

# Public Document Pack



To: Councillor Stewart, Convener; Councillor Lesley Dunbar, Vice Convener; ; ; and Councillors Al-Samarai, Allard, Duncan, Greig, Houghton, Townson and Wheeler.

Town House,  
ABERDEEN 23 November 2020

## **PUBLIC PROTECTION COMMITTEE**

The Members of the **PUBLIC PROTECTION COMMITTEE** are requested to meet in **Council Chamber - Town House on WEDNESDAY, 2 DECEMBER 2020 at 10.00 am.**

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

#### **MINUTE OF PREVIOUS MEETING**

5 Minute of Previous Meeting of 7 October 2020 (Pages 7 - 18)

### **COMMITTEE PLANNER**

6 Committee Planner (Pages 19 - 22)

### **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 SCOTLAND AND SCOTTISH FIRE AND RESCUE SERVICE**

9 Communication between PPC and the SPA (Pages 23 - 26)

10 Police Scotland - Thematic Report - Contact Assessment Model (CAM) - POL/20/223 (Pages 27 - 32)

11 Police Scotland - Presentation on Drugs & Vulnerable People

12 Scottish Fire and Rescue Service - Aberdeen City Local Fire Plan 2020 - SFR/20/225 (Pages 33 - 54)

13 Scottish Fire and Rescue Service Six Monthly Performance Report - SFR/20/229 (Pages 55 - 74)

### **CHILD AND ADULT PROTECTION**

14 Final Progress Report on Joint Inspection of Services for Children and Young People in need of Care and Protection in Aberdeen City - OPE/20/224 (Pages 75 - 90)

### **LOCAL RESILIENCE**

15 Resilience Annual Report - COM/20/226 (Pages 91 - 116)

### **PROTECTIVE SERVICES**

- 16 United Kingdom Accreditation Service (UKAS) - OPE20/230 (Pages 117 - 152)
- 17 Date of Next Meeting - 9 March 2021 at 10:00

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

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## **DECLARATIONS OF INTEREST**

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, 7 October 2020. Minute of Meeting of the PUBLIC PROTECTION COMMITTEE. Present:- Councillor Stewart, Convener; Councillor Lesley Dunbar, Vice-Convener; and Councillors Allard, Duncan, Greig, Henrickson (as substitute for Councillor Al-Samarai), Houghton, Townson and Wheeler.

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

### **INTRODUCTION**

The Convener welcomed all to the resumption of the Public Protection Committee following a period of pandemic restrictions.

A warm welcome was extended to Councillor Allard who had replaced Councillor Cameron to whom the Convener extended the Committee's appreciation for his contribution to the Committee.

A similar warm welcome was extended to Chief Superintendent George Macdonald who replaced Chief Superintendent Campbell Thomson.

The Convener acknowledged the valuable contributions that Chief Superintendent Thomson had made to the Committee but also his enthusiastic and positive engagement with all community related matters during his participation in all Council related matters.

The Committee agreed it was appropriate to acknowledge Chief Superintendent Thomson's participation and contribution to the Committee and the community and that it be recorded within the Minute.

### **URGENT BUSINESS**

**1.**

There was no urgent business.

### **EXEMPT BUSINESS**

**2.**

There was no exempt business.

**PUBLIC PROTECTION COMMITTEE**  
7 October 2020

**DECLARATIONS OF INTEREST**

**3.**

There were no declarations of interest.

**DEPUTATIONS**

**4.**

There were no requests for deputations.

**MINUTE OF PREVIOUS MEETING OF 26 FEBRUARY 2020**

**5.**

The Committee had before it the minute of its last meeting on 26 February 2020.

**The Committee resolved :-**

to approve the minute as a correct record.

**COMMITTEE PLANNER**

**6.**

The Committee had before it the Committee Planner.

Members heard that the planner had been refreshed to account for the loss of planned reports during the pandemic period and that future reporting.

Members discussed the positive thematic reporting from Police Scotland and made suggestion of future themes.

**The Committee resolved :-**

(i) to note the planner; and

(ii) to request the Local Police Commander, to present future Thematic Reports on Topics to be discussed.

**NOTICES OF MOTION**

**7.**

There were no Motions.



**PUBLIC PROTECTION COMMITTEE**

7 October 2020

**REFERRALS FROM COUNCIL, COMMITTEES OR SUB COMMITTEES****8.**

There were no referrals.

**LOCAL POLICE PLAN - 2020/2023 - POL/20/161****9.**

The Committee had before it the report from the Local Commander, Police Scotland which presented the Local Police Plan 2020/2023.

Members were reminded that the Plan had been delayed for approval due to the continuing pandemic and were thanked for their review and comment provided during the consultation stages.

**The report recommended :-**

that the Committee approve the Local Police Plan.

**The Committee resolved :-**

to approve the recommendation.

**POLICE SCOTLAND - THEMATIC REPORT: CONTACT, COMMAND AND CONTROL (VERBAL UPDATE)****10.**

Chief Superintendent Macdonald presented the Committee with a verbal update on the outstanding Thematic Report: Contact, Command and Control.

Members heard that whilst a report on the subject had been delayed due to the pandemic response, work was progressing to present a detailed update to the 2 December 2020 meeting.

**The Committee resolved :-**

to note the update provided.

**POLICE SCOTLAND - THEMATIC REPORT : DIGITALLY ENABLED POLICING (VERBAL UPDATE)****11.**

Chief Superintendent Macdonald presented the Committee with a verbal update on the previously submitted Thematic Report: Digitally Enabled Policing.

**PUBLIC PROTECTION COMMITTEE**

7 October 2020

The update concluded with [a video presentation](#).

At the conclusion of this presentation, the Convener reflected on the positive contributions made to the Committee by Police Scotland and commended the officers and Police staff for their positive and constant efforts in keeping the citizens and visitors to Aberdeen safe and complimenting to the success of the City in its community engagements. The Committee supported the Conveners comments.

**The Committee resolved :-**

- (i) to note the update provided; and
- (ii) to provide feedback to the Scottish Police Authority to endorse the digital presentation given and to otherwise acknowledge the quality and partnership working delivered by the Local Police Senior Officer and his team.

**SCOTTISH FIRE AND RESCUE SERVICE SIX MONTHLY PERFORMANCE REPORT  
- SFR/20/150****12.**

The Committee had before it the report from the Local Senior Officer, Scottish Fire and Rescue Service which presented the 2020/21 Quarter 1 Performance Report.

On introduction of this report, the Convener intimated her appreciation to the officers and staff of SFRS who are engaged in the successful delivery of preventative and rescue work within the City particularly during the additional dynamics presented by the pandemic. The Convener requested the appreciation of the Committee be cascade to the relevant staff.

This was supported by the Committee.

**The report recommended :-**

that the Committee consider and note the information provided in Appendix A in relation to the Performance Report.

**The Committee resolved :-**

- (i) to approve the recommendation; and
- (ii) to commend the local officers and staff of the Scottish Fire and Rescue Service for the services provided during the continuing pandemic period.

**PUBLIC PROTECTION COMMITTEE**

7 October 2020

**SCOTTISH FIRE AND RESCUE SERVICE - COMMUNITY SAFETY THEMATIC REPORT - SFR/20/151****13.**

The Committee had before it the report from the Local Senior Officer, Scottish Fire and Rescue Service which presented an outline of community safety activity during the Covid-19 pandemic lockdown period.

**The report recommended :-**

that the Committee consider and note the information provided in Appendix A in relation to the SFRS community safety activity.

**The Committee resolved :-**

to approve the recommendation.

**CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT - OPE/20/146****14.**

The Committee had before the report from the Chief Social Work Officer which presented his Annual Report for the year 2019/20.

The report informed Members of the role and responsibilities exercised by the Chief Social Work Officer and provided information on statutory decision making during that period. The report also gave a progress report on key areas of social work provision within Aberdeen City.

During this presentation, the Convener expressed her appreciation of the input and efforts of the Chief Social Work Officers' staff and commented on the additional difficulties presented during the continuing pandemic.

**The report recommended :-**

that the Committee note the content of the Annual Report, as attached at Appendix 1.

**The Committee resolved :-**

- (i) to approve the recommendations, and
- (ii) to commend the officers and staff within the Integrated Children's and Family Services on their continued service delivery particularly against the backdrop of the continuing pandemic.

**PUBLIC PROTECTION COMMITTEE**

7 October 2020

**ABERDEEN CITY JOINT INSPECTION PLAN - UPDATE**

**15.**

The Committee heard from the Chief Social Work Officer who provided a brief update on the Joint inspection Plan as previously circulated by Service Update to members.

**The Committee resolved :-**

to note the update provided..

**CHILD PROTECTION COMMITTEE ANNUAL REPORT - OPE/20/149**

**16.**

The Committee had before it the report from the Aberdeen City Child Protection Committees (CPC) which presented its Annual Report 2019-20.

The report provided the Committee with information and assurance on the work of the CPC.

**The report recommended :-**

that the Committee –

- (a) notes the content of the CPCs Annual Report 2019-20, including the Child Protection Improvement Programme for 2019 – 2021;
- (b) notes the positive impact and effectiveness of child protection improvement initiatives detailed in the report;
- (c) notes the effective working across child protection as demonstrated in our joint children’s service inspection; and
- (d) notes the use of statistical information to inform practice and improvement initiatives relating to child protection.

**The Committee resolved :-**

to approve the recommendations.

**PROTECTION OF VULNERABLE CHILDREN AND THEIR FAMILIES DURING COVID-19 RESTRICTIONS - OPE/20/147**

**17.**

The Committee had before it the report from the Chief Officer, Integrated Children’s and Family Services.

## PUBLIC PROTECTION COMMITTEE

7 October 2020

The report sought to provide assurance to the Committee on the measures implemented by Children's Social Work to ensure the safety and protection of vulnerable children and their families in Aberdeen City during the Covid-19 pandemic.

### **The report recommended :-**

that the Committee –

- (a) note the impact of Covid-19 on Children's Social Work and how the service has responded to safeguard and protect children and young people during the pandemic; and
- (b) note the learning to date, identified by Children's Social Work, which will inform our future service redesign.

### **The Committee resolved :-**

- (i) to approve the recommendations; and
- (ii) to commend and recognise officers for the time and tireless support provided to children and young people of Aberdeen City.

## **APPROPRIATE ADULTS - HSC/20/163**

### **18.**

The Committee had before it the report from the Chief Officer, Aberdeen City Health and Social Care Partnership (ACHSCP).

The purpose of the report was to provide the Committee with an overview of the statutory Appropriate Adult service in Aberdeen in light of its recent implementation.

During this presentation, the Convener expressed her appreciation of the input and efforts of the ACHSCP staff and their partner agencies in provision of this service. The Convener was supported by the Committee in expressing this appreciation which should be cascade to all those involved with the Service.

### **The report recommended :-**

that the Committee note the report and indicates receipt of assurance that the local authority has now established a statutory Appropriate Adult service deliverable under statutory guidance published by Scottish Ministers under the Criminal Justice (Scotland) Act 2016.

### **The Committee resolved :-**

- (i) to approve the recommendation;
- (ii) to request a further update on the Service be presented to the Committee on 23 May 2021; and
- (iii) to express appreciation of the input and efforts of the ACHSCP staff and their partner agencies in provision of this Service.

**PUBLIC PROTECTION COMMITTEE**

7 October 2020

**ABERDEEN VIOLENCE AGAINST WOMEN (AVAW) STRATEGY UPDATE - OPE/20/170**

**19.**

The Committee had before it the report from the Aberdeen Violence Against Woman Partnership. (AVAWP).

The report sought to inform the Committee on the progress of the work of Aberdeen Violence Against Women Partnership.

Members heard from the Co-Chair of the AVAWP who provided further detail on the report and addressed Member's questions.

The Committee heard that work around AVAWP had been impacted by the continuing pandemic which had caused amendments to service delivery and understanding of issues and demands.

The Convener was supported by the Committee in expressing appreciation of the sterling work being delivered by the Partnership.

**The report recommended :-**

that the Committee note the information contained within this report.

**The Committee resolved :-**

- (i) to approve the recommendation;
- (ii) to request an updated report be presented to the Committee on 13 May 2021; and
- (iii) to express appreciation of the sterling work being delivered by the Partnership.

**COVID-19 UPDATE - CIVIL CONTINGENCIES - COM/20/156**

**20.**

The Committee had before it the report from the Chief Officer – Governance which provided an update of the Council's response to COVID-19 as a Category 1 responder against the Council's approved Generic Emergency Plan.

Members heard from the Assurance Manager who described the activation and application of the Emergency Plan previously agreed by the Committee.

Members heard of the activities undertaken during the Council response to the pandemic.

**PUBLIC PROTECTION COMMITTEE**

7 October 2020

The Convener acknowledged the positive contributions that all staff had made to the successful delivery of the Generic Emergency Plan, particularly relevant during the pandemic, and sought that the appreciation of the Committee be recorded and also intimated to all staff. The Committee agreed.

**The report recommended :-**

that the Committee notes the update of the Council's response to Covid-19 as a Category 1 responder against the Generic Emergency Plan.

**The Committee resolved :-**

- (i) to approve the recommendation; and
- (ii) to acknowledge and commend all officers for the work and effort being applied during the continued response to the pandemic.

**COVID-19 UPDATE - PROTECTIVE SERVICES - OPE/20/157**

**21.**

The Committee had before it the report from the Chief Officer – Operation and Protective Services which provided an update on Environmental Health and Trading Standards response to COVID- 19.

Members heard from the Protective Services Manager who provided an overview of the activities and challenges of service provision during the changing stages of the continuing pandemic response.

The Convener acknowledged the challenges of service delivery within the Protective Services area which had been further impacted by the continuing pandemic and indicated that this appreciation be communicated to the relevant staff.

**The report recommended :-**

that the Committee note the update of Protective Services' response to COVID-19.

**The Committee resolved :-**

- (i) to approve the recommendation; and
- (ii) to acknowledge and commend all officers for the work and effort being applied during the continued response to the pandemic.

**PUBLIC PROTECTION COMMITTEE**

7 October 2020

**BUILDING STANDARDS ACTIVITY REPORT - PLA/20/143**

**22.**

The Committee had before it the report from the Chief Officer – Place which intended to provide assurance and an overview of Council responsibilities in relation to securing dangerous buildings and protecting public safety, as well as activity on unauthorised building work and unauthorised occupation of buildings.

Members heard from the Building Standards Manager who provided an overview of the legislative requirements and the activities undertaken.

Members heard that service delivery within this area had been slightly impacted due pandemic related restrictions on movement and working.

The Convener noted this impact and intimated the Committee's appreciation which should be communicated to the relevant staff. The Committee agreed.

**The report recommended :-**

that the Committee –

- (a) notes the contents of the report and appendix; and
- (b) agrees to 6 monthly assurance reporting – next update 28<sup>th</sup> April 2021.

**The Committee resolved :-**

- (i) to approve the recommendations, and
- (ii) to acknowledge the positive contributions of staff within the Building Standards arena

**COMMITTEE ANNUAL EFFECTIVENESS REPORT - COM/20/144**

**23.**

The Committee had before it the report from the Chief Officer, Governance which presented the Annual Effectiveness report to enable Members to provide comment on the data contained therein.

Members heard that the report captured the activity of the Committee during the preceding reporting period and highlighted the challenges of the pandemic period.

**The report recommended :-**

that the Committee note the annual report.

**The Committee resolved :-**

to approve the recommendation.



**PUBLIC PROTECTION COMMITTEE**  
7 October 2020

**DATE OF NEXT MEETING - 2 DECEMBER 2020 AT 10:00 AM.**

**24.**

The Committee noted the next Meeting date.

- **COUNCILLOR JENNIFER STEWART, CONVENER**

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	A	B	C	D	E	F	G	H	I
1	<b>PUBLIC PROTECTION COMMITTEE BUSINESS PLANNER</b> 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.								
2	<b>Report Title</b>	<b>Minute Reference/Committee Decision or Purpose of Report</b>	<b>Update</b>	<b>Report Author</b>	<b>Chief Officer</b>	<b>Directorate</b>	<b>Terms of Reference</b>	<b>Delayed or Recommended for removal or transfer, enter either D, R, or T</b>	<b>Explanation if delayed, removed or transferred</b>
3	<b>02 December 2020</b>								
4	Police Scotland Thematic Report - Drugs & Vulnerable People	At its meeting on 10 October 2019, the Committee requested a Thematic Report on the subject of 'cuckooing'. At PPC on 26.02.2020, delay agreed until 13.05.2020	Following cancellation of the meeting on 13 May 2020, this is transferred to 2 December 2020	George Macdonald	Police Scotland	Police Scotland	5.7		There will be a presentation on this topic at PPC on 02.12.2020
5	Police Scotland Thematic Reports Contact, Command and Control	Representative from Contact, Command and Control Division to speak to data in most recent performance report and provide an input on the Contact Assessment Model (CAM). At PPC on 26.02.2020, delay agreed until 13.05.2020	Following cancellation of the meeting on 13 May 2020, this is transferred to a verbal update on 7 October 2020 followed by a Report on 2 December 2020	George Macdonald	Police Scotland	Police Scotland	5.7		
6	Scottish Fire and Rescue Service - Local Fire Plan	To present the Local Fire Plan for approval		Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.5		
7	Scottish Fire and Rescue Service Six Monthly Performance Report	To present the most recent 6 monthly Performance Report		Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.6		
8	Biennial Report	To present the Adult Protection Biennial Report.	The report will be presented for approval by the Aberdeen City Executive Group for Public Protection (ACEGPP) on 15.12.2020.	Claire Duncan	ACHSCP	ACHSCP	1.1.3	T	This report awaits approval from the Aberdeen City Executive Group for Public Protection (ACEGPP) on 15.12.2020 and will be presented to PPC on 9 March 2021
9	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.	Following cancellation of the meeting on 13 May 2020, this report is transferred to 2 December 2020	James Darroch	Operations and Protective Services	Operations	3.1		
10	Resilience Annual Report	To present the Resilience Annual Report	Following cancellation of the meeting on 13 May 2020, and update was provided to Committee on 07.10.2020. that this is transferred to 2 December 2020	Vikki Cuthbert	Governance	Governance	2.5		

	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
11	Generic Emergency Plan - Implementation Plan Update	On 04.12.2019, the Committee resolved (ii) to agree to receive an update on implementation of the Plan at its 13 May 2020 meeting as part of the Resilience Annual Report.	Following cancellation of the meeting on 13 May 2020, this will be incorporated within the Resilience Annual Report (above) and be reported to the 2 December 2020 meeting	Vikki Cuthbert	Governance	Governance	2.1	R	This report forms part of the Resilience Annual Report
12	Grampian Joint Health Protection Plan	To seek approval of the 2 year Grampian Joint Health Protection Plan.	Intended for delivery on 7 October 2020 but await Health Board action as they remain in Command and Control mode for COVID. This will be transferred to 2 December 2020.	Hazel Stevenson	Early Interventions and Community Empowerment	Customer	3.3	D	This report awaits Health Board action as they remain in Command and Control mode for COVID. As such the report is delayed to 9 March 2021
13	Significant Case Review - Executive Summary	On 04.12.2019, the Committee resolved (iii) to note the next steps in relation to the SCR are to compile an Executive Summary which can be published once the case is no longer sub-judice and to produce a detailed analysis of the Welsh Methodology that was used to conduct the SCR	Following cancellation of the meeting on 1 July 2020, this is transferred to 2 December 2020	Stuart Lamberton	Integrated Children's and Family Services	Operations	1.1.2	D	This topic remains subjudice
14	Final Progress Report on Joint Inspection of Services for Children and Young People in need of Care and Protection in Aberdeen City			Graeme Simpson	Operations and Protective Services	Integrated Childrens and Family Services	1.1		
15									
16	<b>2 0 2 1</b>								
17	<b>09 March 2021</b>								
18	Police Scotland - Performance Reports	Regular reporting of Performance Reports	for March 2021	George Macdonald	Police Scotland	Police Scotland	5.7	T	from intended meeting on 01.07.2020
19	Police Scotland - Thematic Report on Complaints	At Committee on 26.02.2020, during presentation of the Performamnce report. a request was made for a future Thematic Reports on Complaints. On 27.10.2020 at Committee, this was expanded to consider the Chief Constable's pledge to reduce violence against Police Officers	Following cancellation of the meeting on 13 May 2020, this is transferred to 9 March 2021	George Macdonald	Police Scotland	Police Scotland	5.7	T	from intended meeting on 01.07.2020
20	SFRS - Thematic Report			Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.1		

	A	B	C	D	E	F	G	H	I
	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
2									
21	Appropriate Adults	On 07.10.2020, PPC requested a further update on the topic be presented on 09.03.2021		Carol Simmers	ACHSCP	ACHSCP			
22	<b>28 April 2021</b>								
23	Police Scotland - Thematic Report								
24	SFRS - Thematic Report								
25	Building Standards Activity Report	At its meeting on 10 October 2019, the Committee agreed to six monthly assurance reporting		Gordon Spence	Place	Governance	4.1		
26	Corporate Parenting Action Plan	On 04.12.2019, the Committee resolved to (iii)to instruct the Chief Officer Integrated Children and Family Services to bring Aberdeen City's refreshed Corporate Parenting Action plan to the Public Protection Committee in April 2021	for 28 April 2021	Graeme Simpson	Integrated Children's and Family Services	Operations	1.2		
27	Aberdeen Violence Against Women (AVAW) Strategy Update	At Committee on 07.10.2020, during presentation of the AVAW Strategy, it was requested that future reports and updates be presented, as approved by the Aberdeen City Executive Group for Public Protection.		Derek McGowan	Early Interventions and Community Empowerment	Customer	1.2		
28	<b>23 June 2021</b>								
29	Police Scotland - Thematic Report								
30	SFRS - Thematic Report								
31	Scottish Fire and Rescue Service Six Monthly Performance Report	To present the most recent 6 monthly Performance Report		Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.6		
32	Chief Social Work Officer Annual Report	To present the Chief Social Work Officer annual report.		Graeme Simpson	Integrated Children's and Family Services	Operations	1.6		
33	Child Protection Committee Annual Report	To present the Child Protection Committee annual report.		Graeme Simpson	Integrated Children's and Family Services	Operations	1.2		
34									

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Your Ref:  
Our Ref: 20201007 PPC/DJ  
Contact: Derek Jamieson  
Location: Town House  
  
Date: 20 October 2020

Interim Chair  
Scottish Police Authority  
1 Pacific Quay,  
Glasgow,  
G51 1DZ

Dear David

## **Presentation to the Public Protection Committee (PPC)**

I am the Convener of the Aberdeen City Council PPC and following a presentation to the Committee on 7 October 2020 I write to advise as follows.

Chief Superintendent Macdonald attended his first meeting of the PPC following his appointment as Local Commander, North East Division. He is continuing in a similar manner to the (now retired) Chief Superintendent Thomson.

In addition to presenting the Local Police Plan 2020/2023 to Committee for approval, the Committee received updates on Contact, Command and Control; and Digitally Enabled Policing. These had been previous Thematic Reports to the Committee.

The latter concluded with a [video presentation](#) which was particularly appropriate and an innovative use of technology given the topic.

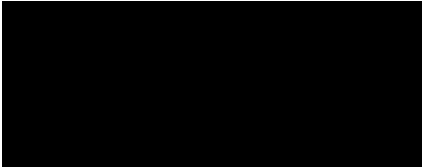
This was of considerable impact as our meeting was conducted in a hybrid virtual format, with Members and ACC Officers present within the Council Chamber and participating in a Microsoft Teams environment which was simultaneously live streamed to the public.

Members were impressed at the production which we believe may be the first of its kind in terms of presentation and the Committee agreed to provide feedback to the Scottish Police Authority to endorse the digital presentation given and to otherwise acknowledge the quality and partnership working delivered by the Local Police Senior Officer and his team.

It is important that the strong partnership relations between Police Scotland and Aberdeen City Council be acknowledged and that the positive contributions of the Local Police Commander and his team to the Committee and the community be shared.

I would ask that as the scrutiny body for Police Scotland, that you also intimate our acknowledgement to the Chief Constable.

Yours sincerely



**Councillor Jennifer Stewart**  
Convener



**OFFICIAL**

**SCOTTISH POLICE  
AUTHORITY**

**1 Pacific Quay  
Glasgow  
G51 1DZ**

**Tel: 01786 896882**

**SPAChairOffice@spa.pnn.police.uk**

**LETTER SENT BY E-MAIL ONLY**

Cllr Jennifer Stewart  
Convener  
Aberdeen City Council PCC  
Town House  
Broad Street  
Aberdeen  
AB10 1AQ

20 November 2020

Our Ref: CO-088-2020

Your Ref: 20201007 PPC/DJ

Dear Cllr Stewart

**POLICE SCOTLAND PRESENTATION TO THE PUBLIC PROTECTION  
COMMITTEE**

I refer to your correspondence of 20 October 2020, received by my office on 6 November, regarding Chief Superintendent Macdonalds' presentation on Digitally Enabled Policing to the Public Protection Committee (PPC).

There is no doubt that public health restrictions have placed significant challenges on how organisations conduct their business. The need to adapt into a more virtual space has been immediate and not without risk, however I am delighted to hear that the Committee were impressed by the Divisional teams virtual presentation. The Authority itself has been reassured by the significant effort that Police Scotland has made to adapt its approach to engaging with the Authority, stakeholders and the public throughout this pandemic.

It is indeed fitting that the presentation was illustrating the work underway on Digitally Enabled Policing. Policing, more than most, has been having to adapt and respond to a digital environment to protect individuals, pursue criminals and prevent crime for some time and that requirement is growing.

As requested, I have copied your correspondence to the Chief Constable, who I am sure will be appreciative of this positive feedback.

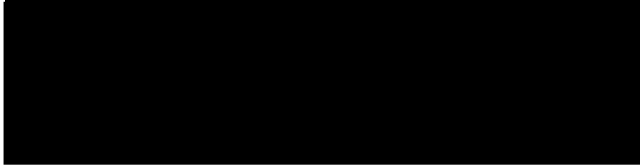
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In addition, I have shared your correspondence with members of the [SPA's Policing Performance Committee](#) who provide effective oversight and scrutiny of improvement in policing.

Thank you again for taking the time to get in touch.

Yours sincerely,



**DAVID CRICHTON**  
Interim Chair

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## ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Public Protection
<b>DATE</b>	2 December 2020
<b>EXEMPT</b>	No
<b>REPORT TITLE</b>	Contact Assessment Model (CAM)
<b>REPORT NUMBER</b>	POL/20/223
<b>DIRECTOR</b>	
<b>CHIEF OFFICER</b>	
<b>REPORT AUTHOR</b>	Chief Inspector Mike Whitford, Police Scotland
<b>TERMS OF REFERENCE</b>	5.6

### 1. PURPOSE OF REPORT

- 1.1 To provide information to the Committee in relation to the Contact Assessment Model (CAM).

### 2. RECOMMENDATION(S)

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

### 3. BACKGROUND

#### The Contact Assessment Model (CAM)

- 3.1 CAM is a new way of managing all 101 and 999 calls to the Police.
- 3.2 The Model is built on three elements:
- **Risk Assessments** - Every contact from the public is THRIVE assessed; calls are considered in respect of the level of Threat, Harm, Risk, Investigative opportunity and Vulnerability through Engagement with each caller, and the level of Police response prioritised according to immediate need.
  - **Resolution Teams** - Teams of trained and experienced Officers, known as resolution teams, provide support and guidance to the public, engage with other agencies to help them get the services they need and carry out

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any Policing activity that can be done remotely, such as recording non urgent crimes through telephone or video conference calls 24/7.

