

BAKER TILLY AUDIT RECOMMENDATIONS 2013-15
and MAZARS 2015-16

Baker Tilly Audit Recommendations for 2013-15

Status	Internal Audit Report	Audit Report Date	
AMBER	SEIZED AND FOUND PROPERTY (3.14/15)		11 September 2014
	HIGH: 0	MEDIUM: 1	LOW: 0
	<u>Medium Recommendation 1.1:</u>		
	<p>As planned the Property Management Policy and Procedures should be reviewed and revised, taking into account any issues identified within this review. Given the issues identified in this review we would recommend that once the Policy and Procedures have been finalised and approved a training session is held with Property staff to ensure that they are fully conversant with requirements, especially any changes that have been made from original documents.</p> <p>Implementation Target Date: March 2015 – revised Target Date October 2016</p> <p>Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant</p> <p>Initial Management Comment:</p> <p>The review of property is now well underway and the team involved are identifying opportunities to streamline processes and increase efficiency which will be relevant to the policy and procedures. Initial work on the refresh and re-write of the policy and procedures is expected to commence in November 2014 when resources within DJD Support have the capacity.</p> <p>Update August – Baker Tilly Follow Up Audit 2015:</p> <p>The policy re-write is still ongoing. Very limited availability of staff trained to write policy and competing demands of Property managers continue.</p> <p>Sgt 4320 Simpson (CAID Support) and Julie Treen (Property Team Leader) are tasked to finalise the re-write with a timescale for completion prior to 8th June.</p> <p>Update 27th August:</p> <p>The policy re-write is now complete and is presented in Authorised Professional Practice format, together with an up-to-date Legislative Compliance pack. The document is going through a final checking process before being sent to COT for authorisation, published / updated on internal web-site. This will be completed imminently. Any changes in practice have been subject to internal communication both within the property department and where necessary to a wider relevant audience.</p> <p>Update December 2015:</p> <p>The final checking process on the rewritten policy and procedure documents has been completed. The documents were sent to D/Supt. Castle on 2nd September for his approval and submission to COT for authorisation. A progress check will be made with D/Supt Castle on his return from annual leave on the 17th November and an update provided for the next meeting.</p> <p>Update January 2016:</p> <p>The rewritten policy and procedure documents have been completed, authorised and published. Work continues to maintain the relevance of the new document and keep pace with Strategic Alliance and Blueprint 2020 developments but this is outside of the scope of this recommendation. For these reasons I believe the recommendation can be considered closed.</p> <p>Update March 2016:</p> <p>At the JARAP meeting held on 8 March 2016 it was agreed the Deputy Chief Constable would check that the appropriate staff training had taken place after which the proposal to close would be agreed.</p>		

Update April 2016:

There were no significant changes to the property processes which required formal training sessions, however, the policy and procedure was reinforced with the property staff. There remains a heavy scrutiny on property processes by the Crime and Intel SMT.

Update June 2016:

At the last JARAP Meeting (May 2016) it was agreed this item to remain open. In addition Mazars were asked to review this recommendation in light of their draft Seized and Found Property report and see if they can be replaced by the most current report. A new implementation target date of October 2016 is projected, however this may require revision dependent upon the current property project.

Update September 2016:

Brian Welch Senior Audit Manager Mazars has spoken with Det/Insp Johnny Monks to obtain an update on progress. The policies and procedures have been updated and a new property working group has been created [Brian attended the first meeting]. This group is meeting every 2 weeks and its purpose is to review the property function as a whole included the processes that are followed. Following on from this review, if further training is required then this will be delivered to staff as necessary – Brian Welch Mazars Senior Audit Manager.

Note: The September JARAP meeting directed that this remained open and an update be provided for the December meeting.

Update December 2016: Jez Leavesley – Force Property Project Consultant

Significant work is on-going to update the property policy and procedures. A full re-write is underway. A new review and retention policy was launched as part of the new procedures early November. A new lost/found property procedure is to be launched end November. A full NCALT training package has been prepared as well as staff briefings. Further procedural work on disposal and property other than found is work in progress. Procedure is just one part of an extensive property review project. This includes KIM PMS review and update, transfer from KIM to NICHE PMS target date summer 2016, full review of temporary stores and main stores (location and functionality) with full business case being prepared.

MAZARS AUDITS 2015-16

Please note Mazars priority grade their recommendations into the following:

1. **(Fundamental)**
2. **(Significant)**
3. **(Housekeeping)**

Status	Internal Audit Report	Audit Report Date	
	PARTNERSHIPS		January 2016
	FUNDAMENTAL: 0	SIGNIFICANT: 3	HOUSEKEEPING: 2
GREEN	<p><u>Significant Recommendation 4.2 Sub Group Strategies and ToR</u></p> <p>All partnership sub groups to the Strategic Partnership Board within the hierarchy should have a strategy in place that is reviewed and refreshed on at least an annual basis. The strategies should include, but not be limited to:</p> <ul style="list-style-type: none"> • Vision • Objectives/Priorities • Performance Management • Risk Management • Roles/Responsibilities • Action Plans • Reporting Arrangements <p>Up to date terms of reference should also be in place for the partnership sub groups. These should be reviewed on at least an annual basis.</p> <p>Implementation Target Date: Sept 2016</p> <p>Person Responsible: Matt Clarke OPCC</p> <p>Initial Management Response 29th January 2016:</p> <p>This will be tabled at the SPB Exec meeting in Mar 2016. If the recommendation is agreed by the SPB Exec, it will then be implemented as described.</p> <p>Update April 2016:</p> <p>At the March meeting, the SPB Executive agreed that all SPB subgroups will refresh their strategies and Terms of Reference for the coming year, and work on this will be progressed by subgroup chairs going forward.</p> <p>Update June 2016:</p> <p>Through the SPB Executive, all SPB sub-group Chairs have agreed to refresh strategies and Terms of Reference within the coming year. Work is known to be progressing currently within a number of SPB sub-groups to refresh strategies and terms of reference: Mental Health Partnership Group, Victims and Witnesses Partnership Assurance Group, Reducing Reoffending Board, Strategic Partnership Performance Group, ASB and Hate Strategy Group, and the Cyber Crime Partnership Group.</p> <p>Update September 2016:</p> <p>Role currently vacant and under review.</p> <p>Update December 2016: Helen King OPCC</p> <p>New PCC has undertaken a review of the SPB and members and these have been agreed. Groups have reviewed their Terms of Reference and Remain as previously at present. It is likely that groups will be reviewed in line with the new Police and Crime Plan in April when it is issued.</p> <p>COMPLETED – PROPOSED CLOSED</p>		

Significant Recommendation 4.3 Performance Management Framework

Development of the performance management framework should be progressed for the Strategic Partnership Board. The performance framework should include:

- Objectives for the partnership
- Key performance indicators against the objectives
- Trend analysis
- Reporting arrangements

Implementation Target Date: ~~March 2016~~ – Revised Target Date November 2016

Person Responsible: ~~Mike Swanwick~~ OPCC Performance and Evaluation Co-ordinator

Initial Management Response 29th January 2016:

The Performance Framework is under development for the Strategic Partnership Board and each of the subgroups. A self-assessment has been sent to the chair of each group to complete to begin development. Each group will consider its own information and provide an overview of progress and report by exception to the Strategic Partnership Board and Executive Group, through the Highlight Report and/or a separate performance report if deemed necessary.

