



Meeting	Audit, Risk and Assurance Committee
Date	22 June 2023
Location	MS Teams
Title of Paper	Internal Audit Reports
Presented By	John McNellis, Head of Finance, Audit and Risk Gary Devlin and Paul Kelly, Azets
Recommendation to Members	For Discussion
Appendix Attached	Appendix A: Change Management – Digital Evidence Sharing Capability Appendix B: Change Management – Resource Deployment Unit Appendix C: Forensic Services Physical Data Management

PURPOSE

To present the Audit, Risk and Assurance Committee (ARAC) with the final three internal audit reports from the 2022/23 internal audit plan.

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

1. BACKGROUND

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

2. FURTHER DETAIL ON THE REPORT TOPIC

2.1 Change Management – Digital Evidence Sharing Capability (DESC) (full report at Appendix A)

a. Background:

- In 2019, the Scottish Government launched a procurement exercise for a new Digital Evidence Sharing Capability (DESC) to support efficient access of digital evidence across criminal justice partners.
- The Digital Evidence Programme Team was set up across Community Justice Partners, including Police Scotland, to support the DESC project. The Scottish Government provided initial programme leadership, research and delivery, funding and procurement of the strategic technology platform.
- The project was temporarily halted due to the impacts of the Covid-19 pandemic, but was restarted in July 2020 with the contract to provide the digital solution awarded in October 2021.
- Since then Police Scotland has worked in collaboration with the appointed supplier and partners to support DESC.
- Police Scotland took on the role of “lead delivery partner” in December 2021 after submission and approval of a Memorandum of Understanding with the SPA.
- The Scottish Government has intimated its intention to novate the contract to the SPA, in line with Memorandum of Understanding, at a date yet to be confirmed. SPA and Police Scotland have previously highlighted areas of ongoing concern that will require to be addressed before novation takes place.
- Internal Audit reviewed the overarching project governance arrangements in readiness for novation of the contract. They also considered the extent to which the previously identified issues have been resolved.

b. Internal audit findings:

- The overarching project governance arrangements for the DESC project were generally well designed with good arrangements for partnership working.
- A number of identified recommendations are highlighted where processes could be improved upon.
- Recommendations are indicative of underlying resourcing and capacity issues available to support project delivery, which whilst not unique to the DESC programme, if not addressed may lead to further delays or a high technical deficit.
- The audit highlighted findings in addressing recommendations raised from external reviews and a lack of clarity around the benefits realisation process. Further work is required in these areas before contract novation occurs.

c. Summary of recommendations:

Grade	Number of actions
4 – very high risk	0
3 – high risk	2
2 – moderate risk	5
1 – limited risk	1
Total	8

- Five of the eight recommendations have already been addressed. Two are scheduled to be completed by the end of June with the final recommendation scheduled for October.

d. SPA conclusions:

- DESC is a key project for the Scottish criminal justice system to enhance efficiency and effectiveness. The project is also a pathfinder on the future use of key technologies for Scottish policing such as cloud based storage.
- SPA welcomes the findings of the internal audit contributing to the overall assurance being sought and gained.

2.2 Change Management – Resource Deployment Unit (full report at Appendix B)

a. Background:

- The Resource Deployment Unit (RDU) is tasked with ensuring the required number of people with the appropriate skillset are available in the right place, at the right time, in the most cost-effective manner, with care for wellbeing.
- Police Scotland are looking to restructure the way the RDU operates and an Initial Business Case (IBC) has been drafted.

b. Internal audit findings:

- Overall, the IBC for a national RDU was found to be compliant with appropriate guidance. Without reform, the RDU function will not be able to effectively respond to modern day policing demands.
- The audit identified some discrepancies including the application of outdated data and core issues within the daily operations of some resourcing teams.
 - Quality standards setting out performance expectations and operational outcomes have not been set.
 - The IBC is does not contain options for introducing new or alternative approaches to delivering functions.
 - The IBC has limited information on estimated costs.
 - The outcome would incurs a large expense at a time where real-life challenges of the RDUs need to be addressed amid budgetary pressure.

c. Summary of recommendations:

Grade	Number of actions
4 – very high risk	2
3 – high risk	1
2 – moderate risk	4
1 – limited risk	3
Total	10

- Police Scotland have indicated a target date of October 2023 for eight actions.
- However, a target date has not been set for one of the very high risk actions (3.1) and the timescale for implementation of a moderate risk action (4.1) is reliant on the approval of the IBC.

d. SPA conclusions:

- The audit highlights the importance of the RDU to ensure efficient and effective policing deployment.
- The current financial climate enhances the importance of having an effective RDU.
- The number and risk grading of findings has resulted in Azets highlighting this report in their annual internal audit opinion.

**2.3 Forensic Services Physical Data Management
(full report at Appendix C)**

a. Background:

- A data security incident in late 2021 highlighted the risks associated with tracking casefiles.
- A review of the incident from 2021 was completed by internal audit (reported to ARAC March 2022) with the intention to review wider process and practice at a later stage.
- Forensic Services creates many thousands of casefiles annually and manages an archive of many years of material across several sites. Each case created will have an electronic casefile and, in many cases, supplemented with a physical casefile.

b. Internal audit findings:

- The review identified weaknesses in Forensic Services processes, systems and data which does not allow the organisation to clearly identify all physical casefiles held and where these are held at a point in time.
- There is no single system or data source that could be regarded as an inventory of physical case files, or which supports accurate electronic records of casefile movements..
- The inability to track and trace the movement of casefiles is a common factor in casefiles being identified as missing and also in not being able to close the investigations promptly.
- Weeding and disposal of physical casefiles beyond their retention period has not been regularly undertaken.

c. Summary of recommendations:

Grade	Number of actions
4 – very high risk	0
3 – high risk	7*
2 – moderate risk	2
1 – limited risk	0
Total	9*

*For SPA monitoring and reporting, this shows the total number of recommendations counting all sub-recommendations.

- All recommendations are scheduled to be addressed by Dec 2023
- Management did not accept one recommendation (1.1b) and partially accepted another (1.1a) (details in the report).

d. SPA conclusions:

- Since the incident in 2021 the awareness and importance of Physical Data Management in FS has been enhanced.
- SPA Forensics services handles approximately 42,000 case files per year. While robust processes and procedures will reduce the probability of loss, due to their manual nature the probability of loss cannot be completely mitigated.
- Forensics is currently exploring proposals to introduce Radio Frequency Identification (RFID) to enhance the control of physical files.

3. FINANCIAL IMPLICATIONS

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

4. PERSONNEL IMPLICATIONS

4.1 There are no specific personnel implications associated with this paper. The vetting internal audit review has implications on the police workforce as outlined.

5. LEGAL IMPLICATIONS

5.1 There are no specific legal implications associated with this paper.

6. REPUTATIONAL IMPLICATIONS

6.1 There are no reputational implications associated with this paper, however there are potential reputational implications associated with the pace and effectiveness of addressing management actions arising from internal audit reports.

7. SOCIAL IMPLICATIONS

7.1 There are no social implications associated with this paper.

8. COMMUNITY IMPACT

8.1 There are no community impact implications associated with this paper.

9. EQUALITIES IMPLICATIONS

9.1 There are no equality implications associated with this paper.

10. ENVIRONMENT IMPLICATIONS

10.1 There are no environmental implications associated with this paper.

RECOMMENDATIONS

Members are requested to note the internal audit reports.



Scottish Police Authority

Internal Audit Report 2022/23

Change Management – DESC Readiness Review

March 2023



Scottish Police Authority

Internal Audit Report 2022/23

Change Management – DESC Readiness Review

Executive Summary	1
Management Action Plan	7
Appendix A – DESC Programme Governance Structure	25
Appendix B – Summary of External/Internal Reviews	27
Appendix C – Definitions	28
Appendix D – Summary of management actions	29

Audit Sponsor	Key Contacts	Audit team
<i>Andrew Hendry, Chief Digital Information Officer, SRO</i>	<i>Steve Johnson, ACC interim lead Criminal Justice Services Division (Business SME/Policing area Rep)</i>	<i>Gary Devlin, Partner</i>
<i>Barry Sillers, SPA Head of Change and Operational Scrutiny</i>	<i>Willie Cowan, Scottish Government, Joint SRO</i>	<i>Neil Belton, Director</i>
	<i>Justine Nicholson, Head of Portfolio Assurance</i>	<i>Flo Barrett, Assistant Internal Audit Manager</i>

Executive Summary

Conclusion

Overall, we found that the overarching project governance arrangements for the DESC project were generally well designed with good arrangements for partnership working. In that context, we have identified a number of recommendations where processes could be improved upon. We note that these recommendations are indicative of underlying resourcing and capacity issues available to support project delivery, which whilst not unique to the DESC programme, if not addressed may lead to further delays or a high technical deficit.

Specifically, we have identified findings in addressing recommendations raised from external reviews and a lack of clarity around the benefits realisation process. Further work is required in these areas before contract novation occurs.

Background and scope

In 2019, the Scottish Government launched a procurement exercise for a new Digital Evidence Sharing Capability (DESC) allowing users such as police officers, court staff and defence agents to digitally access evidence in an efficient and user-friendly way.

The Digital Evidence Programme Team was set up across Community Justice Partners, including Police Scotland, to support the DESC project. The Scottish Government provided initial programme leadership, research and delivery, funding and procurement of the strategic technology platform.

The project was temporarily halted in March 2020 due to the impacts of the Covid-19 pandemic, but was restarted in July 2020 with the contract to provide the digital solution awarded in October 2021.

Since then Police Scotland has worked in collaboration with the appointed supplier, Scottish Government, the Crown Office, Procurator Fiscal Service, Scottish Courts and Tribunal Service and the defence community to support DESC with the aim to “transform the way that digital evidence is managed throughout criminal investigations and prosecutions”.

Police Scotland took on the role of “lead delivery partner” in December 2021 after submission and approval of a Memorandum of Understanding with the Scottish Police Authority.

The Scottish Government has now intimated its intention to novate the contract to the SPA, in line with Memorandum of Understanding, at a date yet to be confirmed. Police Scotland has previously highlighted areas of ongoing concern with the solution supplier that will require to be addressed either before novation takes place, or as part of the novation process.

These relate predominantly to:

- Security accreditation of the solution supplier;
- Staffing and supplier vetting; and
- Deployment of the CaseLines system

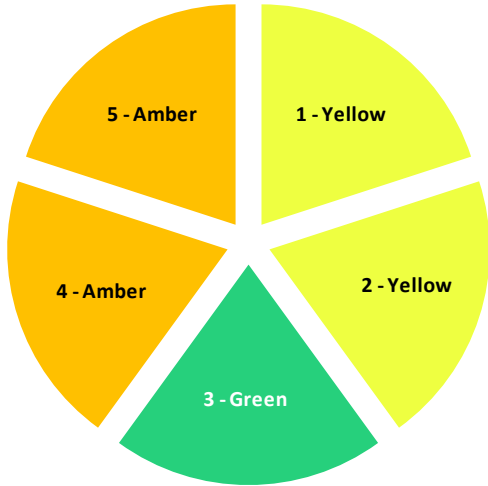
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In order to ensure successful delivery of the project, it is essential that these issues are resolved prior to consideration of novation by the SPA. It is also critical that any novation results in clear and consistent understanding of the roles and responsibilities of Police Scotland, SPA and the various delivery partners.

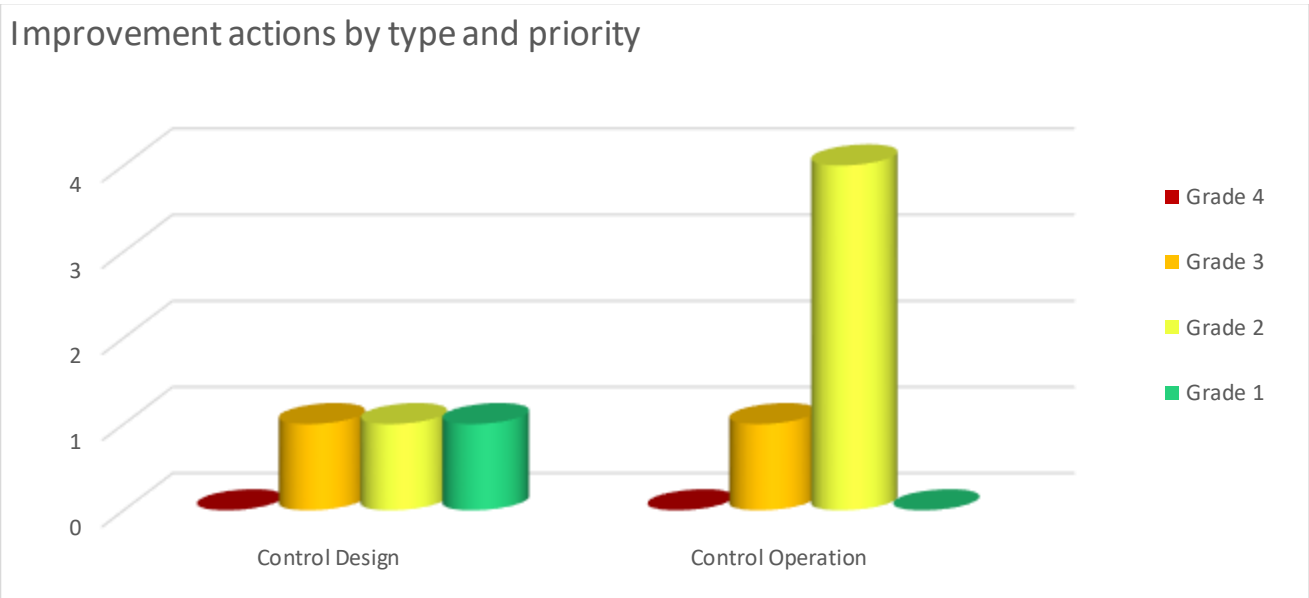
In accordance with the 2022/23 Internal Audit Plan we reviewed the overarching project governance arrangements in readiness for novation of the contract to SPA. We also considered the extent to which the previously identified issues (including those noted above) have been resolved.

We considered the work undertaken as part of the Scottish Government's Technology Assurance Gateway Review undertaken in May 2022 as part of the scoping process for this review to ensure we avoid any areas of duplication.

Control assessment



- 1. The project has clearly defined scope and objectives, and the respective roles and responsibilities of Police Scotland and other delivery partners have been clearly articulated
- 2. There is a detailed project plan in place that operationalises component tasks and activities, with appropriate prioritisation and allocation of resource and responsibility in each case
- 3. There are effective project governance and reporting arrangements in place both internally within Police Scotland and with wider partners
- 4. There are robust arrangements in place to monitor the achievement and realisation of expected benefits
- 5. There are formal processes through which lessons learned are documented and acted upon. These processes consider both issues raised by Police Scotland and recommendations arising from external scrutiny such as the SG Gateway Review process.



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

Key findings

Good practice

We have gained assurance that Police Scotland's procedures reflect good practice in a number of areas:

- The Memorandum of Understanding defines the scope and objectives of the DESC project. These are supported by clearly articulated roles of responsibilities of all delivery Partners, as well as joint responsibilities. Therefore, we are comfortable that all Partners and the service provider are working towards the same outcome.
- The overall project plan is supported by detailed plans which outline the tasks to be completed, with each task split by organisation as appropriate. Each of these tasks are assigned a programme reporting lead as well as estimated period for completion and which approval to proceed it is to be completed by. A risk level and profile is assigned to enable appropriate prioritisation of tasks. The plan also tracks whether the task is required to meet the requirements of Milestone 3. Based on this, the higher risk, more critical tasks are given priority over the lower risk, communicative tasks.
- Overall, there is a clear governance structure within the DESC project team, as outlined in Appendix A. There is representation from all Partners and review of Programme Board minutes shows effective scrutiny. There are working groups which support the Programme Board by monitoring the detailed work such as resourcing, project management, etc. However, we do endorse the TAF recommended review of the structure for the next phase of the project.
- There is also clear governance and oversight internally by Police Scotland. The Portfolio Management Group (PMG) has initial overview of the Project as a whole. Monthly reporting is undertaken, and the project as a whole is RAG rated, currently rated Amber. This report is then shared up the governance structure with Change Board.
- A working group has been established to provide updates and challenge to DESC benefit measurement and realisation activities.

Areas for improvement

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

- The Police Scotland project delivery team is facing resourcing pressures which limit the ability of the organisation to fully manage all project delivery tasks to agreed milestones. Addressing this underlying issue would have the biggest impact in improving project and risk management performance. . Police Scotland should revise the remit of the Resourcing Group to include a more granular review of resourcing issues, including managing resource related risks, to reduce the risk of technical deficit or delays to the overall project as well as ensuring that there is sufficient resourcing to address recommendations from both internal and external reviews.
- The milestone tracker for milestone 3 Project milestone trackers should be monitored until completion with approval obtained by the Programme Board for any removals/deferrals to tasks. This will ensure that all tasks are completed at the correct phase of the project.

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- As part of the review of the benefit profiles due to take place, the benefits identified process should be reviewed in line with the previous TAF recommendation. It was noted within the benefits tracker that there is a lack of clarity around how to effectively measure the benefits being realised, especially for qualitative benefits. Without clear understanding of success criteria and the data required to evidence success, it will become difficult for Management to assess whether benefits are being realised and demonstrate the overall success of the project.
- All outstanding actions from the May 2022 and December 2022 TAF reviews should be reviewed to ensure they remain relevant and given revised due dates where appropriate. The implementation of agreed actions should be monitored by an appropriate governance group to ensure timely completion. Going forward, the implementation of any new actions agreed for project completion should also be included in a project action plan, assigned an action owner and a due date for completion and monitored through the project governance process.
- Our review has noted that to date no formal lesson learned assessments have been undertaken. We note the intended plan for a lesson learned assessment to be undertaken, however, we recommend that a clear schedule is put in place to conduct these reviews promptly after key milestones and/or deadlines to maximise the benefit from any project learning. Responsibility for undertaking, monitoring and reporting lessons learned reviews should be clearly assigned to an appropriate governance group who can also oversee that appropriate action to benefit for any lessons learned is implemented..
- Whilst progress has been made to resolve a number of known project management improvement issues, a specific issue raised around the deployment of CaseLines is yet to be resolved. As such, assurance should be sought on this matter prior to the commencement of novation of the contract.

These are further discussed in the Management Action Plan below.

Impact on risk register

The Police Scotland strategic risk register (as at January 2023) included the following risks relevant to this review:

- SRR016: Delivery of Organisational Change – If Police Scotland does not have the required capacity at a local level to support and accept the Transformation Portfolio, there is a risk that organisational change will not be embedded and its objectives will not be realised (score: 20).

The SPA corporate risk register (as at January 2023) included the following risks relevant to this review:

- CR26: DESC (digital evidence sharing capability) (score: 4)

As noted within this report, there continues to be significant pressure on resourcing which impacts other elements of the project, which as such may necessitate a reassessment of the risk noted in the SPA corporate risk register in due course.

Our audit has also identified a few other improvement actions targeted towards address recommendations to support progress against project timescales and ensuring the ability to effectively recognise benefits. As such, further work is required to ensure effective mitigation of these risks.

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Implementation of the findings included within the Management Action Plan to this report will allow Police Scotland to strengthen the existing control environment of the DESC project, which will be particularly important in working towards the novation of the contract.

Acknowledgements

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

Management Action Plan

Control Objective 1: The project has clearly defined scope and objectives, and the respective roles and responsibilities of Police Scotland and other delivery partners have been clearly articulated



1.1 Memorandum of Understanding

Overall, our review has identified that the scope and objectives, and the respective roles and responsibilities of all Partners are clearly articulated and communicated.

As part of the Full Business Case (FBC), a memorandum of understanding (MoU) was produced. The MoU “sets out the agreement that all partners will collaborate to deliver DESC both as a ‘programme’ and then as a ‘service’ and documents the parties’ commitment to working together constructively to achieve the agreed outcomes and aims of the programme and the resultant service.” Within the MoU the following organisations have been identified as Partners:



The SG is the contracting authority were initially the project lead, however in January 2021, PSoS was appointed as the lead delivery partner with a view to transitioning to PSoS being the lead agency for DESC, which occurred in September 2021. There is intention to novate the contract to the SPA at an undetermined date in the future.

The scope of the DESC programme is defined as:

- to design, develop and implement a new service for the collection, management and sharing of digital evidence throughout the investigation, reporting and prosecution of criminality in Scotland.
- create an end-to-end service for digital evidence.
- will facilitate swifter and more effective investigation, reporting, preparation and presentation of cases.
- will improve revelation and disclosure processes and promote early case resolution, reducing inconvenience and the risk of re-traumatising victims and witnesses.

