POLICE & CRIME COMMISSIONER FOR LEICESTERSHIRE JOINT AUDIT, RISK & ASSURANCE PANEL	PAPER MARKED
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Report of	**CHIEF CONSTABLE and CHIEF FINANCE OFFICER (OPCC)**
Subject	**INTERNAL AUDIT RECOMMENDATIONS AND TRACKING**
Date	**TUESDAY 11 DECEMBER 2018 – 10:00AM**
Author :	**ROY MOLLETT**

Purpose of Report

1. The following report provides the Panel with update progress responses from business owners in relation to internal audit recommendations awarded by external auditors Mazars.

2. Recommendations are reported in terms of priority as **Fundamental** , **Significant** and **Housekeeping** by Mazars; these priorities are shown highlighted as shown here.

3. The following table illustrates the number of outstanding and completed - Fundamental, Significant and Housekeeping recommendations for the Mazar's audits currently held.

Priority of Recommendation	Outstanding		Completed	Superseded	Total
	RED	**AMBER**	**GREEN**	**GREY**	
Fundamental	-	1	-	-	1
Significant	-	12	6	-	18
Housekeeping	-	-	2	-	2
Total	**0**	**13**	**8**	**0**	**21**

4. Following a number of JARAP Actions from June the Joint Audit and Risk Assurance Panel has been working with the Office of the Police and Crime Commissioner and Force to improve the overall efficiency and effectiveness in reporting progress with audit recommendations and it is understood the following has been agreed:

(a) Reporting to JARAP

Audit Assurance Grading	Recommendations reported to JARAP		
	Fundamental	Significant	Housekeeping
Satisfactory Assurance or above	YES		NO tracked by the Force through SORB
Limited Assurance or below	YES - Reporting on all recommendations		

(b) Any audits graded Limited Assurance or below – Whole audit report submitted with attendance by a representative from the service area.

(c) A short annual report from Mazars on progress against the 'housekeeping' recommendations.

(d) A chart indicating where the housekeeping recommendations have moved to as we move to the new process.

(e) To close a recommendation that has been 'proposed closed' the update should state:
    i. That the recommendation has been implemented.

    ii. Evidence to prove that it is working successfully (facts and figures on dip-sampling etc).

5. For this report to JARAP a small number of Housekeeping recommendations have been retained for the following reasons:

- The Housekeeping recommendation had an Action associated with it from the last JARAP and hopefully will have sufficient evidence to close at this reporting period.

Recommendation

6. For the panel to note the attached update on progress responses from business owners against the respective audit recommendations so far.

7. Where business owners have provided an update proposing closure these now require the agreement of the panel to close.

8. Progress - For ease of reference the recommendations at Appendix A attached have been individually graded as follows down the left-hand column of the table:
    I. **RED** – Outstanding and Exceeding the Target Date.
    II. **AMBER** – In Progress and Within the Target Date.
    III. **GREEN** – Completed and closed.
    IV. GREY – Superseded / Not Adopted

Implications

Financial :   None

Legal :   None

Equality Impact Assessment :   None

Risks and Impact :   Risk to efficiency and effectiveness of business functions where agreed recommendations are not implemented in a timely manner.

Link to Police and Crime Plan :   Transparency and accountability for business functions.

List of Appendices
Appendix A Internal Audit Tracker. This provides the business owner updates and contextual assurance in relation to progress achieved.

Background Papers
N/A

Person to Contact

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MAZARS Audit Recommendations Progress Tracker

	SEIZED & FOUND PROPERTY – LIMITED ASSURANCE		**March 2018**
	FUNDAMENTAL: 1	**SIGNIFICANT: 4**	**HOUSEKEEPING: 2**

Fundamental – 4.1 Missing Firearm

Where missing firearms are identified and are being investigated, the property management system should be updated to reflect this. Management should investigate the location of the other missing firearm, update the property management system and review the reason for the discrepancy.

Implementation Target Date: See below

Person Responsible:
Security Jez Leavesley End March 2018 excluding CCTV ~~end June 2018~~ Revised target date June 2019
Training Amie Peplow/Shruti Pattani ~~March – Sept 2018~~ Revised target date June 2019
Enforcement Jez Leavesley/Amie Peplow ~~March to Sept 2018~~ Revised target date December 2019

Initial Management Response:

One identified firearm (of 2 highlighted) - KiM had not been updated to reflect a new OIC (see response to 4.6) and also with the reason for removal from the temp store. This discrepancy would have been found by the monthly diarised internal audit process and rectified.

The second firearm was a BB gun. It was transferred to the main store at Keyham Lane and disposed of using the gun cutter on 7th Nov. KiM had not been updated, This issue has been raised with the couriers and property team. The process is being reviewed.

The force is working tirelessly to improve its evidential property management and has made numerous significant changes over the last 12 months including a new staff structure and dedicated posts. 9 new procedures have been introduced over the last year, however we acknowledge that these significant improvements need further embedding within training and staff culture. The audit also came in the middle of significant procedural changes to both the PMS (Property Management System-KIM being replaced by NICHE) and also improvements to the Temporary Stores early 2018.

The force acknowledges and was already aware that currently the temporary stores are vulnerable for property removal without PMS update. The system is reliant upon officers (per procedure) updating (currently) KiM PMS (due to be replaced by NICHE in March 2018) with all property movements. This is the case with the firearms outlined. The force had recognised this and is currently investing £43k in upgrading the temp stores now, which will be online end of March 2018.
The investment includes:

Security
1) New ammunition cabinets separating firearms from ammunition
2) New x plan locks on firearms/ammunition safe keys allowing audit of keys. Xplan locks (auditable) are already on all main temp store doors
3) New shelving colour coded to assist staff in correctly placing items and interior design and new signage. Warning signs to be introduced
4) CCTV in temporary stores to monitor activity/deterrent.
5) Introduction of NICHE property to replace KiM PMS in March 2018. This will link all property to incidents and allow easier tracking of individual items, also making it easier for officers to update property movement. However, individual compliance requirements by the officer will remain.
6) Temp stores w/e March the responsibility of new courier roles, currently the responsibility of LPD volunteers. This will tighten internal temp store procedures and provide clear ownership
7) Intro of the evidential. property audit procedure (Nov 2017) allows for much quicker identification of issues. These discrepancies would have been found in the audit the following week.

