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ABERDEEN
CITY COUNCIL

<u>To</u>:   Councillor   Jennifer Stewart, the Depute Provost,   <u>Convener</u>;   Councillor Lesley Dunbar, <u>Vice Convener</u>;   ;   ; and Councillors Al-Samarai, Cameron, Duncan, Greig, Houghton, Townson and Wheeler.

Town House,
ABERDEEN 5 June 2019

PUBLIC PROTECTION COMMITTEE

The Members of the **PUBLIC PROTECTION COMMITTEE** are requested to meet in **Committee Room 2 - Town House** on <u>**THURSDAY, 13 JUNE 2019 at 10.00 am**</u>.

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

NOTIFICATION OF URGENT BUSINESS

1   There is no urgent business at this time

DETERMINATION OF EXEMPT BUSINESS

2   There is no exempt business at this time

DECLARATIONS OF INTEREST

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

DEPUTATIONS

4   Deputations - none expected until after the final agenda is published (and by 10 June)

MINUTE OF PREVIOUS MEETING

5   Minute of Previous Meeting of 24 April 2019 (Pages 7 - 12)

COMMITTEE PLANNER

6   Committee Planner (Pages 13 - 16)

NOTICES OF MOTION

7   No notices of motion have been received

REFERRALS FROM COUNCIL, COMMITTEES AND SUB COMMITTEES

8   Referrals from Council, Committees or Sub Committees

POLICE AND FIRE RESCUE SERVICE

9   Police Scotland Thematic Reports - Verbal Update from Clerk

10   Thematic Report - Road Policing (incl AWPR update) (Pages 17 - 26)

11   Thematic Report - School Based Officers (Pages 27 - 38)

12   SFRS Annual Scrutiny Report (Pages 39 - 60)

13   SFRS Strategic Plan Consultation (Pages 61 - 100)

CHILD AND ADULT PROTECTION

14   No Reports - Verbal Update

PROTECTIVE SERVICES

15   UKAS Annual Audit for Scientific Service (Pages 101 - 132)

16   Food Service Plan

17   Occupational Health and Safety Intervention Plan 2019/20 (Pages 133 - 148)

COMMITTEE ANNUAL EFFECTIVENESS REPORT

18   2018/19 Committee Annual Effectiveness Report (Pages 149 - 166)

19   Date of Next Meeting - 10 October 2019 at 10:00am

EHRIAs related to reports on this agenda can be viewed here

To access the Service Updates for this Committee please click here

Website Address: www.aberdeencity.gov.uk

Should you require any further information about this agenda, please contact Derek Jamieson, tel 01224 523057 or email derjamieson@aberdeencity.gov.uk

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<u>DECLARATIONS OF INTEREST</u>

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.

PUBLIC PROTECTION COMMITTEE

ABERDEEN, 24 April 2019.   Minute of Meeting of the PUBLIC PROTECTION COMMITTEE.   Present:- Councillor   Jennifer Stewart, the Depute Provost, Convener; Councillor Lesley Dunbar, Vice-Convener;   and Councillors Cameron, Duncan, Greig, Houghton, Townson, Wheeler and Sandy Stuart (as substitute for Councillor Alphonse).

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.

WELCOME FROM THE CONVENOR

The Convenor welcomed everybody to the meeting including Councillor Stuart who was substituting for Councillor Alphonse.

The Convenor updated the Committee on a COSLA Police Scrutiny Forum that had been held recently in Edinburgh.

The Committee heard that this had presented an opportunity to interact with similar functions from across Scotland. The Convenor was pleased to advise that in comparison to what had been learned, this Committee was well formed and disciplined in its activities which had developed excellent relationships with Police, Fire and Council services.

The Convenor had shared this positive working and commitment with the other bodies.

URGENT BUSINESS

2.   The Convenor intimated that there was no urgent business.

EXEMPT BUSINESS

3.   The Convenor intimated that there was no exempt business

DECLARATIONS OF INTEREST

4.   The Convenor asked for declarations of interest of which there were none.

PUBLIC PROTECTION COMMITTEE
24 April 2019

MINUTE OF PREVIOUS MEETING OF WEDNESDAY 20 FEBRUARY 2019

5.   The Committee had before it the minute of the previous meeting.

    The Committee resolved:-
    to approve the minutes as a true record of the meeting

SFRS 6 MONTHLY REPORT - Q1-Q3 SCRUTINY REPORT

6.   The Convenor advised that due to an ongoing major incident, it would beneficial for the Local Senior Fire Officer to present his report earlier than intended.

    The Committee agreed and heard from Bruce Farquharson who provided an oversight of the report.

    The Committee heard that positive action in the areas of Home Fire Safety, Bonfire Night and Unwanted Fire Alarms had all contributed to a reduction in these instances.

    Home Fire Safety involved partner working with statutory and voluntary bodies and had generated additional opportunities to enhance the work already undertaken and fine tune the existing targeting approach.

    Whilst there had been an increase in Deliberate Fire Setting, actions involving local communities and schools had presented an opportunity for education and public awareness which it is hoped will lead to future reductions.

    The Committee heard that the success of the 2018 Bonfire Night planning would be feature in this year's activities.

    The Committee heard that following any fatal or injury resultant fire, a debrief was held to ensure that al staff welfare was considered and where necessary, health and wellbeing interventions applied.

    The Committee acknowledged the quality and content of the report.

    The Committee resolved:-
    to note the report.

COMMITTEE PLANNER

PUBLIC PROTECTION COMMITTEE
24 April 2019

7. The Committee had before it the Committee Planner and heard from the Clerk on the current and future business.

The Committee heard that whilst the Annual Committee Effectiveness Report had been deferred to the June meeting, as this was the first such report, ongoing reviews suggested that amended timelines and reporting would feature for the 2019/20 report which would see earlier exposure to members.

The Committee heard that members valued the exposure to services during recent visits and that these had enhanced understanding of activities which allowed assurance to better applied. The Committee were keen that these continue.

The Committee resolved:-
to note the Committee Planner.

RESILIENCE ANNUAL REPORT 240419

11. The Committee had before it the Resilience Annual Report which also included the PREVENT Update.

The Committee first heard from the Assurance Manager who provided a summary of the organisational resilience aspects of the report.

The Committee heard that processes and procedures had been adapted following self-assessment of resilience arrangements in 2017 and that in addition every incident is followed by an internal debrief. This identifies lessons to be learned and actions to be taken to improve the Council's response to incidents.

Activities were in place to produce a single generic Emergency Plan across all Council services to assist Duty Emergency Response Co-ordinators (DERCs) discharge their duties.

The Committee next heard from Derek McGowan who summarised the PREVENT aspects of the report.

The Committee heard that the planned delivery dates for implementation of the identified 18 Actions would be met and that the activity remained under constant review based around global and local activity and included the benefit of a Peer Review Team to assist.

PUBLIC PROTECTION COMMITTEE
24 April 2019

The Committee resolved:-

(i)   to note the progress made with implementing the recommendations of the PREVENT peer review; and

(ii)   instruct the Chief Officer – Governance to submit a further report to the October 2019 Committee consolidating the Council's resilience arrangements within a single generic emergency plan.

ENVIRONMENTAL NOISE ACTION PLAN UPDATE

12.   The Committee had before it the Environmental Nosie Action Plan Update and heard from Nick Glover who provided a summary of the report.

The Committee heard that the plan was subject to legal review every 5 years and from the review and areas that required to be changed were identified.

The Committee resolved:-

(i) to approve the 5 new Noise Management Areas and 1 Quiet Area in relation to round three of the noise mapping process detailed in Table 1 and 2.

(ii) to agree to submit the approved areas to the Scottish Government by end April 2019.

DATE OF NEXT MEETING - THURSDAY 13 JUNE 2019 AT 10:00
-   **Councillor Jennifer Stewart, the Depute Provost (Convenor)**

PUBLIC PROTECTION COMMITTEE
24 April 2019

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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
		A	B	C	D	E	F	G	H	I
1	**PUBLIC PROTECTION COMMITTEE BUSINESS PLANNER** The Business 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.								
3			**13 June 2019**						
4	Annual Committee Effectiveness Report	To present the annual effectiveness report for the Committee.	20190401 - To be moved to June Committee	Fraser Bell	Governance	Governance	GD 7.4		Item 19 - this meeting
5	Police Scotland Thematic Reports	To provide opportunity to suggest Topics for input to Committee	Deferred until June following a meeting with Ch Supt Thomson to discuss forward planning. Account taken of any feedback from elected members for suggested topics	Campbell Thomson	Police Scotland	Police Scotland	5.7	D	A verbal update will be presented in June 2019 by Committee Clerk
6	Protective Services Food and Feed Regulatory Service Plan	To seek approval of Protective Services Food and Feed Regulatory Service Plan		Andrea Carson	Operations and Protective Services	Operations	3.3		Item 17 - this meeting
7	Protective Services Health and Safety Intervention Plan	To seek approval of Protective Services Health and Safety Intervention Plan		Andrew Gilchrist	Operations and Protective Services	Operations	3.3		Item 18 - this meeting
8	Police Scotland Thematic Reports	To present thematic reports on Road Policing (to include AWPR update)	Originally planned for April 2019	Campbell Thomson / Insp Neil Morrison	Police Scotland	Police Scotland	5.7		Item 10 - this meeting
9	Police Scotland Thematic Reports	To present a Report on School based officers along with ACC Education	Jun-19	Campbell Thomson/Insp Sheila McDerment	Police Scotland	Police Scotland	5.7		Item 11 - this meeting
10	Scottish Fire and Rescue Service Six Monthly Performance Report	To present the six monthly performance report from the Scottish Fire and Rescue Service.	As approved at PPC on 20190424	Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.6		Item 12 - this meeting
11	Child Protection Committee Annual Report	To provide the Committee with information on the work of the multi-agency Child Protection Committee.	Will go to Child Protection Committee on 07.06 then COG on 12.06 then PPC on 10.10.19	Kymme Fraser	Integrated Children's and Family Services	Operations	1.1, 1.2 and 1.3	D	Will go to CPC on 07.06 then COG on 12.06 then PPC on 10.10.19
12	Scottish Fire and Rescue Service – Strategic Plan Consultation	To present the Scottish Fire and Rescue Service (SFRS) Consultation on the draft Strategic Plan 2019-22		Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.1		Item 13 - this meeting
13	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.	Jul-19	James Darroch	Operations and Protective Services	Operations	3.1		Item 16 - this meeting

	A	B	C	D	E	F	G	H	I
2	**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**
14			**10 October 2019**						
15	Police Scotland Thematic Reports	Representative from Contact, Command and Control Division to speak to previously submitted data in 6 monthly performance report (April-Sept 2018)	Delayed from June 2019 Committee	Campbell Thomson	Police Scotland	Police Scotland	5.7		
16	Police Scotland Thematic Reports	Multi agency input regarding Violence Against Women Partnership	Delayed from June 2019 Committee	Campbell Thomson	Police Scotland	Police Scotland	5.7		
17	Chief Social Work Officer's Report	To present the Chief Social Work Officer annual report.	Oct-19	Graeme Simpson	Integrated Children's and Family Services	Operations	1.4		
18	Police Scotland Performance Report Full Year (April 2018 - March 2019)	To present the annual performance report from Police Scotland.	Jul-19	Campbell Thomson	Police Scotland	Police Scotland	5.7		
19	Corporate Parenting	At its meeting on 10 October 2018, the Committee requested an annual update on the Council's progress in meeting its Corporate Parenting responsibilities during the past year	Oct-19	Andrea McGill	Integrated Children's and Family Services	Operations	1.2		
20	Joint Inspection of Children's Services – Aberdeen City.	Report of inspection findings		Alison McAlpine / Kymme Fraser	Integrated Children's and Family Services	Operations	1.1.1		
21	Grampian Joint Health Protection Plan	At its meeting on 10 October 2018, the Committee requested an annual update on the progress made in implemenitng the Plan.	Oct-19	Hazel Stevenson	Early Interventions and Community Empowerment	Customer	3.3		
22	Building Standards Activity Report	To provide an update on Building Standards activity since October 2018		Gordon Spence	Place	Governance	4.2, 4.3		
23	SG Consultation Update	Progress of activity arising from SG consultation "Building Standards Compliance and Fire Safety –a consultation on making Scotland's buildings safer for people"		Gordon Spence	Place	Governance	4.1		
24			**12 December 2019**						
25	Police Scotland Thematic Report (as suggested by Member)	To present a report on the the recent (1 April) implementation of the Coercive Control legislation enacted by the Scottish Parliament	for 12/12/2019	Campbell Thomson	Police Scotland	Police Scotland	5.7		

	A	B	C	D	E	F	G	H	I
2	**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**
26	Police Scotland Thematic Report (as suggested by Member)	To present a report on the approach to mental health for all staff in particular front line Officers in regard to recognition and treatment of Post Traumatic Stress Disorder	for 12/12/2019	Campbell Thomson	Police Scotland	Police Scotland	5.7		

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	28 May 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Aberdeen City Road Policing
REPORT NUMBER	POL/19/263
DIRECTOR	Fraser Bell
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Inspector Neil Morrison, Road Policing, Operational Support Division, Police Scotland (Appendix A)
TERMS OF REFERENCE	

1.   **PURPOSE OF REPORT**

1.1   To provide information to the Committee in relation to the role and core functions of the Road Policing Unit in North East Division.

2.   **RECOMMENDATION(S)**

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

3.   **BACKGROUND**

3.1   The report, attached as **Appendix A** provides information regarding Road Policing in Aberdeen City.

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 provides background information on Road Policing as well as Police action to tackle this issue both in a national context as well as on a more local basis i.e. in the North East of Scotland and Aberdeen 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	N/A		
Legal	N/A		
Employee	N/A		
Customer	N/A		
Environment	N/A		
Technology	N/A		
Reputational	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 to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper*' and towards the achievement of the LOIP theme which aims to make people more resilient and protect them from harm; where every child, irrespective of their

	circumstances, is supported to grow, develop and reach their full potential; and where all people in Aberdeen are entitled to live within our community in a manner in which they feel safe and protected from harm, supported when necessary and fully included in the life of the city.
Prosperous Place	Police Scotland are key partners within Community Planning Aberdeen and help contribute to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper'* and towards the achievement of the LOIP theme which aims to support individuals and communities to live in healthy, sustainable ways; and the development of sustainable communities with strong and resilient 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	*Not required*
Data Protection Impact Assessment	*Not required*
Duty of Due Regard / Fairer Scotland Duty	*Not applicable*

9.   BACKGROUND PAPERS

N/A

10.   APPENDICES (if applicable)

Appendix A – Thematic Report: Aberdeen City Road Policing

11. REPORT AUTHOR CONTACT DETAILS

Inspector Neil Morrison
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Operational Support Division
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Neil.Morrison@scotland.pnn.police.uk

ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	28 May 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Aberdeen City Road Policing
REPORT NUMBER	POL/19/263
DIRECTOR	Fraser Bell
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Inspector Neil Morrison, Road Policing, Operational Support Division, Police Scotland
TERMS OF REFERENCE	

1.   PURPOSE OF REPORT

1.1   To provide information to the Committee in relation to the role and core functions of the Road Policing Unit in North East Division.

2.   RECOMMENDATION(S)

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

3.   BACKGROUND

3.1   Road Safety and Road Crime are priorities for Police Scotland. Road Policing is a front-line Policing function that is founded on the principles of Road Casualty Reduction. In addition to this, Road Policing is also concerned with deterring offenders, detecting all types of criminality on the road, thereby impacting positively on the use of the roads by criminals and addressing those driver behaviours that affect the safety and wellbeing of all road users.

3.2 COMMAND STRUCTURE

3.3 Road Policing is divided nationally into three Command areas; North, East and West.

3.4 The Command Team comprises of a Chief Superintendent and Superintendent, based at Stirling and Inverurie respectively. The Superintendent (Operations) is supported within each Command Area by a Chief Inspector (North Area Command being based at Inverurie).

3.5 The tactical and operational lead for the Divisional Road Policing Unit (DRPU) in the North East is the responsibility of one Inspector, supported by a team of Sergeants and Constables located at each of the operating bases; Inverurie, Elgin and Mintlaw. DRPU Constables are distributed across each of the operating bases, with Inverurie being the main operating base within the North East.

3.6 DIVISIONAL ROAD POLICING UNIT (DRPU)

3.7 Policing of the roads is the responsibility of all operational officers and specialist Road Policing support is provided to the Local Policing Commanders, at both national and local levels.

3.8 The DRPU are entrenched within each Territorial Division and provide support within, and to, the local community.

3.9 The DRPU are primarily responsible for all aspects of policing on all roads, irrespective of classification, across the North East.

3.10 A pool of specialist motorcycle officers are based at Inverurie. As well as performing a core Road Policing patrol function, these officers also have the capability to undertake specialist escort duties and other support functions. Additional motorcycle support can also be provided nationally.

3.11 SPECIALIST ROLES AND RESPONSIBILITIES

3.12 Each Road Policing Officer will, during their time within the Division, attend 'Core' training courses at the Scottish Police College. These courses are designed to enhance the officers skill set in order to allow them to perform a specialist role in conjunction with their day-to-day operational duties. This training encompasses specialist roles such as; Collision Investigation, Police Advanced Driving/Instruction, Pursuit Management Training, Prohibition of Vehicles, Large Goods Vehicle (LGV) Tachograph Analysis, to name a few.

3.13 As well as utilising these skill sets in an operational environment, these specialist skills enhance the Officer's abilities when investigating all fatal injury collisions.

3.14 TACTICAL PLANS AND RESOURCE DEPLOYMENT

3.15 Each DRPU produces an annual Tactical Plan which covers their respective area. Plans are developed in conjunction with and approved by the Local Policing Commander, in line with their locally identified priorities. Tactical Plans contain bespoke prevention and detection activity that is relevant to each area. Local Weekly Action Plans are produced and published by the DRPU in support of issues identified within the Tactical Plan.

3.16 Local weekly Action Plans are fundamentally linked with the needs and operational requirements of the local Community Policing Teams (CPT's) ensuring that road safety is a priority for all. This work is captured under the auspices of Operation CEDaR. One example is where primary school children in the Tillydrone, Seaton and Woodside areas of the City, in conjunction with the CPTs, carry out high visibility 'speed check' activity educating drivers around the dangers of inappropriate speed outside schools.

3.17 Analytical data, in respect of Killed and Seriously Injured collisions (KSI's), is used to identify priority routes. In doing so, it enables operational resources to be deployed to relevant key areas at key times. This high visibility presence maintains our focus on influencing driver and road user behaviour; the ultimate aim being to reduce the number of people killed and seriously injured on North East roads.

3.18 Action Plans also address emerging local issues and community concerns.

3.19 In addition to the Road Safety enforcement and education work carried out, Road Policing officers are also heavily involved in the seizure of drugs, the recovery of stolen vehicles and other similar crimes thereby ensuring maximum disruption is caused to criminal activity on the road network. All of which is paramount to keeping people safe.

3.20 WORKING WITH PARTNERS

3.21 Partnership working is the key to ensuring enhanced service delivery, achieving the maximum impact through the coordinated efforts of the various agencies.

3.22 In line with the Tactical and Weekly Action Plans, the DRPU routinely link in with partner agencies: the Local Authority, North East Scotland Road Casualty Reduction (NESRCR), Driver and Vehicle Licence Agency (DVSA),

Safety Camera Unit (SCU), Scottish Fire and Rescue Service (SFRS) and local media outlets. In doing so, this maximises our operational potential by allowing us to tap into and share the wealth of knowledge available.

3.23   The ability to share specialist knowledge with partner agencies is crucial to enhance understanding and reach conclusions. This information sharing is vital during the investigation of every fatal injury collision with consultation between the Police and the Local Authorities undertaken in order to review the circumstances, share any learning and address any identified issues.

3.24   CONCLUSION

3.25   This report informs the Committee of the structure, core function and deployment of Road Policing resources across the North East in line with Local Tactical Plans and the strategic intentions of Police Scotland in addressing Road Safety and Road Crime.

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	N/A		
Legal	N/A		
Employee	N/A		
Customer	N/A		
Environment	N/A		

Technology	N/A		
Reputational	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 to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper*' and towards the achievement of the LOIP theme which aims to make people more resilient and protect them from harm; where every child, irrespective of their circumstances, is supported to grow, develop and reach their full potential; and where all people in Aberdeen are entitled to live within our community in a manner in which they feel safe and protected from harm, supported when necessary and fully included in the life of the city.
Prosperous Place	Police Scotland are key partners within Community Planning Aberdeen and help contribute to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper*' and towards the achievement of the LOIP theme which aims to support individuals and communities to live in healthy, sustainable ways; and the development of sustainable communities with strong and resilient 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	*Not required*
Data Protection Impact Assessment	*Not required*
Duty of Due Regard / Fairer Scotland Duty	*Not applicable*

9.   BACKGROUND PAPERS

N/A

10.   APPENDICES (if applicable)

N/A

11.   REPORT AUTHOR CONTACT DETAILS

Inspector Neil Morrison
Road Policing
Operational Support Division
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Neil.Morrison@scotland.pnn.police.uk

ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	28 May 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Aberdeen City School Liaison and School Based Officers
REPORT NUMBER	POL/19/264
DIRECTOR	Fraser Bell
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Inspector Sheila McDerment, North East Division, Police Scotland (Appendix A)
TERMS OF REFERENCE	

1. **PURPOSE OF REPORT**

1.1 To provide information to the Committee in relation to the role and core functions of School Liaison and School Based Officers in Aberdeen City.

2. **RECOMMENDATION(S)**

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

3. **BACKGROUND**

3.1 The report, attached as **Appendix A** provides information regarding School Liaison and School Based Officers in Aberdeen City.

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 provides background information on School Liaison and School Based Officers, their role and core functions.

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	N/A		
Legal	N/A		
Employee	N/A		
Customer	N/A		
Environment	N/A		
Technology	N/A		
Reputational	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 to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper'* and towards the achievement of the LOIP theme which aims to make people more resilient and protect them from harm; where every child, irrespective of their circumstances, is supported to grow, develop and reach their full potential; and where all people in Aberdeen are

	entitled to live within our community in a manner in which they feel safe and protected from harm, supported when necessary and fully included in the life of the city.
Prosperous Place	Police Scotland are key partners within Community Planning Aberdeen and help contribute to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper'* and towards the achievement of the LOIP theme which aims to support individuals and communities to live in healthy, sustainable ways; and the development of sustainable communities with strong and resilient 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	*Not required*
Data Protection Impact Assessment	*Not required*
Duty of Due Regard / Fairer Scotland Duty	*Not applicable*

9.   BACKGROUND PAPERS

N/A

10.   APPENDICES (if applicable)

Appendix A – Thematic Report - Aberdeen City School Liaison and School Based Officers

11.   REPORT AUTHOR CONTACT DETAILS

Name   Sheila McDerment
Title   Inspector
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Tel   01224 304046

ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	28 May 2019
EXEMPT	No
REPORT TITLE	Aberdeen City School Liaison and School Based Officers
REPORT NUMBER	POL/19/264
DIRECTOR	Fraser Bell
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Inspector Sheila McDerment, North East Division, Police Scotland
TERMS OF REFERENCE	

1.   PURPOSE OF REPORT

1.1   To provide information to the Committee in relation to the role and core functions of School Liaison and School Based Officers in Aberdeen City.

2.   RECOMMENDATION(S)

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

3.   BACKGROUND

3.1   North East Division has an overall establishment of 5 full-time School Liaison Officers (SLOs) and 3 School Based Officers (SBOs).

3.2   The SBOs are dedicated to 3 academies in Aberdeen City: Northfield, Lochside and St Machar; and their feeder primaries.

3.3   The rest of the academies and their feeder primaries in Aberdeen City are covered by 1 SLO, with the exception of Cults Academy, which is covered by the SLO with responsibility for schools across South Aberdeenshire.

3.4   The 3 SBOs are based full-time within the respective school and divide their time equally between school liaison and dealing with operational police matters relating to pupils.

3.5   Within primary schools, the focus is on the Primary 6 and 7 year groups as pupils become more socially aware and prepare for transition to secondary school. Occasional inputs are provided to younger primary classes and nurseries. The secondary school inputs cover all year groups.

3.6   Whilst the Head of Education maintains oversight within the Local Authority area, individual Head Teachers and their staff are responsible for managing and delivering the curriculum within their respective schools in a manner and timeframe to suit their own pupils and needs.

3.7   The opportunities, timeframes and contexts in which police lesson plans are delivered vary from school to school. Inputs are tailored to fit into the wider school timetable and supplement overall learning. Resultantly, lessons and inputs are often delivered in a concentrated period of several weeks to a specific group of young people identified by the school. Officers typically spend far less time in secondary schools during April to July when exams take precedence and during this period, more time is devoted to focused work at primary schools, which also supports the preparation of transition to secondary school.

3.8   As a result, the number of specific inputs recorded in police performance reports can vary significantly and these figures do not fully represent the work undertaken by SLOs and SBOs.

