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

PAPER MARKED

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| Report of | **OFFICE OF THE CHIEF CONSTABLE AND OFFICE OF THE POLICE AND CRIME COMMISSIONER** |
| Subject | **INTERNAL AUDIT PROGRESS REPORT** |
| Date | **THURSDAY 19TH NOVEMBER 2026** |
| Author : | **SARAH KNOWLES, FORVIS MAZARS** |

## Purpose of Report

1. This report seeks to update members of the Joint Audit, Risk and Assurance Panel (JARAP) on the Progress of the 2026/27 Internal Audit Plan.

## Recommendation

2. The Panel is recommended to discuss the contents of the report.

## Background

3. None

## Implications

Financial: none.
Legal: none.
Equality Impact Assessment: none.
Risks and Impact: as per individual reports.
Link to Police and Crime Plan: as per audit plan

## List of Attachments / Appendices

Internal Audit Progress Report November 2026

## Background Papers

None

## Officer to Contact

Kira Knott - Chief Finance Officer: Office of Police and Crime Commissioner for Leicestershire – kira.knott@leics.pcc.police.uk



# Office of the Police & Crime Commissioner for Leicestershire and Leicestershire Police
# Joint Audit, Risk & Assurance Panel – 19 November 2026
## Internal Audit Progress Report

Date Prepared: November 2026

forvis mazars

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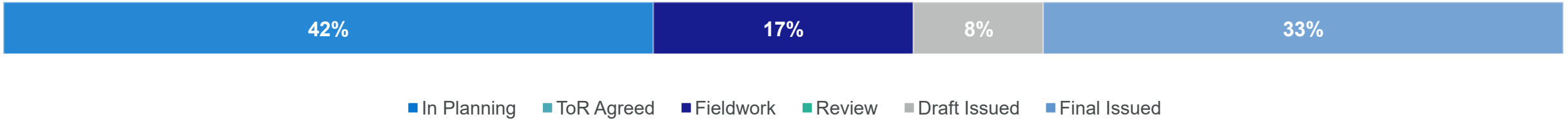
**Disclaimer**

This report ("Report") was prepared by Forvis Mazars LLP at the request of Office of the Police & Crime Commissioner ("OPCC") for Leicestershire and Leicestershire Police ("Force") and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of OPCC and Force and to the fullest extent permitted by law Forvis Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility in this report for further information about responsibilities, limitations and confidentiality.

# 01. Snapshot of Internal Audit Activity 2026/27

Below is a snapshot of the current position of the delivery of the 2026/27 Internal Audit Plan (Plan).

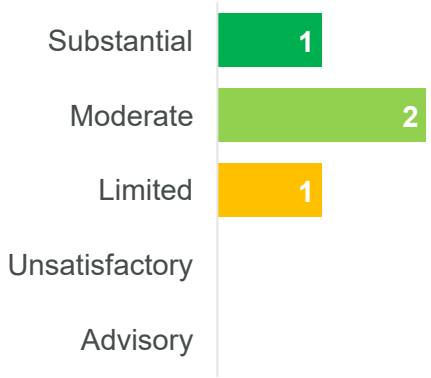



**JARAP decisions needed**

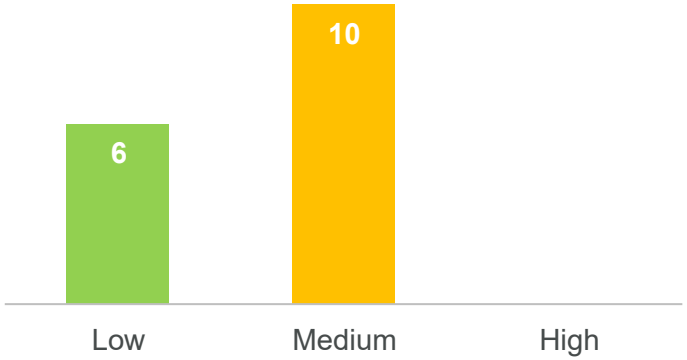
- Note the progress being reported and consider final reports included separately in the **Appendix 1**.

**RAG status of delivery of plan to timetable** — **On Track**

## Assurance opinions to date




## Recommendations to date




**Key updates**

Since our last update to the committee, we have issued final reports for the Joint Scrutiny Panels, Force Transformation, Health & Safety and Occupational Health & Sickness audits. Fieldwork is ongoing for the Counter Fraud and Core Financials audits. We continue to plan and scope the remaining audits from the 2026/27 plan.
An overview of the 2026/27Internal Audit Plan can be found in **Section 3**.

Collaboration

Since our last update to the committee, fieldwork is ongoing for the EMSOU Digital Forensics and East Midlands Police Legal Services (EMPLS) audits.
An overview of the Collaboration Plan can be found in **Section 4**.

