

SCOTTISH POLICE
AUTHORITY

Meeting	Audit Committee Public Session
Date	22 January 2018
Location	Pacific Quay, Glasgow
Title of Paper	SPA Improvement Tracker Progress Update
Item Number	11.2
Presented By	Lynne Clark, SPA
Recommendation to Members	For Noting
Appendix Attached	No

PURPOSE

To provide SPA Audit Committee with an update on the governance and assurance arrangements and the process to oversee and manage improvement recommendations within SPA.

1. BACKGROUND

1.1 Audit, inspections and continuous improvement reviews of SPA have been undertaken and published throughout 2017.

- Internal Audit review of Business Continuity (published March);
- HMICS Thematic Inspection - Phase 1 – Review of Openness and Transparency (published June);
- Information Commissioners Office (ICO) Audit (published October);
- Police & Investigations Review Commissioner (PIRC) Complaints Audit (published December).

1.2 An HMICS Thematic Inspection of SPA Forensic Services has also been undertaken. However the improvement recommendations resulting from that review are being managed separately under the Forensic Services governance framework. This means that the Forensic Services Committee will have oversight of this work as per their terms of reference.

"Oversee the implementation of improvement recommendations made in relation to the Forensic Service by scrutiny/inspection bodies or the SPA"

The Director of Forensic Services is accountable for the delivery of the action plan which was developed in response to the HMICS recommendations.

1.3 A further Phase 2 review report from HMICS has yet to be published. SPA will receive formal notification of the report publication and any recommendations from this report will be considered as part of overall improvement within SPA.

1.4 The recommendations from all the above reviews require ongoing management and implementation and this is outlined in the next section.

2. IMPROVEMENT PROCESS

2.1 The recommendations from the reports listed above have now been drawn together into a single document. The action plans which address the recommendations will be overseen and managed by the SPA Senior Management Group (SMG). The SMG will ensure the resources are allocated to the key priorities within the improvement tracker and that any issues arising are being mitigated and managed.

2.2 A process is already established with HMICS to ensure recommendations generated through the Phase1 review are being implemented, evidence of delivery is being provided so that sign-off can be achieved. This same process will be used for any future HMICS inspections or reviews of SPA.

2.3 SPA has regular informal meetings with HMICS to discuss improvements and further evidence requirements. HMICS is also supporting the development work associated with these recommendations to ensure the outcomes are founded in best practice and remain relevant to the SPA.

2.4 A new process has now been agreed with Internal Audit (Scott Moncrieff) to ensure the same level of assurance is achieved and that evidence of delivery can be provided to that sign-off of recommendations can be achieved.

2.5 The SPA Complaints Team will now develop an action plan which responds to the recommendations within the PIRC Complaints Audit report. The progress of this action plan will be overseen by the SPA SMG along with all other improvement recommendations and will be reported into the new Complaints & Conduct Committee. PIRC will be regularly updated on progress.

3. BUSINESS CONTINUITY

3.1 An action was taken by SPA at the last Audit Committee to,

“Provide an update report to the January Audit Committee on all outstanding actions noted within the Q2 Follow Up Report (Internal Audit)”

A summary of progress is as follows.

Catherine Topley has been identified as the executive lead for business continuity. A business continuity coordinator within SPA, Colette Watson, has also been identified to take forward the outstanding actions. Jennifer Muir, the Head of Business Services remains to coordinator in Forensic Services. In addition, Lynne Clark will be the single point of contact for any new internal audit actions across SPA corporate and Forensic Services. A process to provide updates and evidence on a regular basis has been discussed with Scott Moncrieff.

Corporate SPA - A corporate SPA business continuity plan has been developed, however a number of personnel changes have taken place within the organisation recently which means that a refresh of the plan and the key contacts is now required. This will require management sign-off.

A desktop exercise to test the plan was undertaken in March '17 and a number of actions were highlighted and any relating to SPA will now be taken forward.

A recent power outage in November within Pacific Quay resulted in some gaps being identified. These gaps included ensuring every member of staff has the appropriate hardware and tools to be able to work remotely if the situation arises. The use of Scottish Crime Campus as alternative accommodation was activated and ready to accept staff. However the outage was resolved before this was required. A number of staff regularly hot desk at the Crime Campus so this meets requirements as an alternative location.

In addition to the above a number of training dates have been provided to SPA and the relevant key functional leads will be able to refresh the skills and knowledge required to maintain an up to date business continuity plan and process. Regular refresh training will be built into the process for business continuity.

Forensic Services - The Forensic Services plan informed their business continuity exercise in October 2017. Updates will now be applied to this and it will be published on Q-Pulse (Quality Management System) by the end of January 2018.

A testing and review schedule for Forensic Services is now also incorporated into Q-Pulse

Forensic Services have now included within their business continuity plan the recovery time objectives in collaboration with Police Scotland ICT and these will be built into service level agreements with Police Scotland.

Arrangements are in place across the 4 forensic services sites to provide cover should any one site lose functionality.

4. GOVERNANCE & ASSURANCE

4.1 Progress on improvement action plans will be reviewed and managed by the SPA SMG.

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4.2 This will then be assessed by the Audit Committee as per the Committee terms of reference,

“Assess the Authority’s and Police Scotland’s response to any recommendations and seek assurance that there is a process in place to implement these recommendations which is being managed appropriately and monitor progress of discharge of related actions”.

4.3 The Chief Officer will ensure the Board remain updated on the status of improvement activity overall.

5. FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications in this report. However the individual action plans which make up the improvement activity may have financial implications.

6. PERSONNEL IMPLICATIONS

6.1 There are personnel implications associated with this paper.

6.2 A number of gaps exist within the current establishment of SPA which are being addressed by SMG on an interim basis through recruitment and secondment positions. These resources will increase the capacity within SPA and allow further work to be progressed on implementing the improvement activity on a priority basis.

6.3 SPA will go through a period of restructure, resulting from the review undertaken by Nicola Marchant and Malcolm Burr which should address resourcing capacity issues on a permanent basis.

7. LEGAL IMPLICATIONS

7.1 There are no direct legal implications associated with this paper.

7.2 While not directly associated with the content of this paper, the non-compliance of SPA with the ICO audit recommendations (which underpin the GDPR legislation) would result in penalties for SPA.

8. REPUTATIONAL IMPLICATIONS

8.1 There are no direct reputational implications associated with this paper.

8.2 While no direct implications exist within this paper it is important that SPA continues to demonstrate a commitment to continuous improvement across all its functions and support to the SPA Board.

9. SOCIAL IMPLICATIONS

9.1 There are no social implications associated with this paper.

10. COMMUNITY IMPACT

10.1 There are no community implications associated with this paper.

11. EQUALITIES IMPLICATIONS

11.1 There are no equality implications associated with this paper.

12. ENVIRONMENT IMPLICATIONS

12.1 There are no environmental implications associated with this paper.

RECOMMENDATIONS

Members are requested to:

Note the governance and assurance arrangements in place and the process to manage the improvement recommendations which have resulted from a number of audits, inspections and continuous improvement reviews.