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 20 JUNE 2018**
Author :	**ROY MOLLETT**

Purpose of Report

1. The following exception report provides the Panel with update progress responses from business owners and external auditors Baker Tilly and Mazars for the period 2014. Progress on the recommendations is reported in terms of priority as High, Medium, Low and Advisory for Baker Tilly and Fundamental, Significant and Housekeeping for Mazars.

2. Subject to the agreement of the panel there are no outstanding recommendations from the Baker Tilly programme of audits. The business owner has provided an update proposing closure which now requires the agreement of the panel.

Priority of Recommendation	Outstanding		Completed	Not Adopted	
	RED	**AMBER**	**GREEN**	**GREY**	**Total**
High	-	-	-	-	**0**
Medium	-	-	1	-	**1**
Low	-	-	-	-	-
Advisory	-	-	-	-	-
Total	**0**	**0**	**1**	-	

3. The following table illustrates the number of outstanding and completed - Fundamental, Significant and Housekeeping recommendations for the Mazar's audits undertaken to date:

Priority of Recommendation	Outstanding		Completed	Superceded	Total
	RED	AMBER	GREEN	GREY	
Fundamental	-	2	2	-	4
Significant	-	8	17	-	25
Housekeeping	-	5	10	-	15
Total	0	15	29	0	44

Recommendation

4. For the panel to note the attached update on progress responses from business owners against each respective audit recommendation so far for 2014-2018.

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

6. For ease of reference the recommendations at Appendix A attached have been individually graded as follows:

    I. RED – Outstanding and Exceeding the Target Date.

    II. AMBER – Outstanding but Within the Target Date.

    III. GREEN – Completed.

    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 - Audit Recommendations and business updates.

Background Papers
N/A

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BAKER TILLY AUDIT RECOMMENDATIONS 2014

and MAZARS 2015-18

Baker Tilly Audit Recommendations for 2014

Status	Internal Audit Report		Audit Report Date
GREEN	**SEIZED AND FOUND PROPERTY (3.14/15)**		**11 September 2014**
	HIGH: 0	**MEDIUM: 1**	**LOW: 0**
	Medium Recommendation 1.1: As planned the Property Management Policy and Procedures should be reviewed and revised, taking into account any issues identified within this review. Given the issues identified in this review we would recommend that once the Policy and Procedures have been finalised and approved a training session is held with Property staff to ensure that they are fully conversant with requirements, especially any changes that have been made from original documents. **Implementation Target Date: September 2017** **Person Responsible:** Corporate Services Directorate Jez Leavesley – Evidential Property & archive Programme Implementation Manager **Initial Management Comment:** The review of property is now well underway and the team involved are identifying opportunities to streamline processes and increase efficiency which will be relevant to the policy and procedures. Initial work on the refresh and re-write of the policy and procedures is expected to commence in November 2014 when resources within DJD Support have the capacity. **Update June 2018: Jez Leavesley** The new full evidential property procedure was launched end February 2018. Training has been rolled out to property staff. This action is now complete. **PROPOSED CLOSED**		

Status	Internal Audit Report		Audit Report Date
	SEIZED AND FOUND PROPERTY SAFE MANAGEMENT AUDIT - LIMITED ASSURANCE		June 2016
	FUNDAMENTAL: 2	**SIGNIFICANT: 4**	**HOUSEKEEPING: 2**
GREEN	**Fundamental Recommendation 4.1** Safe Key Storage Access to the keys to the safes that are holding cash and valuables should be appropriately restricted and keys to the safes should be securely stored at all times. **Implementation Target Date: September 2016** **Person Responsible:** Jez Leavesley – Evidential Property & Archive programme manager **Initial Management Response 20 June 2016:** This recommendation is accepted. This action was dealt with immediately following the audit. Two Safes were purchased at a cost £13,500 in the last financial year (to end of March 2016) from Traka (part of ASSA asset management group). Since the audit the Traka cabinets have been ordered and are awaiting delivery and installation. Since the audit the Property Manager has had discussions and meetings with personnel within Traka. Traka are a reputable company supplying safes to the military, Ministry of Justice (mainly UK prisons) and the police service. The two safes purchased are the latest technology. All property keys at the two sites will be stored in these safes. They are fully audited by use of the warrant card. Access to keys will be limited to user and movement of keys will be monitored and recorded. This purchase provides assurance and confidence that the safe keys, cash and valuables in safes are fully protected into the future. **Update February 2018:** New shelf identity colour coded markings and signs have been ordered and will be fitted in the next few weeks. New freezers have been identified and will be ordered and purchased in the next few weeks. CCTV will be fitted in some temporary stores, dependent upon budget availability following the purchases above. The project has a specific amount for store upgrades so we may have to prioritise those stores for CCTV. Work in progress. **Update June 2018:** New ammunition and firearms safes have now been purchased and introduced and installed. These now ensure that ammunition and firearms are stored in separate safes in the temporary stores for the first time. Both safes access are via keys stored within the new X pass key system box (fitted in all stores) which allows audit by access code for the first time. This action is now complete. **PROPOSED CLOSED**		

