

City Chambers  
DUNDEE  
DD1 3BY

25th November, 2025

### **Membership**

Bailie Kevin Keenan  
Bailie Helen Wright  
Bailie Fraser Macpherson  
Bailie Derek Scott  
Depute Lord Provost Nadia El-Nakla  
Councillor Jimmy Black  
Councillor Stewart Hunter  
Councillor Lynne Short

Dear Colleague

You are requested to attend a MEETING of the **SCRUTINY AND AUDIT COMMITTEE** to be held remotely on Wednesday, 3rd December, 2025 at 2.00 pm. Substitute members are allowed.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at [committee.services@dundeecity.gov.uk](mailto:committee.services@dundeecity.gov.uk) by 5.00 pm on Monday, 1st December, 2025.

Yours faithfully

GREGORY COLGAN

Chief Executive

### **1 DECLARATION OF INTEREST**

Members are reminded that, in terms of The Councillors Code, it is their responsibility to make decisions about whether to declare an interest in any item on this agenda and whether to take part in any discussions or voting.

This will include all interests, whether or not entered on your Register of Interests, which would reasonably be regarded as so significant that they are likely to prejudice your discussion or decision-making.

### **(A) SCRUTINY REPORT ITEMS**

#### **2 EDUCATION SCOTLAND VISIT – ST PETER AND PAUL’S RC PRIMARY SCHOOL -**

**Page 1**

(Report No 349-2025 by the Executive Director of Children and Families Service, copy attached).

#### **3 BI ANNUAL REPORT ON COMPLAINTS 2025/2026 - Page 15**

(Report No 331-2025 by the Chief Executive, copy attached).

**4 OLYMPIA - Page 35**

(Report No 246-2025 by the Chief Executive, copy attached).

(This report was remitted to this Committee for further consideration by the meeting of the City Governance Committee held on 22nd September, 2025).

**5 CITY PLAN FOR DUNDEE 2022/2032 – ANNUAL REPORT FOR 2024/2025 - Page 151**

(Report No 310-2025 by the Chief Executive, copy attached).

(This report was remitted to this Committee for further consideration by the meeting of the City Governance Committee held on 27th October, 2025).

**(B) AUDIT REPORT ITEMS**

**6 INTERNAL AUDIT REPORTS - Page 215**

(Report No 339-2025 by the Chief Internal Auditor, copy attached).

**7 INTERNAL AUDIT PLAN UPDATE AND PROGRESS REPORTS - Page 231**

(Report No 340-2025 by the Chief Internal Auditor, copy attached).

**8 EXTERNAL QUALITY ASSESSMENT OF INTERNAL AUDIT ARRANGEMENTS -  
Page 259**

(Report No 251-2025 by the Chief Internal Auditor, copy attached).

**9 OTHER REPORTS RELEVANT TO THE REMIT OF THE SCRUTINY AND AUDIT  
COMMITTEE - Page 289**

(Report No 341-2025 by the Chief Internal Auditor, copy attached).

**ITEM No ...2.....**

**REPORT TO:** SCRUTINY AND AUDIT COMMITTEE – 3 DECEMBER 2025  
**REPORT ON:** EDUCATION SCOTLAND VISIT – ST PETER AND PAUL’S RC PRIMARY SCHOOL  
**REPORT BY:** EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE  
**REPORT NO:** 349– 2025

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to inform committee on the findings of the Education Scotland; His Majesty’s Inspectors (HMI) of Education inspection of St Peter and Paul’s RC Primary School in May 2025.

**2.0 RECOMMENDATION**

2.1 It is recommended that the Scrutiny and Audit Committee notes the contents of this report.

**3.0 FINANCIAL IMPLICATIONS**

3.1 None

**4.0 BACKGROUND**

4.1 St Peter and Paul’s RC Primary School was inspected by HMI in May 2025. This was a full model inspection, focused on the four quality indicators detailed in Table 1, as well as a focus on safeguarding. Education Scotland published a report of their findings on 16th September 2025. Prior to this visit, SS Peter and Paul’s RC Primary was last inspected in November 2010. This resulted in a return visit by Inspectors the following session.

*Table 1 How Good is Our School (HGIOS) Quality Indicators*

2.3	Learning, teaching, and assessment
3.2	Raising attainment and achievement
1.3	Leadership of change
3.1	Ensuring wellbeing, equality & inclusion

4.2 St Peter and Paul’s RC Primary School is a denominational school which serves the Coldside area of Dundee. At the time of inspection, the school roll was 360 children, organised across thirteen mainstream classes and a ‘hive’ learning space.

4.3 The school’s current Head Teacher has been there for 7 years (5 years permanent). The Head Teacher is supported by a Depute Head Teacher and a part time Principal Teacher (0.6 full time equivalent (fte)).

4.4 Approximately 69% of children who attend the school live in Scottish Index of Multiple Deprivation (SIMD) deciles 1 and 2. At the time of inspection, the school reported 33% of children on the roll as having additional support needs. There is approximately 27% of children in P6 and P7 registered for free school meals. The school’s Pupil Equity Fund allocation is £149,000.

**5.0 KEY INSPECTION FINDINGS**

**Key Strengths**

Appendix 1 provides a synopsis of the Summary of Inspection Findings. The inspection team found the following strengths in the school’s work:

- 5.1 Highly positive relationships. Across the school, all staff create and promote a nurturing and inclusive ethos. Children relate well and are supportive of each other. They know they are cared for and that staff work to help them achieve their best.
- 5.2 Teachers' leadership of change. Empowered by senior leaders, teachers take forward school-wide learning and teaching developments and reflect on their practice effectively. This is improving outcomes for children.
- 5.3 Supportive practice across the school. All staff work well together to provide calm, inclusive learning spaces and nurturing approaches. This is helping to support children's wellbeing and engagement in learning.
- 5.4 Positive personal and school achievement. Staff support children to experience success, grow in confidence and achieve well across a broad range of activities and experiences.

### Areas for Improvement

The following areas for improvement were identified:

- 5.5 Senior leaders should develop further how they plan and evaluate school improvement and equity work. They should ensure a clear focus on those priorities which will have greatest impact.
- 5.6 Senior leaders and staff should continue to develop approaches to learning and teaching to ensure all children make the best possible progress.
- 5.7 Senior leaders should continue to improve whole school approaches to personalised and targeted support to meet the needs of all children.

## 6.0 INSPECTION EVALUATIONS

- 6.1 During inspections HM Inspectors gather evidence to enable them to evaluate the school and/or nursery's work using quality indicators from How good is our school? (4th edition).
- 6.2 Education Scotland (HMI) reports using a six-point scale for reporting performance:

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

- 6.3 Here are Education Scotland's (HMI) evaluations for this inspection:

Quality Indicator	St. Peter and Paul's Primary
2.3 Learning, teaching, and assessment	<b>Good</b>
3.2 Raising attainment and achievement	<b>Good</b>
1.3 Leadership of change	<b>Good</b>
3.1 Ensuring wellbeing, equality & inclusion	<b>Good</b>

- 6.4 Education Scotland wrote to parents and carers to confirm that, as a result of the inspection findings, HM Inspectors are confident that the school has the capacity to continue to improve and so will make no more visits in connection with this inspection. Dundee City Council will inform parents and carers about the school's progress through St Peter and Paul's 's RC Primary's annual School Improvement Report.

6.5 St Peter and Paul's 's RC Primary School's Improvement Plans (2025/26 and beyond) will reflect Education Scotland's findings and recommendations from the Summarised Inspection Findings, which were already in line with the school's own self-evaluation. Improvement Plans will be regularly reviewed, monitored, and evaluated in line with the Service's quality improvement procedures.

6.6 As part of the Children and Families Service School Improvement Framework, visits are made to the school by the school's link Quality Improvement Education Officers to ensure the positive improvement journey continues and monitor progress towards the action points raised in the inspection. Furthermore, as part of the Service's 'Every Dundee Learner Matters' collaborative improvement strategy the School Improvement Partnership which St Peter and Paul's RC PS are part of will continue to support and challenge school improvement.

## **7.0 POLICY IMPLICATIONS**

7.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate Senior Manager has reviewed and agreed with this assessment.

## **8.0 CONSULTATIONS**

8.1 The Council Leadership Team have been consulted in the preparation of this report and are in agreement with its content.

## **9.0 BACKGROUND PAPERS**

9.1 None.

Audrey May  
Executive Director

Paul Fleming  
Chief Education Officer  
Head of Education, Learning and Inclusion

November 2025

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## APPENDIX 1

## Dundee City Council

## Children and Families Service

## Scrutiny Committee Report Summary Notes

## Inspection and Reporting

Inspection Agency	HMI
Report Publication Date	16th September 2025
Name of Establishment	St Peter and Paul's RC Primary School
Sector	Primary
Name of Head Teacher	Mrs Denise Derby
Roll	360

## Inspection Outcomes 2025

<b>Quality Indicator</b>	<b>St Peter and Paul's 's RC PS</b>
2.3 Learning, teaching, and assessment	<b>Good</b>
3.2 Raising attainment and achievement	<b>Good</b>
1.3 Leadership of change	<b>Good</b>
3.1 Ensuring wellbeing, equality & inclusion	<b>Good</b>

The report uses the following word scale:

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

**Inspection Outcomes May 2025****Key Strengths**

- Highly positive relationships. Across the school, all staff create and promote a nurturing and inclusive ethos. Children relate well and are supportive of each other. They know they are cared for and that staff work to help them achieve their best.
- Teachers' leadership of change. Empowered by senior leaders, teachers take forward school-wide learning and teaching developments and reflect on their practice effectively. This is improving outcomes for children.
- Supportive practice across the school. All staff work well together to provide calm, inclusive learning spaces and nurturing approaches. This is helping to support children's wellbeing and engagement in learning.
- Positive personal and school achievement. Staff support children to experience success, grow in confidence and achieve well across a broad range of activities and experiences.

**Areas for Improvement**

- Senior leaders should develop further how they plan and evaluate school improvement and equity work. They should ensure a clear focus on those priorities which will have greatest impact.
- Senior leaders and staff should continue to develop approaches to learning and teaching to ensure all children make the best possible progress.
- Senior leaders should continue to improve whole school approaches to personalised and targeted support to meet the needs of all children.

**Synopsis – Summary of Inspection Findings**

Following publication of the inspection report and Summarised Inspection Findings, the School's next Improvement Plan 2025/26 will reflect the areas for improvement identified by HMI and provide a clear strategic focus for related school improvement.

The Summarised Inspection Findings highlighted the following strengths and areas for improvement within each of the quality indicators.

**QI 2.3 – Learning, teaching and assessment**

- The school has a warm, welcoming and caring ethos, built on Gospel values and nurturing relationships between staff and children. All staff work very well together to provide an inclusive learning environment for children. Children are friendly, polite and very proud of their school. They understand how the school values of being ready to learn, respectful and responsible relate to them. These are embedded in the daily life of the school. Older children have an increasing awareness of their rights and how these apply to themselves and others.
- Across the school, staff create a climate for learning that is nurturing and purposeful. Relationships between staff and children are very positive and promote children's wellbeing effectively. Most children are motivated to learn and engage well in activities. In all classes, staff and children have clear expectations of standards for behaviour. Most children behave well. Staff use a range of positive strategies very effectively when needed to support children to re-engage with their learning. A few children benefit from targeted interventions and a range of strategies to help them to regulate their behaviour. These are provided by skilled teaching and support staff.
- Teachers work collaboratively to develop teaching and learning across the school. They recently reviewed learning spaces around the school and developed more inclusive classroom environments, which support children's learning well. Staff have agreed and implemented a range



of universal approaches to help support children's differing needs. All children, including those who require additional support with their learning, feel well-supported and know how to seek help.

- All teachers provide a range of activities to support children's learning across the curriculum. This includes regular opportunities for children to work collaboratively as a class, in pairs and in small groups. In the majority of lessons, tasks and activities are well matched to children's needs. Staff should ensure there is a better balance between direct teaching, independent tasks and children working in a group with an adult to scaffold and extend learning. This should help to ensure more consistent pace and challenge in learning and sustain children's engagement.
- In most lessons, teachers ask questions that support children to make links to prior learning and to check understanding well. A few teachers use effective strategies to ensure all children are actively involved in thinking and providing answers. For example, they give consideration time and provide opportunities for children to discuss their thoughts in pairs. Teachers should now consider further and plan carefully the range of questions they ask during lessons. This should help children to develop and extend their higher order thinking skills.
- In most lessons, teachers support children effectively to understand what they are learning and how they will know if they have been successful. They help children to use this information to self-evaluate and peer-assess learning and skills at the end of lessons. In a few curricular areas, teachers should consider further how to explain the purpose of learning more clearly and accurately.
- Teachers are working together to develop approaches to play in P1 and P2. They consider local authority guidance and visit other schools to explore approaches to play-based learning. Teachers use classroom spaces effectively to provide a range of playful spaces and resources, which they link to children's interests. Children engage well in child-initiated activities and this is supporting their creative and social skills. Staff should continue to consider and plan for a balance between adult-directed, adult-initiated and child-initiated play-based learning in literacy and numeracy, including outdoors. Senior leaders should work closely with teachers and support staff to develop further a shared understanding of play using national guidance.
- All teachers use digital technologies effectively to demonstrate teaching points and develop children's digital literacy. Older children use digital skills well to edit, redraft and publish their written work. Teachers provide opportunities for children to apply digital skills across the curriculum, such as creating multi-media content. Younger children are gaining confidence in using digital tools creatively to demonstrate and enhance their learning, such as programmable toys. Staff use assistive technologies effectively to help children who require additional support with their learning. For example, a few children use software programmes to support their writing or play tailored games to practise mental agility.
- All teachers provide encouraging verbal feedback during lessons and written feedback in children's jotters. They are continuing to work together to develop consistent approaches to written feedback. Children find the feedback they receive useful. It helps them to understand what they are doing well and their next steps in learning. Almost all children have learning targets for mathematics and writing and can talk about these. Teachers should now help children to use the feedback they receive on their work and assessments to set more personalised learning targets. This should help to ensure targets provide the right level of challenge, particularly for those children who are capable of achieving more.
- Teachers use daily observations of children's learning and work to assess progress and attainment. Across the school, they use a range of diagnostic and summative assessments in numeracy, writing and reading. This includes the use of national standardised assessments at key milestone stages. This range of evidence supports teachers to make accurate professional judgements about children's progress and achievement of a level within Curriculum for Excellence (CfE). Teachers use information from assessments effectively to plan next steps in learning for their class. Senior leaders should now work with staff to develop further approaches to assessment. This should include considering how well children demonstrate and apply their knowledge and skills, including in new and less familiar contexts.
- Teachers engage effectively with colleagues within school and across the cluster to develop a shared understanding of the national Benchmarks and standards for achievement in literacy and numeracy. Most recently, this moderation work has focused on writing. The school's collaborative

approaches are supporting teachers' confidence and help them to make robust judgements about children's progress in writing through CfE levels.

- Staff make effective use of CfE experiences and outcomes and progression pathways to inform their planning across all areas of the curriculum. Staff prepare well-considered termly plans and short-term responsive planning. Most children feel that staff ask them about what they would like to learn, involving them in the planning process.
- Senior leaders and staff use a number of tracking systems to record the progress children are making within literacy and numeracy. Teachers meet with senior leaders termly to discuss individual children's progress in literacy and numeracy. They also discuss the progress of the class as a whole and particular groups of children. During tracking meetings, teachers identify children who require targeted support with their learning and consider interventions that will help. They use tracking discussions well to help plan and provide in-class support to individuals. As planned, senior leaders should streamline approaches to tracking children's progress. This should ensure that there is a clear overview of the progress of all children, including those impacted by socio-economic factors, those who require additional support with their learning, and those for whom English is an additional language.

### **QI 3.2 – Raising attainment and achievement**

#### **Attainment in literacy and numeracy**

- Overall, attainment across the school in literacy and English and numeracy and mathematics is good. A few children are exceeding nationally expected levels. There is a need to continue to focus on raising attainment at first level.
- Most children who require additional support with their learning make appropriate progress against their individual targets in literacy and numeracy. Most children with English as an additional language achieve nationally expected levels by the end of P7.

#### **Attainment in literacy and English**

- Overall, most children make good progress in literacy and English. Across the school, a few children are exceeding nationally expected levels. Listening and talking
- At early level, almost all children recognise a rhyming pattern. They listen well to instructions. They should continue to practise turn taking during class discussions. At first level, most children enjoy participating in discussions and share their views and ideas confidently. They communicate clearly and audibly. At second level, most children engage well in group and wider discussions. They offer thoughtful and relevant responses to a stimulus and respect the opinions of others. They understand how to present to an audience. Children should continue to practise building on the answers of others.

#### **Reading**

- At early level, most children are developing their knowledge of letters and sounds. They use this knowledge well to read simple words in a book. At first level, most children read from a chosen text with increasing confidence and expression. They answer questions about what they have read and discuss features such as the 'blurb'. Most children are beginning to use their knowledge to decode less familiar words. They would benefit from further practice answering inferential and evaluative questions. At second level, most children appreciate and discuss texts across a range of genres and authors. They identify main ideas and summarise what they have read well. Most children answer inferential questions with increasing accuracy. They would benefit from further support to help build confidence in discussing more sophisticated features of texts, such as figurative language.

#### **Writing**

- At early level, most children are beginning to form letters correctly and legibly. With support, they write simple sentences and include capital letters and full stops. They should continue to write regularly to share their ideas and convey information in different ways and contexts, including

through play. At first level, most children use increasingly accurate punctuation in their writing and include a range of connectives. They should continue to practise writing for a variety of meaningful purposes. At second level, most children create a range of texts successfully, such as stories, and reports. They spell the most commonly used words correctly and use an increasing range of punctuation in their writing. Almost all children organise their writing into paragraphs appropriately and are becoming confident in reviewing and refining their work. They would benefit from applying their writing skills in real life contexts more regularly.

### **Numeracy and mathematics**

- Overall, most children make good progress in numeracy and mathematics. A few children are exceeding expected levels and should be supported to accelerate further their progress. Across the school, children would benefit from further support to understand and use subject-specific mathematical terminology and vocabulary.

### **Number, money and measure**

- At early level, most children use materials and visual prompts well to support their addition and subtraction. They count forwards and backwards in sequence to 20 with growing confidence. Most children identify and name a range of coins. At first level, most children are increasing the speed and accuracy of their mental agility. They demonstrate a growing understanding of fractions and time. Children are less confident with division and need further support to see the links with multiplication. At second level, most children are able to explain their choice of strategy and share how they arrive at their answer. They apply their numeracy skills well to complete calculations involving time and money. Children would benefit from further practice solving problems that require multi-step calculations.

### **Shape, position and movement**

- At early level, most children recognise a range of two-dimensional shapes and three-dimensional (3D) objects. They identify a line of symmetry and use this knowledge to complete and match symmetrical pictures. At first level, most children identify and describe the properties of simple 3D objects. They are not yet confident identifying right angles. At second level, most children describe and classify acute, obtuse and reflex angles with accuracy. They would benefit from developing further their understanding of the properties of circles.

### **Information handling**

- At early level, most children apply their counting skills to display information and answer questions from a simple table, such as favourite fruit. They use their knowledge of colour, shape and size well to match and sort items. At first level, most children are confident using Venn and Carroll diagrams to display information. At second level, most children extract key information and answer questions from a range of charts, bar graphs and tables. Across the school, children would benefit from applying their skills within meaningful, real-life contexts. This should include the use of digital technologies to gather and present data.

### **Attainment over time**

- The headteacher records and monitors school attainment figures over time. Overall, most children make a strong start to early level and by the end of P7 achieve nationally expected levels. Senior leaders identified that children's progress and attainment dips at the end of first level. Working together, senior leaders and staff identified attainment and progress in writing as a priority for improvement. As a result, over the past two years they have focused on developing approaches to the teaching of core writing skills. These changes are beginning to impact positively on children's attainment and progress. Senior leaders now need to identify any specific common gaps across children's learning and skills in literacy and numeracy. They should use this information to plan the most relevant targeted improvement actions that will support children to make further progress and raise attainment.
- The headteacher monitors children's attendance effectively. This includes working closely with family development staff to analyse data and identify children who show a pattern of absence. This partnership working is making a positive contribution to supporting attendance. In April 2024, the

school average attendance figure was 91.6%, this has slightly decreased to 90.9% in April 2025. Currently, around 8% of children have attendance below 90%. Term-time family holidays impact on the school's overall attendance figures. Staff, together with partners and secondary colleagues, provide a range of interventions to support children who have patterns of absence. As a result, attendance and engagement in learning has increased for a few children. Increasing school attendance remains a school improvement priority. Staff should continue to work with families to support them in helping children to attend school regularly. Overall quality of learners' achievements

- Across the school, children are proud to talk of their achievements within and outwith school. They are encouraged to share their successes regularly with the headteacher who displays their photograph on the large screen at assemblies. These successes include high-quality work completed in class and a wide range of sporting activity including karate, horse riding and figure skating. In addition, children's achievements are displayed around the school. Success in learning and wider achievement is supporting children to develop confidence in themselves. Senior leaders track children's achievements and plan effective support for children who may be at risk of missing out. For example, they offer tailored lunchtime clubs and support children to take on new roles in school life. Children across the school are becoming more confident describing the skills they develop through their learning, achievements and responsibilities.

### Equity for all learners

- Senior leaders allocate PEF to provide a range of appropriate universal and targeted interventions to help support equity of success and achievement for children. This session, funding has been used for additional support staff, inclusion and nurture resources and family wellbeing programmes. Accurate data collated by senior leaders shows that the school is reducing attainment gaps in literacy and numeracy. Senior leaders should now measure with increased rigour the impact of PEF on improving the progress and attainment of particular groups of children such as those in receipt of free meals and clothing grants. They should use this information to ensure they select the most effective approaches for supporting equity.
- Senior leaders and staff provide support for families that helps reduce the cost of the school day. For example, a food bank is operated in partnership with the local church, and funding is used to ensure there is no cost for school excursions. Staff provide laundry facilities in school for families where needed. Staff and partners provide a range of free clubs and out-of-school learning activities, and most children participate in these. As a result of the work of staff and partners, children and families feel supported and included in the life of the school.

### 1.3 Leadership of Change

- The headteacher works closely with children, staff, parents and partners to agree and shape the school's vision, values and aims regularly. These are reviewed and updated, which ensures they remain relevant and well-understood by the school community. Very recently, staff, children and the church community worked together to discuss and select three Gospel values for the school: faith, love and hope. These refreshed values are helping to highlight what is important to the community as a faith school. Senior leaders and staff are currently supporting children well to become more familiar with these through regular assemblies and class activities.
- The headteacher has built and fosters a highly positive collaborative culture across the school community. Her pastoral care and support for the wellbeing of staff, children and families is a strong feature of her leadership. All staff work together very well and demonstrate dedication to the school and wider community. The headteacher is well-supported by the depute headteacher and principal teacher. They have worked closely together as the school's senior leadership team for seven years. Almost all parents feel the school is well led and managed. They greatly appreciate the caring and compassionate approach of senior leaders and all staff.
- Senior leaders work together with staff to plan and evaluate school improvement work at regular points each school session. In recent areas of focus, staff have embedded consistent teaching approaches and improved wellbeing support across the school. This relevant work has positively impacted on outcomes for children, such as improving progress in learning and emotional wellbeing. At times, senior leaders include too many actions for each improvement priority, and these are not always fully realised as a result. A few aspects of planned curricular improvement have also been difficult to sustain due to staff changes. This session, senior leaders outlined their rationale and

intended outcomes for the areas of school improvement chosen and they should build on this increasingly robust approach. Moving forward, the headteacher should strengthen strategic decision-making further and ensure a clear focus on those key priorities which will have greatest impact.

- The headteacher and staff have a sound understanding of the social, economic, and cultural context of the school and community. Senior leaders and staff discuss how the school's Pupil Equity Funding (PEF) will be spent. The headteacher provides information for parents on how children benefit from PEF. Staff continue to explore sensitive ways to engage parents in helping to decide how this funding is used at the school. Senior leaders should now link PEF interventions and spending to school improvement planning more clearly.
- Senior leaders ensure teachers receive training and support that helps them to analyse attainment data for their class effectively. A few teachers have roles in collating and analysing school-wide data for numeracy, reading and writing. Senior leaders should continue to share this work with all staff. This would help to deepen understanding of the school's collective strengths and specific areas for development in literacy and numeracy. Senior leaders and staff should use this knowledge to develop a clear rationale and agree a whole school strategy for raising attainment.
- Senior leaders have established regular quality assurance processes. They gather relevant evidence through a range of well-considered activities, including lesson observations, focus groups and looking at children's work. Staff find peer visits and moderation activities useful. Senior leaders and staff work regularly with cluster colleagues and education partners to help audit and reflect on their practice. Senior leaders use the information gathered well to help inform improvement work and professional learning.
- Teachers' leadership of improvement and change is an important strength of the school. The headteacher creates conditions that effectively support and empower all staff. Staff engage with educational literature and research and use this to help improve learning and teaching. They embrace opportunities for further professional development. For example, a few teachers are participating in aspiring leadership programmes and national projects, such as the 'Improving Writing Programme'. They share this learning with colleagues which helps support school-wide improvement. Almost all staff take responsibility for leading areas of the curriculum or aspects of practice. For example, they have specialist roles in areas, such as pedagogy and reading, and lead new developments for science, technology, engineering and mathematics (STEM) and modern languages. Teachers' leadership of change is improving experiences and progress for children.
- Children take increasing responsibility in leading improvement for their school. From each P3-P7 class, groups of children work together well in pupil committees to focus on areas, such as learning and teaching, curriculum, and health and wellbeing. This year, the headteacher empowered P7 captains to take full ownership of the recruitment and selection process for several pupil leadership positions. With support from staff, children in committees discuss aspects of school life they would like to improve, national awards they wish to achieve and organise school-wide events. Older children visit P1 and P2 classes to gather younger children's ideas and opinions. Staff help children to analyse the feedback they gather and to plan next steps. Staff and pupil committee representatives provide updates on improvements at assembly, in newsletters and digitally. They also create informative displays around the school building to share their work. As a result, across the school children can give examples of pupil-led positive changes. For example, they describe improvements to the school playground and garden, healthier snacks at breaktime and achieving national recognition such as school-wide digital and sports awards.

### **3.1 Ensuring wellbeing, equality and inclusion**

- The health and well-being of children is central to the work of the school. Children learn in a nurturing and caring environment. Staff model school and faith values very well in the classroom and around the school. There are warm relationships between staff and children. All staff honour and respect the diverse beliefs, cultures and traditions of every child and their family within the school's community. Most children are confident participants in their learning and in wider aspects of school life. They play well together at break and lunch times, supported skilfully by staff in the playground. There is a shared understanding of wellbeing across the school community.

- Teachers and support staff undertake regular professional learning in themes that support children's health and wellbeing. This has recently included areas such as trauma, de-escalation and supporting additional support needs. As a result, children who face challenges and barriers to learning thrive in a supportive and nurturing ethos. A range of partners work effectively with the school including local authority services and third sector organisations. This is supporting all children well to learn, including particular groups, such as young carers and those who are bilingual. Family development workers plan and collaborate with senior leaders and staff to support the school's approaches to wellbeing. They focus on developing positive relationships with children and families who may need extra support, providing group activities and resources. They plan and provide planned activities to support the wellbeing of children and families during school holiday periods. This helps families and children to feel connected and included in the community. Senior leaders should continue to extend this positive work to support and link with those who may have previously been reluctant to engage with schools and services.
- When prompted, most children talk with confidence about the wellbeing indicators. Using a questionnaire twice a year, children evaluate their own wellbeing and discuss with their teacher ways they could improve this further. Most children feel safe in school. They know who to speak to if any issues or concerns arise. They describe feeling secure and protected by caring teachers, support staff and the helpful, friendly crossing patrol officers. Children across the school are learning to use the internet safely. Staff ensure parents are clearly advised of the age regulations around the use of social media. Children understand how to use digital tools and platforms safely, as a result.
- Most children understand and can articulate the steps required to lead a healthy lifestyle. They feel that class lessons and assemblies help them to understand ways to be healthy. Older children are supported well to consider their developing bodies and the need for effective personal hygiene. This includes access to free toiletries to take home. Children articulate well what comprises healthy eating. Senior leaders, staff and children on the pupil council maintain a strong focus on the school-wide aim to reduce sugar intake. This is supporting children to bring healthier snacks to school.
- In addition to regular PE, children enjoy a range of physical activity. Staff offer space in the school grounds and equipment for ball games and active play during morning break and lunchtimes. Across all stages, children play well together outdoors. Older children act as 'peacemakers' should any issues arise and staff in the playground support play and safety. A range of lunchtime and after school clubs also promote and support participation in physical activity. This includes netball, hockey, volleyball, dance and athletics. High numbers of children attend these clubs. School leaders and active school staff monitor clubs and take steps to encourage participation to ensure no child misses out. The highly successful school 'Glee Club' offers children a chance to sing and dance in local and national competitions. Children who take part in the club feel it has a positive impact on their self-esteem, sense of belonging and improves their collaboration skills.
- Underpinned by the Gospel ethos of faith, love and tolerance, all staff welcome and celebrate the cultures and backgrounds of all children. Children participate in daily prayers and regular Masses held in the neighboring church as part of religious observance. Staff organise regular 'culture days' which offer children time to share features of their own lives, heritage and faiths. This is helping newly arrived families to feel welcome and valued in the school community. It also supports children to understand the diverse make up of their local area and city.
- Children enjoy a range of responsibilities around the school. This includes participating in a range of committees such as junior road safety officers and the curriculum working group. These experiences help children develop confidence in decision making and influencing the life of their school. In addition, older children participate as leaders in the playground, lunch hall and as buddies for younger children. They understand the importance of carrying out tasks and responsibilities well, and that others rely on them to do so. Children in these roles are confident to ask for adult help if required. Children demonstrate the qualities of responsible citizens as they show care for their school and grounds and as they engage with their local community.
- Senior leaders and staff understand current legislation, guidance and codes of practice related to wellbeing, equality and inclusion appropriate to their role. They ensure local authority processes inform their work when assessing and identifying children's learning needs. Staff are supported well in this work by colleagues in the local cluster and partners. Children and their families are encouraged to be part of planning and decision-making during review meetings. Class teachers know the needs of individual children very well and plan tasks and activities that support those who

need extra help to develop skills in literacy and numeracy. Staff also maintain a strong focus on improving the social and emotional wellbeing of all children. Senior leaders monitor the impact of planned learning and interventions for children who face challenges and barriers to learning in their lives. This helps children to receive appropriate support. Currently, staff hold information about children's needs, interventions and progress in several different places. Moving forward, senior leaders should develop a whole school strategy for supporting children with learning, including collating a clear and coherent overview. This should help to ensure all children benefit from most effective targeted interventions that help them to engage and achieve in their learning.

- The school submitted information relating to compliance with the revised Nutritional Regulations 2020 and key duties as required by The Schools (Health Promotion and Nutrition) (Scotland) Act 2007. The Health and Nutrition Inspector (HNI) discussed this information with relevant staff and children. In addition, the HNI examined documentation relating to the effectiveness of whole school approaches to improving the health and wellbeing of children through food in school. Minor areas for improvement have been agreed with the school and the school meals provider.
- A few children across the school often become dysregulated and find engagement in learning and daily routines very challenging. They are supported each day in the 'Hive' and 'Cosy Corner' learning spaces. Teachers and support staff provide well-considered individualised learning and support for children in these spaces. Staff work well together to support children to join lessons and experiences with their own class wherever possible. As a result, most children who access the 'Hive' and 'Cosy Corner' are spending increasing time learning alongside their peers each day in their mainstream class.
- Senior leaders should continue working closely with partners and local authority staff to reduce further exclusion from school. Currently, a few children attend school on a part-time timetable. These arrangements are supported by appropriate plans and discussed during regular review meetings, however these can be in place for over a term. Senior leaders should ensure that children on part-time timetables are supported effectively to return to full-time education as quickly as possible.
- A whole school focus on equality and equity is helping children to understand their rights and the challenges we can all face in the world. For example, older children learn about protected characteristics. This includes a recent exploration of rights for women using film characters. Children articulate well how they are all individuals and have varying needs and interests in their lives and learning. Staff should continue to develop this positive work to provide relevant and progressive experiences for all children across the school

**Key activity to date has included the following:**

- The Head Teacher has led a whole staff development session to ensure full understanding of the inspection findings, including strengths and identified areas for improvement.
- School staff will continue with planned improvement activities for the remainder of this school session as agreed by HM Inspectors and as a result the School Improvement Plan has been adapted accordingly.

Full details of the Summary of Inspection Findings are available at [St Peter and Pau's RC Primary School | Inspection Report | Education Scotland](#)

## Explanation of terms of quantity

The following standard Education Scotland terms of quantity are used in this report:

All	100%
Almost all	91-99%
Most	75%-90%
Majority	50-74%
Minority/less than half	15%-49%
A few	less than 15%

Audrey May  
Executive Director

Paul Fleming  
Chief Education Officer

**Signed**


**Audrey May, Executive Director of Children and Families Service**

**Paul Fleming, Head of Service (Chief Education Officer)**



**ITEM No ...3.....**

**REPORT TO:** SCRUTINY AND AUDIT COMMITTEE - 3 DECEMBER 2025  
**REPORT ON:** BI-ANNUAL REPORT ON COMPLAINTS - 2025/26  
**REPORT BY:** CHIEF EXECUTIVE  
**REPORT NO:** 331 - 2025

**1. PURPOSE OF REPORT**

The Bi-Annual Report on Complaints for 2025/26, contained in Appendix 1, presents an update on complaints handling performance between 1 April and 30 September 2025, showing trends in complaints performance over the recent years. The report shows how the Council continues to learn from complaints and presents results from the satisfactions survey issues to complainants on a quarterly basis.

**2. RECOMMENDATIONS**

2.1 It is recommended that Committee notes:

- a) the key performance indicators on complaints closed between 1 April 2025 and 30 September 2025, with trends from previous periods (Section 3 of the attached report);
- b) a summary of complaints about the Council received by and determined by the Scottish Public Services Ombudsman during 2024/25 (Section 5);
- c) examples of the range and volume of transactions the Council has with customers and citizens as a context for the number of complaints (Section 7);
- d) examples of how complaints have been used to improve services (Section 8);
- e) examples of compliments received about Council services (Section 9); and
- f) results of the satisfaction survey sent to people who made complaints (Section 10).

**3. FINANCIAL IMPLICATIONS**

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

**4. BACKGROUND**

4.1 The Model Complaints Handling Procedure for Local Authorities requires that regular reports are produced for Elected Members. This report covers complaints closed between 1 April and 30 September 2025. Additionally, it includes information about the complaints about Dundee City Council, which were dealt with by the Ombudsman in 2024/25.

4.2 The report further presents the benchmarking information from all Scottish Councils, based on analysis by the Scottish Local Authorities Complaint Handlers Network – data relates to 2024/25 financial year, as these statistics are not yet available at the time when Dundee City Council's annual report on complaints is presented to the Committee in June of each year. The benchmarking data reported is provisional, pending submission of 2024/25 annual performance indicators from four councils.

## 5. OVERVIEW OF PERFORMANCE

- 5.1 Detailed information is included in the report contained Appendix 1, but key information to highlight is summarised below:
- a) The Council closed 472 complaints in in the first half of 2025/26, compared to 388 in the same period in 2024/25.
  - b) 57.5% of Stage 1 complaints were completed within the 5-day target – a decrease from 67.4% in the same period in 2024/25.
  - c) The average number of days taken to close Stage 1 complaints was 8.2, compared to 5.8, in the first half of 2024/25.
  - d) 43% of Stage 2 complaints were completed within the 20-day target, lower than in the first half of 2024/25 (49.2%).
  - e) The average number of days to handle Stage 2 complaints increased to 34.6, from 28.4 in the same period of 2024/25.
  - f) The top reason for complaints in the first six months of the year was “Failure to provide a service” - 30.3%. The second most common reason for complaints was “Treatment by or attitude of a member of staff” - 18.3%.
- 5.2 Benchmarking information from other Scottish Councils, based on analysis by the Scottish Local Authorities Complaint Handlers Network, shows that in 2024/25 Dundee City Council performed better at handling Stage 1 complaints than the Family Group average, or the Scottish average score. This includes: the average number of days to close Stage 1 complaints and the percentage of complaint cases closed within the 5-day target. The average days taken to close Stage 2 complaints indicator was better than the Family Group average score, but worse than the Scottish average. Percentage of Stage 2 complaints closed on time indicator was worse than the Family Group, or the Scottish average scores.
- 5.3 Any complaint performance issues reflected in this report will continue to be discussed by the Council Leadership Team, the Complaints Review Group and within individual services. The “Learning from Complaints” section demonstrates the Council’s commitment to continually improve the service that is provided to the citizens of Dundee, as well as the processes to prevent the same issues recurring.
- 5.4 Bespoke Handling Complaints training is being offered to services tailored to their operational remit. The training sessions aim to improve the quality of complaints handling, increase customer satisfaction from the Council’s complaints process, and contribute to the improvement in complaints performance. An “Introduction to Complaints” e-learning module is being developed and will be made available to all frontline employees. A paper version of the module will be made available for those employees who are not office-based. The module aims to increase awareness of the Council’s complaints process across the organisation, enable employees to more accurately identify which interactions with the Council are complaints, and which ones are enquiries or service requests, and raise awareness of the importance of dealing with complaints promptly.
- 5.5 Senior Policy Officer will engage with other authorities in Family Group Four to identify better performing councils within the family group. It will provide an opportunity to learn from best practice in complaint handling.

## 6. STATISTICS FROM THE SCOTTISH PUBLIC SERVICES OMBUDSMAN

- 6.1 35 complaints were received by the Ombudsman about Dundee City Council in 2024/25, compared to 31 in 2023/24. This represented 2.20% of complaints received by the Ombudsman about all local authorities in the year 2024/25. Out of the 35 complaints, “Housing” was the most frequent subject complained about (9 cases), followed by “Road or transport” (5 cases).

6.2 The Ombudsman determined 32 cases in 2024/25 with outcomes recorded as:

- Advice given: 15
- Early Resolution: 17
- Investigation: 0

## **7. POLICY IMPLICATIONS**

7.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.2 The complaints recording database includes a feature that asks those dealing with complaints to note whether any complaints relate to an equalities issue - age, disability, gender, LGBT, race or religion. During the first half of 2025/26, there were five such complaints recorded, three relating to disability, one case in relation to sex and one in relation to race/nationality. All five cases will be drawn to the attention of the lead officer with responsibility for equality and diversity, and any issues identified will be taken up with the services concerned.

## **8. CONSULTATIONS**

8.1 The Council Leadership Team were consulted in the preparation of this report.

## **9. BACKGROUND PAPERS**

9.1 None.

GREGORY COLGAN  
CHIEF EXECUTIVE

DATE: 11 NOVEMBER 2025

ANDREA CALDER  
HEAD OF CHIEF EXECUTIVE'S SERVICE

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**Dundee City Council**  
**Bi-annual Report on Complaints**  
**2025-26**

**Report by: Chief Executive's Service**

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## 1. INTRODUCTION

Dundee City Council values complaints and uses the learning from complaints to improve the services it delivers to its customers.

Things can go wrong in any organisation which provides services, especially one that has many varied interactions with the public.

Complaints are treated as a valuable source of customer feedback, and the Council strives to deal with them well, carrying out thorough, fair and impartial investigations and making evidence-based decisions.

If something has gone wrong, complaints provide an opportunity for things to be put right and can also help the Council learn lessons and improve the processes to prevent the same problems from reoccurring.

## 2. DUNDEE CITY COUNCIL COMPLAINTS PROCESS

The Council uses the Scottish Local Authorities Model Complaints Handling Procedure which defines a complaint as:

*“an expression of dissatisfaction about the Council’s action or lack of action or about the standard of service provided by or on its behalf”*

The Council aims to resolve complaints quickly, and as close the point of service delivery as possible. The procedure has two stages:

- At Stage 1 of the complaints process, the target is to respond within 5 working days, unless there are exceptional circumstances. this can be extended to up to 10 working days if necessary.
- Stage 2 complaints process is used if the complaint is particularly serious or complex and can’t be dealt with within 10 days, or if the person remains dissatisfied after they’ve had a Stage 1 response.

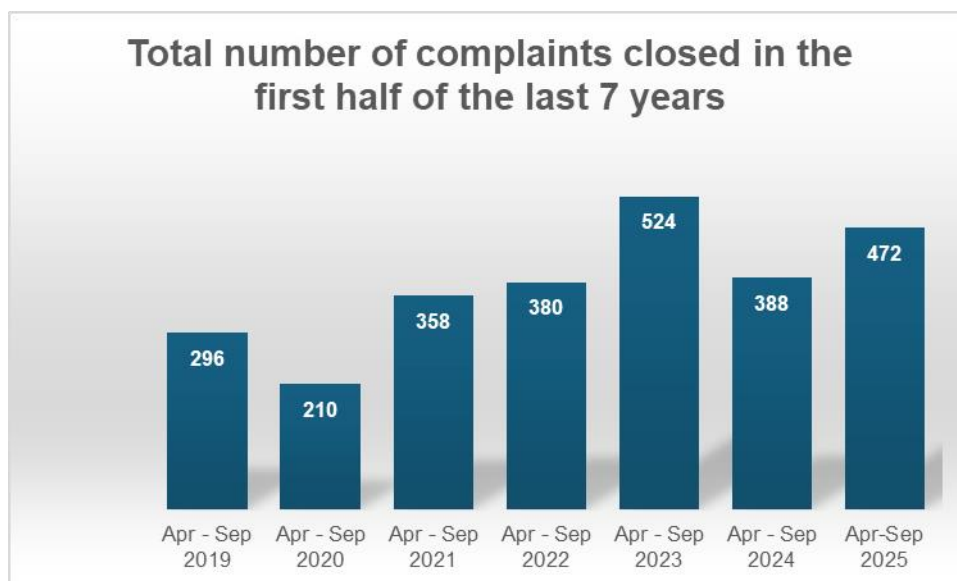
If the complainant remains dissatisfied, they have the option to have their case reviewed by the independent Scottish Public Services Ombudsman.

## 3. KEY PERFORMANCE INDICATORS

The Scottish Public Services Ombudsman places a duty on Local Authorities to record and report on key data related to the complaints handling process. Dundee City Council performance data on handling complaints during the first half of 2025/26 is presented below, with regards to all complaints “closed” during the period between 1 April 2025 and 30 September 2025.

### 3.1 Total number of complaints closed

The Council closed 472 complaints between April and September 2025. This represents a 22% increase on the same period last year, when 388 complaints cases were closed. There were 379 Stage 1 (Frontline) complaints and 93 Stage 2 (Investigation) complaints.



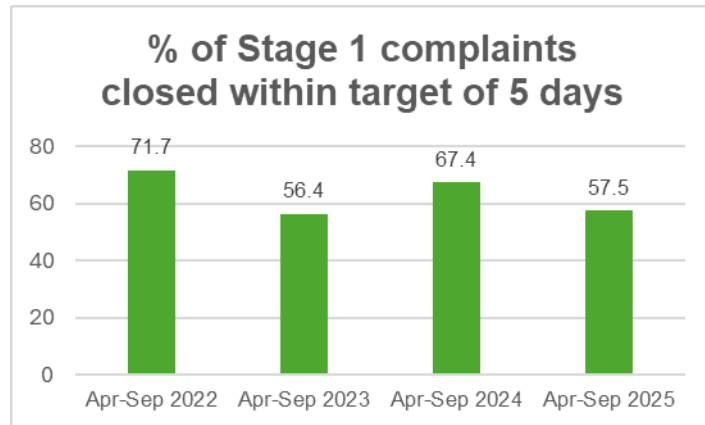
The chart below shows the number of complaints closed by service in the first half of the last seven years.

In January 2025, Neighbourhood Services: Communities, Safety and Protection service was merged with the Housing and Construction, under new name of Neighbourhood Services: Housing, Construction and Communities. Data in the chart below for "Housing and Construction" from 2025/26 onwards will also include complaints relating to Communities.

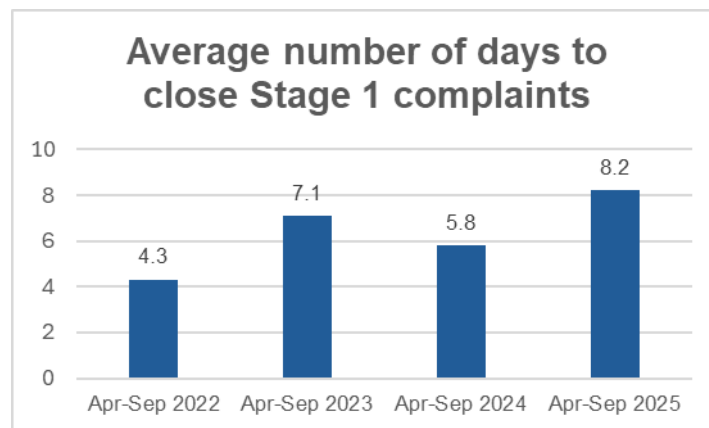
Service	Apr-Sep 2019	Apr-Sep 2020	Apr-Sep 2021	Apr-Sep 2022	Apr-Sep 2023	Apr-Sep 2024	Apr-Sep 2025
<b>Corporate Services</b>	35	36	44	47	53	35	41
<b>Children and Families</b>							
- Education	47	7	29	29	37	43	44
- Children's Services	22	19	22	29	25	16	29
- Criminal Justice	5	0	2	3	1	5	1
<b>Neighbourhood Services</b>							
- Housing and Construction	78	49	82	69	150	116	153
- Environment	58	61	107	138	148	107	114
- Communities, Safety and Protection	7	12	17	20	34	13	n/a
<b>City Development</b>	19	15	25	27	59	43	52
<b>Chief Executive's</b>	2	1	1	0	1	0	1
<b>Dundee Health and Social Care Partnership: Social Work</b>	23	10	29	18	16	10	37
<b>TOTAL</b>	<b>296</b>	<b>210</b>	<b>358</b>	<b>380</b>	<b>524</b>	<b>388</b>	<b>472</b>



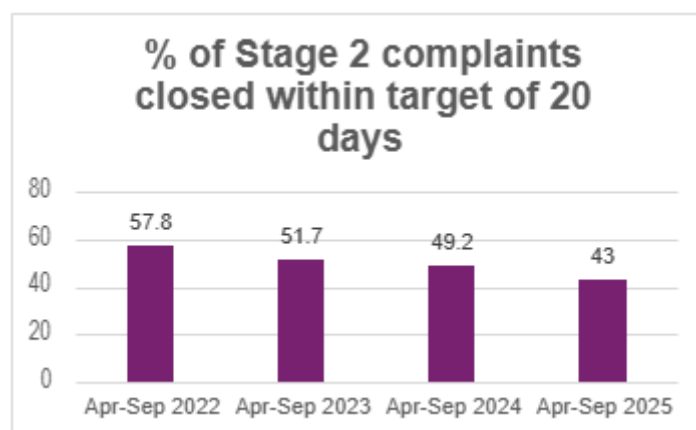
**3.2 Percentage of Stage 1 complaints closed within the target of 5 working days**



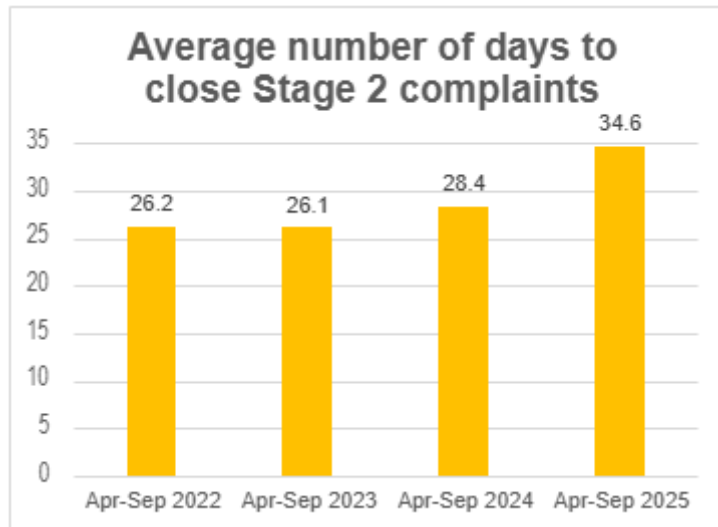
**3.3 Average number of days taken to close Stage 1 complaints**



**3.4 Percentage of Stage 2 complaints closed within the target of 20 working days**

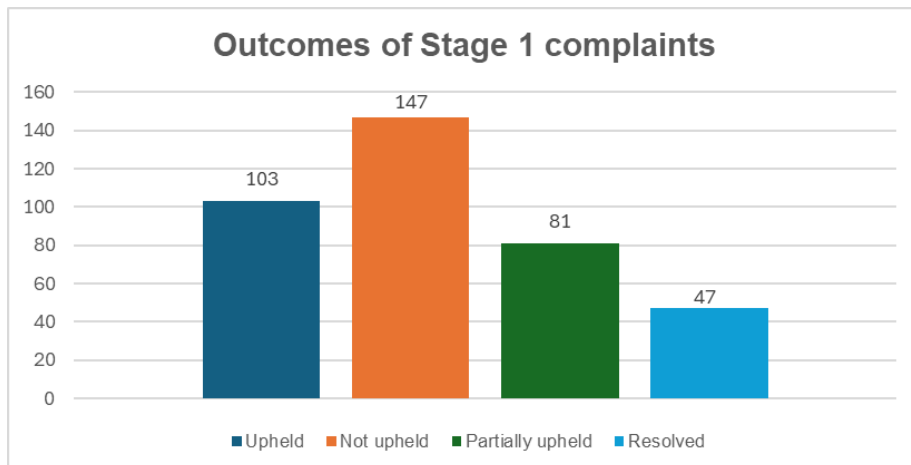


**3.5 Average number of days taken to close Stage 2 complaints**

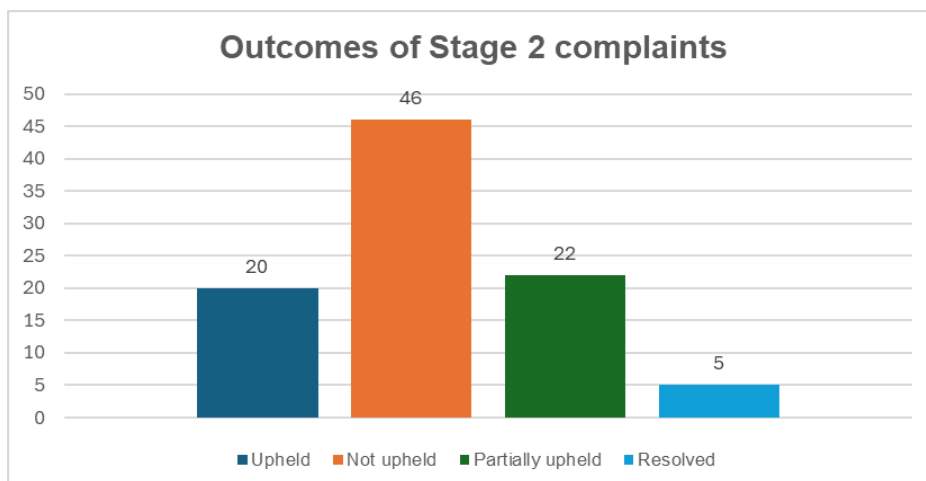


**3.6 Outcomes of Stage 1 and Stage 2 complaints closed in the period April - September 2025**

There were a total of 379 Stage 1 complaints closed. 184 were either upheld or partially upheld.



There were 93 Stage 2 complaints, with 42 upheld or partially upheld.



#### 4. NATURE OF COMPLAINTS

The chart below shows the nature of complaints closed in the first half of the year over the last seven years.

	Apr-Sep 2019	Apr-Sep 2020	Apr-Sep 2021	Apr-Sep 2022	Apr-Sep 2023	Apr-Sep 2024	Apr-Sep 2025
Delay in responding to enquiries and requests	16.30%	11.20%	18.20%	19.70%	23.10%	23.00%	17.20%
Failure to meet our service standards	17.80%	13.10%	19.00%	15.40%	14.40%	14.00%	13.90%
Treatment by or attitude of a member of staff	24.80%	23.80%	21.20%	19.50%	20.10%	21.00%	18.30%
Failure to provide a service	25.60%	27.10%	25.20%	36.70%	25.00%	26.00%	30.30%
Dissatisfaction with our policy	11.20%	15.90%	12.60%	6.20%	11.90%	11.00%	15.30%
Failure to follow the proper administrative process	4.30%	8.90%	3.80%	2.60%	5.50%	5.00%	5.00%

#### 5. STATISTICS FROM THE SCOTTISH PUBLIC SERVICES OMBUDSMAN FOR 2024/25

35 complaints were received by the Ombudsman about Dundee City Council in 2024/25, compared to 31 in 2023/24, representing a 2.2% increase. This rate of increase in number of cases received by the SPSO is similar compared to previous year.

The list of subjects of complaints received is summarised in the table below:

Subject of complaint:	No of cases:
Education	2
Environmental Health & Cleansing	2
Finance	2
Housing	9
Planning	4
Roads & Transport	5
Social Work	4
Subject Unknown (or outside of Jurisdiction)	6
Other	1
<b>Total</b>	<b>35</b>

The Ombudsman determined a total of 32 Dundee City Council's cases in 2024/25. None of the cases were taken forward for a full investigation.

<b>Outcome of cases determined:</b>	<b>No of cases:</b>
Advice Given	15
Early Resolution	17
Investigation	0
<b>Total</b>	<b>32</b>

## 6. NATIONAL COMPLAINTS BENCHMARKING FOR 2024/25

Complaints performance indicators are collected annually from all 32 local authorities in Scotland and annual benchmarking data is made available for all Family Groups for comparison purposes. The annual benchmarking data is not available at the time of the Council's annual complaints performance report for 2024/25, therefore the figures are reported in the subsequent bi-annual complaints report to show member of the public, officers and Elected Members how Dundee City Council performs against the Family Group average and the Scottish average. The benchmarking data presented in the chart below is provisional as four councils have yet to submit their annual performance indicators.

Dundee is in Family Group 4. Figures in brackets indicate statistical information for the year 2023/24 for comparison.

### 6.1 Key Performance Indicators 2024/25 (and 2023/24 for comparison)

<b>Indicator</b>	<b>Dundee</b>	<b>Family Group 4</b>	<b>Scottish Average</b>
% of Stage 1 closed within target	66.8% (55.7%)	65.2% (59.1%)	59% (64.6%)
% of Stage 2 closed within target	49.3% (46.8%)	56% (56.9%)	68.4% (62.5%)
Stage 1 average days	5.9 (7.7)	10.9 (14.2)	8.4 (9.4)
Stage 2 average days	24.9 (27.8)	26.5 (24.9)	21.4 (22.9)

### 6.2 Outcomes of complaints in 2024/25 (and 2023/24 for comparison)

#### Stage 1 complaints:

<b>Outcome</b>	<b>Dundee</b>	<b>Family Group 4</b>	<b>Scottish Average</b>
<b>Upheld</b>	27.2% (24.9%)	36% (29.8%)	40% (31.1%)
<b>Not Upheld</b>	38.5% (48.1%)	30% (33.0%)	30.1% (36.1%)
<b>Partially Upheld</b>	21.2% (12.8%)	20.9% (23.1%)	15.3% (17.1%)
<b>Resolved</b>	13.1% (14.2%)	13.2% (14.1%)	13.9% (15.7%)

#### Stage 2 complaints:

<b>Outcome</b>	<b>Dundee</b>	<b>Family Group 4</b>	<b>Scottish Average</b>
<b>Upheld</b>	21.5% (21.9%)	15.6% (20.1%)	23.2% (18.2%)
<b>Not Upheld</b>	49.5% (58.2%)	46.5% (46.1%)	47.9% (52.6%)
<b>Partially Upheld</b>	23.6% (15.6%)	25% (26.9%)	22.1% (25.3%)
<b>Resolved</b>	5.4% (4.3%)	12.9% (7.0%)	6.5% (3.9%)

## 7. EXAMPLES OF ANNUAL CUSTOMER TRANSACTIONS WITH THE COUNCIL



## 8. LEARNING FROM COMPLAINTS

Officers closing off a complaint as upheld or partially upheld are asked to identify planned service improvements, designed to prevent similar issues recurring. These often involve speaking to individual employees, arranging training for teams on correct use of procedures and customer care standards, or close supervision for a period of time.

