


<b>Meeting</b>	<b>SPA Audit, Risk and Assurance Committee</b>
<b>Date and Time</b>	<b>5 May 2021</b>
<b>Location</b>	<b>By Video Conference</b>
<b>Title of Paper</b>	<b>Police Scotland Audit and Improvement Recommendations Tracker – Q4 March 2020</b>
<b>Presented By</b>	<b>ACC Alan Speirs, Professionalism and Assurance</b>
<b>Recommendation to Members</b>	<b>For Discussion</b>
<b>Appendix Attached:</b>	<b>YES</b> Appendix A – Recommendations Tracker Appendix B – Summary of Achievements Appendix C – Summary of Missed Recommendations Appendix D – Summary of Findings from HMICS Crime Audit


**PURPOSE**

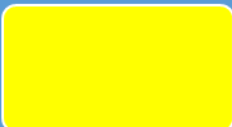
The purpose of this paper is to provide the Audit, Risk and Assurance Committee with an update of current open recommendations from all audit and improvement activity.

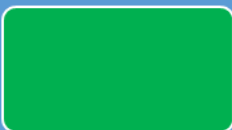
## 1 BACKGROUND

- 1.1 The Audit and Improvement Tracker provides a methodology for recording, managing and updating all recommendations from external bodies.
- 1.2 The Tracker is provided at **Appendix A**. This provides a breakdown of all publications, risk and a summary of progress.
- 1.3 All recommendations are assessed in terms of the risk they present to Police Scotland so that we can prioritise activity. Internal Audit use the following risk grading structure and this has been applied to all recommendations within Police Scotland, regardless of whether they have been made by Internal Audit. This ensures a consistent approach is taken, allows for prioritisation and enables comparisons to be made.

 Very high risk exposure - major concerns requiring immediate senior attention that create fundamental risks within the organisation

 High risk exposure - absence / failure of key controls that create significant risks within the organisation.

 Moderate risk exposure - controls are not working effectively and efficiently and may create moderate risk within the organisation

 Low risk exposure - controls are working effectively, but could be strengthened to prevent the creation of minor risks or address general house-keeping issues

## 2 FURTHER DETAIL ON THE REPORT

### 2.1 Completed Recommendations and Achievements

**64** closed at this review – 23 High Risk, 27 Medium Risk and 14 Low Risk. The improvements are broadly categorised as follows:

- Improved service delivery both internally and
- Improved working partnerships
- Improved governance, compliance and assurance processes

- o Improvements to supporting our people

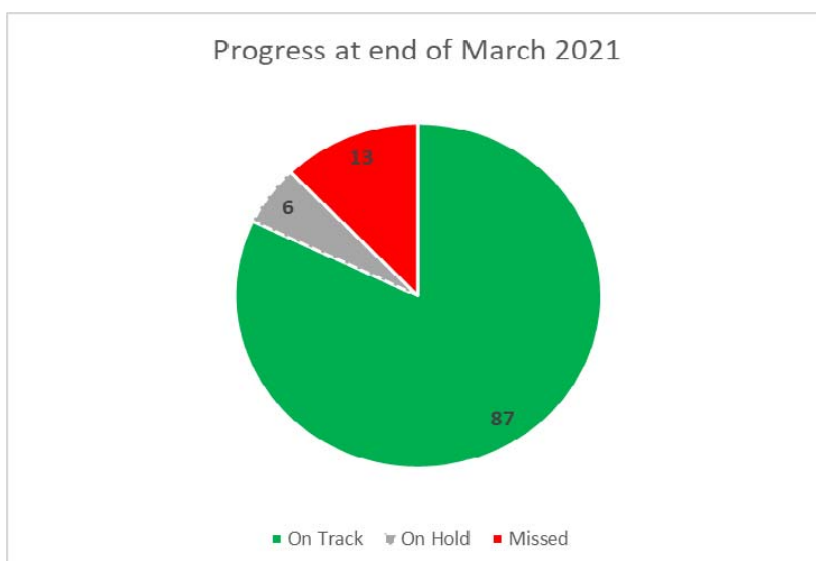
More detailed information on what has been achieved as a result of completing these recommendations is provided at **Appendix B**.

## 2.2 Open Recommendations Summary

There are **106 recommendations open**. The following provides a summary of progress.

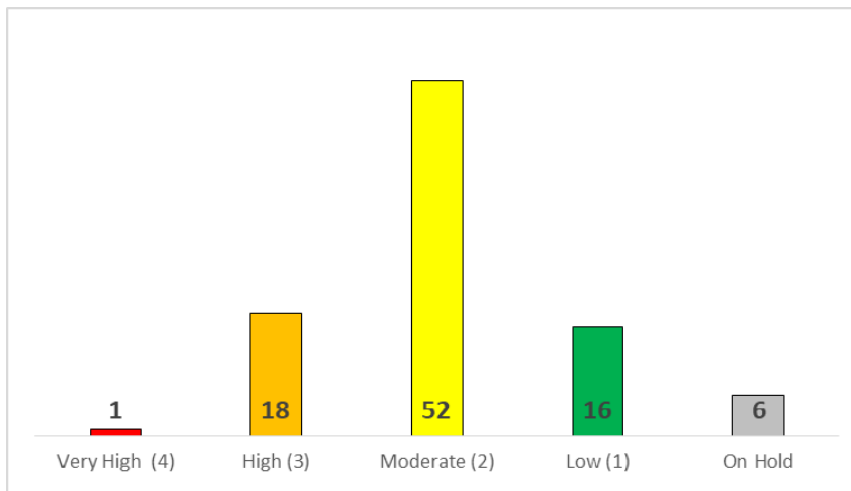
- **88%** of recommendations are on track for completion by their original target date compared to 82% at the last review. There are a number of recommendations at an advanced stage.
- **13** recommendations have missed their original timescale for completion. This is a reduction of 9 since the last report. There are no missed recommendations with a high risk status.
- **6** recommendations have been categorised as on hold. This means that all work to address the recommendation has been undertaken and evidence of an outcome is pending before they can be formally closed.
- **18%** of all open recommendations have a high risk status.