Training
8) i NCALT package for new PMS
ii NICHE property reinforces key messages
iii Probationer training package being reviewed and input
iv New training videos being prepared
v Experienced officer inputs

Enforcement
9) Proposal to include property on new force performance dashboard
10) Above to include performance monitoring?
11) Officer verbal warnings process to be introduced by Evidential Property Manager
12) Officer verbal warnings process to be introduced by Evidential Property Manager
13) Tighter in house management through evidential courier role

Update June 2018: Actions completed highlighted in green: 1, 2, 3, 5, 6, 7, 8i, 8ii, 11, 12, 13.

Work In Progress: 4, 8iii, iv, v, 9, 10,

Update August 2018: 8iv completed. 4) CCTV quotes being obtained. Work in progress for 8iii,v, 9,10.

Action from JARAP meeting 19/09/18 43/18a - Mr Streets to circulate a note to panel members on how verbal warnings are used within normal management processes.

AMBER

4.1 Missing Firearm Continued

JARAP Action - Verbal Warnings: Update from Jez Leavesley - Evidential Property & Archive Programme Implementation Change Manager:

The process is over and above simple management intervention. It is a layered approach in operation by the Evidential Property and Archive Manager.

i. An issue is brought to the attention of the Evidential Property Supervisor. The issue is usually flagged via a weekly audit review or by the daily collections from the Temp Evidential Stores by the Evidential Property Couriers.

ii. The issue is risk assessed in terms of seriousness. If it is a minor breach of procedure it is dealt with by the Supervisor who liaises directly with the staff members supervisor to bring the matter to a conclusion.

iii. If it is a more serious matter then the Evidential Property Supervisor brings the issue to the attention of the Evidential Property Manager. Cash/firearms/drugs issues are always dealt with as serious matters.

iv. The manager assesses the issue and either deals directly or informs PSD who would then take the investigative lead.

v. If the manager deals directly, she initially contacts the officer/staff members manager to request a local investigation of the issue. A report response is required. The large majority of issues are dealt with satisfactorily at this point, with the officer/staff members line manager giving words of advice, PDR consideration etc.. in line with standard reprimand procedures. Unsatisfactory results at this point (to be honest rare) are referred to either PSD or for senior management consideration/intervention.

Update November 2018: Update relating to remaining tasks i.e. 4, 8iii, iv, v, 9, 10

4) CCTV Security CCTV in temp stores. A paper has been submitted to the November Change Board recommending the installation of CCTV in all temporary property stores in conjunction with wider security upgrades across the force. This has now been ratified and funds are being secured as part of the capital programme for 2019/20 in order for this work to be commenced.

8iii & v) Probationer training package review/input/experienced officer inputs. Review completed. Proposals submitted to the Training panel in November.
Aimee Peplow has advised the training consist of:

1. Classroom based for new and existing staff.
2. There will be an interactive learning portal for Evidential Property. This is to sit on the L&D website with links from the EPAT intranet page.
   The intention is for this to act as an interactive and engaging 'one stop shop' for all information relating to the 'journey of an evidential exhibit' [from the point of seizure to disposal].
3. Mandated NCALT package from August 2019.

9 & 10) Proposal to include property on new performance dashboard. A new performance package is being developed. A full package had previously been developed on the old KIM property management system which provided weekly performance information however the new NICHE property module does not provide this same level of detail in useable packages and as such new processes are having to be designed using business objects software to extract and interpret the information provided. This has proved to be time consuming and the accuracy rate of information remains an issue which is still being worked through. We are confident that such information will be available soon.

The above captures the long term vision of improving property management within the organisation and the functionality of the operational running of the property system across the force is fundamental.

On average there are 172 items of property booked in every day that equates to approx. 62,000 items per year. Significant items recovered per year can be broken down as follows:

- Firearms 1225 approximately per year

- Drugs 4500 approximately per year

- Cash seizures 2200 approximately per year

For assurance the audit regime includes both fixed and rolling audits across all stores to include weekly audits of temporary stores and in addition the daily property courier collections are also a measure to identify any issues as early as possible. The volume of items that come into the property system, on a daily basis, can lead to a margin of human error however there are rigid processes to identify such errors as soon as possible. This has been demonstrated and put into action highlighting that this mechanism does work. For example administration errors are the most common issue and the errors are highlighted immediately and very quickly resolved. There has been nothing serious or significant raised which would cause concern. If this were the case then they would be immediately elevated to the appropriate managers and PSD.

AMBER

4

Significant – 4.4 Officers and Property Officers Training

The Force should introduce communication and training days for old and new starters to ensure the correct processes are being followed.

The enhanced procedure is being standardised at all temporary stores therefore the requirement for all to be trained and familiar with the correct processes is vital.

Implementation Target Date: March - ~~September 2018~~ Revised target date June 2019
Person Responsible: Amie Peplow/Shruti Pattani
Initial Management Response:
The force acknowledges that training for all staff in the new procedures is paramount to the success of the processes. RAG coloured shelves were at trial stage at just one location during the audit. They are currently being introduced force wide.
Compliance is key.
Proposed training includes:
i NCALT package for all frontline staff new PMS NICHE property module
ii NICHE property module itself reinforces key messages
iii Probationer training package being reviewed and revised input to be introduced.
iv New packaging advice introduced to - Evidential Property intranet site linking with forensic science website.
v New training videos being prepared
vi Experienced officer inputs to be researched and considered.
vii Shelf guidelines for the new stores will be clearly marked. A training video for the temp stores will also be completed.

Update June 2018: Actions completed to date: i, ii, iv, vii. Other actions WIP

Update August 2018: v competed. WIP iii and vi

Update November 2018: iii and vi - **Probationer training package review and experienced officer inputs.** Review completed. Proposals are to be submitted to the Training panel in November and subject to agreement will be delivered to staff.

Housekeeping – 4.7 Update of procedure

The Force should update the procedure to clearly determine the requirement of the witness signature. Where the signature is not available and recorded on the Officer's Body Worn Video, then this should be accurately stated on the evidence bag and on the PMS.

Implementation Target Date: March 2018
Person Responsible: Jez Leavesley Evidential Property & Archives Programme Manager.
Initial Management Response:
The Handling, Storage and Movement of Cash Procedure was introduced in February 2017 and amended Feb 2018 to incorporate the recommendation to read :
"Seized cash should be recorded preferably on BWV or video, if not it should be counted in the presence of a corroborating officer and/or finder and a signature obtained. The seizing officer
must sign the exhibit bag and the amount counted displayed. The exhibit bag must be sealed. Where possible the exhibit bag should be counter signed. If a counter signature is not available the exhibit bag should state, if applicable –'recorded on BWV DEMS ref no:..'" If neither a counter signature or BWV are available it should state this." Circulated to all staff Feb 2018 and procedure updated.
Update June 2018: Action completed per comments above. This action is now complete.

