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| Meeting | Audit, Risk and Assurance Committee |
| Date | 28 January 2022 |
| Location | Video conference |
| Title of Paper | Forensic Case Management Internal Audit Report |
| Presented By | Gary Devlin, Partner, Azets |
| Recommendation to Members | For Discussion |
| Appendix Attached | Forensic Case Management Internal Audit Report |

PURPOSE

This paper presents our final report on the review of Forensic Case Management.

The paper is presented for the Audit Committee to consider the report, findings and management responses.

The paper is submitted for discussion.

1. BACKGROUND

- 1.1 SPA Forensic Services handle in excess of 150,000 individual items of evidence, referred to as “productions”, annually. These include items recovered from crime scenes, persons, and through the examination of casework items. Forensic Services delivers its range of laboratory services from four main locations in Glasgow, Dundee, Edinburgh, and Aberdeen, with examination of scenes of crime or incidents from 17 Scene Examination offices across Scotland. Police Scotland request the analysis of productions through the Forensic Gateway by submitting an Examination Request Form (ERF), with the COPFS raising Scientific Forensic Instructions (SFIs). These are processed by the productions team, with productions then routed to the appropriate laboratory.
- 1.2 Since January 2020, evidence relating to over 17,000 cases have been received for lab examination, including approximately 3,000 items recovered from scene examination, and 2,000 cases logged where scene examiners have been required to photograph crime scenes or police incidents.
- 1.3 Forensic productions are logged, allocated to appropriate facilities, and the results of analysis recorded through an electronic case management system termed EMS. Proposals are currently being taken forward for a proposed replacement of this system. In order to fulfil its strategic objective of “Increasing Capacity, improving utilisation and demonstrating value”, Forensic Services must have robust controls to ensure that evidence is securely held and processed in a timely manner.
- 1.4 In line with the 2020/21 Internal Audit Annual Plan, we have reviewed the extent to which there are robust controls over the management of forensic productions, including communication and interaction with Police Scotland, COPFS and the Lord Advocate.

2. FURTHER DETAIL ON THE REPORT TOPIC

- 2.1 The Forensic Service has generally well designed controls to ensure evidence submitted for forensic analysis is managed, processed, and stored appropriately, though we have identified a small number of opportunities for improvement.

- 2.2 This review identifies matters for the Forensic Service to consider during the development of a revised Memorandum of Understanding with Police Scotland and the Crown Office Procurator Fiscal Service. In addition, we have identified issues relating to the scheduling of Evidence Management System (EMS) Data Security Audits, and the recording of the proceedings of management groups.

3. FINANCIAL IMPLICATIONS

- 3.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

4. PERSONNEL IMPLICATIONS

- 4.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

5. LEGAL IMPLICATIONS

- 5.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

6. REPUTATIONAL IMPLICATIONS

- 6.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

7. SOCIAL IMPLICATIONS

- 7.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

8. COMMUNITY IMPACT

Audit, Risk and Assurance Committee
Forensic Case Management
28 January 2021

8.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

9. EQUALITIES IMPLICATIONS

9.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

10. ENVIRONMENT IMPLICATIONS

10.1 The Internal Audit Report considers the impact our review findings may have on organisational risk registers. Committee members should consider this section when considering the overall implications of our findings.

RECOMMENDATIONS

Members are requested to discuss the report.



Scottish Police Authority

Internal Audit Report 2020/21

Forensic Case Management

November 2020



Scottish Police Authority

Internal Audit Report 2020/21

Forensic Case Management

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| Audit Sponsor | Key Contacts | Audit team |
|--|--|---|
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Executive Summary

Conclusion

The Forensic Service has generally well designed controls to ensure evidence submitted for forensic analysis is managed, processed, and stored appropriately, though we have identified a small number of opportunities for improvement.