Update April 2016:

A new projected completion date has been agreed by the SPB – November 2016. Initial work has started with the Victims and Witness group and the Reducing Re-offending Board and Mental Health Partnership Group will be next, with the Regional Criminal Justice Board already having developed its own performance framework which will be adopted locally.

Update June 2016:

The completion date remains November 2016, although work has been progressing slowly since April 2016. The only group to have been through any part of the process is the Victims and Witness Group. If there is no further take up it is unlikely that the November 2016 completion date will be met.

Update September 2016:

There has been no further uptake or response from any of the SPB subgroups in line with the recommended approach developing performance framework. The November 2016 deadline will not be met, and this work will need to be refreshed and restarted once responsibility for this recommendation is re-assigned. Performance and Evaluation Co-ordinator post now vacant and under review.

Update December 2016: Helen King OPCC

SPB have reviewed their structures and groups will be reviewing their workplans and any performance arrangements in line with the new Police and Crime Plan (draft Plan elsewhere on the agenda) due for issue in April 2017. Any agreed performance arrangements from that Plan will be built in following that date. However, the draft Plan adopts a more holistic approach to performance rather than targets so this will need updating following the issue of the Plan.

Housekeeping Recommendation 4.4 Value for Money

VFM assessments across the various partnerships should take place on a regular basis to confirm the following:

- Economy: maximising cost benefit ratio
- Efficiency: the relationship between the output from goods or services and the resources to produce them – spending well; and
- Effectiveness: the relationship between the intended and actual results of public spending (outcomes) – spending wisely.

Implementation Target Date: September 2016

Person Responsible: ~~Mike Swanwick~~ OPCC Performance and Evaluation Co-ordinator

Initial Management Response 29th January 2016:

The OPCC is providing capability and capacity for Social Return on Investment and Value For Money / Public Value /Social Value measurements. This work will be started alongside the development of the performance framework, and will be part of the assessment of overall performance. This will be carried out for partnership work undertaken by the group, and the level of input/output, impact and return will be assessed as part of this process.

Update April 2016:

Social Return on Investment work has begun for the IVM project (through the MH partnership Group) and initial discussions will be had with the Fire Service Performance Manager around assessing performance for Braunstone Blues Project (Managing Demand Group).

Update June 2016:

Social Return on Investment work continues for the Integrated Vulnerability Management Project, and discussions have taken place with the Braunstone Blues project. None of the other groups have had interaction as the slow progress in engaging in establishing performance frameworks has had an impact on this area of work also.

Update September 2016:

A theory of change and associated inputs, outcomes and performance indicators have been developed for the Integrated Vulnerability Management Project. The next stage is to develop the outcomes with stakeholders. Planned Stakeholder engagement will be the vehicle for this once timetabled in. Performance and Evaluation Co-ordinator post now vacant and under review.

Update December 2016: Helen King OPCC

This work was completed for the projects as above but has now been superceded as the new Police and Crime Plan has superceded this recommendation and the draft Plan has now covered the PCC intentions to develop a social value policy in conjunction with partners over the 4 years of the plan.

RECOMMENDATION SUPERCEDED – PROPOSE REMOVE

Housekeeping Recommendation 4.5 Transparency of Partnerships

All changes to partnerships should be managed in a way that new personnel are informed of the full background to the partnership and the links to the overarching partnerships and strategic priorities. (Note: OPCC recommendation has been actioned and closed, Force recommendation remains open).

Implementation Target Date: Force ~~February 2016~~ – Revised Target Date August 2016

Person Responsible: Supt Mark Newcombe – Policy Adviser OPCC

Initial Management Response 29th January 2016:

Force

Clarity of purpose and collective understanding is accepted as a key component in maximising the effectiveness of partnership working. The thematic nature of some of our partnerships along with complexity and fluidity within the system present significant challenges in maintaining a 'cohesive overview' across all of our partnerships. The ongoing maintenance of this 'overview' which would then inform partnership managers is primarily an administrative function. Working in conjunction with the OPCC Partnership Manager an initial 'partnership map' is nearing completion. It is anticipated that placing the ongoing maintenance function will be completed within the next two weeks.

Update April 2016:

Force:

The idea of a partnership map was intended to provide an overview of the partnership landscape in a diagrammatic format. However as we moved through the work, especially the last phase, which captured the 120 plus meetings attended by our 8 NPA's it became increasingly obvious that whilst this approach would provide a pictorial description it would be hard to maintain, and one dimensional in that it would not provide either context or any information as to purpose or outcomes sought from the partnership. Thoughts have now turned to building on the excellent Partnership briefing document prepared by Matt Clarke (OPCC) for the PCC candidates. The intention is that we evolve the document and keep it live by instigating quarterly updates by thematic leads. Currently an LPD administrative resource has been identified to co-ordinate this work on an ongoing basis. The base document needs limited adaptation to make it fit for its new purpose, and once this is done we will refresh the document on an ongoing basis.

Update June 2016:

Capacity issues have precluded the prioritisation of this work, however anticipated completion is currently scheduled for the end of August 2016.

Further Update for JARAP June 2016: At the JARAP meeting on 5 July 2016 the Committee requested the June 2016 update be further updated with additional details. Supt Newcombe has joined the OPCC on 11 July 2016 to drive forward the partnership and engagement recommendation allocated to the Force and will be keeping some of the links from his previous role. Ongoing recommendation.

Update September 2016:

Verbal Update provided.

Update December 2016: Helen King OPCC

The Force recommendation remains but Supt Newcombe has now left the OPCC and this work has been superceded by the commitments to partnership working outlined in the Police and Crime Plan which includes identifying the partnerships, but a wider approach and range of partnerships.

The new draft Police and Crime Plan identifies the priorities for the Police to taking these forward.

RECOMMENDATION SUPERCEDED – PROPOSE REMOVE

FUNDAMENTAL: 0

SIGNIFICANT: 0

HOUSEKEEPING: 2

Housekeeping Recommendation 4.1 Payroll Manual

A Payroll Manual should be put in place that accurately reflects the new processes in operation following the introduction of the new payroll system.

Implementation Target Date: ~~September 2016~~ revised to end October 2016

Person Responsible: Alice Davis, Payroll Manager

Initial Management Response 29 February 2016:

It is agreed that the Payroll Manual needs updating and once the new system is embedded the opportunity to review all the processes undertaken by the payroll team will be taken.

Update April 2016:

The update to the Payroll Manual is being incorporated into the Payroll Team's PDR Objectives for 2016/17.

Update June 2016:

Sections of the Payroll Manual are being prepared as staff capacity allows to meet the target implementation date of September 2016.

Update September 2016:

Some sections have now been completed - Payroll Administration Tasks which is 60% completed and the remaining procedures are being updated. Revised target date of end of October.

Update December 2016:

The procedures that can be updated have been updated; some areas are on hold until Kier are able to correct the software to allow for automated calculations. For example: maternities, paternities, shared parental leave and Attachment of Earnings Orders (AEO) which all require manual intervention to ensure correct payments/deductions are made.

