PUBLIC MEETING - PEOPLE COMMITTEE

THURSDAY 17 SEPTEMBER 2026 @ 1300 HRS

VIRTUAL (MS TEAMS)

AGENDA

1 CHAIR'S WELCOME

2 APOLOGIES FOR ABSENCE

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

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

5 MINUTES OF PREVIOUS MEETING: 18 JUNE 2026 *(attached)* — *M Smith*
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 PEOPLE COMMITTEE RISK REGISTER

7.1 Risk Report Update *(attached)* — *P McIntyre/ C McGoldrick*

7.2 Risk Mitigation Spotlight: Assurance and Learning *(attached)* — *L McIntyre*

The Committee is asked to scrutinise these reports.

8 PEOPLE: WORKFORCE DEVELOPMENT

8.1 People Performance Report Quarter 1 2026/27 *(attached)* — *P McIntyre*

8.2 Leadership Framework for SFRS *(attached)* — *P McIntyre*

8.3 Corporate Business Solutions Update *(attached)* — *L McGeough/ P McGovern*

The Committee is asked to scrutinise these reports.

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

9 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK

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

The Committee is asked to scrutinise this report.

10 TRAINING

10.1 Training Function Update and Performance Report Quarter 1 2026/27 *(attached)* — *R Robison*

The Committee is asked to scrutinise this report.

11 HEALTH, SAFETY, WELLBEING AND ASSURANCE

11.1 Health, Safety, Wellbeing and Assurance Performance Report Quarter 1 2026/27 *(attached)* — *J Holden* *M Humphreys*

11.2 Health and Safety Policy *(attached)* — *J Holden/ M Humphreys*

11.3 Health, Safety, Wellbeing and Assurance Annual Safety and Assurance Report *(attached)* — *J Holden/ M Humphreys*

The Committee is asked to scrutinise these reports.

12 AUDITS/INSPECTIONS

12.1 HMFSI Inspection Action Plan Updates *(attached)* — *P McIntyre/J Holden*

12.2 Internal Audit of Staff Development and Performance Management *(attached)* — *P McIntyre*

The Committee is asked to scrutinise these reports.

13 PARTNERSHIP WORKING

13.1 Employee Partnership Forum (verbal) — *M Smith*

13.2 Partnership Advisory Group (verbal) — *P McIntyre*

14 FORWARD PLANNING

14.1 Committee Forward Plan Review *(attached)* — *M Smith*

14.2 Items for Consideration at Future IGF, Board and Strategy Day meetings — *M Smith*

15 REVIEW OF ACTIONS *(verbal)* — *Board Support*

16 DATE OF NEXT MEETING

Thursday 10 December 2026

Report(s) for Information only:

- 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

17 MINUTES OF PREVIOUS PRIVATE MEETING: 18 JUNE 2026 *M Smith*
(attached)

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

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

19 REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE UPDATE

19.1 Draft Minutes of previous meeting – 21 July 2026 *(attached)* *M Smith*
19.2 Verbal update of last meeting – 17 September 2026 *(verbal)* *M Smith*

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

20 KEY CASE REPORT *(attached)* *P McIntyre*

The Committee is asked to scrutinise this report.

Agenda Item 5

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 STATON
401 HIGH STREET, PERTH PH1 1PL / VIRTUAL (MS TEAMS)

PRESENT:

Madeline Smith (MS), Chair
Angiolina Foster (AF)
Andrew Smith (Deputy Chair) (AS)
Neil Mapes (NM)

IN ATTENDANCE:

Andy Watt (AW)	Deputy Chief Officer
Sarah O'Donnell (SO'D)	Deputy Chief Officer (Corporate Services)
Craig McGoldrick (CMcG)	Assistant Chief Officer, Director of Training, Safety and Assurance
Lyndsey Gaja (LG)	Head of People
Fiona Griffith (FG)	People Manager, Strategic People Partner (Item 9.2 only)
Jim Holden (JH)	Head of Safety & Assurance
Ross Robison (RR)	Deputy Assistance Chief Officer, Head of Training
Stevie Campbell (SC)	Area Commander, Training
Ceri Dodd (CD)	Deputy Head of People (Item 9.3 & 10.1 only)
Lynne McGeough (LMcG)	Head of Finance and Procurement (Item 21 only)
Paul McGovern (PMcG)	Programme Manager (Item 21 only)
Mhairi Wylie (MW)	Chair of SFRS Board
Christopher Casey (CC)	Board Support Manager
Margaret Kyle (MK)	Minute Taker

OBSERVERS:

Penny McIntyre
Gus Sproul, Fire Brigades Union (FBU)

1 CHAIR'S WELCOME

1.1 The Chair welcomed attendees to the People Committee meeting, including those joining virtually via MS Teams and noted that those present in Perth had already spent a busy day reviewing facilities and receiving an overview of the Leadership and Development Framework. The Chair also welcomed observers, including Penny McIntyre, who would formally be joining the Service as Director of People, Communication and Engagement on 3 August 2026.

2 APOLOGIES FOR ABSENCE

2.1 Malcolm Payton, Board Member
David Farries, Assistant Chief Officer, Director of Operational Delivery

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

3.1 The Committee agreed that the draft minute from the previous private meeting and the private action log would be taken in private. It was also agreed that the *Key Case Update* report would be taken in private session due to the small number of individuals involved and confidentiality and in line with Standing Orders (Item 9D). The *Update on Corporate Business Solutions* report and draft minutes/verbal update of the *Remuneration, Appointments and Nominations Sub Committee* would be taken in private due to the confidential nature of the issues (Item 9G).

3.2 No further items were identified for private consideration.

4 DECLARATION OF INTERESTS

4.1 No declarations of interest were declared.

5 MINUTES OF PREVIOUS MEETING: 5 MARCH 2026

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

5.2 The Committee agreed Item 9.1.2 from the minute of 5 March 2026 be incorporated into the safety discussion at this meeting, with the expectation it may return as a substantive item in future.

5.3 **The minute of the meeting held on 5 March 2026 was approved as a true record of the meeting.**

6 ACTION LOG

6.1 CC presented the People Committee Rolling Action Log for consideration. The Committee reviewed and approved the removal of five actions noted as complete.

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

7 COMMITTEE STATEMENT OF ASSURANCE

7.1 The Committee considered the Annual Statement of Assurance presented which provided assurance that the Committee had appropriately discharged its responsibilities over the reporting period. The Committee agreed that the statement represented a fair and accurate reflection of the activity and areas of oversight.

7.2 During discussion, it was noted that the future priorities section did not explicitly reference the people implications of the Service Delivery Review (SDR). It was agreed that this had not been a deliberate omission and that the statement would be amended to include a clear commitment to consider and scrutinise the people implications arising from SDR outcomes.

ACTION: BST

7.3 **The Committee scrutinised and approved the report.**

8 PEOPLE COMMITTEE RISK REGISTER

8.1 **Risk Report Update**

8.1.2 Committee members discussed key changes to the risk register, including reductions in risk ratings, updates on control measures, and the integration of AI and cybersecurity risks, with input from members on strategic alignment and reporting clarity.

8.1.3 Risk POD 24 – Skills and Capability Investment - The Committee noted that the risk rating had reduced from 12 to 9, reflecting an increase in the Learning and Development budget for 2026–27 and separation of developmental activity from regulatory compliance training. Additional controls for the corporate business solutions project were also highlighted, with updates to be reflected in future reports. It was confirmed

that additional funding would be ring-fenced to support developmental activity, reducing the reliance on the budget for compliance-only training.

8.1.4 The Committee accepted the rationale for the revised risk score but requested that future reports include clearer narrative explaining the basis of risk movements.

ACTION: LG

8.1.5 Risk POD 27 – Corporate Business Solutions - The Committee noted the control relating to approval of the Outline Business Case had now been closed following approval. Two further controls had been introduced relating to procurement governance and system implementation, which would be reflected in future reports. Updated controls would be reflected in the next reporting cycle. An update on the programme would be provided in the private session.

8.1.6 Risk POD 16 – Development Competence and SVQ Policy - The Committee noted the relevant policy was progressing through governance and that associated control actions were expected to be completed prior to the next reporting cycle.

8.1.7 The Committee noted that the Organisational Change Framework and supporting Toolkit were due to be completed within the current quarter, with associated controls expected to close.

8.1.8 The Committee highlighted the need for improved clarity and transparency within the risk register reporting, specifically:

- Enhanced narrative to support changes in risk scores;
- Greater visibility of progress against actions, particularly where actions exceed original timescales;
- Inclusion of commentary confirming whether work is underway, nearing completion or delayed.

8.1.9 It was noted that the current reporting limitations were largely due to manual processes. CMcG advised that, although the dashboard approach may make closed actions less visible, substantial work had already been completed on face fit testing, including embedding requirements into the SCBA replacement project and using pilot data from Dumfries and Galloway to inform future plans and provide assurance on compliance.

8.1.10 The Committee discussed the increasing significance of cyber security risks, including the potential impact of AI and that cyber risk was recognised as a key strategic risk. Further work was underway to strengthen the strategic risk register through a Strategic Leadership Team (SLT) workshop.

8.1.11 The Committee referenced FCS017 and requested more detail on the outcomes of a recent cyber desktop exercise and what recommendations resulted from that exercise and whether any of those recommendations considered AI impacts.

8.1.12 SO'D assured the Committee that cyber security remains a key strategic risk advising that an AI policy was in development and further work was underway at SLT to consolidate risks. SO'D also advised the cyber desktop exercise had produced recommendations, which were currently being reviewed. Further detail would be reported through the appropriate governance channels, including the next Audit and Risk Assurance Committee (July 2026) with information brought back to People Committee or a Board Strategy Day if required.

8.1.13 The Chair suggested that AI should be considered at a future Board Strategy Day, noting its cross-cutting nature, and proposed linking this to Integrated Governance Forum to ensure co-ordinated and organisation-wide approach.

ACTION: BST

8.1.14 The Committee queried the delay in aligning risks to the 2025–28 strategy, noting the strategy was already one-third of the way through its lifecycle, and sought clarity on when alignment to the strategy will be completed. SO'D acknowledged the need to align risks to the current strategy and advised that this would be progressed imminently through SLT-led strategic risk work, including a workshop (mid-July) to consolidate and align risks, supported by development of a new risk dashboard.

8.1.15 The Committee welcomed the assurance provided in that alignment of risks to the strategy would be progressed imminently through SLT activity and confirmed this was best taken forward at an organisational level.

8.1.16 The Committee highlighted that some risk actions were more than nine months beyond their original due date and requested future risk reporting include additional narrative for these items, setting out whether progress was underway, whether completion was dependent on other activity, or whether the action had been deprioritised. SO'D agreed to take the risk report away for future development, noting that the new risk dashboard should provide greater flexibility in reporting.

ACTION: SO'D

8.1.17 The Committee sought clarification on the status of the Home Fire Safety Visit App (PPP009), including whether it was fully operational, how visits were currently being undertaken in practice, and the impact on partner referral processes and relationships. AW reported that this issue was being managed through governance, with scrutiny via the Service Delivery Committee. The Home Fire Safety Visit App was largely operational, with only partner referral functionality outstanding due to cyber security requirements. In the interim, manual workarounds were in place, and strong partner relationships were being maintained.

8.1.18 The Committee were content to note the updates provided and welcomed ongoing improvements to the quality and presentation of the risk register.

8.1.19 **The Committee scrutinised the People Committee Risk Register.**

9 PEOPLE: WORKFORCE DEVELOPMENT

9.1 People Performance Report Quarter 4 2025/2026

9.1.2 The Committee reviewed the People Performance Report, discussed KPI integration, on-call Target Operating Model (TOM) updates, leadership training uptake, and benchmarking, with a focus on narrative clarity and support for psychological absences. The Committee agreed to continue embedding KPIs 46 to 49 within the People Performance report and emphasised the need for clear narrative to interpret data trends. LG confirmed future reports would integrate Learning and Development (L&D) updates and provide comprehensive analysis. LG and AW clarified the revised approach to the on-call TOM being progressed through governance and would be brought to the next meeting (September 2026).

9.1.3 The Committee sought explanation in relation to language around "coastguard volunteers" as opposed to "SFRS volunteers". The Committee were advised that Coastguard volunteers were not employees, whereas SFRS "volunteers" were contracted and paid employees, and therefore the Coastguard ruling has no direct impact on SFRS.

9.1.4 The Committee noted benchmarking was valuable for learning and comparison, not performance scoring, and requested consideration of wider comparators such as other emergency services. LG agreed to expand benchmarking to include other fire and ambulance services and clarified that "other" in short-term absence data refers to a combination of multiple minor categories, not a single undefined reason.

ACTION: LG

9.1.5 **The Committee scrutinised the People Performance Report.**

9.2 **SFRS People Strategy**

9.2.1 The Committee noted that the draft People Strategy would be reframed as an SFRS People Plan. The Plan would cover the period from approval through to the end of the 2027–28 financial year, aligning with the current SFRS strategy period. The Committee endorsed this approach, recognising that it provided a clear short-term direction while enabling development of a longer-term People Strategy.

9.2.2 AW and LG agreed that the People Plan should include explicit reference to adapting to new technologies and AI, with further strategic focus expected once the New Director of People, Communication and Engagement joined the Service.

9.2.3 The Committee stressed the importance of ongoing evaluation, including pulse surveys and other engagement mechanisms, to ensure the plan translates into improved staff experience and organisational culture. LG confirmed future workstreams would address colleague engagement and progress measurement.

9.2.4 FG advised that consultation feedback on the draft People Plan had been broadly positive, with strong support for its clarity, brevity and direction, while also highlighting the importance of sustained communication and engagement to support delivery.

9.2.5 **The Committee scrutinised the SFRS People Strategy Report.**

9.3 **Learning and Development Annual Overview 2025-26**

9.3.1 The Committee noted the revised approach to Learning Needs Analysis to better inform future planning. It was noted that a new model for 2026–27 included ring-fenced budgets for both compliance training and leadership/strategic capability development.

9.3.2 The Committee noted strengthened governance arrangements, including how the learning partners operate and a structured engagement cycle. Improved financial performance was noted, with 96% utilisation of the L&D budget.

9.3.3 The Committee discussed the previous imbalance in L&D spend, with a high proportion of budget allocated to compliance training, limiting investment in leadership and capability development.

9.3.4 The Committee discussed the benefits of the revised approach in supporting organisational priorities, particularly alignment with the organisational culture and leadership programme.

9.3.5 The Committee highlighted the importance of maintaining the appropriate balance between regulatory requirements and strategic workforce development noting these as areas for consideration next year.

9.3.6 The Committee sought assurance on how the service supported colleagues in preparing for retirement. In response the Committee noted that support was in place through pre-retirement workshops, wellbeing resources, and guidance with opportunities for individuals to continue contributing post-retirement, including through the On Call Duty System. LG offered to share the iHub link which offers information on available support.

9.3.7 The Committee sought assurance on the Leadership Essentials programme for Supervisory Managers and the National Fire Chiefs Council (NFCC) Supervisory and Middle Management programmes, including attendance, completion, and overall effectiveness. In response, it was noted that attendance challenges for Leadership Essentials were primarily due to operational commitments and availability; however, actions were in place to improve uptake, including enhanced scheduling, communication

with line managers and use of reserve lists. It was further confirmed that the NFCC programmes demonstrate high completion rates, supported by structured delivery, active line manager involvement and cohort-based learning, which strengthens application of learning in the workplace.

9.3.8 The Committee welcomed the delivery approach and outcomes of the NFCC programmes, noting these were cost-effective and engaging, and emphasised the importance of scaling the programmes, improving reporting metrics, and providing greater clarity on overall reach and future rollout.

9.3.9 CD confirmed that further work would be undertaken to improve performance reporting by providing clearer metrics on programme reach, planned cohorts and organisational coverage, giving a fuller picture of progress and scale across supervisory and middle managers.

9.3.10 AW highlighted the importance of recognising the crossover with wider organisational priorities, particularly safety, standards, and performance, emphasising the need for a clear, strategic approach to investment, with a focus on areas of greatest organisational impact. Middle Managers were key for a number of reasons as they influence downwards and were the future strategic and senior managers of the organisation. Further strategic work across different leadership levels would be developed through the Leadership and Management Development Framework.

9.3.11 The Committee raised concerns regarding clarity and consistency of reporting within the Learning and Development Annual Overview, noting that the language used in section 3.1.4 (Key Improvements Achieved), particularly the final bullet point, was overly complex and difficult to interpret for a public-facing paper.

9.3.12 The Committee also highlighted an apparent inconsistency in section 3.3.4, where the Protection total (£231,739) did not align with the narrative describing prevention as the largest area of spend. CD clarified that the apparent discrepancy in 3.3.4 arose from the way figures were presented, noting that the narrative referred to aggregated totals across multiple areas, and acknowledged that this could be clearer in future reporting.

9.3.13 **The Committee scrutinised the SFRS Learning and Development Annual Overview 2025-26 Report.**

10 EQUALITY, DIVERSITY, CULTURE AND FAIR WORK

10.1 **Organisational Culture and Leadership Update**

10.1.1 CD reported nothing significant to report since the paper was written and submitted.

10.1.2 The Committee noted the update and sought assurance on benefits realisation, employee engagement, leadership development, and inclusive facilities. It was confirmed that a structured approach to measuring benefits was being implemented at both workstream and programme level, supported by improved employee insight. The supervisory leadership pilot had been deliberately sequenced to align with wider leadership frameworks, and progress was being made to address inclusive facilities through estates planning and compliance activity. The programme was recognised as supporting safety, performance, and broader cultural improvement.

10.1.3 The extended timescale for the supervisory pilot reflected the need to align it with the wider leadership framework and incorporate learning from existing development programmes, ensuring a coherent and strategically robust approach. In parallel, the Committee emphasised the importance of continued investment in recruitment and the provision of appropriate equipment and dignified facilities, recognising these as critical enablers to support delivery, cultural change, and operational effectiveness.

10.1.4 The Committee welcomed the update and investment in organisational culture and leadership, emphasising the need to demonstrate clear benefits realisation and improved performance. It was noted that evaluation should evidence the tangible impact on organisational culture and workforce experience, supported by effective employee engagement and feedback mechanisms.

10.1.5 **The Committee scrutinised the Organisational Cultural and Leadership Report.**

11 TRAINING

11.1 **Training Function Update and Performance Report Quarter 4 2025/26**

11.1.1 The Committee received an update from the Head of Training on key areas of activity.

11.1.2 RR highlighted the continued progress of the Training Standards Review (TSR) Project, noting strong alignment between SFRS activity and the UK-wide competency framework development led by the NFCC. Early work packages, including extrication and tactical firefighting, were progressing, with ongoing collaboration in place to ensure strategic alignment as both programmes develop.

11.1.3 The Committee noted the potential short-term impact on Incident Command competency levels within Quarter 2, arising from recent Deputy Assistant Chief Officer appointments and the timing of training delivery. It was confirmed that an external provider had now been contracted to deliver Incident Command Level 4 training, with courses scheduled for October. Competency levels were expected to recover in Quarter 3.

11.1.4 Overall, assurance was provided that training activity was progressing positively, with appropriate mitigations in place to manage short-term capacity and competency impacts.

11.1.5 During discussions the Committee highlighted the importance of maintaining sufficient trained driver capability in light of potential legislative changes and an area of potential risk therefore required monitoring. Committee also highlighted the need to reflect operational pressures, particularly for on-call staff, when planning training delivery to ensure requirements remain achievable and the value of capturing and sharing lessons learned, particularly from the successful BA Recovery Programme, to inform future large-scale training delivery.

11.1.6 The Committee noted the reported challenges under KPI 23, specifically the volume of training modules required within the reporting period and the impact this may have on the on-call and volunteer staff capacity. The Committee sought assurance on how these pressures are being considered in future training planning and delivery. RR confirmed feedback mechanisms were in place with Local Senior Officer areas to capture capacity constraints and operational pressures. This feedback was actively used to inform future planning, with adjustments made where possible to balance compliance requirements and operational demands.

11.1.7 The Committee acknowledged the significant improvements reflected in KPI 26, noting the successful delivery of the Breathing Apparatus (BA) Recovery Programme and the strong progress in core skills currency. The Committee recognised that this was a positive outcome following a previously challenging position.

11.1.8 RR advised that a formal Closing Report on the Breathing Apparatus (BA) Recovery Programme was being prepared and would progress through governance. This report would capture the lessons learned from the programme and provide a comprehensive overview of delivery and outcomes and subject to agreement, the closing report would be shared with the Committee for information, recognising the scale and significance of the programme and the value of understanding its successful delivery approach.

ACTION: RR

11.1.9 Overall, the Committee were encouraged by the direction of progress and the evidence of continuous improvement within the training function, while emphasising the importance of sustaining momentum and addressing identified risks.

11.1.10 **The Committee scrutinised the report with assurance as reasonable.**

12 SAFETY, ASSURANCE AND WELLBEING

12.1 Safety and Assurance Performance Report Quarter 4 2025/26

12.1.1 JH presented Safety and Assurance Performance Report Quarter 4 2025-26 to provide updates on key projects of works across the function to support Safety and Assurance Key Performance Indicators (KPI's). The following key achievement areas were highlighted in respect of compliance:

- Food Safety Regulations – JH reported training of staff for food safety compliance at fire stations and integration of operations control into assurance processes with plans to review the impact of end-to-end assurance in future meetings.
- Statistics in the KPIs for injuries and RIDDORs remain consistent. Since the paper was submitted, areas for further focus had been identified, including situational awareness and incident risk assessment, and these would be progressed over the coming months.
- Vaccinations – Nearly completed based on a risk based approach. Water based personnel were the main priority for vaccinations.
- Acts of Violence against Staff – continuing spike in violence against firefighters in operational and non-operational roles. Currently working with local areas to identify specific locations. Research project underway with Edinburgh Napier University initiated to explore emergency services workers' experience of violence with focus on causation and impact. Limpada/University of Hull research was approved, funded, and underway, with surveys, focus groups, and a final action-focused report planned to inform SFRS and sector-wide improvements.
- Asbestos Medicals – Asbestos medical surveillance programme had recently re-started, with numbers expected to rise as the new Occupational Health Structure was implemented.

12.1.2 The Committee noted the integration of Operations Control into the operational assurance framework, supporting the development of a more comprehensive, end-to-end approach to assurance. The Committee requested future updates provide a clear view of end-to-end assurance, including how integration had strengthened oversight across the full operational process and any learning, insights or improvements identified through this broader approach.

ACTION: JH

12.1.3 The Committee agreed that this would support a better understanding of assurance coverage and organisational performance across the full operational system.

12.1.4 **The Committee scrutinised this report.**

12.2 Contaminants Quarterly Update

12.2.1 The Committee received the Contaminants Quarterly Update presented by the Director of Training, Safety and Assurance. It was noted contaminants management was now transitioning from a programme-based approach to being embedded within business-as-usual governance, with oversight incorporated into the National Health, Safety, Wellbeing and Assurance Board.

12.2.2 The Committee supported this direction of travel, recognising contaminants activity as increasingly aligned with wider health, safety, and wellbeing reporting. The Committee emphasised the importance of maintaining visibility and focus on contaminants as a critical staff safety issue, while integrating reporting within the broader assurance framework.

12.2.3 Discussion highlighted that, while considerable progress has been made - particularly through infrastructure improvements, standard operating procedures and training, there remains an ongoing requirement to embed consistent behaviours across the organisation. The Committee acknowledged that cultural change was still developing, with continued effort required to reinforce safe practices and address differing attitudes at station level.

12.2.4 The Committee also noted positive engagement with initiatives such as the CivTech pilot, confirming participation levels were sufficient to support the project. Overall, the Committee were assured that progress was being made, while recognising the need for sustained focus on behavioural change, staff understanding, and continuous improvement in contaminants management.

12.2.5 **The Committee scrutinised the report.**

13 AUDITS/INSPECTIONS

13.1 HMFSI Inspection Action Plan Update

13.1.1 LG/JH presented a 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). The majority of actions are progressing well with only one action being rated amber due to a request to extend the due date to allow additional communications activity to take place before completion. All other actions are reported green within the plan.

13.1.2 Fieldwork was underway for Volume 2 of the Organisational Culture Thematic Inspection, which focuses on the conduct and management of misconduct allegations, with the report expected in due course.

13.1.3 The Committee queried the “green” status of Action 12.1, noting the complex history and reset of the underlying corporate systems work. SO’D clarified that the status reflects progress against the revised HMFSI action plan, with delivery now aligned to the Corporate Business Solutions programme and its updated timeline. The action was therefore considered on track against current expectations.

13.1.4 The Committee welcomed continued progress against HMFSI Culture Volume 1 Action Plan, noting that the majority of actions are on track. Members acknowledged the positive direction of travel, particularly given the earlier development of the plan, and would continue to monitor progress alongside the emerging Culture Volume 2 work.

13.1.5 **The Committee scrutinised the report.**

14 PARTNERSHIP WORKING

14.1 Employee Partnership Forum (EPF)

14.1.1 The Committee were updated on the EPF meeting, which focused on welfare support for operational teams and included positive, constructive discussion on targeted welfare investment.

14.1.2 The EPF also discussed welfare support for operational teams and reviewed governance structures with plans to update the Working Together Framework in collaboration with partners.

14.2 Partnership Advisory Group

14.2.1 LG reported that an update had been provided on the FBU “Fight for 52” maternity pay campaign. This included constructive discussion and agreement on next steps to present a position paper to SLT and RANSC in August and September, respectively, with further updates to follow for the People Committee.

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

15 FORWARD PLANNING

15.1 **Committee Forward Plan Review**

15.1.1 The Committee reviewed the forward plan, identified potential topics for future risk spotlights, and agreed on actions to improve reporting and policy review processes.

15.1.2 The Committee proposed that a potential topic for future risk spotlight discussion focuses on near misses and learning culture, particularly the wider issue of near miss reporting.

15.1.3 The Committee agreed that a future risk spotlight focused on exploring near misses and reporting culture and also the potential to include a workshop element at a future meeting.

15.2 **Items for Consideration at Future IGF, Board and Strategy Day Meetings**

15.2.1 During Risk Register discussion, the Chair highlighted some issues should be escalated beyond Committee level ie Cybersecurity and AI (*including AI policy, cyber risk, and recommendation from desktop exercise).* As this is cross-cutting and strategic, it should probably go to a Board Strategy Day for fuller consideration.

16 REVIEW OF ACTIONS

16.1 CC confirmed that there were formal actions recorded during the meeting

17 DATE OF NEXT MEETING

17.1 The next meeting is scheduled to take place on Thursday 17 September 2026.

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

Report(s) For Information Only:

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

- Performance Management Framework Quarterly 2025-26 Q4
- People Policy Review Schedule Update
  - The Committee suggested that the Policy Review Schedule should not only show policies being reviewed or updated but should also identify opportunities to close or discontinue policies where appropriate, rather than simply reviewing or maintaining all of them.
- Training Continuous Improvement Programme – Update Report
- Training Function Policy Review Schedule
- Safety and Assurance Documents Forward Planning Schedule

(The meeting broke at 1515 hrs and reconvened in private session at 1530hrs).

PRIVATE SESSION

18 MINUTES OF PREVIOUS PRIVATE MEETING: 5 MARCH 2026

18.1 The minutes of the private meeting held on 5 March 2026 were approved as a true record of the meeting.

19 PRIVATE ACTION LOG

19.1 The Committee noted there were no outstanding actions.

20 REMUNERATION, APPOINTMENTS AND NOMINATIONS SUB COMMITTEE UPDATE

20.1 **Draft Private Minutes of last RANSC Meeting** – 5 March 2026

20.2 The draft minutes of the RANSC private meeting held on 5 March 2026 had been circulated to the Committee for information.

The Committee noted the draft minute.

21 UPDATES ON CORPORATE BUSINESS SOLUTIONS PROJECT

21.1 LMcG and PMcG provided the Committee with an update on the Corporate Business Solutions Project.

The Committee noted the report was for information only.

22 KEY CASE UPDATES 2025/26 – Q4

22.1 LG provided the Committee with an overview of employee relations and employment litigation cases against SFRS including insight from case trends and case reviews.

The Committee scrutinised the report.

Agenda Item 6

PEOPLE COMMITTEE – ROLLING ACTION LOG

Background and Purpose

A rolling action log is maintained of all actions arising or pending from each of the previous meetings of the 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 7 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 one action categorised as Green status and one action categorised as Yellow status on the action log.

Meeting Date: 18 June 2026						
Minute Ref	**Action**	**Lead**	**Due Date**	**RAG Status**	**Completion Date**	**Position Statement**
7.2	**Committee Statement of Assurance:** It was noted that the future priorities section did not explicitly reference the people implications of the Service Delivery Review (SDR). It was agreed that this had not been a deliberate omission and that the statement would be amended to include a clear commitment to consider and scrutinise the people implications arising from SDR outcomes.	**BST**	**September 2026**		**June 2026**	**Complete (17/09/2026):** Statement of Assurance updated to reflect discussions. Sentence added to the Future Work Priorities section: "The Committee will scrutinise the people implications of Service Delivery Review outcomes."
8.1.4	**Risk Report Update:** Future reports include clearer narrative explaining the basis of risk movements.	**LG**	**September 2026**		**September 2026**	**Complete (17/09/2026):** Action discussed with Risk team who will incorporate this into future reports.
8.1.13	**Risk Report Update:** AI should be considered at a future Board Strategy Day, noting its cross-cutting nature, and proposed linking this to Integrated Governance Forum to ensure co-ordinated and organisation-wide approach.	**BST**	**September 2026**			**Complete (17/09/2026):** Added to Integrated Governance Forum (16 July 2026) discussion re cyber and IA included.
8.1.16	**Risk Report Update:** SO'D agreed to take the risk report away for future development, noting that the new risk dashboard should provide greater flexibility in reporting.	**SO'D**	**December 2026** ~~September 2026~~			**Update (17/09/2026):** The current plan is to continue development, progress engagement with Directorates and testing from late September into early November 2026. The aim is to roll-out to users over Q3 with a view to having directorates (and hopefully everyone) fully on-board by end of the year. The Q3 risk report would be the new format. Work is

						ongoing with SLT to create a Strategic Risk Register in due course.
9.1.4	**People Performance Report Quarter 4 2025/2026:** The Committee noted benchmarking was valuable for learning and comparison, not performance scoring, and requested consideration of wider comparators such as other emergency services. LG agreed to expand benchmarking to include other fire and ambulance services and clarified that "other" in short-term absence data refers to a combination of multiple minor categories, not a single undefined reason.	**LG**	**September 2026**		**September 2026**	**Complete (17/09/2026):** Additional and updated benchmarking included and table heading clarified, along with other updates to the report format
11.1.8	**Training Function Update and Performance Report Quarter 4 2025/26:** Breathing Apparatus closing report to be shared with the Committee for information.	**RR**	**September 2026**		**August 2026**	**Complete (17/09/2026):** Conclusion of Breathing Apparatus Recovery Programme report was circulated to the Committee via email on 28 August 2026. (Link)
12.1.2	**Safety and Assurance Performance Report Quarter 4 2025/26:** The Committee noted the integration of Operations Control into the operational assurance framework, supporting the development of a more comprehensive, end-to-end approach to assurance. The Committee requested future updates provide a clear view of end-to-end assurance, including how integration had strengthened oversight across the full operational process and any learning, insights or improvements identified through this broader approach.	**JH**	**September 2026**			**Update (17/09/2026):** A presentation has been produced on Assurance arrangements which is included in the agenda for the meeting on the 17 September 2026.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/32-26

Agenda Item: 7.1

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**RISK UPDATE REPORT**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the People Committee (PC) with an update on the current risks identified 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 3.1.1	**Risk Overview** The risk register is a management tool that provides assurance to the Service, and its scrutiny bodies, that the significant risks of the organisation have been identified, managed and are subject to ongoing monitoring and review.
3.1.2	Appendix A provides details of all risks above the risk rating of 15, as previously agreed by the Service, with Appendix B providing a summary of risks falling below 15 together with details on the position of control actions.
3.2 3.2.1	**Alignment to Strategic Outcomes** The table below identifies the alignment between the 2022-25 Strategic Outcomes and the current Directorate Risks with each risk aligned to a single outcome:

Strategic Outcomes		Directorate Risks				Total
		VH	H	M	L	
Outcome 1	Community safety and wellbeing improves as we deploy targeted initiatives to prevent emergencies and harm.	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		1
Outcome 4	We respond to the impacts of climate change in Scotland and reduce our carbon emissions.		1			1
Outcome 5	We are a progressive organisation, use our resources responsibly and provide best value for money to the public	4	7	3		14
Outcome 6	The experience of those who work for SFRS improves as we are the best employer we can be.	2	8	3		14
Outcome 7	Community safety and wellbeing improves as we work effectively with our partners			1		1
		13	21	13		47

3.2.2 Work undertaken in relation to the 2025-28 SFRS Strategy is now shown in the table below. Further engagement with Functions is still required to ensure the correct alignment has been identified.

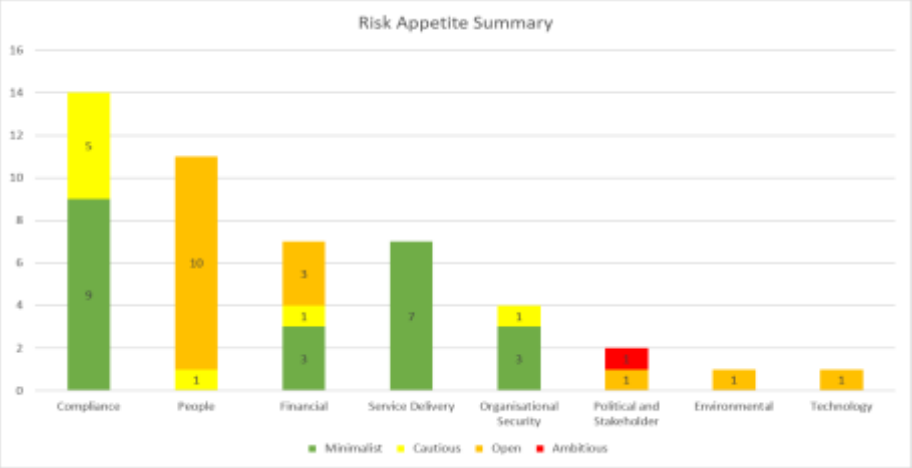
Strategic Outcomes	Red	Amber	Yellow	Green	Total
Safer Communities Through Prevention			3		3
Safe and Effective Response	1		4		5
Investing in our People	5	8	3		16
Improving Performance	4	6	4		14
Innovation and Investment	2	7			9
Total Risk Count	**12**	**21**	**14**		**47**

3.3
3.3.1

Risk Appetite

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

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



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

Risk 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
FDI002	Core Funding	Financial	Minimalist	16	8	Above
FCS026	Health and Safety compliance	Compliance	Minimalist	16	6	Above
TSA020	Health and Safety Legal Compliance	Compliance	Minimalist	16	1	Above
FCS022	Recruitment & Retention	People	Open	16	12	Above
FDI001	Recruitment and Retention	Service Delivery	Minimalist	16	12	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
SPPC004	Information Governance Legislation	Compliance	Cautious	12	8	Above
FCS021	Investment Backlog	Financial	Open	12	8	Within
FCS023	New Finance System	Financial	Cautious	12	9	Above
POD023	People (Organisational Change) Framework	People	Open	12	4	Within
POD020	People Capacity & Wellbeing	People	Open	12	4	Within
POD026	Remedial Pensions Exercises	Compliance	Minimalist	12	9	Above
SD006	Statutory Duties	Service Delivery	Minimalist	12	8	Above
SPPC019	Statutory Framework	Compliance	Minimalist	12	6	Above
FCS025	Training for support staff	People	Open	12	4	Within
FCS028	Workforce Capacity Risk	People	Open	12	8	Within
SD001	Command and Control Mobilising Systems	Service Delivery	Minimalist	10	10	Above
SPPC018	Organisational Security	Organisational Security	Cautious	10	5	Above
POD024	Building Capabilities	People	Open	9	9	Below
PPP007	Business Continuity Management System (BCMS)	Compliance	Minimalist	9	4	Above
SPPC015	Consultation and Engagement	Political and Stakeholder Relationships	Ambitious	9	6	Below
PPP009	HFSV Partner Application	Organisational Security	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	Suport Staff Pay & Reward Framework	People	Open	9	9	Below
PPP010	Operational Intelligence GETAC Data Syncing	Compliance	Cautious	8	6	Within
SPPC001	Service Performance Management	Compliance	Cautious	8	5	Within
PPP005	Trained, skilled staff and legal/regulatory compliance	People	Open	8	4	Below
POD018	Personal Record Files	Compliance	Cautious	6	4	Within
SPPC013	Partnership Working	Political and Stakeholder Relationships	Open	4	8	Below

3.4 **Risk Spotlights**

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

3.4.2 Separate to the formal risk spotlights, additional deep dives are also undertaken by Committee's but not always formally recorded as risk spotlights, i.e. cyber risk discussions. The Committee is asked to note these additional updates, where appropriate, as part of their risk update information.

3.5 **Significant Directorate Risks**

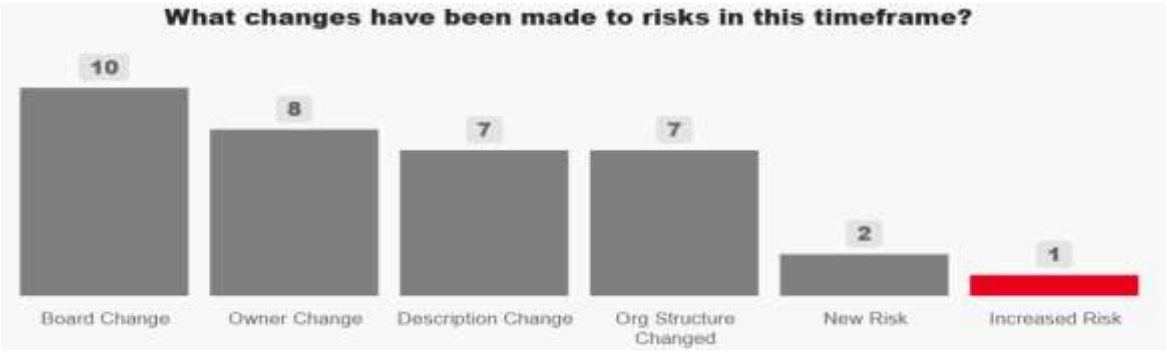
3.5.1 In relation to the current period Directorates reviewed their registers identifying 47 risks of which 12 are rated at 15 or above and coloured red within the table. Appendices A and B. to the report provide additional information on risks identified.

What is the current status of each risk?						
		Impact				
		Negligible (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Probability	Rare (1)				1	
	Unlikely (2)			1	3	2
	Possible (3)			9	13	2
	Likely (4)			6	7	2
	Almost Certain (5)			1		

3.5.2 Appendix A to the report identifies 7 significant risks aligned to the PC:

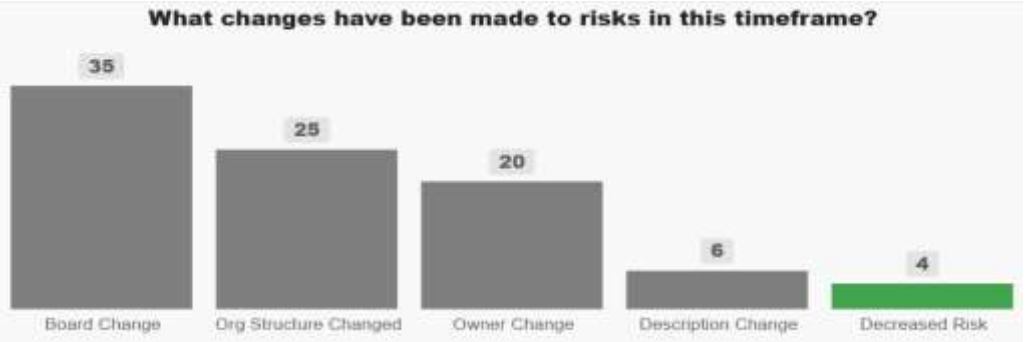
Risk ID	Appetite Theme	Risk Name	Risk Rating	Target
FCS022	People	Recruitment & Retention	16	12
FDI001	Service Delivery	Recruitment and Retention	16	12
POD027	Compliance	People Systems & Technology	15	4
POD030	Service Delivery	Employment Rights Act - Guaranteed Hours Provisions	15	4
TSA018	Compliance	Training Capacity	16	6
TSA019	Financial	Training Facilities	16	8
TSA020	Compliance	Health and Safety Legal Compliance	16	1

3.5.3 In relation to all significant risks, rated 15 or above, the significant changes made over the last three calendar months are identified below:



3.5.4 In relation to risks aligned to the People Committee risk FCS022 has had an increased rating from 12 to 16. This represents an ageing staff profile and recognition of the significant challenges in recruitment (i.e. Procurement staff).

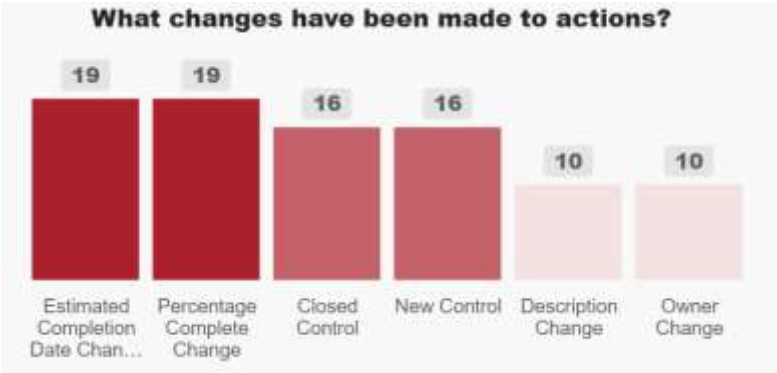
3.5.5 In relation to all risks rated below 15, the changes made over the last three months are identified below:



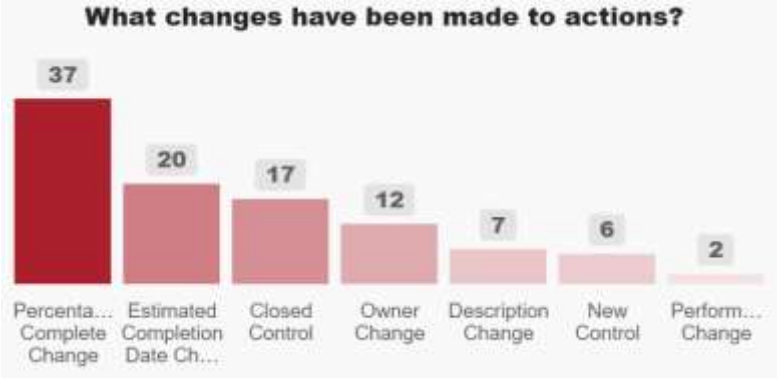
3.5.6 In relation to risks aligned to the People Committee one risk rating has been decreased. This relates to POD024 in relation to supporting strategic workforce development, leadership capacity and future capability needs, with the rating reduced from 12 to 9. Enhanced engagement through the Talent Development Team with Learning Partners and HoF, together with an overall strengthening of the process and transparency of investment decisions has enabled the risk to be reduced.

3.6 **Control Actions**

3.6.1 Following review, changes made to all control actions rated 15 or above, over the last three months are outlined below:



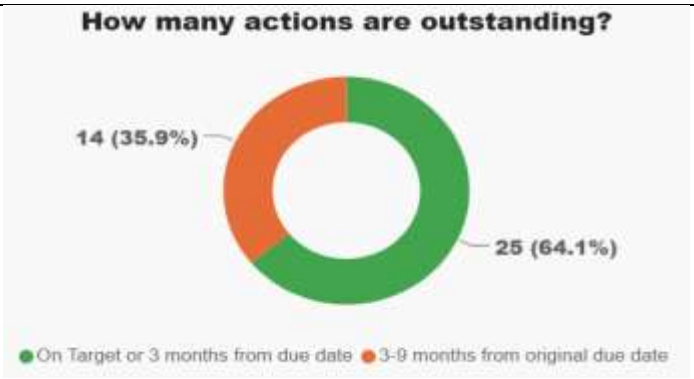
3.6.2 Following review, the changes made to control actions rated below 15, over the last three months, have been identified:



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

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

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



3.6.5 In relation to risks falling below a rating of 15, there are 10 control action over 9 months from original due dates:

3.6.6 In relation to the PC there are 3 control actions now over 9 months from their original due date:

Risk ID	Action Description	Est' Date	Action Comment
POD023	Conclude development and consultation on SFRS People (Organisational Change) Framework and associated policies and seek approval via SFRS governance.	31/08/2026	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, final amends due to be concluded in the coming weeks. Update - further discussion held at SMB 23rd June, agreement reached to publish framework asap, representative bodies to be contacted ahead of publication.
POD023	Develop and introduce supporting toolkit for managers in support of the People (Organisational Change) Framework and ensure this is effectively communicated.	31/08/2026	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. Update - further discussion held at SMB 23rd June, agreement reached to publish framework asap, representative bodies to be contacted ahead of publication. Update - further discussion held at SMB 23rd June, agreement reached to publish framework asap, representative bodies to be contacted ahead of publication.
TSA014	Identify remaining for improvement within risk assessments in SFRS and develop a programme of work to collaborate with business partners	30/10/2026	Gantt charts updated for 5-year planning up to 2030/31. 76% of GRAs are Live, 12% in Development and 12% Expired

3.6.7 All control actions for these risks continue to be monitored through Directorate management teams with updates provided quarterly, or monthly, where progress has been made.

3.7 3.7.1 3.7.2 3.7.3 3.7.4	**Development of Risk Dashboard** 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 entered directly into the risk dashboard. Development will continue throughout September and October with engagement with Directorates to be undertaken during October into early November. The aim is to roll-out the system to users over Q3 with a view to having Directorates fully on-board by the end of the year and reports to Committee's and SMB provided for Q3 information. Aligned to this work the system will provide the ability to create a range of registers including Strategic, Directorate, Functional, Project and those relating to Tactical Action Groups. Work to allow movement between these registers will also be undertaken, minimising manual input of data. Appendix A and B have already been automated, significantly reducing the production time for reports. Further work in relation to visualisation of data will be discussed with SLT and ARAC to ensure scrutiny and assurance requirements can be met.
4	**Recommendation**
4.1	The People Committee is asked to: • Scrutinise the information presented within the report and consider whether any additional assurance is required in relation to information provided.
5	**Key Strategic Implications**
5.1 5.1.1 5.1.2	**Risk Appetite and Alignment to Risk Registers** The report identifies risks from each Directorate together with the significant changes made since the last update. Each Directorate will be responsible for the identification and mitigation of any associated risk and for the update of relevant risk registers. The report is aligned to the Services Compliance risk appetite in relation to our internal governance, including systems of control, where the Service has a **Cautious** appetite.
5.2 5.2.1	**Financial** The report identifies risks from each Directorate with financial implications arising from control decisions to be managed by the relevant Directorate.
5.3 5.3.1	**Environmental & Sustainability** Any implications arising from the report will be managed by the relevant Directorate.
5.4 5.4.1	**Workforce** Any implications arising from the report will be managed by the relevant Directorate.
5.5 5.5.1	**Health & Safety** Any implications arising from the report will be managed by the relevant Directorate.
5.6 5.6.1	**Health & Wellbeing** Any implications arising from the report will be managed by the relevant Directorate.
5.7 5.7.1	**Training** Any implications arising from the report will be managed by the relevant Directorate.
5.8 5.8.1	**Timing** The report is provided to the SMB in advance of reporting to SLT and Committee.

5.9 5.9.1	**Performance** The risk report is used to ensure risks are identified and suitably managed by relevant Directorates.	
5.10 5.10.1	**Communications & Engagement** Any implications arising from the report will be managed by the relevant Directorate.	
5.11 5.11.1	**Legal** Any implications arising from the report will be managed by the relevant Directorate.	
5.12 5.12.1	**Information Governance** DPIA completed - No. The report provides a summary of risks identified by Directorates. Each Directorate will ensure that any relevant DPIA is completed as required.	
5.13 5.13.1	**Equalities** EHRIA completed - No. An assessment was undertaken in relation to the Risk Management Policy. Any individual elements of work, which may have an impact upon Equalities, will require to be assessed and managed by the relevant Directorate.	
5.14 5.14.1	**Service Delivery** Any implications arising from the report will be managed by the relevant Directorate.	
5.15 5.15.1	**Prevention** Any implications arising from the report will be managed by the relevant Directorate.	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Mark McAteer, Director of Governance, Strategy and Change
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited/Insufficient~~
7.2	**Rationale:**	There is room for improvement in the identification of the right risks, their associated risk rating, controls and the completion of mitigating actions within identified timescales. The report is based upon information received from Directorate's and I have confidence that the information is correctly reported based upon these returns.
8	**Appendices/Further Reading**	
8.1 8.2	Appendix A – Significant Risks Appendix B – Other Risk Summary	

Prepared by:	David Johnston, Risk and Audit Manager
Sponsored by:	Richard Whetton, Head of Governance and Compliance
Presented by:	David Johnston, Risk and Audit Manager

Links to Strategy and Corporate Values

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

- Our organisational performance, productivity and resilience continually improve, delivered through organisational risk, security and resilience activities.

• We are more innovative and achieve sustained investment in our technology, equipment, estate and fleet, making us more effective and efficient, delivered through more efficient and effective corporate business processes.

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
People Committee	*17/09/2026*	*For Scrutiny*	

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Appendix A - Significant Risks

MANAGEMENT INFORMATION

Reporting month:
2026-27 Aug

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 | FCS022 | FCS026 | FDI001 | FDI002 | TSA018 | TSA019 | TSA020 | FCS017 | POD027 | POD030

Risk ID	Risk Name	RIsk Rating	Previous Risk Rating	Date Updated
FCS019	Critical service and system failure	20	20	2026-27 Jul
SDD007	Cyber Security	20	20	2026-27 Jul
FCS022	Recruitment & Retention	16	16	2026-27 Jul
FCS026	Health and Safety compliance	16	16	2026-27 Jul
FDI001	Recruitment and Retention	16	16	2026-27 Jul
FDI002	Core Funding	16	16	2026-27 Jul
TSA018	Training Capacity	16	16	2026-27 Jul
TSA019	Training Facilities	16	16	2026-27 Jul
TSA020	Health and Safety Legal Compliance	16	16	2026-27 Jul
FCS017	Planning for and minimising Cyber disruption	15	15	2026-27 Jul
POD027	People Systems & Technology	15	15	2026-27 Jul
POD030	Employment Rights Act - Guaranteed Hours Provisions	15	15	2026-27 Jul

© Scottish Fire & Rescue Service 2026

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 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
Ensure delivery of the 5 recommendations identified through the OC cyber risk assessment.	30/09/2026	30/09/2026	Head of DDaT	Work will be undertaken throughout 2026/2035	On Target or 3 months from due date
Ensure subject matter experts are involved in the NMS transition phase of the project	31/03/2027	31/03/2027	Head of DDaT	Work will be undertaken throughout 2026/2034	On Target or 3 months from due date
Work closely with support partners to ensure preventative maintenance is carried out on at risk systems.	31/03/2027	31/03/2027	Head of DDaT	Work will be undertaken throughout 2026/2033	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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 2 of Cyber Security Action Plan	31/03/2027	31/03/2027	Head of DDaT	Work will be undertaken throughout 2026/2037	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	31/03/2027	31/03/2027	Head of DDaT	Work will be undertaken throughout 2026/2036	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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 in terms of succession planning, 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 and Procurement	16	16	12	Open (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Following SLT agreement recruit to establishment in relation to the Systems Team.	31/05/2026	31/12/2026	Head of Finance and Procurement	Work in progress as awaiting approval of OBC of CBS project. Work to establish team will now progress.	On Target or 3 months from due date
Review requirements of CBS and CSR programmes of work against Fin and Proc structures and align accordingly	31/03/2027	31/03/2027	Head of Finance and Procurement	Monitoring activity in place for future financial year.	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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 received and distributed. Capital works continue to be planned and progressed to improve suitability across the estate.	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	3-9 months from original due date

© Scottish Fire & Rescue Service 2026

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FDI001	5	There is a risk that Service priorities, requiring specialist procurement support, are unable to be supported. Market analysis has identified a lack of supply within the procurement job market which, together with higher salary requirements, has resulted in increased challenges in recruiting and retaining specialist procurement expertise. Procurement support is subject to a priority assessment identifying specific contracts able to be supported through the procurement section.	PC	CB	Head of Finance and Procurement	16	16	12	Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Agree Procurement workload prioritisation with SLT and SMB	31/03/2027	31/03/2027	Head of Finance and Procurement	Report presented to SMB on Priority 1 procurements based on SFRS organisational matrix. Agreed to support Priority 1 work in first instance and Directorates to review requests for need and urgency.	On Target or 3 months from due date
Work with People Directorate to explore alternative options for recruitment into the Procurement field	31/03/2027	31/03/2027	Head of Finance and Procurement	Procuremnt Manager and People Advisor in progress of reviewing job descriptions and meeting with specialised agencies	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

Risk ID	Strategic Outcome	Risk Description	Governance - Committee	Governance - Board	SLT Risk Owner	Risk Rating	Previous Risk Rating	Target	Risk Appetite
FDI002	3	There is a risk that the resource funding allocation will be insufficient to meet changes in technological architecture and the use of cloud based systems. Accounting regulations identify that associated costs are unable to be capatalised, requiring necessary funding to be identified through resource based budgets. This may result in the inability to replace ageing systems within SFRS	ARAC	CB	Head of Finance and Procurement	16	16	8	Minimalist (Above Appetite)

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
Ensure regular engagement between Scottish Government Ministers and SFRS Senior Leaders to communicate funding requirement, in line with changes to accounting regulations.	31/03/2027	31/03/2027	Head of Finance and Procurement	Current finacial year proves challenging with an unallocated savings budget impacted partially by the reallocation of expenditure to Resource from Capital. Engagement continues between Senior Leaders within SG and SFRS	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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	01/08/2026	Andy Scott	Data integrity checks have now been completed, with finalvalidation of output files confirming completeness, consistency, and adherence to required formatting standards. Targeted spot checks have been undertaken to validate edge cases, providingincreased confidence that competency mapping outputs are ready for integration and final deployment.	Over 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	01/08/2026	Andy Scott	Unchanged Data integrity checks remain ongoing, with further validation of output files continuing to assess completeness, consistency and alignment with the required formatting standards. Targeted checks are also being undertaken to review edge cases and identify any remaining adjustments required. This work continues to support confidence that the competency mapping outputs are progressing towards readiness for integration and full testing.	3-9 months from original due date
Discrepancy Resolution: Identify and rectify any inconsistencies in collaboration with Operations and relevant stakeholders before finalising updates.	01/03/2026	01/08/2026	Andy Scott	Discrepancy resolution remains ongoing, with the majority of previously identified inconsistencies now resolved. Remaining issues are limited in scope and continue to be progressed through final review cycles, with further checks being undertaken to ensure mapping and data alignment issues are fully addressed prior to implementation.	3-9 months from original 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	Further engagement with trade unions is required to consider potential changes to instructor schedules. This represents a significant piece of work, requiring detailed discussions and, potentially, contractual amendments. It is anticipated that this will be a complex and protracted process.	3-9 months from original due date
Exception Reporting: Generate reports highlighting anomalies or missing data, with corrective actions assigned to responsible personnel.	01/03/2026	01/08/2026	Andy Scott	Exception reporting remains in place, with outputs continuing to be refined and focused on residual anomalies requiring action. The volume of exceptions has reduced, indicating progress towards improved data alignment, although further review is still required. Reporting continues to support targeted resolution activity and provides ongoing visibility of outstanding issues as internal assurance work progresses.	3-9 months from original 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	A meeting has been scheduled for the Rewards team, Driver Training and UNISON on 28 May to discuss proposed changes to the driving instructor job description, with a view to incorporating the ADI qualification into the essential criteria.	3-9 months from original due date
Liaise with Team C and Training Centre Managers to coordinate the reallocation and delivery of NTC CFBT courses during the indicative 10-12 month project period.	31/10/2026	31/10/2026	Paul Council	Potential delivery dates have been collated from supporting CFBT training centres to inform contingency planning for the anticipated relocation of CFBT delivery capacity at the NTC. However, confirmation of delivery arrangements remains dependent on further communication from the Project Manager regarding the proposed start date for CFBT/CCU development works, particularly in light of the current completion timescales associated with Perth and Dreghorn Training Centres. A Subject Matter Expert (SME) from the NTC instructional team is currently developing a revised delivery timetable to determine the number of training days required to support WTFFFP CFBT delivery throughout the disruption period. As assessment is underway to review the wider impact on TFF delivery within the West SDA and course allocation, working to identify suitable capacity and support arrangements.	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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	Architectural drawing are underway, and the project timeline has been established to support delivery. Works are anticipated to begin across Q3 and Q4, with completion planned within the 2026/27 financial year.	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	The issue with Planning has delayed matters. It isproposed that the new Welfare Unit be located immediately outside the Training Centre, on land currently identified as vehicle parking spaces. It is understood that HIAL may permit the use of nearby parking areas to offset the loss of spaces resulting from the proposed welfare unit. However, the Planning Department has advised that this arrangement must be formally confirmed, and this confirmation has not yet been secured. There does not appear to be any objection in principle from HIAL; however, the matter remains unresolved due to difficulties inestablishing the necessary contact. The Planning Department has indicated an inclination to refuse permission should alternative parking not be confirmed, SFRS is reluctant to commit to instructing works and associated expenditure until this matter is resolved. The contractor remains ready to progress the Building Warrant submission and place the order to commence manufacture of thereplacement and new accommodation, pending instruction. Further engagement with HIAL will continue in order to secure the required confirmation.	3-9 months from original due date
Work with Assets to support the replacement schedule to address the aging fleet within the Training Function.	31/03/2026	31/07/2026	Group Commander Garry Douglas	Delivery of new red fleet vehicles from Dundee. ARC has commenced, with several already received at training centres. These vehicles are replacing 2022 models, which are now being reallocated to service delivery. Discussions are ongoing with Fleet to confirm the approach for backfilling end-of-life vehicles to ensure training demand can continue to be met. However, there remains a significant risk that training requirements will not be fully delivered due to insufficient vehicle availability.	3-9 months from original 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	Following a period of inactivity on site work is now progressing with the erection of the smoke capture system and the positioning of ground floor containers into their permanent positions. The contractor's revised programme identifies completion for the CFBT at the end of August. As noted previously, permanent power supply to this facility will be provided via new generators, purchased by SFRS. The detailed design, costing and programme associated with the new generators is still awaited from the contractor. It is however anticipated that the new generators will be in place for the commissioning of this facility. CCU: Below ground works are now complete, with the installation of the 3 cabins now in place. Internal fit out works are progressing; external works require to be progressed in the very near future. A revised programme for the CCU works is still to be received. It is currently anticipated that completion for the CCU will be in in late-June. An update on the Utility Shed proposals, cost and programme has been requested. Further requests remain unanswered; we will continue to press for outline proposals as to what provision can be accommodated on site between the new CFBT and CCU facilities.	On Target or 3 months from due date
Liaise with the Project Manager to support the coordination of ground investigation works, confirming suitable below-ground conditions for the proposed CFBT and CCU facilities.	30/06/2026	30/06/2026	Paul Council	The GPR survey, originally anticipated w/c 4 May, has now been completed and the results are awaited from the Project Manager. Borehole testing remains outstanding, with commencement and completion dates still to be confirmed.	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 implementation requirements for fire contaminant control facilities and resources across all sites have now been fully captured, reviewed and prioritised, with work requests submitted to Property to progress the highest-priority actions. No further site-specific control actions are being opened at this time, as the remaining requirements are considered to be appropriately captured within this coordinated programme of work. Accordingly, this control action is proposed for closure.	On Target or 3 months from due date
Work with the Project Manager and relevant SMEs to confirm the suitability of the facility design meets future training delivery and operational requirements at NTC.	31/10/2026	31/10/2026	Paul Council	Feedback has been collated and incorporated into the draft Project Brief, which has been submitted to the Project Manager for review. Feedback from the Project Manager is required prior to finalisation and formal submission of the Project Brief.	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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	Following April's successful trial in D&G LSO Area, the plan and its supporting paper have commenced their Governance journey.	3-9 months from original due date

© Scottish Fire & Rescue Service 2026

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

Controls Actions	Original Due Date	Est Completion Date	Owner	Comment	Action Status
DaTS engagement with and support to Directorates/Functions in preparing business continuity plans	30/03/2026	31/08/2026	Head of DaTS	This is dependent on the Cyber Incident Response Plan (CIRP) being redeveloped and going live. Supporting functions with developing and redeveloping their BCP's will be closely aligned to the CIRP.	3-9 months from original due date
Redevelop Cyber incident response plan	30/01/2026	31/08/2026	Head of DaTS	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
Delivery of 8 recommendations from Cyber Desktop Exercise outcome report	30/09/2026	30/09/2026	Head of DDaT	Work will be undertaken throughout 2026/2029	On Target or 3 months from due date
Delivery of Phase 2 of Cyber Security Action Plan	31/03/2027	31/03/2027	Head of DDaT	Work will be undertaken throughout 2026/2028	On Target or 3 months from due date
Redevelop Cyber incident response plan and make live	30/09/2026	30/09/2026	Head of DDaT	Work will be undertaken throughout 2026/2027	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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	3-9 months from original due date
Establish UIG, agree route to market, deliver procurement process and award contract for new Finance, People, Inventory and Payroll system	30/09/2026	30/09/2026	Head of Finance and Procurement	UIG established	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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
Respond to UK Government consultation on Guaranteed Hours provisions	31/08/2026	31/08/2026	Lyndsey Gaja Head of People	Initial scoping meeting held. Consultation document and questions reviewed. Discussions with NFCC on their response on behalf of the sector.	On Target or 3 months from due date

© Scottish Fire & Rescue Service 2026

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

© Scottish Fire & Rescue Service 2026

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Appendix B - Other Risks

MANAGEMENT INFORMATION

Reporting month:

2026-27 Aug

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 Jul	Treat
FCS008	Environmental Management	12	12	2026-27 Jul	Treat
FCS011	Fraud Detection	12	12	2026-27 Jul	Treat
FCS020	Best Value	12	12	2026-27 Jul	Treat
FCS021	Investment Backlog	12	12	2026-27 Jul	Treat
FCS023	New Finance System	12	12	2026-27 Jul	Treat
FCS024	Capital Programme	12	12	2026-27 Jul	Treat
FCS025	Training for support staff	12	12	2026-27 Jul	Treat
FCS027	Increased cost and supply chain	12	12	2026-27 Jul	Treat
FCS028	Workforce Capacity Risk	12	12	2026-27 Jul	Treat
POD020	People Capacity & Wellbeing	12	12	2026-27 Jul	Treat
POD022	Employee Relations Case Management	12	12	2026-27 Jul	Treat
POD023	People (Organisational Change) Framework	12	12	2026-27 Jul	Treat
POD026	Remedial Pensions Exercises	12	12	2026-27 Jul	Treat
SD006	Statutory Duties	12	12	2026-27 Jun	Treat
SPPC004	Information Governance Legislation	12	12	2026-27 Jul	Treat
SPPC019	Statutory Framework	12	12	2026-27 Jul	Treat
TSA014	Health and Safety Legal Compliance	12	12	2026-27 Jul	Treat
TSA021	Health and Safety Legal Compliance	12	12	2026-27 Jul	Treat
SD001	Command and Control Mobilising Systems	10	10	2026-27 Jun	Treat
SPPC018	Organisational Security	10	10	2026-27 Jul	Treat
FCS018	Recruitment and Retention	9	9	2026-27 Jul	Treat
FCS029	Repairs and Maintenance Resource Funding	9	9	2026-27 Jul	Treat
OD001	Operations Control Staffing	9	9	2026-27 Jun	Treat
POD024	Building Capabilities	9	9	2026-27 Jul	Treat
POD025	Suport Staff Pay & Reward Framework	9	9	2026-27 Jul	Treat
PPP007	Business Continuity Management System (BCMS)	9	9	2026-27 Aug	Treat
PPP009	HFSV Partner Application	9	16	2026-27 Aug	Treat
SD003	Operational Availability Systems	9	9	2026-27 Jun	Treat
SPPC015	Consultation and Engagement	9	9	2026-27 Jul	Tolerate
PPP005	Trained, skilled staff and legal/regulatory compliance	8	8	2026-27 Aug	Treat
PPP010	Operational Intelligence GETAC Data Syncing	8	8	2026-27 Aug	Treat
SPPC001	Service Performance Management	8	8	2026-27 Jul	Tolerate
POD018	Personal Record Files	6	6	2026-27 Jul	Treat
SPPC013	Partnership Working	4	4	2026-27 Jul	Tolerate

© Scottish Fire & Rescue Service 2026

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	0	1	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. This could lead to 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 investment from Scottish 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
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 provides 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	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
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 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 to meet the required skills, in the backdrop 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
3	3	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 insufficient to respond to meet known demand, intensified by inflationary pressures and historic backlog. As a result, during each year the Service is required to restrict activity to emergency repairs only from Period 6 onwards to remain within overall financial controls. This increases the likelihood of asset deterioration, health and safety non compliance, service disruption, reputational impact, and higher long term costs. At the start of each financial	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

© Scottish Fire & Rescue Service 2026

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
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 Governance and Compliance	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	0	1	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	Director of Governance Strategy and Change	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
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	4	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

© Scottish Fire & Rescue Service 2026

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
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
3	1	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

© Scottish Fire & Rescue Service 2026

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
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	0	1	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
1	0	1	0

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	0	2	0

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	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
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

© Scottish Fire & Rescue Service 2026

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	9	4	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - 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	9	16	4	Minimalist (Above Appetite)

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

Risk ID	Strategic Outcome	Risk Description	Governance - 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

© Scottish Fire & Rescue Service 2026

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	0	1	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	0	1	0

© Scottish Fire & Rescue Service 2026

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

© Scottish Fire & Rescue Service 2026

Agenda Item: 7.2

People Committee - 17 September 2026
Risk Mitigation Spotlight: Operational and Training Assurance

Submitted by: Training, Safety and Assurance Directorate - Craig McGoldrick

Introduction: What is the strategic issue / challenge / subject under discussion?

Purpose and context

The Risk Spotlight has been reframed as a Risk Mitigation Spotlight. This report introduces a supporting presentation and invites the Committee to scrutinise how Operational and Training Assurance arrangements identify issues, turn findings into improvement and provide evidence that actions are completed, effective and sustained.

The focus is the full Plan-Do-Check-Act cycle, with particular emphasis on closing the loop between assurance activity, ownership of improvement actions, governance oversight, verification of effectiveness and organisational learning.

What the presentation will cover

- The respective roles of Operational Assurance and Training Assurance, including how audit and inspection activity provides organisational oversight, challenge and learning.
- How findings are assessed, prioritised, assigned to accountable owners and translated into improvement plans or other corrective activity.
- How actions are monitored through governance, with closure based on evidence and proportionate checks that the intended improvement has been achieved and embedded.
- How themes, good practice and recurring issues inform policy, training, operational practice, leadership decisions and future assurance activity.
- How forward-looking development, benchmarking and external learning are being used to strengthen the arrangements.
- How the combined arrangements support delivery of the HMFSI Operational Assurance Action Plan and the wider ambition to become a learning organisation.

Risk and assurance perspective

The principal assurance question is not simply whether audits and inspections take place, but whether they drive timely, risk-based and demonstrable improvement. The presentation will therefore distinguish activity and completion measures from evidence of impact, sustained compliance and reduced exposure.

What specific strategic questions / high-level key messages is the Committee being asked to consider?

High-level key messages

- Operational and Training Assurance should be viewed as connected parts of one organisational assurance and learning system, rather than as stand-alone compliance processes.
- Effective mitigation depends on a clear line of sight from finding to action, accountable ownership, evidence-based closure and follow-up evaluation of impact.
- The value of the programmes lies in their ability to identify systemic themes, spread good practice and inform future priorities, not solely in the volume of activity completed.
- Forward planning should be dynamic and risk-led, drawing on trends, organisational learning, benchmarking and HMFSI expectations to target assurance where it adds most value.

Committee scrutiny questions

1. **Coverage and proportionality:** Do the arrangements provide sufficient, risk-based coverage across operational practice and training delivery?
2. **Closing the loop:** Is there a clear and auditable route from a finding to action, ownership, completion, verification and sustained improvement?
3. **Impact:** Does the proposed evidence demonstrate that learning has changed practice and reduced risk, rather than only that actions have been recorded as complete?
4. **Organisational learning:** Are themes and good practice being shared consistently and used to shape policy, training, leadership and future assurance plans?
5. **External alignment:** Are benchmarking and development activities sufficiently focused on recognised gaps and emerging risks?
6. **HMFSI contribution:** Is the relationship between these arrangements and delivery of the HMFSI Operational Assurance Action Plan clear and capable of being evidenced?

Assurance sought

The Committee is asked to scrutinise the presentation, comment on the strength of the end-to-end mitigation and assurance model, and identify any areas where further evidence, pace, integration or independent validation is required.

Further reading and / or appendices

Supporting presentation

Risk Mitigation Spotlight: Operational and Training Assurance Audit and Inspection Programmes.

Suggested reference documents

- Operational Assurance Policy.
- Assurance Audits Management Arrangement.
- Training Assurance Framework and Implementation Plan.
- HMFSI Operational Assurance Action Plan.

Decision / outcome requested

For scrutiny and assurance. No policy or financial decision is sought through this introductory report.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/33-26

Agenda Item: 8.1

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**PEOPLE PERFORMANCE REPORT – QUARTER 1 2026/27**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is 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	The Q1 2026/27 report includes reference to the refreshed SFRS PMF (RO and PO references), with the updated PMF itself due to be considered by the SFRS Board in late October. The importunity has also been taken to make improvements to the overall structure of the report and presentation of data.
3.3	The Executive Summary of the report (p. 3) draws the Committee's attention to key points relating to: • Steady progress across the People portfolio, with the People Plan completing governance and the OCL Programme moving into delivery. • Workforce capacity remains the main operational pressure, particularly Wholetime Firefighter (WTFF) vacancies and recruitment pipeline delivery. • Absence increased modestly, driven by long-term absence, with Operations Control, musculoskeletal and psychological absence remaining key areas of focus. • Employee relations activity increased, including more disciplinary cases and greater use of the Confidential Reporting Line. • Learning and development performance was positive, with strong leadership programme delivery and wider learning engagement.

4	Recommendation
4.1	The People Committee is asked to scrutinise the report.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** SFRS risk appetite for People related risk ranges from minimalist to ambitious depending on the risk category. Specific risks are identified and tracked and managed through the People risk register.
5.2 5.2.1	**Financial** There are financial implications related to absence in terms of contractual sick pay costs and increases in overtime. Turnover leads to indirect costs associated with recruitment, onboarding and training processes for new colleagues.
5.3 5.3.1	**Environmental & Sustainability** There are no environmental and sustainability implications arising from this report.
5.4 5.4.1	**Workforce** The report outlines organisational performance against key people and workforce measures.
5.5 5.5.1	**Health & Safety** There is potential that some of the absences reported in this paper result from Health & Safety related incidents.
5.6 5.6.1	**Health & Wellbeing** The report details a range of health & wellbeing activities to support employee wellbeing, attendance and performance.
5.7 5.7.1	**Training** The report highlights training activity related to the Management Capability Framework, which is designed to increase manager confidence and capability in managing people matters.
5.8 5.8.1	**Timing** The report details performance over the first quarter of 2023/24 and provides longer term trend analysis.
5.9 5.9.1	**Performance** The report details organisational performance against a range of people measures.
5.10 5.10.1	**Communications & Engagement** This report is shared with a range of governance forums for scrutiny and for information.
5.11 5.11.1	**Legal** Some elements of the report relate to SFRS' legal responsibilities as an employer.
5.12 5.12.1	**Information Governance** 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 - Q1 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
People Committee	*17/09/2026*	*For Scrutiny*	
Senior Management Board	*22/09/2026*	*For Information*	

APPENDIX A

Performance Report
People
Quarter 1
2026-27

Table of Contents

Section		Page
	Introduction	3
	Executive Summary	3
	Strategic People Priorities	4-7
	People Measures	8
1	**Workforce**	8
1.1	Full Time Equivalent against Target Operating Model by Employee Group	8-10
1.2	**Vacancies & Turnover**	10-12
	On Call Turnover Rate (PO42)	13
1.3	**Exit Questionnaires and Interviews**	13
1.3.1	Number of Exit Questionnaires returned (PO39)	13
	Staff Leaving where exit questionnaire is applicable (PO39)	13
1.3.2	Leavers and Exit Interviews (PO40)	14
	Number of Leavers (PO40)	14
2	**Attendance Management**	15
2.1	**Absence Rates**	15-16
2.2	**Main Cause of Absence**	17
3	**Employee Relations**	18
3.1	**Grievance Cases**	18
3.1.1	Bullying & Harassment Complaints (PO38)	18
3.2	**Discipline Cases**	19
3.3	**Culture of Inclusion**	20
3.3.1	Confidential Reporting Line	20
4	**Learning & Development**	21
4.1	**Leadership & Management Development**	21
4.1.1	Staff Trained via Management and Leadership Programmes (PO41)	21
4.2	**Learning & Development**	22-23
4.3	**Modern Apprenticeship & SVQ**	23
Appendix 1	**FTE Against TOM by Employee Group**	24
Appendix 2	**Absence Rate by Employee Group**	25
Appendix 3	**Glossary of Terms**	26-27

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 Scottish Fire and Rescue Service (SFRS) Performance Management Framework (PMF), and provides updates on strategic people related workstreams, outlining our commitment to Invest in Our People.

Executive Summary

Quarter 1 2026/27 shows steady progress across the People portfolio. The People Plan completed its governance route and is scheduled for publication in quarter 2. The Organisational Culture and Leadership Programme also moved into delivery, with governance, additional capacity and related activity on leadership, inclusion, employee voice, recruitment and organisational learning brought into a single programme framework.

Workforce capacity remains the main operational people pressure. The overall vacancy rate rose slightly to 16.3%, although this is distorted by the legacy notional On Call target operating model; excluding On Call, the vacancy rate was 5.7%. Wholetime firefighter FTE reduced for a second successive quarter, with 87 vacancies at quarter end, making recruitment pipeline management and training intake delivery key priorities for the year ahead.

Absence increased modestly from 4.36% to 4.63%, driven by long-term absence, while short-term absence reduced. Operations Control remains a particular area of focus. Musculoskeletal and psychological absence continue to be the principal long-term drivers, with ongoing manager training, People Adviser support and enhanced strategic oversight in place.

Employee relations activity increased, with new disciplinary cases rising from 13 to 22 and more cases relating to conduct, policy and dignity at work matters. Grievance numbers remained low, although one appeal will progress in quarter 2. Confidential Reporting Line use also increased, with 18 new reports received during the quarter and 71 reports received since launch.

Learning and development performance was positive, with improved Leadership Essentials utilisation, continued NFCC leadership programme delivery and strong engagement in wider learning activity. Quarter 2 will focus on publishing and embedding the People Plan, progressing OCL delivery, maintaining recruitment momentum, strengthening attendance management and continuing investment in leadership and workforce capability.

Strategic People Priorities

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

People Plan

Following consultation, the final SFRS People Plan completed its quarter 1 governance route through the Senior Management Board, Strategic Leadership Team and People Committee. The People Committee endorsed its alignment to the current SFRS Strategy period, to March 2028.

The People Plan will set direction for the next 18 months and is scheduled for publication in mid-August 2026. Supporting action plans, including milestones and performance measures, will follow by the end of quarter 2 while the longer-term People Strategy is developed. This will align with the next planned iteration of the SFRS Strategy.

A communication and engagement strategy is being finalised to embed the People Plan in day-to-day working and bring it to life for current and prospective employees.