3.9   Schools recognise and appreciate the fact that they can request bespoke interventions when facing particular issues, such as drugs, alcohol or internet safety. Education staff feel that children and young people respond more positively when such messaging is delivered by SLOs and SBOs.

3.10   Where their timetable allows, SLOs and SBOs also contribute at events organised for parents within schools to reinforce messaging delivered to children and young people. This contribution is particularly appreciated by education staff.

3.11   SLOs and SBOs also liaise with local Community Policing Teams to address local issues, involving children and young people in the area. One local Primary School highlighted the support they received during the report period when some of their children were engaging in anti-social behaviour within the community. They found the police response timeous and effective, and felt that this intervention would have been acknowledged across the community.

3.12   Schools are generally receptive to occasional intelligence-led requests from police to deliver an input on a specific topic in a particular school at a particular time. This was evident with regards to delivery across schools of

the 'Knives and Other Weapons in Schools' lesson plan, resulting in some cancellations of other pre-planned police lessons in order for it to be delivered within meaningful timescales.

LESSONS AND INPUTS DELIVERED BY SCHOOL LIAISON OFFICERS

3.13   For primary and secondary year groups, versions of the following lessons are delivered in an age-appropriate format:

North East Division School Liaison Officer Inputs By Year Group			
P6/P7	**S1/S2**	**S3/S4**	**S5/S6**
Internet Safety 1	Internet Safety and Cyberbullying	Sex and the Law Sexual Offences (Scotland) Act 2009	
Internet Safety 2	Social Media & the Law (Sexting)		
Substance Misuse – Alcohol 1	Substance Misuse - Alcohol 2	Substance Misuse – Alcohol 3	Personal Safety
Substance Misuse – Drugs 1	Substance Misuse – Drugs 2	Substance Misuse – Drugs 3	Roads and the Law
	Knife and Other Weapon Crime		
Emergency 999	Crimes Against the Person (Hate Crime)		
Anti-Social Behaviour	You and the Law	You and The Law	
Crimes Against the Person (Hate Crime)	The Police (Modern Studies)		
	Anti-Social Behaviour	Domestic/Relationship Abuse	

3.14 For all age groups, these inputs are compliant with the Curriculum for Excellence and delivered in a manner consistent with modern teaching practices. Crucially, students are provided time to reflect on information delivered, ask questions, and discuss examples of legislation in practice with peers and the SLO. Pupils place great importance on their individual rights within the law. The lesson plans and Curriculum for Excellence clearly identify that with rights come responsibilities.

3.15 Through this form of lesson delivery, pupils begin to question pre-conceived notions of right and wrong, and peer education and positive peer pressure can be used effectively as part of the learning process.

3.16 Lesson plans are regularly reviewed for relevance and appropriateness in light of pupil and teacher feedback and legislative changes.

NUMBER OF LESSONS DELIVERED DURING THE SCHOOL YEAR - 2017/2018

3.17 For the 2017/2018 school year, 442 lessons were delivered across Aberdeen City. This compares to 470 throughout the 2016/2017 school year, which included the increased delivery of the 'Knives and Other Weapons in Schools' lesson plan. For the 2017/2018 school year, these are broken down as follows:

Aberdeen School Inputs - 2017/2018 School Year													
Antisocial Behaviour	Crimes Against the Person	999	Internet Safety	Knife and Other Weapon Crime	The Police	Personal Safety	Roads and the Law	Sex & the Law	Social Media & the Law	Substance Misuse - Alcohol	Substance Misuse - Drugs	You & the Law	Other - Nursery & P1-5
9	11	5	80	79	6	14	35	31	49	48	53	14	8

3.18 Delivery of the SLO and SBO roles continues to be considered by both Police Scotland and the Local Authority as appropriate use of resources. SLOs and SBOs play an essential part in the delivery of early intervention and crime prevention work, and inputs are well-received by schools and pupils. Teachers value the police contribution towards delivery of the Curriculum for Excellence,

and the police inputs are viewed by many as essential for the effective delivery of pupil learning across a range of topics. The role delivered by Police Scotland SLOs and SBOs directly contributes to the People (Children & Young People) strand of the Local Outcome Improvement Plan, specifically to Stretch Outcome 6: '95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026'; and Stretch Outcome 8: '25% fewer young people (under 18) charged with an offence by 2026'.

3.19 Additionally, through the accessibility of the SLOs and SBOs to those pupils within our schools who are care experienced, the SLOs and SBOs seek to support as appropriate Stretch Outcome 5: '95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026'.

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	N/A		
Legal	N/A		
Employee	N/A		
Customer	N/A		
Environment	N/A		
Technology	N/A		
Reputational	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 to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper*' and towards the achievement of the LOIP theme which aims to make people more resilient and protect them from harm; where every child, irrespective of their circumstances, is supported to grow, develop and reach their full potential; and where all people in Aberdeen are entitled to live within our community in a manner in which they feel safe and protected from harm, supported when necessary and fully included in the life of the city.
Prosperous Place	Police Scotland are key partners within Community Planning Aberdeen and help contribute to the shared vision for 2026 that '*Aberdeen is a place where all people can prosper*' and towards the achievement of the LOIP theme which aims to support individuals and communities to live in healthy, sustainable ways; and the development of sustainable communities with strong and resilient 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	*Not required*
Data Protection Impact Assessment	*Not required*
Duty of Due Regard / Fairer Scotland Duty	*Not applicable*

9. BACKGROUND PAPERS

N/A

10. APPENDICES (if applicable)

N/A

11. REPORT AUTHOR CONTACT DETAILS

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	13 June 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Scottish Fire and Rescue Service (SFRS) – Annual Scrutiny Report
REPORT NUMBER	SFR/19/268
DIRECTOR	John Dickie, Assistant Chief Officer, SFRS
CHIEF OFFICER	David Farries, Deputy Assistant Chief Officer, SFRS
REPORT AUTHOR	Bruce Farquharson, Local Senior Officer, SFRS
TERMS OF REFERENCE	5.1

1. **PURPOSE OF REPORT**

1.1 To present the Scottish Fire and Rescue Service (SFRS) Annual Scrutiny Report.

2. **RECOMMENDATION(S)**

2.1 That the Committee consider and note the information provided in **Appendix A** in relation to SFRS Performance.

3. **BACKGROUND**

3.1 The SFRS have agreed to provide the Public Protection Committee with thematic reports to provide assurance on its work and offer Members a greater insight into its role and responsibilities.

3.2 The thematic report attached as **Appendix A,** provides information on the performance of the SFRS in Aberdeen.

3.3 The SFRS Local Fire and Rescue Plan for the Local Authority Area of Aberdeen City is the mechanism through which the aims of the SFRS Strategic Plan 2016-2019 are delivered to meet the agreed needs of Aberdeen City's communities.

4. **FINANCIAL IMPLICATIONS**

4.1 There are no significant financial implications for the Council.

5. LEGAL IMPLICATIONS

5.1   There are no significant legal implications for the Council.

6. MANAGEMENT OF RISK

6.1   Not applicable

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous People	SFRS 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	SFRS 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.

The proposals in this report have no impact on the TOM.

Design Principles of Target Operating Model	
	Impact of Report
Governance	The Council has an oversight role of SFRS and the purpose of the report is to provide assurance on SFRS performance.
Partnerships and Alliances	The Council and SFRS 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

None

10. APPENDICES (if applicable)

Appendix A – SFRS Annual Performance REport

11. REPORT AUTHOR CONTACT DETAILS

Bruce Farquharson
Local Senior Officer
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Bruce.farquharson@firescotland.gov.uk

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The figures included in this report are provisional and subject to change as a result of quality assurance and review. The statistics quoted are internal management information published in the interests of transparency and openness.

The Scottish Government publishes Official Statistics each year which allow for comparisons to be made over longer periods of time.

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Contents

Introduction

This report provides detail on the performance of the Scottish Fire and Rescue Service (SFRS) in the Aberdeen City area. In doing so it outlines our progress in the delivery of local priorities as set out within the Local Fire and Rescue Plan and the SFRS framework document.

The Scottish Government provides an overarching vision for public services. This vision is supported by 16 national outcomes, which demonstrate commitment to creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable growth. The SFRS can make a significant contribution to improving these outcomes for Aberdeen City by contributing to the Community Planning arrangements across the area.

The national priorities for the SFRS are set out in the Fire and Rescue Framework (Scotland) 2016. The SFRS Strategic Plan 2016-2019 outlines how the SFRS will deliver against these priorities and the outcomes against which this delivery can be measured.

The SFRS Local Fire and Rescue Plan for the Local Authority Area of Aberdeen City is the mechanism through which the aims of the SFRS Strategic Plan 2016-2019 are delivered to meet the agreed needs of Aberdeen City's communities.

The Plan sets out the priorities and objectives for SFRS within Aberdeen City and allows our Local Authority partners to scrutinise the performance outcomes of those priorities. The SFRS will continue to work closely with our partners in Aberdeen City to ensure we are all ''Working Together for a Safer Scotland'' through targeting risks to our communities at a local level.

The SFRS aspires to deliver the highest standards to our communities and our current performance is testament to the commitment, professionalism and dedication of our staff and the positive local partnerships embedded within Aberdeen City Community Safety working groups.

Performance Summary

We measure how well we are meeting our priorities using the 6 key indicators depicted below.

| Key performance indicator | Apr to (& incl.) Mar | | | | | RAG rating |
	2014/15	2015/16	2016/17	2017/18	2018/19	YTD
All accidental dwelling fires	274	299	226	240	261	Yellow
All accidental dwelling fire casualties (fatal & non-fatal)	50	51	31	23	35	Red
All deliberate fires	407	437	346	361	442	Red
Non domestic fires	122	119	108	98	118	Red
All deliberate other building fires	17	17	11	18	16	Green
False Alarm - UFAs	1340	1349	1372	1259	1183	Green

RED	10% higher than the previous YTD period, or local target not achieved.
Amber	Up to 9% higher than the previous YTD period, or local target not achieved.
Green	Equal to or improved upon the previous equivalent quarter (or YTD period), or local target achieved.

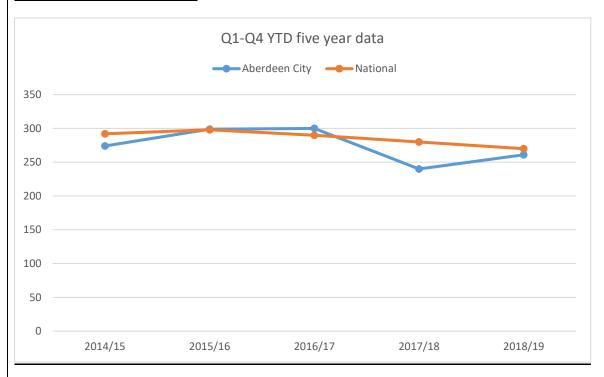| Note |
| --- |
| Quarterly Performance RAG rating = the reporting period compared to the average over the previous quarterly reporting periods Year to Date RAG rating = the cumulative total of all quarterly performance in the current year compared to cumulative total of all quarterly performance in the previous year. |

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Progress on local fire & rescue plan priorities

LPI Assessment 1: Domestic Safety and Wellbeing

The main areas of measurement of Domestic Safety and Wellbeing are:

•   Accidental Dwelling Fires
•   Accidental Dwelling Fire Casualties and Fatalities
•   Number of high risk Home Fire Safety Visits delivered
•   Number of referrals for Home Fire Safety Visits received from partners

<u>Accidental Dwelling Fires:</u>

Dwelling fires can have a significant negative impact upon both individuals and the community and are financially costly to house holders and housing providers in terms of repair and the reinstatement of homes. By giving safety advice and fitting smoke detectors, SFRS have reduced the risk of fire and its associated human and financial costs as well as enhancing community safety.

Results:

The figure for the Q1-Q4 2018/19 reporting period of two hundred and sixty one (261) incidents demonstrates an increase of 9% from the same reporting period in 2017/18 of two hundred and forty (240) incidents.

Although there has been a rise in Accidental Dwelling Fires, this mirrors the trend across Scotland.

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Conversely, the average over the previous four years for the same reporting period was two hundred and ninety (290) incidents. This shows a 10% decrease for the 2018/19 figures against the four year average.

Reasons:

We have analysed statistical data which has helped us to identify the root cause of fire as food ignited via 'cooking appliances' in the kitchen. These are mainly caused by adults in the 18-64 age range. The most common human factors relate to occupants being distracted and under the influence of drugs/alcohol.

Actions:

We continue to use a targeted approach to promote fire safety, education and awareness programmes, and work with our communities and partners to deliver safety initiatives. We prioritised our 'Home Fire Safety' visits in our high risk areas to reduce the risk of fire within the home, and ensure individuals in our community remain safe from fire, this if facilitated through referrals from partners agency's to ensure we reach the most vulnerable members of the community.

Accidental Dwelling Fire Casualties and Fatalities

Q1-Q4 YTD five year data

Fire casualty and fatality rates provide an indication of the number of serious, life threatening injuries that occur as a result of fire. This statistic is a key indicator of the success of our risk reduction and community engagement strategies.

The reduction of fire fatalities and casualties is linked to the reduction in severity of dwelling house fires and is at the core of preventative activities. The vulnerable in our communities continue to be those most at risk. Older people, those with disabilities, those who live alone and those with alcohol and drugs dependencies provide the SFRS with challenges in engagement and reduction strategies. Working with partner organisations with single shared assessments and signposting of vulnerable persons proves an effective method of

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identification and engagement. Fire casualties are more likely to occur in the areas with highest operational demand.

Results:

The same Year to Date (YTD) period average over the previous four years confirms a downward trend in relation to all accidental dwelling fire casualties.

The figure for the 2018/19 reporting period is thirty six (36) which is up from the same reporting period in 2017-18 of twenty three (23).

The average over the previous four years for the same reporting period was thirty nine (39) which identifies a downward trend.

Unfortunately we must report that despite the efforts of SFRS Crews, tragically within the 2018/19 reporting period two fire deaths have occurred within Aberdeen City. On Thursday 15th November 2018 in Peterculter and 15th March 2019 at Gladstone Place Aberdeen. A Joint investigation has been carried out with Police Scotland for both incidents and the findings will be used to inform and direct future safety messages.

Reasons:

With a reduction in the number of 'Accidental Dwelling Fires' over recent years, the casualties from these type of incidents has followed the same reduction over the same reporting periods.

Analysis for this reporting period shows the fire incidents recorded were predominantly accidental by adults and elderly persons between 12:00hrs & 22:00hrs, with cooking appliances being the main source of ignition.

The casualties were recorded as overcome by smoke/breathing difficulties with one suffering burns. Eight casualties went to hospital with the remainder receiving first aid at the scene. Fire fighters rescued five persons at these incidents.
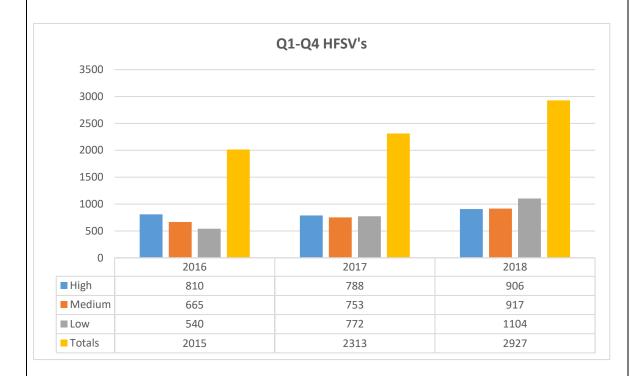
Actions:

Following all domestic incidents, SFRS personnel initiate effective and meaningful 'Community Engagement' through our 'Post Domestic Incident Response'. We engage with neighbouring households, and the wider community, offering Home Fire Safety Visits and providing community fire safety advice and guidance.

The area's Community Action Team actively targets where casualties have occurred, we have also invested in the provision of heat detectors which are being fitted on a risk basis to those most vulnerable from a kitchen fire. We have carried out two thousand and ninety seven (2927) free Home Fire Safety Visits which represents a 17% increase on 2017/18. We will continue to engage with the local communities to target the highest risk individuals.

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Number of high risk Home Fire Safety Visits delivered:

A Home Fire Safety Visit is a comprehensive assessment by our Firefighters or Community Action Team which examines the levels of fire risk within the home. It provides a means to mitigate the risk through the provision of guidance, advice and if required, the installation of battery operated smoke alarms and heat alarms where additional risk has been identified. Where appropriate, the HFSV will permit the occupier to be referred to other agencies for additional support.

Q1-Q4 HFSV's

	2016	2017	2018
■ High	810	788	906
■ Medium	665	753	917
■ Low	540	772	1104
■ Totals	2015	2313	2927

Results:

Currently we are seeing a slight increase in home fire safety visits provided to the most vulnerable members of the community in comparison to previous reporting periods.

Reason:

Through engagement with partners involved in the Community Planning Partnership referral pathways have been put in place to allow partners to refer "High Risk" vulnerable members of the community to SFRS for a comprehensive free Home Fire Safety Visit to be carried out. As mentioned previously visits are carried out in the vicinity of accidental dwelling fires, this aids SFRS in reaching those at high risk of fire in specific wards of Aberdeen City.

Action:

Aberdeen City are currently engaged with a number of partners to identify the most vulnerable members of the community, who are considered as at high risk of fires. Referral pathways are established to ensure safety advice and working smoke detection is provided to those identified.

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Number of referrals for Home Fire Safety Visits received from partners:

Q1-Q4 HFSV's 2018

22%

88%

- ■ 2927 HFSV's
- ■ 659 referrals

As part of our commitment to building a safer Scotland we offer everyone in Scotland a free home fire safety visit. We can also fit smoke alarms free of charge if your home requires them.

Get in touch with us, it's so easy to arrange:

- ▪ call 0800 0731 999
- ▪ text "FIRE" to 80800 from your mobile phone
- ▪ complete our online form
- ▪ call your local fire station

Results:

Currently 22% of all Home fire Safety Visits are referrals from partners. Our aim following the 2018/19 reporting period is to increase this to 50%.

Reason:

Referral pathways are in place and continually reviewed to ensure they are efficient and effective.

Action:

Our aim is to ensure that our resources are directed to those most vulnerable from fire, this part of the community can be the most difficult to reach, therefore partner referrals are key in assisting SFRS to create the opportunity to deliver lifesaving advice and increase smoke alarm ownership. Engagement with additional partners are currently underway to increase the number of referrals.

Status	

LPI Assessment 2: Deliberate Fire Setting

The main areas of measurement of Deliberate Fire Setting is:

• All deliberate fires

All Deliberate Fires:

Q1-Q4 YTD five year data

— Aberdeen City — National

Deliberate Fires include both Primary Fires (those that involve a building or property) and Secondary Fires (typically refuse fires or fires involving grass, trees or heathland). Deliberate fires are defined as fires which were ignited deliberately or the Fire and Rescue Service suspect they were started deliberately.
The reduction of deliberate dwelling fires continues to be a priority for the SFRS in Aberdeen City. SFRS continue to work in partnership with Police Scotland and Aberdeen City Council in order to reduce these incident types.

Results:

The same Year to Date (YTD) period average over the previous four years confirms an upward trend in relation to 'All Deliberate Fires'.

The figure for the 2018/19 reporting period is four hundred and forty three (443) incidents which is up on the same reporting period in 2017/18 of three hundred and sixty one (361).

The average over the previous four years for the same reporting period was three hundred and eighty eight (388) which identifies a continual upward trend.

On November 5th 2018 SFRS, Police Scotland and Aberdeen City Council increased joint visible patrols around the City to proactively remove combustible materials and discourage anti-social behaviour. This approach has seen a 43% reduction of deliberate fire setting against the same period last year.

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Reasons:

The annual trend for this statistic shows a steady increase over the five year period with the main peak for this reporting period being September. The increase for the 2018/19 Q2 period from the previous year can be linked to an increase in anti-social behaviour from fire setting. As the committee is aware a significant amount of deliberate fires were recently set on the area known as The Gramps, this is reflected in the increased figures. Without the incidents on the Gramps area, a reduction in this fire type would have been reported within this reporting period.

Actions:

We worked closely with our partners, specifically Police Scotland and Aberdeen City Council in order to reduce deliberate fire setting across Aberdeen City, this partnership approach has seen a number of individuals arrested and subsequently charged with wilful fire raising. Our Community Action Team have delivered school presentations where the opportunity was taken to highlight the dangers from fire setting through anti-social behaviour to both secondary and primary children. This coupled with a close working relationship with Police Scotland and Aberdeen City council allows prevention activities such as clearing of combustibles and increased visibility patrols has had a positive impact on the number of fires.
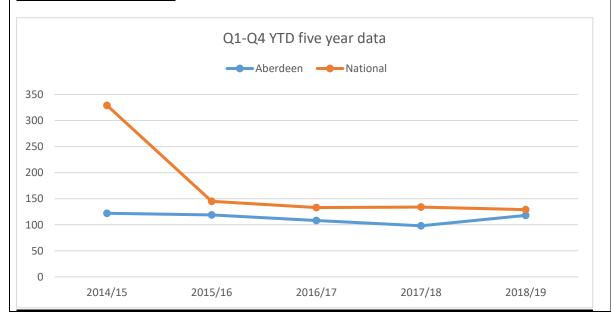
Status	

LPI Assessment 3: Non Domestic Fire Safety

The main areas of measurement of Domestic Safety and Wellbeing are:

• All non-domestic fires
• Number of Fire Safety Audits completed
• Deliberate fires in non-domestic properties

All non-domestic fires:

Q1-Q4 YTD five year data

The most common cause of accidental fires in non-domestic buildings is accidental by adults aged 18 – 64yrs using cooking appliances in kitchens. Deliberate fire setting accounts for twelve percent (12%) of non-domestic fires with eight percent (8%) targeting other people's property.

While the number of deaths from fires in non-domestic buildings is less than domestic buildings the potential for significant life loss and injuries is far greater. This is due to the large occupancy capacities that may be involved and the complexity of occupant behaviour including the potential for delay in occupant evacuation following the outbreak of fire.

Results:

The same Year to Date (YTD) period average over the previous four years confirms an upward trend in relation to 'Non-domestic fires'.

The figure for the 2018/19 reporting period is one hundred and eighteen (118) incidents which is up on the same reporting period in 2017/18 of ninety eight (98).

The average over the previous four years for the same reporting period was one hundred and twelve (112) which identifies an upward trend.

Reasons:

We have analysed statistical data which has helped us to identify contributory factors in relation to non-domestic fires. These are;

- Food ignited via 'cooking appliances'
- Deliberate fire setting
- Faulty equipment or appliances
- Electrical

Actions:

Through our risk based fire safety audit programme our Fire Safety Enforcement Officers carry out fire safety audits. Working in partnership with duty holders to meet their legislative fire safety requirements we assist them to ensure that their buildings are safe for the building users. A white goods campaign was launched which was directed towards business owners in the Aberdeen area.
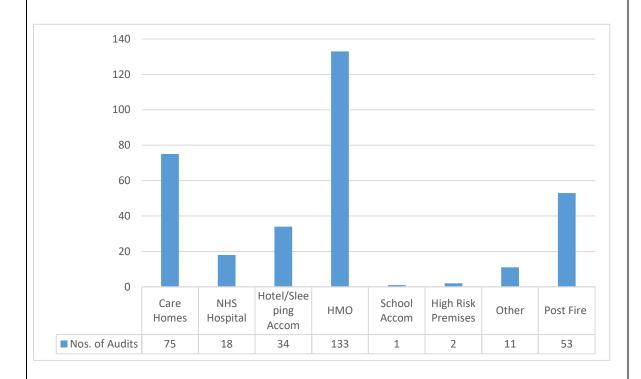
Our operational crews undertake Operational Intelligence visits to higher risk premises. This allows them to gather relevant operational information which is available to them in the event of an incident via our 'mobile data terminals' on appliances.
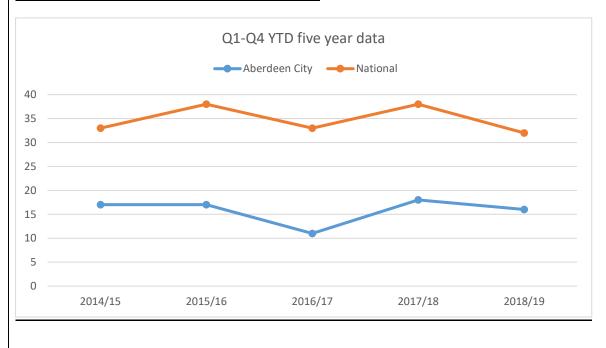
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Number of Fire Safety Audits completed:-

Fire safety legislation aims to ensure the safety of employees, residents, visitors or customers; it sets out rights and responsibilities in respect of fire safety.
Anyone who has control, to any extent, of any premises will have some responsibilities for ensuring that those occupying the premises are safe from harm caused by fire.
The legislation places a duty on those responsible for fire safety within relevant premises to carry out a fire risk assessment. These people are defined in the Fire (Scotland) Act 2005 as Duty Holders.