AMBER

FUNDAMENTAL: 0

SIGNIFICANT: 0

HOUSEKEEPING: 2

Housekeeping Recommendation 4.1 Aligning Strategies, Policies and Procedures within the Strategic Alliance

Should the Strategic Alliance secure approval, local strategies, policies and procedures should be considered against those at a SA level. Should SA strategies be approved, this may necessitate the need to reflect such changes in the local strategies/policies/procedures.

Implementation Target Date: Timescale TBC, but is likely to be an early piece of SA work.

Person Responsible:– Alison Naylor - Strategic Lead for People Workstream

Initial Management Response 20 April 2016:

It is acknowledged that different terms and conditions, processes and procedures already exist across the three SA forces. Issues relating to these factors are already apparent from existing collaboration across the East Midlands.

A workstream within the SA programme is focusing on people and is already examining opportunities for aligning terms and conditions and policies and procedures.

Update June 2016:

Plans are on track to present a three-force Strategic Alliance (SA) full business case at a meeting in June. While the induction of two new PCCs in Leicestershire and Northamptonshire is under way, the SA programme team is continuing to collate detailed information from each force, setting out the journey so far, the vision and rationale for change, the operational, financial and political perspective, the transitioning and migration model and identifying risks. Part of this work is also to examine opportunities for aligning terms and conditions for policies and procedures. The outcomes of the meeting at the end of June will determine the future direction of this work. Ongoing recommendation.

Update September 2016:

We are currently reviewing the implications of a change from Strategic Alliance to Tri-force collaboration. The intention remains to align policy and procedure wherever possible and practical. Papers covering a Tri-force HR plan, Chief Officers Terms and Conditions, Apprenticeship Levy, New Recruits starting Salaries and Public sector exit payments are in the process of being signed off by all 3 forces. A new Chief Officer meeting is scheduled to take place each month and this will significantly speed up the process of agreeing and aligning policy – Alison Naylor Regional Director of Human Resources.

Update December 2016

Tri-force Executive meeting now set up and HR policies are being progressed through that forum. Policies are being prioritised and are being aligned. A Tri-Force HR strategy (3 years) is being developed to sit above the annual HR plan and will be circulated in draft form in Q1 2017. There is now an agreement around reallocated Bank Holidays and Tri –Force standardised approaches are being developed for talent development, Leadership development and implementation of the initiatives coming from the College of Policing. ARC, PEQF, Apprenticeships, CPD etc...

AMBER

FUNDAMENTAL: 0

SIGNIFICANT: 0

HOUSEKEEPING: 6

Housekeeping Recommendation 4.1 IT/ICT Strategy

The potential introduction of the Strategic Alliance IS Strategy, should it be agreed, will need to be considered against the local ICT Strategy document. If approved, this may necessitate changes in the local ICT strategy that should subsequently be reflected in an updated document.

Implementation Target Date: March 2017

Person Responsible:– Philip Eaton Strategic Alliance IT Assistant Chief Officer

Initial Management Response 21 April 2016:

The strategies will be aligned as the Strategic Alliance is developed.

Update June 2016:

ACO role appointment has been made and we await outcome of Strategic Alliance meeting at the end of June 2016.

Update September 2016:

Since the appointment of the Interim ACO IT in June he has started the process of developing a Tri-Force ICT Enterprise Strategy, the current draft covers the Tactical / Strategic and Aspirational objectives of the three forces.

The ICT Enterprise Strategy will use as it's point of reference the following information:

- **Individual Forces Business Strategy's;**
- **Individual PCC's Crime & Policing Plans;**
- **Strategic Threat Assessments;**
- **National Vision of Policing 2020;**
- **National ICT Strategy / Initiatives / Police ICT Co.**

There is still currently further analysis, high level definition and socialising of the ICT Strategy with Key Tri-Force stakeholders to be performed, however the intention is to deliver an interim Business Case to the December PCC Meeting identifying likely funding requirements to 2020, benefits realisation and high level work streams and timings.

Update December 2016:

Specialist resources have been engaged to assist in the development of the Enterprise Architecture design, which will be defined by the requirements described in the September Update.

Additional elements have been agreed by the tri-Force Executive Board, these include the establishment of a Portfolio Management Office to manage the bigger picture of Tri Force change over the next 4 years. The tri-Force Executive Board reviewed the first draft of the TF Portfolio of change. Business leads and technical leads to be identified in the November Design Authority Board.

AMBER

Housekeeping Recommendation 4.2 Disaster Recovery Documentation

A more robust process for monitoring the disaster recovery documentation review and update process to ensure that it happens annually should be considered.

Implementation Target Date: 31 March 2017

Person Responsible:– David Craig Head of IT / Jas Minhas / Andy Rodwell – IT Department

Initial Management Response 21 April 2016:

The processes of monitoring and testing BC plans are embedded into the departmental business plan, account management structures, and individual performance development plans and resulted in stability of plans and a high success rate in system recovery by 2014. As such, in business year 2015/16 the Head of IT chose to prioritise resources towards the successful implementation of Edison and Niche. Reviewing plans will receive greater priority during 2016/17.

Update June 2016:

Due to business priorities some documentation was not revised in 2015 however this was risk assessed. Reviewing the documentation will receive greater priority during 2016/17 and the tracking matrix described in 4.3 below will include disaster recovery documentation review dates as a method of further strengthening the existing process, allowing both tests and documentation to be reviewed at regular review meetings, account reviews and business process, leading to a more robust and transparent service.

Further Update for JARAP June 2016 :

At the JARAP meeting on 5 July 2016 the Committee requested the June 2016 update be further updated with additional details. Disaster recovery testing and the updating of documentation is underway. To provide context to the scale of the task, there are nearly 150 IT systems that have to date been logged. Managers are currently being contacted to determine the frequency of testing that is required in the future for each of the systems. Once responses are received from managers the next test dates will be agreed with them. Following this they will meet with their Information Systems Analyst to review Business Continuity plans and discuss the next test schedule in their monthly meetings. Updates will be provided to JARAP each quarter highlighting progress to date.

Update September 2016:

The new matrix had been updated with the latest information on the BC plan review dates and next test dates. The Senior ISA will be using this document within their monthly meetings to establish with the account managers the next test dates for the services they are responsible for. This is an on-going process and the matrix will continually be updated.

Update December 2016:

Matrix has been further reviewed and improved as a result of all BC and DR plans being reviewed. Now agreeing next test dates with business and testing resources using the matrix. We anticipate closure of 4.2 being confirmed by Auditor this year.

Housekeeping Recommendation 4.3 Disaster Recovery Testing

The organisation should establish a forward plan of disaster recovery testing based upon when a system was last tested and establish a clear plan of when it will be tested in the future.

Implementation Target Date: 31 March 2017

Person Responsible:– Kem Mistry - Information Systems Analyst Force IT Dept

Initial Management Response 21 April 2016:

Monthly meetings are held with the Force Risk and Business Continuity Advisor, Head of IT and Information Systems Analysts responsible for co-ordinating testing. Future tests are standing items at this meeting and the minutes document our future test plans and record discussions of both Airwave and HOLMES.

The last full test of HOLMES was conducted in 2013 when it was implemented. The test was successful and there have been no significant changes to the system since. HOLMES will be replaced in April 2016.

Airwave is a nationally provided system and local ICT responsibility extends only to the interfaces between Airwave and our information and communications systems. These were last tested in December 2015.