GREEN	**Fundamental Recommendation 4.2 Safes Audit Regime** A segregation of duties should occur in the completion of the monthly safe audits at the various property locations so that more than one Officer is included in the safe audit process. **Implementation Target Date: September 2016** **Person Responsible:** Corporate Services Directorate Jez Leavesley – Evidential Property & Archive Programme Implementation Manager **Initial Management Response 20 June 2016:** This recommendation is accepted. An appendix has been created to the existing draft Safe Procedure. In addition to the recommendation made by audit, further safeguards have been added to include quarterly reconciliation between finalised Property records relating to cash items and the Force bank account. This will provide assurance around the appropriate disposal of each item; it will also provide a secondary layer of independent scrutiny as the reconciliation will be completed by the Finance department. The draft procedure will be resubmitted to the project SRO. Once the draft document is ratified it will be disseminated accordingly. **Update June 2018:** The Evidential Property audit procedure was launched in September 2017 and has been complied with since that date with a clearly timed regime and recording process of inspections that are being adhered to by the Evidential Property Team. More than one officer is included in the procedure. This action is now complete. ## PROPOSED CLOSED
GREEN	**Significant Recommendation 4.3 Procedure Amendments** The procedure documents for property management should be updated to include sufficient detail for the following areas: • Packaging and Storage; • Disposal; and • Transportation. The new procedure documents should be communicated to all relevant staff. The review dates for the property management documents should be brought in line with each other and these should be reviewed on at least an annual basis. **Implementation Target Date: September 2017** **Person Responsible:** Corporate Services Directorate Jez Leavesley – Force Property Project Consultant **Initial Management Response 20 June 2016:** This recommendation is accepted. The Cash & Valuables flowchart and accompanying Standard Operating Procedure drafts provide detailed guidance on seizure and packaging of cash exhibits. Once these documents are approved by senior officers, they can be hyper-linked to the existing Property Procedure document to provide the necessary guidance. The draft cash & valuables flowchart has already been amended to include the requirement to endorse the cash value of the exhibit bag. An additional section will be added to the Force Property Procedure highlighting the limitations / requirements of the Force insurance policy in respect of cash transportation. The disposal section of the Force Property Procedure has been amended to provide clarity with respect to authorities. This amendment will be highlighted for approval to senior officers along with the other draft documents. The review dates for the three relevant procedures will be aligned to provide consistency of approach. Once the draft document is approved by senior officers it will be disseminated accordingly. The property project will also include a specific element focused on organisational culture relating to officer and staff attitudes to property handling. **Update June 2018:** Two additional couriers have been recruited and transportation procedures updated. Packaging, Retention/Disposal and Transportation procedures are now live and available on the intranet with communication circulated to all staff. These procedures have been incorporated into the new full Evidential Property procedure which has gone live and is also available on a number of intranet sites.. Review of the documents is in line with the force procedure review process. This action is now complete. ## PROPOSED CLOSED

GREEN	**Significant Recommendation 4.4** Insurance for Transportation of Cash

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

Implementation Target Date: Completed

Person Responsible: Corporate Services Directorate Jez Leavesley – Evidential Property & Archives programme manager / Ruth Gilbert - Head of Finance

Initial Management Response 20 June 2016:

This recommendation is accepted.

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

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

The proposal below forms part of the new procedure.

Movement of cash

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

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

Update June 2018:

A new handling, storage and movement of cash procedure approved and procedure went live March 2017. Procedure now incorporated into the new full Evidential Property procedure.

The new procedure has specific requirements for Evidential Property officers, Finance department and Economic Crime Unit, and these Departments are already familiar and practiced in the daily handling & movement of cash. This action is now complete.

PROPOSED CLOSED |
| **GREEN** | **Significant Recommendation 4.5** Courier Collection

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

Implementation Target Date: October 2016

Person Responsible: Corporate Services Directorate Jez Leavesley – Evidential Property & Archives programme manager.

Initial Management Response 20 June 2016:

This recommendation is accepted.

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

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

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

Update June 2018:

The process is in place and the audit procedure is underway according to schedule. This action is now complete.

PROPOSED CLOSED |

Significant Recommendation 4.6 **Safe Specifications Insurance**

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

Implementation Target Date: October 2016

Person Responsible: Ruth Gilbert - Head of Finance/ Corporate Services Directorate Jez Leavesley – Evidential Property & Archives programme manager.

Initial Management Response 20 June 2016:

The Head of Finance has confirmed the detail currently noted in the safe schedule is satisfactory for the insurers. However with the introduction of the Insurance Act in August this year [2016] which requires the insured to provide enough information to Insurers to enable them to ask further questions (we believe that the safe schedule currently does this) we feel it would be a good opportunity to carry out further research and update the safe schedule with as much detail as possible in relation to the make and model at least. If for example POCA money happens to be placed in a safe where force money is kept and the safe limit is exceeded, this is accepted as the POCA limit will apply in addition to the safe limit.

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

Update June 2018:

Safe Insurance is in place. A safe specification audit review was completed in September 2016 by the Evidential Property project team, a database was established of all safe locations, responsibility, contents etc.. The Force Evidential Property Manager now has responsibility for all force safes and maintenance of the database. The database (including photographs) was provided to the insurers as part of provision of the safe specification. The database is now updated annually (in October insurance renewal) with all safe holders and liaison concerning latest insurance requirements with the Finance Department. This action is now complete.

