Enquiries to: #JAC **Telephone:** (01275) 814677 **Facsimile:** (01275) 816388

E-mail: JAC@avonandsomerset.pnn.police.uk **Date :** 3rd January 2018

To: ALL MEMBERS OF THE JOINT AUDIT COMMITTEE

i. Katherine Crallan, Jude Ferguson (Chair), Shazia Riaz, Sue Warman
ii. Chief Constable ("CC"), CFO for CC and Relevant Officers
iii. The Police & Crime Commissioner ("PCC")
iv. The CFO and CEO for the PCC
v. External and Internal Auditors

Dear Member

NOTICE OF MEETING

You are invited to a meeting of the **Joint Audit Committee** to be held at **13:00** on **11th January 2018** in the **Gordano Room, Police Headquarters, Portishead.**

Joint Audit Committee Members are invited to attend a pre-meeting at 12:00 in the Gordano Room.

The agenda for the meeting is set out overleaf.

Yours sincerely

Alaina Davies
Office of the Police and Crime Commissioner

INFORMATION ABOUT THIS MEETING

(i)   Car Parking Provision

Please ask the Gatehouse staff where to park, normally the South Car Park. Disabled parking is available.

(ii)   Wheelchair Access

The Meeting Room has access for wheelchair users. There are disabled parking bays in the visitor's car park next to reception. A ramp will give you access to reception, a lift is available to the 1st floor.

(iii)   Emergency Evacuation Procedure

The attention of Members, Officers and the public is drawn to the emergency evacuation procedure for the **Gordano Room**: Follow the Green Fire Exit Signs to the **Visitor Car Park Assembly Point**.

(iv)   Please sign the register.

(v)   If you have any questions about this meeting, require special facilities to enable you to attend. If you wish to inspect Minutes, reports, or a list of the background papers relating to any item on this agenda, please contact:

Office of the Police and Crime Commissioner
Valley Road
Portishead
BS20 8JJ

Telephone: 01275 814677
Facsimile: 01275 816388
Email: JAC@avonandsomerset.pnn.police.uk

(vi)   REPORT NUMBERS CORRESPOND TO AGENDA NUMBER

AGENDA

11th January 2018, 13:00
Gordano Room, Police Headquarters, Portishead

1. **Apologies for Absence**

2. **Emergency Evacuation Procedure**

The Chair will draw attention to the emergency evacuation procedure for the **Gordano Room**: Follow the Green Fire Exit Signs to the **North Car Park Assembly Point**.

3. **Declarations of Gifts/Offers of Hospitality**

To remind Members of the need to record any personal interests or any prejudicial interest relating to the agenda and disclose any relevant receipt of offering of gifts or hospitality

4. **Public Access**

(maximum time allocated for this item is 30 minutes)

Statements and/or intentions to attend the Joint Audit Committee should be e-mailed to JAC@avonandsomerset.pnn.police.uk

Statements and/or intentions to attend must be received no later than 12.00 noon on the working day prior to the meeting.

5. **Minutes of the Joint Audit Committee Meeting held on 27th September 2017 (Report 5)**

6. **Business from the Chair (Report 6):**

a) Police and Crime Board (Verbal Update)
b) Update on IPCC Investigations (Verbal Update)

7. **Internal Audit (Report 7):**

a) Performance Management
b) Training
c) Staff Culture and Wellbeing
d) Business Continuity and Disaster Recovery
e) Progress Report

8. **External Audit (Report 8):**
a) Audit Update
b) Annual Audit Letter

9. **Office of the Police and Crime Commissioner Strategic Risk Register (Report 9)**

10. **Constabulary Strategic Risk Register (Report 10)**

11.   **Summary of HMIC and Internal Audit Recommendations (Report 11)**

Part 2

Items for consideration without the press and public present

12.   **Exempt minutes of the Joint Audit Committee Meeting held 27th September 2017 (Report 12)**

13.   **Internal Audit: ROCU**

POLICE AND CRIME COMMISSIONER FOR AVON AND SOMERSET **5**

MINUTES OF THE JOINT AUDIT COMMITTEE MEETING HELD ON WEDNESDAY 27TH SEPTEMBER 2017 AT 14:00 IN THE CONFERENCE ROOM, POLICE HQ, VALLEY ROAD, PORTISHEAD

Members in Attendance
Katherine Crallan
Jude Ferguson (Chair)
Shazia Riaz
Sue Warman

Officers of the Constabulary in Attendance
Sarah Crew, Deputy Chief Constable
Mark Milton, Director of People & Organisational Development
Sean Price, Head of Business Improvement

Officers of the Office of the Police and Crime Commissioner (OPCC)
Mark Simmonds, OPCC CFO
Karin Takel, OPCC Strategic Planning and Performance Officer
Alaina Davies, OPCC Resources Officer

Also in Attendance
Sue Mountstevens, Police and Crime Commissioner
Jackson Murray, Grant Thornton
Iain Murray, Grant Thornton
Mark Jones, RSM
Vickie Gould, RSM

26. **Apologies for Absence**

    Andy Marsh, Chief Constable
    Julian Kern, OCC CFO

27. **Emergency Evacuation Procedure**

    The emergency evacuation procedure for the Conference room was noted.

28. **Declarations of Interest / Gifts / Offers of Hospitality**

    None.

29. **Public Access**

    There were no requests for public access

30. **Minutes of the Joint Audit Committee Meeting held on 14th July 2017 (Report 5)**

    The Joint Audit Committee welcomed the new Director of People & Organisational Development.

The Joint Audit Committee thanked the Office of the Police and Crime Commissioner (OPCC) administration staff for the support they provide to the running of the Joint Audit Committee and the quality of the minutes produced.

RESOLVED THAT the minutes of the meeting held on 14th July 2017 were confirmed as a correct record and signed by the Chair.

Action update:

Minute 7a	The new Director of People and Organisational Development was in attendance at the Joint Audit Committee. Action Closed
Minute 7e(i)	Joint Audit Committee Members have received the strategic assessment regarding crime recording and the action taken to mitigate the risks. Action Closed
Minute 7f	The final copy of the Legal Claims Internal Audit Report has been received and will be published. Action Closed.
Minute 9	Grant Thornton shared the report with Members that they produced on national benchmarking of Police and Crime Panels. Action Closed
Minute 18c	The revised draft of the Internal Audit Scoping Process paper is being progressed and will be shared as soon as possible.
Minute 19e	The OPCC CFO wrote to Members with options for paying for the Independent FIS review. Options discussed at the last meeting were not pursued. The report has been completed and shared with Members. Action Closed
Minute 20	Grant Thornton confirmed that the date on the closure notice letter should be 28th September 2017. Action Closed

31. Business from the Chair

a) Police and Crime Board

Joint Audit Committee (JAC) Members have seen the published minutes of the Police and Crime Board meetings for the last quarter and the OPCC CFO sent additional notes to the Chair of the JAC. It was agreed that the OPCC CFO will continue with this approach and going forward all JAC members will receive the notes. The Joint Audit Committee Chair will be attending the next Police and Crime Board on 4th October 2017 to observe.

The OPCC CFO highlighted the following items which were discussed by the Police and Crime Board during the last quarter:

- Performance against the Police and Crime Plan Priorities – the increased demand over the Summer period has masked improvements implemented in the organisation, these should become apparent during the Autumn. However, improvements made ensured that caller abandonment rates did not increase during the Summer period of increased demand in the way they previously had.
- Positive Outcomes.
- Use of Technology.
- Publication of the Tipping Point report has received media attention – this report highlights the challenges facing the police of having to cope with increased demand with reducing funds available. Members congratulated the Avon and Somerset Police & OPCC Team involved in this piece of work for the production, approach and accessibility of the document. The report was produced in response to Nick Hurd's request for evidence.
- Leadership – new Director of People and Organisational Development has started and Director of IT has been appointed.
- Major Projects – The Police National Database (PND) data is now uploaded which decreases this risk.
- Finance – on track to deliver savings for 2017/18 but beyond this is still a challenge. Introduction of MFSS in 2018. Capital funding risk. Pay rise and implication on reserves.

Resolved that all Joint Audit Committee Members should receive the notes on the Police and Crime Board produced by the OPCC CFO.

b)   **Update on IPCC Investigations**

Four cases have been closed since the last meeting of the Joint Audit Committee and there are currently six live cases. The IPCC have adopted a better structure which is helping with the timeliness issues. The four closed cases are as follows:
- Taser incident – IPCC investigation complete. Referred to CPS to consider charges and officer subject to criminal justice proceedings.
- 2014 death in custody – misconduct hearings in three weeks.
- Police contact (domestic abuse and homicide) – misconduct meeting.
- Death of Mr Herbert – misconduct hearing and meeting. The IPCC published the learning report '6 missed chances' last week. The IPCC recognise the lessons learned by Avon and Somerset Constabulary and the report is intended to pass learning onto others. The innovative approach taken by Avon and Somerset Police and partners to introduce the Mental Health Control Room Triage was discussed.

Members were informed that Avon and Somerset Police has seen the largest reduction in complaints nationally and indicates lesson have been learnt. The Professional Standards Department was reorganised following a peer review and now deal with cases much more quickly. There has been a reduction in incivility complaints in particular since

the introduction of Body Worn Video Cameras. The OPCC CFO informed Members that the PCC's new Scrutiny of Police Powers Panel has met twice now and as part of their scrutiny they view Body Worn Video Camera footage.

32.   Internal Audit Reports:

a)   Equalities/ Representative Workforce (Report 7a)

The audit looked at statutory responsibilities and steps taken to monitor key equality indicators. Some benchmarking was done as part of this audit. Two medium priorities were identified:
- The Equality Action Plan should be reviewed to reflect the current status and should be more visible and easily accessible.
- The Equality Report should be published by the deadline of 31st January.

The Constabulary previously made the decision to embed equality and diversity into everything they do and carry out Equality Impact Assessments. The Constabulary are holding a workshop on 31st October 2017 to address the issues highlighted in this internal audit report and to bring forward the Business Case for being outstanding not just legally compliant. The Equality Action Plan highlights the planned activity and the high commitment the organisation has to equality and inclusion.

Members queried how the Constabulary manage the risk of retrospectively looking at equality. The risk is recognised and it is important to have people in the organisation with the right knowledge to mitigate this.

A session is being arranged to look at awareness raising and encouraging people into the organisation from diverse backgrounds. The promotion fast-track and process was discussed. The change to the selection and training of police officers happening in 2018 was discussed. Members sought assurance on engagement with staff support groups – each Chief Officer has responsibilities and the PCC meets with staff associations on an annual basis.

Members were informed that the Equality report was late this year due to a lack of clarity in the organisation as to where the responsibility should sit. Members were assured that this has now been agreed and ownership is with the Director of People and Organisational Development.

b)   Data Quality (Report 7b)

Data Quality is now listed on the Strategic Risk Register and this internal audit focused on providing assurance against the action list. The work being undertaken by the Constabulary to mitigate the risk was verified and reasonable assurance given on design and application, however the impact of the improvements is not yet visible. Medium priority actions are:

- Clarify and communicate expectations of supervisors and managers.
- Explore how to measure improvements in quality of data.
- Consider introducing tolerance levels at which action is taken and fed through to the Individual Performance Review (IPR) process.
- Ensure the application of the Master Data Management Tool (MDMT) which is used to identify errors in Niche across all systems.

The Constabulary agrees with the findings and will look to find a simple solution to a clear accountability framework. Not every officer has access to Qliksense at the moment but the Constabulary is looking to address this and ensure the message is understood by officers about how important data quality is and the benefits of recording data e.g. helps solving cases. Smartphones now enable direct entry. The Constabulary will be focusing on the direction of travel where improvements to data quality are concerned rather than retrospective improvement as it is not felt that this would add value.

Joint Audit Committee Members acknowledged the progress made and the massive amount of work being done but now want to see the changes in outcomes.

c)   **Follow Up (Report 7c)**

35% of the actions were from the Crime Data audit which will be looked at during the next Follow Up report. The Internal Auditors commented that responses from managers are now timely and Members observed that systems for action tracking now seem to be working effectively.

d)   **Progress Report (Report 7d)**

No high actions have been issued. More is work to be done in relation to data quality to ensure it doesn't affect the annual opinion.

The scoping meeting took place on Monday for the IT audit. Members agreed that this audit could be deferred until January 2018 to allow for the benefits tracker due in December 2017 to be embedded.

Members agreed that the Disaster Recovery audit should be done as soon as possible (end of October/November 2017) as this has been a concern for a while and a number of issues had occurred during the recent power outage.

e)   **ROCU/ Collaboration (Verbal Update)**

The Internal Auditors confirmed that they have completed the first week of the Regional Organised Crime Unit (ROCU) audit which focused on procurement process, budget management, governance and risk management. So far the Internal Auditors have only worked with Avon and Somerset employees and processes as they are the host force but auditors are looking to engagement with the other forces in order to

give an impartial opinion focusing on ROCU as a whole. It was agreed that data ownership should be included in the second part of the audit.

Resolved that data ownership should be included in the second part of the ROCU internal audit.

33. **External Audit Update (Report 8)**

The External Auditors are starting to plan the 2017/18 accounts audit taking into account that the introduction of MFSS may impact on the capacity of finance staff. The External Auditors will aim to be onsite in May 2018 to avoid access issues as SAP will only be running until the end of June 2018 due to the Constabulary moving to Oracle on 1st April 2018.

The Apprenticeship Levy was discussed. Every organisation over a certain size has to pay the levy monthly and which can be drawn down up to two years later. It has to be used on an approved apprenticeship programme. Members were assured that the Constabulary will be utilising this with the change in Police Officer training which is going from the 20 week initial learning to a 3 year degree. This will be positive for the Police Officers who will emerge with a degree without the debt and will also encourage greater diversity.

34. **Office of the Police and Crime Commissioner Strategic Risk Register (Report 10)**

Members were informed that SR3 (Financial Incapability & VFM) might be going up due to the pay awards if they need to be funded by reserves. Revenue pressure, funding capital, use of reserves and coping with more demand with less funding was discussed. Collaboration work was discussed - news of the bid to the Police Transformation Fund, working with partners on a shared data project, is awaited.

SR2 (Police and Crime Plan) is higher on the Office of the Police and Crime Commissioner (OPCC) Strategic Risk Register than the Constabulary, these differences are to be expected as the PCC is the Governance and Scrutiny body and the Constabulary is operational. The OPCC see that the Constabulary are committed to delivering the Police and Crime Plan but the risk rating reflects the need to see the indicators that the plan is being delivered and also it takes into account the external factors which threaten the delivery of the plan – the complexity of demand means the risk is increasing. Risks to projects which are part funded by partners were discussed as all public services are facing budget pressures.

35. **Constabulary Strategic Risk Register (Report 11)**

The Constabulary are currently changing the format of their risk register and it is still a work in progress – the format will be agreed at the Constabulary Management Board tomorrow. Members commented that the new format of the Constabulary Risk Register is good. The Risk Register amalgamates a number of risks to make it truly strategic and a section has been added to assess the impact of the risk. This will be supported by a risk response plan

which will be reviewed at the Constabulary Management Board and a quarterly Strategy Board.

A new risk has been added regarding the General Data Protection Regulations and what it means for policing. Information on this is coming out slowly and the Constabulary have to respond quickly. This risk will be monitored and it is expected to reduce and subsequently be removed from the register.

How the Strategic Risk Register relates to Department Risk Registers needs to be effective (good read across). Capability and Capacity needs to be on every directorate register. The Strategic Independent Advisory Group (SIAG) will be the public stakeholder.

Monitoring and responding to media cases that 'go viral' was discussed and the actions being taken by the Constabulary in these circumstances. There is no national guidance on this matter

Resolved that the Constabulary will forward the revised Strategic Risk Register to Members once it has been agreed.

36. **Summary of HMIC and Internal Audit Recommendations (Report 12)**

There are still some open recommendations but none that are overdue. How the business leads respond and put into practice recommendations is much improved. The Constabulary have a detailed tracker and so additional information can be made available to Joint Audit Committee Members at any time.

25. **Exempt Minutes of the Joint Audit Committee Meeting held 2nd December 2017 (Report 11)**

EXEMPT MINUTES

The meeting concluded at 16:05

CHAIR

ACTION SHEET

MINUTE NUMBER	ACTION NEEDED	RESPONSIBLE MEMBER/ OFFICER	DATE DUE
Minute 18c **Internal Audit Scoping Process** **14th July 2017**	Revised draft of the Internal Audit Scoping Process paper should be issued to included amendments as discussed and including the process for changing the scope of an audit once it has been agreed.	RSM	Immediate
Minute 31a **Business from the Chair: Police and Crime Board** **27th September 2017**	Joint Audit Committee Members should receive the notes on the Police and Crime Board produced by the OPCC CFO.	OPCC CFO	Immediate
Minute 35 **Constabulary Strategic Risk Register** **27th September 2017**	The Constabulary will forward the revised Strategic Risk Register to Members once it has been agreed.	Head of Business Improvement	TBA

7a

AVON AND SOMERSET POLICE

Performance Management

FINAL

Internal Audit Report: 7.17/18

14 November 2017

RSM

CONTENTS

Debrief held	11 October 2017	**Internal audit team**	Mark Jones – Head of Internal Audit
Draft report issued	26 October 2017		Victoria Gould – Client Manager
Responses received	13 November 2017		Joe Hanley – Lead Auditor
Final report issued	14 November 2017	**Client sponsor**	Cathy Dodsworth – Head of HR
			Mark Simmonds – OPCC CFO
			Julian Kern – Constabulary CFO
			Mark Milton – Director of People and Organisational Development
			Jane Walmsley – Inspection and Audit Coordinator
		Distribution	As above

1 EXECUTIVE SUMMARY

1.1 Background

An audit of Performance Management has been undertaken as part of the 2017/18 audit plan. The Constabulary upgraded its Individual Performance Review (IPR) system in September 2016. The IPR is accessed through the Constabulary intranet page and records an employee's objectives, qualifications, performance review and continuous professional development information. As the new IPR was introduced mid-year, it is accepted that the completion rates for 2016/17 are not going to be satisfactory. Instead, the Constabulary is targeting improved completion rates for the 2017/18 year.

The IPR is mandatory for all police officers and staff across the Constabulary, with the exception of volunteers, casual workers and special constables. Employee information within the IPR system is fed directly by SAP, the Constabulary's integrated Enterprise Resource Planning software.

Whilst the IPR process is driven by the Human Resources (HR) department; responsibility for the completion of each of the IPRs rests with the employee's respective line manager. There is a requirement for an annual IPR to be completed and guidance has been provided to support line managers in effectively reviewing the performance of their team, as well as setting SMART (specific, measurable, achievable, realistic and timely) objectives to plan for the year ahead. HR facilitate the completion of the IPR process by issuing reminders to management to ensure these are completed as required.

1.2 Conclusion

We identified six areas of weakness in the IPR process, mainly with application of the control framework, which we assessed to be adequate. We have raised six management actions (four medium and two low) to address these findings.

Internal audit opinion:
Taking account of the issues identified, the OPCC and Joint Audit Committee can take reasonable assurance that the controls in place to manage this area are suitably designed. However, we have identified with the consistent application of and compliance with controls that need to be addressed in order to ensure that the control framework is effective in managing performance and developing staff.

1.3 Key findings

We identified areas of good practice in the design of controls and processes, summarised below:

- The Constabulary has an IPR Procedure which sets out the IPR process to be followed for staff.
- Guidance is available to staff on Pocketbook and on the IPR homepage to inform them of the IPR process.
- A sample of 12 staff confirmed that they are happy with the guidance provided on how to use the IPR system.
- All 12 staff informed us that the IPR system is generally intuitive and easy to use.
- All 12 staff were clear on what should be discussed during performance management meetings, how to set objectives and how to record progress against these within the system.

However:

- The deadlines for each stage of the IPR process are not specified within the IPR Procedure.
- In four out of 15 cases, the individual had no objectives set within their IPR profile. Also in 13 cases, there was no evidence that a mid-year appraisal had been completed.
- We did not consider any of the 30 objectives tested to have all five SMART characteristics. Where an individual is not able to evaluate their progress against their objectives, there is a risk that this disengages individuals with the IPR process.
- We were informed by staff that they believe the IPR process lacks an end purpose, as it is not linked to promotion applications / interviews / recruitment processes. There appears to be a lack of engagement among staff with the IPR process and there is therefore a risk that this restricts personal development and staff satisfaction.
- There are variances between the number of staff and the number of open IPRs due to a combination of Constabulary-wide restructuring and the inefficient closing of IPRs. For example, across 578 staff in the Investigations and Professional Standards sub-areas, we identified that there were 32 duplicate IPR profiles open (6%) and 159 staff without an IPR profile set up (27%).
- IPR Overview reports are not reviewed or escalated to any senior forum at the Constabulary. There is therefore a risk that appropriate action is not taken to address any issues identified.

1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Area	Control design not effective*	Non-Compliance with controls*	Agreed actions		
			Low	Medium	High
Policies and procedures	0 (2)	1 (2)	1	0	0
Policy compliance	0 (3)	2 (3)	1	1	0
Staff awareness / reporting	0 (3)	3 (3)	0	3	0
Total			2	4	0

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

2 ACTION PLAN

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
1	We reviewed the Constabulary's IPR Procedure document and noted that the set deadlines for each stage of the IPR process were not specified within the document (e.g. initial assessment, mid-year review and end of year assessment). There is a risk that staff are unaware of the deadline requirements for the completion of their IPR assessments and that they are therefore not completed in a timely manner.	Low	The IPR procedure will be updated to include recommended / indicative dates for completion of the different stages of the assessment process. These dates will be communicated to staff as part of ongoing communications.	31 March 2018	Head of HR
4	We reviewed 15 IPRs and found that 13 had no evidence logged of the mid-year appraisal. There was also no evidence of one-to-one review meetings taking place for eight of the 15.	Medium	Management will issue a reminder email to remind staff and officers of the requirement to complete the mid-year appraisal.	31 December 2017	Head of HR

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
5	We performed a sense check on the 30 objectives in our sample of 15 IPRs and found that not many were SMART.

Where objectives do not satisfy the five SMART criteria, an individual is not able to evaluate their progress against their objectives. There is a risk that this disengages individuals with the performance management process. | Low | Management will reinforce with all staff, officers and line managers the requirement for objectives to satisfy the SMART criteria. This will include reminding staff that guidance to writing objectives is available in the IPR system. | 31 December 2017 | Head of HR |
| 6 | We spoke to 12 staff / officers to gain feedback on the new IPR process.

Staff believed that the IPR lacks an end process, that the limited word count is an inconvenience, and that it is difficult to attach evidence. | Medium | Management will consider how staff engagement with the IPR process can be increased and take appropriate action to address this. | 31 March 2018 | Head of HR |
| 7 | We reviewed the IPR profiles for two Constabulary departments.

Across the 578 staff in the two sub areas, we identified that there were 32 duplicate IPR profiles open (6%) and 159 staff without an IPR profile set up (27%).

