

SCOTTISH POLICE  
AUTHORITY

<b>Meeting</b>	<b>Scottish Police Authority - Audit and Risk Committee</b>
<b>Date and Time</b>	<b>18 April 2018</b>
<b>Location</b>	<b>Scottish Police Authority Headquarters, Pacific Quay, Glasgow</b>
<b>Title of Paper</b>	<b>Police Scotland Improvement Recommendations Tracker</b>
<b>Item Number</b>	<b>12.2</b>
<b>Presented By</b>	<b>Donna Adam</b>
<b>Recommendation to Members</b>	<b>For Noting</b>
<b>Appendix Attached:</b>	<b>YES</b> Appendix A – Audit and Improvement Recommendations Progress Tracker – March 2018

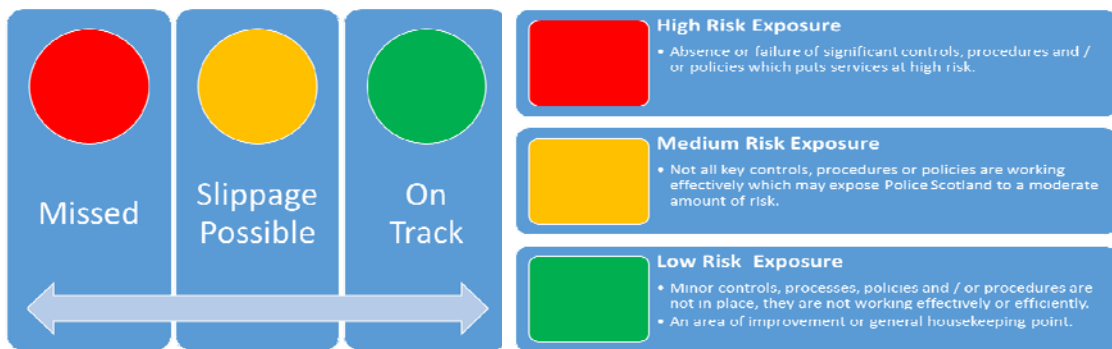
**PURPOSE**

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 Audit and Risk 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 criteria at the left hand side of the table below. Each recommendation has also been assessed in terms of the risk it presents to Police Scotland so that we can prioritise activity.



## 2. FURTHER DETAIL ON THE REPORT

Open	Closed	Missed	Missed High Risk	New
215	121	82	9	62

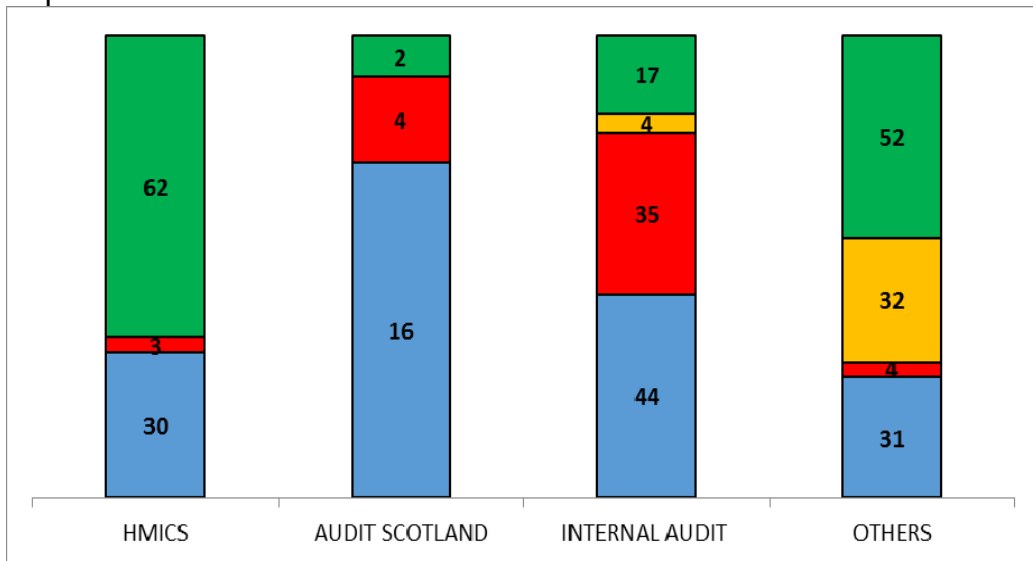
There are **215 open actions** with **82** having missed their original timescale or at risk of non-achievement (shown as Red and Amber within the charts and graphs). This represents a 38% of overall actions. From the 82 missed/or at risk, 9 of these relate to high risk actions.

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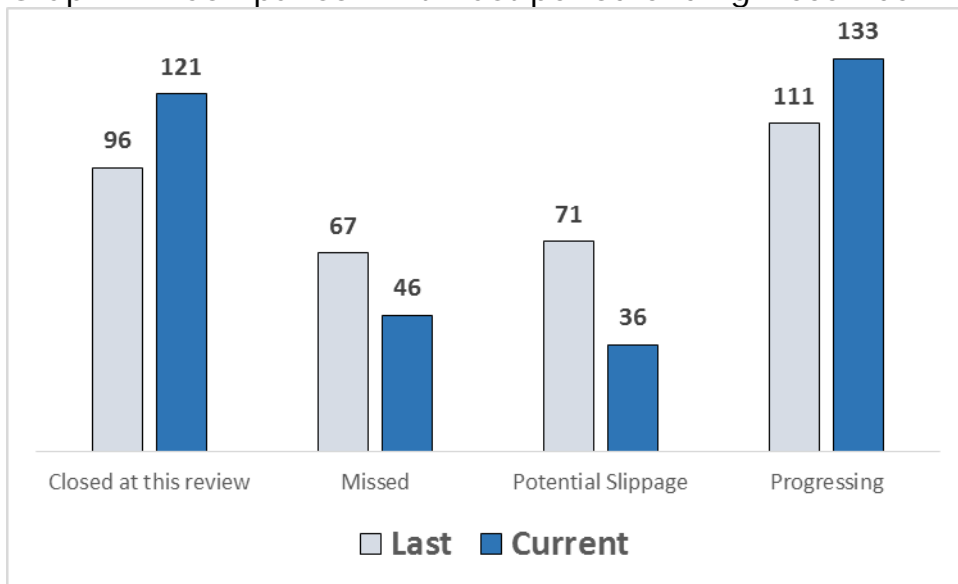
Table 1 – Breakdown of actions according to their status and Audit Body / Inspectorate

