



<b>Meeting</b>	<b>Audit, Risk and Assurance Committee</b>
<b>Date</b>	<b>31 March 2023</b>
<b>Location</b>	<b>By video-conference</b>
<b>Title of Paper</b>	<b>Internal Audit Reports</b>
<b>Presented By</b>	<b>John McNellis, Head of Finance, Audit and Risk Gary Devlin and Rachael Weir, Azets</b>
<b>Recommendation to Members</b>	<b>For Discussion</b>
<b>Appendix Attached</b>	<b>Appendix A: Compliance arrangements – PAVA Spray and Airwave Terminal Units  Appendix B: Staff Absence and Modified Duties</b>

**PURPOSE**

To present the Audit, Risk and Assurance Committee (ARAC) with internal audit reports completed.

*The paper is presented in line with the corporate governance framework of the Scottish Police Authority (SPA) and Audit, Risk and Assurance Committee (ARAC) terms of reference and is submitted for consultation.*

## 1. BACKGROUND

- 1.1 The Internal Audit plan for 2022/23 was approved by the SPA Board in February 2022.
- 1.3 The internal audit function is managed within SPA corporate to provide assurance over the policing service and ultimately to provide an annual opinion on the systems of internal control.

## 2. FURTHER DETAIL ON THE REPORT TOPIC

### 2.1 Compliance arrangements – PAVA Spray and Airwave Terminal Units (full report at Appendix A)

#### a. Background:

- Police Scotland assurance and risk management practices highlighted potential issues around the storage and auditing of PAVA. On this basis Police Scotland proactively requested for an internal audit review of this area.
- Police Scotland use sensitive and high-risk equipment that require careful supervision/oversight including Airwave communications units and chemical irritant sprays such as PAVA.
- To comply with statutory and regulatory requirements, it is essential that there are robust arrangements to track and report on the issue and use of this equipment.

#### b. Internal audit findings:

- Arrangements for PAVA were underdeveloped and did not support effective monitoring of compliance. Most notably, overall responsibility for oversight of PAVA has not been assigned.
- Significant issues were identified relating to the safe and consistent storage and issue of PAVA spray canisters, and the accuracy of stock records.
- Issues were identified relating to safe storage of Airwave terminals and lack of formal governance arrangements to ensure that issues identified from monthly audits are appropriately addressed on a timely basis.

**c. Summary of recommendations:**

Grade	Number of actions		
	PAVA	Airwave	Total
4 – very high risk	3	-	3
3 – high risk	2	2	4
2 – moderate risk	2	-	2
1 – limited risk	-	-	0
<b>Total</b>	<b>7</b>	<b>2</b>	<b>9</b>

- Police Scotland agree with the findings and recommendations identified within this audit and have provided details of how they plan to address the recommendations.

**d. SPA conclusions:**

- The report demonstrates that a number of improvements are required, particularly in relation to PAVA. Police Scotland was aware of weaknesses in these areas and proactively sought an internal audit. This demonstrates a mature approach to continuous improvement.
- In this case Police Scotland has provided the following overarching management response:

*Our internal assurance and risk management practices highlighted potential issues around the storage and auditing of PAVA. To this end we volunteered this area to be audited alongside an existing risk relating to Airwave to assess the extent of the issues, effectiveness of risk mitigation and as a catalyst to improve.*

*As highlighted within the report, there is a lack of ownership and governance around our storage and auditing practices. We have assigned Strategic and Tactical ownership to oversee a whole system review of PAVA. Regular progress reports and issues will be monitored via a Short Life User Group comprising all stakeholders. A comprehensive Improvement Plan is in place which has been risk assessed to tackle the priority areas with identified milestones to deliver early improvement.*

*As you will appreciate, undertaking a review of this scale and establishing new ways of working will take time, particularly where there are many stakeholders involved and changes to guidance and training. Although our target timescales appear far out, we will be making early changes and delivering against our milestones. The end target date represents when we expect to have all evidence to demonstrate improvement but we do expect to deliver earlier than planned.*

## 2.2 Staff Absence and Modified Duties (full report at Appendix B)

### a. Background:

- The overall absence rate in 2021/22 was 8.1% for Staff and 8.3% for Officers; an increase from the prior year.
- Modified duties enable those who have a disability or are recovering from illness or injury to either remain at work or aid the return to work. In November 2022 there were ~2,000 Staff and Officers on modified duties.
- The service has recognised increasing number of modified duties, with an internal review undertaken.

### b. Internal audit findings:

#### Good practice

- Robust Attendance Management Procedure are in place.
- Process documents available to provide guidance on recording absence.
- Modified duties is a supportive good practice approach.
- A Duty Modifications Task Force (DMTF) was set up to review the end-to-end process of duty modifications.

#### Areas for improvement

- Attendance management procedures are not consistently followed.
- Line manager training does not adequately cover attendance management and is not widely available to all.
- Analysis found instances where modified duties had extended longer than anticipated timeframe.
- Need for review of content of absence management reporting information.

### c. Summary of recommendations:

Grade	Number of actions
4 – very high risk	0
3 – high risk	1
2 – moderate risk	10
1 – limited risk	0
<b>Total</b>	<b>11</b>

- Police Scotland agree with the findings and recommendations and have provided details of how they plan to address the

recommendations. Of note all recommendations are anticipated to be completed by September 2023.

- Note:- as People and Development provide a 'service back' for SPA, the recommendations will be implemented by PS only.

**d. SPA conclusions:**

- The review provides assurance that there are appropriate procedures in place. The level of absence and staff/officers on modified duties highlights the importance of appropriate management to support staff/officer wellbeing and supporting delivery of organisational objectives.

**3. FINANCIAL IMPLICATIONS**

3.1 There are no specific financial implications from this report, however, the implementation of some actions are likely to require financial resources.

**4. PERSONNEL IMPLICATIONS**

4.1 There are no specific personnel implications associated with this paper.

4.2 The staff absence and modified duties review has implications on the police workforce as outlined.

**5. LEGAL IMPLICATIONS**

5.1 There are no specific 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 of addressing management actions arising from internal audit reports.

**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 note the internal audit reports.



# Scottish Police Authority

Internal Audit Report 2022/23

Compliance arrangements – PAVA Spray  
and Airwave Terminal Units

January 2023



# Scottish Police Authority

## Internal Audit Report 2022/23

### Compliance arrangements – PAVA Spray and Airwave Terminal Units

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# Executive Summary

## Conclusion

During our audit fieldwork, we conducted a series of site visits to ascertain the extent to which Pelargonic Acid Vanillylamide (PAVA) sprays and Airwave communication units are stored and issued in line with national guidance, internal procedures, and legislation as relates to e.g., firearms and the Control of Substances Hazardous to Health (COSHH).

We found that arrangements for PAVA were underdeveloped and did not support effective monitoring of compliance. Most notably, overall responsibility for oversight of PAVA has not been assigned. Our site visits across the Police Scotland estate identified numerous significant issues relating to the safe and consistent storage and issue of PAVA spray canisters, and the accuracy and integrity of underlying stock records.

Compliance monitoring activities in respect of Airwave units are subject to national direction from the Home Office, and we confirmed that there is a clear rolling monthly audit process in place to meet these requirements. As part of our site visits, we identified issues relating to safe storage of Airwave terminals and lack of formal governance arrangements to ensure that issues identified from monthly audits are appropriately addressed on a timely basis.

The issues identified in our audit work, particularly in respect of PAVA, present significant reputational and compliance risk to both Police Scotland and the Scottish Police Authority. As such, the improvement actions in the Management Action Plan to this report should be implemented as a matter of priority.

## Background and scope

The nature of policing means that Police Scotland has a need to utilise sensitive and high-risk equipment that require careful supervision and oversight. Police Scotland Officers may be issued, for example, with Airwave communications units, or chemical irritant sprays such as PAVA.

Airwave communications units are connected to the Airwave device Network, part of the UK's Critical National Infrastructure. Securing and accounting for these units is a condition of Police Scotland's use of the Airwave network.

PAVA Spray is a chemical incapacitant within the scope of firearms legislation, use of which by Police is subject to Use of Force Standard Operating Procedures (SOPs). This includes requirements to report and record incidents in which the spray is discharged.

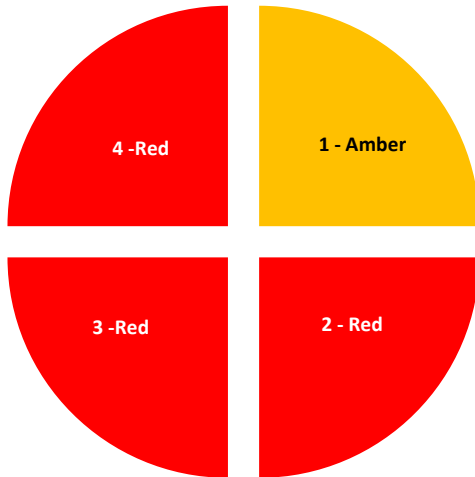
In order for Police Scotland to comply with statutory and regulatory requirements and maintain the trust of stakeholders and the wider public, it is essential that there are robust arrangements to track and report on the issue and use of this equipment.

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In line with the 2022/23 Internal Audit Plan, we have reviewed Police Scotland's overarching assurance processes over the issue, tracking and storage of both Airwave units and PAVA spray, commenting on the extent to which those monitoring arrangements are functioning effectively.

## Control assessment

- 1. There are documented policies and procedures governing the storage, issue and use of equipment that identify relevant regulatory/licence requirements and define the means by which these are to be complied with.

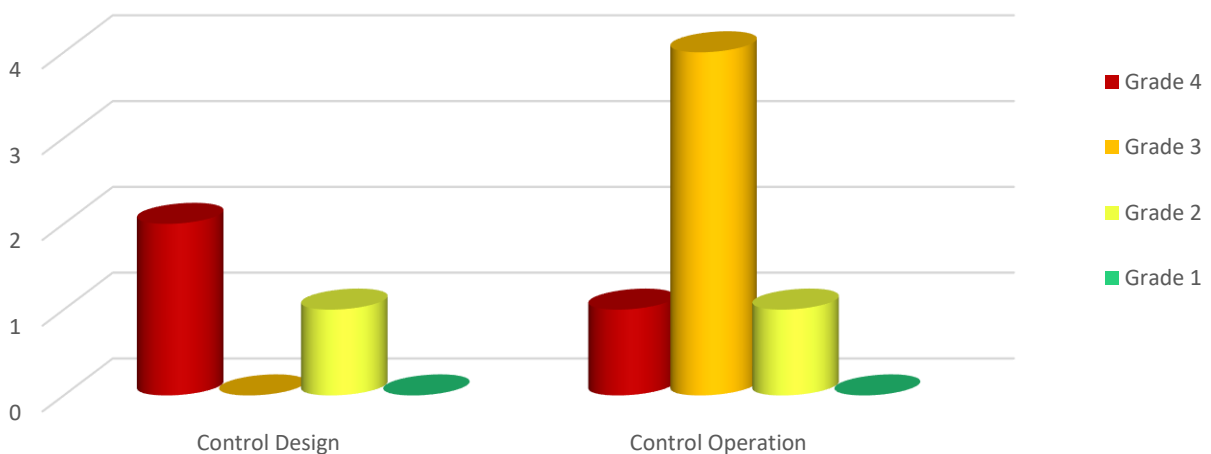


- 2. There are effective oversight arrangements over compliance with regulatory/licence requirements that are applied across all relevant areas of the organisation.

- 3. There are processes in place to ensure issued equipment can be located, with regular checks made and any loss/damage of equipment appropriately managed and reported in line with relevant requirements.

- 4. Assurance activities are documented and findings reported to an appropriate governance group, including the follow-up of actions taken in response to identified exceptions.

### Improvement actions by type and priority



Nine improvement actions have been identified from this review, six of which relate to compliance with existing procedures, as opposed to identified weaknesses in control design. Of the nine findings, seven relate to PAVA and two to Airwave devices. See Appendix D for definitions of colour coding.

## Key findings - PAVA

### Good practice

- The Police Scotland Irritant Spray Guidance Document, owned by Training, Leadership and Development, provides clear guidance to staff on the authorisation, issue, storage, transportation and deployment of PAVA sprays.
- Although not strictly within the scope of this review, we also noted that the guidance provided particularly detailed instructions in respect of aftercare once PAVA spray has been deployed.

### Areas for improvement

We have identified a number of areas for improvement which, if addressed, would strengthen Police Scotland's control framework in this area. Most notably we have highlighted the need to formally assign responsibility for oversight and governance of PAVA as a means of ensuring its safe issue, storage and use as well as compliance with legislative requirements.

Our audit testing has also uncovered a range of issues that require attention to ensure that:

- Guidance documents in respect of PAVA are up-to-date and aligned with actual practice, and officers using the spray complete regular refresher training to ensure it is used correctly;
- Police Scotland establishes robust record keeping and stock-take arrangements for PAVA spray canisters to allow prompt identification and proper disposal of expired PAVA, alongside reconciliation of physical stock of canisters to underlying records; PAVA spray is stored securely to ensure it can only be accessed by authorised personnel; and
- COSHH risk assessments are undertaken consistently and with appropriate frequency to ensure any health and safety risks to both officers and the public are identified and promptly resolved.

## Key findings – Airwave units

### Good practice

- We obtained a redacted copy of the Police Scotland Airwave National Guidance document and found that it clearly articulated the procedures, practices and responsibilities in relation to the management and use of the Airwave network and associated assets.
- Similarly, we found that the Airwave Asset Management and Auditing Guidance Document clearly sets out the audit requirements in respect of both personal issue and pooled Airwave units. The audit process is used to preserve the integrity of the National Airwave Service network, identify potential breaches of network security, and ensure that Police Scotland is able to reliably account for all of its Airwave assets.
- We confirmed that responsibility for overall governance of Airwave devices is in place at Force level through the Airwave Management Team who operate within Police Scotland's Digital Division. The Airwave Management Team are responsible for overseeing policy, guidance and compliance.

- We also found that there are dedicated Information Security Officers who liaise with the Home Office on compliance and manage the security of Airwaves among other responsibilities.

### **Areas for improvement**

We have identified a number of areas for improvement which, if addressed, would strengthen Police Scotland's control framework. These include:

- Ensuring that Airwave terminals are safely stored in line with national guidance; and
- Implementing an assurance process by which results of the monthly Airwave audits are communicated, and any resulting improvement actions are agreed and tracked through to completion.

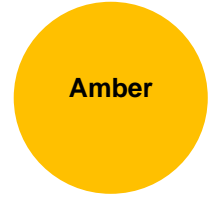
The identified areas for improvement in respect of both PAVA and Airwave terminals are further discussed in the Management Action Plan to this report.

## **Acknowledgements**

We would like to thank all staff consulted during this review for their assistance and co-operation.

# Management Action Plan

Control Objective 1: There are documented policies and procedures governing the storage, issue and use of equipment that identify relevant regulatory/licence requirements and define the means by which these are to be complied with.



## 1.1 PAVA – Irritant Spray Guidance Document

We found that the Police Scotland Irritant Spray Guidance Document provided a comprehensive overview of the requirements over issue, storage, transportation and carrying of PAVA sprays. The document also makes reference to both relevant legislation and associated procedures such as the Use of Force National Guidance.

From review of the guidance document, we found that it was last updated in 2017 and did not define the next scheduled review date. We were informed by contacts within Operational Safety Training (OST) that the content of the document is reviewed on an ad-hoc basis but were unable to substantiate this.

### Risk

There is a risk that documented guidance does not accurately reflect actual practice, caused by a failure to ensure formal review on a regular basis. In recognising that PAVA spray is considered a firearm under s.5 of the Firearms Act 1968, this could result in potential non-compliance with regulatory requirements, harm to individuals and/or associated reputational damage to Police Scotland.

### Recommendation

We recommend that the PAVA Irritant Spray Guidance Document is subject to review to ensure it remains up-to-date and reflective of actual practice. We also recommend that the next scheduled date for review is agreed as part of this process and centrally recorded to ensure review takes place accordingly.

The findings set out later in this report also highlight multiple examples of non-compliance with the requirements of the Irritant Spray Guidance Document. As such, Police Scotland should consider the need for additional training for staff, particularly if review of the guidance document results in significant amendments.

**Management Action**

Management accepts this recommendation.

We have instigated an immediate review of the guidance and will make amendments as necessary in the short term. We are developing a plan on a page for this review with key stakeholders and timelines identified.

Following the wider review and implementation of the recommendations contained in this report, we will undertake a further review allowing sufficient time to consult on changes.

The timescales provided reflect the need for an immediate review as well as a full review when all recommendations in this report have been addressed. Any opportunity to expedite the earlier completion of these recommendations will be undertaken. Strategic and Tactical ownership has been assigned to this review to ensure progress is made in a timely manner through a Short Life User Group.

As part of this wider review we will consider the requirement for amendments to training and any additional awareness raising.

The next review date is already provided but is held centrally as part of the Policy Procedures Passport within our official record set. The frequency of review is based on risk assessment and will be considered when the full review is complete.

**Action owner: Head of Learning, Training and Development**

**Due date: (1) 30 April 2023**

**(2) 31 March 2024**

## 1.2 PAVA – Storage lockers

As a firearm, it is important that PAVA spray cannisters are stored securely to prevent unauthorised access and/or accidental discharge of the substance into the air within police premises. As such, the Irritant Spray Guidance Document requires that:

- *“Where staff are provided a permanent irritant spray, they may be provided with an individual purpose-built locker to store the spray... one key for this locker will be issued with the other being securely retained at the place of issue... Master keys for all irritant spray lockers are held within premises where irritant spray is stored”; and*
- *“Where there are no purpose-built secure storage lockers available, irritant spray must be stored in a manner which provides two layers of security to prevent unauthorised access to the spray. This should include locked boxes contained within a locked and secure cabinet. An appropriate supervisor should have control of access to this box and be responsible for issue to officers”.*

We visited a sample of seven sites during fieldwork and found that:

- Only five sites had purpose-built lockers for storing PAVA. At one of these sites, master keys were not available meaning that we could not confirm that PAVA sprays were securely stored within lockers;
- At two of these sites, we found expired PAVA cannisters in officer lockers, and one instance of an on-duty officer carrying expired PAVA on their person;
- We identified numerous issues of PAVA lockers allocated to off-duty officers being empty during our site visits, suggesting that PAVA cannisters had been retained by the officer at the end of their shift;
- At one site visit, lockers recorded within PAVA records were not known to staff, meaning we were unable to locate the associated PAVA spray; and
- At the two sampled sites that did not have purpose-built individual lockers, we found that one used Airwaves lockers and the other stored PAVA in a personal equipment locker, neither of which are permitted;

### Risk

Where PAVA is not stored appropriately and securely, there is a risk that unauthorised personnel are able to gain access to the cannisters. Further, where expired PAVA is in circulation, there is a risk of physical harm to police officers and/or members of the public. Failure to comply with legislative requirements in this area could also result in reputational damage to both Police Scotland and the Scottish Police Authority.

### Recommendation

In addition to resolving the issues identified above from our sample testing, we recommend that Police Scotland undertakes a review across sites in possession of PAVA to ensure that:

- expired PAVA is removed from use;



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- sufficient lockers and/or appropriate locked boxes and cabinets are in place to ensure the safe storage of individual PAVA cannisters; and
- records of individual PAVA lockers are up-to-date and accurate across the estate.

We also recommend that all officers are reminded of the need to ensure that PAVA sprays are returned to the designated location at the end of their shift, and not retained on their person or in their vehicle.

Management may also wish to consider implementation of a rolling spot-check audit process within local sites to ensure the safe storage of PAVA on an ongoing basis.

**Management Action**

Grade 3  
(Operation)

Management accepts the recommendation.

We will undertake an end to end review of all PAVA processes and will develop a comprehensive Improvement Plan with risk based priorities and milestone dates. Specifically for this recommendation, this review will include:

- Designation of named roles for security of PAVA in all stations
- Audit of all PAVA storage across the Police Scotland estate, including countermeasures where necessary
- Visuals improved to ensure process can be visually followed
- Electronic monitoring of the status of all stations

This will allow us to change how we control PAVA, identifying responsible individuals and roles, and electronic tracking so that actions per station cannot be signed off until visual proof is provided.

The timescales associated with this recommendation and all others within this report have been set recognising that a full review is needed of the whole system. This is being undertaken urgently with priorities and milestones identified. We expect to complete many milestones ahead of the target date, but we know that it will take some months to fully complete and be operational for all the recommendations in this report. A Short Life User Group with Strategic and Tactical Ownership has been put in place to provide additional governance.

**Action owner:** Head of Purchasing, Operations & Logistics

**Due date:** 31 January 2024 (with milestones identified throughout the review cycle to immediately address risks)

### 1.3 PAVA - COSHH Risk Assessments

In order to ensure compliance with health and safety legislation, the Irritant Spray Guidance Document requires that a Control of Substances Hazardous to Health (COSHH) Risk Assessment is “*displayed in a prominent position as close as possible to all irritant spray lockers, irrespective of size*”. The document does not provide any guidance as to how frequently this assessment should be updated, who is responsible for its completion, or arrangements for ensuring that issues identified from the risk assessment process are resolved in a timely manner.

As part of our site visits, we enquired with staff as to completion of the COSHH risk assessments and identified the following issues:

- Only three of seven site contacts were aware of the requirement to complete and display COSHH Risk Assessments;
- Of these, only two were able to provide a copy of the most recent assessments. One was dated 2019 and the other was not dated meaning we were unable to confirm that the assessments were up-to-date; and
- None of the sites visited displayed their risk assessment in a prominent position near to PAVA lockers.

We enquired with Health and Safety staff as to the expected process for completing COSHH risk assessments and were informed that assessments should be updated at least once every three years. We were also informed that Area Commanders are required to sign an annual Health and Safety Assurance Form (Appendix C) confirming that all relevant risk assessments are completed and up-to-date (i.e. have been completed within the past three years).

We were able to confirm on a sample basis that these Area Commander Assurance Forms had been consistently completed, most recently in March 2022. However, the issues identified above during our site visits above highlight that current processes are ineffective in ensuring compliance with COSHH requirements as related to PAVA.

#### **Risk**

Where COSHH risk assessments are not undertaken consistently, and with appropriate frequency, there is a risk that PAVA sprays are not correctly stored which could result in health and safety issues for both police officers and the public.

#### **Recommendation**

We recommend that Police Scotland undertakes a detailed exercise to ascertain the extent to which up-to-date COSHH risk assessments are in place across sites storing PAVA. Where exceptions are identified, these should be completed as a matter of priority to ensure compliance with both internal health and safety policies and wider legislative requirements. All sites should also be reminded of the need to ensure that completed risk assessments are displayed prominently in line with the requirements of the Irritant Spray Guidance Document.

As part of the review of the guidance document (per MAP 1.1), we also recommend that the content is updated to more clearly articulate the expected frequency with which risk assessments should be refreshed, and

arrangements for ensuring that any issues arising from the risk assessment process are appropriately escalated and resolved.

More generally, Police Scotland should consider the ongoing suitability of the Area Commander annual Assurance Forms as a means of ensuring that COSHH risk assessments have been completed in line with expectation.

**Management Action**

**Grade 3  
(Operation)**

Management accepts this recommendation.

We will undertake an end to end review of all PAVA processes and will develop a comprehensive Improvement Plan with risk based priorities and milestone dates. A Short Life User Group with Strategic and Tactical Ownership has been put in place to provide additional governance. Specifically for this recommendation, this review will include:

- All COSHH risk assessments to be completed by a timeframe agreed by the Short Life User Group – and the immediate requirement for review booked in for 3 years later.
- Awareness raising and training in respect of responsibilities to be considered and communicated and documented accordingly.
- Guidance updated to explicitly outline processes in respect of the frequency of Risk Assessments and escalation procedures.
- Compliance monitoring via Divisional Audits to be considered.

**Action owner:** Head of Learning, Training and Development

**Due date:** 1 October 2023

## 1.4 PAVA – Training

We confirmed that training on the use of PAVA forms part of Operational Safety Training (OST) which is provided to staff initially “*at a level determined by threat and risk assessment of their respective roles*”. The Use of Force National Guidance SOP requires that all operational Police Officers undertake re-certification training on an annual basis, with any individual not meeting this requirement removed from duties until training is completed.

We understand that the requirement for officers to undertake this annual re-certification was stood down due to the operational pressures experienced during the Covid-19 pandemic. As such, it is likely that there are a significant number of staff using PAVA who have not undertaken refresher training in line with the required timescales. We were informed that a deadline of 1 June 2023 has since been set for all officers to refresh their OST training; and were able to obtain evidence that recertification rates are subject to monitoring at divisional level on a weekly basis.

### Risk

There is a risk the staff do not have the requisite knowledge and experience to ensure safe use of PAVA sprays caused by a failure to ensure that the required training is completed and refreshed with sufficient frequency. This could result in physical harm to both members of the public and police officers, and associated reputational damage to Police Scotland.

