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ABERDEEN
CITY COUNCIL

<u>To</u>: Councillor Jennifer Stewart, <u>Convener</u>; Councillor Lesley Dunbar, <u>Vice Convener</u>; and Councillors Cameron, Duncan, Greig, Houghton, McLellan, Townson and Wheeler.

Town House,
ABERDEEN, 26 June 2018.

PUBLIC PROTECTION COMMITTEE

The Members of the **PUBLIC PROTECTION COMMITTEE** are requested to meet in **Committee Room 2 - Town House** on <u>**WEDNESDAY, 4 JULY 2018 at 10.30 am**</u>.

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

<u>DETERMINATION OF URGENT BUSINESS</u>

1   <u>Urgent Business</u>

<u>DETERMINATION OF EXEMPT BUSINESS</u>

2   <u>Exempt Business</u>

<u>DECLARATIONS OF INTEREST</u>

3   <u>Members are requested to intimate any declarations of interest</u> (Pages 5 - 6)

<u>REQUESTS FOR DEPUTATION</u>

4   <u>Requests for Deputation</u>

MINUTE OF PREVIOUS MEETING

COMMITTEE PLANNER

NOTICES OF MOTION

REFERRALS FROM COUNCIL, COMMITTEES AND SUB COMMITTEES

POLICE AND FIRE AND RESCUE SERVICE

CHILD AND ADULT PROTECTION

PROTECTIVE SERVICES

EHRIA's related to reports on this agenda can be viewed at
[Equality and Human Rights Impact Assessments](#)

To access the Service Updates for this Committee please use the following link:
https://committees.aberdeencity.gov.uk/ecCatDisplayClassic.aspx?sch=doc&cat=13450&path=0

Website Address: www.aberdeencity.gov.uk

Should you require any further information about this agenda, please contact Iain Robertson, 01224 522869 or iairobertson@aberdeencity.gov.uk

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You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons ……………
For example, I know the applicant / I am a member of the Board of X / I am employed by… and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

I have considered whether I require to declare an interest in item (x) for the following reasons …………… however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

OR

I declare an interest in item (x) for the following reasons …………… however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is
- (a)   a devolved public body as defined in Schedule 3 to the Act;
- (b)   a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
- (c)   a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
- (d)   a body being a company:-
  i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
  ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

I declare an interest in item (x) for the following reasons……and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:
- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority…. and I will therefore withdraw from the meeting room during any discussion and voting on that item.

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PUBLIC PROTECTION COMMITTEE

ABERDEEN, 9 MAY 2018. Minute of Meeting of the PUBLIC PROTECTION COMMITTEE. <u>Present</u>:- Councillor Jennifer Stewart, <u>Convener</u>; Councillor Lesley Dunbar, <u>Vice-Convener</u>; and Councillors Cameron, Duncan, Greig, Houghton, McLellan, Townson and Wheeler.

The agenda and reports associated with this minute can be found here

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

CONVENER'S OPENING REMARKS

1. The Convener opened the meeting and welcomed members to the first meeting of the Public Protection Committee. She highlighted the importance of members, officers and the wider public and third sectors working collaboratively together to achieve the broadest sense of public protection for the people of Aberdeen. Thereafter she thanked the Vice Convener and officers for their ongoing support in the Committee's establishment and continued development.

The Committee resolved:-
To note the information provided.

DETERMINATION OF URGENT BUSINESS

2. There was no urgent business.

DETERMINATION OF EXEMPT BUSINESS

3. There was no exempt business.

DECLARATIONS OF INTEREST

4. No declarations of interest were intimated.

REQUESTS FOR DEPUTATION

5. There were no deputation requests.

COMMITTEE BUSINESS PLANNER

6. The Committee had before it the committee business planner as prepared by the Chief Officer Governance.

PUBLIC PROTECTION COMMITTEE
9 MAY 2018

The Committee resolved:-
To note the Committee Business Planner.

NOTICE OF MOTION

7.   There were no notices of motion.

REFERRALS FROM COUNCIL, COMMITTEES AND SUB-COMMITTEES

8.   There were no referrals from Council, Committees and Sub-Committees.

POLICE SCOTLAND THEMATIC REPORT- HUMAN TRAFFICKING – GOV/18/017

9.   The Committee had before it a report by Detective Superintendent Alex Dowall which informed the Committee about human trafficking in Aberdeen City.

The report recommended:-
That the Committee note the report.

Chief Superintendent Campbell Thomson advised the Committee that section 3.5.1 of the report referred to the Aberdeenshire Council area and asked Detective Inspector Alan Armit to provide clarity on the Aberdeen City context in relation to human trafficking, which was given verbally.

The Committee resolved:-
(i)   to request that an update be circulated to members on Police Scotland's approach towards the Duty to Notify;
(ii)   to ask members to contact the Clerk if they had any suggestions for future thematic reports; and
(iii)   otherwise note the report.

SCOTTISH FIRE AND RESCUE SERVICE SIX MONTHLY PERFORMANCE REPORT – GOV/18/018

10.   The Committee had before it a report by the Scottish Fire and Rescue Service which presented the local performance report to provide assurance on progress against local priorities, outcomes and actions as set out in the Aberdeen City Local Fire and Rescue Plan.

The report recommended:-
That the Committee note the report.

The Committee resolved:-
To note the report.

PUBLIC PROTECTION COMMITTEE INTRODUCTORY REPORT – GOV/18/015

11. The Committee had before it a report by the Chief Operating Officer which provided an introduction to the services delivered by Aberdeen City Council that are designed to protect the public, and the assurance regimes and arrangements in place for these services to ensure that the Council is meeting its statutory duties in terms of public protection.

The report recommended:-
That the Committee note the report.

The Convener proposed that the Chief Executive liaise with organisers of the Great Get Together with a view to arranging Aberdeen City Council's participation in this year's event in support of Jo Cox's message that "we have more in common than that which divides us". The Committee unanimously endorsed the Convener's proposal.

The Committee resolved:-
(i)   to note the report;
(ii)   to request that an update report on Adult Protection referrals, as outlined in para 3.2.9.1 be presented to Committee on 10 October 2018;
(iii) to note that the Great Get Together was set up in 2016 after Jo Cox's death and that it will be held again this year from 22-24 June, to coincide with Jo's birthday;
(iv)   to note that the organisers hope to build on last year's success, which saw thousands of events across the UK, and to extend the reach of the event in Scotland by involving as many cities, towns and communities as possible;
(v)   believes that Jo Cox's message that "we have more in common than that which divides us" has relevance today and demonstrates the spirit that politics and public service should embody; and
(vi)   to agree to participate in the Great Get Together 2018 and asks the Chief Executive to liaise with the organisers and with appropriate Conveners on proposals for the event.

CHILD AND ADULT PROTECTION

12. There was no business under this item.

SELF-ASSESSMENT RESILIENCE – GOV/18/016

13. The Committee had before it a report by the Chief Officer Governance which provided detail of a self-assessment process carried out during 2017 that was designed to give the organisation an understanding of its resilience preparedness.

The report recommended:-
That the Committee note the report.

The Committee resolved:-
(i)   to request that periodic performance reports on progress against resilience standards be presented to Committee; and
(ii)   otherwise note the report.

DUTY EMERGENCY RESPONSE CO-ORDINATORS (DERC) – GOV/18/04

14.   The Committee had before it a report by the Chief Officer Governance which provided members assurance that arrangements were in place to ensure that Aberdeen City Council have at all times, a Chief Officer on-call and available to co-ordinate the Council's response to any major incident or emergency.

The report recommended:-
That the Committee note the report.

The Committee resolved:-
To note the report.

ABERDEEN CITY COUNCIL PREVENT PEER REVIEW – CUS/18/009

15.   The Committee had before it a report by the Director of Customer Services which asked the Committee to note the findings of the recent Scottish Government Peer Review of compliance with statutory PREVENT duties.

The report recommended:-
That the Committee approve the recommendations made during the report.

The Committee resolved:-
(i)   to endorse the 18 recommendations made by the Scottish PREVENT peer review as outlined in para 3.14; and
(ii)   to request that a progress report be presented to the Committee's meeting on 10 October 2018.

PROTECTIVE SERVICES FOOD AND FEED REGULATORY SERVICE PLAN 2018-19 – OPE/18/016

16.   The Committee had before it a report by the Chief Operating Officer which presented the revised Food and Feed Regulatory Service Plan for approval and the review of the 2016-17 Protective Service Plan.

The report recommended:-
That the Committee:-

PUBLIC PROTECTION COMMITTEE
9 MAY 2018

(a)   Approve the maintenance and development of food and regulatory services necessary to satisfy the requirements of the Food Standards Agency's Framework Agreement;

(b)   Approve the Protective Services Food and Feed Regulatory Service Plan 2018-19; and

(c)   Note the review of the 2016-17 Protective Services Food and Feed Regulatory Service Plan.

The Committee resolved:-
To approve the recommendations.

PROTECTIVE SERVICES HEALTH AND SAFETY INTERVENTION PLAN 2018-19 – OPE/18/017

17.   The Committee had before it a report by the Chief Operating Officer which outlined the Protective Services proposals for delivering the occupational safety and health regulatory service for 2018-19.

The report recommended:-
That the Committee approve the Occupational Health and Safety Intervention Plan for 2018-19.

The Committee resolved:-
To approve the recommendation.

BUILDING CONTROL

18.   There was no business under this item.

EXEMPT/CONFIDENTIAL BUSINESS

19.   There was no business under this item.

DATE OF NEXT MEETING

20.   10:30am, 4 July 2018.
-     **COUNCILLOR JENNIFER STEWART, Convener**

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	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
1	**PUBLIC PROTECTION COMMITTEE BUSINESS PLANNER** Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.								The Business
3			**04 July 2018**						
4	Child Protection Committee Annual Report	To provide the Committee with information on the work of the multi-agency Child Protection Committee.		Kymme Fraser	Integrated Children's and Family Services	Operations	1.1, 1.2 and 1.3		
5	Police Scotland Performance Report (Full Year (April 2017 - March 2018))	To present the Police Scotland Annual Performance Report.		Campbell Thomson	Police Scotland	Police Scotland	5.6		
6	UKAS Annual Audit for Scientific Service	To update committee on the status of UKAS accreditation and the progress of recommendations of assessment of the Aberdeen Scientific Services Laboratory.		James Darroch	Operations and Protective Services	Operations	3.1		
7	Statutory Consultation - The Age of Criminal Responsibility (Scotland) Bill	To seek Committee approval of the Council's resposne to a statutory consultation.		Graeme Simpson	Integrated Children's and Family Services	Operations	1.1		
8	Statutory Consultation - Protection of Vulnerable Groups and the Disclosure of Information	To seek Committee approval of the Council's resposne to a statutory consultation.		Graeme Simpson	Integrated Children's and Family Services	Operations	1.3		
9	Statutory Consultation - Part 1 of the Children (Scotland) Act 1995	To seek Committee approval of the Council's resposne to a statutory consultation.		Graeme Simpson	Integrated Children's and Family Services	Operations	1.1		
10	Crematorium Management Compliance Report	Report every second committee to update members. Procedures and PI's update		Steven Shaw	Operations and Protective Services	Operations	3.1	T	This report falls within the remit of the Operational Delivery Committee.
11	Mortuary Compliance	To report on the level of compliance at the City Mortuary; the recommendations from the National Working Group on mortuary provisions in Scotland; and progress in finding a new solution to meet the council's statutory duty to deliver mortuary and post mortem facilities.		Aileen Brodie	Operations and Protective Services	Operations	3.1	D	A service update has been uploaded for information. A report will be presented to Committee for decision in due course when the working group has identified options for future delivery of mortuary services and options for funding.

	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
12	Update on National Child Protection Improvement Review	To provide an update on the National Child Protection Improvement Review .		Bernadette Oxley	Integrated Children's and Family Services	Operations	1.1 and 1.2	D	Delayed until the October cycle to allow feedback on the National Child Protection leadership events which are due to conclude in May/June 2018
13			10 October 2018						
14	Police Scotland Thematic Report (to be confirmed)	The content of any Thematic Reports would be guided by Members following consultation with Ch. Supt. Thomson.		Campbell Thomson	Police Scotland	Police Scotland	5.7		
15	Scottish Fire and Rescue Service Thematic Report	The content of any Thematic Reports would be guided by Members following consultation with the SFRS LSO.		Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	1.1.2		
16	Building Standards Report	To provide an overview of Council repsonsibilities in relation to securing dangerous buildings and protecting public safety, as well as activity on unauthorised building work and unauthorised occupation of buildings		Gordon Spence	Strategic Place Planning	Place	4.1, 4.2, 4.3		
17	Development of Models for Civic Leadership and Engagement	To consider models for Civic Leadership and Engagement		Derek McGowan	Early Intervention and Community Empowerment	Customer		R	Following the decision at Full Council on 5 March 2018 to 'endorse the values and principles of civic leadership and engagement as set out in Appendix L' there was not a further requirement to report to Committee. This has therefore been removed from the planner. Any future proposals regarding civic leadership and engagement will be presented to the appropriate committee for consideration
18	Chief Social Work Officer's Report	To present the Chief Social Work Officer annual report.		Bernadette Oxley	Integrated Children's and Family Services	Operations	1.4		
19	PREVENT Progress Report	To provide an update on progress made against the Prevent Peer Review's 18 recommendations		Alana Nabulsi	Early Interventions and Community Empowerment	Customer	2.1		
20	Adult Protection Referrals	To present the Committee with information on the number of adult protection referrals		Claire Duncan	Adult Social Care	Health and Social Care Partnership	1.1		
21	Self-Assessment Resilience Standards Performance Report	To present information on progress against Resilience Standards		David McIntosh	Governance	Governance	2.5		

	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
			A						
			B		C	D	E	F	G	H	I
22	Grampian Joint Health Protection Plan	To seek approval of the Grampian Joint Health Protection Plan.		Hazel Stevenson	Early Interventions and Community Empowerment	Customer	3.3		
23			**05 December 2018**						
24	Findings from National Significant Case Reviews (child protection)	To present the findings from the National Significant Case Reviews (child protection).		Bernadette Oxley	Integrated Children's and Family Services	Operations	1.1.2		
25	Scottish Fire and Rescue Service Six Monthly Performance Report	To present the six monthly performance report from the Scottish Fire and Rescue Service.		Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.6		
26			**20 February 2019**						
27									
28			**24 April 2019**						
29	Annual Committee Effectiveness Report	To present the annual effectiveness report for the Committee.	May-19		Governance	Governance	GD 7.4		
30	Police Scotland Thematic Report (to be confirmed)	The content of any Thematic Reports would be guided by Members following consultation with Ch. Supt. Thomson.	Mar-19	Campbell Thomson	Police Scotland	Police Scotland	5.7		
31			**May 2019 Onwards**						
32	Police Scotland Performance Report Full Year (April 2018 - March 2019)	To present the annual performance report from Police Scotland.	June/July 2019	Campbell Thomson	Police Scotland	Police Scotland	5.6		

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	4 July 2018
REPORT TITLE	Police Scotland Annual Performance Report
REPORT NUMBER	GOV/18/036
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Iain Robertson (Cover Report), Campbell Thomson (Appendix A)
TERMS OF REFERENCE	5.7

1. PURPOSE OF REPORT

1.1 To present the Police Scotland Annual Performance Report - April 2017- March 18 for Committee scrutiny.

2. RECOMMENDATION

2.1 That the Committee review, discuss and comment on the report.

3. BACKGROUND

3.1 The report, attached as **Appendix A** provides a detailed account of Police Performance in Aberdeen City in support of agreed priorities, both local and national for April 2017 - March 2018.

3.2 Much of the content of the report reflects on the collaborative methods which Police Scotland now deploy across the City. The report demonstrates how communities can benefit when Community Planning Partners work within both the Local Outcome Improvement Plan and Locality Plans.

3.3 The report covers a wide range of police activity including corporate governance; detection rates; response times; and audit methodology. The report provides year on year comparisons to allow the Committee to evaluate trends in performance.

4. FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.   LEGAL IMPLICATIONS

5.1   There are no legal implications arising from this report.

6.   MANAGEMENT OF RISK

N/A

7.   OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous People	Police Scotland are key partners within Community Planning Aberdeen and help contribute towards the achievement of LOIP themes which aim to make people more resilient and protect them from harm.
Prosperous Place	Police Scotland are key partners within Community Planning Aberdeen and help contribute towards the achievement of LOIP themes which aim to support the development of sustainable communities.

Design Principles of Target Operating Model	
	Impact of Report
Governance	The Council has an oversight role of the North East Division of Police Scotland in terms of its performance and delivery of the Local Police Plan.
Partnerships and Alliances	The Council and Police Scotland are Community Planning Aberdeen partners with a shared commitment to deliver the LOIP.

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	N/A
Privacy Impact Assessment	N/A

Duty of Due Regard / Fairer Scotland Duty	Not required.

9.   BACKGROUND PAPERS

N/A

10.   APPENDICES

Appendix A – Police Scotland Annual Performance Report (April 2017- March 2018).

11.   REPORT AUTHOR CONTACT DETAILS

For Cover Report

Iain Robertson
Committee Services Officer
Iairobertson@aberdeencity.gov.uk
01224 522869

For Appendix A

Chief Superintendent Campbell Thomson
North East Division, Police Scotland
NorthEastLocalPoliceCommander@scotland.pnn.police.uk

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Public Protection Committee

North East Division
Aberdeen City

April 2017 – March 2018

Contents

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- Staffing
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- Acquisitive Crime
- Road Safety and Road Crime
- Protecting People at Risk of Harm
- Serious Organised Crime
- Counter Terrorism and Domestic Extremism
- Miscellaneous

2.

Introduction

I present the Public Protection Committee Report on behalf of Police Scotland, North East Division. This report provides a detailed account of Police Performance in Aberdeen City in support of agreed priorities, both local and national, for April 2017 - March 2018.

It is pleasing to yet again report significant decreases in crime and continued improvement in detection rates overall.

The further reduction in Violent Crime and continued strong detection rates gives me some assurance that we continue in a positive direction and this is further enhanced by the sizeable reductions in Acquisitive Crime and associated Vehicle Thefts which have provided considerable challenge in previous years.

It is pleasing to note again that our roads are safer and we see a further reduction in the number of persons killed or seriously injured on City roads. The targeting of criminals using our roads has been equally positive, as reflected within the report.

We have also significantly increased our proactivity to target Serious Organised Criminals and will continue to do so with the support of partners and indeed most importantly the Public.

Much of the content of the report reflects on the collaborative methods which we are now deploying across the City. Through the returns, we continue to see the real benefits for our Communities in working within both the Local Outcome Improvement Plan and Locality Plans, valuing our part within the Community Planning Partnership.

Although a positive report, we will never become complacent and always strive to improve as we face new challenges. That said, I would like to acknowledge the work of Chief Inspectors Martin Mackay and Kevin Wallace and their teams in the City, while recognising the support from our internal and external partners and indeed our Communities who collectively have been responsible for the positive results reported herein.

Regards

Campbell Thomson
Chief Superintendent
North East Division
Police Scotland

3.

