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



Subject INTERNAL AUDIT RECOMMENDATIONS AND TRACKING

Date OCTOBER 2021

Author: INSPECTORATE – ROY MOLLETT

Brief Background

 Mazars Auditors undertake a commissioned annual programme of internal audits; for 2020-21 the following areas are subject of external scrutiny:

Core Financial Systems Leadership & Management Development

Code of Governance Recruitment

Payroll Workforce Wellbeing and Absence Management

Strategic & Operational Risk Procurement
Fleet Management Estates
General Data Protection Vetting

Purpose of Report

- 2. The following report provides the Board with update progress responses from business owners in relation to recommendations made so far by external auditors Mazars.
- Recommendations are reported in terms of risk/priority such as, Fundamental, Significant and Housekeeping by Mazars; these are indicated in Appendix A below.
- 4. The following table illustrates the number of outstanding/progressing and completed proposed closed Fundamental, Significant and Housekeeping recommendations for the Mazar's audits for this reporting period:

		Remaining		Completed and			
Risk/Priority of Recommendation	RED	AMBER	GREEN	Proposed Closed	Not Adopted proposed closed	Total	
Fundamental	3	.=	U.E.	2	. ≡ /.	3	
Significant	,=,:	10	t. =	1	-	10	
Housekeeping	-	æ	7	4	-	7	
Total	3	10	7	7		20	

5. There are 7 recommendations proposed closed for this reporting period, which is significant given the challenging environment the Covid-19 pandemic has presented over the last 18 months. Any delay in the progressive development action required has been minimised or mitigated as much as possible.

Audit Title	Risk	Section Reference	Proposed Closed	Page
Seized and Found Property	Fundamental	4.1 Missing Firearm	Yes	5-6
GDPR	Fundamental	4.1 Implementation of Action Plan	Yes	9-10
Workforce Wellbeing	Housekeeping	4.3 Oscar Kilo's Blue Light Framework	Yes	16
Workforce Planning	Significant	4.2 Learning Needs Analysis	Yes	18
Payroll provider	Housekeeping	4.3 Quarterly KPI Accuracy	Yes	18-19
VCoP	Housekeeping	4.1 VCoP Delivery Group Terms of Reference	Yes	19-20
"	Housekeeping	4.3 Victim Closing Table	Yes	20-21

- 6. The following criteria in terms of reporting to JARAP have previously been agreed:
 - (a) Reporting to JARAP

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

- (b) Any audits graded Limited Assurance or below Whole audit report submitted with attendance by a representative from the service area.
- (c) A short annual report from Mazars on progress against the 'housekeeping' recommendations.
- (d) 'Housekeeping' recommendations that are tracked and considered for closure by the force Strategic Performance Delivery Group SPDG are listed in a separate table at the end of Appendix A. This ensures JARAP do not lose sight of the outcome for those recommendations where the force receives an assurance grading of 'Satisfactory' or above.
- (e) To close a recommendation that has been 'proposed closed' the update should state:
 - i. That the recommendation has been implemented.
 - ii. Evidence to prove that it is working successfully (facts and figures on dip-sampling etc).

Recommendation

- 7. For the Panel to note the attached summary risk and action update on progress responses from business owners against each respective audit recommendation thus far at **Appendix A** below.
- 8. For the Panel to note those actions proposed closed and to confirm that they are in agreement for them to be closed and removed from future tracking reports.

Implications

Financial: None

Legal: None

Equality Impact Assessment: None

Risks and Impact: Risk to efficiency and effectiveness of business

functions where agreed recommendations are not

implemented in a timely manner.

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

functions.

List of Appendices

Appendix A Internal Audit Tracker - This provides the business owner updates and is part of this document

Person to Contact

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APPENDIX A

• MAZARS AUDIT
Recommendations October 2021
JARAP Progress Updates

• Audit Risk & Action

		RISK LEVEL	FUNDAMENTAL		SIGNIFICANT		LOW Housekeeping	
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Audit Title	Ri sk	Threat to Delivering	Recommendatio n Reference	Business Owner Update / Action Plan - May 2020
SEIZED & FOUND PROPERTY LIMITED ASSURANCE March 2018		Improved Management Decision Making	4.1 Missing Firearm	Fundamental Recommendation: Where missing firearms are identified and are being investigated, the property management system should be updated to reflect this. Management should investigate the location of the other missing firearm, update the property management system and review the reason for the discrepancy. Important context within the management response - One identified firearm (of 2 highlighted) - KiM had not been updated to reflect a new OIC, and the reason for removal from the temp store. This discrepancy would have been found by the monthly diarised internal audit process and rectified. The second firearm was a BB gun. It was transferred to the main store at Keyham Lane and disposed of using the gun cutter on 7th Nov. KiM had not been updated, this issue has been raised with the couriers and property team. The process has now been reviewed and tightened where necessary. Original Audit report: Leics Seized and Found Property Final