# 02. Latest Reports Issued – Summary of Findings

## Joint Scrutiny Panels 2026/27

### Your One Page Summary

**Review Objective:** To assess the design and effectiveness of the governance framework supporting scrutiny panels.

**Review rationale**

**Why the Review is in Your 2026/27 Plan**

Following an internal review of scrutiny panels at the Force, and research by the College of Policing, the audit reviewed the arrangements in place for scrutiny panels hosted and/or attended by both the Force and OPCC.

**Your Strategic Objective**

Delivering for Victims and Witnesses.

**Summary of our opinion**

Limited Opinion

See Appendix A1 for definitions




**Summary of Recommendations**

| | |
|---|---|
| High (Priority 1) | - |
| Medium (Priority 2) | 6 |
| Low (Priority 3) | 3 |

| | |
|---|---|
| Actions agreed by you | 100% |
| High priority completion | N/A |
| Overall completion | January 2027 |

**Summary of findings**

**Examples of good practice**

- ✓ The Ethics and Transparency Panel recorded detailed challenge of VAWG strategy, victim withdrawal and police investigative processes, resulting in agreed actions.
- ✓ The JARAP publishes meeting agendas, minutes, reports and annual reports on the OPCC website, supporting transparency and accountability.
- ✓ The Hate Crime Scrutiny Panel tracks feedback provided to officers and receives updates on actions taken at subsequent meetings.

**Priority Findings**

- Inconsistent governance arrangements across scrutiny panels
- Membership, term limits and vetting compliance cannot be fully evidenced.
- Scrutiny panel training requirements are not consistently defined or evidenced.
- Attendance records and meeting minutes cannot be consistently evidenced.
- Transparency and publication arrangements are not consistently defined or evidenced.
- Vetting arrangements are not consistently defined or evidenced.

**Key root causes**

- A standard governance framework defining minimum requirements and monitoring arrangements for the training, governance, document retention, transparency, publication and vetting related to scrutiny panels has not been established.
- The Force is not holding their own scrutiny panels to the same standards as those owned by the OPCC.

# 02. Latest Reports Issued – Summary of Findings

## Force Transformation 2026/27

### Your One Page Summary

**Review Objective:** To assess the design and effectiveness of the control framework for programme and project management governance of Force Transformation.

**Review rationale**

| Why the Review is in Your 2026/27 Plan | Your Strategic Risk | Your Strategic Objective |
|---|---|---|
| This review will provide assurance regarding the control framework in place across the management of transformation programmes within the Force. | STR0545 – Force: Maximising the Best Technology | Investing in the Right People with the Right Skills |

**Summary of our opinion**

**Substantial Opinion**

See Appendix A1 for definitions

X

**Summary of Recommendations**

| | |
|---|---|
| High (Priority 1) | - |
| Medium (Priority 2) | - |
| Low (Priority 3) | 1 |

| | |
|---|---|
| Actions agreed by you | 100% |
| High priority completion | N/A |
| Overall completion | March 2027 |

**Summary of findings**

**Examples of good practice**

- ✓ Defined governance arrangements are in place to provide strategic oversight of transformation programmes, including the Executive Board, Change and Transformation Board, Strategic Layer Boards and Corporate Governance Board. Review of recent agendas and minutes confirmed oversight of programme delivery, risks, benefits and business case approvals.
- ✓ The Force's project management framework is aligned to Praxis methodology, supported by trained PMO staff, and standard templates for business cases and Change Initiative Workbooks (CIWs) for consistency.
- ✓ Cashable and non-cashable benefits are formally tracked through business cases, CIWs, and PMO performance reporting.

**Low Priority Finding**

- Inconsistent completion of CIWs for locally managed programmes.

**Key root causes**

- Programmes managed locally were not consistently applying the Force's corporate project management documentation requirements due to receiving less support and guidance from the PMO. This lack of support and guidance also led to less oversight of projects outside of the PMO's influence.

# 02. Latest Reports Issued – Summary of Findings

## Health & Safety 2026/27

### Your One-Page Summary

**Engagement Objective:** To assess the design and effectiveness of the control framework for health and safety.

**Engagement rationale**

| Why the Review is in Your 2026/27 Plan | Your Strategic Risk | Your Strategic Objective |
|---|---|---|
| Following operational incidents and breaches recorded by the Health & Safety Executive within the region's police forces. | STR0257 – Lack of technical health and safety risk assessments. | Ensuring an Effective and Efficient Force. |

**Summary of our opinion**

Limited Opinion

See Appendix A1 for definitions




**Summary of Recommendations**

| | |
|---|---|
| High (Priority 1) | - |
| Medium (Priority 2) | 3 |
| Low (Priority 3) | - |

| | |
|---|---|
| Actions agreed by you | 100% |
| High Priority completion | N/A |
| Overall completion | October 2027 |

**Summary of findings**

**Examples of good practice**

- ✓ The Health and Safety team hold National Examination Board in Occupational Safety and Health (NEBOSH) certificates, and all have a job description outlining roles and responsibilities in place.
- ✓ The overarching Executive Health and Safety Committee meet on a quarterly basis, with performance monitoring reports presented at each.
- ✓ We selected a sample of five Directorate Committees and were able to confirm that management information is reported.
- ✓ Newsletters around Health and Safety are published on the intranet page.