	Care Homes	NHS Hospital	Hotel/Sleeping Accom	HMO	School Accom	High Risk Premises	Other	Post Fire
Nos. of Audits	75	18	34	133	1	2	11	53

Deliberate fires in non-domestic properties:

Q1-Q4 YTD five year data — Aberdeen City, National

Building fires are known as primary fires i.e. those that involve a building or property. Deliberate fires are defined as fires which were ignited deliberately or the Fire and Rescue Service suspect they were started deliberately.

The SFRS have a partnership arrangement with 'Crimestoppers Scotland' which encourages the public to report fire crime and vandalism.

Results:

The same Year to Date (YTD) period average over the previous four years confirms a downward trend in relation to 'All Deliberate other building fires.

The figure for the 2018/19 reporting period is sixteen (16) incidents which is down from the same reporting period in 2017/18 of eighteen (18).

The average over the previous four years for the same reporting period was sixteen (16) incidents which identifies a downward trend.

Reasons:

Our statistical analysis for these deliberate fires show that they are caused by persons unknown in most cases with private garden sheds being targeted predominantly followed by hospitals and education premises.

Actions:

Through our risk based fire safety audit programme our Fire Safety Enforcement Officers carry out fire safety audits. Working in partnership with duty holders to meet their legislative fire safety requirements we assist them to ensure that their buildings are safe for the building users.
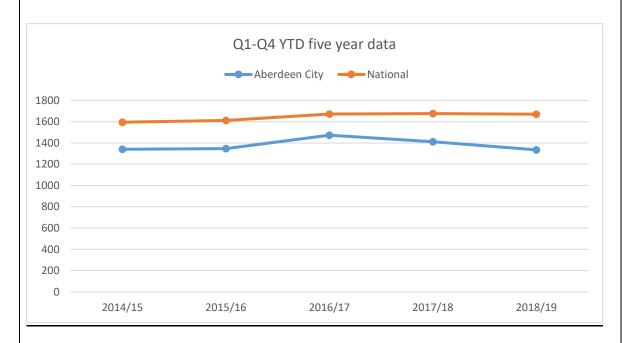
The SFRS do this through partnership work and engagement with stakeholders including the business sector .

Status	

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LPI Assessment 4: Unwanted Fire Alarm Signals

The main areas of measurement of Unwanted Fire alarm Signals is:

•   Number of UFAS incidents

Q1-Q4 YTD five year data

— Aberdeen City   — National

	2014/15	2015/16	2016/17	2017/18	2018/19
Aberdeen City	~1340	~1345	~1475	~1412	~1335
National	~1590	~1610	~1670	~1680	~1670

Unwanted Fire Alarm Signals (UFAS) are defined as incidents where an automated fire alarm system activates and results in the mobilisation of SFRS resources, when the reason for that alarm turns out to be something other than a fire emergency. The SFRS are committed to working with partners and other stakeholders to reduce UFAS mobilisations.

Results:

The same Year to Date (YTD) period average over the previous four years confirms a downward trend in relation to 'False Alarms - UFAS'.

The figure for the 2018-19 reporting period is one thousand three hundred and thirty five (1335) which is down from the same reporting period in 2017-18 of one thousand four hundred and twelve (1412).

The average over the previous four years for the same reporting period was one thousand three hundred and thirty (1393) incidents which identifies a continual downward trend.

Reason:

The increased prevalence of automatic fire detection systems throughout all classes of building has inevitably contributed to difficulties in terms of system faults and failures. The SFRS has long been aware of the importance of developing a robust process for managing UFAS activity. We have policies and procedures detailing the processes to be used to engage with persons responsible for managing automated alarm systems and the mechanisms available to support them in dealing with identified issues.

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The majority of false alarm actuations originate from Hospital and medical care premises with student accommodation, manufacturing & engineering premises and retail shopping centres equally to a lesser extent. The types of alarm actuation most prevalent are 'Due to Apparatus' from Human (testing, smoking, cooking) and System (poor maintenance, faulty, damaged).

Action:

SFRS has an electronic system for recording UFAS activity and providing an audit trail for all engagement undertaken. Officers manage the system and provide reports on progress. SFRS aims to reduce the number of UFAS calls and are currently working with partners at a local level to reduce these calls by applying national policy and process to ensure a consistent approach. This approach has seen significant investment from partners in order to reduce UFAS incidents across Aberdeen City. SFRS will continue to support duty holders in minimising the impact of false alarms on their day to day business and the subsequent impact on SFRS resources. Recently break glass call point covers have been issued to premises where accidental activation has occurred. Aberdeen is the first area to trial this and outcomes will be reported on.

Status	

LPI Assessment 5: Emergency Response and Resilience

The main areas of measurement of Emergency Response and Resilience are:

- Staff competence
- Availability of operational intelligence risk information
- Appliances, equipment and specialist resources
- Operational assurance audits

Staff Competence – All operational staff follow a nationally defined 3-year development programme which aims to ensure that all firefighters are equipped with the necessary skills required to perform their duties. The process provides the platform for individual and supported development and assessment for the core and expanded skill areas. The process has capacity for additional training categories specific to local risks such as Shipping, Airports, Rail, and Pipelines etc. which are included within the programme to ensure that our firefighters are trained to deal with the incidents they may be called upon to deal with in the local areas.

Promoted Crew and Watch Managers undertake a period of development to provide them with the skills that they require in their supervisory manager role. The period of development has a duration of approximately 18 months linked to the completion of each of the elements required to achieve competency.

	Watch Managers	Crew Manager	Firefighters	Overall Establishment
Competent	80%	60%	70%	74%
Development	20%	40%	30%	26%

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Availability of Operational intelligence (OI) risk Information – Operational crews are actively engaged in the review process for operational intelligence information. The review programme is focused on premises previously identified as high risk with crews inspecting and refreshing critical intelligence for these premises. Operational information is stored in a secure electronic format and can be accessed by firefighters from the cab of the fire engines should they attend an incident at that premise. The ability to access detailed information at incidents supports firefighters at critical times and is vital element of the services approach to fire fighter safety. The new national approach to Operational intelligence has been implemented across the country. All appliances have been equipment with new tablet devices which allows access to a wide array of information at the incident ground.

Station Area	OI
Q01: Anderson Drive	271
Q02: Central	481
Q03: Altens	383
Q20: Dyce	305
Total	1,440

Appliances, Equipment and Specialist Resources – Altens Fire Station staff are progressing very well way through an extensive training programme which will provide them with the specialist skills required to undertake rescues utilising ropes, lines, harnesses and associated equipment. This specialist rescue resource will be mobilised to incidents were persons require rescue from locations such as flat roofs, gorges and steep embankments. The training programme is scheduled to be complete in late 2019. This is when this specialist resource is expected to be mobilised to these types of incidents.

Central fire station staff have completed training with a new Aerial Ladder Platform (ALP). This new appliance has been stationed at Central Fire Station to provide a replacement for the current high reach aerial appliance. The ALP has the same working height as the replaced appliance but has a greater reach capability and is fitted with the latest technology.

On 27 April 2018 Central Fire Station's new water rescue equipment and resources including a trailer mounted rescue boat and dedicated response vehicle were declared as an available specialist resource. This followed a period of extensive training. This resource is mobilised to incidents such as inland water rescues and flooding.

Staff based at North Anderson Drive Fire Station have a Major Incident Unit located at the Fire Station. The unit is equipped with high capability rescue equipment for rescue at large transport type incidents such as trains, HGVs and aircraft. The unit also carries equipment such as props and shoring to facilitate Urban Search and Rescue (USAR) from collapsed structures or trenches. Crews at this station have attended specialist training courses to acquire the skills need to undertake USAR using associated techniques, tools and equipment.

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Fire Station	Pumps	Specialist Resources
Q01: North Anderson Drive	2	Major Incident Unit, Detection Identification and Monitoring vehicle.
Q02: Central	2	High reach aerial appliance, water rescue vehicle trailer and boat, Mass Decontamination Unit.
Q03: Altens	2	Incident Command Unit, Wildfire Unit, Foam Unit, Damage Control Unit, Environmental Unit, Timber Shoring Unit.
Q20: Dyce	1	Incident support van

CPR Lifesaving Awareness Skills Sessions - Personnel have facilitated sessions to support others to develop vital lifesaving skills. Increasing the number of people who can administer CPR will increase survivability for anyone suffering a heart attack. 9 sessions were facilitated and 243 persons trained.

Operational Assurance Audits – We have implemented a programme of Operational Assurance Audits for measuring operational readiness in fire stations that provides assurance of the quality of service delivery. The process seeks to identify and confirm good performance with the potential of sharing good practice across the service as well as identifying potential areas for improvement. In January 2019 a new SFRS Station Standards Audit and Inspection process was implemented in accordance with National arrangements.

Fire Station	Operational Assurance Audits
Q01: North Anderson Drive	1
Q02: Central	1
Q03: Altens	1
Q20: Dyce	1
Total	4

Status	

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	13 June 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Scottish Fire and Rescue Service (SFRS) – Strategic Plan Consultation
REPORT NUMBER	SFR/19/268
DIRECTOR	John Dickie, Assistant Chief Officer, SFRS
CHIEF OFFICER	David Farries, Deputy Assistant Chief Officer, SFRS
REPORT AUTHOR	Bruce Farquharson, Local Senior Officer, SFRS
TERMS OF REFERENCE	5.1

1. **PURPOSE OF REPORT**

1.1 To present the Scottish Fire and Rescue Service (SFRS) Consultation on the draft Strategic Plan 2019-22

2. **RECOMMENDATION(S)**

2.1 That the Committee consider, note and participate in the consultation process provided in **Appendix A** in relation to the SFRS Strategic Plan 2019-22

3. **BACKGROUND**

3.1 This report invites you to review the Scottish Fire and Rescue Service draft Strategic Plan 2019-22.

3.2 This critical milestone in the continued development of the Service will ensure we remain fully committed to improving the safety and wellbeing of the communities we serve both now and in the future as our transformation journey continues.

3.3 As a key stakeholder, we would like to hear your views. Your input will help us to critically assess if the strategy we are proposing is right. By listening to your views it will also help us to continuously develop and improve the services we provide.

3.4 Sharing your thoughts is easy and can be done from our website or by accessing this link directly - https://firescotland.citizenspace.com//. The consultation closes on 18 July 2019

4. FINANCIAL IMPLICATIONS

4.1 There are no significant financial implications for the Council.

5. LEGAL IMPLICATIONS

5.1 There are no significant legal implications for the Council.

6. MANAGEMENT OF RISK

6.1 Not applicable

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	Whilst not specific to any Stretch Outcome, the paper seeks contribution to fire safety which will assist achieve a safer place to live, work and visit.
Prosperous People	SFRS 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	SFRS 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.

The proposals in this report have no impact on the TOM.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	
Organisational Design	
Governance	
Workforce	
Process Design	

Technology	
Partnerships and Alliances	

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

None

10. APPENDICES (if applicable)

Appendix A – SFRS Draft Strategic Plan 2019-22

11. REPORT AUTHOR CONTACT DETAILS

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Working together for a safer Scotland

SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Draft Strategic Plan
2019-22

CONTENTS

Appendix 1 – How our strategy links to the Scottish Government's Fire and Rescue Framework for Scotland 2016

FOREWORD

It is our pleasure to introduce the Scottish Fire and Rescue Service Strategic Plan 2019-22. This is the third Strategic Plan we have produced since our inception in 2013. In our short history this is perhaps the most important plan we have produced so far. It drives forward our commitments on how we will transform the Service to do more for Scotland and how we will adapt to the changing nature of risks facing communities across the country.

This plan sets out our commitments to the delivery of a first class fire and rescue service for all the people of Scotland. In delivering our services we recognise the significant role we play in helping to achieve the Scottish Government's purpose, which is to focus government and public services on creating a more successful country by increasing sustainable economic growth and providing opportunities for all of Scotland to flourish.

Our successes to date have only been possible because of the dedication and professionalism of our people. To enable us to maintain our high public standing and to forge ahead on our path of change, we aspire to attract and retain the best people, whose diversity is more representative of the communities of Scotland that we serve.

We undertook the Service's first ever staff survey in 2018. The results of this survey were published in January 2019, following which we have engaged with our staff through a series of workshops to explore those areas that matter most to them. The views of our staff expressed in the survey have been used to influence this Strategic Plan. We will continue to engage with our staff, so that the detailed work that will support this Plan each year can also be influenced by on-going dialogue.

To understand wider needs and expectations, we are also fully committed to engaging with other stakeholders, including engaging directly with communities across Scotland. An extensive consultation exercise to gather views on the future of the Scottish Fire and Rescue Service was carried out with staff, partners and the public during spring 2018. The consultation set out our need to transform, and presented a vision of how the Service could do even more for the people of Scotland.

The consultation generated 1563 responses – 1426 of which were from individuals and 137 from partner bodies. The data from the exercise was independently analysed by academics from the University of Edinburgh. There was an overall majority backing for the proposals we made in the consultation document.

We will continue such proactive engagement with stakeholders as our transformation journey progresses.   Our ambitions for transformation are threaded throughout this Strategic Plan, and will evolve as we continue to engage with our people, their representatives, and other stakeholders across Scotland.

As we transform, we are fully committed to discharging all of our responsibilities as a significant national organisation. This includes ensuring our continued sound and prudent financial management, which to date has meant we have operated within our allocated resource and capital budgets each year since our creation, despite the financial challenges facing all public services. We will continue to prioritise the safety and wellbeing of our people, and our strong, proactive health and safety culture to protect them.

We believe that we can and must continue to provide the highest quality service to the people of Scotland through our community based services. This requires a highly skilled, motivated and engaged workforce and empowered leaders throughout our Service. It means that as well as providing direct operational response, we will become more involved through our prevention and partnership working, in delivering interventions that support the most vulnerable people in our communities.

We aim to operate much more flexibly to achieve a wider range of societal and organisational improvements as we continue to strive to make a difference to the lives of those we serve.

We are excited about the journey that lies ahead of us over the lifespan of this Strategic Plan, and beyond, and invite others to join us on it as we work together for a safer Scotland.

Dr Kirsty Darwent   **Martin Blunden**
Chair   **Chief Officer**
Scottish Fire and Rescue Service   **Scottish Fire and Rescue Service**

INTRODUCTION

The Scottish Fire and Rescue Service (SFRS) was established as a single national service on 1 April 2013 by the Police and Fire Reform (Scotland) Act 2012, replacing the eight previous fire and rescue services to become the UK's largest service.

We are described as an 'Other Significant National Body' and have a duty to work with other public services to contribute to the Scottish Government's Purpose and the National Performance Framework (NPF).

Our work is overseen by the Safer Communities Directorate of the Scottish Government. The Directorate sets out its plans for keeping communities safe in its document Justice in Scotland: Vision and Priorities. The vision *"for a safe, just and resilient Scotland"* is supported by four outcomes which our work must also contribute to. These are:

1. We live in safe, cohesive and resilient communities
2. Prevention and early intervention improve wellbeing and life chances
3. Our systems and interventions are proportionate, fair and effective
4. We deliver person-centred, modern and affordable public services.

In support of the NPF and the Justice Vision and Priorities, Scottish Ministers have prepared a Fire and Rescue Framework for Scotland which sets out the specific purpose and operating context for the SFRS. Our purpose, as defined by Scottish Ministers in the first Framework 2013 and reaffirmed in the revised Framework in 2016, is:

> *"To work in partnership with communities and with others in the public, private and third sectors on prevention, protection and response to improve the safety and well-being of people throughout Scotland."*

The Board provides strategic direction and closely scrutinises our actions to ensure we are delivering services in an effective and efficient way against this purpose as well as the ten strategic priorities within the Framework which underpin it. The Board also ensures we meet all our legislative requirements and the ambitions of the Strategic Plan.

The day-to-day delivery of our actions is the responsibility of our small executive team comprising of the Chief Officer, Deputy Chief Officer and six Directors who, together, provide strategic leadership to all our organisational functions.

We have successfully navigated through significant and complex reform. We will build on these strong foundations to continue on a journey of transformation to meet ongoing public service challenges. An extensive consultation exercise on our vision for transformation was undertaken in 2018 to scope out how we might deliver services differently in the future, so we can continue to keep the people of Scotland safe in a changing environment. The outcomes of this have been used to influence our direction outlined in this Strategic Plan.

Our success to date would not have been possible without the dedication and hard work of our people. We aspire to be a world-leading fire and rescue service and with that we want to create a great place to work. So, by listening closely to our people through the results of a recent staff survey, we have drawn out what is important to them and used this to help shape our strategy.

In preparing this Strategic Plan, we have given full regard to all of these influencing factors so that we direct our resources to deliver what is expected of us.

The Strategic Plan provides some information about us as an organisation and communicates our high level ambitions of what we want to achieve. It outlines the longer term outcomes we aspire to achieve and the shorter term strategic objectives we will work towards to realise these aspirations.   A summary graphic of this is provided on the next page.

More specific details of the actions we will take to support our aims will be developed within a flexible three-year programme. An Annual Operating Plan will be drawn down from this programme and published each year. The progress of each Annual Operating Plan will be monitored on a quarterly basis by the Board and our Strategic Leadership Team.

Working Together for a Safer Scotland

OUTCOME 1

Our collaborative and targeted prevention and protection activities improve community safety and wellbeing, and support sustainable economic growth.

OUTCOME 2

Our flexible operational model provides an effective emergency response to meet diverse community risks across Scotland.

Safety

Response

Prevention

Teamwork

Innovation

To work in partnership with communities and others in the public, private and third sectors, on prevention, protection and response, to improve the safety and well-being of people throughout Scotland

Public Value

People

OUTCOME 4

We are fully accountable and maximise our public value by delivering a high quality, sustainable fire and rescue service for Scotland.

Respect

OUTCOME 3

We are a great place to work where our people are safe, supported and empowered to deliver high performing innovative services.

ABOUT US

Our primary statutory responsibilities are directed by the Fire (Scotland) Act 2005, as amended by the Police and Fire Reform (Scotland) Act 2012 and by the Fire (Additional Function)(Scotland) Order 2005.   These pieces of legislation lead us to go beyond just fighting fires. These are some of the things we do to keep people safe today:

- Fighting fire in both urban and rural environments
- Promoting fire safety
- Enforcing fire legislation
- Responding to road traffic collisions
- Dealing with the structural collapse of buildings
- Responding to serious flooding
- Responding to serious transport incidents

- Planning for and responding to chemical, biological, radiological and nuclear (CBRN) incidents
- Undertaking inland water rescue
- Carrying out rescues at height
- Playing a key role in resilience and emergency planning
- Working with partners to enhance community safety.

Our prevention, protection and response services are delivered through 356 community fire stations across Scotland. These are supported by a single national training establishment, two regional training sites and several local training facilities, three fully refurbished Operations Control Rooms, three modern Service Delivery Area Headquarters, four strategically placed Asset Resource Centres, an ICT Data Centre and a fleet of over 1,500 vehicles.

Our 16 Local Senior Officers and their teams work closely with all 32 local authorities and are fully committed to support each Community Planning Partnership and other local partnership arrangements. These local teams balance the national direction outlined in the Strategic Plan against local needs by tailoring services through Local Fire and Rescue Plans, and by contributing to Local Outcomes Improvement Plans and other local partnership plans such as Community Justice Plans.

We use a risk-based approach. This enables us to target our prevention work and to align our emergency response resources with community needs and calls for help. This involves:

- Identifying people most vulnerable to harm
- Identifying existing and potential risks to the community
- Evaluating the effectiveness of current preventative and response arrangements
- Determining the actions and resource requirements to appropriately respond.

The assessment of risk within communities is achieved by analysing activity patterns of data available to us, such as incident and census data. Increasingly we are making use of our partners' data to provide a more rounded view of the risk and inequalities in communities. This helps us to understand how we may work better together with our partners. It also promotes a joint response to safeguarding those most at risk of harm and improves life outcomes across Scotland's diverse, unique, and changing communities.

We work closely with our partners. As financial pressures continue to drive the need to reform public services, renewed emphasis has been placed on working in partnership. We continue to be fully committed to working with a wide and diverse range of partners, both locally and nationally, across public, private and third sectors. We absolutely acknowledge the benefits of working together and actively seek opportunities to secure a joined up approach to Scotland's challenges. By engaging and working well with others we can:

- Plan and deliver targeted prevention activity more efficiently
- Prepare for and respond to major emergencies effectively
- Draw on additional support and skills when needed and be available to do the same for our partners
- Share information more freely, increasing knowledge and understanding to meet the needs of our staff and the communities we serve
- Realise efficiencies through sharing assets and resources
- Jointly commit to taking improvement action.

Partnership working at both local and national levels is one of our real strengths. We fully understand the benefits of closer integration within Community Planning Partnerships and within national partnerships arrangements such as the Reform Collaboration Group. This Group for example brings together leaders of the SFRS, Police Scotland and the Scottish Ambulance Service to pursue mutually beneficial activity for Scotland's people. Only through robust and transparent partnership working, in conjunction with locally agreed priorities and aligned plans, will we ensure the best services are provided for our communities.

We care about people and will deliver services that meet the needs of Scotland's diverse communities and support our people to fulfil their potential in a safe and inclusive workplace. We fully recognise that excellent public services are designed with human rights and equality at their core.

To achieve this, we will continue to use our Equality and Human Rights Impact Assessment process as an improvement tool to develop, implement and monitor our corporate policies and practices that affect communities and employees. Our service delivery analytics and our Communications and Engagement Strategy provide the basis for continuing to engage and work with our communities and other stakeholders to establish an evidence-based profile of the needs and aspirations of different community groups.

Our employees are the key to delivering excellent public services and must perform their roles in a professional, ethical and compassionate way. In return, we recognise our responsibilities as an employer to provide a working environment where our people feel able to bring their unique personal qualities to the workplace.

We are committed to continuous improvement. As well as looking at ways to develop and redesign business services, we are driving forward a transformation agenda so that we deliver services that continue to protect Scotland's modern day communities.

So that we can respond to and resolve a wider range of societal risks and challenges, plans are already developing to widen the role of our firefighters and reconfigure our frontline workforce. We also want to ensure that we are prepared to respond to severe weather and to deliver a more holistic approach to harm prevention. In doing so the long term benefits of transformation will deliver:

- A more agile Service that is designed to continue to meet the changing and evolving risks facing Scotland
- A strengthened contribution to the prevention and reduction of unintentional harm in Scotland's communities
- A strengthened contribution to building the resilience of Scotland's communities
- A more efficient and productive organisation in how we use our skills, capabilities and resources
- A high level of trust by staff, partners, communities, and other stakeholders in all that we do, including delivering safe and planned changes to the Service.

A transformation high-level plan has been prepared and approved by our Board with several specific projects identified to take this forward. This portfolio of transformation projects will be closely monitored and robustly managed through our Programme Office arrangements. These projects, and what outcomes they contribute to, are detailed within the Our Strategy section of this Plan.

8 Scottish Fire and Rescue Service

OUR VALUES AND BEHAVIOURS

In 2015 the Service identified four core values which outline what is most important to us in how we go about our work. They are a reflection of what we believe are appropriate workplace behaviours and play an important part in building a cohesive culture to help us work together for a safer Scotland.

Safety of ourselves and others is something we take very seriously. Whether that be on the incident ground, in the office or as we go about our business in the community, safety is always at the core of what we do. Our people demonstrate this by:

- Being accountable and responsible
- Enabling, supporting and promoting a safety conscious culture
- Taking responsibility for safeguarding their own safety and that of the people they work with
- Taking immediate action to highlight and/or remove safety hazards and risks
- Promoting healthy lifestyle and through supporting each other maintain good work/life balance
- Taking action when stress becomes a risk factor to themselves and others, and supporting colleagues who are under pressure.

Teamwork helps us achieve more. It generates and promotes a sense of belonging and enables mutual support and learning. It encourages a blend of skills and knowledge to successfully achieve a common goal. Our people demonstrate this by:

- Being supportive and open, listening to each other, and sharing skills knowledge and experience
- Developing strong relationships across and within the organisation
- Working towards common oganisational objectives
- Identifying and pursuing opportunities to work in collaboration with partners and communites to help deliver common goals.

Respect for others improves communications and reduces workplace stress and conflicts.   We embrace diversity to increase productivity, knowledge and learning and do not tolerate instances of bullying, harassment, unfair discrimination or unacceptable behaviour. Our people demonstrate this by:

- Displaying a professional attitude at all times, delivering on commitments made, and by having a fair, open, honest and ethical approach to everything they do
- Taking responsibility for the impact words and actions can have on others
- Challenging unacceptable behaviour and resolving differences in a constructive way
- Showing a willingness to work with others, regardless of differences
- Valuing the efforts and contributions of others by acknowledging achievements
- Showing consideration for others and empathy towards their emotional and/or physical wellbeing.

Innovation helps us to grow, adapt and be more responsive to changing needs. Being open and listening to new ideas and ways of thinking will improve the way things are done. Our people demonstrate this by:

- Fostering collaboration and communication, sharing ideas and listening to other people
- Supporting others who are exploring new ways of working
- Being flexible in their approach to achieve a successful outcome
- Evaluating opportunities to take calculated risk, and taking responsibility for the impact of decisions.