			- Is
			> Regular audits have been undertaken with positive assurance received that no further missing items were identified – COMPLETED
			> A rolling training program has been in place since November 2019, overseen by the Manager of the Property and Archives Team – COMPLETED
			> New online guidance provided for all personnel on a 24/7 basis; plus an online learning portal that is live and available for all personnel – COMPLETED
			> An upgrade to the NICHE crime database has been delivered as outlined in past updates. This has unlocked the opportunity to explore further analytical innovation opportunities – COMPLETED
			Seized Property is scheduled to be audited within the 2021-22 programme year, in November 2021; therefore, this aspect will again be scrutinised through a revisit review audit under the scope and terms of reference for the audit.
			Following report submitted for consideration:
			BC4 Property APeplow.doc
			<u>Please Note</u> : The Force Property function will be audited by Mazars in November 2021 and the auditor will revisit previous audit recommendations to ensure they have been implemented.
			PROPOSED CLOSED
			Note: Agreed closed at the Strategic Organisational Risk Board SORB on the 29th September 2021
FLEET MANAGEMENT	Improved Management	4.2 Sample Check of Service Details	<u>Historical Progress September 2018 – September 2021:</u> The Force IT department has successfully rebuilt the computer system server housing the Tranman program software which is a crucial component in facilitating the future fleet system upgrade.
SATISFACTORY ASSURANCE September 2018	Decision Making		The fleet senior management team have met with the Civica development team to project plan the significant pieces of necessary work identifying those critical milestones that have to be met sequentially for successful implementation.
September 2016			The server upgrade for the Tranman system was carried out on the 22nd February 2021. This has secured the safe operation of the system for many years.
			Progress Update October 2021:
			Remaining Development Required and Project Milestones: RELEASE OF VERSION 9 OF TRANMAN
			Currently using release 8 which is now not supported by the supplier and outdated technology.
			Tranman Release 9 has a much improved interface, this allows improvement to data recording, storage and searchability. Efficiency and effectiveness will be improved through improved service centre management information.
			There have been some challenges in loading the test environment of release 9 onto PC's.

now active on TU PC's

User Acceptance Testing UAT to be carried out from 20 Sep to 11 October. Enhancements/changes an additional 3 weeks

Target Release of Tranman: November 2021

Identified risks and challenges - IT resource and TU resource to support the changes and User Acceptance Training UAT

SCHEDULER

- The revised scheduler system will allow vehicles to be scheduled for their planned maintenance based on mileage information derived from iR3 thereby ensuring that the prescribed service intervals are adhered to
- Currently the TU runs an alert system which does not allow forward planning and does not provide users with advanced warning of vehicles being required for maintenance. Clearly the new scheduler will resolve these challenges.
- In addition the new scheduler will enable forward planning, and service plans to be issued to users; the monitoring of work in progress and adherence to repair times.

Tasks to be completed:

- Scheduler data load to Tranman by TU
- User Acceptance testing UAT
- Test system run
- Implementation

Preliminary work completed to create vehicle service schedules

Target Go live date: March 2022

Identified risks and challenges

- Identifying vehicles with lost tracking, and conversion to Astra box system. Service scheduler
 operation within Tranman is dependent on conversion to the new Astra box tracking system and
 new iR3. There have been a number of challenges with the trackers and iR3 which has delayed
 the roll out. Resolution of some of these are still ongoing.
- Conversion of HUF boxes to Astra box Costs for fitting of the tracking system have increased from £30k to £50k. Suitable labour is becoming more difficult to secure.
- Resolution of iR3 issues working with LBA/IT/C/Insp Project Support

ELECTRONIC TABLETS

- Follows the timing of the scheduler
- Additional Admin support needed to come from TU office admin staff

Project milestones:

Activity	Involved	Start Date	Target Date

			Schedules to be loaded to		0.0 2020	Support from Civica has to be
			Tranman	NC	Nov 2021	requested and scheduled
			Test environment to be created by Civica	Civica	Dec 2021	December 2021
			User Acceptance testing UAT of schedules	TU/Civica	Dec 21 – Feb 22	Test schedules to be created. Scheduler cannot be launched until Astra conversion is complete
			Astra box fit	TU	Oct 21 – Jan 22	Dependant on constant support being secured – 2 full time fitters
			Scheduler launch	TU/Civica	Mar 2022	
			ELECTRONIC TABLETS			
			Electronic tablets will follow			
			the same timing path as			
			above		l.	
			adhered to. 3. Mileage data from fuel of MUST be supplied to the HUF Boxes on old iR3 s	n be mileage trace plied to the cars due in – these <u>M</u> cards utilised to it e cashier for acce till reporting will a	ked on new iR3 ar interior after each <u>UST</u> be checked a dentify service mile urate mileage data appear on the serv	nd called in for service. service identifying the next s part of daily vehicle check and eage points. Correct mileage . ice alert system on old iR3.
			Using the above four data source Messages have been published		75.00 m	*
			personnel to follow the above in			
"	Improved Management Decision Making	4.4 Performance Indicators	card processes and performanc	developments behicle Fleet and e reporting via the	eing completed wi the team to delive ne Tranman syster	thin 4.2. r improved service scheduling, job n.
_			Civica, the supplier of the Trann turned out to be a more complex			

