

Meeting	SPA Audit, Risk and Assurance Committee
Date	4 May 2022
Location	By video-conference
Title of Paper	Internal Audit Reports
Presented By	John McNellis, Head of Finance Audit and Risk Gary Devlin and Ashley Bickerstaff, Azets
Recommendation to Members	For consultation
Appendix Attached	Appendix A: ICT service delivery Appendix B: SPRM Appendix C: Health and safety

PURPOSE

To present the Audit, Risk and Assurance Committee (ARAC) with the internal audit reports on: ICT service delivery, SPRM and health and safety.

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 2021/22 was approved by the SPA Board in February 2021. The three internal audit reports presented to the ARAC are within the plan and presented in a timescale planned with internal audit.
- 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 ICT service delivery (full report at Appendix A)

a. Background:

- Police Scotland’s digital division provide IT support across the entire Authority across the provision of all hardware and software needs.

b. Internal audit findings:

- Internal audit identified areas for improvement including:
 - need for greater formality in operational processes;
 - better classification and management of service requests; and
 - issues with demand and resource management practices.

c. Summary of recommendations:

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

d. SPA conclusions:

- Management agrees with all internal audit actions.

- Management responses are detailed and due to the nature of the actions are expected to take up to a full year to be implemented.

2.2 Staff Pay and Reward Modernisation – (SPRM) (full report at Appendix B)

a. Background:

- A single set of police staff terms and conditions as well as a single pay and grading structure was implemented in April 2019 with a subsequent appeals process in place.

b. Internal audit findings:

- Internal audit gained assurance that the process followed was robust and well documented with the objectives from the business case achieved.
- Only one minor improvement recommendation related to the development lessons learned action plans were identified.

c. Summary of recommendations:

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

d. SPA conclusions:

- Management has responded that the action has been completed.

2.3 Health and safety (H&S) (full report at Appendix C)

a. Background:

- The Health and Safety Executive (HSE) has detailed guidance on minimum safety standards to ensure employers compliance with legislation.
- Policing has unique health and safety challenges due to the nature of the service and there must be robust H&S arrangement in place.

b. Internal audit findings:

- Areas of good practice were identified in a number of areas including: H&S policy, self-assessment and training.
- There were a number of improvement recommendations made. There are four higher risk issues which primarily relate to the oversight, governance and reporting of H&S activity with a number of lower risk issues highlighted.

c. Summary of recommendations:

Grade	Number of actions
4 – very high risk	0
3 – high risk	4
2 – moderate risk	4
1 – limited risk	2
Total	10

d. SPA conclusions:

- Management has accepted all internal audit recommendations.
- The actions are considered to be appropriate. A number of recommendations are expected to be closed within six months, however, there are some recommendations including one 'high risk' recommendation that are not expected to be closed until 2023.

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.

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 2021/22

ICT Service Delivery

April 2022



Scottish Police Authority

Internal Audit Report 2021/22

ICT Service Delivery

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Audit Sponsor	Key Contacts	Audit Team
<i>Andrew Hendry, Chief Digital Information Officer</i>	<i>Hazel Irving, Head of ICT Service Delivery</i> <i>Martin Low, Digital Division Chief Operating Officer</i>	<i>Paul Kelly, IT Audit Director</i> <i>Ashley Bickerstaff, IT Audit Manager</i> <i>Dominic O'Neill, IT Auditor</i> <i>Heather Boyle, IT Auditor</i> <i>Natasha Williams, IT Auditor</i>

Executive Summary

Conclusion

Our review has identified scope for improvement within the Digital Division's approach to ICT Service Delivery. We identified that several areas would benefit from greater formality in operational processes.

There is a need for better classification and management of service requests. These can vary from a hardware request to a new start request through to work that has characteristics of project work. There is a need for formal processes to be agreed and implemented to ensure that service requests which resemble project activity are subject to formal approval through an appropriate governance gateway before resources are assigned to them.

We identified issues with both the demand and resource management practices. Processes need to be established to collate and prioritise demand identified through Change Board, engagement by Service Delivery Leads and service requests. This is important to support effective resource management.

Background and Scope

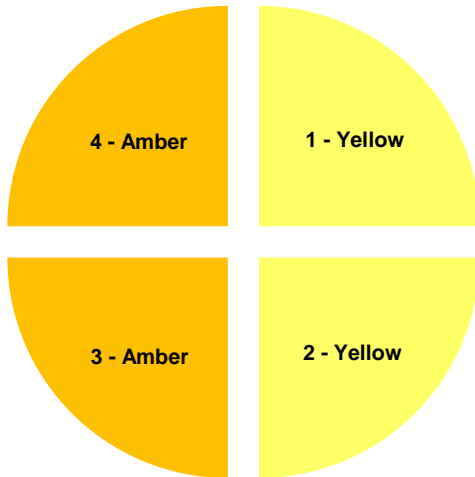
Organisations rely on effective ICT provision to be successful with this being demonstrated in response to the Covid-19 pandemic. A core part of effective provision is having robust and repeatable processes in place through which ICT services are delivered in relation to stakeholder engagement, demand management and resource management. In addition, it is essential that there are effective performance management and governance arrangements for the Digital Division to allow identification of improvement areas.

The review has assessed the adequacy of ICT service delivery processes in relation to Digital Division governance, business relationship management, service management and resource management activities.

Our review included ICT service delivery processes for Police Scotland, SPA (Corporate) and Forensic Services.

Control assessment

- 1. Effective governance arrangements that support senior management and the Board in assessing the effectiveness of Digital Division delivery performance.

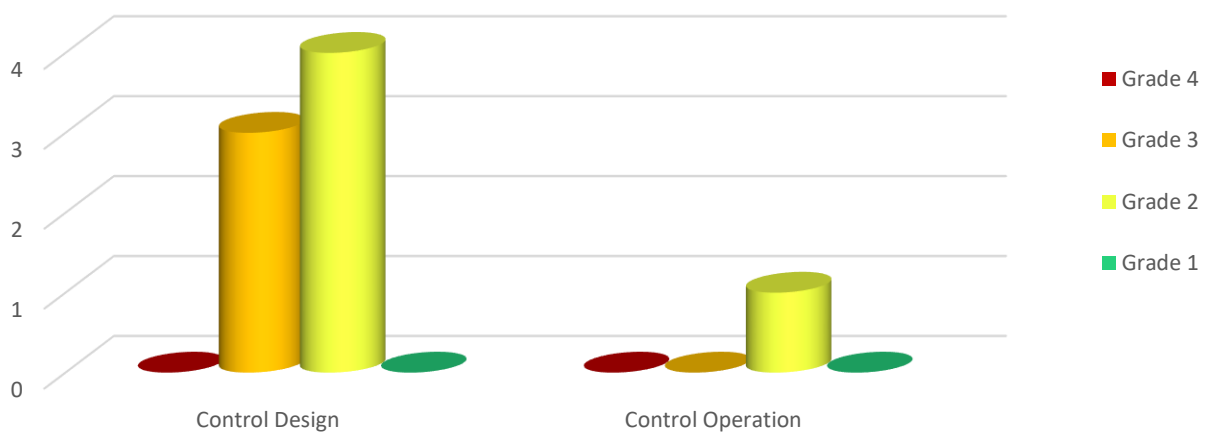


- 2. Service level management activities including service level agreements, service catalogues, service reporting and supporting processes are in place.

- 3. Effective engagement and communication with stakeholders to identify and manage demand as well as assessing service quality.

- 4. There are effective resource management activities that support delivery of business as usual, maintenance, improvement and transformational change activities.

Improvement actions by type and priority



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

Key findings

Areas for improvement

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

- There is no performance reporting framework for Digital Division. There is limited reporting to stakeholders on KPIs, though these were not agreed with stakeholders.
- Our audit testing identified that closure reports were not completed for two of the three Priority 1 incidents in our audit sample.
- Service requests place significant demand on Digital Division resources. There is a need for formal processes to be agreed and implemented to ensure that service requests which resemble project activity are subject to formal approval through an appropriate governance gateway before resources are assigned to them.
- Demand planning and prioritisation activities are not formalised to enable a collective view of Digital Division demand. This negatively impacts on the ability of the Digital Division to perform effective resource management.
- The Digital Division does not formally collect feedback from customers regarding their experiences with the division.
- Formal, documented resource management is in place for project resourcing. However, there are no similar arrangements for business as usual, maintenance and improvement teams within Digital Division.

These are further discussed in the Management Action Plan below.

Best value

It is important to the successful operation of organisations that effective IT service delivery processes are in place. These processes cover a range of areas including incident management, change management, service management, as well as demand and resource planning.

We have determined that the IT service delivery areas reviewed as part of this audit need to be further developed and have a greater level of formality to align with leading practice requirements. Specific areas of improvement are in relation to performance reporting and demand management. The weaknesses in these areas means that it is difficult for Digital Division to demonstrate that they are delivering services effectively and that resource utilisation is optimised.

Acknowledgements

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

Management Action Plan

Control Objective 1: Effective governance arrangements that support senior management and the Board in assessing the effectiveness of Digital Division delivery performance.



1.1 Service Requests

The Digital Division has a ticketing system, IT Connect, through which staff log all incidents and requests received. The system has a portal through which users can submit service requests to Digital Division.

We noted that there is no clear definition on what represents a standard request (e.g. new hardware request, joiner, mover, leaver request) and other requests that may require a greater level of planning and time allocation (e.g. office move).

Some service requests received are considered as “co-ordinated activities”. These do not have a formally documented definition by Digital Division. Broadly, they are activities that Digital Division require to create small/medium sized projects to deliver. These are not subject to formal project management and governance through the Portfolio Management team, nor are they subject to formal prioritisation processes.

Risk

There is an increased risk that, without clarity on classification of service requests, Digital Division Service Management staff will not be able to govern and plan delivery of work. This could result in a failure to meet customer expectations and/or place unrealistic expectations on staff. There is also a risk that service requests that have wider implications on resourcing are not subject to appropriate levels of management and governance.

Recommendation

We recommend that the Digital Division produces formal guidance on classifications of service requests and how each should be managed internally. For example, the guidance could set out sub-categories of ‘co-ordinated activities’ by scale (e.g. number of users / sites / devices) and provide details on how they are to be managed according to their respective category. This will be important in supporting effective resource planning and in managing customer expectations. Particular focus should be given to those service requests that are or could potentially be of a project nature. Where this is the case, Digital Division should ensure that they are subject to formal assessment and follow the correct governance and prioritisation pathway for approval e.g. BAU, internal Digital Division project, Change Portfolio, before any resources are assigned.

Management Action

All potential projects will follow the Police Scotland Change Function's agreed gateway processes. In the first instance, a scope of concept will be considered. If the request is not deemed as a transformation project and is considered to be BAU, this will be managed via Digital Division and the appropriate Service Request raised. The Digital Division has developed classifications of Service Requests which were approved at the Digital Division People Board in March 2022. These Classifications are Project, Coordinated Activity, Pre Request support and Routine Service Request. We will take steps to ensure that this Service Request Information is published on our intranet site with the appropriate descriptors. Work will then take place to start categorising Service Requests against the agreed categories.

Further to this, a review of the data captured under the new process will be undertaken to allow us to develop Sub-Categories for co-ordinated activity (request that requires input from multiple ICT teams or resources) with supporting information on how each of the sub-categories will be managed across the Division.

Stage 1 – implement the system changes required to start to track the agreed categories for Service Requests – December 2022.

Stage 2 – Review 2 months of data to identify sub-categories for co-ordinated activity. Develop system changes to introduce sub-categories. Develop a process document which details how each of the categories/sub-categories is managed through the department – April 2023.

Action owner: Hazel Irving, Head of ICT Service Delivery

Due date: 30 April 2023

1.2 Digital Division performance reporting

Reporting of Business as Usual (BAU) work occurs predominantly via monthly Key Performance Indicator (KPI) reporting to stakeholders. This reporting is not founded in any pre-agreed service level targets and, as such, does not communicate the effectiveness of core service performance. The reporting provided to customers is generally well received, although there is an appetite from customers to have sight of more specific service level information in relation to their area of the business, for example, customer focused metrics.

The Digital Division, Police Scotland and wider SPA have clear governance structures. However, from a performance reporting perspective, there is a lack of clarity around what Digital Division should be reporting on, to whom this should be reported to and when. There is reporting via the Service Delivery Leads engagement across the divisions however, there is no wider reporting and there is no standardised formal reporting structure for senior leadership in Police Scotland and SPA. Digital Division has recognised that there is scope to improve reporting arrangements and are currently recruiting for a Performance Officer.

Risk

There is a risk that management and those charged with governance will not be able to assess the effectiveness of Digital Division performance due to the lack of formal reporting structure. The absence of a defined process for reporting on Digital Division performance may lead to insufficient, inappropriate or untimely reporting of significant risks and issues.