Quarter 2 (2026/27) Focus Areas:

- Publish the People Plan and action plans; launch ongoing communications; support line managers to embed the Plan; and provide regular progress updates and colleague case studies.

Leadership & Culture

During quarter 1, the Organisational Culture and Leadership (OCL) Programme progressed establishing the governance, capacity and foundations required to support long-term culture and leadership improvement across SFRS. Key progress included planning for the Values Review, further development of leadership and management pathways, progress towards adoption of the NFCC Leadership Framework, strengthening employee voice arrangements, and establishment of the independent OCL Advisory Panel. Existing activity relating to inclusion, recruitment, colleague experience, safety and performance has also been brought together within a single programme framework, providing greater coordination, oversight and accountability.

Additional resource was secured to support delivery, while work commenced to establish benefits measures that will enable future reporting on improvements in leadership capability, colleague experience, inclusion, organisational learning and performance.

Quarter 2 (2026/27) Focus Areas:

- Launch the OCL Advisory Panel for independent challenge and workforce voice.
- Progress adoption of the NFCC Leadership Framework and leadership development pathways, which will conclude in Q3.
- Advance the Values Review and wider employee voice activity.
- Strengthen programme benefits, performance measures and reporting.
- Further mature programme governance, planning and delivery arrangements.

Wholetime Firefighter (WTFF) Recruitment

Recruitment processes continue to be refined using learning from the previous resourcing strategy, with a focus on improving efficiency, candidate experience and workforce outcomes.

SLT approved a revised 2026/27 WTFF recruitment and selection model, using recruitment streams to support workforce planning and training delivery. The March 2026 campaign attracted 3,985 applications. Female representation increased to 10.7% and minority ethnic representation was 3.0%, supported by targeted engagement and stronger social media promotion.

Applicants have been grouped into six balanced shortlisting batches. In batch 1, 162 applicants were assessed, including 32 female candidates; seven have received conditional offers. Batch 2 includes 200 applicants, including 23 female candidates, and is progressing through selection. ALICE continues to support assessment and shortlisting for September and November 2026 training intakes. The batch approach will be reviewed as the campaign progresses.

Selection stage	Female number	Female %	Male number	Male %
Batch 1 applicants	82 of 664	**12.3% of batch**	575 of 664	**86.6% of batch**
Progressed from shortlisting	42 of 82	**51.2%**	136 of 575	**23.7%**
Passed Assessment Day 1	10 of 32	**31.3%**	82 of 127	**64.6%**
Passed PST	7 of 9	**77.8%**	61 of 75	**81.3%**
Passed interview	7 of 7	**100%**	48 of 59	**81.4%**
September 2026 intake	6 of 48	**12.5% of intake**	40 of 48	**83.3% of intake**

12.6% of applicants hold a valid Category C/C+E driving licence, which should help strengthen future operational capacity and appliance availability.

Operational FTE reduced for a second successive quarter and remains below the interim TOM of 2,855, with 87 WTFF vacancies at quarter end. Seven WTFF courses are now scheduled across multiple venues, providing up to 120 trainee firefighter places during the rest of 2026/27 to support workforce recovery.

Learning from the 2025 On Call to Wholetime Migration process is being reviewed to inform future workforce planning.

Quarter 2 (2026/27) Focus Areas:

- Continue the On Call to Wholetime migration evaluation, drawing on learning from wider WTFF recruitment and promotion reviews, and progress recommendations through governance.
- Progress applicant batches to maintain sufficient candidates for training intakes through summer 2027.
- Keep future application windows under review, with the next WTFF campaign currently expected in summer 2027.
- Monitor Talent Acquisition and People Services capacity as the recruitment stream model increases administrative demand.

- Continue targeted advertising, positive action engagement and campaign planning with Communications, Training and Wellbeing colleagues.
- Complete the WTFF recruitment review, including candidate attrition, campaign feedback, process improvements and CBS links, to strengthen future recruitment delivery.

Service Delivery Review Programme

On 22 June 2026, the SFRS Board considered the SLT recommendations, supported by case-for-change packs outlining the potential people impacts, to make decision on the options for change. This marked a key programme milestone.

Negotiations with the Fire Brigades Union on a proposed SFRS Day Shift Duty System continued, with a formal proposal submitted in June 2026.

Quarter 2 (2026/27) Focus Areas:

Following the Board's decisions, the SDR Programme will move into implementation planning for approved options. Priorities from a People / workforce perspective are:

- Develop detailed plans covering workforce impacts, interdependencies and stakeholder engagement.
- Establish the governance, resources and delivery arrangements required for controlled implementation.
- Begin redundancy consultation with a small number of volunteers at long-term dormant Phase 1 locations, with outcomes reported to the Board in late quarter 2.
- Agree next steps on the Day Shift Duty System after formal feedback from the Fire Brigades Union.

Corporate Services Review

In quarter 1, as part of the implementation of the Corporate Services Directorate Structure Review, Risk and Audit, Equality, Diversity & Inclusion, and Information Governance transferred into the Governance and Compliance Function within the new Governance, Strategy and Change Directorate. Engagement with leaders and teams supported the transition and captured learning to inform future organisational change.

During quarter 1, the Corporate Business Solutions (CBS) Project continued to define future business requirements across People, Payroll, Finance and Stores, helping shape the future operating model and build organisational readiness for implementation.
Progress was also made in governance, procurement and assurance activity, strengthening project oversight and preparing the project for its next phase of delivery.

Quarter 2 (2026/27) Focus Areas:

- The Communications & Engagement function will join the People function, to become the People, Communications & Engagement Directorate when the new Director takes up post. Remaining structural changes will continue through quarter 2 and quarter 3, supported by ongoing engagement with teams. Planning for a lessons-learned review will also begin.
- The CBS Project will focus on advancing procurement activity, engaging with shortlisted suppliers, and developing the Full Business Case. Requirements validation, future-state design, stakeholder engagement and change readiness activity will continue to support successful implementation, alongside recruitment to key project and subject matter expert roles.

People Organisational Change Framework and associated policies

Following further positive feedback from representative bodies, the People (Organisational Change) Framework and supporting toolkit were finalised for publication.

Quarter 2 (2026/27) Focus Areas:

- The Framework and toolkit will be published in early August 2026, supported by communications and stakeholder engagement. The People Function will embed the approach across future organisational change and update the toolkit as learning develops.

Pay and Pensions

A 3.8% annual pay award for Grey Book employees and Brigade Managers was proposed during the quarter. The Representative Body balloted its members, and the offer was accepted. Both awards will be implemented in July.

Work continued with SPPA to progress pension remedies. Changes to the SCAPE (Superannuation Contributions Adjusted for Past Experience) rate affecting commuted pensions were communicated to employees approaching retirement.

An SFRS Firefighters' Pension Guide was developed and submitted to SPPA for validation prior to publication on the iHub.

A Time Off for Trade Union Duties guide was introduced and published on iHub. The annual FBU Recognition Agreement was also completed and signed.

Engagement continued with senior leaders and trade union representatives to review the recommendations from the Support Staff Reward Framework Review, collate views on those recommendations and sequencing of priorities to be taken forward.

Development of a Support Staff responsibility payments guide commenced in this quarter.

The review of the RDS Standardisation Project concluded and will progress via the appropriate governance routes for SLT approval.

Quarter 2 (2026/27) Focus Areas:

- Publish the SFRS Firefighters' Pension Guide
- Deliver briefing sessions to support the launch of the Time Off for Trade Union Duties Guide from August 2026.
- Complete the Support Staff Responsibility Payments Guide.
- Continue engagement on the Support Staff Reward Framework Review, including workshops with the Corporate Services Review Board and SMB, to inform the appraisal of future options.
- The RDS Standardisation Review will progress through established governance.

People Measures

The quarterly performance report details organisational people measures across workforce planning, attendance management, employee relations, and learning & organisational development.

KPI	2026/27 Q1	2025/26 Q4	Movement
Vacancy rate*	16.3%	15.6%	▲
Turnover rate	1.6%	1.1%	▲
Absence rate	4.6%	4.4%	▲
On-Call turnover	2.0%	1.5%	▲

*Note that the overall vacancy rate is impacted by the notional, legacy TOM for on-call, with proposals for a refreshed on-call TOMprogressing through governance in Q3. The Q1 vacancy rate excluding on call staff groups was 5.7%.

1. Workforce

1.1 Full Time Equivalent against Target Operating Model by employee group

Employee Group	2026/27 Q1 Actual (FTE)	2026/27 Q1 TOM	2026/27 Q1 %	2025/26 Q4%	Movement
RBC	2,711	2,855	95.0%	96.0%	▼
Day Duty	345	358	96.5%	94.9%	▲
Flexi Duty	267	270	98.9%	99.3%	▼
Total WDS*	**3323**	**3483**	**97.4%**	**98.2%**	▼
Rural Full-Time	55	60	91.7%	98.3%	▼
On Call Retained**	2,270	3,309	68.6%	69.2%	▼
On Call Volunteer**	249	377	66.0%	67.4%	▼
Operations Control	169	179	94.3%	96.5%	▼
Support Staff	832	921	90.3%	90.7%	▼

*Includes Trainees on Foundation Course **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. Work is underway to review the On Call TOM, with proposals progressing through governance in Q3.

As of 30 June 2026, SFRS employed 6,888 people, equating to a headcount of 7,553. The variance between the number of employees and actual headcount is reflective of where staff hold more than one role (dual contract). In addition to the figures in the above table: 10 employees are on external secondment (including union duties), 13 on career or reservist breaks and 19 in partnership initiative funded posts.

Achieving the interim 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 planned review of on call TOM taking place.

While the Wholetime turnover rate has remained broadly stable, impacts from the pension remedy and subsequent effect on our retirement profile continue to be closely monitored to inform data-based strategic workforce planning decisions.

Detailed employee group trends are provided in **Appendix 1.**

On Call

On Call turnover increased to 2.0% in quarter 1, following a reduction to 1.5% in the previous quarter. Despite this increase, the rate remains broadly stable and consistent with the levels recorded over recent years. Work to review the on-call TOM is ongoing, with proposals progressing through governance in Q3.

The People Team continue to work with the On Call Strategic Coordination Group (OCSCG) and both On Call Tactical Coordination Groups (OCTCG) to maintain oversight of candidate readiness against future course dates, supporting improved onboarding rates and strengthening workforce resilience across the On Call duty system. These groups are also evaluating the current target operating model (TOM) which seeks a move towards aligning staffing with operational needs rather than traditional establishment figures.

The Pre-Employment Engagement Programme (PREP) continues to prove effective with an additional test centre established within the Mid-East Lothian and Scottish Borders (MELSB) LSO area. This will improve candidate experience, reduce logistical challenges, and improve potential candidate onboarding rates for the region.

On Call Task and Task Management (TTM) courses scheduled within quarter 1 realised 36 new On Call Firefighters achieving course bookings of 63% in April and 29% in May.

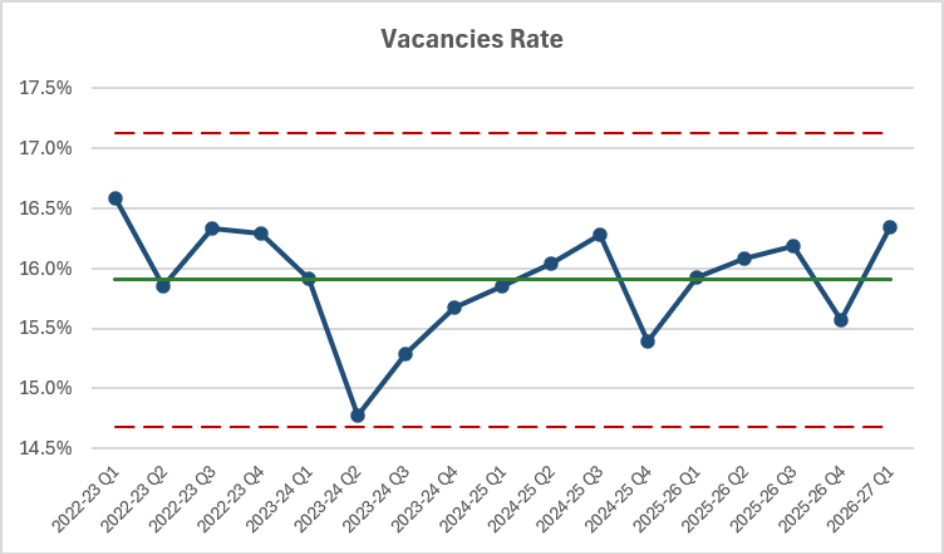
A further 5 TTM courses are scheduled throughout August, which is currently tracking at 66% of course bookings (38 trainees).

Volunteer FTE continues to show a gradual downward trend, decreasing to 66% over the past year. This represents a reduction of 17 volunteers, reflecting the ongoing challenges associated with volunteer recruitment and retention.

Support Staff

Support staff recruitment continues to be monitored by the SLT against the 2026/27 agreed vacancy factor to balance organisational needs with budget constraints. Support Staff FTE has remained stable at between 90% and 91% over the last three quarters, with recruitment activity continuing to be subject to SLT approval as part of the organisation's approach to operating at approximately 10% below establishment.

1.2 Vacancies & Turnover



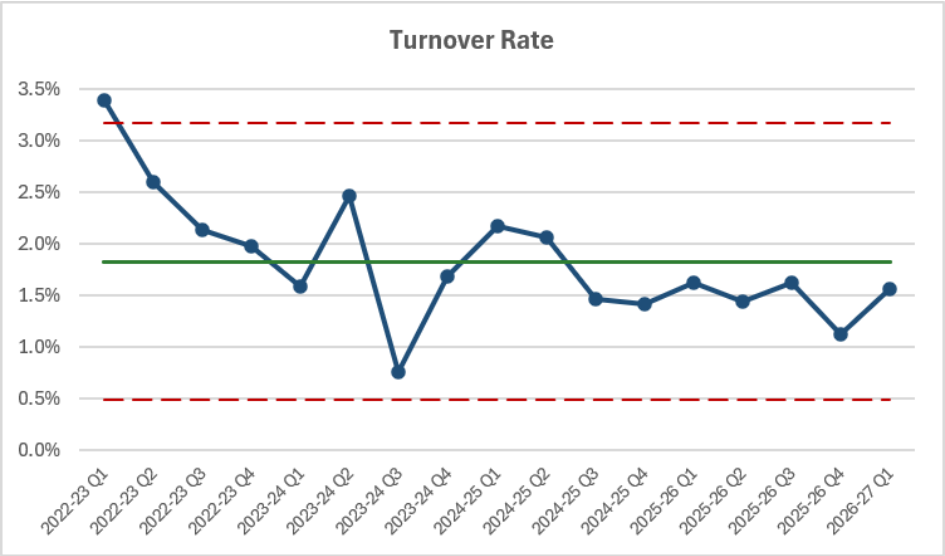
Vacancies by staff group:

Employee Group	2026/27 Q1 Vacancy Rate	2025/26 Q4 Vacancy Rate	Movement
RBC	2.6%	1.4%	▲
Day Duty	3.6%	5.2%	▼
Flexi Duty	1.1%	0.7%	▲
Total WDS	2.6%	1.8%	▲
Rural Full-Time	8.3%	1.7%	▲
On Call Retained*	31.4%	30.8%	▲
On Call Volunteer*	34.0%	32.6%	▲
Operations Control	5.7%	3.5%	▲
Support Staff	9.7%	9.3%	▲

*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. Work is underway to review the On Call TOM, with proposals progressing through governance in Q3.

Despite a slight increase this quarter to just over 16%, the vacancy rate remains broadly stable, having fluctuated around 16% over the last year with minimal movement overall, reflecting the balance of recruitment activity, workforce turnover and ongoing promotional processes across the Service. The overall vacancy rate is impacted by the notional, legacy TOM for on-call. The Q1 vacancy rate excluding on call staff groups was 5.7%.

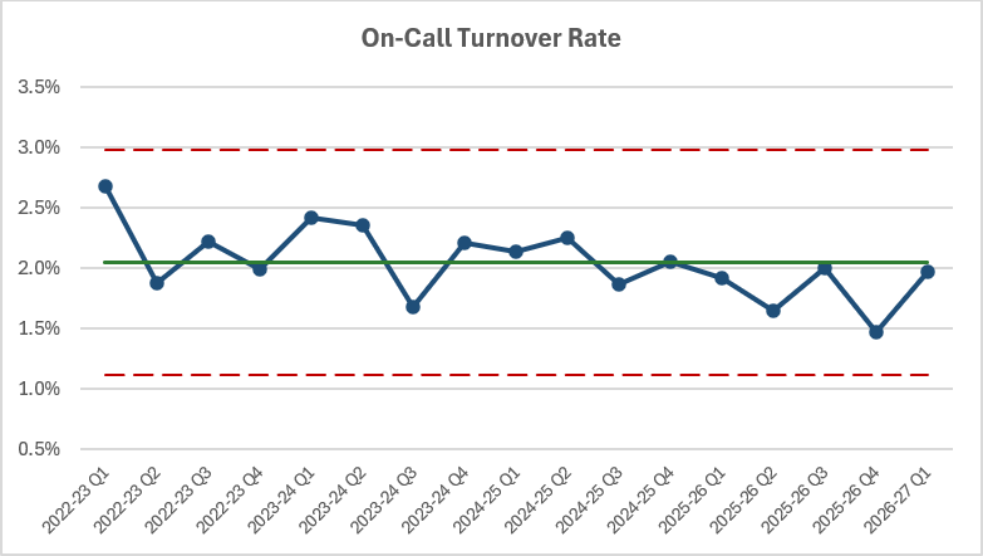
DIRECTORATE	2026/27 Q1 vacancies	2025/26 Q4 vacancies	Movement
Finance, Digital & Infrastructure	14	20	▼
Governance, Strategy & Change	12	4	▲
Operational Delivery	5	3	▲
People, Communications & Engagement	2	1	▲
Prevention	6	3	▲
Training, Safety & Assurance	13	8	▲
Total	**52**	**39**	▲



Turnover by staff group:

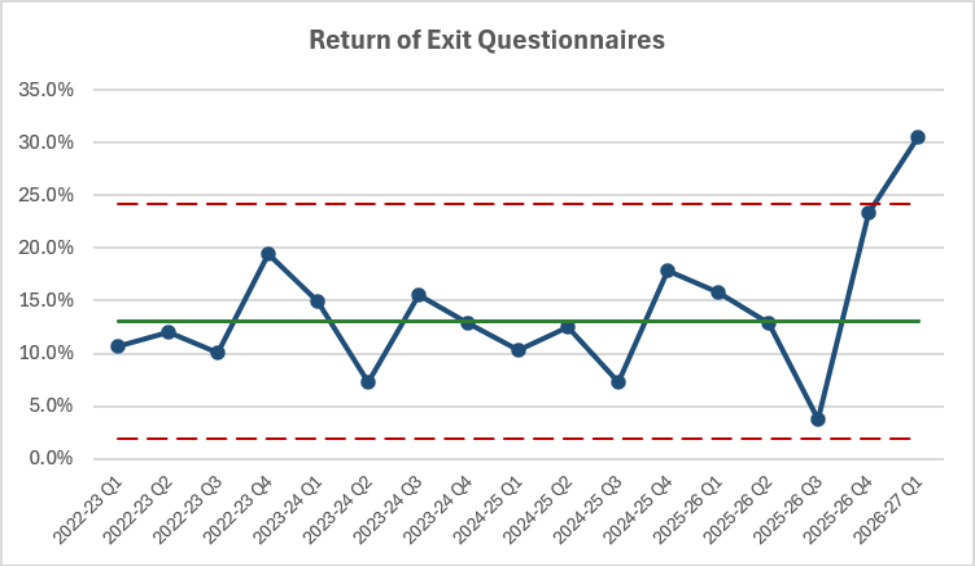
Employee Group	2026/27 Q1 Turnover	2025/26 Q4 Turnover	Movement	Main Driver
RBC	0.8%	0.5%	▲	Retirement
Day Duty	2.9%	1.4%	▲	Mixed
Flexi Duty	1.9%	1.9%	↔	Retirement
Total WDS	**1.1%**	**0.7%**	▲	**Retirement**
Rural Full-Time	5.3%	0.0%	▲	Resignation
On Call Retained*	1.9%	1.3%	▲	Resignation
On Call Volunteer*	2.4%	2.8%	▼	Resignation
Operations Control	2.3%	2.3%	▲	Resignation
Support Staff	1.6%	1.3%	▲	Resignation
Total	**1.6%**	**1.1%**	▲	**Resignation**

On Call Turnover Rate (Relates to RO50 and PO42)



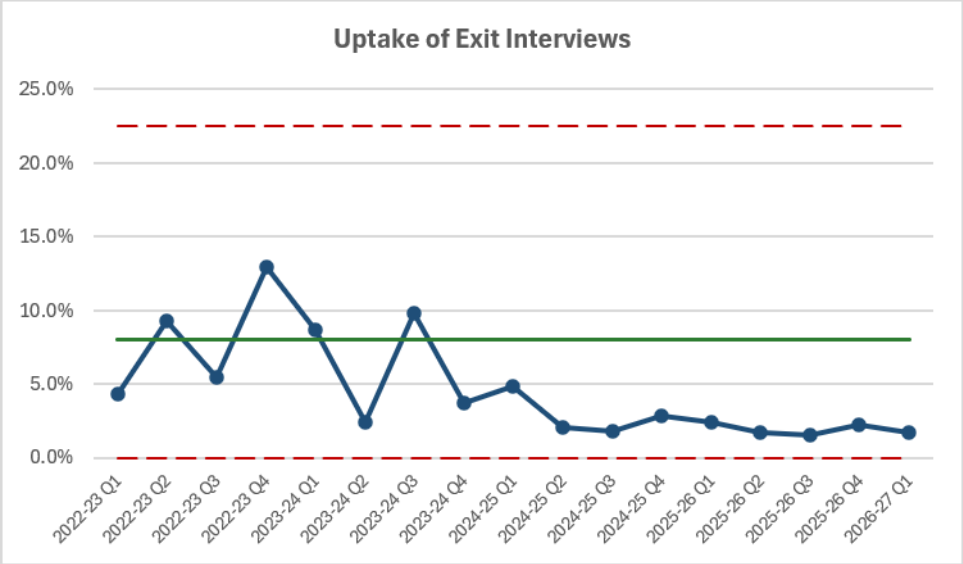
1.3 Exit Questionnaires and Interviews

1.3.1 Exit Questionnaires (Relates to RO43 and PO39)



	2026-27 Q1	2025-26 Q4	2025-26 Q3	2025-26 Q2
Number of Leavers	123	99	146	129
Leavers who received an exit questionnaire	118	90	133	117
Leavers who returned an exit questionnaire	36	21	5	15
% Return rate	31%	23%	4%	13%

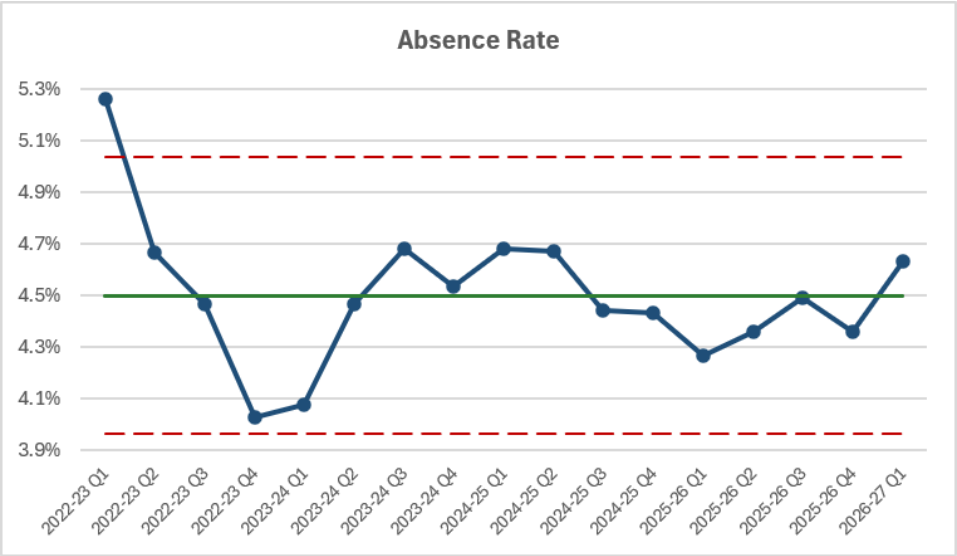
1.3.2 Exit Interviews (Relates to RO43 and PO40)



	2026-27 Q1	2025-26 Q4	2025-26 Q3	2025-26 Q2
Number of Leavers	123	99	146	129
Leavers who received an exit questionnaire	118	90	133	117
Number of face-to-face exit interviews	2	2	2	2
% Uptake	2%	2%	2%	2%

2. Attendance Management

2.1 Absence rates



Absence by staff group:

Employee Group	2026/27 Q1 Short-Term	2026/27 Q1 Long-Term	2026/27 Q1 Overall	2025/26 Q1 Overall
RBC	2.26%	4.28%	6.54%	6.57%
Day Duty	0.97%	4.37%	5.34%	4.06%
Flexi Duty	1.03%	3.25%	4.28%	2.14%
Total WDS	**1.89%**	**4.18%**	**6.06%**	**5.65%**
On Call Retained	0.80%	3.09%	3.89%	3.49%
On Call Volunteer	0.15%	1.87%	2.02%	1.59%
Operations Control	2.41%	7.53%	9.94%	6.96%
Support Staff	0.90%	3.76%	4.66%	5.24%
Total	**1.13%**	**3.50%**	**4.63%**	**4.27%**

The overall absence rate for SFRS working days lost in quarter 1 2026/27 was 4.63%, a slight increase from 4.36% in the previous quarter. The Service's overall absence rate has remained within the statistical control limits since Q2 2023/24.

Annual sickness absence rates across the UK labour market are reported at 2.0% overall and 2.9% for the public sector (Office for National Statistics 2025, published 1 May 2026). By comparison, absence rates were 7.2% in Police Scotland (SPA People Committee Report, June 2026), 6.3% on average across all Scottish NHS Boards and 9.08 in the Scottish Ambulance Service (NHS Scotland Workforce Report, to 31 March 2026).

Most employee groups recorded an increase in working days lost, except for VDS, which saw a slight decrease. Operations Control total absence rate increased from 9.14% to 9.94%, following a decrease in the previous quarter and remains high compared to the same quarter in 2025/26. Dedicated support at a local level for OC managers continues to be provided by People Advisers in relation to managing attendance and plans to ensure regular strategic level oversight and scrutiny are also being enhanced to assist in addressing this.

Short-term absences decreased from 1.25% in the previous quarter to 1.13% in quarter 1. People Advisers continue to support line managers in managing attendance and maintaining appropriate monitoring arrangements to help reduce short-term absence.

Long-term absence increased from 3.11% in the previous quarter to 3.50% in quarter 1. All staff groups recorded increases, except DD and VDS, which saw slight decreases. Long-term absences continue to be monitored and managed by line managers, with appropriate support provided by People Advisers.

The Advice and Employee Relations team have delivered Attendance Management training to 167 managers across the Service during the period September 2025 – June 2026 and will continue to roll out further sessions into quarter 2. The training is provided to ensure managers understand why Attendance Management is important, how to apply and support employees through the policy with a focus on reducing absence rates and facilitating a timely return to work.

2.2 Main Causes of Absence

Reason	Short-Term Days Lost	No. of Employees	Long-Term Days Lost	No. of Employees
Musculoskeletal	1,886	325	6,114	162
Psychological	-	-	3,837	102
Stomach/Bowel	860	281	-	-
Respiratory	829	246	-	-
Surgical	-	-	2,322	65
All Other Reasons	1,714	301	4,017	85

The table above shows the main reasons for employee absence, measured by working days lost, for both short and long-term absence. It also shows the number of employees absent within each category. The most common long-term absence reasons remain consistent with the previous two quarters. However, musculoskeletal absence increased by 1,120 working days and psychological absence increased by 264 working days, while surgical absence decreased marginally by 2 days.

The top three reasons for short-term absence remained unchanged from the previous quarter. However, total working days lost decreased from 5,770 to 5,288, a reduction of 482 days. Musculoskeletal absence increased by 303 days, while respiratory absence decreased significantly by 671 days and stomach or bowel-related absence decreased marginally by 11 days.

A deeper dive by employee group shows that while musculoskeletal and psychological conditions remain the principal causes of both short- and long-term absence, the impact is concentrated within a small number of employee groups. Resource Based Crewing and On Call Retained employees accounted for most absence days lost during quarter 1, representing approximately 81% of short-term absence days and 74% of long-term absence days recorded across the Service. Long-term absence continues to be the primary driver of overall absence levels and remains the key area of focus for attendance management activity.

Detailed employee group trends are provided in **Appendix 2.**

3. Employee Relations

3.1 Grievance cases

Number of new Grievance cases per SDA/Directorate	2026-27 Q1	2025-26 Q4	2025-26 Q3	2025-26 Q2	Annual Total
East	0	0	1	0	**1**
North	0	0	1	0	**1**
West	1	1	1	0	**3**
Directorate	1	0	3	4	**8**
Total	**2**	**1**	**6**	**0**	**13**

The 2 cases received during this quarter were in relation to breach of policy and bullying and harassment. Both grievances have now concluded and were both upheld in part. One appeal has been received which is being progressed in quarter 2.

3.1.1 Bullying and Harassment Complaints (Relates to RO42 and PO38)

	2026-27 Q1	2025-26 Q4	2025-26 Q3	2025-26 Q2	Annual Total
Bullying complaints	1	0	4	5	**10**
Harassment complaints	0	0	0	0	**0**

In relation to the above indicator, the figures across recent quarters are a combination of grievances and reports received through the Safecall portal in relation to bullying or harassment.

Due to the extremely low numbers in the tables at 3.1 above, it is not appropriate to provide a further breakdown related to these cases. However, the People team monitor this on an ongoing basis to identify themes and trends and to consider appropriate actions to assist in addressing these.

3.2 Discipline Cases

Number of new Discipline cases per SDA/Directorate	2026-27 Q1	2025-26 Q4	2025-26 Q3	2025-26 Q2	Annual Total
East	8	2	3	10	**20**
North	4	4	9	5	**22**
West	6	3	2	6	**17**
Directorate	7	4	2	1	**14**
Total	**22**	**13**	**16**	**22**	**73**

In comparison to quarter 4 2025/26, the total number of new disciplinary cases has increased across the SDA/Directorates excluding the North SDA which has remained the same.

Of the new cases in quarter 1 2026/27, 32% resulted in the employee being suspended (which remained under ongoing review in line with the SFRS policy). 45% of cases commenced were involving employees within the 5WDS. The remainder of cases are split across the other employee groups with the next highest being support staff at 27%.

45% of Investigating Officer reports have submitted their investigation report for consideration or the employee resigned during the disciplinary process. Of these cases, the average duration of the investigation was 6 weeks.

50% of cases raised within quarter 1 commenced the investigation process in June 2026, and will therefore continue into quarter 2.

In comparison to quarter 4 2025/26, there has been a decrease in allegations relating to criminal charges and gross misconduct. However, there has been an increase in allegations relating to breaches of the Code of Conduct, Breach of Policy and Dignity and Integrity at Work.

3.3 Culture of Inclusion

3.3.1 Confidential reporting line (CRL)

Reports	2026-27 Q1	2025-26 Q4	2025-26 Q3	2025-26 Q2	Total
2026-27	18	-	-	-	18
2025-26	12	5	5	11	33
2024-25	6	0	6	8	20

There were 18 new cases raised within quarter 1, with 9 being closed within the same quarter. There was a further 2 cases from quarter 4 which were also closed within quarter 1. A total of 71 cases have been received since the launch of CRL in May 2024.

4 Learning & Development

4.1 Leadership & Management Development

Leadership and management development activity continued to strengthen workforce capability during quarter 1. Leadership Essentials uptake increased significantly compared with quarter 4, and a new Middle Manager Leadership Essentials pilot was planned for delivery in quarter 2. NFCC leadership programmes continued to support leadership capability development across the Service.

Leadership & Management Development	2026-27 Q1
Supervisory Leadership Essentials (LE) places available	75
Supervisory LE enrolments	72
Supervisory LE attendees/completes	66
Supervisory LE utilisation	88% (66/75)
Supervisory LE Improvement on previous quarter (Q4 2025-26)	+20%
Active NFCC Leadership Development Programme (LDP) Cohorts	6
NFCC LDP places utilised	93% (56/60)
NFCC LDP programme completions	29

Q2 Focus

- Review and adopt the revised NFCC Leadership Framework.
- Continue NFCC programme delivery and build internal facilitation capacity.
- Progress Supervisory and Middle Manager Pathway pilots.

4.1.1 Staff trained via a Management and Leadership Programmes (Relates to RO49 and PO41)

KPI	Q1 result	Status	Direction of travel	What this shows	Next focus
P41 – Staff Trained via Management and Leadership Programme	**29 completions in Q1**	**On track**	**Positive – delivery maintained**	Leadership and management capability continues to be developed through active NFCC programme delivery.	Continue programme delivery and launch new cohorts in Q3 to support future leadership capability.

4.2 Learning & Development

Learning and development activity continued to support organisational performance, leadership effectiveness and workforce capability. Strong participation in appraisal development, professional skills programmes and Learning at Work Week demonstrates continued demand for accessible and flexible learning opportunities. Revised Learning Needs Analysis arrangements were also introduced to strengthen local ownership of learning priorities while maintaining strategic oversight.

Learning & Development Activity	2026/27 Q1
Appraisal development available places / actual registrations	112 / 96
Appraisal development attendance rate	81% *(78 / 96)*
Appraisal capacity utilisation	70% (78 / 112)
Number of Lifelong Learning courses	5
Lifelong Learning participants	33
Learning at Work Week sessions	38
Learning topics delivered	21
Learning at Work Week capacity	1,152
Learning at Work Week registrations *(924 + 63 on waitlist)*	987
Learning at Work Week attendance	735
Attendance rate	80% *(735 / 924)*
Employees participating *(162 Support Staff + 134 Uniformed Staff)*	296
Positive Train the Facilitator feedback	85%
Learning requests committed	£280k
Total L&D budget 2026/27	£858k
2026/27 L&D budget commitment rate for Q1	32.5%
Uncommitted 2026/27 L&D budget (£578k)	67.5%

Q2 Focus

- Deliver the quarterly development fortnight.
- Review Learning at Work Week evaluation.
- Confirm Learning Partner Group governance arrangements.
- Monitor learning investment and evaluate Learning Needs Analysis outcomes.

4.3 Modern Apprenticeships & Scottish Vocational Qualifications

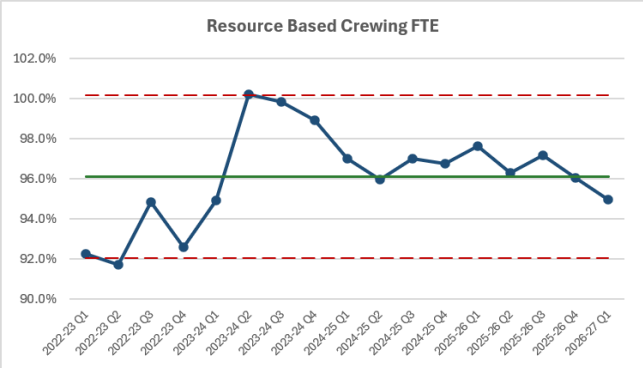
The MA and SVQ programme continued to support workforce capability, career progression and succession planning. New apprenticeship intake, qualification achievement rates and growth in internal assessment capacity all contributed to strengthening learning and development capability across the Service.

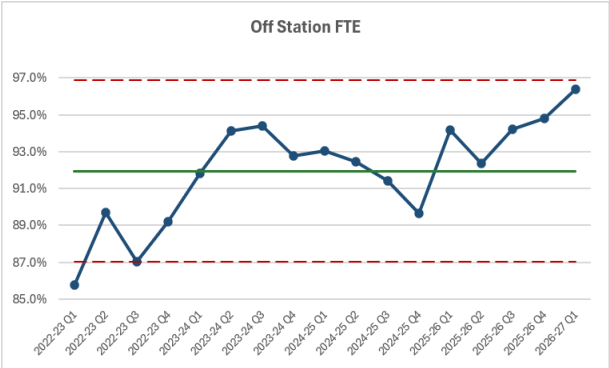
Modern Apprenticeships & SVQs	2026/27 Q1
New Modern Apprentices	70
Female representation of intake	17%
Active learners	780+
Qualification achievements in quarter	113
New Assessors qualified	37
New Internal Verifiers qualified	6
SDS funding claimed	£64,42 (on track)

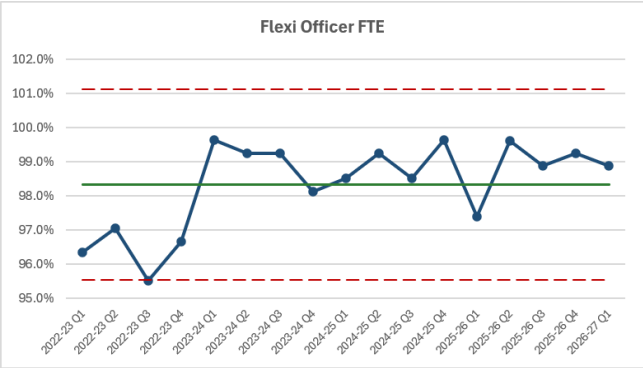
Q2 Focus

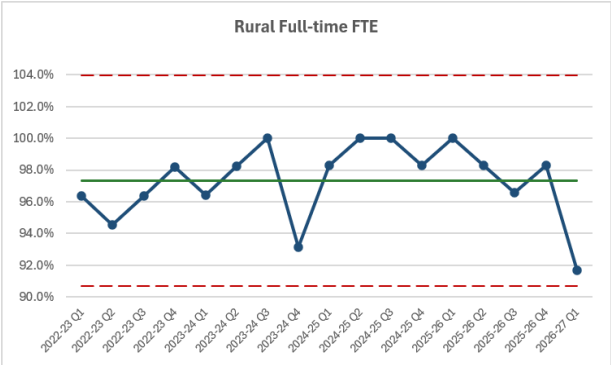
- Continue Assessor qualification delivery.
- Progress Development to Competence policy activity.
- Strengthen support for line managers and learners.
- Enhance learner engagement and qualification completion arrangements.

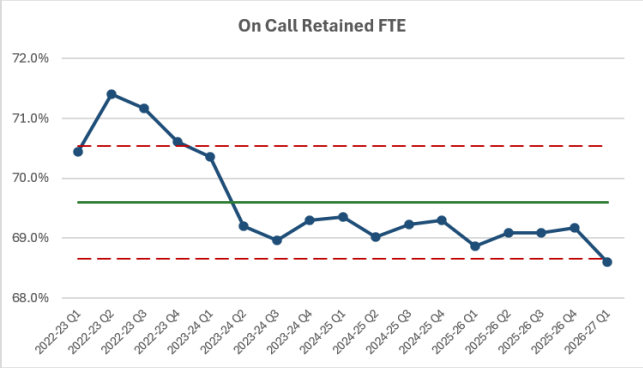
Appendix 1 – FTE Against TOM by Employee Group

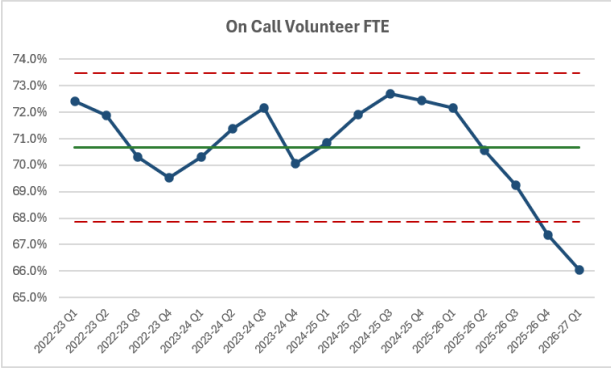


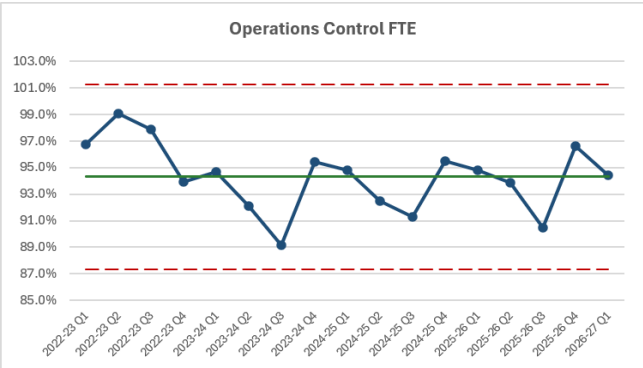


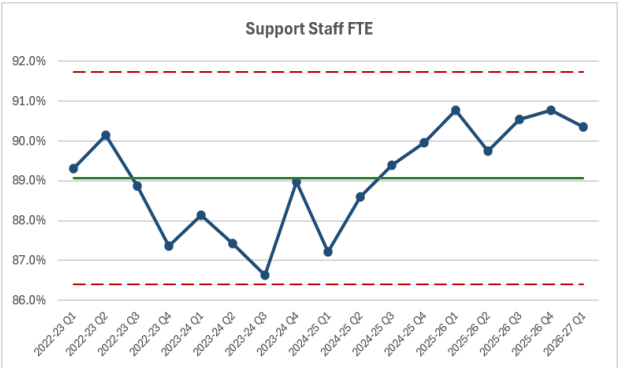




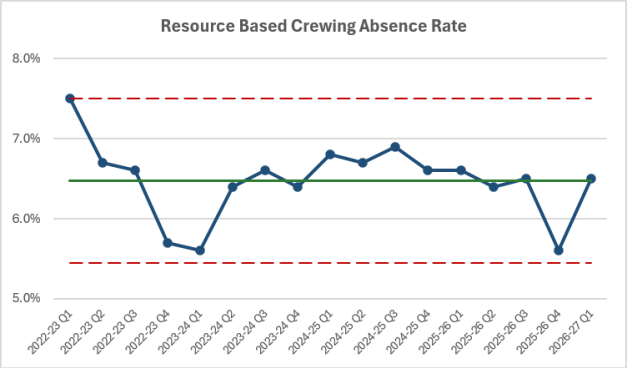


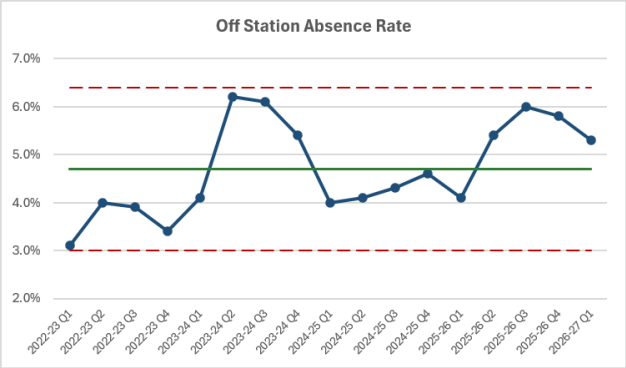


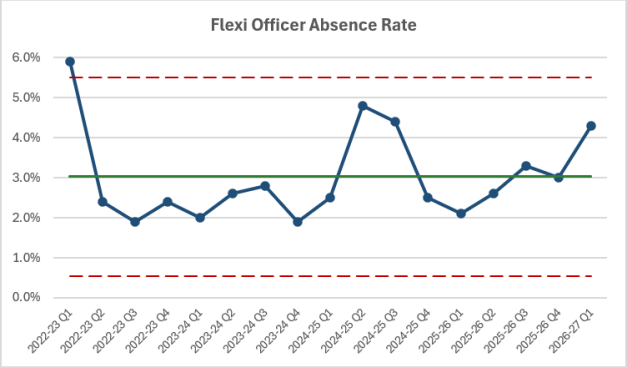


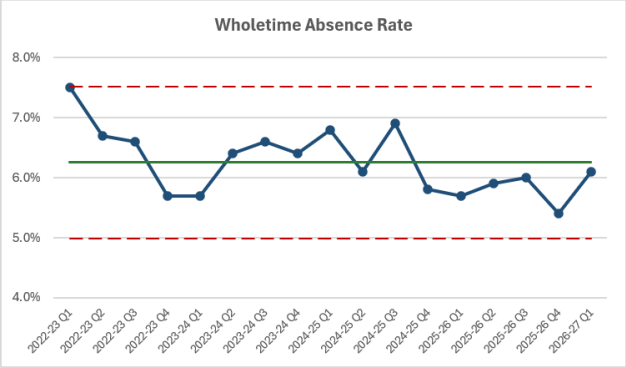


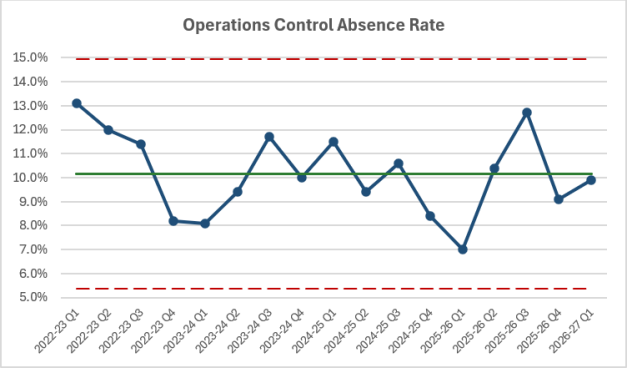
Appendix 2 – Absence Rate by Employee Group

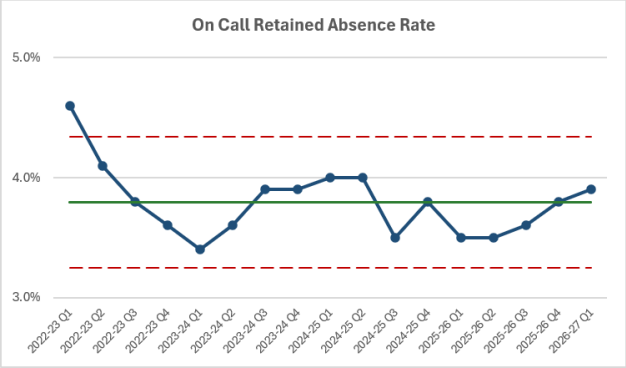


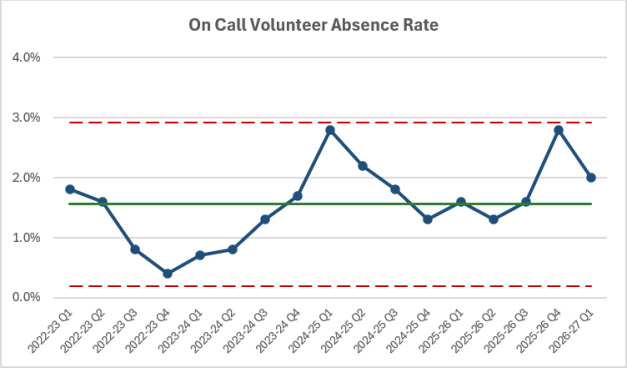


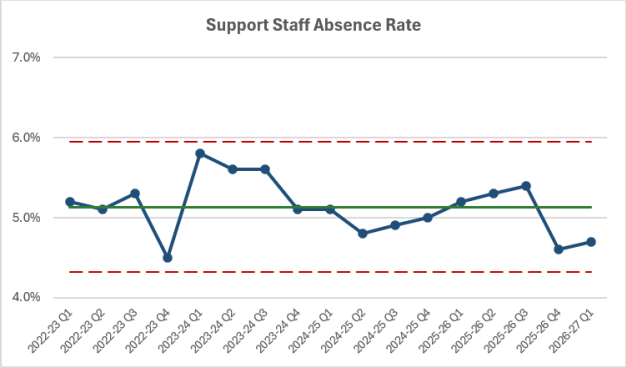












Appendix 3 – Glossary of Terms

ALICE	Automated Language Inference & Cognitive Evaluation
CBS	Corporate Business Solutions
CRL	Confidential Reporting Line
DD	Day Duty
ER	Employee Relation
FBU	Fire Brigade Union
FDS	Flexi Duty System
FOI	Freedom of Information
FRS	Fire Rescue Service
FTE	Full Time Equivalent
KPI	Key Performance Indicators
LSO	Local Senior Officer
MA	Modern Apprentice
MSK	Musculoskeletal
NFCC	National Fire Chiefs Council
NTC	National Training Centre
OC	Operations Control
OCL	Organisational, Culture and Leadership
OCSCG	On Call Strategic Coordination Group
OCTCG	On Call Tactical Coordination Group
PMF	Performance Management Framework
PREP	Pre Recruitment Engagement Programme
RBC	Resource Based Crewing
RDS	Retained Duty System
RDS FT	Retained Duty System Full Time
RDS/VDS (On Call)	Retained and Volunteer Duty System
SAR	Subject Access Request
SCAPE	Superannuation Contributions Adjusted for Past Experience
SDA	Service Delivery Area
SDR	Service Delivery Review
SFRS	Scottish Fire and Rescue Service
SLT	Strategic Leadership Team
SPPA	Scottish Public Pensions Agency
SS	Support Staff

TOM	Target Operating Model
TSA	Training Safety and Assurance
TTM	Task Management Courses
VDS	Volunteer Duty System
WDS	Watch Duty System
WTFF	Wholetime Firefighter

Scottish Fire and Rescue Service
Quarterly Performance Report
People
Quarter 1 2025/26
Version 1.0
July 2025

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: **C/PC/34-46**

Agenda Item: **8.2**

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**LEADERSHIP FRAMEWORK FOR SFRS**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this paper is to update the People Committee on the Scottish Fire and Rescue Service's (SFRS) adoption of, and alignment to, the National Fire Chiefs Council (NFCC) Leadership Framework, and to provide the Committee with an opportunity to scrutinise the proposed approach to reviewing and embedding the framework.
1.2	The paper also seeks the Committee's views on the principle that the NFCC framework should be adopted in full unless the current review identifies material gaps which justify limited strategic adaptations or additions.
2	**Background**
2.1	In April 2026 the Strategic Leadership Team (SLT) considered the purpose and benefits of a leadership framework for SFRS, to clearly articulate the positive leadership behaviours expected of colleagues at all levels, and the options of adopting an existing framework, adapting an existing framework, or developing a bespoke SFRS framework.
2.2	SLT supported the recommendation of adopting or adapting the NFCC Leadership Framework as the strongest option for SFRS. It is sector-specific, provides a common language for leadership across roles and levels, and can support consistent expectations in recruitment, promotion, development, succession and performance conversations. SLT also supported a proportionate approach: adoption of the NFCC framework as the default, with adaptation only where a critical and evidenced gap is identified.
2.3	During May and June 2026, the NFCC consulted on a refreshed framework. SFRS submitted a response to this which broadly supported the proposed direction, including the clearer audience, cumulative leadership levels and stronger emphasis on psychological safety, learning cultures, wellbeing, systems leadership, technology and innovation.
2.4	The SFRS response also suggested refinements including strengthening the focus on safety, standards & performance, and the approach to collaboration and reform. Feedback was also provided related to practical implementation guidance, clearer definitions of key concepts and accessible presentation.
2.5	An informal People Committee workshop was held on 18 June 2026. People Committee members were supportive of the proposed approach and requested updates as the work progressed.

3	Main Report/Detail
3.1	SLT has agreed that SFRS will adopt the NFCC Leadership Framework as the foundation for leadership expectations and related people and organisational development activity. The framework is already incorporated into ALICE, the Service's AI-enabled shortlisting tool. It also underpins the NFCC leadership programmes from which SFRS supervisory and middle managers are benefiting. Adoption therefore consolidates and gives greater coherence to activity already under way.
3.2	NFCC published the refreshed Leadership Framework in August 2026 (Appendix A). The framework sets expectations across four levels: leading yourself, leading others, leading the function and leading the service. It covers personal impact, outstanding leadership, service delivery and organisational effectiveness. The refreshed content includes psychological safety, a just and learning organisation, evidence-based decision-making, technology, systems thinking and systems leadership.
3.3	SFRS is reviewing the published framework against the Service's consultation response and strategic priorities. These include public service reform; delivery of change; firefighter safety and standards; culture and leadership; digital, data and technology; prevention; collaboration; compliance; and performance.
3.4	The review will determine whether SFRS should adopt the refreshed framework in full or make limited adaptations or additions. Any departure from the national framework will require a clear rationale and should be proportionate, evidence-based and capable of practical application. The working presumption is full adoption. Adaptation would be justified only where a material SFRS requirement is not adequately covered in the national framework. This avoids unnecessary complexity and supports use of NFCC-aligned development resources.
3.5	Following completion of the review, an implementation and delivery plan will set out how the framework will be communicated and embedded across leadership development pathways, recruitment and promotion, performance and development conversations, talent and succession activity, and relevant role or competency frameworks.
3.6	The Committee is invited to scrutinise the refreshed NFCC framework, the presumption of full adoption unless a material gap is evidenced, the criteria for any adaptation, the strategic priorities against which the refreshed framework is being reviewed and the proposed areas for organisational integration.
4	**Recommendation**
4.1	The People Committee is asked to note progress in adopting and aligning to the NFCC Leadership Framework, scrutinise the proposed approach to reviewing the August 2026 refresh, endorse the principle of full adoption unless material, evidence-based gaps justify limited strategic adaptation or addition, and note that the outcome of the review and implementation approach will be progressed through the appropriate governance route.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** In relation to seeking innovative approaches to talent acquisition, development and retention SFRS has an **Open** appetite, looking to experiment with new methods of attracting, developing and retaining talent.
5.2 5.2.1	**Financial** No direct additional financial commitment is sought through this paper. Any resource or system implications arising from implementation will be assessed and progressed through established planning and governance arrangements.

5.3 5.3.1	**Environmental & Sustainability** No direct environmental implications have been identified. A digital-first approach should minimise print requirements.
5.4 5.4.1	**Workforce** The framework will provide a common and inclusive set of leadership expectations for operational, control and support staff, including colleagues without formal line-management responsibility.
5.5 5.5.1	**Health & Safety** The framework supports leadership expectations relating to risk awareness, professional standards, speaking up and responsible decision-making. The SFRS review will consider whether firefighter safety and standards are adequately reflected.
5.6 5.6.1	**Health & Wellbeing** The refreshed framework includes expectations around psychological safety, individual and team wellbeing, and organisational systems which support employee health.
5.7 5.7.1	**Training** The framework is aligned with NFCC supervisory and middle manager leadership programmes. It will provide the organising structure for coherent SFRS leadership development pathways and associated learning resources.
5.8 5.8.1	**Timing** The review of the August 2026 framework is under way. The outcome and proposed implementation approach will be progressed through the appropriate governance route once complete.
5.9 5.9.1	**Performance** The framework provides a consistent basis for leadership expectations and development conversations. Detailed decisions on its application within performance arrangements will form part of implementation design.
5.10 5.10.1	**Communications & Engagement** A structured engagement and communications approach will be required to build understanding, ensure accessibility and support consistent application across staff groups and locations.
5.11 5.11.1	**Legal** No specific legal implications arise directly from this paper. Application in recruitment, promotion and performance processes will require appropriate assurance to support fairness, consistency and compliance with employment and equality law.
5.12 5.12.1	**Information Governance** DPIA completed: No. If not applicable state reasons. No new personal-data processing is proposed by this paper. A DPIA is therefore not applicable at this stage. Information governance and DPIA requirements will be assessed for any subsequent changes to systems or processes.
5.13 5.13.1	**Equalities** EHRIA completed: No. If not applicable state reasons. The NFCC framework applies leadership expectations across roles and levels. Equality impacts, accessibility and the risk of inconsistent interpretation will be considered during implementation. An EHRIA will be completed or updated where required.

5.14 5.14.1	**Service Delivery** Stronger and more consistent leadership expectations should support decision-making, collaboration, continuous improvement and better outcomes for communities.
5.15 5.15.1	**Prevention** The SFRS review will consider whether prevention, collaboration and community outcomes are sufficiently visible within the framework and whether any limited addition is warranted.
6	**Core Brief**
6.1	Not applicable
7	**Assurance (SFRS Board/Committee Meetings ONLY)**
7.1	**Director:** Penny McIntyre, Director of People, Communications and Engagement
7.2	**Level of Assurance: (Mark as appropriate)** ~~Substantial~~/**Reasonable**/~~Limited/Insufficient~~
7.3	**Rationale:** SLT has agreed adoption and relevant activity is already aligned. Reasonable assurance is proposed because the review of the final refreshed framework and the detailed implementation plan are still being completed.
8	**Appendices/Further Reading**
8.1	Appendix A: NFCC Leadership Framework, August 2026
8.2	Appendix B – Slides from June 2026 People Committee Workshop

Prepared by:	Lyndsey Gaja, Head of People
Sponsored by:	Penny McIntyre, Director of People, Communications and Engagement
Presented by:	Penny McIntyre, Director of People, Communications and Engagement

Links to Strategy and Corporate Values

People Strategy; Organisational Culture and Leadership; SFRS values; public service reform; service delivery and change priorities.

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
Strategic Leadership Team	22/04/2026	For Decision	SLT agreed adoption of the NFCC Leadership Framework, subject to revieing the refreshed framework following the consultation on changes and assurance that SFRS feedback was reflected.
People Committee	18/06/2026	For Discussion	People Committee had an informal workshop discussion and were supportive of the proposed approach.
People Committee	17/09/2026	For Scrutiny	

APPENDIX A

NFCC Leadership Framework (table version)

Please visit nfcc.org.uk for more information on the Leadership Framework.

NFCC National Fire Chiefs Council

Personal impact

Leading yourself	Leading others	Leading the function	Leading the service
Values diversity and demonstrates inclusive behaviour towards others	Takes responsibility for promoting inclusivity and encourages colleagues to express different points of view	Promotes inclusion by coaching and mentoring others to communicate and engage inclusively and to adjust their behaviours accordingly	Champions inclusion by promoting and upholding values and professional standards and communicating the importance of ethical and inclusive approaches
Encourages open communication by actively listening and valuing the contribution of others	Communicates honestly with sensitivity and respect for others and without bias	Uses a wide variety of engagement methods to seek feedback and understand people's views on emerging issues, handling conflicting viewpoints professionally	Communicates with passion and integrity to maintain and elevate the reputation of the service to employees, stakeholders and the public, using non-stigmatising language and promoting dialogue

Leading yourself	Leading others	Leading the function	Leading the service
Proactively seeks, accepts, and acts upon feedback	Promotes learning from mistakes and recognises team successes	Seeks feedback on their performance from a range of internal and external sources to support ongoing learning and development	Actively reflects on and evaluates their own performance, considers the impact on the wider organisational culture, and takes steps to continuously improve
Demonstrates an understanding of how their actions and behaviours impact others and recognises areas of personal improvement	Considers their impact on others and takes a proactive approach to managing challenging or sensitive situations, influencing others to reach an acceptable solution	Recognises and monitors the impact of decisions, adapting to changing and emerging needs	Builds strong, trusting relationships by listening and adapting to the needs of others, ensuring decisions and behaviours align with service-wide priorities
Takes care of their personal emotional, mental and physical health, seeking help when it is needed	Looks after the people around them, recognising that someone might be struggling and ensuring there is support available	Develops and sustains a culture that prioritises individual and team wellbeing, with systems and processes in place to enable teams to thrive	Embeds health, safety, wellbeing and equality, diversity and inclusion into all strategies and promotes a healthy work-life balance, supported by systems which monitor and support employee health
Recognises and takes steps to address behaviour which is inconsistent with the Core Code of Ethics			

Outstanding leadership

Leading yourself	Leading others	Leading the function	Leading the service
Produces high-quality work and encourages others to do the same as an ambassador for the service	Works with the team to establish a clear sense of purpose and set expectations to achieve team goals	Collaborates with others both inside and outside the organisation to set clear objectives, actively monitoring the performance of the function and giving constructive developmental feedback	Works with others to establish the strategic direction and the goals of the organisation
Takes responsibility and accountability for the quality of their own work	Takes responsibility for team effectiveness while focusing on improving outcomes and decisions	Accepts accountability for the output of teams and ensures work is delegated to the appropriate level	Takes overall accountability for the outcome of decisions impacting service deliverables
Values differences in people and treats everyone with kindness and respect	Helps everyone in the team feel psychologically safe, able to speak up, and be their true selves at work	Promotes a culture that supports psychological safety by demonstrating that the team is valued and by making the best use of their diverse skills and strengths	Champions outstanding leadership at every level, creating an environment of psychological safety where others can bring their whole self to work and be the best they can be
Proactively role models developing new skills and behaviours	Uses debriefing tools and other learning from the organisation to help their team develop	Nurtures future talent and proactively plans for succession in a fair and consistent way	Ensures fair and effective systems and methods are in place for succession and nurturing people's careers
Supports development of peers	Finds opportunities to support others through coaching and mentoring, developing their own skills where necessary	Proactively identifies and creates opportunities to develop people and promote a learning culture	Champions a coaching culture by establishing mechanisms that provide fair and proportionate access to coaching and mentoring

Leading yourself	Leading others	Leading the function	Leading the service
Recognises value in learning from the experiences and perspectives of others	Applies leadership approaches flexibly and appropriately to suit the individual and situation, enabling people to give their best	Proactively identifies and takes opportunities to coach, support and mentor people outside their own immediate team or discipline	Fosters and embeds the principles of a just and learning organisation

Service delivery

Leading yourself	Leading others	Leading the function	Leading the service
Focusses their approach to work on community needs and acts as a role model for the community, particularly in relation to safeguarding and inclusion	Takes steps to understand and address the specific risks and diverse needs of people and communities	Takes an approach focused on achieving better outcomes for communities	Demonstrates understanding of the organisation's wider impact on improving community outcomes and acts accordingly
Plans and prioritises work, managing their own time effectively to achieve objectives	Looks ahead to anticipate issues with local service delivery and performance, making plans to resolve or minimise issues	Monitors the quality of service delivery and shares information to help people track performance and plan accordingly	Considers the long-term future political, social and economic landscape and communicates this to the organisation
Understands the need to consider resource implications when making decisions	Develops and reviews plans to make the best use of resources, challenging any misuse or wasteful activities	Considers the financial and resource implications of decisions and adjusts approach and recommendations where necessary, managing budgets effectively	Sets strategies and budgets through engagement with stakeholders, delivering a best-value service for communities now and in the future Ensures that all employees demonstrate appropriate levels of business awareness
Spots opportunities to improve processes and puts ideas forward	Develops person-centred systems and processes and encourages the team to suggest ideas for improvement	Seeks views of others on service quality and effectiveness to identify ideas for improvement	Promotes the use of formal and informal engagement and consultation methods to gather feedback from employees and customers about service delivery and improvement

Leading yourself	Leading others	Leading the function	Leading the service
Actively contributes to problem-solving, taking time to understand the issues fully	Uses different problem-solving techniques in collaboration with others to generate solutions that improve the service for communities	Develops and implements solutions or recommendations informed by evidence and feedback from internal and external sources	Implements systems to measure the quality of decision-making, learn lessons, and address emerging issues and risks, with plans in place to limit negative consequences for the service
Makes decisions based on supporting evidence, data, risk, and knowledge of good practice	Makes evidence-based decisions and considers the risks, including financial and resource impacts	Evaluates the impact of any changes to service delivery, drawing out lessons and implementing learning to improve future practice	Uses evidence from their own and other organisations to inform the service's strategy and direction
Fosters trust with others and builds constructive working relationships to achieve goals	Encourages the team to build constructive working relationships with others to achieve the organisation's aims	Works collaboratively across teams and functions to improve service delivery through collective goals	Proactively builds and sustains collaborative relationships with partners and high-level stakeholders to shape and influence wider public service delivery, reducing barriers to effective working
Explores and makes use of new technology to improve performance	Encourages the use of new technology to find more efficient ways of working	Promotes innovation and use of technology to support improved services	Champions innovation, including new technology, to improve service delivery
Demonstrates understanding of the local community and risks to ensure the service meets community needs	Takes an outcome-focussed approach, considering the service as an interconnected system when making decisions	Works with different functions and organisations, taking a systems-thinking approach to delivery	Takes a systems-leadership approach to improving services in partnership with other organisations

Organisational effectiveness

Leading yourself	Leading others	Leading the function	Leading the service
Demonstrates understanding of the organisation's key goals and how their role contributes to achieving these	Ensures the team understands how their work contributes to delivering organisational priorities	Demonstrates an understanding of the wider organisational and political priorities and how the function contributes more widely	Develops the vision, mission, and strategic business plan, ensuring they reflect diverse and changing community risks Takes a long-term view, considering the future political, social, and economic landscape as well as other public service drivers to set a clear and positive direction for the organisation
Applies organisational policies, procedures and processes, raising concerns promptly where a safety or organisational risk is apparent	Manages quality in team, using a variety of sources of feedback and evidence to understand performance and risk management	Actively seeks to understand the nature of risk in various projects and takes action to mitigate those risks or escalate them as required	Acts as a professional advisor, ensuring that the approach to corporate risk including digital / data, safety and legislative risk is well considered and reasonable in the circumstances

Leading yourself	Leading others	Leading the function	Leading the service
Offers ideas and feedback to improve services and takes on board the ideas of others	Encourages employees to be flexible in their approach and empowers them to contribute, influence decisions, and suggest alternative ways of working	Considers solutions used by other organisations to address similar issues and shares best practice Encourages challenge and feedback, adapting thinking in response to new information or better evidence	Promotes a learning ethos both internally and externally, creating conditions for innovation and change that support the organisation's vision
Continuously seeks to improve their own performance to contribute to organisational goals	Encourages and supports continuous improvement for the team	Promotes continuous improvement by improving business processes that promote more efficient and effective ways of achieving our plans	Fosters and enables continuous improvement by using appropriate tools and methods to support the organisation's progress toward becoming an inclusive employer of choice
Actively engages with new ways of working	Takes time to understand how change will impact on work and how the team can contribute to success, evaluating how initiatives are working and how change is being embedded	Takes ownership of change and help others to understand, adapt to, implement, and embed change	Challenges the status quo and benchmarks organisational performance against other fire and rescue services, other public services, and other relevant business sectors, and ensures changes are being embedded in the organisation
Actively seeks information about the organisation's performance and what is changing, treating information sensitively and professionally	Sets up communication processes to ensure that the team has access to accurate information, providing clarification where necessary	Takes responsibility for delivering organisational messages sensitively and constructively, even in difficult circumstances	Takes responsibility for crafting key organisational messages, monitoring and evaluating how they are being received and shared across the organisation

APPENDIX B

SFRS
Leadership Framework

Leadership Frameworks

Definition and Purpose

Leadership frameworks define expected leadership behaviours and capabilities, providing clear expectations across diverse teams and locations, detailing what good looks like at all levels, and enabling organisations to create aligned development pathways .

Shared Leadership Language

Frameworks create a common language that supports development, constructive feedback, and consistent leadership standards across the organisation.

Organisational Integration

Used in recruitment, promotion, development, and succession, frameworks align leadership to organisational values and strategy.

Purpose & Benefits

Consistency and Fairness

Leadership frameworks set clear standards, improve fairness and consistency in recruitment, promotion, and development decisions through clear behaviours.

Clarity and Accountability

Frameworks provide leaders with clear expectations, enhancing accountability and confidence especially for new leaders.

Strategic Alignment

Aligns leadership behaviours with organisational values and strategy, development pathways and succession planning.

Cultural Coherence

Supports a culture of professionalism, inclusion, and ethics, reinforcing positive behaviours even in challenges.

Approaches Considered

Adopt an Existing Framework

Adopting an existing framework offers speed, external credibility, and alignment with sector standards.

Adapt an Existing Framework

Adapting allows tailoring of language or emphasis while retaining credibility and relevance to context.

Building a Bespoke Framework

Building bespoke provides maximum customisation but requires more time, resources, and expertise.

Strategic Decision Factors

Decision should balance strategic fit, practicality, and evidence-based evaluation of framework options. Over-engineered frameworks risk confusion, administrative burden, and loss of credibility within the organisation.

Why build our own wasn’t recommended

High Resource Investment
Developing a bespoke framework requires significant time, expertise, and organisational capacity, increasing complexity, costs and time to deliver.

Reduced Comparability
Bespoke frameworks limit comparability with other UK fire services, weakening benchmarking and collaboration opportunities.

Risk of Lack of Credibility
Without strong evidence, bespoke frameworks may lack external credibility and acceptance in the sector.

Disproportionate Response
Without clear gaps, bespoke development risks being an overcomplicated solution that distracts from effective leadership.

Adopt & Adapt Options Explored

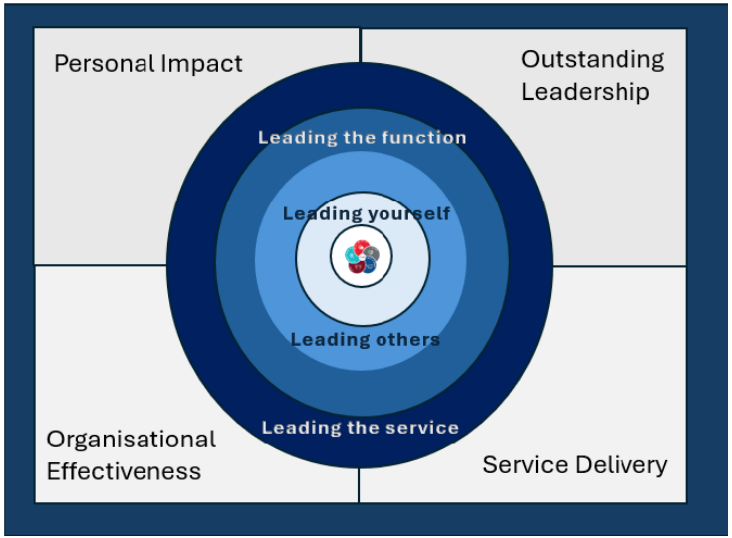
Several existing frameworks were reviewed and considered as options for SFRS to adopt or adapt, including the following:

NFCC (being refreshed – consultation on draft changes recently closed)
Current Version: NFCC_Leadership_Framework_Final-1.pdf
Draft Changes (subject to consultation): Document text here

CMI Professional Standard
Personal Effectiveness – CMI

Civil Service Behaviours – used by UK Civil Service, Scottish Government and many other public sector organisations)
Success Profiles: Civil Service behaviours - GOV.UK

NFCC Framework



Purpose & Audience

- Sets out core behaviours leaders need at all levels and in all roles in FRSs – from individual contributor to executive leaders.
- Focuses on how rather than what.
- Aligns to Core Code of Ethics

Structure

- Four behavioural areas
- Four levels of Leadership

Development Alignment

- NFCC leadership programmes are aligned to the leadership framework

NFCC Framework – Consultation on Changes

Structure & Accessibility

From a table to a list-first format for accessibility, with appendix 1 providing a table version for those who prefer it. Contra-indicators categorised by behavioural area. List format makes it easier to lift content into job profiles, appraisals, and development tools; the table in Appendix 1 preserves quick scanning for promotions/selection design.

Audience & Use Cases More Explicit

Clearer that the framework applies to all employees across all staff groups, and that leadership is not limited to formal managers. Spells out explicit use cases: learning, recruitment/selection/promotion, appraisal/performance management, and development tools/resources, as well as supporting competency frameworks and role profiles.

Indicator Style & Tone

Old indicators are first-person, whereas the new indicators are behaviour statements (third person, action verbs) and are explicitly cumulative by level.

Thematic Emphasis

Across the four behavioural areas, the refresh strengthens emphasis on: Psychological safety; Just and learning organisation; Systems-thinking / systems-leadership; Wellbeing embedded in strategy; Technology and innovation

Recommendation:
NFCC Proportionate Adaptation

Default Framework Adoption
Adopt the NFCC Leadership Framework by default unless critical, evidence-based gaps are identified.

Alignment to Existing Approaches
The NFCC supervisory and middle manager leadership development programmes already in use are aligned to the NFCC framework, and ALICE, the AI enabled shortlisting tool is trained on the framework.

Principle of Proportionality
Framework adaptation should be based on demonstrable need, avoiding unnecessary complexity and dilution.

Targeted Minimal Adaptation
When gaps exist, adapt minimally and purposefully to maintain alignment and relevance.

Strategic Alignment and Assurance
This approach supports strategic alignment while allowing evidence-based flexibility for SFRS.