- **Local Policing Appointments** - Calls where there is a need for Officers to attend, but not immediately, the public are able to set up local policing appointments at convenient times that suit them.
- 3.3 The public will still call Police Scotland in exactly the same way on 101/999, but the prioritisation of their call and different options available will depend on the level of risk or harm involved, identified through a THRIVE assessment.
- 3.4 CAM was brought into North East Division on 21 April 2020 and has been operating since that time.
- 3.5 The resolution team function was initially provided by a temporary team of Officers established in Dundee, to allow time to establish a permanent team in Inverness, with the new North Resolution Team operating in Inverness as of 29 September 2020.
- 3.6 Local policing appointments were established across North East Division as of 22 July 2020, following detailed consultation with local Officers and commanders. At this time there are local appointment frameworks in place for all parts of the Division.
- 3.7 In Aberdeen City there are currently 136 weekly appointment slots available for members of the public to arrange to be visited by local Officers at a time that is convenient for them.
- 3.8 It should be noted that in order to support local COVID-19 related restrictions in parts of Scotland, Police Scotland has implemented a policy of a presumption of limited attendance to lower priority calls in areas with greater restrictions.
- 3.9 Therefore local appointments may be temporarily suspended in Aberdeen City at any time, as restriction levels are identified by the Scottish Government in response to the virus spread.

### Impact on Demand

- 3.10 At this time, Police Scotland is handling over 3.2 million calls from the public, which translates to 1.57 million incidents, with Officers dispatched to 2,498 incidents a day. This demand level is increasing year on year by 6%-7%.
- 3.11 During normal circumstances, the impact of a new method of operating, such as CAM, would be evidenced by direct before and after demand comparisons.
- 3.12 However, as a result of the COVID-19 pandemic occurring in the middle of the roll out of the Model in 2020, Police demand figures have been significantly distorted. This makes any direct before and after comparisons challenging at this time.

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- 3.13 In addition, the primary purpose of CAM is not about demand management, but about the early identification of vulnerability, a more effective prioritisation of policing response and increased options for the public.
- 3.14 It is therefore anticipated that more meaningful data will only be available after 12 months of operation, to evidence improved services to the public.
- 3.15 However, some evidence can be presented around the impact of CAM and the use of Resolution Teams in Dundee and now Inverness, as a means of removing immediate demand on on-duty Officers in North East Division.
- 3.16 Under the Model, an average of 335 incidents per day are being reported to the Division at this time. The actual number of calls being received from members of the public will be approximately twice that number, but through the application of THRIVE, a significant proportion are being resolved by the Police Scotland Call Centre.
- 3.17 Of the 335 incidents, 216 per day are being managed by on-duty Officers attending personally, while 119 are being resolved through the North Resolution Team providing the public with alternative ways to engage with Police Scotland.
- 3.18 The alternatives available to the North Resolution Team include:
- Recording crimes directly by telephone or video calls
  - Creating appointments for local Officers to attend at a convenient time
  - Signposting to other more suitable agencies
  - Simply providing advice and guidance to the public
- 3.19 This is a significant reduction of immediate demand on on-duty Officers, freeing them up to respond to more immediate needs and proactivity; all based on the THRIVE process, to allow the most appropriate Police response to be identified at first contact.

### Mental Health Pathway

- 3.20 One of the opportunities created by an effective THRIVE assessment process at first point of contact is the opportunity to redirect members of the public to more appropriate services.
- 3.21 An early example of this is the Mental Health Pathway; a collaboration of NHS 24, Police Scotland and the Scottish Ambulance Service, which has resulted in the establishment of a dedicated mental health hub within the NHS 24 service centre.
- 3.22 This hub now operates 24/7 and provides a service for callers to NHS 24 who would benefit from speaking directly with qualified mental health professionals and receive access to support and care services as required.

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- 3.23 From a policing perspective, the Mental Health Pathway also provides a referral option for members of the public who contact Police Scotland suffering mental health/distress.
- 3.24 Following a THRIVE assessment, those callers who meet agreed criteria can be referred directly to the mental health hub by Police service advisors.
- 3.25 The Mental Health Pathway does not impact on local partnership driven Distress Brief Interventions following mental health crises, but compliments them at the time of crisis.
- 3.26 While the Mental Health Pathway supports the referral of less urgent mental health related calls, it is recognised that a significant proportion of mental health related calls to Police Scotland are not suitable for such referrals, due to immediate vulnerabilities and risk.
- 3.27 As a consequence, work is now being progressed with partners to develop a more sophisticated referral model, which will allow Police Scotland to safely refer a greater proportion of mental health related callers to more appropriate services.
- 3.28 Strategic governance and oversight in respect of this work is being provided by the Mental Health Pathway Strategic Steering Group, comprising of senior representation from each of the national partners.

**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
<b>Financial</b>	N/A		
<b>Legal</b>	N/A		
<b>Employee</b>	N/A		
<b>Customer</b>	N/A		
<b>Environment</b>	N/A		

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<b>Technology</b>	N/A		
<b>Reputational</b>	N/A		

**7. OUTCOMES**

<b>Local Outcomes Improvement Plan Themes</b>	
	<b>Impact of Report</b>
<b>Prosperous People</b>	Police Scotland is a key partner within Community Planning Aberdeen and help contribute to the shared vision for 2026 that ' <i>Aberdeen is a place where all people can prosper</i> ' and towards the achievement of the Local Outcomes Improvement Plan 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.
<b>Prosperous Place</b>	Police Scotland is a key partner within Community Planning Aberdeen and help contribute to the shared vision for 2026 that ' <i>Aberdeen is a place where all people can prosper</i> ' and towards the achievement of the Local Outcomes Improvement Plan 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.

<b>Design Principles of Target Operating Model</b>	
	<b>Impact of Report</b>
<b>Governance</b>	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.
<b>Partnerships and Alliances</b>	Aberdeen City Council and Police Scotland are Community Planning Aberdeen partners with a

	shared commitment to deliver the Local Outcomes Improvement Plan.
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**8. IMPACT ASSESSMENTS**

<b>Assessment</b>	<b>Outcome</b>
<b>Equality &amp; Human Rights Impact Assessment</b>	<i>Not required</i>
<b>Data Protection Impact Assessment</b>	<i>Not required</i>
<b>Duty of Due Regard / Fairer Scotland Duty</b>	<i>Not applicable</i>

**9. BACKGROUND PAPERS**

N/A

**10. APPENDICES (if applicable)**

N/A

**11. REPORT AUTHOR CONTACT DETAILS**

Chief Inspector Mike Whitford  
North East Division  
Police Scotland



## ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Public Protection
<b>DATE</b>	2 December 2020
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Scottish Fire and Rescue Service – Local Fire and Rescue Plan 2020
<b>REPORT NUMBER</b>	SFR/20/225
<b>DIRECTOR</b>	Bruce Farquharson, Local Senior Officer, SFRS
<b>CHIEF OFFICER</b>	Group Commander Scott Symon, SFRS
<b>REPORT AUTHOR</b>	Bruce Farquharson, Local Senior Officer, SFRS
<b>TERMS OF REFERENCE</b>	5.5

### 1. PURPOSE OF REPORT

1.1 To present Aberdeen City's Local Fire and Rescue Plan for Committee scrutiny.

### 2. RECOMMENDATION(S)

2.1 That the Committee consider and approve the plan.

### 3. BACKGROUND

3.1 The plan details the local Fire and Rescue priorities which are aligned with the priorities within the Scottish Fire and Rescue Service's Strategic Plan (2019-2022) as well as the CPA LOIP.

### 4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications for the Council.

### 5. LEGAL IMPLICATIONS

5.1 SFRS must submit the Local Fire and Rescue Plan to the Council for approval, under the Fire (Scotland) Act 2005. If the Council approves the plan, SFRS must publish it. The Council may monitor and provide feedback to SFRS on how SFRS carries out its functions within the Council's area.



**6. MANAGEMENT OF RISK**

6.1 Not applicable

**7. OUTCOMES**

<b>Local Outcome Improvement Plan Themes</b>	
	<b>Impact of Report</b>
<b>Prosperous Economy</b>	Whilst not specific to any Stretch Outcome, the plan supports all aspects of community safety and business support which will assist achieve a safer place to live, work and visit.
<b>Prosperous People</b>	<p>The proposals within this report support the delivery of the following LOIP Stretch Outcomes</p> <p>8. 25% fewer young people (under 18) charged with an offence by 2026</p> <p>9. 25% fewer people receiving a first ever Court conviction each year by 2026.</p> <p>10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026</p> <p>11. Healthy life expectancy (time lived in good health) is five years longer by 2026</p>
<b>Prosperous Place</b>	Whilst not specific to any Stretch Outcome, the plan supports all aspects of community safety and business support which will assist achieve a safer place to live, work and visit.

<b>Design Principles of Target Operating Model</b>	
	<b>Impact of Report</b>
<b>Governance</b>	The Public Protection Committee has a responsibility to scrutinise the performance of The Scottish Fire and Rescue Service (SFRS) against the identified priorities.

<b>Partnerships and Alliances</b>	ACC and SFRS are statutory members of Community Panning Aberdeen and actively contribute to delivery of LOIP improvement projects.
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## 8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	N/A
Privacy Impact Assessment	N/A
Duty of Due Regard / Fairer Scotland Duty	N/A

## 9. BACKGROUND PAPERS

None

## 10. APPENDICES (if applicable)

Appendix A – SFRS Aberdeen City Local Fire and Rescue Plan 2020

## 11. REPORT AUTHOR CONTACT DETAILS

Bruce Farquharson  
Local Senior Officer  
Scottish Fire and Rescue Service  
[Bruce.farquharson@firescotland.gov.uk](mailto:Bruce.farquharson@firescotland.gov.uk)

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2020



# LOCAL FIRE AND RESCUE PLAN

Aberdeen City



Community Planning  
Aberdeen

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# Introduction

Welcome to the Scottish Fire and Rescue Service (SFRS) Local Fire and Rescue Plan for Aberdeen City. This plan has been developed to promote and improve community safety across Aberdeen City in conjunction with the national priorities contained within the SFRS Strategic Plan 2019-2022 and the vision of Community Planning Aberdeen's Local Outcome Improvement Plan 2016-2026 (LOIP); "Aberdeen, a place where people can prosper".

This plan sets out 5 local priorities, from 2020, onwards providing context underpinning each priority along with proposed actions, intended outcomes and performance indicators against which progress will be measured and reviewed.

The priorities that have been identified are;

- Improving Fire Safety in the Home
- Reducing Deliberate fires
- Improving Fire Safety in the Business Community
- Reducing Unwanted Fire Alarm Signals
- Effective Risk Management and Operational Preparedness

Making progress against these priorities is not something the SFRS can achieve in isolation and, locally, we will continue to be an active partner across all community planning activity supporting partners and communities to tackle stubborn inequalities and improve outcomes for all of our communities across Aberdeen City.

Ensuring we have a highly skilled workforce allows us to respond safely, effectively and efficiently to the vast range of emergency incidents we encounter across Aberdeen and beyond, however, providing greater focus to our prevention work will reduce operational demand and allow us to explore opportunities to expand our work into new areas that reflect the changing risks across all of our communities.

Early in 2020 we faced an unprecedented challenge in the form of a global pandemic. In response to the COVID-19 outbreak, we dramatically changed how we worked so that we could continue to deliver an emergency service whilst keeping our staff and the public safe.

The pandemic is expected to have a lasting effect on society and this will change the way in which we deliver services in the long-term. The full implications are not yet known and this makes it difficult to make any far-reaching plans with certainty. As such we will keep the priorities of this Plan under regular review to ensure it remains relevant and appropriate.

**Bruce Farquharson**  
**Local Senior Officer**

# National Context

Scottish Ministers set out their specific expectations for the Scottish Fire and Rescue Service in the Fire and Rescue Framework for Scotland 2016. This provides the outline we should follow to ensure our resources and activities are aligned with the Scottish Government's Purpose and national outcomes.

Our [Strategic Plan 2019-22](#) has been designed to meet these national expectations. Set against a complex and evolving backdrop our Strategic Plan encapsulates our mission, values and our strategic outcomes and objectives.



To ensure we can prevent the worst from happening and to be fully prepared to respond should we called, we need to be aware of any new changing risks which threaten the safety of communities or the workforce. When developing our most recent plan, cognisance was given to: our changing population and the forecasted rise in over 75s; doing what we can to balance social and economic inequality; climate change and the devastating impact the inclement weather can have on peoples' lives and livelihoods; and the threat of terrorism.

Our Strategic Plan is supported by a three-year Strategic Plan Programme which provides details on all the activities we intend to carry out to successfully achieve our ambitions. The Programme informs our Annual Operating Plan, which provides specific detail on the actions we carry out each year, and from which our performance is scrutinised.

This Plan is a statutory Local Fire and Rescue Plan. It sets local direction to meet the strategic outcomes and objectives outlined above. It also demonstrates how we will contribute to Community Planning Partnerships (CPPs).

## Local Context

Aberdeen City covers an area of 185.7km<sup>2</sup> and consists of 13 multi-member council wards. The City has a population of 228,000, 4.2% of Scotland's population, which is predicted to rise to 230,000 by 2026 according to projections by National Records of Scotland (NRS).

69% of the population are of working age, 15% are under 16 and 16% are of pensionable age. NRS estimates that the number of Aberdeen City residents of pensionable age will rise by 30% by 2028.

Aberdeen City also has a very diverse population with an estimated 24% of its residents born outside the UK.

### Aberdeen City Council Ward Map



While the overall population is projected to remain relatively static over the next 8 years, the increasing ageing population will present its own challenges across a number of services and will see an increased demand for community facilities and support.

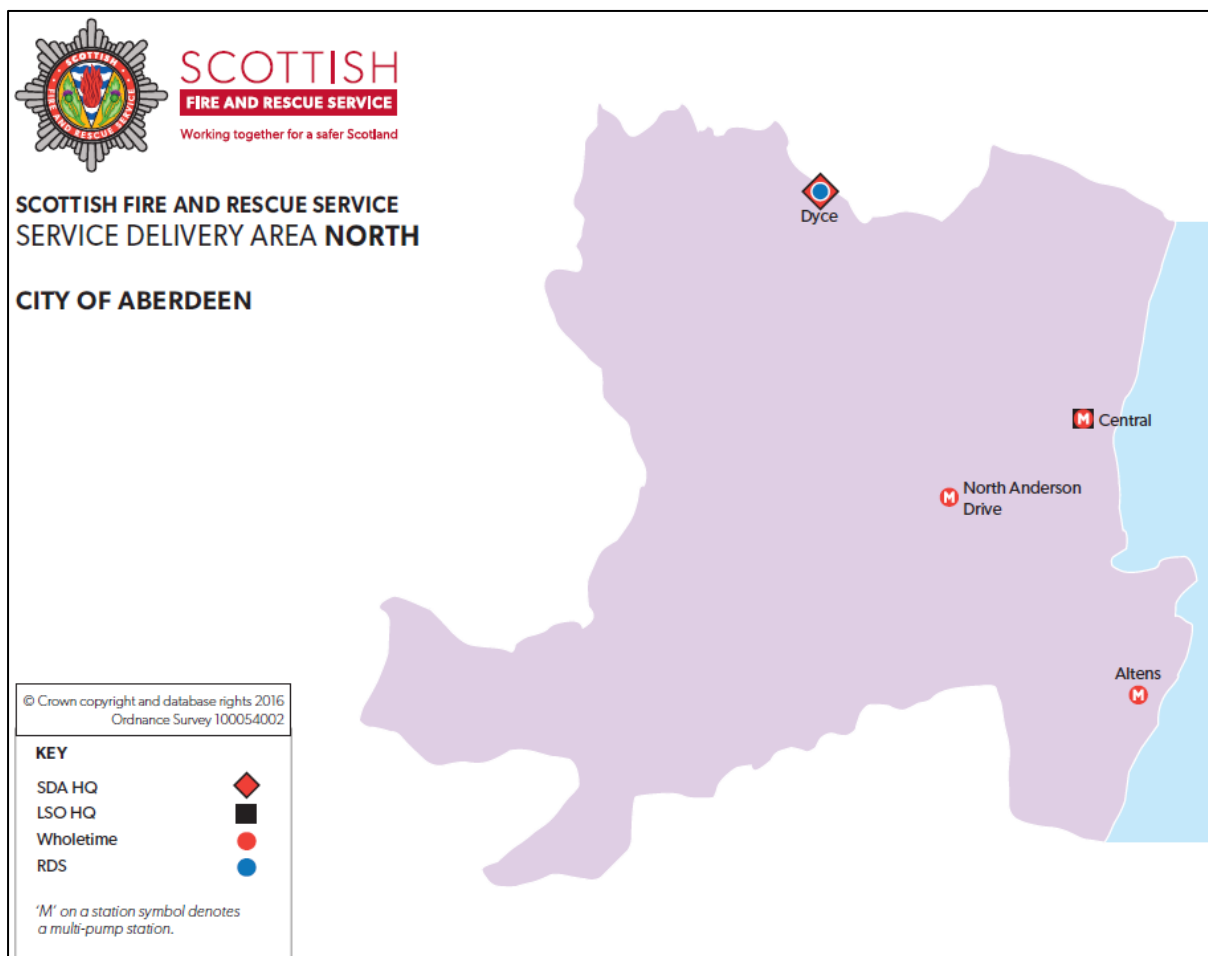
A priority for the SFRRS is to protect those most vulnerable from harm in their own home, a number which will inevitably increase as the ageing population increases. It is, therefore, of paramount importance that we target our resources and activity in such a way that reduces

demand in other areas, allowing us to focus more resources at supporting the most vulnerable and at risk people in our communities.

Aberdeen City remains a frontrunner across the energy sector which is a significant economic contributor, however the city is also economically vibrant across many business sectors including electronics, research and development, agriculture and further education.

Overall, Aberdeen remains a relatively wealthy area with 40% of Aberdeen's SIMD data zones in the 20% least deprived areas of Scotland. However, the City also has areas of deprivation with 8% of Aberdeen's data zones falling into the 20% most deprived areas of Scotland.

### About the SFRS in Aberdeen City



The SFRS has four community fire stations located across Aberdeen City, three Wholetime stations (Altens, North Anderson Drive and Central) and one Retained station (Dyce). These stations provide prevention, protection and response services tailored to local needs. These stations also contribute to national resilience providing a range of specialist skills including water rescue, rope rescue, mass decontamination, hazardous material and urban search and rescue.

Our Wholetime stations are crewed by 5 teams (watches) of full-time firefighters who provide a 24/7 operational response availability to respond to emergencies. In contrast, our Retained station is crewed by part-time firefighters who have alternative primary employment and respond by pager to emergency incidents.

While operational personnel are the most visible SFRS resource they are supported by a management team and non-operational personnel. Our valued prevention activity is delivered by legislative fire safety enforcement officers and a Community Action Team who work alongside CPA partners to deliver initiatives that improve the safety and wellbeing of our communities.

The North Service Delivery Area (NSDA) HQ is connected to Dyce Community Fire Station and is the main office for the Deputy Assistant Chief Officer who has responsibility for service delivery across the NSDA. A number of national support colleagues are also based in this building.

### Community Planning Aberdeen (CPA)

The Community Empowerment (Scotland) Act 2015 requires planning partners to come together and work in partnership to improve local outcomes.

The “Golden Pyramid” below illustrates the determination to ensure that CPA work in partnership to enable and empower local people and communities to be the drivers of their own improved outcomes.



The Local Outcome Improvement Plan (LOIP), developed by CPA, provides a focus on Economy, People and Place and identifies 15 stretch outcomes that, within them, contain 120 improvement projects that aim in combination to achieve each of these 15 outcomes.

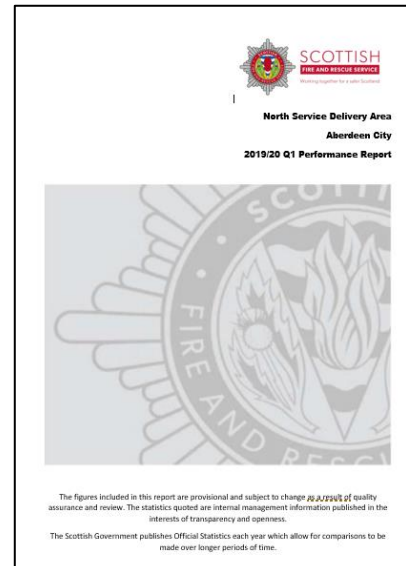
The SFRS is a statutory and active member of CPA’s Outcome Improvement Groups and is committed to CPA’s vision; “Aberdeen, a place where all people can prosper”.

ECONOMY	PEOPLE (Children & young people)	PEOPLE (Adults)	PLACE
<p>1. 10% increase in employment across priority and volume growth sectors by 2026.</p> <p>2. 90% of working people in Living Wage employment by 2026.</p>	<p>3. 95% of children (0-5years) will reach their expected developmental milestones by the time of their child health reviews by 2026.</p> <p>4. 90% of children and young people will report that they feel mentally well by 2026.</p> <p>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.</p> <p>6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026.</p> <p>7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026.</p> <p>8. 25% fewer young people (under 18) charged with an offence by 2026.</p>	<p>9. 25% fewer people receiving a first ever Court conviction each year by 2026.</p> <p>10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026.</p> <p>11. Healthy life expectancy (time lived in good health) is five years longer by 2026.</p> <p>12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.</p>	<p>13. No one in Aberdeen will go without food due to poverty by 2026.</p> <p>14. Addressing climate change by reducing Aberdeen’s carbon emissions by 42.5% by 2026 by 2026 and adapting to the impacts of our changing climate.</p> <p>15. 38% of people walking and 5% of people cycling as main mode of travel by 2026.</p>

## Performance Scrutiny

As part of the process of scrutinising local fire and rescue service delivery, we are required to submit quarterly performance reports to the Aberdeen City Council Public Protection Committee. The purpose of these reports is to present information on the performance of the SFRS against the priorities contained within the Local Fire and Rescue Plan for Dundee.

A review of our performance against the previous Local Fire and Rescue Plan, which included an opportunity for stakeholders to contribute via an online survey, was undertaken during the first quarter of 2020. The outcomes of the review, along with an assessment of the challenges we face and opportunities for change have been incorporated into the priorities identified within this plan.



# Local Priorities

## 1. Improving Fire Safety in the Home

### Background:

Over the past 5 years accidental dwelling fires (ADF) account for 7% of operational demand across Aberdeen City. Whilst a relatively low figure, it is the incident type in which individuals are most likely to die or be injured. Improving fire safety in the home, therefore, continues to be a priority for us.

There are over 116,000 homes in Aberdeen and on average, we attend 271 fires in these each year, however, the high prevalence of low severity ADF's is a reflection of the focus on prevention and protection work that has taken place across the city. Over the past 5 years 12,849 HFSV's have been conducted with 3814 detectors installed, providing an essential early warning of fire.

Evidence indicates the most vulnerable individuals in our communities, and those living in certain geographical areas, are at higher risk from fire in the home. The elderly account for approximately 30% of all ADF's with additional contributory factors such as lone occupancy, smoking, mobility, alcohol dependency and use of medical oxygen increasing that risk.

Many of these higher risk individuals are known to other agencies which highlights the absolute need to review and strengthen referral pathways to ensure knowledge, data and information is shared across these agencies.

### We will achieve it by:

- *Target Home Safety Visits, fire safety education and fire safety advice at those identified as being most vulnerable and at risk from fire.*
- *Review and strengthen existing referral pathways and identify opportunities to extend these pathways to other partners.*
- *Analysing data and information to identify individuals, households, communities and geographical areas most at risk from fire.*
- *Working with CPA partners to support LOIP outcomes that protect people from all harm in the home.*

### Performance Indicators:

- *Accidental Dwelling Fires.*
- *Fire casualties and fatalities resulting from Accidental Dwelling Fires.*
- *Number of high risk Home Safety Visits completed as a percentage of all visits.*
- *Number of Home Safety Visit referrals received from partners.*

### Expected Outcomes:

- *Improved community safety and wellbeing.*
- *Reduction in number of Accidental Dwelling Fires.*
- *Reduction in number of casualties and fatalities resulting from Accidental Dwelling Fires.*



## 2. Reducing Deliberate Fires

### Background:

Protecting the communities of Aberdeen isn't just about preventing accidental fires, we also work hard to tackle the problem of deliberate fire-setting.

Over the past 5 years deliberate fire-setting has accounted for almost 10% of all incident activity across Aberdeen City placing Aberdeen 20<sup>th</sup> out of all 32 local authority areas and well below the Scottish average. Despite this, we still need to provide a focus on reducing deliberate fires as these incidents divert firefighters from attending more serious incidents, contribute to avoidable financial costs and linked to wider anti-social behaviour that can make people feel unsafe in their communities.

Across Aberdeen, secondary fires (grass, bushes, wheelie bins, refuse etc) make up around 74% of all deliberately set fires with the more deprived areas suffering the highest incidences of these incidents.

Collaborative working with CPA partners and youth engagement programmes are where SFRS can contribute resources to the reduction of deliberate fire-setting and help improve local outcomes.

### We will achieve it by:

- *Reviewing, analysing and sharing data to identify trends in deliberate fire-setting activity.*
- *Target education and prevention activities in areas identified as suffering higher incidences of deliberate fire-setting.*
- *Increase the number of SFRS personnel trained as counsellors through the Firesetters Intervention and Re-education Scheme to then engage directly with offenders and ex-offenders involved in deliberate fire-setting.*
- *Work with partners to develop innovative risk-reduction strategies to minimise the impact of deliberate fires and associated anti-social behaviour.*

### Performance Indicators:

- *All deliberate secondary fires (and their locations).*
- *All deliberate primary fires (and their locations).*

### Expected Outcomes:

- *Reduce the number of wilful fires by 20% (LOIP Key Driver 9.2).*
- *Improved community safety and wellbeing.*
- *Improved data analysis to ensure resources are directed to maximise community outcomes.*
- *Protect Aberdeen's natural and built environment.*

### 3. Improving Fire Safety in the Business Community

#### **Background:**

Fires in businesses and workplaces have the potential to have a significant impact on critical infrastructure, local heritage and the economy. Ensuring businesses are better protected, and more resilient to fire is a key priority for us during these challenging economic times.

The SFRS has a statutory duty under Part 3 of the Fire (Scotland) Act 2005 to provide advice and enforce compliance with fire safety regulations. The duty holders in all premises considered as “relevant” under the Act are required to meet certain responsibilities in relation to maintaining safe environments.

The SFRS operate a risk-based fire safety audit programme, prioritising premises that are considered as presenting the highest risk, having the potential for loss of life or serious injury. These premises form a list of framework premises that are audit annually, however, Local Fire Safety Enforcement Officers also undertake a programme of thematic audits, out with the framework list e.g. in response to incident trends, at other high-risk premises, premises critical to local infrastructure etc.

#### **We will achieve it by:**

- *Prioritising our legislative fire safety audits towards protecting relevant premises presenting the highest life risk.*
- *Support all businesses affected by fire by undertaking a post-fire audit, assisting in their recovery as efficiently as possible.*
- *Identify fire trends in particular property types to inform our thematic audit programme.*
- *Respond promptly to complaints over fire safety compliance in relevant premises.*

#### **Performance Indicators:**

- *All fires in relevant premises as defined under Part 3 of the Fire (Scotland) Act 2005.*
- *Number of framework fire safety audits completed.*
- *Number of non-framework, thematic audits completed.*

#### **Expected Outcomes:**

- *Through a risk-based audit programme, we will protect Aberdeen’s built environment and natural heritage, at the same time supporting economic growth.*
- *Enhanced understanding of fire safety legislation and responsibilities across the business sector.*

## 4. Reducing Unwanted Fire Alarm Signals

### Background:

Unwanted Fire Alarm Signals (UFAS) is defined as 'a fire alarm activation resulting from a cause other than fire'. Over the past 5 years false alarms have accounted for 62% of all operational activity in Aberdeen City. Within that category, Unwanted Fire Alarm Signals (UFAS) make up 57% of all false alarms (35% of all emergency calls we have responded to).