Recommendation

We recommend that Digital Division management, in collaboration with relevant stakeholders, develops a formal performance reporting framework. This should include reporting to different audiences e.g. internally within Digital Division, customers (including SPA (Corporate) and Forensic Services, senior leadership within Police Scotland and SPA as well as to the SPA Board committees.

The content of reporting should be geared to the specific needs of management and those charged with governance with consideration given to the level of detail included within reports and frequency of reporting.

Management Action

The Digital Division will take steps to formalise our current reporting KPIs and SLAs and ensure that this is communicated out to our customer base. The Digital Division has also previously recognised that, although there is a monthly KPI report provided internally within the Digital Division, there is a requirement to introduce formalised KPI and Service Level reporting externally (SPA, Forensics and Police Scotland divisions and departments). This is a key area which will be taken forward under the remit of the Performance Officer (currently recruiting). Upon recruitment of the Performance Officer (potentially August 2022), the Digital Division will work with key stakeholders, including the Service Delivery Leads, to identify their reporting requirements and develop, formalise and publish these on a standard report template.

The first stage of this action will involve working with our stakeholders to determine what they would like to see in terms of reporting at the various levels across the organisation – taking into consideration Management teams, SMT, Force Executive and SPA and how operational plans could be used to support this reporting. Consultation on requirements to be completed by end of October 2022. Further to this development of reports and mechanisms for reporting by end of April 2023.

Action owner: David Gillen, Lifetime Process Manager

Due date: 30 April 2023

1.3 Incident Process

As part of our audit work, we reviewed IT incidence management processes, including the process through which incidents are classified and prioritised.

We reviewed the process for handling Priority 1 (P1) incidents, the highest grade of incident. Part of agreed procedures for managing P1 incidents is the production of closure reports as part of the close-down of such incidents. Our sample testing found that the completion of closure reports has not been embedded as part of the process of managing P1 incidents. We sample tested three of the five P1 incidents in a six-month period and found that closure reports had not been completed for two of these incidents.

We also noted that terminology used in incident logs ('Impact' on a four-point scale) differed from that used in the target time documentation ('Fault Level' using descriptors).

Risk

There is a risk that, by not completing closure reports as a standard part of P1 incident management, opportunities to learn lessons are not taken. This could result in a higher risk of recurrence of similar incidents. In addition, by not using consistent terminology for categorising incidents may result in incidents not being effectively managed.

Recommendation

We recommend that Digital Division management establishes formal mechanisms to ensure that closure reports are produced as part of the finalisation of Priority 1 incidents. This should include regular quality review to confirm these are produced. In addition, the quality review should ensure that closure reports include lessons learned and tracking of any improvement actions arising from the incident.

We recommend that the Digital Division reviews documentation to ensure consistency in incident definitions. Once updated, this should be shared with appropriate staff.

Grade 2
(Operation)

Management Action

Whereas the Digital Division have documented and well established processes for incident management, there are areas, as identified in the audit, which require to be strengthened. The Digital Division will review the current process in place, paying particular focus to the management of closure reports. Changes to the process (for the production and management of closure reports) will be identified and implemented. Documentation will be updated. (July 2022)

The Digital Division will bring this updated process into the formal Quality Assurance process within the Digital Division to identify any gaps in completion of these. Closure report templates will be reviewed and updated to include Lessons Learned. (September 2022)

Further to this, a review of templates and process documentation will be completed to ensure consistency in language. (July 2022)

Action owner: Darrell Gough, Head of IT Operations

Due date: 30 September 2022

Control Objective 2: Service level management activities including service level agreements, service catalogues, service reporting and supporting processes are in place.

Yellow

2.1 Performance Indicators

The Digital Division has internally defined service levels for incidents however these have not been agreed or communicated with stakeholders. There are also no service levels or response time in place for service requests. Our discussions during the audit work with stakeholders highlighted that the lack of agreed service levels makes it difficult for them to assess how effective the service is.

Monthly reporting is established within the Digital Division on a set of Key Performance Indicators (KPI)s which include the incident service levels as well as wider information on system and network performance. The performance measures that Digital Division report against have not been discussed and agreed with stakeholders.

Risk

Without clear performance indicators in place, there is a risk that service delivery expectations are not understood or measured. This could result in reduced customer confidence in the Division and may prevent both the Digital Division and stakeholder from identifying opportunities to improve service performance.

Recommendation

We recommend that Digital Division works closely with stakeholders to develop and agree Key Performance Indicators and service levels for incident management, service requests and any other core BAU work. This could be achieved through a short-life working group involving senior Digital Division management and a small group of senior stakeholders. Following agreement of service levels, Digital Division should produce monthly reports for all stakeholders, ideally tailored to their specific area, as well as senior leadership across the wider organisations.

A core part of implementing service level management activities should be to embed continuous service improvement. Digital Division should routinely monitor performance against service levels on an individual stakeholder and collective basis to identify opportunities to improve performance.

Grade 2
(Design)

Management Action

Service Levels for Incidents had been previously agreed upon the formation of SPSA. Each Legacy force area was represented following the previous business partner model.

As in 1.2, current Key Performance Indicators and Incident Service Levels will be communicated to our customers via the appropriate reporting.

The Digital Division will conduct a review of Service Levels and System Classification around incidents and develop a short briefing paper to the appropriate DCC board to detail our current picture and gain agreement on these. (Sept 2022)

Further to this, the Digital Division will review and develop Service Levels for one of our main Service Request Categories – Pre Approved Service Requests (PASR). (March 2023)

Upon the introduction of demand categorisation, we will be in a position to report against SR Categories. (As per 1.1)

Additionally, a review of current Service Level for first response on Service Requests will be completed to ensure that this remains fit for purpose. (March 2023)

Action owner: Hazel Irving, Head of ICT Service Delivery

Due date: 31 March 2023

2.2 Service Catalogue

The Digital Division has not maintained a service catalogue which details the full list of services they provide to stakeholders. Work is currently underway to develop an updated service catalogue, and to publish this where it will be accessible to stakeholders.

Risk

Without a service catalogue, there is an increased risk that staff and customers will be unaware of the services that are performed by the Digital Division which may make it more difficult to manage the expectations of customers.

Recommendation

We recommend that the Digital Division updates their service catalogue to cover all services within their portfolio, with reference to associated SLAs, targets, objectives, or performance expectations.

We recommend that the service catalogue is published and available to view by individuals in the organisation outside of the Digital Division, whether this be on the organisation intranet or via regular communication.

Management Action

Grade 2
(Design)

The Service Delivery Leads are working to update and improve on the current Service Catalogue which is available – bringing this into the IT Connect Service Management solution. Our Service Catalogue provision will be informational and will be hosted on the current Police Scotland intranet Platform. This will detail the high-level service that is provided by the Digital Division. This will act as an initial solution as we move towards the delivery of two strategic pieces of work, which will focus on greater transactional content:

- a full review of service provided across the Digital Division will be undertaken as part of the delivery of the Digital Division TOM work
- A project within the Enabling Policing for the future programme which will develop a full end to end Service Catalogue for the DD.

However, it is not expected that this work will be completed until 2025 and there is no desire to complete a full Service Catalogue out with these projects. The action therefore should be considered complete and discharged via the interim proposal above.

Action owner: Hazel Irving, Head of ICT Service Delivery

Due date: 30 November 2022

Control Objective 3: Effective engagement and communication with stakeholders to identify and manage demand as well as assessing service quality.

Amber

3.1 Demand Planning and Prioritisation

Our review identified the need for improvement in demand planning processes within Digital Division.

At present, the main sources of identifying demands are from requirements to support Change via demand from the Change Board and the meetings held by Service Delivery Leads with stakeholders. The demand identified from stakeholders has up to a 12-month outlook.

The current gap in process is that Digital Division does not have a formal process through which the collective demand from the Change Board and stakeholders, as well as that from service requests (see MAP1.1), is collated and then prioritised.

Work is ongoing within Digital Division to implement a new process which aims to better categorise, prioritise and detail business drivers behind tasks. A new demand planning process is planned as part of this.

Proposals are in place to update and amend the current call system for service requests, which will include the application of a priority level and a demand driver categorisation to any projects proposed through this route.

Risk

Without a clear process to document and prioritise demand, there is a risk that Digital Division will not be able to appropriately plan delivery of work required by the business. This could negatively impact on the delivery of projects and other internal change activities.

Recommendation

We recommend that Digital Division, in collaboration with senior stakeholders in the organisation, develops and implements formal processes through which resource demands are collated and prioritised. Formal criteria should be developed to allow a consistent approach to prioritisation of demand over a rolling 12-18 month period. As part of this process, Digital Division should work with stakeholders to agree the management and governance arrangements for initial and ongoing review of prioritisation of demand. Governance arrangements should ensure that prioritisation of activities and resource allocation is business-led.

This will allow Digital Division management to understand whether current resourcing requirements are capable of meeting demand, allowing decisions to be taken to increase resourcing or delay planned activity.

Grade 3
(Design)

Management Action

The Digital Division has established annual Service Planning activity where key organisational activities are identified and reported upon to the executive on an annual basis. This is an acknowledgement of the work which the Digital Division are undertaking or are due to start in the delivery year ahead. There are no clear organisational prioritisation activities completed as part of this work rather a noting of the proposals

The Digital Division will commit to developing and documenting the Service Plan Process, with Service Delivery Leads and Portfolio Managers ensuring organisational requirements are captured. (August 2022)

We will review the output of the Service Plan on a 6 monthly basis and report on progress to key stakeholders across PS and SPA (Service Plan to Exec June 2022 and a review by 31st December 2022)

We will introduce monthly reporting as part of the performance framework.

The proposed establishment of a DDICT Board will provide a vehicle for the assessment and prioritisation of demand being placed on Police Scotland Digital Division. It is expected that this board will be formally established and operating by December 2022.

Action owner: Martin Low, Chief Operating Officer

Due date: 31 December 2022

3.2 Service Quality

The Digital Division does not have formal processes through which it can obtain feedback on service quality from stakeholders. There is no formal reporting mechanism or procedure for recording such information; for example, surveys or questionnaires are not utilised to obtain structured feedback from customers. Feedback that is obtained is dealt with in an informal manner which relies largely on the relationships between Service Delivery Leads and their respective areas.

Risk

Without mechanisms through which to feed back to the Digital Division, areas of good practice and issues may not be identified. This could result in the services delivered by Digital Division not improving to meet the expectations of their customers.

Recommendation

We recommend that the Digital Division implements a formal framework through which they can obtain feedback on the effectiveness and quality of the service. The framework should look at multiple methods of gathering feedback for example, customer satisfaction surveys. As part of the framework, mechanisms should be established to, where appropriate, incorporate feedback into improvement plans and to share positive feedback.

Reporting on feedback to Digital Division leadership and wider Police Scotland leadership and stakeholders should be established.

Management Action

Grade 2
(Design)

Development of a framework in which feedback can be provided from our customers into the Digital Division. Within this framework we will consider the best approach and tools to identify feedback from customers using the Digital Divisions services, the frequency of use and feedback mechanisms. It is likely that our initial activity will report on Incidents and Service Requests.

Development of Framework – 30th November 2022.

Implementation of Framework – 31st March 2023

Action owner: David Gillen, Lifetime Process Manager and Darrell Gough, Head of IT Operations

Due date: 31 March 2023

Control Objective 4: There are effective resource management activities that support delivery of business as usual, maintenance, improvement and transformational change activities.

Amber

4.1 Resource Planning

Resources assigned to inflight change projects are set out within the Digital Division Resource Planning Model. At the time of our review, this covered a 16-month period from December 2020 to March 2022.

Resource planning is not formally documented for non-Change programme activity within the Digital Division. Processes are not in place to enable effective planning to meet demand. For example, there is no documentation of workload and demand across the BAU teams (including details of peak periods or training requirements etc.) to allow for a clear view of available capacity to support demand.

We also noted that there is no process in place which formally records the skills and competencies held by staff to understand and manage skills gaps in the Division. The implementation of such a skills tracker is proposed as part of new resource planning process plans, although there was no agreed date for the implementation of these changes at the time of this review.

Risk

Prioritisation, demand planning and resource planning are all intrinsically linked. As such, the risks discussed in MAP 3.1 impact on the Digital Division's ability to perform effective resource management. There is a risk that the lack of formal processes in relation to resource management results in the Digital Division not being able to deliver planned activity. This could result in over- or under-staffed projects or the removal of essential resource from BAU activities. This could negatively impact on service quality.

Recommendation

The Digital Division should establish formal resource management processes for non-Change programme activity. The recommendations set out in MAP3.1 should be considered as part of the development of this process. This process should factor in the resourcing requirements for the different layers of activities that staff are involved in, including BAU work, leave, training and service improvements. Management should investigate and where possible use historic trend information to support resource management activities, especially for areas where there are potential peak periods of workload/activity.

