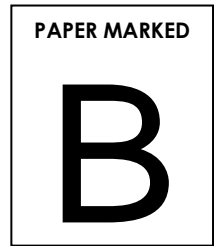


# POLICE & CRIME COMMISSIONER FOR LEICESTERSHIRE JOINT AUDIT, RISK & ASSURANCE PANEL



Report of **CHIEF CONSTABLE and CHIEF FINANCE OFFICER (OPCC)**  
 Subject **INTERNAL AUDIT RECOMMENDATIONS AND TRACKING**  
 Date **WEDNESDAY 21 FEBRUARY 2018 – 10:00AM**  
 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 2013-2016. 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. The following table illustrates the number of Baker Tilly - High, Medium, Low and Advisory recommendations outstanding and completed since the last progress report.

| Priority of Recommendation | Outstanding |          | Completed | Not Adopted | Total |
|----------------------------|-------------|----------|-----------|-------------|-------|
|                            | RED         | AMBER    | GREEN     | GREY        |       |
| High                       | -           | -        | -         | -           | 0     |
| Medium                     | -           | 1        | -         | -           | 1     |
| Low                        | -           | -        | -         | -           | -     |
| Advisory                   | -           | -        | -         | -           | -     |
| <b>Total</b>               | <b>0</b>    | <b>1</b> | <b>0</b>  | <b>-</b>    |       |

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| Priority of Recommendation | Outstanding |           | Completed | Superseded | Total     |
|----------------------------|-------------|-----------|-----------|------------|-----------|
|                            | RED         | AMBER     | GREEN     | GREY       |           |
| Fundamental                | -           | 3         | -         | -          | 3         |
| Significant                | -           | 17        | 10        | -          | 27        |
| Housekeeping               | -           | 12        | 4         | -          | 16        |
| <b>Total</b>               | <b>0</b>    | <b>32</b> | <b>14</b> | <b>0</b>   | <b>46</b> |

### Recommendation

4. For the panel to note the attached update on progress responses from business owners against each respective audit recommendation so far for 2013-2017.
5. 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

### Person to Contact

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

**Baker Tilly Audit Recommendations for 2013-15**

| Stat<br>us  | Internal Audit Report  | Audit Report Date        |               |
|---|--|--------------------------|---------------|
| <b>AMBER</b>  | <b>SEIZED AND FOUND PROPERTY (3.14/15)</b>   | <b>11 September 2014</b> |               |
|   | <b>HIGH: 0</b>   | <b>MEDIUM: 1</b>         | <b>LOW: 0</b> |
|   | <b><u>Medium Recommendation 1.1:</u></b>   |                          |               |
|   | 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. |                          |               |
|   | <b>Implementation Target Date: <del>March 2015</del> – revised Target Date <del>October 2016</del> Revised to <del>September 2017</del> Revised target date 31<sup>st</sup> March 2018</b>   |                          |               |
|   | <b>Person Responsible:</b> Corporate Services Directorate Jez Leavesley – Force Property Project Consultant  |                          |               |
|   | <b>Initial Management Comment:</b>   |                          |               |
|   | 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.   |                          |               |
|   | <b>Update August – Baker Tilly Follow Up Audit 2015:</b>   |                          |               |
|   | The policy re-write is still ongoing. Very limited availability of staff trained to write policy and competing demands of Property managers continue.  |                          |               |
| Sgt 4320 Simpson (CAID Support) and Julie Treen (Property Team Leader) are tasked to finalise the re-write with a timescale for completion prior to 8th June.   |  |                          |               |
| <b>Update 27<sup>th</sup> August:</b>   |  |                          |               |
| The policy re-write is now complete and is presented in Authorised Professional Practice format, together with an up-to-date Legislative Compliance pack. The document is going through a final checking process before being sent to COT for authorisation, published / updated on internal web-site. This will be completed imminently. Any changes in practice have been subject to internal communication both within the property department and where necessary to a wider relevant audience. |  |                          |               |
| <b>Update December 2015:</b>  |  |                          |               |
| The final checking process on the rewritten policy and procedure documents has been completed. The documents were sent to D/Supt. Castle on 2nd September for his approval and submission to COT for authorisation. A progress check will be made with D/Supt Castle on his return from annual leave on the 17 <sup>th</sup> November and an update provided for the next meeting.  |  |                          |               |
| <b>Update January 2016:</b>   |  |                          |               |
| The rewritten policy and procedure documents have been completed, authorised and published. Work continues to maintain the relevance of the new document and keep pace with Strategic Alliance and Blueprint 2020 developments but this is outside of the scope of this recommendation. For these reasons I believe the recommendation can be considered closed.  |  |                          |               |
| <b>Update March 2016:</b>   |  |                          |               |
| At the JARAP meeting held on 8 March 2016 it was agreed the Deputy Chief Constable would check that the appropriate staff training had taken place after which the proposal to close would be agreed.   |  |                          |               |

**Update April 2016:**

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

**Update June 2016:**

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

**Update September 2016:**

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

**Note: The September JARAP meeting directed that this remained open and an update be provided for future meetings.**

**Update December 2016: Jez Leavesley – Force Property Project Consultant**

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

**Update February 2017: Jez Leavesley Force Property Project Consultant**

Force Property procedures remain work in progress. The Review and Retention policy launched in November 2016 has had a very positive effect and been welcomed by staff as it provides clear unequivocal guidance to the Force for the first time. As a result overall property entries reduced from 84,500 entries to 66,300 (22/02/17 Operation Halo). Property entries unaccounted for have been reduced from 8,400 to 2,550 (22/02/17).

The new Lost and Found procedure was launched at the end of November 2016. A full NCALT training package was introduced force wide including specific briefings for property staff/ LSTO's etc.. Feedback so far has been positive.

- A new handling, storage and movement of cash procedure has been written and approved @ 15/2/17. This procedure will go live as soon as the staff training requirements /publicity have been put in place.
- A ceasing retention procedure (complementing the retention & review procedure) is nearing completion. This is currently out for consultation prior to submission for approval.
- A vehicle recovery procedure is nearing completion. Again, this is out for consultation.
- A Property Department audit procedure has now been completed and is in final draft stage prior to consultation.

**Update May 2017: Jez Leavesley Force Property Project Consultant**

Good progress continues to be made with Force property procedures. Since the last board meeting the Ceasing Retention (Disposal) procedure has been completed. This is currently with senior management awaiting review and policy authorisation. This procedure complements the Retention & Review procedure which was introduced in Nov 2016, completing the final element of RRD.

The vehicle recovery procedure (evidential property) was approved and introduced in April 2017. This forms part of the ELVIS vehicle recovery process and in time will be incorporated directly into that stand alone procedure.

The Evidential Property Team audit procedure was introduced in March 2017. This incorporates for the first time, clear audit procedures for temporary stores, main stores, safes, firearms and ammunition, freezers and trakka key cabinets (at request of last JARAP).