The SFRS encourage the use of automatic fire detection as they help save lives and protect buildings. However false alarms, such as those caused by system faults, are an unnecessary drain on our resources, cause disruption to businesses and present undue road-risk for the public and firefighters responding to these calls under blue light conditions.

### We will achieve it by:

- *Investigating the cause of every UFAS event engaging with the premises owner/occupier, providing advice to prevent reoccurrence.*
- *Identify individual premises and generic premises types that have high actuation levels and work with the owners/occupiers to develop UFAS reduction plans.*
- *Enforce formal action on owner/occupiers of premises that are generating unacceptably high levels of UFAS and have inadequate fire safety management procedures in place.*

### Performance Indicators:

- *Number of UFAS incidents.*

### Expected Outcomes:

- *Reduced impact on businesses, communities and the SFRS, creating capacity to deliver against other local and national priorities.*
- *Reduce SFRS' carbon footprint through less vehicle movements.*
- *Reduction in unnecessary demand on retained firefighters and their primary employers.*
- *Reduced road risk for SFRS operational personnel and the general public.*

## 5. Effective Risk Management and Operational Preparedness

### Background:

The Fire (Scotland) Act 2005 and the Fire (Additional Function (Scotland) Order 2005 sets out the statutory duties and responsibilities for the SFRS in relation to responding to emergencies. It is essential our firefighters possess the skills, knowledge and expertise to respond to incidents which, by their nature, can be varied in type and complexity.

The risks we face in Aberdeen vary depending on where people live and work. Commercial risks include industrial sites, large shopping centres, hospitals and universities. The residents of Aberdeen City include an extensive student population and live in a broad range of housing types including houses, tenement flats, high rise properties and dedicated halls of residence.

Understanding these local risks and pre-planning for any incidents these risks may encounter assists us to promote the joint aims of community safety and firefighter safety.

Additionally, as a Category 1 responder, we work alongside other emergency responders in the Local and Regional Resilience Partnerships to prepare for, and deal with, large scale incidents and major emergencies such as adverse weather events, natural disasters, major transport incidents etc. where a co-ordinated approach is required to achieve successful outcomes.

### We will achieve it by:

- *Identify and assess the risk to our communities through the process of Operational Intelligence (OI) gathering and active involvement in the Local Resilience Partnership (LRP) and Regional Resilience Partnership (RRP).*
- *Undertake planned training events to support the acquisition and maintenance of skills to provide the capability to respond to emergency incidents.*
- *Strengthen community resilience by engaging with them to build their capabilities for managing the effects of emergencies.*
- *Work with partner organisations and agencies to ensure appropriate emergency response plans for identified local risks are developed, tested and reviewed.*
- *Participation in major event debriefs to continually improve the planning process.*

### Performance Indicators:

- *Number of OI visits undertaken.*
- *Number of Multi-Storey Operational Assurance Visits undertaken.*
- *Staff Competence*
- *Availability of appliances and specialist resources.*

### Expected Outcomes:

- *Support the wellbeing and safety of the public, SFRS personnel and other emergency responders*
- *Improved community resilience.*
- *A Fire and Rescue Service that can respond effectively and efficiently across Aberdeen, and beyond.*

## Review

To ensure this Local Fire and Rescue Plan remains flexible to emerging local or national priorities a review may be carried out at any time but will be reviewed at least once every three years. A review may also be carried out if the Scottish Minister directs it or if a new Strategic Plan is approved. Following a review, the Local Senior Officer may revise this Plan.

## Contact Us

Scottish Fire and Rescue Service

Central Community Fire Station

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ABERDEEN

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Website: [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

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## ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Public Protection
<b>DATE</b>	2 December 2020
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Scottish Fire and Rescue Service Six Monthly Performance Report
<b>REPORT NUMBER</b>	SFRS/20/229
<b>DIRECTOR</b>	Bruce Farquharson, Local Senior Officer, SFRS
<b>CHIEF OFFICER</b>	Group Commander Scott Symon, SFRS
<b>REPORT AUTHOR</b>	Bruce Farquharson, Local Senior Officer, SFRS
<b>TERMS OF REFERENCE</b>	5.6

### 1. PURPOSE OF REPORT

- 1.1 To present the performance of SFRS against the objectives contained within the Aberdeen City Local Fire and Rescue Plan

### 2. RECOMMENDATION(S)

- 2.1 That the Committee consider and note the performance data provided in **Appendix A** in relation to the SFRS 2020/21 Performance Report

### 3. BACKGROUND

- 3.1 This report invites you to review the Scottish Fire and Rescue Service Aberdeen City Performance for Quarters 1&2 of 2020/21.
- 3.2 This update shows the progress being made by the SFRS locally against the priorities and objectives for Aberdeen City.
- 3.3 This report allows scrutiny from Local Authority Partners to ensure that the priorities of the SFRS Strategic Plan, and the Aberdeen city Local Outcome Improvement Plan are being delivered.

#### 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

<b>Local Outcome Improvement Plan Themes</b>	
	<b>Impact of Report</b>
<b>Prosperous Economy</b>	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.
<b>Prosperous People</b>	<p>The proposals within this report support the delivery of the following LOIP Stretch Outcomes</p> <p>8. 25% fewer young people (under 18) charged with an offence by 2026</p> <p>9. 25% fewer people receiving a first ever Court conviction each year by 2026.</p> <p>10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026</p> <p>11. Healthy life expectancy (time lived in good health) is five years longer by 2026</p> <p>The paper seeks contribution to the Strategic Plan to reduce instances of deliberate fire setting and improve fire safety and prevention.</p>
<b>Prosperous Place</b>	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.



<b>Design Principles of Target Operating Model</b>	
	<b>Impact of Report</b>
<b>Customer Service Design</b>	
<b>Organisational Design</b>	
<b>Governance</b>	
<b>Workforce</b>	
<b>Process Design</b>	
<b>Technology</b>	
<b>Partnerships and Alliances</b>	

## **8. IMPACT ASSESSMENTS**

<b>Assessment</b>	<b>Outcome</b>
<b>Equality &amp; Human Rights Impact Assessment</b>	N/A
<b>Privacy Impact Assessment</b>	N/A
<b>Duty of Due Regard / Fairer Scotland Duty</b>	Not required.

## **9. BACKGROUND PAPERS**

None

## **10. APPENDICES (if applicable)**

**Appendix A – SFRS Aberdeen City 2020/21 Q1&2 YTD Performance Report**

## **11. REPORT AUTHOR CONTACT DETAILS**

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**SCOTTISH**  
**FIRE AND RESCUE SERVICE**

Working together for a safer Scotland

**North Service Delivery Area**  
**Aberdeen City**  
**2020/21 Q1-Q2 Performance Report**



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.

# Contents

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Performance Summary	4
Domestic Safety and Wellbeing	5-9
Deliberate Fire Setting	10
Non-Domestic Fire Safety	11-13
Unwanted Fire Alarm Signals	14-15

## **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	1/4/20 to 30/9/20					RAG rating
	2016/17	2017/18	2018/19	2019/20	2020/21	YTD
All accidental dwelling fires	141	123	135	135	116	
All accidental dwelling fire	15	11	13	16	18	
All deliberate fires	177	203	313	171	210	
Non-domestic fires	62	43	62	48	49	
All deliberate other building fires	7	6	9	9	9	
False Alarm - UFAS	733	713	681	753	623	

	Red	10% higher than the previous YTD period.
	Amber	Up to 9% higher than the previous YTD period.
	Green	Equal to or improved upon the previous equivalent YTD period.

Note
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.

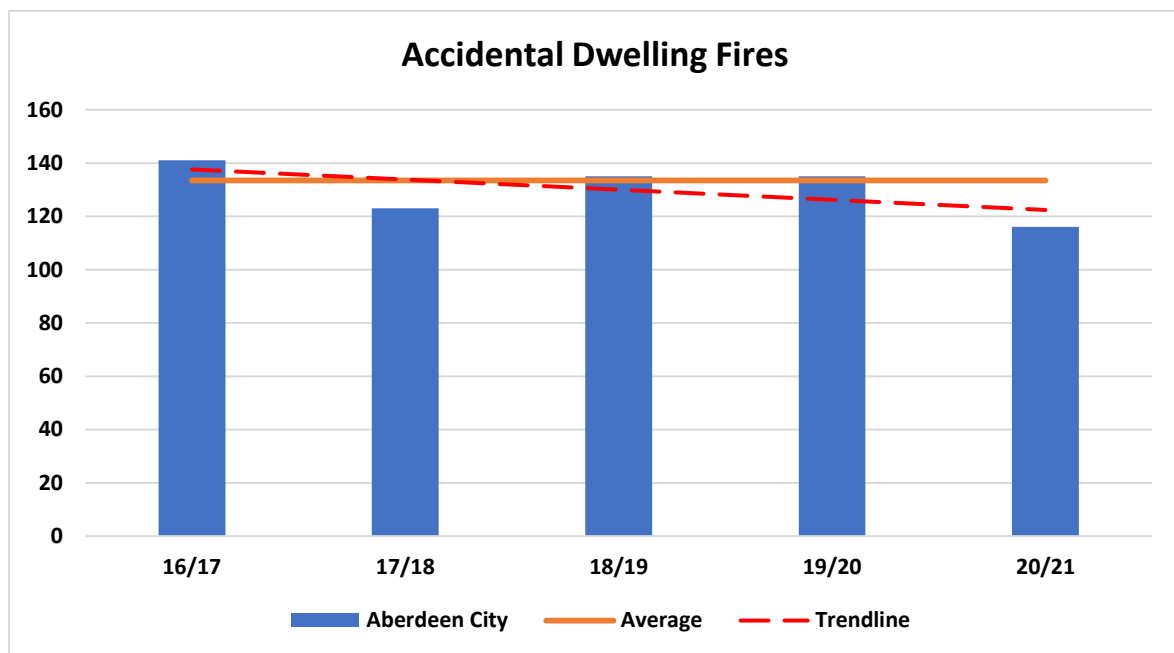
## Progress on local fire & rescue plan priorities

### 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

#### Accidental Dwelling Fires:



#### Analysis

Dwelling fires can have a significant negative impact upon both individuals and the community and are financially costly to householders 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.

The figure for the Q1-Q2 2020/21 reporting period of 116 incidents represents a decrease of 14% from the same reporting period in 2019/20 (135) and is below the preceding 4yr average of 133.

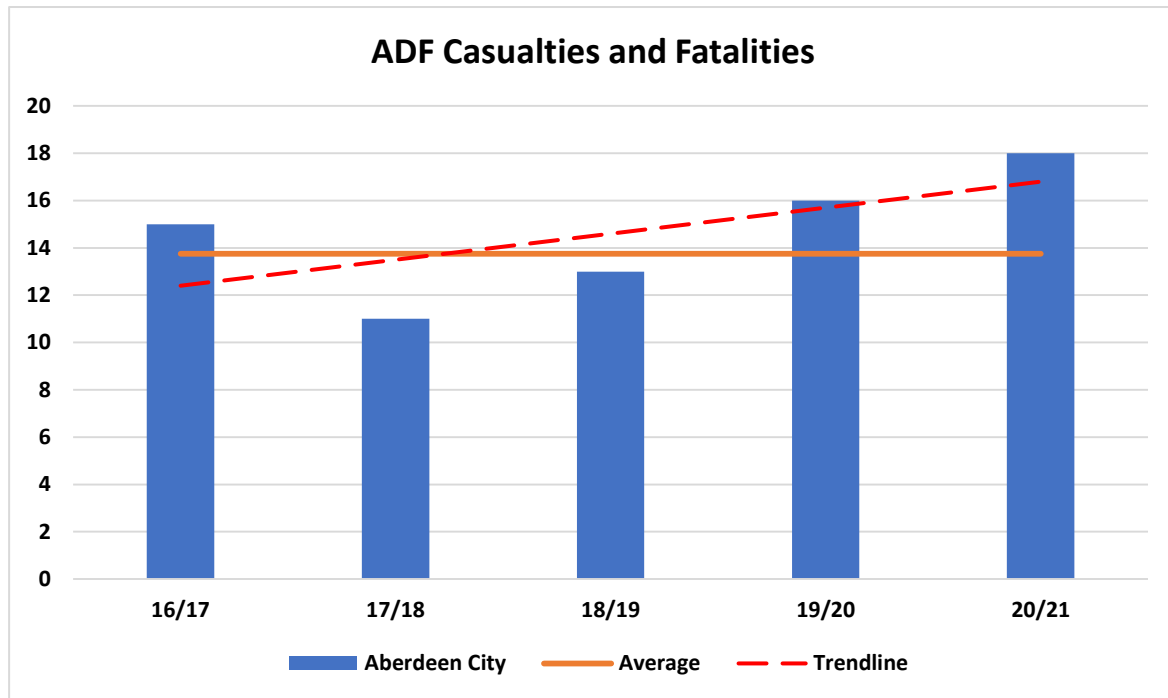
These figures represent a downward trend in accidental dwelling fires and is representative of the focus local community safety education personnel have placed on improving home safety.

Cooking activity continues to be the highest source of accidental dwelling fires. Over the reporting period a cooking appliance was the source of 92 of the 116 incidents (79%).

Distraction/falling asleep were contributory factors in 55 of 116 incidents (47%).

During this time restrictions imposed due to Covid-19 limited our scope to deliver Home Fire Safety Visits to the extent personnel normally would, however, the SFRS Comms Team were very active launching a number of campaigns across various media channels in response to the likely heightened risk.

**Accidental Dwelling Fire Casualties and Fatalities**



**Analysis**

Fire casualty and fatality rates provide an indication of the severity of fires being experienced across Aberdeen City. 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 dwelling house fires and is at the core of prevention 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 identification and engagement. Fire casualties are more likely to occur in the areas with highest operational demand.

In the reporting period there have been 18 casualties as a consequence of accidental dwelling fires in Aberdeen City. This is an increase of 2 compared with the same period the previous year and an increase of 4 against the preceding 4yr average.

This increase mirrors the national trend for the same period and can be directly attributed to the Covid-19 pandemic restrictions that saw people spending significantly more time in their houses and the associated activity and risk that brings.

Of the 18 casualties reported 1 received a precautionary check, 8 received first aid at the scene and 8 were taken to hospital with slight injuries.



Unfortunately we must report that despite the efforts of SFRS crews a fire fatality occurred on 6<sup>th</sup> April 2020 as a consequence of a fire in Charlotte Gardens, Aberdeen. A case conference will be convened to discuss the circumstances and the findings will be used to improve local processes.

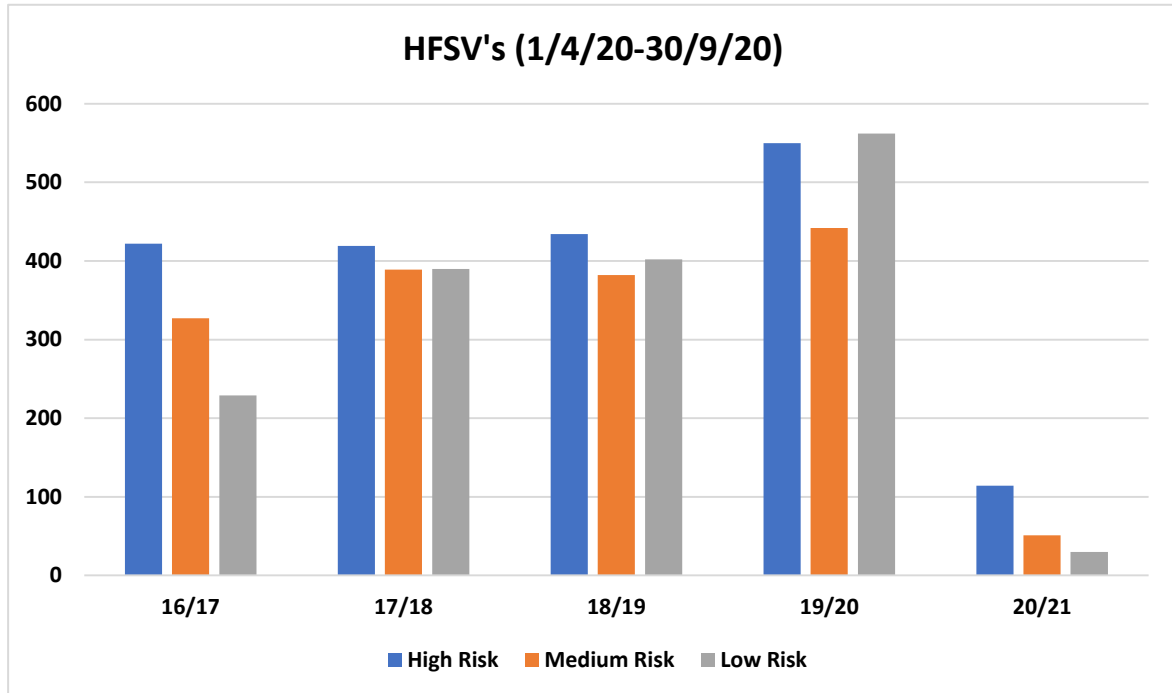
Cooking activity was the primary reason fire started for 10 of the 18 casualties. Detection was present on 16 occasions operating on 15 and raising the alarm on 11.

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

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.

**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.



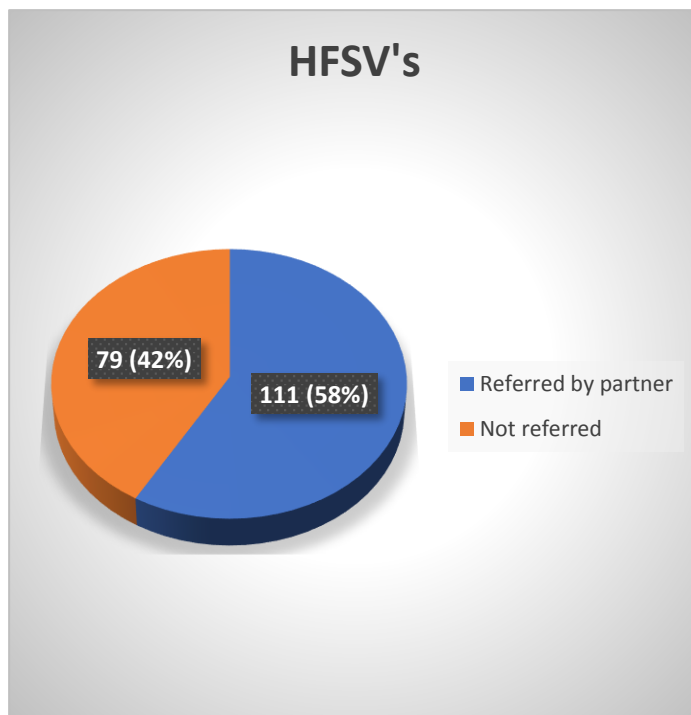
**Analysis**

The restrictions that Covid-19 has brought has severely limited our ability to undertake physical HFSV's. During this time personnel have engaged with householders in different ways, working in partnership with CFINE to deliver 15,000 "Make The Call" campaign leaflets, have made contact with over 400 addresses on our HFSV pending list to offer advice and continue to install detection where none is present.

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. Visits are also 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.

Aberdeen City are currently engaged with Bon Accord Care rolling out a new referral pathway, which if proved successful will be replicated across Scotland. This will see the numbers of "High Risk" visits continue to increase.

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



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 easy to arrange:

- call [0800 0731 999](tel:08000731999)
- text "FIRE" to 80800 from your mobile phone
- complete our online form
- call your local fire station

### **Analysis**

58% of all completed Home Fire Safety Visits were originally referred to us by partner agencies. This is above our aspirational target of 50%, however this percentage split reflects the limitations we have faced during this period and is measured against much lower numbers than we would normally aim to do.

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.

We are always looking for opportunities to expand our referral pathways to ensure the most vulnerable are flagged to us as timeously as possible.

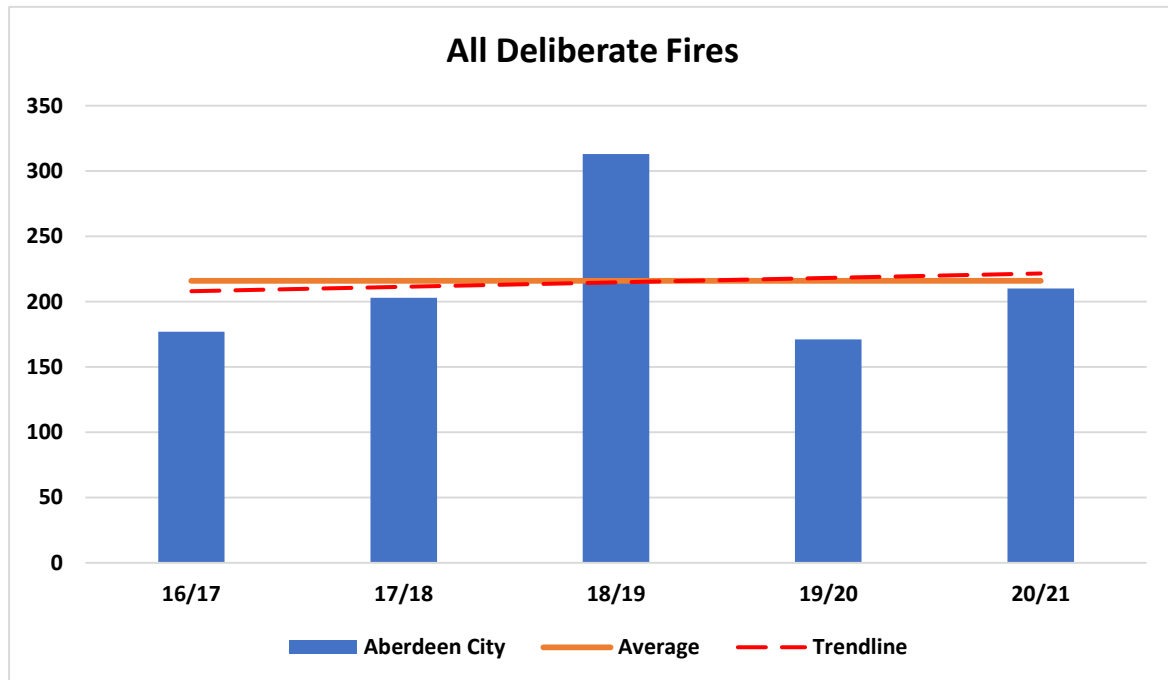
The referral pathways we have in place are regularly reviewed to ensure they are efficient and effective.

## LPI Assessment 2: Deliberate Fire Setting

The main areas of measurement of Deliberate Fire Setting is:

- All deliberate fires

### All Deliberate Fires:



### Analysis

During the reporting period there were 210 deliberate fires across Aberdeen City. This represents an increase of 23% against the same period the previous year but a slight decrease against the preceding 4yr average. The trendline over the 5yr period is relatively flat.

Wheelie bins were the highest occurring property type with a particular spike in the Torry area however, through strong partnership work, sharing relevant incident information Police Scotland identified and apprehended an individual considered responsible for a large number of these incidents.

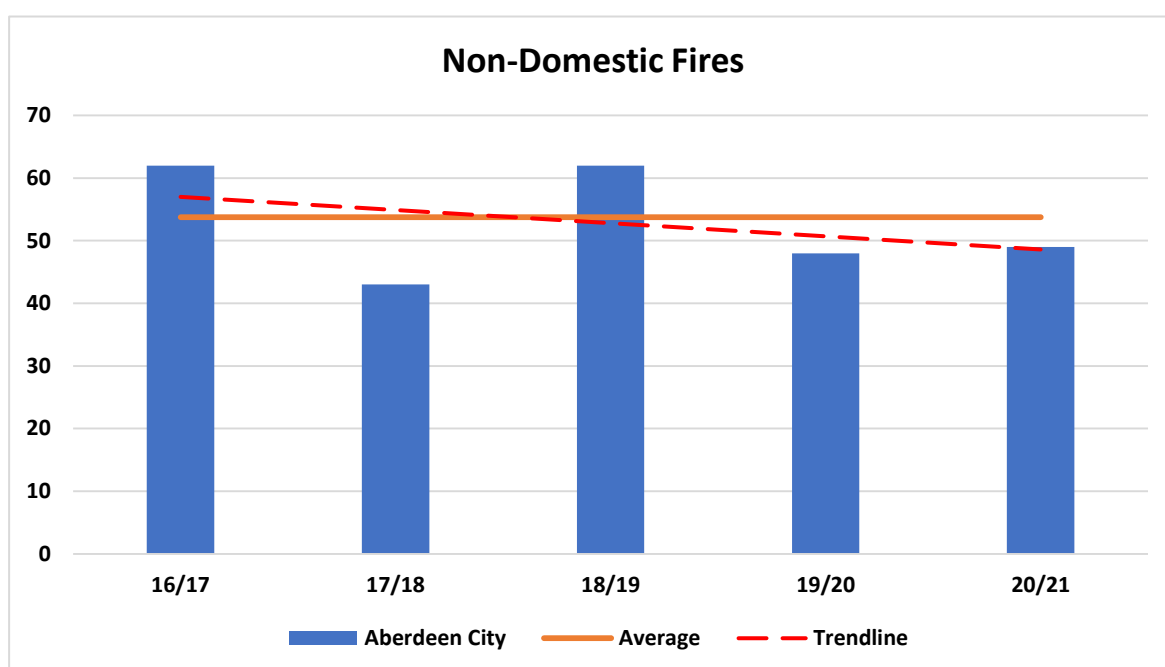
32 incidents were categorised as grassland in gardens which corresponds with the closure of recycling centres and an increase in individuals burning garden waste. Whilst these fires are deliberately set they are not of an anti-social nature.

### 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:



#### Analysis

Over the reporting period there were 49 incidents, an increase of 1 from the corresponding period the previous year but lower than the preceding 4yr average (54). Fires in non-domestic premises are showing a downward trend over the 5yr period.

Most fires in non-domestic premises are accidental in nature (78%) with almost one third (16) attributed to cooking activity. Student Halls of Residence were the property type with the most number of incidents (8) although incidents are spread across a range of property types.

Only 1 casualty was recorded across all non-domestic incidents.

It was anticipated that the lockdown restrictions the Covid-19 pandemic brought would see a decrease in non-domestic incidents however, at first analysis, it appears that the lack of person(s) in these buildings has meant that small fires have not been dealt with as early as they otherwise may have been ultimately requiring fire service intervention.

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.

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.

