

Minute of Scottish Police Authority Complaints and Conduct Committee

Meeting	Scottish Police Authority Complaints & Conduct Committee Meeting.	Date/Venue	17 th February 2015, Pacific Quay, Glasgow.
Meeting Called By	Ian Ross, Chair	Start Time	10:00
Reference Meeting No	SPACCCM-170215	End Time	11:25

Members Present		In Attendance	
Name	Title	Name	Title
Ian Ross (IR)	Chair, Authority Member	Gavin Mitchell (GM)	Head of Legal & Compliance (SPA)
Brian Barbour (BB)	Authority Member	Eric Leggat (EL)	Solicitor (SPA)
Douglas Yates(DY)	Authority Member	David Collie (DC)	Complaints & Conduct Manager (SPA)
		Graham Ravenscroft (GR)	Complaints Officer (SPA)
		Stuart Milne (SM)	Complaints Officer (SPA)
		Colette Craig (CC)	Committee Co-ordinator (SPA)
		Ellie Mitchell (CSEM)	Chief Superintendent – Head of Professional Standards (PSoS)
		Neil Richardson (DCCNR)	Detective Chief Constable (PSoS)

AGENDA

NOT PROTECTIVELY MARKED

PUBLIC SESSION (10:00 – 11:25)

STANDING ITEMS

1. Welcome and Introduction

- 1.1 Apologies**
- 1.2 Declarations of Interest**
- 1.3 Any other Business**

ITEMS FOR APPROVAL

2. Public Minute of Meeting held on 19th November 2014 (submitted for approval as a correct record)

ITEMS FOR NOTING

3. Review of Rolling Action Register - Public

4. SPA Complaints Department Improvement Action Plan

5. SPA Complaints Department Progress Report

6. SPA Internal Audit – Complaints Report

7. Head of Complaints - Audit Summary

8. Professional Standards Department Performance Update:

- 8.1 Statistical Return and Appendices/Complaint Outcomes**
- 8.2 Misconduct Hearings**
- 8.3 PIRC – Complaint Handling Reviews-Lessons Learned (2 Appendices)**

CLOSED SESSION - PSoS (11:30 -)

ITEMS FOR APPROVAL

9. Private Minutes and Action Log for Approval

- 9.1 Private Minute of 19th November 2014**
- 9.2 Private Action Log of 19th November 2014**

10. PSOS Officers on Restricted Duties

11. Suspended Officers

CLOSED SESSION - PSoS ()

ITEMS FOR APPROVAL

12. Private Minutes for Approval Meeting held on 19th November 2014
(submitted for approval as a correct record)

13. Review of Rolling Action Register – Private

14. PIRC Audit – Verbal Update

15. SPA Ongoing Complaints Update Report

16. Consideration of Specific Complaints

STANDING ITEMS

OPENING REMARKS

1. Chair's Opening Remarks: (Ian Ross)

The Chair (IR) welcomed attendees and observers to the Public Session of the Complaints & Conduct Committee Meeting of the Scottish Police Authority. IR advised attendees that the session was being live streamed and instructed the use of mics throughout the session.

APOLOGIES

Apologies were received from Morag McLaughlin, Lisa Tennant and Moi Ali (SPA Board Members) and Lindsey McNeill (SPA)

DECLARATIONS OF INTEREST

Members were invited to declare if they had any financial or non-financial interests in respect of the items of business on the agenda. IR advised that he would withdraw from Item 15 within the SPA Closed session.

ANY OTHER BUSINESS

No items were provided in advance.

2. APPROVAL of MINUTES (Ian Ross)

Reference ITEM NO 2 for the papers contained within pack.

Approval was sought for the Minutes of the Complaints & Conduct Committee Meeting held 19th November 2014.

DECISION

Members **APPROVED** the Minute of the Scottish Police Authority meeting held 19th November 2014 as a correct record.

3. REVIEW of ROLLING ACTION LOG (Ian Ross)

Reference ITEM NO 3 for the Rolling Action Log contained within pack.

Refer to the updated action commentary reflected in the Rolling Action Register.

DECISION

Members **NOTED** the updates and status of actions as recorded in the Rolling Action Register

ITEM NO 4. SPA Complaints Department Improvement Action Plan (David Collie)

Reference ITEM NO 4 for the papers contained within pack.

The purpose of the paper was to provide Members with an update on the SPA Complaints Department Improvement Action Plan. **NOT PROTECTIVELY MARKED**

DC provided a brief summary of the paper by highlighting 2 points. DC advised that Action 12 had been removed from the Complaints Dept Improvement Action Plan and incorporated within the Complaints Dept Progress Report as agreed at the previous Committee Meeting. DC advised that, regarding Action 13, Quality Assurance Processes were now in place. DC noted that the proposal was to wait until publication of the PIRC return audit report to determine the effectiveness of the processes before closing off that action.

