

<b>Meeting</b>	<b>Audit, Risk and Assurance Committee</b>
<b>Date</b>	<b>6 May 2020</b>
<b>Location</b>	<b>Tele-conference</b>
<b>Title of Paper</b>	<b>SPA Audit and Improvement Recommendations Update</b>
<b>Presented By</b>	<b>Lynn Brown, Interim Chief Executive</b>
<b>Recommendation to Members</b>	<b>For discussion</b>
<b>Appendix Attached</b>	<b>Yes – Appendices:- Recommendations from:- A National Records of Scotland B &amp; C ICO D HMICS Action Plan E Audit Scotland F SPA Improvement Plan</b>

**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 30 January 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 was provided to the Complaints and Conduct Committee on 5 May 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 January	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 Reduction of 1 since January	The breakdown of the classification of the outstanding recommendations is; Urgent 2 High 8 (previously 9) Medium 14 Low 3 See Appendix B (summary) and C (details) for further information
HMICS	17 Reduction of 2 since January	14 Recommendations relate to the Thematic Inspection of the Scottish Police Authority published in September 2019. Appendix D shows the action plan to address these recommendations including recent progress.

<b>Body/Report</b>	<b>No of Open Actions</b>	<b>Comments</b>
		<p>Two recommendations relating to the Thematic Review of Police Scotland' approach to the development and operational delivery of the Annual Police Plan (2018-19) have been closed since the previous report in January. A further recommendation has been proposed for closure to HMICS following the publication of the new policing strategy</p> <p>An outstanding recommendation relates to approval and monitoring of change. The methodology for oversight of change has been approved by the Board. HMICS will be provided evidence proposing to discharge the recommendation when the methodology is implemented with proven success.</p>
Audit Scotland	5 Reduction of 2 since January	Appendix E outlines the outstanding recommendations and the current status. The closed recommendations relate to the implementation of the SPA Corporate Plan and the SPA Strategic Risk Register
Internal Audit	1 Reduction of 1 since January	One action relating to risk management has been discharged. The outstanding action relates to SPA Corporate implementing a Corporate Services Board similar to that operated by Forensic Services
SPA Improvement Plan	5	Appendix F outlines the detail of progress against objectives identified in the SPA Improvement Plan 2018-19. This was not reported to the ARAC in January. A total of 17 objectives have been delivered with progress made on the remaining 5.

2.2 The committee will recollect that Scott-Moncrieff completed a review of Fraud Reporting presented to the Audit Committee in July 2019. As this was completed as a management consultancy report it did not include recommendations included within internal audit reports. Engagement commenced with Police Scotland colleagues to ensure the improvements required are implemented across both SPA and Police Scotland. However, work has been temporarily paused due to Covid-19.

### **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 we may not have had the dedicated time to address.

#### **April 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. As a number of Forensic Staff are now no longer in the office but do not currently have a remote working facility, we looked into the possibility of information being managed using Datashur devices. Unfortunately this is not a feasible option upon reviewing the security and the management of the information we have decided this would pose a risk. The IM team, Forensics and IT will work closely to try and identify another solution. 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 April 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 (a reduction of 1 High since the previous report).

The breakdown of the classification of the outstanding recommendations is;

Urgent	2
High	8
Medium	14
Low	3

Of those recommendations the following 13 classifications are partially complete;

High	4
Medium	9

The majority of the outstanding recommendations are either partly or wholly reliant on delivery by Police Scotland, reliant on delivery of SPA 2020, or reliant on additional resources within SPA Information Management.

The recommendations that are reliant on the delivery of SPA 2020 have been highlighted to the relevant personnel to ensure the requirements are met or considered in the new structure. As such it is anticipated that those actions will be closed off gradually as SPA 2020 delivers.

There has been no update from Police Scotland in terms of the progress of the hardware/software asset registers and SPA IM will continue to press for progress in this area.

In the previous report the areas highlighted as representing the greatest concern related to procurement. A meeting has now taken place with the relevant parties in SPA and Police Scotland and a number of actions have been agreed to progress the recommendations. The review date for the actions is June 2020.

