



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

PUBLIC MEETING – SERVICE DELIVERY COMMITTEE

WEDNESDAY 1 SEPTEMBER 2021 @ 1000 HRS

BY CONFERENCE FACILITIES

PRESENT:

Nick Barr, Chair (NB)
Malcolm Payton (MP)

Tim Wright, Deputy Chair (TW)
Angiolina Foster (AF)

IN ATTENDANCE:

| | |
|--------------------------------|---|
| Ross Haggart (RH) | Deputy Chief Officer |
| Stuart Stevens (SS) | Assistant Chief Officer, Director of Service Delivery |
| Chris Fitzpatrick (CF) | Business Intelligence and Data Services Manager |
| David Farries (DF) | Head of Operations (Item 11 only) |
| Marysia Waters (MW) | Head of Corporate Comms |
| Richie Hall (RH _a) | Continuous Improvement Project Manager |
| Carol Wade (CW) | Information Governance Manager (Item 12 only) |
| Kirsty Darwent (KD) | Chair of SFRS Board |
| Richard Whetton (RW) | Head of Governance, Strategy and Performance |
| Alasdair Cameron (AC) | Group Commander, Board Support Manager |
| Debbie Haddow (DH) | Board Support Team/Minutes |

OBSERVERS

Robert Scott, HMFSI

1 WELCOME

- 1.1 The Chair opened the meeting and welcomed those present, in particular Angiolina Foster to her first Committee meeting. Having stood down from the Committee, thanks were extended to Fiona Thorburn for her valued contributions throughout her tenure.
- 1.2 The Committee were reminded to raise their hands, in accordance with the remote meeting protocol, should they wish to ask a question.
- 1.3 On request, direct public access to observe meetings was now available, however, meetings would continue be recorded and published on the public website.

2 APOLOGIES

- 2.1 Lesley Bloomer, Board Member
John Dickie, Assistant Chief Officer, Director of Training, Safety and Assurance

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

3.1 The Committee agreed that Item 16 (Automated External Defibrillators Analysis) and the draft minutes of the previous meeting would also be taken in private due to the confidential nature of the issue in line with Standing Orders (Item 9G).

3.2 No further items were identified.

4 DECLARATION OF INTERESTS

4.1 None

5 MINUTES OF PREVIOUS MEETING: 26 MAY 2021

5.1 Minor typographical errors and the following amendment were noted and agreed:

Item 8.2.4 – Action Plan and Closing Report Updates – SS requested that the text “SS stated that some previous HMFSI recommendations were not clear or specific and” to be amended to “SS stated that some previous related HMFSI recommendations were not clear or specific and ...”.

5.2 **Subject to the above amendment and other minor typographical errors, the minutes of the meeting held on 26 May 2021 were approved as a true record of the meeting.**

6 ACTION LOG

6.1 The Rolling Action Log was considered and actions were agreed and removed.

7 SERVICE DELIVERY UPDATE

7.1 RH presented the update report detailing relevant matters from a SFRS service delivery perspective, which comprises Service Delivery and Training, Safety and Assurance Directorates, for the period 11 May 2021 to 15 August 2021, albeit some actions may precede and extend beyond these dates. The following key points were highlighted:

- Prevention and Protection (P&P) Summer Thematic Action Plan which targets anti-social behaviour, fires in derelict buildings, wildfire prevention, Make the Call and water safety campaigns.
- Under Covid recovery, recruitment of additional Fire Safety Enforcement and Community Safety staff was underway.
- Unwanted Fire Alarm Signals (UFAS) Review consultation was launched on 19 July 2021 and would close on 11 October 2021.
- Update included on business as usual contingency planning for Operations Control sites.
- Overview of Operations Strategy provided (further update to be provided under Agenda Item 11).
- Overview of planning for Conference of Parties (COP) 26.
- Merger of Aberdeen City and Aberdeenshire and Moray Local Senior Officer (LSO) areas undertaken and well received. Similarly, North and South Lanarkshire LSO area have also been merged.
- Details provided of Clinical Waste Plant Fire, Bellshill.
- Support provided to Scottish Ambulance Service with the provision of drivers.
- Continuing to progress the rollout programme for E-hydraulic Powered Rescue Equipment (PRE).
- Harmonised Instructor’s Terms and Conditions went live on 1 July 2021 and work continues to implement the changes.
- As a result of Covid, Incident Command training has been delivered remotely and this would now be mainstreamed into future training provision.