	Cumulative Closed	Closed this review	Missed	Slippage	Progressing	Total Open
<b>HMICS</b>	290	30	3	0	62	65
<b>Audit Scotland</b>	120	16	4	0	2	6
<b>Internal Audit</b>	160	44	35	4	17	56
<b>Other</b>	65	31	4	32	52	88
<b>Totals</b>	<b>635</b>	<b>121</b>	<b>46</b>	<b>36</b>	<b>133</b>	<b>215</b>

Graph 1 – Breakdown of progress according to Audit Body/Inspectorate



Graph 2 – Comparison with last period ending December 2017

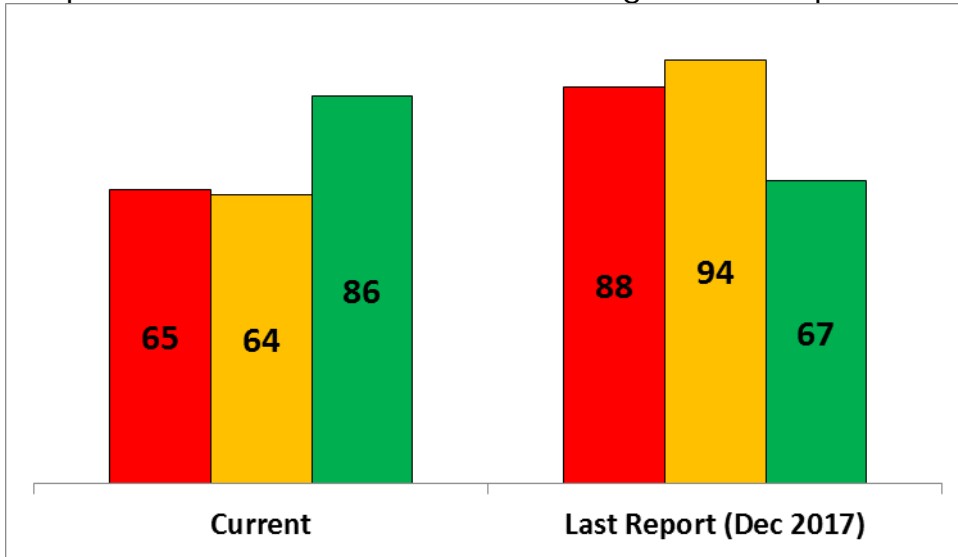


Comparison with last quarterly report – December 2017

- 25 more actions have been closed since the last review.
- There has been a significant reduction in the number of actions that have missed their target timescale or are at risk - 50 less actions compared to December 2017.
- There are less high risk actions having slipped at this review (8 less).
- 16 actions moved from green/amber to red at this review. Two of which were high risk.

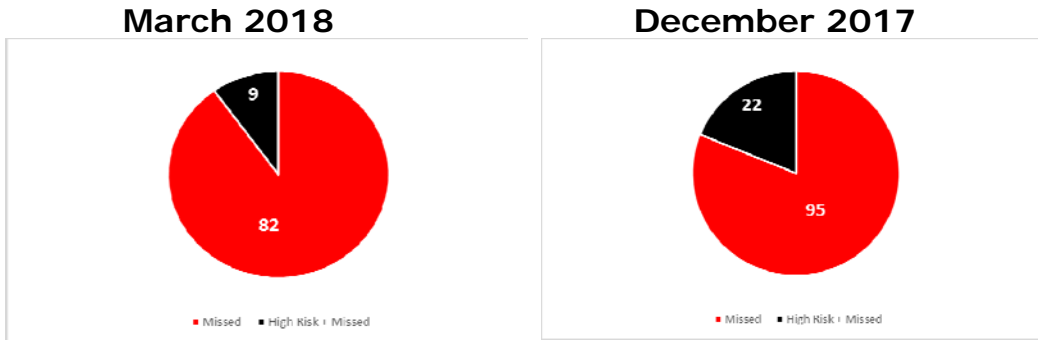
The graph below shows the total number of actions according to their risk exposure. There has been a significant reduction in the number of high risk actions having been addressed at this review which is mainly attributable to addressing actions from the Information Commissioners Office. There is a higher number of low risk (shown as green on the graph) than previously reported and this is due to new actions being added but not yet having been risk assessed.

Graph 3 – Recommendations according to Risk Exposure



The graphs below show the proportion of **high risk** actions that have missed their target timescale or at risk of slippage (shown in black within the graph). A comparison is provided showing how this has reduced since the end of December 2017. Although there still remains a number of recommendations that have missed their target date or likely to miss their target date, there is better control procedures around these and it continues to be an improving picture. The majority of high risk actions that have been missed are ones that have been reported previously and explanations for delays have been provided. There are 2 high risk actions that have moved to red this quarter and explanations for these are provided at Table 2.

Graph 4 Number of high risks that have missed their original target date (depicted in black)



In comparison with the end of reporting year 2016/17, there were 236 actions open. Within the reporting year, 444 actions were added for monitoring with 323 recommendations closed.

The graph below shows the reduction of actions that have either missed or were at risk of slippage during the reporting year 2017/18. At the start of April 2017, there were 236 recommendations open with 148 of these having already been missed or at risk of slippage. This represented 63% of the overall open actions compared to 38% of actions at the end of March 2018 – 25 percentage point decrease.

The red line within the graph represents total high risk actions. Although the data suggests there are more high risk actions open at then end of March 2018 compared to earlier in the reporting period this is due to a change in the risk exposure criteria. The data reported at end of December 2017 is an accurate representation of risk and this will be used for comparison purposes to show improvement going forward.

Graph 5 - Shows reduction in number of actions missed/slipped in the last year.