All procedures introduced since Nov 2016 –Lost/found, retention & Review, Handling/movement of cash, Ceasing retention, vehicle (property) recovery need to be incorporated into the overall force property procedure main document. WIP.

The final remaining procedure for review (subject to staff availability) is evidential property packaging, bags

and storage. TBA

**Update August 2017: Jez Leavesley Force Property Project Consultant**

Ceasing retention (disposal) went live in early August. Packaging, bags and storage remains WIP although the review of packaging procedures has been completed. The Police Property Act policy/procedure is currently being reviewed. The overall procedure to incorporate all new procedures into one document is progressing well. Target date for completion of this document is end of September. The Evidential property Team audit procedure is being revised to include drugs reception, as this section now comes under the property team remit. A further revision will be required when the audit team also merges with the property team.

**Update November 2017:**

The Police Property Act policy/procedure review has now been completed and the document updated. The main force property management procedure has now been completely rewritten and ratified. It will be launched early December. This document incorporates all 9 new/revised policy procedure documents and also updates/incorporates latest procedure on packaging, staff structure etc... The Evidential Property Team audit procedure has been revised to include drugs reception. A further revision will be required when the audit team also merges with the property team late January 2018.

**Update February 2018:**

The launch of the new full Property Procedure has been delayed owing to staff illness, also due to a requirement to break down the procedure (105 pages) into easy to access page sections on the intranet. This significant piece of work requires a specialist and is being progressed by a digital learning designer in Learning & Development. The new target date is early March 2018. The archive audit procedure will be incorporated into the evidential property procedure audit process. Target date end of March 2018.

**MAZARS AUDITS 2015-17** Please note Mazars priority grade their recommendations into the following:

| Status | Internal Audit Report | Audit Report Date     |
|--------|-----------------------|-----------------------|
|        | <b>ICT AUDIT</b>      | April 2016            |
|        | <b>FUNDAMENTAL: 0</b> | <b>SIGNIFICANT: 0</b> |

### **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~~ Revised target date 31<sup>st</sup> March 2018

**Person Responsible:** – ~~Philip Eaton Strategic Alliance IT Assistant Chief Officer~~ David Craig, Acting 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 May 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 February 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



#### **Housekeeping Recommendation 4.4 Information Asset Owners**

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

**Implementation Target Date: ~~December 2016~~ Revised Target Date ~~July 2017~~ 2<sup>nd</sup> Revised Target Date ~~December 2017~~ Revised target date 1<sup>st</sup> July 2018**

**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 June 2016:**

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

#### **Update September 2016:**

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

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

#### **Update December 2016:**

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

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

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

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

#### **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. Can I suggest the RAG be changed to Green completed?



### **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 have requested a copy of our draft register, and have 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.

**Summary Update:**

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

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

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

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

The Project Plan aims to:

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

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

**Fundamental Recommendation 4.1 Safe Key Storage**

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

**Implementation Target Date: ~~Completed Target Date subject scoped options – Implementation date TBA 31<sup>st</sup> March 2018~~**

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

**Initial Management Response 20 June 2016:**

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

**Implementation Target Date: September 2016**

**Person Responsible:** Jez Leavesley – Force Property Project Consultant

**Initial Management Response 20 June 2016:**

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

**Update December 2016:** Jez Leavesley

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

**February 2017: Jez Leavesley**

The new Trakka key cabinets at the two main stores are working well, the issue has highlighted to the Property project the issue of the temporary overnight stores. Security for these stores needs significantly improving. A full review of the stores has been completed, highlighting the need for CCTV and key cabinets for each store. A review of how many stores the force has and how many it needs is underway. Once this is complete the project will make proposals for finance to make the appropriate improvements.

**Note: This was previously PROPOSED CLOSED – however at the September 2016 JARAP meeting decision to retain for future meetings**

**Action from the June 2017 meeting to revise to Amber:**

|         |       |   |   |  |
|---------|-------|---|---|--|
| 20/6/17 | 23/17 | B | Mrs Saunders to revise the RAG rating on D8 to Amber. | <p><b>SEIZED AND FOUND PROPERTY SAFE MANAGEMENT AUDIT June 2016</b></p> <p><b>Fundamental Recommendation 4.1 Safe Key Storage -</b></p> <p>Now revised back to 'Amber'</p> <p>Update requested from Mr Leavesley</p> |
|---------|-------|---|---|--|

**August 2017: Jez Leavesley**

The original recommendations raised by the auditors related to the two main stores keys at Keyham Lane and Beaumont Leys. Trakka cabinets were introduced in Dec 2016 to respond to this risk per the recommendation; however, the property project raised additional concerns about key access to the temporary stores safes. Project team research into temporary store security and safes has now be completed. Access to the temporary stores is via security ID X pass. The cash safes keys in the temp stores are retained by the evidential property couriers in the Keyham Lane trakka cabinet and so are auditable. Only the couriers have access to these keys. Concern still exists around the process for key access to the firearms safes. An option could be to introduce trakka cabinets for all temporary store keys across the force which could be used for all keys e.g. car keys/station keys etc... at all police stations where a temporary store exists, but this would cost approx. £100k for the (currently) 18 temp stores. Key issues do not simply relate to the temporary stores and are a corporate issue for key access generally. This remains a risk and further work is needed. The property project team is seeking to identify other auditable cheaper options for the firearms safes at this time.

Action from the last JARAP meeting:

|          |           |   |  |               |
|----------|-----------|---|--|---------------|
| 14/09/17 | 41/17 (a) | B | <i>Mr Prince queried whether there were still concerns regarding out of hours firearms safe as detailed on page <del>40</del> 9, and if so, when they would be resolved.</i> | December 2017 |
|          |           |   | <b>Mr Bannister to update members on the Out of Hours Firearms safe Access as identified in Paper B (Internal Audit Recommendations and Tracking), page 10.</b>              |               |

**Update November 2017:**

Significant work has been completed into identifying ways to track access and improve security to the firearms safes in the temporary overnight stores, The option of trakka keys cabinets (£100k) was dismissed owing to expense. A cheaper system (£20k) linked directly to the security ID X pass access system has been identified which will allow and track access to a small key cabinet for firearms/ammunitions safes keys. The funding for this purchase (including new ammunition safes, new freezers and other temp store upgrades) was approved by the Change Board in September. The new cabinets at all temp stores will be installed by Estates department by target date end of January 2018.

**Update February 2018:**

The new X pass key system for firearms/ammunition cabinets has been purchased and is in the progress of being fitted by Kings Security Systems. The programme provided should see completion by 22nd February 2018. The new ammunition safes have been purchased and are currently being fitted by the Estates Department. 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.