IR advised that it demonstrated the great deal of work carried out by the department within the last 6-7 months. IR advised that it also demonstrated that an improvement plan had been put in place in advance of the last PIRC audit.

DECISION

Members **NOTED** the SPA Complaints Department Improvement Action Plan.

ITEM NO 5. SPA Complaints Department Progress Report (David Collie)

Reference ITEM NO 5 for the papers contained within pack.

The purpose of the paper was to advise Members of the current progress of the SPA Complaints Department.

DC provided a brief summary of the paper and noted that the number of allegations had been included within the report along with the number of contacts received. DC noted there had been 127 contacts consisting of 229 allegations during the current year to date.

DC referred to the Desk Reference Document and SPA Complaints Leaflet and proposed those items remain within the section with further updates to be reported at future meetings.

DC referred to the Governance action and advised that Lindsey McNeill would provide updates on any movement within the Governance piece of work that she was undertaking. IR noted that Members were aware that work had now started. IR added that he was keen for the desk reference document to be progressed and for Members to be given the opportunity to comment on it in the interim.

BB referred to the 105 of the 127 new contacts deemed to be out with the remit of the SPA and sought clarity on the expectation of how that number would decline once new procedures were fully in place and new information was placed on the website. DC advised that a majority of complaints currently received were via email but added that the new web page would now direct complainants to the new online form. DC advised that the new online form would filter appropriate complaints for PSoS to the PSoS web page. DC added that he was hopeful complaints out with the remit of the SPA would decrease. BB added that if that was not successful further thought needed to be given to how people reach the correct point of contact. IR noted the importance of making it simple when people have a complaint to make. IR asked DC to provide Members with some information on the tables within the report. DC noted that within the first table, there was now a new column headed "Number of Allegations" which highlighted the number of allegations contained within the number of contacts made. DC noted that the column titled "Enquiry/Complaint Ongoing" highlighted the number of ongoing complaints at any one time and noted that there was an average of approximately 13 at any one time. IR asked Members for questions.

BB noted the 1.5 allegations per contact received and sought clarity on how that compared to PSoS. CSEM advised that it was 1.44. BB noted that was broadly comparable.

DC referred to a new draft table of information titled "SPA Complaints Timescales at 31 January 2015" and sought clarity from Members on whether it would be of value to Members going forward. DC provided the detail within the table. IR advised that he would like a clearer understanding around the "Number of Days Open" column. IR asked Members for observations and comments. BB advised

that it would be useful to know how often the SPA failed to meet the 6 week contact service standard. DY sought clarity on what was meant by 30 working days. DC advised that the column "Number of Days Open" only showed figures for complaints received during those particular months. DC advised that he would be able to provide similar tables showing data for complaints received during the previous financial year.

170215-CCC-001: David Collie to provide similar tables showing data for complaints received during the previous financial year.

DC advised that the 6 weeks referred to 30 working days and advised that he would amend the future reports to reflect that.

170215-CCC-002: David Collie to amend future reports to reflect 6 weeks as 30 working days.

IR noted that it was a helpful table and advised it would be beneficial to have an additional column which would provide narrative highlighting factors that Members should be aware of.

170215-CCC-003: David Collie to provide an additional column providing narrative which would highlight factors that Members should be aware of. For example, occasions where the SPA didn't meet the '3 days acknowledgement' or '6 weeks update' service standards.

DECISION

Members **NOTED** the SPA Complaints Department Progress Report.

ITEM NO 6. SPA Internal Audit – Complaints Report (David Collie)

Reference ITEM NO 6 for the papers contained within pack.

The paper presented was to advise Members of the findings from the SPA Internal Audit on Complaints Processes and Procedures. It was also to invite Members to consider the recommendation to identify additional high level KPIs for performance scrutiny of PSoS Complaints. DC advised that the audit was undertaken by SPA Internal Audit in November 2014 into PSoS and SPA Complaints Processes and Procedures. DC referred to page 4 and 5 of the appendix and highlighted the Main Findings, Recommendations and Action Plan.

IR asked CSEM for comments, particularly around point 2.3 – Performance Measurement and additional KPIs. CSEM noted that a significant amount of positive work had been done with Members at both Committees and Workshops therefore she was unsure what additional KPIs the auditor would be looking for. CSEM noted that 2 workshops had taken place since therefore they may have overtaken that finding. CSEM sought clarity from Members on additional information might be beneficial to report on in future. BB noted it was difficult to determine what the internal auditor may have been thinking. DY added that he was unsure of what additional KPIs could be looked at. IR advised DC to return to the auditors and seek specific points that they had to allow Members to consider them. IR noted that the issue of KPIs could be a topic for discussion at the next workshop.