In addition to these actions following complaints, below are some examples of how complaints were used to identify wider process/service improvements during the first half of 2025/26:

A customer complained that...	We listened, we acted...
A customer was issued a Penalty Charge Notice. After appealing the notice, he was dissatisfied with the response he received. The response contained subjective comments and was viewed to be lacking objectivity.	The complaint led to a review and improvement in quality of responses issued to members of the public who appeal their PCNs.
There were items of rubbish spilled from the bins when they were getting emptied by a waste disposal crew.	All waste collection crews have been informed of their duties going forward and of the policy of Cleaning up Spillages.
Black wheelie bins in a residential area were overflowing due to tenants of HMO properties disposing of large amounts of rubbish to containers which were not sufficient to cope with this amount of waste.	The Private Sector Services Unit will be writing to all managers of HMO licensed properties to remind them to ensure their tenants are aware how to correctly present waste at their property. A request to the council's IT team will be made to ensure the collections calendar link is easy to find when viewing on a mobile device.
A claimant who made an application for a Crisis Grant was refused a payment as the Decision Maker had decided that the evidence of income and expenditure provided looked like it had been altered. The claimant was not given an explanation for this decision from the Decision Maker.	Team manager will review what evidence can be used to make a decision on entitlement to a Scottish Welfare Fund Payment, and improvements will be made to how decisions are communicated, to ensure clear answer and resolution to customers.
A customer asked for grass outside their property to be cut and received no response despite sending follow-up enquiries and requests.	The Environment team are currently developing communication guidance for all staff which will include timeous responses to enquiries, service requests and complaints from the public.
A tenant received sub-standard quality of service on multiple occasions from advisers when she called to check her position on the housing waiting list.	The team leader for the service will review the calls and develop a training plan to improve standard for handling calls. A quality assurance checklist will be developed so the supervisor can regularly review the calls being carried out by the whole team, ensuring that applicants receive the correct information and treatment when calling.
Due to a communication breakdown between a Social Worker and a Support Worker, a service user was not given the opportunity to have his advocacy worker to accompany him to a meeting, which made him feel unprepared and unsupported.	Social Work teams will ensure that service users have the opportunity for advocacy support at meetings wherever this is practically possible.
A direct debit was not set up correctly for the rent of a commercial property, leading to multiple invoices being issued and reminder letters sent to the customer.	The finance team will work with IT to review the billing system to ensure that direct debits and direct debit instalments can be automated in the future.
There was a delay in responding to a request to fell an overgrown tree with roots protruding out of the ground causing a tripping hazard.	The environment service will train two new tree surgeons and will put additional resources during the winter period to ensure requests can be actioned more timeously.

## 9. COMPLIMENTS

I just want to thank the female adviser who processed my housing repair request and has a lovely telephone manner. I also want to thank the joiner who renewed the silicone in my kitchen. Both were extremely pleasant and an asset to Dundee City Council.

Compliment about house exteriors in Pentland/Lochee: "My friend and I walk a lot in the west end of Dundee and decided yesterday to explore the Pentland Avenue area which led us to the houses opposite the Friary and then over to Saggar Street area and up to 'The Glens' and Byron Street. (...) What a beautiful job DCC has made of hundreds of homes in these areas and quite clearly many of the residents feel the same (...) because they not only keep their garden/outside areas tidy but also make a real feature of their gardens with plants in pots as well as in the soil. Congratulations to you, DCC. It must be so very difficult in this economic climate to keep up with repairs, let alone make improvements. As a Council Tax payer and citizen I applaud your efforts.

Dear Person in charge of parks, gardens etc.,  
Every year, and every season within every year, you and your staff work wonders all around Dundee with landscaping and planting.

I live in the West End and so am particularly aware of Victoria Park, Balgay Park, Magdalen Green, the gardens opposite the University, Riverside Drive, the area opposite Bridgeview Restaurant, Slessor Gardens, and indeed all sorts of nooks and crannies and expanses in the city.  
I can hardly imagine the difficulties you face, given the very tough budget restraints, and yet you and your teams continue to work wonders. Please be good enough to let all your teams know that their efforts are truly appreciated by myself and countless citizens who mean to let you know but don't quite get round to it. With real appreciation and gratitude, I applaud your work.

I'd just like to take this chance to say 'Thank You' to you to everyone involved with the 'Fencing' Project in Graham Court.

A customer called to express her thanks to one of our operatives. She had taken her food waste in due to the wind, but the operative checked it and got it emptied. She was very impressed and wanted to express her thanks - she says people are quick to criticise so they should also be quick to praise!

I would like to commend the staff at the registrars for their compassion and empathy when dealing with me as I registered my fathers death last week.

Every interaction I have had has been better than I could have expected. The staff I spoke to were patient and understanding and very compassionate. This makes a huge difference to the bereaved and I can only give the highest compliments to them. Not much else to be said but thank you so much for making the whole experience as smooth and pleasant as is possible under the circumstances. Please pass this on to the appropriate manager so they know their team are doing a fantastic job.

I would like to give amazing feedback to the female adviser on the great help on bus pass and blue badge, very helpful.

Thank you to the teams and decision makers for promptly filling in potholes reported but more importantly for the decision to resurface Drumgeith road from Whitfield drive to Douglas road roundabout and Tom Johnstone avenue both covered by numerous potholes and the former made worse by the construction work for the new greenfield school campus site (former st saviours school site).

Community Payback Referral: Excellent service from the project manager, very helpful and excellent communication. If this could be replicated in all service that would be great.

I would like to compliment one of your litter pickers. This guy has a large area to cover around Strathmore Avenue, Johnston Avenue, And around the Glens area and no doubt more streets. He is so methodical, conscientious and such a nice guy who always says hi. I always make a point to thank him and I know my other neighbours think the same. He has the daunting task to keep the area

around St Johns High School very clean and it's easy to see what days he may be off that area for whatever reason.

A customer got in touch wanting to send a "thank you" to the male employee who went over and above cutting her grass. She appreciates everything the gardeners do and wanted to pass this on.

I would like to say "Thank you" to the speedy response to my fault request, which was a about safety to children, what a great job completed. Thank you very much.

We would like to thank the Council for having introduced the 20mph zone in the area of the Law Terraces. While there are some drivers that still choose to race along Albany Terrace, many now appear to be more respectful of the new limits.

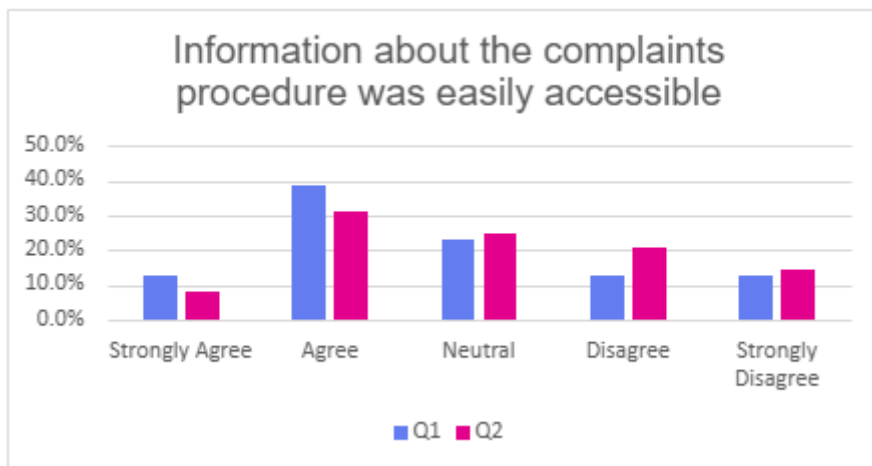
**10. SATISFACTION SURVEY**

The model Complaints Handling Procedure requires the Council to report on a measure of customer satisfaction with its complaints process. To do this, we issue quarterly surveys to people who have made complaints. Since the survey sample consists entirely of people who have made a complaint, many of which are not upheld, it may not be surprising that satisfaction levels are not particularly high.

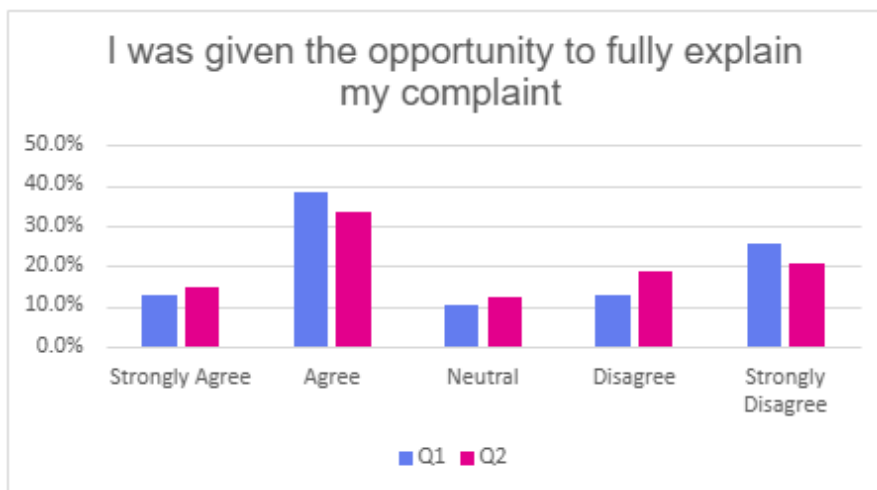
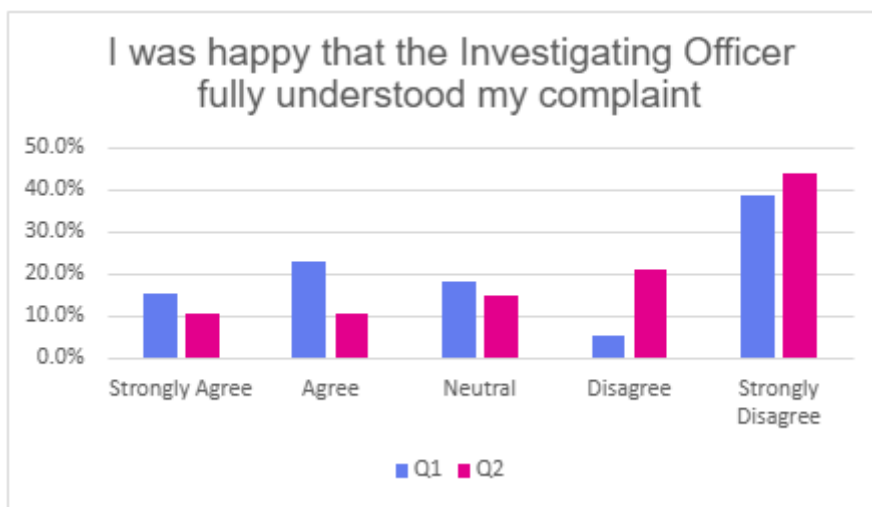
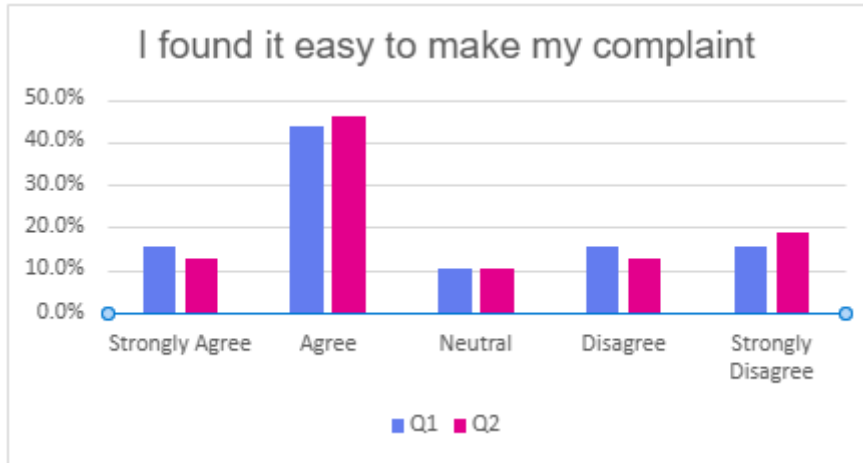
In the first quarter of the year the survey was issued to 196 customers who had their complaint dealt with between April and June 2025. A total of 39 responses were submitted. Subsequently, 169 surveys were issued to complainants who had their case closed between July and September 2025, with 48 responses received.

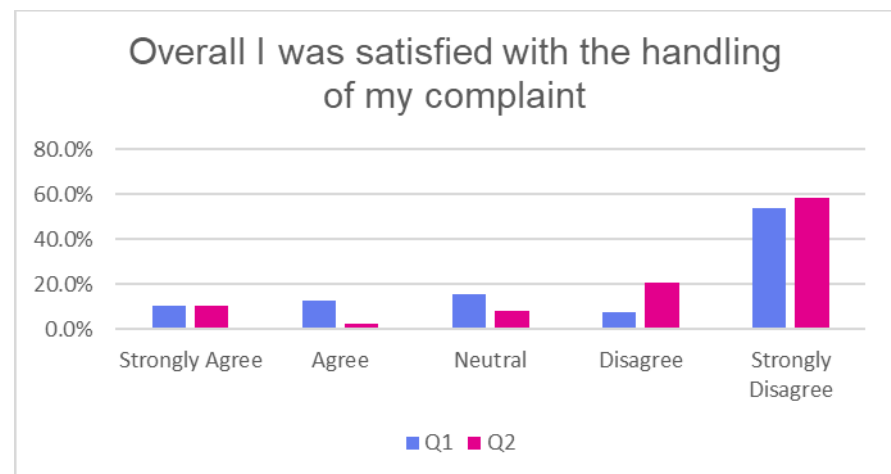
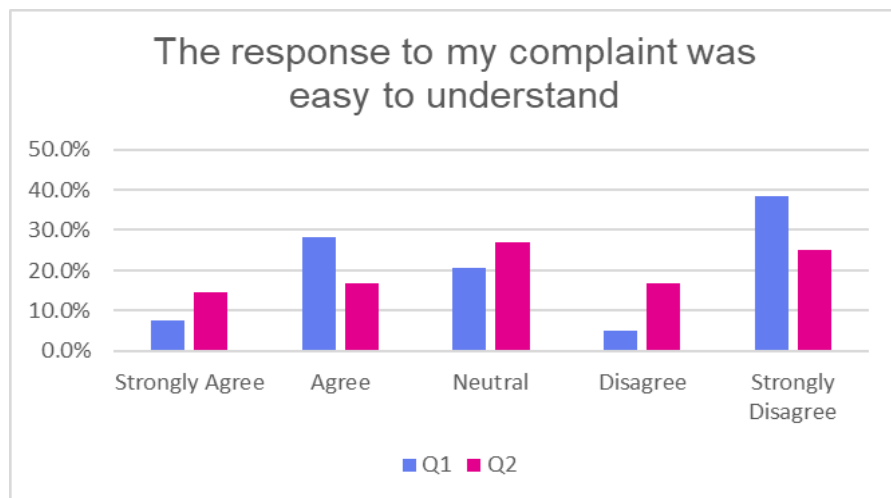
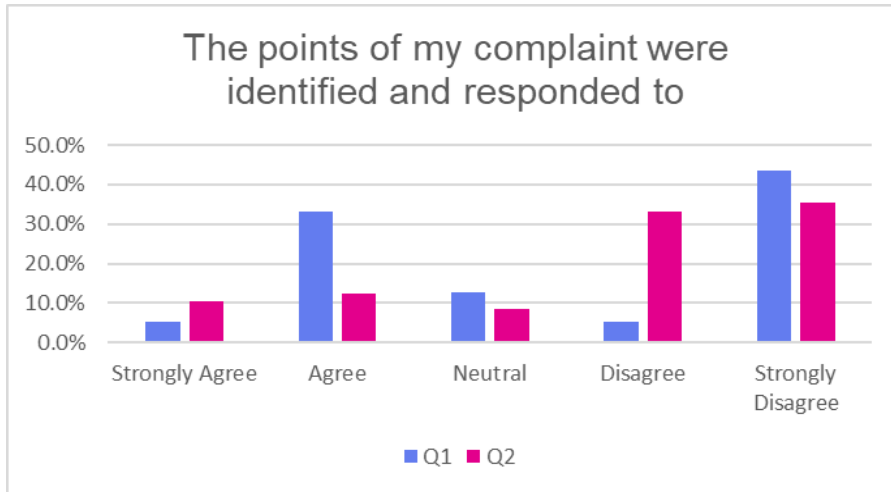
Out of 365 surveys sent to customers who had their complaint dealt with during the first six months of 2025/26 total of 87 responses were submitted, a return rate of 23.8%. Caution must be exercised due to the small sample who return the survey and the fact that those who remain dissatisfied with the outcome of their complaint may be more motivated to do so.

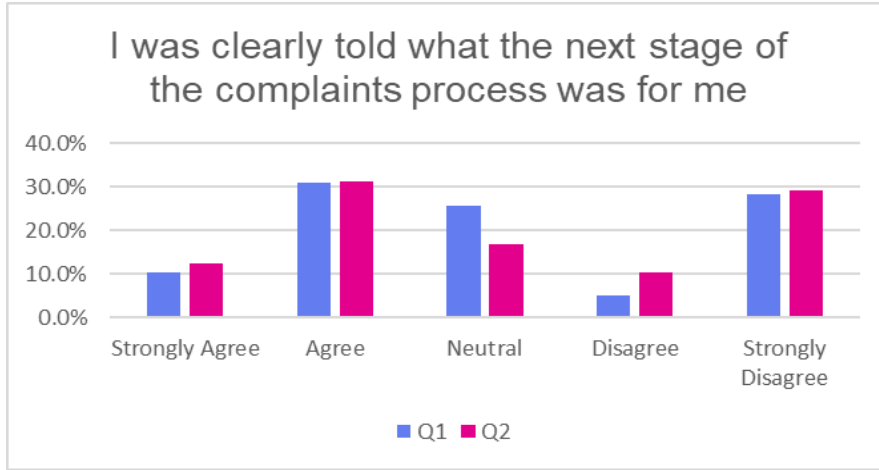
**Question 1: Please indicate the extent to which you agree or disagree with the statements below:**



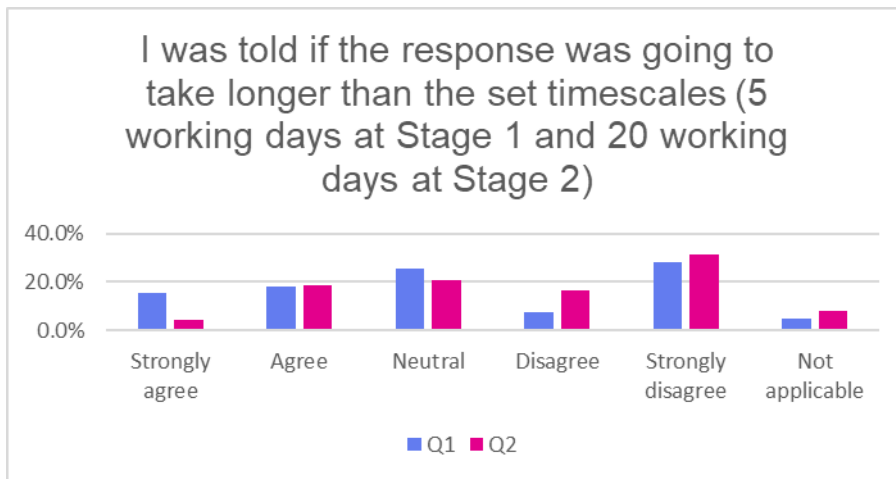




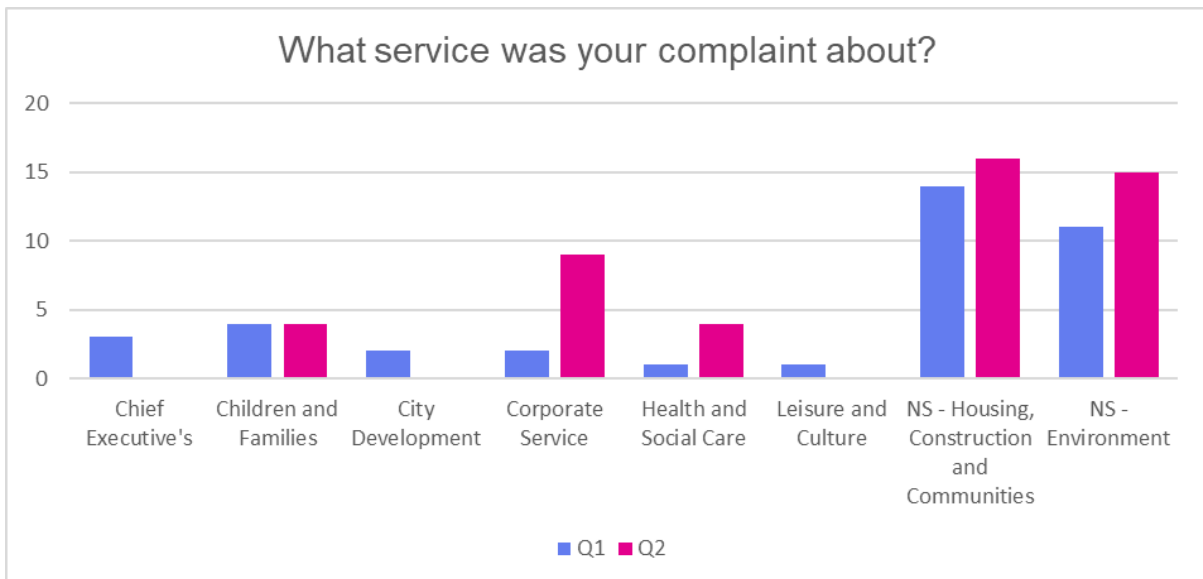




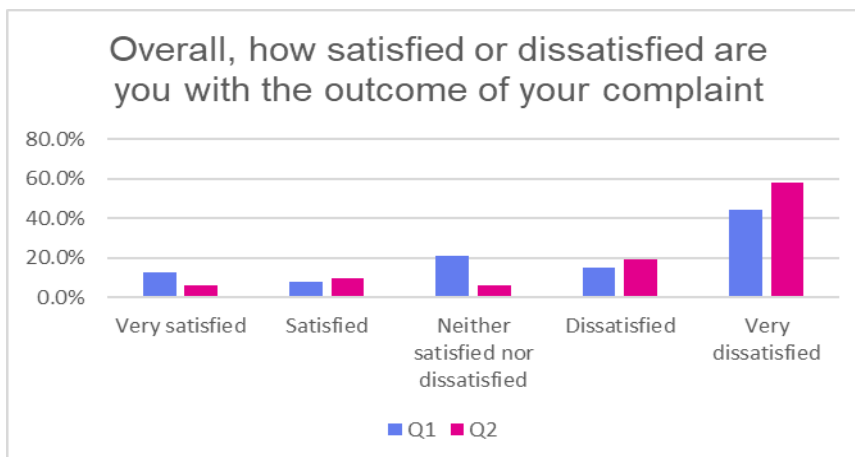
**Question 2: I was told if the response was going to take longer than the set timescales (5 working days at Stage 1 and 20 working days at Stage 2)**



**Questions 3: What service was your complaint about?**



**Question 4: Overall, how satisfied, or dissatisfied are you with the outcome of your complaint?**



**REPORT TO: CITY GOVERNANCE COMMITTEE - 22 SEPTEMBER 2025**

**REPORT ON: OLYMPIA**

**REPORT BY: CHIEF EXECUTIVE**

**REPORT NO: 246-2025**

**1. PURPOSE OF REPORT**

1.1 The purpose of this Report is to enable the Council to scrutinise the Report by Burness Paull, Solicitors, regarding the closure of the Olympia Swimming and Leisure Centre in 2024 following £6.1m of capital investment by Dundee City Council.

**2. RECOMMENDATIONS**

2.1 The Committee is recommended to note and scrutinise the Report by Burness Paull, Solicitors, regarding the closure of the Olympia Swimming and Leisure Centre in 2024 following £6.1m of capital investment by Dundee City Council (Appendix One).

2.2 The Committee is also recommended to remit the Report by Burness Paull to the Scrutiny Committee for their further consideration.

**3. FINANCIAL IMPLICATIONS**

3.1 There are no financial implications arising out of this Report.

**4. BACKGROUND**

4.1 Reference is made to Article II of the Minute of the Meeting of the City Governance Committee on 22 April 2024 regarding Olympia.

4.2 This Item was placed on the Agenda at the request of the Leader of the Council who asked the Committee to agree to the formation of an independent investigation into the closure of the Olympia following £6.1m of capital investment with a view to identifying the key issues and providing clear actions.

4.3 The Committee subsequently resolved:-

- To instruct the Chief Executive to commission a thorough and rigorous investigation of the background that led to the recent closure of Olympia following £6.1m of capital investment.
- This investigation would be led by an independent expert on behalf of the Council and would engage with Leisure and Culture Dundee and other appropriate bodies to understand the nature of the problems which led to the closure, what actions could have prevented this situation and that the results of this investigation be brought to the City Governance Committee as soon as practically possible.
- Such an investigation must consider and identify all of the key factors and issues, utilise all available information and ensure value to the public in obtaining its findings.

4.4 Having regard to the issues which actually or potentially caused or contributed to the closure and actually or potentially caused or contributed to the length of the closure, the Head of Democratic and Legal Services formulated the following questions for investigation and response:-

1. Were the works required to the Flume Pipework and Support reasonably foreseeable at the time the recent capital works were instructed?
  2. Why were the recommendations of Environmental Health regarding safety barriers at the dive boards not actioned at an earlier date?
  3. What were the causes of the dosing system not operating as expected when the Olympia reopened?
  4. Was the original scope of capital works sufficiently comprehensive to ensure that all works identified following the closure in 2021 were addressed during the 2023/2024 closure?
  5. Why were additional capital works required following the £6.1m capital investment?
  6. What impact (if any) did the working relationship between Dundee City Council as Building Owner and Leisure and Culture Dundee ("LACD") as Building Manager have on the causes of, and length of, the recent closure?
- 4.5 For convenience, the individual questions and responses are summarised in Section 5 of this Report.
- 4.6 For the purposes of Scrutiny, Burness Paull's full Report is attached at Appendix One.

(The Committee is asked to note that the names and job titles of Officers of Dundee City Council and Leisure and Culture Dundee who either hold positions below Head of Service or who are no longer employed by DCC or LACD have been redacted, as have the personal details of third party contractors. The Report is otherwise entirely unredacted).

## 5. QUESTIONS AND ANSWERS

- 5.1 Question 1 - Were the works required to the Flume Pipework and Support reasonably foreseeable at the time the recent capital works were instructed?

*Answer 1 - The works required to the Flume Pipework and Support were not reasonably foreseeable at the time the most recent capital works were instructed.*

- 5.2 Question 2 - Why were the recommendations of Environmental Health regarding safety barriers at the dive boards not actioned at an earlier date?

*Answer 2 - A combination of factors led to the recommendations of Environmental Health regarding safety barriers at the dive boards not being actioned at an earlier date.*

*These included temporary measures being put in place while a design solution evolved being seen as the best balance of minimising the operational risk in the area where behaviours considered to be at risk occurred and compliant with the required regulations outside these areas.*

*The COVID-19 Pandemic played a part.*

*There was a misunderstanding of the previous instructions by DCC Environmental Health by LACD which led to the additional bars on the central area of the platform and did not lead to the changes DCC Environmental Health had instructed.*

*Finally, there had been a missing step - engagement by LACD with DCC Environmental Health.*

- 5.3 Question 3 - What were the causes of the dosing system not operating as expected when the Olympia reopened?

*Answer 3 - Information provided by both DCC and LACD underlines that the key concern was the stability of the chemical dosing system.*

*Views vary as to the reason or reasons for the time spent on achieving that stability, but Devin, DCC's retained Pool Consultants, were asked to consider these and they set out their professional opinion that the chemical controllers were not the cause of the issue in achieving that stability.*

*The available evidence therefore does not seem to support the view that the chemical controllers were the cause of the issues with the dosing system.*

*Devin then noted that actions taken in respect of matters such as the pH set point, sodium bicarbonate dosing, UV dosing levels and the installation of an additional bulk tank had led to a stable pH value being maintained and a significant reduction in chemical usage.*

*The time spent on the dosing system was due to the merging and marrying in with existing equipment and procedures to achieve the optimal operation balance and efficiency which influenced further adjustments and modifications being required of a system that is now part new and part original.*

*Accordingly, there was a requirement to bed in the new equipment.*

*It took time and it was only through live pool operation that these interfaces could be fully tested.*

*Commissioning as an exercise is carried out towards the end of a Contract in ideal conditions without other routine operations going on.*

*It is a realistic expectation that this will not always be straightforward and that time is needed to bed in with a soft start in an existing facility particularly important.*

*As issues arise the pool systems are highly complex and interrelated with diagnosis being progressive, working through each scenario in turn until the effective solution is achieved.*

- 5.4 Question 4 - Was the original scope of capital works sufficiently comprehensive to ensure that all works identified following the closure in 2021 were addressed during the 2023/2024 closure?

*Answer 4 - The original scope of capital works was sufficiently comprehensive to ensure that all works identified following the closure in 2021 were addressed during the 2023/2024 closure.*

*As with any refurbishment, additional works will be required, which were unexpected, but any additional works would not be arising due to an insufficient scope of works but rather due to the very nature of carrying out works on a refurbished building.*

- 5.5 Question 5 - Why were additional capital works required following the £6.1m capital investment?

*Answer 5 - The additional capital works referred to were works that were brought forward in light of the opportunity to undertake them while the Olympia was closed for other works, in order to save a future closure.*

- 5.6 Question 6 - What impact (if any) did the working relationship between Dundee City Council as Building Owner and Leisure and Culture Dundee ("LACD") as Building Manager have on the causes of, and length of, the recent closure?

*Answer 6 - The working relationship between DCC and L&CD did not prolong the project.*

*Both DCC and L&CD personnel expressed a strong desire to work better together, especially in relation to Health and Safety matters.*

*Communication between the parties could no doubt have been better, but this did not affect the recent closure.*

## 6. OLYMPIA CURRENT OPERATIONAL PERFORMANCE

Since the reopening of Olympia, the monitoring and performance of the facility has been undertaken by relevant Council officers working collaboratively with Leisure and Culture Dundee management and staff.

- Refurbishment Project

The overall scope of works established and carried out as the refurbishment project have been operating as intended since the reopening. Works to the flumes, including the rectification to the water supply pipe, continue to perform as intended.

The dosing system continues to achieve expected daily performance levels, with Leisure and Culture Dundee staff undertaking chemical dosing procedures providing a stable water quality for the pool users to enjoy.

The installation of additional rails to the diving platform has ensured compliance with Environmental Health recommendations and provide Leisure and Culture Dundee with the facility to operate a safe system when open to the public or for club and competition use.

- Operational Management

Operational management has been supported by a strategic maintenance programme delivered in partnership by City Development and Leisure and Culture Dundee staff. The approach prioritises operational resilience and minimises disruption with Olympia operating as intended since the reopening.

Council officers carried out a review of Leisure and Culture Dundee cleaning procedures to ensure that, going forward, daily cleaning is the first line in proactive protection against corrosion and overall protection of the Council asset. Current Leisure and Culture Dundee cleaning practices are being carried out with Council officers monitoring to ensure frequency and standards are maintained.

This approach ensures Olympia remains a safe, high-quality environment for users while strengthening long-term asset integrity.

- Planned Maintenance

As referenced in previous Committee Reports, future maintenance and refurbishment work, to varying degrees, will be required on a periodic basis throughout the operational life of this building. Annual service closures are not only applicable to maintenance of the plant, but also offer an opportunity for deep cleaning, supporting daily regimes and minor works that would otherwise have required an unplanned shutdown. A strategy for periodic closures is in place as standard practice for future years of operation. Leisure and Culture Dundee have developed a communications strategy to ensure members, customers and staff are aware in advance of future planned closures.

- Facility Usage

Olympia facility usage has experienced a robust recovery in attendance numbers, with pool visits and overall facility usage exceeding expectations and membership growth surpassing pre-Pandemic levels.

## 7. POLICY IMPLICATIONS

7.1 This Report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.



**8. CONSULTATIONS**

8.1 The Council Leadership Team have been consulted in the preparation of this Report.

**9. BACKGROUND PAPERS**

9.1 None.

GREG COLGAN  
CHIEF EXECUTIVE

DATE: 11 SEPTEMBER 2025

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**REPORT  
TO  
DUNDEE CITY COUNCIL  
REGARDING  
OLYMPIA INDEPENDENT INVESTIGATION**

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## 1 INTRODUCTION

- 1.1 We are asked by Dundee City Council (“**DCC**”) to investigate and report with comments on a number of questions, as below, arising in respect of the background that led to the most recent closure of the Olympia swimming and leisure centre, Dundee (the “**Olympia**”) following a circa £6.1m capital investment. Those questions are:
- 1.1.1 Were the works required to the Flume Pipework and Support reasonably foreseeable at the time the recent capital works were instructed?
  - 1.1.2 Why were the recommendations of Environmental Health regarding safety barriers at the dive boards not actioned at an earlier date?
  - 1.1.3 What were the causes of the dosing system not operating as expected when the Olympia reopened?
  - 1.1.4 Was the original scope of capital works sufficiently comprehensive to ensure that all works identified following the closure in 2021 were addressed during the 2023/24 closure?
  - 1.1.5 Why were additional capital works required following the £6.1m capital investment?
  - 1.1.6 What impact (if any) did the working relationship between Dundee City Council as Building Owner and Leisure and Culture Dundee (“**L&CD**”) as Building Manager have on the causes of, and length of, the recent closure?
- 1.2 In carrying out that investigation we have engaged with, and been given relevant information by, DCC and L&CD personnel.
- 1.3 We have commented on these questions below.

## 2 QUESTION 1

- 2.1 The question here is whether the works required to the Flume Pipework and Support were reasonably foreseeable at the time the recent capital works were instructed.
- 2.2 The works referred to here are understood to be those referred to in the Members Briefing Note 1, dated 5 March 2024, which included the following:

*“This briefing note has been prepared to update councillors regards the current issues that have affected the opening and operation of Olympia in recent weeks.*

*The two main issues relate to the burst supply pipework at the red flume and the operation of the new chemical dosing installation. A further item has also been*

*included in this note to update members in relation to the operation of the diving boards...*

...Works to Flume Pipework and Supports Background

*Failure of the supply water pipe to the red flume, subsequently caused a supporting rod to fall due to the disproportionate force of the pipe failure dislodging the rod. These elements of the facility were not in the scope of works for the refurbishment contract based on the condition and performance to date. The pipe fracture was a localised failure on a specific one-off run of pipework unique for the supply to the flumes. It would not have been possible to have anticipated this type of failure occurring..."*

- 2.3 The comment at the end of extract above - that it would not have been possible to anticipate this type of failure – was reflected in comments from other DCC personnel. Comments from L&CD personnel included the view that:

*"The burst pipe incident was likely unforeseen but could have been prevented with more comprehensive checks and pre-opening assessments. The urgency to complete the project led to certain elements being overlooked. This matter can be divided into two key components: the burst pipe and the support work. Both incidents could have been avoided through appropriate checks and thorough evaluations..."*

*...The burst pipe likely resulted from ongoing deterioration. Bar & Wray conducted a full report and provided it to DCC, which was not shared with L&CD. On the day of the incident, a pressure issue was identified during the daily testing of the flumes before opening to the public. The plant staff and supervisor followed the proper procedures and ran the flume. However, the pipe burst during a session later that afternoon.*

*The challenge was that much of the pipework had been left drained, and the process of preparing the flumes for opening in December 2023 was rushed. This was partly because two pumps identified for replacement were quoted in June 2023 but not ordered until October 2023. These pumps arrived only days before the restart, leading to rushed inspections."*

- 2.4 Starting with the causes of the burst pipe and rod falling, we have not seen any evidence supporting deterioration as being the cause of failure of the pipe. Instead, contemporaneous evidence in the form of emails between [REDACTED] [REDACTED] [REDACTED] [REDACTED] at DCC and [REDACTED] [REDACTED] [REDACTED] [REDACTED] (Design & Property Services) at DCC on 5<sup>th</sup> and 8<sup>th</sup> February 2024 set out views, following reports of an "an explosion type noise as [the rod] fell" that:

- 2.4.1 The cause of the rod falling could be what's referred to as water hammer, which we understand to create a shockwave - "Photos aren't great quality but it's happened at an elbow in the pipe which also coincides with a

*reduction in pipe diameter. I can see how, if flow was disrupted, water hammer, either during the disruption or when flow was restored, could jolt the pipe and bracket out of their supports. This absolutely hasn't happened due to static loads so would consider it to be a localised issue to the recent burst rather than a pool-wide issue.”<sup>1</sup>*

2.4.2 The cause of the pipe burst could be misalignment of the pipework which has then been put under stress by high water pressure – *“Flume pipework failure - red flume - we can see that the split pipe now has an offset between its two parts and the neighbouring pipe currently sits at a splay. This suggests that when the start section was relocated after the flume deck was done there is a slight misalignment which has put the pipe under stress, when coupled with high water pressure failure has occurred. I think your theory on this event resulting in water hammer and the loads referred through the structure dislodging what was probably an already loose rod is spot on.”<sup>2</sup>*

2.5 Turning then to the question of whether the burst pipe and fallen rod could have been identified or indeed prevented with more comprehensive checks and pre-opening assessments; that is of course possible, but we have not seen any evidence to suggest that anyone should have anticipated these specific failures, at the time the capital works were instructed, and put in place checks and pre-opening assessments over and above those carried out following the refurbishment works.

2.6 Indeed, it seems to us that the successful operation of the pipe for a number of weeks, following those works being carried out, militates against the view that longer pre-opening assessments - unless they were for a number of weeks under normal operating conditions - could have identified the issue.

2.7 In light of the above and the currently available evidence, our view on question one is that the works required to the Flume Pipework and Support were not reasonably foreseeable at the time the most recent capital works were instructed.

### 3 QUESTION 2

3.1 The question here is why were the recommendations of Environmental Health regarding safety barriers at the dive boards not actioned at an earlier date?

3.2 The background to this question is summarised in the email from [REDACTED] [REDACTED] ([REDACTED] [REDACTED] at DCC) to [REDACTED] [REDACTED] ([REDACTED] [REDACTED] at L&CD) on 28<sup>th</sup> February 2024 at 6.10pm:

*“Thank you for your update below sent following my visit to the swimming pool this morning with my colleague [REDACTED] [REDACTED] [REDACTED] [REDACTED] when I met*

<sup>1</sup> Email from [REDACTED] [REDACTED] to [REDACTED] [REDACTED] Neil Martin and others on 5 February 2024 at 9:01.

<sup>2</sup> Email from [REDACTED] [REDACTED] to [REDACTED] [REDACTED] on 8 February at 22:38.

with you and [REDACTED] [REDACTED]. The purpose of our visit was to carry out a swimming pool health and safety intervention and for Olympia's public entertainment license renewal application.

During this visit a number of issues were identified and discussed with you.

Of most concern was the 3m & 5m dive platform barriers. I noted that there still remains a significant gap between the dive platform floor and the lowest guardrails. The gap on both platforms is such that it could allow a small child to slip through and fall a significant height.

As you are aware this department investigated an accident in 2017 where a child slipped and fell through the gap to the right of the 3m diving board. The child had been standing on the 3m diving board, but changed his mind and stepped off onto the dive platform, then slipped and fell through the gap to the pool side 3m below.

Following our accident investigation, steps were taken to put in place temporary barriers to prevent a similar accident from reoccurring until such time as a permanent solution could be found. I have attached the letter sent to Olympia following the accident investigation in 2017 for your information.

However the temporary barriers remained in place up until the pool closed in 2020.

When we visited today I noted that corrective action had been taken in terms of the installation of the vertical barriers at the waiting area on the dive platform where another accident occurred in 2016, however no action had been taken to decrease the gap between the safety barrier and both dive platforms.

Following discussion with my manager I contacted you after the visit to advise that due to the significant risk of injury, access to the dive platform should be prevented until such times as the risk of injury from slipping through the gaps can be mitigated.”

<sup>3</sup>

- 3.3 We understand the earlier recommendations referred to in this question, following the accident in 2017 referred to above, are those set out in the letter below from [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] to [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] at L&CD dated 2 May 2017.

<sup>3</sup> Email from [REDACTED] [REDACTED] to [REDACTED] [REDACTED] on 28 February 2024 at 18:10.



Following the first incident, **temporary** guarding was put in place on some sections on the 3m and 5m dive platforms to help reduce the risk of a person slipping and falling through the gaps under the bottom railings. However, this was with the understanding that permanent measures would be taken thereafter to reduce the gaps between the bottom rails and the platform floors.

To date no permanent alterations have been made to reduce the aforementioned gaps.

It was not known why the permanent works have not been carried out to reduce the aforementioned gaps even though a quotation for the work had been sought and provided by Metaltech UK in November 2016. **Had the works been carried out at that time then the second incident would have been avoided.**

I indicated during my initial visit that the 3m and 5m diving boards be kept closed until suitable temporary measures could be put in place to reduce any remaining exposed gaps between the lower rails and the dive platform floors along the length of the railings on both platforms.

I also requested that we be told how quickly a permanent fix could be carried out to close the gap between the dive 3m and 5m platform floors and the bottom rails of the barriers.

The dive platforms were then closed until Wednesday 26<sup>th</sup> April 2017 when I was notified by [REDACTED] that the additional temporary barrier had been put in place. I revisited the premises that afternoon and confirmed after viewing the temporary barrier that the dive platforms could reopen.

**Steps must now be taken as quickly as possible to permanently reduce the gaps between the bottom rails and the platform floors so as to prevent anyone falling through the gap.**

4

- 3.4 Following the visit on 28<sup>th</sup> February 2024 referred to above, a meeting was arranged at the Olympia on 8<sup>th</sup> March 2024, as set out in the email from [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] at DCC to [REDACTED] [REDACTED] and Neil Martin of DCC, Judy Dobbie of L&CD and others on 11<sup>th</sup> March 2024 at 11.03am:

*“All - further to our discussions on-site last Friday (08/03/2024), and also referring to the points in my earlier email (29/02/2024) I would advise as follows:*

*Diving Platforms - It was agreed to add a further section (tubular hollow-section stainless steel) into the lower gap of the rails which run parallel with the diving platform. I have attached an image which provides an outline of the proposed modification for reference.*

*This is a very minor modification, and whilst an interim/temporary measure (e.g. use of plastic barriers) was suggested, this may draw attention to the issue, and I would suggest therefore it would be better to move directly and quickly to the permanent modification agreed.”<sup>5</sup>*

<sup>4</sup> Letter from [REDACTED] [REDACTED] to [REDACTED] [REDACTED] dated 2 May 2017.

<sup>5</sup> Email from [REDACTED] [REDACTED] to [REDACTED] [REDACTED] Neil Martin, Judy Dobbie and others on 11 March 2024 at 11.03.

3.5 [REDACTED] [REDACTED] email - to [REDACTED] [REDACTED] Judy Dobbie, Neil Martin and others - dated 9<sup>th</sup> March 2024, following that on-site meeting referred to above, comments on the history of events and issues arising:

*“Firstly, thank you to [REDACTED] for suggesting and organising the site meeting, and to [REDACTED] and [REDACTED] team in Environmental Health for attending and providing useful background and context. It was extremely helpful to be able to physically see the issues and to discuss these.*

*For everyone's information and to provide some of that context, Environmental Health's involvement in this matter is in their capacity as statutory enforcers for health and safety at Olympia. All advice provided by them is in pursuance of that role.*

*The issues highlighted with the diving boards were raised initially in 2016/2017, following 2 no notified incidents on the 3m platform, where young children fell from the landing for the 3m platform in one instance and from the side of the diving board on the 3m platform in the other. The issues were again flagged by EH in 2020 during a routine inspection when no permanent remediation had been carried out to address this fall from height risk, although temporary barriers had been put into place.*

*Whilst the guard railing for the entire diving tower follows the parameters of sector guidance and is similar to installations in other swim centres, it does, in this case, leave a fall from height risk from under the bottom rail. This is due to the height of the bottom rail above the platform deck; for clarity, this is not a fall from height risk where the mechanism of the fall is a stumble or fall direct against the barrier, it is a 'chuting' risk whereby a person slipping is able to fit under, and through, the gap between the platform deck and the bottom rail. This is the mechanism by which both falls from height of the young children happened.*

*Vertical rails have now been fitted at the landing to the 3m platform which has addressed this risk in that location. This is where a child from a diving club fell under the bottom rail. However, the guard rails along the sides of the 3m platform and the top platform still have this gap present. A child fell under the bottom rail at the far side of the 3m platform when stepping down from the diving board after deciding not to dive. These gaps leave a clear and reasonably foreseeable risk of similar incidents happening in these areas.*

*The installation of vertical rails along the side of the dive platforms would not be appropriate, as this would impede the view of the platform for both supervision by lifeguards (or coaches during club sessions) and by judges during competitions. An alternative solution to reduce the gap between the platform deck and the bottom rail should be sought. Any such solution should be robust enough in it's construction and fixing to remain in place when taking the force of a falling/slipping person. This solution should be installed to both sides of the 3m and top platforms, including the return detail to the front edge of the 3m platform. Until such a solution can be identified and put into place, the diving boards should remain out of use. It would be prudent*

to discuss any proposed solution with ██████████ and ██████ before proceeding, to ensure that the risk is judged to be suitably mitigated.”<sup>6</sup>

- 3.6 Details in respect of the comment above - that “the guard railing for the entire diving tower follows the parameters of sector guidance and is similar to installations in other swim centres” – as well as considerations as to revising the design of the dive platform barriers is set out in the DCC document titled “20-007 Olympia Refurbishment, Alterations to Dive Board Barriers – Briefing Note” from March 2024, which includes the following<sup>7</sup>:

“BACKGROUND –

*The design and installation of Dive Boards is regulated under the international standards controlled by and published by the international governing body for aquatics – FINA, now World Aquatics. Its vision is focussed on aquatics for sport, health and life.*

*At the time of construction, the Regulations in force for the Dive Boards were the FINA Facilities Regulations FR5 rev 2010, the regulations in respect of barriers for dive platforms stated –*

*FR 5.2.7 The back and sides of each platform (except a 1.0 metre platform) shall be surrounded by handrails with a minimum clearance of 1.8 metres between pairs. The minimum height shall be 1.0 metre and they shall be with at least two crossbars placed outside the platform beginning 0.8 metre from the front edge of the platform.*

*The 2020 Revision states –*

*FR 5.2.8 The back and sides of each platform (except 1.0 metre or lower platforms) shall be surrounded by handrails up to 1m from the edge of the platform with a minimum clearance of 1.0 metres between vertical pairs. The minimum height shall be 1.0 metre and they shall be with at least two horizontal crossbars placed outside the platform beginning 1.0 metre from the front edge of the platform.*

*A solid transparent barrier is also permitted instead of a crossbar.*

*Built examples using a solid transparent barrier are exceptionally rare.*

**PRIOR DISCUSSION**

<sup>6</sup> Email from ██████████ ██████████ to ██████████ ██████████ Judy Dobbie, Neil Martin and others dated 9 March 2024.

<sup>7</sup> In putting forward extracts from this briefing note, we have excluded certain comments opining on whether operating practice caused or contributed to the accidents occurring as the question we are concerned with is why the recommendations of Environmental Health regarding safety barriers at the dive boards not actioned at an earlier date.

*Within the original design the briefing by LACD management at that time was based on their existing practice with their boards at the old Olympia, which used ladders for access and queuing was on poolside. For the new pool stairs were adopted as a preferred safer means to access the boards and gates would be included at the bottom of each flight to control access with queuing continuing on poolside...*

*...Following falls from Diving Boards there was discussion with the Property Section regarding potential solutions, including infilling the Dive Barriers and adding a toe board or bottom rail. At that time the 2010 Regulations were still in force and this would have been non-compliant. In addition, the discussion included the counter argument that the addition of rail or board at low level would have introduced an entrapment risk for a foot or ankle because in accordance with the regulations the barriers are mounted on the outer edge of the platforms. ASD were only peripheral to these discussions but it is understood that it was concluded that on the balance of risk and probability this was an undesirable solution.*

*Earliest contact on this matter on record for Architectural Services is an email from Property to the City Architect dated 15.06.18 ... which ... mentions the falls and the fact that the solution was under review due to the site's mixed use.*

*It is understood that DCC Property Section contacted FINA with regards to being advised on suitable compliant solutions.*

*It was noted that in 2020 the wording of the FINA regulations was amended to include an option for glazed barriers.*

#### **TIMELINE OF CURRENT PROJECT**

*In 2020 the Olympia Refurbishment project came into being and there was an initial briefing and transfer of information to initiate the project from Property to Architectural Services which included work they had been doing on glazed barriers. Work was undertaken to find a technical solution through the supply chain that could adapt or replace the barriers in a manner that complied with the revised standard and came with the appropriate structural testing and certification. As an adaptation to an existing facility the revisions also had to be compatible with the existing fixings and platform edge. The platforms are a specialist structure subject to stringent performance standards as well as specific structural criteria and had originally been design by a specialist in this area. Associated with these considerations was also the issue with the condition of the barriers with respect to surface spotting with corrosion.*

*The developed proposals therefore took the form of complete replacement with a proprietary glazed barrier system fitted to a specially adapted fixing to suit the existing installation.*

*LACD site staff first raised concern about this solution with Architectural Services on 26th Jan 2022. This conversation was primarily precipitated by a need to chat through*

*the details of the scheme that was being worked on and which was still the solid balustrading option as there were some construction and technical questions to sort out. They raised what was seen as a couple of valid concerns, one is that that a glazed barrier at the dive boards would be difficult to clean whichever position it was in. The other is that there are really very few if any known examples of glazed dive board barriers and that they recognised that this was really a management and supervision matter, which could be helped if there is a design intervention that can be used. The lack of UK or international precedent made the glazed barriers difficult to support...*

*...The design evolved based on the following briefing – the barriers needed to be FINA compliant in the area of the platforms used for diving and was cleanable from the platform, was not climbable or could be sat on in the area where the queuing occurred. The hybrid solution adopted was seen as the best balance of minimising the operational risk in the area where behaviours considered to be at risk occurred and compliant with the required regulations outside these areas.*

*This matter was also updated and reported in this manner at the time of the Scrutiny Committee. In March 2022.*

*The technical solution in response to the revised briefing was prepared and submitted for approval to LACD management in April 2022. This was approved with one revision, they asked to have the area under the second flight of stairs to also be done in the same fashion as it was reported at that time that one of the falls had occurred in this area.*

*The amended drawing was then issued for construction to the contractor in May 2022.*

## CONCLUSION

*The Dive Barriers now in place are a highly unusual if not unique solution to the design of dive structure barriers, based on site-specific operating practices. Research shows consistently that throughout the UK and globally there is very little variation in dive barrier design the format following broadly the same format everywhere. Take up of the glazed barrier option now permitted by World Aquatics is still exceptionally unusual probably because of the lack of a safe means of cleaning them at height and over water, most countries having in place regulations similar to our CDM Regulations.”*

- 3.7 The email from [REDACTED] [REDACTED] [REDACTED] [REDACTED] for L&CD to [REDACTED] [REDACTED] on 5th March 2024 at 11.02am then sets out:

*“Looking into the history of this from records such as our Property and Safety Committee I believe that [REDACTED] [REDACTED] did act upon your instructions. There were two proposals which had been costed and proposed. The first was a partition such as a plastic / glass barrier similar to the balcony that we discussed last week. The*

*second was an additional cross bar within the gap which was the idea we had come to independently as well. We proposed this idea to City Development last week and commented that this is what L&CD had previously proposed based on what had been instructed. The impression that I have been given is that they are proposing additional lifeguarding instead to Marshal that risk. From our conversation additional lifeguarding would not be enough to reduce the risks that you have identified, and we do in fact need a physical barrier.*

*I believe a misunderstanding of the previous instructions has occurred which led to the additional bars on the central area of the platform and did not lead to the changes you & line manager instructed. I believe with Covid, a series of managers moving on and retiring has led to our side not being aware of this. I wondered whether City Development had also received the written instruction, I believe they would have been aware due to the content of minutes of meetings...I wondered if some direct communications would be appropriate to ensure nothing is missed in translation. Looking at this objectively I think that there has been a missing step and that is the engagement with yourselves before making the changes on the middle of the structure.”<sup>8</sup>*

- 3.8 In light of the above and the currently available evidence, our view on question two is that a combination of factors led to the recommendations of Environmental Health regarding safety barriers at the dive boards not being actioned at an earlier date; namely – as set out above – that temporary measures being put in place while a design solution evolved that was “*seen as the best balance of minimising the operational risk in the area where behaviours considered to be at risk occurred and compliant with the required regulations outside these areas*”. Covid of course also played a part in timings, but the following comments of [REDACTED] [REDACTED] seem particularly pertinent to us:

3.8.1 “*A misunderstanding of the previous instructions...occurred which led to the additional bars on the central area of the platform and did not lead to the changes you & line manager instructed*”; and,

3.8.2 “*Looking at this objectively I think that there has been a missing step and that is the engagement with yourselves [Environmental Health].*”

#### 4 **QUESTION 3**

- 4.1 The question here is what were the causes of the dosing system not operating as expected when the Olympia reopened?
- 4.2 The background to this question is also set out in the Members Briefing Note 1, dated 5 March 2024, which included the following:

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<sup>8</sup> Email from [REDACTED] [REDACTED] to [REDACTED] [REDACTED] on 5th March 2024 at 11.02.