OUR CHALLENGES

Society and the environment in which we all live is constantly changing and there are a number of new and ongoing challenges facing Scotland that are likely to have an impact on the services we provide.

So that we can prevent the worst from happening or be fully prepared to respond should we be called, we need to be aware of any new or changing risks which threaten the safety of communities or our workforce. As we prepare for any new or enhanced response we will also work towards securing an appropriate pay and reward package commensurate with any additional responsibilities our firefighters are asked to perform.

Changing population/ demographics

The most recent report published in 2017 by the National Records of Scotland on the Projected Population of Scotland predicts there will be a significant rise in the population of over 75s in Scotland. The report highlights there will be an increase in this age group of 79% over the next 25 years and an increase of 27% over the next ten years making it the fastest growing age group.

While people living longer lives is a positive indicator, as people grow older it is likely that they may require new forms of support to keep them safe from harm. An aging population will increase levels of long-term medical conditions for example. This will generate new demands as Scotland seeks to support the population to age well in safe and resilient communities. Current trends in moving from care in institutional settings towards home-based care will increase the number of people who are potentially at risk of fire and other forms of preventable harm, such as trips and falls, within the home environment.

This further increases the scope for us to work with our partners to deliver effective prevention measures through a more holistic approach to assessing risk and taking action to reduce or remove harm. By widening our prevention and intervention activities, social and financial benefits can be achieved across the wider public sector in Scotland.

Social and economic inequality

In areas of multiple deprivation, communities experience poorer health, lower educational attainment, lower employment, more emergency hospital admissions and reduced safety. Typically, we are called out more often to these areas and to individuals characterised as 'disadvantaged'.

This evidence underlines the close relationship between wider social and economic issues, fire related incidents, unintentional social and personal harm, social inequality and the subsequent challenges this presents to improving the wellbeing of individual citizens. In response to this we will continue to build effective relationships with our partners so that together we can deliver targeted prevention activities to reduce inequalities.

On an annual basis around 1,250 – 1,400 lives are lost to unintentional harm in Scotland, much of which is preventable. The majority of these are as a result of falls (42%). Unintentional harm also results in approximately 54,500 emergency hospital admissions at an estimated cost to the public purse of £200m per annum.

By utilising our resources and redistributing our capability to support other agencies we can expand our prevention focus. As a trusted public service, gaining access to on average 70,000 households each year to conduct home fire safety visits, we are in a unique position to contribute to reducing such inequalities. By adopting a 'safe and well' approach to home visits we will create a more holistic approach in how we work to prevent unintentional harm among the most vulnerable in our society.

Through our community safety work we engage with a vast array of individuals and groups and this has also given rise to addressing wider inequalities by helping to tackle antisocial behaviour, reduce reoffending, and by working in partnership to tackle domestic violence.

Extreme weather

The climate has changed over the past decade with most areas experiencing a marked rise in extreme and unpredictable weather conditions. Severe storms, widespread flooding, significant snow fall and major temperature fluctuations have devastating impacts on peoples' lives and livelihoods. Prolonged dry spells are welcomed by many, but they can put Scotland's vast grass and heath moorland at much greater risk of fire.

Specialist resources will be strategically placed in areas where there is a greater risk of flooding for example, and firefighters will be prepared, fully equipped and ready to support and protect communities, whatever the weather. We will also make use of local assets available to us to bolster our response during prolonged or widespread incidents such as wildfire.

Terrorism

For more than ten years the UK has consistently been prepared against heightened threat levels, where a terrorist attack was a strong possibility or highly likely. At devastating incidents such as those we have seen mostly recently at the Manchester Arena and Parsons Green Tube Station in London in 2017, fire and rescue services will play a critical response role.

We will continue to work very closely with our partners in Scotland and across the UK, to understand current threats and to ensure we have robust multi-agency and Service plans in place should an attack happen. Our crews will be prepared to respond appropriately to prevent further harm to life or infrastructure.

OUR WORKFORCE

Our strategy will be delivered by a dedicated workforce of more than 7,500 people covering a range of frontline operational roles and supporting services across Scotland.

The wholetime operational staff group account for nearly half of all of our staff. This group includes our frontline firefighters who crew our emergency vehicles and our operational commanders and senior managers.
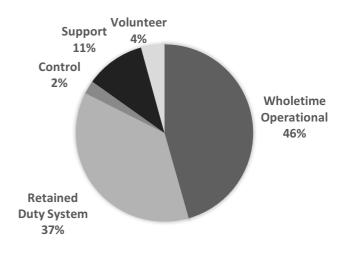

Figure 1 - Workforce Profile as at 31 March 2018

Retained Duty System (RDS) firefighters make up our second largest group. These 'on call' firefighters are critical to providing fire and rescue services in rural and remote rural locations. The operational model that this group, and our volunteers, work within has become very challenging to maintain in today's environment both in Scotland and the rest of the UK.

These challenges have inspired our transformation agenda and some changes have already been made to better support this duty system. Improved recruitment practices and enhanced training facilities are part of these changes. However, further innovation is required to strengthen and future-proof arrangements.

We are also fully committed to improving the diversity of our workforce and are working towards a profile that is more representative of the people and communities of Scotland that we serve.

In 2017/18 it was recorded, 87% of our staff were male and 13% were female. Almost two thirds of all staff were over the age of 40, 0.4% identified as having a disability and 1.2% of staff were recorded as belonging to a minority ethnic group. Plans and initiatives will continue to be developed to help attract, recruit and retain people from underrepresented groups and to help reduce the gender pay gap in the SFRS.

We manage our people resources through a Workforce and Strategic Resourcing Plan. This allows us to proactively manage our current, and forecast our future, workforce requirements according to organisational need and budget. Training plays an essential role in installing safety critical, technical, operational and organisational skills and leadership, to enable our workforce to fully support and engage in the design and delivery of excellent services.

DRAFT

OUR MONEY

We are funded directly by the Scottish Government through Grant in Aid for both our resource and capital expenditure.

In comparison to legacy services' resource funding in 2012/13, we are operating with a £26.3m (9%) reduction in cash terms in 2018-19. After taking account of significant cost pressures, most notably in relation to pay inflation and government policy changes this equates to a reduction in real terms of around £47m (15%) for our day-to-day spending each year.
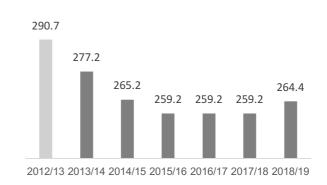

Figure 3 - Resource Funding 2013/13 - 2018/19 (£m)

As our most important asset, it is appropriate that our cost profile is heavily weighted towards employee costs. The chart provides a breakdown of how these costs are distributed.

Our Capital Budget, which we use to invest in our assets, has been variable since 2013/14. Our Capital Budget for 2018/19 was £32.5m, but in contrast in 2016/17 we received a Capital Budget of £10.8m. This variability in Capital allocations makes financial planning more challenging, as does the inability for us to hold a financial reserve.
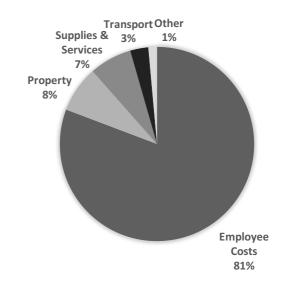

Figure 4 - Resources Budget Allocation 2018/19

Through sound and prudent financial management, to date we have successfully managed our annual budget and have operated within our allocated resource and capital allocations. We are also on track to achieve the cumulative target savings of £328m by 2027/28 set by the Financial Memorandum to the Police and Fire Reform (Scotland) Act 2012.

To ensure we maximise opportunities to secure our future financial sustainability, we have developed a Long Term Financial Strategy 2017-27.   This strategy supports our belief that the   greatest public value and best opportunity to secure long term financial sustainability would be delivered by taking on a wide range of new responsibilities supported by appropriate funding.

We continue to operate in a changing environment with high levels of uncertainty around public service funding. As the impact of the UK's withdrawal from the EU unfolds, there are also further potential implications on our spending. This makes financial planning against the ambitions within this Strategic Plan challenging.   To be successful, we will remain agile and manage risks and expectations in accordance with our available annual funding.

OUR PERFORMANCE

A priority of the Fire and Rescue Framework for Scotland 2016 was to develop a Performance Management Framework which would support our Strategic Plan. The Performance Management Framework we published provided details of how we manage our performance, and contains a comprehensive set of corporate performance measures. Regular reports are provided to the Board and its Committees on these performance measures so that members can monitor and scrutinise how well we are doing.

The Performance Management Framework and its associated measures will be reviewed and revised to align with this Strategic Plan to ensure our business planning and performance management arrangements are fully aligned.
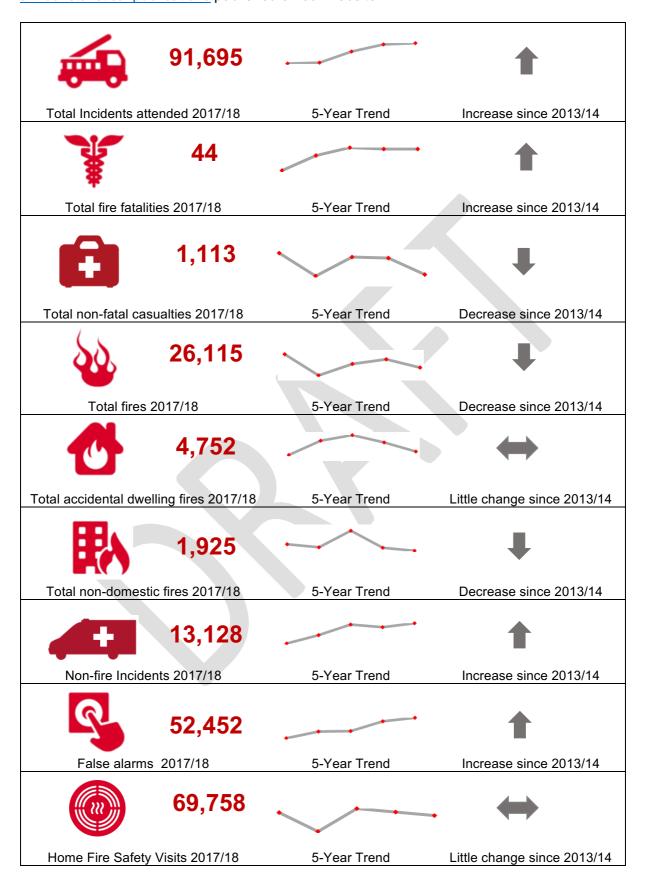
Further performance data is published in our annual Statistical Bulletins. These are available on our website to provide comprehensive data on fire and rescue incidents, and fire safety and organisational activity. We took on the responsibility of collating and publishing these from the Scottish Government in 2016. To further assure the integrity of our statistics we are working towards becoming formally acknowledged as a 'Producer of Official Statistics'.

Each year the Board is held to account for our performance by the Minister for Community Safety and Legal Affairs. An Annual Performance Review Report is prepared in advance of a public meeting, outlining our key achievements against the priorities of the Fire and Rescue Framework for Scotland. The performance review meeting is held at a different location around Scotland each year so that members of the public and community representatives have the opportunity to question the Minister and our Board on our activities.

Elected members in each local authority area are also invited to scrutinise and challenge our performance through local performance reports prepared by our Local Senior Officers. Our Local Senior Officers have built strong relationships within their respective community planning partnerships. With our partners we will explore better ways to evaluate the impact of joint activities on communities and to share data and information to further strengthen the local evidence base that underpins priorities within Local Outcomes Improvement Plans.

The infographic below provides a snapshot view of how we have performed against some of our important indicators since 2013/14. We have used data from 2017/18, which is currently the most complete figures available us, for comparison purposes. More detailed analysis and

data relating to our performance is available through Board and Committee Reports and our annual statistical publications published on our website.

🚒	**91,695** Total Incidents attended 2017/18	5-Year Trend	⬆️ Increase since 2013/14
⚕️	**44** Total fire fatalities 2017/18	5-Year Trend	⬆️ Increase since 2013/14
🧰	**1,113** Total non-fatal casualties 2017/18	5-Year Trend	⬇️ Decrease since 2013/14
🔥	**26,115** Total fires 2017/18	5-Year Trend	⬇️ Decrease since 2013/14
🏠	**4,752** Total accidental dwelling fires 2017/18	5-Year Trend	↔️ Little change since 2013/14
🏢	**1,925** Total non-domestic fires 2017/18	5-Year Trend	⬇️ Decrease since 2013/14
🚑	**13,128** Non-fire Incidents 2017/18	5-Year Trend	⬆️ Increase since 2013/14
🔘	**52,452** False alarms 2017/18	5-Year Trend	⬆️ Increase since 2013/14
🚨	**69,758** Home Fire Safety Visits 2017/18	5-Year Trend	↔️ Little change since 2013/14

OUR STRATEGY

> **Outcome 1** Our collaborative and targeted **prevention and protection** activities improve community safety and wellbeing, and support sustainable economic growth.

> **Objectives 1.1** We will work with our partners to ensure targeted prevention and early intervention are at the heart of what we do to enhance community safety and wellbeing.

By far the best way to avoid injury or fatalities from emergencies is to prevent them from happening in the first place. By working in partnership to target our education programmes and community safety initiatives we are working to reduce the number of emergency incidents so that we improve community safety and wellbeing outcomes.

We will continue to expand our prevention activity, in particular delivering initiatives which directly support casualty reduction. This includes developing new 'safe and well' home visits, which incorporate wider health and social care considerations. We will build our knowledge by working with partners, and jointly utilising intelligence and data so that we can identify those most at risk in our society. Together we will then be able to target our resources more effectively to reduce the risk of fire and other incidents of unintentional harm in the home.

> **Objectives 1.2** We will enforce fire safety legislation in a risk-based and proportionate manner, protecting Scotland's built environment and supporting economic growth.

Fire in non-domestic properties not only pose a risk to life but also impact on local economies. We have a duty to provide advice and enforce fire safety legislation in most non-domestic buildings across Scotland. We will continue to target fire safety audits using a risk based approach to support those responsible for premises (the duty holders), and ensure they are meeting their responsibilities to keep people safe.

The tragic incident at Grenfell Tower in London highlights the significance of robust and effective building and fire safety regulatory frameworks. In the immediate aftermath of this incident in 2017, we delivered a strategy to provide overt and robust public reassurance; a consistent and timely response to the high volume of information requests; and detailed information and guidance to our staff to deliver a consistent message.

Work to improve the safety of high-rise premises continues. We remain fully committed to supporting the Ministerial Working Group which was established to oversee this work in Scotland. In particular, following a comprehensive review of procedures and practices, work will focus on delivering improved:

- Fire safety regime and regulatory framework in Scotland
- Building standards for fire safety
- Standards for enforcement and compliance

We will respond appropriately to any future recommendations which may arise from the Hackitt Review and Public Inquiry relating to the Grenfell Tower fire.

We will also continue to protect Scotland's built environment and support economic growth through our fire engineering work. Our fire engineers liaise with the construction and academic sectors to ensure safe building design, enabling businesses to grow and flourish. This includes undertaking analysis to increase understanding of modern methods of construction, enhancing the safety of building users and our firefighters.

Objectives 1.3 We will evaluate and learn from our prevention and protection activities and analyse data to ensure our resources are directed to maximise community outcomes.

We are committed to continuous improvement and will create a culture of reflection and review that helps our staff to improve the quality of their work and the services they deliver. Planning and evaluation are ways of using evidence to learn what works and provide a means to inform any necessary improvement actions or highlight and share any areas of good practice.

We will develop robust methods of planning and evaluation so that our prevention work is aligned with local and national priority needs and our impact on communities is maximised and understood.

In addition to evaluation, we will also continue to learn through the investigation of fires. Our fire investigators fully and professionally investigate and report on the causes and contributory factors in relation to significant fires throughout Scotland. Research can then be carried out, providing valuable data and information internally within the Service, and to external partners. This can then be used to inform future prevention, protection and emergency response arrangements.

> **Objectives 1.4** We will respond appropriately to Unwanted Fire Alarm Signals and work with our partners to reduce and manage their impact on businesses, communities and our Service.

False alarms continue to account for more than half of the incidents we attend. The majority of these calls are generated by automatic fire alarm systems. We encourage the use of automatic fire detection as they help save lives and protect buildings. However, unnecessary false alarms are a drain on our resources and present undue risk for the public from appliances responding to these calls under blue light conditions. They can also cause disruption to people and negatively impact on business continuity potentially affecting business growth.

We will work with duty holders to reduce this type of incident and to reduce the risk to communities and our people through minimising unnecessary blue light journeys. This will allow us to maintain the availability of resources where they are needed most, and increase the time available for operational personnel to undertake training and community safety activities.

Associated Transformation Projects:

- Safe and Well
- SFRS Futures Vision
- Retained and Volunteer Duty System Strategy
- Rural Full Time Posts
- Demand Based Watch Duty System
- SFRS Youth Volunteer Scheme

Outcome 2 Our flexible operational model provides an effective emergency **response** to meet diverse community risks across Scotland**.**

Objectives 2.1 We will analyse and understand a broad range of community risks across Scotland so that we have the right resources in the right places at the right time.

To enable us to prepare for an effective response we first need to know what the potential risks to communities are, and then ensure we have the most appropriate balance and distribution of capabilities to address them.

Following a comprehensive review we have distributed a range of specialist rescue equipment across Scotland, positioned where it will be most effective. We will now undertake a longer term exploratory review of what Scotland may look like in the future, Our Futures Vision. We will look at factors such as economic development, infrastructure and housing proposals, and population projections to understand what changes we may need to make to our operational footprint to be able to respond to any new or changing demands.

Objectives 2.2 We will be more flexible and modernise how we prepare for and respond to emergencies, including working and learning with others and making the most of technology.

To realise greater efficiencies we need to review our operating model and duty systems to build in flexibility, reconfiguring resources to where and when they are needed most today. Our people, partners and communities will be fully consulted about any changes we propose.

We also need to take further steps to reconsider the role of firefighters in today's society. Using our widely dispersed resources to support our partners, and increase life chances in roles such as emergency medical response, we could significantly contribute to improving a wider range of community outcomes.

Where it is right that we are able to save more lives in different ways, it is also right that our firefighters are appropriately trained, equipped and have terms and conditions reflective of doing so. We will work closely with staff representative bodies to negotiate terms and conditions to allow these developments to happen.

We have already made some advances in changing the types of appliances and firefighting technology we use. To strengthen our rural firefighting capabilities Rapid Response Units have joined our fleet. These bespoke smaller appliances are fitted with state of the art equipment that can create safer working conditions for our firefighters. We will continue to explore and embrace such technological advances and new ideas which provide a safer environment for our firefighters as we enhance safety within all the communities of Scotland.

> **Objectives 2.3** We will maintain a strong presence across Scotland to help communities prepare for and recover from emergencies.

Together with our partners, we assess risks, prepare for and respond to any significant threats or major emergencies. National and regional resilience partnerships, in which we continue to play a key part, coordinate the preparation of risk registers and response plans and arrange vital joint training and exercising events.

Through the Joint Emergency Services Interoperability Principles (JESIP) programme we will also seek to learn valuable lessons and improve how we can work together across command and control structures at the early stages of an incident. This will enable us all to understand each other's capabilities so that we can launch a swift and integrated response whenever and wherever emergencies occur.

Our local teams will continue to support local resilience partnerships to build capacity within communities so that they are prepared and can go some way to help themselves during an emergency situation. We will also help build confidence so that they have the ability to return to normality as quickly as possible after an event.

> **Objectives 2.4** We will make our frontline service delivery more effective by enhancing our command, control and communications arrangements.

To assure our own resilience, significant investment has been made in our command and control infrastructure. Three modern Operations Control rooms have been established to take calls from all over Scotland. Further investment has more recently been made to procure a new command and control mobilising system which will further enhance our resilience and emergency call handling capability.

We are also actively involved in the Home Office's Emergency Services Mobile Communications Programme (ESMCP). This programme was established to replace the current communications network used by the emergency services across the UK. We will work within robust governance arrangements with a range of partners to ensure this critical and complex migration is a success for Scotland.

Associated Transformation Projects:

- SFRS Futures Vision
- Rapid Response Units
- Rural Full-Time Posts
- Retained and Volunteer Duty System Strategy

- Urban On-Call
- Emergency Medical Response
- Demand Based Watch Duty System
- Concept of Operations for Terrorist-Related Incidents

> **Outcome 3** We are a great place to work where our **people** are safe, supported and empowered to deliver high performing innovative services.

> **Objectives 3.1** We will build strong leadership and capacity at all levels within the Service, and improve the diversity of our workforce.

We aspire to be an employer of choice. This means we will create a supportive and rewarding workplace environment which attracts and retains the best people to deliver our responsibilities and ambitious programme of change.

To succeed we need leaders throughout the Service who think, plan and act as community leaders in their operational roles and in working with our partners. We are committed to developing adaptable leaders and equipping them to work across organisational boundaries and to solve complex problems with our partners and communities. We recognise that culture is a key determinant of success, and that leaders who demonstrate strong engagement, communication, collaboration and motivational skills will be a vital part of securing that success.

To be successful in fulfilling our strategic objectives, we will maintain dynamic resourcing and workforce plans which are fully aligned to our business and budget planning processes. These plans will be supported by policies, procedures and practices to ensure the fair and inclusive recruitment, development and retention of committed, talented people.

We are committed to securing a diverse workforce which is representative of the communities we serve. Historically this has been difficult to realise for operational roles within fire and rescue services. By expanding firefighter roles we want to attract a wider range of people into operational roles in the future. We will also continue to explore new and innovative resourcing and development methods, including 'positive action' techniques to encourage and enable underrepresented groups to apply to work for us and to seek promotion opportunities.

We are also committed to delivering the best possible benefits packages for all staff who work for the SFRS. We will continue to work with representative bodies to secure appropriate terms and conditions which are fair and reflective of expanding job roles. We will also look to implement further policies that will promote a healthy work life balance and as a consequence increase motivation and productivity, and support good mental health.

26 Scottish Fire and Rescue Service

Objectives 3.2 We will embed inclusive learning and development arrangements so that we have the organisational capability to deliver high quality innovative services.

To ensure we have the capability and skills to deliver first class frontline and supporting services we will invest in excellent training facilities and arrangements. We will embed different learning pathways to ensure all our people have access to development opportunities to keep them safe and to support them to fulfil their potential. We will develop our approach to transferring knowledge across the Service ensuring our staff have access to the best practices, learning and information on what works in delivering our priorities.

As we continue to evolve, we will ensure we have empowered, ethical and values based leaders at every level to inspire greater workforce diversity. Challenging existing ways of doing things and innovation will be encouraged and supported so that we can be more progressive in how we meet our current and future challenges.

By embedding effective succession planning we will be able to identify potential leaders for the future, providing opportunities for them in our leadership development programmes, so that they have the right skills to succeed. In doing so developing staff who are multi skilled, flexible, and results orientated in how they work and in how they develop in their current roles and into the future.

Objectives 3.3 We will care for our people through progressive health, safety and wellbeing arrangements.

The safety of our people is paramount and we have created a strong proactive health and safety culture to protect them. Being appropriately trained, and having access to the right information and support is essential to our people's safety and we are fully committed to ensuring we have the resources in place to support that. We will also continue to improve our management information systems so that we can identify trends and areas in need of attention, and recognise positive results and improvements to enable the sharing of good practice across the organisation.

The nature of our Service is such that firefighters, and other members of staff, can be exposed to traumatic and challenging situations. We know that non-work related matters can also impact on the wellbeing of people. In recognising these psychological pressures our people sometimes work under, we are fully committed to creating a mentally healthy environment within which all can work and prosper. We are committed to ensuring mental

health is mainstreamed across everything we do and is fully integrated within our culture. To ensure we succeed we will structure, resource and manage our interventions to provide the support our people need to best equip them to meet the challenges they face.

> **Objectives 3.4** We will engage with our people, and other stakeholders, in an open and honest way, ensuring all have a voice in our Service.

To know if we are getting it right as an employer, we have made a promise to carry out a staff survey every two years. We are fully committed to taking action on what our people say and have used the results of the 2018 staff survey to help shape this Strategic Plan.

As we develop more detailed plans to achieve our strategic objectives, and as we continue on our journey of transformation, we will put in place robust change management practices so that our people can get involved in the decisions that matter to them. We will share information at appropriate stages and give our people the opportunity to participate in the design of services through safe and open communication channels.

Board meetings will also be regularly held in different towns or cities around Scotland, giving the opportunity for local teams, local partners and communities to engage with Board members and senior leaders on national policy and unique local issues.

Associated Transformation Projects:

- Terms and Conditions
- SFRS Futures Vision
- Retained and Volunteer Duty System Strategy
- Rural Full Time Posts
- Demand Based Watch Duty Systems

> **Outcome 4** We are fully accountable and maximise our **public value** by delivering a high quality, sustainable fire and rescue service for Scotland.

> **Objectives 4.1** We will maximise our contribution to sustainable development through delivery of economic, social and environmental benefits for the communities of Scotland.