PROPOSED CLOSED

Housekeeping Recommendation 4.7 **Assessment of Safes/Retention Policy**

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

Implementation Target Date: September 2017

Person Responsible: Corporate Services Directorate Jez Leavesley – Evidential Property & Archives programme manager.

Initial Management Response 20 June 2016:

This recommendation is partly accepted.

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

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

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

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

Update June 2018:

Safe update programme now completed and all new safes installed where appropriate. The forces Handling/Storage & Movement of cash procedure was introduced in February 2017. The Evidential property store audit procedure (including safes and banking cash) was introduced in March 2017. This action is now complete.

PROPOSED CLOSED

GREEN

Housekeeping Recommendation 4.8 Recording Movements and Location

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

Implementation Target Date: October 2016

Person Responsible: Corporate Services Directorate Jez Leavesley – Evidential Property and Archives programme manager.

Initial Management Response 20 June 2016:

Recommendation partly accepted.

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

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

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

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

Update June 2018:

The new handling, storage and movement of cash procedure has been written and approved on the 15th February 2017. The procedure addresses the recording issues outlined above.

This procedure is now live and training has been provided. The new procedure has specific requirements for Evidential Property officers, Finance department and Economic Crime Unit, and these Departments are already familiar and practiced in the daily handling & movement of cash. NICHE property PMS (introduced April 2018) requires all movements to be accurately recorded. This action is now complete.

PROPOSED CLOSED

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

AMBER

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
Training Amie Peplow/Shruti Pattani March –Sept 2018
Enforcement Jez Leavesley/Amie Peplow March to Sept 2018

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,

Significant – 4.2 Cash Storage

Staff should be reminded that cash should be securely held in the cash safes within the temporary stores prior to its subsequent transfer

Implementation Target Date: End March 2018

Person Responsible: Jez Leavesley

Initial Management Response:

Cash safes procedure is in place. This is a compliance issue The force safes procedure clearly states: "Cash **MUST** be placed in designated *cash drop* safes in authorised Temporary Property stores. A large size cash safe is provided at Euston St Custody for bulky/large seizures that won't fit in standard cash drop safes….. Responsibility for ensuring the secure storage of the seized cash remains with the seizing officer. This must take place as

Update June 2018:

New signage introduced in temporary stores. TABS briefings and intranet briefings completed. This action is now complete.

PROPOSED CLOSED

Housekeeping – 4.3 Unknown Cash amounts stored

The Property Management Team should ensure that all cash reaching the main store is counted and updated on the property management system.

Where cash is removed the amount removed and amount remaining should also be recorded.

Implementation Target Date: End March 2018

Person Responsible: Amie Peplow/Jez Leavesley Evidential Property & Archives programme manager.

Initial Management Response:

See also response to 4.7. Instance One refers to KIM ref: 33/025400/17 item 1 which is described as 0.00 unknown cash of various denominations. Although the actual bag had not been updated with the specific amount of cash once counted, the KIM entry was updated with the amount in the notes field. Notes clearly show that entry was originally made on 22/09/2017, PC 813 Dickinson counted the cash on 28/09/2017 @ 12:53 hrs. This cash was banked by Economic Crime Unit on 28/09/2017.The bag that remained in the strong room at Keyham Lane contained the remaining denominations (rupees) that could not be banked in the original packaging in which the cash was contained. Instance Two the cash was correctly double bagged and signed but had not been counted at the scene accurately and counted (which it should have been if procedure has been followed by officers). If it has not, then for evidential continuity purposes, the OIC is called to the store to count the cash. The force audit and courier process above also highlights if a discrepancy exists and take action accordingly. Couriers are to be issued with BWV to tighten even further the transfer process further and evidence cash collection

Update June 2018: No further update to initial response. Other than BWV for couriers (being progressed) this action is complete.

PROPOSED CLOSED

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

GREEN	**Significant – 4.5 Compliance to Procedure** The Force should ensure that the procedures for cash handling, including signatures and security, are consistently complied with. Regular audits that are already undertaken should be enhanced to include the verification of bagged and correct storage of cash. **Implementation Target Date:** March 2018 **Person Responsible:** Amie Peplow/Jez Leavesley Evidential Property & archives programme manager. **Initial Management Response:** See response to cash as 4.2,4.3 and 4.7 See response for security as 4.1 The EPAT team on receipt of cash delivery by the evidential property couriers at the main store, check all cash arriving at the main stores to ensure it has been counted (which it should have been if procedure has been followed by officers). If it has not, then for evidential continuity purposes, the OIC is called to the store to count the cash. The current safe audit procedure states: "Cash should not be removed from bags or counted (by the Evidential Property administrator). The seal number on the item must be cross-checked against the seal number on the printed list as entered onto the PMS to ensure they are correct." If on monthly audit the evidential property administrator notes that cash has not been counted or the procedure concerning BWV or signature followed, she emails the OIC to request attendance for counting and procedural compliance at the main store on transfer. **Update June 2018:** No further update to add on initial response above. This action is complete. # PROPOSED CLOSED
GREEN	**Significant – 4.6 Update of Property Management system** The PMS should be updated by all users at the earliest opportunity to prevent any discrepancies. Where it is difficult, communication must take place so that the property team can update on the officer's behalf. **Implementation Target Date:** Ongoing **Person Responsible:** Amie Peplow **Initial Management Response:** Both KiM and the soon to be introduced NICHE property management system totally rely on officer compliance regarding updates. NICHE will make it easier to trace OIC's and hold them to account for this update process, but will not stop officers who do not update the system. The issue of training is addressed at 4.4, but will not stop officers who wilfully neglect to update the system. As soon as the property team are aware of an inaccuracy (at one of a number of stages audit/collection/arrival at main store) then it is of course flagged straight away and communication takes place with the OBI, but the issue is the Officer Booking In (OBI) may not be the Officer In the Case (OIC) and the OBI may not even know who the OIC is owing to a case handover procedure. Niche when it goes live next week will improve this as we should be able to track the property to a crime easier and also follow the 'paper trail' in identifying the OIC. If there was a solution to this, then we would already have implemented it. The additional security in the temp stores is designed to improve this but will not eliminate the problem. This is an issue for all forces and all electronic computer systems that rely on manual updates and staff compliance. We will monitor and enforce compliance when an inaccuracy is found, which is current procedure. **Update June 2018:** NICHE PMS introduced April 2018 and has replaced KiM PMS making it easier to trace OIC's and for Evidential property staff to chase officers and update PMS. No further update to comments above. This action is now complete. # PROPOSED CLOSED