Where duplicate profiles exist, there is a risk that IPR completion data is inaccurate. Additionally, where staff do not have IPR profiles set up, there is a risk that staff are not regularly supervised and engaged in performance management. | Medium | Management will continue to identify and remove duplicate profiles and to ensure that all staff have an IPR profile set up. | 31 March 2018 | Head of HR |

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
8	We obtained the IPR Overview Report as at 4 September 2017 which included the following information: • 5,551 staff from the OMI; • 5,417 open IPRs; • 4,336 IPRs had a line manager assigned (80% of open IPRs); and • 3,448 IPRs had objectives set within the system (64% of open IPRs). The IPR Overview report has not recently been reported to CMB. Where the IPR profile issues identified in the IPR Overview reports are not reviewed and escalated to any senior forum at the Constabulary, there is a risk that appropriate action is not taken to address the issues.	Medium	Going forward, Constabulary management will reinstate the need for the IPR Overview Report to be presented to the CMB on a quarterly basis as part of the HR dashboard update.	31 January 2018	Head of HR

3 DETAILED FINDINGS

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

Our internal audit findings and the resulting actions are shown below.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
Area: Policies and Procedures								
1	The Constabulary does not have an IPR policy in place. Instead, it has an IPR ASC Force Procedure document in place which outlines the process which staff must undertake regarding their IPR. The document includes: • rationale for the IPR; • the IPR model; • objectives; • continuing professional development (CPD); • IPR meetings; • raising the end of year IPR; • definition of overall IPR ratings;	Yes	No	We obtained the IPR procedure and confirmed that it sets out the IPR process to be followed for staff. We noted that the deadlines for each stage of the IPR process were not specified within the document (e.g. initial assessment, mid-year review and end of year assessment). There is a risk that staff are unaware of the deadline requirements for the completion of their IPR assessments and that they are therefore not completed in a timely manner.	Low	The IPR procedure will be updated to include recommended / indicative dates for completion of the different stages of the assessment process. These dates will be communicated to staff as part of ongoing communications.	31 March 2018	Head of HR

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	• assessment and recognition of competence; and • role of second line manager. The document is reviewed every year and is approved by the Head of HR. The document is available to staff via the intranet.			We confirmed that the procedure was last reviewed by the Head of HR on 14 November 2016.				
2	There is no formal or face to face training provided to staff for using the IPR. Instead the Constabulary provides the following suite of guidance to staff: • CPD guidance document; • IPR guidance document; • SMART objective setting guidance document; • FAQs for appraisees and managers; • individual and manager checklists; • definition of objectives and overall IPR rating document; • capability procedure for police staff; • how to access your portfolio on the old PDR system; and • training video. These guidance tools are available to staff via the IPR homepage.	Yes	Yes	We obtained the suite of guidance documents and confirmed that they provide useful guidance to staff around the IPR process. We also confirmed that the documents were available to staff via the IPR homepage. We spoke to a sample of 12 staff (both police officers and police staff) across the Response, Enabling Services, Operational Support, Investigations and Neighbourhood and Partnership Directorates to determine whether they are satisfied with the guidance available and where to find it. From this we found: • in 11 cases staff were aware of the guidance and procedural documents available and where to find them; and • in the remaining case whilst the member of staff was unsure on where to find the guidance, they did not feel that it was required as		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				the system was intuitive and user friendly. We are satisfied that guidance is available to staff to inform them of the IPR process and that staff are happy with how to use it.				
Area: Policy Compliance								
3	An initial meeting takes place in the period immediately before the IPR year begins (1 April). This allows for the preceding IPR to be closed and any pay-related assessment to be completed. Following the initial meeting, both the line manager and individual discuss the role and the evidence expected to allow a performance appraisal to take place. Organisational, team and individual objectives are then set and entered into the IPR system. It is the responsibility of the individual to add / update their line manager within the IPR system.	Yes	Yes	We selected a sample of 15 staff (both police officers and police staff) across the Response, Enabling Services, Operational Support, Investigations and Neighbourhood and Partnership Directorates to check that the IPR process had been followed. From this we found: • in all cases a line manager had been assigned to the IPR profile; • in one case, the individual had a duplicate IPR open; and • in four cases, the individual had no objectives set. In the remaining 11 cases, two individuals did not have team objectives set and five did not have individual objectives set. Of the 30 objectives set, 25 were set in April 2017. The remaining five were set in either May or June 2017. The Head of HR informed us that due to the changes in the restructure, these objectives may have been set		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				following a change in job role, hence the delay. As the IPR procedure does not specify a deadline by which objectives should be set, there is no departure from procedure here. Clarifying the submission deadline and communicating these to staff will mitigate the risk that appraisals do not happen in a timely manner (see management action 1).				
4	A mid-year review meeting is held where line managers record comments on the individuals IPR to reflect the progress made on their agreed objectives. A date by which the mid-year review is to be completed has not been set by the Constabulary. The individual is responsible for their own development and for providing evidence of performance for review. Evidence can be attached against each objective to demonstrate an individual's progress / achievements.	Yes	No	We selected a sample of 15 staff (both police officers and police staff) across the Response, Enabling Services, Operational Support, Investigations and Neighbourhood and Partnership Directorates to check that the IPR process had been followed. From this we found: • in two cases, the member of staff had entered a mid-year update. In the remaining 13 cases, there was no evidence that a mid-year appraisal had been completed; • in seven cases, we could see that one-to-one update meetings had taken place at least once throughout the year. There was no evidence of one-to-ones taking place in the remaining eight cases; and • in one case, the individual had evidence attached against their	Medium	Management will issue a reminder email to remind staff and officers of the requirement to complete the mid-year appraisal.	31 December 2017	Head of HR

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				objectives. There was no evidence attached in the remaining 14 cases. The Head of HR informed us that a reminder for staff to complete the mid-year appraisal had not yet been sent out and that it was expected for this to increase completion rates considerably.				
5	Each line managers agrees and submits SMART (suitable, measurable, achievable, relevant and time related) objectives for the individual each year.	Yes	No	We performed a sense check on the 30 objectives in our sample to check whether they contained the SMART criteria. Whilst we found that some objectives had certain characteristics of a SMART objective, we did not consider any of the objectives set by staff to have all five SMART characteristics. Some examples of the wording used in the objectives include: • "identify appropriate opportunities"; • "demonstrate ownership"; • "be accessible and engaged with the team"; • "increase your capability to respond effectively"; • "develop knowledge of the Centurion system to support the department in managing data";	Low	Management will reinforce with all staff, officers and line managers the requirement for objectives to satisfy the SMART criteria. This will include reminding staff that guidance to writing objectives is available in the IPR system.	31 December 2017	Head of HR

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				• "ensure that specialist activity and training reflects national best practice"; • "give clear direction of expectations"; and • "demonstrate ownership of your investigations". SMART objective setting brings structure and trackability into an individual's goals and objectives. Where objectives do not satisfy the five SMART criteria, an individual is not able to evaluate their progress against their objectives. There is a risk that this disengages individuals with the performance management process.				
Area: Staff Awareness / Reporting								
6	Recent staff surveys and feedback over the past two years have highlighted that one-to-one appraisal meetings have not been taking place as expected. These one-to-one appraisal meetings will not have been captured on the IPR as it was in the process of being developed. Staff and managers should have been keeping their own records of these meetings and discussions	Yes	No	We spoke to a sample of 12 staff (both police officers and police staff) across the Response, Enabling Services, Operational Support, Investigations and Neighbourhood and Partnership Directorates. The key themes identified during the conversations were as follows: Process • all staff were clear on what should be discussed, how to set objectives and how to record progress against these;	Medium	Management will consider how staff engagement with the IPR process can be increased and take appropriate action to address this.	31 March 2018	Head of HR

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	in the absence of a PDR / IPR system.			• staff informed us that they believe the IPR process lacks an end purpose, as it is not linked to promotion applications / interviews / recruitment processes. The Head of HR informed us that this is done purposely as there was a trend of staff receiving generous appraisal ratings; • one member of staff suggested that there may be a cynicism amongst staff over whether the system will still be around next year given the period without the previous PDR system; and • two members of staff felt that the IPR process is followed to satisfy management as opposed to being followed to help their development. Usability • several staff stated that the character limit in the text boxes was frustrating and meant they had to split their feedback / updates into multiple boxes; • four members of staff informed us that they had difficulty in attaching and viewing evidence; • one member of staff informed us that they had difficulty closing the IPR off as each box has to be populated; and				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				• all staff informed us that in general the IPR system is intuitive and easy to use. There appears to be a lack of engagement among staff with the IPR process. There is a risk that a lack of engagement restricts personal development and staff satisfaction.				
7	Profiles within the IPR system mirror the profiles set up within SAP. When a new staff profile is created in SAP, this creates a new IPR profile. Should a member of staff change roles, a new SAP profile will be created and therefore a new IPR profile will be created. It is the responsibility of the individuals line manager to complete and close the old IPR profile. If this is not done then two (or more) IPR profiles will exist for that individual. Following the restructure, it became apparent that multiple IPRs were open for staff as old IPR profiles were not closed. Additionally, it has been identified that an IPR profile does not exist	Yes	No	We selected the Investigations and Professional Standards sub-areas in order to investigate the actual number of staff, number of open IPR profiles and duplicate IPR profiles in each area. From this we found: 		Inv's	PSD	Total
---	---	---	---
Staff from OMI	536	42	578
Open IPRs	443	38	481
Duplicate IPRs	30	2	32
Staff without IPR profile	123	36	159	 Across the 578 staff in the two sub areas, we identified that there were 32 duplicate IPR profiles open (6%) and 159 staff without an IPR profile set up (27%).	Medium	Management will continue to identify and remove duplicate profiles and to ensure that all staff have an IPR profile set up.	31 March 2018	Head of HR

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	for all staff. An exercise has been undertaken by the HR team to reduce duplicate IPR profiles.			It should be noted that due to the date of the OMI report (30 September 2017) and the date on which data was taken from the IPR system (5 October 2017) there was a five-day gap between the two sets of data used. It was not possible to obtain a more recent OMI report at the time of the audit as these are only run at the end of each month.

Where duplicate profiles exist, there is a risk that IPR completion data is inaccurate. Additionally, where staff do not have IPR profiles set up, there is a risk that staff are not regularly supervised and engaged in performance management. | | | | |
| 8 | The Assistant HR Planning Officer produces an IPR Overview Report which includes the following details, broken down into each of the 32 sub-areas within the six Directorates:

• total staff number from the OMI (Organisational Management Information) for each directorate / sub-area;
• number of open IPRs;
• number of IPRs with line manager assigned;
• number of IPRs with objectives set; | Yes | No | We obtained the IPR Overview Report as at 4 September 2017 which included the following information:

• 5,551 staff from the OMI;
• 5,417 open IPRs;
• 4,336 IPRs had a line manager assigned (80% of open IPRs); and
• 3,448 IPRs had objectives set within the system (64% of open IPRs).

We were informed by the Head of HR that a combination of Constabulary-wide restructuring and the inefficient closing of IPRs has resulted in the | Medium | Going forward, Constabulary management will reinstate the need for the IPR Overview Report to be presented to the CMB on a quarterly basis as part of the HR dashboard update. | 31 January 2018 | Head of HR |

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	• percentage of IPRs with line manager assigned; and • percentage of IPRs with objectives set. The IPR Overview reports are not currently reviewed by the CMB. They are provided to the HR Managers for each Directorate.			above variances between the number of staff and the number of open IPRs. The Head of HR informed us that the monthly IPR reports have not recently been reported to the CMB. Where the IPR profile issues identified in the IPR Overview reports are not reviewed and escalated to any senior forum at the Constabulary, there is a risk that appropriate action is not taken to address the issues.				

APPENDIX A: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following areas:

Objectives of the area under review

IPR objective:

To ensure that staff are regularly supervised, supported and engaged in monitoring performance.

To ensure that staff are set smart objectives for development for the benefit of the individual and organisation as a whole.

Audit objective:

To provide assurance that the new IPR system is fully rolled out and embedded.

To ensure that staff are engaged and compliant with the new IPR process, enabling increased personal development and staff satisfaction.

Recent staff surveys had identified that one-to-one appraisal meetings had not been taking place in a consistent manner across the Constabulary. The Head of HR requested that we spoke to staff during the audit to see whether this has changed since the implementation of the upgraded IPR system.

At the time of the scoping meeting (August 2017) not all staff had an IPR profile set up within the system. This was to be rectified by the time of the audit fieldwork and therefore it was requested that we include the setup of profiles within our audit scope.

Whilst this topic area links to two risks on the Constabulary risk register (below), there are no documented controls on the risk register which are specific to IPR, therefore our scope is for a systems based audit focusing on key and expected controls in this area.

SSR6 – Workforce productivity declines

SSR11 - Inability to attract, recruit and retain talented and effective workforce

When planning the audit, the following areas for consideration and limitations were agreed:

Policies and procedures

Review the adequacy of performance management and appraisal policies and associated procedures.

Staff guidance

Review the IPR guidance documentation available to staff to ensure they are sufficiently guided on their responsibilities as appraisers and appraises, including assessment of training provided to staff on the new IPR.

Compliance with procedure

Review compliance with the Appraisal Policy for a sample of staff, to ensure that appraisals have happened in a timely manner, and that objectives and updates are input into the IPR system to evidence this.

Staff awareness

Speak to a sample of staff to gauge whether the IPR system is easy to use, to identify whether there are any barriers to using the system and to check whether staff are having timely and useful one-to-one appraisal meetings.

Completeness of IPR Profiles

Use IDEA (data analytics tool) to check that IPR profiles have been set up within the system for all staff.

Reporting

The layout and design of IPR monitoring reports and the accuracy of reports in relation to the source data.

Limitations to the scope of the audit assignment:

We did not review or comment on the consultation or decision-making process which led to the development of the IPR, only that key controls were in line with good practice.

We did not comment on the performance of individuals reviewed in our sample, only the process undertaken to ensure they received an appraisal and that this was formally documented.

Testing was undertaken on a sample basis only.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Please note that the full scope of the audit can only be completed within the audit budget if all the requested information is made available at the start of the audit, and the necessary key staff are available to assist the audit process during the audit. If the requested information and staff are not available we may have to reduce the scope of our work and/or increase the audit budget. If this is necessary we will agree this with the client sponsor during the audit.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Cathy Dodsworth, Head of HR;
- Julie Ford, Assistant HR Planning Officer; and
- 12 Police Officer / Police Staff across six Directorates (names to remain anonymous).

Documentation reviewed during the audit:

- IPR Procedure;
- Pocketbook;
- Suite of Pocketbook Guidance Documents;
- OMI Reports;
- IPR Overview Reports; and
- IPR Profiles.

Benchmarking

We have included some comparative data to benchmark the number of management actions agreed, as shown in the table below. In the past year, we have undertaken a number of audits of a similar nature.

Level of assurance	Percentage of reviews	Results of the audit
Substantial assurance	31%	
Reasonable assurance	54%	X
Partial assurance	0%	
No assurance	15%	
Management actions	**Average number in similar audits**	**Number in this audit**
High	0.5	0
Medium	1.6	4
Low	1.7	2
Total	**3.8**	**6**

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AVON AND SOMERSET POLICE

Training

FINAL

Internal Audit Report: 9.17/18

20 December 2017

RSM

CONTENTS

Debrief held	23 November 2017	Internal audit team	Mark Jones – Head of Internal Audit
Draft report issued	7 December 2017		Victoria Gould – Manager
Responses received	19 December 2017		Joe Hanley – Senior Internal Auditor
Final report issued	20 December 2017	Client sponsor	Mike Carter – Head of L&D
			Mark Simmonds – OPCC CFO
			Julian Kern – Constabulary CFO
			Jane Walmsley – Inspection and Audit Coordinator
		Distribution	As above

1 EXECUTIVE SUMMARY

1.1 Background

We carried out a Training audit as part of the agreed internal audit plan for 2017/18. There are mandatory training requirements for Constabulary staff that are dictated by the College of Policing, Strategic Policing Requirements and through legislation, amongst other areas. As a result, this review was undertaken to confirm whether a robust control framework is in place to ensure Constabulary staff were provided with the required mandatory training in a timely manner in order for them to undertake their duties safely, as well as the ability of the Constabulary to provide staff with additional training to meet changes in demand and personal development objectives amongst other justifications and requests.

The Learning and Development (L&D) team consists of the Head of L&D, three Training Managers, a Systems Information Manager, a Systems Information Assistant, five training administrators (3x full-time, 1x part-time and 1x temp) and six training teams: core policing skills (CPS), ICT, investigative training, operational training, leadership training and driver training. The Constabulary has a variety of locations at which training takes place, including Black Rock (Firearms), The Wilfred Fuller VC Centre (Ops etc.), Express Park, Patchway and at the main base at HQ.

For the period April 2017 to October 2017, there were a total of 1,084 training events delivered across 155 different courses. In addition to providing training to Constabulary police officers and police staff, external participants from other Forces are trained to generate income. For the period April to September 2017, total training income was £198,376. The projected income for the year is £396,752, meaning that income will be £46,652 over budget if the projected income is met.

1.2 Conclusion

We identified five areas of weakness in the training process, mainly with application of and compliance with the control framework, which we assessed to be adequate. We have raised five management actions (three medium and two low) to address these findings.

Internal audit opinion:
Taking account of the issues identified, the OPCC and Joint Audit Committee can take reasonable assurance that the controls in place to manage this area are suitably designed. However, we have identified weaknesses with the consistent application of and compliance with controls that need to be addressed in order to ensure that the control framework is effective in upskilling staff and officers.

1.3 Key findings

We identified areas of good practice in the design of controls and processes, summarised below:

- A training delivery plan has been introduced for the 2018/19 year by the L&D department. This is the first consolidated training plan produced by the Constabulary for a number of years. The development of the plan shows that the Constabulary is moving in the right direction in terms of planning ahead.

- We found that training courses identified as part of the Individual Performance Record (IPR) process had resulted in the course being requested by the individual.
- For a sample of 15 courses we established that they had been offered as a result of being mandatory, in high demand, low existing skilled staff or a Constabulary-wide project.
- A directory of all courses available to the Constabulary is maintained on Pocketbook.
- Qliksense apps are viewed by the training managers and show course non-attendance, roster activity, event participation and a skills overview.

However:
- More involvement from the Directorates is needed in the development of the training plan to ensure that the plan better reflects the needs of the Constabulary. Where there is no involvement from the Directorates and sub-areas, there is a risk that those parties with the knowledge of skill gaps and training requirements are not driving the training plan.
- The Constabulary is reliant on staff to notify training admin of the skills they obtain outside of the normal training environment so this can be logged on their record, however this is not done consistently. As a result, the L&D Team cannot identify skill gaps as they cannot accurately analyse the skills that staff currently hold. Where current skills held by staff cannot be analysed, the identification of skill gaps is not possible. Additionally, demand for training cannot be managed to ensure that skill / resource gaps are prioritised.
- The matrix template document was last updated in February 2005 and refers to the Performance and Development Review (PDR) as opposed to the Individual Performance Review (IPR) system which is currently used.
- The external course directory was last updated in 2013 and is misleading to staff in terms of which courses are available to them. The internal course directory was last updated in 2016.
- We reviewed the data monitored using the Qliksense apps. We found that the data was last updated on 31 July 2017. Whilst the information presented as part of the Qliksense apps is useful to the L&D team, there is a risk that out of date information misleads the training managers.

1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Area	Control design not effective*	Non-Compliance with controls*	Agreed actions		
			Low	Medium	High
Training plan	0 (1)	1 (1)	0	1	0
Demand management	0 (1)	1 (1)	0	1	0
IPR training requirements	0 (2)	1 (2)	1	0	0
Course requests	1 (2)	0 (2)	0	1	0
Training data	0 (1)	1 (1)	0	1	0
Total			1	4	0

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

2 ACTION PLAN

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
1	The 2018/19 training plan has been developed by the L&D team without input or communication from the various Directorates across the Constabulary. We were informed that the training plan was based on previous year training needs and that whilst developing the plan for 2018/19 was difficult, the implementation of MFSS in 2018 will help to inform the training plan in future years. Where there is no involvement from the Directorates and sub-areas, there is a risk that those parties with the knowledge of skill gaps and training requirements are not driving the training plan.	Medium	Going forward, management will ensure that the Constabulary annual training plan is driven by Directorates and their needs. To facilitate this, management will consider introducing forums such as a Training User Group or Organisational Learning Board.	1 October 2018	Head of L&D
2	Through discussion with the Head of L&D we established that the Constabulary is reliant on staff to inform training admin of the skills obtained outside of the normal training environment, so this can be logged on their individual record within LSO, however we found inconsistencies between information held on SAP and LSO. As a result, the L&D Team cannot identify skill gaps as they	Medium	Upon implementation of MFSS, management will issue instructions for all staff to update their skills within the systems maintained by MFSS to assist with demand management and training needs assessments.	1 May 2018	Head of L&D

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
	cannot accurately analyse all the skills that staff hold. Where current skills held by staff cannot be easily identified or analysed, the identification of skill gaps and therefore training need to meet demand is not possible. Additionally, demand for training cannot be managed to ensure that skill / resource gaps are prioritised.				
3	The matrix template document was last updated in February 2005 and refers to the Performance and Development Review (PDR) as opposed to the Individual Performance Review (IPR) system which is currently used.	Low	The Head of L&D will update the Performance Needs Matrix to ensure it is up to date. This will include updating the documents outdated terminology from PDR to the IPR.	1 February 2018	Head of L&D
6	The external course directory was last updated in 2013 and is misleading to staff in terms of which courses they may complete. The internal course directory was last updated in 2016.	Medium	Management will ensure that course directories are regularly updated to reflect the courses offered by and available to the Constabulary.	1 June 2018	Head of L&D
7	We reviewed the data monitored using the following Qliksense apps. We found that the data was last updated on 31 July 2017. Whilst the information presented as part of the Qliksense apps is useful to the L&D team, and to the wider Constabulary and OPCC to act as assurance over the training activities that are taking place, there is a risk that out of date information misleads the training managers.	Medium	Management will ensure that the required training data / reports are provided to the Performance Team on a quarterly basis to enable them to update the Qliksense Apps. This will allow the app to provide live data which will be more useful for managers.	1 February 2018	Head of L&D

3 DETAILED FINDINGS

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny / reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

Our internal audit findings and the resulting actions are shown below.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
Area: Training plan								
1	A training delivery plan has been introduced for the 2018/19 year by the L&D department. The plan schedules the key training dates for the year and is in a Gantt chart format to show the month(s) in which the training is due to be provided. The plan is broken down into the following training categories: • core policing skills (CPS) training; • ICT training; • investigative training; • operational training; • leadership training; and	Yes	No	The 2018/19 training plan has been developed by the L&D team without input or communication from the various Directorates across the Constabulary. We were informed that the training plan was based on previous year training needs and that whilst developing the plan for 2018/19 was difficult, the implementation of MFSS in 2018 will help to inform the training plan in future years. Where there is no involvement from the Directorates and sub-areas, there is a risk that those parties with the knowledge of skill gaps and training requirements are not driving the training plan.	Medium	Going forward, management will ensure that the Constabulary annual training plan is driven by Directorates and their needs. To facilitate this, management will consider introducing forums such as a Training User Group or Organisational Learning Board.	1 October 2018	Head of L&D

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	• driver training. Each training course is RAG colour coded into either a low, medium or high priority. This is based upon the judgement of the L&D Team as to how important the course is to the training requirements of the Constabulary (e.g. mandatory courses are high priority). Additionally, courses with income generation potential are also identified in the plan. The 2018/19 training plan has been reviewed by the Director of People and Organisational Development.			We note that this is the first training plan produced by the Constabulary for a number of years. The development of the plan shows that the Constabulary is moving in the right direction to plan ahead, but more involvement from the Directorates will be needed to ensure that the plan better reflects the needs of the Constabulary. At present the plan is driven by the L&D team. The Head of L&D informed us that the training plan was reviewed by the Chief Constable and by the Director of People and Organisational Development in July 2017 but no formal approval has been given yet.				
	Area: Demand management							
2	Staff record any skills that they have within their user profile in the Duty Management System. It is the responsibility of staff to manually add these skills and maintain accurate information within DMS.	Yes	No	Through discussion with the Head of L&D and review of a sample of skills data, we were informed that the Constabulary is reliant on staff to enter the skills they obtain, but found that this is not consistently applied. As a result, the L&D Team cannot identify skill gaps as they cannot accurately analyse the skills that staff hold. We were informed that a Consultative Commissioning Service was introduced in February 2017 which involves sponsors across the Constabulary suggesting areas of training to be covered going forward.	Medium	Upon implementation of MFSS, management will issue instructions for all staff to update their skills within the systems maintained by MFSS to assist with demand management and training needs assessments..	1 May 2018	Head of L&D

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				The implementation of MFSS will enable the Constabulary to better analyse the skills held. Where current skills held by staff cannot be analysed, the identification of skill gaps is not possible. Additionally, demand for training cannot be managed to ensure that skill / resource gaps are prioritised.				
Area: IPR training requirements								
3	When a training need is identified by an employee and their Line Manager via the IPR process, a Performance Needs Matrix is completed by the employee. The Matrix template is available to staff via the L&D section of Pocketbook. The matrix 'scores' the requirement of the employee to complete the training on the following criteria: • contribution to career development (between 1 and 3); • area which the training will address, i.e. skills gap / job profile / Constabulary objective (between 2 and 3); and • frequency in which skills will be used (between –4 and 2).	Yes	No	We selected a sample of five matrix requests. From this we found: • in all cases the matrix score was seven or above; • in two cases, the individual had been booked on to the corresponding training course; and • in the remaining three cases, the individual was on the pre-bookings list for the corresponding training course. We selected a sample of five staff that had explicitly identified training needs in their IPR. From this we found: • in all cases the individual was on the pre-bookings list for the course identified in their IPR; and • we were unable to find the Performance Needs Matrix for any of the individuals. The Systems Information Assistant confirmed	Low	The Head of L&D will update the Performance Needs Matrix to ensure it is up to date. This will include updating the documents outdated terminology from PDR to the IPR.	1 February 2018	Head of L&D

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	The overall score out of a possible 8 is determined and a priority level is allocated to the training request. The Line Manager either approves or rejects the training request. Subject to approval, the Performance Needs Matrix is sent to the L&D Admin Team inbox for consideration. Once this matrix has been processed by the L&D Admin Team, it is added to a 'pre-bookings' list within the LSO (Learning Services) module of SAP. The pre-bookings lists are reviewed periodically and training courses are scheduled according to demand.			that the matrices are not kept once the individual has been added to the list. Whilst our testing found that training courses identified as part of the IPR process had resulted in the course being requested, we note that there is no link between the IPR process and the training course booking process. We were informed by the Head of L&D that the move to MFSS will allow staff to use a self-service booking tool which will be integrated with the IPR process. We confirmed that the matrix document is available to staff in the recruitment, promotion and training section of Pocketbook. We note that the matrix template document was last updated in February 2005 and refers to the Performance and Development Review (PDR) as opposed to the Individual Performance Review (IPR) system which is currently used.				
4	The L&D Team analyse the quantity of Performance Need Matrices received and run courses where there is sufficient demand for a certain course. When completing the Performance Need Matrix, the Line Manager	Yes	Yes	We selected a sample of five matrix requests. From this we found: • in three cases, the provision date was specified as "ASAP"; • in one case, the provision date was left blank; and • in only one case had the provision date been entered. The training		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	enters a date by which the training should be provided.			course had not been completed by this date. Whilst we could not evidence that training courses are being offered in response to requests in a timely manner, we acknowledge that this is due to a number of factors including a lack of organisation-wide demand and poor availability of staff on dates offered.				
Area: Course requests								
5	The courses scheduled by the L&D Team are done so as a result of either statutory requirements, personal development requirements or demand (performance need matrices).	Yes	Yes	We selected a sample of 15 courses run in 2017/18. From this we found: • in eight cases, the course was run because of the demand on the pre-bookings list; • in three cases, the course was mandatory; • in three cases, the course was project driven across the Constabulary (Niche Op User, Body Worn Camera and Digital Mobilisation); and • in one case, the course was run because it was identified that the number of individuals with the required training across the Constabulary was low. For the same sample of 15 courses we found: • there were 22 cancellations across the courses. The reasons		None.		

for these cancellations included: "re-coursed" x8, "unknown" x4, "work commitment" x2, "interrupted" x2, "error" x2, "annual leave" x1, "sent substitute" x1, "event no longer required (external officer)" x1 and "sickness" x1; and

- the location of the training courses was as follows: HQ training school x7, on patrol (vehicle based) x3, Express Park x2, Wilford Fuller x2, Patchway x1.