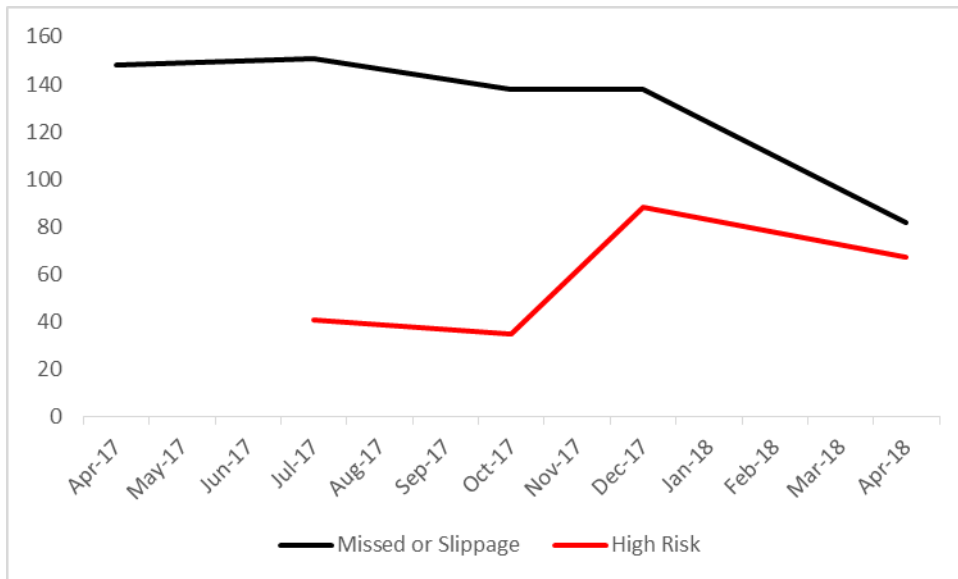


Table 2 – High risk actions that have missed their original target date

Recommendation & Risk	Update
<p>~NEW~  <b>ICT Service Delivery</b>            Business Changes and Testing</p> <p>Was due 31/03/18 now 31/03/19</p>	<p>This is partially complete with the Change Management processes having been developed to incorporate the impact of ICT recovery. The delivery of disaster recovery test plans remains ongoing.</p>
<p>~NEW~  <b>Organisational Change Management</b>            Financial Planning (3yr Financial Plan)</p> <p>Was due 31/03/18 now 31/05/2018</p>	<p>This was proposed for closure but was re-opened due to wider consultation required.</p>
<p><b>Vetting Internal Audit</b>            Re-vet workforce regularly</p> <p>Quality Checks</p> <p><i>11 months overdue</i></p>	<p>A detailed options report is being considered.</p> <p>Due to a change in the vetting processes this action is no longer relevant but we need to provide evidence to support discharge.</p>
<p><b>Payroll</b>            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><i>8 months overdue</i></p>	<p>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.</p> <p>Expected completion October 2018.</p>
<p><b>Recruitment &amp; Diversity</b>            Recruitment Strategy</p> <p><i>9 months overdue</i></p>	<p>A "Recruitment Plan" has been developed and is awaiting the finalisation of the People Strategy to ensure an appropriate fit.</p>



	This will be achieved by May 2018.
<b>Budget Setting</b> Development of savings plans  <i>6 months overdue</i>	This recommendation will be addressed by 30 April 2018.

The following reports have had all recommendations implemented and therefore they are proposed for closure. They will be removed from the tracker but will remain as "proposed for closure" within SharePoint until formal discharge is agreed with the Inspectorate/Audit body.

Audit Scotland reports 2015/16 and 2016/17  
End Point Security  
Lean Delivery  
Software Development Testing  
Custody Improvement Plan  
LP Edinburgh  
Call Handling  
Facial Search  
Counter Corruption

### **3 FINANCIAL IMPLICATIONS**

There are no financial implications in this report.

### **4 PERSONNEL IMPLICATIONS**

There are no personnel implications associated with this paper.

### **5 LEGAL IMPLICATIONS**

There are no legal implications associated with this paper.

### **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 associated with this paper.

**8 COMMUNITY IMPACT**

There is no community impact associated with this paper.

**9 EQUALITIES IMPLICATIONS**

There are no equality implications associated with this paper.

**10. ENVIRONMENT IMPLICATIONS**

There are no equality implications associated with this paper.

**RECOMMENDATIONS**

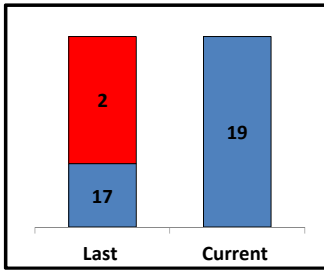
Members are requested to:

Note the update in respect of the current outstanding recommendations from External Audit and Inspection activity.

Audit Scotland Recommendations Progress Tracker - Q4 March 2018A1:Q41H225A1:Q28A1:Q56A1:Q70H225A1:Q28A1:Q93								
KEY	<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**

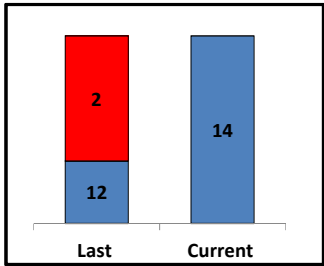
Executive Owner: Deputy Chief Officer Business Area: Finance



Risk Exposure	Date Published: July 2016	Completion Date: <b>OVERDUE</b>
High	Discharge confirmed with Audit Scotland.	
Medium	"Independent Checking of Payroll Input" - Medium Risk - will be fully discharged when the national payroll solution is in place. Sufficient progress made and a clear plan to address gaps. "Efficiency of processes" - Low Risk - will be fully discharged following the introduction of Purchase to Pay. Sufficient progress made and a clear plan to address gaps.	
Low		

**SPA Annual Audit 2015/16**

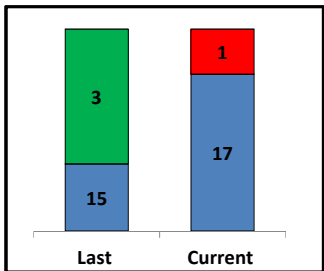
Executive Owner: Deputy Chief Officer Business Area: Finance



