SCOTTISH POLICE AUTHORITY
ÙGHDARRAS POILIS NA H-ALBA

Agenda Item 2.2

Meeting	Audit, Risk and Assurance Committee
Date	15 August 2024
Location	Virtual
Title of Paper	Police Scotland Audit and Improvement Recommendation Tracker – Q1 April - June 2024
Presented By	Assistant Chief Constable Professionalism and Assurance
Recommendation to Members	For Discussion
Appendix Attached	Yes - Appendix A: Audit and Inspection Recommendations Dashboard Appendix B: Summary of High-Risk Recommendations

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.

Members are invited to discuss the progress detailed within the report.

1 BACKGROUND

1.1 A report on Police Scotland's management of recommendations made by external scrutiny bodies. The report is produced on a quarterly basis for Members review. A copy of the Dashboard is available at **Appendix A**.

1.2 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 organisanision
🟩	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 Refer to **Appendix A** – Audit and Inspection Recommendations Dashboard.

3.   FINANCIAL IMPLICATIONS

3.1   There <u>are no</u> financial implications in this report.

4.   PERSONNEL IMPLICATIONS

4.1   There <u>are no</u> personnel implications in this report.

5.   LEGAL IMPLICATIONS

5.1   There <u>are no</u> legal implications in this report.

6.   REPUTATIONAL IMPLICATIONS

6.1   There <u>are no</u> reputational implications in this report.

7.   SOCIAL IMPLICATIONS

7.1   There <u>are no</u> social implications in this report.

8.   COMMUNITY IMPACT

8.1   There <u>are no</u> community implications in this report.

9.   EQUALITIES IMPLICATIONS

9.1   There <u>are no</u> equality implications in this report.

10.   ENVIRONMENT IMPLICATIONS

10.1   There <u>are no</u> environmental implications in this report.

RECOMMENDATIONS

Members are invited to discuss the progress detailed within the report.

Audit and Inspection Recommendations Dashboard

Reporting Period: Q1 April – June 2024

Police Scotland Recommendations Dashboard

Total	On Track	Change of Date	Very High Risk	Closed to date
326	200	126	3	61

Recommendations Management – Overview

- **326** recommendations open across 47 separate publications.

- **69** new recommendations were added since the last meeting. 46 Internal Audit and 23 HMICS.

- **12%** of recommendations have a Very/High Risk status. 3 recommendations are classified as Very High Risk. They relate to PAVA compliance and have been delayed. A summary of all High Risk Recommendations is provided at **Appendix B**.

- **61** recommendations have been closed in the quarter. This includes 38 with timescales due this quarter and a further 23 from the previous quarter where we had a lag with closure.

- **126** recommendations have incurred delays. 39% of the total. A summary of issues relating to risk and age is provided on slides 5-11

Open by Auditor/Inspectorate and Risk

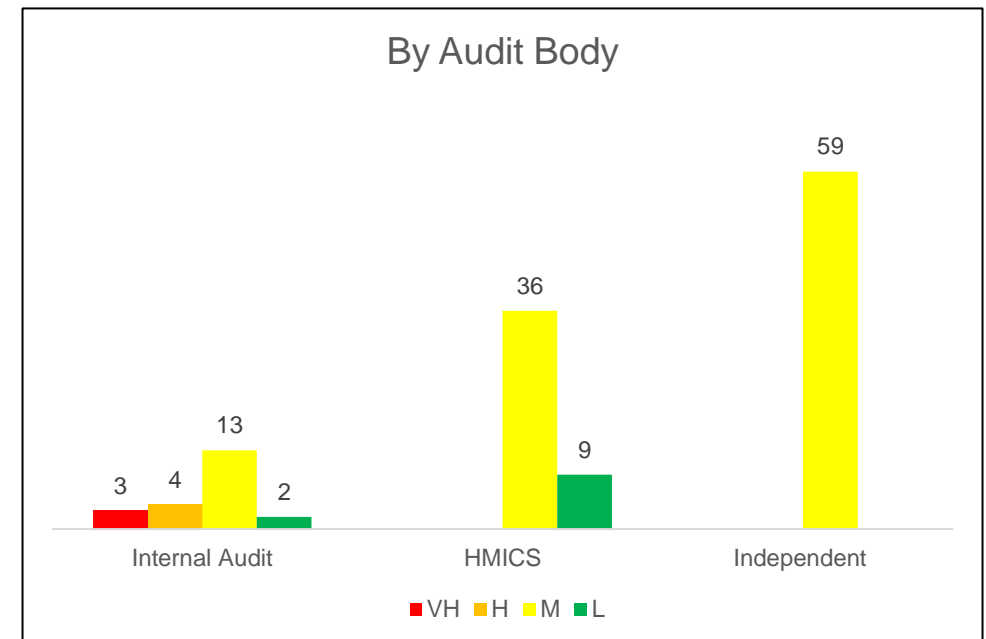| Int Gov	Very High	High	Medium	Low	Advisory	Total
Internal Audit	3	12	50	18	0	**83**
HMICS		19	89	11	11	**130**
Independent		5	105	3		**113**
TOTAL	**3**	**36**	**244**	**32**	**11**	**326**

Recommendations Due Q1

- **98** recommendations were due for closure up to the end of June 2024.