We also recommend that Digital Division documents skills across the teams and use this information in support of a skills gap analysis. Where gaps in skills are identified, Digital Division management should work with Training to provide appropriate training to staff. Alternatively, management should explore options where it is better value for money in obtaining managed services for specific skills.

Grade 3
(Design)

Management Action

The Digital Division had previously identified their requirements for a full resource management solution. An Initial Procurement RFI was completed in 2021 to understand potential options available to us from the market in regards to Resource Management. Upon the implementation of the new Enterprise-wide Portfolio Management tool, the Digital Division will consider the resource management module within this to identify if this meets the requirements to resource against a variation of activities (Dec 2022). Following on from this the Digital Division will either implement or consider market options to introduce a resource management solution to the department. A review of this will be considered and report produced that will provide clarity on gaps and next steps by (Feb 2023) – Implementation to follow depending on solution.

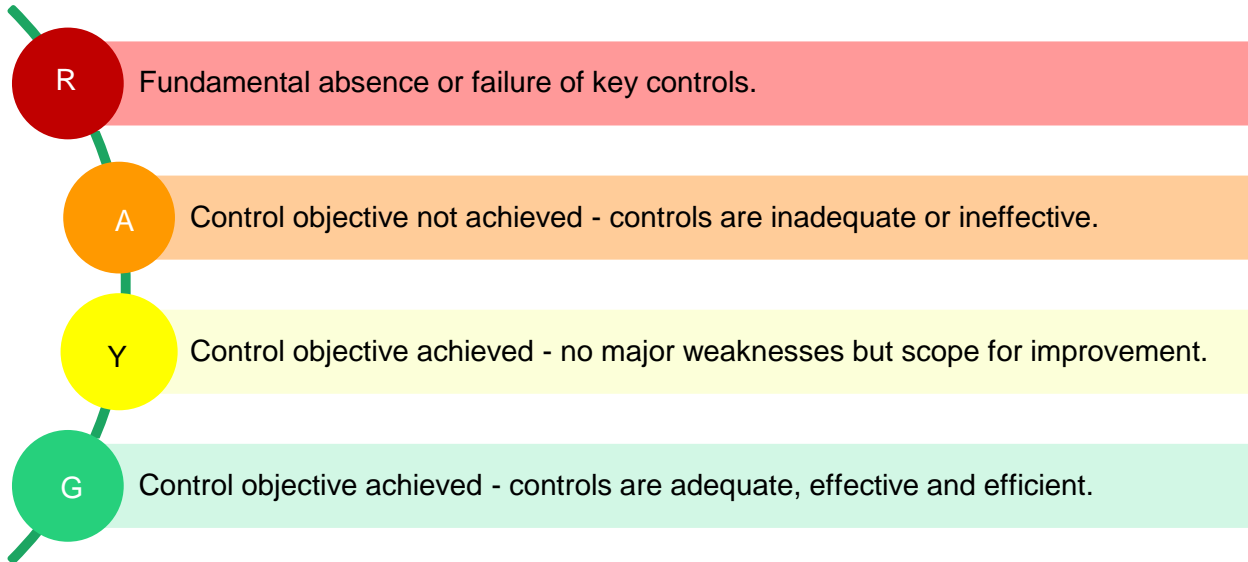
In relation to Skills Development, the Digital Division carry out a detailed annual review of training requirements across the Division working with line managers and heads of service to identify training requirements. These are provided through an approved supplier in which a full procurement exercise took place. The Training Department does not provide technical provision to the Digital Division. As part of the current Procurement of Professional Services for the Digital Division TOM, a Skills Gap analysis will take place (defined as part of the deliverables). It is expected that our Digital Division ToM Professional Services engagement will be completed by end December 2022. (Dec 2022)

Action owner: Hazel Irving, Head of ICT Service Delivery

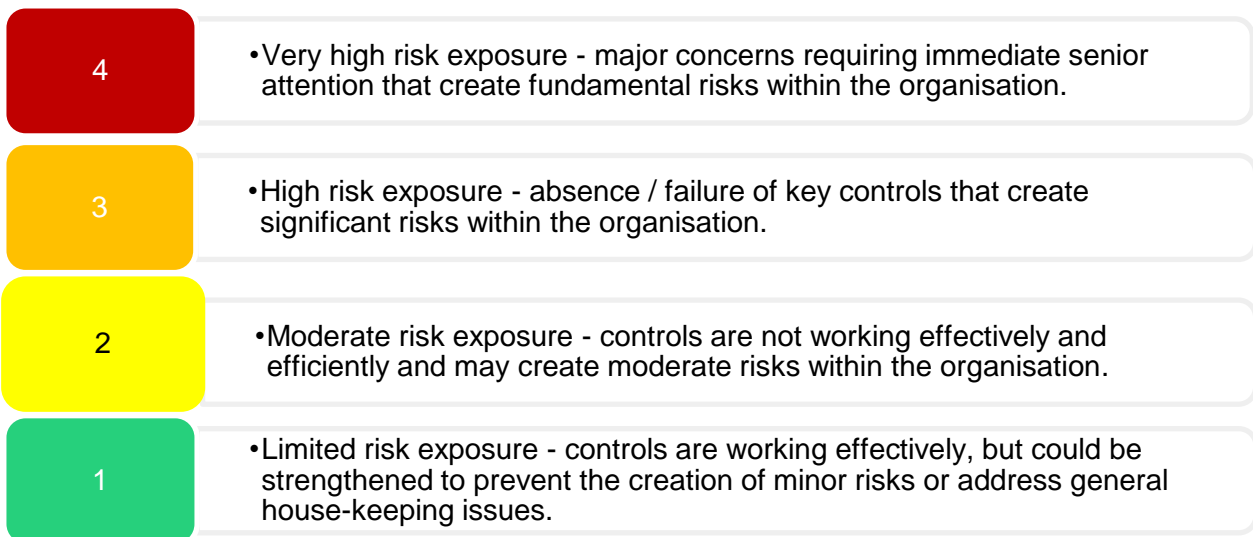
Due date: 28 February 2023

Appendix A – Definitions

Control assessments



Management action grades



Appendix B – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1	We recommend that the Digital Division produces formal guidance on classifications of service requests and how each should be managed internally. For example, the guidance could set out sub-categories of 'co-ordinated activities' by scale (e.g. number of users / sites / devices) and provide details on how they are to be managed according to their respective category. This will be important in supporting effective resource planning and in managing customer expectations. Particular focus should be given to those service requests that are or could potentially be of a project nature. Where this is the case, Digital Division should ensure that they are subject to formal assessment and follow the correct governance and prioritisation pathway for approval e.g. BAU, internal Digital Division project, Change Portfolio, before any resources are assigned.	All potential projects will follow the Police Scotland Change Function's agreed gateway processes. In the first instance, a scope of concept will be considered. If the request is not deemed as a transformation project and is considered to be BAU, this will be managed via Digital Division and the appropriate Service Request raised. The Digital Division has developed classifications of Service Requests which were approved at the Digital Division People Board in March 2022. These Classifications are Project, Coordinated Activity, Pre Request support and Routine Service Request. We will take steps to ensure that this Service Request Information is published on our intranet site with the appropriate descriptors. Work will then take place to start categorising Service Requests against the agreed categories. (continued over)	3	Hazel Irving, Head of ICT Service Delivery	30 April 2023

OFFICIAL

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1 cont.		<p>Further to this, a review of the data captured under the new process will be undertaken to allow us to develop Sub-Categories for co-ordinated activity (request that requires input from multiple ICT teams or resources) with supporting information on how each of the sub-categories will be managed across the Division.</p> <p>Stage 1 – implement the system changes required to start to track the agreed categories for Service Requests – December 2022.</p> <p>Stage 2 – Review 2 months of data to identify sub-categories for co-ordinated activity. Develop system changes to introduce sub-categories. Develop a process document which details how each of the categories/sub-categories is managed through the department – April 2023</p>			

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.2	<p>We recommend that Digital Division management, in collaboration with relevant stakeholders, develops a formal performance reporting framework. This should include reporting to different audiences e.g. internally within Digital Division, customers (including SPA (Corporate) and Forensic Services, senior leadership within Police Scotland and SPA as well as to the SPA Board committees.</p> <p>The content of reporting should be geared to the specific needs of management and those charged with governance with consideration given to the level of detail included within reports and frequency of reporting.</p>	<p>The Digital Division will take steps to formalise our current reporting KPIs and SLAs and ensure that this is communicated out to our customer base. The Digital Division has also previously recognised that, although there is a monthly KPI report provided internally within the Digital Division, there is a requirement to introduce formalised KPI and Service Level reporting externally (SPA, Forensics and Police Scotland divisions and departments). This is a key area which will be taken forward under the remit of the Performance Officer (currently recruiting). Upon recruitment of the Performance Officer (potentially August 2022), the Digital Division will work with key stakeholders, including the Service Delivery Leads, to identify their reporting requirements and develop, formalise and publish these on a standard report template.</p> <p>(continued over)</p>	2	David Gillen, Lifetime Process Manager	30 April 2023

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.2 cont.		The first stage of this action will involve working with our stakeholders to determine what they would like to see in terms of reporting at the various levels across the organisation – taking into consideration Management teams, SMT, Force Executive and SPA and how operational plans could be used to support this reporting. Consultation on requirements to be completed by end of October 2022. Further to this development of reports and mechanisms for reporting by end of April 2023.			

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.3	<p>We recommend that Digital Division management establishes formal mechanisms to ensure that closure reports are produced as part of the finalisation of Priority 1 incidents. This should include regular quality review to confirm these are produced. In addition, the quality review should ensure that closure reports include lessons learned and tracking of any improvement actions arising from the incident.</p> <p>We recommend that the Digital Division reviews documentation to ensure consistency in incident definitions. Once updated, this should be shared with appropriate staff.</p>	<p>Whereas the Digital Division have documented and well established processes for incident management, there are areas, as identified in the audit, which require to be strengthened. The Digital Division will review the current process in place, paying particular focus to the management of closure reports. Changes to the process (for the production and management of closure reports) will be identified and implemented. Documentation will be updated. (July 2022)</p> <p>The Digital Division will bring this updated process into the formal Quality Assurance process within the Digital Division to identify any gaps in completion of these. Closure report templates will be reviewed and updated to include Lessons Learned. (September 2022)</p> <p>Further to this, a review of templates and process documentation will be completed to ensure consistency in language. (July 2022)</p>	2	Darrell Gough, Head of IT Operations	30 September 2022

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
2.1	<p>We recommend that Digital Division works closely with stakeholders to develop and agree Key Performance Indicators and service levels for incident management, service requests and any other core BAU work. This could be achieved through a short-life working group involving senior Digital Division management and a small group of senior stakeholders. Following agreement of service levels, Digital Division should produce monthly reports for all stakeholders, ideally tailored to their specific area, as well as senior leadership across the wider organisations.</p> <p>A core part of implementing service level management activities should be to embed continuous service improvement. Digital Division should routinely monitor performance against service levels on an individual stakeholder and collective basis to identify opportunities to improve performance.</p>	<p>Service Levels for Incidents had been previously agreed upon the formation of SPSA. Each Legacy force area was represented following the previous business partner model.</p> <p>As in 1.2, current Key Performance Indicators and Incident Service Levels will be communicated to our customers via the appropriate reporting.</p> <p>The Digital Division will conduct a review of Service Levels and System Classification around incidents and develop a short briefing paper to the appropriate DCC board to detail our current picture and gain agreement on these. (Sept 2022)</p> <p>Further to this, the Digital Division will review and develop Service Levels for one of our main Service Request Categories – Pre Approved Service Requests (PASR). (March 2023)</p> <p>(continued over)</p>	2	Hazel Irving, Head of ICT Service Delivery	31 March 2023

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
2.1 cont.		<p>Upon the introduction of demand categorisation, we will be in a position to report against SR Categories. (As per 1.1)</p> <p>Additionally, a review of current Service Level for first response on Service Requests will be completed to ensure that this remains fit for purpose. (March 2023) Hazel Irving, Head of ICT Service Delivery</p>			

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
2.2	<p>We recommend that the Digital Division updates their service catalogue to cover all services within their portfolio, with reference to associated SLAs, targets, objectives, or performance expectations.</p> <p>We recommend that the service catalogue is published and available to view by individuals in the organisation outside of the Digital Division, whether this be on the organisation intranet or via regular communication.</p>	<p>The Service Delivery Leads are working to update and improve on the current Service Catalogue which is available – bringing this into the IT Connect Service Management solution. Our Service Catalogue provision will be informational and will be hosted on the current Police Scotland intranet Platform. This will detail the high-level service that is provided by the Digital Division. This will act as an initial solution as we move towards the delivery of two strategic pieces of work, which will focus on greater transactional content:</p> <ul style="list-style-type: none"> • a full review of service provided across the Digital Division will be undertaken as part of the delivery of the Digital Division TOM work • A project within the Enabling Policing for the future programme which will develop a full end to end Service Catalogue for the DD. <p>(continued over)</p>	2	Hazel Irving, Head of ICT Service Delivery	30 November 2022

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
2.2 cont.		However, it is not expected that this work will be completed until 2025 and there is no desire to complete a full Service Catalogue out with these projects. The action therefore should be considered complete and discharged via the interim proposal above.			