Risk Exposure	Date Published: December 2016	Completion Date: <b>June 2017</b>
High	Two recommendations have been closed which now completes all action relating to this audit. "Use of Reform Money" - Full analysis was prepared within the 2016/17 Financial Statements and these have been audited.	
Medium	"Internal Control - Resourcing within the Finance Department" - While there has been significant improvements in the capacity of the Finance Service, in the short term this has been achieved through the appointment of temporary staff, and from externally seconded support. A further recommendation was made within the 2016/17 audit therefore we are closing this action to reduce duplication.	
Low		

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

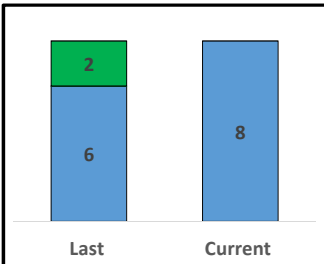
Executive Owner: Deputy Chief Officer Business Area: Legal



Risk Exposure	Date Published: December 2016	Completion Date: <b>December 2018</b>
High	<b>Two recommendations have been closed</b> "Revaluation of Assets Held for Sale (AHFS)" - A programme of future revaluations is in place and being held by Estates, linking with the Capital Team within Finance.	
Medium	1	"Heritage / Donated Assets" - Detailed register in place subject to internal review/stocktake on regular basis by Accounting Team. <b>One recommendation remains outstanding to clarify ownership of Seymour House</b> but is entirely dependent on a partner organisation to complete. Until the Dundee City Council concludes its ground lease with the Health Board in respect of the land, the only lease documentation which the
Low		

**SPA Interim Audit Report 2016/17**

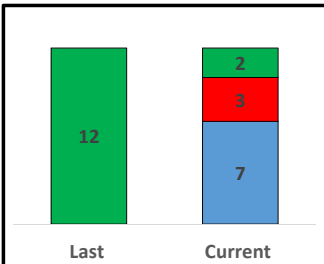
Executive Owner: Deputy Chief Officer Business Area: Finance



Risk Exposure	Date Published: June 2017	Completion Date: <b>March 2018</b>
High	All actions have been completed in relation to improving the setting up of new suppliers. The only thing that remains is the implementation of a P2P system. This project is now underway with a target date of November 2018. It is proposed that this action is closed, we have another action from Internal Audit that covers this.	
Medium	Verification of payroll data and Exception Report - this will be addressed by the implementation of the national payroll system. This recommendation has also been made by Internal Audit and will be left open until the new system is in place. This Audit Scotland recommendation is therefore proposed for closure.	
Low		

**SPA Audit Report 2016/17 - NEW**

Executive Owner: Deputy Chief Officer Business Area: Finance & P&D



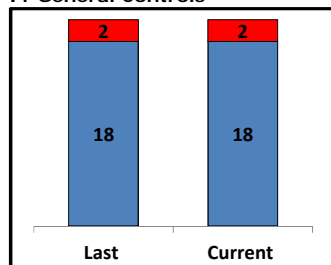
Risk Exposure	Date Published: December 2017	Completion Date: <b>March 2018</b>
High	Four recommendations are complete. Three relate to SPA but are shown as complete on the graph but recorded as no action for Police Scotland within the tracker. Two are not yet due and three have experienced delay:	
Medium	<b>ICT Strategy</b> - not necessarily delayed but timescale applied unrealistic. <b>Relocation Expenses</b> - significant work underway but as yet not complete as policy to be changed and requires consultation.	
Low	<b>Medium/Long Term Financial Plan</b> - was to be presented at March 2018 Board but withdrawn.	

Internal Audit Recommendations Progress Tracker - Q4 March 2018								
KEY	<b>BLUE</b>	Discharged / Proposed for Closure	<b>RED</b>	Missed	<b>AMBER</b>	Possibility of slippage	<b>GREEN</b>	On track

**IT General Controls**

Executive Owner: Deputy Chief Officer

Business Area: Finance & ICT

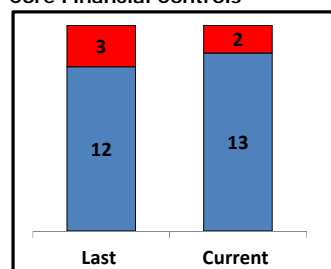


Risk Exposure	Date Published: April 2016	Completion Date: 31 Mar 2017
High		The recommendation relating to performing System Maintenance on the e-Financials system is pending closure following an upgrade in January 2018. The financial database is now being monitored through the Oracle Grid Control tool. However we have yet to identify appropriate evidence to confirm discharge.
Medium	2	<b>This leaves one recommendation outstanding</b> relating to <b>Field Validation</b> . The initial focus of the fixed asset project has been to improve the accuracy of historic data, and to update and reconcile underlying asset registers to the financial fixed asset register. Due to the volume of work associated with this, the focus on validation of asset record inputs has been delayed. The fixed asset project team has set up a meeting with RAM to discuss
Low		

**Core Financial Controls**

Executive Owner: Deputy Chief Officer

Business Area: Finance & P&D

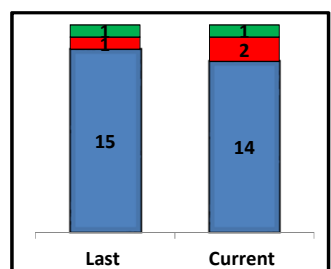


Risk Exposure	Date Published: April 2016	Completion Date: 31 December 18
High		One recommendations has been closed. *Three way match - this is ongoing and will be addressed upon the implementation of the P2P project. The recommendation is also made within Objective 6.1 of the Non-Pay Expenditure Audit therefore it is being closed within this audit to avoid duplication.
Medium	2	<b>Two recommendations remains open:</b> *Policies and Procedures - All policies and procedures have been updated and are available within the Finance Sharepoint site. The only exception is in relation to Accounts Payable and Invoice Management which will be reviewed upon the implementation of the P2P Project.
Low		

**Organisational Change Management**

Executive Owner: Deputy Chief Officer

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

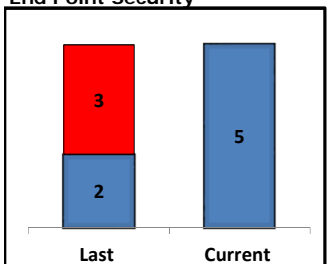


Risk Exposure	Date Published: July 2016	Completion Date: 31 DEC 2016
High	2	Two recommendations proposed for closure at the last review require final evidence to be provided before discharge. * Planning Exercise - this is complete with the finalisation of the 3 year plan and revised Strategic Planning Framework.
Medium	1	* Performance Measurement - this is complete with the finalisation of the revised Performance Management Framework but we still require to send the finalised version to Internal Audit to allow discharge.
Low		<b>Three recommendations remain outstanding:</b> * Financial Planning - this was previously proposed for closure but has been re-opened due to the finalised versions of the plan having been delayed.