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- 7.2 The Committee acknowledged the wide range of work undertaken during the last quarter and noted their appreciation of the information being presented.
- 7.3 The Committee were informed that the warm zone co-ordinator training for the 36 National Inter-Agency Liaison Officers (NILO) had been delivered as part of the Marauding Terrorist Attack (MTA) process.
- 7.4 RHa reminded the Committee of the potential implications from the enactment of Section 19 of the Road Safety Act. To mitigate the potential impact, the Service were working alongside Police Scotland to engage with Scottish Government and the Department of Transport.
- 7.5 In regard to COP 26, the Committee sought assurance on the potential staffing models and when these would be finalised. SS advised the Committee that the Service were still awaiting finalised details on the itinerary for the event and until this had been received, the appropriate staffing model could not be determined. However, SS assured the Committee that the Service had a business as usual staffing model, specialist resources/appliances available, we are continuing to scenario plan and had a cadre of volunteers ready to be stood up. SS confirmed that, once the finalised details of the event were known, the Service would be able to ensure that the appropriate staffing models/resources were in place.
- 7.6 The Committee noted that the increased number of critical faults within the Edinburgh Operations Control (OC). SS reminded the Committee of the aging equipment within the Edinburgh OCs sites which leads to an increased number of faults. SS confirmed that the system refresh within Edinburgh OC was planned for September 2021 and an update report would be provided at the next meeting.
- 7.7 In regard to the Document Conversion project, SS advised the Committee that the Getac tablets were fit for purpose however, there was an issue with the conversion of the documentation. ICT were working to find a solution and this was progressing well. The Committee noted and welcomed the progression of this project.

7.8 **The Committee scrutinised the report.**

8 SERVICE DELIVERY PERFORMANCE REPORTING

8.1 Quarterly Performance Report for Q1 2021-22

- 8.1.1 SS introduced CF to the Committee, who presented the performance report for quarter 1, highlighted with the following key areas:
- New format of report and presentation of indicators to show how they align with performance questions, objectives and outcomes as contained within Appendix 5 of the Performance Management Framework (PMF).
 - Report contains inaccurate totals of Home Fire Safety Visits (HFSV) and high risk visits conducted due to data migration between in-house systems. The correct figures for HFSV and Hi-Risk visits were 8,887 and 4,680, respectively. The overall number of HFSVs conducted remain affected by Covid.
 - Accidental dwelling fires remain on level with the 3-year average. First quarter stats for low severity fires report a reduction, whereas medium severity fires have reported an increase (Strategic Outcome 1). High severity fires remain constant over the last 3 quarters (Strategic Outcome 2).
 - Non- domestic fires continue to show a reduction in the 3-year average.
 - UFAS increased over the first quarter which could be attributed to the re-opening of non-domestic premises. Positive decline of 7% on previous year's average.
 - Report contains inaccurate total of Fire Fatalities due to the further information being provided by Fire Investigation. Accurate figure was 12 (reduced from 13).
 - Number of fire casualties continues to reduce at a significant rate.

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- Number of incidents have increased significantly during the first quarter and were more reflective of previous year.
- Number of Road Traffic Accidents remain low but have started to increase.
- Wholetime availability remains at 98%. Retained Duty System (RDS) availability decreased to 81% which was consistent with pre-Covid figures.
- Call handling (median) times have increased in the North Service Delivery Area. Median response time across the Service was 8 minutes 15 seconds.
- Number of incidents attended at the request of other agencies and effecting entry/exit incidents have increased during the first quarter.

