

<b>Meeting</b>	<b>Audit, Risk and Assurance Committee</b>
<b>Date</b>	<b>28 January 2021</b>
<b>Location</b>	<b>Video conference</b>
<b>Title of Paper</b>	<b>Management Progress on Internal Audit Actions</b>
<b>Presented By</b>	<b>Gary Devlin, Partner, Azets</b>
<b>Recommendation to Members</b>	<b>Members are requested to discuss the report.</b>
<b>Appendix Attached</b>	<b>Internal Audit Follow Up Report Q3</b>

**PURPOSE**

This paper summarises management progress in completing management actions arising from internal audit reports.

The paper is presented in line with the Scottish Police Authority Internal Audit contract.

The paper is submitted for discussion.

## **1. BACKGROUND**

- 1.1 A follow up tracker is maintained by Police Scotland (PS) to record updates on the progress made by management across PS to implement actions from previous internal audits. We have agreed with Police Scotland that they will make the tracker available to Internal Audit on a quarterly basis for review. We also liaise with SPA staff to obtain updates in relation to SPA-specific actions.
- 1.2 For recommendations graded priority 3 or above, we request evidence to validate completion of any actions marked for closure by management.

## **2. FURTHER DETAIL ON THE REPORT TOPIC**

- 2.1 We have validated the closure of 26 actions (38%) completed in the period to December 2020, 6 of which are higher grade (grade 3 or 4). 19 actions (28%) were not yet due at the time of our validation work and a further 20 actions (29%) have passed their original due date and have been assessed as in progress. Further detail on all actions that have passed their original due dates for completion is included at Appendix 3.
- 2.2 2 actions have not been implemented, and have been proposed for closure by Management, and 1 action is considered no longer applicable in the light of changing circumstances. These actions are detailed at Appendix 2, with the rationale for closure.
- 2.3 We received updates for all actions with the exception of one action from the 2018/19 report of the review of SPA/PS/Forensics Joint Working. We did not receive revised due dates for all actions for which updates have been provided. Where we have not received a revised due date, we have indicated a due date of March 2021 such that an update will be sought in our next follow up exercise.
- 2.4 We therefore consider that management has made reasonable progress in implementing agreed audit actions. Particular attention should be paid to those actions that have passed their original due date for completion over the next quarter, particularly the aged items.

**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**

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**

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.

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Scottish Police Authority

**Internal Audit Report**

**Management Action Follow-up –Q3  
2020/21**

December 2020



# Scottish Police Authority

## Internal Audit Report

### Management Action Follow-up – Q3 2020/21

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# Introduction and background

## Introduction

As part of the internal audit programme, we complete a follow up review every quarter to provide the Scottish Police Authority with assurance that management actions agreed in previous internal audit reports have been implemented appropriately. This report summarises the progress made by management in implementing agreed management actions during Q3 2020/21.

## Scope

A follow up tracker is maintained by Police Scotland (PS) to record updates on the progress made by management across PS to implement actions from previous internal audits. We have agreed with Police Scotland that they will make the tracker available to Internal Audit on a quarterly basis for review. We also liaise with SPA staff to obtain updates in relation to SPA-specific actions.

For recommendations graded priority 3 or above, we request evidence to validate completion of any actions marked for closure by management.

## Action for the Audit, Risk, and Assurance Committee

The Committee is asked to note the progress made by management in implementing agreed management actions. The Committee is also asked to consider and approve those actions which have been proposed for closure by Management (detailed at Appendix 2), and those for which revised timescales have been provided by management (these are detailed at Appendix 3).

## Acknowledgements

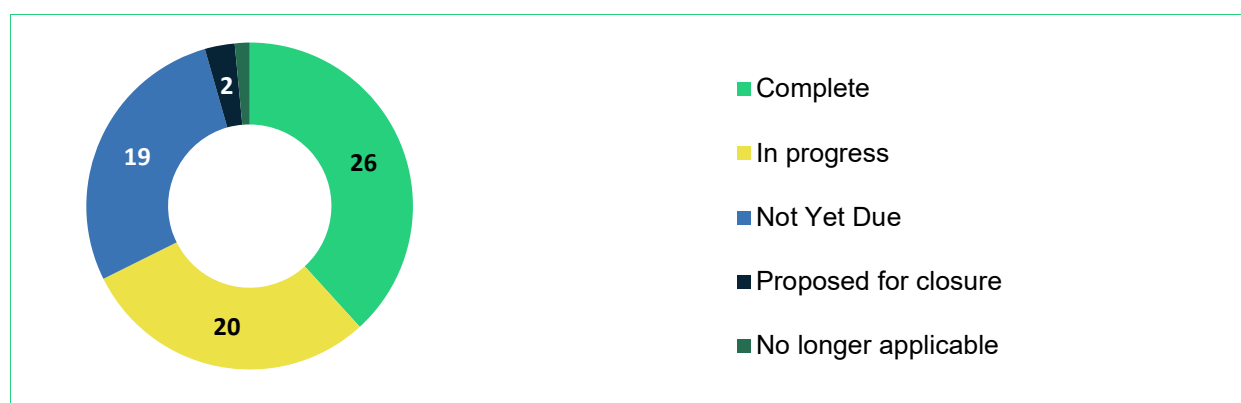
We would like to thank all staff who provided updates for their assistance and co-operation.