PROPOSED CLOSED – Retain for next JARAP
Action from June JARAP for DCC Rob Nixon to see if this has been implemented and working.

Update 9th July:
Not sure I can add much more, the procedure has been updated as required per my earlier responses and officers briefed accordingly some months ago. Compliance is always an issue, but it is something we monitor through the audit process and raise with individual officers as a training requirement where appropriate. Generally it is working, but there has been to my knowledge two occasions over the last 5 months where supervisory response has been required concerning this.

Action from JARAP meeting 19/09/18 43/18b Mr Streets to provide a note of the current process in relation to the use of Body Worn Videos and Seized and Found Property.

Update from Jez Leavesley - Evidential Property & Archive Programme Implementation Change Manager:

1) The Cash Handling Procedure to be distributed to JARAP Panel members via JARAP Admin OPCC.

2) Audit/Dip Sampling assurance requested by JARAP:

Since the last JARAP an audit and dip sample of cash seizures recovered by police has been conducted by DS Emma Matts with the following results:

DS Matts has dip-sampled 58 cash seizures from property and will say that in 79% (46/58) of cases exhibits were either counter signed by a 2nd officer and or the seizure was recorded on Body worn video.

Of the other 12 these were all for situations such as recovery of a single note of a small denomination, for example a £5 handed into a Front enquiry office where staff were single crewed and where CCTV covers the desk. Other situations included single crewed officers attending a sudden death and recovering a small amount of loose change from the deceased upon searching them on behalf of the coroner. A dead body in a non-suspicious circumstance would not be recorded on Body Worn Video due to the graphic detail captured.

As a result of this audit DS Matts is satisfied that the policy is being adhered to where significant amounts of cash seizures are seized and they are recorded correctly and as such it is propose that this action can now be closed.

PROPOSED CLOSED

GREEN

Significant – Accident Reporting Procedure 4.6

The RMU should produce a formal Accident/Incident reporting procedure. The procedure should provide guidance on what should be reported and how this should be reported by staff.

The procedure should be clearly communicated to staff via the intranet.

Implementation Target Date: ~~31st July 2018~~ revised target date end September 2018

Person Responsible: Peter Coogan Principal Health and Safety Advisor

Initial Management Response: Agreed

Update February 2018: This procedure has been written in draft and will be put on the agenda of the Executive Health and Safety Committee on 28th March to be ratified. As we have decided not to use the HR Gateway anymore due to its design problems, a form has been created on the health and safety website which is far more intuitive and easy to fill out. This will reduce likelihood that it will be filled in incorrectly and promote reporting.

Update June 2018: This procedure will have to be rewritten as ISO45001 was released on 31st March. Guidance relating to the procedure will also have to be rewritten.
We have developed our own accident reporting form which has been considerably more successful than the previous form on HR Gateway and is a significant improvement on the new 5 page form that we would have had to have used if we had continued to use the HR Gateway for accident reporting. Managers' involvement in incident investigation has also massively improved.

Update August 2018: The new health and safety procedure was submitted to the Executive Health and Safety Committee in June. It was updated to reflect the NPCC's guidance to chief officers on how to manage health and safety and obviously reflects HSE expectations and what is required by law. Concerns were put forward by one directorate about what is required of managers so there is still some work to be carried out internally before we can communicate the procedure on the intranet.

We expect this issue to be resolved by the next EHSC meeting in September.

Update November 2018: The health and safety procedure was signed off at the Executive Health and Safety Committee on 28th September. This contains requirements concerning accident reporting and has links to HSE guidance around dangerous occurrences. We do not need to introduce a formal accident reporting procedure as the health and safety procedure deals with this adequately. Managers are given training regarding what they should report during the Duties and Responsibilities course and staff are given this input during induction training. Over 250 managers have now been trained and will embed in their respective departments. Near misses cannot adequately be described within a procedure in our experience; people need to understand the underlying theory behind them so a reference in a procedure would not be enough. A new accident reporting form designed by the Health and Safety Unit was launched in February of this year as the alternative would have been to introduce the five page accident reporting form that Capita had designed on the HR Gateway. This form was not easy to fill out and would have required staff to be trained to complete it, it would also have taken up a significant amount of officer and staff time to complete. Our form is easily accessible on our website, however we have also added a link directly from the intranet home page so it's even easier to find. Support is provided to managers by the H&S Unit which builds on the training that they've already received. Accident and near misses are investigated now which is a completely different situation to previous years where health and safety co-ordination was delivered by support managers. The H&S Unit often finds that an appropriate investigation has already been completed by the manager when the form is submitted but the unit do provide support when appropriate.

The new procedure is available to staff on the intranet and reassuringly there has been over 3869 views which is really positive and does endorse that staff know where to view and record the information.
The number of reports that have been submitted hasn't deviated or declined which supports the implementation of the new procedure and nearly 12 months since its launch which demonstrates that it has been successful.

PROPOSED CLOSED

VICTIMS CODE OF PRACTICE – SATISFACTORY ASSURANCE	January 2017
FUNDAMENTAL: 0	**SIGNIFICANT: 2**	**HOUSEKEEPING: 1**

GREEN

Significant – Communication with Victims 4.3

The Force should implement an appropriate process to ensure that each victim receives a written acknowledgement of the crime they have reported. This should include the basic details of the offence and confirmation of the communication with the victim should be recorded on the Niche system.

Implementation Target Date: 31st July 2018 revised target date end November 2018

Person Responsible: D/Supt Jonny Starbuck

Initial Management Response: January 2017 The Force is in the process of signing up to the Track My Crime system, an online service provided by the Ministry of Justice for victims of crime and an innovative new way for the police to communicate with the public, which will make improvements in this area.

Update February 2017: Due to Niche testing delaying implementation, this recommendation will be adopted but the implementation has been put back to allow a more realistic timeframe.

Update May 2017: Track My Crime is awaiting Information sharing ratification and once this is confirmed an implementation plan and date will be set and contracts with MOJ signed. This is now likely to be 1st July 2017.