  - 49 recommendations had an original target date between April and June.

  - 49 recommendations with revised target dates having been carried forward from previous periods.

- **38** recommendations achieved. 1 High Risk, 33 Medium Risk, 4 Low Risk

- **4** recommendations achieved but pending evidence. 3 Medium Risk, 1 Low Risk

- **14** recommendations with draft evidence submissions being prepared. 1 High Risk, 11 Medium Risk, 2 Low Risk.

- **39** recommendations not achieved (19 new days) - 1 High Risk, 31 Medium Risk, 5 Low Risk and 2 Advisory
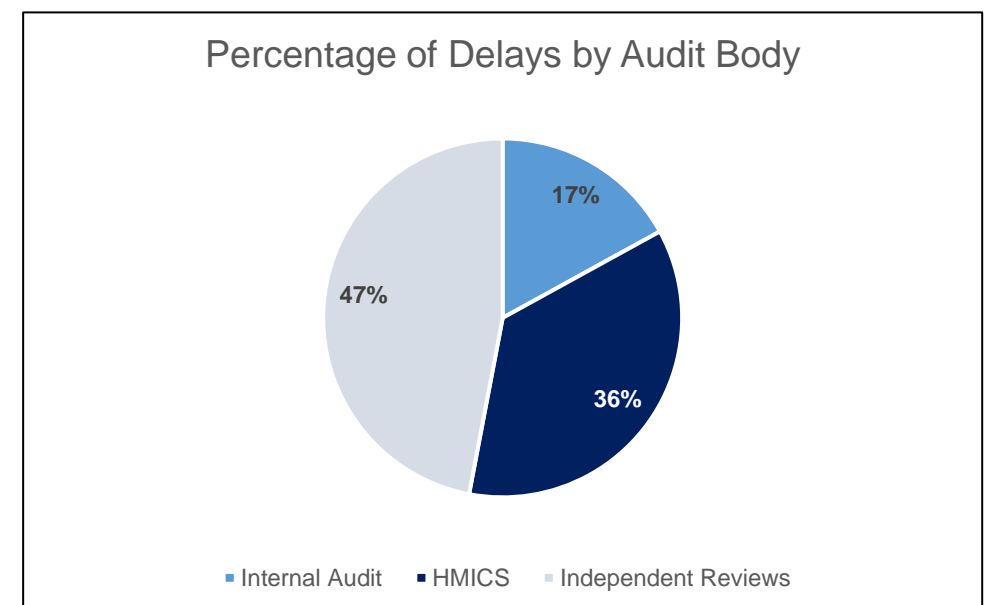
Date Changes – Overview

Overview

- 126 recommendations have had date changes. This is an increase since the last report. 19 new recommendations were reported as delayed this quarter and had date changes.

- 6% of all date changes have a Very High/High Risk status.

- Complexity, re-prioritisation linked to budget, dependencies with other work and the movement of staff are some of the main reasons why recommendations are delayed.

- We scrutinise the work undertaken to understand the barriers to completion and report these through our Management Board structures for additional governance.

- We have undertaken an assessment of all recommendations subject to changes in timescales. In most cases work is well underway but it is taking longer due to the complexity or the number of other priorities that are being worked on.

- The following slides provide details of High Risk Recommendations that are not on track according to original timescales along with recommendations that have been open the longest. For recommendations from Internal Audit we have selected those made before March 2023 and for HMICS and Independent Reviews we have selected those made before March 2022.

Risk Profile of Date Changes by Audit Body

By Audit Body

Internal Audit: VH 3, H 4, M 13, L 2
HMICS: M 36, L 9
Independent: M 59

Legend: VH, H, M, L

% of Date Changes by Audit Body

Percentage of Delays by Audit Body

- Internal Audit: 17%
- HMICS: 36%
- Independent Reviews: 47%

Issues to Highlight – Risk

- **Compliance (PAVA)** – 3 Very High, 1 High and 1 Medium Risk recommendations within the Compliance Internal Audit relating to PAVA are delayed. Some excellent progress has been made to reduce the risks and our commitment to improve this area has gone beyond original expectations or commitments. There remains challenges over ownership and this is impacting on the finalisation of the SOP and Governance and Assurance Framework to support compliance. Therefore, the revised timescale of September will not be met.

What have we achieved?

- We communicated responsibilities at a local level to ensure compliance with existing procedures.

- We reviewed storage arrangements, incorporating guidance from College of Policing and Legal Services as well as benchmarking with other forces nationwide. Storage arrangements and safe handling guidelines have been incorporated within the SOP but this is not yet finalised.

