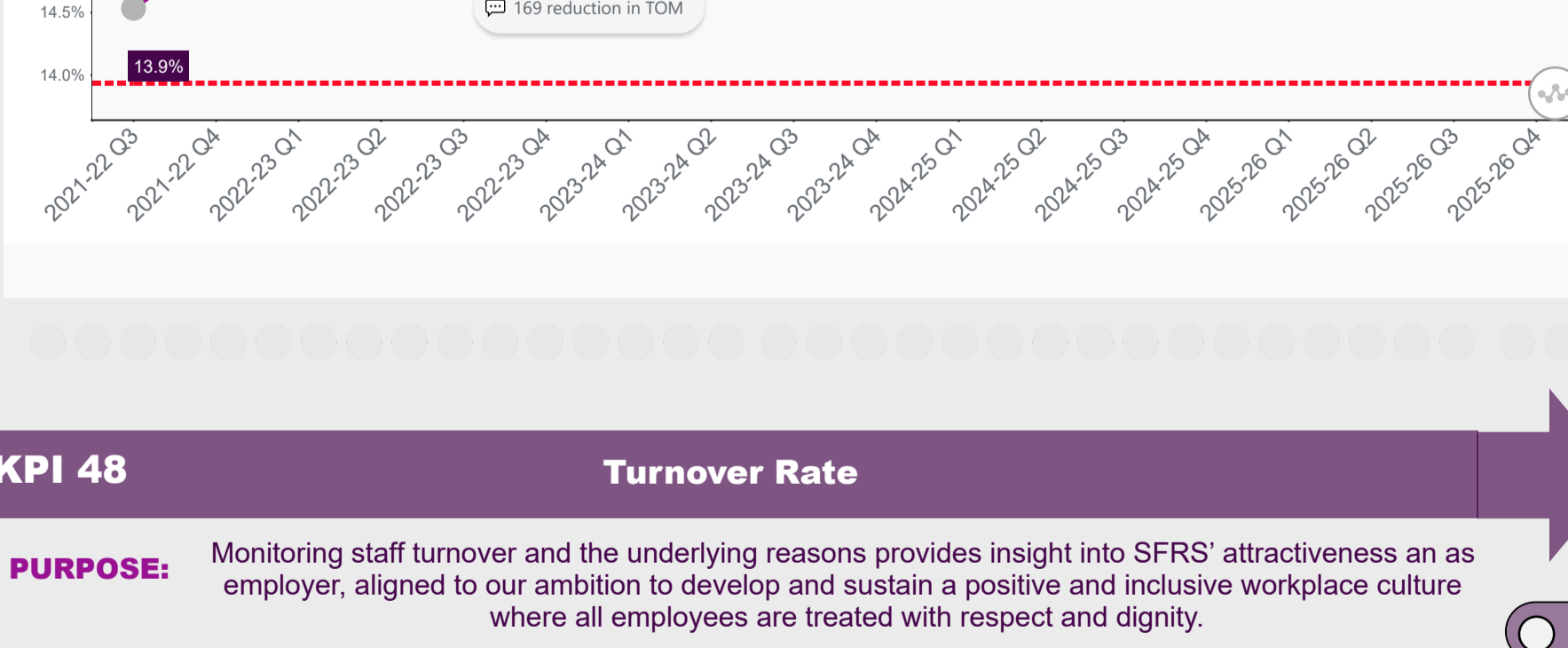


SUMMARY
Recruitment activity continues and work is progressing with Support Staff Pay & Reward Framework; with recommendations being considered by SLT.

KPI 47 Vacancies Rate

PURPOSE: Monitoring the vacancy rate provides insight into the Service's ability to attract, recruit and retain staff, and the time to hire.

OWNER: Head of People

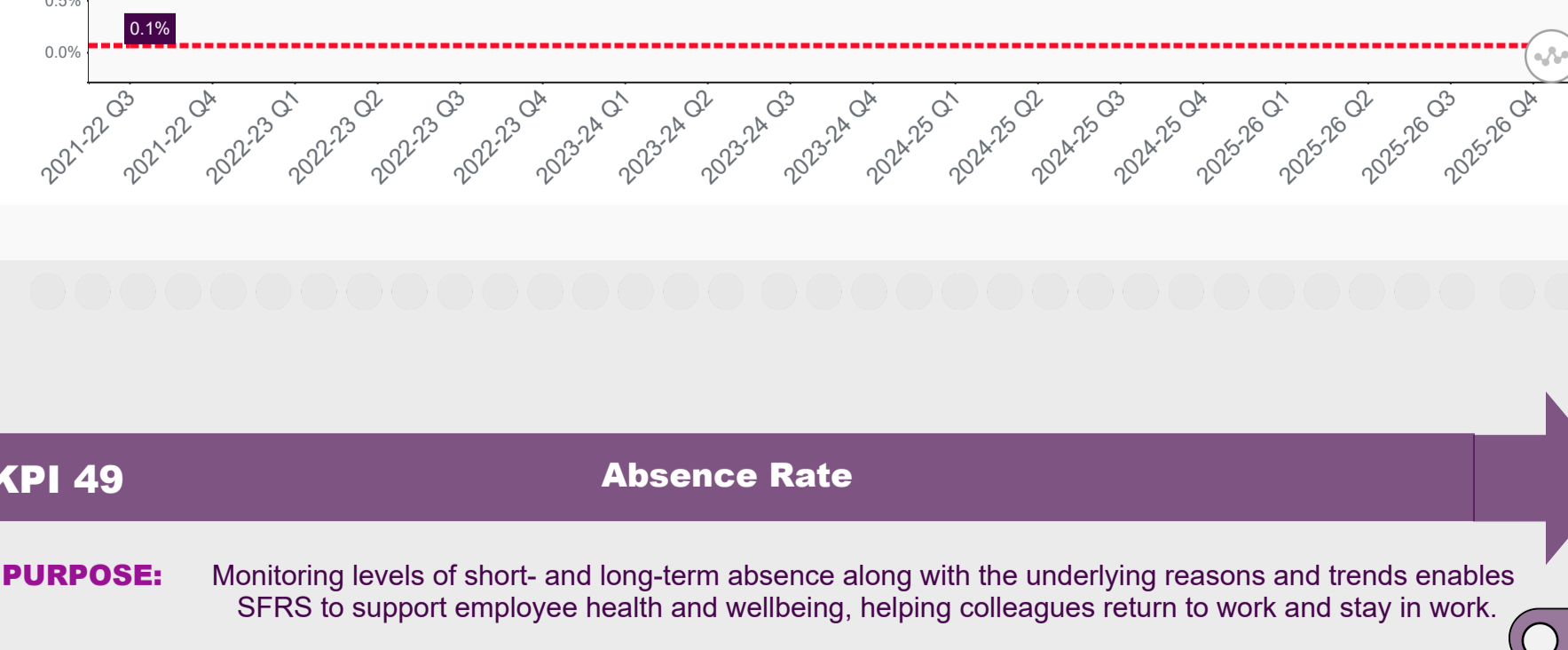


SUMMARY
The percentage of Staff Vacancies has remained broadly consistent. Recruitment activity to reduce any shortfalls across all employee groups remains ongoing, subject to budgeted vacancy factors.

KPI 48 Turnover Rate

PURPOSE: Monitoring staff turnover and the underlying reasons provides insight into SFRS' attractiveness as an employer, aligned to our ambition to develop and sustain a positive and inclusive workplace culture where all employees are treated with respect and dignity.

OWNER: Head of People

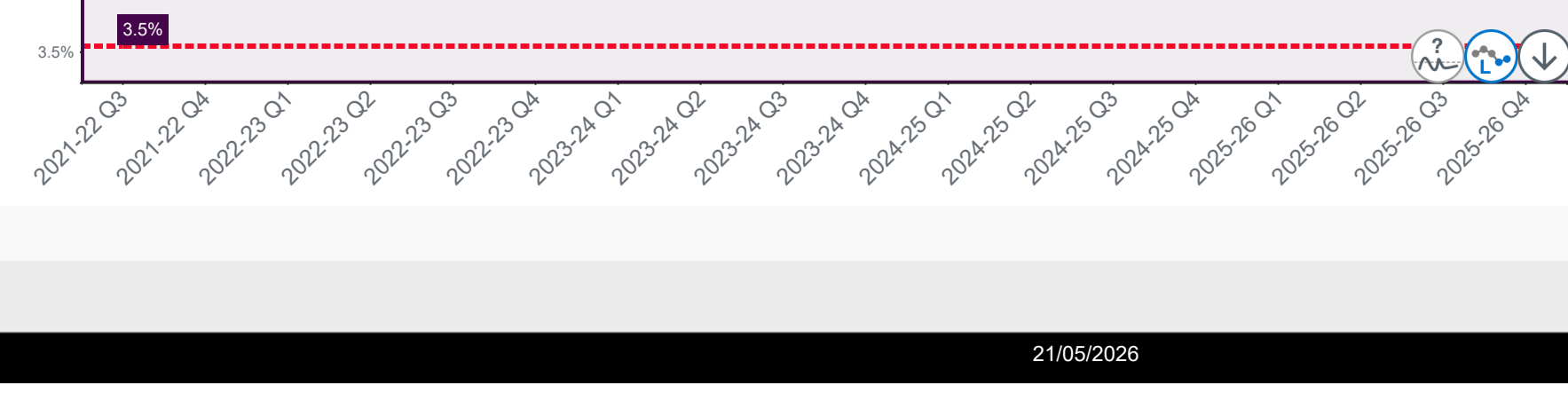


SUMMARY
Overall staff turnover has reduced slightly from 4.62% in Q3 to 1.12% in Q4, with a reduction across all staff groups, except for the Volunteer Duty System (VDS). This also sees a slight reduction from the same period last year (1.42% in Q4 25/26).

KPI 49 Absence Rate

PURPOSE: Monitoring levels of short- and long-term absence along with the underlying reasons and trends enables SFRS to support employee health and wellbeing, helping colleagues return to work and stay in work.

OWNER: Head of People



SUMMARY
The percentage of Staff Absence, overall, has decreased from 4.49% in Q3 to 4.36% in Q4. This also represents a decrease from the same period last year (4.43% in Q4 24/25). Ongoing Absence and Attendance Management Training continues to be rolled out to Line Managers to assist in reducing Absence.