**Highest Priority Findings**

- Overdue risk assessments and limited directorate oversight.
- Accident and near miss procedure lacks clear guidance and cases are not fully investigated.
- Poor training completion and lack of refresher training available.

**Key root causes**

- Competing priorities for directorate management leading to a lack of oversight ensuring risk assessments are reviewed and maintained within required timescales.
- Lack of documented procedures for the management and investigation of accidents and near misses.
- Lack of a comprehensive Health & Safety training programme, leading to a lack of refresher training, role-specific training, chief officer training and poor training completion.

# 02. Latest Reports Issued – Summary of Findings

## Occupational Health & Sickness 2026/27

### Your One Page Summary

**Review Objective:** To assess the design and effectiveness of the control framework for key elements of Occupational Health and Sickness.

**Review rationale**

**Why the Review is in Your 2026/27 Plan**

Following our previous review regarding the formation of the Occupational Health Unit within the Force, we are now focussed on the functions of the unit, including sickness absence and return to work.

**Your Strategic Objective**

Ensuring an Effective and Efficient Police Force – Our Workforce

**Summary of our opinion**

Moderate Opinion

See Appendix A1 for definitions




**Summary of Recommendations**

| | |
|---|---|
| High (Priority 1) | - |
| Medium (Priority 2) | 1 |
| Low (Priority 3) | 2 |

| | |
|---|---|
| Actions agreed by you | 100% |
| High priority completion | N/A |
| Overall completion | March 2027 |

**Summary of findings**

**Examples of good practice**

- ✓ Defined governance arrangements are in place to provide strategic oversight of occupational health (OH) and sickness.
- ✓ Established processes are in place for OH referrals through the Cority system, supported by guidance for managers and a nurse-led triage process.
- ✓ The Force has completed self-assessments against the Oscar Kilo Foundation, Enhanced and Advanced Standards, as well as the Workforce Prioritisation Guidance.

**Priority Findings**

- Data quality issues in referral and appointment data.
- Issues in OH referral reporting and FMO waiting times.

**Other Findings**

- Out of date procedures.
- Manual production of sickness management information.

**Key root causes**

- Data integrity issues within the OH referral report potentially due to human error.
- Resource constraints within the FMO service have contributed to longer appointment waiting times for some referrals.
- Planned reviews of the procedures were not completed within established review timescales.
- Current sickness reporting arrangements rely on manual extraction and manipulation of data, and reporting data sources have not yet been fully reconciled.

**Direction of travel**

**Previous Engagement**

May 2024

**Direction of Travel**

⇔ Previous opinion: Substantial

**Recurring Findings**

- N/A

# 03. Overview of Internal Audit Plan 2026/27

The table below lists the status of all reviews within the 2026/27 Internal Audit Plan.

| Review | Original Days | Revised Days | Status | Start Date | AC | Assurance Level | Total | High | Medium | Low |
|---|---|---|---|---|---|---|---|---|---|---|
| **Force Audits** | | | | | | | | | | |
| Accreditation Management | 10 | 10 | Draft Report | 08-Jul-26 | | | - | - | - | - |
| Force Transformation | 10 | 10 | Final Report | 13-Jul-26 | Nov-26 | **Substantial** | 1 | - | - | 1 |
| Stalking Super-Complaint Progress | 10 | 10 | In Planning | 04-Mar-27 | | | - | - | - | - |
| PSD | 10 | 10 | In Planning | 22-Feb-27 | | | - | - | - | - |
| **Joint Audits** | | | | | | | | | | |
| Joint Scrutiny Panels | 10 | 10 | Final Report | 26-May-26 | Nov-26 | **Limited** | 9 | - | 6 | 3 |
| Occupational Health & Sickness | 10 | 10 | Final Report | 01-Jun-26 | Nov-26 | Moderate | 3 | - | 1 | 2 |
| Health & Safety/RIDDOR | 10 | 10 | Final Report | 20-Jul-26 | Nov-26 | **Moderate** | 3 | - | 3 | - |
| Counter Fraud | 10 | 10 | Fieldwork | 11-Aug-26 | | | - | - | - | - |
| Core Financials | 15 | 15 | Fieldwork | 19-Oct-26 | | | - | - | - | - |
| Data Quality Follow Up | 7 | 7 | In Planning | 22-Feb-27 | | | - | - | - | - |
| GDPR Follow Up | 7 | 7 | In Planning | 01-Mar-27 | | | - | - | - | - |
| IT - Cyber Security Follow Up | 7 | 7 | In Planning | 11-Jan-27 | | | | | | |
| **Totals** | **116** | **116** | | | | | **16** | **-** | **10** | **6** |