This review identifies matters for the Forensic Service to consider during the development of a revised Memorandum of Understanding with Police Scotland and the Crown Office Procurator Fiscal Service. In addition, we have identified issues relating to the scheduling of Evidence Management System (EMS) Data Security Audits, and the recording of the proceedings of management groups.

Background and scope

SPA Forensic Services handle in excess of 150,000 individual items of evidence, referred to as “productions”, annually. These include items recovered from crime scenes, persons, and through the examination of casework items. Forensic Services delivers its range of laboratory services from four main locations in Glasgow, Dundee, Edinburgh, and Aberdeen, with examination of scenes of crime or incidents from 17 Scene Examination offices across Scotland. Police Scotland request the analysis of productions through the Forensic Gateway by submitting an Examination Request Form (ERF), with the COPFS raising Scientific Forensic Instructions (SFIs). These are processed by the productions team, with productions then routed to the appropriate laboratory.

Since January 2020, evidence relating to over 17,000 cases have been received for lab examination, including approximately 3,000 items recovered from scene examination, and 2,000 cases logged where scene examiners have been required to photograph crime scenes or police incidents.

Forensic productions are logged, allocated to appropriate facilities, and the results of analysis recorded through an electronic case management system termed EMS. Proposals are currently being taken forward for a proposed replacement of this system. In order to fulfil its strategic objective of “*Increasing Capacity, improving utilisation and demonstrating value*”, Forensic Services must have robust controls to ensure that evidence is securely held and processed in a timely manner.

In line with the 2020/21 Internal Audit Annual Plan, we have reviewed the extent to which there are robust controls over the management of forensic productions, including communication and interaction with Police Scotland, COPFS and the Lord Advocate.

Control assessment

- 1. Appropriate and up-to-date evidence management policies and procedures are in place



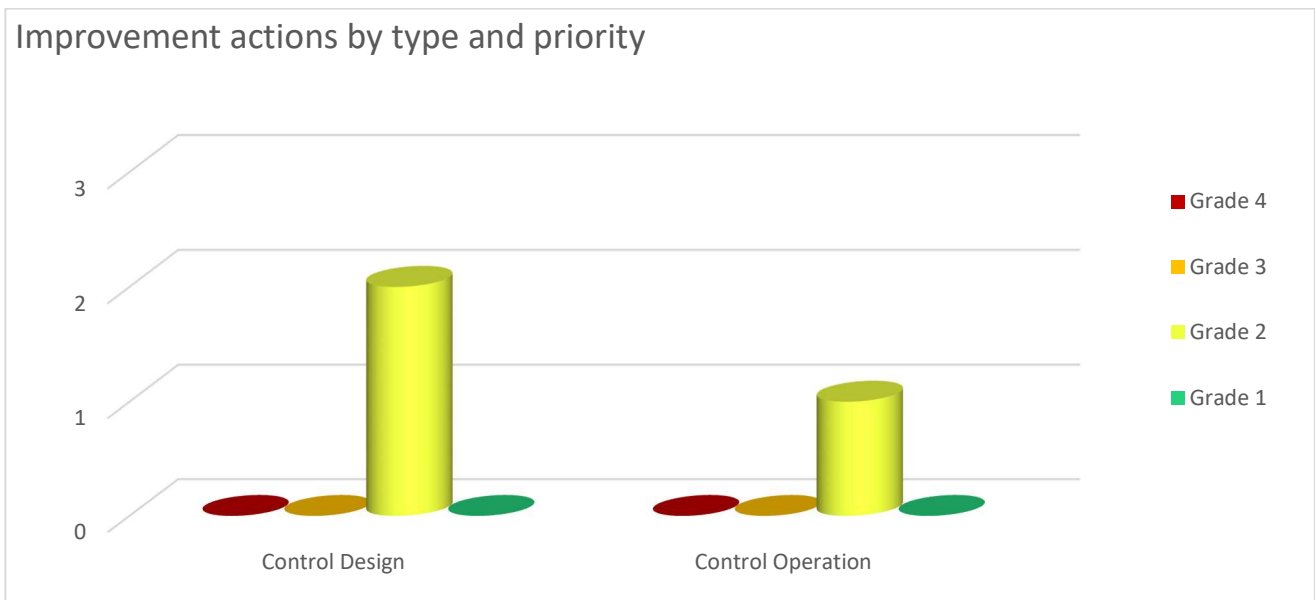
- 2. Appropriate records are maintained of the receipt, storage and transport of evidence, including access for analysis purposes

