

SCOTTISH POLICE  
AUTHORITY

Meeting	Audit Committee Public Session
Date	22 January 2018
Location	Pacific Quay, Glasgow
Title of Paper	Police Scotland Improvement Tracker
Item Number	11.1
Presented By	Donna Adams
Recommendation to Members	For Noting
Appendix Attached	Yes – Improvement Tracker

**PURPOSE**

The purpose of this paper is to provide Members of the Scottish Police Authority Audit Committee with an update on the current status of all audit and improvement recommendations made by External Bodies.

## 1 BACKGROUND

Police Scotland monitor progress with recommendations on a quarterly basis and submit the results of reviews to the Police Scotland Audit and Board. Each recommendation has an identified strategic lead that approves the status of progress and risk exposure and decides when recommendations can be proposed for closure.

All recommendations have been assessed based on the progress being made with implementation according to agreed timescales and these have been colour-coded according to the following criteria.

<b>BRAG Status</b>	<b>BRAG Description</b>
BLUE	Discharged by Auditor/Inspectorate or proposed for closure by Police Scotland.
RED	Original target date missed.
AMBER	Slippage possible.
GREEN	Progressing. On track.

Each recommendation has also been assessed in terms of the risk it presents to Police Scotland. The following criteria is used to inform the assessment.

<b>Risk Exposure</b>	<b>Description</b>
High	High or very high risk exposure – absence / failure of significant controls, procedures and/or policies which puts services at high risk.

Medium	Medium risk exposure – not all key controls, procedures or policies are working effectively which may expose Police Scotland to a moderate amount of risk.
Low	Low risk exposure – minor controls, processes, policies and/or procedures are not in place, they are not working effectively or efficiently. An area for improvement or general housekeeping point.

## 2 FURTHER DETAIL ON THE REPORT

Summary of progress since the last quarterly update (Sept 2017)

- **96** recommendations were approved for closure some of which are awaiting final discharge by HMICS or are pending validation by Internal Audit. Six of these are high risk areas.
- **82** recommendations have been added to the tracker from newly published reports. These include 1 Audit Scotland report and 5 Internal Audit Reports. Updates will be provided for these at the next review.

There are **250** recommendations in progress with **138** (55%) having slipped from their original timescale for completion. The focus remains on prioritising high risk actions for completion and reports are produced within Police Scotland to address areas of slippage and problems with addressing recommendations. **Appendix 1** provides further detail on each inspection/audit.

A breakdown of the total number of actions is illustrated within the graph below.

Graph 1 – Total number and % of recommendations according to their progress.

Total	Closed	Missed	Slippage	On Track
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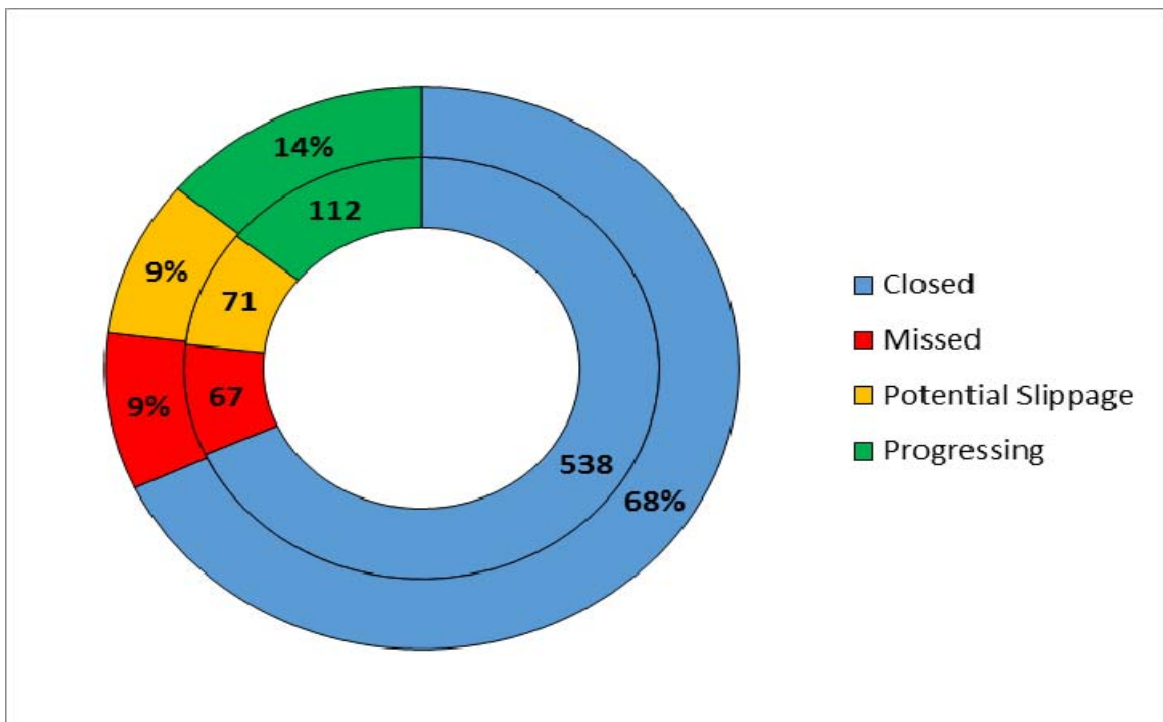
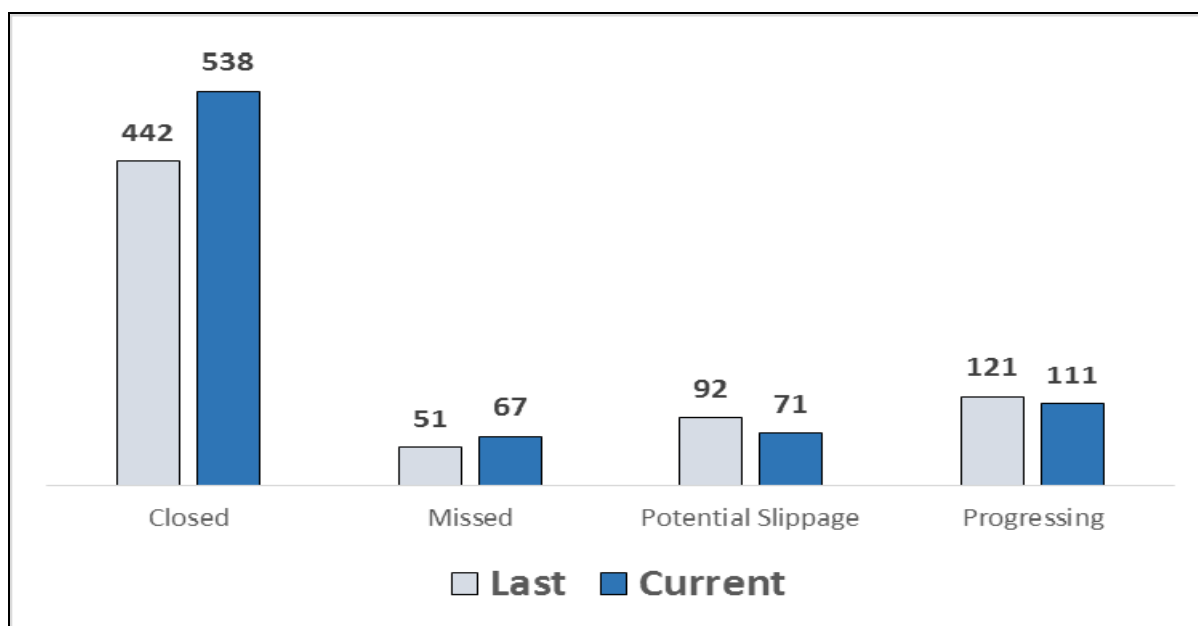