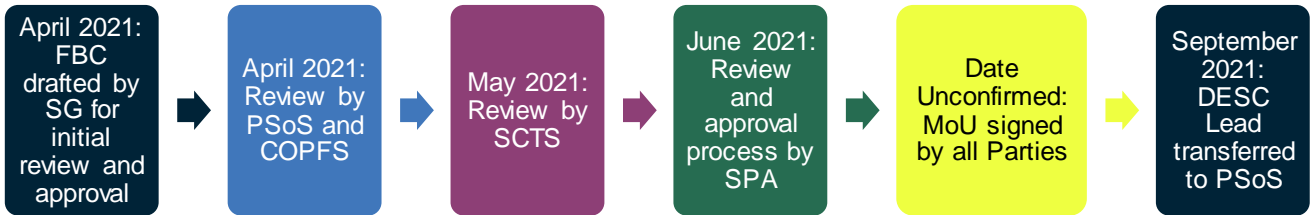
There are 11 key objectives identified to support the overall scope outlined above. We have reviewed them and deem them to be consistent with the overall scope of the DESC project and clearly articulated for the reader to understand.

Section 14 of the MoU describes the specific commitments made by the DESC Partners respectively. It also recognises that during the process of transition of the lead role from SG to PSoS the commitments described

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are shared. Each Partner has clearly defined commitments which match their role within the programme (e.g. programme lead, end user, etc.) as well as joint commitments by all DESC Partners.

The MoU has undergone the same review process as the FBC and is accurate as June 2021, no amendments have been made since this date. This review process of the FBC and MoU is:



This review process ensures that all Partners had oversight of the project as well as clear understanding of their own roles and responsibilities.

The final page of the MoU is a signatory page which includes room for all Partners to have a representative sign as evidence they agree with the terms of the MoU. However, evidence has not been provided by the Scottish Government as owners of the signed document, that all Partners have signed this and thus we cannot confirm that Partner have agreed to the terms within the MoU.

Risk

There is a risk that if PSoS do not have a copy of the final signed memorandum of understanding then there is not a clear understanding of their role as Delivery Lead and evidence that all Partners are in agreement.

Recommendation

Whilst it is noted that as contracting authority that the Scottish Government hold a copy of the signed agreement, As a key Partner and overall Delivery Lead, Police Scotland should seek to obtain a copy of the signed Memorandum of Understanding from the Scottish Government to ensure transparency of the agreement and proper escalation of issues should they arise..

Management Action

Grade 2
(Operation)

Management accepts the recommendation. A signed copy of the MOU will be requested and held on file.

Action owner: Programme Manager, DESC

Due date: 31 May 2023

1.2 Agreement with Axon

We note that Axon, the software supplier, is not included in this MoU. A separate contract is held between SG and Axon. As stated within the MoU, paragraph 7.1 to 7.2:

"The DESC Partners agree to support the implementation of a contract with a service provider. The Scottish Government is the contracting authority at the outset of the contract whilst the other DESC partners will have enforceable third party rights, as described within the contract terms."

As such the contract with Axon does not fall within the remit of this audit as it is not managed by PSoS.

Control Objective 2: There is a detailed project plan in place that operationalises component tasks and activities, with appropriate prioritisation and allocation of resource and responsibility in each case



2.1 Milestone 3 Project Plan

There is an overall project schedule in place which outlines the phases, key milestones and activities to achieve each of the three Delivery phases. There are three milestones leading up to the Go/No-Go decisions in mid-January, each of which has their own detailed project plan, with Milestone 4 set for August 2023.

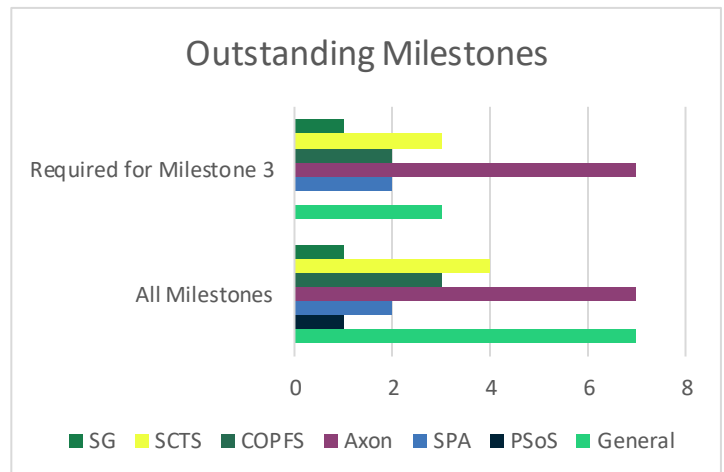
We have reviewed the detailed plan in place for Milestone 3, which was due for completion ahead of the Go-Live Pilot. Tasks are sufficiently componentised into manageable actions. Each task is split by organisation, i.e., for Data Cloud usage approval, each Partner has their own action to complete. Each of these actions are assigned a programme reporting lead as well estimated period for completion and which “approval to proceed” it is to be completed by.

To appropriately prioritise the tasks, there is a risk level assigned from 1 to 4, with 4 being the most severe. This is accompanied by a risk profile of either Operationally Critical, Important, Less Important, Decision/Approval or Communication. The plan also tracks whether the task is required to be completed to meet the requirements of Milestone 3. Based on this, the higher risk, more critical tasks are given priority over the lower risk, communicative tasks.

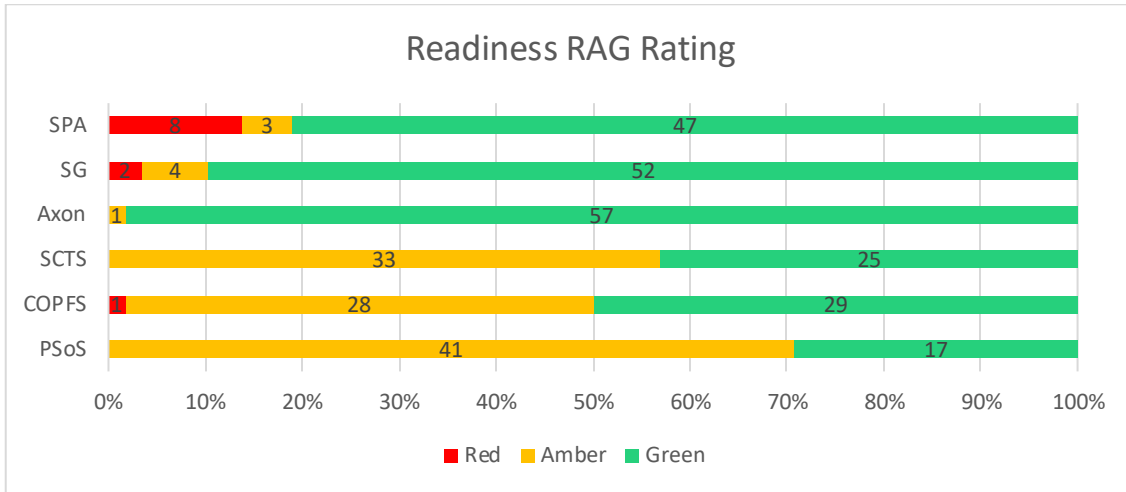
From the project plan in place it is clearly articulated which Partner is responsible for each task and the programme reporting lead within that Partner. It is the Partners responsibility to assign resource for task completion and raise any issues if they occur.

We have reviewed the Milestone plan update as at 9th January 2023 and note that there have been a number of delays in completing the identified tasks:

	All Milestones	Required for Milestone 3
Completed	169	97
Outstanding	25	18
Total	194	115
% Complete	87%	84%



At this point a Go/No-Go assessment was undertaken to assist DESC Senior Information Risk Owners (SIRO) in determining whether the Partnership was ready to deliver the Phase 1 delivery Pilot on 24th January 2023. This covered some of the key outstanding actions included in the initial Milestone 3 plan, such as key security points, focusing on the “must-haves” to be able to proceed with the pilot as planned on 24th January. As at 16th January 2023 the following assessment was made by each of the Partners, subject SIRO approval:



At the Programme Board on 17th January 2023, it was confirmed that SIRO approval had been provided by SG, PSoS, COPFS and SCTS. SPA had opted out of the Pilot decision as they are not part of the Phase 1 delivery. It was decided that all Partners were comfortable to proceed but with some security caveats applied which were accepted ahead of the pilot. It is also important to note that this represents the position at a specific point in time and progress in the readiness rating has been made since.

As such, we are comfortable that there is a detailed plan outlined which is monitored to ensure it remains appropriate and as shown, is updated to ensure focus on the key areas for the milestone completion. However, at the point in which the Go/No Go assessment is undertaken it is not clear what action is planned to ensure all Milestone 3 actions are complete.

Risk

There is a risk that if the Milestone tracker is not reviewed post milestone completion, then critical tasks may remain outstanding and not completed at the appropriate time.

Recommendation

We recommend that the Milestone 3 tracker is reviewed and updated to ensure all actions are completed. Appropriate due dates and action owners should be assigned to those tasks yet to be completed. Where applicable, if the task is to be picked up as part of the next phase of the project this should be approved by the DESC Programme Board.

Going forward, all trackers should be monitored up until the completion of each milestone with approval from the Board for any removals/deferrals.

Management Action

Grade 2
(Operation)

Management accepts the recommendation. Updating the tracker is in progress and will continue throughout the lifecycle of the project. This will be submitted to the DESC Programme Board in due course.

Action owner: Programme Manager, DESC

Due date: 31 May 2023

2.2 Overarching Project Resourcing

We noted from our work that there are overarching resourcing issues throughout the project that may impact the ability to continue to meet deadlines. Whilst the initial target date for the Pilot to go live was achieved this was at the expense of other aspects of the project, such as monitoring of benefit realisation and previous review recommendations (see Control Objective 4 and 5 respectively for further detail).

A Resources Work Group has been established which meets monthly, who aims “to establish the optimum resource profile, taking into account risk to delivery, vendor capability and capacity, phasing, availability of current resources and wider organisational pressures, e.g. competing programmes and priorities” and reports directly to the DESC Programme Board. Outside of this there are weekly meetings are held in which issues are raised around resourcing should they arise.

We have reviewed the minutes of the meeting held 10th January 2023 and note that there is focus on current resource and recruitment but there is no focus on future resourcing requirements. We also note that a high-level overview of risks and issue review has been conducted. Given the issues that have occurred around resourcing and the ability to vet staff in a timely manner, future resourcing should also be considered at the monthly meetings to be able to assess any future risk to the overall resourcing picture.

A recommendation was raised in the December 2022 TAF review which stated “It is recommended that the Programme Board discuss and initiate a review of the Programme governance structure to prepare it for next phases.” See further detail in Control Objective 5,

Risk

There is a risk that if resourcing is not effectively monitored that key aspects of the project are not achieved in a timely manner leading to delays in project progress and increased financial cost.

Recommendation

We endorse the TAF recommendation to review the Programme governance structure to prepare it for next phases, this will help to ensure that the remit of the Resource Working Group remains focused on the managing of resource related risk as the DESC project progresses to the next stage.

Management Action

Grade 2
(Design)

Management accepts this recommendation.

The Terms of Reference does provide this level of detail asked within this recommendation but we will ensure discussion is reflected in the notes/actions from the meeting.

Action owner: Programme Manager, DESC

Due date: Implemented and Ongoing

Control Objective 3: There are effective project governance and reporting arrangements in place both internally within Police Scotland and with wider partners

3.1 DESC Programme Governance

The overall governance structure of the DESC programme is outlined within Appendix A. This shows the 24 groups that have oversight and responsibility for different sections within the programme and the reporting structure. The programme direction and oversight are monitored by the DESC Programme Board.

There is representation on the DESC Programme Board from AXON (software developers), PSoS, COPFS, SCTS, SG and Project Management Office (PMO). This shows oversight by all Partners at key Programme meetings. From our review of committee minutes, we can see that there is attendance from representatives as outlined above.

The meeting structure also outlines the meeting regularity of all 24 groups. These range from daily meetings for the “scrum/stand ups” to monthly for the DESC Programme Board and Partner DESC Project Leader Board, which meets 1 week prior to the Programme Board. This allows timely reporting of key issues to enable effective scrutiny and approval.

For the DESC Programme Board, meetings have been held throughout the year, occurring every month from April 2022 until February 2023, with the most recent meeting being held 21st February 2023. Per the terms of reference Board meetings are to be held every 6 to 8 weeks, or periodically at more frequent intervals according to project requirements. Therefore, we are comfortable that the regularity of meetings is in line with the terms of reference.

Topics for discussion per the terms of reference are to be set by Justice Digital with input from Board members, and approved by the chair; however, the standing agenda should also include a review of progress, issues and partner support. Review of the agendas for the January and December meetings show standing agenda items to discuss include Action Log, DESC Programme update, Partner updates for readiness, security update, data protection update, finance update and contract novation update. As such, the agenda is deemed to meet the minimum requirements laid out.

We also noted that the terms of reference have not been reviewed since November 2020 and that Scottish Legal Aid Board (SLAB) and the Law Society of Scotland (LSS) are included as members, although from our work in Control Objective 1 they are not included as Partners to the project. From our review of attendance at Board, we have confirmed that meetings have not been attended by either party.

It is noted that, as recommended in the Go Live Gate Review undertaken in December 2022, a session is due to take place which looks at the meeting structure to ensure still appropriate for next phase of the project. The review will include looking at the remit of each group to ensure its focus relevant for the next phase of the project. At the programme Board meeting which took place on 21st February 2023 an action owner was agreed to take this forward.

Risk

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There is a risk that if the terms of reference of the Programme Board are not regularly reviewed, effective governance may not occur due to ambiguity over member and topic requirements as well as the regularity of meetings.

Recommendation

We recommend that as Lead Delivery Partner, PSoS ensures that the terms of reference for the Programme Board are reviewed and kept up to date as part of the TAF recommend governance structure review.

It is also recommended that all terms of reference relating to the programme are reviewed annually to ensure still appropriate for the needs of the DESC Project.

Management Action

Grade 1
(Design)

Management accepts the recommendation. The Terms of Reference will be reviewed to confirm it is up -to- date. An item has been added to the action log to review annually (if applicable).

Action owner: Programme Manager, DESC

Due date: 30 June 2023

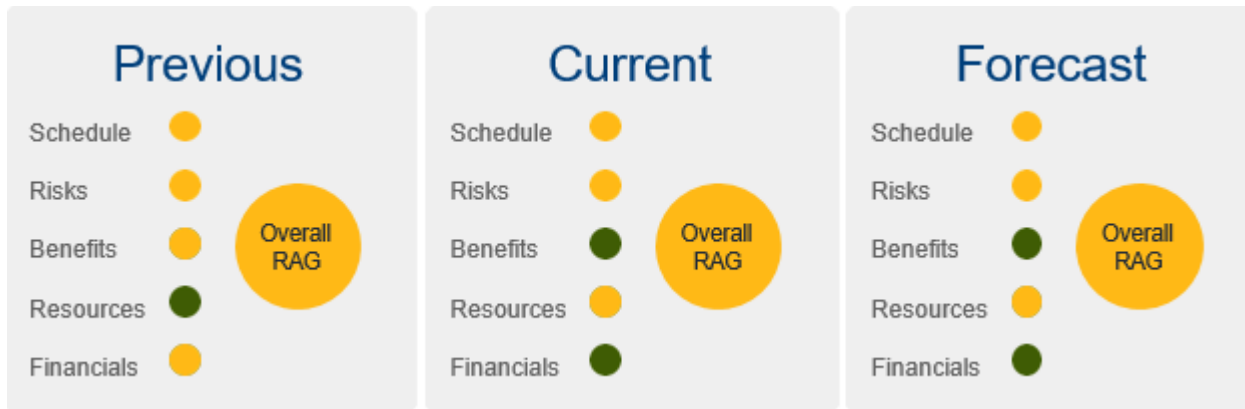
3.2 Police Scotland Governance

The FBC states that “there is no single hierarchy or authority for programme governance beyond the DESC Programme Board. Each of the Partners’ own organisational governance structure has equal authority on the DESC programme.”

We have reviewed the DESC Programme Partner Governance Structure as seen in Appendix A. Each Partner has its own DESC Project Board which in turn feeds back via the appropriate governance structure for each Partner. Within PSoS, the DESC programme follows the same governance structure as required by all PSoS projects.

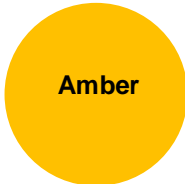
Overall, there is the appropriate structure in place to allow effective governance over the DESC Project. DESC programme progress is reported on a monthly basis to Portfolio Management Group (PMG). Reporting Packs are produced of which DESC is included. Discussion summaries are recorded and the reporting pack is provided to members ahead of the meeting and Programme Reports talked through by owner during the meeting. Action logs are maintained for PMG.

The DESC project, which falls under the Criminal Justice Services Division Reform Programme, as at February 2023 has been RAG rated as follows:



These ratings are supported by an overall executive summary, areas of improve which can turn a rating from Amber to Green, upcoming key milestones, risks portfolio and financials. This allows PMG to challenge, identify areas of concern and support in mitigating risks and delays, as well as monitoring overall budget.

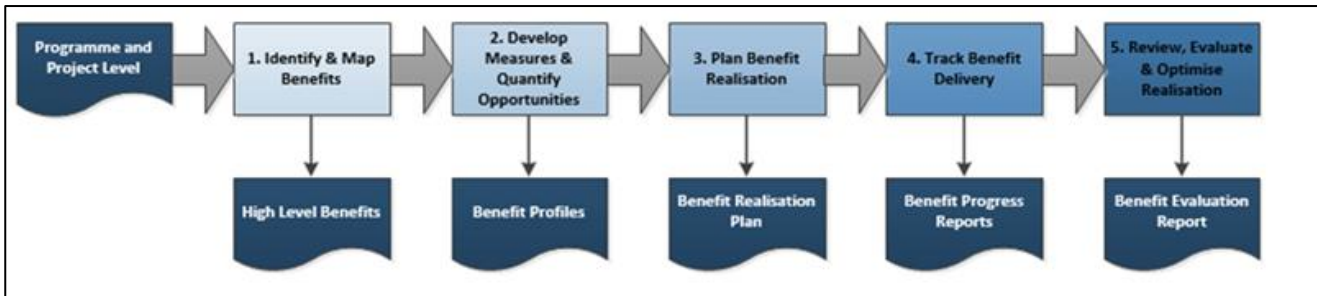
This is then reported to Change Board for overview and challenge, in a similar format to PMG.



Control Objective 4: There are robust arrangements in place to monitor the achievement and realisation of expected benefits

4.1 Benefit Realisation Monitoring

The management of benefits realisation for DESC consists of five key stages as identified in Police Scotland’s Benefits Management Strategy:



The project is at the Plan Benefit Realisation and Track Benefit Delivery stage of the project.

There is a recently established Benefits Working Group whose purpose is to provide updates and challenge to DESC benefit measurement and realisation activities being undertaken by PSoS, COPFS, SPA Forensics (SPAF) and SCTS including Defence Community. The first meeting was held 2nd February 2023. Initially, the DESC Benefits Working Group will meet fortnightly (during the early stages of the Delivery 1 Pilot Exercise) thereafter, every four weeks and the Group will report to the DESC Programme Board.

Within the TAF Delivery Gate review undertaken in May 2022 it was recommended that “the SROs [are] to commission a fuller Benefits Realisation Plan, with clear executive owners, for the post-implementation period.” An update was provided in December that a review of benefits plan was undertaken with SG and additional SG resource was secured to build up measurement trackers and analysis of benefits.

To date we have been unable to evidence that an updated Benefit Realisation Plan (BRP) has been developed in line with the PMO template. However, a paper was prepared for the Benefits Working group outlining the benefits measurement and the success criteria for the pilot, which is supported by an excel spreadsheet for monitoring. The paper identifies the benefits where realisation is expected as part of the pilot, as well defining the success criteria which clearly links this back to the benefits as outlined in the FBC.

The first assessment of benefit realisation is due to take place in March 2023. We have reviewed the DESC benefit tracker as at January 2023 and note that a set of Pilot success criteria has been included. These clearly outline the what, the how, the who and the when as well as indicating the minimum outcome measurement and what is deemed to be a successful outcome. However, in some instances the benefits of the project have not been clearly linked back to the success criteria and do not fully correlate to the success criteria identified in the above paper.

As such, for some qualitative benefits, it is not always clear how these can be measured and what is deemed successful. For example, for the benefit of “improved evidence access and processing” there are suggestions of how this can be monitored, such as User feedback (surveys / focus groups) or time taken to correct issues identified. However, there is no clear link to success criteria, i.e. 80% of users think the system works well or

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issues are corrected within one working day of notification, to determine whether improvements have been made to evidence access and processing.

Risk

There is a risk that a lack of clarity around the benefit realisation process means that they are not effectively tracked leading to the full benefit of the DESC programme not being fully realised.

Recommendation

An updated Benefit Realisation Plan should be developed in line with TAF recommendation and PMO template.