- All controls in local divisions for stock tracking have been identified to allow for a national record, by PSI, to be created for the first time detailing the serial number, location and allocation and expiry date.

- An electronic tracking system has been developed and is commencing roll out which will provide full visibility of the location and allocation of PAVA resources along with a full audit capability. This will be rolled out to Divisions incrementally over the coming months.

- Ownership has been reviewed with interim ownership in place until the new procedures are finalised and the formal transfer of ownership can take place. A governance and escalation framework has been drafted by our Business Assurance Team and will be a critical component of the SOP going forward.

What's the risk? The risks relate to the ability to track stock, provide appropriate storage arrangements are ensure staff comply with their responsibilities as set out in existing procedures. We have substantially addressed the risk through a stock-take and interim guidance but we will not achieve discharge until the SOP and all oversight arrangements are fully operational.

Issues to Highlight – Risk

- **Vetting Internal Audit** – 1 recommendation relating to updating the Designated Post List.

  What have we achieved?

  - In October 2023, all divisions were sent a list of all posts in their division and were asked to review each, using guidance from the current Vetting Manual of Guidance, to ensure that they have the correct levels of vetting based on the requirements of the role. This first phase includes all posts to ensure the force has a comprehensive list of every post. Phase 1 is complete where we have a list of all posts in the force.

  - The second phase is to take those posts which require MV clearance and create a new Designated Posts list. This list will be reviewed annually. We are now working with divisions to review the vetting requirements for all of the posts. This is an extensive task and the target date is currently revised to July 2024 but unlikely to be fully achieved due to other resource commitments.

  What's the risk? Without an accurate and up-to-date Designated Posts list, there is a risk that that individuals in posts requiring access to sensitive information are not vetted to an appropriate level which could result in inappropriate access to information, systems and/or other assets. Where individuals are vetted to a higher level than necessary for their role, this could result in inefficient use of Force Vetting resource as time is spent undertaking checks that are not required.

OFFICIAL

Issues to Highlight – Risk

- **Best Value Readiness Internal Audit** – 1 recommendation relating to producing a new forward plan to reflect the realistic progress that the Best Value Team can make with current resources.

   What have we achieved?

   - Four posts have been approved, being three of them critical to the audit recommendations from BDO. Role profiles are with P&D for evaluation. It is expected that the posts will be advertised in July/August.
   - Since the official follow up period we have made further progress. On 30 July, an updated plan was presented to Corporate Finance Board. The plan was agreed, and recruitment is now underway.
   - The original plan has been modified and the timescales revised. The updated plan is based on the Public Service Improvement Framework (PSIF) set up by the Improvement Service, a Scottish not-for-profit funded by the Scottish government, to provide public sector improvement guidance.

   What's the risk? This lack of clear pathway identified by the management on how to resource the BV team could lead to operational challenges and may impact the team's ability to deliver on its objectives effectively. It's crucial that a detailed plan is developed to address this gap promptly.

Issues to Highlight - Age

The issues being highlighted here relate to recommendations that have been open the longest and subject to delay.

- **Undercover Policing HMICS Feb 2017** – remains our oldest recommendation. Progress with implementing the new system has met further information security challenges relating to remote access. Testing remains ongoing but there are no timescales set for when this can be achieved. We are currently engaging with the business area on a regular basis and have updated HMICS on our progress.

  What's the risk? Inconsistent recording of information. No simple means to read across the various systems to establish an accurate picture of activity leading to increased risk.

- **Events Policing HMICS May 2019 –** 3 remain open and have been difficult to evidence implementation. Due to the length of time these have been open, they have had multiple business leads which has hindered closure. We have received excellent support from HMICS in respect of requirements for evidence and the business area are collating these. From the updates, we can describe new processes in place but cannot show evidence of this in practice.

  What's the risk? Inefficient use of resource as not based on true picture of demand, inconsistent risk assessment and processes and lack of organisational learning.

Issues to Highlight – Age

- **Online Child Sexual Abuse HMICS February 2020 –** 1 recommendation remains open relating to working with the Crown Office and Procurator Fiscal Service to establish a pragmatic and realistic approach to digital forensic examination requests. Work is concluding and will evidence an increase in resource, restructure, introduction of new technology, communication and education with partners and work with internal partners to agree appropriate thresholds for examination to protect vulnerability and minimise risk.

  What's the risk? Blanket requests to 'examine everything', made as a matter of routine, are unrealistic and impact on Police Scotland's digital forensic capability and therefore risk to public. A radical rethink regarding the practicalities of sustaining the current approach is required.

- **Hate Crime HMICS June 2021 –** We have a number that have been delayed due to new legislation, updated procedures and new crime system. We are working on some closures to submit to HMICS in the next few weeks.

  What's the risk? Inconsistent practice, lack of direction and national policy and procedures. Lack of data to drive tasking and decision making. Partnership working and sharing good practice.

