

Meeting	Audit Risk and Assurance Committee
Date	16 July 2020
Location	Video-conference
Title of Paper	SPA Audit and Improvement Recommendations Update
Presented By	Lynn Brown, Interim Chief Executive
Recommendation to Members	For discussion
Appendix Attached	Yes – Appendices:- Recommendations from:- A National Records of Scotland B & C ICO D HMICS Action Plan E Audit Scotland

PURPOSE

To provide the Audit Risk and Assurance Committee (ARAC) with an update on current open recommendations from all SPA audit and improvement activity.

1. BACKGROUND

- 1.1 SPA audit and improvement recommendations were previously reported to the Audit Committee on the 6 May 2020.
- 1.2 An update on implementation of the improvements set out in HMICS Thematic Inspection of the Scottish Police Authority Forensic Service is provided to the SPA Forensic Services Committee on a quarterly basis.
- 1.3 An update on the progress of the recommendations from Dame Elish Angiolini's Preliminary Report will be provided to the Complaints and Conduct Committee on 27 August 2020.

2. FURTHER DETAIL ON THE REPORT TOPIC

- 1.4 Below is a summary of all SPA's outstanding Audit/Inspection recommendations:-

Body/Report	No of Open Actions	Comments
National Records of Scotland	14 No change since May	Due to the current Covid-19 situation some of the elements have had to be put on hold. However we are taking this opportunity to manage areas which previously due to other demands we may not have had the dedicated time to address. See Appendix A for further details
ICO	27 No change since May	The breakdown of the classification of the outstanding recommendations is; Urgent 2 High 8 Medium 15 Low 2 Of those recommendations the following 17 classifications are partially complete; Urgent 2 High 5 Medium 10

Body/Report	No of Open Actions	Comments
		<p>This represents an improvement of 5 actions partially completed since the previous report.</p> <p>See Appendix B (summary) and C (details) for further information</p>
HMICS	13 Reduction of 4 since May	<p>Recommendations 8 and 9, from the HMICS Thematic Inspection of SPA, relating to oversight of change and implementation of a Corporate Plan have been discharged as complete by HMICS. Appendix D shows the action plan and progress to address the other recommendations from this inspection.</p> <p>Two further recommendations have been closed relating to the Thematic Review of Police Scotland' approach to the development and operational delivery of the Annual Police Plan (2018-19) and oversight of change</p> <p>One historic recommendation remains open relating to the governance and engagement around the strategic assessment Confirmation of the status of this recommendation has been requested from HMICS</p>
Audit Scotland	5 No change since May	Appendix E outlines the outstanding recommendations and the current status.
Internal Audit	1 No change since May	<p>Four recommendations relating to the recent audit on relocation costs have been completed since the audit was reported to the ARAC in May.</p> <p>The outstanding action relates to SPA Corporate implementing a Corporate Services Board similar to that operated by Forensic Services</p>
SPA Improvement Plan	5 No change	There has been no change to the number of open actions from the SPA Improvement Plan since reporting to the

Body/Report	No of Open Actions	Comments
	since May	ARAC in May. Three relate to the implementation of the new corporate structure, one relates to the SPA Website and the remaining action relates to review/update of SPA Governance documentation

3. FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications associated with this paper. There are financial implications associated with addressing recommendations

4. PERSONNEL IMPLICATIONS

- 4.1 There are no personnel implications associated with this paper. There are personnel implications associated with addressing recommendations

5. LEGAL IMPLICATIONS

- 5.1 There are no legal implications associated with this paper.

6. REPUTATIONAL IMPLICATIONS

- 6.1 There are no reputational implications associated with this paper, however there are potential reputational implications associated with the pace and effectiveness with which the recommendations are addressed.

7. SOCIAL IMPLICATIONS

- 7.1 There are no social implications associated with this paper.

8. COMMUNITY IMPACT

- 8.1 There are no community impact implications associated with this paper.

9. EQUALITIES IMPLICATIONS

- 9.1 There are no equality implications associated with this paper.

10. ENVIRONMENT IMPLICATIONS

- 10.1 There are no environmental implications associated with this paper.

RECOMMENDATIONS

Members are requested to:

- I. Discuss the content of this paper and the appended improvement recommendations

APPENDIX A

SPA Information Management Report – Public Records (Scotland) Act 2001 Submission

The audit of the SPA records plan was completed in July 2018. Assurance has been provided that the below recommendations will be progressed and the Keeper will be notified on completion. The next submission is due to be completed by January 2021.

Due to the current COVID 19 situation some of the elements have had to be put on hold. However we are taking this opportunity to manage areas which previously, due to other demands, may not have had the dedicated time to address.

June 2020

There are 14 elements in which each Public Authority is assessed on at present there are:

11 elements of a RAG status of Green. *(The Keeper agrees this element of an authorities plan)*

3 elements of a RAG status of Amber *(The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. The Keeper expects regular updates are provided as work on this area progresses.*

Element 4 Business Clarification:

With the current situation with we are taking this opportunity to take steps towards managing and weeding SPA and Forensic records. We are limited on which staff can currently carry out these tasks as not all FS staff have the ability to work remotely. The situation is constantly being monitored to task staff in the best way. The weeding project managed by Police Scotland is assisting in the management and recording of destructions/indexing of records to be retained. This project is key to compliance with the Data Protection Act 2018 and provides assurance to both the Records Keeper and Commissioner of our willingness to comply. This work ties in with the business clarification scheme to ensure records are managed in a consistent manner. Staff within SPA corporate have been asked to review and manage their mailboxes to ensure that all business information is accessible to the relevant users.

Element 7 Archiving and Transfer:

Due to the volume of depositories to the National Records of Scotland by Public Authorities the archivists at NRS have requested that a Memorandum of Understanding is issued from them and not by each individual authority. We have been advised that, at present, they are not

in a position to complete this. The Records Keeper have been advised and are satisfied with this.

Element 14: Shared Information:

We currently do not have in place a Data Servicing Agreement with Police Scotland this is also something that was raised with the Information Commissioners office Audit. Work was previously carried out by the Head of Information Management in relation to this however to date the agreement has not been signed we have been advised this had been passed to Legal Services within Police Scotland and would be looked at under the Section 83 agreement.

APPENDIX B

SPA Information Management Report – ICO GDPR Audit July 2020 Outstanding Actions – ICO Audit Report January 2019

There were 75 recommendations in the 2018/9 audit, the details of which can be found at <https://ico.org.uk/media/action-weve-taken/audits-and-advisory-visits/2614386/scottish-police-authority-follow-up-audit-executive-summary-v10.pdf>

There are currently **27** recommendations outstanding from this audit.

The breakdown of the classification of the outstanding recommendations is;

Urgent	2
High	8
Medium	15
Low	2

Of those recommendations the following 17 classifications are partially complete;

Urgent	2
High	5
Medium	10

This represents an improvement of 5 actions partially completed since the previous report.