The DESC Benefit Tracker should be reviewed to ensure that all qualitative benefits have appropriate measurable success criteria and all elements of success criteria identify in the paper to the Benefits Working group have been included. This tracker should be reviewed and approved by the Benefits Working Group monthly to ensure the project is on track.

Further analysis should also be undertaken to understand how and what data will be collected to enable tracking of the benefits.

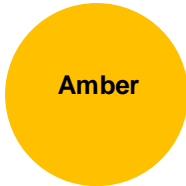
Management Action

Grade 3
(Design)

Management accepts the recommendation. This is a work in progress as we are currently updating the Benefits Realisation Plan and Tracker to capture measurable success criteria. This will be monitored by the Benefits Working Group on a monthly basis.

Action owner: Programme Manager, DESC

Due date: October 2023



Control Objective 5: There are formal processes through which lessons learned throughout the project are documented and acted upon. These processes consider both issues raised by Police Scotland and recommendations arising from external scrutiny such as the Scottish Government Gateway Review process

5.1 External Recommendations

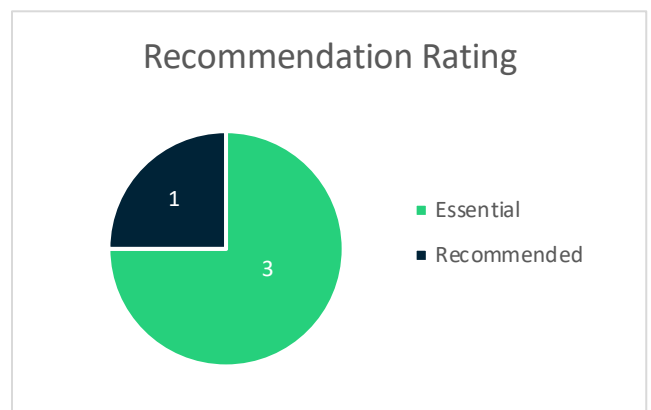
The DESC Programme has been subject to external gate assurances as outlined in Appendix B.

TAF – Delivery Gate

The aim of the Delivery Gate was to assess whether the delivery strategy remains appropriate and there is a valid full business case, delivery is on track and standards are met. The review was concluded in May 2022 and was assessed as Amber/Green with four recommendations.

As at December 2022, all recommendations were deemed to be in progress, it was noted in the TAF – Go Live review that:

- Recommendations 1 & 4 should be addressed early in the Pilot Phase and before the next Review.
- Recommendation 2 was to be closed following ISO approval of the risk treatment plan.
- Recommendation 3 was replaced by recommendation 1 to 4 of that review.



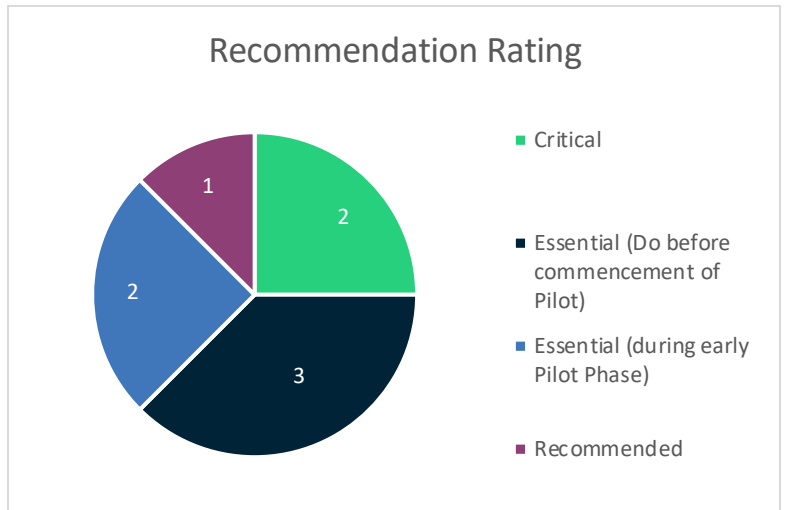
In the action log update provided to the Board on 21st February we note that recommendation 2 has subsequently been closed. Recommendation 1 remains outstanding as the BRP is yet to be completed. For recommendation 4 there is no assigned due date or success criteria to know that the action plan is complete due to resourcing capacity issued.

TAF – Go Live Gate

The recent Go-Live Gate review assessed whether the solution is ready to be launched into live use and whether the organisation is ready to accept the business change. This included reviewing test plans and results; assessing the robustness of governance arrangements; and business readiness and technical plans for implementing the solution. From this review eight recommendations were raised. This report was taken to the DESC Programme Board in January 2023.

An action tracker was created to follow up on the recommendations in which an appropriate individual assigned to each point. Of the total recommendations, two were deemed as critical with three being essential prior to commencement of the pilot. It was also noted that there were no assigned completion dates for seven out of eight of the recommendations.

This has been due to challenges resulting from changes in resourcing meaning that action owners have left since the review was initially undertaken. It was also noted that whilst updates had been provided there was no agreed action plan in place to address the recommendation.



We have since viewed the action log taken to the February 2023 Programme Board and note that success criteria and owners have been assigned to each recommendation as well as review/due dates. At the time of writing seven actions were marked as outstanding with only one complete. Two of these actions were taken to the Programme Board for review and allocation of suitable action owners for future progression.

Risk

There is a risk that if actions are not assigned target completion dates as they are raised then they are not completed in a timely manner, resulting in further delays to the project or further issues arising as issues are not resolved and lessons are not learnt.

Recommendation

For existing recommendations that have been raised and that are past due, revised target completion dates should be agreed and an appropriate action plan put in place to address the recommendation identified. This should be monitored by an appropriate governance group to ensure timely completion.

Going forward, completion dates and action plans to address the recommendation should be decided within a week of recommendation being raised.

Management Action

Grade 2
(Operation)

Management accepts this recommendation. The action plan for tracking the external recommendations was in progress during the fieldwork. This is now in place and is being monitored by the Portfolio Assurance Team and is reported on a monthly basis at Portfolio Management Group.

Action Plans to address recommendations are usually in place within one month of publication and it is not achievable to complete this in one week.

Action owner: Programme Manager, DESC

Due date: Complete

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5.2 Internal Assessments

There is a Stage Gate process for internal assessments which all projects should follow as outlined in Appendix B. This process has been rolled out since the commencement of DESC, with the exception of Gates 4 & 5. Due to the project being led by Scottish Government in the early stages the full process is not required to be followed. Projects are required to provide evidence of readiness and any Project/Programme Board approvals by provision/uploading of the appropriate artefacts to the Police Scotland Internal PPMA system. For example: completed business change plan, go/no go checklists and discussion summaries.

We have not been provided with any evidence that a formal or information internal assessment has been undertaken and as such has not been able to gain assurance that lesson learned are being identified, monitored and learnt from.

The next Stage Gate is “5-Delivery- Go/No Go” review which will be a reflection of the success of the Live Pilot. As part of the Live Pilot, continuous feedback is being sought via weekly reports conducted by participating Partners to outline key issues and feedback identified from live use, these are also fed back to the supplier to correct any issues.

However, a formal lesson learned review is yet to be scheduled although the importance of one is recognised by Management. Resourcing continues to be an overall challenge with some key members of the project team having moved on during development. This has presented difficulties in organising time for a lesson learned review as the key priority is the delivery of the project itself. It is noted by Management that part of the lesson learned review will cover learnings from resource challenges.

Risk

There is a risk that if lesson learned assessment are not undertaken then issues will continuously arise, resulting in delays to the overall DESC programme and increased financial cost.

Recommendation

We endorse the need for lesson learned assessments to be undertaken. However, these should occur promptly and regularly after key milestones and/or deadlines to ensure that the risk of similar issues arising again is mitigated. A timetable should be agreed going forward for such assessments to be undertaken.

We recommend that there should be a group whose remit is to monitor lesson learned assessments and feedback the findings to all Partners and monitoring on going action to reduce future risk of similar issues arising.

Management Action

Management accepts the recommendation. There were lessons learned reports for the project prior to go live. A further review of lessons learned is planned as per the Portfolio Management Framework that will cover key project milestones relating to the go live phase.

Lessons Learned reports are captured in a central repository which future projects/programmes have access to for the purposes of sharing information/learning.

Action owner: Programme Manager, DESC

Due date: 30 June 2023

5.3 Resolution of Previous Issues

As well as the resolution of recommendations raised as part of the TAF reviews, in the assignment plan we noted that at the May 2022 ARAC it was reported that:

- Axon had still not provided an adequate system design which covers all three organisations security standard requirements.
- The supplier has provided a revised staffing list which is incomplete due to recruitment gaps. In addition, the vetting is taking approximately 14 weeks which is affecting progress.
- Deployment of CaseLines system was delayed to Phase 2 of the programme due to vetting delays.

Subsequent to the May 2022 ARAC, the system design was included as part of the risk-mitigation plan to enable all partners to seek external legal advice. Information Commissioner’s Office (ICO) engagement has been ongoing throughout the project with no major issues identified and SIRO approval was obtained as confirmed at the 16th January 2023 Programme Board.

It is noted that the vetting delays were due to matters out of the control of the DESC project team. As such, they continued to only discuss matters that can be discussed with non-vetted staff, to at least allow non-confidential aspects to continue moving forward. This is an ongoing issue due to ongoing recruitment and retention issues which is being managed by the dedicated Resource Working Group.

We note that at the time of writing our report, deployment of CaseLines system was yet to be undertaken with no assurance provided as to when this was due to occur. This was noted as a concern to be resolved prior to novating the contract from SG to SPA.

Risk

There is a risk that if previous issues identified are not resolved then the DESC project will not be delivered on time, on budget or in compliance with laws and regulations.

Recommendation

We recommend that the project team seek to resolve the issues previously identified in relation to the deployment of CaseLines, vetting delays and security standards, as well as through lessons learned and external TAF reviews. Assurance should then be provided to both the Project Board and the SPA that all issues have been resolved.

Management Action

Grade 2
(Operation)

The project team will seek to resolve the issues identified and continue to assess the situation through the project board meetings.

Action owner: Programme Manager, DESC

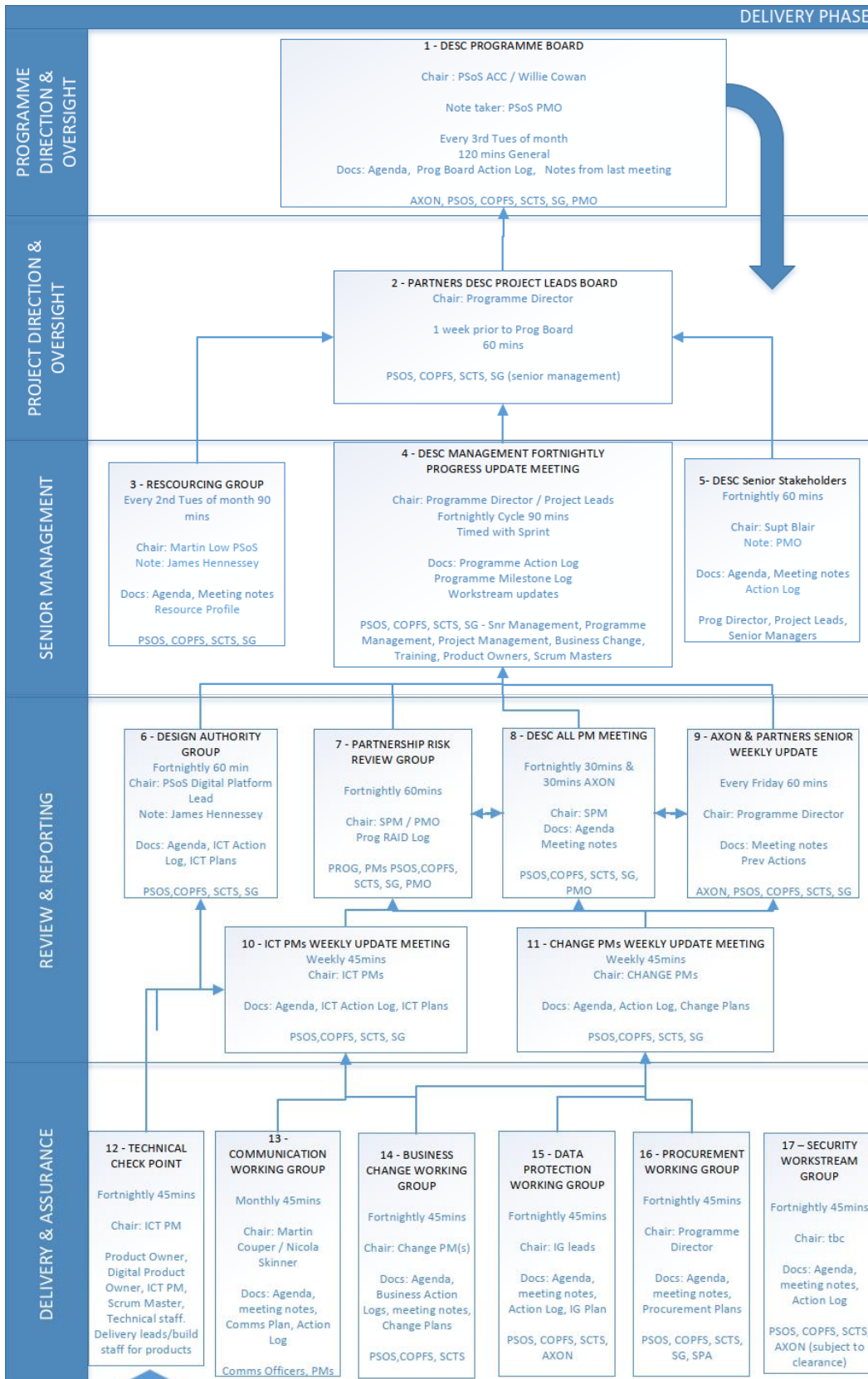
Due date: Implemented and Ongoing

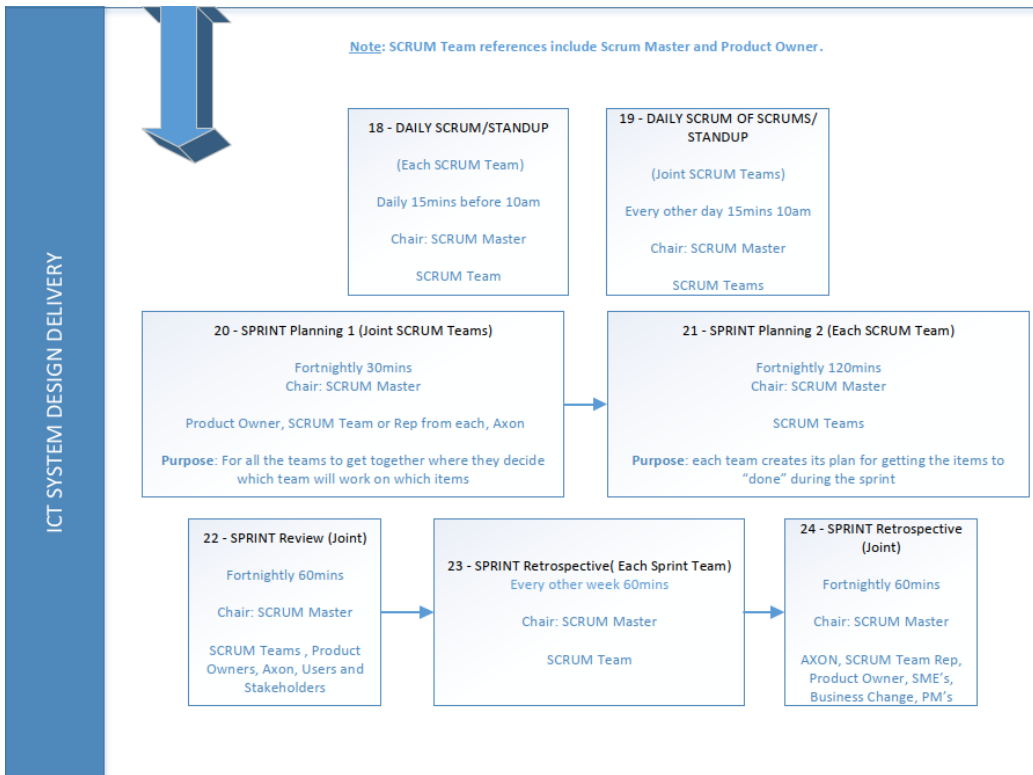
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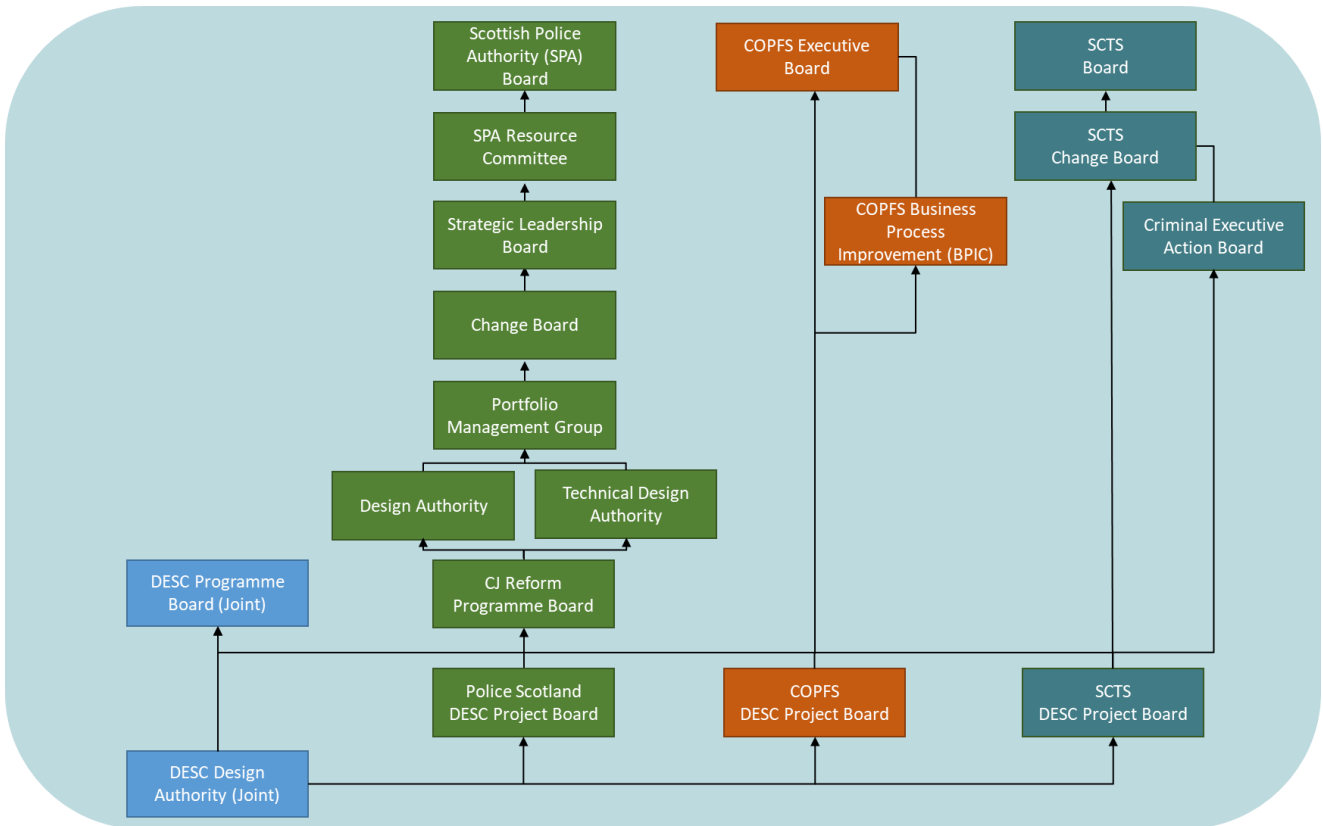
Appendix A – DESC Programme Governance Structure

DESC Project Governance Structure





Partner Governance Structure



Appendix B – Summary of External/Internal Reviews

INTERNAL GATE

Stage Gates (See Appendix B for visual)

Police Scotland Internal Activity	Planned Date	Status
Stage Gate 0 – Scope of Concept - ID	06 Sep 2018	Complete
Stage Gate 1 – Pre-Start Up - PPA	10 June 2019	Complete
Stage Gate 2 – Initiation- OBC	10 June 2021	Complete
Stage Gate 3 – Planning - FBC & PMP	June 2021	Complete
Stage Gate 4 – Delivery - Solution build	October 2022	Complete
Stage Gate 5 – Delivery – Go/No Go	April 2023 (TBC)	Not Started
Stage Gate 6 – Closure - EPR	December 2023 (TBC)	Not Started
Post Implementation	June 2024 (TBC)	Not Started

Scottish Government Activity	Planned Date	Status
Award of Contract	15 October 2021	Complete