The National Performance Framework has been designed to link with and promote the Scottish Government's commitment to the United Nation's Sustainable Development Goals. These aim to improve wellbeing across the world. We already undertake many activities that contribute to social equality, economic viability and environmental protection, which are the bedrock to sustainable development. Our commitment as a Service to minimise our direct impact on the environment is strong. We will put detailed plans in place for how we will achieve this. We will work with partners across the public service and beyond in developing our approach and in achieving our ambitions.

Through the implementation of a SFRS Sustainable Development Framework, we will communicate a clear plan from which to showcase and report on the wide range of activities which contribute to sustainable development nationally – in essence making global goals our business.

> **Objectives 4.2** We will minimise the risks we face through effective business management and high levels of compliance with all our responsibilities.

We manage our business and money appropriately, complying with various regulations, through a robust set of policies, business processes and identified responsibilities. Good governance assures a blend of value for money and accountability with transparent decision making and probity. To respond effectively to emerging risks and challenges and to further strengthen our governance arrangements, we will explore how we can develop more predictive insights and improve evidence led decision making.

This will support improved management of risk which is a fundamental element to successful business administration. Through increased integration with planning and performance management systems, and within the day to day culture of the organisation, we will enhance our ability to identify and respond appropriately to a variety of political, operational, financial and legal risks to safeguard our resources and reputation.

> **Objectives 4.3** We will invest in and improve our infrastructure to ensure our resources and systems are fit to deliver modern services.

We own or lease a wide range of assets, from land, property and vehicles to operational equipment, ICT and software. These assets are used to support all frontline and supporting activities and must achieve a high level of performance in terms of versatility, reliability, safety and cost.

We are committed to investing in our ICT digital infrastructure to meet the growing demand for effective, efficient and secure systems. We will continue to explore new and innovative ways to use digital technology to realise efficiencies and to ensure our people have access to the right information at the right time to do their jobs well.

We will implement a long term asset management strategy which will redesign our property and fleet portfolio to balance the needs of a modern national service with those of tightening budgets. This will be done through a comprehensive assessment which will determine the assets that we no longer need, the assets we need to maintain, rationalise or develop, and the new assets we will need to acquire.

> **Objectives 4.4** We will strengthen performance management and improvement arrangements to enable robust scrutiny, challenge and decision making nationally and locally.

The introduction of a new performance management system in 2019, will greatly enhance how we manage our performance in the coming years. Moving from the current disparate manual systems to an all in one solution will fundamentally change how our people, across all functions and areas, manage their actions, risks and performance. Having information at the touch of a button will greatly support improved reporting, communications, scrutiny by the Board and other stakeholders, decision making and realising efficiencies through the removal of duplication throughout the organisation.

We will also employ measured and cumulative actions to improve what we do. We will foster a culture where our people are empowered to use their skills and experience to make improvements in their work. Processes will be embedded to enable lessons learned and good practice to be widely shared with colleagues across the organisation.

The design of our services, systems and processes will also be regularly reviewed to ensure they are delivered in the most efficient, effective and safe way. To support the outcomes of any reviews and subsequent progression of any areas for improvement, we will maintain strong governance assurance arrangements.

Associated Transformation Projects:

- SFRS Youth Volunteer Scheme
- Climate Change
- Station and Appliance Review

TELL US WHAT YOU THINK

This draft Strategic Plan 2019-22 sets out what our broad ambitions will be over the next three years. Your views are important to us and you are invited to tell us what you think of our approach.

The formal consultation for this draft Strategic Plan opened on **Thursday 9 May 2019 and will run until Thursday 18 July 2019**. To ensure we review and manage all responses consistently please feedback to us using our online survey. This can be accessed at firescotland.citizenspace.com. After the consultation is closed we will publish the results.

If you cannot access our online survey, or if you would like more information about the Scottish Fire and Rescue Service you can:

Write to: Scottish Fire and Rescue Service Headquarters

Westburn Drive

Cambuslang

G72 7NA

Phone: 0141 646 4501

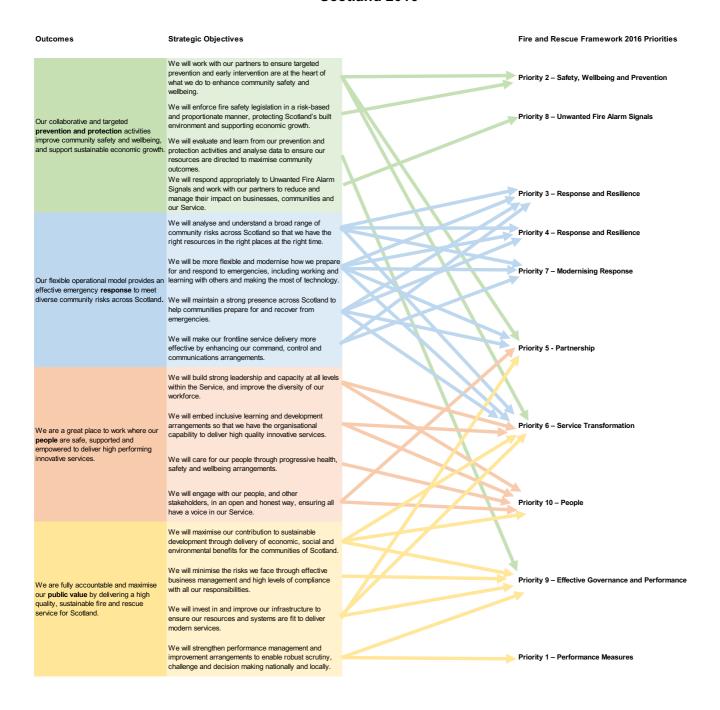Email: SFRS.StrategicPlan@firescotland.gov.uk

Visit our website: www.firescotland.gov.uk

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Follow us on Instagram   @fire_scot

How our strategy links to the Scottish Government's Fire and Rescue Framework for Scotland 2016

Outcomes

Strategic Objectives

Fire and Rescue Framework 2016 Priorities

Our collaborative and targeted **prevention and protection** activities improve community safety and wellbeing, and support sustainable economic growth.

We will work with our partners to ensure targeted prevention and early intervention are at the heart of what we do to enhance community safety and wellbeing.

We will enforce fire safety legislation in a risk-based and proportionate manner, protecting Scotland's built environment and supporting economic growth.

We will evaluate and learn from our prevention and protection activities and analyse data to ensure our resources are directed to maximise community outcomes.

We will respond appropriately to Unwanted Fire Alarm Signals and work with our partners to reduce and manage their impact on businesses, communities and our Service.

Our flexible operational model provides an effective emergency **response** to meet diverse community risks across Scotland.

We will analyse and understand a broad range of community risks across Scotland so that we have the right resources in the right places at the right time.

We will be more flexible and modernise how we prepare for and respond to emergencies, including working and learning with others and making the most of technology.

We will maintain a strong presence across Scotland to help communities prepare for and recover from emergencies.

We will make our frontline service delivery more effective by enhancing our command, control and communications arrangements.

We are a great place to work where our **people** are safe, supported and empowered to deliver high performing innovative services.

We will build strong leadership and capacity at all levels within the Service, and improve the diversity of our workforce.

We will embed inclusive learning and development arrangements so that we have the organisational capability to deliver high quality innovative services.

We will care for our people through progressive health, safety and wellbeing arrangements.

We will engage with our people, and other stakeholders, in an open and honest way, ensuring all have a voice in our Service.

We are fully accountable and maximise our **public value** by delivering a high quality, sustainable fire and rescue service for Scotland.

We will maximise our contribution to sustainable development through delivery of economic, social and environmental benefits for the communities of Scotland.

We will minimise the risks we face through effective business management and high levels of compliance with all our responsibilities.

We will invest in and improve our infrastructure to ensure our resources and systems are fit to deliver modern services.

We will strengthen performance management and improvement arrangements to enable robust scrutiny, challenge and decision making nationally and locally.

Priority 2 – Safety, Wellbeing and Prevention

Priority 8 – Unwanted Fire Alarm Signals

Priority 3 – Response and Resilience

Priority 4 – Response and Resilience

Priority 7 – Modernising Response

Priority 5 - Partnership

Priority 6 – Service Transformation

Priority 10 – People

Priority 9 – Effective Governance and Performance

Priority 1 – Performance Measures

ABERDEEN CITY COUNCIL.

COMMITTEE	Public Protection Committee
DATE	13th June 2019
REPORT TITLE	Implementation of the approved recommendations of the United Kingdom Accreditation Service (UKAS) assessment of the Aberdeen Scientific Services Laboratory (ASSL).
REPORT NUMBER	
DIRECTOR	Rob Polkinghorne
CHIEF OFFICER	Mark Reilly
REPORT AUTHOR	James Darroch
TERMS OF REFERENCE	3.1 and 3.2

1.   PURPOSE OF REPORT

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

2.   RECOMMENDATION(S)

That the Committee :-

2.1   notes the work being undertaken to implement and develop the recommendations of the 19th and 20th February 2019 UKAS re-assessment report.

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

3.   BACKGROUND

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.

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.

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.

ASSL has successfully maintained UKAS accreditation status since 1994. On 19th and 20th February 2019 the laboratory received a Re-assessment Audit by UKAS. This highly successful, visit was the final visit of the current 4 year accreditation cycle for the laboratory (2016 to 2019). Next year will see UKAS deliver the first Surveillance audit, marking the start of another 4 year cycle. During the course of the 2019 re-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. The Laboratory is currently awaiting confirmation from UKAS that the findings had been cleared and that accreditation was being maintained for a further 12 months.

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.

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 2019 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.

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.

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

:

- 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."
- 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.
- Whatever the outcome of Brexit, whether the UK leaves the EU with or without a deal, UKAS will continue to be recognised by the UK Government as the UK's sole national accreditation body.

	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	M	Seek additional sources of capital investment. Seek sources of additional income so that

	technologies, restricting the ability of ASSL to maintain its current status as an Official Control laboratory.		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 (if applicable)

Appendix A :   United Kingdom Accreditation Service (UKAS) Assessment Report detailing the visit made to Aberdeen Scientific Services Laboratory on the 19th and 20th February.

11.   REPORT AUTHOR CONTACT DETAILS

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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 - Re-assessment
		UKAS Reference Number	5464 1325
		Date(s) of Assessment	19/02/2019-20/02/2019
Assessment Location(s)	Aberdeen Scientific Services Laboratory Old Aberdeen House, Dunbar Street Aberdeen AB24 3UJ United Kingdom	**Project references**	212315-03-01
Assessment Standard / Criteria	ISO/IEC 17025:2005 - Testing Laboratory	**Schedule Issue No(s)**	039
Name & Role of UKAS Assessment Team	: (Lead Assessor), ı (Technical Assessor), _____ __ __.____ \ . ɜchnical Assessor), ı Technical Assessor)	**Date(s) of Assessment Plan**	20th December 2018
		No. of (M) Findings: Action Mandatory	34
Name of Organisation Representative(s)	. ˙ ˜ ˿˗˼. ˙	**No. of (M) Findings: Require Evidence to UKAS**	32
Report Issued By		**No. of (R) Findings: Action Recommended**	4
Report Issued Date	6th March 2019	**Method of Reviewing Evidence**	Remote
Report Acknowledged By	˙	**Quote for Reviewing Evidence**	1.25 Days
Report Acknowledged Date	As email	**Agreed Action Completion Date**	29th March 2019
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	X
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		

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Executive Summary and Recommendation
This was a Reassessment visit to assess the continuing conformity against the requirements of ISO/IEC 17025:2005 and DWTS requirements for the laboratory at Aberdeen Scientific Services.

The laboratory has not yet progressed to the transition to ISO/IEC 17025:2017 and this has been postponed until their visit in early 2020. The laboratory has been reminded of the importance that the transition to ISO/IEC 17025:2017 must take place alongside their next visit, otherwise an extra assessment will be required. Any delay in the process for the transition in 2020 may result in the laboratory losing their accreditation if the transition is not completed before the end of November 2020.

The laboratory has had a new Public Analyst appointed since the last assessment. This was discussed in detail at the visit in 2018 and the laboratory informed UKAS at the time the new Public Analyst was appointed. There was a short handover period between the outgoing Public Analyst and new appointment. The newly appointed Public Analyst also undertakes other work outside of the work for Aberdeen, this was agreed on appointment. The laboratory will need to ensure that it fully documents this and identify any risks that may arise and how it mitigate these risks, this is required as part of the transition to ISO/IEC 17025:2017.

The Quality System has in general been well maintained, audits have been conducted as planned and where findings have been raised these have been closed out promptly and effectively. Complaints and anomalies have been suitably investigated and corrective actions implemented. There has been some steps to reduce the amount of paperwork by using electronic systems for records, this appears to have been undertaken in a systematic manner, working through one aspect at a time, ensuring that the integrity of the systems is maintained. The generation of quotations requires some oversight, specifically where a quotation covers more than one discipline.

The analysts within the Water Chemistry section were found to be knowledgeable, conscientious and competent at performing the tests witnessed. Technical record keeping was being maintained to a high standard and both the internal quality control and external proficiency testing scheme results over the past 12 months or so were very good (>95% results being "satisfactory") giving a good confidence in the analytical results being produced.

Within the Microbiology Section, overall compliance with the requirements of ISO/IEC 17025:2005 is satisfactory. Laboratory PT testing meets TPS47 requirements and DWTS Lab 37. Staff demonstrated methods competently and had a very good understanding of the methods being performed. Finding raised were varied and most should be easily addressed. The assessor stressed the need to the laboratory ensure the Legionella method is under full control.

Technical competence within the Food Chemistry section was demonstrated throughout the visit, there were some challenges in witnessing all of the test methods due to the absence of a member of staff, however where tests could not be witnessed, review of IQC and EQA was undertaken. The performance in the internal Quality Assurance scheme and external proficiency scheme has been very good. PT failures have been fully investigated and documented.

Recommendation
The recommendation is that accreditation to ISO/IEC 17025:2005 is renewed for the current schedule of accreditation subject to those changes identified in this report and resulting from review of evidence and clearance of Mandatory Findings raised within the agreed timeframe. The renewal of Accreditation also covers the DWTS requirements for which the laboratory is accredited.

Schedule Changes
Please refer to the individual Technical Assessor reports regarding identified changes to the schedule.

Scope

Due to some staff absences on the day of the assessment not all of the food chemistry tests could be witnessed. The Technical Assessor was able to undertake a series of vertical audits and review AQC and PT data for those methods not witnessed.

Organisation

Legal Status

The laboratory is a department within Aberdeen City Council and as such is considered a legal entity.

Resources

The laboratory has had some recent changes in personnel, the previous Public Analyst retired in middle of 2018, a new Public Analyst was appointed to replace him, there was a period of hand over which enabled a certain amount of continuity. The new Public Analyst was formerly at West Yorkshire Public Analyst laboratory and has previous experience and knowledge of the type of role. He spends approximately 3 days a month on site working for Aberdeen City Council in the role of Public Analyst, with additional time allocated form his home address. This entails being on site in Aberdeen for this time, he is also able to undertake some work remotely. As well as the work for Aberdeen City Council, he also undertakes some other work under the banner of The Public Analyst Services Limited, which is a registered company. This involves some additional PA work for local authorities in West Yorkshire region where he was previously the Public Analyst. The laboratory will need to identify this as risk to impartiality under the changes required as part of the transition to ISO/IEC 17025:2017, which has been postponed until early 2020.

The laboratory is housed in a building which it shares with a school and the City Archives. Access to the laboratory side of the building is restricted. Entry is gained via a key pad entry system, visitors are required to report to the reception to sign in. The laboratory occupies the ground floor and the second floor, with some storage located on the first floor. The laboratories are generally well fitted out although there is a large number of older instruments, that continue to operate, although are perhaps no longer supported by the manufacturers.

The laboratory has recently been in discussion with the Scottish Environment Protection Agency (SEPA) about sharing facilities at Torry, this however appears to have stalled due to the potential costs involved in some structural work which would be required. They have identified another potential site at the James Hutton Institute and a feasibility study is being undertaken.

laboratory is reminded of the importance of keeping UKAS informed of progress with the project for the relocation.

The laboratory has taken on a number of new staff, including the new appointment of the Public Analyst. There are training records in place for these new staff, however it was noted that there was nothing recorded in the electronic training log for ،   ،، who started in September 2018 (See Finding E01490-006).

There is a requirement that new starter should complete an induction. it was identified that these have not been fully completed for   and I   . _ .. (See Finding E01490-007).

Organisation Structure

The structure is detailed in Appendix 2 of the Control Manual. The organisation chart includes the job titles, the persons holding each position is further detailed in Appendix 2. The current issued version of the Control Manual includes the names of all current staff within the laboratory.

Responsibility & Authority

Roles and responsibilities are defined throughout the Control Manual. This includes the role of Food Examiner and Public Analysts, these are statutory positions which require specific qualifications and experience, both the current post holders hold the required qualifications and experience and maintain their CPD as required for their posts.

Management
Management System Including Documented Policies & Procedures
The Quality Management System is documented with a Control Manual (PA/POL/0001), there are supporting procedures which cover additional elements that are not covered in the Control Manual. The top-level documents are held as a single hard copy which is available in the Library. Controlled hard copies of test methods are all available in the laboratory locations. The Control Manual includes a series of Appendices which include some additional detail, it was noted that Appendix 6 which covers DWTS requirements includes references to the Private Water Supplies (Scotland) Regulations 2006, this has been superseded (See Finding E01490-001).

The records are held as a combination of hard copy and electronic, although the laboratory is gradually transitioning to electronics records for the majority of the records.

The Control Manual appears to capture the key requirements of ISO/IEC 17025:2005.

Roles & Responsibilities for Quality
the Quality Manager, this is a part time role as he is also the Principal Scientist for the Environmental Section. ... : has been in the post of Quality Manager for a number of years and is conversant with the Quality System in place.

The role of Technical Manager is undertaken by the Public Analyst, the current Public Analyst has only been in place within Aberdeen Scientific Services since July 2018, although he held the position of Public Analyst at another laboratory previously.

The deputies for these key roles are defined in the Control Manual. The Technical Manager deputises for the Quality Manager and vice versa.

Control of Documents and Records
The process for document control is detailed in procedure PA/IHP/0001. The master list of documents is held in the LIMS system.

All documents have a unique document number, issue date and issue/revision number. All controlled hardcopy methods and procedures include a signature of authorisation, which is completed in red ink. Amendments to methods and procedures may be issued as the whole document or by issuing individual pages. The current issue/revision number is identified in the document header.

The Quality Manager has overall responsibility for document control however, any Senior Member of staff can make a change to procedures. These are subject to approval before issuing. Staff are informed of changes as they happen.

The laboratory holds copies of all UKAS documents that apply. They also hold copies of other external documents that are relevant, including copies of British and Internal Standards, Legislation and Regulations that are relevant.

Management of Sub Contractors and Purchases
There is a list of approved suppliers and subcontractors, this is held in the LIMS system. There is a folder on the system which contains copies of Certificates including ISO 9001, ISO/IEC 17025:2005 testing and calibration, ISO 17034 and ISO/IEC 17043 as appropriate. The laboratory procedure specifies that organisation that are ISO 9001 certified are considered as approved, the procedure does not specifically state that there are other approvals which may be more suitable, however there are records to show that the laboratory does consider other approvals, e.g. Accreditation. This has been raised as a Recommended Finding (See Finding E01490-011)

The list of approved suppliers was noted to not include Trescal, who are used for calibration of reference thermometers. There were also no records/certificates in the folder (See Finding E01490-010).

The laboratory logs receipt of all chemicals and consumables and these are checked against what was ordered and against the grade required. The laboratory source their reference materials from ISO Guide 34/ISO 17034 accredited organisations where they are available.

The laboratory uses four Subcontract Laboratories, these are Eurofins, ALS Environmental, DETS, and Scottish Water. Scottish Water are used for DWTS testing where the laboratory itself does not have the capability to do the test. All of the subcontract abs are on the approved supplier list and are UKAS accredited. The laboratory has not had course in the last year to subcontract any work for which itself holds accreditation.

Service to Clients
The majority of the laboratory customers are Local Authority customers, Feedback is sought via the regular meetings that are held between the laboratory and the local authorities.

Feedback is actively sought and acted upon where there are instances of negative feedback. No negative feedback has been received in the last year.

Handling of Complaints, Control of Non-Conforming Items Dealing with Corrective & Preventive Actions and Improvements
Records for complaints, anomalies and non-conforming work are held electronically. In 2018 there were a total of 13 anomalies recorded, in 2019 to date there have been 5 so far.

A review of complaints logged noted that there were only 2, both being logged in 2019.
The first related to a query over test results, there were inconsistencies between the results provided by ASSL and another laboratory, who the customer was using. The investigation identified that the results generated by ASSL were correct and that the other labs results were incorrect. The investigation included a good level of detail. As this was found not to be justified, there was no root cause applicable to ASSL. The second issue was raised via customer feedback on the 19th February 2019, and related to turn around times, specifically relating to the lack of communication where results were going to be delayed. The laboratory has identified areas for improvement and are looking at implementing a system for notifying customers where results are going to be delayed beyond the agreed turnaround time.

It was noted that of those anomalies raised in 2018, the majority were raised in the Microbiology and Environmental Chemistry section with only one raised for Food Chemistry. The anomalies were all suitably investigated, and a root cause was identified, it was noted that the form used for recording anomalies does not include a prompt for the user to record the root cause. The inclusion of a prompt would ensure that users would need to consider identifying a root cause, this has been raised as a recommended finding (E 10490-004).

The complaints and anomalies raised were all closed out promptly.

Proficiency test failures are recorded on separate forms, these were reviewed by the Technical Assessors.

Internal Audit
The laboratory has an audit programme in place which covers system audits, method witness audits, vertical audits for DWTS work as well as an audit of the flexible scope process.

There is a procedure in place for Quality Audit and Management System Review (PA/IHP/005), this references PA/LOOG?1101 for a list of audit officers, on review of the list held it was noted that this appeared to be a historic document, the list of auditors is held elsewhere in the system, this reference is therefore incorrect and requires amending (See Finding E01490-002). There is a team of trained internal auditors who tend to audit their own area but may if required audit other activities.

The procedure details the process for how the audit is recorded using the forms in place. There is an audit checklist which details the activities audited, audit summary, which summarises the audit non-conformances and audit reports, which are used for recording the audit non-conformity and actions to be taken. Individual audit reports are generated for each audit finding raised. Section

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4.4.2 of the procedure states that "on completion of the audit, the auditing officer must complete an audit report form" this is misleading as an audit report form is generated for each non-conformance raised (See Finding E01490-003).

The laboratory holds the audit records as electronic files and have started to use electronic signatures to reduce the amount of paperwork generated. The system appears to be appropriate. The audit records are being hyperlinked to the audit checklist, this enables easy retrieval of the individual audit findings.

The audit record reviewed provided good evidence of traceability with the use of objective evidence. Audits were completed as planned and closed out promptly.

Management Review
The laboratory held the annual review on the 30th January 2019. The meeting took place between the Laboratory/Quality Manager, J.   ı and the Public Analyst/Technical Manager,   . ι   Although not in attendance the Principal Scientists provided data for the review.

The minutes of the review covered the key elements of ISO/IEC 17025:2005. The laboratory will need to carefully review the requirements of ISO/IEC 17025:2017 to ensure that for future Management Reviews that all of the necessary areas are covered.

The minutes provided good detail, and evidence of the discussions held, the minutes included a review of use of the Generic Protocol/Flexible Scope, this identified that it had been used once for analysis of nitrite and nitrate in meat products. The laboratory may wish to consider expanding the detail a little more e.g. to cover number of samples tested and outcome of the validation.

Impartiality & Integrity
Independence, Impartiality & Integrity
Staff were honest and open throughout the assessment enabling access to all records requested. The Quality Manager allowed the Lead Assessor full access to the Quality Management system, which allowed for unhindered access to all areas.

The laboratory undertakes testing on behalf of local authorities as well as for some private clients. Care is taken to ensure that any work undertaken on behalf of private clients does not conflict with work for local authorities, particularly for enforcement purposes.

The new Public Analyst, works part time for the laboratory, contracted to do 24 hours a week, this may be at the laboratory or remotely, he is required to attend the laboratory at least one week a month at the laboratory. In addition to the work he does for Aberdeen he owns The Public Analyst Service Limited and acts as Public Analyst for the 4 South Yorkshire Local Authorities. This may involve sending work to a number of laboratories, including Aberdeen City Council. Care is taken to ensure that this relationship does not impact on the impartiality and integrity of results. He also reports Veterinary Residue results for Fera, this is a continuation of work that he undertook in his previous role as Public Analyst at West Yorkshire. The laboratory will need to ensure that this is fully documented as part of the assessment of risks to impartiality, which is a new requirement in ISO/IEC 17025:2017, as well as consideration of risks associated with other members of staff, be they personal relationships or business relationships.

Confidentiality
The staff are required to sign a confidentiality agreement on commencement of employment. For the new members of staff, including the Public Analyst these were seen to have been signed.

