



Enquiries to: #JAC

Telephone: (01275) 814677

Facsimile: (01275) 816388

E-mail: JAC@avonandsomerset.pnn.police.uk

Date : 19th September 2017

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 **14:00** on **27th September 2017** in the **Main Conference Room, Police Headquarters, Portishead.**

Joint Audit Committee Members are invited to attend a pre-meeting at 13:00 in the Main Conference Room.

The agenda for the meeting is set out overleaf.

Yours sincerely

Alaina Davies
Office of the Police and Crime Commissioner

Police and Crime Commissioner for Avon & Somerset
Police Headquarters, Valley Road, Portishead, Bristol BS20 8JJ
Website: www.avonandsomerset-pcc.gov.uk Tel: 01275 816377 email: pcc@avonandsomerset.pnn.police.uk

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 **Conference Room**: Follow the Green Fire Exit Signs to the large green Assembly Point A sign in the **Visitor's Car Park**.

(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

27th September 2017, 14:00

Conference Room, Police Headquarters, Portishead

- 1. Apologies for Absence**
- 2. Emergency Evacuation Procedure**

The Chair will draw attention to the emergency evacuation procedure for the Conference Room: Follow the Green Fire Exit Signs to the large green Assembly Point A sign in the Visitors Car Park.

- 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 14th July 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) Equalities (Representative Workforce)**
 - b) Data Quality**
 - c) Follow Up**
 - d) Progress Report**
 - e) ROCU/ Collaboration (verbal update on how work is progressing)**
- 8. External Audit Update (Report 8)**
- 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 14th July 2017
(Report 12)**

POLICE AND CRIME COMMISSIONER FOR AVON AND SOMERSET

5

**MINUTES OF THE JOINT AUDIT COMMITTEE MEETING HELD ON WEDNESDAY
14TH JULY 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
Nick Adams, Head of Finance and Business Services
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

Jackson Murray, Grant Thornton
Iain Murray, Grant Thornton
Mark Jones, RSM
Vickie Gould, RSM

13. Apologies for Absence

Sue Mountstevens, Police and Crime Commissioner
Andy Marsh, Chief Constable
Julian Kern, OCC CFO

14. Emergency Evacuation Procedure

The emergency evacuation procedure for the Avon room was noted.

15. Declarations of Interest / Gifts / Offers of Hospitality

None.

16. Public Access

There were no requests for public access

**17. Minutes of the Joint Audit Committee Meeting held on 22nd March 2017
(Report 5)**

UNCONFIRMED Draft

The Joint Audit Committee welcomed the new Deputy Chief Constable and congratulated her on the appointment. Members commented on how well received the new Deputy Chief Constable has been in recent media coverage.

Members were informed the Scrutiny of Police Powers Panel will help to look at the use of Taser, stop and search, body worn video and the use of force by the police.

RESOLVED THAT the minutes of the meeting held on 22nd March 2017 were confirmed as a correct record and signed by the Chair.

Action update:

- | | |
|-----------------------|--|
| Minute 47c | The Office of the Police and Crime Commissioner (OPCC) Chief Finance Officer (CFO) gave an update on the Enterprise Resource Planning (ERP) solution. The decision was agreed at the Police and Crime Board to join the Cheshire led Multi Force Shared Services (MFSS) Oracle based system – there has been much scrutiny around this decision and Members were informed that other forces are interested in joining. The Constabulary are aiming to go live with this in April 2018. Action Closed |
| Minute 6a | The amended Joint Audit Committee (JAC) Terms of Reference have been circulated to JAC Members and published on the PCC's website. Action Closed |
| Minute 6b (ii) | The Joint Audit Committee Chair has been invited to observe a Police and Crime Board meeting. Action Closed |
| Minute 7a | The new Director of People and Organisational Development will be invited to the Joint Audit Committee in September 2017. Action Ongoing |
| Minute 7b | The Constabulary have met with the internal auditors to discuss the four actions which their opinion of status differed in the last Joint Audit Committee papers. An explanation of this will be included in the next internal Audit Follow Up report. Action Closed |
| Minute 7e (i) | The confidential Strategic Assessment and Gap Analysis in relation to crime recording has been sent to the OPCC CFO. The OPCC CFO will forward this to the JAC Members. Action Closed |
| Minute 7e (ii) | There is now an action plan in place in response to the crime recording audit findings. There has been progress against a number of actions and further improvements are expected once the new Outcomes Team is in place. Action Closed |
| Minute 7f | The internal auditors have met with the Legal Team regarding the Legal Claims audit and will forward the |

UNCONFIRMED Draft

finalised report to JAC Members and the OPCC for publication on the PCC's website. Action Ongoing

Minute 9

Grant Thornton sent the report on national benchmarking of Police and Crime Panels to the JAC Chair. This should be forwarded to the rest of the JAC Members. Action Ongoing

18. Business from the Chair

a) Police and Crime Board

Joint Audit Committee Members commented that it was useful to see the minutes of the Police and Crime Board (PCB) but asked that acronyms are not used as these documents are for publication.

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

- Digital, infrastructure and service improvement.
- Southwest One succession – work is going well and the return of staff in July went well.
- Police National Database (PND) – through Gateway 1 with three more to go.
- Mobile – on track. This is a critical area of business in order to be efficient and effective.
- IPCC report into the death of Bijan Ebrahimi.
- Performance – this has now moved to the start of the PCB agenda which works much better. The report structure is based on the new directorate model. Improvements to 101 delays have been discussed. The PCC acknowledged how well policing of Glastonbury Festival went and thanked the Constabulary for managing policing of the event at the same time as business as usual. The increasing demand on policing with no increase in funding has been discussed.
- Budget issues – risk of a gap in the pay budget if a pay increase is agreed above that which has been budgeted for.
- HR – The new Director of HR has been appointed and a start date agreed. Vacancies management needs to be looked at.

Members queried the level of detail that the PCC is scrutinising as the PCB only meets once per month. Members were assured that the PCC and Chief Constable have weekly one to one meetings and also meetings between business leads are happening very regularly and the Constabulary are under a lot of scrutiny. An assurance plan is in place which gives a plan for the year of items to be discussed at the PCB. The PCB has a structured agenda, published minutes and a detailed action list (which is for internal purposes only). The first two hours of the meeting focuses on performance. The Deputy Chief Constable informed Members that key areas for improvement are identified at Constabulary Management Board and Senior Leaders are asked to report back with solutions. There was a Service Delivery Assurance

UNCONFIRMED Draft

Panel recently to focus on the Communications Centre which was really valuable and the final report will be published on the PCC's website.

Members queried if the increase in demand relates to new crime types. This is in part the case but also policing of events has changed in response to the terror threat which creates additional pressure on resilience – this comes at a time when the Constabulary is affected by the seasonal high demand expected in the summer.

b) Update on IPCC Investigations

There are currently 10 active IPCC investigations – most of which are ongoing mandatory referrals. In addition there have been 6 cases where the IPCC have concluded that there should be criminal proceedings or misconduct proceedings (one of these is the recent case of Taser use which was reported in the media). Misconduct hearings are scheduled in the next two to three months for relevant cases. Six cases have been closed since the Joint Audit Committee last met with no further action.

The DCC commented that issues relating to timeliness seem to be improving for new cases referred to the IPCC.

c) Internal Audit Scoping Process

This paper was requested by the JAC Chair to give Members a chance to comment on the scope of audits at an early stage.

The Head of Finance and Business Services suggested that Members might want to consider moving the timing of the Payments to Staff audit back from January 2018 due to the MFSS being introduced in April 2018. Members agreed that the audit would be much more beneficial post implementation of MFSS and should be scheduled to take place in July 2018 as part of the 2018/19 internal audit plan.

Discussion took place on the scope of the IT Audit. This should focus on the benefits realisation of projects – measured, tracked and delivered benefits. An independent review of PND as well as Forecasting and Intraday Scheduling Tool (FIS) has been commissioned so the audit will not need to include these.

The scope of the Financial Controls audit was discussed. The OPCC CFO, Office of the Chief Constable (OCC) CFO and Head of Finance and Business Services will meet to discuss the scope of this audit. The Accounts Payable process is always looked at and additional areas will then be identified – it was suggested that due to the external auditors findings for 2016/17 Journal controls should be included in the scope.

Resolved that a revised draft of the Internal Audit Scoping Process paper should be issued to include amendments as discussed and including the process for changing the scope of an audit once it has been agreed.

19. Internal Audit Reports:

a) Review of Policies (Counter Allegations/ Risk to Life or Threats of Serious Harm) (Report 7a)

This was an additional review requested by the Constabulary as part of the learning from the Bijan Ebrahimi case. A reasonable assurance opinion has been given by the internal auditors. Many positive points have been identified on the Risk to Life section.

Five management actions have been agreed as a result of this audit. Data quality issues identified during this audit will be looked at as part of the audit in July 2017.

Issues were identified in relation to policies and procedural guidance being up to date and of a good user friendly quality. The Constabulary accepts that whilst they had good policies they were too lengthy and not known about. Policies have since been shortened with a quiz at the end to help the reader check their understanding – this will be applied to all new policies going forward.

Members were assured that the right ownership and governance is now in place to assess the risk.

b) Volunteers (Report 7b)

A reasonable assurance opinion has been given on this audit into how the Constabulary engage with and use volunteers. A number of recommendations have been identified. Members queried how the internal auditors had come to the decision on the assurance opinion being amber given the number of actions in the report – the auditors reported that they took a balanced view based on the work that is being done and the work that is planned. Feedback from volunteers was more of a positive nature than negative.

HR systems and procedures were identified as an area for improvement.

Supervision and training was identified as an area that needs to improve. Volunteers need to meet with their manager regularly and have Individual Performance Reviews (IPRs). Ensuring volunteers receive mandatory training is essential otherwise this causes a risk both to the individual and the organisation.

The volunteers are passionate about what they do and the systems need to be professionalised to provide the proper support to them. The Constabulary has a strategy and delivery plan in place but just need the technical solutions to support this.

The Priority Based Resourcing (PBR) exercise the Constabulary went through identified the need to put a small amount of resource into neighbourhood policing specifically to support volunteers.

UNCONFIRMED Draft

The Special Constabulary has its own structure and the need for management training within that was discussed in order to give the necessary training and skills to those that manage.

c) Management and Leadership Development Plan (Report 7c)

This audit looked at the Management and Leadership Development workshops run by the Constabulary and compared them to similar training run by other organisations, spoke to those that attended and looked at attendance levels. A reasonable assurance level was given.

Positive comments were made by those that have attended the workshops. The training school are proactive in identifying those who should attend. The workshops are fundamental in setting the culture of how the senior leaders want the organisation to run. As such the Constabulary commented that the qualitative impact could have been more evident in the report.

The Constabulary plan to match the Leadership Programme to the Change Programme and continuous improvement.

Members felt that the benefits realisation should have been looked at and that this illustrates the need for an audit on benefits realisation of projects. Members commented that a proper evaluation process should be in place for those attending the workshop to leave with an individual action plan.

d) 2016/17 Annual Report (Report 7d)

Positive opinions were given for both organisations. Challenges highlighted in the annual report have already been identified in the reports and discussed at this meeting and Members are assured that the Constabulary are addressing issues.

Members commented that it is positive that not all the reports have been green (substantial assurance) and indicates that the right areas are being looked at. Benchmarking would be helpful in reports but the Joint Audit Committee note that the internal auditors have struggled with other organisations being willing to engage.

e) Progress Report (Report 7e)

The Data Quality audit will now be done in August 2017 and the Disaster Recovery audit will now be done in October 2017.

The OPCC CFO queried if Members would consider using some of the internal audit budget to contribute to the independent review which has been commissioned looking at FIS (scheduling tool as part of the 101 delays solution). The PND review post Niche Implementation will be a peer review. Members would like the OPCC CFO to email some suggestions regarding this to include how many contingency days are in the plan which could be utilised. Members will be mindful when making a decision that a minimum amount of internal audit must be

UNCONFIRMED Draft

done during the year in order for the internal auditors to give an annual opinion.

Resolved that the OPCC CFO will write to Members with options for paying for the independent FIS review.

20. External Audit Reports:

a) Joint Audit Findings (Report 8a)

This report would usually be presented to the September meeting of the Joint Audit Committee and the external auditors thanked the Constabulary for producing the accounts early in line with the new timescales for producing accounts which are due to be introduced next year – this gives confidence that the Constabulary are able to deliver on the new timescales ahead of next year. The external auditor commented that the accounts and working papers are of a high standard. The external auditors are proposing an unqualified opinion which will be issued next week.

There was a £2m reclassification in the balance sheet which should have been shown as cash.

There was an issue with one of the assumptions the actuaries were using in relation to pension liabilities but this has no material impact on the liability reported.

Control issues in relation to Journals have been identified but there was nothing of concern in relation to the actual entries the external auditors looked at. The external auditors would expect this issue to be picked up in moving to the new Oracle based system within 12 months.

In terms of Value for Money the external auditors agree with the prudent assumptions the Constabulary make. The depletion of Capital reserves was flagged – difficult decisions will be required regarding maintaining the Estate and Fleet whilst funding the Change Programme and other ICT investments. Tri-Force Governance was discussed and clarification is required regarding decision making. An unqualified Value for Money conclusion will be given.

Members thanked everyone for working to this tighter timescale in readiness for next year.

Resolved that Grant Thornton should confirm the date on the closure notice letter.

b) 2017/18 Audit Fee Letter (Report 8b)

The Public Sector Audit Appointments (PSAA) Limited finished the tender process a few weeks ago and Grant Thornton confirmed that they have won the biggest lot which is 40% of the market but are yet to have confirmation of which clients they will be acting for. Currently Grant Thornton only audit one other force that is part of the MFSS.

The accounts will be produced from SAP for 2017/18 and then it will be the new system.

21. Annual Accounts and Governance Statement: Joint Audit Committee Questions and Answers (Report 9)

Members submitted questions in writing which have been answered and published on the PCC's website.

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

EXEMPT MINUTES

23. Constabulary Strategic Risk Register (Report 11)

EXEMPT MINUTES

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

The HMIC have commented that the process the Constabulary have for tracking recommendations and delivering solutions is working well. The Constabulary highlight that there is further work to be done on controls and processes.

IPCC Report into the death of Bijan Ebrahimi was discussed. The learning was identified, an action plan put in place and the learning checked. The learning has been embedded but is to be kept at the forefront and part of continuous improvement. It was noted that Priority 1 in the Police and Crime Plan is Protect the most Vulnerable from Harm.

Members queried what is being done to assure communities and build trust. A refresh of the Community Engagement Strategy is being done and the Citizens Academy is being looked at to make sure that the right communities are being encouraged to take part. The engagement strategy is key in community cohesion and building confidence.

Members were assured that considerable work is being done in relation to identifying Hate Crime. The Constabulary now have very sophisticated daily monitoring in place and respond appropriately both from an investigative point of view and a community relations point of view.