We used to maintain a spreadsheet which recorded the date each system was last tested but on balance felt that the utility of the information did not outweigh the effort of maintenance. Nevertheless, we have decided to bring this spreadsheet up-to-date with data from our test log.

Update June 2016:

A new Tracking Matrix spreadsheet has been created to record the date each system is tested. The frequency of the testing of each service is being considered. Work on this recommendation is ongoing. Linked to 4.2 review dates for all of the Business Continuity Plans will be included together with test dates, Line managers will have this information to utilise in their monthly meetings with their ISA's to review BC plans and discuss next test schedule.

Further Update for JARAP June 2016 :

At the JARAP meeting on 5 July 2016 the Committee requested the June 2016 update be further updated with additional details. Disaster recovery testing and the updating of documentation is underway. To provide context to the scale of the task, there are nearly 150 IT systems that have to date been logged. Managers are currently being contacted to determine the frequency of testing that is required in the future for each of the systems. Once responses are received from managers the next test dates will be agreed with them. Following this they will meet with their Information Systems Analyst to review Business Continuity plans and discuss the next test schedule in their monthly meetings. Updates will be provided to JARAP each quarter highlighting progress to date.

Update September 2016:

The new matrix had been updated with the latest information on the BC plan review dates and next test dates. The Senior ISA will be using this document within their monthly meetings to establish with the account managers the next test dates for the services they are responsible for. This is an on-going process and the matrix will continually be updated.

Update December 2016:

Matrix has been further reviewed and improved as a result of all BC and DR plans being reviewed. Now agreeing next test dates with business and testing resources using the matrix. We anticipate closure of 4.3 being confirmed by Auditor this year.

Housekeeping Recommendation 4.4 Information Asset Owners

The organisation's project to establish more robust information asset management and appropriate governance is acknowledged and we recommend that potentially this could also look at the information management structure and resources available.

Implementation Target Date: December 2016

Person Responsible:– Annabelle Edkins – Information Security Manager / Paul Hooseman – Information Manager

Implementation Target Date for OBB Project: ~~May 2016~~ Revised Target Date end August 2016

Person Responsible:– D/Supt Martyn Ball / DI Ross Dimmock / Paul Hooseman / Annabelle Edkins

Initial Management Response 21 April 2016:

The purpose of the Protective Security Strategy work is to re-examine the provision of information assurance to the organisation. A key part of that strategy is the development of Information Asset Owners and Champions to better identify risk and alert the SIRO.

The outcome of informed Information Asset Owners will allow the current information assurance resources to re-position into strategic and tactical advisers.

The Information Management Section is undergoing Outcome Based Budgeting during April and May 2016 and an opportunity to re-examine work activity will be available.

Update June 2016:

The project support officer was re-assigned to support the HMIC inspection PEEL work. OBB - Delays have been experienced primarily due to annual leave; sickness; operational commitments by the delivery lead in PSD; and reduced support from Corporate Services Projects. Governance has been put in place to address any risks. Highlight Reports are included within the Blueprint 2020 reports which are submitted to the Change Board. The revised implementation target date is end August 2016.

Update September 2016:

The Project Lead for this work has now tendered her resignation. The Information Manager will have to pick up this work. Work around capacity in the Information Management business area is being focussed within Leicestershire via the OBB process (now November), and sub-regionally via a Tri-Force Collaboration work-stream (next Gateway meeting in October).

A pilot is being designed to mentor identified Information Asset Owners prior to a wider roll-out.

Update December 2016:

IAOs have been identified, an introductory letter has been agreed by the DCC, and all IAOs will be appointed by December 2016.

Following appointment a briefing (being devised) will be held with each IAO or nominated deputy and an initial status position will be established for the main information assets.

This information will be referred to and collated via an organisational Information Asset Register which has been drafted.

Resource capacity within Information management continues to pose a challenge – the OBB process has been postponed further until December, and Tri-Force Collaboration work is pending an appointed lead.

Housekeeping Recommendation 4.5 Information Management Resources

The organisation should consider if there are sufficient resources within the Information Security area to deal with the level of work.

The organisation should also consider establishing a group to oversee legislative/regulatory processes such as RMADS and Cyber Essentials including key stakeholders to ensure engagement with the appropriate people and consistent progress and information sharing between the two or in the future more processes. This should ideally be driven from an Information Security perspective not from the IT side as it is not purely IT which is impacted.

OBB:

Implementation Target Date: ~~May 2016~~ end August 2016

Person Responsible:– D/Supt Simon Hurst - Head of Professional Standards Department / Paul Hooseman Information Manager / Annabelle Edkins Information Security Officer

The organisation should consider if there are sufficient resources within the Information Security area to deal with the level of work.

Update June 2016:

Delays have been experienced primarily due to annual leave; sickness; operational commitments by the delivery lead in PSD; and reduced support from Corporate Services Projects. Governance has been put in place to address any risks. Highlight Reports are included within the Blueprint 2020 reports which are submitted to the Change Board.

Update September 2016:

The Lead for this work has now tendered her resignation. A support resource will temporarily act up into this role. Work around capacity in the Information Management business area is being focussed within Leicestershire via the OBB process (now November), and sub-regionally via a Tri-Force Collaboration work-stream (next Gateway meeting in October).

Update December 2016:

Resource capacity within Information Management continues to pose a challenge – the OBB process has been postponed further until December, and Tri-Force Collaboration work is pending an appointed lead. The ISO role continues to be temporarily covered under future direction can be agreed.

RMADS Provision:

Implementation Target Date: Quarterly Ongoing

Person Responsible:– D/Supt Simon Hurst - Head of Professional Standards Department / DI Ross Dimmock / Paul Hooseman / Annabelle Edkins

A strategic risk has been registered on Orchid (STR1519) in relation to RMADS provision, and is open to SORB scrutiny.

Update June 2016:

The strategic risk remains on Orchid. The risk relates to the workload of the Department and the limited resources available to undertake the work. There is a link to the OBB exercise.

Update September 2016:

The strategic risk remains on Orchid. The ISO role that has undertaken this work has now tendered her resignation. The Information Manager will have to pick up this work. Work around capacity in the Information Management business area is being focussed within Leicestershire via the OBB process (now November), and sub-regionally via a Tri-Force Collaboration work-stream (next Gateway meeting in October).

Update December 2016:

Resource capacity within Information Management continues to pose a challenge – the OBB process has been postponed further until December, and Tri-Force Collaboration work is pending an appointed lead. The ISO role continues to be temporarily covered under future direction can be agreed.

Cyber Essentials: [Note: At Sept JARAP Agreed closed but retain on paper]

Implementation Target Date: Ongoing

Further Update June 2016: The new strategy is due to be published in late July. The new strategy will be reviewed and an update to the current strategy will be carried out in conjunction with the region.

Update September 2016:

Cyber Essential award has been attained. Considerations being made within the business whether to work towards the next level of award – Cyber Essentials Plus. Recommend that this action be closed.

CYBER ESSENTIALS AGREED CLOSED – But retain on paper

Update December 2016:

Organisational decision has been made to work towards the next level of award – Cyber Essentials Plus. For information.