- 3. Analysis requirements are clearly captured, with cases prioritised and allocated to an appropriate service and laboratory on a timely basis

- 4. There are robust arrangements for analysis, reporting and communication with Police Scotland, COPFS and the Lord Advocate that are adhered to

- 5. There is adequate Governance reporting on adherence to service level agreements and management of caseloads

Improvement actions by type and priority



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

Key findings

Good practice

We have gained assurance that Forensic Services' procedures reflect good practice in a number of areas:

- Forensic Services has developed comprehensive Standard Operating Procedures (SOPs) for the management of productions. These were found to be sufficiently detailed and well aligned across the management of productions process. All SOPs are managed through the QPulse system to provide version control and there is clear accountability for regular review and update.
- All productions are uniquely identifiable by an Evidence Management System (EMS) Production ID, and an EMS Case reference. Where appropriate, the EMS Case reference is linked to a police incident or crime number.
- There is a clear, documented, process for processing and triaging Evidence Request Forms (ERF) and Scientific Forensic Instructions (SFI) submitted by Police Scotland and COPFS, respectively. The process is designed to ensure appropriate allocation and routing of casework across facilities and locations. There are specific provisions to ensure SFIs are progressed expediently and that cases requiring prioritisation are transferred to the appropriate Forensic Unit.
- All productions are routed to the most appropriate laboratory depending on their analysis requirements. This is carried out according to a process and set of business rules documented within an up-to-date SOP, based on location and production type. The process makes provision for instances where productions require multiple types of forensic analysis across different laboratories.
- There is a Forensics subcommittee of the SPA Board (the Forensics Services Committee) which receives quarterly updates on performance. The Committee maintains a rolling action log and receives quarterly updates on the Forensic Services 2026 strategy.

Areas for improvement

We have identified a small number of areas for improvement which, if addressed, would strengthen the Forensic Services control framework. These are:

- Incorporating greater detail on the system of prioritisation, agreed timescales for casework, and service level standards within the new Memorandum of Understanding under discussion between the Forensic Service, Police Scotland, and COPFS.
- Ensuring that EMS Data Security Audits, which review access logs of electronic records to ensure that they have only been accessed for legitimate operational reasons, are undertaken with the appropriate frequency, as specified in the SOP.
- Recording the proceedings of the FPOG and the FPIG in greater detail. As a minimum, this should include maintaining and regularly updating Action and Decision Logs for both groups.

These are further discussed in the Management Action Plan below.

Impact on risk register

This review is linked to the following risks from the Forensic Service Strategic and Operational Risk Registers (dated August 2020):

- FS 084 - PS Production Processes (score 16): There is a risk that production processes across Police Scotland impacts on FS ability to achieve timeliness and effectiveness across the Criminal Justice System
- Oth 011 - Miscarriage of Justice - not following process/procedures and/or human error. There is a risk of major failure or miscarriage of justice caused or contributed to by SPA not following process/procedures and/or human error. (score 4)

We have raised recommendations which relate to the ability of the Forensic Service to manage its relationship with its partner organisations, and in particular the agreement of service standards. Implementing the recommendations set out in this report would provide greater assurance that risks arising from these relationships are being managed effectively. We have also raised one finding in relation to controls over the integrity of data held by the Forensic Service, however we note that the risk presented by this finding is mitigated by a number of other controls.