APPENDIX C		ICO Audit Report Jan 2019 Outstanding Actions: April 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	<p>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.</p> <p>b) The SPA corporate office have not carried out any physical security reviews.</p>	<p>a) Where physical access log reviews are carried out, these should be recorded and any findings reported to the IMT.</p> <p>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.</p>	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	<p>a) SPA has not conducted any review of the security of the PSoS file storage sites that are used for long term storage.</p> <p>b) The Complaints Office contains locked filing cabinets, the keys for which are insecurely stored out side of working hours.</p>	<p>a) SPA should build security reviews of storage areas run by 3rd parties into the proposed Internal Audit process.</p> <p>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.</p>	High	Partially Accept	<p>a) SPA Records Manager to review storage, programme currently underway with PSoS to review storage &amp; try &amp; centralise</p> <p>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</p>	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
A24	There has been no testing of full scale backup recovery.	SPA should regularly test the full restoration of backups to ensure they can be carried out efficiently and without problems. The current practice of recovering individual files does not provide sufficient assurance that, should it be required, the entire system backup could be restored.	High	Partially Accept	The ICT Backup Policy states that regular testing will take place. ICT states that due to the way backups are stored on the disk storage system that regular restores are performed weekly and these provide assurance that the data is available and the storage system functioning. A new system to manage FS hard drive back ups will be considered. A 'blackstart' test will be performed at PQ in November 2019	Apr-19	RM/ICT	Took place on 31 January and was successful	
A28	a) Purchases of IT related services and supplies with values below the public procurement threshold are not subject to formal contracts. b) SPA has no contract in place with PSoS who provide all SPA IT and Procurement services.	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. 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.	Urgent	Accept	SPA to review sample of relevant contracts. Work paused on instruction of SIRO June 19	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.	
A29	a) Risk ID004 states that security clauses are not in place for all 3rd party contracts. b) SPA has no Service Level Agreements (SLA) in place with the PSoS IT Team.	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. 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.	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	see above	
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 above	
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.	
A34	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. 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.	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. 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.	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.	
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 Request has been submitted but not currently actioned.	

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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. 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. 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. 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	

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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 (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.	
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	

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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	
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	

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	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>CEO and Directors</p> <p>CEO and Directors</p>	<p>Oct 2020</p> <p>Complete</p> <p><del>April 20</del> May 20</p> <p>Ongoing</p>
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	<p>Vice Chair participated in round table event on 11<sup>th</sup> March chaired by the Cab Sec for Justice. Details of further engagement to be confirmed.</p> <p>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></p>	Vice Chair and CEO	SG to confirm

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Owner/Lead	Target date
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>	<p>Vice Chair and CEO</p> <p>Vice Chair and CEO</p>	<p><del>March 20</del> TBC</p> <p>Oct 20</p>
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.	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.	<p>SPA Vice Chair engaging with COSLA. COSLA would welcome cop-option of a representative of COSLA to the Policing Performance Committee.</p> <p>Legislation does not facilitate co-opting onto the SPA Board</p>	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.	Vice Chair	Complete

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 20	Owner/Lead	Target date
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.	<p>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.</p> <p>Organisation Development includes consideration of the requirements to support the role of Accountable Officer as CEO for SPA</p>	<p>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.</p> <p>Organisation Development includes consideration of the requirements to support the role of Accountable Officer as CEO for SPA</p>	<p>Vice Chair and CEO</p> <p>CEO and Directors</p>	<p>SG to confirm</p> <p>Oct 20</p>
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.	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	Vice Chair	Complete

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 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>	<p>CEO and Directors</p> <p>CEO and Directors</p>	<p>Complete</p> <p><del>Apr-20</del> May 20</p> <p>Ongoing</p>
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>CEO and Directors</p> <p>CEO and Directors</p>	<p><del>April-20</del> May 20</p> <p>April 21</p>
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 30<sup>th</sup> 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>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	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 30<sup>th</sup> 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>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><del>Apr-20</del> May 20</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>Complete</p> <p>Ongoing</p>

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No	Recommendation	Action	Progress Against Action – Jan 20	Progress Against Action – April 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.	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.	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.	CEO and Directors	Oct 20
			Review and update of the SPA Corporate Governance Framework aligned to the review/update of the Governance and Accountability Framework	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.	CEO and Directors	TBC
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.	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	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.	National Custody Manager	<del>April 2020</del> TBC
			SPA, via the Planning and Performance Committee, will consider the recommendation and options to discharge		CEO and Directors	<del>May 2020</del> TBC

**APPENDIX F**

**SPA IMPROVEMENT PLAN 2018-19  
Progress Update April 2020**

Objective	Progress Update	Comment
<p>1. <b>Board and Committees:</b> ensuring that the structure, composition, and workings of our decision-making arrangements enable a strategic approach which focusses on the right issues at the right time and adds value to the development of policing in Scotland</p>		
<p>1.1 Streamline and prioritise Board business and activities over the year ahead to focus on the issues of most strategic importance (on-going);</p>	<p>Delivered</p>	<p>A number of changes have been made addressing this objective including: -</p> <ul style="list-style-type: none"> <li>Revision of Committees roles and supporting terms of reference</li> <li>Standing up of Policing of COP26 Expenditure Committee</li> <li>CAM Oversight Group</li> <li>Methodology for change oversight approved by SPA Board</li> <li>Standing up of SPA Exceptional Circumstance Committee</li> </ul> <p>The roles and remits of the committees and how they support the Board will continue to be reviewed and updated reflecting flexibility required</p>
<p>1.2 Revise and publish Board objectives (Q2);</p>	<p>Delivered</p>	<p>Board objectives, developed and adopted by the whole Board, were introduced and published at the SPA Board meeting on 24th October 2018 in an annex to the Chair's Report, and have also been provided to Scottish Parliament.</p>