**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~~ **Revised target date 31<sup>st</sup> March 2018**

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

**Initial Management Response 20 June 2016:**

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

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

**Update September 2016:**

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

**Update December 2016:** Jez Leavesley

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

**Update February 2017:** Jez Leavesley

A Property Department audit procedure has now been completed and is in final draft stage prior to consultation. This includes the auditing of safes. Once the consultation process has been completed, the procedure will be submitted for approval and introduction.

**Note: This was previously PROPOSED CLOSED – however at the September 2016 JARAP meeting decision to retain for future meetings**

**Update February 2018:** Jez Leavesley Property Project Implementation Manager

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. With the addition of archives from 29th January a further addition to the procedure is being progressed. Target date end March 2018.

### **Significant Recommendation 4.3 Procedure Amendments**

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

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

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

**Implementation Target Date: ~~September 2016~~ Revised to ~~September 2017~~ Revised target date 31<sup>st</sup> March 2018**

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

**Initial Management Response 20 June 2016:**

This recommendation is accepted.

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

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

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

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

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

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

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

**Update September 2016:**

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

**Update December 2016: Jez Leavesley**

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

**Update February 2017: Jez Leavesley**

A review of Packaging and guidance has commenced. Work in Progress WIP.

Disposal – A ceasing retention procedure (complementing the retention & review procedure) is nearing completion. This is currently out for consultation prior to submission for approval.

Transportation – Not reviewed at this stage. Remaining as a work package for allocation when a member of staff has been identified. Remains Area for Improvement AFI.

**Update May 2017: Jez Leavesley**

The Ceasing Retention (Disposal) procedure has been completed. This is currently with senior management awaiting review and policy authorisation. This procedure complements the Retention & Review procedure which was introduced in Nov 2016, completing the final element of RRD.

All procedures introduced since Nov 2016 –Lost/found, retention & Review, Handling/movement of cash, Ceasing retention, vehicle (property) recovery need to be incorporated into the overall force property procedure main document. WIP.

The final remaining procedure for review (subject to staff availability) is evidential property packaging, bags and storage which was commenced in February but needs re-allocating when a project member becomes available. TBA

Transportation of cash procedure introduced per previous comments. New transportation (evidential property) processes to be introduced when two new evidential couriers have been recruited. Work package prepared. WIP. Remains AFI.

**Update August 2017: Jez Leavesley**

Ceasing retention (disposal) went live in early August. There are significant property handling amendments from the previous process with extensive and extremely clear guidance to property officers on how to dispose of property and when/how this process should be witnessed. Packaging, bags and storage remains WIP although the review of packaging procedures has been completed. A new Evidential property Manager has now been recruited and is in post and is reviewing the storage/logistics of packaging. The Police Property Act policy/procedure is currently being reviewed -WIP.

The overall force property procedure to incorporate all new procedures outlined in this paper into one document is progressing well. Target date for completion of this document is end of September. The Evidential Property Team audit procedure is being revised to include drugs reception, as this section now comes under the property team remit. A further revision will be required when the audit team also merges with the property team.

Two couriers are in the process of being recruited and a new van purchased. Couriers should commence in October.

**Update November 2017:**

No significant update since August. Procedures update covered in 3.14/15. One courier commences in December. A further courier is being recruited.

**Update February 2018:**

One courier commenced in December 2017 and additional courier has been recruited and is progressing through vetting. Awaiting start date. No further update on procedure –introduction as per August update. Retention Procedure went live August 2017. Police Property Act procedure was reviewed and amended in consultation with OPCC. This went live in December 2017.



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

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

#### **Implementation Target Date: Completed**

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

#### **Initial Management Response 20 June 2016:**

This recommendation is accepted.

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

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

#### **Update December 2016:** Jez Leavesley

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

#### ***Movement of cash***

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

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

#### **February 2017:** Jez Leavesley

A new handling, storage and movement of cash procedure has been written and approved @ 15/2/17. This procedure will go live force wide as soon as the broader staff training requirements /publicity have been put in place.

The new procedure has specific requirements for Property officers, Finance department and Economic Crime Unit, and these Departments are already familiar and practiced in the daily handling & movement of cash. This process will go live with these specialists by mid-March 2017.

**Note: This was previously PROPOSED CLOSED – however at the September 2016 JARAP meeting decision to retain for future meetings.**

#### **February 2018:** Jez Leavesley Force Property Project Implementation Manager

Procedure went live March 2017. Training for specialist sections completed at this time. Specialist area of procedure being adhered to, however audit January 2017 highlighted cultural issues with officers and compliance with the procedure at the coal face. Further work needed on this, however this has a staff implication and no project staff lead available to pick this up at this time. The project only has staff and funding now for the new EPAC FHQ main build. Broader staff evidential property training issues still need work if we are to improve the culture and compliance across the piece. The project team lead for training was removed for other Corp services Change Team priority work in July 2017.

**Significant Recommendation 4.5 Courier Collection**

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

**Implementation Target Date: October 2016**

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

**Initial Management Response 20 June 2016:**

This recommendation is accepted.

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

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

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

**Update September 2016:**

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

**Update December 2016:** Jez Leavesley

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

**Update February 2017:** Jez Leavesley

Update as above. The amended procedure is already in place but has now been incorporated into the new Movement, Handling and Storage of Cash procedure.

**Note: This was previously PROPOSED CLOSED – however at the September 2016 JARAP meeting decision to retain for future meetings.**

|          |           |   |   |               |
|----------|-----------|---|---|---------------|
| 14/09/17 | 41/17 (b) | B | <p><i>Mr Pulford requested that one further update be provided for recommendations 4.5 and 4.6 on pages B14 and B15 for the December meeting which would enable these recommendations to then be closed.</i></p> <p><b>One further update to the December meeting on Paper B, pages B14 and B15 recommendations 4.5 and 4.6 of the Seized and Found Property Safe Management Audit then these recommendations can be closed following that meeting.</b></p> | December 2017 |
|----------|-----------|---|---|---------------|

**Update November 2017:**

No further update. The process is in place and the audit procedure is underway according to schedule.

**Update February 2018: Jez Leavesley Property project Implementation Manager**

Update as Nov 2017. The process is in place and the audit procedure is underway according to schedule.

GREEN

**Significant Recommendation 4.6 Safe Specifications Insurance**

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

**Implementation Target Date: October 2016**

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

**Initial Management Response 20 June 2016:**

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

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

**Update September 2016:**

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

**Update December 2016:** Jez Leavesley

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

**Update February 2017:** Jez Leavesley

No further update. Updates at September and December provide the completed recommendation. Insurance policy renewal/review completed in October 2016.