8.1.2 CF provided assurance to the Committee that there were no issues with previous data and the inaccuracies within the current report were due to migration between in-house systems. These issues have since been rectified. The Committee requested that amendments are made to address the inaccuracies with reporting figures and an updated report should be recirculated.

ACTION: SS/CF

8.1.3 CF commented on the historical issues with accessibility of data on legacy systems. CF informed the Committee that a key part of the Business Intelligence Strategy, which was supported by the Strategic Leadership Team and Board, was to ensure that the Data Services team have access to and can validate information across the Service. CF noted that engagement continued with stakeholders across the Service and both CF and RW were involved in discussions for future data systems and procurement of same.

8.1.4 Regarding Covid affecting KPI/targets, CF noted that this was discussed previously, however there was still uncertainty going forward. He informed the Committee that a paper was recently presented at the Good Governance Board regarding KPI methodology and recommendations on target setting which should be adopted across the Service.

8.1.5 Within the glossary, consideration to be given to include an explanation that the 3 year average was a rolling average.

8.1.6 In regard to the median call handling time, the Committee enquired whether there were outliers identified and how these were managed. CF noted that there were no tolerances in place at this time, however, this would be reviewed during the KPI methodology review. SS stated that call handling times were closely monitored by OC, as well as Heads of OC and Operations, and any outliers are identified and investigated.

8.1.7 RW advised the Committee that a dashboard was being developed to allow detailed breakdown of incidents with mapping (colour coding) solutions for individual Commanders to review and interrogate. RW noted that the newly recruited developer would be based within the Community Risk Index Model (CRIM) team to provide a cross over between the teams. CF commented on the benefits and features of mapping within Power BI and how this can be utilised within the Service. RW provided further assurance that the Service were actively engaging with other fire and rescue services and partners regarding Power BI development.

8.1.8 **The Committee scrutinised the report and welcomed the reformatted presentation of the information.**

8.2 Action Plan and Closing Reports Updates

8.2.1 RW presented the report to the Committee providing an update on the following audit and inspection action plans:

8.2.2 Fire Safety and Enforcement Action Plan

Total of 21 actions with one live action outstanding and 2 actions deferred. Overall RAG rating was green and was noted as 99% complete.

- 8.2.3 Local Area Inspections (LAI) National Recommendation Action Plan
Total of 7 actions, all complete. Overall RAG rating was green and was noted as 100% complete.
- 8.2.4 Fleet and Equipment Action Plan
Total of 38 actions with 2 live actions outstanding with revised due dates. Overall RAG rating was amber and was noted as 93% complete.
- 8.2.5 In regard to the recruitment of drivers, RH confirmed that recruitment was ongoing and there was no indication that the revised due dates was unachievable.
- 8.2.6 RW to provide confirmation that the Wi-Fi installation has been completed within the revised due date (August 2021) by email.
ACTION: RW
- 8.2.7 Provision of Operational Risk Information Action Plan
Total of 25 actions with 5 live actions outstanding. Progress has been limited due to the postponement of the UK-wide Emergency Services Mobile Communications Programme. Overall RAG rating was red, due to original due dates not being met and was noted as 90% complete.
- 8.2.8 Planning and Preparedness for Covid-19 Update Action Plan
Total of 17 actions with 8 live actions outstanding and 9 actions were complete. Overall RAG rating was green and was noted as 75% complete.
- 8.2.9 Command and Control: Aspects of the Incident Command System Action Plan
Total of 25 actions with 11 live actions outstanding and 14 actions completed. Overall RAG rating was green and was noted as 82% complete.
- 8.2.10 The Committee requested that the covering report be amended to accurately state that the report was being presented for scrutiny rather than approval.
ACTION: RW
- 8.2.11 **The Committee noted and scrutinised the report.**