Update August 2017: Chief Constable has signed TMC contract and now awaiting MOJ information to commence implementation; PCC briefed accordingly.

Update November 2017: Track My Crime was discussed at the last Demand Board which resulted in a meeting with key stakeholders to discuss implementation which took place on 7th November 2017. An options paper for TMC will be presented to the next demand board on 20th December.

Update June 2018: It is recognised that the force needs to continue driving the compliance around the victim codes of practice and as such a victim codes of practice working group has been formed to look at best practice and address issue as they arise. As a result of these meetings the group identified that victims and officers were not always best equipped with the relevant information to ensure appropriate interaction which would result in the agreeing of in effect a crime contract between the victim and Leicestershire Police. A booklet currently used by Northants Police offered a solution to this issue and work has been undertaken to develop this booklet for Leicestershire officers so they are equipped appropriately and can supply victims with all necessary and relevant information.

The force will also look to instigate the use of the following campaign:

- **Leicestershire CARES -** This is a simple mnemonic campaign to assist officers remembering what is important and to allow managers to drive home the message

This work is being delivered by DI Hubbard and DS Kate Beel.

It is also worthy of note that Pronto will also offer opportunities to improve compliance around VCOP if managed appropriately as will the use of Track my Crime which is being explored via the online crime project team being run by Natalie Profitt.

It should be the aim of the force to enter into a crime contract with all victims of crime which is both appropriate, viable and proportionate to the crime being investigated and the use of electronic communications will assist officers and victims with this process and as such the force will look to shift communication to electronic formats allowing contact to be initiated when either party is unavailable.

Update August 2018: VCOP meetings have now reconvened and will be held monthly with representatives from all Force departments. Next meeting scheduled for 03.09.2018. D/Supt Starbuck is chair. Face to face crime queue reviews (between Supervisors and investigators in the NIUs) are now being re-embedded in working practices. They will focus on VCOP compliance, ensuring that updates are being given in agreed timescales with the victim as well as being recorded on the correct OEL within the occurrence. Messages have gone out Force wide to all Supervisors in relation to responsibilities under VCOP and a simplified power point sent for dissemination to staff.

Crime desk staff are currently supplying details of crime numbers to victims on all occasions either through SMS or telephone call. 5 crimes per each member of staff are dip sampled monthly by Supervisors to ensure compliance.
Ongoing tasks:

- Detective Inspectors have been tasked with dip sampling 10 crimes per NIU per month to ensure VCOP compliance is embedded. The result will be factored into the IMM performance document and scrutinised at the monthly performance meeting chaired by D/Supt Starbuck. Target date to be fully embedded is November 2018
- Re-embedding of Face to face crime queue reviews (between Supervisors and investigators in the NIUs) – target date is November 2018

AMBER

Communication with Victims 4.3 Continued…

Update November 2018 required: VCOP Group met for 2nd time w/c Monday 8/10/18 and all recommendations continue to progress. Key issue is defining exactly what defines VCOP compliance. Various actions in place around defining this, internal communications, expectations of CMD, PRT, NPAs and Investigators in CaID. Also new leaflet designed, plan in place to ensure all victims advised re crime number and performance regime.
Next meet due Mid November when more significant progress is anticipated – DSP Jonny Starbuck

A comprehensive design and test process has been completed to fully understand the benefits of TMC to the organisation. The outcome of this work has shown that TMC will not offer the benefits initially recognised and could create more problems in the long run. The decision to not implement TMC has been agreed at a previous Design Authority meeting.

It is recommended that Leicestershire's default method of contact with victims is email combined with effective use of external 'out of office.' This would bring many of the TMC benefits and could be used to trigger automated messages to the victim, such as crime number and OIC, through Pronto.

All methods of contact are, of course, reliant on officers complying with the Victim Code and maintaining regular contact with victims of crime.

Adoption of the national Single Online Home (SOH) platform will bring a new mechanism for victim contact that will be delivered in early 2019.

Crime desk staff continue to supply details of crime numbers to victims on all occasions either through SMS or telephone calls and 5 crimes per each member of staff are dip sampled monthly by Supervisors to ensure compliance.

Significant – Providing Information to Victims 4.4

In line with the Communication with Victims recommendation above, the Force should ensure that it provides victims of crime with information on what to expect from the criminal justice system in line with the VCOP. Consideration would be referral to online information through the email and text communications it sends to Victims.

Implementation Target Date: ~~31st July 2018~~ revised target date end January 2019

Person Responsible: D/Supt Jonny Starbuck

Initial Management Response: January 2017

As per comments above, the Track My Crime system is designed to signpost victims to more information. The initial communication that is sent to victims should include direction to the Force website where the information is stored. Once the implication of Track my Crime are known this will be reviewed.

Update February 2017:

At the February meeting of the VCOP improvement group this recommendation was adopted and on-going work with the behavioural change team has commenced to roll out additional material at the implementation of Online recording and Track My Crime.

Update May 2017:

See above

Update August 2017: Following Force Priority planning meetings Confidence and Satisfaction, including VCOP, is now a Force priority. A development plan incorporating several inter-dependant areas and this work in particular has been devised with ownership as above.

Update June 2018: It is recognised that the force needs to continue driving the compliance around the victim codes of practice and as such a victim codes of practice working group has been formed to look at best practice and address issue as they arise. As a result of these meetings the group identified that victims and officers were not always best equipped with the relevant information to ensure appropriate interaction which would result in the agreeing of in effect a crime contract between the victim and Leicestershire Police. A booklet currently used by Northants Police offered a solution to this issue and work has been undertaken to develop this booklet for Leicestershire officers so they are equipped appropriately and can supply victims with all necessary and relevant information.

The force will also look to instigate the use of the following campaign:

- **Leicestershire CARES -** This is a simple mnemonic campaign to assist officers remembering what is important and to allow managers to drive home the message

This work is being delivered by DI Hubbard and DS Kate Beel and both documents in their Northants format are attached

It is also worthy of note that Pronto will also offer opportunities to improve compliance around VCOP if managed appropriately as will the use of Track my Crime which is being explored via the online crime project team being managed by Natalie Proffitt - Online Services Transformation Manager.

It should be the aim of the force to enter into a crime contract with all victims of crime which is both appropriate, viable and proportionate to the crime being investigated and the use of electronic communications will assist officers and victims with this process and as such the force will look to shift communication to electronic formats allowing contact to be initiated when either party is unavailable.