**Note: This was previously PROPOSED CLOSED – however at the September 2016 JARAP meeting decision to retain for future meetings.**

|          |           |   |   |               |
|----------|-----------|---|---|---------------|
| 14/09/17 | 41/17 (b) | B | <p><i>Mr Pulford requested that one further update be provided for recommendations 4.5 and 4.6 on pages B14 and B15 for the December meeting which would enable these recommendations to then be closed.</i></p> <p><b>One further update to the December meeting on Paper B, pages B14 and B15 recommendations 4.5 and 4.6 of the Seized and Found Property Safe Management Audit then these recommendations can be closed following that meeting.</b></p> | December 2017 |
|----------|-----------|---|---|---------------|

**Update November 2017:**

No further update. Maintenance of the force safe database remains the responsibility of the Evidential Property Manager. Liaison concerning insurance requirements takes place annually in October with the Finance Department upon insurance renewal.

**Update February 2018:** Jez Leavesley Property project Implementation Manager

Update as at November 2017. Nothing more to add.

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

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

**Implementation Target Date: ~~October 2016 Revised to September 2017 Revised target date 31<sup>st</sup> March 2018~~**

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

**Initial Management Response 20 June 2016:**

This recommendation is partly accepted.

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

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

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

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

**Update September 2016:**

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

**Update December 2016: Jez Leavesley**

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

**Update February 2017: Jez Leavesley**

Update as above concerning timeliness. This has been incorporated into the new Movement, Handling and Storage of Cash procedure. Force temporary store safes have now been reviewed as part of the Temporary overnight store review and a number of recommendations have been made concerning safes. A decision will not be taken concerning replacing/purchasing new safes until the work to identify how many temporary stores the force needs, has been concluded. Security of the temp stores has also been reviewed, per my previous comments in this paper.

**Update May 2017: Jez Leavesley**

The work to identify temporary stores has now been completed. This has identified the need for additional temporary stores at FHQ and Leicester Crown & Magistrates Courts. Other temporary store safes will remain, although this number will reduce as sites close. WIP

Safes have been reviewed as stated above. A number of the safes need replacing. The number of safes across the force is adequate;

- Ammunitions safes. Ammunition should be stored separately from firearms. Separate ammunition safes should be purchased to hold ammunition.
- Cash and valuable safes. Safes at some locations are too small and not fit for purpose.

The cost to replace the safes above is approx. £12k. This will form part of a business case to a future Change Board to incorporate all temporary store review requirements (racking/security etc.). WIP

**Update August 2017: Jez Leavesley**

A paper was submitted to the Change Board in July seeking funding of £42k to update and improve the temporary stores across the force. This would include the purchase of a number of new safes where required, Locations/safe types have been identified per may update above.

The funding was approved. The project team is awaiting access to the finance in order to progress this. The delay is the funding is tied in with the new build Evidential Property & Archive Centre (APAC) funding which is still being progressed by OPCC/Finance Dept. This will be resolved imminently.

**Update November 2017:**

Funding was approved by the September Change board. New ammunition safes for temporary stores are being purchased and will be installed early new year. A temporary store location has now been identified at FHQ (until new EPAC build which has temp store built in) and will be equipped with freezer/firearms/ammunition safes, racking and the new X system key cabinet. Go live January 2018. A new large cash safe will be installed at Euston street with a new larger temporary store.

**Cont...**

**Update February 2018:**

The new FHQ temp store is progressing. Racking and the new freezer have been installed. Awaiting new X plan fit according to suppliers fit programme. This store should now go live late February 2018.

New temporary store at Euston street progressing –x plan fitted. Large cash safe being purchased. Fit WIP. New ammunition safes purchased and being fitted.

**Housekeeping Recommendation 4.8 Recording Movements and Location**

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

**Implementation Target Date: October 2016**

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

**Initial Management Response 20 June 2016:**

Recommendation partly accepted.

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

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

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

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

**Update September 2016:**

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

**Update December 2016:** Jez Leavesley

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

**Update February 2017:** Jez Leavesley

The new handling, storage and movement of cash procedure has been written and approved @ 15/2/17. The procedure incorporates the recording issues outlined above.

This procedure will go live a soon as the staff training requirements /publicity have been put in place. The new procedure has specific requirements for Property officers, Finance department and Economic Crime Unit, and these Departments are already familiar and practiced in the daily handling & movement of cash. This process will go live with these specialists by mid-March 2017.

**Note: This was previously PROPOSED CLOSED – however at the September 2016 JARAP meeting decision to retain for future meetings.**

GREEN

|                       |                       |                        |
|-----------------------|-----------------------|------------------------|
| <b>VETTING</b>        |                       | September 2016         |
| <b>FUNDAMENTAL: 0</b> | <b>SIGNIFICANT: 1</b> | <b>HOUSEKEEPING: 0</b> |

**Significant - Security & Vetting Team: Internal Appeals 4.6**

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

**Implementation Target Date:** ~~November 2016~~ ~~Revised target date July 2017~~ **Revised 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 December 2016:** Amanda Bogle-Reilly

Currently work in progress. To be documented and confirmed.

**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 7<sup>th</sup> 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.



FUNDAMENTAL: 0

SIGNIFICANT: 2

HOUSEKEEPING: 1

**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:** ~~30<sup>th</sup> April 2017, 1<sup>st</sup> June 2017, 1<sup>st</sup> October 2017~~ Revised target date 1<sup>st</sup> July 2018

**Person Responsible:** ~~Jim Holyoak – Service Improvement Manager Inspector Horsfall OPCC and .~~  
CI Dan Eveleigh OPCC.

**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 1<sup>st</sup> 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.

|          |           |   |   |
|----------|-----------|---|---|
| 14/09/17 | 41/17 (c) | B | <p><i>Mr Pulford requested that recommendations on page B5 (Change Programme, 4.1, aligning strategies) and B26 (Victims Code of Practice Recommendation 4.3 Information Security Resources) have one further update at the December meeting and can then be closed.</i></p> <p><b>One further update on recommendations on page B5 (Change Programme, 4.1, aligning strategies) and B26 (Victims Code of Practice Recommendation 4.3 Information Security Resources) and then can be closed at the December meeting.</b></p> |
|----------|-----------|---|---|

**Update February 2018:**

An options paper around Track My Crime was not discussed at the last Demand Board as we have been awaiting the go live of the new digital telephony platform in Contact Management, which went live earlier this month. A discussion will be undertaken with the Chief Officer Team this week to decide whether Track My Crime will be the complete default option for victim updates or whether this will be used alongside the traditional methods such as letters and phone calls. When this decision has been reached an implementation plan will be put in place to ensure the rollout is undertaken with appropriate communications.

#### **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:** ~~30<sup>th</sup> April 2017, 1<sup>st</sup> October 2017~~ Revised target date 1<sup>st</sup> July 2018

**Person Responsible:** ~~Jim Holyoak – Service Improvement Manager Inspector Horsfall OPCC and . CI Dan Eveleigh.~~

#### **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 November 2017:**

The Victim Code Compliance Group no longer exists. It has been absorbed into the Confidence and Satisfaction Group. This is not a strategic group it is essentially a practitioner group that identifies risks up to the Crime and Ops Effectiveness Meeting or receives tasks from the Crime and Ops Effectiveness Meeting. VCOP remains a Force priority and key stakeholders in different business areas are leading on several inter-dependent strands of compliance improvement.