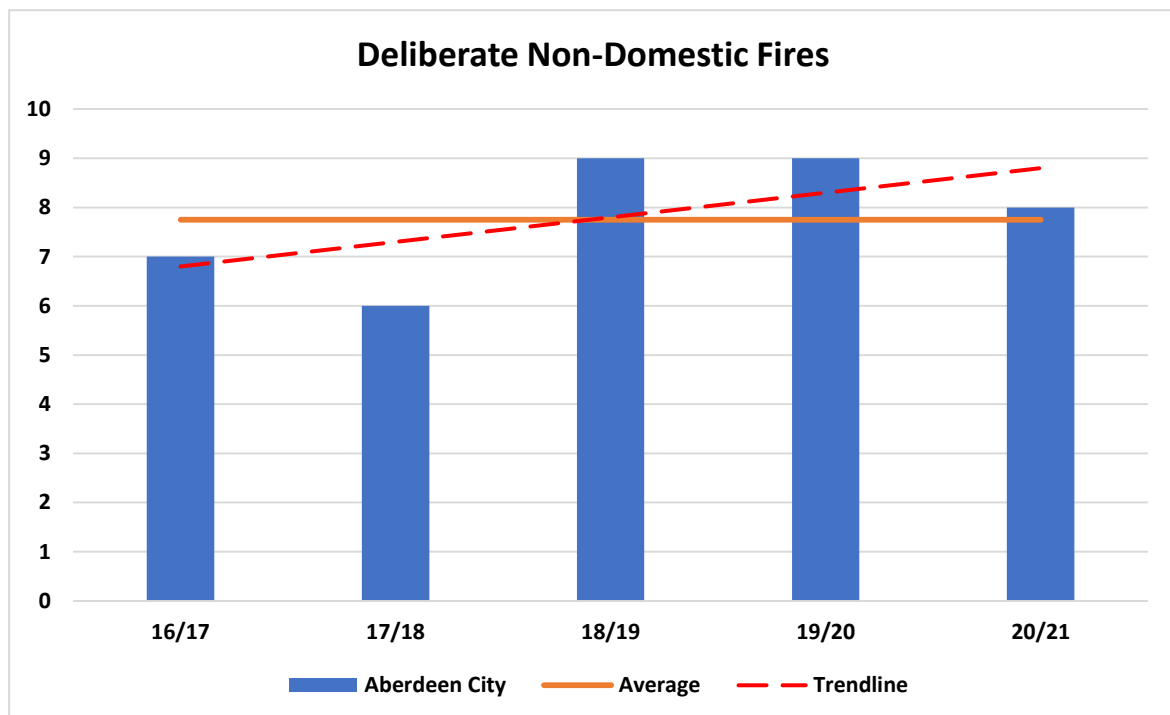
### **Number of Fire Safety Audits completed:-**

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.

### **Deliberate fires in non-domestic properties:-**



### **Analysis**

There were 8 incidents over the reporting period, 1 below the corresponding period for the previous year and slightly above the average for the preceding 4yr average.

The 5yr trend is upwards, however, the number of incidents being analysed is very low.

Our analysis shows that hospitals & medical centres are the highest occurring property type accounting for 3 of the 9 incidents.

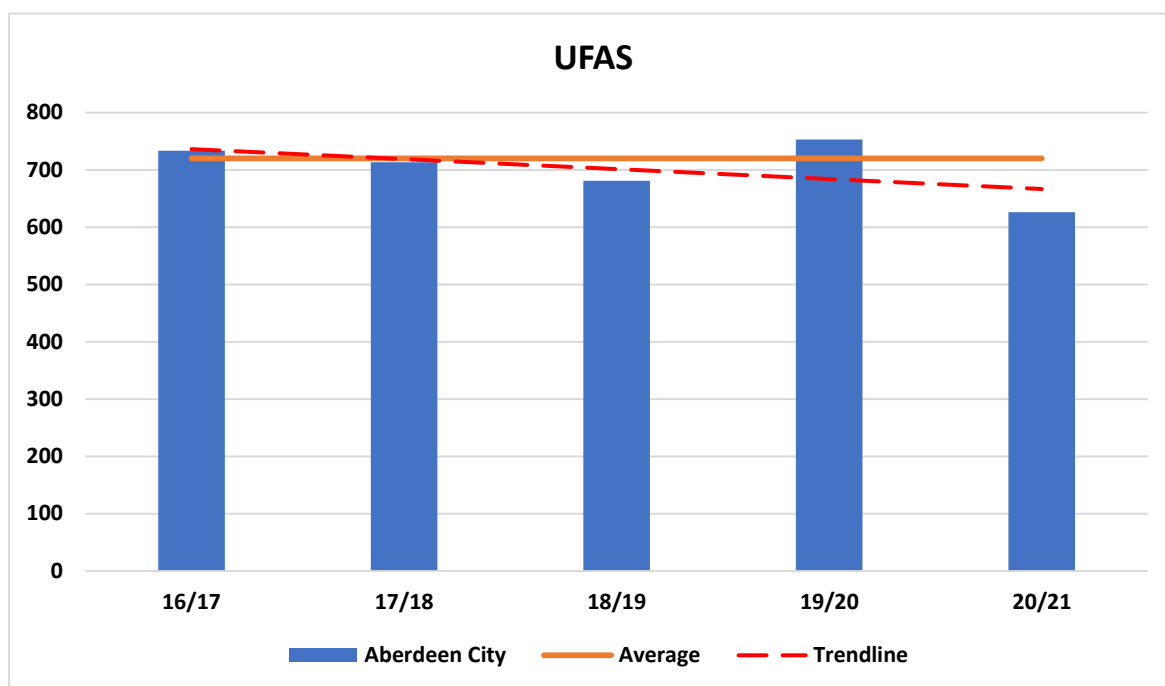
Through our risk based fire safety audit programme our Fire Safety Enforcement Officers carry out fire safety audits. Working in partnership with duty holders to meet their legislative fire safety requirements we assist them to ensure that their buildings are safe for the building users.

Our legislative audit activity has been curtailed this year, again due to the restrictions put in place to restrict transmission of Covid-19 virus but we are slowly returning to some audit activity principally due to the introduction of a “remote audit” process that was first trialled in Aberdeen City but has been developed for use across Scotland.

## LPI Assessment 4: Unwanted Fire Alarm Signals (UFAS)

The main areas of measurement of UFAS is:

- Number of UFAS incidents



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 event. The SFRS are committed to working with partners and other stakeholders to reduce UFAS mobilisations.

False alarms account for 60% of all incidents during the reporting period with UFAS (as a sub-category of “All False Alarms”) accounting for 34% of all incidents. Working to reduce these is a key priority of The SFRS to reduce operational demand and create capacity to expand our work in other areas.

### Analysis

There have been 626 UFAS incidents during the reporting period which represents a 17% reduction against the corresponding period the previous reporting year, and a 13% reduction against the preceding 5yr average. There is a welcomed downward trend of incidents of this nature.

The decrease seen over the reporting period is highly likely to be as a direct consequence of the significant reduction in people within business premises during this time. UFAS can be broadly split into 2 categories; human interactions and system faults, therefore it is logical that the decrease in human activity has positively impacted on the number of UFAS incidents.

Hospitals are the property type causing the most incidents during the reporting period and are consistently the property type with the most activations. This is due to a number of factors, principally the size of these buildings and the number of detector heads required to sufficiently cover buildings which contain some of the most at-risk people in the event of a



fire. Additionally, as one of the few premises types that have continued to operate during this reporting period it is to be expected that these premises would report highly against these incidents.

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.



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## water ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Public Protection Committee
<b>DATE</b>	December 2020
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Final Progress Report on Joint Inspection of Services for Children and Young People in need of Care and Protection in Aberdeen City
<b>REPORT NUMBER</b>	OPE/20/224
<b>DIRECTOR</b>	Rob Polkinghorne
<b>CHIEF OFFICER</b>	Graeme Simpson
<b>REPORT AUTHOR</b>	Graeme Simpson
<b>TERMS OF REFERENCE</b>	1.1

### 1. PURPOSE OF REPORT

- 1.1 A report on the outcome of the Joint Inspection of Services for Children and Young People in need of Care and Protection in Aberdeen City was presented to Committee in October 2019. Committee asked that an update report be brought back to Committee in October 2020 on delivery of the Inspections improvement plan.
- 1.2 Due to the impact of COVID-19 and the decision by the Care Inspectorate to cease inspection activity the submission of Aberdeen City's final report has been delayed until December 2020.

### 2. RECOMMENDATION(S)

To note the report submitted to the Care Inspectorate detailing progress made by the partnership since October 2019 on the identified areas of improvement highlighted in their inspection report dated September 2019.

### 3. BACKGROUND

- 3.1 Members will recall that Aberdeen City was subject to a Joint Inspection of Services for Children and Young People in need of Care and Protection from December 2018 to September 2019, when the final report was published. This was a multi-agency inspection involving all partners in Aberdeen City who deliver services to children and young people in need of care and protection.
- 3.2 The inspection was carried out utilising a new methodology which ensured that the views of child, young people and their parents were at the heart of the inspection. The level of engagement from children and young people and their parents was very positive and provides a strong evidence base.
- 3.2 The purpose of the Inspection was to answer 5 scrutiny questions
  - i. How good is the partnership at recognising and responding when children and young people need protection?

- ii. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and well and recover from their experiences?
- iii. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
- iv. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
- v. How good is collaborative leadership?

3.3 In doing so the Care Inspectorate evaluated the partnership against four Quality Indicators:

<b>Quality Indicator</b>	<b>Grade Awarded</b>
Improvements in the safety, wellbeing and life chances of vulnerable children and young people	Good
Impact on children and young people	Good
Impact on families	Good
Leadership and direction	Good

The findings reflected very positively on the work of all staff across the partnership. As this was a new methodology it is not possible to fully benchmark these gradings with our comparative local authorities or national position. However, for the three Local Authority areas which had been inspected prior to Aberdeen City and those that have since, our gradings stand up very well.

- 3.4 The report highlighted significant strengths in the delivery of services as well as a few areas where they considered further improvement was required. The noted areas for improvement and development had already been identified by the partnership within its self-evaluation and within existing strategic plans (the LOIP, the Child Protection Improvement Plan and the Corporate Parenting Improvement Action Plan). This was recognised by the Care Inspectorate within their report.
- 3.5 Appendix 1 outlines the multi-agency Improvement Plan that was agreed with the Care Inspectorate post inspection and shared with Committee in December 2019. Progress on delivery of these areas is also recorded within this plan. While the impact of the COVID pandemic has been significant, it has not prevented work being undertaken to progress these areas of improvement. Indeed, in some areas the pandemic has enabled change at a greater scale than was anticipated i.e. the collation and analysis of multi-agency data.
- 3.6 The partnership is required to provide a progress report to the Care Inspectorate one year after the publication of the final Report. They full anticipate that a number of the areas of improvement would remain a focus for improvement beyond this timescale. However, members will note that there has been significant progress made on all aspects of the Improvement Plan.
- 3.7. As these improvement actions were already part of existing strategic plans then their progress will continue to be tracked and reported on via the various oversight forums predominantly, Children’s Services Board and the Child

Protection Committee and thereafter to the Community Planning Partnership and Aberdeen City's Chief Officers Group for Public Protection.

#### 4. FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

#### 5. LEGAL IMPLICATIONS

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

#### 6. MANAGEMENT OF RISK

Category	Risk	Low (L) Medium (M) High (H)	Mitigation
<b>Strategic Risk</b>	That the Scheme will have a limited impact on strategic priorities.	L	
<b>Compliance</b>	There are no compliance issues.	L	
<b>Operational</b>	Adjustment of systems and awareness of key staff.	L	
<b>Financial</b>	Long term investment of resources with reported benefits at a relatively small scale.	L	
<b>Reputational</b>	A failure of Aberdeen City Council to comply and deliver on the Improvement Plan would reflect negatively on the Council and the outcomes for children and young people.	L	
<b>Environment / Climate</b>	There are no environment/climate issues.	L	

## 7. OUTCOMES

<b><u>COUNCIL DELIVERY PLAN</u></b>	
	<b>Impact of Report</b>
<b>Aberdeen City Council Policy Statement</b>	Proposals within this report support the delivery of Policy Statement 7 – Commit to closing the attainment gap in education while working with partners in the city.
<b>Aberdeen City Local Outcome Improvement Plan</b>	
Prosperous Economy Stretch Outcomes	N/A
Prosperous People Stretch Outcomes	<ul style="list-style-type: none"> <li>This report has a direct link to Stretch Outcomes 3, 4, 5, 6 and 8 of the Local Outcome Improvement Plan.</li> </ul>
Prosperous Place Stretch Outcomes	N/A
<b>Regional and City</b>	N/A
<b>UK and Scottish Legislative and Policy Programmes</b>	Delivery of the recommendations of the Independent Care Review – The Promise published in February 2020 have a direct alignment to this report and delivery of the Improvement Plan.

## 8. IMPACT ASSESSMENTS

<b>Assessment</b>	<b>Outcome</b>
<b>Impact Assessment</b>	Not Required.
<b>Data Protection Impact Assessment</b>	Not Required.

## 9. BACKGROUND PAPERS

Report on Joint Inspection of Services for Children and Young People in need of Care and Protection presented to Public Protection Committee – October 2019

Report on the Action Plan following the Joint Inspection of Services for Children and Young People in need of Care and Protection presented to Public Protection Committee – December 2019.

## 10. APPENDICES

Action Plan following the Joint Inspection of Services for Children and Young People in need of Care and Protection September 2019

## 11. REPORT AUTHOR CONTACT DETAILS

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**Action Plan**  
**following**  
**Report of a joint inspection of services for children and young people in need of care and protection in Aberdeen City**  
**October 2019**

**Methodology and Gradings**

The direct inspection activity of the Care Inspectorate took place between January and May 2019 with the report being published on 3 September 2019. The Inspection Report demonstrates ongoing improvement across the range of services in Aberdeen city since the previous joint inspection in 2014-15. The Care Inspectorate sought to determine the effectiveness of the partnership against five questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and well and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

The Care Inspectorate evaluated the partnership against four established quality indicators and found the partnership to be “good” in every category:

- QI 1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people.
- QI 2.1 Impact on children and young people
- QI 2.2 Impact on families
- QI 9.1 – 9.4 Leadership and direction

**Key Strengths**

The Report recognises that, throughout the inspection, the partnership demonstrated a clear and thorough evaluation of itself. In particular, the following key strengths were identified within the Report:

1. The quality and stability of the care provided by staff working with children and young people with an emphasis on building on strengths in families.
2. The robustness of multi-agency pre-birth assessment and planning processes and the early stage help these provide to vulnerable women and their unborn babies.
3. Staff recognition of signs of risk, effective information-sharing processes and responses to threats of significant harm.
4. The wide range of universal and targeted support services helping children, young people and their families to recover from cases of abuse and neglect.
5. The effectiveness of joint working and the collaborative approach, vision, values and aims promoted by leaders.

**Priority Areas for Improvement**

The Report notes the following priority areas for improvement:

1. Strategic oversight of corporate parenting was not as robust as that for child protection.
2. There were limitations in outcomes data with which the partners were able to demonstrate improving trends for looked after children and young people, particularly those looked after at home and care leavers.
3. Children and young people in need of care and protection were not benefitting from timeous assessments of their health needs while there were also gaps in some services in terms of addressing emotional health and well-being.

This action plan seeks to respond to these identified areas for improvement. All improvement priorities are a multi-agency responsibility and sit collectively with the agencies and members of the partnership. However, each area of priority will be led by one agency as indicated below. Where the identified areas for improvement are already included in strategic plans, signposts and links to those plans are provided.

#### **Monitoring of this Action Plan**


The project team and the chief officer group will receive quarterly progress updates from those with lead responsibility as identified in the action plan below.

# PROSPEROUS PEOPLE: CHILDREN



Joint Inspection of services for children and young people in need of care and protection in Aberdeen City

Action Plan

October 2019 – October 2020

Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
At all times to recognise and respond when Children and Young People need protection from significant harm or abuse	There were no direct areas for improvement identified in the Joint Inspection report here. It recognised that continuous improvement is delivered through the Child Protection Improvement Programme.	N/A	N/A	N/A	N/A
At all times to help children and young people stay safe, healthy and, for those who have experienced abuse and neglect, to recover from their experiences	The mental health and emotional wellbeing concerns of children and young people will be better addressed.	LOIP – Outcome 4	See LOIP – Outcome 4   LOIP Outcome 4.pdf	ICS Board Chair and CPC Chair	The Child Protection Committee hosted Emotional Abuse events 18 11 19 (part1) and 29 01 20 (part2), the evaluation being available after the January event.  Emotional Abuse course in L&D Programme commenced February 2020  MA staff workshops held Oct 19 and Jan 20 to explore redesign options for early support for C&YP with MH needs. This is drawing on support to HIS and CYPIC.  Impact of coronavirus crisis throughout 2020 on mental health and emotional wellbeing of children and young people is recognised. Various forms of direct and indirect contact maintained and well received. For example, 95% of Children on the CPR have continued to receive face to face contact with professionals on a weekly basis. General advice and support offered through social media and support helplines.

Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
					<p>Psychological Wellbeing Hub established at the start of the pandemic provide easy access to young people and parents to seek mental wellbeing support. Learning from this model is influencing future delivery of CAMHS services.</p> <p>Three hubs set up for Valuable (vulnerable) children and families offering emotional and practical support during coronavirus. Such positive feedback from families has led to new Family Wellbeing Hubs continuing as an ongoing support delivered by the partnership under the family wellbeing model.</p> <p>To complement and enhance multi-agency strategies and governance of mental health and emotional wellbeing concerns, Police Scotland North East Division have commenced a Mental Health Governance Group, where all matters relating to mental health will be considered and where necessary escalated and shared with multi-agency partners with the aim of improving outcomes for all citizens, including children and young people.</p>
	<p><b>Approaches to seeking and recording the views of children and young people who had been involved in child protection processes will be extended.</b></p>	<p>Child Protection Improvement Programme</p>	<p>See Child Protection Improvement Programme</p> <p></p> <p>CP Views of Childrens+YP.pdf</p> <p>*Please note that this is an iterative document which is being refreshed following the CPC Development Session on 1 October 2019.</p>	<p><b>CPC Chair</b></p>	<p>CPC - Children's Rights Service Functional Review extends service to include child protection processes.</p> <p>CPC - Use of Mind of My Own App to be used by young people involved in child protection system</p> <p>CPC - amended IRD and case conference documentation to prompt referral to Children's Rights Service and Advocacy Services.</p> <p>Impact of coronavirus crisis has seen rapid extension across all partners of use of digital technology for individual contact, participation in case conferences, children's hearings. This has been well received by many children, young people and families and will be monitored for extension into future practice. It will sit alongside traditional face to face methods where these are preferred and appropriate.</p>

Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
At all times to maximise the wellbeing of children and young people who are looked after	The impact of strategies to shift the balance of care and reduce the high number of out-of-area placements will be closely monitored to demonstrate improvement.	LOIP – Outcome 5	See LOIP – Outcome 5   LOIP Outcome 5.pdf	ICS Board Chair	Continued participation from Police Scotland in ICS Board and CPC, and commitment to associated sub committees and work / action plans.  CSW - Realignment of resources to establish more flexible and responsive support to families to enable LAC @ home and kinship options to be fully explored and supported.  Work across p/ship to ensure early planning to support YP return to city. Learning from examples (LG+IM) of examples when this has not gone as intended. Learning collated and shared.  Coronavirus virus restrictions have impacted on our capacity to return some young people to, or retain them within, the City.  The above has begun to contribute to changes to the balance of care. LAC @ Home (+ 3%) - 21% LAC with Kin (-/+ ) - 18% LAC with Foster Care (- 4%) - 47% LAC in residential (-/+ ) – 10.5%  While there is still more to do the Corporate Parenting Performance and Improvement Group have will have an unrelenting focus on the delivery of the 'The Promise' to support further and lasting change.
	Services will 'close the gap' between the outcomes for children and young people looked after at home compared to other care settings	LOIP – Outcome 5	See LOIP 5.1   LOIP Outcome 5.pdf	ICS Board Chair & Corp Parenting Improvement Group Chair	<a href="#">October 2020</a> <a href="#">Project Charter approved by ICS Board.</a>  <a href="#">Corporate Parenting Improvement Group</a> All 6 MCR Pathways Project Co-ordinators have now been recruited, trained and are in the schools. The project has young people identified and engaged in the project. Updates on measures are provided at 5 identified points throughout the year to the ICS Board.

Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
					<p>Recruiting for mentors has commenced with an external launch through the media and internal launch through Chief Executive blog and Corporate Parenting webinar.</p> <p>Virtual School Standards and Quality report for 2019/20 finalised with evaluation of impact of funding from SG Attainment Challenge Funding and impact of Virtual School Improvement plan. Where Covid-19 has impacted on completion of identified developments, this has been outlined and taken forward into the 2020/21 improvement plan.</p> <p>Virtual School improvement plan for 2020/21 in line with LOIP outcome 5 with consideration of impact on families of COVID-19</p>
	<p><b>The health needs of looked after children and young people will be fully met and comprehensive assessments will be undertaken timeously.</b></p>	<p>By 30 September 2020 50% of LAC will have an initial health assessment undertaken within 4 weeks of their accommodation.</p> <p>By 30 September 2021 75% of LAC will have an initial health assessment undertaken within 4 weeks of their accommodation.</p> <p>By 30 September 2022 90% of LAC will have an initial health assessment undertaken within 4 weeks of their accommodation.</p>	<p>By 30 Nov 2019 a multi-agency workshop to address the lack of timeously completed health assessments will be held.</p> <p>An improvement charter will be developed on the output of the workshop and presented to the Corporate Parenting Improvement Group in December 2019.</p>	<p><b>ICS Board Chair &amp; Corp Parenting Improvement Group Chair</b></p>	<p>Children's Social work in conjunction with Health have progressed the project charter.</p> <p>Systems in place to ensure notification is received promptly to ensure assessment is progressed.</p> <p>CSW - MA workshop (Jan 20) to explore challenges of current process to deliver timescale. Changes identified to deliver improvement.</p> <p>Improvement charter to come to Feb Corp Parent IG.</p> <p><b>Data from NHSG showing positive change in delivery of</b></p>
	<p><b>Regular short breaks received by children with disabilities will meet the children's needs</b></p>	<p>By 30 September 2020, plans for 100% of children in receipt of regular short breaks will be reviewed</p>	<p>Data will evidence the necessary assessment, planning and review arrangements of regular short breaks received by children with disabilities</p>	<p><b>ICS Board Chair &amp; Corp Parenting Improvement Group Chair</b></p>	<p>SW staff are all aware that the impact and continuing need on the child of short breaks and other support and intervention must be examined within MA Reviews. All review meetings held for children now include the views of children, their parent, providers, lead professional and other agencies where appropriate.</p>

Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
					Work to ensure that all children in receipt of short breaks are reviewed at least annually has taken place over 2019/20. This has been impacted by COVID but will be concluded prior to end of 2020.
<b>At all times to enable care experienced young people to succeed in their transition to adulthood</b>	<b>The partnership will do more to maintain contact with young people after they leave care to improve their outcomes.</b>	The partnership will further develop flexible and responsive support to care leavers that takes account of their individual needs.	Data will evidence improved outcomes and increased levels of engagement in services by care leavers.  Feedback from care leavers will evidence the relevancy of service provision to meet their needs.	<b>ICS Board Chair &amp; Corp Parenting Improvement Group Chair</b>	Worker appointed to review and develop engagement with care experienced yp. This is being done in full participation with yp and will identify and drive fwd change proposals.  Further development of facebook as means of maintaining contact.  The impact of COVID resulted in the expansion in the use of digital means of engaging. This has not replaced face to face support but has significantly complemented. Feedback from yp is very positive and this will remain part of our support offer to care experienced yp.
	<b>Young people with a disability will experience consistently positive transitions between children's and adults' services.</b>	Integrated services will consistently evaluate the transitions between adult and children's services for young people with a disability	Data and feedback from children and families will evidence a positive transition between children and adult services	<b>IJB Chief Officer and CSWO</b>	A cross service working group has reviewed process of supporting transition of cases informed by feedback from families.  Close links between Children's SW and Transitions Team share data on children prior to school leaving date to coordinate transitioning between services appropriately.  A workshop on Developing Transitions in the city was held in Feb 2020, attended by professionals from across the partnership to build on what is working well and to identify further improvements. Currently work on the electronic processes to support referrals to Adult Social Work is taking place to pick up on identified gaps in a learning manner. Adult and Children's Services are liaising with ARC to consider our further embedding of the 7 principles of good Transitions.

Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
At all times to provide strong and effective collaborative leadership	Effective challenge by leaders to the variance in outcomes for particular groups of looked after children and young people, including those looked after at home will be demonstrated.	The partnership will on multi-agency basis consistently evaluate the outcomes for looked after children and young people	By 31 October 2019 a Quality Assurance Framework will be implemented	ICS Board Chair; CPC Chair & COG	Established case review process in place enhances multi-agency professional challenge. In disseminating the practice learning, a change in culture enabling multi-agency challenge has continued to evolve.
			Learning from QA activity will inform our continuous self-evaluation and L&D programme.		Quality Assurance Framework implemented. Audits for CPC and ICSB for 2020 identified. Process adjusted due to COVID to enable these to proceed via digital means. First audit underway September 2020.
			An annual report will be provided to COG on the partnerships self-evaluation of services for children and young people in need of care and protection.		CPC – Multi-agency L&D programme commences Feb 2020 with in-built QA and reporting to CPC quarterly and annually. QAF mentioned above. QA groups established for IRDs and JIIs CPC – always do an Annual Report
		The BIU will provide leaders with regular data reports on the outcomes for all groups of LAC.	The BIU will develop the Data Summary report to provide consistent updates on the outcomes for children and young people.	Chief Officer – BIU	This data has been made available for COG and will continue be refined in alignment with the priorities identified in the C&YP Data Forum.  The 'Data Summary' report is being produced annually drawing together all data into one report for analysis and to inform continuous improvement planning and reporting to COG.  Corp Parent IG have developed a suite of scrutiny questions and the data which can evidence impact of services/outcomes.  C&YP Data Forum meeting on a monthly basis to further develop the collation and analysis of MA data to provide leaders with the necessary assurance on the outcomes for all groups.



Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
		Leaders will ensure they are visible; communicate regularly and engage with and hear from staff across the partnership.	<p>A Communication Strategy will be agreed by leaders by 31-10-19</p> <p>Leaders will provide staff across the partnership with regular multi-agency staff briefings.</p> <p>Leaders will attend multi-agency engagement events with staff across the partnership.</p>	<b>ICS Board Chair; CPC Chair &amp; COG</b>	<p>Impact of coronavirus crisis has escalated frequency of reporting and analysis of data by SG, COG and CPC</p> <p>CPC- briefings following each case review, practitioners events, development of L&amp;D courses and dissemination of guidance.</p> <p>COG led event Feb 2020 on best practice in child and adult protection.</p> <p>CPC – huge extension to public and staff messaging throughout coronavirus relating to child protection and priorities of the CP Programme.</p> <p>CPC annual Development sessions include all CPC members, all sub committee members and COG.</p> <p>Key messages from CSB &amp; COG meetings shared with the workforce.</p> <p>The impact of the coronavirus pandemic has seen increased communication using social media platforms by all partners. Regular briefings from Chief Officers are made in all agencies. Adjustments to processes and procedures during crisis are widely circulated.</p> <p><u>Police Scotland October 2020</u> Innovative methods of on-line visibility and communication have been developed as a result of restrictions in place due to Covid-19. Leaders have continued to engage with practitioners with formal and informal feedback processes in place to gain insight and views on adapted practices to ensure continued excellent services can be provided despite challenges, an example being the CPC Development Day on 27 October 2020.</p>
	<b>Strategic and routine data analysis was more sophisticated for children in need of protection than looked after children and young people.</b>	The BIU will provide leaders with regular data reports on the outcomes for all groups of children including those who are LAC.	<p>Updates to the Data Summary Report will be provided on a quarterly basis.</p> <p>The BIU will support the collection, analysis and</p>	<b>Chief Officer – BIU</b>	CPC has established data reporting framework on a quarterly and annual basis. It has a subcommittee dedicated to collation and analysis of data.

