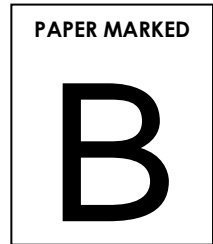


POLICE & CRIME COMMISSIONER FOR LEICESTERSHIRE JOINT AUDIT, RISK & ASSURANCE PANEL



Report of	CHIEF CONSTABLE and CHIEF FINANCE OFFICER (OPCC)
Subject	INTERNAL AUDIT RECOMMENDATIONS AND TRACKING
Date	WEDNESDAY 19 SEPTEMBER 2018 – 10:00AM
Author :	ROY MOLLETT

Purpose of Report

- The following report provides the Panel with update progress responses from business owners in relation to recommendations awarded by external auditors Mazars for the period 2017-18.
- Recommendations are reported in terms of priority as **Fundamental**, **Significant** and **Housekeeping** by Mazars; these priorities are shown highlighted as shown here.
- 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Priority of Recommendation	Outstanding		Completed	Superceded	Total
	RED	AMBER	GREEN	GREY	
Fundamental	-	1	1	-	2
Significant	-	14	3	-	17
Housekeeping	-	3	6	-	9
Total	0	18	10	0	28

Recommendation

- For the panel to note the attached update on progress responses from business owners against each respective audit recommendation so far for 2017-18.
- Where business owners have provided an update proposing closure these now require the agreement of the panel to close.
- 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** – 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.

Background Papers

N/A

Person to Contact

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	<p>SEIZED & FOUND PROPERTY – LIMITED ASSURANCE</p>	<p>March 2018</p>	
	<p>FUNDAMENTAL: 1</p>	<p>SIGNIFICANT: 4</p>	<p>HOUSEKEEPING: 2</p>
<p>AMBER</p>	<p>Fundamental – 4.1 Missing Firearm</p> <p>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.</p> <p>Implementation Target Date: See below</p> <p>Person Responsible: Security Jez Leavesley End March 2018 excluding CCTV end June 2018 Training Amie Peplow/Shruti Pattani March –Sept 2018 Enforcement Jez Leavesley/Amie Peplow March to Sept 2018</p> <p>Initial Management Response:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The investment includes:</p> <p>Security</p> <ol style="list-style-type: none"> 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. <p>These discrepancies would have been found in the audit the following week.</p> <p>Training</p> <ol style="list-style-type: none"> 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 <p>Enforcement</p> <ol style="list-style-type: none"> 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 <p>Update June 2018: Actions completed highlighted in green: 1, 2, 3, 5, 6, 7, 8i, 8ii, 11, 12, 13.</p> <p>Work In Progress: 4, 8iii, iv, v, 9, 10,</p> <p>Update August 2018: 8iv completed. 4) CCTV quotes being obtained. Work in progress for 8iii,v, 9,10.</p>		

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

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 completed. Work in progress iii and vi

AMBER

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.

Update August 2018: I am happy with response above - 200818.

GREEN

FUNDAMENTAL: 1

SIGNIFICANT: 5

HOUSEKEEPING: 3

Housekeeping – Departmental improvement Plans 4.5

The RMU should support the Departmental Health and Safety Committees to put in place Improvement Plans that are consistent and can be effectively monitored by the Executive Health and Safety Committee.

Implementation Target Date: 30th April 2018

Person Responsible: Peter Coogan Principal Health and Safety Advisor

Initial Management Response: Agreed

Update February 2018:

The LPD committee's improvement plan is in place and is being updated for 2018/19 at the meeting on 2nd February 2018. CAID have identified that they will use their rolling actions as their improvement plan. Other committees are developing their plans.

Update June 2018:

The health and safety unit have now drafted suggested plans for each committee. These are now in place for LPD, CMD and IT. The support departments' committee and the regional committees should have these in place for their next meetings. CAID are utilising their rolling actions as their plan. Further progress will be provided for the next JARAP panel meeting.

