| Report to: | MSMTM |
|---|---|
| Report by: | Helen Gardner-Swift, Head of Corporate Services (HOCS) |
| Meeting Date: | 14 July 2022 |
| Subject/ Title:<br>(and VC no) | Compliance with Governance Reporting Arrangements 2021-22<br>VC172489 |
| Attached Papers<br>(title and VC no) | Governance Reporting Arrangements 2022-23 (draft)<br>VC171224 |

## Purpose of report

1. To provide an assurance report to the Senior Management Team (SMT), as required by the Governance Reporting Arrangements in place for 2021-22 (GRA) (VC140283) and to review the GRA for 2022-23.

## Recommendation and actions

2. I recommend that the SMT:

    (i)    notes the Committee Report (CR) and the assurance that the GRA have been complied with in 2021-22

    (ii)   approves the reviewed GRA that will apply in 2022-23

    (iii)  agrees that this CR and the GRA are published as set out in paragraph 19.

## Executive summary

3. Governance reporting has continued throughout 2021-22 and the table set out in the Appendix provides a format against which compliance in 2021-22 against the reporting requirements has been measured.

4. The table shows that of the 42 reporting measures, 39 were achieved in full, one was partially met and two have not been complied with.

    Partially met

5. The reporting measure that was partially met relates to (5) Equalities Monitoring (users) and further work is being undertaken to put in place an appropriate and UK GDPR compliant survey mechanism

    Not met

6. Of the two reporting measures that have not been complied with the following should be noted:

    • (26) Investigations Quality Assurance – SMT agreed that quarterly report was not required for 2021-22 but that the quarterly report would remain in Governance Reporting Arrangements 2021-22 (GRA) and QSMTM agendas until the review of GRA in 2022-23 (included in this CR)

- (42) Community Empowerment (Scotland) Act 2015 – further clarification as to whether the Commissioner is required to submit an annual report under this Act has not been received to date

**Assurance**

7. The GRA include a requirement for me to provide the SMT with assurance that the GRA have been complied with in 2021-22.

8. Taking account of the number of measures that have been met and the reasons for the small number of reporting measures that have been partially met or not met, I am satisfied that the GRA have been complied with for 2021-22. Therefore, I am able to provide assurance to the SMT that, for 2021-22, there has been compliance with the GRA.

**Review of GRA**

9. I have reviewed the GRA that will apply in 2022-23 (draft attached) and the SMT is invited to include further comments on the draft.

## Risk impact

10. This assurance report and the GRA mitigate against strategic and operational risks of not having effective and robust governance arrangements in place.

## Equalities impact

11. No direct equalities impact arises directly from this report.

## Privacy impact

12. No privacy impact arises directly from this report.

## Resources impact

13. The GRA are resource intensive and the work undertaken is met from current resources.

14. Since temporarily closing our office premises on 23 March 2020 and putting in place business continuity arrangements, we have ensured that strong governance remains in place and that the governance reporting continues. Business continuity arrangements are in place and all members of staff are working remotely, with secure access to our office systems. Our office premises gradually re-opened from 3 May 2022.

## Operational/ strategic plan impact

15. None

## Records management impact (including any key documents actions)

16. None apart from publication of Key Document.

## Consultation and Communication

17. SMT have been consulted on draft GRA 2022-23.

18. MSMTM minute and publication of the CR.

## Publication

19. This CR should be published as follows:

- the CR is published in full

- the GRA applying in 2022-23 is withheld on the basis that Section 27 of FOISA applies and this key document will be finalised and published in full on our website as soon as possible.