Two of the Medium actions marked as partially complete have been indicated as complete by ICT, however, SPA IM requires to audit hardware to verify this and is unable to do so at this time due to hardware being utilised to support home working , thus the actions remain open, marked as partially complete.

There is evidence that the meeting undertaken with procurement to manage the recommendations relative to contracts has made progress, with reporting already being received by IM.

Work has continued to build a robust management and reporting regime for Information Management across SPA Corporate and Forensic Services to ensure all business areas are aware of their responsibilities via Information Asset Owners and facilitate accurate reporting of security incidents.

Scott Moncrieff Data Audit

Scott Moncrieff have recently completed a Data Protection and Retention Audit. Nine improvement actions have been identified from this review, 3 of which relate to compliance with existing procedures and 6 of which relate to the design of controls themselves.

The improvement actions identified are broadly similar to outstanding actions from the 2019 ICO audit, or were issues already identified by SPA IM. As such work was already underway to address the issues in the majority of cases. There

are only 2 improvement actions that were not highlighted in the ICO audit or where work was not underway and those are both minor issues in SPA's view.

APPENDIX C		ICO Audit Report Jan 2019 Outstanding Actions: July 2020							
Ref	Non-conformity	Recommendation	Priority	Accepted / Partially Accepted / Rejected	Agreed Action	Implementation Date	Owner	Update at 18 months	Action Status
A6	The Hardware Asset Register is currently maintained in a form which prevents SPA from having regular access, and from being able to gain assurance that the register is kept up to date and accurate.	It was identified during the audit that there is an ongoing project to improve the Hardware Asset Register used by Police Service of Scotland (PSoS) in relation to SPA. This project should continue as planned, and SPA should ensure that assets which they rely on are tracked sufficiently to give SPA assurance of their security.	Medium	Accept	Ongoing Liaison with ICT. Due date for completion April 2019. The Register will be read-only for all users and only the IT administrators will be able to update. SPA can be provided with scheduled reports that will contain all up to date SPA hardware assets.		ICT	13/01 No complete register provided by ICT to date. Some work has been done, but not yet complete. Raised with ICT Head of Service Management Jan 2020, who will come back with what they currently have for us to consider closing action. 04/20 IT have advised that the action has been completed, however, as we have been unable to test this due to lockdown the action will remain open until we are satisfied that the register is fit for purpose.	
A7	The Software Asset Register is currently maintained in a form which prevents SPA from having regular access, and from being able to gain assurance that the register is kept up to date and accurate.	It was identified during the audit that there is an ongoing project to improve the Software Asset Register used by PSoS in relation to SPA. This project should continue as planned, and SPA should ensure that assets which they rely on are tracked sufficiently to give SPA assurance of their security.	Medium	Accept	Work on the Software Register has commenced. The register will cover software in use but no details regards licensing to start with. As per the Hardware Register reports can be requested that will contain SPA associated software.	Aug-19	ICT	Update requested from ICT 8/8/19. 1 October, still no update. ICT head of Service Management asked for update by Feb 20. The update was not received. 04/20 IT have advised that the action has been completed, however, as we have been unable to test this due to lockdown the action will remain open until we are satisfied that the register is fit for purpose.	
A10	No physical checks are carried out on the existing Hardware and Software Asset Registers.	As the new Asset Registers are developed, SPA should ensure that there is a process built in to carry out regular physical checks of their accuracy.	Medium	Accept	Develop a process to audit accuracy	Apr/Aug 19	IM Auditor	June 2019: first version of RAS register audited and issues raised. ICT to review. 11/11 New register delivered but returned as also contained out of date information. New register provided 25/11 now accurate, but still need rest of hardware. Resources will be required to audit actions A6, A7 and A10. Jan 2020 possible resource identified for secondment as auditor. Head of IM to take forward. 04/20 Work commenced on possible resource but postponed due to resourcing requirement in FS then Covid.	
A18	a) Whilst Forensic Services have carried out a programme of physical access log reviews as part of their ISO 17025 management system, these have not been recorded. b) The SPA corporate office have not carried out any physical security reviews.	a) Where physical access log reviews are carried out, these should be recorded and any findings reported to the IMT. b) It was noted during the audit that the lack of physical security reviews carried out by the IMT is due to a lack of resources. This is in the process of being remedied, with the recruitment of an Internal Auditor. SPA should ensure that the Internal Auditor carries out a review of physical access logs as part of the Internal Audit Schedule.	Medium	Accept	FS BS 0005 SOP provides Admin Supervisor with instruction for monthly checks. Provide SOP and examples of BS 0010 and 0043F of monthly checks as evidence.		IM	Logs had been reviewed by IM, just not regularly. IM does not currently have the additional resource it needs to undertake audit work. However, given that staff will already have accessed the main front door with 2 factor authentication the risk from physical attack at the 2nd floor door is minimal and as such its considered for PQ this risk is LOW. Jan 2020, a potential resource for secondment for audit is being investigated to close this action. 04/20 Work commenced on possible resource but postponed due to resourcing requirement in FS then Covid.	
A20	a) SPA has not conducted any review of the security of the PSoS file storage sites that are used for long term storage. b) The Complaints Office contains locked filing cabinets, the keys for which are insecurely stored out side of working hours.	a) SPA should build security reviews of storage areas run by 3rd parties into the proposed Internal Audit process. b) SPA should strongly consider including the keys for the locking cabinets in the Complaints Office in the general key management approach, and store them overnight in the locked box at security.	High	Partially Accept	a) SPA Records Manager to review storage, programme currently underway with PSoS to review storage & try & centralise b) The door of the complaints office is locked whilst unattended as such its felt that there is no need to further secure the keys	Mar-19	RM	A review, consolidation and weeding exercise is currently underway with legacy files, when this is complete a new storage contract will be issued and relevant inspections undertaken. New date estimated as April 2020. 04/20 Project was on target but now delayed due to Covid as on-site visits required for tenders	