# Summary of progress

The table below shows the movement in actions included on the Audit Recommendation Tracker, including any outstanding actions brought forward from the previous review in September 2020:

	Number of Actions
Open actions brought forward	57
Actions added to tracker	11
<b>Total actions to follow-up</b>	<b>68</b>
Actions closed	26
Actions proposed for closure	2
Actions no longer applicable	1
<b>Open actions carried forward</b>	<b>39</b>

## Status of Actions as at December 2020



We have validated the closure of 26 actions (38%) completed in the period to December 2020, 6 of which are higher grade (grade 3 or 4). 19 actions (28%) were not yet due at the time of our validation work and a further 20 actions (29%) have passed their original due date and have been assessed as in progress. Further detail on all actions that have passed their original due dates for completion is included at Appendix 3.

2 actions have not been implemented, and have been proposed for closure by Management, and 1 action is considered no longer applicable in the light of changing circumstances. These actions are detailed at Appendix 2, with the rationale for closure.

We received updates for all actions with the exception of one action from the 2018/19 report of the review of SPA/PS/Forensics Joint Working. We did not receive revised due dates for all actions for which updates have been provided. Where we have not received a revised due date, we have indicated a due date of March 2021 such that an update will be sought in our next follow up exercise.

We therefore consider that management has made reasonable progress in implementing agreed audit actions. Particular attention should be paid to those actions that have passed their original due date for completion over the next quarter, particularly the aged items.

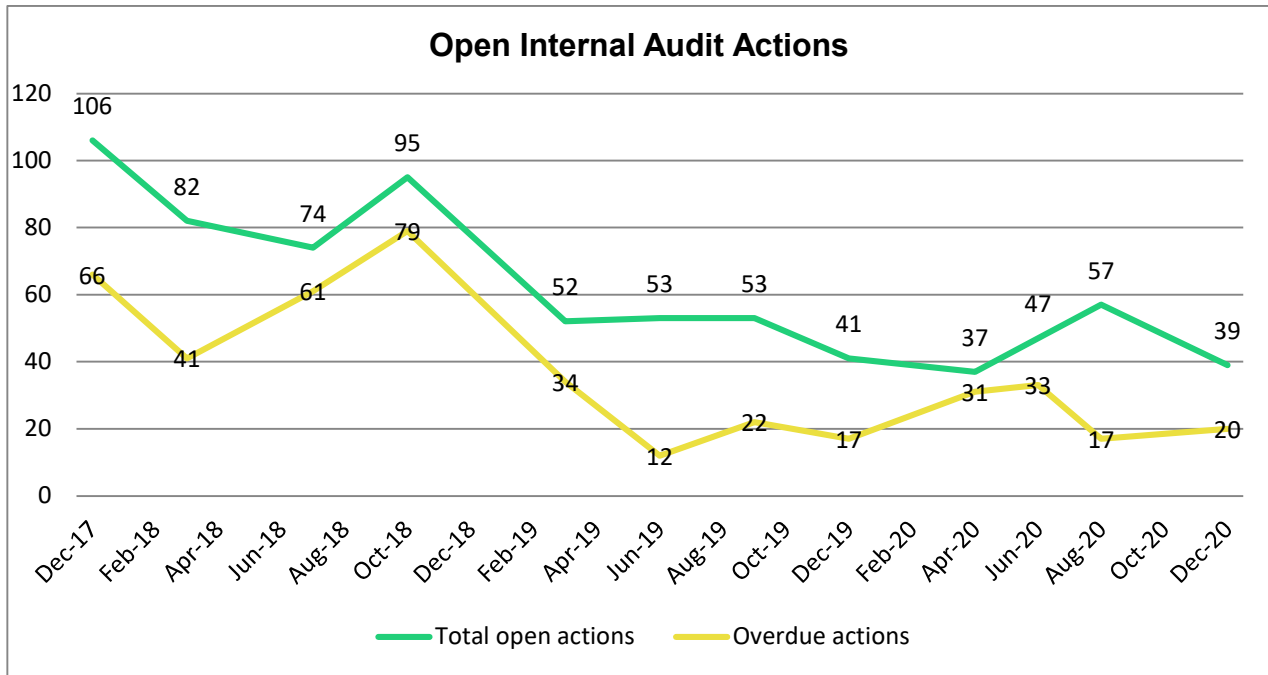
A summary of the status of actions by report is shown at Appendix 1.



## Open Internal Audit actions

The following graph illustrates management's progress in implementing actions since December 2017. The two lines show the total number of open actions, which includes those not yet due for completion, and the number of overdue actions that have passed their original completion date.

The total number of open actions has reduced, however there has been a slight increase in the number of overdue actions. Management should continue to monitor the proportion of overdue actions to ensure that these are being addressed in a timely manner.