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
3.1	<p>We recommend that Digital Division, in collaboration with senior stakeholders in the organisation, develops and implements formal processes through which resource demands are collated and prioritised. Formal criteria should be developed to allow a consistent approach to prioritisation of demand over a rolling 12-18 month period. As part of this process, Digital Division should work with stakeholders to agree the management and governance arrangements for initial and ongoing review of prioritisation of demand. Governance arrangements should ensure that prioritisation of activities and resource allocation is business-led.</p> <p>This will allow Digital Division management to understand whether current resourcing requirements are capable of meeting demand, allowing decisions to be taken to increase resourcing or delay planned activity.</p>	<p>The Digital Division has established annual Service Planning activity where key organisational activities are identified and reported upon to the executive on an annual basis. This is an acknowledgement of the work which the Digital Division are undertaking or are due to start in the delivery year ahead. There are no clear organisational prioritisation activities completed as part of this work rather a noting of the proposals</p> <p>The Digital Division will commit to developing and documenting the Service Plan Process, with Service Delivery Leads and Portfolio Managers ensuring organisational requirements are captured. (August 2022)</p> <p>We will review the output of the Service Plan on a 6 monthly basis and report on progress to key stakeholders across PS and SPA (Service Plan to Exec June 2022 and a review by 31st December 2022)</p> <p>(continued over)</p>	3	Martin Low, Chief Operating Officer	31 December 2022

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
3.1 cont.		<p>We will introduce monthly reporting as part of the performance framework.</p> <p>The proposed establishment of a DDICT Board will provide a vehicle for the assessment and prioritisation of demand being placed on Police Scotland Digital Division. It is expected that this board will be formally established and operating by December 2022.</p>			

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
3.2	<p>We recommend that the Digital Division implements a formal framework through which they can obtain feedback on the effectiveness and quality of the service. The framework should look at multiple methods of gathering feedback for example, customer satisfaction surveys. As part of the framework mechanisms should be established to, where appropriate, incorporate feedback into improvement plans and to share positive feedback.</p> <p>Reporting on feedback to Digital Division leadership and wider Police Scotland leadership and stakeholders should be established.</p>	<p>Development of a framework in which feedback can be provided from our customers into the Digital Division. Within this framework we will consider the best approach and tools to identify feedback from customers using the Digital Divisions services, the frequency of use and feedback mechanisms. It is likely that our initial activity will report on Incidents and Service Requests.</p> <p>Development of Framework – 30th November 2022.</p> <p>Implementation of Framework – 31st March 2023</p>	2	David Gillen, Lifetime Process Manager and Darrell Gough, Head of IT Operations	31 March 2023

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Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
4.1	<p>The Digital Division should establish formal resource management processes for non-Change programme activity. The recommendations set out in MAP3.1 should be considered as part of the development of this process. This process should factor in the resourcing requirements for the different layers of activities that staff are involved in, including BAU work, leave, training and service improvements. Management should investigate and where possible use historic trend information to support resource management activities, especially for areas where there are potential peak periods of workload/activity.</p> <p>(continued over)</p>	<p>The Digital Division had previously identified their requirements for a full resource management solution. An Initial Procurement RFI was completed in 2021 to understand potential options available to us from the market in regards to Resource Management. Upon the implementation of the new Enterprise-wide Portfolio Management tool, the Digital Division will consider the resource management module within this to identify if this meets the requirements to resource against a variation of activities (Dec 2022). Following on from this the Digital Division will either implement or consider market options to introduce a resource management solution to the department. A review of this will be considered and report produced that will provide clarity on gaps and next steps by (Feb 2023) – Implementation to follow depending on solution.</p> <p>(continued over)</p>	3	Hazel Irving, Head of ICT Service Delivery	28 February 2023

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
4.1 cont.	We also recommend that Digital Division documents skills across the teams and use this information in support of a skills gap analysis. Where gaps in skills are identified, Digital Division management should work with Training to provide appropriate training to staff. Alternatively, management should explore options where it is better value for money in obtaining managed services for specific skills.	In relation to Skills Development, the Digital Division carry out a detailed annual review of training requirements across the Division working with line managers and heads of service to identify training requirements. These are provided through an approved supplier in which a full procurement exercise took place. The Training Department does not provide technical provision to the Digital Division. As part of the current Procurement of Professional Services for the Digital Division TOM, a Skills Gap analysis will take place (defined as part of the deliverables). It is expected that our Digital Division ToM Professional Services engagement will be completed by end December 2022. (Dec 2022)			

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Scottish Police Authority

Internal Audit Report 2021/22

Staff Pay and Reward Modernisation

April 2022



Scottish Police Authority

Internal Audit Report 2021/22

Staff Pay and Reward Modernisation

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Audit Sponsor	Key Contacts	Audit team
<i>Jude Helliker, Director of People and Development</i>	<i>Nicky Page, Head of Employee Relations</i>	<i>Gary Devlin, Audit Partner</i>
<i>Darren Paterson, SPA Head of Workforce Governance</i>	<i>Graham Noble, Reward Manager</i>	<i>Matt Swann, Associate Director</i>
	<i>Elizabeth Hossack, Harmonisation Manager</i>	<i>Andrew Diffin, Audit Manager</i>
	<i>Gary Durkin, Pay and Grading Manager</i>	<i>Carys Ross, Lead Internal Auditor</i>
	<i>Jackie Kydd, SPA Workforce Governance Lead</i>	<i>Lilitha Konini, Internal Auditor</i>

Executive Summary

Conclusion

We have confirmed that the process followed by SPA in consolidating legacy pay scales into a single set of Terms and Conditions was robust and the process has been well documented. The use of the Scottish Joint Council's Job Evaluation Scheme meant SPA were able to make fair and consistent decisions regarding pay and reward across the organisation, which allowed the organisation to achieve the objectives outlined in the SPRM Business Case. Though the project as a whole extended beyond its initial planned timescales, we did not identify any deficiencies in terms of planning assumptions or project governance that led to this outcome.

We have identified one minor improvement action relating to the development of lessons learned action plans. The implementation of these lessons learned are intended to sustain project benefits going forward.

Background and scope

Police Scotland was founded in April 2013, merging eight legacy forces and two agency organisations.

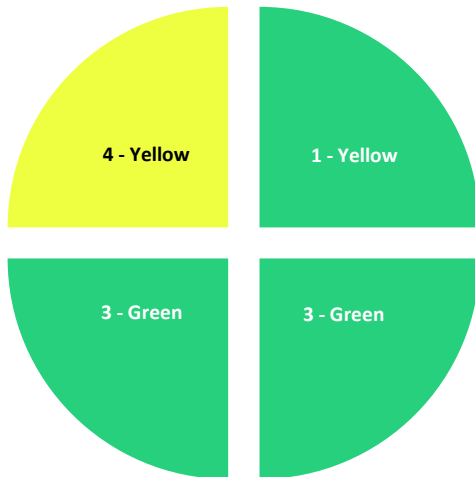
In addition to Police Officers, the legacy organisations employed 6,700 Police Staff working to 10 different sets of terms and conditions. In 2015, Police Scotland embarked on the Staff Pay and Reward Modernisation (SPRM) project to move this entire workforce onto a single set of terms and conditions, create a new single pay structure and establish a new set of policies. The new 14-grade pay structure with incremental progression and an updated set of terms and conditions, came into force on 1 April 2019.

In accordance with the 2021/22 Internal Audit Plan, we have conducted a post implementation review of SPRM to confirm all ten legacy pay scales and terms and conditions have now been reduced into a single staff pay and reward structure, including confirmation that staff have been consulted throughout the process and that all salaries, working hours, holiday allowances and overtime rates have all been fairly consolidated for colleagues undertaking roles determined to be similar through an analytical job evaluation system.

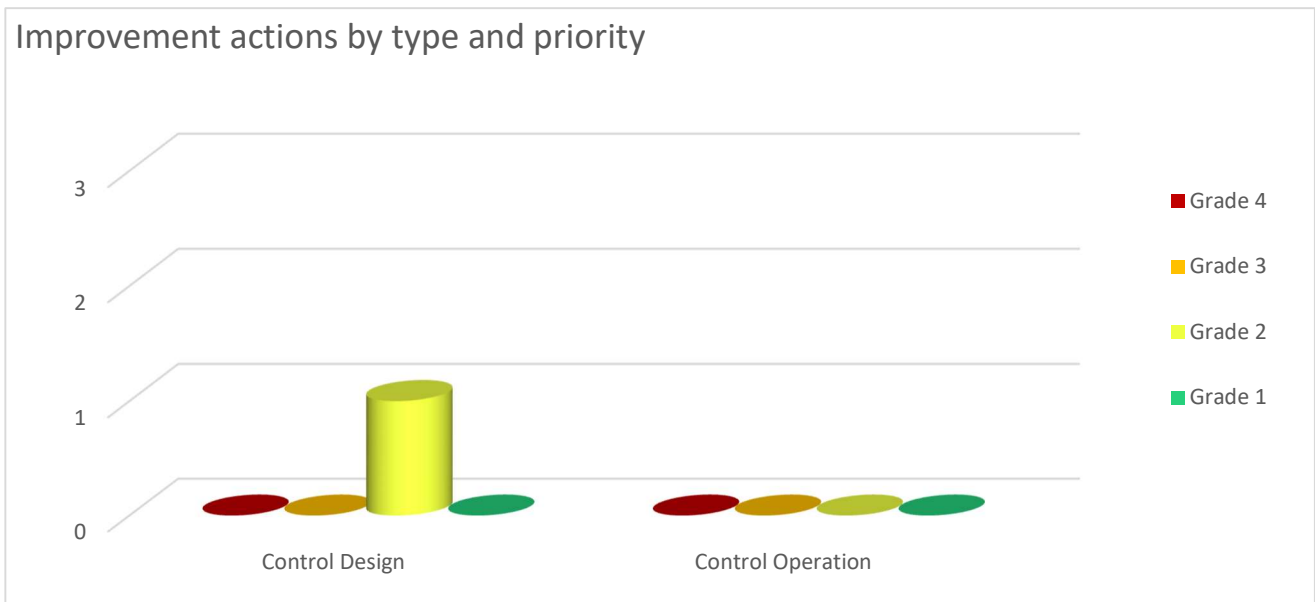
The review considered the process of consolidation, including the process for assessment and decision of appeals to modification of terms and conditions, but has not sought to review decisions pertaining to particular individuals.

Control assessment

- 1. SPA has developed and implemented a robust single staff pay and reward structure, supported by appropriate HR policies and procedures.
- 2. A robust process was followed to ensure that the consolidation of legacy pay scales into one structure has been fair.
- 3. The process of consolidation included a robust job evaluation process and the provision for consideration of appeals, which were decided consistently and with clearly articulated rationales recorded for exceptions.
- 4. Objectives and benefits articulated in the original SPRM Business case can be shown to have been delivered, with any lessons learned identified.



Improvement actions by type and priority



One improvement action has been identified from this review, relating to control design. See Appendix A 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:

- Police Scotland carried out internal and external benchmarking to inform the consolidation of pay and reward Terms and Conditions into a single structure. Benchmarking included assessments against comparable public sector organisations, including Local Authorities and the Scottish Government, as well as existing legacy structures. We also confirmed benchmarking had taken place for core terms such as annual leave, sick pay, and overtime rates.
- Throughout the pay consolidation process, Police Scotland used a number of external resources to ensure the process was fair. We confirmed that Police Scotland sought the independent advice of external consultants, NorthgateArinso(NGA), in providing expertise, knowledge and the software required to develop Pay Models in support of the development of the Pay and Grading Structure. We also confirmed that Police Scotland engaged with Trades Unions on a regular basis throughout the process.
- The Scottish Joint Council's Job Evaluation scheme was adopted as the framework for carrying out job evaluations. Jobholder questionnaires were used to determine the actual work performed by staff (as opposed to job descriptions) to inform the evaluation and consolidation process, in line with the requirements of framework.
- A Job Evaluation Appeal Procedure was put in place which fully outlined the appeals process, in line with Scottish Joint Council's JE Scheme guidance and ACAS best practice. This included the grounds under which an appeal could be raised and the operation of the Appeal Panel. We reviewed a sample of appeals and confirmed SPA and Police Scotland have considered these in line with the documented process and retained sufficient evidence to support decisions.
- The End Project Report states that the four intended project benefits outlined in the business case were achieved: increased fairness, efficiency, and effectiveness, and decreased financial risk. We obtained evidence to support the conclusion that each intended project benefits has been achieved.