Issues to Highlight – Age

- **Leadership, Training and Development Phase 1 HMICS September 2020 –** 1 recommendation remains open from the 17 recommendations made. The remaining recommendation relates to reviewing the various places where local and specialist training are being delivered throughout the force, out with the Leadership Training and Development business area, and consider the opportunities to increase capability and capacity through sharing resources. This has been subject to delay with original plans paused. A revised L&D Plan will be discussed at the end of August 2024. The first theme within the plan is focussed on agreeing and establishing the L&D structure for Police Scotland and ensuring that this, along with knowledge and skill sets, supports the demand placed on the portfolio. Once agreed we will discuss with HMICS regarding closure.

  What's the risk? Inefficient use of skill resource to deliver on force-wide priorities.

- **Crime Audit HMICS September 2021 –** We have 5 strategic recommendations remaining open that will be difficult to evidence change and effectiveness without carrying out another Crime Audit. Work has been focused on implementing a single crime recording system and consistent practices and structures across the country. Although the single crime recording system is in place there remains work in the background to ensure consistency of practice and structures. This work is progressing but it is likely the recommendations will remain open until the next Crime Audit takes place expected 2025.

  What's the risk? The approach to training is not adequate to ensure the principles of accurate crime recording are embedded in accordance with the Strategy. Lack of training impacting on quality. Lack of ownership on roles and responsibilities to improve standards of recording and inconsistent structures and processes for crime recording.

Issues to Highlight – Age

- **Legal Claims Internal Audit August 2021 –** 1 recommendation remains open relating to aligning organisational learning from Legal Claims processes with the structures put in place to coordinate and implement any identified actions nationally. This is wholly dependent on the corporate organisational learning structure which is not in place. Legal Claims is a key consideration and Legal Services are involved in discussions relating to the design of a force-wide framework. Legal Claims do have their own approach to sharing / disseminating learning but it does not feed into a wider structure.

  What's the risk? In the absence of a wider framework, there is a risk that identified organisational learning is not progressed as a consequence of unclear ownership of the resulting actions, leading to failure to address root causes driving legal claims.

- **Organisational Learning Internal Audit September 2022 –** All recommendations from this publication are outstanding. Significant work has been undertaken to review and define a framework which has been subject to extensive internal consultation. A plan is in place to take this work forward but it requires additional resource and new structures and processes to achieve.

  What's the risk? Inconsistent approaches, lack of clarity on roles and responsibilities, standard definitions, ability to learn from the past.
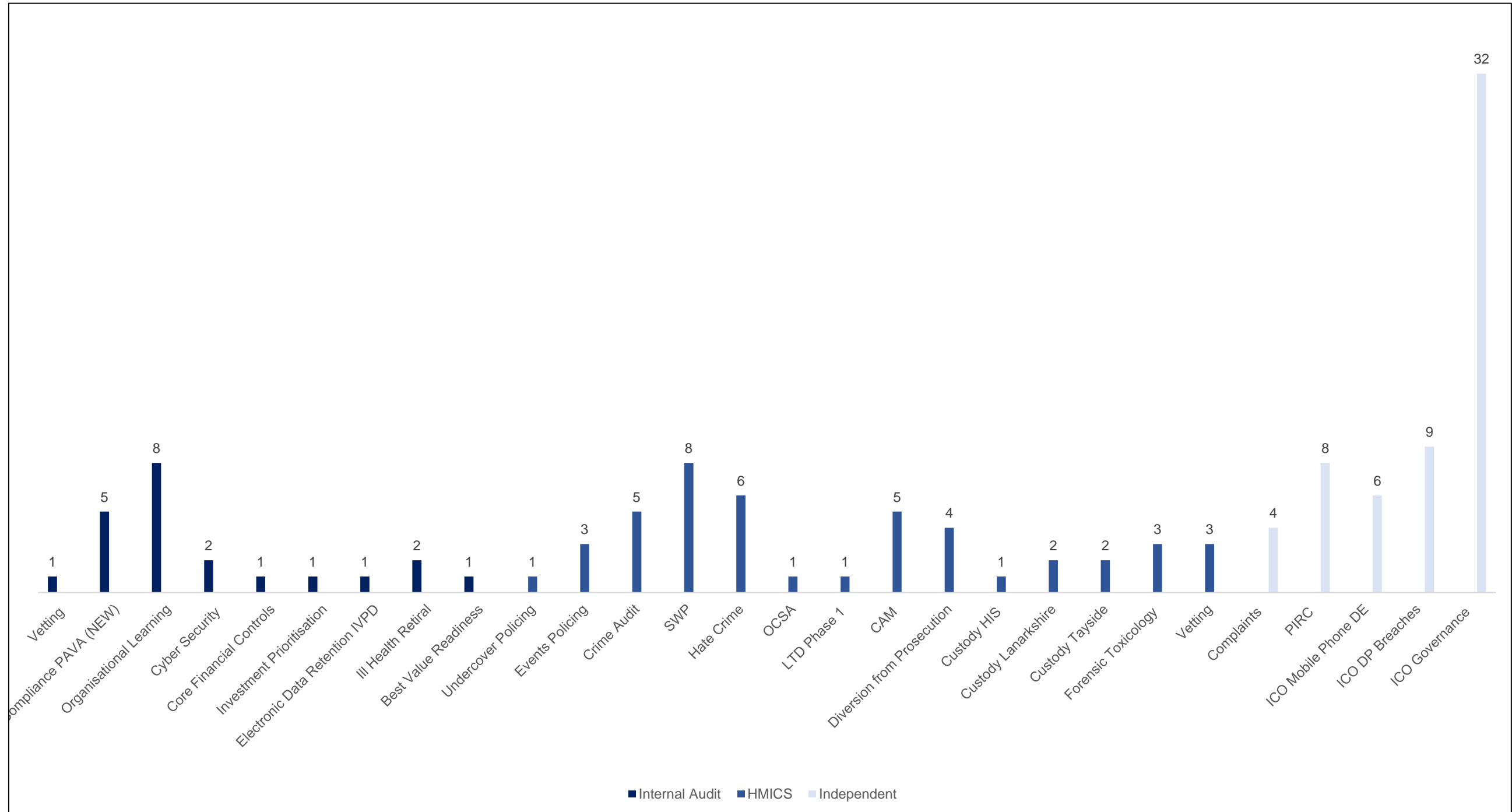
Issues to Highlight – Age