			The work is ongoing in tandem with 4.2 above and the target date for completion is six months following the completion of 4.2 above. This area of work relies on completion of 4.2 the previous recommendation in relation to the scheduling work. Target 'Go Live' date March 2022 – Nick Carvell Head of Fleet
GENERAL DATA PROTECTION REGULATION (GDPR)	Information Asset Register Information Security	4.1 Implementation of Action Plan	<u>Historical Progress February 2019 – February 2021:</u> Leicestershire Police continue to make notable inroads into this recommendation; and this has included monetary investment to enable a digital asset register provided by a 3 rd party supplier. In addition, Leicestershire Police has funded the creation of a bespoke records management team that is responsible for delivering this recommendation.
	Security		Progress to date has been considerable and the following has so far been achieved:
SATISFACTORY ASSURANCE February 2019			The Information Asset Register has been redesigned to ensure that it can robustly manage assets and identify information risk. This will allow appointed asset owners the ability to understand the risk they carry in relation to their assets at any time.
852			Four major information assets have been identified as suitable for archiving / deletion with operationally relevant data being back record converted onto the NICHE crime database.
			3. An Information Asset Register currently exists for the Specialist Support Directorate for both operational and non-operational assets. The Head of SSD has been briefed and all appointed business owners within SSD can now monitor their information risk.
			4. Since the last update there has been a change in direction in relation to the Information Asset Owner IAO process. The Head of Information Management and the Information Manager met with ACC Kerry Smith and DCC Nixon on the 3rd February 2021 to discuss Information Asset ownership. During this meeting it was proposed by ACC Smith and the DCC that the Information Assets should be owned at a Corporate level within Corporate Services. The overall responsibility and accountability for the risk management of the Information Assets would be managed within Corporate Services rather than the business system owners (heads of directorates).
			Remaining Development and Project Milestones:
			In summary the decision going forward is that all Force Information Assets will be owned by Corporate Services instead of being allocated an Information Asset Owner/Business Owner.
			The creation of the information asset register for the Local Policing Directorate LPD is a significant undertaking and, when combined with the SSD register, will see at least two-thirds of our operational assets contained on the register.
			Once completed, work will then begin on the CAID information asset register.
			'What the future looks like' was covered during the asset management system presentation delivered to the Corporate Services Board on the 25 th May.

			Within the next 12-18 months the outlined plan is to have recorded the information assets for remaining areas across the Force commencing with the Local Policing Directorate LPD. As stage 4 is still being worked through and due to other records management demands the following target dates take this in to consideration: • LPD – completed within the next 6 months – target end date Dec 2021 • CAID – target end date June 2022 • Rest of the Force – target end date Dec 2022 It is anticipated that it will not take the full 6 months to complete the process with each directorate which in turn should bring forward the overall completion target date which is currently December 2022. Progress Update October 2021: As part of the Internal Audit Plan for 2020/21 for the Office of the Police and Crime Commissioner for Leicestershire (OPCC) and Leicestershire Police, the auditors undertook a follow-up review of GDPR compliance at the Force which has included an update of the assurance of the control effectiveness in the environment and an update on recommendations made in our previous review in 2018. The overall the final audit report awarded 'Significant Assurance' with no recommendations and stated – "As recommended, the organisation has completed the implementation of its Data Protection Action Plan which is now operating in a 'Business as Usual' mode''. Final 'Follow Up' report embedded here: Leicestershire - GDPR Follow Up' report embedded here:
RECRUITMENT 2019	Improved Management Decision Making	4.3 Reporting of all agreed KPIs	Historical Progress September 2019 – August 2021: The challenges around the working environment surrounding the COVID-19 pandemic has meant that many of the Human Resources Service Centre HRSC projects were delayed or put on hold in order for the department to concentrate on other priorities related to the impact of COVID-19.
SATISFACTORY ASSURANCE September 2019			The Head of HRSC reported to the Management Board on 26 th March 2021 where a business case was proposed for the board to consider in relation to funding some additional work around reporting which the department has been unable to complete over the last 12 months due to the pandemic. A copy of the report and meeting minutes are provided here:
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The additional funding proposed was not agreed by the board, however, the Head of HR Derbyshire and HR Director for Leicestershire have agreed to meet to discuss the matter further.

Remaining Development Required and Project Milestones:

A broad review is underway of HR Service Centre processes at the request of the Management Board. The head of department is looking to bring additional 'Transactional' work into the HRSC over the next 6 months.

There are still pockets of transactional work which was not initially in scope which now need to come into the HRSC.

In addition, the work around reporting is continuing and head of HRSC has been tasked to prioritise reporting over the coming months.

The head of HRSC has confirmed that the department is continuing to provide recruitment services to both Derbyshire and Leicestershire forces in line with their current recruitment plans.

<u>Force</u>: The force has requested a position statement in relation to those projects both on hold and progressing. The statement should outline in detail the objectives, anticipated impact and desired outcomes for Leicestershire Police.

<u>Progress Update October 2021</u>: Currently Key Performance Indicators KPI's are reported twice annually via the HRSC Managed Board. The recommendation from the audit report was for the HRSC to provide agreed KPI's on a regular basis and the Human Resources Service Centre HRSC has been working to find a solution, however efforts have been hampered over the last 18 months by the additional work the team has been required to undertake during the pandemic. The additional work, coupled with losing two key members of the team has resulted in some pieces of work being delayed.

The Head of the Human Resources Service Centre HRSC completely agrees with the audit report recommendation to provide regular KPI data, however the amount of time it currently takes to compile the data would mean a fulltime role is required for this purpose and that does not under current circumstances appear to be value for money.