### Recommendation

We endorse the action taken to date by management in requiring all officers to undertake re-certification within a defined timescale as a means of mitigating the risk in this area.

Any officers who have not met the recertification requirements should be subject to targeted intervention to ensure this is completed as a matter of priority.

#### Management Action

Grade 2  
(Operation)

Management accepts this recommendation.

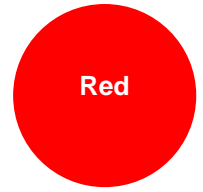
We have already undertaken an assessment of current demand and put on additional courses and provided more spaces than needed based on division and location needs.

Since March 2021, we have provided this management information on a weekly basis across the organisation to display / encourage compliance and will continue to do so. This provides a clear status of officers requiring training by divisional and location as well as detailed plans to mitigate issues arising. This information is provided to ACC level and the Deputy Chief Officer for executive oversight.

**Action owner:** Head of Learning, Training and Development

**Due date:** 30 June 2023

Control Objective 2: There are effective oversight arrangements over compliance with regulatory/licence requirements that are applied across all relevant areas of the organisation.



## 2.1 PAVA – Oversight arrangements

We were unable to confirm the existence of any governance or oversight arrangements in respect of PAVA at either Force or Executive level. As such, there is no formal governance route to ensure compliance with the Irritant Spray Guidance Document, firearms legislation as relates to PAVA, or health and safety legislation.

Whilst the associated guidance is owned by Operational Safety Training; arrangements for the issue, storage and use of PAVA are managed at a local level. During our site visits, a number of contacts cited a lack of clarity around roles and responsibilities, with one division explaining that they designed their own divisional PAVA guidance setting out respective roles and responsibilities.

The control weaknesses identified elsewhere in this report suggest that the locally managed approach is limited in its effectiveness in ensuring compliance with associated legislative requirement for the safe use of PAVA sprays.

### Risk

Where there are not formal governance and oversight arrangements to ensure compliance with associated legislative requirements, there is a risk that Police Scotland is unable to ensure the safe and consistent use, issue and storage of PAVA spray cannisters. This could result in inappropriate use of PAVA resulting in physical harm to both users and subjects.

### Recommendation

We recommend that governance arrangements are reviewed, and a central oversight group established to oversee the management of compliance for PAVA. This group should be responsible for overseeing PAVA guidance, managing compliance, and reviewing the output of compliance monitoring activities.

**Management Action**

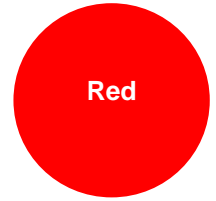
Management accept this recommendation.

1. In the interim Strategic and Tactical Leads have been assigned who will assume oversight for the formation of a Short Life User Group to drive forward an end to end process review.
2. Once the full review is complete, overall roles and responsibilities will be assigned to all parts of the process and defined within the update guidance.

**Action owner:** ACC Professionalism and Assurance

**Due date:** (1) Complete (2) January 2023

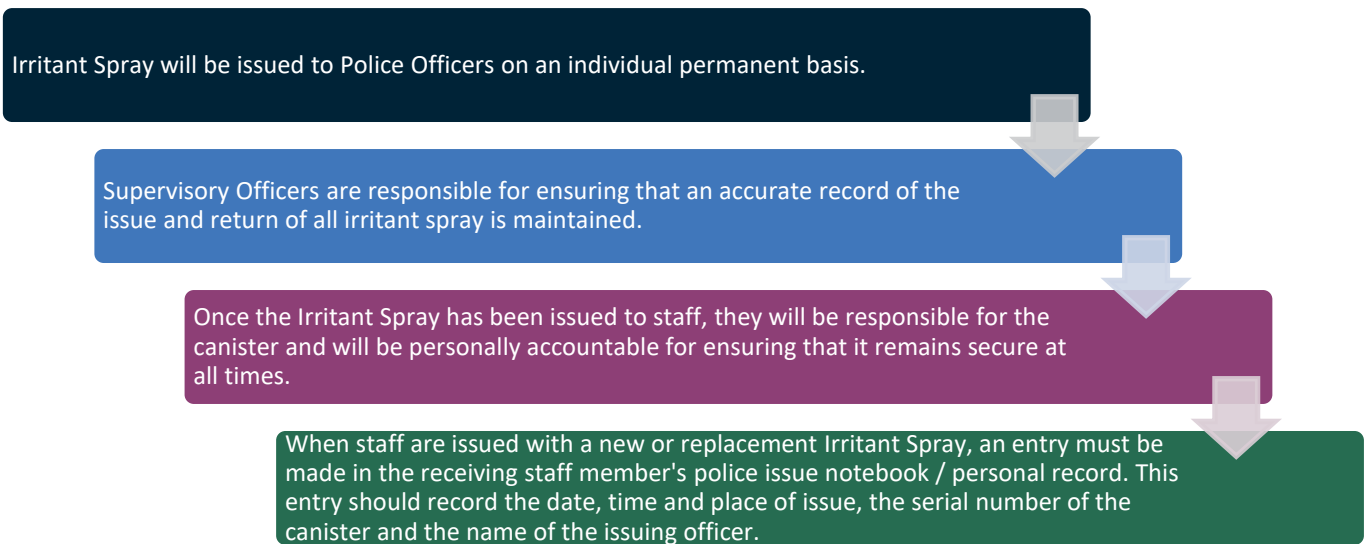
Control Objective 3: There are processes in place to ensure issued equipment can be located, with regular checks made and any loss/damage of equipment appropriately managed and reported in line with relevant requirements.



### 3.1 PAVA – Tracking of stock

Our sample testing and conversations with staff across our sample sites highlighted numerous issues relating to the consistent recording, issue and subsequent storage of PAVA. Contacts expressed concerns as to the accuracy and integrity of PAVA stock records and cited a number of underlying issues as potential root causes.

The Irritant Spray Guidance Document provides the following detail in respect of issue of PAVA:



We found that a PAVA SharePoint is in place on the Force intranet and should be used to record and monitor the issue of PAVA to officers. However, contacts at our sample of sites identified the following issues:

- Two of the seven sites visited do not have access to the PAVA SharePoint meaning that they are unable to record the issue of PAVA on central records;
- At the remaining sites, contacts expressed issues with the useability and functionality of this recording method and therefore issues being able to update the central PAVA record;
- Staff at six of the seven sites visited maintain local spreadsheets to record the issue of PAVA as a result, meaning that actual issue of PAVA is not accurately reflected within central stock records;
- The movement of staff around the Force was raised as a concern in terms of recording of PAVA. Staff explained that often when an officer moves to a different role or location, the individuals responsible for updating PAVA records are not informed, and correspondingly, the location of the officer's PAVA canister is not centrally updated. Our sample testing corroborated this with several examples of PAVA

spray canisters recorded as being stored at that location were found to have moved with the officer to a new location;

- At one site visit, we were informed that immediately prior to our audit visit, over 100 PAVA canisters were found in a cupboard by an Inspector. These canisters had expired in 2019, staff were not aware of them, and they were not recorded on any local or central stock records. Expired PAVA requires special uplift at a cost of £5 per unit; and
- We were provided with anecdotal evidence of cases of PAVA canisters being delivered to local sites without having been requested leading to an over-supply of PAVA beyond the required amount.

## **Risk**

There is a risk that Police Scotland is unable to properly account for stock of PAVA spray caused by a failure to ensure that there are robust record keeping arrangements in place. Where PAVA is not accurately and reliably accounted for there is a risk that:

- Spray canisters are issued to unauthorised personnel;
- Expired spray canisters enter into circulation which could result in potential physical harm to police officers and the public;
- Police Scotland incurs unnecessary expense caused by over-ordering PAVA for issue and/or associated uplift costs for disposal of expired PAVA.

Each of these risks could result in significant reputational damage to both Police Scotland and the SPA, and potential non-compliance with legislation.

## **Recommendation**

Accurate recording of all PAVA and its location is essential to ensure that units are held securely, only issued to authorised personnel and that effective stock rotation is deployed to minimise the risk of PAVA expiring before use.

As such, we recommend that a Force-wide review is undertaken to identify all PAVA within the organisation, its serial number, location and expiry date. Any expired PAVA should be removed from sites as a matter of priority. A formal process should also be implemented to ensure that PAVA stock records are promptly updated to accurately reflect the location of units in the event that an officer moves within the Force.

Thereafter, a formal stock take-process should be undertaken on at least an annual basis to ensure that the serial number, age, condition and location of individual PAVA canisters are accurately recorded.

More generally, we recommend that Police Scotland reviews the effectiveness of the current SharePoint arrangement for managing PAVA stock records, ensuring that all staff requiring access are able to do so.

Lastly, we recommend that responsibility for managing the deployment and movement of PAVA is centrally assigned such that sites only receive new PAVA when it is needed, and that PAVA is issued to sites in date-order to minimise the likelihood of canisters expiring before they are deployed and used.



**Management Action**

Management accepts this recommendation.

We will create a serialised asset management of all PAVA currently utilised by Police Scotland which will include Serial number & PSI number allocated.

We will commit to an annual audit once the baseline has been established.

This will allow us to identify who has PAVA, and where it is. This will push responsibility to the officer and the operational line to ensure they are in line with the expectations of the force.

**Action owner:** Head of Purchasing, Operations & Logistics

**Due date:** 31 January 2024 (with milestones identified throughout the review cycle to immediately address risks)

## 3.2 Airwaves – Tracking of stock

The Airwaves National Guidance document requires Airwave units to be held within purpose-built lockers once issued to officers. Similarly, the issue of units (which have a unique seven-digit Individual Short Subscriber Identity – ISSI) to officers must be centrally recorded via the PA Connect System.

In common with the PAVA storage requirements, master keys should also be available at all sites.

During our site visits, we selected a sample of ISSI numbers from the PA Connect System and sought to confirm the extent to which terminals were consistently held within purpose-built lockers as required by national guidance. We identified the following issues:

- In one of seven sites, staff used personal equipment lockers to store terminals when not in use;
- Master keys were not available at this same site, meaning we were unable to undertake our sample testing as planned;
- We identified seven instances of Airwave lockers being empty, despite the allocated officer being off duty at the time of our audit. We were unable to confirm the location of six of these. One terminal was subsequently found on an off-duty officer's desk.

Similar issues of maintaining stock records to reflect the movement of staff across the Force were highlighted by staff for both Airwaves and PAVA (as per MAP 3.1 above). In common with our sample testing of PAVA sprays, we also identified instances of Airwave terminals selected for sample testing having moved with an officer to another location. As a result, these terminals are not accurately recorded within the PA Connect system.

### Risk

There is a risk that if Airwaves are not stored appropriately and in line with the defined guidance, this may lead to lost or damaged equipment and a potential breach of regulations which in turn could lead to costly fines and reputational damage.

### Recommendation

We recommend that Police Scotland undertakes a Force-wide review to ensure that all Airwave terminals can be located and that locations are accurately recorded within PA Connect. We also recommend that the formal process be reinforced to ensure that Airwave stock records are promptly updated to accurately reflect the location of units in the event that an officer moves within the Force.

Lastly, we recommend that all officers in possession of Airwave terminals are reminded of the need to ensure that these are held securely in purpose-built lockers at all times when not in use. Police Scotland should also make provision for the safe and secure storage within sites that do not have sufficient purpose-built lockers available.

**Management Action**

Grade 3  
(Operation)

Management accepts the recommendation.

We will review and consolidate the guidance in relation to the issues identified under this recommendation, consulting with key stakeholders, to reiterate processes and lines of responsibility.

We will issue a Police Scotland memo to remind and reinforce supervisors of the processes to follow for both personal issue and pool assets.

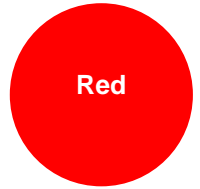
We will communicate directly with the Local Policing Divisions where assets are unaccounted and we will review existing governance arrangements.

We will review our governance processes within our National Divisions to ensure processes are communicated and followed.

We will mandate Local Policing and National Divisions to identify suitably empowered points of contact who can ensure processes are followed and drive improvement.

**Action owner:** ACC North (as Information Asset Owner) **Due date:** 1 October 2023

Control Objective 4: Assurance activities are documented and findings reported to an appropriate governance group, including the follow-up of actions taken in response to identified exceptions.



#### 4.1 PAVA - Compliance monitoring

As noted at MAP 4.1 above, we were unable to confirm during our audit that overall responsibility for PAVA has been assigned at either Force or Executive level. As such, there is no formal route through which assurance is provided over compliance with expected processes and legislative requirements.

The Irritant Spray Guidance Document does not include any requirement to undertake stock audits to ensure the accuracy and integrity of underlying records. At five of seven sites visited, we found that staff have implemented local stock check arrangements on at least an annual basis. There is not, however, any formal route through which the results of these audits are communicated, or issues arising from the audit process are escalated.

##### Risk

There is a risk that Police Scotland is unable to demonstrate compliance with both the PAVA guidance and associated legislation caused by a failure to implement a robust assurance and compliance regime. This could result in reputational damage to Police Scotland and/or physical harm in the event that PAVA spray is not stored and deployed correctly.

##### Recommendation

We recommend that a central compliance monitoring regime is established to provide assurance over the issue, storage and use of PAVA. The findings identified within the report should be used to inform development of this process as a means of ensuring that the control weaknesses identified are appropriately addressed.

We also recommend that a formal governance route is established both to oversee PAVA generally, and also oversee the results of compliance monitoring activities. Reporting to this group should provide a clear summary of identified issues and corresponding action plans to address identified weaknesses.

**Management Action**

Management accepts the recommendation:

- ACC Professionalism and Assurance will assume the overall responsibility for overseeing of PAVA in the interim until subsequent assessment by Police Scotland to enable the organisation to identify appropriate formal governance routes.
- A PAVA Short Life User group will be established for all Data/Asset Owners, including Strategic, Operational and Tactical where applicable.
- Stores/Learning, Training and Development will explore any central monitoring capability available and report to the PAVA Short Life User Group as appropriate.

**Action owner:** ACC Professionalism & Assurance

**Due date:** 30 July 2023

## 4.2 Airwaves - Compliance Monitoring Activities

Audits of Airwaves are a monthly requirement for divisions to undertake through the PA Connect system, and a condition of Home Office certification. A monthly report of Force results and compliance is extracted from the system by the Airwave Services Coordinator which is sent to the Information Security Officer and Divisional leaders for oversight. As part of our site visits, we confirmed that these audits were consistently undertaken.

Staff at sites expressed that action taken in response to issues identified from the monthly audit process was inconsistent, with a perception that any such issues were not seen as a priority. Whilst these assertions were anecdotal in nature, we were unable to evidence that a formal governance process exists through which issues are collated and reported. As a result, we were also unable to confirm that appropriate follow up actions are agreed and tracked through to completion.

### Risk

There is a risk that Police Scotland is unable to demonstrate compliance with the Home Office certification requirements relating to the audit of Airwave terminals caused by a failure to ensure appropriate oversight arrangements are in place. Where issues are not appropriately addressed, and on a timely basis, Police Scotland could be penalised and face associated reputational damage.

### Recommendation

We recommend that the current approach to auditing Airwave terminals is expanded to include central collation of issues identified through the audit process, and agreement of remedial action where appropriate. Responsibility for overseeing progress in this area should be formally assigned to allow actions to be tracked through to completion.

#### Management Action

Grade 3  
(Operation)

Management accepts this recommendation.

The Information Security Manager will work with the Information Asset Owner and the Airwave Unit to develop a formal governance procedure to track all terminals throughout the audit and identify roles and responsibilities.

**Action owner:** Information Security Manager

**Due date:** 31 October 2023

# Appendix A – Background Information - PAVA Irritant Spray

From Police Scotland Irritant Spray Guidance Document – applicable to all Police Officers, Special Constables, and designated Authority/Police staff.

## *Captor I*

*Irritant is dispensed from a hand held canister in a liquid stream that contains a 0.3% solution of PAVA in a solvent of aqueous ethanol. The propellant is nitrogen.*

## *Captor II*

*Irritant is dispensed from a hand held canister in a liquid stream that contains a 0.3% solution of PAVA in a solvent of monopropylene glycol, water and ethanol. The propellant is nitrogen.*

- *A 0.3% solution has been selected because this is the minimum concentration which will fulfil the purpose of the equipment – namely to minimise a person’s capacity for resistance without unnecessarily prolonging their discomfort.*
- *The liquid stream is a spray pattern and has a maximum effective range of up to 4 metres. Maximum accuracy is achieved over a distance of 1.25 – 2 metres between the canister and the subject’s eyes.*
- *PAVA primarily affects the eyes causing closure and severe pain...For PAVA to work effectively, it must enter the eyes and the effects are usually instantaneous if this happens. Exposure to fresh moving air will normally result in a significant recovery from the effects of PAVA within 15-20 minutes.*

# Appendix B – Background Information – Airwave Units

Note – the below is taken from the Police Scotland Airwave National Guidance Document

*There is a statutory requirement on PS to identify its procedures to ensure security of all technical equipment, which must be adopted in the storage, issue and use of the Airwave terminals. The security of the Airwave system must be maintained in order to comply with the requirements of the accreditation process and to remain connected to the Airwave infrastructure.*

*Technical equipment used by PS as part of the Airwave system must be accounted for at all times and includes:*

- *All computers;*
- *Software;*
- *Handheld and Mobile terminals*

*The Airwave Service National Security Guidelines require user Forces to be able to account for the location and condition of all Airwave assets at any given time and, as a minimum, to carry out an annual audit of all assets held. To ensure this, Divisions and Departments require to maintain the PA Connect National Asset Management System which will hold data on all Airwave Service assets including:*

- *Handheld Terminals (Personal and Pool issued).*
- *Vehicle Terminals.*
- *Desk top Terminals.*
- *Security Lockers (where applicable).*



# Appendix C – Commander Certificate of Health & Safety Assurance

Note – the Certificate of Health and Safety Assurance comprises a 48-point checklist across a number of thematic areas:

- Leadership
- Policy and Governance
- Capability Management and Competence
- Communication and Collaboration
- Safety Risk Management
- Proactive and Reactive Monitoring
- Infrastructure and Asset Management
- Change Management
- Audit and Review

The below is an excerpt of the assurance statements relevant to PAVA only.

\*\*\*\*\*



## Commander - Certificate of Health & Safety Assurance 2022/23

Division / Business Area: **DIVISION**

Chief Superintendent / Head of Business Area: **NAME**

<u>Leadership</u>		Y	N	N/A	Comment
1	I display and encourage effective safety leadership and demonstrate a positive attitude to Health & Safety culture. All Police Officers and Police Staff under my command are clear on their Health & Safety roles, accountabilities and accept personal responsibility.				
<u>Safety Risk Management</u>					
18	My Division / Business Area has completed site specific risk assessments for all tasks and activities, including operational activity, undertaken. The assessments, where appropriate, take account of risk not only to Police Officers and Police Staff but to others including those that may be affected by the Division / Business Areas activity i.e. contractors, volunteers, custodies, and members of the public. All Risk Assessments include suitable control measures to reduce the risk to acceptable levels.				
21	All Risk Assessments are completed on Police Scotland Form 076-001 and are signed off by myself or my immediate deputy.				
23	All Risk Assessments have been reviewed in the last 3 years or when there has been a significant change in tasks and / or activities undertaken by the Division / Business Area.				
24	All Police Officers and Police Staff within the Division / Business Area, and others as appropriate are briefed on changes to Risk Assessments and on any new Risk Assessments. (N.B. This can be easily achieved via Intranet.)				
25	I ensure that the risk from chemicals and other harmful substances and gases are appropriately assessed and managed.				

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	(N.B. In some cases this may require you to ensure that contractors such as cleaners have assessments in place. If you are not responsible for the building then simply ensure that the responsible person has done this).				
<u>Infrastructure &amp; Asset Management</u>					
42	All equipment has appropriate Risk Assessments, Safe Systems of Work and anyone using the equipment has had appropriate training. (N.B. Your Safety Advisor can provide help and guidance.)				

I confirm as Divisional Commander that this Assurance Document has been completed to the best of my knowledge and ability and provides a true reflection of Health & Safety within my Division.

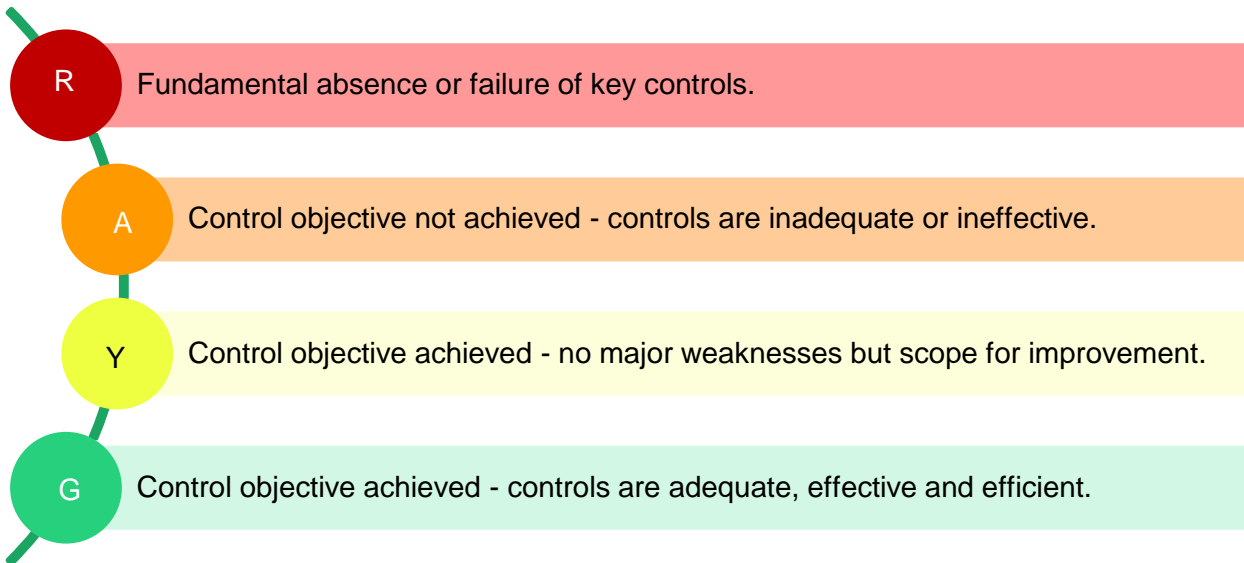
Name (Print):

Signed:

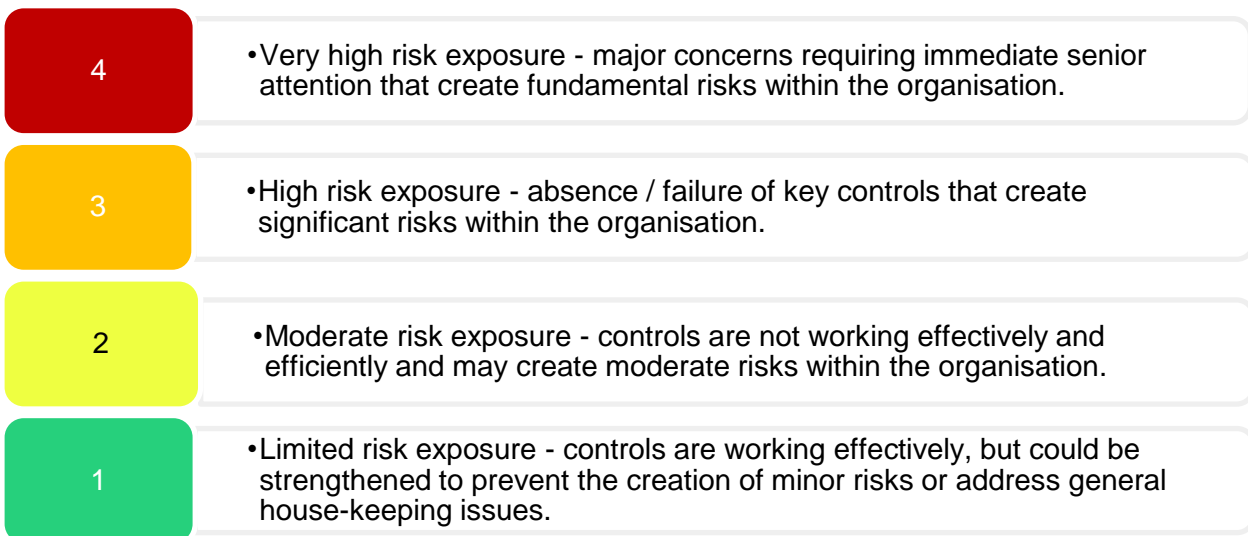
Date:

# Appendix D - Definitions

## Control assessments



## Management action grades



## Appendix E – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1	<p>We recommend that the PAVA Irritant Spray Guidance Document is subject to review to ensure it remains up-to-date and reflective of actual practice. We also recommend that the next scheduled date for review is agreed as part of this process and centrally recorded to ensure review takes place accordingly.</p> <p>The findings set out later in this report also highlight multiple examples of non-compliance with the requirements of the Irritant Spray Guidance Document. As such, Police Scotland should consider the need for additional training for staff, particularly if review of the guidance document results in significant amendments.</p>	<p>Management accepts this recommendation.</p> <p>We have instigated an immediate review of the guidance and will make amendments as necessary in the short term. We are developing a plan on a page for this review with key stakeholders and timelines identified.</p> <p>Following the wider review and implementation of the recommendations contained in this report, we will undertake a further review allowing sufficient time to consult on changes.</p> <p>The timescales provided reflect the need for an immediate review as well as a full review when all recommendations in this report have been addressed. Any opportunity to expedite the earlier completion of these recommendations will be undertaken. Strategic and Tactical</p>	Grade 2 (Design)	Head of Learning, Training and Development	<p>(1) 30 April 2023</p> <p>(2) 31 March 2024</p>

		<p>ownership has been assigned to this review to ensure progress is made in a timely manner through a Short Life User Group.</p> <p>As part of this wider review we will consider the requirement for amendments to training and any additional awareness raising.</p> <p>The next review date is already provided but is held centrally as part of the Policy Procedures Passport within our official record set. The frequency of review is based on risk assessment and will be considered when the full review is complete.</p>			
1.2	<p>In addition to resolving the issues identified above from our sample testing, we recommend that Police Scotland undertakes a review across sites in possession of PAVA to ensure that:</p> <ul style="list-style-type: none"><li>• expired PAVA is removed from use;</li><li>• sufficient lockers and/or appropriate locked boxes and cabinets are in place to ensure</li></ul>	<p>Management accepts the recommendation.</p> <p>We will undertake an end to end review of all PAVA processes and will develop a comprehensive Improvement Plan with risk based priorities and milestone dates. Specifically for this recommendation, this review will include:</p>	Grade 3 (Operation)	Head of Purchasing, Operations & Logistics	31 January 2024 (with milestones identified throughout the review cycle to immediately

the safe storage of individual PAVA  
cannisters; and

- records of individual PAVA lockers are up-to-date and accurate across the estate.