People



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

KPI 50 Verbal Attacks on Firefighters

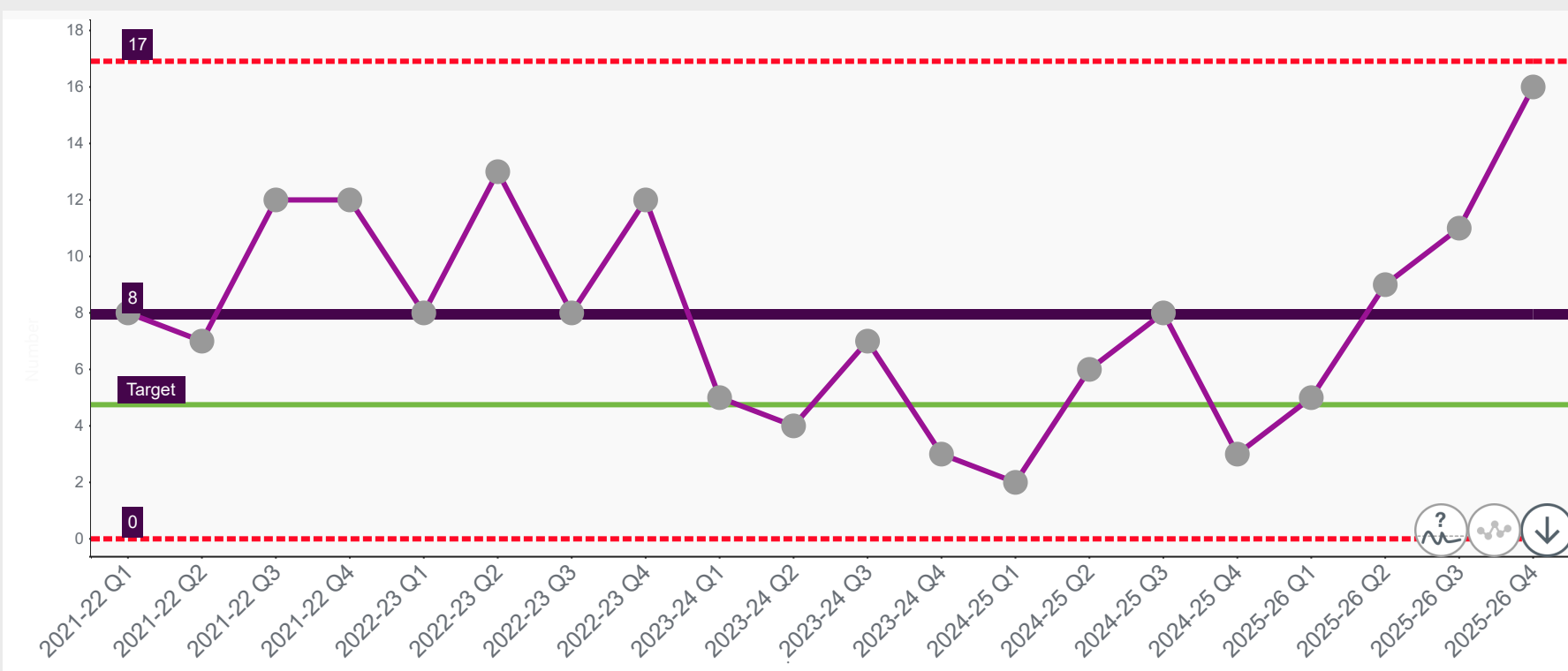
PURPOSE: Demonstrates how many verbal attacks have occurred to SFRS personnel by members of the public

Reduce against previous year

OWNER: Head of Safety and Assurance

SUMMARY

An increase is noted in Q4 from the previous quarter. Control measures noted from investigation outcomes include ensuring members of the public are appropriately supervised while on SFRS premises. We continue to encourage staff to report instances of AoV.



KPI 51 Physical Attacks on Firefighters

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

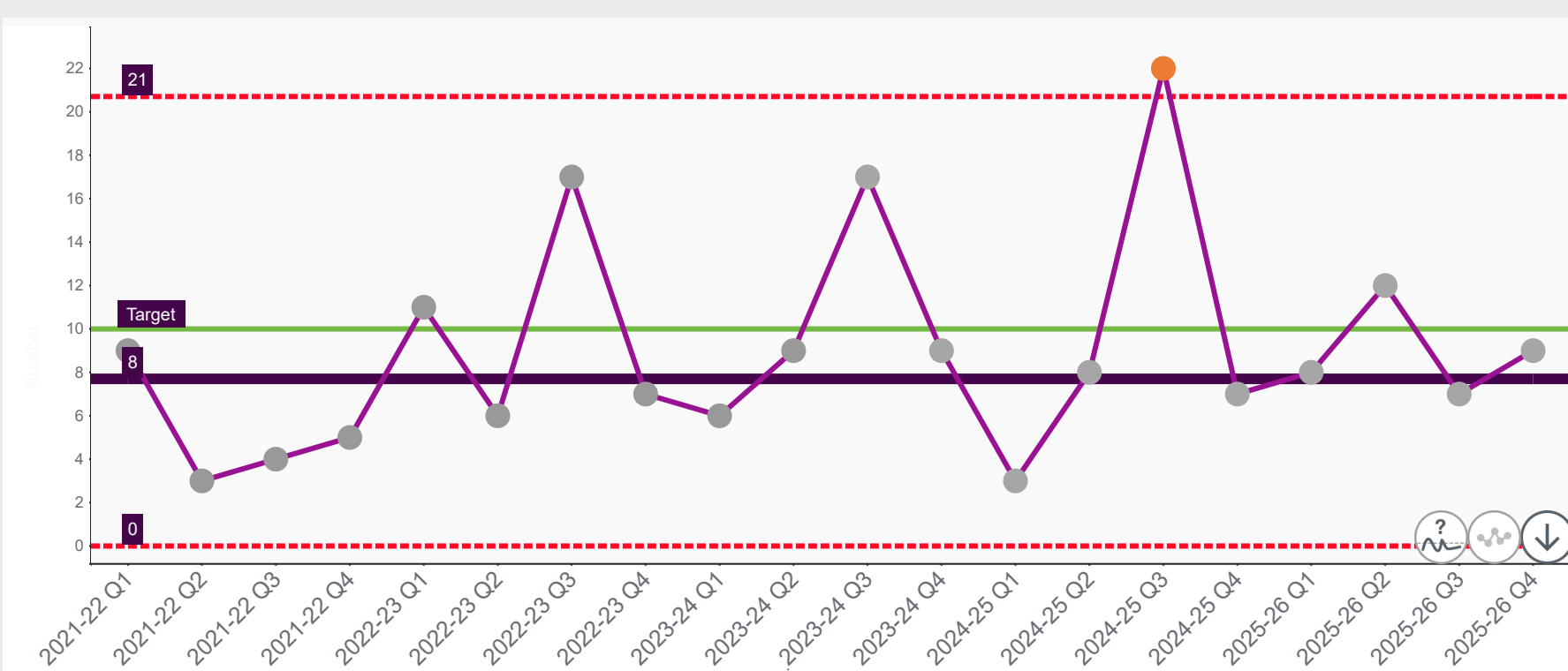
Reduce against previous year

OWNER: Head of Safety and Assurance

SUMMARY

An increase is noted in Q4 from both the previous quarter and the previous reporting year.

We continue to encourage staff to report instances of AoV.



KPI 52 Number of RIDDOR reportable injuries

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

Reduce against previous year

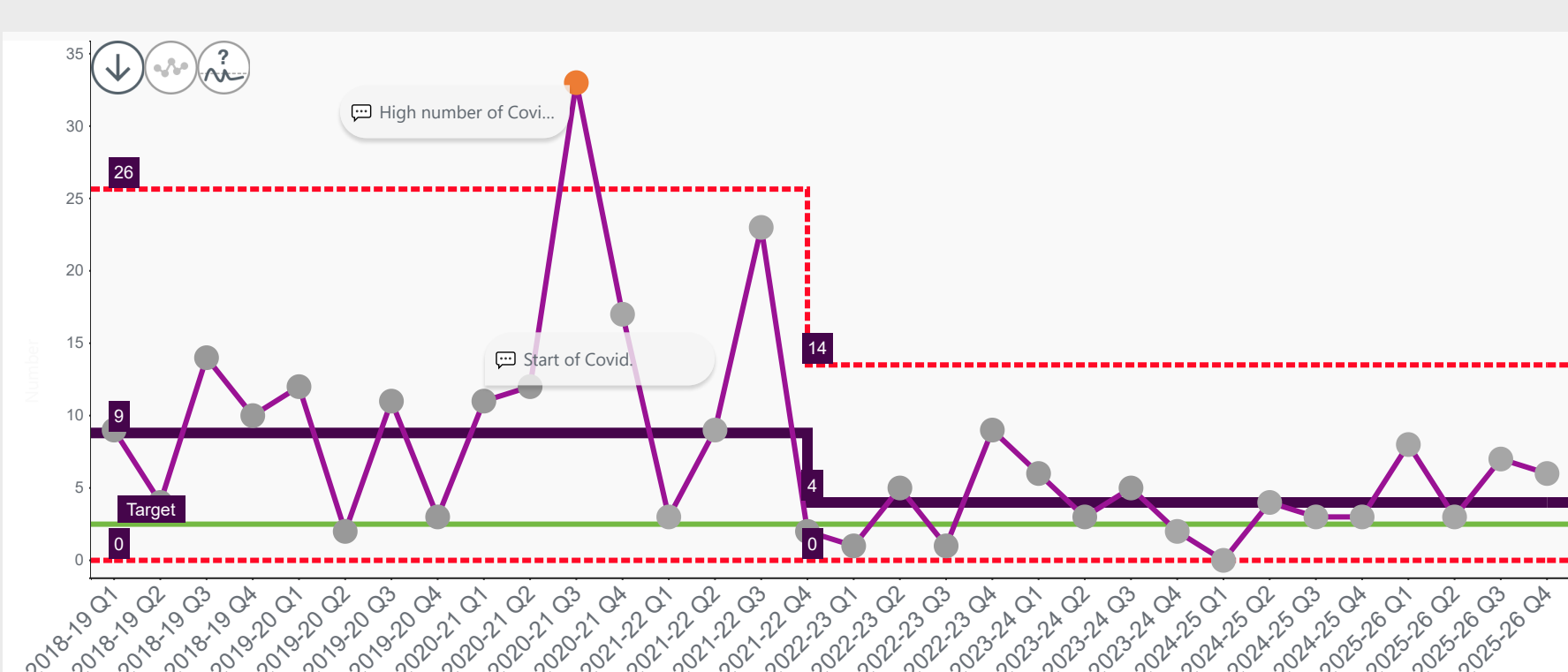
OWNER: Head of Safety and Assurance

SUMMARY

6 RIDDOR events were reported in Q4.

There was no identified trend across the varying root causes in Q4.