The most frequently run courses between 1 April and 31 October 2017 were as follows:

Course Title	No. of courses
Digital Mobilisation	194 courses
PPE Refresher	87 courses
Body Worn Camera	58 courses
First Aid Module 2 Refresher	50 courses
Standard Response Refresher	39 courses

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				We are satisfied that courses are offered as a result of being mandatory, high demand, low existing skilled staff or Constabulary-wide projects.				
6	A directory of all courses available to the Constabulary is maintained on Pocketbook. This shows a list of all courses and includes a brief description of the training provided as part of the course. The courses are broken down into the following training areas: • custody and detention officers; • driver and RPU training; • firearms courses; • ICT training; • investigative training; • leadership and personal development; • operational training; • uniform training; and • teacher training. The course directory was last updated in 2013 and is due to be updated upon the move to MFSS.	No	N/a	Of the 112 courses in the course directory, only 12 have been run since April 2017. Similarly, of the 155 courses that have been run since April 2017, only 12 appear in the course directory. We note that some of the discrepancies may be to slight name changes or rebranding of the training course names. However, this indicates that the course directory is out of date and misleading to staff in terms of which courses they may complete. The Head of L&D informed us that the course directory is to be updated upon implementation of MFSS. We are not satisfied that staff currently have access to an up to date database of training courses offered by the Constabulary.	Medium	Management will ensure that course directories are updated regularly to reflect the courses offered by and to the Constabulary.	1 June 2018	Head of L&D

Area: Training data

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
7	Training data (number of courses run, number of attendees, cost of training courses and income generated) is not analysed,	Yes	No	There is no formal process in place for reporting mandatory and non-mandatory training MI and KPIs to an appropriate committee.	Medium	Management will ensure that the required training data / reports are provided to the Performance Team on a quarterly basis to	1 February 2018	Head of L&D

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	escalated or reported to any senior forum within the Constabulary. The following Qliksense information can be viewed by the training managers: • course non-attendance; • roster activity; • event participation; and • skills overview.			As at 30 September 2017, total training income was £198,376. The projected income for the year is £396,752 which would mean an income of £46,652 over budget. We validated this figure with the finance team. Between 1 April and 31 October 2017, we found: • a total of 1,084 courses were run; • 155 different training courses were run; • 4,284 staff attended training (4001 internal and 283 external); and • 1,410 training course cancellations were made. We reviewed the data monitored using the Qliksense app. We found that the data was last updated on 31 July 2017. Whilst the information presented as part of the Qliksense apps is useful to the L&D team, and to the wider Constabulary and OPCC to provide assurance of the level of training that is taking place, there is a risk that out of date information misleads the training managers.		enable them to update the Qliksense Apps. This will allow the app to provide live data which will be more useful for managers.		

APPENDIX A: SCOPE

The scope below is a copy of the original document issued.

The scope was planned to provide assurance on the controls and mitigations in place relating to the following areas:

Objectives of the area under review
To follow up on previous audit findings, and assess how the Constabulary is establishing training needs and plans to enable demand to be managed, statutory requirements to be met, and to assist individuals to continue to develop.

The Head of Learning and Development informed us that the department had not written a formal training plan for 17/18, however it has been working to develop the 18/19 plan and processes going forward for identifying training needs and responding to this. Our scope has therefore been updated accordingly to reflect this information.

When planning the audit, the following areas for consideration and limitations were agreed:

We reviewed the steps taken to develop the annual training plan for 2018/19, and walked through the evidence and documentation that led to the development of the plan, and explored the links across the constabulary that are factored in to the development of this plan.

We looked at the link between constabulary demand management processes, identifying gaps in resource and the requirements to upskill current staff / officers, and how this was escalated to L&D, including the use of data from DMS, SAP, the training demand app and the attendance app.

We also looked at how IPR and personal development training requirements were communicated and considered by L&D. Line managers should use a matrix to establish what courses staff should attend as part of their development, and forward this to L&D admin for consideration. We two way tested a sample of IPRs / training requests to look at how / if this process is working in practice, and the timeliness of responses.

We selected a sample of courses and established why / from what source did the request for the course to run come from or whether it was a core course. We looked at the attendance levels, location, timing and frequency of these courses.

We looked at key training data such as number of courses run, number of attendees, cost of training courses and income generated via collaborative / commissioned courses.

Limitations to the scope of the audit assignment:

- We did not review or provide assurance that staff and officers had completed all required mandatory training.
- We did not comment on the quality of training provision / material.
- We did not review IPR data, only the link between IPR outputs identifying training needs and training available / provided.
- Testing was undertaken on a sample basis only.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Mike Carter, Head of L&D.
- Martyn Triggol, Training Manager.
- Kate Chick, ICT Training Manager.
- Tracey Reed, Systems Information Manager.
- Pauline Finnimore, Systems Information Assistant.
- Jon Dowey, Performance Information Manager.
- Louise Davis, Finance Manager.
- Julie Ford, Assistant HR Planning Officer.

Documentation reviewed during the audit:

- Draft 18/19 training plan.
- Training requests to L&D.
- Course directory.
- Qliksense app.
- Training data (no. of courses, no. of attendees, cost, income generated etc.).

Benchmarking

We have included some comparative data to benchmark the number of management actions agreed, as shown in the table below. In the past year, we have undertaken a number of audits of a similar nature.

Level of assurance	Percentage of reviews	Results of the audit
Substantial assurance	7%	
Reasonable assurance	37%	X
Partial assurance	28%	
No assurance	28%	
Management actions	**Average number in similar audits**	**Number in this audit**
High	0.4	0
Medium	2.3	4
Low	2.6	1
Total	**5.3**	**5**

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AVON AND SOMERSET POLICE

Staff Culture and Wellbeing

FINAL

Internal audit report 11.17/18

19 December 2017

RSM

CONTENTS

1 EXECUTIVE SUMMARY

1.1 Background

In order for any organisation to have an engaged and positive workforce it is essential that fundamental controls are established to support the wellbeing of staff. Due to the dynamic and demanding nature of the policing environment and the current period of intensive change, it is crucial that Avon and Somerset Constabulary has an effective framework for managing staff wellbeing. Without this, there is a risk that the Constabulary will not have an engaged and productive workforce capable of delivering the Constabulary's objectives.

The Constabulary carried out a staff wellbeing and engagement survey in partnership with Durham University. This took place in November 2016 (part A) and January 2017 (part B). Findings were provided to the Constabulary in April 2017.

Through review of the staff wellbeing and engagement survey findings infographic, we observed that the wellbeing related issues identified from the survey include but are not limited to:

- workplace demands impact negatively on performance;
- staff feel the Constabulary does not care about their wellbeing; and
- competing demands between work and home roles is high, especially for police officers.

As part of this review we have also looked at the support frameworks in place to address mental health concerns in the work place.

1.2 Conclusion

We established that the key controls surrounding staff culture and wellbeing appear to be robust. We have raised two management actions (one 'low' and one 'medium') to increase staff awareness of support services offered and to address issues identified in the recent Wellbeing survey. In summary, we can see that the Constabulary has processes in place and is taking action, but survey and staff feedback is yet to show much of a positive impact materialising as yet, and with a further PBR process about to take place, this could further impact on staff wellbeing. This is a consistent theme across our client base whereby action is being taken and good practice is evidenced, without the desired effect.

HMICFRS issued its PEEL: legitimacy report in December 2017, which also included aspects of leadership and culture in its inspection. Avon and Somerset was assessed as good under the question 'to what extent does the force treat its workforce with fairness and respect'.

Internal audit opinion:
Taking account of the issues identified, the OPCC and Joint Audit Committee can take substantial assurance that the controls upon which the organisation relies to manage the identified areas are suitably designed, consistently applied and operating effectively, however this does not necessarily tally with some of the feedback received from staff in various surveys and conversations.

1.3 Key findings

The key findings from this review are as follows:

The Constabulary has a Health and Wellbeing Board (HWB) in place which meets regularly. Actions are identified during meetings to address issues raised.

The Constabulary has two further levels of governance hierarchy to facilitate the effectiveness of the main HWB's discussion: The Health and Wellbeing Delivery Group and the Staff Survey Working Group. The health and wellbeing governance structure allows for the identification and escalation of actions to tackle the issues identified.

Information on support services and resources are available on Pocketbook. The Constabulary also advertises the available resources on notice boards and posters as well as leaflet handouts.

All 10 KPIs identified by the Constabulary's EAP (employee assistance programme) provider, Health Assured, had been met for the quarter to 30 September 2017.

The feedback received from the webchat service has been captured and has fed discussion of the Staff Survey Working Group, with subsequent actions being identified and tracked.

Qliksense has up to date data on the wellbeing pulse survey. 65 people in total have access to the wellbeing app on Qliksense. Of these, 42 people have accessed the app an average of three times.

However:

One member of staff spoken to, out of a sample of five, was unaware of the support available through the EAP.

General awareness across a sample of five staff, with regards to the action taken by the Constabulary to address issues identified in staff and wellbeing surveys, was poor.

Two out of five staff were not aware of what the webchats were and had not accessed the transcripts.

The results of the wellbeing survey have not been discussed at the HWB and HWDG in detail due to how recent the surveys had been conducted at the time of the audit.

1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Risk	Control design not effective*	Non-Compliance with controls*	Agreed actions		
			Low	Medium	High
Budget cuts and force restructuring have adverse impact in staff morale and the delivery of policing services	0 (9)	3 (9)	1	1	0
Total			**1**	**1**	**0**

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

2 ACTION PLAN

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
4	We spoke to a sample of five staff (two police officers and three police staff) to gauge awareness of the support services offered. The key themes from our discussions were as follows: • in four cases, the general awareness of the support services offered by the Constabulary was good, including the Employee Assistance Programme (EAP), Peer Support Network and support of the Force Medical Advisor; • one member of staff was unaware of the support available through the EAP; and • general awareness of the action taken by the Constabulary to address issues identified in staff and wellbeing surveys was poor. Where awareness of support services and actions taken by the Constabulary is poor, there is a risk that this could ultimately have an adverse impact on staff morale and the delivery of policing services.	Medium	Management will issue Constabulary wide communication to inform staff of the support services on offer, where to find the webchat transcripts and work done by the Constabulary in response to the staff survey and wellbeing survey.	28 February 2018	Head of HR

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
8	The results of the wellbeing survey have not been discussed at the HWB and HWDG in detail due to how recent the surveys had been conducted at the time of the audit. We note that the surveys have only recently been completed. Going forward, the Constabulary intend to use and interpret the results to inform an action plan to address the issues identified.	Low	As planned, the Constabulary will use and interpret the results of the wellbeing survey to inform an action plan, in order to address the issues identified, and will ensure that action being taken is communicated across the Constabulary.	28 February 2018	Head of HR

3   DETAILED FINDINGS

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

Our internal audit findings and the resulting actions are shown below.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
Risk: Budget cuts and force restructuring have adverse impact in staff morale and the delivery of policing services								
1	The Constabulary has a Health and Wellbeing Board (HWB) in place which meets quarterly. The Board is chaired by the Chief Constable and has a terms of reference document which sets out its key responsibilities. This is reviewed annually by the Board itself and sets out the following key responsibilities: • annual review of the wellbeing strategy and an action plan to support this; • review progress against the action plan;	Yes	Yes	We examined the terms of reference for the HWB and found that the responsibilities outlined for the HWB are in line with what we would expect based on the Constabulary's Wellbeing Strategy. Through review of the HWB minutes from 20 April 2017, 1 August 2017 and 8 November 2017 we evidenced that these had taken place quarterly and that attendance figures at each of the last three meetings (24, 22 and 23 attendees respectively) was satisfactory and in line with the terms of reference.	None.			

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	• review key wellbeing data including sickness absence rates and reasons, occupational health referrals, use of the Employee Assistance Programme and participation rates for wellbeing activities; • review proposed initiatives; and • review communication strategies. The Board discusses the above matters and addresses issues that affect officers which have been passed to it from the Health and Wellbeing Development Group (HWDG). Issues are discussed and actions are logged in the action log with dates set and responsible owners defined for their implementation.			We examined the action logs and sheets resulting from discussions held at the HWB and found that: • all actions discussed in the minutes had resulted in an action on the appropriate log; and • all actions had been assigned a date for completion, status and responsible owner. We confirmed that the terms of reference had been reviewed on 10 January 2017. We are satisfied that the Health and Wellbeing Board meet regularly and that actions are identified to address any issues.				
2	The Constabulary has two further levels of governance hierarchy to facilitate the effectiveness of the main HWB's discussion: The Health and Wellbeing Delivery Group (HWDG) and the Staff Survey Working Group (SSWG). The HWDG is a sub group of the HWB. It represents a wide range of stakeholders who work in	Yes	Yes	We were informed by the Corporate HR Business Lead that the Director of People and Organisational Development attends the SSWG meetings as well as chairing the HWDG meetings, thereby facilitating the effective communication of actions from the discussions held and key areas of concern being escalated through the sub-groups to the HWB.		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	partnership to facilitate wellbeing across the Constabulary. People within the HWDG play a direct role in setting the agenda for this programme. The HWDG is headed by the Director of People and Organisational Development who is also a member of the SSWG and HWB. The HWDG meets every two to three months and reports to the HWB. The HWDG has a Terms of Reference document that outlines its responsibilities, membership and other key items. The document is reviewed annually by the HWB itself and includes: • identifying and driving Force wide campaigns; • providing a facility to discuss and agree the implementation of the HWB strategy; and • ensuring that staff and supervisors are supported by providing access and guidance to tool kits for the benefit and the wellbeing of staff. The SSWG was established following the January 2017 staff survey to evaluate the data and inform the Health and Wellbeing Development Group (HWDG) of areas for concern as well as			Through review of the HWDG minutes we confirmed that the Terms of Reference document was reviewed on 26 September 2017. We also evidenced from review of the minutes dated 26 September 2017 that there were nine attendees and that discussion was held in line with the responsibilities and purpose of the Group. We also confirmed that a self-assessment exercise had taken place on the 31 July 2017, as a change in the HWDG Chair prompted a review of the Group focus. Through review of the minutes on 26 September 2017 we evidenced that actions arising from HWB and HWDG meetings had been identified and that actions that were to be referred to the HWB going forward were also identified. We are satisfied that the health and wellbeing governance structure allows for the identification and escalation of actions to tackle the issues identified.				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	deliver plans at an operational level. The SSWG has been created as a temporary forum to aid the evaluation of the staff survey data. The SSWG is headed by the DCC, meets once a month and reports to the HWDG. The SSWG does not have a Terms of Reference document due to the specific nature of the discussion topic and the fact that it will be dissolved at some point in the future once its purpose has been served. Instead, agendas and action lists are produced after each meeting and circulated to members of the SSWG.							
3	The Constabulary has a number of resources and support services available to staff to help identify and manage mental health issues. As documented in the staff wellbeing briefing pack, these include: • Employee Assistance Programme (EAP) which is provided by Health Assured; • Defence Medical Welfare Services (DMWS); • Trauma Risk Management (TRiM); • Bluelight;	Yes	Yes	Through review of the resources available on Pocketbook and those detailed in the staff wellbeing briefing pack, we found: • five of the six services listed in the briefing pack were available on Pocketbook. We could not see any reference to Time to Change, although this is an informative website which can be accessed by staff and so we would not necessarily expect a direct link on Pocketbook given the other services offered; and		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	• Time to Change; and • Occupational Health. Blogs are also posted on Pocketbook by the Chief Constable on a weekly basis. Blog topics cover a range of areas including health and wellbeing. Links to all of the above resources are available on Pocketbook. The Constabulary also advertises the available resources on notice boards and posters as well as leaflet handouts.			• the blogs from the chief are readily available on the home screen and updated weekly. We noted that there was a noticeboard at Police HQ as well as other sites, which contained information on the resources available to staff. We also noted that leaflets were available across the sites which informed staff of the services offered by DMWS. We are satisfied that the resources on offer are accessible and available to staff.				
4	The staff at the Constabulary are made aware of the resources and support services available to them, including the EAP regarding mental health and wellbeing via Pocketbook and notice boards / leaflets. Staff are aware that there is an EAP available to them should they wish to use it. The EAP offers a personal support programme to help them achieve a positive balance in life.	Yes	No	We spoke to a sample of five staff (three police staff and two police officers) to establish how knowledgeable they were about the support services available and whether they would know where to find information or where to refer people to. The key themes from our discussions were as follows: • in four cases, the general awareness of the support services offered by the Constabulary was good, including the EAP, Peer Support Network and support of the Force Medical Advisor;	Medium	Management will issue Constabulary wide communication to inform staff of the support services on offer, where to find the webchat transcripts and work done by the Constabulary in response to the staff survey and wellbeing survey.	28 February 2018	Head of HR

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				• one member of staff was unaware of the support available through the EAP; and • general awareness of the action taken by the Constabulary to address issues identified in staff and wellbeing surveys was poor. Where awareness of support services and actions taken by the Constabulary is poor, there is a risk that this could ultimately have an adverse impact on staff morale and the delivery of policing services.				
5	The Constabulary uses Health Assured as its EAP providers. Health Assured offers a 24-hour telephone assistance programme which offers a quick, confidential method of discussing and resolving problems that staff may have. There are two methods through which staff may be referred to the EAP. Staff can either self-refer themselves to this service by calling up. Managers can also refer staff should they feel this is appropriate. If a non-managerial member of staff has concerns about another staff member they may suggest to that member of staff that they refer themselves to the EAP.	Yes	Yes	The Force Medical Advisor informed us that the EAP provider is responsible for the follow up and provision of care from the initial point of contact with the provider. The Constabulary is not able to monitor the management of the individual due to information being highly confidential. For the quarter ending 30 September 2017: • of the 134 counselling sessions, 127 were face to face, four were over the phone and three were conducted online; and • of the 47 total referrals, 40 were referred to face to face counselling, four were telephone counselling referrals and three		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	Should a member of staff call Health Assured, they may follow up the phone call by arranging either structured telephone counselling sessions, online counselling sessions or face to face counselling sessions. The Constabulary receives a quarterly report from the EAP providers, Health Assured. This report forms the basis of the contract meetings between the Force Medical Adviser and Health Assured. The report includes the following data: • usage summary (number of face to face counselling sessions and cases, structured telephone counselling sessions and cases and online counselling sessions and cases); • benchmarking of the reasons for usage; • top 20 counselling call categories; • work related call categories; • demographics (gender, caller profile, time of call, monitored cases and management EAP helpline referrals); and • KPIs including call answering times, time to link client with counsellor, time to offer counselling appointment and			were management EAP helpline referrals. We were informed by the Force Medical Advisor that due to the confidential nature of the subject, they were not provided with data regarding the actual number of staff that had contacted the service but that on average a person would have 4.2 counselling engagements. All 10 KPIs identified by Health Assured had been met by the EAP provider for the quarter to 30 September 2017. These included the following metrics: • 97.3% of calls were answered within 20 seconds; • 96.6% of clients were linked to a counsellor within 48 hours; and • 97.3% of clients were offered a counselling appointment within five working days. We were unable to sample test the monitoring of occupational health referrals as part of the audit due to the confidential nature of the content. We are satisfied that the EAP providers performance is monitored and that KPIs are being met.				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	time to acknowledge complaints. Additionally, occupational health referrals can be made either by the individual themselves, management or HR to the Force Medical Advisor. These cases are monitored on a case by case basis.							
6	The Constabulary conducted a series of five webchats which involved live discussion sessions about topics around health and wellbeing. These sessions were approximately two hours long each and took place during one week in September. The Webchat sessions were hosted by a Chief Officer Group (COG) member with other staff such as HR representatives available to assist with answering other questions. Staff were invited to submit questions to the session host through a direct anonymous messaging service. The transcripts of the webchats were recorded and posted to Pocketbook for staff to access should they have missed the session. The issues raised by staff from the webchats were raised to the SSWG and resulting	Yes	No	Through examination of Pocketbook, we confirmed that transcripts were available to staff. We confirmed that five webchats had been held within a seven-day period through review of the staff wellbeing briefing pack. Through interviews conducted with staff we were able to confirm that three out of five staff were aware of the webchats having taken place. The remaining two staff were not aware of what the webchats were and had not accessed the transcripts. A staff wellbeing briefing pack was reviewed by the SSWG, which contained information about what was discussed in the webchats. We could see that the issues raised from the webchat sessions had been identified and captured for discussion by the SSWG. Through review of the SSWG agenda for 21 November 2017 we confirmed that the webchat issues have been documented as an area for		See management action 4.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	actions recorded in the action plan.			discussion. We were informed by the Corporate HR Business Lead that discussion had taken place at the meeting and actions had resulted from this. We are satisfied that the feedback received from the webchat service has been captured and has fed discussion of the SSWG, with subsequent actions being identified. However, there is room for improvement in terms of increasing staff awareness of the webchats and the issues raised.				
7	In November 2016 (part A) and January 2017 (part B), the Constabulary carried out a staff wellbeing and engagement survey in partnership with Durham University. The aim of the survey was to understand how different workplace factors affect staff so that improvements could be made to support staff. Data from the surveys was analysed and processed to provide user friendly infographics so all staff may review the survey findings and actions taken as a result by the Constabulary. The findings of the survey were provided to the Constabulary by Durham University in April 2017.	Yes	Yes	Through review of the staff wellbeing and engagement survey findings infographic, we observed that the wellbeing related issues identified from the survey include but are not limited to: • workplace demands impact negatively on performance; • staff feel the Constabulary does not care about their wellbeing; and • competing demands between work and home roles is high, especially for police officers. We confirmed that the staff survey results were acknowledged and discussed in the HWB meeting on 1 August 2017 and that objectives, activities undertaken and outcomes were discussed in the HWB meeting		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	Issues identified have fed into the HWB meetings and subsequent actions have been delegated appropriately.			on 8 November 2017. Staff survey results were also discussed at the HWDG meetings on 31 July 2017 and 26 September 2017 Additionally, through review of the meeting agenda we confirmed that a meeting was held to discuss the results of the SSWG staff survey on 21 November 2017. As part of the meeting, a review of actions and communication of the findings was discussed. We observed the flow of information through review of the minutes and action plans of the SSWG, HWDG and the HWB and are satisfied that each forum has used and interpreted the results of the staff survey and that operational actions are passed down to the SSWG. We confirmed that the survey results and resulting actions were made available to all staff on Pocketbook as well as being published in the chief's blog. We evidenced the infographics produced from the survey data and were informed by the Corporate HR Business Lead that these had been adapted for each locality to ensure they were user targeted. We were informed that going forward, Wellbeing surveys plan to be conducted biannually and results of these will				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				measure whether the targeted improvements are being achieved. We are satisfied that the staff survey results have been interpreted and used to address the issues identified.				
8	The Constabulary commissions a Wellbeing Pulse surveys on an annual basis to identify issues or concerns staff may have regarding health and wellbeing. The Wellbeing Pulse surveys allow the force to track changes to these key metrics over time at a corporate and local level. The 2017 Wellbeing Pulse survey closed to staff in September 2017. It is the responsibility of the HWB to analyse the issues raised and ensure actions to address issues are carried out by the relevant sub-group. The Wellbeing Pulse survey was conducted on survey monkey and the results of the survey are available on Qliksense to members of the Senior Leadership Team (SLT).	Yes	No	Through review of Qliksense we evidenced that the data from the 2,558 responses had been captured. We were informed by the Corporate HR Business Lead and the Performance Information Manager that the Constabulary intends to conduct these survey on a biannual basis but will taper this based on response rate as they are wary that the number of surveys staff are expected to complete may affect response quality. The results of the Wellbeing survey have not been discussed at the HWB and HWDG in detail due to how recent the surveys had been conducted at the time of the audit. We note that the surveys have only recently been completed. Going forward, the Constabulary intend to use and interpret the results to inform an action plan to address the issues identified.	Low	As planned, the Constabulary will use and interpret the results of the wellbeing survey to inform an action plan, in order to address the issues identified, and will ensure that action being taken is communicated across the Constabulary	28 February 2018	Head of HR

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
9	The Constabulary introduced a web based business intelligence tool, Qliksense, on 8 June 2016. Qliksense is used to provide user-targeted performance related information. There is a wellbeing app within Qliksense which is accessible by members of the Senior Leadership Team (SLT). The app contains various measures of wellbeing that can be viewed at a corporate level down to the individual teams, with the overarching measure of happiness used for wellbeing. Metrics are assigned a correlation factor to happiness and they include but are not limited to: • I feel valued at work; • I feel in control of my workload; • I have or will take a break today; and • I have somebody at work I can confide in. Data was gathered from a wellbeing pulse survey in September 2017 that received 2,558 responses and used to populate the wellbeing app. The data is presented in a number of user friendly charts to allow information to be understood and accessed quickly. Monitoring of	Yes	Yes	We reviewed the wellbeing data available to the SLT on Qliksense and confirmed that the data was last updated in October 2017 to reflect the results of the recent staff survey. Some of the key findings of the 2017 wellbeing pulse survey include: • 65.5% of the respondents are happy overall; • enabling services has the highest percentage of happy of departments at 76.1%, whereas investigations is the lowest at 51.2%; • staff responding with "I feel valued at work" had the lowest agreement rate of metrics; and • staff responding with "I am aware of the signs and symptoms of poor mental health" had the highest agreement rate. We were informed that going forward Qliksense would be updated on a biannual basis following implementation of the biannual wellbeing pulse surveys. This would allow the monitoring of implemented actions in terms of how they affect staff responses and facilitate learning exercises from this. We evidenced that 65 people in total have access to the wellbeing app on Qliksense. Of these, 42 people have		None.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	how many times a person with access has used the service and when they last did, is also captured.			accessed the app an average of three times. We are satisfied that Qliksense has up to date data on the wellbeing pulse survey and that it is accessed by members of the SLT.				