We also recommend that all officers are reminded of the need to ensure that PAVA sprays are returned to the designated location at the end of their shift, and not retained on their person or in their vehicle.

Management may also wish to consider implementation of a rolling spot-check audit process within local sites to ensure the safe storage of PAVA on an ongoing basis.

- Designation of named roles for security of PAVA in all stations

- Audit of all PAVA storage across the Police Scotland estate, including countermeasures where necessary

- Visuals improved to ensure process can be visually followed

- Electronic monitoring of the status of all stations

This will allow us to change how we control PAVA, identifying responsible individuals and roles, and electronic tracking so that actions per station cannot be signed off until visual proof is provided.

The timescales associated with this recommendation and all others within this report have been set recognising that a full review is needed of the whole system. This is being undertaken urgently with priorities and milestones identified.

We expect to complete many milestones ahead of the target date, but we know

address  
risks)

that it will take some months to fully complete and be operational for all the recommendations in this report. A Short Life User Group with Strategic and Tactical Ownership has been put in place to provide additional governance.

1.3

We recommend that Police Scotland undertakes a detailed exercise to ascertain the extent to which up-to-date COSHH risk assessments are in place across sites storing PAVA. Where exceptions are identified, these should be completed as a matter of priority to ensure compliance with both internal health and safety policies and wider legislative requirements. All sites should also be reminded of the need to ensure that completed risk assessments are displayed prominently in line with the requirements of the Irritant Spray Guidance Document.

As part of the review of the guidance document (per MAP 1.1), we also recommend that the content is updated to more clearly articulate the expected frequency with which risk assessments

Management accepts this recommendation.

We will undertake an end to end review of all PAVA processes and will develop a comprehensive Improvement Plan with risk based priorities and milestone dates. A Short Life User Group with Strategic and Tactical Ownership has been put in place to provide additional governance. Specifically for this recommendation, this review will include:

- All COSHH risk assessments to be completed by a timeframe agreed by the Short Life User Group – and the immediate requirement for review booked in for 3 years later.

Grade 3  
(Operation)

Head of Learning,  
Training and  
Development

1 October  
2023

	<p>should be refreshed, and arrangements for ensuring that any issues arising from the risk assessment process are appropriately escalated and resolved.</p> <p>More generally, Police Scotland should consider the ongoing suitability of the Area Commander annual Assurance Forms as a means of ensuring that COSHH risk assessments have been completed in line with expectation.</p>	<ul style="list-style-type: none"><li>• Awareness raising and training in respect of responsibilities to be considered and communicated and documented accordingly.</li><li>• Guidance updated to explicitly outline processes in respect of the frequency of Risk Assessments and escalation procedures.</li><li>• Compliance monitoring via Divisional Audits to be considered.</li></ul>			
1.4	<p>We endorse the action taken to date by management in requiring all officers to undertake re-certification within a defined timescale as a means of mitigating the risk in this area.</p> <p>Any officers who have not met the recertification requirements should be subject to targeted intervention to ensure this is completed as a matter of priority.</p>	<p>Management accepts this recommendation.</p> <p>We have already undertaken an assessment of current demand and put on additional courses and provided more spaces than needed based on division and location needs.</p> <p>Since March 2021, we have provided this management information on a weekly basis across the organisation to display / encourage compliance and will continue to do so. This provides a clear status of officers requiring training by</p>	Grade 2 (Operation)	Head of Learning, Training and Development	30 June 2023



divisional and location as well as detailed plans to mitigate issues arising. This information is provided to ACC level and the Deputy Chief Officer for executive oversight.

2.1	<p>We recommend that governance arrangements are reviewed, and a central oversight group established to oversee the management of compliance for PAVA. This group should be responsible for overseeing PAVA guidance, managing compliance, and reviewing the output of compliance monitoring activities.</p>	<p>Management accept this recommendation.</p> <ol style="list-style-type: none"> <li>1. In the interim Strategic and Tactical Leads have been assigned who will assume oversight for the formation of a Short Life User Group to drive forward an end to end process review.</li> <li>2. Once the full review is complete, overall roles and responsibilities will be assigned to all parts of the process and defined within the update guidance.</li> </ol>	Grade 4 (Design)	ACC Professionalism and Assurance	<p>(1) Complete</p> <p>(2) January 2023</p>
3.1	<p>Accurate recording of all PAVA and its location is essential to ensure that units are held securely, only issued to authorised personnel and that effective stock rotation is deployed to minimise the risk of PAVA expiring before use.</p>	<p>Management accepts this recommendation.</p> <p>We will create a serialised asset management of all PAVA currently utilised by Police Scotland which will</p>	Grade 4 (Operation)	Head of Purchasing, Operations & Logistics	31 January 2024 (with milestones identified throughout the review)

As such, we recommend that a Force-wide review is undertaken to identify all PAVA within the organisation, its serial number, location and expiry date. Any expired PAVA should be removed from sites as a matter of priority. A formal process should also be implemented to ensure that PAVA stock records are promptly updated to accurately reflect the location of units in the event that an officer moves within the Force.

Thereafter, a formal stock take-process should be undertaken on at least an annual basis to ensure that the serial number, age, condition and location of individual PAVA canisters are accurately recorded.

More generally, we recommend that Police Scotland reviews the effectiveness of the current SharePoint arrangement for managing PAVA stock records, ensuring that all staff requiring access are able to do so.

Lastly, we recommend that responsibility for managing the deployment and movement of PAVA is centrally assigned such that sites only receive new PAVA

include Serial number & PSI number allocated.

We will commit to an annual audit once the baseline has been established.

This will allow us to identify who has PAVA, and where it is. This will push responsibility to the officer and the operational line to ensure they are in line with the expectations of the force.

cycle to immediately address risks)

when it is needed, and that PAVA is issued to sites in date-order to minimise the likelihood of canisters expiring before they are deployed and used.

3.2

We recommend that Police Scotland undertakes a Force-wide review to ensure that all Airwave terminals can be located and that locations are accurately recorded within PA Connect. We also recommend that the formal process be reinforced to ensure that Airwave stock records are promptly updated to accurately reflect the location of units in the event that an officer moves within the Force.

Lastly, we recommend that all officers in possession of Airwave terminals are reminded of the need to ensure that these are held securely in purpose-built lockers at all times when not in use. Police Scotland should also make provision for the safe and secure storage within sites that do not have sufficient purpose-built lockers available.

Management accepts the recommendation.

We will review and consolidate the guidance in relation to the issues identified under this recommendation, consulting with key stakeholders, to reiterate processes and lines of responsibility.

We will issue a Police Scotland memo to remind and reinforce supervisors of the processes to follow for both personal issue and pool assets.

We will communicate directly with the Local Policing Divisions where assets are unaccounted and we will review existing governance arrangements.

We will review our governance processes within our National Divisions to ensure

Grade 3  
(Operation)

ACC North (as  
Information Asset  
Owner)

1 October  
2023

		<p>processes are communicated and followed.</p> <p>We will mandate Local Policing and National Divisions to identify suitably empowered points of contact who can ensure processes are followed and drive improvement.</p>			
4.1	<p>We recommend that a central compliance monitoring regime is established to provide assurance over the issue, storage and use of PAVA. The findings identified within the report should be used to inform development of this process as a means of ensuring that the control weaknesses identified are appropriately addressed.</p> <p>We also recommend that a formal governance route is established both to oversee PAVA generally, and also oversee the results of compliance monitoring activities. Reporting to this group should provide a clear summary of identified issues and corresponding action plans to address identified weaknesses.</p>	<p>Management accepts the recommendation:</p> <ul style="list-style-type: none"><li>• ACC Professionalism and Assurance will assume the overall responsibility for overseeing of PAVA in the interim until subsequent assessment by Police Scotland to enable the organisation to identify appropriate formal governance routes.</li><li>• A PAVA Short Life User group will be established for all Data/Asset Owners, including Strategic, Operational and Tactical where applicable.</li><li>• Stores/Learning, Training and Development will explore any central monitoring capability available and</li></ul>	Grade 4 (Design)	ACC Professionalism & Assurance	30 July 2023

report to the PAVA Short Life User Group as appropriate.

4.2

We recommend that the current approach to auditing Airwave terminals is expanded to include central collation of issues identified through the audit process, and agreement of remedial action where appropriate. Responsibility for overseeing progress in this area should be formally assigned to allow actions to be tracked through to completion.

Management accepts this recommendation.

The Information Security Manager will work with the Information Asset Owner and the Airwave Unit to develop a formal governance procedure to track all terminals throughout the audit and identify roles and responsibilities.

Grade 3  
(Operation)

Information Security  
Manager

31 October  
2023

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# Scottish Police Authority

## Internal Audit Report 2022/23

### Staff Absence & Modified Duties

February 2023



# Scottish Police Authority

## Internal Audit Report 2022/23

### Staff Absence & Modified Duties

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# Executive Summary

## Conclusion

**We have reviewed the sickness absence management arrangements within Police Scotland, SPA Corporate & Forensics and identified a number of recommendations that impact the People & Development (P&D) Unit and the wider organisation. A number of our findings relate to the consistent application of the Attendance Management Procedure and supporting line managers to be more confident and pro-active in following the agreed process for managing attendance.**

**We have found that absence and modified duties data is analysed and reported frequently to various groups within the P&D Unit, Police Scotland and SPA Corporate & Forensics. However, interview evidence suggests the reporting style do not fully meet the information needs of all governance groups. In addition, it is unclear how attendance data is used to develop and implement initiatives to improve Attendance Management.**

## Background and scope

In the 2021/22 annual report and accounts, Police Scotland and SPA Corporate & Forensics reported a combined absence rate of 8.1% for Staff and 8.3% for Officers, representing a marked increase on equivalent data from the prior year (6.4% and 5.2% respectively, noting that the COVID19 pandemic may have had an impact on sickness absence levels during this period).

In order to promote attendance, SPA/Police Staff and Officers are able to work on “modified duties” to enable those who have a disability or are recovering from illness or injury to either remain at work or facilitate a return to work. Figures reported to the SPA People Committee in November 2022 indicated that approximately 2,000 Staff and Officers are on modified duties.

In recognising an increasing proportion of officers undertaking these modified duties, Police Scotland established a Short Life Working Group to understand the drivers behind this increase, and the extent to which the likelihood of these officers being redeployed to “normal” duties is understood. We understand that this group’s recommendations are due to be implemented before the end of financial year 2022/23.

In order to ensure achievement of operational priorities and wider strategic objectives, as well as support their staff and Officers in periods of illness, it is essential that Police Scotland, SPA Corporate & Forensics have a clear and consistent approach to managing staff absence across the organisations.

In accordance with the 2022/23 Internal Audit Plan, we have reviewed the sickness absence management arrangements within Police Scotland, SPA Corporate & Forensics.

This included a review of the processes for recording and managing of absence at line management level and subsequent reporting on absences. We have assessed the initiatives to promote attendance, including the Short Life Working Group review of Modified Duties.

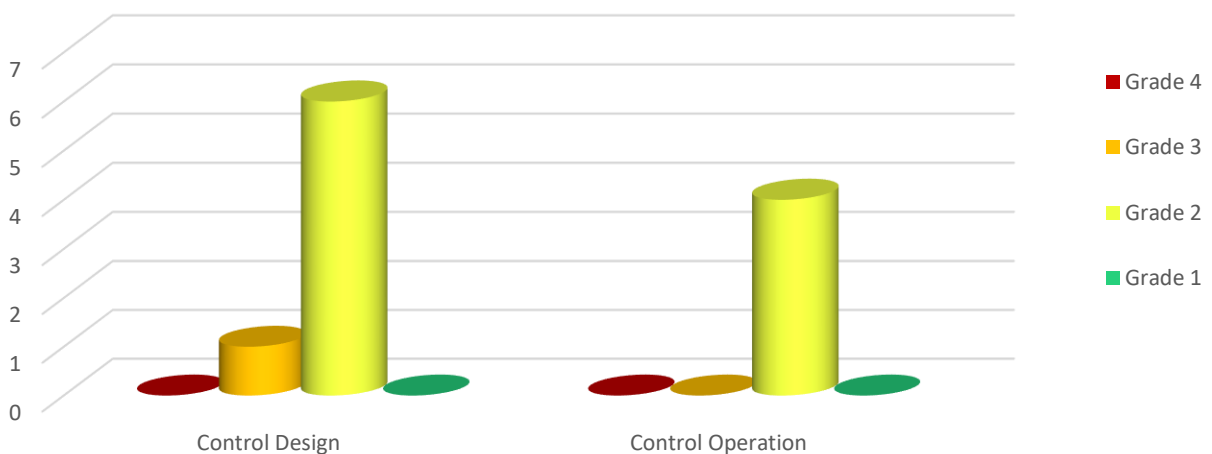
We have also incorporated data analytics into our review to analyse absence data and identify potential additional areas for further investigation by management.

## Control assessment



- 1. There is a clear, consistent policy intended to support staff & officers whilst maximising attendance through robust absence management process that is in line with good practice, fit for purpose & appropriately approved.
- 2. The policy is consistently applied across each area of the organisation, with absences managed in line with the policy and appropriate action taken to support employees to return to work and to resume full duties.
- 3. Robust management information exists to allow monitoring of absence data and support identification of trends and/or emerging issues in order that these can be identified and addressed timeously
- 4. Management use sickness absence data to develop and implement initiatives to improve absence management and promote attendance
- 5. The Short Life Working Group for Modified Duties has a clear remit to understand the drivers behind the increasing proportion of officers with modified duties and support redeployment of officers where appropriate

### Improvement actions by type and priority



11 improvement actions have been identified from this review, four of which relate to compliance with existing procedures, rather than the design of controls themselves. See Appendix F for definitions of colour coding.

# Key findings

## Good practice

- Police Scotland have a robust Attendance Management Procedure in place which is applicable across Police Scotland, SPA Corporate & Forensics. It sets out a clear process in reporting absence, fit notes, holding support meetings, returning to work and discussing any support required to allow an employee to return to work as soon as they are fit. The procedure also covers sick pay and supporting processes such as disability in employment. It is made available to all via the policy section of the website.
- There is an internal process document available to People Direct staff to provide guidance in taking absence calls and how to appropriately record the information on the SCOPE system.
- Where an individual meets certain trigger points, limiting the extent to which they are able to carry out their role, they are able to continue working on modified duties or work on a phased return basis. This includes people who are pregnant, people who are ill or have sustained injury as well as people who have a disability. In each case, advice is sought from medical professionals to make the necessary adjustments.
- In December 2021 a Duty Modifications Task Force (DMTF) was set up to review the end-to-end process of how Police Scotland support, record and deploy officers who require duty modifications and identify the most appropriate deployment opportunities which balances individual's needs and wellbeing with operational demands, employer responsibilities and equality legislation. The group made several recommendations which are now being implemented by P&D as part of usual business with progress updates are provided on a monthly basis.
- An output of the DMTF was a process flow chart which clearly sets out the process for duty modifications for the individual, line manager, division/department/senior management team and the Postings and Transfer Panel.

## Areas for improvement

We have summarised below the most significant areas for improvement identified during our review which, if addressed, would strengthen Police Scotland's overall control framework:

- The Attendance Management Procedure is not consistently followed by line managers. Our testing found instances where fit notes were not provided, employee/line manager contact was not maintained, attendance support meetings were not offered, and modified duties review dates were not applied within agreed timescales.
- Line manager training does not currently adequately cover Attendance Management and is also not widely available to all line managers.
- Our analysis found 926 instances where modified duties had extended longer than the anticipated timeframe. For example, recuperative modified duties are expected to last less than 12 months, however, our analysis identified 562 instances where modified duties had exceeded this period. Our analysis also identified data 'Outliers' including an individual who has been placed on recuperative modified duties for over 13 years and another who has been on adjusted modified duties for over 20 years.

## OFFICIAL

- Interview evidence suggests that target groups for absence management reporting would prefer 'assurance' style reports rather than 'activity' style. The team that produces management information for staff absence and modified duties should liaise with each group currently receiving reports to understand what information they need, the style of reporting they would prefer and frequency of reporting to allow each group to more meaningfully use the data to develop plans to improve Attendance Management.
- There is currently no clear link between absence management reporting, actions to address identified improvement activity and monitoring of these actions to ensure that agreed actions are having the desired effect.

These are further discussed in the Management Action Plan below.

## Impact on risk register

This review is linked to the following risks from the Police Scotland and SPA Corporate & Forensics Strategic and Corporate Risk Registers (as at September 2022):

- SR001: People Engagement Risk (Score 20)
- ORR160: BAU Officer/Staff Wellbeing (Score 12)

Our audit has identified a number of improvement actions targeted towards supporting more effective Attendance Management processes. As such, further work is required to ensure effective mitigation of these risks.

Implementation of the findings included within the Management Action Plan to this report will allow Police Scotland to strengthen the existing control environment in this area.

## Acknowledgements

We would like to thank all staff consulted during this review for their assistance and co-operation.

# Management Action Plan

Control Objective 1: There is a clear and consistent policy intended to support staff and officers whilst maximising attendance through robust absence management process that is in line with good practice, fit for purpose, appropriately approved by the board and reflects the needs of staff and police officers as well as business requirements



## No weaknesses identified

Police Scotland have an Attendance Management Procedure in place which is also applicable to SPA Corporate & Forensics. The policy is robust in setting out roles and responsibilities of staff, officers and managers as well as clearly setting out steps to managing periods of absence. There is also internal guidance available to the People Direct Advisors which sets out call handling and how to record the absence on the SCOPE system.

In addition to the Attendance Management Procedure, there are a number of supplementary procedure documents covering specific elements such as attendance support, return to work meetings and sick pay entitlements.

We obtained the executive approval record to confirm that key stakeholders were consulted in the development of the Attendance Management Procedure, including Trade Unions, Staff Associations and Diversity Associations. We confirmed the policy was approved by the Head of People Health and Wellbeing, and that pertinent issues and amendments identified such as the phasing out of the Bradford score, were discussed and approved at PSoS board level.

We are satisfied that the Attendance Management Procedure is subject to a formal review every four years and is made available to all via the policy section of the Police Scotland website. We note that 4 years is a relatively long interval between policy reviews but accept management's view that this review frequency is appropriate for the organisation and policy area.

## Control Objective 2: The policy is consistently applied across each area of the organisation, with absences managed in line with the policy and appropriate action taken to support employees to return to work and to resume full duties

Amber

### 2.1 Fit notes

Within the Attendance Management Procedure, there is a section 'certifying your absence' which sets out that absences lasting more than seven calendar days must be covered by a statement of fitness for work (fit note). These may be certified and issued by nurses, occupational therapists, pharmacists and physiotherapists as well as doctors and are required to cover the time from day eight of the absence (inclusive) until the employee returns to work.

We tested a sample of 24 staff and officers (across Police Scotland, SPA Corporate & Forensics) <sup>1</sup>who had been absent from work during 2022 to confirm that if the absence exceeded seven days, a fit note had been provided and covered the duration of the absence. We found that:

- In eight of the 24 cases (33%), the absence did not exceed seven days and therefore a fit note was not required.
- In 10 cases (42%), the absence exceeded seven days and fit notes had been provided for the duration of the absence.
- In four cases (17%), the absence exceeded seven days and at least one fit note had been provided but did not cover the full duration of the absence.
- In one instance (4%), the absence exceeded seven days and no fit note had been provided. However, when investigated by a People Direct Advisor, it was found to be an error in the recording of the absence and the employee had only actually been absent for two days, therefore, no fit note was required.
- In one instance (4%), the absence exceeded seven days and no fit note was provided.

Therefore, testing confirmed that the policy is not complied with in all cases.

### Risk

There is a risk that short term absences are not always covered by self-certification arrangements which may limit the ability of Police Scotland, SPA Corporate & Forensics to effectively manage short-term staff absences.

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<sup>1</sup> The sample size of 24 is in line with Public Sector Internal Audit Standards. Whilst data analytics were used across the audit, we were not able to perform in this instance due to limitations in the available data.

**Recommendation**

We recommend that line managers are reminded of the need to consistently enforce the Attendance Management Procedure and that regular reports are run by People Service Advisors and followed up to flag instances where fit notes are missing.

**Management Action**

Grade 2  
(Operation)

Management accepts the recommendation.

The receipt and recording of Fit Notes will feature in the Attendance Management module of the People Manager Development Programme

An 'Absence Management Good Practice Edition' of the line managers Toolkit(s) will be issued and will cover this area

Advisory staff will be reminded of this also in terms of their case support and Attendance oversight meetings.

**Action owner:** Susan Beaton & Kirsty Garrick

**Due date:** May 2023



## **2.2 Keeping in contact**

The Attendance Management Procedure sets out that whilst an employee is off sick, they should maintain regular contact with their line manager. Each individuals' circumstances will dictate how often contact should be made, how and when and this should be discussed and agreed between the line manager and employee. However, if a line manager attempts to make contact, it is expected that the employee should respond, for example, returning a missed call. The discussion should include any changes to condition and/or the reason for absence, any likely return to work as well as any developments at work.

As part of the review, we tested a sample of 24 staff and officers (across Police Scotland, SPA Corporate & Forensics)<sup>2</sup> who had been absent from work during 2022 to confirm that the absence contact record on the SCOPE system had been populated to reflect the employee/line manager contact during the absence. We found:

- 17 instances (71%) where employee/line manager contact had been maintained and recorded for the duration of the absence.
- Three instances (13%) where contact was made at the beginning of the absence but no further contact was recorded (despite at least one of the absences lasting over two weeks).
- One instance (4%) where initial contact wasn't made until two weeks into the absence and thereafter was maintained on a fortnightly basis. An HR advisor explained this may be due to an individuals' request not to be contacted but we were unable to obtain evidence of this.
- One instance (4%) where an attempt to contact the employee had been recorded on SCOPE but no detail of the discussion, therefore we were unable to confirm if the conversation took place or not.
- Two instances (8%) where we were unable to confirm any record of contact. In one case, the absence was only a day and in the other case, the People Direct Advisor investigated to confirm that the absence had been recorded incorrectly and was in fact only two days long.

Therefore, testing concluded that the policy has not been fully followed in seven cases.

### **Risk**

There is a risk that employees do not feel supported in returning to work as regular contact with their line manager is not maintained, leading to extended periods of absence.

### **Recommendation**

See MAP 2.1.

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<sup>2</sup> The sample size of 24 is in line with Public Sector Internal Audit Standards. Whilst data analytics were used across the audit, we were not able to perform in this instance due to limitations in the available data.