Areas for improvement

We have identified one area for improvement which, if addressed, would strengthen Police Scotland's control framework:

- Developing action plans based on the outputs of the Lessons Learned review, which include expected timescales and identified action owners.

This is further discussed in the Management Action Plan below.

Best Value

Accountable Officers in Scottish public bodies, including the Scottish Police Authority, have a specific responsibility to secure Best Value. In line with the Scottish Public Finance Manual, the duty of Police Scotland to achieve Best Value is:

- To make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance; and
- To have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development.

The Business Case for SPRM set the costs of implementation of the project, and the ongoing cost pressures, against benefits articulated in terms of the achievement of Best Value. Best Value considerations formed a key component of the Drivers for Change, and the criteria applied within the Options Appraisal.

The implementation of a harmonised set of terms and conditions allows SPA and Police Scotland to demonstrate Economy, Efficiency, and Effectiveness through the simplification of operating procedures, and an enhanced ability to forecast and budget accurately.

Consistency of pay and conditions are a core, and high-profile, component of the delivery of SPA and Police Scotland's equality duties. By harmonising these across the organisation through the application of a robust scheme for job evaluation, the organisation is better able to demonstrate equal treatment, and to monitor for potential areas of inequality. This enhances relationships with staff and staff representative bodies and reduces the potential exposure to the risk of Equal Pay liability.

Where we have raised findings, these primarily relate to ensuring that continuous improvement is embedded, both in terms of staff pay and conditions, and the implementation of actions identified as a consequence of Lessons Learned reviews. These are discussed further in the management action plan.

Impact on risk register

The Police Scotland corporate risk register (January 2022) included the following risks relevant to this review:

- SR001: People Engagement (score 20)
- SR016: Delivery of Organisational Change (score 16)
- SR023: Mainstreaming Equality, Inclusion, and Diversity (score 20)

The delivery of SPRM reduces the organisation's exposure to a range of risks related to staff engagement and the delivery of equality outcomes, primarily by reducing the scope for unequal treatment. Our recommendations, though low risk in and of themselves, will help to further reduce the organisation's risk exposure in terms of the delivery of organisational change.

Acknowledgements

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

Management Action Plan

Control Objective 1: SPA has developed and implemented a robust single staff pay and reward structure, supported by appropriate HR policies and procedures.



No weaknesses identified

The core components of the staff pay and reward structure are set out in the Pay and Reward Policy, which is underpinned by a number of policies and procedures applicable across SPA and Police Scotland. These documents are made available to staff via the online Policy Hub.

The specific Policies and Procedures required to support the structure are set out in the original SPRM business case. The detail of the terms and conditions captured within Policies and Procedures were developed in conjunction with analysis carried out by Deloitte, and benchmarked against the public sector more generally. We confirmed that these had been developed and appropriately approved, and reviewed a sample for consistency with the information within the Pay and Reward Policy.

A system of risk based audits and spot checks was introduced by People and Development (P&D) to assess the consistency of implementation of revised policies and procedures across different areas of the organisation. Areas for spot checking were identified both through P&D's assessment of likely sources of inconsistency, and in response to queries. We obtained evidence of spot checking being carried out, and action taken to address any identified issues, which included updates to policies, and internal communications to reinforce the correct procedure.

Policies and Procedures are subject to a documented review cycle managed through a Sharepoint library, which provides a clearly identified repository for current versions of policies.

Control Objective 2: A robust process was followed to ensure that the consolidation of legacy pay scales into one structure has been fair.

Green

No weaknesses identified

Police Scotland determined the objectives of the introduction of the new pay model, according to a defined set of principles, in advance of the consolidation process. The six Pay Modelling Principles outlined the strategic vision, principles and parameters for the new pay and grading scale. Iterative process overviews and pay models were developed to inform decisions on which of five potential options to adopt. The selected option was assessed as that which best met the strategic vision and principles, as well as being financially viable. This option was chosen as it was deemed to be the 'Best Value' option which best fit the organisations hierarchy and business area structures.

Police Scotland set out to identify a robust framework and process for job evaluation. The option adopted, with the agreement of the SPA HR and Remuneration Committee, was the Scottish Joint Council's Job Evaluation Scheme (SJC scheme). The SJC scheme was created for the purpose of carrying out a project of this kind and was developed by employers, trade union representatives and the Scottish Government. Due to the size and complexity of the project, Police Scotland worked with third party experts, NGA, in developing the pay modelling used in the consolidation process. Consulting reputable parties for input and advice made the process as fair as possible.

Employee views were factored into the decision-making process through questionnaires, face-to-face consultation groups and engagement with Trades Unions. The "I Value" questionnaires were available to staff in order to gain opinions of what they valued the most. Staff across ten legacy forces and nine business areas were surveyed and the response rate of 43% was among the highest completion rates the organisation has had. The survey results identified the five most important factors to staff and had been highlighted for inclusion in the new structure. We obtained the summary of the face-to-face staff engagement sessions and confirmed that opinions on key pay and reward factors were factored into the decision-making process. Police Scotland sought the input of trade unions, UNISON and Unite Union, throughout the process according to an agreed procedure, complementing direct engagement with staff.

The use of benchmarking against comparable Local Authorities and Scottish Government helped to ensure Police Scotland developed a structure that could be shown to align with wider public sector pay policies. The benchmarking activity allowed the organisation to ensure the median salaries for similar roles were aligned to the median salaries within Local Authorities and Scottish Government. This also ensured the new structure was in line with the Scottish Government Pay Policy.

Control Objective 3: The process of consolidation included a robust job evaluation process and the provision for consideration of appeals, which were decided consistently and with clearly articulated rationales recorded for exceptions.

No weaknesses identified

During the consolidation process, job roles were assessed against the SJC Scheme, which was adapted to the make-up of SPA/Police Scotland. Job roles were assessed against 13 factors, with each factor assigned a weighted score. The combined total determines where the job role falls within the new grades. We evaluated the process Police Scotland applied against the principles of the scheme and found them to be consistent. While Police Scotland made adaptations to the SJC scheme, this was primarily to allow for the language used to be more suitable for the organisation, as opposed to amendment of the application of the scheme.

The SJC Evaluation Scheme specifies that questionnaires or interviews be conducted in order to gather data on the actual work performed by staff, as opposed to placing reliance on role descriptions. SPA/Police Scotland staff completed Jobholder Questionnaires, within which questions were designed to capture information under each factor heading of the Job Evaluation Scheme. Three different versions of the questionnaire were created, with expanded questionnaires used for staff with technical or specialist roles. We reviewed the three versions of the Jobholder Questionnaires and confirmed the questions were clear and directly linked to the 13 factor scoring methodology.

The Scheme sets out a procedure for Job Evaluation Appeals, including the grounds under which an appeal can be raised, the operation of an Appeals Panel, and the evidence that must be submitted in support of an appeal. We reviewed the appeals procedure applied by Police Scotland and confirmed that each stage in the process was fully outlined, consistent with the scheme, and the required grounds for appeal were properly articulated. We also confirmed expected timescales were clearly stated.

We reviewed a sample of appeals and confirmed that SPA and Police Scotland have retained sufficient evidence to show that the appeal had been carried out in line with the documented process. In each case that the appeal decision had been documented in a Hearing Panel Outcome Summary and communicated to the applicant in writing. All appeals in the sample were carried out by individuals independent of the original decision and included Trade Union representation. We also confirmed during our testing that no appeals were carried out outwith the standard process.

The SPRM Business case approved in 2017 included an indicative schedule for the project, stage 7 of which was "Appeals and Closure" with an anticipated timeline of December 2018 to June 2019. In actuality, this stage of the project was not fully completed until September 2021.

We reviewed the initial business case and the assumptions made at the point of its compilation. The business case notes that an appeals process will be required, and includes an indicative assessment of resource requirement with the caveats that the process was still to be fully defined, and the volumes of appeals would not be known until the implementation phase of the project. The Financial case explicitly notes the limitations on the ability to forecast costs due to these points, and that these will be subject to a further resource request.

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We reviewed reporting prepared for project governance and management groups throughout the project, including subsequent resource requests in November 2018, and April 2019 once the volumes of appeals and the makeup of the appeals panels were known. We found that reporting included progress against expected milestones and of actions for delivering the appeals process from the early stages in the project, with later updates identified growing appeals volumes, difficulty in recruitment for panel members, and the impact of COVID-19.

Control Objective 4: Objectives and benefits articulated in the original SPRM Business case can be shown to have been delivered, with any lessons learned identified.

Yellow

4.1 Lessons Learned Action Plan

The intended benefits of the SPRM project outlined in the business case are as follows:

1. Increased Fairness - All staff on one Pay and Grading Structure.
2. Increased Efficiency - Common Pay Dates/Leave Year and single set of terms and conditions.
3. Increased Effectiveness - Standardisation of terms reflected in all policy and support documentation.
4. Decreased Financial Risk - All staff to be on a single set of Terms and Condition.

We reviewed relevant pay and reward policies, procedures, and Terms and Conditions and were able to confirm the intended benefits outlined in the business case had been achieved. New pay and reward policies detailed the single Pay and Grading Structure, as well as common pay dates and leave years.

The End Project Report presented to the SPA Resources Committee in November 2021 documented the outcomes from the SPRM Lessons Learned process. The gathering, recording, and cataloguing of information followed the established Police Scotland Project Management Office process. They were collated from a number of groups including the SPA, Trade Unions, the SPRM Project Team and Management, Project Board Members and HR Business Partners. Feedback was requested in relation to key headings such as communication and engagement, governance, planning and finance. We are satisfied that Lessons Learned were sought from a sufficient range of staff and covered relevant project factors.

Feedback was collected by the PMO and all documentation was stored on a SharePoint. They were consolidated in a spreadsheet, within which actions for improvement were highlighted. Our review of the spreadsheet confirmed that Lessons Learned had been identified and actions for improvement were highlighted, however, actions for improvement did not assign action owners or include expected timescales.

Risk

There is a risk that improvement points identified from the SPRM Lessons Learned activity are not implemented, failing to achieve continuous improvement.

Recommendation

We recommend that Police Scotland develop action plans from the improvement points identified from the Lessons Learned activity. Plans should identify action owners and timescales for completion.

Management Action

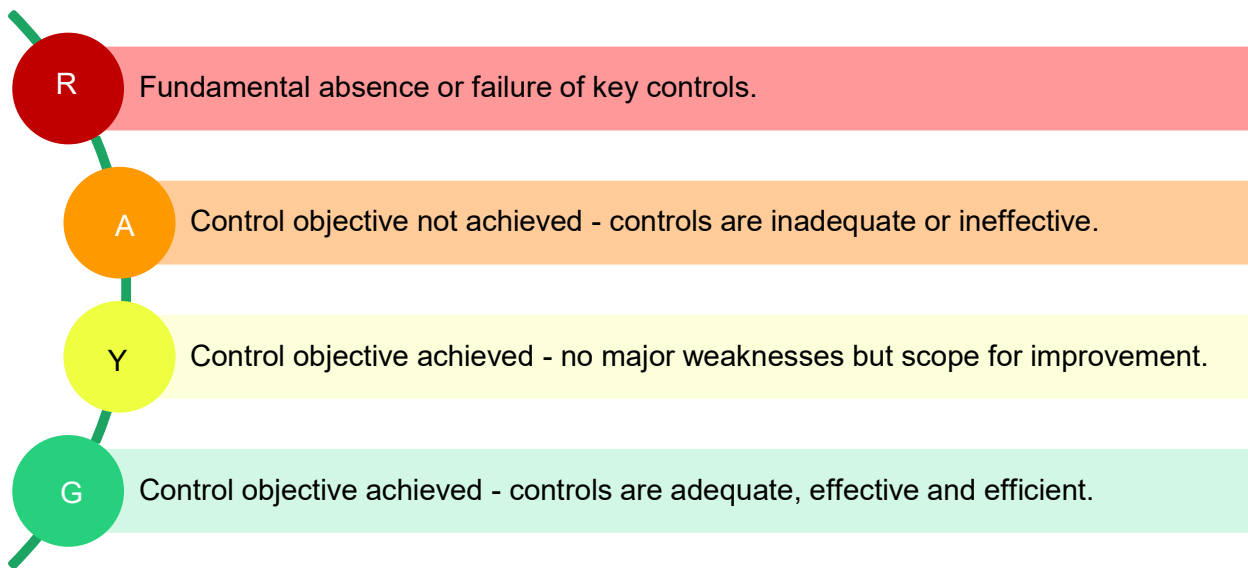
Management accepts this recommendation. The lessons learned are project related and are collated and shared on PM Centre for all other projects to learn from. This is standard practice for all projects. A Post-Implementation Review was undertaken but was not shared as part of the fieldwork resulting in us being unable to demonstrate the learning processes in place. We consider this recommendation to be complete.