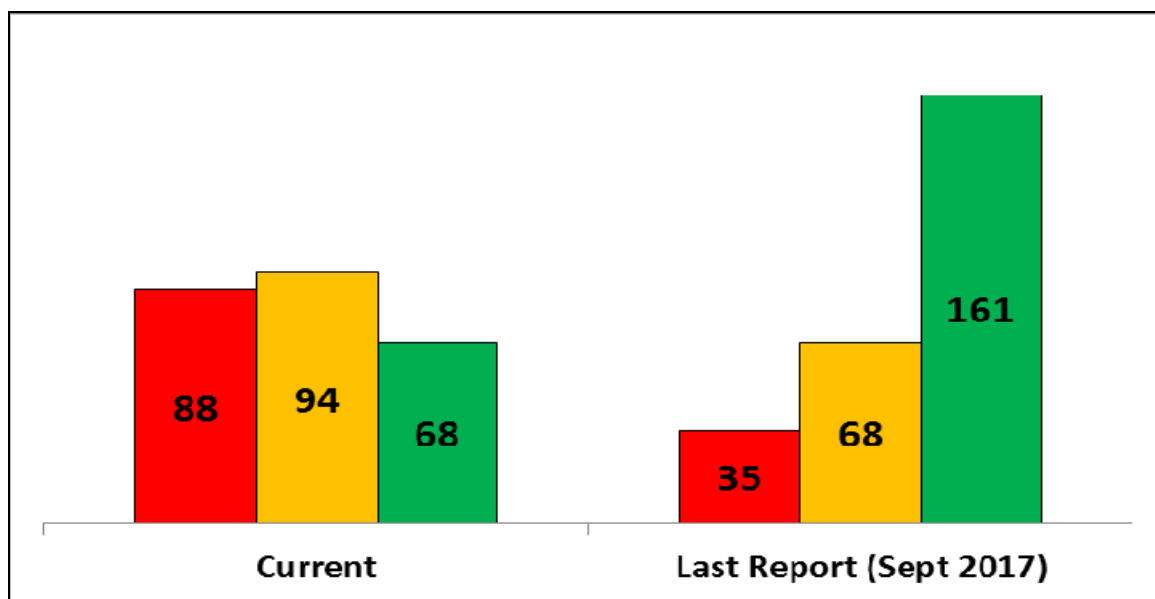
Table 1 – Total number of recommendations according to Auditor/Inspectorate.

<b>HMICS</b>	<b>307</b>	268	11	11	17
<b>Audit Scotland</b>	<b>114</b>	105	4	0	5
<b>Internal Audit</b>	<b>213</b>	132	33	2	46
<b>Other</b>	<b>153</b>	33	19	58	43
<b>Totals</b>	<b>787</b>	<b>538</b>	<b>67</b>	<b>71</b>	<b>111</b>

Graph 2 – Comparison with last period ending September 2017



Graph 3 – Total number of outstanding recommendations according to their risk exposure along with a comparison with the previous period.

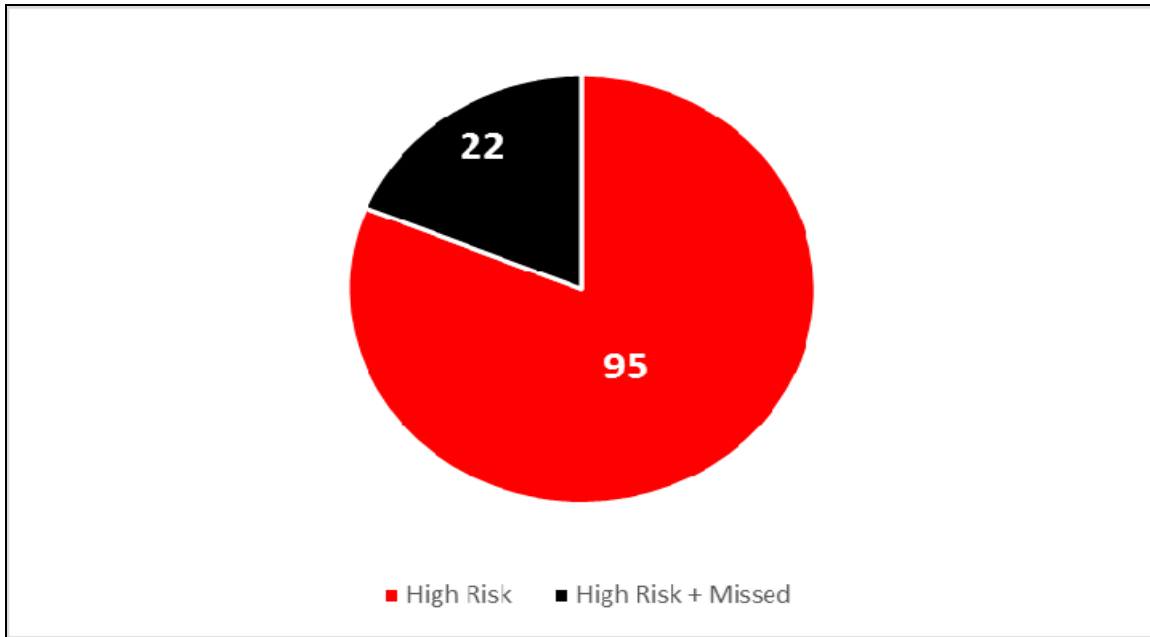


The significant increase in the number of recommendations with a high risk exposure is due to all recommendations from the Information Commissioners Office having now been assessed. From the **88** high risk actions, **19** (representing 22%) of these have missed their target timescale. These are detailed within the table below.

Although there still remains a number of recommendations that have missed their target date or likely to miss their target date, the percentage is reducing and has done since June 2017 as shown in the table below. The actions that we are putting in place will improve this position.

June 2017		December 2017	
Number	% of open recs	Number	% of open recs
151	65%	132	55%

Graph 3 – Number of high risks that have missed their original target date (depicted in black)



Over half of all missed high risk actions are overdue by 12 months or more and these tend to be recommendations that were made prior to increasing our focus on action planning. In addition, in a number of cases substantial efforts have been taken to reduce immediate risk, we are awaiting the introduction of ICT or the delay are outwith our control as they require partners to complete action.

A summary of the approximate delays is detailed within Table 2 below and an explanation of the reasons for delay are provided within Table 3 below.

Table 2 – Number of high risk actions that have missed their original timescale.

	1 month	3 months	12 months+
<b>ICO</b> (Sept 2016)	<b>2</b>	<b>2</b>	<b>3</b>
<b>Software Dev Testing</b> (June 2017)	<b>1</b>		
<b>Budget Setting</b> (June 2017)	<b>1</b>		
<b>Payroll</b> (Jan 2017)		<b>1</b>	<b>3</b>
<b>Recruitment &amp; Diversity</b> (Apr 2017)		<b>1</b>	
<b>Vetting</b> (Dec 2016)			<b>1</b>
<b>CCU</b> (Jun 2016)			<b>4</b>

Table 3 – High risk actions that have missed their original target date

Recommendation & Risk	Update
<b>Counter Corruption Assurance Review</b> (4 recommendations)	Outwith Police Scotland control. Remaining outstanding recommendations relate to outside Force carrying out work.
<b>Vetting Internal Audit</b> Re-vet workforce regularly	A detailed options report is being considered.
<b>Information Commissioner</b> (7 recommendations)	
DP Training / SOP	This was delayed to ensure all feedback in relation to training requirements was received from Audit 3 published late 2017
Governance re Data Sharing, risk management and escalation routes	Group established but not fully operational.
Separation of role for SIRO and Information Assurance Officer	Decision taken re ownership, training still to be undertaken.
SOP for Physical Security Access	A draft is in place, tutor script in progress but