Delivery Lead Activity	Planned Date	Status
Delivery Phases		
Delivery 1 – Configuration	March 2022	Ongoing
Delivery 1 – Testing	01 April 2022	Ongoing
Delivery 1 – Live Pilot	January 2023	Ongoing
Delivery 1 – National Roll out	TBC	TBC
Delivery 2 – Configuration	TBC	TBC
Delivery 2 – Testing	TBC	TBC
Delivery 2 – Live Pilot	TBC	TBC
Delivery 2 – National Roll out	TBC	TBC
Delivery 3 – Configuration	TBC	TBC
Delivery 3 – Testing	TBC	TBC
Delivery 3 – Live Pilot	TBC	TBC
Delivery 3 – National Roll out	TBC	TBC
North Rollout	TBC	TBC
East Rollout	TBC	TBC
West Rollout	TBC	TBC
Project Closure	TBC	TBC

RISK POTENTIAL ASSESSMENT ANALYSIS

Activity	Planned Date	Status
RPA 1 Assessment	SG activity	Complete
RPA 2 Assessment (if required)	SG activity	Complete
Submission to Directorate of Internal Audit and Assurance	SG activity	Complete

EXTERNAL GATE ASSURANCE (as required)

Gateway Reviews: (If required)

Activity	Planned Date	Status
Gateway 1 – Business Justification	SG activity	Complete
Gateway 2 – Delivery Strategy	SG activity	Complete
Gateway 3 – Investment Decision	April/May 2021	Complete
Gateway 4 – Readiness for Service	TBC	Not Started
Gateway 5 – Benefits Realisation	TBC	Not Started
Gateway 0 – Strategic Assessment	TBC	Not Started

DAO ICT Technical Assurance: (If required)

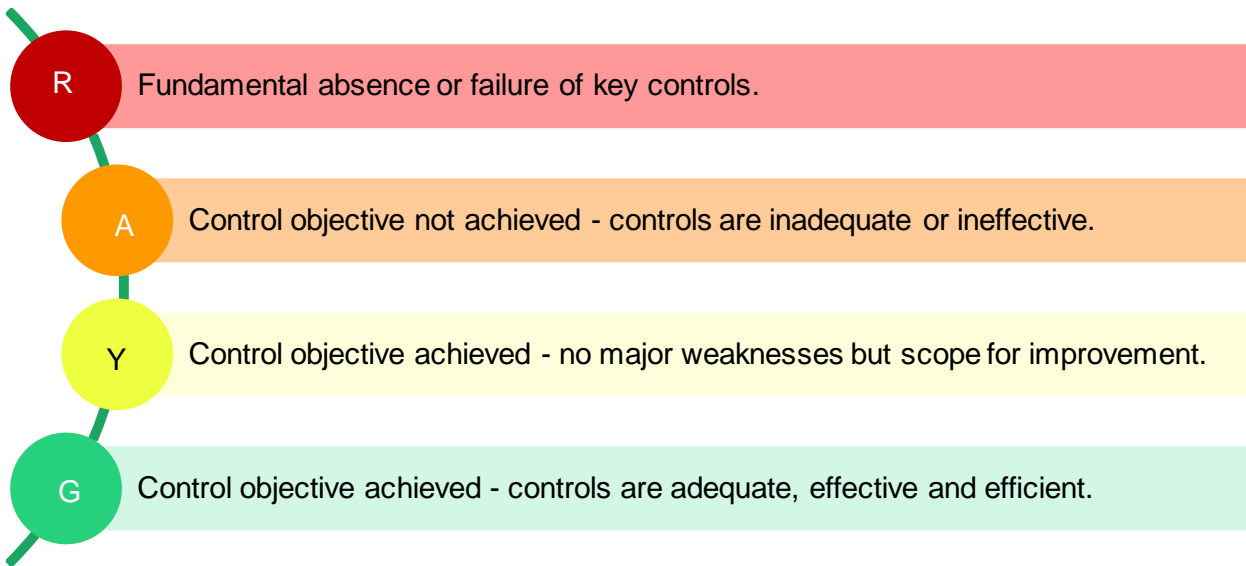
Activity	Planned Date	Status
Gate 1 - Business Justification Gate	Not done	N/A
Gate 2 - Pre-Procurement Gate	2-4 April 2019	Complete
Gate 2 - Health check	September 2019	Complete
TAF Healthcheck Review	3-5 May 2022	Complete
Gate 3 - Delivery Gate (i)	3-5 May 2022	Complete
Gate 3 - Delivery Gate (ii)	Not done	N/A
Gate 4 - Go-Live	6-8 December 2022	Complete

DAO D1 Assessment: (If required)

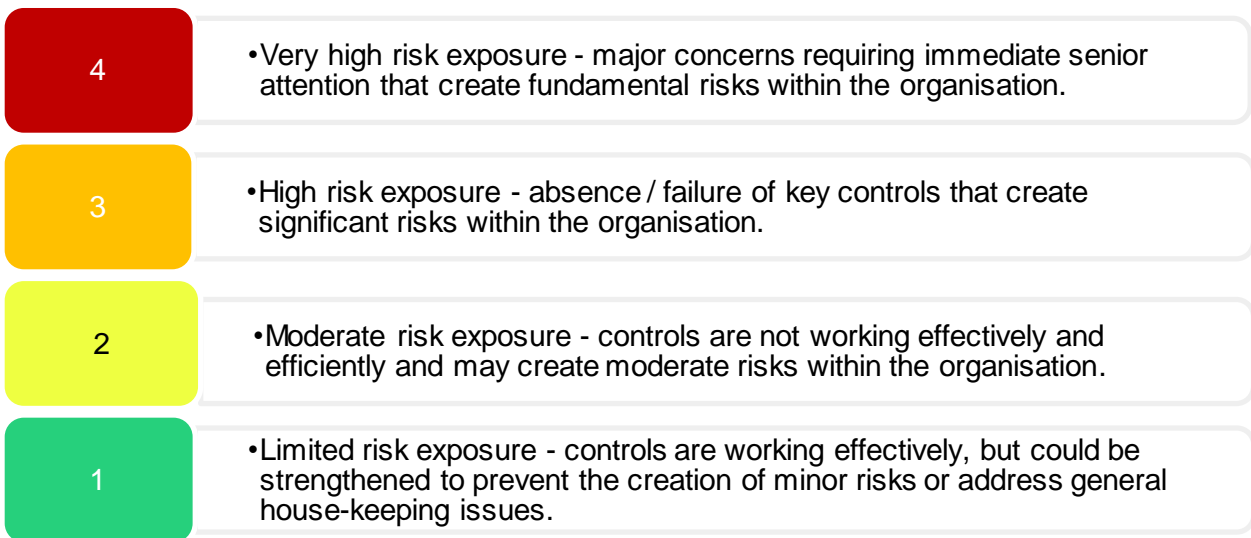
Activity	Planned Date	Status
Approach to D1 Outcomes agreed with DAO	February 2019	Amber/Red
Approach to D1 Outcomes agreed with DAO	September 2019	Green/Amber

Appendix C – Definitions

Control assessments



Management action grades



Appendix D – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1	Whilst it is noted that as contracting authority that the Scottish Government hold a copy of the signed agreement, As a key Partner and overall Delivery Lead, Police Scotland should seek to obtain a copy of the signed Memorandum of Understanding from the Scottish Government to ensure transparency of the agreement and proper escalation of issues should they arise.	Management accepts the recommendation. A signed copy of the MOU will be requested and held on file.	2	Programme Manager, DESC	31 May 2023 - Implemented
2.1	<p>We recommend that the Milestone 3 tracker is reviewed and updated to ensure all actions are completed. Appropriate due dates and action owners should be assigned to those tasks yet to be completed. Where applicable, if the task is to be picked up as part of the next phase of the project this should be approved by the DESC Programme Board.</p> <p>Going forward, all trackers should be monitored up until the completion of each milestone with approval from the Board for any removals/deferrals.</p>	Management accepts the recommendation. Updating the tracker is in progress and will continue throughout the lifecycle of the project. This will be submitted to the DESC Programme Board in due course.	2	Programme Manager, DESC	31 May 2023 - Implemented
2.2	We endorse the TAF recommendation to review the Programme governance structure to prepare it for next phases, this will help to ensure that the remit of		2		

	the Resource Working Group remains focused on the managing of resource related risk as the DESC project progresses to the next stage.				
3.1	<p>We recommend that as Lead Delivery Partner, PSoS ensures that the terms of reference for the Programme Board are reviewed and kept up to date as part of the TAF recommend governance structure review.</p> <p>It is also recommended that all terms of reference are reviewed annually to ensure still appropriate for the needs of the DESC Project.</p>	Management accepts the recommendation. The Terms of Reference will be reviewed to confirm it is up-to-date. An item has been added to the action log to review annually (if applicable).	1	Programme Manager, DESC	30 June 2023
4.1	<p>An updated Benefit Realisation Plan should be developed in line with TAF recommendation and PMO template. The DESC Benefit Tracker should be reviewed to ensure that all qualitative benefits have appropriate success criteria and all elements of success criteria identify in the paper to the Benefits Working group have been included. This tracker should be reviewed and approved by the Benefits Working Group monthly to ensure the project is on track.</p> <p>Further analysis should also be undertaken to understand how and what data will be collected to enable tracking of the benefits.</p>	Management accepts the recommendation. This is a work in progress as we are currently updating the Benefits Realisation Plan and Tracker to capture measurable success criteria. This will be monitored by the Benefits Working Group on a monthly basis.	3	Programme Manager, DESC	31 October 2023
5.1	For existing recommendations that have been raised, revised target completion dates should be agreed and an	Management accepts this recommendation. The action plan for	2	Programme Manager, DESC	Complete

appropriate action plan put in place to address the recommendation identified. This should be monitored by an appropriate governance group to ensure timely completion.
 Going forward, completion dates and action plan to address the recommendation should be decided within a week of recommendation being raised.

tracking the external recommendations was in progress during the fieldwork. This is now in place and is being monitored by the Portfolio Assurance Team and is reported on a monthly basis at Portfolio Management Group. Action Plans to address recommendations are usually in place within one month of publication and it is not achievable to complete this in one week.

<p>5.2</p>	<p>We endorse the need for lesson learned assessments to be undertaken. However, these should occur promptly and regularly after key milestones and/or deadlines to ensure that the risk of similar issues arising again is mitigated. A timetable should be agreed going forward for such assessments to be undertaken. We recommend that there should be a group whose remit is to monitor lesson learned assessments and feedback the findings to all Partners and monitoring on going action to reduce future risk of similar issues arising.</p>	<p>Management accepts the recommendation. There were lessons learned reports for the project prior to go live. A further review of lessons learned is planned as per the Portfolio Management Framework that will cover key project milestones relating to the go live phase. Lessons Learned reports are captured in a central repository which future projects/programmes have access to for the purposes of sharing information/learning.</p>	<p>3</p>	<p>Programme Manager, DESC</p>	<p>30 June 2023</p>
<p>5.3</p>	<p>We recommend that the project team seek to resolve the issues previously</p>	<p>The project team will seek to resolve the issues identified and continue to</p>	<p>2</p>	<p>Programme Manager, DESC</p>	<p>Complete</p>

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identified in relation to the deployment of CaseLines, vetting delays and security standards, as well as through lessons learned and external TAF reviews. Assurance should then be provided to both the Project Board and the SPA that all issues have been resolved

assess the situation through the project board meetings.

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Scottish Police Authority

Internal Audit Report 2022/23

Change Management – Resource Deployment Unit (RDU)

March 2023



Scottish Police Authority

Internal Audit Report 2022/23

Change Management – Resource Deployment Unit (RDU)

Detailed observations	8
Appendix A - Benefits Framework	28
Appendix B – Definitions	29
Appendix C – Summary of management actions	30

Audit Sponsor	Key Contacts	Audit team
<i>Mark Williams, Assistant Chief Constable – Operational Support</i>	<i>Stevie Diamond, Force Resource Manager</i>	<i>Gary Devlin, Partner</i>
<i>David Page, Deputy Chief Officer – Corporate Services, People and Strategy</i>	<i>Michael Clay, Project Manager</i>	<i>Neil Belton, Director</i>
	<i>Alistair Horne, Business Analyst</i>	<i>Flo Barrett, Assistant Internal Audit Manager</i>
	<i>Supt Gerry Corrigan, Business Lead for RDU</i>	<i>Lauren MacLean, Senior Internal Auditor</i>
	<i>Supt Emma Croft, Business Lead for RDU</i>	
	<i>Scott Ross, SPA Head of Change and Operational Scrutiny</i>	
	<i>Darren Paterson, SPA Head of Workforce Governance</i>	

Conclusion

The Resource Deployment Unit (RDU) is responsible for resourcing day-to-day policing demands whilst also being responsible for the resourcing of major incidents, operations and events. The RDU performs a critical function within Police Scotland and therefore requires sufficient capability to fulfil its role to support the delivery of policing services.

Following the formation of Police Scotland, legacy resourcing functions in the East and North regions were retained and amalgamated to form the RDU. No such legacy structure existed in the West and National regions whereby the majority of resource deployment functions were carried out by Police Supervisors and this remains today. Limited work has been undertaken to develop and create a national RDU provision to deliver a consistent and unified service and as such the current inequity of governance and service creates challenges on a daily basis.

The Initial Business Case (IBC) seeks to nationalise Police Scotland's resourcing function to provide equity of service, maximise efficiency and support the department to fulfil its critical function with minimum risk to the organisation. The IBC includes proposals to uplift FTE to provide capacity to manage workload, to create a staffing profile, establish hours of operation, geographical locations, and consistent national processes to support service provision.

Overall, we found the IBC for a National RDU to be compliant with appropriate guidance. In this context, our audit identified some discrepancies within the Business Case including the application of outdated data, which must be updated prior to Change Board approval. Importantly, we also found some core issues within the daily operations of some resourcing teams. The Project Team should ensure these are resolved, ideally prior to progressing with the Business Case or by the Business Case itself, if capacity for BAU to address them is constrained.

Specifically, quality standards setting out performance expectations and operational outcomes have not been set. As a result, there are limited performance metrics or management information available to identify the root cause of the existing performance challenges within each current RDU. In these circumstances, the Project Team should seek to use divisional performance metrics to support any proposals on how the resourcing structure will look and operate. This underlying data will enable the Project Team to fully understand and quantify the complex interaction of unknown issues which need to be addressed, as well as identify further potential issues, and demonstrate improved processes which will deliver success through the business case.

Importantly, we note that the IBC is based on the improvement and extrapolation of an existing delivery model and does not contain options for introducing new or alternative approaches to delivering the current functions of some of the existing RDU's. Whilst elements of the IBC are based on a savings and efficiency model, we would expect an estimate of costs associated with centralising systems i.e. employing a Workflow Management Tool. Estimated costs associated with any introduction of Process Automation can also be expected once the scope is defined, which would happen after processes are nationalised. Estimated costs and savings associated with transitioning to a civilian-only Staffing Profile (i.e. recruiting staff, releasing modified officers and re-parenting administrative workload from West First Line Managers to a West RDU) are available in the IBC. For the latter example, it is acknowledged the questionnaire data is only preliminary and a Time in Motion study is deemed to be required during FBC in order to firm-up the estimated savings, prior to any decision being made. The current IBC, whilst internally consistent, does focus on an outcome

which incurs a large expense at a time where real-life challenges of the RDUs need to be addressed amid budgetary pressure.

Without addressing the issues outlined within the report relating to policies and procedures, as well as the known issues identified within the West and Custody divisions, it is difficult to establish an effective target operating model. In our view by addressing those issues there is an opportunity to improve the robustness of the business case. However, without careful and sufficient reform, the issues identified may increase the risk posed to the organisation by the department.

Without reform, the RDU function will not be able to effectively respond to modern day policing demands. Police Scotland will require to accept and absorb the subsequent risks posed to the organisation. These risks are outlined in the IBC and highlight the impact over time on Officer wellbeing, inefficiency of process and related costs should the current set up continue without reform.

The issues highlighted are recognised by Police Scotland and their efforts to address these have been harnessed through the business case. There requires to be continued focus to pursue an appropriate option which both addresses the risk posed but is mindful of the current day constraints.

Background and Objectives

The Resource Deployment Unit (RDU) is tasked with ensuring the required number of people with the appropriate skillset are available in the right place, at the right time, in the most cost-effective manner, with care for wellbeing. This includes management of Operational Base Levels (staffing targets), as well as management of all abstractions, such as Annual Leave, Re-rostered Rest Days (RRRD), Time Off in Lieu (TOIL), Court Citations, Training, Sickness, etc.

The RDU are also responsible for allocating officers to Events and Major Incidents (MIs). Events includes a broad range including football matches, public events, and protests.

The RDU is also responsible for the design and creation of appropriate shift-patterns to meet policing demand. This includes shift-patterns for groups of officers and individual flexible working applications. Working Time Regulations, Workforce Agreements (WFA), Police Regulations and Staff Terms and Conditions must be adhered to.

The RDU is based on a legacy structure inherited from the previous individual police forces prior to the creation of Police Scotland. As a result, there are inconsistencies in structures and processes across and within the four regions (National, North, East and West) which have not been addressed to date.

The North and East region RDUs operate similarly and their actual staffing levels as of September 2021 were 27.51 FTE and 44.73 FTE respectively. The National region's RDU has an FTE of 18.661. The West operates differently in that Service Catalogue tasks are almost exclusively carried out by First Line Managers and not RDU resources, of which there are approximately 13 FTE. All FTEs are comprised of a combination of officers and staff.

The Police Scotland WFA requires the RDU to publish rostered duties with 91 days of advance notice. The roster includes all known future events, as well as considering all known abstractions. Through this forward

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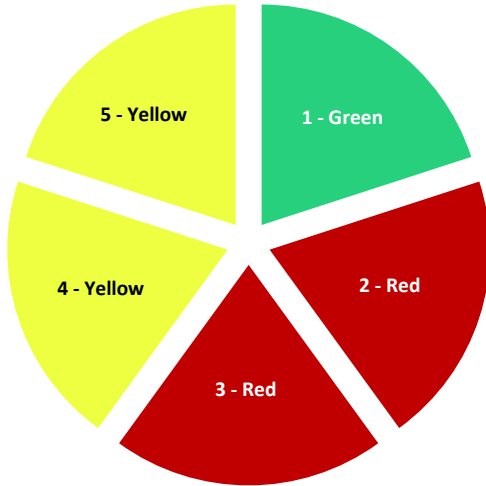
planning, the RDU seek to roster as efficiently and effectively as possible to reduce the likelihood of overtime being required or rest days being re-rostered.

The Duty Management rosters are managed by the RDU through the Duty Management module of the SCoPE system.

Police Scotland are looking to restructure the way the RDU operates with an aim to “provide a consistent, professional structure across Scotland to maximise efficiencies”. An Initial Business Case (IBC) has been drafted to support Senior Management’s ability to make an informed decision in whether to approve the development of a Final Business Case (FBC).

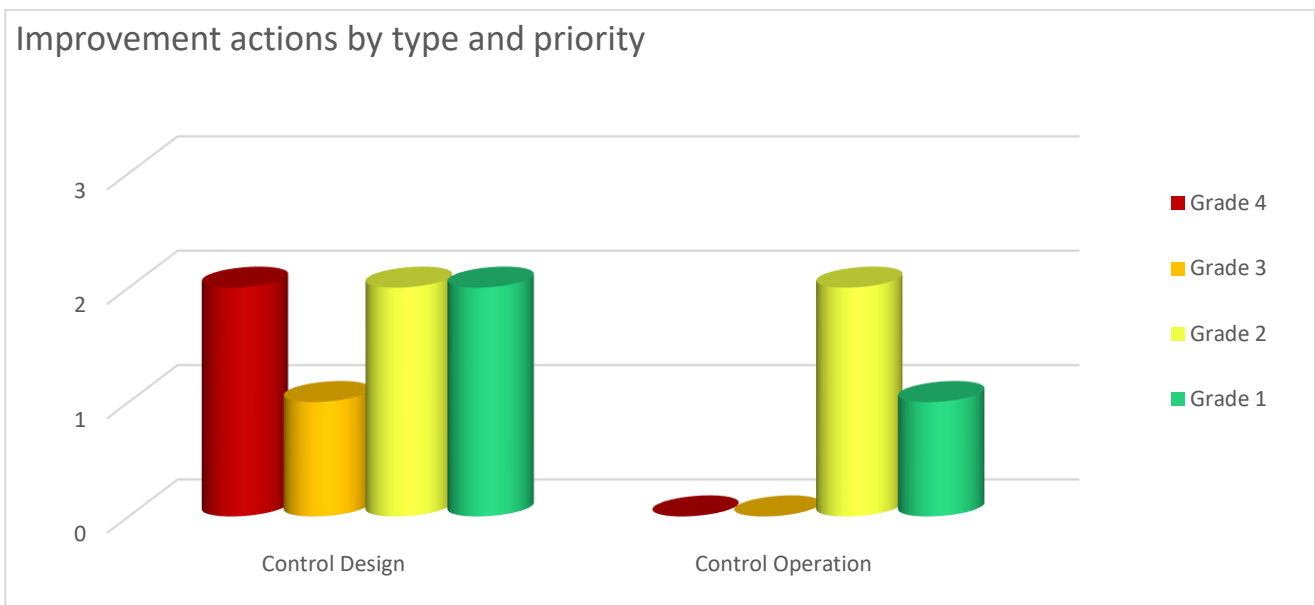
In accordance with the 2022/23 Internal Audit Plan, we reviewed the current approach by RDU in deployment of officers to events and assessed the assumptions and forecasts within the RDU Initial Business Case for reasonableness and alignment with best practice.