# 04. Overview of Collaboration Plan 2026/27

The table below lists the status of all reviews within the 2026/27 Collaboration Plan.

| Review | Original Days | Revised Days | Status | Start Date | AC | Assurance Level | Total | High | Medium | Low |
|---|---|---|---|---|---|---|---|---|---|---|
| EMSOU Digital Forensics | 10 | 10 | Fieldwork | 10-Nov-26 | | | - | - | - | - |
| East Midlands Police Legal Services (EMPLS) | 10 | 10 | Fieldwork | 16-Nov-26 | | | - | - | - | - |
| **Totals** | - | - | | | | | - | - | - | - |

# 05. Key Performance Indicators 2026/27

We monitor key areas of performance and delivery in line with the KPIs/Service Levels set out in our contract with OPCC and Force. Latest summary figures have been set out below:

| KPI | Indicator | Criteria | Performance |
|---|---|---|---|
| 1 | Annual report provided to the JARAP | As agreed with the Client Officer | August 2026 |
| 2 | Annual Operational and Strategic Plans to the JARAP | As agreed with the Client Officer | May 2026 |
| 3 | Progress report to the JARAP | 7 working days prior to meeting | Achieved |
| 4 | Issue of draft report | Within 10 working days of completion of exit meeting | 40% (2 / 5) |
| 5 | Issue of final report | Within 5 working days of agreement of responses | 25% (1 / 4) |
| 6 | Audit Brief to auditee | At least 10 working days prior to commencement of fieldwork | 29% (2 / 7) |
| 7 | Customer satisfaction (measured by survey)<br>“Overall evaluation of the delivery, quality and usefulness of the audit”<br>Very Good, Good, Satisfactory, Poor or Very Poor | 85% average with Satisfactory response or above | - |

# 05. Key Performance Indicators 2026/27 (Cont.)

| Review | Date of ToR | Start of Fieldwork | Days Notice (10) | Exit Meeting | Draft Report | Time from Close to Draft Report (10) | Management Comments Received | Time to Received Comments (15) | Final Report Issued | Time Taken to Issue Final Report (5) |
|---|---|---|---|---|---|---|---|---|---|---|
| Joint Scrutiny Panels | 21-May-26 | 26-May-26 | 2 | 23-Sep-26 | 24-Sep-26 | 1 | 13-Oct-26 | 13 | 29-Oct-26 | 8 |
| Occupational Health & Sickness | 28-May-26 | 01-Jun-26 | 2 | 12-Aug-26 | 11-Sep-26 | 13 | 24-Sep-26 | 9 | 04-Nov-26 | 17 |
| Accreditation Management | 02-Jun-26 | 08-Jul-26 | 26 | 16-Jul-26 | 30-Jul-26 | 6 | | | | |
| Health & Safety/RIDDOR | 18-Jun-26 | 20-Jul-26 | 22 | 05-Aug-26 | 11-Sep-26 | 16 | 24-Sep-26 | 9 | 03-Nov-26 | 16 |
| Force Transformation | 02-Jul-26 | 13-Jul-26 | 7 | 10-Aug-26 | 11-Sep-26 | 15 | 15-Sep-26 | 2 | 17-Sep-26 | 2 |
| Counter Fraud | 30-Jul-26 | 11-Aug-26 | 8 | | | | | | | |
| Core Financials | 09-Oct-26 | 19-Oct-26 | 6 | | | | | | | |
| Stalking Super-Complaint Progress | | 19-Feb-27 | | | | | | | | |
| Data Quality Follow Up | | 15-Mar-27 | | | | | | | | |
| GDPR Follow Up | | 15-Feb-27 | | | | | | | | |
| IT - Cyber Security Follow Up | | 11-Jan-27 | | | | | | | | |
| PSD | | 29-Jan-27 | | | | | | | | |

# 06. Definitions of Assurance Levels and Recommendation Priority Levels

| Definitions of Assurance Levels | |
|---|---|
| Substantial Assurance | The framework of governance, risk management and control is adequate and effective. |
| Moderate Assurance | Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control. |
| Limited Assurance | There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective. |
| Unsatisfactory Assurance | There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail. |

| Definitions of Recommendations | | |
|---|---|---|
| High (Priority 1) | Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk. | Remedial action must be taken urgently and within an agreed timescale. |
| Medium (Priority 2) | Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk. | Remedial action should be taken at the earliest opportunity and within an agreed timescale. |
| Low (Priority 3) | Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk. | Remedial action should be prioritised and undertaken within an agreed timescale. |