Update August 2018: The victims booklet has been re designed to incorporate VPS, details regarding Victim First and the Witness Care service as well as further information after reporting a crime and what to expect from the Criminal Justice system. Track my Crime has not been signed up to at this time so has been removed from the booklet which will exist in a hard copy and electronic form. The Crime desk provide a link to victims via SMS to access the Force Website for further information on VCOP as well as being able to access the Government Websites. VCOP and witness booklet held on file with the audit team.

Ongoing tasks:

- Launch of Victim leaflet Force wide with link on Force website, all Officers to supply details to victims on attendance or print off hard copies if required rather than mass leaflet production - Target date October 2018
- Agreement and compliance across the Force with other departments confirming how they are going to measure compliance and monitor implementation of the booklet and correct signposting – Target date November 2018
- Leicestershire CARES – this is a ready-to-use internal comms campaign from Northants, used to clarify expectations and to underpin compliance checks by supervisors. The basics of victim contact and recording need implementing and embedding first before this can be achieved as well as Niche template being built – Target date – January 2019

AMBER

Update November 2018: VCOP Group met for 2nd time w/c Monday 8/10/18 and all recommendations continue to progress. Key issue is defining exactly what defines VCOP compliance. Various actions in place around defining this, internal communications, expectations of CMD, PRT, NPAs and Investigators in CaID. Also new leaflet designed, plan in place to ensure all victims advised re crime number and performance regime.
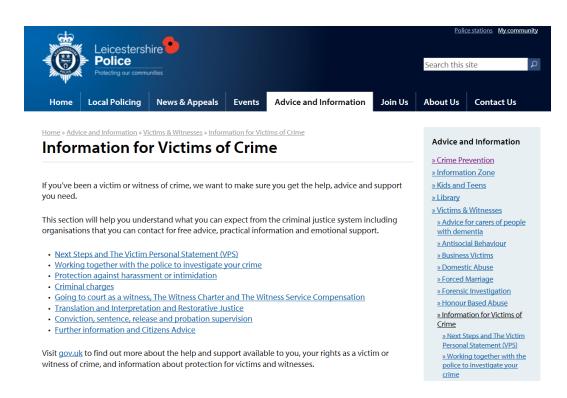
Next meet due Mid November when more significant progress is anticipated – DSP Jonny Starbuck

The decision has been made at the Design Authority on the 17th September not to progress with Track My Crime TMC.

A series of SMS templates have been developed for the Crime Bureau to use when contacting victims of crime with updates. These include links to the website where a section on Information for Victims of Crime has been set up *leics.police.uk/victims* This information is also provided to victims who report online and contact is continued through use of email.

Crime desk staff are currently supplying details of crime numbers to victims on all occasions either through SMS or telephone call. 5 crimes per each member of staff are dip sampled monthly by Supervisors to ensure compliance.

Screenshot of Force Website in relation to breadth of information for victims:

	AUDIT COMMITTEE EFFECTIVENESS		October 2017
	FUNDAMENTAL: 0	SIGNIFICANT: 6	HOUSEKEEPING: 2

Significant **– Ongoing Panel Training 4.7**

Consideration should be given to reviewing the JARAP's training requirements, including the need for a 'skills audit' and training plans.

Implementation Target Date: ~~31st March 2018~~ Revised target date end December 2018

Person Responsible: Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer Martin Henry. – Chief Officer Paul Dawkins /DCC/ Business Risk and Continuity advisor – position vacant

Initial Management Response: Agreed

A review of JARAP Training requirements and draft plan will be prepared which aligns to the legislative requirements and those contained within the TOR.

Update November 2017: Recently finalised audit report – update to be provided at next JARAP meeting.

Update February 2018: This will be progressed when new OPCC CFO formally commences – Paul Dawkins.

Update June 2018: This will be progressed between the Chairman of the Panel and the OPCC – CFO.

PDR's are now being completed on an annual basis and this more structured approach will capture the training requirements of the panel members which will then be considered with the OPCC- CFO.

This will be completed by the end of December 2018.

Update August 2018: Appraisals have been carried out by the Chairman of the Panel and these will be used to inform the development of a training plan for panel members.

Update November 2018: The Chairman has fed back the training requirements of the panel members and arrangements are being made to meet these development needs.

AMBER (left vertical label)

	PAYROLL – SATISFACTORY ASSURANCE		December 2017
	FUNDAMENTAL: 0	SIGNIFICANT: 3	HOUSEKEEPING: 1

Significant **– Selima User Access 4.2**

A review of user access should be undertaken and, where users can access payslip records of others, and there is no operational requirement for this access, this should be removed. Consideration should also be taken to introducing user profiles with pre-defined access rights when requesting a new user to ensure access to employee wage slips are restricted.

Implementation Target Date: ~~Expected completion by: 31st Dec 17~~ revised target date 31st October

Person Responsible: Alice Davis - Payroll Services Manager.

Initial Management Response: A call has been logged with Kier Business Services to establish the level of access for all Selima users and an explanation as to why these users have the access they have – Kier are conducting a full user access review, completion date to be advised.

Update February 2018: Kier updated the access levels for those users (Leicestershire based) that did not routinely require access to payslip records. Unfortunately, this resulted in the access being removed from the Derbyshire users who use this functionality who work in Finance and HR. The previous access therefore had to be reinstated.
As the Force is currently transitioning to a new payroll system from April 2018 this will be picked up as part of the implementation.

Update June 2018: The Payroll Services Manager is due to meet with the Lead Payroll Consultant on the 14th June to go through the security access levels for the new intranet payroll software. This is to ensure that the access rights to the new software are set according to the needs of the role.
Update August 2018: The security profiles for the new payroll system have been defined & those users that do not require access to payslips do not now have this facility.

The go-live date for the implementation of the new payroll software is subject to a discussion with the supplier on the 24th August; an update will be provided for the next JARAP meeting.

Update November 2018: Parallel running October payroll with an expected go live date of November and December 2018. After the go live date access to Selima payroll system for those who do not require access will be removed. The new system has been tested to meet the requirement above. To remain open pending the go live decision. Further update to be provided at next meeting.