APPENDIX A: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risks:

Objectives	Risks relevant to the scope of the review	Risk source
Objective of the area: To enable a productive workforce by managing wellbeing and addressing cultural concerns. **Audit objective:** To review the mental health aspect of wellbeing, and what support is available to staff to identify and manage mental health concerns in the workplace, and how the new Wellbeing Strategy is enabling this.	Budget cuts and force restructuring have adverse impact in staff morale and the delivery of policing services	Corporate Risk Register

Controls selected from your risk register and reviewed during the audit:

- Wellbeing Strategy
- Wellbeing Board
- Employee Assistance Programme

When planning the audit, the following Risks for consideration and limitations were agreed:

Governance

We reviewed the structure, terms of reference and meeting minutes of the Wellbeing Board to ensure adequate discussions and actions were being taken, with objectives, roles and responsibilities clearly defined.

Staff Support

We reviewed the support and resources available to staff to help identify and manage mental health issues. This included resources available to staff via Pocketbook, the Employee Assistance Programme and other relevant initiatives, schemes and support groups.

Wellbeing Surveys

We reviewed the outcomes of the Wellbeing surveys and how any issues identified had been acted upon.

Monitoring

We reviewed the data captured on Qliksense and examined how this data is used.

Limitations to the scope of the audit assignment:

We did not look to challenge the quality of the data reported as part of this audit.

We did not look to test the implementation of action plans, only that they were in place and being regularly monitored and reported.

Testing was undertaken on a sample basis only.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Cathy Dodsworth, Head of HR;
- Jacquita Mead, Corporate HR Business Lead;
- David Bulpitt, Force Medical Advisor;
- Jonathan Dowey, Performance Intelligence Manager; and
- Five Police Officers / Police Staff.

Documentation reviewed during the audit:

- Health and Wellbeing Board minutes;
- Health and Wellbeing Board Terms of Reference;
- Wellbeing and Staff Survey results;
- Qliksense Wellbeing App;
- Webchat transcripts;
- Health and Wellbeing Delivery Group minutes;
- Health and Wellbeing Delivery Group Terms of Reference; and
- Pocketbook.

FOR FURTHER INFORMATION CONTACT

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AVON AND SOMERSET POLICE

Business Continuity & Disaster Recovery

FINAL

Internal audit report 10.17/18

22 December 2017

RSM

CONTENTS

Debrief held	1 December 2017	**Internal audit team**	Mark Jones, Head of Internal Audit
Draft report issued	7 December 2017		Victoria Gould, Client Manager
Responses received	20 December 2017		Ben Shore, Senior Auditor
Final report issued	22 December 2017	**Client sponsor**	Stephen Mulvihill, Contingency Planning Manager
			Jane Walmsley, Inspection and Audit Coordinator
			Mark Simmonds, OPCC CFO
			Julian Kern, Constabulary CFO
		Distribution	As above.

1 EXECUTIVE SUMMARY

1.1 Background

The development of business continuity and disaster recovery processes is important in allowing organisations to continue to deliver key process in the event of a serious incident.

The Constabulary has devised a tiered response to business continuity and uses the concept of Strategic, Tactical and Operational levels of command. Its Crisis Management Plan forms the strategic level plan. This plan is supported by seven tactical business continuity plans which record departmental responses to a disaster recovery situation. Changes in the operating structure of the Constabulary and systems used has resulted in five of these tactical business continuity plans becoming no longer relevant.

The Constabulary is currently in the process of rationalising the tactical plans into the following four plans, each with an identified owner:

- Centralised Estates and Utilities Plan - owned by Head of Estates/Corporate Services;
- IT Infrastructure/Applications - owned by South West One/SSI;
- HR Functions - owned by Director of People Resources; and
- Enabling Services - owned by Director of Resources.

South West One (SWOne) manages the Constabularies IT systems. This contract is due to end in June 2018, when the management of its IT systems will be brought back in house, with other key functions and systems being outsourced to MFSS (Multi-Force Shared Service).

1.2 Conclusion

Our review has identified that the changes to working practices, operating structures and systems used, has left the Constabulary's current business continuity plans no longer relevant. The Constabulary has identified this, with plans already in place to rationalise its business continuity plans into four new plans.

The Constabulary has commenced work in preparation for the end of the SWOne contract for the identification of business-critical systems. This will allow the appropriate backups and recovery points to be set.

A number of management actions have been raised to support the work the Constabulary has already commenced, or is planning to complete.

Internal audit opinion:
Taking account of the issues identified, the OPCC and Joint Audit Committee can take partial assurance that the controls to manage this risk are suitably designed and consistently applied.
Action is needed to strengthen the control framework to manage the identified risks.

1.3 Key findings

The key findings from this review are as follows:

- The Constabulary has in place a Crisis Management Plan which is a strategic level plan with the focus on when and how a co-ordinating group should be formed in order to tackle issues at the strategic level. The Plan is reviewed annually by the Contingency Planning Manager, before being reviewed by the Assistant Chief Constable (Protection and Investigations). The most recent review was completed in September 2017.
- The Crisis Management Plan is supported by seven tactical business plans. At the time of review (November 2017) a total of seven tactical business continuity plans were in place, although due to changes in systems and working practices, five were no longer relevant due to the new operating structure. The Constabulary is currently in the process of rationalising the tactical plans into four plans.
- The Crisis Management Plan is tested periodically. The most recent taking place in February 2016 as part of Exercise Blue Core 2. This exercise was a table top exercise and included 26 attendees from across departments and LPAs. Five recommendations were identified from the exercise. We were informed by the Contingency Planning Manager that these actions have now been implemented.
- The Business Continuity Planning Procedural Guidance document records that tactical business continuity plans will be tested at least every three years. We were informed by the Contingency Planning Manager that all business continuity plans were tested during Exercise Blue Core 2 in February 2016. Each department was represented on the Gold Group and had their tactical plans reviewed. Where real life incidents occur, a debrief is completed to identify lessons learnt. In August 2017, a power outage occurred to the main line and subsequent Uninterrupted Power Supply (UPS) and Yard Generator failure. This caused serious issues with the Force's computer and phone systems. The Constabulary urged the public not to call the 101 non-emergency service, while a backup service for 999 calls ran from Taunton and Gloucestershire and Wiltshire Police helped field calls. A full debrief took place on 5 October 2017 where a total of 19 areas for improvement and subsequent actions were identified and assigned to owners. Areas that went well were also identified. The implementation of these actions is being monitored by the Contingency Planning Manager.
- Business Continuity Plans are available via the Constabulary intranet, with paper copies retained by Plan owners.
- South West One (SWOne) manage the Constabulary's IT systems. This contract is due to end in June 2018. The contract categorises systems based on its effect on the delivery of critical and desirable functions of the Constabulary. Appropriate recover times are assigned to the four categories. The Business Continuity Plan Post Implementation of New Operating Framework report was presented to the Constabulary Management Board in May 2017. The report identifies that the Constabulary's hardware, applications and software has moved on from the categorised systems in the SWOne contract and that a new review of business-critical systems is required. The Strategic Service Improvement Team has completed the initial analysis and has identified 90 business critical systems. The Constabulary has recorded that this number is too vast for the Constabulary to support at this level. The Constabulary is currently in the process of identifying those absolutely critical systems for the force to deliver its core business in the event of a business continuity incident.
- System backups are undertaken by SWOne as part of the service contract they have in place with the Constabulary. The Constabulary receives no assurance that backups have been undertaken as planned. Monthly Service Management Reports are produced for the Constabulary by SWOne. Through review we can confirm that there is no mention of backups being undertaken, or completed as expected.
- The Senior IT Manager informed that no testing is undertaken by SWOne on the backups. This is in part due to the risk appetite of the Constabulary, who would not allow a key system to be 'switched off' to test back up processes. The Senior IT Manager confirmed that the backup data is validated as part of the backup process within the backup software to confirm that the data is not corrupted.

1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Risk	Control design not effective*		Non-Compliance with controls*		Agreed actions		
					Low	Medium	High
Loss of legitimacy and public confidence	2	(9)	3	(9)	1	2	2
Total					**1**	**2**	**2**

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

2 ACTION PLAN

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
1.1.2	It has been identified that at the time of review (November 2017) a total of seven tactical business continuity plans were in place, although due to changes in systems and working practices, five were no longer relevant due to the new operating structure. The Constabulary is currently in the process of rationalising the tactical plans into the following four plans, each with an identified owner.	High	The Constabulary will implement the four tactical business continuity plans, as planned, to ensure that there is a considered and co-ordinated approach in a disaster situation.	31 May 2018	Stephen Mulvihill, Contingency Planning Manager
1.1.4	Through discussions with the Contingency Planning Manager we were informed that business continuity is not actively advertised to staff. A key outcome from the Exercise Blue Core 2 evaluation was that there was no budget with which the Constabulary can raise awareness of business continuity issues.	Low	The Constabulary will, as planned, advertise business continuity during Business Continuity Awareness week in March 2018, to promote business continuity and raise awareness of the business continuity plans the Constabulary has in place.	31 March 2018	Stephen Mulvihill, Contingency Planning Manager

1.1.5	The Strategic Service Improvement Team has completed an initial analysis of key systems. This process has identified 90 Category A+ system, a significant increase from the current 14 systems. The Constabulary has recorded that this number is too vast for the Constabulary to support at this level. The Constabulary is currently in the process of identifying those absolutely critical systems for the force to deliver its core business in the event of a business continuity incident.	High	The Constabulary will complete, as planned, its analysis of critical systems. This process will include a cost benefit analysis to ensure that funds are allocated to maximise effect.	31 March 2019	Gareth Price, Business Analyst
1.1.6	On review of the Service Management Reports for July, August and September 2017 from SW One, we confirmed that the availability of systems is reported along with incident resolution times, however there is no mention of backups being undertaken, or completed as expected. The Service Delivery Reports should provide assurance to the Constabulary that backups have been undertaken as per the service contract. Where the backup process has failed, the report should detail why this occurred and the actions implemented to prevent this from occurring in the future.	Medium	1) The Service Management Report produced by SWOne will be updated to provide assurance to the Constabulary that backups have been undertaken as per the service contract. Where the backup process has failed, the report should detail why this occurred and the actions implemented to prevent this from occurring in the future. 2) The Constabulary will require the testing of backup data of its key systems periodically in a test environment should IT systems be provided by an external company in the future. This will ensure that the data could be restored in a disaster recovery situation.	31 March 2018	Rob Mansfield, Customer Service Manager

3 DETAILED FINDINGS

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

This report has been prepared by exception. Therefore, we have included in this section, only those risks of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
Risk: Loss of legitimacy and public confidence								
1.1.2	The Crisis Management Plan is supported by seven tactical business continuity plans. The tactical plans records department responses to a disaster recovery situation. The Business Continuity Planning Procedural Guidance identifies how tactical business continuity plans should be developed.	Yes	No	Business Continuity Planning Procedural Guidance document informs that the responsibility for the preparation of local Business Continuity Plans lies with Local Policing Area (LPA) Commanders and Departmental Heads. The Business Continuity Planning Procedural Guidance document provides guidance on how Business Continuity Plans should be created through the following approach; 1. Understanding the Business. This stage involves the identifying of the functions carried out by the department or LPA, and the	High	The Constabulary will implement the four tactical business continuity plans, as planned, to ensure that there is a considered and co-ordinated approach in a disaster situation.	31 May 2018	Contingency Planning Manager

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				prioritisation of these as either, business critical, desirable function or non-essential.				
				2. Business Impact Analysis. Completed on functions which have been identified as business critical or desirable to ascertain the impacts and loss that might result if the organisation were to suffer a major incident.				
				3. Risk Assessment. This stage identifies the risk that are in place and any controls which are in place to reduce this risk.				
				4. Business Continuity Management Strategy. This stage considers the appropriate strategy for each critical function. These include do nothing, displacement (move non-key staff); remote working etc.				
				5. Creation of Business Continuity Plans. Where business critical activities are identified, then a business continuity plan is required. The Procedure documents records what each plan should contain as a minimum.				
				Through discussions with the Contingency Planning Manager and the review of reports presented to the Constabulary Management Board it has been identified that at the time of review (November 2017) a total of seven tactical business continuity plans were in place, although due to changes in systems and working practices, five				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				were no longer relevant due to the new operating structure. The Constabulary is currently in the process of rationalising the tactical plans into the following four plans, each with an identified owner; • Centralised Estates and Utilities Plan. Owned by Head of Estates/Corporate Services; • IT Infrastructure/Applications. Owned by South West One/SSI; • HR Functions. Owned by Director of People Resources; and • Enabling Services. Owned by Director of Resources. A management action has been raised for the Constabulary to implement the four tactical business continuity plans, as planned, to ensure that there is a considered and co-ordinated approach in a disaster situation.				
1.1.4	Business Continuity Plans are available via the Constabulary intranet. Paper copies are retained by Plan owners. No active advertising of business continuity is undertaken by the Constabulary.	No	N/a	Through review of the Constabulary intranet we can confirm that the Crisis Management Plan is available to view. The Contingency Planning Manager had a copy of the Crisis Management Plan within a folder on their desk. Through discussions with the Contingency Planning Manager we	Low	The Constabulary will, as planned, advertise business continuity during Business Continuity Awareness week in March 2018, to promote business continuity and raise awareness of the business continuity plans	31 March 2018	Contingency Planning Manager

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				were informed that business continuity is not actively advertised to staff. A key outcome from the Exercise Blue Core 2 evaluation was there was no budget with which the Constabulary can raise awareness of business continuity issues. A recommendation of seeking an appropriate budget with which the Constabulary can be informed/advised of business continuity was raised. The Contingency Planning Manager informed that a modest budget has been agreed on an annual basis that will be used to advertise the business continuity during Business Continuity Awareness week during March 2018. A management action has been made for the Constabulary to advertise business continuity, as planned, to promote business continuity and raise awareness of the business continuity plans the Constabulary has in place.		the Constabulary has in place.		
1.1.5	South West One (SWOne) manage the Constabularies IT systems through a contractual arrangement. This contract is due to end in June 2018.	Yes	No	The Business Continuity Plan Post Implementation of New Operating Framework report which was presented to the Constabulary Management Board in May 2017 records the following; *'The list of IT Hardware, applications and software has moved on apace*	High	The Constabulary will complete, as planned, its analysis of critical systems. This process will include a cost benefit analysis to ensure that	31 March 2018	Contingency Planning Manager

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	All systems are categorised based on its effect on the delivery of critical and desirable functions of the Constabulary. Appropriate recovery times are assigned to the four categories: • Category A+ - 4 hours; • Category A – 24 hours; • Category B – 72 hours; and • Category C – Fix when resource allows.			*since the identification of Category A+, A, B and C systems with appropriate recovery time objectives. As the contract negotiations with SWOne continue the Constabulary needs to articulate clearly what is expected in terms of recovery for IT. Following the Malware attack on the NHS 13/5 it is imperative that the Constabulary has a key hold on those critical systems required for day to day operations/business.'* The report states that its action is to; *'Contingency planning team, in conjunction with SSI and Tech Services will develop a list of hardware, applications and software that has a direct impact on the delivery of Critical and Desirable functions across the Constabulary. This work to be completed by September 2017 to inform SWOne transition.'* We can confirm that the Strategic Service Improvement Team has completed the initial analysis of key systems. This process has identified 90 Category A+ system, a significant increase from the current 14 systems. The Constabulary has recorded that this number is too vast for the Constabulary to support at this level. The Constabulary is currently in the process of identifying those absolutely critical		funds are allocated to maximise effect.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				systems for the force to deliver its core business in the event of a business continuity incident.

A management action has been raised for the Constabulary to complete, as planned, its analysis of critical systems. This process should include a cost benefit analysis to ensure that funds are allocated to maximise effect. | | | | |
| 1.1.6 | System backups are undertaken by SWOne as part of the service contract they have in place with the Constabulary. No testing of the backup data is completed, although the data is validated as part of the backup process to avoid corruption. | No | Yes | We can confirm that the Constabulary receives a monthly Service Management Report from SWOne which provides information under the following sections;
• Overview of Operations for the Month;
• Performance Trends and Outlook;
• Service Development Plans;
• Service Status;
• Audit and Quality Management;
• Risk, Issues and Mitigation;
• Quarterly Outlook; and
• Supplementary Updates.
While review of the Service Management Reports for July, August and September 2017 confirmed that the availability of systems is reported along with incident resolution times, there is no mention of backups being undertaken, or completed as expected. The Service Delivery Reports should provide assurance to the Constabulary that backups have been undertaken as | Medium

Medium | The Service Management Report produced by SWOne will be updated to provide assurance to the Constabulary that backups have been undertaken as per the service contract. Where the backup process has failed, the report should detail why this occurred and the actions implemented to prevent this from occurring in the future.

The Constabulary will require the testing of backup data of its key systems periodically in a test environment should IT systems be provided | 31 March 2018 | Contingency Planning Manager |

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				per the service contract. Where the backup process has failed, the report should detail why this occurred and the actions implemented to prevent this from occurring in the future.

The IT Director informed that in addition to the monthly client report, a weekly client service meeting takes place with SWOne. The meeting is attended by the senior management at SWOne and the Client Manager at the Constabulary. If there were issues with backups, then they would be discussed at this meeting.

The Senior IT Manager informed that no testing is undertaken by SWOne on the back-ups. This is in part due to the risk appetite of the Constabulary, who would not allow a key system to be 'switched off' to test back up processes. The Senior IT Manager confirmed that the backup data is validated as part of the backup process within the backup software to confirm that the data is not corrupted.

While it has been acknowledged that the Constabulary are moving to Multi Force Shared Service (MFSS) who use cloud based servers, a management action has been raised for the Constabulary to require the testing of backup data of its key systems periodically in a test environment should | | by an external company in the future. This will ensure that the data could be restored in a disaster recovery situation. | | |

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				IT systems be provided by an external company in the future. This will ensure that the data could be restored in a disaster recovery situation. The Senior IT Manager informed that the recovery point of each system is dependent on the categorisation of the systems. As part of the systems analysis, which is currently being undertaken, IT will review the recovery points for all systems and ensure that recovery points are appropriate for the categorisation.				

APPENDIX A: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risks:

Objective of the risk under review	Risks relevant to the scope of the review	Risk source
The Constabulary has established its critical systems and has effective plans in place to respond to business continuity incidents.	Loss of legitimacy and public confidence	Constabulary Strategic Risk Register

Controls selected from your risk register and reviewed during the audit:

None listed specific to this audit, but risk register under review.

When planning the audit, the following areas for consideration and limitations were agreed:

We will undertake sample / walkthrough testing to answer the follow questions:

- Does the Constabulary have current plans in place for business continuity including disaster recovery?

- Is there an adequate Disaster Recovery Policy in place, are these aligned with ICT Plans?

- When and how are plans tested? Who reviews and approves the plans, how often are they revised?

- Are supervisors and managers aware of business continuity plans?

- Is key data and ICT systems identified as such and backed up? Is recovery from back-up data and ICT systems tested and how often?

- How are critical systems identified? And how are these recorded?

- Are plans for each key area/system commensurate with their assessed criticality?

- Are recovery times set out clearly for each key system or data set (e.g. live fail-over to standby system; recovery system available in 1 hour, 24 hours, 1 week etc). Has an ICT cost/benefit analysis been undertaken to identify key systems and appropriate recovery times?

- Are recovery points assessed and understood for each key data set (e.g. real time current data; recover to data from last hour, last day, last month etc)

- When do IT processes mandate testing of disaster recovery data? Is this at go live or during post live support?

- Are owners identified for plans and do these reflect the new structure?

- Are clear actions identified in plans with owners identified?

- Are communication (internal and external) plans in place for defined incidents or invocations of business continuity/DR?

Limitations to the scope of the audit assignment:

- We are not IT experts so will not challenge the principles of Business Continuity plans, more that plans have been developed, communicated and appropriately tested.

- We will not challenge the determination of business-critical systems, only that the Constabulary has developed an approach to assessment and challenge of the assessment.

- We will not provide assurance that the contingency plans in place are effective in all circumstances, more that, a process is in place to ensure that robust plans are developed and this has been consistently applied with assurance provided from contractors where appropriate.

- Testing will be undertaken on a sample basis only.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Stephen Mulvihill, Contingency Planning Manager
- Nick Lilley, IT Director
- Robert Mansfield, Senior IT Manager

Documentation reviewed during the audit:

- Crisis Management Plan, September 2017
- Business Continuity Planning Procedural Guidance, January 2017
- Constabulary Management Board Report, May 2017
- Exercise Blue Core 2 Evaluation, 2016
- Debrief Report Power Outage, October 2017
- Analysis of Key Systems, October 2017
- Service Management Report, July to September 2017
- Major Incident Management Process, April 2015

Benchmarking

We have included some comparative data to benchmark the number of management actions agreed, as shown in the table below. In the past year, we have undertaken a number of audits of a similar nature.

Level of assurance	Percentage of reviews	Results of the audit
Substantial assurance	0%	
Reasonable assurance	100%	
Partial assurance	0%	X
No assurance	0%	
Management actions	**Average number in similar audits**	**Number in this audit**
High	0.0	2
Medium	2.6	2
Low	1.1	1
Total	**3.7**	**5**

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AVON AND SOMERSET POLICE

Internal Audit Progress Report

Joint Audit Committee: 11 January 2018

This report is solely for the use of the persons to whom it is addressed.
To the fullest extent permitted by law, RSM Risk Assurance Services LLP
will accept no Responsibility or liability in respect of this report to any other party.

CONTENTS

1   INTRODUCTION

The internal audit plan for 2017/18 was approved by the Joint Audit Committee at the meeting on 21 March 2017 subject to some minor changes as discussed at that meeting.

We have issued five final reports since the last Joint Audit Committee meeting as set out below:

Assignments	Status	Opinion issued	Actions agreed		
			H	M	L
Performance Management (7.17/18)	FINAL	Reasonable assurance	0	4	2
ROCU Collaboration (8.17/18)	FINAL	Substantial assurance	0	0	2
Training (9.17/18)	FINAL	Reasonable assurance	0	4	1
Business Continuity and Disaster Recovery (10.17/18)	FINAL	Partial assurance	2	2	1
Staff Culture and Wellbeing (11.17/18)	FINAL	Substantial assurance	0	1	1

1.1 Impact of findings to date

To date we have issued one audit report including high priority management actions (Business Continuity), along with the previously reported Data Quality audit which had an aspect of a negative assurance opinion. Both have the potential to impact our 2017/18 Head of Internal Audit opinion if we do not see any progress being made by the year end. This will be covered in our Follow Up Part 2.

2 LOOKING AHEAD

Assignment area	Timing per approved IA plan 2017/18	Status
101	May 2017	Removed from audit plan due to OPCC review taking place. Duplicated assurance.
Prevention / Community Engagement	October 2017	Pushed back in place of BC/DR audit. Fieldwork commencing 12 February 2018.
Financial Controls	November 2017	Fieldwork completed, draft report to be issued.
Payments to Staff	January 2018	Removed from audit plan due to move to MFSS.
Workforce Planning	January 2018	Fieldwork commencing 15 January 2018.
Follow Up (Part 2)	January 2018	Fieldwork commencing 2 January 2018.
Strategic Policing Requirements	February 2018	Fieldwork commencing 12 February 2018.

3 OTHER MATTERS

3.1 Changes to the audit plan

All timing changes are set out in the previous table and are timing related only at this stage.

An annual planning discussion has been booked for 23 January 2018 to review potential areas for inclusion in the 2018/19 audit plan. Members of the JAC, OPCC, Constabulary and internal audit will be in attendance to review the two risk registers, assurance needs and sector issues. A draft plan will be brought to the next JAC meeting.

3.2 News briefing

Since the last Joint Audit Committee meeting we have issued our November 2017 sector briefing which is appended to this progress report.