<p>Information Security SOP updated</p> <p>Improve suppliers' awareness of handling police information DP and IS Training re for persons processing personal data</p>	<p>further work delayed due to staff absence.</p> <p>Now included within the DP Reform Project</p> <p>Delayed due to staff absence</p>
<p><b>Payroll</b></p> <p>Address weaknesses in the Glasgow payroll and deliver single payroll</p> <p>Timing of payroll run checks in Glasgow</p> <p>SLA for payroll services to be updated</p> <p>Staff numbers reconciliation</p>	<p>3 red recommendations and 1 black (which was subsequently reduced by SM on 9 October 2017 following work carried out to reduce the immediate risk). All actions that can be taken to reduce the immediate risk have been completed and all that remains is the implementation of the single Payroll. Delays are being experienced with obtaining SLAs from third parties.</p>
<p><b>Software Development Testing</b></p> <p>Monitoring releases to the live environment</p>	<p>A Master Test Strategy has been developed and is still in draft following comments from Scott-Moncrieff and internal peer review. In the process of being finalised – expected by end of Jan 2018.</p>
<p><b>Recruitment &amp; Diversity</b></p> <p>Recruitment Strategy</p>	<p>The Strategy has been developed and is awaiting publication. This has been delayed due to the policy simplification project that is ongoing to review Police Scotland's document set.</p>
<p><b>Budget Setting</b></p> <p>Development of savings plans</p>	<p>A request was reiterated at the Executive Planning day on 20 December 2017. In order to develop detailed savings, the Finance Service require input of the wider business in identifying and detailing significant recurring savings (in addition to one-off savings / receipts). This will allow the Finance Service to support the articulation of the overall benefit of projects and cost reduction efforts.</p>

## **New Recommendations**

### **Forensic Services to Victims of Sexual Crime (HMICS Published March 2017)**

Joint thematic inspection resulting in 10 recommendations. Only 4 of which require Police Scotland to take the lead. An action plan is in place and is being monitored at a newly formed Joint Working Group chaired by a Detective Superintendent.

The recommendations are as follows:

Recommendation 2 – Police Scotland should work with the partners responsible for delivering the Archway service in Glasgow and the West of Scotland and strengthen its current governance arrangements to ensure the service is adequately resourced and meets the needs of the communities it serves.

Recommendation 5 – Police Scotland should work with NHS Boards to urgently identify appropriate healthcare facilities for the forensic medical examination of victims of sexual crime. The use of police premises for the examination of victims should be phased out in favour of healthcare facilities as soon as is practicable.

Recommendation 9 – Police Scotland should work with the Scottish Police Authority and NHS Scotland to introduce standard operating procedures for the forensic cleaning of police premises which continue to be used for medical examinations. These should comply with current guidance.

Recommendation 10 – Police Scotland should work with NHS Scotland to ensure suspected perpetrators of sexual abuse who are under 16 years old are not forensically examined within police custody facilities. The Criminal Justice (Scotland) Act 2016 defines a child as being a person under the age of 18 and consideration should be given to how this affects the treatment of child suspects in the context of forensic medical examinations.

*PS Response: As detailed within the Tracker at Appendix 1.*

### **Forensic Services (HMICS Published June 2017)**

Joint thematic inspection of SPA and Police Scotland resulting in 23 recommendations. Only 3 of which require Police Scotland to

take the lead. A consolidated action plan is in place and is being monitored by SPA staff with Police Scotland actively contributing to the management of action.

The 3 recommendations relating to PS are as follows:

Police Scotland to consider quality accreditation for digital forensics in line with the FSR recommendations, UK Forensic Strategy and wider good practice in order to support effective public performance reporting and assurance.

*PS Response: A paper has been submitted detailing recommendations for the implementation of the ISO 17025 system. Feedback is awaited from Force Executive prior to progression.*

Police Scotland should review the role and capacity of Portal Gateway Managers to improve local liaison around investigative priorities and ensure greater involvement in tasking and co-ordination process linked to national processes.

*PS Response: Working Group with Gateway managers held to identify solutions and improvements.*

The SPA and Police Scotland should implement the recommendations previous PS Led Lean Six Sigma Review.

*PS Response: Document reviews undertaken to develop understanding of methodology and recommendations. Further reviews undertaken of all 56 recommendations and these have been broken down into themes: Guidance/Communications; ERF Process; ICT; and Training.*

### **Tayside Division (HMICS Published November 2017)**

Local Policing+ Inspection of Tayside Division resulting in 5 recommendations being made. An action plan has been drafted and has received support from HMICS. This now needs to be formally approved through the Police Scotland Governance Structure and will be shared at the next meeting to demonstrate our response to the recommendations.

Recommendation 1 – The divisional commander should ensure that Tayside Division has an intelligence requirement aligned to

national and local priorities and that this is communicated to and understood and acted upon by officers.

Recommendation 2 – The divisional commander should ensure that the role of the community police officer is clearly defined and that community officers understand the expectations upon them and receive training or guidance to carry out their role effectively.

Recommendation 3 – Police Scotland and the divisional commander should review the availability of nationally, regionally and locally-based specialist teams out of hours.

Recommendation 4 – Police Scotland should develop a vision and strategy for special constables and other volunteers.

Recommendation 5 – The divisional commander should adopt an evaluative approach to his divisional and partnership initiatives.

### **Closed Recommendations**

As a result of the action taken to address 95 recommendations we provide the following summary of the risks that have been mitigated or improvements achieved.

- The introduction of a centralised asset management register has been introduced to provide greater control and oversight particularly over mobile assets. ICT security and user access privileges have improved providing greater control to guard against fraud and insider threats. Improvements to the monitoring of security alerts and event monitoring is delivering enhanced controls as well as providing a swifter and more direct response to identified problems/issues.
- Business Continuity Plans for two outstanding areas have now been finalised and their effectiveness/adequacy evaluated. This now concludes this recommendation for Police Scotland. Ongoing monitoring will now take place as business as usual.
- In respect of the Organisational Change Management Internal Audit, we have introduced the Planning and Performance Measurement Frameworks which is providing a solid basis for our strategic planning approach and ability to better monitor effectiveness. We have also closed gaps in terms of financial monitoring within the project environment through the

recruitment of a finance specialist and we have also adjusted our project documentation to capture and monitor financial impacts more routinely.

- In respect of call handling we have now improved our failure demand, improved service at first contact and reduced the demand on front line officers. We have further improved the equity of service across Scotland and made improvements to our risk and vulnerability assessment processes to prioritise the grading of calls. HMICS regularly review our progress with these recommendations and provide commentary on an ongoing basis.
- In respect of the recent Software Development Testing Internal Audit, we have introduced more rigour to our approach to releasing software to the live environment. We have developed a test policy and communicated this to staff. Processes have been formalised to ensure earlier engagement in project initiation to ensure resources are scheduled when testing is needed.
- To address gaps in respect of ICT Service Delivery, ICT Connect has been reconfigured to collect, monitor and report on SLAs relating to initial response to service requests. A Service Catalogue has also been created so that customers have a wider understanding of the types of services they can receive internally from ICT. Phase 1 of a Problem Management approach has been introduced within ICT. The process for ensuring Rollback Plans are in place has been reinforced amongst staff to mitigate against any risk of loss of performance or to guard against data loss. A complaints and compliments system has been introduced to provide feedback from customers to further improve the service.
- A national policy for Fire Risk Assessment is complete with regular assessments undertaken by a specialist team. We have also made improvements to the management of asbestos, COSHH assessments for productions stores and legionella control.