## *“Dosing System Background*

*5.1 The chemical dosing system manages the demand and supply of chemicals to the pool based on chemical balance readings taken from the pool monitoring system. Essentially combatting bacteria and microbes disinfecting the water for safety.*

*5.2 These readings are in a state of constant change and vary across the three pools. The readings are impacted by the amount of fresh water in the pool at any time, the number of contaminants in the pools brought in by bathers, the pH balance of the pool as chemicals are added and chlorine is used up as it combats contaminants...*

*...5.5 On the advice of the pool consultant and with support from L&CD the chlorination chemical dosing system has been changed to one which the industry would more normally expect to see in a modern leisure facility with the selected chemical dosing chosen as the most appropriate for the soft water supply in the Dundee area...*

## *...Current Operational Performance*

*5.7 Since the facility reopened in December 2023, the stability of the chemical dosing system performance has not been where it was anticipated, leading to the requirement for the pools to be closed for further investigation, testing and any necessary works to take place to improve stability and efficiency of the dosing and overall performance.*

*5.8 While the system conforms to the specification provided by the pool consultant, merging and marrying in with existing equipment and procedures to achieve the optimal operation balance and efficiency has influenced further adjustments and modifications being required of a system that is now part new and part original. Accordingly, there is a requirement to bed in the new equipment. It has taken time and it is only through live pool operation that these interfaces can be fully tested. Commissioning as an exercise is carried out towards the end of the contract in ideal conditions without other routine operations going on. It is a realistic expectation that this will not always be straightforward and that time is needed to bed in with a soft start in an existing facility particularly important. As issues arise the pools systems are highly complex and interrelated with diagnosis being progressive, working through each scenario in turn until the effective solution is achieved.*

*5.9 All parties involved in the refurbishment contract with particular focus from the specialist pool contractor and pool design consultant have continued to monitor the performance of the pool chemical dosing system over recent weeks, as well as discuss and implement further measures.*

*5.10 Components that are part of the dosing system that have been subject to high activity and intensive use in recent weeks have had a planned service brought forward to provide a baseline for monitoring performance when re-commencing operations...*

*... 5.16 L&CD to monitor and record daily chemical use and top ups. Data to be fed back to specialist contractor and pool consultant to review and assess overall dosing performance moving through this transitional stage.”<sup>9</sup>*

4.3 As the Members Briefing Note 2, dated 17 March 2024, sets out:

*“4.0 Dosing System*

*4.1 L&CD have monitored and recorded daily chemical use and top ups. Data has been fed back to the specialist pool consultant and contractor to review and assess overall dosing performance moving through this transitional stage.*

*4.2 As intimated previously a meeting was arranged and held on 14 March with the principal leads from the following parties (i) Devin Pool Consulting, (ii) Barr & Wray Ltd, (iii) Robertson Construction, (iv) L&CD and (v) DCC. The meeting covered all aspects of the current closure in relation to the dosing and pool chemical process. Critically Devin Consulting had been carrying out ongoing research based on the data recorded by L&CD staff as well as visiting the site for a general site survey, plant inspection and discussion with the L&CD plant operators prior to the meeting...*

*...4.4 Chemical Dosing – Use of Sodium Bicarbonate The use of calcium hypochlorite tends to raise the pH of swimming pool water. Hydrochloric acid is required to lower the pH value to what is best for effective disinfection in the range of 7.2-7.4 pH. A further chemical, sodium bicarbonate is regularly used in the management of pool water quality. Sodium bicarbonate is added to pool water to (i) assist the effectiveness of the other pool chemicals calcium hypochlorite and hydrochloric acid, (ii) stabilise pH levels avoiding too acidic or alkaline water quality and (iii) assist with water clarity.*

*Devin have now requested that L&CD reduce the use of their sodium bicarbonate quantities as this may be affecting the performance of the chlorine and acid dosing of the pool system.*

*Essentially the alkalinity of the water is drawing in the use of more chlorine and acid than anticipated to maintain pool monitoring readings within the required parameters.*

*Current quantities of sodium bicarbonate while based on previous L&CD practices, are significantly above target guidance. L&CD have been instructed to revise maximum alkalinity target to 60 (circa 50% lower than current practice).*

*Aligned to this is the method and frequency of adding the sodium bicarbonate to the pools. This requires to be slowed down and spread out over a timetabled period,*

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<sup>9</sup> Members Briefing Note 1 dated 5 March 2024.



*distributed evenly around the pools to avoid shock dosing of the pool leading to chemical instability and fluctuating readings.*

*The results from this change have indicated that the pool system performance is now trending towards more stable performance and should lead to tolerance levels expected to be operating within. Devin will continue to monitor the data provided to reinforce their initial findings from this weeks data.”<sup>10</sup>*

- 4.4 While the information provided by both DCC and L&CD all underlines the point above that the key concern was the stability of the chemical dosing system, views vary as to the reason or reasons for the time spent on that, to the extent that time was over and above what might be anticipated in the circumstances described at paragraph 5.8 of the Members Briefing Note 1 above.
- 4.5 Some DCC personnel considered that contributing factors to the issues arising were difficulties in “*getting to grips*” with how best to operate the new system and move away from old practices, potentially in part due to an incomplete understanding of that new system caused by an insufficient induction. L&CD however considered that there were issues in particular with (i) inadequate calibration of the dosing controls, which it said led to a fundamental misalignment in the system's operation and thus contributed significantly to the failures experienced as well as (ii) equipment deficiencies, with the dosing system not operating as it was meant to.
- 4.6 Those points raised by L&CD are reflected in the email of ██████████ ██████████ of L&CD to ██████████ ██████████ at DCC, and others, on 18 April 2024 at 4.05pm:

*“...So far so good. We have been carrying out the "install" process and the results are noticeable with us using 40%+ less acid in the last week. The figures for the prior week were a bit off as we were running on fumes waiting for a delivery. You will be able to see the day last week on the pool tests that we ran out before the delivery the following day.*

*This exercise brought the readings closer than it has ever been since the install of the new system. With the machine having not been set up right from the start it completely explains why the readings were never close. I am happy to discuss this in more detail.*

*It's a slow process as I detailed in my original email. Bayrol suggesting we should see a difference after a couple of weeks.*

*It gets to the root of the problem going on. The control units were not reading properly so they have been dosing inaccurately. Confirmed by the manufacturers of the control units Bayrol. That's the cause of the merry go round effect and excessive acid use.*

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<sup>10</sup> Members Briefing Note 2 dated 17 March 2024.

*Until that was addressed our manual efforts were not going to matter. The system was dosing too much acid despite the bicarb reduction.*

*You will be able to refer to my previous emails on the "yo-yo" effect and how the pH readings were completely out.*

*Normal calibrations could not resolve the issue. This change is us acting as though control units are new out the wrapper to draw a line on the control issues. Each day there are noticeable differences as we edge towards having the control that is required.*

*There will continue to be issues perhaps for a couple more weeks i.e. this morning we had too much chlorine in the competition pool. I propose it's another factor in it adjusting.*

*The chlorine levels are much better in general. Last week they bounced as the controllers got to grips with the readings. It's about line of sight. Suddenly the controllers can see the water standards and can dose accordingly.”<sup>11</sup>*

4.7 DCC asked Barr + Wray and Devin on 18 April 2024 if the points in that email above were a “correct assessment of what has been happening with the Bayrol units calibration impacting on the whole system and operational response?”

4.7.1 Barr + Wray responded on 18 April 2024 saying that “the Bayrol units were set up correctly. The only thing that the Bayrol Engineer suggested was to calibrate the units more frequently.”<sup>12</sup>

4.7.2 Devin responded on 19 April 2024:

*“Regarding the site managers observations in the email...I wouldn't consider the chemical controllers to be the root cause of the issue. There have been significant improvements in the water sample and acid usage results prior to the Bayrol technicians review and any subsequent recalibration exercises undertaken. However, there is a discrepancy between the pool and controller sample readings which requires further investigation/action. The concentration of disinfectant residual within the pool can vary in different areas of the pool, so it may be beneficial to take samples from different parts of the pool to see what impact this may have on the pool readings.*

*The daily report data has been populated into a series of charts in the attached document to provide a visual representation of the results from the past month to accompany my latest observations below.*

<sup>11</sup> Email of [REDACTED] to [REDACTED] and others on 18 April 2024 at 16:05.

<sup>12</sup> Email of [REDACTED] to [REDACTED] and others on 18 April 2024 at 16:53.

*From a review of the information received on the water test reports since our meeting in March, and the Bayrol technicians report, my observations are as follows:*

- Following adjustment of the alkalinity target level to 60mg/l on 14/03, the records show a consistent trend in maintaining a stable pH value.*
- The acid usage indicated a noticeable improvement from 02/04 onwards, providing a reduction of 40% usage compared to the data prior to this date. This could be attributed to the reduction in sodium bicarb and lower alkalinity levels.*
- Records since the meeting indicate controllers are maintaining pH and free chlorine set points.*
- From the Bayrol review on 08/04, the technician believes the controllers are working correctly.*
- Records indicate discrepancies between pool sample readings and controller sample readings.*
  - o Further clarification/instruction may be required from the Bayrol technician to verify the site operatives have interpreted any calibration instructions correctly.*
  - o Current water testing regime to be reviewed. Information can be referred to within the PWTAG guide.*
  - o Further training by a recognised trainer recommended.”<sup>13</sup>*

4.8 In looking to comment on the question of what the causes of the dosing system not operating as expected were when the Olympia reopened, taking in the possible causes raised by both DCC and L&CD, the Devin operational issues updates from April 2024 through to the latest one we have in January 2025<sup>14</sup> are consistent in noting that:

- 4.8.1 *“In summary, systems are displaying a relatively stable pH value and maintaining the required free chlorine levels, indicators that the systems are providing a water quality in accordance with PWTAG [Pool Water Treatment Advisory Group] guidelines”*
- 4.8.2 Actions taken in respect of matters such as the pH set point, sodium bicarbonate dosing, UV dosing levels and the installation of an additional bulk tank have led to a stable pH value being maintained and a significant

<sup>13</sup> Email from ██████████ ██████████ to ██████████ ██████████ and others on 19 April 2024 at 12:23.

<sup>14</sup> Operational Status Report by Devin Consulting dated 28 January 2025.

reduction in chemical usage. For example, in respect of sodium bicarbonate dosing – which was often referred to in the information provided, the most recent Devin report sets out:

*“Issue*

- *Very large amounts of sodium bicarbonate were being added to pools; alkalinity levels fluctuated wildly, and regularly in excess of 150 mg/l. This would have led to a lot of acid being used, which in turn knocks the alkali out (causing the system to ‘chase its tail’).*

*Actions undertaken*

- *Alkalinity target level adjusted to 60 (March 2024).*
- *Site advised to dose sodium bicarbonate in smaller and frequent quantities. Site operatives have adopted this approach, utilising the dosing pots in the plantroom to dose the sodium bicarbonate.*

*Improvements*

- *Smaller quantities of sodium bicarbonate are being used.*
- *Records indicate a stable pH value, and lower alkalinity is being maintained in all pools.”*

4.8.3 Those reports do note that discrepancies between manual and controller readings were advised, with recalibration having been undertaken by L&CD and the view from a Bayrol technician that the chemical controllers were working correctly. For example, the latest Devin report sets out:

*“4.0 Bayrol chemical controllers and manual water testing*

*Issue*

- *Operators advised discrepancies between manual and controller readings.*

*Actions undertaken*

- *Site operators have recalibrated chemical controllers to align with manual probe readings.*
- *Bayrol technician has undertaken a remote review of the chemical controllers via telecon with Olympia staff (April 2024). The technician believes the controllers are working correctly.”*

4.8.4 The Devin reports also recognise that “*the complexities of the systems warrant additional training for site operatives.*”

4.9 In light of the above and the currently available evidence, our view on question three is that:

4.9.1 Information provided by both DCC and L&CD underlines that the key concern was the stability of the chemical dosing system:

4.9.2 Views vary as to the reason or reasons for the time spent on achieving that stability, but Devin was asked to consider these and set out their professional opinion that the chemical controllers were not the cause of the issue in achieving that stability. The available evidence therefore does not seem to us to support the view that the chemical controllers were the cause of the issues with the dosing system.

4.9.3 Devin then notes that actions taken in respect of matters such as the pH set point, sodium bicarbonate dosing, UV dosing levels and the installation of an additional bulk tank have led to a stable pH value being maintained and a significant reduction in chemical usage.

4.9.4 It therefore seems to us, from the available evidence, that the time spent on the dosing system is due to the circumstances described in paragraph 5.8 of the Members Briefing Note 1 as follows, with our underlined emphasis of those points we see being highlighted by the evidence:

“...the merging and marrying in with existing equipment and procedures to achieve the optimal operation balance and efficiency has influenced further adjustments and modifications being required of a system that is now part new and part original. Accordingly, there is a requirement to bed in the new equipment. It has taken time and it is only through live pool operation that these interfaces can be fully tested. Commissioning as an exercise is carried out towards the end of the contract in ideal conditions without other routine operations going on. It is a realistic expectation that this will not always be straightforward and that time is needed to bed in with a soft start in an existing facility particularly important. As issues arise the pools systems are highly complex and interrelated with diagnosis being progressive, working through each scenario in turn until the effective solution is achieved.”

## 5 QUESTION 4

5.1 The question here is - was the original scope of capital works sufficiently comprehensive to ensure that all works identified following the closure in 2021 were addressed during the 2023/2024 closure?

5.2 The report, dated 25 November 2021 and numbered 336-2021, for the City Development Committee meeting on 6 December 2021 sets out:

5.2.1 That *“a planned major refurbishment for the leisure pool is currently being finalised which will necessitate a longer-term closure of the pool facilities at Olympia”*

5.2.2 *“A health and safety risk issue was identified at Olympia on 29 September 2021 due to a failure of fixings associated with the light fitting mountings in the pool area...as a precautionary measure the decision was therefore taken by Officers to close pool facilities...During this period of closure further inspection works were carried out in other areas of the facilities...the Council have instigated additional survey works comprising technical advice from City Development Officers and engaging with specialist services and pool consultants to assess the overall facility. Once all survey works have been completed and fully assessed, any further works identified will be scoped, designed and incorporated into the works programme outlined below.”*

5.2.3 *“Prior to the light fixing issue occurring, Council Officers had been developing a programme of works to address building fabric issues that have developed during the operational life of Olympia. As an intensively operated facility with complex mechanical and electrical installations, a cyclical approach to component refurbishment and replacement is required, and this necessitates periods of closure to upgrade and replace. The refurbishment works are essentially in relation to surface and superficial corrosion, general refurbishment and upgrading and rectification of water egress within ancillary plant areas.*

*Through discussions with the Council's Specialist Mechanical, Electrical and Structural Engineers and the Director of Leisure and Culture Dundee, it is now recommended that the facility should remain closed until all works are complete on site. These works will include the originally scoped refurbishment programme and take account of all survey work outlined [in paragraph 5.2.2 above].”*<sup>15</sup>

5.3 DCC personnel discuss a list of issues which were brought to DCC by L&CD's operational team. This list was subsequently developed into the scope of works.

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<sup>15</sup> Report, dated 25 November 2021 and numbered 336-2021, for the City Development Committee meeting on 6 December 2021.

L&CD says that the scope of the project addressed critical issues such as (i) an overly potent chemical dosing system, (ii) reduced airflow due to energy efficiency modifications, (iii) insufficient airflow pipework and (iv) evaporation issues causing damage to fixtures and fittings. However, L&CD says that there were unaddressed problems such as humidity control.

- 5.4 From the information we have been provided with, specifically in the scope of works document we have been provided called *Appendix 1 – Olympia Remedial Works Scope*<sup>16</sup>, we note that the scope did include for *Ventilation Works* (no.19 of the scope) and “*Air Handling Units*” (no.35 of the scope) which should include for humidity control.
- 5.5 L&CD also voiced some Quality and Design Concerns on the basis that “£6 million Olympia project was rushed, leading to substandard work and safety risks. The same team responsible for initial issues oversaw the project, resulting in unmet standards.” These allegations as to substandard work do not seem to us to be relevant to the question here, which is one as to fulfilment of identified scope in asking whether the works identified following the closure in 2021 were addressed during the 2023/2024 closure, unless the argument is that the works referred to were not in fact carried out but we have seen no evidence in support of that.
- 5.6 In light of the above and the currently available evidence, our view on question four is that the original scope of capital works was sufficiently comprehensive to ensure that all works identified following the closure in 2021 were addressed during the 2023/2024 closure. As with any refurbishment additional works will be required, which were unexpected, but any additional works would not be arising due to an insufficient scope of works but rather due to the very nature of carrying out works on a refurbished building.

## 6 QUESTION 5

- 6.1 The question here is - why were additional capital works required following the £6.1m capital investment?
- 6.2 We understand that the additional works referred to here are those set out under the following heading:

*“2. Additional Works – Efficiency & Operational Measures undertaken after closure*

- *Additional Supplementary bulk acid tanks*
- *Additional Sampling Pumps to Controllers*

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<sup>16</sup> Appendix 1 – Olympia Remedial Works Scope.

- *Break Tank*
- *Further planned prevention works – replacement of acrylic screw bolt fixings lighting tracks cable trays”*

6.3 The first three of those items are also referred to in the Members Briefing Note 1<sup>17</sup>, where their benefit is described as follows:

*“Efficiency & Operational Measures*

*5.12 Additional supplementary bulk acid tank – This additional storage will provide L&CD with additional resilience when ordering and managing chemical stock levels. Anticipated 6-8 week lead in with an install date to be confirmed. Pool operations can continue as the installation works will not require a further closure. Interim management arrangements will be implemented to assist with controlling current usage by introducing a temporary switch to an 18% concentrate until the supplementary bulk tank is operational.*

*5.13 Additional Sampling Pumps to Controllers – Proposals are being developed, to provide better variable dosing function, particularly through higher demand periods and out of operational hours. Programme and costs are currently being developed for installation.*

*5.14 Break Tank – Additional break tank install to segregate the draw off for two separate tasks providing increased stability in flow for the hopper arrangement and poolside rinse down regime. Programme for installation of the tanks is currently being developed. Pool operations can continue as the installation works will not require a further closure. Interim management arrangements are currently in place with alternative source for poolside wash-down water being used to allow dedicated uninterrupted water supply for dosing in the interim.”*

6.4 DCC personnel were clear that these additional works were not omissions from the scope of the works forming the £6.1m capital investment but were instead works that they could see they would likely have to carry out over the next few years, which may well require a further closure, and the opportunity was therefore taken to carry them out while the Olympia was already going to be closed. They were therefore described as works brought forward to be carried out while the Olympia was closed, to save a future closure. We have not seen any evidence that contradicts that.

6.5 In light of the above and the currently available evidence, our view on question five is that the additional capital works referred to were works that were brought forward in light of the opportunity to undertake them while the Olympia was closed for other works, in order to save a future closure.

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<sup>17</sup> Members Briefing Note 1 dated 5 March 2024.



## 7 QUESTION 6

- 7.1 The question here is - what impact (if any) did the working relationship between Dundee City Council as Building Owner and Leisure and Culture Dundee as Building Manager have on the causes of, and length of, the recent closure?
- 7.2 To start with, we wish to highlight that all DCC and L&CD personnel were clearly strongly driven by a desire to secure the best outcomes for the Olympia and the facilities it provides to the public. To a greater or lesser extent though, all commented that the working relationship between the two organisations could be better. In some cases, that is an understatement. While some personnel spoke of perhaps understandable issues arising where it is unclear who, between landlord and tenant, bears responsibility for looking after what, other comments ranged from:
- 7.2.1 A view that “*communication has not been fabulous*” (although, consistent with many others that “*all of us would like to change that going forward*”): through to,
- 7.2.2 Strongly expressed concerns from some in L&CD as to exclusion of key personnel from critical meetings and decisions, withholding of reports, disregarding feedback and bypassing direct communication.
- 7.3 From the available information, it seems to us that the primary causes of the closure were the events arising in respect of (i) the flume pipework and support, as well as (ii) the chemical dosing system. It does not seem to us that there is any evidence showing that the working relationship between DCC and L&CD – in whatever way that is characterised - gave rise to those events causing closure.
- 7.4 Equally - while there is considerable disagreement as to (i) the possible causes of the issues arising in respect of the chemical dosing system and (ii) the manner in which decisions were taken in respect of it - we have not seen evidence that the time involved, in works or other measures carried out following those events, was notably prolonged due to the working relationship between DCC and L&CD.
- 7.5 In light of the above and the currently available evidence, our view on question six is that the working relationship between DCC and L&CD did not prolong the project. Both DCC and L&CD personnel expressed a strong desire to work better together, especially in relation to Health and Safety matters. Communication between the parties could no doubt have been better, but this did not affect the recent closure.

**Burness Paul LLP**  
**9 July 2025**

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## Appendix 1 to Report to Dundee City Council – Olympia

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## APPENDIX 1 – OLYMPIA REMEDIAL WORKS SCOPE

Item	Description
1	Rectify external condensation issues at bullnose fascia detail.
2	Flume and Dive Stairs – Rectify corrosion to stair treads for flume access and dive stairs.
3	Launch pad - replace and refurbish flume launch pad and supporting structure.
4	Water Ingress to Pool Plant Room – Replace shower flooring. Overhaul shower drainage channels. Reline poolside channels. Overhaul poolside waterproofing detailing.
5	Redesign and amend dive barriers to remove sitting risk.
6	Remove and replace affected balustrading.
7	Corrosion to Steelwork and Stairs - Removal of areas of corrosion, treatment and refurbishment.
8	Curtain Walling Saddle Brackets, fixings at head.
9	Replace defective poolside shower ceiling tiles
10	Wave Plant Room - Infill floor opening and associated remedial work.
11	Main Entrance Revolving Door – replace matwell.
12	Reception Foyer Air Curtain - New air barriers across entrance.
13	Workshop Floor – Remediate groundwater leak
14	Replace east foyer by-pass door
15	Poolside Seating – Corroded fixings - Remove existing shell seats, retile.
16	West Screen Apply anti-glare film.
17	Underwater Cameras - Existing obsolete system to be replaced
18	Replace Staff Door and panic hardware
19	Ventilation Works - Alterations to improve performance of ventilation system to pool hall and changing village.
20	Water tracking at Toddler Pool - Build low-level kicker wall adjacent to Toddler Pool
21	Treat algae staining in training Pool based on pool consultant findings.
22	Replace corroded ironmongery to Poolside Fire Doors
23	New Public Access Barrier installation compatible with L&CD booking system
24	Pool treatment system – Implement appropriate recommendations and design from Pool Consultant
25	Chemical Stores and Treatment – Implement appropriate recommendations from pool consultant.
26	Pool Hall PA Speakers - Reposition to more accessible location for future maintenance.
27	Replace polypropylene fixings to poolhall light fittings
28	Revisions to lighting scheme for improved access for future maintenance.
29	Corroded pool plant overhauled or replaced as necessary.
30	Pool filter media to be replaced as part of cyclical works.
31	Moveable floor boom – Maintenance and servicing to be undertaken during closure
32	Sprinkler system – Maintenance and corroded elements replacement.
33	Changing village ceiling tile refresh
34	Waste water heat recovery system – Modification to improve and increase energy efficiency.
35	Air Handling Units – System assessed for overhaul and replacement providing improved efficiency and environmental conditions to pool hall.
36	Changing Village Desk – Supplementary ventilation provided for staff comfort.

## APPENDIX 1 – OLYMPIA REMEDIAL WORKS SCOPE

37	Fire and Smoke Dampers – Annual checks while premises closed – Any remedial works to be actioned.
38	Café Kitchen Facilities –Upgrade catering equipment to electric from gas for energy efficiency.

**CONFIDENTIAL****OLYMPIA REFURBISHMENT - MEMBERS BRIEFING NOTE ONE****1.0 Introduction**

- 1.1 This briefing note has been prepared to update councillors regards the current issues that have affected the opening and operation of Olympia in recent weeks.
- 1.2 The two main issues relate to the burst supply pipework at the red flume and the operation of the new chemical dosing installation. A further item has also been included in this note to update members in relation to the operation of the diving boards.

**2.0 Overview - Olympia Refurbishment**

- 2.1 Through the initial part of the Olympia closure period, internal council design staff collaborated across building disciplines to consider the design and construction of Olympia. Combined with this has been the appointment of external mechanical services and pool consultants, to survey and report their findings in relation to air humidity, ventilation control and the pool treatment.
- 2.2 Utilising expertise from all sectors of the industry has ensured a systematic approach was taken to reviewing the performance of the building, providing solutions to the legacy issues encountered.
- 2.3 Having assessed the surveys carried out, reviewing the design and construction of Olympia, the findings then informed the full scope of works content for the project. This comprised the rectification of water egress, improvements to environmental conditions and the general fabric upgrading, refurbishment and plant replacement. Report 150-2022 appendix 1 considered at Recess Sub-Committee 6 July 2022, outlined the items that were assessed as being in scope with subsequent design development progressed to form the contract works.

**3.0 Works to Flume Pipework and Supports****Background**

- 3.1 Failure of the supply water pipe to the red flume, subsequently caused a supporting rod to fall due to the disproportionate force of the pipe failure dislodging the rod. These elements of the facility were not in the scope of works for the refurbishment contract based on the condition and performance to date. The pipe fracture was a localised failure on a specific one-off run of pipework unique for the supply to the flumes. It would not have been possible to have anticipated this type of failure occurring. The complexity of this repair work is the height and access to the flume deck and services rather than the work content itself.
- 3.2 Required material and specialist sub-contractor labour were mobilised as quickly as practicable. The main contractor Robertson supporting and co-ordinating, exerting their presence in the market to have the required plant, labour and material on site for safe working practices to execute the works asap.
- 3.3 Further high-level inspection and assessment in areas around the flume launch pad have also been carried out. Whilst access is available, this opportunity was used to undertake a further inspection, to then augment or replace any components deemed necessary as preventative and protective works.

**Progress of Work**

- 3.4 The developed programme of works has progressed through the period of closure as follows:-

**Flume Deck & Flumes**

- Fractured flume supply pipe repaired and tested.

- Uni-strut supports to flume deck overhauled.
- Remaining restricted access high-level nylon rods over flume deck removed/replaced.

- 3.5 Barr and Wray completed the replacement section of the pipe to the red flume Wednesday 28 February, this was tested several times, switching on the pump and robustly testing for 45 minutes. Multiple tests were completed successfully.
- 3.6 L&CD further tested all water features the following morning (Thurs Feb 29th) and confirmed that all equipment was operational comprising the flumes, the toddler play structure, the water cannons and the waves.
- 3.7 The rope access contractor, completed the replacement of the remaining high level harder to access rods adjacent to the flume platform and also replaced the water supply pipe bracket that could not be accessed from the mobile hoist.

#### 4.0 Planned Preventative Works

Areas of acrylic screw bolt fixings have previously been identified to lighting tracks in the pool hall. Planned replacement of these components at a future date was brought forward and undertaken out-with operational hours. From assessment, this is considered to be low risk, given the nature of the components and their designed function. Night time working commenced this week and a targeted completion has been set for the 15 March.

#### 5.0 Dosing System

##### Background

- 5.1 The chemical dosing system manages the demand and supply of chemicals to the pool based on chemical balance readings taken from the pool monitoring system. Essentially combatting bacteria and microbes disinfecting the water for safety.
- 5.2 These readings are in a state of constant change and vary across the three pools. The readings are impacted by, the amount of fresh water in the pool at any time, the number of contaminants in the pools brought in by bathers, the pH balance of the pool as chemicals are added and chlorine is used up as it combats contaminants.

##### New System

- 5.3 The Committee Report considered at recess sub-committee July 2022 outlined the current dosing strategy of using hydrochloric acid, for all pool systems, will continue to be used for pH correction going forward, providing the optimum solution across the 3 pools.
- 5.4 Through the specialist surveys, reports and working with L&CD, implementation of the recommendations from the pool consultant was taken to modernise the dosing system while Olympia was closed. Certain component parts were of an age that would require replacement in the relative near future, therefore the contract period was seen as a suitable opportunity for life cycle replacement. Based on the construction programme approved at committee there was sufficient time to carry out the works during the planned contract period.
- 5.5 On the advice of the pool consultant and with support from L&CD the chlorination chemical dosing system has been changed to one which the industry would more normally expect to see in a modern leisure facility with the selected chemical dosing chosen as the most appropriate for the soft water supply in the Dundee area.
- 5.6 The chemical dosing system was replaced to improve balance of chemicals, reduce manual handling of chemicals and H&S risk to staff, assisting with the sometimes perceived harsher/concentrate of chemicals from an older type of system and work in tandem with the ventilation installation to manage overall atmospheric conditions in the pool hall.



Current Operational Performance

- 5.7 Since the facility reopened in December 2023, the stability of the chemical dosing system performance has not been where it was anticipated, leading to the requirement for the pools to be closed for further investigation, testing and any necessary works to take place to improve stability and efficiency of the dosing and overall performance.
- 5.8 While the system conforms to the specification provided by the pool consultant, the merging and marrying in with existing equipment and procedures to achieve the optimal operation balance and efficiency has influenced further adjustments and modifications being required of a system that is now part new and part original. Accordingly, there is a requirement to bed in the new equipment. It has taken time and it is only through live pool operation that these interfaces can be fully tested. Commissioning as an exercise is carried out towards the end of the contract in ideal conditions without other routine operations going on.
- It is a realistic expectation that this will not always be straightforward and that time is needed to bed in with a soft start in an existing facility particularly important. As issues arise the pools systems are highly complex and interrelated with diagnosis being progressive, working through each scenario in turn until the effective solution is achieved.
- 5.9 All parties involved in the refurbishment contract with particular focus from the specialist pool contractor and pool design consultant have continued to monitor the performance of the pool chemical dosing system over recent weeks, as well as discuss and implement further measures.
- 5.10 Components that are part of the dosing system that have been subject to high activity and intensive use in recent weeks have had a planned service brought forward to provide a baseline for monitoring performance when re-commencing operations.

Summary of Ongoing & Planned Works

- 5.11 Servicing Equipment
- Calcium Hoppers – Works carried out in conjunction with L&CD staff – completed between 1st and 3rd March.
  - Chemical Controllers – completed 5 March.

Efficiency & Operational Measures

- 5.12 Additional supplementary bulk acid tank – This additional storage will provide L&CD with additional resilience when ordering and managing chemical stock levels. Anticipated 6-8 week lead in with an install date to be confirmed. Pool operations can continue as the installation works will not require a further closure. Interim management arrangements will be implemented to assist with controlling current usage by introducing a temporary switch to an 18% concentrate until the supplementary bulk tank is operational.
- 5.13 Additional Sampling Pumps to Controllers – Proposals are being developed, to provide better variable dosing function, particularly through higher demand periods and out of operational hours. Programme and costs are currently being developed for installation.
- 5.14 Break Tank – Additional break tank install to segregate the draw off for two separate tasks providing increased stability in flow for the hopper arrangement and poolside rinse down regime. Programme for installation of the tanks is currently being developed. Pool operations can continue as the installation works will not require a further closure. Interim management arrangements are currently in place with alternative source for poolside wash-down water being used to allow dedicated uninterrupted water supply for dosing in the interim.
- 5.15 Water source pH set-point to be adjusted to 7.4 from 7.2, assisting chemical dosing process by demanding less acid working with the 18% concentrate as the system requires less acid.

- 5.16 L&CD to monitor and record daily chemical use and top ups. Data to be fed back to specialist contractor and pool consultant to review and assess overall dosing performance moving through this transitional stage.

#### Further Actions

- 5.17 Chief officers have assessed the current position and the following actions have commenced:-

- i) The contract for the Olympia refurbishment project has been passed to the [REDACTED] [REDACTED] to review aspects in relation to dispute resolution clauses.
- ii) The contract for the Olympia refurbishment project has been shared with the Head of Legal & Democratic Services for review.
- iii) A request has been made to the main contractor for a written report which requires to include the following:-
  - the current position with issues/challenges relating to the dosing system;
  - recommendations to address the issues/challenges;
  - timescales for rectification;
  - associated cost implications.

- 5.18 Training – Further commissioning, demonstrations and training for chemical dosing and associated equipment have been instructed with details awaited. This is to ensure all L&CD staff are fully briefed on operating procedures and when deviation is required to maintain system balance.

Reactive attendance and on-call requirement – availability from contractor and consultant ongoing through the duration of the current alterations and as the facility reopens is being discussed.

Communication between all parties involved continues to be carried out daily, based on the urgency to have Olympia fully operational at the earliest available opportunity.

## **6.0 Additional Work Costs**

Due to the reactive nature of the works contained in this report, the costs for each element are still to be fully ascertained. Based on the opinions from procurement and legal services still being considered in addition to the main contractor's report, the council will evaluate all factors to ensure that only costs are reimbursed for additional works out with the scope of the refurbishment contract. Where works have or are to be carried out as part of the contractual defects liability period, officers will ensure the appropriate deductions are made to the relevant parties.

## **7.0 Diving Pool Platform Operation**

- 7.1 L&CD recorded two separate accidents (2016 and 2017) which involved young persons slipping and falling at the diving-board platforms. Shortly after these accidents, a temporary barrier was added to mitigate the risk of any further accidents - with a view to providing a permanent solution in-conjunction with safe methods of working and supervision.
- 7.2 Options for the permanent solution were discussed, although no option was fully developed or signed off with L&CD for implementation prior to the closure of the facilities.
- 7.3 As part of the refurbishment contract, options were reviewed and fully designed to minimise future risk from similar events. Designs were developed in consultation with L&CD to ensure safe operational management procedures could be implemented, staff could maintain and clean the guardrails and compliance with World Aquatics/FINA guidance continued to be adhered to.

- 7.4 The extent of additional railing over and above World Aquatics/FINA guidance was signed off by L&CD officers in April 2022 and installation of the rails took place during the recent refurbishment.
- 7.5 L&CD are currently reviewing their operational management of the dive pool and will implement appropriate risk assessed procedures. Appropriate further training will be provided to life guard staff to ensure safe working practices are in place for the dive pool operations.

Neil Martin  
Head of Design & Property

Date 5 March 2024

**CONFIDENTIAL****OLYMPIA REFURBISHMENT - MEMBERS BRIEFING NOTE TWO FOR W/C 18 MARCH****1.0 Introduction**

1.1 This briefing note has been prepared to further update councillors regards the current issues that have affected the opening and operation of Olympia in recent weeks.

1.2 The briefing note updates for the following items:-

- Flume pipework and supports
- Dive platform operation
- Dosing system operation
- Contract snagging and defects

**2.0 Works to Flume Pipework and Supports**

2.1 The summary of works has progressed as follows:-

- Fractured flume supply pipe repaired and tested - complete
- Uni-strut supports to flume deck overhauled, completed and inspected - complete
- Remaining restricted access high-level nylon rods over flume deck removed/replaced - complete

Planned Preventative Works

- Replacement of acrylic screw bolt fixings lighting tracks cable trays – complete.

**3.0 Diving Pool Platform Operation**

3.1 Although the current platform installation complies with World Aquatics/FINA guidance, combined with the extent of additional railing over and above the guidance, Environment Health Officers (EHO) advice based on the nature of the incidents and public use have instructed further physical barriers are installed for the 3m and 5m boards.

Officers have developed a design for additional barriers to be installed at the relevant areas of the diving platform structure. This design has been accepted by the council EHO and works have been instructed. The programme for this work is currently being finalised with around a 5 week lead-in period and subsequent two shift operation out with operational hours for the site installation. Based on these time constraints the projected date for completion will be week commencing 22 April.

Arrangements are being explored by L&CD and support from Corporate H&S to examine the possibility of opening with temporary arrangements in place.

3.2 L&CD have reviewed their operational management of the dive pool and will implement appropriate risk assessed procedures. Appropriate further training will be provided to life guard staff to ensure safe working practices are in place for the dive pool operations.

**4.0 Dosing System**

4.1 L&CD have monitored and recorded daily chemical use and top ups. Data has been fed back to the specialist pool consultant and contractor to review and assess overall dosing performance moving through this transitional stage.

4.2 As intimated previously a meeting was arranged and held on 14 March with the principal leads from the following parties:-

- Devin Pool Consulting
- Barr & Wray Ltd
- Robertson Construction
- L&CD
- DCC

The meeting covered all aspects of the current closure in relation to the dosing and pool chemical process. Critically Devin Consulting had been carrying out ongoing research based on the data recorded by L&CD staff as well as visiting the site for a general site survey, plant inspection and discussion with the L&CD plant operators prior to the meeting.

#### 4.3 Update on Planned Efficiency & Operational Measures

Break tank installation – programmed for week commencing 1 April.

Bulk Acid Tank installation programme tba – 6-8 week lead in time.

Sample pumps to controls – costs and programme awaited.

##### Note:-

- 1) Confirmation provided that none of the above measures are required to be in place for the opening and functioning of the dosing system.
- 2) Confirmation provided that for the above works to take place will not require a closure of the pool during operation hours.

#### 4.4 Chemical Dosing – Use of Sodium Bicarbonate

The use of calcium hypochlorite tends to raise the pH of swimming pool water. Hydrochloric acid is required to lower the pH value to what is best for effective disinfection in the range of 7.2-7.4 pH.

A further chemical, sodium bicarbonate is regularly used in the management of pool water quality.

Sodium bicarbonate is added to pool water to:-

- assist the effectiveness of the other pool chemicals calcium hypochlorite and hydrochloric acid
- stabilise pH levels avoiding too acidic or alkaline water quality
- assist with water clarity

Devin have now requested that L&CD reduce the use of their sodium bicarbonate quantities as this may be affecting the performance of the chlorine and acid dosing of the pool system.

Essentially the alkalinity of the water is drawing in the use of more chlorine and acid than anticipated to maintain pool monitoring readings within the required parameters.

Current quantities of sodium bicarbonate while based on previous L&CD practices, are significantly above target guidance. L&CD have been instructed to revise maximum alkalinity target to 60 (circa 50% lower than current practice)

Aligned to this is the method and frequency of adding the sodium bicarbonate to the pools. This requires to be slowed down and spread out over a timetabled period, distributed evenly around the pools to avoid shock dosing of the pool leading to chemical instability and fluctuating readings.

The results from this change have indicated that the pool system performance is now trending towards more stable performance and should lead to tolerance levels expected to be operating within. Devin will continue to monitor the data provided to reinforce their initial findings from this weeks data.

It was emphasised at the meeting to all parties involved with the project that DCC require the appropriate level of confidence in the systems performance combined with adjustments to L&CD operational procedures to determine when the pools can be reopened.

#### 4.5 Dosing Controllers

Dosing Controller data variations - supplier to visit site and review.

L&CD manual testing of water procedures to be reviewed.

#### 4.6 Preparation for Re-opening

Further commissioning, demonstrations and training for chemical dosing and associated equipment were also discussed and will be developed and implemented prior to re-opening. This is to ensure all L&CD staff are fully briefed on operating procedures and when deviation from standard practice is required to maintain system balance.

Reactive attendance and on-call requirement – availability from contractor and consultant ongoing through the duration of the current alterations and as the facility reopens is being discussed.

#### Communications

4.7 LACD and the Council are currently working on a communication strategy at this time, taking consideration of the up and coming school holiday period. Assessing the current position as it stands, an opening date has still to be established.

### 5.0 **Contract Works – Defects Liability Period**

Contract snagging and defect works will be picked up and remedied throughout and at the end of the 12 months defect liability period. Works will be programmed to avoid operational hours or programmed for future planned closures later in the year as appropriate.

- i) A defect has occurred in relation to the flume deck floor covering where a split has occurred in the membrane. The rectification of this requires a week closure to carry out the work and allow curing time. The council and Robertson are currently exerting pressure on the flooring contractor for a locked in date for this work to take place.
- ii) A previously identified leak at the base of the blue flume catch pit will be carried out within the same closure period for the flume deck floor repair.

### 6.0 **Additional Work Costs**

Due to the reactive nature of the works contained in this report, the costs for each element are still to be fully ascertained. Based on the opinions from procurement and legal services still being considered in addition to the main contractor's report, the council will evaluate all factors to ensure that only costs are reimbursed for additional works out with the scope of the refurbishment contract. Where works have or are to be carried out as part of the contractual defects liability period, officers will ensure the appropriate deductions are made to the relevant parties.

Neil Martin  
Head of Design & Property

Date: 17 March 2024

**OLYMPIA REFURBISHMENT - MEMBERS BRIEFING NOTE THREE (CONFIDENTIAL)****1.0 Introduction**

1.1 This briefing note has been prepared to further update councillors regards the current issues that have affected the opening and operation of Olympia in recent weeks.

1.2 The briefing note updates for the following items:-

- Flume pipework and supports
- Flume deck cover and catch pit repair
- Dive platform operation
- Dosing system operation

**2.0 Works to Flume Pipework and Supports**

2.1 As previously reported the works are now fully completed.

**3.0 Flume Deck Floor Covering & Catch Pit**

3.1 A defect has occurred in relation to the flume deck floor covering where a split has occurred in the membrane. The rectification of this requires a week closure to carry out the work and allow curing time. The programme for this work is planned for week commencing 8 April.

3.2 A previously identified leak at the base of the blue flume catch pit will be carried out within the same closure period for the flume deck floor repair.

**4.0 Diving Pool Platform Operation**

4.1 Officers have developed a design for additional barriers to be installed at the relevant areas of the diving platform structure. The detailed design has been developed with final queries signed off by council officers. The programme for this work is currently being finalised (due to the Easter holidays) with around a 5 week lead-in period and subsequent two shift operation out with operational hours for the site installation. Based on these time constraints the projected date for completion will likely now change from week commencing 22 April to w/c 29 April.

Arrangements have been explored by L&CD and the decision to wait for the permanent works being installed before reopening the 3m and 5m platforms has been made.

**5.0 Dosing System**

5.1 L&CD continue to monitor and record daily chemical use. Data has been fed back to the specialist pool consultant and contractor to review and assess overall dosing performance moving through this transitional stage.

5.2 Detailed information on all chemical quantities used is being fed back to the pool consultant to assess overall efficiency and performance.

**5.3 Update on Planned Efficiency & Operational Measures**

Break tank installation – works currently on site, final connection, nightshift Thursday 11 April.  
Bulk Acid Tank installation programme tba – 6-8 week lead in time – L&CD pursuing Brenntag for sign off the design proposals  
Sample pumps to controls – cost submitted - programme awaited from Barr & Wray

**Note:-**

- 1) Confirmation provided that none of the above measures are required to be in place for the opening and functioning of the dosing system

- 2) Confirmation provided that for the above works to take place will not require a closure of the pool during operation hours

#### 5.4 Chemical Readings

As reported previously the results from measures taken continue to indicate that the pool system performance is stable as verified by the pool consultant. Devin continue to monitor the data provided reinforcing their findings.

Since last reported the readings have continued to stabilise and provide evidence and assurance that the measures implemented have had the predicted improvement in chemical balance for all pools.

#### 5.5 Dosing Controllers

Dosing Controller data variations – video conference call arranged for 8 April to review live operational procedures.

#### 5.6 Poolside Cleaning

To ensure that the first point of protection against corrosion is as robust as possible, the council are

developing a cleaning protocol for L&CD to adopt. Audit checks will be carried out by the council to ensure cleaning is implemented to the required levels.

#### 5.7 Preparation for reopening

Commissioning, demonstrations and training for chemical dosing and associated equipment are being developed and implemented prior to re-opening. The Council are arranging for an external specialist in pool systems to provide further training for L&CD staff with appropriate courses. This is to ensure all L&CD staff are fully briefed on operating procedures and day to day plant management in line with Pool Water Treatment Advisor Group (PWTAG) guidance.

#### Next Steps

- 5.8
- Continued monitoring of the pool system and chemical levels
  - Meeting to be arranged with Dundee City Council and LACD to discuss information from the pool consultant, this will be scheduled for w/c 15<sup>th</sup> April
  - Consider potential opening dates and the approach for opening.
  - Communication strategy for engaging with elected members, staff and public

Neil Martin  
Head of Design & Property

Date: 10 April 2024



**CONFIDENTIAL****OLYMPIA REFURBISHMENT - MEMBERS BRIEFING NOTE FOUR FOR W/C 15 APRIL****1.0 Introduction**

1.1 This briefing note has been prepared to further update councillors regards the current issues that have affected the opening and operation of Olympia in recent weeks.

1.2 The briefing note updates for the following items:-

- Flume pipework and supports
- Flume deck cover and catch pit repair
- Dive platform operation
- Dosing system operation

**2.0 Works to Flume Pipework and Supports**

2.1 The works are now fully completed.

**3.0 Flume Deck Floor Covering & Catch Pit**

3.1 This work has been carried out as programmed last week.

3.2 The leak at the base of the flume catch pit has been repaired. The testing of this will happen once fully operation. If further work is required this will be programmed at a suitable time to avoid operational disruption.

**4.0 Diving Pool Platform Operation**

4.1 The programme for this work is now finalised with material programmed for arriving w/c 22<sup>nd</sup> April. Fabrication in the contractor yard will be during that week. The following week work will take place on site with two night shifts for installation, with the work being completed at the latest by Friday 4th May. The 3m and 5m platform will then be available for use.

**5.0 Dosing System**

5.1 L&CD continue to monitor and record daily chemical use. Data has been fed back to the specialist pool consultant to review and assess overall dosing performance.

5.2 Detailed information on chemical quantities used is being fed back to the pool consultant to assess overall efficiency and performance.

**5.3 Chemical Readings**

As reported previously the results from measures taken in recent weeks continue to indicate that the pool system performance is stable as verified by the pool consultant. Devin continue to monitor the data provided reinforcing their findings.

Since last reported the readings have continued to stabilise and provide evidence and assurance that the measures implemented have had the predicted improvement in chemical balance for all pools.

Systems are displaying a stable pH value and maintaining the required free chlorine levels, indicating that the systems are providing a water quality in accordance with Pool Water Treatment Advisory Group (PWTAG) guidelines.

The data is also now demonstrating the reduction in acid use.

#### 5.4 Update on Planned Efficiency & Operational Measures

Break tank installation – works complete. Commissioning 16/17 April, operational by end of this week.

Bulk Acid Tank installation programme tba – 6-8 week lead in time – Details being finalised with the design prior to issuing instruction for programming and installation.

Sample pumps to controls – programme date awaited from Barr & Wray for installation.

#### 5.5 Dosing Controllers

Dosing Controller data variations – video conference call took place on 8 April to review live operational procedures.

Feedback - discrepancies between the manual pool test readings and controller readings on occur on occasion. Findings from the video call assessment confirmed that the controllers are working correctly.

The site staff require to test and calibrate first thing daily to ensure the controllers are correct throughout the day, every manual pool test should be checked against the controllers and any difference will require controller adjustment. The controllers require a couple of weeks of progressively calibrating to bring the figures within scope to mirror the manual readings.

#### 5.6 Poolside Cleaning

To ensure that the first point of protection against corrosion is as robust as possible, the council are developing a cleaning protocol for L&CD to adopt. Audit checks will be carried out by the council to ensure cleaning is implemented to the required levels.

#### 5.7 Preparation for reopening

Commissioning, demonstrations and training for chemical dosing and associated equipment are being developed and implemented prior to re-opening. The Council are arranging for an external specialist in pool systems to provide further training for L&CD staff with appropriate courses. This is to ensure all L&CD staff are fully briefed on operating procedures and day to day plant management in line with Pool Water Treatment Advisor Group (PWTAG) guidance.

#### Communications

5.8 LACD and the Council are currently working on a communication strategy at this time, assessing the current position as it stands. An opening date is now being proposed for early May.

Neil Martin  
Head of Design & Property

Date 17 April 2024

**Estimated Costs**

Flume pipework repair and associated supports	£10,200
Flume deck floor covering (contract work)	£ nil
Catch pit repair	£4,500
Planned high level support inspection and replacement	£9,700
Dive platform barriers	£10,100
Dosing system operations	£5,500
Beak tank design & installation	£24,000
Bulk acid tank design & installation	£9,400
Sample pumps for controllers	£7,000
Devin Consultancy Fees	<u>£5,500</u>
<b>Total</b>	<b><u>£85,900</u></b>

**Alterations to Dive Board Barriers – Briefing Note****BACKGROUND –**

The design and installation of Dive Boards is regulated under the international standards controlled by and published by the international governing body for aquatics – FINA, now World Aquatics. Its vision is focussed on aquatics for sport, health and life.

At the time of construction, the Regulations in force for the Dive Boards were the FINA Facilities Regulations FR5 rev 2010, the regulations in respect of barriers for dive platforms stated –

*FR 5.2.7 The back and sides of each platform (except a 1.0 metre platform) shall be surrounded by handrails with a minimum clearance of 1.8 metres between pairs. The minimum height shall be 1.0 metre and they shall be with at least two crossbars placed outside the platform beginning 0.8 metre from the front edge of the platform.*

The 2020 Revision states –

*FR 5.2.8 The back and sides of each platform (except 1.0 metre or lower platforms) shall be surrounded by handrails up to 1m from the edge of the platform with a minimum clearance of 1.0 metres between vertical pairs. The minimum height shall be 1.0 metre and they shall be with at least two horizontal crossbars placed outside the platform beginning 1.0 metre from the front edge of the platform.*

*A solid transparent barrier is also permitted instead of a crossbar.*

Built examples using a solid transparent barrier are exceptionally rare.

**PRIOR DISCUSSION**

Within the original design the briefing by LACD management at that time was based on their existing practice with their boards at the old Olympia, which used ladders for access and queuing was on poolside. For the new pool stairs were adopted as a preferred safer means to access the boards and gates would be included at the bottom of each flight to control access with queuing continuing on poolside.

This operational practice however was not used when the centre opened and users, casual swimmers and Dive Clubs were permitted to queue on the Dive Structure.

At the time of the original handover there was a courtesy visit, pre-opening for Scottish Swimming including representatives from the Midlands District Swim Committee (under whose auspices the local diving competitions are run). No issues were raised with the design of the dive boards as they were along the same standard lines as all other installations. There is some later email correspondence with them but it was all about integrating their scoring system with the score board, nothing about the barriers.

Following falls from Diving Boards there was discussion with the Property Section regarding potential solutions, including infilling the Dive Barriers and adding a toe board or bottom rail. At that time the 2010 Regulations were still in force and this would have been non-compliant. In addition, the discussion included the counter argument that the addition of rail or board at low level would have introduced an entrapment risk for a foot or ankle because in accordance with the regulations the barriers are mounted on the outer edge of the platforms. ASD were only peripheral to these discussions but it is understood that it was concluded that on the balance of risk and probability this was an undesirable solution.

Earliest contact on this matter on record for Architectural Services is an email from Property to the City Architect dated 15.06.18 regarding the ongoing contractual matters with Balfour Beatty which also mentions the falls and the fact that the solution was under review due to the site's mixed use.

It is understood that DCC Property Section contacted FINA with regards to being advised on suitable compliant solutions.

It was noted that in 2020 the wording of the FINA regulations was amended to include an option for glazed barriers.

## **TIMELINE OF CURRENT PROJECT**

In 2020 the Olympia Refurbishment project came into being and there was an initial briefing and transfer of information to initiate the project from Property to Architectural Services which included work they had been doing on glazed barriers. Work was undertaken to find a technical solution through the supply chain that could adapt or replace the barriers in a manner that complied with the revised standard and came with the appropriate structural testing and certification. As an adaptation to an existing facility the revisions also had to be compatible with the existing fixings and platform edge. The platforms are a specialist structure subject to stringent performance standards as well as specific structural criteria and had originally been design by a specialist in this area. Associated with these considerations was also the issue with the condition of the barriers with respect to surface spotting with corrosion.

The developed proposals therefore took the form of complete replacement with a proprietary glazed barrier system fitted to a specially adapted fixing to suit the existing installation.

LACD site staff first raised concern about this solution with Architectural Services on 26<sup>th</sup> Jan 2022. This conversation was primarily precipitated by a need to chat through the details of the scheme that was being worked on and which was still the solid balustrading option as there were some construction and technical questions to sort out. They raised what was seen as a couple of valid concerns, one is that that a glazed barrier at the dive boards would be difficult to clean whichever position it was in. The other is that there are really very few if any known examples of glazed dive board barriers and that they recognised that this was really a management and supervision matter, which could be helped if there is a design intervention that can be used. The lack of UK or international precedent made the glazed barriers difficult to support.

An objective overview is that the dive structure in its as-built state was fully compliant with FINA regulations. The accidents happened because of the operator's operating practice of allowing queueing on the structure, and in particular Dive classes which gather and are grouped on the 3m landing.

The design evolved based on the following briefing – the barriers needed to be FINA compliant in the area of the platforms used for diving and was cleanable from the platform, was not climbable or could be sat on in the area where the queueing occurred. The hybrid solution adopted was seen as the best balance of minimising the operational risk in the area where behaviours considered to be at risk occurred and compliant with the required regulations outside these areas.

This matter was also updated and reported in this manner at the time of the Scrutiny Committee. In March 2022.

The technical solution in response to the revised briefing was prepared and submitted for approval to LACD management in April 2022. This was approved with one revision, they asked to have the area under the second flight of stairs to also be done in the same fashion as it was reported at that time that one of the falls had occurred in this area.

The amended drawing was then issued for construction to the contractor in May 2022.

## **CONCLUSION**

The Dive Barriers now in place are a highly unusual if not unique solution to the design of dive structure barriers, based on site-specific operating practices. Research shows consistently that throughout the UK and globally there is very little variation in dive barrier design the format following broadly the same format everywhere. Take up of the glazed barrier option now permitted by World Aquatics is still exceptionally unusual probably because of the lack of a safe means of cleaning them at height and over water, most countries having in place regulations similar to our CDM Regulations.

## **RECOMMENDATION**

Given the hybrid nature of the facility and the need to comply with Diving and CDM Regulations it is recommended that LACD review their operational practices with regards to access and queueing at the Dive Boards to provide a safe operational environment that addresses the previous issues to the satisfaction of the EHO.

**ITEM No ...7.....**

**REPORT TO:** CITY DEVELOPMENT COMMITTEE – 6 DECEMBER 2021

**REPORT ON:** OLYMPIA MAINTENANCE PROGRAMME

**REPORT BY:** EXECUTIVE DIRECTOR OF CITY DEVELOPMENT

**REPORT NO:** 336-2021

**1 PURPOSE OF REPORT**

- 1.1 This report provides an update for members regarding the current closure at Olympia, likely timetable for reopening and planned maintenance works programme for the facility.

**2 RECOMMENDATION**

- 2.1 It is recommended that the Committee:
- a notes the works undertaken to date to carry out reactive maintenance as detailed within the report;
  - b notes that a planned major refurbishment for the leisure pool is currently being finalised which will necessitate a longer-term closure of the pool facilities at Olympia; and
  - c remits the Executive Director of City Development to submit a tender report to City Development Committee for approval at the earliest possible date.

**3 FINANCIAL IMPLICATIONS**

- 3.1 Short term reactive maintenance to address current Health and Safety issues within the facility have been carried out at a cost of £49,000 which has been met from the Revenue Budget 2021/2022 for Property Maintenance.
- 3.2 The works programme as set out in the report is anticipated to cost in the region of £3.5m - 4.5m inclusive of fees and contingency. The final sum will be reported at tender stage and may vary as some elements of work are still being scoped, and other maintenance items may be identified as scoping and work on site progresses.
- 3.3 Funding for these works will be met through a combination of borrowing and unapplied capital receipts, details will be included within the forthcoming tender report.
- 3.4 Details of the revenue implications, taking account of the schedule of works and projected impact on income and costs, will be incorporated into the forthcoming tender report.

**4 BACKGROUND**

- 4.1 Recent Olympia Closure - Reactive Maintenance
- a A health and safety risk issue was identified at Olympia on 29 September 2021 due to a failure of fixings associated with the light fitting mountings in the pool area. Although secondary fittings ensured that the lighting fittings did not become detached, as a precautionary measure the decision was therefore taken by Officers to close pool facilities.
  - b Council Officers instigated inspections and under the Health & Safety contract instructed immediate rectification works to replace the light fixings with the plan to allow the facilities to be reopened, minimising the disruption for the public. The Contractor commenced rectification works on 18 October 2021, with a hoist and specialist lift utilised to reach readily accessible areas around and over the main pool.

- c During this period of closure further inspection works were carried out in other areas of the facilities. As a consequence of a failure being identified with two curtain wall bolt fixings it is prudent to assess the other similar fixings. Since this inspection requires removal and re-assembly of each bolt these will be replaced to ensure the required standard of performance.
- d Based on the findings, the Council have instigated additional survey works comprising technical advice from City Development Officers and engaging with specialist services and pool consultants to assess the overall facility. Once all survey works have been completed and fully assessed, any further works identified will be scoped, designed and incorporated into the works programme outlined below.
- e Due to the ongoing nature of the investigation and surveys the pool facilities will remain closed until all refurbishment works have been completed.