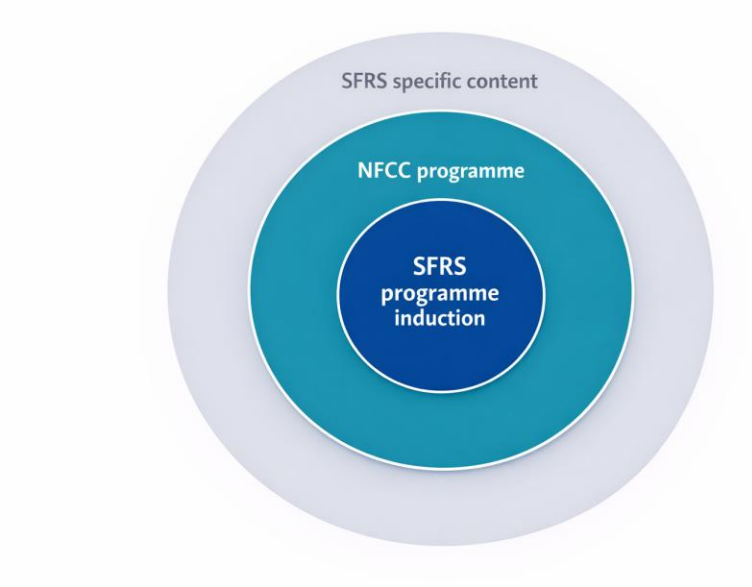
Proportionate Adaptation

SFRS Strategic Context – read across to NFCC Framework
The refreshed NCFF framework was reviewed in the context of SFRS's strategic priorities:

- Public Service Reform
- Change: Strategic Service Review Programme
- Firefighter Safety (including Safety & Standards work)
- Culture & Leadership
- Digital, Data & Technology
- Prevention

Feedback themes shared with NFCC to further strengthen the refreshed framework:
- Reform, Collaboration & Prevention
- Compliance, standards, safety & performance

Development Pathways



Aligning leadership development pathways to the leadership framework:

- Induction into SFRS programme (supervisory, middle or strategic)
- NFCC Leadership programme (online self-learning)
- SFRS specific content
- On demand resources and learning content

Development Pathways

UNDERPINNED BY THE NFCC LEADERSHIP FRAMEWORK BEHAVIOURS

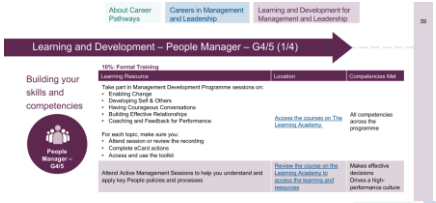
Service Structure	Education Level	Core Qualifications/ Standards	Supplementary L&D (additional to core standards)	Complementary Qualifications /Standards (additional to core standards)	Equivalence (of core standards)
Strategic Management SERVICE	L7	L7 Leadership and Management Apprenticeship (Senior Leaders Apprenticeship Masters) Additional for operational roles: • Strategic Incident Command (L7) – Non-tactical • Advanced Incident Command (L6) – Tactical	• Strategic HR • Political awareness • Industrial and employee relations management • Coaching and Mentoring • 360 Appraisal • Programme Management • Procurement/Finance • GDPR • Safeguarding	• JESIP MAGIC • L5 Coaching • IOSH Safety for Executives and Directors • Lead IOA/EQA Qualification • Programme Management • Inclusion and Diversity	• ILM/CMI L7 in Leadership and Management • Executive Leadership Programme (ELP) (Post-Graduate Certificate in Senior Leadership) • MBA/L7 equivalent
Middle Management FUNCTION	L6	L5 Leadership and Management Apprenticeship (Operations Manager) Additional for operational roles: • Intermediate Incident Command (L4)	• HR • Political awareness • Industrial and employee relations management • Coaching and Mentoring • 360 Appraisal • Project Management • Procurement/Finance • GDPR • Safeguarding	• L6 qualifications (Chartered Managers Degree Apprenticeships) available to provide CPD opportunity • L5 Coaching • IOA Qualification • NEBOSH General Certificate • Project Management • Inclusion and Diversity	• ILM/CMI L5 NVQ in Leadership and Management • IFE qualifications
Supervisory Management YOURSELF/OTHERS	L3	L3 Leadership and Management Apprenticeship (Team Leader/Supervisor) Additional for operational roles: • Initial Incident Command (L3)	• HR • Political awareness • Industrial and employee relations management • Finance • Coaching and Mentoring • 360 Appraisal • Project Management • GDPR • Safeguarding	• L3 Coaching • Assessor Qualification • L3 Safety, Health and Environmental Apprenticeship • Inclusion and Diversity	• ILM/CMI L3 NVQ in Leadership and Management • IFE qualifications • IOSH Managing Safely

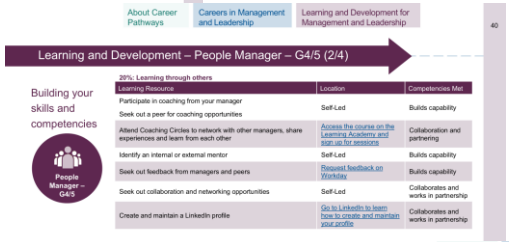
Leadership Level		Professional Technical Development	People and Resource Management	Leadership Development	Qualification	SCQF Level (or equivalent)
Organisational Leadership	Executive	• CL4 • ERD – Cat B	• Role Handover Induction	• Value Based Leadership – Master classes and Action Learning Sets • Coaching and Mentoring • Leadership Project Assignment • Leadership Exchange Job Shadow/Secondments • Online and Self-Guided Learning • Programme Handbook and Reflective Learning Log	CMI Level 9 Diploma in Strategic Direction and Leadership*	12
	Strategic	• CL4 (DACO) • CL3 (MR) • Pre/ Duty Manager Attributes • ERD – Cat B	• Strategic Manager Induction Programme • IOSH Leading Safety	• Leading People and Teams • Change Leader Collaboration • Change Leader Coaching • Conflict Management • Personal Resilience • Political Awareness • L&D 11 Nor Bee Award	CMI Level 7 Extended Diploma in Strategic Management and Leadership* IOSH Leading Safety	11
Leadership Education	Middle	• CL3 • Middle Manager TSC / Maintenance Programme • Pre/ Duty Manager Attributes • JESIP • ERD – Cat B	• Middle Manager Induction Programme • Basic People Management (Managing Attendance, Managing Absence, Managing Discipline & Grievance, Managing Appraisals, Recruitment and Selection • Quality, Rest Value, Self-Assessment and PSP • Financial Planning, Planning and Management • Project Management • Managing Projects • SFRS and our Partners	• Leading People and Teams • Change Leader Collaboration • Change Leader Coaching • Conflict Management • Personal Resilience • Political Awareness • L&D 11 Nor Bee Award	CMI Level 5 Diploma in Management and Leadership* IFE Level 4 Certificate NEBOSH General Certificate	8
	Supervisory	• CL1 • TSC / MPDP	• Supervisory Manager Induction Programme • Basic People Management (Managing Attendance, Managing Absence, Managing Appraisals, Managing Apprentices) • Introduction to Green Service and Organisational Compliance • Intro to Finance Management • Intro to Audit and Risk • Introduction to Technical Professional Development • Partnership Working • ETI Supervisory Manager Systems Training • Introduction to Project Management	• Managing Self and Leading Others • Leadership Innovation (x) • Professional Behaviours, Individual Differences, Fairness and Equality (x) • Managing Conflict • Developing and Engaging with Others • Tools for Trainer (Method of Instruction) • L&D 9001 Assessor Award	IFE Level 3 Diploma IFE Level 3 Certificate IOSH Managing Safely	
Core Skills	Foundation	• Ticket to Ride • TSC / MPDP • Specialist Skills	• IOSH Working Safely	• Team Working	SVQ Level 3 - Operations in the Community SFRS Foundation Programme	6 6

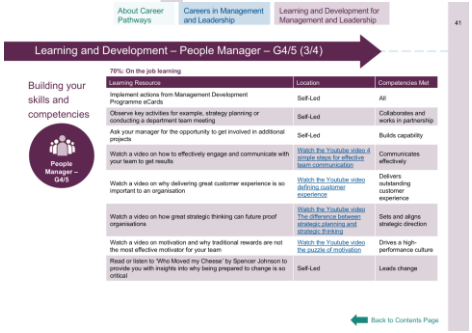
Generic Development

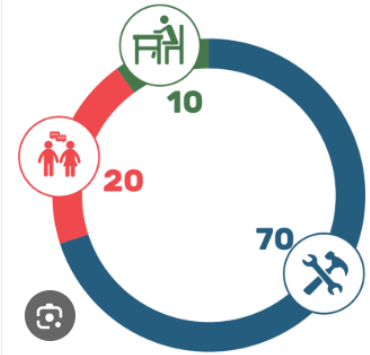
* = Applicable for all staff (e) = eLearning/ LCMS

. Innovation.









SCOTTISH FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Safety. Teamwork. Respect. Innovation.

Next steps

Engagement on Approach

Engage stakeholders on the preferred approach to a leadership framework for SFRS, to underpin all related leadership activity.

NFCC Consultation Response

Discussion with NFCC took place in early Ma, following consultation response – consultation outcome awaited.

Engagement & Governance

Draft any adaptations based on consultation outcomes and agree through governance routes.

Integrate the Framework

Formally integrate the framework into activities such as leadership development, recruitment and promotion processes.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/ 35-26

Agenda Item: 8.3

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**CORPORATE BUSINESS SOLUTIONS PROJECT UPDATE**							
Report Classification:	**For Information Only**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	To provide the People Committee with an update on the Corporate Business Solutions (CBS) Project and the progress that has been made since the last update in June 2026.
2	**Background**
2.1	The CBS Project is a core component of the Corporate Services Review (CSR) Programme and aims to modernise ways of working in People, Finance and Stores functions and associated systems. This will be achieved by the establishment of standardised processes and data across these parts of the Service, supported by an integrated Cloud Software as a Service platform.
3	**Main Report/Detail**
3.1	Since the last update to People Committee in June 2026, the Corporate Business Solutions (CBS) Project has moved from outline business case approval into procurement, assurance and implementation planning phases. The project remains a core component of the Corporate Services Review Programme and is intended to modernise the systems, processes and working practices that support People, Payroll, Finance, Procurement and Stores activity across Scottish Fire and Rescue Service (SFRS).
3.2	The User Intelligence Group has worked through the route to market and a supplier has been shortlisted through the G-Cloud 14 framework. The proposed solution is a single integrated Software as a Service platform that supports the required People and Finance capabilities and aligns with the Service's stated "adopt not adapt" approach. The procurement work has provided a clear view of solution fit, implementation phasing, resource requirements, costs and contractual arrangements. A draft contract with costs and a detailed implementation plan have also been developed to support approval and award activity before the expiry of the G-Cloud framework.
3.3	The Full Business Case (FBC) has now been developed and includes both the supplier costs and the internal project resource required to support implementation. The implementation plan is expected to run for 19 months, beginning with People and Payroll before moving into Finance, Procurement and Stores. The FBC also recognises the dedicated internal project capacity required, including project management, business analysis, data and reporting, technical, testing, training and business change roles. Recruitment to a number of these roles has already progressed, including the Senior

3.4	Project Manager and project analysis capacity, with further specialist roles required to support data, reporting and business change activity.
3.5	The most significant delivery issue for the People Committee is the scale of people change that will be required. The shortlisted supplier's implementation model is deliberately based on standard Software as a Service functionality. This means that SFRS will need to adopt standard processes, rather than recreating existing local workarounds within a new system. This is wholly consistent with the direction set out in the Digital, Data and Technology Strategy; however, it places a substantial responsibility on SFRS to prepare the organisation, redesign ways of working and support people through the transition.
3.6	For the People Directorate this will be a particularly significant change. Current arrangements rely heavily on manual processes, off-system activity and local workarounds across areas such as absence management, casework, grievance and discipline, recruitment and workforce planning. The intended future model will move significantly more activity onto the system, supported by clearer workflows, standard data and greater self-service for managers and staff. This will improve control, consistency, auditability and user experience, but it will require sustained effort from People colleagues, managers and end users to understand, test and adopt new ways of working.
3.7	The project has therefore placed strong emphasis on business change. The FBC includes two Business Change Lead roles working alongside the Business Change and Implementation Manager to ensure that the organisational impact is properly understood and managed. Their role will be to support impact assessment, stakeholder engagement, change readiness, communications, training, adoption monitoring and post-implementation support. This will be essential to ensure that the change is not seen as a system replacement exercise, but as a wider change in how corporate services are delivered and experienced across the Service.
3.8	It is also important to recognise that the People Directorate will be expected to support the wider organisation through the change while also experiencing a significant level of internal change itself. Subject matter experts from People will be needed throughout design, testing, data validation, training and implementation. However, the resource requirement goes beyond nominated SMEs. The move to standardised, on-system working will affect teams across the Directorate and will require leaders to consider how capacity is created, what activity can be paused or reduced, and how business-as-usual demands are managed during implementation. If all activity continues to be treated as equal priority, the organisation will not create the conditions required for successful delivery of this project.
3.9	Change readiness activity will be developed as the project moves into implementation. This will include structured engagement with affected teams, impact assessments, readiness checks, process walkthroughs, training needs analysis, user testing, super-user arrangements and targeted communications. The voice of end users will be important throughout this work, particularly frontline managers, operational personnel, support staff and colleagues who currently rely on manual or locally managed processes. The project will not be successful if change is simply presented to colleagues at the point of go-live. It must be developed with them, tested by them and supported through clear expectations, accessible training and visible leadership.
3.10	Following approval of the FBC, planned communication and engagement activity will be implemented across the Service. This will explain what is changing, why the change is needed, the expected timescales, what colleagues will be asked to do, and how staff and managers will be supported. Communications will need to be clear that successful delivery is a shared responsibility. The project team can coordinate the work, provide structure and support implementation, but business areas will need to actively participate in workshops, decision-making, testing, training and adoption activity. Realising the benefits set out in the FBC will depend on that active involvement.

3.11	The FBC also sets out the benefits expected from the project and how they will be tracked. The benefits have been developed to be specific and measurable, rather than broad statements of improvement. They will be managed through the Strategy and Change benefits process and recorded in the benefits toolkit, with named ownership and baseline measures confirmed as the project moves forward. This is important because the benefits will only be realised if the new processes are adopted in practice and if legacy ways of working are actively retired rather than allowed to continue alongside the new solution.
3.12	The FBC was presented to Strategic Leadership Teams (SLT) on 2 September 2026, earlier than originally anticipated, to allow contractual matters to be progressed before the expiry of the G-Cloud 14 framework. SLT requested further detail regarding the proposed contract duration before approval to proceed to contract award. At the time of writing, the outcome of that consideration is awaited.
3.13	The project has also successfully completed the Scottish Government mandated Business Justification Review. Critical recommendations from that review are now either closed or being managed as ongoing actions. This is a positive assurance outcome and provides confidence that the project is being progressed with appropriate governance and control. The project will continue to consider how proportionate external assurance can be maintained, particularly as the known project costs are now below the Scottish Government assurance threshold.
4	**Recommendation**
4.1	People Committee is asked to note the progress made since the last update, including development of the FBC, supplier shortlisting, implementation planning and completion of external assurance activity.
4.2	People Committee is also asked to recognise the scale of business change required to deliver the project successfully and to support the creation of sufficient organisational capacity, leadership focus and staff engagement to enable new ways of working to be adopted and the benefits within the FBC to be realised.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** The Corporate Business Solutions project represents a significant strategic investment and carries associated delivery, affordability, resource and organisational change risks. These risks are being actively managed through the project governance framework and associated risk management arrangements described within the FBC. Stakeholders should note that successful delivery is dependent upon sustained organisational commitment, adoption of revised business processes and the availability of key resources throughout implementation.
5.2 5.2.1	**Financial** The cost of the project are fully set out in the FBC.
5.3 5.3.1	**Environmental & Sustainability** The proposed solution is a cloud-based Software as a Service (SaaS) platform which will support the Service's wider ambition to modernise and simplify its technology estate.
5.4 5.4.1	**Workforce** The most significant implication of this project is the level of workforce commitment required across the organisation. Successful delivery will require active participation from operational and support service staff, managers, subject matter experts and business representatives throughout implementation. This is not a project that can be delivered solely by the project team and will require ownership and engagement from business areas across the Service.

5.5 5.5.1	**Health & Safety** There are no direct Health and Safety implications with this report.
5.6 5.6.1	**Health & Wellbeing** The scale of organisational change associated with the implementation will require careful management to support staff wellbeing. Appropriate communication, engagement, training and change management activities will therefore be essential throughout delivery.
5.7 5.7.1	**Training** The implementation of the shortlisted solution will result in a significant organisational training requirement. All Service personnel will require support to adopt new processes and technology. The shortlisted supplier's implementation approach includes provision of training materials and super-user training; however, responsibility for ensuring staff participation and readiness will remain with SFRS.
5.8 5.8.1	**Timing** Timely consideration of the FBC is important to maintain programme momentum and support the planned procurement and implementation timetable. Delays in decision making may affect the Service's ability to utilise the G-Cloud 14 framework and could introduce additional procurement complexity, timescales and risk.
5.9 5.9.1	**Performance** The shortlisted option is expected to support improved organisational performance through increased automation, greater standardisation, improved data quality and enhanced management information. Realisation of these benefits will be dependent upon successful implementation and adoption of the solution and associated business processes.
5.10 5.10.1	**Communications & Engagement** A key determinant of success will be effective communication and engagement across all business areas. The project will require ongoing involvement from departments, operational personnel, support services and managers throughout implementation to ensure the solution meets organisational needs and that change is successfully adopted.
5.11 5.11.1	**Legal** The procurement approach has been developed by Procurement colleagues with consultation as required with Legal Service. The process is compliant with relevant procurement legislation and organisational governance requirements.
5.12 5.12.1	**Information Governance** DPIA completed Yes. If not applicable state reasons.
5.13 5.13.1	**Equalities** EHRIA completed Yes. If not applicable state reasons.
5.14 5.14.1	**Service Delivery** All Service personnel will be impacted by the CBS project and will specifically require the active engagement of operational personnel to adopt new ways of working and undertake required training at the appropriate times. The Training and Safety Assurance Directorate are being engaged with to ensure training commitments are understood well in advance.
5.15 5.15.1	**Prevention** There are no direct prevention implications associated with this proposal. The improved information management and organisational efficiency supported by the solution are expected to indirectly support the Service's prevention objectives.
6	**Core Brief**
6.1	Not applicable

7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Penny McIntyre, Director of People, Communications and Engagement
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited/Insufficient~~
7.3	**Rationale:**	FBC is progressing through formal governance and CBS project board is established. External assurance for this stage is completed.
8	**Appendices/Further Reading**	
8.1		

Prepared by:	Paul McGovern, Programme Manager
Sponsored by:	Lyndsey Gaja, Head of People
Presented by:	Lynne McGeough, Head of Finance and Procurement and Paul McGovern, Programme Manager

Links to Strategy and Corporate Values

Supports draft Strategy 2025-2028 Vision "To be a leading, sustainable, modern and technologically advanced fire and rescue service that is fit to meet the challenges of Scotland's future"

Supports the following strategic objectives:

- Improving Performance Outcome: We will continuously improve our organisational performance, productivity and resilience.

Innovation and Investment 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
People Committee	*17/09/26*	*For Information*	

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/36-26

Agenda Item: 9.1

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 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 Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the People Committee with an update on the Organisational Culture and Leadership (OCL) Programme and to support scrutiny of programme definition, mobilisation, workstream readiness, emerging controls and the evidence base being developed to support future delivery.
2	**Background**
2.1	The June 2026 People Committee report set out the seven phase 1 workstreams and the programme's emerging governance and resource position.
2.2	The programme is currently in the Define Programme phase. Existing business-as-usual and early workstream activity continues, but this should not be interpreted as the formal Deliver Programme phase having commenced. Completion and approval of the definition package is the next formal programme gateway.
3	**Main Report/Detail**
3.1 3.1.1	**Current programme position.** The accompanying presentation provides a more detailed update. Progress since June has centred on definition and mobilisation, including refining the programme structure, establishing the Advisory Panel, and early scoping of the controls and evidence needed to support future delivery. The report does not seek to provide assurance on programme delivery or impact at this stage.
3.2 3.2.1	**Programme foundations and definition.** The current position is summarised as follows: • Seven connected Phase 1 workstreams remain in scope; • The OCL Advisory Panel has been established and its inaugural meeting took place on 15 July 2026; • A 2026/27 budget allocation of £320,000 and two approved delivery roles provide capacity, but do not in themselves evidence delivery or impact; • the Programme Brief is complete, while the wider definition artefacts, including the Programme Definition Document, governance, blueprint, resource plan, RAID log, RACI, plan on a page and engagement plan, require development and approval; and • Baselines, benefits, measures and outcome-reporting arrangements remain definition work. No benefits-realisation claim is therefore made at this stage.

3.3 3.3.1	**Advisory Panel and stakeholder insight**. The inaugural Advisory Panel highlighted and connected six themes for testing through programme definition and workstream design: culture and leadership; wellbeing and psychological safety; employee voice and co-design; agency and distributed leadership; lived experience and local culture; and inclusion and representation. A clear route is required to show what was heard, what changed, what remains under consideration and why.
3.4 3.4.1	**Phase 1 workstreams.** The presentation sets out the current position and next emphasis for each workstream. In summary: • **Values review:** immediate priority is onboarding the approved resource and progressing definition. • **Leadership and management development**: established NFCC and SFRS activity continues; focus is on revised NFCC Leadership Framework gap analysis (see separate item on this agenda), implementation planning and Middle Manager Leadership Essentials pilot readiness. • **Inclusive values-based hiring**: activity continues through workforce planning, recruitment review, policy review and Shortlisting, Interview and Feedback Techniques (SIFT) training, with the next emphasis on roadmap development and resource planning. • **Employee voice, engagement and partnership**: progression depends on approved resource onboarding and available People Reward Team capacity; initial focus is definition, approval and mobilisation. • **Employee networks review**: initial engagement workshops with the employee networks have taken place and a draft future model is in place, with further co-design and engagement required. • **Inclusive facilities, kit and equipment**: operational improvements continue while programme boundaries, governance alignment and outcome reporting are clarified. • **Safety, standards and performance**: operational activity continues through existing governance, with a need to clarify OCL alignment and draw out governance learning.
3.5 3.5.1	**Strengthened programme controls and next steps**. Following allocation of Project Manager and Project Officer resource, the immediate actions are to: • establish fortnightly workstream reviews to provide a consistent view of health, readiness, emerging risks and dependencies; • progress benefits definition, including baselines, measures, ownership and reporting expectations; • develop the Programme Preparation Plan and Blueprint as part of the definition gateway package; • establish financial reporting arrangements for the £320,000 budget; and • engage Communications and Engagement Team on the programme approach.
4	**Recommendation**
4.1	The People Committee is asked to: • scrutnise the current programme position and the work underway to strengthen programme-control and preparation arrangements; • request future updates on completion of definition artefacts, delivery readiness, material risks and dependencies, and decisions requiring the Committee's attention.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** 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

	contributing to the management of organisational culture, leadership and workforce-related risks. Definition work must establish a clear view of programme risks, dependencies, controls and escalation routes.
5.2 5.2.1	**Financial** A 2026/27 budget allocation of £320,000 is identified, which has been partially allocated to date to fund two posts to support programme delivery. Financial reporting arrangements are being established so that the organisation can understand spend, commitments and alignment to approved programme priorities. The scale, sequencing and pace of Phase 1 activity should continue to be managed through portfolio governance and budget-setting to support affordability, prioritisation and value for money.
5.3 5.3.1	**Environmental and Sustainability** No specific environmental or sustainability implications arise directly from this cover report. Relevant implications will be assessed through individual workstreams and programme definition, including where activity relates to facilities, inclusive design or use of existing assets.
5.4 5.4.1	**Workforce** The programme covers leadership and management development, employee voice, inclusive hiring, values and colleague experience, and is intended to support attraction, retention, progression, engagement and representation. Resource and capacity dependencies remain material to pace and readiness.
5.5 5.5.1	**Health and Safety** The inclusive facilities, kit and equipment and safety, standards and performance workstreams have direct relevance to colleague safety and wider safety culture. Their relationship with established operational governance requires clear definition.
5.6 5.6.1	**Health and Wellbeing** Wellbeing, trust, belonging and psychological safety were highlighted through Advisory Panel discussion and should remain visible in programme design, measures and reporting. These themes support colleagues to feel safe, supported and able to raise concerns.
5.7 5.7.1	**Training** Leadership and management development continues through established arrangements. Framework alignment, pilot readiness and implementation planning are current priorities.
5.8 5.8.1	**Timing** Phase 1 activity is being progressed at a controlled pace aligned to resource availability and budget confirmation. The programme should will the definition package and secure the required gateway approval before formal programme delivery is represented as having commenced.
5.9 5.9.1	**Performance** Baselines, benefits and measures are still being developed. Outcome reporting will be introduced once these are approved, with interim reporting focused on definition progress, readiness, risks and dependencies. Evaluation and reporting arrangements will support accountability through existing assurance and committee cycles.
5.10 5.10.1	**Communications and Engagement** Effective two-way communication and engagement are integral to programme definition and future delivery. A clear engagement approach and feedback are required so stakeholder and Advisory Panel insight can be traced through to programme choices and reported decisions.

5.11 5.11.1	**Legal** No specific legal implications arise directly from this cover report. Legal implications will be assessed within programme definition and individual workstreams where required, including alignment with relevant national frameworks, equalities legislation, employment law and Fair Work principles.	
5.12 5.12.1	**Information Governance** This paper contains no personal data. Information governance requirements will continue to be considered as measures, evidence and reporting arrangements are developed, including any future improvements to workforce data and reporting.	
5.13 5.13.1	**Equalities** Inclusion and representation are integral to the programme and several Phase 1 workstreams. Equalities impacts will be assessed and evidenced through programme and workstream definition, with an EHRIA developed as delivery activity progresses.	
5.14 5.14.1	**Service Delivery** The programme is intended to support stronger leadership, culture and organisational learning, helping to create the conditions for effective, responsive and sustainable service delivery.	
5.15 5.15.1	**Prevention** No direct prevention implications arise from this cover report. A positive, inclusive culture may support prevention by strengthening trust, psychological safety and early issue resolution; any contribution should be evidenced through approved programme outcomes and measures.	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Penny McIntyre, Director People, Communications and Engagement
7.2	**Assurance Position: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited/Insufficient~~
7.3	**Rationale:**	This report provides a definition-stage update and is presented for scrutiny rather than assurance of programme delivery or impact. The Committee can take assurance that work is progressing to strengthen governance, define scope, establish challenge through the Advisory Panel and develop the evidence base for future reporting. However, the programme remains in definition, with key artefacts, baselines, benefits, measures and readiness arrangements still under development. The Committee's focus at this stage is therefore on testing readiness, risks, dependencies and the adequacy of the emerging assurance framework.
8	**Appendices/Further Reading**	
8.1	Appendix A - OCL Update People Committee Slideshow	

Prepared by:	Ceri Dodd, Deputy Head of People, OCL Programme Team and 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**
People Directorate Management Team	*By email*	*For Information*	*Noted*
Organisational Culture and Leadership Programme Board	*By email*	*For Information*	*Noted*
People Committee	*17/09/2026*	*For Scrutiny*	

APPENDIX A

Organisational Culture & Leadership Programme

People Committee Update

17 September 2026

The story since June

1	**June baseline**	Seven Phase 1 workstreams and initial governance arrangements reported.
2	**July listening**	Inaugural Advisory Panel convened to provide challenge and external insight.
3	**August definition**	Definition artefacts identified and being scoped for development.
4	**Next: complete definition**	Complete definition artefacts and seek Gate 2 approval before programme delivery.

Progress is primarily in programme definition and mobilisation.

OCL programme at a glance

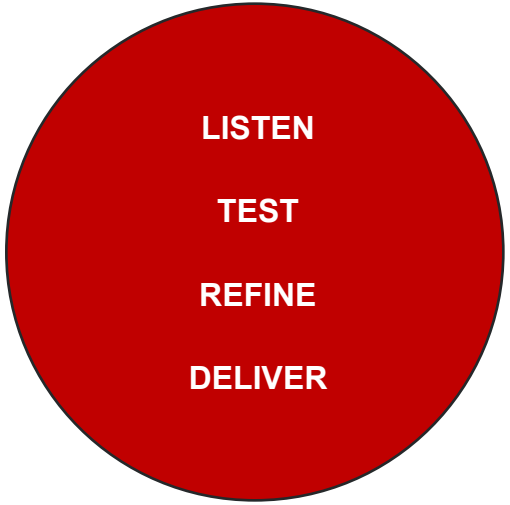
The programme is establishing the foundations for seven connected Phase 1 workstreams.

7
Phase 1 workstreams

£320k
2026/27 budget allocation

1
Advisory Panel established

2
Approved delivery roles



IN SCOPE TO BE DEVELOPED

Baselines, benefits and risk register remain definition work.

Programme approach: definition before delivery

The formal framework places the programme in definition, with Gate 2 approval required before delivery.

1. **Formal lifecycle** — Programme Proposal → Define Programme → Deliver Programme → Programme Closure
2. **Current phase** — Define Programme: establish governance, scope, benefits, risks, resources and stakeholder plans.
3. **Gate 2 decision** — Approve the Programme Definition Document and plan before formal programme delivery.
4. **Evidence status** — Programme Brief complete; remaining definition artefacts are not shown as complete or signed off.

Committee assurance: is the Gate 2 definition package owned, sequenced and on track—without claiming delivery or impact?

Advisory Panel: what we heard on 15 July

The first meeting surfaced a connected set of themes to test through programme design, workstreams and measurement.

Culture + leadership

Treat culture and leadership as inseparable, rooted in everyday behaviours and accountability.

Wellbeing + psychological safety

Keep trust, belonging, wellbeing and supportive workplaces visible in programme design, measures and reporting.

Employee voice + co-design

Create opportunities for employees to shape change and see how feedback influences decisions.

Agency + distributed leadership

Create the conditions for ownership, constructive challenge, innovation and leadership at every level.

Lived experience + “real” culture

Understand local and informal cultures, micro-cultures and the day-to-day experience of colleagues.

Inclusion + representation

Track meaningful progress, value diversity of thought and use networks and lived experience well.

Advisory Panel: turning themes into practical action

Illustrative options for testing through programme definition and governance—not approved activity.

Culture + leadership

Values review: test each proposed value against observable everyday behaviours.

Leadership development: use real scenarios to practise accountability & constructive challenge.

Safety, standards & performance: include leadership behaviours in learning reviews—not only procedural compliance.

Wellbeing + psychological safety

Leadership development: train managers to respond constructively when concerns are raised.

Employee engagement: add brief pulse questions on trust, workload and confidence to speak up.

Facilities, kit & equipment: create a simple route for reporting equipment or workplace issues without blame.

Employee voice + co-design

Values review: ask representative groups to refine the language and behavioural examples.

Inclusive hiring: involve employees in reviewing candidate info and interview questions.

Facilities, kit & equipment: trial proposed changes with the colleagues who will use them before wider rollout.

Agency + distributed leadership

Leadership development: give participants authority to lead a small workplace improvement experiment.

Employee engagement: establish local champions who can escalate ideas and report what happened next.

Facilities, kit & equipment: invite teams to propose and test solutions to recurring operational issues.

Lived experience + “real” culture

Values review: use anonymised colleague stories to identify gaps between stated and experienced values.

Inclusive hiring: map the applicant journey to identify practical or cultural barriers.

Leadership development: include frontline shadowing or listening sessions before programme content is finalised.

Inclusion + representation

Networks review: assess who networks reach and who is missing.

Inclusive hiring: review panel makeup, criteria and outcomes for barriers.

Facilities, kit & equipment: check accessibility and inclusion with colleagues.

Measurement across all workstreams: analyse engagement and outcomes by workforce group.

On reflection: make the Panel a credible critical friend

Written feedback reinforces the need for clear independence, timely engagement and a visible route from insight to programme choice.

1 **Bring work early enough**

Present emerging products and proposals when they are developed enough for useful discussion, but early enough for the Panel to influence them.

2 **Protect independent challenge**

Maintain an appropriate distinction between those delivering the programme and those providing independent advice and challenge.

3 **Close the feedback loop**

Show what was heard, what changed, what remains under consideration and why.

Proposed supporting log, subject to governance approval: record source, theme, programme response, owner and status.
Panel cautions: avoid consultation fatigue, groupthink and over-weighting operational perspectives; engage broadly and show visible outcomes.

Proposed insight-to-decision process

Proposed insight-to-decision process.

1
LISTEN
Panel and wider stakeholder insight

2
EVIDENCE
Compare with inspection learning, data and workstream knowledge

3
DECIDE
Propose scope and ownership for governance approval

4
ACT
Translate approved decisions into plans

5
REPORT
Explain decisions, measures and next steps

MEASURES THE PANEL EMPHASISED

- Trust in leadership
- Employee voice
- Inclusion & belonging
- Leadership visibility
- Attendance
- Retention
- Workforce diversity
- Grievance / conduct indicators

Phase 1 workstreams: current position

The programme remains in definition; separately evidenced business-as-usual activity continues.

WORKSTREAM	CURRENT POSITION	NEXT EMPHASIS
Values review	Progression remains dependent on approved resource appointment and onboarding	**Resource appointment and onboarding**
Leadership & management development	Leadership development continues through existing delivery arrangements. Six NFCC cohorts remain active, utilisation remains high and SFRS Supervisory Leadership Essentials delivery continues. A Middle Manager Leadership Essential programme has been developed and is planned for pilot. The revised NFCC Leadership Framework has been published. Work has commenced on SFRS adoption and any adaptation requirements	**Continue NFCC Leadership (Sup and Middle) development Programme delivery, Leadership Framework gap analysis and implementation planning and Middle Manager Leadership Essentials pilot-readiness.**
Inclusive values-based hiring	Inclusive recruitment activity continues, including workforce planning, WTFF recruitment review activity, policy review, planning and implementation of SIFT training. Recruitment data continues to show positive progress in female participation and progression	**Roadmap development, policy review and resource planning**

Phase 1 workstreams: current position

The programme remains in definition; separately evidenced business-as-usual activity continues.

WORKSTREAM	CURRENT POSITION	NEXT EMPHASIS
Employee voice: engagement & partnership	Progression remains dependent upon recruitment and onboarding of the approved OD Adviser and capacity within existing People Reward Team. Subject to final approval, activity will focus on development of an engagement framework, stakeholder activity and review of partnership arrangement and governance structures	**Definition, approval and resource mobilisation**
Employee voice: networks review	Initial engagement workshops have taken place with employee networks and a draft future model has been developed. Further engagement is planned before proposals are refined and socialised with Programme Board members	**Co-design and future network model development**

Phase 1 workstreams: current position

The programme remains in definition; separately evidenced business-as-usual activity continues.

WORKSTREAM	CURRENT POSITION	NEXT EMPHASIS
Inclusive facilities, kit & equipment	Existing estate, welfare, PPE and maternity wear improvements continue through established governance arrangements. Work is ongoing to determine the appropriate boundary between oversight and business-as-usual delivery.	**Governance alignment and outcome reporting**
Safety, standards & performance	Activity continues through operational governance arrangements, including leadership engagement sessions, dashboard development, organisational learning activity and supporting management guidance and tools.	**Governance learning and OCL alignment**

People Committee assurance and proposed ask

Complete programme definition and strengthen assurance before claiming delivery or impact.

ASSURANCE POSITION

- Programme remains in definition and mobilisation
- delivery readiness, benefits and measures are still being developed
- Workstream outcomes need defining, with a clear process showing how Advisory Panel and stakeholder insight informs decisions

NEXT STEPS

- Run fortnightly workstream reviews to test health and readiness
- Progress benefits definition and the Programme Preparation Plan / Blueprint
- Establish financial reporting for the £320k budget
- Engage Communications and Engagement on the programme approach

COMMITTEE IS ASKED TO

- Note the strengthened programme-control and preparation arrangements
- Note progress towards delivery
- Note anticipated impact of allocated project and delivery resource

Core message: stronger programme controls should turn stakeholder and workstream insight, Programme Board feedback and investment into decision-ready evidence.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/37-26

Agenda Item: 10.1

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**TRAINING FUNCTION UPDATE & PERFORMANCE REPORT QUARTER 1 2026-27**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide a high-level overview of the Training Function activity and performance over Q1 2026-27.
2	**Background**
2.1	This report outlines the performance measures collated by the Training Function against the Priorities set out by Scottish Government in the Fire and Rescue Framework for Scotland 2022, the Scottish Fire and Rescue Service (SFRS) Strategic Plan 2025-28 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 *Training Function Update & Performance Report Q1 2026–27* document at **Appendix A.** • **Section 1:** Provides an update on key activities and developments within the Training Function during Q1 2026–27. • **Section 2:** Focuses on Key Performance Indicators (KPIs) outlined in the SFRS Performance Management Framework
4	**Recommendation**
4.1	To scrutinise the report and provide feedback as necessary on its content
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** 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 arising from the content of this report.
5.3 5.3.1	**Environmental & Sustainability** There are no environmental & sustainability implications arising from the content of this report.

5.4 5.4.1	**Workforce** 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 5.5.1	**Health & Safety** Key for Firefighters managing their own and others health and safety at incidents and to contribute towards Firefighter Safety.	
5.6 5.6.1	**Health & Wellbeing** There are no health and wellbeing implications arising from the contents of this report.	
5.7 5.7.1	**Training** To ensure we have personnel maintain their currency within required training requirements for their role.	
5.8 5.8.1	**Timing** Presented on a quarterly basis in order to scrutinise performance against the Key Performance Indicator's as set out in the Performance Management Framework.	
5.9 5.9.1	**Performance** To strengthen performance managements arrangements and drive improvement. The report details the agreed targets and how we monitor our progress against these throughout the quarter/reporting year.	
5.10 5.10.1	**Communications & Engagement** To ensure performance and risk is discussed at all levels and the content of this reports shared to the relevant forums.	
5.11 5.11.1	**Legal** There are no legal implications arising from the contents of this report.	
5.12 5.12.1	**Information Governance** DPIA completed No – N/A	
5.13 5.13.1	**Equalities** EHRIA completed - Yes	
5.14 5.14.1	**Service Delivery** 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 5.15.1	**Prevention** 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 and Performance Report Q1 2026-27	

Prepared by:	Andy Scott, Learning Content, E-Systems and Performance Manager.
Sponsored by:	Stevie Campbell, Training Function Area Commander
Presented by:	Ross Robison, Head of Training Deputy Assistant Chief Officer

Links to Strategy and Corporate Values

SFRS Strategy 2025-28

- 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.

Training Function Vision & Strategy 2023-28

- 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
Training Functional Management Team	05/08/2026	For Scrutiny	*FMT confirmed suitability for onward submission to TSA DMT*
Directorate Management Team	20/08/2026	For Scrutiny	*TSA DMT confirmed suitability for onward submission to the People Committee for information*
People Committee	17/09/2026	For Scrutiny	
Senior Management Board	22/09/2026	For Information	

APPENDIX A

Training Function Performance Report

Q1 2026-27

Working together for a safer Scotland

Contents

CONTENTS 5
INTRODUCTION 6
KEY ACTIVITY: TRAINING FUNCTION 7
TRAINING KPI ANALYSIS 11
*KPI PO97 - TRAINING MODULE COMPLETION RATE (TFOC) 11
KPI22: REPORTING THE COMPLETION OF OPERATIONAL CORE SKILLS 11
KPI23: REPORTING THE COMPLETION OF ADVANCED, SUPPORT & EMERGING RISK MODULES 13
KPI24: REPORTING THE COMPLETION OF FLEXI DUTY OFFICER MODULES 15
*KPI PO98 – FORMAL QUALIFICATION CURRENCY RATE 15
KPI25: REPORTING INCIDENT COMMAND COURSE CURRENCY 16
KPI26: REPORTING THE CORE SKILL COURSES CURRENCY 18
KPI27: REPORTING THE SPECIALIST RESCUE CURRENCY 21
KPI28: REPORTING THE TRAINING COURSES DELIVERED 24
KPI29: REPORTING CUSTOMER SATISFACTION RATE 25
GLOSSARY OF TERMS 26

Introduction

The purpose of this report is to provide a high-level overview of the Training Function Performance Q1 2026-27. 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 2026/27 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

SAFETY AND RISK REDUCTION	
TRAINING, SAFETY AND ASSURANCE DIRECTORATE	
TRAINING FUNCTION	
Item	**Commentary**
FF Safety	The Training Function has continued to support operational preparedness and firefighter safety through the development and delivery of risk-critical training programmes. Following previous work to improve contaminants management arrangements at training centres, the Dreghorn CFBT build has been completed, with two Tactical Firefighting courses delivered to Wholetime and On Call personnel in July, making use of the new unit and its smoke capture system. Minor snagging issues have been resolved and the installation of a permanent generator is being progressed. Following concerns regarding an external NEBOSH training provider entering insolvency, the Training Function implemented recovery arrangements, secured continuity of delivery through an alternative accredited provider and obtained formal assurance from NEBOSH confirming that all previously awarded SFRS NEBOSH qualifications remain valid and recognised.

QUALITY ASSURANCE, BENCHMARKING, AND STANDARDS	
TRAINING, SAFETY AND ASSURANCE DIRECTORATE	
TRAINING FUNCTION	
Item	**Commentary**
Training Standards Review Project	The Training Standards Review Project remains a key assurance and continuous improvement activity for the Training Function. Progress is continuing, with the project board issuing two work packages for the review of Breathing Apparatus and Extrication National Training Standards. Ongoing engagement between the leads is taking place to ensure a consistent approach. The project board includes personnel from across a number of functions to ensure that best practice and a range of views are considered.
Development and Standardisation	Following a request from the Significant Investigations team, the Incident Command team has commenced review activity covering training materials, course content, assessment options and assessor standardisation. This work is intended to strengthen alignment with Incident Command and BA POG requirements and improve consistency in the use and assessment of briefing models across Incident Command training. Core competence Instructors are progressing the Red, Amber Green (RAG) assessment standardisation workstream. A short-life working group

	has completed the draft of an overarching strategy and essential criteria marking sheets are being finalised ahead of consultation and feedback.
PERFORMANCE AND OUTCOMES	
TRAINING, SAFETY AND ASSURANCE DIRECTORATE	
TRAINING FUNCTION	
Item	**Commentary**
Partnership Working	Partnership working continues to be a significant theme across Training Function activity. The Transport workstream delivered a Heavy Rescue course at the NTC involving Scottish Ambulance Service, St John Ambulance, EMRS and SAS Control, enhancing the realism of training and supporting learning around mass casualty incident management. Portlethen Training Centre also supported Robert Gordon University paramedic practical assessments by providing realistic RTC, domestic fire and falls-from-height scenarios. A bespoke Task and Task Management course was also delivered for Gordonstoun School Fire Section leaders, enhancing operational competence through a tailored programme supported by Portlethen and On Call Support instructional staff.
Foundation Programme	Foundation Programme delivery has continued, with 68 students completing Wholetime Firefighter Foundation Programme courses T1 and T2/26. They graduated on 17th July with positive feedback received from members of the SLT. The course T3/26 commenced on 20th July with 24 students, and planning continues for stream delivery at the National Training Centre and Newbridge during the remainder of 2026/27.
Tactical Firefighting	A significant milestone during the quarter was the successful transition from the Breathing Apparatus Recovery Programme to the new Tactical Firefighting Programme, which now provides the mechanism for assessing and re-accrediting Breathing Apparatus, Compartment Fire Behaviour Training and Tactical Ventilation competencies. This has supported improved workforce currency and continued focus on risk-critical operational skills including the enhanced use of thermal image cameras to identify flow paths and support firefighter safety.
Driver Training	Driver Training successfully delivered all planned wildfire ATV driver training and training for new Wildfire Support Vehicles ahead of the peak wildfire season. The recruitment of four additional instructors and introduction of three new Emergency Response Driving vehicles has strengthened training capacity and organisational resilience while supporting future delivery requirements and anticipated legislative changes.
Performance Reporting	Performance Reports for Q1 2026 27 generated and disseminated. Performance data was presented at the August FMT. New API methods have been developed which will enhance the process for producing KPI data. These are currently being tested.

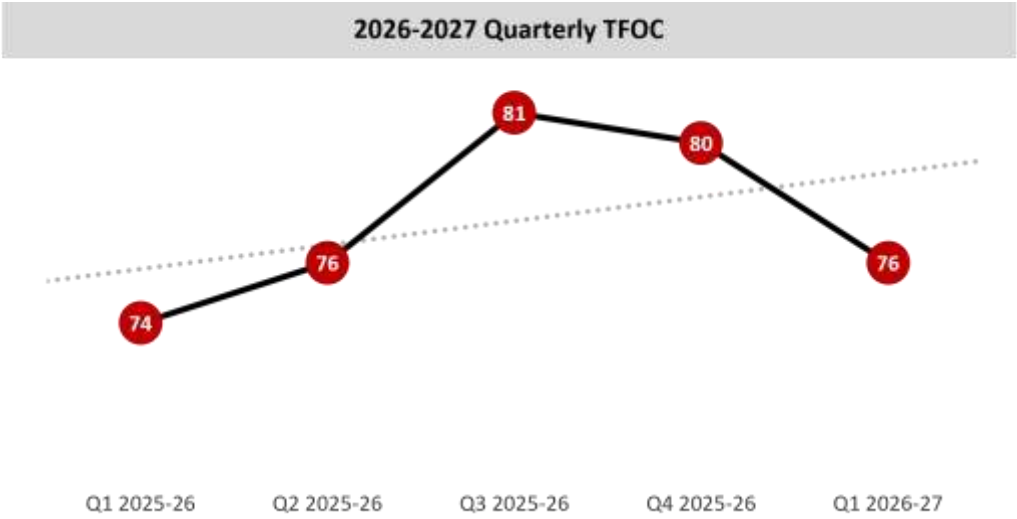
	Q1 performance reporting provides a generally positive assurance picture across risk critical training areas, while also identifying areas requiring continued management focus. The Service continues to maintain operational competence and resilience across core skills, incident command and specialist rescue disciplines. Incident Command competence remains strong, with ICL1 and ICL2 compliance maintained at 96%. Targeted interventions are underway to support personnel requiring reassessment and maintain future compliance levels. Specialist rescue capabilities continue to perform strongly across the Service, with Heavy Rescue, Water Rescue, Rope Rescue and Mass Decontamination all operating above Target Operating Model requirements. Improvements in Urban Search and Rescue performance have also been recorded, reflecting continued investment in specialist capability and instructor development. Customer satisfaction increased slightly to 98.23% and remains above target. Feedback continues to highlight the professionalism, expertise and supportive approach of instructors, alongside the value of realistic and practical learning environments. While detached duties, staffing pressures and operational abstractions associated with significant incidents continue to create challenges for training delivery and Training for Operational Competence completion rates, ongoing work with Service Delivery and People and Talent colleagues is focused on maximising training opportunities, increasing instructor capacity and maintaining operational competence.

HORIZON SCANNING	
TRAINING, SAFETY AND ASSURANCE DIRECTORATE	
TRAINING FUNCTION	
Item	**Commentary**
Incident Command	The Training Function is progressing a number of activities that will support future operational training capability, service resilience and assurance. Strategic Incident Command development remains a key area and engagement is underway with the Fire Service College to explore opportunities to observe delivery of its Strategic Incident Commander ICL4 programme in October. This visit will support benchmarking of SFRS strategic command training, with particular focus on scenario based learning, assessment methodologies, best practice and use of XVR simulation technology.
Perth CFBT Facilities	Preparations are under way for a stakeholder engagement event to showcase the new Perth CFBT and Contaminant Control Unit (CCU) facilities. The event is intended to highlight investment in modern training infrastructure and demonstrate enhanced training capabilities, innovative contaminants control measures and the wider benefits these facilities will

	provide to operational preparedness and firefighter safety. The proposed event date is in September.
Instructor Development Pathway	A proposal is in discussion with Talent Acquisition, People Directorate to develop and pilot an Instructor Development Pathway aligned to recognised teaching and assessor qualifications which will support workforce development and longer term resilience within the instructor cadre. Subject to agreement, progression of the pilot will be incorporated within the Continuous Improvement Programme.

Training KPI Analysis

*KPI PO14 - Training Module Completion Rate (TfOC)



*The above chart reflects the proposed changes to the Performance Management Framework. The chart displays the completion rates of all TfOC Core Skills and Modules for all Duty Systems.

KPI22: Reporting the Completion of Operational Core Skills

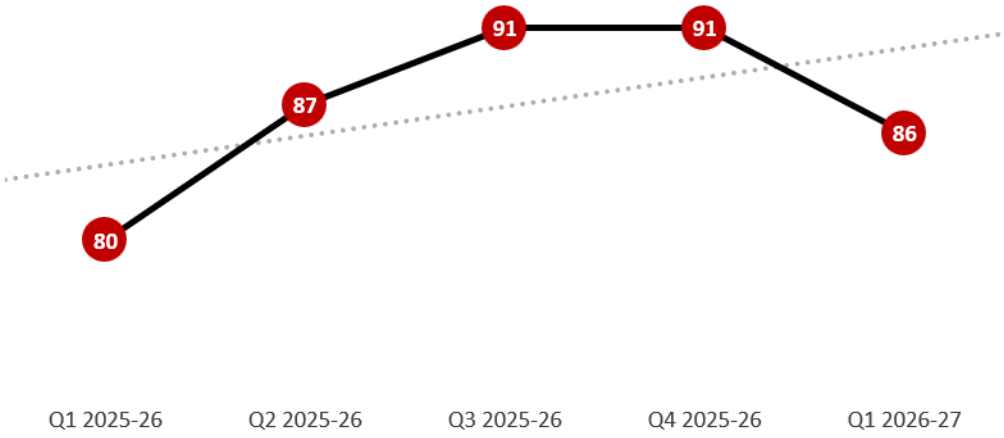
Core Skill topics covered in Q1 2026-27 were as follows:

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

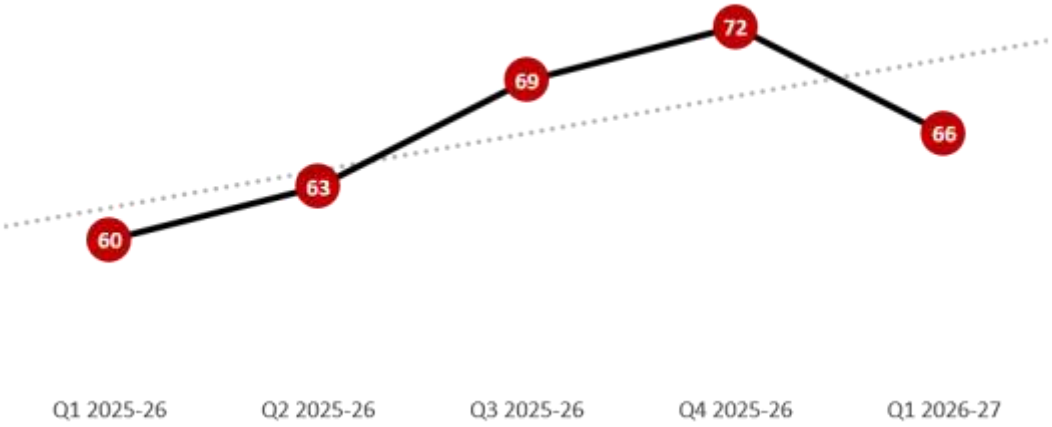
In Q1 2026-27, completion rates are lower than previous quarters, but higher than Q1 from last year. Day Duty completion rates continue to be scrutinised, and communications have been circulated to remind managers of their responsibility in addressing capacity issues to allow staff time to complete.

We received 7 responses to the LSO feedback requests 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. There was general praise for the quality of content improving as the Learning and E-Development team utilise better technology.

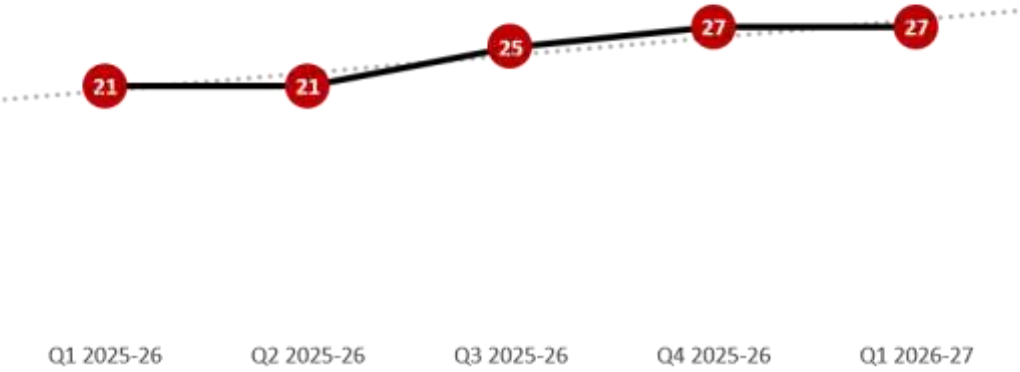
Wholetime - Core Skills Modules

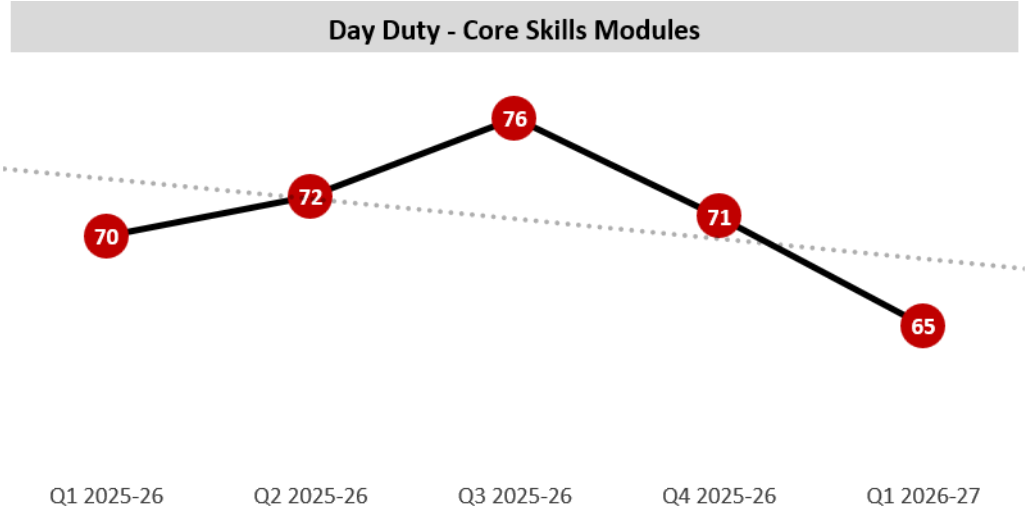


On Call (Retained) - Core Skills Modules



On Call (Volunteer) - Core Skills Modules





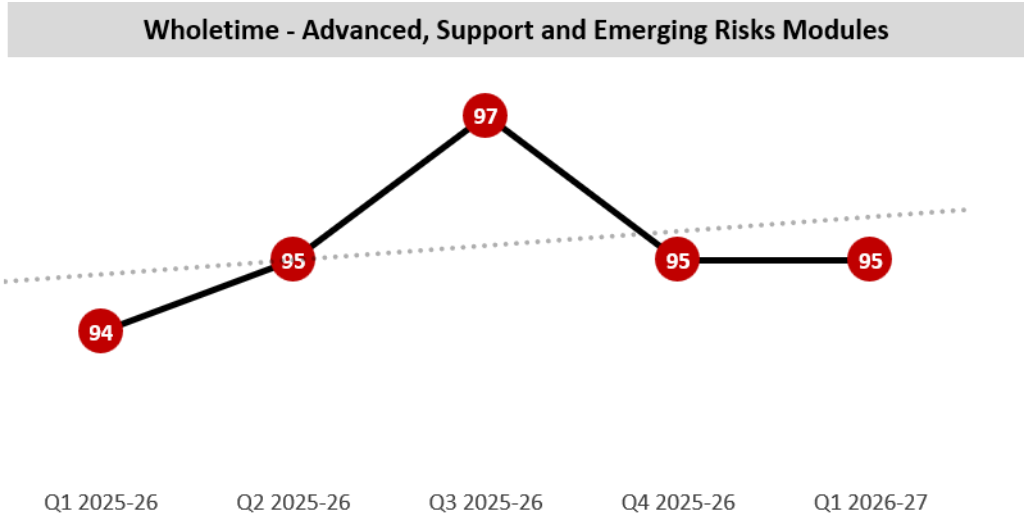
Please Note that the Day Duty do not compete the practical elements of the TFOC

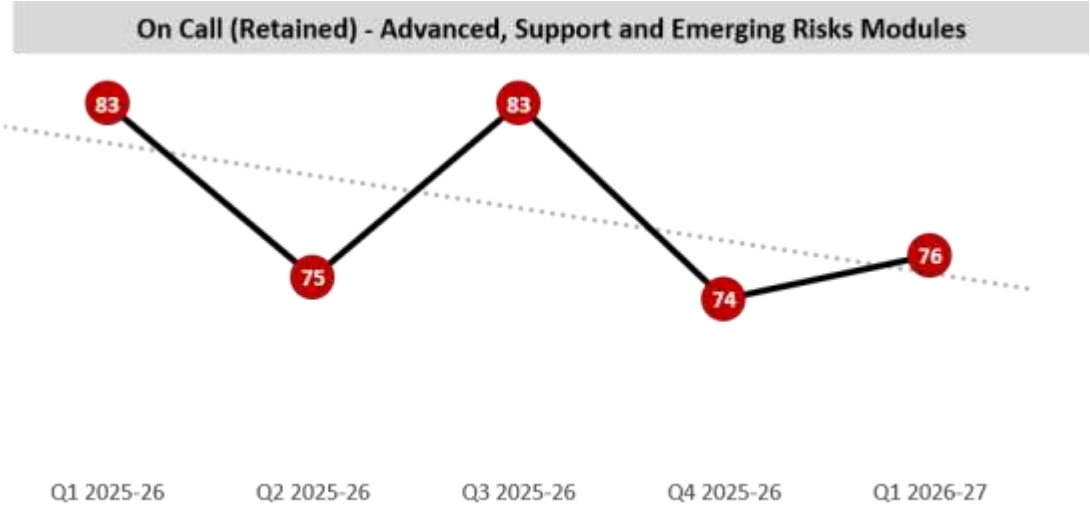
KPI23: Reporting the Completion of Advanced, Support & Emerging Risk Modules

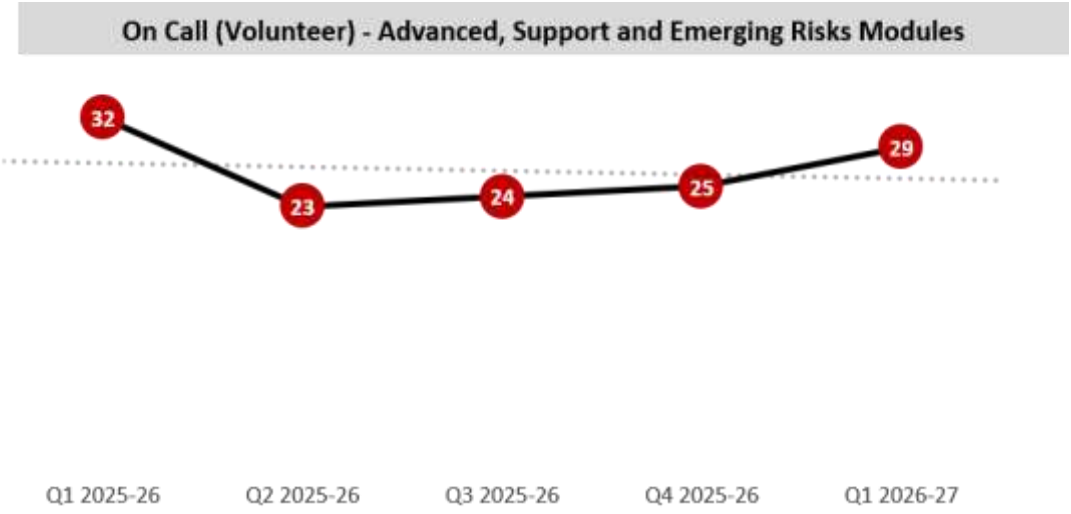
Topics covered in Q1 2026-27 were as follows:

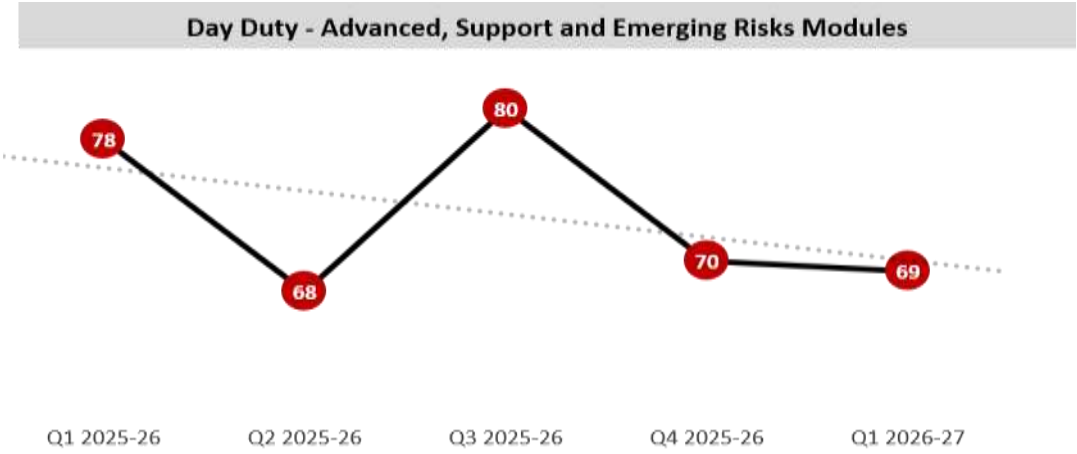
- Incidents Involving Animals
- Lifts and Escalators
- Professional Behaviours (Part 1)

The completion rates this quarter remain high for the Wholetime Duty Group and encouragingly recorded an increase within the On Call (Retained) and On Call (Volunteer) Duty Groups. Feedback from LSOs areas still highlight that this is considered too demanding for On Call (Retained) and On Call (Volunteer) staff.



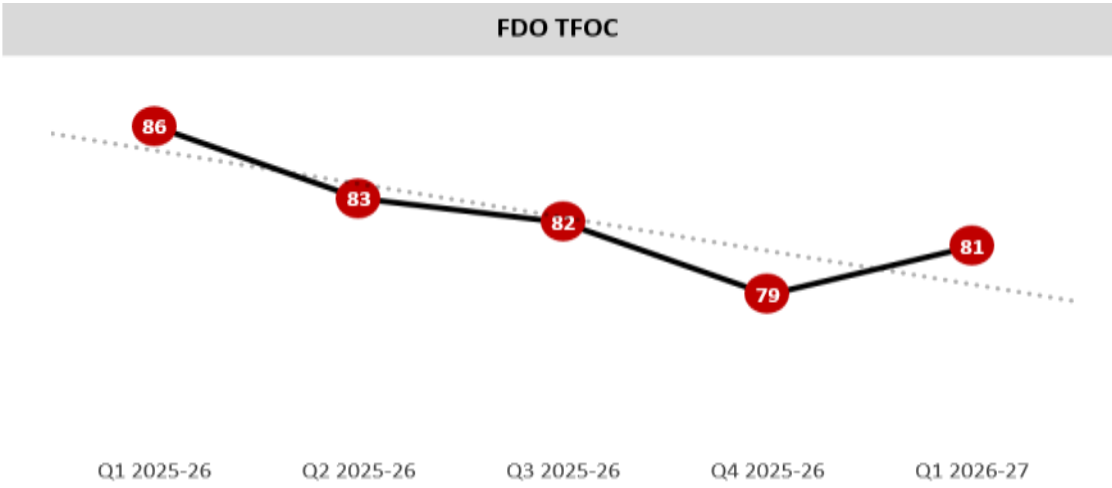

On Call (Retained) - Advanced, Support and Emerging Risks Modules
83
75
83
74
76
Q1 2025-26
Q2 2025-26
Q3 2025-26
Q4 2025-26
Q1 2026-27


On Call (Volunteer) - Advanced, Support and Emerging Risks Modules
32
23
24
25
29
Q1 2025-26
Q2 2025-26
Q3 2025-26
Q4 2025-26
Q1 2026-27


Day Duty - Advanced, Support and Emerging Risks Modules
78
68
80
70
69
Q1 2025-26
Q2 2025-26
Q3 2025-26
Q4 2025-26
Q1 2026-27

KPI24: Reporting the Completion of Flexi Duty Officer Modules

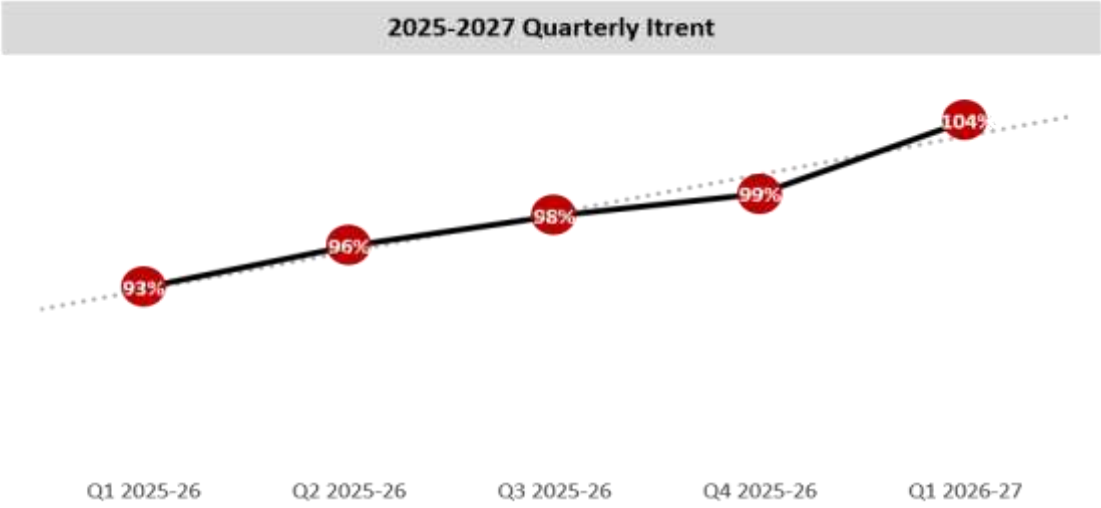
FDO Modules topics covered in Q1 2026-27 were as follows:



- Incident Involving Animals
- Blue Light Driving
- Professional Behaviors (Part 1)

The FDO completion rates increased slightly this quarter. Early discussions have taken place at the Operational Competence Strategy Group (OCSG) with a view that FDO TfOC modules should be reviewed.

*KPI PO13 – Formal Qualification Currency Rate



*The above chart reflects the proposed changes to the Performance Management Framework. The chart displays the completion rates of all Core Skills, Incident Command and Specialist Skills for all Duty Systems

KPI25: Reporting Incident Command Course Currency

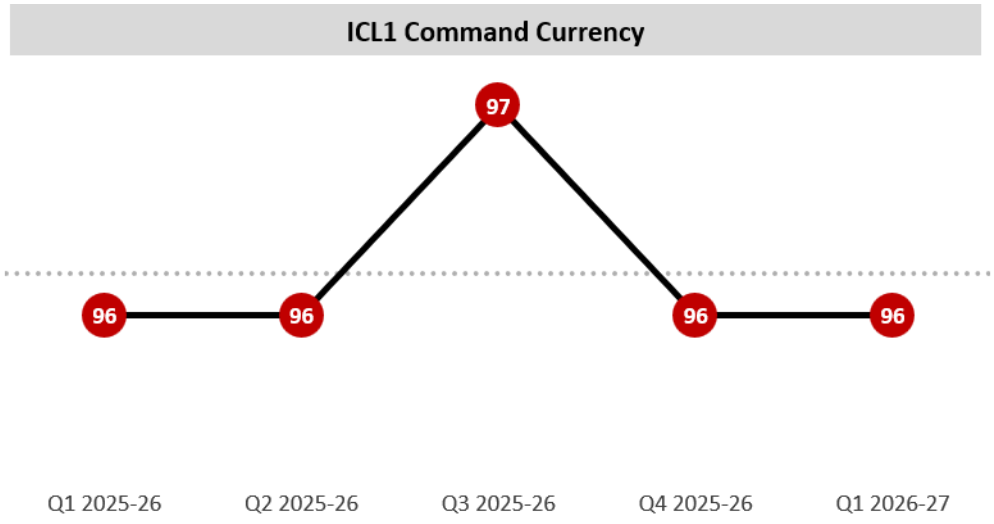
Incident Command competency remains strong across the Service, providing assurance of operational command capability and resilience. ICL1 and ICL2 performance remain stable at 96%, while reductions in ICL3 and ICL4 have impacted overall performance during Q1.

ICL1 compliance remains at 96%, with 66 personnel out of ICA currency comprising 26 Wholetime, 35 On Call and 5 Volunteer personnel. Most outstanding cases relate to expired reassessment periods. Detailed reports have been issued to Station Commanders and LSO Areas to support targeted interventions and prioritise reassessment activity.

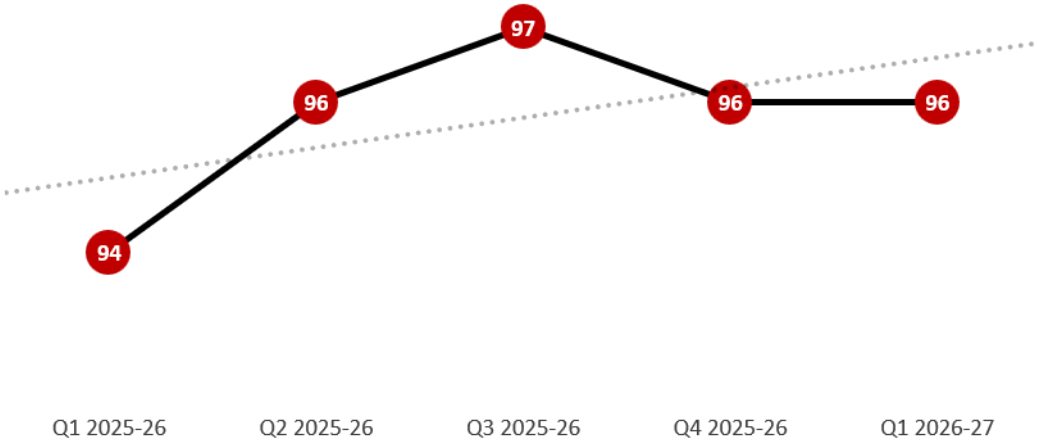
ICL2 currency remains at 96% (223 of 232 personnel current). Nine individuals remain out of currency due to alternative duties, secondment, non-operational roles, long-term absence, impending retirement and inability to attend scheduled refreshers. One further individual has since successfully completed their assessment and returned to currency.

ICL3 currency stands at 91% (20 of 22 personnel current). One individual is booked onto an August course, while the second is acting up without the qualification and is due to retire in August.

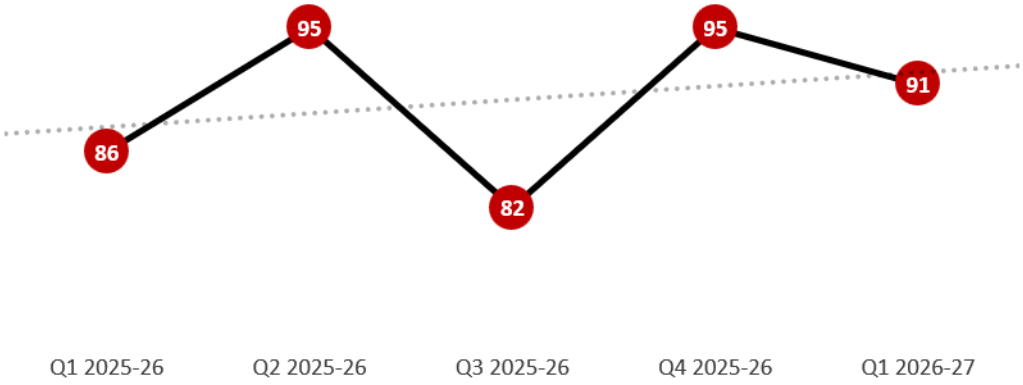
ICL4 currency is 64% (7 of 11 personnel current), reflecting two newly promoted officers awaiting qualification, one non-operational post and one expired qualification. An August refresher and Fire Service College courses in October are planned to improve compliance.



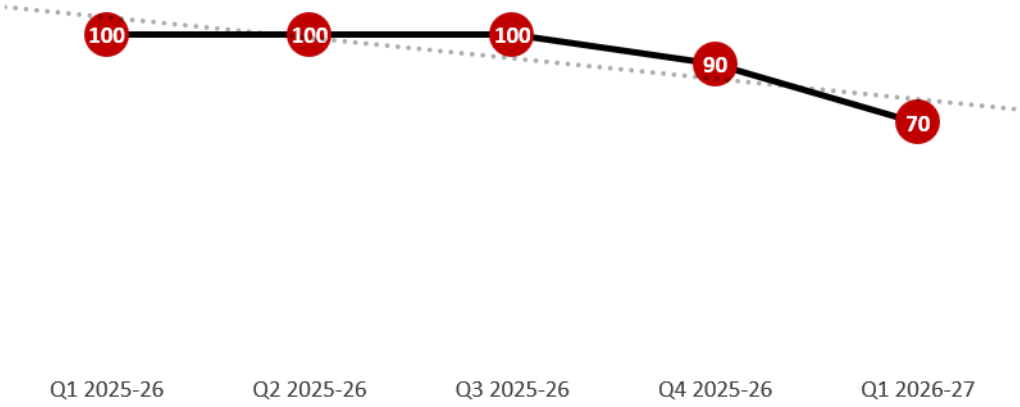
ICL2 Command Currency



ICL3 Command Currency



ICL4 Command Currency



KPI26: Reporting the Core Skill Courses Currency

Core Skill	Q1 2025/26	Q1 2026/27
Tactical Firefighting	92%	97%
Emergency Response Driving	82%	84%
ICAT	118%	125%

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

Q1 of 2026-27 has seen the transition from the BA Recovery Programme to the new Tactical Firefighting Programme – this programme supersedes the BA Recovery Programme as the means by which SFRS will assess and reaccredit the currency of BA skills.

Staff who had not completed the BA Recovery Programme have been specifically targeted to attend a Tactical Firefighting assessment at the earliest opportunity in order to reaccredit their currency; there has also been a general focus on scheduling courses for staff who attended the BA Recovery Programme in Q1 2024-25, in order to continue to embed a biennial cycle of assessment inline with NFCC guidance.

The broader issue of capacity across the Training Function in terms of venues and instructors continues to present challenges. 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

During Quarter 1, we successfully completed all Phase 2 Wildfire ATV driver training and delivered driver training for the new Wildfire Support Vehicles, significantly enhancing operational resilience ahead of the peak wildfire season. To strengthen training capacity, four new instructors have been recruited and integrated into the National Driver Training function. In addition, three brand-new Emergency Response Driving (ERD) vehicles have been added to the driver training fleet, improving fleet resilience and supporting increased course delivery.

ERD course content has been fully updated to reflect modern vehicle technology and current safety requirements for instructors. Furthermore, preparations continue for the Service's transition to Section 19 requirements, with acquisition training moving from a 1:1 to a 2:1 student-to-instructor model. This proactive approach will increase training throughput, enhance organisational resilience, and support compliance readiness ahead of any formal implementation date. Extended-duration course packages have also been developed and are ready to be piloted should proposed legislative changes requiring increased course lengths be approved.

ICAT

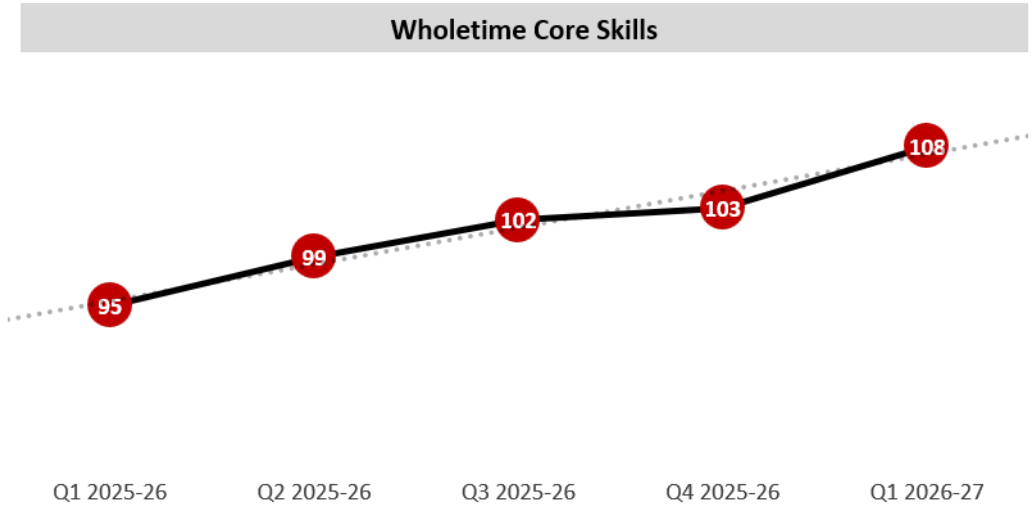
The Q1 2025/26 casualty care ICAT Operator skills competency across all duty groups shows an increase from the previous years equivalent quarter, going from 114%, to 125% and is a slight increase from the 124% of Q3 2025/26. The competency target for ICAT Operators is based on 60% attainment for all 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.