FOR FURTHER INFORMATION CONTACT

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APPENDIX A: INTERNAL AUDIT ASSIGNMENTS COMPLETED TO DATE

Reports previously seen by the Joint Audit Committee and included for information purposes only:

Assignments	Status	Opinion issued	Actions agreed		
			H	M	L
Review of Policies – Counter Allegation, Risk to Life and Threats of Serious Harm (1.17/18)	FINAL	Reasonable assurance	0	4	1
Management and Leadership Development Workshop (2.17/18)	FINAL	Reasonable assurance	0	4	2
Volunteers (3.17/18)	FINAL	Reasonable assurance	0	8	5
Equalities / Representative Workforce (4.17/18)	FINAL	Reasonable assurance	0	2	4
Follow Up Part 1 (5.17/18)	FINAL	Advisory	0	0	0
Data Quality (6.17/18)	FINAL	Design/application: Reasonable Effectiveness: Partial	0	4	0

Emergency services sector update

RSM

Contents

Introduction

Welcome to our latest emergency services sector briefing, providing insight on recent developments and publications affecting the sector. In this edition, we shine the spotlight on lifecycle contract management.

We highlight the ever-pertinent threat of cyber security, and in drawing on our research findings too, detail those high-level questions the National Audit Office advises audit committees to consider in the scrutiny of cyber security arrangements.

Since our last briefing we have also seen a shift in the government's public sector pay policy, with the announcement that police officers are to receive a 2 per cent pay award during 2017 to 2018. In addition, details of the 2017/18 police inspection programme have been published, with Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) confirming a specific 'thematic inspection on fraud' and highlighting the outcomes from its review of modern slavery and human trafficking.

Following the tragic events at Grenfell Tower, the opening of the public inquiry has taken place, with Sir Martin Moore-Bick providing details of how the Inquiry will be undertaken.

The release of new data has done little to calm concerns regarding a decline in fire staff numbers, while we consider the outcomes of a study seeking to understand the fire and rescue services' capability and capacity to use large data sets to effectively target resources.

In moving away from sector publications, we provide a deeper focus on contract management. We discuss our contract lifecycle management tool, which identifies several focus areas for organisations to maximise value for money from contracts. We also provide example critical success factors and central principles which should underpin an organisations approach to contract management.

We hope you find this update a useful source of insight. As ever, if you have any queries, or have any suggestions for topics for future editions, please contact either myself, or your usual RSM contact and we will be delighted to help.

Daniel Harris
National Head of Emergency Services and Local Government

Technical update – Guidance and publications

Cyber security and information risk guidance for audit committees

The National Audit Office (NAO) has published a guidance document containing high level questions and detailed areas for audit committees to consider when scrutinising cyber security arrangements. The 16–page document complements other government advice and features three 'high–level questions' audit committees may want to initially consider.

- 'Has the organisation implemented a formal regime or structured approach to cyber security which guides its activities and expenditure?'

- 'How has management decided what risk it will tolerate and how does it manage that risk?'

- 'Has the organisation identified and deployed the capability it needs in this area?'

The NAO also lists the 10 steps for cyber security as identified by the National Cyber Security Centre, which include: secure configuration; network security; managing user privileges; and incident management. This is supplemented by additional questions on cloud services and developing new technology / services.

RSM's 'The Icarus effect: tackling cybercrime complacency' highlights that 40 per cent of organisations say they have suffered a cyberattack, with organisations often lacking the proper controls to identify breaches. Organisations are failing to embed core security measures. Few have an up–to–date or board–approved cybersecurity strategy, while staff training is often overlooked, and complacency leaves organisations hugely vulnerable.

A guide to fire and rescue services
In seeking to assist police and crime panel members in particular, the Local Government Association has published a guide to 'Fire and rescue services in England.' It has been developed in light of the Policing and Crime Act 2017 which seeks to create greater collaboration within the emergency services sector in the aim of improving efficiency and effectiveness. In providing an overview of the fire and rescue sector, the guide provides information regarding: the legislative landscape; funding and governance; organisational structures; performance and improvement; and 'the evolving fire and rescue service delivery model.'

Questions for Audit Committee's considerations

Does your organisation know the answers to the NAO's questions on cyber security and are ongoing assurances received on these matters?
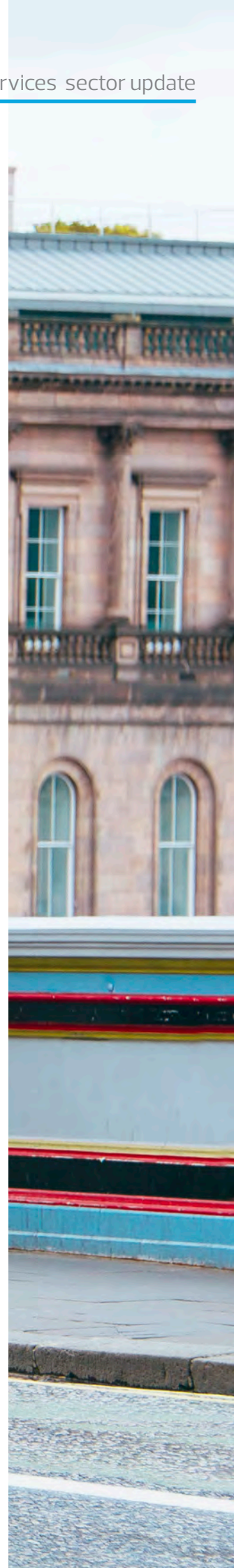
Police

2017/18 police inspection programme and framework

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) has published information on its police inspection programme for 2017/18. HMICFRS confirms that its PEEL inspection programme will continue focusing on effectiveness, efficiency and legitimacy and police forces will, as in previous years, be given graded judgements. In a break from previous inspections however, leadership will be considered 'as a theme in the efficiency, effectiveness and legitimacy inspections, rather than as an inspection in its own right.' This takes into account the view that leadership does not take place in isolation, but rather 'leadership is identified, developed and displayed across every element of policing.'

HMICFRS also confirms that vulnerability will be an important element within its inspections, as demonstrated by the recent publication of the outcomes of initial inspections on how the police approach human trafficking and modern slavery offences (further discussed below). In addition, the inspectorate will develop a specific 'thematic inspection on fraud' which will include cyber–enabled fraud, whilst other thematic inspections will cover: child protection; counter–terrorism; hate crime; and crime data integrity.

Questions for Audit Committee's considerations

Has your organisation considered the HMICFRS inspection programme and is it prepared for it?

Modern slavery and human trafficking

Whilst HMICFRS found 'signs of progress', a recent thematic inspection found that in many cases the policing response to modern slavery and human trafficking was 'reactive and showed little understanding of the nature and scale' of this exploitive practice. In reviewing several cases, HMICFRS found 'substantial problems' with the way investigations were managed, whilst there was 'variable commitment amongst police leaders to tackling this area of

offending.' It was also found that the provisions contained within the Modern Slavery Act 2015 were not being fully utilised.

Questions for Audit Committee's considerations

Is the Audit Committee sighted on the recent inspection and the actions agreed to address any areas of weakness?

Police pay award

The Home Office has confirmed that, following recommendations from the Police Remuneration Review Body and the Senior Salaries review body, police officers are to receive a 2 per cent pay award during 2017 to 2018. Home Secretary, Amber Rudd, has stated the 'award strikes a fair balance for police forces, officers and taxpayers.' With the increase below UK inflation levels and growing pressures on the service and officers, the 43 Police Federations have published a strongly worded open letter to the government in which the pay award is regarded as 'insulting'. The outcome is nevertheless a shift in government public sector pay policy, which has capped increases at 1 per cent.

Questions for Audit Committee's considerations

Has the Police pay award been factored into budgets and medium term financial plans?

Routine arming survey results

The results of a recent survey highlight that 34 per cent of officers are in support of being routinely armed, an increase from 23 per cent in 2016. The outcome is a key finding from the Police Federation's routine arming survey undertaken earlier this year. It was found that 42.5 per cent of respondents were not in support of routine arming for all police officers but 55.2 per cent confirmed they were prepared to carry a firearm if required to do so.

Police workforce in the digital age

Think–tank Reform has published a report examining whether the police workforce can meet the demands of the digital age. From its research and insights from police officers, Reform confirms that several changes are necessary to ensure forces are equipped to 'fight digital crime.' As a result, Reform makes several recommendations for policy makers and stakeholders, including:

- calling on the Home Office to create a police digital capital grant worth approximately £450m, which would be used to invest in digital infrastructure;

- police forces to use 'competitive procurement channels' to attain better value for money when purchasing new technology;

- forces should try and increase secondment numbers, with Reform calling for an extra 1,500 officers and staff; and

- calling for a monumental increase in the numbers of cyber volunteers from 40 to 12,000 in law enforcement agencies, to be achieved in part by offering 'more dynamic volunteering opportunities.'

Questions for Audit Committee's considerations

Do you know the level of cyber crime reported in your area?

What prevention initiatives are in place to reduce demand?

What collaborative working are you considering in this area with other Forces and agencies?

Do you have forward planning in place to train officers to deal with the expected continued increase in demand?

Tackling abuse of position

Despite some progress, HMICFRS has found that most police forces 'have work to do in regard to their planning around preventing the abuse of position for a sexual purpose.' In December 2016, HMICFRS requested forces to develop and submit implementation plans on this matter and following a review in May, the Inspectorate confirmed there had 'undoubtedly been impressive work' at the national level.

However, in reviewing individual force plans it was found that: 11 plans had information deemed to be insufficient; 15 other forces had plans in place but had not commenced with implementation; 15 forces had developed their plans but hadn't commenced with implementation; and only two forces had 'all elements in place.' HMICFRS has confirmed that it will undertake a full inspection of this area, and other police legitimacy areas, next year.

Questions for Audit Committee's considerations

Are you one of the 15 forces that has not commenced implementation of their plans, and have you considered this in respect to HMIC's focus on vulnerability in its inspections this year?

What progress has been made against the actions in your plan and are the Joint Audit Committee sighted on this progress?

Across 26 FRS, there had been
a decrease in specialist staff

↓ **924 to 680**
   between

2011 and 2017

Fire

Grenfell Tower Inquiry

The formal opening of the Grenfell Tower Inquiry took place on 14 September. A tragedy described by Inquiry Chair, Sir Martin Moore–Bick, as 'unprecedented in modern times' commenced with a minute's silence as a mark of respect. In his opening statement, Sir Martin provided some details of how the Inquiry would be undertaken, noting that it would incorporate two core phases.

Phase one: 'shall investigate the development of the fire itself, where and how it started, how it spread... and the chain of events that unfolded during the course of the hours before it was finally extinguished.' It will also consider 'the response of the emergency services and the evacuation of residents.'

Phase two: 'will examine on a broad front how the building came to be so seriously exposed to the risk of a disastrous fire. That will involve an investigation into the design of the building, its modification from time to time over previous years, the decisions relating to design and construction... and whether at each stage of its development the building complied with regulations then in force.'

Document examination will be time consuming, and therefore, phase two is anticipated to be a lengthier process than phase one. Albeit, both phases will take place in parallel with one another.

Fire safety staff numbers down

A Guardian investigation has raised some concerns, with the news that fire services in England have 'lost more than a quarter of their specialist fire safety staff since 2011.' Figures obtained under the Freedom of Information Act reveal, that across 26 FRS there had been a decrease in specialist staff, from 924 to 680 between 2011 and 2017.

In addition, operational statistics for the fire service have been published by the Home Office revealing that the number of full time equivalent staff in England in 2016 was four per cent lower than the previous year, and '17 per cent lower than five years before.' Firefighter strength is also reducing and in 2016 was approximately four per cent lower than in 2015.

> **Questions for Audit Committee's considerations**
>
> **Are you satisfied with the level of specialist fire safety staff and is this having an impact operationally?**

Big data

The National Fire Chief's Council commissioned a research study seeking to understand the fire and rescue services' capability and capacity to use large sets of data to effectively target resources, particularly for those most vulnerable.

As part of the Chief Fire Officers Association's Sustained Action for Elderly Risk (SAfER) programme, a subset of the Exeter data, which provides access to NHS patient data held on the National Health Applications and Infrastructure Services (NHAIS) systems, were utilised. The Exeter data was used to create a dataset detailing the address, birth year and gender of individuals 65 years or older, registered with a GP in England and Wales. It was intended 'to ensure that FRSs target preventative resources more effectively, at a time where the ageing demographic means fire deaths and injuries will increase significantly for the first time in 30 years.'

After receiving the 'Exeter data' (as it is commonly known) and in considering its use, several recommendations were noted within the final report, including:

• in order to cut down data preparation and cleansing time, it would be beneficial if data shared by other public services were 'pre–cleansed' before it is passed to FRS;

• a feedback loophole exists, which should be closed through FRS 'reviewing the value of data over the short, medium and longer term'; and

• more work is required to ensure those that hold a data analyst role within FRS do not feel 'isolated'. Indeed 'more efforts could be made to bring the analysist community together and to support the development of individual competencies and the collective knowledge–base.'

> **Questions for Audit Committee's considerations**
>
> **Are you aware of the recommendations in the report and what is your service doing about it?**
>
> **Do you understand what data you hold?**
>
> **Have you considered this data and recommendations as part of the implementation of GDPR and wider projects in this area?**

Our experience of working with the sector shows that most organisations are still battling with setting up a robust contract management function leading to value leakage of five per cent to 15 per cent.

Lifecycle contract management is key to maximising value from your contracts

Getting value for money from existing contracts is a challenge for most organisations.

This is especially true when services/products and contractual charging regimes are complex and difficult to understand. This often leads to a lack of commercial control and a loss of value. The good news is that better contract management is achievable, will unlock meaningful cost savings and improve your relationship with suppliers.

Third party spend in the emergency services sector currently sits in the region of £2.8bn[1] per annum; across both UK Police and Fire & Rescue services.

Our contract lifecycle management tool identifies a number of focus areas for organisations to maximise value for money from contracts. In this article, we explore these focus areas in Part A and other contract management critical success factors in Part B.

Part A: Contract management focus areas

The success of contract management is strongly influenced by what has happened during the procurement and contract award phase. Therefore, the pre-and post-award phase should be seen as a continuum rather than distinct phases, and so contract management should be planned from the start of the procurement process.

Life-cycle contract management refers to activities which need to be performed throughout the contract's life to ensure value for money is secured at the procurement stage and realised during its operational and exit/renewal phase. The following figure illustrates the typical stages in a contract's life.

[1] UK Police 2015-16 expenditure £12.6bn and UK Fire 2015-16 expenditure £2bn; pages 4-5 at https://www.nao.org.uk/wp-content/uploads/2016/07/The-work-of-the-National-Audit-Office-in-the-police-and-fire-sectors-Briefing-pack.pdf

Of these figures; UK Police spend approximately £2.2bn on goods and services per para 5 at http://www.govopps.co.uk/government-calls-for-greater-collaboration-between-police-forces-to-drive-down-costs/

And Fire & Rescue spend approximately £600m on procured good and services per 'Background' section at http://www.nationalfirechiefs.org.uk/procurement

Key drivers

| Cost pressure | Value for money concerns | Internal audit (IA) concerns | Audit Committee (AC) concerns | Risks | Compliance |

Contract life–cycle management

Define need and make or buy

Develop specification

Contract close/exit

Contract life–cycle management

Business case

Operational contract management

Contract deployment

Procurement process

Benefits

| Cost reduction | Achieve value for money | Address IA/AC concerns | Transparency and compliance | Minimising of risks |

- The first step of contract life-cycle management is to adequately **define the need** i.e. what service and product the organisation is looking to acquire. This then feeds into the **specification** where clear communication and clearly defined requirements are critical to allow well-informed decisions to be made in relation to supplier capability and capacity to deliver on the contract. Lack of clarity and a poorly defined specification is a key driver for multiple post-award contract issues and significant value leakage, therefore organisations should invest adequate resources and engage with key stakeholders to ensure the specification is clearly defined and is fit for purpose.

A well-defined specification is critical to get value for money from a contract.

An emergency services organisation we were working with had outsourced their IT management services. The key stakeholders wanted an outcome based contract. However, the team developing the specification failed to align the commercial structure of the contract with this key objective. The key elements of the specification such as contract price, performance measures, how services will be delivered etc., focused heavily on inputs. As a result, the supplier was getting paid regardless of their performance with minimal service deductions and there was no financial incentive for the supplier to strive for good performance. Performance measures focused on measuring inputs with no real indication of delivery against outcomes. They paid the supplier a lot of money and received a very poor service.

Comment: What is important to you as the buyer should also be important to the supplier. The contract should align both organisations' objectives. A well written specification would have ensured that outcomes are clearly defined and underlying performance standards measures the outcomes and what really matters. It also would have linked the contract payment to outcomes to ensure the supplier is financially incentivised to deliver on agreed outcomes.

- The **business case** should be aligned with the organisation's overall strategy and objectives, it should describe clearly how the contract arrangement will meet these objectives. Affordability and critical success factors should be considered, as well as an initial analysis of risks and related activity that may impact or support the delivery of the contracted service. The clearer the business case; the more informed the decision-making process can be.

- Adequately resourced and effectively planned **procurement processes** can help organisations capture maximum value from contracts during the procurement process. Many clients we have worked with have failed to achieve this due to lack of planning, "rushed" procurement process and poor market management/engagement.

- A lack of planning for **contract deployment** is another reason for value-leakage. This stage should deal with the transition of the contract from tendering stage to operation stage; establishing the contract operation and management team as well as processes and controls. The plan essentially acts as a set of instructions to the tendering stage and prevents gaps in operational delivery that could lead to value leakage, reduced benefit realisation, and disputes between buyer and supplier.

- The **operational contract management** stage deals with three key areas to ensure the value captured during the tendering stage is realised. The three areas are; robust contract administration, effective service performance and delivery management and proactive relationship management. Robust operational contract management can help organisations to ensure that contracts are always aligned with their strategic aims, value leakage is detected/prevented and supplier relationships are enhanced.

- **Contract close/exit** stage can really help organisations evaluate what went well and what needs to be changed in the future. Managed well, this stage can also ensure smooth service transition from one supplier to another and reduce transition cost. Some of the clients we have worked with have opted to perform commercial and open book reviews as part of this stage to help them identify and recover any overpayments and better understand what needs to change going forward.

Part B — Critical success factors

The organisations should define and identify a set of organisation wide critical success factors (CSF) and principles that should underpin their approach to contract management. Examples of good practice CSFs and principles are outlined below.

• **Create a contract management function:** A contract management function will help create a consistent approach to managing contracts within the organisations; shared good practices; a source of challenge, support and guidance; standard training processes and a culture which takes responsibility for contract management.

• **Contracts should be categorised:** This will enable the appropriate level of contract management resource to be allocated to ensure that contract management activities are proportionate to the potential benefit and underlying risks for contracts. Therefore, the organisations should develop a contract categorisation approach/tool and categorise contracts in line with pre–defined criteria including the contract value, political interest, business value, potential impact, sourcing complexity, contractual complexity and performance assessment complexity etc.

• **Establish and use strong governance arrangements to manage risk and enable strategic oversight:** Organisations should ensure that the governance structures are proportionate to the size and risk of contracts, and that they are suitably empowered to support the business outcomes and objectives. There should be some level of consistency around contract management governance to enable strong decision making and should hold suppliers to account for poor performance. In our experience the governance should be defined at the following three levels:

  • **Level 1: Strategic contract management governance:** Organisations should define a senior accountable officer for each significant/high risk contract. This officer must be accountable for the delivery of business strategy, benefits, supplier performance and is ultimately responsible for the decision making for the contracts they are accountable for.

  • **Level 2: Contract management governance for each contract:** Organisations should adopt a standardised governance structure which is flexible for application to all contracts.

  • **Level 3: Individual contract management roles and responsibilities (R&R):** Organisations roles i.e. contract manager, accountable officer, client lead etc. need to be defined and communicated to all teams and stakeholders. The key contract management activities should be mapped and ownership should be determined using a Responsible, Accountable, Consulted and Informed (RACI) matrix.

• **Invest in commercial capability and capacity:** Organisations should clearly define the contract management skills and experiences required at different stages of life–cycle contract management, and actively recruit or train to acquire these skills within the organisation.

• **Proactive management of risks and opportunities:** Risk and opportunity management should become an integral part of contract management. The organisations should analyse, mitigate and manage contract related risks and opportunities throughout the contract's life cycle. This process should start at the tendering stage to ensure the risks are placed with the party best able to manage it. Organisations should also analyse opportunities throughout the contract life cycle to capture additional value and to ensure dependencies and interdependencies are captured and managed.

Risks should be placed with the party best able to manage it.

Progress up to now

A considerable amount of work has been undertaken across the emergency services sector in recent years to bring third party spend under control and effectively manage the needs of organisations and the wants of their suppliers. In 2014–15 UK police forces collectively planned £474m[2] of savings from better procurement of all goods and services, and the National Fire Chiefs Council have implemented a Commercial Transformation Programme[3] to standardise requirements, aggregate volumes, and manage contracts collaboratively. This work will be ongoing as organisations and teams get to grips with the crucial role of life–cycle contract management and prepare themselves for even bigger challenges in the future. The question is: Have you done enough to ensure your contract management function is ready to play its part in making savings and help the organisation deal with future challenges?

The following questions, that Audit Committee members might ask about their organisation's life–cycle management arrangements, may help you make this assessment:

• How much are we spending with suppliers as an organisation?

• Do we have a robust contract register which gets updated on a regular basis?

• Have we got organisation wide contract management guidance
  and processes? If yes, how do we monitor compliance?

• How do we know if we are getting value for money from our major contracts?

• When was the last time we carried out a commercial review
  of our contracts and what was the outcome?

• Do we have open book clauses in our contracts and when
  was the last time we invoked these clauses?

RSM's Contract Risk Advisory team works with a range of clients to help them benchmark their contract management function against a best practice framework; and to support and help them improve their contract management from these findings.

[2] Per page 8 https://www.nao.org.uk/wp-content/uploads/2016/07/The–work–of–the–National–Audit–Office–in–the–police–and–fire–sectors–Briefing–pack.pdf
[3] http://www.nationalfirechiefs.org.uk/procurement

Sources of further information

National Audit Office
'Cyber security and information risk guidance for Audit Committees'
https://www.nao.org.uk/report/cyber-security-and-information-risk-guidance/

RSM
'The Icarus effect: tackling cybercrime complacency'
https://www.rsmuk.com/ideas-and-insights/tackling-cyber-crime-complacency

Local Government Association
'Fire and rescue services in England: a guide for police and crime panel members'
https://www.local.gov.uk/fire-and-rescue-services-england-guide-police-and-crime-panel-members

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
'Inspection programme and framework 2017/18'
https://www.justiceinspectorates.gov.uk/hmicfrs/publications/hmicfrs-inspection-programme-2017-18/

HMICFRS
'Stolen freedom: the policing response to modern slavery and human trafficking'
https://www.justiceinspectorates.gov.uk/hmicfrs/publications/stolen-freedom-the-policing-response-to-modern-slavery-and-human-trafficking/

Home Office
'Home Office sets out police pay award for 2017 to 2018'
https://www.gov.uk/government/news/home-office-sets-out-police-pay-award-for-2017-to-2018

Police Federation
'No more smoke and mirrors'
http://www.polfed.org/newsroom/4951.aspx

Police Federation
'Routine Arming Survey 2017, Headline Report'
http://www.polfed.org/newsroom/4954.aspx

Reform
'Bobbies on the net: a police workforce for the digital age'
http://www.reform.uk/publication/bobbies-on-the-net-a-police-workforce-for-the-digital-age/

HMICFRS
'Insufficient progress on police force plans to tackle the abuse of position for a sexual purpose'
https://www.justiceinspectorates.gov.uk/hmicfrs/news/news-feed/insufficient-progress-on-police-force-plans-to-tackle-the-abuse-of-position-for-a-sexual-purpose/

HMICFRS
'Abuse of position for a sexual purpose, A review of forces' plans in response to our PEEL legitimacy 2016 national report recommendation'
https://www.justiceinspectorates.gov.uk/hmicfrs/publications/abuse-of-position-for-a-sexual-purpose/

Grenfell Tower Inquiry
Transcript of the formal opening of the Inquiry
https://www.grenfelltowerinquiry.org.uk/wp-content/uploads/2017/07/Transcript-of-Inquiry-opening-14-September-2017.txt

The Guardian
'England's fire services suffer 25% cut to safety officers numbers'
https://www.theguardian.com/uk-news/2017/aug/29/englands-fire-services-suffer-25-cut-to-safety-officers-numbers

Home Office
Fire and rescue authorities: operational statistics bulletin for England 2015 to 2016
https://www.gov.uk/government/statistics/fire-and-rescue-authorities-operational-statistics-bulletin-for-england-2015-to-2016

University of East Anglia
'Benchmarking Big Data Research Project'
https://www.nationalfirechiefs.org.uk/news/new-study-published-about-how-fire-services-use-big-data-sets/182450

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Audit Progress Report and Sector Update

Avon & Somerset Police and Crime Commissioner and Chief Constable
Year ending 31 March 2018

JANUARY 2018
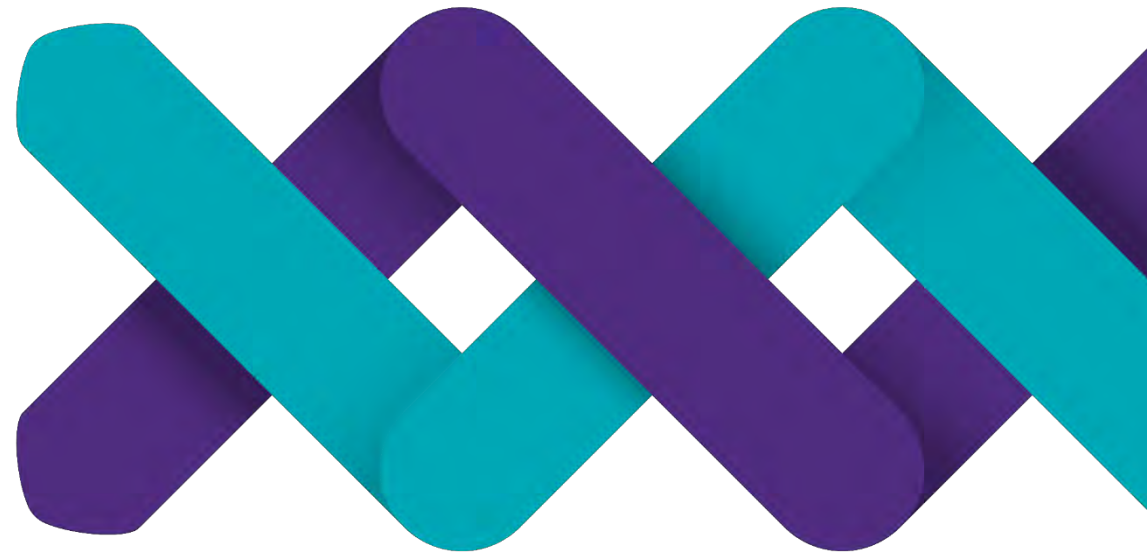
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This paper provides the Joint Audit Committee with a report on progress in delivering our responsibilities as your external auditor.