#### 4.2 Refurbishment Works Programme

- a Prior to the light fixing issue occurring, Council Officers had been developing a programme of works to address building fabric issues that have developed during the operational life of Olympia. As an intensively operated facility with complex mechanical and electrical installations, a cyclical approach to component refurbishment and replacement is required, and this necessitates periods of closure to upgrade and replace. The refurbishment works are essentially in relation to surface and superficial corrosion, general refurbishment and upgrading and rectification of water egress within ancillary plant areas.
- b Through discussions with the Council's Specialist Mechanical, Electrical and Structural Engineers and the Director of Leisure and Culture Dundee, it is now recommended that the facility should remain closed until all works are complete on site. These works will include the originally scoped refurbishment programme and take account of all survey work outlined in Section 4.1d. The projected start on site for the works is in the first quarter of 2022.
- c Although the building works are not structural in nature, the requirement to remove, replace and reinstall key public facing equipment, including the flume structure, will require a significant closure.
- d A detailed method for sequencing and phasing the works is currently being developed. The main item within the project relates to the flume deck and refurbishment of the structure and flooring, treating the superficial surface corrosion and applying new protection to each component. This element of work requires a sequenced approach to allow scaffold erection for dismantling the entire structure on a component by component basis. Elements require to be removed off site to allow for refurbishment work and treatment to be carried out, prior to returning to site for the installation process. The complexity and sequential nature of this particular task influences the overall construction programme.
- e The duration for the programme of works is also currently being finalised, however, based on the work content, lead in times for material, plant components and specialist sub-contractors, this is estimated to be around 45 weeks from a start on site.
- f The final contract programme will be approved as part of the tender acceptance, and the Director of Leisure and Culture Dundee will be consulted on the optimum time for the various works to be carried out.

#### 4.3 Procurement and Delivery

- a Using the Places for People procurement hub framework, Robertson Construction Tayside, as the Scotland national sub-contractor for Wilmott Dixon, will procure sub-contract packages to undertake the works. A full tender price will be submitted by the contractor using open book tendering for all work packages, with contractually fixed management fees, overheads and profit for the lead contractor.

- b Community Wealth building is an important part of the Council's procurement approach. Dundee City Council's Community Benefits through Procurement Policy seeks to maximise economic and social benefits from Council procurement within the current legal framework through the inclusion of Community Benefits on all applicable contracts. As part of the main contract for Olympia Refurbishment Work, Dundee City Council's Community Benefits Officer will continually monitor the local spend.

#### 4.4 Life Cycle Replacement, Operational Maintenance and Cleaning

- a The Olympia has long operational hours and high usage within an intensive internal environment and therefore will always require periodic component replacement and regular planned maintenance. As part of this project a review of the operational management will be developed to assist with the protection and longevity of the Olympia. A specialist pool consultant will be appointed to assist and support this exercise.
- b It should be recognised and acknowledged that future works, to varying degrees, will be required on a periodic basis throughout the operational life of this building. Identifying the frequency of planned maintenance and scheduling the requirements going forward will allow Leisure and Culture Dundee and Dundee City Council to prepare for periodic shutdowns throughout the continued life of the Olympia complex.

### 5 **POLICY IMPLICATIONS**

- 5.1 This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. There are no major issues.

### 6 **CONSULTATIONS**

- 6.1 The Council Management Team and the Director of Leisure and Culture have been consulted in the preparation of this report and are in agreement with its content.

### 7 **BACKGROUND PAPERS**

- 7.1 None.

Neil Martin  
Head of Design and Property

Author: Neil Martin

Robin Presswood  
Executive Director of City Development

Dundee City Council  
Dundee House  
Dundee

NM/KM

25 November 2021



Title:	<b>OPERATIONAL ISSUES UPDATE – POOL WATER TREATMENT SYSTEMS</b>		
Project:	Olympia Leisure Centre	Project No.:	672
Date:	28.01.25	Page:	1 of 4

Data review period: 16<sup>th</sup> March 2024 – 12<sup>th</sup> December 2024, including findings from site visit undertaken on 21<sup>st</sup> January 2025.

In summary, systems are displaying a relatively stable pH value and maintaining the required free chlorine levels, indicators that the systems are providing a water quality in accordance with PWTAG guidelines.

## 1.0 pH set point

### Issue

- In the Covid-19 pandemic, PWTAG recommended that pH was reduced to between 7.0 and 7.2. This has proved difficult for some pools such as Olympia where incoming mains water has a low hardness and alkalinity content, and large amounts of acid are being used.

### Actions undertaken

- pH set point adjusted to between 7.2 and 7.4 (circa mid-March 2024).
- Further adjustment to pH set point to between 7.5 and 7.6 (circa early-November 2024) with the aim to further reduce acid consumption.

### Improvements

- Records indicate a stable pH value is being maintained in all pools.
- The effect on acid usage resulting from adjusting the pH set point to between 7.5 and 7.6 is inconclusive from the data range reviewed due to a period of pool closure for maintenance shortly after adjusting the pH set point.

### Further actions

- The adjusted pH range may be maintained to determine the effectiveness of a higher pH set point regarding acid usage. However, it should be noted that chlorine-based disinfectants are most effective at the lower end of the allowable range. Therefore, a balance between acid usage and effective disinfection should be considered when adjusting the pH set point.

## 2.0 Sodium bicarbonate dosing

### Issue

- Very large amounts of sodium bicarbonate were being added to pools; alkalinity levels fluctuated wildly, and regularly in excess of 150 mg/l. This would have led to a lot of acid being used, which in turn knocks the alkali out (causing the system to ‘chase its tail’).

### Actions undertaken

- Alkalinity target level adjusted to 60 (March 2024).
- Site advised to dose sodium bicarbonate in smaller and frequent quantities. Site operatives have adopted this approach, utilising the dosing pots in the plantroom to dose the sodium bicarbonate.

### Improvements

- Smaller quantities of sodium bicarbonate are being used.

Title:	<b>OPERATIONAL ISSUES UPDATE – POOL WATER TREATMENT SYSTEMS</b>		
Project:	Olympia Leisure Centre	Project No.:	672
Date:	28.01.25	Page:	2 of 4

- Records indicate a stable pH value, and lower alkalinity is being maintained in all pools. However, frequent peaks in alkalinity of between 80-100 are evident above the target level. Site operatives identified challenges in maintaining the target level when manually dosing the sodium bicarbonate, frequently overshooting the alkalinity target in the pools. This may be causing an increase in acid usage.

#### Further actions

- Dosing of sodium bicarbonate from day tanks with dosing pumps would be beneficial.
- Revisit dosing approach to aim for a target level of 60.

### 3.0 UV systems

#### Issue

- UV dosing values were excessive (100-300mJ/cm<sup>2</sup>) causing increased chemicals usage.

#### Actions undertaken

- UV dosing levels have been reduced for all pools. Levels initially adjusted mid-April, indicating levels typically between 65 – 100; levels since mid-May are generally between 60 – 70, more closely aligned with the target of 60mJ/cm<sup>2</sup>. It should be noted that the excess dosing of UV would have resulted in higher chlorine usage and hence higher acid usage.

#### Improvements

- Records indicate a reduction in chemical usage which appears to correlate with the adjustments to UV dosing levels.

#### Further actions

- If no bathers, the UV units may be switched off to reduce chemical usage.

### 4.0 Bayrol chemical controllers and manual water testing

#### Issue

- Operators advised discrepancies between manual and controller readings.

#### Actions undertaken

- Site operators have recalibrated chemical controllers to align with manual probe readings.
- Bayrol technician has undertaken a remote review of the chemical controllers via telecon with Olympia staff (April 2024). The technician believes the controllers are working correctly.

#### Improvements

- Records indicate controllers are maintaining pH and free chlorine set points; there are some fluctuations, but it appears these are being managed.
- Site operatives identified they feel more proficient with operating the new chemical controllers.

#### Further actions

- Regarding any recalibration, this should be in accordance with manufacturers guidelines.

Title:	<b>OPERATIONAL ISSUES UPDATE – POOL WATER TREATMENT SYSTEMS</b>		
Project:	Olympia Leisure Centre	Project No.:	672
Date:	28.01.25	Page:	3 of 4

- Site operatives to review current water testing regime. Information can be referred to within the PWTAG guide.
- Further training could be provided (see below).

## 5.0 Further training

### Issue

- The complexities of the systems warrant additional training for site operatives.

### Actions undertaken

- None.

### Improvements

- Nothing to report.

### Further actions

- Training is provided by a recognised trainer, with Devin in attendance.
- In the longer term, implement a PWTAG recommended frequency for refresher training.

## 6.0 Calcium hypochlorite dosing

### Issue

- Insufficient supply water available from existing break tank.
- Length of dosing lines are at the maximum recommended.
- Review of JAK installation by manufacturer identified snagging issues (March 2024).
- Frequent clogging of chemical dosing lines since completion of refurbishment works (reported 1-2 times a week).

### Actions undertaken

- New break tank installed and operational (April 2024).
- Co-ordination of other water demands from break tank with demands of the JAK units.
- Site operatives flushing dosing lines weekly, and as required to prevent blockages.
- Site operatives changed from Melchlorite to HTH® for calcium hypochlorite supply (circa Sept. – Nov. 2024).

### Improvements

- The records indicate that the JAK units are operating satisfactorily.
- No issues of clogged dosing lines experienced since changing to HTH® supply.

### Further actions

- Attend to snagging and fitting issues identified in JAK report (including rotating units 180° to allow for effective maintenance access). Obtain confirmation from JAK that these have been closed out satisfactorily.
- Installing boosted loops to chemical stores for all pool systems to reduce dosing lines.

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Title: **OPERATIONAL ISSUES UPDATE – POOL WATER TREATMENT SYSTEMS**

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Project: Olympia Leisure Centre

Project No.: 672

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Date: 28.01.25

Page: 4 of 4

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## 7.0 Hydrochloric acid dosing

### Issue

- It is understood the amount of acid being used at Practical Completion (before the current revised operation) was similar to use prior to the refurbishment. The volume of chemical delivered is larger because it is a low strength acid.
- As of January 2025, site operative advised 1000 litres of acid is being delivered approximately every 10 days (approx. 3000 litres per month).

### Actions undertaken

- Refinements to the sodium bicarbonate dosing methodology.
- Supply and installation of additional bulk tank. Total maximum storage capacity is circa 3250 litres (considering capacity of bulk tanks and day tanks).
- Adjustments to UV dosing levels.

### Improvements

- The actions undertaken since March 2024 is indicating a significant reduction in acid usage (circa 30-40% reduction).

### Further actions

- Improvements anticipated resulting from actions identified in other sections above.

End of report.



Working in Partnership  
with Dundee City Council

**LEISURE & CULTURE DUNDEE HEALTH & SAFETY AND PROPERTY COMMITTEE**

A meeting of the Committee was held on 9 December 2022.

Present: Will Dawson, Trustee, Vice-Chair (Chair of Health & Safety and Property)  
Paul Henehan, Head of Support Services

[Redacted]  
[Redacted]  
[Redacted]  
Judy Dobbie, Managing Director  
[Redacted]

In Attendance: [Redacted]

Apologies: [Redacted]  
[Redacted]

**1 WELCOME AND APOLOGIES AND DECLARATION OF INTERESTS**

The Chair welcomed everyone and there were no declaration of interests.

**2 MINUTE OF MEETING HELD ON 20 OCTOBER 2022**

The Minute of the previous meeting was approved.

**3 MATTERS ARISING**

3.1 [Redacted] - [Redacted] - [Redacted]

[Redacted]  
[Redacted]

3.2 [Redacted]

[Redacted]

3.3 [Redacted] - [Redacted]

[Redacted]  
[Redacted]

3.4 [REDACTED]

3.5 [REDACTED]

3.6 [REDACTED]

4 [REDACTED]

**5 OLYMPIA REMEDIAL WORKS - UPDATE**

Paul confirmed that a progress meeting was to be held the following week. One issue that had been noted by the contractors was water in the hollow balustrades of the spiral staircase and how it got there. Sealing the balustrades will form part of the work on the staircase. There was also a rapid river water leak since the pool had been drained, but there was no immediate concern.

The Chair advised that there was a door smashed beside the Council car park. [REDACTED] to look into this.

- 6
  - 6.1
  - 6.2
  - 6.3
- 7
- 8
  - 8.1
  - 8.2
  - 8.3
- 9

10

[REDACTED]

11 AOCB

11.1

[REDACTED]

11.2

[REDACTED]



11.3 [REDACTED]

[REDACTED]

**12 DATES OF FUTURE MEETINGS**

- Thursday 9 February 2023
- Thursday 13 April 2023
- Thursday 8 June 2023
- Thursday 10 August 2023
- Thursday 12 October 2023
- Thursday 7 December 2023



Mr Tom Stirling - Head of Community Safety & Protection

Neighbourhood Services  
3 City Square  
Dundee  
DD1 3BA

If calling please ask for: [REDACTED]

Tel: 01382 [REDACTED]

Email: [REDACTED]

Our Ref: [REDACTED]

Your Ref: [REDACTED]

Date: 2<sup>nd</sup> May 2017

[REDACTED]  
Leisure and Culture Dundee  
1 Shore Terrace  
Dundee  
DD1 3AH

Dear [REDACTED]

**Legislation:** The Health and Safety at Work etc. Act 1974 and associated regulations  
Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013  
HSG 179 - 'Managing health and safety in swimming pools'

**Premises:** Olympia, 3E Whale Lane, Dundee, DD1 3JU

**Accident to :** [REDACTED] on 13<sup>th</sup> April 2017

[REDACTED] on 26<sup>th</sup> June 2016

I refer to the accident report received, via the RIDDOR website, on the 18<sup>th</sup> April 2017. This was in connection with the incident on the 13<sup>th</sup> April 2017, resulting in injury to [REDACTED] a member of the public.

The injured person (IP), a seven year old child, slipped through the 3 metre dive platform railings onto the padded platform supports below before landing on the poolside, resulting in him sustaining a head injury; he was then taken directly to hospital.

I then visited the premises on 18<sup>th</sup> April 2017, with my colleague, [REDACTED] to investigate the incident further and met with [REDACTED]

We discussed the incident and viewed the area on platform where it is believed the IP slipped and fell through to the poolside below. It was believed that the IP has gone onto the 3m dive board with the intention of jumping into the water but changed his mind and stepped off the dive board to make his way along the dive platform to the steps which led back down to the poolside. However the IP slipped and fell through the gap between the lower rail of the guard rail and the floor of the dive platform.

We also discussed a similar incident which occurred in 2016 when an eight year old child also slipped through the railings at the designated waiting area at the 3m platform. See the attached letter dated 20<sup>th</sup> September 2016 sent regarding this incident.

If you have trouble understanding English please contact the address below

اگر آپ کو انگریزی سمجھنے میں مشکل پیش آتی ہے تو براہ کرم میری نیچے درج پتے پر رابطہ کریں:

ਜੇ تمہارا انگریزی سمجھنے میں مشکل پیش آتی ہے تو براہ کرم میری نیچے درج پتے پر رابطہ کریں:

Jeżeli masz trudności w zrozumieniu języka angielskiego, skontaktuj się na poniżej podany adres:

如果你對英語理解有困難，請聯絡以下地址:

Dundee Translation & Interpretation Service, Mitchell Street Centre, Mitchell Street, Dundee DD2 2JJ,  
Tel: 01382 435025 Fax: 01382 435016

For information about Dundee City Council visit our website - [www.dundeeccity.gov.uk](http://www.dundeeccity.gov.uk)

c:\users\jacqueline.petrie\appdata\local\microsoft\windows\inetcache\content.outlook\31959f2fac007-17-020517x.docx



Following the first incident, **temporary** guarding was put in place on some sections on the 3m and 5m dive platforms to help reduce the risk of a person slipping and falling through the gaps under the bottom railings. However, this was with the understanding that permanent measures would be taken thereafter to reduce the gaps between the bottom rails and the platform floors.

To date no permanent alterations have been made to reduce the aforementioned gaps.

It was not known why the permanent works have not been carried out to reduce the aforementioned gaps even though a quotation for the work had been sought and provided by Metaltech UK in November 2016. **Had the works been carried out at that time then the second incident would have been avoided.**

I indicated during my initial visit that the 3m and 5m diving boards be kept closed until suitable temporary measures could be put in place to reduce any remaining exposed gaps between the lower rails and the dive platform floors along the length of the railings on both platforms.

I also requested that we be told how quickly a permanent fix could be carried out to close the gap between the dive 3m and 5m platform floors and the bottom rails of the barriers.

The dive platforms were then closed until Wednesday 26<sup>th</sup> April 2017 when I was notified by [REDACTED] that the additional temporary barrier had been put in place. I revisited the premises that afternoon and confirmed after viewing the temporary barrier that the dive platforms could reopen.

**Steps must now be taken as quickly as possible to permanently reduce the gaps between the bottom rails and the platform floors so as to prevent anyone falling through the gap.**

**Please provide us with an update within one week of receiving this letter on how quickly this work can be carried out.**

I would advise that my colleagues in Building Standards should be contacted as a building warrant may have to be sought. The Building (Scotland) Act indicates that in respect of a building where the public have a right of access, a material alteration to such a building should not commence without firstly obtaining formal Building Warrant approvals.

The temporary barriers must remain in place until the gap is suitably reduced but I must reiterate that this can only be considered to be a temporary solution.

Failure to progress the works will result in more formal action being taken to secure compliance.

Should you wish to discuss this letter further please do not hesitate to contact me.

Yours sincerely

[REDACTED]  
c.c. [REDACTED]

[REDACTED] by email.

[Redacted]

**From:** [Redacted]  
**Sent:** 09 February 2024 08:51  
**To:** [Redacted]  
**Cc:** [Redacted] Neil Martin  
**Subject:** Re: Olympia Issues urgent

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Olympia

Thanks [Redacted] agreed. We will get co-ordinated for Tuesday, I assume this will be between myself and [Redacted]

Thanks [Redacted]



[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]



---

**From:** [Redacted]  
**Sent:** 09 February 2024 08:31  
**To:** [Redacted]  
**Cc:** [Redacted]; Neil Martin <neil.martin@dundee.gov.uk>  
**Subject:** Re: Olympia Issues urgent

Hi [Redacted]

When (I presume) [Redacted] called me yesterday afternoon I was in a meeting with Neil and [Redacted] discussing Olympia. I'm minded that any engineering opinion needs to be from a suitably close vantage point rather than from pool hall level and this is scheduled for Tuesday.

Regards

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 08 February 2024 22:38  
**To:** [REDACTED]  
**Cc:** [REDACTED]; Neil Martin <neil.martin@dundeecity.gov.uk>  
**Subject:** Re: Olympia Issues urgent

[REDACTED]  
Just to cover each of the points raised by [REDACTED] and your reply plus relevant observations from site on these -

- Ductwork support rods swaying - it was explained to [REDACTED] that this was a normal factor in a flexible support system subject to movement of the air within the duct itself or air movement around it. There is one, possibly more locations where the rods supporting ventilation ductwork are contacting with and rubbing on the delta trusses which will need to be moved. Rectification action on this will be with Robertsons.

It was discussed that these are snagging issues and, to be honest, I'm more concerned about the effect on the painted steelwork than the movement. It may be worth reviewing the extent of movement to verify that it is within tolerance though.

- The tragic event featured in the video shared by their Health and Safety consultant as a teaching material in a training session, for their own sensationalist and provocative ends, appears to be currently under investigation and therefore there are no technical details available on the circumstances of the failure and therefore its relevance or otherwise to this or any other site is currently nil.

Agreed and intend to make no comment on this.

- Rod replacement - there are two sections of containment tray rod replacement at the launch pad which have not been actioned. One has a reasonable degree of accessibility from the launch pad with a few individual rods which are trickier to replace. The other is where the containment tray passes through the end of truss 1, this also has the end of the launch pad structure under it. Access is being assumed to be by rope access at the moment. It may be prudent to take an Engineer's view on the necessary extent and if there is any degree of

redundancy in what has been fitted. A site visit in conjunction with Robersons' PM should resolve.

Agreed and the latter point was also discussed - the spacing between rod supports is quite conservative in a few areas and there may be scope for redundancy. The containment system already has redundancy that prevents a catastrophic failure.

- Flume pipework support - there are two locations where the clamped unistrut detail is incomplete - these are historic and not new. They are being rectified together with the site of the failure by a contractor instructed by the Property team next Tuesday

Agreed, I didn't want to commit to these being historically absent without being within touching distance.

- Flume pipework failure - red flume - we can see that the split pipe now has an offset between its two parts and the neighbouring pipe currently sits at a splay. This suggests that when the start section was relocated after the flume deck was done there is a slight misalignment which has put the pipe under stress, when coupled with high water pressure failure has occurred. I think your theory on this event resulting in water hammer and the loads referred through the structure dislodging what was probably an already loose rod is spot on. We can also see that the green flume pipework is not sitting securely on its shims, similarly when this pipe was reconnected to the green start section the pipe was probably lifted. A visual check of the rest of the pipework from the stair would suggest there are no other visible issues at the moment. The contractor is mobilised to sort these out under snagging and will be on site Tuesday as well whilst access is available. They will be briefed to replace the pipework at the red flume, check and secure the green flume pipework and check the other two flumes.

It's the fact the rod remained intact that points to a lateral force pushing it off it's support. It's up for discussion on Tuesday but tightening up these fixings and ensuring there's some edge distance should they become loose again.

Hope this helps your understanding of this and as I suggest it would be useful to meet with an Engineer re a couple of these details.

This is best done when access is available on Tuesday.

Regards



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



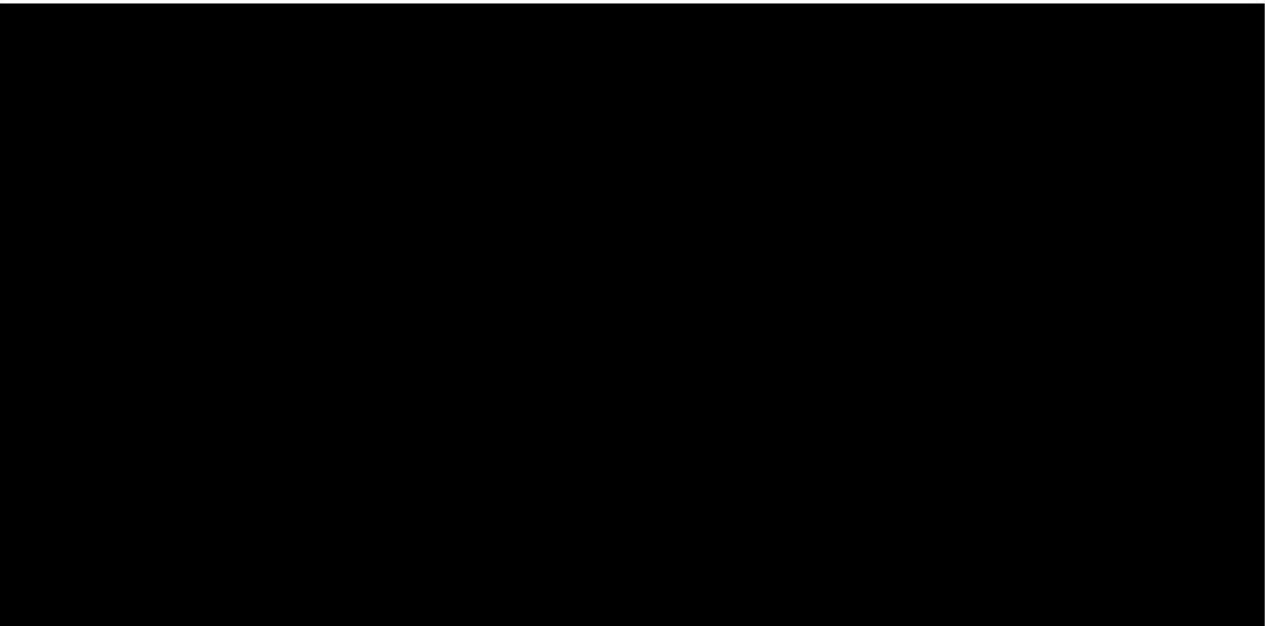
---

From: [REDACTED]  
Sent: 08 February 2024 17:46  
To: [REDACTED]  
Cc: Neil Martin <neil.martin@dundeecity.gov.uk>; [REDACTED]  
[REDACTED]; Judy Dobbie <judy.dobbie@leisureandculturedundee.com>;  
Paul Henehan <paul.henehan@leisureandculturedundee.com>; [REDACTED]  
[REDACTED]  
Subject: Re: Olympia Issues urgent

Hi [REDACTED]

I have one missed call from a private number at 14:43 today, whilst I was in a meeting, and no voicemail left so don't know what the telephony issue was. Reference your photos below, it does appear that a section of Unistrut is absent from the top face of the beam, photograph 2 below. Whether this has previously been absent or somehow detached during the recent pipe fracture won't be clear until platform access is available next week. [REDACTED] [REDACTED] has replied under separate cover on the inspection regime planned for these areas once access is on site.

Regards



---

From: [REDACTED]  
Sent: 08 February 2024 16:14  
To: [REDACTED]  
Cc: Neil Martin <neil.martin@dundeecity.gov.uk>; [REDACTED]  
[REDACTED]; Judy Dobbie <judy.dobbie@leisureandculturedundee.com>;  
Paul Henehan <paul.henehan@leisureandculturedundee.com>; [REDACTED]  
[REDACTED]  
Subject: FW: Olympia Issues urgent

Hi [REDACTED]

I've not been able to get you on the phone today.

I've had a walkaround with [REDACTED] and I think that we are in agreement in the key aspects that will need repaired or replaced. I am keen to wait on feedback before extending my red boundary of keeping the flumes, leisure and toddlers pools closed. At the moment there does not seem to be anything likely to substantially move and few people are being allowed access.

However, there are obviously items such as the pins detailed in the photos below that could have been dislodged if we were operating. We are ensuring no one unauthorised is going into the area around the flume tower. It sounds as though a platform lift has been secured to arrive next Tuesday, so we are unlikely to learn much more or need to take any additional actions until then.

### Issue three: unsecured joint.

There are two more pins sitting unsecured. There is a missing bracket that should be above the beam which the pins slot into. In orange you can see where Saturdays pin fell and the burst pipe. Suggestion was from discussions with [REDACTED] [REDACTED] that the weight from the lack of support has contributed to the pipe bursting. [REDACTED] recons that its not likely to have done so.



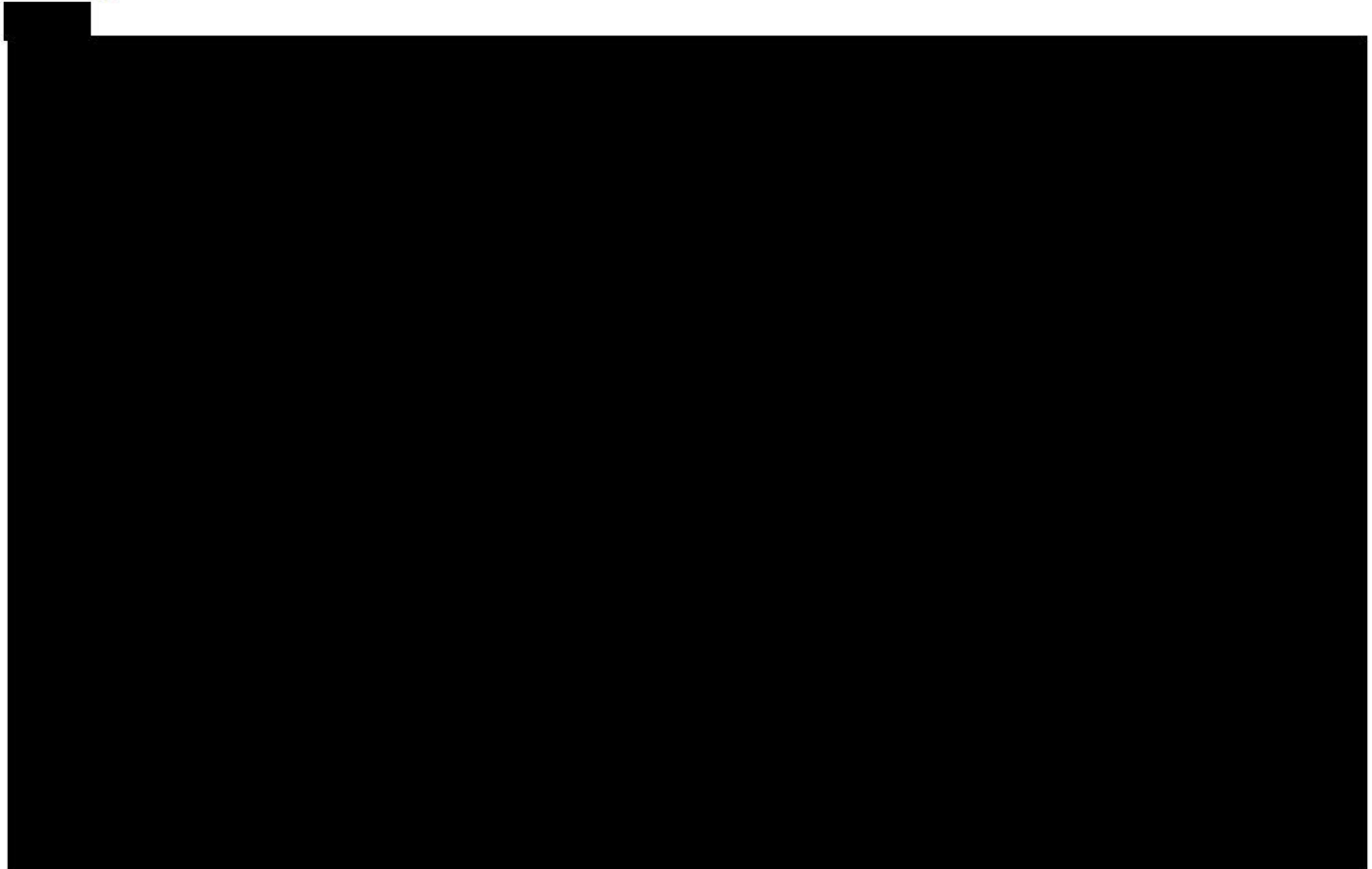






Any feedback would be appreciated. We will hold off on taking any further actions or having a meeting until we hear from you on the basis above.

Kind regards



From: [redacted]  
Sent: Thursday, February 8, 2024 11:16 AM  
To: [redacted]  
Cc: [redacted]; Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Paul Henehan <paul.henehan@leisureandculturedundee.com>; [redacted]

Subject: Olympia Issues urgent  
Importance: High

Hi [redacted]

I spoke to [redacted] who has pointed me in your direction for advice. Can you please advise me around these issues?

**Issue One Identified today:** Movement of the supporting pins (approx. 5 inches). At least three sets of these are swaying at the moment when the flume platform is not in use

They support this....

My fear is that this could happen: <https://youtu.be/uFrKmcAkw3o?feature=shared>

Our Safety consultant from [REDACTED] [REDACTED] [REDACTED] briefed us on this yesterday. Those pins appear to have moved in their fixings and there is at least one that is bending.

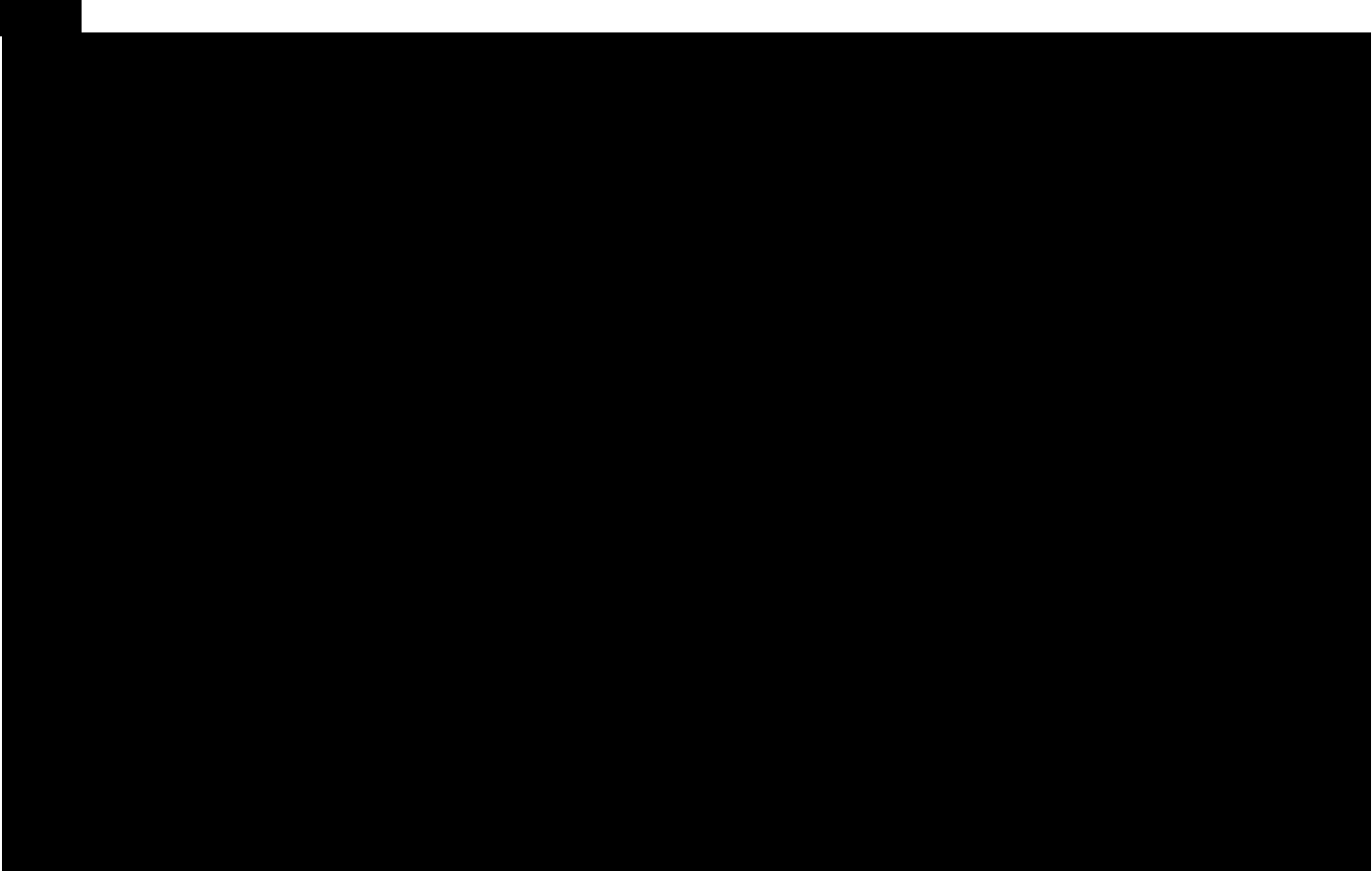
**Issue two identified today:** supports for electrics





Like the first issue these ducting's are around the pool hall and not just restricted to the flume tower area.

Kind regards,



**From:** [REDACTED]  
**Sent:** 19 April 2024 12:23  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: 672 Control units  
**Attachments:** 672-240419 pool analysis charts.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** Olympia

Hi [REDACTED]

Regarding the site managers observations in the email below, I wouldn't consider the chemical controllers to be the root cause of the issue. There have been significant improvements in the water sample and acid usage results prior to the Bayrol technicians review and any subsequent recalibration exercises undertaken. However, there is a discrepancy between the pool and controller sample readings which requires further investigation/action. The concentration of disinfectant residual within the pool can vary in different areas of the pool, so it may be beneficial to take samples from different parts of the pool to see what impact this may have on the pool readings.

The daily report data has been populated into a series of charts in the attached document to provide a visual representation of the results from the past month to accompany my latest observations below.

From a review of the information received on the water test reports since our meeting in March, and the Bayrol technicians report, my observations are as follows:

- Following adjustment of the alkalinity target level to 60mg/l on 14/03, the records show a consistent trend in maintaining a stable pH value.
- The acid usage indicated a noticeable improvement from 02/04 onwards, providing a reduction of 40% usage compared to the data prior to this date. This could be attributed to the reduction in sodium bicarb and lower alkalinity levels.
- Records since the meeting indicate controllers are maintaining pH and free chlorine set points.
- From the Bayrol review on 08/04, the technician believes the controllers are working correctly.
- Records indicate discrepancies between pool sample readings and controller sample readings.
  - Further clarification/instruction may be required from the Bayrol technician to verify the site operatives have interpreted any calibration instructions correctly.
  - Current water testing regime to be reviewed. Information can be referred to within the PWTAG guide.
  - Further training by a recognised trainer recommended.

Kind regards,

[REDACTED]  
Project Engineer

[REDACTED]  
[www.devin-consulting.com](http://www.devin-consulting.com)

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Registered office: 3-4th Floor, 105 Howard Street, North Shields, Tyne and Wear, NE30 1NA, UK.  
Please read our [privacy terms](#) and conditions of this email.

---

**From:** [Redacted]  
**Sent:** Friday, April 19, 2024 7:10 AM  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** RE: Control units

Hi [Redacted]  
Thank you for correcting this. Do you have the contact details for the Bayrol Engineer please?  
Regards  
[Redacted]



[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]



---

**From:** [Redacted]  
**Sent:** 18 April 2024 16:53  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** RE: Control units

Hi [Redacted]  
I don't know the reasons for the bold text, as the Bayrol units were set up correctly. The only thing that the Bayrol Engineer suggested was to calibrate the units more frequently.  
Regards,



Please consider the environment before printing this email message.

From: [redacted] >  
Sent: Thursday, April 18, 2024 4:21 PM  
To: [redacted]  
Cc: [redacted]  
Subject: FW: Control units

[redacted]

Possibly worth a comment from the Bayrol engineers from last week on the assessment below from [redacted]

Are his statements below correct assessment of what has been happening with the Bayrol units calibration impacting on the whole system and operational response?

Thanks,

[redacted]



[redacted]  
[redacted]  
[redacted]  
[redacted]  
[redacted]  
[redacted]



From: [redacted]  
Sent: 18 April 2024 16:05  
To: [redacted]

Cc: Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>; Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>; [redacted]

Subject: Re: Control units

Hi [REDACTED]

Going forward it might be better to speak to myself or [REDACTED] in matters such as this.

So far so good. We have been carrying out the "install" process and the results are noticeable with us using 40%+ less acid in the last week. The figures for the prior week were a bit off as we were running on fumes waiting for a delivery. You will be able to see the day last week on the pool tests that we ran out before the delivery the following day.

This exercise brought the readings closer than it has ever been since the install of the new system. ***With the machine having not been set up right from the start it completely explains why the readings were never close.*** I am happy to discuss this in more detail.

It's a slow process as I detailed in my original email. Bayrol suggesting we should see a difference after a couple of weeks.

It gets to the root of the problem going on. ***The control units were not reading properly so they have been dosing inaccurately. Confirmed by the manufacturers of the control units Bayrol.*** That's the cause of the merry go round effect and excessive acid use.

***Until that was addressed our manual efforts were not going to matter. The system was dosing too much acid despite the bicarb reduction.***

You will be able to refer to my previous emails on the "yo-yo" effect and how the pH readings were completely out.

***Normal calibrations could not resolve the issue.*** This change is us acting as though control units are new out the wrapper to draw a line on the control issues. Each day there are noticeable differences as we edge towards having the control that is required.

There will continue to be issues perhaps for a couple more weeks i.e. this morning we had too much chlorine in the competition pool. I propose it's another factor in it adjusting.

The chlorine levels are much better in general. Last week they bounced as the controllers got to grips with the readings. It's about line of sight. Suddenly the controllers can see the water standards and can dose accordingly.

Happy to go through anything with you.

Kind regards

Sent from [Outlook for Android](#)

From: [REDACTED]  
Sent: Thursday, April 18, 2024 3:38:13 PM  
To: [REDACTED]

Cc: Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>; Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>; [REDACTED]

[Redacted]

Subject: RE: Control units

Thanks [Redacted]

I've copied in [Redacted] and [Redacted] to see if they can help re this week.

Enjoy your holiday.

[Redacted]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



From: [Redacted]

Sent: 18 April 2024 15:29

To: [Redacted]

Cc: Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Neil Martin <neil.martin@dundee.gov.uk>; [Redacted]

[Redacted]

Subject: RE: Control units

Hi [Redacted]

Last week myself and [Redacted] were doing 2 point calibration on Toddlers and Leisure pools and slowly getting the unit and samples from the unit to come together, this week I'm on holiday so don't know what's happening, your message will have just missed [Redacted] and he is now off till Monday I think.

[Redacted] or [Redacted] may be able to help regarding this week and how the readings are progressing.

Regards [Redacted]

[Redacted]

From: [redacted]  
Sent: 18 April 2024 14:19  
[redacted]  
Cc: Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Neil Martin <neil.martin@dundeecity.gov.uk>; [redacted]  
Subject: RE: Control units

Afternoon [redacted]

10 days on from the call with the Bayrol Engineer, can you update on how the controllers are performing, and how the gradual recalibration is going?

Thanks,

[redacted]



[redacted]  
[redacted]  
[redacted]  
[redacted]  
[redacted]  
[redacted]



From: [redacted]  
Sent: 09 April 2024 16:43  
To: [redacted]  
Cc: [redacted] Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Paul Henehan <paul.henehan@leisureandculturedundee.com>; Neil Martin <neil.martin@dundeecity.gov.uk>  
Subject: Control units

Hi

We had a successful call with the Bayrol Control Unit specialist. It appears that we have been given a reasonable explanation about what the control units are not matching up with actual readings.

The solution is to take small steps to the recalibration. Essentially this is related to the range of the units.

They suggested that we should be able to do the small steps and see a positive difference and a stabilising of the PH balance.

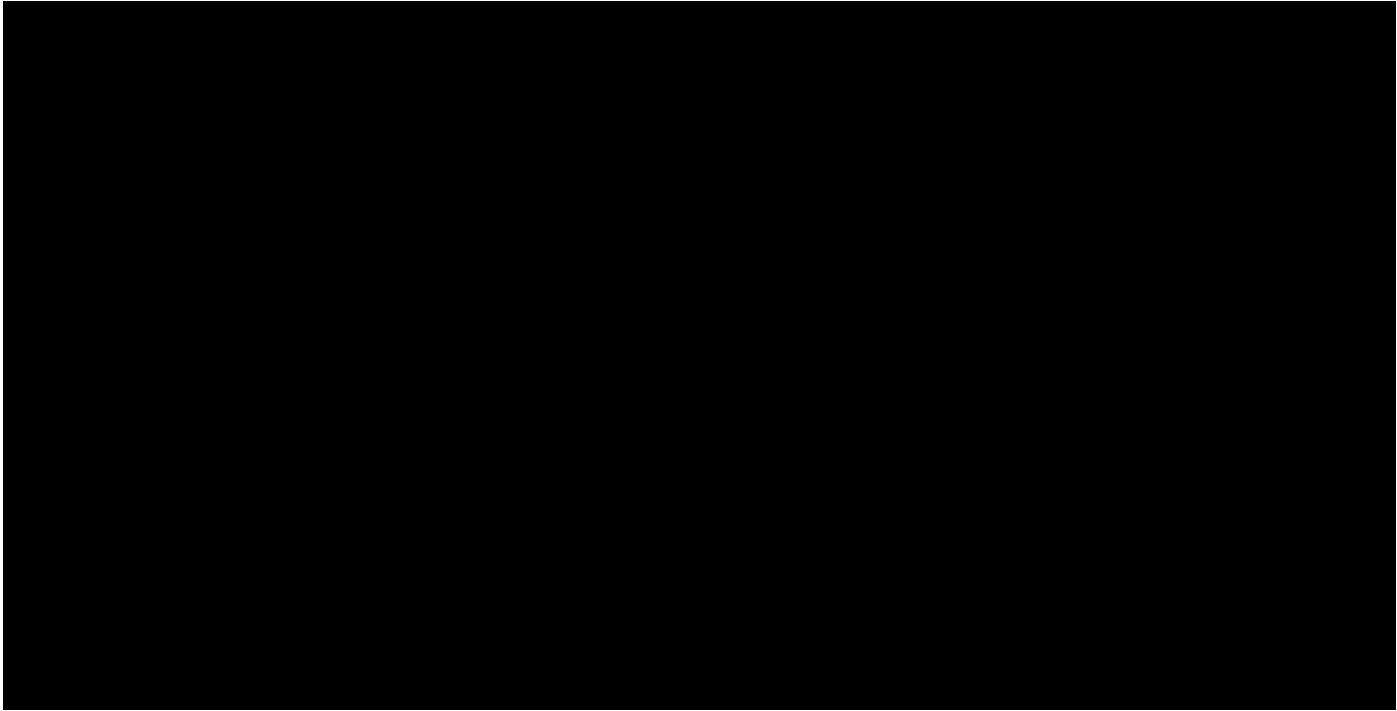
I've instructed [REDACTED] to do this until the end of her working week, then it will be done by one of the plant ops until we balance things out.

The advice we received was we should see a difference in the readings within a couple of weeks.

I would suggest after that we would hope to see a reduction in chemical use as the control units will be able to read the results and dose more accurately.

Kind regards

[REDACTED]





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Dundee City Council CHANGING THE FUTURE FOR THE FUTURE

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**From:** [REDACTED]  
**Sent:** Monday, April 22, 2024 16:01  
**To:** [REDACTED]  
**Cc:** Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Neil Martin <neil.martin@dundeecity.gov.uk>; [REDACTED]  
[REDACTED]  
[REDACTED]; Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Paul Henehan <paul.henehan@leisureandculturedundee.com>; [REDACTED]  
[REDACTED]  
**Subject:** Re: Control units

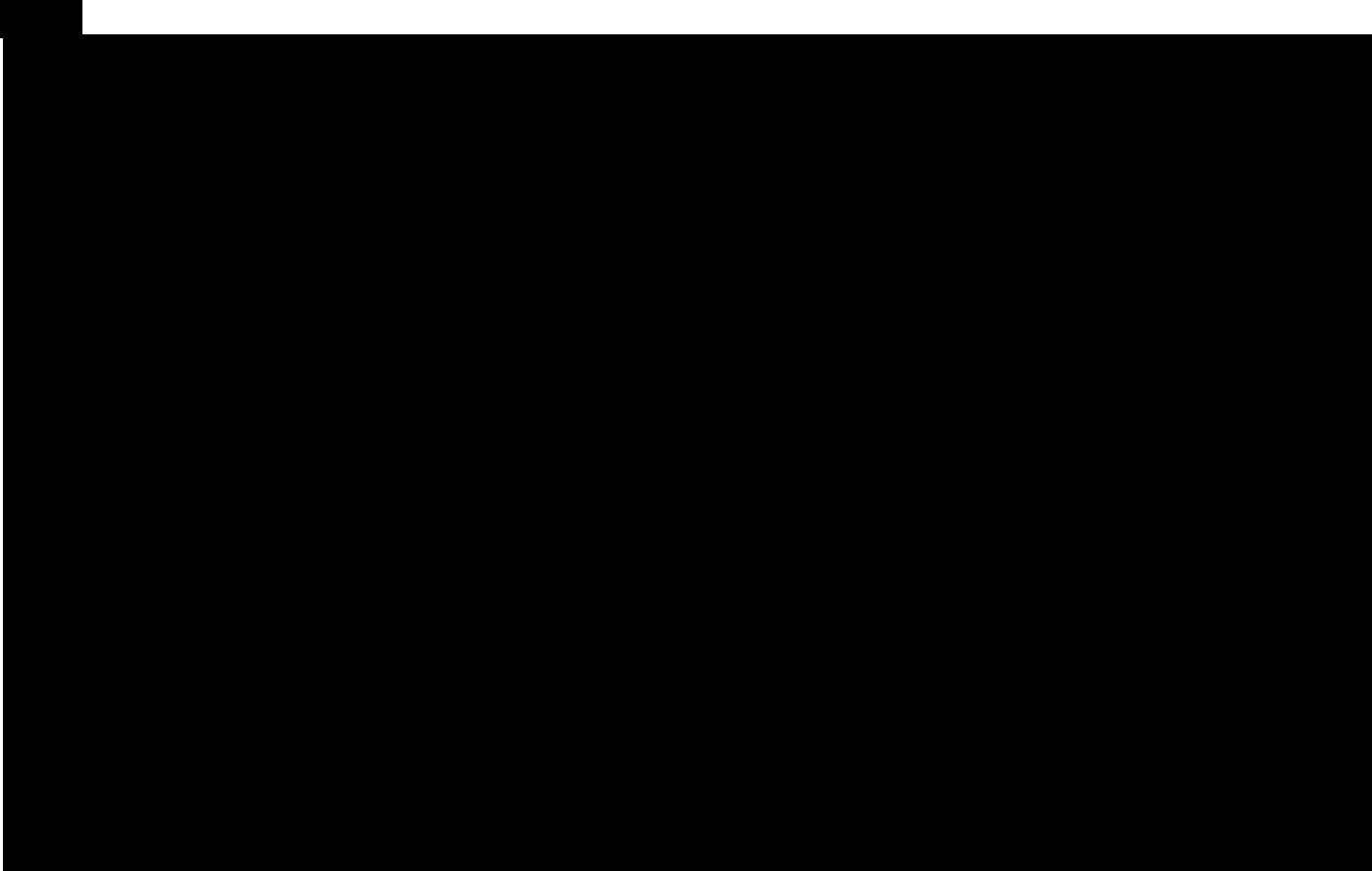
Hi [REDACTED]

I note your comments however in the interest of transparency I will be sharing what I have found to Judy who in turn will discuss with Neil Martin. I believe you will find this information helpful.

I believe that Devin have been indicating that they are confident in that the conditions are improving including the reduction of acid use by over 40%. I would hope that Bar & Wrays adjustment to the UV filters will also help going forward.

As a consequence of the improvements in the last couple of weeks with the dosing levels stabilising we intend to test the dosing "timing" settings to see if the system can be operated as designed. My intention is to reinstate this on Thursday the 25<sup>th</sup> of April to put the system back into normal settings. If you have any reservations about the dosing controls being reverted to normal safety settings please let me know before the end of play on Wednesday the 24<sup>th</sup> of April.

Kind regards,



**From:** [Redacted]

**Sent:** 22 April 2024 14:49

**To:** [Redacted]

**Cc:** Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Neil Martin <neil.martin@dundeecity.gov.uk>; [Redacted]

**Subject:** RE: Control units

Afternoon [Redacted]

I hope this finds you well.

I note your request that going forward it might be better to speak to yourself or [Redacted] in matters such as this. Further to your point on the *root of the problem going on*, I have further consulted with Devin on this matter. They have reiterated, as have Barr & Wray and the Bayrol engineer that, other than some slight calibration adjustment, the Bayrol Controls have been and are working as intended.

The calibration adjustments being undertaken by pool plant team now after consultation with Bayrol engineer, settling down the occasional minor reading discrepancies.



From their ongoing detailed analysis of pool data, Devin have confirmed that root of the problem going on has been the pools chemical management and high pool alkalinity target.

With pool water alkalinity targets brought down, allowing for better pH control, adjustment to quantities and methods of bicarb dosing, these have all contributed to, reduction in chemical quantities, flattening of the spikes and gradual improved stability in the pools chemicals, which has been demonstrated by the analysis of reported pool data being taken in the weeks prior to the Bayrol/L&CD review of the controllers.

This is for clarification and to ensure that we are all of the same understanding that the issues being experienced were not of the making of the controllers.

Best regards,

[Redacted signature]



[Redacted text]



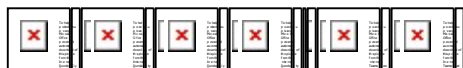
[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]



**From:** [Redacted]

**Sent:** 18 April 2024 16:05

**To:** [Redacted]

**Cc:** Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; Neil Martin <neil.martin@dundeecity.gov.uk>; [Redacted]

**Subject:** Re: Control units

Hi [Redacted]

Going forward it might be better to speak to myself or [Redacted] in matters such as this.

So far so good. We have been carrying out the "install" process and the results are noticeable with us using 40%+ less acid in the last week. The figures for the prior week were a bit off as we were running on fumes waiting for a delivery. You will be able to see the day last week on the pool tests that we ran out before the delivery the following day.

This exercise brought the readings closer than it has ever been since the install of the new system. With the machine having not been set up right from the start it completely explains why the readings were never close. I am happy to discuss this in more detail.

It's a slow process as I detailed in my original email. Bayrol suggesting we should see a difference after a couple of weeks.

It gets to the root of the problem going on. The control units were not reading properly so they have been dosing inaccurately. Confirmed by the manufacturers of the control units Bayrol. That's the cause of the merry go round effect and excessive acid use.

Until that was addressed our manual efforts were not going to matter. The system was dosing too much acid despite the bicarb reduction.

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Normal calibrations could not resolve the issue. This change is us acting as though control units are new out the wrapper to draw a line on the control issues. Each day there are noticeable differences as we edge towards having the control that is required.

There will continue to be issues perhaps for a couple more weeks i.e. this morning we had too much chlorine in the competition pool. I propose it's another factor in it adjusting.

The chlorine levels are much better in general. Last week they bounced as the controllers got to grips with the readings. It's about line of sight. Suddenly the controllers can see the water standards and can dose accordingly.

Happy to go through anything with you.

Kind regards

[Redacted signature]

Sent from [Outlook for Android](#)

From: [Redacted]  
Sent: Thursday, April 18, 2024 3:38:13 PM  
To: [Redacted]  
Cc: Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>; Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>; [Redacted]  
Subject: RE: Control units

Thanks [Redacted]

I've copied in [Redacted] and [Redacted] to see if they can help re this week.

Enjoy your holiday.

[Redacted]



[Redacted text block]



[Redacted]



**From:** [Redacted]  
**Sent:** 18 April 2024 15:29  
**To:** [Redacted]  
**Cc:** Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>; Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>; [Redacted]  
**Subject:** RE: Control units

Hi [Redacted]

Last week myself and [Redacted] [Redacted] were doing 2 point calibration on Toddlers and Leisure pools and slowly getting the unit and samples from the unit to come together, this week I'm on holiday so don't know what's happening, your message will have just missed [Redacted] and he is now off till Monday I think.

[Redacted] or [Redacted] may be able to help regarding this week and how the readings are progressing.

Regards [Redacted]

[Redacted]

**From:** [Redacted]  
**Sent:** 18 April 2024 14:19  
**To:** [Redacted]  
**Cc:** Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>; Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>; [Redacted]  
**Subject:** RE: Control units

Afternoon [Redacted] / [Redacted]

10 days on from the call with the Bayrol Engineer, can you update on how the controllers are performing, and how the gradual recalibration is going?

Thanks,



[Redacted text block]



**From:** [Redacted]  
**Sent:** 09 April 2024 16:43  
**To:** [Redacted]  
**Cc:** [Redacted] Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>; Paul Henehan <[paul.henehan@leisureandculturedundee.com](mailto:paul.henehan@leisureandculturedundee.com)>; Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>  
**Subject:** Control units

Hi

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The solution is to take small steps to the recalibration. Essentially this is related to the range of the units.

They suggested that we should be able to do the small steps and see a positive difference and a stabilising of the PH balance.