Housekeeping Recommendation 4.6 Domain Security Policy

The organisation should implement password complexity rules in line with best practice. Also the lockout duration and reset counter should be increased/enhanced to a lockout duration of 0 (zero) and reset counter of 1440 minutes (e.g. 24 hours). This means that if a user is locked, they cannot retry for at least 24 hours and they have to wait for an Administrator to reset the password. Owing to the practicality of the Force's operation this may not always be feasible. Therefore, the risk of not implementing this configuration should be considered and approval sought from the Force's senior management.

Implementation Target Date: November 2016

Person Responsible: Saqib Shabbir - Information Systems Analyst IT.

Initial Management Response 21 April 2016:

The current levels of complexity and lockout duration are documented in the PSN accreditation document set and as such have been agreed by the SIRO. They represent the current optimal balance between ensuring availability of systems to operational staff on a 24/7 basis when resource constraints mean that administrative teams to reset passwords and unlock accounts are only available during office hours.

Developments in our voice form technology may allow self-service password reset and economy of scale from Strategic Alliance may allow extension of service hours in the future. Password complexity and lockout frequencies can be reviewed again if these services can be deployed to mitigate the consequences of operational officers being locked out of the systems they need.

Update June 2016:

Development of a self-service password reset process has commenced. Testing and pilot roll-out will commence August 2016.

Update September 2016:

Development has been completed and we are in the process of testing and refining the solution. We should be in a position to open up the testing to select users by the end of September.

Update December 2016: – Self-service password reset is in beta testing with 200 selected users. Corp Comms have been engaged on publicity campaign to encourage registration with the service before it's needed. Anticipation is that the system will be live in December – David Craig Acting Head IT.

AMBER

FUNDAMENTAL: 2

SIGNIFICANT: 4

HOUSEKEEPING: 2

Summary Update:

In June 2016 the Property team was been moved under the management of Corporate Services. A Property Project and working group has since been established, led by Consultant – Jez Leavesley and Support Manager - Anita Panchal who are working closely with the Property Officers and a small team of restricted duty police officers. Prioritising the issues highlighted by the force's auditor, the team are reviewing current policy and procedures and assessing good practice within the police service and across the private sector.

Engaging with key stakeholders, a project plan has been produced to coordinate activity and ensure a timely and cost effective implementation. Current service provision is being managed centrally by Corporate Services.

The initial aims and objectives set by the project Senior Responsible Officer (SRO) are as below:

- **Prevent deterioration of the current structure and processes.**
- **Keep staff engaged.**
- **Cost and finalise proposal by the autumn of 2016.**
- **Reduce items stored.**
- **Merge policies and procedures – being cognisant of a regional approach where practicable**
- **Implementation by the summer of 2017.**

The Project Plan aims to:

- 1) **Prevent deterioration of the current property structure and processes currently in place.**
- 2) **Identify and implement any 'quick wins'**
- 3) **Keep the current force property staff engaged in the daily management of property and in the rationalisation processes outlined.**
- 4) **Cost and finalise proposals outlined within the rationalisation processes of this plan.**
- 5) **Reduce the number of items stored in the KIM property system to an acceptable and manageable level.**
- 6) **Merge current force policies/procedures including improvement of supervision.**
- 7) **Implement the project plan including transfer of KIM to NICHE**

It is envisaged that in future the force will have single site where all forms of property is kept. This may be expanded to include storage of officer pocket notebooks, exhibits and other retained items.

Summary Update

Fundamental Recommendation 4.1 Safe Key Storage

Access to the keys to the safes that are holding cash and valuables should be appropriately restricted and keys to the safes should be securely stored at all times.

Implementation Target Date: Completed

Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

This recommendation is accepted. This action was dealt with immediately following the audit. Two Safes were purchased at a cost £13,500 in the last financial year (to end of March 2016) from Traka (part of ASSA asset management group). Since the audit the Traka cabinets have been ordered and are awaiting delivery and installation. Since the audit the Property Manager has had discussions and meetings with personnel within Traka. Traka are a reputable company supplying safes to the military, Ministry of Justice (mainly UK prisons) and the police service. The two safes purchased are the latest technology. All property keys at the two sites will be stored in these safes. They are fully audited by use of the warrant card. Access to keys will be limited to user and movement of keys will be monitored and recorded. This purchase provides assurance and confidence that the safe keys, cash and valuables in safes are fully protected into the future.

Implementation Target Date: September 2016

Person Responsible: Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

In addition it is envisaged as part of the Force Property Project to create an integrated department with clear lines of management accountability and effective, secure and auditable business processes for all aspects of property reception, handling and disposal. Formal project commencing June 2016.

Update December 2016: Jez Leavesley

Both trakka cabinets have now been installed and are in use at both property main stores. Consideration is being given to extending the use of trakka cabinets for the temporary property stores force wide which are currently accessed using the standard fob access process. This forms part of the wider project work which also includes a review of temp store safes, access, processes and security.

Note: This was PROPOSED CLOSED – however at the September JARAP meeting decision to retain for next meeting in December

Fundamental Recommendation 4.2 Safes Audit Regime

A segregation of duties should occur in the completion of the monthly safe audits at the various property locations so that more than one Officer is included in the safe audit process.

Implementation Target Date: September 2016

Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

This recommendation is accepted. An appendix has been created to the existing draft Safe Procedure. In addition to the recommendation made by audit, further safeguards have been added to include quarterly reconciliation between finalised Property records relating to cash items and the Force bank account. This will provide assurance around the appropriate disposal of each item; it will also provide a secondary layer of independent scrutiny as the reconciliation will be completed by the Finance department.

The draft procedure will be resubmitted to the project SRO. Once the draft document is ratified it will be disseminated accordingly.

Update September 2016:

Safes Audit Regime – The procedural audit regime is currently being reviewed by the Property Project Team.

Update December 2016: Jez Leavesley

An additional property officer has been identified to complete the safe audit process. This is in addition to the property admin officer who conducts the audits at present. A full property audit procedure remains work in progress. A review of temp store safes has just been completed (mid Nov) and its recommendations need to be analysed. The new audit procedure will include the safe procedure audit regime (above) as well as audit procedures in the main and temporary stores. This specific work is awaiting project officer allocation.

Significant Recommendation 4.3 Procedure Amendments

The procedure documents for property management should be updated to include sufficient detail for the following areas:

- Packaging and Storage;
- Disposal; and
- Transportation.

The new procedure documents should be communicated to all relevant staff. The review dates for the property management documents should be brought in line with each other and these should be reviewed on at least an annual basis.

Implementation Target Date: September 2016

Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

This recommendation is accepted.

The Cash & Valuables flowchart and accompanying Standard Operating Procedure drafts provide detailed guidance on seizure and packaging of cash exhibits. Once these documents are approved by senior officers, they can be hyper-linked to the existing Property Procedure document to provide the necessary guidance.

The draft cash & valuables flowchart has already been amended to include the requirement to endorse the cash value of the exhibit bag.

An additional section will be added to the Force Property Procedure highlighting the limitations / requirements of the Force insurance policy in respect of cash transportation.

The disposal section of the Force Property Procedure has been amended to provide clarity with respect to authorities. This amendment will be highlighted for approval to senior officers along with the other draft documents.

The review dates for the three relevant procedures will be aligned to provide consistency of approach.

Once the draft document is approved by senior officers it will be disseminated accordingly.

The property project will also include a specific element focused on organisational culture relating to officer and staff attitudes to property handling.