Control assessment



- 1. The RDU Initial Business Case has been prepared in line with best practice guidance and includes appropriate and full analysis and options appraisal.
- 2. Planning processes exist within the current RDUs to allocate resources against known demand and proactively factor this into all rostering, whilst adhering to Working Time Regulations, Workforce Agreements, Police Regulations and Staff T&Cs.
- 3. There is a clear understanding of the extent to which officer shifts are affected due to genuine short notice changes where no alternative rostering provision could be made, as compared to ineffective planning.
- 4. An assessment has been made of the cost savings that could be achieved through implementing more effective rostering practices, which is reflected within the expected project benefits.
- 5. Assumptions and projections included within the Initial Business Case are supported by evidence and reflective of actual practice, including those relating to staffing.

Improvement actions by type and priority



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

Key findings

Good practice

We have gained assurance that Police Scotland's procedures reflect good practice in a number of areas:

- The Initial Business Case (IBC) has been prepared in line with Police Scotland's IBC template dated February 2018, which at the time of preparation was the appropriate template to use. We note that the IBC will be required to align to the latest version of the template if it goes forward to any future governance boards.
- Three options have been identified with a fourth being discounted. Two sub-options have also been identified for option two and one has been identified for option three. Option three has been identified as the preferred option and further analysis has been undertaken in respect to the costs and benefits of this approach.
- OBLs are monitored regularly, and any drops are raised timely with the relevant Chief Inspector to determine whether additional resource can be found elsewhere (support from other divisions, cancelled rest days, overtime, etc.) or whether the risk is sufficiently low that it can be managed on shift. This shows effective monitoring of the OBLs to ensure they remain appropriate.
- There is an overarching Benefit Management Strategy produced by the Portfolio Management Office which outlines the five-stage process of managing benefits. The overall responsibility of identifying benefits lies with the Project Manager. The Project Manager and Business Analyst worked together to identify the reasonable benefits and dis-benefits of each option outlined in the business case.
- The methodology used to calculate the number of FTE required under the new RDU structure is deemed reasonable. It is reflective of actual practice in a current RDU team and extrapolated across all divisions.

Areas for improvement

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

- The IBC is based on the improvement and extrapolation of an existing delivery model and does not contain options for introducing new or alternative approaches to delivering the current functions of some of the existing RDU's. Whilst elements of the IBC are based on a savings and efficiency model, we would expect an estimate of costs associated with centralising systems i.e. employing a Workflow Management Tool. Estimated costs associated with any introduction of Process Automation can also be expected once the scope is defined, which would happen after processes are nationalised. Estimated costs and savings associated with transitioning to a civilian-only Staffing Profile (i.e. recruiting staff, releasing modified officers and re-parenting administrative workload from West First Line Managers to a West RDU) are available in the IBC. For the latter example, it is acknowledged the questionnaire data is only preliminary and a Time in Motion study is deemed to be required during FBC in order to firm-up the estimated savings, prior to any decision being made. The current IBC, whilst

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internally consistent, does focus on an outcome which incurs a large expense at a time where real-life challenges of the RDUs need to be addressed amid budgetary pressure.

- There is an absence of policies and procedures in place for the Resource Deployment teams. This creates a disparity in the roles and responsibilities of Resourcing Staff as well as the input required by First Line Managers (FLM). It is acknowledged that the varying legacy resource structures which remain active across the RDU to date have resulted in inconsistencies which are challenging to manage in a unified manner, particularly in regards to implementing and enforcing nationalised policies and procedures. It is therefore recommended that Police Scotland develop guidance for use by resourcing teams which as a minimum outline the responsibilities of each role within the team and the communication channels for processing changes. This should then be reviewed by an appropriate governance forum before being distributed and implemented within all divisions. Effectively, Police Scotland need to design a good process, demonstrate that it achieves the outcomes necessary for effective operational policing and then standardise this group process across the Force.
- From our observations of Custody East, we noted that the team does not have access to OBLs in the SCoPE system, so they are managed in an excel spreadsheet which is not time efficient and increases the risk of user error. Due to team vacancies and changes in Officer shift patterns throughout Custody, they are only planning two weeks in advance compared to the required thirteen weeks in advance. In order to reduce the administrative burden all Divisions should be granted access to OBLs in the SCoPE system and additional support provided to bring resource planning closer to the thirteen-week standard.
- The Project Team should seek to use divisional performance metrics to support any proposals on how the resourcing structure will look and operate. This underlying data will enable the Project Team to fully understand and quantify the complex interaction of unknown issues which need to be addressed, as well as identify further potential issues, and demonstrate improved processes which will deliver success through the business case.
- We have reviewed the calculations throughout the IBC and note the source data is outdated as Officer Rates for April 2021 are used instead of the current April 2022. This is not an error on the Project team's behalf as updated rates were released after the initial calculation was done. We also noted discrepancies in the calculations such as inconsistencies in use of decimal places between reports. As such, all calculations should be thoroughly reviewed for consistency and accuracy.
- Whilst an approximation of potential benefit to be realised has been identified based on the survey, it has been determined that the most appropriate method of identification would be a "time and motion" study. The current approach of using a survey is not appropriate as it is based on estimation of FLM of which the accuracy cannot be verified. Upon completion of recommendations with Control Objective 2 & 3, the feasibility of undertaking a time and motion study should be reconsidered and if possible, undertaken.
- The project team should consult with HR, Vetting and Estates in the development of the business case. This will help ensure that their approach aligns with the needs and capability of other departments as well as ensure the associated costs can be accurately reflected.

These are further discussed in the Management Action Plan below.

Impact on risk register

The Police Scotland corporate risk register (dated January 2023) included the following risks relevant to this review:

- SR27: If there is a regression in the real terms revenue protection funding commitment from Scottish Government, there is a risk we will be unable to continue to provide the current level of Policing over the medium and longer term, resulting in an inability to meet the current and changing demands of the service (score: 25)
- SR16: If Police Scotland does not have the required capacity and capability at a local level to support and accept the Transformation Portfolio (score: 25)

As noted within this report, there are significant issues within the current operations of resource deployment teams. There is not sufficient oversight to understand what an optimal resourcing team should look like and the root cause of the issues which are preventing its achievement. This may necessitate a reassessment of the risk noted in the Police Scotland corporate risk register in due course. However, without careful and sufficient reform, the issues identified may will increase the risk posed to the organisation by the department.

In order to mitigate the organisational risks, a Target Operating Model should be developed which directly addresses the key issues such as inconsistency of structure and process. Not doing so is likely to result in the Current Operating Model being unable to keep pace with increasing demands in policing. In implementing a Target Operating Model, the remaining risk posed to the organisation will depend on the chosen solution. As outlined in the IBC, the organisational risks of retaining the Current Operating Model include unnecessary and costly disruption due to lack of ability to efficiently mass-mobilise, loss of management control over department among other issues stemming from widening divisional variation (i.e. in services, processes and interpretation of T&Cs), compliance and performance issues due to vastly dispersed responsibilities, unnecessary and costly burden on West Supervisor time and low morale due to inequity of both role and service.

Our audit has also identified improvement actions targeted towards improving the content and quality of the business case. As such, further work is required to ensure effective mitigation of these risks.

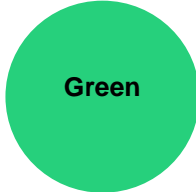
Implementation of the findings included within the Management Action Plan to this report will allow Police Scotland to strengthen the existing control environment of the Resource Deployment units, which will be particularly important in working towards meeting the current and changing demands of the service.

Acknowledgements

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

Detailed observations

Control Objective 1: The RDU Initial Business Case has been prepared in line with best practice guidance and includes appropriate analysis and options appraisal.



1.1 Draft IBC Version

Overall, the initial business case (IBC) for the redesign of the Resource Deployment Unit (RDU) has been prepared in line with best practice guidance and includes an appropriate analysis and options appraisal.

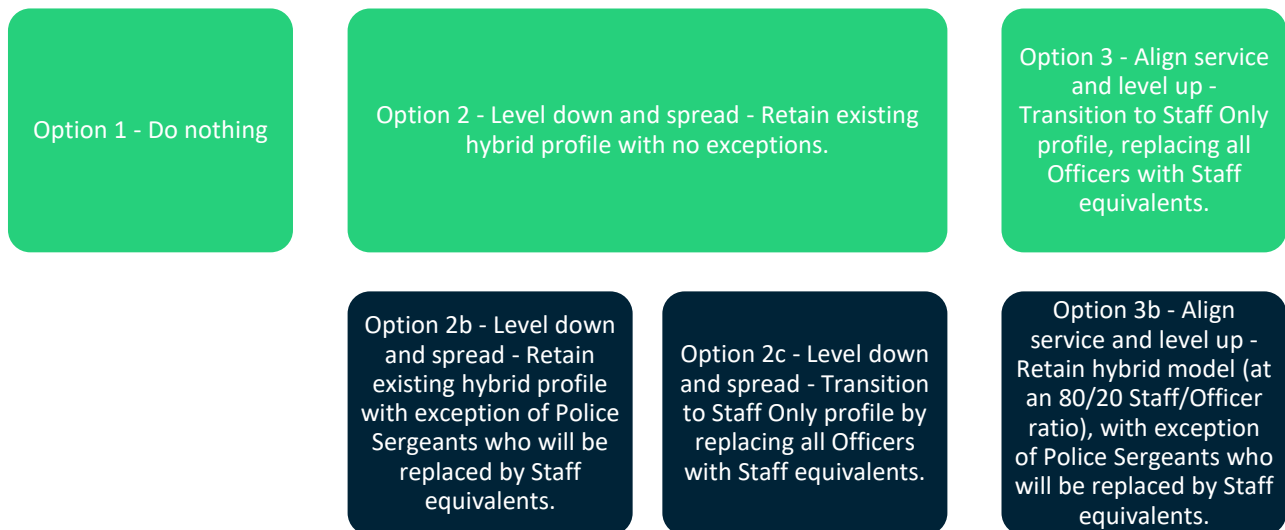
There is a template IBC which all IBCs should be prepared in accordance with. This template outlines the minimum requirements to be included. We have reviewed the RDU re-design IBC and can confirm that it has been prepared using the February 2018. Comparison against the template IBC shows that the RDU IBC has been prepared in accordance with PMO guidelines. All minimum requirements outlined in the template have been included and appropriately expanded on. We note that the tables in section 2.1 have been adapted to suit the analysis of the project, but we are comfortable that the information has been included in either tabular or written format.

Within the version control section of the document, we can see that amendments have been appropriately tracked and there has been review by the PMO assurance team prior to review by ACC for Operational Support.

As per Section 6 approval to date has been obtained by the Project Board (21/12/2022) and the Portfolio Management Group (18/01/2023). Approval was not sought by the Programme Board as this is currently a standalone project that currently does not sit under a programme of work and continues to progress as a standalone project. However, the project team believe it would support the outline business case of the Enabling Policing for the Future programme.

Within section 2 for the economic case of the IBC, authors are required to present analysis on between three and five options. This is expected at a minimum to identify cashable and non-cashable benefits, dis-benefits and risks for each option which are then weighted to identify the preferred option.

There are three options which have been identified, as well as three sub-options:



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A fourth option was discounted as it brought about the same benefits as option three but at a greater cost. We have reviewed the options appraisal exercise and are satisfied that appropriate and thorough analysis and appraisal have been undertaken.

Within the analysis and appraisal of each option, consideration is given to scope, benefits, dis-benefits, risks, timescales, dependencies, and assumption. The analysis produces a score based on both alignment and importance. Each options score is compared to one another, with the highest score being identified as the preferred option. Option 3 comes out as the preferred option from this analysis.

A detailed financial appraisal is also required to be completed outlining the NPV of the total capital costs, revenue costs and cashable benefits before being ranked to identify the preferred option.

The financial appraisal has been completed for all six options which clearly outlines both the revenue and capital costs, the cashable benefits and the NPV/NPC cost of each option. The options have been ranked based on this, with option 2c the preferred option from this analysis.

We note that the IBC template was reviewed and updated in January 2023. The Portfolio Management Office (PMO) confirmed the IBC will be required to align to the latest version of the template if it goes forward to any future governance boards.

Recommendation

Whilst we acknowledge that at the time of drafting the IBC the correct template was used, we recommend that before presenting the IBC to the Change Board it is updated to reflect the changes in the new template dated January 2023.

Management Action

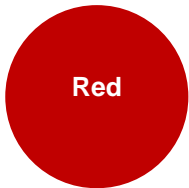
Grade 1
(Operation)

We will liaise with PMO to transpose the content of the IBC to the latest IBC template.

Action owner: Project Manager

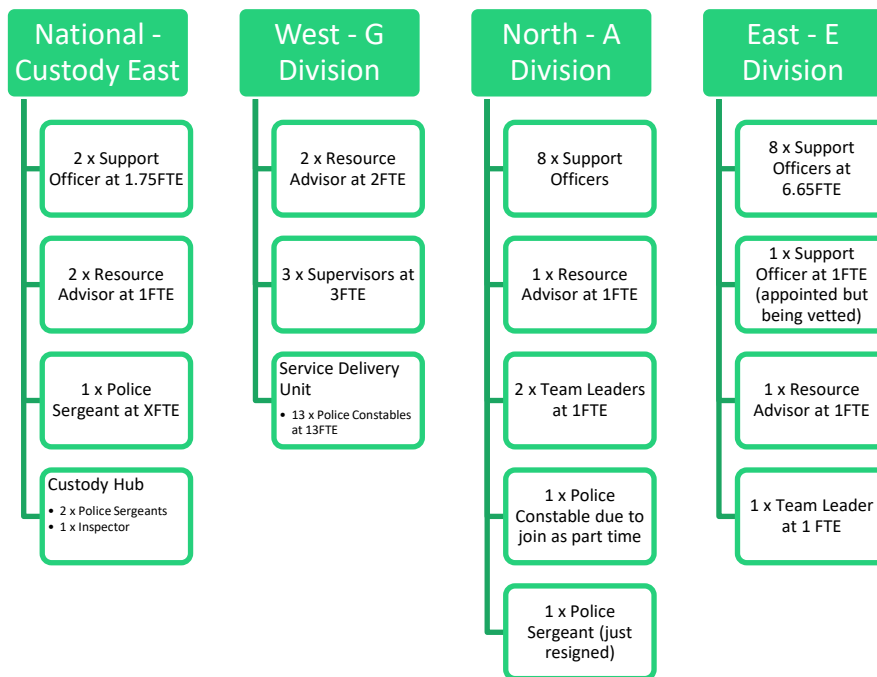
Due date: 02/10/2023

Control Objective 2: Planning processes exist within the current RDUs to allocate resources against known demand and proactively factor this into all rostering, whilst adhering to Working Time Regulations, Workforce Agreements, Police Regulations and Staff Terms and Conditions.



2.1 Procedural Guidance

Each division has inherited a legacy structure from before Police Scotland was established in 2013. As a result, there are multiple different structures and approaches to resourcing across the areas. The North and East region each have Resource Deployment Units (RDUs) where there is a clearly defined structure within the team. Each Support Officer is given an area to manage (citations, training, events, community policing, etc.) but will work together as one team to ensure resourcing is managed. However, this is not replicated in the West and National regions, where the majority of resource deployment services are currently performed by Police Supervisors. To gain an understanding of the differences in approach we observed a sample of four division out of eighteen divisions. From this observation we identified the following team structures:



All divisions are given Operating Base Levels (OBLs), which is the minimum requirement of Officers to be deployed at any given time, and there is also a requirement that the RDU publish rostered duties with 91 days (13 weeks) of advance notice. The roster includes all known future events, as well as considering all known abstractions and must adhere to Working Time Regulations, Workforce Agreements, Police Regulations and Staff Terms and Conditions. Through this forward planning, the RDU seek to roster as efficiently and effectively as possible to reduce the likelihood of overtime being required or rest days being re-rostered.

However, there are no policies and procedures in place for the process of rostering and in practice due to this lack of guidance in the West and National there is a disparity of the roles and responsibilities of Resourcing Staff as well as the input to be had by First Line Managers (FLM).

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Specifically, within the West region, there are separate teams to deal with training, citations, and overall rostering. FLMs also have access to SCoPE and often process changes. From our observations we note that there is limited communication between teams which means when changes are made by FLM, such as training or citations, which impact OBLs or rest days these are not communicated to Resourcing so that the appropriate action can be taken nor are they automatically flagged as a change in the system. Resource Advisors will regularly review their OBLs to ensure they are maintained at the reactive level and escalate any issues if they occur.

Risk

There is a risk that due to inefficient practices, OBLs will continue to be inefficient and inconsistent, leading to increased financial cost, increased health and wellbeing issues, conflict with the Scottish Police Federation (SPF) and unnecessary pressure on planners and resourcers to meet demand.

Recommendation

We recommend that process planning and guidance development is developed for use by all resourcing teams. This should, as a minimum, outline the responsibilities of each role within the team and the processes, communication channels and rules for processing changes.

This should then be reviewed by an appropriate governance forum before being distributed and implemented within all divisions and held as the single standard across the board.

Management Action

Grade 4
(Design)

Guidance is available for use by resourcing teams. However, we are constrained in our ability to review it and ensure it is being properly used and followed. When identified, issues are addressed. Proposals made within IBC to assist governance. Review guidance and process planning.

Action owner: Force Resource Manager

Due date: 02/10/2023

2.2 Custody East Division Operation

As part of our sampling, we observed the practices of Custody East Division within the National region. The team is currently working at less than half the capacity it should (1.75FTE vs 4FTE) and for a period of 4 months, there was only 1FTE resourcing the whole unit. There has also been a number of changes in shift patterns across Custody as a whole, which has resulted in significant additional work for the custody resourcing team. As a result, the team is only working 2 weeks in advance, despite the requirement being 13 weeks.

It was also observed that the Custody team does not have access to OBLs in the SCoPE system. This means that the OBLs are managed in an excel spreadsheet which is an inefficient, unnecessary administrative task and increases the risk of user error.

Risk

There is a risk that due to inefficient practices that OBLs are not effectively monitored leading to a breach or increased overtime requests leading to increased financial costs.

Recommendation

We recommend that Custody East and all other divisions within Police Scotland who have not been granted access to manage OBLs within SCoPE are given the appropriate rights.

It is also recommended that additional support is provided to Custody East, and any other divisions not operating at 13 weeks in advance, to bring them into alignment with the Police Scotland required 13 weeks advance scheduling.

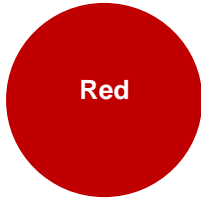
Management Action

Grade 2
(Operation)

The issues raised around Custody are being addressed. This includes the inability to manage OBLs on SCoPE. Measures have been put in place to assist with the staffing, however there are known vacancies within the structure.

Action owner: Force Resource Manager

Due date: 02/10/2023



Control Objective 3: There is a clear understanding of the extent to which officer shifts are affected due to genuine short notice changes where no alternative rostering provision could be made, as compared to ineffective planning.

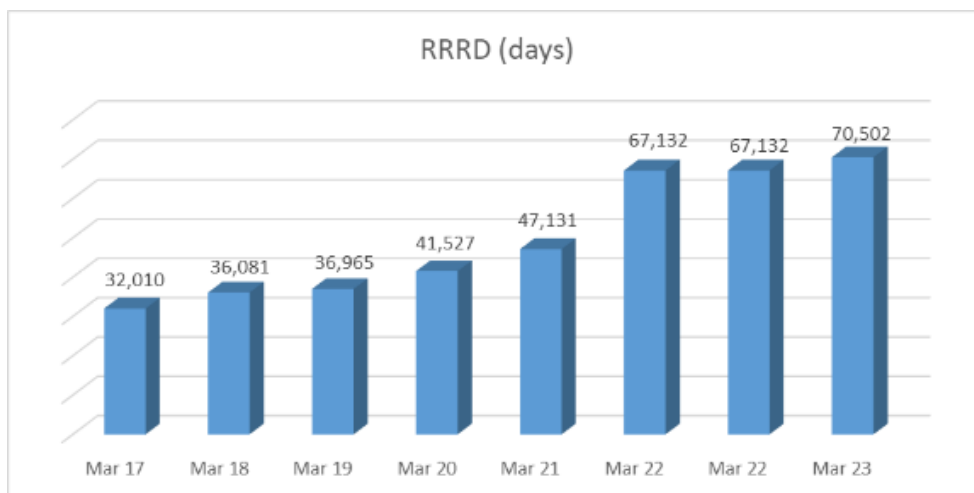
3.1 Understanding of Changes in Shift Patterns

From our observation of our sampled Divisions, we noted that in Custody East there is a high level of overtime requests due to sickness levels and modified duties. The Support Officers are struggling to fill the requests due to capacity issues within the unit to forward plan and a general low volume of response from Officers to fill the overtime shift. However, there is no clear assessment made of whether this results from short notice changes or the fact that Custody East are currently only planning two weeks in advance, see further detail in Control Objective 2.1.