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1.3 Develop and implement a more strategic and robust approach to identifying and managing risk which aligns with, and where appropriate integrates with, Police Scotland's approach to risk management (Q3);	Delivered	SPA Risk Framework, Excellence Framework and Strategic Risk Register all approved by the SPA Board
1.4 Complete and implement a review of Committee structures, terms of reference and composition, to provide increased scrutiny, improved decision making and support in the most important areas of policing, including the oversight of delivery of our strategic plan: <i>'2026 – Serving a Changing Scotland'</i> (Q2);	Delivered	New Committee Chairs appointed and an initial review and first phase restructure of SPA Committees completed to address a range of identified deficiencies and weaknesses in SPA involving Committee on Policing Performance.  Strategic Police Plan approved by SPA Board March 20
1.5 Implement an on-going Board development programme, including induction, to build Board effectiveness and continuous improvement (on-going).	Delivered	Over the past 12 months, a total of 30 events have been organised for Board Members including induction, training and development seminars. A programme of bi-monthly Board Development Seminars is being delivered, reviewed and refreshed on an ongoing basis.
1.6 Ensure business processes and procedures are aligned to the Board and Committee improvement priorities (on-going).	Delivered	Refer to 1.1 above.

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<p><b>2. Internal governance, policies and procedures:</b> streamlining and improving our governance documents, policies and ways of working to deliver a more professional standard of operation which is consistent with best practice and builds a culture of continuous improvement.</p>		
<p>2.1 Implement a comprehensive programme to improve governance of spending decisions and increase assurance about value for money delivered. This programme responds in particular to recommendations from Audit Scotland contained in their 2016/17 annual audit of the SPA and in previous audits (on-going throughout 18/19, for completion in Q4);</p>	<p>Delivered</p>	<p>Series of improvements in governance and financial management made, including continuing development of the Chief Finance Officer and Finance function and relationship with Accountable Officer. Strengthened Forensic Services Committee is ensuring that financial planning and capital needs of FS are better integrated into the SPA's overall budget planning.</p> <p>Resources Committee provides oversight of business cases and budget with onward reporting/approval by Board as required</p> <p>Challenges remain in how to manage deficit. Governance and oversight of financial planning and reporting supports delivery of objective</p>
<p>2.2 Complete a review of all governance documents, including SPA's governance and accountability framework, financial regulations and financial protocol, budget monitoring arrangements, and schemes of delegation and also update and streamline SPA's own internal governance documents (on-going throughout 18/19, for completion in Q4)</p>	<p>Progress made</p>	<p>SPA Corporate Governance Framework reviewed and updated on an ongoing basis as required to reflect, for example, revised committee terms of reference.</p> <p>Ongoing engagement with SG to support the review of the Governance and Accountability Framework</p> <p>Scheme of delegation currently being reviewed – expected to be complete Sept 20</p>
<p>2.3 Procure internal audit services with no hiatus between the expiry of the current contract on 30 June 2018 and the beginning of the new arrangement (Q1)</p>	<p>Delivered</p>	<p>Following a rigorous, robust and timely procurement process, a contract was awarded for the provision of internal audit services by Scott-Moncrieff from 1 July 2018 for 3 years.</p>

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<p>2.4 Increase understanding of the role and responsibilities of the designated Accountable Officer for the policing budget, and implement systems of assurance which support that role (Q1).</p>	<p>Delivered</p>	<p>The Accountable Officer (AO) or her representative attends SPA Resources Committee and Audit Committee meetings, and Police Scotland Corporate Finance and Investment Board and Change board meetings to have oversight of the flow of any business with significant financial implications. Where the AO's sign off is sought, advice notes are prepared setting out the background, issues and legal and fiduciary responsibilities of the AO. Staffing structure to support the role of the AO role is included within the SPA 2020 organisational development .</p>
<p>2.5 Develop and maintain closer collaboration between SPA, Police Scotland and the Forensic Service on all aspects of financial governance to ensure clarity and consistency across the three constituent parts of the organisation. This collaboration will include, in particular, areas requiring significant future investment, medium and long-term financial planning, the development of the Annual Report and Accounts and the statutory audit cycle (on-going throughout 2018-2019, in line with financial cycles).</p>	<p>Delivered</p>	<p>The AO oversaw the collaboration and consultation on the budget planning cycle 19-20 across PS, SPA Corporate and Forensics ensuring that SPA Board priorities are represented. The PS Corporate Finance and Investment Board and SPA Resources Committee provide oversight to the PS Budget and SPA Budget setting processes respectively.</p>