Graph 1 shows the total number of recommendations according to progress



### 2.3 Recommendations by Risk Status

Graph 2 shows the number of open recommendations according to risk. **There is one recommendation** with a very high risk rating. This relates to the Benefits Realisation Audit and is on track for completion end of December 2021. **18 recommendations** have a high risk rating. Very High and High Risk recommendations represents 18% of all open recommendations.



### 2.4 Additional Dates Provided

One recommendation had an initial milestone date of 28 February 2021 applied. This has been achieved but additional dates for the subsequent actions were not known at the time of producing the management response. The second part of the action could not have been achieved by 28 February as the staff wellbeing survey had not launched at this time. An update and revised timescale is provided below.

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Audit Report	Recommendation	Risk	Date	Update	Achieved
Wellbeing Internal Audit  Aug 2020	<b>Part 1</b> – Police Scotland should ensure that the Survey Action Short-life Working Group is adequately resourced to complete its review within the six-month time period.	M	Feb-21	The ToR for the Survey Steering Group evidences that the work is in train, is suitably resourced and the outcomes will be driven forward into tangible improvements.	100%
	<b>Part 2</b> – A clear plan should be produced setting out the priority actions agreed, the resources needed to deliver these, target completion dates and responsible owners.  This plan should be approved by an appropriate governance group. It is also important to communicate to staff that action is being taken in response to the feedback they have given to ensure that they realise that the organisation values their input and carefully considers any points raised.	M	Mar-22	Our wellbeing & engagement survey, 'Your Voice Matters', launched in March 2021 and comprises of two parts, A and B. The survey is being delivered by Durham University Business School. The survey will close at the end of April with the analysis of responses anticipated to take a number of months.  By the end of June, Durham University Business School will provide us with high level results at an organisational level only. Over the course of July and August results will become available at Divisional and Heads of Service level.  In terms of action as a result of the survey results, the next iteration of the People Strategy will be informed by the organisational results, priorities will be identified as a result and investment decisions for 2022/23 will be informed by this information too. Local plans will be developed as a result of the survey results and all actions will be incorporated within the existing People Plans which are monitored through People Boards.	0%

## 2.5 Recommendations Missed the Original Date of Completion

A total of 13 recommendations are showing as having missed their original date of completion (12% of the total number open). This is a reduction of 9 since the last report. 0 are High Risk, 11 are Medium Risk and 2 are Low Risk.

Missed recommendations with a High Risk status are normally summarised within this section but there are none to report at this review. In order to gain a better understanding of progress relating to these missed recommendations, we have undertaken a deep dive exercise. This has had a positive impact on focussing attention on those missed and has allowed us to summarise clearly what action remains outstanding. This is documented within **Appendix C**.

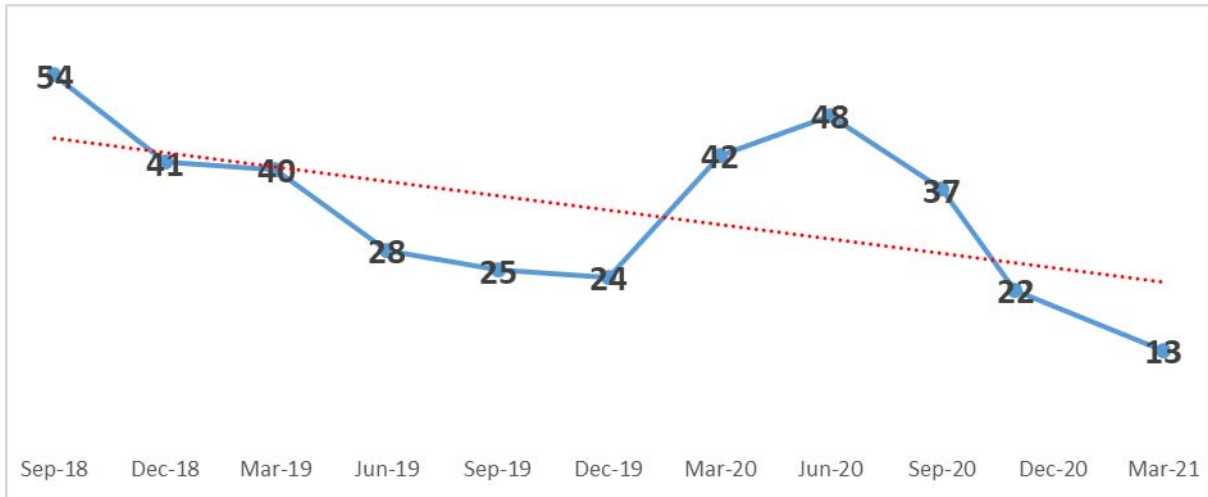
The graph below shows the number of missed recommendations at quarterly intervals over the last two years. The red dotted line shows the downward trend. Considerable progress had been achieved up to March 2020 when Covid-19 impacted and delayed progress with some recommendations. Over the course of the last six months, there has been significant effort put towards reducing those previously missed. There are a number dependent on other

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projects or they are proving more complex to deliver than originally considered.

Graph 4 – Trend of Missed Recommendations (Red line depicts trend)



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## 2.6 Recommendations on Hold

There were some recommendations which we have put on hold. This means we have completed all or the majority of the action but need to wait to evidence an outcome or sustained improvement. They are detailed in the table below.