Acknowledgements

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

Management Action Plan

Control Objective 1: Appropriate and up-to-date evidence management policies and procedures are in place



No Reportable Weaknesses Identified

The Forensic Service has implemented an electronic quality management system (QMS) named QPulse and makes use of its document management features to support the administration of policy and procedure documents. Most Policies and Procedures take the form of SOPs. The QPulse system provides a central repository for SOPs and records the owner and author of each individual document.

A quality team has overall responsibility for the management of all SOPs, including the administration of the documented change management process. Each SOP has a defined review period, recorded on QPulse, which is determined by the relevant Quality lead in conjunction with the appropriate Team or Operations Manager. SOPs can also be updated as and when required via the submission of a change request processed according to a clearly articulated scheme of delegation, or through periodic review.

We reviewed a sample of cases processed through EMS in the course of our work under control objectives 2 and 3. For each test applied, we confirmed that there was a documented, up-to-date, and appropriately authorised SOP which we used as the basis of our testing criteria. Where a process under review spanned multiple SOPs we found that these were well-aligned, with clear referencing across documents.

We confirmed that the QPulse system was accessible to relevant staff, and provides a central repository of live procedures, thus removing any potential ambiguity as to whether documentation is current.

Control Objective 2: Appropriate records are maintained of the receipt, storage and transport of evidence, including access for analysis purposes

Yellow

2.1 EMS Data Security Audits

The Forensic Service has a documented, quarterly audit process in place to ensure appropriate use of EMS and the integrity of its data. Using functionality built into EMS, the system randomly selects ten cases active within that quarter for review. A member of staff reviews the logs of access to that record, ensuring only users with legitimate operational reasons to access the data are shown as active. If a discrepancy is discovered, a second member of staff will reperform the check. Any confirmed non-conformity will be raised via the Q-Pulse system and investigated accordingly.

While the relevant SOP requires that this process should be undertaken quarterly, we confirmed that this process had not taken place in over a year. While staff were aware that there has been a gap in process, we were advised by management that these audits had not been completed due to a lack of resources.

Risk

There is a risk that unauthorised access to records goes undetected, potentially leading to the loss or misuse of data, which could lead to adverse impacts on investigations or prosecutions, and damage to the reputation of the Forensic Service.

This risk is mitigated by the presence of other measures to ensure the integrity of record keeping, including a number of specific procedures for data recording and entry; system access controls, and procedures to maintain the chain of custody throughout the lifecycle of a given case or production record. We have not identified any other issues in our work under this Control Objective.

Recommendation

The Forensic Service should carry out the audit process in line with the SOP. Consideration should be given to the resources needed to complete these audits consistently.

Including the results of these audits within management reporting would provide greater assurance that they are completed as required.

Management Action

Grade 2
(Operation)

With the establishment the Forensic System Support Team, Forensic Services will develop an audit plan for 2021/22 that will detail the audit scope, schedule, resource and assurance reporting requirements (Forensic Services Management System).

Action owner: Director of Forensic Services

Due date: Q1 2021/22

Control Objective 3: Analysis requirements are clearly captured, with cases prioritised and allocated to an appropriate service and laboratory on a timely basis



Green

No weaknesses identified

The Forensic Service receives productions for analysis through scene examination, or by referral from Police Scotland or the COPFS via the Forensic Gateway. The receipt of productions for analysis requires an authorised ERF if requested by Police Scotland, or an SFI if originating from COPFS. Productions presented without the appropriate supporting authorisation are returned.

A Memorandum of Understanding (MoU) was agreed between the Forensic Service, Police Scotland, and the Crown Office Procurator Fiscal Service in 2014. This agreement establishes the protocols and service standards that apply to the transfer of productions to and from the Forensic Service. This includes a system of categorisation and prioritisation for productions. The MoU itself does not set out detailed expectations for the completion of analyses – we have raised this matter at MAP4.1.