## Status by Grading

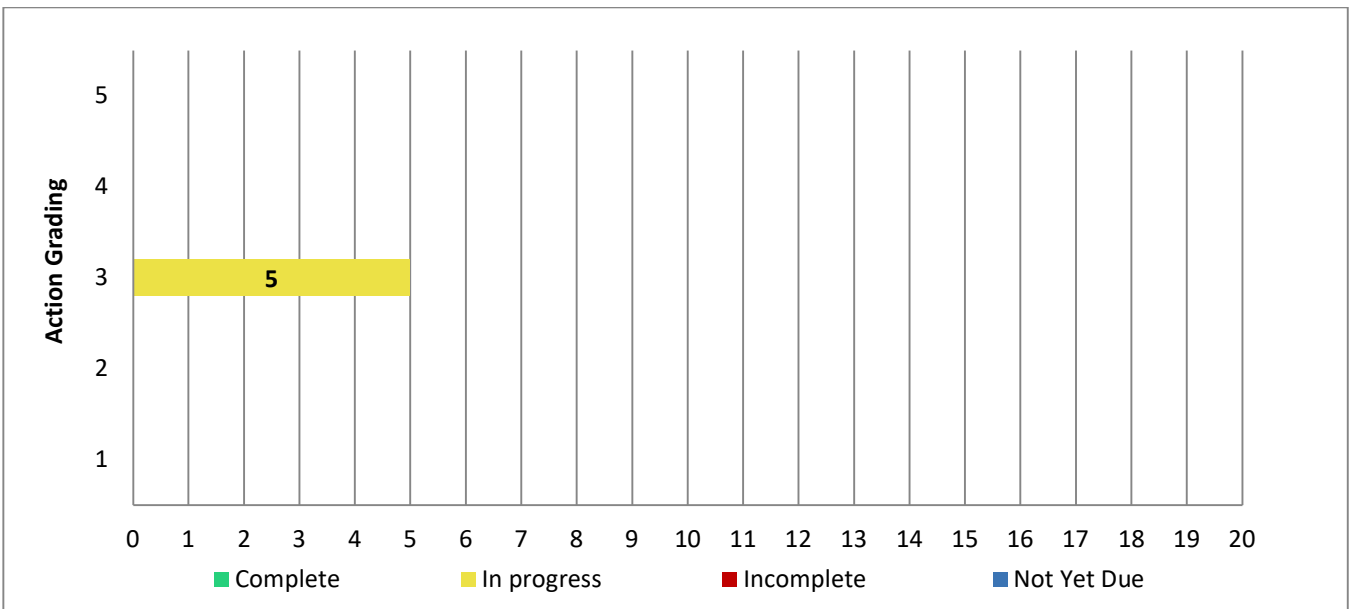
Until 2017/18, we categorised our recommendations using a sliding scale, as outlined below.

Priority	Definition
Grade 5	Very high risk exposure - Major concerns requiring immediate Board attention.
Grade 4	High risk exposure - Absence / failure of significant key controls.
Grade 3	Moderate risk exposure - Not all key control procedures are working effectively.
Grade 2	Limited risk exposure - Minor control procedures are not in place / not working effectively.
Grade 1	Efficiency / housekeeping point.

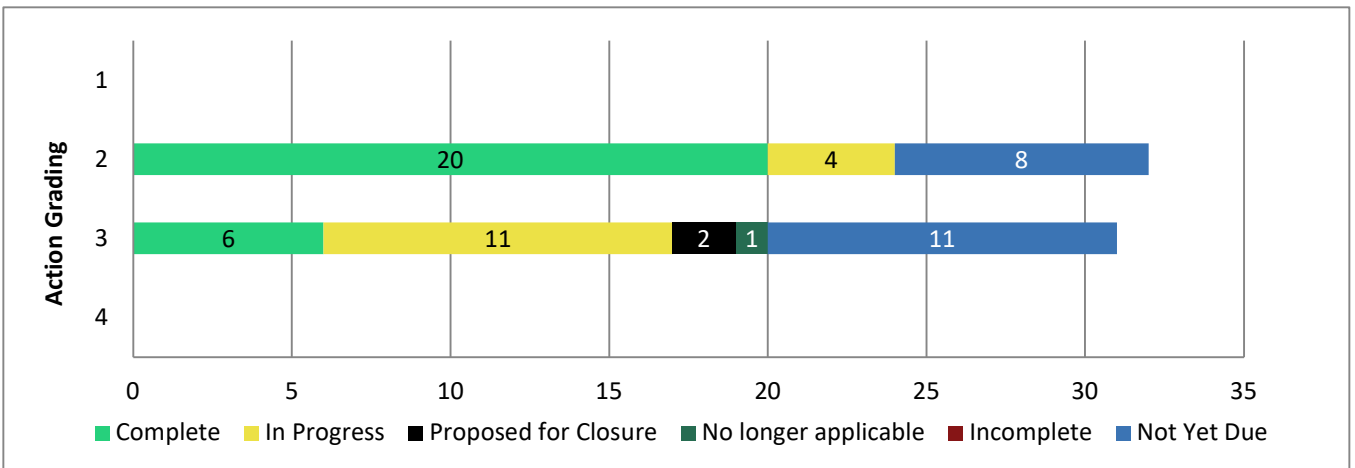
From 2017/18, our categorisations changed as follows.