Staffing

	Authorised Establishment	March 2018	Difference
Police Officers[1]	1115 FTE	1104.77 FTE	-10.23 FTE
	March 2017	March 2018	Difference
Police Staff[1]	123.72 FTE	118.15 FTE	-5.57 FTE

[1] North East Division (Aberdeen City, Aberdeenshire and Moray) Full Time Equivalent (FTE)

The North East has seen a fluctuation in Authorised officer establishment over the year with a series of recruitments addressing previous short falls and the ongoing impact of those leaving the organisation through retirement.   We remain in a positive position when compared to previous years and are at this reporting point, slightly below our authorised establishment.

We currently have **109** Probationary Constables within Aberdeen City.

The Police Scotland recruitment model is now operating quarterly recruitment processes and this continues to see Officers committed to the North East to support any reduction, with **13** Officers arriving in the North East (**8** within Aberdeen City) in June 2018 to address the above detailed shortfall.

Additionally in June 2018 another **29** Officers will start their policing career at the Scottish Police College, with anticipated arrival on our streets of the North East in September 2018.

Complaints About the Police

Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 2017
Overall Satisfaction of How Police Dealt With Your incident [2]	N/A	82.4%	85.2%		-2.8%
Complaints Received About The Police	N/A	270	283	-13.0	-4.6%
Number of Complaints Per 10,000 Police Incidents	N/A	34.3	34.6	-0.3	-0.1%
On Duty Allegations Raised	N/A	346	351	-5.0	-1.4%
Off Duty Allegations Raised	N/A	6	2	+4.0	+200.0%
Quality of Service Allegations	N/A	65	129	-64.0	-49.6%
Total Allegations	N/A	417	482	-65.0	-13.9%

[2] North East Division (Aberdeen City, Aberdeenshire and Moray)

On the whole the public satisfaction levels across the North East remain high and is an area which is closely monitored and managed. The weekly and monthly survey of our customers allows us to capture learning, identify areas for improvement and share this across the organisation to further enhance our performance and meet the expectations of the Public.

We have seen a slight reduction in the overall satisfaction in respect of how we dealt with incidents, which have dropped by **2.8%** and this continues to be the focus of our attention, as above, seeking to minimise such incidences.

We have seen a small reduction in the total number of complaints when compared to last year, a fall of 13 to 270, though these in context amount to 34.3 complaints per 10,000 incidents dealt with, or present from 0.3% of all incidents.

Our dedicated Service Delivery team ensure that every Complaint or Allegation is fully investigated, making use of the support and assistance of the National Professional Standards Department where appropriate.

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Antisocial Behaviour, Violence and Disorder

Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 5 Year Av.
Group 1 Crimes - Recorded [3]		377	398		
Group 1 Crimes - Detection Rate		87.3%	79.9%		
Serious Assault - Recorded [4]		193	224		
Serious Assault - Detection Rate		93.8%	86.2%		
Common Assault - Recorded	3,523.4	2,973	3,182	-550.4	-15.6%
Common Assault - Detection Rate	71.2%	67.1%	71.7%		-4.1%
Robbery - Recorded	103.6	108	115	+4.4	+4.2%
Robbery - Detection Rate	68.7%	83.3%	73.0%		+14.6%
Vandalism - Recorded	2,437.6	1,995	2,081	-442.6	-18.2%
Vandalism - Detection Rate	27.5%	22.5%	25.8%		-5.0%
Fire Raising - Recorded	156.4	101	114	-55.4	-35.4%
Public Reports of Street Drinking	186.4	72	87	-114.4	-61.4%
Drunkenness and Disorderly Conduct	466.6	167	228	-299.6	-64.2%
Racially Aggravated Harassment / Conduct	135.4	89	93	-46.6	-34.3%
Racially Aggravated Harassment / Conduct - Detection Rate	88.8%	93.3%	84.9%		+4.5%
Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 2017
Hate Crime - Recorded	N/A	259	230	+29.0	+12.6%
Hate Crime - Detection Rate	N/A	71.0%	59.6%		+11.4%

[3] **Crimes of Violence include Murder, Attempted Murder, Culpable Homicide, Cruelty, Neglect and Un-natural Treatment of Chil**dren and Adults, Abduction, Robbery, Assault with intent to Rob, Serious Assault, and Threats and extortion.

[4] April 2016 - implementation of broader definition of what constitutes a Serious Assault.

Violence

Group 1 Crime is a term used to encapsulate all forms of serious non-sexual Violent Crime and includes an entire spectrum of crimes and offences including Murder and Attempts, Threats, Serious Assault and Robbery. The total number of these crimes and offences has dropped from **398** in 2016/17 to **377** in 2017/18. A downward trend in overall Violence has continued during this reporting period, whilst our

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detection rate has increased by **7.6%** with an increased use of forensic and CCTV capture providing us with investigative opportunities. These crimes are always investigated by experienced investigators within CID and the Divisional Alcohol and Violence Reduction Unit and a number of positive changes to our structure and supervisory cover has ensured that these crimes are prioritised resulting in quicker detections, more effective and timeous investigation and preventing further offending.

When other areas of Violence are considered, it is clear that this downward trend continues with **31** fewer victims of Serious Assault during 2017/18 and a further increase in detection rates to **93.8%.** It is not possible to give a wider perception of trend, given previously reported changes to the definition of Serious Assault do not allow an effective 5 Year evaluation, however the decrease is significant and allows us for the first time to establish and build upon a new baseline. As reported in previous reports there is very often a fine line between Assault and Serious Assault, regularly falling to the form of medical treatment provided and the opinion of a clinician.

When Assaults are assessed, this downward trend continues with over **550** less victims this year, albeit the detection rate has dropped slightly. This drop appears to be attributable to a drop in 'street' offences where again witnesses and CCTV provide significant evidential opportunities and the remaining offences are generally occurring in a 'domestic' setting where the enquiry is potentially more challenging.

Whilst there is still a strong demand placed on Police resources over weekends in terms of overall vulnerability, there is a noticeable drop in offences at or near licensed premises. The positive work with the licensed trade through the City Centre Partnership and the awarding of the Purple Flag for the 5th successive year are indicators of strong partnership arrangements and cohesive working arrangements which are effectively tackling Violence across the City.

Robbery has seen a slight drop between 2017/18 and the previous year albeit the figures are still slightly higher than the 5 Year Average. An assessment of this crime type reveals that very often these are crimes which occur between people who are known to each other, who are known to us in a criminal context and relate to disputes over property, illicit commodity or debt. These investigations are robustly managed by the CID, with senior management oversight and North East Division exploit every investigative opportunity to disrupt whatever criminal activity is the cause of this crime and ultimately detect the offence. The detection rate for Robberies is extremely strong at **83.3%** with only a small number of these crimes remaining undetected.

Antisocial Behaviour

Antisocial Behaviour continues to show a significant downward trend with decreases across all areas including Vandalism **18.2%,** Fire-Raising **35.4%** and Street Drinking **61.4%**. The work undertaken by the Community Safety Hub and their partners to challenge, disrupt and identify Antisocial Behaviour at an early stage has been invaluable in allowing us to target partnership activity and Police resources more effectively. The gradual increase in new purpose built school buildings with the integrated CCTV and crime prevention measures has undoubtedly contributed to the decrease in Vandalism to these premises which were frequently the target of this form of crime.

A number of proactive operations have taken place during the course of 2017/18 in order to target Antisocial Behaviour with Street Sport activity in a number of areas designed to provide meaningful diversionary work across some of our Antisocial Behaviour hotspots. The analytical work of the Community Safety Hub has allowed more effective information sharing between the Council and their partners and Antisocial Behaviour interventions have been successful in challenging and curtailing

Antisocial Behaviour across communities such as Torry (Operation Smallwood) and Northfield (Oldtown Place Engagement Project).

Hate Crime

Hate Crime includes any crime where the motive is assessed by any individual as being motivated by prejudice. This crime type has been subject to a procedural review and shows an increase of **12%** during the reporting period however the majority of which relate to disturbances where ill-informed and offensive comments have been made towards door staff or professionals as well as Police Officers and other Public Sector workers resulting in the recording of a Hate Crime. Very often these form part of wider disturbances or other criminal activity. Crimes motivated by religious prejudice are very rare and despite the UK being subject to an increase in terrorist attacks during this period, there was no increase in this form of crime.

Acquisitive Crime

Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 5 Year Av.
Crimes of Dishonesty - Recorded	7,985.2	6,013	7,378	-1,972.2	-24.7%
Crimes of Dishonesty - Detection Rate	38.8%	46.0%	42.2%		+7.2%
Housebreakings - Recorded	1,025.4	728	1,055	-297.4	-29.0%
Motor Vehicle Crime - Recorded [5]	1,266.6	684	979	-582.6	-46.0%
Motor Vehicle Crime - Detection Rate	21.4%	29.7%	24.8%		+8.3%
Theft of Motor Vehicle - Recorded	400.6	251	335	-149.6	-37.3%
Common Theft - Recorded	2,159.4	1,487	1,735	-672.4	-31.1%
Common Theft - Detection Rate	25.2%	31.9%	27.2%		+6.7%
Theft by Shoplifting - Recorded	1,971.2	1,990	2,209	+18.8	+1.0%
Theft by Shoplifting - Detection Rate	74.9%	73.0%	72.9%		-1.9%

[5] Theft from secure motor vehicle; Theft from insecure motor vehicle; Theft of a motor vehicle; Attempted Theft of a Motor Vehicle.

Acquisitive Crime covers all crime where property is stolen and includes all forms of Housebreaking (including sheds, garages and commercial premises), Theft, Shoplifting and Theft of and from Motor Vehicles. This crime type has shown a significant drop during the last year with a drop of **24.7%** against the 5 Year Average. As with Violence, whilst the number of crimes has dropped it is reassuring to note that our detection rates have increased with a strong focus locally on preventing crime in the first instance and where it is has occurred making every effort to detect it.

The number of Housebreakings reported during 2017/18 has dropped from a 5 Year Average of **1025** to **728**, a drop of **29%** with an overall increase in our detection rate to **26%**. It is particularly heartening to note that the detection rate for Domestic Housebreaking has increased significantly through effective targeting, intelligence gathering and investigative work to **40.5%**. Detection rates of this level are unprecedented and are paying dividends as we continue to target those who commit Acquisitive Crime and work with our partners towards this local priority.

Theft by housebreaking (including attempts) - Detection Rates	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	% Change 2018 v 5 Year Av.
Overall	20.9%	26.1%	24.5%	+5.2%
Dwelling House	23.2%	40.5%	23.4%	+17.3%
Non-Dwelling (e.g. Sheds)	15.8%	15.2%	25.3%	-0.6%
Other Premises (e.g. Commercial)	28.2%	34.1%	24.6%	+5.9%

Housebreaking refers to a variety of buildings including sheds, garages, shops as well as dwelling houses.

9.

During 2017/18, **251** motor vehicles including motorcycles were stolen across Aberdeen City down **37.5%** from last year and **159** vehicles less than the 5 Year Average. The vast majority of cars are subsequently recovered by Police and are generally opportunistic crimes linked to insecure vehicles or houses however thefts of motorcycles tend to be more targeted and stolen for longer term Antisocial Behaviour or further criminality. The multi-agency Operation Trinity has previously targeted this behaviour and was run again during the summer of 2017 targeting Antisocial Behaviour and recovering stolen motorcycles. The success of the Antisocial Behaviour element of Operation Trinity has for 2018 seen it rebranded Operation Armour and now also targets the theft and reset of motorcycles.

Theft by Shoplifting has dropped across the City with an **18.8%** decrease in recorded crime of this type with a total of **1,990** incidents recorded across the City and **73%** of these crimes being detected. Previously we have reported that there is nothing to indicate an Organised Crime element or influence to the crime type however during this period there have been indications of organised Shoplifting teams from other areas of the United Kingdom targeting retailers in Aberdeen City. This is likely to be displacement activity from other areas and we will continue to adopt a robust approach together with national campaigns to make Aberdeen a hostile environment for this type of crime.

We have recently introduced a new problem solving team where four Officers based on bicycles are now located within the City Centre Community Policing Team. They have responsibility for developing existing relationships with retailers and shopping centres and this approach is already paying dividends in terms of targeting repeat offenders, specific areas and reducing demand for stolen property through licensed premises checks.

10.

Road Safety and Road Crime

Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 2017
People Killed/Seriously Injured	N/A	**37**	**53**	**16.0**	**-30.2%**
Children Killed/Seriously Injured	N/A	**2**	**8**	**6.0**	**-75.0%**
People Killed	N/A	**2**	**2**	**0.0**	**0.0%**
Children Killed [6]	N/A	**0**	**0**	**0.0**	**0.0%**
Advice/Education Given to Motorists[7]	N/A	**20,483**	**24,509**	**-4,026.0**	**-16.4%**
Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 5 Year Av.
Mobile Phone Offences	**698.7**	**184**	378	**-514.7**	**-73.7%**
Speeding Offences	**1,598.8**	**1,262**	1,273	**-336.8**	**-21.1%**
Drink/ Drug Driving Offences	**313.0**	**268**	280	**-45.0**	**-14.4%**
Dangerous Driving	**82.6**	**89**	74	**+6.4**	**+7.7%**
Disqualified Driving	**90.8**	**119**	104	**+28.2**	**+31.1%**
Detected Offences Relating to Motor Vehicles	**8,548.6**	**5,850**	6,829	**-2,698.6**	**-31.6%**
Parking Fixed Penalties Issued[9]	**2,362.8**	**1,250**	832	**-1,112.8**	**-47.1%**

[6] Child is under 16 years of age.

[7] North East Division (Aberdeen City, Aberdeenshire and Moray) figures by Road Policing Officers.

[8] North East Division (Aberdeen City, Aberdeenshire and Moray).

[9] North East Division (Aberdeen City, Aberdeenshire and Moray).

Road Safety is regarded as a priority for a wide range of partners across the North East, which is also reflected in public opinion, and indeed our North East Division Your View Counts Quarter 4 public survey, which placed Road Safety as the Public's number one concern in the North East. This area sees a considerable amount of collaborative working, which is evidenced through the Grampian wide North East Scotland Road Casualty Reduction Strategy and Representative Group. The work of this widely representative group is seeing positive returns, with the number of people killed or seriously injured within the City reducing by **30.2%,** from **53** last year to **37**, while the figure for children has dropped by **75%** to **2**.

As we know however the tragic consequences and impact of even one fatality is one too many and we must continue to work in partnership to reduce this even further.

Divisionally, the work stream is reflected through Operation CEDAR (Challenge, Educate, Detect and Reduce), the strategic approach which addresses not only the Road Safety, but the Road Crime aspect.

The latter focusing on criminals and their access to the road network of the North East. Restricting their access and denying an ability to use vehicles to further their illegal activities, positively impacts on the safety and security of our communities, the reduction in Vehicle Crime reflected in the Acquisitive Crime section.

Operationally our local community Officers are supported by a range of specialist staff, including Divisional Road Policing Officers with specific responsibility for Aberdeen City and a trunk Road Policing team, who further target this area, focusing on the arterial trunk roads which run through the City. These Road Policing Officers are able to evidence their contact with members of the Public where advice or education has been delivered (across the North East), which over this year has involved **20,483** drivers. While this is a reduction of **16.4%** on the previous year, this is a sizable section of the motoring public of the North East, who invariably enjoy a positive experience, with preventative advice and learning; the full value of which perhaps cannot be fully measured.

The deployment of Divisional and Specialist staff over the year has very much been driven by our analytical products and the input from our communities. Statistical analysis indicates our most common collision routes, which are the focus of Road Policing patrols and a randomised scheduled enforcement model which ensures our presence cannot be predicted or anticipated, encouraging drivers to take a considerate approach at all times. This work also sees targeted Operations and national focus at periods of increased risk, with work this year including festive / summer drink driving, winter roads, commercial goods and passenger vehicles and vulnerable road users.

Community input has allowed us to focus on local issues and this year project work with schools, and community groups, including a Locality Partnership Charter in Tillydrone have sought to achieve long term improvements and learning through working directly with communities, pupils, parents and local drivers challenging attitudes and changing practices. Further speed checks and road checks have been used to good effect to raise awareness and tackle road safety issues and the criminal use of our roads, with targeted presence where required. Operations have been used to ensure the safety of the City Taxis, address commuter behaviours and address Health and Safety concerns, including the commercial use of the Torry harbour areas, which have all seen benefits.

The deployment of staff to focus on the antisocial use of motorcycles across the City has again this year seen benefit. In its tenth year, the Operation Trinity (Operation Armour) model which focuses on Disruption, Detection and Diversion, has constantly evolved to meet the evolving challenges, this past year linking with Aberdeen City Council around the AMPED (Aberdeen Motorcycle Project for Educational Development) Project, achieving local diversion of young people. Over the summer of 2017, their focused activity again reduced the number of calls relating to Antisocial Behaviour use of motorbikes within the City by **66%**.

Depriving criminals of access to our roads and preventing them driving illegally has been promoted over the year, which is reflected in the acquisive section of the report. We have also seen a determined effort across Divisional and specialist resources, with known offenders and those involved in Acquisitive Crime and the transportation and distribution of drugs, being taken into custody with drugs and property recovered. The targeting of these groups and indeed the work of Operation Trinity/Armour, goes some way to explaining the rise in the reported incidences of Disqualified Drivers and Dangerous Driving on our roads, both annually and on the 5 Year Averages (**31.1%** and **7.7%** respectively), while more widely the levels of offending is reducing. Through the appropriate use of specialist resources we will continue to target these groups of road users.

Protecting People at Risk of Harm

Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 5 Year Av
Group 2 Crimes - Recorded[10]	546.4	623	700	+76.6	+14.0%
Group 2 Crimes - Detection Rate	66.0%	59.4%	65.1%		-6.6%
Rape - Recorded	80.8	77	84	-3.8	-4.7%
Rape - Detection Rate	63.4%	46.8%	64.3%		-16.6%
Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 2017
Domestic Abuse Incidents Reported	N/A	2,757	2,513	+244.0	+9.7%
Domestic Abuse Crimes - Detection Rate	N/A	67.2%	71.4%		-4.2%

[10] Group 2 Crimes of Indecency include Rape, Assault with intent to Rape, Indecent Assault, Sexual Assault, Prostitution related crime and others with an indecent element.

This year the number of Group 2 Crimes (those with a sexual element) recorded has dropped by **76.6** over the previous year, which can be considered as a positive. Work in this area would be reflective of the long running period of confidence building within the Public which has seen an increased willingness in the reporting of such crimes over recent years; though the most recent reduction breaks that pattern.

A similar pattern has been seen through the reporting and recording or Rape, where close partnership working and working with vulnerable groups has seen an increased willingness to engage and report offences. Officers from the Public Protection Unit have been engaging with victims at Rape Crisis, who may have been reluctant to report crimes. These Officers provide re-assurance to victims that they will be listened to and crimes will be thoroughly investigated. This year recorded incidents of Rape have, like Group 2 Crimes, seen a reduction from **84** to **77**.

Annual and indeed monthly crime reporting figures in relation to Group 2 Crime can be irregular and therefore challenging to predict, which is seen in the Group 2 Detection Rate which has seen a small reduction of **5.7%** and the Rape detection figures which can be impacted by the period of review and extended enquiry timescales. The reporting of these offences are often outwith the generally accepted 'forensic window' (non-recent). This trend presents investigative challenges given a significant line of potential evidence is absent. That being the case, every investigation is carefully considered within the Public Protection Unit with all Rape investigations being led by an experienced Senior Investigating Officer and tightly managed to ensure all other potential lines of enquiry are exhausted with a view to securing a positive conclusion.