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

EXEMPT MINUTES

The meeting concluded at 16:45

CHAIR

UNCONFIRMED Draft

ACTION SHEET

MINUTE NUMBER	ACTION NEEDED	RESPONSIBLE MEMBER/ OFFICER	DATE DUE
Report 7a Internal Audit Report: Internal Audit Plan 22nd March 2017	The new Director of People and Organisational Development should be invited to the Joint Audit Committee in September 2017.	DCC	September 2017
Report 7e (i) Internal Audit Report: Crime Data 22nd March 2017	Share with the JAC the strategic assessment regarding crime recording and the actions taken to mitigate the risks	Force Crime and Incident Registrar	April 2017
Report 7f Internal Audit Report: Draft Legal Claims 22nd March 2017	The report be published once finalised and update the Joint Audit Committee Chair of any changes made.	RSM/ OPCC Resources Officer	ASAP
Minute 9 Office of the Police and Crime Commissioner Strategic Risk Register 22nd March 2017	Grant Thornton will share the report they have produced on the national benchmarking of Police and Crime Panels.	Grant Thornton	Immediate
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 19e Internal Audit: Progress Report 14th July 2017	The OPCC CFO will write to Members with options for paying for the independent FIS review.	OPCC CFO	Immediate
Minute 20 Joint Audit Findings	Confirm the date on the closure notice letter.	Grant Thornton	Immediate

UNCONFIRMED Draft

14 th July 2017			
----------------------------	--	--	--



AVON AND SOMERSET POLICE

Equalities / Representative Workforce

FINAL

Internal Audit Report: 4.17/18

14 September 2017

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 Executive summary	2
2 Action plan.....	5
3 Detailed findings	8
Appendix A: Scope	24
Appendix B: Further information.....	26
For further information contact	27

Debrief held	15 August 2017	Internal audit team	Mark Jones – Head of Internal Audit Victoria Gould – Client Manager Joe Hanley – Lead Auditor
Draft report issued	25 August 2017		
Revised draft issued	29 August 2017		
Responses received	13 September 2017		
Final report issued	14 September 2017	Client sponsor	Cathy Dodsworth – Head of HR Mark Simmonds – OPCC CFO Julian Kern – Constabulary CFO and Director of Resources Jane Walmsley – Inspection and Audit Coordinator
		Distribution	As above

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Management actions raised for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

This report is solely for the use of the persons to whom it is addressed and for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. 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 and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

1 EXECUTIVE SUMMARY

1.1 Background

An audit of Equality was undertaken as part of the approved internal audit plan for 2017/18.

The Equality Act 2010 replaced existing anti-discrimination laws with a single Act. It simplified the law, removed inconsistencies and made it easier for people to understand. The Act applies to all organisations that provide a service to the public or a section of the public, and protects people from discrimination on the basis of protected characteristics, such as race, religion or belief, disability and sexual orientation.

The Act mandates compliance with a General Equality Duty, which has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

The Public Sector Equality Duty is supported by specific duties, set out in regulations which came into force in 2011. The specific duties require public bodies to publish relevant and proportionate information demonstrating their compliance with the Public Sector Equality Duty; and to set themselves specific and measurable Equality Objectives. The Equality and Human Rights Commission is responsible for assessing compliance with the specific duties, and for their enforcement. As with the Equality Duty, it has powers to issue a compliance notice to a public body that it believes has failed to comply with the specific duties, and can apply to the courts for an order requiring compliance.

The Office of the Police and Crime Commissioner has a statutory duty under the Police Reform and Social Responsibility Act 2011 to hold the Chief Constable to account for the exercise of duties relating to equality and diversity. The PCC discharges this duty by convening a quarterly Equality and Diversity Board, which receives an Equality and Diversity update and an annual Equality Report from the Deputy Chief Constable.

1.2 Conclusion

We found that the organisation has developed the strategies and policies in place in relation to equality and diversity, in addition to work streams to support the delivery. However, we found gaps in the Force's ability to demonstrate the work undertaken and the impact this has made which has resulted in some agreed management actions later in our report.

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 and consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area.



1.3 Key findings

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

- An Equality, Diversity and Human Rights Strategy has been developed and has also been subject to review by the Equality and Diversity Board. This was updated by the previous Deputy Chief Constable in December 2016 and describes the strategic focus the Force has given this area.
- The themes of equality and diversity are reflected through the Force's strategic vision, objectives and delivery plans which cover the aims the Force has for its workforce and the communities they serve.
- Staff Support Groups (SSGs) have been established, e.g. Gay Police Association, and the Chairs from these groups meet as a Staff Support Group Forum to highlight issues raised within their respective groups to the Deputy Chief Constable.
- Key HR data, including equality metrics are reported to and discussed at a number of forums, as well as being available on the intranet. It was reported at the April 2017 CMB meeting that data on various protected characteristics had not significantly shifted, although there was a marginal increase in BME officers from 2.3% to 2.5% and in PCSOs from 4.8% to 5.1%.

We identified six exceptions during this review which have resulted in two medium and four low priority management actions being agreed, relating to the following points:

- The ToR for the Equality and Diversity Board had not been updated in the past year. Additionally, timescales for the completion of actions identified during the Board meetings had not been identified, documented and formally communicated.
- Attendance at the SSGs was poor, with a maximum of five people having attended each of the last three meetings.
- The Equality Action Plan was out of date (dated 2015/16) and had not been made available to staff on the intranet.
- In the absence of an overarching Equality policy, we could not see evidence that an Equality Impact Assessment had been carried out on other policies to ensure that equality was embedded across all policies, which is what we tend to see at other organisations.
- The annual Equality report was published on 20 April 2017. The Public Sector Equality Duty states that the report must be published by 31 January or within 12 months of the previous report having been published, for which Avon and Somerset were not compliant.
- When benchmarking the Force's annual Equality report against that of other forces, we noted that it went into a lot more detail than other reports. The Equality and Diversity Board should consider whether the level of detail is necessary going forward.

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
Governance	0 (9)	5 (9)	3	2	0
Benchmarking	0 (1)	1 (1)	1	0	0
Total			4	2	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
1.1.1	<p>We reviewed the role of the Equality and Diversity Board and found that whilst the Board meets regularly and discussion is focused towards the strategy, we found that actions were not given clear deadlines for completion and that the Terms of Reference did not note when they had last been updated.</p> <p>There is a risk that they ToR become out of date and therefore do not reflect the current vision and objectives of the group, and if agreed actions are not given clear deadlines for completion there is a risk that issues identified are not addressed in a timely manner.</p>	Low	<p>Management will ensure that the Terms of Reference include a review date, and that the document is reviewed annually.</p> <p>Management will also ensure that timescales are identified for the completion of any actions arising from the Equality and Diversity Board meetings.</p>	31 December 2017	Sarah Crew, Deputy Chief Constable
1.1.2	We reviewed the role of the Staff Support Group meeting and found that whilst overall the Constabulary shows good practice with the number of support groups,	Low	Management will investigate the reasons for poor attendance at the SSG meetings and will take action to try to improve attendance.	31 December 2017	Cathy Dodsworth, Head of HR

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
	<p>this overarching meeting is generally not well attended, leading to a potential risk of reputational damage and limited discussions and agreed improvement actions.</p>				
1.1.4	<p>In line with best practice the Constabulary has an Equality Action Plan which should be updated annually and made available to all staff via the intranet. However, we found that the latest version of the action plan was dated 2015/16. We could not see evidence that the plan had been updated for 2016/17 or 2017/18 and we could not see evidence that the plan had been made available to staff via the intranet.</p> <p>There is the risk that employees may perceive that sufficient actions are not being taken if they are not aware of the current action being taken to support a diverse workforce.</p>	Medium	<p>Management will ensure that the Equality Action Plan is reviewed annually and that it is circulated / made available to staff to inform them of the action being taken in this area.</p> <p>The Equality Action Plan will also be made available to staff via the intranet.</p>	31 December 2017	Sarah Crew, Deputy Chief Constable
1.1.5	<p>The Constabulary does not have an overarching policy relating to equality, but it does equality impact assess all policies.</p> <p>However, we reviewed three policies and found that the Recruitment and Selection Policy had not been reviewed for Equality Impact.</p>	Low	<p>Management will consider the need to implement an overarching Equality Policy.</p> <p>Should the decision be taken to instead continue to embed equality into all relevant policies, then a formal process should be undertaken to:</p> <ul style="list-style-type: none"> • identify which policies are affected and document this; and 	31 March 2018	Mark Milton, Director of People and Organisational Development

Ref	Finding s summary	Priority	Actio n for management	Implement atio n date	Owner responsible
			identify a responsible owner to carry out an equality impact assessment for each policy.		
1.1.6	<p>In line with Section 153 of the Public Sector Equality Duty (2011), the Constabulary is required to publishes an annual Equality report to show their compliance with the Equality Duty. This should be done by 31 January each year.</p> <p>We found that the Constabulary published its report in April 2017, therefore not complying with the required timing.</p> <p>During a benchmarking exercise we also found that the Constabulary includes more detailed information that other forces (see below).</p>	Medium	<p>Management will identify an owner for the annual Equality reports going forward and will ensure that the owner is given sufficient time to exercise their duty in advance of the 31 January deadline to ensure that the Public Sector Equality Duty regulations are met.</p> <p>The owner will ensure that the annual Equality report is published by the deadline.</p>	31 December 2017	Mark Milton, Director of People and Organisational Development
1.2.1	<p>We benchmarked the Constabulary against five other Police forces in the following areas of equality:</p> <ul style="list-style-type: none"> • Governance • Policies • Staff Support Groups • Data / annual reporting <p>For most areas the Constabulary was in line with good practice, apart from the apparent over reporting in the annual report.</p>	Low	The benchmarking information will be reviewed and a recommendation made to the Equality and Diversity Board for approval on whether to incorporate any of the additional areas identified and what needs to be included in the 2017 report.	31 December 2017	Mark Milton, Director of People and Organisational Development

3 DETAILED FINDINGS

Our internal audit findings and the resulting actions are set out in more detail 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: Governance								
1.1.1	<p>The Equality and Diversity Board provides strategic direction and guidance for the management of equality and diversity within the Force. The Board receives updates on the work-stream action plans in place to implement the Force Equality Strategy and ensures these are being monitored through to conclusion.</p> <p>The Board has a Terms of Reference (ToR) document which outlines the purpose, responsibilities and membership requirements. This document is reviewed annually.</p> <p>Board members include senior operational leaders and support services including Human Resources, Finance, Learning and Development and Business Improvement. Scrutiny and challenge is built in by the</p>	Yes	No	<p>A ToR was in place for the Equality and Diversity Board and this details the remit of the Board which was primarily to shape the strategic direction, leadership and the service that the Constabulary provides to local communities and staff of Avon and Somerset Constabulary. At the time of our audit we were informed that the remit of the Board was being updated and that a revised Terms of Reference was being developed as a result of a recent change in the DCC.</p> <p>We could not see evidence that the ToR had been updated in the past year as no date was included within the ToR document. There is a risk that the required purpose, objectives and structure of the Board is not formally documented and therefore known to staff involved if the ToR are not kept current and up to date.</p> <p>We obtained the minutes from the first meeting since the new DCC took responsibility for the Board, dated 28 June 2017. The meeting focused on the aims and responsibilities of the Board going forward.</p> <p>A summary of the discussions from the December 2016 meeting were noted in the minutes. Our examination noted that the</p>	Low	<p>Management will ensure that the Terms of Reference include a review date, and that the document is reviewed annually.</p> <p>Management will also ensure that timescales are identified for the completion of any actions arising from the Equality and Diversity Board meetings.</p>	31 December 2017	Sarah Crew, Deputy Chief Constable

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>attendance of members of staff associations, representations from staff associations, representation from the Office of the Police and Crime Commissioner and a broad spectrum of officers and staff from across the Force.</p> <p>The Equality and Diversity Board meets quarterly and is chaired by the Deputy Chief Constable who acts as the Force Equality Champion. These meetings are minuted.</p>			<p>following actions had been agreed and included with reference to the Equality, Diversity and Human Rights Strategy objectives:</p> <ol style="list-style-type: none"> 1. Task and Finish Group to address data issues. 2. Put data into visual format and compare with national data going forward. 3. Include part time and flexible worker data in next meeting. 4. Break down work-based grievances into gender, ethnicity and age going forward. 5. Debrief the diversity elements and dynamics from how the community were dealt with in a recent operation at the next meeting. <p>We noted that a responsible owner had been allocated to each action and an update on each action had been provided. We did however note that timescales for completion had not been identified for each action.</p> <p>Whilst we are satisfied that the Equality and Diversity Board meets quarterly and addresses each of the three strategy objectives, where no timescale for implementation is identified for the actions there is the risk that responsible owners may not act upon their actions promptly to affect the required change.</p>				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
1.1.2	<p>There are a number of staff support groups (SSGs) which have been set up so that employees with a range of protected characteristics have forums through which they can raise issues, link to the external community and meet with other employees who share similar characteristics to discuss issues and get involved with activities to raise awareness.</p> <p>The SSGs are held informally and include:</p> <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual and Transgender (LGBT); • Black Police Association (BPA); • Disabled Police Association (DPA); • Gay Police Association (GPA); and • Christian Police Association (CPA). <p>These groups feed into a biannual HR meeting of all SSGs which is minuted.</p>	Yes	No	<p>We obtained the minutes of the SSG meetings on 6 September 2016, 6 December 2016 and 20 June 2017 and noted that each SSG in attendance was given the opportunity to raise issues during the meeting.</p> <p>Each meeting identified clear action points and owners for each action. Actions raised as part of the previous meeting were discussed and an update as to the progression and implementation of the action was provided in each case.</p> <p>We confirmed that the meetings were attended by a maximum of five people in each case. Apologies were given by at least eight people in each case, indicating that the groups have not been well attended.</p> <p>Whilst we are satisfied that the SSG meets regularly and addresses issues and actions raised, work could be done to improve the attendance at meetings which would add value to the discussions and actions that are taken.</p>	Low	Management will investigate the reasons for poor attendance at the SSG meetings and will take action to try to improve attendance.	31 December 2017	Cathy Dodsworth, Head of HR
1.1.3	Avon and Somerset Police has developed an Equality, Diversity and Human Rights	Yes	Yes	Through our examination of the Equality, Diversity and Human Rights Strategy (2016-2020) we noted that it had last been updated		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
	<p>Strategy covering the period 2016-2020.</p> <p>The aims of the strategy are consistent with those of the PCC, namely to:</p> <ul style="list-style-type: none"> • protect the most vulnerable from harm; • strengthen and improve local policing teams; • ensure the Avon and Somerset Constabulary has the right people, right equipment and right culture; and • work together effectively with other police forces and key partner agencies to provide better services to local people. <p>Three objectives have been defined within the strategy which include:</p> <p>1) People and Culture: To build a working environment that includes everyone and encourages staff to develop and make progress.</p> <p>2) Operational Processes: To build equality into the organisation's processes</p>			<p>in 2016 and included a foreword by the then Deputy Chief Constable. We confirmed that the strategy was approved at the December 2016 Equality and Diversity Board meeting, through review of the meeting minutes.</p> <p>We confirmed that the Strategy had been made available to staff, officers and public via the Avon and Somerset Police website.</p> <p>We reviewed the Strategy and confirmed that it clearly outlined the aims and objectives for Equality and Diversity and stated how the Strategy would be implemented through reviewing success indicators against the strategy both internally and externally. The Strategy made reference to legislation and duties under the Equality Act 2010 and the Public Sector Equality Duty 2011. It highlighted the protected characteristics, strategic themes and governance arrangements in place at the Force.</p> <p>The Strategy defined three objectives which we verified linked to the Avon and Somerset Police annual reports. We also noted that the objectives reflected the priorities detailed in the Police and Crime Plan (2016-2021).</p> <p>A small sample of actions completed and reported in the Avon and Somerset Equality Report 2016 to address these objectives include, but are not limited to:</p> <ul style="list-style-type: none"> • the introduction of body-worn cameras to all frontline operational staff so all stop 				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>and into how the service manages its performance.</p> <p>3) Operational Service Delivery: To deliver services that are easy to access and that respond to and meet the needs of all communities.</p> <p>The strategy is measured by success indicators for both internal and external aspects of equality and diversity and reflects the stance the Force take, as documented in the three strategic themes: operational delivery; people and culture; and organisational processes.</p> <p>The objectives outlined in the strategy are reviewed every four years in line with the Public Sector Equality Duty 2011.</p>			<p>and search encounters are recorded and can be reviewed by supervisors and scrutiny panels;</p> <ul style="list-style-type: none"> • 'Taking the Hurt out of Hate' training delivered to 1,300 frontline officers, custody staff and communications centre staff which looked at a number of influences on decision making; and • implementation of six Independent Advisory Groups which provide advice and support around the impact of critical or major incidents in the communities that the Force serves. <p>We are satisfied that the Strategy outlines the strategic direction and guidance for the management of equality and diversity within the Force.</p>				
1.1.4	An Equality Action Plan is in place which identifies a set of actions under each strategy objective with the aim of ensuring that the Constabulary has the trust and confidence of all communities and reflects the communities that the Constabulary serves. Each	Yes	No	<p>We obtained the latest Equality Action Plan which was dated 2015/16. We could not see evidence that the plan had been updated for 2016/17 or 2017/18. Additionally, we could not see evidence that the plan had been made available to staff via the intranet.</p> <p>The actions outlined within the action plan were allocated a responsible owner in all cases. The actions corresponded to the</p>	Medium	Management will ensure that the Equality Action Plan is reviewed annually and that it is circulated / made available to staff to inform them of the action being taken in this area.	31 December 2017	Sarah Crew, Deputy Chief Constable