**End Point Security**

Executive Owner: Deputy Chief Officer

Business Area: ICT

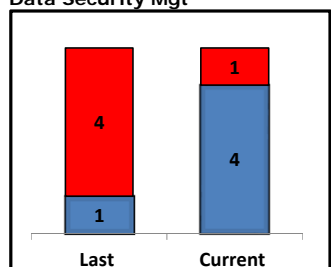


Risk Exposure	Date Published: July 2016	Completion Date: 30 June 2017
High		This has been confirmed for closure by Internal Audit.
Medium		
Low		

**Data Security Mgt**

Executive Owner: Deputy Chief Officer

Business Area: Corporate Governance

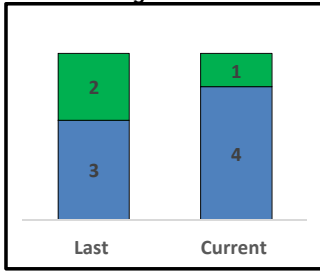


Risk Exposure	Date Published: July 2016	Completion Date: 31 Dec 2018
High		Three more recommendations have been proposed for closure at this review. * Updating Information Security Registers and Guidance. * Updating Standard Operating Procedures for Information Security and Data Protection.
Medium	1	* Developing a risk based audit plan for data transmissions.
Low		The <b>outstanding recommendation relates to reviewing and updating training</b> in respect of Data Protection and Information Security. Revised material has been drawn up but has still to be implemented. This will be achieved in part when we deliver training on the new Data Protection legislation

**Internal Audit Recommendations Progress Tracker - Q4 March 2018**

<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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**Contracts Register**

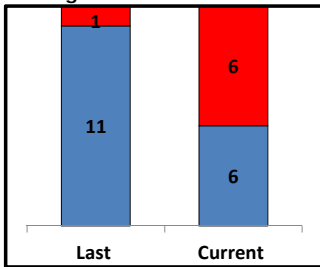


**Executive Owner:** Deputy Chief Officer

**Business Area:** Commercial Services

Risk Exposure	Date Published: November 2016	Completion Date: 31 March 2018
High	1	One recommendation (medium risk) has been discharged since the last review. This leaves one necessary recommendation ongoing which will be a step closer towards completion for the EY work that will conclude on 31 March 2018.
Medium		
Low		

**Vetting**

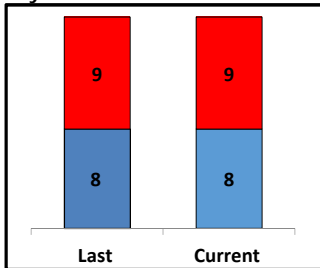


**Executive Owner:** DCC Designate

**Business Area:** Vetting

Risk Exposure	Date Published: December 2016	Completion Date: 31 Mar 2017
High	2	We have completed 5 out of the 6 outstanding recommendations but still need to provide the necessary evidence to support closure. This is partly due to changes that were made to legislation.
Medium		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>
Low		

**Payroll**

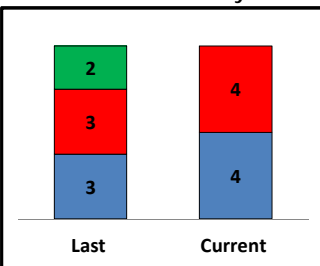


**Executive Owner:** Deputy Chief Officer

**Business Area:** Finance

Risk Exposure	Date Published: January 2017	Completion Date: 31 Mar 2018-30 Sept 2018
High	3	There are nine recommendations outstanding.
Medium	6	Eight recommendations are not yet due and are dependent on the implementation of the national Payroll system.
Low		We are taking no further action in relation to one outstanding recommendation regarding updating SLAs for Payroll systems ( <b>HIGH Risk</b> ). The risk will be accepted until the conclusion of the payroll project, given the relatively short timeframe and the fact that there are regular communications and discussions with all third parties acting as a compensating control.

**Recruitment & Diversity**

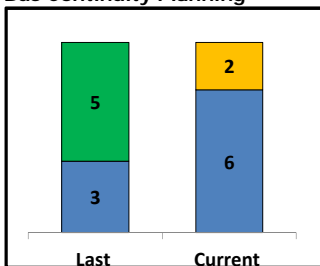


**Executive Owner:** Deputy Chief Officer

**Business Area:** People & Development

Risk Exposure	Date Published: April 2017	Completion Date: 31 Mar 2018
High	1	Since the last update, two more recommendations have moved from green to red. One relates to <b>engaging with applications during the recruitment process (Medium Risk)</b> . It is not possible with current staffing but has been written into the development of the e-Recruitment solution and a revised date of 31 March 2019 has been applied.
Medium	2	The other relates to <b>inconsistencies of internal procedures (low risk)</b> . This will be addressed through the implementation of the e-Recruitment solution and a revised date of 31 March 2019 has been applied.
Low	1	One recommendation is proposed for closure (medium risk) re <b>data recording and validation</b> which has been written into the specification of the e-

**Bus Continuity Planning**



**Executive Owner:** Deputy Chief Officer

**Business Area:** Operational Support Division

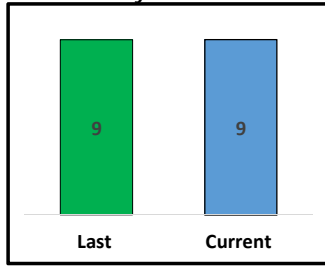
Risk Exposure	Date Published: April 2017	Completion Date: 1 Apr 2018
High		Three recommendations have been closed at this review. They relate to establishing Business Continuity meetings as a means of cascading good practice and overseeing the implementation of policy, improvements have been made to Business Impact Analyses to ensure interdependencies are fully considered and there is improved governance over testing of plans to provide assurance that recovery of critical business processes is efficient and effective.
Medium	1	
Low	1	<b>Two recommendations remain outstanding</b> and would have been due for completion at the next quarterly review (Q2). Due to resource difficulties the timescale has been re-adjusted to 31 July 2018 (Q3 Review). 3 month delay.