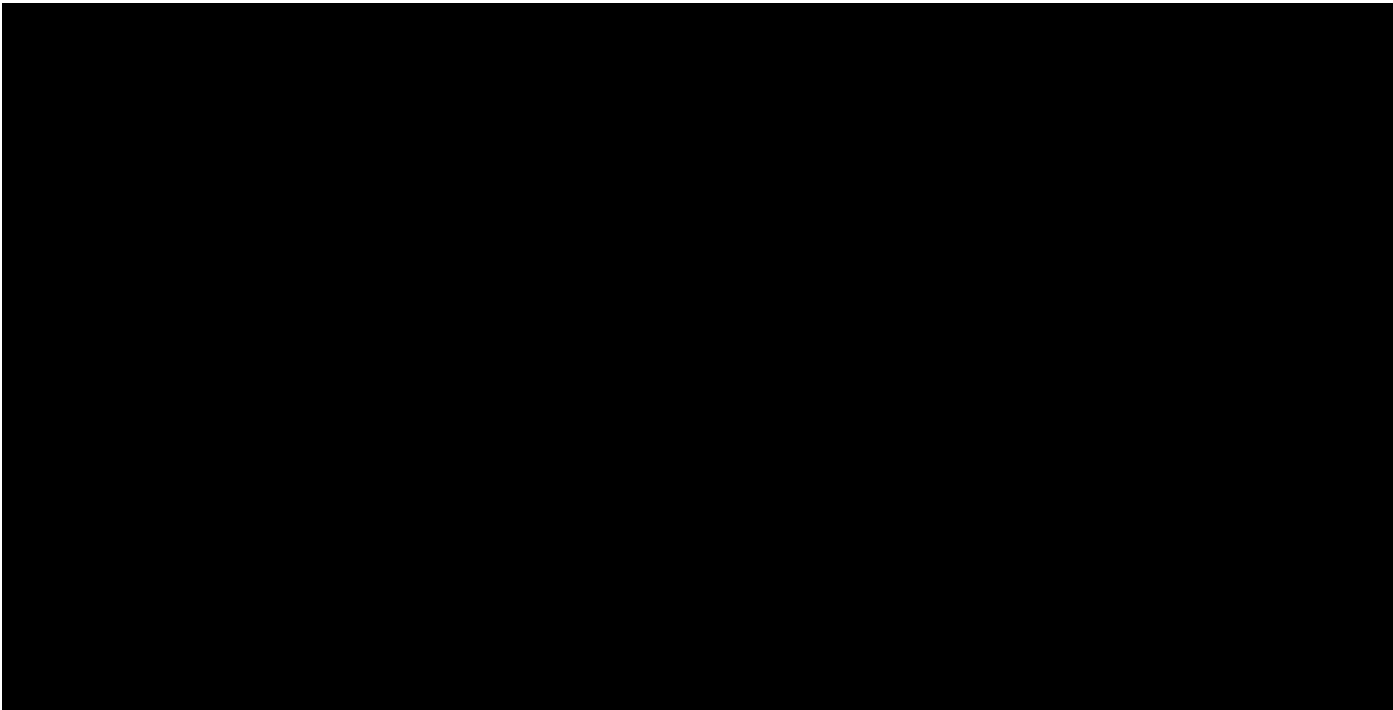
I've instructed [Redacted] to do this until the end of her working week, then it will be done by one of the plant ops until we balance things out.

The advice we received was we should see a difference in the readings within a couple of weeks.

I would suggest after that we would hope to see a reduction in chemical use as the control units will be able to read the results and dose more accurately.

Kind regards

[Redacted signature]





**From:** [Redacted]  
**Sent:** 05 February 2024 14:01  
**To:** [Redacted]; Neil Martin; [Redacted]  
**Cc:** [Redacted]  
**Subject:** RE: Steel Rod  
**Attachments:** Rods 1.jpg; Rods 2.jpg; Rods 6.jpg; Rods 11.jpg; Rods 12.jpg; Rods 13.jpg  
**Categories:** Olympia



Further photos, and tomorrows inspection should show more.

Agree with your assessment [Redacted] of the dynamic nature.

Couple of these photos may suggest some other issues with components to be picked up tomorrow.



[Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]




---

**From:** [Redacted]  
**Sent:** 05 February 2024 09:16  
**To:** [Redacted]; Neil Martin <neil.martin@dundee.gov.uk>; [Redacted]  
**Subject:** RE: Steel Rod

Thanks [Redacted]  
 [Redacted] has advised that we can get a cherry picker up to replace the tie. He will liaise with [Redacted] and [Redacted] on site.  
 Will keep you posted.  
 Regards  
 [Redacted]

---

**From:** [Redacted]  
**Sent:** Monday, February 5, 2024 9:01 AM  
**To:** Neil Martin <neil.martin@dundee.gov.uk>; [Redacted]

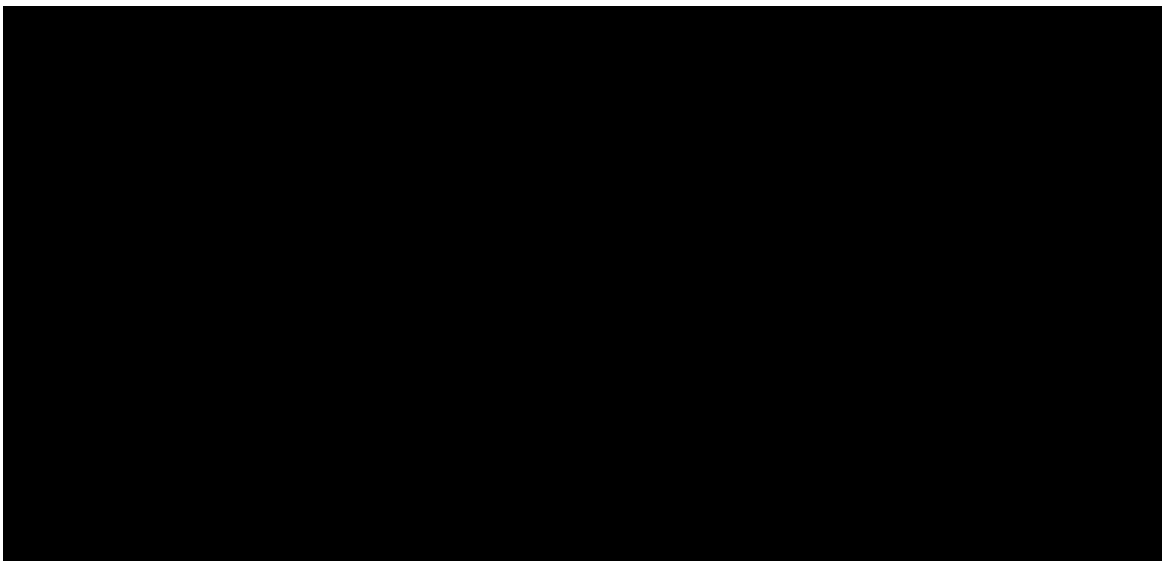
**Subject:** Re: Steel Rod

Hi Neil,

Photos aren't great quality but it's happened at an elbow in the pipe which also coincides with a reduction in pipe diameter. I can see how, if flow was disrupted, water hammer, either during the disruption or when flow was restored, could jolt the pipe and bracket out of their supports. This absolutely hasn't happened due to static loads so would consider it to be a localised issue to the recent burst rather than a pool-wide issue.

I suggest that pipe fittings on the runs affected by the burst are reviewed with particular attention to elbows and tee pieces. [redacted] subsequent photos show the problems of trying to inspect from pool level.

Regards



---

**From:** Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>

**Sent:** 05 February 2024 08:39

**To:** [redacted]

**Subject:** Fw: Steel Rod

Hi All,

Photos from Judy. Apparently they heard an explosion type noise as it fell.

Regards

Neil

Neil Martin  
Head of Design & Property  
City Development Department  
Dundee House

Tel 01382 433711

E-Mail [neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)

---

**From:** Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>  
**Sent:** 05 February 2024 08:25  
**To:** Neil Martin <[neil.martin@dundeecity.gov.uk](mailto:neil.martin@dundeecity.gov.uk)>  
**Subject:** FW: Steel Rod

---

**From:** [REDACTED]  
**Sent:** Saturday, February 3, 2024 12:53 PM  
**To:** [REDACTED]  
**Cc:** [REDACTED]; Judy Dobbie <[judy.dobbie@leisureandculturedundee.com](mailto:judy.dobbie@leisureandculturedundee.com)>; [REDACTED]  
**Subject:** Steel Rod

Hi,

We have had a steel rod fall from underneath the flume tower( please see attach steel rod), fortunately it never struck a member of staff or public.

On further investigation I think this has come from under the flume tower possibly loosened by the burst pipe on the Red slide. Please see pic water pipe.

Regards [REDACTED]

[REDACTED]







Mr Tom Stirling - Head of Community Safety & Protection

Neighbourhood Services  
3 City Square  
Dundee  
DD1 3BA

If calling please ask for: [REDACTED]  
Tel: 01382 [REDACTED]  
Email: [REDACTED]

Our Ref: [REDACTED]  
Your Ref: [REDACTED]

Date: 2<sup>nd</sup> May 2017

[REDACTED]  
Leisure and Culture Dundee  
1 Shore Terrace  
Dundee  
DD1 3AH

Dear [REDACTED]

**Legislation:** The Health and Safety at Work etc. Act 1974 and associated regulations Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 HSG 179 - 'Managing health and safety in swimming pools'

**Premises:** Olympia, 3E Whale Lane, Dundee, DD1 3JU

**Accident to :** [REDACTED] on 13<sup>th</sup> April 2017  
[REDACTED] on 26<sup>th</sup> June 2016

I refer to the accident report received, via the RIDDOR website, on the 18<sup>th</sup> April 2017. This was in connection with the incident on the 13<sup>th</sup> April 2017, resulting in injury to [REDACTED] a member of the public.

The injured person (IP), a seven year old child, slipped through the 3 metre dive platform railings onto the padded platform supports below before landing on the poolside, resulting in him sustaining a head injury; he was then taken directly to hospital.

I then visited the premises on 18<sup>th</sup> April 2017, with my colleague, [REDACTED] to investigate the incident further and met with [REDACTED]

We discussed the incident and viewed the area on platform where it is believed the IP slipped and fell through to the poolside below. It was believed that the IP has gone onto the 3m dive board with the intention of jumping into the water but changed his mind and stepped off the dive board to make his way along the dive platform to the steps which led back down to the poolside. However the IP slipped and fell through the gap between the lower rail of the guard rail and the floor of the dive platform.

We also discussed a similar incident which occurred in 2016 when an eight year old child also slipped through the railings at the designated waiting area at the 3m platform. See the attached letter dated 20<sup>th</sup> September 2016 sent regarding this incident.

If you have trouble understanding English please contact the address below

اگر آپ کو انگریزی سمجھنے میں مشکل پیش آتی ہے تو براہ مہربانی نیچے درج پتے پر رابطہ کریں:

सेवा कृपया अंग्रेजी समझने में कठिनाई होने के कारण यहां संपर्क करने के लिए पते से संपर्क करें।

Jeżeli masz trudności w zrozumieniu języka angielskiego, skontaktuj się na poniżej podany adres:

如果你對英語理解有困難，請聯絡以下地址:

Dundee Translation & Interpretation Service, Mitchell Street Centre, Mitchell Street, Dundee DD2 2JJ.  
Tel: 01382 436625 Fax: 01382 436616

For information about Dundee City Council visit our website - [www.dundee.gov.uk](http://www.dundee.gov.uk)

c:\users\jacqueline.petrie\appdata\local\microsoft\windows\inetcache\content.outlook\3192\p2\acc07-17-020517x.docx



Following the first incident, **temporary** guarding was put in place on some sections on the 3m and 5m dive platforms to help reduce the risk of a person slipping and falling through the gaps under the bottom railings. However, this was with the understanding that permanent measures would be taken thereafter to reduce the gaps between the bottom rails and the platform floors.

To date no permanent alterations have been made to reduce the aforementioned gaps.

It was not known why the permanent works have not been carried out to reduce the aforementioned gaps even though a quotation for the work had been sought and provided by Metaltech UK in November 2016. **Had the works been carried out at that time then the second incident would have been avoided.**

I indicated during my initial visit that the 3m and 5m diving boards be kept closed until suitable temporary measures could be put in place to reduce any remaining exposed gaps between the lower rails and the dive platform floors along the length of the railings on both platforms.

I also requested that we be told how quickly a permanent fix could be carried out to close the gap between the dive 3m and 5m platform floors and the bottom rails of the barriers.

The dive platforms were then closed until Wednesday 26<sup>th</sup> April 2017 when I was notified by [REDACTED] that the additional temporary barrier had been put in place. I revisited the premises that afternoon and confirmed after viewing the temporary barrier that the dive platforms could reopen.

**Steps must now be taken as quickly as possible to permanently reduce the gaps between the bottom rails and the platform floors so as to prevent anyone falling through the gap.**

**Please provide us with an update within one week of receiving this letter on how quickly this work can be carried out.**

I would advise that my colleagues in Building Standards should be contacted as a building warrant may have to be sought. The Building (Scotland) Act indicates that in respect of a building where the public have a right of access, a material alteration to such a building should not commence without firstly obtaining formal Building Warrant approvals.

The temporary barriers must remain in place until the gap is suitably reduced but I must reiterate that this can only be considered to be a temporary solution.

Failure to progress the works will result in more formal action being taken to secure compliance.

Should you wish to discuss this letter further please do not hesitate to contact me.

Yours sincerely

[REDACTED]  
c.c. [REDACTED]  
[REDACTED] by email.

---

**From:** [REDACTED]  
**Sent:** Tuesday, February 6, 2024 16:56  
**To:** [REDACTED]  
**Subject:** Re: Arrange a visit to Olympia re: Public Entertainment Licence renewal

Hi [REDACTED]

When I saw your name, I wondered if it was you... [REDACTED]  
[REDACTED]

Yes, Wednesday, 28<sup>th</sup> February 10am would be fine. There will be two of us though. One will be looking at the plant room(s) and another the swimming pools - pool-side, so can you please arrange for the right people for these areas to take us around (if not yourself)?

Have the issues with the stainless steel rust been resolved? I'll also be looking at the hand rails on the dive platform where previously Olympia were supposed to install railing that would prevent small children from falling from the platform (issue identified from past accidents).

See you in 3 weeks.

[REDACTED]



[REDACTED]

---

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



---

**From:** [REDACTED]  
**Sent:** 05 February 2024 11:28  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Re: Arrange a visit to Olympia re: Public Entertainment Licence renewal

Hello [REDACTED]

Long time no see.

I propose Wednesday the 28<sup>th</sup> of February. Would 10am work for you?

Kind regards,

[REDACTED]



---

**From:** [Redacted]  
**Sent:** 05 February 2024 09:53  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** RE: Arrange a visit to Olympia re: Public Entertainment Licence renewal

Hi [Redacted]

I have copied in [Redacted] [Redacted] [Redacted] [Redacted] to make suitable arrangements for you.

Regards [Redacted]

[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

---

**From:** [Redacted]  
**Sent:** 02 February 2024 17:26

To: [REDACTED]  
Subject: Arrange a visit to Olympia re: Public Entertainment Licence renewal

Hi [REDACTED]

**Re: Arrange a visit to Olympia re: Public Entertainment Licence renewal**

With regards to Olympia's PEL application, can you please let me know a suitable date and time for the visit starting the week of the 26<sup>th</sup> February 2024.

Regards,

[REDACTED]

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**From:** [REDACTED]  
**Sent:** Wednesday, February 28, 2024 18:10  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Re: Visit today

Hi [REDACTED]

**The Health and Safety at Work etc. Act 1974 and associated regulations**  
**HSG 179 - 'Managing health and safety in swimming pools'**  
**Olympia, 3E Whale Lane, Dundee, DD1 3JU**

Thank you for your update below sent following my visit to the swimming pool this morning with my colleague [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] when I met with you and [REDACTED] [REDACTED]. The purpose of our visit was to carry out a swimming pool health and safety intervention and for Olympia's public entertainment license renewal application.

During this visit a number of issues were identified and discussed with you.

Of most concern was the 3m & 5m dive platform barriers. I noted that there still remains a significant gap between the dive platform floor and the lowest guardrails. The gap on both platforms is such that it could allow a small child to slip through and fall a significant height.

As you are aware this department investigated an accident in 2017 where a child slipped and fell through the gap to the right of the 3m diving board. The child had been standing on the 3m diving board, but changed his mind and stepped off onto the dive platform, then slipped and fell through the gap to the pool side 3m below.

Following our accident investigation, steps were taken to put in place temporary barriers to prevent a similar accident from reoccurring until such time as a permanent solution could be found. I have attached the letter sent to Olympia following the accident investigation in 2017 for your information.

However the temporary barriers remained in place up until the pool closed in 2020.

When we visited today I noted that corrective action had been taken in terms of the installation of the vertical barriers at the waiting area on the dive platform where another accident occurred in 2016, however no action had been taken to decrease the gap between the safety barrier and both dive platforms.

Following discussion with my manager I contacted you after the visit to advise that due to the significant risk of injury, access to the dive platform should be prevented until such times as the risk of injury from slipping through the gaps can be mitigated.

You agreed to immediately close the dive platforms during the call and I would ask that you confirm this in writing to me as soon as possible.

A more detailed letter will follow regarding this matter and the other issues identified during the visit.

Regards,

[Redacted signature]



[Redacted text]



[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]



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**From:** [REDACTED]  
**Sent:** 28 February 2024 15:46  
**To:** [REDACTED]  
**Subject:** Visit today

Hi [REDACTED]

I appreciate you giving us your time today.

The key points that I noted and have raised with the Council include:

- Chemical dosing (must work before reopening)
- Additional Acid Bulk Tank (must be installed before reopening)
- Diving board bars (you are going to enquire into previous requirements)
- Up to date schematic drawings must be added to the plant room to reflect the changes made during the refurb
- High level inspections & repairs to be finished before reopening.

If I have missed anything please let me know.

The Leisure & Culture Head Office is at Wellgate Shopping centre, Level 3, Central Library, The, Dundee DD1 1DB.

I am managed by Judy Dobbie who is our Managing Director. I've briefed her on the visit and we will await your report.

Kind regards,

[REDACTED]

[REDACTED]

From: [Redacted]  
Sent: Tuesday, March 5, 2024 16:19  
To: [Redacted]  
Cc: [Redacted]  
Subject: Fw: Diving Boards at the Olympia

Hi [Redacted]

Thank you for your email sent following our telephone call this morning.

I would also refer you to the discussions that [Redacted] and [Redacted] had with Judy Dobbie and Neil Martin last Thursday, and also the subsequent email sent by [Redacted] to them confirming not only the issue relating to the diving platforms detailed below but the other points identified during our visit to the pool on Wednesday 28th February 2024 (covering chemical dosing, etc.) - see attached email.

I would advise that we have already offered for ourselves to meet with the Olympia management on-site to go through the physical details of the measures proposed.

We will make ourselves available to meet with you as soon as you have formulated a solution, I would therefore suggest that we arrange to meet at a mutually convenient time to discuss your proposed solutions.

[Redacted]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



---

**From:** [REDACTED]  
**Sent:** Tuesday, March 5, 2024 16:19  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Fw: Diving Boards at the Olympia

Hi [REDACTED]

Thank you for your email sent following our telephone call this morning.

I would also refer you to the discussions that [REDACTED] and [REDACTED] had with Judy Dobbie and Neil Martin last Thursday, and also the subsequent email sent by [REDACTED] to them confirming not only the issue relating to the diving platforms detailed below but the other points identified during our visit to the pool on Wednesday 28th February 2024 (covering chemical dosing, etc.) - see attached email.

I would advise that we have already offered for ourselves to meet with the Olympia management on-site to go through the physical details of the measures proposed.

We will make ourselves available to meet with you as soon as you have formulated a solution, I would therefore suggest that we arrange to meet at a mutually convenient time to discuss your proposed solutions.

[REDACTED]



[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



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**From:** [Redacted]  
**Sent:** 05 March 2024 11:02  
**To:** [Redacted]

Cc: [REDACTED]  
Subject: Diving Boards at the Olympia

Morning [REDACTED]

Thank you for your call today.

As we discussed I had a meeting this morning with Judy Dobbie (L&CD Managing Director) to follow up on discussions she was having with City Development. At the core of the issue that you have identified is that you feel that there is a potential risk of someone (particularly of child size) being able to slip and fall under the bottom spar of the high board. Judy and myself completely understand the position having now been given the history around this of the two previous accidents.



### The history

I shared the letter you sent me for [REDACTED] [REDACTED] [REDACTED] [REDACTED]. She was not aware of it but now is. Looking into the history of this from records such as our Property and Safety Committee I believe that [REDACTED] did act upon your instructions. There were two proposals which had been costed and proposed. The first was a partition such as a plastic / glass barrier similar to the balcony that we discussed last week. The second was an additional cross bar within the gap which was the idea we had come to independently as well. We proposed this idea to City Development last week and commented that this is what L&CD had previously proposed based on what had been instructed. The impression that I have been given is that they are proposing additional lifeguarding instead to Marshall that risk. From our conversation additional lifeguarding would not be enough to reduce the risks that you have identified, and we do in fact need a physical barrier.

I believe a misunderstanding of the previous instructions has occurred which led to the additional bars on the central area of the platform and did not lead to the changes you & line manager instructed. I believe with Covid, a series of managers moving on and retiring has led to our side not being aware of this. I wondered whether City Development had also received the written instruction, I believe they would have been aware due to the content of minutes of meetings. If you have not done so already, I believe that Neil Martin the Head of Property & City Designs needs to be engaged to make sure we get this right. I can certainly do this based on feedback that you give me, however I wondered if some direct communications would be appropriate to ensure nothing is missed in translation. Looking at this objectively I think that there has been a missing step and that is the engagement with yourselves before making the changes on the middle of the structure.

Having discussed this with you again today that it was neither suitable nor sufficient to mitigate the risk of slipping / falling under the bottom rung of these platforms. As pictured above.

### **What I propose for the 3m and 5m boards**

The issue is the gap between the lower bar and the platforms on the 3m and 5m boards. It requires a physical barrier.

- **Temporary measure:** To that end in the short term I have a second proposal that we utilise scaffolding bars and fixings to form a barrier into that space.
- **The fix:** This would then be replaced by City Development with a set of fixed bars in those low gaps.



This would have to take a physical weight, with assurances around if someone impacted upon it. The bolts would have to be positioned so that they cannot be unintentionally kicked on the way past. It cannot fail due to being hit or braced against. I stress this would be a temporary measure until the horizontal fixed bars are welded onto the gaps at the 3m and

5m boards. I think from our conversation on the phone that this is appropriate, however could you please give me feedback now you have visuals to complement the concept. For the longer term option, I appreciated the comments about getting the property team to investigate how long a welded joint is likely to last in this type of environment. I will make amendments to our risk assessments to reflect these changes.

### **1m low board**

I also thank you for agreeing that we can utilise the 1m diving board which is not on the main structure. This will allow us to reinstate the diving club. I can assure you that a physical barrier and restrictions to the main structure will continue to be in place until we have resolutions for those platforms.

I can assure you that having been made aware of the history of this that we are keen to ensure that this is resolved to ensure that the risk that you identified from the two previous accidents is mitigated.

Kind regards,

■■■■ ■■■■  
■■■■ ■■■■



---

**From:** [REDACTED]  
**Sent:** Friday, May 3, 2024 15:56  
**To:** [REDACTED]  
**Subject:** Re: Olympia - diving boards

Hi [REDACTED]

I've pencilled a revisit in for Monday, 6<sup>th</sup> May for 10:30am if that's ok?

[REDACTED]



[REDACTED]

---

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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**From:** [REDACTED]  
**Sent:** 03 May 2024 15:35  
**To:** [REDACTED] Judy Dobbie  
<judy.dobbie@leisureandculturedundee.com>; Neil Martin <neil.martin@dundeecity.gov.uk>  
**Cc:** Paul Henehan <paul.henehan@leisureandculturedundee.com>; [REDACTED]  
[REDACTED]  
Gregory Colgan <gregory.colgan@dundeecity.gov.uk>  
**Subject:** Re: Olympia - diving boards

Good afternoon

We have positive news.

1) Diving boards: works to be completed tonight. Our colleagues at City Development are very positive about the progress. I propose a Monday morning inspection however they should be ready to operate after tonight.

2) Chemical dosing: significant progress made. We will monitor and continue to adjust over the weekend. We will open with actions planned of how to react. We have restrictions on bather loads from reopening.

3) Bulk tank: plans are underway to put this in place. With the configuration work on the dosing controls based on the manufacturers advice we are dosing less chemicals. I believe this will reduce the need to utilize emergency hand dosing measures.

4) Schematics: City Development are chasing these for us.

5) high level inspection and repairs: my understanding from city development is the work is complete. They have a watching brief on other potential works however I have been told everything necessary has been completed.



**High Level Repairs and Inspections** - I understand that various methods have been / are in the process of being carried out to check on the integrity of the internal structure. I also understand that the findings of this work are to be reported back to [REDACTED] [REDACTED]. I would be grateful to also be provided with a copy of these findings when they are available.

Regards

---

**From:** [REDACTED]  
**Sent:** 09 March 2024 16:02  
**To:** Judy Dobbie <judy.dobbie@leisureandculturedundee.com>; [REDACTED] Neil Martin <neil.martin@dundeecity.gov.uk>  
**Cc:** Paul Henehan <paul.henehan@leisureandculturedundee.com>; [REDACTED] Gregory Colgan <gregory.colgan@dundeecity.gov.uk>  
**Subject:** Olympia - diving boards

Hello all,

My apologies for not being able to get this message to you on Friday as promised.

Firstly, thank you to [REDACTED] for suggesting and organising the site meeting, and to [REDACTED] and her team in Environmental Health for attending and providing useful background and context. It was extremely helpful to be able to physically see the issues and to discuss these.

For everyone's information and to provide some of that context, Environmental Health's involvement in this matter is in their capacity as statutory enforcers for health and safety at Olympia. All advice provided by them is in pursuance of that role.

The issues highlighted with the diving boards were raised initially in 2016/2017, following 2 no notified incidents on the 3m platform, where young children fell from the landing for the 3m platform in one instance and from the side of the diving board on the 3m platform in the

other. The issues were again flagged by EH in 2020 during a routine inspection when no permanent remediation had been carried out to address this fall from height risk, although temporary barriers had been put into place.

Whilst the guard railing for the entire diving tower follows the parameters of sector guidance and is similar to installations in other swim centres, it does, in this case, leave a fall from height risk from under the bottom rail. This is due to the height of the bottom rail above the platform deck; for clarity, this is not a fall from height risk where the mechanism of the fall is a stumble or fall direct against the barrier, it is a 'chuting' risk whereby a person slipping is able to fit under, and through, the gap between the platform deck and the bottom rail. This is the mechanism by which both falls from height of the young children happened.

Vertical rails have now been fitted at the landing to the 3m platform which has addressed this risk in that location. This is where a child from a diving club fell under the bottom rail. However, the guard rails along the sides of the 3m platform and the top platform still have this gap present. A child fell under the bottom rail at the far side of the 3m platform when stepping down from the diving board after deciding not to dive. These gaps leave a clear and reasonably foreseeable risk of similar incidents happening in these areas.

The installation of vertical rails along the side of the dive platforms would not be appropriate, as this would impede the view of the platform for both supervision by lifeguards (or coaches during club sessions) and by judges during competitions. A alternative solution to reduce the gap between the platform deck and the bottom rail should be sought. Any such solution should be robust enough in it's construction and fixing to remain in place when taking the force of a falling/slipping person. This solution should be installed to both sides of the 3m and top platforms, including the return detail to the front edge of the 3m platform. Until such a solution can be identified and put into place, the diving boards should remain out of use. It would be prudent to discuss any proposed solution with [REDACTED] and [REDACTED] before proceeding, to ensure that the risk is judged to be suitably mitigated.

Once a solution is in place, the risk assessment for the management of this part of the facility by Olympia staff should also be reviewed to reduce the risk from divers waiting/queuing to as low a level as possible. This reviewed risk assessment must be communicated to let holders (dive clubs, competition organisers) when a let is agreed and compliance with controls set out therein monitored.

I hope this information is of assistance but please do let me know if you have any queries or require further detail.

Kind regards,

[REDACTED]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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**From:** [REDACTED]  
**Sent:** Friday, May 24, 2024 16:43  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Olympia Dive Platforms

Dear [REDACTED]

Following on from my visit with [REDACTED] [REDACTED] on 6<sup>th</sup> May 2024, I would confirm that the matters relating to the dive platforms have now been addressed.

We also noted that changes have been made, and will continue to be made, within the pool plant room which has resulted in improvements in the pool water quality readings. These readings will be closely monitored by yourselves as the bathing load within the pool is gradually increased over the forthcoming period.

As advised it is essential that you follow your standard operating procedures (SOP) should the water quality readings start to fluctuate again.

Regards

[REDACTED]



[REDACTED]

---

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





**REPORT TO:** CITY GOVERNANCE COMMITTEE – 27 OCTOBER 2025  
**REPORT ON:** CITY PLAN FOR DUNDEE 2022-32 – ANNUAL REPORT FOR 2024/25  
**REPORT BY:** CHIEF EXECUTIVE  
**REPORT NO:** 310-2025

## **1. PURPOSE OF REPORT**

1.1 To present the third annual progress report on the City Plan for Dundee 2022-2032 for approval.

## **2. RECOMMENDATIONS**

2.1 It is recommended that the Committee:

- a) notes the progress made since the first report on the City Plan for Dundee 2022-32 in October 2023;
- b) notes that the Strategic Leadership Groups will review performance indicators that have deteriorated and take measures to improve these going forward;
- c) remits the annual report to the Scrutiny and Audit Committee for further consideration; and
- d) remits the Council Leadership Team to monitor Dundee City Council's commitment and inputs to delivering actions supporting this plan.

## **3. FINANCIAL IMPLICATIONS**

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

## **4. BACKGROUND**

4.1 The Community Empowerment (Scotland) Act 2015 gave community planning partnerships (CPPs) a specific duty to improve local priority outcomes and act with a view to tackle inequalities of outcome across communities in that area. CPPs were required to prepare and publish a ten-year local outcomes improvement plan (LOIP) by 1 October 2017. The LOIP is the current term to describe the document previously known as the single outcome agreement. In Dundee, the LOIP is known as the City Plan for Dundee.

4.2 The Dundee Partnership published its first City Plan in late 2017 for the period, 2017 to 2026. The Plan fully reflected the Scottish Government's guidance for CPPs by:




- a) using our understanding of local needs circumstances and opportunities to establish a clear and ambitious vision for Dundee;
- b) focusing on a smaller number of key strategic priorities and setting realistic but ambitious 1, 3- and 10-year improvement targets;
- c) acting to reduce the gap in outcomes between the most and least deprived groups and improving long term sustainability of public services; and
- d) preparing locality plans which show how we will collaborate with communities to respond to their priorities.

4.3 When the first plan was agreed it was also highlighted that the City Plan would run on a five year rolling basis, while being subject to annual reviews and reporting, and it sits within the duties of the Council, public bodies, and the Scottish Government in relation to Community Planning and Best Value.

4.4 The new City Plan for Dundee 2022-2032 was agreed by the Dundee Partnership in September 2022 and reported to the Policy & Resources Committee on 26 September 2022 (article II refers). The first annual report on this (Report No. 291-2023) was agreed by the City Governance Committee on 23 October 2023. (article III refers).

## 5. PERFORMANCE AND PROGRESS

- 5.1 The City Plan for 2022-2032 focuses on a small number of priorities and sets targets which are reviewed annually. Monitoring continues in the same way as previously, showing whether they are on or close to target and whether they are showing a long-term improving trend.
- 5.2 The summary of the City Plan performance by priority theme in the table below shows that overall, 73% of the performance indicators have improved when compared to the previous year. The Plan contains ambitious targets and 14 of the 30 indicators have met or are within 5% of the target.

Priority Themes		Number of Indicators on or within 5% of Target	Number of Indicators that have improved over the previous year
	Reduce Child Poverty and Inequalities in Incomes, Education and Health	7* (58%)	10 (83%)
	Deliver Inclusive Economic Growth (including Community Wealth Building)	6 (40%)	11 (73%)
	Tackle Climate Change and reach Net Zero Emissions by 2045	1 (33%)	1 (33%)
<b>Total Improved</b>		<b>14 (47%)</b>	<b>22 (73%)</b>
<b>Total Number of Indicators</b>		<b>30</b>	

\*Please note the number of drugs deaths indicator in this theme has a target of reduce rather than a numerical target so won't be counted in those on or within 5% of target

- 5.3 The purpose of this type of reporting is to ensure focus on delivering the levels of improvement on key measurable outcomes. The Dundee Partnership Management Group reviews all areas to ensure all plans help towards the priority outcomes. Looking across the total number of indicators in the appendix, the most improved indicators and the areas for improvement are noted below. The areas for improvement will be a focus for the Strategic Leadership Groups during the next year.

The indicators showing the **most improvement** so far are:

1. % care experienced school leavers entering positive destinations (41% increase)
2. % point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas (29% decrease) \*figure for 24/25 is an interim figure
3. Number of Business Gateway start-ups per 10,000 population (19% increase)
4. % point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas (11% decrease) \*figure for 24/25 is an interim figure
5. Youth Unemployment rate (16-24) (9% decrease)

The top five performance indicators that are **furthest away from target with no improvement** on the year before are listed below.

1. City Centre retail units vacancy rate (%)
2. Number of workless households
3. Active travel (walking and cycling) as a proportion of trips to work
4. Proportion of people earning less than the real living wage
5. % of Primary 1 children classified as obese or overweight

5.4 The appendix attached is the full report setting out progress in detail. It includes the following sections:

- Introduction (page 3)
- Background (page 4)
- Progress Summary for 2024/25 (pages 6-7)
- Areas for Improvement - progress from 2023/24 and new areas for 2025/26 (pages 8-11 )
- Reduce Child Poverty and Inequalities in Incomes, Education and Health (pages 12 to 31)
- Delivery Inclusive Economic Growth (pages 32 to 48)
- Tackle Climate Change and Reach Net Zero Carbon Emissions by 2045 (pages 49 to 56)

The sections covering the three priority themes all include the following sub-sections:

- Strategic Highlights from last year
- Action in progress for completion in 2025/26
- Priorities in Action
- Performance Scorecard

## **6 POLICY IMPLICATIONS**

6.1 The content of this report was previously considered in report 255-2022 and remains valid. The original report was subject to an Integrated Impact Assessment. An appropriate senior manager has checked and agreed with this assessment. For progress reports relating to the initial report, a copy of the Integrated Impact Assessment is included as an Appendix to that initial report.

## **7 CONSULTATIONS**

7.1 The Dundee Partnership Management Group, Co-chairs of the Strategic Leadership Groups and the Council Leadership Team were consulted on the contents of this report.


## **8 BACKGROUND PAPERS**

8.1 None.

GREGORY COLGAN  
CHIEF EXECUTIVE

DATE: 30 SEPTEMBER 2025

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**DUNDEE**  
PARTNERSHIP 

# City Plan

for Dundee  
**2022-2032**

**Annual Progress Report 2024-25**



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# Introduction

## by the Chair of the Dundee Partnership

The Dundee Partnership brings together all the public, private and voluntary organisations who work to shape our city and the lives of people who live, work, learn and visit here. Our City Plan is the document that sets out our vision for Dundee and the action we will take to deliver that.

This is our annual report for 2024/25. It shows that we are making progress even while we have so much more to do to achieve our ambitions for Dundee. Despite the challenges we face, we continue to aspire to the challenging but realistic goals we have agreed - to grow our economy in a way that benefits everyone; to reduce the unacceptable levels of child poverty and the other social injustices we see around us; and to make our contribution to slowing down the impact of climate change.

In this report you will find examples of the excellent work happening in Dundee as well as the areas where we know improvement is needed. It tells a story of how determined we are to make Dundee a city we can all be proud of and enjoy.



**Councillor Mark Flynn**  
Chair of the Dundee Partnership  
& Leader of Dundee City Council

# Background

The Dundee Partnership acts on the behalf of all the city's communities and the public, private and voluntary organisations committed to making it better. It is where our collective hopes and ambitions for Dundee come together.

The Partnership is well respected locally and across Scotland and has imagined and delivered many acclaimed projects. At the same time, the Partnership is acutely aware that the real success of the city is unequally shared. Too many Dundonians continue to experience inequalities in different aspects of their lives such as health, education and income. We must change that.

We will grow the city and make it more sustainable economically and environmentally, but we also need to continue to grow our city in ways that reduce inequality. Our ambitions are captured in the vision for the city that was agreed by the full Dundee Partnership in summer 2022.






The three strategic priorities provide the framework for our action plans, that reflect both the needs of our population and the aspirations of our communities, with the overall aim of reducing deprivation and inequalities, as follows:



# Progress Summary 2024-2025

The table below shows that overall 47% of the performance indicators in the City Plan are on or within 5% of the target. The table also shows that overall 73% of performance indicators improved when comparing the latest figure to the previous year.

**Table 1: City Plan Performance indicators**

Priority Theme	Indicators on or within 5% of Target	Indicators that have improved over previous year	Total Indicators
 Reduce Child Poverty and Inequalities in Incomes, Education and Health	7*	10	12
 Deliver Inclusive Economic Growth (including Community Wealth Building)	6	11	15
 Tackle Climate Change and reach Net Zero Emissions by 2045	1	1	3
<b>Total</b>	<b>14 (47%)</b>	<b>22 (73%)</b>	<b>30</b>

\*Please note the indicator "Number of Drugs Deaths" which is contained within the "Reduce child poverty and inequalities in incomes, education and health" theme does not have a specific numerical target associated with it – the target is to reduce.

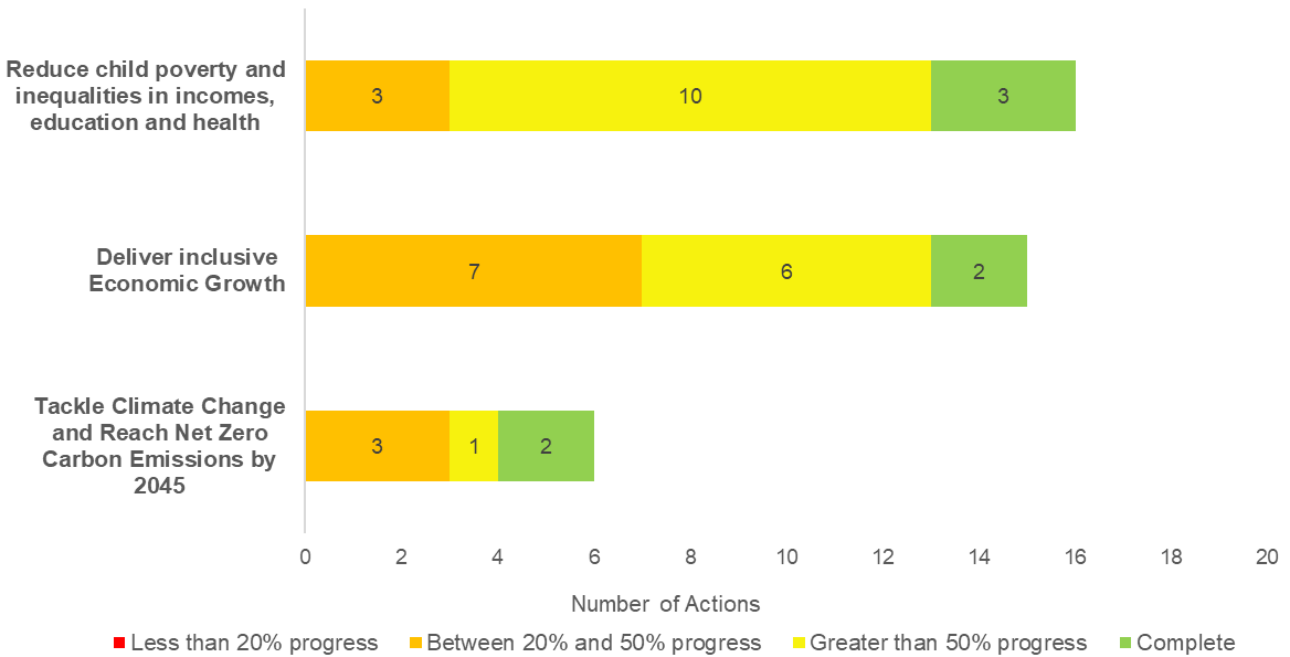
Graph 1 shows the progress of all the actions contained in the City Plan. The percentage complete is a self-assessment of the progress of the individual actions contained in each theme of the plan. Officers who are assigned each action are advised to use the following guidance when assessing the progress of their action.

%	Definition
20%	The task is defined and agreed by relevant partners/stakeholders
40%	Necessary tasks planned and implementation in early stages
60%	Number of key actions achieved/agreed process or improvement taking shape or in place or underway
80%	Majority of actions achieved/agreed process or improvement largely in place or underway leading to confidence that the overall action will be delivered in full/on schedule
100%	Action has been completed, and objectives have been achieved

## City Plan Action Progress

Graph 1 below shows the majority of actions are in progress which means someone has been assigned, briefed and already taken steps towards achieving the action. Of the 37 actions in the City Plan, 7 (19%) have been completed, with 17 actions (46%) making progress of greater than 50%. Thirteen actions (35%) have made progress of between 20% and 50% which is not unexpected three years into a ten year plan.

**Graph 1: City Plan Actions Progress**



# Areas for Improvement

This annual report addresses the third year of an ambitious ten-year plan and reflects the progress in the year 2024/25. Progress in some areas may therefore be modest and demonstrate the significant challenges ahead given the difficult social and economic context that currently exists.

## Updates on areas for improvement identified in the 2023/24 annual report:

The following table shows the performance indicators which were highlighted as areas for improvement in the 2023/24 City Plan Annual Report. Whilst work continues to implement actions to address these areas, we acknowledge that there are areas where greater progress is needed and must be pursued.

Areas for improvement	
Performance Indicator	Latest Position
<b>% of young people 16-24 who are unemployed</b>	Statistics published on the NOMIS website reported in the period January to December 2024, the youth unemployment rate in Dundee decreased to 28.9% from the 31.7% reported for the period January to December 2023.
<b>% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5</b>	<p>In 2023/24 the percentage point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5 stood at 4.3. This reduced slightly to 4.2 in 2024/25.</p> <p>Improving attendance remains a key priority as one of our stretch aims for the Strategic Equity Fund. The Scottish Government is now producing fortnightly attendance data, published at local authority level and supplied to us at school level. We are supplying our schools with an analysis of the data to enable them to track absence and attendance.</p>

Areas for improvement	
Performance Indicator	Latest Position
<b>% of working age people with no qualifications</b>	In 2023/24 it was reported that 7.7% of working age people in Dundee had no qualifications. This improved slightly to 7.2% in 2024/25. Whilst there has been a year on year reduction in the percentage of working aged people with no qualifications, it remains above target and addressing this is a priority for providers of education and employability services within the Council and across the wider Dundee Partnership.
<b>Rate of emergency hospital admissions where primary cause of admission was regarding mental health</b>	In 2023/24 the rate of emergency hospital admissions where the primary cause of admissions was regarding mental health stood at 3.58 this decreased to 3.3 in 2024/25. This equates to an improvement of 7.8%.
<b>% of the Dundee Workforce in employment</b>	In 2023/24, 63.7% of the working age population in Dundee were in employment. This increased to 69.1% in 2024/25. This indicator has been the subject of ongoing monitoring by the Inclusive Economic Growth Strategic Leadership Group since the pandemic due to a worrying decline in recent years. Actions to grow the economy and support people back into work have been progressed and it is positive to note that in the last year there has been a significant increase, albeit that the current rate remains below target and below the Scottish average.

The following indicators were identified as areas for improvement in the 2023/24 report and have again been highlighted as areas for improvement in this year's annual report.

- % active travel (walking and cycling) as a proportion of trips to work
- Percentage of Primary 1 children classified as obese or overweight.

## Current Areas for Improvement

Based on analysis of performance against targets in the City Plan, the following performance indicators are furthest away from target with no improvement on the year before. A summary of what has been done to improve performance in these areas will be reported on in next year's annual City Plan report.

Current Areas for Improvement	
Performance Indicator	Reason why this has been selected as an area for improvement
<b>City Centre retail units vacancy rate (%)</b>	City Centre vacancy rates increased from 17.7% in 2023/24 to 19.8% in 2024/25. The Council remains committed to bringing vacant spaces in town and district centres back to life to make Dundee a vibrant city centre. The Council's City Centre Strategic Investment Plan sets out our ambitions for the development of the city centre up to 2050. The Council is making significant strides to improving public spaces, including pedestrian areas and green spaces to make the city centre more attractive.
<b>Number of workless households</b>	The data for this performance indicator is sourced from the ONS Annual Population Survey the latest data available is for January – December 2023. It was reported that there were 14,300 workless households in Dundee during this period - an increase from 10,300 reported in the period January to December 2022. Reducing the number of workless households in the city is a key priority for the Discover Work Employability Service. This is done through addressing the employability needs of individuals and adopting a whole family approach where appropriate and where resources allow. The latest figures exhibit a concerning increase, however it should be noted that there is a time lag in the availability of this data with the latest figures relating to 2023.
<b>Active travel (walking and cycling) as a proportion of trips to work</b>	The data for this performance indicator is sourced from the Scottish Household Survey. The latest data relates to the 2023 survey which was published in 2024. This showed that 13% of respondents in Dundee stated that they used active travel (walking and cycling) as a proportion of trips to work. This decreased from 18% in the 2022 survey.



Current Areas for Improvement	
Performance Indicator	Reason why this has been selected as an area for improvement
<b>Proportion of people earning less than the real living wage</b>	The provisional proportion of people earning less than the real living wage reported in the ONS Annual Survey of Hours and Earnings 2024 was 12% in Dundee this increased from 9.8% which was reported in the 2023 Survey. The Dundee figure for 2024 is higher than the Scottish proportion which stood at 11.4%.
<b>% of Primary 1 children classified as obese or overweight</b>	Figures from Public Health Scotland reported that the percentage of Primary 1 pupils in Dundee who were classified as being obese or overweight stood at 25.1% in 2023/24 this increased from 23.8% in 2022/23. The situation remains a significant concern, both in Dundee City and across Scotland, as levels remain stubbornly high and are greater than prior to the pandemic. Coupled with the rise in cost of living, ongoing disruption to global supply chain and food inflation families are living with food insecurity which has widespread impact, including increasing the risk of poor diet quality and obesity and further driving the socioeconomic inequalities in child healthy weight.

# Reduce Child Poverty and Inequalities in Incomes, Education & Health



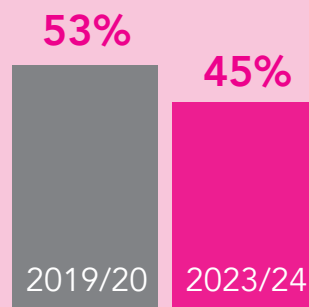
“Dundee will be a caring city which has tackled the root causes of poverty and delivered fairness in incomes, education and health.”

## 100%

of care experienced school leavers entered a positive destination in the period 2023/24.



Percentage gap in attainment tariff average scores between school leavers living in SIMD 1 areas and SIMD 5 areas reduced from 53% in 2019/20 to 45% in 2023/24



## 91.3%

of 16-19 year olds in Dundee were participating in Education, Employment or Training.



## Strategic Highlights

- The 2024-25 Fairness and Local Child Poverty Plan Report was agreed by the City Governance Committee in June 2025. In preparing the report, there were engagement sessions with key services and Dundee Fighting for Fairness to review the existing actions, assess progress and set new priorities. The report highlights that we remain committed to tackling child poverty and promoting fairness across the city. For more detail the report can be found on the [Dundee City Council website](#).
- Locality based work has continued to provide a strong drive to tackling child poverty through the Fairer Futures Partnership in Linlathen & Mid Craigie, and the Local Fairness Initiative in Stobswell West and Linlathen.
- Our Advice Strategy continues to guide progress in maximising the incomes of our citizens, most recently through targeted outreach to older people on Pension Credit and other relevant benefits.
- The Mental Health and Wellbeing Strategic Plan for 2024-27 aims for Primary Care to enable people to receive the support at the right time and in the right place.

## Actions in progress

### Actions in progress for completion 2025/26

**There are 0 actions within this theme due for completion by 31st March 2026.**

**The following action within this theme has been completed since last year's report:**

- Promote the uptake of concessionary travel scheme for young people, ensuring quick and easy access to entitlement.

**There are 10 actions in this theme which have progress greater than 50%:**

- Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers.
- Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West.
- Increase the number of opportunities for our young people to gain work experience, and paid internships across the public, third and private sectors, through schemes like Career Ready.
- Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education.
- Ensure maximum take up of all UK and Scottish Welfare Benefits.
- Implement the new advice strategy for Dundee and maximise provision.
- Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty.
- Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered.
- Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas.
- Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR pathways approach.

## Priorities in Action

### Fairer Futures Partnership in Linlathen and Roll Out

A targeted door knocking and outreach approach has engaged 272 families in Linlathen, supporting them through targeted interventions and self-identification. There are 313 children in these households including 48 aged under four. Key workers provide support with advocacy, access to services, and follow-up checks. In Mid Craigie, targeted outreach has so far reached 91 out of 98 identified families receiving Housing Benefit and Council Tax benefit with no earned income. Additionally, 161 other households in Mid Craigie sought support, totalling 252 families and 236 children.

Since October 2022, the multi-agency drop-in has assisted with 4,426 concerns including energy support (1,535), benefits / cost of living support (1,158), employability/upskilling (660), and housing issues (373). Support has also been provided for domestic abuse, mental health crises, and emergency needs.

Of the 660 visits that involved employability / upskilling support provided mainly by adult and youth employability teams, 394 job related calculations were provided, leading to employment or college placements for some individuals. Linlathen families have made financial gains of £190,256 and Mid Craigie families £72,273 from successful job offers.

Financial Outcomes from the Child Poverty Pathfinder drop-ins include:

- Linlathen families received additional financial support totalling £278,403 from earned income and other sources. Benefit uptake added £93,891.
- Mid Craigie families received additional income totalling £117,145 and benefit gains of £49,524.
- Due to the 'no wrong door' approach, 768 families from other localities attending the drop-in gained £619,029 from non-benefit sources and £141,352 from benefit sources.

### Local Fairness Initiative in Linlathen and Stobswell West

The Local Fairness Initiative (LFI) aligns with the Dundee City Plan 2022–2032, targeting improvements in income, health, and wellbeing by addressing the three key drivers of child poverty. The LFI brings together local partners, coordinated by Dundee City Council, including other public sector entities, third sector organisations, community groups, and local residents, to reduce the financial pressures on families in the community. Part of this has been achieved through income maximisation efforts that have put tens of thousands of pounds into local households. Employability support through the LFI (and the Fairer Futures Partnership in Linlathen) is another aspect of the initiative that has helped a number of people to gain additional income. Additionally:

**In Linlathen:**

- A whole-family approach to tackle intergenerational worklessness and build long-term resilience. This includes barrier-free access to employment support, including flexible childcare and outreach to families with no working adult.
  - Forty-four children are utilising a new, free out-of-school care service.
  - 103 individuals have been supported into employment city-wide via the Linlathen Works drop-in; included in these are 27 from Linlathen, 10 from Mid Craigie.
- 31 residents accepted college places, with additional accredited courses delivered locally through the D&A College Community Project to help increase uptake and confidence.
- There have been 456 visits to the drop-in for employability / upskilling, and 327 better-off-in-work calculations provided.
- 60 volunteers contributed 6,432 hours, with several progressing to employment, college, or university.
- Continued collaboration with D&A College, Discover Work, and Community Learning Development (CLD) to embed employability into wider wellbeing strategies.
- A comprehensive programme of external wall insulation and other energy efficiency measures aims to lower energy bills for many households in the area.
- New community groups have been formed and are working on making positive changes in the area. These include offering free local family activities during the day and evenings, creating a local litter picking hub, and collaborating with services to address local community priorities.
- DCC allocated £60,000 for active play trails for children at three sites within the area, with the local community collaborating in designing and establishing these.
- Close liaison with the Fairer Future Partnership has enabled both initiatives to support each other with their linked aims around increasing household incomes.

**In Stobswell:**

- A new multi-agency drop-in service, coordinated by Dundee International Women's Centre (DIWC) was launched in May 2025. It provides coordinated access to employability, housing, income maximisation, wellbeing support and more.
- The Stobswell Connect Shop, Arthurstone Library, Boomerang Community Centre and Morgan Academy are active hubs for community engagement and service delivery.
- A dedicated coordinator has been appointed to support partnership development, stakeholder engagement and data-informed service planning in the area.

- A collaborative employability offer involving DCC Employability Team, CLD and All in Dundee has been put in place. This offer is designed to provide holistic and accessible support for individuals in Stobswell West, ensuring they have the resources and guidance to succeed. This includes:
  - Key Worker Support at Morgan Academy providing weekly support for young people and parents, aligned with the Positive Destinations Framework.
  - Weekly Drop-in Support sessions.
  - A Job Shop at Arthurstone Library every Thursday.
  - 1:1 full-time tailored employability guidance.
  - Taster Sessions, Employability Academies and SQA Qualifications covering career exploration and job readiness.
  - Targeted employer engagement, creating local job opportunities.
  - CLD's Skills for Life – Introduction to Employment, supporting young people with essential job market skills.
  - All in Dundee's Enable Works providing drop-in support, health and wellbeing workshops, and practical employability sessions.
- Events such as a Volunteering Information Day have encouraged local involvement and strengthened community ties.
- Collaboration with Columba 1400 is helping to shape the long-term development of the initiative.

### Concessionary Travel for Young People

By the end of March 2025 there were 24,309 Under 22s with a National Entitlement Card (NEC) that incorporates free bus travel. This is 81% of the Dundee 5-21 year old population. Systems are in place to increase and maintain the take up of NEC by Under 22s for free bus travel. In addition to the Scotland wide Get Your NEC (GYNEC) page, specific application routes in Dundee include:

- Customer Services support either face to face by appointment or over the telephone, with drop off points available for evidence in support of applications.
- The Parents Portal has been adopted and rolled out in Dundee.
- Schools offer support to apply but also signpost young people to use GYNEC and Parents Portal.

Reaching out to entitled young people that have not yet acquired a free bus pass will continue.

## Dundee: Living Wage City

The Making Dundee a Living Wage City Action Group actively promoted the Living Wage initiative at the Meet the Buyer Event in March 2025, where they hosted a dedicated stall. The event attracted over 600 attendees, providing an excellent opportunity to engage with local businesses, suppliers and stakeholders about the benefits of Living Wage accreditation. Participation reinforced Dundee's ongoing commitment to being a Living Wage City, ensuring that fair pay remains at the heart of our city's economic growth and business practices.

## The Promise – Implementing Recommendations

The '[Our Promise Annual Report](#)' submitted to Elected Members in October 2024 illustrated significant progress in the balance of family-based versus residential care and in outcomes for care experienced children and young people. The service continues to build capacity across kinship, foster care and local residential care options. The Fostering, Adoption and Continuing Care Service recently improved inspection grades across all three categories. Three of the seven Children's Houses have recently been inspected and two were graded Good and Very Good. The other had experienced challenges and the team at that location continues to receive support with making improvements.

## Welfare Benefit Uptake

The Pension Credit / Council Tax Reduction take-up campaign, delivered by Council Advice Services working with Dundee CAB, began on 22nd February 2024 after extensive planning to identify potential recipients. In the sixteen months following its launch, engagement with 612 older people has taken place and led to £3,420,336 in financial gains (as at 25/6/25). The latest Council Advice Services benefit gains for 2024/25 now total £17,008,442, a 37% increase on the previous year.