<b>Report Title</b>	<b>Summary</b>	<b>Next Step</b>
Undercover Policing Thematic (HMICS)	R16 - Integrated Record Management System –  We have procured an upgrade of an existing system to improve the records management processes within the Undercover space. This system will provide a full audit trail.	This can be discharged follow user acceptance testing and once the roll out formally begins.
Strategic Custody Thematic (HMICS)	R06 - Publication of Deaths in Police Custody - PS publishes own data on deaths but there is no single place to access this - data spans Crown, PIRC and PS. More appropriately sits with SG to co-ordinate.	
Annual Policing Plan Review Thematic (HMICS)	Analyst Review – we have developed a proposal for the transformation of analytical support. HMICS have confirmed their support for the proposal.  Introduction of Scottish Policing Model – we are evidencing achievement of this recommendation through the introduction of the Target Operating Model. HMICS keen to see how this develops further before considering for closure	Once the Full Business Case is approved this will be put forward for closure.  Ongoing development of the Target Operating Model.
Greater Glasgow Local Policing	Use of Demand Analysis products within local policing. A range of evidence has been submitted to	HMICS to assess evidence as part of their

<b>Report Title</b>	<b>Summary</b>	<b>Next Step</b>
Inspection	support closure.	ongoing Demand Assurance Review
Independent Complaints Handling (Interim Review)	Organisational Culture – We have taken and completed a number of actions in relation to this recommendation which is difficult to evidence in the short term.	This will remain open and will be merged with the Final Report when we have further residual actions to take forward.

## **2.7 New Reports Added**

Following publication of the HMICS Crime Audit report in March 2021, we are currently developing an action plan in response to the 6 recommendations made. We have an initial meeting with all relevant ACCs on 20 April 2021 where we will consider the findings and set out some high level actions and then we will engage with HMICS further on the more detailed actions that will lead to addressing the recommendations in full. A copy of the full action plan will be provided to this Committee in due course.

A summary of the key findings from the report is attached at **Appendix D** and the recommendations are reproduced below. A copy of the full report can be found on the HMICS website.

### Summary of Recommendations

#### Recommendation 1

The Scottish Police Authority and Police Scotland should ensure that the results of internal and external crime recording audits are publicly reported, including a statement of compliance in their joint Annual Report and Accounts from 2020/21 onwards.

#### Recommendation 2

Police Scotland should revise its current Crime Recording Strategy to focus on effective implementation and better consider the required level of cultural change required to improve SCRS compliance.

#### Recommendation 3



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Police Scotland should review its overall approach to incident compliance, considering what constitutes best practice in quality assurance processes in C3, specialist units and front line policing, establishing clear relative roles and responsibilities.

### Recommendation 4

Police Scotland should review crime management unit structures taking the opportunity to maximise the benefits of the new single national crime recording system.

### Recommendation 5

Police Scotland should develop a comprehensive approach to organisational learning and training, with consistent approaches to the introduction of new or changes to legislation, to more effectively support delivery of its crime recording strategy.

### Recommendation 6

It is recommended that the Police Scotland COS Programme review its approach to business change as part of the implementation of the new single national crime recording system, taking the opportunity to standardise and streamline business, audit and quality assurance processes.

## 2.8 Improved Management Recording and Reporting System for Recommendations

Police Scotland have introduced an action tracking software system (4Action) that can be used for any type of action or tasking. It is being used primarily for improving the visibility, tracking and performance reporting of recommendations from inspectorates, regulators and auditors. Following several months of user acceptance testing, 4Action was formally implemented within Police Scotland at the end of March 2021.

All recommendations have been uploaded and the system is being used by the Risk, Assurance and Inspection Team as a means of monitoring and performance reporting on progress. Over the course of the next six months we will roll out training to business area users and develop a range of reporting products in order to get the full benefits from the system.

4Action's key features include:

- recording and allocating actions to staff and managers;
- setting of target dates and auto-alerts for implementation;
- monitoring progress of actions through a full audit trail; and

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- extensive reporting dashboard functionality.

The benefits are summarised as follows:

- Improved management of recommendations utilising visual management tools, dashboards, interactive graphs and charts. System generated prompts and emails to remind action owners when actions are due.
- Improved ownership and accountability by creating a single view of all recommendations across multiple audit/inspection bodies.
- Improved reporting products utilising a combination of instant visual products as well as a wide range of performance reports. These are currently being developed.
- Full audit trail for each action and everything in one single place.
- In-built quality assurance processes to ensure actions cannot be closed erroneously.
- Time savings and reduction in duplication of effort.
- Easy to operate and navigate. Training requirements are minimal.

### **3 FINANCIAL IMPLICATIONS**

- 3.1 There may be financial implications associated with implementing recommendations from Audits/Inspections and these are detailed where relevant within Appendix A – Recommendations Tracker.

### **4 PERSONNEL IMPLICATIONS**

- 4.1 There may be personnel implications associated with implementing recommendations from Audits/Inspections and these are detailed where relevant within Appendix A – Recommendations Tracker.

### **5 LEGAL IMPLICATIONS**

- 5.1 There may be legal implications associated with implementing recommendations from Audits/Inspections and these are detailed where relevant within Appendix A – Recommendations Tracker.

### **6 REPUTATIONAL IMPLICATIONS**

- 6.1 There may be reputational implications associated with implementing recommendations from Audits/Inspections and these are detailed where relevant within Appendix A – Recommendations Tracker.

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## **7 SOCIAL IMPLICATIONS**

- 7.1 There may be social implications associated with implementing recommendations from Audits/Inspections and these are detailed where relevant within Appendix A – Recommendations Tracker.

## **8 COMMUNITY IMPACT**

- 8.1 There may be a community impact associated with implementing recommendations from Audits/Inspections and these are detailed where relevant within Appendix A – Recommendations Tracker.

## **9 EQUALITIES IMPLICATIONS**

- 9.1 There may be equality implications associated with implementing recommendations from Audits/Inspections and these are detailed where relevant within Appendix A – Recommendations Tracker.