In respect of prevention initiatives, the 'Ask For Angela' campaign has been running successfully in Aberdeen and is likely to roll out across the North East. This campaign promotes the premise that if an individual goes to the bar and asks for 'Angela' the bar staff will know they need some help getting out of their situation and will call them a taxi or assist them discreetly – with a minimum of fuss.

This has provided training for staff in licenced premises to support any member of the Public using their premises, who feels uncomfortable with the actions of any persons towards them. It is anticipated that this will prevent any Sexual Crime being instigated once the person leaves the licenced premises. North East Division is also working in partnership with the 'Stop It Now' charity to raise public awareness and encourage potential offenders to engage with the charity for help.

Domestic offending continues to be a priority for both Operational and specialist staff, where the long term building of confidence in vulnerable victims is still an important part of dealing with not only an obvious domestic incident, but the more obscure and potentially indirectly associated incidents. This does increase the numbers of reported Domestic Incidents as does our preventative use of proactive offender checks and victim support visits, allowing us to intervene at an earlier point, with victims at the heart of our considerations.

The importance of this issue has seen it introduced through the Seaton, Tillydrone and Woodside Locality Partnership, through an Improvement charter which the Local Community Policing Inspector has led on. This has seen the creation of a subgroup and partnership approach to tackle the issue on a number of fronts, specific to the regeneration area. The remaining two Locality Partnerships are also showing an interest in taking this work into their own communities, essentially tackling some previously hard to reach communities.

Work is ongoing with partners to create practitioner guidance for Domestic Abuse and Child Protection in Aberdeen and Aberdeenshire, to ensure risks to children exposed to domestic violence are recognised and managed appropriately. This is being led by the Child Protection Committees with input from partners who attend the Aberdeen Violence Against Women Partnership.

We continue to invest in our own staff to enhance our service within this area, with the delivery of training following the Scottish Government passing the Domestic Abuse Bill on 1 February 2018 which introduces psychological abuse, such as coercive and controlling behaviour, as a criminal act. Expected to be enacted in June, this will again enhance the support and protection which can be afforded to victims of Domestic Abuse.

North East Division are working in partnership with the Barnardo's charity where a Child Sexual Exploitation Advisor is embedded with Police to identify any child or young person at risk of, or has been the victim of, sexual abuse/exploitation. The Child Sexual Exploitation Advisor is also providing inputs to schools and Children's Homes about the dangers of sexual abuse/exploitation and delivers prevention advice. This is in addition to the ongoing work of School Liaison and School Based Officers in providing inputs to Primary and Secondary School children on the dangers of online activity.

Serious Organised Crime

Indicator	5 Year Average	Apr 2017 - Mar 2018	Apr 2016 - Mar 2017	Difference	% Change 2018 v 5 Year Av
Proceeds of Crime Act Seizures[11]	£146,782.24	£398,245.03	£291,365.84	+£251,462.79	+171.3%
Drug Possession Offences	1,433.8	1,629	1,488	+195.2	+13.6%
Drug Supply Offences	230.0	240	179	+10.0	+4.3%
Drug Deaths[12]	34.4	66	53	+31.6	+91.7%

[11] A Division (Aberdeen City, Aberdeenshire and Moray) reported seizures (reported figures only, this may mean that the money might finally be returned to the defender, forfeit at court or seized and remitted to Crown office Procurator Fiscal Service).
[12] Figure provided by NHS Grampian and relates to Aberdeen City only.

Organised Crime Groups impact on our communities in a number of ways and we are committed to proactively targeting those who cause harm to these communities and prey on the vulnerable. The increases recorded in Drug Possession (**13.6%)** and Supply (**4.3%)** offences demonstrates the attention which is being given to this area, which remains a priority across all staff teams. The significant increase in the Proceeds of Crime Act seizure to over **£398,000** this year, which is **171.3%** higher than the 5 Year Average, reaffirms this position.

The successful targeting of groups involve not only the recovery of their proceeds, but the removal of harmful substances from our communities. To this end, the collation of information and intelligence is key and this is very much fed by the communities within which the harm is being caused. Creating the confidence to report suspicious activity to us is grounded on the belief and understanding that we will take action to deal with their concerns. Over the reporting period, we have executed **155** drug search warrants across the City, much of which have been raised from community intelligence.

The use of Heroin, Crack Cocaine, Cocaine and Cannabis remain the most prevalent drugs of choice within the City, which is reflected in the sizable seizures of these.

These drugs however are often combined with other prescribed or illegal drugs and alcohol, which in combination can lead to fatal consequences. This is reflected in the increase in Drugs Deaths across the City, which have risen to **66** deaths this year. There are no patterns at this stage, albeit they appear lifestyle related with many of the deaths relating to individuals who have been abusing Controlled Drugs for a number of years. Mixed-drug intoxication is the predominant cause of death.

The influence of Organised Crime Groups are reflected not simply through the supply of drugs within the communities, but through linked criminality. One such example relates to the Attempted Theft of an ATM from within the City and the Theft of a Vehicle by criminals from an English based Organised Crime Group.

The geographic location of Aberdeen within the North East and its key location within the heart of the local and national transport infrastructure has led to well-rehearsed operational activities in the area of the joint bus and rail station, the Airport and the arterial trunk roads approaching and passing through the City. This multi-divisional activity frequently deploys on an intelligence led response, successfully removing Controlled Drugs and money from their networks and disrupting their criminal activities, bringing respite to our communities.

The North East has a strong partner focused Serious Organised Crime Governance Group who meet on a regular basis, with National Agency representation along with City based Public, Private, and Local Authority representation. Over the year this has generated close working arrangements and agreements seeing Officers deploying with Trading Standards, Health & Safety Executive, Home Office Immigration Enforcement amongst others to carry out visits to workplaces and other locations across the City. This activity has seen products seized, properties being closed down, individuals checked out and on occasions persons identified regarding criminal, residency and deportation based enquiries.

Counter Terrorism and Domestic Extremism

During the reporting period the United Kingdom experienced two significant terrorist acts which resulted in the increase in the overall threat assessment from Severe (an attack is highly likely) to Critical (an attack is expected imminently) for a total of 8 days. This was unprecedented in recent times and resulted in additional resources being deployed to key sites and increased vigilance across law enforcement and partners. Preventative messaging, reassurance patrols and education have become day business around contact with crowded places, faith groups and iconic locations and are embedded into our local policing structures through Local CONTEST Liaison Officers (LCLO's) and Counter Terrorism Security Advisors (CTSAs) and the benefits of establishing and developing these relationships were effective whilst dealing with our local response to these national issues.

Aberdeen City continues to be a lead partner within the North East Division Pan-Grampian Multi-Agency CONTEST Group. This group drives the local CONTEST Action Plans which are supported by the existing Pan-Grampian partnership structures including Education, Emergency Services, Resilience and Third Sector Partners.

Working with colleagues in Borders Policing Command, LCLO's engage and support key personnel at the Harbour and Airport in the City to ensure they remain fully briefed on the Counter Terrorism picture, risks and prevention measures required at individual sites. A new group focusing upon the City Centre travel hub has been established to coordinate response and preventative measures at the rail and bus hub and the integrated shopping and entertainment venue at Union Square.

Exercise Border Reiver took place in Scotland during October 2017 which tested the Police response to a Counter Terrorist Incident. This was a three day event which challenged Police on dealing with a complex scenario and confirmed their ability to deal with such matters. A more locally directed table top exercise took place recently focusing upon the multi-agency response to a terrorists attack and was well received across partners and the business community.

17.

Miscellaneous

Stop and Search

Indicator	Apr 2017 - Mar 2018	Apr 2017 - Mar 2018 (positive)
Consensual	1	0
Legislative	1,960	658
Number of Consensual Stop and Searches Refused	1	N/A

Response Times

A Division Comparison - Response Times

Note 1 - Data extracted and provided by APU from STORM Unity on for A Division showing data from 00:00:00 on the first of each month until 23:59:59 on the last day of each month. Figures include all resourced incidents (except diary calls) including those which have been generated by police, e.g. pre-planned events such as firearms operations or spontaneous deployment to deal with ongoing crime.

Note 2 - Data extracted and provided by APU from STORM Unity on for A Division showing data from 00:00:00 on the first of each month until 23:59:59 on the last day of each month. Figures are based on resourced incidents where a call is received from the Public, incident raised and transferred to ACR, then a resource dispatched which subsequently arrives at scene. Linked incidents and diary calls are excluded. Any incidents not dispatched within the grade of service timescales that are left open/scheduled for a future date will be included in the average calculation.

Protect communities by monitoring the average length of time taken to attend at the scene of Emergency (Grade 1) classified incidents													
Grade 1 Incidents	**A Division**												
	Apr-17	**May-17**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**
Numbers based on all resourced incidents[1]:													
Monthly Number of Grade 1 Incidents	388	406	359	464	421	369	369	324	369	280	295	301	314
Monthly number of Calls achieving Grade of Service	339	363	324	426	389	352	348	302	351	260	278	284	292
% of Calls achieving Grade of Service	87.4%	89.4%	90.3%	91.8%	94.2%	95.4%	94.3%	93.2%	95.1%	92.9%	94.2%	94.4%	93.0%

19.

Grade 1 Incidents	A Division												
	Apr-17	**May-17**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**
Numbers based on responding to public[2]:													
Monthly Number of Grade 1 Incidents	382	399	344	455	410	355	355	317	366	272	288	295	309
Monthly Number of Calls achieving Grade of Service	336	356	309	417	379	340	336	295	349	253	271	279	287
% of Calls achieving Grade of Service	88.0%	89.2%	89.8%	91.6%	92.4%	95.8%	94.6%	93.1%	95.4%	93.0%	94.1%	94.6%	92.9%
Public response stage breakdown[2]:													
Incident Handling - Service Centre (monthly avg. time)	00:03:18	00:00:32	00:00:40	00:00:28	00:00:30	00:00:30	00:00:30	0:00:30	0:00:29	0:00:31	0:00:30	0:00:27	0:00:30
Incident Dispatch - Area Control Room (monthly avg. time)		00:02:28	00:02:00	00:02:03	00:01:48	00:02:06	00:02:42	0:01:53	0:01:46	0:02:19	0:01:54	0:01:56	0:01:58
Resource Deployment - Local Division (monthly avg. time)	00:13:48	00:13:48	00:13:52	00:12:44	00:12:24	00:16:38	00:13:14	0:12:33	0:13:04	0:12:36	0:12:55	0:11:40	0:12:10
Overall Response Time (monthly avg. time	00:17:07	00:17:13	00:17:02	00:15:43	00:15:11	00:19:34	00:16:41	0:15:18	0:15:37	0:15:43	0:15:41	0:14:21	0:14:59

20.

Incident handling and incident dispatch times must be below 5 minutes to achieve Grade of Service for Grade 1 incidents. Table shows the percentage of calls which achieve this grade of service.

Please note for North Divisions the incident handling and dispatch times are combined due to system limitations.

Protect communities by monitoring the average length of time taken to attend at the scene of Grade 2 classified incidents													
Grade 2 Incidents	A Division												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Numbers based on all resourced incidents[1]:													
Monthly Number of Grade 2 Incidents	3,660	3,623	3,378	3,680	3,615	3,279	3,346	3,072	3,488	3,070	2,884	3,045	3,143
Monthly number of Calls achieving Grade of Service	2,901	3,178	2,925	3,214	3,211	2,926	2,979	2,726	3,109	2,765	2,604	2,744	2,818
% of Calls achieving Grade of Service	79.3%	87.7%	86.6%	87.3%	88.8%	89.2%	89.0%	88.7%	89.1%	90.1%	90.3%	90.1%	89.7%
Numbers based on responding to public[2]:													
Monthly Number of Grade 2 Incidents	3,360	3,471	3,225	3,536	3,502	3,141	3,227	2,963	3,328	2,974	2,785	2,942	3,052
Monthly Number of Calls achieving Grade of Service	2,882	3,045	3,797	3,095	3,114	2,809	2,870	2,634	2,971	2,677	2,523	2,658	2,938
% of Calls achieving Grade of Service	85.8%	87.7%	86.7%	87.5%	88.9%	89.4%	88.9%	88.9%	89.3%	90.0%	90.6%	90.3%	89.7%

Grade 2 Incidents	A Division												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Public response stage breakdown[2]:													
Incident Handling - Service Centre (monthly avg. time)	00:12:43	00:00:49	00:00:50	00:00:44	00:00:46	00:00:44	00:00:46	0:00:45	0:00:43	0:00:44	0:00:42	0:00:44	0:00:41
Incident Dispatch - Area Control Room (monthly avg. time)		00:09:22	00:11:00	00:11:03	00:09:47	00:10:00	00:09:27	0:10:45	0:07:57	0:09:46	0:07:25	0:09:23	0:08:59
Resource Deployment - Local Division (monthly avg. time)	00:25:55	00:25:47	00:26:03	00:23:39	00:23:26	00:22:49	00:22:53	0:23:11	0:25:15	0:21:47	0:22:39	0:22:35	0:23:57
Overall Response Time (monthly avg. time)	00:38:39	00:36:58	00:38:20	00:35:52	00:34:40	00:34:00	00:33:33	0:35:25	0:34:29	0:32:51	0:31:26	0:33:04	0:34:22

Incident handling and incident dispatch times must be below 15 minutes to achieve Grade of Service for Grade 2 incidents. Table shows the percentage of calls which achieve this grade of service.

Please note for North Divisions the incident handling and dispatch times are combined due to system limitations.

22.

Grade 3 Incidents	Protect communities by monitoring the average length of time taken to attend at the scene of Grade 3 classified incidents												
	A Division												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Numbers based on all resourced incidents[1]:													
Monthly Number of Grade 3 Incidents	5,199	4,063	3,702	3,869	3,963	3,829	3,850	3,334	3,480	3,204	3,116	3,366	3,713
Monthly number of Calls achieving Grade of Service	2,479	2,762	2,416	2,577	2,677	2,569	2,657	2,337	2,476	2,284	2,187	2,352	2,572
% of Calls achieving Grade of Service	47.7%	68.0%	65.3%	66.6%	67.5%	67.1%	69.0%	70.1%	71.1%	71.3%	70.2%	69.9%	69.3%
Numbers based on responding to public[2]:													
Monthly Number of Grade 3 Incidents	3,783	3,547	3,227	3,365	3,466	3,344	3,387	2,889	2,975	2,786	2,694	2,925	3,217
Monthly Number of Calls achieving Grade of Service	2,453	2,368	2,038	2,192	2,291	2,188	2,282	1,964	2,036	1,916	1,841	1,983	2,149
% of Calls achieving Grade of Service	64.8%	66.8%	63.2%	65.1%	66.1%	65.4%	67.4%	68.0%	68.4%	68.8%	68.3%	67.8%	66.8%

23.

Grade 3 Incidents	A Division												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Public response stage breakdown[2]:													
Incident Handling - Service Centre (monthly avg. time)	03:06:26	00:01:28	00:02:41	00:00:59	00:00:57	00:00:59	00:00:59	0:01:13	0:00:57	0:02:31	0:00:55	0:00:55	0:01:29
Incident Dispatch - Area Control Room (monthly avg. time)		02:23:36	02:41:33	02:26:35	02:29:42	02:35:10	02:27:56	2:27:36	2:27:32	2:11:20	2:20:48	2:46:21	2:07:59
Resource Deployment - Local Division (monthly avg. time)	01:05:56	00:57:54	00:54:16	00:47:52	00:59:52	01:00:56	00:57:52	0:52:21	0:57:20	0:45:46	1:00:04	0:55:08	0:54:08
Overall Response Time (monthly avg. time)	04:12:22	03:14:58	03:30:41	03:05:58	03:23:37	03:29:25	03:21:46	3:16:02	3:17:57	2:54:28	3:19:49	3:32:17	3:01:14

Incident handling and incident dispatch times must be below 40 minutes to achieve Grade of Service for Grade 3 incidents. Table shows the percentage of calls which achieve this grade of service.

Please note for North Divisions the incident handling and dispatch times are combined due to system limitations.

24.

Breakdown of Grades 4-5													
Grade 4-5 Incidents	**A Division**												
	Apr-17	**May-17**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**
Numbers based on all resourced incidents[1]:													
Monthly Number of Grade 4 Calls	353	302	290	264	311	296	331	223	284	242	257	264	328
Monthly Number of Grade 5 Calls	247	241	218	251	208	210	172	160	175	144	123	188	175
Total Number of Calls Overall	9,847	8,635	7,947	8,528	8,518	7,983	8,068	7,113	7,796	6,940	6,675	7,164	7,673

Crime Recording

Audit 1 - Crime Related Incidents and Associated Recorded Crime Audit 2016/17 - Quarters 3/4 (October to March)	Test 1 - Incidents			Test 2 - Recorded Crime		
	Incidents Audited	No. of Errors	SCRS Compliance	Crimes Audited	No. of Recording Errors	SCRS Compliance
A Division	193	9	95.34%	127	6	95.28%
Force	2,193	162	92.61%	1,219	89	92.70%
Details of the methodology for Audit 1 can be found in Appendix A						

Audit 2 - Divisional Crime Audit 2016/17 - Quarter 3/4s (October to March)	Crimes Audited	No. of Recording Errors	SCRS Compliance
A Division	342	26	92.40%
Force	3,435	280	91.85%
Details of the methodology for Audit 2 can be found in Appendix A			

Audit 3 - "No Crime" Audit 2016/17 - Quarters 3/4 (October to March)	Number of "No Crimes" Audited	No. of Errors	SCRS Compliance
A Division	100	3	97.00%
Force	944	48	94.92%
Details of the methodology for Audit 3 can be found in Appendix A			

The table header reads:

Scottish Crime Recording Standard
Quarter 3 & 4 Audit 2016/17
(not available at Local Authority level but detailed at Divisional and Force level for information purposes)

APPENDIX "A" - AUDIT METHODOLOGY

Audit 1 - Crime Related Incidents and Associated Recorded Crime

The audit sample was selected from Command and Control incidents over a specific four day period with initial call types CR-60 to CR-79 within the Crime category, and incidents with initial call types AB-57 Communications, AB-58 Hate Crime, PW-40 Domestic Incident and PW-76 Child Protection. The incident sample selected for audit ensured, working to a 95% confidence level with a confidence interval of ⁺/-3%, that the sample audited was statistically representative of all incidents of this type recorded during the four day audit period. A formula was applied to the total number of incidents per Command Area and apportioned out between Divisions in that Command Area in order to obtain sample sizes. These were subject to a minimum of 150 and a maximum of 300 per Division.

Compliance in each of the two Tests is achieved with a result of **95%** or above.

The audit tested:

Test 1 – Crime Related Incidents

- That incidents initially inferring a crime or apparent criminal activity and closed as a non-crime contained a satisfactory narrative to eliminate any inference of criminality and fully justify a non-crime disposal.
- That each incident clearly indicated a crime or non-crime as a disposal on the incident text.
- Where an incident was closed as a crime, the corresponding crime record was traced.