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>action identified is allocated a responsible owner.</p> <p>The actions are agreed following consideration of various conversations between partners, community leaders, support groups, statutory agencies and the people and communities that are served.</p> <p>The Equality Action Plan is updated annually and is published on the intranet.</p>			<p>objectives set in the Equality, Diversity and Human Rights Strategy.</p> <p>We confirmed that an update to each action had been provided in the annual Equality Report 2016.</p> <p>Whilst we are satisfied that the actions identified within the Equality Action Plan are closely monitored and are in line with strategic objectives, there is the risk that employees may perceive that sufficient actions are not being taken if they are not aware of the current action being taken to support a diverse workforce. Additionally, the action plan should be reviewed more often to ensure that the actions reflect the current requirements and position of the Force.</p>		The Equality Action Plan will also be made available to staff via the intranet.		
1.1.5	A decision had been taken by the Equality and Diversity Board to not display an Equality and Diversity Policy and to instead embed it in every policy.	Yes	No	<p>We obtained a sample of three policies, namely the Recruitment and Selection (Police Staff) Policy, Harassment and Bullying in the Workplace Policy and the Police Officer Promotion Policy and confirmed that in each case the policy included reference to the Equality Act 2010. In each case controls were in place to give assurance that the Force equality objectives were being considered.</p> <p>From review of the Recruitment and Selection Policy we noted that the policy had not been reviewed for Equality Impact. The Policy was last updated in May 2013. There is a risk, in the absence of an Equality Policy, that due consideration is not being</p>	Low	<p>Management will consider the need to implement an overarching Equality Policy.</p> <p>Should the decision be taken to instead continue to embed equality into all relevant policies, then a formal process should be undertaken to:</p> <ul style="list-style-type: none"> identify which policies are affected 	31 December 2017	Sarah Crew, Deputy Chief Constable

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				given to meeting the objectives set in the Equality, Diversity and Human Rights Strategy.		and document this; and <ul style="list-style-type: none"> identify a responsible owner to carry out an equality impact assessment for each policy. 		
1.1.6	<p>In line with Section 153 of the Public Sector Equality Duty (2011), the Constabulary publishes an annual Equality report to show their compliance with the Equality Duty. The report includes:</p> <ul style="list-style-type: none"> summary of duties and legislation; equality, diversity and human rights strategy; equality objectives; progress against objectives; professional standards data tables; employment equality report; and equality report data tables. <p>The report is prepared by the Business Improvement Team after engaging with the Business Leads for the</p>	Yes	No	<p>In accordance with the Public Sector Equality Duty (2011), we confirmed that the 2016 Equality report included:</p> <ul style="list-style-type: none"> information relating to employees who share protected characteristics; and information relating to people who are affected by the public body's policies and practices who share protected characteristics. <p>Some of the key findings from the report are summarised below. The data comparisons are made between 31 March 2015 and 31 March 2016:</p> <p><u>Current Workforce Distribution</u></p> <ul style="list-style-type: none"> the number of police officers decreased during from 2,818 to 2,800; there was a decrease in the number of Police Officers who declared not to have a disability, down from 82.7% to 76.4%; there was a decrease in Police Officers who declared their sexual orientation as "Not specified", down from 7.9% to 3.8%; 	Medium	<p>Management will identify an owner for the annual Equality reports going forward and will ensure that the owner is given sufficient time to exercise their duty in advance of the 31 January deadline to ensure that the Public Sector Equality Duty regulations are met.</p> <p>The owner will ensure that the annual Equality report is published by the deadline.</p>	31 December 2017	Julie Knight, Local Policing Directorate Inspector

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	required areas. The report is reviewed by the Board prior to being published by 31 January each year on the Avon and Somerset police website.			<ul style="list-style-type: none"> there were a total of 1,948 male and 852 female Police Officers compared to a total of 1,986 male and 832 female Police Officers previously; and there was an increase in PCSOs who declared their disability status as "not specified" up from 4.3% to 9.9% and a decrease in PCSOs who did not declare a disability, down from 87.2% to 82.2%. <p><u>Recruitment (starters)</u></p> <ul style="list-style-type: none"> there was an increase in the number of Police Officer starters whose age is '16-24', up from 20.4% to 27.7%. There was a decrease in the number of Police Officer starters whose age is '25-35', '36-45' or '46-55' (down from 60.2% to 58.8%, 15.3% to 12.2% and 4.1% to 1.4% respectively in the same time period); and there was a decrease in the number of PCSO starters who did not disclose a disability, down from 97.1% to 86.1%. <p><u>Turnover (leavers)</u></p> <ul style="list-style-type: none"> there was an increase in the number of Police Officer leavers who declared their religion as 'Christian' or 'Prefer not to say', up from 42.1% to 47.8% and 24.3% to 27.7%, respectively. There was also a decrease in the number of Police Officer leavers who declared their religion as 'None' or 'Not Specified', down from 18.4% to 14.5% and 11.2% to 5.7%, respectively; 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
				<ul style="list-style-type: none"> there has been an increase in the number of PCSO leavers who declared their sexual orientation as 'Gay or Lesbian' or 'Prefer not to say', up from 3.3% to 7.7% and 10.0% to 23.1%, respectively. There has been a decrease in the number of PCSO leavers who declared their sexual orientation as 'Heterosexual' or 'Not Specified', down from 76.7% to 64.1% and 10.0% to 5.1%, respectively. <p>We found that the Equality report 2016 was published on the Avon and Somerset Police website on 20 April 2017 and therefore the report has not always complied with the Public Sector Equality Duty which states that the report must be published by 31 January each year, or within 12 months of the previous report being published.</p> <p>The Local Policing Directorate Inspector informed us that the team were only made aware of their duty to compile the report at short notice. We were also informed that the responsibility for producing the report may change before the next report is due. There is a risk that the Constabulary does not comply with the regulations set out in the Public Sector Equality Duty where the deadlines are not met, and this could have a negative reputational effect from both staff and the public</p>				

1.1.7	<p>HR indicators and management information is prepared and made available on a quarterly basis by the Human Resources Admin and Payroll Team, including the following:</p> <ul style="list-style-type: none"> • age profiles (headcount); • sexual orientation (percentage); • gender (percentage); • religion (headcount); • disability (percentage); • ethnicity (percentage); • long term sick on reduced pay (headcount); • working hours lost per FTE each month; • Bradford scores over 192 (percentage); • percentage of contract hours lost (percentage); • percentage of contract hours lost by Force (percentage); • absence measures (percentage); • RDIL balances over five days (headcount); and • TOIL balances over 40 hours (headcount). <p>This management information is reported to the Constabulary Management Board (CMB) and is published on the intranet.</p>	Yes	Yes	<p>We obtained the HR management information from January – March 2017 and April – June 2017 and confirmed that it includes figures and detailed analysis of FTE, headcounts, gender and ethnicity at the Constabulary.</p> <p>We confirmed that the January – March 2017 data had been reviewed by the CMB in April 2017 and that the April – June 2017 data had been reviewed in July 2017. Commentary as to the overall trends and implications was provided in the CMB meeting notes. No actions were identified as there were no significant shifts in any of the protected characteristics in the period. No management information had been reviewed by the CMB prior to this as it has only been in place since November 2015.</p> <p>It was reported at the April 2017 CMB meeting that data on various protected characteristics had not significantly shifted, although there was a marginal increase in BME officers from 2.3% to 2.5% and in PCSOs from 4.8% to 5.1%.</p> <p>We confirmed that the latest quarterly management information was made available to staff via the intranet.</p> <p>We are satisfied that detailed management information is made available to staff and that this is reviewed at a high level by the CMB.</p>	None.
-------	---	-----	-----	---	-------

1.1.8	<p>The Head of HR is responsible for overseeing the Representative Workforce initiative, which was set up by the Chief Constable in 2014. The initiative looks to support internal and external candidates from under-represented groups through the recruitment process.</p> <p>An action and evaluation plan was developed for the Representative Workforce in 2017. The plan includes responsible owners and timescales for each action.</p> <p>The work undertaken by the Representative Workforce initiative includes:</p> <ul style="list-style-type: none"> • awareness days and workshops to help applicants take part in the selection process on an equal footing; • training or familiarisation events to help people compete on a level playing field; and • any other ways in which the Constabulary can counteract the effects of past discrimination and help eliminate stereotyping, such as training for interviewers on how to avoid bias. 	Yes	Yes	<p>We obtained the Representative Workforce Action and Evaluation Plan and confirmed that it had responsible owners and timescales for implementation for the majority of the identified actions. Whilst we recognise that the action plan has only recently been implemented, it would be useful for the plan to be fully completed and for updates to be provided for each action at regular intervals. We are not raising this as an action for the purposes of this report.</p> <p>We confirmed that the Avon and Somerset Police website has a dedicated page to provide information on the Representative Workforce scheme to potential applicants. The webpage has a link to the Representative Workforce Booklet which was last updated in March 2017.</p> <p>We were provided with evidence that three workshops have taken place since January 2016, with the Representative Workforce Lead informing us that a further two had taken place in that time period.</p> <p>We are satisfied that the Representative Workforce is carrying out the duties for which it is intended.</p>	None.
-------	---	-----	-----	---	-------

	A Representative Workforce booklet is available to staff on the Avon and Somerset Police website.							
1.1.9	<p>The Positive Action Practitioner Alliance (PAPA) is a national association with a focus on leadership, culture, recruitment, retention and progression of BME officers and staff. A maximum of two representatives from each Force are invited to attend the PAPA meetings, which take place quarterly around the UK. The meetings are workshop based and are not minuted.</p> <p>The PAPA supports the National Police Chiefs' Council's strategy on diversity and inclusion, with the aim of ensuring that all police forces look more like the communities they serve and protect.</p>	Yes	Yes	<p>We obtained the Terms of Reference for the PAPA and confirmed that it provides a forum through which different forces can share various issues and best practices, facilitating the improvement of recruitment, progression and development processes nationwide.</p> <p>Through discussion with the Representative Workforce Lead we were informed that two Force representatives attend the PAPA meetings whenever the meetings are held at a geographically convenient part of the UK. We saw evidence that the Representative Workforce Lead attended both the West Midlands Police PAPA meeting in March 2017 and the Devon and Cornwall Police PAPA meeting in June 2017. We were provided with three sets of meeting notes which noted best practice and issues in recruitment that had been discussed in the PAPA meetings.</p> <p>We are satisfied that representatives from the Constabulary attend and engage with the PAPA and that best practice and issues are shared at each meeting.</p>	None.			
Area: Benchmarking								
1.2.1	<p>As discussed in 1.1.1 – 1.1.9, the Constabulary has the following in place to address equality:</p> <ul style="list-style-type: none"> governance structures; 	Yes	No	We reviewed the governance structure, policies, annual public equality reporting, data on protected characteristics and initiatives, schemes and support groups against five Police forces to benchmark the	Low	The benchmarking information will be reviewed by the Equality and Diversity Board and a decision will be made whether to incorporate any of the	31 December 2017	Sarah Crew, Deputy Chief Constable

- annual public equality reporting;
- quarterly data on protected characteristics; and
- initiatives, schemes and support groups.

controls put in place by the Avon and Somerset Constabulary. From this we found:

Governance

We found the governance arrangements at Avon and Somerset Constabulary to be comparable to those at other forces. An example of the key groups through which Equality and Diversity matters are reported and escalated at another Force includes:

- Force Strategic Board – a joint meeting led by the OPCC and attended by both Force and OPCC representatives;
- Force Executive Board – the senior Officers meeting (Force);
- Performance Board – receives reports on a range of indicators including HR; and
- Staff Support Steering Groups – established to provide support to groups of people with protected characteristics.

Each of these meetings have a specified Terms of Reference which detail the role each group has with regards to monitoring and reporting on people, equality and diversity issues.

Policies

Avon and Somerset tries to incorporate equality into each of its policies. An alternative approach adopted by another Force is as follows:

1. An Equality Policy which is available to staff and external stakeholders on the

additional areas identified.

The Board will review the content of the annual Equality report and make a clear decision as to what needs to be included in the 2017 report.

Constabulary website. The policy contains the following:

- a policy statement;
- applicability of the policy;
- exclusions to the policy;
- policy's relation to other employment procedures;
- characteristics protected under the policy;
- methods proposed for implementing the policy's aims;
- responsibilities assigned by the policy;
- communication of the policy; and
- results of an Equality Impact Assessment.

2. A Fairness at Work Procedure which is made available to staff on the staff intranet. The procedure states its aim and includes:

- applicability of the procedure;
- exclusions to the procedure;
- informal and formal procedures to be undertaken to resolve grievances including the timescales to be adhered to;
- right of appeal and the appeals procedure;
- requirement to retain written records; and
- results of an Equality Impact Assessment.

Staff Support Groups

We found the initiatives and SSG arrangements at Avon and Somerset Constabulary to be comparable to those at other forces. We did not identify any other initiatives or support groups that the Avon

and Somerset Constabulary may wish to consider.

Annual Public Equality Reporting / Data Reporting

In general, we found that the Avon and Somerset Constabulary includes more detail in their annual Equality reports than those of other forces. Equality reports were as brief as 12 pages long, in comparison to the 62 pages included in the Avon and Somerset Constabulary Equality report 2016. Some reports do not include workforce data tables, which Avon and Somerset covers in detail (21 pages).

We identified areas which were covered in other reports that we did not see covered in the Avon and Somerset report. These could therefore be considered going forward, and include:

- a description of all activity undertaken by the Constabulary, broken down into each protected group (this is in addition to activity taken against each objective);
- reasons for ceased employment, broken down by staff group and protected characteristics;
- summary page to include overall figures on workforce strength, retention, ethnicity, gender, age, disability and recruitment. These can be broken down by staff group and protected characteristics;
- hate crime and racially / religiously aggravated offences broken down by protected characteristics;

-
- complainants broken down by protected characteristics and compared to previous years; and
 - a breakdown of grievances taken out by officers and staff, broken down by complainant protected characteristics.

From the sample of annual Equality reports used to benchmark the Avon and Somerset report, we did not see a Force cover the workforce movements (workforce distribution, starters, leavers and promotions) in as much detail as Avon and Somerset, nor did they include the level of detail shown in the equality data tables. This suggests there is scope for the report to include less detail and still meet the regulatory requirements of the Public Sector Equality Duty.

The Equality and Diversity Board should review the level of detail included within the annual report and make a decision as to whether the level of detail is necessary and whether the resources used to produce the report could be better used elsewhere.