Ref	Non-conformity	Recommendation	Priority	Accepted / Partially Accepted / Rejected	Agreed Action	Implementation Date	Owner	Update at 18 months	Action Status
A28	<p>a) Purchases of IT related services and supplies with values below the public procurement threshold are not subject to formal contracts.</p> <p>b) SPA has no contract in place with PSoS who provide all SPA IT and Procurement services.</p>	<p>a) Whilst the public procurement thresholds may serve as a guide for whether a contract (including information security requirements) is required, there must be a process of consideration. SPA may find that in some circumstances, low value purchases will still have high risk factors and thus should be protected by contracts.</p> <p>b) SPA must address the lack of contract with PSoS, as the lack of contract provides no assurances that the services provided will continue to take place or the quality they will be provided at.</p>	Urgent	Accept	Head of IM/SIRO to engage with PSoS Im and Procurement	Feb-19	SIRO/Procurement/Head of IM	Text updated by Dir of Governance and Assurance Sept 19: This has been subject to an internal audit report by Scott Moncrieff. Will require resource for ongoing audit. Head of IM now managing this action. Options paper to be prepared for consideration Jan 2020. Paper delivered Jan 2020. 04/20 Meeting has taken place between relevant stakeholders in SPA and PSoS and a 4 point action plan was agreed to move the recommendations forward. First review due end June 2020. Review not yet undertaken, however, there is evidence from reporting that the processes put in place are working, as such status changed to partially complete.	
A29	<p>a) Risk ID004 states that security clauses are not in place for all 3rd party contracts.</p> <p>b) SPA has no Service Level Agreements (SLA) in place with the PSoS IT Team.</p>	<p>a) The Risk Register shows that there is a plan in place to remedy this, with a scheduled completion by the end of the Calendar year. SPA should monitor this to ensure that completion is achieved.</p> <p>b) As the PSoS IT Team are the provider of all IT services for SPA, it is important that SPA obtain a SLA with regards to response times and communication levels.</p>	Urgent	Accept	A dual branded security aspects letter has been produced and has been issued with contracts, however, IM was advised to cease all other work on the risk of 'contracts' in June 2019	Mar-19	SIRO/Head of Legal/Head of IM	Security aspects letter in place. SLA's not yet in place for IT services.	
A30	There is no review, monitoring, or auditing of existing contracts with regards to their security arrangements.	SPA have identified that this will be part of the role of new Auditor, and will take place after that role is filled. SPA should ensure that contract reviews and audits are built into the SPA Internal Audit Schedule.	Medium	Accept	IM advised to cease all work in this area June 19	Jun-19	Head of IM	See A28. It is the role of Contracts managers to monitor existing contracts. Where SPA has a contracts manager they will be trained in this respect. Evidence will be sought from PSoS contract managers in terms of compliance. 06/20 Evidence requested for one contract as a dip sample, however, this would be an audit role as per the request for additional resources in IM	
A31	The Forensic Services Incident Handling Process is centred on their ISO 17025 Management System, and treats the SPA Incident Management process as secondary.	SPA must ensure that they have a unified approach to incident management across the whole organisation which takes primacy over any processes used by individual teams or departments.	High	Accept	Staff will be reminded that IM process has primacy	Feb-19	SIRO/Head IM	FS reminded that SPA IM has primacy for security incidents, however, risk on non-compliance continues. June 2020 Update - There has been significant progress in reporting of incidents, however, there is still some late reporting. Once we have achieved 2 full quarters with no delays this action will be closed.	
A34	<p>a) The Incident Management Policy only specifies the reporting of incidents, and does not mention Near Misses. Further to this, evidence was seen of a near miss/incident relating to a supplier data breach (Gilson) which is not listed on the Incident Log.</p> <p>b) The Forensic Services Incident Log is a blank template which shows its date of creation as the 21st of December 2018. There is no indication from the evidence seen that Forensic Services are tracking incidents as was described in interviews with members of staff.</p>	<p>a) SPA should ensure that the Incident Management Policy reflects the requirement to track Near Misses, and should further take steps to ensure staff are made aware of this fact.</p> <p>b) SPA should review to what extent Forensic Services are carrying out incident logging, and ensure that it matches the standard to which SPA operates their own Incident Log.</p>	Medium	Accept	SPA Corporate response: Policy will be updated to specify near misses should be recorded. The failure to record the Gilson incident was an oversight. Forensics Response: Forensics will ensure they record in line with corporate	Apr-20	Head IM	Processes updated, but reporting incomplete. Head of IM to consider the benefits of SPA Corporate taking Q Pulse, thus ensuring logging of policies and staff reading them is recorded and central recording of all incidents. Initial meeting with Q pulse undertaken. 04/20 Meeting was due March but cancelled due to Covid. As operational landscape needs to be reviewed in terms of IT its unlikely this action will progress until staff return to work. 06/20 No change	
A35	Whilst processes are in place to ensure that incidents are escalated internally, the current set up of Forensic Services relying on their ISO 17025 processes means that incidents initially reported to Forensic Services will be delayed in their internal escalation.	SPA should investigate ways to link the reporting chains for Forensic Services Incident Management and SPA Incident Management, so that incidents reported in Forensic Services are automatically forwarded to SPA.	High		Will investigate how we could automate this	Mar-19	Head IM	A request was made to update the NCA forms with the field 'must be reported to IM within 24 hours' and then a narrative of who reported it and when/how. This has not yet happened. Update requested. See above re use of Q Pulse. 04/20 Change request has been submitted. 06/20 No change requests considered due to covid	

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A38	SPA have not been carrying out a programme of internal audits of their information security.	SPA should ensure that, after filling their vacancy for an Auditor, their Internal Audit Plan includes reviews of the information security management system. This should include reviews of the IT Health Checks currently being carried out, and also of the Technical Audits done by PSoS IT.	Medium	Accept	Ensure resources are allocated for this			Structure review has not been agreed and as such no additional staffing has been provided to allow this work to be done. Jan 2020, potential temporary audit resource to be explored by Head of IM. 04/20 A potential resource was identified and initial work began to look at the feasibility, however, another business opportunity presented itself to the person and as such they are not currently available. Secondment not feasible due to covid. Review in 3 months.	
A39	Outside of the Forensic Services ISO 17025 requirements, there is no formalised approach to management led compliance reviews such as spot checks.	SPA should consider building into the Information Security Policy a requirement for management led compliance reviews, such as spot checks and staff surveys.	Medium	Accept	This would form part of the duties of an internal auditor post, although its not felt necessary to put info about spot checks in policy as this is covered in training			see above	
B1	SPA's Data Sharing Standard Operating Procedures (SOPs) state that sharing decisions should be recorded in an auditable format; however, it was not clear if this was being monitored.	SPA should implement monitoring processes to ensure that the Data Sharing SOPs are being adhered to in relation to audit trails being maintained.	Low	Accept	Audit plans should be put in place by auditor	Jun-19	Head of IM	Audit post not progressed at this point, however, potential temporary audit resource to be explored by Head of IM. 04/20 A potential resource was identified and initial work began to look at the feasibility, however, another business opportunity presented itself to the person and as such they are not currently available. Secondment not feasible due to covid. Review in 3 months.	
B2	SPA do not undertake training needs analysis to identify roles that would benefit from specific training in relation to data sharing.	SPA should undertake a training needs analysis to identify roles that involve the sharing of data or involvement in ad hoc disclosures and consider what additional training may be required. Consideration should also be given to how regularly such training will need to be refreshed.	Medium	Accept	Already identified as an issue and an HR resource allocated to look at this after re-structure	Jul-19	HR	Re-structure on hold and as such action not progressed. Jan 2020, meeting with HR to plan progression of this action and incorporate in planning for SPA 2020	
B14	The Forensic Services Quality Team has undertaken an audit of the Defence Access process; however there was no evidence of similar quality checks or monitoring of disclosures carried out in other areas.	Regular audits or spot checks should be undertaken to provide SPA with assurance that disclosures are being made appropriately and in line with agreed policies and procedures.	Medium	Accept	Audit process to be put in place for non Defence Access disclosures	Mar-18	Head of IM	Review process for image disclosure put in place. Do not have resources to cover a full audit programme. This would have been covered by the audit post agreed for IM but now on hold. Jan 2020 potential temporary audit resource to be explored by Head of IM. 04/20 A potential resource was identified and initial work began to look at the feasibility, however, another business opportunity presented itself to the person and as such they are not currently available. 06/20 Secondment opportunity not feasible due to covid. Review in 3 months.	
C2	The information security e-learning for staff working in forensics is out of date and refers to the DPA 1998. The IMT are currently updating the content to include GDPR/DPA18 requirements. It was also reported that forensics' staff required more detailed records management training and it had already been identified that the e-learning content was not sufficient.	The information security e-learning completed by forensics' staff should be updated to reflect current data protection legislative requirements. SPA should also review and improve the records management training for forensics' staff to ensure that they are aware of their records management responsibilities.	High	Accept	Work in hand	Mar-19	Head of IM	The training has been updated and awaits a launch date, reliant on PSoS. Jan 2020 raised with HR that PSoS Moodle unit has not provided a launch date. 04/20 Moodle advised that all work is currently on hold. Head of IM to explore alternatives (NPCC, NRS etc)	
C3	The forensics department have an existing Training Needs Analysis (TNA) process that includes IG training needs but it was reported that the TNA for SPA corporate staff is a work in progress. A new HR & Organisational Development Officer was appointed in October 2018 to develop the TNA.	a) SPA should ensure that training needs for all staff across the organisation are regularly assessed and identified. This will help them to identify any gaps in knowledge that can be addressed in their IG training programme. b) Staff responsibilities for the TNA process should be documented in relevant job descriptions.	High	Accept	Consider how to improve capture of requirements	Mar-19	HR	SPA does not have any employee with this responsibility in their Job Description. Requirement fed in to SPA 2020	
C4	SPA do not have an IG training strategy or plan in place at present but plan to introduce one once the TNA has been completed.	SPA should ensure that a training plan or strategy is in place to ensure that training needs identified in the TNA process are addressed. The plan should document agreed timescales for delivery and responsibilities should be documented in the ToR of relevant steering groups and job descriptions.	High	Accept		Ongoing	Line Managers /IGF	See above	