It is also noted from our observations that as OBLs are monitored regularly, any drops are raised in a timely fashion with the Chief Inspector to determine whether additional resource can be found elsewhere (support from other divisions, cancelled rest days, overtime, etc.) or whether the risk is sufficiently low that it can be managed on shift. However, there is no wider Police Scotland assessment undertaken to understand the root cause analysis of what is causing OBLs to drop, whether it be ineffective planning or high levels of short notice changes.

One way that Divisions are expected to monitor the reason for OBL drops is via weekly reporting of OBLs, outlining why they may not have been met. These are discussed with the relevant Chief Inspector for that division to agree action points. However, due to wider Police Scotland issues this process is not being consistently followed as there are more regular drops in OBLs than in previous years.

As a result, from the issues managing OBLs there are high levels of banked Re-rostered Rest Days (RRRDs).



The Force Resource Deployment Manager has taken a report in respect of the RRRDs to the Working Practice Review Board. The purpose of this report is to provide details of the findings of a Short Life Working Group (SLWG) created to address the issue of RRRDs banks. Recommendations are provided to address the high levels of RRRDs banked and these will be implemented and monitored. However, this is only limited to addressing the issue rather than any analysis to identify and address the root-cause.

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As such, without undertaking work to identify the root cause of the issues that are prevalent across the whole of Police Scotland but also individually within each division, it is difficult for the Project team to truly understand what the problems are which need addressing within the business case. This is further enhanced by the fact that there are no set quality standards for how a resourcing structure should look and operate to be able to assess whether each division is performing well. Without understanding these issues in greater detail, a target operating model cannot be established.

Risk

There is a risk that without proper monitoring and root cause analysis, Police Scotland are may be unable to effectively identify the some performance issues within the department to be addressed by the business case. This risk will increase in the continued absence of a nationalised model, due to the challenge presented by collating, monitoring and analysing metrics from a vastly dispersed model.

Recommendation

We recommend that proposals for measurable performance metrics are developed identified for the Resourcing Deployment Units nationally RDU in preparation for a nationalised operating model. which are comparable but also specific to each region. These should be supported by a dashboard of management information which investigates the root cause analysis of any issues identified.

A governance forum should be established, or responsibility given to an existing governance forum, which meets at least monthly. Within their remit they should be tasked with ongoing monitoring as well as providing action points to address issues identified.

Any revised business case should continue to seek to address the fundamental issues including the clear disparity of service across the country. Using identified metrics with appropriate governance would provide opportunity to better understand core issues and provide a consistent and national data source to compare and review.

Management Action

Grade 4
(Design)

Performance metrics are being developed to allow internal scrutiny of the department, however the impact of these will be limited without sufficient reform i.e. while the current structure is in place. Seek to implement a single, national structure in the first instance, to then gain the full benefit of performance metrics.

Action owner: Force Resource Manager and Project Manager

Due date: N/A

Control Objective 4: An assessment has been made of the cost savings that could be achieved through implementing more effective rostering practices, which is reflected within the expected project benefits.



4.1 Overarching Approach to Benefit Identification

There is an overarching Benefit Management Strategy produced by the Portfolio Management Office which outlines the five-stage process of managing benefits:



The first stage of Benefit Management Process typically occurs during the early engagement phase of the programme and project lifecycle. This stage involves identifying high level drivers behind the change, objectives the business has for implementing the change, and the potential resulting benefits and dis-benefits. Finally, there is an analysis of the programme/ project contribution to the overall vision and priorities for Police Scotland.

Operational outputs are performance improvements that make a difference to the day-to-day work of Police officers and Police staff. The diagram in Appendix A illustrates the way in which output benefits can be classified according to this framework, which is equally applicable to outcome benefits.

At their identification, benefits are categorised for accurate tracking, monitoring, and reporting as either cashable, non-cashable, quantitative, or qualitative.

The overall responsibility of identifying benefits lies with the Project Manager. The Project Manager and Business Analyst worked together to identify the benefits and dis-benefits of each option outlined in the business case. No dis-benefits were identified for the preferred option, but a potential risk of loss of experienced staff in response to the introduction of 7-day shift work was identified.

The measurable benefit identified was in respect to cost savings of releasing Officers back into active service. Further detailed analysis was conducted to identify the value of the benefit to be realised. This was identified as a quantified non-cashable efficiency benefit.

A second potential benefit has been realised in respect to reduction in transaction processed by FLM in the West and National regions. The Project Team view this as an opportunity to realise another non-cashable efficiency saving.

The second stage of the process is to develop Benefit Profiles and undertake initial benefit baselining. This Benefit Profile will describe, in detail, the benefit, baseline measurement, benefit target and ongoing evidence of the benefit realisation. Every benefit (or dis-benefit), captured in the Business Case should have a Benefit

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Profile. There is no timescale for which part of the business case this should be considered at. As such, other than the analysis assessed in Control Objective 4.2 & 4.3, no benefit profile has been developed.

Risk

There is a risk that due to benefit profiles not being developed, the benefits identified as part of the business case are not achievable or measurable and thus the preferred option taken has no benefits.

Recommendation

We recommend that for the benefits identified to support the business case, that the benefit profiles are developed to provide assurance that they are achievable and measurable.

Management Action

Grade 2
(Operation)

In line with the Benefits Management Strategy, Benefit Profiles will be developed during FBC, having been outlined at IBC.

Action owner: Project Manager

Due date: 4 weeks after the Change Board approval of the IBC.

4.2 Efficiency Savings

The efficiency savings identified are as a direct result of releasing Officers from roles within RDU for utilisation elsewhere in the organisation and replacing them with civilian staff equivalents. 25 Officers currently work in the RDU and 16 (64%) are on modified duties. At this stage of the proposal, it has not been considered if the Officers are fit to return to full Police Officer duties or if another role will have to be found that can accommodate existing adjustments/modifications.

If any of the current 25 officers were to return to full Police Officer duties before implementation of the project, they would be replaced by another officer requiring modifications as the Project Manager explained that the figure of 25 is a 'quota'. No communication with HR has occurred to date to ensure that this approach is in line with the strategic aims of supporting Officers on modified duties.

Where cost savings are to be identified, this is passed to the Finance team to review and perform calculations to quantify using the Funding and Affordability Matrix, which is tool which should be used to aid the user in preparing the financial information for a PPA, IBC or FBC. Within this Matrix there is a section for completion of cost calculations. The relevant tabs contain summaries and calculations for individual cost items associated with each option.

We have reviewed the finance calculation within the working papers and whilst we have noted no issues with the calculation itself, we do note that the source data is outdated as Officer Rates for April 2021 are used instead of April 2022. This is not an error on the Project team's behalf as updated rates were released after the initial calculation was done. The impact of this is to increase the potential efficiency savings benefits per annum from £1.098m to £1.125m.

It has been identified that PSoS would intend to release Officers in four tranches in line with the recruitment of new RDU staff. These dates are outlined as Nov 23, Feb 24, May 24 and Aug 24. The Project Manager has noted that these are aspects of the business case which will be firmed up if taken to full business case and that this assumption is just an example of how it would be intended to look. It is reliant on the ability to recruit new staff into the role to allow the Officers to be released. We have considered the impact of this further in Control Objective 5.

Risk

There is a risk that the release of Officers back to active duty is not in line with the overall strategic aims of supporting Officers on modified duties.

Recommendation

We recommend that the financial calculations are reviewed and updated based on the current Officer rates.

It is also recommended that the Project team engage with HR to ensure that this approach is in line with the strategic aims of supporting Officers on modified duties.

Management Action

Liaise with Finance to update the Funding and Affordability Matrix to reflect the latest financial rates for officers and staff. In turn, the relevant IBC sections will also be updated to reflect financial estimates based on these latest rates.

Discuss Staffing Profile proposals with People Direct to confirm there is no conflicting intention or action with strategy to support modified officers. Note, People Direct have been supportive of Staffing Profile proposals to date.

Action owner: Project Manager

Due date: 02/10/2023

4.3 Additional Benefit To Be Confirmed

While there are established RDUs in the East and North regions, the West and National regions operate in a significantly different manner. The National region have partial RDU coverage, while the West utilise Resource Advisors and Constables to perform a minority of RDU services, with Police Supervisors performing the majority.

Analysis has been undertaken to see if West and National Police Supervisors could benefit from an RDU being assigned responsibility of this significant resource deployment workload, thus allowing the Supervisors to maximise their focus on policing duties.

A questionnaire was conducted collecting time data on SCoPE transactions, which was used to calculate both the average yearly hours which could be saved per rank and the associated, total, non-cashable efficiency saving in monetary terms.

We have reviewed the efficiency calculations for both the West and National areas and noted that whilst the approach and methodology was deemed reasonable, there were a few discrepancies in the calculations. This included inconsistencies in rounding and reporting of figures between different report, as well as the Officer rates used to be the April 2020 rates rather than April 2021 to be consistent with the rest of the business case.

The overall impact of this is to possibly increase the overall benefit to be realised, however the calculations would need to be fully re-performed to understand the exact impact on it.

It was also noted that one of the divisions within the National are, PPCW, were previously 'Safer Communities' in SCD until April 2021 when they became their own Division. As such, there wasn't the data available to calculate the average transaction used in the calculations. The SCD's rate of transactions have been adopted, however there is no evidence to support that this would be an accurate representation of how the division currently operates.

Whilst an approximation of potential benefit to be realised has been identified based on the survey, it has been determined that the most appropriate method of identification would be a "time and motion" study. A time in motion study is a technique used to analyse work efficiencies by observing the steps and time taken by an employee to complete all tasks and activities. It combines a time study, which monitors the amount of time required to complete each step of a workplace activity, with a motion study, which observes the individual steps taken to complete that activity.

We note that four key issues have potentially been identified with performing a time and motion study:

1. There is no training or widespread documentation. Discrepancies in approach will mean a study into one division cannot necessarily be projected into other Divisions.
2. No standardisation for FLM role so there is sporadic input leading to large variation in contact time.
3. A large sample would be needed to enable accurate results.
4. Timing and FTE savings are to not be considered as any additional time given back is likely to be absorbed into FLMs other tasks outside of RDU activity.

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As such, if the time and motion study is not deemed a reasonable approach to identifying the level of SCoPE transaction undertaken by FLM then it is possible that this is a benefit that cannot be accurately realised. The current approach of using a survey is not appropriate as it is based on estimation of FLM of which the accuracy cannot be verified.

Risk

There is a risk that there is not an effective approach to measure the benefit identified and thus it cannot be accurately realised.

Recommendation

We recommend that all calculations should be reviewed for accuracy and consistency, including with other reports used within the business case.

It is also recommended that upon completion of recommendations with Control Objective 2 & 3, the feasibility of undertaking a time and motion study should be reconsidered and if possible, undertaken.

Management Action

Grade 2
(Design)

Liaise with Business Change Analyst and Finance to ensure all calculations are reviewed for accuracy and consistency where referenced in relevant reports.

Action owner: Project Manager

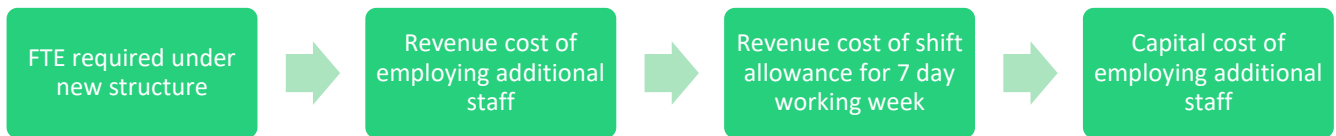
Due date: 02/10/2023

Control Objective 5: Assumptions and projections included within the Initial Business Case are supported by evidence and reflective of actual practice, including those relating to staffing.

Yellow

5.1 Approach to calculation of FTE

The key costs associated with the redesign relate to the addition of 86 FTE. They are made up as follows:



The costs are driven by an estimation of the additional staff required to achieve an optimal RDU in each division. The approach to the FTE calculation is to extrapolate an existing, efficient RDUs to determine the appropriate staffing capacity. A time and motion study was ruled out due to high error rate, large variation in volumes throughout divisions and non-standardised processes as confirmed in our considerations at Control Objective 2 & 3. The proposed approach can be summarised in 4 short steps:

- Step 1 – Identify the headcount of Officers and Staff supported per RDU FTE (Support Officer), for each division in the East.
- Step 2 – Apply a weighting to the Staff headcount, to align their SCoPE transaction output with that of Officers (i.e. Staff generated an average of 27% of Officer workload).
- Step 3 – Inclusive of the weighting, calculate the headcount of Officers and Staff supported per RDU FTE in E and J Divisions, to develop a ratio.
- Step 4 – Apply this ratio to all divisions and regions to identify the required FTE uplift.

Divisions E and J were selected as exemplar, effective and efficient in their service delivery and capacity to cope with demand based on current staffing levels after a review of SCoPE data across all divisions. A meeting was then held with Resource Advisors and Team Leads in September 2022 to validate their ability to cope with workload demands efficiently and effectively based on current staffing levels. Our review of E division confirmed that there is a clearly defined structure within the RDU team. Everyone knows their role but also work together to ensure rostering is kept on top of. Due to this, rosters are prepared sufficiently in advance unless late notification of an event is given.

It is acknowledged that the current RDU team do not undertake 100% of the SCoPE transactions. The RDU team supports 88% of E Division and 89% for J Divisions SCoPE transactions; C and P divisions 92%, A division 89%, D division 62%, and N division 67%. To get a true reflection of an RDU completing SCoPE transactions to apply to the West and National regions the RDU FTE processing 100% of the transactions needed to be calculated. However, this would only lead to understate the FTE required based on the above model.

The FTE required calculation is based entirely on SCoPE transactional data. To capture and analyse the non-SCoPE tasks questionnaires were sent out to the East and North regions to capture the estimated time it takes to complete them and the relative complexity of each task. Questionnaires were subsequently collected and

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analysed, but the information was not deemed credible. Instead, a time and motion study is to be performed. This would give a more accurate representation of the non-scope tasks (such as emails, team meetings, etc.) as it will be based real time recording rather than estimation. This can then be better reflected in the resource required.

Based on this calculation, it has been identified that an additional 111 FTEs would be recruited, vetted, and trained in approximately four equal intakes. At the time of fieldwork, initial discussions had been held with Training regarding the potential to facilitate training and 'place holders' agreed. However, capacity to run training was not confirmed, nor has it been discussed with recruitment or the vetting unit. Both recruitment and vetting units experience 'peak' periods, therefore, four equal intakes may not be the most efficient option. It may be better to have 2 larger intakes at quieter periods.

Overall, the approach used is deemed reasonable as it is based on an existing RDU structure. However, it is limited to only looking at the transaction processed via SCoPE and doesn't consider non-SCoPE processes. Within our review of the calculation, we have also identified variances in the rounding of elements within the calculations which may impact the overall RDU FTE number. For example, some of the support officer, sergeant and constable FTEs were rounded to 1 decimal place, whilst others were rounded to 2 decimal places.

Importantly, whilst we note that the IBC is internally consistent, it is based on existing delivery models and does not contain options for introducing new or alternative approaches to delivering the current functions of some of the existing RDU's. Whilst elements of the IBC are based on a savings and efficiency model, we would've expected a clearer long-term view of the savings that could be realised, e.g. by centralising and improving RDU systems and processes, Police Scotland may incur additional costs but will also achieve annual savings (in say overtime costs, and freeing police officers from administrative duties to front line) which will deliver overall savings over the period of the business case. The current IBC, whilst internally consistent, does produce an outcome which is likely to be unaffordable in the context that the real life challenges of the RDUs need to be addressed.

Risk

There is a risk that the FTE required is not reflective of actual practice due to gaps in source data and inaccuracies in calculations leading to under/over staffed RDUs. There is a risk that the absence of an efficiency and savings approach to the IBC results in an unaffordable and undesirable change proposal. There is a risk that the existing inefficiencies within the current RDU approach do not get addressed as a result.

Recommendation

We recommend that the calculation within the IBC and appendices are reviewed for consistency across calculations.

We also recommend that the Project team engage with Human Resource and the Vetting team to understand the capacity they have to support the additional staff requirements identified.

Management Action

Liaise with Business Change Analyst and Finance to ensure accuracy and consistency of all calculations.

Discuss proposed intake with Vetting to collect input as to what the most realistic timeframes for recruitment may be. Note: People Direct are aware and supportive of the proposed intake.

Action owner: Project Manager

Due date: 02/10/2023

5.2 Business As Usual (BAU) Revenue Cost

Total BAU revenue costs have been estimated as £16,482,635 for the five-year period, split between Additional resource - staff (£15,573,440) and shift allowance (£909,195). The additional staff resource is calculated as follows:

- There are set salary rates for Staff across Police Scotland. The mid-point for each salary grading is taken (where there is an odd number of increments) or calculated by taking an average of the 2 mid-points where there are even increments.
- The mid-point salary is then multiplied by the number of FTEs required to get the 'additional cost per annum' for each role (team leader, support officer etc).
- The 'additional costs per annum' are then totalled to give the overall 'additional resource - staff' cost.

An expansion of service to 7 day working week, means that there will be an additional cost to account for shift allowance for weekend working for both existing and new staff. The relevant allowance is £3.01 additional per hour for any time worked out of the Police Scotland core hours (Monday to Friday, 7am to 7pm). It has been assumed that a 7-day working week will be implemented across four phases in line with new staff recruitment. Calculation breakdown is as follows:

- The number of working days per annum are multiplied by number of working hours (this is a standard assumption across Police Scotland) to get number of working hours per annum.
- The number of working hours per annum is multiplied by 2/7 (proportion of hours at the weekend) to estimate the number of working hours at the weekend.
- The weekend working hours are multiplied by the number of staff working shifts (Team Leaders and Support Officers) to get total shift hours per annum.
- The total shift hours per annum multiplied by shift allowance (£3.01 per hour) to get total shift cost per annum.

The rates used in the revenue calculation are based on Staff salaries as at April 2021 however, updated rates effective from April 2022 are now available and should be used to obtain a more accurate cost. The total annual costs have been estimated as £4,078,178 split between Additional resources - staff (£3,853,222) and shift allowance (£224,955). Due to the phased intake, the costs for Year 1 and 2 have been apportioned and will be influenced by any changes and/or delays to recruitment. The current phasing is only an example format and thus this should be finalised to enable correct calculation of costs.

A formal Job Evaluation exercise has reviewed the Job Descriptions for each role within the RDU and applied a grade based on responsibilities. However, these will be confirmed during the FBC. We deem this a reasonable approach in the interim, however consultation should be sort with HR to ensure that the appropriate grades have been appointed.

Risk

There is a risk that the estimated revenue costs do not reflect actual costs to be incurred under the preferred option leading to an inability for appropriate governance to be undertaken.

Recommendation

The BAU revenue cost calculation should be reviewed to ensure the correct salary rates are used and that the calculations are reflective of the most realistic phasing of intakes. The Project team should also consult with HR to ensure that the gradings applied to the roles are deemed appropriate when finalising the business case.

Management Action

Grade 1
(Design)

Liaise with Finance to ensure the Funding and Affordability Matrix reflects a) the correct salary rates for officers and staff and b) the calculations are updated to reflect the most realistic vision of phased recruitment. In turn, the relevant IBC sections will also be updated.

Action owner: Project Manager

Due date: 02/10/2023

5.3 Capital Costs Assumptions

The estimated capital spend associated with the redesign is £129,000 (excluding VAT and inflation split into £86,000 of ICT costs and £43,000 of Estates costs over two years (which aligns with the phasing of recruitment). The total assumed capital cost per person is of £1,000 ICT cost and £500 of Estates cost multiplied by the additional 86 FTEs.

The IT costs were advised by IT following a similar project incurring the same costs. These are costs relate to the purchase of new computers, display screen equipment and software required for the role. These costs will be finalised as part of the final business case, as there may be some stock already available.