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

To provide assurance over the steps taken to actively report and monitor key equality indicators across the workforce, and to benchmark Avon and Somerset's data and activities against other Police forces across the country.

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

Areas for consideration:

We were informed of the following controls being in place at the scoping meeting:

- Quarterly HR management information which include diversity data. This is reported to relevant forums and via Pocket Book (intranet site).
- An Equality and Diversity Plan which is monitored by the Equality and Diversity Board, with is overseen by the DCC and Head of HR.
- A HR meeting of all Staff Support Groups (such as LGBT and BPA).
- The Head of HR oversees the Representative Workforce initiative.
- Members of the HR Team meet with the PCC to provide updates on the Representative Workforce initiative, and have also attended a National PAPA (Positive Action Practitioner Alliance) conference which had a focus around progression of BME officers and staff.

Governance

As part of this review we looked to validate the controls and governance arrangements in place (as discussed above) which enable regular, accurate and transparent reporting on equality, diversity and representative workforce data.

We reviewed structures, terms of reference and meeting minutes to ensure adequate discussions and actions were being taken, with objective, roles and responsibilities clearly defined.

Benchmarking / good practice

We benchmarked the Constabulary against other Police forces in the following areas:

- indicators / data reported;
- governance structures;
- initiatives, schemes and support groups in place; and
- annual public equality reporting, and regular update and publishing of the equality action plan.

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 test or comment on the Constabulary's recruitment activities, unless they were specifically linked to an area for consideration as set out above.

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.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Cathy Dodsworth – Head of HR;
- Julie Knight – Inspector, Local Policing Directorate;
- Esther Wride – Representative Workforce Lead;
- Sandra Aldom – Corporate HR Administrator; and
- Emma O'Brien – Head of Service (HR).

Documentation reviewed during the audit:

- Equality and Diversity Board Minutes
- SSG agendas
- Constabulary Management Board Minutes
- Police and Crime Plan
- Avon and Somerset Police Equality Report 2016
- Other Force Equality Reports 2016
- Equality Diversity and Human Rights Strategy Docs
- Recruitment / Police Officer Promotion / Harassment and Bullying policies
- HR MI Data
- Rep Workforce Action Plan 2017
- PAPA Terms of Reference

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	51%	
Reasonable assurance	41%	X
Partial assurance	4%	
No assurance	4%	
Management actions	Average number in similar audits	Number in this audit
High	0.2	0
Medium	1.5	2
Low	1.9	4
Total	3.6	6

FOR FURTHER INFORMATION CONTACT

Mark Jones

Mark.Jones@rsmuk.com

07768 952387

Vickie Gould

Victoria.Gould@rsmuk.com

07740 631140



AVON AND SOMERSET POLICE

Data Quality

FINAL

Internal audit report: 6.17/18

12 September 2017

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 Executive summary	2
2 Action Plan	4
3 Detailed Findings.....	6
Appendix A: Scope	14
Appendix B: Further information.....	16
For further information contact	17

Debrief held	31 August 2017	Internal audit team	Mark Jones – Head of Internal Audit Vickie Gould – Client Manager Cian Spaine - Lead Auditor
Draft report issued	7 September 2017		
Responses received	8 September 2017		
Final report issued	12 September 2017	Client sponsor	Mark Simmonds – OPCC CFO Julian Kern – Constabulary CFO and Director of Resources Jane Walmsley - Inspection and Audit Coordinator Sean Price - Head of Business Improvement Jeff Hines – Information Access Manager Danielle Collett – Record Review Team
		Distribution	As above

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Therefore, the most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the risk management, governance and control processes reviewed within this assignment. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

This report is supplied on the understanding that it is solely for the use of the persons to whom it is addressed and for the purposes set out herein. Our work has been undertaken solely to prepare this report and state those matters that we have agreed to state to them. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any party other than the Board which obtains access to this report or a copy and chooses to rely on this report (or any part of it) will do so at its own risk. 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 and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to our Client on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

1 EXECUTIVE SUMMARY

1.1 Background

An audit of data quality was undertaken as part of the approved 2017/18 internal audit plan. This audit was added to the audit plan due to data issues with Niche (crime recording software) highlighted during audits in 2016/17 as well as by HMIC.

The Constabulary has recently added a data quality risk to its strategic risk register and developed a strategic plan with governance arrangements and an action plan in place. This is because the force view this as a critical asset and requires management buy-in to implement effective mitigations. The mitigations and controls recorded against the risk include the following:

- Training: Review and develop of training around data quality;
- Clarify Information asset owners and their responsibilities;
- Communications: Improved Communications relating to the importance of data quality;
- Feed data quality information into all programmes of work e.g. digital mobilisation;
- Develop Technology Solutions: e.g. MDM, mobile integration;
- Review/improve organisational learning in regard to data quality including post-programme;
- Culture and Behaviour: Effect behavioural change by helping people understand why Data Quality is important to them and their role - seek assistance from the behavioural insights team; and
- Leadership: Operational leaders to take active responsibility for data quality.

We have looked to check and test the controls listed on the risk register, and the extent to which they are having a positive impact on the Constabulary's data.

The Constabulary has rolled out the QlikSense data analytics tool over the past 12 months. QlikSense is used to flag and escalate data quality issues, and is closely monitored by the Business Improvement team.

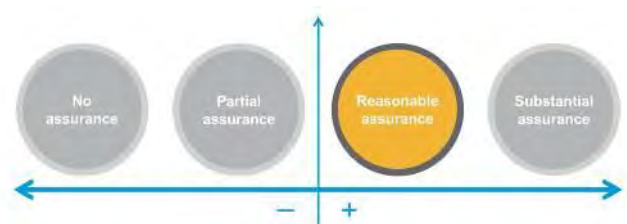
The Corporate Information Management (CIM) team also uses a Master Data Management Tool which also identifies data quality incidents. These are explored further in the body of the report.

1.2 Conclusion

We have verified the work being undertaken across the Constabulary to address data quality issues, and have confirmed the controls listed in the risk register to be in place and sufficient. However, there is currently no indication that data quality issues are reducing, and whilst we recognise this will not be immediate, the impact of this work is yet to be seen.

Internal audit opinion (design and application):

Taking account of the issues identified, the OPCC and Joint Audit Committee can take reasonable assurance that the controls in place to manage these risks are suitably designed and consistently applied.



Internal audit opinion (effectiveness):

Taking account of the issues identified, the OPCC and Joint Audit Committee can take partial assurance that the controls in place to manage these risks are having the required impact, and resulting in improved data quality.



1.3 Key findings

We confirmed that the controls and mitigations listed on the strategic risk register against the data quality risk (SSR14) are in place, well designed and applied in practice. In particular, we verified a number of steps being taken to inform staff and officer training and to raise awareness of data quality priorities and issues across the Constabulary.

We reviewed the steps being taken to scrutinise data via QlikSense and the Master Data Management Tool (MDMT) used by the Business Improvement and Corporate Information Management teams respectively, and how this is escalated to ensure improvements are made and lessons learnt. We found that currently managers and supervisors are provided with the data, but have not been adequately and consistently tasked with how to manage the information they are provided with via the two tools.

QlikSense can show which individuals and teams are reviewing data and how often, however there is no process for reconciling those repeat 'offenders' and those actively reviewing and managing the errors and issues identified, and there is no formal escalation or sanction process linked to individual performance management which would potentially improve ownership and accountability for data quality.

Whilst we confirmed a number of steps and initiatives are being adopted to address known data quality concerns, there is currently no measures available to accurately show the impact that these actions are having in improving data quality.

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	QlikSense has the capabilities to show which managers, supervisors and teams are using the app to monitor data quality issues. However, the Constabulary currently does not follow up on action taken by managers, as it is seen as their own responsibility to address the issues identified in QlikSense.	Medium	The Business Improvement team will formally communicate (through the directorate heads) the expectations for managers and supervisors to actively and effectively monitor and manage data quality via QlikSense. This could be aligned with job descriptions and / or IPR objectives. The Constabulary is also looking to implement an officer view of the app to allow for individual ownership and accountability for data quality.	31 January 2018	Sean Price, Head of Business Intelligence
2	The Constabulary needs to implement an accountability framework via CMB that measures how it is improving its data quality against the required standards. Numbers of data errors identified via QlikSense or the MDMT is not an effective measure, but it needs to establish whether all of the steps being taken are having the desired impact.	Medium	The Constabulary will explore how it can accurately measure improvements in the quality of data, as a result of the steps being taken (such as the use of QlikSense), and monitor this via CMB.	30 November 2017	Sean Price, Head of Business Intelligence

3	<p>Sanctions are not imposed for repeated data quality issues by individuals or teams, at Avon and Somerset and across our Police client base.</p> <p>However, good practice would be to formally align a tolerance / trigger for data quality issues to individual IPRs so that remedial actions can be identified and staff can be adequately performance managed.</p>	Medium	The Constabulary will consider implementing a data quality tolerance / trigger point for individuals and / or teams with repeat data quality issues identified via QlikSense or the MDMT, and whether this can be formally aligned to the IPR process.	31 March 2018	Sean Price, Head of Business Intelligence
4	<p>The Constabulary uses a Master Data Management Tool (MDMT) to identify data errors in Niche.</p> <p>It has been identified however that the MDMT could provide richer data if it was applied across all systems, such as STORM, where it would identify issues at an earlier point to avoid the later errors in Niche.</p>	Medium	The Force will consider investing the further capabilities of the Master Data Management Tool (MDMT) to help reduce the number of data quality issues.	31 December 2017	Sean Price, Head of Business Intelligence

3 DETAILED FINDINGS

Training

The Constabulary includes data quality in its provision of ICT training which includes training on Niche.

The Acting Manager - ICT Training and Learning Technologies attends the Constabulary's Niche Management Group and Data Quality Review Group meetings where key data quality issues are discussed. Furthermore, the ICT Training team reviews the Force's QlikSense data quality app to identify where the key issues are.

These sources are used to inform the focus of training delivered by the ICT Training team.

We reviewed the usage data of the data quality QlikSense app and found that the CLaD team were the top users. This shows that the data quality app is being used to inform training.

We obtained lesson plans for the following courses:

- Operational User course (original Niche implementation, May 2015);
- Niche 5.04 Upskill (January to March 2017);
- Niche Incidents (Occurrences) (delivered as part of new student officers training); and
- Digital Mobilisation (July to December 2017).

Through review of the lesson plans we found that the original Niche training did not have a data quality objective, whereas the three more recent courses all had an objective relating to data quality. The objectives included for learners to understand the importance of good data quality, the impact it can have on the organisation as whole and recognise their responsibility for contributing to this.

This demonstrates that whilst it may not have been a focus for the Constabulary in 2015, it is now included in all ICT training courses.

The Acting Manager - ICT Training and Learning Technologies has also set objectives as part of the IPR process for all the ICT Training team. This objective includes identifying opportunities to incorporate data quality in to training and how this will mitigate data quality risks.

The ICT Training team has also run a 'floorwalking' scheme over the summer of 2017. This includes ICT Trainers going out to police stations and offices and making themselves available to staff and providing support on Niche. Prior to attending the area/station the Trainer reviews QlikSense to identify the key data quality issues for that area.

The ICT Trainers meet with Supervisors to explain QlikSense, review the key issues and provide any support required. They also inform the rest of the staff that they will be available to provide support on any other questions they may have.

Following the floorwalking the ICT Trainers complete a template table of all the support they provided and return this to the Acting Manager - ICT Training and Learning Technologies.

Once the floorwalking scheme has concluded in September 2017 the Acting Manager - ICT Training and Learning Technologies will review these and identify key themes to inform training further. A report on the floorwalking scheme and the key issues will be presented to the Niche Management Group once this has been completed.

We obtained an example report from a floorwalking sessions and confirmed that this had detailed notes of what support was provided.

We are satisfied that the Constabulary has robust mechanisms in place to identify the key data quality issues and use these to inform ICT training.

Recruitment

The Constabulary follows national guidance from the College of Policing and would not wish to deviate from this. There was an error threshold many years ago, however this policy was discontinued by the College of Policing to allow for English not being the first language or learning difficulties such as dyslexia.

During the recruitment process, applications are not directly assessed in terms of data quality. There is therefore currently no error threshold on applications.

For police student officer recruitment, applicants are tested in two written assessments in line with College of Policing guidance. As part of the Police SEARCH Recruit Assessment centre, all candidates must demonstrate an acceptable level of competence in written communication. Forces have several options in how they assess written communication, being able to assess this via a written exercise or a qualification in English Language which is at Functional Skills Level 2 or equivalent. The written skills tested include the candidate's ability to comprehend and summarise information accurately, structure responses logically and to use spelling and grammar correctly.

For police staff recruitment, as outlined within the Recruitment and Selection procedural guidance for police staff, applicants are assessed against the essential/desirable criteria for the role within shortlisting. Throughout the process, candidates would be assessed against the key criteria for the job role and this may include assessments in relation to this. For police staff roles in Communications and Intelligence positions for example assessments do include verbal reasoning, data accuracy type tests.

In line with diversity and inclusion consideration must be given to language and disability and therefore reasonable adjustments may be requested and provided.

QlikSense

The Force has invested in the QlikSense data analytics tool. Using this, a data quality application (app) has been developed to provide oversight on strategic data quality issues within Niche, as identified by the Niche Management Group (NMG). All supervisors in the Constabulary have access to the application.

The application can be used to show a summary of the key data quality issues. Issues such as no victim being identified, multiple victims being identified, no DASH form on file, no risk assessment and any occurrences with outstanding reviews are picked up by the application. These issues can be broken down into the following categories for data analysis purposes:

- data quality themes (crime / property / custody / missing persons / stop and search);
- data quality issues by team responsible;
- data quality issues by officer responsible;
- data quality issues in the last seven days;
- data quality issues in the last 24 hours;
- data quality issues by date record created; and
- average days outstanding per data quality theme.

The app does not provide information on all data quality issues, but only the key ones identified and prioritised by the Niche Management Group. 57 key data quality issues have been selected for monitoring including:

- no MO;
- no victim;
- no missing person risk assessment;
- no occurrence location;
- no from date;
- blank latest responsible officer;
- no missing person return date on filed occurrence; and
- no gender.

The Force can also view who is using the data quality app the most. This can be done by team or by individual. At the time of the audit CLaD was the team reviewing the data quality app the most which is to be expected to inform the data quality aspects of their training delivery.

We reviewed the QlikSense data quality app and found that it is a very useful tool. It provides a general oversight of what and where the main data quality issues are, and can also be used to drill down to provide detailed analysis of officers with the most data quality issues, or which officers are responsible for the most data quality issues within a data quality issue (e.g. no victim linked).

Whilst we found that the data quality app is a very useful tool, there is no control or structured guidance for supervisors and managers who are expected to use it. Supervisors are responsible for monitoring the data quality issues created by staff within their teams and ensuring these are addressed and corrected where relevant. The Assistant Chief Constable confirmed that the decision was made to provide supervisors with the information and to let supervisors manage the data quality issues within their own teams, and once all staff have access to it, let staff members monitor themselves as well. However, it was confirmed by the CIM and Business Improvement teams that staff need to be formally communicated with on expectations in terms of monitoring and managing data quality within their teams via QlikSense.

The Force continues to struggle with data quality as is evidenced by the number of key data quality issues. When we undertook our Review of Policies audit in February 2017, the number of key data quality issues was 269,500. At the time of the audit (w/c 21 August 2017) this number had grown to 325,270. This represents an increase of 55,770, or 20% in six months. This does not necessarily act as a reliable measure of data quality across the Constabulary as some testing has found that not all issues are identified or accurately reported as 'errors', and the increase in issues identified is not monitored as a percentage of total data being assessed. The Constabulary needs to establish how it can monitor performance so that it can effectively assess whether all the steps being taken are having the desired impact of improved data quality.