AMBER (left vertical label)

PAYROLL PROVIDER – SATISFACTORY ASSURANCE		May 2018
FUNDAMENTAL: 0	SIGNIFICANT: 2	HOUSEKEEPING: 0

GREEN

Significant – 4.1 Changes to Key Data

Kier should ensure that the removal of leavers are completed in a timely manner and that confirmations with screenshots are transmitted through the secure portal back to the Force.
Kier should address the technical issue regarding access rights to payslip information and resolve urgently.

Implementation Target Date: ~~June 2018~~ revised target date end December 2018

Person Responsible: Alice Davis Payroll Manager

Initial Management Response: Kier will be asked to ensure that any 'access changes' requested by LPD are actioned within 36 hours.
A quarterly report is received from Kier of current users which the LPD Payroll Manager checks for accuracy to ensure that all change requests have been actioned.
Kier were requested to restrict the role profile of the Leicestershire Finance Operations Team following the LPD audit. However, this resulted in users in other teams particularly in Derbyshire losing their access. Kier will be requested to review the access again to see whether it can be further restricted prior to moving to the new payroll software during 2018.

Update June 2018: Very recent report – Update will be provided at next JARAP

Update required - August 2018: The last list from Kier was dated 31/03/2018, with one person who had left and required their access removing.
This report is due quarterly; the next one was due 30/06/2018 and has not been requested/chased up due to parallel running and balancing for the new system. An update will be provided for the next JARAP meeting.

Update November 2018: Since the technical issue has come to light the access level has been reviewed and only 2 users in the department have the full access to the data. The data that comes across in the quarterly reports is reviewed and contains around 77 users from Leicestershire and Derbyshire and 65 users from Kier.

The last two quarterly reports have not identified any errors and this process is proving that it is providing that layer of further scrutiny and assurance and as such it is recommended that this is closed.

PROPOSED CLOSED

PROCUREMENT – SATISFACTORY ASSURANCE		June 2018
FUNDAMENTAL: 0	SIGNIFICANT: 2	HOUSEKEEPING: 1

GREEN

Significant – 4.1 Spend Review

Upon closure of the accounts and the availability of relevant information, a review of annual spend per supplier should be undertaken in order to identify where the level of expenditure would warrant consideration be given to putting a contract in place. Evidence of this review should be retained.

Implementation Target Date: September 2018
Person Responsible: Ian Fraser – Head of Procurement & Support Services
Initial Management Response:
When the information is available from Finance then Procurement will complete this recommendation to identify contract opportunities should spend not be covered by an existing contract.

Update - August 2018: As of 22nd August approximately two thirds of this work has been completed. It is expected to be fully completed by the end of September 2018 – Ian Fraser Head of Procurement.

Update – November 2018: As of 27th September this recommendation has been completed. Departments where specific contract documents are not in place have been reviewed. Most are covered by purchase orders and are one-off procurements and others are for Fleet spare parts or the use of local garage services. There is limited opportunity for Procurement but the process we complete for this area of work will ensure that every item of expenditure is covered by a formal order, contract or for a few areas an understanding of the process involved to deliver services to the Force e.g. The delivery of urgently required parts for Fleet. Items such as this cannot be contracted for. The list of this spend review is completed annually.

PROPOSED CLOSED

AMBER

Significant – 4.1 Approval of the Corporate Governance Framework

The Corporate Governance Framework should be reviewed, updated where appropriate, and approved by the Strategic Assurances Board. The Framework should then be reviewed on a regular basis.

Implementation Target Date: 31 December 2018
Person Responsible: Martin Henry – OPCC Chief Officer Finance
Initial Management Response:
Agreed. The Corporate Governance Framework will be reviewed and updated where appropriate.

Update August 2018: This action is ongoing with the target date still expected to be achieved.

Update November 2018: This action is ongoing with the target date still expected to be achieved.

AMBER

Significant – 4.2 Policy Review Log

Policy Review Logs for both the OPCC and the Force should be developed that enables the status of the policies to be tracked. The log should include, but not be limited to:

1. A list of all policies for both the Force and the OPCC;
2. The version number of the policy;
3. The date of the last review;
4. The due date of the next review;
5. The officer responsible for review;
6. The approving officer/committee;
7. The compliance monitoring checks to be undertaken on the policy; and
8. Evidence of these checks being undertaken.

The log should be held centrally and updated on a regular basis, with each department submitting their evidence for the updates.

Implementation Target Date: 31 December 2018
Person Responsible: For the OPCC – OPCC Angela Perry Executive Director
For the Force – Debbie Hunt Project Officer.
Initial Management Response:
Agreed. A policy review log will be compiled to address these points.

Update August 2018:

(a) Force Policies and Procedures: There are currently 94 policies and 160 procedures logged for the Force and these are forwarded to the SPOC for each policy/procedure when they are due to be reviewed. Policy owners are emailed 3 months before a review date, so they have sufficient time to review the policy/procedure, thereby ensuring policies/procedures are up to date by the stated review date.

The register or review log is currently held for all policies and procedures and retained within Corporate Services and continually monitored by a Project Officer.

Bullet point 1 – A list of all policies/procedures for the force are retained in Corporate Services

Bullet points 2 to 6 - These are all contained in the respective policy or procedure.

Bullet points 7 and 8 – Compliance monitoring checks are confirmed as being adhered to.

Going forward, the Force Inspectorate function will be undertaking regular reality checks to ensure Force policies and procedures are maintaining the standards and compliance required.

Update provided by Sue Walsh - Executive Support Manager and Magda Allen – Project Officer

(b) OPCC Policies and Procedures: This is on track to be delivered by the target date – Angela Perry Executive Director – OPCC

Update November 2018:

(a) Force update: For the Force the recommendation is considered completed as the force has a centrally held log which complies with 1 to 8 in the recommendation above and significant progress has been and continues to be made in the management and monitoring of force policies and procedures.   Compliance on the timely review of force policy and procedures is now supplied on a quarterly basis to the SORB chaired by the DCC.

(b) OPCC update: The Corporate Governance Framework will be updated by the target deadline. The other policies are being reviewed on a rolling basis; it is expected that these will be completed by the end of March 2019.

GREEN

Significant **– 4.1 Reconciliation of Fees Received Against Licences Issued**

Regular reconciliations should be undertaken between the fees received and licenses issued.

Implementation Target Date: Immediate
Person Responsible: Nigel Rixon – Firearms Licensing Manager

Initial Management Response:
I recognise the requirement to reconcile monies received against Income Remittance statements.