Evaluation Processes
Enquiries, Tenders, Contracts
The laboratory meets regularly with the local authorities to discuss their needs and any specific projects that are due, these meetings are held quarterly. These meetings are minuted and copies of the minutes retained for reference. There are also Service Level Agreements in place between the laboratory and the local authority, these date back several years, however they have been subject to extensions.

The laboratory has been undertaking analysis as part of the Aberdeen Western Peripheral Route (AWPR). This project is not drawing to a close as the construction work has been completed, although there is some post construction testing due to take place, however no decision has yet been reached on how much and for how long. This has formed a large portion of work for the laboratory over the last few years.

Where the laboratory receives adhoc requests for testing, quotations are generated. The laboratory has a quotation template that includes the full colour version of the UKAS Testing Symbol and the laboratory testing number. The templates include disclaimers for accreditation status and where work is to be subcontracted.

A selection of quotations were reviewed and the following issues were noted.

Quote number ASSL072-18(2) for testing of dog biscuits, for chemistry and microbiology testing. The laboratory does not currently hold accreditation for microbiological testing of pet foods or animal feeds and this was not disclaimed as such on the quotation (See Finding E01490-009).

Quote number ASSL024-18 for testing of Draff a by-product whisky production that is used for animal feed, included microbiological testing, this was not disclaimed as not accredited (See Finding E01490-009).

Other quotes reviewed which included only Chemistry or Microbiology testing were noted to contain the correct information regarding accreditation status. It appears that only those quotes which included both types of testing did not correctly disclaim the microbiology testing on animal feeds/pet foods as outside the scope.

Quote number ASSL061-18 for chemical testing of homogenised herring fillets, included fat analysis, the laboratory is currently accredited for 4 fat methods on foods, the quote does not fully identify which test method was to be used (See Finding E01490-007).

Quotes Generated for testing of Potable Waters do not specify whether the testing is to be undertaken against the DWI/DWTS requirements (See Finding E01490-008).

Where the laboratory receives a new enquiry, it is sent to the Aberdeen Scientific Services Laboratory central email address, this is then forwarded to the most appropriate person to handle the enquiry. The person in receipt of the enquiry will then ascertain with the customer their requirements, this may be in the form of a telephone call or email. There was good evidence to show from emails of what is covered, this includes sampling, transportation and limitations which could impact on the testing, specifically regarding micro testing e.g. time from sampling to analysis for water samples must not exceed 24 hours.

Decisions/ Opinions
Where the laboratory reports include an opinions or interpretations these are correctly disclaimed.

Flexible Scope
There are two procedures in place for flexible scope, PA/IHP/0030 describe the use of the Generic Protocol/Flexible scope and details the process for managing any additions using the flexible scope and PA/IHT/3000 which details the process for how a method is developed under the flexible scope.

Procedure PA/IHP/0030, defines the bounds of the flexible scope and references to PA/IHT/3000. The techniques listed cover those for which they are accredited and appear on the laboratories fixed scope. The procedure defines the responsible persons and details where their competence is recorded.

There is a register in place, where each use of the generic protocol is recorded, each use is given a unique number. The forms to be used are included as appendices in the procedure. Records of the single instance were reviewed, and the laboratory has used the procedure as described and forms were completed as appropriate.

The laboratory enquired regarding using the flexible scope for GC-MS, as this does not appear within their procedure or on the schedule, the laboratory believed that this was an oversight, this was discussed during the assessment and it was identified that a GCMS technique (Acrylamide) had been assessed under the flexible scope back in 2015 at the last re-assessment visit. The outcome of that was that the validation and approach had been accepted by the Technical Assessor and Lead Assessor/Assessment Manager, see Technical Assessor report below under flexible scope for more details. It is therefore proposed that the schedule be updated to include GCMS under the techniques for which the flexible scope applies, see also Technical Assessors report below. The laboratory currently has one GCMS method on the fixed scope already.

Technical Competence - Food Chemistry

Changes to Schedule (Issue 039)

Materials /Products tested	Type of test	Equipment Techniques used
ANIMAL FEEDINGSTUFFS FOOD and FOOD PRODUCTS	Contaminants & Composition	Development and Modification of Methods for the analysis of foods using Generic In-House Procedure PA/IHT/3000 for the techniques GC, *GCMS*, HPLC, AAS, ICP-OES, UV/Visible Spectrophotometry, Microscopy and Classical Techniques
FOOD and FOOD PRODUCTS	Additives, Colourings, Preservatives and Related Contaminants & Composition	Development and Modification of Methods for the analysis of foods using Generic In-House Procedure PA/IHT/3000 for the techniques GC, *GCMS*, HPLC, AAS, ICP-OES, UV/Visible Spectrophotometry, Microscopy and Classical Techniques

Addition of GCMS to the Generic Protocol (Flexible Scope) for reasons as detailed below.

NOTE: There will be further changes regarding Schedule entries for fatty acids and sugars, but these are subject to satisfactory clearance of Mandatory Findings and will be covered on the IAAF.

Use of Generic Protocol – Review of Technical Records as applicable.
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 re-presented data from the 2015 UKAS Assessment Report. This concerned an exercise undertaken to have GCMS included in the range of techniques on the Generic Protocol. The laboratory has GCMS on their Fixed Scope (PA/IHT/2171, MCPD by GCMS). The example validation had concerned analysis of acrylamide in foodstuffs by GCMS. The conclusion drawn on the Assessment Report by the, then, Lead Assessor was that the laboratory had submitted a generally suitable validation package. This was expanded on by the, then, Food Chemistry Assessor's report. The Food Chemistry Assessor had raised one Mandatory Finding which was subsequently cleared by the laboratory. In discussion with the current Lead Assessor it was agreed that the GCMS could have been added to the UKAS Schedule following the 2015 report. The change to Schedule, detailed above, is effectively a catch-up exercise.

The laboratory has applied their Generic Protocol once in the past year. This application was associated with meeting a customer request for analysis of nitrate and nitrite in a batch of cured

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meats. The application falls within the current boundaries of the Flexible Scope. Although 2 accredited methods (PA/VEM/0157 for nitrite and PA/IHT/2307 for Nitrate & Nitrite) were available, the laboratory considered that these were not appropriate in this case, mainly due to the presence of high concentrations of sodium chloride which may cause significant interference. Suitable selection of a procedure was undertaken, resulting in use of a R-Biopharm enzymatic colorimetric kit. The laboratory was able to demonstrate that the requirements, set out in PA/IHP/3030, for authorisation, identification of responsible analysts and approval of the proposed approach had been undertaken. Appropriate method performance criteria were set to ensure fitness for purpose of the method and compliance with any statutory limits. The member of staff selected to undertake the work had appropriate training. An appropriate method was developed based on the manufacturers' kit instructions. The laboratory was able to demonstrate that the target criteria set had been achieved. All records had been sufficiently detailed and retained in the allocated file allowing reconstruction of the work if required. The results had been appropriately approved and authorised before release to the customer. The report provided suitable information regarding the Generic Protocol status of the method used. In conclusion the example application of the Generic Protocol met all the requirements of the laboratory's accredited SOP.

Test Methods
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.

Frequency of use of the methods on the Visit Plan varies. Tests associated with nutritional components are received fairly regulatory but in other cases the frequency drops to a handful per year, and in some cases is restricted to participation in proficiency testing. The laboratory does have a documented Infrequent test method which requires escalation of the quality assurance of the method if it has not been undertaken for 24 months. Competence is maintained through participation in relevant proficiency testing, which is to a high standard.

The method for analysis of fatty acids, PA/IHT/2151, is described on the Schedule as being applicable to oils and fats and providing fatty acid profile. This implies that that it is mainly used to characterise and identify edible oils. In fact, the laboratory mainly uses it to provide information on the nutritional composition of foods. The method is based on an acceptable standard procedure for fatty acid analysis. Performance in proficiency testing for saturated, monounsaturated and poly-unsaturated fatty acids has been consistently good for several years. The laboratory has appropriate accredited methods for the extraction of fats from foodstuffs which would be used to reach the stage described in the current method where a sample of oil or fat is taken. In order to present this test more effectively on the Schedule the laboratory needs to redraft the SOP to address the calculation and reporting of saturates, mono-unsaturates and poly-unsaturates and to describe how the fat sample analysed is obtained from food samples (E00365-001). This change can then be reflected on the Schedule.

The method for analysis of sugars (PA/IHT/2318) is described on the Schedule as covering 5 individual mono- or disaccharides. In practice the laboratory may report Total Sugars. The method does not detail how these are calculated or reported and needs to be redrafted (E00365-002). This change can then be reflected on the Schedule. Proficiency testing over a number of years has been good and supports the fitness for purpose of this method, however the approach may benefit from consideration of how to address analysis of samples containing galactose.

Personnel and Training records
Methods were well demonstrated by very experienced staff who showed a good understanding of the procedures and principles of the equipment involved.

Training records are maintained electronically within the LIMS system, detailing the training that has been received in the analytical procedures. Three training records were viewed, L
        1 and ! ._   ._._. these provided satisfactory evidence of competence and associated authorisation.

Accommodation and environment
Accommodation is fit for purpose with appropriate segregation of tests where required. The standard of housekeeping is good. Ambient laboratory temperature probably varies by more than the generally ideal acceptable limits across the Seasons, but there was no evidence of this having any significant detrimental effect.

Method Validation
Records associated with the original validation of methods are stored. Documentation for the more established methods are retained as hard copy and the laboratory was able to locate and demonstrate these for a selection of methods. Later methods data are stored electronically. The combination of assessment and review of Method Uncertainty, method audit and review, scheduled review of Quality Control charts, and maintenance of Proficiency Testing to a good standard have ensured that the laboratory has maintained the performance of their methods to an acceptable level since initial validation.

Equipment and calibration records & In-house calibrations
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. Laboratory autopipettes and dispensers are calibrated on a three-monthly basis using five aliquots at three points over the operating range.

Major items of equipment were uniquely identified and labelled appropriately with a calibration status label. The laboratory has succeeded in maintaining their gas-chromatographs in good working order for an exceptionally long time, calling on the experience and expertise of the chromatographer. It would be helpful if the records of this in-house maintenance were more comprehensive. Records associated with in-house maintenance of HPLC equipment are well maintained.

IQC and EQA including trend analysis
Internal Quality Control
Batch-wise IQC relies mainly on a combination of reference material (in-house or FAPAS) analysis supplemented by duplicate analysis of a sample within the batch. Typical batch sizes are quite small. In cases where results were found to be outside acceptance limits appropriate action is taken. Shewhart charts are set up in accordance with standard acceptance rules. The charts viewed reflected acceptable precision (see individual method reviews below). Charts are subject to periodic review in accordance with a documented procedure.

External Proficiency Testing
The laboratory participates in FAPAS Series 1,3,4,7,8,10,13,14,15,17,18,20,21,24,25,26,27,28,29 & 30; together with LGC QDCS 56 and QFCS 774. Participation in tests is scheduled to cover the UKAS Scope over a two-year period and adequately covers the accredited Schedule. Inspection of proficiency records dating back over several years confirmed consistent very good performance. Records for the past year showed participation in 21 Rounds comprising 71 tests. 97% of tests generated good z-scores (z-score<|2|) which is very good. Results are plotted and subject to trending.

In cases where z-score>|2| results are subject to documented investigations. There were two instances in the past year. The results for Total Volatile Basic Nitrogen (TVB-N) in fish gave a z-score of 2.9. Previous z-scores had all been good. The laboratory investigated this. Consideration of the FAPAS report indicated that the assigned mean had been calculated from a combination of the Fish TVB-N method and an alternative, Total Volatile Nitrogen in Flesh foods, (for which the laboratory also holds accreditation). The FAPAS sample was analysed using this alternative procedure, generating a lower (acceptable) z-score. Further investigation of the spread of results achieved across all the laboratories suggested a bimodal distribution. The laboratory has notified FAPAS of these observations but has not yet received a response. In conclusion the laboratory considered that they had used the correct EU Regulatory method and that their z-score had reflected a bias introduced by the, fairly widespread, use of an alternative method. I agree with this conclusion. The second investigation concerned a z-score of 4.1 for nitrate in meat. The laboratory had undertaken an extensive re-testing of this sample by HPLC and colorimetry. They were unable to ascertain any definite root cause, but the report demonstrated a good approach to resolving quality failures. Previous z-scores had been good and the PT for this test is schedule for 2019.

Reference material/standards
All reference standards seen showed appropriate traceability to ISO Guide 034. All reference materials seen were within their expiry dates and appropriately stored.

Uncertainty of Measurement
Method Uncertainty is estimated using a spreadsheet which is common to a number of Public Analyst laboratories. This calculates uncertainty of measurement using a combination of precision from repeatability data and bias from proficiency test performance.

The laboratory has a schedule to review the Uncertainty budgets of its accredited tests. Less frequent tests are reviewed over a 5-year cycle, but the more common tests, e.g. nutrition analyses, are subject to annual review. The requirements of the schedule had been achieved with current uncertainty budgets available. As precision (normally the major MU component) has been good for all methods seen in the visit MU may be expected to be generally fit for purpose.

Records, worksheets and reports
The standard of record keeping at the laboratory is good, all requested records were readily available, and had been completed to a good standard.

Vertical audit
One vertical audit was undertaken. This involved analysis of a batch of unsmoked bacon from a Local Authority exercise (Laboratory identification 10189360). The laboratory was able to retrieve all documentation (Work sheets) and to demonstrate that AQC requirements and had been met and the samples had been analysed by a suitably trained analyst. The report met customer requirements and all data were accurately transferred.

Reporting of results
Reports viewed met the requirements of LAB 1 and BEIS publication, Accreditation Logo and Symbols, Conditions of Use.

Practical witnessing:
One of the senior analysts had called in sick on the day of the visit. There was insufficient time, or appropriately trained staff, for the laboratory to re-group to provide practical demonstrations of all the methods on the visit plan. Several methods were covered by review of performance, all these reviews were conducted with

Witnessed Activity (test/ calibration/ inspection/ audit*)	Performed By	Technical Assessor	Comments
PA/IHT/2520: Arsenic and Selenium by Hydride Generation AAS	Document review		Throughput; approximately 5 samples per year. PT performance consistently good for both arsenic and selenium. Method developed in-house. *Arsenic.* IHRM is a FAPAS rice flour, laboratory mean is in good agreement with the consensus mean. Precision acceptance set at z-score $\pm$ 2 until such time as sufficient data points can be obtained to review and replace with in-house precision. Data indicate that routine precision is well within this, with a good Horrat$_R$ value of 0.4. Meeting the performance criteria set in COMMISSION REGULATION (EU) 2016/582 for arsenic in food.

			Duplicate data charts set at an appropriate level reflecting good control. Sensitivity. LOD set at 0.05mg/kg is fit for purpose for monitoring compliance with lowest MRL in Feeds Regulation 2015/186 (2 mg/kg). The method is also used for food analysis. COMMISSION REGULATION (EU) 2016/582 performance criteria require LOQ $\leq$ 2/5 MRL. The LOD of 0.05mg/kg; is assumed to be equivalent to a LOQ of 0.17mg/kg (i.e. x 10/3). As such the method would not be fit for purpose for monitoring compliance with the MRLs in COMMISSION REGULATION (EU) 2015/1006 for arsenic (inorganic) in rice. *Selenium.* IHRM is a FAPAS Dairy Ration, laboratory mean is in good agreement with the consensus mean. Precision acceptance set at z-score $\pm$ 2 until such time as sufficient data points can be obtained to review and replace with in-house precision. Insufficient data to form any robust assessment of precision but the values presented are within the FAPAS limits and reflect good routine performance. Similarly, there are few duplicate data points but they do not indicate any problems with the method. Sensitivity. LOD set at 0.05mg/kg. No regulatory MRLs for selenium.
PA/IHT/2062: Crude fibre using Fibretec system			Demonstrated by analysis of a batch of samples comprising the current IHRM and a repeat sample on the Fibretec. Method undertaken up to the stage when samples would be presented for ashing. Results not available before end of visit. Throughput; seasonal formal feed surveys plus several samples received from farmers. PT performance consistently good. Method based on Feed Regulations (Scotland) 2010, therefore suitable for analysis of formal samples. IHRM is an established in-house feed reflecting an appropriate mean crude fibre level. Precision is good (for an empirical method of this nature) with a Horrat$_R$ of 1.2 Duplicate data charts set at an appropriate level reflecting good quality control. These should reflect compliance with the repeatability criteria in Commission Regulation 152/2009 for the official control samples but there was insufficient time to go into this level of detail for the overall chart.
PA/IHT/0401: Alcoholic Strength of Spirits by	Document review		Throughput; several samples a year. PT performance consistently good.

Obscuration using a Pyknometer		Method referenced to BS ISO 3507:1999 & BS 3733: Part 2 1987 (both current) using a Sprengel Pyknometer as specified in BS 3733 Part 1. IHRM is an LGC CRM (certificate available). The laboratory has opted for a 15% alcohol strength CRM to better reflect samples rather than rely on a spirits (40%) CRM. The mean is set at the certified value with the LGC limits set as acceptance. The chart reflects good routine performance. Duplicate data charts set at an appropriate level reflecting good quality control. The calibration requirements set for the Pyknometer are met and records confirmed this.
PA/IHT/2201: Propionic and Sorbic Acids in Bread:	Document review	Throughput; no routine samples since 2016 PT performance for sorbic consistently good, no propionic schemes available. Method developed in-house. No appropriate IHRM, performance is monitored based on spiked recovery set at appropriate levels. Few data points to consider but the average spike recoveries (95.3%) reflect acceptable performance. This should probably be treated as an Infrequent Test.
PA/VEM/0131: Titratable Acidity of Milk	∣	Demonstrated by analysis of a duplicate milk sample obtained from a local supermarket. Results from the duplicates met the SOP acceptance criterion and confirmed acceptable quality of the milk. Throughput; mainly complaint samples, a few per year. PT performance consistently good. Method based on BS 1741-10.1: 1989 (Current). Quality control based on precision criteria set to reflect BS performance criteria. Charts reflect good routine control.
PA/IHT/2171: 3-monochloropropane-1,2-diol in fish and fish products using GCMS	Document review	Throughput; recently only the PT samples. PT performance consistently good. Method based on the collaborative trial GCMS method provided by CSL and cited in CSL Report FD 97/95. Quality control based on use of the most recent FAPAS sample, acceptance criteria set at z-score $\pm$ 2. No recent data points other than samples analysed for PT. Performance should be assessed against the requirements in Commission Regulation 836/2011 for precision and recovery (75-110%). The relevant MCPD MRLs are in Commission Regulation 1881/2006, (20μg/kg). Regulation 836/2011 requires an LOQ of 10μg/kg on

			a dry matter basis. The laboratory Reporting Limit is 10µg/kg. Introduction of appropriate acceptance criteria into the SOP to ensure maintenance of routine sensitivity in compliance with the performance criteria given in Regulation 836/2011 is needed (E00365-003).
PA/VEM/0151: Fish Species Identification by Iso-Electric Focussing	.	.	Demonstration of the interpretation of the polyacrylamide gel associated with the most recent FAPAS Round. The analyst explained how the initial screening set was interpreted, homing in to repeat running of a gel with the unknowns (3 fish FAPAS fish samples) positioned adjacent to the most likely reference species. Finer tuning of the interpretation led to the correct identification of the 3 fish species. These were in line with the successful FAPAS Round. Note: Although this exercise had been undertaken with the analyst already aware of the correct answer it did serve as a valuable exercise in demonstrating the main factors influencing an experienced analyst. There also would have been insufficient time or resource to run this test completely on unknown samples. Throughput; mainly complaint samples (several a year), but a useful facility for Local Authority for surveys. PT performance consistently good. Method based application notes and JAPA method. Quality control. It is increasingly difficult to source reference fish species. The laboratory sources reference fish from the Senior Authorised Officer for Fish. Written authorisation of the identity of some recent fish species was presented as an example. The laboratory can call on a reference library covering 38 raw and 5 smoked species which meets current requirements. These are stored in a controlled deep freeze and appropriately labelled.
PA/IHT/0075: Diastase activity in Honey	!	.	Demonstration by duplicate analysis of a honey sample bought from a supermarket. The results obtained from manual plotting of the intercept absorbance against time plot were confirmed by Excel. The Diastase activity results of 18 and 17 met the acceptance criterion for duplicate analyses. This confirmed satisfactory quality of the honey sample meeting the EU Honey Directive (Council Directive 2001/110/EC) as Diastase Number not less than 8 Schade Units Throughput; recently one batch per year to meet Local Authority sampling PT performance consistently good.

			The method is referenced to Harmonised Methods of the European Honey Commission and is based on the Schade method. Quality control is based on duplicate analysis within a batch with an appropriate acceptance criterion (within 2 units) set. The laboratory considered using an ex-FAPAS sample as an IHRM but was concerned about stability.
PA/IHT/0076: Electrical conductivity of Honey EU reference method, Method 12	_. _..		Demonstration by duplicate analysis the honey sample used for the Diastase activity method. Check on the calibration status of the conductivity meter. Analysis of the Control Solution (KCl) met the acceptance criterion. Duplicate results were identical (at 0.17mS/cm). This confirmed satisfactory quality of the honey which should be not more than 0.8 mS/cm (Council Directive 2001/110/EC). PT. The laboratory agreed at the visit to participate in the next FAPAS Round associated with electrical conductivity (2844, November 2019). The method is referenced to Harmonised methods of the European Honey Commission and The Honey (Scotland) Regulations. 2015. Quality control is based on duplicate analysis within a batch and analysis of a Control solution of potassium chloride which must give a result of 132.8±5 μS/cm.
PA/VEM/0092: L(-)Hydroxyproline in Meat and Meat Products:	-		Demonstration by duplicate analysis of a mince sample and analysis of the IHRM, (ex FAPAS 01122). The calibration achieved, R^2 0.9996, met the acceptance criterion. Results from the duplicate mince sample fell within the repeatability limit acceptance criterion. The IHRM results fell within acceptance limits. Throughput; regular batches as part of Local Authority testing. PT performance consistently good. The method is referenced to BS 44401:11. 1995 (Current). Quality control involves analysis of an IHRM, (currently FAPAS 01122). The laboratory mean value is in close agreement with the FAPAS consensus mean value. Limits were set at z-score ± 2 but have now been adjusted to reflect the laboratory's own (improved) precision as sufficient data points have been accumulated. Batch-wise precision is good with a $Horrat_R$ value of 0.9. Duplicate analysis sets an acceptance criterion in line with that in BS 4401 and

			inspection of records confirmed routine compliance.
PA/IHT/2151: Fatty Acid Profile by analysing fatty acids converted to fatty acid methyl esters using GC	Document review		Throughput; several samples per year. PT performance consistently good for saturates, mono-unsaturates and poly-unsaturates. The method is referenced to AOAC 16th Edition (1995). The method needs to provide a description of how to calculate the nutritional fatty acid components and how to extract the fat from the food sample (E00365-001). The example chromatograms provided indicated satisfactory chromatography. The method relies on a reference mixture which covers 25 fatty acid methyl esters. The laboratory was able to provide evidence of the certificates associated with the methyl ester mixes used. Evidence of consistent good PT performance supports this range of fatty acid standards, but it may be usefully expanded, particularly to include the fish oil acids DHA and EPA. Quality control is based on analysis of an ex FAPAS sample. This has recently been taken up as the FAPAS walnut oil sample, and there are few data points accumulated so far. However, inspection of historical quality control charts supports good routine performance.
PA/IHT/2101: n-Butyric Acid	.		Demonstration by duplicate analysis of an IHRM butter plus duplicate analyses of a butter sample intended as a replacement IHRM. Preparation of sample extract from one of the butter samples demonstrated. Presentation of the sample extracts to the gas chromatograph. Consideration of the chromatography and results from the analysis. Chromatographic performance met acceptance criteria. Calibration R^2 0.9999 met the acceptance criterion of >0.9985. The result obtained for the IHRM fell within the acceptance criteria (first of routine results within warning limit and action limit) and the duplicate (new IHRM) results met the repeatability criterion at 3.57 and 3.55g/100g. Throughput; several samples a year. PT performance consistently good. The method is referenced to the Philips & Sanders JAPA method. The n-butyric acid to milk fat conversion factor used is 3.42 rather than the 3.6 adopted by Philips & Sanders. However, the n-butyric acid content of milkfat is subject to natural variation, between 3.3 and 3.9%, and 3.42 has been adopted by Public Analysts. This

			is also in line with Codex recommendations. Quality control is based on analysis of the IHRM butter with an established n-butyric acid content of 3.7g/100g. Batch-wise precision is good with Horrat$_R$ =1.0. Inspection of the duplicate analysis chart confirmed good routine performance.

Technical Competence – Water Chemistry

Schedule Changes
The statement at the beginning of the WATERS section *"Examination for the purpose of enforcement of..."* needs to be replaced with "**Examination for the purpose of enforcement of The Private Water Supplies (Scotland) Regulation 2006, The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulation 2017 and The Public Water Supplies (Scotland) Regulation 2014.**" as regulations have been updated.