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



KPI 53 Accidents and Injuries (excl. RIDDOR)

PURPOSE: Demonstrates total accidents and injuries to occur through workplace accidents

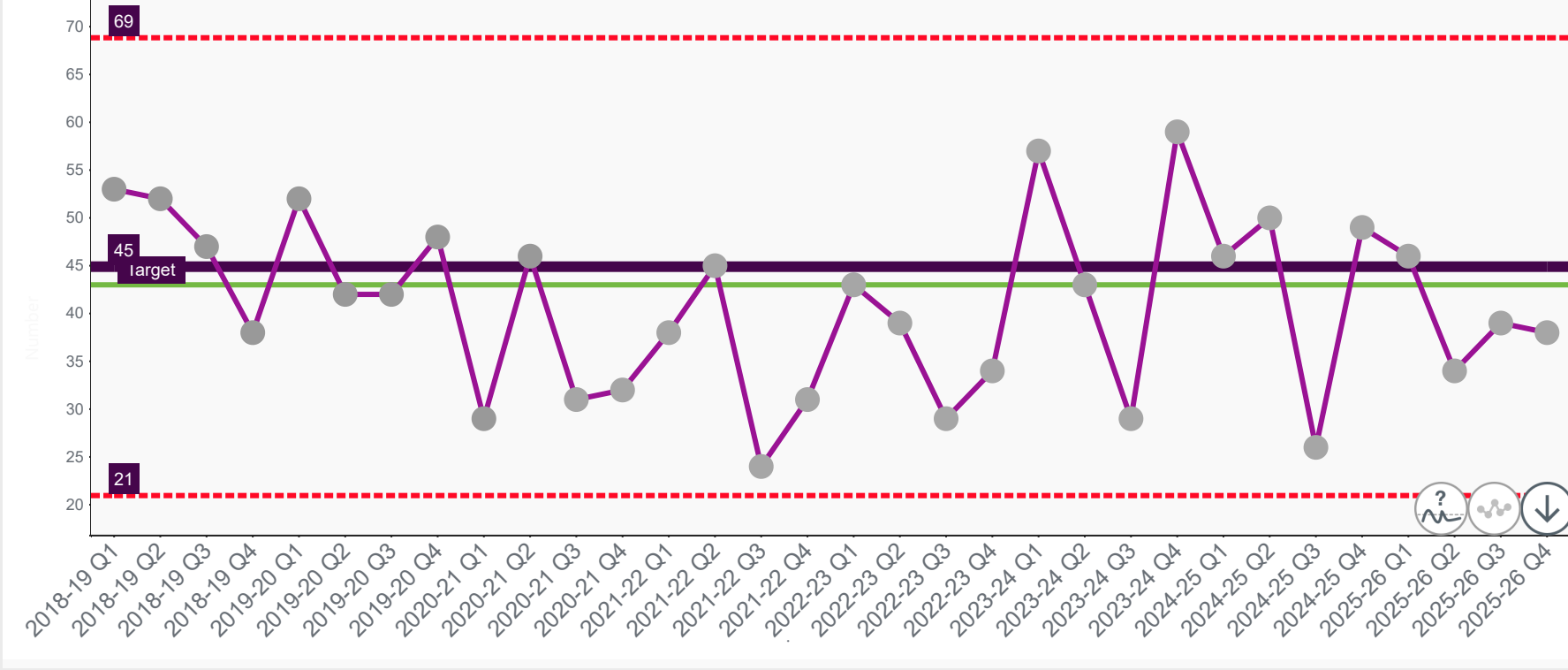
Reduce against previous year

OWNER: Head of Safety and Assurance

SUMMARY

A decrease is noted in Q4. The top three causes were Impact with a Moving/Stationary Object, Manual Handling and Slips, Trips and Falls.

All events are investigated to reduce the likelihood of recurrence. SAIGs continue to monitor local trends and take action where required.



KPI 54 Near Miss

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

Track

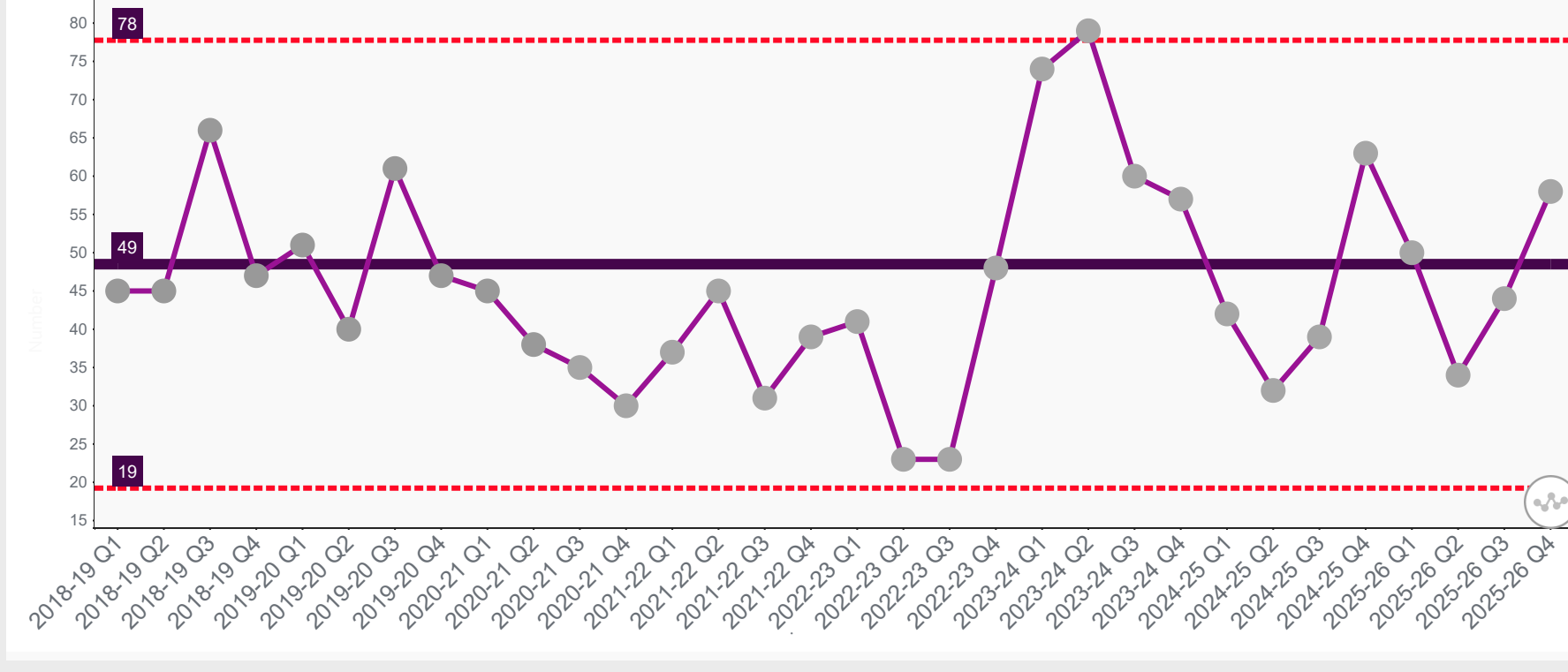
OWNER: Head of Safety and Assurance

SUMMARY

An increase is noted in Near Miss (NM) when compared to the previous reporting year.

The most common category reported in Q4 was Breathing Apparatus.

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



KPI 55 Vehicle Accidents

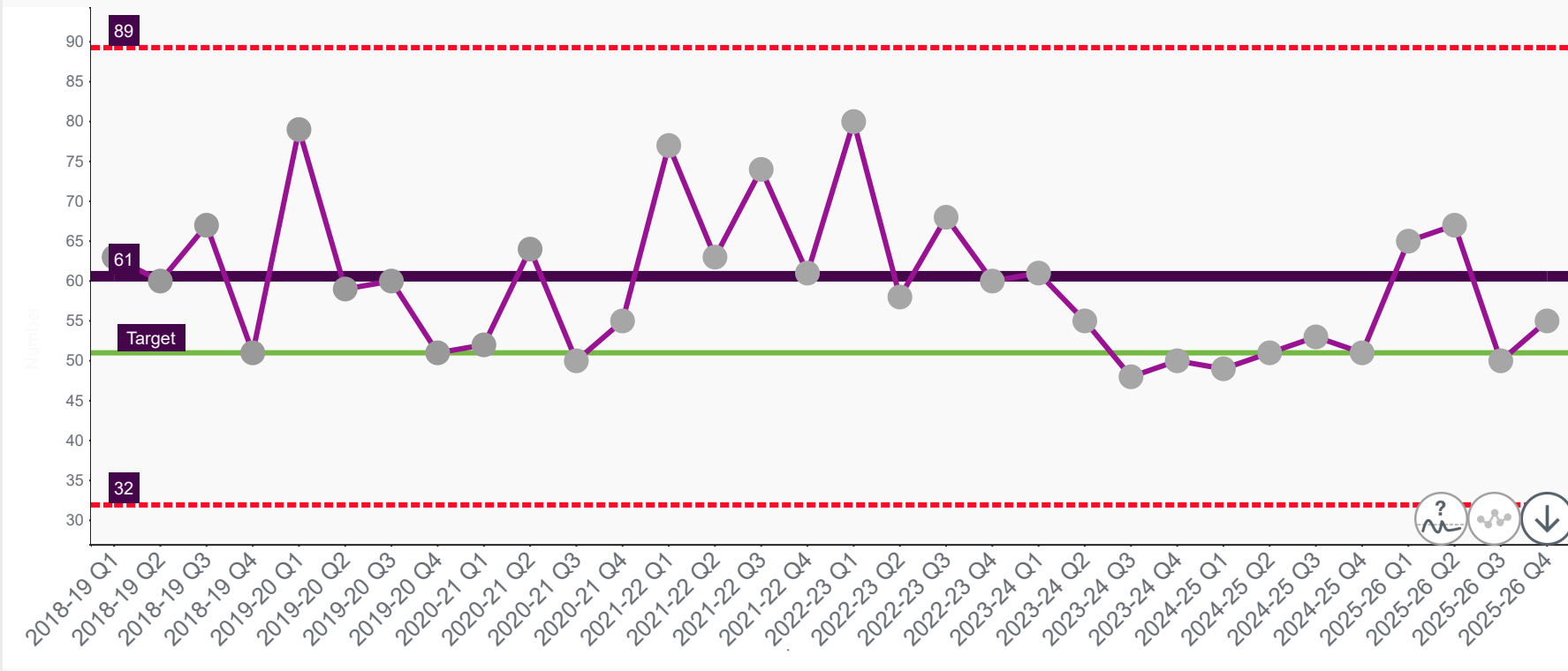
PURPOSE: Total number of events that involved vehicle accidents

Reduce against previous year

OWNER: Head of Safety and Assurance

SUMMARY

An increase is noted in VAs compared to both the previous quarter and reporting year. The Driver Safety Group monitors vehicle trends and take action where required. The Low-Speed Manoeuvre (LSM) booklet was published in Q4, providing clear guidance. Local areas continue to promote TFOC modules.