## Advice Strategy and Increased Provision

Agencies have successfully planned and implemented joint work to cover older people's benefit take up in 2024/25. Regular Advice Workers Forum meetings are considering further take-up campaigns in 2025/26 relating to Scottish Child Payment and Carers Benefits as well as continuing with the Older People Campaign. Recent joint work has also concentrated on the issues relating to Universal Credit Migration from Employment Support Allowance, escalation routes to Social Security Scotland and monitoring the issues faced by ex-service men in Dundee. Collating outputs in relation to benefit claim levels achieved by the various organisations in 2024/25 is currently underway.

## Cash First Approach: Providing Dignified and Sustainable Poverty Support

A full programme of cash first assistance is in place at Dundee Foodbank including remote access to advice via Attend Anywhere. This backs up emergency food provision with access / referrals to financial advice services to ensure that those assisted are in receipt of all benefits they are entitled to. In turn this helps to reduce future food insecurity.

Steps are continuing to be made to invite other food organisations and larders to offer similar advice in their settings across the city. The Connect Team offer access at twelve community venues, and the Welfare Advice and Health Partnership offers support in twelve Dundee GP surgeries across the city. All services actively support a cash first approach whilst at the same time linking into the foodbank for additional emergency support.

## Positive Destinations for Care Experienced Young People

Key workers in the Youth Employability Service are continuing to support Care Experienced Young People (CEYP) across Dundee into positive destinations. The young people referred to the service are offered bespoke 1:1 support to address their needs and aspirations, enabling creation of action plans with them. These action plans address topics including; CV creation, job applications, college applications, accessing training or preparing to join the workforce. This helps the young people feel ready to enter a positive destination, whether that be work, education or training. When an individual has entered a positive destination, they continue to receive aftercare support from their key worker, which helps them to sustain their progress.

## Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas

Insight data tells us that of the fifteen looked after children who left school in session 23/24 all of them were in a positive initial destination. There were 616 leavers in 2023/24 living in SIMD Quintile 1. Of these, 93.2% went on to initial positive destinations, slightly lower than the national average of 93.6% but higher than Dundee's benchmarking virtual comparator figure of 92.3%.

The Skills Development Scotland participation measure for 2025 reported that 87.3% of Dundee's 16-19 years olds living in SIMD Quintile 1 were participating in education, employment or training. This was lower than the Scottish figure which stood at 88.8%.



## MCR Pathways: Mentoring Our Young People

The programme is currently under review, and as such, there may be changes soon including that group work will no longer be included in the programme. However, staff met with MCR Pathways leads in August to evaluate and plan the most effective way forward. This meeting focused on maximising support for participants, discussing recruitment strategies, and addressing ongoing recruitment efforts across sectors.

## Work Experience for Young People

Engagement continues with all secondary schools with the Startup Sherpas Real Work platform which provides live paid work experience opportunities for young people. A new cohort of Career Ready participants launched in November 2024 with 64 young people involved. They will all be engaged in a four week paid internship in Summer 2025.

A pilot programme, Pathway to Success, with St John's HS and Braeview Academy has fifteen young people engaged in a one day a week work experience related to trades - electrical, plumbing, construction, and automotive. Attendance and engagement have been very positive and feedback from all stakeholders is currently being sought. A new cohort of this programme is underway for session 25/26.

A cohort of ten young people are engaged with John Clark Motors / BOSH Training. These young people attend John Clark garages on a weekly basis, whilst also undergoing Basic Occupational Safety & Health (BOSH) training. If successful they will be offered an apprenticeship in September 2025. A further cohort of young people are currently being recruited for school session 25/26.

## Dundee Mental Health and Wellbeing Strategic Plan 2024-2027

Developed during 2023/24 The Dundee Mental Health and Wellbeing (MHWB) Strategic Plan 2024-2027 recognises the unequal distribution of mental ill health. It is promoting a shift towards support being offered within local communities, so that more people can be supported where they live by accessing informal locality-based interventions and activities. The vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support at the right time, in the right place through staff who are knowledgeable and skilled to deliver this. This is achieved through the Primary Care Mental Health and Wellbeing (MHWB) Framework offering easy to access locality-based care, advice and support utilising a multi-disciplinary team.

## Deliver on the Child Healthy Weight Strategy

The overall proportion of children with an unhealthy weight remains higher than pre-pandemic levels in Dundee and marked socioeconomic inequalities in child healthy weight still remain.

The Tayside Child Healthy Weight Strategy aims to address childhood obesity through a whole systems approach, involving local authorities and various partners. The strategy's first ambition is to recognize child healthy weight as a society-wide issue. However, progress has been slow due to capacity and resource challenges.

The second ambition focuses on giving children the best start in life. In February 2025, the Tayside Infant Food Insecurity Pathway was launched to provide sustainable support for parents and carers facing food insecurity, prioritizing a cash-first approach.

The third ambition aims to create an environment that supports healthier choices. This includes developing a Food and Health Padlet for schools and early years settings, which had 450 unique visitors between August 2024 and February 2025. Additionally, a multiagency working group is developing a Food and Health Framework and Policy Guidance for schools.









The strategy advocates for long-term, incremental changes through collaboration with many partners. Despite existing strategic commitments, additional support is needed to build capacity and transform current practices.





The agenda is supported by the Good Food Nation (Scotland) Act 2022, which mandates the creation of Good Food Nation Plans to achieve food-related outcomes. The proposed national plan includes indicators for monitoring child health, diet, and weight outcomes. The Population Health Framework, published in June 2025, also supports this agenda with a 10-year vision to improve health and reduce inequalities, with a focus on tackling obesity and promoting healthy weight.

Together, the Good Food Nation Act, local Good Food Nation Plans, and the Population Health Framework will support the ongoing implementation of the Tayside Child Healthy Weight Strategy.

## Updates by Priority Theme

The tables below provide an update on progress towards targets and the actions being taken within each theme of the City Plan. The following legends are used within the tables.



Performance Indicator Key					
Status		Short Term Trend		Long Term Trend	
	More than 5% away from Target		Improving		Improving
	Within 5% of target		Maintaining		Maintaining
	On Target		Deteriorating		Deteriorating



Action progress symbols and stages explained	
	<b>Unassigned</b> - The action has been created on the system but hasn't yet had the required relevant officers assigned to it.
	<p><b>In Progress</b> - Action is progressing well, on target for achieving all objections set in the initiation phase.</p> <p><b>20%</b> - The task is defined and agreed by relevant partners/stakeholders.</p> <p><b>40%</b> - Necessary tasks planned and implementation in early stages.</p> <p><b>60%</b> - Number of key actions achieved/agreed process or improvement taking shape or in place or underway.</p> <p><b>80%</b> - Majority of actions achieved/ agreed process or improvement largely in place or underway leading to confidence that the overall action will be delivered in full/on schedule.</p>
	<b>Overdue</b> - Action is still progressing; however, it has exceeded its due date.
	<b>Completed</b> - Action has been completed, and objectives have been achieved.

## Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
<b>Reduce Child Poverty and inequalities in Incomes, Education &amp; Health</b>	5	2	4	12*	3 (25%)	11 (92%)


\*The number of drugs deaths has a target of reduce as opposed to a numerical target so won't be counted within the on, within 5% or not on target columns in the above table but is counted in the overall total.







Most Improved PIs 	Most Deteriorating PIs 
% of care experienced leavers entering a positive destination	Percentage of Primary 1 Children classified as obese or overweight
% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	
% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Children living in poverty to be reduced by half by 2030*	27.1%	28.2%	26.1%	19.3%	11%			Figures for the period 2023/24 were published by End Child Poverty in June 2025. It is estimated that 26.1% of children (7,041 children) in Dundee City were in poverty after housing costs.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
✓	% of 16-19 year olds participating in Education, Employment or Training	89.4%	90.5%	91.3%	92%	100%	▲	▲	Skills Development Scotland Published their Annual Participation Measure for 2025 on 26th August 2025. It reported that 91.3% of 16-19 years olds in Dundee were participating in Education, Employment or Training. It stated that of this 68.4% were in education, 19.7% were in employment and 3.1% were in training or development.
▲	% of 16-19 year olds participating in Education, Employment or Training from SIMD 1	84.1%	87.3%	87.3%	90%	100%	=	▲	Skills Development Scotland published their participation measure for 2025 on 26th August 2025. It was reported that 87.3% of 16-19 year olds in Dundee City living in SIMD Quintile 1 were participating in education, employment or training. This is consistent with the figure reported in 2024.
✓	% of care experienced school leavers entering positive destinations*	83%	71%	100%	93%	100%	▲	▲	Key workers in the youth employability service are continuing to support care experienced young people (CEYP) across Dundee and support them into positive destinations.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
✓	% gap in attainment tariff average scores between school leavers living in SIMD 1 areas and SIMD 5 areas *	48%	49%	45%	47%	22%	▲	▲	Dundee City Council has seen a steady decrease in the percentage gap in tariff scores from 53% in 2019/20 to 45% in 2023/24. The percentage gap in 2023/24 is now the same as that seen nationally.
▲	% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	19.9%	16.6%	14.7%**	14.3%	N/A***	▲	▲	The latest figure is the interim figure for the period 2024/25, this figure is subject to final Scottish Government assurance checks. Using this interim figure, the literacy attainment gap reduced from 16.6% in 2023/24 to 14.7% in 2024/25.
✓	% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	16.3%	14.3%	10.2%**	13.0%	N/A***	▲	▲	The latest figure is the interim figure for the period 2024/25, this figure is subject to final Scottish Government assurance checks. Using this interim figure, the numeracy attainment gap reduced from 14.3% in 2023/24 to 10.2% in 2024/25.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5	4.3	4.3	4.2	3.1	2.2			The percentage point difference attendance gap between children living in SIMD 1 areas and the average from SIMD 2-5 decreased from 4.3% in 2023/24 to 4.2% in 2024/25. Pupil attendance continues to be regularly monitored.
	% of Primary 1 children classified as obese or overweight*	26.6%	23.8%	25.1%	23.5%	14.8%			The situation remains a significant concern, as it does across Scotland, as levels still remain stubbornly higher than prior to the pandemic. Coupled with the rise in cost of living, ongoing disruption to global supply chain and food inflation, more families are living with food insecurity which increases the risk of poor diet quality and obesity further driving the socioeconomic inequalities in child healthy weight.
Data Only Indicator	Number of drugs deaths****	38	46	42	Reduce	Reduce			National Records of Scotland Drug Related Deaths in Scotland 2024 publication reported that there were 42 drug misuse deaths in Dundee City in 2024. This has decreased from 46 deaths reported in 2023.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Rate of emergency hospital admissions where the primary cause of admission was regarding mental health	2.9	3.58	3.3	2.9	2.0			Improvement on last year, 7.8% fewer emergency admissions when comparing 2024/25 to 2023/24.
	Number of people employed by accredited living wage employers in Dundee	35,324	43,466	43,627	42,468	N/A*****			There are 126 accredited Living Wage employers in Dundee, who have collectively uplifted 2,128 staff to the real Living Wage. These employers collectively employ 43,627 staff who are covered by a Living Wage commitment.

\* Data is a year behind i.e the latest figure and the target is for 2023/24.

\*\* This is an interim figure for 2024/25 subject to final Scottish Government quality assurance checks.

\*\*\* Current targets are sourced from the Children and Families Stretch Aims which are set for the Scottish Government these targets don't currently go as far as the year 10 period.







\*\*\*\* The number of drugs deaths is a data only indicator which has a target of reduce as opposed to a numerical target.

\*\*\*\*\* A new Living Wage Plan has been published for the period 2025-2028, therefore the targets in this plan don't currently go as far as the 10 year period.













## Progress of Actions

Status	Action	Progress %	Due date	Notes	Lead
✓	Increase the uptake of the under 22s free bus travel, ensuring that young people in the most deprived areas are benefitting at comparable levels to those in less deprived areas	100%	31st March 2027	This indicator will continue to be monitored and reported on via the service plan for the Chief Executive's Service.	Dundee City Council NEC Group
✓	Develop and deliver the replacement strategic framework and delivery plan for drug and alcohol recovery services	100%	31st March 2032	In January 2023 the Alcohol and Drug Partnership (ADP) published its new five-year strategic framework and delivery plan. Implementation of the delivery plan has already begun and the ADP will now develop a specific performance framework to monitor the implementation of the plan.	Dundee Health & Social Care Partnership / Alcohol and Drug Partnership
✓	Deliver on the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024	100%	31st March 2032	Strategic plans are in place to deliver mental health and wellbeing services in Primary Care that enable people to access the right support at the right time, in the right place by skilled and knowledgeable staff.	Mental Health and Wellbeing Strategic Commissioning Group
▶	Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers	85%	31st March 2032	The Council has made significant progress in the balance of family-based versus residential care and in outcomes for care experienced children and young people.	Discover Work Partnership

Status	Action	Progress %	Due date	Notes	Lead
	Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West		31st March 2032	A recent evaluation of the Linlathen LFI confirms that it is achieving its aim of reducing financial pressures on families. The Stobswell LFI is making strong progress with the opening of a multi-agency local drop-in session, employability outreach work and efforts to respond to the difficulties faced by private tenants in the area.	Local Fairness Initiatives Project Board
	Increase the number of opportunities for our young people to gain work experience, and paid internships across the public, third and private sectors, through schemes like Career Ready		31st March 2032	Various programmes are effectively providing opportunities in all our secondary schools.	Discover Work Partnership / Tayside Regional Improvement Collaborative
	Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education		31st March 2032	Key workers in the youth employability service are continuing to support Care Experienced Young People (CEYP) across Dundee and support them into positive destinations. Aftercare is available to help individuals to sustain their positive destinations.	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners

Status	Action	Progress %	Due date	Notes	Lead
▶	Ensure maximum take up of all UK and Scottish Welfare Benefits	<div style="width: 75%;"><div style="width: 75%;"></div></div> 75%	31st March 2032	The Pension Credit Older People take-up campaign began on 22/02/24 and has engaged with 612 older people's households.	Department of Work and Pensions / Social Security Scotland / Dundee Welfare Rights Forum
▶	Implement the new advice strategy for Dundee and maximise provision	<div style="width: 70%;"><div style="width: 70%;"></div></div> 70%	31st March 2032	Agencies have successfully planned and implemented joint work to cover older peoples' take up in 2024/25. Regular Advice Workers Forum meetings are considering further take-up campaigns in 2025/26.	Dundee Welfare Rights Forum
▶	Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty	<div style="width: 70%;"><div style="width: 70%;"></div></div> 70%	31st March 2032	All services actively support a cash first approach whilst at the same time linking into the Dundee Foodbank for additional emergency support.	Dundee Welfare Rights Forum / Dundee Community Food Network
▶	Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered	<div style="width: 65%;"><div style="width: 65%;"></div></div> 65%	31st March 2032	The Fairness and Local Child Poverty Action Plan Report (LCPAR) was presented to the City Governance Committee on 23rd June 2025. New actions included the recommendations from the recent Fairness Leadership Panel report.	Dundee City Council / NHS Tayside

Status	Action	Progress %	Due date	Notes	Lead
	Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas		31st March 2032	All of the looked after children who left school in session 23/24 entered a positive destination.	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners
	Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR pathways approach		31st March 2032	Currently 128 pupils in our secondary schools are Meeting/Match Identified with a mentor with a further 69 in the pipeline.	Tayside Regional Improvement Collaborative
	Continue to develop and implement the Child Poverty Pathfinder		31st March 2032	The Linlathen Pathfinder has supported 272 local families in households where 313 children live. The model has now been extended to Mid-Craigie where 98 families have been identified as potentially requiring support and 161 other families in Mid Craigie have sought support.	Dundee Child Poverty Pathfinder Programme Board

Status	Action	Progress %	Due date	Notes	Lead
	Deliver on the Child Healthy Weight Strategy		31st March 2032	Marked socioeconomic inequalities in child healthy weight remain. This trend is similar to the picture at a national level. A Food and Health Framework and Policy Guidance for all early years, primary and secondary school settings is in development.	Dundee Healthy Weight Partnership (DHWP)
	Maintain the commitment to being the Living Wage City		31st March 2032	Despite financial pressures on local companies, Living Wage accreditation in Dundee remains consistent. The Living Wage Action Group signed off an action plan, with targets for the next three years, in August.	Living Wage Action Group

# Deliver Inclusive Economic Growth and Community Wealth Building



"Dundee will have a strong, creative, smart and sustainable city economy with jobs and opportunities for all."

## 4.5%<sup>▲</sup>

increase in the numbers of visitors to Dundee, from 1,357k in 2023/24 to 1,418k in 2024/25.



## 19%<sup>▲</sup>

increase in the number of Business Gateway Start-ups per 10,000 population.



## 9%<sup>▼</sup>

decrease in the youth unemployment rate (those aged 16-24 years).



## Strategic Highlights

- Engaging Local Businesses - The 'Dundee Economic Advisory Forum' held its first meeting in March 2024, involving key city business stakeholders from across the city. The key output was the creation of a City Vision and Action Plan which is under development. A proposal for a Dundee Economic Summit led to this event taking place in June 2025, with over 150 delegates.
- Attracting More Skilled Green Jobs - Work is taking place with the Scottish Offshore Wind Cluster, the Energy Skills Partnership, and Forth & Tay Offshore, to arrange a series of events promoting the sector / career opportunities to pupils, students, parents, and carers around the east coast of Scotland including Dundee. The aim of these events is to lead to an increase in the number of skilled green jobs.
- Despite ongoing economic challenges, the number of Living Wage accredited employers has shown a small positive increase, indicating continued engagement with the Living Wage commitment. In 2024/25, there were 126 accredited employers in Dundee, collectively employing 43,627 staff. Of these 2,128 staff have been uplifted to the real living wage rate.
- Plans for the Eden Project Scotland are ongoing, with permissions granted for the use of the proposed site and funding for the Capital works being sought.

## Actions in progress

### Actions in progress for completion 2025/26

**There are 0 actions within this theme due for completion by 31st March 2026.**

**The following actions within this theme have been completed since last year's report:**

- Create a Dundee Economic Advisory Group to provide regular engagement with local business and political leaders.
- Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs.

**There are 6 actions in this theme which have progress greater than 50%:**

- Deliver the Tay Cities Deal and the Dundee Projects supported by the programme.
- Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs.
- Continue to raise the profile of the City through a range of marketing activities, promoting key message, assets and opportunities to businesses, investors, developers and visitors.
- Build on Dundee's Scotland Loves Local Campaign.
- Increase the number of start-ups and SME's in the city and support their expansion.
- Maximise apprenticeship opportunities.

# Priorities in Action

## Deliver Michelin Scotland Innovation Parc's Vision and Attract More Jobs

In January 2025, it was announced that Angus based textiles company, J&D Wilkie is to become the majority shareholder in MSIP and move its manufacturing operations from Kirriemuir and Forfar to Dundee. This move will see Wilkies potentially increase its workforce in Dundee up to 600, in addition to the 200 jobs already on the parc and invest a further £50m in cutting edge infrastructure, technology and development.

Under the change in ownership, the MSIP Innovation Campus remains at the core of the parc, with Wilkies using the large, currently vacant units to the south of the site for its manufacturing operations.

## Raise Dundee's Economic Profile

The [Invest in Dundee web platform](#) has been refreshed with new content, merging the [dundeewaterfront.com](#) and [investindundee.com](#) websites into a single, streamlined site. The updated website includes a Meet the Team section, offering a more personal and accessible approach for those looking to connect with us. The official launch is scheduled for summer 2025.

Beyond the website, the Invest in Dundee team is actively promoting the city, with LinkedIn as the primary platform for engagement. Additionally, a programme of company engagement activities has been launched, including business visits, event sponsorships, and attendance at key industry events.

## Deliver the Tay Cities Deal

Construction of the Life Sciences Innovation Hub (with additional funding confirmed from Scottish Enterprise in July 2024 of £8m) led to the Hub opening in Spring 2025. The first company working from the Hub is Hawkhill Therapeutics who are developing anti-obesity drugs that also preserve muscle mass.

The Tay5G project has seen completion of eight use case trials, and a second Challenge Fund round saw approval of a further four use case trials for completion in 2025. The Tay Cities Skills Programme is offering support in digital skills and SME upskilling.



## Dundee's Scotland Loves Local Campaign

DCC & Dundee & Angus Chamber of Commerce implemented a new action plan to relaunch the Dundee Loves Local Scheme, renamed Dundee Gift Card. The relaunch took place on the 4th July 2025. Engagement with key stakeholders took place at a Meet the Buyer Tayside event in February 2025 and through other routes including a social media campaign and press activity developed for the relaunch.

Some of the aims of the rebranding and relaunch include doubling corporate spend, trebling consumer spend and increasing the onboarding of businesses by 20%.

## Creation and Expansion of Start-Ups and SMEs

Business Gateway Tayside Service continues to meet or exceed performance targets. UK Shared Prosperity Funding (UKSPF) has been used in 2024/2025 to provide digital supports to SMEs, provide grant support (Dundee Business Growth and Innovation Grant; SME Development Grant; Overseas Market Development Grant); provide SME skills support via D&A College and to support delivery of a Digital Accelerator programmer. Two Community Advisers have also been employed using UKSPF to offer outreach support to start-ups and SMEs.

## Maximise Apprenticeship Opportunities Within DCC

Education continues to work with Learning and Organisational Development to look at ways of promoting apprenticeship and other job opportunities within the Council. Pilots have been agreed with schools in exploring 'A Day in Life of' e.g. a Civil Engineer and arranging opportunities for young people to visit / immerse themselves in the work of departments across the council.

Work continues in all secondary schools with Vocational Learning Advisers to support writing of CVs, application form completion and interview techniques. The potential apprenticeship opportunities offered through Community Wealth Building are also being reviewed.

## More Jobs at Dundee Waterfront

The BT development on Site 1 is complete with BT taking occupancy of the office component of the development in early 2025. The Sleeperz hotel has been rebranded as Four Points Flex by Sheraton. Now part of the Marriot Bonvoy group, the hotel will benefit from being part of the world's leading hotel loyalty programme.

Construction of the James Thomson House continues and is due for completion in 2025. Discussions are continuing with prospective tenants for the office space and ground floor commercial units.

## Employment Pathways

The second phase of the Council's new single Corporate Employability Service has progressed during 2024/25 with full implementation due in the near future. The Council's new approach will complement the outcome of the Challenge Fund and further support the vision and goals outlined in the [Discover Work Strategy & Action Plan 2022 – 2027](#). In addition, elements of All in Dundee's service offer are to be scaled up following the award of additional No One Left Behind funding for Specialist Employability Support. Information on performance of the Employability Pathway Programme for 2024/25 will be reported to the Fair Work, Economic Growth and Infrastructure Committee in October 2025.

Further progress has been made with the agreed Positive Destination Improvement Plan (PDIP) which responds to findings of our report [A Step Change in Positive Destinations for Young Dundonians](#). This has included the establishment of Improvement Groups within each Secondary School and as part of offsite Learning & Training.

Progress with the PDIP, corresponding Improvement Framework, and Improvement Groups activity continues to be the responsibility of the Positive Destinations Implementation Group.

Skills Development Scotland Published their [Annual Participation Measure for 2025](#) on 26th August 2025. It reported that 91.3% of 16-19 years olds in Dundee were participating in Education, Employment or Training this is our highest participation level since 2016. When broken down 68.4% were in education, 19.7% were in employment and 3.1% were in training or development.

## Life Sciences Innovation District Development

A Shadow Board with representation from Dundee City Council, Dundee University and Scottish Enterprise is in place and meeting quarterly to oversee the process of developing the first phase of the Life Sciences Innovation District at Dundee Technopole. Highlights in 2024/2025 included the opening of the Life Sciences Innovation Hub providing state of the art incubation facilities for spin-out and spin-in companies. A proof of concept fund for potential spin-outs was also delivered in 2024/2025. In 2025/2026 work will be undertaken to develop branding, wayfinding and signage for phase 1.

## Eden Scotland

The preferred site for the development of the Eden Project Scotland is the former Gas Works site on East Dock Street. The development phase includes planning, and planning permission for separate land remediation works has been granted and is underway. Planning applications for the main project proposal and enabling bridge elements have also been approved. Discussions continue with the project team on detailed design, land acquisition and fund raising for the capital element of the project.

## City Centre Investment Plan Implementation

Major housing developments have been progressing around the city centre. While Phase 1 of Douglas Street's student accommodation is complete, other construction is continuing. GIS mapping for further development opportunities is in place.

Discussions regarding redeveloping the Wellgate Centre as a new college campus are ongoing, and efforts to establish a Business Improvement District are advancing following recent stakeholder meetings.



Hospitality and entertainment venues are being encouraged to boost the evening economy, most notably with the opening of Live House Dundee music venue in May 2025. Cruise ship offerings and visitor welcomes are being improved, supported by a new attraction map, and a five-year tourism strategy and event planning for 2025/26 are underway. Completed infrastructure projects include McManus Galleries' feature lighting, while the Caird Hall's application is in review.







The Bell Street Transport Hub is aiming for an autumn 2025 completion, alongside active travel plans funded by Transport Scotland. Secure cycle parking is nearly ready pending electrical approval. A sustainable transport plan has also been finalised, and tenders are being reviewed for a comprehensive traffic study.







Tree survey recommendations aim to improve CCTV lines, and grant applications for façade and interior improvements are under consideration. Regular meetings occur with police, youth agencies, and development staff to address security and inclusivity, including plans for a youth mural and continued work on cleanliness initiatives like painting and graffiti removal. A three day **community clean-up event** took place in March 2025. Finally, additional support measures have been put in place following overdose incidents in the Overgate area.










## Performance Scorecard










Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
<b>Deliver Inclusive Economic Growth (including Community Wealth Building)</b>	3	3	9	15	3 (20%)	11 (73%)

Most Improved PIs 	Most Deteriorating PIs 
Number of Business Gateway start-ups per 10,000 population	Number of workless households in Dundee
Youth Unemployment rate (16-24)	Proportion of people earning less than the real living wage
% working age people in employment	City Centre retail units vacancy rate (%)










Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% of the Dundee Workforce in employment	68.8%	63.7%	69.1%	73.5%	78.8%			This indicator has been the subject to ongoing monitoring by the Inclusive Economic Growth SLG since the pandemic due to a worrying decline in recent years. Actions to grow the economy and support people back into work have been progressed and it is positive to note that in the last year there has been a significant increase, albeit the current rate remains below target and below the Scottish average. This figure is from January to December 2024.
	Median earnings of total resident workers as a percentage of Scottish average	91%	87.5%	91%	96.8%	100%			There has been an improvement in the past 12 months in the average earnings for Dundee residents relative to the Scottish average, nevertheless, they continue to trail the National average by nine percentage points, reinforcing the need to continue to attract and catalyse quality jobs and invest in skills provision needed to enable Dundee residents to compete in the labour market.







Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Gross weekly pay for full time employees living in the area	£586.70	£624.80	£673.30	£665.63	£936.61			There has been a positive increase in the average earnings for full time employees in the city with current levels exceeding target. The challenge is to ensure that Dundee residents can compete for better paid employment given the gap between residents earnings and employee earnings which include commuters from neighbouring authorities. This will continue to be a priority for the Discover Work Employability Service and HE/FE organisations in the city.
	% of employees in Dundee earning less than the real living wage	7.2%	9.8%	12.0%*	10.3%	7.2%			Provisional figures in the ONS Annual Population Survey estimated that 12.0% of employees in Dundee were earning less than the real living wage. This has increased from 9.8% reported in 2023. Please note due to a change in methodology data for 2023 and 2024 is not directly comparable with data for 2022 and earlier years.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Number of living wage accredited employers based or headquartered in Dundee	122	128	126	126	N/A**			There are 126 accredited Living Wage employers in Dundee, who have collectively uplifted 2,128 staff to the real Living Wage. These employers collectively employ 43,627 staff who are covered by a Living Wage commitment.
	% participation rate of young people from SIMD 1 and 2	85.3%	87.8%	88%	89.0%	95.4%			Skills Development Scotland published their Annual Participation Measure for 2025 on 26th August 2025. It was reported that 88.0% of those aged 16-19 years living in SIMD Quintile 1 and 2 were participating in Education, Training or Employment.
	Number of workless households in Dundee	10,500	10,300	14,300	8,145	5,688			Reducing the number of workless households in the City is a key priority for the Discover Work Employability Service. This is done through addressing the employability needs of individuals and adopting a whole family approach where appropriate and where resources allow. The latest figures exhibit a concerning increase; however, it should be noted that there is a time lag in the availability of this data with the latest figures relating to 2023.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% of young people 16 to 24 who are unemployed	21.7%	31.7%	28.9%	18.7%	13.1%			The Discover Work Employability Pathway the Council and partners have dedicated resources to support young people back into the labour market and will continue to prioritise this alongside delivery of the Step Change for Young Dundonians Youth Participation Improvement Plan. This figure is from January to December 2024.
	Claimant Count 16+	4,420	3,920	3,790	3,738	2,610			The claimant count remains above the target but there has been a positive downward trend over recent years.
	16-24 Claimant Count	830	830	820	669	467			The number of 16-24 year old claimants remains above target, however, there has been a positive downward trend over the past 5 years and continuing to support young people remains a priority for the Discover Work Service. The figure is from April 2024 to March 2025.



Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Claimants as a proportion of economically active residents aged 16+	4.3%	4.2%	4%	3.8%	2.6%			The percentage of claimants remains above target but has reduced steadily over the past 5 years. It remains a priority for the Discover Work Service to support both the unemployed and those further from the labour market to progress towards work. The data is for the financial year April 2024 to March 2025.
	% of working age people with no qualifications	6.7%	7.7%	7.2%	5.6%	3.9%			There has been a year on year reduction in the percentage of working age people with no qualifications, however, it remains above target and addressing this is a priority for providers of education and employability services within the Council and across the wider Dundee Partnership. The data is for calendar year January to December 2024.
	Number of Business Gateway start-ups per 10,000 population	14.7	16.2	19.3	19.68	27.69			The number of business gateway start-ups per 10,000 population increased from 16.2 in 2023/24 to 19.3 in 2024/25. The Dundee figure was higher than the Scottish figure which stood at 12.4 business gateway start-ups per 10,000 population





Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Visitors to Dundee (000's)	1,249	1,357	1,418	752	1,227			Dundee's visitor numbers have shown strong and sustained growth. After a dip during the pandemic, figures have rebounded sharply, almost doubling in just three years. The current trend is upwards, with performance exceeding targets year-on-year which reflect a healthy and growing tourism economy for the city. This year's growth of 4.5% was driven by a rise in staying visitors, major event activity, new hotel openings and increased cruise ship arrivals.
	City Centre retail units vacancy rate (%)	18%	17.7%	19.8%	11.1%	7.8%			Filling vacant units is part of the City Centre Investment Plan to deliver a vibrant City Centre.









\*Provisional figure for 2024 may be subject to revision by Office for National Statistics







\*\* A new Living Wage Plan has been published for the period 2025-2028, therefore the targets in this plan don't currently go as far as the 10 year period

## Progress of Actions

Status	Actions	Progress %	Due Date	Notes	Lead
✓	Create a Dundee Economic Advisory Group to provide regular engagement with local businesses and political leaders	100%	31st March 2032	The Dundee Economic Advisory Forum's vision and action plan are being developed. A successful Economic Summit was held recently.	Dundee and Angus Chamber of Commerce
✓	Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs	100%	30th Nov 2024	Dundee City Council's Community Wealth Building strategy and action plan were agreed, and implementation is underway across the CWB 'pillars'.	Dundee City Council Community Wealth Building Group and additional partners
▶	Deliver the Tay Cities Deal and the Dundee Projects supported by the programme	80%	31st March 2032	Significant progress was achieved including the Life Sciences Innovation Hub, the Tay 5G project and Tay Cities Skills programme.	Tay Cities Board
▶	Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs	70%	31st March 2032	J&D Wilkie has announced that it will move its manufacturing operations from Kirriemuir and Forfar to MSiP.	MSiP Board

Status	Actions	Progress %	Due Date	Notes	Lead
▶	Continue to raise the profile of the City through a range of marketing activities, promoting key message, assets and opportunities to businesses, investors, developers and visitors	 70%	31st March 2027	The Invest in Dundee team launched a programme of company engagement activities including business visits, event sponsorships and attendance at key industry events.	Invest Dundee / Tourism Leadership Group
▶	Build on Dundee's Scotland Loves Local Campaign	 60%	31st March 2032	DCC and Dundee & Angus Chamber of Commerce launched the redesigned and rebranded Dundee Loves Local Scheme, now named Dundee Gift Card. Key stakeholders attended the Meet the Buyer Tayside event in February 2025.	Dundee & Angus Chamber of Commerce / Dundee City Council
▶	Increase the number of start-ups and SME's in the city and support their expansion	 60%	31st March 2027	UK Shared Prosperity Funding has been used to provide digital supports to SME's, provide grant support, provide SME skills support via Dundee & Angus College and to support delivery of a Digital Accelerator Programmer.	Business Gateway
▶	Maximise apprenticeship opportunities	 55%	31st March 2027	Education continues to promote apprenticeships and other job opportunities within the Council. Potential apprenticeship opportunities offered through Community Wealth Building are also being reviewed.	Discover Work Partnership

Status	Actions	Progress %	Due Date	Notes	Lead
	Continue to grow the number of jobs within Dundee Waterfront		31st March 2027	The James Thomson House office development is nearing completion, and lease negotiations with prospective tenants are ongoing. The BT building is completed, and officers liaise regularly with other developers to ensure that the waterfront can accommodate new residential, commercial and office development as national policies and economic challenges are resolved. Due to escalating costs, the Tay Cities marina project is now under review.	Dundee City Council / Scottish Enterprise / Dundee and Angus Chamber of Commerce
	Increase and enhance employment pathways, in particular supporting around 11,000 economically inactive people towards job seeking and 16-19 year olds into positive destinations		31st March 2027	The new Employability Service has been established and 'All in Dundee' is to be scaled up with more specialist employability support. A Positive Destination Improvement Plan (PDIP) was agreed which includes Improvement Groups within each Secondary School and offsite Learning & Training.	Dundee Work Partnership
	Attract more skilled green jobs		31st March 2032	Working with the Scottish Offshore Wind Cluster, The Energy Skills Partnership, and Forth & Tay Offshore to arrange a series of events promoting the sector / career opportunities to pupils, students, parents / carers around the east coast of Scotland including Dundee.	Dundee City Council / Scottish Enterprise / Dundee Port / MSiP
	Implement the long-term City Centre Investment Plan to deliver a vibrant City Centre		31st March 2027	Significant developments include the opening of Livehouse, improvements to McManus Galleries and better resources for cruise visitors. Future highlights include the Bell Street Transport Hub and Dundee and Angus College's ambitious proposals for the Wellgate Centre.	Dundee City Council / Dundee and Angus Chamber of Commerce

Status	Actions	Progress %	Due Date	Notes	Lead
	Continue to work with partners to take forward proposals for Eden Scotland		31st March 2032	Planning permission for the main project proposal and enabling bridge elements has been approved. Discussions continue with project team on detailed design, land acquisition and funding raising for the capital element of the project.	Eden Project Dundee
	Continue work with partners to explore options to develop a Life Sciences Innovation District		31st March 2032	A partnership is meeting quarterly to oversee the process of developing the Life Sciences Innovation District at Dundee Technopole. Highlights in 2024/25 included the opening of the Life Sciences Innovation Hub providing state of the art incubation facilities for spin-out and spin-in companies.	Scottish Enterprise / University of Dundee / Dundee City Council
	Further grow the number of local organisations registered as Living Wage Employers		31st March 2032	Despite ongoing economic challenges, the number of accredited employers has shown a small but positive increase, indicating continued engagement with the Living Wage City commitment.	Living Wage Action Group

# Tackle Climate Change and Achieve Net Zero by 2045



“Dundee will be a greener city, made up of strong communities where people feel empowered, safe and proud to live.”

## £745k



in grant funding awarded by Transport Scotland to develop and design proposals for a new “Sustainable Transport Corridor” along the Lochee Road and Arbroath Road arterial routes.

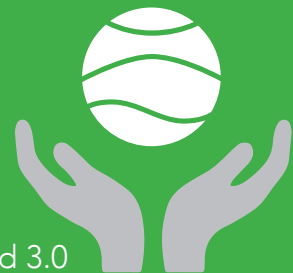
## 4%

reduction in  
Citywide CO<sub>2</sub> emissions.



## 10

projects received  
funding through the  
Dundee Climate Fund 3.0



## Strategic Highlights

- The **Local Area Energy Plan (LAEP)** was approved by Committee on **23rd September 2024** and the **Local Heat and Energy Efficiency Strategy (LHEES)** was approved by Committee and published in April 2024. Together, these plans take a whole system approach to decarbonising, decentralising and digitising heat and energy systems at local level.
- Both of the above items contribute to the **Dundee Climate Action Plan** and **Net Zero Transition Plan 2024-2030**, which aim to see Dundee reach Net Zero by 2045.
- Dundee’s **Sustainable Transport Delivery Plan** adds another aspect to this overall race towards Net Zero.

## Actions in progress

### Actions in progress for completion 2025/26

**There are 0 actions within this theme due for completion by 31st March 2026.**

**The following actions within this theme have been completed since last year's report:**

- Develop a City Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production.
- Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making.

**There is 1 action in this theme which has progress greater than 50%:**

- Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy.



# Priorities in Action

## Dundee Climate Action Plan

The Dundee City Council Local Heat and Energy Efficiency Strategy (LHEES) was published in April 2024 and the accompanying Delivery Plan in December 2024. The LHEES is a long-term plan for decarbonising heat in buildings and improving energy efficiency across an entire local authority area. The Strategy sets out a strategic approach for improving the city's buildings by removing poor energy efficiency as one of the causes of fuel poverty and decarbonising heating systems in buildings and the Delivery Plan outlines 39 deliverable actions with a 5-year plan for the actions based on target completion timescales.

The Local Area Energy Plan has now been published, providing an understanding of the nature, scale, rate, and timing of the changes needed for Dundee to transition to a net zero energy system by 2045 and describes the priority interventions and recommended actions that will support the city in delivering its net zero target. The LAEP incorporates outputs from Dundee's statutory Local Heat and Energy Efficiency Strategy (LHEES) and captures the wider components of power and transport, energy distribution systems and storage. Work is underway to implement this and the LHEES. A technical feasibility study for a Local Heat Network is almost complete with the next steps being options appraisal and stakeholder engagement. Various options for Public Sector decarbonisation funding are being investigated, and the Housing team are working on Net Zero funding applications for housing. Climate View (an emissions modelling tool) is being updated with the LAEP Interventions to give a more accurate picture of the net zero pathways.

A technical feasibility study for a Local Heat Network is almost complete with the next steps being options appraisal and stakeholder engagement. Various options for Public Sector decarbonisation funding are being investigated, and the Housing team are working on Net Zero funding applications for housing.

## Reduce, Reuse, Recycle and Recover

The Waste Strategy Team have been working on a range of activities to help reduce waste and increase recycling within the City. The Mobile App continues to gain traction with householders, with approximately 11,500 users and is now an established platform for providing updates and information to users.

The team have been updating the 2025 -2030 waste strategy for review and publication later this year. An interface with key actions and aspects of the Take Pride campaign will be included in the updated plan.

## Community Engagement on the Climate Challenge

Dundee Climate Fund Round 3 took place using a participatory budgeting model, with the public vote closing on the 17th March 2025. A total of ten projects benefitted from the £106,762 funding available.

Sustainable Dundee Network meetings have continued and hosted a Networking Evening on the 18th March as part of Earth Hour. This included invitations to new groups to broaden participation.

## Climate Vulnerability Assessment and Adaptability

A Climate Risk and Vulnerability Assessment has been updated and approved at Committee in April 2025. Next step to appraise the recommended options with relevant internal stakeholders. Business Continuity Plans have recently been updated. The assessment helped to inform the [Dundee Climate Action Plan](#).



A new Regional Adaptation Partnership has been established called Climate Ready Tayside to address regional impacts with larger scale solutions, attract bigger funding and investment opportunities, increase engagement and education and provide feedback to the Scottish Government of the challenges on the ground.




## Decarbonising Transport Systems and Improving Active Travel Routes







The Council remains committed to securing external funding to advance public transport projects and initiatives that support the decarbonisation of the transport system, as set out in the [Sustainable Transport Delivery Plan 2024–2034](#). Most recently, £745,000 in grant funding was awarded by Transport Scotland to develop design proposals for a new 'sustainable transport corridor' along the Lochee Road and Arbroath Road arterial routes. This design phase will build upon and integrate earlier concepts focused on enhancing active travel and improving bus priority.

## Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
<b>Tackle Climate Change and Reach Net Zero Carbon Emissions by 2045</b>	1	0	2	3	0 (0%)	1 (33%)

Most Improved PIs 	Most Deteriorating PIs 
Dundee City CO <sub>2</sub> Emissions (kt CO <sub>2</sub> )	Active travel (walking and cycling) as a proportion of trips to work
	Percentage of household waste recycled or composted

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	City-wide CO <sub>2</sub> Emissions (Kt CO <sub>2</sub> )	674	621	599*	630.8*	397.6			<p>This data is derived from 'The UK local authority greenhouse gas emissions statistics, 2005 to 2023'. This publication shows UK local authority area greenhouse gas emissions (ktCO<sub>2</sub>e) allocated on an 'end-user' basis where emissions related to energy use are distributed according to the point of energy consumption.</p> <p>Previous versions of this publication only covered carbon dioxide (CO<sub>2</sub>) emissions. This has now been expanded to include estimates of methane (CH<sub>4</sub>) and nitrous oxide (N<sub>2</sub>O). There is a two-year time lag on this data. 2023 is the latest available figure, published by the UK Government on 3 July 2025.</p>


Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% Active Travel (Walking and Cycling) as a proportion of trips to work	Not Available	18%	13%	22%	30.9%			The data for this performance indicator is sourced from the Scottish Household Survey 2023 which was published in December 2024. This report stated that the active travel percentage stood at 13% in Dundee (12% stated walking and 1% stated cycling).
	% of Household Waste Recycled	35.6%	36.6%	36.4%**	40.2%	56.5%			The latest recycling rate shown in the table relates to 2024. This figure is provisional and is still to be reviewed and verified by SEPA. This process is expected to be undertaken in September/October 2025.

\*Data is two years behind i.e the latest figure and the target is for 2023

\*\*This is a provisional figure, figures are expected to be confirmed by SEPA in September/October

## Progress of Actions

Status	Actions	Progress %	Due Date	Notes	Lead
✓	Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making	100%	31st March 2032	The Local Area Energy Plan has now been published and further engagement and funding applications are underway.	Dundee Climate Leadership Group
✓	Develop a City Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production	100%	31st March 2027	The Local Area Energy Plan (LAEP) and the Local Heat and Energy Efficiency Strategy (LHEES) were approved by Dundee City Council in September and April respectively.	Dundee Climate Leadership Group
▶	Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy	60%	31st March 2032	The Dundee MyBins mobile app is firmly established and well used. The Waste Strategy for 2025-2030 will be published later this year.	Dundee City Council
▶	Take action to ensure our communities, green networks and infrastructure are adaptable to a changing climate and reduce the risks and vulnerability to unavoidable impacts	45%	31st March 2032	A Climate Risk and Vulnerability Assessment was updated and approved in early 2025. The 'Climate Ready Tayside' partnership is now pursuing funding and investment to regional initiatives.	Dundee City Council
▶	Engage with communities about the climate challenge and foster participation and collaboration to enable local action	40%	31st March 2032	The third round of public voting on the Dundee Climate Fund closed in March 2025. Further engagement continues through the Sustainable Dundee Network.	Sustainable Dundee

Status	Actions	Progress %	Due Date	Notes	Lead
	Support the decarbonisation of transport systems and improve infrastructure for walking, cycling, wheeling and reducing the need to travel	<div style="width: 40%;"><div style="width: 40%;"></div></div> 40%	31st March 2032	£745,000 in grant funding was secured from Transport Scotland to develop design proposals for new 'sustainable transport corridors' along the Lochee and Arbroath Road arterial routes.	Dundee City Council

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**DUNDEE**   
PARTNERSHIP

For more or additional information please contact

Dundee Partnership Team  
[dundee.partnership@dundeecity.gov.uk](mailto:dundee.partnership@dundeecity.gov.uk)

or visit the website

[www.dundeepartnership.co.uk](http://www.dundeepartnership.co.uk)



**REPORT TO: SCRUTINY AND AUDIT COMMITTEE - 3 DECEMBER 2025**

**REPORT ON: INTERNAL AUDIT REPORTS**

**REPORT BY: CHIEF INTERNAL AUDITOR**

**REPORT NO: 339-2025**

**1.0 PURPOSE OF REPORT**

To submit to Members of the Scrutiny and Audit Committee a summary of the Internal Audit Reports finalised since the last Scrutiny and Audit Committee.

**2.0 RECOMMENDATIONS**

Members of the Committee are asked to note the information contained within this report.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT**

- 4.1. The day-to-day activity of the Internal Audit Service is primarily driven by the reviews included within the Internal Audit Plan. On completion of a specific review, a report which details the audit findings and recommendations is prepared and issued to management for a formal response and submission of management's proposed action plan to take the recommendations forward. Any follow-up work subsequently undertaken will examine the implementation of the action plan submitted by management.
- 4.2. In arriving at the overall assurance level for each audit, the assurance levels within the individual objectives do not always carry equal weighting. Findings from the audit are considered in total against the scope and risk levels to arrive at the overall assurance opinion.
- 4.3. Executive Summaries for the reviews which have been finalised in terms of paragraph 4.1 above since the last Scrutiny meeting are provided at Appendix A. The full reports are available to Elected Members on request. Reporting in Appendix A covers:

<b>Audit</b>	<b>Assurance level</b>
Section 75 Planning Obligations	Substantial Assurance
SLA's with External Bodies	Limited Assurance
GVA Purchasing	Limited Assurance

- 4.4. Internal audit recommendations are categorised as either relating to the design of the control system (Design) or compliance with the operation of the controls (Operational).

**5.0 POLICY IMPLICATIONS**

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

**6.0 CONSULTATIONS**

The Council Leadership Team have been consulted in the preparation of this report.

**7.0 BACKGROUND PAPERS**

None.

CATHIE WYLLIE  
CHIEF INTERNAL AUDITOR

DATE: 11 NOVEMBER 2025

## (i) INTERNAL AUDIT REPORT 2023/14

<b>Client</b>	<b>Corporate</b>
<b>Subject</b>	<b>Section 75 Planning Obligations</b>

**Executive Summary****Conclusion****Substantial Assurance**

The Council's arrangements for managing Section 75 payments and planning obligations include well-designed systems for recording obligations and managing documents. These systems are bolstered by audit trails that enhance data security and accountability.

The key areas requiring improvement relate to monitoring financial obligations and ensuring that these are paid in line with the granted approval in a timely manner and completing the centralisation of the spreadsheets used by different services to track S75 obligations.

Not all processes have been formally documented. The existing process maps, therefore, require updating to accurately reflect current practices and to provide sufficient guidance to staff.

We assessed the process for monitoring financial obligations and ensuring that these are paid in line with the granted approval. Our sample testing of completed planning applications where payments were due identified delays in issuing invoices and notifying developers of their outstanding obligations. We found that invoices for our two samples (totalling £707,148) were either issued several years after planning permission was granted or, in some cases, not issued at all. (We accept and understand there can be reasons for this, such as timescales for developers taking action and/or certain milestones being achieved a few years down the line to trigger such payment). There was also limited clear evidence of communication or oversight between the Council and developers regarding the implementation of works or milestone completion (which we understand from discussions with management may also be impacted by level of resources and available capacity). We reviewed the spreadsheet the planning team uses to track financial obligations, and no further lengthy outstanding obligations were found.

While one case resulted in a developer dispute, there was no evidence to suggest this was directly caused by the invoicing delays. However, the delay can potentially prevent issues from being identified and addressed in a timely manner.

We noted that relevant committees receive reports related to developer contributions on an ad hoc basis, as needed, particularly for specific projects. However, there is concern that the existing ad hoc reporting system may not provide a comprehensive overview and sufficient oversight of all financial obligations, including the status and potential issues around the financial obligations.

Addressing these issues per the recommendations outlined will enhance the Council's oversight, compliance, and overall effectiveness in managing Section 75 payments and planning obligations. With new planning legislation and policies coming forward in relation to planning obligations and infrastructure requirements, there may be more planning obligations in future.

## **Background**

Planning obligations are legal agreements (or unilateral undertakings) entered into under Section 75 of the Town and Country Planning (Scotland) Act 1997. Their purpose is to mitigate the impacts of proposed developments, in order to make them acceptable in planning terms. Most commonly, these agreements are used to restrict development or secure investment in infrastructure, where it is necessary to do so, and where a condition cannot be used.

Planning obligations differ from planning conditions, in that they are recorded on the property title and are legally binding as such, and they can be used to offset impacts of a development outside the development site itself where such matters are required as a direct result of the proposed development. Developer contributions are most likely to be sought for: education provision, road junction improvements and other off-site road works, open space improvements, green infrastructure, and public art, where they are required in accordance with the statutory development plan and supplementary guidance.

Development activity has impacts across most of the Council's wider objectives, particularly where these relate to education, economic growth, building resilient communities, and contributing to Net Zero ambitions through provision of green infrastructure. Council planning policies and development plans set out the circumstances in which obligations will be used to ensure that development is consistent with these ambitions and goals.

Dundee City Council's planning system currently holds the details of ninety (90) legal agreements relating to planning obligations imposed on approved planning applications since the year 2000. The Council is currently reviewing the Local Development Plan and the approach in relation to planning obligations may change in the future. In order to ensure that the Council realises the benefits of planning obligations, it is essential that there are appropriate processes in place to ensure that obligations are recorded, monitored, and enforced.

## **Scope**

We have reviewed the arrangements in place for the recording, receipting, and monitoring of Section 75 payments/planning obligations from developers.

## Objectives

		Action Priority			
		C	H	M	L
Confirm that all planning obligations imposed at the point of planning approval are recorded.	<b>Comprehensive Assurance</b>	-	-	-	1
Review the processes for monitoring and follow up of non-financial obligations to ensure that these have been fulfilled on a timely basis within the terms of the underpinning legal agreement.	<b>Comprehensive Assurance</b>	-	-	-	-
Review the process for monitoring financial obligations and ensuring that these are paid in line with the granted approval, and funds received are used according to the terms of the agreement.	<b>Limited Assurance</b>	-	1	2	-
Confirm that there are appropriate monitoring and reporting processes in place with respect to compliance with planning obligations, and a clear pathway for escalation to enforcement.	<b>Substantial Assurance</b>	-	-	1	-
<b>TOTAL</b>		-	1	3	1

## Nature of Recommendations

Four of the five recommendations - including the one designated as high priority - relate to issues identified with the design of existing controls and represent instances in which the control framework requires revision to adequately address risks. The remaining recommendation relates to the operation of the control.

## Key Findings

We found a number of areas of good practice:

- There are systems in place for recording planning obligations (Uniform) and storing associated documents (IDOX).
- The systems have an audit trail functionality that enhances security of data and accountability of user activities and changes.
- The completion of specific units as per legal agreements is monitored by the team so if a developer failed to notify completion to the Council, it would be identified by the monitoring processes in operation.

We have identified the following areas for improvement:

- The Section 75 process map is inadequate and requires review, update, and formal approval.
- The Sales Ledger Process Map is inadequate and requires review, updating, and formal approval.
- Developers were not always notified in advance of outstanding payments.
- Inconsistent use of spreadsheet to track financial obligations across Planning, Finance and Legal Teams.
- Reports are made to relevant committees only on an ad hoc basis relating to developer contributions, which has raised concerns around the sufficient oversight of the financial obligations.

### **Impact on Risk Register**

The Council's Corporate and Service risk registers included the following risks relevant to this review:

- CDHL004 Legal & Regulatory Compliance (inherent 5x4, residual 5x3)
- CDPE008 Legislation / Regulation (inherent 5x4, residual 4x2)
- CDPE012 Failure to attribute impact (inherent 4x2, residual 3x2)

Failing to comply with documented processes in respect of managing planning obligations significantly reduces the effectiveness of the controls put in place to mitigate risks associated with this area.

## (ii) INTERNAL AUDIT REPORT 2023/02

<b>Client</b>	<b>Corporate</b>
<b>Subject</b>	<b>SLAs with External Bodies</b>

**Executive Summary****Conclusion****Limited Assurance**

The Council no longer has a formally defined and up to date process in place to ensure that the requirements of “Following the Public Pound” guidance are adhered to. However, Services have generally implemented their own processes to manage and administer existing funding relationships.

While these processes are designed to mitigate risks relating to the effectiveness of partnerships, the variation in approach means it is difficult to gain assurance that monitoring arrangements are appropriate, proportionate, and effective in any particular instance.

**Background**

In 1996, The Accounts Commission and Convention of Scottish Local Authorities published the Code of Guidance on Funding External Bodies and Following the Public Pound. The objective of the guidance was to ensure that funds or other resources transferred by Councils to external bodies secure “quality local authority services in the most effective, efficient and economic manner.”

The Code of Guidance sets out a framework for Councils to manage relationships with external bodies where they are not straightforwardly contractual, such as arm’s length bodies, and third sector bodies funded by Council grants. This includes clearly articulating the purpose of the award and defining appropriate and proportionate arrangements for financial scrutiny and measurement of performance.

The Council prepared guidance for officers and members in 2015. The guidance establishes principles for determining when a “significant funding relationship” in the terms of the Code of Guidance exists, and the appropriate basis on which to design monitoring and reporting arrangements. The Council’s guidance defines as significant instances where “Council expenditure is equal to the product of at least £1 on the Council Tax. For the Council in the 2015/16 financial year this represents funding of £60,000 or greater” subject to consideration of the significance of that funding in relation to the budget of the funded body.

To ensure the efficiency and effectiveness of funding relationships, it is vital that the Council has robust controls which provide assurance over the use of funding transferred to external organisations.

**Scope**

Assess the extent to which the Council has adequate service level agreements in place where Council responsibilities are delivered by external bodies. To include an assessment of arrangements to ensure satisfactory service delivery and value for money.

## Objectives

		Action Priority			
		C	H	M	L
The Council's internal guidance and procedures are consistent with the requirements of the Code of Guidance	Limited Assurance	-	1	-	-
Monitoring and reporting arrangements consistent with the Council's guidance have been developed and implemented	Limited Assurance	-	1	2	-
Monitoring and reporting requirements are complied with	Limited Assurance	-	-	1	-
Arrangements are in place to ensure all funding relationships which fall within the terms of the Code of Guidance have been identified and consideration has been given to the implementation of an SLA or equivalent.	Limited Assurance	-	-	-	-
<b>TOTAL</b>		-	2	3	-

## Nature of Recommendations

Four of the five recommendations relate to the design of controls, as opposed to the operation of existing controls. This reflects that a previously implemented corporate control framework no longer appears to be in place, however we noted that there are operational controls which have been developed and implemented within Services which partially mitigate the same risks.

## Key Findings

We have identified the following areas for consideration, some of which give rise to recommendations for improvement:

- The Council previously established a policy and set of guidance, reflected in the Financial Regulations, which set out oversight requirements for providing funding to external bodies. However, it is unclear if this is considered current as it was last updated in 2015.
- In the form in which it was last updated, the Council's own guidance outlines policy and processes which would comply with Following the Public Pound Guidance; however these are no longer in active use. Clarifying the status of the Guidance, and reviewing and updating it if necessary, would provide greater assurance that relevant funding relationships have been identified, and that appropriate arrangements have been implemented for their monitoring and management.