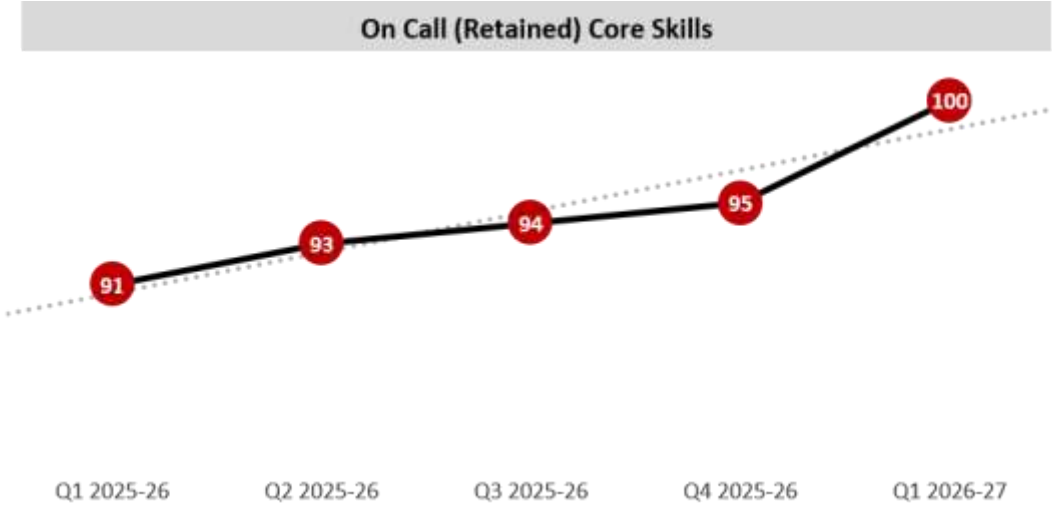
Core Skills Summary

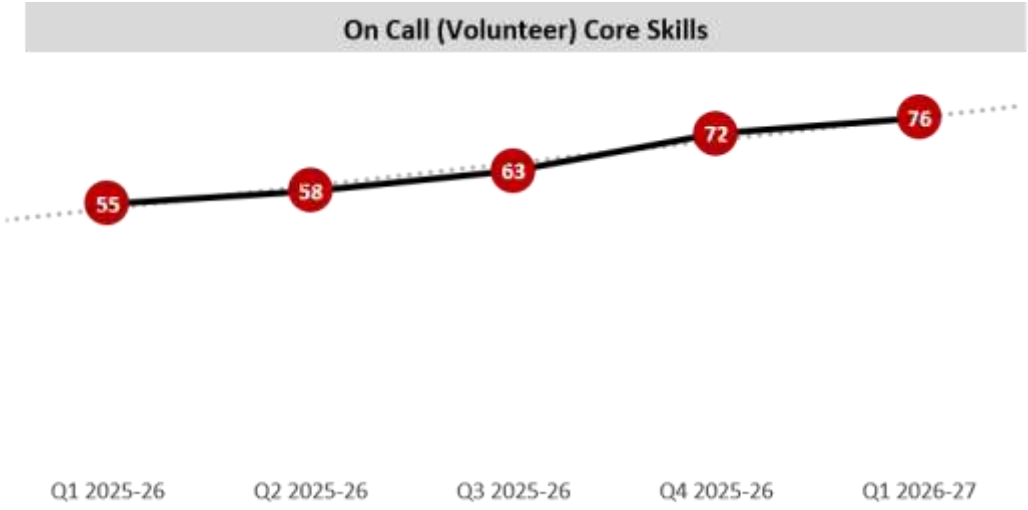
In Q1 2026-27, the Scottish Fire and Rescue Service transitioned from the BA Recovery Programme to the new Tactical Firefighting Programme, which is now used to assess and re-accredit Breathing Apparatus (BA), Compartment Fire Behaviour Training (CFBT), and Tactical Ventilation (TV) competencies. Priority has been given to staff requiring re-accreditation, although training capacity remains challenging due to venue and instructor availability.

The Driving Training function successfully delivered wildfire vehicle driver training, recruited four new instructors, and expanded the training fleet with three new Emergency Response Driving vehicles. Training content has been updated to reflect modern vehicle technology, while preparations for upcoming legislative changes aim to increase training capacity and organisational resilience.

For ICAT casualty care, operator competency levels increased to 125% of the target, showing continued strong performance across most duty groups. While wholetime and on-call staff generally exceed targets, volunteer competency levels remain below target and some local areas continue to require improvement.




On Call (Retained) Core Skills
91
93
94
95
100
Q1 2025-26
Q2 2025-26
Q3 2025-26
Q4 2025-26
Q1 2026-27

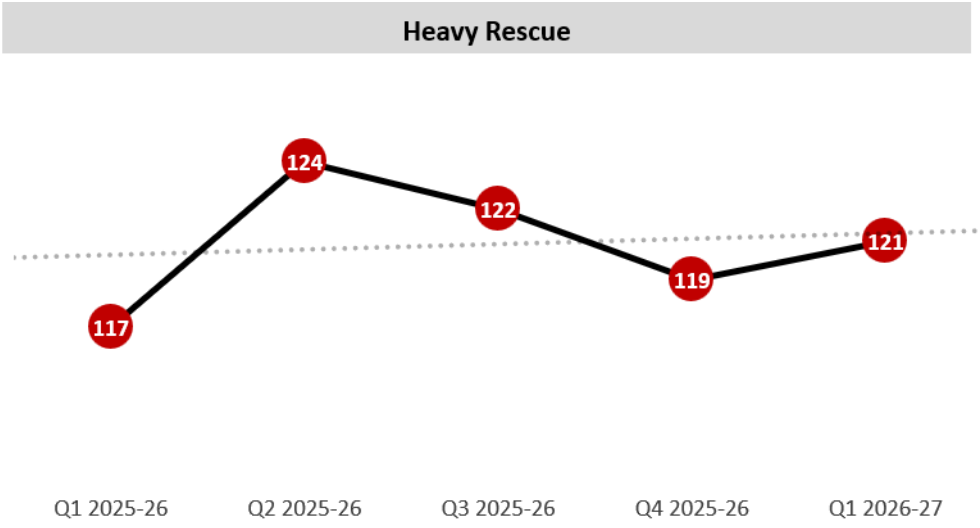

On Call (Volunteer) Core Skills
55
58
63
72
76
Q1 2025-26
Q2 2025-26
Q3 2025-26
Q4 2025-26
Q1 2026-27

KPI27: Reporting the Specialist Rescue Currency

Specialist Skill	Q1 2025/26	Q1 2026/27
Heavy Rescue	117%	121%
USAR	89%	98%
Water Rescue – Level 3	128%	134%
Rope Rescue	120%	122%
Mass Decontamination	89%	114%
Overall	112%	121%

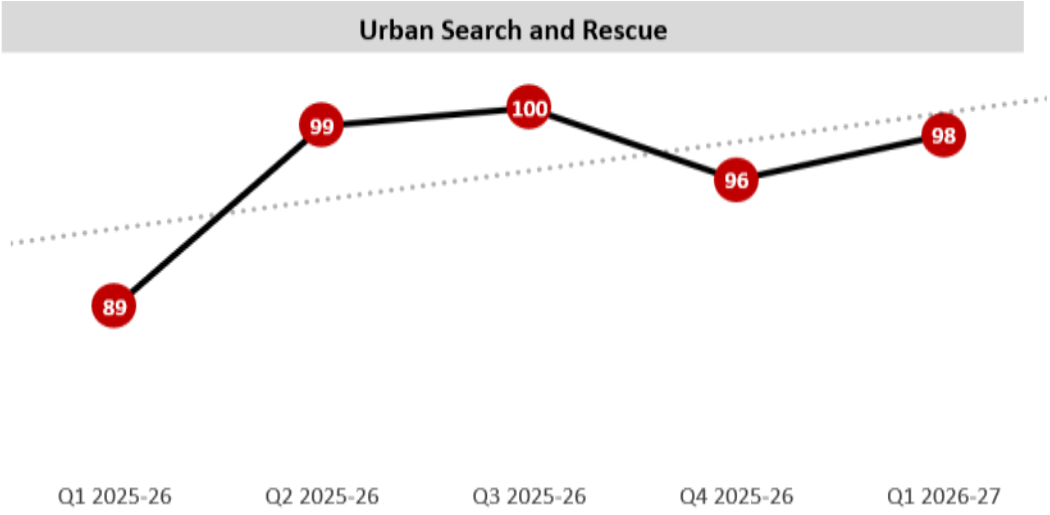
Heavy Rescue

Heavy Rescue currency remains strong across all Service Delivery Areas (SDAs), with performance continuing to exceed the National Target Operating Model. Q1 highlights 121%, maintaining a high level of delivery, a 4% increase since Q1 2025/26. All SDAs remain above 100%, demonstrating resilience and commitment to capability. WSDA and ESDA lead at 135% and 131% respectively, while NSDA holds at 105% (ACAM 145%, Highland 87%, PKAD 98%). Scheduling for 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.



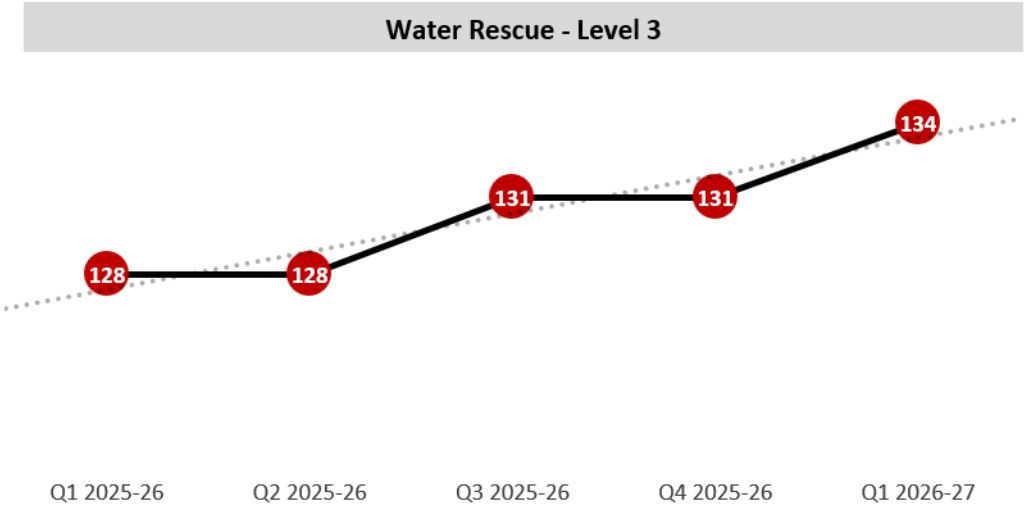
USAR

USAR currencies show a 2% increase nationally, although still below TOM. Targeted delivery over next quarters should record further increases, with an initial operator course scheduled for August. Instructor capacity remains reduced due to a vacancy in the team, with work ongoing to identify suitable candidates.



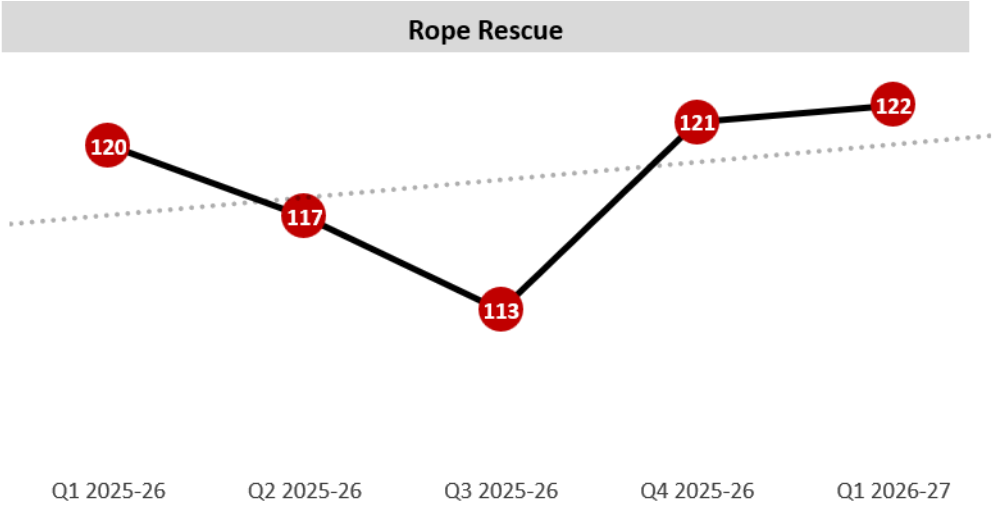
Water Rescue

Water Rescue performance figures remain exceedingly high over TOM with a 3% increase recorded. Q1/26 delivery focusing on SRT and SRBO KATA delivery, with Commonwealth Games specific KATA sessions scheduled for Glasgow and Lanarkshire based crews. Q2/26 delivery will continue with skills maintenance and two initial SRT courses for trainees graduating from current course at NTC.



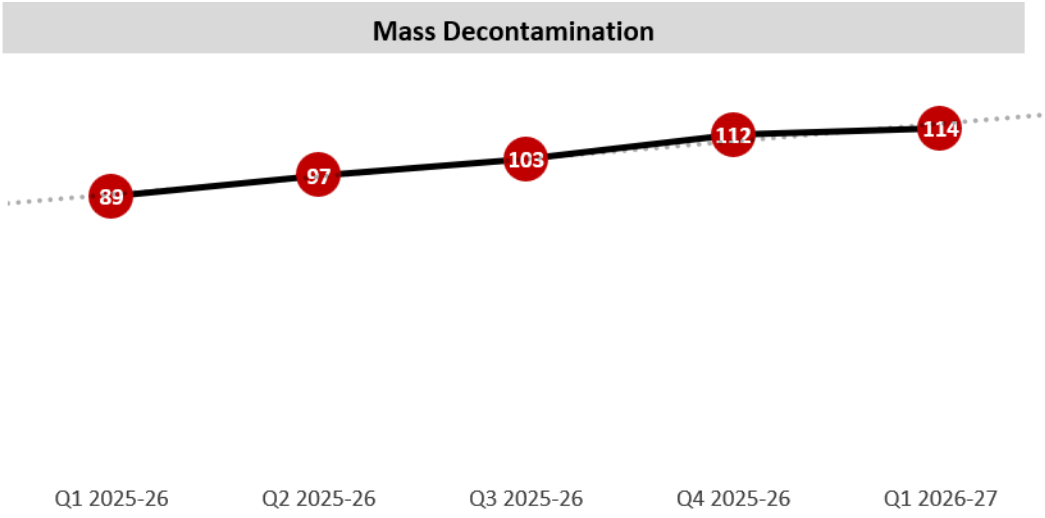
Rope Rescue

Slight increase of 1% recorded against last quarter, maintaining national currencies well above TOM. Q1/26 KATA sessions in WSDA incorporated Commonwealth Games specific training, aiding in event preparations whilst maintaining currencies. Q2/26 will look to maintain currencies though KATA delivery and delivery of initial operator course following completion of trainee course at NTC.



Mass Decontamination

Fifth quarter in a row delivering improvements with MD currencies above TOM across the service, with focused delivery to bring up currencies at identified stations. Q1/26 delivered several MD Operators and PRPS courses with focus on WSDA stations to ensure resilience during Commonwealth Games. Q2/26 will seek to maintain currencies.



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 steady improvements at several sites since earlier in the year. Q2/26 work will prioritise continued KATA and initial course delivery.

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

Rope Rescue instructors have maintained performance levels and will continue to do so.

Mass Decontamination has recorded significant improvement over last four quarters, supported by focused training at key stations. Additional instructor courses delivered in Q1 helped sustain local competency and broaden future maintenance capability.

Specialist rescue instructors continue to deliver across the board and in nearly all cases exceeding TOM. This is testament their commitment and professionalism in adequately planning and delivering the required courses.

It is anticipated there will be fluctuations in Q2 & Q3 due to personnel movements linked to CC and WC processes as well as trainee deployments and we will look to prioritise courses where required to maintain currencies and resilience.

KPI28: Reporting the Training Courses Delivered

In Q1 26 some further data-quality checks undertaken during the quarter identified a small number of additional discrepancies. The affected records have been reviewed and amended, further improving the accuracy of the reported figures and ensuring that the results provide a reliable reflection of current performance.

Completion levels remained strong across the Tactical Firefighting, Driving Courses and Acquisition Courses, despite increased operational pressures during the reporting period.

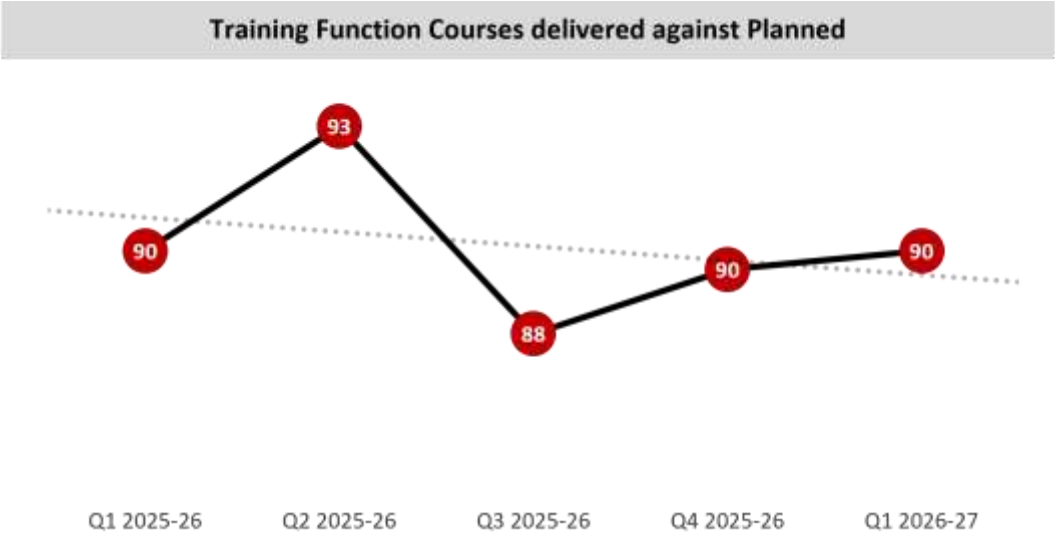
A higher-than-usual level of course cancellations was recorded this quarter. This was influenced by personnel and instructors being required to support several significant incidents across Scotland, including the major refuse fire in Fife.
The resulting impact on workforce availability led to some planned training being postponed or cancelled.
Work continues with People and Talent partners to reduce the effect of operational disruption and maximise the delivery of available training. Current measures include:

Consolidating courses where participant numbers are low, making more effective use of available resources.

Broadening the selection of training venues to make courses more accessible.

Strengthening instructor capacity through improved forward planning and targeted recruitment.

Prioritising the rearrangement of courses affected by operational demands.

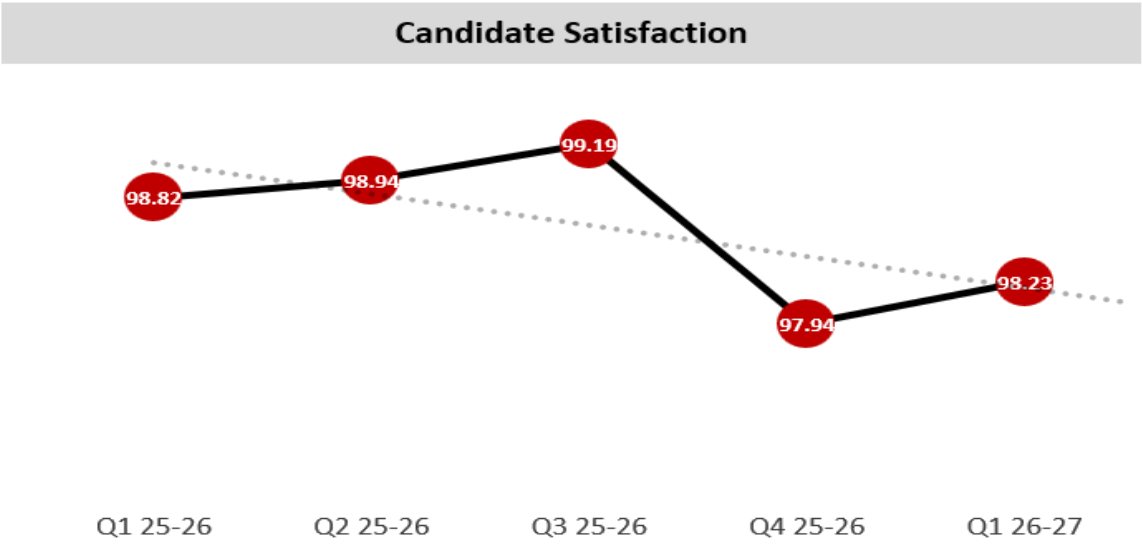


KPI29: Reporting Customer Satisfaction Rate

Candidate Satisfaction (All Duty Groups):

The number of returns increased from Q4, with 1127 valid evaluation forms submitted for Q1 courses. Candidate satisfaction increased slightly to 98.23% and remains above target. Feedback included positive comments relating to subject matter expertise of Instructors, their willingness to provide support, a positive delivery style and a good learning environment. Candidates valued opportunities to practice skills in realistic environments.

Areas for improvement identified through feedback included the design and structure of PowerPoint presentations, duplication between pre-course learning and classroom based technical sessions, catering provision, and some aspects of training facilities. This KPI is based on the percentage of candidates rating their overall experience as "Good" or "Very Good." In Q1, 1.77% of candidates rated their experience as "Fair" or "Poor."



GLOSSARY OF TERMS

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

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/38-46

Agenda Item: 11.1

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**HEALTH, SAFETY, WELLBEING AND ASSURANCE PERFORMANCE REPORT: QUARTER ONE (Q1) 2026-27**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is for the People Committee (PC) to scrutinise the content of the Health, Safety, Wellbeing and Assurance (HSWA) Performance Report Q1 2026-27 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 HSWA Function in Q1 to support SFRS Safety and Assurance Key Performance Indicators (KPI).
3	**Main Report/Detail**
3.1	HSWA continue to enhance the content of the report. HSWA 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 Health, Safety, Wellbeing and Assurance Quarter 1 Report.
4	**Recommendation**
4.1	The PC are asked to scrutinise the content of the Health, Safety, Wellbeing and Assurance Performance Report for Q1 2026-27 and provide feedback.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** 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.
5.15 5.15.1	**Prevention** 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	Health, Safety, Wellbeing and Assurance Quarter 1 Performance Report 2026-27	

Prepared by:	Victoria Regan, Business Support Officer
Sponsored by:	Jim Holden, Head of Health, Safety, Wellbeing and Assurance
Presented by:	Jim Holden, Head of Health, Safety, Wellbeing and Assurance

Links to Strategy and Corporate Values

SFRS Strategy 2025 28

Safe and Effective Response

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

Innovation and Investment

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
Safety and Assurance Functional Management Team (FMT)	*13/08/2026*	*For Scrutiny*	*Approved for submission to DMT*
Training Safety and Assurance Directorate Management Team (DMT)	*20/08/2026*	*For Scrutiny*	*Approved for submission to National Health Safety Wellbeing and Assurance Board (NHSWAB)*
NHSWAB	*16/09/2026*	*For Scrutiny*	
People Committee (Draft)	*17/09/2026*	*For Scrutiny*	
Senior Management Board	*22/09/2026*	*For Information*	
Strategic Leadership Team	*07/10/2026*	*For Information*	

APPENDIX A

Health, Safety, Wellbeing and Assurance Quarter 1 2026-27 Performance Report

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

Content

- Introduction
- Key Achievements
- 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 Health, Safety, Wellbeing and Assurance 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.

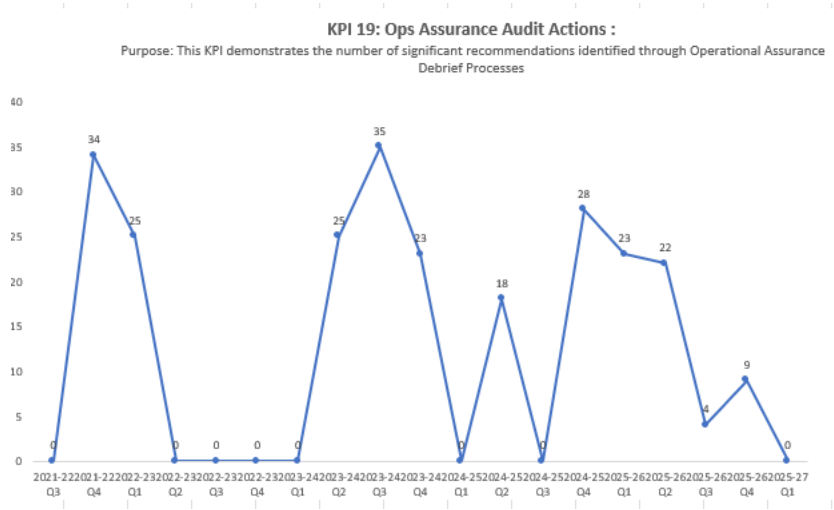
Item	Commentary
Safety Assurance	Two SA staff and two SDA West staff successfully completed intermediate food safety training and passed the exams. This provides in-house expertise to support the review and development of food safety management arrangements across SFRS.
Operational Assurance (OA) Learning	Operational Assurance facilitated 2 structured debriefs following the Level 5 plus 3 pump incident at Union Street, Glasgow. These debriefs included input from our partners at Network Rail, British Transport Police and Police Scotland. The learning from this incident will progress through established governance routes.
Training Assurance (TA)	Engagement sessions are underway to inform a current state analysis of On Station Training that is being carried out across SFRS. Engagement is being carried out with Wholetime and On Call Colleagues within East and North Mainland and West and WIOS. Training centre audits are currently being scheduled and will be carried out in due course and the Training Assurance Team will support the Training management Team.
National Operational Learning	Within Quarter 1 there were 3 Action Notes received from NFCC Organisational Learning 1. Electronic Vehicle (EV) Firefighting – The use of EV Fire Blankets; 2. Risk of BLEVE - Diferro Sublimation Calendar Presses; and 3. Floating Line – Service Testing in Accordance with Manufacturer Guidance. These Action Notes are being reviewed to determine learning for SFRS and will be progressed through established governance routes.
Event Management	The Equipment Information Card (EIC) for Breathing Apparatus (BA) has been updated following learning identified through two Health and Safety Event investigations. The revisions provide clearer inspection guidance, strengthen existing safety controls, and ensure lessons identified are embedded into practice, supporting the safe and effective use of BA across the Service.

Training	Progress continued across a number of key Health and Safety workstreams supporting operational training, contaminants management and wider assurance activity. Reports relating to Fire Contaminants Zoning and Project Hygeia have been prepared for submission at the Contaminants Subgroup, supporting ongoing review of SFRS guidance against national and NFCC fire contaminants research to identify areas of alignment and potential improvement. The training Team also worked toward getting the following documents published, GRA-120 Wildfire Equipment (Training), GRA-004 Career Ready Activities, and it's associated SSOW.
Firefighter Charity (FFC) Workshops	During Q1 2026/27, the Fire Fighters Charity delivered 20 completed online wellbeing workshops, attracting 394 attendees and averaging around 20 participants per session. Topics included stress management, nutrition, sleep, resilience, physical activity, nature connectivity and personal strengths, aligned to wider wellbeing calendar themes. Engagement was strongest during April and early May, particularly for Managing Stress, with the highest attended session attracting 57 participants. Nutrition and Healthy Eating also showed strong June engagement, with 132 attendees across six sessions. Overall, the programme demonstrated positive uptake of accessible partner-led support across mental wellbeing, lifestyle, sleep, physical activity and resilience.
Health Assured	During Q1 2026/27, there were 53 counselling calls across April, May and June 2026, compared with 57 during the same period in 2025, representing a small reduction of approximately 7%. Advice calls remained at zero, and the most common presenting themes continued to include anxiety, depression, bereavement, low mood and access to service. Quarterly reporting shows continued engagement with counselling support, including face-to-face and online provision. Health Assured reported positive clinical outcomes, including improvements in anxiety and depression scores, alongside reductions in workplace distress, presenteeism and work-related concern. All April, May and June service-level targets were achieved, with customer satisfaction remaining strong through an NPS score of 77.6 and 84.5% of respondents recorded as promoters.
Fire Fighters Charity (FFC) Self-Assessment Tool	As part of Stress Awareness Month, the Fire Fighters Charity promoted its free wellbeing self-assessment tool, developed with Rightsteps, to help colleagues reflect on stress, anxiety, low mood and wider wellbeing needs. The tool provides personalised results, practical advice and onward signposting, including access to the Fire Fighters Charity 24/7 Crisis Line where immediate support is required.

Wellbeing Visits	During Q1, the Wellbeing Team delivered targeted roadshows at McDonald Road, covering the five duty system and wider station-based staff, with further visits completed at Invergordon and Galashiels. These sessions increased visibility of wellbeing support, provided lifestyle assessments and health checks, and offered advice on nutrition, musculoskeletal injury prevention, mental wellbeing and relevant internal or partner support pathways.
Wellbeing Events	During Q1, wellbeing communications and engagement supported Stress Awareness Month, SFRS Cycle to Work Month, Age Awareness Month, Bladder Cancer Awareness Month, On Call Wellbeing Month, LGBTQIA+ Pride Month and Gypsy, Roma and Traveller History Month. Activity also promoted national awareness dates and partner-led signposting, including Health Assured, the Wisdom app, Fire Fighters Charity support, Lifelines, the Wellbeing Champion Programme and Post Incident Support Process resources.
Post Incident Support	During Stress Awareness Month, activity strengthened awareness of the Post Incident Support Process (PISP) and the routes available for timely support following distressing or traumatic incidents. This included clinical input from the Rivers Centre, lived experience learning, psychological first aid principles, Lifelines resources and signposting to specialist support where required, reinforcing early support, peer support and appropriate recovery pathways.
Health & Wellbeing Partnership Working	During Q1, Health & Wellbeing continued partnership discussions with Sodexo and Training colleagues on the Mindful Active nutrition and wellbeing programme. The latest update confirmed this is a full Sodexo rollout, rather than a standalone pilot, structured around 12 two-month campaign themes. For SFRS, initial implementation is planned to commence at the National Training Centre (NTC), with any wider rollout to be considered following review and operational learning. Catering provision is currently available through Sodexo at NTC and Newbridge only, which will inform planning and delivery options. The approach will be supported where appropriate by webinars, pre-recorded sessions and one potential annual on-site visit. Evaluation before launch and again after approximately six months has been supported, with operational alignment to be progressed with Sodexo, Training and Alison Harper at the next meeting.

Key Performance Indicators

KPI19: Operational Assurance Debrief Actions



In Q1, no recommendations progressed to OLG. Workstreams have continued into Q2, and recommendations will follow once approved at NHSWAB and progressed to OLG.

OA Submission Outcomes

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

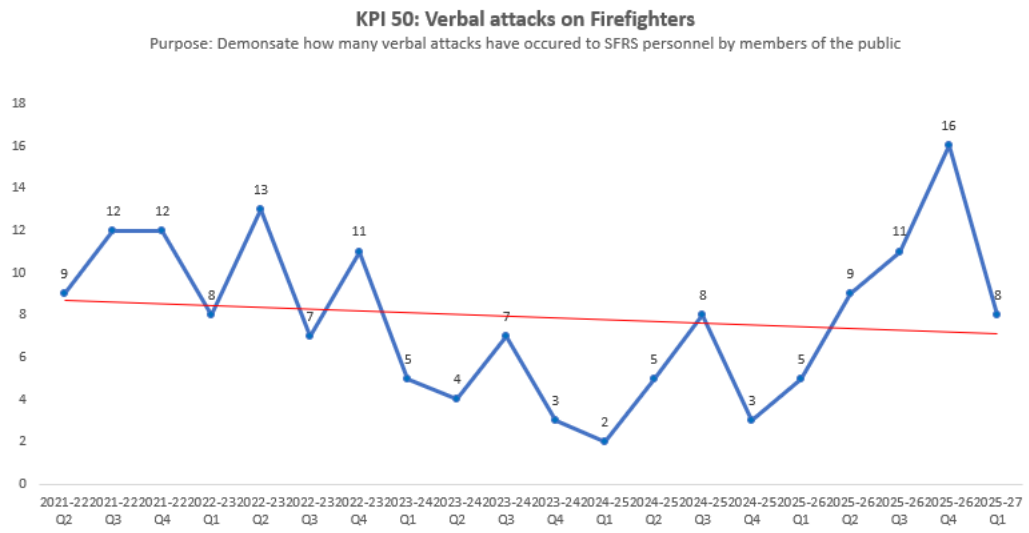
There is an ongoing rollout of the digital radio software update across all SFRS station. Whilst improvements have been observed, Operational Assurance will continue to monitor this trend and report and findings to Operational Delivery.

Operational crews are encouraged to report any findings through the OA process. A thematic Audit will be conducted in due course to determine effectiveness of the software update and identify any further areas for improvement.

Bariatric Incidents

Bariatric incidents remain a recurring operational demand, the majority requiring labour intensive casualty movement. Operational Assurance identified some inconsistencies in the application of AC notification procedures, highlighting opportunities to improve procedural compliance. Operational Assurance will continue to monitor this trend to support evidence-based improvements in equipment, training and operational guidance

KPI50: Verbal Attacks on SFRS Staff



A total of 8 verbal attacks were reported in Q1 2026-27, a 60% increase (5 to 8) when compared to the same quarter in the previous reporting year.

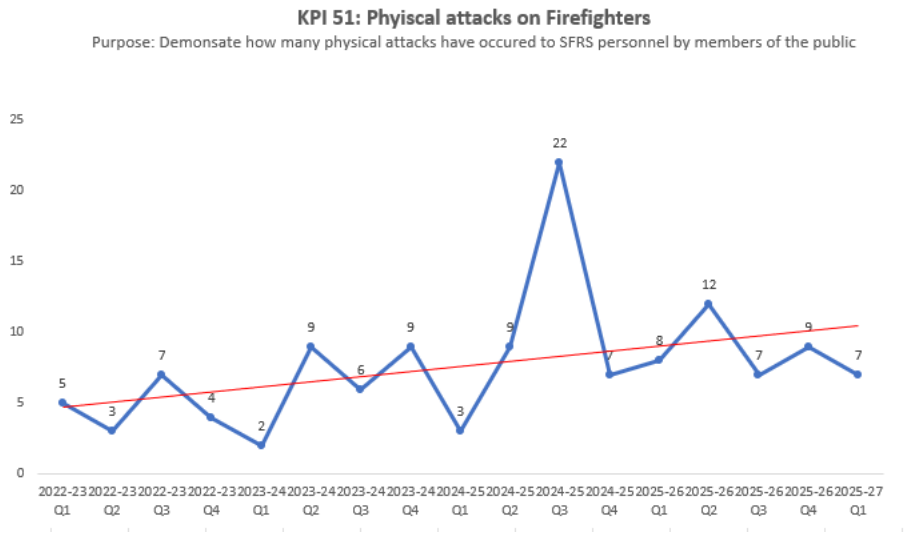
5 events occurred at operational incidents, and the remaining 3 occurred during non-operational incidents. 5 of the 8 events required the assistance of Police Scotland.

Verbal Attack Events of Note:

- A crew was mobilised to fire in open incident. Upon arrival there was a large group of youths surrounding the fire preventing crew from extinguishing. The youths were being confrontational, threatening and verbally abusive towards firefighters. The crew withdrew to a safe place, requested police and awaited their arrival. Police attended and when youths dispersed, the crew extinguished the fire; and
- Crews were mobilised to a dwelling fire. When firefighters entered the property, the occupier was unconscious on the couch. The firefighters woke the occupier up and attempted to escort them from the property. The occupier became verbally abusive

towards crew who withdrew from the property. The occupier then followed crews outside and continued to verbally abuse them until the arrival of Police Scotland.

KPI51: Physical Attacks on SFRS Staff



When compared to Q1 in the previous reporting year, a 13% decrease is reported (8 to 7) in Physical Acts of Violence (AoV), which includes attacks against equipment and property (2 of 7).

86% (6 of 7) events occurred during operational activities with the remaining 14% (1 of 7) events occurring during non-operational activities.

All physical attacks towards SFRS staff recorded this period were missile attacks on crews.

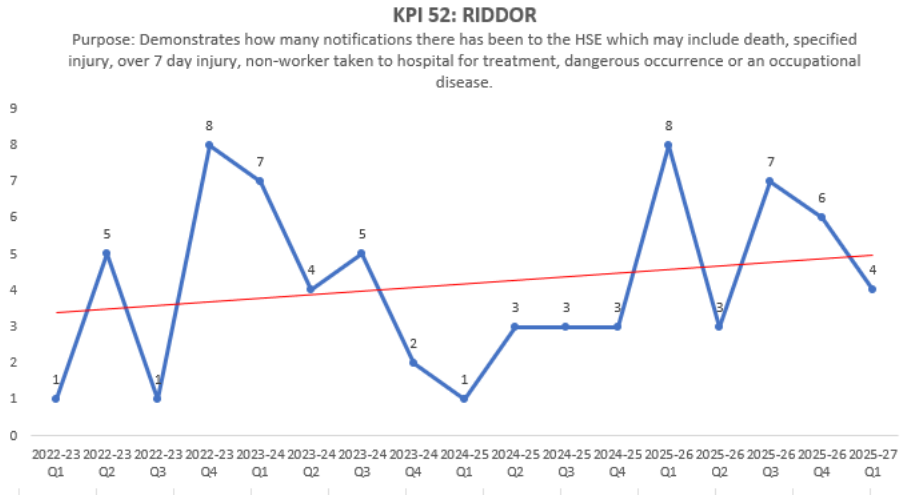
Examples of Physical Attacks:

- Crews attended a secondary fire in a wooded area. Whilst crews were extinguishing the fire, approximately 10-12 youths on e-bikes and e-scooters approached crews and began to throw sticks and stones. Police Scotland attended the incident and the youths dispersed. No injuries were sustained by firefighters;
- Crews arrived at a burning derelict farm building where a fire was developing. While personnel were deploying firefighting equipment and assessing the surrounding hazards, a firefighter was struck on the nose by a golf ball that came through an adjacent hedge. No members of the public were observed in the immediate vicinity at the time of the incident; and
- While in attendance at an incident, firefighters observed stones being thrown from an adjacent park in the direction of responding appliances and personnel. No injuries

were sustained and no damage was caused to vehicles or equipment. Police attended the scene and obtained details of the event from the Watch Commander.

SFRS continue to work with Police Scotland to ensure acts of violence are reported under the Emergency Workers (Scotland) Act 2005.
SFRS continues to work collaboratively with schools, community groups and partner agencies to reduce incidents of violence and aggression towards operational crews through targeted engagement and public awareness activity. These initiatives reinforce the message that abuse, threats and attacks on emergency service personnel are unacceptable and can adversely affect operational response and community safety.
Through education, engagement and partnership working, SFRS seeks to promote responsible behaviour, enhance community awareness and support a reduction in attacks on firefighters and fire appliances.

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



There were 4 RIDDOR events reported in Q1, compared to 8 in the corresponding period from the previous year. 2 of the 4 events were reported as dangerous occurrences, and the remaining events were reported as 1 specified injury and 1 over seven-day incapacitation.

Dangerous Occurrences

- During firefighting operations, crews encountered fibrous material while carrying out cutting away activities. Subsequent testing confirmed the material contained asbestos. Five firefighters were identified as having been potentially exposed due to inconsistent use of respiratory protection equipment (RPE); and
- During pre-entry BA checks at an incident, a firefighter identified that the ADSU failed to power on or display any information, despite the LDV supplying air to the

facemask. The defective equipment was immediately reported and replaced before deployment. No injuries occurred.

Specified Injury

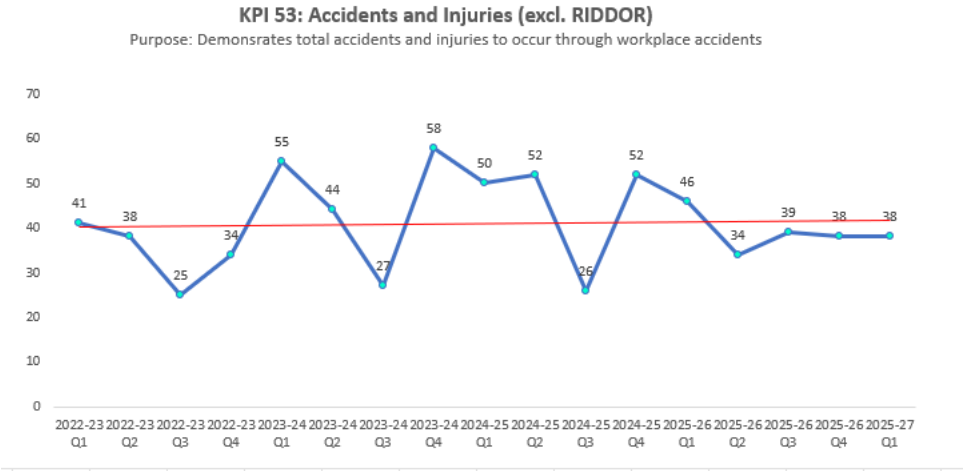
- Whilst at an incident IP was removing metal shuttering from windows which slipped through their hands and landed on their foot above where steel toe cap ends. This resulted in a small fracture to their 3rd metatarsal bone.

Over Seven-day RIDDOR event:

- While operating as part of a two-person BA team, a firefighter sustained a knee injury after stepping into a concealed, water-filled pit within a structure. Visibility was reduced by firefighting conditions and accumulated water, which obscured the hazard.

All employees involved in RIDDOR-reportable injuries were referred to the Health and Wellbeing Service and received ongoing support throughout their recovery and return to work.
In addition, employees identified as having a potential exposure to asbestos were referred for ongoing monitoring, with details of the potential exposure recorded within their occupational health records. This approach ensures appropriate occupational health oversight, supports employee wellbeing, maintains an accurate exposure history, and facilitates any future health surveillance requirements.

KPI53: Accident/Injuries (AI) Excl. RIDDOR



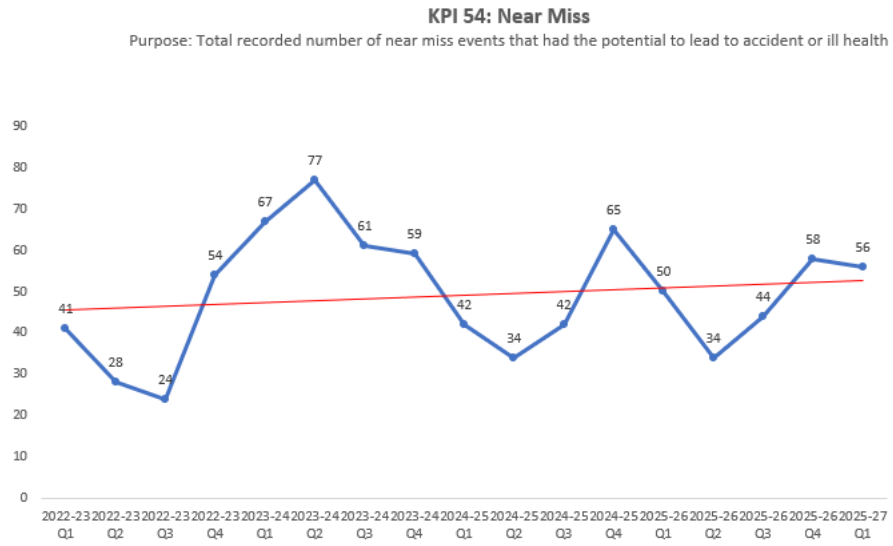
There was a 17% decrease in Accident/Injuries from Q1 in the previous reporting year (46 to 38). The top three causations were Manual Handling, Impact from Slips, Trips and Falls and events involving an animal.

45% (17 of 38) occurred during operational activities, 29% (11 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:

- Whilst looking for access to a reported fire, the IP stepped onto raised grass verge at the side of the road and lost their footing. This resulted in the IP falling forward onto the ground injuring their left shoulder; and
- Whilst restowing a 9m ladder onto ladder gantry, IP was bracing the ladder gantry from the underside. The IP's left hand was on the locking mechanism when the command "*ready to launch*" was given, the ladder was pushed up the ladder gantry and the IP's finger was caught within the ladder gantry mechanism.

KPI54: Near Miss (NM) Events



There is a 12% increase (50 to 56) in NM when compared to Q1 in the previous reporting year. Operational NMs accounted for 43% (24 of 56), 39% (22 of 56) occurred during Non-Operational activities and the remaining 18% (10 of 56) occurred during Training activities. The most common category was Breathing Apparatus (12 of 56). Key recurring themes include:

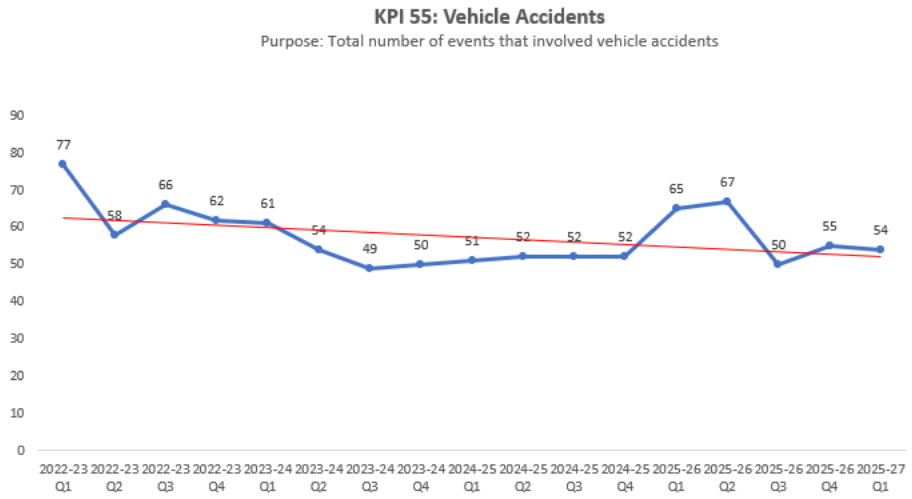
- Air supply issues;

- Electronic and mechanical failures; and
- Physical equipment defects or damage.

Near Miss Events of Note:

- While carrying out routine maintenance on equipment, it was noticed that a grinder nut had been put on the wrong way round. This was noticed before testing. If used operationally this could have damaged the equipment or personnel could have sustained an injury; and
- Near miss recorded due to a breakdown in communication at an incident where crews were working in the vicinity of railway line. Crews were at work with beaters to extinguish a large grass fire.

KPI55: Vehicle Accidents (VA)



Vehicle Accidents (VAs) decreased by 17%, when compared to the previous reporting year (65 to 54).

56% (30 of 54) of all VAs reported occurred during operational vehicle movements, 37% (20 of 54) occurred during non-operational activities, and 7% (4 of 54) occurred during Training.

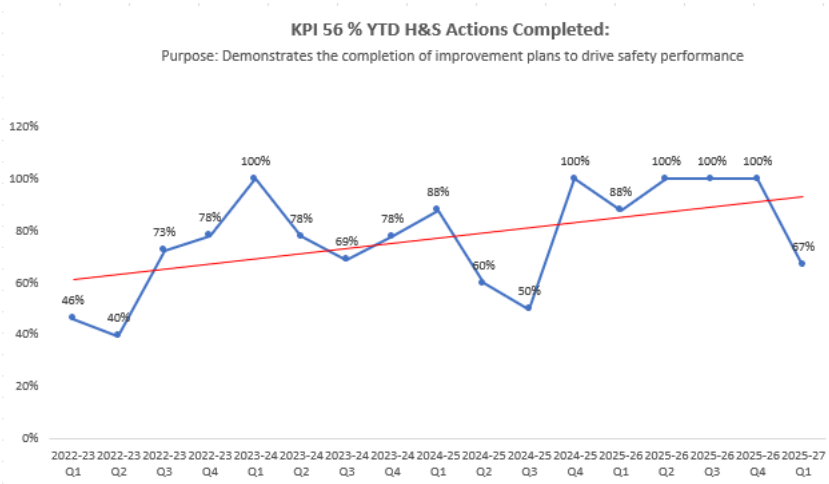
Low speed manoeuvre (LSM) incidents reduced from 51% (28 of 55) in Q4 to 44% (24 of 54) in Q1, representing a notable improvement. Blue light driving incidents remained numerically

consistent at 24% (13 of 54) when compared to Q4. Normal road speed incidents also remained consistent at 15% (8 of 54) in Q1, and four incidents, 7% (4 of 54), occurred while stationary (ALP turret), an increase of 5% when compared to Q4.

Vehicle movement is recorded as 59% (32 of 54) of Q1 incidents occurring during forward movement. 15% (8 of 54) during reverse manoeuvres, and 6% (3 of 54) while stationary.

Vehicle accidents across the SDAs were distributed as West with 18 (33%), North with 17 (32%), and East with16 (30%), with a further 3 (5%) attributed to Directorate activity.

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



In Q1, 67% of actions (6 of 9) were complete. A 21% decrease is noted when compared with Q1 2025-26.

Outstanding actions relate to the Dear Chief Officer Letter (DCOL), the review of Generic Risk Assessment Action Plans Support Review and the application of the Operational Assurance role Thematic Review.

A DCOL workshop was held in July. Organisational direction was provided. The intention is for the DCOL plan to be integrated into the Breathing Apparatus Procurement Project arrangements.

The Support Reviews for Generic Risk Assessments have been completed for any assessment with an action plan attached. The outcomes of the support review are pending governance. This is scheduled to go to the August HSWA FMT.

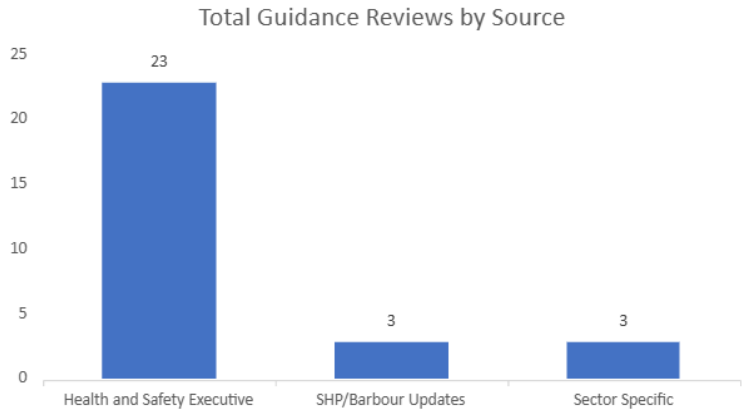
The application of the Operational Assurance Officer role Thematic Review is pending a proposal to amend the action to better reflect the Operational Assurance workstreams. This action was developed prior to the completion of the 2025/2026 Q4 Thematic Audit into OA processes which contains an approved recommendation for further training and development of the FDO Cadre and wider SFRS in the purpose and implementation of the Operational Assurance Officer Role. Training has already commenced with Engagement within D&G On Call cadre and FDO Command Group 4 being delivered within July. Amending the action will align more closely with the HMFSI action and meet the requirement of the ask more clearly.

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

Legislation and Compliance

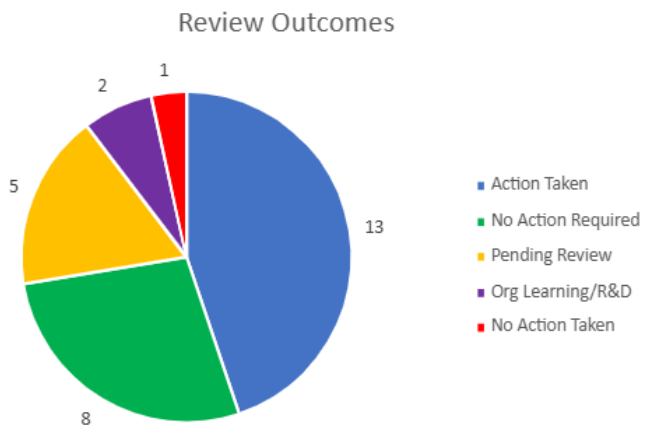
Safety Guidance Reviews

The guidance review process has been simplified to summarise reviews undertaken, source of documentation, risk owners and outcomes taken, and evidence of completed or pending actions:

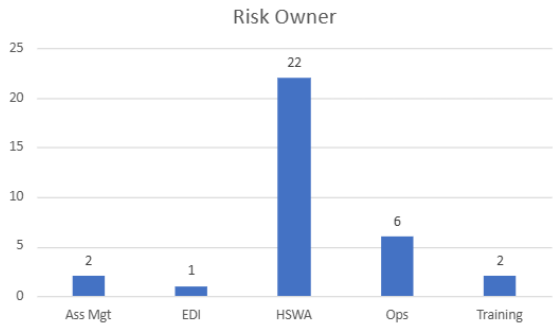


29 guidance reviews were undertaken during Q1, of which 79% (23 of 29) were issued by the Health and Safety Executive (HSE). Examples of actions generated included:

- Statistical data and revised guidance content added to the new GRA-115 Stress Management, and new LCMS stress management content due further development in Q2. The GRA is structured around the HSE Management standards and outlines the controls and support available to mitigate work-related stress;
- SFRS participation in the HSE's RIDDOR consultation, which aims to clarify RIDDOR reporting criteria and broaden the range of notifiable occupational diseases;
- A request for confirmation of compliance with the HSE's updated guidance on infections and biological hazards at work from the Operations and Training Functions;
- New HS guidance on engineered stone and health surveillance for workers regularly exposed to Respirable Crystalline Silica (RCS) dust, which Health and Wellbeing are implementing; and
- The spring legislation updates webinar review of the Health and Safety Legal Register.



45% (13 of 29) of the guidance reviews required action to be taken, 28% (8 of 29) required no further action, and 17% (05 of 29) are pending review, for example, awaiting webinars or confirmation of action taken from risk owners.

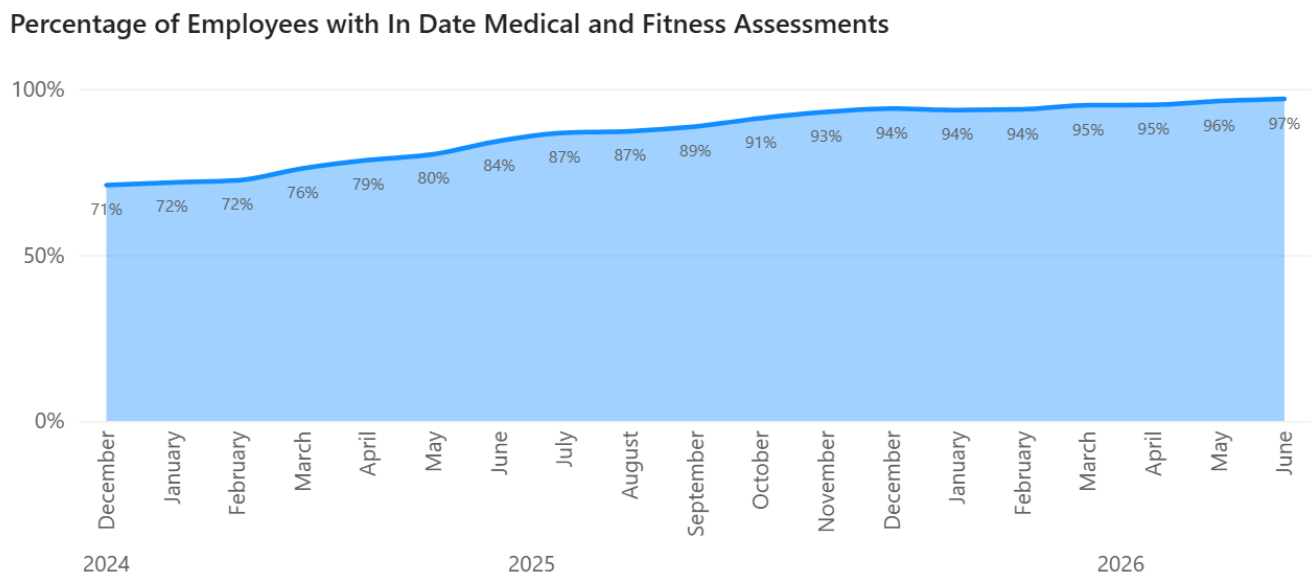


The Health, Safety, Wellbeing and Assurance Function had the most guidance review actions among Functional risk owners, at 76% (22 of 29).

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.

At the end of Q1, 97% of employees had both an in-date medical assessment and an in-date fitness assessment. Looking at each individually, 98% had an in-date medical assessment and 98% had an in-date fitness assessment.



Note: Work continues on MyCority recording system for enhanced and timely reporting in future quarterly reports.

Wellbeing: Asbestos Medicals

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

At the end of Q1, 192 employees had completed an asbestos medical and had a recorded outcome. Of these, 188 were deemed to be Fit (98%) and 4 individuals were unfit (2%).

In the event that staff feel they have been exposed, or potentially exposed, to asbestos, an EHS/1 Notification of exposure to Hazardous Substances form available on SFRS-IHUB, must be completed by the Incident Commander or Risk owner and sent to the Health and Safety mailbox **SFRS.Healthandsafety@firescotland.gov.uk** for processing. Following completion of the TASS Event Investigation and confirmation of the outcome, Health and

Wellbeing services are available to provide further advice and support to any employees affected by the incident.

Wellbeing: Vaccinations

- 180 required personnel in 2026;
- 155 Received initial Vaccination (awaiting 2nd vaccine);
- 13 Awaiting 1st Vaccination;
- 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.

Supporting recruitment places a consistent demand on Health and Wellbeing. In Q1, the team supported assessment delivery at 29 physical selection test days and 30 recruitment medical assessment days, the latter requiring two members of staff per day. In addition, Wellbeing maintains an ongoing commitment to the PREP programme, delivering fortnightly engagement sessions and health screening.

	Q1	*Q2*	*Q3*	*Q4*	*Q1*
Physical Selection Test days	20	37	16	14	29
Recruitment Medical days	29	37	33	29	30
Total Recruitment days	49	74	49	43	59

Information and Updates

Contaminants

Contaminants management is now embedded as business-as-usual activity and the Contaminants Group has been stood down. Ongoing governance and delivery continue through the Contaminants Subgroup, with further actions progressed through the National Health, Safety, Wellbeing and Assurance Board (NHSWAB) to support the ongoing reduction of exposure to fire contaminants and the protection of employee health and wellbeing.

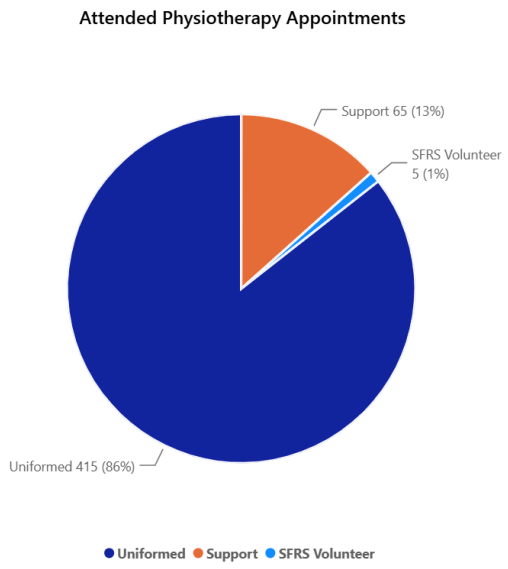
As part of the ongoing implementation of contaminant control measures, two towels are being provided to all operational personnel to support effective decontamination procedures following incidents. The provision of additional towels supports good hygiene practices, reduces the potential for cross-contamination, and aligns with SFRS measures aimed at minimising exposure to harmful fire contaminants and protecting the long-term health of employees.

Following the publishing of research name Project Hygeia, conducted by the Home Office, SFRS conducted a comparison against its findings and the SFRS Fire Contaminants documentation. Project Hygeia refers to contaminant transfer, workplace arrangements and opportunities to improve control measures.

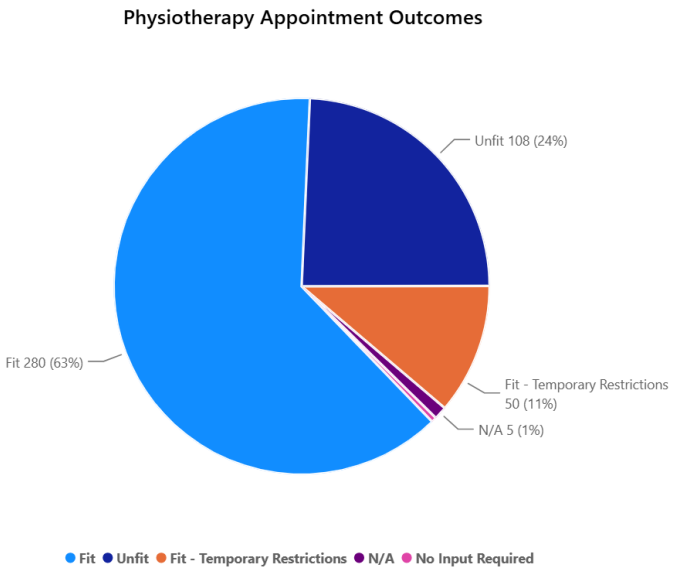
To ensure SFRS keeps abreast of new information and research, recommendations are being developed for consideration by the subgroup.

Physiotherapists

During Q1 2026/27, physiotherapy reporting recorded 445 attended outcomes across April, May and June. The service supported primarily Uniformed staff (377 attended outcomes), with Support staff (63) and Volunteers (5) also accessing physiotherapy during the quarter.

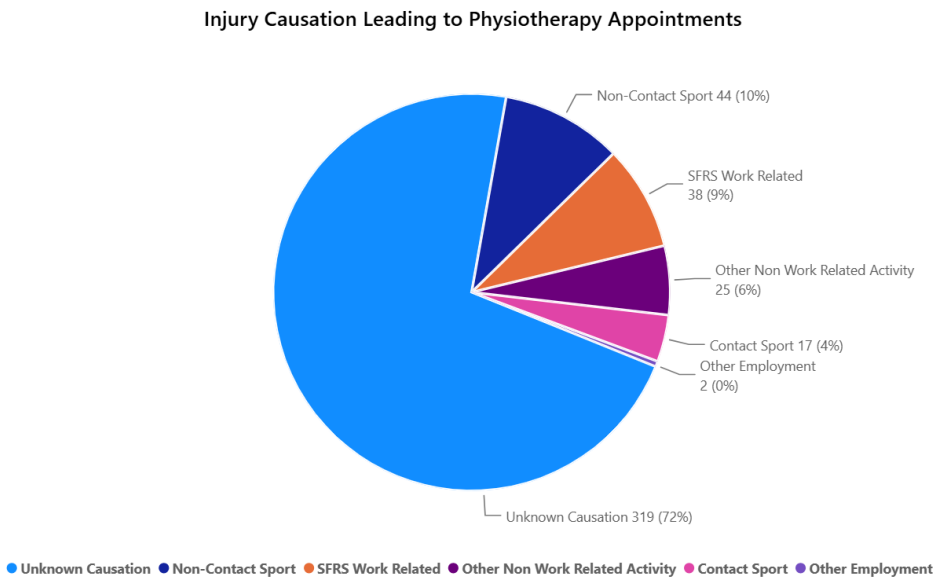


Across Q1, physiotherapy outcomes indicate that most attended cases were returned as Fit for Duty. Volunteer activity remained low in volume, with 3 Fit for Duty outcomes and 2 Unfit for Duty outcomes recorded during the quarter. Support staff recorded 50 Fit for Duty outcomes, 10 Unfit for Duty outcomes, 1 Fit with Temporary Restrictions outcome and 2 No Input Required outcomes. Uniformed staff continued to represent the highest volume of activity, recording 227 Fit for Duty outcomes, 96 Unfit for Duty outcomes, 49 Fit with Temporary Restrictions outcomes and 5 N/A outcomes across April, May and June.

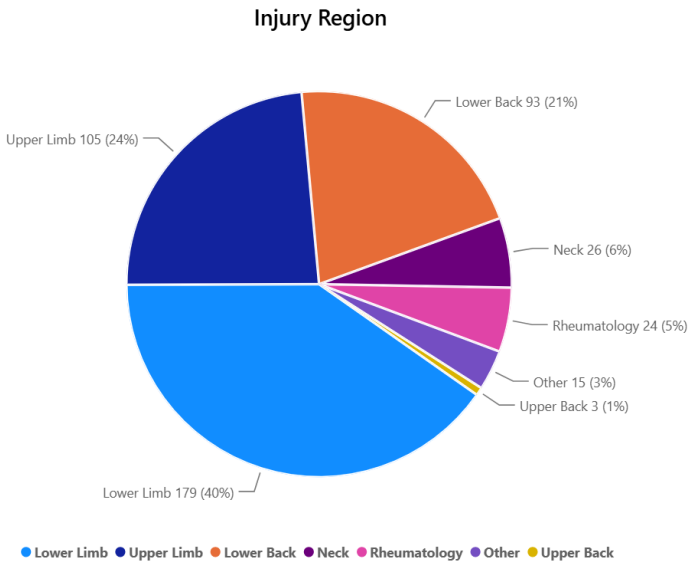


Causation reporting shows that the majority of Q1 physiotherapy presentations were recorded as Unknown causation (319). The remaining recorded categories were Non-contact sport (44), SFRS work related (38), Other non-work related activity (25), Contact sports (17) and Other employment (2). This indicates that, while work-related and activity-related

presentations are present, a significant proportion of cases do not yet have a defined causation category recorded.



Injury region reporting shows that lower limb, upper limb and lower back presentations remained the most common themes across Q1, particularly among Uniformed staff. Uniformed staff recorded 164 lower limb presentations, 93 upper limb presentations and 78 lower back presentations across Q1, alongside neck (20) and rheumatology (11) presentations. This continues to support the wider focus on musculoskeletal injury prevention and the importance of early access to physiotherapy advice, rehabilitation support and return-to-work guidance.



For Support staff, Q1 presentations included lower back (15), lower limb (14), rheumatology (12), upper limb (9), neck (6), Other (5) and upper back (2). Volunteer presentations were lower in volume, with upper limb (3), lower limb (1) and rheumatology (1) recorded across the

quarter. Although volumes were lower than Uniformed staff, the data demonstrates that physiotherapy provision continues to support a range of workforce groups and injury presentations across SFRS.

Driver Safety Group (DSG)

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

- Additional Low Speed Manoeuvre training equipment has been purchased and rolled out across SDAs. The aim is to increase the local training capacity and support the consistent delivery of practical driver development. The goal is to improve driver competence and reducing vehicle accidents.

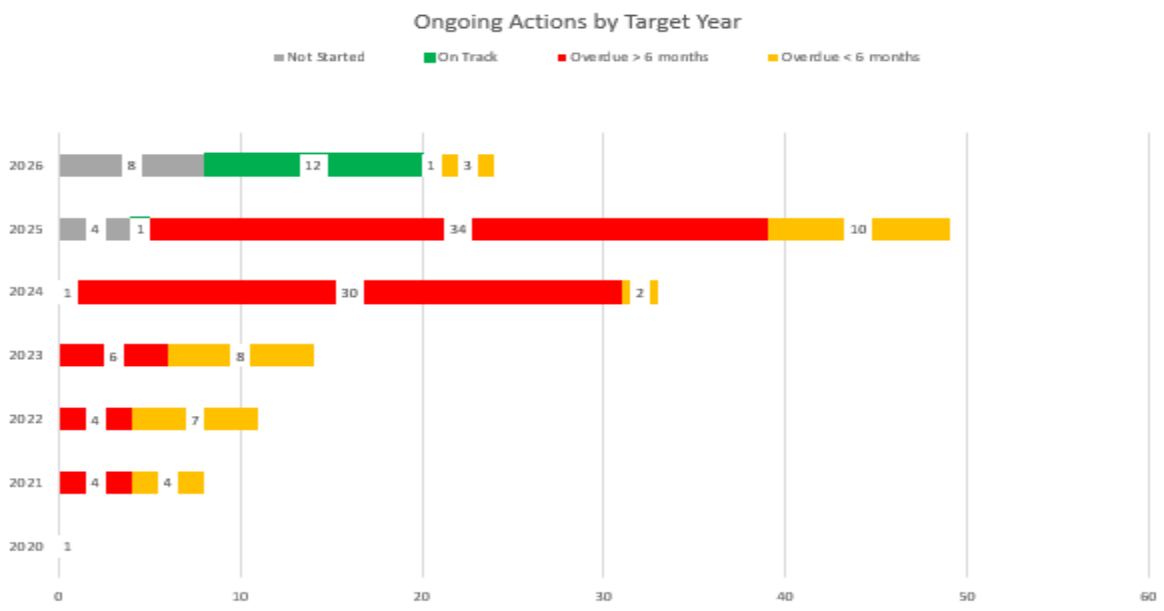
Organisational Learning Group (OLG)

Since 2018, the OLG tracker has a total of 632 recommendations from Debriefs, Accident/Near Miss Investigations, external learning cases, etc.

Of the 632 actions, 492 of these have been recorded as closed with 140 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.

There were no new action plans added to the OLG tracker during Quarter 1:

A total of 31 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.

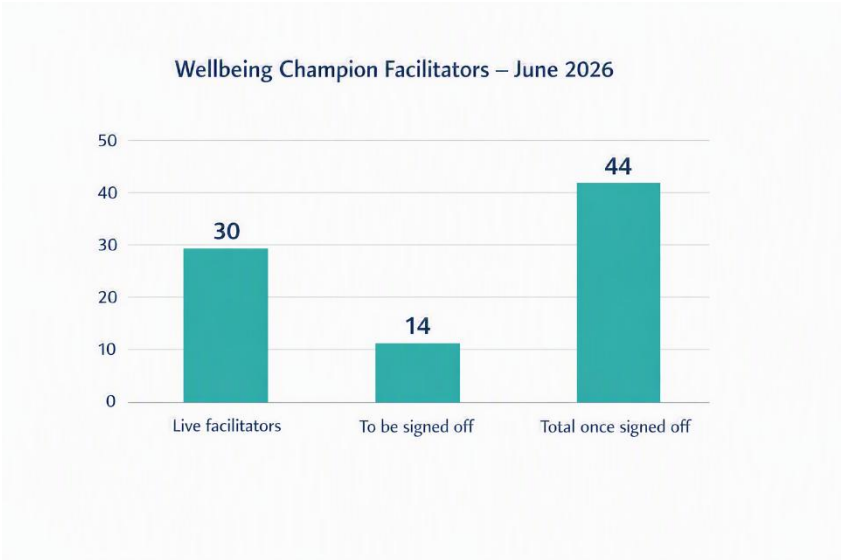
Wellbeing Champions

Wellbeing Champions act as a Service-wide resource and are available to support all employees, regardless of geographical location. On-duty Champions can be contacted by any member of staff across Scotland, ensuring support is accessible even where a local Champion may not be available. A Directory of Wellbeing Champions is available to all employees via iHub, enabling staff to identify and contact a Champion directly.

At the end of Q1, there were 240 live Wellbeing Champions, made up of 53 Leads and 187 Champions. This reflects continued growth across the quarter, with live Champion numbers increasing from 223 in April to 239 in May and 240 in June. A further 157 people were progressing through the Champion pathway at the end of June, following a slight reduction from 153 in April to 146 in May before increasing again in June.

June reporting shows 78 Champion Leads in total, including 53 live Leads and 25 in progress. Across the wider Champion cohort, there were 319 Champions in total, made up of 187 live Champions and 132 in progress. These figures are inclusive of Service Delivery and Directorates combined and remain dependent on local areas advising of moves, promotions and leavers.

Facilitator capacity remains an important enabler for pathway progression. At the end of June, there were 30 live facilitators and a further 14 to be signed off, giving a potential total of 44 once complete. No further facilitators were signed off during June; however, five facilitators are scheduled for observation in July while delivering modules 1 and 2 to WTFF Trainees at NTC.



Current Champions continue to be supported through monthly newsletters and engagement sessions. The June engagement session included input from the Fire Fighters Charity on

welfare support available to staff, with July activity planned to focus on the Champion role as an ally for Violence Against Women and Girls. The Wellbeing Champion Sub-Group has been re-established and met on 25 June, finalising the Terms of Reference and progressing review activity linked to the HMFSI action to evaluate the Champion Programme, including associated documents, the Champion toolkit, programme structure, SPoC role and use of the Champion Interventions / Activity Tracker. The Suicide Prevention Sub-Group has also been re-established, strengthening the governance route for targeted mental health and suicide prevention activity. Both groups will support ongoing review, improvement and assurance of wellbeing provision across SFRS.

Management Arrangements (MAs)

The Health and Wellbeing Policy was published in April 2026 and sets out the Scottish Fire and Rescue Service commitment to promoting, progressing and supporting the physical and mental wellbeing of all employees so far as is reasonably practicable. The organisation recognises that its workforce is its most valuable asset and employee wellbeing is a vital component of its success, directly impacting engagement, productivity and retention.

A new Assurance Audits Management Arrangement was introduced, replacing the previous Station and Thematic Audit GIN. The scope of this MA has been expanded to include Operations Control and to introduce mandatory auditing of Volunteer Duty Stations, consistent with the established arrangements for On Call Stations, strengthening learning and assurance escalation routes and shared learning processes.

The First Aid Management Arrangement was updated to strengthen first aid provision across SFRS. Changes include new guidance on selecting first aiders and a revised Premises First Aid Needs Assessment Form, with the removal of COVID-19 PPE requirements, enhanced consideration of lone working, vulnerable persons and mental health support, and improvements to aid completion of assessments.
Premises Responsible Persons are required to implement the revised form during review cycles to ensure assessments reflect current health and safety guidance and support arrangements.

The annual review and governance approval of the Health and Safety Policy and Health and Safety Policy Statement have commenced in Q1. The updated policy aligns with current NFCC corporate and operational guidance, HSE guidance, and recent Directorate changes, and reinforces the Service's Health and Safety Management System through clearly defined

roles, responsibilities, governance arrangements, and a commitment to continual improvement, legal compliance, and a positive safety culture. The EHRIA has also been updated, with new research and all three will be published in Q2.

In Development

The following management arrangements continue to be reviewed and consulted upon:

- Support Review MA has completed consultation and is awaiting ratification;
- Engagement and Governance MA has been updated to reflect organisational restructure;
- Event Reporting and Investigation MA is merging all investigations MAs into one; and
- Stress MA is developing a new LCMS module for stress management.

Risk Assessments

The following GRAs were revised and published during Q1:

- GRA-004 Career Ready Activities;
- GRA-016 Youth Engagement Activities;
- GRA-019 Animal Rescue;
- GRA-049 All Incidents;
- GRA-103 Fires and Firefighting;
- GRA-106 Fires In Buildings;
- GRA-115 Stress Management; and
- GRA-120 Wildfire Equipment (Training).

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 Assurance Team has reviewed the Station Audit Data that has been collated over the 25/26 audit year. Completion of Station Audits across SFRS is detailed in Figure 1 below. Within the East SDA there were 24 Wholetime (WT) and 8 On Call (OC). The North SDA had 12 WT and 52 OC and West carried out 45 WT and 68 OC.

In total within SFRS there were 81 WT audits and 128 OC Audits. These 209 audits resulted in 520 Improvement Plan actions.