The following report(s) have had all recommendations implemented. Members are reminded that Assistant Chief

Constables and Directors propose recommendations for closure but they are not formally closed within our management system until we have confirmation from the Auditor/Inspectorate. Dialogue will be undertaken with the inspection/ audit body to agree closure and if approved they will be removed from the tracker.

- End Point Security
- Business Continuity Management 2016
- Strategic Planning
- LP+ Ayrshire Improvement Actions
- Crime Audit 2016 Improvement Actions
- Health and Safety Executive – Fire Scrutiny
- Office of Surveillance Commissioners Recommendations and Improvement Actions.

### **3 FINANCIAL IMPLICATIONS**

There are no financial implications in this report.

### **4 PERSONNEL IMPLICATIONS**

There are no personnel implications in this report.

### **5 LEGAL IMPLICATIONS**

There are no legal implications in this report.

### **6 REPUTATIONAL IMPLICATIONS**

There are potentially reputational implications associated with this paper as failure to continue to progress any external Recommendations, Suggestions or Improvement Actions could result in the negative public reporting of same.

### **7 SOCIAL IMPLICATIONS**

There are no social implications in this report.

### **8 COMMUNITY IMPACT**

There are no community impact implications in this report.

### **9 EQUALITIES IMPLICATIONS**

There are no equalities implications in this report.

## 10 ENVIRONMENTAL IMPLICATIONS

There are no environmental implications in this report.

### RECOMMENDATIONS

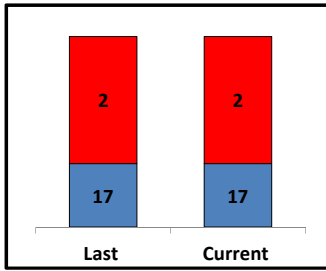
Members are requested to note the update in respect of the current outstanding recommendations from External Audit and Inspection activity.

Audit Scotland Recommendations Progress Tracker - December 2017								
<b>KEY</b>	<b>BLUE</b>	Discharged / Proposed for Closure	<b>RED</b>	Missed	<b>AMBER</b>	Possibility of slippage	<b>GREEN</b>	On track

**Interim Review of Internal Controls and Governance Arrangements 2015/16**

Executive Owner: Deputy Chief Officer

Business Area: Finance

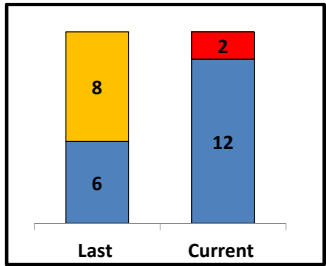


Risk Exposure	Date Published: July 2016	Completion Date: <b>OVERDUE</b>
High	Two recommendations remain outstanding: "Independent Checking of Payroll Input" - Medium Risk	
Medium	1	"Efficiency of processes" - Low Risk - process being looked at by new Financial Transactions Manager but ultimately efficiencies will be brought about through the introduction of Purchase to Pay.
Low	1	

**SPA Annual Audit 2015/16**

Executive Owner: Deputy Chief Officer

Business Area: Finance

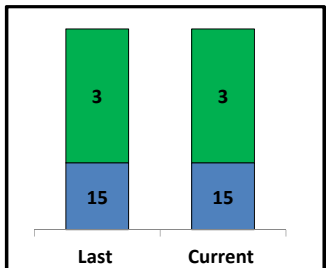


Risk Exposure	Date Published: December 2016	Completion Date: <b>June 2017</b>
High	Four recommendations have been closed. Two remain outstanding relating to Police Scotland: "Use of Reform Money"	
Medium	8	"Internal Control - Resourcing within the Finance Department"
Low	0	

**SPA Annual Audit 2015/16 Improvement Actions**

Executive Owner: Deputy Chief Officer

Business Area: Finance

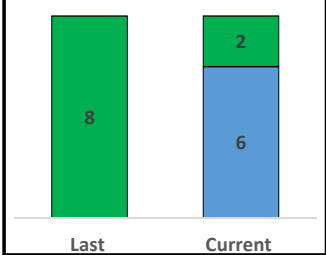


Risk Exposure	Date Published: December 2016	Completion Date: December 2018
High	3 areas are progressing: "Revaluation of Assets Held for Sale (AHFS)" "Heritage / Donated Assets"	
Medium	3	"Clarification of ownership - Seymour House"
Low	0	

**SPA Interim Audit Report 2016/17**

Executive Owner: Deputy Chief Officer

Business Area: Finance



Risk Exposure	Date Published: December 2016	Completion Date: March 2018
High	Six recommendations have been addressed. Two remain outstanding relating to addressing inconsistencies with setting up new suppliers within the payables system and payroll verification checks. In relation to new suppliers, new procedures have been established to prevent new suppliers being set up for one-off payments and a new supplier form has been created. A new Government Procurement Card policy is undergoing consultation in order to implement best practice in the coming months. Inconsistencies in the payroll verification processes will be addressed once the new payroll system is in place.	
Medium	2	
Low	0	



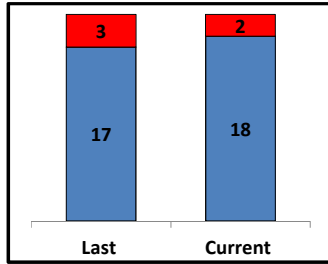
**Internal Audit Recommendations Progress Tracker - December 2017**

<b>KEY</b>	<b>BLUE</b> Discharged / Proposed for Closure	<b>RED</b> Missed	<b>AMBER</b> Possibility of slippage	<b>GREEN</b> On track
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**IT General Controls**

Executive Owner: Deputy Chief Officer

Business Area: Finance & ICT

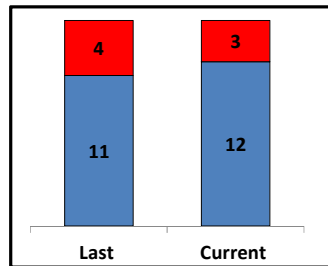


Risk Exposure	Date Published: April 2016	Completion Date: 31 Mar 2017
High		Since the last review one recommendation has been closed on the tracker relating to carrying out user training on e-Financials. The recommendation has not been implemented exactly as the Internal Audit suggest, however, we are confident that adequate controls are in place to support staff to use the system effectively. Two recommendations are outstanding. One is outwith the full control of Police Scotland as it requires a revised to an outsourced system to be made to improve field validation. The other relates to implementing a system maintenance programme to ensure the performance and integrity of the system is not affected - this is ongoing.
Medium	2	
Low		

**Core Financial Controls**

Executive Owner: Deputy Chief Officer

Business Area: Finance

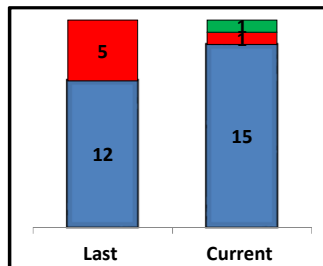


Risk Exposure	Date Published: April 2016	Completion Date: 31 December 18
High		One recommendation re NFI has been incorporated within the NFI Audit. Three recommendations remain outstanding. There has been slippage in all areas against original timescales.
Medium	3	*Policies and Procedures - good progress has been made here with a small amount of work required to complete. *Payroll Data - this requires a change to be made to SCOPE. Original proposal was found to be overly complex and could not be prioritised for ICT development. A revised business requirement is being developed.
Low		*Three way match - this is ongoing and will be delay further by the need to undertake a full needs analysis for the P2P project.