KPI 56 Completion of Health and Safety Improvement Plans

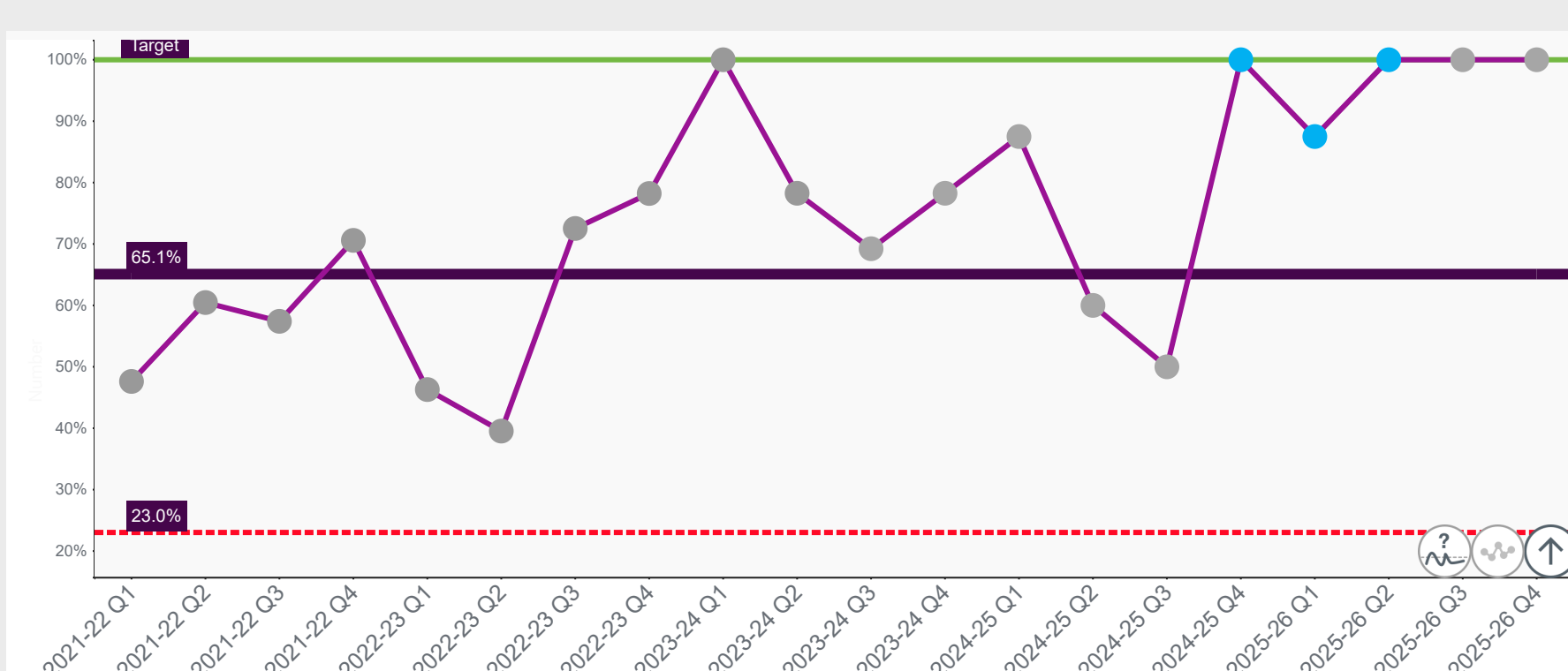
PURPOSE: Demonstrates the completion of improvement plans to drive safety performance

100%

OWNER: Head of Safety and Assurance

SUMMARY

100% (10 of 10) actions in Q4 were completed across all SDAs and Directorates. Local SAIG groups continue to manage and support the completion of improvement plans.



People



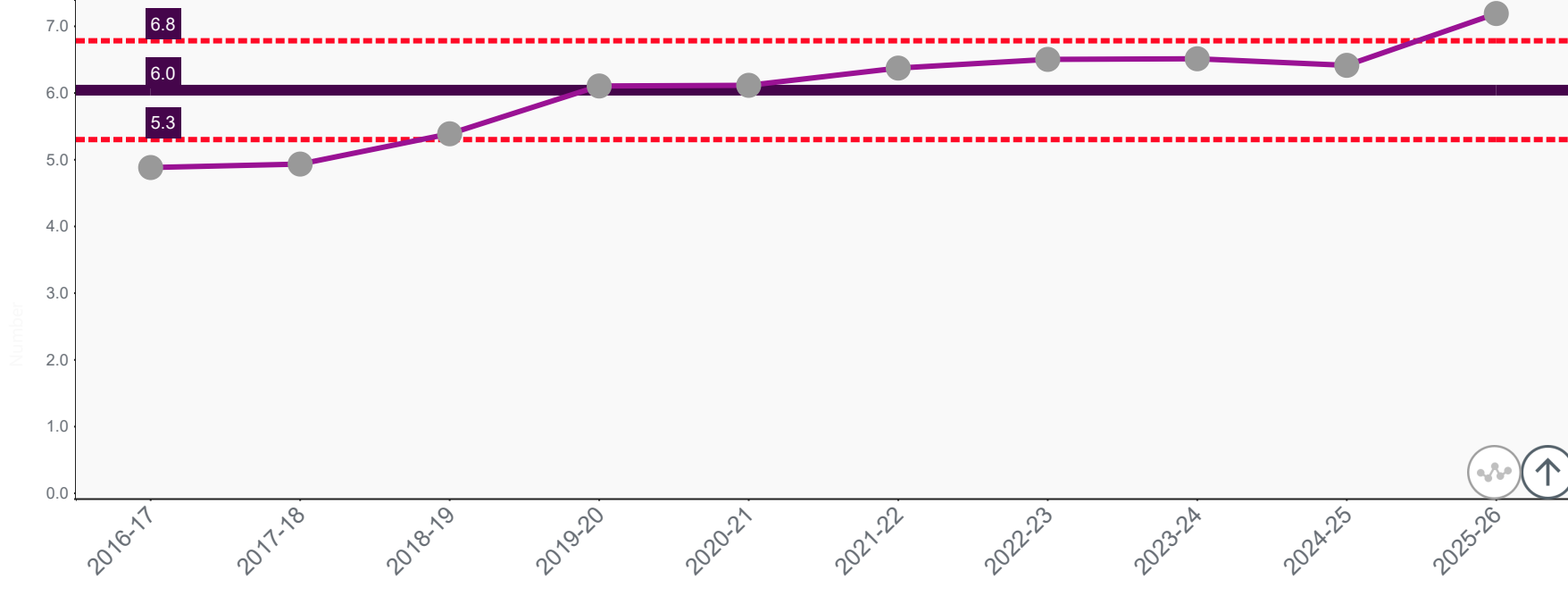
The experience of those who work for SFRS improves as we are the best employer we can be.

KPI 62 Female Ratio - Wholetime

PURPOSE: Allows the Service to report on and understand gender balance of various staff groups and how representative our workforce is of communities we serve

Increase proportion of female staff

OWNER: Head of People



SUMMARY

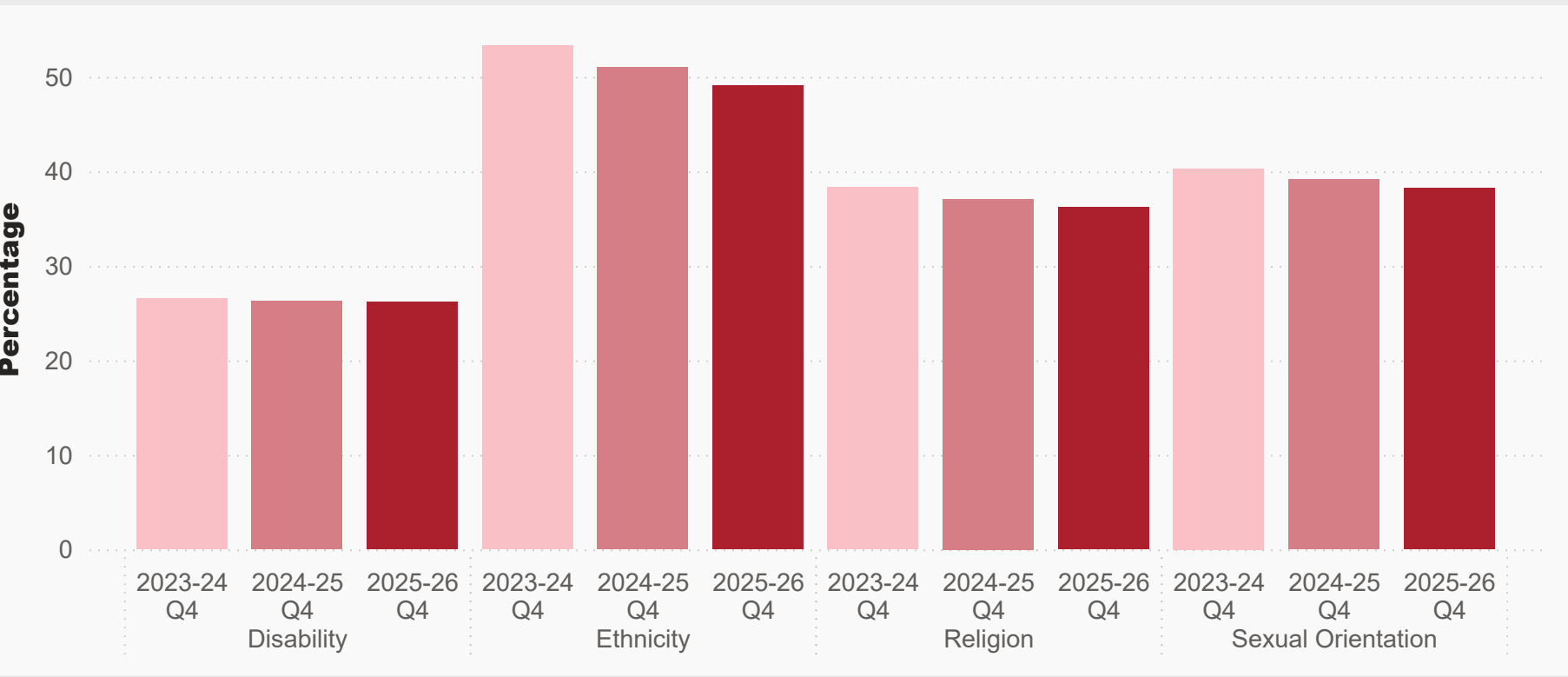
Currently we have the highest ratio of Female Wholetime Fire Fighters in the history of the SFRS.

KPI 63a % of staff choosing to provide equalities data

PURPOSE: This indicator shows the % of SFRS Staff who entered data into the sensitive information fields in iTrent against key protected characteristics.