**Internal Audit Recommendations Progress Tracker - Q4 March 2018**

<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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**Lean Delivery**

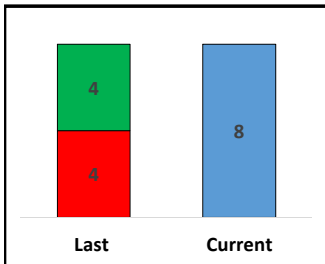
**Executive Owner:** Deputy Chief Officer **Business Area:** Strategy, Insight and Innovation



Risk Exposure	Date Published: May 2017	Completion Date: NA
High		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. This has been discussed with Scott-Moncrieff who support the closure of these recommendation.
Medium		
Low		

**Software Development Testing**

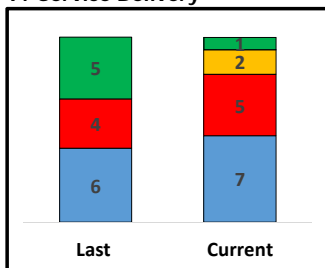
**Executive Owner:** Deputy Chief Officer **Business Area:** ICT



Risk Exposure	Date Published: June 2017	Completion Date: 31 March 2018
High		At the last review we reported that the four red recommendations were at an advanced stage of completion. These have been updated and evidence submitted to support their closure. They have now been discharged by Scott-Moncrieff.
Medium		
Low		

**IT Service Delivery**

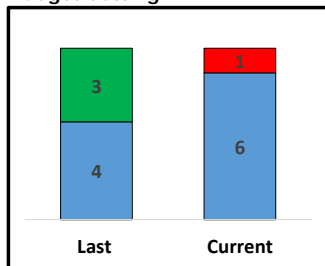
**Executive Owner:** Deputy Chief Officer **Business Area:** ICT



Risk Exposure	Date Published: June 2017	Completion Date: 30 October 2018
High	3	From the 15 recommendations, 3 are not yet due but one of these is expected to slip relating to improving capacity planning (high risk). There continues to be a number of key vacancies that are being progressed between Applications and CTO. Work is ongoing within ICT regarding how to best plan the mitigation of this risk going forward. One further recommendation has been proposed for closure and relates to updating and communicating the Information Security Standard Operating Procedures which has been achieved. Five recommendations have missed their target date - one of which is high risk but it is partially complete with the Change Management processes having been developed to incorporate the
Medium	5	
Low	3	

**Budget Setting**

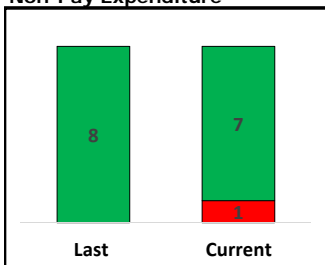
**Executive Owner:** Deputy Chief Officer **Business Area:** Finance



Risk Exposure	Date Published: June 2017	Completion Date: 31 March 2018
High	1	A further two recommendations are proposed for closure at this review. This leaves one action outstanding relating to <b>developing savings plans</b> which will be complete during April 2018.
Medium		
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		Seven recommendations are due for completion on 31 March 2018 but six of these are dependent on EY completing their review - currently on schedule. One recommendation re introducing formal checks for <b>coding expenditure</b> by Divisional staff was due for completion on 31 March 2018. Due to the Purchase-to-Pay Project requiring a full needs analysis and procurement exercise, the original timescale will not be met and therefore this has been re-aligned to the implementation of P2P - 31 March 2019. One recommendation regarding <b>addressing inconsistent processes for</b>
Medium	5	
Low	4	

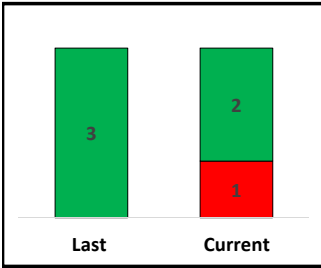
**Internal Audit Recommendations Progress Tracker - Q4 March 2018**

<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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**National Fraud Initiative**

Executive Owner: Deputy Chief Officer

Business Area: Finance

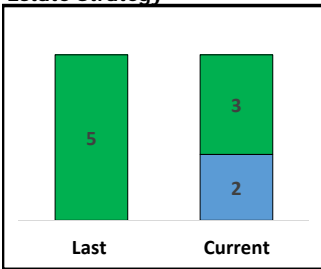


Risk Exposure	Date Published: September 2017	Completion Date: 31 March 2018
High		Two recommendations are Not Yet Due but are on track.
Medium		<b>One recommendation relating to Fraud Investigations Conclusions was due for completion on 31 January 2018.</b> The risk is that resources are not effectively utilised, due to the lack of risk based investigation techniques and poor recording, resulting in a wasted resources and potential frauds not being appropriately identified or investigated.
Low	3	The date has been missed due to capacity issues within the Finance SMT and prioritisation of high risk activities. A full Finance Service training day is planned for March 2018. This will include speakers from outwith Finance

**Estate Strategy**

Executive Owner: Deputy Chief Officer

Business Area: Finance

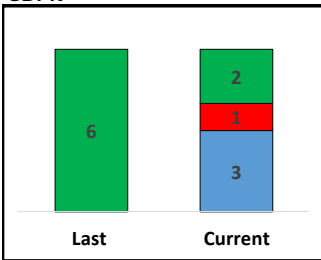


Risk Exposure	Date Published: September 2017	Completion Date: 31 December 2018
High		Two recommendations have been addressed since the last review - 1 medium risk and 1 low risk.
Medium	1	Timelines have been identified within the implementation plan for the disposal process. Financial reporting is embedded within the Estates Strategy.
Low	1	Three recommendations remain ongoing: one due 31 July 2018 in relation to gaps between the Estates Strategy and the working model, one due for completion 31 December 2018 regarding developing an implementation plan