8.3 UNWANTED FIRE ALARM SIGNALS (UFAS) REVIEW PROJECT UPDATE

- 8.3.1 SS provided a verbal update to the Committee on the UFAS project and ongoing 12-week public consultation which was launched on 19 July 2021. The following key points were highlighted:
- Consultation team were currently undertaking a mid-point review to assess the progress against the consultation and communication plan and would consider any further actions required. This review would help identify any emerging trends or themes based on the responses.
 - Total of 321 responses received to date. Of which, staff and members of the public represented 40% and 37% respectively.
 - Over 75% of responses either agree or strongly agree that UFAS was a problem and needed to be addressed.
 - Over 50% of responses believe that fire appliances should not be sent to Automatic Fire Alarms (AFA), however, 38% opposed this view.
 - Mid-point rankings were Option A (66%), Option B (21%) and Option C (13%).
 - Suggested proposals for an alternative response was a blanket one pump response (Covid response).
 - Consultation would close on 11 October 2021 and outcomes would be reported to the next Committee meeting (24 November 2021) and Board Strategy Day (25 November 2021).

- Final business case to be presented to the Board on 16 December 2021.

8.3.2 MW noted that the level of responses to date was respectable. The mid-point consultation review had identified some gaps ie low response rates and would now target businesses to encourage duty holders to participate. Also, mid-point reminders would be issued to encourage all key stakeholders to respond. Further information to be provided to clarify why the one-pump/Covid response was not an option as well as increasing the awareness of property owner's legal responsibilities.

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

9 OPERATIONAL LEARNING

9.1 SFRS Clinical Governance Framework Update

9.1.1 RHa presented a report to the Committee providing an update on the ongoing collaboration between Training, Safety and Assurance Directorate and the Scottish Ambulance Service (SAS) to develop and implement a SFRS Operational Clinical Governance Framework. The following key points were highlighted:

- SAS have completed their review of the Service casualty care training and equipment and submitted their draft report which would be discussed at a joint meeting on 2 September.
- The initial focus was to review the SFRS's Immediate Casualty Assessment and Treatment (ICAT) training. This review was undertaken in 2 stages to provide both a clinical practice/governance and an educational/clinical practice perspective. Both stages identify the same findings and improvements to ensure alignment with the SFRS's operational activities and differing type of casualty care provided by SFRS.
- In parallel to this review, SFRS have undertaken a casualty care consultation process with Firefighters.
- The Memorandum of Understanding (MOU), drafted by the SFRS Legal Team, had been shared with SAS for comment.
- The Service Level Agreement (SLA), drafted by the SFRS Legal Team in collaboration with the SAS Clinical Governance management, would be finalised following receipt of SAS's feedback on the MOU.
- The findings and recommendations report for the SFRS Operational Clinical Governance Framework would be published and presented to the next Committee meeting (November 2021).
- An inaugural meeting of the SFRS Operational Clinical Governance Technical Working Group (TWG) would be convened to assess and implement the findings and recommendations within the report. The TWG would report to both the SFRS and SAS Clinical Governance Committee.

9.1.2 In regard to the casualty care consultation, RHa informed the Committee that there had been 723 responses from across the 3 Service Delivery Areas with a wide range of both positive and negative feedback on the training.

9.1.3 The Committee were reminded that the ICAT course formed part of the initial training and thereafter, it is delivered through the maintenance of skills programme. RHa was currently consulting on the management of casualty care training and the proposal was to continually deliver training throughout the year as opposed to periodic delivery.

9.1.4 **The Committee noted the report.**

9.2 Grenfell Tower Fire – Update Report

9.2.1 SS presented a report to the Committee to provide an update on the progress against the recommendations contained with the Grenfell Tower action plan. The following key points were highlighted:

- Total of 17 live actions outstanding with 14 actions remaining on track for completion in September 2021.