### **RECOMMENDATIONS**

Members are invited to discuss the content of this paper.

## **APPENDIX B – SUMMARY OF COMPLETED RECOMMENDATIONS**

### **Financial Planning**

The recent announcement of an additional £60 million funding will allow Police Scotland to work to a balance revenue budget going forward. It has now been agreed that multi-year financial planning will primarily focus on a 5 year horizon.

Addressing future risk and demand would still be relevant but the focus will be on value for money and strategic delivery. The financial plan is no longer about solving the funding gap and becomes part of a broader strategic planning process.

### **Efinancials and Asset 4000 IT Application Review**

The implementation/deployment of a revised "role/rank" based Authorisation Matrix for Non Pay Expenditure (NPE) for Police Scotland which is embedded in the core financial system was approved in January 2021. This Authorisation Matrix for NPE underpins the scheme of Financial Delegation and is focussed on enhancing the controls and processes re the Authorisation of NPE as an integral part of the P2P implementation. The new roles have been created in the system and will be deployed in line with the P2P implementation plan.

A revised Business Continuity Process and confirmation of associated process documentation has been produced for payments, reporting and purchasing. This has provided assurance and confirmation that plans are capable of supporting the response to a business disruption.

### **Payroll 2019**

With the introduction of the revised payroll system iTrent, the Payroll Department have prepared a set of guidance and process documentation covering the use of the system and the most common payroll tasks. This ensures staff are aware of payroll roles, responsibilities and processes reducing the opportunity for error and inconsistent practices being applied.

### **Demand and Productivity**

We have completed the review of the Resource Advisory Model (RAM) prior to implementation and there has been consultation with the Strategic Workforce Planning Team to understand how the RAM can be used as a supporting tool for ongoing workforce planning. In addition, we have strengthened our processes for quality assuring data as it relates to demand.

### **Cyber Risk and Resilience**

The Cyber Strategy and high level Road Map /Implementation Plan has been produced which sets out how cyber resilience will mature. An ICT Strategy and Implementation plan have also been produced. A skills and resource assessment has been undertaken as part of this and is linked to Strategic Workforce Planning. Roles and Responsibilities across ICT/SPA/Groups/Senior Managers have been made clear within the strategies and formal reporting arrangements have been put in place.

### **Non-Pay Expenditure**

Consistent processes have been put in place for purchasing, these have been documented along with roles and responsibilities for all staff and training provided. Authorisation processes and the segregation of duties has been strengthened through the introduction of the Purchase to Pay system.

### **Staff Wellbeing**

We have reviewed and consulted on the Wellbeing Framework taking time to ensure it complements the wider People Strategy. We have clarified and prioritised activities and strengthened the resource within the Wellbeing team in order to deliver on this. We have identified and started delivering on key training priorities especially for those in high risk roles. We have developed performance indicators and reporting and strengthened the overall governance procedures.

### **Fixed Assets (Core Financial Controls)**

Further improvements have been made to the processes and quality assurance mechanisms for the minor issues identified within this audit. Improvements have been introduced through the implementation of a checklist for the reporting of additions and disposals on a monthly basis. A review of the Asset Register has been undertaken to update the information required. Procedural notes have been created to document the process for disposals.

### **Benefits Realisation**

We have improved the records management process for the approval of Benefit Profiles. The Benefits Management Strategy has been updated to reflect how benefits measurement methodologies should be documented and approved. We have confirmed that benefits reporting should be a standing item at all project related meetings.

### **Training and Development Thematic**

We have developed communications to raise awareness of Leadership and Training function and key achievements and have signposted staff to the relevant Intranet pages. We have put in place mechanisms to monitor data on the number of individuals accessing the Intranet site.

We have developed a communications strategy for the implementation of the MyCareer process.

We have developed, published and promoted a range of CPD opportunities in support of our formal MyCareer process. We have put in place mechanisms to monitor update of these activities.

We have completed EqHRIA's for all training and development products to ensure that equalities and human rights are considered at the outset. We have improved the monitoring processes to ensure ongoing compliance.

### **Information Commissioners Office**

For staff that change roles or leave PSoS employment, a procedure for amending or removing unnecessary access permissions to the network and individual systems/applications has been agreed, communicated and implemented. This new User Account Maintenance (UAM) Authoriser process took effect from Monday 1<sup>st</sup> February 2021.

### **Armoury Assurance Review**

Improvements have been achieved in relation to the review of the Jackton Armoury relating to the updating and communication of procedures, recording processes for the issue of weapons and improved compliance with established audit processes.

### **Re-rostered Rest Days (RRRD) Risk Escalation Review**

Following a review of the controls within the RRRD Risk, the risk score was reduced following a re-calculation of the estimated cost should the risk materialise. Further controls and opportunities were identified to strengthen this process including the inclusion of Police Staff RRRD banks within management reporting for improved visibility and accurate calculations of costs/risks. This has also been extended to officers nearing retirement so that management action can be taken to reduce cost/impact to the organisation.