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| **Finance** | | | | | |
| 1 | **Financial** | Provide assurance that budget is managed effectively, including details of spend against budget with variances, and forecast 'committed spend'. | HOCS | Y | Quarterly financial reports to SMT |
| 2 | **Time take to pay suppliers** | Provide assurance suppliers are being paid promptly and KPIs achieved | HOCS | Y | QSMTM annual report (Q4) |
| **Governance** | | | | | |
| 3 | **Assurance for the Governance Statement** | Provide assurance to the Commissioner in his capacity as accountable officer as set out in the Internal Control Checklist. | HOCS | Y | Summer (direct to SIC) |
| 4 | **Compliance with Governance Reporting Arrangements** | Provide assurance that the arrangements in this document are being complied with | HOCS | Y | this report |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| 5 | **Equalities Monitoring (Service Users)** | Where relevant and appropriate, gather and analyse service user data and use the outcomes to refine policies and practice and also to help demonstrate that the Commissioner meets the public sector duty under the Equality Act 2010. Provide assurance that all policies and projects which impact the public have been equalities impact assessed (including, where relevant and appropriate, a review of any Equalities Impact Form completed as part of a project management process) | HOCS | N- as regards equalities monitoring and EIFs Y – as regards CRs – all have an equalities impact section | Equalities Monitoring in abeyance pending HOCS review of equalities guidance/new survey procedures being put in place |
| 6 | **Communication Strategy** | Set forward strategy and provide annual summary and forward work plan in respect of communications, media and other P&I functions. Limited annual review to ensure aims and messages remain consistent with those of the organisation | HOPI | Y | QSMTM annual report (Q4) |
| 7 | **Sickness Absence** | Provide data on the amount and nature of sickness absence to:<br>• support effective management of sickness absence<br>• monitor organisational performance against the agreed benchmark<br>• identify trends which may indicate the need for management action | HOCS | Y | QSMTM annual report (Q4) |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|-----|--------|---------|--------------------|------------------|-----------------------------------------------------|
| 8 | **Workforce Trends** | Provide 'Staff in Post' data to inform resource, operational and strategic planning | HOCS | Y | QSMTM annual (Q4) |
| **Human Resources** | | | | | |
| 9 | **Employment Policy Update** | Apprise the SMT of changes in employment law and provide assurance that the Commissioner's employment policies are legally compliant | HOCS | Y | QSMTM annual (Q3) |
| 10 | **Equalities Monitoring (Staff)** | Demonstrate that the Commissioner meets the public sector equality duty in the Equality Act 2010 by gathering and analysing staff data, and using the outcomes to refine policies and practice<br><br>Provide assurance that all policies which impact staff have been equalities impact assessed (including a review of Equalities Impact Forms completed as part of the project management process)<br><br>Provide assurance that staff have undertaken appropriate training to enable them to meet their obligations under the Equality Act 2010. | HOCS | Y | QSMTM annual report (Q4) |
| 11 | **Learning & Development** | Demonstrate that SIC's learning and development plan is aligned with its HR Strategy and supports effective delivery of its Operational Plan<br><br>N.B. Plan approved in December 2020 (see also (12) below re: Performance and Development Framework) | HOCS | Y | QSMTM annual report (Q1)<br><br>L&D Plan approved for 2021 - 22 |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| 12 | **Performance & Development Framework** | Provide assurance on the effectiveness of the Framework, including:<br><br>• details of number of reviews completed, and timescales achieved<br><br>• outcomes e.g. organisation or team level (i.e. not individual)<br><br>N.B. Due to the temporary closure of the office premises as a result of the impact of the COVID-19 pandemic, and, also, the fact that not all staff were able to work remotely until August 2020, it was not possible<br><br>• for line managers to carry out the annual reviews within the required timescales, that is by the end of May 2020<br><br>• for HOCS to use the outcome of these reviews, to assess whether, overall, objectives have been met.<br><br>• to set personal objectives for each member of staff for 2020-21 until October/November 2020<br><br>• to agree personal development plans with each member of staff until October/November 2020 | HOCS | Y | QSMTM annual report<br><br>(Q1) |
| 13 | **Review of HR Strategy** | Demonstrate that SIC has an effective HR Strategy in place which will enable it to deliver its strategic objectives. | HOCS | Y | QSMTM<br><br>annual |
| **Information & Records Management** | | | | | |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| 14 | **Information and Records Management** | Provide assurance that SIC's information and records are being managed in accordance with published policies and procedures, in particular that:<br><br>• records are being destroyed at the appropriate time<br><br>• records are held for the appropriate time<br><br>• information is held securely<br><br>• appropriate back-up arrangements are in place<br><br>• personal data is being lawfully processed<br><br>• key documents are being managed in line with the Handbook | HOCS | Y | QSMTM<br><br>annual<br><br>(Q4) |
| 15 | **Key Documents** | Inform operational and resource planning and prioritisation by providing a report on:<br><br>• planned reviews falling due<br><br>• details of planned reviews completed in the prior period<br><br>• details of planned reviews not completed in the prior period | HOCS | Y | Reviewed every two months by SMT |
| 16 | **Publication Scheme (SIC)** | Provide assurance that SIC is publishing and making accessible as much information as possible, in line with its own published good practice | HOCS | Y | QSMTM<br><br>annual<br><br>(Q3) |
| **Performance Management & Monitoring** | | | | | |