# A1

## Latest Reports Issued – Detailed Findings

# Joint Scrutiny Panels 2026/27

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| 1 | Scrutiny panels play an important role in providing independent oversight, challenge and transparency. We would expect scrutiny panel ToRs to be subject to formal approval, periodic review and document control arrangements, ensuring that governance documentation remains current, reflects organisational changes and clearly sets out each panel's purpose, responsibilities and operating arrangements. Whilst Terms of Reference or equivalent governance documents were in place for all panels reviewed, weaknesses were identified in the application of review, approval and document control arrangements:<br>• The Joint Audit, Risk & Assurance Panel (JARAP) Terms of Reference require annual review; however, no review date, approval date, version number or document control information was evidenced.<br>• The Ethics & Transparency Panel (ETP) Terms of Reference require annual review, however no review date or approval date could be evidenced.<br>• The Out of Court Resolution Panel Terms of Reference did not include a review date, approval date or evidence of formal approval.<br>• The Custody Detention Scrutiny Panel Terms of Reference did not include a review date, approval date or evidence of formal approval by a governing body.<br>Consequently, the OPCC and Force could not demonstrate that governance documents had been reviewed and approved in accordance with documented requirements.<br>**The OPCC and Force should ensure all scrutiny panel Terms of Reference are subject to formal approval and periodic review. Governance documents should include appropriate document control information, including approval dates, review dates, version control and document ownership, with evidence of review and approval retained.** | **Medium** | **Force** – Recommendation accepted and will begin to address all recommendations with immediate effect.<br><br>**OPCC** - Review of ETP/JARAP scrutiny panels will be completed over the next 3 months to add review dates, approval dates and versions.<br>Review of OOCR- ToR to be reviewed.<br>CDSP is a forum for dip-sampling of custody records which feeds into ETP, where the outcomes and learning are provided as part of the ETP annual report. CDSP ToR to be reviewed to add review dates, approval dates etc.<br>*DCC Michaela Kerr*<br>*Nupur Chamund – OPCC Director of Governance & Performance*<br>*Shruti Pattani – OPCC Performance & Assurance Manager* | **Force**<br>31 December 2026<br><br>**OPCC**<br>29 January 2027 |
| 2 | Effective scrutiny relies upon panels being comprised of individuals with the appropriate skills, experience, independence and representation to fulfil their oversight responsibilities. Good practice is for Terms of Reference to clearly define membership arrangements, including composition requirements, eligibility criteria, recruitment | **Medium** | Recommendation accepted and will begin to address al recommendations with immediate effect.<br>*Chief Supt Nicola Streets* | 31 December 2026 |

# Joint Scrutiny Panels 2026/27 (Cont.)

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| | arrangements and any skills or competencies expected of panel members.<br>Whilst membership requirements were generally well defined across a number of panels reviewed, gaps were identified within the governance documentation for the following Force-led scrutiny panels: Police Power Scrutiny Panel, Stop & Search Scrutiny Panel and the Use of Force Scrutiny Panel.<br>**The Force should review and update the Terms of Reference for the Police Powers Scrutiny Panel, Stop & Search Scrutiny Panel and Use of Force Scrutiny Panel to clearly define membership composition requirements, eligibility criteria and any specific skills, experience or independence requirements expected of panel members.** | | | |
| 3 | Effective scrutiny relies on panel members possessing the knowledge, skills and understanding required to provide informed challenge and oversight. Good practice is for scrutiny panels to maintain documented training and induction requirements, supported by records demonstrating that required training has been completed.<br>Whilst training arrangements were identified for some panels (JARAP and ETP), training requirements and evidence of training activity were not applied consistently across the scrutiny panel framework:<br>• The Hate Crime Scrutiny Panel and Out of Court Resolution Panel Terms of Reference did not include formal training or induction requirements.<br>• No training plans, induction records or evidence of training delivery were identified for the Hate Crime Scrutiny Panel or Out of Court Resolution Panel.<br>• Whilst the Custody Scrutiny Panel Terms of Reference require mandatory training before members undertake scrutiny activities, evidence was not provided to demonstrate that this training had been completed.<br>**The OPCC and Force should establish minimum training and induction requirements for scrutiny panel members and maintain records demonstrating completion of mandatory training and induction activities.** | **Medium** | **Force** – Recommendation accepted and will begin to address all recommendations with immediate effect.<br><br>**OPCC** - Hate Crime Scrutiny Panel- no formal training completed, as no specific guidance or statutory requirement for this. Panel is supported by the Force as part of the discussion.<br>OOCR- no formal training completed, as no specific guidance or statutory requirement for this. Panel is supported by the Force as part of the discussion.<br>CDSP- Record of mandatory training to be checked.<br>*Supt Rob Arther* | **Force**<br>31 December 2026<br><br>**OPCC**<br>29 January 2027 |