## APPENDIX C – MISSED RECOMMENDATIONS

REPORT / DATE	RECOMMENDATION	RISK	DATE	REASON	% Complete
Greater Glasgow Custody 2019	Police Scotland should reconsider how it can better manage custody queue levels and provide radios to large custody centres to improve communication inside the centre and with local policing.	M	May-20	A pilot has been ongoing for several months. The pilot will now be evaluated to determine what went well and what has not been effective. This will require at least another 4-6 months' worth of work.	80%
Undercover Policing	R01 Covert Policing Strategy and Implementation Plan	L	Aug-18	A strategy was developed and approved by ACC. This has been shared with HMICS for feedback.	95%
Joint Adult Support and Protection	4 recommendations relating to staffing and training, reporting performance, divisional compliance with existing quality assurance processes and compliance with key business processes relating to information sharing.	M	March 2020 October 2020	In order to address these areas for improvement, health checks were performed across all Concern Hubs to assess current standards and compliance. This work is now complete and a report submitted to SCD Management to progress the findings from the health check.  SCD Management have accepted the findings and are working on a process to manage how these findings can be addressed. We are working with management to put in place an audit and assurance monitoring process through 4Action. Once in place, all areas for improvement will be closed.	95%
Events Thematic 2019	7 recommendations with the following 3 themes Resourcing Cost Recovery Training	M	01/12/2019 April 2021	Progress was originally hampered by staff being redeployed to OP Talla. Additional resources have been appointed to update on this work but there are some major dependencies with the Resource Deployment project work that are required.  We have undertaken a deep dive of all recommendations.  There are three main actions for this work.  <ul style="list-style-type: none"> <li>• The RDU redesign will support improvements to the management of resourcing for events (will address 3 actions).</li> <li>• A working group has been established to review the training required for event command (will address 2 actions).</li> <li>• The actions relating to cost recovery have been put on hold due to the current fragility of the events sector (impacting on 2 actions).</li> </ul>	70%

## APPENDIX D

### Key findings

- Police Scotland's compliance with the Scottish Crime Recording Standard and Counting Rules is generally good at over 90%, although below the service's own target of 95% compliance.
- 91.4% of incidents had been closed correctly and 90.8% of crime was counted and classified correctly. These compliance rates are lower than those found in our last audit in 2016 when the results were 92.7% and 95.1% respectively.
- 91.1% of crimes were recorded within 72 hours of being reported to the police (90.8% in 2016).
- While there was evidence of increased awareness of the requirement to take a 'record to investigate' approach, further work is required to fully embed this culture change.
- The 2020 audit found that many of the same errors continue to recur from our 2013, 2014 and 2016 audits.
- The force-wide results mask variations in compliance across different local divisions, with the performance of some impacting on the overall compliance rate.
- There remains scope for improvement in the recording of sexual crime.
- 90.3% of sexual incidents were closed correctly (90.0% in 2016). However, only 86.1% were counted and classified correctly, lower than 2016 (91.4%). Only 80.1% were recorded within 72 hours of being reported to the police (83.9% in 2016).
- Where sexual incidents are referred to specialist investigation units, it is more likely recording will be delayed and sometimes incident records can be incomplete by way of update.
- Of the 478 sexual crime records audited 58 (12.1%) were cyber-enabled crimes and 39 (67.2%) correctly had a cyber marker applied
- There remains scope for improvement in the recording of violent crime.
- 89.6% of violent incidents were closed correctly and 91.1% of violent crimes were counted and classified correctly, both lower than the audit results of 2016 (93% and 96% respectively). 92.2% of violent crimes were recorded within 72 hours of the incident being reported to the police (94.6% in 2016).
- In the 2020 Crime Audit we looked at domestic abuse offences, a category not examined in previous audits. Compliance for domestic abuse offences is good.
- 94.6% of domestic abuse incidents were closed correctly, which is a higher compliance rate than the other categories examined. 92.6% of domestic abuse crime records were counted and classified correctly. 95.2% of domestic abuse crimes were recorded within 72 hours of the incident being reported to the police, with ten of the thirteen divisions achieving over 95% compliance.
- Non-crime related incidents relate to those incidents that started as potentially crime-related but were later closed as non-crime related.



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85.5% were closed correctly. This was lower than the audit results of 2016 when 91% were closed correctly.

- No-crimes relate to incidents where a crime record was created, but following investigation found not to be a crime. Our audit found 94.4% of no crime decisions were correct, which is good. In 2016, the result was 96%. Three divisions achieved 100%: Lothians and the Scottish Borders, Greater Glasgow and Lanarkshire.
- 92.4% of complainers were told that a no-crime decision had been made in their case.
- Divisional results varied, and compliance rates were lower than those found in 2016 in many areas.
- One division, Lanarkshire, performed better than Scotland as a whole in all categories of audit.
- The performance of one division, Dumfries and Galloway, had deteriorated since 2016 when it was found to perform consistently well. We were told this was due to a period of temporary staff shortages.
- There are well established internal leadership and governance arrangements around SCRS compliance involving the Professionalism and Assurance Board and the People and Professionalism Board. However, we found a lack of evidence of consistent reporting to either the Executive team or reports being routinely shared with other DCC portfolio areas.
- The Crime Managers' Forum, under a new chair, has been re-invigorated and a comprehensive review of outstanding recommendations from internal audits has recently been undertaken. However the extent to which the chair can influence crime recording direction is constrained by the fact they have no supervisory oversight for local crime managers, who are managed by divisional commanders.
- The Scottish Crime Recording Board continues to work effectively. The details of the Board's remit and other information on the Scottish Government website needs to be updated.
- The Scottish Police Authority's Audit and Risk Committee has moved to an exception reporting only approach in relation to the results of Police Scotland's internal crime recording audits and associated improvement plans, which is less rigorous than the oversight observed in the 2016 audit.
- Police Scotland has an overall strategy for Scottish Crime Recording which emphasises a 'getting it right first time' approach, which is good. The strategy needs to be implemented more effectively and supported by a comprehensive training strategy.
- The absence of a national crime recording system continues to limit the extent to which there can be consistent processes and resources to support accurate crime recording. Until the new national crime recording system is implemented crime recording cannot be managed as effectively and efficiently as possible.
- To support the roll out of the new national crime recording system there is a need to establish clear business processes and guidance to provide greater clarity on individual roles and responsibilities for crime recording

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and associated scrutiny and an opportunity for Police Scotland to consider how best to structure crime management units to achieve the optimum in both incident and crime compliance.