The Estates cost of £500 per FTE is a standard figure applied by Finance. However, it has not yet been agreed if under the new resourcing structure whether staff will work full time at the office, full time remotely or a hybrid of both. At this stage of the business case, there is no formal assurance that the FTEs will be accommodated in current Police Scotland buildings. This is not expected to be an issue as contact is maintained with Estates at appropriate intervals and the approach agreed is to firm-up requirements, building allocations, seating plans, etc. during the development of the FBC.

VAT is excluded as Police Scotland are not liable for VAT and inflation will be 'added in as appropriate during the budgeting process. Also, it is not accurate to add blanket inflation across costs as some contracts may include fixed pricing.

As such, there is limited assurance which can be provided over the reliability of the estimated capital costs. Further work needs to be undertaken during future business case analysis to reliably estimate the associated costs.

Risk

There is a risk that capital costs are understated as capacity to accommodate new FTEs has not been considered yet, leading to additional cost and the project being paused due to funding issues.

Recommendation

We recommend that the Project team engage with Estates to obtain an understanding of capacity within the existing structure to accommodate additional staff members and to support in reliably estimating additional costs to be incurred.

Management Action

Grade 2
(Design)

Discuss intention, scale of requirement and approach to continued engagement with Estates. Note: Estates have been primed on the intent. However, the exact requirement cannot currently be confirmed. Previously, Estates and RDU Re-design agreed to confirm the requirement shortly prior to completing the FBC paper).

Action owner: Project Manager

Due date: 02/10/2023

5.4 Overarching Responsibility under New Structure

Under the new model, it would not be correct to assume that all SCoPE transactions in the West and the National will be removed from the FLMs entirely. The RDU team supports 88% of E Division and 89% for J Divisions SCoPE transactions; C and P divisions 92%, A division 89%, D division 62%, and N division 67%.

The approach to ensure clear responsibilities between the RDU and FLM has not been fully realised this yet. It is expected it would follow the current East process where the chief inspector/shift SGT manages any time critical incidents out of RDU hours. Anything non-critical would be picked up the next day by the RDU. There will always be an CI or SGT involved in resourcing providing an overview. Parts of this has already been documented indirectly but will need to be confirmed before implementation.

At present there are not clear policies and procedures which would outline the appropriate hierarchy. Even with the East there are sometimes cases of FLM processing transactions they shouldn't or without notifying the RDU, although it is noted often it is due to lack of experience. As such, without clearly documented guidance responsibilities are blurred.

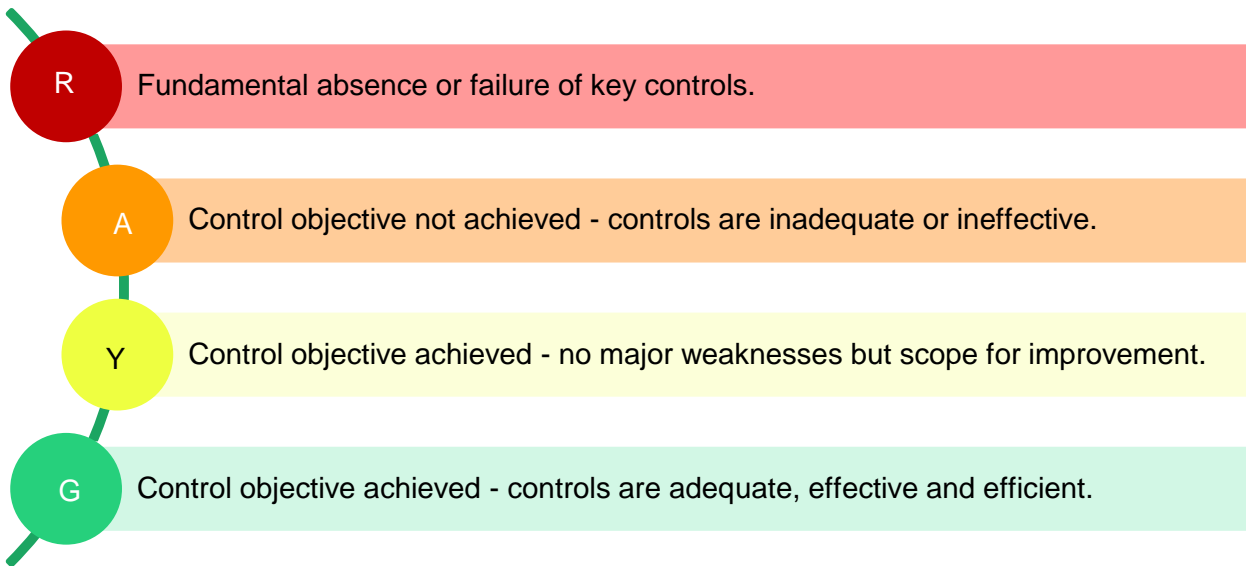
As we have already raised a similar recommendation in Control Objective 2.1, we have not repeated the recommendation here.

Appendix A - Benefits Framework

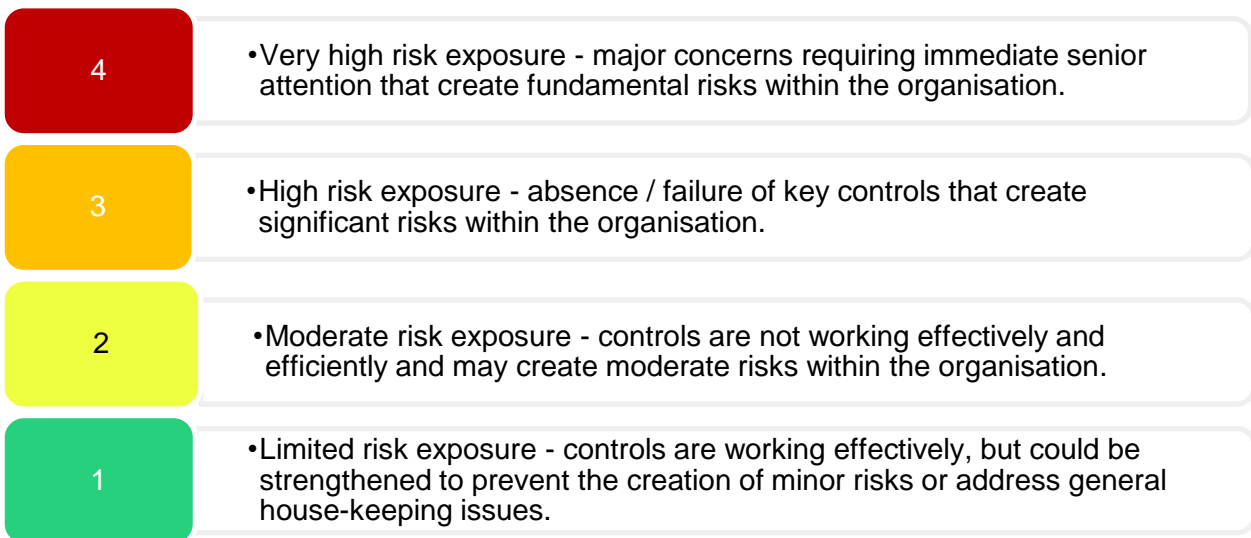


Appendix B – Definitions

Control assessments



Management action grades



Appendix C – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1	Whilst we acknowledge that at the time of drafting the IBC the correct template was used, we recommend that before presenting the IBC to the Change Board it is updated to reflect the changes in the new template dated January 2023.	Liaise with PMO to transpose the content of the IBC to the latest IBC template.	1	Project Manager	02/10/2023
2.1	<p>We recommend that process planning and guidance development is developed for use by all resourcing teams. This should, as a minimum, outline the responsibilities of each role within the team and the processes, communication channels and rules for processing changes.</p> <p>This should then be reviewed by an appropriate governance forum before being distributed and implemented within all divisions and held as the single standard across the board.</p>	Guidance is available for use by resourcing teams. However, we are constrained in our ability to review it and ensure it is being properly used and followed. When identified, issues are addressed. Proposals made within IBC to assist governance. Review guidance and process planning.	4	Force Resource Manager	02/10/2023
2.2	<p>We recommend that Custody East and all other divisions within Police Scotland who have not been granted access to manage OBLs within SCoPE are given the appropriate rights.</p> <p>It is also recommended that additional support is provided to Custody East, and any other divisions not operating at 13 weeks in advance, to bring them into</p>	The issues raised around Custody are being addressed. This includes the inability to manage OBLs on SCoPE. Measures have been put in place to assist with the staffing, however there are known vacancies within the structure.	2	Force Resource Manager	02/10/2023

	alignment with the Police Scotland required 13 weeks advance scheduling.				
3.1	<p>We recommend that proposals for measurable performance metrics are developed identified for the Resourcing Deployment Units nationally RDU in preparation for a nationalised operating model. which are comparable but also specific to each region. These should be supported by a dashboard of management information which investigates the root cause analysis of any issues identified.</p> <p>A governance forum should be established, or responsibility given to an existing governance forum, which meets at least monthly. Within their remit they should be tasked with ongoing monitoring as well as providing action points to address issues identified.</p> <p>Any revised business case should continue to seek to address the fundamental issues including the clear disparity of service across the country. Using identified metrics with appropriate governance would provide opportunity to better understand core issues and provide a consistent and national data source to compare and review.</p>	Performance metrics are being developed to allow internal scrutiny of the department, however the impact of these will be limited without sufficient reform i.e. while the current structure is in place. Seek to implement a single, national structure in the first instance, to then gain the full benefit of performance metrics.	4	Force Resource Manager and Project Manager	N/A
4.1	We recommend that for the benefits identified to support the business case, that the benefit profiles are developed to provide assurance that they are achievable and measurable.	In line with the Benefits Management Strategy, Benefit Profiles will be developed during FBC, having been outlined at IBC.	2	Project Manager	4 weeks after the Change Board

					approval of the IBC.
4.2	<p>We recommend that the financial calculations are reviewed and updated based on the current Officer rates.</p> <p>It is also recommended that the Project team engage with HR to ensure that this approach is in line with the strategic aims of supporting Officers on modified duties.</p>	<p>Liaise with Finance to update the Funding and Affordability Matrix to reflect the latest financial rates for officers and staff. In turn, the relevant IBC sections will also be updated to reflect financial estimates based on these latest rates.</p> <p>Discuss Staffing Profile proposals with People Direct to confirm there is no conflicting intention or action with strategy to support modified officers. Note, People Direct have been supportive of Staffing Profile proposals to date.</p>	1	Project Manager	02/10/2023
4.3	<p>We recommend that all calculations should be reviewed for accuracy and consistency, including with other reports used within the business case.</p> <p>It is also recommended that upon completion of recommendations with Control Objective 2 & 3, the feasibility of undertaking a time and motion study should be reconsidered and if possible, undertaken.</p>	<p>Liaise with Business Change Analyst and Finance to ensure all calculations are reviewed for accuracy and consistency where referenced in relevant reports.</p>	2	Project Manager	02/10/2023
5.1	<p>The current IBC would benefit from enhancing the efficiency and savings approach to justify the proposed significant additional cost outcome from the current model.</p>	<p>Liaise with Business Change Analyst and Finance to ensure accuracy and consistency of all calculations.</p> <p>Discuss proposed intake with Vetting to collect input as to what the most realistic timeframes for recruitment may</p>	3	Project Manager	02/10/2023

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We recommend that the calculation within the IBC and appendices are reviewed for consistency across calculations.

We also recommend that the Project team engage with Human Resource and the Vetting team to understand the capacity they have to support the additional staff requirements identified.

be. Note: People Direct are aware and supportive of the proposed intake.

5.2	<p>The BAU revenue cost calculation should be reviewed to ensure the correct salary rates are used and that the calculations are reflective of the most realistic phasing of intakes.</p> <p>The Project team should also consult with HR to ensure that the gradings applied to the roles are deemed appropriate when finalising the business case.</p>	<p>Liaise with Finance to ensure the Funding and Affordability Matrix reflects a) the correct salary rates for officers and staff and b) the calculations are updated to reflect the most realistic vision of phased recruitment. In turn, the relevant IBC sections will also be updated.</p>	1	Project Manager	02/10/2023
5.3	<p>We recommend that the Project team engage with Estates to obtain an understanding of capacity within the existing structure to accommodate additional staff members and to support in reliably estimating additional costs to be incurred.</p>	<p>Discuss intention, scale of requirement and approach to continued engagement with Estates. Note: Estates have been primed on the intent. However, the exact requirement cannot currently be confirmed. Previously, Estates and RDU Re-design agreed to confirm the requirement shortly prior to completing the FBC paper).</p>	2	Project Manager	02/10/2023

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Scottish Police Authority

Internal Audit Report 2022/23

Forensic Services – Physical Data Management

May 2023



Scottish Police Authority

Internal Audit Report 2022/23

Forensic Services – Physical Data Management

Executive Summary	1
Management Action Plan	4
Appendix A – Definitions	12
Appendix B – Summary of management actions	13

Audit Sponsor	Key Contacts	Audit team
<i>Fiona Douglas, Director of Forensic Services</i>	<i>Alan Connell, Head of Forensic Infrastructure & Support</i> <i>Craig Donnachie, Head of Quality & Assurance</i>	<i>Paul Kelly, Head of Cyber Services</i> <i>Ashley Bickerstaff, IT Audit Manager</i> <i>Dominic O'Neill, IT Auditor</i> <i>Lara Boyaci, IT Auditor</i>

Executive Summary

Conclusion

Our review identified significant weaknesses in Forensic Services processes, systems and data which does not allow the organisation to clearly identify all physical casefiles held and where these are held at a point in time.

We identified issues that contribute to the lack of clarity on what files are held and where. We noted that there is no single system or data source that could be regarded as an inventory of physical case files, or which supports accurate electronic records of casefile movements. Data for recording and tracking of casefiles is dispersed across multiple sources including the Evidence Management System (EMS) and local, team-specific spreadsheets. Furthermore, there is a need for improvement in the maintenance of these tracking documents.

These issues can negatively impact on locating casefiles reported as missing. Three of the ten Non-Conformance reports produced in the past 12 months, remain open, one of which dates back to August 2022. We recognise that there have been actions taken in each to progress investigations. The inability to track and trace the movement of casefiles is a common factor in the casefiles being identified as missing and also in not being able to close the investigations promptly.

We also found that the weeding and disposal of physical casefiles beyond their retention period has not been regularly undertaken. Weeding of the physical casefiles should be undertaken annually jointly with Police Scotland, however, we found that casefiles had not been destroyed since 2019.

Background and scope

As part of the core operational model of Forensic Services, there is a need to maintain paper case files. Whilst the objective for the organisation is to become paper-light, the outputs from laboratories means that physical case files still have to be used.

Forensic Services creates many thousands of casefiles annually and manages an archive of many years of material within the organisation across several sites. Each case created will have an electronic casefile and in some, but not all, cases these will be supplemented with a physical casefile.

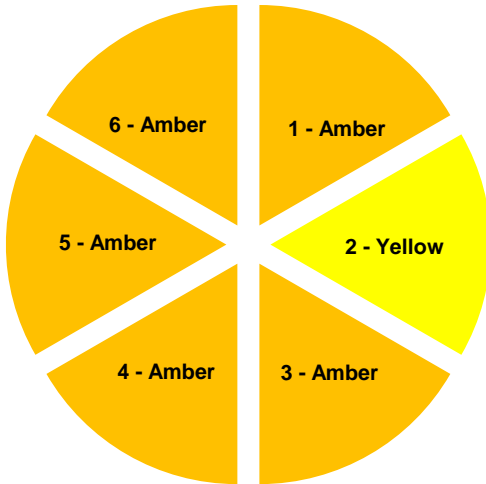
A data security incident in late 2021 highlighted the risks associated with tracking casefiles when they are taken off site, a practice that was particularly required during the pandemic. In this incident, physical case files had been mislaid by a member of staff. They had taken them offsite to review.

Physical case files are held in each Forensic Services site.

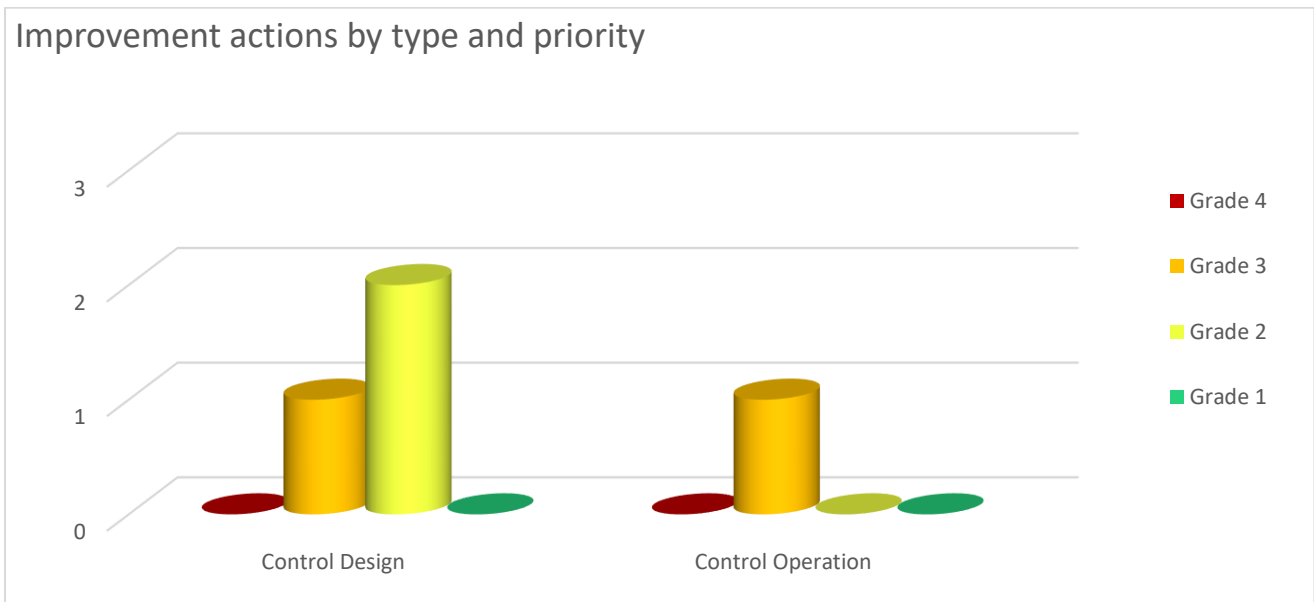
Our review has considered the adequacy of controls in place within Forensic Services over management of physical case files. This included areas such as physical security, standard operating procedures as well as traceability of files removed from site and retention arrangements.

Control assessment

- 1. There are formal and agreed policies and standard operating procedures which cover the lifecycle of a physical case file, including storage and transport arrangements as well as roles and responsibilities.
- 2. Forensic Services staff have received adequate training on how to securely manage physical case files both onsite and offsite.
- 3. There are adequate physical security arrangements over physical case files.
- 4. There are adequate arrangements for the creation, storage and management of physical case files that allow them to be located efficiently and effectively.
- 5. There are adequate arrangements tracing and recording physical case files that are taken offsite by staff and/or transferred to other sites.
- 6. There are adequate arrangements for the retention and disposal of physical case files.



Improvement actions by type and priority



Four improvement actions have been identified from this review, one of which relates to compliance with existing procedures, and three relate to the design of controls themselves. See Appendix A for definitions of colour coding.

Key findings

Areas for improvement

We have identified two key areas for improvement which, if addressed, would strengthen the SPA's control framework. These include:

- There are significant weaknesses in Forensic Services processes, systems and data which does not allow the organisation to clearly identify all physical casefiles held and where these are held at a point in time.
- There has been no weeding or disposal of physical casefiles since 2019.

These are further discussed in the Management Action Plan below.

Acknowledgements

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

Management Action Plan

Control Objective 1: There are formal and agreed policies and standard operating procedures which cover the lifecycle of a physical case file, including storage and transport arrangements as well as roles and responsibilities.

Control Objective 4: There are adequate arrangements for the creation, storage and management of physical case files that allow them to be located efficiently and effectively.

A yellow circular icon with the word "Amber" written inside in black text.

Control Objective 5: There are adequate arrangements tracing and recording physical case files that are taken offsite by staff and/or transferred to other sites.

1.1 Tracking of Casefiles

Our review found significant weaknesses in Forensic Services processes, systems and data which does not allow the organisation to clearly identify all physical casefiles held and where these are held at a point in time.

There are a variety of tools used to record casefiles, including the EMS and local, team-specific spreadsheets. Collectively, these do not provide the necessary capability to track physical casefiles effectively and efficiently. The weaknesses in current systems and data contribute to difficulties in tracing lost casefiles.

These weaknesses also meant that we were unable to perform testing of physical casefile storage and management. This was due to there not being a reliable source of information on the population of physical case files and their location at a point in time to allow us to select a sample.