- **Complaints Handling Angiolini Review November 2020 – 5** recommendation remains open relating to this review. 1 is pending closure relating to the IRG findings and Police Scotland can do nothing further at this time. 3 relate to improving EDI data collation and reporting relating to complaints both from service users and our own staff. This has required an upgrade to our Complaints IT system which has taken time to progress and test. This is now in place and we are in a position to progress but will need time to collate evidence of the change. The final recommendation relates to rank ratios and workloads for Sergeants to free up time to support, supervise more closely and mentor staff to reduce complaints and create positive work environments. The rank ratio work is complete. The work to review sergeant workloads is ongoing via our Local Policing Service Delivery Review programme and will report later in the year. This will be a difficult recommendation to evidence change as it relates to our organisational culture.

What's the risk? Police Scotland and SPA Complaints and Conduct Committee do not fully understand the diversity and ethnicity of our complaints profile. Police Scotland are unable to provide an overview of the specific ethnic groups affected by crime, and therefore unable to identify/understand trends and the impact of harms. We are unable to highlight potential or actual discriminatory behaviours and the types of complaints made by particular communities within Scotland; identify recurring themes, geographical or other patterns and enhance Police Scotland's ability to put in place preventative policy or practice measures. Staff are not supported, staff workload concerns not addressed, staff morale due to value of their work unappreciated

Date Changes – By Audit Body

Summary of Delays by Publication

Police Scotland Recommendations Trends

Recommendations by Theme (%)

Bar chart showing percentages: Better Practice 34%, Guidelines 23%, Governance 22%, Compliance 17%, Resources 4%, Human Error 0%