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

GREEN

HEALTH AND SAFETY – LIMITED ASSURANCE		November 2017
FUNDAMENTAL: 1	**SIGNIFICANT: 5**	**HOUSEKEEPING: 3**

GREEN

Significant – Communication 4.2

Once the new H&S Procedure has been signed off a clear communication strategy should be put in place to ensure that staff are made aware of their responsibilities for managing health and safety.

The new Health and Safety Policy and Procedure should be made available to all staff once it has been approved.

Implementation Target Date: 31st July 2018

Person Responsible: Peter Coogan Principal Health and Safety Advisor

Initial Management Response:

Given other recommendations, the health and safety procedure will need to be rewritten. A communications strategy can be put in place following this. The new policy and procedure will be made available to staff on the intranet as is standard practice for policies and procedures.

Update February 2018:

The health and safety procedure was ratified by the Executive health and safety committee on 7th December 2017. This is now available to staff on the intranet.

A communications strategy is to be developed but currently, the content of the procedure is included within training delivered by the health and safety unit.

Update June 2018:

The policy and procedure have been placed on the intranet document library. The contents of the procedure are woven into our training for managers. The procedure is also discussed as required at health and safety committees. The procedure has been written in a plain English style to ensure that managers can easily understand its contents. We engage directly with managers as part of accident and near miss investigation. We will further review our communication strategy as ISO45001 was published on 31st March this year which will inform our approach going forward.

PROPOSED CLOSED

GREEN	**Significant – Governance 4.4** The Terms of Reference for the Executive Health and Safety Committee should be updated to ensure it also covers the OPCC. The Force should seek to clarify how assurance over health and safety management with the regional units, for which they are liable, will be sought. **Implementation Target Date:** 30th April 2018 and 31st August 2018 **Person Responsible:** Peter Coogan Principal Health and Safety Advisor **Initial Management Response:** Given other recommendations, the health and safety procedure will need to be rewritten – 30th April 2018. The requirements for these regional units will have to be written into Leicestershire Police procedures rather than these units having their own procedures. This will be picked up in the new health and safety procedures and those procedures that support it – 31st August 2018 **Update February 2018:** FIRST ACTION COMPLETED. The consultation procedure has now been ratified and published – the terms of reference for the Executive Health and Safety Committee have been updated to show that it also covers the OPCC. Requirements for regional units are also being written into procedures. **Update June 2018:** Completed and featured in the consultation procedure [hyperlink document evidence]on the intranet. ## PROPOSED CLOSED
AMBER	**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.

AMBER

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

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.

GREEN

Significant – Accident Investigations 4.7

The RMU should support the force in clearing the current backlog of accidents that have not been investigated.

A process should be put in place to ensure that managers undertake investigations and the RMU team quality assess them, in line with the new procedures.

Implementation Target Date: 31st July 2018

Person Responsible: Peter Coogan Principal Health and Safety Advisor

Initial Management Response:

This has already been completed.

This will be put in place by the new accident reporting and investigation procedure which will update those sections in the current unsigned health and safety procedure.

Update February 2018:

The current backlog of accident investigations has been cleared. Managers are investigating accidents more frequently and proactively than ever before. They are supported by the health and safety unit and, therefore, the quality of their investigations is good. The health and safety unit are working directly with the police federation to jointly advise on the investigation of operational accidents.

Update June 2018:

Completed. The current backlog of accident investigations has been cleared. Managers are investigating accidents more frequently and proactively than ever before. They are supported by the health and safety unit and, therefore, the quality of their investigations is good. Often the initial investigation which is submitted by the manager utilising the form is good enough that no further support is needed. The health and safety unit are working directly with the police federation to jointly advise on the investigation of operational accidents.

PROPOSED CLOSED

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

Housekeeping – Building Surveys 4.10

A timetable / schedule should be put in place to ensure that each building has a survey completed in a timely manner and in line with the Health & Safety Procedure.

Moreover, a process should be put in place to ensure the outcomes of the surveys are reported to the Local and Executive Health & Safety Committee.

Implementation Target Date: 30th April 2018

Person Responsible: Peter Coogan Principal Health and Safety Advisor

Initial Management Response:

A timetable is already in place.