**Organisational Change Management**

Executive Owner: Deputy Chief Officer

Business Area: Bus Integ/Portfolio Mgt/Strat&Innovation

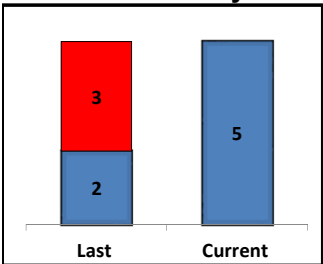


Risk Exposure	Date Published: July 2016	Completion Date: 31 DEC 2016
High	1	Three recommendations are proposed for closure at this review: * Planning Exercise - this is complete with the finalisation of the 3 year plan and revised Strategic Planning Framework. * Performance Measurement - this is complete with the finalisation of the revised Performance Management Framework.
Medium	1	* Improvement Financial Management in Projects - Closed. Two recommendations remain outstanding: * Devise Target Operating Model for Corporate Services (High) - after a period of in activity this 3 year programme is up and running. The RAG status has been re-set to green on the basis of the amount of work to be undertaken and the fact that original timescales were not realistic or based on any plans. This is a 3-year programme with implementation effective from August 2018.
Low		* Project Information Management System (Medium) - The current PM Centre MI system has changed to

**End Point Security**

Executive Owner: Deputy Chief Officer

Business Area: ICT

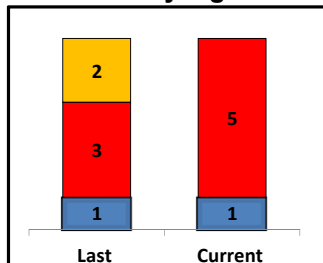


Risk Exposure	Date Published: July 2016	Completion Date: 30 June 2017
High	0	All outstanding recommendations have been proposed for closure. The following outcomes have been delivered:
Medium	0	A centralised asset management process has been put in place for mobile devices along with an increased audit and risk capability. ICT Security and User Access SOPs have been updated and published on the Police Scotland Intranet in accordance with latest management requirements.
Low	0	A Security and Event Monitoring capability has been implemented to improve network intelligence.

**Data Security Mgt**

Executive Owner: Deputy Chief Officer

Business Area: Corporate Governance



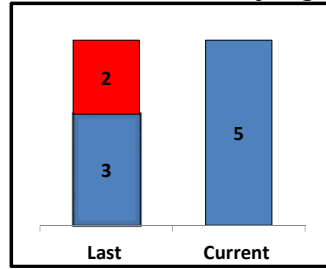
Risk Exposure	Date Published: July 2016	Completion Date: 31 Mar 2018
High	0	
Medium	3	
Low	2	

**Internal Audit Recommendations Progress Tracker - December 2017**

<b>KEY</b>	<b>BLUE</b> Discharged / Proposed for Closure	<b>RED</b> Missed	<b>AMBER</b> Possibility of slippage	<b>GREEN</b> On track
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**Business Continuity Mgt**

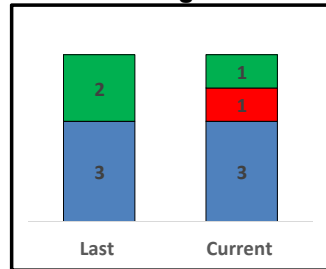
**Executive Owner:** Deputy Chief Officer **Business Area:** Operational Support & ICT



Risk Exposure		Date Published: July 2016	Completion Date: COMPLETE
High		There was one outstanding recommendation from the last review period which has been subsumed within the most recent BCP Audit below. It has been addressed and is proposed for closure at this review.	
Medium	1		
Low			

**Contracts Register**

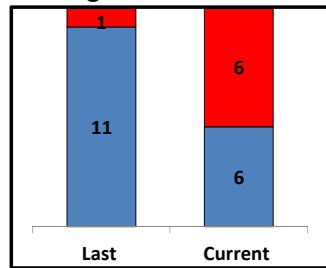
**Executive Owner:** Deputy Chief Officer **Business Area:** Commercial Services



Risk Exposure		Date Published: November 2016	Completion Date: Sept 2017
High	1	<b>UPDATE OVERDUE</b> One recommendation (medium risk) has been moved to red due to missing its original timescale for complete. A new timescale is awaited.	
Medium	1		
Low	0		

**Vetting**

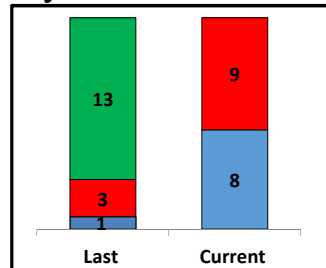
**Executive Owner:** DCC Designate **Business Area:** Vetting



Risk Exposure		Date Published: December 2016	Completion Date: 31 Mar 2017
High	1	We have completed 5 out of the 6 recommendations but still need to provide the necessary evidence to support closure. The remaining recommendation is partially complete pending a decision.  An options paper on re-vetting the Force every 10 years has been submitted to the Force Executive for consideration. <i>Pending Decision</i>	
Medium			
Low			

**Payroll**

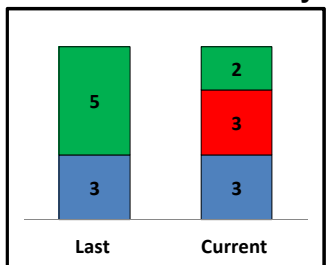
**Executive Owner:** Deputy Chief Officer **Business Area:** Finance



Risk Exposure		Date Published: January 2017	Completion Date: 31-Mar-2018-30 Sept 2018
High	5	Seven recommendations are proposed for closure since the last review and these will be submitted to Scott-Moncrieff for validation. There has been slippage with the original timescale of March 2018 where it was thought at the time a single payroll would be in place. The timescales have been re-set. One of these recommendations was a Grade 5 (Black) and that relates to addressing known weaknesses with the payroll system in Glasgow and having multiple payroll systems. Action has been taken to reduce the immediate risk and the majority of the planned action is complete. All that remains is to implement the single payroll application.	
Medium	4		
Low			

**Recruitment & Diversity**

**Executive Owner:** Deputy Chief Officer **Business Area:** People & Development



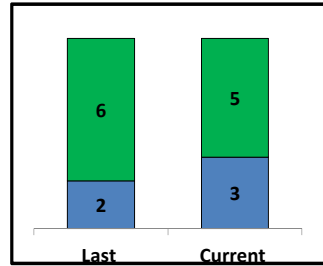
Risk Exposure		Date Published: April 2017	Completion Date: 31 Mar 2018
High	1	Since the last update, three recommendations have moved from green to red. Two relate to the development of a Recruitment Strategy (high risk) and SOP (medium risk). Both documents have been drafted and are being held up as a result of the ongoing review of policy/SOP simplification project. The remaining red relates to agreeing timescales for completion of the recruitment process. The timescale for this has been re-set for completion at the end of the financial year due to other priorities. It is low risk.	
Medium	3		
Low	1	Two recommendations are due for completion 31 March 2018 - one is on track and the other relating to engaging with potential applicants is not feasible with current systems and resources. This will be built into the e-recruitment solution so will be delayed.	