The underlying reason for this complexity in extracting data is the way in which the system stores the data and the format of the extracted data, as it requires considerable manipulation to reflect the KPI's in the SLA. This is compounded by the fact that in some cases they are not able to extract the basic data required.

The Head of the Human Resources Service Centre HRSC is liaising with the system supplier again to press for a resolution which will allow the department to report on the KPI's without having to spend an inordinate amount of time and effort trying to understand the data. Disappointingly, the

			In terms of the due to some redepartment ha	process review, this work i	s progress irrent pand orce that e	sing, albeit it slower than planned. Again, this is demic situation. However, the head of very effort is being made to have this piece of nuary 2022.
WORKFORCE WELLBEING & ABSENCE MANAGEMENT SATISFACTORY ASSURANCE September 2019	Improved understanding and Compliance	4.1 Review of Policies and Procedures	Historical Production outstanding For encouraging the forward and an index delay due to the enable complete Progress Upper procedures are high-quality set The following the procedure: Relates to Weight	orces September 2019 – orce procedures – of the originat 15 or 88% have now been at 15 or 88% have now been enough the covidence of publication and the covidence see specific to the covidence of the covidence of the covidence of the people of Leice the covidence of the people of Leice the covidence of the covid	March 202 ginal 17 pi en reviewe n, albeit the l Legislativ ipdate in to ce recogn his we der ster, Leice tus update	21: The following table depicts progress with the rocedures for review/refresh it is very ed/refreshed. The remainder have moved ey remain outstanding as there has been some ve Compliance Pack LCP requirements to able below. ises that it is important to ensure policies and monstrate support for our staff in delivering a
			Туре	Title of Policy, Procedure, Form	Date of next review	Update
			Procedure	Police Officer Misconduct, Unsatisfactory Performance and Attendance Management (Home Office guidance)	Dec 19	Police Officer Misconduct Procedure is owned by PSD and is updated on their intranet. In the process of being published awaiting completion of the Equality Impact Assessment – end October 2021 Police Officer Unsatisfactory Performance and Attendance is now being reviewed and following this will move to consultation but the current procedure is still appropriate for use – end October 2021
			Procedure	HR Police Staff III Health Retirement	Mar 20	Legislative Compliance Packs LCPs being finalised and will be published this month - end October.
VETTING SATISFACTORY ASSURANCE February 2021	Personnel support thorough guidance	4.1 Internal Vetting guidance	should be com Initial Manage Completion of	pleted by the Force. ement Response:	ard Operat	on of the new vetting system, the user guide ing Procedures is subject to successful on-

		7	Target date: End February 2022 - Mandy Bogle-Reilly (Security Vetting Manager) supported by Angela Cooper (Trainer and Snr Vetting Officer)
			<u>Progress Update October 2021</u> : The Project to manage migration to the new vetting administration system Corevet is still in progress. Development of the Standard Operating Procedures SOPs and User Guides will be included as part of the on-boarding process.
			The Vetting Unit is currently awaiting the final contract sign off for procurement of Corevet. Once finalised, BRC migration scoping will commence (by end Sept 2021) and commence system training (anticipated November 2021). Once training is complete and Corevet successfully on-boarded, the in-house training pack will be produced and published widely across the force.
"	Performance monitoring	4.3 Performance reporting	<u>Significant Recommendation:</u> The Force should ensure that performance information is produced for Vetting, with consideration made to enhancing the data that is included within the performance indicators.
			The vetting performance information that is produced should be presented at the Professional Standards Department (PSD) Senior Management Team (SMT) meetings.
			Examples of further indicators that will enhance the reporting are:
			- The number of cases received in the month
			- The number of cases processed in the month
			- The % of renewals processed prior to the expiry date
			- Exception reporting on significant outliers in cycle / touch time
			- The proportion of each type of vetting case received within the month
			- The turnaround time on vetting appeals that are processed.
			Management Response: Currently, MI reporting responsibility sits outside of the Vetting unit and therefore is not within the direct control of the Security Vetting Manager. 1) Outstanding PSD performance reports for March 2020 – January 2021 have been obtained since the draft audit report was received. COMPLETED - Outstanding PSD Performance pack was obtained on the 8 th February 2021 - Supt Rich Ward
			2) In line with the audit recommendations, the reporting categories and KPI's are to be reviewed by the Security Vetting Manager who will act as Subject Matter Expert to the SSD Performance Analyst lead, for the development of a Strategic and Operational Vetting dashboard. Target Date: End March 2022 - Mandy Bogle-Reilly (Security Vetting Manager)
			July 2021: The Project to manage migration to Corevet is still in progress. The Head of Vetting has made early engagement with the Chief Inspector Performance within Corporate Services and the Power BI team, who have recommended that the provision of their analytical support for the