Test 2 – Recorded Crime

- The correct application of SCRS on recorded crimes in respect of the Scottish Government Counting Rules and the correct classification of crimes. In terms of compliance with SCRS each individual crime over or under-recorded, or incorrectly classified was counted as having failed the audit.

Audit 2 - Recording of Specific Crime Types (Divisional Crime Audit)

To ensure that a number of different areas of crime recording are represented by Audit 2, samples were obtained from the following categories:

- Assault (Common Assault only)
- Group 1 Crime (Crimes of violence)
- Group 2 Crime (Sexual offences)
- Group 3 Crime (Crimes of dishonesty)
- Group 4 Crime (Damage to property)
- Other Crimes from Groups 5, 6 and 7

While not as statistically representative of all records within the audit period as Audit 1, the sample sizes in Audit 2 were weighted to take into account higher volumes of crime being recorded in some Divisions subject to a minimum of 100 records and a maximum of 300 records.

The audit tested the correct application of SCRS on recorded crimes in respect of the Scottish Government Counting Rules and the correct classification of crimes. In terms of compliance with SCRS each individual crime over or under-recorded, or incorrectly classified was counted as having failed the audit.

Compliance in this audit is achieved with a result of **95%** or above.

Audit 3 - Crime Records Reclassified to "No Crime"

The third principle of SCRS states "once recorded, a crime will remain recorded unless there is credible evidence to disprove that a crime had occurred".

The audit tested the correct application of this principle in respect of recorded crime which was reclassified to "No Crime" following Police enquiry into the reported circumstances. In terms of compliance with SCRS each individual crime reclassified incorrectly was counted as having failed the audit.

The sample sizes in Audit 3 were weighted to take into account the higher number of records reclassified to "No Crime" in some Divisions subject to a minimum of 50 and a maximum of 100.

Compliance in this audit is achieved with a result of **95%** or above.

In order to allow Divisions a reasonable period of time to ensure that records are complete and compliant with SCRS, audits are generally undertaken once a period of three months from the date of the incident/crime has elapsed. Any record incomplete at the time of audit will be audited based on the information available at the time.

ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	4 July 2018
REPORT TITLE	Aberdeen City Child Protection Committee – Annual Report
REPORT NUMBER	OPE.18.033
DIRECTOR	Rob Polkinghorne
CHIEF OFFICER	Bernadette Oxley
REPORT AUTHOR	Kymme Fraser
TERMS OF REFERENCE	1.1, 1.2, 1.3, and "Joint Working with Non-Council Bodies"

1.   **PURPOSE OF REPORT**

1.1   To advise the Public Protection Committee of the multi-agency work overseen by Aberdeen City Child Protection Committee as set out in the 2017 Annual Report.

2.   **RECOMMENDATIONS**

That the Committee:-

2.1   Notes the content of this report; and

2.2   Endorses the work of the Aberdeen City Child Protection Committee as detailed in its 2017 Annual Report.

3.   **BACKGROUND**

3.1   The attachment to this report is the annual report of the multi-agency, Aberdeen City Child Protection Committee (the CPC). The Annual Report outlines:

- the make-up of the CPC,
- it's role and responsibilities,
- how it carries out its responsibilities,
- what the CPC and its various sub committees, sub groups and short life working groups have been doing in 2017,
- what it is currently prioritising and

- the CPC's future planning for 2018 and ahead.

3.2 It provides assurance that arrangements are in place for the range of agencies in the City to work collaboratively in the protection of children. Council services such as Children's Social Work and Education have a significant role in this multi-agency function and are key in ensuring that the council is meeting its statutory duties in terms of child protection. The Annual Report also demonstrates that the CPC is not complacent and delivers an improvement agenda across services in the City.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from the recommendations of this report.

5. LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from the recommendations of this report.

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	None for this report		
Legal	Failure of the council to have oversight of services delivering Public Protection could result in the council failing to meet its statutory duties in terms of services aimed at protecting the public, and potential litigation from people who have been harmed	M	Agreement by this Committee on the matters to be reported will allow oversight of these services with a view to minimising the risk of failing to protect the public.
Employee	None for this report		
Customer	Failure of the council to have oversight of services delivering public protection could result in the public being at risk of	M	Agreement by this Committee on the matters to be reported will allow oversight of these services with a view to minimising the risk of failing

	harm and loss of customer confidence		to protect the public, and ensure compliance with any legal requirements or national standards and guidance for those services
Environment	None for this report		
Technology	None for this report		
Reputational	Failure of the council to have oversight of services delivering public protection could result in organisational failings being missed and damage the reputation of the council	M	Agreement by this Committee on the matters to be reported will allow oversight of these services with a view to ensuring compliance with any legal requirements or national standards and guidance for those services

7.   OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	In addition to securing protection of the public, business compliance with legislation reduces the risk to them of criminal proceedings and/or litigation, and so is good for them individually and for the economy as a whole.
Prosperous People	The functions of the Child Protection Committee are central to supporting and assuring that the multi-agency Children's Services Partnerships deliver on the outcomes of the LOIP Prosperous People - Children are our Future and that they have "the best start in life"; they are "safe and responsible" and "protected from harm". Children who are adequately protected from threats to their health, safety and economic wellbeing are more likely to prosper than those who are not.
Prosperous Place	Protecting our built environment and natural resources reduces the risks to and enhances the health, safety and wellbeing of Aberdeen citizens and visitors.
Enabling Technology	None

Design Principles of Target Operating Model	
	Impact of Report
Governance	Appropriate oversight of services delivering public protection provides assurance to both the organisation and the public in terms of meeting the council's statutory duties, and also contributes to compliance with agreed standards

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Protection of equality and human rights is integral to the work of these services, and for this reason a full EHRIA is not required.
Privacy Impact Assessment	not required
Duty of Due Regard / Fairer Scotland Duty	not applicable

9.   BACKGROUND PAPERS

None

10.   APPENDICES

Appendix A: Aberdeen City Child Protection Committee Annual Report 2017

11.   REPORT AUTHOR CONTACT DETAILS

Kymme Fraser
Child Protection Improvement Manager
kfraser@aberdeencity.gov.uk
01224 264037

Aberdeen City
Child Protection Committee

Annual Report 2017

Contents

Preface from Chief Officers

This is the fourth Annual Report of Aberdeen City Child Protection Committee. Ensuring that all children in Aberdeen are safeguarded and protected from harm and abuse is taken very seriously by all involved. The commitment of all agencies is apparent in the day to day delivery of child protection services. It can also be seen in those agencies' extensive contribution to the strategic improvements and developments carried out in 2016/17.

Aberdeen City Child Protection Committee covers the Aberdeen City local government area. The Child Protection Committee works with child protection agencies locally and nationally and, more widely, with colleagues across Integrated Children's Services in this City. It aims to support the multi-agency workforce and members of the public to ensure Aberdeen is the best place in Scotland to grow up, to promote the care and welfare of our children and to protect them from abuse and harm.

We are committed to partnership working to ensure the protection and safety of the City's children and young people. We are committed to understanding the child protection concerns which arise in our City and to making improvements together to address these. The Child Protection Committee has representatives from social work, police, health, education, housing, Children's Reporter and the third sector. Their achievements are highlighted in this report and include work in the areas of child sexual exploitation, on-line safety, significant case reviews, the provision of consistent child protection services and making the best use of data.

The work of the Child Protection Committee could not have been delivered without the commitment and support of many practitioners. We thank them for the contribution of their time, experience and insight towards the safeguarding of our children and young people.

Angela Scott, Chief Executive, *Aberdeen City Council*

Chief Superintendent Campbell Thomson, *Police Scotland*

Malcolm Wright, Chief Executive *NHS Grampian*

Introduction to the Child Protection Committee

What is the role of the Child Protection Committee?

The Aberdeen City Child Protection Committee (CPC) is a locally based, interagency strategic partnership responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across Aberdeen City.

Child protection means preventing a child suffering significant harm from abuse or neglect. The CPC is committed to its responsibility to keep all children in Aberdeen City safe from that harm whether abuse or neglect has already taken place or looks likely to take place.

In working to achieve that, the functions of the CPC are continuous improvement, strategic planning, public information and communication. Professional and public bodies work collaboratively to promote and improve child protection across all areas of their agencies and services.

Who are the members of the Child Protection Committee?

The CPC has a membership across the full range of agencies and services with child protection responsibility including Aberdeen City Council (including social work, education and housing), Police Scotland, NHS Grampian, the Reporter to the Children's Hearing, the Alcohol & Drugs Partnership, Aberdeen Violence against Women Partnership and the third sector. The CPC is chaired by Heather MacRae, Lead Nurse, Aberdeen City Community Health and vice-chaired by Graeme Simpson, Lead Service Manager, Education & Children's Services, Aberdeen City Council. All members aim to consistently improve upon the delivery of robust child protection practices across the public, private and wider third sectors.

Who is responsible for and to the CPC?

The National Guidance for Child Protection in Scotland 2014, requires that each CPC be governed by a Chief Officer Group. The Local Police Commander and the Chief Executives of NHS Grampian and Aberdeen City Council are the Chief Officers responsible for the leadership, direction and scrutiny of the local child protection services and the Child Protection Committee. They have strategic responsibility for the CPC.

Aberdeen City CPC, through its Operational Sub Committee, also fulfils the function of the Safe Outcome Group within the local Integrated Children's Services structure. This means that child protection is seen alongside the wider context of supporting families and meeting children's needs through Getting It Right For Every Child. GIRFEC is the national practice model which aims to ensure children and young people are safe, healthy, achieving, nurtured, active, respected responsible and included.

Some areas of child protection activity are shared across Aberdeen City, Aberdeenshire and Moray local authority areas. These are delivered under the identity of the Child Protection Partnership. These activities are the Child Protection Register (CPR) and the delivery of child protection learning and development opportunities to the multi agency workforce, including Joint Investigative Interview training.

The CPC also works in partnership with the Scottish Government and other CPC's nationally to take forward child protection policy and practice across the local area and across Scotland.

How does the CPC work?

The CPC now meets four times each year as well as having an annual development day. All the members have child protection skills and knowledge. They consider information from a variety of sources such as the local Child Protection Register, Children's Reporter, Aberdeen Alcohol and Drugs Partnership, significant case reviews, formal inspections of Children's Services, case file audits and national developments. Identified areas for improvement and emerging trends in relation to child protection are then incorporated into the Child Protection Programme, of which, more in this report.

The Operational Sub-Committee, which meets six times each year, has responsibility for delivering the multi agency Child Protection programme and reports directly to the CPC.

A professional group to drive on work in relation to Child Sexual Exploitation (CSE Sub Group) reports to the Operational Sub Committee. It's remit has been extended in 2016 to also cover child trafficking, an emerging issue inextricably linked to CSE.

A Significant Case Review Sub Committee was established in late 2016 to progress any SCRs locally and to ensure that the learning from SCRs around the country is disseminated in the Aberdeen City area.

A Learning & Development Sub Committee will be established in 2018 as soon as a multi agency child protection learning & development coordinator has been appointed. This will identify and address the areas where multi agency child protection learning will benefit professional practice across the range of services in Aberdeen City.

The structure is illustrated in a diagram forming Appendix 1 to this report.

The Child Protection Programme

What are the key themes of the Child Protection programme?

The Child Protection Programme (CP Programme) has been developed and continues to evolve to ensure that the CPC functions are fulfilled. The core functions of all Scottish Child Protection Committees are specified by the Scottish Government in national guidance as continuous improvement, strategic planning, public information and communication. Those functions have been incorporated into the multi-agency CP Programme.

There three key themes of the CP Programme are linked to the Quality Indicators as outlined in the Care Inspectorate document "How Well Are We Improving the Lives of Children and Young People?". These are

- How well are the lives of children and young people improving?
- How well are partners working together to improve the lives of children, young people and families?
- How good is the leadership and direction of services for children and young people?

How is the Child Protection Programme informed?

In the CP Programme, we make sure national priorities are addressed as well as work required by local strategic plans, such as the Children's Services Plan and the Local Outcome Improvement Plan (LOIP) which recognises that 'Children Are Our Future' and need to be safe and responsible as well as protected from harm.

We also incorporate other local work identified through various self-evaluation strands such as case file auditing, significant case reviews, inspection findings, statistics, data analysis and practitioners knowledge. The programme is reviewed at the annual CPC Development Day to which all members of the Chief Officers Group, CPC, Operational Sub Committee and any other relevant groups are invited. The CPC has developed a Risk Register in 2017 which is kept under review by both the CPC and the Chief Officer Group.

We have carefully considered and contributed to the Scottish Government's National Child Protection Improvement Programme (CPIP) which was initiated in March 2017. The key themes identified are

- the CPC governance structure and links with Chief Officer Groups
- the operation of Child Protection Registers and Child Protection Case Conferences
- learning from Significant Case Reviews
- children's and families' experiences of the child protection process.

The current child protection programme has concentrated child sexual exploitation, on-line safety, significant case reviews, the provision of consistent child protection services and making the best use of data. We are now building on that to include focus on child protection and disability, neglect, child trafficking, female genital mutilation, forced marriage, and domestic abuse.

The CPC is committed to improving links with other public protection partnerships in the City such as the Adult Protection Committee, Violence against Women Partnership and the Alcohol and Drugs Partnership; the work of all these other partnerships impacting on vulnerable children in the City.

The CPC is also committed to the appointment of a Learning and Development Coordinator and the establishment of a Learning & Development Sub Committee to ensure local training issues are addressed and learning from significant case reviews is disseminated.

What has the Child Protection Programme delivered in 2017?

There follows a flavour of some of the work carried out under the programme throughout 2017.

Making Best Use of Data

• Child Protection data including information from the Child Protection Register, ADP, SCRA and Child Protection Case Conference Performance Report are reviewed and analysed at the CPC and Operational Sub Committee meetings. This enables us to review performance, benchmark with other authorities, identify trends and areas for improvement. We aim to continue to mature in the use we make of management and performance information.

• CPC has prepared a data and performance framework for its areas of responsibility. Use of this framework began in March 2016 and has been used for reporting to the CPC on the impact of the CP Programme. An extensive multi agency case file audit in 2017 assisted in the identification of areas of strength and areas for improvement . The use of the data framework and the finding of the multi agency case file audit assisted the CPC in identifying the strategic priorities for the new CP Programme.

• Our data framework has attracted some national interest as it is an attempt to deal with the "so what?" elements of performance information. We are in the early stages of work with CELCIS as they implement the data and performance elements of the Scottish Government's Improvement Programme.

We are also leading on work through the Central and North Consortium of CPCs to develop a simple data framework which will provide a basic, but up to date, source of comparator child protection information.

Case File Auditing

- The CPC and children's social work completed an extensive audit in relation to current practice around children going on and coming off the child protection register. Full reports were presented and the recommendations endorsed at the CPC meeting in June. The multi and single agency follow-up is reported to the CPC on a 6 monthly basis.

- On the back of the main findings of the audit, the CPC will now be progressing the following:

  - Developing a strength based approach to Child Protection. This will be in the Signs of Safety style. Case

    Conferences will be conducted using this approach.

  - Improving documentation, report writing and writing children's plans and quality assuring these.

  - A consistency of understanding of significant harm and its impact on the child across the multi agency workforce

  - Developing options for reviewing a Case which has been on the CPR for more than 1 year.

Child Protection Register

- A significant source of information about categories of concerns and emerging trends comes from the management information compiled by the CPR. This enables the CPC to consider issues in its own geographical area and to compare trends across the Grampian area. The annual figures are taken at 31 July each year and reported to the Scottish Government. The most recent figures from the CPR indicate that the predominant risk factors across Aberdeen City remain domestic abuse, parental drug and alcohol misuse, emotional abuse and neglect, with increasing evidence of concerns around parental mental health.

Child Sexual Exploitation and Child Trafficking

- There has been much emphasis on continuing local work in relation to child sexual exploitation (CSE) and the City has adopted a Zero Tolerance approach to CSE. The CSE sub group has been progressing local work on CSE for the past 18 months and coordinates the multi agency response to CSE. This group has been proactive in developing resources to ensure that our practitioners are confident and competent in recognising and reporting signs and concerns of CSE. Its remit has been extended to include Child Trafficking as it increasing becomes apparent that this is closely linked to CSE. The group's action plan forms part of the CP Programme and focusses on the national priorities of Prevention, Disruption & Prosecution and Recovery. Professional awareness has increased through training opportunities made available through the Child Protection Partnership, national CSE working group and the UK Safer Internet Centre. CSE has been added as a category of concern and recording on CareFirst. The CSE group has produced and the CPC has endorsed the "Strategy and Extended Guide to CSE for Practitioners" and the "Short Guide for Practitioners: Identifying CSE", both of which have been widely circulated to the multi agency workforce.

- Aberdeen City hosted a north east CSE event in conjunction with Scottish Government in March 2017. This event was hosted by the Child Protection Partnership and was aimed at multi agency colleagues from Aberdeen City, Aberdeenshire and Moray child protection committees. Representatives attended from Police Scotland, NHS Grampian, Children's Hearing Scotland, Crown Office & Procurator Fiscal Service (COPFS), the three local authorities and the third sector. Presentations were given by Moira McKinnon, chair of the National Child Sexual Exploitation multi agency working group, Detective Superintendent Elaine Galbraith, DS for Child and Adult Protection within Police Scotland, DS Lorna Ferguson and Sharon Ralph, Procurator Fiscal Depute specialising in sexual crimes and crimes involving children. The event provided an overview of national developments and an opportunity to discuss implementation at a local level

- As CSE and child trafficking is everyone's concern, the group recognised that we need innovative and creative ways to engage with professionals and the general public on this child protection issue. To coincide with the launch of the National Human Trafficking and Exploitation Strategy, the group coordinated an awareness raising month in October about CSE and child trafficking, including the launch of the local practice guidance, a conference attended by 165 delegates, a Facebook live event in conjunction with the Police reaching 32,000 people, radio interview, and agency twitter and social media campaigns. The group along with Police Scotland are, at the time of writing, distributing around 4800 Z card leaflets on CSE and child trafficking to hotels, pubs, door staff, convenience stores, taxi drivers and schools.

- Aberdeen City have been fortunate to have one of two national CSE advisers; employed by Barnardo's and funded by Comic Relief. The progress made by the hard-working CSE and Child Trafficking sub group has been greatly enhanced by the contributions of the CSE Adviser and the Green Light Project, who work with young people experiencing or at risk of CSE.

Internet Safety

- The Scottish Government funded an event on internet safety and child protection which was held in Aberdeen in November and attracted 53 multi-agency delegates.

Child Protection Materials

- The web site/ pages for the CPC continue to be developed to provide relevant, up to date information in relation to child protection. The website can be visited at www.aberdeencity.gov.uk/childprotection

- National materials are endorsed such as those on the National Risk Framework, Female Genital Mutilation, Forced Marriage and Human Trafficking.

- The GIRFEC national practice model and risk assessment framework brings together a range of resources such as chronologies, genograms and ecomaps. The CPC has endorsed these materials for use by staff across agencies and services in the Aberdeen City area. Materials are available on the CPC web pages.