# Joint Scrutiny Panels 2026/27 (Cont.)

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| 4 | Maintaining accurate minutes and attendance records is a fundamental element of good governance. These records provide evidence that scrutiny activities have been undertaken by appropriately constituted panels, demonstrate the challenge provided by members, and support transparency and accountability over panel activities. During testing, weaknesses were identified in the maintenance and retention of minutes and attendance records for a number of scrutiny panels.<br>Specifically:<br>• The Custody Scrutiny Panel provided maintained "feedback reports"; however, these did not include minutes of discussion or attendance records.<br>• No minutes or attendance records were provided for the Police Powers Scrutiny Panel, the Stop & Search Scrutiny Panel or the Use of Force Scrutiny Panel.<br>**The OPCC and Force should ensure minutes and attendance records are maintained and retained for all scrutiny panel meetings. Documentation should clearly record attendees, apologies, key discussions, challenge provided, decisions reached and actions agreed.** | **Medium** | **Force** – Recommendation accepted and will begin to address all recommendations with immediate effect.<br><br>**OPCC** - Custody Detention Scrutiny Panel- this is a feedback forum for the dip-sampling of custody records; therefore, there is no agenda and no minutes are taken. All learning and recommendations are shared with the custody sergeant and captured within a report to the ETP.<br>*Supt Rob Arther*<br>*Nupur Chamund – OPCC Director of Governance & Performance*<br>*Shruti Pattani – OPCC Performance & Assurance Manager* | **Force**<br>31 December 2026<br><br>**OPCC**<br>08 January 2027 |
| 5 | Transparency is a key objective of scrutiny panels, helping to promote public confidence, accountability and understanding of how scrutiny activities contribute to policing oversight. Good practice is for panel outputs to be published in accordance with documented transparency arrangements and for evidence of publication to be retained. During our review we noted the following:<br>• The Joint Audit, Risk & Assurance Panel (JARAP) Terms of Reference do not define a process for publishing findings, reports or panel outputs.<br>• The Out of Court Resolution Panel Terms of Reference state that findings will be communicated through the OPCC website and other reporting routes; however, evidence demonstrating that outputs had been published was not provided.<br>• The Custody Scrutiny Panel Terms of Reference state that findings will be reported publicly through the Ethics & Transparency Panel Annual Report; however, evidence demonstrating publication was not provided. | **Medium** | **Force** – Recommendation accepted and will begin to address all recommendations with immediate effect.<br><br>**OPCC** - JARAP- All papers related to the meeting are uploaded to the website 5 days prior to the meeting which includes all reports and panel discussions. This is added to the secretariat process flow, as an individual document. ToR to be reviewed in line with this.<br>OOCR- minutes outlining discussions are on the OPCC website; Out of Court Resolution Panel Findings<br>Custody Det Scrutiny Panel- ETP annual report outlines work completed in CDSP on the website; etpar25.pdf. 2026 annual report to be completed by end of 2026.<br>*Supt Rob Arther* | **Force**<br>31 December 2026<br><br>**OPCC**<br>29 January 2027 |

# Joint Scrutiny Panels 2026/27 (Cont.)

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| | **The OPCC and Force should ensure scrutiny panel Terms of Reference clearly define publication requirements and establish arrangements to retain evidence demonstrating that these requirements have been fulfilled.** | | *Nupur Chamund – OPCC Director of Governance & Performance*<br>*Shruti Pattani – OPCC Performance & Assurance Manager* | |
| 6 | Scrutiny panels may be provided with access to sensitive operational, governance or personal information as part of their oversight responsibilities. Good practice is for Terms of Reference (ToRs) to clearly define vetting requirements based on the nature of information accessible to panel members, ensuring a consistent and proportionate approach to information security and confidentiality.<br>Whilst vetting requirements were documented for some panels, including the Ethics & Transparency Panel, Hate Crime Scrutiny Panel and Custody Scrutiny Panel, vetting requirements were not consistently defined across the scrutiny panel framework:<br>• The Joint Audit, Risk & Assurance Panel (JARAP) ToR does not define vetting requirements for panel members.<br>• The Out of Court Resolution Panel ToR does not define vetting requirements for panel members.<br>**The OPCC and Force should review and document vetting requirements for all scrutiny panels. Terms of Reference should clearly define the level of vetting required for panel members, taking into account the nature and sensitivity of information reviewed by each panel. In addition, arrangements should be established to obtain periodic assurance that panel members hold the required level of vetting.** | **Medium** | **Force** – Recommendation accepted and will begin to address all recommendations with immediate effect.<br><br>**OPCC** - JARAP- outlined in ToR para 2.8- tor-2025.pdf<br>OOCR- ETP members sit on the OOCR and therefore Vetting is captured for those members in the ETP ToR. The makeup of the panel includes members from other services all of whom will be responsible for vetting of their own colleagues in attendance. ToR to be reviewed<br>*DCI Niel Kendrick* | **Force**<br>31 December 2026<br><br>**OPCC**<br>29 January 2027 |