Stretch Outcome Aim	Key Drivers	Improvement project aim	Key Improvement Measures	Lead Responsibility	Progress update
			reporting of data that demonstrates outcomes for children and young people.		<p>The corporate parenting group also continues to develop the data set and scrutiny questions based on the 2014 Act. Potential data sources have been identified by the group. BIU are supporting the production of a quarterly report on corporate parenting data.</p> <p>Impact of coronavirus crisis has escalated reporting on looked after children data across the partnership, through the 'Aberdeen Together' group.</p>

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## ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Public Protection Committee
<b>DATE</b>	2 <sup>nd</sup> December 2020
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Resilience Annual Report
<b>REPORT NUMBER</b>	COM/20/226
<b>CHIEF OFFICER</b>	Fraser Bell
<b>REPORT AUTHOR</b>	Vikki Cuthbert
<b>TERMS OF REFERENCE</b>	2.1, 2.3, 2.5

### 1. PURPOSE OF REPORT

To provide assurance on the Council's resilience arrangements in fulfilment of its duties as a Category 1 responder under the Civil Contingencies Act 2004.

### 2. RECOMMENDATION(S)

- 2.1 That the Committee notes the progress made in developing the Council's organisational resilience arrangements during 2020.

### 3. BACKGROUND

- 3.1 The Council has emergency planning responsibilities to fulfil as a Category 1 responder, as defined by the Civil Contingencies Act 2004. This report provides an annual position statement on our activity and preparedness in the areas set out in the Act, including details of further planned improvements to ensure that the Council is in as strong a position as possible to respond to emergencies and incidents affecting the public.
- 3.2 Officers reported to the last meeting on 7 October 2020 on the COVID-19 rescue, recovery and transition stages of our emergency response, which were based on the activation of our Generic Emergency Plan. To recap, our responsibilities under the 2004 Act are as follows:

- To **assess the risk of emergencies occurring** and using this to inform contingency planning;
- To maintain **emergency plans** and **business continuity plans**;
- To **inform the public** about civil protection matters and to maintain arrangements to warn, inform and advise the public in the event of an emergency;
- To share information with other **local responders** to enhance coordination, and to co-operate with other local responders to enhance co-ordination and efficiency; and
- To promote business continuity by providing advice and assistance to **businesses and voluntary organisations**

3.3 The Committee has oversight of the following areas, which are covered from paragraph 3.4 below:

- Our compliance with the Council's duties relating to resilience and local emergencies, including staffing arrangements and systems for incident management;
- Our approach to maintaining and reviewing Business Continuity Plans in accordance with the priorities allocated to them;
- Recommendations in response to local, regional and national lessons learnt reports in respect of emergency planning matters and monitoring their implementation; and
- Our response to the National CONTEST strategy and associated plans relating to Counter Terrorism.

### **Assessment of Risks**

3.4 Management of risk relating to COVID-19 has been a continual feature of the Council's duties as a Category 1 responder since March 2020. Services have assessed risks arising from the pandemic and managed these through the appropriate governance routes. Risk registers and scenario plans have provided the structure required and at the height of the pandemic these were reviewed weekly by the Corporate Management Team (CMT) and the Incident Management Team (IMT). The strength of our Generic Emergency Plan and associated procedures was reported to the previous Public Protection Committee meeting.

3.5 The risk of concurrent events or incidents has been overseen by the Organisational Resilience Group (ORG) and Duty Emergency Response Coordinators (DERCs), with support from the Assurance Team which incorporates emergency planning, health and safety and risk management. Officers have benefited from participation in regular meetings with resilience colleagues in other authorities, where risk assessment of concurrency has been a standing agenda item. This has included the risks associated with EU Exit.

3.6 The Council is monitoring the risks associated with EU Exit through the Risk Board and EU Exit Group. In addition, the specific risks associated with supplies and services was recently reported to a joint meeting of the Aberdeen City, Aberdeenshire and Highland Council Procurement Board. The Council is contributing to EU Exit risk management at a multi-agency level through the

Grampian Local Resilience Partnership (GLRP) to ensure cross-system visibility of risk and mitigation. Risk registers have been in place for two years at both internal and multi-agency levels and are updated regularly in accordance with National Planning Assumptions. It is likely that the risks associated with EU Exit will be a key focus of civil contingencies activity during the remainder of 2020 and into 2021.

- 3.7 The City has over more recent months responded to a number of concurrent weather-related incidents and effectively managed these through the Incident Management Teams and subsequent de-briefs. Improvement actions are identified and overseen by the Council's Organisational Resilience Group (ORG). This acts as a continual assessment of the risks posed to us by climate change, both institutionally and as a city. A summary of the types of improvements is below:

<b>Incident</b>	<b>Improvements identified</b>	<b>Status</b>
Printfield Fire Aug 2020	Introduction of duty Tactical Lead to support Aberdeen City Council's response to incidents and emergencies.	Complete. Staff identified, briefed, and incorporated into emergency plans from November 2020. Review scheduled February 2021.
Printfield Fire Aug 2020	Emergency contact details updated to reflect organisational changes and current roles and responsibilities.	Complete.
Flash Flooding Aug 2020	Reception centre arrangements to be reviewed and list to be expanded to include ALEO and partner facilities.	Complete. ALEO venues added to list of possible reception centres where appropriate, risk assessments completed, Reception Centre Handbook in place.
Flash Flooding Aug 2020	Rest Centre Manager (RCM) pool to be expanded, training to be rolled out for new and existing volunteers, and out of hours activation protocols to be developed.	Complete. Pool expanded and training provided. Materials available to continue this on a rolling basis.
Flash Flooding Aug 2020	Grab boxes to be made 'Covid secure', and access arrangements for Tactical Leads and RCMs to be incorporated into activation plans	Complete.
Flash Flooding Aug 2020	Mapping of vulnerable areas of the city, including vulnerable people, homes, residential homes and streets.	Underway. Between Data & Insights and Roads, with input from Emergency Planning to plot reception centre locations.
Flooding (Alert) Oct 2020	Protocol for handling, and escalating, SEPA flood alerts to be developed and briefing prepared for DERC & Tactical leads	Complete.

- 3.8 An exercise in Winter Preparedness was held on 26 October 2020, drawing together colleagues from the Aberdeen City Health and Social Care Partnership (ACHSCP) alongside the Council's strategic and tactical staffing layers, the Scottish Government and Police Scotland. As a Category 1 responder we have not only tested our structures, capability and capacity to respond to winter weather incidents, but ensured that all those involved in the exercise are fully aware of and prepared for this risk as the winter months approach. In addition, DERCs have participated in two large scale exercises prior to Offshore Europe at P&J Live, as well as a number of "no notice" test activations of the GLRP.
- 3.9 A Resilience Hub has been built within Microsoft Teams, providing a catalogue of emergency plans, procedures and plans. All relevant staff have access to the Hub 24/7 which allows response to be managed through a combination of remote participation (strategic and tactical) and "on the scene" support (operational).
- 3.10 Risks are also assessed and monitored through the GLRP. GLRP membership includes all Category 1 responders within the North East of Scotland, with attendees being the strategic leads within the organisation they represent or a deputy with delegated authority to agree policy, strategy and to commit financial and other resources. The GLRP supports multi-agency incident planning and response in the region, monitors key and emerging risks, approves regional emergency plans, and monitors their implementation. The Council held chair positions on both the GLRP and the GLRP working group until early 2020, and has continued to participate as a member since this passed on rotation to other partners.
- 3.11 The Council's corporate risk register, monitored by the Risk Board, reports on the management of civil contingencies risks and is being expanded to include all operational civil contingencies events. This will help to ensure that the required controls are in place for each scenario and will complement the scrutiny of risks at the Grampian Local Resilience Partnership. This will be overseen by the ORG.

### **Emergency Plans and Business Continuity Plans**

- 3.12 Committee approved a Generic Emergency Plan (GEP) in December 2019 which was activated at the start of the COVID-19 pandemic. This was the subject of a report to the 7 October 2020 meeting. The GEP has been augmented over the year with a suite of supporting documentation to ensure a robust activation of the Plan:
- Activation packs for the Duty Emergency Response Co-Ordinator (DERC), providing a guidance on required actions and factors to consider during an emergency response:
    - a. DERC Generic Activation
    - b. Activating the Grampian Local Resilience Partnership
    - c. Activating a Reception Centre
    - d. Oil Pollution Activation

#### e. Flooding Activation

- Reception Centre Handbook to guide the activation of a rest centre, family and friends centre or survivor centre, depending on the type of emergency.
  - Review of reception centre locations, risk assessments, and guidance. Additional staff have volunteered to join a rota of Reception Centre Managers and a programme of training is underway. This has been adapted to build in controls around COVID-19, for instance through the use of Personal Protective Equipment if a centre is established.
- 3.13 The GEP has been amended to reference the addition of a layer of Tactical Leads. Their role will be to support the DERC with the strategic response, manage the initial rotation of operational staff if the incident is protracted, ensure that any health and safety risks to public and staff are mitigated, and make recommendations to the DERC in respect of any decisions required under emergency powers and standing down or further escalating the incident. This is a key role in the management of emergency response and has been effective since 2<sup>nd</sup> November 2020. It will boost the Council's tactical capability and ability to discharge the role of the tactical response layer as set out in the GEP.
- 3.14 The GEP has also been updated to take account of lessons identified during the COVID-19 response and recovery periods, as reported to the October meeting of the Committee:
- The benefit of setting strategic objectives at the start of a major incident or emergency;
  - Recognising the stages of Rescue, Recovery, Transition;
  - Consideration to be given to the use of dual DERC rotas during significant and extended emergencies;
  - Clarity on when the Plan may be activated; and
  - The addition of reference to the role of elected members in the Plan.
- 3.15 The Council has in place a schedule of other emergency plans which are developed and reviewed in conjunction with partners on the GLRP and with peer review from colleagues in other local authorities. These include:
- "Blackstart"
  - Coastal pollution plan
  - Fuel plan
  - Care for People Plan
  - Move to Critical Plan
  - Flooding Response Plan
  - Scientific and Technical Advice Cell (STAC) activation and management plan
  - Pipeline activation pack
  - Plans covering other events and ceremonial occasions
- 3.16 The Council established the Business Continuity Sub-Group in January 2019 to provide assurance to the Organisational Resilience Group that:
- Critical Service/Functions have plans in place;
  - Plans are maintained and reviewed;

- Plans are tested in accordance with the testing schedule; and
- Good practice and improvement activities can be shared and communicated with other plan holders across the organisation.

3.17 The Sub-Group's activities in 2019 focused on reviewing the organisation's existing list of critical services to establish any gaps and to create additional plans as required. Existing plans were reviewed and updated to incorporate structural and functional changes with the organisation and any other updates required. This enabled the development of a log/list of plans in order to inform a review and testing schedule. The organisation has continued to review its Business Continuity Plan arrangements in 2020 during the critical period of the COVID-19 pandemic. Key activities have included:

- A questionnaire was issued to plan owners in order to review and identify areas of criticality, critical roles, percentages of staff required to provide minimum levels of service and to confirm mitigations and arrangements in place.
- A heatmap was produced and reported to ECMT to identify areas where high percentages of staff are required to provide minimal levels of service, single points of failure and potential resource requirements from other areas.
- Plan holders have been reviewing and updating existing plans to reflect working arrangements during COVID-19 and the responses provided to the questionnaire with progress being monitored and reported to ECMT and the Risk Board.
- The Corporate Risk Lead has been attending workshop sessions with NHS Grampian to collaborate on efforts to establish a Business Impact Analysis Template and Business Continuity Plan Template for use by the ACHSCP. Consistency in approach will help to link plans across both organisations which have interdependences, for instance Care for People.

3.18 Work is currently underway to complete a Business Continuity Plan review and testing schedule for 2021 which will be shared on the Resilience Hub, allowing full visibility across each service areas. The priorities of the testing schedule will be informed by the Critical Service areas identified through COVID-19 Scenario Plans and the Critical Service areas and activities identified via the Heatmap. The progress and outcomes resulting from the plan testing will be reported to the Organisational Resilience Group via the Business Continuity Group. The Council's Business Continuity Policy has recently been updated and will be submitted for approval to the Audit, Risk and Scrutiny Committee in December.

### **Warning and Informing the Public**

3.19 The Council's External Communications team operates a 24/7/365 on-call rota as part of which they will inform the public and media of an emergency situation. There is an agreed Emergency Incident Response Protocol which sets out a clear pathway for how the public are informed.



- 3.20 As part of on-going work developed in the last few years with colleagues in Operational Services to better inform the public, the External Communications team has developed a series of easy-to-understand graphics and accompanying social media posts for on-going resilience incidents such as winter weather and flooding. These include warnings to the public before such an event happens, what the Council is doing during these incidents including working with internal and external partners, and the recovery stages of an incident or an emergency. Information from these social media posts is sent to local media including radio, television, and newspapers to disseminate to as wide an audience as possible either through social media, websites or more traditional media methods.

### **Working with Local Responders**

- 3.21 The pandemic has tested the resilience partnership structures in place and demonstrated the many benefits of Category 1 and 2 responders working together. Through the GLRP, each partner has benefitted from continuous, holistic oversight of the trends and data affecting the Grampian area, including localised trends in the City. In particular, close working with NHS Grampian and the ACHSCP has been key. Aberdeen Together was established during the rescue stages and has overseen activation of the Care for People Plan.
- 3.22 A business impact analysis model is being developed alongside resilience colleagues in the Health and Social Care Partnership, which will inform business continuity planning in both the Council and NHS Grampian. The Partnership is a member of the Organisational Resilience Group where civil contingencies risks are kept under review and participates in training and exercising. The strong links in place here will continue to be built upon as we move through the winter period and support one another to respond to the pandemic and any concurrent events. Consultation is on-going presently to categorise Integrated Joint Boards (IJBs) as Category 1 responders under the Civil Contingencies Act, a proposal which is welcomed by both the Council and the Board. Both have indicated their support in responding to the consultation and the GLRP has committed to revising membership to include representation from the IJB.
- 3.23 Multi-agency exercises have been held in respect of P&J Live, Winter Preparedness and “no notice” activations of the GLRP. DERCs have received training along with the pool of Senior Managers on Call (SMOCs) within the ACHSCP, with SMOCs attending IMTs relating to storms and flooding over more recent months. As outlined above, the GLRP has been extremely active during the COVID-19 response period, demonstrating many times over the benefits to be gained from multi-agency planning, collaboration and response.
- 3.24 The Prevent strand of the CONTEST Strategy has continued to be delivered as required throughout the pandemic, this has been achieved through the support of digital alternatives such as e-learning and Microsoft Teams sessions. The Multi-Agency Prevent Regional Group has continued to meet and collaborate on progress across all partners. The pandemic has had an impact on some national activity which included a review of the existing training materials. This work was due to be put in place during 20/21 however, the impact of the

pandemic on required resources has pushed this back to 21/22. In the meantime, a review of the existing training package is underway with national agreement that minor modifications can be made to the package to ensure it remain up to date and relevant until the new product can be launched.

### **Supporting Business and Voluntary Organisations**

- 3.25 The Council's Event Guidance platform includes guidance for business and voluntary event organisers around event planning, risk assessments, adverse weather, budgeting and contingency planning – [www.aberdeencity.gov.uk/eventguide](http://www.aberdeencity.gov.uk/eventguide)
- 3.26 During the COVID response, Council staff, alongside personnel from the Health and Social Care Partnership, were mobilised to support neighbourhoods and communities. Neighbourhood leads maintained regular contact with community groups throughout the lockdown period, enabling information from partners to be shared quickly with communities and allowing groups to highlight emerging issues or concerns or to seek support both advice and information as well as practical, such as putting them in touch with additional volunteers and resources or assisting them to develop use of digital tools.
- 3.27 The Council and the ACHSCP are developing proposals to sustain the neighbourhood lead role and this is considered critical in supporting community resilience during the lifetime of the pandemic and to prepare for any future crisis responses. Furthermore, ACC will work with the British Red Cross to support the delivery of a volunteer strategy and a suite of engagement and exercising tools for community groups.
- 3.28 Engagement has also recently taken place with Community Councils to offer support from the Council to prepare their own community-led resilience plans which would be activated with the support of our partners, for instance Police Scotland and the Scottish Fire and Rescue Service. The importance of communities developing their own plans and harnessing the support of those living within the community is recognised good practice, ensuring as it does that people feel kept informed during incidents and emergencies and work together to protect vulnerable people and spaces.
- 3.29 Plans are in work with local businesses, through the Aberdeen Business Group, to promote the advice and assistance which the Council can offer around business continuity management. This will include engagement sessions, as well as updates to the Council's external website to provide generic advice to businesses, with contact email address where specific advice can be provided.

### **Festive Arrangements**

- 3.30 The extended Corporate Management Team are currently considering any changes which may be required to the festive cover arrangements to reflect the additional challenges facing the public and the local authority this year. We are conscious of the increased risk of concurrent events due to COVID-19, as well the additional support required by some groups such as those who are self-isolating or in receipt of financial support. Once finalised, these arrangements

will be shared with elected members and published on the Council's website when available.

#### 4. FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from the recommendations of this report. The Council has continually managed financial risks throughout the COVID-19 response and these have been reported to the Urgent Business Committee on 20<sup>th</sup> March, 6<sup>th</sup> May and 30<sup>th</sup> June, all 2020.

#### 5. LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from the recommendations of this report. The establishment of response structures in accordance with the Generic Emergency Plan has helped to ensure compliance with legislation and guidance.

#### 6. MANAGEMENT OF RISK

- 6.1 The Council's resilience arrangements rely on a constant cycle of risk management and this is reflected in the Generic Emergency Plan and its supplementary procedures.

Category	Risk	Low (L) Medium (M) High (H)	Mitigation
<b>Financial</b>	Financial risks presented by the pandemic have been documented in reports to the Urgent Business Committee.	M	As outlined in reports to Urgent Business Committee and Council.
<b>Legal</b>	Compliance with statutory guidance and legislation is necessary to ensure the Council is not exposed to legal challenge.	L	The implementation of the generic emergency plan has helped the Council to comply with its civil contingencies duties.
<b>Employee</b>	Risks to staff throughout the pandemic response	M	Managed through the Place Risk Register overseen by the Organisational Resilience Group.

	and through other emergencies.		
<b>Customer</b>	Risk that customers' needs not met and lack of clarity on the availability of services.	M	Managed through the Place Risk Register overseen by the Organisational Resilience Group.
<b>Environment</b>	Risk to the city's external spaces and	M	Managed through the Place Risk Register overseen by the Organisational Resilience Group.
<b>Technology</b>	Risk to digital systems as part of an emergency response or as an emergency itself.	L	Managed through the Place Risk Register overseen by the Organisational Resilience Group.
<b>Reputational</b>	Risk of negative publicity in media/social media around the Council's response to emergencies	M	Managed through the Place Risk Register overseen by the Organisational Resilience Group.

## 6. OUTCOMES

- 7.1 The recommendations contained within this report have no direct impact on the Council's Delivery Plan however if emergency response is not effectively managed and risks mitigated, there could be an impact on the delivery of organisational objectives.

<b>Design Principles of Target Operating Model</b>	
	<b>Impact of Report</b>
<b>Organisational Design</b>	The Council's organisational structure has required to be flexible during the response to manage the impact of the pandemic. For example, some members of staff have transferred from less critical areas to more critical areas to ensure the continued delivery of critical services.
<b>Governance</b>	The Council's governance structure has been tested throughout the emergency response and has proved to be effective. The governance arrangements have

	proven to provide the flexibility needed to manage the impact of a pandemic.
<b>Process Design</b>	The lessons learned section details adjustments to process as a result of this event.
<b>Technology</b>	The Digital Resilience risk workstream established at the outset of the response ensure that our technological capabilities were always at the forefront.
<b>Partnerships and Alliances</b>	The Covid-19 Incident Management Team was attended by our partners in the Health and Social Care Partnership as well as our Arm's Length External Organisations (ALEOs). The Council has played a key role at the GLRP and has introduced multi-agency partners to ACC structures where appropriate.

## 8. IMPACT ASSESSMENTS

<b>Assessment</b>	<b>Outcome</b>
<b>Equality &amp; Human Rights Impact Assessment</b>	Full EHRIA not required
<b>Data Protection Impact Assessment</b>	Not required
<b>Duty of Due Regard / Fairer Scotland Duty</b>	Not applicable

## 9. BACKGROUND PAPERS

None.

## 10. APPENDICES

Appendix A – Generic Emergency Plan

## 11. REPORT AUTHOR CONTACT DETAILS

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# Generic Emergency Plan

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## Document Control

Approval Date	4 <sup>th</sup> December 2019
Implementation Date	31 <sup>st</sup> January 2020
Author(s) and Owner	Fraser Bell, Chief Officer - Governance
Approval Authority	Public Protection Committee
Scheduled Review	January 2021
Amendments	Public Protection Committee 2 <sup>nd</sup> December 2020



# 1. Introduction

## 1.1 Purpose of Plan

This Generic Emergency Plan (“the Plan”) has been created to document the Aberdeen City Council (“the Council”) emergency response structure. The Plan also outlines the roles and responsibilities of the Council as required as a Category 1 Responder as defined under the Civil Contingencies Act 2004 and accompanying amended Regulations for Scotland (2005 and 2013) and other compliance legislation. The Plan facilitates an appropriate, integrated and proportionate response by the Council to meet the needs of any incident or emergency, contributes to the prevention of escalation and disruption caused by such incidents, and enables the Council to maintain delivery of normal services as far as is reasonably practicable as well as compliance with statutory requirements.

## 1.2 Objectives of Plan

- Define the Council’s responsibilities in an emergency, in accordance with the Civil Contingencies Act 2004 and other relevant legislation and guidance;
- Outline the Council’s emergency response capabilities;
- Define the roles and responsibilities of the Council in incident response;
- Describe how and when the Plan will be activated;
- Detail the roles and responsibilities of Incident Management Teams and process for activating and deploying services;
- Outline the Command and Control structure for the Grampian Local Resilience Partnership (GLRP) and;
- Provide a generic plan linking emergency and business continuity plans and frameworks within the Council and the GLRP.

# 2. Scope

- 2.1 This Plan applies to all emergencies which could occur, and which may affect or threaten the Council’s ability to deliver critical functions. The Plan also acts as a guide for managing incidents which are not serious enough to require a strategic response. This Plan can be scaled up or down in relation to any incident which the Council could face. The Plan is not intended to operate as a procedural guide and is supported by a number of supplementary procedures and plans, as set out in section 4.

### 3. Legislation and Guidance

#### 3.1 Civil Contingencies Act 2004

The Civil Contingencies Act 2004 (“the Act”) and its accompanying amended Regulations for Scotland (2005 and 2013) (“the Regulations”) place statutory obligations on Category 1 Responders to prepare for emergencies.

An emergency is defined under the Civil Contingencies Act 2004, Part 1, Section 1 as:

*An event or situation which threatens serious damage to human welfare or the environment in a place in the United Kingdom, or war, or terrorism, which threatens serious damage to the security of the United Kingdom and which requires special arrangements to be implemented by one or more Category 1 Responder.*

The Act delivers a single framework for civil protection in the United Kingdom by setting out:

Part 1 - Local arrangements for civil protection

Part 2 - Emergency Powers for UK Government and devolved administrations

Under the terms of the Act, seven duties are placed on Category 1 Responders:

- Duty to assess the risk of emergencies occurring and use this to inform contingency planning;
- Duty to maintain Emergency Plans;
- Duty to maintain Business Continuity Plans;
- Duty to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Duty to share information with other local responders to enhance coordination;
- Duty to cooperate with other local responders to enhance co-ordination and efficiency; and
- Duty to promote Business Continuity by providing advice and assistance to businesses and voluntary organisations on Business Continuity Management.

The full Civil Contingencies Act 2004 can be viewed at:

<https://www.legislation.gov.uk/ukpga/2004/36/contents>

The Regulations and Guidance can be viewed at:

<https://www.gov.uk/government/publications/emergency-preparedness>

## 3.2 Preparing Scotland

Following the introduction of the Civil Contingencies Act 2004 and its amended Regulations for Scotland, the Scottish Government launched 'Preparing Scotland'.

Preparing Scotland is not intended to be an operation manual, but is instead guidance to responders assisting them assess, plan, respond and recover. It establishes good practice based on professional expertise, legislation and lessons learned from planning for and dealing with major emergencies at all levels.

It reflects a process which prepares for emergencies from the identification of a risk to the completion of the recovery process. It is intended to be a flexible and responsive document, able to respond to new hazards and threats. The guidance is designed to be able to integrate new practices established through innovative thinking or the incorporation of lessons learned. It encourages training and development of those involved and lays out structures to assist in this. Whilst some development is in response to legislative duties, other programmes are continuously launched in response to stakeholder requirements.

The full Preparing Scotland Guidance can be viewed at:

<https://www.readyscotland.org/media/1166/preparing-scotland-philosophy-principles-structures-and-regulatory-duties-20-july-2016.pdf>

## 4. Supporting Procedures and Documentation

4.1 This Plan is designed to act as a foundation to the Council's response to an emergency and will ensure that it interlinks with a number of supporting procedures and documents, including:

- Supporting procedures and documents for Duty Emergency Response Co-ordinator;
- Operational procedures which support delivery of the Council's statutory obligations as a Local Authority;
- Grampian Local Resilience Partnership Generic Response Arrangements;
- Grampian Local Resilience Partnership Generic Recovery Arrangements;
- Relevant Grampian Local Resilience Partnership Site and Hazard Specific Plans;
- Relevant Aberdeen City Council Hazard Specific plans; and
- National and Regional plans.

## 5. Partnership Structure

### 5.1 Resilience Partnership Structure

In the North of Scotland (Tayside, Grampian, Highland and Islands) the North of Scotland Resilience Partnership provides a strategic forum for the co-ordination of emergency planning and response. Within Grampian the local level of planning and response is coordinated by the Grampian Local Resilience Partnership (GLRP). There are two tiers of the GLRP:

- Strategic;
- Tactical.

The Strategic tier is made up of the Strategic Leads of each Category 1 Responder agencies who ensure that Regional requests are implemented, and to agree local resilience priorities. The Strategic Local Resilience Partnership meets twice a year.

The Tactical tier is made up of the Tactical Leads from each of the Category 1 Responder agencies who implement the requests of the Strategic tier and work collaboratively on multi-agency plans. The Tactical Leads make up the GLRP Working Group that meets every 6 weeks. Category 2 Responders are also routinely invited to participate in the GLRP meetings.

The main purpose of the GLRP and Working Group at local level is to ensure that all Category 1 Responders are able to effectively and efficiently discharge their duties as defined under the Civil Contingencies Act 2004. The GLRP routinely activates at the Tactical tier as the primary forum for multi-agency emergency response, with Tactical Leads providing regular updates to Strategic Leads. The GLRP would activate at Strategic tier in the event of a Regional or National wide emergency which was out with the capability of the Tactical tier response.

### 5.2 Category 1 and 2 Responders

The Category 1 Responders as defined under the Civil Contingencies Act 2004 are:

- Local Authorities;
- Police Scotland;
- Scottish Fire and Rescue Service;
- Scottish Ambulance Service;
- National Health Service Grampian;
- Maritime Coastguard Agency (MCA); and
- Scottish Environmental Protection Agency.

The Category 2 Responders as defined under the Civil Contingencies Act 2004 are:

- Utilities Companies;
- Transport Authorities; and
- The Health and Safety Executive.

There are several organisations who may have a role in responding to an emergency that do not have specific duties as defined under the Civil Contingencies Act 2004. These organisations may be represented at any or all the Strategic, Tactical or Operational levels of an emergency response. These organisations may be involved in relevant sub-groups established during an emergency response, such as Scientific and Technical Advice Cell, Care for People or Committees established to provide specific capabilities or co-ordinate specific elements of an emergency response. The following list acknowledges some of the common response organisations not defined under the Civil Contingencies Act 2004:

- Her Majesty's Armed Forces;
- Voluntary Organisations;
- Animal Health Agency;
- Food Standards Scotland;
- Faith Organisations;
- Scottish Natural Heritage;
- Crown Office and Procurator Fiscal Service; and
- Commercial Organisations.