## 2.3 Attendance support meetings

The Attendance Management Procedure sets out five trigger points after which, the line manager should consider inviting the employee to an attendance support meeting:

The employee has four periods of sickness in any rolling 12 month period

The employee has a single absence of 28 days or more

The employee needs recuperative duties or phased return to work

The employee has any absence or health issue causing concern

The employee asks for one

The table below shows the total number of staff in 2019 and 2022 reporting absence records within the year by frequency. There has been an increase since 2019 in the number of staff who have more than one absence record within the year, in particular in the number of staff with between 4 and 11 absence records within the year in which the amount has trebled since 2019 to 2022.

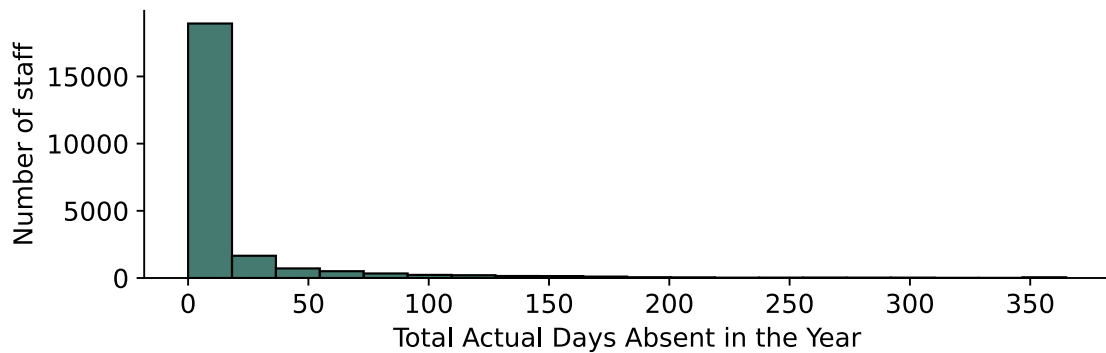
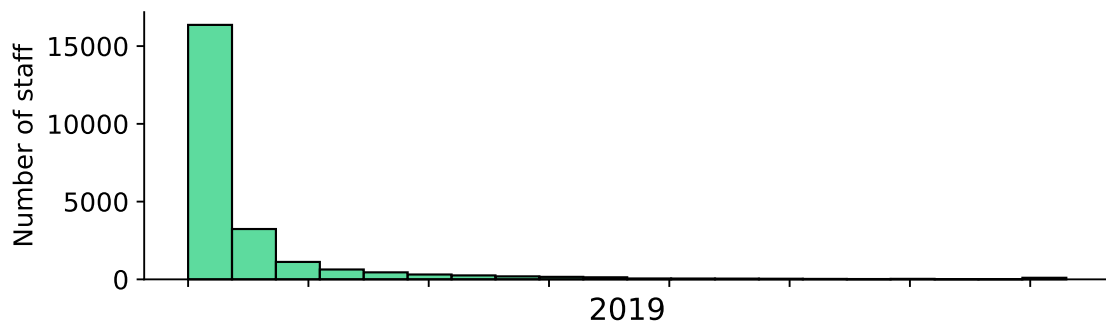
Number of Absence Records in the Year	Total Number of Staff in:	
	2019	2022
1	7771	6958
2	4277	5502
3	1876	3574
4	654	1948
5	206	970
6	64	400
7	29	193
8	10	90
9	6	25

**OFFICIAL**

10	3	24
11	2	6
12	-	2
13	1	1
14	1	1
16	1	-
18	1	-
23	-	1

From the graph below, we can see that most absences in 2019 and 2022 are short term (less than 28 days).

### Number of Staff with Total Actual Days Absent In the Year 2022



Whilst the majority of absences are shorter than 28 days and have less than 4 individual records of absence in a year, we tested a sample of 48<sup>3</sup> to confirm that, where the trigger point of 4 absences had been reached, the line manager had offered an attendance support meeting. We found:

- 26 instances (54%) where the trigger point had been reached, and an attendance support meeting was offered as defined in policy.

<sup>3</sup> The sample size of 48 is in line with Public Sector Internal Audit Standards. Whilst data analytics were used across the audit, we were not able to perform in this instance due to limitations in the available data.

## OFFICIAL

- 16 instances (33%) where the absence related to COVID and no attendance support meeting was offered. We are informed that there was a paper which went to the Strategic Leadership Board to explain why COVID related absences would be treated differently, however, we were unable to obtain evidence of the guidance at the time of fieldwork.
- Two instances (4%) where the employees had four or more records of absence but employee/line manager contact had not been maintained, therefore, we were unable to confirm if an attendance support meeting had been offered.
- Two instances (4%) where the employees had a single absence record exceeding 28 days but we were unable to confirm if an attendance support meeting had been offered. One case related to a senior employee whose line manager does not have access to SCOPE. In the other case, no employee/line manager contact had been recorded.
- Two instances (4%) where the employees were on a phased return or recuperative duties but there was no record of employee/line manager contact and therefore we were unable to confirm if an attendance support meeting was offered.

Offers of attendance support meetings may not be accepted by the employee for a number of reasons, however, the manager is obligated to record the offer on the SCOPE system.

### **Risk**

There is a risk that employees do not feel supported in returning to work as attendance support meetings are not offered consistently, leading to extended periods of absence.

### **Recommendation**

We recommend that P&D run regular reporting to monitor staff who are approaching the trigger points for attendance support meetings and cases are followed up with the appropriate line managers.

Line managers should be reminded that even if attendance support meetings are offered and declined, the offer must still be recorded on SCOPE.

Additionally, where absences relate senior staff and line managers are members of the Police Scotland or SPA Corporate & Forensics Boards, Police Scotland should consider how activity should be recorded. For example, it may be feasible for the P&D Director to record absences of senior staff.

**Management Action**

Management partially accept this recommendation.

Importance of attendance support meetings and how to record, including where it is decided they are not necessary or appropriate, will feature in the Attendance Management module of the People Manager Development Programme.

As ASMs are not mandatory, there will not be any 'completion rate' benchmarking undertaken as they are designed to be a supportive tool and utilised where appropriate. Therefore, no information will be circulated re numbers completed / not completed as the ASM process is subjective.

An 'Absence Management Good Practice Edition' of the line managers Toolkit(s) will be issued and will cover the importance of ASMs and remind managers of the trigger points.

All staff and officers have a line managers regardless of level. 'Board Members' don't line manage staff therefore will not be required to record absence activity. Exec level officers / staff are supported by P&D People Partners who will ensure appropriate advice and support is provided to exec level managers around absence recording as per the policy.

## 2.4 Training

Part of our review focussed on the training that line managers across Police Scotland, SPA Corporate & Forensics receive in terms of managing absence. A training course is available to employees that are promoted into line management positions called 'First Line Manager'. The course is mandatory but currently does not cover aspects of Attendance Management. This is acknowledged as a gap, and we understand the course is currently being updated and due to relaunch in March 2023. The update will link to the new Attendance Management Procedure and an 'additional guidance for first line managers' document that was drafted in response to recommendations made by the Duty Modifications Task Force.

In relation to staff, it was explained that in the majority of cases, there is an expectation that individuals recruited into roles will have previous of line manager experience. We understand that People Services Advisors deliver ad-hoc Attendance Management workshops covering attendance support meetings, rehabilitation duties and return to work interviews as well as other Attendance Management competencies. However, as these sessions are not mandatory, it is unclear how many staff in line management positions have attended this training.

We reviewed a paper presented to the P&D Operational Delivery Meeting in September 2022 which sets out a proposal to improve the competence and confidence of first/second line managers to be effective people managers. We understand that a People Manager Development Programme is due to launch in March 2023 with the first module being Wellbeing/Mental Health having a focus on supporting people and 'Promoting a Positive Workplace'. Other modules will include grievance, inclusion, attendance management (in particular responding to disabilities and the need for reasonable adjustments) modified duties, capability and general admin (covering everyday points such as advice on flexible working and processes to carry leave forward to reimbursement). The programme will be mandatory for all line managers and forms part of the 'Your Leadership Matters' programme. The programme is designed to support line managers to understand how to have supportive conversations, how to spot early signs of mental health and what tools they need to engage their people and ask about their wellness linking to supporting employees and promoting attendance. We understand that the programme will be delivered to all line managers (including SPA Corporate & Forensics staff) in various forms such as 'lunch and learns', spotlight discussion forums, coaching, on line 'empower hour' style learning events etc. The paper presented in September 2022 proposes that four pilots are undertaken in Inclusion, Attendance Management, Performance Regulations and Duty Modifications across three business areas: Local Policing North, Operational Support Division and ICT. Feedback will be gathered from the initial pilot to help inform the full roll out plan.

### Risk

There is a risk that line managers are not equipped with training to help them manage and maximise attendance as specific Attendance Management training is not delivered consistently, leading to employees feeling unsupported and business need failing to be met.

### Recommendation

We endorse the People Manager Development Programme due to launch in March 2023 as well as the updates to the First Line Manager course. P&D should ensure that training content is clear in facilitating Attendance Management and increasing line manager confidence in enforcing the Attendance Management Procedure .

## OFFICIAL

Any training developed and delivered in relation to Attendance Management should be extended across Police Scotland, SPA Corporate & Forensics with adaptations if necessary.

A log should be developed to confirm this mandatory course is attended by all line managers and refresher training is undertaken as required.

### Management Action

Grade 2  
(Design)

Management accepts the recommendations and note the Auditors endorse the People Manager Development Programme due to launch in Q1 23/24 as well as the updates to the First Line Manager course.

The People Manager Development Programme has specific modules for Attendance Management, Capability and Duty Modifications and will commence March of 2023.

**Action owner:** Alex Hunter, Susan Beaton and Kirsty Garrick

**Due date:** April 2023

## 2.5 Adjusted modified duties

Within appendix F of the Attendance Management Procedure, it is stated:

*'An individual's need for modified duties can change over time and maintaining regular reviews allows us to respond to any change in circumstances and to ensure that arrangements that have been put in place remain effective.'*

Per the procedure document, modified duties are expected to be reviewed at regular intervals, depending on the category of modification. Review periods are as follows:

- Adjusted: quarterly<sup>4</sup>
- IHR retained: review not applicable as these cases have been approved as ill-health retained by SPA Corporate
- Protected: beginning of each trimester (modified duties to be close at the start of maternity leave)
- Recuperative: every 30 days (Close modified duties record or reclassify and set new review period where modifications last more than 12 months)

Following a review of modified duties by the Duty Modifications Task Force (DMTF), a pathway process flowchart has been developed (see appendix D) which sets out that where workplace adjustments are required to overcome barriers to work, either because the illness/injury is likely to last more than 12 months or where the nature of the illness/injury causes a need for adjustment, these should be categorised as 'adjusted modified duties' and reviewed every 90 days (approximately quarterly).

However, a later stage of the pathway explains that, depending on the nature of the adjustments or modifications required, it may not be possible to accommodate needs within the employee's current role. In these circumstances, the case is referred upwards to Divisional Management then the Postings Panel. If the employee is moved to a new role to accommodate their needs, then the posting and transfer flowchart (see appendix D) sets out that a review date should be set for 12 months.

Therefore, there is no distinction between those on adjusted modified duties working in their original role and those on adjusted modified duties who are working in a new role as a result of the modifications required.

It is noted that a review of those on 'extended modified duties' (previous terminology) was undertaken between July and October 2022 to categorise individuals onto the correct pathway and as such nobody has followed through the entire pathway process to date. This suggests that now is an appropriate time to clarify the review period of adjusted modified duties.

### Risk

There is a risk of inconsistent treatment of staff on adjusted modified duties and of staff undertaking modified duties longer than required with a consequent impact of staff availability for non-modified duties.

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<sup>4</sup> We identified an inconsistency within the policy as to whether adjusted modified duties are to be reviewed quarterly or annually. This was raised with the policy team who confirm there is an error and noted to update in next review.



**Recommendation**

We recommend that Police Scotland review the attendance management procedure and the pathways process to align the review period for adjusted modified duties. Consideration should be given to updating categories to distinguish between officers on modified duties within their 'usual' role and officers who are on modified duties within another role as a result of the pathways process but not approved as 'ill-health retained'.

Whilst the adjusted modified duties review date should be set to annually (per the pathway flowchart), the guidance should be more explicit that an annual review is a minimum requirement and if additional reviews are required between, these should be undertaken as necessary.

Review of adjustments should be based on medical evidence in all cases.

**Management Action**

Grade 2  
(Design)

Management accepts this recommendation.

Categories can be reviewed in line with PNB Regulations and Equality Act compliance with consideration for those on adjusted duties for longer than the advised period but not yet progressed as Ill health retired.

Categorisation of those yet to be formally approved by the SPA for retention as an officer but beyond Adjusted period will also be reviewed in line with legislation.

**Action owner:** Kirsty Garrick

**Due date:** August 2023

## **2.6 Modified duties reviews**

We tested a sample of 24 employees who were on modified duties during 2022 to confirm that a review had been undertaken in line with the timescales set out within the Attendance Management Procedure. Our sample included those on recuperative, protected and adjusted modified duties. Ill-health retained employees were tested separately (see MAP 2.8). Assuming that the review period for those on adjusted modified duties is annually (MAP 2.5), our testing found that:

- 19 employees (79%) on modified duties had undertaken a review in line with set review periods.
- In 2 instances (8%), reviews had been undertaken but not dated, therefore we were unable to confirm if they adhered to review periods
- In 2 instances (8%), the employees had been incorrectly categorised. One of these was an individual who was categorised on 'protected duties' but should have been categorised as on 'recuperative duties' and the other was categorised as 'recuperative duties' but contact notes suggest they have been back on full duties since December 2022.
- In 1 case (4%), the employee has been categorised as 'recuperative' and undertaken modified duties since August 2022. The review date has been set to February 2023 which will be a 6 month review rather than 30 days.

### **Risk**

There is a risk that employees are not supported in returning to full duties as reviews are not undertaken in line with policy, leading to extended periods of absence or unnecessary duty modifications.

### **Recommendation**

We recommend that review periods are clarified and communicated as per MAP 2.5.

Managers should also be reminded of the need to set review periods to support their staff in returning to normal duties.

People Services Advisors may wish to undertake regular spot checks to confirm employees are appropriately categorised and reviews are being undertaken in line with timescales.

**Management Action**

Management accepts this recommendation.

There will be a Duty Modification module within the People Manager Development Programme and Advisory Staff will remind Managers during case handling and attendance management discussions.

Categorisation checks following new categories was already underway and will continue including regular spot checks.

As per action 2.5, review period guidance will be strengthened with an aim to have an automated fix on SCOPE for review end dates notifications to LM's.

**Action owner:** Susan Beaton and Kirsty Garrick

**Due date:** August 2023

## **2.7 Return to work interviews**

The attendance management Procedure sets out that return to work interviews should be undertaken as soon as possible once an employee returns from a period of absence, but does not specify precise timelines for undertaking interviews.

On review of management information reports from September 2022, there were 920 return to work interviews outstanding (581 officers and 339 staff). Of 173 return to work interviews completed and signed off by line managers for absences that ended during the month:

- 136 (79%) were completed within 7 days of return
- 26 (15%) were completed between eight and 14 days after return
- 11 (6%) were completed more than 14 days after return

We understand that undertaking interviews may be difficult, particularly with officers working shifts patterns, however, there should be an agreed date return to work interviews must be undertaken by. The sooner the interview is done, the more effective they are.

Feedback from line managers suggests that the return to work interview process is lengthy and creates an administrative burden. We have reviewed a template of the return to work interview form to confirm that there are ten questions which are most likely not applicable in many cases of absence, for example, those under seven days.

### **Risk**

There is a risk that employees are not supported in their return to work or that return to work interviews are ineffective when not undertaken in a reasonable timeframe.

### **Recommendation**

We recommend that the Attendance Management Procedure is updated to reflect that return to work interviews should be undertaken as soon as possible but no later than a specified period (7 days is suggested) as after that point, any actions that may have been necessary may no longer be impactful.

Line managers should be reminded of the importance and value of holding return to work meetings as early as possible.

Police Scotland should review the return to work interview form and process to assess if this could be streamlined.

**Management Action**

Management accepts this recommendation.

Regular reminders are given on the importance of this and it will feature in development activity with Line Managers.

The Return to Work interview process has undergone change and this is continuing.

**Action owner:** Susan Beaton

**Due date:** September 2023

An 'Absence Management Good Practice Edition' of the line managers Toolkit(s) will be issued and will cover this area

**Action owner:** Susan Beaton

**Due date:** May 2023

## **2.8 Ill-health retained approval**

There is a clear process in place whereby employees who are assessed as permanently medically unfit to undertake the full range of duties associated with being an operational Police Officer can be retained by the force to undertake an alternative role.

Appendix F to the Attendance Management Procedure sets out that the retention as an officer with permanent duty modifications in other suitable roles has to be formally recommended on the Chief Constable's behalf, and approved by the Scottish Police Authority. For each officer, a 'police authority report retirement on ill health' form should be completed, presented to the relevant groups and signed off by the Director of P&D as well as SPA Corporate.

We tested a sample of 10 employees categorised as ill-health retained on the SCOPE system to confirm that forms had been completed and signed off as appropriate and found that:

- Three employees (30%) had been medically assessed as having a permanent disability and had been approved as ill-health retained by the P&D Director and SPA Corporate.
- One employee (10%) has been assessed as unable to fulfil the full range of Officer by the Force Medical Advisor and a 'police authority report retirement on ill health' form completed. However, the form has not been authorised as required.
- Four employees (40%) are assumed to have been through the process based on notes on the SCOPE record and an investigation by one of the People Services Advisors. However, a completed and approved form could not be located at the time of fieldwork. It is suspected that these forms may be archived in hard copy as cases predate the SCOPE system and in one instance predates Police Scotland.
- Two (20%) have been incorrectly recorded as ill-health retained. One has been assessed by the Force Medical Advisor as not able to fulfil the full range of Officer duties but not approved by the P&D Director or SPA Corporate. The other is awaiting assessment from the Force Medical Advisor to assess capability.

Therefore, the process has not been followed in all cases.

### **Risk**

There is a risk that employees are categorised as ill-health retained without formal approval from the P&D Director and SPA Corporate as forms are not completed or retained, resulting in inaccurate reporting and a lack of awareness of employees deemed medically unfit to undertake their role.

### **Recommendation**

We recommend that employees categorised as ill-health retained are reviewed to confirm that the process has been followed in full. The outcome of the medical assessment, justification to retain and authorisation processes should be recorded within the form and held on the individual's personal record.

Grade 2  
(Operation)

**Management Action**

Management accepts this recommendation.

Officers in this category to be reviewed. Further discussion is necessary as to where record of approval for individual ill health retained status should be stored.

**Action owner:** Kirsty Garrick and Susan Beaton

**Due date:** September 2023

## 2.9 Pro-longed modified duties

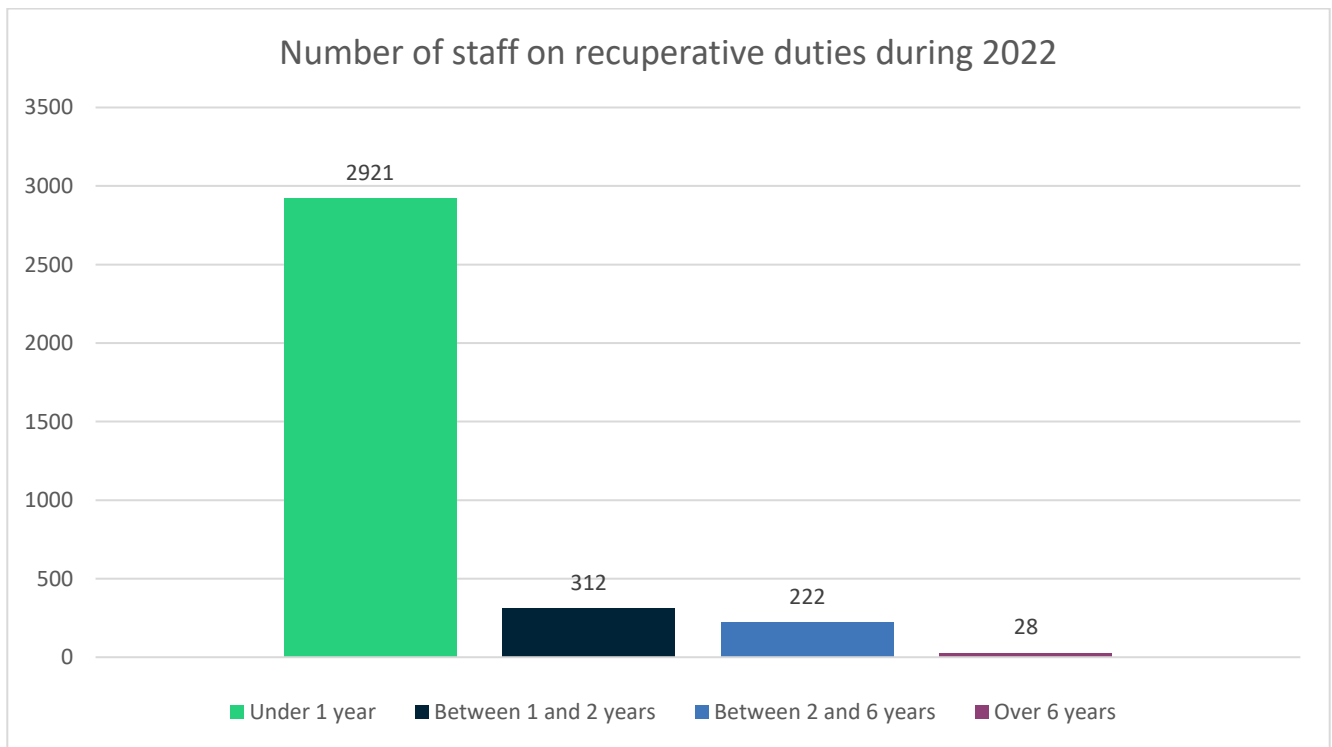
Each category of duty modifications have an expected duration for which the modifications are expected to be in place for before the employee can return to full duties. For example, the Attendance Management Procedure sets out that recuperative modified duties follow an injury, accident illness or medical incident and are likely to last less than 12 months. Protected duties are expected to last the duration of the pregnancy and adjusted modifications are likely to last more than 12 months but less than 24. Whilst it is acknowledged that each case is unique it is important that expectations are laid out.

Expected durations of duty modifications were brought in following a recommendation of the Duty Modifications Task Force as prior to this, there were no limits in place.

From data extracted from SCOPE as at 6<sup>th</sup> January 2023, there were 926 instances of individuals on modified duties that had extended beyond the timings outlined above. This is depicted in the graphs below.

### Recuperative

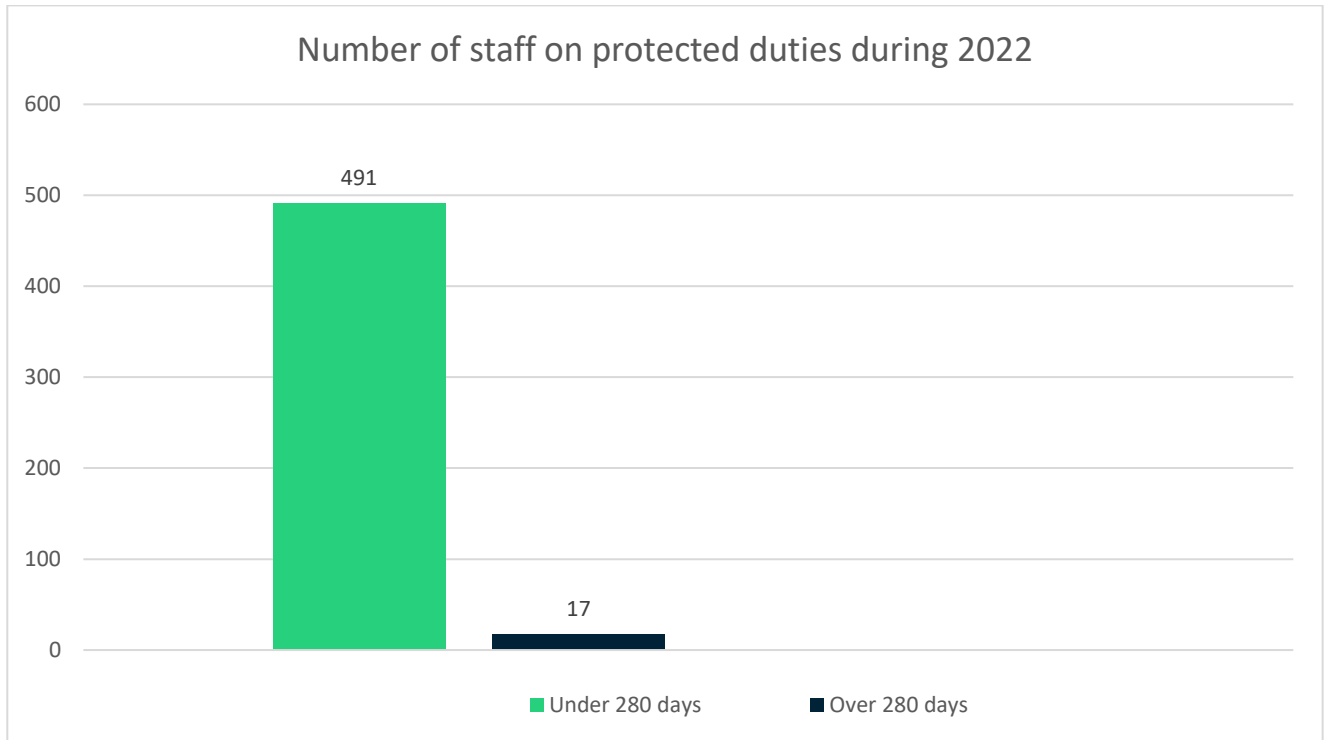
Expected to last less than 12 months. Outliers include an individual who has been on recuperative modified duties for over 13 years.