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

Pre 2017/18 actions

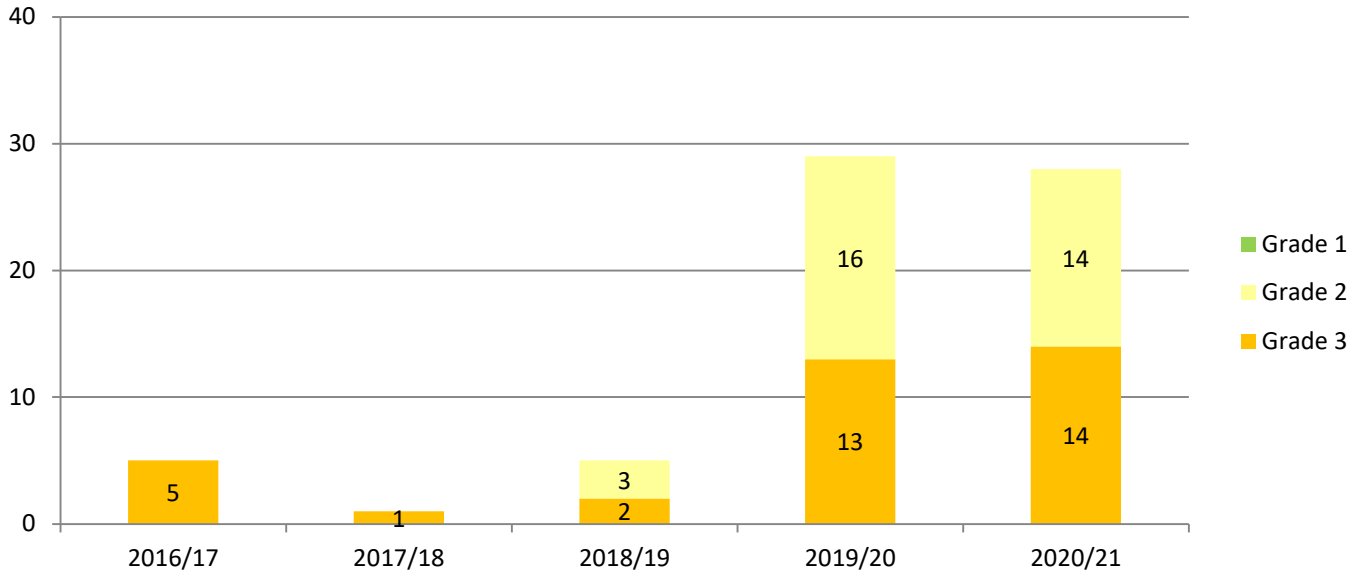


2017/18 onwards



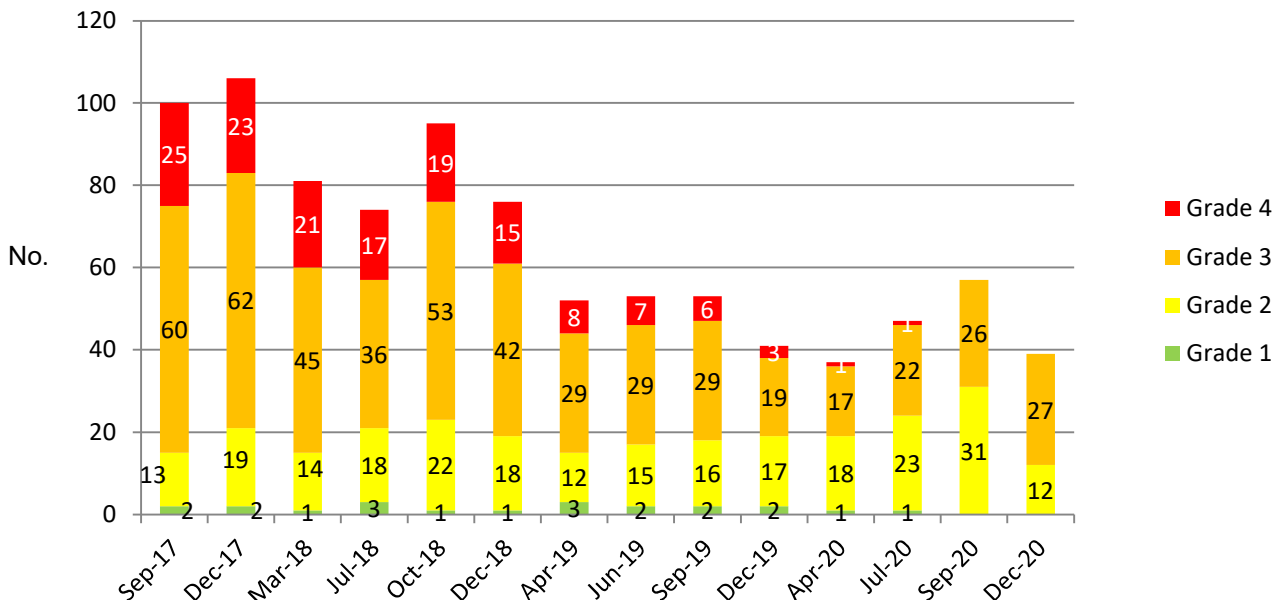
## Age and grade of open actions

The chart below shows the number and grade of open actions categorised by the year in which the actions were raised:



## Movement in Audit Actions

The graph below prioritises the outstanding actions by grade, as reported in our follow up reports since September 2017.