Agreed.

Update November 2017:

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

Update February 2018:

This is being developed – work in progress.

Update June 2018:

Completed. A schedule of surveys is in place and this has been communicated widely to trade unions, staff associations, managers and committees. Surveys are undertaken every 3 months and the findings communicated to committees as per the attachment.

PROPOSED CLOSED

GREEN	**Housekeeping – RIDDOR Reporting 4.11** Consideration should be given to carrying out a spot checks on the accidents not reported to HSE, as an additional check that reportable incidents have not been missed. **Implementation Target Date:** 30th June 2018 **Person Responsible:** Peter Coogan Principal Health and Safety Advisor **Initial Management Response:** Agreed. **Update February 2018:** This is being developed – work in progress. **Update June 2018:** Completed – spot checks have been undertaken with no issues identified. # PROPOSED CLOSED
AMBER	**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: FIRST ACTION COMPLETE**. 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.

Status	Internal Audit Report	Audit Report Date

GREEN

Housekeeping Recommendation 4.1 IT/ICT Strategy

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

Implementation Target Date: March 2017

Person Responsible:– David Craig, Head of IT is the now responsible for this recommendation.

Initial Management Response 21 April 2016:

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

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

Update September 2016: Since the appointment of the Interim ACO IT in June he has started the process of developing a Tri-Force ICT Enterprise Strategy, the current draft covers the Tactical / Strategic and Aspirational objectives of the three forces.

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

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

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

Update December 2016:

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

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

Update February 2017:

Mazars ICT Follow Up Review published February 2017 Ongoing - Now Tri Force planning which has replaced the Strategic Alliance and is led by ACO Phil Eaton.

Update June 2017:

Since the last update the tri-Force Collaboration has changed in scope with only TFC IT, TFC Finance and HR in Leicester and Northants. As a consequence the governance structure and meetings are being redeveloped from those implemented in 2016.

Progress on the TFC strategy continues to progress from the TFC Vision document published in march 2017. It is anticipated that the TFC IT Strategy will be released for consultation on 5th June 2017.

TFC Enabling IT Work Streams continue to progress and some are in the process of implementation within May 2017. Specialist resources continue to be engaged to support both TFC IT Strategy and IT Enabling Services.

Enterprise change management remains a risk without the disciplines of a directive Programme Management Office (PMO).

Update August 2017:

ICT strategy remains as stated in last update. Next draft of TFC ICT Strategy due 1st October 2017 – ACO Phil Eaton.

Update November 2017:

The TFC (ICT) has ended and the TFC (ICT) Strategy cannot be implemented without modification. New governance arrangements have been implemented for Regional, Tri-Force (transition) and local ICT. Local and regional ICT strategies will be developed under these arrangements.

Update June 2018:

A local ICT strategy will be developed with the Change Team to ensure that it is business lead and owned. We are seeking to engage an Enterprise Architect to develop an "ICT Strategy on a Page" according to TOGAF principles.

The strategy on a page will:

- Identify key business drivers – local vision and OPCC Police and Crime Plan
- Identify core business capabilities that the force needs to provide
- Identifying the outcomes we're trying to achieve
- Identify external influences – national programmes and Vision 2025
- Help us build an Application and technical reference model and our core technical capabilities
- Build a comprehensive road map for delivery ICT and business change incorporating reduction or removal of corporate risk

The recommendation refers to a strategic alliance IS strategy and local ICT Strategy. Clearly, as the tri-force strategy is no longer an option and the local strategy is under development this recommendation is considered and recommended as completed and closed.

PROPOSED CLOSED

Housekeeping Recommendation 4.4 Information Asset Owners

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

Implementation Target Date: Target Date December 2017

Person Responsible: Steve Morris – Information Manager

Initial Management Response 21 April 2016:

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

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

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

Update December 2016:

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

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

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

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

Update February 2017:

IAOS have been identified and written to by the SIRO. Next stage is for IAOs to be briefed on expectations by members of the Information Management team. Target is Easter 2017 to brief IAOs and assemble a draft organisational Information Asset Register (IAR).

Further need for a project resource has been agreed by the OBB Panel.

Paul Hooseman – Force Information Manager is the contact person for further updates.

Mazars ICT Follow Up Review published February 2017 *"Ongoing - Progress has been made with IAO been identified and informed of their responsibilities through an IAO Handbook. One of the responsible officers has left the organisation which has meant progress is slower than expected but we were provided with evidence of progress".*

Update May 2017:

IAOs have been identified, have been individually briefed, and an initial Information asset register has been produced for the organisation. This programme of work will now continue as part of Business as Usual with the Information Management Section; next steps will be further expansion of the Asset register and initial risk assessment of the information assets. I suggest the RAG be changed to Green completed.

GREEN

Update August 2017:

- **Information Asset Owner roles have been identified.**
- **Information Asset Owner personnel have been identified.**
- **Information Asset owners have received one to one briefings.**
- **Information Asset Owners have been walked through and have access to a handbook that describes responsibilities**
- **A help and reference page for Information Asset Owners has been created on the internal Information Management website**
- **Information Asset Owners have been involved in the compilation of an initial organisational Information Asset Register**
- **Governance for this work is provided by the 6 weekly Information Management Group, chaired by the DCC.**
- **Consideration is underway to identify potential for 2yr FTC role of Information Asset Co-ordination Manager. A role description has been created and is undergoing Role Evaluation.**

Work, although on-going, can be classed as business as usual, and has appropriate Force governance.