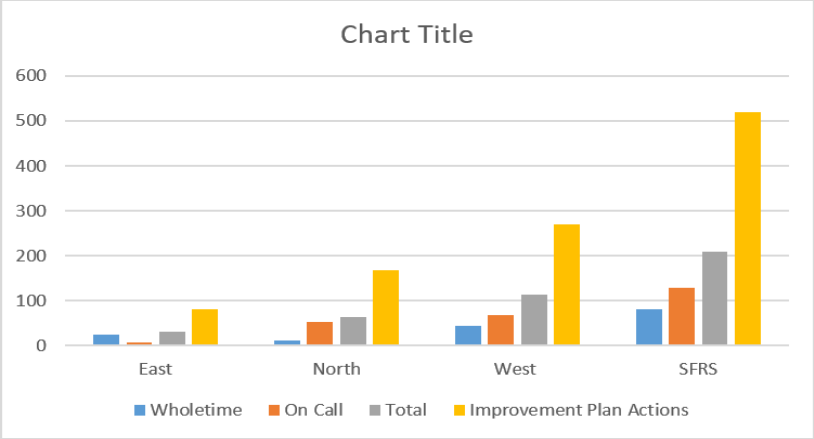
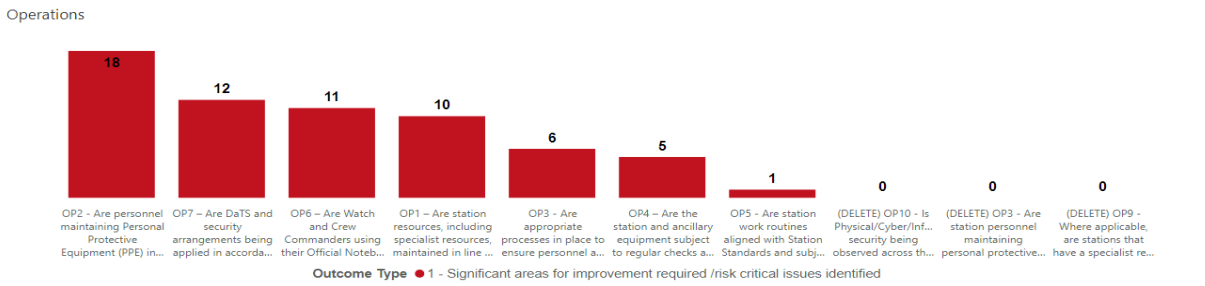
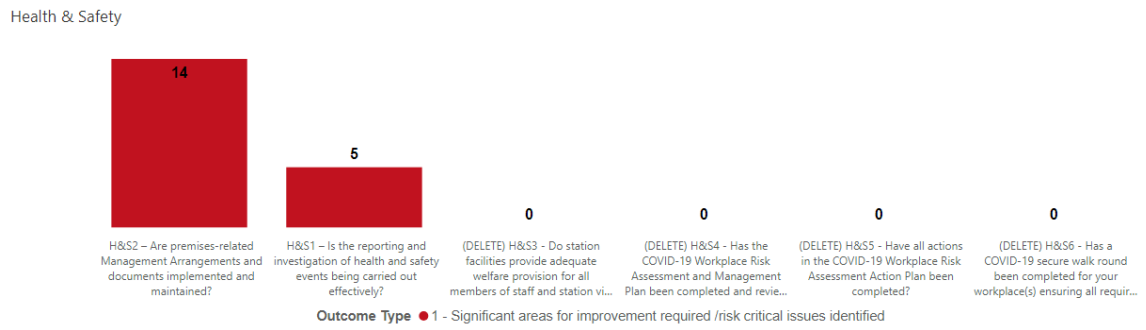


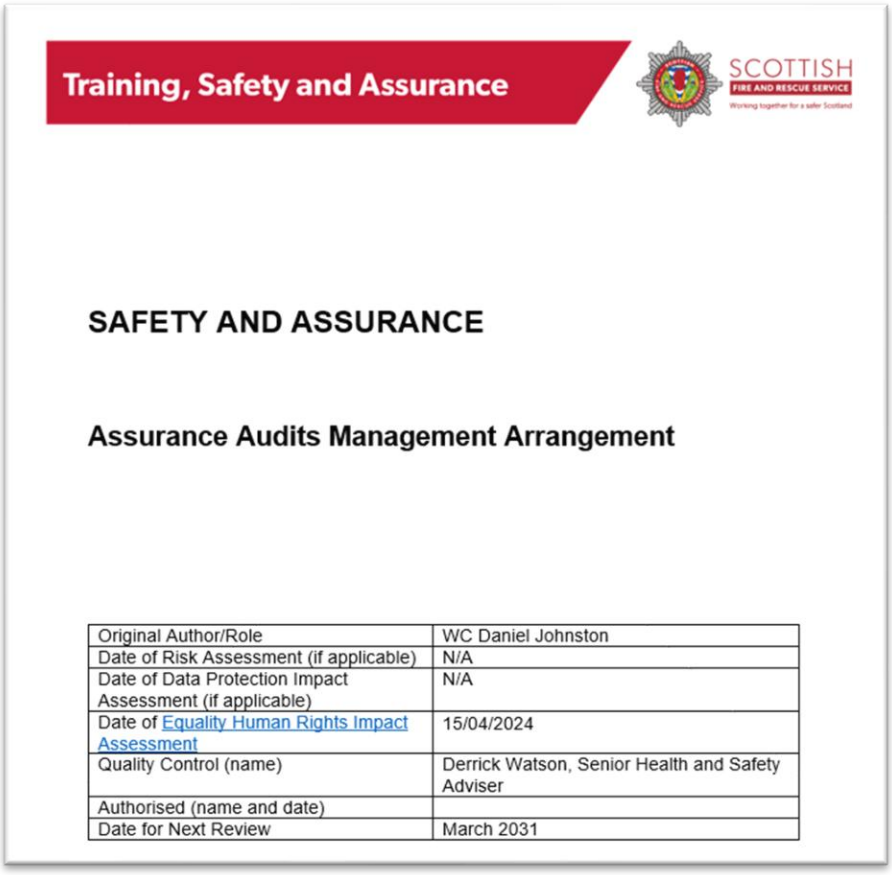
Figure 1

There were 119 areas across 53 audits that scored 1, which indicates an area requiring significant improvement or that was risk critical. The highest number of these outcomes was across the Safety and Operations elements of the audits.





Following review of the GIN Station and Thematic Audits, a new Management Arrangement has now been produced. This is the Assurance Audits Management Arrangement



Training, Safety and Assurance

SCOTTISH FIRE AND RESCUE SERVICE

Working together for a safer Scotland

SAFETY AND ASSURANCE

Assurance Audits Management Arrangement

Original Author/Role	WC Daniel Johnston
Date of Risk Assessment (if applicable)	N/A
Date of Data Protection Impact Assessment (if applicable)	N/A
Date of Equality Human Rights Impact Assessment	15/04/2024
Quality Control (name)	Derrick Watson, Senior Health and Safety Adviser
Authorised (name and date)	
Date for Next Review	March 2031

There are several changes within this document concerning Station and Control Room Audit processes.

This Management Arrangement provides guidance and support through:

- Defining roles, responsibilities and oversight for assurance, interim and thematic audits;
- Sets minimum expectations for audit planning, frequency, recording and follow-up;
- Confirms inclusion of Operations Control within the assurance audit framework; and
- Clarifies escalation and reporting routes, including links to SAIGs and organisational learning arrangements.

Future recording and reporting will be enhanced and will include detailed analysis and oversight of all audit areas.

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.

NORTH	Q1 2025/26	Q1 2026/27
Verbal AoV	1	1
Physical AoV	1	<0
RIDDOR	2	<1
Accident/Injuries	13	13
Near Miss	9	>17
Vehicle Accidents	17	17
Improvement Plan % Completion	75%	<100%

EAST	Q1 2025/26	Q1 2026/27
Verbal AoV	2	>3
Physical AoV	4	<1
RIDDOR	1	<0
Accident/Injuries	14	>16
Near Miss	18	<15
Vehicle Accidents	16	16
Improvement Plan % Completion	100%	100%

WEST	Q1 2025/26	Q1 2026/27
Verbal AoV	2	>4
Physical AoV	2	>6
RIDDOR	5	<2
Accident/Injuries	9	<7
Near Miss	19	<16
Vehicle Accidents	30	<18
Improvement Plan % Completion	100%	100%

Training, Safety and Assurance	Q1 2025/26	Q1 2026/27
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	14	<2
Near Miss	1	>4
Vehicle Accidents	3	<2
Improvement Plan % Completion	88%	<67%

Operations	Q1 2025/26	Q1 2026/27
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	0	0
Near Miss	1	>6
Vehicle Accidents	0	>1
Improvement Plan % Completion	80%	<100%

Finance, Digital and Infrastructure Directorate	Q1 2025/26	Q1 2026/27
Verbal AoV	0	0
Physical AoV	0	0
RIDDOR	0	0
Accident/Injuries	5	<0
Near Miss	0	0
Vehicle Accidents	2	<0
Improvement Plan % Completion	100%	100%

Prevention	Q1 2025/26	Q1 2026/27
Verbal AoV	**0**	**0**
Physical AoV	**0**	**0**
RIDDOR	**0**	**0**
Accident/Injuries	**2**	**<0**
Near Miss	**0**	**0**
Vehicle Accidents	**3**	**<0**
Improvement Plan % Completion	**100%**	**100%**

People, Communications and Engagement	Q1 2025/26	Q1 2026/27
Verbal AoV	**0**	**0**
Physical AoV	**0**	**0**
RIDDOR	**0**	**0**
Accident/Injuries	**0**	**>1**
Near Miss	**0**	**0**
Vehicle Accidents	**0**	**0**
Improvement Plan % Completion	**100%**	**100%**

GSC - Strategy and Change	Q1 2025/26	Q1 2026/27
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

Health, Safety, Wellbeing and Assurance
Quarterly Performance Report Q1 2026/27
Version 1.0
July 2027

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: **C/PC/39-26**

Agenda Item: **11.2**

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**HEALTH AND SAFETY POLICY**							
Report Classification:	**For Information**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	To inform the People Committee of this year's Health and Wellbeing Policy and the changes to its Statement of Intent following the annual review, in accordance with the Safety and Assurance Function Plan, SFRS restructuring, and its governance journey.
2	**Background**
2.1	SFRS has established a health and safety management system supported by the Health and Safety Policy, the Safety and Assurance Management Arrangement Framework (MAF), and other management arrangements, ensuring compliance with legal requirements as a minimum. The Policy is reviewed annually to incorporate identified changes and promote continuous improvement.
2.2	The SFRS Health and Safety Policy was originally developed to reflect the Department for Communities and Local Government (DCLG) Health, Safety and Welfare Framework (2013), which was withdrawn in January 2026 and replaced by NFCC Operational Guidance and Fire Standards, which serve as the foundation for operational policy, training and procedures.
2.3	The SFRS Health and Safety Management System (HSMS) and NFCC guidance are built on the foundational principles of the plan-do-check-act structure detailed in Managing for Health and Safety (HSG65), published by the Health and Safety Executive. Due to changes associated with alignment with NFCC operational guidance and the revised Health, Safety, Wellbeing and Assurance Strategy, this version of the H&S Policy will be reverted to version 1.
3	**Main Report/Detail**
3.1	SFRS is committed to protecting the health, safety and wellbeing of its staff by fostering a culture of psychological safety, managing risk proportionately, developing competence, and providing strong assurance and continual improvement in line with the Safety and Assurance Strategy.
3.2	The Statement of Intent has been revised to emphasise the above statement in greater detail and align with the main themes of the HSWA Strategy. This was a deliberate move away from the 'we will' statements in the previous Policy, as the Strategy is subject to change during its consultation and governance approval process.
3.3	The H&S Policy supporting Equality, Human Rights Impact Assessment (EHRIA) was also updated with new research and evidence sources, enhancing inclusion and equality impacts

	across all protected characteristics within the Policy, Framework and supporting arrangements.
3.4	Revision to this year's policy includes: • Revisions to the introduction to emphasise assurance through evidence-based alignment and compliance with NFCC national operational guidance; • Expansion of the scope to further promote a culture of psychological safety and inclusion; • Updates to staff and firefighter safety to align with NFCC Operational guidance; • Responsibilities revised to reflect governance restructuring, reintroduction of the Senior Management Board, and the National Health, Safety, Wellbeing, and Assurance Board; • Updated arrangements to encompass health, safety, and wellbeing, expansion of organisational learning and assurance, adoption of national operational guidance, enhancement of staff engagement and participation; and • Rewritten review section to reflect changes in national guidance, organisational learning, enhanced assurance arrangements and organisational restructuring.
3.5	The H&S Policy apply to all SFRS premises and covers all work activities carried out within the organisation. To ensure consistent awareness and adherence, the Policy Statement must be prominently displayed at all SFRS locations and circulated via Managers and the Staff Briefings.
4	**Recommendation**
4.1	The People Committee supports the changes to the Health and Safety Policy 26/27 and its EHRIA, which are now aligned with NFCC corporate and operational guidance, HSE guidance and SFRS organisational restructuring, enabling its journey through governance to continue to the National Health, Safety, Wellbeing and Assurance Board.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** In relation to meeting our legal and regulatory obligations, SFRS has a minimalist appetite.
5.2 5.2.1	**Financial** There are no financial implications in respect to the annual review of the SFRS Health and Safety Policy.
5.3 5.3.1	**Environmental & Sustainability** The annual review of the SFRS Health and Safety Policy has no environmental or sustainability implications.
5.4 5.4.1	**Workforce** The Health and Safety Policy and its arrangements promote a positive safety culture by ensuring that our Safety Values are embedded in everyone's thinking and actions.
5.5 5.5.1	**Health & Safety** The Health and Safety Policy and its arrangements ensure a robust health and safety management system that supports legal compliance and alignment and implementation of NFCC Operational Guidance.
5.6 5.6.1	**Health & Wellbeing** The Health and Safety Policy and Statement help support the health and wellbeing of SFRS staff through health surveillance identified within risk assessments and safe systems of work, ensuring safer workplaces and activities.

5.7 5.7.1	**Training** There are no training implications for the annual review of the Health and Safety Policy. The Statement of Intent must be displayed on all SFRS premises, and the Policy must be briefed to staff, to raise awareness of roles, responsibilities and arrangements.	
5.8 5.8.1	**Timing** The Health and Safety Policy and Policy Statement is reviewed annually in accordance with Health and Safety Improvement Plans.	
5.9 5.9.1	**Performance** The Health and Safety Policy arrangements are monitored, measured, analysed, and evaluated through event reporting and annual health and safety improvement plans.	
5.10 5.10.1	**Communications & Engagement** The Health and Safety Policy and its arrangements follow the Safety and Assurance engagement and Governance Management Arrangements.	
5.11 5.11.1	**Legal** If the Health and Safety Policy and its arrangements are not fully implemented, the SFRS may not be compliant with its legislative responsibilities.	
5.12 5.12.1	**Information Governance** DPIA completed – No – The Health and Safety Policy does not contain personal data requiring a supporting DPIA. Arrangements with the health and safety management system are subject to DPIAs where personal data is collected.	
5.13 5.13.1	**Equalities** EHRIA completed—Yes, the Health and Safety Policy has a supporting EHRIA, which has been revised to reflect the Policy changes and advances in guidance and research updates.	
5.14 5.14.1	**Service Delivery** Any impact on service delivery will be discussed through Safety and Assurance Improvement Groups (SAIG) prior to agreement and action.	
5.15 5.15.1	**Prevention** The Health and Safety Policy and its arrangements support NFCC operational guidance, staff safety, including prevention activities, risk assessments and safe systems of work.	
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 SFRS Health and Safety Policy ensures SFRS maintains a modern, legally compliant framework that aligns with NFCC and HSE guidance, supports current organisational structures, and clearly defines responsibilities for managing health and safety. The review also provides assurance that equality, diversity and human rights considerations have been embedded through the completion of an EHRIA.
8	**Appendices/Further Reading**	
8.1	Appendix A – Health and Safety Policy	

8.2	Appendix B Statement of Intent
8.3	Appendix C EHRIA.

Prepared by:	Derrick Watson, Senior Health and Safety Adviser
Sponsored by:	Jim Holden, Head of Safety and Assurance
Presented by:	Craig McGoldrick, Assistant Chief Officer Director of Training, Safety and Assurance

Links to Strategy and Corporate Values

SFRS Strategy 2025-2028

Objective: Safe and Effective Response:
- *New systems and technologies to enable more effective and productive incident response capabilities.*

Objective: Investing in Our People:
- *Opportunities for our people to develop their skills and careers will be available; and*
- *Enhanced succession planning arrangements to ensure we always have a sustainable and skilled workforce will be in place.*

Objective: Improving Performance:
- *New and innovative ways of engaging with communities to inform and support our decision-making.*

SFRS Values – Safety and Teamwork.

Governance Route for Report	Meeting Date	Report Classification/ Comments	*Meeting Approvals/ Outcomes*
SAFMT	*07/05/2026*	*For Recommendation*	
TSA DMT	*21/05/2026*	*For Information*	
NHSWAB	*15/07/2026*	*For Decision*	
SLT (Performance)	*19/08/2026*	*For Information*	
People Committee	*17/09/2026*	*For Information*	

APPENDIX A

Training, Safety and Assurance

SCOTTISH FIRE AND RESCUE SERVICE
Working together for a safer Scotland

HEALTH AND WELLBEING

HEALTH AND WELLBEING POLICY

Original Author/Role	Kelly Ireland, Clinical Lead
Date of Risk Assessment (if applicable)	Not Applicable
Date of Data Protection Impact Assessment (if applicable)	Not Applicable
Date of Equality and Human Rights Impact Assessment	April 2026
Quality Control (name)	Kelly Ireland
Authorised (name and date)	AC Michael Humphreys, Safety and Assurance – April 2026
Date for Next Review	April 2027

Safety. Teamwork. Respect. Innovation.

VERSION HISTORY

Version	Change	Who	When
1.0	First version issued	Kelly Ireland, Clinical Lead	29/04/2026

CONTENTS

1. PURPOSE AND POLICY STATEMENT

2. SCOPE

3. ROLES AND RESPONSIBILITIES

4. HEALTH AND WELLBEING ARRANGEMENTS

5. MENTAL HEALTH AND WELLBEING

6. PHYSICAL HEALTH AND SAFETY

7. CONFIDENTIALITY AND DISCLOSURE

8. TRAINING AND AWARENESS

9. REVIEW

10. FURTHER INFORMATION

11. ASSOCIATED DOCUMENTS / REFERENCES

1. PURPOSE AND POLICY STATEMENT

The Scottish Fire and Rescue Service (SFRS) is committed to promoting a progressive, engaging, supportive culture along with a safe and healthy working environment that supports the physical and mental wellbeing of all employees so far as is reasonably practicable. The organisation recognises that its workforce is its most valuable asset and employee wellbeing is a vital component of its success, directly impacting engagement, productivity and retention. Employee wellbeing can be influenced by personal factors, work factors, emotional factors, financial factors, health factors and social factors. Therefore, the SFRS will take a person-centred approach to this, enabling staff to take control of their own health and wellbeing with support provided by the SFRS, its stakeholders and guidance within NFCC medical Evidence Standards 2023. The SFRS has implemented a health and wellbeing data management system which promotes robust record keeping practices and a multidisciplinary team to support early intervention and ensure a culture in which staff are supported in maintaining their health and wellbeing. SFRS employees will be encouraged to take a responsible approach to health and wellbeing issues, ensuring that their health and wellbeing is prioritised including that of their colleagues and others in the workplace and it is always safeguarded.

This policy supports the SFRS Health and Safety Policy and relevant management arrangements, together with supporting Health and Wellbeing departmental documents that ensure the SFRS complies with their statutory obligations and duty of care to all employees under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, and Equality Act 2010.

This policy aims to:

- Foster a culture of health and wellbeing;
- Reduce stigma related to mental health issues;
- Ensure that work-related stress is managed and reduced; and
- Support employees in achieving a healthy work-life balance.

SFRS will, so far as is reasonably practicable:

- Ensure that the potential for ill health or injury arising from SFRS activities is minimised;
- Embed Health and Wellbeing in our culture, leadership and people management;
- Provide a holistic, collaborative, confidential, evidence based and pro-active Health and Wellbeing service to all pre-employment candidates and employees, ensuring compliance with all relevant legislation and regulation to facilitate early intervention and prevention;
- Develop and maintain a positive Health and Wellbeing culture through communication and staff consultation;
- Provide a working environment which enables employees to carry out their duties safely and effectively;
- Promote a quality, proactive Health and Wellbeing service for both the physical and mental health of all employees;
- Ensure employees are made aware of the channels which can be used to manage and deal with stress, mental health and work-related Health and Wellbeing issues;
- Create an environment in which employees are encouraged to seek any help and support they may need, and identify and implement appropriate measures to actively support them;
- Ensure provision of specific Health and Wellbeing requirements of employees who may be at risk, e.g. pregnant women, young people, employees with a disability or those returning to work following ill health or injury;
- Adopt a person centric approach by working in partnership with all stakeholders who have an interest in improving Health and Wellbeing within the SFRS and recognise the importance of shared involvement with employees and their representatives;
- Ensure that all operational personnel are provided with adequate support to maintain the SFRS fitness standards;
- Promote excellent work / life balance practices;

- Ensure that employees health and positive lifestyle choices are regularly promoted within the service through activities and information aligning to national and international Health and Wellbeing initiatives;
- Ensure risk critical information is effectively managed in a systematic manner and ensure control measures are effective through identified health monitoring;
- Implement and manage regular audit of Health and Wellbeing service provision;
- Provide a confidential Employee Assistance Programme (EAP) through contracted external partners;
- Provide physiotherapy and other rehabilitative services to prevent and reduce work related musculoskeletal absences;
- Ensure all Health and Wellbeing data is managed in line with the principles of the General Data Protection Regulation (GDPR) 2018;
- Provide Post Incident Support (PISP) as detailed in the SFRS PISP Policy;
- Provide guidance to our Line Managers to support and improve Health and Wellbeing within the workplace; and
- Ensure that all employees have fair and equitable access to Health and Wellbeing activities and resources.

2. SCOPE

This policy applies to all pre-employment candidates, employees, contractors, agency workers and volunteers of the SFRS.

3. ROLES AND RESPONSIBILITIES

To ensure our commitment to Health and Wellbeing is achieved, maintained and continually improved, responsibilities are defined within this Policy.

3.1 The Board

The Board are responsible for overseeing the strategic direction and effective management of Health and Wellbeing within the SFRS. The Board shall ensure that the Health and Wellbeing of our people is given the necessary due attention when making board decisions, providing support, guidance and hold the Chief Officer to account on relevant matters.

3.2 Chief Officer

The Chief Officer is responsible for the discharging of SFRS duties under the Health and Safety at Work, etc. Act 1974 and ensuring competent advice is provided to the Service by suitably trained professionals. The Chief Officer will determine and resource the strategic direction of Health and Wellbeing services throughout the Service, detail the SFRS organisational structure through which this Health and Wellbeing Policy and all associated arrangements are implemented, and promote a positive health and wellbeing culture by ensuring it is embedded into everyone's thinking and actions.

3.3 Deputy Chief Officer(s)

In the absence of the Chief Officer, the Deputy Chief Officer(s) become responsible for discharging duties.

3.4 Strategic Leadership Team (SLT) / Corporate Responsibilities

All SLT Directors and Assistant Chief Officers (ACOs) are responsible for the development of a positive Health and Wellbeing culture within the SFRS and ensuring it is integrated into all SFRS business processes and key decision making.

Each Directorate / Area / Function is responsible for ensuring that Health and Wellbeing needs are identified, assessed and effectively managed, and ensuring employees have access to available Health and Wellbeing services.

3.5 Senior Management Board (SMB)

The SMB serves as the primary governance through which the SFRS Values are promoted and measured, assisting the Chief Officer in the discharge of their responsibilities, determining the strategic direction of Health and Wellbeing matters, operational readiness, effectiveness, monitoring performance and seeking endorsement from and advising the SLT on current or emerging risk, best practice and identifying areas for improvement.

3.6 Director of Training, Safety and Assurance

The Director of Training, Safety and Assurance has a delegated duty to act on behalf of the Chief Officer in relation to Health and Wellbeing matters. They are responsible for promoting and monitoring continual improvement to ensure the effective management of Health and Wellbeing services and ensuring that the Board and SLT are advised of aspects of Health and Wellbeing performance.

3.7 Head of Safety, Wellbeing and Assurance

The Head of Safety, Wellbeing and Assurance has a delegated duty to embed effective Health and Wellbeing services as identified through risk assessment for all relevant staff and is deemed to be the SFRS ‘competent person’ and is the service lead for Health and Safety and Operational Assurance.

3.8 Health and Wellbeing Department

The Health and Wellbeing Department is responsible for promoting employee wellbeing, preventing work-related ill health and injuries, assessing fitness for work, assessing physical fitness, and assessing cardiovascular risk and supporting rehabilitation to ensure employees are physically and mentally fit to safely perform their roles. Key responsibilities include: conducting pre-employment medicals, conducting health surveillance, conducting health assessments, conducting Asbestos medicals, conducting case management consultations with employees to advise on managing health related risks within the workplace, assisting the SFRS in

reducing employee sickness absence and facilitating return to work, providing mental health support, and developing, implementing, and promoting physical activity and healthy lifestyle initiatives to overall ensure the SFRS is compliant with health, safety and equality laws.

3.9 People Directorate

People Directorate is responsible for integrating Health and Wellbeing into daily culture and developing policies on mental health, physical safety, and financial wellbeing, facilitating Employee Assistance Programmes (EAP), and training managers to provide compassionate, consistent support for employees.

3.10 Training, Safety and Assurance

The Training, Safety and Assurance Directorate are responsible for proactively managing risks to both physical and mental health, ensuring a safe working environment through compliance, risk assessment and preventative measures.

3.11 Directorates

Directorates, through Heads of Function (HoFs) and Heads of Service Delivery, will translate corporate strategic goals into actionable, local and department-specific practices and ensure this policy and related documents are implemented.

3.12 Local Senior Officers (LSOs) / Area Commanders / Departmental Managers

Managers should adhere to all Standard Operating Procedures (SOPs) and Safe Systems of Work (SSOW) to eliminate or reduce work related ill health.

Local Senior Officers / Area Commanders are responsible for providing support to HoFs and Heads of Service Delivery, to ensure the implementation of this policy. Specifically, they are responsible for:

- Championing and modelling healthy behaviours;
- Integrating wellness strategies into daily routines such as using one-to-one check-ins to discuss not just workload but overall health;
- Intervening early to offer support and prevent issues from escalating into long-term sickness;
- Signposting employees to internal resources;
- Cultivating a supportive, trust-based environment where team members feel safe to speak up, share problems and ask for help without fear of stigma or retaliation;
- Advising the Health and Wellbeing department of any tasks / roles requiring health surveillance following risk assessment and as outlined in relevant Management Arrangements;
- Ensuring they comply with this policy within their areas / departments;
- Ensuring staff health assessments are up-to-date, and resources are adequate for staff to attend their appointments;
- Consideration of all reasonable adjustments if required; and
- Local managers should adhere to all Standard Operating Procedures (SOPs) and Safe Systems of Work (SSOW) to eliminate or reduce work related ill health.

3.13 Duties of Employees

Employees are responsible for:

- Proactively managing personal health, safety and wellbeing, and cooperating with the SFRS to comply with health and safety laws;
- Engaging with Occupational Health and Health and Wellbeing Departmental processes and acting on recommendations given to ensure a safe and sustainable return to work or to remain in work;
- Utilizing company-provided support mechanisms such as EAP;
- Complying with managers and the Health and Wellbeing Department to ensure the effective implementation of this policy; this includes the

contractual requirement to undertake health assessments when arranged and undertake any follow up health assessments when appropriate;

- Reporting any work-related injuries, illnesses or symptoms of ill health to line management;
- Informing line management if their workload, environment, or a medical condition(s) affects their health, safety and/or ability to perform their job;
- Engaging with Health and Wellbeing initiatives and following health and safety protocols;
- Providing feedback on policies and supporting peers to create a trusting, safe workplace environment;
- Championing Health and Wellbeing;
- Acting upon any advice provided by the Health and Wellbeing Department;
- Adhering to advice on self-management, safety procedures and using provided equipment and personal protective equipment in line with training; and
- Supporting risk management.

3.14 Trade Unions

Recognised Trade Union representative's functions include:

- Consulting with managers and TSA Directorate on Health and Wellbeing issues;
- Encouraging staff to cooperate and comply with this policy;
- Promoting preventative health and safety;
- Ensuring genuine consultation and negotiation;
- Individual support and representation; and
- Education and advocacy.

4. HEALTH AND WELLBEING ARRANGEMENTS

4.1 Risk Assessments

The SFRS shall ensure that suitable and sufficient risk assessments are in place to identify potential health hazards in the workplace. These assessments will inform the need for any relevant health surveillance measures.

4.2 Pre-Employment

The SFRS is committed to safeguarding the health, safety, and wellbeing of all employees through proactive and continuous occupational health management. As part of this commitment, baseline health surveillance and fitness for work health assessments will be initiated during the SFRS pre-employment process for all new employees.

These health assessments serve to establish a health baseline and determine an individual's physical and mental fitness to undertake the duties associated with their role. They also provide an early opportunity to identify any pre-existing health conditions that may require reasonable adjustments or ongoing support. These assessments enable the SFRS to be legally compliant with health and safety regulations by ensuring employees are fit for their tasks, support duty of care obligations and proactively manage risks.

4.3 Occupational Health / Safety Critical Medicals

Health monitoring or health surveillance will continue throughout the course of employment and will be tailored to the specific requirements of each role. The frequency and type of surveillance will be determined by:

- The nature of the job role;
- The level and type of exposure to occupational hazards (e.g. noise, vibration, respiratory risks, biological agents);

- Legislative requirements and best practice guidance; and
- Outcomes of risk assessments and occupational health advice.

Where specific health risks are identified, targeted health surveillance programmes will be implemented to monitor employee health and ensure early detection of any adverse effects. This may include audiometry, spirometry, skin checks, HAVS assessments, and other clinically appropriate measures.

All health surveillance activities will be conducted in accordance with relevant legislation, including the Control of Substances Hazardous to Health (COSHH) Regulations, the Control of Vibration at Work Regulations, and the Management of Health and Safety at Work Regulations, etc.

4.4 Fitness

The SFRS is committed to ensuring that preplacement candidates and operational employees meet the physical fitness requirements necessary to perform their duties safely and effectively, in line with the Emergency Services National Occupational Standards. Fitness assessments are conducted in accordance with the SFRS Fitness Procedure, which outlines the methods and standards that must be met.

All employees are encouraged to maintain and improve their health and fitness, with access to support services including Health and Wellbeing advice, Physiotherapy, fitness guidance, and Occupational Health input. The organisation promotes a positive and inclusive approach to fitness, recognising its role in operational readiness, injury prevention, and overall, Health and Wellbeing.

4.5 Referrals and Onward Referrals

All employees can self-refer to the Health and Wellbeing Department to access support services and Line Managers can refer employees following prior discussion should it be deemed necessary to support their Health and Wellbeing.

Following receipt of referrals, conclusion of consultations and completion of Health Assessments, any concerning / abnormal results that require further medical investigation may require to be discussed with the SFRS appointed Occupational Health Physician (if required) and/or employees' GP to obtain further information.

4.6 Health Promotion

The SFRS is committed to promoting the Health and Wellbeing of its workforce through a range of proactive initiatives. These include targeted campaigns on smoking cessation, healthy eating, physical activity, and alcohol awareness, alongside mental health awareness and training. Employees have access to Mental Wellbeing Champions and peer support networks to foster a supportive environment.

5. MENTAL HEALTH AND WELLBEING

The SFRS is committed to providing an environment that promotes a positive state of mental health ensuring:

- Early intervention;
- Support services;
- A Mental Wellbeing Champion Programme; and
- A Mental Health Strategy.

6. PHYSICAL HEALTH AND SAFETY

The SFRS will comply with its legal duties under the Health and Safety at Work Act 1974 by:

- Conducting workplace risk assessments;
- Promoting physical activity, supporting a smoke-free workplace and encouraging healthy eating habits; and
- Offering flexible working arrangements to help manage work-life balance.

7. CONFIDENTIALITY AND DISCLOSURE

The handling, storage and sharing of confidential records and personal information will be carried out in line with the following Acts; Access to Medical Reports Act 1988, Access to Health Records Act 1990, UK General Data Protection Regulation and Data Protection Act 2018.

8. TRAINING AND AWARENESS

The SFRS will run regular awareness campaigns and initiatives focused on mental health, stress management, and physical fitness. Managers will be trained to handle sensitive wellness conversations.

9. REVIEW

The SFRS is fully committed to continual improvement of Health and Wellbeing performance and services. This Policy will be subject to review annually or as a result of:

- Changes to existing or introduction of new legislation or technology;
- Changes to organisation of the SFRS;
- Significant learning following implementation of SFRS health and safety and Health and Wellbeing arrangements or outcomes of major accident investigations;
- At the request of the HSE; and
- As a result of emerging research or guidance relating to SFRS health, safety and wellbeing matters.

All records of revisions to the Policy and Arrangements will be retained for future reference and subject to audit as required.

10. FURTHER INFORMATION

Please contact the SFRS.healthandwellbeingadmin@firescotland.gov.uk for further information.

11. ASSOCIATED DOCUMENTS / REFERENCES

SFRS documents:

Fitness Policy Privacy Notice
Health and Safety Policy
Ill Health and Retirement Process and Referral to IQMP Arrangements
Management of Health Conditions Policy and Procedure
Mental Health Strategy
Operational Fitness Policy
Operational Fitness Procedure
Post Incident Support Policy and Procedure
Pre-Placement Policy
Safety Critical Medical and Fitness Standards
Wellbeing Champions
Wellbeing Privacy Notice

Other guidance:

Access to Health Records Act 1990
Access to Medical Reports Act 1988
Equality Act 2010
General Data Protection Regulation (GDPR) 2018
Health and Safety at Work etc. Act 1974
Management of Health and Safety at Work Regulations 1999
NFCC medical Evidence Standards 2023
The Control of Substances Hazardous to Health Regulations 2002
The Control of Vibration at Work Regulations 2005

APPENDIX B

HEALTH AND SAFETY POLICY STATEMENT

The Scottish Fire and Rescue Service (SFRS) is dedicated to safeguarding the health, safety, and wellbeing of all staff, duty holders, partners, and those affected by our activities. Through this Health and Safety Policy, SFRS will provide strong leadership, clear governance, and effective arrangements to ensure risks are identified, managed, and minimised as far as is reasonably practicable.

We will support a transparent, assured, safe and well workplace culture in which safe behaviours are recognised, learning is captured, assessed, disseminated and implemented, and staff at all levels are encouraged to raise concerns without fear of reprisal. We acknowledge that effective health and safety management is essential to firefighter safety, operational efficiency, staff health, safety and wellbeing, and public trust.

SFRS will ensure that health and safety continue to be integrated into decision-making, planning, and service delivery by maintaining a robust, proportionate Health and Safety Management System aligned with legal requirements, national guidance, and recognised best practice. Risks will be managed proportionately and transparently, balancing operational demands with the duty to protect our staff.

We are committed to developing, maintaining, and ensuring competence and awareness through training, engagement, and assurance, enabling staff and leaders to understand their responsibilities and actively contribute to safe working systems. Health, safety, and wellbeing considerations will be embedded across all roles, functions, and activities.

SFRS will use assurance and continual assessment of incidents, inspections, audits, and investigations to drive ongoing improvements. Health and safety results will be tracked and reported through governance processes to build trust among staff, leaders, and stakeholders.

We will work collaboratively with our business partners, representative bodies, and staff networks. SFRS will continue to strengthen its approach to health, safety, and wellbeing, aiming to be a sector leader in protecting our people and supporting them to serve Scotland's communities safely.

Signature (Chief Officer):
Date: 15 July 2026

Signature (Chair of the Board):
Date: 15 July 2026

APPENDIX C

Equality & Human Rights Impact Assessment (EHRIA) Template

This template must be used to record your EHRIA process and outcome.

PART 1 - BASIC INFORMATION AND ESTABLISHING RELEVANCE

Title of policy/practice/strategy/project/activity/service
Health and Safety Policy, Management Arrangement Framework and topic-specific Management Arrangements and Learning Content. Please see SFRS iHub Management Arrangements or LCMS.

EHRIA Lead at Commencement	
Safety and Assurance Function Victoria Regan – Business Support Officer Derrick Watson – Senior Health & Safety Adviser Maggie Archibald – EDI Advisor	
Date Commenced	1. 23/04/2026 – Annual Policy review and alignment with NFCC guidance, as DCLG guidance was withdrawn in January 2026. (supersedes V14.0 of previous EHRIA)

Q1a Explain the aims and intended outcomes of the policy/practice/strategy/project/ activity/service
The Scottish Fire and Rescue Service (SFRS) Health and Safety Policy recognises the importance of strong leadership, clear governance, and effective arrangements to ensure risks are identified, managed, and minimised as far as is reasonably practicable. The Policy confirms SFRS will foster a positive safety culture in which safe behaviours are recognised, learning is actively shared, and staff at all levels are encouraged to raise concerns without fear of blame. The Policy recognises that effective health and safety management is essential to firefighter safety, staff wellbeing, operational efficiency, and public trust. The Policy ensures SFRS will integrate health and safety into decision-making, planning, and service delivery by maintaining a robust and proportionate Health and Safety Management System aligned with legal requirements, national guidance, and recognised best practice. The Health and Safety Policy, Statement of Intent and supporting Frameworks and Management Arrangements covered by this EHRIA can be found on the SFRS iHub using the intranet search function. Management Arrangements are reviewed every five years, or sooner if there are legislative, technological, or structural changes, enforcement authority requests, or new health and safety guidance. These reviews include consideration of equality impacts across all protected characteristics prior to implementation.

Q1b Who will it affect and in what way?
The Health and Safety Policy, supporting Frameworks, Management Arrangements and learning content covered by this EHRIA apply to all individuals engaged in SFRS activities, including employees, volunteers, contractors, and all those we interact with, regardless of personal characteristics, protected characteristics, or identities. This inclusive approach ensures that every person connected to the SFRS receives the same high standard of protection and care through safer working practices and clear guidance on the practices, roles and responsibilities relating to good health, safety and wellbeing practice.

Q1c What risks or barriers might prevent the desired outcomes being achieved?
Contribute: Health and safety performance is assessed, monitored and reviewed through established governance structures, with progress driven by annual Health and Safety Improvement Plans (HSIPs). These plans ensure ongoing compliance with legal requirements, promote a positive safety culture and reinforce the SFRS's commitment to continuous improvement. To manage these risks effectively, the SFRS uses a risk-based approach supported by thorough risk assessments, safe systems of work, management arrangements, training, supervision, and organisational assurance processes. The SFRS endorses and follows relevant principles within NFCC Operational Guidance, which now provides guidance for the fire and rescue sector. **Detract:** Failure to assess risk and implement suitable and sufficient controls, training, or organisational learning, and to fully investigate the cause and remedy for health and safety events, or effectively communicate the content of this documentation in a meaningful manner to SFRS employees and relevant others. Allowing the health and safety practice to become reactive rather than preventative or unsafe behaviour to go unchallenged.

Q1d General Equality Duty **The policy/practice/strategy/project/activity/service will or is likely to influence SFRs ability to....**	
Eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010	☒
Advance equality of opportunity between people who share a characteristic and those who do not	☒
Foster good relations between people who share a relevant protected characteristic and those who do not	☒

Q1e If you have not ticked any of the boxes above then please give an explanation.

Q1f The policy/practice/strategy/project/activity/service will be or is likely to be relevant on the grounds of….			
The Protected Characteristics *Protected characteristics as defined by the Equality Act 2010*	**Yes/ Potential**	**No**	**Don't Know/Don't Have Enough Evidence**
Age	☒	☐	☐
Disability	☒	☐	☐
Gender Reassignment	☒	☐	☐
Marriage and Civil Partnership (answer this only in relation to point **a** above)	☐	☒	☐
Pregnancy and Maternity	☒	☐	☐
Race	☒	☐	☐
Religion and Belief	☒	☐	☐
Sex	☒	☐	☐
Sexual Orientation	☒	☐	☐
Other relevant legislation/guidance *Click on the links for further detail*			
Care Experience	☐	☒	☐
Caring Responsibilities	☐	☒	☐
Gaelic Language	☐	☒	☐
Gender Identity	☐	☒	☐
Human Rights Act	☐	☒	☐
Island Communities	☐	☒	☐
Mental Health & Wellbeing	☒	☐	☐
Social and Economic Disadvantage	☐	☒	☐

Q1g If you have selected 'No' use this section to evidence why an impact assessment is not required.
All individuals are potentially affected by health and safety concerns, regardless of any protected characteristic they may or may not have. There is potential for disability, gender reassignment, pregnancy, sexual orientation and mental health to be related to the health and safety policy, framework and management arrangements reviewed here, particularly in relation to bullying and harassment and their impact on the provision of a healthy and safe work environment. The SFRS will make other provisions within the People Directorate to manage instances of bullying and harassment. The link between Bullying and Harassment and Health and Safety is noted here, and interested parties are directed to the relevant equality impact assessment for bullying and harassment within the Dignity and Respect Policy. The remainder of the protected characteristics are considered within Section 3 Impact Assessment. The Health and Safety Policy, being a general and higher-level document, does not address some of the more practical issues that could arise in relation to Health and Safety. Most of the points highlighted would be negated through practice and referenced within the associated framework and management arrangements. The capability of an individual to undertake work activities will be assessed on a case-by-case basis, taking into account their physical condition, attributes, knowledge, and training. Factors around protected characteristics such as pregnancy, maternity, and disability will also be considered on a case-by-case basis. To ensure that these positive practices are implemented throughout the processes associated with this policy, points have been identified in the monitoring section of this EHRIA. The recording of some personal and sensitive information does not extend beyond those rights protected under the Data Protection Act 2018 and the General Data Protection Regulations (GDPR).SFRS will implement and monitor compliance with the Data Protection guidelines. The Health and Safety Legal Register and horizon scanning process provide a framework for implementing, complying with, and improving SFRS Health and Safety Policy, framework, and associated management arrangements, in compliance with UK Health and Safety legislation, through defined responsibilities for managers, procedures and guidance. These components provide a structured approach to safeguarding the health, safety, and wellbeing of all staff, visitors, contractors, and others who may be affected by our activities. There is no intentional noncompliance with the above (Human Rights Act and United Nations Convention on the Rights of the Child). Compliance with these acts or conventions would be covered in specific health and safety management arrangements, such as the Young Person's guidance provided within the Risk Assessment Management Arrangement.

Concluding Part 1		
Outcome of Establishing Relevance	**Please Tick**	**Next Steps**
There is no relevance on the grounds of the General Equality Duty and/or the listed characteristics	☐	Proceed to Part 3 Monitoring
There is relevance to some or all on of the General Equality Duty and/or the listed characteristics or the relationship is unclear at this stage	☒	Proceed to Part 2 Impact Assessment

PART 2 - IMPACT ASSESSMENT

Q2a What activities will be taken to complete the impact assessment process?				
Action	**Owner**	**Timeframe**	**Comment**	**Date Completed**

Q2b Please outline how the policy/practice/ strategy/project/activity/service could potentially impact on the listed characteristics.	
Characteristic	**Evidence**
Age	Age-related impairments or disabilities are not limited within the workforce due to the age groupings of SFRS employees. Issues relating to impairment or disability are detailed below in the relevant section. The Health and Safety Policy, in its application, does not have any adverse impacts on age. SFRS recognises that different age groups have varying risk profiles. For example, young persons or older people, the Service has other Policies and Procedures which support the Health and Safety Policy.
Disability	All managers have an obligation to ensure their employees fully understand and can implement health and safety practices at work. This will require some line managers to spend additional time or employ different methods to explain to individuals what is required of them. For example, it may be appropriate to explain verbally to an individual with dyslexia and (on more than one occasion), rather than require them to read instructions (reasonable adjustment). Managers should foster an inclusive and ethical culture to create a working environment that allows individuals to feel comfortable talking about disability or long-term health conditions, which may affect their safety in the workplace. The health and safety training should include a reference to the need for managers to identify and assess potential risk factors associated with employing an individual with a particular disability, and to assist in the identification and implementation of appropriate control measures to manage that risk. Individual risk factors related to the use of display screen equipment, manual handling, and fire evacuation must also be considered. A working environment that is safe for an individual without a disability may not be safe for an individual with a disability. SFRS will work with individuals with a disability to find the best outcome, in conjunction with Health and Wellbeing, where appropriate, such as reasonable adjustments to overcome any risk(s).

	Further information may be needed to understand the effects on workplace health and safety arising from an individual's disability or long-term health condition (e.g., from specialists or representatives). Individuals will be asked for their consent beforehand if this is required, and all workplace assessments will be carried out in a sensitive and timely manner. Short-term arrangements to support an individual with a disability will be put in place when delays because of this process cannot be helped.
Gender Reassignment	The Health and Safety Policy does not adversely impact gender reassignment in its application. The Service has other Health and Wellbeing Policies, Procedures, and practices that support the health and safety of those who are covered by gender reassignment. The Health and Safety Department ensures that policies, management arrangements, and practices use gender-neutral language where appropriate, unless making reference to Health and Safety legislation, for example, New and Expectant Mothers. As an inclusive employer, we would provide further guidance to be inclusive of those covered by gender reassignment.
Marriage and Civil Partnership	The Health and Safety Policy, in its application, has no adverse impacts on marriage and civil partnership. The Service has other People Directorate Policies, Procedures and practices which support marriage and civil partnerships.
Pregnancy and Maternity	There are specific concerns regarding the health and safety of pregnant employees and those returning to work following maternity leave. A risk assessment of the workplace for women/birthing parents who disclose they are pregnant, including returning to work, is a legal requirement under Regulation 16 of the Management of Health and Safety at Work Regulations 1999 and managed through SFRS New and Expectant Mothers Individual Risk Assessments. Particular concern for pregnant women/birthing parents returning to work following maternity leave, and for their babies (where breastfed), is assessed within the New and Expectant Mothers Individual Risk Assessment and managed through a combination of line management, HR, and Occupational Health Support interventions. It, nevertheless, warrants reference in this impact assessment due to the activity being carried out on health and safety grounds. A feature of the New and Expectant Mothers Individual Risk Assessment is to identify potential job/work factors that could put the woman/birthing parent or the foetus at risk, and to implement appropriate alternatives. Line Managers are responsible for providing facilities for breastfeeding women/birthing parents returning to work following maternity leave, as addressed in the Maternity Policy, Occupational Health and Wellbeing practices, and New and Expectant Mothers Individual Risk Assessments.

	Heads of Function/Heads of Service are responsible for the completion of Generic Risk Assessments (GRA), and identification of activity hazards that pose a particular risk to pregnant women/birthing parents, and breastfeeding mothers/ birthing parents. Line Managers shall work with relevant colleagues throughout the organisation to make appropriate recommendations to remove unacceptable risks. For example, there is a risk to pregnant women/birthing parents and the foetus and to breastfed babies exposed through their mother's milk from working with hazardous materials. The GRA is the appropriate method for identifying and recording risk and influencing management's response, such as removing a pregnant/breastfeeding employee from particular duties or locations. The New and Expectant Mothers Management Arrangement are inclusive of trans and non-binary employees.
Race	Some individuals may have limited English language skills as a result of their race, ethnicity or nationality. Appropriate measures should be put in place to ensure that individuals have a full understanding of health and safety and what is required of them. It should never be assumed that someone with good language skills will also be as confident with the reading and writing of English. There is an obligation placed on managers to ensure that individuals understand health and safety issues, and this extends to making alternative arrangements for those with limited English language skills. The National Fire Chiefs Council (NFCC) provides extensive guidance and resources on ethnicity through its Equality, Diversity, and Inclusion (EDI) framework, aiming to improve representation, combat racism, and address cultural issues within Fire and Rescue Services (FRSs). SFRS recognises that racial discrimination, bullying or harassment can create or exacerbate work-related stress and cause significant harm to psychological wellbeing. SFRS is committed to providing an inclusive, supportive and psychologically safe working environment where all staff are treated with dignity and respect. Behaviours linked to discrimination or exclusion will be managed as psychosocial hazards and addressed through the HSE Management Standards for work-related stress, People Policies and Procedures, and through prevention, early intervention, and appropriate support. Managers are accountable for identifying and controlling these risks, promoting positive working relationships and ensuring concerns are raised and addressed promptly. By tackling discrimination proactively, SFRS aims to reduce stress-related harm, support staff wellbeing and strengthen organisational resilience. The Health and Safety Policy, in its application, does not have any adverse impact on ethnicity. The Service has other People Directorate Policies, Procedures and practices that support the health and safety of those covered by ethnicity and workplace stress. **Welfare of crew:** there is some limited evidence from the antecedent fire and rescue authorities of racially motivated attack on crew (where

	attack is taken to be any unwelcome intervention e.g. physical, verbal or harassment of another kind) – while not specifically addressed within this suite of documents the welfare of crew is a health and safety concern monitored through health and safety event reporting and investigation to establish causation and prevent reoccurrence.
Religion and Belief	Many religions have social and cultural customs and liturgical traditions that can play an important role in an individual's life. Where it is safe and practical to do so, the SFRS will consider all beliefs, but at all times, the health and safety of our employees will be paramount. Justifications in this vein should be explained to the employee. Examples of this may include: **Periods of Fasting:** Some religions require extended periods of fasting. The SFRS will consider how they can safely support employees through such a period. **Items of Faith:** Wearing religious dress and symbols in public can be an important aspect of an individual's religious identity. If it is practical and safe to do so, SFRS will consider how they can support employees in wearing items of faith. Examples may include: **Wearing a Hijab:** For Control or support staff, there are no problems in wearing a hijab. For a firefighter, there would be some safety concerns about a hijab and it might get in the way of breathing apparatus, but that really depends on the style of the hijab – a style that fits closely around the head can work. SFRS would look at such situations on a case-by-case basis. **Facial Hair:** SFRS recognises that the wearing of uncut hair and beards may form an important part of an individual's religious observance, including for initiated Sikhs. SFRS will consider reasonable adjustments where safe and practicable to do so. However, the current HSE Face Testing Basics guidance and Guidance on RPE Fit Testing state that facial hair within the sealing area of tight-fitting respiratory protective equipment prevents an effective face seal. Where respiratory protection is required, alternative forms of RPE that do not rely on a face seal should be considered where appropriate. Operational firefighting roles that require the use of self-contained breathing apparatus are currently subject to respiratory protection requirements and face-fit standards to ensure the wearer's safety. Wearing a turban and having an uncut beard would interfere with the face seal on the protective equipment and therefore pose a risk to the individual. However, being clean-shaven is not an option for initiated Sikhs, and current operational health and safety requirements relating to respiratory protective equipment mean that an alternative technical solution could not be found. (Sources – Equality and Human Rights Commission Scotland. Sikh Articles of Faith: A Good Practice Guide for Employers and Service Providers in Scotland, together with *Sikh Articles of Faith: A Good Practice Guide for Employers and Service Providers in Scotland*. **Welfare of crew:** as with Race for an attack on firefighting crews.

Sex	For issues relating to pregnancy and maternity please see the relevant section above. The Health and Safety Policy in its application does not have any adverse impacts on sex (gender), the Service have other Asset Management Policies, Procedures and practices which support the health and safety including the provision of gender specific protective workwear Policies and practices on the distribution, use and checking of Personal Protective Equipment (PPE) including verification through the Operations Assurance process is the method through which this particular health and safety issue will be assured. The provision of dignified facilities for all employees, regardless of gender, including the provision of welfare packs on operational appliances, will be addressed through the relevant asset management processes. **Menopause** is a normal stage in every woman's/trans man's reproductive life. The symptoms usually begin in a woman's forties, with the average age of menopause itself being 51. Experiences differ from person to person. Symptoms also vary and include unpredictable periods or heavy bleeding, hot flushes, night sweats and poor sleep. Other symptoms can include growth or loss of body hair, clumsiness, pins and needles and moments of forgetfulness or poor concentration. Over 60% of individuals experience symptoms resulting in behaviour changes, with 1 in 4 individuals experiencing severe, debilitating symptoms (Nuffield Health, 2017). The Health and Safety Policy, in its application, does not have any adverse impacts on menopausal individuals, the Service has other People Directorate Policies, Procedures and practices and Health and Wellbeing guidance which support the health and safety of Menopausal individuals.
Sexual Orientation	The Health and Safety Policy in its application does not have any adverse impacts on LGBT people, the Service have other People Directorate Policies, Procedures and practices which support the health and safety of LGBT people.
Care Experienced	The Health and Safety Policy in its application does not have any adverse impacts on care experience, SFRS recognises that staff may have additional caring responsibilities and or experience outside of the working environment, the Service have other Policies and Procedures (Corporate Parenting Plan) which supports the Health and Safety Policy.
Caring Responsibilities	The Health and Safety Policy in its application does not have any adverse impacts on caring responsibilities, SFRS recognises that staff may have additional caring responsibilities outside of the working environment, the Service have other Policies and Procedures which support the Health and Safety Policy.

Gaelic Language	Written in plain English and is an internal document not intended for public view. Should the Gaelic language version be required the Health and Safety department would consult Business Partners to facilitate this request.
Gender Identity	The Health and Safety Policy does not adversely impact gender identity in its application. The Service has other Directorate strategies and practices that support gender identities. The Health and Safety Department ensures that policies, management arrangements, and practices use gender-neutral language where appropriate, unless making reference to Health and Safety legislation, for example, New and Expectant Mothers. As an inclusive employer, we would provide further guidance to be inclusive of those who identify as non-binary.
Human Rights	The recording of some personal and sensitive information will be relevant to Human Rights as it relates to Article 8 – Right to Respect for Private and Family Life. The issues do not, however, extend beyond those rights protected under the Data Protection Act 2018 and the General Data Protection Regulations (GDPR), the SFRS will implement and monitor compliance with the Data Protection guidelines.
Island Communities	The Health and Safety Policy, in its application, does not have any adverse impacts on our Island Communities. SFRS does consider the challenges of Island Communities, potential disadvantages and adverse impacts on rural and island communities within other Directorate Strategies.
Mental Health and Wellbeing	The Health and Safety Policy, in its application, does not adversely affect mental health. The Policy supports SFRS mental health strategies developed by Health and Wellbeing, available through the Mental Health Support section of the iHub.
Social and Economic Disadvantage	The Health and Safety Policy, in its application, does not have any adverse impacts. We do consider social and economic disadvantages and adverse impacts on rural and island communities.
Other groups not listed above	The Health and Safety Policy, in its application, does not have any adverse impacts. Inclusion or people in general not covered by specific characteristics, as the Service has other People Directorate Policies, Procedures and practices which support the health and safety of staff impacted by inclusion or people in general not covered by specific characteristics.

Q2c Summary, Evaluation and Conclusion of Impact Assessment
Overall, the Health and Safety Policy, Framework and associated Management Arrangements use inclusive language and ensure that specific arrangements are inclusive and respectful of all employees, including young persons, new and expectant mothers/birthing parents, and volunteers, regardless of gender. The Health and Safety Policy, Framework and associated Management Arrangements have

the potential to make a positive impact across all equality characteristics. The capacity to have a positive impact is partially related to the associated management practices of making reasonable adjustments on the grounds of disability and making alternative provisions where appropriate to do so arising from age, caring responsibilities, care experience, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender), sexual orientation, social and economic disadvantage, and island communities, mental health and wellbeing, human rights, children's rights and the impact on inclusion or people in general not covered by specific characteristics.

It is necessary that the recording and monitoring arrangements for the effective management of health and safety can disaggregate data by protected characteristics, where provided by the individuals and provide sufficient detail to allow analysis of cause, effect, and other contributing factors.

The Health and Safety Legal Register, horizon scanning process, Management Arrangement Framework, and LCMS Training Packages are reviewed and updated when changes are identified. For example. Additional guidance for managers of lone workers was added to the Lone Working LCMS programme of learning upon release. The Health and Safety Policy is fully inclusive and does not require revision.

Concluding Part 2	**Proceed to Part 3 – Action Planning**

Part 3 - ACTION PLANNING AND MONITORING

This section will support the successful implementation of the policy.

Q3a Activities to be taken to support the launch of the policy/practice/strategy /project/activity/service				
Action	**Owner**	**Timeframe**	**Comment**	**Date Completed**
HSWA FMT Meeting	Derrick Watson	Q1 26/27	Briefing paper H&S Policy and EHRIA supported	07/05/2026
TSA DMT Meeting	Jim Holden	Q1 26/27	Briefing paper H&S Policy and EHRIA supported	21/05/2026
SMB Meeting	Jim Holden	Q1 26/27	Briefing paper H&S Policy and EHRIA supported	26/05/2026
SLT	Craig McGoldrick	Q1 26/27	Briefing paper H&S Policy and EHRIA circulated and supported	08/06/2026

Q3b Activities to be taken during lifetime of the policy/practice/strategy /project/activity/service to monitor and evaluate actual impact.				
Action	**Owner**	**Timeframe**	**Comment**	**Date Completed**

Concluding Part 3	Proceed to Part 4 - APPROVAL

PART 4 - APPROVAL AND RECORD

Approval and Record Stage 1

EHRIA Lead (at completion of process)
Derrick Watson – Senior Health & Safety Advisor

Colleagues and/or other partners involved in completing EHRIA
Victoria Regan – Business Support Officer

EDI Support Provided By
Maggie Archibald – EDI Advisor

EDI Quality Assurance Provided By
Parveen Khan – EDI Advisor

Owner of Policy/practice/strategy /project/activity/service	
Head of Health, Safety, Wellbeing and Assurance	
Decision of Owner	**Tick**
Implement proposal with no amendments	✓
Implement proposal taking account of mitigating actions (as outlined above)	
Reject proposal due to disproportionate negative impact on one or more of the listed characteristics	

Approval and Record Stage 2

If the Policy/Practice/Strategy/Project/Activity/Service is subject to a decision by a SFRS Board or Committee please record details here (EHRIA Lead and/or Owner).

Name of Committee/Board	Date Considered by Board/ Committee	Amendments to EHRIA requested? Yes/No	Confirm that Board/ Committee considered content of EHRIA in decision making process. Yes/No
Senior Management Board	26/05/2026	No	Yes

Approval and Record Stage 3

Date(s) EHRIA Amended	

Date EHRIA Completed		Date EHRIA Published	

Approval and Record Stage 4

Date EHRIA Reviewed		Review Completed By			
Action to be taken following review (Tick)					
Add new Review Date		Amend EHRIA		Archive EHRIA	

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/40-26

Agenda Item: 11.3

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**HEALTH, SAFETY, WELLBEING AND ASSURANCE ANNUAL PERFORMANCE REPORT 2025-26**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the People Committee (PC) with the Health, Safety, Wellbeing and Assurance (HSWA) Annual Performance Report 2025-26 for scrutiny.
2	**Background**
2.1	The Health, Safety, Wellbeing and Assurance Annual Performance Report 2025-26 provides analysis of the key areas of performance during the reporting year and details the risk reduction control measures on key themes such as accident and injury reduction, managing safety standards and continual improvement.
2.2	We continue to provide an enhanced report to better demonstrate our commitment to improvement and the activities undertaken throughout the year to improve safety. This report focuses on proactive measures and identifying areas of improvement through our “we will” statements noted within the report.
3	**Main Report/Detail**
3.1	This report provides an update on the 3-Year Delivery Plan, the SA Strategy and Legal Compliance. This year, the report also includes engagement activities and a summary of SA indicators.
3.2	**Accident/Injury Summary** In 2025-26 there was a total of 156 Accidents and Injuries recorded. When compared to the previous reporting year, there has been a 10% (173 to 156) decrease Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) Summary. A total of 24 events were reported to the Health and Safety Executive (HSE) under RIDDOR Regulations. When compared to the previous reporting year, there has been a 140% increase (10 to 24).
3.3	**Vehicle Accidents Summary** There was a total of 231 Vehicle Accidents (VA). When compared to the previous reporting year, there has been a 13% increase (204 to 231).
3.4	**Near Miss Reporting** 183 Near Misses (NM) were reported in 2025-26. When compared to the previous reporting year, there has been a 4% increase (176to 183).

3.5	**Acts of Violence Summary** In 2025-26 there was a total of 41 verbal attacks to SFRS personnel reported. When compared to the previous reporting year, there has been a 116% increase. A further 36 physical attacks to SFRS personnel were reported, when compared to the previous reporting year, a 10% decrease is noted (40 to 36).
3.6	**Operational Assurance Audit Actions** In 2025–26, the Operational Assurance team completed 6 structured debriefs, with a further 4 debriefs completed and currently progressing through governance for scrutiny. The debriefs collate and review information of the event to highlight good practice and to make recommendations where required to promote continual learning and improvement.
3.7	**Health and Safety Improvement Plans (HSIP) Summary** Overall completion of the 2025-26 HISP is 100% (30 of 30), representing a 2% increase when compared to the previous reporting year.
3.8	**Benchmarking: UK FRS** The report includes an overview on benchmarking from data collated from other UK Fire and Rescue Services.
3.9	A summary by each directorate covers HSIP progress, accident summary and key achievements. The report also includes areas of continual improvement through Support Reviews and Station Audits.
4	**Recommendation**
4.1	The PC are asked to scrutinise the content of the Health, Safety, Wellbeing and Assurance Annual Performance Report 2025-26.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** Failure to monitor Health and Safety performance and identify areas of continuous improvement in Health and Safety.
5.2 5.2.1	**Financial** No financial implications within the production of this report. Some recommendations within the report may have financial implications and will be managed through appropriate governance routes by the risk owner.
5.3 5.3.1	**Environmental & Sustainability** No environmental impact as this report is circulated electronically.
5.4 5.4.1	**Workforce** The Annual Safety and Assurance Report highlights the monitoring of Health and Safety performance and makes recommendations for continuous improvement to reduce the risk of injury or ill-health of the SFRS workforce.
5.5 5.5.1	**Health & Safety** Failure to monitor and improve the management of Health and Safety may result in injury or ill-health of our workforce and those affected by their activities, HSE investigation, receipt of an enforcement notice, fines and adverse publicity damaging the reputation of SFRS.
5.6 5.6.1	**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 the Annual Safety and Assurance Report. Training requirements will be approved through other governance routes or captured in Health and Safety Improvement Plans.	
5.8 5.8.1	**Timing** The Health, Safety, Wellbeing and Assurance Annual Performance Report will be progressed through the Governance routes as indicated within the Governance Route for Report section. Once the Annual Safety and Assurance Report has went through the relevant governance routes, the report will be published on SFRS iHub and SFRS website .	
5.9 5.9.1	**Performance** Health and Safety Performance is monitored through Key Performance Indicators (KPIs) managed by Think, Act, Stay Safe (TASS) performance reports and the development of quarterly and annual reports. The performance outcomes are communicated through Safety and Assurance Improvement Groups (SAIG).	
5.10 5.10.1	**Communications & Engagement** No further engagement is required. This report will be communicated to all SFRS staff and will be published on the SFRS website.	
5.11 5.11.1	**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** DPIA completed ~~Yes~~/No. There are no implications that require to be noted for GDPR purposes.	
5.13 5.13.1	**Equalities** EHRIA completed ~~Yes~~/No. There are no implications that require to be noted for equality and diversity. An EHRIA has been completed for the Health and Safety Policy and supporting arrangements.	
5.14 5.14.1	**Service Delivery** The Health, Safety, Wellbeing and Assurance Annual Performance Report has no direct impact on Service Delivery and is provided for awareness and information.	
5.15 5.15.1	**Prevention** 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 Health, Safety, Wellbeing and Assurance Annual Performance Report 2025-26 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: Health, Safety, Wellbeing and Assurance Annual Performance Report 2025-26

Prepared by:	Victoria Regan, Business Support Officer
Sponsored by:	Deputy Heads of Safety and Assurance
Presented by:	Jim Holden, Head of Health, Safety, Wellbeing and Assurance

Links to Strategy and Corporate Values

SFRS Strategy 2025 28

Safe and Effective Response

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

Innovation and Investment

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
Safety and Assurance Functional Management Team (FMT)	*09/07/2026*	*For Scrutiny*	*Approved to progress through governance*
Training Safety and Assurance Directorate Management Team (DMT)	*23/07/2026*	*For Scrutiny*	*Approved to progress through governance*
Senior Management Board	*28/07/2026*	*For Scrutiny*	*Approved to progress through governance*
National Health Safety Wellbeing and Assurance Board	*16/09/2026*	*For Scrutiny*	
People Committee	*17/09/2026*	*For Scrutiny*	
Strategic Leadership Team	*21/10/2026*	*For Decision*	
SFRS Board	*29/10/2026*	*For Information*	

APPENDIX A

SCOTTISH FIRE AND RESCUE SERVICE

Annual Health, Safety, Wellbeing and Assurance Performance Report 2025-26

DRAFT

Contents

1. **Introduction**
   Chief Officer and Board Chair; Head of Safety and Assurance; Key Focuses; and Key Highlights

2. **Performance**
   Key Performance Indicators; H&W Statistics; Benchmarking UK FRS; and SA Indicators 2025/26

3. **Compliance**
   SFRS Publications; Legislative Compliance; Contaminants; Driver Safety Group; Fire Contaminants; and CivTech

4. **Improvement**
   Key Achievements and Improvements; Continual Improvement; and Looking Ahead

5. **Glossary of Terms**

DRAFT

27 August 2026 2:21 pm SFRS_HSWA_AnnualPerformanceReport_2025-26_v1b_AH_DRAFT

DRAFT

1. Introduction

Chief Officer and Board Chair; Head of Safety and Assurance; Key Focuses; and Key Highlights

Read on

Skip to next section

Introduction

The Annual Safety, Health, Wellbeing and Assurance Performance Report for 2025–26 sets out the Scottish Fire and Rescue Service's (SFRS) continued commitment to protecting its workforce. It outlines organisational performance, governance and improvement activity, showing how safety and assurance remain embedded across the Service.

During the year, the Service strengthened a positive health, safety, wellbeing and assurance culture across operational and our corporate services. Activity at all levels from strategic oversight to frontline delivery has been informed by robust risk management practices, data-led insight and a clear emphasis on safeguarding personnel and the communities they serve.

During 2025–26, significant progress has been made in advancing occupational health measures, including the further development and implementation of arrangements to manage risks associated with fire contaminants. Developed in partnership with representative bodies and subject matter experts, this work reflects the Service's ongoing commitment to applying evidence-based approaches and industry best practice to emerging risks.

Looking ahead, SFRS will continue to build on these foundations through enhanced assurance processes, strengthened organisational learning and a clear focus on improving health, safety, wellbeing and assurance outcomes.

This highlights key achievements and areas for development but also outlines the direction of travel for continued improvement across the Service.

The SFRS Board and Strategic Leadership Team formally recognise the dedication, professionalism and resilience demonstrated by all personnel throughout the year. Their collective efforts in maintaining high standards and supporting one another remain fundamental to the Service's ongoing success.

Stuart Stevens
SFRS Chief Officer

Mhairi Whylie
Chair of SFRS Board

DRAFT

27 August 2026 2:21 pm SFRS_HSWA_AnnualPerformanceReport_2025-26_v1b_AH_DRAFT

Overview

Jim Holden
Head of Safety and Assurance

As I reflect on the 2025–26 reporting year, it is important to acknowledge the collective efforts of all SFRS personnel.

The consistent focus on maintaining health, safety, wellbeing and assurance has been fundamental to the progress made throughout the year. Across all areas of the Service from incident response to operational support and leadership the high standards of professionalism and resilience demonstrated have played a crucial role in fostering a safer and more effective working environment.

Over the course of 2025-26, the function has delivered meaningful improvements across several key areas. These include the Premises Compliance Process, the Procurement of a new electronic Safety and Assurance Management System (e-SAMS), and the integration of Health and Wellbeing within Safety and Assurance, creating a cohesive approach to safety, health, wellbeing and assurance.

A range of structured learning approaches, including significant event investigations, formal debriefs, thematic audits and case study reviews, have strengthened the Service's ability to capture and embed organisational learning, reinforcing a culture of continuous improvement. Governance frameworks remain robust and fully aligned with statutory requirements, supported by a culture that encourages personal accountability for safety. Improvements to reporting arrangements have enhanced both accessibility and clarity, while the Health and Safety Improvement Plans achieved full delivery against all objectives, demonstrating a sustained organisational focus on safety advancement and learning.

Priority continues to be placed on enhancing the Service's integrated approach to health, safety, wellbeing and assurance. The ongoing development of our systems is strengthening consistency and effectiveness, with further progress made towards alignment with ISO 45001 standards. Key improvements have been introduced in areas such as work equipment management and risk assessment processes, supporting safer operational practice. A comprehensive programme of safety and wellbeing training, delivered through both dedicated courses and embedded within operational competence frameworks, ensures that personnel are equipped with the knowledge, skills and confidence required to perform their roles safely and effectively.

Recognition is also due to partner UK Fire and Rescue Services for their contribution of data, which has supported the Service's benchmarking activity. Continued collaboration with the National Fire Chiefs Council will be strengthened to identify shared learning and drive improvement initiatives aimed at enhancing safety across the sector.

I would like to thanks all personnel for their continued commitment and contribution. Through collective effort, the Service continues to embed a culture that prioritises health, safety, wellbeing and assurance, strengthening resilience while ensuring the ongoing protection of our people and the communities we serve.

DRAFT

Key Focuses

SAFER COMMUNITIES THROUGH PREVENTION

Health, Safety, Wellbeing and Assurance Risk Management:

Develop and maintain compliant and effective Health, Safety, Wellbeing and Assurance Management Systems, including the Cority and HSWA Management Systems. Assess and mitigate risk proportionately to improve staff safety and wellbeing.

Manage risk. Protect people. Prevent harm.

INNOVATION & INVESTMENT

Improvement & Organisational Learning:

Drive continuous improvement through our Health, Safety, Wellbeing and Assurance Improvement Plans, embedding assurance and learning across the organisation.

Innovate. Invest. Improve.

INVESTING IN OUR PEOPLE

Safe and Well Workplace Culture:

Promote a positive culture that recognises safe behaviour, supports wellbeing, embeds learning and empowers staff to lead by example.

Positive culture. Empowered people. Better together.

SAFE & EFFECTIVE RESPONSE

Safety Training & Assurance:

Increase safety awareness and understanding to ensure our staff are competent and capable.

Prepared people. Confident teams. Effective response.

IMPROVING PERFORMANCE

Health, Safety, Wellbeing and Assurance Communications & Engagement:

Strengthen communication and engagement across Health, Safety, Wellbeing and Assurance to support compliant, effective and efficient ways of working.

Engage. Communicate. Improve performance.

DRAFT

27 August 2026 2:21 pm SFRS_HSWA_AnnualPerformanceReport_2025-26_v1b_AH_DRAFT

Safety Key Highlights

Planning

Facilitated the collation, review and distribution of Contaminant zoning plans for all SFRS operational and training premises.

Operations

A consistent, national approach to premises risk management was embedded across all operational locations, ensuring compliance through Generic Risk Assessments or Specific Risk Assessments.

Directorates

RAs, SSOW and Technical Assessments were progressed quality-assured and formally implemented across SFRS, enhancing compliance and safety assurance. This includes a GRA, supporting SSOWs and a PPE assessment for Communications and Engagement Media activities.

Training

Strengthened the Risk Assessment and SSOW review programme for Training-specific health and safety documentation, enhancing the accuracy and validity of the Training Handbook.

Event and Investigation

There were 699 events reported and Investigated, with recommendations made where identified for organisational learning. With SA leading on 4 significant Investigations.

Business Support

Established a quality assurance process for the Directorate Gantt charts and in support of Risk register and action at SAIG Meetings.

DRAFT

Assurance, Health and Wellbeing Key Highlights

Safety Assurance

Continued progress has been made in implementing the ISO45001 action plan, with key elements of the management system now established. Action tracking, performance reporting and organisational learning mechanisms are in place and increasingly embedded, supporting improved oversight and continual improvement. Further work is focused on strengthening audit, assurance and management review arrangements to fully evidence effectiveness.

Operational Assurance (OA)

OA has received 10 Information and Action Notes from NFCC this year, which have been reviewed against current SFRS policies and procedures. This has informed recommendations to improve firefighter safety and operational performance. OA strengthened its relationship with NFCC, working collaboratively with UK fire and rescue services to share approaches and good practice, supporting the development of organisational learning within SFRS.

Training Assurance (TA)

TA workstreams began this year by defining the purpose and scope of TA. TA engaged with key stakeholders before commencing a series of engagement sessions and audits of training centres. This information informed Current State Analysis and highlighted further analysis data is required from on station training, Operations Control and FDO cadres. Audit and engagement session preparation was undertaken to capture learning from these areas.

Fitness

The Operational Fitness Policy and Procedure, and all supporting protocols were reviewed. This informed staff training and development to ensure the delivery of fitness assessments meets the required quality standards. This supported a continued increase in fitness assessment compliance throughout 2025-26, reaching 97% by the end of March 2026.

Wellbeing

The Health & Wellbeing structure was strengthened through the permanent inclusion of wellbeing development.

Occupational Health

Occupational Health reviewed and updated all protocols to ensure continued compliance with legislation and national clinical guidance. Worked collaboratively with fitness colleagues to deliver staff training to ensure delivery of safety critical medicals meets required standards. By the end of March 2026 safety critical medical assessment compliance reached 97%.

DRAFT

27 August 2026 2:21 pm SFRS_HSWA_AnnualPerformanceReport_2025-26_v1b_AH_DRAFT

DRAFT

2. Performance

Key Performance Indicators; H&W Statistics; Benchmarking UK FRS; and SA Indicators 2025/26

Read on

Skip to next section

27 August 2026 2:21 pm SFRS_HSWA_AnnualPerformanceReport_2025-26_v1b_AH_DRAFT

Key Performance Indicators

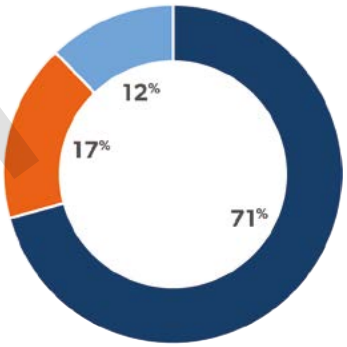
RIDDOR Reportable Events

In 2025/26 a total of 24 events were reported to the Health and Safety Executive (HSE) under RIDDOR Regulations. When compared to the previous reporting year, there has been a 140% increase (10 to 24).

The most common cause of over 7-day injuries was slips, trips, and falls, accounting for 38% (9 of 24).

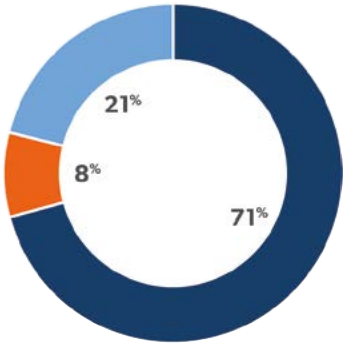
An example of a RIDDOR reportable events include:

- **Over 7 Day:** When responding to a dwelling fire, a firefighter driver was assisting exiting crews to carry a casualty down a flight of stairs and tripped and injured their knee. Outcome: The driver was not wearing full PPE. A local awareness brief was distributed highlighting the requirement of all staff, including drivers, to wear full PPE at all incidents.
- **Dangerous Occurrence:** At an operational incident, one BA set showed that a fault occurred before being committed to risk area during entry checks. Outcome: Confirmed that there was an intermittent issue with DSU display which was sent to the manufacture for inspection following the Impound Inspection.



Activity Type

- Operational
- Non-Operational
- Training



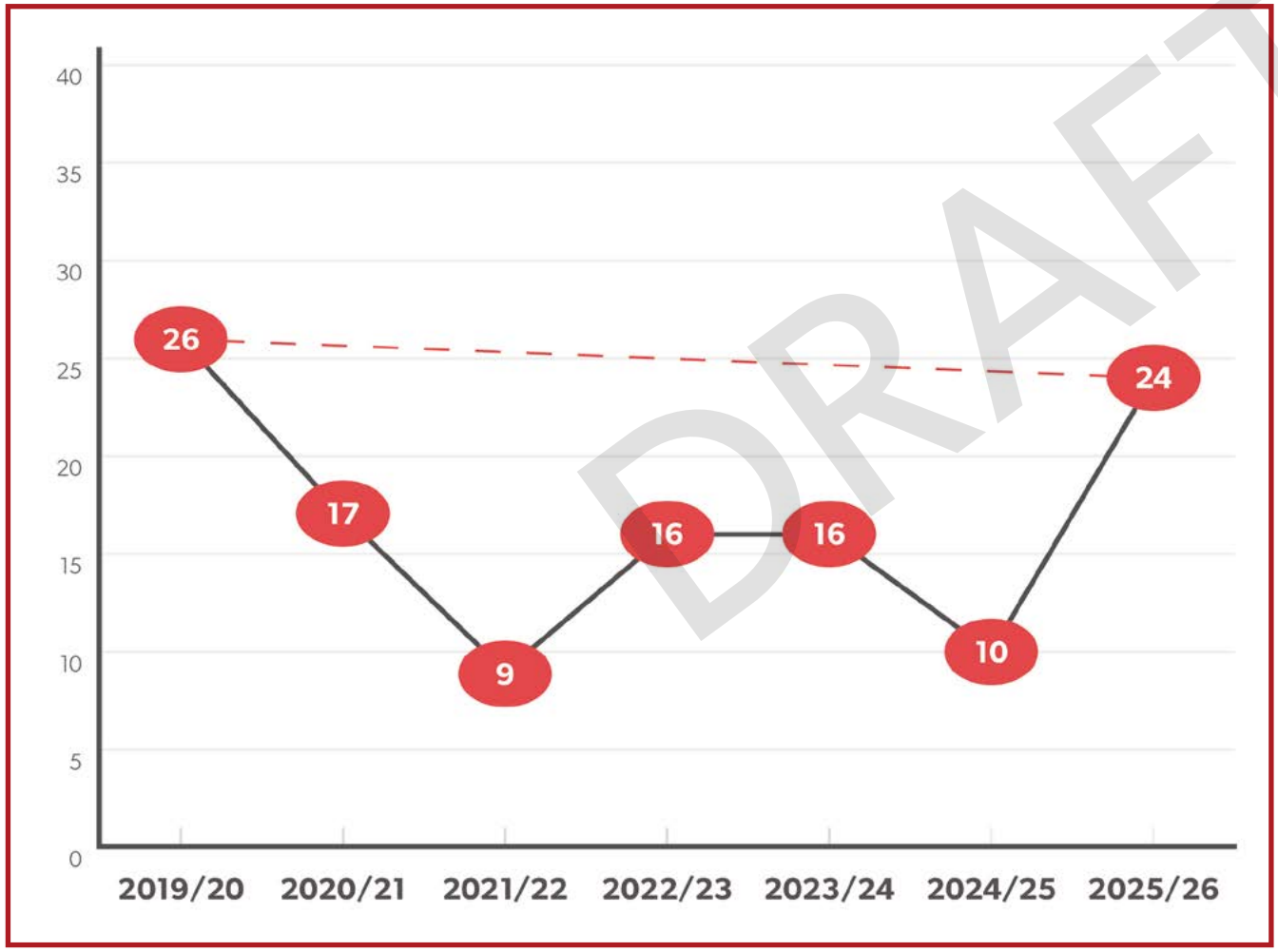
Type of RIDDOR

- Over 7 Day Injuries
- Dangerous Occurrence
- Specified Injuries

DRAFT

Key Performance Indicators

RIDDOR Reportable Events



DRAFT

KPI 52: RIDDOR Reportable Events

Purpose:

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

Please note COVID-19 RIDDORs are excluded to provide a true trend.