Appendix 2 sets out the actions proposed for closure by management. Appendix 3 sets out the current status of actions classed as “partially complete” and “incomplete” based on updates provided by management.

# Appendix 1: Action status by report

Report title	Date of Issue	Audit Sponsor	Total report actions	Completed in previous quarters	Open in Qtr 3	Breakdown of Outstanding actions			
						Complete or no longer applicable	In Progress	Incomplete	Not Yet Due
Non-Pay Expenditure	Aug 17	Chief Financial Officer	9	4	5	-	5	-	-
2016-17 Sub Total			9	4	5	-	5	-	-
Workforce Management	Jul 18	Director of People and Development	10	9	1	1	-	-	-
2017-18 Sub Total			10	9	1	1	-	-	-
Staff Performance Management	Dec 18	ACC Organisational Change and Resilience Director of Forensics	5	3	2	2	-	-	-
Information Management - Data Security Management	Feb 19	ACC Professionalism and Assurance	6	5	1	1	-	-	-
Financial Planning	Jun 19	Chief Financial Officer	4	3	1	-	1	-	-
SPA/PS/Forensics Joint Working	Jun 19	SPA CO, PS Deputy CO, Director of Forensics	3	2	1	-	1	-	-
2018-19 Sub Total			18	13	5	3	2	-	-
Transformation Assurance Programme	Jun 19	Deputy Chief Officer	6	5	1	1	-	-	-
General Computer Controls (eFinancials & Asset 4000)	Aug 19	Chief Financial Officer Interim Director of ICT	9	6	3	1	2	-	-
Payroll	Dec 19	Chief Financial Officer	6	3	3	1	2	-	-
Transformational Change Programme	Mar 20	Deputy Chief Officer	10	3	7	7	-	-	-
Relocation Costs	Apr 20	SPA Interim Chief Executive	11	10	1	1	-	-	-
Strategic Workforce Planning	Apr 20	DCC People and Professionalism	5	3	2	1	-	-	1
Cyber Risk and Resilience	Jun 20	Deputy Chief Officer Director of Forensics	4	-	4	-	4	-	-
Demand and Productivity	Jun 20	Deputy Chief Officer	7	-	7	4	2	-	1
Non-pay expenditure	Jun 20	Chief Financial Officer	1	-	1	-	1	-	-
2019-20 Sub Total			59	30	29	16	11	-	2
Data Protection	Jun 20	ACC Professionalism and Assurance Interim Chief Executive	17	-	17	9	2	-	6
Staff Wellbeing	Sept 20	Director of People and Development	11	-	11	-	-	-	11

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2020-21 Sub Total	28	-	28	9	2	-	17
<b>TOTAL</b>	<b>124</b>	<b>56</b>	<b>68</b>	<b>29</b>	<b>20</b>	<b>-</b>	<b>19</b>

## Appendix 2: Summary of actions proposed for closure

Report	Recommendation	Management response	Action Owner	Grade	Original timescale	Rationale for Closure
2019-20 Payroll	<p><b>1.3 Expense claiming process</b></p> <p>Police Scotland should consider implementing the expense module within iTrent with the aim of improving the efficiency of the expense claiming process. Although the module is fully compliant with current organisational policies and procedures, Police Scotland need to consider how the system will be routinely maintained to ensure it continues to reflect subsequent expense policy and procedure amendments, as well as staff deployments that will impact the expense types staff members can claim.</p>	<p>Management accept the recommendation.</p> <p>Will look at the feasibility of implementing iTrent expenses module.</p> <p>Detailed planning session scheduled for February with vendor, which will confirm planning/feasibility.</p>	Financial Transactions Lead	2	Jan 21	<p><b>No Longer Applicable</b></p> <p>The implementation of the expense module within iTrent has been considered by various stakeholders within Finance, HR &amp; TCSS. The MHR contract is up for renewal in January 21, a paper will be presented to the TCSS team and SPA Resources Committee to agree a 1+1 year extension. A decision by the TCSS team will be required next year to determine what the future of the payroll solution looks like and whether we re-contract with MHR as our payroll supplier or whether we will move to a new payroll supplier.</p> <p>Even with the MHR extension of two years, it would take around 18 months to move away from Scope and implement the expenses module and require a lot of support from other business areas such as HR and IT. Changing to the expense module would affect the entire establishment of Police Scotland (circa 22,000 staff) and as the change could potentially only be in for a short period, we feel it would not be cost effective to do this now and resources could be better placed.</p>