Protected

Expected to last the duration of the pregnancy (280 days<sup>5</sup>).

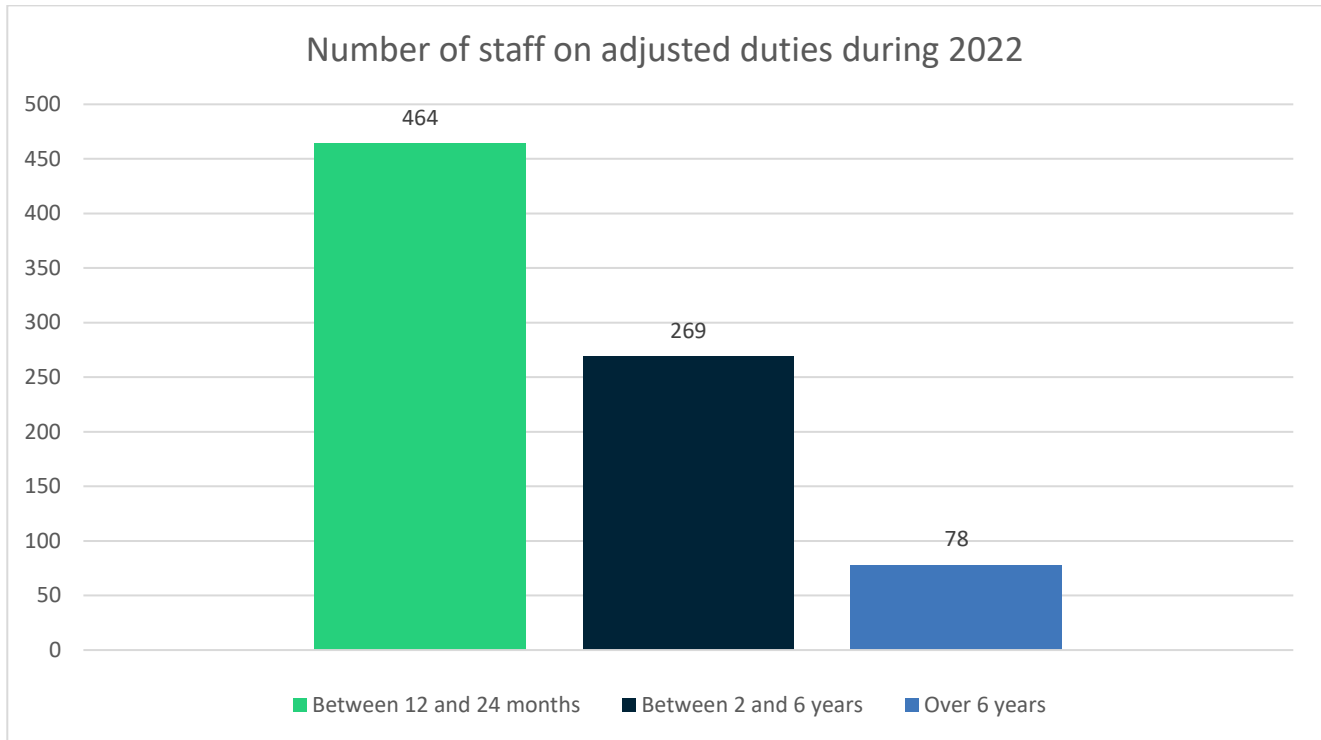


Appendix F to the Attendance Management Procedure sets out that for recuperative and protected duties, where modifications last longer than expected, they should be reclassified to a more appropriate category. Our discussions confirmed that this should be the case for recuperative duties but that protected duties can also relate to mothers who have returned from maternity leave and continue to breast feed, therefore protected duties may in some cases last over 280 days.

<sup>5</sup> <https://www.betterhealth.vic.gov.au/health/healthyliving/baby-due-date>  
azets.co.uk

Adjusted

Expected to last more than 12 months but less than 24. Outliers identified include 11 cases that have been on modified duties for more than 10 years, with one an individual on adjusted modified duties for over 20 years.



As each set of circumstances around modified duties is unique, there is no set duration an employee can remain on adjusted duties for before considering ill health retirement, capability proceedings or a staff role. The process flowchart at appendix D sets out the route to be followed and is clear that ill health retirement, capability proceedings and staff roles are a last resort once all other avenues have been exhausted.

If assessed as permanently unable to undertake the full range of duties associated with performing an operational role, in theory, the individual could remain on adjusted modified duties indefinitely as it is not clear at which point the adjustments become part of the permanent role.

**Risk**

There is a risk that people remain on modified duties longer than needed, as there is no agreed point at which adjustments are no longer modifications and form part of the individuals new 'regular' role, leading to potentially misleading management information.

**Recommendation**

We recommend that instances of individuals on recuperative duties for longer than a year are further investigated and re-categorised where appropriate.

Police Scotland should discuss and agree a classification beyond the point at which 'adjusted modified duties' are no longer adjustments and become permanent restrictions.

A review should then be undertaken to assess current cases exceeding the expected periods and if there is a need to consider ill-health retirement, capability proceedings or a move into a long term suitable role.

**Management Action**

Management accepts this recommendation.

A review of compliance with new categories has begun reviewing individuals who are more than 1 year adjusted and non deployable in the first instance.

Further consideration alongside compliance to PNB regulations and Equality Act, will be given to the categorisation of those with duty modifications. This is to consider those beyond 1 year adjusted category, non deployable and are not yet formally considered as Ill Health Retained.

**Action owner:** Kirsty Garrick and Susan Beaton

**Due date:** September 2023

# Control Objective 3: Robust management information exists to allow monitoring of absence data and support identification of trends and/or emerging issues in order that these can be identified and addressed timeously

Yellow

## 3.1 Management information

Police Scotland have a Data Management Information team led by the Head of Strategic Workforce Planning. The team are able to produce a suite of SCOPE reporting which includes absence management. SCOPE also has a function to produce dashboards so all users can easily produce information.

We understand that absence management information is presented to the P&D Performance Board and Strategic Leadership Board (SLB) on a monthly basis as well as to SPA Corporates People Committee on a quarterly basis. For a sample of three months (December 2021, June 2022 and September 2022) we reviewed the reports to confirm that sufficient information was presented and found the following is consistently covered:

- Total sickness absence.
- Total sickness absence by business area;
- COVID and non-covid absence rates over time;
- Sickness absence - split COVID and non-COVID;
- Sickness absence - average working days lost;
- Total working days lost to COVID by reason;
- Total working days lost to psychological disorders by business area

As the management information reports also cover modified duties, we have observed that each report breaks down:

- Modified duty type - Officers (percentages of staff in each type of modified duty)
- Modified duty type - Staff (percentages of staff in each type of modified duty)
- A count of Officers and staff on each category of modified duties (using previous terminology)
- Percentages of Officers and staff who have either passed their review date or do not have one set
- Count of new instances of modified duties
- Duration of modified duties

Our audit was only able to review management reporting up to October 2022 and, as a result, we have not been able to confirm how the Duty Modifications Task Force recommendations have impacted overall duty modification figures. Interview evidence suggests that the current style of management information reporting

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does not sufficiently cover the relevant metrics such as the number of Officers that are deployable in each division.

In addition, we reviewed the P&D updates presented to the P&D Operational Delivery Meeting, Performance Board and SLB which are based on the management information reports and are able to confirm that further breakdown of length of absence and reason for absence is presented. For example, in October 2022, the report to the Performance Board set out that there has been a trend of increased working time lost, therefore, People Partners have developed a data-led focus on divisions with prolonged (more than 6% of working time lost) non-COVID related absences over 12 months. Insight and actions are then set out for each division. If there is an appetite for this level of detail at other groups, the management information team may wish to include this data in future reports.

Interview evidence suggests that the target audience of these reports would like more detailed reporting on other absence reasons by business area and also a year-on-year comparison as opposed to comparison to the previous quarter which may be skewed by seasonal illnesses. This may help identify issues at an earlier stage, for example an increase in Musculo-skeletal related absences in a division, could be a result of lack of training or improper equipment.

It has also been highlighted with us that the management information reports currently presented are more 'activity' style reports rather than 'assurance'. Currently, it is not possible to use absence reporting as an indication of workforce wellbeing.

### Risk

There is a risk that without adequate management information, resources to facilitate and improve Attendance Management will not be appropriately deployed to areas of greatest need, leading to Police Scotland, SPA Corporate & Forensics not meeting targets

### Recommendation

We recommend that the team who produce the management information reports consult with target audiences to update available reports to better reflect the reporting needs each group/stakeholder.

#### Management Action

Grade 2  
(Design)

Management accepts this recommendation.

The team who produce the management information reports consult with target audiences to update available reports to better reflect the reporting needs each group/stakeholder.

**Action owner:** Peter Blair and Kirsty Garrick

**Due date:** September 2023

## 3.2 People partner updates

The P&D Department operate a business partnering model and 'People Partners' have been established for each business area within Police Scotland, SPA Corporate & Forensics. People Partners meet with senior leadership teams on at least a monthly basis to provide P&D updates. For a sample of three business areas, we reviewed the December 2022 updates and found that in all three updates, absence data is reported. Information includes absences compared to previous months, whether this related to short or long term absence, patterns in location and reason for absence as well as comparison between their business area and the force average.

We are informed that People Partner updates are based on the People plan of each business area, however, we found that only the People Partner update to the Serious Crime Division covers modified duties. It is important that modified duties data is shared with each business area to help them understand the impact on service delivery.

### Risk

There is a risk that business areas do not have complete clarity on impacts to service delivery as modified duties are not always presented in People Partner updates, resulting in potential understaffing or underreporting.

### Recommendation

We recommend that the People Partners engage with the Senior Leadership Teams of their business area to understand what information they would find useful in helping them manage service delivery as well as providing regular updates on 'key metrics'. For example number of employees on modified duties that have an overdue or unset review date.

#### Management Action

Grade 2  
(Design)

Management accepts this recommendation.

The Strategic Workforce Planning Team will work with people partners and their Client Areas to develop suite of reports containing required and specified and recommended data.

**Action owner:** Peter Blair and Kirsty Garrick

**Due date:** September 2023

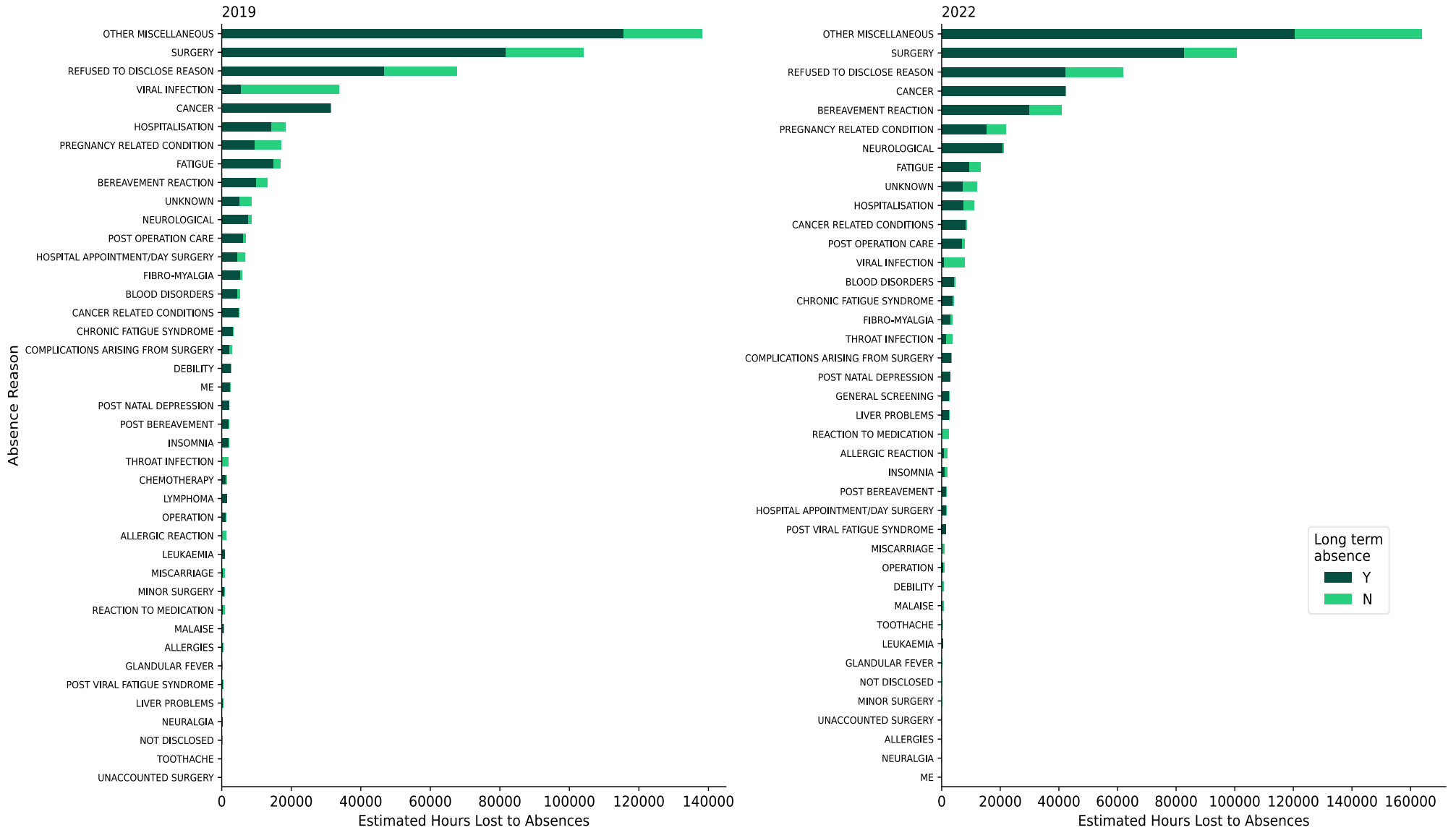
## Control Objective 4: Management use sickness absence data to develop and implement initiatives to improve absence management and promote attendance

Yellow

### 4.1 Miscellaneous absences

There are 12 different categories used for recording absences, one of which is 'Miscellaneous'. Across 2019 and 2022, miscellaneous absences were one of the largest categories of absences by hours lost and was the third most common category in terms of number of absence records (9,601 records). The graphs below show the estimated number of hours lost to Miscellaneous absences by reason provided.

### Estimated Hours Lost to Miscellaneous Category by Reason





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The guide used by People Direct staff recording the absence requires staff to match the absence reason from a drop down list. Reasons include: cardioactive, digestive disorder, ear/eye, genitourinary/gynaecological, headache/migraine, infectious diseases, Musculo-skeletal, nervous system disorders, psychological disorders, respiratory and skin.

However, if a match can't be found, they should select 'Miscellaneous'. Within the 'Miscellaneous' category there are several sub-categories, including:

- Other Miscellaneous, which is the largest reason listed in terms of the hours lost within this category with 2,650 records (27.6% of all miscellaneous absence records)
- Refused to disclose reason, which is the third largest reason listed in terms of hours lost within this category with 1,690 records (17.6% of all miscellaneous absence records)
- Unknown with 361 records (3.8% of all miscellaneous absence records)
- Not disclosed with 7 records (less than 1%).

Other sub-categories include allergic reaction, cancer or surgery for example which could be made categories in their own right. The above suggests that the 'Miscellaneous' category may be too broad and may mask support required in these areas.

### **Risk**

There is a risk that trends in certain absences are not identified as they are categorised too broadly leading to an inability to manage specific types of absence.

### **Recommendation**

We recommend that the 'Miscellaneous' absence sub-categories are reviewed and where appropriate, expanded to be categories in their own right, for example, cancer or surgery related absences. This will increase oversight within management information and allow issues to be identified.

**Management Action**

Management accepts this recommendation.

We will explore system changes through SCOPE.

Further Guidance has already been given to PD staff who record absence details in terms of categorisations.

Work will be undertaken to 'delete' the duplicated miscellaneous absence categories from the Scope system and this will resolve the issues as the options to use 'miscellaneous' will be an exception only.

**Action owner:** Peter Blair and Susan Beaton

**Due date:** May 2023

# Control Objective 5: The Short Life Working Group for Modified Duties has a clear remit to understand the drivers behind the increasing proportion of officers with modified duties and support redeployment of officers where appropriate

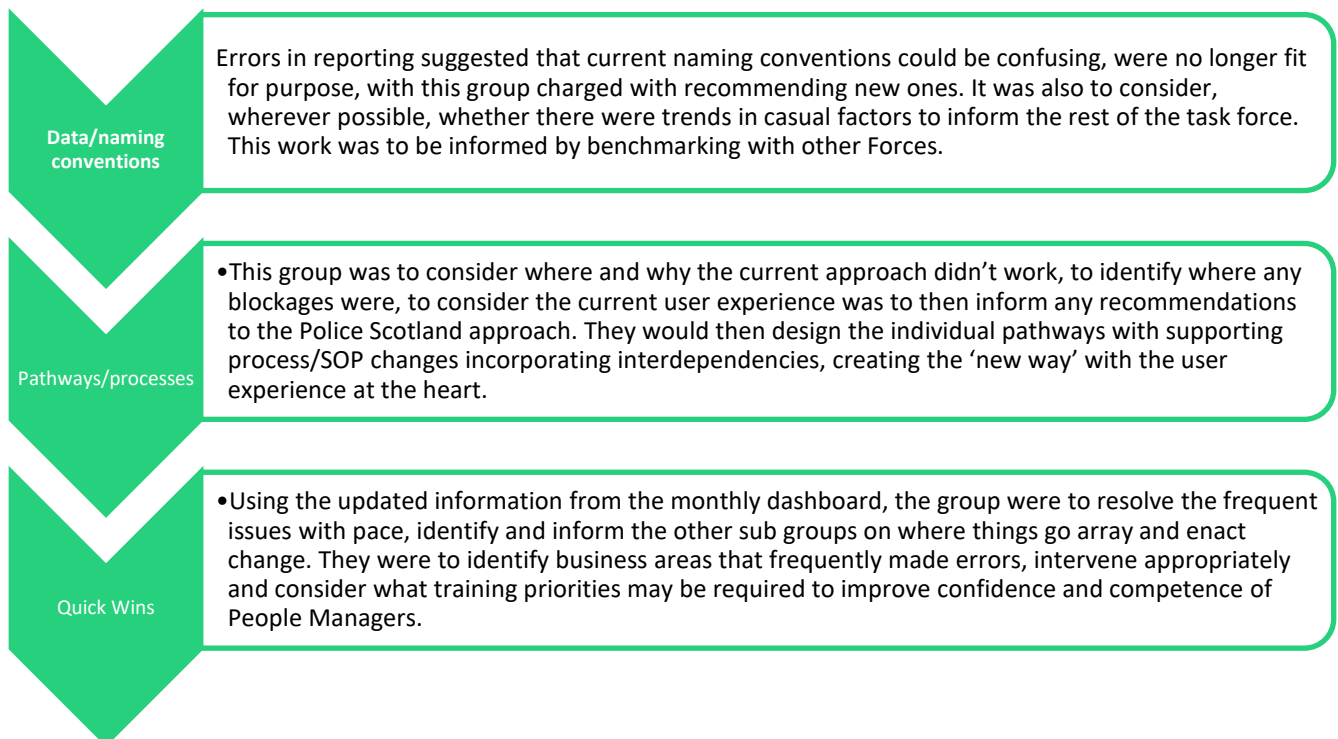


## No weaknesses identified

A management information report from December 2021, highlights that Officers on modified duties had risen to 1,844 (from a previous reported number of 600). In recognition of this, the Duty Modifications Task Force (DMTF) was set up and tasked with reviewing the cradle to grave process of how Police Scotland support, record and deploy officers who have duty modifications and identify the most appropriate deployment opportunities which best balance a match between the employees individual needs and wellbeing with operational demands, employer responsibilities and Equality legislation.

The group was led by the Head of People & Engagement Partnering and comprised of 'experts' from the function including People Partners, People Services Operations Manager, strategic Workforce Planning, Disability, Legal and Policy as well as representation from relevant unions such as the Disability and Carers Association. The membership, purpose, frequency of meetings and updates, governance and potential activities were all set out within the group's terms of reference.

The DMTF was split into 3 sub-groups which met fortnightly between December 2021 and May 2022. The purpose of each subgroup is set out below:



The task force met as a whole on a monthly basis, however, there were no minutes kept. The task force presented their recommendations to the Strategic Leadership Board in May 2022 (See Appendix E) which have since been adopted as business as usual by P&D.

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An action tracker was developed to track each of the recommendations through to implementation with responsible owners and implementation dates recorded for each. The actions within the log are SMART as each has more specific tasks and are self-explanatory as to when they will have been achieved for example 'New process to be formatted into HR simplified policy guidance'.

Updates against the action tracker are presented to P&D Performance Board, P&D Operational Delivery Meeting and Strategic Senior Management Team on a monthly basis as well as the Strategic Leadership Board bi-monthly. We have reviewed a sample of the updates to SLB for August, October and December 2022 to confirm that any impacts to the project, an update on the current position, progress against recommendations and next steps are provided.

The December 2022 update indicates that Officers on modified duties has reduced to 1,701 (from 1,844 in December 2021), however, 39% of these Officers are still deployable with restrictions such as non-driving duties. In addition, the number of Officers on duty modifications with no review date set has reduced from 50% to 20% since December 2021. It is noted in the paper that this will remain a focus with the expectation that no Officer will have a review outstanding.

# Appendix A – Data Analysis

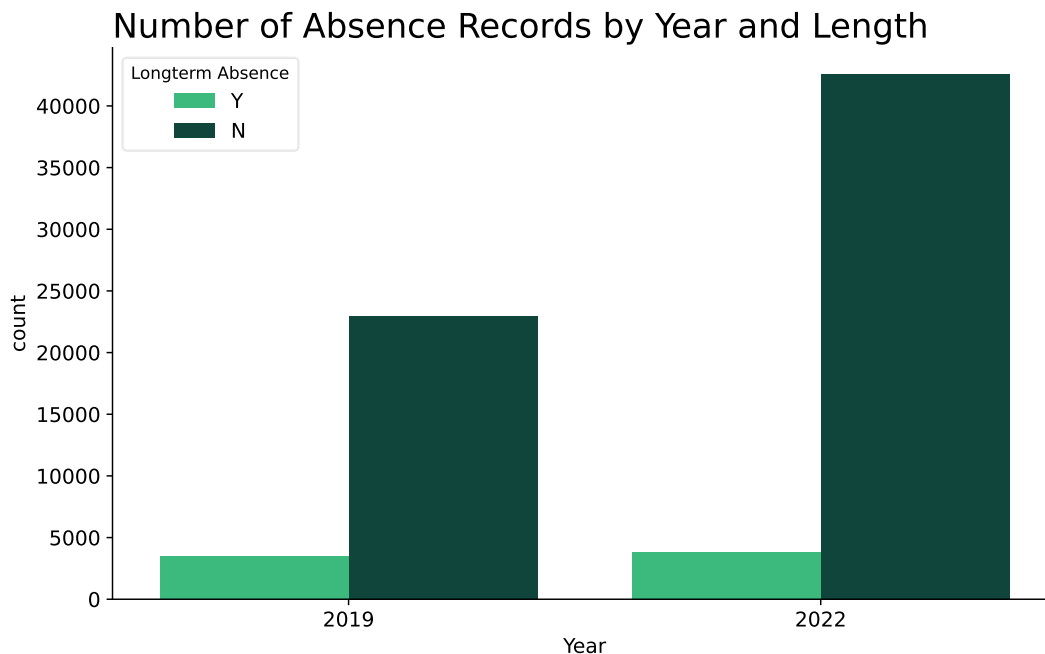
This review examined absences and modified duties in 2019 and 2022 (pre and post COVID-19). These included all absences and modified duties with days in 2019/2022, even if the episode started before or ended outside either 2019/2022. Staff IDs were recorded in both modified duties and absences datasets allowing the two datasets to be cross-referenced.