QlikSense provides staff with this information, however there is currently no control over whether the information is actually being used by supervisors. The number of data quality issues will always increase due to the volume of data being input into Niche on a daily basis. As the app has only recently been developed, no analysis has been undertaken on the effectiveness of the app and whether those using it regularly are seeing a reduction in new data quality issues being created to a reasonable, manageable and tolerable rate.

We found that the significant data quality issues merit tighter controls, however the Constabulary has taken the view that it wishes for supervisors to monitor their own teams and for staff to self-monitor and correct their data quality issues.

See Management Actions 1 & 2

Corporate Information Management (CIM)

The Corporate Information Management (CIM) department is split in to the Information Assurance team, which includes security, vetting and DBS, and the Information Access team which includes the Records Review Team (RRT), Data Protection and Freedom of Information (FOI).

The RRT are Niche super users and are responsible for reviewing the quality of information within Niche and deleting and merging records. They also operate a support desk where officers can report inaccurate or duplicate records.

The RRT team has a Master Data Management Tool (MDMT) which is used to identify and merge duplicate records. A scoring system has been set up within the MDMT based on how closely records match. On a weekly basis the MDMT scans all the data within Niche and identifies potential duplicates and automatically merges potential duplicates with a score of 15 or more. MDMT also provides a manual review list of all potential duplicates with matching scores of 14.0 – 14.9. These records are reviewed manually by the RRT each week.

The MDMT also provides the RRT with an exception report which identifies a list of cases where two or more records do not match each other, but they have one unique identifier which is the same.

There are six full time staff members reviewing these records (five researchers and one supervisor).

We reviewed the MDMT with the RRT Supervisor. The RRT Supervisor confirmed that despite the team having six full time staff members to complete these tasks, they do not manage review all manual review cases (with a score of 14.0-14.9) identified by MDMT by the time they rerun the report the following week. This is due to the very high volume of potential duplicates identified by the MDMT.

On 9 August 2017, there were a total of 1308 person records created on Niche. 163 of these were single use entity records which means that they did not include adequate information to become a full person record within Niche (e.g. missing gender, DOB).

On 10 August 2017 1018 person records were created and 108 of these were single use entity records. These single use entity records are the records that the MDMT reviews and merges with other records. A proportion of these records would be auto-merged by MDMT, however this shows the volume of data being input in to Niche on a daily basis and the volume of inadequately completed records that require review either by MDMT or by the RRT team.

The RRT has conducted the following work over the months of May to July 2017:

	May	June	July
Duplicated persons merged (manual Niche merges)	4,930	4,735	3,712
Duplicate locations merged (manual Niche merges)	2,692	2,317	2,560
MDM person tasks resolved (manual merges conducted within MDM)	6,969	4,539	3,724
Mixed records requests & finger print broadcasts (records with incorrect information on Niche that has to be manually altered by the RRT)	80	74	49

There are no set targets. This information has been included to provide context.

The RRT Manager confirmed that the Constabulary is not utilising the MDMT to its full capacity. The MDMT could be used to perform some of the following tasks:

- Review all the Constabulary's systems to give a full picture of all available data. This could be used to populate Niche with correct and accurate data using other more data rich systems; and
- Add alerts to occurrences, locations or person records. This could be used for example to notify the Force when a person with a history of domestic abuse is recorded at the same location as a person recorded as vulnerable.

Further detail has been included in the Data Quality Working Group section below.

The CIM team mainly deals with linking and duplicates, however as outlined in the QlikSense section above there are many other data quality issues such as no missing person risk assessment, blank latest responsible officer, no missing person return date on filed occurrence.

Sanctions

The Constabulary does not currently apply sanctions or performance manage staff for repeated data quality issues.

From our work at other Police Forces we have not found any examples of where sanctions are applied to repeated data quality issues. However, we believe that good practice would be to have a formal tolerance policy whereby if individuals are repeatedly identified via QlikSense or the MDMT, that this automatically escalated through to their IPR to ensure that the core issue is addressed.

See Management Action 3

Niche Management Group

The Constabulary has a Niche Management Group (NMG) that was set up following the implementation of Niche to resolve issues the Constabulary was facing with Niche.

The NMG has an issue register, risk register and an action plan.

The issues register includes the following:

- raised by;
- issue type;
- issue description;
- cause;
- impact and scale score;
- issue value and RAG rating;
- mitigating actions;
- action owner;
- comments; and
- issue closure date (if closed).

We reviewed the issues register and found that three issues remained outstanding and 44 had been closed.

Through review of the issues we found that appropriate mitigations and regular updates are being recorded against each issue.

The risk register includes the following:

- work stream;
- raised by;
- risk category;
- cause;
- description;
- consequence;
- impact and likelihood score;
- risk value and RAG rating;
- risk response (tolerate, terminate, reduce);
- mitigations;
- moderated risk value;
- risk owner; and
- comments.

We reviewed the risk register and found that only three risks remained open, two of which had a tolerate risk response. In total 39 risks had been closed.

We examined the three open risks and found that appropriate mitigations had been recorded against each risk. We also found that regular updates had been recorded in the comments section of each risk.

Through review of the closed risks we also found that appropriate mitigations and regular updates had been recorded.

The NMG managed to resolve most of the issues including providing more training and access to support such as through DigiSPOCs (Single points of contact). Data Quality however remained (and remains) an area of difficulty for the Force.

A subgroup of the NMG, the Data Quality Working Group (DQWG) was therefore set up. The DQWG undertook a review of the key data quality issues the Force is facing, the potential consequences and possible solutions.

Data Quality Working Group (DQWG)

The DQWG is chaired by the RRT Manager and comprises leads from Digital Policing Support Unit (DPSU), RRT, Incident Assessment Unit (IAU), Safeguarding Coordinating Unit (SCU), Intelligence, Business Improvement, Technology Services and CLaD.

It was formed to conduct analysis to understand the root causes of the issue and outline how the force can take swift action to tackle the growing problem.

The DQWG provided an illustration to the NMG in February 2017 of when a duplicate record is created because the first-person record was not identified. The recording of the information/creation of the person record takes approximately three minutes. However, transferring the data to the original record and merging the two records can take up to approximately 36 records. For the 1359 incorrect PNC records report in 2016 this equates to 126 working days, instead of just 9.5 if it had been done correctly in the first place.

In December 2016, the DQWG also calculated the approximate time spent by Case Progression in the RRT resolving data quality issues based on the average number of issues a clerical administrator fixes in one day. This was extrapolated to 301 weeks Case Progression spends per year resolving data quality issues. These two reports demonstrate the large volume of resources the Constabulary wastes as a result of data quality issues.

In April 2017, the DQWG presented a report outlining some key data quality issues.

The following key issues and risks summarise a list collated from business leads and observations across the force. The highlighted issues are process focused; however, there are consistent data quality themes (causes) that cut across all issues:

- Too many duplicate records
- Missing data
- Inaccurate data entered
- Invalid data
- A lack of knowledge of key business processes
- A lack of knowledge of the Niche Application
- A lack of governance around data quality

The report outlined the key risks and causes. It also outlined the corrective steps to be taken which include identifying business leads to own each of the priority issues, developing action plans with timescales, reporting progress to the DQWG, and team and individual officer level reporting to support supervisors.

The report identified that on average 450 occurrences are pushed from STORM each day. On average an occurrence has 7 entities to link:

- Suspect
- Victim
- Person reporting
- Occurrence address
- Reporting address
- Communication
- Vehicle

Approximately 3,150 unlinked entities are added to Niche each day. This equates to around 52.5 hours of work per day to link based on each entity taking one minute to search, verify and link.

The report also outlined how the MDMT could be used to address some of the data quality issues. The first is data enrichment by using the MDMT to search across all systems the Force has access to. Using all systems, the MDMT would use more data rich sources to provide a data rich record. This would provide a 'golden view' record which could be used to populate other systems with complete and accurate data.

STORM could be configured so that when occurrences are pushed from STORM it searches the MDMT as a first point of contact with the MDMT presenting the likely person record. This will reduce duplicates and could save up to 52.5 hours per day.

The MDMT could also be used to provide automated event notifications. MDMT would search all systems and if a person record with a domestic abuse alert is found to join a household with a vulnerable person a notification could be sent to the Safeguarding Team. This could help the Force provide a better and safer service to the community.

The RRT Manager confirmed that for the Force to utilise the MDMT in this way it must purchase further functions of the MDMT. This is currently being considered by the Niche Management Group and the Programme Team. The Programme Team is currently focusing on other initiatives such as digital mobilisation and will consider the expansion of the MDMT further once this has been completed.

See Management Action 4

Constabulary Management Board

As part of Constabulary Management Board (CMB) meetings there is a session on strategic information management which includes issues relation to data quality.

Through review of the capture sheets of the CMB we found that the December 2016, April 2017, June 2017 CMB meetings included strategic information management. We found that issues considered included cyber security, freedom of information, data protection, vetting and the General Data Protection Regulation. We also found that the DCC (who was previously ACC and previously the SLT lead for Niche) raised the MDMT at the December 2016 meeting, however this was a point of note to consider what to do with resourcing post April 2017 rather than discussing any particular data quality concerns.

Strategic information is discussed at the CMB, however more focussed governance of data quality is the responsibility of the NMG.

Digital Mobilisation / Digital Solutions:

During the audit, we also found that the Constabulary has other initiatives that were not directly part of the audit scope, but relate to addressing data quality issues.

The Force is investing in digital solutions for its officers, which includes providing officers with tablets and laptops they will be able to use whilst out of the office. This will allow officers to record occurrences or other information on Niche without having to return to a Constabulary office. As part of the digital solutions, template forms are also being developed which link directly to Niche. These will include mandatory fields which Niche does not currently have. This will allow the Constabulary to implement further control over data input which will help reduce data quality issues.

The first templates include forms for stop and search, DASH forms, and crime reports. These are all areas where the Force has struggled with accurate and complete data inputting. The Force has also purchased the technology to develop its own templates so will be able to create additional custom templates which will aid further.

Information Asset Register

The Information Access Manager and the RRT Manger are currently in the process of developing an Information Asset Register. This will be a force-wide register of all the systems and will include the following:

- system function;
- system content (information held); and
- system owner and responsibilities.

Developing this register is prompting a full review of all systems and information held by the Force. This will help identify whether the information asset is still fit for purpose, is still needed, or whether it can be decommissioned.

The Force will thereby reduce the number of legacy systems it has. The Information Access Manager also confirmed that it will be used to create data standards for each system which will provide a minimum data quality requirement for each system. This is a long-term exercise and will take the Force two to three years before it has data standards for each type of information asset. However, this will aid in providing responsibility and accountability for data quality.

APPENDIX A: SCOPE

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
To provide assurance that the Constabulary understands the data quality challenges and has appropriate governance and controls in place to improve data quality in key priority areas.	Governance failure (SR1) As a critical asset, poor information/quality of data affects decision making across the organisation impacting operationally, tactically and strategically (SSR14)	OPCC risk register Constabulary Risk Registers

1.2 Additional management concerns

As per the Force's Data Quality Strategy, information is one of the Constabulary's most valuable assets. Good quality information is vital for the effective delivery of policing; planning and decision making; the confident sharing of information with other police forces, partners and agencies; and promoting public confidence.

The Data Quality Strategy outlines four objectives:

- Objective 1 - Secure a right first time data quality culture across the Constabulary in accordance with the data quality principles.
- Objective 2 - To meet the data quality requirements of APP Information Management, the Police National Data Base (PND), the Police National Computer (PNC), NICHE and other police systems.
- Objective 3 - To ensure data held by partners and other agencies, that belongs to the Constabulary, meets the relevant data quality standards.
- Objective 4 - All information asset owners and business leads to develop and put in place appropriate standards and performance measures.

1.3 Scope of the review

As per the risk registers, the following controls are documented as risk mitigation:

Qlik sense application.

Training

Data governance (Niche Management Group)

Communications – highlighting the importance of data quality

Performance management – business intelligence escalation process

Review and improve organisational learning with regards to data quality.

The following areas will be considered as part of the review:

We will use the four objectives of the Data Quality Strategy and the controls set out in the risk register to carry out a review of the control, monitoring and reporting processes used by the Constabulary to gain assurance regarding the quality of data. We will focus our review in the following areas:

We will look at the provision of training, and what focus training courses are giving to data quality issues, including educating staff as to the wider impact of poor data quality. We will also look into the extent to which Supervisors and Managers are taking ownership of poor data quality within their teams and addressing it where necessary either by offering support and training or applying appropriate sanctions where needed.

We will discuss with HR the extent at which data quality is considered in the short listing and recruitment processes.

We will assess the mechanisms in place to review data quality, such as the use of Qlik sense, the work of the CIM team (Corporate Information Management) and the use of the Master Data Management tool.

We will review the mechanisms in place to escalate and learn from data quality concerns identified, and how these are followed up. We will also consider the ethical use of sanctions, including whether this occurs across our Police client base.

We will review data quality governance and the role of the Niche Management Group, and whether wider data quality issues (other systems not just Niche) are considered. We will also review the inclusion of data quality in the Constabulary Management Board, and mechanisms in place for ensuring data quality is considered as part of wider project work.

We will look at the task underway to identify information assets, systems and owners, to align these to the relevant legislation, to work out a decommissioning schedule, retention schedule and the development of data standards

Limitations to the scope of the audit assignment:

We will not provide an opinion on or verify the quality / completeness / accuracy of Constabulary data, only on the assurance processes in place to monitor, report and rectify issues.

Testing will be undertaken on a sample basis, of both data and systems.

We will not comment on the validity of any decisions made based on data presented.

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:

Jeff Hines – Information Access Manager

Kate Chick – Acting Manager ICT Training & Learning Technologies

Danielle Collett – RRT Manager

Kevin Roper – RRT Decision Maker

Jon Dowey – Performance Information Manager

Emma O'Brien – Head of Service – HR

Sarah Crew – DCC

Documentation reviewed during the audit:

Data Quality Strategy

RRT Monthly Statistics 2017

CMB minutes

NMG Issues Register

NMG Risk Register

DQWG Action log

Reports from DQWG to NMG

ICT Training objectives (IPR)

Learning Technologies objectives (IPR)

Opuser Lesson plan for the Niche 5.04 upgrade (Jan-March 2017 roll out)

Opuser Lesson plan Day 1 (May 2015)

Sample IPLDP lesson plan for new student Officers

DMP Lesson Plan

IPLDP Schedule Table showing Assessment Time.

FOR FURTHER INFORMATION CONTACT

Mark Jones

Mark.jones@rsmuk.com

07768 952387

Vickie Gould

Victoria.gould@rsmuk.com

07740 631140

Report 7c



AVON AND SOMERSET POLICE

Follow Up (Part 1)

FINAL

Internal audit follow up report: 5.17/18

6 September 2017

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 Executive summary	2
2 Findings and management actions	5
Appendix A: Definitions for progress made	7
Appendix B: Scope	8
Appendix C: Actions completed	9
Appendix D: Actions not yet due	13
For further information contact	15

Debrief held	9 August 2017	Internal audit team	Mark Jones - Head of Internal Audit Victoria Gould - Client Manager Cian Spaine - Lead Auditor
Draft report issued	31 August 2017		
Responses received	5 September 2017		
Final report issued	6 September 2017	Client sponsor	Jane Walmsley - Inspection and Audit Coordinator
		Distribution	Jane Walmsley - Inspection and Audit Coordinator Mark Simmonds – OPCC CFO Julian Kern – Constabulary CFO and Director of Resources

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Management actions raised for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

This report is solely for the use of the persons to whom it is addressed and for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. 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 and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

1 EXECUTIVE SUMMARY

1.1 Introduction

As part of the approved internal audit plan for 2017/18 we have undertaken a review to follow up progress made by the Constabulary and OPCC to implement previously agreed management actions from audit reviews. We conduct follow up audits every six months and our approach is to follow up all outstanding agreed actions. The audits considered as part of the follow up were:

- Financial Controls (6.16/17);
- Payments to Staff (7.16/17);
- Follow Up Part 2 (8.16/17); and
- Crime Data (10.16/17).