Report	Recommendation	Management response	Action Owner	Grade	Original timescale	Rationale for Closure
						This recommendation was highlighted by audit due to the risk of erroneous claims being made. Staff and Officer allowances and expenses are clearly documented on the HR intranet, all staff and officers should read these to ensure eligibility before making and approving claims. Currently, any staff who makes an expense or allowance claim must have two level authorisation usually from a line manager and the business unit or line manager and SMT, this process stops many claims made in error from reaching payroll as they are checked twice.
<b>2019-20 Strategic Workforce Planning</b>	<p><b>2.1 Key Person Risk</b> Police Scotland should review the mitigating controls in place to address key person risk, and ensure that any existing mitigations are fully reflected in the project risk register. Potential mitigating actions may include:</p> <ul style="list-style-type: none"> <li>The development of a detailed process document which develops existing methodology documentation into detailed processes for the scrutiny and aggregation of local workforce plans;</li> <li>Development of the project plan to a greater level of detail (see MAP 3.1), and in particular ensuring that actions delegated to operational staff across</li> </ul>	<p>Management partially accepts this recommendation.</p> <p>Police Scotland have hired a Workforce Planning and Design Manager to lead this work, and it is accepted this is a difficult skillset to acquire with a limited amount of subject matter expertise across the country. The intention as the project moves forward is to ensure the analysts on the team continue to develop, while it is also expected that as the process becomes embedded within Police Scotland –</p>	Director of People and Development	3	April 21	<p><b>Proposed for Closure</b></p> <p>Project resources focused on actions to meet the demands of stage 10, which was considered one of the most resource intensive phases of the project, but completed on 30 October in line with the plan, indicating the mitigating actions taken have had an impact.</p> <p>This was reported to the SWP Project Board on 17 November, and proposed that in light of the completion of Stage 10 and the appointment of a Workforce Design and Assurance Manager that this action could be considered as complete. Which was accepted, and attached is the action/decision log in confirmation.</p>

Report	Recommendation	Management response	Action Owner	Grade	Original timescale	Rationale for Closure
	<p>Divisions, and the responsibility and deadlines for delivering these, are fully articulated;</p> <ul style="list-style-type: none"> <li>• Upskilling and knowledge sharing with other members of the project team;</li> <li>• Reviewing and redistributing workload within the project team, and where SWP work overlaps with other areas of work; or</li> <li>• Reviewing the overall level of resource allocated to the project team.</li> <li>• Implementing any of these actions, or a combination thereof, will provide greater resilience in the event of issues arising with the availability of key staff.</li> </ul>	<p>and local planners gain more experience in drafting plans – that the amount of organisational competence in this area will continue to grow. The Project Manager will however look to improve the documentation set as part of the governance process, using the project plan to anticipate and mitigate resource crunches in current and upcoming stages. In the longer term once the current plan is drafted and delivered there will be an opportunity to further review the size and structure of the current delivery model to ensure a suitably resourced and resilient function is put in place.</p>				<p>The Strategic Workforce Plan is to be presented to the SPA Resources Committee on 18 December.</p> <p>Thereafter it is anticipated that any changes to the delivery model will be reported under 7.1-Transition to Business as Usual.</p>
<b>2019-20 Relocation Costs</b>	<p><b>4.1 Reporting of Relocation Expenses</b></p> <p>We recommend that the Board, or other nominated committee receive, on an annual basis at least, an update of the relocation expenses which are have been processed and paid. The reporting should include data such as volume of expenses processed and total amounts paid out, as well as</p>	<p>Agreed. The new Payroll system will support accurate reporting of relocation expenses from 1 April 2020. On an annual basis, shortly after year end, we will report to Resources Committee or any other committee considered appropriate by the Board, a summary of</p>	Financial Controller	3	Jun 20	<p><b>Proposed for Closure</b></p> <p>The paper was presented at the SPA resources committee on 12th November 2020. The chair was content with the contents the paper.</p> <p>The recommendation states this report should go to the SPA resources committee annually, however, the chair</p>



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Report	Recommendation	Management response	Action Owner	Grade	Original timescale	Rationale for Closure
	detailing any expenses claimed above the £8000 threshold in the form of a running tracker maintained by P&D.	all relocation expenses paid during the preceding year. This will include (inter alia) the number of claims, the total value of reimbursements and details of any claims above the HMRC threshold of £8,000. A report for 2019/20 will be produced and arrangements made to present to Resources Committee on 16 June 2020				of the committee and SPA CE felt this was unnecessary.