**Internal Audit Recommendations Progress Tracker - December 2017**

<b>KEY</b>	<b>BLUE</b> Discharged / Proposed for Closure	<b>RED</b> Missed	<b>AMBER</b> Possibility of slippage	<b>GREEN</b> On track
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**Bus Continuity Planning**

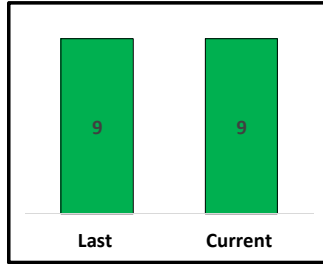
**Executive Owner:** Deputy Chief Officer **Business Area:** Operational Support Division



Risk Exposure		Date Published: April 2017	Completion Date: 1 Apr 2018
High	1	One recommendation is proposed for closure at this review. It relates to a longstanding action regarding finalising Business Continuity Plans for two outstanding areas within Police Scotland - Procurement and Finance. These plans are now in place.	
Medium	2	Five recommendations remain ongoing and are all due for completion by 1 April 2018.	
Low	2		

**Lean Delivery**

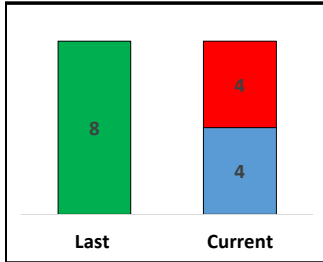
**Executive Owner:** Deputy Chief Officer **Business Area:** Strategy, Insight and Innovation



Risk Exposure		Date Published: May 2017	Completion Date: NA
High	2	Due to the level of change within Police Scotland, a new approach to leading innovation and continuous improvement is being designed and built at present following the appointment of a Head of Service. A full assessment has been undertaken of the current approach to lean and continuous improvement in line with the Serving a Changing Scotland Strategy and 3 year implementation plan. Following this a requirement has been identified for a dedicated team of experienced practitioners to support and embed key elements of continuous improvement in Police Scotland operations along with a procurement process for consultancy support for the design and build of an Innovation Hub. All recommendations will be incorporated into the design but we have recommended closing this audit in light of this significant development.	
Medium	5		
Low	2		

**Software Development Testing**

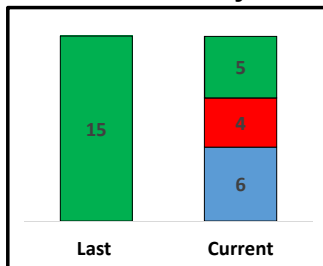
**Executive Owner:** Deputy Chief Officer **Business Area:** ICT



Risk Exposure		Date Published: June 2017	Completion Date: 31 March 2018
High	1	From the 8 recommendations, 4 are proposed for closure with evidence having been submitted to SM for validation. 4 recommendations have missed their target date of end November 2017 with 1 being high risk (Test Strategy). However, all recommendations are at an advanced stage of completion and are currently undergoing consultation with SM in relation to whether they address the gaps identified within the audit. The recommendations are being addressed through the creation and implementation of a Master Test Strategy. Feedback has been received from SM in relation to 3 of them and this is allowing the strategy to progress to a Peer Review by mid January. Although the timescale has passed, the progress made is positive and it is anticipated that all will have been achieved within the next review period.	
Medium	3		
Low	0		

**IT Service Delivery**

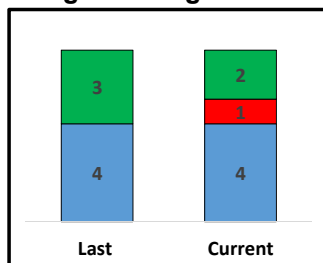
**Executive Owner:** Deputy Chief Officer **Business Area:** ICT



Risk Exposure		Date Published: June 2017	Completion Date: 30 October 2018
High	3	From the 15 recommendations, 5 are not yet due, 6 are proposed for closure at this review and 4 have missed their target timescale - none of which are high risk. However, all recommendations are at an advanced stage of completion and are currently undergoing consultation with SM in relation to whether they address the gaps identified within the audit. They relate to the implementation of a Project Management strategy, updating of Information Security Policy, introduction of service review meetings (partially complete) and introduction of supplier engagement. All missed will be progressed for completion within the next quarter.	
Medium	3		
Low	3		

**Budget Setting**

**Executive Owner:** Deputy Chief Officer **Business Area:** Finance

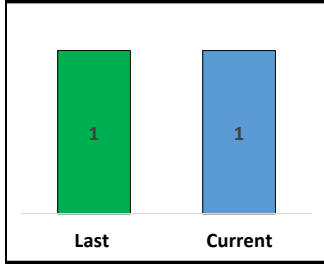


Risk Exposure		Date Published: June 2017	Completion Date: 31 March 2018
High	1	Four recommendations were closed by Scott-Moncrieff at the last review. Three remain outstanding - 2 are not yet due and 1 is overdue relating to the lack of savings plans.	
Medium	2		
Low	0		

**Internal Audit Recommendations Progress Tracker - December 2017**

<b>KEY</b>	<b>BLUE</b> Discharged / Proposed for Closure	<b>RED</b> Missed	<b>AMBER</b> Possibility of slippage	<b>GREEN</b> On track
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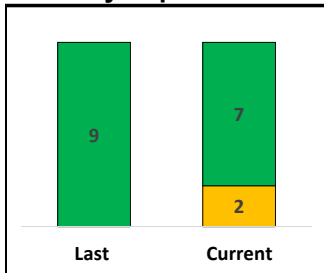
**Strategic Planning**



**Executive Owner:** Deputy Chief Officer **Business Area:** Strategy, Insight & Innovation

Risk Exposure	Date Published: July 2017	Completion Date: COMPLETE
High		This recommendation is complete with the finalisation of the 3 year plan and the Strategic Planning Framework.
Medium	1	
Low		

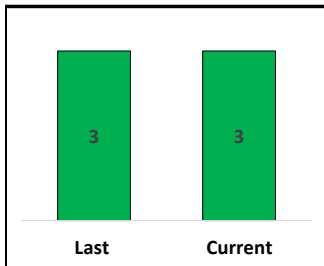
**Non-Pay Expenditure**



**Executive Owner:** Deputy Chief Officer **Business Area:** Commercial Services & Finance

Risk Exposure	Date Published: August 2017	Completion Date: 31 March 2019
High		These actions are progressing and are not due until 2018/19. Two recommendations, regarding addressing inconsistent process for three-way matches and introducing formal checks for coding expenditure by Divisional staff. Due to the Purchase-to-Pay Project requiring a full needs analysis and procurement exercise, it is unlikely that the original timescale will be met.
Medium	5	
Low	4	

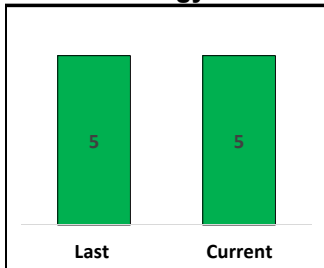
**National Fraud Initiative**



**Executive Owner:** Deputy Chief Officer **Business Area:** Finance

Risk Exposure	Date Published: September 2017	Completion Date: 31 March 2018
High		This is progressing and not yet due.
Medium		
Low	3	

**Estate Strategy**



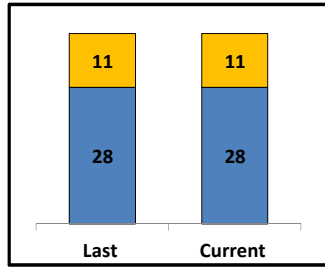
**Executive Owner:** Deputy Chief Officer **Business Area:** Finance

Risk Exposure	Date Published: September 2017	Completion Date: 31 December 2018
High		4 recommendations ongoing and not yet due until 31 March 2018 1 recommendation is overdue and there is no update.
Medium	3	
Low	2	

HMICS Recommendations Progress Tracker - December 2017								
<b>KEY</b>	<b>BLUE</b>	Discharged / Proposed for Closure	<b>RED</b>	Missed	<b>AMBER</b>	Possibility of slippage	<b>GREEN</b>	On track

**Custody Thematic Improvement Actions**

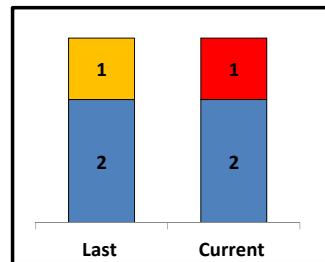
**Executive Owner:** DCC Crime & Ops **Business Area:** Criminal Justice Services