The majority of monies received accompanying an application will be received in Mansfield House Firearms Department. Receipts are now issued for all cash and cheques received which are forwarded to finance to allow reconciliation.
It would be difficult to reconcile total amounts received in the bank against income recorded, due to time differences between when the impress is banked and Finance are informed by the bank statement.

It should be noted that there is a national development for future applications and payments to be made on line. This is expected December 2018.

Update August 2018: This is a very recent final report, progress to be provided at next JARAP
Update November 2018: Regarding the firearms side, the agreement with Mazars is that this recommendation is now closed.
We have changed the process with regard payments 4.1 and we continue 100% checks of referees 4.2 below. – Nigel Rixon Firearms Licensing Manager.

With regards 4.1, I spoke to Nigel about the response he was due to give to enable the final report to be issued. Whilst it wasn't entirely in line with the recommendation, I accepted his rationale as to why this was the case.
Thanks
Brian
BRIAN WELCH
SENIOR MANAGER
CONSULTING – RISK ASSURANCE SERVICES
MAZARS

PROPOSED CLOSED

Management should be vigilant when approving applications to ensure all appropriate steps of the process have been completed.

Implementation Target Date: Completed
Person Responsible: Nigel Rixon – Firearms Licensing Manager

Initial Management Response:
All staff have been advised with regard the requirement to ensure all security checks are complied with. More careful scrutiny is now in place and checks further conducted before final scanning of all documents.

PROPOSED CLOSED

Action from JARAP meeting 19/09/18 43/18d ~~Ms Matts~~ [should read Nigel Rixon] to dip sample the security checks in relation to the licensing of firearms and ensure that the current policy is being complied with.

Update from Nigel Rixon – Force Firearms Manager:

1) All applications are signed by the manager or deputy therefore we undertake 100% checks to ensure that all security checks are being undertaken and the prescribed number of referees have been submitted with each application.

   We have recently identified one application being submitted with a referee missing.

   As a result we will continue with the 100% checks as it is not detrimental to performance. This will be indicated by a red signature against each referee.

With regards 4.2, I'm happy that it can be closed.
Thanks
Brian
🟥 BRIAN WELCH
🟦 SENIOR MANAGER
CONSULTING – RISK ASSURANCE SERVICES
 MAZARS

PROPOSED CLOSED

GREEN

FUNDAMENTAL: 0	SIGNIFICANT: 3	HOUSEKEEPING: 1

GREEN

Significant – 4.1 Governance

The Force should put in place Terms of Reference TOR for the Crime Date Integrity Group and update the existing terms of reference for the Niche User Group.

These should include, but not be limited to:

- Purpose
- Scope
- Membership
- Decision making authority
- Reporting Requirements
- Frequency of meetings
- Review period for terms of reference

Implementation Target Date: (a) Completed (b) end December 2018
Person Responsible: (a) C/Insp Lou Cordiner – Crime Data Integrity Lead (b) Insp Dan Granger
Initial Management Response:
(a) Agreed – TOR have been completed for the CDI Group
Part (a) of the recommendation is considered as completed and closed.
(b) TOR yet to be reviewed for the Niche User Group.
Update August 2018: This is a very recent final report, progress to be provided at next JARAP

Update November 2018: b) Agreed – TOR have been reviewed and completed for the Niche User Group

Part (b) of the recommendation is considered as completed and closed. Insp Dan Granger

Both TOR have been written and updated for both CDI Group and Niche User Group and implemented within the meetings

PROPOSED CLOSED

AMBER

Significant – 4.2 Action Plan / Strategy

The Force should consider reviewing the existing action plan and creating a separate Crime Data Integrity Strategy that will then be supported by an appropriate action plan. This should provide clarity and consistency for the CDI Group moving forward.

The Force should consider updating the format for the CDI Action Plan to ensure it can more effectively be utilised.

Implementation Target Date: Overall end December 2018
Person Responsible: (a) C/Insp Lou Cordiner – CDI Lead (b) Darren Goddard – Deputy Force Crime Registrar
Initial Management Response:
(a) A suitable forward looking CDI Strategy will be considered at the next CDI Group meeting on the 5th September 2018.

(b) The force has largely completed a reformat of the current action plan and this will be reviewed at the next CDI group meeting on the 5th September 2018.

Update August 2018: This is a very recent final report, progress to be provided at next JARAP

Update November 2018: The Crime Data Integrity CDI Action Plan has been transferred to the force delivery plan template and is a standing agenda item on the CDI meeting and Get It Right First Time GIRFT governance group.

A crime data integrity and accuracy strategy has been produced and is awaiting sign-off by CI Cordiner the strategic lead for Crime Data Integrity.

Significant **– 4.3 Inspections and Interventions**

Force should ensure they monitor the completion of the audit schedule to ensure timely identification of any resilience issues.

The CDI Group should maintain an Audit Log that summarises all audits undertaken, the key issues arising from them, trend analysis where available and actions set to address any issues raised are monitored for completion.

The Force should consider collating more detail on the interventions that the DDM's are undertaking so that common themes or areas of concern can be identified and appropriately addressed.

An overview of relevant performance information gathered from the work undertaken by the DDMs should be regularly reported to the CDI group as a standing agenda item.

Implementation Target Date: end December 2018
Person Responsible: (a) Fiona Trahearn – Force Audit Manager (b) C/Insp Lou Cordiner – CDI Lead
Initial Management Response:

(a) This has been achieved by keeping a running log which details any delays to the audit schedule and tracker along with reasons why the delays have occurred. e.g. sickness, additional adhoc audits. This has been commenced and will continue to remain as part of business as usual.

Part (a) of the recommendation is considered as completed and closed.

(b) The above will be presented at the next CDI Group on the 5th September 2018 in order to ensure the key stakeholders are informed of progress and delays, and any risks that the delays present.
Key issues from audits and trend analysis will be presented following each audit. This has not been possible so far as the audit schedule is newly developed we have been unable to make comparisons against previous audits, we are now entering the second phase of the audits where trends can be identified. This will form part of the new CDI Meeting Agenda.

Update August 2018: This is a very recent final report, progress to be provided at next JARAP.

Update November 2018: Audit reports are a standing Agenda item at the CDI meeting and Get It Right First Time GIRFT governance group, any issues with maintaining the audit schedule are raised through the CDI meeting.

Details on the interventions of the DDMs are provided so that themes and areas of learning are identified and appropriately addressed. Performance information related to the work undertaken by the DDMs is also provided to the CDI group. The business leads all attend the meetings.