Action owner: PMO Manager

Due date: Complete

Appendix A – Definitions

Control assessments



Management action grades

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

Appendix B – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
4.1	We recommend that Police Scotland develop action plans from the improvement points identified from the Lessons Learned activity. Plans should identify action owners and timescales for completion	The lessons learned are project related and are collated and shared on PM Centre for all other projects to learn from. This is standard practice for all projects. A Post-Implementation Review was undertaken but was not shared as part of the fieldwork resulting in us being unable to demonstrate the learning processes in place. We consider this recommendation to be complete.	2	PMO Manager	Complete

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Scottish Police Authority

Internal Audit Report 2021/22

Health and Safety

April 2022



Scottish Police Authority

Internal Audit Report 2021/22

Health and Safety

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Audit Sponsor	Key Contacts	Audit team
<i>ACC Alan Speirs, Professionalism and Assurance</i>	<i>James Bertram, Health and Safety Manager</i>	<i>Gary Devlin, Audit Partner</i>
<i>Darren Paterson, SPA Head of Workforce Governance</i>	<i>Peter Jones, Health and Safety Assistant Manager</i>	<i>Matt Swann, Audit Associate Director</i>
	<i>Kenneth Brown, Health and Safety Advisor</i>	<i>Andrew Diffin, Audit Manager</i>
	<i>Charlene Smyth, Health and Safety Advisor</i>	<i>Lauren MacLean and Matthew Robson, Internal Auditors</i>

Executive Summary

Conclusion

The Health and Safety Executive (HSE) has published guidance to ensure that minimum safety standards are always adhered to in line with statutory requirements. With respect to the areas of HSE guidance considered within this review, Police Scotland's Health and Safety Unit are aware of the requirements and use the guidance to underpin the work they undertake in relation to the training they deliver, workplace inspections and incident reporting.

However, we have identified four higher risk issues which primarily relate to the oversight, governance and reporting of Health and Safety activity. We have also noted a number of issues related to the clarity of roles linked to working with Learning, Training and Development.

Background and scope

The Health and Safety and Work Act (1974) is the primary piece of legislation covering health and safety in Scotland, with the primary aim of ensuring the health, safety and welfare of people at work. The legislation sets out the duties and responsibilities of employers towards their employees and to the general public.

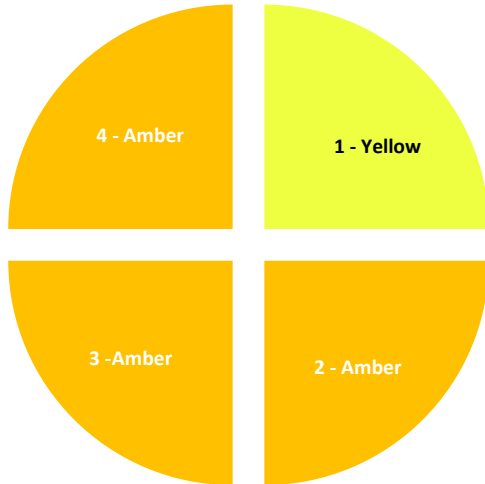
Policing presents unique challenges from the point of view of Health and Safety compliance, both as a consequence of the hazards inherent to operational policing, and risks arising from activities undertaken by Police Officers and staff not found in other workplaces. In addition, a consequence of COVID-19 is the identification of new areas of risk inherent to any role which involves interaction with the general public, or requires individuals to congregate in the workplace.

It is therefore essential that SPA and Police Scotland have robust arrangements to identify and mitigate risks to Health and Safety, and to demonstrate that its statutory obligations are being fulfilled.

In accordance with the 2021/22 Internal Audit Plan, we reviewed the processes and procedures for health and safety across SPA and PS against best practice as set out by the HSE. This includes policies and procedures, adherence to legislation, staff training, governance, and incident monitoring and reporting.

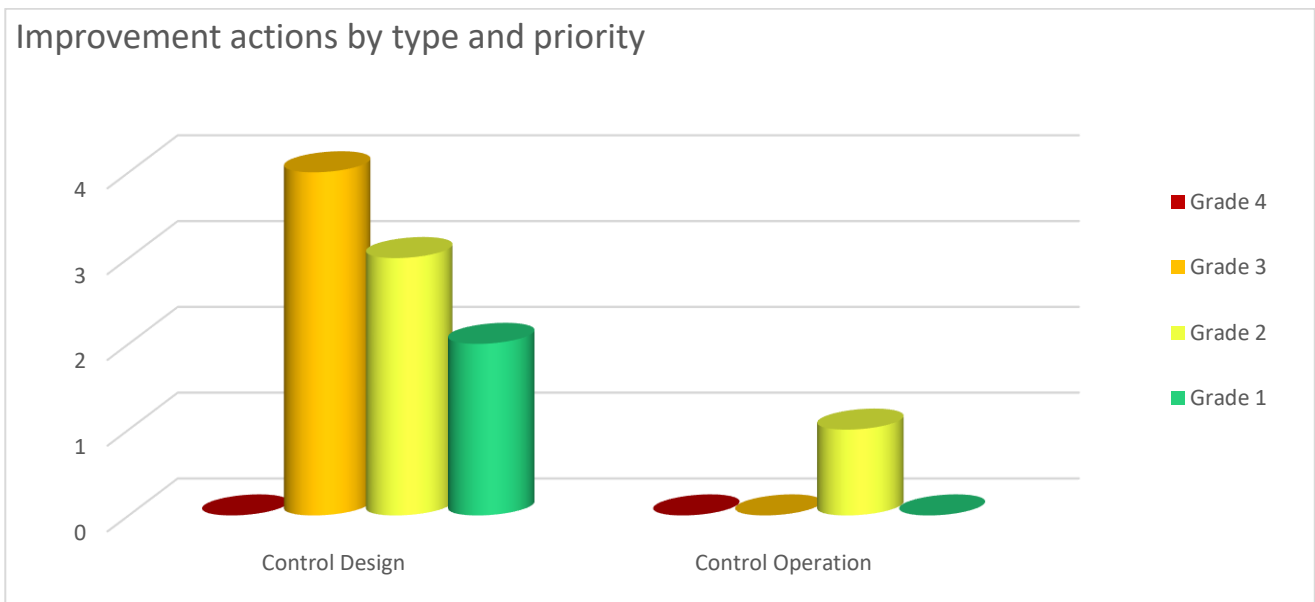
Control assessment

- 1. Policies, procedures, and an appropriate governance structure with clearly defined roles and responsibilities for health and safety are in place and consistent with legislation



- 2. Appropriate induction and ongoing training is provided to all staff
- 3. Monitoring procedures allow management and the Board to confirm that health and safety policies and procedures are followed consistently across the organisation
- 4. A robust process is in place to record, report, and take action in response to Health & Safety incidents

Improvement actions by type and priority



10 improvement actions have been identified from this review, 9 of which relate to design of the controls. Of the existing controls reviewed we found 1 instance where they did not operate as expected. See Appendix A for definitions of colour coding.

Key findings

Good practice

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

- The SPA Chair and Chief Constable have joint responsibility for H&S and as such, SPA and Police Scotland have a joint H&S Policy that sets out a H&S Policy Statement, arrangements for the management of H&S (risk assessments and statutory requirements), training and monitoring, equality and diversity and responsibilities of staff/officers and line managers.
- There is a H&S Governance Framework document (currently in draft) that sets out the responsibilities of each post in respect of Health and Safety. This includes the Chief Constable who has ultimate accountability for Health and Safety and the delegated responsibility to the DCC Designate and other managers in the chain of command.
- In November 2021, the H&S Unit undertook a self-assessment against the requirements of HSG65. The assessment forms a gap analysis relating to Policy, Organising, Control, Cooperation, Communication, competent workforce, Competent H&S Advice, Planning and implementing, Measuring performance, Reviewing and Auditing. The review identifies 12 areas where Police Scotland is compliant, two minor nonconformities and 20 opportunities for improvement. Actions to improve are defined with assigned owners and target completion dates.
- There is a specific H&S Training Working Group responsible for liaising with Learning, Training and Development (LTD) to supply H&S Advisors to deliver courses as demand dictates or at scheduled intervals, monitoring changes in legislation and recommend amendments to existing courses and identifying where training is required but does not exist.
- Within the areas considered under this review, we did not find any legislative breaches.

Areas for improvement

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

- Reviewing and updating governance documentation to better reflect the arrangements in place, in line with the recommendation of Police Scotland's own review of Health and Safety Governance.
- Introducing a mechanism to centrally monitor compliance with H&S refresher training. Beyond the standard H&S induction training delivered, the H&S department receive no reporting to confirm that compliance with H&S training is being met.
- While compliant with HSG 65 Standard, reporting to the PS Health and Safety Board, and the People Committee is insufficient to clearly communicate the effectiveness of processes to comply with H&S standards. Improved proactive and reactive monitoring of the H&S Management system could strengthen reporting. Reporting would be strengthened by use of a Board Champion. (as per HSG 65)

These are further discussed in the Management Action Plan below.

Best Value

Accountable Officers in Scottish public bodies, including the Scottish Police Authority, have a specific responsibility to secure Best Value. In line with the Scottish Public Finance Manual, the duty of Police Scotland to achieve Best Value is:

- To make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance; and
- To have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development.

In the context of securing best value outcomes, appropriate adherence to health and safety legislation is imperative to the delivery of a quality policing service that contributes to providing equal opportunities.

We have raised a number of findings related to the governance and oversight of health and safety practices as well as those related to the efficient operation of procedures. These represent opportunities to better embed good practice and gain efficiency in the appropriate reporting and operation of processes. There is a need to have clarity of responsibility between H&S and Learning, Training and Development Teams to ensure processes are effective and efficient. These are discussed further in the management action plan.

Impact on risk register

Police Scotland's strategic and corporate risk registers included the following risks relevant to this review:

- ORR080: Health & Safety and Fire Safety Non-Compliance
- ORR122: Pandemic Illness (e.g. Flu)
- LP032: Access to shields by conventional officers

We have identified a number of areas where the arrangements in place are not working fully effectively to mitigate these risks. Police Scotland may wish to review assessment of these risks based on the findings within the MAP.

Acknowledgements

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

Management Action Plan

Control Objective 1: Policies, procedures, and an appropriate governance structure with clearly defined roles and responsibilities for health and safety are in place and consistent with legislation



1.1 Governance Structure

In November 2021, Police Scotland undertook a review of H&S assurance. One of the recommendations raised as part of the review was for H&S to '*consider creating a Governance Framework document to outline roles and responsibilities, and to define escalation and decision-making routes.*'

We reviewed the H&S Governance Framework that was drafted in response, section 5 of which lays out the governance route to report on progress in relation to the delivery of the Health & Safety team's Strategic Objectives. However, following meetings with key contacts in the H&S Team, we understand the current reporting structure is different from that within the framework.

The difference in structure was explained by key contacts who recognise the governance structure within the Governance framework document as the overall governance reporting structure for Police Scotland and the structure described as the H&S Management Reporting Structure. Key differences are that overall governance framework does not reference the People Committee or extend down as far as the Regional Command H&S Committees.

Risk

There is a risk that the SPA People Committee and SPA Board are unaware of progress against H&S objectives as clear governance structures have not been set, resulting in prolonged H&S issues.

Recommendation

The H&S team should agree on the correct reporting structure for H&S related issues and update the H&S Governance Framework document to reflect current practice. Documents referencing the governance structure should be reviewed and updated.

Management Action

Grade 2
(Design)

Management accepts this recommendation. We will update the H&S Governance Framework document and will report changes to the Health and Safety Board in June 2022.

Action owner: Health and Safety Manager

Due date: July 2022

1.2 Policies and Procedures

Police Scotland have implemented a Health and Safety Policy which sets out the H&S policy statement as well as arrangements for the management of H&S (risk assessments and statutory requirements); training and monitoring; equality and diversity; and responsibilities of staff, officers, and line managers. We have been able to confirm that it is available to staff on the intranet via the health and safety intranet page, however we observed that it is not included on the policies page which may make it more difficult for staff to locate. In addition to the Health and Safety Policy, there is also a Health, Safety and Wellbeing (HSW) policy available to staff on the intranet. We understand that the HSW policy has been rescinded, however, it remains available and unchanged despite the H&S Board agreeing in June 2018 that amendments should be made in light of the separate H&S Policy being created.

As part of our review of H&S policies and procedures, we reviewed a number of guidance documents which were out of date and hadn't been updated in line with their review cycle. These include:

- Accident/Incident/Near Miss Reporting and Investigation Guidance Document (dated 2015)
- Risk Assessment Guidance (dated 2016)
- H&S Induction Handbook (not dated but refers to the Health, Safety and Wellbeing contacts, suggesting it is outdated as Health & Safety and Wellbeing are now separate units)

We understand that Police Scotland's own Audit and Assurance Team have undertaken their own H&S audit, identifying that there is a need to review and update these guidance documents.