Update August 2018:

COMPLETED – All local committees have action plans in place with the exception of CAID who use their rolling actions as their action plan. This has been regarded as acceptable by the Executive Health and Safety Committee and the health and safety procedure submitted to the last EHSC meeting was updated to reflect this.

PROPOSED CLOSED**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.

GREEN

AMBER

Significant – Performance Data 4.9

The Force should develop an appropriate Performance Information Framework that provides the Departmental Health & Safety Committees with the relevant detailed information. An overall summary of performance across Departments and Regional Committees should be available for the Executive Health & Safety Committee to have an overall view of key data.

Key data that should be available for review should include, but not be limited to:

- No. of accidents and incidents;
- No. of accident and incident investigations and no. of outstanding investigations;
- Timeliness of accidents and incidents reported;
- No. of accidents and incidents reported to HSE under RIDDOR;
- No. of days lost due to Health & Safety accidents;
- Trend analysis of the above over a time period;
- Any available benchmarking data (to indicate any under reporting etc.);
- Current levels of Health & Safety training.

Implementation Target Date: 30th April 2018

Person Responsible: Peter Coogan Principal Health and Safety Advisor

Initial Management Response: Agreed

Update February 2018:

Performance data is being further developed to add to that already provided. This recommendation has far too much emphasis on accidents which are a lagging indicator as opposed to leading indicators which allow actions to be identified before harm takes place. We already know that there is a level of under reporting so such a high concentration on analysing data that will not be complete is questionable.

Update June 2018:

Completed – this is being provided to committees and is put together by the health and safety unit. Example for the Executive health and safety committee attached.

PROPOSED CLOSED – Action for DCC Rob Nixon from last JARAP to provide paper. Paper was provided by Roy Mollett and circulated via Sue Walsh Exec Support and Nisha Pabari OPCS

GREEN

Fundamental – Training 4.12

The RMU should support the Force and OPCC with regards the following:

1. Carrying out a data cleanse on the training database to ensure it is up to date and represents the current position with regards manager training – Agreed 30th April 2018
2. Following the above, prioritising those staff who have never completed the managerial course to ensure they receive this as soon as possible - Agreed. We will prioritise following the data cleanse – Agreed 31st March 2019.
3. The provisions of training information to the Health & Safety Committees so they can ensure staff are encouraged to attend training – Agreed 30th April 2018
4. The RMU, in liaison with the Health & Safety Committees, should determine the resource implications required for running the managerial and executive training courses in order to agree the subsequent frequency and depth of training provided – Agreed 30th April 2018

Implementation Target Date: 30th April 2018 and 31st March 2019 – see above

Person Responsible: Peter Coogan Principal Health and Safety Advisor

Initial Management Response: Agreed – see above numbered points.

Update February 2018: Recommendation 1 - COMPLETED.

The data cleanse has now been completed. There is so much change within the organisation with regard to managers that this will always be an ongoing need, however, it is up to date for now.

It is slightly arbitrary to provide a date by which all managers will have been trained as there will have been significant changes to the identities of managers by the time we reach the target date. We have already seen substantial improvements in managers' attendance on the course and are making good progress in reducing the number of untrained managers now that a lot of the administrative tasks and the tracking of managers are carried out within the health and safety unit. Time has also been invested in creating and delivering this course for regional units.

The resource implications will be considered but given the health and safety unit delivers the force's health and safety training and has also been delivering the IOSH risk assessor course to regional forces and fire and rescue services, in addition to its standard advisory duties, other delivery models for some of the course elements have already been discussed.

Update June 2018:

The data cleanse has been completed and the H&S unit administer the training linking in with the HR service centre.

All managers who have not been trained were contacted in March to book themselves onto a course. Many have now booked themselves onto a course. The details of those who have not responded or not currently booked themselves onto a course have been supplied to committees so that the committee chair can prioritise and push for full attendance.

The next senior managers' training has been arranged and following this nearly all senior managers will have received training. The details of those remaining will be supplied to the executive health and safety committee in order for a further course to be ratified. The Executive health and safety committee has agreed that the training frequency can alter to every 5 years due to the implications for the workload of the H&S unit.