The Scottish Government is not classified as a Category 1 or 2 Responder under the Civil Contingencies Act 2004. This is to ensure that in the event of an emergency occurring which should impact Scotland nationally, there remains one neutral overall coordinator. Any emergency deemed as requiring the Scottish Government to take primary lead will be coordinated via the Scottish Government Resilience Room with instruction being provided to Local Resilience Partnerships regionally via the North of Scotland Regional Resilience Co-Ordinator.

### 5.3 Roles and Responsibilities of Category 1 Responders

#### Police Scotland

- Co-ordinate the activities of local responders and others acting in support at the scene of an incident except when MCA co-ordinate search and rescue in a maritime incident;
- Treat the affected area as a crime scene, the requirements for which must be considered in parallel to the general response, unless it is obvious that the emergency is caused by a natural event;
- Act under the direction of the Procurator Fiscal and, where appropriate;
- Facilitate the inquiries carried out by bodies such as the Health and Safety Executive, Rail, Air or Marine Accident Investigation Branches of the Department for Transport;
- Process casualty information including the identification of deceased; and
- Removal of the dead on behalf of the Procurator Fiscal who has the legal responsibility for investigating the cause and circumstances of deaths in Scotland; and
- As host force, co-ordinates the response to, and investigation of major accidents on the rail network in Scotland.

### **Scottish Fire and Rescue Service**

- The saving of life through search and rescue;
- Firefighting and prevention of fire spread;
- Rendering humanitarian assistance;
- Protection of property and the environment;
- Management within the inner cordon;
- Managing incidents involving hazardous materials; and
- Qualified scientific advice in relation to HAZMAT (hazardous materials) incidents and damage control; and mass decontamination of casualties following a Chemical, Biological, Radioactive, Nuclear incident.

### **Scottish Ambulance Service (SAS)**

- Save life and provide immediate care for patients at the scene of the incident and in transit to hospital;
- Alert hospital services and other relevant NHS agencies;
- Manage decontamination of people affected by hazardous substances prior to evacuation from the scene;
- Evacuate the injured from the scene in order of medical priority;
- Arrange and ensure the most appropriate transport for the injured to the receiving hospital;
- Supply patient care equipment to the scene of an emergency;
- Transport vital medical staff and their equipment to the scene of an emergency;
- Alert the Red Cross and St Andrew's Ambulance Association and coordinate their work in support of SAS; and
- Provide and maintain communications equipment for medical staff and voluntary organisations at the scene of an emergency; and restore normality.

### **National Health Service Grampian**

- The National Health Service may provide a role at the scene of an incident in addition to its role of receiving sick and injured persons at its hospitals.

### **Maritime Coastguard Agency (MCA)**

- Directorate of Operations includes HM Coastguard (responsible for civil maritime search and rescue) and Counter Pollution and Response Branch;
- Initiates and co-ordinate civil maritime search and rescue by mobilising, organising and dispatching resources to assist people in distress at sea, in danger on cliffs or shoreline and in certain inland areas;
- National coordinator of all civil maritime Search and Rescue activities by utilising its own facilities and those made available by others (e.g. military helicopters and Royal National Lifeboat Institute lifeboats) but will also seek assistance from any source likely to make an effective contribution;
- MCA may, if specifically requested, assist emergency services and local authorities during emergencies, such as flooding;
- The Counter Pollution and Response Branch deals with pollution at sea and assists local authorities with shoreline clean-up and; and

- The Secretary of State for Transport’s Representative (SOSREP) is collocated with the MCA. The SOSREP is empowered to intervene on behalf of the Secretary of State for purposes relating to the safety of ships or pollution from ships, offshore oil or gas installations. SOSREP has the power to give directions.

#### Scottish Environment Protection Agency

- Responsible for environmental protection in Scotland;
- Powers to prevent, minimise and reduce pollution and enforce environmental legislation;
- Advise the emergency services on the protection of water, land and air environment; and
- Responsible for regulating and monitoring discharges to water, the storage of waste and emissions to air.

#### Aberdeen City Council’s Roles and Responsibilities as a Category 1 Responder:

- Support the emergency services and those assisting them;
- Provide a variety of support services for the local and wider community;
- Maintain normal services at an appropriate level;
- Provide a wide range of social care and welfare services, working alone or with public, private and voluntary organisations. Services include care for people, rest centres, temporary accommodation, re-housing and practical support for victims;
- Access a wide variety of specialist, scientific, environmental and communications expertise;
- Represent the diverse interests of local people and, in so doing, maintain close links with communities through elected members, Community Councils, Community Planning and other formal partnerships;
- Have powers to take action to preserve community wellbeing; and
- Lead the longer-term recovery and regeneration of affected communities.

## 6. Aberdeen City Council Emergency Response Structure

### 6.1 Emergency Response Structure

A Duty Emergency Response Co-Ordinator (DERC) will co-ordinate the response to an emergency on behalf of the Council. Directors and Chief Officers of the Council operate as DERCs on a Rota basis. In this capacity, they act on behalf of the Chief Executive in accordance with the Council’s Scheme of Governance.

The Council operates a three-tier emergency response structure: Strategic, Tactical and Operational:

- **Strategic:** The Strategic level applies to all emergencies that could affect or threaten the Council’s ability to deliver critical functions.
- **Tactical:** The Tactical level is activated where Operational resources need co-ordination in order to achieve maximum effectiveness and efficiency. At this level, the

Incident Management Team will support the DERC and the Tactical Lead in the response.

- **Operational:** The Operational level manages the immediate ‘hands-on’ work that is undertaken at the scene of the incident. At this level the response is service-led.

The response to any emergency that could affect or threaten the Council’s ability to deliver critical functions will be coordinated by the DERC in the first instance. In such circumstances, the DERC will lead the response and chair the Incident Management Team. If the DERC deems that the incident is not an emergency that could affect or threaten the Council’s ability to deliver critical functions, and does not require Strategic co-ordination, the response will be coordinated by the Tactical Lead.

Aberdeen City Council has a number of Tactical Leads which are made up of managers from the relevant services across the organisation who may be involved in an emergency response. Individuals are trained and exercised regularly by the Emergency Planning and Resilience Lead.

## 6.2 Aberdeen City Council Emergency Response Roles and Responsibilities

The DERC will provide **Strategic** response to an emergency by:

- Activating the Council’s emergency response, determining whether to activate this Plan, another Council emergency plan or to recommend the activation of a GLRP plan;
- Considering the emergency in its wider context;
- Deciding whether to activate an Incident Management Team and chair IMT;
- Determining whether to request activation of the Local Resilience Partnership should the response to an emergency be out with the capability of the Council;
- Determine long term and wider impacts and risk with strategic implications;
- The DERC should consider whether to set strategic objectives at the start of an emergency or major incident, and subsequently communicate the overarching strategy and objectives for the emergency response;
- Establish the parameters for Tactical Leads to operate in the management of an emergency; liaise closely with Tactical Lead
- Monitor risks, impacts and progress towards defined objectives;
- Determine whether it is necessary to put in place a dual DERC rota, for instance if the incident is likely to be protracted and have a significant impact on the delivery of critical services.
- Prioritise the requirements of the Tactical tier and allocate personnel and resources to manage the incident accordingly;
- Formulate and implement media handling and public communication plans, potentially delegating this to Corporate Comms or to another Category 1 responder agency if appropriate;
- Assess the need to adjust normal business priorities in the light of competing resource demand created by the incident;
-



- In liaison with the relevant services and partners, coordination of the Rescue Stage and facilitation of the move through the Transition Stage to the Recovery Stage.
- Ensure the Chief Executive and elected members of Aberdeen City Council are informed, and regularly updated as appropriate. The role of elected members should be considered and determined in the context of the incident or emergency; and
- Operate with the powers of the Chief Executive under the Powers Delegated to Officers, including the authorising of spend.

The Tactical Lead supported by IMT will respond to an emergency by:

- Determining the extent of the emergency;
- Deem if there is an existing emergency response plan appropriate for the handling of the incident and advice implementing;
- Ensure a continuous flow of information between the DERC, Tactical, Operational teams and multi-agency partners;
- Ensure actions taken at the operational level are coordinated, coherent and integrated in order to maximise effectiveness and efficiency;
- Plan and co-ordinate how and when tasks will be undertaken in partnership with the DERC and Local Resilience Partnership partners;
- Determine priorities for allocating available resources in partnership with the DERC and Local Resilience Partnership partners;
- Obtain additional resources if required with approval from the DERC and in partnership with relevant Local Resilience Partnership partners, community groups and suppliers;
- Assess significant risks and use this to inform tasking of operational responders;
- Mitigate risks to the Health and Safety of the public and personnel;
- Activate incident specific plan, scaling up or down to fit with the scale of the incident;
- Advise on DERC strategy and implement;
- Initiate response, agreeing local actions and monitor response in partnership with the EP&RL;
- Prepare to take over the emergency response co-ordination role after the on-scene responders have concluded their part in the incident response;
- Provide regular briefings to DERC, requesting authorisation to spend;
- Maintain log of events of the incident response (specific to Loggist); and
- Record all costs associated to the incident response.

The Incident Management Team in conjunction with Team Lead will co-ordinate the **Operational** response to an emergency by directing on the ground Aberdeen City Council responders to:

- Take immediate steps to assess the nature and extent of the problem as identified by Tactical Lead;
- Tactical Lead to cooperate and share information with LRP partner agencies;
- Concentrate efforts and resources on specific tasks within areas of responsibility;
- Tactical Lead to ensure an integrated effort by allowing temporary transfer of one LRP organisation's personnel or assets to the control of another in order to mitigate the effects of the incident;

- Implement the Tactical response requests; and
- Co-ordinate health and safety requirements on-scene.
- Liaison to Tactical Lead.

The Council's Emergency Planning and Resilience Lead will provide Civil Contingencies advice to all three tiers of the response structure during an emergency where available.

### 6.3 Recovery

**Recovery is a complex and long running process that will involve many more agencies and participants than the response phase. (Phases noted below)**

1. Initial Response
2. Consolidation
3. Recovery
4. Restoration of normality

*Recovery is defined as the process of rebuilding, restoring, and rehabilitating the community following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.*

Local communities may also look upon an emergency as an opportunity to regenerate an area. Regeneration is about transformation and revitalisation.

In developing and instigating the recovery phase from an emergency the Council will put communities at the heart of the process and will engage and involve all aspects of those communities – residents, businesses, industries, partners and stakeholders that live and work in our area.

The **recovery phase should begin at the earliest opportunity** following the onset of an emergency, **running in tandem with the response to the emergency**. It continues until the disruption has been rectified, demands on services have returned to normal levels, and the needs of those affected (directly and indirectly) have been met. While the response phase to an emergency can be relatively short, the recovery phase may endure for months, years or even decades.

We must act flexibly and adaptively to the phasing of an emergency whilst also being mindful of the human, financial and reputational impact across our City.

As we navigate through an emergency from Response to Recovery the organisation will adhere to the principles of Integrated Emergency Management:

Focus on consequences, not cause

- Adaptability
- Direction
- Subsidiarity
- Continuity
- Responsibility

- Integration
- Communication

**Reference ACC Document:** Managing the Recovery and Restoration of Normality Phase of an Emergency to be read in conjunction with Grampian LRP Response and Recover Arrangements V6.

## 6.4 De-briefing Process

In order for emergency planning and response to evolve within the Council, the organisation conducts internal de-briefing and produces incident reports following every emergency. The purpose of debriefing is to assess which elements of the emergency response worked well, and to identify lessons from elements of the emergency response which could have been improved.

De-briefs and incident reports are conducted by the Emergency Planning and Resilience team. Incident reports and recommendations are reported to the Organisational Resilience Group who oversee the implementation of any agreed actions within the organisation. Any identified gaps which required additional mitigation or pose risk to Aberdeen City Council are escalated to the Corporate Management Team.

It is important to note that this process should not be confused with psychological de-briefing, and that all Council staff involved in an emergency response will be offered access to support services.

## 7. Generic Emergency Plan Performance

7.1 The effectiveness of the Plan and supporting procedures will be determined by the reduction or elimination of the negative impacts of unplanned incidents which could damage citizens, staff, assets, finances, reputation or service delivery. Data will be collected from the debriefing process.

## 8. Housekeeping and Maintenance

8.1 The Plan and supporting procedures and documentation specified within this plan will be reviewed and updated after any emergency.

8.2 Unless otherwise required, the Plan will be subject to a planned annual review.

8.3 This Plan and its supporting documentation replace the Council's existing Guidance for Emergency and Incident Planning and Response document.

## 9. Communication and Distribution

- 9.1 This Plan and supporting documentation will be shared directly with the Chief Executive, Extended Corporate Management Team, Incident Management Teams, and relevant external agencies.
- 9.2 The Plan will be available for review on the Council's shared areas on the network.

## ABERDEEN CITY COUNCIL

<b>COMMITTEE</b>	Public Protection Committee
<b>DATE</b>	2 <sup>nd</sup> December 2020
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Implementation of the approved recommendations of the United Kingdom Accreditation Service (UKAS) assessment of the Aberdeen Scientific Services Laboratory (ASSL).
<b>REPORT NUMBER</b>	OPE/20/230
<b>DIRECTOR</b>	Rob Polkinghorne
<b>CHIEF OFFICER</b>	Mark Reilly
<b>REPORT AUTHOR</b>	James Darroch
<b>TERMS OF REFERENCE</b>	3.1 and 3.2

### 1. PURPOSE OF REPORT

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

### 2. RECOMMENDATION(S)

That the Committee:-

- 2.1 notes the work being undertaken to implement and develop the recommendations of the 2020 UKAS re-assessment report, following a remote assessment carried out between the 28<sup>th</sup> February and 19<sup>th</sup> March 2020.
- 2.2 endorses the continuation of accreditation as a license to operate.

### 3. BACKGROUND

- 3.1 ASSL is based at Old Aberdeen House and provides analytical and scientific services to a wide range of local authority and private clients. It provides statutory functions under food and agriculture legislation. When at full complement, it is a team of 20 staff within Operations and Protective Services, consisting of 17 scientific and technical staff and 3 support staff. Among the staff are individuals who have the appropriate qualifications and experience to carry out the statutory functions of Public Analyst, Food Examiner and Agricultural Analyst which they do on behalf of Aberdeen City Council, Aberdeenshire Council and The Moray Council. Public Analyst and Agricultural Analyst appointments are also held for The City of York Council.

- 3.2 ASSL provides both chemical analysis and microbiological examination on a range of sample types, principally food, animal feeds, potable water, swimming pools, legionella monitoring, air monitoring and surface/ground waters and leachates from landfill site monitoring. It provides support for the Environmental Health services and plays an integral part in the process of protecting the health of the people of the North East of Scotland.
- 3.3 ASSL has been an Official Control Laboratory (OCL) as designated by the Food Standards Agency under EU legislation (Regulation (EC) 882/2004) for many years. A process is underway to transfer this designation to fall under Regulation (EU) 2017/625 which has come into force during the transition period. Without OCL status, the laboratory would not be able to undertake any enforcement work. UKAS accreditation is a prerequisite for holding OCL status.
- 3.4 ASSL has successfully maintained UKAS accreditation status since 1994. Between 28<sup>th</sup> February and 19<sup>th</sup> March 2020, the laboratory received an annual Surveillance assessment audit by UKAS. In addition, as ASSL had informed UKAS that it had completed the necessary work required to transition to the new ISO 17025:2017 quality standard, the annual audit including an assessment of ASSL's compliance with the new Standard. Due to the ongoing Covid-19 pandemic, both aspects of the assessment were carried out remotely for the first time.  
The Surveillance audit was the first assessment of the current 4-year accreditation cycle for the laboratory (2020 to 2023). The 2021 and 2022 assessment will similarly be by Surveillance audit, before the current cycle ends with a Re-assessment audit in 2023.  
During the 2020 assessment, a small number of findings were raised that identified areas where further work was required. These findings were addressed, and further evidence submitted to demonstrate this. On 18<sup>th</sup> August 2020 UKAS confirmed that ASSL had successfully transitioned to ISO 17025:2017 followed, on 8<sup>th</sup> September 2020 by confirmation that all the findings had been cleared and that accreditation was being maintained for a further 12 months.
- 3.5 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 Standards Scotland and Drinking Water Inspectorate guidelines.
- 3.6 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 2020 re-assessment are attached in Appendix A for reference.

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 The estimate of total expenditure required by UKAS to maintain the accreditation cycle is approximately £45,000 over the 4 years.
- 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.
- 4.3 All costs of maintaining accreditation are built into existing budgets.
- 4.4 The expenditure is required as the maintenance of UKAS accreditation, including to the Drinking Water Testing Specification (DWTS), forms part of existing service level agreements with local authority partners. Local authority income currently forms approximately 85% of the £1.2 million turnover of the laboratory.
- 4.5 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

Category	Risk	Low (L) Medium (M) High (H)	Mitigation
<b>Strategic Risk</b>	None identified		
<b>Compliance</b>	Failure to maintain UKAS accreditation would result in ASSL being unable to provide its Official Control Laboratory, Drinking Water Testing Specification (DWTS), and other functions, in ensuring that submitted samples comply with current legislation	M	Continue to invest the necessary time and resources required to maintain UKAS accreditation.
<b>Operational</b>	More than 95% of the work carried out by ASSL relies on the laboratory holding UKAS accreditation, loss of accreditation would result in the	M	Continue to invest the necessary time and resources required to maintain UKAS accreditation.

	service being unable to operate.		
<b>Financial</b>	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.
<b>Reputational</b>	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 n necessary time and resources required to maintain UKAS accreditation
<b>Environment / Climate</b>	None identified		



## 7. OUTCOMES

<b><u>COUNCIL DELIVERY PLAN</u></b>	
	<b>Impact of Report</b>
<b>Aberdeen City Council Policy Statement</b>	The activity outlined in this report supports the ACC Policy Statement through protection of public health, provision of advice and support to local authorities and businesses.
<b>Aberdeen City Local Outcome Improvement Plan</b>	
Prosperous Economy Stretch Outcomes	ASSL supports the Prosperous Economy element of the LOIP through the provision of a locally based UKAS accredited laboratory service which can be accessed by local businesses, both new and established.
Prosperous People Stretch Outcomes	By providing local businesses with access to an accredited laboratory, as well as sound advice, an opinion on the significance of results they are more likely to succeed and contribute to the local economy.
Prosperous Place Stretch Outcomes	
<b>Regional and City Strategies</b>	None identified
<b>UK and Scottish Legislative and Policy Programmes</b>	None identified

## 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 required.
Data Protection Impact Assessment	Not required.

## 9. BACKGROUND PAPERS

None.

## 10. APPENDICES

Appendix A : United Kingdom Accreditation Service (UKAS) Assessment Report detailing the visit made to Aberdeen Scientific Services Laboratory between the 28<sup>th</sup> February and 19<sup>th</sup> March 2020.

## 11. REPORT AUTHOR CONTACT DETAILS

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Tel	01224 491648

# United Kingdom Accreditation Service

Commercial in confidence



## ASSESSMENT REPORT

<b>Name &amp; Address of Organisation</b>	Aberdeen Scientific Services Laboratory, Old Aberdeen House, Dunbar Street Aberdeen AB24 3UJ	<b>Type of Assessment</b>	Surveillance
		<b>UKAS Reference Number</b>	5464
		<b>Date(s) of Assessment</b>	28/02/2020- 19/03/2020
<b>Assessment Location(s)</b>	Aberdeen Scientific Services Laboratory, Old Aberdeen House, Dunbar Street Aberdeen AB24 3UJ	<b>Project references</b>	228513-00-01
<b>Assessment Standard / Criteria</b>	ISO/IEC 17025:2017 (Testing)	<b>Schedule Issue No(s)</b>	042
<b>Name &amp; Role of UKAS Assessment Team</b>	Eddie Dix (Assessment Manager); Derek Farrington (Technical Assessor); Peter Sleeman (Technical Assessor); Paula Catchpole (Technical Assessor)	<b>Date(s) of Assessment Plan</b>	27 <sup>th</sup> January 2020
		<b>No. of (M) Findings: Action Mandatory</b>	14
<b>Name of Organisation Representative(s)</b>		<b>No. of (M) Findings: Require Evidence to UKAS</b>	13
<b>Report Issued By</b>	Eddie Dix	<b>No. of (R) Findings: Action Recommended</b>	3
<b>Report Issued Date</b>	19 <sup>th</sup> June 2020	<b>Method of Reviewing Evidence</b>	Remote
<b>Report Acknowledged By</b>		<b>Quote for Reviewing Evidence</b>	<u>0.5</u> Days Quote to follow
<b>Report Acknowledged Date</b>	As email	<b>Agreed Action Completion Date</b>	19 <sup>th</sup> July 2020
<b>Report Acknowledged Method</b>	email	Please return evidence to: <a href="mailto:customerservices@ukas.com">customerservices@ukas.com</a> Quoting the UKAS Ref.No in the subject field	

<b>AREAS SAMPLED AT ASSESSMENT (marked as 'X')</b>			
<b>ORGANISATION</b>		<b>IMPARTIALITY &amp; INTEGRITY</b>	
Legal Status	x	Independence, Impartiality & Integrity	x
Liability Cover (CB / IB only)	N/A	Confidentiality	x
Management of Finances (CB/IB only)	N/A	<b>EVALUATION PROCESSES</b>	
Resources	x	Design & Development of Methods	x
Organisation Structure	x	Enquiries, Tenders, Contracts	x
Responsibility & Authority	x	Planning & Resource Allocation	x
<b>MANAGEMENT</b>		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		Certification & Maintenance of Certification (CB only)	N/A
Management of Sub Contractors and Purchases		<b>TECHNICAL COMPETENCE</b>	
Service to Clients (Test / Cal only)		Personnel	x
Handling of Complaints	x	Methods	x
Control of Non-Conforming Items Dealing with Corrective & Preventive Actions and Improvements	x	Facilities/Equipment/Environmental conditions	x
Internal Audit and Management Review	x	Assurance of Quality of test	x
Supervision & Monitoring of Staff	x	Witnessed Activities	x
Conditions for Granting & Maintaining Certification (CB only)	N/A		

### **Executive Summary and Recommendation**

This was a surveillance assessment of the laboratory at Aberdeen Scientific Services, to assess their continuing competence against the requirements of ISO/IEC 17025:2005 for their testing activities. The assessment also covered the transition to ISO/IEC 17025:2017, which was postponed from 2019. The assessment was carried out as a remote assessment as a result of the Covid-19 outbreak. Due to the everchanging situation it was not possible to carry out all the planned remote method witnessing activities.

The Quality System has been generally well maintained and there is evidence that the changes required as a result of the transition to ISO/IEC 17025:2017 have been considered however there are still some points that need to be addressed and these have been identified within the separate transition report and Improvement Action Report. The laboratory is moving to a more electronic system of records, and these appeared on the whole to be well maintained. Internal audit records are well maintained, and the system appears to be operating well, however due to the remote nature of the assessment a full assessment was not possible. The process for recording non-conforming work has been updated to reflect changes for the transition and the form has been updated accordingly. There had been only one non-conformance logged using the new system and this appeared to have been suitably recorded, however the laboratory may wish to consider documenting the mechanism for how the process is used for identifying risks and opportunities. The laboratory personnel were extremely cooperative and supportive in the remote assessment approach, especially considering the constantly changing nature of the guidance during the early days of the Covid-19 lockdown.

The micro department has done their best to provide documents for review remotely, and several items have been received however due to decision to close the lab it has not been possible to conduct the test witnessing over the live streaming as planned and many items and records are in hard copy form and therefore currently inaccessible to the lab staff at this time. General procedures provided are appropriate and clearly documented giving confidence that good systems are in place, however as paper records in many cases were not able to be reviewed the maintenance in all systems over the last year could not be assessed. The test methods are clearly documented however, some are based on old references and the current standards have not been reviewed.

EQA performance over the year has been good, although where there has been the odd failure, the nonconforming work reports associated lack full details. Other systems to demonstrate test validity such as IQC and MQC have been well maintained and follow appropriate systems.

The remote review of records found the quality assurance systems in the water chemistry area being well maintained across the test methods. Technical record keeping was being maintained to a high standard and both the internal quality control performance and external proficiency testing scheme results over the past 12 months or so were very good (>97% of water chemistry results being "Satisfactory") giving a good confidence in the analytical results being produced.

Decision is that accreditation to ISO/IEC 17025:2005 and the DWTS specification to be maintained for the current scope of accreditation, following satisfactory clearance of findings raised within the agreed timeframe and the outcome of a satisfactory site assessment when the situation permits.

### **Scope (if not covered elsewhere)**

Due to Covid-19 pandemic the assessment was conducted as a remote assessment utilising remote review of documentation provided before the assessment, and additional documentation provided as part of the assessment process. No on site witnessing/assessment activities were undertaken. The remote assessment was carried out following a remote opening meeting on the 19<sup>th</sup> March 2020.

The plan was for the Technical assessors for food chemistry and food and water microbiology to carry out some remote method witnessing via the use of webcams. The water chemistry technical assessor did an entirely remote assessment, including vertical audit. The remote witnessing was planned for

various dates and times during the week commencing 23<sup>rd</sup> March 2020. Following the UK Government announcement to cease all unnecessary travel Aberdeen City Council chose to close all non-essential services, including the laboratory. As such not all planned witnessing was able to be covered.

Due to challenges in getting access to the local systems, the dates of assessment were extended with the final remote assessment taking place via remote review of records and a vertical audit to address DTWS requirements in the water microbiology section.

Legionella method not assessed; agreed with AM to move to another year within the cycle.

### Changes to the Schedule

There appears to be an error on the schedule on page 8. Method 6505 for Enterobacteriaceae in milk and milk products has the reference as ISO 21528-2:2004 when the current method is based on the 2017 version and is correct on page 9 in food and food product matrices. This is to be amended on page 8.

The statement at the beginning of the **WATERS** section "*Examination for the purpose of enforcement of...*" needs the last reference *The Public Water Supplies (Scotland) Regulation 2014* to be updated to **The Public Water Supplies (Scotland) Amended Regulations 2017**.

### Organisation

#### Legal Entity

The laboratory of Aberdeen Scientific Services Laboratory (ASSL) is a department within Aberdeen City Council.

#### Resources

The laboratory is housed in an old school building, part of the building is still occupied by the school, but there is separation in place between the laboratory and the school. Access to the building is via a secure entry system. Visitors are required to sign into the reception on arrival.

The laboratory is spread over several floors of the building.

There have been some changes in staffing since the last assessment, notably the departure of the Senior Scientist. His role is to be filled internally, a suitable candidate has been identified, but the appointment has not yet taken place. In addition, two staff are on secondment away from the laboratory, one being an Assistant Scientist, post has been back filled on a temporary basis and the other being a member of the laboratory Administration team. This is a job share post, and their secondment has been covered by their job share partner.

The Laboratory Manager is also the Quality Manager and Principal Scientist – Water Chemistry. A business case has been put forward to split this role across two members of staff.

It has also been noted that there are a number of staff approaching retirement age, this is a risk to continuity and has been noted in the laboratory Risk Register. One member of staff is currently actively working towards the MChemA.

The role of the Public Analyst is undertaken by \_\_\_\_\_ who works part time for the laboratory (3 days a week). He is based remotely but attends the laboratory on a monthly basis. The role of Food Examiner is undertaken by \_\_\_\_\_. Training records have been assessed previously for this role.