Risk

There is a risk that actual practice is not in line with guidance and legislation, as the relevant policies and guidance documents have not been reviewed and updated on a regular basis, and shared appropriately with staff. This may result in misunderstanding and non-compliance with current H&S requirements.

Recommendation

We recommend that Police Scotland review both the H&S Policy and the HSW Policy to understand and agree on the distinction, and if necessary, rescind irrelevant parts of the documentation as needed. Review of the policies should be progressed per the action identified by the Audit and Assurance Team.

Management Action

Grade 2
(Design)

Management accepts this recommendation. We will discuss with the Wellbeing Manager and agree the validity of the H & S Wellbeing Policy and request appropriate action is taken thereafter.

The HS Policy and guidance documents are under review and will be updated as a matter of business as usual.

Action owner: Health & Safety Manager

Due date: March 2023

1.3 Policy Ownership

We reviewed the H&S Policy, which was last reviewed and approved by the H&S board in September 2019. However, the document does not include a stated owner or the process for periodic review and approval.

The policy statement (as required by law) was reviewed at the H&S Board in September 2020, but it is unclear whether this included the approval of the policy.

Risk

There is a risk of non-compliance with legislation as it is unclear where the policy has been reviewed and approved in line with the appropriate governance/reporting structure

Recommendation

We recommend that the document owner, review cycle and review process should be documented within the policy.

Management Action

Grade 1
(Design)

Management accepts this recommendation. The H&S Policy is due for renewal in September, and we will include this recommendations in terms of ownership and documentation control along with the paper to the Board.

Action owner: Health and Safety Manager

Due date: September 2022

Control Objective 2: Appropriate induction and ongoing training is provided to all staff;

2.1 H&S Induction & Refresher Training

From discussions with H&S Advisors, we understand that there are separate induction processes for Police Officers and Police Staff.

Police Officers receive face-to-face H&S training (paused due to COVID) delivered by H&S Advisors as part of the corporate induction process. The H&S element covers the role of the H&S representatives, health and safety legislation, how to identify and minimise hazards and dangerous occurrences (relevant to the role), health and safety issues of new technology, and how to report H&S incidents as required by the HSE. The Scottish Police College collates training completion information as part of student monitoring and record keeping, which is then passed to the Divisional Training departments to pick up any additional H&S training required for that officer. Other than delivering the initial H&S induction presentation, the H&S Unit have no involvement with ensuring relevant H&S training is completed. This responsibility is instead delegated within the Divisional Health and Safety Assurance Model.

For Police Staff, the induction process is managed by the line manager. There is an Induction Checklist which outlines key requirements, including a section on H&S to explain roles and responsibilities, reporting mechanism and risk assessments as well as other generic H&S topics such as personal protective equipment. The IT induction requires the joiner to complete mandatory H&S training via the online training system Moodle. The Moodle module includes reference to a H&S Induction Booklet which sets out basic H&S training. The completion of the H&S course is recorded on Moodle, which staff and line managers are able to review. However, the H&S Unit have no oversight of completion rates.

Similarly, there is no oversight responsibility for ensuring that staff undertake appropriate refresher H&S training. H&S Advisors explained that Moodle module owners are responsible for setting the refresher training requirements. Of the H&S modules, only the Fire Awareness Learning course requires a refresher every 2 years. There is no reporting to an individual department or group to confirm if refresher training has been completed or otherwise.

Monitoring compliance with refresher and induction H&S training is not noted as a delegated responsibility per the Governance Framework document or the H&S Policy, although it does state that local divisions are responsible for assessing and implementing training need.

The H&S Team have a H&S Training Working Group which is responsible for:

- Liaising with Learning, Training and Development (LTD) to supply H&S Advisors to deliver courses as demand dictates or at scheduled intervals
- Monitoring changes in legislation and recommend amendments to existing courses
- Identifying where training is required but does not exist

Monitoring compliance with induction and refresher training is not included in the remit of the group.

Risk

There is a risk that staff do not receive the appropriate refresher training to perform safely in their role, as compliance with refresher training is not monitored or reported.

Recommendation

Responsibility for H&S refresher training should be assigned including appropriate monitoring activity. The group responsible for monitoring should receive regular reporting on compliance with H&S training to identify issues and develop plans to ensure that all staff are receiving up-to-date H&S information and training.

Management Action

Grade 3
(Design)

Management accepts this recommendation.

1. When updating the H&S Policy, we will document responsibilities for training along with defining the responsibility for monitoring refresher training.
2. We will explore opportunities for central monitoring (from Moodle/Scope) available and report to the Health and Safety Board with additional action as appropriate.
3. ensure the expressed duty of ensuring H&S training needs are identified and actioned and is expanded to include monitoring and reporting on compliance.
4. Explore any central monitoring capability (from Moodle/SCOPE) available and report to the Health and Safety Board with any additional action as appropriate.

Action owner: Health and Safety Manager

Due date: Action 1 March 2023
Action 2-4 September 2022

2.2 Training Needs Assessments

The H&S Advisor explained that a training needs assessment (TNA) is generally completed by a line manager when a new role is created and the skills needed for the task are considered. Where these skills may be outwith the ordinary skill set then some form of training is provided. Relevant H&S training is considered as part of this process and H&S Advisors provide input if requested but consultation is not mandatory.

TNAs are held by LTD and the H&S department have no oversight of any role-specific H&S training being delivered other than the mandatory H&S training.

Risk

There is a risk that roles requiring additional H&S training are not provided with sufficient informative training as there is no consultation with the H&S team, leading to a lack of appropriate knowledge to undertake the role safely.

Recommendation

We recommend that for each new TNA created, H&S are consulted to ensure that any additional role-specific H&S training required is in line with legislative requirements.

Management Action

Grade 2
(Design)

Management accepts this recommendation. LTD, as the owners of the Guidance document for TNA, should include a section recommending consultation with the Health and Safety Team where there may be any Health and Safety considerations.

Action owner: Health and Safety Manager

Due date: December 2022



Control Objective 3: Monitoring procedures allow management and the Board to confirm that health and safety policies and procedures are followed consistently across the organisation

3.1 Board Terms of Reference

The H&S Board Terms of Reference state that they report to the Resources Committee, however, we understand that reporting has been amended to the People Committee.

Risk

There is a risk that the People Committee do not receive the reporting and assurance needs as there is a misunderstanding of which committee reports should be presented to.

Recommendation

We recommend that Police Scotland update their H&S Board Terms of Reference to appropriately reflect the change in reporting structure.

Management Action

Grade 1
(Design)

Management accepts this recommendation. An updated Terms of Reference will be submitted to the Health and Safety Board in June 2022.

Action owner: Health and Safety Manager

Due date: June 2022

3.2 Inspection Monitoring

We requested the most recently complete workplace inspection checklists, and corresponding action logs for a sample of four divisions. We obtained inspection checklists for two of the four divisions requested and found that only one had been completed within the last six months.

We also received the corresponding 'Health and Safety Workplace Inspection Action Plans' for the two divisions which keep a log of the issues raised during workplace inspections. For L division, we were able to see that the issues raised within the inspection had been carried across to the action plan. However, for K division, we were not able to evidence this.

We also requested the corresponding inspection action logs for our sample of four divisions, however, only received two. We did receive an additional overall action log for N division which covers all tasks and decisions generated by the N Division Health & Safety Committee, however this contained only one action which potentially relates to the outcome of the workplace inspection.

For the inspection action plans received, there are column headings for remedial action required, priority, responsibility, action date, completion date and effectiveness. However, for both divisions, remedial actions are not SMART e.g., 'Loose wires on floor CS room' and for L division, the fields had not been fully populated as responsible action owners and target timescales had not been agreed for each action. We requested the corresponding H&S Committee meeting minutes and agendas from the past four quarters to confirm that actions arising from inspections were noted in the action plans and discussed and monitored until completion:

- K division: we did not receive any meeting minutes,
- J division: we could only obtain two minutes from mid-2021
- N division: we were not provided with consecutive minutes to enable us to trace the progression with monitoring of actions.
- L division: relevant minutes were provided, but there was no note of discussion of inspection actions

The intention of the local H&S Committee meetings is to discuss actions arising and resolve at a local level, however, this means that there is no central action log held due to volume of actions and lack of admin support. As such, there is a lack of oversight or monitoring across the divisions to identify organisation wide issues.

Risk

There is a risk that issues raised during workplace inspections are not resolved as inspection monitoring and reporting is not carried out consistently, leading to potential for serious incidents to occur and reputational damage.

Further, there is a risk that actions are not appropriately resolved as action required is not clearly defined and there is no assigned person to ensure it is actioned in appropriate time. Issues which are not resolved could worsen and exacerbate the problem.

Recommendation

We recommend that responsibility for carrying out workplace inspections is formally assigned to the divisions within the H&S Policy or H&S Governance Framework document. Divisions should be reminded of the requirement to record actions on the inspection action plans.

We also recommend that divisions are reminded of the requirement to fully complete Health and Safety Workplace Inspection Action Plans following workplace inspections, noting action required, responsible owners and key dates for implementation

**Grade 2
(Operation)**

Management Action

Management accepts this recommendation.

Responsibility for carrying out workplace inspections is already documented within the Safety Inspection Toolkit which is provided to Designated Safety Co-ordinators and is available on the Intranet.

We will reinforce the importance for Divisions to hold their Designated Safety Co-ordinators to account to ensure safety inspections are completed on time, checklists are completed properly and action plans are monitored and delivered to the H&S Committee who can assist to prioritise actions timeously. The H&S Team will check compliance with this during regular monitoring as per the H&S Assurance Model

Action owner: Health & Safety Manager **Due date: June 2022**

3.3 H&S Performance Reporting

Requirements of the Health and Safety Executive Guidance in HSG 65 set out that Police Scotland are required to report on H&S performance against plans to senior leaders (SPA) at least annually. For larger organisations HSG 65 specifies that a nominated individual should act as “champion” in relation to Health and Safety issues at Board Level. Nomination of a champion establishes a direct line of communication to the Board in respect of Health and Safety Matters.

We reviewed the performance reporting prepared for the last four meetings of the PS Health and Safety Board and the People Committee, and observed:

- Reports include a considerable volume of Health and Safety Data; however this is intermingled with narrative, and not summarised to provide a general picture of performance.
- While there is reporting of activity in terms of specific incidents that have arisen and the response of the Health and Safety Team, the basis on which an incident would be included in, or excluded from, this reporting is discretionary on the part of the Health and Safety Manager.

We understand that the reporting currently in place has developed over time in response to requests for more detailed information, however the volume of information now presented within the reports leads to difficulty in drawing conclusions regarding the effectiveness of Health and Safety monitoring activity.

Risk

There is a risk that reporting provided to oversight and governance groups does not support scrutiny of the health and safety performance of the organisation as reporting arrangements are not clearly agreed with a nominated Board champion. This could lead to a failure to proactively identify issues and trends and put in place appropriate mitigations.

Recommendation

We recommend that the H&S Unit liaise with the appropriate oversight and governance groups to:

- Identify a nominated champion for health and safety matters at Board level; and
- Engage with that individual to understand their reporting needs and adapt reporting accordingly.

Potential points for discussion include:

- The presentation of data such that it clearly illustrates trends, and can be used to assess performance.
- How to provide assurance that regular compliance activities, such as routine inspection of premises, have been carried out according to plan.
- The required level of detail as to the progress of previously identified actions.

Management Action

In relation to liaising with governance groups, work is already underway to revise the reporting framework. The revised report will be shared both internally and with SPA colleagues and board members for comment before finalisation.

HSG65 Guidance states that organisations should have a nominated Health and Safety Champion at Board Level. We will discuss and agree a suitable individual with SPA to act as lead during this process.

Action owner: Health and Safety Manager

Due date: September 2022

Control Objective 4: A robust process is in place to record, report, and take action in response to Health & Safety incidents

Amber

4.1 Centralised Action Monitoring

As noted in MAP 1.2, there is guidance available to staff on accident/incident/near miss reporting and investigation. We enquired with H&S Advisors on how mitigating actions were agreed for reported incidents. For minor incidents, we understand that the remedy is agreed at a local level between the person(s) involved and the supervisor, as these generally consist of relatively straight forward fixes that are actioned at the time, therefore there is no record kept of mitigating actions to monitor until completion.

For more serious incidents that are investigated by a H&S Advisor or reported to RIDDOR, the relevant H&S advisor will complete an Accident / Dangerous Occurrence / Near Miss / Ill Health Investigation Report which covers 'action necessary to prevent recurrence and recommendations' and 'subsequent action taken and outcome'. However, there is no mechanism for recording these actions centrally and monitoring until completion. Additionally, there is no clear threshold 'serious incidents' which require reporting to the Committees.