Increase against previous year

OWNER: Head of People



SUMMARY

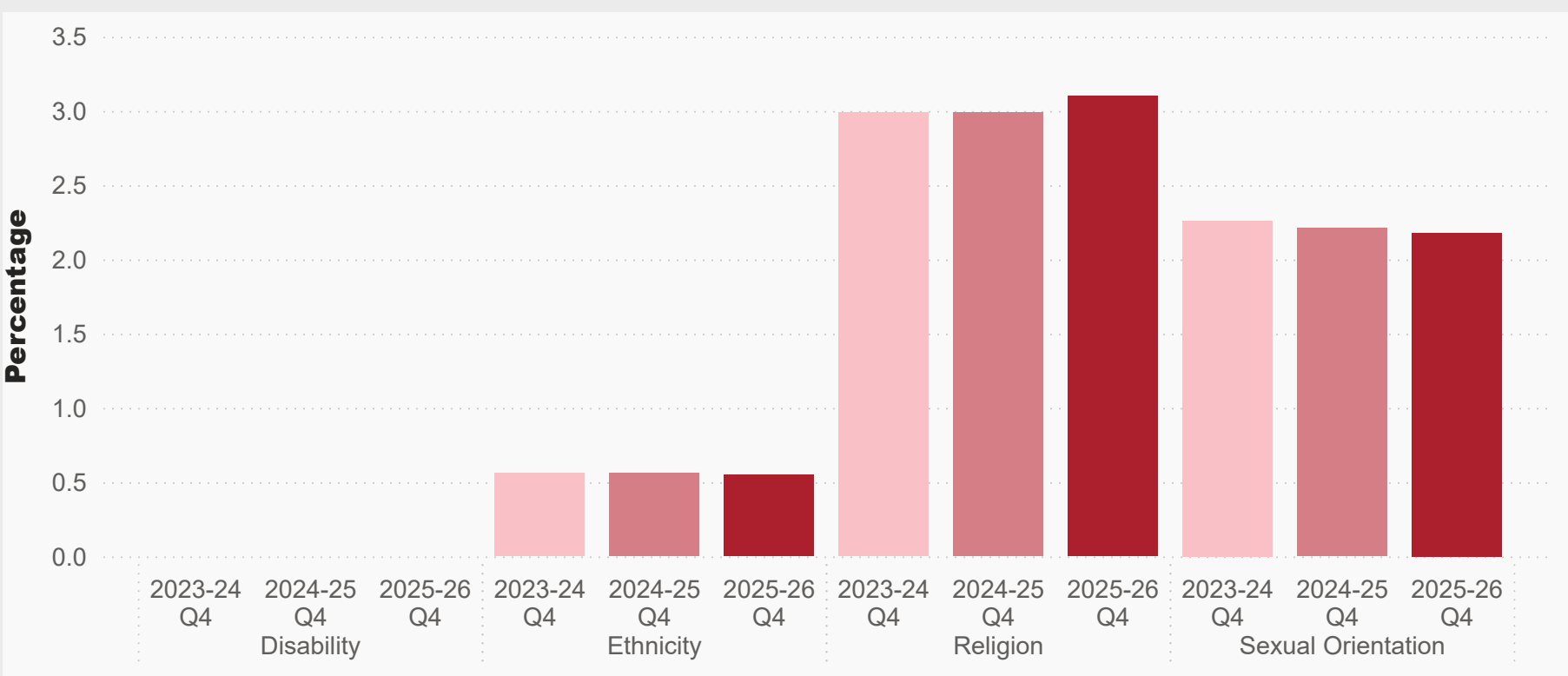
There is work linked to Corporate Business Solutions, is ongoing to improve these statistics, including proactive communication to improve data capture leading up to the development of a new system.

KPI 63b % of staff choosing to withhold equalities data

PURPOSE: This indicator shows the % of Staff who entered data into the Sensitive Information fields who then selected the Prefer not the Say response for that characteristic.

Reduce against previous year

OWNER: Head of People



SUMMARY

There is work linked to Corporate Business Solutions, is ongoing to improve these statistics, including proactive communication to improve data capture leading up to the development of a new system.

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

How to navigate your way around this report:

You can use the navigational buttons on the left-hand/top of each page to return to the home page, go to the next page, return to the previous page, go to the Help page, or go to the About page.

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- You can view the details of data that make up a visualisation by **hovering over a chart/visual** (e.g. a point on a map or bar/line on a chart).
- You can change how a visual looks by sorting it, for example by numeric values or text data. To sort a visual, first select it and then click on the **More actions (...)** button on the visual, which will bring up the sorting options. Power BI reports retain the filters, slicers, sorting, and other data view changes that you make.
- You can use the filters on the report page to target specific areas or time periods etc. To select more than one option in a filter (for example more than 1 business area), **press and hold the Ctrl button on your keyboard** whilst you click on the filter selections.

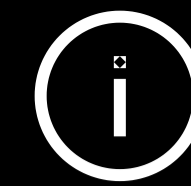
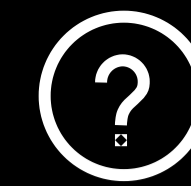
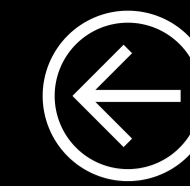
Interpreting statistics and trends:

For help with interpreting the statistics within this report, identifying potential trends, or to gain a deeper understanding of what the data means, please contact the Business Intelligence Team.

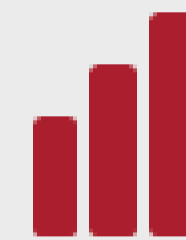
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For further help, please contact the Business Intelligence Team - bi@firescotland.gov.uk



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bi@firescotland.gov.uk



Report No: C/PC/26-26

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE							
Meeting Date:	18 JUNE 2026							
Report Title:	POLICY REVIEW SCHEDULE UPDATE							
Report Classification:	For Information	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>						
		A	B	C	D	E	F	G
1	Purpose							
1.1	The purpose is to provide a quarterly update on the People Policy Schedule and outline the initial plan and priorities for 2026/27.							
2	Background							
2.1	The People Directorate is responsible for the development, implementation, review and quality assurance of a wide range of People policies and procedures for the SFRS. Priorities for 2026/27 were identified at the start of the year for the People Policy Schedule, taking into account stakeholder engagement, business requirements, legislative considerations, Scottish Fire and Rescue Service (SFRS) strategic priorities and risks, and Directorate current and anticipated priorities and timescales.							
2.2	The People policy schedule will remain under ongoing review during 2026/27 to enable progress of a number of priority policies for development or review, with flexibility for realignment based on evolving Service priorities.							
2.3	When reviewing or creating policies, opportunities will be taken, where possible, to streamline documentation and improve simplicity and accessibility.							
3	Main Report/Detail							
3.1	<p><u>People Policy progress during 2025/26</u></p> <p>An update on status and progress as at the end of 2025/26 is outlined below. 14 policies were identified as priorities for 2025/26, having been approved by relevant governance boards and following engagement with the representative bodies (one of which transferred subsequently from People to TSA). The following policy reviews were concluded as outlined below as per quarterly updates during the year (with a number carried forward to 2026/27 as outlined at 3.3):</p> <ol style="list-style-type: none"> 1. (Review) Whistleblowing Policy. Complete - published May 2025. 2. (Review) Continual Professional Development Policy. Complete – published July 2025. 3. (Review) Family Leave Policy (specifically to incorporate new provisions related to Neonatal care). Complete - published March 2025. 4. (Review) Redeployment Policy and Pay Protection Policy. Complete – published September 2025. 							

3.2	In addition to the work detailed above, the following People Policies and/or guidance were also reviewed and published during 2025/26 – these were brought forward due to organisational needs or legislative changes and as a result impacted on the ability to complete all the originally identified priorities.
3.3	The following Policies were reviewed as a result of the Rostering Project : <ol style="list-style-type: none"> 1. Attendance Management Policy & Procedure; published Oct 2025. 2. Detached Duty Policy; published Oct 2025. 3. Special Leave Policy; published Oct 2025.
3.4	A new Policy covering Financial Support for Employees Facing Work-Related Legal Action was presented to People DMT in November 2025. Formal consultation concluded during Q4 and this has since been progressed through the Governance approval process and will be published in Q1 2026/27.
3.5	A new Dual Contracts Policy was published in April 2025 and is currently being reviewed as part of the suite of policies related to the standardisation of RDS Terms Conditions, with any proposed changes being brought through governance in Q1 2026/27.
3.6	A revised Support Staff Job Evaluation Policy and supporting Appeals Procedure were published and implemented in July 2025.
3.7	The following People related Guidance documents were progressed during this period: <ol style="list-style-type: none"> 1. Additional Guidance related to the Time Off for Trade Union Duties Policy. 2. Guidance documents relating to Uniformed Promotion Processes: <ul style="list-style-type: none"> o Uniformed Promotion Process Resource Plan; published Dec 2025. o Uniformed Promotion Process Eligibility Criteria by Rank; published Feb 2026. o Uniformed Promotion Process Flow-Chart; published Feb 2026. o Uniformed Promotion Process Guidance; published Feb 2026. o Uniformed Promotion Process Executive Lead Guidance; published Feb 2026.
3.8	<p><u>Summary of Policy Review(s) Carried Forward from 2025/26 to 2026/27</u></p> <p>Several Policies identified as priorities creating or review remained incomplete at the end of 2025/26. They remain a priority and have carried forward into 2026/27; with a status update as follows:</p> <ol style="list-style-type: none"> 1. (New) Organisational (People) Change Framework, incorporating - (Reviews) Redeployment Policy and Support Staff Pay Protection Policy (reviewed in 2025/26). Framework approved by Corporate Board earlier in 2025/26 and reviewed again in December 2025 following further engagement with the representative bodies. Publication anticipated by end of June 26. Redeployment Policy and Pay Protection Policy were published September 2025. 2. (Review) Market Allowance Policy. Approved earlier in 2025/26 by Corporate Board however, now on hold (and maybe delayed until 2027/28) as a result report on recommendations linked to Support Staff Pay & Reward Framework review. 3. (Review) Recruitment and Selection Policy. Review commenced on policy principles, alongside considerable work being undertaken with regards Uniformed Promotion Processes and Support Staff Recruitment. Will be supported by a range of procedures and guidance. Likely to be published in Q3/4 2026/27. 4. (Review) Code of Conduct. Review deferred to 2026 due to interdependencies to ongoing Culture/Leadership work. Likely to be published in Q3/4 2026/27. 5. (Review) Discipline Policy & Procedure. Review deferred to 2026 due to interdependencies to ongoing Culture/Leadership work, however, a desk-top

review took place during Q4 and early Q1 to address an audit action which is now complete. A wider review will progress aligned to Culture/Leadership work. **Likely to be published later in 2026/27.**

6. **(Review) Overtime Policy (Uniformed employees).** Review nearing completion - **due to be published during Q2 2026/27** following formal consultation/approval. Linked to Rostering Project go-live date.
7. **(Review) TOIL (Uniformed).** Review nearing completion - **due to be published during Q2 2026/27** following formal consultation/approval. Linked to Rostering Project go-live date.
8. **(New) Secondary Employment Policy.** Presented to People DMT in Nov 2025, prior to commencing formal consultation. **Due to be published during Q1 2026/27** following formal consultation/approval.
9. **(Review) Trainee Firefighter Development Programme.** Likely to be re-named FF Development Pathway Policy. Collaboration is ongoing with Training and Safety Assurance (TSA). Being reviewed and finalised to commence consultation/governance - **due to be published Q2 2026/27.**

3.9

Policies already Published in 2026/27

The following Policies have already been Published in Q1 2026/27:

1. **Support for Work-Related Legal Costs Policy.**

3.10

Priority for 2026/27 was given to legislative changes and associated policy amendments required as a result of the introduction of the Employment Rights Act 2025 (ERA 25). The following policies were reviewed, and where required, amended/changed in conjunction with stakeholders to meet the legislative requirements of ERA 25 during Q1 2026/27:

1. **Attendance Management Policy.**
2. **Bullying & Harassment Policy.**
3. **Family Leave Policy.**
4. **Special Leave Policy.**
5. **Whistleblowing Policy.**

3.11

In addition to the People Policy priorities carried forward to 2026/27 (at 3.3), below outlines additional People Policies which will be considered as a priority during 2026/27.