Update September 2016:

Procedure Amendments – Packaging and Storage, Disposal and Transportation is currently being reviewed by the Property Project Team.

Update December 2016: Jez Leavesley

A new review and retention procedure was added to the force property procedure early November. Work on the disposal procedure is on-going. Packaging and storage is part of a full review of the force property procedure and is work on-going. A new lost/found property procedure is due for launch end of November. Significant changes are being made to the property procedures. The draft cash & valuables flowchart and the SOP's for cash will be incorporated into the new procedures. Work on-going.

Significant Recommendation 4.4 Insurance for Transportation of Cash

The insurance policy for the Force regarding the transportation of cash and valuables should be reviewed and updated as necessary. Cash and valuables should be transported in line with the relevant insurance policy.

Implementation Target Date: Completed

Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant / Ruth Gilbert - Head of Finance

Initial Management Response 20 June 2016:

This recommendation is accepted.

The Head of Finance has liaised with the insurers and has reviewed and amended the Force policy to meet the criteria/recommendation. This is completed.

The procedural issues observed are also accepted and will be included in the fundamental review of this area of service provision included in the Force Property Project. This is now being led by the Head of Corporate Services Directorate.

Update December 2016: Jez Leavesley

This is work in progress and forms part of the procedural updates referred to above. The proposal below forms part of the new procedure.

Movement of cash

In the event there is a requirement to move physical cash the following resources **MUST** be employed to do so:

- **£0 to £10,000 – 1 or more ECU/Other Leicestershire Police staff member**
- **£10,001 to £100,000 - 2 x ECU/Leicestershire Police staff members one of which **MUST** be a police officer**
- **£100,000+ - 2 x ECU/Leicestershire Police staff members and a double crewed marked police car escort.**

Significant Recommendation 4.5 Courier Collection

The couriers should produce a report from the property system detailing the cash items retained in the safes/stores prior to collection. Any discrepancies between the property system report and the cash items collected should be identified and investigated as appropriate.

Implementation Target Date: October 2016

Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

This recommendation is accepted.

It is agreed this additional control would be beneficial and will ensure practice is in line with the insurance policy requirements.

The procedural amendment proposed under recommendation 4.3 will address this issue. Once the draft document is approved by senior officers it will be disseminated accordingly.

This will form part of the review of business processes and wider reform included in the Force Property Project. This is now being led by the Head of Corporate Services Directorate.

Update September 2016:

Courier Collection – Insurance is in place and yearly cash audit review in Force safes is currently being completed to be presented to Finance.

Update December 2016: Jez Leavesley

Process now amended and introduced. The couriers print a cash print pick list from KIM PMS prior to collection and note any discrepancies on the picklist. Any discrepancies are scanned and forwarded to the Force Property manager for action. The manager has the responsibility to investigate appropriately.

Significant Recommendation 4.6 Safe Specifications Insurance

The insurance policy should be reviewed to include adequate detail of the specifications of each safe required for the contents of the safe to be appropriately covered by the policy. The Force should ensure that the individual safe specifications are appropriate for the insurance policy in place.

Implementation Target Date: October 2016

Person Responsible: Ruth Gilbert - Head of Finance/ Corporate Services Directorate Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

The Head of Finance has confirmed the detail currently noted in the safe schedule is satisfactory for the insurers. However with the introduction of the Insurance Act in August this year which requires the insured to provide enough information to Insurers to enable them to ask further questions (we believe that the safe schedule currently does this) we feel it would be a good opportunity to carry out further research and update the safe schedule with as much detail as possible in relation to the make and model at least. If for example POCA money happens to be placed in a safe where force money is kept and the safe limit is exceeded, this is accepted as the POCA limit will apply in addition to the safe limit.

This work will take place in line with the insurance policy renewal which is October 2016.

Update September 2016:

Safe Specifications Insurance - Insurance is in place and yearly safe specification audit review is currently being completed by the property project team within Corporate Services, this will be presented to Finance.

Update December 2016: Jez Leavesley

A full safe audit was completed by Corporate Services in September 2016 and a database updated and maintained. The Force Property manager now has responsibility for all force safes and maintenance of the database. The database including photographs was provided to the insurers as part of provision of the safe specification.

Housekeeping Recommendation 4.7 Assessment of Safes/Retention Policy

An assessment of the safes required by the Force should be conducted to ensure that sufficient safes are available for the storage of seized and found property. The Force should consider the introduction of a policy for the timeliness of banking cash that is not required to be stored in the safes.

Implementation Target Date: October 2016

Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

This recommendation is partly accepted.

The cash & valuables flowchart has been amended to reflect that all seized cash exhibits will be banked after 28 days unless retention is specifically authorised by an officer of at least Inspector rank as an investigative necessity.

Once the draft document is approved by the Project SRO and ratified it will be disseminated accordingly.

The recommendation to increase safe capacity has been considered and it is the management view that an unnecessary increase in storage capacity may inadvertently decrease the instances of banked cash. Adherence to the 28 day banking policy will seek to reduce retained cash, increasing available capacity where it is justifiably necessary.

This process will be formalised as a part of the new organisational structure arising from the Force Property Project.

Update September 2016:

Assessment of Safes/Retention Policy – currently being reviewed by the Property Project Team.

Update December 2016: Jez Leavesley

Property Other Than Found POTF and found cash on a weekly basis is removed from the safes. Two property officers then count and verify the cash and complete a transit sheet. The Force Property manager then takes the transit sheet & cash to FHQ central finance. This is signed for and handed over for central finance to bank. A new found cash procedure for cash found under £50 has been introduced. This will reduce the amount of cash handed to police to recover.

Housekeeping Recommendation 4.8 Recording Movements and Location

Movements and location of cash and valuables should be accurately recorded on the property management system and log books in a timely manner.

Implementation Target Date: October 2016

Person Responsible: Corporate Services Directorate Jez Leavesley – Force Property Project Consultant

Initial Management Response 20 June 2016:

Recommendation partly accepted.

Leicestershire have a fully automated Property management system that records the location and movement of all seized property.

Property removed from a temporary store to a main store location is recorded on a transit sheet to provide further auditable record of Property movement.

As information is logged on the KIM property system it is no longer necessary to keep a cash safe log-book for the Beaumont Leys property store and this practice will be discontinued

A current wider review of the property portfolio will address the recommendation regarding the movement and location of cash and valuables. This will include the broader issue of 'high risk' property types – including cash, weapons and drugs.

Update September 2016:

Recording Movements and Location – This is currently being reviewed by the Property Project Team within Corporate Services.

Update December 2016: Jez Leavesley

This is work on-going. The specific property vehicle specification is being reviewed. This will include a review of the layout, storage and receptacles of the vehicle for high risk items. A reviewed risk assessment was completed on the current property vehicle. This has highlighted a number of potential areas for improvement, including the size of the vehicle itself to carry these high risk items.

FUNDAMENTAL: 0

SIGNIFICANT: 3

HOUSEKEEPING: 0

GREEN

Significant Recommendation 4.1 Timely Updating of Centurion

The force should ensure that allegations are uploaded onto Centurion in a timely manner of the allegation being made to the Force.