					new vetting dashboard sho ports are available.	uld be del	ayed until Co	prevet is fully on-boarded and the full
			da	ate for fully		2022. Onc	e successfull	contract sign-off for Corevet. Target y on-boarded, engagement can aboard.
WELLBEING SATISFACTORY ASSURANCE February 2021	Improved understanding and Compliance	4.1 Review of Policies and Procedures	th sh Th	rough our re nould be rev he Force sh	eview; the tracking of previous eviewed and updated.	ous recom	nmendation; a ures are revi	ave been identified as out of date and, the SORB monitoring activity ewed regularly; and, that this is noted
			ra wi su kil	inge of polici ill be moved uggested re- lter with cur	cies, procedures and guidar I forwards and the docume	nce is a hunt which of are still be to provide	uge task due confirms what eing worked o e some reass	ted and the progression of the full to the sheer number of these. They stage they are at will be updated as on. None of the procedures are out of urance.
			<u>Background context provided in July 2021:</u> Due to the number of Policies and Procedures held on directorate/departmental websites as well as the force document library the process of reconciliation of all the Policies and Procedures has over time become overly complex and lengthy.					
			fo po er	to one docu or this new d olicy and pro	ument, containing the Policy locument have now been co ocedure. This will make the there is no confusion amor	with Proceed whole proceed with the wind with the windle proceed with the windle w	cedural appe d department ocess more e	g to move Policies and Procedures ndices where necessary. Templates is have now started amalgamating efficient and effective, whilst also the case previously with singular
			pr He pr Pr	ocedures in owever, the ocedures the	n general over the last twelver force recognises that there that have during 2020 becor ctively being tracked through	ve to eight e are a nu me overdu	een months. mber of Hum ie.	an Resources related policies and meetings where progress is a
			33	Туре	Title of Policy, Procedure, Form	Date of next review	Update	Туре
			5	Procedure	Redeployment as a Reasonable Adjustment; Police Staff	Nov, 20	Very Overdue	Currently being reviewed

			Procedure	Sick Pay including Extension Framework; Police Officers	Nov, 20	Very Overdue	Currently being reviewed
			Procedure	Sick Pay including Extension Framework; Police Officers	Nov, 20	Very Overdue	Currently being reviewed
			Procedure	Honoraria; Police Staff	Sep, 20	Very Overdue	Currently being reviewed
			Procedure	Unsatisfactory Attendance; Police Officers	Sep, 20	Very Overdue	Currently being reviewed
			Procedure	Unsatisfactory Performance; Police Officers	Sep, 20	Very Overdue	Currently being reviewed
			Procedure	Work Experience	Dec, 19	Very Overdue	Currently being reviewed
			Procedure	III Health Retirement; Police Staff	Mar, 20	Very Overdue	Reviewed - LCP being completed – end of October
			Procedure	Acting Up and Temporary Promotion (Police Staff)	Jun, 20	Very Overdue	Currently being reviewed
			Policy	Pay, Pensions and Benefits	Jun, 20	Very Overdue	Reviewed - LCP Completed
			Policy	Performance and Development	Jun, 20	Very Overdue	Reviewed - LCP Completed
			Policy	Recruitment, Development and Planning	Jun, 20	Very Overdue	Reviewed - LCP Completed
			Policy	Health and Wellbeing	Jun, 20	Very Overdue	Reviewed - LCP Completed
			Procedure	Career Break; Police Officers	Jul, 20	Very Overdue	Currently being reviewed
			Policy	Leave	Aug, 20	Very Overdue	Reviewed - LCP Completed
	Monitoring and	4.2 Povious of	processes and opportune mythole process December 2 Progress Up Procedures a across the for Rutland LLR	nd practices around force potential to apply some of the ss more efficient and effective of the polygon of the polygon of the polygon of the polygon of the process of the polygon of the	olicies and designed ve in supp e Policies e review p lity of sen	d procedures I development porting person are now put process to ensertice to the person	progressing in relation to the The force recognises that this is an ant and improvement work to make the nnel across the force. Target Date: Dished as shown in the table above, sure that they support personnel cople of Leicester, Leicestershire and
iii	Monitoring and governance	4.2 Review of Thematic Data and Data Analysis	<u>Significant Recommendation:</u> The Force should ensure that data, outlined on each working group's Plan on a Page, is being reviewed regularly and that any data analysis requested is being carried out effectively and shared with all relevant governance bodies.				