Ref	Non-conformity	Recommendation	Priority	Accepted / Partially Accepted / Rejected	Agreed Action	Implementation Date	Owner	Update at 18 months	Action Status
C7	The induction training programme for forensics staff includes the same Moodle modules as the overall training programme. As already mentioned, the information security e-learning Moodle is out of date and it was also reported that the records management training content for forensics is insufficient.	SPA should ensure that all elements of the induction training for forensics are up to date and contain sufficient guidance. The records management content of the induction programme for forensics should be improved.	Medium	Accept	Work in hand. All staff were given RM training in 2018, however, this identified a lack of basic IT skills which staff seem to have associated with RM. IM have committed to develop training in basics such as keyboard shortcuts etc. as many of the reasons given for poor records management were that staff did not know how to move files or hyperlink etc.	Jun-19	Head of IM	All staff were provided with face to face training by end 2018. Basic skills training requires to be developed. Fed in to HR/SPA 2020	
C8	The induction training provided to SPA corporate staff does not include an assessment or test to provide assurance that the content has been understood. It is however delivered in face to face format with an opportunity for participants to ask questions before access to systems is granted. Forensics have a test as part of the information security Moodle that staff complete. It is recommended that this is completed within the first two weeks of employment but this is not a requirement before access is granted.	a) SPA should ensure that data protection/information security induction training includes an assessment or test with a minimum pass rate (e.g. 80%) to ensure new staff are aware of and understand their responsibilities with respect to the handling of personal data. b) It should be mandatory for all staff to complete their induction as soon as possible, ideally before access is granted to systems processing personal data.	Medium	Accept	Work in hand	Mar-19	Head of IM	Face to face induction is done for new starts before system access is permitted. Testing is on the Moodle training and the new version that has been developed also has testing. Updated training module sent to PSoS Moodle team, awaiting a launch date. 04/20 Moodle advised that all work is currently on hold. Head of IM to explore alternatives post lockdown (NPCC, NRS etc).	
C9	Induction training is mandatory for all staff including temporary and individual contractors. This is not the case for staff providing security and cleaning services via a third party provider. Procurement of contracts for these services is done by PSoS in SPA's name as PSoS cannot legally enter into contracts. There is no requirement for the staff of these providers to undergo any induction training with respect to their responsibilities when handling personal data.	SPA should review contracts to ensure that they include the requirement for all staff employed by third parties to undergo data protection training appropriate to their role. Alternatively they may wish to include the staff who deliver these services at SPA buildings in their training needs analysis and provide them with induction training.	High	Partially Accept	This would be relevant where they had access to personal data and contractors are treated in an identical manner to staff in this respect. However the cleaning and security staff do not have access to any SPA data beyond knowing the names of staff.			SPA does not have oversight of the contracts process to ensure the relevant training is specified where appropriate. As such this action cannot be completed other than gaining an assurance from PSoS. We would need to audit to verify. head of IM to provide an options paper re all procurement issues Jan 2020, however, it should be re-iterated that this action was primarily re cleaning and security staff and they have no system access so this part of the recommendation was not accepted. Any contractor coming into use SPA computers will be inducted. 04/20 Meeting with relevant stakeholders has taken place and consideration will be given to a) how to remind the business owners that this is their responsibility and b) audit to ensure its happening. Review date end June 2020. 06/20 work underway to ensure relevant training has been undertaken	
C12	SPA plan to deliver refresher training to all staff on an annual basis. However the lack of a training strategy/plan and formal TNA means that ICO auditors were unable to gain assurance of how appropriate refresher training would be delivered to all grades. Additionally, there is currently no requirement for staff employed by third party providers to undergo refresher data protection training appropriate to their role.	SPA should complete their TNA and training strategy/plan for next year to ensure that all staff including senior managers, forensics and those employed by third party providers receive appropriate refresher training.	Medium	Accept	Only where third party providers have data access	Aug-18	HR	TNA not yet complete as re-structure put on hold and no resources with this function in job description. Meeting with HR Jan 2020, work will begin to factor this in to SPA 2020	
C17	Although informal follow up processes are in place these are not documented in any policy, procedure or relevant job description. Additionally, the IMT do not have the access rights to update all staff training records on SCOPE which causes problems with recording/monitoring training completion.	SPA should ensure that follow up responsibilities are documented in relevant policies, procedures and job descriptions, including those of the IMS/DPO, Line Managers and Operations Managers. To simplify the follow up process, the IMT should have appropriate access to staff training records.	High					Responsibilities documented in policy/procedures. Scope is not set up in a way that allows for this access at this time, so consideration is being given to how this could be met. New job descriptions will be produced for new structure as part of SPA 2020	
C19	It was reported that the target for training completion was 100% allowing for long term absence however email evidence has been provided suggesting this is 90%.	SPA should consider setting KPIs or targets for training completion and documenting this in their training strategy or plan. This will assist in ensuring the effective monitoring of completion of training by staff across all departments.	Low	Accept	As above	Aug-19	Head of IM	Current rate is 95.6, balance due to staff absence. Do not have a training plan or kpi's, will be factored in for SPA 2020	