3.12

As part of the planned review of standardised RDS T&Cs, the following policies will be refreshed/reviewed in 2026/27:

1. **Dual Contracts Policy.**
2. **On-Call Annual Leave & Public Holiday Policy.**
3. **On-Call Payment for Work Activity Policy.**

3.13

It is proposed that the following policies will also be created or reviewed during 2026/27 – it should be recognised that this will remain under ongoing review to take account of emerging priorities, further implications of the ERA 25, and capacity of People colleagues and stakeholders:

1. **Employment & Criminal Convictions Policy.**
2. **Detached Duties Policy.**
3. **Dignity & Respect Policy.**
4. **Grievance Policy.**
5. **Appraisal Policy.**
6. **Secondment Policy.**
7. **Re-Employment Policy.**
8. **Working Together Framework Policy.**

	<p>9. LGPS Discretions Policy.</p> <p>10. Consultation & Negotiation Policy.</p> <p>11. FDO Duty System and Associated Leave Arrangements Policy.</p> <p>12. Further & Higher Education Policy.</p> <p>13. WT Day Duty Working Hours and Leave Policy.</p> <p>14. Uniformed Managers in Development to Competent Interim Policy.</p>
3.14	<p><u>Updates throughout 2026/27</u></p> <p>An update on progress will be provided quarterly throughout 2026/27.</p>
3.15	<p><u>Prioritisation Approach</u></p> <p>The People management team will be developing a set of policy prioritisation criteria, for review and approval by the Senior Management Board, to support ongoing prioritisation of this work. This will include engagement with stakeholders to explore whether the criteria could be developed to apply more broadly across the SFRS policy landscape.</p>
4	Recommendation
4.1	People Committee are asked note the contents of this paper.
5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	Where policies relate to legislative requirements, in relation to meeting our legal and regulatory obligations SFRS has a Minimalist appetite. This is reflected in the reprioritisation of the workplan in response to legislative developments.
5.1.2	There is a risk that policies are no longer legally compliant or deemed as best practice. There is a risk that the required level of stakeholder engagement and input into policy reviews is not achievable due to the volume of People policies which require consultation alongside a range of other organisational consultations and priorities.
5.2	Financial
5.2.1	There are no financial implications associated with this review. The financial implications of any specific policy are set out during the development or review process for that policy.
5.3	Environmental & Sustainability
5.3.1	There are no implications that require to be noted.
5.4	Workforce
5.4.1	Whilst employee implications are detailed within each separate policy, there are capacity implications in delivering reviews of a wide number of policies across 2026/27 and into 2027/28, taking account of policy interdependencies arising from a range of organisational change programmes.
5.5	Health & Safety
5.5.1	Where applicable, matters relating to health and safety are outlined within each separate policy.
5.6	Health & Wellbeing
5.6.1	Where applicable, matters relating to health and wellbeing are outlined within each separate policy.
5.7	Training
5.7.1	Where applicable, matters relating to training are outlined within each separate policy.

5.8 5.8.1	Timing Once agreed, all policies will follow the review scheduled revised timeframes.	
5.9 5.9.1	Performance Quality assurance process ensure compliance. Where applicable, SFRS performance relating to matters of policy will be measured and reported.	
5.10 5.10.1	Communications & Engagement There is a governance process in place, which involves consultation with the relevant Trade Unions, Service Delivery and Functional colleagues and People practitioners during the review process.	
5.10.2	Updated policies are communicated with employees via normal communication channels once approved through governance.	
5.10.3	Engagement took place early in Quarter 1 with all representative bodies on the policy priorities identified and there was broad agreement for these.	
5.11 5.11.1	Legal SFRS endeavours to ensure all policies comply with employment legislation, are responsive to case law and aim to follow best practice.	
5.12 5.12.1	Information Governance DPIA completed No. All individual policies and procedures are supported by their own DPIA where applicable.	
5.13 5.13.1	Equalities EHRIA completed No. All individual policies and procedures have their own EHRIA.	
5.14 5.14.1	Service Delivery The review of the Policy Schedule is in line with the Gateway Process which incorporates the benefits and impact on employees across the Service. It is recognised that priority policies need to be identified to ensure stakeholder engagement is realistic and achievable considering other organisational priorities.	
5.15 5.15.1	Prevention There are no specific implications arising from this paper.	
6	Core Brief	
6.1	Not applicable	
7	Assurance (SFRS Board/Committee Meetings ONLY)	
7.1	Director:	Lyndsey Gaja (Head of People)
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient
7.3	Rationale:	The policy review approach and schedule has been developed taking into account organisational priorities, known information regarding legislative and organisational change, policy review timeframes, and team capacity.
8	Appendices/Further Reading	
8.1		

OFFICIAL

Prepared by:	Rachael Scott, Deputy Head of People / Chris Gavin, People Services Manager		
Sponsored by:	Lyndsey Gaja, Head of People		
Presented by:	Lyndsey Gaja, Head of People		
Links to Strategy and Corporate Values			
Supports SFRS Strategy 2025-2028 Vision <i>“To be a leading, sustainable, modern and technologically advanced fire and rescue service that is fit to meet the challenges of Scotland’s future”</i> .			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
<i>People DMT</i>	<i>12/05/2026</i>	<i>For Information</i>	
<i>Senior Management Board</i>	<i>26/05/2026</i>	<i>For Scrutiny</i>	
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Information</i>	



Report No: C/PC/27-26

Agenda Item: N/A FIO

Report to:		PEOPLE COMMITTEE						
Meeting Date:		18 JUNE 2026						
Report Title:		TRAINING CONTINUOUS IMPROVEMENT PROGRAMME – UPDATE REPORT						
Report Classification:		For Information Only					<p style="color: red; text-align: center;">SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u></p>	
1	Purpose							
1.1	This paper updates the progress of implementing recommendations from the Scottish Fire and Rescue Service (SFRS) Training Continuous Improvement Programme (CIP). It will be a "living" document, reflecting improvements, history, and the current status of the CIP Action Plan. Regular updates will ensure all relevant forums are informed of the latest progress.							
2	Background							
2.1	In 2019, the Training function reviewed the training and development of SFRS operational staff, generating 56 recommendations for the Training CIP. This document has since evolved with additional recommendations.							
2.2	In February 2023, the CIP Action Plan was updated, reassessing all outstanding recommendations and ensuring the Training Function had ownership and oversight. A process was established to catalogue new improvement recommendations and assign ownership to relevant function leads.							
3	Main Report/Detail							
3.1	The CIP Action Plan remains a “living” document that incorporates all agreed closed, existing, and newly identified improvement recommendations. Training Function leads will update the Action Plan as required and all recommendations and updates will be reviewed at Training Management Team (TMT) meetings (CIP is now a standing item on the TMT meeting agenda).							
3.2	As of 6 May 2026, the status of all 82 recommendations is as follows: <ul style="list-style-type: none"> • 71 recommendations completed • 10 recommendations in progress • 1 recommendation discontinued 							
3.3	The Training Function will retain responsibility for the progression of all 10 outstanding recommendations, with an owner assigned to each and managed through the TSA Directorate governance route. A protocol is in place for the addition of new improvement recommendations and to allow periodic and status updates to the CIP Action Plan.							
3.4	Additionally, and for further assurance. The remaining “In Progress” recommendations will be assigned to each owner on our ‘Tasks by Planner – MS Teams’ and progress will be							

<p>3.5</p> <p>3.6</p> <p>3.7</p>	<p>tracked at Training Management Team meetings as a standing item and reported by exception at bi-monthly FMT's. The CIP Action Plan will sit on the Training Management Team SharePoint, where progress will be reviewed and updated accordingly.</p> <p><u>CIP Action Plan - Recommendations added within the last 6 months</u></p> <ul style="list-style-type: none"> • 82 – Added April 2026 - Create a single database for Whole Time and On Call driver establishment to support effective course allocation. • 81 – Added April 2026 - Carry out a review of the current RAG phased assessment paperwork and ensure there is a flexible delivery model to capture all aspects of the assessment criteria. • 79 – Added February 2026 – Engage with LSO Areas to develop quarterly TfOC training aligned to station risk profiles, appliance and equipment availability, with firefighter safety considered in any training changes. <p><u>CIP Action Plan - Recommendations completed within the last 6 months</u></p> <ul style="list-style-type: none"> • 80 – Completed May 2026 – It is recommended that the Training Function collaborates with Operational Assurance to review and update the Training Centre Inspection Form. Evidence/benefits realised: Working in partnership with Operational Assurance has enabled the Training Centre Inspection Form to be aligned with Operational Assurance processes and documentation, improving standardisation and ensuring key themes and areas are consistently captured. • 41 – Completed December 2025 - It is recommended that wherever possible, a move towards Knowledge Applied Training and Assessment (KATA) sessions for periodic refresher & maintenance training is implemented across the Height, Water and USAR Skills Capabilities. These KATA sessions will underpin all elements of these training families. Evidence/benefits realised: The implementation of Knowledge Applied Training and Assessment (KATA) sessions across Height, Water, and USAR capabilities has successfully enhanced the quality and consistency of refresher and maintenance training. These sessions provide bespoke, risk-based development opportunities tailored to operational needs, ensuring that crews maintain competency through realistic, scenario-driven exercises. The approach has improved training efficiency by reducing duplication, strengthened assurance through structured SME oversight, and delivered measurable improvements in operational readiness and safety. KATA is now embedded as business-as-usual within specialist rescue disciplines, supported by robust quality assurance processes and recorded outcomes in PDR-Pro. <p><u>Recommendations under review</u></p> <ul style="list-style-type: none"> • There are currently no proposed CIP Recommendations requiring further review (See Appendix CIP link - Secondary tab at base of CIP Action Plan – “Recs under review”).
<p>4</p>	<p>Recommendation</p>
<p>4.1</p>	<p>To review the contents of this paper as per the report classification and provide any relevant feedback.</p>

5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	The risk to the Training Function and SFRS is through non-completion of improvement recommendations, current and future, within this CIP Action Plan. However, the use of this update paper as a reporting mechanism through the governance process will ensure timely and consistent review and auditing of this Continuous Improvement Programme.
5.2	Financial
5.2.1	As a result of the budget pressures and to ensure best value finance/budgets will continue to be taken into account and any further re-structuring will continue to consider, finance as a key consideration.
5.3	Environmental & Sustainability
5.3.1	Not applicable
5.4	Workforce
5.4.1	This ongoing improvement programme is in support of the development of the Training teams and the wider development of SFRS personnel.
5.5	Health & Safety
5.5.1	Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.6	Health & Wellbeing
5.6.1	Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.7	Training
5.7.1	A “live” CIP Action Plan ensures and promotes regular review of all activities within the Training Function and supports improvement recommendations from all areas within the function as well as from internal and external partners.
5.8	Timing
5.8.1	All recommendations within the Training CIP Action Plan have planned completion dates and allocated Training Function Leads (TFL). All CIP Action Plan recommendations are regularly updated, and all completion dates reviewed as required.
5.9	Performance
5.9.1	All Improvement Recommendations submitted to the Training CIP Action Plan look to provide best value and best practise within the Training Function to improve internal performance and ensure the development and improvement of the service that we provide for our primary customers within Service Delivery.
5.10	Communications & Engagement
5.10.1	The CIP Action Plan / CIP Update Report are now standing items within both the Training Management Team (TMT) and Training Function Management Team (FMT) meeting agendas.
5.11	Legal
5.11.1	Not applicable
5.12	Information Governance
5.12.1	DPIA completed Yes/No. If not applicable state reasons. The process uses existing systems and processes which are already in place.