I believe we should revert to amber, and the bullet points provided can be my latest update. I can provide further detail or assurance when I attend the September JARAP meeting – Paul Hooseman.

Update November 2017:

The Information Manager appeared before JARAP on 14th September and provided a verbal briefing around a written update. JARAP requested a further written progress update in 6 months. In addition an Information Asset Coordination manager role has been created and is being recruited into. A preferred candidate has emerged and is currently undergoing security vetting clearance.

Update February 2018:

The Information Asset Owner project has been working closely with the Data Protection Reform work that is being undertaken in preparation for the new Data Protection Act 2017 that will be in place by May 18. The input of the IAO into this reform work has meant that Leicestershire Police can map out our current compliance with the Data Protection Act 1998 and identify the high risk areas that need addressing before May. The IAO are represented on the DPA Reform Board and a method of tasking and reporting has been developed.

The Information Asset register continues to be developed and updated and there has been journalistic interest in current information asset register. The BBC has requested a copy of our draft register, and has made the same request to other forces. The intention is to refuse the request but it shows that GDPR and Asset registers (as a vehicle to help achieve compliance) is generating media interest.

There has been a set back with the recruitment of the Information Asset Co-Ordination Manager post as the successful candidate withdrew his application once an offer of employment had been made. The candidate had been successful in obtaining an alternative role and the post has been re-advertised. However, the force Records Manager post is due to join the Information Management Dept and a suitable internal candidate has been identified and 'paper matched' into the role. Once the post holder is in place, they will be able to assume some of the duties of the Information Asset Co-Ordination Manager post and ensure that momentum is not lost.

Update June 2018:

The Information Asset Co-Ordination Manager post has now found a new candidate and he is currently being vetted. The post holder undertook a similar role in the armed forces at a command level and brings a wealth of experience to the role.

The IAO project continues to be represented on the Data Protection Reform Board and a 12 month plan has been formulated that will see all information asset owners work with the Information Management Team to achieve Data Protection Compliance.

PROPOSED CLOSED

VETTING	September 2016
FUNDAMENTAL: 0	**SIGNIFICANT: 1**	**HOUSEKEEPING: 0**

Significant - Security & Vetting Team: Internal Appeals 4.6

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

Implementation Target Date: Target date mid-February 2018

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

Initial Management Response:

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

Update February 2017: The generic Appeal process for internal vetting clearance failures is documented within the ACPO / ACPOS Vetting Policy for the Police Community, which will be revised by the forthcoming Vetting Code of Practice. The Senior Vetting Manager will be documenting this appeal process with reference to the Vetting Code / Unsatisfactory Performance Process and in conjunction with the Human Resources Department.

Update May 2017:

The generic Appeal process for internal vetting clearance failures is documented within the ACPO / ACPOS Vetting Policy for the Police Community, which will be revised by the forthcoming Vetting Code of Practice. Mandy Bogle-Reilly has documented the appeal process, with reference to the Vetting Code / Unsatisfactory Performance Process and this is awaiting sign off with the Human Resources Department.

Update August 2017:

DCI Hurst has met with the Home Office on 15 August 17 and was informed that the Code Of Vetting / APP will be released imminently (September). This will be an important document to influence / direct the final specification of the appeals process that the Force are agreeing upon. DCI Hurst has requested an advance copy of the draft APP as soon as it is available.

Certain aspects of the appeal process have been contested by Unison (the use of Staff Unsatisfactory Performance Procedure) and further negotiation is to take place to resolve this matter. A meeting with the Force HR department is scheduled for the 7th September and a summary progress report will be scheduled for the next JNCC.

I suggest this remains as AMBER

Update November 2017:

In September 2017, HR and Vetting met to draft the appeals process with a view to presentation and further discussion at the forthcoming JNCC. However, in the intervening period, the Vetting Code and APP were launched by the College of Policing with guidance on the appeals process. 7.41.1 of the Vetting APP specifically refers to the use of Section 98 of the Employment Rights Act (1996) as a mechanism for dismissal of police staff who have vetting clearance withdrawn rather than the Police Staff Performance Procedure. A legal position is now sought as to the appropriate legislation / procedure for Leicestershire to use in these circumstances. The process for police officers is clear. DCI Simon Hurst.

Update February 2018: Amanda Bogle-Reilly - Vetting & Disclosure Manager

The final draft of the Appeals process has been agreed and is awaiting update to Visio format for publication. Update is reliant on availability of the L& D Business Support. Estimated completion date mid Feb 2018 - Proposed closed.

Update June 2018: Amanda Bogle-Reilly - Vetting & Disclosure Manager

We have signed off the Appeal process chart and this has been published on the Vetting page of the force website : - http://hq95t029/cms/section.asp?id=2930

I therefore confirm that this recommendation can be updated as Closed/Completed Amanda Bogle-Reilly - Vetting & Disclosure Manager.

PROPOSED CLOSED

VICTIMS CODE OF PRACTICE	January 2017

AMBER

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

Person Responsible: Supt Alan Mason

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. 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 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 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.