## Appendix 3: Summary of actions past their current due date

Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
<b>2016/17 Reviews</b>							
Non-pay expenditure	1.1 Consistent purchasing process	Head of Procurement	3	Mar 18	Jan 21	<p>Further improvements to the purchasing process workflow will be implemented through the delivery of the new P2P system functionality.</p> <p>Implementation of the revised Purchase to Pay System is underway and is expected to be ready at the end of December.</p>	In Progress
Non-pay expenditure	1.2 Purchasing policies, procedures and training	Head of Procurement	3	Mar 18	Jan 21	<p>As per 1.1, the Procurement Improvement Team will implement a communication and training plan to ensure all relevant staff are aware of new policies and procedures. Further training will be planned under the P2P project.</p> <p>Implementation of the revised Purchase to Pay System is underway and is expected to be ready at the end of December.</p>	In Progress
Non-pay expenditure	2.1 Staff roles and responsibilities	Head of Procurement	2	Mar 18	Jan 21	<p>Further work will be carried out under the P2P project to ensure that job profiles reflect the new processes. Depending on the outcome of this review, consultation may be required to align job profiles to the new system/processes.</p> <p>Implementation of the revised Purchase to Pay System is underway and is expected to be ready at the end of December.</p>	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
Non-pay expenditure	3.1 Purchase orders	Head of Procurement	3	Mar 18	Jan 21	<p>Further improvements to the purchasing process workflow will be implemented through the delivery of the new P2P system functionality. As per action 1.1 above, existing manual processes will be migrated to electronic processes where possible for the remaining expenditure categories.</p> <p>Implementation of the revised Purchase to Pay System is underway and is expected to be ready at the end of December.</p>	In Progress
Non-pay expenditure	6.1 Three-way matching	Head of Procurement	3	Mar 18	Jan 21	<p>A significant portion and value of transactions are already handled electronically through the eFinancials system, enforcing segregation of duties and carrying out three way matching electronically. As per action 1.1 above, existing manual processes will be migrated to electronic processes where possible for the remaining expenditure categories. Further improvements to the purchasing process workflow will be implemented during the delivery of the new P2P system functionality.</p> <p>Implementation of the revised Purchase to Pay System is underway and is expected to be ready at the end of December.</p>	In Progress
<b>2018/19 Reviews</b>							
SPA/PS/ Forensics Joint Working	2.1 Corporate Services Board	SPA CEO	3	Sept 19	Mar 21	No update provided. We have set a revised timescale to seek an update at next follow up.	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
Financial Planning	3.2 Long Term Financial Planning	SFP & Budgeting Lead	2	Dec 19	Mar 21	This is dependent on the production of the Strategic Workforce Plans which have been completed in November. This will allow longer term financial plans to be developed and produced for the end of the financial year.	In Progress
<b>2019/20 Reviews</b>							
General Computer Controls (eFinancials & Asset 4000)	4.1 System Authorisation	Financial Transactions Lead	3	Dec 20	Mar 21	An Authorisation matrix has been developed which will enforce a segregation of duties. In terms of embedding the authorisation matrix in the system, we believe that potentially we can do this in advance of full P2P deployment. The Purchase Invoice Manager (PIM); allows an invoice to be routed for approval and uses the approval rules that are in E-fin re value and cost centre (if enabled). The pre-requisite is having an image of the invoice. Which will come via E-Invoicing (Cloud Trade).	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
General Computer Controls (eFinancials & Asset 4000)	6.1 Business Continuity and Disaster Recovery	Finance Systems Specialist	2	Mar 20	Jan 21	<p>Our business continuity plan does not include E-Financials as a critical system from the perspective of financial reporting. We have a regular nightly back up and an SLA that says that the supplier must have e-Financials available after any critical incident within 8 hours. Hence, financial reporting recovery is not included in our BCP. Further to this, the majority of our financial reporting is driven through BOXI, not e-Financials, and if there were an issue with e-Financials that were not resolved within the SLA, then the latest information from prior to the issue would be available within BOXI and could facilitate the financial reporting.</p> <p>In relation to Purchase Orders we will create a manual purchase order process using Excel or Word documents and a register of all unique PO numbers to be used and refer to by suppliers. Supplier will be instructed to quote the temporary PO number on any GRN or invoice raised. This would allow us to carry out a manual 3-way-matching check prior to paying the invoice.</p> <p>In terms of processing payments in the event of a prolonged loss of E-Financials, we will test the BCP scenario by simulating payments through Cash &amp; Banking.</p>	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
<b>Payroll</b>	1.1 Payroll policies and procedures	Financial Transactions Lead	2	Dec 20	Feb 21	<p>The quarterly review process of the Payroll Procedures library has started, and progress against the plan will be closely monitored.</p> <p>Enable Now is an integrated documentation and training system that drives the quality of the documentation to high standards and facilitates the review and maintenance processes. The adoption and roll out of "Enable Now" for the documentation of processes has taken longer than anticipated, but the decision to invest time in this approach has clear benefits which outweigh the costs. The ultimate product will be of significant higher quality, greater value and is more sustainable.</p> <p>The application has now been rolled out and the team has been trained. A detailed plan has been developed that estimates that all process will be documented by the end of February 2021.</p>	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
<b>Payroll</b>	1.2 Payroll process consistency	Financial Transactions Lead	2	Jan 21	Feb 21	<p>The quarterly review process of the Payroll Procedures library has started, and progress against the plan will be closely monitored.</p> <p>Enable Now is an integrated documentation and training system that drives the quality of the documentation to high standards and facilitates the review and maintenance processes. The adoption and roll out of "Enable Now" for the documentation of processes has taken longer than anticipated, but the decision to invest time in this approach has clear benefits which outweigh the costs. The ultimate product will be of significant higher quality, greater value and is more sustainable.</p> <p>The application has now been rolled out and the team has been trained. A detailed plan has been developed that estimates that all process will be documented by the end of February 2021.</p>	
Cyber Risk and Resilience	1.1 Clarity of Target Maturity Level	Martin Low, ICT Chief operating Officer	3	Dec 20	Jan 21	<p>It is considered that this action is effectively completed through the development and publication of the Police Scotland Cyber Strategy, which was approved by the SPA Board on 30th September 2020.</p> <p>Work is now underway on the Cyber Strategy Implementation. This work is being led by DCC Graham, and is scheduled for development through November and December, with plans to present to PS SLB in January 2021 and SPA Board on 24th February 2021.</p>	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
Cyber Risk and Resilience	5.1 Consideration of capabilities and capacity in relation to achieving target maturity levels	Martin Low, ICT Chief operating Officer	3	Jan 21	Feb 21	<p>Work is now underway on the Cyber Strategy Implementation. This work is being led by DCC Graham, and is scheduled for development through November and December, with plans to present to PS SLB in January 2021 and SPA Board on 24th February 2021.</p> <p>In terms of ICT Maturity this will be recorded and measured using the Scottish Government Cyber Resilience Framework. ICT will oversee the management of the Framework with updates on status and levels of compliance provided to the Cyber Resilience and Digital Investigations Board, where maturity levels will be reviewed and risk managed accordingly based on our overall aim of achieving compliance to the Advanced standard of the Framework.</p> <p>As a Scottish Government Cyber Catalyst organisation Police Scotland and SPA lead in the delivery of cyber resilience within Scottish public sector and can evidence our own achievements through accreditation of the Cyber Essentials+ scheme and the National Policing and PSN codes of connection certifications.</p>	