The paper also includes:

- a summary of emerging national issues and developments that may be relevant to you; and

- a number of challenge questions in respect of these emerging issues which the Committee may wish to consider (these are a tool to use, if helpful, rather than formal questions requiring responses for audit purposes)

Members of the Joint Audit Committee can find further useful material on our website where we have a section dedicated to our work in the public sector. Here you can download copies of our publications. Click on the Grant Thornton logo to be directed to the website.

If you would like further information on any items in this briefing, or would like to register with Grant Thornton to receive regular email updates on issues that are of interest to you, please contact either your Engagement Lead or Engagement Manager.

Contents

Progress at January 2018

Financial Statements Audit

We have started planning for the 2017/18 financial statements audit and are due to commence our interim audit in February 2018. Our interim fieldwork visit will include:

- Updated review of the control environment
- Updated understanding of financial systems
- Review of Internal Audit reports on core financial systems
- Early work on emerging accounting issues
- Early substantive testing

We will report any findings from the interim audit to you in our Progress Report at the March Joint Audit Committee.

The final accounts audit is due to begin on the 29th May with findings reported to you in the Joint Audit Findings Report by the 31 July 2018 deadline.

Value for Money

The scope of our work is set out in the guidance issued by the National Audit Office. The Code requires auditors to satisfy themselves that; "the Police and Crime commissioner and Chief Constable have made proper arrangements for securing economy, efficiency and effectiveness in their use of resources".

The guidance confirmed the overall criterion as: "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

The three sub criteria for assessment to be able to give a conclusion overall are:

•Informed decision making

•Sustainable resource deployment

•Working with partners and other third parties

We have begun our initial risk assessment to determine our approach and will report the significant risks identified to you in our Joint Audit Plan.

We will report the outcomes of our work in the Joint Audit Findings Report and give our Value For Money Conclusions by the 31 July 2018 deadline.

Other areas

Meetings

We meet regularly with the Chief Finance Officers and continue to be in discussions with other finance staff regarding emerging developments and to ensure the audit process is smooth and effective.

Events

We are planning our next annual Police Audit Committee members event, and will provide more details and invitations once this has been finalised.

Audit Deliverables

2017/18 Deliverables	Planned Date	Status
Fee Letters Confirming audit fees for 2017/18 audits.	June 2017	Complete
Accounts Joint Audit Plan We are required to issue a detailed accounts joint audit plan to the Joint Audit Committee setting out our proposed approach in order to give an opinion on the Group, Police and Crime Commissioner and Chief Constable 2017/18 financial statements.	March 2018	Not yet due
Interim Audit Findings We will report to you the findings from our interim audit within our Progress Report.	March 2018	Not yet due
Joint Audit Findings Report The Joint Audit Findings Report will be reported to the July 2018 Joint Audit Committee.	July 2018	Not yet due
Auditors Reports These are the opinions on the financial statements, annual governance statements and value for money conclusions.	July 2018	Not yet due
Joint Annual Audit Letter This letter communicates the key issues arising from our audit work for the 2017/18 year.	August 2018	Not yet due

Sector Update

Policing services are rapidly changing. Increased demand from the public and more complex crimes require a continuing drive to achieve greater efficiency in the delivery of police services. Public expectations of the service continue to rise in the wake of recent high-profile incidents, and there is an increased drive for greater collaboration between Forces and wider blue-light services.

Our sector update provides you with an up to date summary of emerging national issues and developments to support you. We cover areas which may have an impact on your organisation, the wider Police service and the public sector as a whole. Links are provided to the detailed report/briefing to allow you to delve further and find out more.

Our public sector team at Grant Thornton also undertake research on service and technical issues. We will bring you the latest research publications in this update. We also include areas of potential interest to start conversations within the organisation and with audit committee members, as well as any accounting and regulatory updates.

- **Grant Thornton Publications**

- **Insights from sector specialists**

- **Accounting and regulatory updates**

More information can be found on our dedicated public sector and police sections on the Grant Thornton website by clicking on the logos below:

Public Sector

Police

A Manifesto for a Vibrant Economy

Developing infrastructure to enable local growth

Cities and shire areas need the powers and frameworks to collaborate on strategic issues and be able to raise finance to invest in infrastructure priorities. Devolution needs to continue in England across all places, with governance models not being a "one-size-fits all". Priorities include broadband, airport capacity in the North and east-west transport links.

Addressing the housing shortage, particularly in London and the Southeast, is a vital part of this. There simply is not enough available land on which to build, and green belt legislation, though designed to allow people living in cities space to breath, has become restrictive and is in need of modernisation. Without further provision to free up more land to build on, the young people that we need to protect the future of our economy will not be able to afford housing, and council spending on housing the homeless will continue to rise.

Business rates are also ripe for review – a property-based tax is no longer an accurate basis for taxing the activity and value of local business, in particular as this source of funding becomes increasingly important to the provision of local authority services with the phasing out of the Government's block grant.

Demographic and funding pressures mean that the NHS no longer remains sustainable, and the integration of health and social care – recognised as critical by all key decision makers – remains more aspiration than reality.

There is an opportunity for communities to take a more holistic approach to health, for example creating healthier spaces and workplaces and tackling air quality, and to use technology to provide more accessible, cheaper diagnosis and treatment for many routine issues.

Finding a better way to measure the vibrancy of places

When applied to a place we can see that traditional indicators of prosperity such as GVA, do not tell the full story. To address this we have developed a Vibrant Economy Index to measure the current and future vibrancy of places. The Index uses the geography of local authority areas and identifies six broad objectives for society: prosperity, dynamism and opportunity, inclusion and equality, health wellbeing and happiness, resilience and sustainability, and community trust and belonging.

The city of Manchester, for example, is associated with dynamic economic success. While our Index confirms this, it also identifies that the Greater Manchester area overall has exceptionally poor health outcomes, generations of low education attainment and deep-rooted joblessness. These factors threaten future prosperity, as success depends on people's productive participation in the wider local economy, rather than in concentrated pockets.

Every place has its own challenges and opportunities. Understanding what these are, and the dynamic between them, will help unlock everybody's ability to thrive. Over the coming months we will continue to develop the Vibrant Economy Index through discussions with businesses, citizens and government at a national and local level.

Guy Clifton – Head of Local Government Advisory

PEEL – Police efficiency 2017

'Significantly stressed' police forces need to continue to change

In an environment of increasingly complex crime and changing demand, police forces are generally continuing to manage their resources well, according to the latest report into police efficiency, published by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services.

These are the third annual efficiency reports to examine how well police forces in England and Wales understand demand, use their resources and plan for the future. Two forces have been graded as 'outstanding', thirty forces as 'good', ten forces as 'requiring improvement' and no force as 'inadequate'. Two more forces than last year have been graded as requiring improvement, although, as was the case last year, the majority of forces have been graded as good. You were rated as "Good".

The report concludes that policing is becoming increasingly complex, both in terms of the types of crimes that the police deal with and the number of different organisations with which they have to work, as forces strive to provide the best service to the public.

Against this backdrop, the report recognises that policing has had to make, and will continue to have to make, very difficult decisions about where to focus its resources. The policing workforce has shrunk over the last few years; in most forces, this has resulted in a better use of resources and a more focused policing model that is more efficient.

The report highlights that every force faces different circumstances in terms of the problems it has to confront and its financial position. The findings from this inspection again show that even when their financial position is particularly difficult, it is possible for forces to gain a positive grade in relation to their efficiency.

HMICFRS remains concerned that few forces have taken sufficient steps to understand the skills they have, or need, in their workforce. Although more forces have started to improve their understanding of this, most of them still focus on current skills, rather than on the skills they are likely to need in the future. This makes it harder for those forces to plan effectively for skills, according to the report.

More and more forces are using some form of risk-based analysis to inform their allocation of resources, but some remain unable to allocate adequate resources to meet the needs of their demand model. There are many examples of forces using their resources flexibly. However, not many forces have carried out sufficient analysis to be confident of their ability to predict the overall effect of moving resources from one area of operations to another.

This is particularly true within force control rooms, which primarily deal with public 999 or 101 calls. At the time of inspection, some control rooms appeared to be struggling to meet demand, particularly in relation to 101 non-emergency calls. Many forces have found it difficult to retain control room staff and a number of them rely too much on outdated technology. Some forces are considering different ways of managing demand through online tools, although only a small number of high-performing forces can demonstrate the effectiveness of these tools.

The report concludes that while most police forces throughout the country have risen impressively to the challenges they face, policing remains under significant stress. Forces need to be more ambitious and innovative in terms of their plans for the future; the problems facing those forces that fail to do so could potentially prove overwhelming.

Click on the report cover to read more.
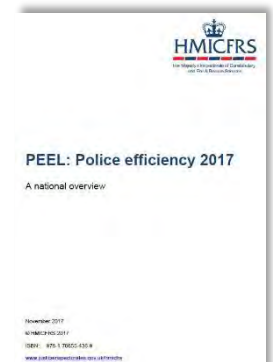
HMICFRS updates

A progress report on the police response to domestic abuse

This report is the third in a series of thematic reports which consider the response provided to victims of domestic abuse by the police service. The report finds that since the publication of the first report in March 2014 the service provided by the police to victims of domestic abuse has improved markedly. Victims are now better supported and better protected.

Identifying, protecting and supporting victims of domestic abuse remain vital parts of the policing mission to prevent crime and disorder, but this is not something that the police can tackle alone. The complex and sensitive nature of domestic abuse means that the police often need to work in close co-operation with a range of other agencies.

The 2014 report found significant shortcomings in the policing response to domestic abuse. In 2015, as part of the second inspection in this series, it was found that the police service had come to see tackling domestic abuse as a priority. However, it found that there were still a number of areas for improvement in the way that the police respond to victims of domestic abuse.

The latest report is based upon inspection findings from 2016, and highlights continued improvement.

Click on the report cover to read more.
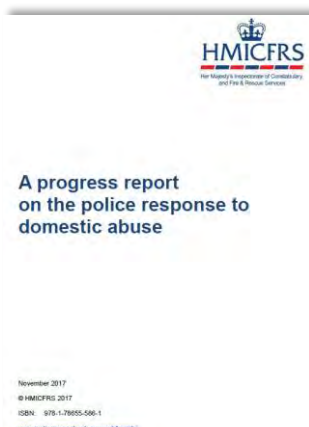
Value for money profiles

HMICFRS have published the 2017 value for money profiles which provide comparative data on a wide range of policing activities for each police force in England and Wales.

The value for money (VfM) profiles provide comparative data on a wide range of policing activities. For instance: does your force spend more or less than other similar forces? Does it receive fewer or more 999 calls? How does the crime rate differ from other force areas?

It is important to note that the profiles highlight what these differences are, but not why they exist. There are many reasons why (for instance) a force might spend more on a particular function than other forces, or pay its officers more. Forces and police and crime commissioners can explain these reasons; the VfM profiles aim to help you ask the right questions. We will also use them as part of our value for money conclusion.

The profiles are based on data provided by the police and can be found here.

A progress report on the police response to domestic abuse

November 2017
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www.justiceinspectorates.gov.uk/hmicfrs

Code of Practice on Local Authority Accounting in the United Kingdom 2017/18

Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 and forthcoming provisions for IFRS 9 and IFRS 15

CIPFA/LASAAC has issued the Local Authority Accounting Code for 2017/18. The main changes to the Code include:

- amendments to section 2.2 (Business Improvement District Schemes (England, Wales and Scotland), Business Rate Supplements (England), and Community Infrastructure Levy (England and Wales)) for the Community Infrastructure Levy to clarify the treatment of revenue costs and any charges received before the commencement date

- amendment to section 3.1 (Narrative Reporting) to introduce key reporting principles for the Narrative Report

- updates to section 3.4 (Presentation of Financial Statements) to clarify the reporting requirements for accounting policies and going concern reporting

- changes to section 3.5 (Housing Revenue Account) to reflect the Housing Revenue Account (Accounting Practices) Directions 2016 disclosure requirements for English authorities

- following the amendments in the Update to the 2016/17 Code, changes to sections 4.2 (Lease and Lease Type Arrangements), 4.3 (Service Concession Arrangements: Local Authority as Grantor), 7.4 (Financial Instruments – Disclosure and Presentation Requirements)

- amendments to section 6.5 (Accounting and Reporting by Pension Funds) to require a new disclosure of investment management transaction costs and clarification on the approach to investment concentration disclosure.

Forthcoming provisions for IFRS 9 and IFRS 15

CIPFA/LASAAC has issued 'Forthcoming provisions for IFRS 9 Financial Instruments and IFRS 15 Revenue from Contracts with Customers in the Code of Practice on Local Authority Accounting in the United Kingdom 2018'. It sets out the changes to the 2018/19 Code in respect of IFRS 9 Financial Instruments and IFRS 15 Revenue from Contracts with Customers. It has been issued in advance of the 2018/19 Code to provide local authorities with time to prepare for the changes required under these new standards.

IFRS 9 replaces IAS 39 Financial Instruments: Recognition and Measurement. IFRS 9 includes a single classification approach for financial assets, a forward looking 'expected loss' model for impairment (rather than the 'incurred loss' model under IAS 39) and some fundamental changes to requirements around hedge accounting.

IFRS 15 replaces IAS 18 Revenue and IAS 11 Construction Contracts. IFRS 15 changes the basis for deciding whether revenue is recognised at a point in time or over a period of time and introduces five steps for revenue recognition.

It should be noted that the publication does not have the authority of the Code and early adoption of the two standards is not permitted by the 2017/18 Code.

Update on the General Data Protection Regulations

The EU has adopted the General Data Protection Regulation.

The Information Commissioner's Office (ICO), the UK's independent authority set up to uphold information rights in the public interest, is continuing to develop detailed guidance on the key themes of the General Data Protection Regulation (GDPR) to help organisations understand the new legal framework in the EU. It explains the similarities with the existing UK Data Protection Act 1998 (DPA), and describes some of the new and different requirements.

This guidance is described as a 'living document' and they are working to expand it in key areas. It includes links to relevant sections of the GDPR itself, to other ICO guidance and to guidance produced by the EU's Article 29 Working Party. The Working Party includes representatives of the data protection authorities from each EU member state, and the ICO is the UK's representative.

The GDPR will apply in the UK from 25 May 2018. The government has confirmed that the UK's decision to leave the EU will not affect the commencement of the GDPR.

The ICO states that it is committed to assisting businesses and public bodies to prepare to meet the requirements of the GDPR ahead of May 2018 and beyond. The ICO acknowledges that there are still questions about how the GDPR will apply in the UK on leaving the EU, but they should not distract from compliance with the GDPR.

With so many businesses and services operating across borders, international consistency around data protection laws and rights is crucial both to businesses, organisations, and to individuals. The ICO's role involves working closely with regulators in other countries. It sees having clear laws with safeguards in place is more important than ever given the growing digital economy, and they plan to work with government to ensure the long term future of UK data protection law and to provide advice and counsel where appropriate.

Click here to find out more from the ICO.

The **Information Governance Alliance (IGA)** has prepared a briefing note that highlights the actions that health organisations and arms' length bodies need to consider to prepare for GDPR. The briefing note gives further information about the changes in the law governing the management and use of patient data. NHS organisations will need the time to prepare strategically, and implement necessary operational changes.

The briefing note highlights that GDPR was approved in 2016 and will replace the Directive that is the basis for the UK Data Protection Act 1998. The general principles of data protection will be similar however there is a greater focus on evidence-based compliance. There are specific requirements for transparency and harsher penalties for non-compliance.

The briefing note highlights that the GDPR introduces a principle of 'accountability' with organisations needing to demonstrate compliance. Some requirements of GDPR should already be established good practice and organisations that are performing well in their information governance toolkit scores should have a good baseline to work from. By establishing or adjusting governance arrangements to comply with GDPR, organisations should be confident that they are respecting the law and data subjects' rights whilst mitigating risks. Under the GDPR, fines are significantly increased and may be imposed for any infringement of the Regulation, not just data security breaches.

The IGA recommends that all health organisations should consider the development and implementation of action plans to achieve this demonstrable compliance. The briefing note indicates that the areas to be addressed should include:-

• Appointment of a Data Protection Officer whose job description is compliant with GDPR requirements

• Revision of information governance and related policies to address GDPR

• Assessment and allocation of resources needed to support the Data Protection Officer role

• Development of a project plan to meet GDPR requirements.

The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect your business or any weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

Grant Thornton

An instinct for growth™

The Annual Audit Letter
for Avon and Somerset Police and Crime Commissioner
and Chief Constable for Avon and Somerset

Year ended 31 March 2017

18 October 2017

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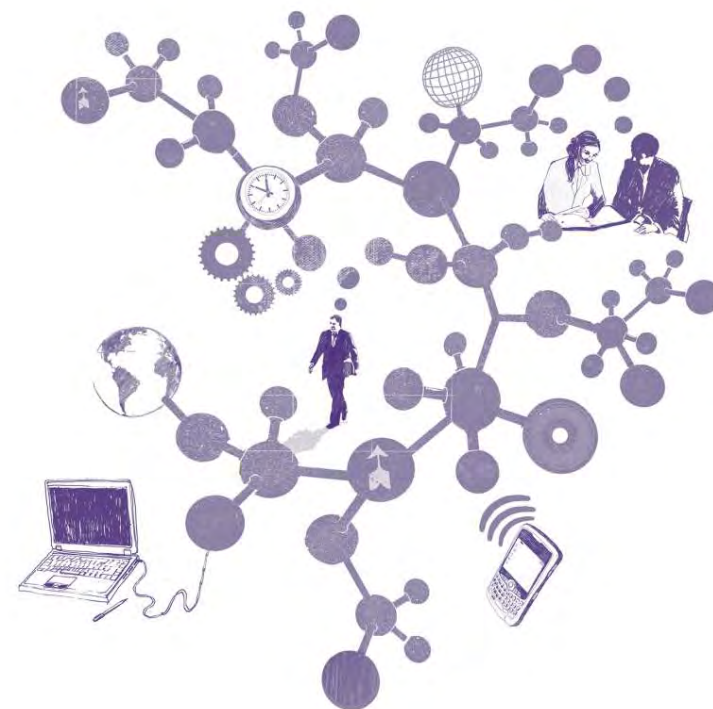
Contents

Executive summary

Purpose of this letter

Our Annual Audit Letter summarises the key findings arising from the work we have carried out at Avon and Somerset Police and Crime Commissioner ("the PCC") and the Chief Constable for Avon and Somerset ("the Chief Constable") for the year ended 31 March 2017.

This Annual Audit Letter provides a commentary on the results of our work to the PCC and Chief Constable and their external stakeholders, and highlights issues we wish to draw to the attention of the public. In preparing this letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice (the Code) and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'.

We reported the detailed findings from our audit work to the Joint Audit Committee in our Audit Findings Report on 14 July 2017. The findings were also discussed with the PCC and the Chief Constable as those charged with governance.

Our responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:
- give an opinion on the PCC's and Chief Constable's financial statements (section two)
- assess the PCC's and Chief Constable's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the PCC's and Chief Constable's financial statements, we comply with International Standards on Auditing (UK and Ireland) (ISAs) and other guidance issued by the NAO.

Our work

Financial statements opinion

We gave an unqualified opinion on the PCC's and Chief Constable's financial statements on 21 July 2017.

Value for money conclusion

We were satisfied that the PCC and Chief Constable put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources during the year ended 31 March 2017. We reflected this in our audit opinion on 21 July 2017.

Whole of government accounts

We completed work on the Group consolidation return following guidance issued by the NAO and issued an unqualified report on 28 September 2017.

Certificate

We certified that we had completed the audit of the accounts of the PCC and the Chief Constable in accordance with the requirements of the Code on 3 October 2017.

Working with the PCC and Chief Constable

We are really pleased to have worked with you over the past year. Some examples of where we have worked with you include:

An efficient audit – we delivered the accounts audit to the timescales agreed in advance. The earlier audit deadline of 31 July was delivered a year ahead of the statutory deadline, and the opinion was given 10 days in advance of the new earlier audit deadline.

Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness. We worked collaboratively approach across Avon and Somerset, Gloucestershire and Wiltshire to ensure that our Value for Money work provided assurance over regional collaborations.

Sharing our insight – we provided independent external audit commentary and insight in your key issues through senior attendance at every Joint Audit Committee. We have also shared with you our insights on various accounting issues including earlier closure timetables.

Supporting development – we provided briefing notes to members on key changes to the financial statements in 2016/17 as well as key areas of the draft financial statements for them to consider.

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the PCC's and Chief Constable's staff.

Grant Thornton UK LLP
October 2017

Audit of the accounts

Our audit approach

Materiality

In our audit of the PCC's and Chief Constable's accounts, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined overall materiality for the financial statements as a proportion of the smaller of gross revenue expenditure of the PCC and the gross revenue expenditure of the Chief Constable. This was £7,201,000 (being 2% of gross revenue expenditure of the Chief Constable). We used gross revenue expenditure as the benchmark, as in our view, users of the PCC's and Chief Constable's accounts are most interested in how they have they have spent the income the PCC Group received during the year.

We set a lower threshold of £360,000, above which we reported errors and uncertainties to the PCC and Chief Constable in our Joint Audit Findings Report.

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The scope of our audit

Our audit involves obtaining enough evidence about the amounts and disclosures in the financial statements to give reasonable assurance they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:
- the PCC's and Chief Constable's accounting policies are appropriate, have been consistently applied and adequately disclosed;
- significant accounting estimates made management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the narrative reports and annual governance statements to check they are consistent with our understanding of the PCC and Chief Constable and with the accounts included in the Statement of Accounts on which we gave our opinion.

We carry out our audit in line with ISAs (UK and Ireland) and the NAO Code of Audit Practice. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the PCC's and Chief Constable's businesses and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the accounts – Police and Crime Commissioner and Chief Constable

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk
IAS 19 valuation of pension fund asset and liability The Local Government Pension Scheme (LGPS) and Police Pension Schemes assets and liabilities as reflected in the balance sheet of the Chief Constable represent a significant estimate in the financial statements.	As part of our audit work we: • documented our understanding of management's processes and controls related to the IAS 19 valuation of the LGPS and Police Pension Schemes. • reviewed the competence, expertise and objectivity of the actuary who carried out your pension fund valuation • gained an understanding of the basis on which the valuation is carried out and obtained assurances over any significant assumptions, where appropriate • gained assurances over the data provided to the actuary to ensure it was robust and consistent with our understanding **We were satisfied from our testing that the pension asset and liability are materially stated.**
Valuation of property, plant and equipment A full valuation of the PCC's land and buildings was performed as at 1 April 2016. A full desk top review was undertaken by the valuer as at 31 March 2017, with asset valuations adjusted based upon this review. PPE valuations represents a significant accounting estimate in the financial statements.	As part of our audit work we: • documented management's processes and controls for the calculation of the estimate • undertook a walkthrough of the key controls to assess whether those controls were in line with our documented understanding • reviewed the competence, expertise and objectivity of the experts used • reviewed the instructions issued to valuation experts and considered the scope of their work • discussed with the PCC's valuer the basis on which the valuation was carried out, challenging key assumptions where appropriate • considered the information used by the valuer to ensure it was robust and consistent with our understanding • tested revaluations made during the year to ensure they were correctly processed into the PCC's asset register and accounted for correctly **We did not identify any issues to report.**

Audit of the accounts – Police and Crime Commissioner and Chief Constable

Risks identified in our audit plan	How we responded to the risk
Employee remuneration Employee remuneration accruals understated (Remuneration expenses not correct)	As part of our audit work we: • documented our understanding of processes and key controls over the transaction cycle • undertook a walkthrough of the key controls to assess the whether those controls were in line with our documented understanding • undertook an analysis of trends and relationships to identify any anomalous areas for further investigation • reconciled the payroll system to the general ledger and financial statements • substantively tested a sample of staff and officer payroll payments, ensuring that payments were made in accordance with the individual's contract **We did not identify any issues to report.**
Operating expenses Creditors understated or not recorded in the correct period (Operating expenses understated)	As part of our audit work we: • documented our understanding of processes and key controls over the transaction cycle • undertook a walkthrough of the key controls to assess the whether those controls were in line with our documented understanding • tested for unrecorded liabilities by undertaking sample testing of payments made after the year end to ensure that they were accounted for in the correct year **We did not identify any issues to report.**

Audit of the accounts

Audit opinion

We gave an unqualified opinion on the PCC's and Chief Constable's accounts on 21 July 2017, two months in advance of the 30 September 2017 national deadline and 10 days ahead of the new statutory deadline applicable from 2017/18.