As part of the review, a number of data quality issues were identified in relation to the number of different datasets provided. A summary of the data quality issues found has been summarised at appendix B.

## Absences

	Number of employees absent during the year	Number of absence records
2019	14,902	26,433
2022	19,695	46,402

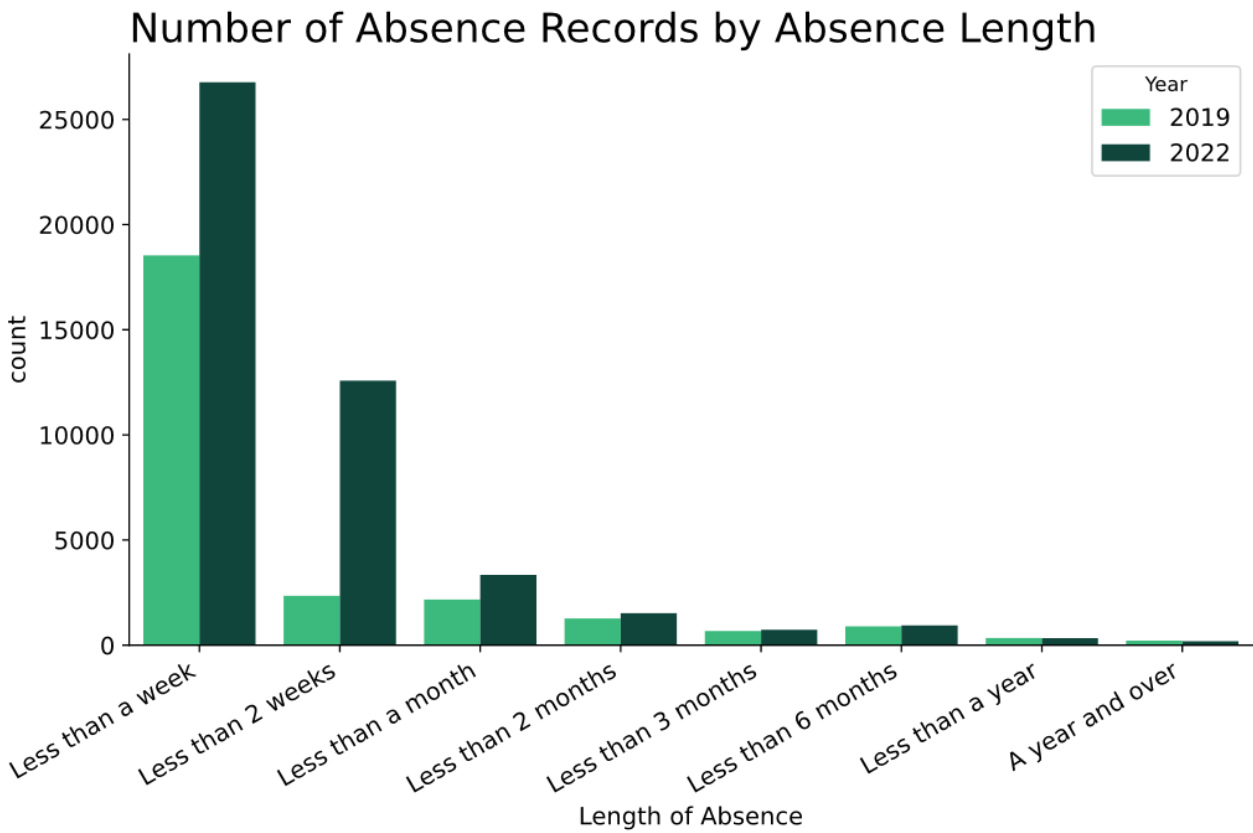
Of the absence records above, 90% were short-term absences lasting less than 28 days.<sup>6</sup> The number of short-term absences increased from 2019 to 2022 by 85% while the number of long-term absences remained more static increasing by 10%.



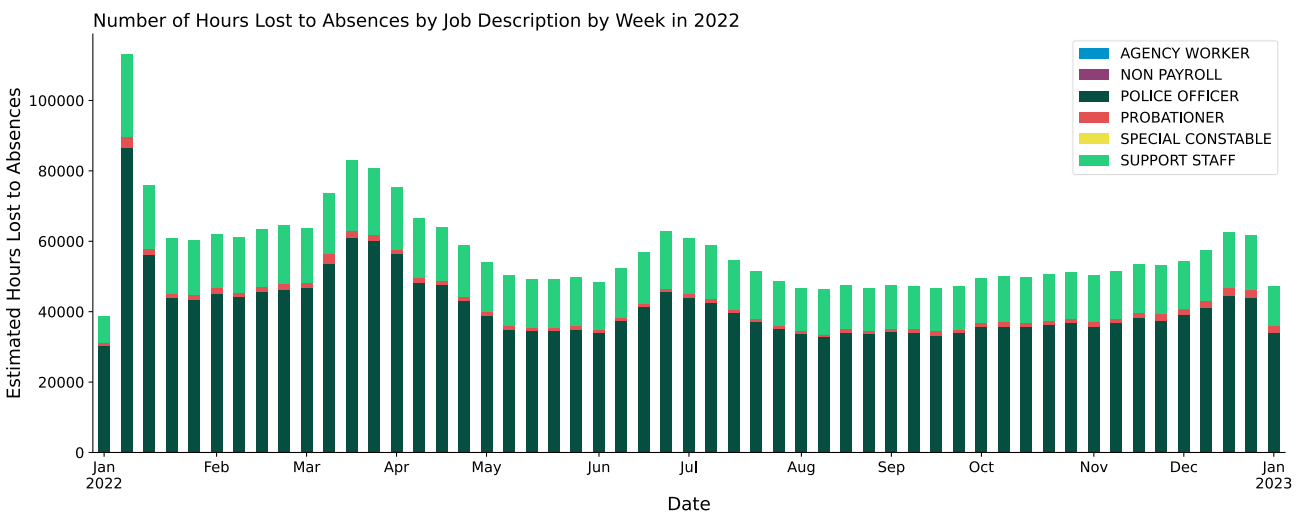
<sup>6</sup> Note, the number of long-term absences were extracted using the raw data before multiple absence episodes falling one after the other were combined into a single episode, so the actual number may vary slightly.

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As detailed in the graph below the majority of absence records are short-term lasting less than a week. Only a small number of absence records overall lasted longer than 6 months. The largest increase of absence since 2019 was those longer than a week but less than two, which reflects the government guidance brought in on self-isolating during the pandemic.



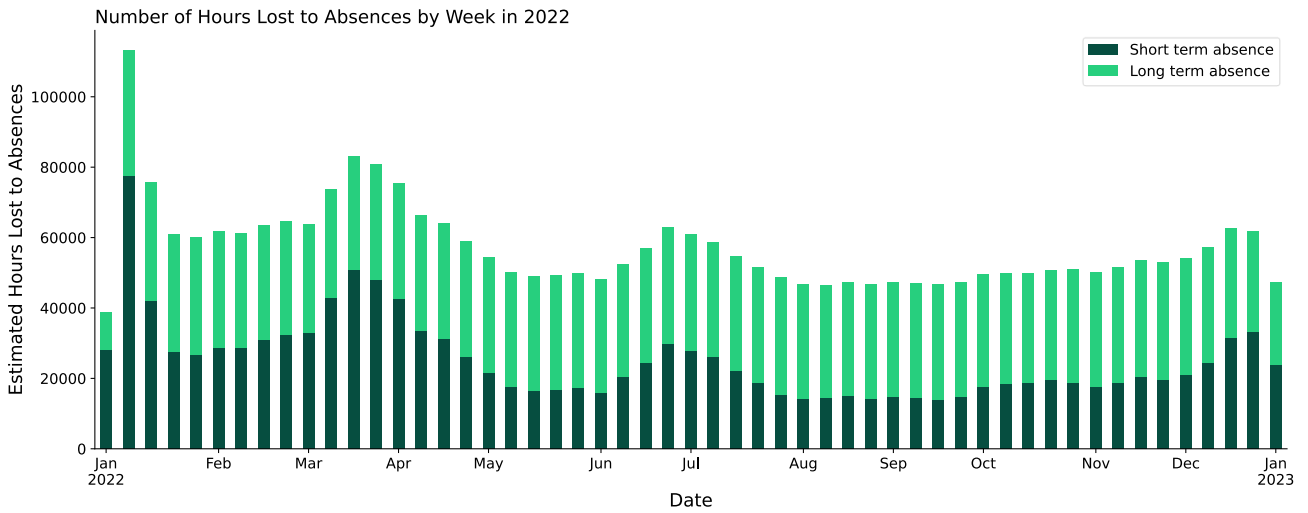
During 2022, Police Officers made up the majority of the hours lost to absence proportionate to the number of Officers compared to support staff.<sup>7</sup>



<sup>7</sup> Absences with the job description 'NON PAYROLL', 'AGENCY WORKER' and 'SPECIAL CONSTABLE' were found and therefore included in our analytics, however, numbers were negligible.

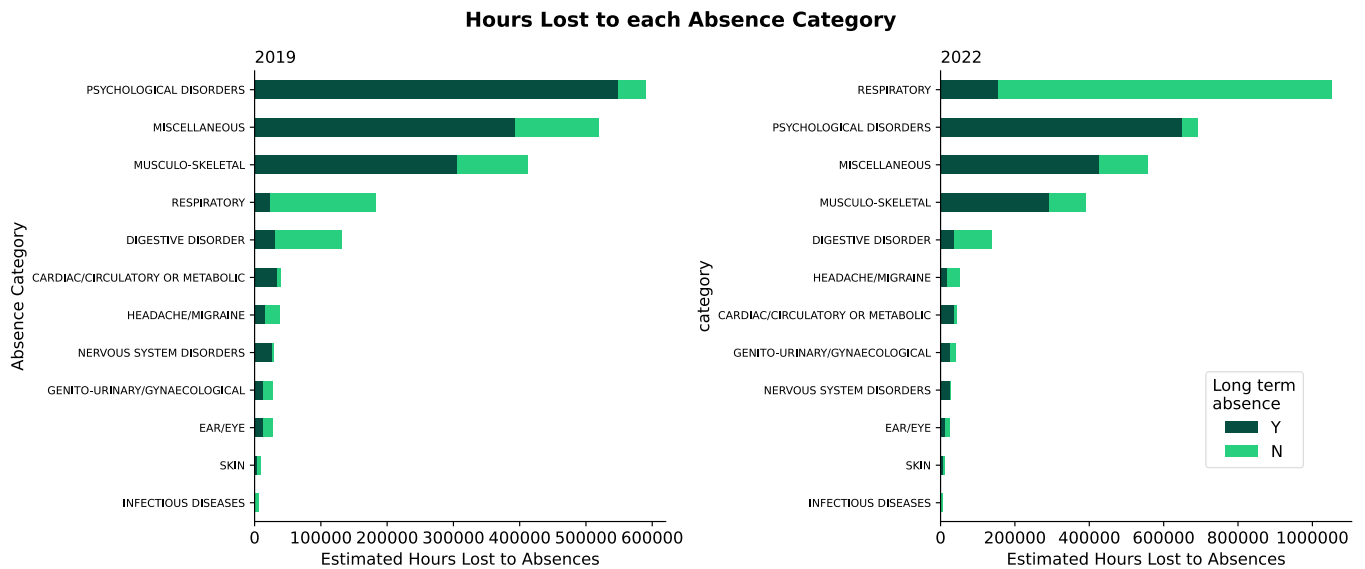
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The graph below shows that there are spikes in both long and short term absences in January, March, June/July and December.



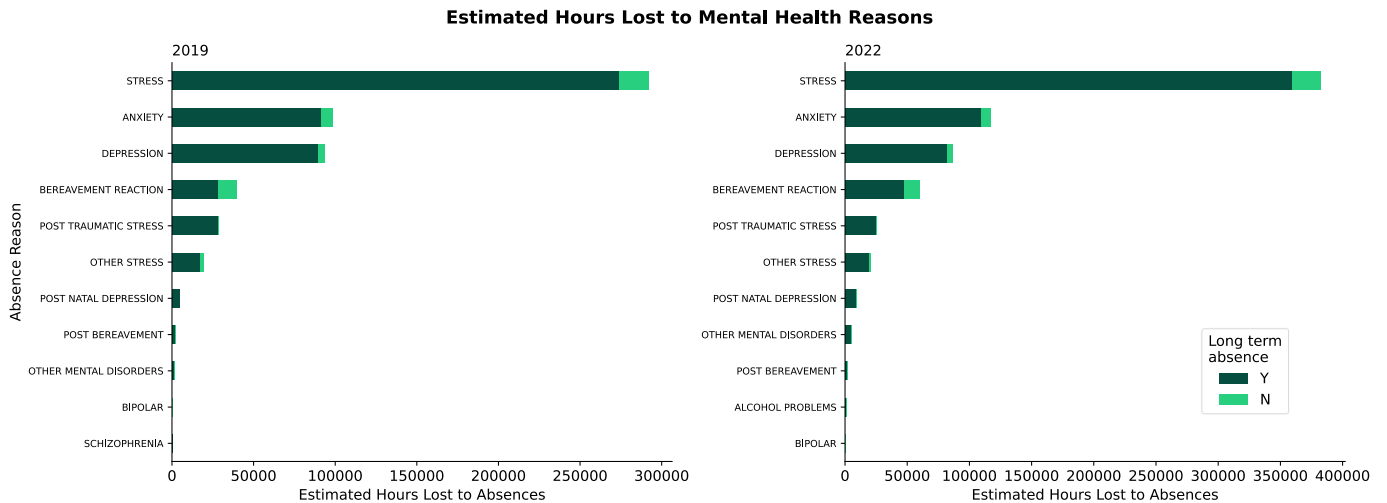
Each absence episode has an associated category, and this is further broken down into absence reasons. The estimated number of hours absent by each category is shown in the graph below. There are 12 different categories used for recording absences, one of which is ‘Miscellaneous’.

In 2019, ‘Psychological Disorders’ was the largest category by absent hours, however in 2022, ‘Psychological Disorders’ was secondary to ‘Respiratory’ absences as COVID was included in this category. ‘Miscellaneous’ absences were one of the largest categories of absences by hours lost and was the third most common category in terms of number of absence records (9,601 records). See MAP 4.2.



**Mental Health-related Absences**

In terms of the number of absences only 5.5% of all absence records were due to mental health reasons (7% in 2019 and 4.7% in 2022).<sup>8</sup> Mental Health-related absences were usually long term and thus these absences account for 25.6% of all estimated hours lost to absences in 2019 and 2022 (28.9% in 2019 and 23.5% in 2022). Stress is the number one reason given in both 2019 and 2022 for these absences as shown in the graph below.



**Modified Duties**

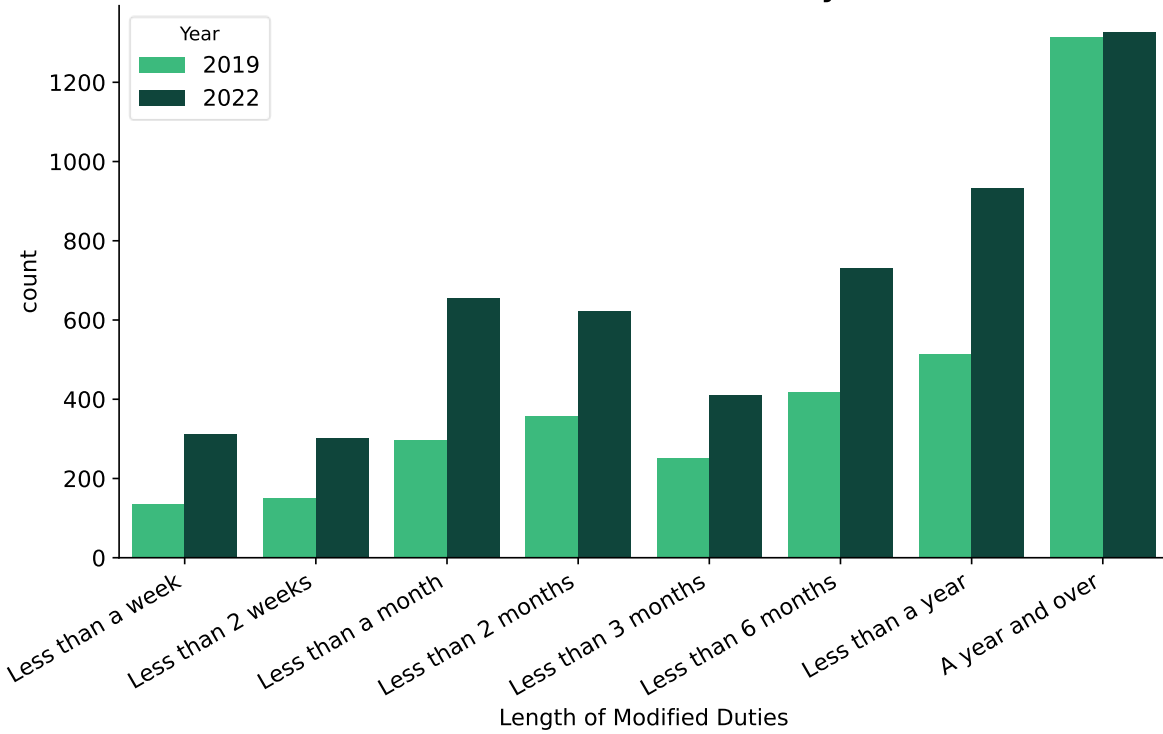
	Number of employees on modified duties	Number of modified duties records
<b>2019</b>	3,133	3,436
<b>2022</b>	4,417	5,291

For modified duty records, the above shows that there is an increase of 54%. In contrast to absences, Modified Duty Records are typically longer in nature with fewer records being short term. The majority of modified duty records were at least one year and over. We did however note that the amount of shorter term modified duty records also increased since 2019 but remains the minority.

<sup>8</sup> Mental health reasons included: Post Traumatic Stress, Anxiety, Stress, Depression, Other Mental Disorders, Post Natal Depression, Other Stress, Schizophrenia, Bereavement Reaction, Bipolar, Post Bereavement and alcohol problems.

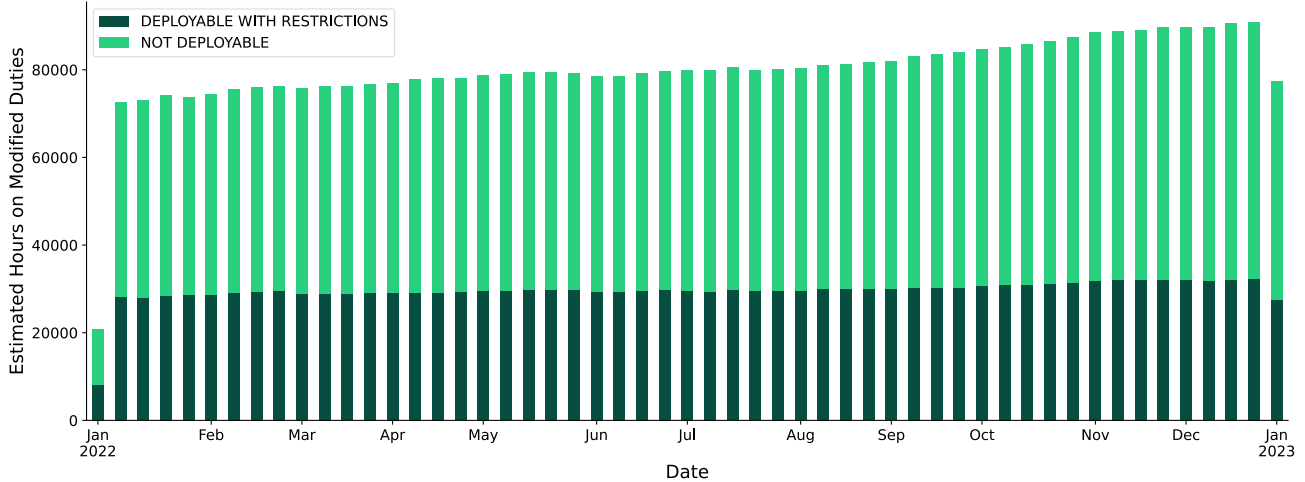


### Number of Modified Duties Records by Modified Duties Length



The majority of employees on modified duties are not deployable to undertake Police Officer duties to any extent as depicted by the graph below.

Number of Hours on Modified Duties by Status by Week in 2022



The table below show the percentage of modified duties (relating to an absence and not permanent disability) by each Modified Duties Type<sup>9</sup>. A larger proportion of modified duties were used for 'Recuperative' reasons when relating to an absence. This aligns to the new categories of modified duties brought in as a result of the Duty Modifications Task Force.

<sup>9</sup> See appendix C  
azets.co.uk

<b>Modified Duties in 2022 by Type</b>		
<b>Modified Type</b>	<b>Modified duties relating to an absence</b>	<b>All modified duties</b>
ADJUSTED	8.6%	21.2%
PROTECTED (PRE-NATAL, POST-NATAL)	5.9%	10%
RECUPERATIVE	84.4%	65.1%
RESTRICTED (PSD)	1.0%	2.5%
IHR RETAINED (OFFICERS)	0%	1.2%

# Appendix B – Data quality issues

## FTE

We identified employees in absences/modified with an FTE of 0 for job types: NON PAYROLL, SPECIAL CONSTABLE and AGENCY WORKER. As we have used FTE for our calculations these will result in an absences/modified working hours lost of 0.

Our SPA Corporate contact advised that non-payroll and agency staff aren't Police Scotland/SPA Corporate & Forensics employees, so they don't have contracted hours and that their understanding was that they don't record their absences or modified duties on SCOPE, but that that could have changed. This was followed up with contacts in P&D who explained that although Non payroll and agency staff aren't Police Scotland/SPA Corporate & Forensics employees and don't have contracted hours, they are on the SCOPE database. Therefore, there is the functionality to record absence for them.

Whilst the practice is that absences or modified duties on for non-payroll and agency staff should not be recorded on SCOPE, it is likely that they have believed or been advised by their manager who may be a PSoS employee/member of staff that they should notify an absence through the absence reporting line. The Team taking the call may not have recorded or identified that the person is not an employee or officer. The SCOPE team run a report to provide P&D of these instances and they will then look into them and also refresh advice and guidance to the Team handling the absence calls that they should check that the person is a PSoS or SPA Corporate employee.

As part of the review, we also identified when matching absences to modified duties that there were conflicting FTEs for some employees (273 employees in 2022 and 185 in 2019). When queried, it was explained that for the SCOPE data we were provided with, the SCOPE team took the FTE on the date the absence started for the absence data. For the modified duties data they took the start date of the modified duties (if the modified duties started in the reporting year), or else (if it had started in a previous year), the 1 January of the reporting year. As the dates won't match for the absence and modified data, the FTE won't always match either.

In 4,528 instances during 2022, we identified that the 'workdayslost' was exactly half the 'actualdayslost' despite the employee having an FTE of 1. It was explained that as people's patterns of work are built into the SCOPE system, when absence start and end dates are entered the system, it can be seen from the employee/officer's pattern which days are work days are which days are non-work/rest days.

A rostered work day counts as a work day, a rostered non-working day doesn't count as working but it is an actual day lost. Most police officers and a lot of SPA/Police staff are shift workers, so a 10 day period of absence for example could include mainly non-working or rest days. For someone who work Monday to Friday if they were off the whole week the actual days lost would be 7 but working days lost 5.

## Overlapping Episodes

We have found cases of absences and modified duties episodes for a single employee that are overlapping. Our SPA Corporate contact advised that on some occasions this is expected and that for absences, particularly with Covid, HR decided to record differently from most absence types. If you had symptoms, you were put on the system as being off sick for 'Covid symptoms, self-isolating' or similar, then when you got a positive result, they would close the first absence and open a new one with 'positive Covid test' or similar, then if you were

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actually ill, you got another new absence, and so on, all the way to a diagnosis of Long Covid. The reasons also changed a few times throughout the pandemic.

In general, a person could potentially report fit for duty, then mid-shift take ill again therefore, there will be 'duplicate days' even without the Covid illnesses. Another reason may be if an absence is edited after it has been closed. Usually, the SCOPE system will not allow another absence to be opened until the first is closed, however, in very limited circumstances, absences can be edited and there is no block on overlaps in these cases.

### Other Absences

Entries in absences were found to have a return date of '0000-00-00 00:00:00', these were assumed to be ongoing.

There are 1,077 absences in 2022 where we have a long absence period with a past return date but the 'actualdayslost' (and also 'workdayslost') is 0. Our SCOPE contact explained that if someone has been absent over a period of rest days only, then the work days lost would be zero. If someone has returned on the same day that they reported unfit for duty, then they would have zero actual days lost. Another explanation offered is that these individuals may have left the organisation hence the 'actualdayslost' and 'workdayslost' appearing as 0. We tested a sample of four of these to confirm and in all instances, the employee had left the organisation.