- There is a good system of internal auditing of crime recording conducted by regional registrars and good awareness of the results amongst crime registrars and crime management units. However, the same awareness was not found amongst those working in specialist units and in C3.
- The lack of standardised approaches to structure, staffing, function and process of crime management units and the crime manager's role had adversely impacted on SCRS compliance in a number of divisions.
- The potential to develop a national or regional crime management structure, supported by a new national crime recording system, would offer the opportunity to implement consistent structures, processes and the development of a more expert workforce. This would also allow the units to sit outside divisional reporting structures allowing more effective workforce planning and development.

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Internal Audit Recommendations Progress Tracker - March 2021										
Risk Grading Key	4	Very High Risk Exposure	3	High Risk Exposure	2	Moderate Risk Exposure	1	Limited Risk Exposure		
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track			
Financial Planning March 2019 4 recommendations	0							<p>~ Proposed for Closure ~</p> <p>The recent announcement of an additional E60 million funding will allow Police Scotland to work to a balance revenue budget going forward.</p> <p>It has now been agreed that multi-year financial planning will primarily focus on a 5 year horizon.</p> <p>Addressing future risk and demand would still be relevant but the focus will be on value for money and strategic delivery. The financial plan is no longer about solving the funding gap and becomes part of a broader strategic planning process.</p>	CFO	
	2	2								
	2	1		1						
	0									
IT Application Review - Efinancials and Asset 4000 August 2019 9 recommendations								<p>~2 Proposed for Closure~</p> <p>4.1 Systems Authorisation (H) is now complete - The implementation/deployment of a revised "role/rank" based Authorisation Matrix for Non Pay Expenditure (NPE) for Police Scotland which is embedded in the core Financial system was approved by the CFPB on the 26th of January. This Authorisation Matrix for NPE underpins the scheme of Financial Delegation and is focussed on enhancing the controls and processes re the Authorisation of NPE as an integral part of the P2P implementation. The new roles have been created in the system and will be deployed in line with the P2P implementation plan.</p> <p>6.1 Business Continuity Testing (M) - A revised BCP and associated process documentation has been produced and shared with Internal Audit for closure.</p>	CFO	
	3	2		1						
	5	4		1						
	1									
Payroll December 2019 6 recommendations								<p>~2 Proposed for Closure~</p> <p>2 outstanding actions closed relating to the documentation and communication of guidance/procedures. With the introduction of the revised payroll system iTrent, the Payroll Department have prepared a set of guidance and process documentation covering the use of the system and the most common payroll tasks. This ensures staff are aware of payroll roles, responsibilities and processes reducing the opportunity for error and inconsistent practices being applied.</p>	CFO	
	1	1								
	5	3		2						
Strategic Workforce Planning April 2020 5 recommendations								<p>~1 Proposed for Closure~</p> <p>1 recommendation proposed for closure following end of Project and production of SWP.</p>	DoPD	
	3	3								
	2	1		1						
Demand and Productivity June 2020 7 recommendations								<p>~3 Proposed for Closure~</p> <p>2 Recommendations fully implemented and closed.</p> <p>1 recommendation relating to considering using the Resource Advisory Model for Strategic Workforce Planning is not applicable at this time. The RAM was never intended for use as a Strategic Workforce Planning tool and the SWP has been delivered without the RAM. Further engagement has taken place with the Strategic Workforce Planning Team to review how the RAM can and cannot be used to support future iterations of the Workforce Plan.</p>	Director of Strategy & Analysis  ACC Professionalism & Assurance	
	3	1		2						
	4	3		1						
Cyber Risk and Resilience June 2020 4 recommendations								<p>~4 Proposed for Closure~</p> <p>The Cyber Strategy and high level Road Map /Implementation Plan has been produced which sets out how cyber resilience will mature. An ICT Strategy and Implementation plan have also been produced. A skills and resource assessment has been undertaken as part of this and is linked to the SWP. Roles and Responsibilities across ICT/SPA/Groups/Senior Managers has been made clear with the strategies. Formal reporting arrangements have been put in place.</p>	CDIO	
	4			4						

Internal Audit Recommendations Progress Tracker - March 2021												
Risk Grading Key	4	Very High Risk Exposure					3	High Risk Exposure	2	Moderate Risk Exposure	1	Limited Risk Exposure
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments			Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track					
Non Pay Expenditure 2019								~6 Proposed for Closure ~			CFO	
June 2020	5	1		4				All recommendations have been assessed for closure during the current Internal Audit.				
7 recommendations	2			2								
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments			Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track					
Wellbeing								8 are proposed for closure 3 high, 1 med - check numbers once all updates in			DoPD	
August 2020	9			7			2	1 recommendation (medium risk) met the first milestone at end of February with the launch of the Staff Survey. To discharge the recommendation we have to evidence our plans for the action resulting from the survey findings. This is not yet available as the survey only closed end of March.				
11 recommendations	2			1			1	2 recommendations are at an advanced stage but are not yet due.				
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments			Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track					
Core Financial Controls - Fixed Assets								5 Proposed for closure			CFO	
December 2020								All recommendations from the Fixed Assets audit have been addressed.				
5 recommendations	5			5								
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments			Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track					
Benefits Realisation	1						1	3 Proposed for closure			ICT / Change / Strategy & Analysis / CFO	
October 2020	4						4	<ul style="list-style-type: none"> <li>Benefit Profiles have been rolled out and templates put in place.</li> <li>Benefits Management Strategy updated to reflect how benefits measure methodologies should be documented and approved.</li> <li>Benefits reported and discussed at all meetings.</li> </ul>				
11 recommendations	3			1			2	4 recommendations progressing with a due date of end of June 2021.				
	3			2			1	4 recommendations progressing with a due date of end of December 2021 (including the Very High Risk Action)				
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments			Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track					
Covid-19								2 Proposed for closure			CFO (all complete)	
October 2020								1 Not yet due			DoPD	
3 recommendations	3			2			1					
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments			Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track					
Performance Management - NEW								Final report received 11/02/2021 with Management Actions outlined for each of the Recommendations.			DoSA	
January 2021	2						2	Not yet due (target date set as 31/05/22).				
7 recommendations	5						5	There is a milestone checkpoint at 31 December 2021 for R1.2 and R2.1				