Key Performance Indicators

Accident and Injuries (excluding RIDDOR)

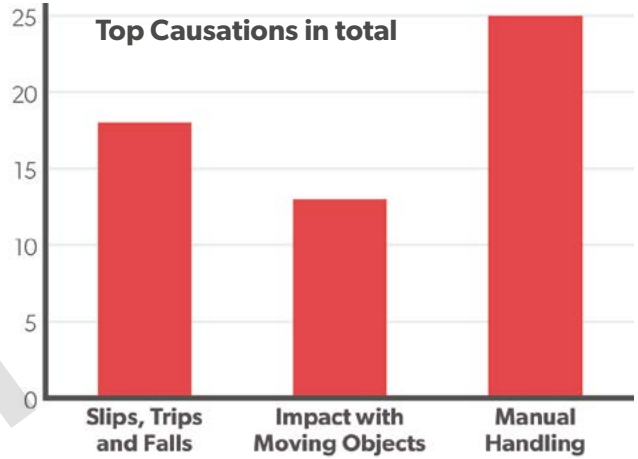
In 2025/26 there was a total of 156 accident injuries recorded. When compared to the previous reporting year, there has been a 10% (173 to 156) decrease, of these:

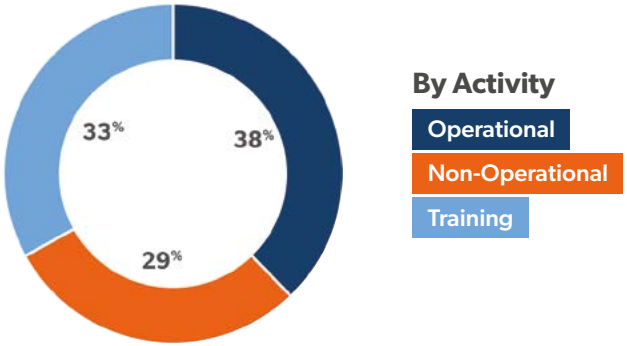
Examples of Accident/Injuries include:

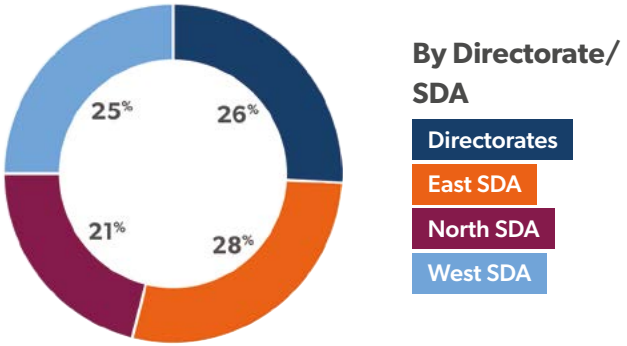
- Firefighter suffered suspected heat exhaustion while at an incident, resulting in familiarisation with SFRS Hydration guidance; and
- Following attendance at an open incident, a Firefighter found a tick on return to Station, as a result tick removal tools were delivered to station for use.

Local Safety and Assurance Improvement Groups will monitor emerging trends, identify local learning, and implement required actions. Learning with wider significance will be escalated to the Organisational Learning Group and the National Health, Safety, Wellbeing and Assurance Board for corporate review.

Areas identified for future focus included improving safety performance and learning, with particular emphasis on situational awareness and decision-making. This included human factors impact and the improvement of hazard recognition and risk assessment.



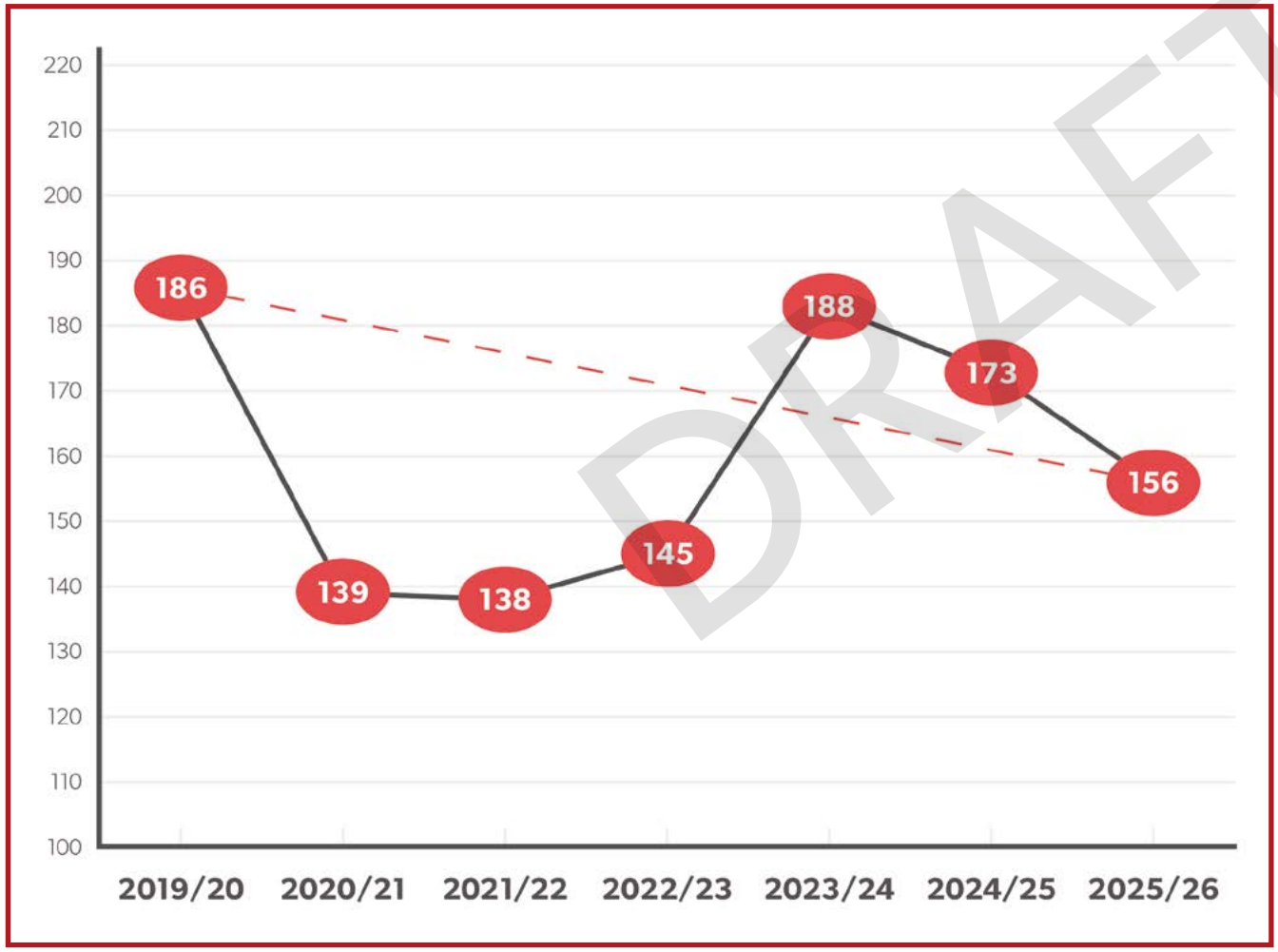




DRAFT

Key Performance Indicators

Accident and Injuries (excluding RIDDOR)



DRAFT

KPI 53: Accident and Injuries (excluding RIDDOR)

Purpose:

Demonstrates total accidents and injuries to occur through workplace accidents.

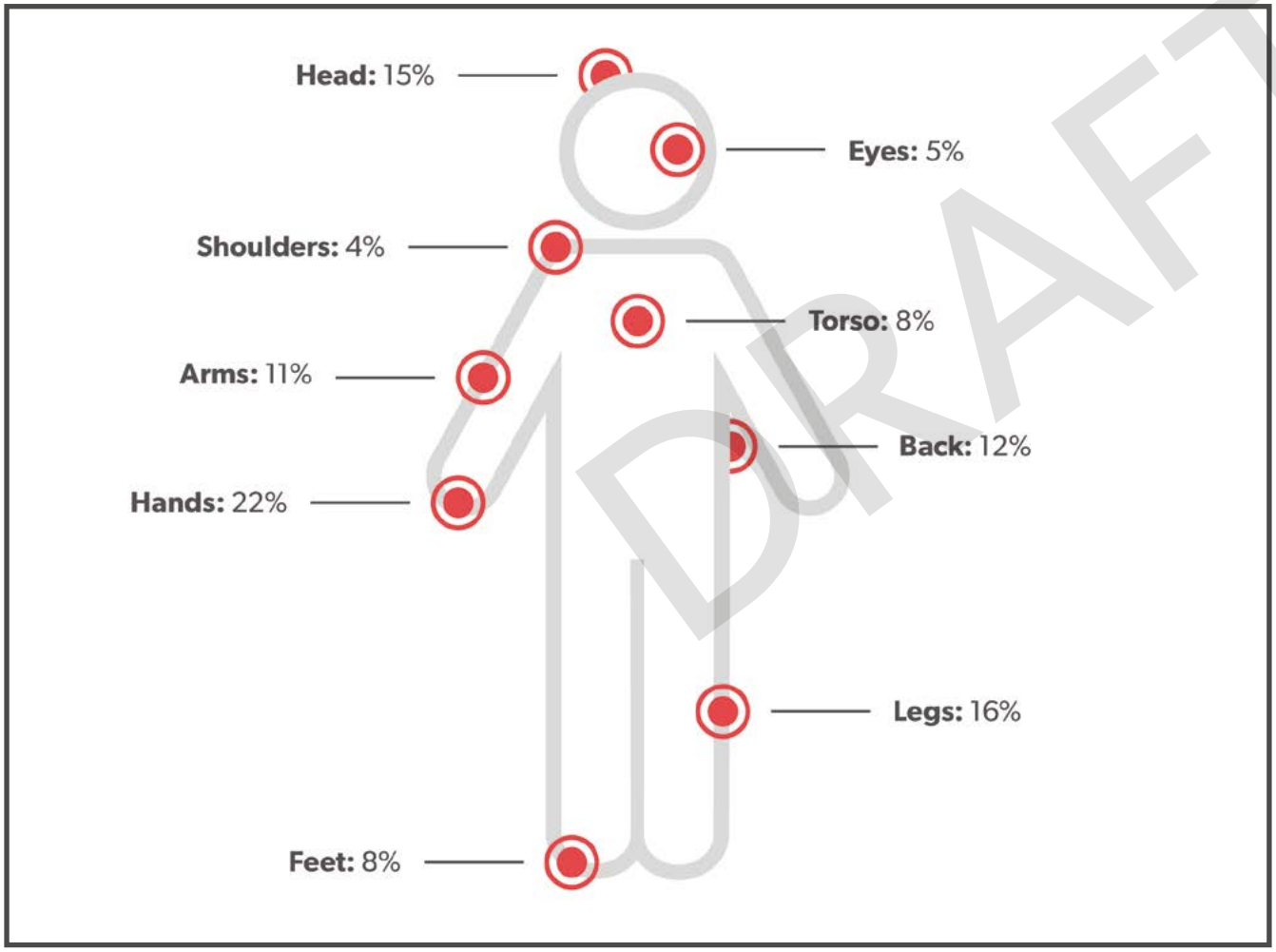
The slight upward trend over the reported period may be attributed to the lower incident reporting observed during the COVID-19 period, with similar rates reported prior to COVID-19.

We will:

invest in training content to improve event investigation, causation and corrective actions, for example, consider the enhancement of training safe systems of work content.

Key Performance Indicators

Accident and Injuries (excluding RIDDOR)



Body Map

Musculoskeletal (MSK) injuries remained a key area of focus, with the highest prevalence in hands (22%), legs (16%) and back (12%). Compared to 2024/25, there has been a reduction in back and shoulder injuries, highlighting the positive impact of targeted interventions.

The MSK Injury Reduction Group continued to support personnel through early intervention, rehabilitation and ongoing wellbeing support to reduce injury impact and recurrence.

Percentages for Accident/Injuries.
Please note there may be multiple injuries per accident.

DRAFT

Key Performance Indicators

Verbal Attacks on SFRS Staff

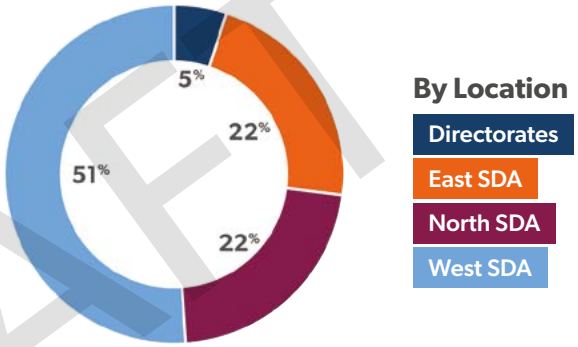
In 2025-26 there was a total of 41 verbal attacks to SFRS personnel reported. When compared to the previous reporting year, there has been a 116% increase

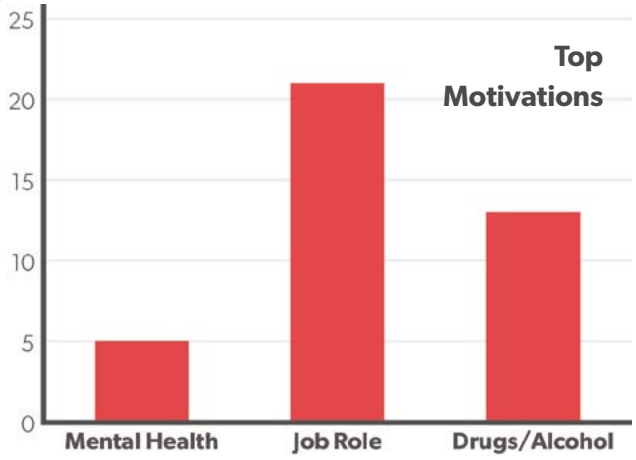
68% (28 of 41) events were reported during operational activities, 30% (12 of 41) during non-operational activities and 2% (1 of 41) during training activities. 35 verbal attacks were from individual persons towards staff, the remaining 6 were group acts.

Police were requested for 25 of the 41 verbal assaults of which 4 were considered as reportable under the Emergency Workers (Scotland) Act 2005.

Outcomes taken from SFRS investigations included:

- Local awareness briefs circulated detailing local risk of verbal attacks and awareness of current control measures.
- Guidance has been shared with Community Safety Advocates (CSA) staff re' SSOW to be implemented for all visits they have concerns about.
- SFRS continue to report instances where applicable to Police Scotland and where required, request the support of PS.
- SFRS continue to provide enhanced Welfare checks of crew following all AOV.

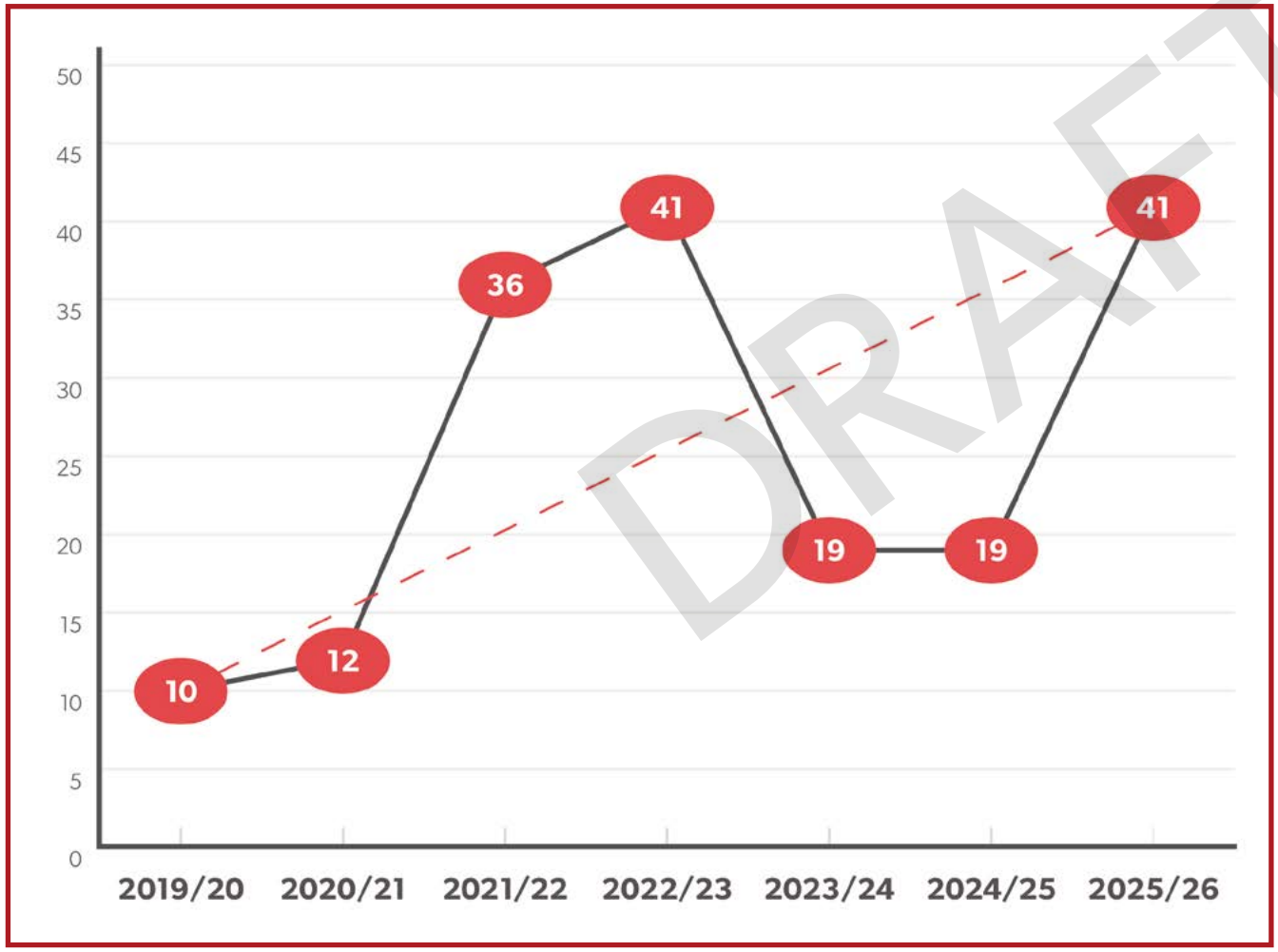




DRAFT

Key Performance Indicators

Verbal Attacks on SFRS Staff



DRAFT

KPI 50: Verbal Attacks

Purpose:

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

We will:

treat everyone with professionalism, dignity and respect and request that we be treated in the same way in return.

Key Performance Indicators

Physical Attacks on SFRS Staff

In 2025/26 there was a total of 36 physical attacks to SFRS personnel reported, when compared to the previous reporting year, a 10% decrease is noted (40 to 36).

There was an increase in Physical Acts of Violence (AOV) in the West Severy Delivery Area (SDA) by 4% (23 to 24), a decrease is shown in the East SDA by 8% (14 to 8) and the North SDA has remained numerically consistent (3).

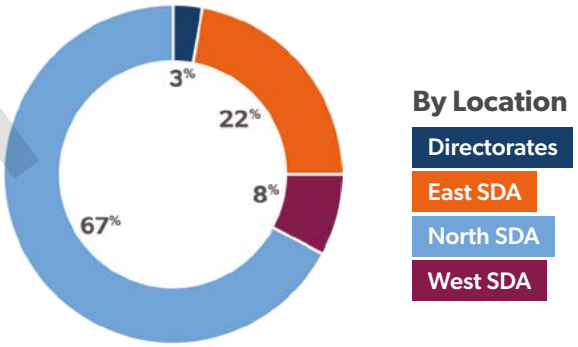
64% (23 of 36) events were reported during operational activities and 36% (13 of 36) occurred during non-operational activities.

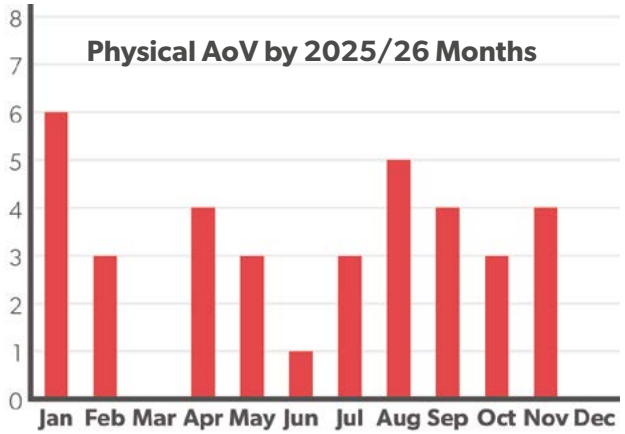
21 physical attacks were through group acts, the remaining 15 were from individual persons.

Police were requested for 25 of the 36 physical assaults, 6 of which was considered as reportable under the Emergency Workers (Scotland) Act 2005.

Outcomes from SFRS Investigations include:

- Breach of SFRS property form completed, and local personnel reminded of station security and issuing of awareness briefing.
- Community Action Teams (CAT) continue to carry out engagement at local schools where pockets of violence have occurred.
- Crews reminded of procedures to be followed aligned with Public Disorder Operational Procedure, Frontline Update 05.18 Incidents involving civil disturbance and National Event Operational Plan (NEOP) for Bonfire Period.
- Police automatically requested for mobilisation in areas where violence was higher.

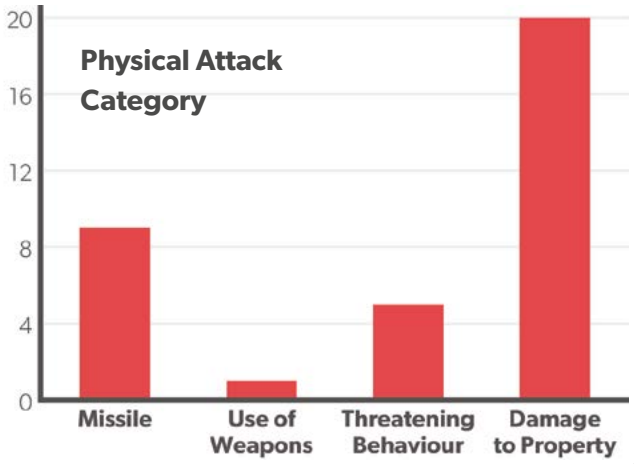


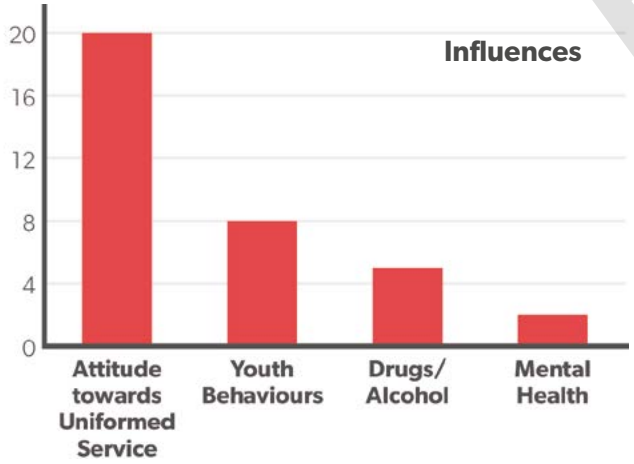


DRAFT

Key Performance Indicators

Physical Attacks on SFRS Staff





DRAFT

Key Performance Indicators

Physical Attacks on SFRS Staff

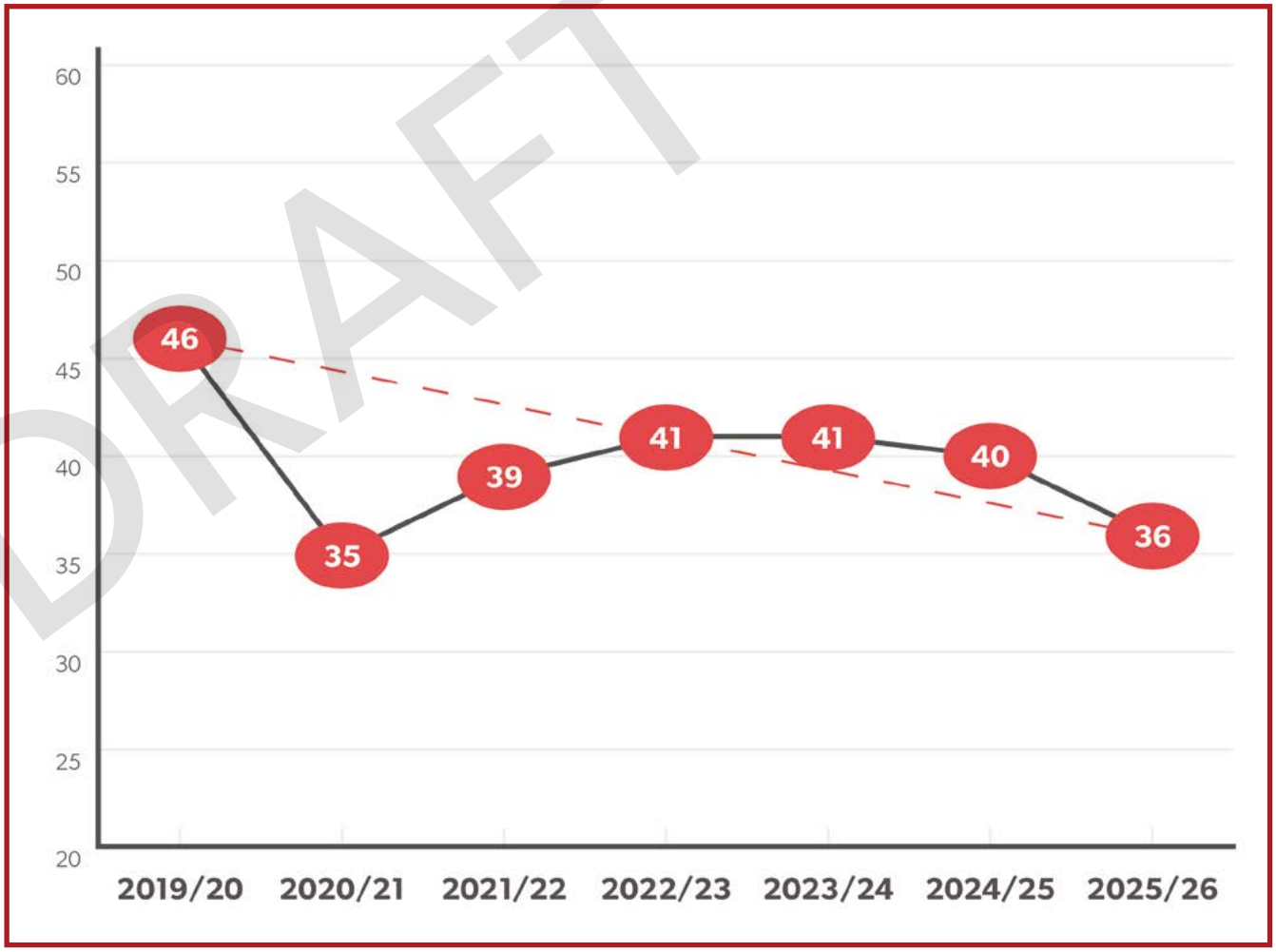
KPI 51: Physical Attacks

Purpose:

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

We will:

continue to work collaboratively with external agencies to raise public awareness towards firefighter safety and apply a zero-tolerance approach toward acts of violence reporting.



DRAFT

Key Performance Indicators

Near Miss (NM)

In 2025/26 there was a total of 183 Near Misses (NM) reported. When compared to the previous reporting year, there has been a 4% increase (176to 183).

The 3 most common causes of near misses reported were;

- Appliance and pumps 25% (46 of 183)
- Breathing Apparatus (BA) 21% (38 of 183); and
- Other 30% (55 of 183).

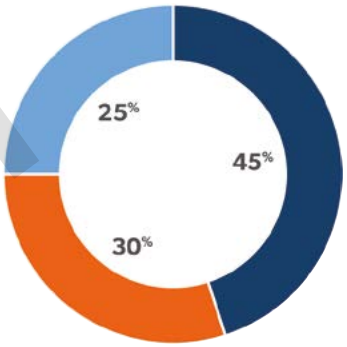
When considering the number of NM in relation to the number of Accidents/Injuries , including Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) events, we saw a ratio of 1:1.02, which is a decline (1.05) when compared to the previous reporting year.

NM reporting remained a key area of focus and continues to be actively promoted as a proactive safety behaviour. To reinforce this message, SA published an awareness poster highlighting the differences of NM and hazards to enhance staff awareness.

During 2025/26 a total of 72 hazards were reported through the newly implemented hazard reporting system.

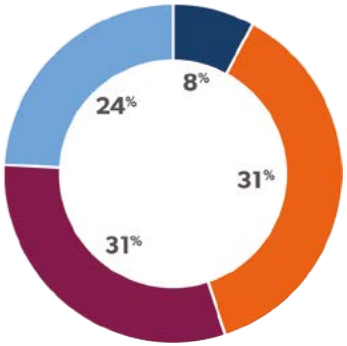
Examples include pest control, wear and tear of equipment and building fabric and not following SFRS procedures.

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



By Activity

- Operational
- Non-Operational
- Training



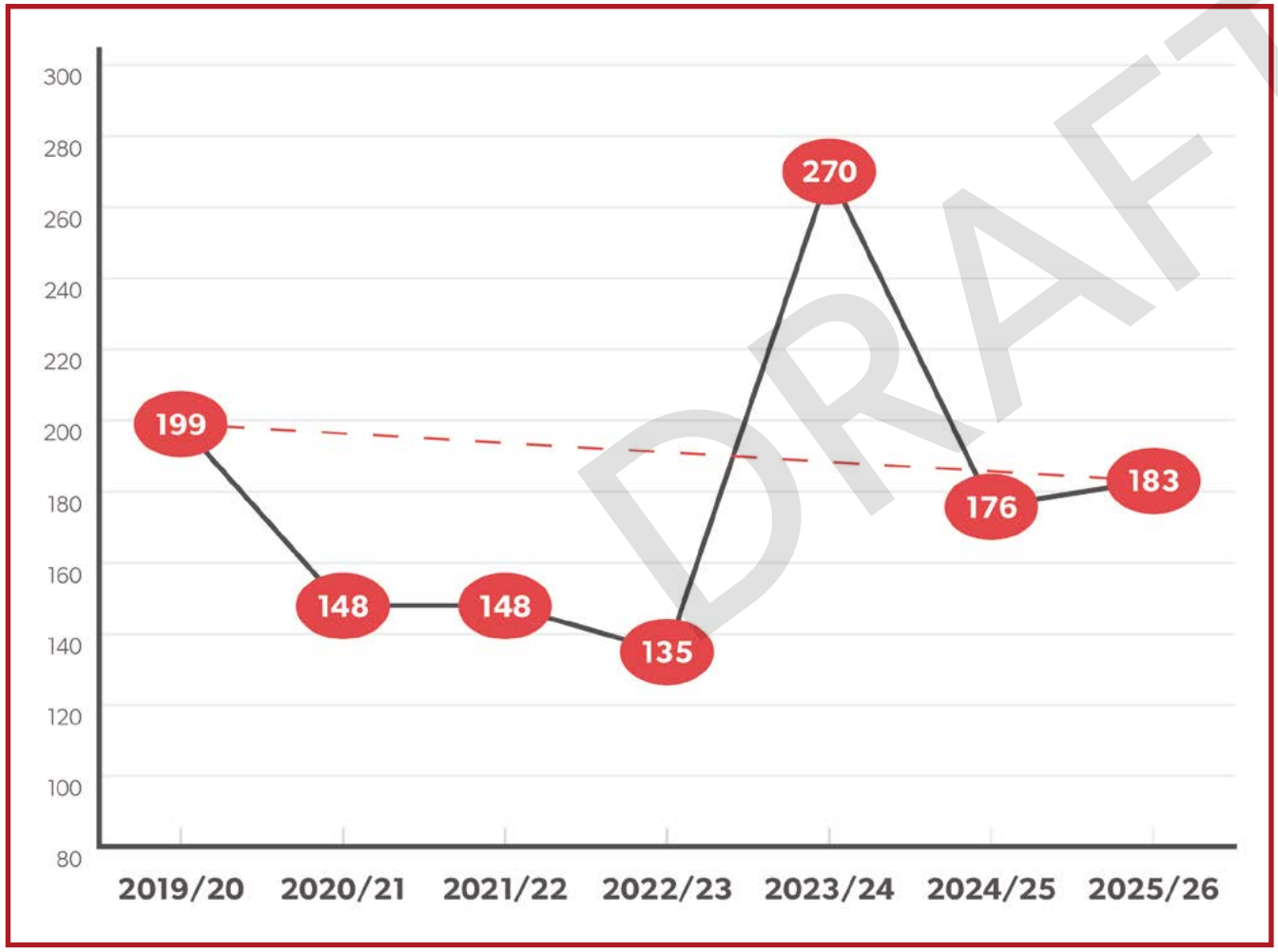
By Location

- Directorates
- East SDA
- North SDA
- West SDA

DRAFT

Key Performance Indicators

Near Miss (NM)



DRAFT

KPI 54: Near Miss

Purpose:

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

All tables will be updated, PowerBi have not yet updated annual tables.

We will:

communicate the findings of near-miss and hazard reporting, including progress and actions taken.

Key Performance Indicators

Near Miss (NM)

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

Airbag Malfunction During Training

"While training with airbag regulator pressure has become too high – the airbag regulator cross-valve failed, and pressure remains trapped within regulator."

Outcome: Refresher training and awareness communications will remind personnel of the correct operation and stowage of airbag regulators, supported by inspection and maintenance to prevent recurrence.

Gas Ignition

"During proceedings at an incident there was an ignition of gas in a neighbouring property."

Outcome: Proactive engagement with partner agencies was strengthened to ensure timely and effective sharing of risk information, alongside continued multi-agency coordination to support operational decision-making. Operational learning will emphasise early hazard identification and the effective deployment of specialist resources, including UHPL, to reduce fire spread and mitigate risks associated with gas ignition.

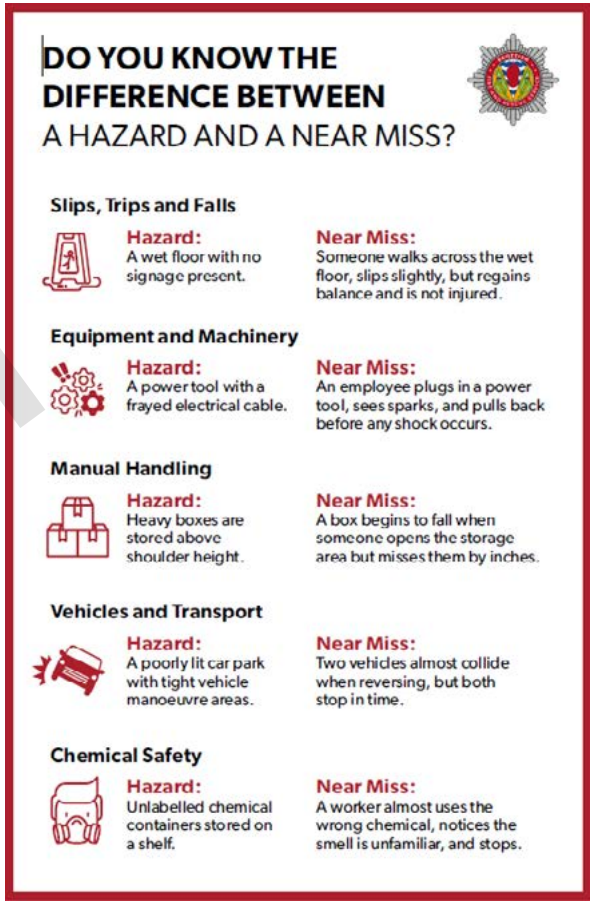
BA Torch Equipment

"During station assurance activities, multiple BA sets were identified as having missing or defective torches due to equipment failure and shortcomings in defect reporting and replacement processes."

Outcome: Reminders of defect reporting expectations and staff behaviours for routine equipment checks will be implemented, alongside improved stock management and assurance of BA equipment availability, to ensure defects are promptly identified, escalated and rectified, reducing the risk of recurrence.

Building Debris Damage

"During high winds, debris from a station roof was dislodged and fell into the yard area, creating a risk of injury to personnel."



Outcome: Implementation of severe weather control measures will restrict access to risk areas and ensure relocation of vehicles during weather warnings, supported by staff awareness of dynamic risk and equipment checks. In parallel, structural inspection and remedial action will be progressed to address roof vulnerabilities and prevent recurrence.

DRAFT

Key Performance Indicators

Vehicle Accidents

In 2025-26 there was a total of 231 Vehicle Accidents (VA). When compared to the previous reporting year, there has been a 13% increase (204 to 231), of these;

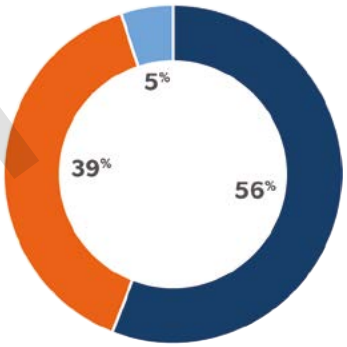
The most common cause of VAs continued to "hit something fixed or stationary", accounting for 52% (119 of 231).

Of the Low-Speed Manoeuvres, 29% (38 of 133) of VAs involved the use of Driving Assistants.

Example of VA events includes:

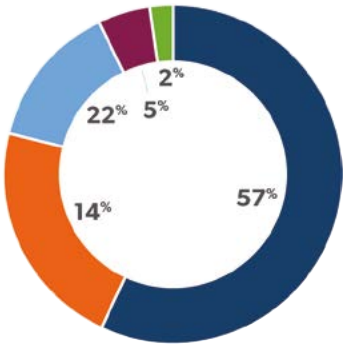
- While responding to an incident, an appliance turned off a carriageway between two stone gate posts. Two banks-persons were deployed, however, contact occurred between the appliance and a post, damaging the appliance. A professional discussion was held with the crew to remind them of the requirement to maintain situational awareness when carrying out low speed manoeuvres.
- While exiting station grounds, an FDO vehicle made contact with a grit bin, resulting in vehicle damage. As a result, the driver completed a Low-Speed Manoeuvre LCMS package. Drivers were informed that further similar incidents would result in referral to Driver Training for a three-day refresher Driving course.
- During a driving assessment, a fire appliance stalled while positioned on an incline at a junction. This resulted in the appliance rolling backwards and making contact with a private vehicle. An additional driver training requirement was identified and was addressed at the time through further instruction on the course.

The Driver Safety Group continued to monitor trends and implement further controls and support to reduce the risk of vehicle accidents. LSO continued to investigate and ensure actions are taken to prevent risk of reoccurrence.



Activity Type

- Operational
- Non-Operational
- Training



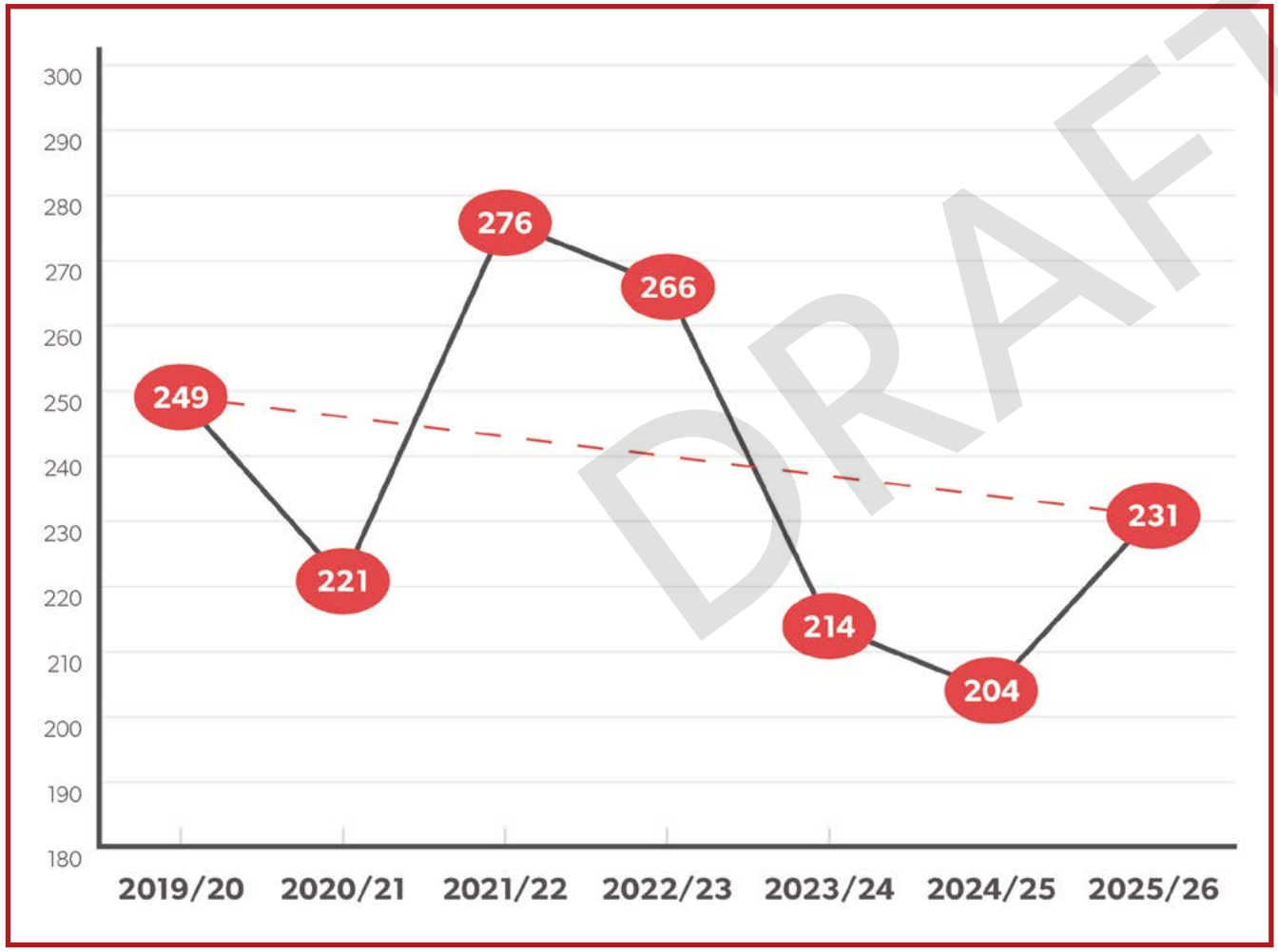
Vehicle Speeds

- Slow Speed
- Emergency Response Driving
- Normal Road Speed
- Other
- Stationary

DRAFT

Key Performance Indicators

Vehicle Accidents



DRAFT

KPI 55: Vehicle Accidents

Purpose:

Total number of events that involved vehicle accidents.

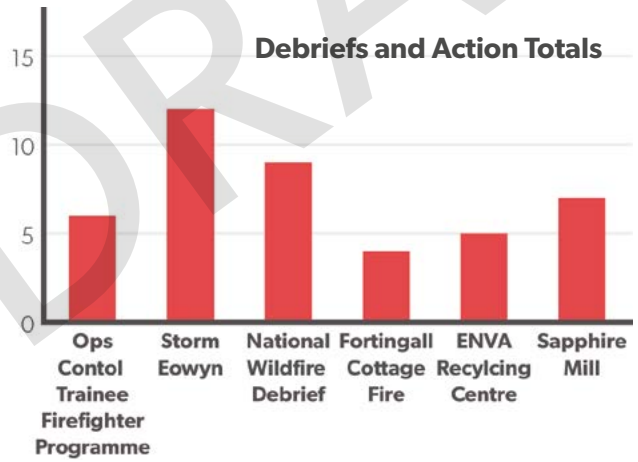
Key Performance Indicators

Operational Assurance Audit Actions

In 2025–26, the Operational Assurance team completed 6 structured debriefs, with a further 4 debriefs completed and currently progressing through governance for scrutiny. Debriefs are used to systematically capture and analyse incident information, identify good practice, and make recommendations that support continuous learning and improvement.

These debriefs provided a structured forum to review incidents, recognise effective practice, and identify areas for improvement. They captured insight from those directly involved, enabling informed decisions that strengthen future performance and reduce risk. A key outcome was ensuring that operational documentation, including Operating Procedures (OPs), training materials, and response protocols, remained current and aligned with actual practice.

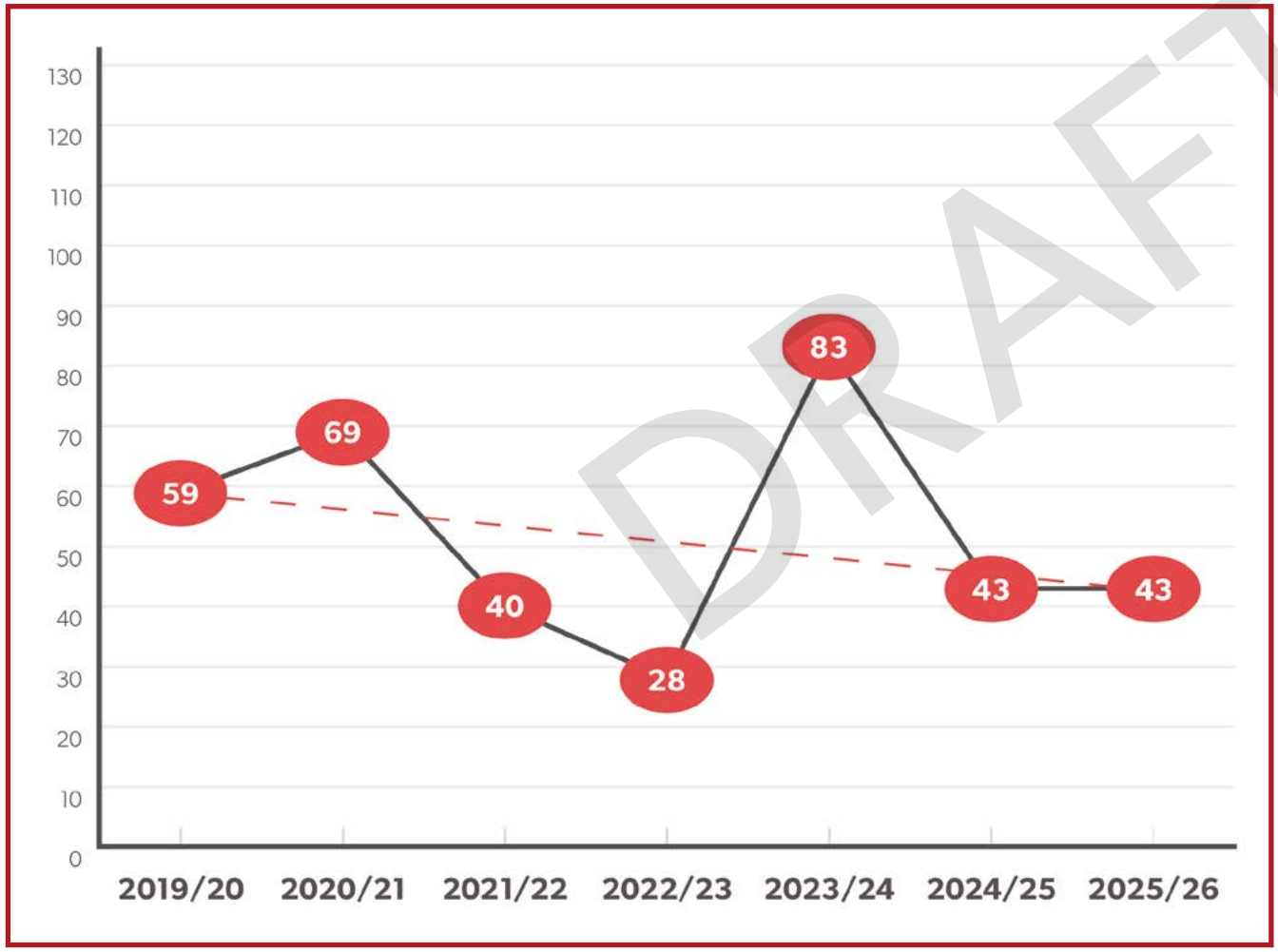
All recommendations arising from debriefs and thematic audits were managed through governance processes and recorded within the Organisational Learning Group (OLG) tracker. Each recommendation was assigned to a nominated risk owner and progressed to completion with supporting evidence.



DRAFT

Key Performance Indicators

Operational Assurance Audit Actions



DRAFT

KPI 19: Operational Assurance Audit Actions

Purpose:

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

Key Performance Indicators

Health and Safety Improvement Plans

Overall completion of the 2025-26 Health and Safety Improvement Plans (HSIP) is 100% (30 of 30) representing a 2% increase when compared to the previous reporting year.

Our 2026-27 Improvement Plans reaffirm our commitment to strengthening health and safety by focusing on people, processes, and systems to enhance staff wellbeing. These plans are guided by SA and SAIG meetings, ensuring all functions are supported in delivering their actions and driving continuous improvement across the service.

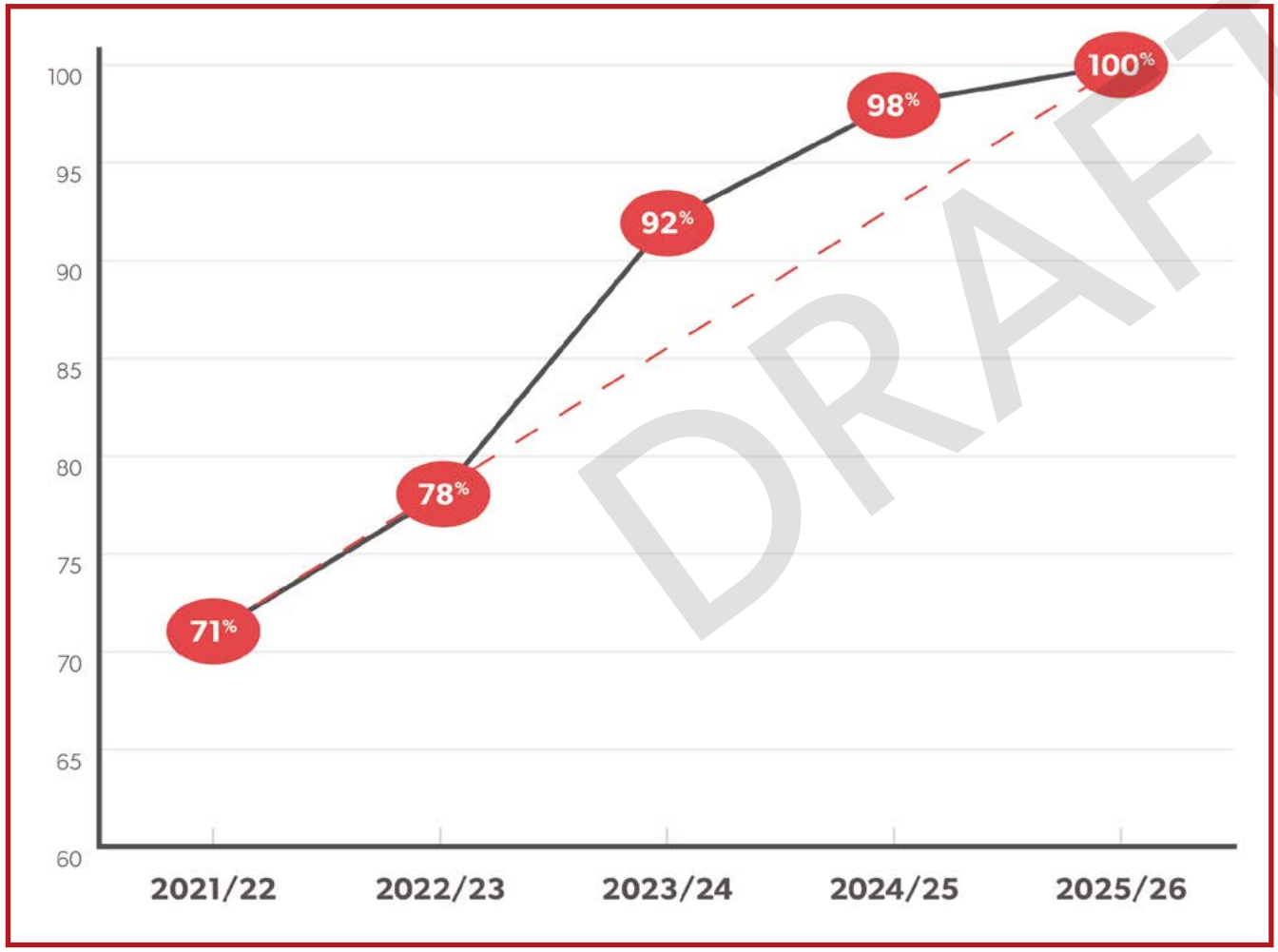
Key achievements from the HSIPs include:

- Strengthened risk assessment and SSOW governance arrangements.
- Enhanced contaminant management controls.
- Completion of Methods of Entry training rollout.
- Ongoing development of TASS and progression of E-SAMS procurement and implementation.
- Support for ISO 45001 compliance and assurance reviews.
- Improved welfare, wellbeing and food safety arrangements across the organisation.

DRAFT

Key Performance Indicators

Health and Safety Improvement Plans



DRAFT

KPI 56: % YTD Health and Safety Actions Completed

Purpose:

Demonstrates the completion of improvement plans to drive safety performance.

Key Performance Indicators

Health and Safety Improvement Plans

Health and Safety Improvement Plan Annual Breakdown 2025-26

	Total Number of Actions	Number of Actions Complete	% Progress Towards Completion
Scottish Fire and Rescue Service	30	30	100%
North SDA (NSDA)	16	16	100%
East SDA (ESDA)	16	16	100%
West SDA (WSDA)	16	16	100%
Finance and Contractual Services (FCS)	18	18	100%
People Directorate	12	12	100%
Prevention Directorate	10	10	100%
Operations (OP)	11	11	100%
Strategic Planning, Performance and Communications (SPPC)	10	10	100%
Training, Safety and Assurance (TSA)	28	28	100%
Portfolio Office	13	13	100%

DRAFT

Health and Wellbeing Statistics

Year	Months	Sum of In Date	Sum of % In Date	Sum of Overdue	Sum of % Overdue
2024	December	4,182	71.05%	1,704	28.95%
2025	January	4,201	71.82%	1,648	28.18%
	February	4,282	72.45%	1,628	27.55%
	March	4,495	76.06%	1,415	23.94%
	April	4,647	78.56%	1,268	21.44%
	May	4,716	80.34%	1,154	19.66%
	June	4,919	84.33%	914	15.67%
	July	5,038	86.80%	766	13.20%
	August	5,092	87.25%	744	12.75%
	September	5,156	88.68%	658	11.32%
	October	5,312	91.21%	512	8.79%
	November	5,399	93.09%	401	6.91%
	December	5,474	94.07%	345	5.93%
2026	January	5,445	93.60%	372	6.40%
	February	5,449	93.85%	357	6.15%
	March	5,531	95.10%	285	4.90%

Throughout this period, HW undertook a comprehensive review of internal protocols, implemented staff refresher training, and completed recruitment to address all vacant roles.

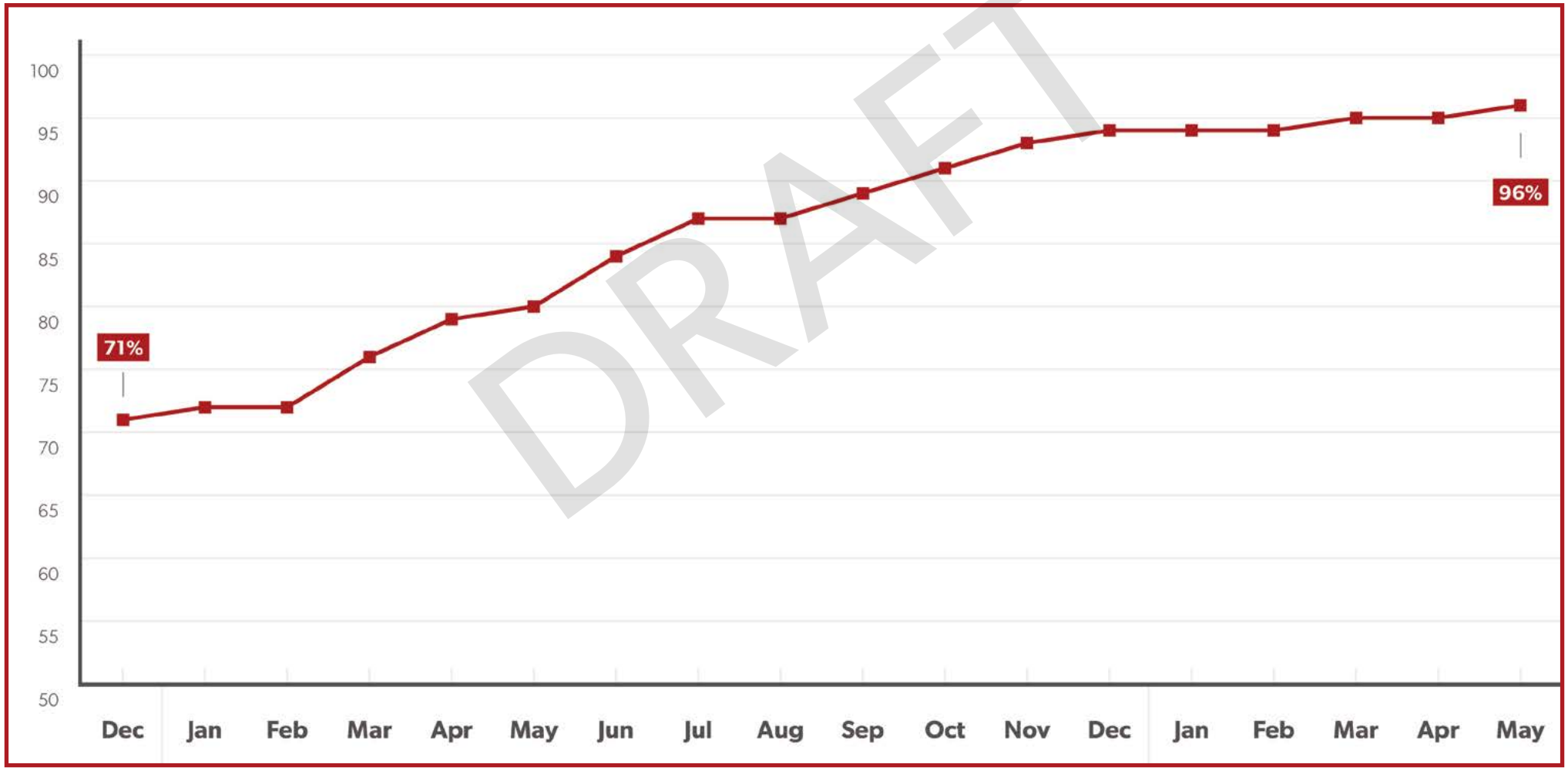
Asbestos medicals are conducted every 3 years. An initial roll out started on the 21st of January 2026 with a paper developed on a plan for the whole service to commence within 2026/27.

HW continued to offer Vaccinations to Water Rescue Stations and supported Pre-placement Medical and Fitness assessments during recruitment processes.

DRAFT

Health and Wellbeing Statistics

Employees with in Date Medical and Fitness Assessments



DRAFT

Benchmarking UK FRS

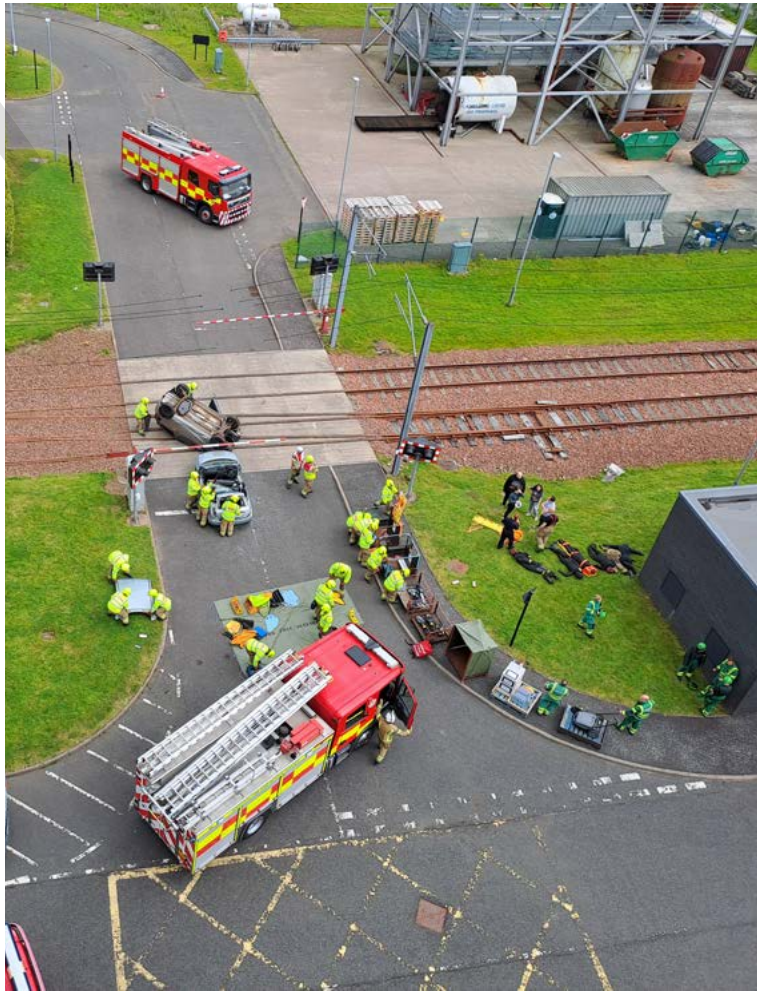
1st of April 2025 – 31st of March 2026

While reporting arrangements and metrics vary across UK Fire and Rescue Services (FRSs), analysis of the information received continues to provide valuable insight into areas of both strong performance and potential development within SFRS.

To support meaningful comparison, SFRS has benchmarked performance using rates per 500 employees, allowing for greater consistency across participating UK FRSs regardless of organisational size. The benchmarking results show that SFRS continues to maintain comparatively low rates of Accidents/Injuries and RIDDOR-reportable incidents per 500 employees when measured against a number of UK services. This positive position is consistent with trends reported in previous years.

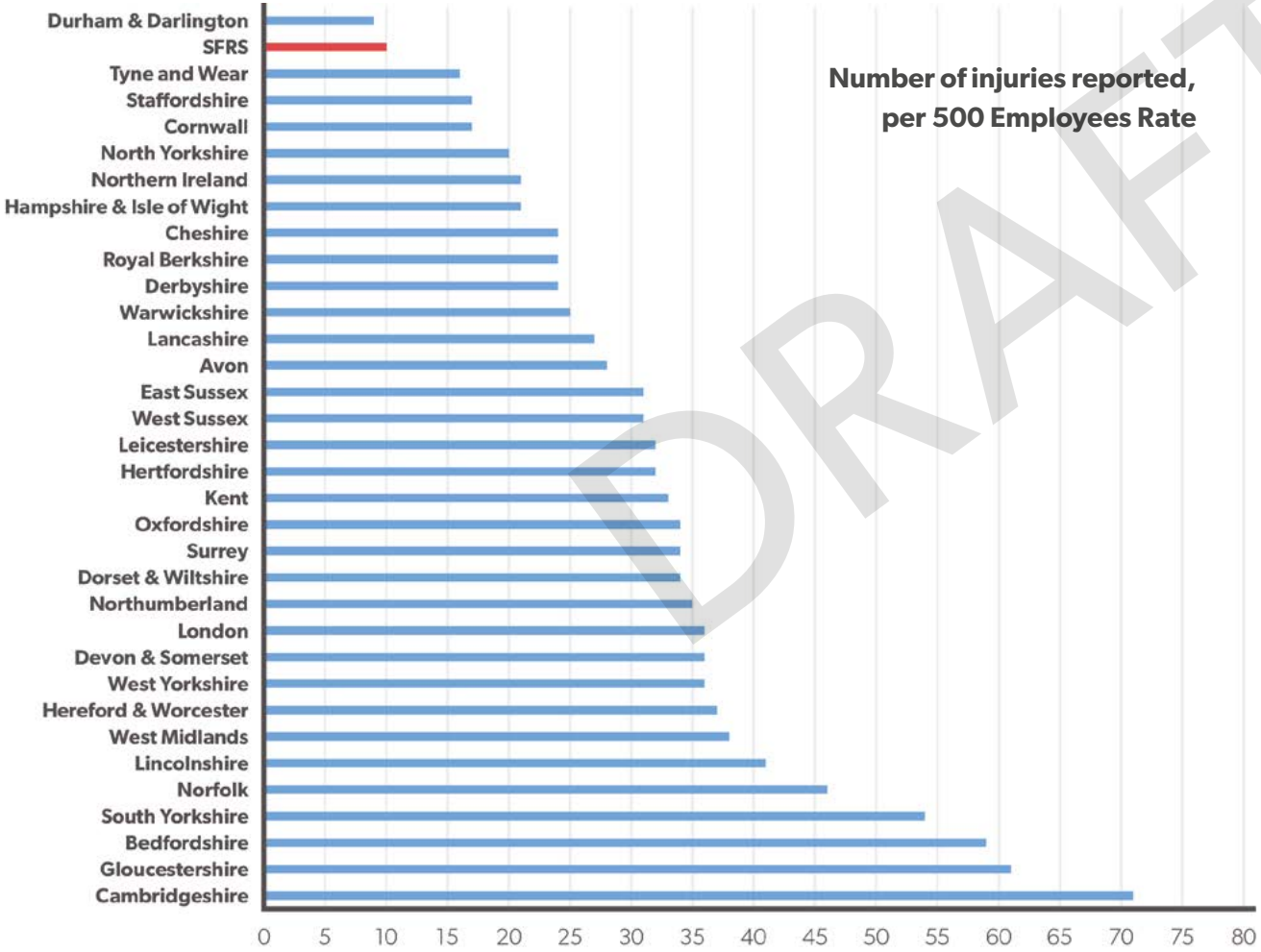
The analysis highlights opportunities to strengthen Near Miss (NM) reporting. SFRS reporting rates remained lower than those recorded by many comparator FRSs on a per-500-employee basis. The Safety and Assurance (SA) function continued to encourage the reporting of near misses and hazards, reinforcing the importance of a proactive reporting culture that supports learning, prevention and continual improvement.

During 2026/27, SA intends to engage with other UK FRSs to better understand the approaches and initiatives they have adopted to increase Near Miss reporting and identify good practice that may be applicable within SFRS. Employees affected by incidents involving violence, aggression or workplace injury are reminded that a range of support resources is available through the SFRS Wellbeing Hub.



DRAFT

Benchmarking UK FRS



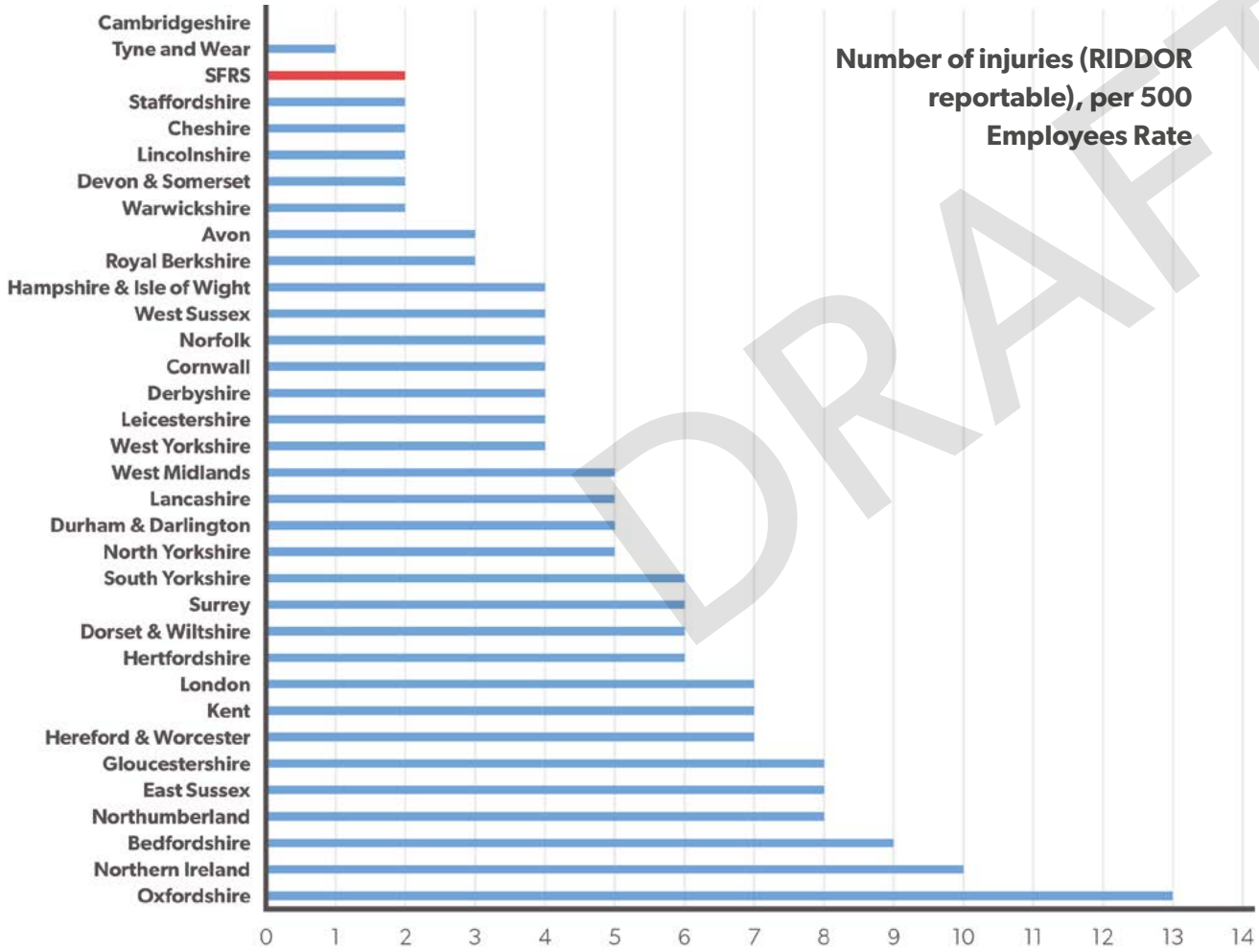
DRAFT

Injury and RIDDOR

SFRS continued to demonstrate a strong commitment to health and safety, maintaining a notably low injury rate of 10 incidents per 500 employees. At 2 per 500 employees, the Service demonstrates comparatively low RIDDOR reportable incident rates.

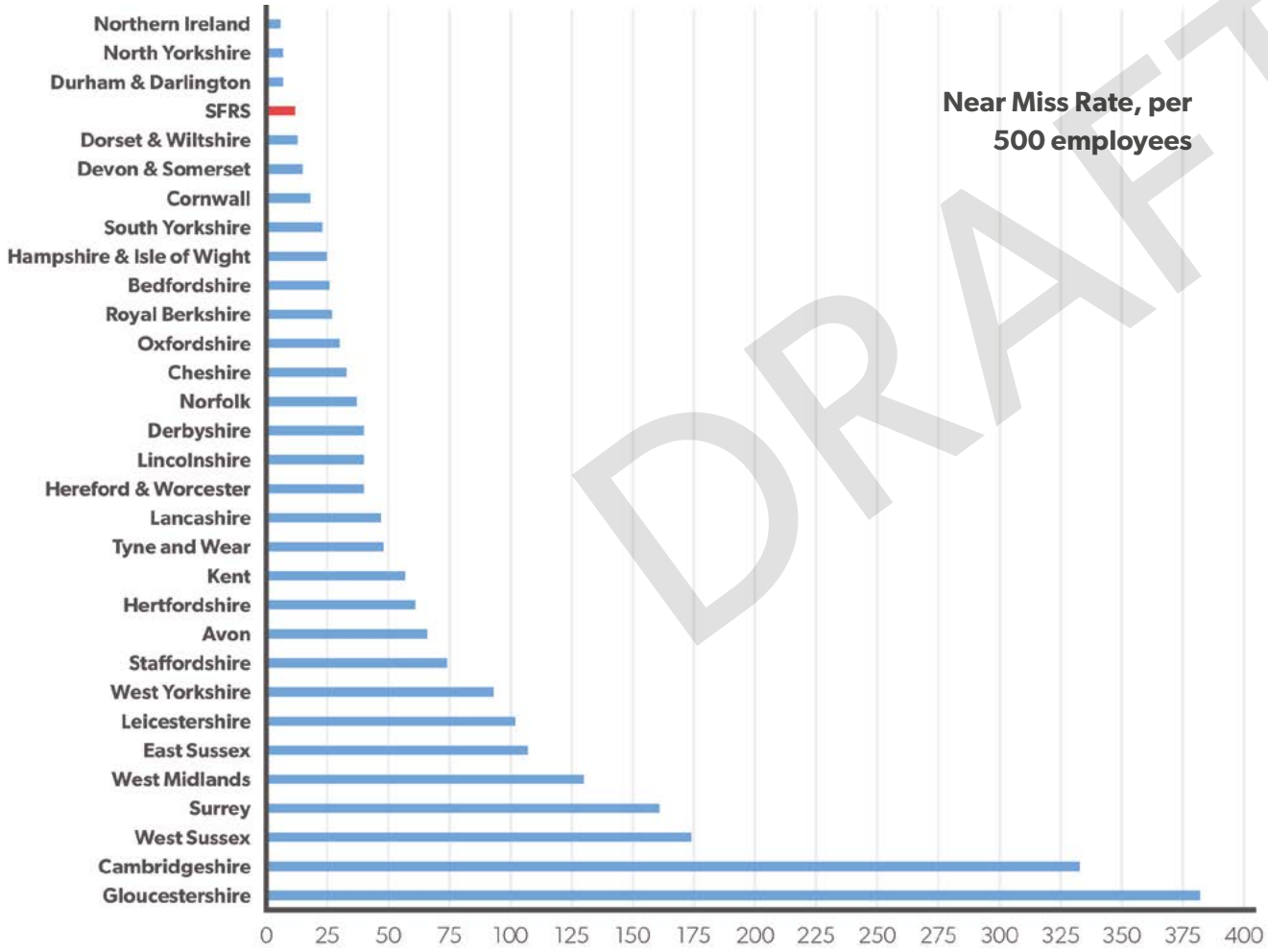
These results highlight the effectiveness of SFRS's proactive approach to risk management, the strength of its safety culture, and the ongoing commitment of employees across the organisation to maintaining a safe working environment.