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

Person Responsible: Supt Alan Mason

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.

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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.

AMBER

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
Person Responsible: Supt Alan Mason, 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.

Significant – Service Desk Call Handling 4.1

The proposed review of service desk call handling procedures and as part of the Tri-Force arrangements is supported and we recommend that the Force continue with this review.

The establishment of a centralised helpdesk as part of the IT Service desk system review and design work stream activity highlighted in the Tri-Force work plan is supported and recommend that the Force continue with this establishment.

Implementation Target Date: August 2017

Person Responsible: Deviya Singh – Information Technology Department

Initial Management Response: March 2017

Work on the IT TFC Service Management work stream to deliver common procedures is progressing. The initial stage of process definition, requirements definition and procurement planning will complete in May 2017. Procurement, implementation and rollout planning will complete during June and July 2017.

Existing local documentation and processes will be reviewed by end March 2017.

Update May 2017:

The Work is now being planned for delivery in two phases:

Phase 1 is to deliver a common portal for all collaborative units to log incidents and service requests in one place, in one way. A team and accompanying process will sit behind this portal, where contact is envisaged by portal, telephone or email to this Team. The processes to resolve, will be against currently existing Force IT Service Desks but the user experience will be simplified and improved.

Phase 2 is to provide a single Service Desk Team and Service Desk System to all customers within the Tri Force Community, and migrate what has been provided to the collaborative units within this. A plan has been formulated for phase 1 delivery.

Update August 2017:

Phase 1: Work to deliver a single portal for collaborative units is scheduled for go live on the 12th Sept 17. Plans and processes for testing, implementation and communication are being formed and we are working closely with the collaborative community. The portal is an in house developed web page system which has been developed at Northamptonshire and will support users from all 5 East Midlands Forces working within Collaborative Units. A Team will reside in the background to progress calls to manage/resolve at a local level.

Phase 2: Tenders have been submitted for a partner to help with the design and implementation of a new organisational structure across the tri force and appropriate aligned processes and toolsets. Tenders will be marked and it is anticipated contract award at the beginning of September 17. Delivery and Implementation needs to be completed by 31st March 2018. Upon completion of design work, there will be a local change board submission to decide on whether or not to proceed with implementation. The contract will be worded and awarded to support this.

Update November 2017:

Phase 1: A Regional ticket reporting portal is now live and communicated to all Regional collaborative units for their use. There is currently a triage process at Leics, Notts and Northants IT Service Desks – work is continuing to bring the same process on board with Derbys and Lincs who are interested in on boarding.

Tickets will still be forwarded to them so the portal caters for the EM region.

GREEN	Phase 2: Work progressed to capture as is processes. This is now progressing at a local level at Leicestershire, to review the processes and conduct analysis on these to seek opportunities to align and realise efficiencies against the current IT Dept structure. The Tender procurement has now ceased due to issues around the scope of the tender not differentiating design from implementation. **Update June 2018:** Phase 1: The Regional Portal is now live and open to all collaborative unit users. The project has closed and transitioned into business as usual. Phase 2: Process capture will now be taken forward in the local capital project to replace the IT Service Management System. As part of this, processes will be reviewed and revised for configuration into the IT System. This work is now ceased under the Tri-Force collaboration. # PROPOSED CLOSED
GREEN	**Housekeeping – User Management 4.2** User management processes should be applied in all cases and a review may be required to identify further accounts not removed/disabled in a timely manner. **Implementation Target Date: May 2017** **Person Responsible:** Matthew Carey – Information Technology Department **Initial Management Response: March 2017** IdAM is an IT TFC work stream that will establish a common user management process. A high-level design will be complete July 2017 allowing detailed implementation and procurement planning to commence. Existing local documentation and processes will be reviewed by end-April 2017. **Update May 2017:** Work has been delayed due to time constraints caused by TFC Service Management work and staff sickness. Local documentation has been reviewed and improvements identified. New documentation is in draft form and will be refined and made live by w/c June 6th. Further potential improvements will be fed into the TFC IdAM Work stream. **Update August 2017:** Local procedure is now in place. Work is now focussed on a single set of procedures for the tri-force collaboration under the Service Improvement work stream. **Update November 2017:** There was a plan for this work to be reviewed and improved as part of the Tri Force collaboration work. This work has now been abandoned as the TFC work stream was dissolved. I am now reviewing the interim local procedure introduced in August and working with PSD to ensure that it is appropriate for the longer term. **Update June 2018:** The latest local JML process was approved by Professional Standards Department PSD and is now live. # PROPOSED CLOSED

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

Significant - Assessment of the Effectiveness of the JARAP 4.1

Actions identified following this review of the JARAP's effectiveness should be agreed and monitored at subsequent meetings via a standalone action plan.

The JARAP work plan should be amended to include a regular review of its own effectiveness (possibly as part of the annual review of its ToR). Areas of best practice from other similar organisations discussed during the review should be considered.

As part of the JARAP's review of its own effectiveness, consideration should be given to securing feedback from other (i.e. non-Panel members) contributors to the JARAP as to its effectiveness.

Implementation Target Date: May 2018

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

Initial Management Response:

Agreed.

The JARAP will set Aims and Objectives at the beginning of each year.

The JARAP work plan will be updated to include an annual review of its own effectiveness and compared against its aims and objectives.