Personnel
All analysts witnessed were familiar with the techniques and showed a good level of competency and knowledge when carrying out the tests.
Analysts were effectively "signed off" as competent in the AIS LIMS against competence data.
Senior staff and analysts involved in DWTS testing had appropriate CPDs in place.
On-going competence is monitored analysts running proficiency samples and recording the results by analyst on a spreadsheet.

Test Methods and Validation
Test method documentation was fit for purpose, detailed and easy to follow for the methods witnessed, with only minor amendments, required to ensure consistency of application.
It was noted that the suspended solids reporting limit is set at 10 mg/l but when smaller volumes than 1000 ml are taken the reporting limit does not change proportionately.

There was appropriate validation data in place for metals and IC anion parameters.
However, there was limited validation data or summaries available for BOD (AQC data, water matrix data and replicates) and for suspended solids (AQC, duplicate data, PT data) but again no overall performance summary.
The laboratory has not yet reprocessed previous DWTS validation data to show that performance meets the new Water Directive specification in terms of LoQ and UoM targets.

Equipment and Resources
All equipment witnessed was uniquely identified (e.g. ICPAES instrument PA1257 & Oven PA1366) and had next maintenance / service date or recalibration date labels.
Manufacturer service records were available for major piece of instrumentation. In-house instrument maintenance books are in place.
There were appropriate equipment records in place for the equipment checked.

The laboratory space available for preparation and testing and environmental conditions are suitable for the analysis taking place.

Working thermometers (e.g. PA0949) were found to be in-date and appropriately labelled with the next calibration check date. The suspended solids oven thermometer (PA0949) had been recently in-house calibration checked against an N-type thermocouple reference thermometer (PA0854) calibrated by Trescal in April 2016. The reference thermometer calibration certificate was readily available showing the N-type system had been calibrated up to 600°C.

However, it was found that there was no associated estimate of uncertainty and no procedure in place on how the overall uncertainty associated with a calibration check is to be estimated so that

such takes into account working thermometer readability, any offset and reference thermometer calibration certificate uncertainties.

Mechanical pipettes (e.g. PA1315 (0.1-1ml) & PA1362 (1-10ml)) are calibration checked quarterly with both precision and accuracy checked against defined targets across the range of volumes used. Electronic records were readily available for each pipette checked.

No volumetric equipment or timers were calibration checked during the visit.

All reagents checked had expiry dates and the calibration and quality control reagents and stock solutions were in separate cupboards and appropriately labelled.

All laboratory balances checked (e.g. 4-place Sartorius, PA0010) were on a stable balance bench and were calibrated by an appropriate external accredited company, Precisa UKAS No. 0428, in Jan 2019. There were appropriate daily check weights and records in place covering the typical mass range used. Balance calibration certificates were readily available and showed that the balances were fit for purpose.

The metal standards used for ICPAES and ETA-AAS instrument calibration are sourced from Inorganic Ventures via Esslab and were traceable to national standards being ISO 17034 or ISO Guide 34 accredited products.
The metal stock standards are clearly labelled for calibration or AQC use with product certificates readily available. pH calibration standards were supplied by Reagecon.

Records
Technical record keeping was good with preparation books being used to record stock standard Lot No used for the preparation of working calibration and control solutions giving good traceability.

Assuring the Quality of Test Results
All re-assessment test methods witnessed had appropriate instrument system suitability checks (e.g. ICPOES intensities across wavelength range, ETA-AAS absorbance value for a calibration standard and slope for pH determination) with appropriate acceptance thresholds in place.

The laboratory operates a comprehensive QC system via the AIS LIMS system with AQC (CCV) checks run at an appropriate level. AQC charts were available for all parameters witnessed and additionally instrument system suitability check data for many systems were also charted so that trends could be identified.

Test method parameter AQC control limits have are regularly reviewed every 60 points or on a 3-monthly basis by the Laboratory Manager. All control limits checked had been statistically set using an appropriate data set. The AQC precision performance for all DWTS parameters at PCV level met the specification except for Pb by ETA-AAS that was running at ~6% RSD (c.f. 5% target).

Proficiency scheme results were available for all accredited water chemistry methods with all parameters covered except for Ti, Tl & Sn by ICPAES. The overall performance for waters over the past year was good with >95% results being satisfactory. Any *"questionable"* (aluminium, antimony) or *"unsatisfactory"* (alkalinity, aluminium, BOD) results had been investigated and the root cause found where possible and changes made to prevent re-occurrence.

Measurement Uncertainty
Uncertainty of Measurement estimates are re-assessed annually from precision and duplicate data for all parameters checked and the values recorded in a spreadsheet so that trends can be identified. To date, the laboratory has not implemented the required change in how uncertainty estimates are calculated for DWTS parameters.

Reports
Test reports checked during the vertical audit of samples appeared to comply with 17025 requirements with appropriate use of the logo and any comments made clearly identified as outside accreditation scope.

Samples are stored in fridges set at 2 - 8°C if not analysed on the day of receipt. All samples are registered into the AIS LIMS on receipt and any required sub-samples are then taken.

All samples checked were clearly labelled with their AIS LIMS unique identity.

DWTS
Summary
The DWTS AQC performance over the past year for inorganic and metal analytes has been very good with all RSD performance data, except for lead by ETA-AAS, meeting DWTS requirements. The laboratory is aware of but has not re-evaluated DWTS performance data against the Water Directive specification changes and has not implemented the changes to how uncertainty estimates are to be calculated etc. to date.

There were appropriate training records and CPDs in place for senior staff and all analysts involved it potable water analyses.

Samples for total metals are digested with acid at 80°C overnight (or equivalent) as per DWI Guidance document.

For the DWTS parameters, the QC charts were all running with control limits well within the Bias and RSD targets for all parameters except for lead by ETA-AAS that is running with an RSD of ~6% that needs further investigation. In addition, to the 10ug/l Pb PCV AQC, a 1 ug/l Pb check standard is also run with appropriate acceptance tolerances in place further control low level lead determinations.

Proficiency scheme results were good over the past year or so for DWTS parameters with only aluminium generating a "questionable" and an "unsatisfactory" result. There was an appropriate non-conforming work investigation in place covering aluminium that appears to be linked to the aluminium level, being near their LOD.

Vertical audits were carried out on two private supply potable water samples for a selection of results including one that had breached a PCV threshold. The audit found that the laboratory record system was working well with the results traceable back to worksheets and instrument results via the AIS LIMS. Analysts had appropriate authorisations in the AIS LIMS with associated competence data. Analyst work sheets are scanned into the system so that original observation are recorded.

There was appropriate validation data in place for DWTS metals and IC anion parameters etc. However, the laboratory has not yet reprocessed previous DWTS validation data to show that performance meets the new Water Directive specification in terms of LoQ and UoM targets.

The laboratory has downloaded the SCA (MEWAM) Estimation of Uncertainty of Measurement for Chemical and Physico-chemical Determinands in Drinking Waters 2018 - Jan 2018 document and spreadsheets but have not yet assigned the bias component methodology for each DWTS parameter and no example of reprocessing validation data using the spreadsheets was available during the visit.

In addition, the in-house procedures for processing data to meet DWTS requirements have not been updated to take into account the new DWTS requirements for assessing performance, estimating uncertainty and LoQ.

Also, the current DWTS AQC (CCV) standard is spiked acidified DI water and not a "real" typical water sample spiked at appropriate levels to meet DWTS requirements.

Witnessed Activity (Test Methods)	Performed By	Technical Assessor	Comments
PA/IHT/4203 - pH of potable waters (Regulatory / DWTS)	!		Good competent demonstration of pH methodology by analyst. System suitability "Slope" check in place to show pH system was fit for purpose. AQC in place with control performance is well within DWTS requirements for pH. All proficiency test samples for pH satisfactory over past 12 months or so.
PA/IHT/4005 - Lead in potable waters by ETA-AAS (Regulatory / DWTS)	.		Good competent demonstration of ETA-AAS method by experienced analyst. Calibration standards traceable to national standards. Appropriate system suitability checks in place. AQC 10 ug/l Pb run and an additional check standard run with 1 ug/l Pb. The 10 ug/l Pb AQC is running with RSD ~6% outside DWTS requirement (5%). No significant bias in system. All proficiency test samples for Pb satisfactory over past year or so.
PA/IHT/4512 - Suspended Solids in surface & ground waters & landfill leachates		!	Good competent, conscientious demonstration of test methods and system suitability checks by analyst. For both BOD and suspended solids, the AQC results were plotted and passed set criteria. BOD control chart running with RSD ~5-6% - very good with mean value ~210 mg/l.
PA/IHT/4514 - Biochemical Oxygen Demand (BOD) in surface & ground waters & landfill leachates			
PA/IHT/4524 - Metals (Sb, As, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, P, K, Se, Ag, Na, Tl, Sn, Ti, V, Zn) in surface & ground waters by ICPAES			Good competent, conscientious demonstration of ICPAES methodology. Calibration standards traceable to national standards. Appropriate instrument system suitability checks in place. Sample batch and AQC (CCV) controls during run and another CCV at end of run. AQC control charts in place for all elements and regularly reviewed. No proficiency cover in place for Ti, Tl & Sn.
Vertical Audit Samples (DWTS)			
(1) Lab No. 10182671 - potable private supply water - taken 3 May 2018, received 3 May 2018, reported 15 May 2018 for pH (10.6 PCV breach), colour, turbidity, nitrate,	.		Two PCV failure private water samples were selected from AIS LIMS system ~3 & 9 months ago. Test Reports printed and analytical results traced back to original values. All records found within AIS LIMS giving traceability of results back to original records.

copper, manganese, iron, nickel, zinc & lead (2) Lab No. 10189416 - potable private supply water - taken 7 Nov 2018, received 7 Nov 2018, reported 23 Nov 2018 for pH, conductivity, turbidity, nitrate (60 mg/l PCV breach), manganese, iron & lead			Analysts were signed off in AIS LIMS as competent with associated competence data. AQC sample results associated with analytical results had been plotted on control charts within AIS LIMS and passed. All results were fully traceable with the sampler or customer section being informed of PCV failure as per agreed procedure.

Technical Competence – Food and Water Microbiology (
Schedule
Proposed schedule changes:
- Enterobacteriaceae PA/IHT/6517 ISO 21528-1:2004 update to 2017
- Enterobacteriaceae PA/IHT/6505 ISO 21528-2:2004 update to 2017

The laboratory is to provide evidence to verify the updates.

- Bacillus cereus PA/IHT/6502 remove 'based on ISO7932:2004' as the laboratory uses chromogenic media, not that in the standard.

- Listeria monocytogenes detection PA/IHT/6513 ISO 11290-1:2017, add Listeria spp.

The laboratory currently reports both Listeria species and Listeria monocytogenes for the detection and enumeration methods. However, Listeria species are only included on the scope of accreditation for the enumeration method. The laboratory wishes to add Listeria species to the detection methods accreditation and is to provide supporting evidence including confirmation of LOD.

- Legionella spp. PA/IHT/7608 ISO 11731:1998 update to 2017.

The laboratory is to provide evidence to verify the update. The current method is closely aligned to procedures 8, 9 and 10 of the new standard.

- The Water Supply (Water Quality) (Scotland) Regulations 2001 update to The Public Water Supply (Scotland) Regulations 2014.

The laboratory reference the new standard when reporting results.

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.

The laboratory is reminded that when new versions of standards are issued, they should be reviewed, and changes implemented in as required. 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. The laboratory has identified 2017 versions of both the Enterobacteriaceae and Legionella methods but has not yet completed the evaluation or transition, see finding.

The laboratory holds original validation data for the methods. 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 including method reviews and test witnessing. These are presently carried out a different time for each method, although the Principal Scientist is looking to do these at the same time. This approach has some logic as it incorporates all aspects of one method

in a single audit. It was suggested to the laboratory that more frequent audits could be performed on more complex methods, such as Legionella. 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, KP & JP, 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 Audits are in place on a planned program.

There is one designated food examiner, KP, who oversees the testing of 'formal' food samples which are rarely received from the Environmental Health Offices. In the unlikely event that KP is absent when a formal sample was received, support is available from other accredited labs. Samples collected by the EHOs for surveillance purposes are put thought the 'formal' sample system, which demonstrates the system is working.

External Proficiency Testing
The laboratory uses a combination of PT schemes to cover all methods on the scope of accreditation, including DWTS. These schemes are provided by PHE and LGC and include a variety of matrices. PT testing meets UKAS requirements, with a suitable plan in place for 2019.

For 2018 PT testing, the results for most parameters have been very good. Anomalies during the year included:

- Incorrect reporting of Clostridium species x2 (Isolated but wrong ID). Incorrect gelatine result for the target organism, which is being investigated. This includes checking with the PT provider that the strain is not atypical.

- False negative for Campylobacter detection in June, not investigated at the time, see finding. Previous and subsequent PT results have been correct.

- Unacceptable result for November Legionella PT distribution. See notes in methods above.

- Legionella testing: Historically, Legionella PT testing performed by the laboratory has been very good. In November the laboratory received two PT samples, which both 'failed' with regards to isolating the target organisms. Repeat samples also gave unacceptable results. The laboratory is investigating this and currently processing further PT samples. During the assessment it was identified that the PT samples may have been made up with the wrong strength diluent, which may affect results. As the same diluent has been used for the current PT in progress, the assessor suggested ordering additional PT samples. In the short term it was agreed that a quantitative process control will be run with every batch of samples tested, to ensure adequate recovery is being achieved.

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 2018 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. The laboratory is monitoring these graphs on an on-going basis. A negative bias has been identified for the Pseudomonas aeruginosa in water, which is now under investigation. Otherwise there was no trend or bias identified. UoM is calculated over three-year blocks and

compared every year, eg 2015-2017, 2016-2018. For 2016-2018 most UoMs values were 5-10% for food methods and all results were acceptable. For waters methods the laboratory historically uses 95% confidence level and results seen for all methods were acceptable. The laboratory has now also started to collate the water results for UoM.

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

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. However, the batch/lot numbers of the raw material used to make the reagents was not. The need for this was highlighted when investigating the failure of a VP test and it was not possible to check the KOH preparation. The test unexpectedly went turbid and therefore there was some doubt if the chemical was KOH. The laboratory uses a combination of in house prepared and commercially made culture media. These media are generally well controlled, with just a simple improvement required the QC enrichment broths. Media records were well maintained.

Reference standards
Most of the laboratory cultures are obtained from PHE as freeze-dried culture, which are traceable to NCTC. These cultures are then stored on cryobeads before being put in to use. Overall traceability of the strains was good, but the identification of specific lot numbers was only possible by linking delivery dates to culture certificates. Lot numbers need to be recorded and directly traceable from the culture held frozen, see finding. 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. There is good traceability for these.

pH buffers were NIST traceable.

Equipment
The laboratories are suitable equipment for the present work load and work type. External calibration records 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 seen, except check weights, was uniquely identified and correctly labelled.

Intermediate checks such as daily balance checks, pipette calibrations and incubator monitoring are being maintained. Pipette calibrations and incubator mapping are carried out on a planned program, which is being maintained. Results reviewed were within acceptable tolerances. Evidence that the check weights are included in the quality system and have been verified is required, see finding. All equipment used, including for DWTS testing appeared clean and fully functional.

Records
Technical records relating to testing were of a very good standard. The need for improvements to records for some supporting activities was identified. eg reagent preparation.

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, which has been well maintained. Environmental monitoring included; air plates (ACC &Y/M), contact plates (ACC) and swabs for

pathogens. Results were reviewed for the past four months and the results support a clean working environment is being maintained. Where action limits had been exceeded additional testing had been implemented but what remedial action had been implemented was not recorded. The laboratory also had issues with the air conditioning system and rightly implemented additional testing. Other than the results, there was nothing documented relating to the issue with the A/C. see finding.

Reports and Certificates

A selection of laboratory reports/certificates were reviewed, including all test methods listed on the visit plan. There was good compliance with the requirements of ISO 17025. For the Listeria detection method reports contain two results, one for Listeria monocytogenes and one for Listeria species. The scope of accreditation on lists list Listeria monocytogenes as accredited. The Listeria species results should be marked as non-accredited (see comment in methods). Otherwise there was correct use of the UKAS symbol and appropriate disclaimers present where relevant.

Vertical audits

Vertical audits were carried out on three samples, two mains and one private, taken for regulatory purposes. Sample numbers 10185652, 10183827, 10184023, which included high total counts and the presence of Coliforms, E. coli and Enterococci. 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. It is noted that not all samples are received with sample submission forms but the information was taken from the detail on the container. It was suggested to the laboratory they should put a comment on reports when no submission form is received, for completeness of information provided, relating to the sample/s.

Witnessed Activity (test/ calibration/ inspection/ audit*)	Performed By	Technical Assessor	Comments
Enumeration			
PA/IHT/6510 L. monocytogenes and L. species.	-	...	All test methods demonstrated with good technical competency.
PA/IHT/6502 Bacillus cereus	-		All colony morphologies typical. With the exception of the initial
PA/IHT/6403 E. coli	·		VP test on Bacillus, confirmatory test gave expected results. A
Detection			repeat VP test on the Bacillus using new KOH gave the
PA/IHT/6513 Listeria monocytogenes			intended result. See findings.
PA/IHT/6508 Salmonella	·		Appropriate controls being used throughout. Additional Legionella
Drinking Water (Regulatory/DWTS)			controls are to be implemented for each batch of testing until the
PA/IHT/7604 Enterococci	·		investigation into poor PT results is addressed.

Next Step

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 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.

References (if applicable)
ISO/IEC 17025:2005
ISO Guide 34
Lab 1: Reference to Accreditation for Laboratories.
Lab 37: DWTS requirements
TPS 47
SCA (MEWAM) Estimation of Uncertainty of Measurement for Chemical and Physico-chemical Determinands in Drinking Waters 2018 - Jan 2018

Appendices (if applicable)
Improvement Action Report (Sent Separately)

ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	13th June 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Protective Services Occupational Health and Safety Intervention Plan 2019/20
REPORT NUMBER	OPE/19/262
DIRECTOR	Robert Polkinghorne
CHIEF OFFICER	Mark Reilly
REPORT AUTHOR	Andrew Gilchrist
TERMS OF REFERENCE	3.3

1. **PURPOSE OF REPORT**

1.1 Outlines the Protective Services proposals for delivering the occupational safety and health regulatory service for 2019/20.

2. **RECOMMENDATION(S)**

That the Committee approves the Occupational Health and Safety Intervention Plan for 2019/20 (Appendix 1).

3. **BACKGROUND**

3.1 As an Enforcing Authority, the Council has responsibility for the provision of health and safety enforcement services covering a range of businesses, mainly within the service sector, covering approximately 4,000 establishments.

3.2 The principal activities in regard to these establishments are:
   a) Investigating complaints relating to safety, occupational health and welfare at these workplaces;
   b) Investigating reported accidents arising in the course of work activities;
   c) Investigating reports of statutory examination of certain types of work

equipment, where the examination has revealed defects;

    d) Receiving notifications of work involving asbestos that may require to be followed up to ensure adequate controls are in place; and

    e) Engaging in focussed intervention programmes.

3.3   It is a statutory requirement that the Council 'make adequate arrangements for enforcement' of the requirements of the Health and Safety at Work etc. Act 1974 and therefore it is essential that there is appropriate, proportionate engagement in this field. In particular, the Council should be seen to be taking a proactive approach in developing initiatives that are directed toward making a significant impact in the community. It should be noted that for the past few years, a formal proactive inspection programme has not been implemented. This has been in accordance with Government's direction to reduce the burden to businesses. The option of using proactive inspections is reserved only for those potentially not managing risk within specific sectors /activities. Further information is available in the background paper referred to below (LAC 67/2(rev. 8)).
As an example, in Aberdeen City in 2017/18, 25 inspections of childcare establishments were carried out as this was considered a vulnerable sector worthy of attention. Therefore the intervention programme is undertaken on a risk basis targeted towards high risk activities.

3.4   The Service has been unable to implement and complete the planned interventions for 2018/19,- electrical safety, health issues in tanning salons. This has primarily been due to other workload priorities and unfilled officer posts, with the investigation of two workplace fatalities also requiring a significant officer resource. The following interventions are of current significance. On completion of. these interventions, resources will be made available to implement the unfulfilled 2018/19 interventions.

What	Why	How
Proactive work		
Control of legionella	National priority and high risk sector	Proactive inspection of registered cooling towers/evaporative condensers.
Beverage gases in the hospitality industry.	National priority with the aim of - raising awareness of the risks associated with the handling of beverage gases in the hospitality industry. In particular, highlighting the need to provide safe systems of work and emergency procedures for cellar work, with emphasis given to the handling, and storage of cylinders and work in confined spaces.	Provision of training to field staff to enable identification and resolution of the critical issues when visiting establishments handling beverage gases. Email questionnaire to businesses likely to be using beverage gases. Follow up with visits to those failing to respond or providing inadequate response.
Inflatable play devices	National priority for reactive interventions following fatalities in recent years.	Provision of written advice on safe operating procedures when consulted on public entertainment licence applications Visits to events to verify compliance with requirements.

4.   FINANCIAL IMPLICATIONS

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

5.   LEGAL IMPLICATIONS

Local authorities have a duty to 'make adequate arrangements for enforcement' under Section 18 of the Health and Safety etc. at Work Act 1974.Failure to do so could lead to Health and Safety Executive (HSE) using its default powers to take over services. The potential impact of Brexit should be recognised.

6.   MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial			
Legal	Statutory duty to provide an adequate health and safety enforcement service.	L	Sufficient resources allocated to avoid legal challenges.
Employee	The lack of an effective intervention plan could adversely impact on the competence of officers in relation to health and safety enforcement	L	Delivery of an effective intervention plan will support the maintenance of competence.
Customer	The lack of an effective intervention plan to tackle health and safety issues could result in unacceptable risks to the health and safety of the population of Aberdeen.There may a risk to the ability to implement this plan if resources are diverted to meeting food safety requirements arising from Brexit.	L	The intervention plan is designed to tackle significant health and safety issues to protect the population of Aberdeen. Resources are targeted at high risk activities.
Environment			
Technology			

Reputational	The lack of an effective intervention plan to tackle health and safety issues could result in reputational damage.	L	Criticism could be directed at the Council if there is failure to effectively implement the Service Plan, but it is considered that there are sufficient controls in place to avoid this.

## 7.	OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	The regulation of commercial establishments within the city contributes to making Aberdeen an attractive, clean, healthy and safe place to live.
Prosperous People	Implementation of this plan will contribute to ensuring the health, safety and welfare of Aberdeen's workforce and the general public
Prosperous Place	Implementation of this plan will contribute towards ensuring Aberdeen is a safe place to work, to enjoy recreationally and to visit.
Enabling Technology	

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
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
Workforce	Enhancement and development of professional skills.
Process Design	No impact.
Technology	No impact.
Partnerships and Alliances	No impact.

8.   IMPACT ASSESSMENTS

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

9.   BACKGROUND PAPERS

HELA LAC 67/2(rev. 8) Advice/Guidance to Local Authorities on Targeting Interventions

National Local Authority Enforcement Code- Health and Safety at Work

10.   APPENDICES (if applicable)

Appendix 1 –Protective Services Occupational Health and Safety Intervention Plan 2019/20

11.   REPORT AUTHOR CONTACT DETAILS

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ABERDEEN CITY COUNCIL

Protective Services

OCCUPATIONAL HEALTH AND SAFETY

Intervention Plan

2019-2020

Foreword

Protective Service's Health & Safety Intervention Plan has regard to recent developments in Council Policy and the changing Occupational Health and Safety landscape.

In 2019/20 the Service activities will reflect the HSE's national priorities but will also address local matters of concern.

The Plan will be reviewed on an annual basis by the Principal Environmental Health Officer (PEHO) specialising in Occupational Health and Safety in conjunction with the Protective Services Manager.

The intervention plan details the intended activity of the Service based on the resources allocated and the officer staffing levels available.

Health and Safety Intervention Plan

1   **Service Aims and Objectives**

        Aims and Objectives

1.1   The overall aim of the Occupational Health and Safety Service is to work with others to protect people's health and safety by ensuring physical risks in the workplace are managed properly

1.2   Officers seek to ensure that the health and safety of members of the public is not compromised by ensuring businesses comply with their obligation to provide safe systems of work.

1.3   These aims are passed primarily through the enforcement of relevant legislation by a variety of means but principally through advice given during proactive inspection and audits of work systems. In addition, these aims are also achieved by the provision of advice and promotion of relevant issues to employers, employees and, where appropriate, to the wider public.

2.   **Scope of and Demands on the Health and Safety Regulatory Service**

2.1   As an Enforcing Authority, the Council has responsibility for the provision of health and safety enforcement services covering a range of businesses, mainly within the service sector, covering approximately 4,000 establishments.

        The principal activities in regard to these premises are:
   1. Investigating complaints relating to safety, occupational health and welfare at these workplaces;
   2. Investigating reported accidents arising in the course of work activities;
   3. Investigating reports of statutory examination of certain types of work equipment, where the examination has revealed defects;
   4. Receiving notifications of work involving asbestos that may require to be followed up to ensure adequate controls are in place; and
   5. Engaging in focussed intervention programmes.