We have also raised three Low-priority recommendations regarding:

- The Force and OPCC should review and update the relevant ToRs to clearly define member appointment lengths, reappointment arrangements and any maximum periods of service for all panel members.
- The Force and OPCC should ensure agendas are prepared and retained for all scrutiny panel meetings. Agenda documentation should be retained alongside meeting minutes and supporting papers to provide a complete record of scrutiny activities.
- The OPCC and Force should ensure all scrutiny panel Terms of Reference define how findings, recommendations and learning outcomes will be communicated, monitored and reported. Consideration should also be given to adopting a consistent approach for tracking actions arising from scrutiny activity.

# Force Transformation 2026/27

We have raised one Low-priority recommendations regarding:

- The Force should reinforce the requirement for all transformation programmes reporting through PMO governance arrangements to maintain complete and up-to-date Change Initiative Workbooks (CIWs) throughout the project lifecycle.

  Where alternative local arrangements are used, management should ensure equivalent information is recorded within the corporate project management framework to support oversight, reporting and benefits tracking.

# Health & Safety 2026/27

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| 1 | Due to the differing risks faced by staff and officers across the Force, it is best practice for risk assessments for key operational and tactical roles to be reviewed and updated periodically, with oversight at Directorate level to confirm that risks and controls remain appropriate.<br>Review of the Health and Safety Risk Register document identified a significant number of overdue risk assessments across directorates, including 8 of 14 in Corporate Services, 8 of 10 in People Services, 3 of 6 in Enabling Services, and 3 of 6 in the Local Policing Directorate (LPD), with 7 of 10 in the Crime and Intelligence Directorate (CAID) and Professional Standards Department (PSD).<br>The Head of Safety, Sustainability and Risk advised that delays are due to a lack of management action despite outstanding risk assessments being reported through quarterly System Performance Reports to directorate level Health & Safety Committees.<br>Testing of a sample of five role-specific risk assessments identified further weaknesses:<br>• For all five, we note that the risk assessments had not been presented to the respective Directorate Health and Safety Committee.<br>• Police Investigation Officer: Review completed by the Health and Safety team rather than the responsible manager, potentially removing any knowledge of risks exposed to in this role.<br>• Firearms Licensing: Risk assessment last updated on 21 February 2024, despite a planned review date of 15 August 2025.<br>Management advised that risk assessment reviews are not always tracked through directorate action plans and may instead be sent directly to risk owners. This reduces management oversight and limits assurance that reviews are completed within required timescales.<br>**The Force should ensure that:**<br>**1. Each Directorate maintains a documented schedule for the periodic review of risk assessments.** | **Medium** | This action has been agreed.<br>*Matthew Jones – Head of Safety, Sustainability & Risk* | 01 October 2027 |

# Health & Safety 2026/27 (Cont.)

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| | **2. A responsible owner is assigned to every risk assessment and held accountable for completing reviews within the required timescales.**<br>**3. Completed risk assessment reviews are presented to and scrutinised by the relevant Directorate Health and Safety Committee prior to approval.**<br>**4. Outstanding risk assessment reviews are tracked through Directorate action plans by moving from advisory actions to compulsory actions and tracking with KPIs, such as % overdue and how long they have been overdue.** | | | |
| 2 | A clear process for managing accidents and near misses is important to ensure incidents are reported promptly, investigated consistently, and appropriate actions are taken.<br>The Force has guidance relating to accident and near miss reporting embedded within the Health and Safety Procedure. We reviewed the procedure and noted it does not outline reporting timescales, investigation requirements, action management, criteria for escalation, and lessons learnt exercises.<br>We selected a sample of 10 accidents and near misses recorded within the 2026 Accident and Near Miss Register, which included 172 accidents and near misses (including 4 RIDDOR reports).<br>We were able to confirm that, in each case, the Assistant Health and Safety Advisor had contacted the individual reporting the incident for further information. However, in six of the ten cases, no response was received from the individual.<br>Of the four cases where a response was received, only one resulted in a documented corrective action. Across the remaining cases, it was unclear whether appropriate actions had been identified.<br>**The Force should create a separate accident and near misses' procedure to include the following:**<br>• **Reporting timescales for accidents and near misses.**<br>• **Responsibilities of Line Managers and the Health & Safety Team**<br>• **Investigation requirements, including severity assessments (e.g. low, medium, high risk) and root cause analysis methodologies.** | **Medium** | This action has been agreed.<br>*Matthew Jones – Head of Safety, Sustainability & Risk* | 01 October 2027 |