- As well as updated child protection information forming part of the induction module for all staff at ACC, there is an accessible on-line training module on GIRFEC and Child Protection for the Children's Services workforce. All staff (old and new) have been encouraged to complete this. This module is intended for the general workforce. The experienced children's workforce staff will find this to be at basic level but may find it to be a useful refresher.

- Child Protection Case Conference documentation and guidance has been and continues to be refreshed. The Improvement Methodology was used to obtain feedback from those participating in child protection case conferences over an 8 month period. The results indicated that alternatives means of getting feedback and promoting participation was necessary and fresh efforts are being made in the new CP Programme. We are actively pursuing adopting a "strength-based" approach (in the Signs of Safety style), which is aligned with the aims of both the LOIP and the national CPIP.

- Multi Agency Practice Guidance has recently been refreshed and has been launched:
  - Working with Vulnerable Babies and their Families
  - Working with Sexually Active Young People
  - Working with Non Engaging Families
  - Working with Families with problematic drug and alcohol use
  - Working with Young People demonstrating Sexually Harmful Behaviour

These sit alongside our CSE Strategy and Extended Guide and our Short Guide to CSE.

- A series of short guides have been prepared and cover Child Trafficking, Female Genital Mutilation, Forced Marriage, On line Safety, New Psychoactive Substances ("legal highs"), Domestic Violence, Grooming and Neglect

Learning and Development

- In the absence of a multi-agency training coordinator, learning and development opportunities have been made available through the Child Protection Partnership and national initiatives. Events have been held to raise awareness about child sexual exploitation, child protection and disability, significant case reviews, and domestic abuse. Efforts to appoint a multi-agency learning and development co-ordinator in 2017 proved unfruitful, but have been reinitiated as at the time of writing.

- The post holder will deliver and commission a range of child protection training and will lead on any Significant Case Reviews from which much learning is gleaned. This programme of learning will be available to all multi agency children's workforce including all members of COG, CPC and sub committees. The CPC is in process of establishing a Learning & Development Sub Committee in support of this work

- This remains an area of risk as the post has not yet been filled and the gap in multi-agency child protection training is notable. Continuous improvement, including training and staff development, is one of the 3 key functions of the CPC. Further, the post holder will be responsible for the progress of and learning from ICRs and SCRs which is an area of intense activity and scrutiny.

Significant Case Reviews

- The SCR sub committee was established in 2016 and has developed local procedures in relation to Initial and Significant Case reviews. The Local Operating Procedure takes account of national guidance, Ministerial expectations and the procedures utilised in our neighbouring local authority areas to ensure consistency in approach. These will ensure we learn lessons locally from Initial and Significant case reviews as well as learning from SCRs conducted in other parts of the country.

- An SCR development session was held in March. This event was aimed at Child Protection Committee and Significant Case Review sub-group members and 32 members were in attendance from City, Shire and Moray CPCs. The development session was led by Beth Smith and Jane Scott, independent consultants with experience leading SCRs in Scotland.

- In 2017, the SCR sub committee has produced Learning Reviews for all agencies following a local Initial Case Review and three SCRs conducted by Fife CPC. These have been reported to the CPC and Chief Officer Group. The various child protection agencies in Aberdeen City are responsible working together or individually to ensure the findings are progressed and for reporting to the CPC. Responses and improvements will be monitored by the CPC and, in turn, reported to the COG.

- A further two local ICRs are currently underway.

- This has in short timescale become a very busy, hardworking and effective sub committee. Referrals have been received from social work, police and health which would indicate a broad understanding of the procedures now in place and a healthy approach to learning from significant incidents.

Development Day 2017

- All COG, CPC and sub committee members were invited to the CPC development session in April. The focus was on -

- Scottish Government Child Protection Improvement Programme (CPIP) - The Scottish Government Reports on these matters were carefully considered at the development day and all relevant local matters have been incorporated into the ongoing CPC child protection programme.

  Neglect - work is being progressed as a strategic multi agency starting point.

  Data - Development of data analysis and reporting will continue to be taken forward.

  Learning & Development - ideas for modern, economical and effective dissemination of learning were explored and will be further advanced on appointment of the Learning & Development coordinator.

Vulnerable 16 - 17 year olds

- Adult and children's services across multi agencies are working on protocol in relation to vulnerable 16-18 year olds. Clear guidance on Child/Adult protection is already in place – this new work is about the embedding of a GIRFEC approach in relation to those young people not hitting that criteria but who we know are about to disappear off the school radar, keep running away from home or residential unit, are about to be thrown out at home, have been attending STD clinics etc. This is consistent with the expectations of the Scottish Government's CPIP.

Child Protection and Domestic Abuse

- Practice Guidance on child protection and domestic abuse is being developed through a short life working group led by CPC member and in conjunction with Grampian Women's Aid. It will be based on the Scottish Government "Equally Safe" Strategy. The issue of the guidance will be followed up with local (Aberdeen) awareness raising and monitoring of use and impact of the Equally Safe approach.

- The CPC hosted a conference in November 2017 on child protection and domestic abuse, which was attended by 170 delegates, and had national and local speakers including Dr Marsha Scott of Scottish Women's Aid.

Strength - Based Practice

- Consistent with the CPIP aims, we aim to adopt a strength based practice approach across all agencies and services in Aberdeen City. The children's social work model, Reclaiming Social Work already incorporates this style of working with vulnerable families. Evidence from other parts of Scotland, UK and world-wide indicates that outcomes improve for children and families through such an approach. Work has commenced on a small scale utilising the Improvement Methodology to implement a strength-based "Signs of Safety" style to improve on children and families participation in the CP process.

Neglect

- This is one of the areas of focus of the local child protection improvement programme. It should be noted that neglect is a broad issue straddling a range of multi and single agency services, particularly those with a focus on earlier intervention. The CPC focus is in relation to child protection and neglect and it has established 2 sub-groups to start off on this work. The first will pull together a Neglect multi agency strategy and guide. The second short life group will consider a sample of the Plans for children on the CPR for neglect. It will use them as a measure of whether the current planning to address neglect has a consistency, and whether the current planning results in the reduction of the risk of significant harm due to the neglect

Child Protection Partnership

Aberdeen City CPC participates in the joint activities of the Child Protection Partnership. The three separate CPCs for Aberdeen City, Aberdeenshire and Moray have worked together under the banner of the Child Protection Partnership in relation to the Child Protection Register, Joint Investigative Interview training and some bespoke child protection training, such as conferences. As well as a resource for professional staff across agencies, valuable management information is drawn from the Child Protection Register and, as part of the CPC's self-evaluation activity, assists in the identification of emerging gaps and trends.

From 2017 onwards, training (other than joint investigative interview training) will be a local CPC responsibility.

Conferences

The Partnership, works with The Robert Gordon University in the coordination and hosting of mini conferences. In June we hosted a Child Protection and Disability event, with Dr Audrey Cameron from Edinburgh University speaking, through a translator, to an audience of over a hundred attendees. The event has been highly evaluated. This often overlooked aspect of child protection forms part of the local Child Protection Programme. Useful national materials are available and will be an area of prioritisation for the L&D Coordinator once in post.

The conference held in November 2017 focussed on child protection and domestic abuse, which was attended by 170 delegates, and had national and local speakers including Dr Marsha Scott of Scottish Women's Aid. In January 2018, the child trafficking event, which had been postponed from September, was held and attracted 165 delegates from a range of disciplines.

Joint Investigative Interview training

Joint Investigative Interview training is coordinated along with Police Scotland and ensures that select staff in police and social work are adequately trained to deliver this essential element of child protection in Aberdeen City. Coordination meetings are held quarterly. The annual business meeting in relation to local arrangements will be held in February 2018.

Child Protection Register

The risk of abuse or neglect will be considered at a Child Protection Case Conference. Where a child is believed to be at risk of significant harm from abuse or neglect, their name will be added to the child protection register (CPR). The register enables agencies to be aware of the children at greatest risk in this area and to then plan to minimise those risks appropriately.

Statistical information from the CPR is intimated to the Scottish Government, annually with figures as at 31 July. Useful management information flowing from the CPR is produced by the Child Protection Partnership office and assists in informing the CP Programme. The format of the report from the CPR containing management information from the Child Protection Register has been refined and will continue to be reviewed to assist the CPC and to inform the CP Programme.

Some more detailed performance management information is considered below. This information has been drawn from the CPR.

The areas of concern are identified at a case conference and recorded on the CPR. These can be one or more of the following in the table below:

1.	neglect	2.	parental substance misuse
3.	parental mental health problems	4.	non-engaging family
5.	domestic abuse	6.	sexual abuse
7.	physical abuse	8.	emotional abuse
9.	child placing themselves at risk	10.	child exploitation (not current)
11.	child sexual exploitation	12.	child trafficking

Performance Management

The suite of performance management information now required by Aberdeen City CPC includes the following; comprehensive quarterly reports from the Child Protection Register, SCRA Child Protection Committee reports, numbers of Child Protection Orders from Legal Services, Alcohol and Drugs Quarterly reports and administrative information from Child Protection Admin (Aberdeen City Council). These reports are considered at each meeting of the Operational Sub-Committee and reported upon, in accordance with the data framework, to the CPC. Performance issues arising are addressed as appropriate. The CPC aims to continue to develop this work through digitalisation. It is aware of the benefits of collaboration with Integrated Children's Services, particularly in demonstrating outcomes sought by the LOIP.

A significant source of information about categories of concerns and emerging trends comes from the management information compiled by the CPR. This enables the CPC to consider issues in its own geographical area and to compare trends across the Grampian area. The annual figures are taken at 31 July each year and reported to the Scottish Government. The statistics used in this report are therefore consistent with the return to the Scottish Government. We have also, where possible, illustrated the figures right up to the end of the year 2017.

As at 31 December 2017, in Aberdeen City there were 82 children on the Child Protection Register. These are children who require an inter agency child protection plan because they are considered to be at risk of actual or potential harm. The greatest percentage (at 49%) of the children was in the pre-school age group of 0-4 years. Registration does not substantially vary according to gender.

Compared to December 2016, registrations in the City have decreased from 130 to 82 children (2.4 per 1000 population). These numbers are comparable to the national average rate which is 2.9 per 1000 children.

15 of the children, involving 53 families, registered over the year to end December 2017 in Aberdeen City had previous registration history. In the same period, there were 204 de-registrations in Aberdeen City area.

The CPR is a well utilised resource with a total of 1353 enquiries in the period. From the Aberdeen City area, there were 376 direct and web-based enquiries during year to December 2017 compared to 360 in the previous year. The main referrers continue to be Police, Education and internal Social Work.

It is no longer necessary to identify a category of registration, but the key areas of risk are identified and recorded. A number of risk factors are therefore likely to be recorded in each case. The identification of risk factors enables focussed work with families through the child's plan on these identified areas. It also allows for a strategic focus on in the predominant areas of risk. These areas remain consistent and the work of the CPC will continue to focus on those areas through the CP programme.

The most recent figures from the CPR indicate that the predominant risk factors across Aberdeen City remain domestic abuse, parental drug and alcohol misuse, emotional abuse and neglect, with increasing evidence of concerns around parental mental health.

The ages of the children on the CPR also assist in recognising, and planning for, the most vulnerable. Unborn babies in Aberdeen City accounted for 2% of total registrations, the pre-school age group for 49%, the 5-10 age group for 31%, the 11 - 15 age group for 17% of total registrations. There is one registration in the 16+ age group.
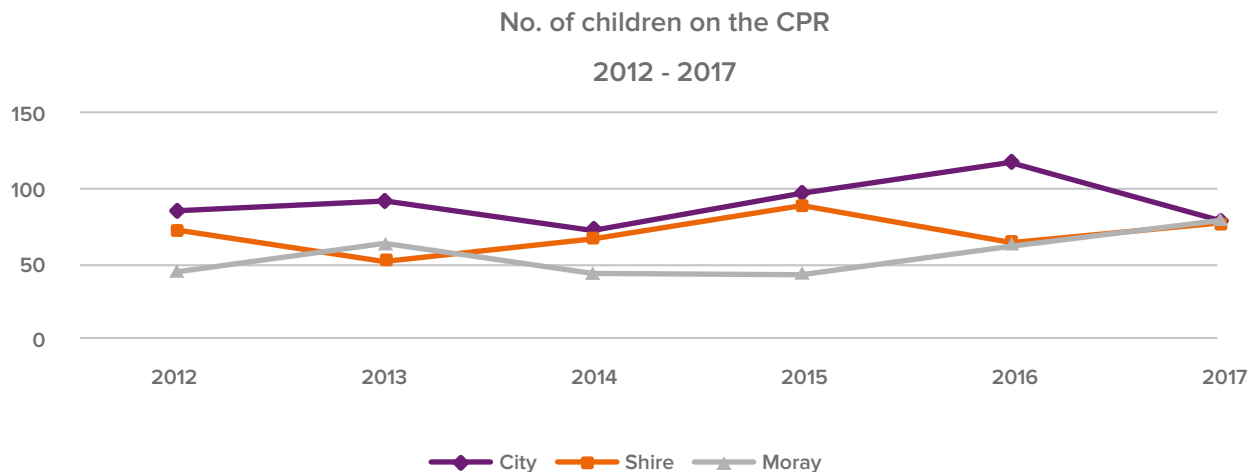
The following tables detailing information relating to Aberdeen city are extracted from the statistical return to the Scottish Government submitted for the year to 31 July 2017, with some extended to include data to the 31 December 2017.

Registrations in the North East

Registration Trends across the North East over the last year

No. of children on the CPR

01.08.16 - 31.12.17
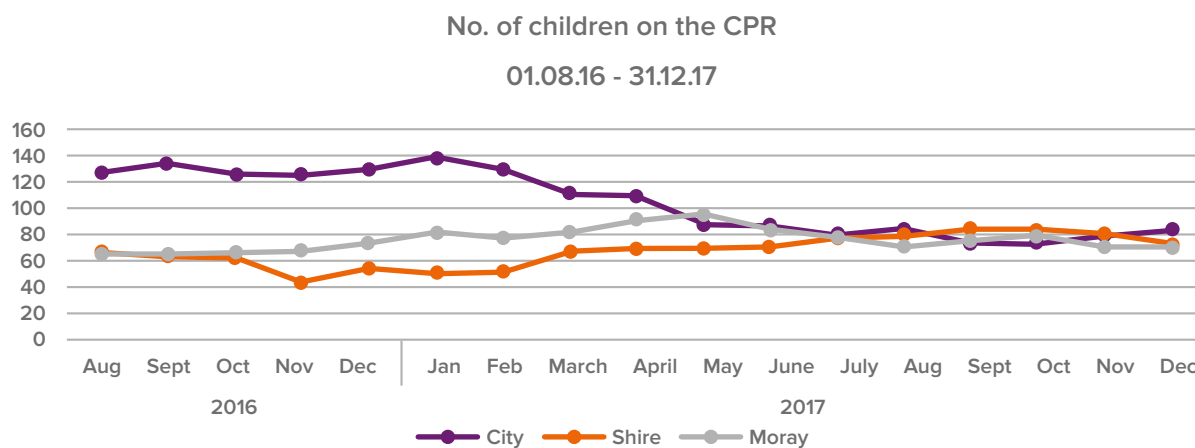
Registration Trends across the North East over the last 5 years

### No. of children on the CPR

2012 - 2017

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Number of children on the CPR as at the 31 July over the last 6 year period

Authority	2011	2012	2013	2014	2015	2016	2017	As at 31.12.17
City	96	86	92	73	98	118	80	82
Shire	68	73	52	68	90	65	78	72
Moray	48	45	64	45	45	64	80	69
Total	**212**	**204**	**208**	**186**	**233**	**247**	**238**	**223**

Registrations per Comparative Local Authority Areas

No. of children on the CPR
Comparative Local Authorities
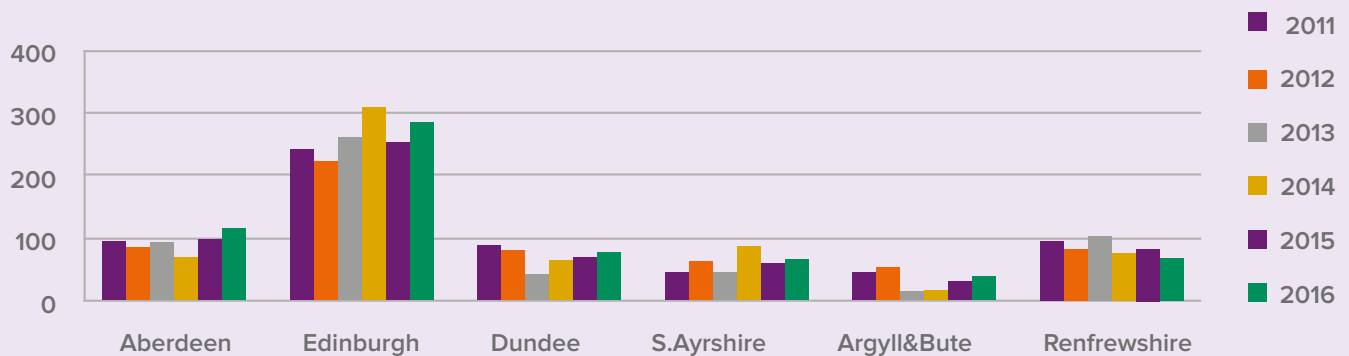
Re-Registrations

Of the children who were on the North East Child Protection Register from 1 August 2016 - 31 July 2017, 110 had previous registration history. In relation to Aberdeen City

- 47 children registered over the year had previous registration history
- 47 children involving 36 families
- The longest time interval between individual registrations was 14 years 6 months and the shortest 6 months
- 47 children had previous registrations compared to 38 in 2015/16.

Case Conferences

Number of scheduled Case Conferences between 01.08.16 - 31.07.17 per local Authority

Authority	*Initial/Pre-Birth			Reviews			Total		
	2015/16	2016/17	To 31.12.17	2015/16	2016/17	To 21.12.17	2015/16	2016/17	To 31.12.17
City	132	152	265	277	291	377	409	443	642
Shire	78	91	123	176	141	207	254	232	330
Moray	61	70	93	97	128	190	158	198	283
Total	271	313	481	550	560	774	821	873	1255

*Initial Case Conference include any Transfer in and Reviews include any transfer out Case Conferences involved singular and multi-sibling families.