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C21	The monitoring of training completion as part of SPA's appraisal process was reported to be inconsistent, mainly due to changes of role and lack of resources.	SPA should integrate individual's data protection related training objectives into the annual appraisal process and appraisal forms used should record completion of IG/data protection training to provide assurance of completion.	Medium	Partially Accept	SPA does not have an 'appraisal process'. SPA has a 'personal development programme'. SPA is very clear about the purpose of PDP's - they are all about staff and their development - looking forward. Managers should not wait until this meeting to highlight issues. However, the training can form part of the list of annual requirements and give staff the opportunity to discuss the training and provide feedback. Will need to go through agreement process	Aug-19	Head of IM	Needs to be agreed by HR going forward, HR considering how this may be achieved Jan 2020. 06/20 Will form part of OD	
C23	Q pulse is used in the forensics department to monitor the fact that staff have read and understood policies and other documents. There are plans to introduce Q Pulse for SPA corporate staff but at the time of the audit this was not yet in place.	SPA should implement a process to provide assurance that all staff have read and understood the IG policies in place, including any updates.	Medium	Accept	Looking at options to manage this	May-19	Head of IM	Still looking at a process to manage this in SPA corporate, however, as the vast majority of staff handling personal data are in FS, the Q pulse system ensures this requirement is delivered in their business area. Head of IM met with Q pulse Dec 19 and consideration will be given to implementing new version of Q pulse in SPA corporate in April 2020 to address this and other recommendations. 04/20 meeting delayed due to Covid. 06/20 No further update	

Not complete

Partially complete

Complete

Urgent Priority Recommendations -
These recommendations are intended to address risks which represent clear and immediate risks to the data controller's ability to comply with the requirements of data protection legislation.

High Priority Recommendations -
These recommendations address risks which should be tackled at the earliest opportunity to mitigate the chances of a breach of data protection legislation.

Medium Priority Recommendations -
These recommendations address medium level risks which can be tackled over a longer timeframe or where some mitigating controls are already in place, but could be enhanced.

Low Priority Recommendations -
These recommendations represent enhancements to existing controls to ensure low level risks are fully mitigated or where we are recommending that the data controller sees existing plans through to completion.

APPENDIX D

Update on Progress to Address Recommendations from HMICS Thematic Inspection of the Scottish Police Authority Published Sept 19

No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
1	The Scottish Police Authority Chief Executive should lead and expedite the implementation of a new Scottish Police Authority corporate structure and ensure an appropriate focus on existing staff wellbeing.	SPA will produce a revised structure and Reorganisation Plan, Corporate Strategy which will include a strategic narrative and an Annual Business Plan supporting the Strategic Plan facilitating alignment of team and individual performance objectives.	<p>SPA are currently undergoing a review of the structure for SPA Corporate taking cognisance of the requirements to support the Board and Committees, the responsibilities of SPA under the act, statutory responsibilities as a public body and resources required to support the role of Accountable Officer. Development includes significant engagement with staff on an individual, team and organisational level. Many of the staff are inputting to the review.</p> <p>An SPA Corporate Strategy is currently under development (Jan 20) covering the period 2020 to 2023. It will be presented to the SPA Board for approval Feb 2020.</p> <p>An Annual Business Plan for 2020/21 will be developed to include both improvement and business as usual activities.</p> <p>Staff engagement sessions on the development of the organisation structure have taken place on 14/8/19, 17/9/19, 3/12/19, 12/12/19, and are scheduled for 14/1/20, 11/2/20, 18/3/20, 21/4/20,26/5/20</p>	<p>Review of structure continues to be progressed despite staff working remotely from home.</p> <p>An update on the proposed organisational design will be given to Members at the seminar on 30 April. This will also include a proposed structure diagram. The intention is that further more detailed information in the form of a business case will be presented to the 20 May Board meeting for approval.</p> <p>SPA Corporate Plan 2020-23 was approved by the SPA Board</p> <p>SPA Annual Business Plan scheduled to be presented to the SPA Board May 20</p> <p>Regular staff engagement ongoing including updates from Interim CEO on weekly staff conference call</p>	<p>Organisational Development progressing:- Full structure agreed by Board in May 2020. Implementation of high level structure endorsed by the trade unions and formal consultation with affected staff underway. Ongoing informal engagement with all staff, prior to planned formal engagement. Ongoing informal engagement of full structure proposals with trade unions - to be presented to JNCC on 9 July</p> <p>See above</p>	<p>CEO and Directors</p> <p>CEO and Directors</p>	<p>Oct 2020</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p>

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
2	The Scottish Government should clarify in what respects the Scottish Police Authority differs from other public bodies and specify the implications for the system of governance for policing.	SPA CEO and Vice Chair will liaise with SG colleagues to inform revised SG Governance and Accountability Framework and ensure SPA Corporate Strategy and SPA Governance Framework are aligned to SG Framework.	SG have indicated intention to discuss with the relevant bodies roles and responsibilities within governance of policing	Vice Chair participated in round table event on 11 th March chaired by the Cab Sec for Justice. Details of further engagement to be confirmed. Extract from Vice Chair's report to March Authority Meeting: - <i>In summary, the Authority will welcome a system-wide review and contribute to it positively and openly. But its scope, intent and method must be well defined and must not prevent the Authority and its partners in the system from meeting their current responsibilities.</i>	Internal work within SPA to assess options for strengthening and clarifying role of SPA and others within overall system to be developed. Once concluded, this will provide contribution to future roundtable work	Vice Chair and CEO	SG to confirm
3	The Scottish Government and the Scottish Police Authority should undertake an immediate review of the roles of the Chair and Board members in executive work, in line with principles of good governance, empowering the Scottish Police Authority executive team to assume operational management of the organisation.	SPA CEO and Vice Chair will lead work to ensure SPA Corporate Strategy and SPA Governance Framework are aligned to the 2012 Act and On Board best practice.	<p>SG proposing to seek light-touch independent advice to provide Scottish Government with independent assurance/advice around the legitimate scope/time commitment on the part of the Chair and Board members (as part of the process of addressing HMICS Recommendation 3, along with the review of the Governance and Accountability Framework) and help inform preparation for appointment of the new Chair and Board members</p> <p>Organisation development includes consideration of the capacity/capability of the SPA to deliver all the functions of the authority while providing the necessary support to the Chair and Board members in their non-executive capacity</p>	<p>The Scottish Government has commissioned former Auditor General, Robert Black, to undertake a review SPA Members' role, responsibilities and time commitment. This review is currently in progress with Mr Black having had telephone interviews with all Members, Vice Chair, a number of SPA officers and other key stakeholders.</p> <p>Work to ensure sufficient capacity and capability is central to the ongoing work on organisational development.</p>	Publication of report by Robert Black awaited.	<p>Vice Chair and CEO</p> <p>Vice Chair and CEO</p>	<p>March 20 TBC</p> <p>Oct 20</p>