Detailed SOPs are in place which set out the procedures by which productions are received, logged and triaged. These require that EMS is updated with all relevant information, including: the analysis required, the date received, the evidence type, categorisation according to the MoU, and consequently the expected completion date. Once it is confirmed as accepted, productions are routed to a facility for analysis according to a set of business rules set out as flowcharts within an approved SOP.

We selected a sample of 24 cases processed through EMS, of which we were able to test 23 as one record had been created in the course of an internal validation exercise underway at the time of audit, as opposed to being a genuine case. We reviewed these to confirm that the required information had been submitted according to the correct process along with productions for analysis, that the relevant information had been captured within EMS, that the routing of the productions to a relevant facility appeared reasonable on the basis of the information recorded, and that the categorisation and timescales were consistent with the business rules laid out in the relevant SOPs and the MoU. We did not identify any issues.

Control Objective 4: There are robust arrangements for analysis, reporting and communication with Police Scotland, COPFS and the Lord Advocate that are adhered to

Yellow

4.1 Prioritisation and agreed timescales for casework

Representatives from the Forensic Service, Police Scotland, and COPFS signed the current MoU for the provision of forensic services across Scotland in 2014. As part of the Forensic Services 2026 Programme, a new MoU is currently being devised and it is anticipated that a draft document will be available for the Forensic Services Committee in February 2021.

The current MoU includes KPIs and a Decision-Making Framework for the processing of productions, which focuses on urgent and high priority cases, however the timescales for some types of casework are not explicitly specified. The MoU refers to “agreed timescales” between the Forensic Service, Police Scotland, and COPFS, and we have confirmed that more detailed timescales are set out within Forensic Services business rules for the triage of cases, however we have been unable to confirm how these were agreed. Specific timescales are set out in the MoU for certain case types, including 7 day custody cases and statutory timescales for COPFS cases.

We understand that the new MoU is expected to include more detailed target dates for specific types of production analysis.

Risk

There is a risk that without a clear articulation of expected service standards, cases that do not fall within the currently specified KPIs may not be processed within a timescale that meets the needs of partner organisations, potentially delaying or harming the progress of investigations or prosecutions.

Ambiguity over service standard expectations creates a risk that oversight groups may not be able to effectively monitor the performance of the Forensic Service, resulting in a failure to identify or address issues which prevent the Forensic Service, Police Scotland, or COPFS from working efficiently and effectively.

Recommendation

The Forensic Service should ensure that the setting of service standards and expected timescales are addressed in the revised MoU. The MoU should specify the service standards required in enough detail that these can be seen to be consistent with the business rules applied by the Forensic Service and effectively monitored. If greater flexibility is required, the MoU could specify a process by which service standards are agreed and reviewed, to allow for these to be revisited without revising the MoU as a whole.

Management Action

Grade 2
(Design)

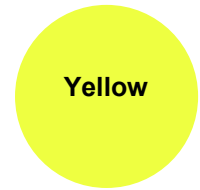
The collaborative development of the new MOU continues and will be presented to the Forensic Services Committee in May 2021.

The MOU will set out services that are provided by Forensic Services to Police Scotland, COPFS and PIRC and will include standards in relation to timeliness for each service; capacity of FS aligned to the services provided; how performance will be reported to partners via relevant governance groups; roles and mutual responsibilities of all partners; communication and processes for escalation, the MOU Review process and arrangements for changes to SLA including new developments or variations to agreements and Business Continuity arrangements.

Action owner: Director of Forensic Services

Due date: Q1 2021/22

Control Objective 5: There is adequate Governance reporting on adherence to service level agreements and management of caseloads



5.1 Action and Decision Logs

There is a multitiered governance structure in place to report on the delivery of the MoU and the management of caseloads. Representatives from Forensic Services, Police Scotland, and COPFS attend FPOG meetings on a quarterly basis. This group reports directly into the quarterly FPIG meetings which again is attended by Forensic Services, Police Scotland, and COPFS representatives.