- There is no consistent process by which Services assess the nature of their funding relationships and identify those that are significant in the terms of the FPP guidance, however in general Services have implemented their own monitoring processes where funding is provided to external bodies.
- As a consequence of the lack of criteria for assessing the significance of funding provided by the Council, there is no clear relationship between the nature and scale of that funding and the nature of the monitoring processes in place. Categorising the funding relationships in place across the Council and establishing a common set of requirements for the associated processes would provide greater consistency and assurance that processes used in any particular instance are proportionate.
- Services are making use of a standard contract wording as a template for funding agreements, however it is not clear that this approach is appropriate, or that the wording itself is fit for purpose. The use of this standard wording should be reviewed where it is in place.
- The status of Guidance for Councillors and Council Officers serving as Directors or Trustees of external organisations is unclear. This formed part of the Council's guidance on funding external bodies last updated in 2015, but does not appear to have been updated since. This guidance should be reviewed and updated where required.
- The Council's Financial Regulations and the 2015 Guidance specify that reports should be presented to Committee when new funding relationships are entered into, and annually thereafter, however such reports are no longer consistently prepared and presented.

### **Impact on Risk Register**

The (Service) risk register included, at time of audit, the following risks:

- DCC002 Effectiveness of Partnerships (inherent risk 5x3, residual risk 5x3)

A large number of Service level risk registers identify specific risks relating to issues arising from Partners or Suppliers, including Community Justice, Education, Planning & Economic Development, Roads & Transportation, Customer Services, Community Safety, Environment, and Housing & Communities. Controls related to Following the Public Pound will be of relevance to these risks where those services provide external funding within the scope of the Code of Guidance.

The overarching Corporate Risk includes "Following the Public Pound Reporting" as a control against this risk, however we have established that this is not taking place in the form described in the Council's most recent guidance or the Financial Regulations. Where risks relating to Partnerships are articulated in Service risk registers, these generally describe internal controls composed of some combination of monitoring meetings, agreed contracts and SLAs, and dedicated monitoring officers.

We have found that generally some form of monitoring process was in place for all of the organisations we reviewed, however there was considerable variation in their form. This kind of variation does not in and of itself give rise to additional risk, however the variation appears to be a consequence of the absence of two elements of Following the Public Pound reporting:

- A systematic approach to identifying and categorising funding relationships, and
- Reporting to Committee at the point at which funding relationships are created, and annual reporting of financial and performance information for relevant funding relationships.

There is therefore a risk that arrangements for the monitoring of funding relationships may not be proportionate to the funding relationship, and there is a risk of inefficiency where Services have developed and implemented bespoke processes where it may have been more appropriate to rely on processes which have already been implemented. There is some evidence that this has been recognised in some Services where contract monitoring arrangements have been repurposed to monitor relationships that are not strictly contractual.

Risk owners should consider the extent to which management have an understanding of the number and nature of funding relationships administered by their service, whether there are clear policies which articulate the monitoring approach to be taken, and whether there are potential efficiencies to be found by applying a consistent process to groups or categories of similar funding relationships.

Risk owners should also consider the extent to which their existing processes meet the standards outlined in the Financial Regulations.

## (iii) INTERNAL AUDIT REPORT 2024/22

<b>Client</b>	<b>City Development / Corporate Services</b>
<b>Subject</b>	<b>GVA Purchasing</b>

**Executive Summary****Conclusion****Limited Assurance**

The controls in the City Development GVA Purchasing process are not well defined and effective in comparison to the process applied to other purchasing through the Civica system. The limited functionality of the GVA system means that implementation of more sophisticated cost analysis and control approaches is likely impractical without system replacement.

We have raised a number of recommendations relating to system user access controls, segregation of duties, and approval workflows which could, in principle, be addressed within the existing systems. We have recommended approaches to management and scrutiny of repair costs to the extent that these are practical within the existing infrastructure, and considerations for the required functionality of the planned replacement of GVA.

**Background**

Dundee City Council uses Civica Purchase to Pay systems for the majority of purchasing activity. However, in certain areas of the organisation alternative or special purpose systems are used to administer purchasing processes such as approval of orders and authorisation of invoices. Where these are in place, the level of integration with the Council's core financial systems varies.

The Council's purchases for building repairs follow a different authorisation and approval process from conventional purchasing. Where repairs are required to Council buildings, these are recorded through the Council's Asset Management System GVA. Where an order is created to carry out the repair, the existing process creates a commitment in the financial ledger system Civica based on its estimated cost, as the full cost may not be known at the point the decision is made to carry out the work.

Invoices are subsequently reviewed and approved for payment in relation to their estimated cost and any additional work required, as opposed to by straightforward purchase order matching.

Management have requested that a review is carried out of the purchasing controls currently in place for work, which is instructed for building repairs logged through GVA, to determine their fitness for purpose and their adequacy in relation to the control processes which apply to conventional purchasing in other Council functions.

**Scope**

Review processes in relation to the ordering, approval, and payment for repair work to Council buildings which are administered through the GVA system and related processes.

## Objectives

This review was carried out with the aim of making determinations in relation to specific operational risks and controls identified in consultation with Council Senior Management. The review:

- Documented the processes which operates within City Development for the purchase of building repair work, which fall outside the scope of conventional purchases through Civica Purchasing.
- Evaluated the controls within that process, identifying where these differ from controls which are applied to conventional purchasing activity.
- Concluded upon the extent to which these controls are adequate to support the discharge of relevant responsibilities set out within the Council's Standing Orders and other financial guidelines.
- Examined records of purchases, through a sampling approach or otherwise, to determine the extent to which those controls can be said to have operated.

## Approach

The audit procedures undertaken consisted of:

- Identification and examination of relevant process and procedure documents, where these are in place
- Formal walkthrough of the purchasing process in order to document its operation
- Acquisition of listings of purchase transactions from relevant systems to identify specific transactions for audit testing
- Examination of underlying records in relation to identified transactions
- Analysis of the consistency of estimated costs with costs that are ultimately incurred

		Action Priority			
		C	H	M	L
Adequacy of controls within the GVA purchasing process, and comparison with Civica Purchase to Pay	Limited Assurance	-	1	2	1
Evaluation of the extent to which expected purchasing controls can be determined to have operated	Limited Assurance	-	1	1	-
<b>TOTAL</b>		-	2	3	1

## Nature of Recommendations

All of the recommendations relate to issues identified with the design of existing controls and represent instances in which the control framework requires revision to adequately address risks.

## Key Findings

We identified the following good practice, which relates to controls integrated into the Civica Financials system:

- Payment of invoices is carried out through Civica Financials, meaning that there is a three-way match between the purchase order, goods received note (GRN) and invoice.
- Civica automatically enforces a secondary approval process where there is a significant variance between the invoice received and the value of the purchase order.

We have identified the following areas for improvement; however we note that many of these relate to issues with the existing GVA system used for the management of building repair requests and the associated purchase orders.

The GVA system is now end-of-life and no longer supported by the original vendor. The Service recognises the need for GVA to be replaced with a more modern system, and as such our recommendations are made in the context that it may not be practical or cost-beneficial to introduce new processes where these may be addressed by functionality available in new software:

- A GVA user guide has been developed, comprising a combination of vendor documentation and procedure notes, however this is not made available to the users, and no formal system training is provided to staff.
- User access management processes are limited, and GVA does not provide functionality to support periodic review of active users and their permissions. Defining the required user roles and the associated system permissions, and keeping these under review, would provide greater assurance that access to the system is appropriately controlled.
- System limitations combined with the configuration of user permissions mean that an individual user can create and approve both the purchase request and purchase order for the same transaction, meaning that purchases made through GVA may not be subject to the same segregation of duties controls as purchases made through Civica.
- Issues with system integration introduce inconsistencies between Purchase Order records held in the GVA and Civica systems. Financial risks are largely mitigated by other controls within Civica, but the lack of consistency between the systems complicates analysis of purchasing and costs.
- The GVA system has only limited capabilities to provide management information to support cost control, and there is no consistent, objective approach to estimating costs when raising Purchase Orders. Introducing a standardised approach based on clear assumptions could enhance cost control, but the absence of functionality to support this in GVA means that without system replacement this would likely be limited in scope or impractically resource intensive.

- There is no consistent approach to reviewing invoices to confirm that payment can be released by “receipting” these in Civica, and such invoices are paid automatically without further review where they are consistent with estimated costs, although estimates may have been prepared based on incomplete information. The ability to apply meaningful scrutiny at these stages is contingent on the implementation of a more modern system capable of supporting a more sophisticated estimating approach, and as such should be considered in the context of the implementation of a revised system.

### **Impact on the Risk Register**

The (Service) risk register included, at time of audit, the following risks:

- CDDP004 Financial (inherent risk 5x5, residual risk 4x4)
- CSCF008 Compliance (inherent risk 5x5, residual risk 5x3)
- CSCF007 Procurement - General (inherent risk 5x5, residual risk 5x3)

The internal controls identified against these risks in the Corporate and Service risk registers consist of:

- "No Purchase Order, No Pay" policy
- Centralised procurement function
- Segregation of duties
- General monitoring and reporting controls
- Procurement / Supplier controls

We have identified areas for improvement in relation to the access controls and segregation of duties in GVA purchasing process, Reconciliation of order information in GVA system and Civica system and assessment of Purchase Order values.

Risk owners should consider whether risks remain accurately scored in the light of the findings of this review.

## Definitions of Levels of Assurance

Comprehensive Assurance	The system of controls is essentially sound and supports the achievement of objectives and management of risk. Controls are consistently applied. Some improvement in relatively minor areas may be identified.
Substantial Assurance	Systems of control are generally sound, however there are instances in which controls can be strengthened, or where controls have not been effectively applied giving rise to increased risk.
Limited Assurance	Some satisfactory elements of control are present; however, weaknesses exist in the system of control, and / or their application, which give rise to significant risk.
No Assurance	Minimal or no satisfactory elements of control are present. Major weaknesses or gaps exist in the system of control, and / or the implementation of established controls, resulting in areas of unmanaged risk.

## Definitions of Action Priorities

Critical	<b>Very High-risk exposure to potentially major negative impact</b> on resources, security, records, compliance, or reputation from absence of or failure of a fundamental control. Immediate attention is required.
High	<b>High risk exposure to potentially significant negative impact</b> on resources, security, records, compliance, or reputation from absence of or non-compliance with a key control. Prompt attention is required.
Medium	<b>Moderate risk exposure to potentially medium negative impact</b> on resources, security, records, compliance or reputation from absence or non-compliance with an important supporting control, or isolated non-compliance with a key control. Attention is required within a reasonable timescale.
Low	<b>Low risk exposure to potentially minor negative impact</b> on resources, security, records, compliance, or reputation from absence of or non-compliance with a lower-level control, <b>or areas without risk exposure but which are inefficient, or inconsistent with best practice.</b> Attention is required within a reasonable timescale.

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**REPORT TO:** SCRUTINY AND AUDIT COMMITTEE - 3 DECEMBER 2025  
**REPORT ON:** INTERNAL AUDIT PLAN UPDATE AND PROGRESS REPORT  
**REPORT BY:** CHIEF INTERNAL AUDITOR  
**REPORT NO:** 340-2025

## **1.0 PURPOSE OF REPORT**

To submit to Members of the Scrutiny Committee an update on the progress towards delivering the 2025/2026 Internal Audit Plan; the audits from previous years' plans that were not complete in June 2025, and information about the number of open internal audit recommendations.

## **2.0 RECOMMENDATIONS**

It is recommended that the Committee:

- (i) note the progress with the Internal Audit Plan;
- (ii) note progress with the implementation of agreed internal audit recommendations; and
- (iii) note progress with the implementation of the Global Internal Audit Standards (GIAS) (UK Public Sector) action plan.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 AUDIT PROGRESS**

- 4.1 Appendix 1 notes the current stage of progress with implementing the 2025/2026 Internal Audit plan and the outstanding items brought forward from previous plans (the plan). It also includes the current position regarding previous years' internal audits with remaining open actions at 11 November 2025.
- 4.2 Appendix 2 shows the total open internal audit recommendations by service, audit year and risk priority. Limited progress has been made to implement and close open actions, with 5 actions closed since this was last reported in September 2025. New target dates have also been set for a number of actions, with 17 still requiring a new target date to be set by the services, compared to eight at September 2025.

## **5.0 GIAS (UK PUBLIC SECTOR) ACTION PLAN PROGRESS**

- 5.1 The actions needed to ensure the internal audit service is compliant with the Global Internal Audit Standards as they apply to the public sector and local government (GIAS (UK Public Sector)) were reported to this committee in April 2025 in Report 127-2025 (article VI refers).
- 5.2 An update on progress with implementation of the action plan is provided in Appendix 3. Although the dates for some individual actions have slipped, good progress has been made and we are on target to have all actions completed by June 2026 when the Annual Report is presented.

## **6.0 POLICY IMPLICATIONS**

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## **7.0 CONSULTATIONS**

The Council Leadership Team have been consulted in the preparation of this report.

## **8.0 BACKGROUND PAPERS**

No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than containing confidential or exempt information) were relied on to a material extent in preparing the above report.

Appendix 1 - Internal Audit Plan update 2025/26 plus previous years' not reported by June 2025.

Appendix 2 - Outstanding Internal Audit Agreed Actions.

Appendix 3 - GIAS (UK Public Sector) action plan progress

CATHIE WYLLIE  
CHIEF INTERNAL AUDITOR

DATE: 17 NOVEMBER 2025

## Appendix 1 - Internal Audit Plan update 2025/26 plus previous years' not reported by June 2025

The tables below show the progress stage of each audit, and the overall assurance level provided from completed audit work. They also include the numbers of remaining open actions for each report to allow members to assess if risks identified during the audit are now mitigated, or where risk remains outstanding.

### Progress with previous years' audits not complete at June 2025

2022/23 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Final Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
<b><i>Procurement / Contract Reviews</i></b>									
Social Work Contracts and Payments	Review of contract management and commissioning arrangements, including payments, within Dundee Health and Social Care Partnership to assess their adequacy and effectiveness.	February 2025 Revised to December 2025	In progress						

2023/24 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
<b>Procurement / Contract Reviews</b>									
SLAs with External Bodies	Assess the extent to which the Council has adequate service level agreements in place where Council responsibilities are delivered by external bodies. To include an assessment of arrangements to ensure satisfactory service delivery and value for money.	April 2025 Revised to December 2025	Complete	Limited	-	2	3	-	None
<b>System Reviews</b>									
Section 75 Planning Obligations (Contractor)	Review of the arrangements in place for the recording, receipt, and monitoring of Section 75 payments/planning obligations from Developers.	February 2025 Revised to December 2025	Complete	Substantial	-	1	3	1	None   M partially
Young People in Residential Care - Missing Persons Processes	Review of the arrangements for risk assessment, planning for, and prevention of young people going missing from Residential Care. To include review of processes for identifying, recording, and responding to such instances.	April 2025 Revised to September 2025	Complete	Substantial	-	-	5	2	-

2024/25 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed actions
					C	H	M	L	
<b>Governance Reviews</b>									
Partnership Working - Dundee Alcohol and Drugs Partnership	Review of the arrangements which underpin the Council's delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework, including delivery plans, progress monitoring, and engagement with other members of the Partnership.	April 2025 Revised to September 2025	Complete	Comprehensive	-	-	-	-	-
<b>ICT Reviews</b>									
Service Cyber Incident Readiness (contractor)	Review the adequacy of design, and operating effectiveness of key controls, established in services to ensure delivery of their key activities to a minimum agreed level, during a cyber incident.	September 2025 Revised to February 2026	In progress						
<b>Financial Reviews</b>									
Capital Planning and Monitoring	Review of the procedures to oversee the implementation of Capital Plans, in line with the Council's Capital Investment Strategy, and monitor and scrutinise Capital expenditure.	February 2025 Revised to September 2025	Complete	Limited	-	1	1	-	-

2024/25 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed actions
					C	H	M	L	
MOSAIC system payments	Review of payment processes added mid-year at Service's request.	April 2025 Revised to February 2026	Draft report issued 14/7/25  Final response received 10/11/25						
<b>Systems Reviews</b>									
Multi Agency Safeguarding Hub (MASH) Intake processes	Review of the administrative processes to support the Multi-Agency Safeguarding hub in taking timely, effective action on referrals in collaboration with Council Services and partner bodies.	April 2025 Revised to February 2026	In Review						
Climate Strategy and Delivery Plans	Review to be conducted using a scope and audit programme being developed by SLACIAG for use across local authorities in Scotland.	June 2025 Revised to Sept 2025	Complete	Substantial	-	-	3	1	-
DHSCP Lead Partner Governance and Assurance Arrangements	To consider the governance arrangements in place to manage service planning and information sharing for Lead Partner Services	June 2025 Revised to February 2026	In Progress						

2024/25 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed actions
					C	H	M	L	
<b>Other Work</b>									
Housing Stock (External Wall Insulation)	Review the processes, procedures and programmes relating to the implementation of the works identified as required after August 2021 by the report from the Design and Property Service.	June 2025 Revised to February 2025	Draft Report being finalised						
External Quality Assessment Process	As part of the peer review process developed to ensure conformance with the PSIAS, complete External Quality Assessment (EQA) of the Council's Internal Audit Service. Self-assessment provided to reviewer November 2023. Review delayed during 2024, re-started in October 2024, but further delay by reviewer.  These actions are not included in the tables about open audit actions	December 2024 Revised to December 2025	Complete	Generally conforms 2 Sections	1	-	-	9	1 H and 1 L
				Fully conforms 12 sections					

## 2025/2026 Internal Audit Plan - Progress Report

The following table includes the 2025/26 plan.

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
<b>Finance Reviews</b>									
Cash Handling	Review of the arrangements in place within the Council for the management and handling of cash.	December 2025	Fieldwork complete						
Treasury Management (Large Value Transactions)	Review of procedures for processing and authorisation of large value transactions involving Council funds.	February 2026	Planned						
HRA Budgetary Control	Review of budget management and monitoring processes in relation to Housing Revenue Account funds.	December 2025 Revised to February 2026	In Progress						
<b>ICT Reviews</b>									
Artificial Intelligence (AI) adoption	Review of ethics and governance in this area, potentially as an advisory review rather than an assurance audit	April 2026	Planning						



2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
Cyber Security supply chain management	Review of arrangements for management of cyber security within supply chains. This will cut across IT, Information Governance and procurement.	April 2026	Planning						
<b>Governance Reviews</b>									
Performance Reporting	Assessment of organisational performance monitoring arrangements within Services, and their consistency with key operational plans.	February 2026	Planning						
Information Governance (progress of GDPR Action Plan)	Review of Information Governance arrangements across the Council, including the progress of previous action plans.	December 2025 Revised to February 2026	Planning						
Dundee IJB - Implementation and Monitoring of Directions	Review of the governance and operational arrangements for the implementation and monitoring of Directions from Dundee IJB to the Council.	June 2026	Not started						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
<b>Systems Reviews</b>									
Asset Management	Review of the processes which ensure that the Council's asset management databases are complete, accurate, and kept up to date. To include processes for condition assessment.	Originally Feb 2026	Removed from plan						
Employability Services	Review of the efficiency and effectiveness of the Employability pathway, and arrangements to implement the Scottish Government's <i>No one left behind</i> policy.	Originally December 2025	Postpone till 2026/27 plan						
Energy Management and Billing	Evaluation of the processes in place for energy metering and billing, including an assessment of value for money.	April 2026	Not started						
Business Continuity Planning	Review of the extent to which Business Continuity Plans are in place, up to date, and consistent with Council policies and guidance, considering emergency planning and Service incident readiness plans.	April 2026	Planning						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
Council Tax and Non-Domestic Rates refunds	Review of the processes and controls for managing Council Tax and Non-Domestic Rates refunds, taking cognisance of work already carried out within Digital and Customer Services on Council Tax Refunds.	April 2026	Not started						
DWP Appointeeships	Review of the arrangements in place within the Council for the management of DWP Appointeeship clients who are deemed incapable of managing their own affairs.	February 2026	Not started						
Homelessness	Review of the development and progress of the Council's plans to address Homelessness.	February 2026	Planning						
Immigration Sponsorship and Visas	Review of the processes by which the Council considers and manages recruitment applications from individuals overseas and/or requiring visa sponsorship, including the update of these policies and procedures in line with changing legislation.	December 2025	In Progress						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
Payroll	Review of a payroll sub-process, to be selected in conjunction with Service management.	April 2026	Not started						
Schools Administrative Support	Review of the arrangements to provide administrative and office support to schools, including arrangements for backfill in the event of absence.	February 2026	Planning						
Self-Directed Support	Review of the arrangements for the uptake of and management of self-directed support within Children Services.	April 2026	Planning						
<b>Other Work</b>									
Parking Meter Procurement	Review of the procurement process for the tender with Project Number DCC/CD/111/24, to confirm that the procurement process used is consistent with Council procurement procedures and the requirements of the tender specification.	September 2025 revised to February 2025	Draft report being finalised						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
Purchasing outwith Civica - Fleet Purchasing (Tranman)	Review processes which are specific to the Fleet function for placing and approving orders, receipting, and approval of payments.	September 2025 revised to February 2026	Draft report 23/10/25						
Purchasing outwith Civica - GVA	Review processes in relation to the ordering, approval, and payment for repair work to Council buildings which are administered through the GVA system and related processes.	September 2025 revised to December 2025	Complete	Limited	-	2	3	1	
Follow-Up	Review of progress with the implementation of prior internal audit actions agreed by the Council, for the purpose of providing assurance to Elected Members that identified issues are addressed on a timely basis, and that management attention is appropriately directed towards issues which expose the Council to higher degrees of risk.	Each meeting	Ongoing	N/A	-	-	-	-	
Technical Development	Review and update of the Council's Internal Audit Methodology following the	On-going	In Progress	N/A	-	-	-	-	

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
	<p>implementation of Global Internal Audit Standards.</p> <p>Further refinement of the Council Audit Universe in consultation with Services.</p> <p>Development and implementation of a Data Analytics strategy and capability.</p>								
Advice and Guidance	Provision of ad-hoc support to assist services in respect of specific queries and contribute to the delivery of improvements in the Council's framework of governance, risk management and control. This will include the ongoing provision of advice and guidance surrounding the development of newly implemented systems and processes, or the revision and update of those processes.	N/A	Ongoing	N/A	-	-	-	-	
GIAS (UK Public Sector) Quality Self-Assessment Process	Annual self-assessment for conformance with GIAS (UK Public Sector).	June 2026	Ongoing						
Specific Investigations	To respond to requests for advice and assistance as required in respect of	As required							

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 11 November 2025				Closed Actions
					C	H	M	L	
	cases of suspected fraud, corruption or malpractice.								

**Previous Years Internal Audit Plan - Progress Report (Audits with audit actions remaining open at 11 November 2025)**

The following table shows the audits from previous years that still have outstanding actions, or where the final actions have been closed since we last reported. Once all actions are closed the report will be removed at the following reporting cycle. There is one report in that position.

Revised dates have been agreed where actions have past their original agreed completion date, however a small number of these are also now in the past and require a new target date to be set.

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 11 November 2025			
					C	H	M	L
Lone Working	3 Warning Alerts	2017/07	During 2017/18 audit year	2 closed actions	-	1	-	-
Follow-up Review of General Data Protection Regulations (GDPR)	7 Subject Access Requests ("SAR")	2020/19	April 2021	7 closed actions	-	1	-	-
Payroll	1 Salary Additional Payments/Deductions	2021/01	June 2022	2 actions closed	-	-	-	1
Stocks and Inventories - 2020/21 Year End	2 Construction Services Stock	2021/03	Sept 2021	0 closed actions	-	1	-	-
Fire Risk Assessments	3 Procedures and Controls for ensuring all Relevant Properties are Fire Risk Assessed - Housing Division as Part of Neighbourhood Services	2021/22	June 2023	3 closed actions	-	1	-	-
Tay Cities Region Deal	1 Securing Business Case Approval	2022/08	Sept 2023	3 closed actions	-	1	1	-



Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 11 November 2025			
					C	H	M	L
LACD Financial Sustainability	1 Service Agreement 2 Monitoring 3 Service Level Agreements 4 Management Fee Plus 4 LACD actions	2022/09	June 2024	0 closed actions	2	2	-	-
General Ledger	2 Documentation of Controls 3 Cost Centre Structure 4 Monitoring Timetable	2022/17	Sept 2023	4 closed actions	-	1	1	1
Cyber Security	2 Documentation of Processes 7 Testing Response and Recovery Processes	2022/20	City Governance Feb 2024	5 closed actions	-	-	1	1
Procurement	2 Contract and Supplier Management 5 Waivers	2022/21	June 2024	3 closed actions	-	1	-	1
Health and Safety - Incident Reports	1 Conduct regular audits and quality checks on the incident reporting and recording 2 Improve the storing and filing of incident information 3 Implement quality checks on incident investigations 4 Promote management involvement in investigations	2022/23	Sept 2024	0 closed actions	-	1	2	1
Service design and Business Improvement	4 Service Design	2023/01	June 2024	3 closed actions	-	-	-	1

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 11 November 2025			
					C	H	M	L
Recruitment (Contractor)	1 Formalising service areas' succession plans	2023/08	Dec 2024	0 closed actions	-	1	-	-
Staff Wellbeing and Absence Management (Contractor)		2023/09	Dec 2024	10 closed actions	-	-	-	-
Permanence	1 Improve Document Storage and Accessibility 2 Enhance Meeting Documentation 3 Improve Communication about Legal Processes 4 Implement and Evaluate New Date Recording Form in MOSAIC	2023/10	April 2025	0 closed actions	-	-	4	-
Community Justice Liaison with COPFS and the Courts	1 Process Documentation	2023/12	2024	5 closed actions	-	-	-	1
Civica CX - Rent Accounting Module	1 Post Implementation Review Framework	2023/17	Feb 2025	0	-	1	-	-
Corporate Governance	3 Guidance for Respondents 5 Business Continuity Plan Testing 6 Approval of Responses - Record Keeping 7 Responding Services	2023/20	Dec 2024	3 closed actions	-	-	1	3
Corporate Debt Recovery Arrangements	3 Management Information	2023/21	Feb 2024	3 closed actions	-	1	-	-

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 11 November 2025			
					C	H	M	L
Health and Safety Risk Assessments and Incident Management in Schools	1 Mandatory Health and Safety Training Programme	2023/24	April 2025	2 closed actions	-	-	1	-
Safety Alarm Response Centre	2 Implement a Performance Measurement and Reporting Framework for SARC Operations 3 Strengthen Budgeting and Financial Management Processes 5 SARC Management should identify and document its key processes and procedure	2023/25	Dec 2024	2 closed actions	-	1	2	-
Microsoft Office 365 (Contractor)	1 Access Management Review 3 Application Restrictions 5 Administrator Account Access 6 Update and Introduction of Policies 7 Data Loss Prevention Assessment	2023/28	June 2025	2 closed actions	-	5	-	-
User Access Management (Contractor)	5 Civica Monitoring	2023/29	Feb 2024	4 closed actions	-	1	-	-
Tay Cities Region Deal	1 Securing Business Case Approval	2024/03	April 2024	0 closed actions	-	-	1	-
Purchase to Pay	2 Entering receipts for goods and services 3 Guidance and training on entering receipts for goods and services 4 Clearance of long outstanding orders	2024/09	April 2025	1 closed action	-	-	2	1

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 11 November 2025			
					C	H	M	L
Risk Management (Contractor)	2 Update and Enhance the Risk Management Procedures 3 Develop and Maintain a Risk Appetite Framework 4 Strengthen Risk Identification Process and Refresh the Risk Register to reflect Current and Emerging risks 5 Ensure Risk Description is completed, and Proper Risk Ownership is assigned 6 Review and Cleanse Risk Records Across Pentana 7 Strengthening the Consistency of the Prioritisation Practices 8 Strengthening Risk Mitigation 9 Strengthening Monitoring to Drive Effective Risk Reduction	2024/04	June 2025	1 closed action	-	-	6	2
User Access Management Northgate	2B CAR User Access Review 3B System Monitoring	2024/06	June 2025	3 closed actions	-	-	2	-
Payroll - Changes in Circumstances	2 Development of Payroll processing guidance 4 Calculation Tool Integration 7 Risk Management Framework	2024/08	June 2025	4 closed actions	-	-	2	1
Insurance (Contractor)	1 Creation of a Comprehensive Claims Management Handbook	2024/16	June 2025	3 closed actions	-	-	1	-

## Definitions of Levels of Assurance

Comprehensive Assurance	The system of controls is essentially sound and supports the achievement of objectives and management of risk. Controls are consistently applied. Some improvement in relatively minor areas may be identified.
Substantial Assurance	Systems of control are generally sound, however there are instances in which controls can be strengthened, or where controls have not been effectively applied giving rise to increased risk.
Limited Assurance	Some satisfactory elements of control are present; however, weaknesses exist in the system of control, and / or their application, which give rise to significant risk.
No Assurance	Minimal or no satisfactory elements of control are present. Major weaknesses or gaps exist in the system of control, and/or the implementation of established controls, resulting in areas of unmanaged risk.

### EQA definitions

**Fully conforms** - The assessment team concludes that the internal audit activity fully complies with all aspects of the PSIAS and the Application Note. All tests have been concluded as satisfactory and areas of good practice are likely to have been identified.

**Generally conforms** - The assessment team concludes that the internal audit activity has the relevant structures, policies, and procedures in place and these are applied in practice in all material respects. The majority of tests have been concluded as satisfactory and there is at least partial conformance in others. General conformance does not require complete / perfect conformance. Some areas of good practice and some minor areas of improvement may have been identified.

**Partially conforms** - The assessment team concludes that the internal audit activity is making efforts to comply with the requirements, is aware of the areas for development but falls short in some material respects. Some tests will have identified material areas for improvement.

**Does not conform** - The assessment team concludes that the internal audit activity is not aware of and is not making efforts to comply with the requirements. The majority of tests will have identified significant opportunities for improvement. The deficiencies will usually have a significant negative impact on the activity's effectiveness and its potential to add value to the organisation. Some deficiencies may be beyond the control of the activity and may result in recommendations to senior management and the Board of the authority being assessed.

## OUTSTANDING INTERNAL AUDIT AGREED ACTIONS

Agreed actions from Internal Audit recommendations are recorded in Pentana and implementation is monitored by Services and the Risk and Assurance Board. Implementation of the agreed action is the responsibility of the service area, and the risk exposure identified in the audit remains in place until the action has been completed. New dates should be agreed for actions that were not complete by their original due date.

The numbers of outstanding actions in Pentana for each Service, by audit year, on 11 November 2025 are noted above against individual reports and summarised in the following tables.

- Table 1 - shows actions that have not yet reached their original agreed due date.
- Table 2 - shows actions that have had their due dates extended but are still not completed.
- Table 3 - shows actions overdue from their agreed due date, and which require a new date to be agreed.

At 11 November there were 76 open actions in Pentana, compared to 67 at 4 September 2025, 2 of which are critical and relate to on-going work in relation to LACD. There has been limited progress in closing 5 actions, with 13 new actions added and 1 previously closed actions re-opened pending provision of evidence for closure. Actions from reports presented to the December committee were not yet in Pentana at 11 November.

**Table 1 - Actions not yet reached original agreed due date**

Service	Audit Year	Critical	High	Medium	Low	Total
		No	No	No	No	No
City Development	2024/25	-		3	1	4
Corporate Services	2023/24	-	2	1	-	3
	2024/25	-	-	8	3	11
Neighbourhood Services	2023/24	-	1	-	-	1
	2024/25	-	1	-	-	1
<b>Totals</b>		<b>0</b>	<b>4</b>	<b>12</b>	<b>4</b>	<b>20</b>
<b>4 September Totals</b>		<b>0</b>	<b>5</b>	<b>15</b>	<b>4</b>	<b>25</b>

Table 2 - Actions with due date extended from original due date

Service	Audit Year	Critical	High	Medium	Low	Total
		No	No	No	No	No
City Development	2022/23		1			1
Chief Executive's Service	2022/23	2	-	-	-	2
	2023/24	-	-	-	1	1
Corporate Services	2020/21	-	1	-	-	1
	2021/22	-	1	-	1	2
	2022/23	-	4	2	3	9
	2023/24	-	4	1	3	8
	2024/25	-	-	5	1	6
Neighbourhood Services	2017/18	-	1	-	-	1
	2021/22		1	-	-	1
	2022/23	-	1	2	1	4
	2023/24	-	1	2	-	3
<b>Totals</b>		<b>2</b>	<b>15</b>	<b>12</b>	<b>10</b>	<b>39</b>
<b>4 September totals</b>		<b>2</b>	<b>3</b>	<b>11</b>	<b>9</b>	<b>35</b>

Table 3 - Actions overdue from agreed due date

Service	Audit Year	Critical	High	Medium	Low	Total
		No	No	No	No	No
City Development	2024/25	-	-	1	-	1
Children and Families	2023/24	-	-	9	3	12
Corporate Services	2023/24	-	2	-	-	2
	2024/25	-	-	1	-	1
Neighbourhood Services	2022/23	-	1	-	-	1
<b>Totals</b>		<b>-</b>	<b>3</b>	<b>11</b>	<b>3</b>	<b>17</b>
<b>4 September totals</b>		<b>-</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>8</b>

## Definitions of Action Priority

Critical	<b>Very high-risk exposure to potentially major negative impact</b> on resources, security, records, compliance, or reputation from absence of or failure of a fundamental control. Immediate attention is required.
High	<b>High risk exposure to potentially significant negative impact</b> on resources, security, records, compliance, or reputation from absence of or non-compliance with a key control. Prompt attention is required.
Medium	<b>Moderate risk exposure to potentially medium negative impact</b> on resources, security, records, compliance or reputation from absence or non-compliance with an important supporting control, or isolated non-compliance with a key control. Attention is required within a reasonable timescale.
Low	<b>Low risk exposure to potentially minor negative impact</b> on resources, security, records, compliance, or reputation from absence of or non-compliance with a lower-level control, <b>or areas without risk exposure but which are inefficient, or inconsistent with best practice.</b> Attention is required within a reasonable timescale.

### EQA action definitions

**Critical** Equivalent of High

**Significant** Equivalent of Medium

**Routine** Equivalent of Low

Critical	Equivalent of Critical above.
Significant	Equivalent of High above.
Routine	Equivalent of Medium or Low above - shown in table as Low.



### Appendix 3 - Global Internal Audit Standards (UK Public Sector) compliance action plan progress

Shaded items are complete.

Compliance	Action	Progress11 November 2025	Responsible Officer	Due Date
Compliance with Cipfa Code on Governance of internal Audit	Review requirements of the Code, raise with Council Leadership Team (CLT), Scrutiny Committee members and Corporate Governance Officers Group and identify actions required for compliance.	The Code was published in February 2025. It was discussed with CLT 11 March 2025, and Elected Members briefings were held on 14 and 15 April 2025. Final review to be undertaken April/May 2026.  <b>On Target</b>	Chief Audit Executive	30 June 2026
IA Strategy, Mandate and Charter	Create Strategy and Mandate and Charter documents, consult team, CLT, and Scrutiny Committee and take to April Scrutiny Committee.	Documents presented to April Scrutiny Committee. Mandate and Charter for approval and Strategy for noting.  <b>Complete</b>	Chief Audit Executive	30 April 2025
Audit Planning	Ensure audit planning covers all required aspects of GIAS UK (Public Sector).	Planning requirements of the GIAS (UK Public Sector) reviewed and incorporated into planning for the 2025/26 annual internal audit plan. Draft plan approved at April Scrutiny Committee meeting.  <b>Complete</b>	Chief Audit Executive	31 March 2025
Update Audit Manual and checklists	Review IA Manual checklists and update as necessary for areas where GIAS (UK Public Sector) say procedures are required or we think it would be beneficial. Include EQA procedure. Standards 1.1;1.2; 4.1; 4.3; 5.2; 9.3; 11.1; 11.3; 13.1; 13.2; 14.1; 14.2 14.3; 14.4; 15.1.	Initial conformance review undertaken, some updates drafted and areas for further action identified.  <b>In progress</b>	Chief Audit Executive, Acting Senior Manager, Internal Audit and Senior Auditor	30 June 2025 Revised to 31 December 2025
Create training log	Create training log for whole IA team Standards 3.1; 3.2.	In place  <b>Complete</b>	Chief Audit Executive, Acting Senior Manager, Internal Audit and Senior Auditor	30 June 2025 Revised to July 2025

Skills Audit	Undertake skills/knowledge audit in IA team against core competencies/knowledge areas and consider training needs thereafter. Review job descriptions/people specs to ensure fully compliant. Standard 3.1.	I/A competency framework reviewed and matched to career grade structure. Final revision to be done and rolled out to team for completion.  <b>In progress</b>	Chief Audit Executive, Acting Senior Manager, Internal Audit and Senior Auditor	31 August 2025 Revised to 31 January 2026
Root Cause Analysis	Develop approach to identifying Root Cause Analysis in audit planning/audit programme, undertake training in team and apply in audits. Standard 11.3.	Joint in-house training session undertaken for Dundee City and Angus audit teams 10 November 2025.  Way forward agreed and review to be undertaken in six months to confirm or update approach.  <b>In Progress</b>	Chief Audit Executive, Acting Senior Manager, Internal Audit and Senior Auditor	31 August 2025 Revised to June 2026 for review of practice
Performance Measurement	Review Internal Audit KPIs and update if necessary, creating new data capture mechanisms if needed. Standard 12.2.	Performance measures reviewed and agreed by IA team. Report to CLT planned for November/December and to come to February Scrutiny and Audit Committee for final agreement.  <b>In progress</b>	Chief Audit Executive, Acting Senior Manager, Internal Audit and Senior Auditor	30 September 2025 Revised to February 2026
Ethics training	Identify and deliver ethics training for IA team. Standard 3.2.	Joint in-house training session undertaken for Dundee City and Angus audit teams 10 November 2025.  <b>Complete</b>	Chief Audit Executive	31 July 2025 Revised to November 2025
General training	Review GIAS (UK Public Sector) mandated training and deliver training. Also training on updates to manual if required.	On-going training is picked up at team meetings. Session on 10 November covered ethics, root cause analysis, compliance with GIAS and performance measures. Skills audit to be used to identify additional areas for training.  <b>In Progress</b>	Chief Audit Executive	31 December 2025 Revised to 31 March 2026

CAE Annual Report	Review annual report content to ensure compliance. Also consider what S&A committee should be asked to do with the report.	<b>Not started</b>	Chief Audit Executive	16 May 2025
Stakeholder feedback	Review feedback form and update if required Standard 1.1.	Reviewed as part of the performance measures development. No change required.  <b>Complete</b>	Acting Senior Manager, Internal Audit	31 August 2025
Self-assessment GIAS (UK Public Sector) compliance	First annual self-assessment of conformance will be due in 2026 for reporting in June 2026, Interim updates re action plan to go to Committee.	Partial review on-going Updates on action plan to Committee April and December 2025.  <b>On Target</b>	Chief Audit Executive	31 May 2026

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**REPORT TO:** SCRUTINY AND AUDIT COMMITTEE - 3 DECEMBER 2025

**REPORT ON:** EXTERNAL QUALITY ASSESSMENT OF INTERNAL AUDIT ARRANGEMENTS

**REPORT BY:** CHIEF INTERNAL AUDITOR

**REPORT NO:** 251-2025

## **1.0 PURPOSE OF REPORT**

To present the report and outcome from the recent External Quality Assessment (EQA) of the Council's Internal Audit arrangements against prescribed Internal Auditing Standards.

## **2.0 RECOMMENDATIONS**

Members of the Committee are asked to consider and note the External Quality Assurance report and related EQA action plan at Appendices 1 and 2.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

- 4.1 The Council is required by The Local Authority Accounts (Scotland) Regulations 2014 to comply with prescribed Internal Auditing Standards. Public Sector Internal Audit Standards (PSIAS) were in place until 31 March 2025. From 1 April 2025 these were replaced with Global Internal Audit Standards as amended for the UK Public Sector (GIAS (UK Public Sector)). Both standards require an external review of compliance at least every five years.
- 4.2 The previous EQA for the Council's Internal Audit Service was undertaken in 2018 and reported to Scrutiny Committee in report 208/18 in June 2018 (article VII of the minute refers). The current review was initially scheduled for 2023/24. For a number of reasons, mainly due to resource availability, this timetable was not met, and the Council has therefore not met the five-year requirement for an EQA. The review was against PSIAS conformance.
- 4.3 The Council is part of a peer review process for EQAs organised by the Scottish Local Authority Chief Internal Auditors Group (SLACIAG). This review against the requirements of PSIAS has been undertaken by the Senior Manager (Audit, Fraud, Safety and Risk) from Falkirk Council. The process consists of evaluation of a self-assessment using templates provided by SLACIAG.
- 4.4 The self-assessment for the review was completed and sent to the reviewer in November 2023. The review began in December 2023 and has been underway sporadically since then, concluding in August 2025.
- 4.5 The report at Appendix 1 concludes that "Dundee City Council's Internal Audit Service fully conforms with the PSIAS in twelve areas and generally conforms in two".
- 4.6 Appendix 2 of the report contains an action plan that has been agreed as a result of the review. Actions 3 and 4 are complete. Progress with the remaining actions will be reported to the Scrutiny and Audit Committee in future.

- 4.7 GIAS (UK Public Sector) is similar to PSIAS so that a significant amount of PSIAS compliant activity is also GIAS (UK Public Sector) compliant. An action plan is currently being implemented to ensure compliance with the GIAS (UK Public Sector). The two action plans will be aligned where appropriate.

## **5.0 POLICY IMPLICATIONS**

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## **6.0 CONSULTATIONS**

The Council Leadership Team have been consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

None.

CATHIE WYLLIE  
CHIEF INTERNAL AUDITOR

DATE: 17 NOVEMBER 2025

**EXTERNAL QUALITY  
ASSESSMENT 2  
OF  
DUNDEE CITY COUNCIL'S  
INTERNAL AUDIT SERVICE**

**Report Recipients:**

Gregory Colgan, Chief Executive  
Paul Thomson, Executive Director of Corporate Services  
Cathie Wyllie, Chief Audit Executive  
Councillor Kevin Keenan, Convener of the Scrutiny Committee

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## 1. INTRODUCTION




- 1.1 The mandatory Public Sector Internal Audit Standards (PSIAS), published initially in April 2013 and updated most recently in March 2017, apply to all internal audit service providers in the UK public sector, whether in-house, provided via a shared service arrangement or outsourced. To supplement the PSIAS, and provide specific guidance surrounding its application within a local government setting, the Chartered Institute of Public Finance and Accountancy (CIPFA) compiled a Local Government Application Note, which was last updated in 2019.
- 1.2 The objectives of the PSIAS are to define the nature of internal auditing within the UK public sector; set a basic principles for carrying out internal audit; establish a framework for providing internal audit services, which add value to the organisation, leading to improved organisational processes and operations; establish the basis for the evaluation of internal audit performance and drive improvement planning.
- 1.3 The PSIAS require the Chief Audit Executive or CAE (the Chief Internal Auditor in Dundee City Council) to develop and maintain a quality assurance and improvement programme (QAIP) that covers all aspects of the internal audit activity. The QAIP must include both periodic internal self-assessments and five-yearly external assessments, carried out by a qualified, independent assessor from outwith the organisation, and enable evaluation of the internal audit activity's (Internal Audit Service in Dundee City Council) conformance with the PSIAS, including the Mission of Internal Audit, Definition of Internal Auditing, and Code of Ethics. In addition, the QAIP should also assess the efficiency and effectiveness of the internal audit activity and identify opportunities for improvement.
- 1.4 To assist its members to meet the five-yearly external assessment requirement, the Scottish Local Authorities Chief Internal Auditors' Group (SLACIAG) established a collaborative system of formal peer reviews. This approach not only assists with ensuring that independent assessors, and their teams, have appropriate knowledge and experience of the local government internal audit environment but also removes the financial burden from councils, associated with procuring these services externally. The allocation of assessors / assessment teams to councils participating in the peer review process was undertaken autonomously, ensuring that, amongst other governing principles, local authorities with perceived / known conflicts of interest could not review one another. At the outset, assessors were required to formally declare any interests so that these could be appropriately addressed during the allocation process. Falkirk Council was selected to carry out the external assessment in Dundee City Council.
- 1.5 To support the peer review process, SLACIAG developed a comprehensive External Quality Assessment (EQA) framework, including an EQA Checklist for Assessing Conformance with the PSIAS and the Local Government Application Note (EQA Checklist) and a key Stakeholder Questionnaire proforma. The external assessment of Dundee City Council's Internal Audit Service has been carried out by Falkirk Council's Internal Audit Service utilising this framework. It is important to note, however, that the review was undertaken outwith the five year period due to the assessing authority's own five yearly external assessment being undertaken at the same time. The findings, therefore, are based on what was evidenced at the time of the review in relation to compliance with PSIAS and not compliance with the Global Internal Audit Standards introduced from April 2025.
- 1.6 This report provides a high level summary of requirements for each standard per the PSIAS and CIPFA Local Government Application Note and sets out the findings, conclusions and recommendations from the external assessment, which involved discussions with key members of staff, including the Chief Audit Executive (CAE), review of the most recent self-assessment carried out utilising the EQA Checklist and consideration of other relevant supporting documentation / information (Evidence Pack) including working paper files and completed stakeholder questionnaires. A comprehensive list of supporting documentation / information and completed

stakeholder questionnaires considered as part of the assessment can be found at appendices B and C respectively.

## 2. OVERALL CONCLUSION

2.1 The overall conclusion of the external assessment is that Dundee City Council's Internal Audit Service **fully conforms** with the PSIAS in twelve areas and **generally conforms** in two.

A full summary of assessment, per assessment area, can be found at Appendix A. A summary of totals is as follows:

	Fully Conforms 	Generally Conforms 	Partially Conforms 	Does Not Conform 
TOTALS	12	2	0	0

2.2 The 2 standards assessed as generally conforms are listed below:

- 1000 - Purpose, Authority, and Responsibility; and
- 1100 - Independence and Objectivity.

2.3 In relation to the above, a number of areas for improvement were identified, which are detailed in the report along with recommendations to address them. The following paragraphs summarise the areas for improvement:

- There is no protocol in place for presenting private papers to Scrutiny Committee. CIPFA guidance for audit committees notes that committees should have a protocol for presentation of private papers.
- The Scrutiny Committee has been in place since 2009, but was reviewed in 2014. The Terms of Reference has not been updated since 2014, although, an updated version is due for Committee approval in September 2025. It is important that the focus is on audit as well as scrutiny, therefore, the Committee would benefit from a review (also consider a name change to reflect the importance of audit aspects which should be non political).
- Dundee City Council's Internal Audit Charter is periodically reviewed with the most recent review taking place in December 2023. It had minimal changes from the previous version, and was approved by the Scrutiny Committee at its meeting on 14 February 2018. Review of the Charter has found that it does not cover arrangements for appropriate resourcing; define the role of Internal Audit in any fraud related work; define the arrangements for avoiding conflict of interest, define the nature of consultancy services; and state the requirement for Internal Audit to be notified of all suspected or detected fraud, corruption, or impropriety.
- Internal Audit team members are required to comply with the National Code of Conduct for employees and are required to confirm extra mural employment to the Chief Audit Executive (CAE) on an ad hoc basis by way of a Registers of Officers' Interest form. Independence and Conflict of Interest declarations are on different forms. Team Members are expected to inform the CAE of any changes. A structured approach could be implemented to ensure annual returns are submitted by all team members, covering extra mural employment, independence, and any actual perceived conflicts of interest.
- There is no longer term plan within the team to mitigate workforce related risks and manage any shortfall in resource should it arise. The current contract with Azets has been expanded to take into account more general audit work along with the agreed IT audit work. A detailed medium to longer term workplan would assist with planning as the CAE or Acting Internal Audit Senior Manager could monitor.

- Dundee City Council operates an employee performance and development review process known as “Quality Conversations”. It was introduced in April 2023, and is carried out on an annual basis and is in place for all staff. In line with the Secondment Agreement, the CAE has an annual appraisal in Angus Council, but not at Dundee City Council. Dundee City Council are invited to input to the appraisal process. Regular 1-2-1 meetings are held between the CAE, Head of Finance, Executive Director of Corporate Services, and the Chief Executive. The Dundee City Chief Executive feeds back performance information to the Chief Executive of Angus Council at their regular meetings. It is important that there is written evidence of the CAE’s knowledge, skills, and other competencies to carry out their professional responsibilities at Dundee City Council, applying due professional care the same as team members.
- The review of working papers, as well as draft and final reports is a key part of the assignment quality assurance process. That said, the level of review, the number of reviewers, and time taken to review at the pre final stage of the process appears, on the face of it, to be potentially disproportionate. On that basis, the Council’s senior management team should consider the proportionality of the current review process, particularly after the draft has been agreed with the Service.
- The key performance measure is the completion of the Internal Audit Plan. Performance of the Internal Audit Service is reported to Scrutiny Committee via the CAE’s Annual Assurance Report, which provides an opinion on conformance with Public Sector Internal Audit Standards. There is no performance measurement framework (such as key performance indicators), however, previous years data is available in the Annual Report. The CAE stated that key performance indicators is not something that the Committee has ever requested and that the team do not have the resources to undertake the data capture. The CAE should discuss with the Committee to confirm what further information could be provided to benefit transparency and accountability. This could include benchmarking with other similar sized local authorities.
- An assurance map identifies the various ways in which management and those charged with Governance receive assurance about achievement of objectives, service delivery, and risk. A fully populated assurance map can identify gaps in assurance and areas where more assurance is gathered than is required, thereby releasing resources for other activity. Assurance mapping was under development in Dundee City Council, but it was decided the ask was too onerous and would not be taken forward in that way, but would continue to be explored. Best practice for the CAE would be to continue to explore options on how this could be achieved to assist with assurance provision.
- The CAE is aware that the Audit Manual needs updated, however, has had resourcing issues and would prefer to update the Manual in line with the new Global Internal Audit Standards (GIAS) introduced in April 2025. The Internal Audit Service have, however, been changing the reporting, audit planning, audit progress, and action implementation monitoring processes so have been writing guidance and creating new templates as supplements to the Manual.
- The CAE has identified that an Audit File Checklist needs to be developed. This has been discussed with the team and they agreed that the Angus Council Key Dates Activity Log could be utilised, however, it needs a bit of tailoring for Dundee City Council. This has not been implemented to date due to the resource constraints and the fact that the majority of staff are very experienced so not seen as an essential at this stage as the CAE has prioritised other areas.
- A record retention schedule is in place (current year plus five years) which follows the Scottish Council on Archives Record Retention Schedules, however, there are still paper records and electronic files held from pre 2019 that need to be considered and destroyed accordingly.

2.4 Full details of the assessment recommendations and management responses can be found in the Action Plan at Appendix D.

### 3. SECTION A – MISSION OF INTERNAL AUDIT AND CORE PRINCIPLES

*The PSIAS state that the Mission of Internal Audit articulates what internal audit aspires to accomplish within an organisation, which is 'to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight'.*

*Taken as a whole, the Core Principles for the Professional Practice of Internal Auditing, as set out in the PSIAS, articulate internal audit effectiveness. For an internal audit function to be considered effective, all Core Principles should be present and operating effectively. Failure to achieve any of the Core Principles would imply that an internal audit activity was not as effective as it could be in achieving the Mission of Internal Audit.*

- 3.1 Evidence obtained from assessing conformance with other standards in the PSIAS has been used, along with specific consideration surrounding the achievement of the Core Principles, to conclude that the Internal Audit Service at Dundee City Council **fully conforms** with accomplishing the Mission of Internal Audit as detailed above.

### 4. SECTION B – DEFINITION OF INTERNAL AUDITING

*The PSIAS state that internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.*

- 4.1 Evidence obtained from assessing conformance with other standards in the PSIAS has been used to conclude that the Internal Audit Service at Dundee City Council **fully conforms** with the definition of Internal Auditing as detailed above. The main reason for this assessment relates to the findings from the independent review of the activities, the completed EQA Stakeholder Questionnaires, and the interviews with key stakeholders which demonstrates that the profile and status of the Internal Audit Service is well respected. This has been enhanced recently through the introduction of a new report style, revised assurance and recommendation definitions, a new approach to follow up of audit recommendations, and revised reporting to Scrutiny Committee.

### 5. SECTION C – CODE OF ETHICS

*The PSIAS state that the purpose of the Institute of Internal Auditor's Code of Ethics is to promote an ethical culture in the profession of internal auditing. A code of ethics is necessary and appropriate for the profession of internal auditing, founded as it is on the trust placed in its objective assurance about risk management, control and governance.*

*Internal auditors in UK public sector organisations must conform to the Code of Ethics as set out in the PSIAS. If individual internal auditors have membership of another professional body then he or she must also comply with the relevant requirements of that organisation.*

- 5.1 Evidence obtained from assessing conformance with other standards in the PSIAS, in particular the Attribute Standards 1000 – Purpose Authority and Responsibility, 1100 – Independence and Objectivity, 1200 – Proficiency and Due Professional Care and Professional Standards 2000 – Managing the Internal Audit Activity and 2300 – Performing the Engagement, has been used to conclude that Dundee City Council's Internal Audit Service **fully conforms** with the requirement to comply with the Code of Ethics. Completed Stakeholder Questionnaires also largely support the conclusion.

## 6. SECTION D – ATTRIBUTE STANDARDS

Attribute Standards apply to organisations and individual internal auditors providing the internal audit services in a local authority.

### 6.1 1000 - Purpose, Authority, and Responsibility

*The PSIAS state that the purpose, authority and responsibility of the internal audit activity must be formally defined in an Internal Audit Charter, consistent with the Mission of Internal Audit and the mandatory elements of the International Professional Practices Framework. The chief audit executive must periodically review the internal audit charter and present it to senior management and the board for approval. The internal audit charter must also:*

- *define the terms ‘board’ and ‘senior management’ for the purposes of internal audit activity;*
- *cover the arrangements for appropriate resourcing;*
- *define the role of internal audit in any fraud-related work; and*
- *describe safeguards to limit impairments of independence or objectivity if internal audit or the chief audit executive undertakes non-audit activities.*

6.1.1 Dundee City Council’s Internal Audit Charter is periodically reviewed with the most recent review taking place in December 2023. The Internal Audit Charter was approved by the Scrutiny Committee on 06 December 2023. It had minimal changes from the previous version, approved by the Scrutiny Committee at its meeting on 14 February 2018 (it was also reviewed in 2020, but no changes were made). Changes agreed in December 2023 included: adding a Mission Statement; updating the title of the Council Leadership Team; and updating the title of the Chief Audit Executive.

6.1.2 Review of the Charter has found that it:

- defines the Board as the Scrutiny Committee, and senior management as the Council Leadership Team.
- defines the purpose, authority, and responsibility.
- defines the scope of internal audit activities.
- establishes Internal Audit’s position within the Council including the functional reporting relationship with the board. It also confirms the unfettered access to the Chief Executive and Chair of the Scrutiny Cme.
- authorises access to records, personnel, and physical properties relevant to the performance of engagements.
- establishes the position on independence and objectivity on the activities it audits.
- covers the Internal Audit Plan, as well as reporting, monitoring, and assessment.

The Charter does not:

- cover the arrangements for appropriate resourcing.
- define the role of Internal Audit in any fraud related work.
- state the requirement for Internal Audit to be notified of all suspected or detected fraud, corruption, or impropriety, although this is good practice to note.
- define the arrangements for avoiding conflicts of interest if Internal Audit operationally undertakes non-audit activities. Although there is an ‘Independence and Objectivity’ section within the Charter, it does not describe the safeguards to limit possible impairments of independence and objectivity for non-audit activities, for example, documenting how Corporate Fraud, Risk Management, or Insurance activities are subject to assurance.
- define the nature of consulting services. Consulting services are mentioned in the Charter (“Whilst the Internal Audit Service may be used to support consulting and advisory services related to governance, risk management and control this will not be at the detriment of the provision of core assurance services.”), however, the nature

of the work is not defined and, therefore, the Charter should be expanded upon.