Risk

There is a risk that actions identified to address incidents are not implemented, as there is no active monitoring that these have been completed. This also reduces the ability of the Health and Safety Function to provide assurance that appropriate action is, and has been, taken in response to incidents.

Recommendation

We recommend that outcomes of H&S Advisor Investigation Report are recorded and that actions are logged and held centrally to allow for monitoring of mitigation actions. Progress against action plans should be monitored and reported to oversight and governance groups (see MAP 3.3).

Management Action

Grade 3
(Design)

Management accepts this recommendation. Monitoring of action taken does take place but is not collated in one location. We will introduce central monitoring for the purposes of wider organisational learning.

Action owner: Health and Safety Manager

Due date: September 2022

4.2 Sickness Absence Monitoring

Health and Safety Advisors have the ability to prepare reporting based on information submitted through SCOPE. This underpins the preparation of incident reporting figures and Divisional breakdowns that are presently reported quarterly to the Health and Safety Board. This data includes subsequent sick days arising from an incident.

However, there is no more general mechanism in place for monitoring sickness absence rates which may reveal potential H&S issues that have not been reported as incidents. As a consequence, it may not be identified or investigated where incidences of sickness/absence may be arising from a health and safety issue, and mitigations put in place through the relevant processes if this is found to be the case

We understand from management that this falls within the remit of the Wellbeing Unit, however this has not been explicitly agreed, meaning there may be a gap in knowledge, monitoring and reporting.

Risk

There is a risk that Health and Safety issues giving rise to staff sickness absence may not be identified, monitored, or addressed.

Recommendation

We recommend that the H&S Unit liaise with the Wellbeing Unit to agree responsibility for monitoring sickness absence rates and causes, with the aim of identifying trends or clusters of incidents that may indicate a Health and Safety issue. Where Health and Safety issues are identified, mitigating actions should be identified, assigned owners, and monitored to completion.

Management Action

Grade 3
(Design)

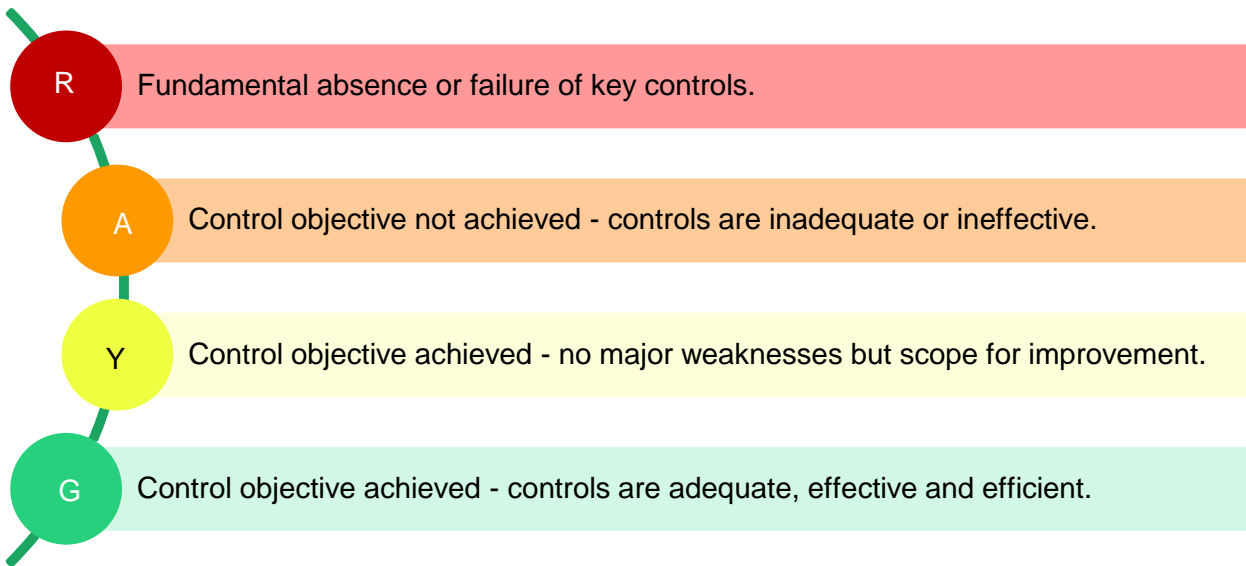
Management accepts this recommendation. We will review lines or responsibility and document within our H&S Policy document once reviewed later in the year.

Action owner: Health and Safety Manager

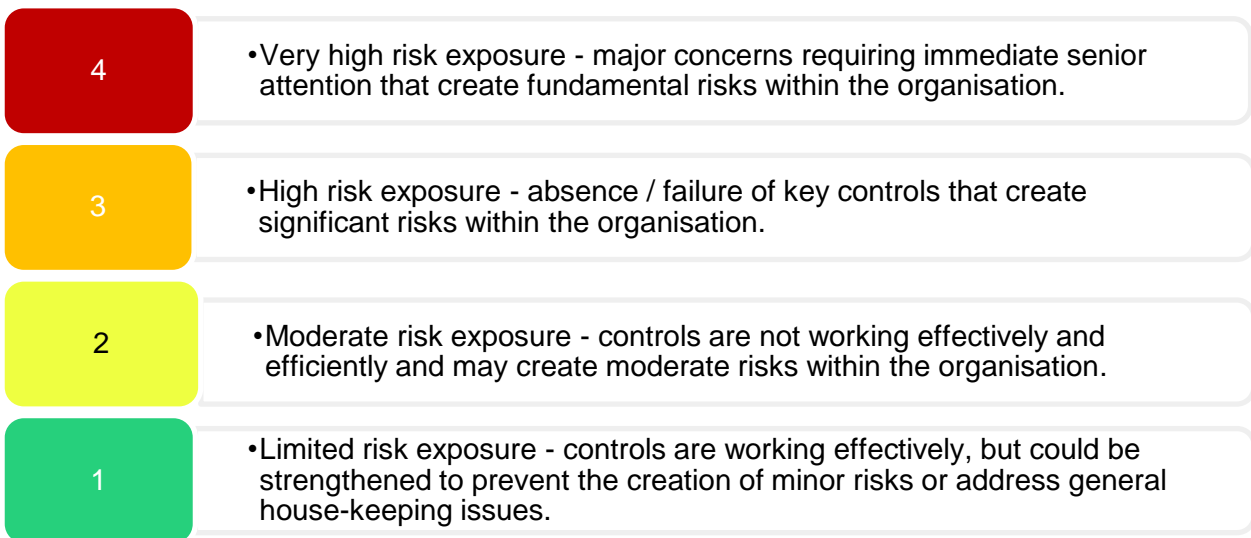
Due date: March 2023

Appendix A – Definitions

Control assessments



Management action grades



Appendix B – Summary of management actions

Action No.	Recommendation	Management Response	Grade	Action Owner	Due Date
1.1	The H&S team should agree on the correct reporting structure for H&S related issues and update the H&S Governance Framework document to reflect current practice. Documents referencing the governance structure should be reviewed and updated.	Management accepts this recommendation. We will update the H&S Governance Framework document and will report changes to the Health and Safety Board in June 2022.	2	Health and Safety Manager	July 2022
1.2	We recommend that Police Scotland review both the H&S Policy and the HSW Policy to understand and agree on the distinction, and if necessary, rescind irrelevant parts of the documentation as needed. Review of the policies should be progressed per the action identified by the Audit and Assurance Team.	<p>Management accepts this recommendation. We will discuss with the Wellbeing Manager and agree the validity of the H & S Wellbeing Policy and request appropriate action is taken thereafter.</p> <p>The HS Policy and guidance documents are under review and will be updated as a matter of business as usual.</p>	2	Health and Safety Manager	March 2023
1.3	We recommend that the document owner, review cycle and review process should be documented within the policy.	Management accepts this recommendation. The H&S Policy is due for renewal in September, and we will include this recommendations in terms of ownership and documentation control along with the paper to the Board.	1	Health and Safety Manager	Sept 2023

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<p>2.1</p>	<p>Responsibility for H&S refresher training should be assigned including appropriate monitoring activity. The group responsible for monitoring should receive regular reporting on compliance with H&S training to identify issues and develop plans to ensure that all staff are receiving up-to-date H&S information and training.</p>	<p>Management accepts this recommendation.</p> <ol style="list-style-type: none"> 1. When updating the H&S Policy, we will document responsibilities for training along with defining the responsibility for monitoring refresher training. 2. We will explore opportunities for central monitoring (from Moodle/Scope) available and report to the Health and Safety Board with additional action as appropriate. 3. ensure the expressed duty of ensuring H&S training needs are identified and actioned and is expanded to include monitoring and reporting on compliance. 4. Explore any central monitoring capability (from Moodle/SCOPE) available and report to the Health and Safety Board with any additional action as appropriate. 	<p>3</p>	<p>Health and Safety Manager</p>	<p>Sept 2023</p>
<p>2.2</p>	<p>We recommend that for each new TNA created, H&S are consulted to ensure that any additional role-specific H&S training required is in line with legislative requirements</p>	<p>Management accepts this recommendation. LTD, as the owners of the Guidance document for TNA, should include a section recommending consultation with the Health and Safety Team where there may be any Health and Safety considerations.</p>	<p>2</p>	<p>Health and Safety Manager</p>	<p>Dec 2022</p>
<p>3.1</p>	<p>We recommend that Police Scotland update their H&S Board Terms of Reference to appropriately reflect the change in reporting structure.</p>	<p>Management accepts this recommendation. An updated Terms of Reference will be submitted to the Health and Safety Board in June 2022.</p>	<p>1</p>	<p>Health and Safety Manager</p>	<p>June 2022</p>

<p>3.2</p>	<p>We recommend that responsibility for carrying out workplace inspections is formally assigned to the divisions within the H&S Policy or H&S Governance Framework document. Divisions should be reminded of the requirement to record actions on the inspection action plans. We also recommend that divisions are reminded of the requirement to fully complete Health and Safety Workplace Inspection Action Plans following workplace inspections, noting action required, responsible owners and key dates for implementation</p>	<p>Management accepts this recommendation.</p> <p>Responsibility for carrying out workplace inspections is already documented within the Safety Inspection Toolkit which is provided to Designated Safety Co-ordinators and is available on the Intranet.</p> <p>We will reinforce the importance for Divisions to hold their Designated Safety Co-ordinators to account to ensure safety inspections are completed on time, checklists are completed properly and action plans are monitored and delivered to the H&S Committee who can assist to prioritise actions timeously. The H&S Team will check compliance with this during regular monitoring as per the H&S Assurance Model</p>	<p>2</p>	<p>Health and Safety Manager</p>	<p>June 2022</p>
<p>3.3</p>	<p>We recommend that the H&S Unit liaise with the appropriate oversight and governance groups to understand their reporting needs and adapt reporting accordingly. We recommend that reporting is designed according to the following principles:</p> <ul style="list-style-type: none"> Data should be presented with the intention of clearly illustrating trends, with adequate context that these can be used to assess performance. Narrative should explain the driving factors behind significant movements. Reporting should provide analysis of the extent to which regular compliance activity, such as routine inspection of 	<p>In relation to liaising with governance groups, work is already underway to revise the reporting framework. The revised report will be shared both internally and with SPA colleagues and board members for comment before finalisation.</p> <p>HSG65 Guidance states that organisations should have a nominated Health and Safety Champion at Board Level. We will discuss and agree a suitable individual with SPA to act as lead during this process.</p>	<p>3</p>	<p>Health and Safety Manager</p>	<p>Sept 2022</p>

premises, have been carried out according to plan.

- Reporting should provide information as to the findings and outputs of proactive monitoring activity, and provide insight as to whether these have been converted into actions which have been implemented.
- Where analysis reveals adverse trends, or identifies outliers, specific actions should be identified, allocated a timescale for implementation and an owner, and progress reported until completion.

4.1	We recommend that outcomes of H&S Advisor Investigation Report are recorded and that actions are logged and held centrally to allow for monitoring of mitigation actions. Progress against action plans should be monitored and reported to oversight and governance groups (see MAP 3.3).	Management accepts this recommendation. Monitoring of action taken does take place but is not collated in one location. We will introduce central monitoring for the purposes of wider organisational learning.	3	Health and Safety Manager	Sept 2022
4.2	We recommend that the H&S Unit liaise with the Wellbeing Unit to agree responsibility for monitoring sickness absence rates and causes, with the aim of identifying trends or clusters of incidents that may indicate a Health and Safety issue. Where Health and Safety issues are identified, mitigating actions should be identified, assigned owners, and monitored to completion.	Management accepts this recommendation. We will review lines or responsibility and document within our H&S Policy document once reviewed later in the year	3	Health and Safety Manager	March 2023

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