The 26 management actions considered in this review comprised of four 'high', 20 'medium' and two 'advisory' actions. The focus of this review was to provide assurance that actions previously made have been adequately implemented. For actions categorised as 'low' we have accepted management's assurance regarding their implementation.

1.2 Conclusion

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion the Constabulary and OPCC has demonstrated **good progress** in implementing agreed management actions.

15 of the 26 actions followed up have been implemented, with a further nine not yet due for implementation.

1.3 Action tracking

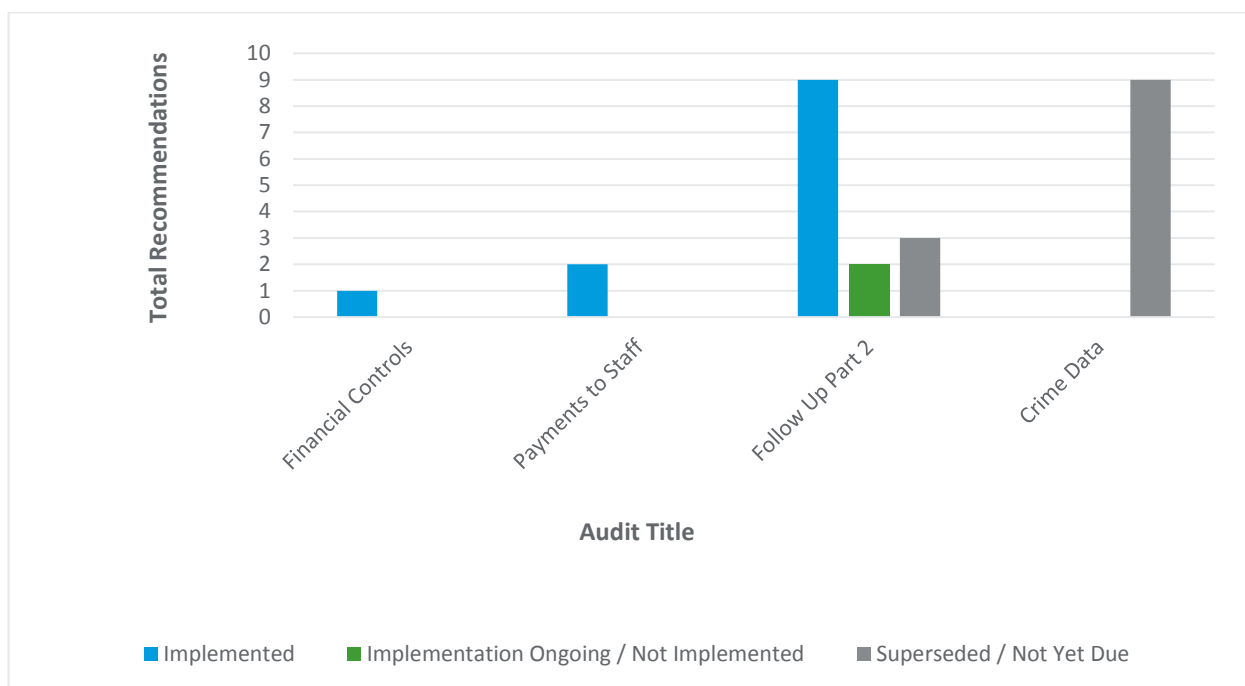
Action tracking enhances an organisation's risk management and governance processes. It provides management with a method to record the implementation status of actions made by assurance providers, whilst allowing the Joint Audit Committee to monitor actions taken by management.

Action tracking is undertaken by Avon and Somerset Constabulary's Business Improvement department on a regular basis, and management are required to provide timely updates on the progress of action implementation. This is done in line with HMIC recommendations.

As part of our Follow Up review, we have verified this information and completed audit testing to confirm the level of implementation stated and compliance with controls.

We have verified that the status of implementation of management actions, as reported to the Joint Audit Committee via the internal action tracking process, is accurate.

The following graphs highlight the number and categories of actions issues and progress made to date:



1.4 Progress on actions

Implementatio n status by review	Number of action s agreed	Status of management action s					
		Implement ed (1)	Implement atio n ongoing (2)	Not implement ed (3)	Superseded (4)	Not yet due (5)	Confirmed as completed or no longer necessary (1)+(4)
Financial Controls (6.16/17)	1	1	-	-	-	-	1
Payments to Staff (7.16/17)	2	2	-	-	-	-	2
Follow Up Part 2 (8.16/17)	14	9	-	2	3	-	12
Crime Data (10.16/17)	9	-	-	-	-	9	-

Implementatio n status by management actio n prior ity	Number of action s agreed	Status of management action s					
		Implement ed (1)	Implement atio n ongoing (2)	Not implement ed (3)	Superseded (4)	Not yet due (5)	Confirmed as completed or no longer necessary (1)+(4)
High	4	1	-	1	-	2	1
Medium	20	10	-	-	3	7	13
Advisory	2	1	-	1	-	-	1
Totals	26 100%	12 46%	-	2 8%	3 11%	9 35%	15 58%

2 FINDINGS AND MANAGEMENT ACTIONS

This report has been prepared by exception. Therefore, we have included only those actions graded as 2 and 3. Each action followed up has been categorised in line with the following:

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded and is no longer applicable.
5	The action is not yet due.

ASSIGNMENT TITLE: Follow Up Part 2 (8.16/17)

Ref	Management action	Original date	Original priority	Status reported to audit committee	Audit finding	Current status	Updated management action	Priority issued	Revised date	Owner responsible
3.3	Collaboration (5.15/16) The PCC will consider disclosing further information via the PCC website on collaboration and the associated benefits and savings as part of the open and honest approach of the PCC.	31 March 2016	Low	3	This audit action has a revised timescale of 31 August 2017. We discussed the audit action with the SW Police Collaboration Communications Officer and Programme Manager and found that an internal communication platform is still in development. There are however no plans to disclose further information on collaboration.	3	N/a			
3.8	Vulnerability 1.16/17 The Constabulary will look into the availability of resources to undertake	30 September 2016	High	3	This action has a revised implementation date of 30 September 2017 so has not yet been marked as complete.	3	N/a			

peer reviews / audits of data relating to missing persons. This can link into the Level 2 assurances in the Constabulary's assurance framework.

We have therefore not followed it up. The latest update on the audit tracker states that level 2 assurance and peer reviews/audits for missing persons will be scheduled within the new assurance plan.

The scope and activity will be agreed by the Constabulary and OPCC in September 2017.

APPENDIX A: DEFINITIONS FOR PROGRESS MADE

The following opinions are given on the progress made in implementing actions. This opinion relates solely to the implementation of those actions followed up and does not reflect an opinion on the entire control environment

Progress in implementing actions	Overall number of actions fully implemented	Consideration of high actions	Consideration of medium actions	Consideration of low actions
Good	> 75 percent	None outstanding	None outstanding	All low actions outstanding are in the process of being implemented
Reasonable	51 – 75 percent	None outstanding	75 percent of medium actions made are in the process of being implemented	75 percent of low actions made are in the process of being implemented
Little	30 – 50 percent	All high actions outstanding are in the process of being implemented	50 percent of medium actions made are in the process of being implemented	50 percent of low actions made are in the process of being implemented
Poor	< 30 percent	Unsatisfactory progress has been made to implement high actions	Unsatisfactory progress has been made to implement medium actions	Unsatisfactory progress has been made to implement low actions

APPENDIX B: SCOPE

Scope of the review

The internal audit assignment has been scoped to provide assurance on how Police and Crime Commissioner for Avon and Somerset manages the following objective:

Objective of the area under review

To follow up previously agreed internal audit actions.

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

Areas for consideration:

- Financial Controls (6.16/17);
- Payments to Staff (7.16/17);
- Follow Up Part 2 (8.16/17); and
- Crime Data (10.16/17).

Limitations to the scope of the audit assignment:

Testing was undertaken on a sample basis to confirm the effectiveness of steps taken to address these management actions.

Where testing was undertaken, our samples were selected over the period since actions were recorded as implemented or controls enhanced.

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

APPENDIX C: ACTIONS COMPLETED

From the testing conducted during this review we have found the following actions to have been fully implemented or superseded and are now closed:

Assignment title	Management actions
Financial Controls 6.16.17	<p>Management acknowledges that our control over the posting of journals does not include the need for segregation of duties. We are content that the ability to post journals is tightly controlled within the HQ Finance team. We are equally content that strong budgetary management will mitigate any risk of mis-statement as a result of journals.</p> <p>We recognise that the volume of journals currently undertaken is high, reflecting in part the mis-codings elsewhere identified. We will therefore focus our activities to meet recommendation 1.1.1, thereby improving initial coding and reducing volume of journals needed.</p> <p>In addition, we will instigate a more robust challenge of journals submitted which do not provide sufficient description or supporting evidence.</p>
Payments to Staff 6.16.17	As part of the monthly exception reports that are run, the HRAP team will run a report of all changes to bank details during the month and validate these back to the original request documentation.
Payments to Staff 6.16.17	As planned, the annual check of the access roles to the HR and Payroll functions of SAP will be completed to ensure only appropriate staff members have access.
Follow Up Part 2 8.16.17	<p>Estates 15/16</p> <p>The Head of Estates will provide an update to the July 2017 Joint Audit Committee on the Estates management actions and progress with the full implementation of Atrium.</p>
Follow Up Part 2 8.16.17	<p>Estates 15/16</p> <p>Overarching policies will be established to support estates processes.</p>
Follow Up Part 2 8.16.17	<p>Financial Controls 6.15/16</p> <p>The Constabulary will work with SW One to establish the work required to implement a periodic process to review, analyse and interrogate an audit trail report of activity undertaken by the SAP BASIS users to rule out that any conflict risks have materialised.</p>
Follow Up Part 2 8.16.17	<p>Financial Controls 6.15/16</p> <p>The Financial Services and HR teams are already working together to reconcile establishment data and consider a new</p>

	<p>consistent approach to recording and therefore effectively monitoring performance against this.</p> <p>Further detail will be added to the HR establishment pack spreadsheet to allow users to filter on areas and sub-areas, thereby strengthening accuracy of analysis in budget monitoring.</p>
Follow Up Part 2 8.16.17	<p>Cyber Crime 13.14/15</p> <p>Further staff training and reminders should be provided to improve the initial recording of incidents as cyber-crime.</p>
Follow Up Part 2 8.16.17	<p>Vulnerability 1.16/17</p> <p>The Niche Management Group will consider how a more powerful and clear message can be communicated to officers to ensure more accurate and complete input into Niche.</p> <p>Training materials will be reviewed with CLaD and consideration of communicating statistics on poor compliance and poor data quality with officers on Niche training will be given.</p> <p>Further Niche update training has been provided and the Constabulary will continue to monitor if this has had the desired effect in addressing these audit findings. Performance management information from Niche is actively reviewed by the IT trainers and repeated failures are dealt with by “floor walkers” from the unit.</p> <p>A specific training plan in the form of a case study is due to be rolled out across over 2,000 front line staff between September and December 2016 which deals with the top ten Niche related problems.</p>
Follow Up Part 2 8.16.17	<p>Vulnerability 1.16/17</p> <p>The Constabulary will investigate why PPNs are not being consistently completed.</p> <p>The Constabulary will undertake monthly peer reviews / audits of compliance with completion of PPNs for domestic abuse cases.</p> <p>However, it should also be noted that:</p> <ul style="list-style-type: none"> • the DASH completion rate has increased over recent months; • lighthouse dip-samples the quality of PPNs, and provides feedback to officers on poor ones, and a monthly dip-sample by LPA officers is due to be reinvigorated; and • the newly-available DA Toolkit has been introduced to address both of these issues.

Follow Up Part 2 8.16.17	<p>Workforce Development 2.16/17</p> <p>HR and CLaD will work with the PPIU to develop a 'workforce demand' report of performance indicators and forecasts to show the current and forecasted demands on the Constabulary's workforce.</p> <p>This report will be presented and discussed at meetings regarding recruitment (i.e. Chief Officer Days, Force Resource, and Departmental Resourcing), and used in the development of training plans.</p> <p>This will strengthen decisions relating to:</p> <ul style="list-style-type: none"> • Recruitment activity (short-term demand changes); • Succession planning (longer-term demand changes); and • Training and development courses offered.
Follow Up Part 2 8.16.17	<p>Workforce Development 2.16/17</p> <p>In line with the review of the course plan, the training courses directory will be updated.</p> <p>This will be further informed by reviewing information on 2015 training activities.</p> <p>The updated directory will be made available to all staff and officers, and line managers will be encouraged to sign post staff to relevant and required courses.</p>
Follow Up Part 2 8.16.17	<p>HR - Staff Wellbeing and Productivity 5.16/17</p> <p>Team Leaders across the Constabulary will develop Local Action Plans to address concerns raised in the Staff Survey. This will be monitored by the HR Manager aligned to each department.</p> <p>Not all departments have finalised location action plans at this stage. However, two examples of agreed action plans are included.</p>
Follow Up Part 2 8.16.17	<p>HR - Staff Wellbeing and Productivity 5.16/17</p> <p>Team Leaders across the Constabulary will develop Local Action Plans to address concerns raised in the Staff Survey. This will be monitored by the HR Manager aligned to each department.</p> <p>Not all departments have finalised location action plans at this stage. However, two examples of agreed action plans are included.</p>

Follow Up Part 2 8.16.17

HR - Staff Wellbeing and Productivity 5.16/17

HR and Senior Management are taking steps to address the issues within the Investigations Department as noted in the HMIC PEEL Assessment, such as cross-Constabulary transfers and demand management initiatives.

We will continue to monitor this via the Wellbeing Board, considering key statistics on staffing, workload and success rates within Investigations.

We will also consider the use of a Wellbeing Champion in this Department as a pilot to establish a link between Investigations and HR.

APPENDIX D: ACTIONS NOT YET DUE

The table below lists the management actions that were not yet due during the time of this follow up audit assignment being carried out:

Assignment title	Management action
Crime Data 10.16/17	a) All instances identified as having the incorrect outcome recorded will be passed back to the individual Sergeants and Officers to correct. This should have a learning impact as it will allow officers to identify the mistakes made for future recording.
Crime Data 10.16/17	b) Those instances identified as being incorrectly crimed, will be passed back to the individual Officers who will be required to contact the offenders and victims to inform them of the change.
Crime Data 10.16/17	c) The Constabulary will implement a specialist Outcomes team who will report directly to the FCIR. The team will be Dedicated Decision Makers in terms of the application of Outcomes of crimes.
Crime Data 10.16/17	Outcomes with high levels of non-compliance, or high levels of incorrect use of outcomes recorded, will be subject to further deep dive audits by the FCIR Team. This will include larger samples of crime data. The results will be reported to COG, and the new Business Improvement Consultants will be required to feed these findings back to individuals and teams for learning purposes.
Crime Data 10.16/17	a) Training with the Constabulary SCUs (Safeguarding Coordination Units) has been undertaken, and it is anticipated that improved compliance will start to be realised.
Crime Data 10.16/17	b) Further bespoke 'outcomes' training will be developed, aimed at Sergeants filing crimes. Attendance will be monitored to ensure key lessons are being escalated down to all teams from the sessions via the Sergeants attending.
Crime Data 10.16/17	a) The FCIR team will prepare a communication plan to share the key findings, themes and learning from this audit report. It will be uploaded to Pocketbook and staff and officers will be signposted to it.
Crime Data 10.16/17	b) Crime report template forms will be reworded to ensure that it is clear that saying 'Yes' to an action is not enough, and that further notes are required to confirm how / when communication with victims, suspects and offenders occurred. The appropriate templates will also be updated to reflect other key findings in this audit, such as: <ul style="list-style-type: none"> – reminding officers that only the CPS can authorise conditional cautions;

-
- name, rank and collar number of inspector authorising cautions;
 - reminding officers that a caution can only be given if an offender admits the offence.
-

Crime Data 10.16/17

c) The FCIR will look into implementing a control that crimes are not filed until the victim has been informed and that this is clearly logged on Niche.