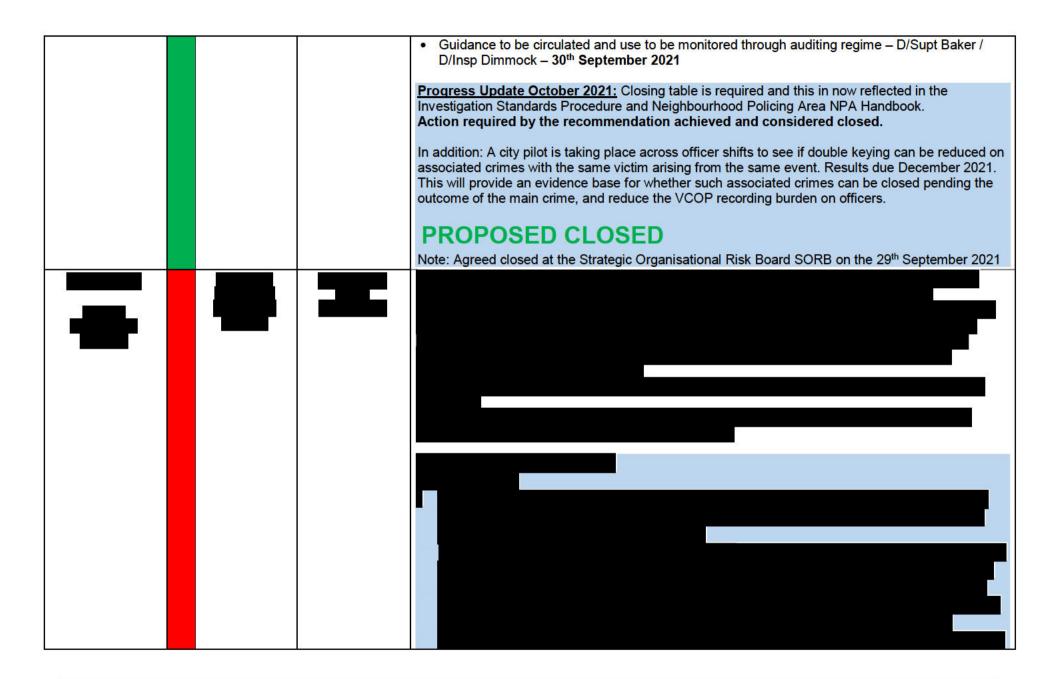
			Progress Update October 2021: The 5 Wellbeing Boards are developing data analysis against their plans and to also incorporate the benefits assessment of initiatives and working practices alongside a more developed wellbeing assessment of the Force. There are data packs for the Wellbeing Board for Mental Health and Physical Health Data. These are produced by HR until such time as the Power BI work is moved forwards which is looking to develop the overall workforce strategic wellbeing assessment. The Power BI team are developing the GAIN model so that a workforce assessment will be undertaken to measure overall workforce wellbeing. The last update in August confirmed this would be available for the September Force PDG. Target date: Full implementation by December 2021.
"	Self- assessment against national standard	4.3 Oscar Kilo's Blue Light Framework	Housekeeping Recommendation: The Force should complete the Oscar Kilo OK Blue Light Framework BLF in full and engage with EMCHRS-OHU for input where necessary. Initial Management response: The OHU team are engaged and the completion of the Blue Light Framework will be achieved by July 2021 and thereafter be reviewed regularly. Progress Update October 2021: Blue Light Audit Action - Total Framework is 100% completed with 82% fully developed and the remainder considered in development. The Wellbeing Leadership Board will continue to monitor this as it is a living assessment framework and therefore the percentage developed is likely to continue change over time. This is now considered business as usual with oversight and governance by the Wellbeing Leadership Board – now considered completed - Senior HR Business Partner PROPOSED CLOSED Note: Agreed closed at the Strategic Organisational Risk Board SORB on the 29th September 2021
WORKFORCE PLANNUING SATISFACTORY ASSURANCE May 2021	Resource Mapping	4.1 Key roles mapping	Significant Recommendation: The Force should complete a mapping exercise and produce a centralised log of all key staff roles across the organisation, including non-leadership roles which are critical or specialised. Alongside this exercise, individuals who are able to assume these positions in a short / medium / long term capacity should be highlighted. Initial Management response: Accepted. It is noted the observation is in relation to staff roles. The Force has a relatively flat hierarchy for staff roles typified by significant distance between roles at a senior level. The Force will create a framework for succession planning that will identify the scope of senior and other critical roles. The framework will identify for each role individuals capable to step in on a short term/emergency cover basis, and those who are anticipated to be ready in medium and longer timeframe. This will allow for targeted development and plans to manage where succession gaps are evident – ACO HR Alastair Kelly Target Date: October 2021