De-registrations

In the period 31 December 2016 - 31 December 2017, Aberdeen City had 204 de-registrations

Duration	Number	Comparator Local Authorities 31.07.16	
0 - 1 month	4	Edinburgh	378
2 - 6 months	100	Dundee	143
7 - 12 months	58	South Ayrshire	72
13 - 18 months	24	Argyll & Bute	57
19 - 24 months	13	Renfrewshire	146
24 months +	5		
Total	204		

Enquiries to the CPR

Authority	2012/13	2013/14	2014/15	2015/16	2016/17 (to 31.7.17)	Total from 31.7.16 to 31.12.17
City	656	568	482	415	281	376
Shire	601	609	699	637	598	834
Moray	457	214	156	142	127	143
Total	**1714**	**1391**	**1337**	**1194**	**1006**	**1353**

Risk Factors

Of the children registered across the North East   % 31.12.17   31.07.16

	% 31.12.17	31.07.16
Domestic Abuse	21%	32%
Parental Drug Use	24%	31%
Parental Alcohol Use	10%	17%
Parental Mental Health	23%	27%
Sexual Abuse	7%	2.5%
Physical Abuse	21%	8%
Emotional Abuse	46%	38%
Non-engaging family	5%	21%
Neglect	35%	26%
Child placing Self at Risk	0%	0%
Child Sexual Exploitation	0%	2%
Trafficking	0%	0%
Other	0%	2%

Aberdeen City	2017											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
No. on CPR	139	130	112	110	89	89	80	83	72	73	79	82
Affected by Neglect	33	25	22	18	13	14	20	20	16	18	24	29
Physical Abuse	13	13	6	4	4	6	4	5	6	13	13	17
Sex Abuse	3	2	3	4	4	3	2	2	4	4	5	6
Emotional Abuse	45	42	40	42	34	36	33	36	37	33	36	38
Domestic Abuse	36	37	35	35	26	29	30	33	19	13	16	17
Parental Drug Abuse	45	45	37	35	33	32	24	22	17	16	18	20
Parental Alcohol Abuse	18	12	9	19	11	9	10	10	7	6	5	8
Parental Mental Health	31	28	24	24	19	11	15	15	11	13	16	19
Non-engaging Family	21	20	13	14	13	13	14	11	9	7	6	4
Child placing Self at Risk	0	0	2	2	2	2	1	1	1	1	1	0
Danger & Forced Labour	0	0	0	0	0	0	0	0	0	0	0	0
Child Sexual Exploitation	0	0	2	2	2	2	1	0	0	0	0	0
Trafficking	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	3	0	0	0	0	0	0	0	0	0	0

Financial Implications

The shared north east activities (Child Protection Partnership) are funded by Aberdeen City Council, Aberdeenshire Council and NHS Grampian each contributing 26%, and Police Scotland and the Moray Council each contributing 11% of the total annual cost. The budget is estimated for the year 2016-17 to be £112,094. Staffing consists of the Child Protection Admin Officer (who also fulfils the role of Keeper of the Child Protection Register) and 2 part-time admin support assistants. Aberdeen City Council provides the management and employment support for the staff of the Child Protection Partnership.

In relation to Joint Investigative Interviews in Grampian, the budget is administered by the Child Protection Partnership and is £24,000 for 2016/17.

This is the last year for the shared costs to be borne by reference to the formula outlined above. From the start of the financial year 2018/19, costs will be borne in equal one-third parts by each CPC; namely, Aberdeen City, Aberdeenshire and Moray.

Aberdeen City Chief Officers Group comprising the statutory agencies (ACC, NHS and Police Scotland) are currently determining the budget for the ongoing work of the City CPC. This will encompass staff costs, child protection partnership contribution costs and anticipated local expenditure. The staffing complement for Aberdeen City CPC is the Child Protection Programme Development Manager (funded exclusively by ACC), a Learning and Development Co-ordinator and 0.5 FTE admin support.

Future Planning

What is the CP Programme concentrating on now?

The child protection programme is comprehensive and far-reaching. The main areas of priority at the moment are:

- addressing neglect and supporting consistent risk assessment across Aberdeen City

- developing a strength based approach to our child protection services and to improving children's and families
participation in the child protection process

- making best use of our data

- making sure we disseminate the learning from Initial and Significant Case Reviews across the multi-agency children's workforce

- continuing to address CSE and child trafficking, particularly with the night time economy and ongoing on-line safety work

- domestic abuse and child protection issues

- responding to the Scottish Government's child protection improvement programme

- strengthening alignment with our COG and with other Aberdeen City strategic partnerships such as Alcohol & Drugs Partnership, Adult Protection Committee, and the Violence against Women Partnership

- establishing a Learning & Development sub Committee and making sure our training programme meets local need.

Conclusion

This fourth annual report of Aberdeen City Child Protection Committee highlights the developments and improvements over 2017. It demonstrates the commitment of agencies and services to address current and emerging issues in order to continue to improve services for the protection of children and young people from all forms of abuse, neglect or exploitation. The CPC aims to make sure that professionals are supported through improvement opportunities, evidence-led strategic planning and up-to-date learning and materials to safeguard and promote Aberdeen's children's health, welfare and development.

Heather MacRae

Chair of Aberdeen City Child Protection Committee, Professional Lead for Nursing and Quality Assurance, Aberdeen City Health and Social Care Partnership

Kymme Fraser

Child Protection Programme Development Manager, Lead Officer, Aberdeen City Child Protection Committee

Aberdeen City Child Protection Committee Governance Structure

Aberdeen City Community Planning Partnership

Chief Executive Officers Group (Aberdeen City)

Integrated Children's Services Board

Child Protection Committee

CP Operational Sub Committee

Significant Case Review Sub Comittee

Learning & Development Sub Committee
Soon to be established

Child Sexual Exploitation Group

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Aberdeen City
Child
Protection
Committee

If you are concerned about the safety of a child in Aberdeen, call

- **01224 306877 (Joint Child Protection Team)**
- **101 (Police Scotland)**
- **0800 731 5520 (Reception Team and Emergency Out of Hours)**

ABERDEEN CITY COUNCIL.

COMMITTEE	Public Protection Committee
DATE	4th July 2018
REPORT TITLE	Implementation of the approved recommendations of the United Kingdom Accreditation Service (UKAS) assessment of the Aberdeen Scientific Services Laboratory (ASSL).
REPORT NUMBER	CUS/18/015
DIRECTOR	Rob Polkinghorne
CHIEF OFFICER	Mark Reilly
REPORT AUTHOR	James Darroch
TERMS OF REFERENCE	3.1 and 3.2

1.   **PURPOSE OF REPORT**

1.1   To update Committee on the status of UKAS accreditation and the progress of recommendations of assessment of the Aberdeen Scientific Services Laboratory.

2.   **RECOMMENDATIONS**

That the Committee :-

2.1   Notes the work being undertaken to implement and develop the recommendations of the 15th and 16th March 2018 UKAS surveillance report; and

2.2   Endorses the continuation of accreditation as a license to operate.

3.   **BACKGROUND**

3.1   ASSL is a laboratory based at Old Aberdeen House, providing analytical services to a wide range of local authority and private clients. It is a team of 20 staff within Operations and Protective Services, consisting of 17 technical and 3 support staff.

3.2   ASSL provides both chemical analysis and microbiological examination analytical services on a range of sample types, principally food products, agricultural products, potable water, swimming pools, legionella monitoring, air monitoring and surface/ground waters and leachates from landfill site monitoring. It provides support for the Environmental Health services and plays

an integral part in the process of protecting the health of the people of the North East of Scotland.

3.3   ASSL is an Official Control Laboratory (OCL) as designated by the Food Standards Agency under EU legislation (Regulation (EC) 882/2004). Without OCL status, the laboratory would not be able to undertake any enforcement work. ASSL also employs, as specified in the Food Safety Act 1990, a Public Analyst who has been appointed by Aberdeen City, Aberdeenshire and Moray Councils.

3.4   ASSL has successfully maintained UKAS accreditation status since 1994. On 15th and 16th March 2018 the laboratory received a Surveillance assessment by UKAS. This highly successful, surveillance visit was the third visit of the current 4 year accreditation cycle for the laboratory (2016 to 2019). Next year will see UKAS deliver a full re-assessment audit, prior to the start of another 4 year cycle.

3.5   During the course of the 2018 assessment, a number of findings were raised that identified areas where the quality system procedures could be improved further. These findings were addressed, with evidence submitted to UKAS, and on the 17th May 2018 confirmation was received from UKAS that the findings had been cleared and that accreditation was being maintained for a further 12 months.

3.6   UKAS assessments (whether Re-assessment or Surveillance) are all encompassing audits of ASSL's operating and technical practices. Work undertaken by the Laboratory, including the implementation of the Quality Management System, are assessed against the ISO standard criteria, Food Standard Agency and Drinking Water Inspectorate guidelines.

3.7   As legislative and technical amendments are made accreditation requirements adapt to reflect and accommodate best practice. As such, the UKAS technical assessors make annual reports on surveillance visits of ASSL. The findings of the 2018 surveillance assessment are attached in Appendix A for reference.

4.   **FINANCIAL IMPLICATIONS**

4.1   The estimate of total expenditure required by UKAS to maintain the 4 year accreditation cycle is approximately £45,000.

4.2   The estimate of the total expenditure, including laboratory staff time, required by the Council to allow ASSL to maintain accreditation and implement recommendations over the same period is approximately £80,000. All costs of maintaining accreditation are built into existing budgets.

4.3   The expenditure is required as the maintenance of UKAS accreditation, including to the Drinking Water Testing Specification (DWTS), forms part of existing service level agreements with local authority partners. Local authority

income currently forms approximately 85% of the £1.2 million turnover of the laboratory.

4.4   UKAS accreditation is also required by most private customers seeking analytical services.

5.   LEGAL IMPLICATIONS

5.1   There are no direct legal implications arising from the recommendations of this report.

6.   MANAGEMENT OF RISK

6.1   Section 6.5.1 of the current service level agreements with Aberdeen City Council, Aberdeenshire Council and Moray Council state that "The Provider (i.e. ASSL) shall perform the analysis and examination of samples consistently and accurately according to recognised procedures. These procedures will be validated regularly by UKAS/DWTS accreditation and assessment, and by internal quality assessment procedures."

6.2   Failure to acquire, and maintain, UKAS/DWTS accreditation would mean that the laboratory would be unable to provide an analytical service, which currently accounts for 85% of the income of the laboratory, to these local authorities.

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	Loss of significant part of local authority client base due to failure to maintain UKAS accreditation, as required by existing service level agreements.	M	Continue to invest the necessary time and resources required to maintain UKAS accreditation.
Customer	Loss of private customers due to failure to maintain UKAS accreditation.	M	Continue to invest the necessary time and resources required to maintain UKAS accreditation.

Technology	Lack of investment in the development of new technologies, and in the maintenance of existing technologies, restricting the ability of ASSL to maintain its current status as an Official Control laboratory.	M	Seek additional sources of capital investment. Seek sources of additional income so that ASSL can self-finance some of the investment in technology.
Reputational	Loss of credibility of ASSL, with clients and other organisations, in ability to provide quality services through failure to maintain UKAS accreditation.	M	Continue to invest the necessary time and resources required to maintain UKAS accreditation

7.   OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	The provision of quality analytical services to local authority and private customers supports those organisations in providing the services that they , in turn, provide to their own customers and the community.
Prosperous People	UKAS/DWTS accreditation enables the Laboratory to maintain its status as an Official Control Laboratory and provides confidence to customers and clients (both private and local authority) of its ability to maintain high quality performance and service in its role of helping to ensure the safety of food and water that we all consume, and of the air that we breathe.
Enabling Technology	UKAS/DWTS accreditation dictates that the Laboratory strives to maintain and develop the services that it provides through the acquisition of modern equipment and the development of new technologies.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	None.
Organisational Design	None.
Governance	External audit and accreditation provides assurance to Aberdeen City Council regrading the quality of the laboratory service
Workforce	None.
Process Design	None.
Technology	None.
Partnerships and Alliances	None.

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Not required.
Privacy Impact Assessment	Not required.
Duty of Due Regard / Fairer Scotland Duty	Not applicable.

9.   BACKGROUND PAPERS

None

10.   APPENDICES

Appendix A: United Kingdom Accreditation Service (UKAS) Assessment Report detailing the visit made to Aberdeen Scientific Services Laboratory on the 15th and 16th March 2018.

11.   REPORT AUTHOR CONTACT DETAILS

Name   James Darroch
Title   Laboratory Manager
Email Address   jdarroch@aberdeencity.gov.uk
Tel   01224 491648

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United Kingdom Accreditation Service

UKAS
UNITED KINGDOM ACCREDITATION SERVICE

Commercial in confidence

ASSESSMENT REPORT

Name & Address of Organisation	Aberdeen City Council Accounts Payable Section Aberdeen City Council Woodhill House Westburn Road Aberdeen AB16 5GB United Kingdom	**Type of Assessment**	Accreditation - Surveillance
		UKAS Reference Number	5464 1325
		Date(s) of Assessment	15/03/2018- 16/03/2018
Assessment Location(s)	Aberdeen Scientific Services Laboratory Old Aberdeen House, Dunbar Street Aberdeen AB24 3UJ United Kingdom	**Project references**	212315-02-01
Assessment Standard / Criteria	ISO/IEC 17025:2005 - Testing Laboratory	**Schedule Issue No(s)**	036
Name & Role of UKAS Assessment Team	Eddie Dix (Lead Assessor), Peter Whittle (Technical Assessor), Andrew Jervis (Technical Assessor), Chris Dixon (Technical Assessor)	**Date(s) of Assessment Plan**	16th January 2018
		No. of (M) Findings: Action Mandatory	32
Name of Organisation Representative(s)		**No. of (M) Findings: Require Evidence to UKAS**	31
Report Issued By	Eddie Dix	**No. of (R) Findings: Action Recommended**	3
Report Issued Date	20th March 2018	**Method of Reviewing Evidence**	Remote
Report Acknowledged By		**Quote for Reviewing Evidence**	1.25 Days
Report Acknowledged Date	As email	**Agreed Action Completion Date**	30th April 2018
Report Acknowledged Method	email	Please return evidence to customerservices@ukas.com Quoting the UKAS Ref.No. in the subject field	

AREAS SAMPLED AT ASSESSMENT (*marked as ' X'*)

ORGANISATION		IMPARTIALITY & INTEGRITY	
Legal Status	X	Independence, Impartiality & Integrity	X
Liability Cover (CB / IB only)	N/A	Confidentiality	X
Management of Finances (CB/ IB only)	N/A	**EVALUATION PROCESSES**	
Resources	X	Design & Development of Methods	X
Organisation Structure	X	Enquiries, Tenders, Contracts	X
Responsibility & Authority	X	Planning & Resource Allocation	X
MANAGEMENT		Testing	X
Management System Including Documented Policies & Procedures	X	Reports & Certificates	X
Roles & Responsibilities for Quality	X	Decisions/ Opinions	
Control of Documents and Records	X	Certification & Maintenance of Certification (CB only)	N/A
Management of Sub Contractors and Purchases	X	**TECHNICAL COMPETENCE**	
Service to Clients (Test / Cal only)	X	Personnel	X
Handling of Complaints	X	Methods	X
Control of Non-Conforming Items Dealing with Corrective & Preventive Actions and Improvements	X	Facilities/Equipment/Environmental conditions	X
Internal Audit and Management Review	X	Assurance of Quality of test	X
Supervision & Monitoring of Staff	X	Witnessed Activities	X
Conditions for Granting & Maintaining Certification (CB only)	N/A		

Executive Summary and Recommendation

This was the third surveillance visit in the current 4-year cycle to assess the continuing conformity of Aberdeen Scientific Services Laboratory against the requirements of ISO/IEC 17025:2005 and DWTS as applicable.

The laboratory Quality System is mature and well established. It has been generally well maintained since the last assessment. Internal audits have in general been carried out as per the audit plan, however they had not all been closed out in a timely manner, this had been identified by the laboratory and was extensively covered at the Management Review, a programme of audit update meetings has been implemented, the effectiveness of these meetings will be reviewed at the next visit. The new electronic system for storing audits appears to be working well as records were easily retrieved from the server. The rationalised non-conforming work form also appears to be working well and records indicated that actions appeared appropriate. The records from the Management Review indicated that some of the areas were covered in great detail, however other areas had not been covered to any great depth, actions are identified and listed in a table. The progress is monitored throughout the year, however the minutes from the most recent management review did not include any evidence that the actions from the previous review had been closed out. Due to an issue with a piece of equipment the laboratory had to subcontract some samples for anions, the laboratory had not informed the customer of the need to subcontract the work during this time.

The laboratory has not used the Flexible Scope during the last year, however they are looking to extend the current scope of the procedure to include classical techniques and animal feeds. This was discussed during the assessment and an extension to scope is required to be submitted.

An area for improvement, identified at the assessment related to change management. This was specifically noted with respect to changes in equipment and updates to referenced standards, that had not been effectively documented. The laboratory is also reminded of the importance of keeping UKAS informed of any changes to the organisation, including changes in equipment and resource that could impact on the laboratories accreditation. This is a requirement of the UKAS agreement.

All areas of the laboratory continue to maintain high technical standards, with competent knowledgeable staff. Overall, good EQA results have been achieved throughout the year across all disciplines, with all DWTS related tests being included. The laboratory benefits from good staff stability. For Water and Environmental Chemistry, there are some gaps in traceability for a few parameters and the new ion chromatograph was introduced into service without full validation.

Recommendation that accreditation to ISO/IEC 17025:2005 and DWTS is maintained for the current schedule of accreditation (issue 036), taking into account the changes identified during the assessment (See below), subject to the satisfactory clearance of the mandatory findings raised within the agreed timescale.

Scope (if not covered elsewhere)

The visit plan was followed as documented, however the Lead Assessor also covered control of external publications as this was an area that had been identified as a weakness.

Schedule Changes

The following changes were identified for Food Chemistry during the assessment.

1. Dietary fibre following procedure PA/VEM/0081 has not been carried out at the laboratory for a number of years and should be removed from the schedule of accreditation.
2. The technique for the chloride procedure PA/IHT/2303 should state ion chromatography and not HPLC.
3. The laboratory procedure for chloride PA/IHT/2303 also includes the calculation of salt from chloride by the application of a constant factor to the chloride result. Salt from chloride should be included on the schedule of accreditation.

4. The laboratory procedure for sodium PA/IHT/2540 also includes the calculation of salt from sodium by the application of a constant factor to the sodium result. Salt from sodium should be included on the schedule of accreditation.

A number of schedule changes were identified for some of the microbiology test methods, notably around dates on stated references, this included BS and ISO standards as well as a number of the Microbiology of Drinking Water methods. Some of these are being addressed as findings, however the change to the Legionella standard is to be submitted as an Extension to Scope. Please refer to the Technical Assessors report and findings for full details.

Organisation
Legal Status
Aberdeen Scientific Services Laboratory (ASSL) is a sub-service within the Communities, Housing and Infrastructure Service of Aberdeen City Council. There have been no changes in the structure within the City Council since the last visit.

Resources
Since the last visit, two members of staff have left, one has been replaced (Scientist) and the laboratory is looking at initiating the recruitment process for the for other post (Assistant Scientist). As such there has been no real change in the level of resources. The Public Analyst has reduced his time down to three days a week and works remotely for the majority of his time, attending the laboratory several times a month as required, this appears to have worked well over the last year. The public Analyst has indicated that he wishes to retire in the latter part of 2018 and as such a replacement will be required to undertake the statutory role of Public Analysts, Agricultural Analyst and Food Examiner. The organisation has identified a potential replacement from another local authority and is due to start the official recruitment process. within the next few weeks. It is anticipated that the new appointment will be made prior to the retirement of the current Public Analyst, thus allowing for a hand over period, the laboratory is reminded that UKAS must be kept informed of these changes.

The laboratory has identified a replacement for the role of Food Examiner   and are training her in the requirements for reporting.

There has been no significant change in the workload of the laboratory and current staffing levels appear appropriate. The laboratory is however aware that a large contract which it is currently servicing is due to end in 2018. This may impact on staffing levels if alternative work is not brought in to replace it.