# Health & Safety 2026/27 (Cont.)

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| | **Action management processes, including the allocation of action owners and requirements for monitoring completion.**<br>• **Criteria for escalation and reporting to the Health and Safety Executive (HSE).**<br>• **Requirements for identifying lessons learnt and undertaking trend analysis.** | | | |
| 3 | Regular Health and Safety refresher training helps ensure that officers and staff remain aware of their responsibilities, understand current procedures, and maintain safe working practices. It is also important that members of the Chief Officer Team receive appropriate Health and Safety training, so they are able to provide effective oversight.<br>Currently, the Force does not have a programme of refresher Health and Safety training in place, and there is no specific Health and Safety training for the Chief Officer Team. Management advised that a potential training package, Chief Officer Health and Safety, has been identified through College Learn and is currently being assessed for suitability.<br>We reviewed mandatory training completion on Fire Safety and DSE and found completion rates to be:<br>• Fire Safety: 1383/4660 – 30%<br>• DSE: 2214/4660 – 48%<br>The Force has also recently established a Health and Safety TACT Improvement Group. We reviewed the draft Terms of Reference and noted that Workstream 5 includes a review of Health and Safety training provided to the organisation and its managers. Management advised that this workstream will be used to identify training requirements.<br>**The Force should ensure that:**<br>**1. As part of Workstream 5 of the Health and Safety TACT Improvement Group, a training needs analysis is undertaken to identify mandatory, refresher, and role-specific training requirements.**<br>**2. As planned, an appropriate Health and Safety training is provided to the Chief Officer Team to support their statutory responsibilities.** | **Medium** | This action has been agreed.<br>*Matthew Jones – Head of Safety, Sustainability & Risk* | 01 October 2027 |

# Health & Safety 2026/27 (Cont.)

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| | 3. Non-completion of mandatory training is reviewed so that individuals are chased for completion.<br>4. Compliance rates for health and safety training are monitored and presented to the applicable senior team for escalation. | | | |

# Occupational Health & Sickness 2026/27

| Ref | Recommendation | Priority | Management Comments | Due Date |
|---|---|---|---|---|
| 1 | We completed data analytics over a Cority report of 1,002 occupational health (OH) referrals between July 2025 and June 2026 to assess service performance and timeliness.<br>Data Quality<br>While our analysis noted generally positive performance against OH KPIs, we identified the following data quality issues within the underlying data:<br>• Four cases with retrospective first-contact dates, which we believe to be data entry errors.<br>• 113 cases where first-contact dates were blank and recorded as awaiting data.<br>• Nine cases with retrospective appointment dates.<br>• Seven discharged or completed cases with blank appointment information.<br>Appointment Wait Times<br>We also identified differences in appointment wait times between clinician types, where the KPI monitored is 10 days, as follows:<br>• Occupational Health Nurse (OHN) appointments were typically offered within seven days (average four days).<br>• Force Medical Officer (FMO) appointments were typically offered within 25 days (average 15 days), however there were 19 cases waiting between 30-96 days for an appointment.<br>Management advised this has been a known capacity issue and is periodically reported to the People Board.<br>**The Force should strengthen data quality controls over OH referral reporting by implementing periodic validation checks to identify incomplete, retrospective or anomalous data entries.**<br>**The Force should perform enhanced monitoring of FMO wait times and referral demand and consider whether further actions are required to address appointment delays and capacity pressures.** | **Medium** | Data entry issues by Cority users most likely as a result of oversights and will be a regular focus of the clinical and admin team leaders' validation checks.<br>Further work to be done on splitting the OHN and FMO stats and first round can be reported at next HR/OH People Board.<br>FMO waiting times have been a frequent concern, we recently introduced additional FMO resource from July 2026, so we should be realising the benefits of that in the coming months' KPIs.<br>*Tim Ellis – Head of Occupational Health & Wellbeing* | 31 March 2027 |

# Occupational Health & Sickness 2026/27 (Cont.)

We have also raised two Low-priority recommendations regarding:

- The Force should continue to review and update its OH and sickness procedures to ensure they reflect current systems, processes and roles and responsibilities.

  The Force should ensure that time is earmarked with procedure owners to review documents prior to review dates.
- The Force should continue its planned work to reconcile Discoverer HR and Power BI data sources and develop a single, consistent source of sickness absence reporting.

  Opportunities to automate data extraction, validation and reporting should be explored to reduce manual processing and improve reporting efficiency.

# Contact

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**Statement of Responsibility**

We take responsibility to the Office of the Police & Crime Commissioner ("OPCC") for Leicestershire and Leicestershire Police ("Force") for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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