Scottish Information
Commissioner

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| 17 | **Enquiries Service** | Provide information on key performance measures, volumes and subject matter of enquires to inform resource planning | HOCS | Y | QSMTM six-monthly (Q2 & Q4) |
| 18 | **Feedback from events and training** | Provide assurance that feedback achieves key performance measure and to support continuous improvement | HOPI | Y | Per event schedule (if undertaken) |
| 19 | **Subject Access Requests** | Provide information on key performance indicators and volumes | HOCS | Y | QSMTM quarterly (Q1, Q2, Q3 and Q4) |
| 20 | **Information Requests and Reviews** | Provide information on key performance measures, volumes and subject matter of requests and reviews to inform resource planning | HOCS | Y | QSMTM quarterly (Q1, Q2, Q3 and Q4) |
| 21 | **Information Requests and Requests for Reviews** | Provide assurance to HOCS that responses to information requests and requests for reviews comply with relevant legislation and related guidance | HOE | Y | QSMTM (Q4) |
| 22 | **Investigations Performance** | Report on performance, including whether key performance measures are being achieved, numbers and KPIs, ages of cases, etc. | HOE | Y | QSMTM quarterly (Q1, Q2, Q3 and Q4) |
| 23 | **Operational Plan Monitoring** | Monitor and provide assurance that activities are progressing to plan and to inform the prioritisation of projects and resources | HOCS | Y | Reviewed every 2 months and monitoring report published after the end of each quarter |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| 24 | **Publications Schemes (PAs)** | Provide assurance that adoptions are progressing in line with key performance indicators | HOPI | Y | QSMTM annual (Q4) |
| 25 | **Interventions** | Provide annual report on interventions carried out in previous financial year | HOPI | Y | QSMTM annual (Q1) |
| 26 | **Quality Assurance – Investigations** | Provide assurance on the quality of investigations as defined by the agreed quality criteria as set out in the Investigations Handbook | HOE | N | QSMTM six - monthly (Q1 and Q3) |
| 27 | **Quality Assurance - Enquiries** | Provide assurance on the quality of responses to enquiries as defined by the agreed quality criteria | HOCS | Y | QSMTM annual Q4 |
| 28 | **Self-Assessment Tools** | Provide assurance on the utilisation and effectiveness of the self-assessment tools | HOPI | Y | QSMTM annual Q3 |
| 29 | **Service Standards** | Provide assurance on the quality of service provision, including:<br>• number of compliments received<br>• number of complaints received and their outcomes | HOCS | Y | QSMTM reports six-monthly (Q2 & Q4) |
| 30 | **Website** | Provide report on website usage and assurance that key performance measure is achieved | HOPI | Y | QSMTM reports (Q2 & Q4) |
| **Risk** | | | | | |
| 31 | **Health and Safety** | Provide assurance that SIC is meeting its statutory obligations in respect of employee health, safety and well-being, and is providing statutory training | HOCS | Y | QSMTM reports six-monthly (Q1 and Q3) |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| 32 | **UK GDPR Report** | Provide report on UK GDPR and data protection arrangements, including data incidents | HOCS | Y | QSMTM reports quarterly (Q1, Q2, Q3 and Q4) |
| 33 | **Risk Management** | Provide annual assurance that risk is being managed effectively, including a review of the Risk Management Policy | HOCS | Y | QSMTM annual |
| 34 | **Risk Registers** | Provide assurance that risk is being managed effectively, in line with Risk Policy:<br><br>- Operational Risk Register & Heat Map<br>- Strategic Risk Register & Heat Map | HOCS | Y | ORR and Heat Map reviewed every two months<br><br>SRR and Heat Map reviewed quarterly by QSMTM (Q1, Q2, Q3 and Q4) |
| **Statutory** | | | | | |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|-----|--------|---------|--------------------|------------------|----------------------------------------------------|
| 35 | **Annual Report** | Provide:<br><br>• Performance Report (HOPI) (HOCS as regards relevant corporate sections)<br><br>• Parliamentary Accountability (HOCS)<br><br>    o Commissioner's Report<br><br>    o Statement of Accountable Officer's Responsibilities<br><br>    o Governance Framework/Scheme of Control<br><br>    o Remuneration and staff report<br><br>• Financial Statements (HOCS)<br><br>• successfully audited Annual Report (AR) (HOCS)<br><br>• designed, printed and signed ARA (HOPI)<br><br>• Auditor General clearance for laying (HOCS)<br><br>• laying of the AR before Parliament (HOPI)<br><br>AR to be drafted in compliance with the Scottish Public Finance Manual and the Government Financial Reporting Manual (FReM). | HOPI & HOCS (as shown) | Y | 2020-21 AR successfully audited, laid before Parliament and published |
| 36 | **Statements of Expenditure**<br><br>**(Public Services Reform (Scotland) Act 2010) (PSR(S)A)** | Publish statements of expenditure as required by section 31 of the PSR(S) Act | HOCS | Y | QSMTM<br><br>annual<br><br>(Q4) |

| Ref | Report | Purpose | Designated Manager | Completed? (Y/N) | Report due at meetings indicated but this may vary |
|---|---|---|---|---|---|
| 37 | **Statement on Sustainable Growth (PSR (S) Act)** | Publish statements as required by section 32 of the PSR (S) Act<br><br>N.B. considered and approved at QSMTM on 12/05/2021 subject to small amendment | HOCS | Y | QSMTM<br>annual<br>(Q4) |
| 38 | **The Prescribed Persons (Reports on Disclosure of Information) Regulations 2017** | Publish annual report | HOE | Y | QSMTM<br>annual<br>(Q4) |
| 39 | **British Sign Language Plan** | Action Plan – report and review | HOPI | Y | QSMTM<br>annual<br>(Q4) |
| 40 | **Biodiversity Report** | As required by the Nature Conservation Act 2004 | HOCS | Y – report published 2021 | Next report due 2024 |
| 41 | **Sustainable Development** | Monitor and report on Carbon Footprint | HOCS | Y | QSMTM annual report<br>(Q4) |
| 42 | **Community Empowerment (Scotland) Act 2015** | Publish annual report (as required) | HOCS | N | QSMTM<br>annual<br>(Q1) |