Risk Exposure		Date Published: April 2014	Completion Date: JUNE 2015
High	5	These relate to improvement actions made by HMICS during their Thematic of Custody. The Division is progressing with action and have regular dialogue with the HMICS link officer who is comfortable with progress. The high risk areas relate to accessibility of facilities, validity of a single custody structure, staffing models and PCSOs staffing structures, performance reviews and engagement with staff.	
Medium	3		
Low	3		

**LP+ Ayrshire Intelligence**

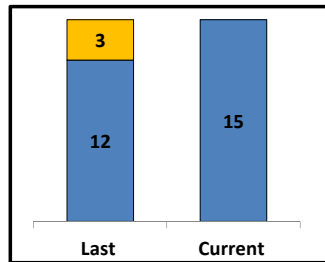
**Executive Owner:** DCC Crime & Ops **Business Area:** Crime



Risk Exposure		Date Published: March 2015	Completion Date: OVERDUE
High		The remaining recommendation relates to developing structures, systems and processes for the co-ordination of all available information and intelligence to provide an authoritative view of intelligence aligned to the national policing priorities. Options are presented being considered to discharge this recommendation. Scoping and benchmarking exercises are being progressed to identify best practice and define action required to address the recommendation. Further consultation is ongoing with HMICS.	
Medium			
Low	1		

**LP+ Ayrshire Intelligence**

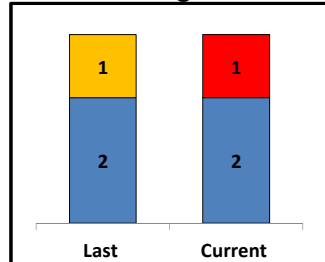
**Executive Owner:** DCC Crime & Ops **Business Area:** Crime



Risk Exposure		Date Published: March 2015	Completion Date: COMPLETE
High		~~~~~SUGGESTIONS / IMPROVEMENT ACTIONS~~~~~ The three outstanding recommendations are proposed for closure. They relate to: 1. Reviewing SOCG Mapping Processes (Low Risk) - An initial pilot for amended SOCGM mapping process in place to address issues prior to roll-out nationally. 2. Reviewing policy on use of SID for victims of DA (High Risk) - We continue to use SID to record victim details as this is the only means of ensuring visibility of relevant information on PND pending the implementation of an ICT solution to automate information transfer from IVPD to PND. 3. Reviewing Information Sharing Agreements and processes (Medium Risk) - This is being taken forward as part of a wider strategy for information management.	
Medium			
Low			

**LP + Edinburgh**

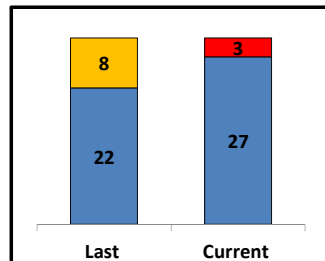
**Executive Owner:** DCC Local Policing **Business Area:** CJS



Risk Exposure		Date Published: October 2015	Completion Date: DATE UNKNOWN
High		The outstanding recommendation relates to the deployment of police officers within Scottish courts. This has been assessed as making slow progress but this is outwith the control of Police Scotland as it requires negotiation with the Courts Service. We are liaison with HMICS in respect of this recommendation in relation to potential outcomes.	
Medium			
Low	1		

**Call Handling**

**Executive Owner:** DCC Crime & Ops **Business Area:** Service & Protection

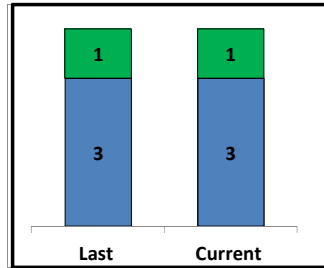


Risk Exposure		Date Published: November 2015	Completion Date: July 2017
High		A further 5 recommendations have been discharged by HMICS since the last update. As a result of this we have: Reduced failure demand; improved service at first contact and reduced the demand on front line officers; standardised processes and provided clarity to staff; provided equity of service; and improved our risk and vulnerability assessment to better prioritise the grading of calls.  All outstanding recommendations have been turned to red based on slippage exceeding original target dates or having had multiple changes to dates. These are being monitored closely by HMICS and there are no concerns regarding progress.	
Medium	3		
Low			

**HMICS Recommendations Progress Tracker - December 2017**

<b>KEY</b>	<b>BLUE</b> Discharged / Proposed for Closure	<b>RED</b> Missed	<b>AMBER</b> Possibility of slippage	<b>GREEN</b> On track
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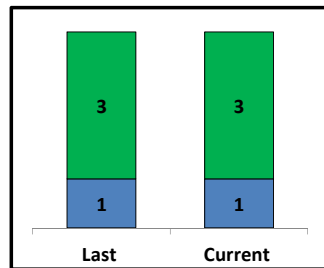
**Facial Search**



**Executive Owner:** DCC Crime & Ops **Business Area:** Crime

Risk Exposure	Date Published: January 2016	Completion Date: 2018
High	The remaining recommendation is not due for completion until 2018.	
Medium	1	
Low		

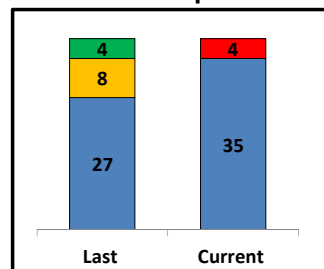
**LP+ D&G**



**Executive Owner:** DCC Local Policing **Business Area:** Organisational Development

Risk Exposure	Date Published: May 2016	Completion Date: August 2018
High	3 recommendations remain outstanding: SOC Call Out Procedures - not due for completion until 31/03/2018 - requires ICT work.	
Medium	3	Expedite Review of Corporate Services (risk re using staff efficiently and effectively and re-parenting of staff and impact on morale) - this will be addressed by the Target Operating Model. The timescales for this have been re-set to August 2018.
Low	1	Professional Leadership Support for Business Support Units - will depend on the outcome of review of Business Support Units. Will be discussed with People and Development for partial transfer back once the Target Operating Model starts implementation.

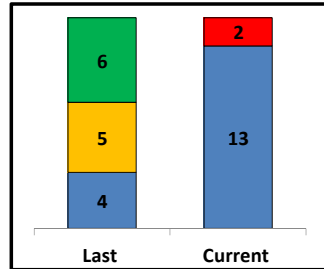
**Counter Corruption**



**Executive Owner:** DCC Designate **Business Area:** ACU

Risk Exposure	Date Published: June 2016	Completion Date: July 2017
High	4	Four recommendations remain outstanding. This is outwith the control of Police Scotland as they relate to the matters being investigated by another Force. Updates have been sent HMICS who will review this area end of January 2018.
Medium		
Low		

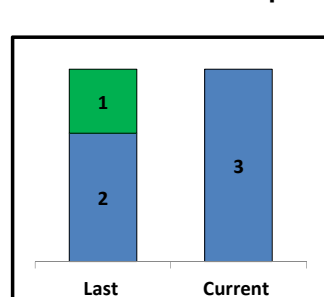
**Crime Audit 2016**



**Executive Owner:** DCC Crime & Ops **Business Area:** Corporate Governance

Risk Exposure	Date Published: November 2016	Completion Date: Aug 2017
High	Nine recommendations have been proposed for closure since the last review. Two remain open and the target timescales have been extended to allow for the completion of the Crime Recording Strategy.	
Medium		
Low	2	