### **Organisation Structure**

There is a documented organisational chart detailed in Appendix 2 of the Quality Manual (PA/POL/001). The structure defines the reporting lines within the laboratory.

### **Responsibility & Authority**

The Laboratory Manager ( ) has overall responsibility for the day to day running of the laboratory. He is also the Quality Manager and Principal Scientist for the Water Chemistry department. There are Principal Scientists for each of the other two departments. The Principal Scientist for the Food Chemistry is ; and for Microbiology is .

Job Profiles are in place for all of the staff. Which detail the key roles and responsibilities.

### **Management**

#### **Management System Including Documented Policies & Procedures**

The system consists of the Quality Manual (PA/POL/001). This has been updated to capture the changes as a result of the transition to ISO/IEC 17025:2017. The Quality Manual details the policies as well as providing some procedural details. The Quality Manual is supported by a series of other documents, that are referenced within the Quality Manual. Hyperlinks are also in place to provide direct links to specific forms or procedures.

The Quality System is managed through the laboratory server, with records held electronically.

#### **Roles & Responsibilities for Quality**

The Laboratory Manager undertakes the role of Quality Manager for the Laboratory. The Public Analyst is identified as the Technical Manager, however specific responsibility for the individual departments lies with the Principal Scientists for each department.

#### **Management of Sub Contractors and Purchases**

The laboratory holds a list of approved suppliers, the list includes and expiry date and a date for when the record was updated. There is a section for recording comments which is generally where the details of the approvals held is recorded. The process for approval and review of suppliers was not fully assessed due to the current situation.

#### **Service to Clients**

The laboratory saves emails associated with customer feedback and reviews these as part of the Management Review. The overwhelming majority are compliments and thanks. A selection of the emails was reviewed, and no negative responses were noted.

A feedback survey was carried out with data collated into a report. The overall responses indicated that Aberdeen Scientific Services Laboratory provides a very good level of service, there appeared to be one customer that score "very dissatisfied" across all of the questions. This had been noted in the Management Review and a similar issue had been noted on a previous survey. The respondent did not however provide any details as the reason for the dissatisfaction.

#### **Handling of Complaints**

The laboratory has written a new complaints procedure PA/IHP/1071 as part of the transition to ISO/IEC 17025:2017. The procedure captures all of the requirements as set out in the standard. Complaints are investigated using the Anomaly Investigation report used for other types of non-conformance.

No complaints have been received by the laboratory in the last year.

### **Control of Non-Conforming Items Dealing with Corrective & Preventive Actions and Improvements**

The process for handling non-conforming work is detailed in Section 17 of the Quality Manual (PA/POL/001). The procedure covers the process for non-conforming work arising from all sources, including IQC failures, EQA failures, internal audit, complaints and that arising from other sources. All non-conformances are recorded on the Anomaly Investigation Form.

The form includes a section for recording a unique identification number based on the year followed by a sequential number, starting at 1 each year, e.g. 2019-03. The form includes a section for recording the nature of the abnormality e.g. complaint, non-conformance, preventive action or other anomaly. There is a section for recording the source e.g. Internal audit. There is a section for recording the details of the root cause, whether other related anomalies exist and whether a further investigation is required. The form includes a section for Impact/Significance, a section for recording any corrective actions as well as any risks arising from the non-conformance. There are sign offs for Name of the person completing the investigation, Signature of Principal Scientist and Laboratory/Quality Manager. Each sign off includes the requirement to record the date that each was completed. The form had been updated as a result of changes required for the transition and issued in March 2020.

There was only one instance where the new form had been used. The form appeared to have been completed appropriately however, it was noted that the lab had recorded that no risk or opportunity had been identified, looking at the impact/significance the lab had recorded "Being Short Staffed and Heavy Workload". This could be perceived as a risk. The laboratory will need to consider whether procedures should include any guidance on how risks arising from non-conforming work are identified, this has been raised as a recommended finding.

It was noted that although the Anomaly Investigation Form includes a section for recording dates at the end of the form, there is no where on the form to record the date that the Non-conformance was identified (See Finding E01490-008).

On review of records of anomalies for 2019 it was noted that there were a number of anomalies that appear to have been raised throughout 2019 that had not been fully signed off until January 2020 (See Finding E01490-009). It appears that the investigations were completed promptly, however the forms not updated at the time with the dates.

All records of non-conforming work are held electronically.

### **Internal Audit**

The laboratory has an audit schedule in place that covers the Quality System and Method Audits. The plan also includes vertical audits, audits covering DWTS for both microbiology and chemistry and an audit of the Generic Protocol.

Audits are recorded on an audit checklist, where the detail of the audit is recorded, audit findings are then recorded on an Audit Summary which lists all of the findings alongside an audit report number. The audit report is the mechanism for capturing the audit findings and documenting the corrective actions. The records associated with each individual audit are saved into individual folders for each separate audit. This includes the Audit Summary Form, the Audit Checklist and Audit Reports along with supporting information as applicable.

There is a team of auditors who undertake system and method audits. Competence records for the auditors were not covered at this remote assessment and will be covered at next years assessment.

Audit reports are generally very well detailed and include objective evidence, providing traceability back to the activity being audited. The majority of audits performed raised findings, on review of the findings raised, they are all minor in nature and provide confidence in the audit process.



As part of the overall review of the system the laboratory undertakes an annual audit review. This is documented in minutes along with a summary of audits performed, number and type of audit findings being raised. The minutes are well detailed and provide a good summary of the audit status. It was noted from the review that the laboratory had identified that there are some challenges with maintaining the audit schedule, but the labs has, on the whole been able to maintain the schedule. Any audits that are not carried out in the audit year are carried over into the next year to be completed at the earliest opportunity.

The current audit appears to be robust and on the whole well maintained.

### **Management Review**

The Management Review was held in March 2020 and was attended by the Public Analyst and Quality Manager/Laboratory Manager. A draft of the minutes has been prepared that includes section covering all of the points outlined in ISO/IEC 17025:2017, however the minutes have not been fully completed to demonstrate how the new areas have been addressed, this has been raised as a finding against the transition.

Some of the sections of the minutes have been completed and provide a good summary of those areas under discussion. The minutes included a section covering use of the Generic Protocol, however as identified, not all of the sections had been completed.

### **Impartiality & Integrity**

#### **Independence, Impartiality & Integrity**

The laboratory is part of Aberdeen City Council. There are a range of policies and procedures in place covering impartiality, conflicts of interest and integrity.

The laboratory is intending to use the Senior Staff meetings as the mechanism for identifying risks to impartiality associated with laboratory operations. As this is a new system, there have not yet been any meetings where this has taken place, this has been raised as a finding via the transition.

Whilst no risks have been formally documented, the current Public Analyst ( ) has his own business working as a Public Analyst for other local authorities. This has been identified and controls are in place to ensure that this does not pose a risk to impartiality, specifically where he may act as the Public Analyst for a customer of Aberdeen Scientific Services Laboratory.

#### **Confidentiality**

Contracts of employment include a clause covering confidentiality. This covers the release of confidential information during the period of employment and after employment has ceased.

### **Evaluation Processes**

#### **Flexible Scope**

The laboratory operates a flexible scope, which is detailed in procedure PA/IHP/0030 which details the process for how the flexible scope is applied, and PA/IHT/3000 which describes the procedure for how a new method is developed. The two procedures are to be read in conjunction with each other.

PA/IHP/0030 details the Matrices which are covered by the flexible scope, these are Foods and Animal Feeds. This is typical of the Public Analyst Laboratory service, as there is a recognised requirement that they should hold accreditation for as many tests as possible, however it is impracticable to have all tests accredited, particularly if only used occasionally. The procedure also details the techniques covered by the Generic Protocol. The authorisations for each of the different stages of the process are also defined. The Public Analyst has overall responsibility for the use and approval of the process. They are responsible for appointing a Responsible Analyst, this is one of the Principal Scientists who will responsible for developing the analytical approach based on PA/IHT/3000 as well as the target

performance criteria to be met. Once these have been approved, the Principal Scientist will oversee the validation and analytical process. The analysis will be undertaken by a member of staff who has documented competence in the technique to be operated. The names and justification for authorisations are recorded on the Generic Protocol Checklist. The names are also recorded on the Generic File Index. The Generic File Index acts as the register of usage.

The laboratory is active in the use of the Generic Protocol, having used it 27 times since it was first used in 1998. It was noted that the laboratory has started to record the analysis for which the Generic Protocol was used onto the File Index, this has been recorded in the margin of the form. There is a new version which is held as appendix 3 of the procedure PA/IHP/0030 which has been updated to include the Test Parameter within one of the columns. The laboratory will need to ensure that when starting a new register, that the new form as detailed in Appendix 3 is implemented (Recommended Finding)

The Laboratory has used the Generic Protocol once in 2019, this was for the development of a method for sugar, by Luff-Schoorl, which is a titration method. The sample matrix was a Dry Pet Dog Food. The bounds of the flexible scope include Animal Feeds and Titration techniques. The process as documented has been followed. The use was numbered as G/0027 in line with the other instances and all information was recorded on the Generic Protocol Checklist, the form was signed by [redacted] as Public Analyst approving the use of the Generic Protocol. The responsible Analyst was [redacted], with the analysis being undertaken by [redacted] and [redacted]. There are approvals in place to demonstrate that the staff are all competent. For each use of the Generic Protocol, a Quality Control Sheet is generated, this details the target criteria and that achieved by the validation.

The procedure appears to meet the requirements as set out in GEN 4.

### **Technical Competence - Food Chemistry (Derek Farrington)**

#### **Use of Generic Protocol – Review of Technical Records as applicable.**

The protocol is to be used at least once a year to maintain competence. The laboratory has applied their Generic Protocol once in the past year, for Total sugars in pet food by Luff-Schoorl titration.

PA/IHP/0030 provides an overall generic approach to the selection of a suitable method for the analysis. PA/IHT/3000 is used when developing or modifying an analytical procedure for generic purposes. Together these documents set out the procedures to be followed. Individual Generic Protocol applications are summarised in PA/IHT/3000; Generic Protocol Checklist.

The laboratory provided a completed Generic Protocol Checklist. For Generic Method No: G/0027. Sample Ref No:10200961-10200980. Description: Dry pet dog food. Parameter(s) to be determined: Total sugars by Luff-Schoorl. This falls within the boundaries of the accredited protocol as Animal Feedingstuffs, Classical techniques.

The G/0027 Checklist provided evidence that the use of the Generic Protocol had been appropriately authorised. The approach to the method including reference to a Regulatory procedure (Luff-Schoorl method prescribed by Section J of Annex III of Commission Regulation (EC) No 152/2009). This was proposed by the Principal Scientist and approved by the appropriate signatory. Staff designated to undertake the analysis were identified [redacted] and [redacted] and their Similar Method Training Record(s) References confirmed appropriate competence. Training records for these analysts were also provided. Procedure and approach has also been discussed with members of staff ensuring that the procedures to be used are fully understood (Signed off on Check list).

APPENDIX 2 – The Generic Method Quality Control Sheet had been completed. This sets the Validation parameters. Generically it lists Target Criteria and Achieved Criteria for the following: L.O.D.;

Recovery; Repeatability; Range on Linearity of response; Estimation of Uncertainty; Chromatography/Spectrometry Acceptability Criteria and Others (Specify). The laboratory considered these criteria and selected those shown below, which also lists the criteria achieved.

	Target Criteria	Achieved Criteria
Repeatability	5%	1.86%
Estimation of Uncertainty	10%	4.55%

These target criteria had been approved and there was approval of Acceptance by a designated signatory.

The report to the customer identified that the procedure had been carried out under the laboratory's flexible scope of accreditation.

The laboratory also provided the following documentation.

- Completed and signed Generic Protocol File including G/0027.
- Completed Generic Scope Lab Book detailing preparation of Luff-Schoorl Reagents and raw data on titrations, also showing that this had been checked and signed appropriately.
- Full details of the Regulatory method Section J of Annex III of Commission Regulation (EC) No 152/2009.
- FAPAS data sheet for T20161, Chocolate cake mix. Total sugars assigned 54.5 g/100g; Range  $|z| < 2$  49.5-59.5g/100g. (NOTE: Although this is not a Pet Food it is an appropriate QC as the principle of the method covers both Pet foods and human food.)
- The customer request that triggered the requirement.
- Worksheet W19A0492. This detailed all of the raw data and calculations leading to the final results of the replicate (n = 20) total sugar results on the dried dog food. It also demonstrated compliance with the acceptance criteria in the T20161 Reference Material (n=3) and CRM 020 (n = 2)
- Full details of the derivation of the Method Uncertainty
- Details of the derivation of repeatability precision. (NOTE: Taking these (2x10) results overall across all the batches analysed equates to a Horrat<sub>r</sub> value of 0.8, this is good precision for Luff Schoorl)
- A completed validation procedure document.

In conclusion this submission provides good evidence of adherence of the procedure to the parent Generic Protocols; an excellent level of traceability to raw data and their approval; and a good standard of professional competence in achieving the final set of results meeting customer requirements.

#### Personnel (training and on-going competence)

Practical demonstration was restricted to a remote assessment of PA/VEM/0216. This was well demonstrated by a very experienced analyst who showed a good understanding of the procedures and principles of the equipment involved. There have been no new staff, or new significant training given since the last visit.

Training records are maintained electronically within the LIMS system, detailing the training that has been received in the analytical procedures. Training records viewed at the last visit were acceptable. Appropriate Training Records provided for \_\_\_\_\_ and \_\_\_\_\_, in respect of competence to undertake Generic Protocol work.

#### Methods (including uncertainty of measurement and validation)

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. 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. No new test methods or equipment procedures have been implemented since the last visit.

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 latest version of the Uncertainty Calculations program confirmed that this procedure is being kept up to date.

#### **Facilities and equipment (maintenance, calibration)**

The laboratory provided appropriate Equipment servicing and calibration details for the following;  
Six Analytical balances; certificates all in date.

Details of successful calibration of two autopipettes, in date.

Balance check records for 4 analytical balances in daily use.

External service records for ICP-OES and microwave digester.

In house maintenance records for the HPLC in use for aflatoxin analysis.

In house maintenance records for the GC in use for butyric acid analysis

In house maintenance records for the ICP-OES and Microwave digester.

#### **Environmental conditions**

Accommodation is fit for purpose with appropriate segregation of tests where required. There were no significant changes in environmental conditions since the last visit.

#### **Sample handling**

There have been no significant changes in sample handling procedures since the last visit.

#### **Internal and external quality control**

##### 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 and were provided for all the methods on the Visit Plan including Remote review methods. The charts viewed reflected acceptable precision (see individual method reviews below). Charts are subject to periodic review in accordance with a documented procedure. Individual details provided for individual methods in the Visit Plan. In cases where results are found to be outside acceptance limits appropriate action is taken.

##### External Proficiency Testing

The laboratory participated in FAPAS Series 01, 04, 08,10,14,15,18,21, 27,& 28; together with LGC QDCS over the past year. This comprised a total of 62 tests of these 61 (98%), returned satisfactory z-scores representing very good performance. The one test in the set not returning a satisfactory z-score was for nitrate in meat (FAPAS 15128). This overlapped with the non-conforming work report presented at the previous visit. 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.

### Records

The standard of record keeping at the laboratory is good, as demonstrated by the comprehensive records available to demonstrate use of the Generic Protocol.

### Reporting of results

Reports viewed met the requirements of LAB 1.

### Reference material/standards

Covered by data provided for individual methods.

### Methods intended for Practical Witnessing on the Visit Plan

#### PA/IHT/2308: Aflatoxins using High Performance Liquid Chromatography (HPLC)

The Scope of this method is testing groundnuts and groundnut products (e.g. peanut butter), maize, soya, cotton seed, palm kernel and some compound feeding stuffs. This method is not suitable for the determination of aflatoxins in fruit and fruit products.

The limits of detection specified in the SOP Performance characteristics are fit for purpose for monitoring compliance with the lowest Regulatory MRLs associated with the matrices in the accredited SOP Scope.

Mycotoxin	LOD µg/kg	Mycotoxin	LOD µg/kg
Aflatoxin B1	0.08	Aflatoxin B2	0,13
Aflatoxin G1	0.40	Aflatoxin G2	0.20
Total Aflatoxins	0.81		
Food. Commission Regulation 165/2010 lowest MRL Cereals, 2 µg/kg for B1; 4 µg/kg total aflatoxins			
Feeds. Commission Regulation 574/2011 lowest MRL Compound feed 5 µg/kg for B1.			

A chromatogram of the working standard, equivalent to 1.25ng/ml aflatoxins served to demonstrate that the laboratory can routinely achieve the sensitivity claimed in the method.

A typical chromatogram of a representative matrix served to demonstrate that typical real sample matrices do not give rise to significant interferences in the vicinity of the aflatoxin peaks.

### IQC Performance

Repeatability check a duplicate is run with each batch of samples and the results must conform to those specified in 14.1.3

Action Limits ±	n	% n>3sd	Comments
B1 20 % of mean	19	0	Chart reflects routine performance well. RSD <sub>r</sub> within Regulation 519/2014 RSD <sub>r</sub> performance criteria
B2 20 % of mean	13	0	Chart reflects routine performance well. RSD <sub>r</sub> within Regulation 519/2014 RSD <sub>r</sub> performance criteria
G1 17 % of mean	11	0	Chart reflects routine performance well. RSD <sub>r</sub> within Regulation 519/2014 RSD <sub>r</sub> performance criteria

G2 30 % of mean	7	0	Chart reflects routine performance well. RSD <sub>r</sub> within Regulation 519/2014 RSD <sub>r</sub> performance criteria
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The recovery data for spiked samples for each toxin 100µg/kg show few points outside limits. They demonstrate routinely achieved %RSD<sub>R</sub> values which are within the performance criteria stated in Commission Regulation (EU) 519/2014.

Aflatoxin	Mean%	Action Limits µg/kg	%RSD <sub>R</sub>	519/2014 RSD <sub>R</sub> (1 Horrat)
B1	96	55-140	10	22.6
B2	96	60-130	10	22.6
G1	96	60-140	10	22.6
G2	75	20-140	20	22.6
Reg 519/2014		50-120		

The correlation coefficient of each calibration graph should be at least 0.9985. Confirmed by calibration run 04/03/2020.

#### External Quality Assurance

The latest PT associated with aflatoxin analysis was FAPAS 04340, aflatoxins & ochratoxin A in paprika (satisfactory z-score) . This covers SOP PA/IHT/2327. The last PT associated with SOP PA/IHT/2308 was undertaken in 2015. Aflatoxins and ochratoxin A in hazelnut slurry is scheduled for dispatch from FAPAS on 06/07/20. The laboratory intends to analyse this by both methods.

#### Reference materials

In date R-BioPharm Certificate of Analysis provided for 250ng/ml aflatoxin standard. R-BioPharm is accredited to ISO 17034.

#### PA/IHT/0007: Moisture oven drying

The Scope of this method is foods and animal feeding stuffs, not applicable to cheese or honey samples. The referenced standard methods are; for Feeds The Animal Feed (Scotland) Regulations 2010. For food; BS4401: Part 5: 1996 Current, BS 6049: Part 2: 1981 Tea Current.

#### IQC Performance

At least 1 in every 50 samples should be analysed in duplicate and the difference between the results should conform to the performance characteristics quoted in 14.1.3.

Action Limits ±	n	% n>3sd	Comments
2.1%	510	2	No recent >3sd. Chart reflects routine performance well

Each batch of samples should include analysis of a standard control material (either an In-House Control or CRM). The results must conform to the performance data quoted in 14.1.2 (see PA/LOG/0216 and LIMS). The standards control used is CRM 037 Canned Meat

Mean g/100g	%RSD <sub>R</sub>	Horra <sub>tR</sub>	n for 2019/20	Out of spec.
61.25*	0.8	0.4	12	0

\*The control material used is FAPAS T0193QC, Canned meat. The assigned mean value is 60.82g/100g with a range set ( $|z| \leq 2$ ) at 59.97-61.68g/100g.

External Quality Assurance

FAPAS 01120 (z-score -0.8); 01129 (z-score 0.1); 10156 (z-score -0.1)

Equipment

The laboratory provided details of oven calibration, both daily and annual temperature profiles. Evidence of calibration of thermometers used, vs reference thermometer, was also provided

**PA/IHT/2062: Crude Fibre using Fibretec system**

The Scope of this method is Feeding stuffs and bread and bread products. The method is based on that referred to in The Feed (Sampling and Analysis and Specified Undesirable Substances) (Scotland) Regulations 2010.

IQC Performance

For statutory purposes, the difference between two parallel determinations carried out on the same sample must not exceed 0.3 in absolute value for fibre contents lower than 10%. 3% relative to the higher result, for fibre contents equal to or greater than 10%.

Statutory Sample 10202799 Prime Beef 1 animal feed. Declared at 5.0%. Duplicate results 5.17g/100g and 5.27 g/100g therefore absolute difference of 0.1g/100g i.e. < 0.3 for fibre declaration of <10%. Supported by raw data worksheet and registration details for a formal sample.

Each batch of samples must contain a duplicate and the difference between the results is to conform to the precision data 14.1.3

Action Limits $\pm$	n	% n>3sd	Comments
14% of mean	80	0	

Each batch of samples must include a standard control material or a certified reference material (8.24). The IHRM used is AQC IHC 013.

Mean g/100g	%RSD <sub>R</sub>	Horrat <sub>R</sub>	n for 2019/20	Out of spec.
14.1	3.5	1.3	2	0

External Quality Assurance

FAPAS 10156 (z-score 0.5).

Equipment

In-house Fibretec maintenance evidence provided. Details of oven calibration, both daily and annual temperature profiles. Evidence of calibration of thermometers used, vs reference thermometer, was also provided

**PA/VEM/0216: Fat in Cream using Gerber Method**

The Scope of this method is cream It is referenced to BS ISO 2446:2008 (Current).

IQC Performance

Each batch of samples must contain a duplicate and the difference between the results is to conform to the precision data 14.1.3

difference between the results is to conform to the precision data 14.1.3

Action Limits $\pm$	n	% n>3sd	Comments

4% of the mean	11	0	
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Each batch must include an in-house standard control material

Mean g/100g	Limits	n for 2019/20	Out of spec.
12.1	11.5-12.5	1	0

External Quality Assurance

LGC QDCS 264, fat in milk by Gerber, z-score 1.60.

Equipment

Covered by Method witnessing evidence

Reference materials

Covered by Method witnessing evidence.

**PA/IHT/0101: Nitrite in Meat using Spectrophotometry**

The Scope of this method is meat and meat products It is referenced to BS 4401: Part 8:1976 (Current).

IQC Performance

Obtain the calibration curve by plotting the measured absorbance of the standard solutions (8.6.1) against amount of sodium nitrite. This can be done electronically using Excel. The correlation coefficient for the curve must be  $\geq 0.9985$ . Confirmed by routine calibration run.

Each batch of samples must contain a duplicate analysis and the difference between the results must conform to the performance characteristics quoted in 14.1.3. For reference purposes each sample must be analysed in duplicate and the difference between the results must conform to the performance characteristics quoted in 14.1.3

Action Limits $\pm$	n	% n>3sd	Comments
15 % of mean	11	0	Chart reflects routine performance well

Each batch of samples must include a recovery check (8.8) and (8.9) and the results must conform to the performance characteristics quoted in 14.1

Each batch of samples must include a standard control material or a certified reference material (8.24)

Mean %	%RSD	% Limits	n for 2019/20	Out of spec.
100	5	85-115	0	0

Last batch: Spike recovery 104.5% and duplicate 6.70%.

External Quality Assurance

FAPAS 15112 (z-score 0.1), 15128 was (z-score 1.4).

Equipment

In-house spectrophotometer calibration records provided.

Reference materials

Fisher Chemical sodium nitrite Certificate of Analysis provided. Opened September 2016 and expires September 2020. Fisher Chemical is accredited to ISO 17034.



**PA/IHT/2101: n-Butyric Acid using GC**

The Scope of this method is n-butyric acid in fat It is referenced to the Phillips and Sanders method; JAPA 1968, 6 89-95.

IQC Performance

The correlation coefficient of the calibration graph in 8.3.5 should be > 0.9985. Confirmed by routine calibration run.

Repeatability check At least one sample in every batch is to be analysed in duplicate. The difference between the results must conform to 14.1.3.

Action Limits ±	n	% n>3sd	Comments
10% of mean	55	2	

An in-house control is run with each batch. IHC 090, Butter

Mean g/100g	SD	% Limits	n for 2019/20	Out of spec.
3.45	0.1	3.15-3.75	1 (7 back to 2018)	0

External Quality Assurance

FAPAS 14209 (z-score 0.8) 14181 (z-score 0.8).

Equipment

In house maintenance records for the GC in use for butyric acid analysis provided.

Reference materials

Butyric acid (Acros Organics) and iso-butyric (Thermo Fisher) certificates of Analysis provided. Iso-butyric acid opened February 2015 and expired February 2020. No samples for butyric acid in the system currently and the laboratory would order new standards as and when required for analysis.

**PA/VEM/0381: Energy by Calculation**

The Scope of this method is food It is referenced to Commission Regulation EU 1169/2011. All of the conversion factors align with the Regulation factors.

The laboratory provided a worked example for Laboratory No. 10172734 (mince pie) derived from LIMS with a manual calculation alongside. This cross check confirmed the LIMS calculation.

A report to a customer including Energy to demonstrated that LIMS correctly assigned the accreditation status to each of the components that go into the final energy result.

**PA/IHT/0005: Ingredients using Gravimetry**

Details of raw data and associated Reports for two samples (10131445 & 10198195) were provided to illustrate this method in action.

This method is required occasionally and has been on the laboratory schedule for over 20 years.

There are difficulties in assessing this procedure as a desk exercise, and it was not considered worth using valuable remote video resource to demonstrate it. The method needs to be included in the next Surveillance visit.

**PA/IHT/2319: Vitamin C using HPLC**

The Scope of this method is foodstuffs. It is referenced to BS EN 14130:2003 (Foodstuffs - Determination of vitamin C by HPLC) which has since been withdrawn.

IQC Performance

Instrument calibration: Correlation coefficient R<sup>2</sup> 0.9999 achieved for analysis of Vitamin C in baby food. Repeatability check at least one sample per batch must be analysed in duplicate; the difference between the results should conform to the precision data in 14.1.3.

Action Limits ±	n	% n>3sd	Comments
9.5 % of mean	10	0	Chart reflects routine performance well

Recovery check a recovery check (see 8.10) must be carried out with each batch of samples; the results should be within two standard deviations of the mean value quoted in 14.1.2.

Mean %	%RSD	% Limits	n for 2018/19	Out of spec.
100	10	70-130	3	0

External Quality Assurance

FAPAS 21111 (z-score 0.2).

Equipment

In house maintenance records for the HPLC in use for Vitamin C analysis provided.

Reference materials

(Thermo Fisher) certificate of Analysis for ascorbic acid. Opened Jun 2018 and expires Jun 2020.

**PA/IHT/2540: Sodium (salt by calculation) using ICP-OES**

The Scope of this method is foodstuffs. It has been developed in-house.

The Limit of detection stated in the SOP (0.001 g/100g) is fit for purpose for monitoring compliance with Sodium Free or Salt Free claims made under Commission Regulation 1924/2006. The laboratory has noted that this method was amended to cover a more appropriate range of standards more suitable for the sodium content of foods the laboratory is usually requested to test but it previously used the same set of standards as the non-potable water method. It previously included a wider range of standards and included a 10 µg/L standard which can be re-instated to the method to cover the claims above if required.