#### **Update February 2018:**

Leicestershire Police supply the victims of crime and all witnesses with a leaflet to allow them to understand the process within the criminal justice system relating to all matters where court proceedings are commenced. At this time Leicestershire Police supply written confirmation of crime details through text and email facilities to the victims of crime as per the codes of practice and officers have calling cards which allow for them to supply all relevant information such as internet sites with key signposting and crime numbers to victims of crime. This matter will be further enhanced with the procurement of Pronto a mobile data solution which will give officers the ability to print crime references for victims and allow the force to develop crime contracts with victims of crime. This will also allow for the promotion of electronic communication with victims and promotion of the national Track My Crime web site. The force has formed a Victim Codes of Practice Working Group to ensure we have a tactical group of practitioners to develop the forces working practices. The force also has a Confidence and Satisfaction group that's ensures the force understands the reality of the service being delivered by the force. There is representation from the VCOP working group on the Confidence and Satisfaction Group to ensure communication and interaction. Both of these groups have representatives on the Crime and Ops Group and there is two way communication between the groups.

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:** ~~30<sup>th</sup> April 2017~~, ~~31<sup>st</sup> October 2017~~ Revised target date 1<sup>st</sup> July 2018

**Person Responsible:** ~~Jim Holyoak – Service Improvement Manager Inspector Horsfall OPCC and. CI Dan Eveleigh.~~

#### **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 February 2018:** A VCOP report is completed on every crime report recorded on Niche. This is a mandatory process which consists of the frequency and nature of contact with the victim. The needs assessment is based on a number of criteria, such as the nature of crime. There is an automated process which generates a priority status leading to increased contact for particular types of crime, for instance victims of domestic related offences or a younger person victim. The needs assessment will also be based on the specific circumstances of the offence and the victim i.e. if they are considered vulnerable and should be treated as a priority case with increased contact as a consequence.

AMBER

FUNDAMENTAL: 0

SIGNIFICANT: 2

HOUSEKEEPING: 2

**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~~ Revised target date 31<sup>st</sup> March 2019**

**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.

AMBER

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 February 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 TFC.

**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 February 2018:**

The latest local JML process was approved by Professional Standards Department PSD and is now live.

**PROPOSE CLOSED**

GREEN

**RISK MANAGEMENT**

**October 2017**

**FUNDAMENTAL: 0**

**SIGNIFICANT: 1**

**HOUSEKEEPING: 5**

#### **Housekeeping – Mitigating Actions and Risk Reviews 4.5**

When the risks are due for review, the additional control action owners should also be included to ensure these actions are updated.

The Risk & BC Advisor should undertake dip sampling on Risks to ensure risks are reviewed in line within agreed timescales, additional control actions are being updated and appropriate completion dates set and recorded in the system.

**Implementation Target Date:** 30<sup>th</sup> September 2017

**Person Responsible:** Laura Saunders - Risk & BC Advisor

**Initial Management Response:**

Agreed.

A communication will be sent to risk owners to ensure this element of Orchid is completed and updated when it is reviewed. Moreover a reminder of the dates for review will be sent.

Dip sampling will be completed in the short term to ensure compliance.

**Update November 2017:**

This was shared at the SORB (Strategic Organisational Risk Board) meeting held in August 2017. All risk owners and departmental SPOCs were sent an email in August 2017 providing this advice. Checks are being undertaken to ensure compliance with this advice. Completed.

**Update February 2018:**

Checks continue to be completed and compliance is being achieved. Where target dates are exceeded, risk owners are notified of the need to revise the dates.

**PROPOSE CLOSED**

GREEN



| AUDIT COMMITTEE EFFECTIVENESS |  | October 2017    |
|-------------------------------|--|-----------------|
| FUNDAMENTAL: 0                | SIGNIFICANT: 6   | HOUSEKEEPING: 2 |
| <b>AMBER</b>                  | <p><b><u>Significant - Assessment of the Effectiveness of the JARAP 4.1</u></b></p> <p>Actions identified following this review of the JARAP's effectiveness should be agreed and monitored at subsequent meetings via a standalone action plan.</p> <p>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.</p> <p>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.</p> <p><b>Implementation Target Date:</b> May 2018</p> <p><b>Person Responsible:</b> Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer TBA. – Chief Officer Paul Dawkins</p> <p><b>Initial Management Response:</b></p> <p>Agreed.</p> <p>The JARAP will set Aims and Objectives at the beginning of each year.</p> <p>The JARAP work plan will be updated to include an annual review of its own effectiveness and compared against its aims and objectives.</p> <p>(The non-panel contributors should be identified by position/post at this meeting).</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>This will be progressed when new OPCC CFO formally commences – Paul Dawkins.</p> |                 |
| <b>AMBER</b>                  | <p><b><u>Housekeeping – JARAP Terms of Reference 4.2</u></b></p> <p>The Terms of Reference for the JARAP should be reviewed, updated, agreed and uploaded to the website. The review should consider the following:</p> <ul style="list-style-type: none"> <li>• prescribing the requirement for an annual meeting with the auditors;</li> <li>• determining whether the Chair signs the minutes as a true representation of the meeting.</li> </ul> <p>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.</p> <p><b>Implementation Target Date:</b> 31<sup>st</sup> May 2018</p> <p><b>Person Responsible:</b> Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer TBA. – Chief Officer Paul Dawkins</p> <p><b>Initial Management Response:</b></p> <p>Agreed. Annual Meeting with the auditors scheduled for September annually.</p> <p>Signing of minutes will be reflected in the revised TOR.</p> <p>An annual report on sources of assurance from other forums will be produced.</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>This will be progressed when new OPCC CFO formally commences – Paul Dawkins.</p>   |                 |

|       |  |
|-------|--|
| AMBER | <p><b><u>Housekeeping – Administrative Support 4.4</u></b></p> <p>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.</p> <p><b>Implementation Target Date:</b> 31<sup>st</sup> March 2018</p> <p><b>Person Responsible:</b> Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer TBA. – Chief Officer Paul Dawkins</p> <p><b>Initial Management Response:</b></p> <p>Agreed. Additional Resources have been brought in to the OPCC to support the Joint Panel. These will be kept under review during 2017/18</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit report – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>This will be progressed when new OPCC CFO formally commences – Paul Dawkins.</p>   |
| AMBER | <p><b><u>Significant – Panel Induction Training 4.6</u></b></p> <p>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:</p> <ul style="list-style-type: none"> <li>a) their appointment and purpose;</li> <li>b) the support and training that they will receive;</li> <li>c) the commitment required;</li> <li>d) their remuneration;</li> <li>e) conflict of interest procedures;</li> <li>f) expected conduct;</li> <li>g) duration of appointment and how often it may be renewed; and</li> <li>h) how their individual performance will be appraised, including a clear understanding of what would be regarded as unsatisfactory performance.</li> </ul> <p><b>Implementation Target Date:</b> <del>31<sup>st</sup> December 2017</del> Revised target date 28<sup>th</sup> April 2018.</p> <p><b>Person Responsible:</b> Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer TBA. – Chief Officer Paul Dawkins /DCC/Laura Saunders - Business Risk and Continuity</p> <p><b>Initial Management Response:</b></p> <p>Agreed. A training plan will be produced for the new JARAP member and Chair</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit report – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>This will be progressed when new OPCC CFO formally commences – Paul Dawkins.</p> |