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- Rationale was provided for the extended timelines for 2 actions (GT17 and GT23) from June 2021 to September 2021.
- Closure of one action (GT34) with the purchase of smoke hoods/curtains being transferred to business as usual (asset management workplan).
- Large scale testing and exercises to test the new processes and procedures would be undertaken during August/September 2021.
- Completion of the action plan was still on target for completion in September 2021.
- Reminder that the HMFSI would be undertaking a Thematic inspection to examine the Service's arrangements for firefighting in high rise buildings.

9.2.2 The Committee enquired on the outcomes of the trial and evaluation process for the smoke hoods/curtains. SS to seek confirmation and circulate via email following the meeting (no formal action to be raised).

The Committee scrutinised the report and supported the recommendations.

9.2.3

(Broke at 1137 hrs and reconvened at 1142 hrs.)

10 SERVICE DELIVERY RISK REGISTER

10.1 Service Delivery Risk Register

10.1.1 RH presented the Service Delivery Aligned Risks noting that the Directorate risk register was reviewed to ensure the probability, impact of the action and control measures in place were appropriate. The following key points were highlighted:

- Closure of Risk SD002 (There is a risk of failing to plan for the response to planned and unplanned events due to inadequate funding or a lack of resources) – Due to the de-escalation in risk rating, this would now be monitored through the Operational functional register.
- Closure of Risks SSPPC10 (Participate in community planning) and SPPC11 (Effectively manage relations with partners): Removed and merged into new risk SPPC13 (There is a risk that the Service fails to meet its duties to participate in Community Planning and demonstrate strong collaboration and partnership working.). realigned to the Audit and Risk Assurance Committee and the Good Governance Board.

10.1.2 Within Appendix 1C (Aligned Directorate Risk Control Summary), the Committee sought clarification on the RAG status and percentages within the Status column. RH advised that the RAG status relates to the milestones and the percentage relates to completed actions. RW agreed to circulate and share the detailed milestones information with the Committee to help provide some additional clarity.

ACTION: RW

10.1.3 Consideration to be given to how information is presented within this column ie removal of the delimiter as this could be misinterpreted as a negative figure.

10.1.4 **The Committee noted the report.**

(D Farries joined at 1150 hrs)

10.2 RISK SPOTLIGHT – SD005 WATER SUPPLY UPDATE

10.2.1 SS presented the risk spotlight briefing note and highlighted the following:

- Brief background on this longstanding issue.
- Key themes identified from an Internal Audit report included financial implications, Scottish Water's charging structure, 3rd party usage, SFRS's testing/maintenance procedures and management system.
- Issues created due to the Service Level Agreement being outdated and past review.
- Implication of 3rd party usage and liability for damages.

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- Recent positive engagement with Scottish Water to discuss the financial implications of maintaining the hydrant network. The main priority was to reach an agreement on the outstanding invoice payment.
- Revised Service Level Agreement was currently being developed.
- Internal improvements include the recruitment of additional hydrant operatives, upskilling existing hydrant operatives to undertake minor repairs, improved recording processes and the development of an ICT recording platform.
- Assurances provided that there had been no impact on operational capability at any time due to these issues outlined above.
- Due to the measures and improvements being made, the risk had been de-escalated and transferred to the Operations functional risk register.

10.2.2 The Committee noted and welcomed the de-escalation of the risk and commended the efforts of all those involved in progressing this area of work.