Our analytics also identified instances in 2022 where 'actualdayslost' is negative. This is where someone returns to duty on the same date that they reported sick and declared that they worked their shift on the same day. We are informed that this is a known issue for the SCOPE Team and ICT Department and it will be fixed in a future release of the SCOPE system.

### Other Modified

Entries in modified were found to have a return date of '0000-00-00', these were assumed to be ongoing.

Modified duties entries were found with very early start dates in 2000s, while entries were found with some very late end dates e.g., in 2043. These were queried and raised as part of MAP 2.9.

# Appendix C – Modified Duties Categories and definitions

Category	Definition	Expected duration	Review period
Adjusted	Workplace adjustments (including reasonable adjustments under the Equality Act 2010) that have been made to overcome barriers to work for individuals awaiting assessment to see whether they have a permanent disability, injury, or illness, that permanently prevents them fulfilling the full remit of their role.	Likely to last more than 12 months but less than 2 years	Quarterly if in usual role but annually if moved to a new post as a result of modifications
Ill-health retired (IHR) retained	Medically assessed as having a permanent disability that prevents someone from fulfilling a fully operational officer role, and where, as an alternative to leaving the organisation through Ill-Health Retirement, their retention as an officer with permanent duty modifications in other suitable roles has been formally recommended on the Chief Constable's behalf, and approved by the Scottish Police Authority	Indefinite	Not applicable
Protected	Modifications as a result of the completion of the expectant/nursing mother's risk assessment. This	Duration of pregnancy	Beginning of each trimester

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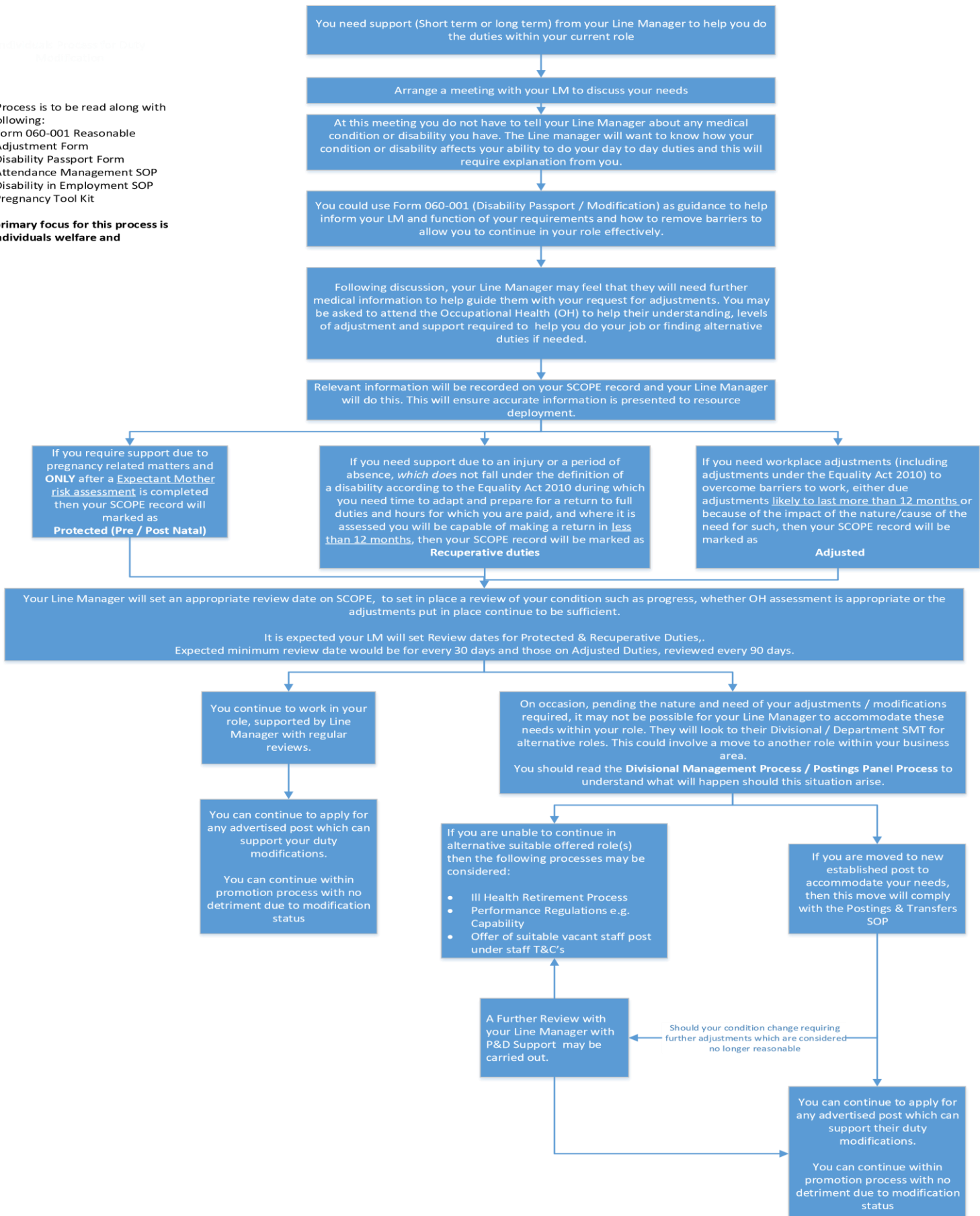
	category does not include pregnancy related illnesses linked to pregnancy or loss of pregnancy		
Recuperative	Follows an injury, accident, illness, or medical incident (including pregnancy-related illness that include any condition that is linked to pregnancy or loss of pregnancy) during which an individual adapts to and prepares for a return to full duties and the hours for which they are paid, or is assessed to determine whether they are capable of making such a return	Likely to last no more than 12 months	Every 30 days

# Appendix D – Pathway process flowchart

This Process is to be read along with the following:

- Form 060-001 Reasonable Adjustment Form
- Disability Passport Form
- Attendance Management SOP
- Disability in Employment SOP
- Pregnancy Tool Kit

The primary focus for this process is the individuals welfare and



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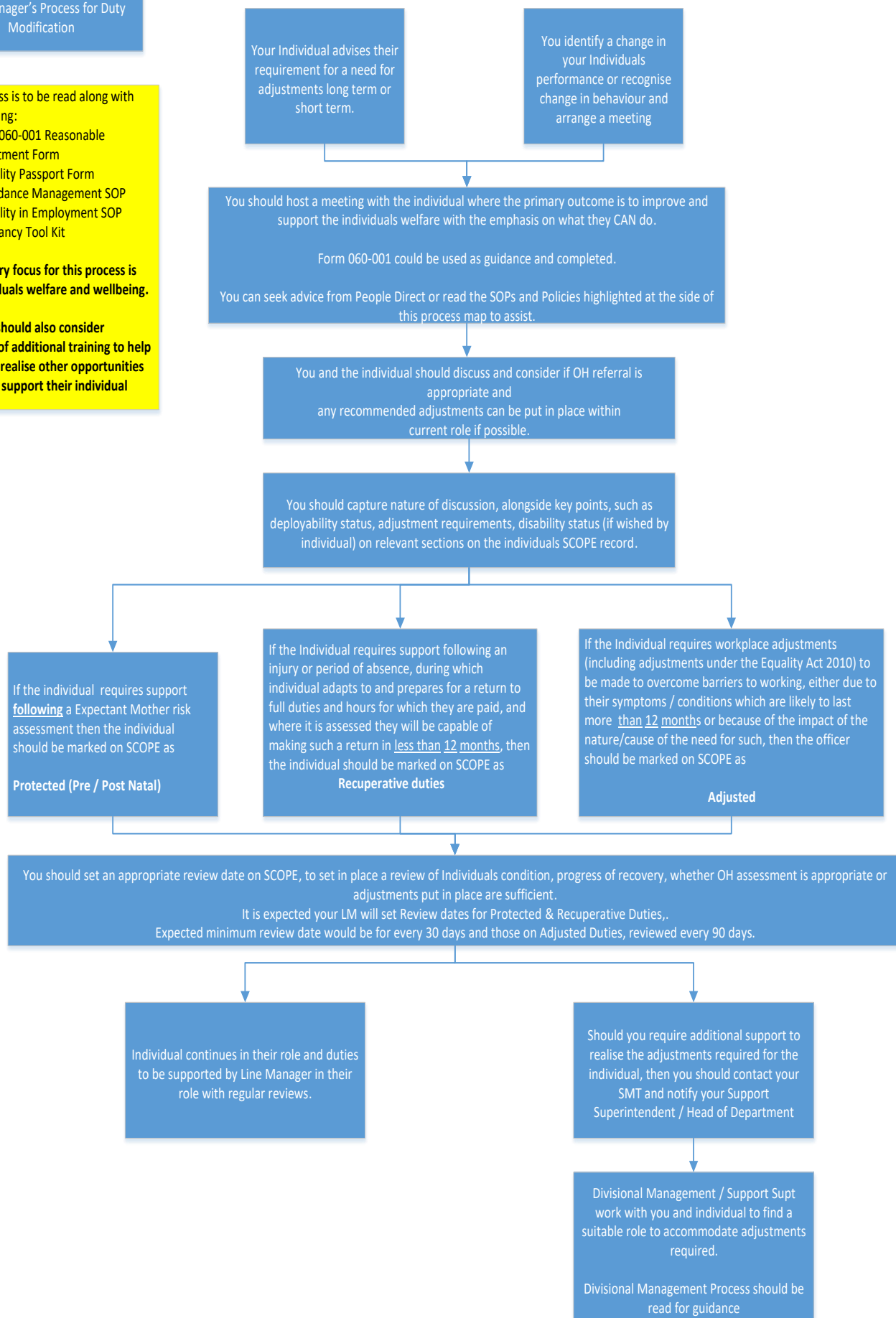
## Line Manager's Process for Duty Modification

This Process is to be read along with the following:

- Form 060-001 Reasonable Adjustment Form
- Disability Passport Form
- Attendance Management SOP
- Disability in Employment SOP
- Pregnancy Tool Kit

The primary focus for this process is the individuals welfare and wellbeing.

Divisions should also consider provision of additional training to help individual realise other opportunities which will support their individual needs.





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Division / Department / People Board  
SMT Process for Duty Modification

This Process is to be read along with the following:

- Form 060-001 Reasonable Adjustment Form
- Disability Passport Form
- Attendance Management SOP
- Disability in Employment SOP
- Pregnancy Tool Kit

The primary focus for this process is the individuals welfare and wellbeing.

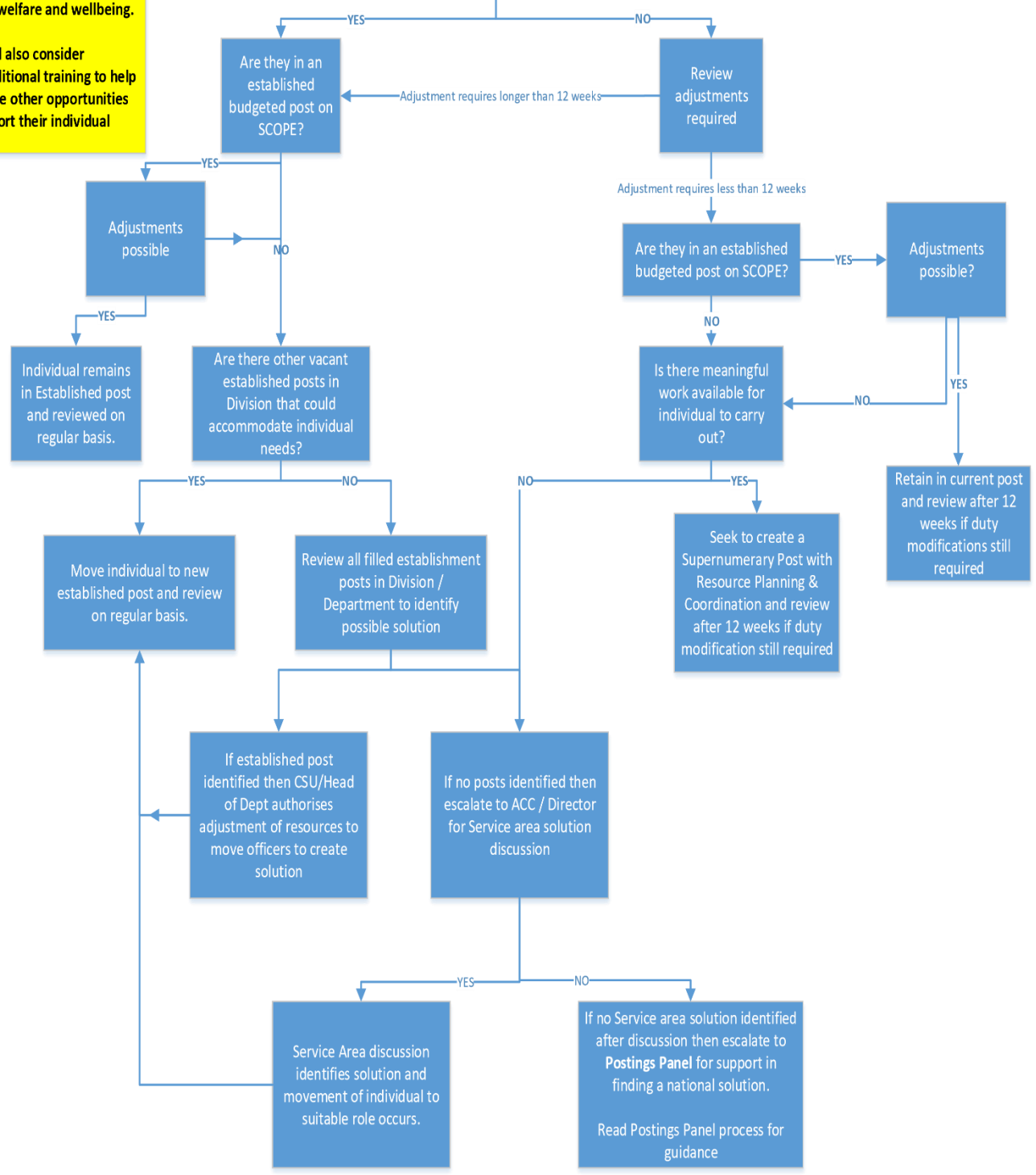
Divisions should also consider provision of additional training to help individual realise other opportunities which will support their individual needs.

SMT / Support Supt / Head of Department contacted by LM looking for additional support for Individual who needs modification to their duties

Review of Form 060-001, SCOPE and discussion on what has been discussed / considered to support Individuals needs.

Skills held by Individual, their development needs assessment of officer abilities and including the Individuals views & career aspirations should be provided too

Does the individual have a permanent condition which impacts their role and requires an adjustment?



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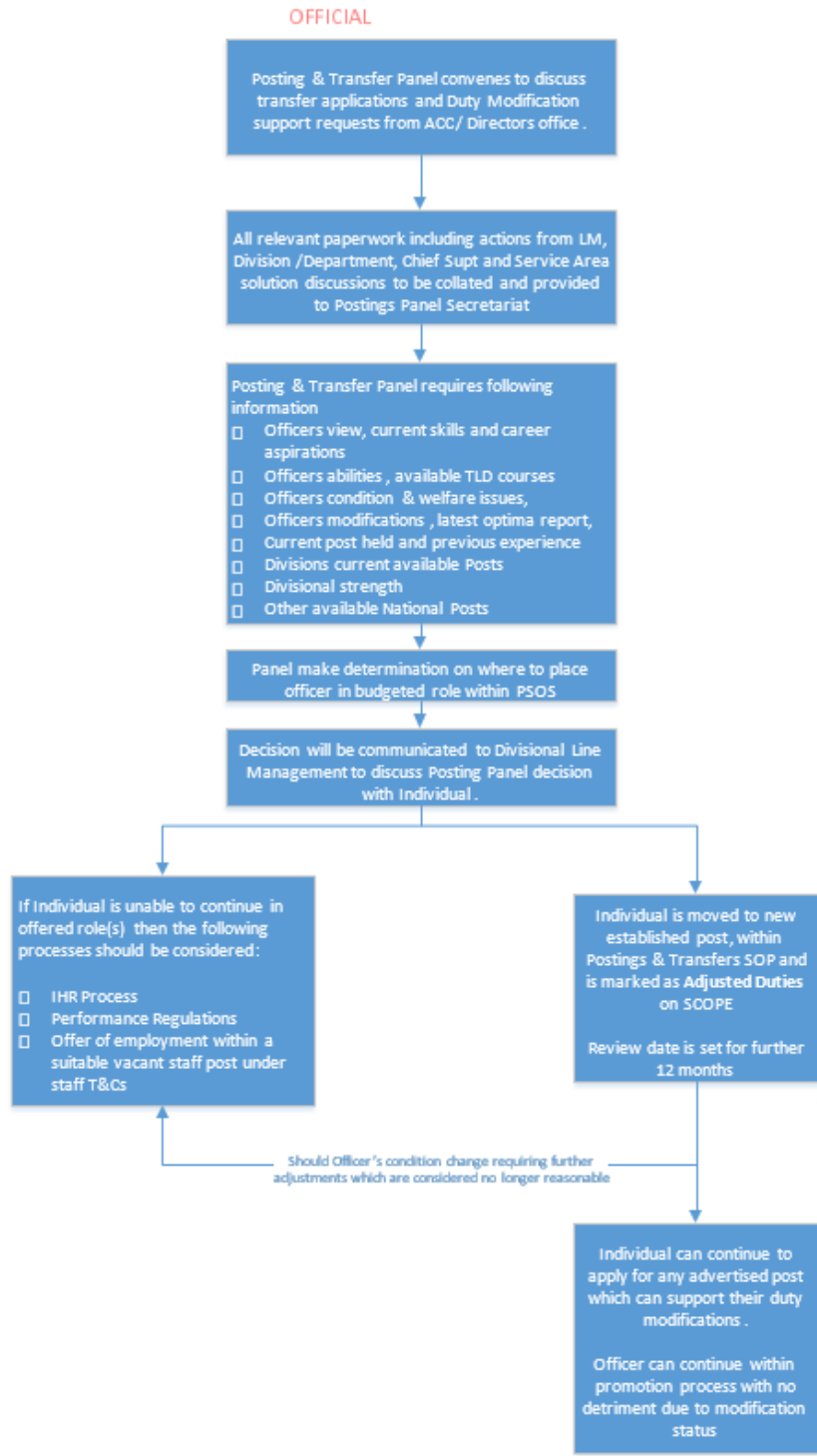
**Posting and Transfer Panel Process Modification**

This Process is to be read along with the following:

- Form 060-001 Reasonable Adjustment Form
- Disability Passport Form
- Attendance Management SOP
- Disability in Employment SOP
- Pregnancy Tool Kit

The primary focus for this process is the individuals welfare and wellbeing.

Panel should also consider provision of additional training to help individual realise other opportunities which will support their individual needs.



# Appendix E – May 2022 Strategic Leadership Board Paper



<b>Report To:</b>	SLB		
<b>Meeting Date:</b>	9 May 2022	<b>Agenda Item:</b>	
<b>Report Title:</b>	Duty Modifications Task Force - Recommendations		
<b>Sponsored by:</b>	Jude Helliker, Director of P&D	<b>Presented by:</b>	Kirsty Garrick, Head of People & Engagement Partnering
<b>Appendix Attached:</b>	Appendix A: Pathways flow charts		
<b>Report Classification</b>			
<b>Police Scotland:</b>	For Approval		
<b>SPA:</b>	N/A		
<b>EXECUTIVE SUMMARY</b>			
<b>1.</b>	<b>Purpose</b>		
1.1	The purpose of this paper is to provide members with details on recommendations from the Task Force reviewing processes for individuals requiring a modification to their duty.		
<b>2.</b>	<b>Decision Requested</b>		
2.1	Yes		
<b>3.</b>	<b>Recommendation</b>		
3.1	There are several recommendations that are included in the paper and SLB are asked to approve these.		
<b>4.</b>	<b>Alignment to Police Scotland Strategic Outcomes*</b>		
4.1	This work supports the delivery of all Force outcomes as it is about the availability and deployability of resources to maximise capacity.		
<b>5.</b>	<b>Business Implications*</b>		
<b>Finance Implication:</b>	Yes		
<b>Resource Implication:</b>	No		
<b>Other Business Implications**</b>			
ICT	No	Equality, Diversity & Human Rights	Yes
Legal	No	Data / Privacy	No
Health & Safety	No	Community Impact	No
Training	Yes	Socio-Economic	No
Risk	Yes	Communication & Engagement	No
Reputational	Yes	Public Interest	No
Environmental & Sustainability	No	Other: Wellbeing	Yes

\* See Guidance Notes

6.	Main Report
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- 6.1 The Duty Modifications Task Force (DMTF) was established in December 2021 and has carried out work to review existing processes for the management of individuals requiring a modification to their duties.
- 6.1.1 This group contained representation from the Scottish Police Federation, ASPs, DACA, Legal Services, Local Policing and national divisions. The desired outcome was to maximise the effective deployment of officers and staff with temporary or permanent duty modifications, increasing the capacity of operational front line policing through the consistent application/experience and implementation of:
- Prioritisation of officers with no duty modifications deployed in public emergency response roles;
  - Ensuring any individuals subject to modifications are given appropriate support that, wherever possible, enables a return to full fitness;
  - Freeing up resources through redeployment of those with duty modifications to emerging demand areas (e.g. Digital Forensics);
  - Identifying the tolerance level of abstractions in each key area: Local Policing, Crime & Operations, CJSD and C3;
  - Priority consideration for business support and front line support vacancies for those officers with disabilities (similar to the process for police staff members);
  - To consider any wider environmental, organisational, or structural factors which, may compound instances of officers seeking duty modifications;
  - Ensuring officers and staff are treated with dignity and respect as they move through redeployment and IHR.
- 6.1.2 This work does not stand in isolation but is connected to Equality and Diversity activities, outcomes from Local Policing Resourcing Days and the planned SWP refresh.
- 6.1.3 Many people processes are connected with this work such as absence management and flexible working and it is important that line managers deploy their judgement when considering the appropriate route to follow. This paper endeavours to support line managers in those considerations in clearly defining what is meant and outlining what they are required to do.
- 6.1.4 A series of recommendations are included within the paper resulting in the outcomes below:
- Ensure more active management of those with duty modifications, providing sufficient support to enable a return to full duties, wherever possible, and increase ~~deployability~~;
  - Provide a clear and strategically integrated mechanism of escalation for areas seeking a broader solutions for deploying those with a duty modification;
  - Reduce the risk of detrimental treatment;
  - Allow quicker identification and throughput of officers requiring Ill Health Retirement;
  - Enhance confidence as a result of the Service having a strong process in place to support people.
- 6.1.5 There will always be a percentage of officers requiring some form of modification to their duties and there are a variety of factors that may continue to contribute to that, including but not limited to, officers remaining in service for 30+ years as well as reasons for absence – ~~outwith~~ COVID. The top two absence reasons being psychological and muscular skeletal, which may play out into a need for either short or longer term duty modifications.

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6.1.6 To enable reasonable decisions and recommendations to be made it was vital to have rigor in terms of data and facts. To enable this, three sub-groups were set up to progress work:

1. **Data/naming conventions:** errors in reporting suggested that current naming conventions could be confusing, were no longer fit for purpose, with this group charged with recommending new ones. It was also to consider, wherever possible, whether there were trends in casual factors to inform the rest of the task force. This work was to be informed by benchmarking with other Forces.
2. **Pathways/processes:** this group was to consider where and why the current approach didn't work, to identify where any blockages were, to consider the current user experience was to then inform any recommendations to the Police Scotland approach. They would then design the individual pathways with supporting process/SOP changes incorporating interdependencies, creating the 'new way' with the user experience at the heart.
3. **Quick Wins:** using the updated information from the monthly dashboard, the group were to resolve the frequent issues with pace, identify and inform the other sub groups on where things go array and enact change. They were to identify business areas that frequently made errors, intervene appropriately and consider what training priorities may be required to improve confidence and competence of People Managers.

## 6.2 Recommendations

6.2.1 As a result of the work undertaken over the last four months, good practice was identified where proactive local management of those with duty modifications exists. Significant focus on the issue has already resulted in an improvement in categorisation and in the more effective control of review dates.

6.2.2 The following recommendations are proposed:

- National Postings & Transfers Panel to deal with escalated cases
- New naming conventions in SCoPE to be created with immediate effect
- Identified Pathways to be implemented (see Appendix)
- Agree a % 'ceiling' of officers with duty modifications within all divisions
- Review current and future Occupational Health provision to ensure proactivity and interventions that speed up returns to full deployability.
- Regular reviews to be undertaken at divisional level overseen by the People Partners
- All 'extended rehabilitative' cases to be reviewed and entered into the relevant Pathway for appropriate deployment/action
- Costs/budget relating to IHRs will be reviewed in anticipation of numbers increasing
- Minimise the number of posts held by officers with duty modifications in response and community policing
- Further review and action regarding all officers with who have had a duty modification for more than two years
- FLM training to be updated with immediate effect
- Line Manager's Toolkit will be developed and made available via the intranet
- Monitor progress through agreed metrics
- Clear guidance and reference documents to be made available through the Policy Hub.