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:** 31<sup>st</sup> March 2018

**Person Responsible:** Luke Pulford - JARAP Chair/ OPCC Chief Finance Officer TBA. – Chief Officer Paul Dawkins /DCC/Laura Saunders - Business Risk and Continuity

**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.

AMBER

**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:** 31<sup>st</sup> 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:**

The JARAP chair has attended a CIPRA peer to peer event and has invited the Northamptonshire Police JARAP chair to attend a Leicestershire meeting to further peer to peer support within the region. The previous CFO did make contact with all other CFO’s within the region asking JARAP chairs to get in touch to develop a network for communication, however responses from other chairs in the region have not been forthcoming. Mazars have also previously discussed they are looking to organise regional events which would assist in taking this forward.

| COLLABORATION - OHU |   | November 2017   |
|---------------------|---|-----------------|
| FUNDAMENTAL: 0      | SIGNIFICANT: 0  | HOUSEKEEPING: 3 |
| <b>GREEN</b>        | <p><b><u>Housekeeping – Governance Structure 4.1</u></b></p> <p>The terms of reference for the SLT and Client Liaison Group should be updated to ensure consistency in the governance structure. These should include, but not be limited to:</p> <ul style="list-style-type: none"> <li>• Purpose</li> <li>• Scope</li> <li>• Membership</li> <li>• Decision making authority</li> <li>• Reporting Requirements</li> <li>• Frequency of meetings</li> <li>• Review</li> </ul> <p><b>Implementation Target Date:</b> 31<sup>st</sup> January 2018<br/> <b>Person Responsible:</b> Julie Feechan - Clinical Head of OHU<br/> <b>Initial Management Response:</b><br/> Agreed. As part of the document review these two will be reviewed, updated and presented at the next available meeting for approval.<br/> <b>Update November 2017:</b><br/> Recently finalised audit report – update to be provided at next JARAP meeting.<br/> <b>Update February 2018:</b><br/> Both TOR documents were discussed at the relevant SLT and CL Meeting and the changes were made . Action therefore closed. Julie Feechan – Clinical head of OHU</p> <p style="color: green; font-weight: bold; font-size: 1.2em;">PROPOSED CLOSED</p>   |                 |
| <b>AMBER</b>        | <p><b><u>Housekeeping – Performance Reporting 4.3</u></b></p> <p>The Unit should review the performance data included within the performance pack that is presented to the Board each quarter.</p> <p><b>Implementation Target Date:</b> <del>30<sup>th</sup> November 2017</del> Revised target date 28<sup>th</sup> April 2018<br/> <b>Person Responsible:</b> Julie Feechan - Clinical Head of OHU<br/> <b>Initial Management Response:</b><br/> Agreed.<br/> 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.<br/> <b>Update November 2017:</b><br/> Recently finalised audit report – update to be provided at next JARAP meeting.<br/> <b>Update February 2018:</b><br/> 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<br/> 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 April 2018. Julie Feechan – Clinical head of OHU</p> |                 |

| HEALTH AND SAFETY |   | November 2017   |
|-------------------|---|-----------------|
| FUNDAMENTAL: 1    | SIGNIFICANT: 8  | HOUSEKEEPING: 3 |
| <b>GREEN</b>      | <p><b><u>Significant – Roles and Responsibilities 4.1</u></b></p> <p>The HR department should liaise with the RMU to ensure job / role descriptions are updated to reflect the responsibilities set out in the updated Health and Safety Procedure document.<br/> <b>Implementation Target Date:</b> 30<sup>th</sup> April 2018<br/> <b>Person Responsible:</b> Alison Naylor HR Director and Peter Coogan Principal Health and Safety Advisor<br/> <b>Initial Management Response:</b><br/>           Job descriptions can be updated for police staff as part of the HAY re-evaluation. Only very general statements can be included, otherwise the role descriptions would become too long. Given other recommendations, the health and safety procedure will need to be rewritten in any case.<br/> <b>Update November 2017:</b><br/>           Recently finalised audit report – update to be provided at next JARAP meeting.<br/> <b>Update February 2018:</b><br/>           ACTION COMPLETED.<br/>           The Health and safety procedure has now been rewritten and was agreed at the Executive health and safety committee on 7th December 2017. Given that only very general statements can be added as indicated by HR’s response, it will not be possible to update role descriptions to reflect each requirement of the health and safety procedure. The requirements to undertake health and safety tasks as part of individuals’ roles are legal requirements which are over and above anything that can be added into a job description. The recommendation should be reconsidered.</p> <p style="color: green; font-size: 1.2em; font-weight: bold;">PROPOSED CLOSED</p> |                 |
| <b>AMBER</b>      | <p><b><u>Significant – Communication 4.2</u></b></p> <p>Once the new H&amp;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.<br/>           The new Health and Safety Policy and Procedure should be made available to all staff once it has been approved.<br/> <b>Implementation Target Date:</b> 30<sup>th</sup> April 2018<br/> <b>Person Responsible:</b> Peter Coogan Principal Health and Safety Advisor<br/> <b>Initial Management Response:</b><br/>           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.<br/> <b>Update November 2017:</b><br/>           Recently finalised audit report – update to be provided at next JARAP meeting.<br/> <b>Update February 2018:</b><br/>           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.</p> <p>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.</p>   |                 |

GREEN

**Significant – Health and Safety Projects 4.3**

The Projects Team should liaise with the RMU to ensure that all projects, which have been progressed prior to the new form being put in place, have had appropriate consultation to ensure health and safety requirements are being adequately addressed.

The Force should decide how cross departmental health and safety issues with regards to projects will be reported through the current governance structure.

**Implementation Target Date:** 30<sup>th</sup> April 2018

**Person Responsible:** C/Supt Adam Streets – Head of Corporate Services and Peter Coogan Principal Health and Safety Advisor

**Initial Management Response:**

The Principal Health and Safety Advisor is now invited to the Change Board.

Projects should be discussed through health and safety committees if they have ramifications on health and safety management.