FOR FURTHER INFORMATION CONTACT

Mark Jones

mark.jones@rsmuk.com

07768 952387

Vickie Gould

victoria.gould@rsmuk.com

07740 631140



OFFICE OF THE POLICE AND CRIME COMMISSIONER FOR AVON AND SOMERSET AND AVON AND SOMERSET CONSTABULARY

Internal Audit Progress Report

Joint Audit Committee: 27 September 2017

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	2
2	Looking ahead	3
3	Other matters	4
	For further information contact	5
	APPENDIX A: Internal audit assignments completed to date	6

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made.

Recommendations for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

This report is solely for the use of the persons to whom it is addressed and for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. 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 and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to our Client on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

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 three final reports since the last Joint Audit Committee meeting as set out below:

Assign ments	Status	Opinio n issued	Actio ns agreed		
			H	M	L
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 (7.17/18)	FINAL	Design/application: Reasonable Effectiveness: Partial	0	4	0

1.1 Impact of findings to date

To date we have not issued any audit reports including any high priority management actions, however the recent Data Quality audit did have an aspect of a negative assurance opinion, which has 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.
ROCU / Collaboration	August 2017	Fieldwork underway. Will be reported to December 2017 JAC meeting.
Disaster Recovery	August 2017	Further scoping discussions to be held, see below. Fieldwork to be undertaken in the autumn and reported to December 2017 JAC meeting.
Performance Management (IPR)	September 2017	Scope agreed. Fieldwork commencing 2 October 2017.
Prevention / Community Engagement	October 2017	Pushed back in place of BCP audit. Fieldwork commencing 29 January 2018.
IT Audit	October 2017	Scoping meeting taking place 25 September 2017. Fieldwork commencing 16 October 2017.
Staff Culture and Wellbeing	October 2017	To be scoped. Fieldwork commencing 16 October 2017.
Financial Controls	November 2017	To be scoped. Fieldwork commencing 6 November 2017.
Training	January 2018	Brought forward to cover other audit delays. Fieldwork commencing 23 October 2017.
Payments to Staff	January 2018	Removed from audit plan due to move to MFSS.
Workforce Planning	January 2018	To be scoped. Fieldwork commencing 22 January 2018.
Follow Up (Part 2)	January 2018	Scoped. Fieldwork commencing 30 January 2018.
Strategic Policing Requirements	February 2018	To be scoped. 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.

Detailed discussions have taken place around the Business Continuity Plan / Disaster Recovery audit, with the Constabulary lead for BCP presenting at the July 2017 JAC pre-meet. The Constabulary are in the process, following approval from CMB, of re-aligning BCPs with the new operating framework. However given the significant reliance on IT systems for operational delivery the OPCC has requested assurance on IT specific business continuity and disaster recovery plans being in place, along with a view the Disaster Recovery Policy including the process for the risk assessment of critical systems and associated timing and cost to recover these in the event of an incident. The Joint Audit Committee is asked to agree this high level scope for the audit planned this autumn.

3.2 News briefing

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

FOR FURTHER INFORMATION CONTACT

Mark Jones

mark.jones@rsmuk.com

Tel: 07768 952387

Vickie Gould

victoria.gould@rsmuk.com

Tel: 07740 631140

APPENDIX A: INTERNAL AUDIT ASSIGNMENTS COMPLETED TO DATE

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

Assign ments	Status	Opinio n issued	Actio ns 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

Joint Audit Committee Update for Avon and Somerset Police and Crime Commissioner and the Chief Constable for Avon and Somerset

Progress Report and Update - year ending 31 March 2018

September 2017

Iain Murray

Engagement Lead

T 020 7728 3328

E iain.g.murray@uk.gt.com

Jackson Murray

Engagement Manager

T 0117 305 7859

E jackson.murray@uk.gt.com



Report 8

Introduction

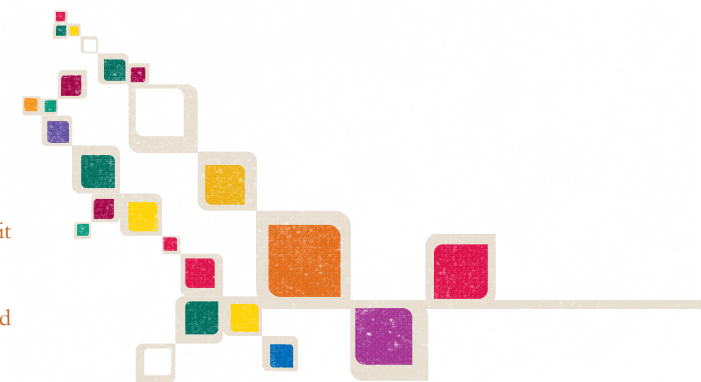
This paper provides the Joint Audit Committee with a report on progress in delivering our responsibilities as your external auditors.

Members of the Joint Audit Committee can find further useful material on our website www.grantthornton.co.uk, where we have a section dedicated to our work in the public sector. Here you can download copies of our publications and insights including:

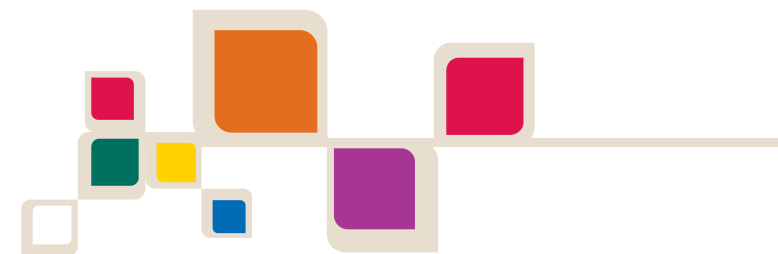
- ‘Hard’ or ‘soft’ Brexit: balancing autonomy and access (August 2017);
<http://www.grantthornton.co.uk/en/insights/hard-or-soft-brex-it-balancing-autonomy-and-access/>
- A global Britain needs more local government not less (April 2017);
<http://www.grantthornton.co.uk/en/insights/a-global-britain-needs-more-local-government-not-less/>
- Addressing challenges in policing and governance (March 2017);
<http://www.grantthornton.co.uk/en/insights/addressing-challenges-in-policing-and-governance/>

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. Their contact details are provided on the front page of this update.

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.



Progress to date



2016/17 work	Planned Date	Complete?	Comments
Whole of Government Accounts			
We are required to review the Whole of Government Accounts return and issue our assurance statement to the National Audit Office (NAO)	September 2017	In progress	Our review of the Whole of Government Accounts return is substantially complete and we are working through the required adjustments to the return with officers in advance of our submission to the NAO.
Annual Audit Letter			
We will summarise all the work completed as part of our 2016/17 audit which will be issued after the opinion and certificate have been issued.	October 2017	In progress	The 2016/17 Joint Annual Audit Letter will be issued following the completion and certification of our 2016/17 audits.
2017/18 work	Planned Date	Complete?	Comments
Fee Letter			
We are required to issue a 'Planned fee letter' for 2017/18 to both the Police and Crime Commissioner (PCC) and the Chief Constable.	July 2017	Yes	The 2017/18 fee letters were presented to the Joint Audit Committee meeting in July 2017. Reported fees were the scale fees set by Public Sector Auditor Appointments (PSAA).
Accounts Audit Plan			
We are required to issue a detailed accounts joint audit plan covering the audit for the PCC and the Chief Constable, setting out our proposed approach in order to give an opinion on the PCC's group financial statements, including the statements of the Chief Constables in 2017/18.	March 2018	Not yet due	Our Joint Audit Plan will be issued following our interim audit visit, currently scheduled for February 2018.

Progress to date (continued)

2017/18 work	Planned Date	Complete?	Comments
Interim accounts audit			
Our interim fieldwork visits covers work on both the PCC's and the Chief Constable's arrangements, including:	February 2018	Not yet due	We are liaising with officers to finalise the proposed dates for our interim audit visit in February 2018.
<ul style="list-style-type: none"> • updating our review of the control environments • updating our understanding of financial systems • review of Internal Audit reports on core financial systems • early work on emerging accounting issues • early substantive testing • proposed Value for Money conclusion work. 			
Final accounts audit			
Covering the PCC's group financial statements, including the statements of the Chief Constable, we will:	June - July 2018	Not yet due	We are liaising with officers to finalise the proposed date for our final accounts audit visit.
<ul style="list-style-type: none"> • audit the 2017/18 financial statements • issue opinions on the 2017/18 financial statements 			
Value for Money (VfM) conclusion			
The Code requires us to consider whether the PCC and the Chief Constable have each put in place proper arrangements for securing economy, efficiency and effectiveness in their use of resources. These are known as the Value for Money (VfM) conclusions. We issue separate conclusions for the PCC and for the Chief Constable.	January – July 2018	Not yet due	We will report the findings from our initial risk assessment to the Joint Audit Committee in our Joint Audit Plan.
Annual Audit Letter			
We will summarise all the work completed as part of our 2017/18 audit which will be issued after the opinion.	September 2018	Not yet due	The Annual Audit Letter for the 2017/18 audit will be reported to the Joint Audit Committee following the 2017/18 audit opinions and certificates being issued.

Police Sector Accounting and other issues





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

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)
- disclosure of investment management transaction costs and clarification on the approach to investment concentration disclosure.

Challenge questions:

- Are officers aware of the changes to the 2017/18 Code and have they assessed the potential impact?



Apprenticeship Levy

In April 2017, HMRC introduced the apprenticeship levy. Employers with a pay bill over £3 million each year must pay the apprenticeship levy from 6 April 2017.

HMRC have been giving further consideration as to whether the PCC and Chief Constable are connected companies under Schedule 1 of NICA 2014, and the legal status of a Police and Crime Commissioner (PCC) and the Chief Constable. HMRC has reviewed again the apprenticeship levy position for PCCs and Chief Constables. In particular, they have considered the Local Government Finance Act 1992 and can see that Section 26 of the Police Reform and Social Responsibility Act 2011 has amended the definition of “precepting authority” in section 39 of the Local Government Finance Act 1992 to include a PCC. A PCC therefore can’t be considered to be a company within the meaning of section 1121 of the Corporation Tax Act 2010, which excludes a local authority from the definition of company for the purposes of the Corporation Tax Acts.

In HMRC’s view, the connected companies rules therefore do not apply and so the question of control does not arise. This therefore means that PCCs and Chief Constables will each be entitled to a £15,000 levy allowance.

Challenge questions:

- Are officers aware of the latest HMRC development and have they considered how this will impact the PCC and CC?



Police Workforce England and Wales statistics

The Home Office reported the latest workforce statistics via the biannual Police Workforce, England and Wales Publication in July 2017. The report publishes statistics on police workforce numbers in the 43 police forces in England and Wales and the British Transport Police and covers data for police officers, police staff, police community support officers, designated officers and special constables. The datasets present information to 31 March 2017.

Key findings were as follows:

- **Police workforce** - There were 198,684 workers employed by the 43 police forces in England and Wales on 31 March 2017, a decrease of 2,237 or 1% compared with a year earlier. This is the lowest number in the police workforce since 31 March 2003. Similarly, police officer numbers have decreased in the last year, to 123,142 officers as at 31 March 2017. This is the lowest number of police officers at the end of a financial year since comparable records began in 1996. Records earlier than this are not directly comparable; however, they indicate that this is the lowest number of officers since 1985.
- **Joiners** - In 2016/17, 7,526 officers joined the 43 police forces in England and Wales, accounting for 6% of all officers. Excluding those who transferred from other forces, joiners accounted for 5% of all officers. This was an increase of 58% compared with the number of joiners in the previous year (4,755 joiners).
- **Diversity** - As at 31 March 2017, 6% of all officers were Black and Minority Ethnic (BME), the highest proportion since records began. Over the last year, 11% of joiners were BME, compared with 5% of leavers. By way of comparison, 14% of the England and Wales population is BME. As at 31 March 2017, 29% of all officers were female, again the highest proportion on record, and 33% of joiners were female, while 25% of leavers were female.
- **Officer wellbeing** - As at 31 March 2017, there were 2,358 police officers on long-term sick leave. This was a 2% decrease compared with the previous year (2,404 officers on long-term sick) and accounted for 2% of all police officers in England and Wales.

Challenge questions:

- Are officers aware of the report and do the statistics represent the trends that they are seeing within your force?



Lord Ferrers Awards 2017

Nominations for the 24th annual Lord Ferrers Awards to recognise the outstanding contribution of Special Constables, Police Support Volunteers and Volunteer Police Cadets opened on 18 August 2017.

This year a new category, the 'Technical Innovation Award', has been introduced to encourage recognition of 'cyber specials' and volunteers using technology creatively to combat the changing nature of crime. Last year almost 300 nominations were submitted by police forces across England and Wales, and for the first time, members of the public could also recommend volunteers for their service, 43 exceptional candidates were shortlisted.

Members of the public have from Friday 18 August until midnight on Sunday 17 September to make nominations. The awards ceremony will take place in central London in November 2017, where the winners will be presented with their awards by Home Office Ministers, senior officials and Chief Police Officers. There are nine award categories for which nominations are invited.

Nominations can be made via <http://www.homeofficesurveys.homeoffice.gov.uk/s/FerrersAwardsNomination>

Challenge questions:

- Has the force considered nominating any of its volunteers for one of the awards categories?

Grant Thornton Publications



Shaping a vibrant economy - A blueprint for the UK

The UK is at a pivotal point in its history.

The recent election shows the need for government and politicians, nationally and locally, to work together to reshape our economy. Government cannot, and should not, do that alone. We all have a big role to play and have a desire and ability to make a difference.

Over the past 18 months, we have brought together more than 1000 community and business leaders up and down the UK to discuss what matters to them and how they can work together to bring this to life.

We collated these ideas and added feedback from our clients and contacts to create Shaping a vibrant economy - A blueprint for the UK, a set of policy recommendations that we will share with government.

We want the government to use this opportunity to unlock and accelerate our country's potential across three key areas.

- Trust - helping to restore purpose to financial markets, championing impact investing.
- Growth - putting collaboration at the heart of the UK's industrial strategy to boost exports, develop skills and unlock innovation.
- Place - devolving powers from Westminster and Brussels to foster vibrant local economies.

Grant Thornton will work with others to:

- Further develop our centre of excellence in exporting, specialising in strategy, finance and operational delivery, connecting businesses to key trade destinations and promoting global opportunities. By 2020, at least 20% of our people will have expertise in international trade.
- Roll out our School Enterprise Programme across the UK, enabling year 7 and 8 students to run their own business and develop financial literacy and entrepreneurial skills.
- Work with Touchpaper, a new not-for-profit network promoting collaboration between large corporates and start-ups, alongside other founding members: Bristows, Capgemini, Digital Catapult, Google, Multiple, Nesta and Tech City.