Internal Audit Recommendations Progress Tracker - March 2021														
Risk Grading Key	4	Very High Risk Exposure				3	High Risk Exposure		2	Moderate Risk Exposure		1	Limited Risk Exposure	
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)					
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track							
Payroll 2020 - <b>NEW</b> February 2021 2 recommendations	2							Final report received 15/03/2021 with Management Actions outlined for each of the Recommendations (Target Completion date for both recommendations is 30/04/2021).	CFO					
Home Working Security - <b>NEW</b> March 2021 4 recommendations	4							Draft report received 15/03/2021 - circulated to sponsor and key contacts for Management Actions (deadline for responses 05/04/2021).	CDO					

Audit Scotland Recommendations Progress Tracker - March 2021											
Risk Grading Key	4	Very High Risk Exposure				3	High Risk Exposure	2	Moderate Risk Exposure	1	Limited Risk Exposure
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)		
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track				
SPA Annual Audit Report (Final) 2018/2019  September 2019 4 recommendations								The recent announcement of an additional £60 million funding will allow Police Scotland to work to a balance revenue budget going forward.  It has now been agreed that multi-year financial planning will primarily focus on a 5 year horizon.  Addressing future risk and demand would still be relevant but the focus will be on value for money and strategic delivery. The financial plan is no longer about solving the funding gap and becomes part of a broader strategic planning process.	CFO / DoPD		
	4	3		1							
SPA Annual Audit Report - Interim 2019/2020  6 recommendations								~ Proposed for Closure ~  Financial Management Capital Profiling	CFO		
	7	5		2							
SPA Annual Audit Report 2019/2020  10 recommendations (4 SPA, 6 PS)								Not yet due.	CFO (3) DoPD (0) DoS&A (0)		
	3	1				2					
	2	1				1					
	1										

HMICS Recommendations Progress Tracker - March 2021											
Risk Grading Key	4	Very High Risk Exposure				3	High Risk Exposure	2	Moderate Risk Exposure	1	Limited Risk Exposure
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)		
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track				
Forensic Services to Victims of Sexual Crime September 2017 4 recommendations										R10 (treatment of child suspects). Proposed as no further action from Police Scotland as sits with another organisation to take the lead.	ACC Crime & Public Protection
	2	2									
	2	1		1							
Undercover Policing February 2018 19 recommendations										R16 - Integrated Record Management System - PS requires to purchase an upgrade of the SMAN system v5.1, this is being set up on the cloud to allow testing to ensure it is fit for purpose first. A full timeline for implementation has been produced. HMICS advise not content to close until the system has been tested and started to roll out (Mid-2021). On hold.  The following recommendation remains open but was submitted to HMICS for closure on 10/03/2021: R1 - Strategy and Implementation Plan - draft plan approved by ACC	ACC OCCTI
	6	6									
	4	4									
	9	7	1		1						
Adult Support Protection Joint Inspection June 2018 16 recommendations										The work in respect of the health checks for each of the Concern Hubs is complete. A report compiled with next steps. Once agreed and further action tasked this will allow these recommendations to be concluded.	ACC Crime & Public Protection
	1	1									
	11	7			4						
	4	4									
Review of Custody Centres 2018 August 2018 7 recommendations										R01 estate strategy requires the Custody Improvement Plan, in particular the plan for CCTV, previously left open in a tactical bid to secure funding. All actions have been completed but not discharged until evidence of investment plan which is still awaited.  R02 inconsistent practices - Significant communications and ebriefing materials produced. CIU webpage in development where these circulations can be kept. Inconsistency work is ongoing and 21 actions have been closed so far with 14 in progress. The aspiration is to have sufficiency of evidence to present a closure report in April or May.  R05 risk assessments recently returned from HMICS for further work they have requested clarification on the term of the QA role and a copy of QA framework in order to close. This work is at 100% completion but is being held open until the QA framework is in place and evidencing outcomes.	ACC Local Policing & CJS
	4	2					2				
	3	1						2			
Review of Delivery of the Policing Plan March 2019 12 recommendations										R5 and R6 linked to OSD/SCD Governance Review-ESF;s to be submitted to HMICS as DCC/ACC approval received to share Review.  4 remain ongoing but are at advanced stage: 5 from HMICS WEBSITE CHECK R3, 5, 6, 7 8 R3 Strategic Intelligence Requirement-HMICS request to review outcome of Strategic Intelligence Review prior to consideration of closure. R6 Specialist Crime Deployment of Resources - complete pending evidence of an outcome of the new process - currently being collated. R7 Policing Model- Target Operating Model developed but further detail required to complete the recommendation R8 Analysts Review-HMCS satisfied with the proposals to remain open until FBC is approved.	Director of Strategy & Analysis/ CDIO  ACC OCCTI
	12	8	2				2				