These groups receive regular performance reporting along with the Forensics Committee within the SPA.

Police Scotland is responsible for the secretariat duties of both the FPOG and FPIG, and while no minutes are taken at the meeting, an action log is maintained. We reviewed the current action logs for both groups and found they have not been updated since May 2020. The FPOG action log included a total of five actions added in 2020 while the FPIG action log included four. Both action logs also included a decision log tab, but this was no longer in use – only containing decisions last made in 2018.

Risk

There is a risk that without the maintenance of detailed, up-to-date, action and decision logs, no assurance can be gained that these groups are effectively scrutinizing and discussing performance, potentially leading to failure to take corrective action, resulting in a reduction of the performance of the Forensic Service and failure to adhere to service level standards set out in the MoU.

Recommendation

Proceedings of Governance groups should, at minimum, clearly record decisions taken and actions agreed. We recommend that the FPOG and FPIG retain minutes of discussion at least to a level of detail which records the result of all agenda items and papers presented (for example, whether they are noted, approved, if a follow up action is agreed upon, etc). Action and decisions log should be maintained and reflect the most up-to-date meetings.

Management Action

Grade 2
(Design)

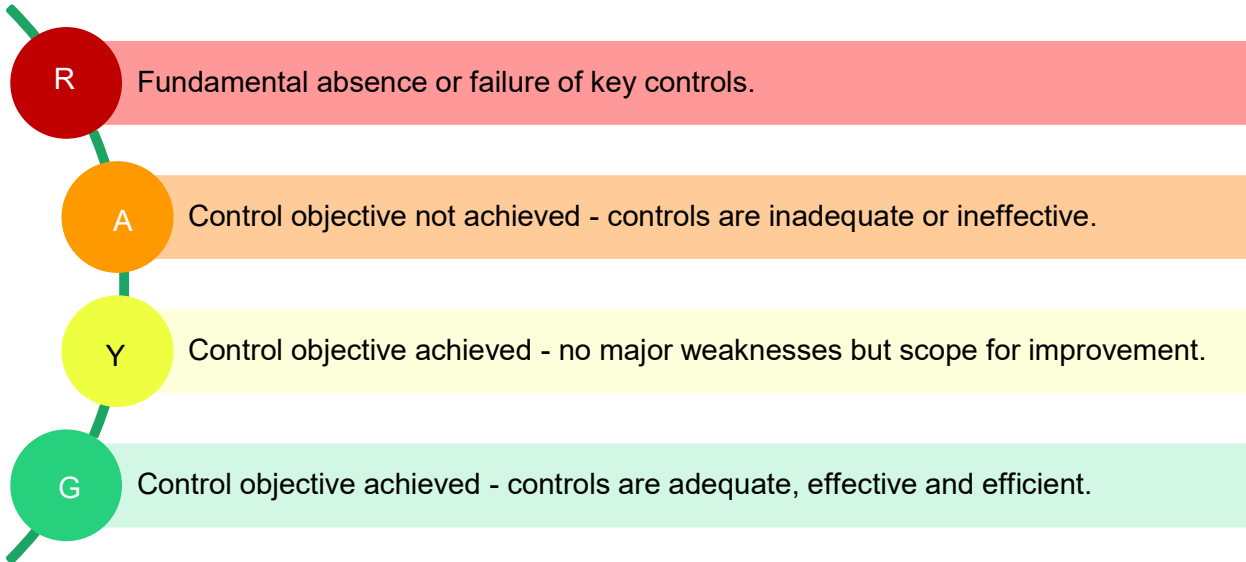
The recommendation will be highlighted to Chairs of FPIG and FPOG meetings.