Implementation Target Date: August 2016

Person Responsible: Mick Gamble - Complaints and Discipline Manager

Initial Management Response:

Recommendation Completed – 2/8/16

Current working procedures have already been amended in response to this recommendation.

Upon allocation of a complaint both Appointed Officers (AOs) and Investigating Officers (IOs) are reminded of their responsibility to agree the specific allegations with the complainant and update PSD accordingly.

A further reminder has been placed on force latest news to brief AOs and IOs.

On receipt of local resolutions and investigation reports Centurion is again updated with any additional allegations.

PSD Admin team have been briefed on the IPCC guidance on recording allegations/complaints.

Update December 2016:- A Force briefing has been issued to ensure that all additional allegations are forwarded to the AA. Additional allegations are now added to Centurion and updated allegation sent to complainant.

COMPLETED – PROPOSED CLOSED

This was previously PROPOSED CLOSED – However at the September JARAP meeting decision to retain for next meeting in December.

AMBER

Significant Recommendation 4.2 28 Day Updates to Complainants

The Force should ensure that complainants are kept informed and up to date with the status of their complaint.

Implementation Target Date: December 2016

Person Responsible: Mick Gamble - Complaints and Discipline Manager

Initial Management Response:

A reminder has been placed on the force latest news that complaints and officers subject of the complaint are to be updated every 28 days. Completed – 2/8/16

PSD officers have access to Centurion. Work is currently being undertaken with the service provider to maximise the system’s functionality to enable IOs to accurately record their updates. Training will then be delivered to the staff. To be completed - December 2016.

Update December 2016: A force briefing has been issued to remind Investigating Officers of the 28 day update responsibility. Terri Hipwell will be carrying out dip sampling to test compliance.

REMAINS AMBER

AMBER

Significant Recommendation 4.3 Introduction of Key Performance Indicators

Management should introduce Key Performance Indicators or Targets in relation to the management of complaints. An example may be for Leicestershire to be below the MSF Average, or 10% of Appeals to be upheld by the IPCC.

Implementation Target Date: December 2016

Person Responsible: D/Supt Simon Hurst

Initial Management Response:

Performance package under development by Head of PSD

Monthly managers meeting started 28/07/16 to review all outstanding work and to identify risks and priorities. Chaired by the Head of PSD – monthly meetings have now started 24/08/16.

Update December 2016: Performance Data has been developed and introduced and amendments are to be made in line with the Mazars Audit – Hazel Lawrenson, Performance Analyst of the Threat Assessment Unit is to accommodate.

REMAINS AMBER

VETTING

September 2016

FUNDAMENTAL: 0

SIGNIFICANT: 5

HOUSEKEEPING: 2

GREEN

Significant - Policies and Procedures 4.1

The current AT1 should be updated and a process should be in place to ensure a regular review and update of the AT1 form.

Implementation Target Date: December 2016

Person Responsible: Karen Evans - T/Senior DBS Case Worker

Initial Management Response:

Agreed. Management were aware of the need to update this but current resources had prevented this being completed. However, it will be prioritised to ensure the following are completed:

- 1) The current AT1 will be updated to reflect the current systems used by the Force for DBS checks,
- 2) An annual review process will be put in place to ensure that the AT1 does not become outdated again.

Update December 2016 Michelle Chambers - Karen Evans has revised the AT1 document which has been approved by SCU and submitted to all staff within the office. **(Please see Appendix A1 AT1 Document attached.**

COMPLETED – PROPOSED CLOSED

Significant – Income Management 4.2

A robust income management process should be put in place to ensure that all income due for the Vetting Department is received by the Force. This should include, but not be limited to, the following:

- a reconciliation of the monthly return submitted to DBS and the income received from DBD;
- a reconciliation of NPPV cases that are chargeable to those that have made payment for the charge;
- a banking process so income received by vetting department is banked and finance updated on a regular basis; and
- a clear level of communication between the vetting department and finance so responsibilities in relation to vetting income are clear.

Implementation Target Date: October 2016

Person Responsible: Security Vetting - Amanda Bogle-Reilly – T/Security Vetting Manager & Supt Simon Hurst - Head of Vetting

Person Responsible: DBS Vetting - Michelle Chambers T/DBS Vetting Manager & Supt Simon Hurst - Head of Vetting

Initial Management Response:

Agreed. There needs to be an agreed process with Finance to ensure that income for vetting is reconciled.

Clear responsibilities of the Vetting department and the Finance function need to be established.

It is noted that no concerns have ever been raised about income however management accept the impact and risk in this area and will prioritise this to ensure a robust process is put in place. A meeting will be held with Finance to discuss this matter and implement appropriate process.

DBS Update December 2016: Michelle Chambers - 1st bullet point applies to the DBS side of Vetting (although I am unsure as to what DBD is) – the Monthly Budget Return is submitted at the beginning of each month (via our Finance Dept), and the DBS reimburse Leics. Police for their expenses/costs once the MBR has been agreed & approved. Action completed. Flowchart produced to confirm the process (**Please see Appendix A2** MBR Flowchart).

Security Vetting Update December 2016: Amanda Bogle-Reilly – There is now a process in place for Vetting to work with Amy Underwood in Finance on the first of every month to reconcile payments.

Appendix A3 attached is the agreed process for contractor finance recording as requested under 4.2 of the plan for security vetting (**Please see Appendix A3** - BACS and Cheque Payment Procedure).

COMPLETED – PROPOSED CLOSED

GREEN

GREEN

Housekeeping – DBS Quality Reviews 4.3

The total quality audits completed, together with the outcomes of the audits, should be recorded and utilised in determining the quantity and focus of quality audits to ensure an efficient use of resource is adopted.

Implementation Target Date: December 2016

Person Responsible: Michelle Chambers - T/DBS Vetting Manager

Initial Management Response:

Agreed. Management are aware that the current number of quality audits carried out are time consuming and would welcome a more effective use of time. The existing spreadsheets could have additional columns to easily collate the number of quality audits completed and the outcome. Once this is in place management will review this and then focus quality audits where needed.

Update December 2016: Michelle Chambers - An additional column has been added to the production log. Karen Evans (Senior DBS Case Worker) is now responsible for all of the auditing.

COMPLETED – PROPOSED CLOSED

Significant - Security & Vetting Team: Quality Reviews & Errors 4.4

Consideration should be given to implementing random DIP sampling of vetting requests to monitor the quality of work completed.

Implementation Target Date: November 2016

Person Responsible: Amanda Bogle-Reilly Senior Vetting Officer & Michelle Chambers Vetting & Disclosure Manager.

Initial Management Response:

Agreed. It has previously been identified that this would be good practice in the Security & Vetting Team. It is noted that the Senior Vetting Officer will have sight of more cases as they review all traces found but the risk that a vetting clerk has processed something incorrectly still remains. Current capacity problems have prevented this from being implemented previously but management will review this to identify the best option to put the recommendation in place.

Update December 2016: Amanda Bogle-Reilly

1. On a monthly basis the Senior Vetting Officer/Vetting Manager will quality check (QC) 1-2 cases per team member by dip sampling from the master Production log (Employment Vetting Folder).
2. The Production log will be annotated as to which case has been QC'd (new column inserted – Audit Check)
3. For each case sampled the SVO/VM will complete a “Front sheet – Vetting Researcher Quality Check” (Employment Vetting Folder - Templates and Letters)
4. Errors will be assessed by the SVO/VM as None/Minor/Major and reviewed for any training requirements or further action.
5. Completed QC's front sheets will be held in the Vetting Researchers' personal file (Vetting – 2016 Managers – Administration - Staff)
(Please see Appendix A4 – Front sheet Quality Check).