**Update November 2017:**

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

**Update February 2018:**

ACTION COMPLETED.

The Executive Health and Safety Committee decided that it was reasonable to check projects from the beginning of the financial year. The Change Team Programme Manager has now analysed all projects undertaken from April 2017 onwards to make sure health and safety was considered or further action taken to resolve any areas not considered at the time.

The Change Team Programme Manager has looked into the issue of how we must manage cross departmental health and safety issues and has updated the mandate and business case forms so that they include health and safety considerations. The change team now check these documents when they're submitted to make sure that health and safety issues are appropriately dealt with.

The Principal Health and Safety Advisor is invited to the Change Board and receives all of the papers for the change board. He also attends specific project meetings such as recently the EPAC meeting and the related meeting held regarding shelving safety and loading.

**PROPOSED CLOSED**

AMBER

**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:** 30<sup>th</sup> April 2018 and 31<sup>st</sup> 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 – 30<sup>th</sup> 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 – 31<sup>st</sup> August 2018

**Update November 2017:**

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

**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.

|  |  |
|--|--|
| <p style="text-align: center;">AMBER</p> | <p><b><u>Housekeeping – Departmental improvement Plans 4.5</u></b></p> <p>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.</p> <p><b>Implementation Target Date:</b> 30<sup>th</sup> April 2018</p> <p><b>Person Responsible:</b> Peter Coogan Principal Health and Safety Advisor</p> <p><b>Initial Management Response:</b></p> <p>Agreed</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit report – update to be provided at next JARAP meeting</p> <p><b>Update February 2018:</b></p> <p>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.</p>  |
| <p style="text-align: center;">AMBER</p> | <p><b><u>Significant – Accident Reporting Procedure 4.6</u></b></p> <p>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.</p> <p>The procedure should be clearly communicated to staff via the intranet.</p> <p><b>Implementation Target Date:</b> 30<sup>th</sup> April 2018</p> <p><b>Person Responsible:</b> Peter Coogan Principal Health and Safety Advisor</p> <p><b>Initial Management Response:</b></p> <p>Agreed</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit report – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>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.</p>   |
| <p style="text-align: center;">AMBER</p> | <p><b><u>Significant – Accident Investigations 4.7</u></b></p> <p>The RMU should support the force in clearing the current backlog of accidents that have not been investigated.</p> <p>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.</p> <p><b>Implementation Target Date:</b> 31<sup>st</sup> July 2018</p> <p><b>Person Responsible:</b> Peter Coogan Principal Health and Safety Advisor</p> <p><b>Initial Management Response:</b></p> <p>This has already been completed.</p> <p>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.</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit report – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>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.</p> |



GREEN

#### **Significant – Risk Assessments 4.8**

The RMU should collate all existing risk assessments held at local levels and carry out a review to ensure they can put in place an efficient process to carry out timely reviews of risk assessments.

**Implementation Target Date:** 30<sup>th</sup> April 2018

**Person Responsible:** Peter Coogan Principal Health and Safety Advisor

#### **Initial Management Response:**

The observation of what the health and safety procedure requires the RMU to do regarding reviewing risk assessments is inaccurate.

The RMU will be working with managers to assist them to carry out timely reviews; they won't take on this duty from managers as this wouldn't reflect what is required by law.

We are able to collate local risk assessments.

#### **Update November 2017:**

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

#### **Update February 2018:**

ACTION COMPLETED

The orchid system has been reviewed as this was the library for risk assessments under the previous system. The risk assessment procedure was ratified by the Executive Health and Safety Committee in December and has been published.

**PROPOSED CLOSED**

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:** 30<sup>th</sup> April 2018

**Person Responsible:** Peter Coogan Principal Health and Safety Advisor

#### **Initial Management Response:**

Agreed

#### **Update November 2017:**

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

#### **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.

|       |   |
|-------|---|
| AMBER | <p><b><u>Housekeeping – Building Surveys 4.10</u></b></p> <p>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 &amp; Safety Procedure.</p> <p>Moreover, a process should be put in place to ensure the outcomes of the surveys are reported to the Local and Executive Health &amp; Safety Committee.</p> <p><b>Implementation Target Date:</b> 30<sup>th</sup> April 2018</p> <p><b>Person Responsible:</b> Peter Coogan Principal Health and Safety Advisor</p> <p><b>Initial Management Response:</b></p> <p>A timetable is already in place.</p> <p>Agreed.</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit report – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>This is being developed – work in progress.</p> |
| AMBER | <p><b><u>Housekeeping – RIDDOR Reporting 4.11</u></b></p> <p>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.</p> <p><b>Implementation Target Date:</b> 30<sup>th</sup> June 2018</p> <p><b>Person Responsible:</b> Peter Coogan Principal Health and Safety Advisor</p> <p><b>Initial Management Response:</b></p> <p>Agreed.</p> <p><b>Update November 2017:</b></p> <p>Recently finalised audit report – update to be provided at next JARAP meeting.</p> <p><b>Update February 2018:</b></p> <p>This is being developed – work in progress.</p>   |

### **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 30<sup>th</sup> 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 31<sup>st</sup> March 2019.
3. The provisions of training information to the Health & Safety Committees so they can ensure staff are encouraged to attend training – Agreed 30<sup>th</sup> 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 30<sup>th</sup> April 2018

**Implementation Target Date:** 30<sup>th</sup> April 2018 and 31<sup>st</sup> March 2019 – see above

**Person Responsible:** Peter Coogan Principal Health and Safety Advisor

#### **Initial Management Response:**

Agreed – see above numbered points

#### **Update November 2017:**

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

#### **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.

AMBER

| CORE FINANCIAL SYSTEMS |  | November 2017   |
|------------------------|--|-----------------|
| FUNDAMENTAL:           | SIGNIFICANT: 3   | HOUSEKEEPING: 0 |
| GREEN                  | <p><b><u>Significant – New and Amended Supplier Anti-Fraud Checks 4.1</u></b></p> <p>The Force should review the requirements for the anti-fraud checks on new and amended supplier details. Consideration should be given to completing anti-fraud checks on all companies that are invoicing the Force, rather than only “Trade Suppliers”.</p> <p><b>Implementation Target Date:</b> 31<sup>st</sup> December 2017</p> <p><b>Person Responsible:</b> Samantha Lamb Finance Manager</p> <p><b>Initial Management Response:</b></p> <p>The new Supplier Set Up procedure will be amended to clarify that the ‘anti-fraud’ checks need to be completed for all new suppliers, except for specials and Doctors.</p> <p><b>Update February 2018:</b></p> <p>The new Supplier Set up procedure was amended and distributed to the appropriate staff on 27<sup>th</sup> November 2017. <b>Completed.</b></p> <p style="text-align: center; color: green; font-weight: bold; font-size: 1.2em;">PROPOSED CLOSED</p> |                 |
| AMBER                  | <p><b><u>Significant – Authorisation of Payments 4.2</u></b></p> <p>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.</p> <p><b>Implementation Target Date:</b> 31<sup>st</sup> March 2018</p> <p><b>Person Responsible:</b> Samantha Lamb Finance Manager</p> <p><b>Initial Management Response:</b></p> <p>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.</p> <p><b>Update February 2018:</b></p> <p>The Agresso consultant is scheduled to be on site during February, when the above will be reviewed.</p>  |                 |

GREEN

**Significant – Credit Note Supporting Documentation 4.3**

Credit Notes should be accompanied with the appropriate supporting documentation to confirm the reason and value of the credit note being issued. This information should be available for the authorising officer to review to approve the issue of the credit note and should not be approved until this information is attached.