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
4	The Scottish Government, the Scottish Police Authority and Police Scotland should develop a clear system of engagement and governance for reserved policing matters	SPA CEO and Vice Chair will liaise with SG colleagues to inform revised SG Governance and Accountability Framework and ensure SPA Corporate Strategy and SPA Governance Framework are aligned to SG Framework.	The review and refresh of the Governance and Accountability Framework and the strategic narrative included within the Corporate Strategy will support addressing this recommendation. Clarification of roles and responsibilities in relation to policing oversight led by Scottish Government would inform a strategic direction for options available to discharge the recommendation.	Ownership of the Governance and Accountability Framework rests with Scottish Government. SPA have and are continuing to provide input to the revisions and monitoring this through the Governance Development and Improvement Group which includes a representative from SG Sponsorship Team.	Engagement continues between SPA and Scottish Government to develop the Governance and Accountability Framework	CEO and Directors	SG to confirm
5	The Scottish Police Authority should proceed to formally co-opt COSLA to their Board and appropriate Sub-Committees in order to enhance the link between local and national policing.	SPA CEO will liaise with COSLA colleagues to take forward the option of COSLA representation on the SPA Policing Performance Committee.	SPA Vice Chair engaging with COSLA. COSLA would welcome cop-option of a representative of COSLA to the Policing Performance Committee. Legislation does not facilitate co-opting onto the SPA Board	A CoSLA representative was invited to participate in meetings of the Policing Performance Committee. This is not a co-option, as such, given the nature of our relationship with CoSLA. The role and expectations were, however, clearly documented and agreed between the Vice Chair and CoSLA's President, Cllr Evison in January 2020. The Vice Chair also advised HMICS who supported this approach. Cllr Parry has since been nominated to represent CoSLA on the PPC.	Arrangement in place whereby Cllr Kelly Parry has been nominated by CoSLA to participate in Policing Performance Committee meetings. Further consideration required and engagement with HMICS on fully discharging the recommendation	Vice Chair	Complete
6	The Scottish Government, the Scottish Police Authority and Police Scotland should review the designation of Accountable Officer(s) within policing.	SPA CEO and Vice Chair will liaise with SG colleagues to consider options to review the role and designation of the Accountable Officer.	The role of accountable officer is outlined in legislation. SPA are fully supportive of reviewing the role and designation of the Accountable Officer and will engage with SG to ascertain parameters for options to be considered. Organisation Development includes consideration of the requirements to support the role of Accountable Officer as CEO for SPA	The role of accountable officer is outlined in legislation. SPA are fully supportive of reviewing the role and designation of the Accountable Officer and will engage with SG to ascertain parameters for options to be considered. Organisation Development includes consideration of the requirements to support the role of Accountable Officer as CEO for SPA	No change since April update	Vice Chair and CEO CEO and Directors	SG to confirm Oct 20

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
7	The Scottish Police Authority should implement effective engagement and feedback mechanisms with staff associations and unions as part of a wider stakeholder engagement and consultation approach.	SPA will produce an Annual Business Plan, which will include amongst its objectives effective communication and engagement across a wide range of internal and external stakeholders.	<p>A paper is being developed with options in order facilitate improvements to workforce governance through effective communication, consultation and engagement mechanisms with trade unions and statutory staff associations.</p> <p>This proposal is in development and requires engagement with Board Members, however focuses on recognising current stakeholder views, On-Board Guidance responsibilities and principles outlined in the Working Together Review: Progressive Workforce Policies in Scotland (Scottish Government Commissioned independent review). Early benchmarking has included consideration of the NHS Staff Governance approach.</p>	This proposal will benefit from the creation of a new committee that focuses on workforce governance and work is progressing to ensure that both the development of the committee and the stakeholder engagement proposal are fully aligned to ensure effective implementation and oversight.	<p>A terms of reference was drafted and presented at the February meeting of the Partnership Forum. Participants were invited to provide comments with a view to confirming the terms of reference at the next meeting - due to take place shortly.</p> <p>In addition, draft terms of reference are being developed for a new Workforce Governance committee which will improve the oversight and scrutiny of strategic workforce related matters. This will be the SPA's formal forum for engagement and consultation with staff associations as distinct from the Partnership Forum.</p>	CEO and Directors	June 20 (TBC)
8	The Scottish Police Authority executive team should develop proposals for effective governance of change and transformation, bringing forward proposals as a matter of urgency.	A comprehensive review of the SPA approach to the system wide oversight of change will inform a proposal to the SPA Board in February 2020.	Proposal to the SPA Board in February 2020.	Methodology for oversight of change approved at the February Authority meeting	HIMCS confirmed recommendation closed	Vice Chair	Closed

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
9	The Scottish Police Authority executive team should develop and secure approval from the Board for a new corporate plan.	See action 1. SPA will produce a revised structure and Reorganisation Plan, Corporate Strategy which will include a strategic narrative and an Annual Business Plan supporting the Corporate Strategy facilitating alignment of team and individual performance objectives.	<p>An SPA Corporate Strategy is currently under development (Jan 20) covering the period 2020 to 2023. It will be presented to the SPA Board for approval Feb 2020.</p> <p>An Annual Business Plan for 2020/21 will be developed to include both improvement and business as usual activities.</p> <p>Staff engagement sessions on the development of the organisation structure have taken place on 14/8/19, 17/9/19, 3/12/19, 12/12/19, and are scheduled for 14/1/20, 11/2/20, 18/3/20, 21/4/20, 26/5/20</p>	<p>SPA Corporate Plan 2020-23 was approved by the SPA Board</p> <p>SPA Annual Business Plan scheduled to be presented to the SPA Board May 20</p> <p>Regular staff engagement ongoing including updates from Interim CEO on weekly staff conference call</p>	HMICS confirmed recommendation closed	<p>CEO and Directors</p> <p>CEO and Directors</p>	Closed
10	The Scottish Police Authority should further develop its self-assessment and performance monitoring approach to include examples and measures of the Scottish Police Authority's own impact on continuous improvement.	SPA will produce a revised structure and Reorganisation Plan, Corporate Strategy which will include a strategic narrative and an Annual Business Plan supporting the Corporate Strategy facilitating alignment of team and individual performance objectives.	<p>SPA will develop an Annual Business Plan including both improvements and business as usual objectives. A performance framework will be developed to facilitate tracking and reporting against the objectives within the Annual Business Plan.</p> <p>SPA will implement a self-assessment methodology with the first iteration to be completed by April 21. Thereafter regular re-assessment scheduled and plans to address identified improvements.</p>	<p>SPA Annual Business Plan scheduled to be presented to the SPA Board May 20</p> <p>Self-assessment will be completed after implementation of organisational development</p>	<p>Annual Business Plan approved by SPA Board May 20</p> <p>No change since April update</p>	<p>CEO and Directors</p> <p>CEO and Directors</p>	<p>Complete</p> <p>April 21</p>