Update August 2018:

Recommendation 2 – COMPLETED. While the health and safety unit cannot dictate who attends the training course they have prioritised managers who have never been trained in their email communications to managers. The most recent course was the first course where managers who'd previously received training attended. LPD have been proactively prioritising untrained managers and CAID have been auctioning all managers to attend. The health and safety unit have been providing two managers training courses most months.

Recommendation 3 – COMPLETED. The performance reports supplied to local health and safety committees include this information.

Recommendation 4 – COMPLETED. This has been discussed at the EHSC meeting. We have moved to a five yearly training cycle for duties and responsibilities training.

PROPOSED CLOSED

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 Profit.

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

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

g e

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.

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

Person Responsible: Supt D/Supt Jonny Starbuck, DI Deborah Hubbard and Track My Crime Dan Granger and Natallie Proffitt

Initial Management Response: January 2017

A process map that documents the process of VCOP compliance for needs assessment would be a useful tool and will be considered by the Action Group.

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; Project Darwin is progressing an end to end review of crime processes which includes this work.

Update August 2017: As above

Update November 2017:

Project Darwin implementation continues, beneficially affecting the linear progression of crime to include compliance to requirements of VCOP. Performance data requirements are being reconfigured to establish baseline against which to consider this recommendation.

Update June 2018:

In terms of VCOP, DI Hubbard has formulated a 10 point plan together with a new victim's leaflet which is planned to be introduced in conjunction with the new crime desk to ensure consistency over the questions asked to victims and be VCOP compliant. This is currently on hold and further discussions are required in relation to timings of calls within the Crime Desk.

Awaiting confirmation of track my crime and implementation date before new victims leaflet can be launched as well as CARES which focusses on the needs of the victim.

Processes within Niche are being scoped to support officer Niche victim data input behaviours around compliance with VCOP.

Update August 2018:

This will be achieved through the implementation of a written 10 point plan which mirrors the existing VCOP template and incorporates a victim needs assessment. Rather than simply being the responsibility of the crime desk, this needs to be completed fully by all Officers Force-wide on initial attendance or at the point of criming an incident and certainly upon receipt into an Investigative department. The 10 point plan will also form part of the monthly checks when dip sampling for compliance.

10 steps to VCoP completion through the VCoP template held on file with the audit team.

Ongoing tasks:

- Dissemination of 10 point plan to all Officers and clarification of expectations in relation to completion and data quality – Target date November 2018
- DIs to dip sample 10 crimes per month from their respective NIUs to ensure that all information is being recorded correctly in line with VCOP and 10 point plan – Target date November 2018
- Negotiation with LPD in terms of their dip sampling regime regarding VCOP compliance around investigations sitting with PRT and NPAs – to be raised at next VCOP meeting and feedback sought – Target date October 2018

All the VCoP recommendations are work in progress with activity underway and progressing; there is a clear plan and direction of travel and delivery should be complete by October, November and January respectively – D/Supt Jonny Starbuck.

FUNDAMENTAL: 0

SIGNIFICANT: 6

HOUSEKEEPING: 2

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.

Implementation Target Date: ~~31st March 2018~~ ~~1st July 2018~~ revised target date end December 2018

Person Responsible: Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer Martin Henry – Chief Officer Paul Dawkins

Initial Management Response:

Agreed. Additional Resources have been brought in to the OPCC to support the Joint Panel. These will be kept under review during 2017/18

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:

Service standards have been developed and the Chairman and the OPCC CFO will consider the administration of the meeting on an ongoing basis.

Update August 2018:

Minutes for the last two meetings have been distributed for comment soon after the meeting. Report submission deadlines have been brought forward in order for the agenda and reports to be finalised and distributed earlier than has previously been the case thus giving panel members more time to consider the reports prior to the meeting. Will continue to review with a view to signing this recommendation off in December 2018.

AMBER

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.

AMBER

FUNDAMENTAL: 0

SIGNIFICANT: 0

HOUSEKEEPING: 3

Housekeeping – Performance Reporting 4.3

The Unit should review the performance data included within the performance pack that is presented to the Board each quarter.