(The non-panel contributors should be identified by position/post at this meeting).

Update November 2017:

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

Update February 2018:

This will be progressed when new OPCC Chief Finance Officer CFO formally commences – Paul Dawkins.

Update June 2018:

The work programme of JARAP will include:

- An effectiveness review which will include an action plan
- Aim and Objectives

PROPOSED CLOSED

GREEN

GREEN	**Housekeeping – JARAP Terms of Reference 4.2** The Terms of Reference for the JARAP should be reviewed, updated, agreed and uploaded to the website. The review should consider the following: • prescribing the requirement for an annual meeting with the auditors; • determining whether the Chair signs the minutes as a true representation of the meeting. Consideration should be given to presenting a report setting out the respective roles and responsibilities of the JARAP and other relevant forums / groups on a regular basis. **Implementation Target Date: 31st May 2018** **Person Responsible:** Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer – Chief Officer Paul Dawkins **Initial Management Response:** Agreed. Annual Meeting with the auditors scheduled for September annually. Signing of minutes will be reflected in the revised TOR. An annual report on sources of assurance from other forums will be produced. **Update November 2017:** Recently finalised audit – 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:** Annual meeting of auditors without officers present scheduled for June 2018. Terms of reference to be considered by JARAP at June meeting and will include reference to: - an annual meeting with the auditors - the signing of minutes. The annual report will make reference to these amendments. # PROPOSED CLOSED
AMBER	**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** **Person Responsible:** Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer TBA. – 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.

GREEN

Significant – Panel Induction Training 4.6

The imminent recruitment of the JARAP Chair and a member should be supported by effective arrangements for their induction training. Amongst the areas to be included in the induction

training, consideration should be given to the areas of good practice set out in the NAO five good practice principles; these include:

a) their appointment and purpose;

b) the support and training that they will receive;

c) the commitment required;

d) their remuneration;

e) conflict of interest procedures;

f) expected conduct;

g) duration of appointment and how often it may be renewed; and

h) how their individual performance will be appraised, including a clear understanding of what would be regarded as unsatisfactory performance.

Implementation Target Date: 31st December 2017

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

Initial Management Response:

Agreed. A training plan will be produced for the new JARAP member and Chair

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:

An induction day was held on 5 April for new and existing JARAP members.

All panel members have had a chance to feedback on the induction day and this learning will be incorporated into future similar events.

PROPOSED CLOSED

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 TBA. – 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.

Significant – Audit Committee Chair Forum 4.8

The Panel should continue to seek input / insight from other audit committees in the region with a view to driving best practice.

Implementation Target Date: 31st March 2018

Person Responsible: Luke Pulford - JARAP Chair

Initial Management Response:

Agreed - Where it is in line with the Terms of Reference and proportionate to do so.

Update November 2017:

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

Update February 2018:

A regional JARAP (and equivalent) meeting was held 6 March 2018 in order to bring panel members together across the region in order for best practice to be shared.

The chairman has booked to attend two other audit committee meetings across the region. Learning from these meetings will be shared with JARAP members and incorporated where appropriate. It is the intention that panel members attend local and regional training events and conferences where appropriate and then feed back to fellow panel members. Evidence of this will be included in future annual reports.

PROPOSED CLOSED

COLLABORATION - OHU			November 2017
FUNDAMENTAL: 0		**SIGNIFICANT: 0**	**HOUSEKEEPING: 3**

AMBER

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: 30th November 2017

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

CORE FINANCIAL SYSTEMS			November 2017
FUNDAMENTAL: 0		**SIGNIFICANT: 3**	**HOUSEKEEPING: 0**

GREEN

Significant – Authorisation of Payments 4.2

The Force should complete a review of the Agresso workflow to identify the root cause of the financial delegation bypass on transaction 3040555. The workflow requirement within Agresso should be updated to seek appropriate approval for the full value of the invoice being processed in line with the delegated limits.

Implementation Target Date: 31st March 2018

Person Responsible: Samantha Lamb Finance Manager

Initial Management Response:

Agreed. Working with the Force's consultants on Agresso the workflow will be reviewed to identify the issue. Once the review has been completed the options will be considered and processes updated as appropriate.

Update February 2018:

The Agesso consultant is scheduled to be on site during February, when the above will be reviewed.

Update June 2018:

The Agresso software has been updated to ensure that the workflow process looks at the invoice total where there is more than one transaction to ensure that the approval process is in accordance with the delegated limits.

PROPOSED CLOSED

ESTATES MANAGEMENT			December 2017
FUNDAMENTAL: 0		**SIGNIFICANT: 0**	**HOUSEKEEPING: 1**

<table>
<tr>
<td rowspan="2">AMBER</td>
<td colspan="2">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.</td>
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<tr>
<td></td>
<td colspan="2">PAYROLL</td>
<td colspan="2">December 2017</td>
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<tr>
<td></td>
<td>FUNDAMENTAL: 0</td>
<td colspan="2">SIGNIFICANT: 3</td>
<td>HOUSEKEEPING: 1</td>
</tr>
<tr>
<td>AMBER</td>
<td colspan="4">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: Completed 1st December 2017. Expected completion by: 31st Dec 17 – Kier Business Services
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.</td>
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	PAYROLL PROVIDER		May 2018
	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** **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
AMBER	**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
	END