Common themes identified include the recording of multiple offences, along with 3rd party reports. These themes all feature within the training delivery and over 800 people to date across operational roles (new recruits/SPCs/ISAs/NPT/PRT/Specialist depts.) within the organisation have received this training. The training is an ongoing delivery programme and will be refreshed with new content with regards to CDI.

The themes also feature through the internal audit programme and the results are tracked and fed back into the next audit so can be monitored.

PROPOSED CLOSED

GREEN

	FLEET MANAGEMENT – SATISFACTORY ASSURANCE		September 2018
	FUNDAMENTAL: 0	**SIGNIFICANT: 4**	**HOUSEKEEPING: 1**

Significant 4.1 Strategy and Implementation Plan

The Fleet Management Strategy should be finalised so that sets out the key objectives to be met within the next few years. The Strategy should be aligned to the medium/long term objectives of both the Force and the OPCC.

An Implementation Plan should also be developed. This should include details of how the principles of the Strategy will be achieved by the Force.

The Strategy and Implementation Plan should both be approved at the Executive Committee.

Implementation Target Date: March 2019
Person Responsible: Nick Carvell - Head of Transport
Initial Management Response: The fleet management strategy is under development. The Northamptonshire force strategy document is used as reference currently and with some slight amendments will become the Leicestershire version. This provides a generic overview.

We are developing an enhanced strategy document which meets the forces changing priorities. The strategy will outline the mechanism to align itself to the changes rather than outline a single strategy. It essentially includes a regular fleet review and replacement approval process – governed by Senior Police officers and the Fleet Manager.

The Transport Utilization Board (TUB) will act as governance.

Update November 2018: This is a very recent final report, progress to be provided at next meeting.

AMBER

Significant 4.2 Sample Check of Service Details

Regular sample checks should be undertaken on the services carried out and the details recorded on TRANMAN. The data should be checked to ensure:

· All details (including mileage) is recorded for the service; and

· The annual servicing timeframe, or the 12,000 miles timeframe, have been met.

Implementation Target Date: March 2019 – reliant on external supplier – Civica / Head of Transport
Person Responsible: Civica and Nick Carvell - Head of Transport
Initial Management Response: We are introducing changes to Tranman presently as the current system (iR3) for identifying service points will be discontinued in the coming months due to upgrades to the system.

We are in the process of developing the changes to Tranman with Civica (owners of the Tranman system) and staff will undergo training with Civica to allow them to operate and manage the servicing schedules.

Details regarding service history will also be more freely available to mechanics as the system is to be loaded to the PC in the workshop (currently details only available on request and in paper form).

The revisions to Tranman will allow weekly refresh of the mileages which will highlight vehicles servicing needs in line with agreed parameters (miles vs. months). Schedules will also be planned 3-4 weeks in advance as the system will allow this. It will produce auto-scheduling which will mean vehicles are never 'missed'.

A further database is being introduced to track the mileages of all vehicles that are not fitted with trackers. This will then feed into Tranman.

Update November 2018: This is a very recent final report, progress to be provided at next JARAP

AMBER

AMBER	**Significant** **4.3 Procurement Policy** A Procurement Policy for the fleet vehicles should be developed. This should outline the process to be followed for the procurement of vehicles, including the commissioning process, and it should clearly demonstrate how value for money should be achieved. The policy should be approved by the Head of Transport and the Assistant Chief Officer for the Force. **Implementation Target Date:** January 2019 **Person Responsible**: Nick Carvell - Head of Transport **Initial Management Response:** Procurement of new vehicles is carried out in line with force procurement rules and the vehicles are secured through frameworks created and approved by either NAPFM or Crown Commercial Services (CCS). Therefore in most cases the make and model of vehicle is clearly defined and is 'ordered' straight from contract. Where variation in the fleet is required (in the case of covert vehicles especially), the frameworks in place are referred to in the first instance to identify approved suppliers. As part of the fleet strategy going forward and referred to in 4.1 above, approval and agreement to procure a vehicles or vehicle's will require a formal sign off using a pro-forma. This process is being developed by the Head of Transport. Currently all fleet replacement decisions are discussed and verbally approved by senior Police officers acting as fleet SPOC's. **Update November 2018:** This is a very recent final report, progress to be provided at next JARAP
AMBER	**Significant** **4.4 Performance Indicators** Performance Indicators for the Fleet Management Team should be developed. These should help to assess performance against the Fleet Management Strategy (Rec 4.1). Performance should be reported to the appropriate Force and OPCC forums on a regular basis to provide assurance that the Strategy is being achieved. **Implementation Target Date:** March 2019 **Person Responsible**: Nick Carvell - Head of Transport **Initial Management Response:** A review of the financial status and monitoring of spend against target is carried out monthly. A number of graphs and charts related to spend are made available. **Update November 2018:** This is a very recent final report, progress to be provided at next meeting.

FUNDAMENTAL:	**SIGNIFICANT:**	**HOUSEKEEPING:**

END

'Housekeeping' Recommendations monitored outside JARAP by the Force/OPCC are as follows:

Audit	Assessment level	Recommendation	Progress monitored through
VCoP	Housekeeping	**Needs Assessment 4.5** The action group should look to implement a consistent procedure for recording the needs assessment of victims in Niche. They should consider a process map that shows how needs assessment should be recorded dependent on the situation.	SORB
Audit Committee Effectiveness	Housekeeping	**Administrative Support 4.4** Given the previous issues with regards the quality of administrative support for the JARAP, and the subsequent return of the role to the OPCC, this should be kept under review for the time-being.	OPCC
Estates Management	Housekeeping	**Standing Orders Update 4.2** The Standing Orders should be updated to reflect the change in procedure with regards to quotes obtained by	OPCC

		the Estates Team.	
Fleet Management	Housekeeping	**Review User Access to TranMan 4.5** A review of the users with access to the TranMan system should be completed to confirm that the access and permissions required are necessary for the job role. A report listing the specific permissions given to each user should be maintained.	SORB
IT Strategy	Housekeeping	**Strategy Review and Update 4.1** A formal minimum timetable for review and republication of the strategy, i.e. at least once a year, should be established to ensure that it remains up to date. For example, the strategy should be subject to at least annual review and republished for another three year period.	SORB
	Housekeeping	**Promotion of Strategy 4.2** We recommend the wider promotion and distribution of the strategy.	SORB