170215-CCC-004: David Collie to seek specific points around additional KPIs from Auditors and report back.

DECISION

Members **NOTED** the SPA Internal Audit – Complaints Report.

ITEM NO 7. Head of Complaints – Audit Summary (CS Ellie Mitchell)

Reference ITEM NO 7 for the papers contained within pack.

NOT PROTECTIVELY MARKED

The paper presented was to advise Members of findings from the PIRC Heads of Complaints Audit. CSEM advised that analysis of historical CHR recommendations indicated that discrepancies existed between PSoS interpretation of the complaint measured against the complainer's interpretation. CSEM advised that working in conjunction with the PIRC a new process had been adopted and implemented as of the 5th January 2015. CSEM provided Members with an example form and advised that, with the exception of Front Line Resolution complaints, complainers were now given a copy of the agreed "heads of complaint" form and asked to confirm that those were the only allegations they wished to raise about the incident they were complaining about. CSEM advised that the PIRC would conduct a further audit in six months after which they publish their findings.

BB advised that it was a good step forward but noted that he would not like to wait 6 months to determine whether it was working. BB suggested that some sampling was carried out after a couple of months to satisfy well in advance of the PIRC audit that it was working. CSEM advised she would provide a verbal update at the next Committee Meeting.

170215-CCC-005: Chief Superintendent Ellie Mitchell to carry out some sampling work on the Heads of Complaint and bring a verbal update on the findings to the next Committee Meeting.

DY advised that he would like to see the removal of the word "comprehensive" and exchanged for "complete" within the Head of Complaints form.

170215-CCC-006: Chief Superintendent Ellie Mitchell to remove the word "comprehensive" and exchange for "complete" within the Head of Complaints form.

IR asked DC for comment. DC advised he thought it was a good process and something that the SPA should consider. IR asked DC to take it away and look at its applicability for the SPA.

170215-CCC-007: David Collie to consider the use of a Heads of Complaints form within the SPA Complaints Department.

DECISION

Members **NOTED** Head of Complaints – Audit Summary

ITEM NO 8. Professional Standards Department Performance Update: (CS Ellie Mitchell)

ITEM NO 8.1 Statistical Return and Appendices/Complaint Outcomes (CS Ellie Mitchell)

Reference ITEM NO 8.1 for the papers contained within pack.

CSEM advised Members of 2 pieces of new work which PSoS would be driving forward within the next quarter before she then discussed the content of the report. CSEM referred to a recent workshop presentation that Members received around the implementation of the Service Integrity Programme which included "Early intervention" to try and prevent officers being complained about and advised that this would be an area she would be updating Members on in the future. CSEM referred to misconduct matters and advised her department were working to address a number of issues which had arisen as a result of PSD having to differentiate and use 3 different sets of conduct regulations. CSEM advised that she would be running a 1 day training course on 24th February 2015 for Chairs of Misconduct Hearings based on the 1996 regulations. CSEM advised that Members were welcome to attend and observe that training. CSEM also explained that she would be running an additional course once they had relocated to Dalmarnock in April and advised she would circulate that date with more advance notice. IR asked for those details to be passed onto Colette Craig and David Collie to ensure that all Members were aware.

170215-CCC-008: Chief Superintendent Ellie Mitchell to provide Colette Craig and David

Collie with training dates once decided and details then to be circulated to Members.

NOT PROTECTIVELY MARKED

CSEM advised that from the 1st April 2014 – 31st December 2014 complaint cases had risen by 422 complaints compared to last year's figures, and this was also above the 3 year average. CSEM advised that she believed the public were receiving a better standard of service with regards to complaints than they were this time last year. CSEM referred to a previous query from Moi Ali regarding complaints being dealt with through Front Line Resolution (FLR) and advised that of 889 complaints dealt with through FLR, 12 complainers had requested further investigation to be carried out, equating to 1.5%.

CSEM provided Members with a breakdown of the information detailed within the appendices. CSEM referred to page 4 of appendix B and highlighted the spike on allegations within the months of October, November and December. CSEM explained that because of a shortage in administration staff a backlog in closed cases had occurred. As a result additional resources and a new process had been put in place however this had resulted in 'additional' closed allegations showing within those months.