Implementation Target Date: August 2018

Person Responsible: Julie Feechan - Clinical Head of OHU

Initial Management Response:

Agreed.

This Unit had already begun to capture the short notice cancellation of recruit appointments and whether these were utilised for other purposes. It was our intention to report these to the Board eventually. However consideration had not been given to report this in monetary terms. A discussion will take place at SLT to review the practicalities of automating this process of converting lost time into money and how this can be added to the KPI data for reporting to the Board.

Update November 2017:

Recently finalised audit report – update to be provided at next JARAP meeting.

Update June 2018:

This action was specifically related to providing data regarding appointments that were either cancelled at short notice or where individuals failed to attend. The recommendation was that a discussion should take place as to whether it was possible to provide this information on a quarterly basis to the Board and should this be possible, detail was provided in monetary terms i.e. the actual costs.

This proposal was discussed at the SLT Meeting in January 2018. The Information is only currently captured relating to cancelled appointments for Police Recruits and Referral Appointments. The information will be made available from June 2018. Julie Feechan – Clinical Head of OHU

Update August 2018: As highlighted above, this was specifically related to including some costs for missed and cancelled appointments. The recommendation was that the information was reviewed and this was achieved in January during a Senior Leadership Team SLT meeting. The first EMCHRS OHU Board Meeting since the figures have been recorded meets 21st August and I can confirm that the costs are available for the meeting.

This action is therefore considered complete and closed - Julie Feechan - Clinical Head of OHU

Example costs for missed appointments held on file with the audit team.

PROPOSED CLOSED

FUNDAMENTAL: 0

SIGNIFICANT: 0

HOUSEKEEPING: 1

Housekeeping – Standing Orders Update 4.2

The Standing Orders should be updated to reflect the change in procedure with regards to quotes obtained by the Estates Team.

Implementation Target Date: not stated

Person Responsible: Nimisha Padhiar OPCC - Assurance Officer TBC

Initial Management Response:

A full review of the Corporate Governance Framework will be undertaken as soon as the Resources Manager and Finance Director are in place. This will include the changes to the Standing Orders as agreed in September 2014.

Update June 2018:

The Finance Director will undertake a complete review of the Corporate Governance Framework by the end of the next Financial year – 31st March 2019. This will include the changes to the standing orders.

Update August 2018:

This review will be incorporated within the Corporate Governance Framework update that is progressing. This is due to be completed by 31 December 2018 and is currently on-track

FUNDAMENTAL: 0

SIGNIFICANT: 3

HOUSEKEEPING: 1

Significant – Selima Usr 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.

AMBER

FUNDAMENTAL: 0

SIGNIFICANT: 2

HOUSEKEEPING: 0

AMBER

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.

GREEN

Significant – 4.3 Payroll Check – BACs Report

Kier should be required to record the correct date for the payment period onto the monthly checklist in order that it is verified prior to submission.

Implementation Target Date: June 2018

Person Responsible: Michelle Conway - Kier Payroll Manager

Initial Management Response:

Kier will ensure the correct date for payment is recorded on the monthly checklist. The pay cycle control sheet has this as an additional check to ensure accuracy.

Update June 2018:

Very recent report – Update will be provided at next JARAP

Update - August 2018:

Kier have implemented the change on the pay cycle control documentation and this can now be evidenced on checking either by internal or external audit processes – Helen Toone - Service Delivery Manager Kier [Michelle A/L]