As part of our audit work, we visited two sites – the Scottish Crime Campus (SCC) and Edinburgh Forensic Laboratory. Our testing identified the following issues:

- We noted that the EMS does not have the ability to export/report casefile location information.
- The physical location of the casefile should be recorded in the EMS Chain of Custody (CoC) however, this is not consistently recorded.
- Laminated Document Removal Cards (DRCs) are used as used placeholders for the physical filing location when a casefile has been removed. Whilst on site, we observed several DRCs where the details had been wiped off while in place.
- There is inconsistency in internal practices relating to the filing and retrieving of casefiles. Within the SCC, Business Support is responsible for this, whereas Forensic Scientists perform this role at the Edinburgh Forensic Laboratory. Processes for recording the removal and return of files for staff working remotely are

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weak. A separate process is in place where remote working staff are expected to record the removal and return of casefiles on their respective team's SharePoint Document Removal Register (DRR).

- We also confirmed that when staff take casefiles home, they do not use the secure locked boxes which were procured for this purpose. It was stated that staff do not make use of these due to their size and the potential to attract attention. No additional risk mitigation measures have been implemented other than advice being provided to staff to ensure files are transferred in bags.
- There has not been any form of recent reconciliation of all casefiles performed to confirm that casefiles held match records. It is recognised that there are spot checks for monitoring the accuracy of the Document Removal Register.

Investigating missing casefiles

As mentioned above, current record keeping systems and data do not readily support investigation of missing casefiles. At the time of our audit review, there had been 10 Non-Conformance (NC) forms completed in the past 12 months relating to casefiles that had been identified as missing.

Our review of the 10 NC forms highlighted:

- Seven had been closed as the file was located. Of these, two were related to the casefile being misfiled, whilst the remaining five were due to a failure to record the movement of casefiles.
- Three NCs remained open, one of which dates back to August 2022. Forensic Services has not yet been able to determine the outcome of these NCs, specifically due to the relevant internal movement forms not having been completed.

Risk

Without robust, Forensic Services-wide systems and processes for management of physical casefiles, there is a risk that management will not be able to confirm that all casefiles can be tracked and traced at a point in time. This could result in failure to comply with Part 3 of the Data Protection Act as well as significant and unnecessary time being spent on investigating missing files. It could also potentially cause unnecessary delays within the justice process if casefiles are unable to be shared with relevant authorities in an efficient manner.

Collectively, the weaknesses identified could also create significant negative media publicity and potentially damage trust and reputation of the organisation.

Recommendation

We recommend that Forensic Services takes urgent action to improve the systems and processes for the management, storage and tracking of physical casefiles. The overall objective should be to ensure that the location of casefiles can be accounted for at any point in time.

Immediate action

Any processes and systems implemented should be based on a single, consistent process that is operated across all locations to allow for the recording of movement from one site and receipt by another.

With repeat incidents of missing files, and the wider system and process issues identified above, management should identify how best to perform a reconciliation of physical casefiles across all sites to confirm the accuracy of current records and to allow for identification and then investigation of any missing files. This will be a necessary action in any case to create an accurate inventory of casefiles.

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A key element of the successful operation of processes is to create a single way of working that contributes to the creation of a single national record of physical casefiles. This should include a master record of all files being created and maintained with supporting processes and solutions to allow for tracking and tracing of the movement of files, especially those taken offsite – whether that be to another Forensic Services site, being taken offsite by a member of staff or being sent to a partner organisation. The process of having localised (site and team based) processes and spreadsheets should be minimised.

We also recommend that Forensic Services conducts at least monthly spot checks of a sample of physical casefiles to confirm that the physical location has been properly recorded. Where this is not the case, management should investigate and invoke the relevant non-conformance procedures, where necessary.

We also recommend that management reinforce the policy requiring use of locked boxes for the transportation and offsite use of physical case files. If a change to this policy is to be accepted, management should provide clear guidance and/or policy for staff to follow.

We also recommend that investigations into missing casefiles are completed in a more effective and efficient manner. There should also be regular reporting through Information Management channels of the number of missing casefiles, their current status, outcome, and any planned improvement actions.

Medium-term action

Forensic Services should evaluate the merits of implementing an asset management-type solution that allows an inventory of casefiles to be managed and which electronically records all movements in files from storage (potentially using barcode technology) and ensure that all movements can be attributed to a named individual/location. Management should evaluate whether this can be achieved with the current EMS.

Management Action

Management partially accepts this recommendation.

Processes and systems

Forensics has a mixture of large and smaller sites. Whilst all must comply with the same standard operating procedures we recognise that is appropriate for different application of controls across sites. A review will be undertaken of case file handling controls across all forensics sites and where appropriate they will be standardised.

Action owner: Head of Quality & Assurance / Head of Forensic Infrastructure & Support

Date: 31 October 2023

Reconciliation of casefiles

This recommendation is not accepted.

Forensics Services handles approximately 42,000 case files per annum and has a very low incident rate. To undertake a full reconciliation of all casefiles would be resource intensive, disproportionate to the risk and would not demonstrate Best Value. Management is focused on driving improvements going forward through developments with RFID tagging and Core Operating Systems (COS) project.

Spot checks of files.

Forensics will explore the introduction of process to spot check a sample of case files.

Action owner: Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)

Date: 31 October 2023

Transportation of case files

Forensics will undertake a review of the policy and ensure it is complied with.

Action owner: Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)

Date: 31 October 2023

Investigations

Forensics will seek to ensure that if there are missing casefiles that investigations are closed in a timely manner.

Action owner: Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)

Date: 31 October 2023

Medium-term action: asset management solution

As part of the current infrastructure review, we are seeking to introduce an RFID system to ensure that case files can be tracked and monitored electronically which should enable greater visibility and control. Progress will be subject to the completion of a business case and funding.

Action owner: Head of Forensic Infrastructure & Support

Date: April 2025

Control Objective 2: Forensic Services staff have received adequate training on how to securely manage physical case files both onsite and offsite.

Yellow

2.1 Awareness Activities

Forensic Services has provided training for the handling of physical casefiles as part of a wider training process. This is achieved through the demonstration of competence for the lifecycle of cases, which covers the creation and use of physical casefiles.

Training and Competence Records are in place for each staff member. These set out the initial and ongoing demonstration of competence required of their role and include the management of casefiles. These are physical documents with staff members responsible for maintaining their own training records. The training process involves on the job training; competency is then assessed by a trainer. The result of this assessment and the tasks carried out to display competence are recorded within the Training and Competence Records.

We noted that there is no regular awareness raising of the secure management of physical casefiles. The awareness raising that is undertaken is ad-hoc and reactive in relation to an event. Our review of the Data Loss Incident in early 2022 identified the need for more formalised training on security issues.

Risk

Without specific ongoing awareness raising on the secure handling of physical casefiles, there is a risk that staff will not be adequately aware of their responsibilities when handling physical casefiles. This could result in unauthorised access to data if files are not being secured appropriately in transit or when working remotely. This could also result in criminal investigations being compromised if sensitive data were to enter the public domain.

Recommendation

We recommend that a formal schedule of awareness raising activities on secure management and handling of physical casefiles is developed and implemented. This should be achieved through activities such as regular email reminders, seminars and/or workshops, as well as posters highlighting to staff the importance of compliance with procedures.

Management Action

Grade 2
(Design)

We will work with our colleagues at SPA Information Management to introduce a workshop and learning experience which will cover the handling of case files. We will also introduce frequent reminders to all staff at Forensic Services covering this subject.

Action owner: Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)

Due date: 31 October 2023

Control Objective 3: There are adequate physical security arrangements over physical case files.

Amber

3.1 Physical Security Arrangements

We reviewed physical security arrangements at two of the five Forensic Services sites. These were the SCC and Edinburgh Forensic Laboratory.

While there are physical security controls in place, the quality and effectiveness of these varied significantly across the two sites, with several issues noted from our review of controls at the Edinburgh Forensic Laboratory. These included:

- only one of two auditors on-site was asked to provide photographic ID when signing in at the reception area prior to being given access to the secure area.
- a physical key is used to access the casefile room. At the time of our audit work, the door to the casefile room was unlocked, despite a notice stating the door should be locked.
- all staff have access to the casefile room meaning it is not possible to track who has accessed the room and when.

We also identified an opportunity to enhance a physical access control at the Scottish Crime Campus. We noted that entry to the archive room where physical casefiles are stored is access-controlled, requiring the use of a key-card. There is a formal process to request access. When exiting the room, the door remains in an unlocked state for up to 20 seconds after the door has closed. There are no supervisory arrangements to ensure that there is no unauthorised access to the room. This is deemed to be a low risk issue.

Risk

Without adequate physical access controls to secure casefiles, there is an increased risk that files could be accessed and/or moved without appropriate authorisation. This could result in a data breach/loss due to unauthorised access to casefiles and/or casefiles being removed. This could lead to reputational damage and fines from the ICO (Information Commissioner's Office).

Recommendation

We recommend Forensic Services assess physical access controls of all casefile storage rooms outside of the Scottish Crime Campus. Minimum physical security requirements for accessing physical casefiles should be set out, with all sites required to meet these. This would provide a minimum baseline of controls for restricting access and ensuring traceability of access to facilities holding casefiles. Management should ensure that action is taken to address any gaps between those requirements and current physical security arrangements.

We also recommend that management investigate whether it is possible to reduce the time for the door to lock at the Scottish Crime Campus Archive Room and reduce this if technically feasible.

As an interim measure whilst physical security risk is assessed at all laboratories, we recommend that staff are reminded of the need to comply with procedures for accessing buildings and securing casefile rooms.

Grade 2
(Design)

Management Action

We will undertake a review of security arrangement related to casefile storage across all sites.

Refresher training will be also be provided to staff.

Action owner: Head of Forensic Infrastructure & Support/ Head of Finance, Audit & Risk (SPA)

Due date: 31 December 2023

Control Objective 6: There are adequate arrangements for the retention and disposal of physical case files.

Amber

6.1 Casefile Weeding and Disposal

We confirmed there has been no weeding or disposal of physical casefiles since 2019. This is supposed to be at least an annual activity in conjunction with Police Scotland.

The Archiving SOP (Standard Operating Procedures) was updated in 2022. This sets out the process for the destruction of casefiles stored off-site. However, since this update to the Archiving SOP, no formal plans have been created to recommence the destruction of physical casefiles in line with retention periods.

Risk

There is a risk that casefiles are stored beyond their defined retention period, resulting in potential breaches of Part 3 of the Data Protection Act. There is also a risk of additional storage costs due to unnecessary retention of files by third parties.

Recommendation

We recommend that a formal plan is developed and implemented, in partnership with Police Scotland, to ensure timely weeding and disposal of physical casefiles across all Forensic Services sites. This plan should be developed with input from relevant business areas and be approved by management to achieve awareness of the collective responsibility for weeding and disposal of physical casefiles.

Given there is a significant back log of physical casefiles to be weeded and disposed of, we recommend that there is a project formed to ensure appropriate oversight of its delivery.

Management Action

Grade 3
(Operation)

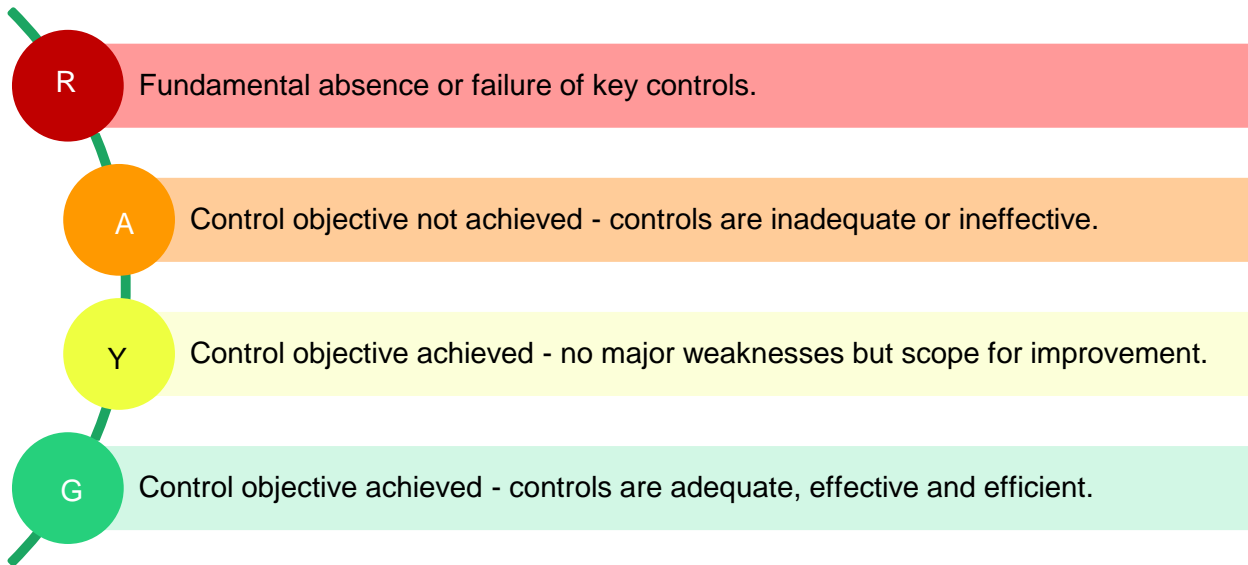
A full review of weeding and storage of case file will be undertaken as part of the broader data migration project. A formal project plan will be developed that will set milestones for addressing the backlog.

Action owner: Head of Forensic Infrastructure & Support / Head of Finance, Audit & Risk (SPA)

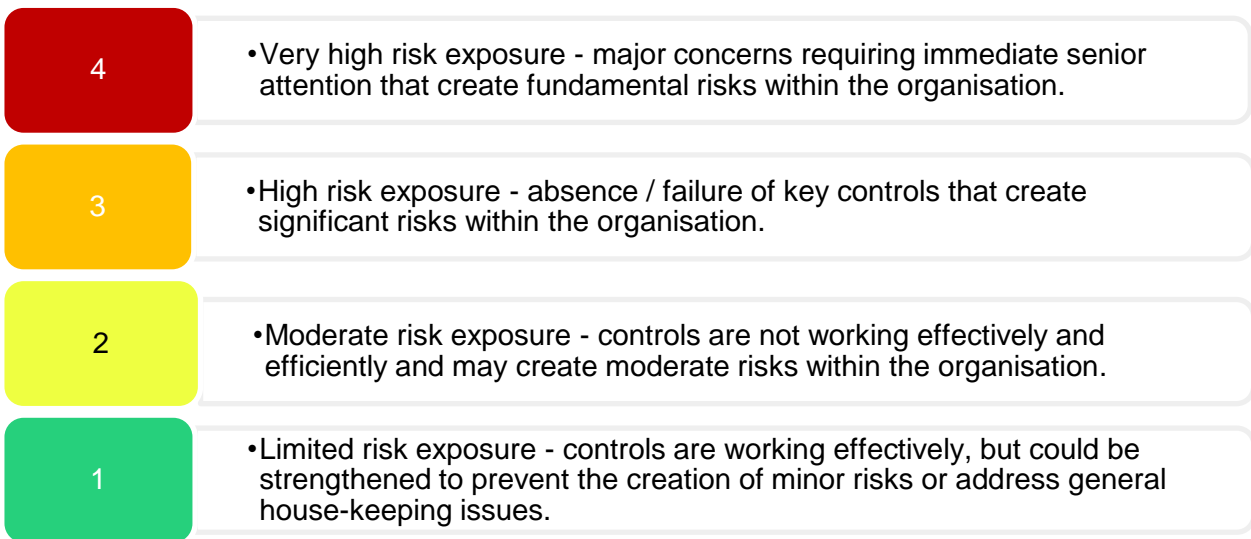
Due date: 31 October 2023

Appendix A – Definitions

Control assessments



Management action grades



Appendix B – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1a	Any processes and systems implemented should be based on a single, consistent process that is operated across all locations to allow for the recording of movement from one site and receipt by another.	<p>Management partially accepts this recommendation.</p> <p>Forensics has a mixture of large and smaller sites. Whilst all must comply with the same standard operating procedures we recognise that is appropriate for different application of controls across sites. A review will be undertaken of case file handling controls across all forensics sites and where appropriate they will be standardised.</p>	3	Head of Quality & Assurance / Head of Forensic Infrastructure & Support	31 October 2023

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1b	<p>With repeat incidents of missing files, and the wider system and process issues identified above, management should identify how best to perform a reconciliation of physical casefiles across all sites to confirm the accuracy of current records and to allow for identification and then investigation of any missing files. This will be a necessary action in any case to create an accurate inventory of casefiles.</p> <p>A key element of the successful operation of processes is to create a single way of working that contributes to the creation of a single national record of physical casefiles. This should include a master record of all files being created and maintained with supporting processes and solutions to allow for tracking and tracing of the movement of files, especially those taken offsite – whether that be to another Forensic Services site, being taken offsite by a member of staff or being sent to a partner organisation. The process of having localised (site and team based) processes and spreadsheets should be minimised.</p>	<p>This recommendation is not accepted.</p> <p>Forensics Services handles approximately 42,000 case files per annum and has a very low incident rate. To undertake a full reconciliation of all casefiles would be resource intensive, disproportionate to the risk and would not demonstrate Best Value. Management is focused on driving improvements going forward through developments with RFID tagging and Core Operating Systems (COS) project.</p>	3	Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)	31 October 2023

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1c	We also recommend that Forensic Services conducts at least monthly spot checks of a sample of physical casefiles to confirm that the physical location has been properly recorded. Where this is not the case, management should investigate and invoke the relevant non-conformance procedures, where necessary.	Forensics will explore the introduction of process to spot check a sample of case files.	3	Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)	31 October 2023
1.1d	We also recommend that management reinforce the policy requiring use of locked boxes for the transportation and offsite use of physical case files. If a change to this policy is to be accepted, management should provide clear guidance and/or policy for staff to follow.	Forensics will undertake a review of the policy and ensure it is complied with.	3	Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)	31 October 2023
1.1e	We also recommend that investigations into missing casefiles are completed in a more effective and efficient manner. There should also be regular reporting through Information Management channels of the number of missing casefiles, their current status, outcome, and any planned improvement actions.	Forensics will seek to ensure that if there are missing casefiles that investigations are closed in a timely manner.	3	Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)	31 October 2023

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1f	<p>Medium-term action</p> <p>Forensic Services should evaluate the merits of implementing an asset management-type solution that allows an inventory of casefiles to be managed and which electronically records all movements in files from storage (potentially using barcode technology) and ensure that all movements can be attributed to a named individual/ location. Management should evaluate whether this can be achieved with the current EMS.</p>	<p>Medium-term action: asset management solution</p> <p>As part of the current infrastructure review, we are seeking to introduce an RFID system to ensure that case files can be tracked and monitored electronically which should enable greater visibility and control. Progress will be subject to the completion of a business case and funding</p>	3	Head of Forensic Infrastructure & Support	30 April 2023
2.1	<p>We recommend that a formal schedule of awareness raising activities on secure management and handling of physical casefiles is developed and implemented. This should be achieved through activities such as regular email reminders, seminars and/or workshops, as well as posters highlighting to staff the importance of compliance with procedures.</p>	<p>We will work with our colleagues at SPA Information Management to introduce a workshop and learning experience which will cover the handling of case files. We will also introduce frequent reminders to all staff at Forensic Services covering this subject.</p>	2	Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)	31 October 2023

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
3.1	<p>We recommend Forensic Services assess physical access controls of all casefile storage rooms outside of the Scottish Crime Campus. Minimum physical security requirements for accessing physical casefiles should be set out, with all sites required to meet these. This would provide a minimum baseline of controls for restricting access and ensuring traceability of access to facilities holding casefiles. Management should ensure that action is taken to address any gaps between those requirements and current physical security arrangements.</p> <p>We also recommend that management investigate whether it is possible to reduce the time for the door to lock at the Scottish Crime Campus Archive Room and reduce this if technically feasible.</p> <p>As an interim measure whilst physical security risk is assessed at all laboratories, we recommend that staff are reminded of the need comply with procedures for accessing buildings and securing casefile rooms.</p>	<p>We will undertake a review of security arrangement related to casefile storage across all sites.</p> <p>Refresher training will be also be provided to staff.</p>	2	Head of Forensic Infrastructure & Support/ Head of Finance, Audit & Risk (SPA)	31 December 2023

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
6.1	<p>We recommend that a formal plan is developed and implemented, in partnership with Police Scotland, to ensure timely weeding and disposal of physical casefiles across all Forensic Services sites. This plan should be developed with input from relevant business areas and be approved by management to achieve awareness of the collective responsibility for weeding and disposal of physical casefiles.</p> <p>Given there is a significant back log of physical casefiles to be weeded and disposed of, we recommend that there is a project formed to ensure appropriate oversight of its delivery.</p>	<p>A full review of weeding and storage of case file will be undertaken as part of the broader data migration project. A formal project plan will be developed that will set milestones for addressing the backlog.</p>	3	Head of Quality & Assurance / Head of Finance, Audit & Risk (SPA)	31 October 2023

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