Our experience:

- At Grant Thornton UK we work with over 40,000 privately held businesses, public interest entities and individuals nationwide.
- Grant Thornton member firms operate in over 130 countries, linking our clients to advisers around the world.
- We advise clients on how to unlock growth in domestic and international markets.
- As part of the government's apprenticeship programme, we have led the development of a business administration and customer management apprenticeship framework and we have recently launched a graduate level

Grant Thornton reports



Further details on this insight can be found here:
<http://www.grantthornton.co.uk/en/insights/shaping-a-vibrant-economy-a-blueprint-for-the-uk/>

Mental health in prisons

The Government does not know how many people in prison have a mental illness, how much it is spending on mental health in prisons or whether it is achieving its objectives.

It is therefore hard to see how Government can be achieving value for money in its efforts to improve the mental health and well being of prisoners, according to a report by the National Audit Office. Her Majesty's Prisons and Probation Service (HMPPS), NHS England and Public Health England have set ambitious objectives for providing mental health services but do not collect enough or good enough data to understand whether they are meeting them.

Rates of self-inflicted deaths and self-harm in prison have risen significantly in the last five years, suggesting that mental health and well-being in prison has declined. Self-harm rose by 73% between 2012 and 2016. In 2016 there were 40,161 incidents of self-harm in prisons, the equivalent of one incident for every two prisoners. While in 2016 there were 120 self-inflicted deaths in prison, almost twice the number in 2012, and the highest year on record. Government needs to address the rising rates of suicide and self harm in prisons as a matter of urgency.

In 2016, the Prisons and Probation Ombudsman found that 70% of prisoners who had committed suicide between 2012 and 2014 had mental health needs.

The Ministry of Justice and its partners have undertaken work to identify interventions to reduce suicide and self-harm in prisons, though these have not yet been implemented.

While NHS England uses health needs assessments to understand need these are often based on what was provided in previous years, and do not take account of unmet need. The NAO estimate that the total spend on healthcare in adult prisons in 2016-17 was around £400 million. HMPPS does not monitor the quality of healthcare it pays for in the six privately-managed prisons it oversees.

The prison system is under considerable pressure, making it more difficult to manage prisoners' mental well-being, though government has set out an ambitious reform programme to address this pressure. NOMS' (National Offender Management Service) funding reduced by 13% between 2009-10 and 2016-17, and staff numbers in public prisons reduced by 30% over the same period. When prisons are short-staffed, governors may run restricted regimes where prisoners spend more of the day in their cells, making it more challenging for prisoners to access mental health services. Staffing pressures can make it difficult for prison officers to detect changes in a prisoner's mental health and officers have not received regular training to understand mental health conditions, though the Ministry plans to provide more training in future.

The challenges of delivering healthcare are compounded by the ageing prison estate, over a quarter of which was built before 1900 and without modern healthcare in mind. The Ministry has a programme to replace the ageing estate with modern buildings.

National Audit Office reports

While clinical care is broadly judged to be good, there are weaknesses in the system for identifying prisoners who need mental health services. Prisoners are screened when they arrive in prison, but this does not always identify mental health problems and staff do not have access to GP records, which means they do not always know if a prisoner has been diagnosed with a mental illness. NHS England is in the process of linking prison health records to GP records to address this.

Post screening those identified as eligible mentally ill prisoners should wait no more than 14 days to be admitted to a secure hospital, but only 34% of prisoners were transferred within 14 days in 2016-17 while 7% (76) waited for more than 140 days.

The NAO report can be found here:

<https://www.nao.org.uk/report/mental-health-in-prisons/>

The Board: creating and protecting value

Our new cross sector Board Effectiveness Report

Grant Thornton publications

In all sectors, boards are increasingly coming under pressure from both the market and regulators in terms of effectiveness and accountability. Building on the success of our cross sector audit committee effectiveness survey, *Knowing The Ropes*, the Grant Thornton Governance Institute extended its research to look at the effectiveness of boards across the corporate, public and not for profit sectors.

This report raises key questions that all boards should ask themselves to challenge their effectiveness. Their organisations may operate in different sectors and be subject to a variety of statutory and governance requirements, but they all share a common overriding principle: the governing body is a collective charged with developing the organisation's purpose.

Key messages:

- There is a strong future focus on boards
- Executive behaviours tend to dominate - not the best scenario for good governance or an organisation's future focus
- There are strongly held opinions about the relationship between the board and the executive which will impact on efficiency
- More than 88% of respondents see their executives as being strong leaders of the organisation
- There is a clear focus on organisational culture and values across all sectors – 93% see the executive board members modelling the values of the organisation
- Non-executives also need to live and breathe those values – only 82% of respondents agreed that the non-executives inspire and guide the executive to realise the organisation's purpose
- Only 75% of respondents feel that the recruitment process of non-executives is rigorous, well-documented or transparent
- Over 60% of board members believe that there are adequate processes in place to evaluate performance.

This report uses the DLMA analysis which categorises skills into four areas: Directorship, Leadership, Management and Assurance. This framework allows organisations to have a better understanding about where they are focusing their energies.

Download the report here: <http://www.grantthornton.co.uk/en/insights/the-board-creating-and-protecting-value/>



Boards of the future

Grant Thornton publications

Background

Boards of the future: steering organisations to thrive is a report from Grant Thornton International that draws on our International Business Report for 2016 plus data and interviews from Grant Thornton teams around the world.

The report recognises that successful organisations in any sector are the ones that manage challenges and adapt to the changing world around them. It notes that over half of the top hundred biggest companies in the world in 1912 had disappeared by the late 1990s.

How do organisations ensure they survive, adapt and ultimately thrive? Fundamental to the answer is good corporate governance. And although this is nothing new, it is arguably more pertinent now than ever.

The report found:

- The best organisations keep their eyes on the challenges and opportunities coming into view, adapting to the changing world to remain relevant. They anticipate potential hazards and react accordingly.
- The demands of boards are changing, boards can take a lead in being proactive and nimble in navigating organisations through uncertain waters.
- Nearly half of the International Business Report (IBR) business leaders surveyed believe that developing and reinforcing culture should be a focus for boards over the next ten years.

What will the successful board of 2025 look like?

This is an intriguing question which will inevitably vary across sectors and geographic areas. Although governance structures differ across organisations, the demands of senior leaders and decision makers are surprisingly similar.

In regions where there is a more developed assurance and governance approach the focus is likely to be on boosting competitiveness and managing risks. From a public sector perspective, competitiveness means delivering relevant, user-focused services – often working alongside others – that are economic, efficient and effective.

Potential development areas across all sectors are:

- **strategic planning horizons** – taking a longer term view and avoiding 'knee-jerk' reactions;
- **sustainability** – from an economic and natural resources perspective;
- **corporate culture** – ensuring customer experience matches the organisation's aspirations; and
- **digital expertise** – embracing technology, reacting to change and innovating to improve service delivery.

To achieve these, the report suggests that the key strands of focus are diversity and digital.



Boards of the future

Grant Thornton publications

Diversity

The report recognises:

- Greater diversity on a board widens its peripheral vision, allowing threats and opportunities to be spotted earlier.
- There is a need for diversity of experience on boards, which is critical to ensure a spread of ideas.
- Board diversity should be aligned with service users and reflect organisational culture.

How can boards ensure appropriate diversity?

- Identify skill gaps and widen the pool of talent and experiences to ensure these are filled.
- Recognise that some challenges and opportunities of the future will be less visible, particularly to homogenous boards.
- Invest in mentoring schemes.
- Recognise that to ensure the best talent is identified and nurtured, the net needs to be cast as widely as possible.

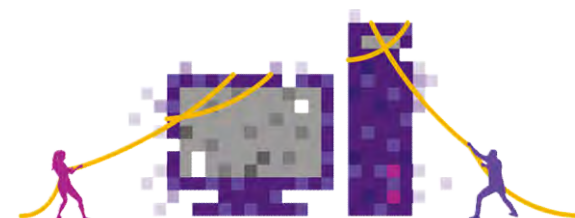
Digital

There is universal acknowledgement that digital expertise is required for boards. But those with the relevant board credentials have often not grown up with the technology or are not alert to the rapid changes and developments.

Big data, advanced analytics and automation can support organisations to develop. It is essential for all board members to embrace the digital agenda and, using relevant expertise where necessary, to spot the challenges and opportunities of the future.

How can boards enhance digital capacity?

- Collaborate with digital experts to understand digital innovations and how they can be harnessed.
- As well as boosting digital expertise on the board, make the most of external advice.
- Assess the ways your organisation is using data to drive strategies; could it be doing more?



Grant Thornton Vibrant Economy Index

A new way to measure the success of our nation

We believe a vibrant economy is one that goes beyond financial returns and takes into account the wellbeing of society and everybody's ability to thrive.

With this purpose – and input from the Vibrant Economy Commission – we sought a new way to measure the success of the economy. The Vibrant Economy Index ranks the 324 English local authority areas according to their average score across six different categories (baskets) that we believe are required to create a vibrant economy. Each basket is effectively an index in its own right, based on a set of specifically selected economic, social or environment data sets (indicators). The six baskets are:

- 1) Prosperity – are we producing wealth and creating jobs?
- 2) Dynamism and opportunity – are we developing an entrepreneurial and innovative culture to drive future growth?
- 3) Inclusion and equality – is everyone benefiting from economic growth?
- 4) Health, wellbeing and happiness – are our people living healthy, active and fulfilling lifestyles?
- 5) Resilience and sustainability – is our economy having a negative impact on the natural environment?
- 6) Community, trust and belonging – are we embracing the community, and living lively and creative cultural lives?

The index provides:

- policy-makers and place-shapers with an overview of the strengths and opportunities, challenges and weaknesses of individual places as well as the dynamic between different areas
- businesses with an understanding of their local economy and the issues that will affect investment decisions both within the business and externally
- citizens with an accurate insight into how their place is doing, so that they can contribute to shaping local discussions about what is important to them.

To read insight articles, see how places perform, learn more about the methodology, or contribute your ideas please visit our website.

<http://www.grantthornton.co.uk/insights/vibrant-economy-index/>

Grant Thornton publications

Vibrant Economy Index

A new way to
measure
England's success





© 2017 Grant Thornton UK LLP. All rights reserved.

'Grant Thornton' refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires.

Grant Thornton UK LLP is a member firm of Grant Thornton International Ltd (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL and its member firms are not agents of, and do not obligate, one another and are not liable for one another's acts or omissions.

This publication has been prepared only as a guide. No responsibility can be accepted by us for loss occasioned to any person acting or refraining from acting as a result of any material in this publication.

grantthornton.co.uk

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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	4	16	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.
				3	4	12 ▼	
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	20	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.
				4	4	16 ▲	

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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.			4	5	20	Deficit £9m for 17/18 addressed by PBR and Enabling services plans now agreed and in process. £21m savings needed by March 2022 including £5m reinvestment
	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.	- 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	3	5	15	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 achieved to date. Capital funding gap = £13m over the next 5 years. Resrevs being rapidly consumed - forecast useable non ring fenced reservs to be £12 million by 2020 (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.			4	3	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.
	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	Meetings with LA chairs/ CEOs; CSP Chairs; local community group leaders PCC Forums, out and about days, attendance at summer events, meeting community groups			12	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).

AVON AND SOMERSET POLICE & CRIME COMMISSIONER STRATEGIC RISK REGISTER - 20/09/2017

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	Description	Impact	Controls and Assurances	Unmitigated / Current Risk			Commentary and Review date
				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.

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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.	 					

RISK			MITIGATION OF RISK	ASSESSMENT		
Risk / Objective	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	16
				4	4	16
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	4	16
				4	4	16

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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	12	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.
				3	3	9	
						◀▶	

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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	4	16	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.
				3	4	12 ▼	
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	20	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.
				4	4	16 ▲	

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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.			4	5	20	Deficit £9m for 17/18 addressed by PBR and Enabling services plans now agreed and in process. £21m savings needed by March 2022 including £5m reinvestment
	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.	- 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	3	5	15	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 achieved to date. Capital funding gap = £13m over the next 5 years. Resrevs being rapidly consumed - forecast useable non ring fenced reservs to be £12 million by 2020 (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 rising faster than income, capital funding required from revenue budgets. So all creating pressure on the future ability 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.			4	3	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.
	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			12	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).

AVON AND SOMERSET POLICE & CRIME COMMISSIONER STRATEGIC RISK REGISTER - 20/09/2017

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	Description	Impact	Controls and Assurances	Unmitigated / Current Risk			Commentary and Review date
				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.

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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.	 					

RISK			MITIGATION OF RISK	ASSESSMENT		
Risk / Objective	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	16
				4	4	16 ◀▶
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	4	16
				4	4	16 ◀▶

RISK			MITIGATION OF RISK	ASSESSMENT			
Risk / Objective	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	12	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.
				3	3	9	
						◀▶	

MEETING: Joint Audit Committee	Date: 27 September 2017	
DEPARTMENT: Business Improvement	AUTHOR: Sean Price	11
NAME OF PAPER: Summary of HMICFRS and Internal Audit Recommendations		COG Sponsor: DCC

1. PURPOSE OF REPORT AND BACKGROUND

This report contains summaries of progress against HMICFRS and recommendations for inspection reports published for 2016 /17. [HMIC has changed its name to HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)].

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 new PEEL Assessments.

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.

SECTION A

2. HMICFRS OUTCOME/ FINDINGS

- The **2016/17** HMICFRS reports contained **28** recommendations, **5** of these require a national response. **23** require a response from the force. This is fewer recommendations than at this time last year. The 2016/17 recommendations are very recent and therefore still in the early stages of progression.
- Of the **23** recommendations the constabulary needed to action **18** remain open:

- HMICFRS PEEL Effectiveness – Force Report

Business Lead DCI Matt Iddon and DCI Ed Yaxley

The force specific Effectiveness report was **published on 2 March 2017**, and contained 5 AFIs (Areas for Improvement). 4 remain open, none are overdue. Progress against these recommendations is currently being reviewed by the Leads and HMICFRSFRS, ahead of the 2017 Effectiveness Inspection visit the week commencing 13 November 2017.

- 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). Two recommendations have been closed. The remaining 6 recommendations and 4 AFIs have been 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 Leadership

Business Leads Supt Rachel Williams and Jacquita Mead, Corporate HR

The force specific Leadership report was published on **8 December 2016**; it contained one recommendation which is being progressed and overseen by the Business Lead and HR. A plan has been drawn up around actively managing talent, and this recommendation is due to be fully actioned and closed shortly.

- 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 have been completed and 3 are being progressed. 1 recommendation sits with the Lead; the other 2 sit with HR. None are overdue.

SECTION B

1. RSM OUTCOME/ FINDINGS

RSM Internal Audit Findings 2016/17

- In 2016 /17 RSM have made a total of **77** recommendations, **15** remain open.

- Payments to Staff Report

Business Lead Head of HR Cathy Dodsworth

1 Recommendation remains open and in progress, timescale for completion is 31 October 2017.

- Crime Data Integrity Report Business

Lead FCIR Su Polley

8 Recommendations remain open and in progress, timescale for completion is 30 September 2017.

- Policy Review

Business Leads Supt Carolyn Belafonte and FCIR Su Polley

6 Recommendations are open and being progressed.

RSM Internal Audit Findings 2017/18

- In 2017 RSM have made a total of **19** recommendations so far, **16** remain open.

- Management and Leadership Development Workshop

Business Leads Head of HR Cathy Dodsworth and Head of ClaD Mike Carter

All 6 Recommendations 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

10 of the 13 Recommendations remain open and in progress, timescale for completion between December 2017 and June 2018

4. FINANCE FOR OPTIONS

There are no finance options.

1. DIVERSITY

There are no diversity issues.

2. SUSTAINABILITY

There are no sustainability issues.

3. RECOMMENDATIONS

There are no recommendations.