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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
Cyber Risk and Resilience	6.1 Clarity of roles and responsibilities involved in Cyber Defence	Martin Low, ICT Chief operating Officer	3	Jan 21	Feb21	<p>Work is now underway on the Cyber Strategy Implementation. This work is being led by DCC Graham, and is scheduled for development through November and December, with plans to present to PS SLB in January 2021 and SPA Board on 24th February 2021.</p> <p>This Cyber Security Strategy outlines ICT roles and responsibilities and ICT defence capabilities.</p> <p>The detail regarding cyber responsibilities, including in currently shared areas, will be captured in the Cyber Strategy Implementation plan and recommendations presented to the CRDIB for approval.</p> <p>Work is also being progressed in relation to a planned restructure of our ICT Technical Audit and Assurance Team. Proposals include re-naming the team to better align with objectives, re-defining team roles and responsibilities, and supporting a resource uplift of 5 FTE. The resource uplift request is to be considered by ODB on 27th October 2020 and the org change work, which will require formal employee consultation, is expected to be completed through 2021.</p>	

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
Cyber Risk and Resilience	7.1 Formal Reporting Structure	Martin Low, ICT Chief Operating Officer	3	Nov 20	Feb 21	<p>ICT currently create Cyber Exposure and Cyber Incident reports as and when required to detail cyber threats, exploits and the associated impact. Security Briefs and Assessments are created that are used to detail, validate and verify new and existing systems.</p> <p>An internal cyber snapshot is produced monthly, which captures high level statistics on cyber related activity. Reports are created for the regular Data Governance Board meetings to document and update remediation status on outstanding cyber risks to the organisation.</p> <p>An annual summarised report of cyber incident and threat is created as an entry for the organisational Cybercrime Strategic Assessment. A new summarised report containing cyber incident and threat information will be produced for the Cyber Strategy Oversight group.</p> <p>This action requires further discussion at the Cyber Resilience and Digital Investigations Board with further guidance on content, format and frequency of any SPA update to be issued to both business and ICT.</p> <p>CDIO Hendry has been asked to raise this at the next meeting of the Cyber Resilience and Digital Investigation Board.</p>	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
Demand and Productivity	1.1 Post Implementation Review of Resource Allocation Model	Head of DPU	3	Oct 20	Mar 21	The review of the RAM is complete. However, the review revealed months of work to operationalise the model. The learning and actions have been documented within the attached report and shared via our internal governance through Director of Strategy and Analysis. The Strategic Workforce Plan has been delivered without the RAM as this was never promised to be the right solution for all policing divisions.	In Progress
Demand and Productivity	1.2 Roll Out of Demand and Capacity Modelling	Head of DPU	3	Oct 20	Mar 21	<p>Following the review of the RAM the attached report provides comments on next steps for implementation. It was never intended that this would be the correct model for all areas of policing and in particular relevant for the National Divisions. The Strategic Workforce Plan has been delivered with the RAM providing a useful intelligence product to inform SWP.</p> <p>The attached report provides the necessary evidence for the resource requirements along with dependencies and timescales.</p>	In Progress
Non -pay Expenditure	4.1 Contracted Rates	Head of Procurement	3	Dec 20	Jan 21	<p>No additional update received</p> <p>Implementation of the revised Purchase to Pay System is underway and is expected to be ready at the end of December.</p> <p>We have set a revised due date in line with other Non-Pay Expenditure Actions.</p>	In Progress
<b>2020/21 Reviews</b>							
Data Protection	2.2 Reporting of Security Incidents	Head of Information Management	3	Dec 20	Jan 21	No incidents have taken place. This will be confirmed to ARAC in January.	In Progress

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Report / Action	Recommendation	Action Owner	Grade	Original timescale	Revised timescale	Update 2020/21 Q3 Follow Up	Status
Data Protection	5.1 Reporting of Data Subject Access Requests	Head of Information Management	3	Dec 20	Jan 21	Update report scheduled to be reported to ARAC in January.	In Progress

# Appendix 4: Audit Risk Categorisations

## Management action grades

Until 2017/18, we categorised our recommendations using a sliding scale, as outlined below.

Priority	Definition
Grade 5	Very high risk exposure - Major concerns requiring immediate Board attention.
Grade 4	High risk exposure - Absence / failure of significant key controls.
Grade 3	Moderate risk exposure - Not all key control procedures are working effectively.
Grade 2	Limited risk exposure - Minor control procedures are not in place / not working effectively.
Grade 1	Efficiency / housekeeping point.

From 2017/18, our categorisations changed as follows.

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

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