5.13	Equalities		
5.13.1	EHRIA completed Yes		
5.14	Service Delivery		
5.14.1	All improvement recommendations within the Training Function CIP Action Plan through progression and completion will have a positive impact on frontline teams through improved training course delivery.		
5.15	Prevention		
5.15.1	Not applicable		
6	Core Brief		
6.1	Not applicable		
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:	Craig McGoldrick, Director of Training Safety and Assurance	
7.2	Level of Assurance: (Mark as appropriate)	Substantial/Reasonable/Limited/Insufficient	
7.3	Rationale:	The CIP action plan demonstrates progress being made towards the recommendations, with a robust governance process now in place thereby satisfying the level of assurance marked above.	
8	Appendices/Further Reading		
Prepared by:		Sarah Robertson, Group Commander Training Function	
Sponsored by:		Steven Campbell, Area Commander Training Function	
Presented by:		Craig McGoldrick, Assistant Chief Officer, Director of Training Safety and Assurance	
Links to Strategy and Corporate Values			
SFRS Training Function Vision & Strategy 2023-2028			
The Overall Strategic Objective of the Training Function is: “To develop and deliver high quality training and development to support organisational and individual performance throughout the Scottish Fire and Rescue Service with a clear focus on safety and the pursuit of excellence.”			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>Training FMT</i>	<i>06/05/2026</i>	<i>For Scrutiny</i>	<i>Training FMT confirmed suitability for onward submission to TSA DMT</i>
<i>TSA Directorate Management Team</i>	<i>21/05/2026</i>	<i>For Scrutiny</i>	<i>TSA DMT confirmed suitability for onward submission to PC and SMB for information</i>
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Information Only</i>	
<i>Senior Management Board</i>	<i>23/06/2026</i>	<i>For Information Only</i>	



Report No: C/PC/28-26

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 JUNE 2026						
Report Title:	TRAINING FUNCTION POLICY REVIEW SCHEDULE						
Report Classification:	For Information Only	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	The purpose of this report is to provide the People Committee (PC) with a quarterly update on the status of Training Function documents and an overview of current and recently completed work.						
2	Background						
2.1	The Training Function maintain a range of documents including policies, procedures and training standards that are applicable to Scottish Fire and Rescue Service (SFRS) personnel both within and out with the Training Function. This report provides information on document review work completed during Q4, documents currently under review and those due to be reviewed during Q2 2026 27. The status and other relevant details for each document were exported from the Training Function Document Review Schedule on the 15 May 2026 and are included in the Appendix.						
2.2	Currently, the review period for most documents is set of five years as this aligned with review intervals in other Directorates however this may be reduced through an ongoing piece of work with Information Governance to adopt the document review, authorisation and publication processes within the new SharePoint Document Library.						
2.3	To ensure documents are current, an annual “light touch” review process is carried out during February and March. Where these are not able to be carried out during these months then they are carried out in the following months, when capacity allows.						
3	Main Report/Detail						
3.1	New Documents						
3.1.1	During Quarter 4 of 2025 26, there were no new documents published.						
3.2	Reviewed Documents						
3.2.1	During Quarter 4 of 2025 26, two documents were reviewed, approved and published.						
3.3	In Development and current work						
3.3.1	The Training Standard Review Project is continuing with the second board meeting held at the NTC Cambuslang in April. Work was completed to map existing NTS document structures and propose an updated template and course specification. Work package templates have also been developed and shared with board members for feedback.						

3.4 3.4.1	Under Review There are currently five documents under review (see Appendix A), two of which are Terms of Reference.
3.5 3.5.1	Upcoming Review Out of the set of documents that have the status “current”, there is one document due for review in Q2 2026 27.
4	Recommendation
4.1	People Committee is asked to note the information included in this report and provide any relevant feedback.
5	Key Strategic Implications
5.1 5.1.1	Risk Appetite and Alignment to Risk Registers Appropriate governance and scrutiny will reduce the risk that Training Function documents no longer meet requirements which could potentially affect the quality of training delivery.
5.2 5.2.1	Financial Not applicable
5.3 5.3.1	Environmental & Sustainability Not applicable
5.4 5.4.1	Workforce Not applicable
5.5 5.5.1	Health & Safety Not applicable
5.6 5.6.1	Health & Wellbeing Not applicable
5.7 5.7.1	Training Not applicable
5.8 5.8.1	Timing Not applicable
5.9 5.9.1	Performance Not applicable
5.10 5.10.1	Communications & Engagement Not applicable
5.11 5.11.1	Legal Not applicable
5.12 5.12.1	Information Governance DPIA completed No – nothing is being processed in relation to these proposed changes.
5.13 5.13.1	Equalities EHRIA completed No – This has not been carried out as it has been considered but there is no impact on people in relation to the General Equality Duty.

5.14 5.14.1	Service Delivery Not applicable		
5.15 5.15.1	Prevention Not applicable		
6	Core Brief		
6.1	Not applicable		
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:	Craig McGoldrick, Director of Training Safety & Assurance	
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient	
7.3	Rationale:	<p>This list is supported by corresponding tasks within Microsoft Planner which provides automated notifications when reviews are due and a place for document owners to track review progress. In addition to this, tasks are monitored monthly at the Training FMT.</p> <p>This method of recording and governance ensures that documents are reviewed according to schedule and also provides the information required to complete this report on a quarterly basis.</p>	
8	Appendices/Further Reading		
8.1	Appendix A - Training Function Document Review Schedule		
Prepared by:		Roger Crawford, Watch Commander	
Sponsored by:		Steven Campbell, Area Commander Training Function	
Presented by		Ross Robison, Deputy Assistant Chief Officer Head of Training	
Links to Strategy and Corporate Values			
Training Function Vision & Strategy 2023-28			
SFRS Strategy 2025-2028 Improving Performance: Our organisational performance, productivity and resilience continually improves.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
<i>TSA DMT</i>	<i>21/02/2026</i>	<i>For Scrutiny</i>	<i>TSA DMT confirmed suitability for onward submission to the People Committee for information</i>
<i>People Committee</i>	<i>18/06/2026</i>	<i>For Information Only</i>	

APPENDIX A – Training Function Document Review Schedule

Document Type	Document Title	Status	Approval Status	Published	Review due
National Training Standard	Overarching Principles	Current	Approved	08/11/2022	02/11/2027
National Training Standard	Rope Rescue and Safe Working at Height	Current	Approved	11/09/2023	07/09/2028
National Training Standard	Water Rescue and Flood Response	Current	Approved	13/10/2022	07/09/2027
National Training Standard	Urban Search and Rescue	Current	Approved	13/10/2022	07/09/2027
National Training Standard	Driver and Emergency Response Training	Current	Approved	15/11/2023	02/11/2028
National Training Standard	Breathing Apparatus	Current	Approved	01/05/2024	04/05/2027
National Training Standard	Firefighting with UHPFS	Current	Approved	08/08/2024	08/08/2029
National Training Standard	Hazardous Materials Response	Current	Approved	06/05/2024	01/10/2028
National Training Standard	Casualty Care	Current	Approved	12/03/2024	07/09/2027
National Training Standard	Incident Command	Current	Approved	01/03/2024	02/11/2027
National Training Standard	Marine Firefighting	Current	Approved	28/04/2022	06/04/2027
National Training Standard	Extrication (RTC)	Current	Approved	23/05/2023	23/05/2028
Policy	Quality Management System Quality Policy	Current	Approved	22/12/2021	22/12/2026
Policy	Training for Operational Competence Policy	Current	Approved	13/03/2024	01/01/2027
Policy	Incident Command Development Pathway Policy	Current	Approved	05/10/2023	01/05/2027
Policy & Procedure	Training Delivery Assurance	Current	Approved	22/12/2021	01/01/2027
Procedure	Non Conformance and Corrective Action	Current	Approved	30/05/2024	30/05/2029
Procedure	Maintaining High Quality Training Delivery	Current	Approved	30/05/2024	30/05/2029
Procedure	Credit Rating Procedure	Current	Approved	16/03/2026	20/03/2029
Strategy	Training Vision & Strategy 2023-28	Current	Approved	13/03/2025	01/03/2028
Procedure	BAI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
EHRIA	Incident Command EHRIA	Current	Approved	05/10/2023	06/06/2027
Management Arrangement	Uniformed Employees Performance Improvement Plan Management Arrangement	Current	Approved	19/06/2024	01/05/2027

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Document Type	Document Title	Status	Approval Status	Published	Review due
Terms of Reference	TMT Terms of Reference	Current	Approved	27/05/2025	27/05/2026
Terms of Reference	FMT Terms of Reference	Current	Approved	04/03/2026	01/03/2027
Framework	Training Function Framework	Current	Approved	02/04/2025	01/03/2028
Terms of Reference	MRG Terms of Reference	Current	Approved	22/05/2025	30/05/2026
EHRIA	Training Function EHRIA	Current	Approved	12/06/2024	26/10/2028
Guidance	TNA Guidance	Current	Approved	01/07/2025	01/07/2026
Procedure	TVI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
Procedure	CFBTI Revalidation Procedure	Current	Approved	20/12/2024	01/06/2028
Procedure	UHPFSI Revalidation Procedure	Current	Approved	14/01/2025	01/06/2028
Handbook	FDO Induction Handbook	Current	Approved	18/12/2024	01/05/2027
Terms of Reference	Clinical Governance Technical Working Group Terms of Reference	Current	Not Submitted		
Guidance	Training For Operational Competency	In Development	Not Submitted		
National Training Standard	Wildfire	In Development	Not Submitted		
National Training Standard	Animal Rescue Response	Under Review	Not Submitted	03/04/2024	01/01/2026
Policy & Procedure	Health Management of Compartment Fire Behaviour Training Instructors	Under Review	Not Submitted		15/05/2020
Terms of Reference	OCSG Terms of Reference	Under Review	Not Submitted		01/04/2026
Guidance	Training Function Governance Arrangements	Under Review	Not Submitted	25/07/2025	31/03/2026
Terms of Reference	OCTWG Terms of Reference	Under Review	Requested		16/08/2024