6.1.3 With this in mind, the Charter should be re-visited. **See Appendix D – Recommendation 1.**

6.1.4 Completed Stakeholder Questionnaires confirm that the key stakeholders have had sight of the Charter except one stakeholder who said they hadn't seen it. This may just be an oversight, however, it is important that all stakeholders are aware of the Charter.

6.1.5 Having considered the findings above, it has been concluded that the Internal Audit Service at Dundee City Council **generally conforms** with Standard 1000 on Purpose, Authority and Responsibility.

## 6.2 1100 - Independence and Objectivity

*The internal audit activity must be independent and internal auditors must be objective in performing their work. Various aspects of independence and objectivity are covered in this standard as well as 1200, including reporting functional lines of the CAE, the relationship between the CAE and the board and any impairment to individual internal auditors' objectivity or independence. Reporting and management arrangements must be put in place that preserve the CAE's independence and objectivity, in particular with regard to the principle that the CAE must be independent of the audited activities.*

6.2.1 The CAE (or Chief Internal Auditor) reports functionally to the Scrutiny Committee and administratively to the Head of Corporate Finance, who is a member of the Corporate Services Management Team. The CAE has direct and unrestricted access to the Chief Executive, the Executive Director of Corporate Services (who is also the Council's Section 95 Officer), the Council Leadership Team, and the Convener of the Scrutiny Committee as appropriate. This has been confirmed through the completed Stakeholder Questionnaires. These reporting / access arrangements are clearly defined in the Internal Audit Charter.

6.2.2 In support of organisational independence, the CAE attends Scrutiny Committee meetings to present all internal audit reports (including, for example, the Internal Audit Charter, Annual Report, Internal Audit Plan, and reports / executive summaries from the planned audits) to Elected Members. The reports are submitted in the CAE's name, although we are aware of one instance of an audit report on Cyber Security that did not go to the Scrutiny Committee. It is acknowledged that type of information would be a risk to Dundee City Council if it was in the public domain. The Head of Democratic and Legal Services was satisfied that the audit report contained Exempt Information. The Chief Executive, Executive Director of Corporate Services, and Head of Democratic and Legal Services were, therefore, of the opinion in the interests of good governance that the audit report should be considered by all members of the Council (29 members), not only the members of the Scrutiny Committee (8 members). The report was still presented by the CAE, but was instead tabled at the City Governance Committee as a confidential item. CIPFA guidance for audit committees notes that committees should have a protocol for presentation of private papers. There is no protocol in place for presenting exempt / private papers to the Scrutiny Committee, therefore, a protocol should be developed to ensure that confidential matters or exempt information in papers can be taken in private to Scrutiny Committee when required (meeting the relevant criteria / legislation for exemption of disclosure). **See Appendix D – Recommendation 2.**

6.2.3 The Scrutiny Committee has been in place since 2009, but was reviewed in 2014. The Terms of Reference has not been updated since 2014, although, an updated version is due for Committee approval in September 2025. We have been able to evidence that new Elected Members (those appointed in 2022) have received some training in the roles of audit and scrutiny. It is important that the focus is on audit as well as scrutiny, therefore, the Committee would benefit from a review (also consider a name change to

reflect the importance of audit aspects which should be non political). These actions mentioned here would be of benefit. **See Appendix D – Recommendation 3.**

- 6.2.4 The CAE post at Dundee City Council is provided via a shared arrangement with Angus Council (the CAE works 2.5 days at each from January 2024). At Dundee City Council, the CAE has overall responsibility for Internal Audit and Corporate Fraud. There is also a full time Acting Internal Audit Senior Manager at Dundee City Council who has responsibility for the Risk Management and Insurance sections, as well as day to day management of Internal Audit and the Corporate Fraud Team. The Acting Internal Audit Senior Manager also reports operationally to the Head of Corporate Finance.
- 6.2.5 Dundee City Council also have an external internal audit support contract with Azets to provide IT audits and some general audits if required (Azets were appointed to provide IT and general audit support for a four-year contract beginning with the 2023/24 audit year). They have also been asked to undertake assurance work on risk management and insurance. Both of these audits are now complete and were reported to the June 2025 Scrutiny Committee, with Substantial Assurance for both. Risk management and Fraud Governance were last reviewed by KPMG in 2018.
- 6.2.6 The CAE and / or the Acting Internal Audit Senior Manager has / have operational responsibility for the activities subject to audit which has not been communicated to stakeholders via the Internal Audit Charter. The Charter should set out the procedure on alternative arrangements to provide assurance on the adequacy of controls in these areas. **See Appendix D – Recommendation 1.**
- 6.2.7 Internal Audit team members are required to comply with the National Code of Conduct for employees and are required to confirm extra mural employment to the CAE on an ad hoc basis (not annually) by way of a Register of Officers' Interests form. Independence and Conflict of Interest declarations are on different forms. Team Members are expected to inform the CAE of any changes. A structured approach could be implemented to ensure annual returns are submitted by all team members, covering extra mural employment, independence, and any actual or perceived conflicts of interest (even nil returns). **See Appendix D – Recommendation 4.**
- 6.2.8 The CAE provides an opinion and conformance with public sector internal audit standards in their Annual Assurance report. The CAE confirmed that the staff members involved in the 2023/24 internal audit reviews were independent of the area under review and their objectivity was not compromised in any way. The report also stated that the Internal Audit Service was independent of all the activities it audited.
- 6.2.9 Dundee City Council's Internal Audit Service **generally conforms** with Standard 1100 on Independence and Objectivity.

### 6.3 1200 - Proficiency and Due Professional Care

*The CAE must be professionally qualified, suitably experienced and responsible, in accordance with the organisation's human resources processes, for recruiting appropriate staff. He or she is responsible for ensuring that up-to-date job descriptions exist, reflecting roles and responsibilities, and that person specifications define the required qualifications, competencies, skills, experience and personal attributes.*

*The CAE should periodically assess individual auditors' skills and competencies against those set out in the relevant job descriptions and person specifications. Any training or development needs identified should be included in an appropriate ongoing development programme that is recorded and regularly reviewed and monitored. In addition, all internal auditors have a personal responsibility to undertake a programme of continuing professional development (CPD) to maintain and develop their competence. This may be fulfilled through requirements set by professional bodies or*

*through the organisation's own appraisal and development programme. Auditors should maintain a record of such professional training and development activities.*

*The internal audit activity should be appropriately resourced to meet its objectives. It should have appropriate numbers of staff in terms of grades, qualifications, personal attributes and experience or have access to appropriate resources in order to meet its objectives and to comply with these standards. The PSIAS states that the CAE must obtain competent advice and assistance if the activity is unable to perform all or part of an engagement.*

- 6.3.1 The CAE holds a relevant professional qualification, specifically the Institute of Chartered Accountants of Scotland (ICAS), and is suitably experienced, with over 35 years internal audit experience, the last 30 of which have been wholly in public sector organisations. The CAE is a member of SLACIAG (or otherwise) and regularly attends and contributes to meetings. In relation to the two SLACIAG Sub-groups, the Computer Audit Sub-Group (CASG) and the Scottish Local Authorities Investigators Group (SLAIG), Dundee City Council's Internal Audit Service receive the minutes from CASG and Corporate Fraud attends SLAIG.
- 6.3.2 To support the CAE in Dundee City Council's Internal Audit Service there is one Acting Internal Audit Senior Manager, one Senior Internal Auditor, and two relatively new (2024) Internal Auditors (one of which is a trainee). Professional qualifications are held by all other members of the Internal Audit Team. Internal Audit delivers internal audit services to Dundee City Council, as well as 30 days of audit input to support the Chief Internal Auditor of the Dundee IJB (Integration Joint Board), who is from FTF Audit and Management Services. Previous vacancies in the team have delayed the Internal Audit workplans. Additional audit work (in addition to IT audits) was passed to Azets in 2024. This included five general audits and two audits for 2023/24 and also some carry forward from 2022/23. Communication has been evidenced with Senior management and Scrutiny Committee via Internal Audit Plan Updates and Progress Reports. Committee are asked to note the progress with the Internal Audit Plan, approve changes to the Plan, and note progress with the implementation of agreed internal audit recommendations.
- 6.3.3 The internal audit resources available in 2023/24 were below establishment due to vacancies caused by staff turnover. The resources available were supplemented by using Azets to undertake work.
- 6.3.4 There is also a dedicated Corporate Fraud Team as mentioned at paragraph 6.2.4. The Corporate Fraud Team comprises of a Corporate Fraud Supervisor, and three Corporate Fraud Investigation Officers. The Acting Internal Audit Senior Manager manages the Corporate Risk Management Team Co-ordinator (the post is vacant) and the Insurance Section, which comprises of a Senior Insurance and Loss Control Officer and three Insurance Officers (one post is vacant). The Acting Internal Audit Senior Manager has confirmed that other team members are picking up the work, which is managed on a day-to-day basis. There is no longer term plan within the team to mitigate workforce related risks and manage any shortfall in resource should it arise. The current contract with Azets has been expanded to take into account more general audit work along with the agreed IT audit work. A detailed medium to longer term workplan would assist with planning as the CAE or Acting Internal Audit Senior Manager could monitor. **See Appendix D – Recommendation 5.**
- 6.3.5 Internal Audit Job descriptions / person specifications were reviewed / created in 2021/22 and 2022/23, with a further review in 2023 to allow recruitment at trainee level. The revised Job Description, Person Spec, and Career Grade were agreed in November 2023 prior to advertising a vacant post.
- 6.3.6 Dundee City Council operates an employee performance and development review process known as "Quality Conversations". It was introduced in April 2023, and is carried out on an annual basis and is in place for all staff. In line with the Secondment



Agreement, the CAE has an annual appraisal in Angus Council, but not at Dundee City Council. In 2022 and 2023 the Angus Council Appraisal was countersigned by the Chief Executive. In 2024 the appraisal was undertaken by the Chief Executive. Dundee City Council are invited to input to the appraisal process. Regular 1-2-1 meetings are held between the CAE, Head of Finance, Executive Director of Corporate Services, and the Chief Executive. The Dundee City Chief Executive feeds back performance information to the Chief Executive of Angus Council at their regular meetings. It is important that there is written evidence of the CAE's knowledge, skills, and other competencies to carry out their professional responsibilities at Dundee City Council, applying due professional care the same as team members. This could be covered via the expansion of the Secondment Agreement for transparency. **See Appendix D – Recommendation 6.**

- 6.3.7 There are regular 1-2-1 conversations with the Senior Auditor and Auditors. There is also an audit team meeting every two weeks.
- 6.3.8 The Internal Audit Service is represented on a number of corporate groups, including the Corporate Governance Officers Group, Integrity Group, Tayside wide Risk Management Group, Risk and Assurance Board, and Compliance Group.
- 6.3.9 The CAE and Principal / Senior Auditors / Auditors have specific continuous professional development (CPD) requirements to adhere to. Completed examples of CPD files were reviewed which confirmed compliance. There are no documented training plans for the Internal Audit team, although, these are being developed to comply with the new Standards requirement. Training until now would be considered individually through the appraisal mechanism or when allocating work and arranged if it was thought necessary for a particular audit.
- 6.3.10 Stakeholder Questionnaires confirm that the CAE demonstrates sufficient knowledge and experience and that all members of the Internal Audit Service exercise due professional care.
- 6.3.11 Dundee City Council's Internal Audit Service **fully conforms** with standard 1200 on Proficiency and Due Professional Care.

#### 6.4 1300 - Quality Assurance and Improvement Programme

*The PSIAS state that the Chief Audit Executive must develop and maintain a quality assurance and improvement programme (QAIP) that covers all aspects of the internal audit activity.*

*The QAIP must include both periodic internal self-assessments and five-yearly external assessments, carried out by a qualified, independent assessor from outside the organisation, and enable evaluation of the internal audit activity's conformance with the PSIAS, including the Definition of Internal Auditing and Code of Ethics. In addition, the QAIP should also assess the efficiency and effectiveness of the internal audit activity and identify opportunities for improvement.*

*The public sector requirement in the PSIAS states that results of the QAIP and progress against any improvement plans must be reported in the annual report.*

- 6.4.1 At the time of review, Internal Audit working papers and draft reports are reviewed by the Senior Auditor. Where the assignment is carried out by the Senior Auditor, the Acting Senior Manager Internal Audit will review the working paper file. Any file prepared by the Acting Senior Manager or the CAE would be reviewed by the other before the draft report was issued. There is a work review process in place. All draft reports are reviewed by the Acting Senior Manager and CAE before they are issued. The CAE, or occasionally the Acting Senior Manager, check review notes are cleared and then authorise issue to the Services. Once reports are finalised with the Service the final draft is sent for clearance to the Executive Director of Corporate Services, and then to

the Chief Executive, before it is finalised and issued to the Service and reported to Scrutiny Committee. There is no evidence that the report process is fettered.

- 6.4.2 Draft and final reports are, therefore, all reviewed prior to issue. The review of working papers, draft, and final reports is a key part of the assignment quality assurance process. That said, the level of review, the number of reviewers, and time taken to review at the pre final stage of the process appears, on the face of it, to be potentially disproportionate. On that basis, it is recommended that the Council's senior management team consider the proportionality of the current review process, particularly after the draft has been agreed with the Service. **See Appendix D – Recommendation 7.**
- 6.4.3 Client feedback is actively pursued by the Internal Audit Service for assignments carried out within Dundee City Council. As part of the continuous improvement process within the Internal Audit Service, client feedback questionnaires are issued at the conclusion of each planned audit review. Feedback from this process is used, where appropriate, to improve the quality of the Internal Audit Service going forward. During 2023/24, five completed client feedback questionnaires were received. Responses were very positive across four feedback categories. All respondents agreed or strongly agreed with statements that the Audit Approach, Communication and Conduct, Timing, and Audit Report were satisfactory. Additional comments on the audit process were also received confirming that the audits were carried out efficiently, effectively, and professionally. All of the returned questionnaires indicated that the review was beneficial to the client's area of responsibility.
- 6.4.4 The key performance measure is the completion of the Internal Audit Plan. Performance of the Internal Audit Service is reported to Scrutiny Committee via the CAE's Annual Assurance Report, which provides an opinion on conformance with Public Sector Internal Audit Standards. There is no performance measurement framework (such as key performance indicators), however, previous years data is available in the Annual Report. The CAE stated that key performance indicators is not something that the Committee has ever requested and that the team do not have the resources to undertake the data capture. The CAE should discuss with the Committee to confirm what further information could be provided to benefit transparency and accountability. This could include benchmarking with other similar sized local authorities. **See Appendix D – Recommendation 8.**
- 6.4.5 An external EQA was previously carried out by East Lothian Council in May 2018. The results of the EQA, which concluded that Dundee City Council fully conforms with eleven of thirteen standards and generally conforms with the remaining two of the PSIAS requirements. The findings were reported to Scrutiny Committee in June 2018. An Action Plan was agreed with the Senior Manager – Internal Audit. The Action Plan included five areas for improvement. From the work carried out during this EQA, we can confirm that three areas for improvement have been addressed, with the exception of:
- The Internal Audit Charter should fully reflect the requirement for Internal Audit to be notified of all suspected or detected fraud, corruption or impropriety and should set out the role of Internal Audit in any fraud related work; and
  - Formal training records should be maintained for all members of the Internal Audit team and all team members should participate in the performance monitoring process. This should include the CAE.
- 6.4.6 A formal self-assessment of conformance with the PSIAS was carried out in April 2024, which utilised the EQA Checklist. Findings have been reported to Committee via the CAE's Annual Assurance report. This includes a copy of the Action Plan which provides progress updates.
- 6.4.7 Dundee City Council's Internal Audit Service **fully conforms** with Standard 1300 on Quality Assurance and Improvement Programme.

## 7. SECTION E – PERFORMANCE STANDARDS

Performance Standards describe the nature of the internal audit services being provided and provide criteria against which the performance of an internal audit function can be measured.

### 7.1 2000 - Managing the Internal Audit Activity

*The chief audit executive must effectively manage the internal audit activity to ensure it adds value to the organisation. The internal audit activity is effectively managed when it achieves the purpose and responsibility included in the internal audit charter, it conforms with the PSIAS, its individual members conform with the Code of Ethics and the PSIAS and it considers trends and emerging issues that could impact the organisation. The internal audit activity adds value to the organisation and its stakeholders when it considers strategies, objectives and risks; strives to offer ways to enhance governance, risk management, and control processes; and objectively provides relevant assurance.*

- 7.1.1 An annual risk-based Internal Audit Plan is compiled by the CAE outlining the planned programme of work to be undertaken in consultation with key stakeholders including members of the Scrutiny Committee. Elected Members are included within discussions before the plan is finalised for Committee.
- 7.1.2 The planning process was amended in 2023/24 to include the newly created more detailed Audit Universe. This helps identify all the key potentially auditable areas / services within Dundee City Council. Auditable areas are identified via: City Plans / Council Plans and Service Plans; Corporate Risk Register; Service Risk Register; External inspection reports; Liaison with External Auditors; Consultations with Scrutiny Committee members; Consultation with members of the Council Leadership Team and Service Leadership Teams; and the knowledge base within Internal Audit. Audits are also carried forward from previous years.
- 7.1.3 An assurance map identifies the various ways in which management and those charged with Governance receive assurance about achievement of objectives, service delivery, and risk. A fully populated assurance map can identify gaps in assurance and areas where more assurance is gathered than is required, thereby releasing resources for other activity. Assurance mapping was under development in Dundee City Council, but it was decided the ask was too onerous and would not be taken forward in that way, but would continue to be explored. Best practice for the CAE would be to continue to explore options on how this could be achieved to assist with assurance provision. **See Appendix D – Recommendation 9.**
- 7.1.4 The time available for audits takes into account the work for the IJB, the time needed for professional development of staff, internal administrative activities, annual leave and contingency for other staff absences, and involvement in corporate management groups.
- 7.1.5 The annual Internal Audit Plan is presented to Scrutiny Committee for approval. Any amendments to the Plan are also brought to the Scrutiny Committee for approval. The Chief Executive, Executive Director of Corporate Services, and the Head of Corporate Finance are also kept informed of Internal Audit developments by the CAE through regular meetings.
- 7.1.6 The CAE presents a progress update towards completion of the Internal Audit Plan, and the individual audits contained within it at every meeting of the Scrutiny Committee. Assurances are provided throughout the year as individual audits are completed. The annual opinion is included within the Internal Audit Annual Report submitted to Scrutiny Committee in June each year.

- 7.1.7 Completed Stakeholder Questionnaires confirm that the Internal Audit Service adds value to the organisation and management are given the opportunity to feed into the planning process.
- 7.1.8 As part of the Standards, the CAE should have sufficient access to partnership officers and records and the CAE should have arrangements in place to share information and coordinate activities with internal and external providers of assurance to ensure there is adequate coverage and minimal duplicate of effort (where the body has organisational risks that relate to work it undertakes through partnerships). This is relevant for the IJB, Tay Cities Region Deal, and LACD (Leisure and Culture Dundee).
- 7.1.9 For the IJB the Council supplies input to the Internal Audit service provided, which is led by FTF Audit and Management Services (see 6.3.2 above). Regular meetings / contact is in place as well as protocols regarding how this works. The Tay Cities Region Deal requires an audit at least every two years and Dundee City Council Internal Audit service undertake this. Arrangements for LACD are in process of being reviewed. Up until now one audit has been undertaken annually as part of the Council plan. The intention is to provide a separate Internal Audit service to LACD, but the Service Level Agreement needs updated first.
- 7.1.10 The internal audit resources available in 2023/24 were below establishment due to staff turnover. The CAE concluded that on a one off basis they have been sufficient to allow the discharge of the responsibilities of the Council's CAE as described in the PSIAS and other relevant guidance. The resources available were supplemented by using the audit support contractor to undertake work. Vacant posts were also filled towards the end of the period.
- 7.1.11 Discussion with the CAE and observation at Scrutiny Committee confirmed that delays have been reported by the CAE on receiving audit findings back from auditees which impacts on timeframes to report. A Progress Report goes to each Scrutiny Committee detailing what is outstanding. The CAE presented a briefing paper to the Council Leadership Team which highlighted audits frequently over-run, taking too long to be concluded and reported. There was a plea for Services to prioritise audit interactions to help them meet reporting timeframes. For 2025/26 the CAE has proposed to keep a proportion of time unplanned to allow for audits identified throughout the year. This should help to provide audits on a more timely basis.
- 7.1.12 Dundee City Council's Internal Audit Service **fully conform(s)** with Standard 2000 on Managing the Internal Audit Activity.

## 7.2 2100 - Nature of Work

*The internal audit activity must evaluate and contribute to the improvement of the organisation's governance, risk management, and control processes using a systematic, disciplined, and risk-based approach. Internal audit credibility and value are enhanced when auditors are proactive and their evaluations offer new insights and consider future impact.*

*More specifically, the internal audit activity must assess and make appropriate recommendations to improve the organisation's governance processes, evaluate the effectiveness and contribute to the improvement of risk management processes and assist the organisation in maintaining effective controls by evaluating their efficiency and effectiveness and promoting continuous improvement.*

- 7.2.1 Preparation of the annual Internal Audit Plan is undertaken by the CAE. It is undertaken taking cognisance of the audit universe and through discussion with Chief Officers / senior managers, and Elected Members.

7.2.2 This EQA established that the Internal Audit Plan breaks down into:

- Governance Reviews;
- ICT Reviews;
- Financial Reviews;
- Systems Reviews; and
- Other Work (including Follow Ups, Prior Year Work, Advice and Guidance, PSIAS Self Assessment work, etc).

7.2.3 Each of the reviews are linked to the risk register (the risks to be mitigated).

7.2.4 As risk management falls under the remit of the Acting Internal Audit Senior Manager it is important that there is no impairment of independence or bias to objectivity. Appropriate arrangements have been put in place for delivering reviews of risk management through the external support contract with Azets. A review was agreed for 2023/24 which was delayed into 2024/25. The review was finalised and reported to the Scrutiny Committee in June 2025.

7.2.5 Dundee City Council's Internal Audit Service **fully conforms** with Standard 2100 on Nature of Work.

### 7.3 2200 - Engagement Planning

*Internal auditors must develop and document a plan for each engagement, including the engagement's objectives, scope, timing and resource allocations. The plan must consider the organisation's strategies, objectives and risks relevant to the engagement.*

*The CIPFA Local Government Application note states that for each engagement, a brief should be prepared, discussed and agreed with relevant managers. The brief should establish the objectives, scope and timing for the assignment and its resource and reporting requirements. Audit work should be undertaken using a risk-based audit approach.*

7.3.1 An Internal Audit Manual is in place to guide the team. Most members of the team are experienced, knowledgeable, and professional, and are proficient in their understanding of the audit process. There is a standard methodology in place for engagement planning which includes an Audit Brief.

7.3.2 We selected a sample of three Audit Assignments during the EQA. There was an Audit Brief completed for all three assignments. The Audit Brief contains a background section on the subject of the audit, the high level scope and objective, the specific objectives of the audit, reference sources, and key contacts. The scope of the audit determines the level of activity and depth of review. The final Audit Brief is agreed by the most relevant senior officer of the service which is subject to audit (normally a Head of Service or Executive Director).

7.3.3 The audit brief from 2023/24 onwards now includes a timetable that notes key dates including those around committee reporting.

7.3.4 In addition, Internal Audit staff who are involved in prior consultancy work will not be permitted to be involved in any internal audit work that is directly related to that work.

7.3.5 Dundee City Council's Internal Audit Service **fully conforms** with Standard 2200 on Engagement Planning.

### 7.4 2300 - Performing the Engagement

*Internal auditors must identify, analyse, evaluate and document sufficient information to achieve the engagement's objectives.*

*At each stage of the audit, auditors should consider what specific work needs to be*

*conducted and evidence needs to be gathered to achieve the engagement objectives and support an independent and objective audit opinion. Systems should be in place to ensure that auditors obtain and record, within the working papers, sufficient evidence to support their conclusions, professional judgements and recommendations. Working papers should always be sufficiently complete and detailed to enable an experienced internal auditor with no previous connection with the audit to ascertain what work was performed, re-perform it if necessary and support the conclusions reached. The CAE should also specify how long all audit documentation should be retained, whether held on paper or electronically. All audit work should be subject to an appropriate internal quality review process.*

*Internal auditors must be alert to the possibility of intentional wrongdoing, errors and omissions, poor value for money, failure to comply with management policy and conflicts of interest when performing their individual audits. They must also have sufficient knowledge to identify indicators that fraud or corruption may have been committed.*

- 7.4.1 Dundee City Council's Audit Manual sets out the procedure in relation to undertaking an audit, including working papers and files. The Audit Manual was last reviewed in May 2020. Sections include: the Audit Approach; Working Papers; Audit Review; Audit Management; Audit Reporting; Follow-Up process; Client Feedback; IT Audit; Register of Interests; Consultancy Exercise; Scrutiny Committee; Records Retention; Fraud Returns; Incident and Probity Logs. Some of this information is out-of-date. A number of older templates have not been used for some time because they related to paper files, which the service stopped using during 2019/20. This applies to the Audit File checklist and the Draft Report Discussion template.
- 7.4.2 The CAE is aware that the Audit Manual needs updated, however, has had resourcing issues and would prefer to update the Manual in line with the new Global Internal Audit Standards (GIAS) introduced in 2025. The Internal Audit Service have, however, been changing the reporting, audit planning, audit progress, and action implementation monitoring processes so have been writing guidance and creating new templates as supplements to the manual. **See Appendix D – Recommendation 10.**
- 7.4.3 The CAE has identified that an Audit File Checklist needs to be developed. This has been discussed with the team and they agreed that the Angus Council Key Dates Activity Log could be utilised, however, it needs a bit of tailoring for Dundee City Council. This has not been implemented to date due to the resource constraints and the fact that the majority of staff are very experienced so not seen as an essential at this stage and the CAE has prioritised other areas. **See Appendix D – Recommendation 11.**
- 7.4.4 A record retention schedule is in place (current year plus five years) which follows the Scottish Council on Archives Record Retention Schedules, however, there are still paper records and electronic files held from pre 2019. **See Appendix D – Recommendation 12.**
- 7.4.5 We selected a sample of three Audit Assignments during the EQA and checked to ensure that audits are undertaken in compliance with the Standards and the Audit Manual. We found that working papers and templates are standardised. There is a File Review document, which is also a standard template utilised for the review of the file where any questions or points can be noted for the auditor to respond to / action.
- 7.4.6 All the files inspected had a File Review document which was prepared by the reviewer, however, one file was not countersigned by the actioner, although it was clear that actions had been undertaken from the comments. This was confirmed as the first tier file review as stated in the Audit Manual. The second tier file review is the review of the draft report, although this is not clear from the Audit Manual. There are several versions of the draft report that confirms that reviews have been undertaken.

7.4.7 The majority of Internal Audit reports are reviewed by the CAE prior to issue. There is also email evidence of reviews being carried out, along with the first tier review on the agreed template as stated in the Audit Manual and received in the evidence pack. The majority of working papers are reviewed by the CAE and / or a qualified and experienced member of staff. We noted, however, in the audit files inspected that there was no evidence:

- of the feedback questionnaires on two of the three audit files, however, one of the missing questionnaires was later witnessed as saved elsewhere; or
- of the completion of an equivalent to the Audit File Checklist which is specifically mentioned in the Audit Manual. As stated in paragraph 7.4.1 this checklist hasn't been used since 2019/20.

These points should be addressed in conjunction with paragraph 7.4.2. **See Appendix D – Recommendation 10.**

7.4.8 Adequate arrangements are in place regarding General Data Protection Regulation (GDPR) and data sharing with external partners including a Memorandum of Understanding Protocol and Product Sharing Protocol with FTF. By default, engagement results are not released out of the organisation, apart from the IJB audits which are covered by an Internal Audit Output Sharing Protocol. Any such requests would be discussed with Legal Services before complying.

7.4.9 Dundee City Council's Internal Audit Service **fully conforms** with Standard 2300 on Performing the Engagement.

## 7.5 2400 - Communicating Results

*The basic aims of every internal audit report should be to:*

- *give an opinion on the risk and controls of the area under review, building up to the annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control;*
- *prompt management to implement the agreed actions for change leading to improvement in the control environment and performance; and*
- *provide a formal record of points arising from the audit and, where appropriate, of agreements reached with management, together with appropriate timescales.*

*Each report should include the scope and purpose of the audit to help the reader to understand the extent, or limitations, of the assurance(s) provided by the report. During the course of the audit, key issues should be brought to the attention of the relevant manager to enable them to take corrective action and to avoid surprises at the closure stage. Before issuing the final report, the internal auditor should normally discuss the contents with the appropriate levels of management to confirm the factual accuracy, to seek comments and to confirm the agreed management actions. A draft report is useful for this purpose. Recommendations should be prioritised according to risk. The recommendations and the resultant management action plans should be agreed prior to the issue of the final report. Any areas of disagreement between the internal auditor and management that cannot be resolved by discussion should be recorded in the action plan and the residual risk highlighted. Those weaknesses giving rise to significant risks that are not agreed should be brought to the attention of a more senior level of management and the board.*

*As set out in the PSIAS, the CAE must deliver an annual internal audit opinion and report that can be used by the organisation to inform its annual governance statement. This must include the annual internal audit opinion concluding on the overall adequacy and effectiveness of the organisation's governance, risk and control framework, a summary of the audit work from which the opinion is derived (including reliance placed on work by other assurance bodies); and a statement of conformance with the PSIAS and the results of the internal audit QAIP.*

- 7.5.1 Individual standardised reports to Services are prepared for all assignments. All reports are summarised to Scrutiny Committee. There were three levels of audit action (recommendation grading) up to June 2023, four thereafter. This was because the report style was revised during 2023, with the new style and revised definitions for assurance and audit actions introduced after June 2023. They have moved from Critical, Significant, and Routine to Critical, High, Medium, and Low.
- 7.5.2 The new style of report covers: introduction and scope, audit assurance, executive summary, audit findings, recommendations, and action plan. The assignment brief is attached as an appendix to the report. All recommendations are graded in line with pre-defined criteria and definition as above. The new style is more visual with RAG ratings and tables to present conclusions. The main content differences are that the overall assurance level is RAG rated and clearly stated, individual objectives have a RAG rated conclusion, each recommendation is recorded separately, definitions for assurance levels and recommendation gradings are included, and there is a section on the impact of the findings on risk. Progress reporting to committee also now includes the RAG assurance information for all completed audits in the year to date.
- 7.5.3 Changes were explained and discussed with the Convener and Vice-Convener in advance and also in reports to Scrutiny Committee. The CAE drafted a paper for officers which was also circulated. The changes were also discussed at the Risk and Assurance Board.
- 7.5.4 End of assignment meeting are not always held. They only occur if the auditee / client and the auditor agree it is required. Draft reports are issued for factual accuracy of the findings. Management is also asked to provide management responses to each recommendation set out in the Action Plan, as well as identifying a responsible officer / owner and implementation date.
- 7.5.5 The majority of completed Stakeholder Questionnaires confirmed that the Internal Audit Service activity added value.
- 7.5.6 Dundee City Council's Internal Audit Service **fully conforms** with Standard 2400 on Communicating Results.

## 7.6 2500 - Monitoring Progress

*The PSIAS place responsibility for monitoring progress with the CAE to ensure that management actions have been effectively implemented or, if not, that senior management have accepted the risk of not taking action. The CAE must, therefore, implement a follow-up process for ensuring the effective implementation of audit results or ensuring senior management are aware of the consequences of not implementing an action point and are prepared to accept the risk of such consequences occurring. The results of this process should be communicated to the board. The CAE should develop escalation procedures for cases where agreed actions have not been effectively implemented by the date agreed. These procedures should ensure that the risks of not taking action have been understood and accepted at a sufficiently senior management level. The effective involvement of the board in the follow-up process is critical to ensuring that it works. The CAE should consider revising the internal audit opinion in light of findings from the follow-up process. The findings of follow-up reviews should inform the planning of future audit work.*

- 7.6.1 To confirm that management is discharging its responsibility in terms of implementing audit recommendations within the agreed timescales, Internal Audit undertakes formal follow-up work and progress reviews. The outcomes from these exercises are also formally reported to relevant officers and the Scrutiny Committee, along with revised implementation dates where appropriate.



- 7.6.2 There is a process in place for monitoring the implementation of recommendations made and agreed with management. After the issue of each final report, the Internal Auditors arrange for all recommendations, along with management responses, implementation dates, and responsible officers / owners to be added to the corporate Pentana system. There have been a numbers of actions still outstanding and agreed dates have been extended and reported to each Scrutiny Committee. The process is in the process of being refined with the end goal where the auditee updates the process on Pentana without auditor input. The Internal Audit team meet monthly to agree any action required to chase up outstanding recommendations and to review the recommendations closed since last meeting.
- 7.6.3 In 2022, the external auditor commented that “Target dates for implementing some improvement actions from internal audit reports are not being met. Management should ensure that outstanding improvement actions agreed from internal audit reports are completed as a matter of priority or revised dates are reported to elected members” (Article II (b) Report 286-2022 Scrutiny Committee 26 October 2022 refers). The Risk and Assurance Board (RaAB) monitored implementation of actions from June 2022 onwards and the numbers of outstanding actions are now reported to each meeting of the Scrutiny Committee. There was progress during 2022/23 to implement old outstanding actions, but further work was needed to clear older actions as soon as possible.
- 7.6.4 A link to Pentana reports about outstanding actions in each Directorate are sent automatically to managers monthly. The RaAB discusses progress with clearing action at each meeting. In 2023, however, there was a change in audit approach ‘to give 100% coverage and real-time review’. This was agreed at RaAB in December 2022. This means that information in the Pentana system is used to monitor all actions and agree their closure with reference to evidence that will be identified at the point of the action being agreed as part of the draft report finalisation. The advantages of this are that there is added clarity to the intended outcome when agreeing audit recommendations, and closure will be agreed by Internal Audit at the point services identify the action is closed.
- 7.6.5 At the time of our review, the CAE stated that they will ask the Internal Audit team to go through the actions and check the evidence to ensure they have been closed properly. They have about 40 to 50 recs in play, which haven’t all gone past their dates. A lot sit at 90%+ complete. Services are getting better at dealing with them, but still not proactive at re-looking at dates. There are still a few old actions and several outstanding recommendations that require their dates to be changed. Notifications are now sent automatically to action owners to update actions. At Pre Agenda meetings, Managers are reminded to complete and close their recommendations.
- 7.6.6 Follow-up audit work is undertaken with services as audit actions are closed in Pentana, with specific follow up reviews only considered for areas where the overall assurance level is limited or no assurance.
- 7.6.7 The CAE’s Annual Assurance report for 2023/24 highlighted that Management agreed to implement 100% of the recommendations made.
- 7.6.8 Dundee City Council’s Internal Audit Service **fully conforms** with Standard 2500 on Monitoring Progress.

## 7.7 2600 - Communicating the Acceptance of Risks

















*When the chief audit executive concludes that management has accepted a level of risk that may be unacceptable to the organisation, they must discuss the matter with senior management. If the chief audit executive determines that the matter has not been resolved, they must communicate the matter to the board. It is not the responsibility of*



*the chief audit executive to resolve the risk.*

- 7.7.1 The Audit Charter outlines that the CAE has unfettered / unrestricted access to the Chief Executive and to the Convener of the Scrutiny Committee. This means that the CAE can escalate issues directly to them (and other senior officers) if required.
- 7.7.2 All audit reports are issued in the CAE's / Acting Internal Audit Manager's name. Where a recommendation is made in a report to mitigate a risk and it is not agreed with management, this would be highlighted in the reporting to the Scrutiny Committee. Discussions with the CAE highlighted no recent instances of this being the case.
- 7.7.3 The Chief Executive, S95 Officer, and Convener of the Scrutiny Committee are kept informed on the process of Internal Audit through regular discussions with the CAE and detailed reporting to the Scrutiny Committee. The full scope of audit activities are also included within the CAE's Annual Report. The Annual Report concludes on an opinion on the Council's framework of governance, risk management, and control.
- 7.7.4 Dundee City Council's Internal Audit Service **fully conforms** to the Standard on Communicating the Acceptance of Risk.

Isabel Wright (CMIIA)  
Internal Audit, Risk, and Corporate Fraud Manager  
Falkirk Council  
14 November 2025

## APPENDIX A – SUMMARY OF ASSESSMENT

REF	PAGE No.	ASSESSMENT AREA	Fully Conforms 	Generally Conforms 	Partially Conforms 	Does Not Conform 
Section A		Mission of Internal Audit and Core Principles				
Section B		Definition of Internal Auditing				
Section C		Code of Ethics				
Section D		<b>ATTRIBUTE STANDARDS</b>				
1000		Purpose, Authority and Responsibility				
1100		Independence and Objectivity				
1200		Proficiency and Due Professional Care				
1300		Quality Assurance and Improvement Programme				
Section E		<b>PERFORMANCE STANDARDS</b>				
2000		Managing the Internal Audit Activity				
2100		Nature of Work				
2200		Engagement Planning				
2300		Performing the Engagement				
2400		Communicating Results				

2500		Monitoring Progress				
2600		Communicating the Acceptance of Risks				
TOTALS			12	2		

## APPENDIX B – EVIDENCE PACK

- Stakeholder Questionnaires (Appendix C)
- Interviews with CAE, two members of the Internal Audit Service, the Convener of the Scrutiny Committee, the Vice Convener of the Scrutiny Committee, the Head of Corporate Finance, and the Executive Director of Corporate Services
- Minutes and papers from the Scrutiny Committee
- Audit Charter
- Audit Manual
- Structure Chart
- Job Descriptions / Profiles
- Evidence of CAE's qualification and qualifications belonging to individuals in the Dundee City Council Audit Service / Professional Certification
- Annual Internal Audit Plan
- Scrutiny Committee - 28 June 2023 report on: 2022/23 Internal Audit Annual Report
- Scrutiny Committee – 26 June 2024 report on: Internal Audit Plan Update and Progress Report
- 2018 EQA
- Annual Conversations
- Scrutiny Committee Stakeholder Consultations
- Internal Audit reports style and Definitions for Assurance Levels and Action Priorities
- Tayside IJB Joint Working Protocols
- Tayside IJB Product Sharing Protocols
- Closed Actions Review
- Completed Actions Review
- Risk Management Report
- Scrutiny Committee – 26 June 2019 on: Insurance Claims Handling Audit
- Review of Scrutiny Arrangements
- Establishment of Scrutiny Committee
- Risk and Assurance Board 21 December 2022
- Anti Bribery Policy
- Audit Universe
- Fraud and Corruption Heat Map – Briefing note
- Fraud and Corruption Heat Map
- City Development Stakeholder notes
- Corporate Services Stakeholder Notes
- Counter Fraud and Corruption Policy
- Data Protection Policy
- Discipline Procedures
- Records Retention Guidance
- ICT Safe and Secure Use Policy
- IJB Audit Joint Working Protocol
- Induction Checklist
- Risk and Assurance Board minutes
- National Code of Conduct
- QAIP Action Plan
- Records Management Policy
- Scottish City Region and Growth Deal
- Whistleblowing Policy
- General Ledger Audit File
- Health and Safety Incident Reports Audit File
- Fleet Minimum Service Levels Audit File
- Secondment Agreement

## APPENDIX C – STAKEHOLDER QUESTIONNAIRES

Stakeholder questionnaires were completed by the following key members of staff and Elected Members:

- Gregory Colgan, Chief Executive
- Audrey May, Executive Director of Children and Families
- Robin Presswood, Executive Director of City Development
- Elaine Zwirlein, Executive Director of Neighbourhood Services
- Robert Emmott, Executive Director of Corporate Services
- Paul Thomson, Head of Corporate Finance
- Councillor Kevin Keenan, Convener of the Scrutiny Committee
- Bailie Fraser Macpherson, Vice Convener of the Scrutiny Committee

## APPENDIX D – ACTION PLAN

No.	Para	Recommendation	Management Response	Responsible Officer / Agreed Completion Date
1.	6.1.2 6.1.3 6.2.6	We recommend that the Charter is revisited as some areas for improvement were identified as part of the External Quality Assessment.	<p>The Charter was reviewed as part of preparation for GIAS (UK Public Sector) and is compliant with its requirements, including several of those listed.</p> <p>The new Mandate and Charter were discussed with the Corporate Leadership Team and the Scrutiny Committee before finalisation in April 2025.</p> <p>The good practice points not already in the April 2025 Charter will be considered at the next review of the Mandate and Charter.</p>	Chief Audit Executive 30 April 2026
2.	6.2.2	A protocol should be developed for exempt or private Internal Audit reports to be presented at Scrutiny Committee.	Agreed. This protocol will be developed ahead of the next Scrutiny Committee meeting.	Head of Democratic and Legal Services 31 December 2025
3.	6.2.3	The Scrutiny Committee would benefit from a review (also consider a name change to reflect the importance of audit aspects which should be non political).	<p>A review was undertaken in 2023/24 and a revised Terms of Reference, compliant with the Cipfa 2022 guidance, for audit committees are awaiting finalisation of the whole Standing Orders and Schemes of Delegation for the Council.</p> <p>A name change to Scrutiny and Audit Committee is proposed.</p>	Head of Democratic and Legal Services 30 September 2025
4.	6.2.7	A structured approach could be implemented to ensure annual returns are submitted by all team members, covering extra mural employment, independence, and any actual or perceived conflicts of interest (even nil returns).	We will move to declarations for each individual audit from September 2025.	Chief Audit Executive 28 November 2025

5.	6.3.4	<p>The introduction of a longer term plan would help to mitigate workforce related risks and manage any shortfall in resource should it arise. A detailed medium to longer term work force plan would assist with planning as the Chief Audit Executive or Acting Internal Audit Senior Manager could monitor.</p>	<p>We have a workplan covering the whole of the current annual plan, which is updated when the new plan is agreed in April each year. This is regularly monitored and action taken where required to keep delivery of the plan on track.</p> <p>Revised career grade structure is designed to aid recruitment if required, and the Azets contract is designed to provide additional resource at short notice should it be needed.</p> <p>The current Strategy does not envisage any change in workforce resource requirement therefore if there is any change in the current team it will be evaluated and a suitable plan enacted as required.</p> <p>This will be recorded in a section within the Audit Manual</p>	<p>In place at August 2025.</p> <p>Chief Audit Executive Will be recorded in the Manual by 31 December 2025.</p>
6.	6.3.6	<p>It is important that there is written evidence of the Chief Audit Executive's knowledge, skills, and other competencies to carry out their professional responsibilities at Dundee City Council, applying due professional care the same as team members. This could be covered via the expansion of the Secondment Agreement for transparency.</p>	<p>This will be reviewed in preparation for the end of the current secondment in 2026.</p>	<p>Executive Director Corporate Services 31 October 2025</p>
7.	6.4.2	<p>The Council's senior management team should consider the proportionality of the current review process, particularly after the draft report has been agreed with the Service.</p>	<p>This will be reviewed.</p>	<p>Executive Director Corporate Services 31 December 2025</p>
8.	6.4.4	<p>Consideration should be given to establishing a performance measurement framework (such as key performance indicators). The Chief Audit Executive should discuss with the Committee to confirm what further information could be provided to benefit transparency and accountability. This could include benchmarking with other similar sized local authorities.</p>	<p>This action has been identified in our GIAS (UK Public Sector) implementation action plan and will be taken forward there.</p>	<p>Chief Audit Executive 31 December 2025</p>
9.	7.1.3	<p>The Chief Audit Executive should continue to explore options on how assurance mapping could be effectively used at Dundee City Council as an assurance map identifies the various ways in which management and those charged with Governance receive assurance about achievement of objectives, service delivery, and risk. A fully populated assurance map can identify gaps in assurance and areas where more assurance is gathered than is required, thereby releasing resources for other activity.</p>	<p>Assurance mapping is a council-wide activity. This has been taken as far as it can be at this time by Internal Audit itself. Revised CIPFA guidance is due to be published. Our action plan already notes it will be reviewed, and any required changes identified within 3 months of publication.</p>	<p>Chief Audit Executive, within 3 months of revised CIPFA guidance Review position June 2026</p>



10.	7.4.2 7.4.7	The Audit Manual needs updated.	This is currently in progress as part of the GIAS (UK Public Sector) action plan.	Chief Audit Executive 31 December 2025
11.	7.4.3	An Audit File Checklist needs to be developed.	This is currently in progress as part of the Manual update at recommendation 10 above.	Chief Audit Executive 31 December 2025
12.	7.4.4	Internal Audit files should be subject to a review ensuring compliance with the retention and disposal process. Files outwith the retention period should be disposed of in terms of the policy in place.	Agreed.	Acting Senior Manager Internal Audit 31 March 2026

	Critical
	Significant
	Routine

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**REPORT TO:** SCRUTINY AND AUDIT COMMITTEE - 3 DECEMBER 2025

**REPORT ON:** OTHER REPORTS RELEVANT TO THE REMIT OF THE SCRUTINY AND AUDIT COMMITTEE

**REPORT BY:** CHIEF INTERNAL AUDITOR

**REPORT NO:** 341-2025

### **1.0 PURPOSE OF REPORT**

This report advises members of reports submitted to Tayside Contracts, Tayside Valuation Joint Board, Tay Road Bridge Joint Board, and Tay Cities Regional Deal Joint Committee that are relevant to the work of the Scrutiny and Audit Committee.

### **2.0 RECOMMENDATION**

Members of the Committee are asked to review the reports listed at Appendix 1 and determine whether any of the reports should be the subject of a more detailed discussion by this Committee.

### **3.0 FINANCIAL IMPLICATIONS**

None.

### **4.0 MAIN TEXT**

This report summarises reports that have been reported to the Tayside Contracts Joint Committee, Tayside Valuation Joint Board, Tay Road Bridge Joint Board, and Tay Cities Regional Deal Joint Committee from 18 March 2025 to 11 November 2025.

### **5.0 POLICY IMPLICATIONS**

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

### **6.0 CONSULTATIONS**

The Council's Leadership Team have been consulted in the preparation of this report.

### **7.0 BACKGROUND PAPERS**

None.

CATHIE WYLLIE  
CHIEF INTERNAL AUDITOR

DATE: 11 NOVEMBER 2025

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Committee	Report Title/Summary
<p><b>Tayside Contracts Joint Committee</b></p> <p><b>16 June 2025</b></p>	<p>Agenda and reports are available at:  <a href="#">Publications</a></p> <p><b>Information and Reports of particular interest:</b></p> <p><b>Governance matters:</b></p> <ul style="list-style-type: none"> <li>• Update to membership of the Committee from Angus Council following a meeting on 8 May 2025</li> <li>• Convenership term of office held by Dundee City Council is at an end and the position is required to be filled by Angus Council. The position will be filled by Councillor Gavin Nicol. The position of Vice Convener would be filled by Councillor Dave Cuthbert and the position of Vice Convener Elect would be filled by Councillor Steven Rome.</li> <li>• The Joint Committee is asked to note that, following his appointment to the post of Executive Director of Corporate Services at Dundee City Council, Paul Thomson will serve as Proper Officer to the Joint Committee.</li> <li>• The Joint Committee is asked to note that Dougie McKay has been appointed Managing Director of Tayside Contracts effective from 1 June, 2025. His successor as Head of Operations of Tayside Contracts will be appointed by the General Purposes Sub-Committee.</li> </ul> <p>Report JC14/2025 Quarterly Performance Report Update April 2024 to March 2025.</p> <p>Report JC15/2025 Local Code of Corporate Governance and Annual Governance Statement.</p> <p>Exempt report: New jobs/gradings - Grade 11 and above, redundancy and flexible retirement report.</p>
<p><b>Tayside Contracts Joint Committee</b></p> <p><b>Special Meeting</b></p> <p><b>23 June 2025</b></p>	<p>Agenda and reports are available at:  <a href="#">Publications</a></p> <p>The meeting was to consider report JC18/2025 Draft Unaudited Annual Report and Accounts for the Year to 31 March 2025.</p>

<p><b>Tayside Contracts Joint Committee</b></p> <p><b>Meeting</b> <b>25 August 2025</b></p>	<p>Agenda and reports are available at:</p> <p><a href="#">Publications</a></p> <p>Information and reports of particular interest:</p> <p><b>JC18/2025 Quarterly Performance Update - Quarter 1 April to June 2025</b> <b>JC19/2025 Internal Audit - outcomes from reviews 2024/2025</b></p> <p>The report included the outcomes from the following Internal Audit reviews by Henderson Loggie:</p> <ul style="list-style-type: none"> <li>• <b>Annual Report</b> “In our opinion, Tayside Contracts has adequate and effective arrangements for risk management, control and governance. Proper arrangements are in place to promote and secure Value for Money.”</li> <li>• <b>Estimating Construction Jobs - Costing and Material Purchasing</b> Overall Grading Satisfactory (System meets control objectives with some weaknesses present.) One priority 2 (addressing significant risk) and 2 Priority 3 (addressing minor risk) recommendations were agreed.</li> <li>• <b>External Relations Overall</b> Grading Good( System meets control objectives). One Priority 3 recommendation was agreed.</li> <li>• <b>Debtors/Income</b> Overall grading Satisfactory. Two Priority 3 recommendations were agreed.</li> <li>• <b>Follow-up reviews 8</b> of 18 recommendations require further action (Three Priority 2 and five Priority 3).</li> </ul> <p><b>Item 3a) Change of Membership and Vice Convener</b></p> <p>Councillor Lee Mills was appointed by Dundee City Council to replace Councillor Steven Rome who had resigned as a member of the Tayside Contracts Joint Committee and as Vice Convener of the Committee.</p>
<p><b>Tayside Valuation Joint Board</b></p> <p><b>16 June 2025</b></p>	<p>Agenda and minutes are available at: <a href="https://www.tayside-vjb.gov.uk/minutes-agendas-2025/">https://www.tayside-vjb.gov.uk/minutes-agendas-2025/</a></p> <p><b>Reports of particular interest:</b></p> <p>TVJB5-2025 - External audit annual audit plan 2024-25. TVJB6-2025 - Unaudited annual accounts for the year ended 31 March 2025. TVJB7-2025 - Internal Audit.</p> <ul style="list-style-type: none"> <li>• Maintenance of accuracy of the Electoral Register. This covers Angus and Perth and Kinross Councils. Overall assurance level is Good - System meets control objectives.</li> <li>• Cyber Security Overall Assessment Satisfactory - System meets control objectives with some weaknesses present. Two grade 3 recommendations were made to address minor risks.</li> <li>• Follow-up reviews 2024/25. All actions from previous reports have been implemented.</li> </ul> <p>TVJB8-2025 - Corporate Plan and Service Plan 2025-2028. TVJB9-2025 - Risk Management Business Continuity.</p>

<p><b>Tayside Valuation Joint Board</b></p> <p><b>25 August 2025</b></p>	<p>Agenda and reports are available at:</p> <p><a href="#">Minutes &amp; Agendas 2025 - Tayside Valuation Joint Board</a></p> <p><b>Reports of particular interest:</b></p> <p>TVJB15-2025 Revenue Monitoring for 4 Months to 31 July 2025.  TVJB16-2025 Best Value - Public Performance Report 2024-25.  TVJB18-2025 Health and Safety Annual Report.  TVJB19-2025 Internal Audit.</p> <ul style="list-style-type: none"> <li>• Audit Needs assessment and Strategic Plan 2025 to 2028.</li> <li>• Internal Audit Plan 2025/26 to cover Staff recruitment and retention; Procurement and Creditors/Purchasing; Risk Management; and Follow-up reviews.</li> </ul>
<p><b>Tay Road Bridge Joint Board</b></p> <p><b>9 June 2025</b></p>	<p><a href="#">June 2025 Board Papers   Tay Road Bridge</a></p> <p><b>Reports of particular interest:</b></p> <p>TRB 10-2025 Response to Internal Auditor's Annual Report to members Strategic Plan 2025-2030.</p> <ul style="list-style-type: none"> <li>• The opinion of the internal auditor is “ In our opinion, the Board has adequate and effective arrangements for risk management, control and governance. Proper arrangements are in place to promote and secure Value for Money. From the internal audit work conducted during 2024/25 we have not identified any downward trends in relation to risk management, control, or governance. The latest iteration of the Strategic Risk Register does not stipulate the risk appetite of the Joint Board and therefore it is not possible to highlight whether there any areas operating above the risk appetite. This opinion has been arrived at taking into consideration the work we have undertaken during 2024/25, and in previous years since our initial appointment.”</li> <li>• Corporate Governance overall assurance Good - System meets control objectives.</li> <li>• Payroll overall assurance Good - System meets control objectives.</li> <li>• Procurement and Creditors/Purchasing overall assurance Satisfactory - System meets control objectives with some weaknesses present. Two recommendations were made to address one significant and one minor risks.</li> </ul> <p>TRB11-2025 Local Code of Corporate Governance.  TRB12-2025 Annual governance Statement for the year to 31 March 2025.  TRB13-2025 Unaudited annual accounts for the year ended 31 March 2025.  TRB15-2025 External audit annual audit plan 2024/25.</p>
<p><b>Tay Road Bridge Joint Board</b></p> <p><b>5 September 2025</b></p>	<p><a href="#">September 2025 Board Papers   Tay Road Bridge</a></p> <p><b>Reports of particular interest:</b></p> <p>TRB20-2025 Revenue Monitoring 4 months to July 2025.  TRB21-2025 Capital Monitoring - 4 months to 31 July 2025.  TRB 22-2025 Internal Audit - Audit Needs Assessment and Strategic Plan 2025 to 2028 and Annual Audit Plan 2025/2026.</p> <ul style="list-style-type: none"> <li>• The 2025/26 plan covers Health and Safety; Budgetary Control; Risk Management; and Follow-up.</li> </ul>

<p><b>Tay Cities Region Joint Committee</b></p> <p><b>21 March 2025</b></p>	<p><a href="https://www.taycities.co.uk/21-march-2025-tay-cities-region-joint-committee-agenda-papers">https://www.taycities.co.uk/21-march-2025-tay-cities-region-joint-committee-agenda-papers</a></p> <p><b>Reports of particular interest:</b></p> <p>TCRJC02-2025 Annual Performance Report and Benefits Realisation Plan.</p> <p>Programme of Meetings 2025.</p> <p>Friday, 20 June 2025, to be held remotely.</p> <p>Friday, 3 October 2025, to be held remotely.</p> <p>Friday, 12 December 2025, to be held remotely.</p>
<p><b>Tay Cities Region Joint Committee</b></p> <p><b>20 June 2025</b></p>	<p><a href="https://www.taycities.co.uk/20-june-2025-tay-cities-region-joint-committee-agenda-papers-presentations">https://www.taycities.co.uk/20-june-2025-tay-cities-region-joint-committee-agenda-papers-presentations</a></p> <p><b>Reports of particular interest:</b></p> <p>TCRJC4-2025 Reshaping the Tay Cities Region Deal Update - to provide an update to the Joint Committee with the amendments made to the reshaping timetable, the changes to the review panel and progress with developing criteria for strand 2 of the reshaping work.</p>
<p><b>Tay Cities Region Joint Committee</b></p> <p><b>3 October 2025</b></p>	<p><a href="#">03 October 2025 - Tay Cities Region Joint Committee - Agenda, Papers &amp; Presentations   Tay Cities Deal</a></p> <p><b>Reports of particular interest:</b></p> <p>Verbal update regarding item 4 Reshaping the Tay Cities Region Deal. Confidential report Dundee Airport (Revenue) BJC for approval.</p>