Recommendations by Age

Stacked bar chart (Open / Closed):
- 17/18: Open 1, Closed 219
- 18/19: Open 0, Closed 195
- 19/20: Open 3, Closed 186
- 20/21: Open 17, Closed 166
- 21/22: Open 4, Closed 106
- 22/23: Open 65, Closed 104
- 23/24: Open 232, Closed 75
- 24/25: Open 4
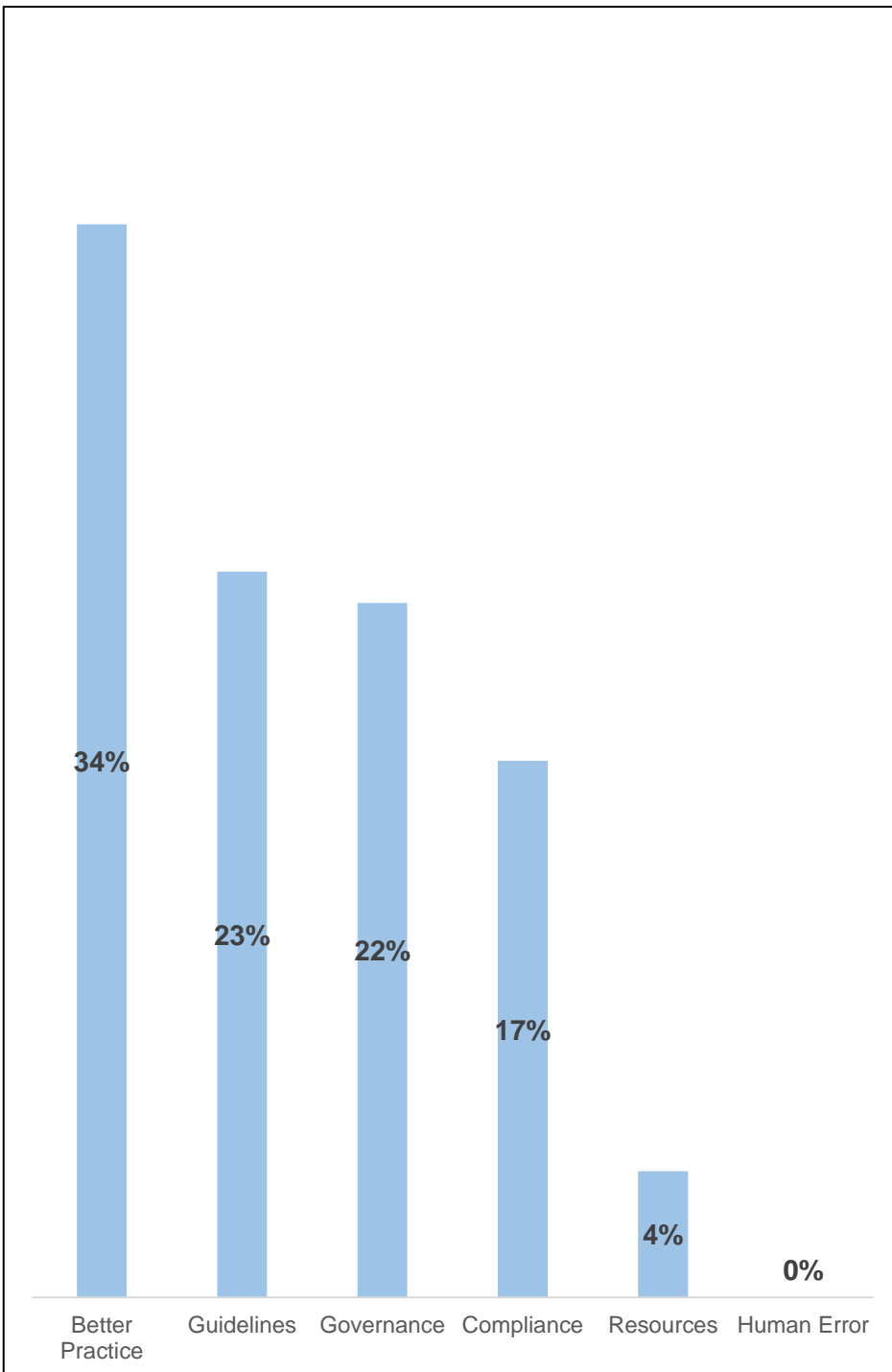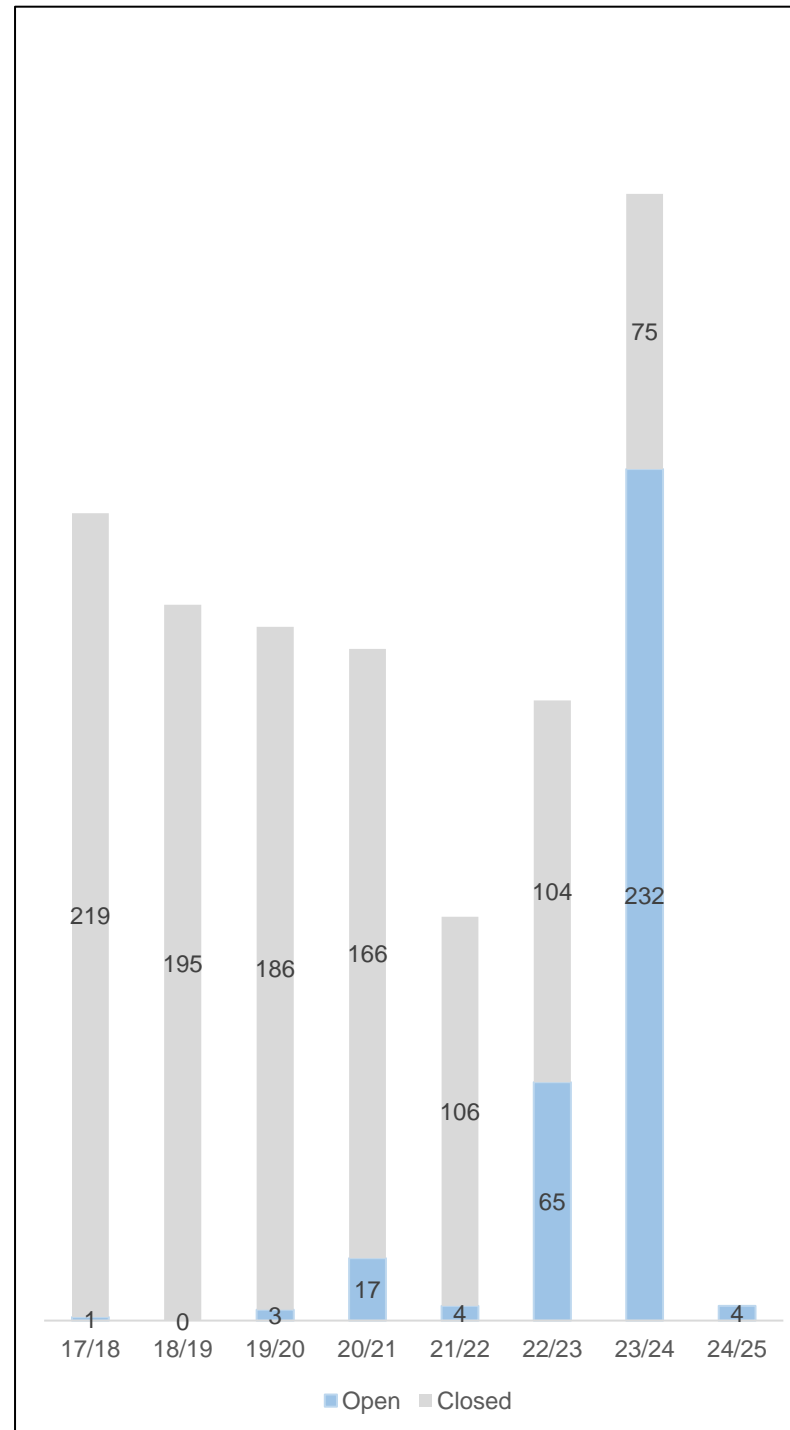
Summary