The PCC and Chief Constable made the accounts available for audit in line with the agreed timetable, and provided a good set of supporting working papers. The accounts presented for audit were prepared to a good standard, subject only to a small number of disclosure and classification amendments. The finance team responded promptly and efficiently to our queries during the audit.

Issues arising from the audit of the accounts

We reported the key issues from our audit of the accounts to the PCC and Chief Constable and the Joint Audit Committee on 14 July 2017.

Our audit did not identify any material errors or uncertainties in the Group, PCC or Chief Constable financial statements. Management amended the Group, PCC and Chief Constable financial statements for the disclosure and classification changes identified during the audit. These were primarily to correct minor errors and improve the presentation of the accounts.

Annual Governance Statement and Narrative Report

We are required to review the PCC's and Chief Constable's Annual Governance Statements and Narrative Reports. Both entities published them on their websites with the draft accounts in line with the national deadlines.

All documents were prepared in line with the relevant guidance and were consistent with the supporting evidence provided by the PCC and Chief Constable and with our knowledge of the PCC and Chief Constable.

Other statutory duties

We also have additional powers and duties under the Act, including powers to issue a public interest report, make written recommendations, apply to the Court for a declaration that an item of account is contrary to law, and to give electors the opportunity to raise questions about the PCC's and Chief Constable's accounts and to raise objections received in relation to the accounts.

We did not apply any additional powers. No electors raised questions about the PCC's or Chief Constable's accounts or raised objections in relation to the accounts.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice (the Code), following the guidance issued by the NAO in November 2016 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the key risks where we concentrated our work.

The key risks we identified and the work we performed are set out in table 2 overleaf.

Overall VfM conclusion

We are satisfied that in all significant respects the both the PCC and the Chief Constable put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2017.

Value for Money

Risk identified	Work carried out	Findings and conclusions
Financial Strategy and position Avon and Somerset Police have been required to deliver substantial savings since 2010/11, and forecast significant savings requirements going forward. The latest Medium Term Financial Position (MTFP) identifies a budget deficit of £20.6m by 2021/22. Current savings plans total £15.5m by 2021/22, resulting in an additional £5.2m of required additional savings.	We reviewed the MTFP, including the assumptions that underpin the plan, and reviewed current savings delivery and progress on developing savings required in future years, including savings identified from enabling services and Priority Based Resourcing	In its PEEL 2016 Police efficiency report, HMIC rated Avon and Somerset as 'good'. They note "Avon and Somerset Constabulary's future is based on prudent assumptions about revenue, its cost base, required savings and areas for investment. Its mid-term financial plan is reviewed quarterly to adjust areas of pressure and is scrutinised by the police and crime commissioner". Our review of the latest Medium Term Financial Plan (MTFP), which runs from 2017/18 to 2021/22, supports this view; it is based upon reasonable assumptions and appropriately incorporates all known cost and funding pressures. It also identifies a number of risks, including the impact upon funding of the outcome of the review of police formula funding, and the full impact of the end of the Southwest One contract. Recent political events, including the outcome of the General Election and Brexit, create future economic uncertainties which are not yet fully considered in the MTFP. These developments are likely to have a significant impact on the MTFP, and it should be updated and refreshed as the outcomes of these events become better understood. The MTFP includes information on the savings identified to date, and outlines four key areas of savings delivery. The two most significant areas relate to the Priority Based Resourcing (PBR) review and targeted savings from enabling services projects. The PBR review has reconsidered how services are provided, moving from a geographical basis to a directorate basis, with four key directorates – Response, Neighbourhoods, Investigations, Intelligence. The new borderless approach is estimated to save up to £5m, with savings possible from more efficient ways of work and a lower estates requirement. During the year the decision was taken to return all Southwest One provided enabling services to the Constabulary's control in 2017/18, with the exception of IT which will return later in 2018; these were the earliest possible dates to avoid financial penalties under the contract. The difference between the cost of providing the service in-house and the Unitary Charge previously paid to Southwest One has already generated savings in areas such as Design and Print. Other areas such as Finance and HR have returned recently and similar immediate savings are expected and further work is underway to further generate savings from these areas in the future. Savings are built into budgets, with budget monitoring reports taken to the Police and Crime Board on a quarterly basis. The reports taken to these meetings, attended by the PCC and CC and respective CFO's, ensure that under delivery of savings is identified, and allow corrective action to be taken. The savings identified in the 2017/18 budget will be delivered through a combination of the part-year enabling services savings, savings from the PBR review and other savings identified through collaborations and the budget build process. The 2016/17 revenue outturn report identifies a revenue underspend of £4.78m (1.7%) before year-end provisions and reserve adjustments – after these are processed the position was break-even. This and prior year budget outturns provide assurance that the budgeting methodology and in year budget management remains robust. The MTFP projects that by 31 March 2021, usable reserves will have all but halved to £26.8m from £51.3m at 31 March 2016. Whilst the use of reserves in itself does not represent a significant risk, ensuring that the transformation projects funded by these reserves deliver the required long-term benefits remains key.

Value for Money

Risk identified	Work carried out	Findings and conclusions
Financial Strategy and position *Continued*		The Capital Receipts Reserve and the Capital Financing Reserve are forecast to be fully utilised by the end of the 2017/18 financial year, representing the utilisation of £13.5m of funds from 31 March 2016. Over the next 5 years, the capital programme forecasts a spending requirement of £93.4m, with forecast funding levels of £73.6m (including the use of reserves described above and new borrowing of £25m). It is recognised that this is not a sustainable position, and therefore work is underway to prioritise projects to ensure that they fall within the current funding forecasts and will deliver against the priorities articulated by the PCC and Chief Constable in the Police and Crime Plan. **Taking the above information into account, we concluded that the risk was sufficiently mitigated and the PCC and Chief Constable each has proper arrangements for informed decision making and sustainable resource deployment.**
Tri-Force governance Avon and Somerset Police are partners in a number of regional collaborations with local Forces, including Tri-Force. A strong governance framework and resultant assurances are key to ensuring that key collaborations deliver the benefits that they are designed to.	We reviewed the Tri-Force governance framework and reviewed how assurance is gained by Avon and Somerset Police over the collaboration	The Tri-Force Specialist Operations Unit is a collaboration between the forces of Avon & Somerset, Gloucestershire and Wiltshire. It was created in April 2014, and provides firearms, dogs and roads policing capabilities across the force areas. The Police and Crime Commissioners and Chief Constables of all three forces signed the collaboration agreement in April 2014 which is available on the public website of Avon and Somerset Police and Crime Commissioner. This confirms that the collaboration is 53.64% funded by Avon and Somerset Police – equivalent to £11.853m in 2016/17. The collaboration agreement also sets out key governance and management arrangements, included provisions for a Commissioning Board and a Management Board as part of the governance framework. During the 2016/17 year, the governance arrangements were reviewed and updated. A Tri-Force Steering Committee was established, with delivery and project boards reporting into it. The Steering Committee in turn reports to the Management Board. The first meeting of the Tri-Force Steering Group was held in February 2017, and the agenda included updated and more detailed terms of reference (ToR) for both the Commissioning Board and the Management Board. These represent an encouraging improvement on the previous ToR, however it is not currently clear from the Commissioning Board ToR whether decisions can be made based upon a majority or must be unanimous, nor the number of attendees required for the meeting to be quorate. The Home Office published Statutory Guidance for Police Collaboration in October 2012, which includes consideration of governance structures, and the governance structure introduced for the Tri-Force Collaboration meets these criteria. The February meeting of the Tri-Force Steering Committee included an Outcomes Framework which has been developed by to monitor and report on the effectiveness of operational delivery and keeps the relevant stakeholders abreast of current performance. Performance indicators are aligned to four categories which are directly linked to the objectives agreed with operational leads for each of the portfolio areas.

Value for Money

Risk identified	Work carried out	Findings and conclusions
Tri-Force governance *Continued*		An example assurance pack, presented during the February 2017 meeting of Tri-Force Steering Committee sets out the indicators, linked to the relevant themes, and provides commentary on these. However, data for a number of the indicators can not currently be obtained using the reporting mechanisms and systems of all three forces. The data available is dependent upon the force in question, and each force has a number of areas where the data is not yet available. This does not therefore allow meaningful comparisons to be drawn for all of the data reported. Review of the indicators also suggests that some do not provide analysis into the performance, quality or effectiveness of Tri Force. The performance measures should also be output focused, to allow conclusions to be drawn about the effectiveness and value of the collaboration. There is a Tri-Force risk register that is considered at the Commissioning Board which has a total of six RAG rated operational risks. The register was established in January 2017, and includes the elements expected from a risk register such as risk category, inherent risk score (considering impact and likelihood), mitigation plans, residual risk score (considering impact and likelihood), risk owner and risk lead. The above developments show the signs of improved and improving governance arrangements, although it is too early to say they are fully effective as many have only recently been developed. The recent promotion of the Tri-Force ACC provides an opportunity to reflect and reassess future arrangements and governance. It will be important that this does not detrimentally impact on the momentum generated and progress gained, particularly in the last 6 months. **Taking the above information into account, we concluded that the risk was sufficiently mitigated and the PCC and Chief Constable each has proper arrangements for informed decision making and working with partners.**

Appendix A: Reports issued and fees

We confirm below our final fees charged for the audit and provision of non-audit services.

Fees

	Proposed fee £	Actual fees £	2015/16 fees £
Police and Crime Commissioner audit	36,353	36,353	36,353
Chief Constable audit	18,750	18,750	18,750
Total fees (excluding VAT)	**55,103**	**55,103**	**55,103**

The proposed fees for the year were in line with the scale fee set by Public Sector Audit Appointments Ltd (PSAA)

Reports issued

Report	Date issued
Audit Plan	10 March 2017
Audit Findings Report	4 July 2017
Annual Audit Letter	18 October 2017

Fees for other services

Service	Fees £
Non-audit services: VAT disposal work on police vehicles	2,350

Non- audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Group, PCC and Chief Constable. The table above summarises all other services which were identified.
- We have considered whether other services might be perceived as a threat to our independence as the Group, PCC and Chief Constable's auditor and have ensured that appropriate safeguards are put in place, as reported in our Audit Findings Report.

Reports issued and fees continued

We have considered whether non-audit services might be perceived as a threat to our independence as the PCC's and Chief Constable's auditor and have ensured that appropriate safeguards are put in place

	Service provided to	Fees	Threat?	Safeguard
Non-audit services: VAT disposal work on police vehicles	Avon and Somerset Police and Crime Commissioner	2,350	No	The non-audit fee is less than 6.5% of the audit fee for the PCC. We have implemented firm independence practices, including a separate engagement team performing the non-audit work.
	TOTAL	2,350		

The above non-audit services are consistent with the PCC's and Chief Constable's policy on the allotment of non-audit work to your auditor.

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Risk / Objective	RISK			MITIGATION OF RISK	ASSESSMENT			
	Description	Impact		Controls and Assurances	Unmitigated / Current Risk			Commentary and Review date
					Probability	Impact	Risk Score	
SR1 **Governance failure**	Ineffective governance, scrutiny, oversight of services and outcomes delivered by the Constabulary. Ineffective arrangements for complaints and serious cases. Failure to ensure adequate transparency of the OPCC and/or the Constabulary. Failure to ensure effective systems and controls are in place to manage risk and support the delivery of service including fulfilment of the Strategic Policing Requirement. Failure to hold Chief Constable to account. Failure to address conduct or performance of Chief Constable. Failure to address complaints against the Chief Constable. Failure to ensure Chief Constable sets appropriate culture, ethics and values.	- Reduced Public confidence - Relationship with Constabulary not optimal - Government criticism, penalties - Sub standard performance results and poor inspection outcomes - Force not efficient /effective risks not managed financial loss - reputational risk		Risk owner: PCC / OPCC CEO and CFO PCC Police and Crime Board PCC Chief Constable 1:1s Representation at Constabulary CMB Qlik sense application Audit Committee, audit, annual governance statement Scrutiny of complaints - IRP Service Delivery assurance OPCC visits Police and Crime Panel meetings DCC attendance at OPCC SLT Staff survey review	4 3	4 4	16 12 ◄►	PCC and Chief Executive reviewed governance arrangements and a revised governance structure has been adopted with agreement from the Constabulary. These include a monthly PCC Board, formalising scrutiny, key decisions and performance tracking. This has replaced PCC-COG Board. Governance arrangements were reviewed in March 2017. Positive assurance from RSM annual report. Significant changes have been made in both organisations (Constabulary and OPCC) in relation to governance arrangements, and the Constabulary is currently undergoing structural change. While this needs to embed, the annual internal audit report concluded that the PCC and CC have an adequate and effective framework for risk management, governance and internal control. There are operational concerns in respect of capacity (see commentary on SR3 and Constabulary Risk Register) and the OPCC have oversight of the SPR self-assessment.
SR2 **Police and Crime plan**: Setting the plan, delivery of the plan	Failure to sufficiently assess needs and failure to agree an appropriate Police and Crime Plan with the Chief Constable. Failure to deliver the Police & Crime Plan.	- PCC priorities not agreed, set or delivered - Public confidence eroded		Risk owner: PCC / OPCC CEO PCC/Chief Constable meetings Police and Crime Board Representation at Constabulary CMB Qlik Sense App Audit Committee	5 4	4 4	20 16 ◄►	A new Police and Crime Plan has been developed collaboratively. Delivery plans underpin the strategy. While the Constabulary were unsuccessful in delivering the previous Police and Crime Plan, there is evidence the new plan has been understood and adopted at senior level. Internal assurance mechanisms are in place to evaluate delivery of the Plan's objectives, and there is evidence of progress being made against the majority of these. The organisational change underway is both a threat and an opportunity in terms of Plan delivery.plan. The draft Strategic Threat Assessment (2017) and Strategic Intelligence Requirements document raises concerns around the Constabulary's ability to deliver against the Plan. The impact of substantial change (Neighbourhood Policing review, Lighthouse Vulnerability Unit, ES) poses a threat to Plan delivery. The recruitment of CJ SRO presents as some mitigation to this risk (should see progress against SP4).

Risk / Objective	RISK			MITIGATION OF RISK	ASSESSMENT			
	Description	Impact		Controls and Assurances	Unmitigated / Current Risk			Commentary and Review date
					Probability	Impact	Risk Score	
SR3 **Financial Incapability & VFM**	Failure to agree and deliver a balanced Constabulary budget with the Chief Constable. Running an unsustainable budget deficit running out of funds. Unable to meet financial obligations as they fall due, reserves insufficient to cover deficits. Unable to manage or control budgets. Savings not delivered in sufficient time, sequence or scope. Borrowing and /or Government intervention required. Failure to set precept. Failure to ensure value for money in OPCC and across the delegated budgets to the Chief Constable.	- Run out of money - require intervention - Govt. intervention - Reputation / public confidence lost - unable to fund adequate or minimum service - unable to fund delivery of PCC priorities - unable to afford change. - inefficiency in use of police funds wastes money and harms reputation		Risk owner: PCC / CFO Medium and long term financial planning Regular oversight of revenue & capital budget Maintain adequate risk-assessed reserves Audit Committee / Internal Audit Treasury Management strategy in place outcomes reviewed by CFOs and Finance meeting HMIC efficiency inspection regime	4 3	5 5	20 15 ◄►	outturn forecats for 17/18 is £5m underspend. £8m savings agreed with Chief mostly from Enabling services in next 4 years. £19m further savings needed by March 2022 to balance the budget PBR has been implemented and there is confirmation savings will be delivered. The South West One succession project is on track to deliver identified savings. Enabling services plan is to be agreed and needs to deliver £9.5m savings, £2million achived to date. Capital funding gap = £13m over the next 5 years. Vapital plan being reviewed. Reserves being rapidly consumed - forecast useable non ring fenced reservs to be £12 million by 2021 (4% of net PCC annual budget) Funding formula on hold. Precept rise agreed 1.99% for 2017-18 and assumed at 1.99% increase for the following 2 years. If pay cap is lifted from 1% for future years this will generate budget pressure unless matched by new funding from main grant and/or precept rises above 2%. Police officer pay settlement imposes further £1.1 million pressure on reserves - it is divisive between officers and staff and challenges the MTFP assumptions. Tipping point report issued. Demands and threats continue to increase, but net funding is "flat cash", costs are risng faster then income, capital funding required from revenue budgets. So all creating pressure on the future abaility to adequately finance the service to deliver the P&C Plan.
SR4 Failure to **Engage with the public**	Failure to effectively engage with local people, communities and stakeholders. Failure to understand people's priorities and issues re policing and crime. Not taking account of local people's views,	- Reputation / public confidence - Relationship with partners - Police and Crime plan and actual delivery not aligned to		**Risk owner:** PCC / OPCC CEO/Head of Comms Meetings with LA chairs/ CEOs; CSP Chairs; local community group leaders PCC Forums, out and about days, attendance at summer events, meeting community groups	4	3	12 12	Opportunities exist to increase community engagement at forums, events etc. Opportunity to increase engagement with people from diverse communities presented by the establishment of the SOP panel. PCC and COG have developed a joint comms plan (proactive and reactive) to ensure closer working and resource allocation. This is working well. There are concerns over racial tensions in Bristol. There are also two reviews (Neighbourhood Policing and Enquiry Office) underway that have escalated the probability of this risk materialising in this latest iteration (June 2017).

RISK			MITIGATION OF RISK	ASSESSMENT			
				Unmitigated / Current Risk			Commentary and Review date
Risk / Objective	Description	Impact	Controls and Assurances	Probability	Impact	Risk Score	
	only "loud voices" and single issue voices heard.	public concerns and priorities	Web site, twitter & social media Representation on CSPs, Children's Trusts, LCJB, Health and Wellbeing Boards OCC/OPCC Comms meetings	4	3	◄►	The PCC is consulting on a PCC Voice and Engagement Service - to starts in January 2018 for 2 years. Additional drop-ins and more informal approach seems to be being well-received (Easton Community Centre and Malcolm X Centre).

Risk / Objective	RISK			MITIGATION OF RISK	ASSESSMENT			
	Description	Impact		Controls and Assurances	Unmitigated / Current Risk			Commentary and Review date
					Probability	Impact	Risk Score	
SR5 **Commissioning & Services**	Failure to: Deliver community safety, victims services and other partnership outcomes effectively.	- Delivery failure - Reputation / public confidence - Relationship with Constabulary and partners - Government penalties - Poor assessment results		**Risk owner:** Head of C&P OPCC Business and Delivery Plan OPCC commissioning team Governance Boards, scheme of governance Victims service established by OPCC/OCC, with regular review meetings OPCC Risk Register OPCC Issue Register	4 3	4 4	16 12 ◄►	SARC and Custody and Courts referral service re-commissioning process is underway, led by NHS England. Risk to service provision, relationships and equitable outcome for Avon and Somerset through the commissioning period and beyond Re-commissioning of suite of victim services. Intend to recruit PCC Commissioning Support Role to assist. Waiting to hear from current providers whether they will accept 1 year extensions to contracts The team are approaching service implementations and evaluations which is increasingly the complexity of workload.

Risk / Objective	RISK		MITIGATION OF RISK	ASSESSMENT			
	Description	Impact	Controls and Assurances	Unmitigated / Current Risk			Commentary and Review date
				Probability	Impact	Risk Score	
SR6 **Collaboration** Failure to deliver effective and efficient regional and other collaborative outcomes	Failure to: Develop and implement effective regional strategy to make the region more efficient and effective Develop and deliver collaboration plans with Wiltshire and Gloucestershire Constabularies to increase efficiency and effectiveness Failure to put in place effective governance and ownership of regional projects and programmes Collaborate with Fire Authorities.	- Inefficient compared to other regions/areas - Government scrutiny/intervention - forced to accept others terms from future alliances or mergers - Poor VFM assessment results	**Risk owner:** PCC / OPCC CEO/ OPCC CFO OPCC Business Plan Regional commissioning and programme boards Strategic Collaboration Governance	4 4	4 4	16 16 ◀▶	Strategic Collaboration programme on enabling services has been stopped, though existing collaborations will continue and ASC and OPCC remain open to future collaboration arrangements. Proposal for expanded 5 force Crime and Operations Collaboration being developed. CJ transformational work with CJ partners has commenced. PTF multi agency analytcs hub grant awarded and work has commenced. Fire governance PTF work in process of being procured. ERP decision is MFSS which is a police collaboration. Regional progress made on Major Crime, ROCU, Forensics, CT, ESMCP. Dialogue with local partners regarding commissioned services working together, e.g. drug & alcohol, victims etc. is ongoing. Dialogue with Fire and Local authority partners underway focused on co-location and call centres.
SR7 **Capacity/ Capability** Failure to have adequate capacity and capability within OPCC to effectively fulfil functions	Risk that: i) People in post do not have sufficient knowledge or skills to perform roles to standards of quality and/or to meet deadlines; ii) there is insufficient transfer of knowledge that would provide cover/resilience; iii) there is insufficient capacity in workloads to perform role to standards of quality and/or to meet deadlines.	- Increased likelihood of materialisation of risks through delivery failure (governance, scrutiny, commissioning of services, engagement with public); - damaged relationship with public, constabulary and/or partners.	**Risk owner:** CEO / OPCC HR Manager (supported by SLT) OPCC Business Plan PDR process and regular supervisory sessions SLT, Delivery plan meetings and Team meetings (to share knowledge, resolve issues) OPCC HR policies Resource planning	4 3	4 4	16 12 ▽	There is appetite to undertake new work, but no further capacity - to do this would require additional resource or prioritisation of deliverables with a view to slowing/stopping some. OPCC is in the bottom quartile in respect of OPCC funding across the country. Resilience needs to be built. There is increased levels of staff sickness. Team workload is high with a potential increase subject to agreed undertaking of vulnerability SDA (sizeable programme over next six months). Agreed to recruit Commissioning Support Officer, CJ SRO and readvertising for a civil servant fast track secondee.

Risk / Objective	RISK			MITIGATION OF RISK	ASSESSMENT			
	Description	Impact		Controls and Assurances	Unmitigated / Current Risk			Commentary and Review date
					Probability	Impact	Risk Score	
SR8 Failure to meet **OPCC Statutory Requirements**	Failure to: Set Policing Plan / Priorities (as above). Set Policing Precept budget (as above). Deliver community safety, victims services and other partnership outcomes effectively. Operate an effective Custody Visiting Scheme. Provide effective oversight of complaints against Chief Constable. Failure to follow legal and other guidance to ensure transparency of OPCC work.	- Delivery failure - Reputation / public confidence - Relationship with Constabulary and partners - Government penalties - Poor assessment results		**Risk owner:** PCC / OPCC CEO, CFO, Office/HR Manager and Head of C&P OPCC Business Plan Police and Crime Plan / Annual Report OPCC commissioning team Governance Boards, scheme of governance Annual Assurance Statement Audit Committee / Internal Audit Victims service established by OPCC/OCC Transparency Checklist OPCC Risk Register OPCC Issue Register	4 3	3 3	12 9 ◀▶	OPCC Business and Delivery Plan is developed with workstreams that detail activity covering all statutory requirements. OPCC team appointed owners to statutory duties. OPCC have forum (delivery plan meetings) which will enable tracking or progress and for issues and risks to be raised and evaluated. The GDPR will come into force in May 2018 and as yet we are uncertain of the gap between how data is currently handled and how it will need to be handled under the new Act. Organisations breaching the Act may be financially penalised. Until it is clear what will be required to maintain compliance, the probability of this risk has been raised. Guidance may be produced in insufficient time to prepare ahead of the Act's implementation.

MEETINGS: Joint Audit Committee	DATE: 11TH January 2018	AGENDA NO: **10**
DEPARTMENT: Business Improvement	AUTHOR: Michael FLAY	
NAME OF PAPER: Constabulary Strategic Risk Register		COG SPONSOR: DCC Sarah CREW

1.   PURPOSE OF REPORT AND BACKGROUND

This report provides an update on strategic risks currently facing the Constabulary and an update on risk management activity that has been undertaken since the last Joint Audit Committee meeting held on 27th September 2017.

2.   OUTCOME / FINDINGS

The Strategic Risk Register, which accompanies this paper, is reviewed each month at the Constabulary Management Board meeting. The register captures a wide range of mitigating activity and actions that are being taken to manage the potential likelihood and impact of identified strategic risks.

Each policing directorate, of which there are 5[1], also has a register of risks that are managed within their business areas, which are periodically reviewed through senior leadership team meetings by Directorate Heads and action owners.

The review of scoring associated with each strategic risk is carried out at each Constabulary Strategy Board, made up of our Chief Officer Team and other selected senior leaders. This was last carried out on the 6th and 7th December 2017, whereby a number of changes to the scoring of risks were made and these are summarised below:

SRR1 – Loss of legitimacy and public confidence

The reference to PND upload has been removed from the Strategic Risk Register as this is no longer a significant risk because Gateway 3 was passed in November which meant all ASC data was uploaded and will continue to be periodically on a manual basis until Gateway 4 is passed.