CSEM referred to the 2nd table on page 4 and explained reasoning behind the figures. CSEM noted that divisions G,Q,E and D were the largest divisions and sought clarity from Members whether they were content that verbal update or would they prefer something additional to highlight division sizes. IR advised that it would be useful to identify easily the size of divisions. DY advised that he found the table to be helpful in identifying abnormalities.

IR advised that it was important to capture all complaints and allegations and understand what trends there were and what sat behind those trends. IR advised that by the end of June 2015 he would like CSEM to advance the opportunity for the SPA to carry out initial dip sampling at a divisional level.

170215-CCC-09: Chief Superintendent Ellie Mitchell to advance the opportunity to allow the SPA to carry out dip sampling at a divisional level.

IR added that once the consistent approach to recording complaints and allegations had been fully bedded in it would be a true test of how trends, etc, could be identified.

DY referred to malicious complaints and sought assurance that there was some follow through on those complaints. CSEM advised that some work had been carried out with Kate Frame when she was head of CAAPD and explained that she was aware of 1 successful prosecution where a member of the public was charged and went to court for wasting police time.

CSEM referred to page 11 of appendix C and advised she would have discussions with DC around how to lift that information and incorporate it within the statistical return showing what allegations were being upheld. CSEM added that within page 13 of appendix C there was an area highlighting what malicious complaints had been upheld or not. CSEM advised that could also be incorporated within the statistical return. IR advised that would be helpful.

170215-CCC-010: Chief Superintendent Ellie Mitchell and David Collie to discuss lifting the information contained within page 11 and 13 of appendix C and incorporating within the statistical return report.

BB advised he would like to see more month trending before passing any further comment. BB added that the progress on First Line Resolution was very positive.

DY referred to page 6 of appendix B and sought clarity on why the East Contact, Command and Control was so high in comparison. DY referred to page 12 of appendix B and the incivility count and advised that a casual reading of the information would lead people to suspect that the behaviour of the Police Service was diminished and noted that would be an unfair conclusion to assume that.

CSEM advised that she would need to research the high amount within Contact Command and Control within the East and report back.

170215-CCC-011: Chief Superintendent Ellie Mitchell to Report why the number for Contact Command and Control is so high within the East and report back to the next Committee.

IR advised that he had previously attended a Police Sub Committee at the Scottish Parliament and noted that one of the MSPs had raised a point that most police officers conduct themselves in an impeccable manner. IR advised it was appropriate for PSD and others to react when an officer's behaviour falls below what is expected, however it was important to fully recognise that the vast majority of Police Officers conduct themselves in an entirely professional and appropriate way and are fully committed to the community safety of the Scottish public and added that sometimes, when looking at these statistics, this can be lost sight of. IR added that it is however very appropriate to conduct this scrutiny when conduct falls below standard. DCCNR thanked IR for his comments and recognition. BB and DY endorsed the comments of IR.

DECISION

Members **NOTED** the report on Complaints About Police Statistical Return.

ITEM NO 8.2 Misconduct Hearings (CS Ellie Mitchell)

Reference ITEM NO 8.2 for the papers contained within pack.

CSEM provided the paper and advised Members that since the 1st October 2014 – 31st December 2014 there had been a total of 7 misconduct hearings held. In October there had been 4 hearings resulting in 2 officers being dismissed, 1 required to resign and 1 receiving a reduction on rate of pay. CSEM advised that 2 officers resigned prior to the completion of misconduct proceedings and 1 officer had their suspension removed and returned to duty. CSEM advised that in November there had been 2 misconduct hearings with 2 officers required to resign and a further 2 resigning prior to misconduct proceedings. CSEM advised that in December there had been 1 misconduct hearing which resulted in the officer being dismissed.

DECISION

Members **NOTED** the report on Misconduct Hearings.

ITEM NO 8.3 PIRC – Complaint Handling Reviews – Lessons Learned (CS Ellie Mitchell)

Reference ITEM NO 8.3 for the papers contained within pack.

CSEM advised that within both CHRs presented, PSoS had carried out the recommendations and reissued letters to the complainers. CSEM advised there was regular engagement with the PIRC advising where PSoS were in regards to the recommendations they had made on CHRs and changes that they had asked. CSEM advised that the learning point identified with both those instances was in relation to the custody care plan. IR asked Members for questions.

BB sought clarity on how long PSoS keep CCTV footage for. CSEM advised that footage is kept for 1 month before being potentially overwritten. CSEM advised that if a complaint is made, that footage is immediately seized. CSEM added that custody complaints are usually made whilst the complainant is in custody or immediately on their release.

DECISION

Members **NOTED** the report on PIRC – Complaint Handling Reviews – Lessons Learned.

End.