**Crime Audit 2016 Improvement Actions**



**Executive Owner:** DCC Crime & Ops **Business Area:** Corporate Governance

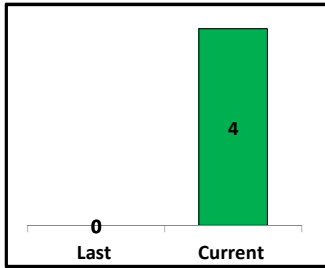
Risk Exposure	Date Published: November 2016	Completion Date: COMPLETE
High	The last remaining improvement action is complete. The ACR is now represented at the National Crime Managers Forum and errors which are identifiable and directly attributable to ACR during internal audits can be reviewed and action instigated.	
Medium		
Low	1	

HMICS Recommendations Progress Tracker - December 2017								
<b>KEY</b>	<b>BLUE</b>	Discharged / Proposed for Closure	<b>RED</b>	Missed	<b>AMBER</b>	Possibility of slippage	<b>GREEN</b>	On track

**Forensic Services to Victims of Sexual Crime ~ NEW**

Executive Owner: DCC Crime & Ops

Business Area: Crime

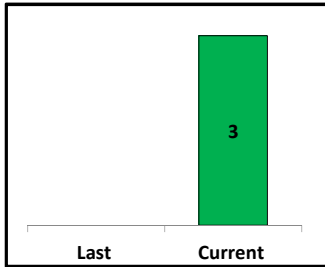


Risk Exposure		Report Published: September 2017	Completion Date: TBD
High	2	Ten recommendations were made but only four require Police Scotland to take the lead. An action plan is in place and is being actively monitored. * Archway Service Glasgow Governance Arrangements (High) - scoping and gap analysis is underway to identify gaps and address service provision.	
Medium	2	* Appropriate healthcare facilities for medical examinations (Medium) - scoping work has been undertaken across the country and options are being reviewed by a Short Life Working Group chaired by Police Scotland.	
Low		*SOP for forensic cleaning of Police Premises (High) - Guidelines drafted and consultation is underway with estates to develop a corporate response which will be incorporated within the national cleaning contract. *Examinations of child perpetrator's in Police premises (Medium) - scoping of this is being	

**Forensic Services ~ NEW**

Executive Owner: DCC Crime & Ops

Business Area: Crime

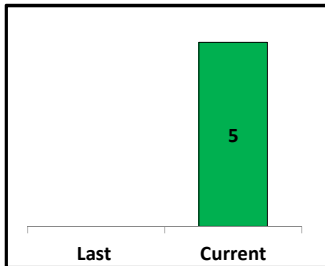


Risk Exposure		Report Published: September 2017	Completion Date: September 2018
High	0	An action plan is in place and is being monitored by SPA. Regular dialogue is ongoing with HMICS to update them on progress. Only 3 recommendations require a lead from Police Scotland. They are progressing.	
Medium	0		
Low	0		

**Tayside Division LP+ ~ NEW**

Executive Owner: DCC LP

Business Area: D Division

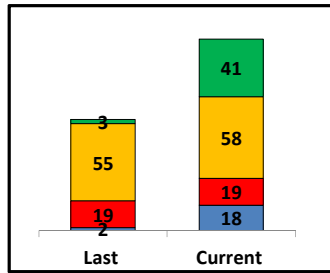


Risk Exposure		Report Published: November 2017	Completion Date: TBD
High	2	Five recommendations have been made and an action plan has been produced and is awaiting approval. The report is largely positive with the following areas recommended:	
Medium	3	Develop intelligence requirement and communicate and test understanding. Define the role of the community officer. Review the availability of specialist resources out of hours. Develop vision/strategy for specials and volunteers.	
Low		Develop evaluative approach to Divisional/Partnership initiatives.	

External Audit & Inspection Recommendations Progress Tracker - December 2017								
<b>KEY</b>	<b>BLUE</b>	Discharged / Proposed for Closure	<b>RED</b>	Missed	<b>AMBER</b>	Possibility of slippage	<b>GREEN</b>	On track

**Information Commissioners Office - Data Protection Audits 1, 2 and 3**

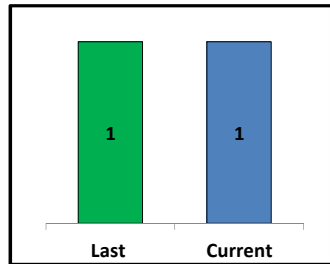
Executive Owner: Deputy Chief Officer Business Area: Information Management



Risk Exposure		Audit Undertaken: Sept/Dec 2016	Completion Date: 31 Dec 2017
High	62		
Medium	25		
Low	13		

**Health and Safety Executive - Fire Scrutiny**

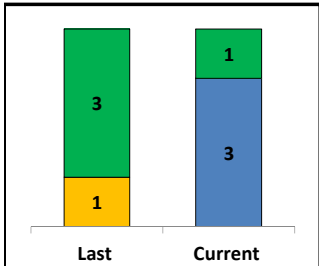
Executive Owner: Deputy Chief Officer Business Area: People & Development



Risk Exposure		Report Published:	Completion Date: COMPLETE
High	1	The action to implement a national policy for Fire Risk Assessment is complete. Fire Risk Assessments are now completed for SPA/Police Scotland by a specialist Mitie Team who have carried out the first years assessments. The Fire Risk Assessments are compliant with PAS 79 and also with the requirements of the Home Office guidance for Custody. This has been a partnership between PS and Mitie where we have provided knowledge re the Home Office guidance and they have provided the resource to assess all our buildings. Mitie have also provided access to their Direct Audits System where all the FRAs are held electronically along with the individual actions which are then split between Estates and the relevant Division for progression. Progress in respect of actions is monitored by a dedicated member of the Health & Safety Team and by individual Safety Advisors when they carry out new Formal Inspections of premises.	
Medium			
Low			

**Health and Safety Executive**

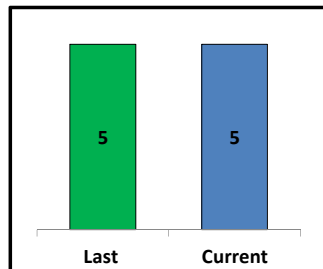
Executive Owner: Deputy Chief Officer Business Area: People & Development



Risk Exposure		Report Published:	Completion Date: 31 March 2018
High		Three recommendations are now complete relating to the Management of Asbestos, COSHH Assessments for Productions Stores and Legionella Control. The outstanding recommendation relates to Noise Levels and this is at an advanced stage and will be complete by 31 March 2018. The initial work on asbestos management is complete with the HSE stating they are happy with the progress made. A COSHH Toolkit with assessment form has been approved and is available on the Intranet. A training package has been produced and the first course will be delivered January 2018. The initial work on Legionella Control is now complete and the HSE have stated they are happy with progress made.	
Medium	1		
Low			

**Office of Surveillance Commissioners Recommendations**

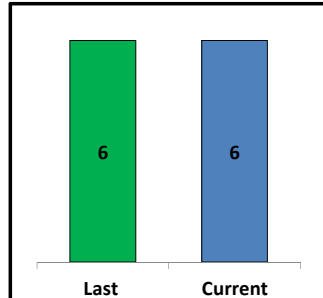
Executive Owner: DCC Crime & Ops Business Area: Crime



Risk Exposure		Report Published: September 2016	Completion Date: COMPLETE
High		All recommendations were reviewed during the IPCO Inspection between 4-8 September 2017 and were discharged.	
Medium			
Low			

**Office of Surveillance Commissioners Improvement Actions**

Executive Owner: DCC Crime & Ops Business Area: Crime



Risk Exposure		Report Published: September 2016	Completion Date: COMPLETE
High		All improvement actions have been addressed through a CPD event or improvements made to guidance.	
Medium			
Low			