COMPLETED – PROPOSED CLOSED

GREEN

GREEN

Housekeeping - Security & Vetting Team: External Appeals 4.5

A monitoring sheet should be utilised to ensure management can gain assurance that all appeals are dealt with correctly. The spreadsheet should:

- Log all appeals received and the date received
- Note the original vetting officer and the reviewing officer
- Log key dates in the review process

This should then be regularly reviewed by management,

Implementation Target Date: October 2016

Person Responsible: Michelle Chambers Vetting & Disclosure Manager.

Initial Management Response:

Agreed. This will be implemented for all appeal requests received going forward to clearly show that appeals have been dealt with correctly and in line with time scales.

Update December 2016: Amanda Bogle-Reilly

A new Production log has been created with extra columns to capture the cases refused, date appeal received, date of appeal decision and final decision.

COMPLETED – PROPOSED CLOSED

AMBER

Significant - Security & Vetting Team: Internal Appeals 4.6

The process for dealing with an internal appeal following a vetting fail should be formally documented to ensure a consistent and fair process is followed.

Implementation Target Date: November 2016

Person Responsible: Amanda Bogle-Reilly - Vetting & Disclosure Manager & Supt Simon Hurst - Head of Vetting

Initial Management Response:

Agreed. Management are aware that this process needs to be formally documented. They have brainstormed the process and know what it is but it is yet to be formally documented due to other priorities in the department. The Vetting Manager and Head of Vetting will work together to formally documented the process.

Update December 2016: Amanda Bogle-Reilly

Currently work in progress. To be documented and confirmed.

REMAINS AMBER

AMBER

Significant - Performance Monitoring 4.7

A robust performance monitoring process should be put in place to allow for the effective evaluation of the departments performance. This should include, but not be limited to, the following:

- appropriate key performance indicators that are based on sound logic, such as resources available, benchmarking data and other key factors that affect performance levels;
- a review of performance against previous months/periods;
- a review of levels of vetting outstanding to ensure back logs are quickly addressed.

Implementation Target Date: November 2016

Person Responsible: Supt Simon Hurst - Head of Vetting

Initial Management Response:

Agreed. The project lead for the new performance framework within PSD has been off which has slowed the implementation of the new framework, which vetting will be part of. The current version is being proof tested and is due for review by department heads. Once in place, it should allow statistical analysis of performance to review trends and one off issues which allow a more effective evaluation of departmental performance.

Update December 2016:

An Initial performance monitoring framework is in place and is reported to the Senior Management Team SMT on a monthly basis. The development of the framework is ongoing and includes baseline data obtained by Trecey Wragg Corporate Services as part of Output Based Budgeting OBB.

REMAINS AMBER

PAYROLL

November 2016

FUNDAMENTAL: 0

SIGNIFICANT: 2

HOUSEKEEPING: 2

GREEN

Significant – Overtime Claims 4.1

The Financial Operations Department should ensure that there is an appropriate collar number or signature to authorise the overtime claim submitted. Where this information is not submitted, the claim form should be returned to the claimant and not processed until the required approval has been provided.

Implementation Target Date: November 2016

Person Responsible: Finance Operations Team Leader

Initial Management Response: November 2016

The Finance Operations Team will be reminded that the overtime authorisation box needs to be completed prior to the overtime being processed for payment and that any incomplete forms should be returned. **Implemented**

COMPLETED – PROPOSED CLOSED

<p style="text-align: center; background-color: #f4a460; color: white; padding: 5px;">AMBER</p>	<p><u>Significant – Selima User Access 4.2</u></p> <p>The Force should request periodic, accurate, reports of live user access to the Selima system and their access capabilities. This should be used to confirm that live access and restrictions are appropriate and valid.</p> <p>Consideration should also be taken to introducing user profiles with pre-defined access rights when requesting a new user to the Selima System.</p> <p>Implementation Target Date: January 2017</p> <p>Person Responsible: Alice Davis – Payroll Services Manager</p> <p>Initial Management Response: November 2016</p> <p>The request for Selima users took just under 3 months to be delivered from Kier. I shall take this forward at the next performance meeting.</p> <p>From the initial scoping document the user’s access was defined with user profiles. I shall take this forward with Kier at the next performance meeting.</p>
<p style="text-align: center; background-color: #f4a460; color: white; padding: 5px;">AMBER</p>	<p><u>Housekeeping – Wage Types 4.3</u></p> <p>The Force should consider introducing an exception report which details Pensioners with the wage type 0033 in their salary packet and ensure that this is amended prior to payroll being complete.</p> <p>Consideration should also be taken to increase this exception report wider than only Pensioners to ensure that the correct wage type is being used for Officers, Staff and OPCC.</p> <p>Implementation Target Date: November 2016</p> <p>Person Responsible: Natasha Thornton – Assistant Payroll Services Manager</p> <p>Initial Management Response: November 2016</p> <p>This has been added to our monthly checklist. The Payroll system does not have the facility to have restrictive parameters; so any wage type can be used against any pay record / payroll for either Force.</p>
<p style="text-align: center; background-color: #90ee90; color: black; padding: 5px;">GREEN</p>	<p><u>Housekeeping – PIM Requests 4.4</u></p> <p>Staff should be reminded that where PIM Request forms are submitted to the Payroll Department with inaccurate or missing information, these should be returned to the EMSHRC for re-issue prior to input on to the system.</p> <p>Implementation Target Date: November 2016</p> <p>Person Responsible: Alice Davis – Payroll Services Manager</p> <p>Initial Management Response: November 2016</p> <p>Due to the payroll processing timetable it would impractical to return any PIM forms which are incorrect. However if the PIM forms are incorrect – which they were for the August cohort – a blanket email from the Post Employment Team leader corrected the inaccuracies. Implemented</p> <p style="color: green; font-weight: bold; font-size: 1.2em;">COMPLETED – PROPOSED CLOSED</p>

	PENSION PROVIDER		November 2016
	FUNDAMENTAL: 0	SIGNIFICANT: 1	HOUSEKEEPING: 1
AMBER	<p><u>Significant – Staff Police Vetting 4.1</u></p> <p>Kier and the Force should review levels of vetting requirements to ensure all staff are police vetted prior to access been given.</p> <p>Implementation Target Date: January 2017</p> <p>Person Responsible: Head of Finance at Leicestershire Police & Kier Pensions Service Delivery Manager</p> <p>Initial Management Response: November 2016</p> <p>The Force will liaise with their Information Security Team to assist in this matter and work out possible solutions. The outcomes will be fed back to Kier.</p>		
	<p><u>Housekeeping – PIM Requests 4.4</u></p> <p>Kier should liaise with the system provider to ensure relevant reports can be run to assist in management of users in the system.</p> <p>Implementation Target Date: March 2017</p> <p>Person Responsible: Systems Coordinator Kier Pensions Services</p> <p>Initial Management Response: November 2016</p> <p>The issue has already been logged with the system provider and is part of a list of system upgrades that has been requested. It will be monitored.</p>		