10.2.3 **The Committee noted the risk spotlight briefing note and verbal update.**

(R Hall left the meeting at 1200 hrs)

11 OPERATIONS STRATEGY

11.1 SS introduced DF to the Committee, who presented the Operations Strategy update, highlighted with the following key areas:

- Restructure and rebranding of the previous Response and Resilience Directorate into the Operations function to create the capacity for future needs ie operations strategy, document conversion project, national framework resilience assets.
- Operations Strategy Framework articulates the methodology to the wider Service to raise awareness of what, why and how changes are going to be achieved.
- Operational Strategy aligns with other areas of the Service ie finance, asset management, future concepts of technology and firefighting. Reducing the previous reactionary working practices with future short, medium and long-term planning.
- Strategy has been developed with the assistance of colleagues from all areas of the Service.
- Seven themes within the Operational Strategy.
- Operational Strategy to contain concepts of operations. This would form the focus of operations work and include long term planning and horizon scanning to inform research and development, procurement, technology, etc.
- Six concepts of operations themes include Capabilities, High Reach, Appliance and Equipment, etc.
- Concept of Operations Leads have been appointed and key stakeholders identified.
- Concept of Operations were being developed and consultation with internal stakeholders would take place during Quarter 4, in order to implement the new Operations Strategy on 1 April 2022.

11.2 The Committee welcomed the update and the different approach being adopted ie concept of operations and the alignment to the Service's strategy and future vision.

11.3 The Committee commented on the importance of clear understandable messaging to highlight what the Service was trying to achieve and what the outcomes would be. DF noted that the adoption of this different approach had been well received across the Service and over 200 volunteers have stepped forward to offer their assistance.

11.4 The Committee noted the Service's growing self-confidence and future ambitions. One of the Service's core values was Innovation and it was suggested that this was not featured as prominently as it could be within the framework.

11.5 **The Committee thanked D Farries for his informative presentation.**

(D Farries left the meeting at 1215 hrs and C Wade joined the meeting at 1215 hrs)

12 **SFRS COMPLAINTS HANDLING PROCEDURE UPDATE AND ANNUAL STATISTICS**

12.1 MW presented a report to the Committee to provide an update on the Complaints process as outlined in the Scottish Public Services Ombudsman (SPSO) Model Complaints Handling Procedure (MCHP) and provide the annual statistics for 2020/21. The following key points were highlighted:

- Revised Complaints Handling Policy as directed by the SPSO, who are encouraging more local/frontline resolution, introducing KPIs (still to be finalised) and evidencing organisational learning from complaints.
- Worked closely with SPSO throughout the development process.
- Intention to create task cards (key points) and develop training for all stages/users to improve understanding and awareness.
- Overall low numbers of complaints received.
- Data Services to assist with the data collation and analysis.
- Quarterly stats to be published on the website and an annual report would be produced for the SPSO.

12.2 The Committee welcomed the revised policy noting the thoroughness of the full procedure. CW noted that the documentation was in line with the SPSO model scheme, however, the website would feature a more concise and accessible version as well as the full procedure.

12.3 The Committee commented on the importance of learning from complaints and integrating any learning and improvements into the Service. MW noted that this was an area currently being developed. MW reminded the Committee that a large percentage of complaints were resolved internally and related to individuals which presented challenges in reporting this information due to the overall low number of complaints received.

12.4 **The Committee noted the report.**

(MW and CW left the meeting at 1235 hrs)

13 **FORWARD PLANNING**

13.1 **Committee Forward Plan**

13.1.1 The Committee noted the forward plan and confirmed no additional items.

13.1.2 The Committee commented on the potential for HMFSI Action Plan Closing Reports to be brought forward, progress update on Clinical Governance and further consideration of benchmarking to be discussed and incorporated into future reports.

13.2 **Items for Consideration at Future IGF, Board and Strategy/Information and Development Day Meetings**

13.2.1 There were no items for consideration.

14 **REVIEW OF ACTIONS**

14.1 AC confirmed that there were 4 formal actions recorded during the meeting.

15 **DATE OF NEXT MEETING**

15.1 The next meeting is scheduled to take place on Wednesday 24 November 2021.

15.2 There being no further matters to discuss, the public meeting closed at 1240 hours.

PRIVATE SESSION

16 AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

16.1 RW presented a report to the Committee providing an analysis of the operational use of Automated External Defibrillators (AED) for scrutiny and information purposes.

16.2 **The Committee noted the report.**