Action owner: Director of Forensic Services

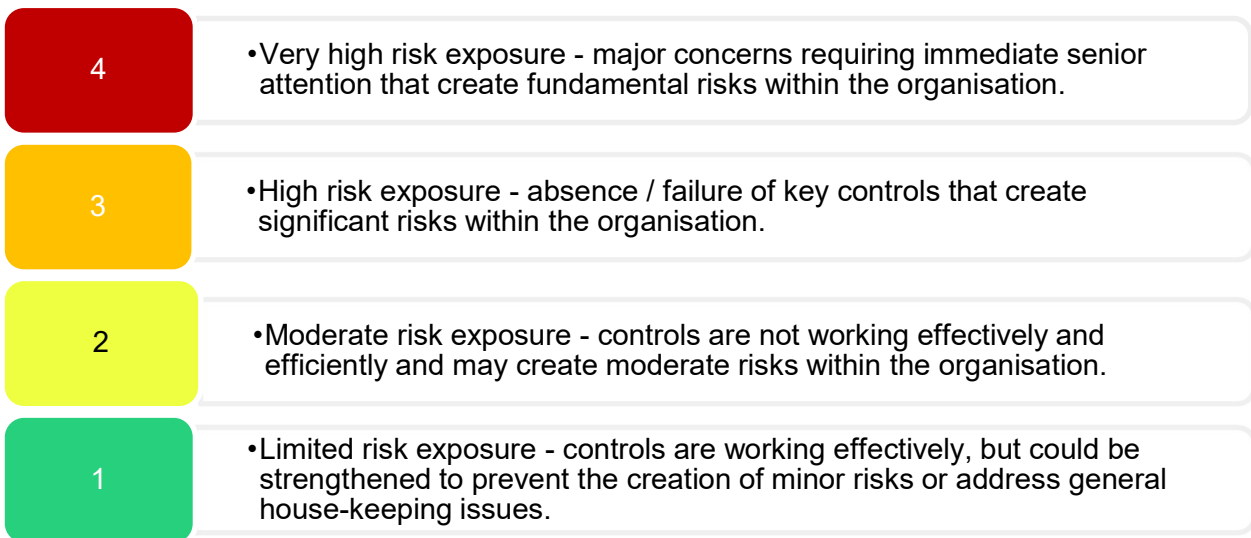
Due date: Q1 2021/22

Appendix A – Definitions

Control assessments



Management action grades



Appendix B – Summary of management actions

| Action No. | Recommendation | Management Response | Grade | Action Owner | Due Date |
|------------|---|--|-------|-------------------------------|------------|
| 2.1 | <p>The Forensic Service should carry out the EMS Data Security audit process in line with the SOP. Consideration should be given to the resources needed to complete these audits consistently.</p> <p>Including the results of these audits within management reporting would provide greater assurance that they are completed as required.</p> | <p>With the establishment the Forensic System Support Team, Forensic Services will develop an audit plan for 2021/22 that will detail the audit scope, schedule, resource and assurance reporting requirements (Forensic Services Management System).</p> | 2 | Director of Forensic Services | Q1 2021/22 |
| 4.1 | <p>The Forensic Service should ensure that the setting of service standards and expected timescales are addressed in the revised MoU. The MoU should specify the service standards required in enough detail that these can be seen to be consistent with the business rules applied by the Forensic Service and effectively monitored. If greater flexibility is required, the MoU could specify a process by which service standards are agreed and reviewed, to allow for these to be revisited without revising the MoU as a whole.</p> | <p>The collaborative development of the new MOU continues and will be presented to the Forensic Services Committee in May 2021.</p> <p>The MOU will set out services that are provided by Forensic Services to Police Scotland, COPFS and PIRC and will include standards in relation to timeliness for each service; capacity of FS aligned to the services provided; how performance will be reported to partners via relevant governance groups; roles and mutual responsibilities of all partners; communication and processes for escalation, the MOU Review process and arrangements for changes to SLA including new developments or variations to agreements and Business Continuity arrangements.</p> | 2 | Director of Forensic Services | Q1 2021/22 |

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