- **Themes** – The largest proportion of recommendations relate to Better Practice meaning these are opportunities for continuous improvement rather than relating to non-compliance. There remain high numbers of recommendations in the Guidelines category which relates to policies, procedures to govern what, why and how activities are progressed.

- **Age** – There has been positive movement with closures in the 2022/23 and 23/24 age categories. There has been no change to recommendations open 2021 and older. We continue to focus on reducing the number of recommendations in the oldest age category and we are working on bringing these to a close.

A third of all open recommendations were added between 1 January and 30 June 2024.

Recommendations Closure Process

Report Published by Scrutiny Body

Recommendations added to Action Management System (4Action) — This generates a triggered alert on our system to advise the owners they have been allocated an action. This improves ownership and governance of action tasking.

System Alerts 90 days / 30 days / monthly — A system generated alert is sent at 6 and 3 month intervals to prompt for updates and then monthly thereafter until complete. We have the ability to request an update if needed via the system but we also have meetings with business contacts and attend Tactical Implementation Meetings where relevant.

Business areas add updates/ final closing statements

NOTE - Business areas include evidence as follows:
What have you done?
How did you do it?
What has changed?
How do you know it is successful?
How do you know it is sustainable?

Audit Management Team Quality Assurance. Is there sufficient explanation and evidence as per the note above to send to auditor/inspectorate? — NO / YES

AMT upload to HMICS Egress / or Internal Audit for review and discharge

Audit Body review. Does the final closing statement and evidence bring show the desired improvement or risk mitigation? — YES / NO