IQC Performance

Instrument calibration Confirmed by routine calibration run, Calibration coefficient 0.9999.

Repeatability check every batch must contain a duplicate analysis, the results of which must conform to the performance characteristics in 14.1.3.

Action Limits ±	n	% n>3sd	Comments
4.7% of mean	21	0	

Reference material check A certified reference materials or in-house control, if available, is used to monitor method performance. CRM 037, Canned Meat

Mean g/100g	%RSD <sub>R</sub>	Horrat <sub>R</sub>	n for 2019/20	Out of spec.
0.98	3	0.7	12	0

External Quality Assurance

FAPAS 01120 (z-score 0.3) & 1895 (z-score 0.8).

Equipment

External service records for ICP-OES and microwave digester, and In-house maintenance records for the ICP-OES and Microwave digester provided.

Reference materials

Sigma Aldrich 1000mg/L sodium standard Certificate of Analysis. Expiry date September 2018. The laboratory has noted that this standard used is out of date according to the CoA but an independent 5.0 mg/L CCV is run using reagent 6.6 of method PA/IHT/4524 (water laboratory non-potable method which is used regularly) as a standard control check and this passed and was within the specified tolerance justifying its use. This provides an acceptable independent check on this standard.

**Remote review of IQC/EQA Performance**

**PA/IHT/0081: Acidity using titrimetry**

Scope; Determination of acidity of wine.

Meeting SOP IQC requirements

Repeatability Check; At least every tenth sample is to be analysed in duplicate and the difference between the results is to conform to the precision data quoted in 14.1.3.

Action Limits ±	n	% n>3sd	Comments
1.5 % of mean	5	0	Chart reflects routine performance well.

EQA participation

FAPAS 0872, pineapple juice; z-score -0.9.

**PA/VEM/0222: Moisture on Bread using Gravimetry**

Scope; Determination of the moisture content of bread and bread rolls. VEMS method.

Meeting SOP IQC requirements

Repeatability check each batch must contain a duplicate and the difference is to conform to the quoted performance data quoted in LIMS

Action Limits ±	n	% n>3sd	Comments
4.6% of mean	22	5	No fail since 2001

This analysis has not been carried out since 2006 except for a batch run in February 2020. CRM026 was run with this batch and was satisfactory. Two sets of duplicate samples were also run with the batch and were also satisfactory.

EQA participation

Moisture carried out on 2 FAPAS rounds (food and feed) but not specifically bread. FAPAS 01129 (canned meat) z-score 0.1. FAPAS 10156 (dairy ration) z-score -0.1.

**PA/IHT/0216: Fat in Ice Cream using Gerber Method**

Scope; Fat content of an ice cream in. Based on BS ISO 2446 2008. (Current).

Meeting SOP IQC requirements

Repeatability check each batch must contain a duplicate and the difference is to conform to the quoted performance data quoted in LIMS

Action Limits ±	n	% n>3sd	Comments
13% of mean	37	5	No recent >3sd.?

Standard control each batch must include an in-house standard control material. The results must conform to the performance data quoted in LIMS.

- The QC chart covers 2005-2019, total 31 points with one point in 2019 and no points outside acceptance limits. The reference material is AQC IHC 076 Ice Cream. Mean 12.1 g/100g RSD<sub>R</sub>, 1.6%, Horrat<sub>R</sub> 0.6. This demonstrates acceptable batchwise precision.

EQA participation

LGC QDCS 264 is fat in milk by Gerber, z-score 1.60.

**PA/IHT/2324: Histamine in Fish and Fish Products using HPLC**

Scope; Histamine in canned and fresh fish

Meeting SOP IQC requirements

Repeatability a duplicate is run with each batch of samples and the results must is to conform to those specified in 14.1.3 (LIMS)

Action Limits ±	n	% n>3sd	Comments
6.5 % of mean	19	0	Chart reflects routine performance well. No results since 2018

Recovery Check; see 8.6; a recovery determination should be carried out with each batch of samples; the result must conform to data in LIMS

- The QC chart covers 2009-2019, total 59 points with four points in 2019 and no points outside acceptance limits. The spike level is 100mg/kg, with acceptance levels set at 70-130%.

EQA participation

FAPAS 27234, z-score 0.6

**PA/VEM/0247: Soluble Solids using refractometry**

Scope: The method is applicable to preserves, drinks (including fruit juice and soft drinks), fruit curds, mincemeat, and honey. The method is based on EC Commission Implementing Regulation (EU) No 974/2014.

Meeting SOP IQC requirements

Repeatability check each batch must contain a duplicate and the difference is to conform to the quoted performance data quoted in LIMS

Action Limits ±	n	% n>3sd	Comments
2 % of mean	37	3	No fail since 2003. No results since 2017

Standard control each batch must include an in-house standard control material. The results must conform to the performance data quoted in LIMS (60% sucrose)

- The QC chart covers 2013-2017, total 36 points, there are no points after 2017, and no points outside acceptance limits. The AQC is 60% sucrose, mean set at 60.0% with acceptance levels set at 59.25 to 60.75%,

EQA participation

Last analysed in November 2017 but the laboratory has analysed FAPAS homogeneity testing samples for Brix in tomato paste in November/December 2019 but not accredited for Brix. (Brix involves additional steps and different calculations from the refractometry method).

**PA/IHT/2303: Chloride (Salt as NaCl by calculation) using IC**

*Scope;* Determination of chloride in foodstuffs. This method describes a procedure for the determination of chloride in foodstuffs. It is noted in the Scope that it is not suitable for calculation of salt for nutritional labelling purposes.

Meeting SOP IQC requirements

Repeatability check each batch must contain a duplicate and the difference is to conform to the quoted performance data quoted in LIMS

Action Limits ±	n	% n>3sd	Comments
8% of mean	81	0	No fails

Standard control each batch must include an in-house standard control material. The results must conform to the performance data quoted in LIMS

- The QC chart covers 2016-2019, total 14 points, one point 2019 and no points outside acceptance limits. The AQC is CRM 037, Canned Meat. (Target 1.26 g/100g; Acceptable range 1.16-1.36 g/100g for warning limits). Laboratory mean of 1.25 g/100g, falls within the range. Routine performance 1.25 g/100g RSD<sub>R</sub>, 4%, Horrat<sub>R</sub> 1.0. This demonstrates acceptable batchwise precision.

EQA participation

FAPAS 01120 z-score -0.5

**PA/IHT/0215: Total Fat using Acid Digestion and Soxhlet Extraction**

*Scope;* Determination of total fat in foods and animal feeding stuffs

Meeting SOP IQC requirements

For statutory purposes for animal feeding stuffs repeatability data is quoted in 8.6.

- 0.2% in absolute value, for contents of crude oils and fats lower than 5%
- 4.0% relative to the higher result for contents at 5 – 10%
- 0.4% in absolute value, for contents above 10%

Informal feed 10203014 had an action limit for oil but both results conformed with statutory statement, so results accepted, and reason entered in audit trail. Laboratory also carried out FAPAS homogeneity testing for oil on dry dog food in November 2019.

Each batch should contain a duplicate analysis and the difference between results should conform to the performance characteristics quoted in 14.1.3.

Action Limits ±	n	% n>3sd	Comments
10% of mean	81	1	Most recent point, 2020 is >3sd.

			Sample 10203014 audit trail attached separately. Statutory statement declaration states, "Crude oil and fats 2.9%" and duplicate results were 2.91 g/100g and 3.24 g/100g which both complied with tolerance for statutory statement. CRM 037 also gave satisfactory result for fat and as all the samples in the batch complied with the relative statutory statements the results were accepted, and no further action was required.
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Each batch of samples should include analysis of a standard control material. The results must conform to the performance data quoted in 14.1.2.

- The QC chart covers 2016-2020 total 13 points, three points 2019/20 and no points outside acceptance limits. The AQC is CRM 037 Canned meat. Mean 22.3g/100g RSD<sub>R</sub>, 3.1% Horrat<sub>R</sub> 1.2 This demonstrates acceptable batchwise precision

EQA participation

Total fat FAPAS 01120 (food) z-score 0.0, FAPAS 01129 (food) z-score -0.3 and Oil in FAPAS 10156 (animal feed) z-score -0.4.

PA/VEM/0282: pH by meter

Scope; pH value of foods. Based on the British Standard Methods BS 4401: Part 9: 1975 and BS 5086: Part 7: 1991.

Meeting SOP IQC requirements

Repeatability check each batch must contain a duplicate and the difference is to conform to the quoted performance data quoted in LIMS

Action Limits ±	n	% n>3sd	Comments
1%	115	2	No fail since 2011.

Standard control the high ionic strength solution used in the water laboratory is used as a standard control

- The QC chart covers 2009-2020 total 88 points, three points 2019/20 and no points outside acceptance limits. The AQC is High standard Mean pH 6.90 Sd 0.5 pH Units

EQA participation

Covered by FAPAS 0872 z-score -0.4

PA/IHT/2510: Method to be withdrawn. Iron, Copper, Manganese and Zinc using AAS

Scope; Determination of the trace elements iron, copper, manganese and zinc in foods and animal feeding stuffs

Meeting SOP IQC requirements

For statutory purposes for feeding stuffs:

The difference between the results of two parallel determinations carried out on the same sample by the same analyst should not exceed:

- 5mg/kg, in absolute value, for trace element levels up to 50 mg/kg.
- 10% of the higher result for trace element levels from 50 – 100 mg/kg.
- 10mg/kg, in absolute value, for trace element levels from 100 – 200 mg/kg.
- 5% of the higher result for trace element levels above 200 mg/kg

Two animal feed samples for copper received in December 2017. 10177996 2.2% difference in results, allowance is 10% for statutory declarations of 50-100 mg/kg 10177998 3.2% difference in results, allowance is 5% for statutory declarations > 2000 mg/kg

Repeatability check each batch must contain a duplicate and the difference is to conform to the quoted performance data quoted in LIMS

Action Limits $\pm$	n	% n>3sd	Comments
Cu 16% of mean	72	1	Chart reflects routine performance well. Last "Fail" was in 2005
Fe 12% of mean	55	0	Chart reflects routine performance well
Mn 10% of mean	51	2	Chart reflects routine performance well. Last "Fail" was in 2003
Zn 15% of mean	65	1	Chart reflects routine performance well. Last "Fail" was in 2004

Standard controls. Each batch must include a spiked sample or a reference material. See 8.19. The result must conform to Bias data quoted in 14.1.2.

- The QC chart uses IHC 085 Animal Feed. Overall for the 4 elements the period covered was 2014 up to 2018 when the method was withdrawn. During this period none of the data points fell outside the acceptance limits for any of the elements (Cu n =21; Fe n = 14; Mn n = 21; Zn n =19). This reflects acceptable control up until the method was taken of the Schedule. The performance criteria for the elements were: Copper; 495 mg/Kg RSD<sub>R</sub>, 3 %, Horrat<sub>R</sub> 0.5. Iron 1640 mg/Kg RSD<sub>R</sub>, 5%, Horrat<sub>R</sub> 1.0; Manganese 2000 mg/Kg RSD<sub>R</sub>, 4%, Horrat<sub>R</sub> 1.0.; Zinc 1296 mg/Kg RSD<sub>R</sub>, 4%, Horrat<sub>R</sub> 0.8. This demonstrates acceptable batchwise precision

EQA participation  
FAPAS Rounds

	10111	10112	10117	10136	10156	1895	07258
Mn			0.0	-0.6	-0.5		
Fe			0.1	-2.4	-0.6	-0.3	-1.2
Zn		0.5				-1.2	-1.5
Cu	-0.3					-1.0	

#### Practical witnessing

Mainly a Remote assessment due to Covid-19 emergency measures.

Witnessed Activity (test/ calibration/ inspection/ audit*)	Performed By	Technical Assessor	Comments
PA/IHT/2308: Aflatoxins using High Performance Liquid Chromatography (HPLC)	Document review	Derek Farrington	
PA/IHT/0007: Moisture oven drying	Document review		

<p><b>PA/IHT/2062:</b> Crude Fibre using Fibretec system</p>	<p>Document review</p>		
<p><b>PA/VEM/0216:</b> Fat in Cream using Gerber Method</p>	<p>Remote Assessment via Microsoft Teams</p>		<p>Duplicate analysis of a retail cream sample, declared at 19.1g/100g. The analyst followed the SOP well demonstrating good practical technique.</p> <p>The balance used had been checked at 1g and 100g on the day of analysis with results within acceptable tolerance limits. Appropriate checks were made to check the 65°C water bath, which was within tolerance. The Gerber centrifuge had been checked for compliance with acceptance specifications on 17/03/2020. The Timer had been appropriately calibrated. Raw data records of all calibration checks were presented.</p> <p>The duplicate cream analysis, at 20.0g/100g and 20.0g/100g fell within the duplicate tolerance limit. On repeat of water bath/centrifuge stages the readings obtained were identical.</p>
<p><b>PA/IHT/0101:</b> Nitrite in Meat using Spectrophotometry</p>	<p>Document review</p>		
<p><b>PA/IHT/2101:</b> n-Butyric Acid using GC</p>	<p>Document review</p>		
<p><b>PA/VEM/0381:</b> Energy by Calculation</p>	<p>Document review</p>		
<p><b>PA/IHT/0005:</b> Ingredients using Gravimetry</p>	<p>Document review</p>		
<p><b>PA/IHT/2319:</b> Vitamin C using HPLC</p>	<p>Document review</p>		
<p><b>PA/IHT/2540:</b> Sodium (salt by calculation) using ICP-OES</p>	<p>Document review</p>		



## Technical Competence – Food and Water Microbiology (Paula Catchpole)

### Documents reviewed

Example test reports  
EQA trend plots  
IHP 1030 Cleaning procedure  
IHP 0015 QC procedures  
IHP 1031 Environmental monitoring  
IHP 1032 Maintenance of working cultures  
IHP 1066 Sample receipt procedure  
And IQC data  
Documented Methods for tests initially on VP with the exception of the legionella which was agreed with AM to move to another year.  
NCW 2020 -02 Environmental monitoring  
Autoclave calibration records  
Media production and QC records  
(QA-M-03-19) 7602 SRC and Cl.perf in waters  
(QA-M-04-19) 7604 Enteros  
(QA-M-05-19) 6510 Listeria enumeration

### Personnel

There have been no new starters in the micro lab in the last year. One existing team member has changed roles and is now involved in preparation of food samples. The lab has confirmed that training has been conducted using spiked samples, although the records are in hard copy form and not currently available for review. Staff already trained take part in IQC and EQA which has been demonstrated.

### Methods

Methods on the schedule are generally based on standard ISO methods or MoDW. Documented procedures are clearly written with suitable levels of detail included. There are several references however on the schedule which are not the most current and the lab has not documented a review of the current update or version, there are no formal justifications for basing methods on older versions. (Finding raised). For example, 6507 Coagulase positive staphylococci ISO6888-1:1999+Amd 2:2018, 6402  $\beta$ -glucuronidase positive *Escherichia coli* ISO16649-3:2015 and 6408 *Escherichia coli* O157 ISO 16654: 2017.

### Facilities and Environmental conditions

The lab has supplied their cleaning and environmental monitoring procedures which are both appropriate and inclusive of relevant areas and equipment. Environmental monitoring procedure covers all areas around the lab using general exposure plates (airplates/ contact plates) testing for bacterial and fungi contamination. Pathogen swabs testing for Listeria, salmonella and legionella monthly and O157 when samples are tested. There are limits defined and suitable actions are taken where these are exceeded. The records are kept in hard copy form so were unable to be reviewed although the lab management has confirmed that there have been no incidences of pathogen detection in the environment in the last year.

One nonconforming work related to environmental monitoring was provided, which is the only one that has been raised during the year. This was regarding some missed swabbing and that has been documented suitably with appropriate action taken.

### Equipment

The lab has confirmed that there have been no new pieces of equipment in the micro department in the last year. Records are kept for all current items and frequencies of calibration both internal and external are included. The records for the autoclave used in media production have been provided and

these demonstrate that a suitable ISO/IEC 17025 calibration agent has been used and that senior staff review the certificates on receipt.

Records for internal daily checks are maintained for pipettes and balances etc. however these are in hard copy form and therefore unable to be provided at this time.

Example media production records have been provided which are clear and good traceability is maintained for batches made. QC procedures are based around ISO11133 and percentage recoveries for recent batches reviewed have shown good results. Suitable control organisms are used, and records are signed with a pass or fail overall. The media generally appears to be meeting all internal requirements and no recent batches have failed QC testing for the media types reviewed.

### **Cultures**

The lab purchases its control organisms from recognised culture collections (NCTC/ ATCC) in the format of freeze-dried ampules from which working stocks are hydrated harvested and stored on frozen beads. The procedure for this is suitable and clearly describes the preparation stages, authenticity checks are done on receipt of new batches.

Some organisms are also purchased as cultiloops (traceable to recognised collections, however number of subcultures unclear) which are used directly for spiking for QC purposes. The lab acknowledges that the number of acceptable passages for the cultures could therefore be exceeded and to this effect have additional checks for these particular organisms. The records for these are in hard copy form in the lab so this will need to be followed up at the site visit.

### **Sample handling**

Procedure has been received which appears to be suitable. Indication is that water samples would be tested within suitable time frames although it is not clear the action to be taken where deviations occur. To be followed up (see also section on Test Reports).

### **Test Validity**

The lab uses LGC PT provider and the PHE provider for waters. Results and trend plots have been provided for all methods. Coverage is good across all the accredited tests and the lab seems to take part in at least two or three samples per year. The majority of samples have achieved good results and performance within the defined acceptable ranges.

There doesn't appear to be any bias or trends for any methods for the plots reviewed and the lab has indicated that this is their conclusion based on their own internal assessment.

The lab has noted 5 failures in micro EQA schemes; this was indicated on the pre visit questionnaire received, although it was noted that two of these were prior to the UKAS visit last year and have already been reviewed by UKAS. Therefore, the remaining three Proficiency Testing Failure nonconforming work reports only have been reviewed; QA-M-03-19, QA-M-04-19 and QA-M-05-19. These were for different methods and were for false positive results, false negative results and one under recovery for an enumeration test. The reports contain potential root causes for the errors and where mainly explained to be due to reporting, calculation errors or misinterpretation of results otherwise. However, there is a lack of detail as to how these errors occurred and there are no further actions indicated beyond staff being informed. In particular it is not recorded if there is any impact from the non-conformity, to ongoing work and no indication that this was considered. (See finding).

There is an IQC programme in place and this seems appropriate from a review of the procedure provided. Duplicate samples and spiked samples are used, and the sample matrices varied to cover a range of samples presumably fitting with the those received. The lab reviews results obtained for precision and recovery and the results seen have been good. Spreadsheets for the methods on the

initial visit plan have been provided and it can be seen that staff participation is also varied between trained staff.

The above data is used for method uncertainty calculations and the values seen show method uncertainties to be at a reasonable level.

### Reporting Results

The lab has provided a range of Test Reports covering methods on the initial visit plan. These present results clearly and Test Reports contain all aspects as required by ISO/IEC17025, the UKAS symbol is used appropriately and in line with UKAS publication Lab 1 and the BEIS document. There is a clear mechanism to disclaim tests outside accreditation. Water reports contain sampling dates, and for the examples provided the samples have been analysed within suitable sample stability times.

The lab makes statements of conformity on test reports and the specifications on which these are based are clear on the Test Reports. It is not clear how the decision rules are agreed and how this agreement is documented (see transition assessment by AM).

### DWTS Vertical Audit

#### Supplement Assessment 18/06/20

On return to work, the lab subsequently provided documentation to enable a vertical audit for the purposes of DWTS work. Sample number selected was 10193447 submitted to the lab on 01/04/2019. Date and time of sampling was detailed on sample submission paperwork (01/04/19, 10:15), type of testing needed was clearly stated. Sample was tested for Coliforms/E.coli, aerobic colony count, Clostridium perfringens and Enterococcus.

Worksheets were provided for all tests, these contained good information for the purposes of traceability. Media batches and other consumable batches have been recorded as well as equipment such as incubators used. Incubation times have been recorded and these were in line with methodologies. Controls also recorded and results cross checked with Test Report. Staff performing stages of testing have signed.

Confirmation records were provided for Clostridium perfringens, these were suitable completed with the relevant information, again batch numbers for confirmation media have been recorded and equipment nos. for incubators used.

Media QC records demonstrate appropriate checks on all batches used. Temperature monitoring records show equipment to be within range on the day of testing and profiling information for incubators demonstrate equipment to have been checked.

Training records and EQA associated with the tests were assessed as part of the assessment conducted earlier in the year. Records of training for staff mentioned above who has changed roles have now been provided and these are appropriate.

Test Report for the sample number 10193447 meets with requirements of ISO17025 and demonstrate results to have been reported promptly to the customer. Statement of conformity are clear and regulation on which they are based stated.

Witnessed Activity (test)	Performed By	Technical Assessor	Comments
To be followed up at the site visit			

### Technical Competence – Water Chemistry (Peter Sleeman)

This remote surveillance assessment was based on discussions with the Laboratory Manager (JD) following the review of records supplied as listed below...

Analyst training table detailing current records for environment methods  
Training spreadsheet for the analyst who has most recently completed all training in the section  
On-going competence spreadsheet with Aquacheck PT Z-scores for each analyst  
Balance calibration certificates, Hach system calibration certificates, in-house calibration spreadsheets for pipettes/dispensers  
ICPOES instrument annual service documentation & Metrohm IC service documentation  
System suitability & calibration data spreadsheets for ICPAES instrument (PA/IHT/4523)  
System suitability spreadsheet for Metrohm IC  
Charts for monitoring absorbances in UV methods  
pH electrode "slope" chart (PA/IHT/4203)  
GFAAS absorbance chart (PA/IHT/4005)  
AQC charts for COD & nitrogen dioxide  
12-monthly AQC charts for DWTS parameters  
AQC charts for in-house standards for all DWTS parameters  
DWTS parameter annual performance summary for 2019  
Uncertainty spreadsheets for all DWTS parameters based on 2019 data  
Copy of original SCA spreadsheet for uncertainty calculation  
Aquacheck PT reports since last UKAS visit (Rounds 561 to 581)  
Analyst individual Z-scores for all Aquacheck rounds  
PT "failure" investigations since last UKAS visit (4 "Questionable")

#### General

Analysts were "signed off" as competent in the AIS LIMS against competence data.

Senior staff and analysts (e.g. ) 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 method documentation was fit for purpose, detailed and easy to follow with only minor amendments, required to ensure consistency of application.

Availability of validation data was not checked at this surveillance visit.

For the major instruments (e.g. ICPAES and Metrohm IC systems), there were annual preventative maintenance reports showing equipment was fit for purpose.

It was noted that the laboratory plans to move to another site (James Hutton Institute) over the next year or so.

Balances were calibrated by an appropriate external accredited company, Precisa UKAS No. 0428, in Jan 2019. Balance calibration certificates were supplied and there is a system in place to review certificates to ensure they are fit for purpose.

Mechanical pipettes are calibration checked quarterly with both precision and accuracy checked against defined targets across the range of volumes used. Records were readily available for each pipette checked.

It was noted that the COD LT200 digestion block had been serviced by Hach in the past 12 months but there are no traceability records available to show that the temperature checks at 100 & 148°C were traceable to national standards.

The standards used for ICPAES instrument calibrations are sourced from Inorganic Ventures via Esslab and are traceable to national standards being ISO 17034 accredited products. However, the traceable standard in use for conductivity was a "Reagecon" standard, but this product was not an ISO17034 accredited product to ensure the calibration is fully traceable to national standards.

All surveillance test methods had appropriate instrument system suitability checks (e.g. ICPAES intensities across wavelength range and spectrometry absorbance values for a calibration standard with appropriate acceptance thresholds in place.

The AQC system is via the AIS LIMS system with AQC (CCV) checks run at an appropriate level. AQC charts were supplied for all surveillance parameters with instrument system suitability check data also charted via LIMS so that trends could be observed.

Test method parameter AQC control limits are regularly reviewed every 60 points or on a 3-monthly basis by the Laboratory Manager (JD).

The AQC precision performance for all DWTS parameters, except for lead (RSD 5.14% c.f. 5%) at PCV level met the specification.

Proficiency scheme results were available for all accredited water chemistry methods with all parameters. The overall performance for water chemistry methods over the past year or so has been very good >97% results being "Satisfactory" with no "Unsatisfactory" results. The four "Questionable" results (TOC, nitrite, arsenic x2) had been investigated and the root cause found. The two arsenic "Questionable" results were values close to the reporting limit. Copies of investigations were supplied.

The CAB participates in the LGC Air scheme to cover nitrogen dioxide in air samples and 19 of the 20 results submitted were "Satisfactory" with only one "Questionable" result.

Uncertainty of Measurement estimates are re-assessed annually and the values recorded in a spreadsheet so that trends can be identified.

Test report (Lab Ref: 10201158) chosen for the DWTS vertical audit appeared to comply with 17025 requirements with appropriate use of the logo and any comments made clearly identified as outside accreditation scope.

The test report did include statements that parameter values exceeded prescribed concentration values but no reference in the report was made to the uncertainty associated with the result (see Decision Rules: ISO/IEC 17025:2017).

### **DWTS Performance Summary**

Earlier in the year, the laboratory re-evaluated DWTS performance validation data against the new LoQ and UoM Water Directive specification but has not evaluated the 2019 AQC performance data against the specification changes to show on-going performance into 2020 meets the new UoM specification.

The individual DWTS 2019 parameter performance spreadsheets supplied include precision data from the control chart but no bias component and thus there is no on-going uncertainty assessment to show performance meets Directive and DWI/DWQR requirements.

There were appropriate training records and CPDs in place for senior staff (e.g. ) and other analysts involved in potable waters analysis.

For the DWTS parameters, the QC charts were all running with well within the Bias and RSD targets for all parameters except for 10ug/l lead by GFAAS that is running with a RSD of 5.14% c.f. target 5%. The laboratory now has an additional performance check at 1ug/l lead with appropriate acceptance tolerances in place further control low-level lead determinations.

Aquacheck proficiency scheme results have been very good over the past year or so for DWTS parameters with only arsenic generating two “Questionable” results. There was an appropriate non-conforming work investigation in place covering arsenic where the level of arsenic in the PT sample was close to the reporting limit value in both cases.

A vertical audit was carried out on a Potable Private Water sample (Lab Ref: 102011158) for a selection of results including two parameters that had breached a PCV threshold (Mn & Ni). 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.

Test Method Remote Reviews	Discussion with	Technical Assessor	Comments
PA/IHT/4204 - Conductivity of potable waters (DWTS)		Peter Sleeman	This was a remote assessment - no methods were witnessed.
PA/IHT/4104 - Nitrite in potable waters by spectrophotometry (DWTS)			
PA/IHT/4523 - Metals in potable waters by ICPAES (DWTS)			Analyst competence, equipment checks, instrument system suitability checks, calibration traceability, AQC and PT performance checked via records supplied & discussions with JD.
PA/IHT/4519 - COD in surface, ground waters & landfill leachates by “sealed tube” digestion methodology & spectrophotometry			
PA/IHT/4222 - TDS & TS of waters by gravimetry			
PA/IHT/8001 - Nitrogen dioxide in air by spectrophotometry			

**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](mailto: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 17025:2017 – General Requirements for the competence of testing and calibration laboratories

ISO/IEC 17025:2005 – General Requirements for the competence of testing and calibration laboratories

LAB 37 - DWTS specification

The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017

The Public Water Supplies (Scotland) Amended Regulations 2017

**Appendices (if applicable)**

Improvement Action Report

Transition Template (ISO/IEC 17025:2017 Transition)