Benchmarking UK FRS



DRAFT

Benchmarking UK FRS



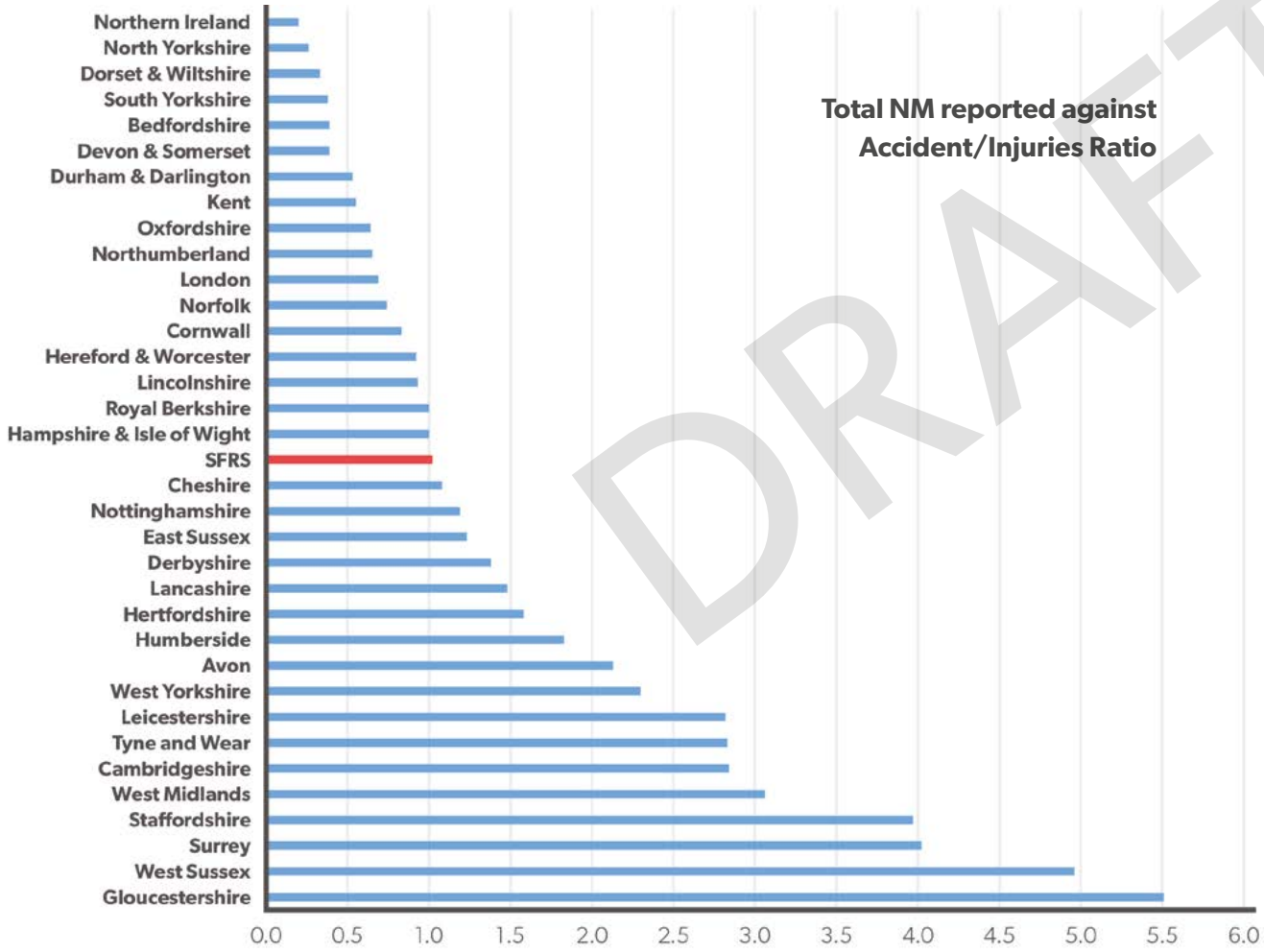
DRAFT

Near Miss

SFRS report a rate of 12 near misses reported per 500 employees, placing it in the lower half of the comparison across UK FRS. The low number of reported near misses may indicate that such events are not being consistently identified or reported. By comparison, other FRSs record significantly higher levels of near miss reporting, which may reflect greater awareness of reporting expectations and stronger engagement with reporting systems.

This presented an opportunity for SFRS to further develop its reporting culture, promote the value of near miss reporting, and make better use of the information gathered to support learning, risk reduction, and future safety improvements.

Benchmarking UK FRS



DRAFT

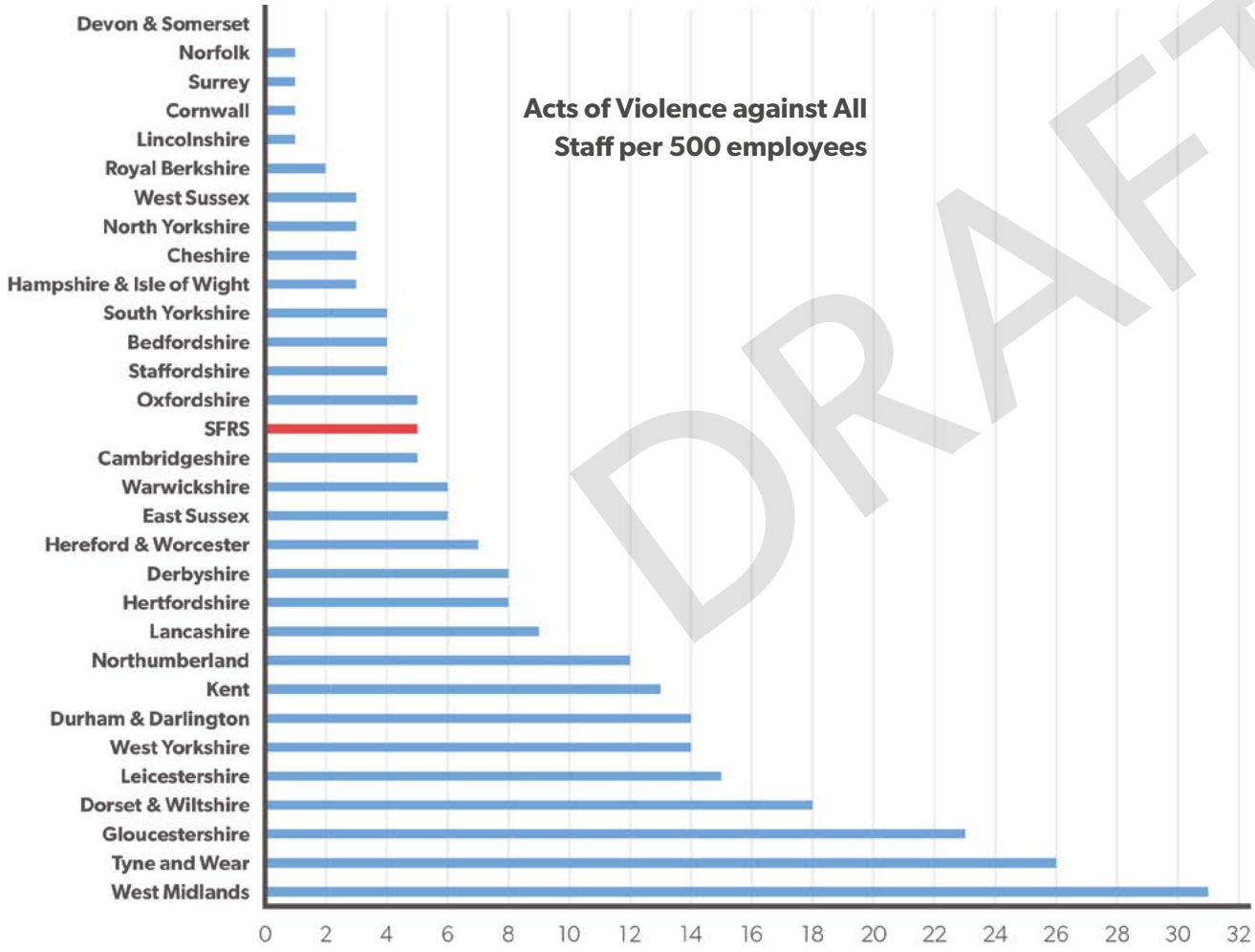
Near Miss against Accident/ Injury Ratios

The Near Miss to Accident/Injury ratio is calculated by comparing the number of reported Near Miss events against recorded accidents and injuries.

For the reporting period, SFRS achieved a ratio of 1.02, indicating that, on average, just over one Near Miss is reported for every accident or injury recorded. This represents a marginal improvement from the previous reporting period (0.96), demonstrating continued progress in Near Miss reporting and a strengthening reporting culture. While this indicates that reporting is aligned with incident occurrence, benchmarking against top performing UK FRSs highlights further opportunity to enhance reporting levels.

Increasing Near Miss reporting remained essential to enhance preventative controls, support early intervention and maximise organisational learning. SFRS continued to promote Near Miss reporting and engaged with exemplar FRS to identify and implement improvements to reporting practices and overall safety culture.

Benchmarking UK FRS



DRAFT

Acts of Violence

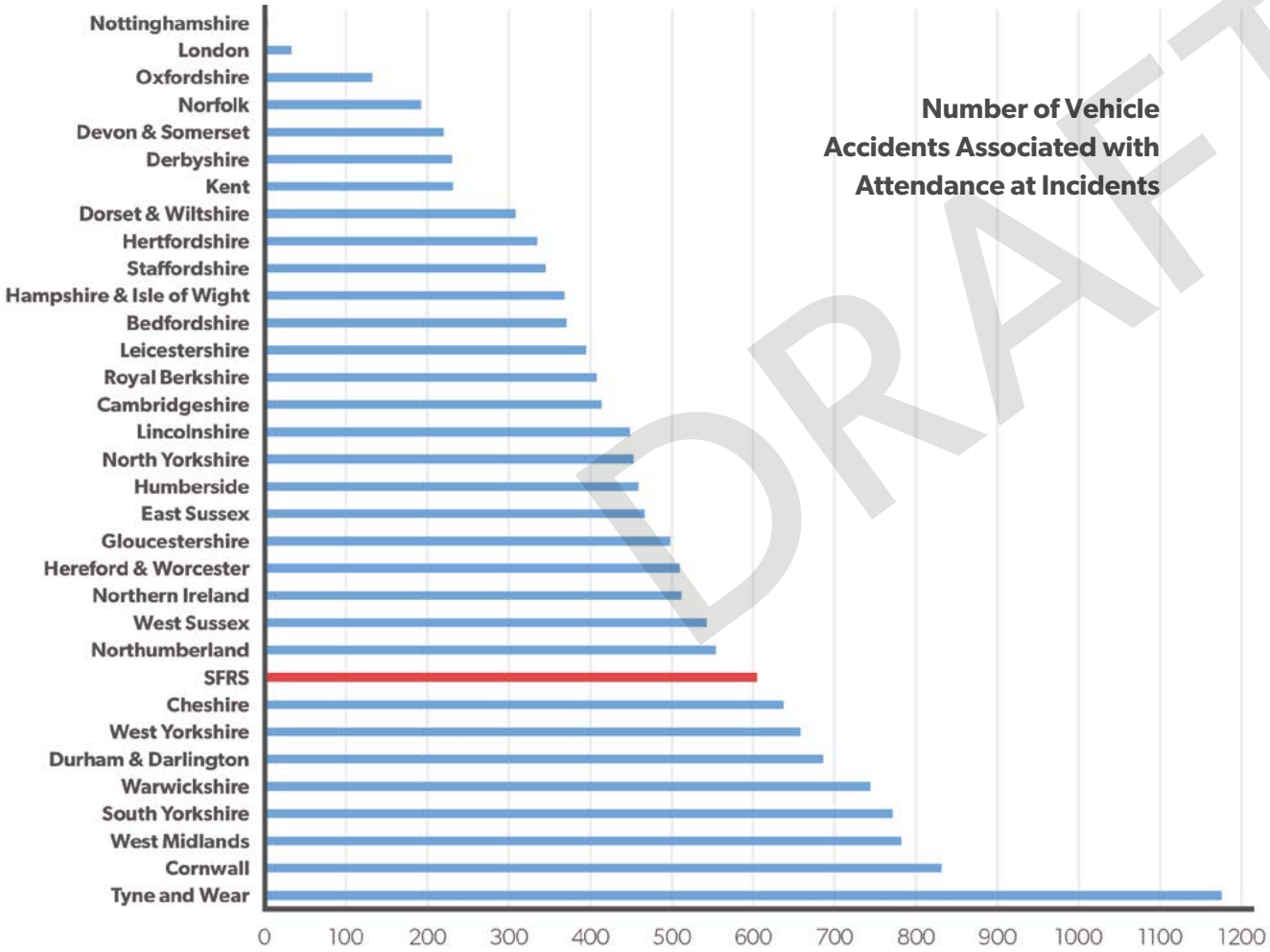
SFRS reports 5 acts of violence (AOV) per 500 employees, placing the Service within the mid-range when benchmarked against UK FRSs. While this rate remains significantly lower than that recorded in higher-risk regions, it confirms that exposure to violence continues to present an operational risk to staff.

The rate remained stable over the reporting period, indicating consistent reporting and ongoing exposure levels. This position highlights the importance of maintaining robust preventative and protective measures, alongside continued monitoring to identify emerging trends or hotspots.

The Service remained committed to protecting its workforce through targeted prevention initiatives, effective risk assessment, and partnership working. Continued emphasis on reporting, organisational learning, and proactive interventions will be essential to further reduce the likelihood of violence-related incidents and ensure a safe working environment for all staff.

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

Benchmarking UK FRS



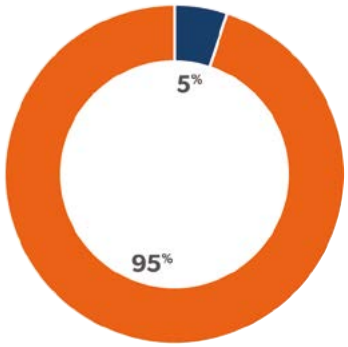
Vehicle Accidents associated with Attendance at Incidents

SFRS reports 1 vehicle accident in every 605 operational incidents, placing SFRS in the lower end of the incident rate.

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

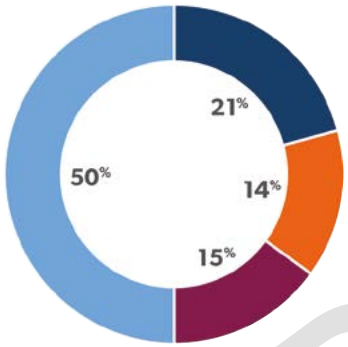
DRAFT

Safety and Assurance Indicators 2025/26



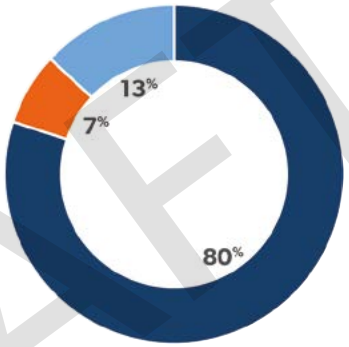
Total Event Investigation 733 Events in Total-TASS

- Ongoing
- Live



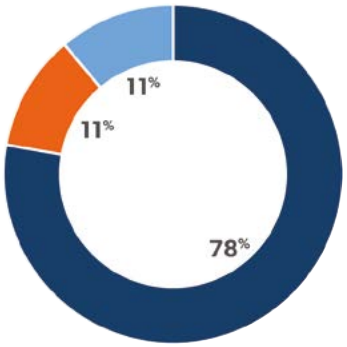
Scheduled Management Arrangement Updates: 14 in Total

- In Governance
- Re-prioritised
- In Development
- Complete



Safe System of Work by Percentage

- Published
- Expired
- In Development

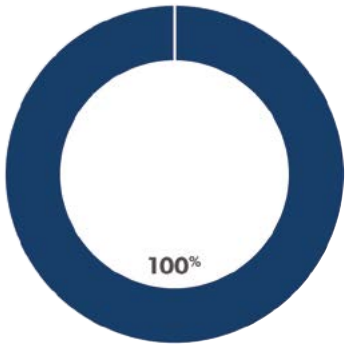


GRA Register Status

- Live
- Under Review
- In Development

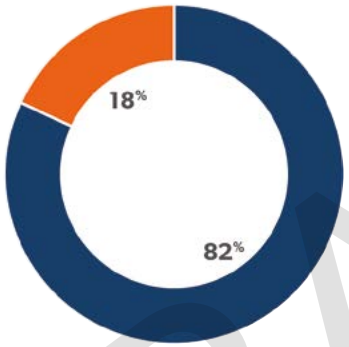
DRAFT

Safety and Assurance Indicators 2025/26



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

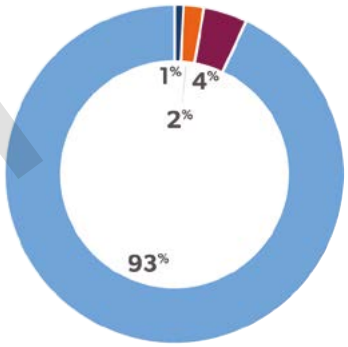
Live



Manual Handling by Percentage

Live

In Development



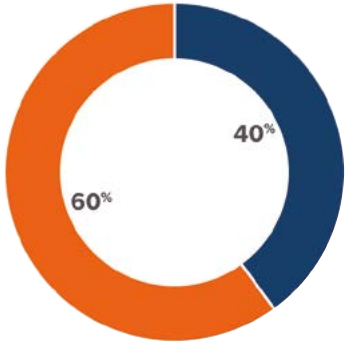
DSE Assessments

Rejected/No LCMS

With Manager

With User

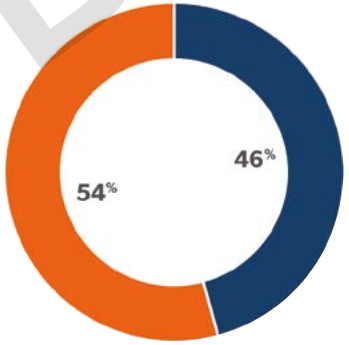
Complete



PUWER Equipment

Live

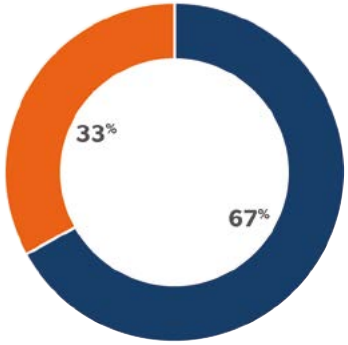
In Development



PUWER Vehicles

Live

In Development



Personal Protective Equipment (PPE) Assessment by Percentage

Live

In Development

DRAFT

27 August 2026 2:21 pm SFRS_HSWA_AnnualPerformanceReport_2025-26_v1b_AH_DRAFT

DRAFT

3. Compliance

SFRS Publications; Legislative Compliance; Contaminants; Driver Safety Group; Fire Contaminants; and CivTech

Read on

Skip to next section

SFRS Publications

SFRS Three Year Delivery Plan

Reference: SC3

Action:

By enhancing our Organisational Learning and Assurance processes, we will cultivate a culture of continuous improvement, mitigate risks proactively, and ensure consistent delivery of learning outcomes with a focus on firefighter safety.

Update:

Approval has been secured for a revised Training Assurance structure, ensuring appropriate resourcing. Defined roles within our Organisational Learning Management Arrangement provide a consistent framework for capturing and acting on learning, supporting continuous improvement and safer outcomes.

Reference: SC4

Action:

By formalising our approach to research, development and innovation we will create a culture that embraces innovation to become more efficient, better serve the public and improve the safety and employees and the communities we serve.

Update:

Approval has been given for commencement of CivTech Challenge 10.2 'How can technology identify and measure firefighter exposure to contaminants across a wide range of incidents? The pre-commercial phase is ongoing.

Reference: SC7

Action:

By reviewing our Health & Wellbeing (HW) approach, we will nurture a safety culture that reflects best practice, ensures compliance and improves the mental and physical wellbeing of our people.

Update:

All HW protocols were reviewed, with a structured approach developed to support a compliant plan. HW was approved as a permanent function within Safety and Assurance, now forming Health, Safety, Wellbeing and Assurance. A recruitment plan has been initiated to fill the new roles required to support the new structure.

DRAFT

SFRS Publications

SA Strategy 2022/26 – Year 4

ACTION: SFRS HSMS meets the full requirements of ISO 45001

UPDATE: Safety and Assurance continued to align its systems and processes with the requirements of ISO 45001. A review of the Safety and Assurance Management System has been completed, demonstrating effective support arrangements alongside the identification of opportunities for further enhancement.

SA remained committed to continuous improvement and actions identified continue to be embedded within the SA Strategy Action Plan. The audit and assurance remit continuec to be enhanced to further strengthen the management system and sustain alignment with ISO 45001 requirements.

DRAFT

Legislative Compliance

Statutory Enforcement

Health and Safety Executive Enforcement / Notices

No actions or improvements reported.

His Majesty's Fire Service Inspectorate

1 new action plan remains ongoing.

Other, i.e. Local Authority

No enforcement actions reported to SA.

An HMFSI Inspection was conducted in 2025 into 'Inspection of Operational Assurance in the Scottish Fire and Rescue Service'.

Following the publication of the inspection report, Operational Assurance developed an action plan to address the 9 recommendations that were identified 'For Action' and the 'Areas for Consideration'. Significant progress has been made against these actions.

An example of the progress that has been made is the development of the Assurance Audit Management Arrangement which replaces the GIN Station and Thematic Audits and now encompasses Operations Control in addition to improved scoring mechanisms and improved guidance to promote a more consistent approach to station and control room audits.

Operations Control was embedded within the Assurance Team providing greater oversight and understanding of the Operations Control environment and challenges and resulting in a more rounded approach when identifying areas of good practice and for improvement.

The Assurance Team introduced a specific focus on Training Assurance, including reviewing and progressing actions arising from training event debriefs. The Assurance Team continued to work alongside colleagues from NFCC to measure progress against other FRS and identify further areas for improvement.

DRAFT

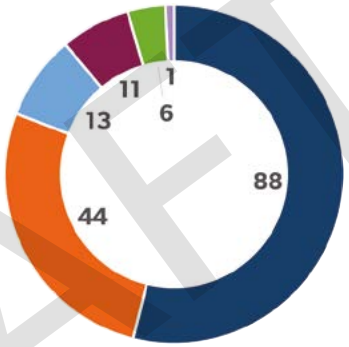
Legislative Compliance

Guidance Review Register

Between 2025–26, 163 guidance updates were reviewed; 69% from HSE and 31% from other sources. 54% of entries needed no further action. There was a 9% rise from the previous year. 7% required policy or training updates. This shows that the policies align with legal requirements and best practices.

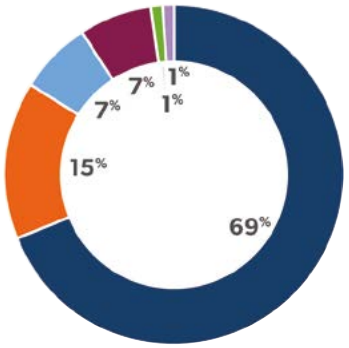
Two new categories were added to the tracker: Continuous Professional Development (CPD) and Research and Development (R&D). The tracker shows a stronger focus on health, wellbeing, and psychosocial risks. This is reflective of the Health and Safety Executive (HSE) priorities. The Mental Health and Wellbeing Group supports through its workstreams.

The Guidance Tracker provided assurance that SFRS met its legal obligations and remained responsive to emerging risks.



Review Outcome

- No Further Action
- BP Informed
- Shared for Info
- Research & Development
- Minor
- Escalation



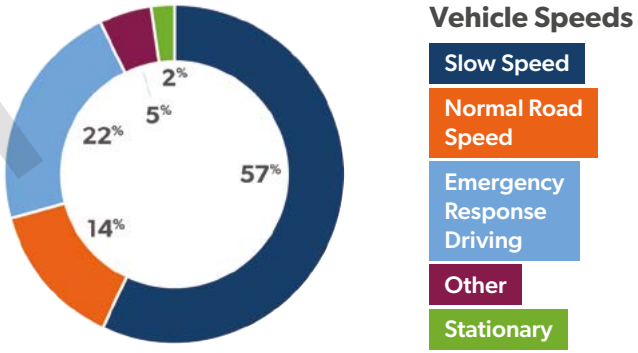
% Guidance Review by Source

- Health & Safety Executive
- Sector Specific
- IOSH Updates
- SHP/Barbour Updates
- HS Publications
- Legal Services

DRAFT

Driver Safety Group (DSG)

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



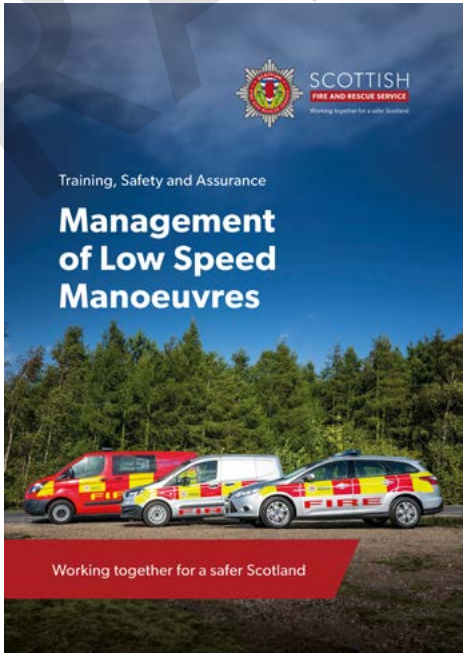
The Fleet department continues to provide updates on new vehicle specifications and legislative changes to ensure that SFRS remains legally compliant.

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

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

The following Safe Systems of Work have also been published:

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



Types of Low-Speed Manoeuvres

- **Turning:** This includes reversing around a corner, a U-turn, a three-point turn and manoeuvring in tight spaces such as multi-storey car parks.
- **Parking:** This includes angle parking, bay parking and parallel parking.
- **Reversing:** This includes reversing in a straight line and around a corner, plus any reversing you do when parking or repositioning your vehicle.
- **Going Forward:** This includes driving forward and manoeuvring including with driving assistants.

DRAFT

Fire Contaminants

During 2025/26, Safety and Assurance continued to lead the Contaminants Group and its Sub-Group, progressing work to reduce the risk of injury and ill health associated with fire contaminants exposure across SFRS.

Tasks focused on implementing the Fire Contaminants Management Arrangement and associated procedures, guidance and risk controls. This included engaging with operational personnel and stakeholders to share good practice, the monitoring of compliance and the reviewing risk assessments, safe systems of work and station zoning arrangements to ensure they remain effective and aligned with operational learning and emerging best practice.

Significant progress was made in strengthening contamination control and decontamination arrangements. A safe system of work for Breathing Apparatus (BA) washers was developed, and compliance with fire contaminants procedures was formally embedded within the OA07A Operational Assurance Officer Action Checklist.

Investing PPE resilience with 2,200 sets of reserve PPE located across 36 designated reserve stock hubs. A PPE and laundry recording system was implemented for managing cleaning and maintenance of PPE.

Additionally, SFRS purchased PPE airing racks and secure cages and 353 'Contaminated PPE' external storage units, at SFRS premises. The National Training Centres were supplied with a cleaning machine and drying cabinet for SCBA. These are engineered for the cleaning, disinfecting and drying of BA face pieces.

Firefighters may be exposed to combustion products during the course of their duties. 1,000 shampoo and bodywash units were installed in fire station showers.

Station Zoning Plans

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

Implementation: 374 zoning plans were implemented in SFRS premises.

DRAFT

CivTech

Overview

SFRS continued to work with the Scottish Government's CivTech Programme.

CivTech's challenge-led approach supports organisations to define a problem rather than prescribe a solution, enabling specialist partners to work collaboratively with challenge sponsors to design, test and refine new approaches. The programme provides a structured route from early concept through accelerator support to pre-commercialisation, with the aim of producing solutions that are both operationally effective and commercially viable.

Within CivTech Round 10, SFRS sponsored two challenges focused on improving firefighter safety, operational effectiveness and long-term wellbeing.

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

These challenges address areas of growing operational importance where technology has the potential to strengthen decision-making, improve understanding of risk and support the development of practical solutions that could also benefit the wider fire and rescue sector.

Following the challenge and accelerator phases, both projects progressed to pre-commercial development, with funding in place to support the further design and testing of viable products. This stage allowed SFRS to continue working closely with delivery partners to ensure solutions are shaped around operational need, informed by user feedback and capable of being developed into sustainable products. Through this work, SFRS is not only seeking to address immediate organisational challenges, but also to contribute to innovation that has potential value across the wider emergency services and public safety landscape.

DRAFT

CivTech

Progress of the CivTech Challenges

10.1 Situational Awareness

SFRS worked with Rowden Technologies to develop a commercially viable product to improve situational awareness for emergency responders before, during and after incidents. The challenge focused on addressing the limited availability of accurate real-time information on incident ground conditions, risk, resources and developing events, with the aim of improving firefighter safety, strengthening incident commander decision-making and supporting more effective operational co-ordination. The proposed solution combined Rowden's digital platform capability with a tablet and phone-based interface that supports dynamic risk assessment and incident management, helping to create a shared operational picture across crews, sector commanders and control room colleagues.

The solution was intended to provide a more consistent and timely flow of information across devices, allowing those at the scene and those supporting remotely to access the same up-to-date view of an incident. This has great benefit during complex or fast-moving incidents where co-ordination, communication and resource deployment are critical. Rowden has worked closely with SFRS colleagues throughout development, including engagement with Operations, Operations Control, Incident Command and digital and technology teams, alongside pilot user workshops to test concepts and incorporate feedback. This collaborative approach is helping to refine the product so that it is shaped around operational need and can integrate effectively with existing ways of working. The product was scheduled for completion by July 2026.

10.2 Contaminants

SFRS entered a joint venture with Firehaz Research Ltd, led by Professor Anna Stec, to develop an innovative, data-driven solution to identify, assess and reduce firefighter exposure to contaminants across a wide range of incidents. The challenge reflected recent evidence on the long-term health risks associated with exposure to fire effluents, including cancer and other occupational diseases. It also supported the work of the SFRS Contaminants Working Group to strengthen understanding, monitoring and prevention. The proposed solution brought together physiological monitoring, environmental sensing and biological testing to build a clearer picture of both immediate and cumulative exposure.

The solution employed physiological monitoring sensors, vests, gas sensors and mobile devices to support testing and validation, for real-time air quality monitoring, and lateral flow test kits to detect markers linked to exposure to hazardous substances.

A pilot was conducted at Cambuslang National Training Centre. Data and learning has contributed to the development of an exposure tracker application that supports the secure collation of data, with the longer-term aim of establishing a commercially viable product that can improve firefighter safety, health and wellbeing. Progress continued to develop a viable solution over the next 12-16 months.

DRAFT

4. Improvement

Key Achievements and Improvements; Continual Improvement; and Looking Ahead

Read on

Skip to next section

Key Achievements and Improvements

Training, Safety and Assurance (TSA)

- **Respiratory Infection Prevention:** COVID-19-specific documentation, such as task cards, workplace risk assessments and Safe System of Work (SSOW), were withdrawn or consolidated.
- **Hydrant Maintenance Health and Safety Handbook:** A working group established the safety and compliance standards for SFRS personnel undertaking hydrant maintenance activities. It ensures that all such activities are conducted safely and efficiently, in accordance with statutory requirements and SFRS policy.
- **SFRS Stress Management Generic Risk Assessment (GRA):** A new GRA was developed based upon HSE stress management standards, to highlight and signpost staff to the extensive range of control measures SFRS has in place to foster a culture of psychological safety and support.
- The revised Training Centre Audit Form (TA02) has created a more consistent and structured audit process, improving assurance, risk identification, and organisational learning.
- Helicopter safety training was delivered to 10 Flexi Duty Officers (FDOs) in Inverness, enhancing safety during helicopter-supported operations such as wildfire response.
- New Wildfire Operations e-learning and GRA modules, including working in darkness, were developed to support national wildfire strategies and preparedness.
- Detection, Identification and Monitoring (DIM) CPD events were delivered across four locations, refreshing hazardous materials response skills with support from Glasgow Scientific Services.
- A pilot First Response Emergency Care (FREC) programme was launched with the Scottish Ambulance Service to improve clinical skills, governance, and interoperability.
- Joint working with the Scottish Ambulance Service and medical partners supported publication of new extrication guidance, improving casualty care at road traffic collisions.
- The BA Recovery Programme significantly increased operational competence, with BA, CFBT, and Tactical Ventilation refresher completion rates rising to over 90%.

TSA Accident Summary	
Types of Events:	**Top 3 causations:**
• Accident (28) • NM (10) • VA (8)	1. Slips, Trips and Falls 2. Temperature 3. Manual Handling

- The Tactical Firefighting programme was launched, strengthening thermal imaging camera use and firefighting knowledge across operational crews.
- Investment in water mapping rigs enhanced practical firefighting training, with three installations completed and five more planned across mainland sites.
- Safe Working at Height (SWAH) Tier 1 and 2 training, alongside new equipment rollout, improved operational readiness and standardised capability across the Service. A new USAR Collapsed Structure Simulator at the National Training Centre expanded rescue training opportunities and strengthened firefighter preparedness.
- Significant investment in specialist training, facilities, and technology – including large animal rescue, fire investigation, HAZMAT, driver training, and Workforce Pro – enhanced operational capability, safety, and workforce development across the Service.

DRAFT

Key Achievements and Improvements

Training, Safety and Assurance (TSA) – Safety and Assurance

Policy and Objectives:

- Management Arrangements (MAs) continued their 5-year review cycle and simplification into a more user-friendly format. This year, the Occupational Road, Risk, Safe Use of Lift Trucks and working at Height were updated, and Operational Assurance General Information Notes commenced conversion into MAs with the During Incident Operational Assurance MA.
- Working at Height risk assessment withdrawn and linked into GRA and existing emergency rescue plans, Safe Use of Lifts Truck MA updated and simplified, additional guidance and training content added

Safety Risk Management

- Premises Contaminants Zoning was implemented, to assist managing fire-contaminants and reduce potential exposure for premises occupants.
- Unscheduled cleaning SSOW and personal Hygiene posters for hand washing and general hygiene published
- Worked closely with the Prevention Directorate to enhance existing hazards and controls captured in their health and safety handbook, chip pan demonstration GRA and SSOW, youth engagement activities, community engagement, and enforcement action updates for the Museum of Scottish Fire Heritage.
- Developed the Communication and Engagement on the Incident Ground GRA and supporting SSOW for the Communications Team
- Published Hydrants health and safety handbook, enhancing SSOW and updating the supporting GRA
- Supported the implementation of Risk and Technical Assessments and SSoW including;
- Training Fire Ground Technicians (implemented)

Training and Communication

- Staff awareness campaigns including Stress management, Cancer Awareness, Home Working Doesn't Have To Be Isolating Poster developed for Digital Wellbeing Month, MSK , Prostate Cancer and Stress Awareness articles.
- Published staff awareness articles for stress awareness month (April) MSK Month (Aug), articles for DSE and manual handling, and Cancer awareness

DRAFT

Key Achievements and Improvements

Wellbeing

Over 239 Wellbeing Champions in SFRS to support colleagues.

- The 2026 Wellbeing Calendar was aligned to service priorities following evaluation.
- The Mental Health and Wellbeing Group was reinvigorated, and a permanent structural change strengthened the wellbeing framework, reinforcing long-term commitment.
- An action plan addressing the HMFSI Mental and Wellbeing Support Report was established, with progress tracking.
- Benchmarking across UK fire services continued, supporting shared learning on women's health and menopause.
- Wellbeing Champions increased by 20.1% to over 239, expanding peer support across SFRS. Wellbeing was promoted through events and roadshows, including the Women in the Service Event and sessions on mental health, contaminants, and musculoskeletal injury prevention.
- Employee Assistance Programme engagement increased, with providers supporting workshops and roadshows. Targeted roadshows in Thurso and Inverness reached on-call staff and those on sickness absence.
- The Post Incident Support Procedure policy was updated to include self-referrals, with process improvements and a new guidance video developed with Rivers to support staff.

DRAFT

Key Achievements and Improvements

Wellbeing cont.

SFRS continued to support the Endometriosis Friendly Employer scheme.

SFRS Endometriosis Champions increased awareness through training, communications, and sharing lived experiences.

SFRS hosted an annual Santa Dash and Family Day at the National Headquarters, Cambuslang in aid of The Fire Fighters Charity. The event raised over £3,500.

Mickeysline is an Inverness-based charity bringing mental health and suicide prevention services to remote communities. SFRS personnel attended the wellbeing promotion in Thurso. The event supported both physical and mental wellbeing through collaboration with local wellbeing partners, delivering a programme of sessions with strong colleague engagement.

It successfully reached on-call personnel and maintained contact with colleagues on sickness absence, supporting return-to-work outcomes. This generated positive participant feedback.

DRAFT

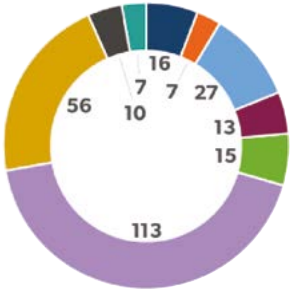
Key Achievements and Improvements

Operations

- Introduced Management of Water and Flood Incidents (MWFI) Tactical Advisors, strengthening specialist support for Incident Commanders during water-related emergencies.
- Established Marine Tactical Advisors, enhancing operational resilience and improving response to maritime incidents and emerging risks.
- Improved national resilience by expanding specialist advisory capabilities across key operational risk areas.
- Reduced significant operational risk through structured debriefs, reviews, and improvement actions.
- Increased Mass Decontamination capability availability from approximately 57% to 100%, significantly enhancing operational readiness.
- Promoted long-term firefighter health protection by establishing baseline compliance requirements in contamination management.
- Expanded oxygen therapy capability for operational crews, strengthening emergency medical response at incidents.
- Improved operational consistency and service delivery through stronger national and local collaboration.
- Worked with DaTS and equipment suppliers to develop a roadmap for upgrading digital radio systems across the Service.
- Introduced a new Animal Rescue Response capability as part of the Document Control Project broadening operational response options.
- Introduced a Scottish Equipment Governance Meeting between Operations and Assets to address operational equipment issues proactively.
- Developed and embedded a Wildfire Night Operations Checklist within LCMS training, improving safety and preparedness during complex wildfire incidents.
- Maintained high standards across ERRI through LSM training, strong audit outcomes, and a target for all events to be completed within seven days.

Operations Accident Summary

Types of Events:	Most Common Causations:
• Accident (5) • NM (3) • AoV (2)	1. Impact (Stationary Object) 2. Slips, Trips and Falls 3. Temperature



Operations Improvements

- General Info Note
- Awareness Briefings
- Operational Procedures
- Service Delivery Alerts
- Vehicle Info Card
- Urgent Instructions
- Standard Operating Procedure
- Equipment Info Cards
- Doc Conversion Project

DRAFT

Key Achievements and Improvements

Service Delivery Areas - North

Contaminant Control Measures

- Strategic decontamination support was introduced for remote stations, including post-fire kits and decontamination equipment at designated locations.
- Additional locker storage was installed to separate PPE from personal items, supporting compliance with welfare and contaminant standards.
- A dedicated Multi-Purpose Vehicle was also secured to transport personnel to carbonaceous training sites, reducing the risk of cross-contamination.
- Showers were installed at two remote island locations, improving access to decontamination facilities and reducing travel barriers for personnel.

Low Speed Manoeuvre (LSM) Vehicle Accidents

- The Low-Speed Manoeuvre booklet was communicated to all operational staff and reinforced through face-to-face management briefings.
- Driver training kits, including cones and poles, were distributed to selected stations to support practical manoeuvring exercises. The combination of enhanced communication and hands-on training contributed to a significant reduction in LSM vehicle incidents.

Hazard / Near Miss Reporting

- A communication campaign was delivered through emails, manager briefings, and station-based guidance posters to emphasise the importance of hazard and near miss reporting. The initiative highlighted how early reporting helps prevent incidents, protect personnel, and maintain operational readiness.
- Increased awareness of reporting responsibilities and consequences of non-reporting improved confidence and consistency across the North. This resulted in a significant increase in hazard and near miss reporting, supporting a stronger proactive safety culture.

North Accident Summary	
Types of Events:	**Most Common Causations:**
• VA (51) • NM (45) • Accident (33)	1. Impact (Moving Objects) 2. Falls from Height 3. Manual Handling

4x4 Flexi Duty Officer (FDO) Vehicles

- Two additional 4x4 Flexi Duty Officer vehicles were introduced, and the fleet was strategically redistributed to improve resilience in remote and high-risk areas. Vehicle locations were selected based on risk, geography, and accessibility challenges.
- The initiative provided Flexi Duty Officers (FDOs) with quicker access to suitable vehicles during severe weather events, improving safety and response capability. This strengthened operational resilience across the North and reduced travel-related risks during adverse conditions.

DRAFT

Key Achievements and Improvements

Service Delivery Areas - East

- All premises engaged with the Premises Compliance Process and will continue to engage with Property to manage the outputs.
- Fire Contaminant Zoning was fully implemented at all stations, supporting improved firefighter health and safety. Contaminant Risk Assessments are complete, with SOPs embedded through staff engagement and training.
- The Breathing Apparatus Support Unit (BASU) pilot in MELSB delivered significant operational benefits by reducing road risk and unnecessary journeys, linked to breathing apparatus cylinder replenishment.
- Site-specific risk assessments continued to be developed improving risk awareness, and local training.
- Targeted testing and exercising of digital fireground communications was undertaken across CFS to evaluate performance of digital fireground radios within BA environments. Findings informed recent software updates and system improvements, strengthening reliability of fireground communications, improving situational awareness and contributed to enhanced firefighter safety on the incident ground.
- SSOW-275 document 'Coupling & Uncoupling Trailers' and the Electric Information Card (EIC) for trailers were reviewed and updated, following TASS event. This learning was cascaded nationally with further recommendations being progressed through the SAIG.
- Review of National Ariel Ladder Platform jacking processes following a TASS Event.
- A 12-month trial of an Ultra High-Pressure Lance capability was approved in CoE, aiming to improve firefighter safety in hazardous structures and enhance Electric Vehicle (EV) fire response capability.
- Reallocating the BA van and reserve PPE to Bathgate improved appliance availability, reduced costs and emissions, and enhanced BA servicing support.

East Accident Summary	
Types of Events:	**Most Common Causations:**
• NM (68) • VA (66) • Accident (44)	1. Manual Handling 2. Slips, Trips and Falls 3. Sharp Object(s)

- Ongoing development sessions and engagement with staff were undertaken across the EAST SDA, with the aim of improving TASS Investigations and strengthening our overall Safety culture.

DRAFT

Key Achievements and Improvements

Service Delivery Areas - West

- Structured debriefs following the Lochgilphead and River Leven incidents improved learning, information sharing and multi-agency collaboration.
- BA emergency procedures and Close Personal Contact training were proactively delivered before formal investigation outcomes, accelerating the adoption of key safety lessons.
- Presentations covered BA emergency procedures, fire behaviour, media and compartment fires, and carbon monoxide incidents to enhance firefighter safety.
- TASS and appraisal sessions focused on reducing low-speed manoeuvre vehicle incidents while improving hazard awareness and reporting standards.
- A fire risk linked to deliberate tampering with school laptops was identified, with partnership working enabling preventative action and supporting future learning.
- Comprehensive thematic audits across wholetime, on-call and volunteer stations promoted consistency, compliance and continuous improvement in health and safety standards.
- A service-wide issue with ageing throwlines was identified and escalated, resulting in the replacement of outdated equipment across the Service and reducing operational risk.
- Several operational safety issues were escalated through West SAIG, including appliance fend-off positioning, dashcam compliance, dashcam data retrieval processes and contaminant cage security.
- Contaminant zoning and decontamination procedures was supported through participation in the CivTech FireHaz contaminants research project.
- Lifelines wellbeing training was rolled out, with personnel trained as wellbeing champions to provide routine and emergency welfare support following traumatic incidents.
- Assurance, training and learning programmes were delivered, including audits, multi-pump incident exercises, EV fire training with Volvo, and regular Safety & Assurance reports to share lessons learned.

West Accident Summary	
Types of Events:	**Most Common Causations:**
• VA (99) • NM (56) • Accident (39)	1. Impact (Moving Objects) 2. Manual Handling 3. Temperature

DRAFT

Key Achievements and Improvements

Financial and Contractual Services (FCS)

Finance and DaTS

- Finance and DaTS have maintained strong engagement with Safety & Assurance through regular participation in SAIG meetings. Health and Safety continues to be embedded within governance arrangements. It remains a standing item at all management team meetings.
- Progress has been effectively managed through the Health & Safety Improvement Plan (HSIP), which is used to track actions and support informed decision-making. All HSIP actions have now been fully completed across both functions. In addition, the Line Manager Health & Safety Responsibilities presentation was delivered to DaTS Management to reinforce roles and expectations.
- Managers have continued to support remote staff through regular MS Teams contact, maintaining a clear focus on health, safety, and wellbeing. The Office Handbook provides guidance and safe remote working information.
- This approach contributed to the achievement of the Gold Award for Support Review Risk Assessments as part of the Quarter 1 Improvement Plan.
- Compliance with mandatory training requirements continued to be evidenced through LCMS (Workforce Pro) and PDRPro.

FCS Accident Summary	
Types of Events:	**Most Common Causations:**
• Accident (7) • VA (5) • NM (1)	1. Impact (Stationary object) 2. Impact (Moving object) 3. Manual Handling

DRAFT

Key Achievements and Improvements

Financial and Contractual Services (FCS)

DRAFT

Property Enhancements

- Maintained oversight of the RAAC remediation and replacement programme, including new build developments, site acquisitions, remediation works, and station improvement projects.
- Progressed key training infrastructure projects, including CFBT facility enhancements, smoke capture installation, new water mapping training rigs, and welfare improvements across training premises.

Fleet

- Completed the build and rollout of 30 Scania 18-tonne Rescue Pumps, fully equipped with operational tools, equipment, and upgraded ESN radio systems.
- Purchased 15 additional Scania 18-tonne chassis to support the next appliance build programme in 2026–27.
- Completed the second batch of 12 Lightweight Pumping Appliances, including full equipment fit-out and installation of new radio systems.
- Delivered four Technical Rope Rescue Units and commissioned four Wildfire Support Units, enhancing specialist operational capabilities.
- Purchased and deployed two Management Team cars, nine Multi-Role 4x4 vehicles, and two standard 4x4 pick-ups to strengthen fleet resilience.
- Procured 20 Ford Ranger 4x4 vehicles for future conversion into Multi-Role and standard operational support vehicles.
- Purchased 16 Mercedes vans to replace ageing Stores and Workshop vehicles and improve fleet reliability.
- Invested in six Multi-Role Crew Vehicles and a new Welfare Unit base vehicle to enhance crew welfare and support during prolonged incidents.
- Added an electric Hydrant Support Van and an electric training minibus, supporting both fleet renewal and net-zero ambitions.
- Expanded and modernised the fleet with accessible support vehicles, 39 Kia e-Niro electric cars, and 19 electric vans to reduce emissions and improve operational support.

Health & Safety Management

- Reviewed Safe Systems of Work
- Development of Equipment / Vehicle PUWER Assessments.

Governance & Strategic Planning

- Strategic Asset Management Plans in place for Fleet, Equipment, Property and Training.
- Local Asset Management Plan for Shetland prepared.
- 10-year risk-based capital investment plan aligned with condition, suitability and operational need.

Equipment Improvements

- Completed the tier 1 and 2 SWAH standardisation.
- Introduced new TIC's to front line appliances ensuring every appliance had thermal image capability.
- Introduced PFD's to all flood response stations.
- Provided new DIM equipment for 4 new units.

Key Achievements and Improvements

People

- Maintained People SAIG governance and engagement, including monthly People SAIG meetings and ongoing Safety Assurance Coordinator input into People managers' meetings to support health, safety, wellbeing, assurance.
- Partnered closely with Safety & Assurance colleagues to shape and deliver the 2025–26 Improvement Plan, including a clear focus on implementing controls relating to fire contaminants, welfare, and other key objectives.
- Delivered strong progress against the 2025–26 Improvement Plan, with 100% year-end completion.
- Strengthened local assurance through the People Directorate Self-Compliance programme (2025–26), updating the People self-compliance standards and evidencing compliance via established controls such as the People Compliance Tracker, LCMS/Workforce Pro records and TASS evidence.
- Improved DSE (Display Screen Equipment) compliance evidence by completing the assessment within the TASS DSE module and monitoring the process.
- Continued the three-year stress risk assessment approach, with stress questionnaires completed. The supporting evidence retained within the People Compliance Tracker.
- Strengthened the occupational road risk controls for People staff, This included requesting and tracking licence/driver documentation.
- Reported no People Directorate Events within the period covered by the People SAIG Spotlight reporting. People recorded zero accidents/injuries, near misses, vehicle accidents and acts of violence across the quarterly reporting lines shown, supporting proactive prevention and assurance.
- Empowered staff to report confidential issues to the Confidential Reporting Line.
- Strengthened assurance over risk assessments and safe systems of work by maintaining the RA Gantt Chart and reviewing the People Office Handbook.
- Enhanced event reporting and investigation controls, ensuring personnel are current in Event Reporting and Investigation learning modules, reiterating the importance of timely investigation.

DRAFT

27 August 2026 2:21 pm SFRS_HSWA_AnnualPerformanceReport_2025-26_v1b_AH_DRAFT

Key Achievements and Improvements

Portfolio Office

Portfolio Improvements

- Promoted Safety Awareness and Compliance across the Service through the established SAIG framework.
- Supported Management Arrangement reviews for COSHH, Radiation, PPE/RPE, Liaison with the HSE, and Operational DRA/ARA processes.
- Assisted with the implementation of Methods of Entry Training enhancing operational competence.
- Procured a new electronic Safety and Assurance Management System (e-SAMS) and participated in its design.
- Continued to foster a strong safety culture through the ongoing review and improvement of Safety and Assurance processes across the Service.

SPPC Improvements

- Achieved 100% completion of all actions within the Annual Health and Safety Improvement Plan, demonstrating a strong commitment to continuous improvement.
- Provided the Power BI Dashboard and Tracker enabling managers with oversight of outstanding actions and compliance.
- Recorded Health and Safety events through TASS and ensured improvements were implemented to enhance colleague safety.
- Supported Homeworking colleagues with Display Screen Equipment (DSE) assessments, with reasonable adjustments and equipment provided, where required.
- Lead the Civtech Contaminants Project "How can technology identify and measure firefighter exposure to contaminants across a wide range of incidents?" SPPC support the exposure-monitoring technology and explored future health surveillance arrangements to improve firefighter safety and long-term health outcomes.

DRAFT

Key Achievements and Improvements

Prevention

Prevention Improvements

- **Prevention H&S Handbook:** Introduced the Prevention and Hydrant Maintenance Health and Safety Handbook details information on safe working practices. Equipment Information Cards (EICs), GRA 009 "Hydrant Maintenance" and SSOW 050 "Hydrant Maintenance" documents standardises approaches to prevention and hydrant activities.
- **Proactive Process Review:** Reviewed Generic Risk Assessments and Safe Systems of Work. The revised processes enhance control measures, particularly for lone working, through improved planning, dynamic risk assessment, and clear escalation arrangements. Increased emphasis on reporting violence, aggression, and near misses supports the proactive identification of trends and emerging risks.
- **Staff Health and Wellbeing Support:** The Prevention Directorate continues to embed a positive health and wellbeing culture through the development of its Wellbeing Group and a network of Wellbeing Champions. The integration of Health and Wellbeing Facilitators via the Lifeline Scotland programme ensures accessible, peer led support for all staff. The PISP policy review has strengthened inclusive support arrangements.
- **S19 Hydrant Strategic Working Group:** The establishment of a multi-agency strategic working group for S19 Aqua Hydrants demonstrated a collaborative approach to risk management. The work ensured alignment with statutory duties and national guidance while supporting the development of a safer, more resilient operational environment.
- **Introduction of New Equipment:** The introduction of new specialist equipment enhanced the safety and efficiency of hydrant inspection activities. There was positive feedback from frontline users. Battery powered pumps enabled the safe removal of contaminated water, reducing risks associated with hygiene and environmental exposure. Hydraulic lifters for seized hydrant lids significantly reduces manual handling exposure and the risk of musculoskeletal injury. This investment demonstrated a proactive commitment to improving working practices, exceeding minimum standards, and protecting staff through practical, risk reducing innovation.

Prevention Accident Summary	
Types of Events:	**Top causations:**
• VA (1) • AoV (1)	1. Temperature 2. Threatening Behaviour

DRAFT

Continual Improvement

SA Improvements

- A Low-Speed Manoeuvre (LSM) booklet has been published to raise awareness of common risks and reinforce safe driving practices across the Service. This guidance supports drivers in reducing minor LSM events through improved understanding, consistent application of procedures, and strengthened driver behaviours.
- eSAMS (Electronic Safety Management System): currently in development to support Operational Assurance by providing a single platform for capturing, analysing and sharing safety and incident data, strengthening organisational learning and evidence-based improvement.
- A new Health and Safety program for Organisational Learning has been launched within the SFRS, centralising all mandatory and role-specific health and safety training in one location. This initiative aimed to provide quarterly training for all staff, ensuring that everyone maintains their health and safety knowledge and skills throughout the SFRS.
- The following new courses were introduced: -
  - Operational Incident Risk Assessment (PRA/DRA/ARA)
  - Event Reporting and Investigation
- Enhancements to existing courses included:
  - The creation of a "Driving for Support Staff" program that links existing modules with additional resources.
  - Minor revisions to the Stress, Noise, and Vibration programs, reflecting updates from HSE guidance.

Support Reviews

Support Reviews provide assurance that SFRS requirements are met and support legal compliance, while promoting best practice and identifying areas for improvement to enable standardisation across the Service. A new Management Aarrangement has been introduced to strengthen governance and oversight of the established process, with ongoing refinement to further enhance audit and assurance activity.

During the reporting period, reviews were undertaken across a range of areas or topics. These reviews have identified areas of learning which continue to be implemented through routine workstreams.

Sample of the following topics were undertaken:

- Specific Risk Assessment;
- Individual Safe System of Work Process;
- Face Fit Testing (FFP3); and
- Statutory Inspection.

Corporate papers on the effectiveness of the Organisational Learning Group, Food Safety training, and Safety and Assurance Improvement Groups were progressed through governance routes, with recommendations applied where appropriate. These provided assurance on current arrangements and identified opportunities for improvement to strengthen organisational performance.

DRAFT

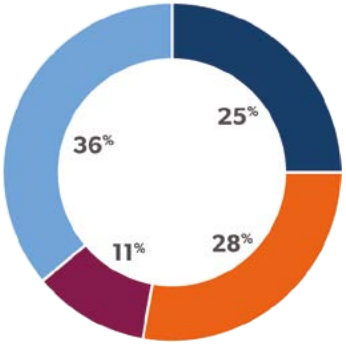
Continual Improvement

(Operational Assurance)

2025/26 Service Delivery completed the Station Audit process utilising the Operational Assurance Reporting and Recording System (OARRS).

- North Service Delivery Area 70 audits completed;
- East Service Delivery Area 42 audits completed; and
- West Service Delivery Area 116 Audits completed.

Actions continued to be monitored where significant improvement was required, and where minor areas of improvement were identified, these actions continued to be actioned at local level.



Station Audit Outcomes

- Areas of Improvement
- Excellent
- Satisfactory
- Good

Operational Assurance enhanced audit governance by introducing a formal Management Arrangement and transitioning from Station Audits to Assurance Audits for 2026–27. The scope included Control Rooms, supported by defined roles, structured programmes, and strengthened audit independence.

A consistent, evidence-based approach was embedded, with mandatory practical skills assessment, clear timescales, and a four-grade scoring system supported by formal escalation and Senior Management Board oversight. Discretion was removed, with audit outcomes directly informing performance and strengthening firefighter safety and professional standards.

DRAFT

Continual Improvement

(Organisational Learning Group)

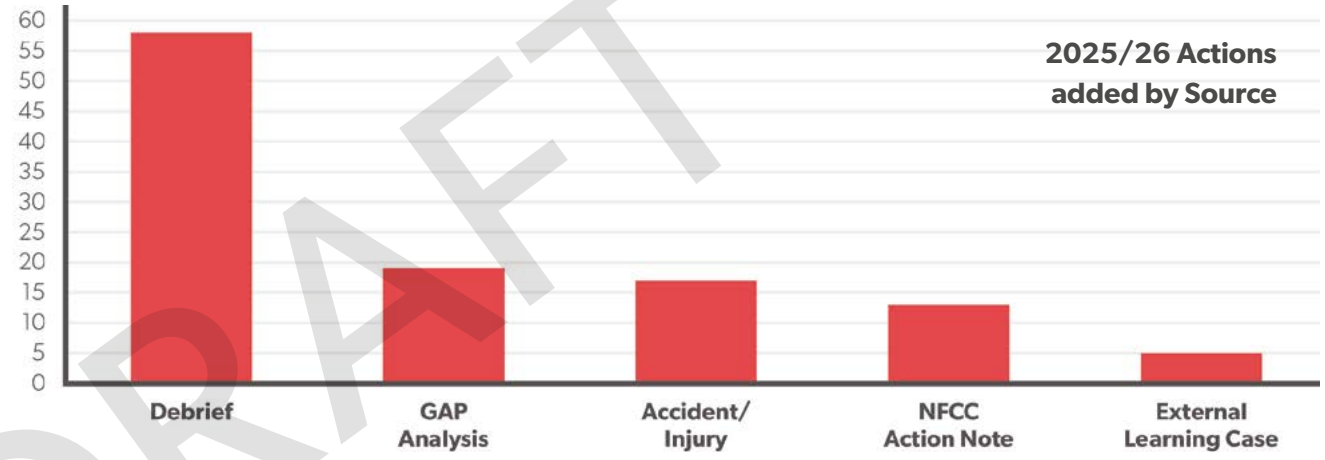
The Organisational Learning Group (OLG) managed recommendations from incidents, investigations and operational learning etc. It gave risk owners and key stakeholders access to live data, enabling them to identify trends and monitor progress, supporting continuous improvement across the Service.

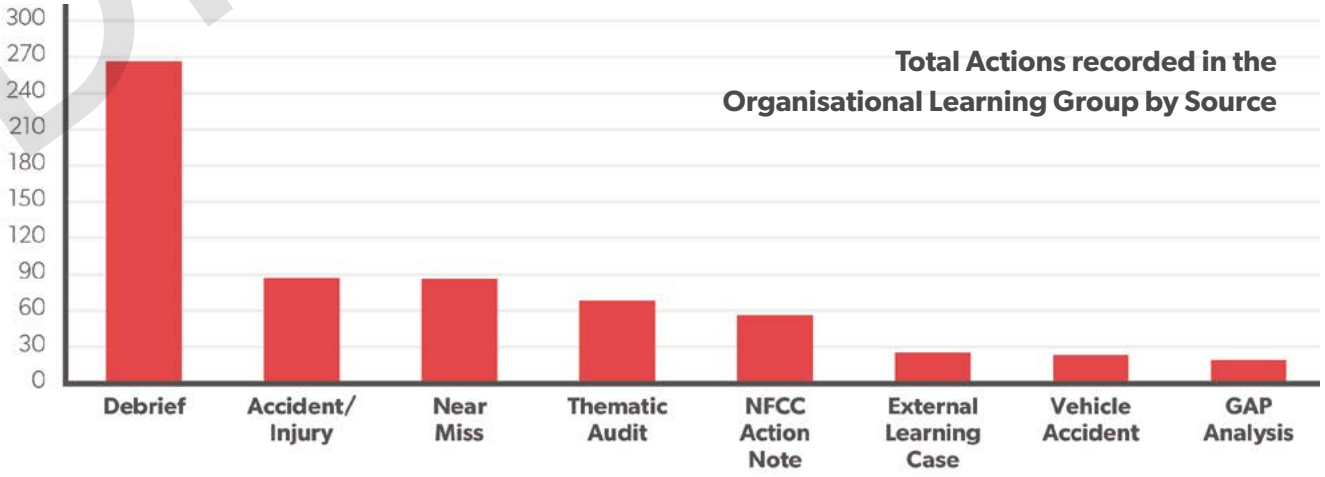
A total of 630 recommendations were recorded, of which 492 were completed, demonstrating sustained progress.

During 2025–26, 112 new recommendations were generated from 17 action plans, including structured debriefs, NFCC Action and Information Notes, significant event investigations and reports of Operational Discretion.

A further 130 actions were closed following OLG scrutiny with supporting evidence.

Risk owners continued to manage recommendations through engagement, embedded learning, and improving health, safety and assurance. Their approach has driven improvement and embedded learning across the Service.





DRAFT

Continual Improvement

(Organisational Learning Group)

Significant Event Summary

The SFRS carried out a total of 4 Significant Event Investigations in 2025-26;

Blackness Road Aerial Ladder Platform (ALP)

- **Description:** Whilst carrying out on-station training utilising the ALP, a Firefighter fell from the deck of the ALP onto the tarmac below, resulting in injuries to their wrist and elbow.
- **Outcome:** Following the investigation, 10 recommendations were made.

Lochgilphead Near Miss

- **Description:** Whilst undertaking firefighting operations at a persons reported fire in a block of flats, a floor collapse occurred, causing a Firefighter to fall into the flat below requiring rescue using a short extension ladder. The firefighter was not injured.
- **Outcome:** This investigation is ongoing through relevant governance routes. Recommendations will be progressed to the OLG.

Lundholm Road ATV

- **Description:** When carrying out a consolidation exercise following All Terrain Vehicle (ATV) acquisition training, an ATV overturned, with no injury to the occupants.
- **Outcome:** This investigation is ongoing through relevant governance routes. Recommendations will be progressed to the OLG.

Scott Street, Perth

- **Description:** Whilst in attendance at a level 4 incident, a number of Health and Safety events occurred (four near miss events and one Firefighter injury).
- **Outcome:** This investigation is ongoing through relevant governance routes. Recommendations will be progressed to the OLG.

DRAFT

Looking Ahead

The Health, Safety, Wellbeing and Assurance Strategy provides a clear framework for how the Scottish Fire and Rescue Service will protect, support and assure its people and services. It is founded on the principle that effective health, safety, wellbeing and assurance processes are essential to delivering a Service that is safe, resilient, learning-focused and capable of meeting the evolving needs of the people we serve.

The strategy:

- Recognises the value of an assured health, wellbeing and safety culture, where leading, engaging and learning are shared duties and where all personnel are empowered to identify and report.
- Recognises the need to strengthen organisational learning by improving how information is gathered, analysed and used to identify themes and trends to prevent recurrence and improve performance.
- Recognises the evolving research relating to firefighter health, contaminants and occupational exposure, supporting continued partnerships, researchers and the wider fire sector to ensure our arrangements remain proportionate, evidence-based and aligned with emerging good practice.
- Recognises the opportunities presented by innovation, including the introduction of e-SAMS, to enhance event reporting, safety risk management, assurance activity, performance monitoring and organisational learning.

The strategy also recognises that excelling in health, safety, assurance and wellbeing requires teamwork. Success depends upon effective collaboration across all business partners, representative bodies, staff networks and external partners. Through a coordinated approach, the Service will continue to strengthen its capacity to keep people safe, support workforce wellbeing, learn from experience and provide assurance that risks are being effectively managed, helping to deliver a safer, healthier and more resilient Scottish Fire and Rescue Service.

The continued focus on safety relies on application of the SFRS values; teamwork, respect, innovation and safety.

We sincerely thank all employees for continually contributing to the health, safety and wellbeing of our people and creating a Safer Scotland.

For further information of enquiries please contact **sfrs.healthandsafety@firescotland.gov.uk**

DRAFT

27 August 2026 2:21 pm SFRS_HSW PerformanceReport_2025-26_v1b_AH_DRAFT

5. Glossary of Terms

The following glossary is an alphabetical list of terms and/or abbreviations contained within the report with their corresponding meanings or explanations.

Accident/Injury Rate: The total number of reported Accidents/Injuries divided by total number of employees multiplied by 500 to give the accident injury rate per employee.

ALP: Aerial Ladder Platform Power

AoV: Acts of Violence

ARA: Analytical Risk Assessment

ATV: All-terrain Vehicle

BA: Breathing Apparatus

BAU: Business as Usual

CAT: Community Action Team

COSHH: Control of Substances Hazardous to Health

CPD: Continuing Professional Development

CSA: Community Safety Advocate

DRA: Dynamic Risk Assessment

DSG: Drivers Safety Group

DSE: Display Screen Equipment

DSU: Distress Signal Unit

ESDA: East Service Delivery Area

FBU: Fire Brigades Union

FDO: Flexi Duty Officer

FCS: Fleet and Contractual Services

FRS: Fire and Rescue Service

GANTT: A graphical representation of activity against time

GIN: General Information Note

GRA: Generic Risk Assessment

HS: Health and Safety

HSE: Health and Safety Executive

HSIP: Health and Safety Improvement Plan

HMFSI: His Majesty's Fire Service Inspectorate

HSMS: Health and Safety Management System

HW: Health and Wellbeing

IP: Injured Person

ISO: International Organisation for Standardisation

KPI: Key Performance Indicators

LCMS: Learning Content Management System

LSM: Low-speed manoeuvres

DRAFT

27 August 2026 2:21 pm SFRS_HSW PerformanceReport_2025-26_v1b_AH_DRAFT

5. Glossary of Terms

LSO: Local Senior Officer

MA: Management Arrangement

MSK: Musculoskeletal

NEOP: National Event Operational Plan

NFCC: National Fire Chiefs Council

NM: Near Miss

NSDA: North Service Delivery Area

OA: Operational Assurance

OARRS: Operational Assurance Recording and Reporting System

OLG: Organisational Learning Group

People: People Directorate

PPE: Personal Protective Equipment

PRE: Pneumatic Rescue Equipment

PUWER: Provision and Use of Work Equipment Regulations

RA: Risk Assessment

R&D: Research and Development

RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

RPE: Respiratory Protective Equipment

SAIG: Safety and Assurance Improvement Groups

SA: Safety and Assurance

SAMS: Safety and Assurance Management System

SCBA: Self-Contained Breathing Apparatus

SDA: Service Delivery Area

SFRS: Scottish Fire and Rescue Service

SLT: Strategic Leadership Team

SMART: Specific, Measurable, Achievable, Relevant and Time-bound

SOP: Standard Operating Procedure

SPPC: Strategic Planning, Performance and Communication

SSOW: Safe System of Work

TfOC: Training for Operational Competence

TASS: Think, Act, Stay, Safe

TSA: Training, Safety and Assurance

UFAS: Unwanted Fire Alarm Signals

UHPL: Ultra High-Pressure Lance

VA: Vehicle Accident

WSDA: West Service Delivery Area

DRAFT

firescotland.gov.uk

SFRS Annual Health, Safety, Wellbeing and Assurance Performance Report 2025-26

Version 1.0
August 2026

DRAFT

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: **12.1**

Agenda Item: **C/PC/41-26**

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**HMFSI INSPECTION ACTION PLANS UPDATE**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the 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: • Mental Health and Wellbeing • Organisation Culture: Volume 1
2	**Background**
2.1	HMFSI inspects and reports on the Scottish Fire and Rescue Service (SFRS) with the purpose of assuring the public and Scottish Ministers that we are working in an efficient and effective way, and to promote improvement in the Service.
2.2	Each year, HMFSI sets out its intended programme of thematic and local area inspections. Additional reviews may also be carried out at any time at the request of Scottish Ministers.
2.3	Following the publication of reports, an action plan is prepared to address the issues or recommendations that are highlighted within the report.
2.4	Once approved, action plans will be presented to the Senior Management Board (SMB) on a quarterly basis to scrutinise progress.
3	**Main Report/Detail**
3.1	The 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 3.2.1	**Mental Health and Wellbeing** 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 seven of which were completed during a previous reporting period.

3.2.4	Overall progress remains **green**, with the plan approximately 80% complete. *(Percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).*
3.2.5	**Status this period:** • 10 are green (actions 1, 6.3, 6.4, 7.1, 7.2, 7.3, 7.4, 7.5, 9.2 and 13).
3.2.6	**Appendix B** provides full narrative progress reporting.
3.2.7	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.
3.3 3.3.1	**Organisational Culture - Volume 1** The HMFSI report on Organisational Culture – Volume 1 (June 2025) contains 25 actions.
3.3.2	Overall progress is green, with the plan approximately 70% complete. *(Percentage completions for individual actions are an estimate provided by the action owner leading to the overall average percentage).*
3.3.3	**Status this period:** • 4 are **amber** (actions 1.1, 2.1, 4.1 and 8.1) • 11 are **green** (actions 1.3, 3.1, 5.1, 5.2, 9.1, 10.1, 11.1, 11.2, 12.1, 13.1 and 17.1)
3.3.4	**Appendix C** provides full narrative progress reporting.
3.3.5	A summarised progress report of all **amber** actions is available below:
3.3.6	**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 they go through SFRS governance channels for review and approval. [Amber, 60% complete]** **Summary:** A communication for all strategic managers on the requirement for policies and procedures to be accompanied by the relevant impact assessments has been drafted for review, ahead of being shared in July 2026. **Request:** A second revised due date from 30 June 2026 to 31 July 2026 is requested. **Status:** Remains amber as a result of the slight delay in timescales to allow for the Communications piece to be developed.
3.3.7	**Action 2.1: Engage with a wide range of relevant stakeholders in the development and creation of the SFRS People Strategy. [Amber, 90% complete]** **Summary:** The People Strategy is progressing through governance processes as planned. To align with the arrival of the new Director of People, Communications and Engagement and wider organisational planning, the People Strategy timeframe has been revised from 2026–2031 to 2026–Financial Year 2027/28. Work continues on publication preparations and the development of supporting frameworks to ensure alignment with broader SFRS strategic priorities. **Request:** A revised due date from 30 June 2026 to 31 July 2026 is requested. **Status:** Moved from green to amber as a result of the delay in timescales to allow for the Communications piece to be developed.
3.3.8	**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. [Amber, 20% complete]** **Summary:** Work on the Recruitment and Selection Policy review is underway, with a final draft expected by the end of Quarter 3 following service consultation. The integration of

	SFRS Values and the NFCC Leadership Framework into uniformed recruitment and promotion processes has already been implemented through a 2025 review. Timescales have been extended due to competing workload pressures, with ongoing stakeholder engagement supporting a robust update focused on strengthening inclusive recruitment practices. **Request:** A revised due date from 30 September 2026 to 31 December 2026 is requested. **Status:** Moved from green to amber as a result of delay in timescales due to capacity and competing workload priorities.
3.3.9	**Action 8.1: Consider how to improve communication to all SFRS personnel regarding how the Learning and Development budget is allocated and invested. [Amber, 60% complete]** **Summary:** Development of a Learning and Development infographic is progressing, with support from Communications on design and alignment to corporate standards. Content is being developed using established performance metrics to provide a dashboard-style overview of activity and investment. Delivery has been rescheduled to September 2026 due to capacity pressures and competing priorities, with ongoing collaboration and monitoring to minimise the risk of further delays. **Request:** A revised due date from 30 June 2026 to 30 September 2026 is requested. **Status:** Moved from green to amber as a result of delay in timescales due to capacity and competing workload priorities.
3.4 3.4.1	**Action Plans in Development** **Planning and Preparedness of the SFRS for the XXIII (23rd) Commonwealth Games 2026**. The HMFSI Planning and Preparedness of the SFRS for the XXIII (23rd) Commonwealth Games 2026 report was published in June 2026 to provide independent assurance that operational readiness and business-as-usual capacity will be maintained, risks associated with the Games are appropriately identified and mitigated command and control arrangements are appropriate and ensure interoperability and prevention and protection responsibilities are being met. This inspection report will now enter the normal HMFSI development and reporting process, and an update will be available in due course.
3.4.2	**Operational Training and Development in the SFRS** The HMFSI report regarding Operational Training and Development in the SFRS was published in June 2026 to examine and evaluate the current arrangements used by the SFRS to train, develop and maintain the competence of its operational staff, ensuring they can respond to incidents safely and effectively. This inspection report will now enter the normal HMFSI development and reporting process, and an update will be available in due course.
4	**Recommendation**
4.1	The PC is invited to: • 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 Action Plan, attached as **Appendix C**.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** Ongoing monitoring of HMFSI Action Plans through established governance arrangements ensures that any emerging risks are identified, assessed, and managed in line with organisational risk appetite.
5.2 5.2.1	**Financial** There are no direct financial implications associated with the proposed closures. Any future activity linked to HMFSI recommendations will be considered through standard planning and governance processes, including business case development where required.

5.3 5.3.1	**Environmental & Sustainability** There are no environmental implications associated with the recommendations of this report.
5.4 5.4.1	**Workforce** There are no direct workforce implications associated with the proposed closures. Workforce considerations linked to any ongoing or future activity will continue to be managed through relevant governance and planning processes.
5.5 5.5.1	**Health & Safety** There are no direct health and safety implications associated with the proposed closures. Health and safety considerations will continue to be monitored through business-as-usual arrangements and relevant action plan activity where applicable.
5.6 5.6.1	**Health & Wellbeing** There are no additional health and wellbeing implications arising from this report. Progress against relevant HMFSI recommendations will continue to be monitored and reported through established governance structures.
5.7 5.7.1	**Training** There are no direct training implications associated with the proposed closures. Any ongoing training requirements linked to HMFSI actions will be progressed through existing programmes and governance routes.
5.8 5.8.1	**Timing** HMFSI Action Plans will continue to be monitored and reported through regular governance cycles, ensuring ongoing oversight of progress, completion, and any further development activity.
5.9 5.9.1	**Performance** The proposed closure of these actions reflects progress against HMFSI recommendations, supported by evidence and subject to scrutiny. Ongoing performance monitoring will ensure continued visibility of improvement activity and alignment with organisational priorities.
5.10 5.10.1	**Communications & Engagement** There are no specific communications implications arising from this report. Communication and engagement activity relating to HMFSI actions will continue as part of ongoing improvement and governance processes.
5.11 5.11.1	**Legal** The Service continues to meet its statutory obligations in relation to HMFSI inspections and reporting, as set out in the Fire (Scotland) Act 2005.
5.12 5.12.1	**Information Governance** A Data Protection Impact Assessment (DPIA) is not required for this report as there is no sensitive information to consider.
5.13 5.13.1	**Equalities** An Equality and Human Rights Impact Assessment (EHRIA) is not required for this report. Directorate and LSO EHRIAs will capture these .
5.14 5.14.1	**Service Delivery** There are no direct service delivery implications associated with the proposed closures. Improvements arising from HMFSI recommendations will continue to support service delivery through ongoing activity and governance.