## 6.3 Data/naming conventions

6.3.1 A modification is defined as an alteration to someone's role on the grounds of disability, illness or injury. During this time the individual will be supported as they prepare for a return to full duties and the full hours for which they are paid, or assessed to determine whether they are capable of making such a return.



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- 6.3.2 It does not cover reasonable adjustments to someone's working environment if it has no material impact on the role they do, as this is covered by the National Process for the Provision of Reasonable Adjustments (NPPRA).
- 6.3.3 There is evidence to suggest that the current naming conventions contributed to confusion for line managers updating records, with some instances of legacy names continuing to be used incorrectly.

It was agreed they were not fit for purpose and the group took into account learning from England and Wales, engaged with business areas such as PSD, as well as with Staff Associations over revised terminology and definitions resulting in recommending the following changes:

**Recuperative:** duties undertaken following an injury, accident, illness or medical incident (including pregnancy-related illness that include any condition that is linked to pregnancy or loss of pregnancy) during which the officer /staff member adapts to and prepares for a return to full duties and the full hours for which they are paid, or is assessed to determine whether they are capable of making such a return. This must be no more than 12 months.

**Adjusted:** duties in respect of which workplace adjustments (including reasonable adjustments under the Equality Act 2010) have been made to overcome barriers to working for individuals awaiting assessment to see whether they have a permanent disability, injury or illness that permanently prevents them fulfilling the full remit of their role.

**Protected (pre-natal, post-natal):** duty/deployment modifications as a result of the completion of the expectant/nursing mother's risk assessment. This category does not include pregnancy related illnesses linked to pregnancy or loss of pregnancy (see Recuperative Duties).

**Restricted (PSD):** duties to which an individual is allocated in circumstances in which: verifiable confidential or source sensitive information or intelligence has come to the notice of the force that questions the suitability of them to continue in their current post; or where serious concerns are raised which require management actions, both for the protection of individuals and the organisation.

**IHR Retained:** applies to officers who are medically assessed as having a permanent disability that prevents them from fulfilling a fully operational police officer role, and where, as an alternative to leaving the organisation through IHR, their retention as an officer with permanent duty modifications in other suitable roles has been formally recommended on the Chief Constable's behalf, and approved by the SPA.

- 6.3.4 The following points should be noted:
- The Restricted (PSD) categorisation is already used within PSD, but there is evidence other business areas are also applying it to individuals records in error. Adding (PSD) to the category and making the definition widely known, is expected to address that issue, mitigating several risks relating to improper recording.
  - The Protected categorisation was the subject of lengthy debate, given issues with males being incorrectly classed as "pregnant" as well as expectant mothers being put into other categories that exposed them to a risk of detrimental treatment. The new terminology was discussed with the Scottish Women's Development Forum (SWDF) who have expressed their support for the changes, along with the SPF.
  - The IHR Retained category has not been altered and is included for completeness.
- 6.3.5 There appears to be no specific root cause for the increase in modifications over the past few years, beyond uncovering further evidence that a lack of reviews and management

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action was leading to some individuals becoming blocked in the system, remaining marked as modified even when the reason for that modification was no longer extant.

**Recommendations:**

- SCOPE changed to reflect the 'new' categories with immediate effect. It is recommended that the movement of those under existing categories is done centrally then ratified locally
- Reporting on duty modifications will exclude those categorised as Restricted (PSD).

**6.4 Pathways/processes**

- 6.4.1 It is clear that a balance must be struck between operational capacity and complying with the obligations under the Equality Act.
- 6.4.2 The group confirmed that there was no single reference giving line managers the guidance they needed in terms of how often to speak to the person with duty modifications under their management, and what actions or timeline should trigger different interventions.
- 6.4.3 This gap was seen as a factor in the lack of active management referred to in section 6.3.5, unnecessarily prolonging the amount of time a modification is in place, often resulting in reduced operational capacity.
- 6.4.4 Having completed the research, process maps have been developed, taking into account adjacent processes such as the NPPRA in an attempt to ensure a consistent and transparent experience for all. There are four pathways, giving information as to the flow for:
- the individual who requires a duty modification, including details of likely timescales for ongoing review
  - the actions expected of a line manager in the provision of that support, with recommendation timescales for review and outlining possible triggers for OHU involvement;
  - Divisional Management Boards – providing a mechanism to support line managers and respective SMT's should they be unable to find a suitable solution for an individual requiring a duty modification. Previously, there were inconsistencies on how officers with duty modifications were treated which presents a risk to the organisation. This now provides guidance and considerations that must be taken prior to any movement of individuals. Additionally, the process also provides a mechanism for divisional SMTs to escalate to their respective ACC/ Director for a solution across the portfolio area in the same way they would for any other resourcing issue; and
  - National Postings & Transfers Panel – this is already established to discuss officer movement requests on a bi-monthly basis. It is proposed that this is enhanced further to provide a route of escalation when a Divisional or Regional Solution cannot be found, although it is expected most solutions would be found at the portfolio level.
- 6.4.5 Full details of these process flows are attached as Appendix A.
- 6.4.6 It is recommended that, using the 'new' pathways, line managers who have individuals categorised as 'extended rehabilitative' hold reviews with them to ensure that they have an up to date position of what they can do, what additional support could be given and consideration given to what other roles would be suitable for them to take up. The expectation is that this will ensure that this is what the individual wants and deploys them into meaningful work optimising their existing skills and experience. Currently, 49% of those officers with duty modifications are in this category.

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- 6.4.7 The next focus area for conversations would be with Probationers who have been modified for longer than two years. Careful consideration will be given around options for those who have been assessed as never being able to return to full operational fitness with proactive engagement with Staff Associations.

Recommendations:

- Implement the phased approach to conversations starting with those currently designated as "extended rehabilitative"
- Training First Line Managers on new approach and cascade messaging to existing line managers via the Toolkit and People Partners raising awareness at SMTs
- Update FLM on new approach
- Implement the Divisional Management Boards and the Postings & Transfers Panel
- Update Policy Hub to reflect pathways and categorisation

6.5 Quick Wins

- 6.5.1 34 duty modifications at the start of February related to those unable to wear FFP3 masks despite the guidance issued on 22<sup>nd</sup> January, which confirmed that, as of 24<sup>th</sup> January, officers unable to shave for religious, cultural or medical reasons could return to operational duties. This number is now zero.

- 6.5.2 The group have made several observations into changes in practice that are required.

- Optima reported a total of 60 DNAs in the month of February 2022, at a cost of £87,000. It was suggested some of these may have included instances when an invite was issued to the work email of an individual who was absent, and therefore unaware of it; and potentially included instances when Optima themselves cancelled due to lack of resource.
- When a modified entry is added to SCoPE the drop down automatically defaults to "Protected", which could be a factor in why so in this category are misclassified.
- Suggestions were made that an auto-generated email to remind FLMS to schedule an ASM would improve compliance.
- It was identified that Divisions were either relying on 'front end' SCoPE reports to obtain their Duty Modifications data, or were requesting reports to be centrally produced on an ad hoc basis. SWP already publish a suite of dashboards with cleansed data so this practice at the local level is unnecessary and inefficient, particularly given discussions on the need for more deployable resources.

Recommendations:

- Optima will be engaged on the DNA processes and the user experience will be included within the OH re tendering and will inform the management of this contract
- SCoPE will change the drop down menu to assist in the reduction of errors in the "Protected" category
- SCoPE development list will include an auto-generate email to line managers around scheduling Attendance Support Meetings
- Workforce dashboards will be the definitive repository for information to avoid duplication of effort and the risk of potential data breaches.

6.6 Training

- 6.6.1 It is clear training will be required for line managers, and SMTs, on the new definitions and processes. This will provide assurance of a shared understanding and lead to more active management of those requiring duty modifications that balances the needs of the individual with that of the organisation.



6.6.2 Research is ongoing on the numbers who will be involved in this training to ensure this can be incorporated into the plan. It is anticipated that a variety of channels can be utilised, such as classroom/online training, drop in sessions and empower hours.

Recommendations:

- L&T will lead the development and delivery of courses with content from both People Services and People Partners

**6.7 Governance and Communications**

6.7.1 This work will be implemented, supported by a roll out of communications material highlighting the changes. While this will include an intranet article, and the updating of associated guidance on Policy Hub, the evidence is that these steps are not enough. Materials will be prepared for Divisional mini-sites, bulletins and line manager briefings to ensure all supervisors across the service are supported and pointed to this material.

6.7.2 The new classifications will also feature as part of First Line Manager courses. With the increase in retirals due the pension changes, it is anticipated that a significant number of courses will required this year and provides the opportunity to reinforce the approach to modifications.

Recommendation:

- Progress is tracked, quarterly, through Operational Policing Design & People Board and monthly at local People Boards

**6.8 Monitoring**

6.8.1 A number of metrics are proposed to measure success:

The 'what'	The 'why'	What does good look like?
Reduction in how many review dates are missing	Indicates that line managers know what needs updated on <u>SCOPE</u> .	There should be zero records with a missing review date
Reduction in how many reviews are overdue	Indicates that line managers are appropriately active in this area	No area in excess of 15% of reviews being overdue 100% of those officers with duty modifications will have had a review within the next 6 months
Reduction in both the numbers and the % to total of grievances from those who have a duty modification	Indicate that those impacted individuals are being treated fairly and reasonably - reduced risk of reputational damage	There should be zero grievances from officers with a duty modification as a result of their treatment through this process
Reduction of individuals categorised as 'Adjusted' and not beyond 24 months	Indicates impacted individuals are now being managed through appropriate pathways	No individual should be in the adjusted category for more than 24 months. Other elements of the pathways should have been optimised e.g. IHR
Low numbers, within tolerance (to be determined) who are submitted for consideration at the National Postings Panel	Indicates that each Service Area is identifying solutions locally	Minimal number of requests to National Postings Panel – to be determined

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Increased deployability in response and community policing and officers with duty modifications deployed in other meaningful work	Officers with duty modifications engaged in work optimising what they can do and capacity created in response and community policing	% deployability increases in response and community % of officers with duty modifications increases in those areas able to utilise the skills of those officers
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6.8.2 These metrics are, in the main, already available via the SWP dashboards and requires no development. A core group made up of the Regional Superintendents, SWP (including SCoPE) and People Partnering will continue to track progress over the next six months to measure the impact of the changes (including on P&D resourcing) and, where applicable, recommend refinements via the P&D Performance Board.

6.8.3 This group will also continue to consider outliers and ensure the provision of relevant data to Support Superintendents as and when required.

**Recommendation:**

- Core group continues as outlined above
- These metrics are reported as recommended in 6.7.

**6.9 Financial considerations**

6.9.1 It is anticipated that the numbers of IHR requests will increase and the appropriate financial planning will be undertaken

6.9.2 The Occupational Health and Wellbeing Services contracts are due for renewal before the end of this financial year and, with a view to a more preventative approach, this will now include the requirement for increased provision in physiotherapy and mental health fitness.

6.9.3 An emerging trend of grievances submitted appears to be as a result of a perceived mishandling of individuals with a disability, including officers with duty modifications. This is a notable increase with potentially costly exposure for the organisation. This will be further considered as part of the review of the Grievance process – Promoting a Positive Workplace.

6.9.4 Additional funding will be required to upskill line managers on people management.

<b>7.</b>	<b>Details of Business Implications</b>
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**7.1 Finance**

These are detailed under 6.9.

**7.2 Resource**

While this paper is linked to resource availability it has no requirement for uplift.

**7.3 Staff Consultation**

There has been no formal staff association consultation during the period that this paper details as SPF, ASPS, DACA and SWDF were all fully engaged in discussions.

<b>8.</b>	<b>Business Implication – Consultation Log</b>
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Business Area	Submission Complete & Accurate	Business Area Assessment	Business Area Assessor	Date
Finance	N/A			
People & Development	Yes	P&D submission	Director	27/4/22

Business Area	Submission Complete & Accurate	Business Area Assessment	Business Area Assessor	Date
Statutory Staff Associations	N/A			
Trade Unions	N/A			

Business Area	Details of Individual Consulted	Date	Business Area Assessment
Staff Associations	Both the SPF and ASPs are members of the Task Force	Throughout the Task Force	Are supportive
Trade Unions	N/A		
ICT	N/A		
Legal Services	N/A		
Health & Safety	N/A		
Leadership, Training & Development	N/A		
Audit & Risk	N/A		
Information Management	N/A		
Procurement	N/A		
Corporate Communications	N/A		
Other (Please specify)	DACA are members of the Task Force	Throughout the Task Force	Are supportive

<b>9.</b>	<b>Governance (To be completed by Business Area Presenting)</b>
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Governance Route for Report			
Date	Meeting/Board	Comment	Decision

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27 <sup>th</sup> April	P&D ODM	Supportive	Approved to progress to SLB
9 <sup>th</sup> May	SLB		

<b>10.</b>	<b>For Use by Corporate Committee Services Only</b>
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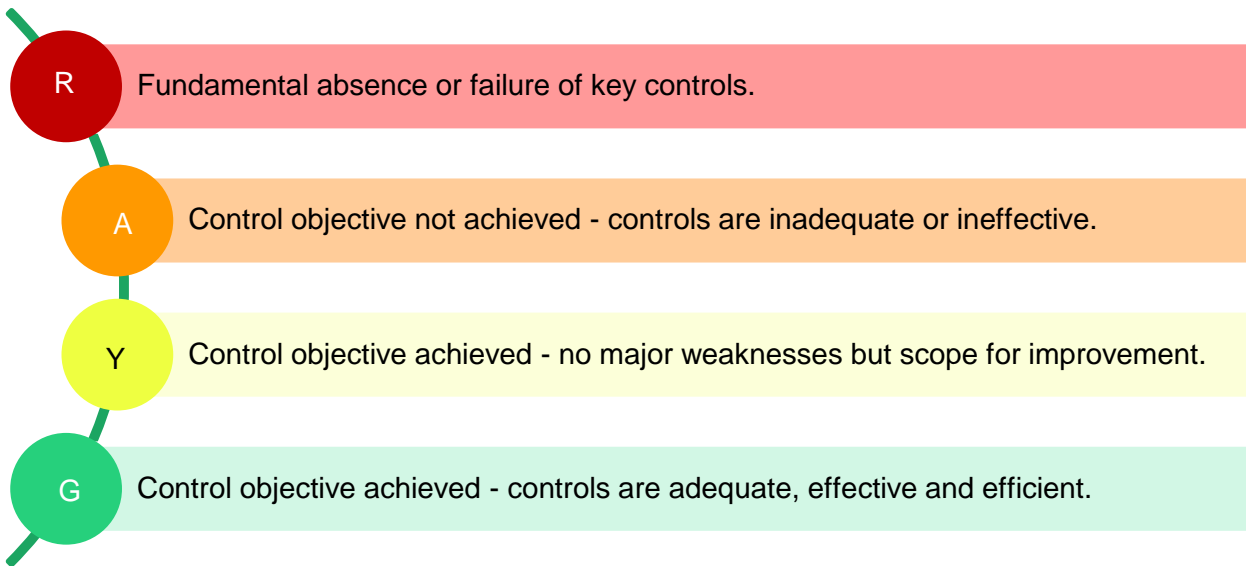
<b>Core Brief</b>	<b>YES / NO</b>	<b>If YES - Approved By:</b>

<b>11.</b>	<b>SPA Governance (To be completed SPA Board Services)</b>
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<b>SPA Governance Route for Report</b>			
<b>Date</b>	<b>Committee or Board</b>	<b>Comment</b>	<b>Decision</b>

# Appendix F – Definitions

## Control assessments



## Management action grades

- 4** •Very high risk exposure - major concerns requiring immediate senior attention that create fundamental risks within the organisation.
- 3** •High risk exposure - absence / failure of key controls that create significant risks within the organisation.
- 2** •Moderate risk exposure - controls are not working effectively and efficiently and may create moderate risks within the organisation.
- 1** •Limited risk exposure - controls are working effectively, but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.

# Appendix G – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
2.1	We recommend that line managers are reminded of the need to consistently enforce the Attendance Management Procedure and that regular reports are run by People Service Advisors and followed up to flag instances where fit notes are missing.	<p>Management accepts the recommendation.</p> <p>The receipt and recording of Fit Notes will feature in the Attendance Management module of the People Manager Development Programme</p> <p>An 'Absence Management Good Practice Edition' of the line managers Toolkit(s) will be issued and will cover this area</p> <p>Advisory staff will be reminded of this also in terms of their case support and Attendance oversight meetings.</p>	Grade 2 (Operation)	Susan Beaton & Kirsty Garrick	May 2023
2.2	We recommend that line managers are reminded of the need to consistently enforce the Attendance Management Procedure and that regular reports are run by People Service Advisors and followed up to flag instances where fit notes are missing.	<p>Importance of Attendance Support Meetings and how to record, including where it is decided they are not necessary or appropriate will feature in the Attendance Management module of the People Manager Development Programme</p> <p>An 'Absence Management Good Practice Edition' of the line managers</p>	Grade 2 (Operation)	Susan Beaton	May 2023

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Toolkit(s) will be issued and will cover this area.

**2.3**

We recommend that P&D run regular reporting to monitor staff who are approaching the trigger points for attendance support meetings and cases are followed up with the appropriate line managers.

Line managers should be reminded that even if attendance support meetings are offered and declined, the offer must still be recorded on SCOPE.

Additionally, where absences relate senior staff and line managers are members of the Police Scotland or SPA Corporate & Forensics Boards, Police Scotland should consider how activity should be recorded. For example, it may be feasible for the P&D Director to record absences of senior staff.

Management partially accept this recommendation.

Importance of attendance support meetings and how to record, including where it is decided they are not necessary or appropriate, will feature in the Attendance Management module of the People Manager Development Programme.

As ASMs are not mandatory, there will not be any 'completion rate' benchmarking undertaken as they are designed to be a supportive tool and utilised where appropriate. Therefore, no information will be circulated re numbers completed / not completed as the ASM process is subjective.

An 'Absence Management Good Practice Edition' of the line managers Toolkit(s) will be issued and will cover the importance of ASMs and remind managers of the trigger points.

All staff and officers have a line managers regardless of level. 'Board Members' don't line manage staff therefore will not be required to record absence activity. Exec level officers / staff are supported by P&D People

Grade 2  
(Operation)

Susan Beaton

May 2023

		Partners who will ensure appropriate advice and support is provided to exec level managers around absence recording as per the policy.			
2.4	<p>We endorse the People Manager Development Programme due to launch in March 2023 as well as the updates to the First Line Manager course. P&amp;D should ensure that training content is clear in facilitating Attendance Management and increasing line manager confidence in enforcing the Attendance Management Procedure.</p> <p>Any training developed and delivered in relation to Attendance Management should be extended across Police Scotland, SPA Corporate &amp; Forensics with adaptations if necessary.</p> <p>A log should be developed to confirm this mandatory course is attended by all line managers and refresher training is undertaken as required.</p>	<p>Management accepts the recommendations and note the Auditors endorse the People Manager Development Programme due to launch in Q1 23/24 as well as the updates to the First Line Manager course.</p> <p>The People Manager Development Programme has specific modules for Attendance Management, Capability and Duty Modifications and will commence March of 2023</p>	Grade 2 (Design)	Alex Hunter, Susan Beaton & Kirsty Garrick	April 2023



2.5

We recommend that Police Scotland review the attendance management procedure and the pathways process to align the review period for adjusted modified duties. Consideration should be given to updating categories to distinguish between officers on modified duties within their 'usual' role and officers who are on modified duties within another role as a result of the pathways process but not approved as 'ill-health retained'.

Whilst the adjusted modified duties review date should be set to annually (per the pathway flowchart), the guidance should be more explicit that an annual review is a minimum requirement and if additional reviews are required between, these should be undertaken as necessary.

Review of adjustments should be based on medical evidence in all cases.

Management accepts this recommendation.

Categories can be reviewed in line with PNB Regulations and Equality Act compliance with consideration for those on adjusted duties for longer than the advised period but not yet progressed as Ill health retired.

Categorisation of those yet to be formally approved by the SPA for retention as an officer but beyond Adjusted period will also be reviewed in line with legislation.

Grade 2 (Design)

Kirsty Garrick

August 2023

2.6

We recommend that review periods are clarified and communicated as per MAP 2.5.

Managers should also be reminded of the need to set review periods to support their staff in returning to normal duties.

People Services Advisors may wish to undertake regular spot checks to confirm employees are appropriately categorised and reviews are being undertaken in line with timescales.

Management accepts this recommendation.

There will be a Duty Modification module within the People Manager Development Programme and Advisory Staff will remind Managers during case handling and attendance management discussions.

Categorisation checks following new categories was already underway and will continue including regular spot checks.

Grade 2  
(Operation)

Susan Beaton &  
Kirsty Garrick

August  
2023

2.7

We recommend that the Attendance Management Procedure is updated to reflect that return to work interviews should be undertaken as soon as possible but no later than a specified period (7 days is suggested) as after that point, any actions that may have been necessary may no longer be impactful.

Line managers should be reminded of the importance and value of holding return to work meetings as early as possible.

Management accepts this recommendation.

Regular reminders are given on the importance of this and it will feature in development activity with Line Managers.

The Return to Work interview process has undergone change and this is continuing.

Grade 2  
(Design)

Susan Beaton

September  
2023

	Police Scotland should review the return to work interview form and process to assess if this could be streamlined.	An 'Absence Management Good Practice Edition' of the line managers Toolkit(s) will be issued and will cover this area			
2.8	We recommend that employees categorised as ill-health retained are reviewed to confirm that the process has been followed in full. The outcome of the medical assessment, justification to retain and authorisation processes should be recorded within the form and held on the individual's personal record.	<p>Management accepts this recommendation.</p> <p>Officers in this category to be reviewed. Further discussion is necessary as to where record of approval for individual ill health retained status should be stored.</p>	Grade 2 (Operation)	Kirsty Garrick & Susan Beaton	September 2023
2.9	<p>We recommend that instances of individuals on recuperative duties for longer than a year are further investigated and re-categorised where appropriate.</p> <p>Police Scotland should discuss and agree a classification beyond the point at which 'adjusted modified duties' are no longer</p>	<p>Management accepts this recommendation.</p> <p>A review of compliance with new categories has begun reviewing individuals who are more than 1 year adjusted and non deployable in the first instance.</p>	Grade 3 (Design)	Kirsty Garrick & Susan Beaton	September 2023

	<p>adjustments and become permanent restrictions.</p> <p>A review should then be undertaken to assess current cases exceeding the expected periods and if there is a need to consider ill-health retirement, capability proceedings or a move into a long term suitable role.</p>	<p>Further consideration alongside compliance to PNB regulations and Equality Act, will be given to the categorisation of those with duty modifications. This is to consider those beyond 1 year adjusted category, non deployable and are not yet formally considered as Ill Health Retained.</p>			
3.1	<p>We recommend that the team who produce the management information reports consult with target audiences to update available reports to better reflect the reporting needs each group/stakeholder.</p>	<p>Management accepts this recommendation.</p> <p>The Strategic Workforce Planning Team will work with people partners and their Client Areas to develop suite of reports containing required and specified and recommended data</p>	Grade 2 (Design)	Peter Blain & Kirsty Garrick	September 2023
3.2	<p>We recommend that the People Partners engage with the Senior Leadership Teams of their business area to understand what information they would find useful in helping them manage service delivery as well as providing regular updates on 'key metrics'. For example number of employees on</p>	<p>Management accepts this recommendation.</p> <p>The Strategic Workforce Planning Team will work with people partners and their Client Areas to develop suit of reports containing required and specified and recommended data</p>	Grade 2 (Design)	Peter Blain & Kirsty Garrick	September 2023

	<p>modified duties that have an overdue or unset review date.</p>				
<p>4.1</p>	<p>We recommend that the 'Miscellaneous' absence sub-categories are reviewed and where appropriate, expanded to be categories in their own right, for example, cancer or surgery related absences. This will increase oversight within management information and allow issues to be identified.</p>	<p>Management accepts this recommendation.</p> <p>We will explore system changes through SCOPE.</p> <p>Further Guidance has already been given to PD staff who record absence details in terms of categorisations.</p> <p>Work will be undertaken to 'delete' the duplicated miscellaneous absence categories from the Scope system and this will resolved the issues as the options to use .miscellaneous' will be an exception only.</p>	<p>Grade 2 (Design)</p>	<p>Peter Blain &amp; Susan Beaton</p>	<p>May 2023</p>

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