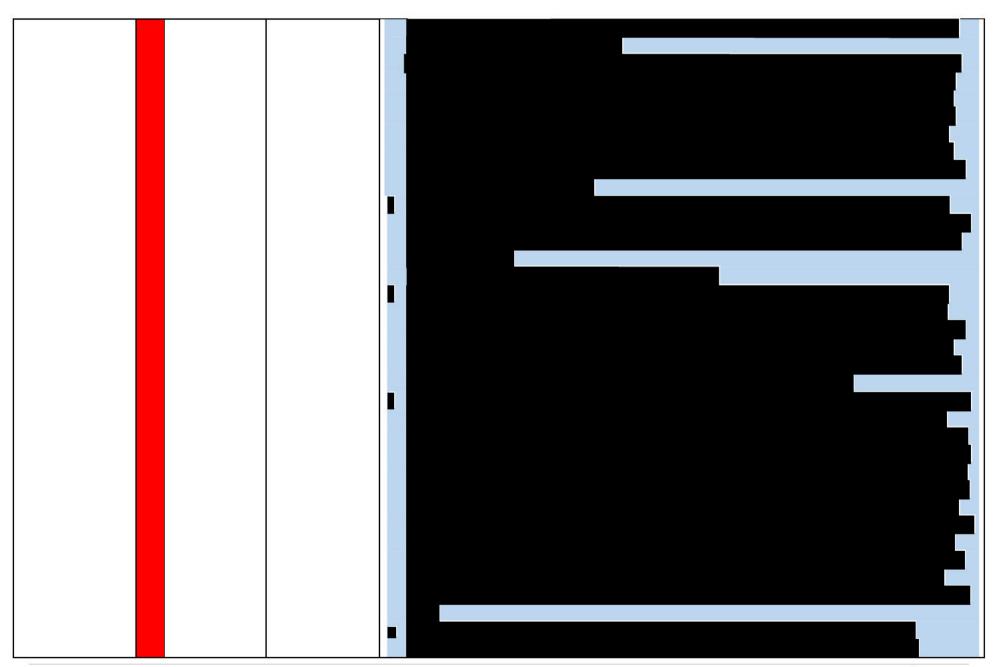
			Progress Update October 2021: A Working Group has been established in order to scope, develop and implement a Succession Planning Framework focused specifically on senior and critical police staff roles within the Force. This has been completed and piloted in areas of the business including within Specialist Support Services and the force Change Team. Benefits of the Succession Planning framework: 1. The succession planning framework enables management to identify areas of risk and how we the force might best mitigate those risks. 2. It provides a mechanism for line managers to identify which police staff roles within their area of business would be considered as 'key', critical posts. 3. Once identified, the framework moves through to identify possible successors and when these successors might be ready to progress into roles and any development requirements needed to achieve this. 4. Where successors are not apparent in the short and/or longer term, it also enables managers to start considering other means of planning e.g. through more proactive recruitment, development of regional networks that might help mitigate any risk through key personnel leaving the organisation. 5. Within the framework, managers are able to identify individuals that may be able to develop into a particular role in the short, medium and long term. 6. The framework identifies where other outside resources may be required in the event of unforeseen loss of key personnel if a role cannot reasonably be undertaken by those in the existing staffing model. The framework has been presented to and is supported by the ACO HR. The next milestone is to share this with the Interim Director of the Academy on the 14 th October 2021 in order to: • Determine the most efficient and effective management processes and practices for implementation across the force. • Look at incorporating the framework into wider careers work. — Kat Eaton HR/Alastair Kelly ACO HR Initial presentation that outlines the Succession Planning F
"	Learning needs analysis – supporting management decision making	4.2 Learning needs analysis	Significant Recommendation: Should the Force undertake Learning Needs Analysis exercises in the future they should integrate relevant data, such as historical training records, into their analysis work to improve its validity and reliability. Initial Management response: The report focuses on the first LNA done in this way across the Force. It has always been intended that this would be an exercise that was done annually. A recent

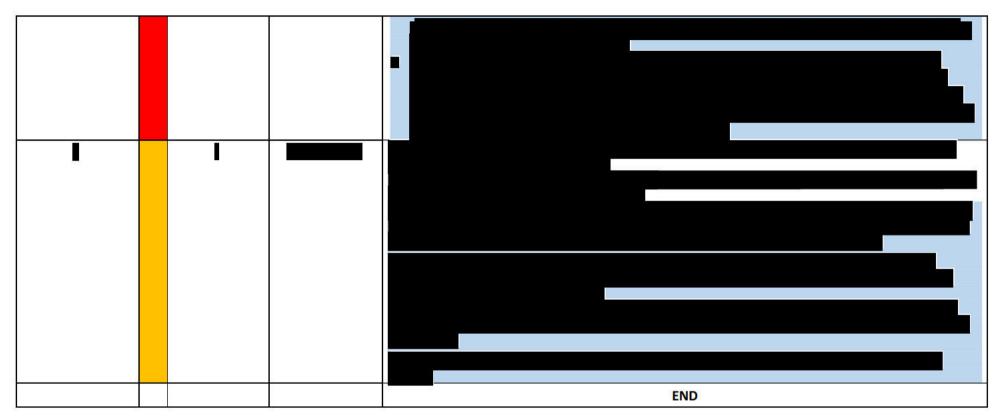
			review by the LNA working Group has recommended there would be an annual audit with a specific focus; year 1 Leadership, year 2 Policing. This would allow time to conduct the LNA, create an annual plan, implement the plan to address needs and establish what had been achieved. It was also recommended that the audit was based on qualitative and quantitative data to ensure the information collected is valid and reliable - Sarah Taylor This is accepted Progress Update October 2021 Work has been extensive and ongoing for some time. From April
			2020, ACC Smith led the Skills and Capabilities Working Group which reports directly into the Workforce Development Board. The working group met every 3 weeks and covered the following:
			Role profiles/identifying skills and capabilities
			Future skills/training
			Training/Learning Needs Analysis
			New recruits/retention
			Retirements
			Specials and volunteers
			This has now been incorporated into the Workforce Development Board.
			This area of business has also been covered in this year's Her Majesty's Inspectorate of Constabulary PEEL Inspection and a meeting took place between the HMI Force Liaison Lead FLL and the Force Academy Director, plus the Senior Learning and development L&D Manager on the 2 nd August 2021. The meeting covered an overview of activity to date.
			HMI FLL Simon Eatwell has had the opportunity to discuss progress with the relevant HMI specialist lead for this area of business to consider closure. This Area For Improvement AFI has now been signed off and closed by Her Majesty's inspectorate HMI.
			This is now considered business as usual as the force does integrate relevant data, such as historical training records, into the analysis work to improve the validity and reliability of the analysis. This achievement will in turn will support efficient and effective management decision making.
			PROPOSED CLOSED
			Note: Agreed closed at the Strategic Organisational Risk Board SORB on the 29th September 2021
PAYROLL PROVIDER	Performance Monitoring	4.3 Quarterly KPIs Accuracy	Overall the auditors state very positively in their report that "We have identified no areas where there is scope for improvement in the control environment". However, the auditors did carryout a review of the previous recommendations from the 2020 audit. Two had been completed satisfactorily, however the following one had not been implemented:
SIGNIFICANT ASSURANCE June 2021			Original Recommendation in 2020: The Force should liaise with Kier to ensure accurate KPI's are being reported. To assist with this for KPIs that have targets set as percentages, reporting should be made in line with this format.