SRR3 – Lack of capacity and/or capability to deliver an effective policing service

The mitigated risk score has changed from 12 to 9 as the likelihood score has reduced from 4 to 3. However this score may change once details of the 2018/19 grant settlement are known bearing in mind the Tipping Point.

SRR4 – Failure to deliver effective regional or other collaboration outcomes

The mitigated risk score has changed from 12 to 15 as the impact score has increased from 4 to 5. This is to reflect that the MFSS project is behind schedule and delay could have a big impact on the workforce confidence (SRR2) and result in a large cost of a contingency being used.

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[1] The 5 Directorates are Investigations, Operational Support, Response, Enabling Services and Neighbourhood & Partnerships

SRR5 – Lack of financial resources

Although there are no amendments this month both the scoring and risk response plan will be reviewed when the implications of the Spending Review become apparent and the revised MTFP plans, in light of pay awards, are finalised.

SRR6 – 'Data Quality' risk

The mitigated risk score has changed from 12 to 16 as the likelihood score has increased from 3 to 4. The change is reflective of a worsening position in regard to the data indicators (please see Annex A) plus the decisions made about CIM in the Enabling Service redesign programme. The latter are partially mitigated by the instigation of the new Strategic Information Management Board and the commissioning of a Data Quality Silver Group under its direction - however this does not meet until early February 2018.

SRR8 – 'GDPR' risk

The mitigated risk score has changed from 15 to 12 as the impact score has reduced from 5 to 4. This reflects that project resource has now been granted to help manage the impact of this risk.

Over the last few months, the Constabulary has continued to innovate and explore methods to manage risk in an open and transparent way both with key stakeholders. The public are the most important stakeholder of any police force, therefore we have begun the process of introducing risk management to our Strategic Independent Advisory Groups (SIAG) thus exposing our critical friends to some of the potential risk areas we are managing by seeking views on activity that can be undertaken to mitigate against risks that pose a threat to service delivery. This concept was first introduced to the SIAG members at a meeting on the 21st November 2017 and starting from March 2018 will become a regular feature on the SIAG agenda.

In addition, the Governance Secretariat have been looking inwardly around how we manage risk alongside our wider organisation challenges and continual improvement activity to ensure that our governance arrangements are strong and underpin the ambition for the Constabulary to continue on its journey towards becoming an 'outstanding' police force. A new QLIK application has been developed that draws into it all of our risk mitigation at strategic and directorate level, alongside our other improvement activity which arises from our inspections, audits, internal assurance, organisational learning and statutory case reviews. This application is called 'Actions to be Outstanding' and it is within its very early days but will allow for robust scrutiny of the breadth of activity and provide clarity of the interconnectivity between our ongoing actions for our senior decision making bodies to continue to improve the way we operate.

3.   RECOMMENDATIONS

a) The Joint Audit Committee is invited to consider and note the changes made to the Strategic Risk Register.
b) The Joint Audit Committee is invited to consider if they would like to have a demonstration of the 'Actions to be Outstanding' application at a future meeting to understand further understand how the Constabulary is using technology to help capture, audit and implement improvements across the organisation.

- **FINANCE FOR OPTIONS**

There are no financial options for consideration associated with this paper.

- **EQUALITY ANALYSIS**

There are no issues of equality for consideration associated with this paper.

Equality and diversity issues are considered within the ongoing risk management and business continuity processes, in particular where any mitigating actions may have a direct impact upon a particular group(s)

- **SUSTAINABILITY**

There are no issues of sustainability associated with this paper.

However, risk management activity across the organisation will be undertaken with a view to ensuring it complements the delivery of the 8 core objectives identified in the Constabulary Sustainability Strategy to 2021.

Annex A – Data Quality performance tracker

	Indicator	Jan-17	Feb-17	Mar-17	May-17	Jun-17	Jul-17	Aug-17	Nov-17	Dec-17	Mth on Mth Diff	Mth on Mth % Diff	Diff since Jan 2017	% Diff since Jan 2017	Diff since Jan 2016	% Diff since Jan 2016
Custody Records	No A/S number (Custody & VA)	15,411	17,036	18,586	21,407	22,545	23,973	25,123	28,707	30,014	1,307	4.6%	14,603	94.8%	23,656	372.1%
	No A/S number (Custody)	10,917	12,043	13,070	14,858	15,592	16,480	17,160	19,308	20,058	750	3.9%	9,141	83.7%	14,175	240.9%
	No A/S number (VA)	4,494	4,993	5,516	6,549	6,953	7,493	7,963	9,399	9,956	557	5.9%	5,462	121.5%	7,494	304.4%
	MO External summary - not completed (crime)	2,698	2,927	3,181	3,704	3,905	4,190	4,390	5,075	5,288	213	4.2%	2,590	96.0%	3,325	169.4%
	Employment not completed (Custody & VA)	10,591	11,471	12,433	14,191	14,770	15,577	16,192	18,370	19,113	743	4.0%	8,522	80.5%	14,411	306.5%
	Employment not completed (Custody)	7,594	8,222	8,903	10,112	10,501	11,038	11,441	12,873	13,331	458	3.6%	5,737	75.5%	9,086	214.0%
	Employment not completed (VA)	2,997	3,249	3,530	4,079	4,269	4,539	4,751	5,497	5,782	285	5.2%	2,785	92.9%	4,254	278.4%
	Address not completed (Custody & VA)	1,171	964	1,067	1,064	1,295	1,323	1,357	1,665	1,799	134	8.0%	628	53.6%	942	109.9%
	Address not completed (Custody)	948	774	853	838	1,033	1,058	1,075	1,328	1,424	96	7.2%	476	50.2%	684	92.4%
	Address not completed (VA)	223	190	214	226	262	265	282	337	375	38	11.3%	152	68.2%	233	164.1%
	Phoenix - No description (Custody & VA)	904	972	1,060	1,197	1,278	1,362	1,451	1,694	1,787	93	5.5%	883	97.7%	1,385	344.5%
	Phoenix - No description (Custody)	171	169	170	177	180	188	190	203	207	4	2.0%	36	21.1%	53	34.4%
	Phoenix - No description (VA)	733	803	890	1,020	1,098	1,174	1,261	1,491	1,580	89	6.0%	847	115.6%	1,261	395.3%
	Fingerprints taken/not taken - not completed (Custody & VA)	6,364	6,960	7,554	8,707	9,197	9,868	10,348	11,979	12,512	533	4.4%	6,148	96.6%	9,915	381.8%
	Fingerprints taken/not taken - not completed (Custody)	2,455	2,714	2,989	3,388	3,564	3,807	3,944	4,489	4,672	183	4.1%	2,217	90.3%	3,368	258.3%
	Fingerprints taken/not taken - not completed (VA)	3,909	4,246	4,565	5,319	5,633	6,061	6,404	7,490	7,840	350	4.7%	3,931	100.6%	5,681	263.1%
	DNA taken/not taken - not completed (Custody & VA)	6,386	6,989	7,582	8,741	9,229	9,901	10,380	12,009	12,543	534	4.4%	6,157	96.4%	9,934	380.8%
	DNA taken/not taken - not completed (Custody)	2,458	2,719	2,992	3,392	3,564	3,810	3,946	4,488	4,671	183	4.1%	2,213	90.0%	3,363	257.1%
	DNA taken/not taken - not completed (VA)	3,928	4,270	4,590	5,349	5,665	6,091	6,434	7,521	7,872	351	4.7%	3,944	100.4%	5,704	263.1%
	No PNC Check (Custody & VA)	5,671	6,348	7,084	8,455	8,994	9,691	10,261	12,086	12,794	708	5.9%	7,123	125.6%	10,574	476.3%
	No PNC Check (Custody)	1,045	1,079	1,130	1,204	1,225	1,254	1,266	1,320	1,346	26	2.0%	301	28.8%	603	81.2%
	No PNC Check (VA)	4,626	5,269	5,954	7,251	7,769	8,437	8,995	10,766	11,448	682	6.3%	6,822	147.5%	9,365	449.6%
	Do not send to PNC not completed when Alias data sent	61	65	71	79	83	88	91	103	103	0	0.0%	42	68.9%	81	368.2%
	All Persons with multiple PNC numbers	733	720	703	697	688	677	664	615	599	-16	-2.6%	-134	-18.3%	-328	-35.4%
	All Persons with multiple CRO number	57	58	61	62	60	61	59	60	62	2	3.3%	5	8.8%	13	26.5%
MISPERs	Occurrences with NO Missing Person Report	2,092	2,177	2,295	2,437	2,502	2,574	2,617	2,757	2,792	35	1.3%	700	33.5%	1,982	244.7%
	Occurrences with Multiple MP reports on single MP	658	691	728	799	818	835	848	905	924	19	2.1%	266	40.4%	582	170.2%
	Occurrences with No Location (Occurrence & Missing From Address)	502	546	599	737	825	888	933	1,060	1,094	34	3.2%	592	117.9%	904	475.8%
	Occurrences with Found Involvement but No Found Date Recorded	2,027	2,078	2,173	2,222	2,254	2,307	2,338	2,426	2,454	28	1.2%	427	21.1%	1,320	116.4%
	Occurrences with Found Date Recorded but No Found Involvement	2,886	2,979	3,095	2,581	2,474	2,556	2,636	2,825	2,883	58	2.1%	-3	-0.1%	2,166	302.1%
	Occurrences with Found Involvement but Not Finalised	243	191	210	170	187	197	196	210	167	-43	-20.5%	-76	-31.3%	71	74.0%
	'Occurrence From Date' Not Completed	8,183	8,727	9,384	10,713	11,271	11,859	12,256	13,411	13,750	339	2.5%	5,567	68.0%	11,163	431.5%
Case	Case files without URN numbers	2,571	2,681	2,785	2,954	3,011	3,089	3,167	3,363	3,456	93	2.8%	885	34.4%	1,298	60.1%
	Case files with Obsolete Documents	8,052	9,044	9,947	11,394	11,836	12,521	13,102	14,790	15,396	606	4.1%	7,344	91.2%	10,608	221.6%
	Occurrences with Documents named "External Attachment"	13,351	13,758	13,923	14,220	14,306	14,437	14,554	14,956	15,104	148	1.0%	1,753	13.1%	5,138	51.6%
	VA – Released – (Reported)_[ASC]" with no task or 14 day old task - 'Case File – File papers req'	1,045	1,143	1,228	1,389	1,456	1,541	1,619	1,734	1,850	116	6.7%	805	77.0%	1,225	196.0%

	Indicator	Jan-17	Feb-17	Mar-17	May-17	Jun-17	Jul-17	Aug-17	Nov-17	Dec-17	Mth on Mth Diff	Mth on Mth % Diff	Diff since Jan 2017	% Diff since Jan 2017	Diff since Jan 2016	% Diff since Jan 2016
Risk Assessment	MISPER Risk Assessment not completed	8,339	8,749	9,181	10,311	10,740	11,132	11,445	12,496	12,713	217	1.7%	4,374	52.5%	8,719	218.3%
	Custody Risk Assessment not completed	348	370	389	421	433	450	460	506	525	19	3.8%	177	50.9%	292	125.3%
	PPN - No DASH	4,429	4,971	4,982	4,787	4,951	5,081	5,165	5,664	5,796	132	2.3%	1,367	30.9%	3,479	150.2%
Property	Property with No Property 'Type' Recorded	85,254	91,869	99,389	111,629	116,066	121,484	126,327	141,291	146,117	4,826	3.4%	60,863	71.4%	120,706	475.0%
	Property with No Property 'Description' Recorded*	12,094	12,819	13,561	14,970	15,514	16,236	16,877	18,642	19,271	629	3.4%	7,177	59.3%		
	Property Type entered but then deleted leaving Desc	253	269	297	340	352	381	390	440	450	10	2.3%	197	77.9%	349	345.5%
	Property with 'Other' property type and other property description	2,839	3,007	3,163	3,438	3,555	3,700	3,798	4,157	4,273	116	2.8%	1,434	50.5%	3,052	250.0%
	Property with no linked Occurrence	10,123	10,796	11,486	12,512	12,866	13,145	13,548	14,798	15,215	417	2.8%	5,092	50.3%	10,639	232.5%
	Property with type of Agricultural Bale wrap	732	773	794	833	848	874	893	948	959	11	1.2%	227	31.0%	670	231.8%
	Property with Seized Classification on Lost and Found Occurrence	1,527	1,658	1,780	1,962	2,045	2,164	2,251	2,585	2,940	355	13.7%	1,413	92.5%	2,469	524.2%
	Property Linked to Itself	768	779	792	831	837	847	862	884	891	7	0.8%	123	16.0%	326	57.7%
	Property Linked to more than one Occurrence	4,664	5,369	5,864	7,371	7,887	8,570	9,050	11,000	11,594	594	5.4%	6,930	148.6%	8,673	296.9%
Deployment Allocation	Single Use Persons	110,447	117,040	123,452	134,265	138,392	143,273	147,388	158,570	161,673	3,103	2.0%	51,226	46.4%	100,702	165.2%
	Single Use Business Organisations	1,218	1,274	1,326	1,399	1,431	1,476	1,508	1,587	1,627	40	2.5%	409	33.6%	770	89.8%
	Single Use Addresses	80,723	85,390	92,858	109,627	116,488	124,897	130,151	150,096	157,282	7,186	4.8%	76,559	94.8%	107,764	217.6%
	STORM Location Links Present	4,781	5,276	5,749	9,706	11,570	13,504	14,422	18,873	20,169	1,296	6.9%	15,388	321.9%	18,375	1024.2%
	STORM Person/Orgs Links Present	3,559	4,077	4,759	7,437	8,785	10,008	10,632	13,134	13,763	629	4.8%	10,204	286.7%	12,163	760.2%
Stop Search	SS Occurrences with no SS Persons Linked	309	348	422	603	704	814	894	1,170	1,207	37	3.2%	898	290.6%	786	186.7%
	SS Persons with No SS Report Linked	287	257	294	342	355	367	391	449	492	43	9.6%	205	71.4%	95	23.9%
	SS Vehicles with No SS Report Linked	173	149	166	194	215	234	246	310	316	6	1.9%	143	82.7%	168	113.5%
	SS Reports Linked to Persons with No SS involvement	236	295	344	533	649	757	836	1,150	1,169	19	1.7%	933	395.3%	830	244.8%
	SS Reports Linked to Vehicles with No SS involvement	91	86	103	175	198	227	253	341	357	16	4.7%	266	292.3%	315	750.0%
	SS Person Reports with No Narrative Present	119	553	1,072	1,957	2,320	2,735	3,097	4,282	4,695	413	9.6%	4,576	3845.4%	4,265	991.9%

* The criteria for 'Property with No Property 'Description' Recorded' changed in Dec 16, therefore unable to compare against any data from 2016.

	Indicator	Jan-17	Feb-17	Mar-17	May-17	Jun-17	Jul-17	Aug-17	Nov-17	Dec-17	Mth on Mth Diff	Mth on Mth % Diff	Diff since Jan 2017	% Diff since Jan 2017	Diff since Jan 2016	% Diff since Jan 2016
General	Person Duplicates (exact Name & DOB)	83,105	82,221	82,262	80,134	79,524	79,100	78,080	74,255	72,668	-1,587	-2.1%	-10,437	-12.6%	-88,674	-55.0%
	Address Duplicates (exact address fields)	30,002	29,626	30,095	27,940	28,915	33,049	29,027	26,770	26,453	-317	-1.2%	-3,549	-11.8%	-44,332	-62.6%
	Crimes with No Victim (Per & Org)	11,177	11,906	12,106	13,194	13,760	13,995	13,517	14,786	15,204	418	2.8%	4,027	36.0%	12,429	447.9%
	Crimes with Multiple Victims (without Burglary from Mar data)	2,733	2,636	2,555	2,569	2,637	2,684	2,734	2,963	3,056	93	3.1%	323	11.8%	1,664	119.5%
	Victim with No DOB	7,883	8,398	8,580	9,785	10,123	10,562	10,966	12,075	12,418	343	2.8%	4,535	57.5%	9,403	311.9%
	Victim with No Gender	8,556	9,204	9,396	10,962	11,415	12,004	12,525	13,703	14,068	365	2.7%	5,512	64.4%	11,390	425.3%
	Victim with No Ethnicity	55,781	60,615	62,735	75,123	79,212	83,791	87,630	99,443	103,573	4,130	4.2%	47,792	85.7%	88,440	584.4%
	Suspect with No DOB	4,470	4,567	4,644	5,142	5,302	5,593	5,766	6,366	6,473	107	1.7%	2,003	44.8%	3,620	126.9%
	Suspect with No Gender	1,531	1,558	1,584	1,709	1,772	1,871	1,950	2,094	2,141	47	2.2%	610	39.8%	1,194	126.1%
	Suspect with No Ethnicity	14,441	15,386	15,882	18,933	20,191	21,693	22,706	26,533	27,780	1,247	4.7%	13,339	92.4%	22,183	396.3%
	Occurrence Location with No Beat	8,522	8,845	8,963	9,490	9,775	10,413	10,145	10,796	11,046	250	2.3%	2,524	29.6%	5,879	113.8%
	Crimes with No Linked Locations	6,052	6,371	6,508	7,476	7,934	8,664	8,749	9,981	10,309	328	3.3%	4,257	70.3%	8,597	502.2%
	Persons with Multiple Current Residential Addresses	885	1,187	1,734	3,230	3,740	4,608	4,982	6,481	7,236	755	11.6%	6,351	717.6%	-4,409	-37.9%
	Occurrences with Multiple Occurrence Locations	4,409	4,845	5,038	6,037	6,400	6,849	7,116	8,073	8,370	297	3.7%	3,961	89.8%	7,195	612.3%
	Occurrence Locations with No X & Y	7,672	8,138	5,269	9,151	9,499	9,933	10,159	11,092	11,410	318	2.9%	3,738	48.7%	8,316	268.8%
	Crime recorded as Non Recordable	938	786	802	955	978	1,001	1,016	1,074	734	-340	-31.7%	-204	-21.7%	57	8.4%
	Occurrences with same Occurrence Number	4	6	6	0	0	0	0	0	0	0		-4	-100.0%	-2	-100.0%
	Occurrences with No Occurrence Number	2	5	5	0	0	0	0	0	0	0		-2	-100.0%	-5	-100.0%
	Positive Outcome with No Offender	0	1	1	1	1	2	2	4	11	7	175.0%	11		-246	-95.7%
	Hate Crimes with No Tag	2,512	2,681	2,765	3,272	3,462	3,660	3,829	4,317	4,484	167	3.9%	1,972	78.5%	3,852	609.5%
	Hate Type not Recorded	1,744	1,883	1,940	2,123	2,197	2,281	2,370	2,638	2,672	34	1.3%	928	53.2%	2,212	480.9%
	Outcomed Crimes Under Investigation	929	950	958	956	958	926	916	906	858	-48	-5.3%	-71	-7.6%	2	0.2%
	'Occurrence From Date' Not Completed (Crime)	34,494	37,412	38,731	45,299	48,025	51,626	53,569	61,146	62,728	1,582	2.6%	28,234	81.9%	53,352	569.0%

MEETINGS: Joint Audit Committee	DATE: 11th January 2018	Agenda No
DEPARTMENT: Business Improvement	AUTHOR: Sean PRICE	**11**
NAME OF PAPER: Summary of HMICFRS and Internal Audit Recommendations		COG Sponsor: DCC CREW

1. PURPOSE OF REPORT AND BACKGROUND

This report contains summaries of progress against recommendations for inspection and audit reports published for 2016 /17 and 2017 /18.

The agreed Inspection and Audit process and approach is set out in the Guidance for Business Leads. Progress updates from the Business Leads are recorded on the AFI Tracker. All recommendations are overseen by the Governance Group, chaired by the DCC.

A QlikSense App has been produced that covers HMICFRS and RSM recommendations. The app allows users to filter recommendations by inspection body, COG Lead, Business Lead as well as open and closed statuses; the Inspection Recommendations App can be accessed via Pocketbook.

Section A
HMICFRS reports contain recommendations that require action from specific forces; action from all forces; action from national bodies such as the College of Policing, the Home Office and action from ACPO Leads. Not all require a response from Avon and Somerset Constabulary. Some recommendations are addressed to a combination of organisations, and some are dependent on action from other agencies taking place in order for forces to progress their part of the recommendation.

The term 'recommendation' used within this report covers recommendations, causes of concern and areas for improvement.

HMICFRS are reviewing progress made against existing recommendations as part of the PEEL Program.

Section B
Internal audits are undertaken by RSM, the Internal Auditors. The yearly internal audit programme is agreed and approved by the Joint Audit Committee (JAC) Members. The JAC Members follow a risk based audit approach when identifying audit themes to ensure they add value and avoid duplication with existing assurance processes. Recommendations from internal audits will be reviewed by the Governance Group.

At the close of each audit RSM provide a Final Report. Twice a year RSM undertakes a Follow Up Audit of all High and Medium recommendations and report back to the JAC on what progress has been made.

2.   SECTION A - HMICFRS OUTCOME/ FINDINGS

HMICFRS Inspection Findings 2016/2017

The **2016/17** HMICFRS reports contained **28** recommendations, **5** of these require a national response. **23** require a response from the force, of the **23** recommendations the constabulary needed to action **14** remain open:

HMICFRS PEEL Effectiveness – Force Report
Business Lead DCI Chris Saunders

- The force specific Effectiveness report was **published on 2 March 2017**, and contained **5** AFIs (Areas for Improvement).   **1** remains open, and is being progressed following advice given during the recent 2017 PEEL Effectiveness fieldwork visit. HMICFRS agreed the remaining 4 AFIs can be closed.   .

Crime Data Integrity
Business Lead FCIR Su Polley

- The force report, **published on 9 February 2017**, contains four Causes of Concern, from which HMICFRS have made **8** recommendations and **4** AFIs (Areas for Improvement). **3** recommendations and **3** AFIs remain open and are being reviewed by the FCIR, none are overdue, and an action plan has been formulated. Progress is being overseen by the Crime Data Core Group chaired by ACC Nikki Watson.

HMICFRS PEEL Legitimacy
Business Lead Supt Richard Corrigan and Cathy Dodsworth, Head of HR

- The force specific Legitimacy report was **published on 8 December 2016**, it contained 5 recommendations. **2** remain open and sit with HR, one has a completion date of April 2018 the other is ongoing.

HMICFRS Inspection Findings 2017/2018

As at December 2017 HMICFRS reports published during **2017/18** contain **46** recommendations, **25** of these require a national response. **19** require a response from the force. The 2017/18 recommendations are very recent, and therefore still in the early stages of progression. All **21** recommendations that require action by the force remain open.

A progress report on the police response to domestic abuse
Business Lead Supt Marie Wright

- The national report was **published on 14 November 2017**. The report contains **9** recommendations, **7** require action by the force, all **7** are open and in progress.

PEEL Efficiency Report
Business Lead Dan Wood / Matthew Kent

- The report was **published on 8 November 2017**. **1** recommendation for the force is open and in progress.

The policing response to modern slavery and human trafficking
Business Lead DCI Mark Edgington

- The report was **published on 24 October 2017. 11** recommendations, **4** require a national response and **7** require action by the force. All **7** are open and in progress.

PEEL Legitimacy Report
Business Leads Cathy Dodsworth and Supt Rich Corrigan

- The force specific report was published on **12 December 2017**, and contained **4** AFIs. All 4 remain open and in progress.

The National report was published on 12 December and contained **2** recommendations; both require action from the force and remain open.

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3.   SECTION B – RSM OUTCOMES & FINDINGS

RSM Internal Audit Findings 2016/17

In 2016 /17 RSM made a total of **77** recommendations, **8** remain open.

Crime Data Integrity Report
Business Lead FCIR Su Polley

- **6** of the **9** Recommendations remain open and in progress, timescales for completion are March / April 2018.

Policy Review
Business Leads Supt Carolyn Belafonte and FCIR Su Polley

- **2** of the **6** Recommendations are open and being progressed, timescales for completion are early 2018.

RSM Internal Audit Findings 2017/18

As of December 2017 RSM have made a total of **38** recommendations so far, **27** remain open.

Management and Leadership Development Workshop
Business Leads Cathy Dodsworth, Head of HR and Mike Carter, Head of LaD

- Of the **6** Recommendations **4** remain open and in progress, timescale for completion May 2018.

Volunteers
Business Leads Cathy Dodsworth, Head of HR, and the Special Constabulary Coordinator and the Volunteers Coordinator

- Of the **13** Recommendations **7** remain open and in progress, with completion dates up to June 2018.

Equalities Representative Workforce
Business Leads DCC Sarah Crew, Cathy Dodsworth Head of HR and Mark Milton, Director of People

- All **6** recommendations remain open with completion dates up to March 2018.

Performance Management
Business Lead Cathy Dodsworth, Head of HR

- All **6** recommendations remain open with completion dates up to March 2018.

Data Quality
Business Lead Sean Price, Head of Business Improvement

- Of the **4** recommendations **3** remain open with completion dates up to March 2018.

Legal Claims
Business Lead Michael Flay, Governance and Secretariat Manager

- Of the **2** recommendations **1** remains open with a completion date of January 2018

4.	**RECOMMENDATIONS**

There are no recommendations associated with this paper.

- **FINANCE**

There are no financial options for consideration associated with this paper.

- **EQUALITY ANALYSIS**

There are no issues of pertaining to equality associated with this paper.

- **SUSTAINABILITY**

There are no issues of sustainability associated with this paper.