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<p>2.6 Identify learning and take forward any required improvements from our planned 2018/19 Internal Audit reviews into risk management, forensic joint working, governance, staff performance management, relocation costs and tendering procedures and information management. (Progress will be reported every quarter to the SPA Audit Committee)</p>	<p>Delivered</p>	<p>Business as usual</p> <p>Improvement recommendations are monitored by SPA senior management with progress reported to the Audit, Risk and Assurance Committee on a quarterly basis</p>
<p><b>3. Strengthening external relationships and engagement:</b> embedding a collaborative, outward looking approach to everything that SPA does, so that we can better reflect public and communities' views about policing in our actions, and build partnerships which help us work more effectively.</p>		
<p>3.1 Identify opportunities to work more collaboratively and in a more outward looking way, across our work (on-going). For example, in 2018-2019 we will implement and evaluate a more inclusive approach to producing the 2017/18 Annual Review of Policing, which increases the extent to which stakeholders' views and independent evidence inform its findings. (Autumn 2018 for publication of the Annual Review of Policing)</p>	<p>Delivered</p>	<p>A number of improvement have been made addressing this objective including: -</p> <ul style="list-style-type: none"><li>HMICS and local authority input sought and incorporated into the Annual Review of Policing</li><li>Development of new Strategic Police Plan involving a range of stakeholders and a 6 week open public consultation</li><li>Regular SPA attendance at COSLA committees</li><li>Engagement with local authorities and local communities integrated with the SPA Board meetings held across the country</li><li>CoSLA representation at the SPA Policing Performance Committee</li></ul>

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<p>3.2 Develop plans and build capacity to organise and facilitate a range of engagement activities and events (on-going);</p>	<p>Delivered</p>	<p>In addition to engagement outlines in 3.1 above ,engagement activities with wide ranging participation includes: -</p> <p>A Joint Forum on Evidence and Research which has convened large scale cross public sector events on public interest topics Widespread advocacy of benchmarking across organisations and the convening of seminars to progress this Commissioning a justice system wide Digital Forensics Working Group which has brought together stakeholders into structured workshops</p>
<p>3.3 Significantly develop relationships with stakeholders, policymakers and workforce representatives to inform SPA strategy and oversight (on-going);</p>	<p>Delivered</p>	<p>Refer to 3.1 and 3.2 above</p>

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3.4 Agree and progress a joint programme of work between SPA, Police Scotland, COSLA, SOLACE and local authorities to strengthen local policing and local scrutiny (Q1 to agree work programme – on-going thereafter);	Delivered	CoSLA representation at the Policing Performance Committee SPA attendance at COSLA committees
3.5 Refresh SPA website content, navigation and accessibility (Q2);	Progress made	The content of the SPA website has been improved and increased to include matters such as response to COVID 19. However, it is recognised that the structure/design/look of the website could be improved
3.6 Review our publication scheme to ensure SPA is operating to best practice in publishing information (Q2).	Delivered	FOI Publication Scheme reviewed and updated on SPA website
<b>4. Building SPA executive team capacity and capability:</b> building essential additional capacity and skills in order to deliver a professional and consistent standard of service in delivering SPA's core functions.		
4.1. Design and implement a new SPA executive staffing structure with sufficient capacity and capability to deliver effectively SPA's core functions, reflecting on recommendations from the SPA Executive Review published in March 2018 (Q1 for development of business case, Q4 for full implementation);	Progress made  To be delivered Autumn 20	A number of steps have been taken over the past year to adapt the SPA's executive support, including several appointments.  Board approved SPA Corporate Plan Board approved high level staff structure Board being requested to approve the following at May meeting: - Annual business plan aligned to Corporate Plan Detailed staff structure SPA Corporate Risk Register

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4.2 Revise the model of executive support for SPA Committees to provide a higher quality service with increased expertise (Q4 for full implementation);	Progress made  To be delivered Autumn 20	Refer to 4.1 above
4.3 Build and maintain staff interchange between SPA, Police Scotland and Forensic Service staff to enable the delivery of corporate service functions that are flexible, responsive and provide best value (Q2);	Progress made  To be delivered Autumn 20	Refer to 4.1 above
4.4 Align the executive team's activities over the year with the priorities outlined in this improvement plan (on-going).	Delivered	Objective is now superseded with the introduction of the SPA Corporate and Annual Plan articulating the activities and priorities for SPA