HMICS Recommendations Progress Tracker - March 2021														
Risk Grading Key	4	Very High Risk Exposure				3	High Risk Exposure		2	Moderate Risk Exposure		1	Limited Risk Exposure	
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)					
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track							
LP+ Greater Glasgow Inspection March 2019 11 recommendations								1 discharged by HMICS in January/February. 1 complete but On Hold pending verification from HMICS following outcome of Demand Assurance work.	ACC Local Policing West (7) /  Director of Strategy & Analysis (3)					
								8 proposed for closure and further evidence being collated to allow HMICS to assess for closure.						
	6	2	1	1			2							
	5			4			1							
Greater Glasgow Custody Inspection June 2019 5 recommendations								R01 custody queues remains ongoing, pilot completed but a formal review now needs to be completed. (80% complete) DELAYED	ACC Local Policing & CJS					
								R03 analysis of risk assessments linked to R05 2018 (recently returned from HMICS for further work they have requested clarification on the term of the QA role and a copy of QA framework in order to close) and the SLWG action plan. 100% complete in terms of action taken but being held open due to the number of similar recommendations. Will close when QA roles are fully embedded.						
	1	1						R05 improving quality of information - This has reliance upon QA Framework and QAI role. Development of a Strategic and Operational Self-assessment template and QA Universe document. (75% complete)						
	4	1		1			2							
LP+ Events Inspection May 2019 15 recommendations								1 x Evidence Submission Form sent to HMICS to consider closure in relation to developing a framework/guidance to event commanders regarding a baseline for the level of resource required as a means of considering the risks to the wider policing environment.	ACC Operational Support					
								March 2021 Update - R004 re-opened as HMICS require a copy of the Tactical Plan and the guidance issued to Commanders on risk before this can be closed. Request sent to Owner to provide.						
	15	6		1	7		1							
Strategic Review of Custody May 2019 12 recommendations								R3 – Analytical assistance - There is a dependency here with the force-wide analytical review. An interim measure for a temporary post was not approved so other options to be considered. R8 – Personnel asked to book detainees into custody have received recent training and are appropriately supported and supervised. Combined closure report presented at SMT 04/03 and was supported for closure. This has yet to be forwarded to HMICS. R12 Strategic – ICT roadmap for custody – ICT lead has circulated a draft internally in ICT and once feedback received hopes to circulate further. On hold R06 - Publication of Deaths in Police Custody - PS publishes own data on deaths but there is no single place to access this - data spans Crown, PIRC and PS. More appropriately sits with SG to co-ordinate.	ACC Local Policing & CJS  ACC Professionalism & Assurance					
	3	3												
	2	1					1							
	7	5	1				2							
Online Child Sexual Abuse February 2020 10 recommendations								We have completed a review of all evidence and will be proposing 5 recommendations for closure. We anticipate a further 3 could be closed if HMICS agrees and 2 remain open with work at an advanced stage of completion. These will be assessed by HMICS during the ongoing assurance review.	ACC Crime and Public Protection / ACC OCCTI					
	5						5							
	5						5							
Training and Development-Phase 1 December 2020 17 recommendations								R1 Proposed for closure - Established performance framework for leadership and development R2 - Proposed for closure 31/03/2021 (Evaluation & Review Framework published 24/03/2021) R13 Proposed for closure - Develop systematic approach to Coaching and Mentoring	DoPD  ACC Partnerships and Prevention					
	17	4		3			10							



Information Commissioners Office Recommendations Progress Tracker - March 2021											
Risk Grading Key	4	Very High Risk Exposure				3	High Risk Exposure	2	Moderate Risk Exposure	1	Limited Risk Exposure
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)		
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track				
<b>Information Commissioners Office</b>											
136 recommendations - 3 reports	59	59									
June 2016, September 2016 & December 2017	26	25		1							
	51	51									
Work to address this has been agreed at Information Governance Board. The new process has been put in place and communicated with business areas.											
										CDIO / ACC Professionalism & Assurance	
Other Recommendations Progress Tracker - March 2021											
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)		
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track				
<b>Independent Review of Complaint Handling - Interim Report</b>											
June 2019	3	2	1								
12 recommendations	6	6									
	3	3									
1 High rec remains open linked to Organisational Culture. The actions remain ongoing but outcome not yet evidenced. This will remain open and will be merged with the Final Report when we have clear actions to take forward.											
										ACC Professionalism & Assurance DoPD	
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)		
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track				
<b>Digital Forensics Working Group (DFWG)</b>											
April 2020											
5 recommendations (1 SPA, 4 PS)	5	2						3			
Action plan received, 1 discharged as ownership belongs to SPA, 1 proposed with evidence attached. Actions due December 2022											
										ACC OCCTI	

Internal Recommendations Progress Tracker - March 2021										
Risk Grading Key	4	Very High Risk Exposure	3	High Risk Exposure	2	Moderate Risk Exposure	1	Limited Risk Exposure		
Title & Date of Publication	Risk Rating	No. Open & RAG						Comments	Owner(s)	
		Total Closed	On Hold	Closed Mar	Missed	Slippage	On track			
Review of Armoury, Jackton November 2019 6 recommendations	4 3 2 1			1				6 recommendations R01 Armouries SOP Review, R02 Storage of Weapons and R03 R04 Blue Card Check) proposed for closure. R05 R06	ACC Operational Support	
EqHRIA February 2020 6 recommendations	4 3 2 1						3	All actions at an advance stage. Summary as follows: Summary of progress A EqHRIA Governance and Compliance SLWG has been established and is chaired by the CI Safer Communities E&D with work underway on all recommendations: Stakeholder identification underway. Review of training is underway with 3 courses planned. SOP being transferred to National Guidance. Communication Plan being developed. Dip sampling and review of sharepoint to co-ordinate underway. Draft webpages have been developed to facilitate publishing of non-SOP EqHRIAs.	ACC Partnerships and Prevention	
Scottish Crime Recording Standard Annual Audit March 2020 4 recommendations	4 3 2 1						4	Ongoing - being considered alongside HMICS Crime Audit Strategic Action Plan.	ACC Major Crime & Public Protection	
Management of Re-rostered Rest Days Review (escalated risk) October 2020 9 recommendations 1 improvement action	4 3 2 1			4			5	4 Proposed for closure	ACC Operational Support	
Operation Tarn ~NEW~ December 2020 5 recommendations	4 3 2 1			3			2	Completed Improvement plan received 03/02/21 with actions outlined for the 5 recommendations. 3 recommendation (R01 Document Review, R02 Further Assurance Review and R05 Organisational Learning Risk) proposed for closure.	ACC Professionalism & Assurance	