Report No: C/PC/29-26

Agenda Item: N/A FIO

Report to:	PEOPLE COMMITTEE						
Meeting Date:	18 JUNE 2026						
Report Title:	SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE						
Report Classification:	For Information Only	SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to <u>Board Standing Order 9</u>					
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
1	Purpose						
1.1	This report provides the People Committee (PC) with an update on the management of Safety and Assurance documentation up to the end of quarter 4 (Q4) 2025/26, in accordance with the Safety and Assurance (SA) Function Team Plan.						
2	Background						
2.1	The SA Function are responsible for the ongoing management of our published Policies, Frameworks and supporting Management Arrangements (MA) to ensure legal compliance, best practice and continual improvement of our management systems.						
2.2	Please note that this paper does not include Wellbeing Policies or Procedures, which are subject to a separate review cycle and action plan.						
3	Main Report/Detail						
3.1	Q4 update						
3.1.1	A total of 14 Management Arrangements (MA) were scheduled for their 5-year reviews during 2025/26; of these, 50% (7 of 14) have been reviewed and republished on the iHub. 21% (3 of 14) have completed their reviews and have been issued for formal consultation following a major change. 14% (2 of 14) have been deferred to 2026/27, and work is ongoing for the merger of three MAs into the Event Reporting and Investigation MA. All progress is summarised in Appendix A – Safety and Assurance Documents Forward Planning Schedule.						
3.1.2	Deferred MAs The Engagement and Governance MA. Following the implementation of SMB and the National Health Safety Wellbeing and Assurance Board (NHSWAB) the MA can be finalised. All governance forums have been asked to review and update their terms of reference. Once completed, the MA will be republished in Q1.						
3.1.3	The Safety and Assurance Strategy continue to be updated to include health and wellbeing objectives; work is ongoing to progress the identified actions in the supporting action plans. Once complete, the strategy aims to begin its consultation and governance pathway in Q2.						
3.1.4	Summary of the Significant Changes: The Stress MA has been updated to reflect current HSE guidance, best practice and learning from recent UK enforcement activity. Internal engagement and external insights						

	<p>identified a need for significant improvement, and the proposed changes were presented to the Mental Health and Wellbeing Group (MHWG) in February. This review reflects the HSE’s increased regulatory focus on work-related stress and its expectation that organisations can demonstrate effective arrangements in practice.</p>
3.1.5	<p>The revised MA adopts a three-stage model: Stage 1 – Staff Engagement and Prevention; Stage 2 – Organisational and Team Risk Assessment; and Stage 3 – Individual Support and Risk Assessment. Work during Q1 includes developing an SFRS staff stress survey aligned with the HSE Management Standards, providing service-wide insight into stressors, with results overseen and actioned by the MHWG.</p>
3.1.6	<p>A new SFRS Generic Risk Assessment ( GRA-115 Stress Management), published in May, was developed to consolidate existing controls and support consistent application across all Directorates and Functions. Updated team and individual stress risk assessments, aligned to the HSE’s 5 steps to risk assessment approach, aim to improve staff engagement and reduce conflict, supported by enhanced guidance and learning materials. Subject to approval, the revised MA will progress through governance to the NHSWAB for ratification in Q2.</p>
3.1.7	<p>The Support Review MA formalises the safety and assurance support review process, which replaced the previously withdrawn Audit MA. Support reviews offer a more collaborative process than auditing and are designed to encourage continuous improvement through engagement rather than a compliance audit. The MA completed its consultation process in April and will progress to the NHSWAB for ratification in Q2.</p>
3.1.8	<p>The Assurance Audits MA replaces the previous Station and Thematic Audit GIN and has been fully aligned to the Management Arrangement Framework, Operational Assurance Policy and Health and Safety Policy. The scope has been expanded to include Operations Control and to introduce mandatory auditing of Volunteer Duty Stations, consistent with arrangements for On Call stations. A new four-point scoring system has been implemented, supported by clearer marking criteria and enhanced auditing guidance.</p>
3.1.9	<p>The updated arrangement strengthens learning and assurance by formalising escalation routes and shared learning processes for both high- and low-performing teams. Operational Assurance is now embedded more fully through direct audit involvement, shared audit scheduling and the introduction of OA02C summary reporting, improving visibility and consistency of findings.</p>
3.1.20	<p>Additionally, the focus of assessment has shifted from standard drills to mandatory practical skills assessment, reinforcing competence and operational readiness as core audit requirements. This change ensures audits provide greater assurance over real-world capability rather than procedural compliance alone. The revised MA will progress to the NHSWAB for ratification in Q2.</p>
4	Recommendation
4.1	<p>The People Committee is asked to note the progress against the 5-year rolling Management Arrangement tracker for 2025/26 and Q4, as reflected in our SA Function Team Plan.</p>
5	Key Strategic Implications
5.1	Risk Appetite and Alignment to Risk Registers
5.1.1	<p>In relation to meeting our legal and regulatory obligations, SFRS has a minimalist appetite.</p>
5.2	Financial
5.2.1	<p>There are no financial implications for the development, maintenance, and monitoring of these processes, however failure to comply with health and safety legislation, learning lessons may result in financial implications.</p>

5.3 5.3.1	Environmental & Sustainability There are no environmental and sustainability implications for developing, maintaining, and monitoring these processes.
5.4 5.4.1	Workforce Safety and Assurance continue to monitor the progression of actions in line with Health and Safety Improvement Plans and in partnership with our business partners.
5.5 5.5.1	Health & Safety Failure to comply with health and safety legislation may lead to potential consequences for both the organisation and individuals, which may result in involvement, engagement, investigation and potential action from the HSE. Demonstrate alignment with Clause 6.1.3 Determination of Legal and other Requirements (ISO 45001).
5.6 5.6.1	Health & Wellbeing There are no health and wellbeing implementations for developing, maintaining, and monitoring these processes.
5.7 5.7.1	Training There are no training implications as MAs have supporting Programmes of Learning or will be captured in generic health and safety induction content.
5.8 5.8.1	Timing Safety and Assurance MAs are scheduled for periodic 5-year review to minimise disruption and maximise implementation for our business partners. Safety and Assurance will still review major/minor revisions subject to changes in legislation, guidance, best practice, or outcomes of event investigation outside this 5-year review cycle on a risk-based approach.
5.9 5.9.1	Performance A periodic review of our Health and Safety legal register and guidance review process will assist SFRS in maintaining its health and safety management system effectively and support possible ISO 45001 Requirements.
5.10 5.10.1	Communications & Engagement The high level of compliance should be included in future health and safety communications as part of SA Communication Framework.
5.11 5.11.1	Legal If Safety and Assurance Policies, Frameworks, and supporting arrangements are not maintained or fully implemented, the SFRS may not be compliant with its legislative responsibilities.
5.12 5.12.1	Information Governance DPIA completed No. If not applicable state reasons. The review process of SA Documents includes DPIAs where personal data is identified to be held on file. Safety and Assurance are working with Information Governance to complete these assessments as required.
5.13 5.13.1	Equalities EHRIA completed No. If not applicable state reasons. The documents reviewed within the paper is part of the SFRS Health and Safety Policy or Operational Assurance policy which both have an overarching EHIRA.
5.14 5.14.1	Service Delivery It is anticipated that the outcomes of this annual periodic MA review processes outlined within the paper will have a positive impact on the safety of all SFRS staff and the committees we serve.

5.15 5.15.1	Prevention There are no prevention implementations based upon this forward planning schedule.		
6	Core Brief		
6.1	Not applicable		
7	Assurance (SFRS Board/Committee Meetings ONLY)		
7.1	Director:	Craig McGoldrick, Director of Training, Safety and Assurance	
7.2	Level of Assurance: (Mark as appropriate)	Substantial/ Reasonable /Limited/Insufficient	
7.3	Rationale:	The Safety and Assurance Forward Planning Schedule continue to be progressed on target for arrangements within our sphere of control. Ongoing consultation and engagement will continue to ensure that all remaining arrangements are reviewed as closely as possible to the planner's schedule.	
8	Appendices/Further Reading		
8.1	Appendix A – Safety and Assurance Documents Forward Planning Schedule.		
Prepared by:		Derrick Watson, Senior Health and Safety Adviser	
Sponsored by:		Craig McGoldrick, Assistant Chief Officer, Director of Training, Safety and Assurance	
Presented by:		Jim Holden, Head of Safety and Assurance	
Links to Strategy and Corporate Values			
<u>SFRS Strategy 2025-2028</u>			
Objective: Safe and Effective Response:			
<ul style="list-style-type: none"> Organisational learning from operational incidents, training events and event investigations will influence future practice, enhance performance and improve firefighter safety. 			
Objective: Innovation and Investment:			
<ul style="list-style-type: none"> Vehicles and equipment will continue to be modernised to support the safety and wellbeing of our people. 			
Safety Value:			
Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do.			
Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
SA FMT	07/05/2026	For Information	SA FMT confirmed suitability for onward submission to the People Committee for information
People Committee	18/06/2026	For Information	

SAFETY AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE 2025-2026

Title	Work Required	Financial Year	Development BRAG Status	Consultation BRAG Status	Governance BRAG Status	Familiarisation BRAG Status	Go Live	Comment
Support Review Management Arrangement	Major review and republication	2022-23	Complete	Ongoing	SA FMT Feb			To be issued for 28 28-day consultation in February
Engagement and Governance MA (Carry-over)	5-Year Review	2023-24	Deferred					MA is reliant on the reintroduction of SMT and further governance changes.
Safety and Assurance Strategy 2024-27	Major review and republication	2024-25	Under review	Ongoing	SA FMT March			Final draft to be presented to the March SA FMT prior to consultation
Station Audit MA	5-Year Review	2024-25	Under review	Ongoing				Due Q4 major review is ongoing in consultation with stakeholders.
Event Reporting and Investigation MA	5-Year Review	2024-25	Under review	Ongoing	SA FMT March			Final draft to be presented to the March SA FMT
Working at Height MA	5-Year Review	2024-25	Complete	Conducted during review	N/A	N/A	14/10/25	Republished on iHub
Health and Safety Policy	Annual Review	2025-26	Complete	Conducted during review	Aug TSAB	N/A	06/10/25	Republished on iHub
Health and Safety Policy EHRIA	Annual Review	2025-26	Complete	N/A	Aug TSAB	N/A	06/10/25	Republished on iHub
Safe Use of Lift Trucks MA	5-Year Review	2025-26	Complete	Conducted during review	N/A	N/A	02/10/25	Republished on iHub
RTC Investigation	5-Year Review	2025-26	Under review	Ongoing				To be merged into the Event Reporting and Investigation MA
During Incident Operation Assurance MA	5-Year Review	2025-26	Complete	Conducted during review	SA FMT Sept	30/09/25 - 28/10/25	28/10/25	Republished on iHub
Occupational Road Risk MA	5-Year Review	2025-26	Complete	Conducted during review	N/A	N/A	09/01/26	Republished on iHub
OARRs Guidance	Periodic review	2025-26	Complete	Conducted during review	N/A	N/A	17/12/25	Republished on iHub

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Stress MA	5-Year Review	2025-26	Complete	14 Day consultation with MHWG closes 16/02	SA FMT March			Draft MA presented to the Mental Health and Wellbeing Group (MHWG) and issued for consultation
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White	Not Started	Blue	Complete
Green	On Target	Amber	Overdue by one quarter
Red	Delayed by more than one year	Pink	Deferred