The laboratory is currently located in a former school building over several floors. Access to the laboratory is via a secure door which has a secure entry system. All visitors are required to sign in at the reception on arrival. The laboratory has been approached by the Scottish Environmental Protection Agency (SEPA) who have facilities in the Torry area of Aberdeen, to consider relocating the Aberdeen Scientific Services laboratory into the Inverdee House Facility. The City Council are currently investigating the viability and costs of a relocation. The laboratory Management have been over to the proposed site and established that the area appears appropriate, but will require some works to be undertaken. The laboratory are reminded of the importance of keeping UKAS informed of any relocation plans and that any such relocation will need to be undertaken as an Extension to Scope, which will require some form of site assessment.

There have been two new items of equipment which have been sourced in the last year. A vapodest steam distillation unit and a new Ion Chromatography System. Both have been subject to some verification checks, however they have not been subject to full verifications, this is specifically a concern for the Ion Chromatography system which has been used for determination of Anions in Waters and has been used for DWTS work. Findings have been raised by both the Chemistry Technical Assessors as appropriate. The laboratory is reminded that UKAS must be informed of any changes to key items of equipment as soon as is practicable as per the UKAS agreement.

Organisation Structure

The laboratory organisational structure is detailed in Appendix 2 of the Quality Manual, the organogram identifies the roles and does not include the names of the individuals in those roles. The names of the individuals filling the roles are listed separately within Appendix 2. The list of staff in post still includes   (Senior Scientist) and   (Assistant Scientist), these staff have left the laboratory, the list has also not been updated to include   a more recent appointment. (See Finding E01490-005).

Responsibility & Authority

Responsibilities and Authorities have been assigned within the Quality Manual and supporting procedures, including specific responsibilities for Reporting and management of the Generic Protocol. Appendix 6 covers specific procedures to meet DWTS requirements and includes the names of staff deemed Competent Persons, the list of names still includes   who has since left the laboratory (See Finding E01490-005).

Management
Management System Including Documented Policies & Procedures

The Quality System is documented in the Control Manual and a series of policy manuals which are held as hard copy documents. The Quality Manual includes cross references to the Policy Manuals as appropriate. The Control Manual has a number of appendices which include additional information, it was noted that Appendix 3 of the control manual, lists the PT schemes which are used by the laboratory, the list is however not up to date as it does not include the LGC Quality in Dairy Chemistry Scheme (QDCS) or the LGC Quality in Food Chemistry Scheme (QFCS) (See Finding E01490-004).

Technical Procedures are held in Technical Manuals, these are available at the points of use.

The Laboratory records are held as a combination of hardcopy and electronic, there is a gradual migration of hard copy records into electronic systems and the Control Manual has been updated to identify the use of both types of record system as appropriate.

Roles & Responsibilities for Quality

The Laboratory Manager, undertakes the role of Quality Manager for all of the sections within the laboratory. The Public Analyst undertakes the role of Technical Manager. Deputies have been identified for the key roles, with the Public Analyst deputising for the Laboratory Manager, some of the responsibilities may be undertaken by the two Principal Scientists as appropriate. In the absence of the Public Analyst, his duties as Technical Manager are undertaken by the Principal Scientist (Food Chemistry).

Control of External Publications

The Public Analyst is responsible for identifying updates to external publications, via a range of systems, including use of IHS Technical Indexes as well as searching through the publications websites. Where new or replacement documents are identified, the Public Analyst will inform the relevant Principal Scientist who will review the updated publication against the laboratory method. Whilst this has been done for some documents there is no formal process in place which details how the review is conducted and how the review is recorded (See Finding E01490-013).

Management of Sub Contractors

There is a list of approved suppliers which is maintained in LIMS, the list includes approved subcontractors. Subcontractors are approved based on their accreditation status where applicable. Only accredited subcontractors are used and where required the subcontractor is also accredited against the DWTS requirements.

The laboratory routinely subcontracts some metals, for which is it not accredited to Scottish Water who are UKAS accredited for these metals (Arsenic, Antimony and Selenium) to DWTS requirements.

Some testing for Anions was subcontracted to Derwentside Environmental Testing Services (DETS) during the period that the Dionex Ion Chromatography system was out of action

(November 2017). DETS is UKAS accredited for Anions in Waters, but does not hold accreditation for DWTS requirements. See Finding raised by Peter Whittle regarding subcontracting of any work which may have been done under drinking water inspectorate.

The laboratory did not inform customers of the need to subcontract the Anions Testing during the period that the work was subcontracted, as per the requirements of ISO/IEC 17025:2005 and their own Quality Manual (See Finding E01490-012).

Service to Clients
The laboratory has carried out a customer feedback survey in early 2018. Approximately 120 survey emails were sent out with a response rate of approximately 50%. The overall feedback was very positive with very little negative feedback noted. The survey included sections where customers could leave comments. Of the customer responses approximately 50% were from private customers. The laboratory has considered the comments and those areas where negative feedback was made and looked at implementing improvements as appropriate.

In addition to the Annual Customer Feedback survey, the laboratory meets quarterly with representatives from the Local Authority partners to discuss work being undertaken. This is used to discuss any specific requirements and provides a forum for obtaining feedback on the laboratories performance.

Handling of Complaints, Control of Non-Conforming Items Dealing with Corrective & Preventive Actions and Improvements
The laboratory has rationalised a number of different forms which were used for recording different types of non-conformance into a single form. The form has a tick box which is used to identify the type of non-conformance, including complaint, non-conforming work, preventive action or "Other Anomaly".

There have been no formal complaints received by the laboratory in the last year.

Since the new form has been introduced there have been 16 instances recorded, of these 16, one was recorded as a preventive action, one as an "Other" and the remainder were recorded a Non-conforming work, and in general related to AQC failures. Investigations appeared appropriate for those records reviewed.

The "other" non-conformance identified that there was a member of staff who appeared to be demonstrating a low bias for one of the tests. This triggered an audit of the method in question and it was identified via the audit that there was some poor practice with respect to use of autopipettes. This was addressed with refresher training and results have been monitored, indicating that this had been effective.

Any corrective actions arising from non-conformances are closed out promptly.

Proficiency Test failures are recorded on a different form. Investigations into PT failures have been assessed by the Technical Assessors.

Internal Audit
Audits are carried out according to procedure PA/IHP/0005, there are audit plans in place covering system audits, method performance audits, method audits and vertical audits, including specific audits covering DWTS work. The method audits are effectively method reviews and do not include any witnessing of the tests. Method performance audits have a dual purpose, they are used for auditing the test method and systems around each method as well as providing a check on competence of the staff being witnessed.

In general system audits have been carried out as planned, as have the majority of method performance audits, however there was some slippage identified resulting in not all staff members having been witnessed as required (See finding raised by Technical Assessor). There has been some slippage in the vertical audit plan and the laboratory have identified that there has been slow progress with close outs. As a consequence of this, audit update meetings have been set up to

take place at the end of each month to monitor progress of audits, this is a recently implemented improvement and will need a period of time before its effective implementation can be fully assessed, this will be followed up at next years' assessment.

There is a team of auditors and this has been recently expanded to include three additional auditors. They have all completed the Internal QMS Auditor training course run by QMI Scotland, however the list of auditors which is maintained in PA/LOG/1101 has not been amended to include the three additional auditors (See Finding E01490-007). It was also noted that lists of staff who can do method performance and method audits needs updating.

A selection of the different audit types was reviewed. Audits are recorded on an audit "Check List". Dependent on the type of audit this may be a free text form or a more formal check list. The level of detail being recorded was good, with clear objective evidence recorded as appropriate. It was noted that in some audits, where a finding has been raised it has been recorded in bold type, but in others this is not the case. Audit findings are documented on "Audit Reports", these are individually numbered for each finding raised. There is also an audit summary which lists all of the audit findings. The laboratory may wish to standardise the practice of using bold type within the audit process for identifying audits and consider linking the audit finding in the audit checklist to the specific audit report, this may be by use of the individual finding number or hyperlinking to the audit report, this has been raised as a recommended finding (See E01490-008).

The laboratory audit report form, which is used for recording the audit finding, investigation and corrective action does not currently include a section for impact assessment, where this may be required (See Finding E01490-009). Where no audit findings are raised an audit report is still generated.

Audit reports and checklists are completed electronically and the audit records are now held electronically on the server in a specific location. The records were well maintained and easily retrieved.

Management Review
The Management Review was held on the 16th February 2018 and was attended by
　　　　ı (Public Analyst) and　　　　　　　　　(Quality Manager).

The minutes covered the key areas required in ISO/IEC 17025:2005, clause 4.15 and included a good level of detail around certain key areas, including internal audits, staff training, resource and future plans. The section on Internal audits was particularly well detailed and identified a number of areas for improvement within the audit process, these had been raised as actions. Other areas were covered but there was little evidence of any real discussion, the areas concerned included complaints and anomalies (no evidence of discussion on any trends or common root cause) (See Finding E01490-001).

The section covering proficiency testing included a list of the current schemes that are used, but there was no evidence to indicate whether the current coverage is sufficient to cover all accredited test methods, whether the schemes undertaken are suitable or review of trends and bias (TPS 47, 4.3 and 4.8) (See Finding E01490-002).

The minutes did not include discussion on use of the Generic Protocol other than that identified within the internal audit section, it is noted that the Generic Protocol has not been used in the last year. (LAB 39, 4.2e), (See Finding E01490-006).

Actions arising from the Management Review are compiled into a table which includes the owner and the timescales. There was no evidence in the minutes from the meeting in February 2018 whether those actions arising from the Management Review in 2017 had all been closed out (See Finding E01490-003).

Confidentiality, Impartiality & Integrity
This is covered in contracts of employment as well as within policies detailed in the Control Manual. The laboratory undertakes both enforcement work for the local authorities and private

work for businesses. Where a potential conflict of interest may arise as a result of enforcement action the laboratory will not undertake any work which could compromise their impartiality and integrity. If the laboratory is asked to test samples from private companies that are subject to an enforcement issue, then the laboratory will direct the private company to another laboratory, which may be another Public Analyst laboratory or Private contract lab as appropriate.

The laboratory will need to consider the changes within the new version of ISO/IEC 17025 with respect to identifying and managing risks to impartiality.

Evaluation Processes
Enquiries, Tenders, Contracts
The laboratory uses a combination of service level and agreements and quotations as part of the contract review process. The service level agreements exist between the laboratory and the three local authority partners. These are long standing agreements and are renewed on an annual rolling basis. Regular meetings are held with the Partner authorities where sampling plans are discussed and agreed. As such the laboratory has first-hand information about the main projects to be undertaken and when the work will take place, as such they are able to ensure suitable resource is available.

Quotations are generated for ad-hoc work, which is mainly from private customers. The Quotation template includes the UKAS symbol and laboratory number in the footer. A selection of quotations was assessed during the visit. Where tests are to be subcontracted the * is used and there is a note explaining this, where non-accredited tests are included on the quotation a # is used with an accompanying note. The quotations reviewed included the correct symbols as applicable. Quotations also identify the sample type and where appropriate additional information may be included to assist the customer.

Quotation ASSL066-17 was for a series of tests on samples of surface water, the quotation included PAHs which are subcontracted, the * was used to identify this on the quotation. The quotation also included additional information for the customer regarding the types of sample bottles to use and stability times of samples.

QuotationASSL021-18 was for samples of Potable Water covering both Chemistry and Microbiology work. All tests are covered by the laboratories accreditation.

The laboratory is not set up to do one off tests and where such a request is received, unless the work can be batched with other samples that are being tested, the work is turned down. Whilst this inhibits the laboratories commercial capability it ensures that it is capable of effectively resourcing the workload.

Flexible Scope
The procedure for Flexible Scope is detailed in PA/IHT/3000 and PA/IHP/0030. Procedure PA/IHT/3000 details the general policy and procedure for management of the process and includes the scope of the "Generic Protocol", the current scope is limited to development or modification of methods using GC, HPLC, AAS, ICP-OES, UV/Vis Spectroscopy and Microscopy in Foods and Foodstuffs. The laboratory wishes to extend the scope to cover classical techniques and Animal Feeds. They are aware that this will require an Extension to Scope, with a number of worked examples being submitted as evidence of the use and application. Procedure PA/IHT/3000 also covers the competence/pre-training requirements for the person who supervises the development or modification of a method for use under the Generic Protocol, it does not however define the minimum competence requirements for those staff who are involved in the validation (See Finding E01490-010). Approval to implement the Generic Protocol/Flexible Scope is given by the Public Analyst, who is also responsible for the final approval and reporting under the Generic Protocol. The procedure PA/IHT/3000 states that staff who are competent and authorised to develop or modify methods must be identified in training records, a review of the training records held in LIMS for the procedure did not include the Principal Scientist (Food Chemistry) (See Finding E01490-011). The procedure details the process for the selection of the appropriate conditions for the test method based on the technique to be used, these are detailed as flow diagrams within the

appendices. Whilst the procedure has been updated to include classical techniques it was noted that the appendices did not include anything that covered classical techniques.

Procedure PA/IHP/0030 details the process for validation of the selected method and includes the record form. The laboratory has not used the Generic Protocol in the last year, but will be submitting examples as part of the application to extend the scope of the Generic Protocol.

If, following grant of the accreditation for the extension to scope, the laboratory wishes for any of those worked examples to be added to the fixed scope they will need to inform UKAS of this as part of the application.

The audit plan includes an audit of the Generic Protocol, however the management review does not currently include a section for review of Generic Protocol/Flexible Scope, usages, (See Finding E01490-006).

Reports & Certificates
A selection of reports was assessed throughout the visit. Reports contained appropriate disclaimers where non-accredited results were reported and results from subcontractors were included on test reports. Reports also included a disclaimer regarding reporting of opinions and interpretations as being outside the scope of accreditation.

The UKAS symbol was displayed on test reports along with the laboratory number in accordance with the requirements of the current BEIS publication regarding Accreditation Logo and Symbols (February 2017).

Technical Competence – Water and Environmental Chemical Testing (Peter Whittle)

Personnel
(Scientist and Audit Officer) left ASSL in May 2017 She was replaced in October 2017 by a highly experienced ex-member of staff from the now closed Durham Public Analyst Laboratory.

Competence
Tests were competently demonstrated and the staff had good knowledge of the methods and techniques used.

Training
Training is clearly thorough and effective and the computerised training records contain adequate objective evidence of competency and links to the supporting data files. A recent staff appraisal identified that who started in November 2016, and two others, didn't have electronic training records, and this is being addressed.

All staff trained in a method test the Aquacheck PT samples received if they are available and there is sufficient sample available. The Z-scores are all summarised on a spreadsheet as an aid to identifying any trends or problems.

CPD: See DWTS below.

Methods
Written Procedures
The methods are long established, most of the water testing methods dating back to 1996, well documented and based on the SCA MEWAM 'Blue Book' methods. Appropriate tolerances are specified where required and there is sufficient detail to enable consistent application, and the methods are appropriate to the testing undertake.

The ion chromatography method (PA/IHT/4102) was rewritten as a general IC procedure following the total failure of a Dionex IC and its replacement by a new Metrohm IC.

Validation
The laboratory applied for DWTS in 2014 and all the drinking water chemical testing methods were reviewed to ensure compliance with DWTS and revalidated if not compliant.

The new IC method for anions was put into service with minimal verification that didn't meet DWTS requirements and will require full validation. The initial verification undertaken by the laboratory, included running the same calibration and check solutions as used on the previous instrument and comparing the results. An Aquacheck sample that had been tested on the Dionex was also used in the first few batches run on the new instrument, all the results gave similar and acceptable Z-scores. The on-going performance has been closely monitored and appears very similar to the Dionex performance. See also section covering DWTS below.

Re-evaluation of methods and performance: See DWTS below.

Estimation of Uncertainty
The laboratory has a long-established procedure (PA/IHP/0025) based on the Eurachem Guide and VAM Project 3.2.1, and accompanying spreadsheet for the estimation of uncertainty. The procedure was not assessed at this visit.

Accommodation and Environmental Conditions
The chemical laboratories are not air-conditioned, but have very high ceilings and very high temperatures are not likely to be a problem. Adequate working space appears to be rather limited with a lot of instrumentation on the benches. The facilities are spread over several rooms allowing separation of instrumentation and techniques.

Technical Records
Record keeping was very good and all the records requested were found very quickly. Worksheets are printed off the AIS LIMS and most results entered manually although the ICP-AES has electronic transfer. Many records, including calibration checks, are stored in laboratory notebooks; were easily found and stored beyond the 6-year storage time for other records.

Equipment
The laboratory is well equipped, although much of the instrumentation is quite old, and there are good records of internal maintenance and external service and repair. Each instrument has a maintenance log. A new Ion Chromatograph was purchased in November 2017 as an urgent replacement for the irreparable Dionex.

Calibration
Balances are calibrated annually by Precisa (UKAS 0428), and are checked before service, then calibrated after the service. This year's calibrations were on 23/01/18. The calibration of balance PA0899 was checked and it adequately covered the working range (0 – 220g with the lowest calibration at 0.2g) and the uncertainty was acceptable at ±0.00041g. There is a daily check weight at 100g and additional checks on Mondays to cover a wider range.

The reference thermometer (PA0854) was calibrated externally by Trescal on 27/04/16. Calibrations are 5-yearly and were satisfactory. The oven used for metals digestion was due to be temperature profiled on 24/05/17, but this had been overlooked and not done.

Pipettor PA1168 (10 ml variable volume) is checked every 3 months by means of 5 replicate weighings at 2.0, 5.0 and 10.0 ml, and the last check was in January this year.

Pipettor PA11315 (1.0 ml variable volume) was also checked in January at 0.1, 0.5 and 1.0 ml.

The ICP-OES is calibrated by three reference solutions plus a blank, but doesn't have any acceptability requirements for the metals calibrations, although the instrument software does have pass/fail criteria, but these don't appear to be understood.

System Suitability

System suitability requirements are well established and usually documented in the written procedure. Acceptability criteria were set appropriately. The new IC method will also include chromatographic requirements when sufficient data has been collected to assess the performance.

Maintenance

There is an instrument log for each instrument that includes details of calibration procedures, and internal maintenance and external service, repair and calibration. The Hach service reports for hot blocks, turbidity meter and colorimeters have details of calibrations undertaken by the service engineer and include reference numbers for the calibration sets used to enable full traceability.

Measurement Traceability

The laboratory has largely addressed the requirements for traceability with reference materials generally purchased from external sources and certificates of analysis from suitably accredited suppliers are on file e.g. Certificates from Sigma-Aldrich for turbidity, Inorganic Ventures for metals stocks. However there were a couple of methods witnessed, ammonia and chlorine, where the reference solutions are prepared in house from solid stock chemicals, which are unlikely to satisfy the more rigorous traceability requirements of ISO/IEC17025:2017. There would be benefit in the laboratory reviewing the traceability of all methods and determinands, to ensure the requirements of the new Standard are satisfied. QC solutions (CCV) are always prepared from different stocks to the calibration, and for some methods, the ability to prepare QC or calibration solutions in-house from pure chemical stocks, gives a benefit and enhanced ability to investigate problems. There are good records for the preparation of reference solutions including suppliers and batch numbers, weights/volumes taken, flasks used, solution expiry dates and analyst's initials.