2.2   The term 'enforcement' is not restricted to the use of legal sanctions to achieve the aims of the legislation. 'Enforcement' is also taken to include:

   1. The provision of advice about the application and interpretation of legislation.
   2. The provision of advice about best practice.
   3. Encouragement of businesses to achieve compliance and adopt good practice through awareness raising, promotion, education and provision of feedback.
   4. Raising the awareness of employers, self-employed and employees about safety and health issues and the measures necessary or available to control them.

5. Partnership management with the business and voluntary sectors and other agencies.

2.3   Formal enforcement options include:

1. The use of enforcement notice procedures to require improvements to safety controls or prohibit the dangerous operations.
2. The power to seize or render safe dangerous equipment, substances or articles.
3. In certain cases the regulation of activities through system of prior approval.
4. Reporting matters to the Procurator Fiscal with a view to instigating prosecution.

2.4   The staff carrying out health and safety inspections also have responsibilities for inspecting establishments under food safety legislation as detailed in the organisational chart set out in Section 3.2.

2.5   The business profile for which the service is responsible for health and safety enforcement is detailed in Table 1 below.

Table 1: Business Profile for Health and Safety Enforcement in Aberdeen

Type of Establishments	No. in category (05/01/2018)
Retail	1040
Wholesale	137
Office	1141
Catering	949
Hotels	102
Residential Care	88
Leisure	152
Consumer Services	502
Other	93
Total	4204

3. Organisational Structure

3.1   The Health and Safety Regulatory Service

The Health and Safety regulatory service is a city-wide service provided from within the Commercial Section in Protective Services by a mix of Environmental Health Officers, Authorised Officers and Licensing Standards Officers. The team also carry out a range of additional activities including food safety, licensing, animal health and welfare inspections which give the opportunity to deal with health and safety concerns at that time.

3.3   Staffing Allocation (as of 01/05/19)

	Full time Equivalent Staff involved in health & safety enforcement
Section Management	
Protective Services Manager	0.1
PEHO	0.6
Field Staff	
EHO	1.5
Total	**2.2**

3.1   The Service will only deploy officers to carry out enforcement tasks for which they possess the appropriate qualifications and experience.   Officers who are not accredited operate under the close supervision of the PEHO. Formal enforcement action [service of notices or preparation of reports to the Procurator Fiscal] is subject to the scrutiny of the PEHO or Protective Services Manager.

4.   Service Delivery

4.1   Local authorities have a duty to 'make adequate arrangements for enforcement' under Section 18 of the Health and Safety etc. at Work Act 1974. "The National Local Authority Enforcement Code – Health and Safety at Work" sets out what is meant by "adequate arrangements for enforcement'' and concentrates on the following four objectives:

[a]   Clarifying the *roles and responsibilities* of business, regulators and professional bodies to ensure a shared understanding on the management of risk;

[b]   Outlining the *risk-based regulatory approach* that LAs should adopt with reference to the Regulator's Compliance Code, HSE's Enforcement Policy Statement and the need to target relevant and effective interventions that focus on influencing behaviours and improving the management of risk;

[c]   Setting out the need for the ***training and competence*** of LA H&S regulators linked to the authorisation and use of HSWA powers; and

[d]   Explaining the arrangements for collection and publication of LA data and peer review to give an ***assurance on meeting the requirements of this Code***.

4.2   "The National Local Authority Enforcement Code – Health and Safety at Work" sets out what is meant by "adequate arrangements for enforcement''

Practically, this Service is guided to achieve this by:

[a]   having a risk-based Intervention Plan focussed on tackling specific risks;

[b]   evaluate the risks that they need to address and use the whole range of interventions to target these specific risks;

[c]   reserving unannounced proactive inspection only for the activities and sectors published by HSE or where intelligence suggests risks are not being effectively managed;

[d]   using national and local intelligence to inform priorities;

[e]   ensuring that officers authorised to enforce the requirements are trained and competent;

[f]   setting clear expectations for delivery;

[g]   having a clear and easily accessible enforcement policy;

[h]   providing easily accessible information on services and advice available to businesses;

[i]   publishing data on our health and safety inspection records;

[j]   having an easily accessible complaints procedure.

4.3   Arising from the Enforcement Code is a list produced by the HSE of high risk activities/sectors that may be subject to proactive inspections and which guides the Service's direction in enforcement activity.

4.4   In summary, this means the LAs ensure their planned regulatory activity is focussed on outcomes-primarily working to deliver those national priorities set by HSE, taking account of local issues prioritised by risk, and be accompanied by an programme meeting the requirements of the Code.

5   Quality Monitoring and Assessment

5.1   Documented procedures for quality monitoring and quality assessment of the Service have been established and as part of this joint inspections, where

competency is assessed and consistency checks are made are carried out throughout the year. These should ensure adherence to the Service's Health and Safety Enforcement Policy, internal enforcement procedures and the HSE guidance and the Enforcement Management Model.

6   Performance Review 2018/19

Year 2018/19 is reviewed below.

Intervention type		Number of Inspection / intervention visits		Notes
Proactive Inspections	Proactive inspection	**Targeted using National Intelligence**	**Targeted using Local Intelligence**	.
		0	0	Planned interventions were not carried out due to the prioritisation other activities. Worthy of note in this regard are the 2 fatalities currently under investigation and which are having a significant staffing resource impact
Non- inspection interventions	Other visits/face to face contacts	0	0	
	Other contact /interventions	14	14	
Reactive visits	Visit to investigate incidents	44		
	Visit to investigate complaints	112		
	Visits following requests for advice	0		
Revisits following earlier interventions		24		
Improvement Notices		Immediate Prohibition Notices		Deferred Prohibition Notices
23		1		0

6.1 **Areas for Continuous Improvement**

[a] Ensure that the profile of occupational health and safety is maintained and enhanced, primarily by the interventions detailed in this Plan.

[b] Continue to establish partnership agreements for promotional and educational initiatives where possible.

[c] All field officers are be assessed as to their competency. Ongoing development needs to be addressed therefrom.

[d] Ensure the publication of data of the Service's health and safety activities, including the register of enforcement notices.

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	24/05/2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Public Protection Committee Annual Effectiveness Report
REPORT NUMBER	GOV/19/248
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Derek Jamieson
TERMS OF REFERENCE	GD 7.5

1. PURPOSE OF REPORT

1.1 The purpose of this report is to present the annual report of the Public Protection Committee.

2. RECOMMENDATION

That Committee:-

note the annual report.

3. BACKGROUND

Annual Reports on Committee Terms of Reference

3.1 The Governance Review of 2017/18 was initiated as part of the Council's work with the Chartered Institute of Public Finance and Accountancy (CIPFA) and the aim to secure that organisation's accreditation in governance excellence. As part of CIPFA's interim assessment of the Council's governance arrangements, CIPFA recommended that each Committee should annually review its effectiveness, including its information and reporting needs, to help ensure that it is following its Terms of Reference, is operating effectively and to identify any training needs or improvements to the Council's decision making structures.When approving the new Terms of Reference in March 2018, the Council agreed that each Committee would be required to review their own effectiveness against their Terms of Reference through an annual report and approved the proposed template for those reports.

3.2   CIPFA reviewed the approved template and in general terms stated:

A committee effectiveness report has the potential to support the improvement journey by accounting for the ways that committees support a quality improvement culture with quality assurance of services and feedback loops. A template that goes beyond tick box and more clearly offers the opportunity to address some current and historic issues and, importantly give a clear signal that good governance is taken seriously. It could therefore provide support to a number of the developments that Aberdeen City Council seeks in its journey towards achieving the excellence in governance mark.

3.3   The first annual report for 2018/2019 is appended for the Committee's consideration. Following consideration by the Committee, the report will be submitted to Council on 24 June 2019 for noting.

4.   FINANCIAL IMPLICATIONS

4.1   There are no direct financial consequences from the recommendation.

5.   LEGAL IMPLICATIONS

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

6.   MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	None	N/A	N/A
Legal	None	N/A	N/A
Employee	None	N/A	N/A
Customer	None	N/A	N/A
Environment	None	N/A	N/A
Technology	None	N/A	N/A
Reputational	None	N/A	N/A

7.   OUTCOMES

Design Principles of Target Operating Model	
	Impact of Report

Organisational Design	The report reflects recognition of the process of organisational design and provides assurance through scrutiny of committee effectiveness. The review of the Committee will support the redesign of the organisation and ensure that the Committee discharges its role in accordance with the Scheme of Governance.
Governance	The committee effectiveness report enhances transparency and understanding of the Committee as well as help to address any areas for improvement.

8. IMPACT ASSESSMENTS

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

9. BACKGROUND PAPERS

None.

10. APPENDICES

10.1 Public Protection Committee Annual Effectiveness Report 6 March 2018 to 29 April 2019.

11. REPORT AUTHOR CONTACT DETAILS

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Public Protection Committee

Annual Effectiveness Report

ABERDEEN
CITY COUNCIL

Contents

1. INTRODUCTION

1.1   I am pleased to introduce the first annual effectiveness report for the Public Protection Committee.

1.2   The Public Protection Committee performs an important and significant role in the Council's overall public protection arrangements. It has introduced local democratic oversight to key areas including child and adult protection, environmental health and resilience. It also discharges the Council's obligations in terms of the Police and Fire Reform (Scotland) Act 2012.

1.3   I have sought to bring a collaborative approach to the business of the Public Protection Committee not just with elected members, but with the Chief Officer Group, all officers and the Council's partners, including the Scottish Fire and Rescue Service and Police Scotland. I truly value our partners' contribution to the Public Protection Committee. I look forward to strengthening our relationships which are essential as the city looks to deliver the aspirations of the recently refreshed Aberdeen Local Outcome Improvement Plan.

1.4   I would like to put on record my thanks for the support provided to me by members of the committee, the Chief Officers' Group and to all staff who have helped to support the business of the committee. I look forward to building on our successes during the course of 2019/2020.
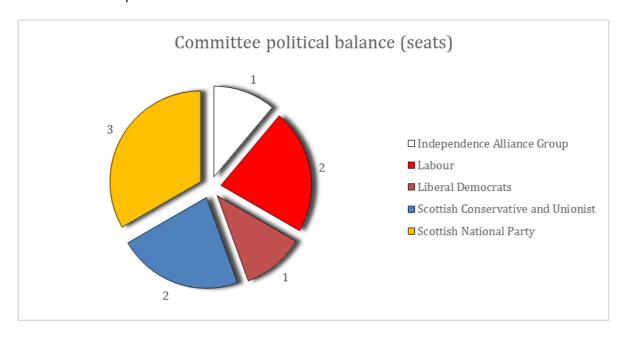

Councillor Jennifer Stewart, Convener

2. THE ROLE OF THE COMMITTEE

2.1   The purpose of the committee is to undertake the Council's duties under the Police and Fire Reform (Scotland) Act 2012. In addition, it provides assurance on the statutory regulatory duties placed on the Council for:

- Child Protection;
- Adult Protection;
- Consumer Protection and Environmental Health;
- Civil Contingency responsibilities for local resilience and prevention; and
- Building Control.

2.2   The detailed remit of the Committee approved by the Full Council is appended to the report.

3. MEMBERSHIP OF THE PUBLIC PROTECTION COMMITTEE DURING 2018/2019

3.1 The Public Protection Committee has 9 members and the composition is presented below.

Committee political balance (seats)

- Independence Alliance Group
- Labour
- Liberal Democrats
- Scottish Conservative and Unionist
- Scottish National Party

4. MEMBERSHIP CHANGES

4.1 There was one change to the Committee's membership throughout the reporting period with Councillor Alphonse replacing Councillor McLellan in October 2018.
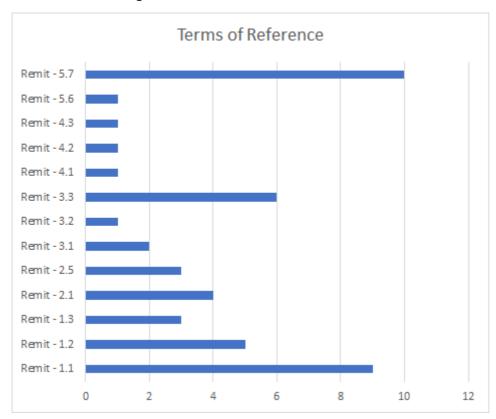
5. MEMBER ATTENDANCE

Member	Total Anticipated Attendances	Total Attendances	Nominated Substitute
Cllr Jennifer Stewart	6	6	
Cllr Lesley Dunbar	6	5	1, Cllr Graham
Cllr Cameron	6	6	
Cllr Duncan	6	5	1, Cllr Allan
Cllr Greig	6	4	2, Cllr Delaney
Cllr Houghton	6	3	3, Cllr Bell
Cllr McLellan	2	2	
Cllr Townson	6	6	
Cllr Wheeler	6	6	
Cllr Alphonse	4	3	1, Cllr Stuart

6. MEETING CONTENT

6.1 During the 2018/2019 reporting period (6 March 2018 to 29 April 2019) the Committee had 5 meetings and considered a total of 33 reports.

6.2 **Terms of Reference**

Of the 33 reports received the following table details how the reports aligned to the Terms of Reference for the Committee.

Terms of Reference

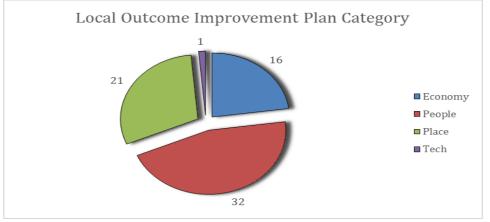| Remit	Value
Remit - 5.7	10
Remit - 5.6	1
Remit - 4.3	1
Remit - 4.2	1
Remit - 4.1	1
Remit - 3.3	6
Remit - 3.2	1
Remit - 3.1	2
Remit - 2.5	3
Remit - 2.1	4
Remit - 1.3	3
Remit - 1.2	5
Remit - 1.1	9

The table above shows that there was activity within the committee's five areas of responsibility during the course of 2018-2019. Most of these reports related to Child and Adult Protection which perhaps reflects the risks associated with this area of the Council's business.

The area of responsibility covered least by the committee was Building Control.

It is also notable that the number of reports submitted to committee from the Police and Fire was also high. This reflects the collaborative approach across the city to help safeguard the protection of the public.

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6.3   Local Outcome Improvement Plan

The following table details of the 33 reports how many had a link to the themes of the Local Outcome Improvement Plan.

6.4   Reports and Committee Decisions

The following table details the outcome of the Committee's consideration of the 33 reports presented to it throughout the year.

	Total	% Total Reports
Number of confidential reports	0	0.0%
Number of exempt reports	0	0.0%
Number of reports where the Committee has amended officer recommendations	9	27.3%
Number and percentage of reports approved unanimously	31	93.9%
Number of reports requested by members during the consideration of another report to provide additional assurance and not in forward planner	5	N/A
Number of service updates requested by members during the consideration of another report to provide additional assurance and not in forward planner	4	N/A
Number of decisions delayed for further information	0	0.0%
Number of times the Convener has had to remind Members about acceptable behaviour and the ethical values of Public Life	0	0.0%
Number of late reports received by the Committee	3	9.1%
Number of referrals to Council, or other Committees in terms of Standing Order 33.1	0	0.0%

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6.5   Notices of Motion, Suspension of Standing Orders, Interface with the Public

	Total
Number of Notices of Motion	0
Number of times Standing Orders were suspended	0
The specific Standing Orders suspended	N/A
Number of deputations	0
Number of petitions considered	0
Number of Members attending meetings of the committee as observers	2
Number of Meetings held by the Convener with other Conveners, relevant parties, to discuss joint working and key issues being raised at other Committee meetings	The Convener meets on a regular basis with members and Senior Officers and is an active participant with other Committees. The role of the Committee and in particular its focus on public protection is shared during civic duties

7. TRAINING REQUIREMENTS AND ATTENDANCE

7.1   The Committee are keen to experience the working environments of those services within their remit for scrutiny.

7.2   A review during 2018 concluded that members felt comfortable with their level of training and understanding at that time.

7.3   Throughout the course of 2018-2019 the committee has received presentations from officers, Police Scotland and the Scottish Fire and Rescue Service on a variety of matters relevant to the business of the committee. This included reports as well as site visits including the dog handling section and the firearms unit of Police Scotland. The Committee received Corporate Parenting Training.

7.4   These opportunities provide valuable insights into relevant business areas to aide scrutiny of committee business. As the Committee has matured and following this review, further development opportunities will be prepared for 2019 – 2020 based on officer proposals and member feedback. 'Future Activity' meetings are planned for Child and Adult Protection, Local Resilience, Protective Services and Building Control.

7.5 The following specific Scheme of Governance training which is related to the operation of all Committees was provided:

- Scheme of Governance Effective Decision Making on 23, 27 and 28 March 2018
- Financial and Procurement Regulations on 23 and 29 March 2018

7.6 Training on the Councillors' Code of Conduct was provided in January and February 2018.

8. CODE OF CONDUCT – DECLARATIONS OF INTEREST

8.1 No declarations of interest were made by Councillors during the reporting period. We measure this information to evidence awareness of the requirements to adhere to the Councillors' Code of Conduct and the responsibility to ensure fair decision making. Training on the Councillors' Code of Conduct was provided in January and February 2018.

9. CIVIC ENGAGEMENT

9.1 The Committee has attended a Police Firearms Unit where they learned the purpose of the unit and how it assists delivery of local policing.

9.2 'Future Activity' meetings have been held with Police Scotland and Scottish Fire and Rescue Service (SFRS). From these meetings, a series of opportunities have been identified which will see thematic reports based around local police and fire plans reported to Committee. Additionally, visits have been planned to improve the member's understanding of police and fire roles.

9.3 The Committee are currently engaged with the Scottish Police Authority on their Annual Review of Policing 2018/2019 and will shortly be consulted upon the review of the SFRS strategy proposals.

10. OFFICER SUPPORT TO THE COMMITTEE

Officer	Total Expected Attendances	Total Attendances	Substitute Attendances
Fraser Bell	5	4	1

11. EXECUTIVE LEAD'S COMMENTS

11.1 One of the Council's transformation projects is to deliver the CIPFA Mark of Excellence in Good Governance. As part of this project, CIPFA recommended that each committee should annually review its effectiveness, including its information reporting needs. This would help ensure that each committee is following its terms of reference, is operating effectively and to identify any training needs or improvements to the Council's decision making structures.

11.2 The committee would appear to be working effectively taking into account that:

- no decisions required to be delayed;

- all sections of the terms of reference were engaged; and

- the vast majority of business was approved/noted unanimously.

11.3 It is noted that all business was able to be considered in public.

12. NEXT YEAR'S FOCUS

12.1 The Public Protection Committee's terms of reference were updated by Full Council at its meeting on 4 March 2019 following the annual review of the Scheme of Governance. This allows the committee to seek assurance on the Council's compliance in respect of statutory duties relating to child poverty. This is an extension to its child and adult protection remit.

12.2 Throughout the next reporting year, we will review the Terms of Reference in line with the business submitted to the Committee and reflect on whether any areas require refinement moving forward to ensure the efficient operation of the Committee.

12.3 Meetings have been held with Police Scotland and the Scottish and Fire Rescue Service in respect of proposed business for 19-20. The business will reflect the recently refreshed Local Outcome Improvement Plan (LOIP).

12.4 As indicated at Section 7.34 above, 'Future Activity' meetings are planned for Child and Adult Protection, Local Resilience, Protective Services and Building Control. These will explore opportunities for greater understanding for members including further work visits.

12.5 Following changes and introduction of new legislation, the Committee is keen to understand its impact on public safety, especially in the areas of domestic abuse.

12.6 Finally, the Corporate Management Team have approved a legislation tracker which will better inform the Council of new legislation that is likely to have an impact on the local authority. This will help ensure that the Council is well placed to meet any new demands and/or obligations placed on it. The Public Protection Committee will benefit from an enhanced and early awareness of legislation which may impact on its remit.

12.7 The continuance of a collaborative approach together with these activities will increase Committee understanding and scrutiny which can but only enhance assurance.

12.8 This will further endorse the Committee view, that working together with our partners, Aberdeen is a safe and welcoming place to live, work and visit.

PUBLIC PROTECTION COMMITTEE

PURPOSE OF COMMITTEE

To provide assurance on the statutory regulatory duties placed on the Council for:

- Child protection
- Adult protection
- Consumer protection and environmental health
- Civil contingency responsibilities for local resilience and prevention
- Building control

To undertake the Council's duties in relation to the Police and Fire and Rescue Services under the Police and Fire Reform (Scotland) Act 2012

REMIT OF COMMITTEE

1.   Child and Adult Protection

The Committee will seek assurance from the Child and Adult Protection Committees on:

1.1   the impact and effectiveness of child and adult support and protection improvement initiatives, including:

1.1.1   delivery of national initiatives and local implications;

1.1.2   learning from significant case reviews;

1.1.3   quality assurance;

1.1.4   training and development; and

1.1.5   local evidence based initiatives;

1.2   effective working across child and adult protection; and

1.3   statistics relating to the Child Protection Register and the Vulnerable People's Database, whilst noting that it has no remit to challenge entries.

The Committee will also consider the Chief Social Work Officer's Annual Report. – *withdrawn March 2018*

Replaced by –

The Committee will also:

1.4   seek assurance on the Council's compliance with statutory duties in respect of child poverty; and

2. Local Resilience

The Committee will:

2.1 oversee compliance with the Council's duties relating to resilience and local emergencies; this includes reviewing staffing arrangements for incident management as well as the system for incident management;

2.2 oversee compliance with the council's duties relating to the provision of a city mortuary, and its adequacy for supporting the needs of mass fatalities;

2.3 ensure that services maintain and review Business Continuity Plans in accordance with the priorities allocated to them;

2.4 consider relevant local, regional and national lessons learnt reports and recommendations and monitor their implementation; and

2.5 consider the results from the Council's self-assessment on resilience and CONTEST duties and monitor the implementation of associated action plans.

3. Protective Services

The Committee will:

3.1 seek assurance from the Council's performance in relation to Trading Standards, Environmental Health (including the Public Mortuary) and Scientific Services;

3.2 scrutinise external inspection and audit reports relating to the above services;

3.3 approve statutory plans aimed at protecting the public and delivered by or in partnership with Environmental Health and Trading Standards services; and

3.4 receive a summary of findings from statutory sampling and analysis work carried out by or on behalf of the Environmental Health and Trading Standards services.

4. Building Control

The Committee will consider reports on:

4.1 major incidents and fatal accident inquiries and any resulting impact and responsibilities placed on the Council;

4.2 informal and formal activity by Building Standards in relation to public safety and dangerous buildings; and

4.3 informal and formal activity by Building Standards in relation to public safety for unauthorised building work and the unauthorised occupation of buildings.

5. Police and Fire and Rescue Service

In respect of the Council's responsibilities in relation to the Scottish Police Authority, the Police

Service of Scotland and the Scottish Fire and Rescue Service, the Committee will:

5.1 contribute to and comment on the Strategic Police Plan and the Strategic Fire and Rescue Plan when consulted by the relevant national authority;

5.2 respond to consultation by the Chief Constable on the designation of a local commander and by the Scottish Fire and Rescue Service on the designation of a local senior officer;

5.3 be involved in the setting of priorities and objectives for the policing of Aberdeen and for the Scottish Fire and Rescue Service for the undertaking of its functions in Aberdeen;

5.4 specify policing measures the Council wishes the local commander to include in a local policing plan;

5.5 approve a Local Police Plan submitted by the local commander and to approve a Local Fire and Rescue Plan prepared by the local senior officer and submitted by the Scottish Fire and Rescue Service;

5.6 monitor service provision and delivery in Aberdeen and provide feedback to the local commander and the local senior officer;

5.7 consider reports, statistical information and other information about the policing of Aberdeen and the undertaking of the Fire and Rescue function in Aberdeen provided in response to the Council's reasonable requests;

5.8 agree, with the local commander, modifications to an approved local police plan at any time; and

5.9 liaise with the local commander and local senior officer with regard to the undertaking by them of the community planning duties of the Chief Constable and the Scottish Fire and Rescue Service.

JOINT WORKING WITH OTHER COMMITTEES:

The Committee will maintain an awareness of key issues arising through the work of other committees of the Council, through lead officers, conveners and vice conveners working together. This will help inform the work of the Committee, specifically:

1. the relationship with the Audit, Risk and Scrutiny Committee in terms of the systems in place to manage the public protection risk; and

2. the relationship with the Staff Governance Committee in terms of ensuring staff have the required skills to underpin public protection.

JOINT WORKING WITH NON COUNCIL BODIES:

The Committee, through its lead officers, will work jointly with external regulatory bodies and statutory partners to ensure that Council is able to provide a high standard of public safety.

It will have close links with the work of the Aberdeen City Health and Social Care Partnership's Clinical Governance Committee to explore shared risks and responses to adverse events, the preparation of action plans and the sharing of best practice and learning.