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
11	The Scottish Police Authority requires to set out in detail how it will exercise its duty to hold the Chief Constable to account through its system of governance.	SPA will produce a Corporate Strategy which will include a strategic narrative	<p>SPA have developed an Excellence Framework (to be presented to the Audit Committee on 30th January for approval) which provides a conceptual structure intended to serve as a guide for the building, and ongoing development, of a Scrutiny and Assurance Programme to deliver excellence within SPA, and derive assurance around excellence within Scottish policing.</p> <p>SPA approach to the system wide oversight of change to the SPA Board in February 2020.</p>	<p>SPA Excellence Framework approved at February Authority Meeting</p> <p>Methodology for oversight of change approved at the February Authority meeting</p>	<p>Feedback received from HMICS on evidence required to discharge recommendation taking cognisance of a number of inputs. Further consideration on structure to discharge action required</p> <p>The PS performance framework has been revised under direction and support from Members of the SPP and SPA officers (to be approved at Board 30/6) and now includes an agreed regular suite of measures of progress that will provide evidence to enable the Board to hold the Chief Constable to account for the policing of Scotland. Collaborative development of the framework is an objective in the SPA Business Plan for 2020/21, derived from strategic outcomes within the SPA Corporate Plan. Central to this objective is a clear path for improvement of data and reporting as quarterly public performance reporting continues during 20/21. There will also be additional 6-monthly reporting by Police Scotland on all commitments and priorities within the Annual Police Plan</p>	<p>CEO and Directors</p> <p>Vice Chair</p>	<p>Complete</p> <p>Complete</p>

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
12	The Scottish Police Authority and Police Scotland should develop a forward planning system of proactive risk awareness and post-implementation scrutiny for policing policy changes which are likely to have an impact on public confidence.	SPA will produce an Annual Business Plan, which will include amongst its objectives effective horizon scanning of the public sector, public interest, political and legislative environment, to provide early indication of issues of importance and relevance to the SPA's role	<p>An Annual Business Plan for 2020/21 will be developed to include both improvement and business as usual activities.</p> <p>SPA approach to the system wide oversight of change to the SPA Board in February 2020.</p> <p>Excellence Framework to be presented to the Audit Committee on 30th January for approval</p> <p>Policing Performance Committee extract of terms of Reference :- <i>Consider significant proposed changes, in consultation with The Chair or at the request of The Board, to operational policing and ensure that the associated risks and opportunities have been fully assessed</i></p> <p>Strategic Risk Register in development – to be presented to the Audit Committee Jan 20 and Board Feb 20</p> <p>Biometrics Commissioner code of practice – future developments to be implemented in line with code of practice</p>	<p>SPA Annual Business Plan scheduled to be presented to the SPA Board May 20</p> <p>Methodology for oversight of change approved at the February Authority meeting</p> <p>SPA Excellence Framework approved at February Authority Meeting</p> <p>Strategic Risk Register approved by SPA Board Feb 20</p>	<p>Strategic Co-ordination Unit, prior to coronavirus, had opened engagement with PS colleagues to consider the options for SPA to utilise the scanning work completed by PS to support the discharge of this recommendation. This requires further consideration.</p>	<p>CEO and Directors</p> <p>Vice Chair</p> <p>CEO and Directors</p> <p>CEO and Directors</p> <p>CEO and Directors</p> <p>CEO and Directors</p> <p>CEO & SCU</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>Complete</p> <p>Ongoing</p> <p>TBC</p>

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
13	The Scottish Police Authority should review the role of the Forensics Committee to work effectively with other Scottish Police Authority Committees and review the optimum governance and delivery options for Forensic Services.	SPA will produce a Corporate Strategy which will include a strategic narrative, and revised Corporate Governance Framework which will include a review of all committees and other governance and oversight mechanisms.	<p>The SPA Corporate Organisational Development work includes consideration of how SPA Corporate staff will support F/S. In parallel the FS Operating Model work is also ongoing. These pieces of work will bring clarity on roles/responsibilities between SPA Corporate and SPA F/S in respect to input at SPA Committees. Currently F/S do not have sufficient resources to input and present at all committees.</p> <p>Review and update of the SPA Corporate Governance Framework aligned to the review/update of the Governance and Accountability Framework</p>	<p>The organisational development work has considered how the interconnectivity between FS and SPA Corporate could develop in future. The output of this will be reflected in the roles that are developed within SPA Corporate.</p> <p>The Vice Chair has reinstated the Governance Development and Improvement Group as the key vehicle for overseeing the development and continuous improvement of the SPA Corporate Governance Framework. The Group includes representation from SG and PS to ensure input, alignment and complementarity with other aspects of governance and accountability. The Interim Chief Executive also reviewed the previous workplan with lead officers to ensure appropriate prioritisation and resource to progress the work as quickly as possible. The current aim is to present a fully reviewed and updated version of the SPA Corporate Governance Framework to the Board in September 2020.</p>	No change since April update	<p>CEO and Directors</p> <p>CEO and Directors</p>	<p>Oct 20</p> <p>TBC</p>

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Progress Against Action – June 20	Owner/Lead	Target date
14	The Scottish Police Authority should improve visibility of the work of the Independent Custody Visiting Scheme, direct scrutiny of custody arrangements and outcomes for detainees. It should also review the optimum governance and delivery options for the Independent Custody Visiting Scheme.	SPA will produce a Corporate Strategy which will include a strategic narrative and revised Corporate Governance Framework.	<p>A paper is being drafted providing information on the delivery of Independent Custody Visiting, including where SPA has an oversight and scrutiny role of Police Scotland Custody. The report will highlight for Committee consideration where improvement to delivery of the scheme is required. To be presented to the Policing Performance Committee</p> <p>SPA, via the Planning and Performance Committee, will consider the recommendation and options to discharge</p>	ICVS Suspended custody visiting in Scotland on 18 March 2020 the decision was made in the best interest of the health of visitors, detainee's, custody officers and staff. A report to the Policing Performance Committee will be drafted and submitted when there is a better understanding of the timeframe for resuming custody visiting.	<p>Paper was presented to the Policing Performance Committee on 28 May providing summary information on the delivery of Independent Custody Visiting, including where SPA has an oversight and scrutiny role of Police Scotland Custody. The report also highlighted ICVS monitoring and oversight during the pandemic.</p> <p>Enhanced frequency of public facing ICVS updates via the SPA website</p> <p>Consideration of more frequent reporting into the full Board via the Chief Executives report</p> <p>Creating a key public platform for custody issues with the development and publication of the ICVS 2019-20 annual review, including its consideration through SPA governance channels.</p>	<p>National Custody Manager</p> <p>CE and Directors</p>	<p>April 2020 TBC</p> <p>May 2020 TBC</p>