5.15 5.15.1	**Prevention** There are no specific prevention implications arising from this report. Relevant prevention activity will continue to be progressed through existing plans and governance arrangements.	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Mark McAteer, Governance, Strategy and Change
7.2	**Level of Assurance: (Mark as appropriate)**	**Substantial**/~~Reasonable/Limited/Insufficient~~
7.3	**Rationale:**	Following receipt of Audit Reports, Action Plans are developed in conjunction with Directorates and approved via the Strategic Leadership Team and the nominated Executive Committee of the Board. Quarterly reporting is made to the Senior Management Board and nominated Executive Board until full completion of the Action Plan.
8	**Appendices/Further Reading**	
8.1 8.2 8.3	Appendix A: HMFSI Inspection Overview Dashboard Appendix B: Mental Health and Wellbeing Action Plan Update Appendix C: Organisational Culture Volume 1 Action Plan Update	

Prepared by:	Kirsty Jamieson, Planning and Performance Officer
Sponsored by:	Michael Humphreys, Head of Health, Safety, Wellbeing and Assurance / Penny McIntyre, Head of People, Communications and Engagement
Presented by:	Michael Humphreys, Head of Health, Safety, Wellbeing and Assurance / Penny McIntyre, Head of People, Communications and Engagement

Links to Strategy and Corporate Values

Our inspection process contributes to:

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

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/ Outcomes
Senior Management Board	*28/08/2026*	*For recommendation*	*Proposed closures approved*
Service Delivery Committee	*10/09/2026*	*For scrutiny* *(West SDA, North SDA, Operational Assurance)*	
People Committee	*17/09/2026*	*For scrutiny* *(Mental Health & Wellbeing, Organisational Culture Volume 1)*	
Audit and Risk Committee	*20/10/2026*	*For information*	

APPENDIX A

HMFSI INSPECTION OVERVIEW DASHBOARD

HMFSI Thematic & SDA Reports Progress Dashboard

Published	Title	Relevant Committee	Due Date	Revised Due Date	Total Actions	Last Updated	Next Update	Committee Update	Not Started	In Progress	Deferred	Complete	On Hold	Transferred	Cancelled	Moved to BAU	Void	% Complete	RAG
Dec-23	Mental Health and Wellbeing Support in SFRS	PC	Dec-25	Mar-27	30	Jul-26	Oct-26	Sep-26	0	10	0	15	0	0	5	0	0	80%	
Jun-24	West Service Delivery Area (ESDA)	SDC	Dec-25	Jun-26	30	Jul-26	Oct-26	Sep-26	0	6	0	24	0	0	0	0	0	95%	
Jun-25	Organisational Culture in SFRS - Volume 1	PC	Oct-28		25	Jul-26	Oct-26	Sep-26	0	15	0	10	0	0	0	0	0	70%	
Jun-25	North Service Delivery Area (NSDA)	SDC	Mar-28		43	Jul-26	Oct-26	Sep-26	0	14	0	29	0	0	0	0	0	80%	
Sep-25	Operational Assurance	SDC	Mar-27		8	Jul-26	Oct-26	Sep-26	0	8	0	0	0	0	0	0	0	50%	
Jun-26	Operational Training and Development (expected to commence June 2025)	TBC	TBC		TBC	TBC	TBC	TBC										TBC	TBC

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	Jun-26
2025-26	Corporate Function Delivery (expected to commence September 2025)	Thematic	
2025-26	Commonwealth Games (expected to commence October 2025)	Thematic	Jun-26
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 preparedmess 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

APPENDIX B

HMFSI MENTAL HEALTH AND WELLBEING SUPPORT IN THE SFRS - ACTION PLAN

Updated	Next Update
Jul-26	Oct-26

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	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. Following the review of the previously paused Action Plan, a revised due date is requested for this action. [A revised due date from 30 June 2025 to 31 March 2027 is requested to allow this work to be undertaken.] This action is being progressed and has been marked green with work progressing towards the requested revised due date. **28 July 2026:** **A draft Mental Health and Wellbeing Strategy was shared with the Mental Health and Wellbeing Group for review, with feedback requested in advance of their next scheduled meeting. Following this feedback, a revised draft will be presented at the July meeting for further comment, before being progressed to wider consultation.** **While the department continues to work through the challenges of a restructure and a change in senior positions, and must ensure that the Strategy aligns to other key work such as the overarching Wellbeing Strategy, it is not expected that this will impact the delivery of this work as per the revised due date of March 2027.** **This action remains green with work progressing towards the agreed newly established due date of 31 March 2027.**	50%		Green	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
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	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. 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. Following the review of the previously paused Action Plan, a revised due date is requested for this action. [A revised due date from 31 December 2024 to 31 March 2027 is requested to allow this work to be undertaken.] This action is being progressed and has been marked green with work progressing towards the requested revised due date. **28 July 2026:** **We continue to raise awareness of the Champion role through the Wellbeing Champion Subgroup (WCSG) which meets on a bi-monthly basis and is attended by the Wellbeing Champion Single Point of Contacts (those that hold the Wellbeing reference for their directorate) as identified on the Champion directory. This group reports to the Mental Health and Wellbeing Group (MHWG).** **The first ask of the WCSG was to review the current Champion tools and structure of the programme such as the Champion Information Booklet, and support tools (Champion iHub page, toolkit, SharePoint site, Teams Channel, Newsletters, Engagement sessions, recently introduced Activity Tracker) and to consider the role of the recently introduced Wellbeing Champion Single Point of Contact.** **We continue to raise awareness of the Champion programme through the Wellbeing Inclusion Subgroup with Wellbeing roadshows which took place in April and May, with further roadshows arranged in June and August. Wellbeing Champion representation is included to raise awareness and improve visibility/access across the workforce.** **This is a large piece of work and may take some time for the newly introduced role of Single Point of Contact to embed and evaluate the successfulness and impact of the role as well as the evaluating the effectiveness of the 'Activity Tracker' as this tool will help capture and the work champions do.** **We will continue to work with the support of the sub-group to build awareness and engagement through the current mechanisms and any additional mechanisms as suggested as part of the feedback from this group.** **This action remains green with work progressing towards the agreed newly established due date of 31 March 2027.**	50%		Green	Strategy Champion sub-group Action plan and reportable to MHWG Previous survey from 2023/24
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	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. 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. Following the review of the previously paused Action Plan, a revised due date is requested for this action. [A revised due date from 30 June 2025 to 31 March 2027 is requested to allow this work to be undertaken.] **28 July 2026:** **Updates for this action rely on the evaluation of the Wellbeing Champion programme to be carried out (action 6.3) which is underway but not yet complete, however, awareness of the programme is increasing as illustrated in the following, and attendance at monthly engagement sessions is increasing with an average of 32 Champions attending the engagement sessions since January 2026.** **October 2025 data showed that we had 193 'live' Champions, however, Single Point of Contacts were asked to review the list of Champions in their area to ensure they are still 'live' with the capacity and resilience to continue the role. While there was some withdrawals, current figures show we have 239 'live' Champions which is in addition to those on the pathway.** **The number of Champions progressing through the pathway is increasing - October 2025 (108), November 2025 (108), December 2025 (120), January 2026 (138), February 2026 (145), March 2026 (140), April 2026 (153), May 2026 (146). We are also improving visual analysis of the geographical spread of Champions, Leads, Single Point of Contacts and facilitators to help ensure equitable access to Champion support across all area.** **To be able to progress Champions through the pathway, they must attend 7x Lifelines modules as part of their formal training. These modules are delivered by a Lifelines facilitators of which we currently have 30 across the Service. We have been working to build on this capacity to ensure a spread across areas, but facilitators have taken on this extra role out with their role requirements and we rely on facilitators finding capacity in their schedules to deliver the training.** **Ongoing engagement and development of Champions continues to be a challenge. It is anticipated that the review of the programme through the Champion subgroup, and the introduction of the Wellbeing Champion Single Point of Contact that holds the Wellbeing reference and attends the MHWG, will support in ensuring Champions stay engaged and add value.** **We will bring these challenges to the Wellbeing Champion Subgroup and the Mental Health and Wellbeing Group for discussion.** **This action has been marked green with work progressing towards the agreed newly established due date of 31 March 2027.**	50%		Green	Strategy Champion 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	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. The recommendation related to the Post Incident Support Procedure is noted and is captured in action number 17. A modularised programme has been developed and has been implemented into the Wholetime Firefighter Induction Programme. 38 Facilitators have been trained to deliver the Lifelines content, however, a programme to ensure competency is still to be implemented and recommendations for an ongoing delivery model to be considered. Both mandatory and optional suicide awareness and intervention learning materials and resources have been embedded in to 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 The modularised programme, whereby every Wholetime 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'. 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. 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. **28 July 2026:** **It is felt that a chart/diagram to show what training is offered / delivered to all staff at the different stages of the employment lifecycle would evidence the adequacy of mental health training provided. Work remains ongoing to map this learning across the employee lifecycle with progress being made for Wholetime Firefighter (WTFF) Trainees. Further to Trainees receiving Lifelines modules 1 & 2, as of Sept 2026 intake, trainees will receive modules 1 - 7, thus receiving the full course prior to attending stations and incidents. It is the intention to embed this delivery model into the foundation course for all new Trainee Firefighters.** **This is a large piece of work that requires us to look at every staff group, and each stage of the employee lifecycle and beyond, to include retired personnel. We should consider various delivery methods and the complexities and challenges of delivering face-to-face training for topics such as understanding mental health, which encompasses, social, psychological, and emotional wellbeing, and exploring topics such as stigma and suicide awareness which can be emotionally upsetting, and can lead to in the moment support being required.** **The partnership with Lifelines is key in enabling us to deliver this programme of wellbeing training to all staff groups, but we face a number of challenges.** **SFRS Lifelines facilitators have taken on the role to deliver this training in addition to their own workloads and there is no provision to enable people to attend the training to be a facilitator or have a reduced workload to support delivery. As it stands, Lifelines and wellbeing input is not considered an essential course nor 'safety critical', therefore, time is not allocated for people to attend training. Operational staff are asked to attend training on their days off, and to incur Time Off In Lieu (TOIL). As a result, some courses need to be rescheduled or cancelled, or progress with lower attendance. The administration of this causes more workload and it is only with LSO senior mgr support and the reframing of wellbeing training being 'essential' input, which is not consistent across the Service, will we be enabled to progress in a meaningful way.** **We will also require to consider training and wellbeing input for managers within the Management Capability Framework and address the growing variety of, and increasingly complex, challenging incidents and cases they manage.** **To support progress and help mitigate these capacity challenges, we are also in the process of bringing in an additional Wellbeing Team member on a temporary basis to support wellbeing development workstreams, including the lifecycle mapping, training development and related Mental Health and Wellbeing Group actions.** **Conversations are ongoing with the appropriate stakeholders to progress this work and the work and challenges will be reported to the MHWG for support and direction.** **This action remains green with work progressing towards the previously agreed revised due date of 31 December 2026**	10%		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	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. 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. **28 July 2026:** **This action relates to action 7.1 and to be able to provide a chart/diagram showing what training is offered / delivered to all staff throughout the employee lifecycle and beyond, which will consist primarily of the Lifelines modules which must be delivered face-to-face due to the nature of the topics covered, we will require to have the resources and support to deliver this training.** **The challenges as laid out in action 7.1 apply to this action also, and once a chart / diagram is created, it will be taken to the MHWG for review and feedback. To support progress and help mitigate these capacity challenges, we are also in the process of bringing in an additional Wellbeing Team member on a temporary basis to support wellbeing development workstreams, including the lifecycle mapping, training development and related Mental Health and Wellbeing Group actions.** **We will continue to build on the number of Lifelines facilitators we have across the Service so this resource is close to where it is needed and continue to work with stakeholders to progress.** **This action remains green with work progressing towards the previously agreed revised due date of 31 December 2026.**	**10%**		**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	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. 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 Orla 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. **28 July 2026:** **The review of the SFRS Mental Wellbeing Champion Programme module on the Learning Content Module System (LCMS) is under review and not yet in a position to take to the Mental Health Working Group.** **Delays in progressing this work is due to limited resources and other work priorities. To support progress and help mitigate these capacity challenges, we are also in the process of bringing in an additional Wellbeing Team member on a temporary basis to support wellbeing development workstreams, including the SFRS Mental Wellbeing Champion Programme module on Learning Content Module System, training development and related Mental Health Working Group actions.** **Next steps have yet to be developed and will be confirmed following further discussion with relevant stakeholders. Updates will be provided once the proposed approach and timescales have been agreed.** **This action remains green with work progressing towards the previously agreed revised due date of 31 December 2026.**	**20%**		**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	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. 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. 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. Further update on the Management Development Framework (MDF) from Talent Development and Service Delivery Lead will be provided in due course. Following the review of the previously paused Action Plan, a revised due date is requested for this action. [A revised due date from 31 December 2025 to 31 October 2026 is requested to allow this work to be undertaken.] This action is being progressed and has been marked green with work progressing towards the requested revised due date. **28 July 2026:** **Conversations are underway with Talent Development to ensure that the Mental Health and Wellbeing Training received by Managers adequately supports them with the challenges they face.** **There have been some delays in progressing this work due to limited resources and other work priorities, however we will continue to progress this work and bring developments to the Mental Health and Wellbeing Group for discussion and support.** **This action remains green with work progressing towards the previously agreed revised due date of 31 October 2026.**	**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	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. 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. **28 July 2026:** **The training, learning resources and support for all staff and Champions, while not mandatory, remains in place. As in relation to action 7.1 and the delivery of mental health training / Lifelines, which includes a module on Suicide Awareness, which, in line with Public Health Scotland and Suicide Prevention Scotland, is everyone's business, and we are a high-risk service, we continue to work on a delivery plan for delivering Lifelines to all staff.** **The suicide prevention sub-group was re-established and are collating suicide prevention activity from across the service to understand local initiatives and share best practices and ideas. The suicide prevention plan of 2020 - 23 is under review by the subgroup and we are looking to understand how many people from across the service have been ASIST (Applied Suicide Intervention Skills Training) Trained to ensure this is appropriately recorded and they can be utilised if needed. It is accepted that some areas in Scotland are at higher risk of suicide and that the number of incidents operational staff attend, is increasing. We have also secured the support of 2x qualified ASIST trainers to deliver training to SFRS staff in August 2026 at Cambuslang Headquarters.** **While invites have not yet been distributed, consideration should be given to whether or not the service will support attendance and accept that as a high-risk organisation, having people trained with intervention skills, is essential, otherwise, we will likely face attendance challenges whereby people will be attending on days off and incurring Time off In Lieu (TOIL) or Flexi.** **Each Wellbeing SPoC that holds the Wellbeing reference for their directorate has been shared a list of Suicide Prevention Leads for their council area. While this is a helpful resource, each council area works with their own budget and may not provide ASIST training. We should therefore consider how we can provide the same level of support, crisis management, training and learning resources across the Service.** **Work will continue with the Suicide Prevention sub-group and will report to the MHWG. Consideration to development of the training lifecycle chart/diagram and taking this back to the Mental Health and Wellbeing Group once completed, with suicide prevention elements cross-referenced to the Suicide Prevention subgroup action plan where relevant.** **This action remains green with work progressing towards the previously agreed revised due date of 31 December 2026.**	**50%**		**Green**	Learning resources matrix embedded including suicide prevention modules
The SFRS should consider how it may better utilise the resources that The Fire Fighters Charity can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.	9.2	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	28 April 2026: 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. Following the review of the previously paused Action Plan, a revised due date is requested for this action. [A revised due date from 30 April 2025 to 31 March 2027 is requested to allow this work to be undertaken.] This action is being progressed and has been marked green with work progressing towards the requested revised due date. 05 May 2026 Update - Conversations underway with coms to build a specific website page for families to access resources. **28 July 2026:** **Work is progressing to create the 'family' section on the SFRS website with a first draft available which will be taken to the MHWG for review and feedback.** **We do not foresee any challenges at this stage, and once live, a comms will follow to promote the website and it will also be promoted at Roadshows and upcoming events. These methods will enable us to promote the support we offer to family members in a systematic way.** **This action remains green with work progressing towards the agreed newly established due date of 31 March 2027.**	**50%**		**Green**	New page on SFRS website dedicated to families and retirees
The Service should consider the most appropriate use of On Call drill night hours to ensure that appropriate access to essential information, including mental health and wellbeing resources, can be achieved.	13	Implement a pilot Wellbeing development event for On Call Support Watch Commanders to consider how further support can be provided to the wider On Call workforce	Mental Health and Wellbeing Group	Mar-25	Aug-26	In Progress	28 April 2026: Progress has been made to consider Wellbeing input to On Call staff. On Call preorientation 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. 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. 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. Following the review of the previously paused Action Plan, a revised due date is requested for this action. [A revised due date from 31 March 2025 to 31 August 2026 is requested to allow this work to be undertaken.] This action is being progressed and has been marked green with work progressing towards the requested revised due date. 05 May 2026 Update - 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 reviewing best approach to deliver mental health training for on-call employees. **28 July 2026:** **Conversations are continuing around the use of drill night hours. In addition to the Thurso Fire Station roadshow which was deemed a success, further roadshows are planned for June 2026 and August 2026 for Galashiels and Invergordon On Call stations. As part of the on-call roadshows, the PISP video and supporting information have also been shared with areas for onward circulation to all employees.** **Conversations are also continuing regarding the delivery of Lifelines to On Call staff with the consideration of delivering Module 1 to On Call at their Task and Task Management sessions. This has recently been piloted at a recent Task and Task Management session, and has been deemed successful. This would be an introduction to the Lifelines modules, with the remaining modules delivered to staff during 'discretionary' time as allocated - 1 discretionary night per month.** **Challenges will again be the availability and capacity of Lifelines facilitators, and if the Service deems this as 'essential and mandatory' to looking after our staff. On Call Support Watch Commanders have shown interest in being Lifelines facilitators however, capacity constraints have prevented them from completing the required training.** **We will continue with conversations with the appropriate stakeholders and take this to the Mental Health and Wellbeing Group.** **This action remains green with work progressing towards the previously agreed revised due date of 31 August 2026.**	**50%**		**Green**	Wellbeing development events implemented and evaluated for On Call Support Watch Commanders Roadshows

The SFRS should consider the nomination of a Corporate Mental Health and Wellbeing Champion for the Service. The Champion should be of a sufficiently senior level to be able to direct action and ensure that appropriate oversight and governance is put in place to allow them to scrutinise progress against the next Strategy and any associated action plans.	2	Define the scope of the Corporate Mental Wellbeing Champion clearly stating the differences between the Champion role and the Wellbeing Executive Lead; identify methods to provide the workforce with opportunities to engage with the Champion.	Sandra Haig	Dec-24	N/A	Complete	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.	100%	Aug-24	Complete	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.
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	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. 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. 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. Supporting evidence has been provided and closure of this action has now been agreed following scrutiny.	**100%**		**Blue**	Agenda item to review draft ToR.pdf MHWG Final ToR.pdf
The SFRS should consider the suitability of the governance arrangements for the Suicide Prevention subgroup. If it is considered that this group cannot achieve the outcomes that are set out within the Mental Health Strategy, then the Service should consider alternative arrangements to replace it. Any new arrangements should ideally be in place before the current subgroup is disbanded.	4	Deemed cancelled before the plan was established with approved at SLT.	N/A	N/A	N/A	Cancelled	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. 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.	100%		Complete	
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	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. 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. 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. 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. 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. Supporting evidence has been provided and closure of this action has now been agreed following scrutiny.	100%	Jun-26	Blue	Champion Monthly Newsletter - invite review Case Studies.msg Snip of Wellbeing Champion SharePoint site and Teams Channel.docx Champion Newsletter - description of Case Studies session.msg Wellbeing Champion Programme Booklet.pdf Wellbeing Champion Toolkit.pdf Champion Interventions Activity Tracker.xlsx
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.	6.1	Further promote and build further awareness of Mental Wellbeing Champions across the Service	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	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. 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. 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.	100%	Aug-24	Complete	Evaluation report and action plan presented to Mental Health and Wellbeing Group (MHWG) Wellbeing Champion iHub page Events Page Wellbeing and Inclusion calendar Weekly comms Local and National events Support Services iHub page Recommendation made to update ASM template to include Champions as a supportive mechanism.
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.	6.2	Embed peer support arrangements for Mental Wellbeing Champions to share good practice and promote events and activities	Geri Thomson / Sandra Haig	Dec-24	N/A	Complete	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.	100%	Aug-24	Complete	Teams Channel Newsletter Time to talk / case study discussion sessions SharePoint
The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the Post Incident Support Procedure should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.	7.6	Collaborate with partners and stakeholders to implement appropriate training and resources to support volunteers and youth groups.	Mental Health and Wellbeing Group	Jun-25		Complete	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. 28 April 2026: 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. 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. 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. 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. Supporting evidence has been provided and closure of this action has now been agreed following scrutiny.	100%	Jun-26	Blue	Wellbeing Section 4.18 YVS Induction Manual Internal Volunteers.pdf Pg 12-13 Wellbeing Section 4.19 YVS Induction Manual External Volunteers.pdf Wellbeing Services for Youth Volunteers.pdf Syllabus materials for mental health training for Young Volunteers.docx
The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.	8.1	Develop resources to provide families with information on the role of the SFRS and the types of challenges that family members employed by SFRS may face and support available to them.	Mental Health and Wellbeing Group	Apr-25	Apr-26	Complete	28 April 2026: 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. 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. 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. 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. 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). 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. Supporting evidence has been provided and closure of this action has now been agreed following scrutiny.	100%	Jun-26	Blue	HWSignpostingSFRSFamilyMembersLeaflet.pdf Signposting to support for Family Members.docx Champion Newsletter signposting to family events.msg Signposting to EAP event SFRS Weekly Brief - 25 November 2025.msg Snips signposting to support on Wellbeing hub for those approaching retirement.docx Email inviting employees and families to open day event (Control).eml
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 how it may better utilise the resources that The Fire Fighters Charity can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.	9.1	Identify and implement opportunities for families to access support from the Fire Fighters Charity and other SFRS partners	Michael Humphreys	Apr-25	Apr-26	Complete	28 April 2026: 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. 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. 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. 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. Supporting evidence has been provided and closure of this action has now been agreed following scrutiny.	100%	Apr-26	Blue	Prev notes: Wellbeing and inclusion calendar of annual events Santa dash Fire Rox event Wellbeing Roadshow Events FFC hosted 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 SFRS should consider how to best prepare its serving firefighters and support staff for life following their retirement from Service. These considerations should not be limited to financial planning but should also consider the social aspects of the change that retirement brings. They should consider collaboration opportunities within the fire sector to assist with this.	11	Establish a working group to further develop and implement the recommendations agreed by the Mental Health and Wellbeing Group on preparation for, and post retirement.	Mental Health and Wellbeing Group	Mar-25	Jun-25	Complete	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. 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. Supporting evidence has been provided and closure of this action has now been agreed following scrutiny.	100%	Jun-25	Blue	Snips signposting to support on Wellbeing hub for those approaching retirement.docx Champion Newsletter signposting to support for retirement.msg Agenda showing retirement as standing item.pdf Affinity-Connect Pre-Retirement course description.pdf Leaving SFRS FAQs.pdf
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		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. 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		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 the 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 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).	17	Liaise with key internal and external stakeholders to develop, plan and implement a communications schedule to raise further awareness and promotion of the revised Post Incident Support Process (PISP) policy and procedure.	Mental Health and Wellbeing Group	Dec-24	Jun-26	Complete	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. 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. 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. Supporting evidence has been provided and closure of this action has now been agreed following scrutiny.	100%	May-26	Blue	Champion Newsletter promoting PISP session.msg SFRS Weekly Brief promoting PISP process.msg Email from Rivers and their participation at Roadshow re PISP.msg Raising Awareness of PISP process event.docx

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 Operation Control (OC) managers and staff via a bespoke communications plan for the Operations Controls. 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 iHub 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 to making these returns mandatory. It was agreed that a programme of raising awareness is the appropriate approach to assist with increasing return rates in this staff group. 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 to making these returns mandatory. It was agreed that a programme of awareness raising is the appropriate approach to assist with increasing return rates in this staff group. 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

APPENDIX C

HMFSI Culture Inspection - Action Plan Progress
Executive Lead: Sarah O'Donnell

Update	Next Update	Committee Update (PC)
May-26	Jul-26	Jun-26

HMFSI Recommendation Ref Number	HMFSI Recommendation	Action Ref	Action Description	Action Owner	Due Date	Revised Due Date	Status	Progress Update Commentary	% Complete	Completion Date	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 **Jul-26**	In Progress	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. [A revised due date from 31 March 2026 to 30 June 2026 is requested to allow this work to be undertaken.] 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. **28 July 2026:** **A communication for all strategic managers on the requirement for policies and procedures to be accompanied by the relevant impact assessments has been drafted for review, ahead of being shared in July 2026.** **[A further (2nd) revised due date from 30 June 2026 to 31 July 2026 is requested to allow this work to be undertaken.]** **This action remains amber as a result of the slight delay in timescales to allow for the Communications piece to be developed with work progressing towards the requested revised due date.**	**60%**		**Amber**	
		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	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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **Ongoing work continues to finalise the toolkit and monitoring process.** **The Equality, Diversity and Inclusion (EDI) Team commitments to the Service Delivery Review (SDR) has continued to present challenges for the team, which has delayed the completion and implementation of the full toolkit and tracking process..** **The next steps include the roll out of the toolkit and to put in place a robust 'monitoring process to ensure actions and activities associated with the Equality, Human Rights and Inclusion Assessment (EHRIA) process are completed.** **This action remains green with work progressing towards the original due date of 31 March 2027.**	**75%**		**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	**Jul-26**	In Progress	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'. 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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **This is currently undertaking its progression through governance routes - Senior Management Board (SMB), Strategic Leadership Team (SLT) and People Committee - as planned.** **There is close proximity between the proposed publication date of the SFRS People Strategy (June 2026) to the date of the incoming Director of People, Communications and Engagement (August 2026). Given this, agreement was reached with them plus Head of People and Deputy Chief Officer (Corporate Services) to a revised timeframe and initial remit for the SFRS People Strategy, amending from 2026-2031 to 2026 to end FY 2027/2028. This will allow wider work to look at how the SFRS People Strategy supports and interlinks with all elements of the wider SFRS Strategy, and will align timeframes.** **Work continues with Communications & Engagement function in readiness for publication in July, including pre-publication/warm-up activities. In parallel, work to develop the supporting frameworks - aligned to the shorter timeframes outlined above - continues.** **[An initial revised due date from 30 June 2026 to 31 July 2026 is requested to allow this work to be undertaken.]** **This action has moved from green to amber as a result of the slight delay in timescales to allow for the Communications piece to be developed with work progressing towards the requested revised due date.**	**90%**		**Amber**	
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.	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	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. In Quarter 1 2026/27, further stakeholder engagement will begin, in order to inform a wider review of the People operating model. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **Early scoping work has commenced and will progress when the new Director of People, Culture & Engagement joins SFRS in August 2026.** **This action remains green with work progressing towards the original due date of 31 December 2026.**	**40%**		**Green**	

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.	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	**Dec-26**	In Progress	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. This action has been marked as green with work progressing towards the original due date. **28 July 2026:** **The Recruitment and Selection Policy work has started with a final draft following service consultation expected to be ready be the end of Quarter 3. Although the policy is being reviewed, the work to embed SFRS Values and the National Fire Chiefs Council Leadership Framework into our uniformed recruitment and promotion processes has already happened following a lite review in 2025.** **The due date has been pushed out to the end of Quarter 3 with other workloads impacting on our capacity to deliver this piece of work to previously anticipated timescales. The review work will progress with relevant stakeholder engagement to ensure a robust update aligned to strengthening inclusivity of our hiring practices.** **[An initial revised due date from 30 September 2026 to 31 December 2026 is requested to allow this work to be undertaken.]** **This action has moved from green to amber as a result of the slight delay in timescales due to capacity and competing workload priorities with work now progressing towards the requested revised due date.**	**20%**		**Amber**	
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 (WT FF) recruitment process.	Stuart Watson Area Commander, People Services & Workforce Planning	Mar-27		In Progress	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. 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. Next steps will be enhancing our links with Minority Ethnic community networks to support further engagement activities. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **Ongoing evaluation of candidates through the various recruitment and selection stages have indicated areas of focus for engagement activities prior to our next campaign in 2027.** **Job Advert Platforms are being expanded beyond MyJobScotland to incorporate other platforms to increase diversity of candidates with a focus on improving our links to minority ethnic communities.** **This action remains green with work progressing towards the original due date of 31 March 2027.**	**50%**		**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	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. Next steps will be to review the success rates at each stage of the process and provide updates as appropriate. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **This work has already started with regular updates provided to SLT in the monthly workforce data paper. The data has already indicated changes to the areas where candidates are struggling during assessment and selection centres and will enhance our engagement activities for the next campaign in 2027.** **This action remains green with work progressing towards the original due date of 31 March 2027.**	**70%**		**Green**	
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	**Sep-26**	In Progress	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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **Work to develop a clear, accessible Learning and Development infographic is progressing, with early engagement from Communications to support design, format and alignment with corporate standards. Content development is underway, informed by quarterly reporting and established Learning and Development metrics to create a dashboard-style overview of activity and investment. A draft template is being prepared for iterative review with Communications ahead of publication in Quarter 1 2026/27.** **Delivery has been revised from June to September 2026, reflecting challenges in team capacity and competing priorities. While collaborative planning remains in place, this dependency presents a risk of further slippage, which will continue to be actively monitored.** **[An initial revised due date from 30 June 2026 to 30 September 2026 is requested to allow this work to be undertaken.]** **This action has moved from green to amber as a result of the slight delay in timescales due to capacity and competing workload priorities with work now progressing towards the requested revised due date.**	**60%**		**Amber**	
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	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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **Delivery of the appraisal review has progressed in line with the project timeline, with engagement established through working group activity and scheduled project meetings. Early-stage discovery activity is underway, including baseline assessment of current arrangements and identification of key themes relating to Quality Assurance (QA), monitoring and reporting. Initial stakeholder engagement has commenced and will continue throughout the discovery and analysis phases. In parallel, short-term improvements within existing system constraints are being scoped to strengthen oversight and consistency ahead of Corporate Business Systems implementation. This action remains on track and continues to be reported as green.** **This action remains green with work progressing towards the original due date of 31 March 2027.**	**20%**		**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	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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **Progress has been made in establishing the foundations for the appraisal review, with a representative working group in place and actively contributing to baseline assessment activity. Early benchmarking and gap analysis are underway, providing initial insight into current strengths and areas for improvement. Structured engagement with colleagues has commenced and will continue to inform development of options and recommendations for governance consideration. Parallel planning is progressing for the design and implementation phases, including communications, training and strengthened Quality Assurance (QA), monitoring and performance reporting, taking account of Corporate Business Systems (CBS) system capability. The action remains on track and is reported as green.** **This action remains green with work progressing towards the original due date of 31 March 2027.**	**20%**		**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	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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **The 2026/27 policy review schedule was agreed through governance in Quarter 1 of 26/27, including work to reclassify some existing policies as guidance.** **This action remains green with work progressing towards the original due date of 31 March 2027.**	**30%**		**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	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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **This will be incorporated into the approach for the 2026/27 Policy Review Plan and is supported by a development session led by colleagues in the Communications & Engagement team to improve the clarity and accessibility of policy documents.** **This action remains green with work progressing towards the original due date of 30 September 2026.**	**30%**		**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	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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **Progress continues on the Corporate Business Systems (CBS) Project as a key enabler of technology-enabled process improvement and improved access to management information across the Service. Work has progressed on project mobilisation, governance arrangements and stakeholder engagement following approval of the Outline Business Case. The User Intelligence Group has been established and continues to support development of procurement and solution options.** **Stakeholder engagement activity is ongoing to support change readiness and ways of working including future process standardisation and simplification, improved reporting and reduced manual intervention across service areas. The programme remains on track against planned timescales and this action continues to be reported as green.** **This action remains green with work progressing towards the original due date of 31 October 2026.**	**40%**		**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	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. There have been no challenges or issues which may delay progress identified at this time. 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. This action has been marked green with work progressing towards the original due date. **28 July 2026:** **The joint meeting with SFRS Networks and Public Health Scotland took place with ideas and learning shared. Network Chairs have been invited to attend the Advisory Panel. This will set the tone for how networks will be involved in the wider work of SFRS.** **Continued involvement in the Service Delivery Review (SDR) has prevented the Equality and Diversity Team (EDI) from moving this forward.** **The first Advisory Panel meeting in due to take place in mid-July, this meeting will set the framework for work going forward.** **This action remains green with work progressing towards the original due date of 30 September 2026.**	**50%**		**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	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. This action has been marked green and work is progressing towards the original due date. **28 July 2026:** **The Decision Support Finance team have now taken ownership of the Business Case Process and are in the process of reviewing and streamlining this process to meet business needs and alignment with governance. A proposal has been shared with Senior Management Board (SMB) colleagues and the team are currently working through suggestions and onto the next phase of agreement and then full roll out. As an interim measure, colleagues are advised to discuss any business case requirements with their Decision Support business partner in the first instance.** **Challenges centre around capacity within the team and other priorities, however work is progressing and there are no concerns as yet to mee the deadline date.** **This action remains green with work progressing towards the original due date of 31 March 2027.**	**75%**		**Green**	

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/42-26

Agenda Item: 12.2

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**INTERNAL AUDIT OF STAFF DEVELOPMENT AND PERFORMANCE MANAGEMENT**							
Report Classification:	**For Scrutiny**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide People Committee with visibility of the Terms of Reference for the internal audit of Staff Development and Performance Management.
2	**Background**
2.1	This internal audit forms part of the agreed 2026/27 Internal Audit Plan. It will review the design and operating effectiveness of Scottish Fire and Rescue Service (SFRS) arrangements for non-operational staff development and performance management, including the extent to which these arrangements support capability, performance and alignment with organisational priorities.
2.2	The draft Terms of Reference has been reviewed by the Strategic Leadership Team (SLT) and the Audit and Risk Assurance Committee (ARAC). The Terms of Reference is included at appendix A so that People Committee has visibility of the planned scope, approach and timetable for the review.
3	**Main Report/Detail**
3.1	The audit considers whether SFRS has appropriate arrangements in place support the development of staff capability, the management of performance, and the alignment of individual objectives with organisational priorities. The review will also consider the consistency of application across functions and staff groups, completion and oversight of appraisals, mandatory training arrangements, and the quality of management information and governance reporting.
3.2	Fieldwork commenced in July 2026 and was scheduled to conclude by the end of August 2026. Data Protection Impact Assessment (DPIA) considerations have delayed the fieldwork related to reviewing appraisals. As a result the closing meeting will also be delayed, with a draft report to management thereafter.
3.3	ARAC will scrutinise the action plan and approve its subsequent closure when all actions are complete, with progress updates scrutinised by People Committee.
4	**Recommendation**
4.1	The Committee is asked to note the Terms of Reference for the internal audit of Staff Development and Performance Management, attached as Appendix A.

5	Key Strategic Implications
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** The review supports scrutiny of controls linked to workforce capability, performance management and organisational effectiveness. Any findings arising from the audit will be considered through the relevant governance and risk routes.
5.2 5.2.1	**Financial** There are no direct financial implications arising from this cover paper. The audit fees are managed through the agreed internal audit arrangements.
5.3 5.3.1	**Environmental & Sustainability** There are no direct environmental or sustainability implications arising from this report.
5.4 5.4.1	**Workforce** The audit is directly relevant to workforce capability, development planning, performance management, consistency of staff experience, and organisational readiness to deliver strategic priorities.
5.5 5.5.1	**Health & Safety** There are no direct health and safety implications arising from this report.
5.6 5.6.1	**Health & Wellbeing** Effective development and performance arrangements can support employee engagement, wellbeing and role clarity. The audit will provide assurance on the design and operation of relevant arrangements.
5.7 5.7.1	**Training** The audit includes consideration of mandatory training, staff development guidance, learning needs analysis and development planning.
5.8 5.8.1	**Timing** The audit timetable runs from scoping in May 2026 through fieldwork in June and July 2026, with the final report scheduled for issue in September 2026.
5.9 5.9.1	**Performance** The audit is focused on staff performance management arrangements, including appraisal processes, objective setting, review arrangements and oversight of completion.
5.10 5.10.1	**Communications & Engagement** No specific communications or engagement activity is proposed as part of this cover paper. Relevant stakeholders will be engaged by Internal Audit during fieldwork.
5.11 5.11.1	**Legal** There are no direct legal implications arising from this report.
5.12 5.12.1	**Information Governance** No DPIA is required for this cover paper. Any information governance considerations arising during the audit will be managed through the agreed audit process.
5.13 5.13.1	**Equalities** No EHRIA is required for this cover paper. The audit may, however, help inform future consideration of consistency and fairness in staff development and performance management arrangements.
5.14 5.14.1	**Service Delivery**

	The audit supports service delivery indirectly by considering whether staff development and performance arrangements help build and sustain the capability required to deliver organisational priorities.	
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:**	Penny McIntyre, Director of People, Communications and Engagement
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial~~/**Reasonable**/~~Limited/Insufficient~~
7.3	**Rationale:**	The report is provided for visibility and scrutiny of the audit Terms of Reference. Assurance on the underlying arrangements will be provided once the internal audit has concluded.
8	**Appendices/Further Reading**	
8.1	Appendix A: Staff Development and Performance Management – Internal Audit Terms of Reference.	

Prepared by:	Lyndsey Gaja, Head of People
Sponsored by:	Penny McIntyre, Director of People, Communications and Engagement
Presented by:	Penny McIntyre, Director of People, Communications and Engagement

Links to Strategy and Corporate Values

This report links to SFRS strategic priorities by supporting effective workforce capability, leadership, learning and performance arrangements. The audit will provide assurance on whether current arrangements are sufficiently clear, consistent and aligned to organisational needs.

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
Strategic Leadership Team	08/07/2026	For Approval	SLT approved the Terms of Reference
Audit and Risk Assurance Committee	16/07/2026	For Scrutiny	ARAC scrutinised the ToR
People Committee	17/09/2026	For Scrutiny	

APPENDIX A

SCOTTISH FIRE AND RESCUE SERVICE

STAFF DEVELOPMENT AND PERFORMANCE MANAGEMENT- TERMS OF REFERENCE - FINAL

JUNE 2026

SIGN OFF			
ON BEHALF OF BDO LLP		ON BEHALF OF SCOTTISH FIRE AND RESCUE SERVICE	
SIGNATURE:	CLAIRE ROBERTSON	SIGNATURE:	LYNDSEY GAJA
TITLE:	DIRECTOR	TITLE:	HEAD OF PEOPLE
DATE:	17/06/2026	DATE:	11/06/2026

IDEAS | PEOPLE | TRUST

BACKGROUND

BACKGROUND

As part of the 2026-27 Internal Audit Plan, it was agreed that Internal Audit would review the design and operating effectiveness of staff non-operational development and performance management arrangements within the Scottish Fire and Rescue Service. The review will focus on the framework, processes, and controls in place to support the development of staff capability, the management of performance, and the alignment of individual objectives with organisational priorities.

The organisation operates a structured performance management framework which includes annual appraisal processes supported by guidance and standard templates. This framework is designed to set individual objectives at the start of the performance year, with interim and end-of-year reviews to assess progress and outcomes. Development planning forms a key component of this process, linking individual learning needs to both role-specific requirements and broader organisational priorities. Development requirements are collated at a functional level and reviewed through established governance arrangements to prioritise and approve activity aligned to organisational goals. Governance and oversight of development activity is provided through regular reporting to senior management and the relevant committee structure, with updates on training delivery, development needs, and organisational programmes.

While engagement with performance management processes is generally positive in some staff groups, there is variability across the organisation, particularly among on-call staff where participation is lower due to differing working arrangements. There are also recognised challenges in balancing the scale of development requirements with available time and resources, with a historical focus on mandatory and compliance training over longer-term capability development.

Overall, while there are established processes and governance arrangements in place, there is a need to assess whether staff non-operational development and performance management are being delivered consistently and effectively across all staff groups, and whether current arrangements provide sufficient oversight, insight, and capability to support organisational priorities.

PURPOSE OF THE REVIEW

The purpose of this review will be to assess whether the organisation has effectively evaluated the skills and teams needed to deliver its strategic objectives. We will also assess whether development plans have been put in place for key individuals and teams. We will review the processes in place for assessing staff performance. Input on the review will be required from the People Committee.

MANAGEMENT COMMENTS

Suggested edits from management have been made. Dates updated to reflect timing changes.

SUMMARY SCOPE AND APPROACH

The following areas will be covered as part of the scope for this review:

- Staff Development Guidance
- Learning Needs Analysis
- Appraisals
- Mandatory Training
- Consistent Application
- Management Oversight

Interviews/documentation review will be undertaken to understand the process and design of control arrangements for controls for the areas under scope. Detailed testing through walkthroughs will be carried out, along with a review of evidence, periodic updates and follow up meetings as required.

A closing meeting will take place to discuss findings and agree actions. We will then produce a draft report that will be provided to management for confirmation of their management actions before issuing a final report.

EXCLUSIONS/LIMITATIONS OF SCOPE

The scope of the review is limited to the areas documented under the scope and approach. All other areas are considered outside of the scope of this review.

Our work is inherently limited by sample testing and therefore will not provide assurance over all Staff Development and Performance Management related matters within the organisation. We are reliant on the honest representation by staff and timely provision of information as part of this review.

Link to Institute of Internal Auditors' (IIA) Topical Requirements

In accordance with the IIA's International Professional Practices Framework, we are required to consider the relevance of the Topical Requirements in our risk assessment.

For this review, we do not deem any of the Topical Requirements as applicable.

DETAILED SCOPE, RISKS & APPROACH

The table below and on the following pages outlines the areas which will be covered as part of this review, the key inherent risks associated with the areas under review and our high-level approach to test the design and operational effectiveness (where applicable) of the controls in place to mitigate the risks outlined:

SCOPE AREA	KEY RISKS	APPROACH
STAFF DEVELOPMENT GUIDANCE	1. The organisation may lack a clearly defined and consistently implemented staff development framework aligned to strategic priorities, leading to fragmented activity, inefficient resource use, and gaps in workforce capability.	• Obtain and review staff development strategies, policies, and guidance to assess completeness, clarity, and alignment with organisational priorities. • Evaluate whether staff development requirements are clearly defined across different staff groups including expected standards and approaches. • Assess whether there is a structured process for aligning development plans with organisational objectives and strategic workforce needs.
LEARNING NEEDS ANALYSIS	2. Learning needs may not be systematically identified, prioritised, or aligned to business requirements, resulting in unaddressed skills gaps, over-reliance on mandatory training, and limited investment in future capability.	• Review the end-to-end process for identifying learning needs. • Assess how the organisation regularly evaluates the skills and teams required to deliver its future priorities. • Assess whether actions are taken where gaps are identified in skills. • Confirm how frequently staff training and development needs are assessed.
APPRAISALS	3. The organisation my not have identified staff development aims or needs due to there not being a robust appraisal process in place.	• Confirm the process for completing appraisals, including frequency. • Confirm how it is ensured that all employees receive an appraisal. • Assess whether the appraisal is effective in identifying employee training and development needs and goals. • Assess the process for overseeing and reporting on completion of the staff appraisals.
MANDATORY TRAINING	4. The organisation may be in breach of regulatory requirements due to staff not completing mandatory training, resulting in reputation or financial damage.	• Review and assess the mandatory training required to be completed by staff. • Confirm the process for ensuring that all members of staff have completed their training and remediation action for non-completion. • Review and assess training statistics for mandatory training. • Review and assess performance reporting to management regarding staff training completion statistics.
CONSISTENT APPLICATION	5. Staff development and performance management processes may be applied inconsistently across functions leading to inequitable outcomes, reduced effectiveness, and lack of organisational insight.	• Compare application of appraisal and development processes across different functions and staff groups. • Assess whether variations in approach are formally defined or arise from inconsistent practice. • Evaluate whether outputs are standardised and comparable across the organisation.
MANAGEMENT OVERSIGHT	6. Management oversight of staff development and performance may be inconsistent or limited, resulting in a lack of visibility of development needs, weak accountability, and gaps in workforce capability.	• Review management and governance reporting to assess the quality, frequency, and coverage of information on staff development and performance. • Assess whether the reporting includes key metrics such as training completion, development activity, and emerging capability gaps. • Evaluate how management teams review and challenge development and performance data and whether actions are clearly defined and followed up.

KEY CONTACTS, TIMELINE & LOCATION

KEY CONTACTS				
BDO LLP				
Claire Robertson	Director	Head of Internal Audit	T:07583 237 579	E:Claire.Robertson@bdo.co.uk
Sean Morrison	Internal Audit Associate Director	Engagement lead	E:sean.Morrison@bdo.co.uk	
SFRS				
Lyndsey Gaja	Head of People	Audit Sponsor	E: Lyndsey.Gaja@firescotland.gov.uk	
Ceri Dodd	Deputy Head of People	Key Contact	E:Ceri.Dodd@firescotland.gov.uk	
Danielle Milligan	People Manager	Key Contact	E: Danielle.Milligan@firescotland.gov.uk	
Internal audit will endeavour to engage with relevant stakeholders in relation to the scope of the review.				

The staff listed above will be contacted during the fieldwork to assist in completion of the assignment. All these staff will be contacted prior to fieldwork to agree the timing of our visit and should be issued with a copy of this terms of reference. It is important that staff involved with the assignment are notified. To assist us in planning the logistics of the assignment, including provision of documents and meeting organisation the above audit coordinator has been nominated.

PLANNED TIMELINE	
AUDIT ACTIVITY	DATE
SCOPING MEETING	26/05/2026
TERMS OF REFERENCE AGREED	TBC
DOCUMENTATION REQUEST DEADLINE	22/06/2026
FIELDWORK COMMENCEMENT	22/06/2026
END OF FIELDWORK	29/07/2026
CLOSING MEETING	07/08/2026
ISSUE OF THE DRAFT REPORT	21/08/2026
RECEIPT OF MANAGEMENT RESPONSES	04/09/2026
ISSUE OF UPDATED FINAL DRAFT	07/09/2026
ISSUE OF FINAL REPORT	08/09/2026
AUDIT & RISK ASSURANCE COMMITTEE DATE	20/10/2026

By accepting this Terms of Reference document you are agreeing to the timing of this audit

LOCATION

We plan to perform this review via a combination of remote and on-site working as required as agreed with you. We will use a combination of conference calls, video conferencing facilities and emails. We will endeavour to limit the amount of time required of key colleagues.

ALLOCATION & FEES

ALLOCATION

This is a 20-day allocation, split as follows:

AREA	DAYS
Planning	*3*
Fieldwork	*13*
Reviewing and Reporting	*4*

FEES

ACTIVITY	DAYS	RATE (£)	COST (£)
Estimated Cost of Review	20	£576	£11,520

BUDGET & ASSUMPIONS

We will charge fees for this assignment in line with our agreed Engagement Letter, including any subsequent changes agreed with you. Our fees for this engagement are set at £11,520 (excluding VAT), this includes planning, delivery, report writing and management review. This fee represents a total of 20 days on a blended day rate of £576. See the table to the left-hand side for a full breakdown of the fees.

The fees are based upon our estimate of the time required to complete the engagement. These costs have been calculated on the assumption that we will receive all information outlined on this page by the dates specified and that we will be granted access to all key personnel.

The allocation outlined to the left-hand side above is based upon our estimate of the time required to complete the engagement outlined within this document. If the scope of work changes, we will communicate with management any predicted over-or-underspend, before invoicing. In addition, we assume for the purposes of estimating the number of days of audit work that there is one control environment, and that we will be providing assurance over controls in this environment. If this is not the case, our estimate of audit day allocation may not be accurate.

TIMING CHANGES AND CANCELLATION

In accepting this Terms of Reference document, you are agreeing to the timing of this audit specified in this document. We will make every effort to accommodate timing changes or cancellation of the audit however any changes within 3 weeks of the start of the fieldwork may result in fees being charged in respect of the audit. Changes with more than 3 weeks' notice will be accommodated at no extra charge.

ACCESS TO INFORMATION & COLLEAGUES

Any unreasonable delay in gaining access to required information or key colleagues will place audit timings at risk and may result in additional fees to you. Any such charges would be notified to you and agreed at the time the issue is identified.

APPENDIX A: DOCUMENTATION REQUEST

Outlined below and on the following page is an initial information request relating to this audit. Timely receipt of this information is critical to ensure that the objectives of the audit are met and that the work is completed on time. We have provided an overview of what we require from you. If you can please ensure to present the requested documentation as soon as possible from the 22nd of June 2026 that would be most appreciated. We have tried to be specific wherever possible; however, please do contact us as soon as possible if you are unsure about any of the information required. Please note that this is an initial request and is not exhaustive – further information requiring your attention (including meetings) will be required at the time of our fieldwork.

INITIAL DOCUMENTATION REQUEST LIST	SCOPE AREA
L&D Policy (HR/Staff development strategy/People Strategy)	Staff Development Guidance
Evidence of performance reporting on training completion – minutes, papers for applicable Committee, Annual report to Board, etc.	Management Oversight
Staff appraisal form	Appraisals
Population of staff required to have an appraisal	Appraisals
Annual training programme (mandatory)	Training
Development pathways	Staff Development
Appraisal process guidance	Appraisals
Induction materials	Training
Staff appraisal process	Appraisals
Last 2 People Committee packs	Governance

FOR MORE INFORMATION:

CLAIRE ROBERTSON, HEAD OF RISK ADVISORY SERVICES – SCOTLAND

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

This publication has been carefully prepared, but it has been written in general terms and should be seen as containing broad statements only. This publication should not be used or relied upon to cover specific situations and you should not act, or refrain from acting, upon the information contained in this publication without obtaining specific professional advice. Please contact BDO LLP to discuss these matters in the context of your particular circumstances. BDO LLP, its partners, employees and agents do not accept or assume any responsibility or duty of care in respect of any use of or reliance on this publication, and will deny any liability for any loss arising from any action taken or not taken or decision made by anyone in reliance on this publication or any part of it. Any use of this publication or reliance on it for any purpose or in any context is therefore at your own risk, without any right of recourse against BDO LLP or any of its partners, employees or agents.

BDO LLP, a UK limited liability partnership registered in England and Wales under number OC305127, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms. A list of members' names is open to inspection at our registered office, 55 Baker Street, London W1U 7EU. BDO LLP is authorised and regulated by the Financial Conduct Authority to conduct investment business.

BDO is the brand name of the BDO network and for each of the BDO member firms.

BDO Northern Ireland, a partnership formed in and under the laws of Northern Ireland, is licensed to operate within the international BDO network of independent member firms.

Copyright © 2026 BDO LLP. All rights reserved. Published in the UK.

www.bdo.co.uk

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

Agenda Item 14.1

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
10 December 2026	• 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	**Standing/Regular Reports** • 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) • Safety and Assurance Annual Report 2025/26 •	**Standing/Regular Reports** • Performance Reports Q2 (BI, People, Training & H&S) • HMFSI Independent Audit/ Inspection Action Plan Update • Risk Report Update • Organisational Culture and Leadership Programme Update ~~Culture Update (written)~~ • Audit Action Plan Update • Corporate Business Solutions Project Update (SO'D) **Risk Spotlight:** •	**Standing/Regular Reports** •	**Standing/Regular Reports** •
		New Business •	**New Business** • Impact of the new terms and conditions for On Call staff on staffing figures • Succession and Talent Planning	**New Business**	**New Business** •

PEOPLE COMMITTEE – ROLLING FORWARD PLAN

	STANDING ITEMS	FOR INFORMATION ONLY	FOR SCRUTINY	FOR RECOMMENDATION	FOR DECISION
18 March 2027	• 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	**Standing/Regular Reports** • 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)	**Standing/Regular Reports** • Performance Reports Q3 (BI, People, Training & H&S) • HMFSI Independent Audit/ Inspection Action Plan Update • Risk Report Update • Organisational Culture and Leadership Programme Update • Audit Action Plan Update • Corporate Business Solutions Project Update (SO'D) • **Risk Spotlight:** •	**Standing/Regular Reports** •	**Standing/Regular Reports** •
		New Business •	**New Business** •	**New Business**	**New Business** •

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

PUBLIC MEETING –PEOPLE COMMITTEE

THURSDAY 17 SEPTEMBER 2026

The following reports were submitted for information only.

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: **C/PC/46-26**

Agenda Item: **N/A FIO**

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**POLICY REVIEW SCHEDULE UPDATE Q1 2026/27**							
Report Classification:	**For Information Only**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose is to provide a quarterly update on the People Function Policy Schedule for Q1 of 2026/27.
2	**Background**
2.1	The People Function is responsible for the development, implementation, review and quality assurance of a wide range of People policies and procedures for the Scottish Fire and Rescue Service (SFRS). Priorities for 2026/27 were identified at the start of the year for the People Policy Schedule, considering stakeholder engagement, business requirements, legislative considerations, SFRS strategic priorities and risks, and People Function current and anticipated priorities and timescales.
2.2	The People policy schedule remains under ongoing review during 2026/27 to enable progress of several priority policies for development or review, with flexibility for realignment based on Service priorities.
3	**Main Report/Detail**
3.1 3.1.1	**Overview of Progress During Q1 2026/27** The following Policy has already been Published in Q1 2026/27: • **Support for Work-Related Legal Costs Policy.**
3.1.2	A desktop review of the **Discipline Policy** was completed and outcomes published in Q1 to address an audit action.
3.1.3	Finalisation of **Organisational (People) Change Framework** took place during Q1 for publication during Q2.
3.2 3.2.1	**Policy Priorities for 2026/27** First and foremost, priority for 2026/27 was given to Legislative amendments/changes needed to our Policies as a result of the introduction of the Employment Rights Act 2025 (ERA 25). With that in mind, the following Policies were reviewed, and where required, amended/changed to meet the legislative requirements of ERA 25, during Q1 2026/27: • **Attendance Management Policy** • **Bullying & Harassment Policy** • **Family Leave Policy** • **Special Leave Policy**

- **Whistleblowing Policy**

3.3 **Summary of Progress Policy/Guidance Review(s) Carried Forward from 2025/26 to 2026/27 and 2027/28**

3.3.1 There are a range of policies/guidance commencing review or out for consultation. At the end of 2025/26 several Policies/Guidance, identified as priorities for 2025/26, remained incomplete with regards Policy review/refresh/re-write or introduction of a new Policy. They remain a priority and have carried forward into 2026/27; with a status update for Q1 2026/7 as follows:

- **(New) Organisational (People) Change Framework, incorporating - (Reviews) Redeployment Policy and Support Staff Pay Protection Policy.** Framework approved by Corporate Board earlier in the 2025/26 and reviewed again in December 2025 following further engagement with the representative bodies. Publication was anticipated by end of May 2026. Following review, Redeployment Policy and Pay Protection Policy were published September 2025. **Organisational (People) Change Framework being published 1 August 2026.**

- **(New) Secondary Employment Policy.** Presented to People Directorate Management Team (DMT) in November 2025, with a view to commencing formal consultation. Governance has progressed and will be presented to **Senior Management Board (SMB) on 24 August 2026 for decision.**

- As a result of a review of the recently aligned RDS Terms and Conditions, the following Policies will be refreshed/reviewed in Q2 2026/27 and will be presented to **SMB on 22 September 2026 for decision:**
  - Dual Contracts Policy.
  - On-Call Annual Leave & Public Holiday Policy.
  - On-Call Payment for Work Activity Policy.

- **(Review) Trainee Firefighter Development Programme. This will be renamed the FF Development Pathway Policy.** The policy was presented to People DMT for review and feedback on 16th June 2026 and completed in the 30 June 2026. Ongoing collaboration with EDI colleagues continues to finalise the EHRIA before the policy is distributed for consultation. The policy will be presented to **SMB on 27 October 2026 for decision.**

- **(Review) Discipline Policy & Procedure.** Review deferred to 2026/27 due to interdependencies to ongoing Culture/Leadership work However, a Desk-Top review, took place in Q1 2026/27 with some minor updates made to the policy to address an audit action and the updated policy was published. **Policy review will begin in Q2 2026/27 but is likely to continue across Q2/3 given the connections with the culture/leadership work and ACAS' current consultation related to Code of Practice on discipline and grievances.**

- **(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 in support as part of several related reviews currently underway. **Consultation will begin in Q3 2026/27.**

- **(Review) Code of Conduct.** Review deferred to 2026/27 due to interdependencies to ongoing Culture/Leadership work. **Likely to be progressed in Q3/Q4 2026/27 given the connections with the culture/leadership work and other policy reviews.**

	• **(Review) Market Allowance Policy.** Approved earlier in 2025/26 by Corporate Board. However, as a result of the A&M Report and recommendations linked to Support Staff Pay & Reward Framework, this policy review is on hold. **Likely to be carried forward to 2027/28.** • **(Review) Managers in Development to Competent Interim Policy.** Collaboration is ongoing with Training and Safety Assurance (TSA). Ongoing external engagement also being carried out with regards Accreditation. Linked to Culture and Leadership work. **Likely to be carried forward to 2027/28**.
3.4 3.4.1	**<u>Summary of Policies to be Progressed during 2026/27</u>** In addition to the above Policies, it is intended that following Policies will also be created/refreshed/reviewed and commence governance during 2026/27. It should be noted however that this is subject to ongoing review in the context of strategic priorities, capacity, emerging risks and legislative changes, and organisational change implications and therefore these will be prioritised accordingly: • Employment & Criminal Convictions Policy • Detached Duties Policy • Dignity & Respect Policy • Grievance Policy • Appraisal Policy • Secondment Policy • Re-Employment Policy • Working Together Framework Policy • LGPS Discretions Policy • Consultation & Negotiation Policy • FDO Duty System and Associated Leave Arrangements Policy • Further & Higher Education Policy • WT Day Duty Working Hours and Leave Policy
3.5 3.5.1	**<u>Policies and Guidance Due to be Published in Q2 2026/27</u>** The following Policies/Guidance have progressed through consultation in Q1 and are anticipated to be progressed through governance approval and be published in Q2 2026/27: **1.** Time off for Trade Union Duties Guidance **2.** TOIL Policy (Uniformed employees) (Review) **3.** Overtime Policy (Uniformed employees) (Review)
3.6 3.6.1	**<u>Policy Prioritisation Framework</u>** Work has begun to develop a draft framework around how the People Function (and the wider Service) might approach policy prioritisation. Initial engagement has taken place with colleagues in Governance Strategy and Performance to consider the development of a robust approach to policy development and review. This work is ongoing within the People function with a draft to be brought forward in the 2026/27 Q2 Policy Update paper for consideration.
4	**Recommendation**
4.1	People Committee are asked to note the contents of the report.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** 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. In relation to meeting our legal and regulatory obligations SFRS has a minimalist appetite.
5.2 5.2.1	**Financial** There are no financial implications associated with this review.
5.3 5.3.1	**Environmental & Sustainability** There are no implications that require to be noted.
5.4 5.4.1	**Workforce** Whilst employee implications are detailed within each separate policy, there are capacity implications in delivering reviews of a wide number of policies across 2025/26 and into 2026/27 and 2027/28, taking account of policy interdependencies arising from a range of organisational change programmes.
5.5 5.5.1	**Health & Safety** Where applicable, matters relating to health and safety are outlined within each separate policy.
5.6 5.6.1	**Health & Wellbeing** Where applicable, matters relating to health and wellbeing are outlined within each separate policy.
5.7 5.7.1	**Training** 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** All policies partake in a quality assurance process to ensure compliance. Where applicable, SFRS performance relating to matters of policy will be measured and reported.
5.10 5.10.1 5.10.2 5.10.3	**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. Updated policies are communicated with employees via normal communication channels once approved through governance. Engagement with all representative bodies is ongoing 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 where applicable.

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** Where applicable matters relating to Prevention are outlined within each separate policy.	
6	**Core Brief**	
6.1	Not applicable	
7	**Assurance (SFRS Board/Committee Meetings ONLY)**	
7.1	**Director:**	Penny McIntyre, Director of People, Communication and Engagement
7.2	**Level of Assurance: (Mark as appropriate)**	~~Substantial/~~**Reasonable**~~/Limited/Insufficient~~
7.3	**Rationale:**	The policy review approach and schedule have 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		

Prepared by:	Sandra Haig, People 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 *"To be a leading, sustainable, modern and technologically advanced fire and rescue service that is fit to meet the challenges of Scotland's future*".

Governance Route for Report	Meeting Date	Report Classification	Meeting Approvals/Outcomes
People Directorate Management Team	*18/08/2026*	*For Recommendation*	
People Committee	*17/09/2026*	*For Information*	
Senior Management Board	*24/09/2026*	*For Information*	

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: C/PC/43-26

Agenda Item: N/A FIO

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**TRAINING CONTINUOUS IMPROVEMENT PROGRAMME – UPDATE REPORT**							
Report Classification:	**For information**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	This paper 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 8 July 2026, the status of all 84 recommendations is as follows: • 72 recommendations completed • 11 recommendations in progress • 1 recommendation discontinued
3.3	The Training Function will retain responsibility for the progression of all 11 outstanding recommendations, with an owner assigned to each and managed through the TSA Directorate governance route. A protocol is in place for the addition of new improvement recommendations and to allow periodic and status updates to the CIP Action Plan.
3.4	Additionally, and for further assurance. The remaining “In Progress” recommendations will be assigned to each owner on our ‘Tasks by Planner – MS Teams’ and progress will be

tracked at Training Management Team meetings as a standing item and reported by 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.

3.5 **CIP Action Plan - Recommendations added within the last 6 months**

- **84 – Added June 2026 -** A review should be undertaken of the Training Instructor establishment, with consideration given to course delivery requirements, including acquisition and maintenance training, delivery locations and the number of instructors required to support effective training delivery.

- **83 – Added June 2026 -** A review should be undertaken of the current fleet utilised by instructors, with consideration given to the relocation of vehicles where appropriate to better support training requirements.

- **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.

3.6 **CIP Action Plan - Recommendations completed within the last 6 months**

- **43 – Completed June 2026 -** It is recommended that the current Height development pathway is expanded with the introduction of Safe Working at Height (SWAH) Level 2 instructors within all Level 2 response stations as are identified within Operations Con Ops.
  Evidence/benefits realised - This recommendation supports a consistent and accessible SWAH Level 2 development pathway across all identified Level 2 response stations, improving operational capability, firefighter safety and workforce resilience. The peripatetic delivery model will maximise the use of Rope Rescue Instructor expertise while providing flexible support to stations.

- **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.

3.7 **Recommendations under review**

- The HMFSI report has been received and acknowledged. The findings, recommendations, areas for consideration and good practice relevant to the Training Function have been reviewed. Actions identified are awaiting agreement and confirmation of the appropriate governance route. Where actions are agreed as being within the scope of the Training CIP Action Plan, they will be added and progressed through the established CIP governance process; any actions requiring alternative governance or delivery routes will be progressed accordingly.

4	Recommendation
4.1	To review the contents of this paper as per the report classification and provide any relevant feedback.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** 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 5.2.1	**Financial** 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 5.3.1	**Environmental & Sustainability** Not applicable
5.4 5.4.1	**Workforce** This ongoing improvement programme is in support of the development of the Training teams and the wider development of SFRS personnel.
5.5 5.5.1	**Health & Safety** Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.6 5.6.1	**Health & Wellbeing** Improvements in training processes, training team development and training resources are in direct support of improvements in firefighter safety.
5.7 5.7.1	**Training** 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 5.8.1	**Timing** 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 5.9.1	**Performance** 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 5.10.1	**Communications & Engagement** 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 5.11.1	**Legal** Not applicable

5.12 5.12.1	**Information Governance** DPIA completed ~~Yes~~/No. If not applicable state reasons. The process uses existing systems and processes which are already in place.	
5.13 5.13.1	**Equalities** EHRIA completed Yes Training Management Team – EHRIA – All Documents	
5.14 5.14.1	**Service Delivery** 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 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 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**	
8.1		

Prepared by:	Group Commander Sarah Robertson, Training Function
Sponsored by:	Area Commander Steven Campbell, Training Function
Presented by:	DACO Ross Robison, Head of Training

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
Training FMT	*08/07/2026*	*For Scrutiny*	*Approved at FMT, progress to DMT.*
TSA Directorate Management Team	*23/07/2026*	*For Scrutiny*	*TSA DMT confirmed suitability for onward submission to PC and SMB for information.*
People Committee	*17/09/2026*	*For Information Only*	
Senior Management Board		*For Information Only*	

SCOTTISH FIRE AND RESCUE SERVICE:

People Committee

Report No: C/PC/44-26

Agenda Item: N/A FIO

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**TRAINING FUNCTION POLICY REVIEW SCHEDULE**							
Report Classification:	**For Information**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	The purpose of this report is to provide the People Committee with a quarterly update on the status of Training Function documents and an overview of current and recently completed work.
2	**Background**
2.1	The Training Function maintain a range of documents including policies, procedures and training standards that are applicable to Scottish Fire and Rescue Service (SFRS) personnel both within and out with the Training Function. This report provides information on document review work completed during Q1, documents currently under review and those due to be reviewed during Q3 2026 27. The status and other relevant details for each document were exported from the Training Function Document Review Schedule on 14 August 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 3.1.1	**New Documents** During Quarter 1 of 2026 27, there were no new documents published.
3.2 3.2.1	**Reviewed Documents** During Quarter 1 of 2026 27, there were no documents reviewed, approved and published.
3.3 3.3.1	**In Development and current work** The Training Standard Review Project is continuing with monthly board meetings. Work package templates were agreed and the first two have been issued. These were for Extrication and Breathing Apparatus.

3.4 3.4.1 3.5 3.5.1	**Under Review** There are currently nine documents under review (see Appendix A), four of which are Terms of Reference. **Upcoming Review** Out of the set of documents that have the status "current", there is one document due for review in Q3 2026 27.
4	**Recommendation**
4.1	People Committee is asked to note the information included in this report.
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:**	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. 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.

8	**Appendices/Further Reading**
8.1	Appendix A - Training Function Document Review Schedule

Prepared by:	Roger Crawford, Watch Commander
Sponsored by:	Area Commander Campbell, Training Function
Presented by	Ross Robison, Head of Training Deputy Assistant Chief Officer

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
TSA DMT	*20/08/2026*	*For Scrutiny*	*Approved to progress to PC for Information.*
People Committee	*17/09/2026*	*For Information Only*	

APPENDIX A

Training Function Document Review Schedule

Document Type	Document Title	Status	Approval Status	Published	Review due
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	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
Terms of Reference	FMT Terms of Reference	Current	Approved	04/03/2026	01/03/2027
Guidance	Training Function Governance Arrangements	Current	Approved	07/07/2026	31/07/2027

Document Type	Document Title	Status	Approval Status	Published	Review due
Framework	Training Function Framework	Current	Approved	02/04/2025	01/03/2028
EHRIA	Training Function EHRIA	Current	Approved	12/06/2024	26/10/2028
Guidance	TNA Guidance	Current	Approved	01/07/2026	01/07/2029
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
Guidance	Training For Operational Competency	In Development	Not Submitted		
National Training Standard	Wildfire	In Development	Not Submitted		
National Training Standard	Overarching Principles	Under Review	Not Submitted	08/11/2022	02/11/2027
National Training Standard	Animal Rescue Response	Under Review	Not Submitted	03/04/2024	01/01/2026
National Training Standard	Breathing Apparatus	Under Review	Not Submitted	01/05/2024	04/05/2027
National Training Standard	Firefighting with UHPFS	Under Review	Not Submitted	08/08/2024	08/08/2029
Policy & Procedure	Health Management of Compartment Fire Behaviour Training Instructors	Under Review	Not Submitted	07/06/2019	15/05/2020
Terms of Reference	TMT Terms of Reference	Under Review	Not Submitted	27/05/2025	27/05/2026
Terms of Reference	OCSG Terms of Reference	Under Review	Not Submitted	01/04/2025	01/04/2026
Terms of Reference	OCTWG Terms of Reference	Under Review	Requested	16/08/2023	16/08/2024
Terms of Reference	MRG Terms of Reference	Under Review	Not Submitted	22/05/2025	30/05/2026

SCOTTISH FIRE AND RESCUE SERVICE

People Committee

Report No: **C/PC/45-26**

Agenda Item: **N/A FIO**

Report to:	**PEOPLE COMMITTEE**							
Meeting Date:	**17 SEPTEMBER 2026**							
Report Title:	**HEALTH, SAFETY, WELLBEING AND ASSURANCE DOCUMENTS FORWARD PLANNING SCHEDULE**							
Report Classification:	**For Information**	**SFRS Board/Committee Meetings ONLY For Reports to be held in Private Specify rationale below referring to Board Standing Order 9**						
		A	B	C	D	E	F	G

1	**Purpose**
1.1	This report provides the People Committee with an update on the management of Health, Safety, Wellbeing and Assurance (HSWA) documentation for quarter 1 (Q1) 2026/27.
1.2	All progress is summarised in Appendix A – HSWA Documents Forward Planning Schedule
2	**Background**
2.1	The HSWA Function is responsible for the ongoing management of our published Policies, Frameworks, Procedures and supporting Management Arrangements (MA) to ensure legal and clinical compliance, best practice, and continual improvement.
2.2	This paper now summarises the progress of Health and Wellbeing Policies and Procedures, which have been added to the planning schedule. Policies will be made more strategic to align with the Health and Safety and Operational Assurance Policies and Procedures, and converted to our Management Arrangement Framework and templates to simplify responsibilities and processes.
2.3	There is a total of 23 documents recorded on this year's planner. Of these, the revised HSWA Strategy has been updated to reflect organisation restructuring and will commence business partner engagement and consultation during Q2. 39% (9 of 23) belong to Health and Safety, 26% (6 of 23) belong to Assurance and 35% (8 of 23) belong to Health and Wellbeing Departments.
3	**Main Report/Detail**
3.1	**Q1 update Summary of the Significant Changes:**
3.1.1	The Health and Wellbeing Policy was published in Q1. Following the publication of the Health and Wellbeing Policy in April 2026, communications activity has focused on increasing awareness of the policy and the support available to employees. It sits alongside the Health and Safety Policy and enables supporting arrangements for medical, fitness and health promotion to be embedded. It signposts employees to supporting arrangements, and the role they plan in maintaining both their own wellbeing and that of their colleagues.
3.1.2	The Health and Safety Policy review was brought forward following the withdrawal of the DCLG Framework on 28/02/26. The revised Policy and its Statement of Intent are now aligned with NFCC corporate and operational guidance as well as HSE guidance and

	reflect the SFRS organisational restructure and recent Directorate changes. The Policies EHRIA was also transferred to the new template, and new research was conducted to ensure the use of up-to-date equality and inclusion content. All three will be published in Q2.
3.1.3	A new Assurance Audits Management Arrangement was introduced, replacing the previous Station and Thematic Audit GIN. The scope of this MA has been expanded to include Operations Control and to introduce mandatory auditing of Volunteer Duty Stations, consistent with the established arrangements for On Call Stations, strengthening learning and assurance escalation routes and shared learning processes.
3.1.4	To support the implementation of the updated Stress Management Arrangement, GRA-115 Stress Management was researched, consulted upon through the Mental Health Group and published linking the wide range of existing SFRS control measures and support provided for our staff.
3.1.5	A new LCMS Stress Management LCMS module has been developed to support the implementation of the SFRS Stress Management arrangements and strengthen awareness of work-related stress as a significant health, safety and organisational performance risk. The module is aligned with the HSE Management Standards and promotes a preventative, risk-based approach focused on early intervention, shared responsibility and practical support.
4	**Recommendation**
4.1	The People Committee is asked to note the progress against the 5-year rolling HSWA Documents Forward Planning Schedule for 2026/27 and Q1, as reflected in our HSWA Function Team Plan.
5	**Key Strategic Implications**
5.1 5.1.1	**Risk Appetite and Alignment to Risk Registers** In relation to meeting our legal and regulatory obligations, SFRS has a minimalist appetite.
5.2 5.2.1	**Financial** There are no financial implications for the development, maintenance, and monitoring of these processes, however failure to comply with health and safety legislation, learning lessons may result in financial implications.
5.3 5.3.1	**Environmental & Sustainability** There are no environmental and sustainability implications for developing, maintaining, and monitoring these processes.
5.4 5.4.1	**Workforce** Health, Safety, Wellbeing and Assurance (HSWA) continue to monitor the progression of actions in line with Health and Safety Improvement Plans and Health and Wellbeing recovery plan 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** Continued investment in health and wellbeing initiatives supports a healthier, more resilient workforce, helping employees remain fit for role and reducing the impact of ill health on service delivery.

5.7 5.7.1	**Training** There is no training implications as MAs have supporting Programmes of Learning or will be captured in generic health and safety induction and role-specific content.	
5.8 5.8.1	**Timing** HSWA Policies and MAs are scheduled for periodic review to minimise disruption and maximise implementation for our business partners. HSWA will still review major/minor revisions, subject to changes in legislation, guidance, best practice, or outcomes of event investigation outside this 1-5-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 the SA Strategy.	
5.11 5.11.1	**Legal** If HSWA 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 for HSWA Documents includes DPIAs for personal data identified as being held on file. HSWA 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 in the paper are part of the SFRS Health and Safety Policy, Operational Assurance Policy, or Health and Wellbeing Policy, each being an overarching EHIRA for their supporting MAs and Protocols.	
5.14 5.14.1	**Service Delivery** It is anticipated that the outcomes of this annual MA review process, outlined in the paper, will positively impact 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

SFRS Strategy 2025-2028

Objective: Safe and Effective Response:

- *Organisational learning from operational incidents, training events and event investigations will influence future practice, enhance performance and improve firefighter safety.*

Objective: Innovation and Investment:

- *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	*17/09/2026*	*For Information*	

APPENDIX A

HSWA DOCUMENTS FORWARD PLANNING SCHEDULE 2026-2027

Title	Work Required	Financial Year	Development	Consultation	Governance	Familiarisation	Go Live	Comment
			BRAG Status	BRAG Status	BRAG Status	BRAG Status		
Health and Safety								
Health, Safety, Wellbeing and Assurance Strategy (Carry-over)	Major review and republication	2024-25	Final draft	Q2				H&W updates added, engagement consultation being scheduled by DACO
Event Reporting and Investigation MA (Carry-over)	5-Year Review	2024-25	Under review	Ongoing				Has been impacted by the forthcoming eSAMS Mgt system implementation
Stress MA (Carry-over)	5-Year Major review and republication	2025-26	Complete	Complete	HSWA FMT June			Staff survey being developed by H&W, LCMS content updated following HSWA FMT feedback, sent to L&D for development
Health and Safety Policy and EHRIA	Annual Review	2026-27	Complete	Complete	Complete	N/A	17/07/26	Published on iHub
Warehousing and Storage MA	5-Year Review	2026-27	First draft	Ongoing				First draft reviewed, exploring identified gaps with stakeholders
Pressure Systems MA	5-Year Review	2026-27	R&D commenced	Ongoing				R&D stage commenced
Legionella MA	5-Year Review	2026-27						Review to commence Q3
New and Expectant Mothers MA	5-Year Review	2026-27						Review to commence Q3
Manual Handling MA	5-Year Review	2026-27						Review to commence Q4
Assurance								
Support Review Management Arrangement (Carry-over)	Major review and republication	2022-23	Complete	March 26	Aug SAFMT / NHSWAB ratification			MA completed its consultation in March and is awaiting approval and ratification
Assurance Audits MA(Carry-over)	5-Year Review	2024-25	Complete	May 26	May SAFMT	N/A	10/06/26	Published on iHub

Engagement and Governance MA (Carry-over)	5-Year Review	2023-24	Final draft	Each forum TOR have been updated	TBC SAFMT			MA has been redrafted after organisational restructuring
Operational Learning Governance	5-Year Review	2026-27						Review to commence Q3
Organisational Learning	5-Year Review	2026-27						Review to commence Q3
Operational Assurance Policy and EHRIA	5-Year Review	2026-27						Review to commence Q4
Health and Wellbeing								
Ill Health Retirement Policy and procedure (IQMP)	5-Year review	2022-2023	UIG established					Review commenced Q2
Mental Health Strategy	3-Year review	2024-2025	Complete	Complete	Commenced			Presented to MH Working Group
Pre-Placement Policy	3-Year review	2024-2025						Review to commence Q3
Health and Wellbeing Policy and EHRIA	Major review	2026-27	Complete	N/A	N/A	N/A	29/04/26	Published on iHub
Driver Health Assessment Policy	5-Year review	2026-2027						Review to commence Q4
Management of Health Conditions and Procedure	5-Year review	2026-2027						Review to commence Q4
Operational Fitness Policy and procedure	3-Year review	2026-2027	Commenced					Review commenced Q2
Post Incident Support Policy and procedure	5-Year review	2029-2030	Review					Change of service provider will force review and revisions

White	Not Started	Blue	Complete
Green	On Target	Amber	Overdue by one quarter
Red	Delayed by more than one year	Pink	Deferred