Discharged Action fully verified on system and archived

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Appendix B

Summary of High Risk Recommendations

Very High and High Risk Status Report

POLICE SCOTLAND
Keeping people safe
POILEAS ALBA

Publication Title (AMT)	Publication Date	Summary	Risk Rating	Fixed Target	Variable Target	Timing	Status
Vetting	11 Jul 2022	1.1 Designated Posts...	High	31 Jul 2023	31 Jul 2024	Behind	In Progress
Cyber Security	11 Jan 2023	2.2 Policy Weaknesses...	High	31 Mar 2025	31 Mar 2025	On-Track	Not Started
Compliance PAVA Airwave	17 Mar 2023	1.2 PAVA - Storage Lockers...	High	31 Jan 2024	30 Sep 2024	Behind	In Progress
Compliance PAVA Airwave	17 Mar 2023	2.1 PAVA - Oversight Arrangements...	Very High	31 Jan 2024	30 Sep 2024	Behind	In Progress
Compliance PAVA Airwave	17 Mar 2023	3.1 PAVA - Tracking of Stock...	Very High	31 Jan 2024	30 Sep 2024	Behind	In Progress
Compliance PAVA Airwave	17 Mar 2023	4.1 PAVA Compliance Monitoring...	Very High	31 Jul 2023	30 Sep 2024	Behind	In Progress
Custody Lanarkshire (Joint HIS)	20 Apr 2023	R7 - Record Patient Transfers...	High	31 Mar 2024	30 Sep 2024	Complete	Further evidence requested by HMICS
Custody Lanarkshire (Joint HIS)	20 Apr 2023	R8 - Compliance with Environmental Cleaning Standards...	High	31 Mar 2024	31 Mar 2024	Late	Preparing Evidence Submission
Custody Lanarkshire (Joint HIS)	20 Apr 2023	R9 - Availability of Cleaning Products...	High	31 Mar 2024	31 Mar 2024	Late	Preparing Evidence Submission
Custody Lanarkshire (Joint HIS)	20 Apr 2023	R13 - Safe/Lockable Storage for Drugs...	High	31 Mar 2024	30 Jun 2024	Late	Preparing Evidence Submission
Records Management 2022 - Keeper of Records Scotland Assessment	09 Aug 2022	Element 3-Policy	High	31-Dec-24	31 Dec 2024	On-Track	In Progress
Records Management 2022 - Keeper of Records Scotland Assessment	09 Aug 2022	Element 6: Destruction Arrangements	High	31 Dec 2025	31 Dec 2025	On-Track	In Progress
Records Management 2022 - Keeper of Records Scotland Assessment	09 Aug 2022	Element 8: Information Security	High	31 Dec 2024	31 Dec 2024	On-Track	In Progress
Independent Human Rights Assessment	01 Jul 2023	8. OST Training...	High	TBD	TBD	Draft	Draft
Independent Human Rights Assessment	01 Jul 2023	19. Use of Force Policy...	High	TBD	TBD	Draft	Draft
Vetting AAR	03 Oct 2023	R02 Review of Recruitment Vetting for All Staff...	High	31 Jan 2025	31 Jan 2025	On-Track	Not Started
Vetting AAR	03 Oct 2023	R03 Vetting - 10 Year Checks...	High	31 Jul 2024	31 Jul 2024	On-Track	In Progress
Vetting AAR	03 Oct 2023	R04 Policy and Process for Granting Conditional Vetting Clearance...	High	30 Nov 2025	30 Nov 2025	On-Track	Not Started
Vetting AAR	03 Oct 2023	R05 Designated Post List Review...	High	31 Aug 2024	31 Aug 2024	On-Track	Not Started
Vetting AAR	03 Oct 2023	R08 Policy - Reviewing Vetting Following Misconduct...	High	30 Nov 2025	30 Nov 2025	On-Track	Not Started
Vetting AAR	03 Oct 2023	R09 Policy - Enhanced Vetting Checks Refused/Withdraw...	High	30 Nov 2025	30 Nov 2025	On-Track	Not Started
Vetting AAR	03 Oct 2023	R11 Policy for Maintenance of Vetting Clearance...	High	30 Nov 2025	30 Nov 2025	On-Track	In Progress

Appendix B Cont...

Custody D&G (Joint)	07 Nov 2023	R02 Anti Harm Garmets Sizing...	High	31 Jul 2024	31 Jul 2024	On-Track	Not Started
Custody D&G (Joint)	07 Nov 2023	R08 Clinical Examination Rooms...	High	31 Jul 2024	31 Jul 2024	On-Track	Not Started
Custody D&G (Joint)	07 Nov 2023	R09 Maintenance of Emergency Equipment...	High	31 Jul 2024	31 Jul 2024	On-Track	Not Started
Custody D&G (Joint)	07 Nov 2023	R13 Training for Administering Medication...	High	30 Jun 2024	30 Jun 2024	On-Track	Preparing Evidence Submission
New Legislation	29 Jan 2024	1.1 Reporting to the Resources Committee (Impact Assessment)...	High	31 Oct 2024	31 Oct 2024	On-Track	In Progress
New Legislation	29 Jan 2024	1.2 Reporting to the Resources Committee (Financial Breakdown Template)...	High	31 Oct 2024	31 Oct 2024	On-Track	Not Started
New Legislation	29 Jan 2024	1.3 Reporting to the Resources Committee (Detailed Figures)...	High	31 Oct 2024	31 Oct 2024	On-Track	Not Started
Investment Prioritisation & Budget Setting	14 Mar 2024	2.1 Impact Analysis Framework...	High	31 Dec 2024	31 Dec 2024	On-Track	In Progress
Frontline Focus Wellbeing (Strategic)	11 Apr 2024	R01 Wellbeing Plan...	High	TBD	TBD	On-Track	Draft
Grievance Process	30 Apr 2024	1.1 Grievance Governance Reporting...	High	31 Dec 2024	31 Dec 2024	On-Track	Not Started
Grievance Process	30 Apr 2024	2.1 Effective HR System...	High	30 Sep 2024	30 Sep 2024	On-Track	Not Started
Grievance Process	30 Apr 2024	2.2 Spot Checks...	High	30 Sep 2024	30 Sep 2024	On-Track	Not Started
Custody Fife (Joint)	28 Mar 2024	R4 - Cell Air Vents - Address Ligature Risks...	High	TBD	TBD	On-Track	Draft
Custody Fife (Joint)	28 Mar 2024	R10 - Compliance with Cleaning Standards...	High	TBD	TBD	On-Track	Draft
Custody Ayrshire (Joint HIS)	30 May 2024	R4 Sharps Bins - Compliance NHS Ayrshire and Arran and Police Scotland should ensure that sharps bins are managed in line with current guidance	High	TBD	TBD	On-Track	Draft
Best Value Readiness	30 Apr 2024	1.1 Resources Forward Plan	High	31 Aug 2024	31 Aug 2024	On-Track	In Progress
Best Value Readiness	30 Apr 2024	1.2 Additional Resources	High	30 Jun 2024	30 Sep 2024	Behind	In Progress