			Original Management Response in 2020: This will ensure that there is clarity over whether the KPI has been met. This has now been amended and will be recorded correctly from the last quarterly review in Feb 2020. Complete 31.03.2020 Payroll Services Manager - Kier June 2021 Findings: Not Implemented Audit reviewed the quarterly KPI report for the period to February 2021, confirming that they are reported in the same format as the targets, such that a suitable assessment can be made. However, in respect of KPI 11, the targets in place are still ≤ 1% Green, ≤ 3% Amber, > 5% Red. Since the last audit, this has not been updated. To confirm, the target does not account for a RAG rating for performance calculated to be 4%. Progress Update October 2021 The Key Performance Indicators KPI's are now being calculated correctly and this recommendation can now be closed - Alice Davis Payroll Services Manager PROPOSED CLOSED Note: Agreed closed at the Strategic Organisational Risk Board SORB on the 29 th September 2021
SATISFACTORY ASSURANCE June 2021	Governance	4.1 VCoP Delivery Group Terms of Reference	Housekeeping Recommendation: The Force should review and update the VCOP Delivery Group terms of reference, addressing the following items: - the list of attendees - the responsibilities of key attendees - the frequency of meetings, - the decision-making capacity of the group / restrictions to decision making - the lines of reporting / the method to escalate urgent or critical matters, - how often elements will be reported on / included within the agendas for the meetings Initial Management response: A VCOP Delivery Group Terms of Reference TOR was written in 2020 and a membership list created by the then strategic lead. It is agreed that a refreshed TOR and membership list be created to reflect the group's development and to clarify responsibilities and for circulation with the Delivery Group agenda. The TORs should also be reflected in the annual VCOP Delivery Plan. The group reports into the Strategic Criminal Justice and Disclosure Board chaired by ACC Sandall while recording compliance is reported six-monthly into the Crime Data Integrity Group chaired by ACC Debenham. The operational lead reports quarterly to the Investigation Management Meeting chaired by D/Supt Baker. Target milestones: End of July 2021 - D/Supt Baker, Strategic Lead for VCOP

N al	2,		The TOD has been refreshed; TOD and resulting in the second secon
			The TOR has been refreshed; TOR and membership list created to reflect the group's development and responsibilities clarified and circulated to the Delivery Group.
			Recorded within the VCOP Delivery Group Minutes.
			PROPOSED CLOSED
			Note: Agreed closed at the Strategic Organisational Risk Board SORB on the 29th September 2021
"	Service Delivery	4.2 Niche Victim Information Pack	Significant Recommendation: The Force should consider how to address the gap in data collection. This can include the creation of a free text field to say why the victim was not provided with the victim information pack. Alternatively, a further question could be included on the Niche form to ask whether the victim has been offered this information. Initial Management response: The Niche question set is part of the national Niche build and is consistent for all 27 forces which use Niche. The operational and strategic leads are working with Minerva (the police working group for Niche development) to revise the current module, including the specified issue, to reflect the revised Code of Practice. However we are informed that this is unlikely to be delivered by Niche within 12 months due to competing priorities. An interim measure will be to circulate guidance to officers to complete the remarks section to clarify the booklet has been offered. In addition, automated provision of the link is in progress with some crime type exceptions. Target milestones: 1. Revised Niche VCOP Module – Strategic lead Det Supt Baker and Minerva Group August 31st 2022
			 Guidance on completion of remarks – operational lead D/Insp Dimmock - December 2021 Automated sending of link to online booklet – Det Supt Baker and Det Insp Dimmock August 31st 2021 now revised to December 2021
			 Progress Update October 2021: Changes to VCOP module on NICHE will not occur for 12 – 18 months due to time restraints in changing aspects within the Niche system and the time necessary for the system supplier to make the alterations required; Unable to create a free text box as part of local NICHE changes. However, changes to the
			 VCOP needs assessment template have been agreed with Minerva and subsequent guidance will be provided for personnel. 3. Automated link to the victims of crime booklet nearing completion – due IT developer changes this has been delayed for at least 4 months. Target date now December 2021.
íí	Service Delivery	4.3 Victim Closing Table	Housekeeping Recommendation: The Force should decide as to whether the VCOP closing table is required to be completed for all victim cases. Initial Management response: Use of the VCOP Finalisation OEL will be mandated in the Investigation Standards Policy and Procedure filing checklist. Target milestones:







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

Audit	Assessment level	Recommendation	Progress monitored through
Medium term Financial Plan MTFP September 2021	Significant Assurance	Housekeeping Recommendation: A longer-term efficiency plan should be developed at the earliest opportunity to address future forecasted deficits.	SPDG Recently finalised report updates will be provided and considered at the next SPDG when a 1st quarter reporting is due.