Handling of samples

Samples are registered on an AIS LIMS, which produced worksheets. Further samples may be added manually to the worksheets if more samples are received during the day, particularly for tests like pH. Results are mainly manually entered into LIMS and authorised by a designated competent person, but there is some electronic transfer, and all reports are checked and signed by a designated competent senior member of staff.

Assurance of quality of tests

External Proficiency Testing

The laboratory subscribes to several schemes for chemical testing with good results, which for 2017 are summarised below:

Summary of PT Performance since 2017 UKAS visit (Environment Section)

AQUACHECK

Round 525 Sample 1S	Major inorganic components (soft water)	10/11
	See QA/C/2017/02,03	
Round 525 Sample 2S	Nutrients and others (soft water)	7/7
Round 531 Sample 11	Non-specific determinands	4/5
	See QA/C/2017/04	
Round 533 Sample 1S	Major inorganic components (soft water)	6/6
Round 533 Sample 2S	Nutrients and others (soft water)	4/5
	See QA/C/2017/05	
Round 533 Sample 4 Metals		6/7
	See QA/C,2017/06	
Round 534 Sample 3B Free chlorine		1/1
Round 535 Sample 10 Nutrients		6/6
Round 535 Sample 12 Metals		12/12
Round 536 Sample 4G Metals in ground water		7/7
Round 537 Sample 3 Non-specific determinands		4/4
Round 537 Sample 5 Toxic metals		10/10
Round 538 Sample 3c Total chlorine		1/1

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Round 539 Sample 17c Metals - waste water   16/16

NO$_2$ Intercomparison Exercise

January 2017	4/4
February 2017	4/4
March 2017	4/4
April 2017	4/4
May 2017	4/4
June 2017	4/4

LGC Air PT Scheme

Round 18 Samples 11A to 11D	4/4
Round 19 Samples 11A to 11D	4/4
Round 21 Samples 11A to 11D	4/4

PT results are all plotted on trend graphs, with data going back as far as 2003 for some determinands, and these charts show an impressive history of successful PT participation.

Of the four unacceptable/questionable results, only one (pH) was due to technical reasons. The investigation into the questionable result for pH in Aquacheck was examined. The investigation was well documented, the root cause identified, the impact of the result assessed. (The root cause identified the pH electrode filler cap hadn't been removed prior to using the electrode. This makes a very slight difference to the pH result, sufficient to give a questionable Z-score, but considered not sufficient to affect the results of samples significantly.)

QC Data Analysis and Corrective Actions

Standard solutions (CCVs) were used as both as QC samples and calibration checks for the methods witnessed, but duplicate samples are also tested and charts plotted. The charts for the methods witnessed had appropriate control limits and no significant adverse features. Control charts are reviewed every three months by the quality Manager. Failures are treated as calibration failures rather than QC failure so documentation is brief and reasons for the failure are not investigated. Better clarity is required between the calibration check role and the QC role.

Reporting
The report for sample 10179325 (private water supply sample) was examined as part of a vertical audit and found satisfactory. The UKAS mark was correctly used, the supporting sample information was included, the results reported had an appropriate number of significant figures, the units were clear, method codes were provided and the PCVs were also listed.

DWTS including vertical audits
The laboratory produces an annual DWTS performance summary for all the DWTS parameters, which in 2017 satisfied the Regulatory performance targets.

The failure of the Dionex IC used for anions, and rapid replacement with the Metrohm system put considerable pressure on the laboratory. Some samples were sub-contracted to an ISO 17025 accredited testing laboratory, however the laboratory chosen was not DWTS accredited and there is the possibility that some of the samples were compliance monitoring samples. The laboratory has been asked to identify any such samples and advise the client that testing did not meet the DWTS requirements.

The lack of validation of the new IC instrument would normally warrant suspension of the method, but the initial verification using the PT sample, and demonstration that the on-going performance of the AQC in precision and bias is similar to that achieved by the Dionex, suggests the method is fit for purpose, sufficient to allow continued use of the method pending full validation.

The laboratory re-evaluates its DWTS methods every 3 years and in 2017 the following methods were reviewed: lead, nitrite, pH, conductivity, turbidity, alkalinity, colour, and chlorine, concluded that the on-going performance was satisfactory and no methods required revalidation.

CPD
There is a procedure for CPD (1059), and a list of designated competent analysts/mangers (according to DWI requirements) in the Quality Manual, who countersign all test reports All staff apart from assistant scientists have CPD records.

The CPD record or   (Senior Analyst) contains a good number of entries for 2017 and 2018 to date, but the entries are not categorised into different skills.   CPD record includes five categories based on the Public Analysts' approach and these broadly cover the 9 categories of skills required for competent analysts listed in the DWI Guidance. All the entries are listed under the first category, so there is no evidence to show that the activities cover the range of skills required.

A vertical audit was undertaken on sample 10179325, a private water supply sampled on 29/01/18 and tested for lead by GF-AAS on 14/02/18. The audit included checking sample reception, traceability, analytical raw data including calibration, system suitability and AQC results, the final report and training records of the staff involved. The audit was largely satisfactory, the only finding relating to the digestion oven not being temperature profiled when due, which has already been identified.

Witnessed Activity (test/ calibration/ inspection/ audit*)	Performed By	Technical Assessor	Comments
4102 Anions by IC		PJW	New instrument
4523 Metals by ICP-AES			
4208 Colour			
4205 Turbidity			16 months employed
4520 Ammonia			
4219 Chlorine			Senior Scientist
			All the tests were competently demonstrated.

Technical Competence – Food and Water Microbiology (Chris Dixon)

Test Methods
Methods are a combination of those referenced against BS/ISO standards, Drinking Water standards and documented in house methods. The methods include those required for DWTS water testing. Each method is well documented and includes cross references to supporting procedures.

A number of water and food standard methods have been revised and re-issued. Some of the revisions have not been identified by the laboratory and others have been identified but not yet fully reviewed, see findings. Whilst some reviews may not identify the need for any technical changes, if method validation or verification is required, extension to scope applications would be needed. For Legionella testing, an extension to scope application is required, as the new version of the standard contains significant changes when compared with the previous versions which have now been combined.

The laboratory is reminded that when new versions of standards are issued and the laboratory wishes that standard year referenced on the schedule be revised, UKAS should be contacted. The amount of information UKAS will require, will vary from a simple comparison of versions, where

minimal changes are required by the laboratory, to methods requiring an extension to scope and validation work. The laboratory should not report work as accredited based on the new version of the standard until is in included on their scope of accreditation.

On-going method validity is confirmed by the participation in EQA and a range of IQA testing and process controls. Methods are considered fit for purpose.

The laboratory has an audit program for Performance Audits and test witnessing. Some Performance Audits need to be completed, see finding, Test witnessing audits appear to up to date. Those method audits reviewed contained sufficient detail. DWTS methods are witnessed on an annual basis.

Staff & Training
The laboratory has adequate staff and levels of supervision and experience for the work type and workload. As previously seen, methods were demonstrated with good technical competence and a good understanding of the activities been witnessed.

Two members of staff are designated competent persons responsible for DWTS work. Training records including CPD were reviewed and show on-going training is maintained. Records were also available to show participation in EQA and IQA. For all members of staff performing water testing a Performance Audit should take place for all methods over a three-year period. This program has not been fully maintained, see finding.

There is one designated food examiner who would oversee the testing of 'formal' food samples received from the Environmental Health Offices. Only one formal sample was received this year and that was part of an EHO training exercise.

External Proficiency Testing
External quality assurance is supplied by the LGC; Quality in Food and Water (Drinking water, bottled/mineral water recreational/surface water) and Public Health England, European Food Legislation and Legionella schemes. Overall EQA performance during 2017 was good, with eight anomalous results seen. These were across a range of tests and mostly had questionable Z-Scores, between 2-3.

Overall EQA coverage is good and the laboratory has a satisfactory plan in place for the purchase of 2018 samples. All DWTS methods are incorporated into the EQA plan.

Internal Quality Control
The laboratory uses a variety of internal quality controls on a monthly basis and process controls with each batch of samples. During 2017 and to date this year, planned monthly IQA testing was maintained.

Trend, Bias, Uncertainty of Measurement (UoM) and Limits of Detection.
The laboratory has procedures in place for reviewing trend, bias and calculating UoM. Data is used from EQA and IQA. A selection of graphs for food and water testing were reviewed and these were up to date with no obvious trend or bias. The laboratory is monitoring these graphs on an on-going basis. During the previous assessment it was identified that UoM data was included data going back several years. Historic data is now maintained separately, with UoM calculated over three-year blocks and compared every three years. Data is added on an ongoing basis. For 2015-2017 The UoM values were <10% for food methods except Enterobacteriaceae, which was 15%. For waters methods the laboratory uses 95% confidence level. Results seen for all methods were acceptable.

Low level inoculum, including some of <10cfu/25g, have been used to confirm acceptable levels of detection, for all of the detection methods.

Witnessed Activity (test/ calibration/ inspection/ audit*)	Performed By	Technical Assessor	Comments
Food Enumeration			
PA/IHT/6103 TACC 48h Spread plate PA/IHT/6103 TACC 72h Spread plate	.	Chris Dixon	All test methods demonstrated with good technical competency.
PA/IHT/6104 TACC 48h Spiral plate	.		All colony morphologies typical and confirmatory test gave expected results.
PA/IHT/6107 Coagulase positive Staphylococci			
Pool and spa water			Appropriate controls being used throughout.
PA/IHT/7606 Coagulase positive Staphylococci			
Drinking water (DWTS)			
PA/IHT/001 Heterotrophic Colony Count			
Food Detection			
PA/IHT/6501 Campylobacter			
PA/IHT/6513 Listeria			

Technical Competence – Food Chemistry (Andrew Jervis)

Follow up from previous visit
The laboratory had carried out validation on the new Gerhardt Vapodest nitrogen analyser, but the data generated had not been assessed for fitness for purpose by the laboratory. The laboratory would benefit from a procedure for the commissioning and validation of new items of equipment at the laboratory.

Test Method
The test methods are all available as controlled hard copy documents in the laboratory; they are readily available to the staff and were referred to by the staff demonstrating the procedures.
The methods are clearly written and detailed with good associated procedures detailing the use and calibration of the equipment.
Not all of the procedures are carried out on a routine basis, with competence being maintained through participation in relevant proficiency test schemes.
All witnessed procedures were demonstrated competently.

Staff & Training
Training records are maintained electronically within the LIMS system, detailing the training that has been received in the analytical procedures. The electronic training records contain details in the training in the individual analytical procedures with links to the location of the raw data that was generated.
The laboratory does however need to ensure that it has a procedure in place to record induction and training in the quality system.
The laboratory is staffed with well trained and experienced staff willing and able to discuss the issues that arose.

Quality Control
Quality control in the laboratory is achieved through the analysis of a combination of in house QC materials, certified reference materials, standards and duplicates.
The frequency of analysis of the quality control materials is defined in the individual analytical procedures.

Sample handing

Samples are allocated a unique number within the laboratory, which is traceable throughout. There are appropriate storage conditions for samples. Good aseptic technique was observed during testing and sample integrity maintained.

Media and reagents

All reagents and media seen during method demonstrations were in date and appropriately stored. Batch numbers of the media and reagents used were recorded, enabling full traceability.

Reference standards

With the exception of Legionella and Campylobacter freeze dried reference culture are obtained from NCTC. These are then stored on cryobeads before being put in to use. These reference cultures are appropriately stored and newly prepared cultures are checked for purity and characteristics. Cultiloops are used for Legionella and Campylobacter as these have been found to be more consistent. This is good traceability.

pH buffers were NIST traceable.

Equipment

The laboratories are well equipped for the present work load. External calibration records were reviewed for autoclaves, reference thermometer and balances. All external calibrations were performed by UKAS accredited calibration companies, covered an appropriate range of calibration and had been reviewed by the laboratory. Equipment was uniquely identified and correctly labelled.

Intermediate checks such as daily balance checks, pipette calibrations, spiral platter and incubator monitoring are being maintained. All equipment used, including for DWTS testing appeared clean and fully functional.

Records

Technical records were of a high standard throughout. There was good traceability of reagents, media and a record of staff performing tests. Records being maintained on the IT system were readily retrieved.

Facilities and Environmental Conditions

Access to the laboratory is controlled by electronic keypad. The microbiology department comprises of several rooms, with a logical work flow in place. This segregation of work limits the potential for cross contamination. The laboratory was clean and tidy.

A monthly environmental monitoring program is in place but has only been maintained for eight out of the twelve months, see findings. The previous twelve months period was reviewed and these support that a 'clean' work environment is being maintained. Where occasional out of specification results were seen, additional cleaning was implemented and follow-up sampling done. Environmental monitoring included; air plates (ACC &Y/M), contact plates (ACC) and swabs for pathogens.

Reports and Certificates

A selection of laboratory reports/certificates were reviewed, including all test methods listed on the visit plan. All were compliant with the requirements of ISO 17025. There was correct use of the UKAS symbol and appropriate disclaimers present where relevant.

Vertical audits

A vertical audit was carried out on a sample with >201 Coliforms MPN/100ml. This being detected from a Private Water Supply; sample number 10178468. The audit demonstrated comprehensive technical records are in place from sample receipt to reporting. There was good traceability for all stages of the tests with regards to staff, materials, equipment's and timings.

The data generated is plotted on electronic control charts that are maintained within the LIMS system.

Control charts were available for all of the tests for which they were requested, all showed evidence of regular use and review and were in control with no evidence of trend or bias. All control charts seen had appropriate ranges with action and warning limits set at two and three standard deviations respectively.

External Proficiency Testing

The laboratory participates in the FAPAS and LGC proficiency test schemes. The laboratory has a plan for participation in proficiency test schemes to cover all accredited tests over a two-year period.

The level of participation is such that it adequately covers all of the tests on the schedule of accreditation over a range of matrices.

The performance of the laboratory in these schemes is monitored on hard copy control charts. The performance of the laboratory has been very good, with no results for accredited tests outside the acceptable Z score range of ± 2 in the previous twelve months.

All control charts seen were in control with no evidence of any significant trend or bias.

Reference standards

All reference standards seen showed appropriate traceability to iso guide 34.

Equipment

All requested equipment records were readily available at the laboratory and had been completed to a good standard. Major items of equipment were uniquely identified and labelled appropriately with a calibration status label.

Balances are calibrated by an external UKAS accredited organisation on an annual basis all balances seen were labelled with a current calibration status. The balances are monitored on a daily basis using appropriate weights and records maintained in logbooks.

The laboratory timers were all uniquely identified and subject to an annual check against the speaking clock.

Laboratory autopipettes and dispensers are calibrated on a three-monthly basis using five aliquots at three points over the operating range.

Working thermometers in the laboratory were uniquely identified and calibration records were available that were traceable to externally calibrated thermometers.

Temperature profiling records were available for all of the ovens for which they were requested.

Records and Record Keeping

The standard of record keeping at the laboratory is high, with all requested records being readily available, having been completed to a good standard.

Uncertainty of measurement

The laboratory uses a spreadsheet that is common to a number of public analyst laboratories to calculate uncertainty of measurement using a combination of precision form repeatability data and bias from proficiency test performance.

The laboratory has a schedule to review the uncertainty budgets of its accredited tests and current data was available to demonstrate that the requirements of the schedule had been achieved with current uncertainty budgets available.

Facilities and Environmental Conditions

The laboratory facilities are good, with adequate segregation of working areas.

Reports and Certificates

The laboratory uses the UKAS symbol on its reports. A range of reports including a formal certificate were seen that included a combination of accredited and non-accredited tests along with opinions and interpretations. The reports meet the requirements of LAB1 and 'The national accreditation logo symbols conditions for use by UKAS and UKAS accredited organisations (February 2017)'.

Witnessed Activity (test/ calibration/ inspection/ audit*)	Performed By	Technical Assessor	Comments
PA/IHT/2450 The determination of sodium in food by ICP-OES.		A.P.Jervis	The procedure was witnessed to include sample digestion by microwave, preparation and traceability of calibration standards, instrument set up, system suitability, calibration, sample analysis and quality control.
PA/IHT/0217 The determination of the fat content of food by Soxhlet extraction.	'		The procedure was witnessed to include sample handling and preparation, use of drying oven, Soxhlet extraction, solvent handling and recycling, drying of oil, quality control, calculation and reporting of results.
PA/IHT/0003 The determination of ash in food and animal feedingstuffs.	' `		The procedure was witnessed to include sample handling, use and profiling of furnaces, sample handling, quality control, calculation and reporting of results.
PA/IHT/0081 The determination of the acidity of wine by titration using bromothymol blue indicator.			The procedure was witnessed to include sample reflux, titration, quality control, calculation and reporting of results.
PA/VEM/0381 Calculation of the energy value of food.			The procedure was compared to the food labelling regulations EU 1169-2011, the procedure was witnessed within the LIMS system along with validation of the calculations.
PA/VEM/0247 The determination of the dry soluble residue in products processed from fruit, vegetables and honey.			The procedure was witnessed to include use of refractometer, quality control, calculation and reporting of results.
PA/VEM/0157 The determination of TVN (or TVB) in flesh foods.			The procedure was witnessed to include sample handling, distillation, titration, calculation and reporting of results.
PA/IHT/0152 The determination of mercury in food by cold vapour AAS			The procedure was witnessed to include microwave digestion, standard preparation and traceability, instrument set up and calibration, sample analysis, quality control, calculation and reporting of results.
PA/IHT/0307 The determination of the freezing point depression of milk by the thermistor cryoscope.			The procedure was witnessed to include instrument set up and system suitability, sample analysis and quality control.

Next Steps

Submission of evidence to address the mandatory findings raised within the agreed timescale. Objective evidence to demonstrate that the mandatory findings requiring close out action have

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been suitably addressed is to be submitted electronically by email to UKAS at customerservices@ukas.com both your UKAS reference number(s) and the project number within the subject field. You should receive notification from UKAS that this evidence has been received within three working days of submission. NB: If this notification is not received, please contact UKAS. In order to ensure reliable delivery we request that all emails to be kept below approximately 5MB, if a large amount of data is to be submitted we request that multiple emails are used marked 1 of x, 2 of x to x of x etc. Where no evidence has been requested please indicate the action taken on the Improvement Action Summary form (IASF). Please use a separate form for each assessor.

Note: the laboratory is advised that if corrective action evidence supplied does not clear the nonconformities raised within two submissions of evidence, a review will be carried out with the expectation that an extra visit will be necessary to review actions taken and their implementation with the organisation.

NOTE: The laboratory is reminded of the importance of keeping UKAS informed of any changes to equipment, resources and personnel which could impact on the laboratories ability to maintain its accreditation to ISO/IEC 17025:2005 and DWTS. Where changes to methods are identified, UKAS must be informed before results can be reported as accredited using the amended test methods.

The Laboratory is to submit a number of Extensions to Scope, specifically Legionella Method for the changes following the update to the new version of the standard and an application to extend the scope of the Flexible Scope procedure to include classical techniques and animal feeds.

References (if applicable)
ISO/IEC 17025:2005
LAB 39
LAB 37
TPS 47
BEIS Publication – Accreditation Logo and Symbols, Conditions of use (February 2017)

Appendices (if applicable)
Improvement Action Report

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