**GDPR**

Executive Owner: Deputy Chief Officer

Business Area: Gov, Audit & Risk

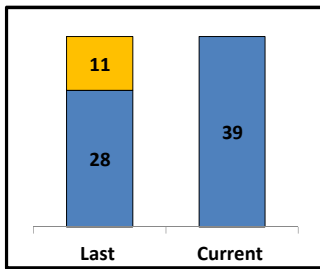


Risk Exposure	Date Published:	Completion Date: 31 December 2018
High		Regular updates provided in respect of this. Despite one action experience slippage, good progress is being made.
Medium	3	
Low		

HMICS Recommendations Progress Tracker - Q4 March 2018								
<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**

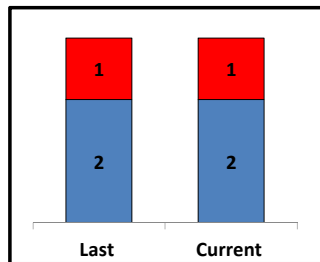
**Executive Owner:** DCC Crime & Ops **Business Area:** Criminal Justice Services



Risk Exposure	Date Published: April 2014	Completion Date: JUNE 2015
High		Updates have been provided from Criminal Justices Services which concludes all work on improvement actions.
Medium		
Low		

**LP+ Ayrshire Intelligence**

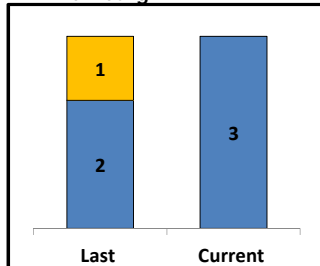
**Executive Owner:** DCC Crime & Ops **Business Area:** Crime



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. Ongoing discussion is taking place with HMICS to review options that would lead to this recommendation being discharged.
Medium		
Low	1	

**LP + Edinburgh**

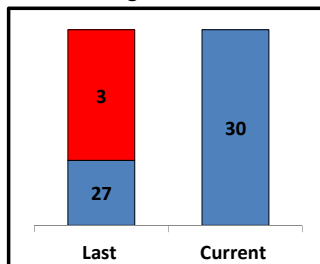
**Executive Owner:** DCC Local Policing **Business Area:** CJS



Risk Exposure	Date Published: October 2015	Completion Date: COMPLETE
High		We are proposing the remaining action as closed. This relates to reducing numbers of officers within courts. This has been partially achieved with the removal of a number of posts from courts but has required significant negotiation with the Crown Office and Procurator Fiscal Service.
Medium		
Low	1	

**Call Handling**

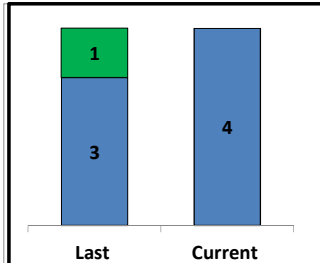
**Executive Owner:** DCC Crime & Ops **Business Area:** C3



Risk Exposure	Date Published: November 2015	Completion Date: July 2017
High		The three remaining recommendations have been discharged by HMICS. Although they are not fully complete, sufficient progress has been made to allow for no further monitoring. The three areas have been built into the future inspection programme.
Medium	3	
Low		

**Facial Search**

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



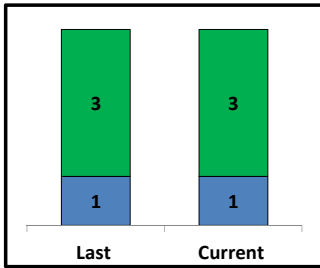
Risk Exposure	Date Published: January 2016	Completion Date: 2018
High		All actions are now complete and have been discharged with HMICS.
Medium	1	
Low		



**HMICS Recommendations Progress Tracker - Q4 March 2018**

<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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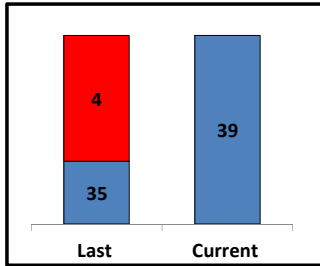
**LP+ D&G**



**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 - requires ICT work - not yet due.
Medium	2	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

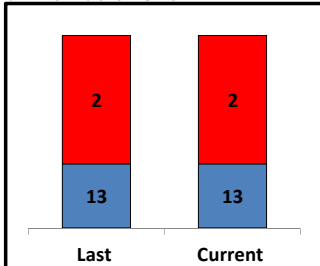
**Counter Corruption**



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

Risk Exposure	Date Published: June 2016	Completion Date: July 2017
High		Remaining four outstanding recommendations addressed following investigation and presentation of findings by another Force.
Medium		
Low		

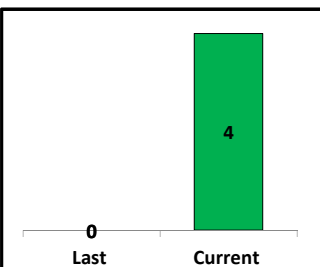
**Crime Audit 2016**



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

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

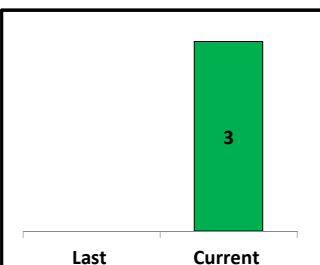
**Forensic Services to Victims of Sexual Crime**



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

Risk Exposure	Report Published: September 20	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. * 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. *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.
Medium	2	
Low		

**Forensic Services**



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

Risk Exposure	Report Published: September 20	Completion Date: September 2018
High		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		
Low		

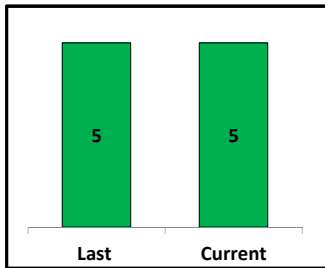
**HMICS Recommendations Progress Tracker - Q4 March 2018**

<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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**Tayside Division LP+**