**Implementation Target Date:** 30<sup>th</sup> November 2017

**Person Responsible:** Samantha Lamb Finance Manager

**Initial Management Response:**

Agreed. All staff with the facility to raise Credit Notes will be reminded of the need to attach supporting documentation.

**Update February 2018:**

An email was issued on 27<sup>th</sup> November 2017 remaining all appropriate staff to attach supporting documentation to all credit notes and they should not be approved if this information is missing. Completed.

**PROPOSED CLOSED****ESTATES MANAGEMENT**

December 2017

**FUNDAMENTAL:****SIGNIFICANT: 0****HOUSEKEEPING: 2**

GREEN

**Housekeeping – Stock Condition Survey Schedule 4.1**

The timetable for planned maintenance surveys which is currently being produced should be completed and populated to clearly identify when each site/building is due to be surveyed. This should schedule the review of all of the estate before the end of 2018, as the last set of stock condition surveys were completed in 2015. This should then allow the estate to be split into two groups, which should be surveyed on an alternating annual programme.

**Implementation Target Date:** Completed

**Person Responsible:** Andrew Wroe – Head of Estates

**Initial Management Response:**

Fully accept this needed completing. We have completed the schedule and dates are in the surveyors diaries.

**PROPOSED CLOSED**

|       |  |                              |                               |
|-------|--|------------------------------|-------------------------------|
| AMBER | <p><b><u>Housekeeping – Standing Orders Update 4.2</u></b></p> <p>The Standing Orders should be updated to reflect the change in procedure with regards to quotes obtained by the Estates Team.</p> <p><b>Implementation Target Date:</b> not stated<br/> <b>Person Responsible:</b> Nimisha Padhiar OPCC - Assurance Officer TBC</p> <p><b>Initial Management Response:</b></p> <p>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.</p> <p><b>Update February 2018:</b></p> <p>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.</p>   |                              |                               |
|       | <p><b>PAYROLL</b></p>  |                              | <p><b>December 2017</b></p>   |
|       | <p><b>FUNDAMENTAL:</b></p>   | <p><b>SIGNIFICANT: 3</b></p> | <p><b>HOUSEKEEPING: 1</b></p> |
| GREEN | <p><b><u>Significant – Kier BACs Report 4.1</u></b></p> <p>The Payroll Department should determine the use to which the BACS payroll report is to be made, ensuring that the information contained is correct and reflects the payment period.</p> <p><b>Implementation Target Date:</b> Completed 1<sup>st</sup> December 2017<br/> <b>Person Responsible:</b> Alice Davis - Payroll Services Manager</p> <p><b>Initial Management Response:</b></p> <p>Going forwards the Assistant Payroll Manager will check to ensure that the BACS payroll report is for the correct period and dated correctly.</p> <p><b>Update February 2018:</b></p> <p>Completed 1<sup>st</sup> December 2017</p> <p><b>PROPOSED CLOSED</b></p>   |                              |                               |
|       | <p><b><u>Significant – Selima Ustr Access 4.2</u></b></p> <p>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.</p> <p><b>Implementation Target Date:</b> Completed 1<sup>st</sup> December 2017. Expected completion by: 31<sup>st</sup> Dec 17 – Kier Business Services. Revised target date 28<sup>th</sup> April 2018.<br/> <b>Person Responsible:</b> Alice Davis - Payroll Services Manager.</p> <p><b>Initial Management Response:</b></p> <p>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.</p> <p><b>Update February 2018:</b></p> <p>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.</p> <p>As the Force is currently transitioning to a new payroll system from April 2018 this will be picked up as part of the implementation.</p> |                              |                               |
| AMBER |  |                              |                               |

|       |   |
|-------|---|
| GREEN | <p><b><u>Housekeeping – Expenses 4.3</u></b></p> <p>The Force should ensure that all forms are countersigned as per the EMSOU practice. Where the forms are not countersigned, they should be rejected and returned to be signed.</p> <p><b>Implementation Target Date:</b> 31<sup>st</sup> December 2017</p> <p><b>Person Responsible:</b> Finance Operations Team Leader [name?] Alice Davis - Payroll Services Manager.</p> <p><b>Initial Management Response:</b></p> <p>The Finance Operations Team will be reminded of the need to ensure that all EMSOU overtime forms submitted for payment are countersigned.</p> <p><b>Update February 2018:</b></p> <p>An appropriate reminder has been shared with the Finance Operations Team. This action can be closed</p> <p><b>PROPOSED CLOSED</b></p>   |
| GREEN | <p><b><u>Significant – Expenses 4.4</u></b></p> <p>Staff should be reminded that where PIM Request forms are submitted to the Payroll Department with inaccurate or missing information, these should be returned to the EMSHRC for re-issue prior to input on to the system. Where calculations are required, staff should ensure the supporting documentation is with the PIM Request form. Upon the leaver leaving, staff should undertake a reconciliation of the BACs report to the Payroll Payment report to ensure closure of the timesheet and removal from the Payroll BACs report.</p> <p><b>Implementation Target Date:</b> Completed 1<sup>st</sup> Dec 17 – Alice Davis. Kier have logged this with the systems team – 31<sup>st</sup> Jan 17</p> <p><b>Person Responsible:</b> Alice Davis - Payroll Services Manager and Kier</p> <p><b>Initial Management Response:</b></p> <p>The HRSC use the national spine points for scales i.e. 0-7 and Selima uses 1-8 as explained to the auditor hence the differences. The payroll team have been asked to keep the calculations with the PIM form going forward. The exception reports highlight if a payment has been made to a leaver &amp; it usually more than a 30% difference so would also appear on the rule infringements. A call has been logged about the timesheet being created in the following months and Kier are investigating.</p> <p><b>Update February 2018:</b></p> <p>The BACS report and Payroll Payment report are now being reviewed as part of the monthly payroll cycle. Calculations (where required) are now being filed with the PIM Forms. This action can be closed.</p> <p><b>PROPOSED CLOSED</b></p> |
|       |   |
|       | <b>END</b>  |