PROPOSED CLOSED

PROCUREMENT		June 2018
FUNDAMENTAL: 0	SIGNIFICANT: 2	HOUSEKEEPING: 1
AMBER	<p>Significant – 4.1 Spend Review</p> <p>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.</p> <p>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.</p> <p>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.</p>	
GREEN	<p>Significant – 4.2 Agresso Review</p> <p>Procurement should liaise with representatives of IT, Estates and EMSOU to agree upon a process whereby Procurement are made aware, and are able to advice, on all purchasing activity over £5k.</p> <p>Implementation Target Date: September 2018 Person Responsible: Ian Fraser – Head of Procurement Initial Management Response: Whilst I.T., Estates and EMSOU are aware of the role of Procurement it is noted that ongoing further dialogue is required to satisfy this recommendation. Additional Communication with all three departments will now take place to re-emphasise the role of Procurement and to recommunicate the Procurement thresholds applicable under the Forces Contract standing orders.</p> <p>Update - August 2018: Procurement have completed this recommendation and reminded the Departments in question that adherence to Contracts Standing Orders must take place and specifically detailed the requirement to contact Procurement for any purchases over £5,000 in value – Ian Fraser Head of Procurement.</p> <p style="color: green; font-weight: bold; font-size: 1.2em;">PROPOSED CLOSED</p>	
CODE OF GOVERNANCE		June 2018
FUNDAMENTAL: 0	SIGNIFICANT: 2	HOUSEKEEPING: 1
AMBER	<p>Significant – 4.1 Approval of the Corporate Governance Framework</p> <p>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.</p> <p>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.</p> <p>Update August 2018: This action is ongoing with the target date still expected to be achieved.</p>	

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:

- A list of all policies for both the Force and the OPCC;
- The version number of the policy;
- The date of the last review;
- The due date of the next review;
- The officer responsible for review;
- The approving officer/committee;
- The compliance monitoring checks to be undertaken on the policy; and
- 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 Executive Director
For the Force – Paul Dawkins, Assistant Chief Officer Finance and Resources & Ali Naylor Assistant Chief Officer – HR

Initial Management Response:

Agreed. A policy review log will be compiled to address these points.

Update August 2018:

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

OPCC Policies and Procedures: This is on track to be delivered by the target date – Martin Henry Finance Director - OPCC

Housekeeping – 4.3 Declarations of Interest

All senior people in the OPCC should complete declarations of interest forms on an annual basis. The declarations should be published on the website.

Implementation Target Date: Implemented

Person Responsible: Implemented

Initial Management Response:

Agreed. All senior people in the Commissioner's office have completed a declarations of interest form and this will be carried out on an annual basis.

PROPOSED CLOSED

AMBER

GREEN

AMBER

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

GREEN

Housekeeping 4.2 Referee Police Security Checks

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

AMBER

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

<p style="text-align: center; background-color: #f4a460; color: white; padding: 5px;">AMBER</p>	<p>Significant – 4.2 Action Plan / Strategy</p> <p>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.</p> <p>The Force should consider updating the format for the CDI Action Plan to ensure it can more effectively be utilised.</p> <p>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.</p> <p>(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.</p> <p>Update August 2018: This is a very recent final report, progress to be provided at next JARAP</p>
<p style="text-align: center; background-color: #f4a460; color: white; padding: 5px;">AMBER</p>	<p>Significant – 4.3 Inspections and Interventions</p> <p>Force should ensure they monitor the completion of the audit schedule to ensure timely identification of any resilience issues.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Part (a) of the recommendation is considered as completed and closed.</p> <p>(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.</p> <p>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.</p> <p>Update August 2018: This is a very recent final report, progress to be provided at next JARAP</p>
<p style="text-align: center; background-color: #4caf50; color: white; padding: 5px;">GREEN</p>	<p>Housekeeping 4.4 Benchmarking</p> <p>The Force should consider producing a benchmarking report that compares crimes recorded by Leicestershire to other Forces of similar size from the Home Office data, to the CDI Group on a regular basis.</p> <p>Implementation Target Date: Completed Person Responsible: Deborah Tinkler – Senior Performance Analyst Threat Assessment Unit Initial Management Response: The Force Threat Assessment Unit Senior Performance Analyst already provides a report which details crime recording and outcome comparison amongst our most similar group of forces as identified by the Home Office to Crime and Ops and PDG; therefore to avoid duplication the same report will be provided to the Crime Data Integrity Group CDI for them to consider.</p> <p>This recommendation is considered as completed and closed.</p> <p style="text-align: center; color: green; font-weight: bold; font-size: 1.2em;">PROPOSED CLOSED</p>
	<p>END</p>