**Executive Owner:** DCC LP

**Business Area:** D Division

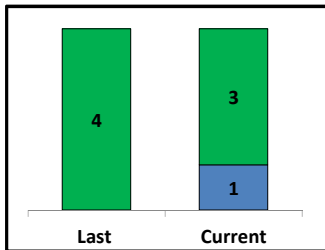


Risk Exposure	Report Published: November 20	Completion Date: December 2017
High	2	All recommendations are progressing and on track for completion. Develop intelligence requirement and communicate and test understanding. (DEC 18) Define the role of the community officer. (JUN 18) Review the availability of specialist resources out of hours. (JUN 18) Develop vision/strategy for specials and volunteers. (SEPT 18) Develop evaluative approach to Divisional/Partnership initiatives. (JUN 18)
Medium	3	
Low		

**Tayside Division LP+**

**Executive Owner:** DCC LP

**Business Area:** D Division

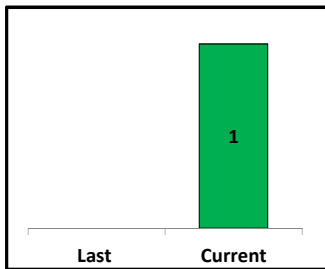


Risk Exposure	Report Published: November 20	Completion Date: December 2017
High	1	***IMPROVEMENT ACTIONS*** One recommendation has been completed on schedule in relation to improving communications within the Division. Three recommendations remain ongoing and are on track for completion 2 x June 2018 and 1 x September 2018.
Medium	2	
Low	1	

**Tayside Division LP + Custody ~ NEW**

**Executive Owner:** DCC LP

**Business Area:** CJS

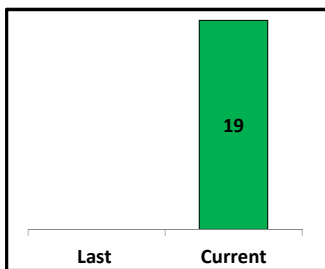


Risk Exposure	Report Published:	Completion Date: TBD
High		Pending development of action plan.
Medium		
Low		

**Undercover Policing ~ NEW**

**Executive Owner:** DCC Crime and Ops

**Business Area:** Crime & Intel

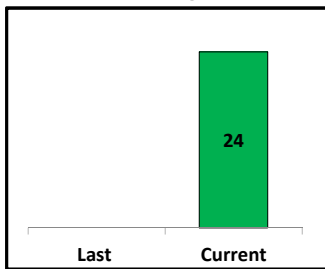


Risk Exposure	Report Published: February 201	Completion Date: TBD
High		Report published March 2018. Action Plan to be developed by May 2018.
Medium		
Low		

**Firearms Licensing ~ NEW**

**Executive Owner:** DCC Local Policing

**Business Area:** Safer Communities



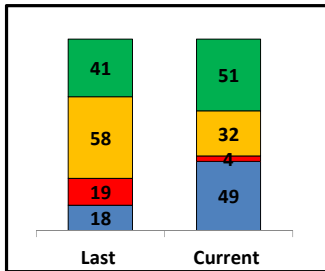
Risk Exposure	Report Published: March 2018	Completion Date: TBD
High		Report published March 2018. Action Plan to be developed by June 2018.
Medium		
Low		

External Audit & Inspection Recommendations Progress Tracker - Q4 March 2018								
KEY	<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:** Professionalism & Assurance

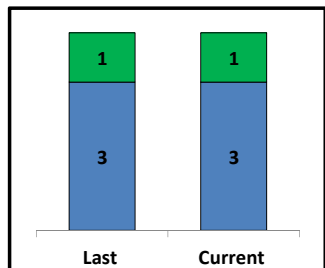


Risk Exposure	Report Published: June 2016, St	Completion Date: 31 Dec 2017
High	47	Significant efforts have been made in this area to implement the recommendations. 31 recommendations have been closed during the review (25 of which were high risk). Due to the volume of recommendations made in this area and the challenges previously experienced with loss of staff and recruitment delays, we have had to prioritise activity based on addressing the highest possible risk.  47 high risk actions remain outstanding and these have been prioritised. On a number of occasions the work is complete pending consultation or will be complete as part of Data Protection reform.
Medium	20	
Low	20	

**Health and Safety Executive**

**Executive Owner:** Deputy Chief Officer

**Business Area:** People & Development



Risk Exposure	Report Published: DATE REQUIR	Completion Date: 31 March 2019
High		The outstanding recommendation relates to Noise Levels. A significant amount of work has been achieved and officer ear pieces is all that remains outstanding.
Medium	1	
Low		

**Appendix A - Summary of Police Scotland PSD Gateway Unit Referrals - 01/04/2017 – 31/03/2018**

Outcome Category	ACU Referral	Noted for Information Only	Memo to Division for Progression	Other *	PSD Criminal Complaints	PSD Conduct	PSD Specialist investigations	Ongoing Assessment	Grand Total	Percentage
<b>Abuse of Authority</b>	4	13	43	2	4	6	4	5	<b>81</b>	<b>6.95%</b>
<b>Commit, Incite, Aid and Abet, Assist in the Commission of Crime</b>	0	2	1	0	0	0	1	1	<b>5</b>	<b>0.43%</b>
<b>Controlled Drug Use and Supply</b>	10	6	1	0	0	0	0	0	<b>17</b>	<b>1.46%</b>
<b>Disclosure of Information</b>	15	13	8	0	4	1	4	0	<b>45</b>	<b>3.86%</b>
<b>Notifiable Association</b>	42	55	330	1	1	0	26	8	<b>463</b>	<b>39.74%</b>

OFFICIAL

Misuse of Force Systems	1	19	6	0	7	3	0	3	39	3.35%
Other **	14	245	83	14	9	26	11	18	420	36.05%
Perverting the Course of Justice	0	0	0	0	1	1	0	0	2	0.17%
Sexual Misconduct	9	7	8	0	1	5	11	2	43	3.69%
Theft and Fraud	0	3	1	0	1	1	0	1	7	0.60%
Vulnerability	5	11	13	0	0	9	2	3	43	3.69%
<b>Grand Total</b>	<b>100</b>	<b>374</b>	<b>494</b>	<b>17</b>	<b>28</b>	<b>52</b>	<b>59</b>	<b>41</b>	<b>1165</b>	

\*Referred to external agency or Public Sector, referred to MITs, officer identified as being non Police Scotland

\*\*Business Interest, Performance Issue, Suspicious Activity Report