APPENDIX E AUDIT SCOTLAND

Source	Report Name	Date of Report	Source Ref. No.	Recommendation	Completion Date	Context	Progress (Jan 20)	Progress (April 20)	Progress (June 20)	SPA Executive Lead	RAG STATUS
Audit Scotland	2018/19 Annual Audit Report	Oct 19	5	The committee structure should be kept under review to ensure that the volume of information doesn't impact on the robustness of the scrutiny undertaken.	31/03/2020	Agreed. The Authority has already established a Governance Development and Improvement Group. The Governance Development and Improvement Group is meeting on a regular basis. It is acting as a vehicle to identify and accelerate progress on key areas for improvement. By bringing together a range of views and inputs from the Scottish Police Authority, Police Scotland and the Scottish Government, it is facilitating a 'joined up' approach to thinking and development both within the Scottish Police Authority and across the wider policing system. The group will facilitate and support further reviews of the committee structure, the scope of respective terms of reference, and also work on a revised scheme of delegation. Implementation date: 31 March 2020	November 2019 - Corporate Governance Framework updated to reflect the new Policing Performance Committee to replace the Strategy, Policy and Performance Committee A full review of the Corporate Governance Framework, including committee terms of reference, will be completed to ensure consistency and thereafter make changes/improvement on an ongoing basis.	The first phase has been completed with the revision of the terms of reference for the Audit, Risk and Assurance Committee (previously the Audit Committee) and implementation of the Policing Performance Committee. The second phase of committee review, including the Succession Planning and Resources committee, will be completed by Sept 20	No further update	CEO Supported by Head of Business Services	Ongoing - Timescale Revised to Sept 20
Audit Scotland	2018/19 Annual Audit Report	Oct 19	6	The Chair should engage with the Scottish Government on the time required to fulfil the role and ensure that there is no risk of the Chair and other board members operating in an executive capacity. Aligned with HMICS Rec 3. The Scottish Government and the Scottish Police Authority should undertake an immediate review of the roles of the Chair and Board members in executive work, in line with principles of good governance, empowering the Scottish Police Authority executive team to assume operational management of the organisation.	31/03/2020	Partly agreed. The Scottish Police Authority has an unusually demanding and complex range of roles, responsibilities and accountabilities which are vested in the Chair and Members of the Authority. In addition, the 2018/19 year saw an exceptional and significant programme of improvement and change to the leadership and governance of both the Scottish Police Authority and Police Scotland, which was led by the Chair. The Chair and Vice Chair have already examined issues of Members' time commitments and this matter is currently under active consideration by the Scottish Police Authority's Governance Development and Improvement Group. The Scottish Police Authority would welcome further consideration with Scottish Government regarding the time commitment required for the Chair and Members to perform their roles effectively together with a review of the method of remuneration to better reflect the nature of the roles. Implementation date: 31 December 2020	Organisation development includes consideration of the capacity/capability of the SPA to deliver all the functions of the authority while providing the necessary support to the Chair and Board members in their non-executive capacity SG proposing to seek light-touch independent advice to provide Scottish Government with independent assurance/advice around the legitimate scope/time commitment on the part of the Chair and Board members (as part of the process of addressing HMICS Recommendation 3, along with the review of the Governance and Accountability Framework) and help inform preparation for appointment of the new Chair and Board members	The Scottish Government has commissioned former Auditor General, Robert Black, to undertake a review SPA Members' role, responsibilities and time commitment. This review is currently in progress with Mr Black having had telephone interviews with all Members, Vice Chair, a number of SPA officers and other key stakeholders.	Publication of report by Robert Black awaited.	CEO	Ongoing
Audit Scotland	2018/19 Annual Audit Report	Oct 19	7	Detailed plans to build the capacity and capability of the Scottish Police Authority corporate function are urgently required to enable it to operate as envisaged by the legislation. Aligned with HMICS Rec 1. The Scottish Police Authority Chief Executive should lead and expedite the implementation of a new Scottish Police Authority corporate structure and ensure an appropriate focus on existing staff wellbeing.	31/12/2019	Agreed. Work is being taken forward to ensure that the Scottish Police Authority has the capacity, capability, culture and structure it requires to perform effectively in future. The aim being to develop a Scottish Police Authority that is strategic, assertive, front facing and trusted by the public. This is taking a 'whole system' approach to ensure there is greater clarity going forward on the roles, responsibilities, relationships and boundaries between the various parts of the policing system. Work has begun to develop a structured process of organisational design and development, including engagement with Board members and staff to shape and inform this work with the aim of developing proposals for a refreshed organisational structure by the end of calendar year 2019. Implementation date: 31 December 2019	SPA are currently undergoing a review of the structure for SPA Corporate taking cognisance of the requirements to support the Board and Committees, the responsibilities of SPA under the act, statutory responsibilities as a public body and resources required to support the role of Accountable Officer. Development includes significant engagement with staff on an individual, team and organisational level. Many of the staff are inputting to the review.	An update on the proposed organisational design will be given to Members at the seminar on 30 April. This will also include a proposed structure diagram. The intention is that further more detailed information in the form of a business case will be presented to the 20 May Board meeting for approval.	Organisational Development progressing:- Full structure agreed by Board in May 2020. Implementation of high level structure endorsed by the trade unions and formal consultation with affected staff underway. Ongoing informal engagement with all staff, prior to planned formal engagement. Ongoing informal engagement of full structure proposals with trade unions - to be presented to JNCC on 9 July	CEO	Ongoing
Audit Scotland	2018/19 Annual Audit Report	Oct 19	Follow Up	The creation and approval of a workforce strategy is now critical. The further work required to fully develop the Data, Digital and ICT strategy should continue to enable funding to be identified and plans to be implemented.	No date	Partly actioned The Outline Business Case for DDICT was approved by the Board in September 2018 however funding has been lower than expected. The Estates Strategy was approved by the Board in May 2019. A framework for strategic workforce planning was approved in May 2019, but the strategic workforce plan is still in development.	Strategic Workforce plan scheduled for delivery November 2020 - as advised to the SPA Board Nov 2019	SPA representation on newly established SWP Project Board Internal Audit report of SWP to be reported to May meeting of ARAC	Internal Audit report on SWP reported to May meeting of ARAC SWP to be presented to the Boars November 20		Follow - up Ongoing
Audit Scotland	2018/19 Annual Audit Report	Oct 19	Follow Up	The newly implemented performance management framework must be reviewed and developed to support the identification and reporting of key performance areas.	No date	Partly actioned The new performance framework was approved by the Board in March 2019 and the first reporting against this framework is due in Q2 of 2019/20. However, this has not been subject to audit review.	Review of Police Scotland's Performance Management is included in the Strategic Internal Audit plan scheduled to be completed during 2021/22	No further update	Performance Management Internal Audit drafted and approved by SPA/PS. Approval required from ARAC		Follow - up Ongoing